Dept of Health Budget Vote Speech 2012 - Motsoaledi
Aaron Motsoaledi - 24 April 2012

Minister explains the two preconditions for successful implementation of the NHI
http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71654?oid=294739&sn=Detail&pid=71616

Department of Health Budget Vote Speech 2012/13 by Minister of Health Aaron Motsoaledi, National Assembly, Cape Town

24 April 2012

Honourable Chairperson
Ministers present here today
My colleague Deputy Minister of Health, Dr Gwen Ramokgopa
MECs of Health from various provinces
Honourable Chairperson of the Portfolio Committee, Dr MonwabisiGoqwana and Members of your Committee
Honourable members of the House
Director-General of Health Ms Precious Matsoso
Your Excellencies, High Commissioners and Ambassodors
Leaders of various statutory bodies, health unions and other health related organisations
Our special guest the Rollback Malaria and UNICEF Goodwill Ambassador and UN Envoy for Africa, Ms Yvonne Chaka Chaka
Distinguished guests
Ladies and Gentlemen

It is a great honour and privilege to present to this House the National Department of Health's Policy priorities and budgets for the financial year 2012/2013 for your consideration.

This period comes at the mid-term of our office.It is very important for me to do some form of review of our health care system.This will shape our understanding of how we can protect and maximise our gains from the remaining half of the term. We started the term by putting forward a ten point plan, with which by now you are all familiar.

The Health Department outcome is:**"A LONG AND HEALTHY LIFE FOR ALL SOUTH AFRICANS"** is one of the 12 outcomes of Government.

This long and healthy life is not going to be achieved through wishes and sloganeering.It is not going to roll-in on the wheels of inevitability.There has to be a well thought and well executed plan to achieve this.

We have selected four outputs which must be realised on to achieve this long and healthy life for all South Africans:

The 1st output is to improve the life expectancy of all South Africans

We all know that life expectancy in our country has taken a serious knock as a result of the quadruple burden of disease, or the four pandemics that the country is experiencing.

The four pandemics are:

- The scourge of HIV and AIDS and TB
- The unacceptably high incident of maternal and child mortality
- The expanding burden of non-communicable disease (NCDs)
- The high incidence of violence and injury including motor vehicle accidents.

We need to do everything in our power as a country to defeat the four pandemics.Hence, our second output is:

Decreasing Maternal and Child Mortality

The third output is:

Dealing with the scourge of HIV and AIDS and TB

Honourable Speaker / Chairperson, to facilitate better understanding of what I am trying to convey to this House, please allow me to deal with this first three outputs, before even mentioning the fourth one.

I have a special reason to do so and I will explain it later as I go along.

On HIV and AIDS and TB

Honourable Chairperson, as a country we started the early decades of HIV and AIDS on a wrong footing. But recently, in a typical South African style, we have bounced back.We have shown that collaboration and solidarity against a shared threat and a common goal is desirable and can produce desired results.

Through combined efforts and collaborative undertaking, we launched a huge campaign to counsel and test 15 million South Africans for HIV.We have achieved this and even exceeded this target as today more than 20 million South Africans know their status.

Through this programme, we have been able to counsel and place 1,6 million South Africans on antiretroviral (ARV) treatment.We have achieved this by increasing ARV sites from 490 in February 2010 to 3 000 in April 2012.

We have increased the number of nurses certified to initiate ARV treatment from 250 in February 2010 to 10 000 in April 2012.

Within the same period, we have conducted 320,000 medical male circumcisions. We have reduced transmission of HIV from mother-to-child from 8% in 2008 to 3,5% in 2011 or even to 2,5% in the case of KwaZulu-Natal (KZN).This is a reduction of over 50%.This success allowed us to save 30,000 babies from contracting HIV from their mothers.

In order not to be complacent, we have unveiled a new National Strategic Plan or (NSP) HIV/AIDS and TB for the period 2012 - 2016.

This Strategic Plan was officially launched by President Jacob Zuma on World AIDS Day last year. The provincial implementation programme was launched by Deputy President KgalemaMotlanthe on World TB Day on the 24th of March this year.

For the first time in our history we have integrated HIV and AIDS and TB in the same strategic plan.This new plan outlines a 20 year vision of the country in the fight against the double scourges of HIV/AIDS and TB.

Honourable members, we need your support and leadership to make the four strategic objectives in the country's NSP a success.

These four strategic objectives are:

1. Addressing the social structural drivers of HIV, STDs and TB care, prevention and support
2. Preventing new HIV/STD and TB infections
3. Sustaining health and wellness, and lastly,
4. Ensuring protection of human rights and improving access to justice

The new NSP further states that every single South African must test at least once a year.We believe that if all South Africans can play their role, these goals are easily achievable.We need to make sure that every pregnant woman undergoes routine HIV testing.We need to make sure every male is circumcised and hence this year, we are targeting 600,000 men.

High maternal and child mortality

High rates of pregnancy-related deaths, the disproportionate number of women exposed to sexual violence, with the worst incident of all shaming the country just this past week, are a cause for concern.

You will have noted, Honourable members, that most of our interventions in HIV and AIDS are directed at saving pregnant women and children.

It is important to note that maternal mortality is not just the death of a woman - it is death of a woman because she dared fall pregnant!She becomes vulnerable to death because she is trying to bring new life into this world!We know that even mortality brought by HIV and AIDS as well as malaria is disproportionally affecting young women of childbearing age more than men.This disproportionate assault on woman of childbearing age is happening more on the continent of Africa than on any part of the world.

Hence the African Union came up with a programme called CARMMA, i.e. Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa.

In our country we will launch this campaign on the 4th of May in Osindisweni Hospital in the province of KZN. Members of the Portfolio Committee have been invited to this event through their Chairperson.

We will outline concrete steps to reduce maternal and child mortality during that event.In that event we shall further elaborate on how we shall roll out the strategy called ESMOE, i.e. Essential Steps in Managing Obstetric Emergencies and the strategy called EOST, or Emergency Obstetric Simulation Training.

Honourable Speaker, the output on increasing life expectancy, which is our first output, does not only depend on our fight against HIV and AIDS and reducing maternal and child mortality.It also depends largely on bringing the non-communicable disease (NCDs) under control and decreasing the scourge of violence and injuries on our roads.

Until very recently, the issue of non-communicable disease was less spoken about in the public arena.Many people didn't understand it, though it preceded HIV and AIDS by several decades. This is because unlike the NCDs, HIV and AIDS arrived abruptly and brutally onto this planet and it came as a shock to the world such that many strong civil society groups were formed to deal with it. This is why there is a measure of success in the battle against HIV and AIDS.

NCDs, as the name implies, are not transmitted from one person to the other by a germ or a biological agent.They are not only biomedical, but are by and large diseases of lifestyle.They are divided mostly into four categories and have four identifiable risk factors.You may then memorise them as disease of 4X4, i.e. four categories of disease with four risk factors.

The categories are:

a. High blood pressure and other diseases of the heart and blood vessels

b. Diabetes mellitus and a few other metabolic disorders

c. Chronic respiratory diseases like asthma.

d. Cancers

We would like to add mental disease as falling within these categories.

The four risks factors are:

a. Smoking

b. Harmful use of alcohol

c. Unhealthy eating behaviour or poor diet

d. Continued lack of physical activity

The President spoke about these problems in the State of the Nation address when he advised us not to allow our bodies to bulge uncontrollably as many of us are unfortunately prone to do so. We are going to announce far reaching measures to deal with these risk factors.

The United Nations General Assembly took resolutions on these issues in September last year.

The measures we will announce will leave no holy cows - that includes alcohol control which some have attempted to intimidate us not to ever mention, just as they have tried before with the issue tobacco and tobacco products.

The fourth output: Improving the efficiency and effectiveness of the healthcare system

Honourable Speaker, as I promised earlier, I said I will bring the issue of the fourth output in our Negotiated Service Delivery Agreements at the end.

It merits special mention on its own because of the extraordinary challenges we have in this area. In fact, in recent days, whenever South Africans talk about health, they are mostly referring to the efficiency and effectiveness of the healthcare system.

We have identified five activity areas or rather five programmes:

- The first is the improvement of infrastructure
- The second is the planning, the development and the management of human resources for health
- The third is quality of care in our public health institutions
- The fourth is the re-engineering of the primary healthcare
- The fifth is the cost of healthcare in our country

Honourable Speaker, the much talked about NHI falls largely within this last category programme.

Due to lack of time, I will pick up only two of the programmes and deal with the other three in different fora.I will take the third and the fourth programmes i.e. quality of care in our public health facilities and NHI.

Honourable Speaker, you will recall that in his very first state of the Nation Address, the President referred to this issue of quality as such:

"We are seriously concerned about the deterioration of the quality of healthcare, aggravated by the steady increase in the burden of disease in the past decade and a half."

Since that time we didn't rest on our laurels.We also did not want to work on the basis of anecdotes or common sense in dealing with quality. Hence, we have embarked on a process of health facility audit. This entails sending teams to all the 4,200 public health facilities to audit infrastructure, human resources, cleanliness, attitude of staff, safety of

staff and patients, infection control, drug stock-outs and the long queues which citizens have to endure when visiting our facilities.

Since we are at 90% towards completion of the audit, we thought we fully comprehend the nature and extent of the problems.Hence we have put up four Health Facility Improvement Teams to go into the facilities to work with the Provincial management to correct all the abnormalities and findings identified during the audits.

The teams have already started working in Motheo District in the Free State, Sedibeng in Gauteng, Zululand in KZN and PixleykaSeme in the Northern Cape.

The Portfolio Committee is busy going through the draft legislation we have presented to them to establish on Office of Health Standard Compliance which will deal with quality as described above, without fear and favour.I will repeat, Honourable Speaker, we would like the Office of Standard Compliance to deal with issues of Health Standards without fear or favour.

National Health Insurance (NHI)

There is no way the efficiency and effectiveness of the healthcare system can ever be realised without dealing with the cost of healthcare and healthcare financing.There are people who wrongly believe that the concept of healthcare financing, as envisaged in NHI, is a pipe dream concocted by ANC. I wish to advise them that NHI is not a unique South African concept.

The World Health Organisation is actively promoting this concept and describes it as Universal Health Coverage. Universal Health Coverage is a system that does not discriminate against any citizen of a country.

Honourable Speaker, let me quote from a presentation given by Dr Margaret Chan, the Director General of the World Health Organisation on the 2nd of April this year, i.e. three weeks ago in Mexico, where she was addressing a Conference on this issue.Her presentation was entitled**: "**More countries move towards Universal Health Coverage**".**

She said**:** "This was the tipping point, when the world woke up to the dangers of assuming that market forces, by themselves, will solve social problems.They will not." She went further to say: "This world will never become a fair place by itself.Fairness, especially in matters of health, comes only when equity is an explicit policy objective. Universal Coverage is a clear pursuit of equity and social justice.Universal Coverage is also a powerful equaliser."

She continued:"Moving towards Universal Coverage is never easy, but every country, at any level of development, and with any level of resources, can take immediate and sustainable steps in that direction."

Honourable Speaker, we have reached a point of no return on this issue of Universal Coverage through NHI. On the 22nd of March 2012, I announced the names of NHI pilot Districts that will form part of the 10 sites. The Districts are: Dr K. Kaunda in the North

West Province, PixleykaSeme in Northern Cape, Thabo Mofutsanyane in the Free State, Eden in Western Cape, OR Tambo in Eastern Cape, GertSibande in Mpumalanga, Vhembe in Limpopo, Umzinyathi and Umgungundlovu in KZN and Tshwane District in Gauteng.

As was announced by the Minister of Finance, Honourable PravinGordhan, in Budget 2012, R1 billion has been allocated over the MTEF for purposes of supporting the pilots.When we launched the green paper in August last year, we also unveiled the time-table of what should happen in the first five years of NHI.

On that day I said there are two preconditions which the country must meet for successful implementation of NHI.

The first precondition, I said, is that the quality of healthcare in the public service must improve tremendously and hence public healthcare needs to be overhauled. This overhaul is non-negotiable.

The second precondition, I said, was that the pricing in the private health sector must be regulated!

Honourable Speaker, I am going to spend three days in each of the 10 pilot districts to meet various stakeholders to discuss these pilots.

Piloting means doing all the things that are needed to meet these preconditions, especially dealing with the quality of care in the public service. We believe, Honourable Speaker, that within a five year period, we will have covered the rest of the 52 districts of the country and be able to march forward towards our fourteen years of implementation of NHI.

The success of NHI also depends on certain basics in healthcare delivery being adhered to.We need to understand that the main reason for the existence of any healthcare delivery system is to take care for the sick and the vulnerable.

A healthcare delivery system does not exist to create millionaires at the expense of the health of our people.

This tendency of putting business before health - yesterday I called it a “tendercare system” because it is done in the form of tenders.It is no longer a healthcare system, but another form of uncontrolled commercialism. The World Health Organization (WHO) has warned us against the manifestation of this tendency, which is the disappearance of funds for the most basic tenets of healthcare.

- Non-payment of pharmaceutical suppliers resulting in shortages of medicines, vaccines, dry dispensary and other consumables
- Non-payment of laboratory services and blood supply services
- Shortages of equipment and devices for neonatal, perinatal and maternal services
- Non-maintenance of health infrastructure and equipment.

I have agreed with MECs that this must come to an end. To bring this to an end we have formed these non-negotiables. We want to see them paid for every month and we shall monitor this on monthly basis.

The budget included new allocations of R97,6 million for 2012/13, R618,4 million for 2013/14 and R1,9 billion for 2014/15. The allocations were divided as follows:

- R10 million per annum for the forensic laboratories to purchase equipment and appoint staff to address backlogs. We have recently appointed 70 unemployed graduates with degrees in Chemistry, Bio-Chemistry and Chemical Engineering, to improve the performance and turnaround of our forensic laboratories.
- R9 million, R10,3 million and R11 million to establish a unit to monitor and support provincial finances and improve audit outcomes. As part of the support to the provinces to improve the audit outcomes, the Department has appointed 100 unemployed graduates with BCom degrees to undergo an internship programme.
- The Department is requesting this honourable House to support the allocation for Vote 16 (National Department of Health), amounting to R27,6 billion for the year 2012/13, and growing to R33,9 billion over the MTEF in 2014/15.

Issued by the Department of Health, April 24 2012