

SPEAKING NOTES
FOR THE DEPUTY MINISTER OF HEALTH, DR.
SIBONGISENI DHLOMO, MP - NCOP
DATE: 10 MAY 2023

Honourable Chairperson

Honourable the Chair of Portfolio Committee

Honourable Minister of Health, Dr MJ Phaahla

Honourable Ministers and Deputy Ministers present

Honourable Members of the NCOP

MECs of Health present

Distinguished guests

Ladies and Gentlemen

It is an honour to make contribution to the Health Budget Vote for the 2023/24 financial year.

Let me start by paying tribute and acknowledge the great work and selfless contribution of our 20 nurses who left their homes, families and friends and decided to heed the call of our struggle stalwart u Baba u

Tambo when they were called to come and assist in Tanganyika back then. These nurses known as the 20 nightingales chose to join the struggle when it was not fashionable, left all behind to go and serve the people of Tanganyika when their white counterparts deserted their post, forgot about the nurse's pledge, and left Tanganyika just because they could not serve the black government.

NCDs

This morning we joined the Minister of Sports, Arts and Culture – Minister Kodwa with the MEC's of Health in Gauteng and Western Cape in a very important programme, move for health which is celebrated every year on the 10th of May initiated by WHO since 2004. It is a very important activity; it focuses on us having a physical activity to deal with non-communicable diseases. It must be for us a move for health everyday so that we can combat physical activity as one of the major programmes.

The recently approved National Strategic Plan for the Prevention and Control of Non-Communicable Diseases and the roll of the National NCD Campaign will accelerate the country's response to the challenges of NCDs. The National Non-Communicable Diseases (NCDs) Campaign has been established to strengthen the district's community-based response in line with the Integrated People Centred Health Service approach on the prevention and control of NCDs. The NSP endeavours to lay a foundation for action through a cascading strategy, similar to the 90-90-90 approach for HIV and AIDS, and TB. This strategy will initially be designed to address the burden of diabetes and hypertension and will be refined and updated progressively to include other NCDs.

The proposed 90-60-50 cascade for diabetes and hypertension are the first steps to improving early detection and treatment of NCDs as follows:

- 90% of all people over 18 will know whether or not they have raised blood pressure and/or raised blood glucose;
- 60% of people with raised blood pressure or blood glucose will receive intervention; and,
- 50% of people receiving interventions will be controlled.

Our aim is to have 25 million people screened annually for high blood pressure and elevated blood glucose respectively, to ensure ongoing surveillance and early disease detection & diagnosis. Progressively from April 2022 to January 2023 we have surpassed the set targets by conducting a total of 32 633 610 screenings for high blood pressure and 31 757 503 for raised blood glucose. However, the

challenge remains adherence to treatment and sustaining a healthy lifestyle.

We, however, acknowledge that poor levels of control of diabetes are associated with patients lacking access to monitoring and receiving immediate feedback on their blood tests. PHC facilities are being provided with point of care HbA1c devices which will allow patients to receive immediate feedback when their blood sugar levels are monitored.

Central Chronic Medication Dispensing and Distribution

Our flagship programme called Central Chronic Medication Dispensing and Distribution (CCMDD) or fondly called by patients at “DABPLAP MEDS”, meaning short cut, creates an alternative access to chronic medication.

Now that people live longer, the burden of costly long-term chronic conditions and preventable illnesses that require multiple complex interventions over many years continues to grow. This is a positive impact informing one of the overarching goals of the National Development Plan which focuses on raising the life expectancy of South Africans to at least 70 years by 2030.

Since the start of the CCMDD programme, we have 5 658 427 patients registered on the CCMDD program with 2 935 416 patients are actively serviced through CCMDD. Over 1 711 870 (58%) patients are collecting their medicine parcels from Private sector Pick up Points and the remainder pick from the public health facilities. With the largest ARV programme in the country, 2 415 937 (almost 40%) of patients who are on Anti-Retroviral Therapy, receive their treatment from CCMDD.

Unless a people-centred and integrated health services approach is adopted, health care will become increasingly fragmented, inefficient and unsustainable. Without improvements in service delivery, people will be unable to access the high-quality health services that meet their needs and expectations. A total of 240 957 patients benefitted through the dispensing of three months' supply, which means that patients collect the first dispense of three months from the facility and three months later they collect from CCMDD, then patients goes back to the facility for review. This cuts the number of visits to the PUP thereby saving money.

You would recall that I presented that CCMDD won the Centre for Public Service Innovation award, following that award CCMDD through the office of DG of Health sent the innovation to African Association of Public Administration and Management (AAPAM). Out of submissions from 168 countries, CCMDD was

a finalist in the top 5. During the 41st AAPAM roundtable conference held at the University of Western Cape in December 2022, CCMDD South Africa took the bronze medal award.

This is indeed a great honour for the Department and all patients it serves, not forgetting the passionate, committed and dedicated people both from public and private sector that work so tirelessly together to serve the population that is most vulnerable.

Honourable Chairperson

The National Department of Health is participating in the Cluster: Social Protection, Community and Human Development, which coordinates implementation of cross cutting focus areas that affect women, youth and persons with disabilities. One of the outcomes is to increase access to development opportunities for children, youth and

parents/guardians including access to menstrual health and hygiene for all women and girls.

AYFS-Adolescent and Youth Friendly services

We continuously encourage all young people to access our public health facilities and in particular, the youth zones where they are available to seek HIV Prevention services as well as SRH services.

Adolescent and Youth Friendly services (AYFS) is another practical initiative that addresses the health needs and challenges of the young people especially at the Primary Health Care facilities, and indeed, we are fast tracking expansion of implementation of these services in our facilities to ensure that young people are well taken care of.

Of course, this is not a silver bullet or panacea to challenges facing our young people, therefore we

strive to identify the key factors that inhibit access to and use of AYFS in our facilities, especially the implementation of the sexual and reproductive health package of services, for both- in and out-of-school youth.

Human papillomavirus (HPV) Vaccination Programme

Honourable Chairperson

Cervical cancer is one of the most common cancers in women. Many women die from cervical cancer. HPV is the leading cause of cervical cancer. HPV vaccine reduces women chance of developing cervical cancer. The HPV needs to be extended to all girls in schools. Some parents in private schools have shown interests in this programme, indeed no one should be left behind.

To this end, the Department is implementing various interventions in efforts to introduce measures to ensure early development screening for all children and address the issues identified under this priority areas. We have made significant progress over the years on different interventions for children between the ages of 0-8 years screened for developmental delays and/or disability and receiving individualised support as well as immunisation coverage under the age of 5 years.

Significant progress has been made over the years on increasing access to health services for children and school health services. I am happy to report that between January 2019 and December 2022, more than 2.1 million learners were screened. Of these, more than 1.1 million grade R and grade 1 learners were screened and subsequently referred for interventions on barriers to learning. In addition to that, around 1.8 million Tetanus-diphtheria (Td)

doses were administered to children aged 6 years while around 3.8 million children under the age of 1 year, were fully immunised.

Online birth registration system

Honourable Members

Since 2019/20 financial year, we have rolled out an online birth registration system in 1445 health facilities with maternity wards across the country, for the registration of birth and issuance of birth certificates on the spot. The project ultimate's goal is to provide relevant and appropriate birth registration infrastructure in health facilities to ensure that children born in these health facilities are registered and issued with a birth certificate before they leave or discharged from hospitals.

The project has since inception capacitated 161 high birth health facilities with online birth registration system which covers approximately 68.35% of the total births delivered in 1445 public health facilities. The department is still on course with the rollout of birth registration system in health facilities and envisaged to rollout the system in all outstanding high birth rate health facilities during 2023/24 financial year to cover health facilities responsible for approximately 84% of birth delivered across the country in public health facilities.

The Births and Deaths Registration Amendment Act (Act No. 18 of 2010), stipulates that all children born in South Africa must be registered within 30 days of their birth. Thus, registration of birth where it occurs remains an effective mechanism to ensure that children are registered within 30 days of their birth and adherence to Birth and Death Registration Amendment Act.

In 2021, a proportion of 74,6 % of births that occurred complied with this amendment according to the latest Recorded live births, 2021 statistical report released by Statistics South Africa on the 28th December 2022. A total of 1 087 526 births were registered in South Africa in 2021. Of these, 949 757 (87,3%) were births that occurred and were registered in 2021 (current birth registrations), while 137 769 (12,7%) were births that occurred in the previous years but were registered in 2021. Of the total 949 757 children born in 2021, there were 498 573 males and 491 056 female births. Late registrations of birth after the lapse of 30 days but before end of the year, also decreased from 25% in 2020 to 20% in 2021.

Medical Interns and Community Service Training Programme

Honourable Chair

The Department has achieved significant progress in ensuring that statutory requirements for internship and community service are met. Project Plans for the allocation placement of interns and community service candidates are concluded by September of each financial year. Annually, the Department manages to allocate and publish all eligible South African Citizens and Permanent Resident applicants for medical internship and community service, to funded positions. Over the years, since 2020 the Department has managed to allocate a total 8972 medical internships and 30 368 community service posts.

Nelson Mandela Fidel Castro Programme

Honourable Chair

The inspection of the Programme in 1997, it has produced a total of 3027 doctors who, in majority were deployed to underserved communities, including the

rural areas and townships as part of its founding objectives to alleviate the shortage of doctors in the country, especially in the historically disadvantaged communities and well as to improve human resource capacity and strengthen the healthcare system in the country.

The National Department of Health will this year in partnership with the University of Cape Town, hold a graduation for 410 doctors scheduled for the 7th July 2023. This group forms part of students who were in the integration programmed in South Africa and wrote the Cuban National Examination in December 2022 and March 2023 respectively.

The graduation ceremony will be preceded a two-day joint academic meeting hosted by the two institutions meeting to be attended by the academics from the Cuban Public Health and the South African counterparts in the Medical Schools responsible for

the collaboration of the Nelson Mandela Fidel Castro Medical Programme.

The Cuban Medical training has a Primary Health Care approach and as the Department we have started the discussions with local Medical Universities to ensure that the Medical Training in South Africa has a strong PHC arm using the Cuban Model, which has proven to be effective.

Ex-Mineworkers Compensation Fund Programme

There has been a remarkable turnaround of the MBOD and CCOD, which deals with compensation for occupational lung diseases in the mining sector. Over the last financial year, the CCOD paid 170 million rands for 6 689 claims and certified 10 212 medical assessments. These remarkable outputs are due to many partnerships, but in particular the mining companies and Minerals Council South Africa, who

are funding the technical and specialised human resources to assist the Commissioner. The other partners include the unions, ex-mineworker associations, the class action settlement trusts and provident funds and traditional leaders, provincial, local and neighbouring country governments and other national departments.

As you may be aware, I have been tasked to lead the troika of Deputy Ministers – Mineral Resources and Energy, Employment and Labour and Health in this major task of ensuring the legacy problems facing ex-mineworkers in accessing medical services and unpaid benefits is resolved. There is approximately 10 billion rands of unpaid social protection benefits due to ex-mineworkers.

We have hosted successful outreach programmes for ex-mineworkers in the North West, Eastern Cape and KwaZulu-Natal provinces and later this year will

be in the Free State, Northern Cape and neighbouring countries. These One Stop service activities provide for claims lodgement, medical assessments, access to unpaid benefits and primary health care screening. This programme ensures that government working with partners can bring services closer to our people.

In Conclusion

Honourable Chairperson,

The Department of health is working hard to build a community-friendly health care system and a resilient health system to achieve universal health coverage. We have begun to reap the benefits of our investment. It is now important more than ever to stay focused and build a healthier nation.

We also acknowledge the fact that 461 Very Small Aperture Terminal (VSAT) broadband services have

been successfully installed at the critical COVID-19 Health Clinics as identified by the Ministry of Health and the Department of Communication and Digital Technologies (DCDT) as at end of December 2021. We acknowledge the effort and commitment from DCDT in providing connectivity, equipping these critical centres with connectivity infrastructure required to tackle and treat COVID-19 cases.

The roll-out of our services across remote regions of the country has been accelerated, and it has also greatly improved medical services and provides patients with greater access, regardless of geographic proximity, to quality healthcare. We intend to leapfrog from these connections to lay the foundation to NHI, whose backbone is digital health systems.

These services have become critical and essential to the Department of Health, as it has provided a vital internet communications platform to ensure that information is accessible with speed via a reliable internet platform.

We thank you for the opportunity to address you!