



**BUDGET VOTE 2026/27 SPEECH BY DEPUTY MINISTER OF
HEALTH, DR JOE PHAAHLA
CAPE TOWN - DATE: 13 May2026**

Honourable House Chair

Honourable the Chair of Portfolio Committee

Honourable Minister of Health, Dr PA Motsoaledi

Honourable Ministers and Deputy Ministers present

Honourable Members of the National Assembly

MECs of Health present

Heads of Public Entities and Statutory Councils

Distinguished guests

Ladies and Gentlemen

I feel honoured and privileged to contribute to the debate on the Health Budget Vote for 2026/27 financial year. It is very important year when we commemorate 50 years of the 1976 student and youth uprising, 70 years of the Women's march to the Union Building and celebrate 30 years of our democratic constitution.

Hon members, we are again reminded that we are only 4 years to SDGs and NDP targets of 2030. It is in this regard that on 25 September 2025 heads of states gathered in New York at UN high level meeting to commit to accelerating action against NCDS towards 2030.

A subsequent political declaration addressing cancer, diabetes, heart diseases and mental health was adopted by the UN General Assembly on 15 December 2025.

Here in our country as we push for the elimination of infectious diseases with major focus on HIV and AIDS, TB, malaria and children infections, we continue to see a rapid rise in the NCDs listed by the UNGA plus chronic lung diseases. We launched our National Strategic Plan for prevention of NCDs in the 6th administration and thanks to all MECs for embracing this plan and rolling in out in all provinces.

I was recently in Giyani in Limpopo where community stakeholders came out in big numbers to embrace the prevention and management of NCDs. Our campaign entails providing health education focussing on prevention, screening for early detection and initiation on treatment where necessary. Our integrated approach means that every time when there is a major event such as World TB Day, World AIDS Day, etc. we provide these comprehensive services to promote healthy living and do screening for both communicable and NCDs. We have also tried to increase use of media platforms such as radio, social media and billboards.

We extended our screening coverage by training some traditional healers to take BP and urine sugar screening and I was pleased to see them proudly show casing their skills at an African Traditional Medicine Day in Moruleng in North-West. During 2025/26 we managed to conduct a total of over 39 million BP screening and same number of blood sugar screenings.

Cancer is a major threat to the progress we are making in helping South Africans live longer and healthier. Leading cancers such as breast and cervix amongst women and prostate, colon and lung cancer amongst men are rising rapidly.

The mainstay of managing these remains prevention through healthy diets and no smoking and minimal or no intake of alcohol and physical exercise.

Secondary intervention is early detection, e.g. as mentioned with cancer of the cervix. Other cancers can also be detected early using different screenings.

If all fail we have to be ready to treat the cancer and therefore we are working with provinces to increase oncology services supporting them with a conditional grant. We support provinces through upgrading and maintenance of radiotherapy infrastructure, expansion of diagnostics imaging and pathology services, recruiting and retention of oncology specialists especially in rural areas.

Mental health is also a major area of pressure to our health system. Over and above other social conditions which trigger mental ill health, the explosion of substance abuse among our young people is putting a lot of pressure on facilities from district level up to central hospitals where casualty departments have to deal with many young people especially young men who consume lethal substances. This is not a health crisis but all of society crisis.

In order to increase access to mental health services we have intergraded mental health into most primary health care facilities with 75% of Community Health Centres having at least one mental health care provider i.e a psychiatrist doctor, psychiatric nurse, psychologist or registered counsellor.

Hon members as we expand our services in a situation of a high burden of diseases both communicable and non-communicable we have to keep on innovating and one of those is the Central Chronic Medicine Dispensing and Distribution program. This program wherein patients who are stable on treatment for NCDs or chronic infections especially HIV can receive their medication nearer to their residents at pharmacies, GPs, community centres and halls and traditional authority offices has been growing and relieving pressure on health facilities.

We currently have two service providers who receive scripts from over 3000 facilities and deliver at pick up points for patients. As by end of March 2026 just over 3,6 million patients were participating in this program. Patients can now receive up to 3 months packages of their prescribed medicine reducing frequency of travel and reducing congestion.

More than 2 million of the patients are for ART while the balance are for NCDs chronic treatment. We intend to increase the number of months for each package based on clinical stability and safety of the relevant medicine as we ramp ART coverage.

Hon members, no nation can improve its health outcomes if it does not look after its children and youth. It is for this reason that our Integrated School Health Program which was started in 2012 in collaboration with the Basic Education Department has been growing in leaps and bounds providing screening for vision, hearing and oral health, together with immunisation and treatment of common ailments. Those who need more services are referred accordingly. Over the last 16 years more than 10 million children have benefitted from the Integrated School Health Programme.

Outside school we continue to provide youth-friendly services at our Primary Health Care where we have established youth zones where young people feel safe even from the sometimes not so understanding parents. We remain concerned about persistent high HIV infections among young people especially young adolescent girls and young women. Even more concerning is the persistence of child and teenage pregnancies. There are challenges which need all of society.

We are highly concerned about the increase in use of novel smoking products such as e-cigarettes and vaping. There is clear evidence that these products cause harm to children's lungs, cardiovascular systems and even their brains. Evidence shows that in some incidences this has led to fatalities and long term systems damage. These products have been recognised as health threats globally and we implore our portfolio committee to speed up passing of the bill before you to regulate these products.

Hon members while the Covid-19 pandemic may be behind us, we have been well warned by scientist that future pandemics remain a threat. We also have to be ready to deal with regional outbreaks of Ebola, cholera, mpox and even children viral infection such as measles, diphtheria, etc.

We have therefore commenced with the implementation of our Integrated Disease Surveillance and Response as guided by the World Health Organization. Recently there was concern about the Hantavirus from the cruise ship but we can state again that there is no risk to the general South African public. Our system enables early detection, timely reporting and rapid response to any public health threat.

To date, over 355 signals and events have been reported through electronic IDSR system. The system detected multiple public health threats such as measles outbreak across several provinces and localised transmission of toxigenic diphtheria in Western Cape. We continue to also monitor outbreaks of foodborne diseases.

Hon chairperson, the National Department of Health oversees six schedule 3A public entities and six statutory health profession councils. These entities play a critical role in service delivery, regulation, research and oversight of health professionals. The six schedule 3A entities have all recently presented their strategic plans to our portfolio committee.

In terms of governance and financial management, five entities achieved unqualified audit outcomes with the National Health Laboratory Services (NHLS) experiencing difficulties following the cyber-attack of June 2024 leading to an audit disclaimer.

The NHLS leadership is doing everything to recover from this setback and in terms of delivering critical laboratory and pathology results it has made full recovery.

The mines and works compensation fund (MBOD and CCOD) have in 2025/26 paid over 5 900 claims worth R470 million. The Council for Medical Schemes (CMS) is following up on implementation of the Section 59 enquiry recommendations.

The Office of Health Standards Compliance (OHSC) and Health Ombud continue to provide valuable service in both assessing compliance with health standards and raising red flags where there is poor performance. The two are now monitoring services also in private health.

The South African Health Products Regulatory Authority (SAHPRA) is continuously improving its efficiency, expanding its resource base and technical capacity and the results are visible.

The South African Medical Research Council (SAMRC) is supporting over 100 black female recipients in pursuing studies for Masters, PhD, Postdoctoral, Early-career and Mid-Career Scientist.

The USAID has awarded the SMRC more than 45m USD through a competitive process to implement a program called HIV Vaccine Innovation, Science and Technology Acceleration in Africa.

Hon members the Department of Health is hard at work to make sure that South Africans continue to improve in living longer and healthier as we approach our 2030 NDP and SDG targets. Forward to implementation of National Health Insurance (NHI).

I Thank you.