



DEBATE ON THE HEALTH BUDGET VOTE - 18
DR AARON MOTSOLEDI, MINISTER OF HEALTH
NATIONAL ASSEMBLY
Wednesday, 13 May 2026

Honourable House Chairperson

My Colleague Deputy Minister of Health, Dr Joe Phaahla

My Cabinet Colleagues and Deputy Ministers present

Chairperson of the Portfolio Committee on Health, Ms Faith Muthambi, and Members of your Committee

Heads of Public Health Entities

Honourable Members of the House

It is a privilege to present to you the 2026/27 Budget of the National Department of Health, and to outline our plans for the new financial year and even beyond.

In the State of the Nation address by President Ramaphosa in February this year, he announced 3 (three) very important programmes of the Department of Health, which must unfold this year.

To quote him, he said:

“We are working to build a healthy nation. As part of preparation for the National Health Insurance, we are investing in health facilities, personnel and systems to improve access to quality care. We will be undertaking substantial investment in health infrastructure, prioritising the construction and revitalisation of academic hospitals.”

On a recent visit to George Mkhari Hospital in Ga-Rankuwa, I witnessed the dire effects of inadequate health infrastructure. Starting with George Mkhari Hospital we will be working with various public and private financing institutions to finance the building and revitalisation of healthcare facilities.”

The Department wasted no time to bring these Presidential pronouncements to life. I must emphasise however, that we are not necessarily starting from ground zero.

A lot of strategic health infrastructure is already under construction:

- Limpopo Central Hospital – 488 bed teaching hospital is already at 43% completion and it is worth mentioning that it is ahead of schedule.
- Siloam District Hospital in Limpopo – a 224 bed replacement facility is at 92% completion.
- Dihlabeng Regional Hospital in Bethlehem in the Free State is at 57% completion.
- Bambisane District Hospital in the Eastern Cape OR Tambo District is at 69% completion.
- Bophelong Psychiatric Hospital is at 38% completion.
- Mapulaneng Hospital is at 92% completion.
- Middleburg Hospital in Mpumalanga is just waiting for a date from the President for official opening.

In February this year, during the budget speech, the Minister of Finance announced the increase in the capacity of the BFI (Budget Facility for Infrastructure), an instrument for managing large public infrastructure projects.

Treasury has pronounced 4 bid windows in this financial year for Departments to bid for any infrastructure more than R 1 billion. We as Health will be sending 11 bids starting in July bid window as follows:

- Dr George Mkhari Academic Hospital in Gauteng
- Victoria Mxenge (King Edward VIII) academic hospitals in KZN
- Nelson Mandela Academic Hospital in Eastern Cape
- Tshilidzini Regional Hospital in Limpopo (Replacement of a completely aged facility)
- Elim Hospital in Limpopo (another replacement of a completely aged facility)
- Soshanguve District Hospital in Gauteng
- Diepsloot District Hospital in Gauteng
- Thabang District Hospital in Dobsonville in Gauteng
- Eldorado Park Hospital in Gauteng
- Holomisa Hospital in Holomisa Informal Settlement in Westonaria in Gauteng
- Mpumalanga Mental Health Hospital in Mpumalanga

The other facilities are 6 community health centres which will be announced in due course.

The second announcement that the President had made is on HIV/AIDS and I quote:

“In support of our programme to prevent and ultimately, eliminate HIV, we will be undertaking a massive rollout of Lenacapavir, a 6 monthly injection that has proven highly effective in Preventing Transmission of HIV.”

I can announce today that the President has given us a date of 5 June 2026 for the launch of Lenacapavir, which will take place in Mpumalanga.

In the next 2 weeks, we will be delivering Lenacapavir stocks to Depots and health facilities. We will be starting with 360 health facilities in the high burden districts of the country.

We have specifically targeted the following categories of our population for prioritization:

- Adolescent girls and young women up to age 24 years
- Pregnant and breastfeeding mothers
- Female sex workers
- Man-having-sex-with-men, transgender people and injecting drug users

Honourable Members, we are in a position where we dare say we can eliminate HIV/AIDS as a public health threat. All we have to do is to work hard, and work hard together as South Africans motivated and bound together by a common destiny.

As a country we know what is at stake because we had achieved results which are there for everybody to see.

Since we launched the world's biggest HIV counselling, testing and treatment campaign in 2010, we had dramatically:

- Increased life expectancy in our country to 66,9 years, by 2025 from a low of 54 years in 2010
- Reduced maternal mortality to 89 deaths per 100 000 live births by 2020, from a high of 240 deaths per 100 000 live births in 2010
- Reduced under 5 mortality rate to 27,7 per 1000 live births by 2025 from a high of 74,3 in 2010
- Reduced incidence of TB to 427 per 100 000 population in 2023 from a high of 988 per 100 000 population in 2015

We achieved all these by taming the scourge of HIV/AIDS. Imagine what we can achieve if we work hard together once more.

The 3rd and last announcement the President made was about eliminating cervical cancer (cancer of the cervix of the womb).

I quote once more:

“We are also working to end cervical cancer in our country by mobilising society to ensure that every young girl between the ages of 9 and 15 years receives on HPV Vaccine”.

Honourable House chair, cervical cancer is the 2nd biggest killer of women after breast cancer.

Without any doubt Honourable Members, cancer is fast becoming our new “HIV pandemic”. The sooner we do something about it the better. Scientific advances have now put us in a position where it is possible to eliminate cervical cancer. The WHO has delivered a formula called 90-70-90 along the same lines as the HIV elimination formula of 95-95-95. In the formula to eliminate cervical cancer, 90-70-90 means the following:

- The 1st 90 is that 90% of young girls between the ages of 9 – 15 years must receive HPV vaccine.
- The 70 in the middle means that 70% of women by age of 35 years and again by the age of 45 years need to be screened with new DNA-based technologies. Honourable Members, these new technologies will replace the PAP Smear, which used to be the main screening technique for cervical cancer.

While the 35 years and 45 years age band is a determination by the World Health Organization (WHO), we as South Africa needed to modify this formula.

We are forced by our unique and unwelcome position of being the world highest HIV/AIDS burdened country.

In our country, 65% of all the women with diagnosed cervical cancer are also HIV+.

Hence we extended our age cohort to start 10 years earlier and end 10 years later than the WHO determination. In our 70% formula, we will start at 25 years and end at 55 years while the WHO formula starts at 35 years and end at 45 years.

This means we ought to work harder than all the other countries added together.

The last 90 means that 90% of women with advanced cancer i.e. stage 3 and stage 4, need to be put on treatment. This means Chemotherapy, radiation and other demanding and very expensive techniques. Clearly, no woman wants to find herself in a position where her cancer is far advanced.

Hence we need to put more hardwork, determination and resilience to achieve the 1st 90 and the middle 70.

Honourable Members, we have also undertaken to screen 5 million people for TB on an annual basis. We shall be using modern digital X-ray machines to do so.

On Monday this week I have received 2 digital portable x-ray machines from the Ambassador of the Republic of Korea. This portable X-ray equipment can be carried on your back and hence needs no motor vehicles to transport to rural areas. It is also designed to work with artificial intelligence (AI) which will analyse and read the X-ray in a period of 1 minute. This means we will not be impeded by shortage of specialist Radiologist to read the X-rays for us. It means that even in far flung rural areas where people have hardly seen a radiologist, they will know what is on their X-ray within 1 minute of taking it!!!

At the moment we have 4 of these portable units in the country and we shall announce in due course where we will start utilising them.

Honourable Chair, Health has suffered austerity measures over a long period of time – a decade long austerity.

Last year the Minister of Finance decided to start a move to take us out of the austerity slowly but surely.

He allocated to Health R6,7 billion. He decided to utilise it to perform 4 very important functions:

- Hire 1 200 post community service doctors, 200 nurses and 250 other health workers.
- Hire 27 000 community health workers on a permanent basis so that they no longer come through NGO's.
- Acquire 1,4 million articles worth R1,3 billion to spice-up public hospitals – these are, beds, bassinets, mattresses, ich beds, linen, towels, blankets.
- Lastly, to pay for quarrels which accumulated for over a decade. You know what it means? Chair, it means a complete revolution.

I wish to give an account of how far we are in that regard:

- On the hiring of 1 200 post community service doctors, 200 nurses and 250 other health professionals.

933 doctors post-community service were employed from January to March 2026.

- On the hiring of 27 000 community health workers

22856 CHWs with matric-verified had been appointed by the end of January 2026.

- On acquiring the beds, linen and other articles

25589 beds, 88333 mattresses and 73748 linen articles had been procured by the end of March 2026.

- On accruals of specific vulnerable products

R1,04 billion accruals were paid by the end of March 2026.

Honourable House Chairperson, I wish to thank the Acting Director-General, Prof Nicholas Crisp and the team he is leading with the hardwork they are doing.

Honourable House Chairperson and Honourable Members of the House, I hereby present to this House the Budget of the National Department of Health, of R64 807 200.00 (Sixty four billion, eight hundred and seven million rand) for the consideration of this House.

I Thank you