

BUDGET VOTE

2024



**THURSDAY,
15 AUGUST
2024**

Hon. M.V Mahlatsi
Health
(Vote 5)



Fourth Raadsaal, Bloemfontein



health

Department of
Health
FREE STATE PROVINCE



**DEPARTMENT OF HEALTH, BUDGET VOTE 5 SPEECH FOR 2024 /2025
DELIVERED BY THE MEMBER OF THE EXECUTIVE COUNCIL,
HONOURABLE MONYATSO MAHLATSI**

Honourable Speaker, Mxolisi Dukwana

Deputy Speaker, Nolitha Ndungane

Honourable Premier, MaQueen Mathae

Members of the Legislature

Members of the Executive Council

House of Traditional Leaders

Commissioners of Chapter 9 Institutions

Executive Mayors, Mayors, Speakers, and Councillors

Director-General, HODs, and Municipal Managers

CEOs of Government Entities and Members of Senior Management in Government

Executive Management of DoH

Members of Health Governance Structures

Provincial AIDS Council

Partners in Health Service Delivery

Leadership of the Organised Labour

Members of the Media

Distinguished Guests

People of the Free State

Ladies and Gentlemen

Introductory remarks

It is a profound honour and privilege to present to you the 2024/25 Budget Vote Speech of the Department of Health, which coincides with activities to mark women's month. We observe these with both sadness and pride. With pride that women played an important role in the anti-Apartheid struggle that bore us the freedom and democracy that we celebrate 30-years, today.

Amongst others, they were the first to lead the defiance campaign of 1913 which led to many more campaigns, including anti-pass campaign in the 1950s, in Winburg, Winnie Mandela town (Brandfort) and spread to many other parts of the country. We

bow our heads to our martyrs like Winnie Madikizela-Mandela, Albertina Sisulu, Lillian Ngoyi, Adelaide Tambo, Cecilia Makiwane, Charlotte Maxeke, Sophie de Bruyn, Senorita Ntlabathi, Fezi Ngubentombi and many others.

It is with sadness that we are experiencing one of the worst pandemics – Gender-Based Violence and Femicide (GBVF). Almost daily, there are headlines of unimaginable brutalities against our mothers, sisters and daughters. This cannot go on.

In his Women’s Day speech in 1995, then President Nelson Mandela correctly reflected:

“We must be open and honest about power relationships between men and women in our society and we must help build a more enabling and supportive environment that puts the role of women at centre stage in this struggle. Each one of us – as sister and brother, mother and father, teacher and student, priest and parishioner, manager and worker, President and Prime Minister, must add our voice to this call for action”.

Indeed, the ANC was right in its 50th National Conference that gender is created by society through socialisation using institutions such as the family, the church and religion, school and education and the state and the laws.

Our country, under the stewardship of the ANC, has made significant strides in transforming our healthcare system to ensure that it serves all South Africans, particularly those who were historically marginalized. As we move forward, the implementation of the National Health Insurance (NHI) remains a critical priority. The NHI represents a bold step towards universal health coverage, ensuring that quality healthcare becomes a right, not a privilege, in line with the ANC's vision of social justice and equity.

The World Health Organization (WHO) also considers access to health as a fundamental human right, this means that healthcare systems must be designed to be equitable, providing services to all people without discrimination based on race, gender, socio-economic status, or geographic location. It also requires that health services are of good quality, available, accessible, acceptable, and affordable to everyone.

This budget is a testament to our resolve to invest in the health of our people. It aligns with the ANC's manifesto commitment to improving public health services, expanding

access to quality healthcare, and addressing the social determinants of health. We are not only focusing on the physical infrastructure but also on enhancing the human resources, systems, and services that underpin a functional and responsive healthcare system.

We call upon all users of our health system to work with the department to protect patient rights and duties. Rather than using healthcare access to tackle service delivery issues, which could harm the system's quality, patients have a responsibility to respect and take ownership of health facilities, adhere to treatment plans and treat other patients and health providers, with respect. We strongly condemn the destruction and vandalism of health infrastructure, theft of equipment and attacks on healthcare workers by members of the community.

In the 2023/24 financial year, we made significant progress on several high-impact areas, as identified in our strategic plans and aligned with the ANC's goals for health sector reform. We have focused on improving patient care through the expansion and upgrading of our healthcare facilities, including the construction of new clinics and the refurbishment of existing ones. We have also prioritized availability of medicines and increased our capacity for renal dialysis, mental health services, immunization of children and rehabilitation services. Our efforts are not just about addressing immediate healthcare needs but also building a sustainable and resilient healthcare system that will serve future generations.

Today, we stand on the threshold of a new era in healthcare for the Free State, with the implementation of the National Health Insurance (NHI) and a renewed focus on primary healthcare. Our commitment to the ANC's vision of universal health coverage is unwavering, and we will continue to work towards a system where access to quality healthcare is not determined by one's socioeconomic status but is a guaranteed right for all. As we look to the future, we do so with optimism and determination, knowing that with your support, we will continue to build a healthier, stronger Free State for all.

FINANCIAL MANAGEMENT

Honourable Speaker, I rise to table the 2024/25 Budget Vote Speech of the Department of Health. The allocated budget for this year, is R13.718 billion, which represents a marginal increase of **4.82%**. The budget is in accordance with the 8 Budget Programs of the Department:

1. Administration: **R335.257 million**
2. District Health Services: **R5.890 billion**

3. Emergency Medical Services: **R964.246 million**
4. Provincial Hospitals: **R1.838 billion**
5. Central (and Tertiary) Hospitals: **R3.136 billion**
6. Health Sciences & Training: **R342.602 million**
7. Health Care Support Services: **R174.747 million**
8. Health Facilities (Infrastructure) Management: **R771.510 million**

ADMINISTRATION

Building a Capable State

The financial statements of the department for the 2023/24 financial year have been qualified with findings on Immovable Tangible Capital Assets and Expenditure for Capital Assets, indicating that some discrepancies were identified during the audit. However, it should be noted that we have started reconstructing the Immovable Asset Register to address the audit findings.

The department maintained an unqualified status (clean) on Performance Information, reflecting management's commitment to continuous improvement. This makes us one of only two Provincial Health Departments in the country to have obtained this.

The Medical Depot of the department was qualified with new findings on inventory and general expenditure, with all previous year's findings addressed. The material findings resulted from system crash, which affected inventory and related expenditure line items. In collaboration with the National Department of Health and Global Fund, a new Warehouse Management information System is currently being developed.

These developments demonstrate our ongoing commitment to responsible management and accountability. In the current financial year, we are intensifying our efforts to further improve our audit outcomes and build on the progress we have made.

In this year, to further stabilise the Department, we will fill critical funded posts, including the District Directors for Thabo Mofutsanyana, Xhariep and Lejweleputswa, as well as Chief Executive Officers of several Hospitals.

Our commitment to building a capable state is evident in our concerted efforts to ensure that our public officials possess the necessary skills, qualifications, and experience required to meet the demands of the public sector. We have established a

Departmental Skills Audit Committee tasked with conducting a comprehensive skills audit across all personnel categories in line with the department's strategic needs and objectives.

As part of building a capable state, the Honourable Premier and the Members of the Executive Council visited several health establishments across the province. As a result of these, a management intervention team has been assembled to stabilise operations and restore Pelonomi Tertiary Hospital in Mangaung Metro to its former status as a beacon of healthcare services. Efficient operation of Pelonomi is crucial for significantly improving the provision of specialized care in the province.

We acknowledge that providing healthcare services is made up of many interrelated and dynamic parts that require optimal systems and structures. This includes dealing with the social determinants of health and other emerging challenges such as Climate Change, Energy Supply, Cybersecurity and GBVF amongst others. To be successful, this 7th Administration needs to enforce integration to yield the call as expressed in the governing party manifesto of *“let’s do more together”*. This was also aptly emphasized by the Honourable Premier in the Opening of the Legislature Address!

Following the recent fire incident at National District Hospital, we acted swiftly to ensure that healthcare services were not interrupted by redirecting patients to Universitas, Pelonomi, Dr JS Moroka, Botshabelo and MUCPP. Efforts are underway to ensure National Hospital is back to being fully operational as soon as possible. However, the following parts of the hospital are still operational: Gateway Clinic, Pharmacy, Outpatient Department and the Ophthalmology (eye) Clinic.

Honourable Speaker, I would like to recognise the dedicated healthcare workers from the Free State Department of Health who contribute their expertise to national and global statutory bodies.

Among them are individuals serving in the World Rescue Organisation, the South African Nursing Council (SANC), the Health Professions Council of South Africa (HPCSA), and the South African Pharmacy Council (SAPC), where one of our officials recently concluded a tenure as Deputy President. Their commitment enhances the reputation and effectiveness of our health services on both national and international stages.

Honourable Speaker, I wish to acknowledge Dr. Tlaleng Mofokeng from QwaQwa. She is a physician and the United Nations' Special Rapporteur on the Right to Health. Dr.

Mofokeng is an advocate for universal health coverage and HIV treatment. In 2021, she was listed among the BBC's 100 Women for her expertise and impact global health policy.

Following the unfortunate discovery of fraudulently appointed ghost workers in the department, we initiated disciplinary action against the implicated officials and reported the case to the appropriate law enforcement agency for further investigations. We subsequently instituted the physical verification of employees. Our war on fraud, corruption and misconduct in the health department is not fought with empty words, but with decisive action and revealing numbers.

In the last year alone, we concluded 128 disciplinary hearings, which include 25 dismissals. We went further to withhold their pension funds of those officials who decided to resign after being charged. These are examples of our commitment in action and represent bold steps towards a healthcare system that can be trusted!

The attainment of better health outcomes can only be achieved in an environment where all social partners work together in pursuit of labour peace and social cohesion, to achieve this the Department has maintained a functional Public Health and Social Development Sectoral Bargaining Council - Free State Chamber.

The department also has functional Union Management Committees (UMCs) at the level of facilities which allows parties at that level to engage on matters that are in the jurisdiction or authority of the Managers in those facilities.

Communications and Community Engagement

It is my assertion that while we do encounter incidents of medical negligence and instances of poor staff attitude towards patients in need of compassionate care, there are also numerous positive experiences that often go unnoticed. These good stories rarely capture the attention of mainstream media, social media, citizen journalism, or viral conversations on WhatsApp and other platforms.

Mr. Themba Dlamini from QwaQwa expressed his appreciation for the excellent service he received at Elizabeth Ross Hospital when he needed to switch his medication after 23 years due to severe side effects. Instead of turning to social media to complain or embarrass the Department, Mr. Dlamini followed the advice of the medical staff and has now successfully adjusted to his new treatment.

Mr. Molefi Mokoena, who was working in Bloemfontein, faced a significant challenge due to his inability to walk without assistance. He struggled with balance, making it difficult to move independently. Recognizing his need, the Department provided him with special assistive shoes, enabling him to walk and regain his mobility.

Inspired by the support he received, Mr. Mokoena has taken a proactive step to assist others facing similar challenges. He has created a WhatsApp Support Group for amputees and disabled individuals, where they can share experiences, offer encouragement, and seek resources to help them lead independent lives despite their disabilities. Now back in Phuthaditjhaba, Mr. Mokoena is enjoying life with his new assistive shoes and continues to be a source of inspiration and support for others in his community.

We are committed to improving patient care and reshaping our image by telling our story in a balanced way that addresses challenges while highlighting successes. We aim to listen to feedback and be responsive to the healthcare needs of our people.

Notwithstanding the monthly average of 268 533 visits at our health facilities, a monthly average of 22 complaints and 131 compliments were received about our services in Clinics, Hospitals and EMS. Although we know many more patients quietly appreciate the good service they receive. Our communication strategy will ensure that we capture and share all feedback, good, bad, and constructive, so that everyone is informed.

INFRASTRUCTURE DEVELOPMENT

The Free State Department of Health has placed a strong emphasis on enhancing health infrastructure as a cornerstone of our strategy to improve healthcare delivery across the province. The 2023/24 financial year has seen significant progress in upgrading and expanding our healthcare facilities, ensuring that they are equipped to provide specialized care and improve patient experiences.

Among the completed projects, is the successful refurbishment of Winnie Mandela Clinic in Rouxville; the upgrading of Khotsong Clinic in Bothaville and Brent Park clinic in Kroonstad which underwent a significant refurbishment valued at R1.5 million, courtesy of de Beers Mines. These clinics have been transformed to better serve their communities, offering improved patient flow, enhanced waiting areas, and modernized medical facilities. Additionally, major upgrades were undertaken at Boitumelo Regional Hospital, further bolstering our capacity to deliver specialized medical services to the people of the Free State.

Looking ahead to the 2024/25 financial year, we have an ambitious infrastructure development agenda. New projects have already commenced, including the construction of the Dinaane Clinic in Thaba-Nchu and the refurbishment of Dr. JS Moroka District Hospital (Phase 1).

We are also undertaking critical upgrades at Pelonomi Tertiary Hospital, namely the refurbishment of the roof (Phase 2), the commuters' waiting area, maternity ward and the spinal unit. These infrastructural improvements are essential in providing a robust healthcare network that meets the evolving needs of our population.

Key infrastructural projects slated for completion and commissioning in the 2024/25 financial year include the construction of new clinics in Thandanani and Rheederpark in Welkom, as well as the new Borwa Clinic in Tweespruit and Lusaka CHC in QwaQwa, which will be implemented by the National Department of Health. These facilities are strategically located to address healthcare gaps in these areas, ensuring that more citizens have access to quality healthcare services. Additionally, we will complete the upgrades to the maternity wing at Pelonomi Hospital and the refurbishment of the Bongani Hospital maternity wing and Eva Mota Clinic in QwaQwa.

The refurbishment of doctors' residences at Manapo Hospital in QwaQwa and the accommodation facilities at the Free State School of Nursing (FSSON) Welkom Campus are nearing completion.

The National Department of Health is currently renovating the Dihlabeng Regional Hospital with an investment of R780 million. The expected completion of the project is in the year 2029. Key developments include building a new outpatient department, operating theatres, neonatal unit, upgrading the current radiology building, as well as the maternity ward, eye clinic, and improvements to the NHLS and blood bank facilities.

In terms of medical equipment, the Department is making significant investments in renal care services, with plans to procure and commission dialysis machines across several hospitals. This year, Boitumelo Regional Hospital has already received 10 new dialysis machines along with a Reverse Osmosis (RO) plant.

Honourable Speaker, we acknowledge that there are projects that have not completed within schedule. This includes various renovations and refurbishments to National, Boitumelo, Mofumahadi Manapo Mopeli Hospitals, Bakenpark Clinic and others. We commit to prioritizing the completion of these critical infrastructure projects.

We have notified the National Treasury to blacklist the service providers that did not fulfil their project obligations on time, within budget, or with the required quality level.

The Department's commitment to health infrastructure development is unwavering, and we are determined to create a healthcare infrastructure that not only meets but exceeds the expectations of our communities. These projects are a testament to our dedication to improving healthcare access, quality, and outcomes for all citizens of the Free State.

Digital Health

Honourable Speaker, in today's digital era, the integration of advanced health information systems is crucial for the efficient delivery of healthcare services. We have made significant progress in rolling out the Health Patient Registration System (HPRS) across all health facilities in the Free State, including hospitals.

The HPRS is one of the foundational systems for the National Health Insurance. In collaboration with the National Department of Health, we are currently piloting the use of a biometric device in 5 primary health establishments in Dhlabeng, to accurately verify the identity of the people visiting our health facilities. This is aimed at improving the accuracy of health information, as well as other downstream benefits such as reducing long waiting times and identity fraud.

In 2023, we committed to rolling out a new Patient Information System that was developed by the Eastern Cape Department of Health. This system is now live in 12 district hospitals and will be expanded to 4 others by the end of the financial year. This has contributed immensely to enhancing our ability to provide timely and accurate care to our patients.

We are pleased to have successfully launched systems such as the Electronic Recruitment system, the Telemedicine solution as part of the clinical outreach programme. In the previous year, we also introduced the Bophelo App in our push to upgrade Emergency Medical Services contact centres. Our team is diligently progressing to finalize this initiative to guarantee timely ambulance responses and enhance the efficiency of our call centre.

Using technological advancements in digital health, we aim to persistently seek innovative methods to deliver health care services effectively, which involves ongoing investment in Telemedicine, Mobile Apps, Artificial Intelligence, and Cybersecurity.

Governance Structures

Hospital Boards serve as the pillars of community representation within our healthcare infrastructure. Currently, with 22 out of 24 boards operational, we have attained an impressive 92% functionality rate. We are committed to implementing rigorous strategies to guarantee that all hospital boards receive sufficient resources and are adequately capacitated to optimise their strategic role as organs of people's power.

These boards, mandated by the Free State Hospitals Act of 1996, bring together diverse expertise in medicine, law, finance, and management, ensuring decisions are scrutinized from every angle.

To those serving on these boards, your dedication is invaluable. To all Free Staters, these boards are your voice in our healthcare system. As we move forward, we will continue strengthening these boards to reflect the diversity and dynamism of our province. Together, we are building a healthcare system that does not just treat ailments, but nurtures communities and makes every Free Stater proud.

Currently, 164 Clinic Committees are in operation, which indicates a success rate of 74%. This year's efforts will be aimed at bolstering all governance structures, encompassing both the Provincial Health Forum and the Provincial Health Council.

Health Sciences Training

Honourable Speaker, to date, we have 372 students who have graduated from various international institutions. These young people have obtained qualifications in Medicine, Pharmacy, Nursing and Pharmaceutical Engineering. Some of these young doctors have not only completed their studies but have also passed the rigorous HPCSA Board Exams.

From our recent graduates, we've placed 59 in Medical Intern roles, 52 in Community Services, 87 as Medical Officers, one has been appointed Pharmacist and another as a pharmacist intern. We currently have 28 students who are still undergoing studies in Russia (7), China (2), Portugal (2) and Cuba (6). They are studying medicine, pharmacy, and dentistry, preparing to bring world-class skills back to our province.

We are nearing the completion of the Nelson Mandela Fidel Castro Programme, which provides youth with medical training in Cuba. This program has been instrumental in addressing the shortage of medical professionals in our province. We have successfully reintegrated students from this program, who are now completing their

integration at various South African medical schools. This initiative is vital for building a skilled medical workforce dedicated to serving our communities.

Honourable Speaker, I am proud to share the remarkable achievements of our youth in the field of healthcare. Our government's unwavering commitment to addressing youth unemployment and the scarcity of health professionals has borne fruit, and the results are nothing short of inspiring.

We have left no stone unturned in supporting these future healthcare heroes. Our department has gone above and beyond, assisting with complex qualification verifications, translations, and even partnering with the University of the Free State to offer board exam preparation.

Free State College of Emergency Care

In partnership with the University of Johannesburg (UJ), the Free State College of Emergency Care continues to offer top-tier education in Emergency Medical Care. In 2023, we saw 38 bright minds enrolled in our Diploma program, with another 13 joining in 2024. Our Higher Certificate program welcomed 24 students in 2023 and 19 more this year. These numbers are not just statistics; they represent future heroes in the making.

This year, we proudly graduated 20 Advanced Life Support Paramedics and 6 Emergency Care Assistants. Additional to that, 6 EMS officials also completed Advanced Rescue Modules. These are not just graduates; they are guardians of life who will make a critical difference and management of emergencies across our province.

We are not just training for today; we are preparing for tomorrow. Through our Thuto-e-Ncha online platform, 151 officials honed their skills in Continuous Professional Development, while 434 mastered the latest Clinical Practice Guidelines. This is how we stay at the forefront of emergency care!

Our aim is not confined to within our department. In partnership with the Central University of Technology, we have made an impact on local communities by providing Basic First Aid training to 900 individuals, more than half of whom are young people. This endeavour is not merely about imparting skills; it is about empowering them and guiding our youth towards the commendable field of emergency services. In this financial year, we are expanding this programme to 600 additional beneficiaries.

We are at an advanced stage of forging a new partnership with the Central University of Technology to expand our offerings in Emergency Care and Rescue. Furthermore, we are in the process of enhancing our facilities to ensure they reflect the quality of training we provide. Envision a cutting-edge library, advanced simulation laboratories, a specialized rescue centre, and an indoor pool designed for water rescue training.

Free State School of Nursing (FSSON)

The Free State School of Nursing continues to be a beacon of excellence in healthcare education. Significant refurbishments have been completed at the Bongani and Mofumahadi Manapo Mopeli campuses. Additionally, we will upgrade infrastructure to expedite the accreditation of all programs offered under the Higher Education Qualifications Sub-Framework (HEQSF).

We currently have **369 nursing students** enrolled in General Nursing, **120 pursuing a Higher Certificate** in Nursing, and **76 specializing** in Advanced Midwifery. Over the past year, **295 nursing students have graduated**, equipped to provide care with the highest standards of professionalism and dedication.

This year, we will enhance the Learner Information Management System and equip our campuses with the necessary ICT resources to prepare for offering Post Graduate Diplomas in the Free State.

Internship Program

The department is actively contributing to youth development and employment through the implementation of Internship Programs for Graduates and Work Integrated Learning. In 2024, 26 Graduate Interns were appointed on 24-month contracts, with 10 interns placed in Fezile Dabi and 16 in Mangaung Metro.

These interns are primarily working in Information Technology, Supply Chain Management, and Finance. We are also preparing them for the job market through the "*Breaking Barriers to Entry*" program.

CLINICAL HEALTH SERVICES

Diabetes & Hypertension

Honourable Speaker, the implementation of the National Strategic Plan (NSP) for the prevention and control of non-communicable diseases, has shown promising results. Over the past financial year, we have screened over **1.7 million people for**

hypertension and 1.4 million for diabetes, leading to early diagnosis and treatment that has saved lives.

We continue to support our community health workers with the necessary training and resources, such as, but not limited to, glucometers, BP machines, etc to improve access to healthcare services at community level.

We will expand screening for all people aged 18 years and above for early detection of Non-Communicable Diseases to prevent complications and ensure that those eligible for treatment are initiated timeously.

To enhance treatment accessibility for our patients, we are implementing a delivery system for chronic medication straight to their homes, aiming to provide a minimum of 3 months' worth of medication to the elderly. To date, 28 010 adult patients have shown interest in the program, towards our target of 50 000. This will reduce repeat patient visits to health facilities, shorten queues and promote treatment adherence.

Mental Health

The Department is dedicated to decreasing the current backlog of state patients in correctional facilities and enhancing the availability of mental health services. The province has a total of 15 Non-Profit Organizations (NPOs) that have been inspected and subsequently licensed by the Department to provide community-based Mental Health Services.

These NPOs are strategically distributed across four districts and the Metro, with 2 in Fezile Dabi, 2 in Lejweleputswa, 1 in Mangaung, 6 in Thabo Mofutsanyana, and 4 in Xhariep. The department will further look into collaborating with the Private Sector, within the confines of the law.

We have made progress with the contractual appointment of 10 mental health experts, which includes one Clinical Psychologist, five Registered Counsellors, and four Social Workers, all designated to deliver services at our Primary Health Care centres.

In this year, we will implement the following interventions:

- Complete the recruitment process and bring in four more mental health experts to enhance management of mental health issues and psycho-social assistance across all levels of care.

- Offer mental health condition management services to 6,720 clients at Primary Health Care centres, which is part of a strategy to lessen the burden on district and Regional Hospitals.
- Improve oversight of compliance among all authorised non-profit organisations that deliver community-based Mental Health Services.

The Mental Health Act of 2002 mandates that Involuntary Mental Health Care users must undergo a 72-hour assessment at general hospitals before being admitted to designated mental health care facilities. In the 2023/24 financial year, we completed the upgrade of observation rooms at Botshabelo and Bongani Hospitals, bringing the total to two. Upgrades are also underway at Pelonomi and Universitas Hospitals, further enhancing our capacity to meet these crucial requirements.

HIV/AIDS

The HIV/AIDS program has continued to expand, 319 880 clients currently active on antiretroviral treatment (ART). We have implemented innovative strategies to reduce the rates of new HIV and STIs, including the introduction of dual HIV/Syphilis rapid screening tests to prevent vertical transmission from pregnant women to their babies.

Our efforts are aligned with the UNAIDS 95-95-95 targets, and I am pleased to report that we have achieved 95-89-94. This means that 95% of people living with HIV know their status; of those who know their status, 89% are on treatment and 94% are virally suppressed.

Honourable Speaker, let me take this opportunity to specifically acknowledge Thabo Mofutsanyana District which is the third highest performing district in the country against the 95-95-95 target which is a testament to the dedication of our healthcare workers and the effectiveness of our interventions.

Some of our achievements in the last financial year include:

- 55.7 million male condoms against a target of 48.9 million and 1.2 million female condoms distributed against a target of 750 000.
- To date, we have appointed 530 lay counsellors to increase HIV testing.
- To improve access for key population groups, we have appointed 192 peer educators in all the districts.
- Pre-exposure Prophylaxis (PrEP) is now available in our facilities and 21 955 patients have been initiated, in the last financial year.

The HIV and AIDS program aims to provide HIV testing, targeting a total of about 646 918 and initiating 25 026 clients on treatment and ensuring that a cumulative number of 353 770 clients remain in care. This year, we will implement the following interventions to enhance our healthcare services:

- We will continue our efforts to increase the distribution of both male and female condoms to the general population and key population groups.
- Medical Male Circumcision will be provided to 20,000 males as part of our strategy to reduce HIV transmission.
- A total of 16,639 clients will be offered HIV Pre-Exposure Prophylaxis (PrEP) to reduce the risk of new HIV infections.

Tuberculosis (TB)

In South Africa, the TB burden is driven by poverty, socio-economic inequalities, migration and delayed or limited access to screening, TB investigations and treatment. There is also a continued strong link between undernutrition and low income and the TB incidence rate. In the Free State province, TB continues to cause deaths amongst those that remain undiagnosed and those started on treatment.

The 90-90-90 strategy was implemented with the aim of **Finding TB Missing Cases**. This strategy looks at improving TB screening to above 90%, starting 90% of those that are confirmed to have TB, and retain 90% of them till end of treatment.

The performance of the Free State province in managing TB has shown mixed results:

- 94.8% of all clients visiting healthcare facilities were screened for TB.
- 92.8% of those confirmed TB positive was started on treatment.
- However, only 71.3% of patients completed their treatment, falling short of the target of 90%.
- The province has struggled with patient retention, evidenced by a high loss-to-follow-up rate.
- TB deaths in the Free State have ranged between 10.6% and 13% over the past five years and intend to reduce it to below 10%.

The number of Multidrug-resistant TB (MDR-TB) patients who started on treatment decreased during the COVID-19 pandemic (251 in 2020) and has now improved to 288 in 2022; mainly because of the intensified case finding strategy that was implemented. The latest reported treatment success rate for these patients with drug-resistant TB was 61.2% against a target of 60%. The treatment success was impacted positively by the introduction of the shortened regimen that was introduced in 2017, from 24 months to 9 months.

With the recent implementation of BPaL-L (Bedaquiline Pretomanid Linezolid and Levofloxacin) in 2023, a shortened regimen of 6 months, we expect to retain more patients in care, thus positively impacting the treatment completion rate.

Involvement of communities remains a key factor in managing and combating TB to minimise the development of Multi Drug Resistant and Extreme Drug-Resistant TB. To address these challenges, we will focus on the following:

- Screen the contacts of people diagnosed with TB and link those with symptoms to healthcare facilities for further investigation and management.
- Provide TB Preventative Therapy (TPT) to adults who are the contacts of patients infected with TB, which previously only used to be given to children under-5-year-old, who are contacts.
- Strengthen the use of urine test (uLAM) to diagnose TB in HIV-infected patients with a low CD4 count, those seriously ill and hospitalized.
- Advocate for the procurement of more GeneXpert XDR machines, through the National Health Laboratory Services, to speedily identify the more severe forms of TB.

Maternal, Neonatal, Infant, and Child Mortality

Maternal Health

Honourable Speaker, reducing maternal and child mortality remains a priority and for that reason we implement care programs from before pregnancy right through the post-natal period.

A significant improvement has been noted with regards to family planning coverage. The percentage of women of childbearing age that access family planning services improved from 84% to 87%.

One of the biggest challenges we face in public health is pregnant women that tend to delay seeking healthcare. I am happy to report that in the previous financial year, we surpassed the target of 62% for ante-natal visit before 20 weeks, by attaining 66.1%.

A new Obstetric Maternity Birthing Unit has been established within the premises of Bongani Regional Hospital, to assist with low-risk deliveries and alleviate the burden on the regional hospital. Thus far, we have successfully delivered 10 babies and managed a baby that was born before arrival at the facility.

For post-natal visits at six days, we achieved 91% against the target of 82%. This has significantly improved outcomes and reduced the likelihood of mortalities.

Child and Youth Health

We have established six functional paediatric hubs at Pelonomi, Universitas, Dihlabeng, Mofumahadi Manapo Mopeli, Bongani and Boitumelo hospitals, improving access to specialized child health services across the province.

To ensure that our clinics are well-equipped to manage sick children effectively, the Integrated Management of Childhood Illnesses (IMCI) program has reached 89% saturation among professional nurses, which exceeded the 80% target.

To curb the scourge of pregnancies in children aged 10 to 14-years, we need a societal approach, in collaboration with the Department of Basic Education and Social Development, to entrench the values that protect our children against premature indulgence in sex. We have created 192 operational youth-friendly centres and availed a broad range of family planning methods as a strategy to further reduce teenage pregnancies.

Women's Health

The Department has made significant strides in improving reproductive health services. We have conducted sterilization marathons across 5 districts to date, offering women who do not desire more children, access to permanent contraceptive methods.

One of the key contributors to maternal mortality is the prevalence of cervical cancer. Our efforts to prevent cervical cancer include vaccinating grade 5 girls and enhancing screening for women of childbearing age. Over the past financial year, cervical cancer screening coverage through pap smear drives has improved from 41% to 43%. These initiatives are crucial for safeguarding the health and well-being of our women, and in reducing the burden of reproductive health-related diseases.

Immunization Coverage

Immunization is one of the most effective public health interventions in reducing preventable childhood diseases. Our recent measles campaign led to the 282 972 children of school going age up to 15 years, and we continue to strive towards improving immunization coverage across the province. We are committed to scaling up these efforts through targeted outreach programs and community engagement initiatives.

Honourable Speaker, in this year we are steaming ahead with aggressive plans to strengthen our core health services. These plans include:

- Providing onsite training and mentorship to healthcare providers on management of mother and child conditions for better health outcomes
- Improving the couple year protection through the provision of contraceptives
- Strengthening awareness in relation to healthy lifestyle and illegal abortion sites
- Strengthening access to antenatal care before 20 weeks and 6 days post-natal care
- Reducing death due to severe acute malnutrition through participation in Food and Nutrition Security Forum with Department of Agriculture, Social Development and Education, particularly for children under the age of 5

Gender-based Violence

Honourable Speaker, Gender Based Violence and Femicide (GBVF) have become the second pandemic since COVID-19. This compelled our country to move with speed and decisively eradicate its negative effect on the soul of our nation.

It erodes values of society and diminishes the essence of our being. In eradicating the scourge of this second pandemic, we must be sustainable in our approach by implementing the National Strategic Plan on GBVF, which we can account individually as departments and collectively as a province.

To strengthen our Thuthuzela Centers, we have appointed six forensic nurses and plan to bring in more professional to enhance the provision of healthcare services for individuals who have suffered from sexual assault, rape, and domestic violence.

To ensure the effectiveness of our approach, we plan to execute critical initiatives that position Boys and Men as primary agents of change. These strategic actions include hosting Dialogues with Boys and Men in every district, equipping Community Health Workers with training on GBVF prevention, and enhancing extensive media advocacy campaigns for awareness and prevention.

Surgical Backlogs

We currently have a backlog across various surgical disciplines such as General Surgery, Urology, Ophthalmology, Orthopaedics (Trauma & Elective), Obstetrics & Gynaecology, Ear, Nose & Throat (ENT), Maxillo Facial & Oral, etc. The department is working hard to to address this backlog. Despite this challenge, we have completed over 30 000 surgical procedures across just our Regional and Tertiary level hospitals.

Renal Care Services

Honourable Speaker, in a heartwarming testament to the power of love and modern medicine, Thabo Michael Mvalo, a 32-year-old soldier from Kimberley, recently received a life-saving kidney transplant at Universitas Academic Hospital in Bloemfontein. After battling kidney disease for five years, Mrs Judith Mvalo made the courageous decision to donate her kidney when other options fell through.

The successful transplant, performed on October 26, 2023, has already dramatically improved Mvalo's quality of life. This story not only highlights the importance of organ donation but also showcases the excellent work being done by the Free State Department of Health and the medical team at Universitas Academic Hospital, demonstrating the critical role of our healthcare system in saving and transforming lives. *Mr Mvalo and his wife have joined us this morning. At this point, I invite them to rise for this august house to acknowledge them.*

Advanced Health Technologies

As part of our commitment to the Fourth Industrial Revolution, we are rolling out a telemedicine solution, the Assisted Reality Medical System (ARMS), to enhance healthcare delivery. This technology allows Realtime expert guidance for clinicians in the benefiting referral hospitals by reducing travel costs and risks, thus improving access for underserved communities.

ARMS will also support medical education, offering real-time experience for students and registrars, and enables audiovisual recording of high-risk procedures for medicolegal investigations.

ARMS was recently used in a urology procedure, allowing Professor FM Claasen to provide remote, real-time guidance to Dr. ZV Nthane during the removal of a JJ stent and a retrograde pyelogram. This technology enabled detailed visualization and step-by-step assistance from a remote location, demonstrating its potential for supporting doctors in rural Free State hospitals where urologists are unavailable. The device could significantly enhance surgical care by offering expert guidance to doctors in peripheral hospitals.

We are progressing with the Picture Archiving and Communication System (PACS) upgrade at Universitas Hospital, with plans to implement similar upgrades at Pelonomi Hospital this year. Additionally, mini-PACS systems are being introduced at district hospitals to enhance our imaging and diagnostic capabilities across the province.

These advancements are critical in improving patient care through efficient remote access to medical images.

Outreach Services

Our clinical outreach programs have been significantly expanded to ensure that specialist care is accessible to patients in even the most remote areas of our province. To this end, we have appointed 10 sessional doctors, 9 of whom are providing outreach services at 14 clinics across the province. Additionally, 19 permanent doctors stationed at district hospitals are offering clinical outreach services at 57 clinics, enhancing the reach and impact of our healthcare services.

At Universitas Academic Hospital, these efforts have resulted in the following: 96 children received care from the paediatrics department, 80 orthopaedic procedures were performed, 796 patients were seen and underwent radiological examinations, 497 pharmacology consultations were conducted, 163 patients received audiology services, 87 clinicians were trained in neurology, and 17 clinicians were trained in optometry. These outreach initiatives are crucial in reducing the burden on our central hospitals and ensuring that all patients receive timely and appropriate care.

National Health Insurance (NHI)

President Cyril Ramaphosa has enacted the National Health Insurance Act, NHI Act 20 of 2023, marking a pivotal step towards universal health coverage in South Africa. This legislation calls for concerted efforts to prepare the Free State Province for its implementation, with a primary focus on ensuring the accreditation of healthcare facilities.

In alignment with the NHI Act, the Contracting Unit for Primary Health Care (CUP) has commenced operations. The CUP will consist of a district hospital, clinics, or community health centres, along with ward-based outreach teams and private providers organised in horizontal networks within a sub-district.

In the Free State, the Dihlabeng sub-district has been selected as the proof-of-concept site for implementing the National Health Insurance (NHI) system. Five clinics within this CUP sub-district have been chosen to trial the concept of a CUP. This is a vital step in refining the processes required for the broader rollout of the NHI, ensuring that the systems are robust and ready for full-scale implementation across the province.

The National Department of Health, in collaboration with private healthcare providers, has begun Alpha testing of the new Electronic Medical Record (EMR) system. This system will centralize patient information within the NHI ecosystem, allowing seamless tracking of patient movements from clinics and private providers to hospitals. Once implemented, it will eliminate the need for paper-based files, modernizing and streamlining healthcare delivery across the country.

Out of the 219 Primary Health Care (PHC) facilities in the Free State, 200 have achieved Ideal Health status, indicating that they are operating at optimal levels and delivering quality services. In preparation for NHI implementation, the Office of Health Standards Compliance (OHSC) has inspected 144 PHC facilities since 2019, with 117 (81%) receiving certification. Additionally, six hospitals (how many were inspected) have also been certified, marking significant progress in enhancing healthcare standards across the province.

Certification by the OHSC is a critical milestone that signifies a facility meets established benchmarks across several key areas, including staff levels, governance audits, ICT integration, stakeholder interactions, inspections, complaint resolution times, and adherence to regulatory demands.

This progress is a testament to our commitment to maintaining high standards of healthcare service delivery across the province.

Primary Health Care Services

Primary Health Care is the cornerstone of our healthcare system, and we are dedicated to enhancing these services throughout the province. Currently, the Department operates five Primary Health Care Clinics that provide 24-hour services.

This year, we plan to expand this initiative by commissioning Lesedi Clinic in Kroonstad to operate around the clock. This decision is strategic, as it addresses the absence of a district hospital near Boitumelo Regional Hospital and will improve patient referrals to the appropriate level of care.

Forensic Pathology Services

Through services provided by the Forensic Pathology Services, the department plays a critical role in facilitating the Administration of Justice. The Free State Forensic Pathology Services has over the last five years conducted approximately 4 000 post-mortem examinations per annum.

The number of “unnatural deaths” admitted in our facilities, in our view, is high and of great concern as they include cases of motor vehicle accidents, cases of interpersonal violence that also includes Gender-Based Violence and Femicide as well as incidents of Agrochemical poisoning and Suicides.

Therefore, to reduce the large number of "unnatural deaths" in the province, primarily those that can be prevented, it is necessary to embark on a comprehensive public health initiative involving multiple stakeholders. This should include educational programs targeting the social determinants of health.

Emergency Medical Services

Honourable Speaker, the Free State Department of Health recognizes the critical role that Emergency Medical Services (EMS) play in providing life-saving interventions and care to our citizens.

According to the 2022 Census, the Free State Province has a population of approximately 2.9 million people. To meet the national norms and standards, which dictate a ratio of one ambulance per 10,000 people, our province requires a minimum of 290 ambulances staffed by at least 2,320 EMS officials. Currently, our fleet of 152 operational ambulances mean that we can only meet 52% of the actual demand. This indicates the enormity of the work that still needs to be done to meet these standards.

In the past year, the Department has made considerable progress in enhancing EMS coverage across the province. We have increased the number of rostered ambulances from 138 to 152, particularly through the implementation of the *1-Ward /1-Ambulance* injunction in the Xhariep district. This allowed us to cover 4 towns in Xhariep that did not have ambulances. This has significantly enhanced the emergency responses in the rural areas of Xhariep, guaranteeing that timely medical assistance reaches even the most isolated communities.

Furthermore, our team has expanded to include 80 Basic Life Support personnel, 26 individuals skilled in Intermediate Life Support, 6 Paramedics, and 2 Emergency Care Technicians to enhance the scaling of our EMS.

The remaining 14 towns through the Free State that do not have dedicated ambulances, shall be prioritised with dedicated ambulances. Addressing this gap

requires between 112 and 168 additional EMS officials to ensure that every town in our province is adequately covered.

In addition to expanding our ambulance fleet, we are also focused on upgrading EMS facilities to meet the regulated norms and standards. A key milestone in this regard is the operationalisation of the Xhariep EMS District Control Centre at Albert Nzula Hospital in Trompsburg, which marks a significant step forward in improving our EMS coordination and response capabilities.

Pharmaceutical Services

Ensuring the availability of medicines and medical consumables is a top priority for the Department, a target of 90% availability was achieved. The Department has also put measures in place to improve access to chronic medicines to our stable patients.

A total number of 219 959 stable chronic patients were decanted from health facilities (clinics) to different Pick-up Points including 230 contracted external Pick-up points across the Province through the Central Medicine Chronic Dispensing and Distribution (CCMDD) also known as DABLAPMEDS.

The initiative is aimed at reducing long waiting times, overpopulation at the health facilities, and allowing patients to collect medicines closer to their homes at the time convenient to them. The department will increase the number of Pick-up points to allow for more decanting of patients. All stable patients on chronic medicines will be provided with a minimum supply of 3 months' stock, so that their visits to health facilities is reduced.

Laundry Services

Laundry Services are a critical component of healthcare, ensuring that our facilities have clean linen necessary to maintain hygiene standards. Despite challenges such as load-shedding and aging equipment, we strive to improve provision of clean linen to facilities.

To address current shortcomings, we have adopted strategies to improve turnaround times for washing of linen; procure additional linen; and fast-track the procurement and commissioning of new laundry equipment.

Medico-Legal

In 2016, we committed ourselves to a 6-point Litigation Reduction Strategy, which involves *strengthening Clinical Governance; prioritizing resources for medico-legal*

high risk-areas; improving communication with customers; creating community awareness on impact of unrealistic legal actions on the health system; including skills to mitigate legal risks in the training of health professionals and creating an aggressive defence strategy.

Despite these efforts, our current contingent liability stands at **R5.341 billion**, emanating from **372 cases**. This poses a significant risk to the financial security and the provision of funds for future health care services in the province.

We have established and capacitated a medico-legal unit which, among other, focuses on strengthening implementation of clinical governance in the department, with the view to reduce medico-legal litigation.

The department is also working on establishing Court Compliant Hubs to manage children with Cerebral Palsy, who account for 75% of the contingent liability quantum. These hubs will provide integrated healthcare services specifically for Cerebral Palsy patients, reducing the likelihood of prepayments for future medical costs. Additionally, this initiative will complement the efforts of the multidisciplinary committee that reviews medico-legal claims against the department.

Challenges and Mitigation Strategies

Honourable Speaker, while we have made significant progress, we must also acknowledge the challenges that lie ahead. Budget constraints, staff shortages, and infrastructure backlogs continue to pose significant hurdles to our healthcare system. However, we are not daunted by these challenges. Instead, we see them as opportunities to innovate and improve.

Conclusion

Honourable Speaker, Members of the Legislature, Distinguished Guests, as I conclude, I want to emphasize that the budget and plans I have presented today are more than just figures and strategies. They represent our collective commitment to the health and well-being of every citizen of the Free State.

We stand at a crucial juncture in our healthcare journey. The challenges before us are significant, but so too are the opportunities. With the increased budget allocation, the impending implementation of the NHI, and our focused strategies, we have the tools we need to make real, lasting improvements in our healthcare system.

Budgets and plans alone are not enough. The success of our efforts will depend on the dedication and hard work of my family of healthcare workers, the support of our communities, and the collaboration of all stakeholders. I call upon each one of you to join us in this vital mission.

Dikhau tsa Lefapha la Bophelo di ntse di le mohatong oa ho etsoa, mme di reretsoe ho ba sethala sa ho ananela le ho hlompha ditsi tsa bophelo tse sebetsang hantle ka ho fetisisa Profinseng ea Freistata. Morero ke ho hlompha boitelo mosebetsing o boima, le katleho e ikhethang ea bafani ba tlhokomelo ea bophelo ba dulang ba loanela boleng bo phahameng. Ka ho totobatsa bohlokoa ba tshebetso e ntle, dikhau tsena di ikemiseditse ho bontsha tshusumetso e ntle eo boitlamo bo ka e tlisang tsamaisong ea bophelo ka kakaretso. Hang ha di qala ho phethahala, ho lebelletsoe hore di tla khothaletsa boqapi, boitelo, le tshebedisano mmoho e tsoelang pele lefapheng la bophelo, qetellong di tla ntlafatsa boleng ba tlhokomelo ho baahi bohle.

Together, we can build a healthcare system that not only meets the basic needs of our people but exceeds their expectations. A system that treats every patient with dignity and respect. A system that leaves no one behind.

In conclusion, Honourable Speaker, allow me to acknowledge the responsibility given to me by the African National Congress. The platform created for me by the largest federation in the country, COSATU. The support from HOD MNG Mahlatsi. Importantly, I would like to acknowledge my family. I also acknowledge all the officials of the department for their unwavering support.

Let us move forward with determination, compassion, and a shared vision of a healthier Free State. The journey ahead may be challenging, but I have no doubt that together, we will succeed.

I Thank you!