

DEBATE ON THE HEALTH BUDGET VOTE - 16
DR AARON MOTSOALEDI, MINISTER OF HEALTH
NATIONAL ASSEMBLY
15 MAY 2018
16H15

Madam Deputy Speaker

My Cabinet Colleagues and Deputy Ministers present

Deputy Minister Joe Phaahla

Chairperson and members of the Portfolio Committee on Health

Honourable Members

Distinguished Guests

Good Afternoon!

It gives me great pleasure to present the 2018/19 budget to this House and to outline our plans for the 2018/19 financial year.

This year we honour the memory of our beloved Madiba who would have celebrated his 100th birthday this year. In the same vein we also honour Mama Albertina Sisulu who would also have turned 100 this year.

They were both fighters for equality and social cohesion.

In this budget speech, I wish to extensively elaborate on three issues that President Cyril Ramaphosa flagged in the January 8th Statement delivered at the celebration of the birth of the ruling party, the African National Congress, and repeated during the 2018 State of the Nation Address.

The first thing he said was that, and I quote:

"We will intensify efforts to improve the health of our people, particularly in the context of the devastating impact of the AIDS epidemic and the emergence of other diseases. As South Africans we must never accept as permanent or irreversible our status as the country with the world's biggest HIV epidemic. We need to take decisive steps to bring an end to the epidemic through systematically implementing the 90-90-90 strategy, which will entail, among other things, the addition of 2 million more people to our antiretroviral treatment programme".

The catch words here are "an end to the epidemic" and "systematically implementing the 90-90-90 strategy".

Honourable Speaker, in taking the President's instructions forward, we shall do everything in our power to take the initial steps towards bringing this epidemic to an end.

Sine 2009 we have made significant strides in dealing with the HIV epidemic - possibly the greatest contributor to morbidity and mortality our country has seen since World War 2! Of the estimated 7,1 million people living with HIV in our country, we have more than 4,2 million people on treatment. This makes it the world's biggest treatment programme.

Scientists have already informed us that people on treatment who are virally suppressed do not transmit the virus. They further inform us that if 90% of people who are on treatment get virally suppressed and remain so, that will be the end of the epidemic.

Hence we need to drive our strategies in that direction of viral suppression.

In this regard President Ramaphosa will launch in the month of June 2018 - the youth month, a National Surge Campaign that will screen 14 million people for HIV and TB. This campaign will seek to target South Africans who do not know their HIV status and those who do not know that they have TB. Once people are screened and tested, they will be offered appropriate treatment.

This campaign will also focus on providing information to ensure that people who are negative stay negative!

South Africa has signed up to the UNAIDS targets of reaching 90-90-90 for HIV by December 2020 as well as the Stop TB Partnership's targets of 90-90-90 for Tuberculosis.

These targets simply mean that to bring an end to these two diseases we must find 90% of those that are HIV positive and those that have TB, initiate 90% of these on treatment and ensure that 90% of those that are on ARVs are virally suppressed and that 90% of those on TB treatment are successfully cured!

We have partnered with the PEPFAR programme to develop this plan which we call the Surge campaign, to find the 2 million people who are HIV positive and put them on treatment and this must have been achieved by December 2020. We then have to keep them virally suppressed forever! This is the 90-90-90 plan.

As can be seen, it is a very ambitious plan. To fund it, Treasury has added an extra R2,3 billion to the HIV Conditional Grant. In addition, PEPFAR has agreed to make substantial additional contribution to this HIV treatment programme.

In addition, we need to find an estimated 80 000 people who have TB that are either not diagnosed or diagnosed but not on TB treatment, and get them back on treatment.

I call on all stakeholders to partner with the Department of Health and the South African National AIDS Council to ensure that the campaign as well as the surge are successful.

Secondly Honourable Speaker, President Ramaphosa also said and I quote him again:

"We will also need to confront lifestyle diseases such as High blood pressure, Diabetes, Cancers and Cardiovascular diseases. We will launch a huge Cancer Campaign similar to the HIV Counselling and Testing Campaign".

Before coming to the Cancer Campaign, let me inform the House that in the HIV Surge campaign that I have already mentioned where we are targeting 14 million people for screening and testing for HIV and TB, we will simultaneously screen and test 7 million people for Diabetes and Hypertension and put those who are found to be having these conditions on treatment!

For the Cancer campaign, we are currently consulting with stakeholders, including civil society organisations who have been doing sterling work on cancers as well as the suppliers of diagnostic equipment and cancer drugs to co-design the cancer campaign.

I am sure that it is not an exaggeration to say that every member of this House either has a family member who has been diagnosed with Cancer or knows someone who has!

In addition to the pain and suffering endured by people diagnosed with cancer, as well as their loved ones, there is a significant burden on the State. The diagnosis and treatment of cancer is notoriously expensive with the cost of cancer medicines being among the most expensive in our country and globally.

However, cancer need not be inevitable, or a death sentence or universally difficult to treat. We can prevent many cancers and successfully treat many of them if diagnosed early. Our campaign therefore will seek in the first instance to provide South Africans with the information that they need to prevent cancer, to self screen (such as self breast examinations) and to get tested for breast, cervical and prostate cancers for example.

Whilst there are many causes of the different cancers, including genetic and hormonal factors, unhealthy lifestyles are also a major if not the major contributing factor or associated phenomenon.

Hence we need to target all the causes of cancer to ensure that we have the best possible chance of decreasing their incidence.

In this instance, we shall uncompromisingly target tobacco smoking and unnecessary sugar intake.

I am sure Honourable members are aware that Cabinet has approved for public participation, the amendments to the anti-tobacco legislation in order to take more tougher measures against tobacco. Please do not allow yourself to be rented by the tobacco and sugar companies to become their spokesperson here in Parliament and in the communities!

We will also utilise a significant part of the allocation to the Department, of the sugar tax to this cancer campaign.

The third thing that President Ramaphosa said is and I quote:

"The time has now arrived to finally implement Universal Health Coverage through the National Health Insurance".

As we acknowledge that there are those who have been justifiably impatient with the pace of implementation of NHI, we also know that there are those who are determined, for reasons of greed, that NHI will never see the light of the day. Well for the latter group, I have very bad news for you.

This morning, I was to present the NHI Bill 2018 and the Medical Schemes Amendment Bill 2017 to the Cabinet Committee for that Committee to recommend them to the full Cabinet on 23 May 2018, for them to be gazetted for public comment, and then later sent to Parliament to start the process of legislating.

However, the President said he has taken a special personal interest in the NHI and hence instructed that we put the Bill in abeyance and not present it in his absence. So I have only presented the Medical Schemes Amendment Bill to the Committee. The two Bills will be released together as soon as the NHI Bill has been dealt with, with the President leading from the front.

It is not only us at home who are working around the clock to make Universal Health Coverage or NHI a reality. On Friday, I am leaving for Geneva, Switzerland, to attend the 71st World Health Assembly (WHA) organised by the World Health Organisation (WHO).

The main theme of this year's WHA is: "Health for All: Commit to Universal Health Coverage".

In this regard, I have forwarded to our Honourable Speaker, a letter from the WHO whereby the Director General of the WHO is requesting for countries to bring along for the first time in more than a decade, Members of Parliament from their countries.

The Director General, Dr Tedros Adhanon Ghebreyesus would like to address Members of Parliament from all over the World on achieving Universal Health Coverage and on Global Health Security. This meeting will take place on Friday, 25 May 2018 and I hope the Speaker will oblige and allow Members of Parliament to attend.

Here at home, we will commence with the initial steps towards the implementation of NHI. I am pleased to report that the National Treasury has allocated funds to kick-start the process of addressing some of the challenges in the public health system. This is a sum of R4,2 billion over the MTEF allocated mainly for the National Health Insurance, Health Planning and Systems Enablement programme, financed through downward adjustments of the medical aid tax credits and rebates.

This amount of money is not what we hoped for but under the present economic climate we will try to do more with less.

We will use this money in the initiation of NHI Projects. In this regard, we will start specifically with vulnerable groups including the following:

- During the piloting of NHI, we had decided to screen school-going kids in the whole country for physical barriers to learning. These are eyesight, hearing, oral hygiene as well as speech.

It was alarming to find that out of the approximately 4 million learners screened, up to date 500 000 were found to be having at least one of these problems.

The simplest way to put it is that they are going to school everyday like all other learners, but they are not learning as they should.

Starting from this year, we shall start in our most disadvantaged schools, i.e quintile 1 and 2 schools, to correct these problems.

This will entail hiring Optometrists for them to provide them with spectacles, hiring audiologists for them to deal with their hearing problems including providing hearing aids and getting oral hygienists and speech therapists for them.

We shall start with an initial sum of R113 million to provide this service and build it over the MTEF.

- Women with high risk pregnancies in selected 11 Regional Hospitals who battle with such pregnancies because of late referrals from district hospitals, as well as lack of skills and limited specialist medical personnel shall be targeted. We shall contract specialists from the private sector to help these hospitals. These specialists will do 2 things, viz clinical work and training of staff where there are no specialists in such hospitals.
- Oncology services in KwaZulu Natal and Gauteng will receive R100 million to deal specifically with radiation oncology backlogs. Honourable members know the oncology problem in KwaZulu Natal. However the Gauteng backlog is not created by Gauteng. It is because Mpumalanga, North West and Limpopo Provinces refer to them for most of their radiation oncology needs.

Honourable Members in our fight against cervical cancer, we shall also modernise and move away from Pap Smear to liquid based cytology.

Furthermore, using a special National Algorithm we will test at least 25 000 women for cervical cancer using HPV DNA and progressively increase over time the number of women being screened with this test.

- Honourable Speaker, South Africans are aware of the problems the public healthcare system is encountering in the field of Mental Health Care. Unfortunately, this includes the tragedy of Life Esidimeni which stretched the emotions and consciousness of the nation to the limit. The country had to extensively utilise the broad range of mechanisms available to our healthcare system and our justice system to deal with the matter.

But today I want to talk about two emerging problems, which if not nipped in the butt, may develop to crisis levels.

The first problem is that legal defence in criminal cases is increasingly resorting to mental health problems as a reason for why crimes are committed. More and more criminal accused are being referred for Psychiatric evaluation.

The House may remember the notorious case of Oscar Pistorius.

Since there is a grave shortage of Psychiatrists and Psychologists in the public sector, more and more of these criminal accused have to be admitted to our mental health facilities for long period of time waiting for mental assessment and evaluation. Due to lack of space in these facilities, some are languishing in correctional service facilities waiting for space in our mental health facilities.

As at the end of March 2018 a total of 1 431 criminal accused are admitted in our mental health facilities awaiting mental evaluation.

This has resulted in the clogging of the criminal justice system with serious backlogs but is also worsening the congestion in our mental health facilities.

The second problem is that people who have been screened by nurses in our Primary Health Care facilities and found to be having minor mental illnesses do not usually receive help because of this shortage of Psychiatrists and Psychologists.

The few specialists available to the public sector are concentrating their efforts on serious Psychiatric illnesses. Hence people with minor mental disorders may end up taking a serious turn for the worse.

In trying to solve these two problems, we shall use this money to contract 52 Psychiatrists and 71 Psychologists from the private sector to help clear these backlogs.

Honourable Speaker, it is a well known fact that our clinics and hospitals are becoming more and more congested and the waiting times are worsening. This is to be expected. If we understand our ever increasing burden of disease, we will understand this unfortunate phenomenon.

Please remember that by 2004, we had only 400 000 people on ARVs. Today, we have 4,2 million - meaning that the figure has increased more than 10 fold in the same clinics and same hospitals.

Added to that, is the explosion of Diabetes, Hypertension and Cancer.

As we treat more and more people the congestion in our public health facilities are getting more and more congested.

It may then sound like a contradiction in terms, that we are about to launch a programme that will add 2 million more people with HIV, 80 000 more with TB, and thousands and thousands more with Diabetes and Hypertension to an already overburdened system.

I am sure none of you will ever suggest that we cannot treat more people simply because the system is already overburdened.

Honourable Speaker, this is where NHI comes in. In all these programmes, i.e the Surge Programme, the screening programme, the School Health Programme, the Cancer Programme, the Mental Health Programme and the programme on dealing with complicated pregnancies, we shall make sure, as you might have noticed, that doctors and specialists in the private health sector will get heavily involved.

The essence of NHI is to make sure that both the public health facilities and skills, and the private sector facilities and skills are available to all the citizens of our country. This is what we are starting to implement in these NHI projects.

Making sure that some of our programmes are undertaken by the private sector will contribute heavily in lessening our burden. For instance we shall decant 50 000 patients to 250 private GPs for ARV treatment between October 2018 and December 2020, and build up from there. The State will supply the ARVs and pay for the laboratories. The GPs will be paid their service fees.

In addition, we now have 1,3 million people on our centralised chronic medicines dispensing and distribution systems (CCMDD).

This 1,3 million people do not have to queue at clinics or hospitals but receive their medication in selected places of their choice. We wish to add 1 million more people on this programme in this financial year to try and decongest our clinics and hospitals.

Honourable Speaker, as you know, we had to battle an outbreak of Listeriosis and had to recall affected cold meat products from Tiger Brands and Rainbow Chicken Limited.

When we made the recall on the 4th of March 2018 there were already 969 cases of Listeriosis.

I am happy to announce that since the recall, we have been having less than 5 cases per week, in the past 5 weeks, compared to more than 40 per week in the period before the recall.

I would like you to join me in congratulating our National Institute of Communicable Diseases, the NICD, for the sterling work in isolating the source of the Listeriosis outbreak.

With the work done around the clock by the Emergency Outbreak Response Center, which we formed immediately after the recall, consisting of the Departments of Health, of Agriculture, of Forestry and Fisheries, as well as Trade and Industry, the NICD and National Consumer Commission, supported generously by a team of seven (7) experts from the World Health Organisation, we shall very soon announce the end of the outbreak.

In conclusion, let me take this opportunity to thank my colleague Deputy Minister Joe Phaahla, the Chairperson of the Portfolio Committee on Health Honourable Dunjwa and her NCOP counterpart Honourable Dlamini for their support and working together throughout this period. I also wish to thank our Development Partners for the massive financial and technical support.

Finally, I wish to thank my team of officials led by the Director-General Ms Malebona Precious Matsoso and her Deputies, as well as the entire staff of my Department.

I THANK YOU!!