

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

Honourable Chairperson

Honourable the Chair of Portfolio Committee

Honourable Minister of Health, Dr MJ Phaahla

Honourable Ministers and Deputy Ministers present

Honourable Members of the NCOP

MECs of Health present

Distinguished guests

Ladies and Gentlemen

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

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

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

NCDs

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

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

90% of all people over 18 will know whether or not they have raised blood pressure and/or raised blood glucose;

60% of people with raised blood pressure or blood glucose will receive intervention; and,

50% of people receiving interventions will be controlled.

Our aim is to have 25 million people screened annually for high blood pressure and elevated blood glucose respectively,

challenge remains adherence to treatment and sustaining a healthy lifestyle.

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

Central Chronic Medication Dispensing and Distribution

Our flagship programme called Central Chronic Medication Dispensing and Distribution (CCMDD) or fondly

meaning short cut, creates an alternative access to chronic medication.

Now that people



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

AYFS-

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

Human papillomavirus (HPV) Vaccination Programme

Honourable Chairperson

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

The project has since inception capacitated 161 high birth health facilities with online birth registration system which covers approximately 68.35% of the total births delivered in 1445 public health facilities.

The department is still on course with the rollout of birth registration system in health facilities and

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The Department has achieved significant progress in ensuring that statutory requirements for internship and community service are met. Project Plans for the allocation placement of interns and community service candidates are concluded by September of each financial year. Annually, the Department manages to allocate and publish all eligible South African Citizens and Permanent Resident applicants for

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

the collaboration of the Nelson Mandela Fidel Castro Medical Programme.

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

Ex-Mineworkers Compensation Fund Programme

There has been a remarkable turnaround of the MBOD and CCOD, which deals with compensation

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

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

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

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

In Conclusion

Honourable Chairperson,

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

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

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

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

