

**WESTERN CAPE HEALTH BUDGET 2008/09
MINISTER PIERRE UYS**

16 MAY 2008

DELIVERING ON OUR CONTRACT WITH THE PEOPLE

INTRODUCTION

Speaker, I rise to present the Western Cape Health Budget for 2008/09. This is the fifth health budget that I present in this House since the 2004 election.

As with previous health budgets it invests in providing quality healthcare to all the people of the Western Cape – and speaks of the ongoing progress in healthcare in this province.

It also reflects positively on our commitment to transform healthcare, bringing it closer to the people who need it most. Always mindful of the principle of Batho Pele or 'People First' that motivates us.

Moreover, this budget delivers on our contract with the people of the Western Cape.

DELIVERY OF HEALTH SERVICES SINCE 2004

Four years on, solid gains have been made in public healthcare in the Western Cape.

Allow me to highlight briefly some of our achievements:

**Consistent increases
in the health budget**

Health has seen its budget consistently increase to a point where in the 2008/09 financial year it is allocated almost double the R4,7 billion it started off with in 2004. Despite the challenges presented by the burden of disease, the heavy toll taken by inflation and the ever-growing service pressures brought on by the 16% increase in the population of the Western Cape from 4,5 million in 2001 to 5,3 million in 2007, our province remains at the top when it comes to the per capita health spend in our country. This underlines the importance government places on the health and wellbeing of the people in the Western Cape.

**Transforming
healthcare**

In order to improve health service delivery and ensure its long-term sustainability, we committed to the transformation of healthcare. To give effect to this commitment, the Comprehensive Service Plan (CSP) was approved during 2007. We are the first province with a CSP, taking a lead nationally in this regard. In this process, key tasks with timeframes and responsible managers have been identified and combined in an overall master plan that is being implemented.

**Reduced infant
mortality rate**

My department understands that the achievement of 'Better Health for All' is an important part of improving the quality of life of poor South Africans. In giving effect to this policy approach we focus on the vulnerable and have made child and youth health one of our priorities. In this regard we are proud of the fact that we have reduced the infant mortality rate in our province to 26 per 1 000 live births in 2007. The immunisation coverage for children under one year of age in 2007

increased to 93% in the Western Cape against a target of 90% (Millennium Development Goals) set for 2015.

Improved maternal health

Another priority has been improved maternal health. The Basic Antenatal Care programme that focuses on the early identification of at risk pregnant women and their referral to an appropriate level of care, were rolled out at our Primary Health Care (PHC) facilities.

Progress against HIV and AIDS

Since 2004 we have made significant progress in the ongoing battle against HIV and Aids. Indications are that we have stabilised the prevalence of HIV and AIDS. We are justly proud of the progress made which includes:

- Impacting on the HIV antenatal prevalence in the under 20 age group, down from 8.7 percent in 2003 to 5.6 percent in 2006;
- Establishing peer education programmes in 131 secondary schools in high burden areas;
- Offering Voluntary Counseling and Testing at 473 health facilities, which include PHC facilities and hospitals. Last year we tested 376 626 clients;
- Increasing the number of sites dispensing ART from 18 in March 2004 to 62 at the end of March 2008;
- Increasing the number of patients on Anti Retroviral Treatment (ART) from 2 295 at the end of March 2004 to 37 435 patients (33 623 adults and 3 812 children) at the end of March 2008. Data indicates that after four years on ART, 76% of adults remain in care; and
- A 2-drug regimen for PMTCT was implemented in 2004 throughout the province. The transmission

rate decreased from 22.3% at the end of 2003 to 5% last year.

**Steady progress in
the battle against TB**

In tackling the growing TB epidemic we have taken active steps to accelerate and enhance our response to TB. In March 2004 the TB cure rate stood at 68%. Since then we have provided additional funding for TB control at primary health care level. In the previous financial year we provided the 22 high burden TB/HIV health facilities with additional resources to improve TB control and achieve an improved outcome. Across the province, New Smear Positive cases cured at first attempt stood at 74% in 2007. All TB-hospitals now resort under the province and we have taken steps to upgrade and strengthen our TB-hospitals to deal more effectively with MDR-TB and XDR-TB patients.

**Improved governance
and management**

Extensive preliminary work has been done to facilitate the establishment of the management and the support structures of the District Health System. Funds were also allocated to support permanent district and sub-district coordinators for the delivery of home-based care services.

**Improved community
participation**

We improved community participation which continues to be central to ensuring the delivery of quality health services. In this regard, we established a Provincial Health Council, a Provincial AIDS Council, Health Committees and Facility boards for hospitals.

**Improved quality
of care**

Since 2004, we have made enormous progress in restoring human dignity by improving the quality of

care. We conduct regular external client satisfaction surveys and act to bring about improvements. Waiting time surveys are conducted. Mortality and morbidity reviews are conducted at institutional level on a monthly basis. Staff satisfaction surveys are also conducted. All contribute to improved quality of care.

Better management of chronic diseases

Given the burden of disease in our province, government has made the better management of chronic diseases a priority. One of the steps taken was the establishment of a Chronic Dispensing Unit (CDU) that dispenses pre-packed chronic medications to over 83 000 stable chronic patients each month. This has decreased waiting times for patients at our dispensaries.

Improved primary health care

The number of patient contacts at primary level in our healthcare system has increased from about 12 million in 2004/05 to over 13 million last year. To streamline and improve the quality of service we assumed responsibility for the provision of Personal Primary Health Care (PHC) services in the rural districts. Other steps taken by this government include the appointment of facility management, the computerisation of PHC services and the development of an infrastructure and maintenance plan for PHC facilities throughout the province.

Stronger Emergency Medical Services

The substantial improvement of Emergency Medical Services (EMS) has always been a priority. Since 2004, we have focused on improving response times and providing quality care to emergency patients. This has been done by upping the number and skills of our staff,

providing them with adequately equipped vehicles and improving the functionality of emergency communication systems. A commitment was made to relocate all ambulance stations to purpose built accommodation. We have 47 stations as well as six newly established call-taking and dispatch centres throughout the province. In 2007 the ambulance fleet reached 205 vehicles.

We also introduced the HealthNET planned patient transport system to improve patient access to health institutions. Planned Patient Transport services in the Western Cape transferred approximately 70 000 outpatients annually from health facility to health facility and back home.

**Improved human
resource management**

We understand that quality of care is adversely affected by the inability to recruit and retain experienced and qualified health care professionals. While we still have some way to go to achieve the ideal staff numbers, it is encouraging to note the progress made with the number of professional nurses per 100 000 people in our province increasing from 85 in 2004 to the current 100. The Occupational Specific Dispensation for nurses was implemented in 2007 and there has already been an increase in the number of nurses as a result. Training of additional categories of health workers such as home-based carers is done through the Expanded Public Works Programme. In 2007 we had 1 300 home-based carers providing home nursing to more than 13 000 clients.

**The delivery of
free health services**

We provide a range of health services free of charge including: Family planning services; Immunisations; Treatment of infectious and/or notifiable diseases. Free

services are also provided to children under the age of six years and pregnant women classified in terms of a means test. Primary Health Care services are rendered free to all on the same basis. Included among those who receive free services are social grantees such as pensioners - as well as the formally unemployed.

New and upgraded Infrastructure and Equipment

We have undertaken an aggressive health facilities revitalisation programme since 2004. This is evident with the revitalisation taking place at the George, Worcester and Paarl hospitals. New CHC's have been opened at Brown's Farm, Simondium, Montagu, Swellendam, Stanford and Tulbagh – to name a few. New ambulance stations have also been opened at Atlantis, Riversdal, Caledon, and Beaufort West – with more opening in the near future.

As committed to in 2007 we now have 90 district level beds in each of the Khayelitsha and Mitchells Plain district hospital hubs established at the Tygerberg and Lentegour hospitals.

We have also invested in providing new equipment to the extent of R180 million at health facilities throughout the province. In 2007 an amount of R51,2 million was allocated to establish an integrated nuclear medicine system. Included was an MRI scanner for RCCH, a neuron navigation system, radiological equipment and CT scanners.

BETTER HEALTHCARE FOR ALL

Speaker, our work is not done. We will intensify our efforts to improve health care in the year ahead, focusing in particular on the following key priority areas:

- The ongoing transformation of healthcare in line with the needs of our people i.e. implementing the Comprehensive Service Plan (CSP) to bring healthcare closer to the people;
- Implementing health districts and creating district management structures both in the Cape Town Metro and rural health districts;
- Strengthening district health service delivery through outreach and support to district hospitals, community health centres and clinics;
- Restructuring the service platform to ensure the management of hospital beds according to a defined level and package of care i.e. Level 1, 2 and 3 beds in our district, regional and central hospitals;
- Strengthening TB programmes with special focus on improved cure rates and the management of MDR and XDR-TB;
- Expanding our HIV and Aids programme with greater focus on prevention;
- Addressing service pressures in mental health, obstetric and neonatal services, surgery and emergency care;
- Restructuring EMS to improve response times;

- Expanding community-based care services through the EPWP to enable people to be served in communities where they live;
- Maintaining and upgrading of public health facilities across the province as well as building of new facilities with special focus on the construction of the Khayelitsha and Mitchells Plain district hospitals;
- Ongoing investment in training and support of our health care staff and improvements to the remuneration of doctors, dentists, pharmacists and other health care workers such as EMS; and
- Ensuring the equitable distribution of health care resources and access to it throughout the Western Cape.

A GOOD NEWS BUDGET

Speaker, the Health Budget for 2008/09 is good news for the 3.8 million uninsured and poor people dependent on public health services in our province as it lays a solid foundation for improved health service delivery.

The total vote for Health reaches R8.6 billion in 2008/09. This is 34.7% of the Western Cape budget. Our gratitude goes to national and provincial government, our own Minister of Finance, as well as Treasury for their understanding and for heeding our calls for additional funding.

We are confident that the 2008/09 Health Budget will help us deliver on our commitment to "Better Health for All". It is a good budget that is underpinned by a

through understanding of what we need to do to ensure improved access and quality of care.

Allow me to touch on areas in which service delivery improvements will be made in the year ahead.

SERVICE DELIVERY IMPROVEMENTS DURING 2008/09

Our Human Resource Plan will be finalized during 2008. This will align the staff establishment with the service needs following the approval of the CSP.

The District Health System will be further strengthened with the development of district and sub-district management offices including opening new offices in the Khayelitsha sub-district, Mitchells Plain sub-district, Southern and Western sub-districts based in Retreat, Northern and Tygerberg sub-districts based in Bellville. New offices will also open in Karoo at Beaufort West and the Overberg-region in Caledon. Together they will improve effectiveness and efficiency in service delivery.

An additional 1000 home-based carers will be trained. Increasing the number of appointed home-based carers to 2 300 and the number of clients seen by 10 000 to 23 000. The number of funded NPO's in the field of home-based care will grow to 110.

TB programmes will be further strengthened resulting in an increased cure rate of 77% as well as bringing down the TB treatment interruption rate to 9%. Additional resources will be deployed to accelerate the TB response to a further 6 sub-districts including Mitchells Plain, Cape Town Northern, Cape Town Western, Tygerberg, George

and Mossel Bay. This brings the total of sub-districts being resourced in this manner to 11.

Our HIV and Aids programme will continue with its roll-out. We have started to implement the National Strategic Plan (NSP) for HIV and AIDS and will finalise the aligned provincial plan in 2008. During 2008/09 we will also increase the number of accredited ART service points to 70 and increase the number of patients on ART to 45 756, or by more than 1 000 per month. Our target is to bring down the transmission rate from mother-to-child to 4,5%. We will also increase the number of clients tested for HIV to 414 000.

Pressures on our District Hospitals will be relieved by additional capacity at Mowbray Maternity and level 1 obstetric beds at the Khayelitsha District Hospital Hub at the Tygerberg Hospital. All Midwife Obstetric Units will benefit from increased capacity. Neonatal services will also be expanded at the Mitchells Plain District Hospital Hub at Lentegour. It is estimated that our services will deliver 85 000 babies during 2008/09.

To improve child health there will be special focus on the management of diarrheal disease and the hospital management of critically ill children.

Our Forensic Pathology Service (FPS) will be provided via two academic Forensic Pathology Laboratories in the Metro, three referral FPS laboratories and smaller FPS laboratories and holding centers in the West Coast, Cape Winelands, Overberg, Eden and the Central Karoo Districts.

The ambulance fleet at Emergency Medical Services (EMS) will be increased to 240 vehicles that will cover an

estimated 14,4 million kilometres this year. We will deal with an expected 400 000 emergency cases this year. Response times remain a challenge. To improve response times and bring it closer to the national norms, the department will increase the number of urgent calls with a response time of below 15 minutes in the urban area to 60%. In our rural areas the number of urgent calls with a response time of below 40 minutes will increase to 75%.

To achieve these targets the department will be appointing Emergency Medicine specialists to improve the quality of care in emergency units. New computer aided dispatch and tracking systems will result in improved information on performance and allow identification of problem areas. Training will also be improved and paramedics, intermediate life support and medical rescue personnel as well as student emergency care practitioners appointed.

Our planned patient transport system will transport an estimated 106 400 non emergency patients between health facilities.

The FIFA 2010 Health Unit is located within Emergency Medical Services and is taking a lead nationally in this regard.

In 2008/09 funding for level 2 services in central hospitals are transferred to Programme 4 (Provincial Hospitals Services).

The specialist cadre within our provincial hospitals will be strengthened by the appointment of additional staff in certain disciplines such as obstetrics, anaesthetics and ENT. District Health Services will take over the

management of all the midwife obstetric units (MOUs) in the Metro.

Theatre time and space as well as day surgery capacity will be increased to address bottlenecks in the system.

Our TB hospitals including Harry Comay, Sonstraal Tuberculosis Hospital (Paarl), Infectious Diseases Hospital (Malmesbury) and DP Marais Hospital will be progressively upgraded and strengthened to increase their capacity to care for more acutely ill patients.

We currently have 1 008 TB beds. Added to this the designated multi and extreme drug resistant referral centres, Brooklyn Chest, Brewelskloof and Harry Comay Hospitals, will increase their bed capacity by a further 90 beds to accommodate additional MDR and XDR patients.

Special strategies to address the challenges posed by MDR and XDR include increasing recreational facilities, strengthening infection control, enhancing psycho-social interventions to improve adherence, and improving occupational health services to protect and care for staff.

The psychiatric hospitals will support District Hospital Services to open step down facilities for approximately 90 new long stay patients.

The interface between acute hospitals and psychiatric hospitals will be strengthened to better cope with the substance abuse (Tik) epidemic.

The Western Cape Rehabilitation Centre will provide technical expertise to the District Health Services to facilitate the development of community-based

rehabilitation in terms of the objectives of the Comprehensive Service Plan.

The Central hospitals in the Western Cape are the Red Cross War Memorial Children's hospital, Tygerberg hospital and Groote Schuur hospital. Our Central hospitals will receive funding provided for by the National Tertiary Services Grant (NTSG), Health Professions Training and Development Grant, Modernisation of Tertiary Services Grant with supplementation from the provincial equitable share. Equitable access to tertiary services through a single waiting list will be a priority this year.

As for the reopening of beds in our Central hospitals, it needs to be noted that after an additional allocation from this government, we reopened 28 beds in November 2007. This will be followed by a further 68 beds in this financial year after an increase in the NTSG. Therefore, the total number of beds in the three Central hospitals will increase from 2389 beds to 2485 beds in the 2008/09 year.

From 2008/09 the funding for Level 2 services in the Central hospitals will come from programme 4 and Level 3 services will be funded from programme 5.

We will this year accommodate 5.6 million health science student hours for students trained by the four Higher Educational Institutions on our platform. All higher educational institutions will have equal access to defined health facilities.

Our Central Hospitals continues to function at optimum levels.

- The Red Cross Children's Hospital (RCCH) will proceed with the renovation and upgrade of a surgical ward (R8,2 million). The new theatre complex with the new Central Processing Unit will also be completed. In addition, the MRI scanner installation will be completed providing for a dedicated paediatric MRI service for the Western Cape (R6,2 million in 2008/09). RCCH will perform 300 cardiothoracic procedures during 2008/09. It is envisaged that approximately 12 to 15 transplants, which are dependant on organ availability, will be performed as part of the paediatric transplant services. The hospital will continue to comprehensively treat over 2,600 children a year in its paediatric burns unit.
- At the Tygerberg Hospital we will improve surgical outputs and help reduce waiting lists for key procedures where high care is required post-procedure. Paediatric Highcare beds adjacent to the Paediatric Intensive Care Unit will help relieve pressure. The functioning of the Emergency Centre will be improved. Provision will be made for trauma as well as non-trauma surgical and medical emergencies. Twenty renal transplants will be done and the number of renal dialysis slots will be increased.
- At the Groote Schuur Hospital attention will be given to improved theatre management and prioritisation of theatre cases with the extension of day surgery services from 1½ to five days a week and the addition of an urgent theatre list to operate 40 hours per week. Additional beds will be commissioned in the acute psychiatric admission ward to relieve pressure on acute beds

and ensure a faster turn around time in acute psychiatric wards. Additional renal stations are planned.

- Speaker, it is also important to mention that we have provided for an earmarked allocation of R30.4 million to Programme 5 for the modernisation of tertiary services. This will provide for the final payment of the MRI scanner for Red Cross Children's Hospital as well as progress in the central hospitals on the picture archiving and communication system (PACS).

The Expanded Public Works programme (EPWP) will allow 1840 learners to acquire skills that they could use to further careers in the home-based as well as health sector at large.

The number of nurses training towards a Professional Nurse qualification will increase to 1 815 – with 115 nurses training towards being Enrolled Nurses. We will also train 96 ambulance emergency assistants and 12 paramedics. My department will award 2 838 bursaries.

Other initiatives include implementing training programmes for clinical nurse practitioners and for emergency medical personnel as well as for mid-level workers through short courses, learnerships and mentoring.

An additional R10 million has been allocated to initiate a new maintenance strategy. This is a very important development and for the first time there will be an active effort to consolidate and manage the huge maintenance task. Part of this funding will be utilised to set-up a formal maintenance management unit within

the Directorate: Engineering and Technical Support. This unit will improve maintenance service delivery.

R163 million will be spent on new equipment for our facilities.

In the year ahead, the department will continue to revitalise and build new healthcare infrastructure in the Western Cape. Included amongst the many projects is the commencement of the construction of the new 230 bed Khayelitsha district hospital on 1 October 2008 and the new 230 bed Mitchell's Plain district hospital on 31 January 2009. Government has fought hard for this to happen and has always been willing to make sacrifices to bring quality healthcare closer to communities in need.

We will continue with the revitalization of George, Worcester and Paarl hospitals. New CHC's are planned for Knysna (Witlokasie), Plettenberg Bay (Kwanakuthula), Malmesbury (Wesbank), Du Noon, Khayelitsha and Mitchells Plain over the MTEF period. New ambulance stations in Worcester, Ceres, Vredendal, De Doorns, Leeu Gamka, Bonnievale, and Heidelberg will be operational in the next few years.

The renovation and upgrading of the wards at the Red Cross Children's hospital is a priority that will be funded from the Health capital budget. Smaller, but essential upgrading projects at Groote Schuur hospital will be funded from the Provincial Infrastructure Grant.

A number of other building projects are in progress including the construction of a new CHC for Wellington. A major upgrading of the Mitchells Plain CHC will commence during 2008/09. The upgrade at Khayelitsha

Site B including a new Trauma Centre will continue, bringing much needed relief to this overcrowded facility. Hospital Revitalisation funding has been requested for the Valkenberg and Brooklyn Chest hospitals as well as for new district hospitals to replace the Helderberg and Mossel Bay Hospitals. Hospital Revitalisation funding has also been requested to build a replacement Victoria hospital with additional level 1 beds. The upgrading of the Caledon and Riversdale hospitals is in progress and will continue during 2008/09. The construction of a new casualty wing at Eerste River hospital will commence in 2008/09. The second phase of the revitalisation of the Vredenburg hospital is being designed and construction will commence at the end of 2008/09. Our TB-hospitals require urgent and significant upgrading and funding has been allocated to do some work in this regard. New forensic mortuaries are also under construction in George, Paarl, Hermanus, Malmesbury and Worcester.

CONCLUSION

Speaker, I would like to thank the people of our province, the National Minister, my colleagues in Cabinet, the Standing Committee and the ANC - for the support that I continue to receive in striving for the delivery of quality health services in the Western Cape.

My gratitude also goes to the Head of the Department, Prof Househam, and the very dedicated team of public servants who are responsible for the delivery of the services linked to this budget. I will continue to challenge them to give their best in the interest of the people of the Western Cape, whom we all serve.

There can be no doubt that the ANC government has brought stability to our province over the past four

years. We will continue with the good work of ensuring equal access to quality healthcare in future, prudently investing in improved access to healthcare, training and infrastructure.

We understand that for the Western Cape to truly succeed, we need everyone at their best. For us, this means the delivery of health services that address the real needs in our communities while also acknowledging that each of us needs to take more responsibility for our own health by living a healthy life.

This fundamental value is at the root of all we do.

Working together, we can build an even healthier future — a future in which all our people have access to quality healthcare close to where they live and work.

Thank you, Speaker.