

2014/15 Budget Vote speech by the Deputy Minister of Health, Dr. Mathume Joe Phaahla

23 Jul 2014

Honourable Chairperson;
Honourable Minister of Health, Dr Aaron Motsoaledi;
Honorable Ministers and Deputy Ministers
Honourable Chairperson and Members of the Portfolio Committee on Health;
Honourable Members of Parliament,
Distinguished guests,
Ladies and gentlemen,

Thank you very much honourable chairperson for this opportunity to participate in the 2014/15 budget vote for The Department of Health. Our 2014 - 2019 Strategic Plan and the 2014/15 Annual Performance Plan are firmly anchored in the implementation of the National Development Plan (NDP). Our vision of a Long and Healthy Life for all South Africans speaks to both the NDP and outcome 2 of the Government's Medium Term Strategic Framework.

The other NDP goals which I will speak to in my input will be:

- significant reduction of the prevalence of non-communicable diseases and
- reduction of injuries , accidents and violence by 50% from the 2010 levels.

In addressing these two contributors to the quadruple burden of disease facing our country we will be able to contribute to raising the life expectancy of South Africans to at least 70 years by 2030 as envisaged by the NDP.

The implementation of this programmes will go a long way in realising the commitments we made as the ANC in our election manifesto.

Honourable members, we are all familiar with the fact that as a country we have a challenge of diseases such as HIV and AIDS, TB and high rates of maternal and child morbidity and mortality, but we must always be aware of the growing problem of what is now globally known as the new “emerging epidemic of non-communicable diseases”.

Currently in the 30 - 70 year age group non-communicable disease (NCDs) account for 43% of total deaths. Cardiovascular diseases (including hypertension), cancer, diabetes, chronic respiratory infections, mental disorders and other diseases have been part of our health landscape for decades but until recently due to high levels of infectious diseases have tended to play second fiddle to communicable diseases in low and middle income countries.

Now, however, non-communicable diseases are emerging as the big health problems of the future globally and with increased urbanisation and industrialisation we are already seeing growing trends of these diseases in South Africa. These diseases are often called silent killers because many people that have diabetes or hypertension for example are not aware that they have a problem at all.

The NDP is clear in this regard. “South Africa’s health challenges are more than medical. Behaviour and lifestyle also contribute to ill-health. To become a healthy nation, South Africans need to make informed decisions about what they eat, whether or not they consume alcohol, sexual behaviour, levels of physical activity, among other factors”.

It goes on to say “Promoting health and wellness is critical to preventing and managing lifestyle diseases, particularly the major non-communicable diseases among the poor, such as heart disease, high blood pressure, cholesterol and diabetes. These diseases are likely to be a major threat over the next 20 to 30 years”.

South Africa, together with other member states of the United Nations have acknowledged through a General Assembly Resolution in 2011 (Resolution A/66/L.1) that NCDs are not merely a health problem but a major development concern. NCDs are now not a problem of the old and infirm, and of developed countries, but of our productive populace everywhere. They also crumple budgets of the poorest of the poor.

Honourable members, two weeks ago representatives from around the globe again gathered at the General Assembly in New York to review progress made in implementing the Political Declaration for the Prevention and Control of NCDs. I am pleased to report that South Africa was acknowledged as a leading country in taking serious steps towards addressing the major risk factors for NCDs as well as in developing health system innovations that improve health care provision.

We were recognised as a leader in areas such as tobacco control, trans-fat and salt regulation and also on our proposals to restrict alcohol advertising and sponsorships. Since 1995 we have brought down our smoking rates by around 30% - including amongst school going children.

Safeguards are needed to ensure that this trend is strengthened rather than reversed and in line with the Framework Convention on Tobacco Control and therefore additional regulations are being planned in this regard.

Our salt regulations, which industry is now beginning to implement ahead of the compulsory targets set for 2016 and 2019, are projected to result in 7 400 fewer deaths due to cardiovascular disease and 4 300 fewer non-fatal strokes per year.

Alcohol consumption amongst drinkers remains far too high at 27 litres of pure alcohol per annum in people 15 years and over. Amongst men this is a very high 33 litres. This is significantly higher than both the African and World average intake of 21 litres.

We realise that these figures will not dramatically drop by restricting advertising alone, but it is well established from several studies that alcohol advertising influences behaviour - it brings about positive beliefs about drinking and encourages young people to drink alcohol sooner and in greater quantities.

The integrated approach to managing all chronic diseases whether they are communicable or non-communicable will go a long way in improving effectiveness. The establishment of National Health Commission will enhance intersectoral collaboration.

The 10 targets we set in our strategic plan to be reached by 2020 are still some way off but with the very strong support we now have from groups such as the NCD Alliance and other civil society organisations, and from industry we believe these targets are still reachable.

We must reduce premature mortality from NCDs by 25%; reduce tobacco use by 20%; reduce alcohol consumption by 20%; reduce salt intake to less than 5g per day; reduce the percentage of obese or overweight people by 10%; increase physical activity by 10%; ensure that women receive cancer screening as per our policy on screening.

In a few weeks the department will sponsor a TV and radio campaign that informs the public that increased salt intake considerably increases your risk for hypertension and kidney disease.

This year we will also be developing and implementing a new strategy to combat obesity as this continues to be an increasing health problem. The number of people within South Africa who are overweight or obese has been rising yearly in the past few decades.

A survey done in 2012 found that the prevalence of obesity in those 15 years and older was 65.1% in females and 31.2% in males. This is a crisis for the individuals affected and for our health services and the economy.

Drinking just one sugar sweetened beverage a day increases the likelihood of being overweight by 27% for adults and 55% for children.

One 330 ml of carbonated soft drink contains an average of 8 teaspoons of sugar and the same size sweetened fruit juice an average of 9 teaspoons.

The Ministerial Advisory Committee on Cancer has now been functioning for a little over a year.

The introduction of the Human papillomavirus (HPV vaccine) is a critical step forward and we are confident that it will go a long way in reducing cancer of the cervix. The South African Cancer Control strategy will be launched this year and will be providing additional impetus and direction for both the prevention and care and treatment of cancer.

Increasing cataract surgeries and preventing avoidable blindness is another area that the Department of Health will be focusing on in immediate to medium term.

One of the growing public health challenges is the Road Traffic Crash Injuries. These place a heavy burden, not only on the national economies but also household finances as many families are driven deeply into poverty by the loss of breadwinners and the added burden of caring for members disabled by road traffic injuries.

The total medical costs for violent injuries is estimated at R4,7 billion /pa according to the Centre for the Study of Violence and Reconciliation South Africa, while the total costs of traffic crashes and injuries are estimated at R110 billion p/a to the South African economy according to Automobile Association of South Africa 2011.

The injury related costs of alcohol misuse are estimated to be twice the amount received in excise duties for alcohol (South African Medical journal 93, 828-829).

Road traffic crash injuries can be prevented and our role as Government is to take action and address road safety and prevention of violence in a holistic manner. This requires involvement from multiple sectors (transport, police, health, education sectors) and that addresses the safety of roads, vehicles, and road users themselves.

Honourable members I am pleased to announce that we have made drastic progress in the reduction of blood alcohol backlogs in our Forensic Chemistry Laboratories (FCLs) due to the impact of the appointment of additional analysts and procurement of additional equipment.

Budget for FCLs has increased from R 78 883 000 in the 2013/14 financial year to R 122 896 000 in 2014/15 and we would like to thank Treasury for this effort. This significant increase has also contributed

to decreasing toxicology backlogs and to decrease the turn-around time of toxicology analysis in cases of unnatural death.

Honourable chairperson we are taking steps to improve our emergency medical services to make sure we provide timeous and efficient services to the communities. Amongst the interventions are:

- Regulations governing emergency medical services are being reviewed which will improve efficiencies by setting high industry standards and providing minimum norms.
- A national policy on National Emergency Care Education and Training is being developed in conjunction with the Health Professions Council of South Africa in order to improve the skills of emergency care personnel.
- In order to contribute towards the millennium goals 4 and 5 a study is being undertaken by the department on the efficacy of mobile obstetric units in order to provide quicker responses to obstetric emergencies.

With regard to malaria South Africa has made positive strides to controlling malaria: In the year 2013, 8 820 malaria cases and 100 deaths were reported compared to 64 622 cases and 458 deaths that were reported in the year, 2000. This represents an 86% reduction in malaria cases and 78% decrease in malaria deaths in South Africa.

This is a huge achievement for South Africa as the country has reached an important target within the Millennium Development Goals that was set by the United Nations General Assembly in the year 2000, where they called for a 50% reduction in malaria deaths by the year 2010. This milestone was achieved through robust implementation of the key strategies for controlling malaria.

These include: Vector Control using Indoor Residual Spraying (IRS) - with DDT, personal protection, effective case management by the introduction of combination therapy, advocacy and community mobilisation, epidemic preparedness response, surveillance and operational research.

The country is now shifting its approach from control to elimination of malaria by 2018.

The key challenge facing the malaria programme is the huge importation of malaria cases from neighbouring Mozambique. The department will work hard on strengthening partnerships with Mozambique on cross border malaria initiatives this year, where a revised programme of cooperation is expected to be signed between the two countries on malaria control.

South Africa and Cuba entered into a historic agreement called "Cooperation Agreement in the Field of Public Health" in 1995 to enable Cuban doctors to come and work in South Africa .This agreement was amended in 1996 to include the training of South African Medical Students in Cuba.

The medical training programme has over the years grown from strength to strength with good support from most of the provinces. In 2011, the Cuban government offered to train up to 1 000 medical students in Cuba using a different funding model.

Some of the highlights of the Cuban agreement are :-

- 2 733 students have been recruited to the medical training programme since 1997 inclusive of those who did not complete the course for various reasons.

- 402 students have graduated and are serving in various public institutions.
- 63 students returned last year and are doing the final year of the 18 months programme.
- 65 students are to begin the 18 month programme in July 2014.
- 2 132 students are currently in Cuba.
- 607 students have been recruited in 2014 and will commence with their studies in Cuba in September.

Between 1996 and 2003, 650 doctors were recruited to provide health services to South Africa.

Following the signing of a new Bilateral Agreement, a group of specialists from South Africa, which included Health Professions Council of South Africa (HPCSA), recruited 94 doctors from Cuba to work in South Africa. 89 of these doctors started arriving in South Africa in December, 2013.

There are 222 Cuban doctors in South Africa.

Twenty four (24) Lecturers including professors at Walter Sisulu University. Eastern Cape is the province with the most doctors.

The Minister has given a new mandate for further recruitment of doctors during the Joint Academic Meeting in October 2014.

Honourable Chairperson, the department of health has number of entities operating under its authority, I will touch on some of those:

- The National Health Laboratory Service (NHLS) provides diagnostic laboratory services to all state clinics and hospitals. It also provides health science training and education, and supports health research. The entity provides valuable service but it is currently facing number of challenges in terms of financial stability which is largely related to the business model under the current NHLS Act. This matter is receiving attention from the ministry and department.
- The National Institute for Communicable Diseases (NICD), It is responsible for surveillance and research on infectious diseases of major public health relevance in South Africa. Amongst other activities the NICD has established the reduction in pneumococcal and rotavirus diseases, which are responsible for approximately 10% of all under 5 years mortality in South African children, since the introduction of pneumococcal conjugate vaccine and rotavirus vaccine into the public immunisation programs.
- The National Institute for Occupational Health (NIOH) .The NIOH is one of the seven members of the Advisory Committee of the Global Network of World Health Organisation collaborating centres (WHO CCs) in Occupational Health and is active in setting the global agenda for occupational health.
- The Council for Medical Schemes (CMS), a statutory body providing regulatory supervision of private health financing through medical schemes. Amongst its ongoing project is the prescribed minimum benefits review process, monitoring of the international classification of diseases codes ,the review of cost containment initiatives by medical schemes and the cost of private hospitals and specialists.

- The South African Medical Research Council (MRC), whose main objectives are to promote improvement of health and quality of life through research, development and technology transfer as per the MRC Act. It has made some ground breaking scientific contributions in many of the world's leading medical journals.

Honourable members we are indeed on the march to a Universal Health Coverage for all South Africans and together we will move South Africa forward to a healthy nation.

I thank you all.

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