2020/21 Special Adjusted Budget Policy Statement by KZN Health MEC, Hon Ms Nomagugu Simelane-Zulu, 18 September 2020

Honourable Speaker

Premier of KwaZulu-Natal – Hon Mr Sihle Zikalala, Khuzeni

Fellow Members of the Executive Council

Chairperson and Members of the KZN Health Portfolio Committee

Honourable Members of the KZN Legislature

Inkosi Chiliza, Chairperson of the KwaZulu-Natal

House of Traditional Leaders

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

Head of the Department of Health – Dr Sandile Tshabalala

Healthcare workers across the length and breadth of the Province

Esteemed citizens of KwaZulu-Natal and visitors following these proceedings online

Distinguished guests

People of KwaZulu-Natal

Members of the Media,

Ladies and gentlemen,

INTRODUCTION,

This is one of those extraordinary occasions, where we present to you the special adjusted Budget Speech for the 2020/2021 financial year. This occasion comes just three months after we presented the ordinary Vote 7 Budget Speech, on 5 June 2020.

It is probably the first time that this has happened, and it is part of the unchartered waters in which we find ourselves... what we also refer to as the New Normal.

The Executive Council in KZN has banded together and fought COVID – 19 as a team, with all Departments playing their part. We can say without a shadow of doubt that without this spirit of togetherness, we would not have held our own in this fight in the emphatic manner that we have…

For this, we remain extremely grateful to the Hon. Premier and the entire executive council.

Speaker, our preventative and educative approach in fighting COVID – 19 is in keeping with a noble philosophy of the governing African National Congress, which says that leaders must inspire the masses to be their own liberators.

Through all the community mobilisation work and sharing of information that we have done – and continue to do - we have, indeed, empowered the masses to be their own liberators.

As we continue to march forward in these times of uncertainty, we also draw our strength and inspiration from many distinguished women of virtue, whose courage helped change the world. These women are the epitome of the calibre of a health worker and civil servant that we look for in the Department.

Here, I'm referring to extraordinary women, like o-Mam' Lilian Ngoyi, Charlotte Maxeke, Victoria Mxenge, Florence Mkhize, Albertina Sisulu, Adelaide Tambo, and Winnie Madikizela-Mandela, to mention but a few.

These were *"amadelakufa",* our courageous stalwarts, who defied the might of the Apartheid government. They were ready to lay down their lives for the ultimate goal of freedom.

To them, going to prison or facing torture, death, or banishment mattered little, when compared with the emancipation of their countrymen and women.

They made the impossible, possible.

We therefore owe it to them to make our democracy count. We owe it to them to lead a successful charge to defeat COVID – 19, so that, in this beautiful land of our forefathers, our fellow compatriots can continue to thrive and grow.

As we know, uMama Albertina Sisulu was a nurse, who operated within the township of SOWETO, and she would carry a suitcase full of her apparatus (such as bottles, lotions, bowls and receivers) on her head. She would then physically walk to her patients, and provide treatment. This is the epitome of selfless commitment to the health and well-being of our people. We encourage our staff to learn from such behaviour and replicate it. She's also a survivor of the Spanish Flu.

Thankfully, through COVID – 19, we have realised that we have many such workers. COVID – 19, we have realised that we have many such workers.

Siyaphinda sithi, "Malibongwe Igama Lamakhosikazi, Malibongwe!!!"

RECAPPING ON THE HISTORY OF COVID - 19

Given how quickly our world has been moving and changing, it would probably assist to recap and give some background to where we've come from.

COVID – 19 was first detected in the Chinese province of Wuhan in December 2019. On the 30th of January 2020, the World Health Organisation declared it a global public health emergency.

On the 05th of March 2020, South Africa registered its first case of COVID – 19, which happened to be from the Province of KwaZulu-Natal, in Hilton, outside Pietermaritzburg.

Within two days as a province, we had the first 10 cases, which came as a huge shock to South Africa as a whole.

On 11th March 2020, having infected more than 118 000 people and killed close to 4300 globally, COVID – 19 was declared a global pandemic by the World Health Organisation.

Having seen the mass infections and deaths that were taking place in countries like Italy, Spain, England, and the United States, the Government of South Africa had to act – and act fast, in order to ensure that we do not suffer a similar fate.

Within this period, President Cyril Ramaphosa introduced the Risk-Adjusted Lockdown strategy, which started at Level 5. This gave the country the opportunity to contain the spread of the virus, while buying time to create capacity so that the country's healthcare system would be able to cope with an outbreak of the virus, and not collapse.

It is now common cause that, while the National Lockdown did indeed buy South Africa some time, unfortunately it also resulted in the loss of jobs and livelihoods.

We, as the healthcare sector, also had to take very difficult decisions, including prohibiting visitors to hospitals. This effectively meant that some people lost their loved ones without having had the opportunity to visit them or say their farewell, which took an emotional toll on society.

Today, barely nine months after the disease was first discovered, across the globe there have been 30,056,776 COVID – 19 positive cases; 945,498 deaths; and 21,818,206 recoveries.

Here in South Africa, the cumulative number of detected COVID-19 cases is 655 572 with 2128 new cases identified. Yesterday, the number of COVID-19 related deaths stood at 15 772 in the country.

To date, the Province of KwaZulu-Natal had registered 117 147 confirmed cases, with 6892 of them still active. Unfortunately, we have lost a total of 2478 deaths; and only 236 new cases.

Speaker, that is the kind of impact that COVID – 19 has had on our lives.

Most of the plans that we had put in place both as individuals, and as Government, have had to be put on hold, so that we can re-arrange our priorities in order to save lives.

COVID – 19 MODELLING:

Earlier this year, a modelling exercise by the Modelling and Simulation Hub Africa (MASHA) from the University of Cape Town, projected that the country could have more than one million Covid-19 infections and at least 40 000 COVID - 19 related deaths by November 2020.

Other projections indicated that the country was going to have up to 13 million infections by November 2020, and we were at risk of running out of ICU beds as early as June 2020.

For KZN, the projections were that the COVID infection rate would reach between 250 000 and 300 000 by mid-July, and the province would need nearly 8000 ICU beds by the middle of August. Other projections were that deaths would peak at 8000 in KZN by the 20th of September.

Our planning was therefore largely informed by these modelling exercises.

Confronted by these harsh possibilities, we then had to prioritise increasing capacity to accommodate the projected demand human resources, equipment, and bed space to accommodate patients for quarantine and isolation purposes.

These interventions were implemented to ensure that when COVID – 19 peaks, we are able to respond effectively and adequately in order to avoid a complete disaster, as seen in other countries.

PAYING TRIBUTE TO FRONTLINE HEALTHCARE WORKERS

In the history of the world, almost every generation has had to deal with a global pandemic or catastrophe, which brought about significant changes in how society develops.

Some examples in this regard include the:

- The Black Death, which lasted from year 1346 to 1353;
- The American polio epidemic of 1916;
- The Spanish Influenza between 1918 and 1920;
- The Struggle against Apartheid, which is still ongoing, and, more recently; and

- The war we have had to wage against HIV/AIDS…

As this generation, we clearly were not going to be spared a pandemic such as COVID – 19.

We are, therefore, acutely aware of the pressure, fear, and anxiety that our frontline staff have had to face while dealing with an invisible and unknown enemy that is COVID – 19.

We commend them for the remarkable courage and strength of character that they've shown, which has enabled them to prevail under very difficult circumstances.

CONDOLENCES TO THOSE THAT WE'VE LOST

Speaker, a total of 7360 healthcare workers have been infected with COVID – 19. We are sad to announce that, as of yesterday (17 September 2020), we had lost a total of 68 of them.

We send our deepest condolences to all of them. We will always remember them as our heroes. May their souls rest in peace, and their families be comforted.

To all the brave women and men who have continued to soldier on, we urge you to remain strong and follow the precautions.

Do not let your guard down. Make use of the available Personal Protective Equipment (PPE) provided to you. Always remember: any person, or location within the workplace, in public, or at home, is at all times potentially infectious.

THREAT OF A SECOND WAVE: COVID - 19 COMPLACENCY COULD PROVE DEADLY

The noticeable decline in the rate of new COVID – 19 infections and deaths, particularly in KwaZulu-Natal, is a welcome development, given the unprecedented swathe of destruction and personal suffering that COVID -

19 has caused across the world, including in our beautiful country and province.

It is therefore very comforting that the country's recovery rate now stands at 89.4%, while that of the Province stands at 92%.

However, we have observed a number of people failing to adhere to COVID – 19 precautions.

Recent developments across the world reveal a sense of panic and mayhem that gripped countries like India, the US, Spain, Vietnam, New Zealand, Brazil and South Korea as they grappled with a second wave of COVID – 19 infections, which always seems deadlier than the original wave.

A country like Brazil, which is similar to South Africa in many respects - and also received its first case around the same time as us - has also seen a surge in their numbers.

Brazil's death toll climbed past 127 000 deaths, from 4.15 million COVID – 19 cases.

Its neighbour Peru also recently experienced a surge in COVID - 19 cases and deaths, with infections approaching 700 000, with a death toll of nearly 30 000.

The message is quite clear: the more citizens violate the rules of conduct and precautions introduced to curb the pandemic, the greater the risk of such a second wave.

As South Africa, we ourselves are at a crossroads. We can either choose to go back to the "old normal" and suffer a potentially more devastating outbreak of new infections and deaths; or we can embrace the New Normal and write our own destiny by practicing self-discipline and self-control.

Even though we are headed to Level 1 of the National Lockdown, we need to always remember that COVID-19 is still lurking around, and ready to pounce if we let our guard down.

Reducing the spread of COVID – 19 is actually as easy as 1, 2, 3.

We need to:

- Wear a face mask
- Wash our hands regularly with soap and water or hand sanitiser; and
- Maintaining social distancing of at least 1,5 metres between ourselves and other people.

We are extremely grateful to all citizens who have abided by these precautions. They are the reason we do not talk of a complete disaster today.

FLU CLINICS

A crucial part of our COVID – 19 strategy was the establishment of what we term flu clinics at our facilities. The rationale behind this concept is to enable the screening of all patients, at the point of entry of the facility.

Those who present with symptoms of COVID – 19, or those with a history of being exposed to the disease, are then sent to the flu clinic for a comprehensive investigation. After this, the patient is then referred to the appropriate level of care, which will often see some of them receiving treatment as patients under investigation, while waiting for their COVID – 19 test results.

This system is a crucial part of Infection Prevention and Control (IPC), as guided by the World Health Organisation; and it ensures that there is no mixing of COVID – positive and COVID – negative patients.

The majority of our facilities have been able to set up their flu clinics properly. In fact, when we conducted hospital visits throughout the province, we found that the majority of them had implemented the flu clinic policy correctly. To mention just a few, we visited Edendale, Murchison, and Ladysmith hospitals. We were very pleased with how they had implemented their flu clinics.

Most of them were able to convert their existing infrastructure into flu clinics; while those who did not, were able to make acceptable alternative arrangements.

Needless to say, what took place at Northdale Hospital was not acceptable. Patients were being screened in a tent that had an opening on the top sides, and was only meant for screening, and not to function as a flu clinic.

We conducted a preliminary investigation that made it clear that there was a problem with management. And, we subsequently suspended management of that hospital, and put in a temporary management structure, while we continue to deal with the matter.

FINANCE: THE IMPACT OF COVID – 19 ON THE DEPARTMENT'S BUDGET

The original budget allocation of the Department of Health was R48.058 billion in 2020/21.

In response to COVID – 19, we have had to undertake a number of special adjustments to our budget, and re-arrange our priorities.

Reprioritisation of funds:

Firstly, we have had to reprioritise and move R1,2 billion from the original R48.58 billion. Within that amount, a sum of R89.886 million was identified as savings against Compensation of Employees in Programme 4: Provincial Hospital Services. These were forced savings due to posts that could not be filled as a result of economic hardships faced by the Provincial Government.

This funding was reprioritised to Programme 1: Administration, to fund Covid-19 pressures, such as increased advertising and communication costs, as well as the purchase of motor vehicles for tracing and screening teams, among other things.

An amount of R86.8 million was moved within the HIV, TB, Malaria, Community Outreach and HPV Vaccine grant from Programme 2: District Health Services to Programme 1.

In addition, the department reprioritised R400 million within Buildings and other fixed structures for planned projects that had not commenced.

These funds were re-purposed for the construction of temporary isolation and quarantine centres, some of which were temporary. Again, the movement of these funds was within the infrastructure budget.

Additional funds received by the Department to respond to Covid-19

The department also received an additional allocation of R5.082 billion in respect of both the equitable share and conditional grant funding.

This includes budget cuts in other departments; provincial cash resources; and the Contingency Reserve.

The increase in allocation was to fund Covid-19 spending pressures such as the need to provide for additional healthcare staff, PPE, medicine, laboratory tests, medical equipment, medical supplies, among others.

The department's conditional grant allocation was increased by R585 million, which is broken down as follows:

- R138 million additional funding was allocated by National Treasury for the Provincial Disaster Relief grant, which is a new grant specifically created for Covid-19 pressures. Of the R138 million, R113 million was spent on PPE, while the R25 million was spent on ventilators.
- R446 million was allocated to the HIV, TB, Malaria, Community Outreach and HPV Vaccine grant for a new Covid-19 component of the grant.

- Out of this R446 million, R305 million was allocated against Compensation of Employees for the additional appointment of enrolled nurses, professional nurses for contact tracing, screening and testing teams;
- The rest of the budget was allocated for the National Health Laboratory Service, Goods and Services and Training.

PERSONAL PROTECTIVE EQUIPMENT

We would like to emphasise that, within the healthcare sector, Personal Protective Equipment is a basic tool of trade. Long before the onset of COVID – 19, the Department was already buying PPE.

Let me explain what PPE is. According to the PPE Standard Chart of Accounts, this incorporates:

- Uniform;
- Protective clothing;
- Gloves and disposable sundries; and
- Disposable papers and plastic aprons, bags and other materials.

Speaker, before COVID – 19, the Department's budget for PPE for the financial year 2019/2020 was: R336 million.

However, it is worth noting that during the current phase of the COVID – 19 pandemic, we're only in the second quarter of the financial year – and yet we have already spent more than R365 million from an overall budget of R632 million. This means we could potentially spend more than double our normal budget. This should be acceptable, considering that we're in a pandemic.

By way of illustration, the most used PPE items are listed in the table below, as a comparison between the pre-COVID – 19 era *versus* the post-COVID – 19 era:

High Spend Item Before COVID - 19	High Spend Item During COVID - 19
Gloves All Types	Gloves All Types
Masks N95	Masks N95
Masks 3Ply	Masks 3Ply
	Sanitizer
	Disposable Gowns

Among other items that we've spent on are:

Linen: R86 million

Pharmaceuticals: R396 million

Oxygen for critically ill and severely ill patients: R303 000 spent to date.

Food Services: R1.859 million

Private Hotels and lodges Isolation and quarantine sites:

Based on the anticipated demand for private hotels and lodges to be utilised as quarantine and isolation sites, including private hospitals, the Department set aside R216 million for this purpose. These sites were to be activated on demand.

However, we never reached any conclusive agreement with the private hospitals, because they were charging us exorbitant amounts – although we had an offer from one private hospital to utilise their bed space for free, as and when the need arose.

A total of R13,8 million has been spent on the activated sites, with commitments amounting to R25.9 million.

Other goods and services activities include the following:

- Property related expenditures such as increased security and cleaning services personnel was allocated R54 million, of which R5 million has been spent to date.
- Outsourcing of laundry services in isolation and quarantine sites was budgeted at R6.5 million with no expenditure to date.
- R2.855 million has been spent on cleaning materials for the isolation and quarantine sites.
- R21 million was allocated for the procurement of thermometers, R1.5 million has been spent to date.
- Out of R829 million allocated for medical waste removal, R765 million has already been spent.

- A total of R41.4 million is budgeted for medical supplies, fuel, oil and gas, and sundries.

On Machinery and equipment: R519.7 million

- Medical equipment, including ventilators, beds, matrasses, was allocated a total budget of R400.2 million. To date, the department has spent R15.5 million on all medical equipment.
- To date, R921 000 has been spent on tents and marquees, for screening and social distancing at various facilities, as well other equipment needed for isolation and quarantine sites.

INFRASTRUCTURE

Before COVID – 19, we only had isolation beds at Addington (8), Ngwelezane (6), Manguzi (4), and Grey's Hospital (6). This gave us a total of only 34 isolation beds in the entire province of KwaZulu-Natal.

Due to COVID – 19, in just six months, we have significantly increased our isolation bed capacity to more than 1452 beds.

In its guidelines for COVID – 19 case management protocols, the World Health Organisation says that Governments should set up COVID-19 designated wards in health facilities, among a number of other interventions.

These wards should be for quarantine and isolation purposes.

You can skip the following paragraph:

Let me point out that quarantine is when we separate and restrict the movement of people who are potentially exposed to a contagious disease in order to see if they actually become infected; whereas isolation is where we separate infected people with a contagious disease from people who have not been infected.

In line with these guidelines, our strategy in response to COVID – 19 was to:

Urgently identify, revamp and re-purpose our own facilities;

Establish field hospitals, such as converting suitable buildings into COVID – 19 temporary structures. A case in point is what we did at the Royal Agricultural Showgrounds.

We also decided to erect temporary structures within our own facilities. We did this because this way, these facilities become easier to manage. And, they increase capacity within these facilities, while the patients become closer to clinicians.

This enables patients to have easier access to the required level of care.

In this regard, we have invested significantly into our Infrastructure Development by re-purposing and upgrading at least 13 healthcare facilities in 10 out of 11 districts. We have erected four field hospitals.

It is worth noting that we have managed, within just a few months, to improve the number of isolation beds from 34 to 1452.

Working on an average of 500 beds per hospital, this is an equivalent of three brand new hospitals – built in just a few months.

These Infrastructure Development efforts have also given us an opportunity to refurbish hospitals in deep rural areas, and increase the number of available bed space in those areas. Here, I am referring to facilities such as St Francis, Shiloah, Manguzi, Richmond, and a number of others.

> So, suddenly, we now have hospitals that we can use in the event of a major health emergency.

EMS and Maintenance Hub:

Notably, we have also built wash bays in most of the revamped hospitals, because these were needed for COVID – 19. This also proved opportune in giving us Emergency Medical Services facilities, which were always needed.

The distribution of these new isolation beds is outlined in the table below:

DISTRICT	INSTITUTION	TYPE OF PROJECT	NUMBER OF BEDS CREATED	START DATE
Existing Facilities				
Umgungundlovu	Doris Goodwin Hospital	Conversion of Ward H and ward G into COVID-19 wards with outdoor staff change and rest facilities.	14	2020/03/09
eThekwini Metro	Clairwood Hospital	Alterations and additions to wards C1, C2, FS3, MS6, MS2, MM1 and OT. Complete refurbishment of ward, including roof, windows, sewer and plumbing	194	2020/03/11
Umgungundlovu	Richmond Chest Hospital	Conversion of Wards A2, A3, B1, B2, A4, B5 and B3 into isolation wards. Power Upgrade	95	2020/03/09
Ugu	G J Crookes Hospital	Replacement of roof and Alterations to Old Casualty Building to accommodate Emergency Isolation Ward for Management of COVID 19 Outbreak. Upgrade the roof and plumbing in maternity ward	86	2020/04/15
Umzinyathi	Dundee Hospital	Alterations to two existing wards to create isolation and quarantine wards	37	2020/04/15
Amajuba	Niemeyer Memorial Hospital	Conversion of existing wards into isolation and quarantine wards	41	2020/05/08
Zululand	Siloah Lutheran Mission Hospital	Upgrade Existing Wards to 11 bed Isolation Ward	12	2020/04/08
Zululand	St Francis Hospital	Upgrade Existing TB Wards to Isolation Ward and Auxiliary building to Quarantine Ward	27	2020/04/08
eThekwini Metro			28	2020/03/30

	Wentworth Hospital	Alterations and additions to 2 existing Crèche buildings and Ward D2		
Umkhanyakude	Mosvold Hospital	Upgrade Existing TB Wards to Isolation Ward and upgrade Existing Auxiliary to Quarantine Ward,	19	2020/04/07
Umkhanyakude	Bethesda Hospital	Upgrade Existing TB Wards to Isolation Ward and upgrade Existing Nurses Accommodation to Quarantine Ward; Fencing, awning and walkways	13	2020/04/07
eThekwini Metro	KZN EMS College	Refurbishment of Staff Accommodation Phase 1 - Emergency Covid-19 Quarantine Facility	115	2020/03/26
eThekwini Metro	KZN Infrastructure Maintenance Hub	Refurbishment of existing buildings to create Quarantine facility	92	2020/05/29
Field Hospitals				
Umgungundlovu	Royal Agricultural Show Grounds	Temporary conversion of 4 x Exhibition halls and provision of temporary ablution blocks	254	2020/04/20
EThekwini	Clairwood Hospital	New temporary structure for complete Field hospital	228	2020/06/18
ILembe	General Justice Gizenga Mpanza Hospital Field Hospital	New temporary structure for complete Field hospital	112	2020/06/25

King Cetshwayo	Ngwelezane Field Hospital	New temporary structure for complete Field Hospital	113	2020/06/17
TOTAL			1452	

COVID – 19 INADVERTENTLY ADDRESSING STAFFING AND OTHER ISSUES TOWARDS THE REALISATION OF NHI:

In establishing and implementing universal health coverage, the National Development Plan points out four pre-requisites to the success of National Health Insurance (NHI):

- Improving the quality of public health care,
- Lowering the relative cost of private care,
- Recruiting more professionals in both the public and private sectors, and
- Developing a health information system that spans the private and public healthcare systems

HUMAN RESOURCES:

Speaker, when we assumed office in May 2019, we found a Department that had been effectively paralysed by a chronic shortage of staff. This was due to the freezing of certain critical posts as a result of financial constraints.

This had led to low staff morale, and burnout as a result of overcrowding of our healthcare facilities. All of this inevitably contributed to the compromised quality of care, which sometimes led to an increase in medico-legal costs that the Department is faced with.

While we understand that the freezing of posts was due to cost-cutting measures, in the Department of Health there are posts that facilities simply cannot do without.

This includes administrative clerks, porters, general orderlies, and various allied health categories.

We then embarked on an engagement process with the Premier, so that we could get at least 60% of the staffing that we need, what we refer to as a Minimum Staff Establishment.

This would enable us to operate at a reasonably optimal level.

Our engagements with the Provincial Government were progressing well, but then COVID – 19 happened, and this process was, unfortunately, stalled.

We are quite confident that once the dust has settled, and COVID – 19 begins to be a thing of the past, we will resuscitate our efforts to fill the number of vacant posts. This will enable us to improve the overall level of service that we provide.

Due to the demands of COVID – 19, and the dire need for healthcare workers, we approached the Provincial Government for permission to employ staff in areas where we were understaffed – even if it was on a temporary basis.

We were therefore granted permission to fill 8456 posts for Covid-19 sites, which was approved by the Honourable Premier on 13 May 2020.

As yesterday, (17 September 2020) we have employed more than 6000 employees to work in Covid-19 sites in all districts.

These appointments have been done as follows:

- 1650 Professional Nurses;
- 1414 Staff Nurses;
- 171 Administrative Clerks;

- 261 General Orderlies;
- 219 Professional Nurses working in ICU and High Care; and Enrolled Nurses to work as COVID – 19 tracers.
- The Department has also translated 406 Enrolled Nursing Assistants into staff nurses.
- We have also translated 1030 from Enrolled Nurses to Professional Nurses

The Department continues with the recruitment process to fill the remainder of the posts in the following categories:

- 50 Psychologists
- 44 Physiotherapists
- 33 Pharmacists
- 160 Nurse speciality
- 200 General orderlies
- 200 Administration Clerks
- 400 Staff nurses (tracers)
- 1000 Professional nurses (general stream)
- 44 Radiographers

The authority we were given was to employ staff for six months. However, the challenge we're faced with is that COVID – 19 has gone beyond six months. It would therefore be self-defeating to release staff and have to re-hire them after a few weeks, in the event of a Second Wave of COVID - 19.

In this regard, we've been given authority by the Executive Council to get into discussions with Treasury on the modalities of extending these contracts.

RECRUITMENT CHALLENGES AND SOLUTIONS THERETO:

The Department has experienced a few challenges in the recruitment of certain occupational categories to work in COVID-19 Sites, such as:

- Insufficient specialised nurses to work in ICU and High Care;

- Some people are reluctant to accept offers based on a six (6) month contract.

However, in a bid to address this, the Department has:

- Advertised specialty posts to recruit nurses with work experience in ICU and High Care;
- Started the process of training its own ICU nurses, and other specialists
- Furthermore, Professional Nurses who have completed Community Services with bursary obligation have also been appointed in COVID-19 Sites.

CUBAN MEDICAL BRIGADE PROGRAMME

As part of a continuation of the warm bilateral relations that South Africa enjoys with Cuba, the National Department of Health entered into an agreement with the Cuban Government to support efforts to curb the spread of COVID – 19 in the country.

Out of the 217 Cuban health specialists and workers who arrived in South Africa on 27 April 2020, 27 were deployed to sites in various parts of KwaZulu-Natal. This has implications for us, as we had not budgeted for this programme. We have therefore had to mobilise funds in order to meet this financial obligation.

COMMUNICATION:

COVID – 19 is also known as the Novel Coronavirus. The “Novel” part of the name of this pandemic is particularly vital to understand within this context of communication: it is new, and – when it was first detected – most aspects concerning it were largely unknown.

In fact, even up to this day, COVID – 19 is still pretty much an evolving disease, with scientists all over the world continuously investing efforts and resources in order to better understand it.

It is our considered view that the sharing of knowledge and information was always going to be critical if this battle was to be won – particularly because Government could not go out and speak to the people.

It was against this background that Communication emerged as one of the most central elements of the strategy to mobilise society in order to curb the spread of the pandemic.

This august House will remember that when the President declared a State of Disaster, followed by the introduction of Risk-Adjusted Alert Level 5, there were strict limitations on public gatherings. As a result, Government could not go out and engage with the public.

Communication then became absolutely vital in disseminating information that served to foster public understanding about the pandemic; including how to prevent acquiring and spreading it; as well as how to access help for those who were infected.

Our communication activities have also highlighted the fact that it is possible to recover from COVID – 19 – which was an important message to counter-balance a palpable and overwhelming sense of worry and helplessness that became prevalent at some point.

In pursuing our Communication agenda, we decided on a phased-in community mobilisation strategy, based on:

- Stakeholder engagement, which included organised labour, the religious sector, taxi industry, traditional health practitioners, traditional leaders, and private healthcare service providers, among others.

- We also had Community engagement, which comprised of mass communication as an effective tool to reach out to communities – particularly during the lockdown.

More than we had ever done before, we erected advertising billboards, issued posters, pamphlets and also engaged in media buying on print, electronic, online media, and mobile advertising solutions, which we continue to do.

The messages contained on these platforms had to be changed and updated as COVID – 19 evolved, which does not come cheap.

- The third part of our strategy entailed a training programme for our frontline staff, which has helped to ensure that our facilities are ready for the onslaught. Again, this in an ongoing programme.

- For these crucial communication activities related to COVID – 19, we were allocated a sum of R47 million. We are mindful of the work that still needs to be done regarding Communication.

IMPACT OF COVID – 19 ON INFORMATION TECHNOLOGY SYSTEMS:

We've been fortunate in that when COVID came, we had already started implementing 4IR, through our e-Health, and e-ICU programmes.

Speaker, COVID – 19 has propelled us into the Fourth Industrial Revolution, which is driven by Information Technology.

- Of course, we'll remember that historically, the First Industrial Revolution was spearheaded by textile manufacturing and innovations such as the steam engine; while
- The Second was focused on steel production and advances in electricity; and the
- Third Industrial Revolution came about due to the rise of computers and the digital system;
- The Fourth Industrial Revolution is about the merging of the capabilities of both human beings and machines, where technology is now deeply embedded in our lives.
- COVID - 19 has therefore pushed us into our New Normal, which forces us to do most things differently and virtually, and therefore participate actively in the Fourth Industrial Revolution. If we had to function effectively during COVID – 19, we were also forced to find platforms that are virtual for us to be able to operate.

In this regard, we made a number of investments into our Information Technology systems, and created our own programmes and applications, which enabled us to, among other functions:

- Track COVID – 19 positive patients and their contacts
- Effectively and efficiently track bed utilisation and availability
- Establish a clear geographical map of COVID – positive patients

The have been a number of services that have been adversely affected by COVID - 19

- Monitoring of immunization at home by CHWs.
- Tracking of patients who defaulted on their medication.
- Normal screening for malnutrition, TB and HIV testing, such as the functioning of *Phila Mntwana* centres.
- The Medical Male Circumcision sub-programme is projecting to underperform due to lockdown implications, considering that this is an elective health service.
- The Condom Distribution programme was affected by supplier delivery challenges related to sourcing of condoms. Therefore, the programme target is not likely to be met. The quarterly target for male condoms was 35 million, from which 13 million were distributed, with a variance of 21, 6 million. The quarterly target for female condoms was 1,8 million. About 500 000 were distributed, with a variance of 1, 2 million. The decrease in the Primary Health Care headcount also contributed to low uptake of condoms.
- Anti-Retroviral Treatment (ART) sub-programme – will also underperform due to delayed treatment initiation of patients. There was a decrease in headcount in the facilities thus negatively influencing the testing and initiation rate.
- Reduction in the number of pregnancy tests done at household level. This is normally done with the objective to increase the number of pregnant women starting antenatal care before 20 weeks of pregnancy.
- Primary Health Care: All the outreach teams had to be brought in to help in the fight against COVID – 19;

- Replacement of Asbestos Roof Programme will affect 131 clinics and 8 hospitals.
- A fencing Programme that was due to be rolled out at 157 clinics will have to be halted.
- At least 61 light delivery maintenance vehicles and 11 district water carts (equitable share) could not be bought.
- Planning and design of 113 capital projects.

DONATIONS:

We have always maintained that no Government in the world has ever managed to overcome difficult situations while working alone.

We therefore wish to take this opportunity to express our heartfelt thanks to the many kind-hearted South African individuals and organisations who decided to open their hearts and wallets, dug deep, and lent a hand in the fight against COVID – 19.

At head office alone, we received no fewer than 123 donations.

Some of these Good Samaritans are:

NAME OF DONOR	ITEMS DONATED	VALUE
USAID	208 Ventilators	R104 million
S.A.M.E Foundation	Beds, ventilators, emergency trolleys, drip stands, bedside lockers, portable suction units, patient monitors, vital sign monitors	R50, 1 million
Solidarity Fund	Medical equipment and 70 ventilators	R9.3 million
Tongaat Hullet	250 000 litres of hand sanitizer	R7,1 million
National Department of Health	300 Smart Phones	R4,2 million
Transnat Coachlines	Three mobile clinics	R2,8 million

Hillside Aluminium	High Flow Machine with a stand, 100 6 pin circuits, and various other respiratory equipment	R2.43 million
Mediclinic	50 000 KN 95 Masks	R2,3 million
Toyota SA Motors	Donation of 10 off-road vehicles for contact screening and tracing, and 50 000 face shields	R2.25 million
DEFY	Donation of appliances to identified COVID-19 sites within the province	
EDISON POWER	300 Face masks and hand sanitizer	R4.5 million
TBHIV CARE	Donation of 25 000 KN-95 masks and 1000 500ml hand sanitizer	R1,1 million

Programme director, this was just the tip of the ice berg. Unfortunately, we could not name all our donors, because the list is very long. But we are, nevertheless, immensely grateful to all who have contributed.

CONCLUSION,

In conclusion, I wish to table the special adjusted Budget for Vote 7 as follows:

Compensation of Employees :R1,200 billion

Goods and Services :R1,444 billion

Machinery and equipment :R419,844 million

Infrastructure projects :R1,433 billion

In summary the net effect of the Vote 7 Health 2020/21 Special budget adjustment is as follows:

Table 7.1 : Summary by programmes

R thousand	Main appropriation	Special adjustments appropriation				Total special adjustments appropriation	Adjusted appropriation
		Virements	Significant and unavoidable		Sect. 16 of the PFMA (use of funds in emergency)		
			Suspension of funds	Allocation of funds			
1. Administration	964 600	89 886	-	887 434	226 397	1 203 717	2 168 317
2. District Health Services	23 841 532	-	-	692 151	334 285	1 026 436	24 867 968
3. Emergency Medical Services	1 612 375	-	-	53 428	-	53 428	1 665 803
4. Provincial Hospital Services	12 698 812	(89 886)	-	950 372	-	860 486	13 559 298
5. Central Hospital Services	5 428 662	-	-	381 341	25 000	406 341	5 835 003
6. Health Sciences and Training	1 383 264	-	-	3 000	-	3 000	1 386 264
7. Health Care Support Services	338 644	-	-	95 731	-	95 731	434 375
8. Health Facilities Management	1 789 792	-	-	1 432 890	-	1 432 890	3 222 682
Total	48 057 681	-	-	4 496 347	585 682	5 082 029	53 139 710
Amount to be voted							5 082 029

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Amounts to R5.082 billion

Thank you