

ADDRESS BY MEC FOR HEALTH FOR KWAZULU-NATAL MS N.P. NKONYENI
MPL ON THE PRESENTATION OF THE KWAZULU-NATAL HEALTH BUDGET
IN THE PROVINCIAL LEGISLATURE ON 6 MAY 2005

Honourable Premier;
Honourable Chairperson;
Members of the Provincial Executive Council;
Honourable Members of the Provincial Legislature;
Chairperson and Honourable Members of the Portfolio Committee on Health;
Mayors and Councillors of Local Government;
Amakhosi here Present;
Head of Department; Prof R.W. Green-Thompson;
Distinguished guests, ladies and gentlemen,

Fifteen days ago, the Cardinals at the Vatican and the Catholic Church around the world elected and embraced Pope Benedict the Sixteenth as the next Pontiff to lead the Catholic Church in this century. We believe that the church is still the conscience of the people and we hope that Catholics and other religious sectors (including indigenous religion) everywhere will embrace their role as the custodians of our faith and contribute positively to our quest to find solutions to everyday problems affecting our people.

In his State of the Nation Address in parliament earlier this year, the President of our Republic, the Honourable Mr. Thabo Mbeki reminded us about one of the most important documents of our times, the Freedom Charter, and aptly purports “We have laid a firm foundation for the new advances we must and will make during the next decade. This foundation must help us to move even further forward towards the consolidation of national reconciliation, national cohesion and unity, and a shared new patriotism born of the strengthening of the manifest reality of a South Africa that belongs to all who live in it, united in their diversity. It must help us to take the detailed practical steps to achieve better results today and tomorrow than we did yesterday”.

The Premier of our Province, the Honourable Mr. S’bu Ndebele echoed the same sentiments in his State of the Province Address to this very house when he noted, “the veterans of our struggle who drew the Freedom Charter can rest in the peaceful knowledge that we will not betray their vision, their teachings or their legacy. It is them who taught us that progress is a nice word. But change is a motive force, and that change has its enemies. There are many ways of going forward, but only one way of standing still”.

It is therefore befitting as we mark the 50th anniversary of the Freedom Charter to make visible advances in intensifying our campaign to promote healthy lifestyles within our communities.

When the architects of the Freedom Charter drafted this very important document, they were spurred and imbued with ideals that put people’s best interest at heart.

Honourable Chairperson, I am not unmindful of the fact that today marks my maiden address to this house and I must take the opportunity to thank the Premier for the opportunity to lead the Department of Health, and in the same vein I wish to thank Dr Zweli Mkhize who laid a solid foundation in this important task of creating a basic quality of life for all our people.

I therefore feel honoured to present the budget of the Provincial Department of Health for your consideration, debate and acceptance.

Honourable Chairperson, health is a human rights issue that affects both the social and economic landscape of all our people. My predecessor, Dr Zweli Mkhize indicated in July of last year that the Department of Health would be approaching service delivery with the recognition that health is a basic human right. We will continue along that vein through, amongst other things, building a human rights sensitive Public Health cadre responsive to the needs of the people of our Province.

As a public service department and a health department in particular we will continue to strongly adhere to both the Batho Pele Principles and the Patient Rights' Charter.

Poverty and Health

One of the greatest challenges facing human society today is to address issues of human living that guarantee sustainable development. In his last but one State of the Nation Address in parliament, the President of our Republic made bold government's commitment to rooting out unemployment and poverty when he said, "The work we will do must move our country forward decisively towards the eradication of poverty and underdevelopment in our country. We must achieve further and visible advances with regard to the improvement of the quality of life of all our people, affecting many critical areas of social existence, including health, safety and security, moral regeneration, social cohesion, opening the doors of culture and education to all". Many aspects of poverty have a negative impact on health and access to effective health services.

Poverty and ill-health are inter-twined. Developing countries tend to have worse health outcomes than developed countries. Poor people are caught up in a vicious cycle: poverty breeds ill-health and ill-health exacerbates poverty. Poverty, under-nutrition and household food insecurity are co-related. Under-nutrition is caused by inadequate food intake, which can be caused by poverty and household food insecurity. This can lead to cycles of frequent illness. A study has indicated that 63-77% households in KwaZulu-Natal are food insecure.

Yet, the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.

We have reviewed our procurement policy to ensure that our health institutions are able to purchase certain goods and services from local cooperatives, thus providing a form of income for our people. The role of the Department of Health in partnership with the

Department of Finance and Economic Development will be to open markets for cooperatives, SMMEs and Targeted Group owned Enterprises e.g. Women, Youth, people with disabilities and the elderly.

The department has identified some of the goods and services to be supplied by cooperatives such as linen, protective clothing, toilet paper, paper towels, stationery, nappies, cleaning material, catering and gardening services.

We need further and advanced partnerships with big business and organised labour to support these kinds of initiatives.

Poverty and unemployment still remain the greatest evils of our turbulent times and they manifest themselves in various forms. We are therefore faced with an important task of moving our people from the abyss of poverty to the sunlit path of growth and development.

The New Partnership for Africa's Development (NEPAD) clearly points out that resources such as capital, technology and human skills that are required to launch a global war on poverty, health issues and underdevelopment exist in abundance and are within our grasp.

As a health department, we are coming up with job creation opportunities by appraising viable projects. Pilot projects will involve the sewing of privacy curtains in hospitals to ensure that our patients' dignity is maintained as they lie ill in our hospital wards. The curtain sewing project will be piloted at Edendale, Prince Mshiyeni, Ngwelezana and Madadeni Hospitals. The first group of women will start with the Edendale project this month.

The Millennium Development Goals relating to poverty reduction and health improvement are closely related. At the 2002 World summit on Sustainable Development, the delegates identified six priorities that South Africa as a country should focus on. Two of those six priorities are;

- **Water:** Access to safe and affordable drinking water for all. This will ensure fewer incidences of infectious diseases such as Cholera and other diarrhoeas, in our province.
- **Health:** Reduced HIV prevalence and disease burden for the poor.

As a department, we will continue to address these priorities because they are fundamental to human rights and human living.

Mother and Child Health

Honourable Chairperson, we need to pay special attention to the rights of those in society who remain vulnerable to neglect or abuse - women, children, the elderly, the sick and the disabled.

In our communities, it is the women who bear the heavy burden of raising families and ensuring that there is food on the table and sustainable income within the household.

Last month we celebrated World Health Day. The theme for this year is “***Let every mother and child count.***” The National Minister of Health Dr Manto Tshabalala-Msimang in her address said “Isizwe yisizwe ngokunakekela izingane nabesifazane baso.”

The Beijing platform reminded us that women have the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life. Women's health involves their emotional, social and physical well-being.

In our province, the challenge is to ensure that all hospitals, clinics and community health centres are well equipped to prevent and reduce both maternal and child deaths. Cervical cancer is the commonest cancer affecting African women in our country. The Department will invest in infrastructure and human resources to ensure that District Hospitals, Community Health Centres and larger Clinics offer cervical cancer screening. Breast cancer screening will be conducted at designated facilities, while all facilities will teach women self examination. I call upon my female colleagues here present to utilise this service, and on my male colleagues to encourage women in their lives to make use of the service.

The most vulnerable people in our society are children, who often due to various circumstances become exposed to unfriendly situations that put them at risk of mortal danger. Our children are our country's future workforce and leaders and their role is to help us shape our destiny that will ultimately put them at the centre of development efforts. Due to the AIDS pandemic, more and more children in our country have become orphaned at a young age and some are forced to take over the role of parenting and are therefore forced to leave school at an early age. As a result of this, scores of our children are missing out on valuable schooling time that should serve as a foundation for them becoming future leaders. As a department, our aim is to improve access to health care for children and adolescents, as well as the quality of care they receive.

The districts of Umkhanyakude, Umzinyathi and Zululand, which are three of the four Presidential nodes in the Province, have the highest percentage of children under-five coupled with highest poverty levels. Poverty causes, among other things, stunting and malnutrition. Micronutrient deficiency is often called “silent or hidden malnutrition” because it is not visible until deficiency is severe. Thirty eight percent of children under the age of six in KwaZulu-Natal have marginal Vitamin A deficiency status and eighteen and a half percent of children one to nine years old, were reported as stunted.

One of our strategic objectives for the coming years is to strengthen nutrition enhancing programmes for all vulnerable groups.

Focusing on the above programmes for mother and child health will contribute to the attainment of the Millennium Development Goals of reducing by two-thirds the under-five mortality ratio and by three-quarters the maternal mortality ratio by year 2015.

Comprehensive Approach to Management of HIV & AIDS

As we enter the second decade of our democracy, the challenge of HIV and AIDS is still with us and it is the task of our present generation of Africans to meet this challenge, by focusing on ways of preventing the spread of this disease and by providing care to those who are infected and affected.

Honourable Chairperson, there can be no talk of an African Renaissance if chronic diseases such as AIDS, Tuberculosis, Cancer, Malaria, Cholera and other communicable diseases are at the door of our continent. If the 21st century is indeed to become an African century, it will take the sum total of all our individual efforts to turn this dream into reality. We need to demystify such diseases as AIDS, Cancer, and Tuberculosis and provide the necessary support to those infected and affected.

The Department will support and drive 'Khomani' and the Comprehensive Approach to HIV and AIDS through focusing on the Prevention Campaign; the Treatment, Care and Support Campaign as well as the Mass Social Mobilisation Campaign.

The comprehensive programme entails focusing on prevention and change of lifestyle; improving nutrition; enhanced efforts in the treatment of opportunistic infections; antiretroviral therapy for patients with low CD4 counts; integration of traditional and complementary programmes and provision of a comprehensive continuum of care, support and treatment.

The Health System will also be strengthened. This is part of the comprehensive programme designed to ensure the effective delivery of comprehensive HIV and AIDS care and treatment and other equally important healthcare priorities and programmes. These will entail an improvement in laboratory services, information systems, human resources and capacity development, drug procurements and distribution amongst others.

HIV and AIDS bring out the worst and the best in people. Some react with fear, blame and superstition and close their eyes to those infected and affected. Others open their hearts and their pockets to try and lessen the suffering. It is for this reason that I would like to salute the men and especially the women in our province who have taken the challenging task of caring for people living with HIV and AIDS. A number of home-based care facilities have been set up throughout the province by people who are committed to making a positive difference.

I would like to salute and acknowledge the presence in our midst, Sister Dladla from the Willowfountain HIV and AIDS Support Group and Mrs Mlambo from the St Clement's Project in Clermont, two of many women in our province who have accepted the clarion call of Khomani. These ladies and their teams have with commitment and dedication

partnered with us in providing nutritional, emotional and physical support to the most vulnerable people in our society.

Due to the results we have seen in projects like the Willowfountain project, we are providing food supplements to TB patients, those on Anti Retroviral Therapy, as well as other vulnerable groups. Children under the age of five are one vulnerable group that has been overlooked in nutrition enhancing initiatives. The Department has initiated a programme for nutritional supplementation for this group of children.

I would also like to take the opportunity to salute Inkosi uBhengu from the Ngcolosi Project. He is an example of the kind of leadership we have come to expect from this province. Inkosi uBhengu is once again reminding us that we need to galvanise our collective efforts towards helping our own people. I therefore would like to salute you Babu Ngcolosi and challenge Amakhosi and ordinary citizens to partner with us to push back the frontiers of poverty.

All these great South Africans are sending a clear message that HIV and AIDS affect all of us. They have taken the added responsibility of looking after the sick and orphaned children. We need further and visible partnerships between government, NGOs and big business that will help us deal with this pandemic.

In the words of the icon of our Republic, Nelson Mandela, “AIDS is no longer a disease but a human rights issue.” When the history of our turbulent time is written let it record our ability to respond to the threat of HIV and AIDS, as well as other human catastrophes.

Communicable Diseases

The escalating burden of chronic communicable diseases has necessitated that we increase the number of step-down beds to relieve the pressure in our acute care facilities.

To this effect the Department has taken a conscious decision to take over the administration of all SANTA Hospitals from the beginning of July this year. This will provide capacity for additional step-down beds. We will use KwaHlengabantu in Edendale as a model for other districts, of how best to cluster step-down beds in districts.

We will also strengthen our district structures to improve the management of TB.

Healthy Lifestyles

Honourable Chairperson, honourable members, ladies and gentlemen you had the opportunity to avail yourself to a screening session during lunch time. Your bags also contain useful material to assist you towards ensuring that you look after your health so that you can live healthier lives for longer because your contribution to this house is highly valued and required.

The World Health Organisation in 1977 espoused the view that “health is a state of complete physical, mental and social well-being and not just an absence of disease or infirmity”

The Department will put in place screening programmes at its facilities to identify diseases like hypertension and diabetes on time. We will also encourage people to have healthy diets to reduce the incidence of obesity in communities. Our health promotion programmes have been expanded to include health promoting hospitals as well as health promoting schools.

Care of the Elderly

Elderly people are becoming the backbone of communities, especially in instances where they have to look after HIV and AIDS orphans. It is important to keep them in good health for longer and ensure they have a good quality of life.

To this end the Department will be strengthening the diagnosis and management of chronic diseases through screening programmes, having express queues for the elderly at health facilities and ensuring availability of chronic medication at all health facilities.

The cataract diagnosis and surgery programme has been successful with 5,464 people having gone through the programme in the last year. The plan is to have 7,000 people attended to between now and end of March 2006. This will be achieved through the involvement of our partners in the provision of health care (volunteer professionals like the Islamic Medical Association, The Ramakrishna Clinic of South Africa and the Red Cross Air Mercy Service) which will enable us to take this sophisticated service even to the remotest areas of our province.

Mental Health, Disabilities and Rehabilitation

Management of mental health will be de-centralised and integrated into primary health services. This is in line with the Mental Health Care Act of 2002 which indicates that “a person requiring, or deemed to require, mental health services must ordinarily present himself or herself at a health establishment that provides primary health care.”

We recently had negative publicity about the state of and the care of patients in some of our mental health institutions. The preliminary report of the Townhill Hospital Inquiry that was commissioned after the exposé in the media has highlighted certain deficiencies in the staffing of wards and supervision of patients. More nurses with basic training have been employed to improve the care of mental health patients. Surveillance cameras have been installed and ablution facilities are being renovated to ensure the safety of patients.

All our health facilities are gearing themselves to be user-friendly to people with disabilities through the building of toilets for people with disabilities, installation of ramps, rails, Braille and voice activation in lifts of new hospitals that are built.

Designated lifts at Natalia now have Braille. A programme of establishing at least one Stroke Unit per district will commence this year.

Our health facilities will strive to be adolescent friendly and all districts will conduct substance abuse campaigns targeting the youth. Plans are afoot to establish a Youth and Adolescent Unit for the Province.

In line with the above I will be conducting road-shows to various areas of our province to interact with our youth on issues of sexuality and other health issues affecting our present generation.

Human capacity planning & development

Section 195 of the Constitution of South Africa refers to basic values and principles governing public administration, one of these being the need to cultivate “good human resource management and career development practices, to maximise human potential.”

The Department is currently putting all health service managers (at head office, district and health facilities) through a Financial Management Programme providing them with skills in Performance Budgeting and Costing as well as Medium-Term Budget Formulation and Management. This should assist the Department in ensuring effective and efficient use of resources at the same time focusing on outputs and outcomes rather than inputs and activities.

The health sector is a labour intensive area. To succeed we have to ensure that we have motivated and committed staff with the right skills mix in adequate numbers. The goal of the Department is to build a revolutionary and human rights sensitive cadre of Public Health Personnel responsive to the needs of the Province.

In a drive to improve the skills of our health care providers and to comply with the Medicines Control and Related Substances Act as amended, Dispensers will be trained and licensed at all our health facilities by July 2005. KwaZulu-Natal being a province favoured by holiday makers has a high incidence of motor vehicle accidents. We intend strengthening the quality of care at our Accident and Emergency Units through the training of staff in Accident and Emergency Units in Advanced Life Support. We will also ensure that these units have competent trauma teams.

To ensure that we have motivated and committed staff we will be instituting a Performance Management and Development System throughout the Department to allow us to identify and reward excellent performance and also identify developmental areas where staff need to be assisted.

Improving service delivery

The National Department of Health has developed the Patients’ Rights Charter as a standard for achieving the realisation of the right of access to health care services as guaranteed in the Constitution of the Republic of South Africa.

To this end, all our Community Health Centres will offer 24 hr service while, at the same time designated clinics will extend hours of service. All clinics will open at least 8hrs a day for 5 days a week. Signage to and in all our health facilities will be greatly improved.

In an effort to improve the way we deliver services as well as the quality of those services, we are committed to reducing patient waiting times. We do not want our patients to spend more time than is necessary at our health institutions awaiting care. Addressing these issues will be a challenging task but we are prepared to deal with it head on.

Honourable Chairperson, we have entered into a partnership with the United Nations Development Programme to source international volunteers through the United Nations Volunteer Programme. The programme will over a six-year period provide 400 general practitioners, 172 Medical Specialists, 70 Pharmacists, 20 Cytologists, 10 Participatory Development and Community Mobilisation experts. This will greatly enhance health care provision in the province.

Our Emergency Medical Rescue Services is committed to reducing response times to 30 minutes in urban areas and one hour in rural areas. The service will be strengthened and integrated into the Health System to ensure seamless delivery of health services. The Emergency Medical Rescue Service workload has increased by thirty four percent since 2001/02 and the current resources have become inadequate to meet the demand of the service. As a result we will be increasing the number of EMRS bases by 11, ambulances by at least 100 units and Emergency Support Vehicles by 121units.

On the 1st of April 2005 our Planned Patient Transport Programme for transporting non-urgent patients from hospital to hospital reached 100% coverage. At the beginning of March 2005, we commenced with a similar programme for transporting non-urgent patients from clinics to hospitals in four districts. We will be using a phased approach to provide the programme throughout the Province.

Honourable Chairperson, we are developing Tertiary services at Ngwelezana/Empangeni Hospital Complex and there will be redistribution and development of Regional services for Umkhanyakude, Zululand, Ilembe, Ugu, Uthukela, Umzinyathi and Amajuba to further improve access and service delivery to reach those communities currently underserved.

We will also implement Continuous Quality Improvement programmes that fully integrate the spirit of Batho Pele, at all our health facilities.

Good governance

We will shortly be presenting the Health Regulations to give effect to the KwaZulu-Natal Health Act of 2000. The regulations will allow us to appoint and strengthen Hospital Boards and Clinic Committees to enhance meaningful community participation in health issues and governance.

Infrastructure Development

Currently there is an estimated R2.4 billion backlog of maintenance and rehabilitation of hospital infrastructure. To address the backlog, we have adopted a strategy to maximise output through a combination of in-house and outsourced work. The Independent Development Corporation and Ithala will be contracted to address backlogs. Some of the projects will be done through the Expanded Public Works Programme (EPWP).

More health facilities will be provided to facilitate access to health services whilst the condition of existing buildings will be improved. Information Technology & Communication will be strengthened through provision of equipment and development of appropriate skills.

During March and April this year, together with the Management Committee of the Department we conducted district visits. It became very clear that part of the reason why we cannot recruit staff to rural areas is the lack of or the poor conditions of staff accommodation. It is our commitment therefore that adequate residential accommodation at our rural facilities will be provided to attract staff to these areas.

Our mortuaries will be refurbished as a matter of urgency.

Last month our President was named as one of the inaugural “champions of the Earth.” As part of our contribution to a healthy environment, we will be converting all coal boilers, at those hospitals where these still exist. They will be converted to oil or gas and electricity in those areas where the electricity supply is reliable.

In the words of our Freedom Charter “we as the staff of the Department of Health pledge ourselves to strive together, sparing neither strength nor courage in ensuring that the Primary Health Care Approach to health care remains the main focus of our health system in the province. This means we will address the main health problems involving communities, through the provision of promotive, preventive, curative and rehabilitative services in an equitable manner.”

BUDGET PROVISION

Honourable Chairperson, as I have pointed out earlier, we have an important task of delivering equitable quality service using the resources allocated to us. We are therefore presenting this budget to this house for your consideration debate and acceptance. Let us now consider the Budget Provision for 2005/2006 and the material reality the Department faces in terms of service delivery. The total amount of R10,379 billion requested for the financial year, reflects an increase of R1,503 billion compared to the revised budget for 2004/05, or a 16,9% increase. The growth in real terms is, for the first time since 1998/99, positive and the Department will be able to improve the quality of its services.

Honourable Chairperson, it is again important to note that services in certain areas of the Province are still below the minimum acceptable levels that the Department is committed to provide and to narrow the gap of inequity. The Budget allocation will be assisting the Department to address some of these issues but remains insufficient to substantially address certain areas of concern. Four areas of concern still are-

- The provision of primary health care services in certain underserved areas indicating a shortfall of some 200 additional clinics.
- The provision of Emergency Medical and Rescue Services, which requires a 50% increase in funds for the required service provision of which only 30% can be addressed in the current financial year.
- Addressing the poor state of some of the health facilities to improve the facility asset register to meet the demands placed on the Department, which requires the doubling of present infrastructure activities programme.
- Improving the quality of services by providing additional personnel.

The Department is, however, aware that the Province has many other responsibilities and I would like to express my appreciation to the MEC for Finance and the Provincial Treasury for the positive co-operation and assistance in dealing with the requests for a review of the baseline allocation of the Department. It is however, important for the Legislature to note that the allocation is still inadequate to meet the demands on the Department to expand the services to an acceptable norm.

Revenue

The sources of funding for Vote 7: Health consist of conditional grants amounting to R1,473 billion and an allocation from the equitable share amounting to R8,907 billion representing increases of R136 million or 10,2% and R1,346 billion or 17,8%, respectively.

As will be seen from table 7.2 of the Budget Statement, the Department is expected to increase its own revenue from R128, 5 million to R141, 4 million.

Payments

Honourable Chairperson, the amount requested to be appropriated will be distributed to the various programmes as follows:

Programme 1: Administration

For this programme, which is for the Head Office management function, an amount of R200 million, representing an increase of 14, 2% is requested. The increase is mainly due to Improvements in Conditions of Service and the filling of the vacant managerial posts

during the latter part of the previous financial year. The spending on this programme is still within the target of a maximum of 2% of the total allocation.

Programme 2: District Health Services

For the provision of District Health Services an amount of R4, 631 billion is being requested, representing an increase of R500 million or 12, 1%. This increase will cover the Improvements in Conditions of Service as well as a moderate development of services in underserved areas. These services include Clinics, the Comprehensive Management of HIV and AIDS, and combating communicable diseases including Tuberculosis, Malaria and Cholera.

Programme 3: Emergency Medical Services

For the provision of Emergency Medical Services an amount of R419 million is being requested, representing a substantial increase of 27, 7%. This apparent major increase is required for the replacement of existing ambulances and a further increase in the present fleet. The available funds are, however, still insufficient to cater for the requirements to provide an acceptable emergency medical service in the entire Province and to rollout an acceptable planned patient transport service.

Programme 4: Provincial Hospital Services

This programme deals with Regional Hospital Services as well as Hospitals providing hospitalization of Mental Health, Tuberculosis and convalescent patients. The requested allocation of R2, 978 billion represents an increase of R481 million or 19, 3%. This service has taken the brunt of the cuts in previous years and this increase will relieve the enormous pressure on staff at these institutions.

Programme 5: Central Health Services

This programme now deals exclusively in this Province with the Tertiary and Central Health Services and is mainly funded through a conditional grant from the National Department of Health. A substantial increase in this grant has been negotiated by the Department to ensure equity between the Provinces, which provide these services. Although this Province was of the opinion that the increased allocation should be phased in over a period of not more than three years, the National Treasury has ruled that the equity be phased in over a period of five years and we are now in the fourth year of the dispensation.

An amount of R994, 7 million is requested representing an increase of R70, 3 million or 7, 6%. The main portion of this increase results from an increase in the conditional grant. It is important to note in this regard that according to National norms and the Provincial Strategic Positioning Statement, this province needs to enhance its tertiary services from the above provision to R1,4 billion (an increase of R506 million) to be on par with other Provinces providing similar services.

Programme 6: Health Sciences

This programme provides for Nurse and other training as well as the granting of bursaries. The acute shortage of health professionals in all occupational classes requires of the Department to invest in the accelerated training of these professionals. The amount of R420 million requested represents an increase of R62 million or 17%. This increase will allow the Department to continue with the increase in student nurse intake and the granting of additional bursaries.

Programme 7: Health Care Support Services

This programme merely deals with the funding of the increase in the stock levels at the Provincial Medical Supply Centre. The provision of R7, 6 million requested is to cover inflation and additional stock requirements for anti retroviral drugs.

Programme 8: Health Facilities Management

This programme is utilised for the capital expenditure and maintenance of physical facilities of the Department. The amount of R728, 6 million requested represents an increase of R268 million or 58% on the previous year's revised budget. The apparent large increase is due to the slow progress made with capital projects in 2004/05. One of the major problems in regard to the performance of the Department in upgrading its facilities is the constant under-performance of other role-players in capital works programme. This matter is now actively being addressed and I am confident that there will be a change in delivery of these services.

In the words of the United Nations Secretary General Mr Kofi Annan "it is my aspiration that health finally be seen not as a blessing to be wished for; but a right to be fought for."

I would like to thank the staff in the department who made an input to this budget speech. The series of meetings with managers and our visit to the various hospitals and clinics have impacted largely to the issues we consider important to service delivery. We will, as a result of such visits endeavour to bring government closer to the people by giving ordinary citizens an opportunity to inform us about their concerns. Our government and in particular, the department is committed to the principles of *khomanani and Batho Pele*.

Conclusion

In closing, Honourable Chairperson, I wish to move to this House, Vote 7 for Health, requesting the appropriation of an amount of R10, 379 billion as presented in the Budget Statements.

I thank you!