

DEPARTMENT OF HEALTH – BUDGET SPEECH 2011/2012

Mr. Speaker

Honourable Premier Zille and cabinet colleagues
Leader of the Opposition
Chairperson and members of the Standing Committee Members of the Provincial Parliament
Director-General Head of the Department of Health
Delegates from the health sector
Media
Special guests
People of the Western Cape

THE OPEN OPPORTUNITY SOCIETY FOR ALL

The Western Cape of our dreams is a future where every person has the opportunity to live the life they value.

In the State of the Province address, the Honourable Premier referred to the Western Cape of our dreams as a place where caring, competency, accountability, integrity and responsiveness can be seen. It is a place where there is strict financial management and transparency, rather than corruption. Such a dream is possible because we have embarked on a journey of interaction and collaboration with the private sector, rather than being an entity to ourselves, because this government perceives its role as a facilitator, not a regulator. The Western Cape of our dreams is a place where the economy grows and our health insurance plan benefits all citizens, not only the select few. It is a place where our people are fit and healthy to generate an income, feed and care for their families and live the life they value.

On this journey, the Western Cape Department of Health made a major mind shift that sets the Western Cape apart not only from the rest of this country, but also from other regional governments. It is an approach to public health care that is certainly new and could redirect the debate on public health management. Strategic Objective 4 of the Provincial Strategic Plan: Increasing Wellness adopts this new approach.

Last year this Strategic Objective was launched which defines the provision of health services as the core function of the Department of Health, but in addition, it identifies the need to educate our people on the early detection and prevention of disease. The latter is not the responsibility of the Department of Health alone, but will be addressed inter-sectorally between spheres of government, different Departments in provincial government, non-governmental organizations and the private sector. Four working groups have been established, which will report to the Human Development Social Sector Committee, to address the upstream issues that contribute to the burden of disease - maternal and child health, the reduction of injuries, the promotion of healthy lifestyles and HIV/AIDS and TB. Effective strategies in these areas will have a long-term benefit on the disease profile of our people.

In line with this goal the Premier will convene a Wellness Summit later this year to which all stakeholders, both public and private, will be invited to participate.

The Western Cape Department of Health will focus on the patient and the patient experience, placing the quality of care for patients back at the heart of our vision. This strategy will provide the framework for future service, personnel, infrastructure and financial planning.

This can only be achieved strengthening the District Health Services to form a solid base, with regional hospitals, central hospitals and other support services as a strong support.

The completion of the Khayelitsha Hospital later this year and the Mitchell's Plain Hospital next year are two milestones of improved service delivery on the road to wellness for the people of this Province. Finally, after a lifetime of travelling to distant hospitals outside their communities, the people of Khayelitsha and Mitchell's Plain will have access to hospitals in their immediate vicinity that

will compare to the best in the world. That certainly is a step closer to the Western Cape of our dreams and our government's vision of becoming the best-run regional government in the world.

KEY FOCUS AREAS

Speaker, the Western Cape has 4.6 million people who depend on public health services. The budget that I am tabling today totals R13,395 billion for the 2011/12 financial year. In addition, the Province has access to a national conditional grant for tertiary services.

But, as the Honourable Alan Winde so aptly pointed out this year's budget has been designed to prevent ill health, not simply treat it.

With regard to Strategic Partnerships, during the last year there has been significant investigation and exploration into collaboration with the private sector, which has led to a range of partnership projects, such as the PinkDrive mobile mammography project, the donation of the German Fraunhofer Institute Mobile Laboratory for HIV and other disease testing and the Unilever Health Educational partnership. Partnership projects envisaged in the coming year are the modernization and upgrade of medical facilities in the Province, programs to correct process flow and systems within our facilities, partnerships to provide specialist services such as Oncology and Renal Care and the possible establishment of a Surgical Training Centre of Excellence.

CHALLENGES

An on-going challenge for the Western Cape Department of Health remains the available financial and human resources required to meet the demand.

Budget planning is further complicated by the unreliability of population figures. For this reason we welcome the results of the national census due to be undertaken this year.

Although more than R1 out of every R3 of the provincial budget have been allocated to health, the need and the demand is so great that the budget allocation still does not fully meet the demand for health services, and limits the Department's ability to reach its strategic goal of effectively managing the burden of disease. This is illustrated by the fact that, although medical inflation has cumulatively grown 16% over the past two years, the budget provides for an inflation rate of 7% in Year 1 and 4% in Year 2 of the MTEF. The Department will adopt management strategies to stretch every health rand to the maximum.

The Department is committed to increasing awareness of and drives initiatives to address the factors that contribute to the burden of disease, such as poverty, lack of sanitation and potable water, and unhealthy lifestyles.

The provision of sufficient staff remains a challenge, and it is clear that we must improve the turnaround time for the filling of funded posts.

BUDGET DETAILS

As mentioned earlier, the Department of Health is allocated R13.395 billion in 2011/12, and represents 36.4% share of the entire provincial budget. This is an 8.23% increase from the revised estimate for 2010/11.

The year-on-year allocations are as follows: R14.391 billion in 2012/13 and R15.666 billion in 2013/14, amounting to a total of R43.452 billion over the 2011 MTEF. I must acknowledge the support of the Premier and my provincial cabinet colleagues in this regard.

The contribution to the provincial health allocation from national conditional grants amounts to R3.718 billion and the budgeted income from patient fees in 2011/12 is R483 million.

Provincial Equitable Share

Due to data revisions, the new health formula and changes in the weights assigned to each of the components, the Western Cape's portion of the Provincial Equitable Share (PES) formula increases from 9.23% in the 2010 MTEF to 9.37% in the 2011 MTEF. The revised health equitable share formula also factors in the patient workload on the service. The inclusion of the Occupation Specific Dispensation (OSD) as part of the overall health share of the PES formula has resulted in a reduction to the Western Cape's PES allocation over the MTEF.

Conditional grants

The various national conditional grants that the Department receives include:

- R1.973 billion for the National Tertiary Services Grant;
- R408 million for the Health Professions Training and Development Grant;
- R661 million for the Comprehensive HIV and AIDS Grant;
- R119 million for the Health Infrastructure Grant; and
- R482 million for the Hospital Revitalisation Grant.

The Province has received a proportionately larger share of the additions to the National Tertiary Services Grant (NTSG) following the 2010 National Medium Term Budget Policy Statement. I want to thank our colleagues in National Treasury and the National Minister of Health for responding favourably to our submission in this regard, but of course we would have welcomed the full amount to address the accumulated under-funding of the NTSG over the past years, which amounts to at least R1.1 billion!

A further amount of R174.247 million has been added to the Comprehensive HIV/AIDS Grant over the 2011 MTEF to meet the increased demand for prevention and treatment, largely driven by the raising of the CD4 count threshold for treatment and to enable the health sector to develop an effective response to HIV and AIDS, including universal access to HIV counseling and testing.

Revenue

Speaker, I referred to the health rand earlier. The Department remains committed to stretching the health rand through maximizing revenue generation and collection from current sources of revenue, while at the same time exploring alternative streams of revenue to counter the on-going budget constraints.

Tariffs for funded patients will be raised by 5.9% with effect from 1 April 2011, and the tariffs for unfunded patients will remain at current levels in the coming year. This is our clear message to those in poverty, that we are providing relief.

The tariffs for the license, registration and inspection of private health establishments are under review and will be increased to allow full cost recovery in the coming year.

As promised in this House last year, a healthy and working relationship has been established with the private health sector. There has been a marked change in the private sector's approach to us, and those in the gallery here today who represent private health care bear testimony to this. I would like to use this opportunity to welcome all the private sector representatives in the House today. Thank you for accepting the invitation to collaborate with us and joining us as we venture into new health care partnerships. New relationships are being forged with the private sector to explore additional streams of revenue and two investigations are currently underway to determine the appetite in the private sector for the marketing of commercial rights for health facilities to fund ongoing maintenance and the implementation of a voluntary health levy.

Distribution of the budget

The Health budget is divided between 8 budget programmes.

Compensation of employees accounts for 57% of the total budget - that is R7.6 billion. 31% is allocated to the procurement of goods and services

- that is R4.1 billion - which is 55% of the total amount of goods and services procured by Provincial Government.

PROGRAMME 1: ADMINISTRATION

Strategic management and overall administration receives R445 million.

This amounts to a nominal increase of R95.379 million or 27.26%.

In my 2010 Budget Speech I announced that I would establish an Independent Complaints Commission (ICC) to provide an independent structure where complaints can be lodged when the existing structures have not resolved complaints to the satisfaction of the complainant.

This body, consisting of 13 members from various stakeholder groups has been established and held its inaugural meeting in February 2011. I can report that complaints have already been referred to the ICC for their consideration. This is also a first of its kind in the country and aims to improve the quality of service and the treatment experience of patients.

Additional funding will be provided to consolidate the Chief

Directorate: Strategy and Health Support and the new Directorate: Health Impact Assessment to strengthen the information management systems at all our facilities. This is necessary to improve the quality of data collection.

The home delivery of chronic medication through the Chronic Dispensing Unit will gain momentum this year. I will announce the details at a press conference within the next weeks but at this stage it suffices to say that a contract has been concluded with a new service provider that will allow for expansion throughout the Province as the budget allows.

This is a major advance over other provinces and in my view a major advance in global terms! If a patient receives chronic medication delivered on their doorstep - that is service delivery!

PROGRAMME 2: DISTRICT HEALTH SERVICES

Health services in the district health system are allocated R4.927 billion which is 36.78% of the vote, versus last year's 35.65%. This translates into a nominal increase of R514.586 million or 11.66%. These funds are divided amongst the 10 sub-programmes with 74% or R3.6 billion allocated to community health clinics, health centers and district hospitals. These facilities will provide primary health care services to 16 million people and more than 1 million patient day equivalents in district hospitals.

The relatively high rates of child mortality in this province, and a major cause of the burden of disease, will be addressed through more prevention and promotion activities on district level, and the strengthening of maternal, children and women's health. The Department aims to reduce the mortality of children under the age of 5 years to 30 per 1000 live births and the maternal mortality to 90 per 100 000 live births by 2015. The launch of the Road to Health Booklets will be a key rallying-tool to enhance the wellness of children, with a special focus on prevention. All key partners, including NPO's, universities and the private sector, will be involved.

Focus areas for increasing women's health include motivating more pregnant women to seek antenatal care before 20 weeks of their pregnancy, to target a reduction in the delivery rate of women under-18 years, increase the cervical cancer screening rate and improve family planning services.

I have already referred to the commissioning of the Khayelitsha District Hospital in 2011/2012 to be followed by the Mitchell's Plain District Hospital in 2012/13. These hospitals will be commissioned in a phased manner over the MTEF and the first phase will include the relocation of the interim Khayelitsha District Hospital, currently based at Tygerberg Hospital, to the new site.

Community-based services, which are provided by home carers appointed through non-profit organizations, remain an exciting growth area and an empowerment opportunity for people in local communities. The initiative contributes to economic growth through job creation at grass roots level and significantly enhances access to care beyond the health facilities.

The allocated R146 million will increase the number of community-based carers from this year's 2500 to 3 000 in 2011/12. Yesterday, on World TB Day, I called for the equalization of the payment of community care workers so that those who care for TB patients receive the same stipend as those that care for HIV patients.

The HIV and AIDS programme receives R661 million which is augmented by a further R166 million from the Global Fund in 2011/12. We are extremely appreciative of the ongoing support of the Global Fund whose contribution over the MTEF amounts to R579 million. The Western Cape is the only provincial recipient in the country of this grant, which will enable the Department to strengthen grant programme management, while expanding ART infrastructure, ARV services, PMTCT system, peer education and palliative care services. The second phase (RCC-2) will follow directly after this original period to cover a further three-year period of grant funding.

In the last year our strategies to reduce the burden of HIV, AIDS and TB indicate major increases, and even in global terms, this Province is delivering outstanding services to our people. The numbers speak for themselves:

- 80% of all people diagnosed with HIV are receiving treatment, care and support;
- By the end of January 2011 the number of patients, both adults

and children, on anti-retroviral therapy have increased from 24 000 to 116 000;

- Prevention of mother-to-child transmission (PMTCT) services aims to reduce transmission to 3%;
- The delivery of HIV and TB services at all district, secondary and central hospitals for clients with complex HIV and or TB.

I am particularly proud to introduce to you today a man that received the National Cecilia Makiwane Recognition Award last year at the Annual Excellence in Health Care Awards for the groundbreaking work he has done with regard to TB. This is the highest accolade for nurses in this country. Speaker, let us welcome Mr. Jan Blom in the House today. Mr. Blom trained at Valkenberg Hospital, worked as a medical trainer in the SA Defence Force, at Tygerberg Hospital and also as a nurse at Nelspoort Hospital in the TB and psychiatric wards. Currently he is working at the Wesbank Clinic in Malmesbury. He is involved in supporting programmes for farm workers and played an instrumental role in the establishment of a tracing system to identify TB-patients that has led to more than 85% of patients completing their course and thus reducing the number of TB patients on the West Coast. Mr. Blom is an exemplary citizen of this Province dedicated and committed to his calling. Thank you, Mr. Blom, for your contribution to enhancing the wellness of our people.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Our EMS fleet compares with the best in the world, and enables this Province to host world-class events such as a Soccer World Cup, the Cape Argus Cycle Tour and the Two Oceans - all events that play a major role to attract international visitors to the Western Cape in support of long term economic growth. Our fleet includes a state-of-the-art 4-wheel drive response vehicle, four rescue support vehicles complete with full technical support and jaws-of-life, medical helicopters and paramedics on motorcycles. Delegations from other provinces regularly stand in awe of these assets, and can only aspire to the equipment and skills that EMS adds to the Department's portfolio.

Represented in 50 towns in the Western Cape, Emergency Medical Services and planned patient transport will receive a nominal increase of R34.052 million or 5.85%. The allocation is R616 million or 4.6% of the 2011/12 vote.

The overall target is that EMS should respond to 75% of all calls within one hour. Emergency Medical Services provides excellent medical rescue services in the Western Cape and the Wilderness Search and Rescue System is unique in the country. The rescue service is built around the existing EMS services and consumes relatively little additional EMS resources, but its availability when needed, saves lives.

The Air Mercy Service provides access for any critically ill or injured patient to specialized care. Whilst they provide rapid access to appropriate care, the service frees up ambulances to attend to local calls.

A service that defines health services in the Western Cape, and has positioned this Province as strides ahead of our counterparts, is the 76 HealthNET patient transporters. They transport outpatients from districts to regional and tertiary hospitals. Every month approximately

3000 patients are transported to and from Cape Town hospitals. This year the Department will aim to reduce inappropriate referrals to central hospitals.

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES The largest share of this programme allocation will go to provincial hospital services, which are largely funded from the Provincial Equitable Share but receive an allocation of R71.951 million from the Health Professions Training and Development Grant to train health professionals.

Provincial hospital services are allocated 16.07% compared to last year's 23.97%, and translates into a nominal decrease of R813.828 million or 27.445%. The programme funds 1 340 general specialist beds across the Province and will manage approximately 569 000 patient day equivalents during 2011/12 at an estimated cost of R1 609 per patient day equivalent.

The largest share of the provincial hospital budget will go to regional hospitals - R1.149 billion or 53.37%. Mental health will receive a boost with the allocation of R570 million to psychiatric hospitals. This will include additional beds at Stikland and Valkenberg Hospitals. Planning for the complete rebuilding and revitalization of Valkenberg Hospital is continuing which will see the integration of new buildings with the old and historical buildings on this site.

TB hospitals receive R195 million, rehabilitation services R136 million and dental training hospitals R103 million.

This year a third specialist surgeon will be appointed at Worcester Hospital to alleviate pressure on the surgical services. Finally the planning will begin for the relocation of the Orthotic and Prosthetic centre from the old Conradie Hospital Site to the Western Cape Rehabilitation Centre at the Lentegeur Hospital site.

Speaker, when one listens to a budget speech, one tends to get lost in the numbers and forget that this budget is about our government creating opportunities, and a new life for our people. This vote here today is not just about the numbers but about the people who depend on us for health services, and about the ability that we have to change their lives for the better. The farm worker who has high blood pressure, the domestic worker who suffers from diabetes, the poor and the vulnerable who will live a life of pain and suffering if we as a government do not provide accessible and efficient services.

In die gallery vandag is Mnr. Stoffel Goqa van Beaufort-Wes. Vier jaar gelede het hulle ontdek dat sy visie sodanig verswak het dat hy net tussen lig en donker kon onderskei, en as 'n gevolg daarvan het hy sy werk verloor. Hy kon nie vir sy gesin 'n inkomste genereer nie. In November verlede jaar was hy een van 16 pasiënte wat 'n katarak verwyderingsoperasie ondergaan het by die Beaufort-Wes hospitaal. Dit het sy lewe verander. Kort daarna is hy in diens geneem deur sub-kontrakteurs wat pyleidings aanlê vir selfoonnetwerke. Vandag is mnr. Goqa weer onafhanklik, en hy kan 'n positiewe bydrae maak tot die ekonomiese groei van Beaufort-Wes, die distrik waar hy vandaan kom en ons Provinsie. Dankie, Mnr.Goqa dat u so ver gekom het om u vreugde vandag met ons te deel.

PROGRAMME 5: CENTRAL HOSPITALS OR HIGHLY SPECIALIZED SERVICES Worldwide this Province is renowned for its highly specialized medical services, but the high cost of medical inflation has put enormous strain on the health budget. This is also the programme that provides a platform for research and the training of health workers by the universities at the three central hospitals Grootte Schuur, Tygerberg and Red Cross War Memorial Children's Hospitals. The programme is allocated 29.52% compared to the 21.68% allocated in the adjustments at the end of last year - a nominal

increase of R1.270 billion or 47.35%, due to the shift of funding for Level 2 services in central hospitals from Programme 4 to Programme 5.

The total National Tertiary Services Grant of R1.973 billion and R259 million of the Health Professions Training and Development Grant are allocated to Programme 5, which represents approximately 56% of the funding allocated to the programme.

Personnel expenditure has increased particularly due to the occupational specific dispensation for nurses and doctors that has been implemented. The OSD for other categories of staff is currently being implemented. Importantly, the Health Professionals Training and Development Grant was not adjusted to accommodate the cost implications of the OSD and the National Tertiary Services Grant only partially adjusted which impacts on the ability of these grants to fund a sustained volume of service.

The central hospitals will manage 1 109 467 patient day equivalents in 2 520 beds at a cost of R2 804 per patient day equivalent during 2011/12.

The budget provides for a neuro-surgical microscope and a gamma camera for Groote Schuur Hospital, and a mammography machine for Tygerberg Hospital.

The challenges facing patients with renal failure requiring renal dialysis and kidney transplants surface regularly in the media. This morning I want to welcome a couple in the House who can tell the story of how a kidney transplant that Mrs. Darries underwent 18 years ago, has given her and her family a new lease on life. In the gallery are the patient, Mrs. Ina Darries, and her husband, David. Up until last year Mrs. Darries was an active school teacher and today she continues to be involved in caring for other kidney transplant patients.

The Tygerberg Hospital Division of Nephrology performs about 25 kidney transplants per year while treating about 250 patients with renal failure. What is important to note about kidney transplants is that the Western Cape has an adequate budget to perform kidney transplantation. The challenge is finding sufficient organ donors. It is for this reason so important to create a greater awareness about organ donation. Thank you, Mr. and Mrs. Darries for sharing your story with us today.

A major advance in the central hospitals is the implementation of a digitalized system of x-raying and scanning patients and transmitting these images across institutions. While the start-up costs are significant, it will have significant benefits for patient care and management efficiencies going forward. A practical example is the ability to provide expert opinion on scans and x-rays at a distance. This is particularly important for the rural hospitals, thus the system will be rolled out to the Khayelitsha District Hospital and three rural regional hospitals.

A significant development for women's health is the new partnership with PinkDrive, which I launched two weeks ago. Sadly, of the estimated 8000 new cases of breast cancer each year in South Africa, about 1500 are diagnosed in this Province and is the most common cause of death of women from cancer. We believe that the mobile mammography screening service will assist in the earlier detection of breast cancer and thus save lives!

In the same spirit of collaboration, the Department is partnering with a consortium of private partners that include Best Care Always, Life-Health, Medi-Clinic and Discovery to focus on training programmes for infection control in our hospitals.

PROGRAMME 6: HEALTH SCIENCES AND TRAINING The R233 million or 1.74% allocation amounts to a nominal increase of R15.182 million or 6.96%. Of this budget the Western Cape College of Nursing receives R52 million whilst R72 million is allocated for the provision of bursaries, largely for nursing students at the Western Cape College of Nursing and the University of the Western Cape. We expect 400 nursing students to graduate in 2011/12 and be absorbed into the provincial health services.

Speaker, in the context of economic growth it is essential that we budget for skills development, and it is for this reason that the programme funds training for Emergency Medical Services personnel, discipline specific courses for employees, 2000 home-based carers and 120 artisan assistants.

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES Laundry and engineering services, forensic pathology services and the Medicine Trading Account is allocated 1.87% in comparison to last year's 1.97%. This amounts to a nominal increase of R7.334 million or 3.01%.

At R65 million Laundry services will launder 15m pieces of linen this year and outsource a third. Add to this the increasing cost of water and electricity. As part of revitalization projects at the Khayelitsha and Mitchell's Plain Hospitals, the Lenteguur Laundry is being upgraded. Aging equipment in the George Hospital Laundry will be replaced and the Tygerberg Laundry is being downscaled. Engineering services are allocated R75 million to manage routine maintenance and repairs. The challenge is the funding available for maintenance as set against the value of capital stock currently in use.

Forensic Pathology Services are allocated R98 million of which R70 million is national conditional grant funding. In the Western Cape the Forensic Pathology Service is rendered by 18 facilities across the province, which includes 2 academic laboratories in the metropole, 2 Departments of forensic medicine, 3 referral laboratories, and smaller laboratories and holding centres on the West Coast, Cape Winelands, Overberg, Eden and Central Karoo.

To date the Western Cape Department of Health has completed the construction of 5 new forensic pathology facilities - Malmesbury, Paarl, Worcester, Hermanus and George. This year's budget will be used to construct a new facility to replace the current Salt River Forensic Pathology Unit, as well as new facilities in Beaufort West and Riversdale. At the end of last year we celebrated the turning of disaster into a victory with the official opening of the renovated building on the Tygerberg Hospital precinct, which had been left in shambles when former Joe Slovo residents departed, as the new Western Cape Provincial Forensic Pathology head-office.

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT Speaker, although I have mentioned the Khayelitsha and Mitchell's Plain Hospitals more than once in my speech as milestones in the history of this province, the Department has 30 capital projects under construction, 18 capital projects in planning stage and 13 projects in retention. At present there are 88 in feasibility stage. These are the most projects that this Province has been working on at any given time! The total estimated cost of all capital projects for the next five years exceeds R8 billion. These projects vary in size and extent, the smallest being an ambulance station of R10 million and the largest being the estimated R1 billion restorations and re-development of Valkenberg Hospital.

Health Facilities is allocated R2.6 billion over the MTEF period. 74% of this funding is from conditional grants, which are made up of:

- R482 million from the Hospital Revitalisation Grant; and
- R119 million from the Health Infrastructure Grant in 2011/12.

The decreased allocation in the Health Infrastructure Grant has been offset with earmarked Provincial Equitable Share funding of R41 million.

The remaining equitable share funding has been earmarked as follows:

- R169 million for major maintenance and capital;
- R5 million as a donation to the Red Cross War Memorial Children's Hospital for ward upgrading.

It remains our target to establish a health facility within easy travelling distance for every citizen that depends on our health

services. For this reason the infrastructure budget is distributed to projects throughout the Province, from Kwanokathula CDC in Plettenberg Bay, to Grassy Park and Melkhoutfontein, from Wesbank in Malmesbury to TC Newman CHC in Paarl to Riversdale Hospital, from ambulance stations in Lamberts Bay to revitalization of the Worcester and Paarl Hospitals.

Projects planned to commence construction during the MTEF period include:

- A new Community Health Clinic for Du Noon;
- New Community District Clinics (CDC's for Hermanus, Knysna, District Six and Delft Symphony Way;
- New clinics for Rawsonville, Napier and Strand Nonzamo;
- New ambulance stations for Malmesbury, Piketberg, Tulbagh and Robertson;
- New Emergency Centers for Karl Bremer and Knysna Hospitals;
- The revitalization of Valkenberg and Brooklyn Chest Hospitals;
- The Tygerberg Hospital Mega-project;
- The upgrading of the Emergency Centers at Red Cross War Memorial Children's Hospital, Tygerberg Hospital and Groote Schuur Hospital;
- A new Forensic Pathology Laboratory at Groote Schuur Hospital to replace the Salt River Mortuary.

IN CLOSING

The Western Cape of our dreams is a place where a growing economy creates jobs for our people who are healthy, well and able to care for their loved ones. I believe that this budget is a step towards that dream! At present our Province is the only Province in this country where such a dream is possible, because we have a government that has prioritized economic growth which is the only path out of the poverty cycle.

My first question is directed to all those that provide health services, both in the public and private health sectors: "Do we treat our clients with dignity and respect?"

My second question is directed to the people who depend on our services: "Are you taking responsibility for your own health within the means available to you?"

Health and well-being are our greatest gifts. Let us strengthen ourselves and stand up against disease for a healthier society.

THANK YOU

I would like to thank the Head of Health, Professor Craig Househam, my office staff and my wife Sarie, in her absence, for their continued support. In closing I would like to thank the 28 610 employees of the Department of Health for their commitment - your efforts inspire me and all the members of this House. Dankie aan my Skepper wat my die insig en krag gee om hierdie taak te verrig.

ENDS

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