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PROCEEDINGS OF VIRTUAL MINIPLINARY

The DEPUTY SPEAKER (Dr A Lotriet) took the Chair and requested members to observe a moment of silence for prayer or meditation.

VIRTUAL SITTING RULES

(Announcement)

The DEPUTY SPEAKER (Dr A Lotriet): Hon members, before we proceed, I would like to remind you that the virtual mini plenary is deemed to be in the precinct of Parliament and constitutes a meeting of the National Assembly for debating purposes only. In addition to the rules of virtual sittings, the rules of the National Assembly, including the rules of debate apply.

Members enjoy the same powers and privileges that apply in a sitting of the National Assembly. Members should equally note

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that anything said in the virtual platform is deemed to have been said to the House and may be ruled upon.

All members who have logged in shall be considered to be present and are requested to mute their microphones and only unmute when recognised to speak. This is because the microphones are very sensitive and will pick up noise which might disturb the attention of other members.

When recognised to speak, please unmute your microphone and where connectivity permits, connect your video. Members may make use of the icons on the bar at the bottom of their screens, which has an option that allows a member to put up his or her hand to raise points of order.

The secretariat will assist in alerting the Chairperson to members requesting to speak. When using the virtual system, members are urged to refrain or desist from unnecessary points of order or interjections. And lastly, I would like to remind you that we are meeting in a mini plenary session and therefore any decisions will be taken in a full plenary session of the Assembly.

The first item on the Order Paper for this morning is a subject for discussion in the name of the hon PP Xaba-Ntshaba on Professionalising, the Public Service improving frontline services and resolving the problem of the mismatch of skills.

PROFESSIONALISING THE PUBLIC SERVICE BY IMPROVING FRONTLINE SERVICES AND RESOLVING THE PROBLEM OF MISMATCH OF SKILLS

(Subject for Discussion)

Ms P P XABA-NTSHABA: Thank you very much, Deputy Speaker for allowing me to talk about this issue of professionalisation in our in our Public Service, in in the government. The question we must ask ourselves is that: What does it mean to be a public servant?

IsiZulu:

Kusho ukuthini ukuba umsebenzi kahulumeni?

English:

In 1997, the founding father of our nation, uBaba Nelson Mandela, introduced the Batho Pele initiative for the Public Service. Mandela's intention with the initiative was to

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include the African traditional value system in the Public Service.

IsiZulu:

uBaba weSizwe uTata uMandela wasifundisa ukuthi yini uBuntu nokuthi abantu kumele baziphathe kanjani uma besebenzisana nabanye abantu, ikakhulukazi ezizindeni zikahulumeni. Lokho kwaze kwadala ukuthi uhulumeni ahlinzeke abasebenzi bakhe ngesikole sikaZwelonke sokufundisa aphinde aqeqeshe ngemithetho nemigomo nemibandela nokuziphatha kwabasebenzi bakahulumeni kuwo wonke amazinga akhona ngezigaba zawo.

English:

The DEPUTY SPEAKER (Dr A Lotriet): Hon Xaba-Ntshaba, please just pause a minute I have a hand raised by the hon Skosana.

Mr D M SKOSANA: [Inaudible.] Technical glitches.

The DEPUTY SPEAKER (Dr A Lotriet): Hon Skosana, I struggle to hear you. Your connection is not very good, but I think I get the gist of the matter. We will just assist the interpreter because we got the gist that the IsiZulu interpreter was in the wrong channel. So, then it interfered with the speaker at

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the podium. We will fix that now, hon Skosana. Hon Skosana we can't hear you.

Ms P P XABA-NTSHABA: Hon Speaker,...

The DEPUTY SPEAKER (Dr A Lotriet): Hon Xaba-Ntshaba, I will deal with you now. Hon Skosana, you are not at all audible. I can't hear what you are saying. I can hear all the others. Your connection is not very good. Please just give me minutes so that we deal with this matter.

Could I just confirm with the Table that the interpreter will now be on the correct channel? If not, then I would propose that we rather let the speaker speak because we can't hear and interfere. So, it is important that the hon Xaba Ntshaba proceeds with her speech. Please proceed, hon member.

Ms P P XABA-NTSHABA: Thank you very much, hon Speaker,

IsiZulu:

Akugcinanga lapho lesi sikole siphinde sihlinzeke ngolwazi kubasebenzi abasebenzela uhulumeni, ohulumeni basemakhaya kanye nasezifundazweni ukubaqeqesha ngokuthi uma kufika umkhulu omdala noma ugogo ezofuna usizo eMnyagweni kahulumeni

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kumele babaphathe kanjani. Hhayi le nto eyaye yenzeke ukuthi umntwana omncane uma ugogo ebuza amthathe ambhekise le nale. Abanye ogogo bagcina beduba nokuya eMnyangweni kahulumeni.

English:

As the ANC-led government, we encourage that all government workers must put people first and sacrifice all for the people of this country. That will encourage good governance. The vibrant economy increases production, education and training. It will also ensure a healthy nation. This school caters for public servant in all spheres of government.

IsiZulu:

Ukusebenza ngabantu kudinga umuntu onesineke, owazi ukuthi umuntu ngumuntu ngabanye abantu. Lokho kusho ukubekezelelana ngoba amasiko ethu sonke kule lizwe ngabe awezenkolo, awezanuse, ubulili kanye nokungacwasani ngokwebala.

English:

Our Constitution grants us a bill of rights and encourage Batho Pele principles. We encourage our public servant to make use of this school of government to promote good ethics at work, professionalism, a good code of conduct, exercising oversight and performing monitoring and evaluation. We plead

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with senior managers to ensure that their subordinates are utilising all government institution to be in line with the national agenda. Government and the public must work together. They must co-operate as our government promotes inclusion to rebuild this nation, to achieve a purpose of our nationally democratic revolution.

Hon Deputy Speaker, our people come from all walks of life, cultural background and traditions. Therefore, the public servants must know their client and treat them with respect and dignity. In return, the public must treat the public servants with respect. During the public's visit to the government institution, they must apply Batho Pele principles to cater to different cultures, norms and belief. Example, a pregnant woman and a woman carries a minor child or a widow who is mourning must be served with care and understanding of their situation. This is a practice of placing people first. Government workers must always act professionally in any situation in the public sector. They must allow to be criticised for them to improve their work and answer with respect and address the issues of service delivery immediately. Hon speaker, ...

IsiZulu:

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... uhulumeni wethu ubonisa ngakho konke ukuthi ubathanda kangakanani abantu bezwe lakhe. Njengoba uhulumeni eveze lesi sikole sokuqeqesha abantu abasebenza kuhulumeni kubonisa ngakho konke ukuthi abasebenzi ... [Kwaphela isikhathi.]

The DEPUTY SPEAKER (Dr A Lotriet): The next speaker is from the KK. We have not received a name at the table, so is there anyone from the MK who will take the slot?

Mr V G REDDY: Madam Deputy Speaker, it's Visvin Reddy ready from MK Party.

Deputy Speaker, the single biggest problem confronting South Africa today is the problem of unemployment. If you look at it, a father and a mother have to go through the pain of watching their children go to bed hungry, because there's no food in the house. Children wake up hungry and have to go to school without having a meal.

Hunger makes it impossible for the child to concentrate in school. Eventually the family disintegrates, as children, as young as 10 years old, leave the household to go and fend for themselves. Often, they resort to a life of crime. They resort to drug and alcohol abuse to dull the pain of depravity. To

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deal with their protracted encounter with hopelessness.

Repeated imprisonment eventually makes them to see prison as a place of refuge, a place where they can get food and shelter.

At the heart of the dysfunction of South African society is the problem of unemployment. There's a significant skills mismatch in the labour market. Many job seekers, especially young people, lack the necessary skills for the jobs available in sectors like manufacturing, technology or services. This is exacerbated by an education system that often fails to equip young people with the skills required for the modern economy.

The South African economy, while growing, has not been growing at a rate high enough to create the number of jobs required even during periods of economic recovery.

The growth rate has been insufficient to make a significant dent in the unemployment rate. Additionally, automation and technological changes in some industries have made certain jobs obsolete, creating an even greater challenge for job creation.

Unfortunately for South Africa, the so-called government of national unity, GNU, does not have a response to this problem.

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There is no vision, there is no plan. The National Development Plan has missed almost all of its targets. The most important target of creating jobs and reducing unemployment is hopelessly out of the window. And there is no chance that it will be met by 2030. The unemployment rate currently sits at 32% against the NDP target of 6% by 2030.

The apartheid demon is also manifest in our unemployment. According to Statistics, Stats SA, unemployment for whites is only 7%, while unemployment among blacks, sits at a staggering 37%.

Madam Deputy Speaker, big parties like the FF Plus, the DA and the World Bank that are key partners in the so-called GNU, have called on the government to abandon black economic empowerment.

One can only conclude that they would like to see the deepening of inequality in South Africa, with the assistance of our erstwhile liberation movement.

Remember, South Africa has been declared as one of the most unequal societies in the world. The tragedy, however, is that despite this reality of a grotesquely high unemployment rate,

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this DA-ANC led coalition has not even revised its unemployment targets to be more realistic.

The National Development Plan has simply ceased to matter. There have been delays in the finalization of the medium-term development plan. We have been told since before Christmas that this is almost ready, we've been promised. The tragedy, however, is that the Minister of Finance attempted to deliver a budget in the absence of a credible plan, an endeavour that can only mean disaster. For without a plan other than the proverbial thumb suck, what will inform the numbers that will come out of the budget?

Sadly, another attempt will be made on 12 March 2025 by the Minister of Finance, to accomplish this foolish fate of presenting a national budget that is not based on any plan or vision.

Historically, South Africa has never experienced double digit economic growth, the highest rate of growth recorded in South Africa was 7% in the mid-1960s, at the height of apartheid and Afrikaners nationalism. The highest post-apartheid economic growth was 4,2%, achieved in 2005.

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The reality for South Africa is that without significant structural changes to the economy, double digit growth will continue to be elusive.

The MK Party believes that through radical economic transformation and restructuring, it is possible to propel this economy into double digit growth.

The sectors that should be targeted for structural change are; the mining and commodity sector. South Africa remains one of the world's largest producers of minerals, particularly platinum, gold and diamonds. The mining sector is a cornerstone of the economy, accounting for a significant portion of both gross domestic product, GDP, and export risk revenues.

However, the mining sector has faced several challenges in recent years; decreasing mineral reserves, infrastructure constraints, global price volatility, opportunities for greater participation of small emerging miners have to be created, targeted reigning of the previously disadvantaged must be implemented with a view to both reducing unemployment and increasing productivity in the mining sector.

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The next sector is agriculture, agriculture, Madam Deputy Speaker and fellow colleagues remains important, especially in rural areas where it is a primary source of employment. South Africa is a global player in citrus and wine exports. Particularly to the European Union and United States.

However, agriculture faces challenges like climate change, land reform issues and water scarcity. Unpredictable weather patterns such as droughts or floods can severely impact crop yields and food security.

South Africa's agriculture sector has been undergoing land reform policies intended to redress historical inequalities in land ownership. While land reform is a necessity, the implementation has been slow and has sparked concerns over potential negative impacts on productivity and investment.

We believe as MK that the implementation of land redistribution through a policy of expropriation without compensation, accompanied by massive training and extension services, will improve our agricultural input.

The next sector is the manufacturing and industry. South Africa's manufacturing sector has been under pressure for some

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time - high production costs, aging infrastructure and declining competitiveness, have led to stagnation.

However, South Africa has had an advantage in certain industries like the automotive in manufacturing industry, companies like Toyota, Volkswagen and Bayerische Motoren Werke, BMW, have large production plants in South Africa, and the sector has seen exports grow.

With training and focus planning and delivery measures to empower the black majority, it is possible to fundamentally change our fortunes and use manufacturing as a key engine for growth.

Partnerships with key Brazil, Russia, India, China, South Africa, BRICS, countries present tremendous opportunities.

The services sector is the largest contributor to South Africa's GDP, driven by finance, telecommunications, retail and real estate. South Africa's financial services industry is one of the most developed in Africa, with Johannesburg being a hub for banking and financial services. This sector remains strong, although some risks like policy uncertainty and economic volatility, continue to affect investor confidence.

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Sadly, after 30 years it remains untransformed and continues to display unwillingness to transform.

The tourism sector before the COVID-19 pandemic, was the significant contributor to employment and GDP. While there has been some recovery, post pandemic, the sector is still facing challenges, like global travel restrictions and competition from other emerging markets.

Decisive policies to transform these sectors to a government-led program should enable the majority black population to be part of the mainstream economic activities.

Madam Deputy Speaker, in conclusion, although the South African government knows and recognizes the need for structural reforms to achieve sustainable and inclusive growth, there has been slow progress. And there is an absent political will to do what is necessary for employment creation and growth.

The MK Party calls on all parties in this House, to join us in the call for accelerating job creation in South Africa, because through jobs, people will once again be able to get

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their dignity that they deserve, which is one of the key pillars of the MK's people's mandate. I thank you.

Ms W TIKANA-GXOTHIWE: Hon Deputy Speaker, good morning to hon members. In the state of the nation address, President Cyril Ramaphosa has this to say:

Our most urgent task is to grow our economy so that we can create jobs, reduce poverty and improve the lives of all South Africans. To undertake this task, we need a government that works for the people. We need a state that is capable, underpinned by a professional public service. South Africans want a state that treats all people with dignity, humanity and respect. A state with leaders who are prepared to serve our people with complete dedication and public servants who are ethical, skilled and properly qualified.

The President has reinforced the ANC 55th National Congress 2022 commitment to building a developmental state that provides effective basic services with capabilities to take forward a far-reaching agenda on national economic development, whilst at the same time placing people and their involvement at the centre of this process. These clarion calls from both the state of the nation address and congress

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resolutions require the government that is responsive to the needs of the people, accountable and ability to think the prism of individuality, but beyond self, to take the country forward.

Despite the existence of a sophisticated policy structure that underpins professionalism in the South African public sector, the challenge of unprofessional behaviour, as evidenced by the number of corruption cases, maladministration and fruitless expenditures, is a cause for serious worry. The Constitution of 1996 clearly state that public administration must maintain a high level of professionalism. The Constitution of 1996 edged public personnel to be professional, accountable and developmental orientated. This was further reinforced by the National Development Plan Vision 2030, NDP, which expects the public to follow established norms. While a significant proportion of public officials hold professional qualifications, the level of professionalisation in the public sector is a source of concern.

The NDP provides the vision of the 2020 South African public service, what it can do, deliver care and serve. It is a vision of a just public administration that meets the needs of all citizens in South Africa. The vision is professional,

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outcome orientated, developmental focus, effectual and effective. The NDP identifies the critical interventions for securing a more capable state. These include stabilizing the political administration interface, professionalisation and developing the required skills.

Skills alignment to improve the image of the state and improve its capacity and capability to serve the public is essential to mitigate the recurrence of fruitless expenditure and maladministration among municipalities flagged repeatedly by the Auditor-General. The Auditor-General always points to the skills mismatch encountered in senior management position. The professionalisation framework introduced a pool of technical experts to oversee that the recruitment processes are fair and meet the criteria of the candidate.

Taking lessons from the Zondo Commission report, it identified the public procurement system as the principal source of the stealing of state resources and proposed measures to improve its integrity. The lack of comprehensive procurement legislation has led to abuse and insufficient oversight, and the government should address this issue. Hon members, through the establishment of a professionalisation framework and an independent public procurement anticorruption agency and a

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permanent anticorruption commission will be established. Structures like these will work closely with the National School of Government in building anticorruption capacity as well as with the public administration, ethics, integrity and disciplinary technical assistant units with the Department of Public Service and Administration on norms and standards. This will ensure that the procurement process system will be tightened and prevent the access for corrupt elements.

Hon members, the sixth ANC-led government has made meaningful strides in institutionalising the framework. Departments and entities already embedded the professionalisation as the annual performance plan, APP, and it appeared in their medium-term development plan with professionalisation, smart plans to 2024/27. The panel of experts are being registered by Public Service Commission to deal with the issues of recruitment processes and combating crime and at National School of Government enrolling of public servants to programmes such as ethics and Public Finance Management Act is ongoing.

Lastly, hon Deputy Speaker, local government is at the coalface of public service delivery and prey to rampant corruption and maladministration. The recruitment of the suited candidates for the management of local government will

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go a long way in solidifying leadership transparency and accountability in that sector. The professionalisation framework has no place for nepotism.

Hon Deputy Speaker, in conclusion, let me remind this House that the ANC is the principal architect of the transformative constitutional democratic order in our country. A democracy with South African characteristics wherein the state is accountable of improving the quality of life of all citizens. As a leader of society, even in these trying times, the ANC is committed to building an ethical, capable and developmental state and improving service delivery to our citizens. I thank you, hon Deputy Speaker.

Ms L R POTGIETER: Deputy Speaker, this week an article in *Business Day* highlighted the economic crossroads South Africa is facing, with some proposing a 2% VAT hike as a solution to the crisis of reckless government expenditure and a complete lack of accountability within the public service. When you stop and think about it, it's hard to understand why any political party or any member of the public would support such a misguided proposal that places the blame for the government's inefficiency on the very people who elected them.

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Where is the justice, care, or responsibility in such a proposal?

As the DA, we have always been strong advocates for a professionalised public service that puts the people first, with dignity, honesty and accountability. We are committal to cadre deployments and restoring the efficiency and integrity of public institutions. Professionalising the public service isn't just an administrative goal; it's an economic imperative and essential. It would eliminate practices such as unauthorised, irregular and wasteful expenditure, which is estimated at a whopping R165 billion annually across all government spheres according to the Auditor-General's reports from 2019 to 2023. By improving accountability, skills, leadership and management, we can significantly reduce this financial wastage. In fact, the savings from a truly professionalised public service would far outweigh the potential benefits of a 2% VAT increase, estimated to generate only R58 billion annually, achieving a much longer-term value for the country.

I would like to take the opportunity to congratulate our chairperson, Jan de Villiers, on the unanimous adoption of the Public Service Commission Bill by the Public Service Committee

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this week. This Bill is a crucial step forward in professionalising the public service. It ensures merit-based recruitment and training, leading to a more skilled and competent public service. It strengthens leadership and management to prevent inefficiencies and misallocation of resources. It fosters a culture of integrity and responsibility, reducing corruption and waste. It implements better budget management, transparency and performance metrics to ensure the efficient use of public funds. And it empowers the Public Service Commission to enhance oversight and tackle poor performance.

As highlighted by the Public Service Commission, every R1 million spent on addressing deficiencies within the government could yield a return of R10 million. It is crucial that every department prioritises this pillar of the Government of National Unity, GNU. After all, it is the cornerstone for the success of all other government priorities. Without it, nothing will succeed. Sadly, we see the lack of prioritisation in several areas.

The Department of Public Service and Administration, for example, can't provide accurate figures for suspended employees. The discrepancies in reported numbers of

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R140 million for April to June 2024 from the Forum of SA Directors-General, Fosad, report versus R118 million from the Personnel and Salary System in the Public Service, Persal, over a five-year period are largely due to poor reporting by departments.

This will not be solved by the Department of Public Service and Administration's intention to implement a live case management system. We also see delays in implementing a skills audit, a lack of focus on addressing critical skills shortages, particularly in engineering and the built environment, and inadequate monitoring of competency frameworks to identify skills gaps. Moreover, there are ongoing issues, such as doctors claiming overtime for clinic visits, they've never made, leading to increased medico-legal claims. I welcome the commitment indicated to the committee by the Director-General of the Department of Public Service and Administration in further engaging all departments in the professionalisation framework to once again stress the vital role of this pillar in ensuring our government works for its people and not the other way around.

While we've seen progress in specific portfolios under the GNU, this needs to be reflected across all government

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departments, as well as in provincial and local spheres. I would like to highlight a few examples. In the Department of Home Affairs, over 50% of the visa backlog has been cleared, equating to more than 300 000 visas. Minister Schreiber is committed to reinforcing the counter-corruption and security services branch to tackle corruption and restore public trust, along with implementing technology-driven reforms to improve efficiency and service delivery.

Minister Dean Macpherson in the Department of Public Works has made significant strides in professionalising the public service by conducting a skills audit, filling critical vacancies and tightening financial oversight, including revoking officials' ability to authorise expenditure of up to R20 million without approval. He has also improved governance by placing the Prestige Unit under the Director-General's oversight, implementing stricter auditing processes and collaborating with the Auditor-General to address failure. Minister Malatsi has led efforts to enhance public service efficiency and accessibility by launching the Broadband and Digital Skills Programme to equip municipal leaders with digital expertise. This has contributed to South Africa's rise in the United Nations e-Government Index to 40th in 2024.

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Minister John Steenhuisen in the Department of Agriculture has advocated for public-private partnerships, legislative reforms and improved working conditions for agricultural professionals. He also supports small-scale farmers by integrating them into larger value chains, aiming for a more professional, efficient and sustainable agricultural sector.

In the Department of Basic Education, Minister Gwarube has worked to professionalise the public service within the Ministry by advocating for accountability, transparency and improved governance. She supports policies that enhance teacher training, career pathways and oversight mechanisms to strengthen the education sector.

And in conservation, Minister Dion George has focused on enhancing support for rangers and securing alternative funding for conservation programmes. He has driven the implementation of the Climate Change Act and streamlined processes for renewable energy projects. While we acknowledge the positive steps being taken in these areas, we must ensure that such progress is reflected across all government departments. The professionalisation of the public service must be a priority for every department, at every level of government, if we are

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truly to achieve an efficient and accountable state. Thank you.

Ms S GCILISHE: Deputy Speaker, President Ramaphosa's state of the nation address once again painted a picture of a South Africa that exists only in rhetoric, not in reality, a kind of utopia that exists only in his mind. While he spoke of a capable and competent state, dedicated leaders, ethical and skilled public servants, these words ring hollow in the face of the systematic failures that continue to plague our public service.

The EFF has long maintained that the DA-ANC-led government lacks the political will to address the root causes of inefficiency, endemic corruption and incompetence in the public sector. Ramaphosa's Sona was yet another missed opportunity to present concrete and actionable solutions to these problems.

The time for empty rhetoric is over. What South Africa needs is a radical overhaul of the public service, underpinned by accountability, ethical leadership and continuous professional development. Ramaphosa spoke of a state that is capable and competent, but the reality is that the Department of Public

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Service and Administration has failed to implement systems that track public service delivery metrics across all government departments. Without these systems, there is no way to hold public servants accountable for the quality of service they provide. This lack of accountability perpetuates inefficiency and undermines trust in the government institutions.

The EFF has consistently advocated for a performance-based system that rewards high performers and imposes consequences for underperformers. Such systems would incentivise public servants to work towards clear and measurable outcomes that benefit citizens. Ramaphosa also spoke of leaders who are prepared to serve our people with complete dedication and public servants who are ethical, skilled and qualified, yet corruption and unethical behaviour remain endemic in the public service.

The lack of a comprehensive ethics programme within the Department of Public Service and Administration has allowed misconduct to flourish with little to no consequence for those who abuse their positions. The EFF proposes the establishment of a robust public service ethics programme that includes regular ethics training, internal audits and anonymous

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whistleblowing platforms. Ethics training should be mandatory for all public servants with a focus on practical scenarios that highlight the consequences of unethical behaviour.

Internal audits should be conducted regularly to identify and address potential areas of corruption, while an anonymous whistleblowing platform would empower public servants to report misconduct without fear of retaliation. The Department of Public Service and Administration must establish mechanisms to enforce ethical behaviour within the public service. This could include the creation of an independent ethics oversight body with the power to investigate allegations of corruption and impose sanctions on those found guilty. This approach will weave a fabric of trust through unwavering commitment of anti-corruption measures, in that way, inject new ethos into the public sector.

Ramaphosa's vision of a professional service is undermined by the lack of investment in continuous professional development for public servants in a rapidly changing world where technology and service needs are constantly evolving. It is essential that public servants are equipped with the skills and knowledge to meet these challenges and sensibilities. Unfortunately, the current system does not provide adequate

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opportunities for professional growth leaving many public servants ill-prepared to handle demands of their roles. The EFF believes that the National School of Government must play a leading role in addressing these gaps as well as the mismatch of skills. The school should collaborate with universities to offer relevant training programmes in leadership, project management, technology and citizen-centric service delivery. These programmes should be designed to equip public servants with skills they need to perform in their roles effectively and adapt to changing circumstances. Lastly, President Ramaphosa's Sona was yet another exercise in wishful thinking, devoid of any concrete plans to address the systemic failures of the public service. The EFF on the other hand offers a clear and actionable vision for transforming the public service into a capable ethical and professional institution that meets the needs of our people.

South Africa deserves a public service that delivers on its mandate with public servants who are held accountable for their actions. The EFF calls on government to adopt our proposals and take meaningful steps towards building the state that is truly capable, competent and dedicated to the people it serves. We don't need empty Sona speeches; we need tangible action to turn the public service around.

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IsiZulu:

Manje, namhlanje!

English:

Thank you, Deputy Speaker.

Mr T M LANGA: Hon Deputy Speaker, the IFP champions a cause that is central to the prosperity and well-being of our nation, which is the professionalisation of the public service. It is no secret that the efficiency and effectiveness of government services have a profound impact on the daily lives of our citizens. We firmly believe that, by improving frontline services and addressing the mismatch of skills in the public administration, we can restore dignity, trust, and excellence in governance.

As the IFP, we hold the dear principle of servant leadership, accountability, and meritocracy. Our commitment to professionalising the public service is guided by the fundamental principle that government exists to serve the people, not the other way around. It was the late Prince Mangosuthu Buthelezi, our esteemed leader, who once said: "Public service is not a privilege, but a solemn duty to serve communities with dedication, honesty, and professionalism."

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This guiding ethos remains at the heart of our vision for an efficient and capable state. A professional public service must be built on the foundation of competence, ethical leadership, and continuous learning. The IFP recognises that many government departments suffer from a skills mismatch, where individuals are placed in roles that do not align with their qualifications or expertise.

This results in inefficiency, corruption, and ultimately, the failure to deliver quality services to the people. In this regard, we implore the government to consider the following. One, reskilling and upskilling public servants.

As the IFP, we propose investing in continuous training and development as a crucial tool to bridging the skills gap within the public sector. We propose targeted capacity building programs that will equip public servants with the necessary skills to perform their duties efficiently. This includes digital literacy training, financial management courses, and leadership development programmes.

We must foster a culture of continuous learning, to ensure that our workforce remains adaptable to the ever-evolving needs of society.

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Number two, implementation of the Batho Pele principles. The Batho Pele principles are not mere guidelines, but an obligation of every public servant. As the IFP, we demand that government officials uphold consultation, service excellence, and transparency in their daily operations. We demand that every civil servant pledge to treat citizens with dignity, resolve grievances promptly, and improve service delivery through proactive engagements.

Number three, on merit-based appointment and performance accountability, we advocate for a strict merit-based recruitment process, to eliminate nepotism, cadre deployment, and inefficiency. Public servants must be hired based on their skills, experience, and qualifications.

In acknowledging progress, we take this moment to commend the Minister of Public Services and Administration, Ink Mzamo Buthelezi, for recognising the agency of this transformation. Under his leadership, significant strides have been made to improve service delivery and enforce accountability.

The IFP pledges its full support to furthering these efforts and ensuring that professional ethics, competence, and citizen satisfaction remain the guiding pillars of our public service.

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Together, let us build a public service that works for the people, a capable, ethical and developmental state, and a professional public service. Thank you.

The DEPUTY SPEAKER: The next on the list is a speaker from the PA, but we have not received a name, so I don't know. I see hon Van Wyk is on the platform. Is there a speaker for the PA?

Mr S H M VAN WYK: Speaker, unfortunately, I must submit that there was no name submitted to me and I don't want to speak out of my own. Thank you.

Mrs H DENNER: Deputy Speaker, the subject of the professionalisation of the public service is not a new one, though it seems hon Reddy missed it this morning. We have had debates and declarations in this House bemoaning the state of the public service and the quality of service it renders to South Africans. Has it improved? Will it improve? And the question has been asked, why is the public service in this state? It is important to answer this question, so that the root cause of the problem of poor public service can be identified. You cannot fix something if you don't know what is wrong with it.

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However, we do know what is wrong with it. We have known for years, even though the ANC government refused to admit as much. Cadre deployment; especially during the nine missing Zuma years; incompetence; poor management; non-existent consequence management; an overall lack of good practice and standards; a lack of proper work ethic; a bloated public service with an even more bloated public service wage bill; and the absolute lack of the political will to change the status quo have all contributed to getting the public service to this place, where we have to, yet again, discuss the fact that the public service of South Africa is in need of professionalisation.

We even have an ANC member, the first speaker in the debate, asking for co-operation from the private sector with the so-called ANC-led government. So let me just assist the hon member, as from May 2024, this government is a Government of National Unity, not an ANC-led government.

And on that note, I am very glad that I don't have the Minister's job, having to fix something that has been broken by the ANC over the course of 30 years. We commend him for that.

Afrikaans:

Agb Adjunkspeaker, die heersende gesprek in Suid-Afrika is die Begroting en hoe die Minister van Finansies dit gaan laat klop. Een van die onaanvaarbare planne is om die BTW-koers met 2% te verhoog, juis om ondermeer, die staatsdiens se salarisrekening te diens. Die staat betaal reeds hoër as normale salarisse en ken jaarliks hoër as die norm verhogings toe.

Ons hoef nie vir mekaar te sê dat die salarisrekening van die staatsdiens reeds 'n probleem is nie; ons weet dit ook.

Ernstige strukturele hervormings in die staatsdien se personeelkorps is nodig, helaas en ongelukkig, omdat die ANC vir 30 jaar, weens sy eie onvermoë, in plaas daarvan om 'n werkskepper te wees, 'n werkgewer was.

Hierdie hervormings moet dan die vul van kritieke fakatures insluit, en veral in die gesondheidsorg- en onderwysdepartemente, om die mense van Suid-Afrika beter te dien. Ten spite van die feit dat daar 102 000 vakante gefinansierde poste in die staatsdiens is, is daar steeds R23 miljard nodig om die die verhogings van die salarisse van die staatsdiens te finansier.

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Dit is 'n nimmereindigende siklus wat Suid-Afrika in die grond in laat boor, as daar nie groot, daadwerklike, strukturele veranderinge op 'n dringende basis gemaak gaan word nie.

Waar is die vardighede die heel nodigste? Waar het die mense van Suid-Afrika vaardige, vriendelike, doelgerigte, behoorlike staatsdienste die nodigste? En waar kan die vet gesny word, om die staatsdien vaartbelyn te maak, om effektief en behoorlik te funksioneer?

Ons staatsdiens en adminstrasieprobleem moet soos 'n smetterige ontsteekte wond benader word. Die vrot moet weggesny word. Dit gaan baie seer wees, maar eers dan sal die wond gesond kan word tot waar die staatsdiens kleiner, meer effektief is; waar die salarisrekening onder beheer is; en waar staatsdiensamptenare ondersteun en bemagtig, maar ook verantwoordbaar gehou word om hul werk en diens aan Suid-Afrika behoorlik te doen.

Voordat die wond nie gesond is nie, sal ons aanhou om in hierdie Huis oor die professionalisering van die staatsdiens te praat, en sal dit net by woorde bly. Dankie.

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Ms M P KOBE: Madam Deputy Speaker, greetings to you and to the rest of South Africa that is joining us on the online platforms. The October 2022 national framework towards the professionalisation of the public service set out a clear ambitious goal to build a state that better serves the people insulated from undue political interference when appointments are made on merit. It further emphasises that the public service must be non-partisan and that government departments must be shielded from politics. Stressing that professionalisation is essential for stability, particularly in senior ranks. Yet as we stand in 2025, that framework has amounted to little more than words on paper that is gathering dust while the public service remains deeply entangled in political appointments.

The recent turmoil surrounding the appointment of the new SAA CEO as a glaring example of how allegedly politically aligned individuals continue to be prioritised overqualified professionals. See, while endless discussions, conferences and policy frameworks may give the illusion of progress, their true value lies in tangible reforms of which unfortunately are very few.

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No one can seriously claim that much has changed when a significant portion of public servants remain in positions that they are either unqualified for or have secured through political connections rather than merit. And this is precisely why ActionSA has consistently maintained that every state institution must operate free from political interference and cadre deployment. These institutions exist to serve the people of South Africa, not to function as vehicles for ...

[Inaudible.] ... a truly professional public service is one way competence, accountability and service delivery take precedence over political loyalty. Until this becomes a reality, any framework on professionalisation remains an exercise in rhetoric rather than true reform.

It is vital that we must modernise and streamline our state institutions and build a dynamic, professional, and service oriented public sector that is staffed by capable civil servants. But ultimately, the state's goal should be to provide services and foster an environment that is necessary for socio economic prosperity and upward mobility of our people, rather than being directly involved in job or income creation. How do we do this? The government must adopt binding, educational, professional and ethical standards that ensure appointments to national, provincial, and local

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political and professional executives are anchored in merit, capability, and accountability.

We must eliminate the short-term thinking and government decision making by entrenching a culture of data-driven decision making based on evidence and engagement. And we must reduce the number of national government departments to approximately 20 and completely eliminate the position of Deputy Ministers in all departments. As ActionSA, we will be pursuing this in our Constitutional Amendment Bill. Further to this, we must entrench the independence of the Public Service Commission and implement appointment practices that remove political influence over appointment processes.

We must prohibit, as far as we can, cadre deployment by adopting strict merit-based appointment criteria and establish independent selection and appointment panels for key positions and ensure that interview processes for senior officials are open to the public. We must implement strict performance and consequence management practices in supply chain and procurement processes that hold underperforming and non-performing service providers accountable.

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Finally, we must enforce limits on remuneration to expenditure ratios to avoid bloated staff structures across all government departments, while ensuring that the bulk of remuneration is spent on frontline workers as opposed to the management structures. Thank you, Madam Deputy Speaker. We end there as ActionSA.

Mr P NDAMASE: Hon Deputy Speaker, apologies. I was trying to manoeuvre how to get inside the meeting. I hope I can be heard audibly now.

The DEPUTY SPEAKER: Yes, you are audible. Please proceed.

Mr P NDAMASE: Hon Deputy Speaker and the hon members at large, the members of the executive council that are part of this meeting, the ANC perceives the professionalisation of public service as an integral part of the realisation of the ideals as espoused by the Freedom Charter in a number of ways that include the following, amongst other things. It is those junior officials and those nurses in the departments of Home Affairs and the Department of Health, who are the yeast in the realisation of the people shall govern clause as they assist in the attainment of requisite documents from birth certificates to identity documents. It is those educators and

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lecturers in the Department of Basic Education and Higher Education and Training who literally burn the midnight oil for the wide opening of the doors of learning and culture.

Hon members, it is those court officials and police officials who sometimes under difficult circumstances make an immense contribution to make sure that the ideal of all national groups shall have equal rights and other clauses of the Freedom Charter are worth the paper they are written on. It is the mother of history, hon Deputy Speaker and the House at large, that it is this ANC of Oliver Reginald Tambo and Nelson Mandela and their allies in the South African Indian Congress, South African Coloured People's Organisation and the South African Congress of Democrats, who are the brains behind this noble document. It is worth mentioning that our Constitution that was adopted in May 1996 is in one way or another a remarkable milestone in pursuit of the ideals of the Freedom Charter.

The ANC in its build up towards the 53rd National Conference that was held in 2012, ... [Inaudible.] ... the concept of developmental stage with the following attributes, amongst others. One, an approach premised on people-centred and people-driven change and sustain development based on high

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growth rates, restructuring of the economy and socioeconomic inclusion. Secondly, the capacity to lead in the definition of a common national agenda and in mobilising all society to take part in its implementation. The ANC therefore makes a clarion call to public service to dig deeper in their resourcefulness to make developmental state a reality.

We are mindful of the fact that in the midst of the committed public service, there are those that represent the antithesis of the model professionalised public service by engaging in deviant behaviours that include corruption and abuse of power. We therefore call upon the majority of upstanding public servants to isolate the few bad apples amongst them. As I'm trying to wind down, we must stress that South Africa has opted for the path of a developmental state as a tool of the people to change their material conditions.

A capable, ethical and developmental state requires a professionalised public service as envisage in section 195 subsection (1) (a) of the Constitution of South Africa:

The public administration must be governed by the democratic values and principles enshrined in the Constitution, such as standard of professional ethics being promoted and maintained.

Again, the National Development Plan acknowledges that for us as a country to deal decisively with the scourge of poverty and inequality, a capable state is a precondition and further states:

This requires well-run and effectively co-ordinated state institutions staffed by skilled public servants who are committed to the public and capable of delivering consistently high-quality services to all South Africans.

The high standard of professional ethics requires what was summarised by the late ANC and SACP leader Chris Hani in his 1992 radio interview when he said ...

IsiXhosa:

... Umntu oseofisini makangabajongeli phantsi abantu kuba esithi abafundanga.

English:

That can be translated into meaning that those who are in government offices should not discriminate people on the basis of their status in the society. A professional public servant must be at all material times demonstrate the ethos as articulated by Chris Hani.

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I would like to touch few things in relation to the speakers that have spoken before me. I just want to have a few messages for the MK Party, DA, EFF, as well as FFPlus. The MK Party is neither hot nor cold because what is articulated there by hon Reddy is that there is no plan. At the same time, he says that within the plan, all the targets have been missed, and we don't know which one to take home in relation to that argument that he makes there. I have listened to the hon member of the DA trying to give praises to specific Ministers that are coincidentally members of the DA and what she left is that those Ministers, in whatever they do, they are ably led by the President of this country and that is none other than Matamela Cyril Ramaphosa who is leading, and leading that change.

For the EFF, I don't know because the hon member is talking about the absence of performance management and development system, and I'm talking about it because it has been long with us, and we have been practising it and we made sure that as the ANC government it is developmental in nature. For the FFPlus, you either choose to be part of government or you stay outside of it. You don't only take credit for good things and forget about the bad things. You have to take all of those.

And I would like all of those speakers to refer to a philosopher called Plato whom I can quote as follows:

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We can easily forgive a child who is afraid of the dark; the real tragedy of life is when men are afraid of the light.

Can you please see light? Thank you very much, hon Deputy Speaker.

Mr J N DE VILLIERS: Hon Deputy Seaker, the recent adoption of the Public Service Commission Bill by the Public Service and Administration Committee was an important step in the fight against cadre deployment. The professionalisation of the state and the creation of a professional and merit-based appointment culture in the public service and administration.

The Public Service Commission, PSC, has always being hamstrung by a fact that it was historically structured underneath of the Department of Public Service and Administration resulting in the PSC arguable never being able to fulfil its constitutional mandated function of being an independent oversight body that looks after personnel and staffing issues in the public service without fear, favour or prejudice.

The current Bill is primarily aimed at strengthening the independence of the PSC, mainly by the introduction of a dedicated secretariat to assist it in its functions. To date

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the PSC has had to rely on national government to ensure that it has both an adequate staffing component and budget. This has impacted on the functioning and the perception of independence of the PSC.

The new secretariat will be a separate staffing mechanism for the PSC divorced from the national government in order to strengthen the entity's independence.

Importantly the Public Service Commission Bill is in line with the foundational principles of the statement of intent of the 2024 Government of National Unity, GNU. Specifically, principle number nine which commits all parties in the GNU to uphold a professional, merit-based, nonpartisan developmental public service that puts people first.

Hon Deputy Seaker, it should not be lost on any one that throughout the process in the committee the Public Service Commission Bill was supported by all parties in the committee and that there was no objection from any committee member in the adoption of the Bill. It is a clear display that there are certain issues we can all agree about. The Public Service Commission Bill is therefore a welcomed and widely supported development towards an efficient, independent and professional

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public service and a very important step against cadre deployment. What has also been sharply highlighted, these last two weeks, is that South Africa is under immense financial pressure. An important part of this is the country's ever growing and ballooning government Public Sector Wage Bill that has increased dramatically in recent years reaching R724 billion in the 2023-24 financial year.

The Public Sector Wage is around 10,5% of the country's gross domestic product, GDP. The third highest as a percentage of GDP compared to 20 other major economies which really makes it one of the highest in the world. This places a strain on the government's finances. This could lead to funding being diverted from other priorities which put pressure on taxpayers who already bear a very heavy burden.

The important part of professionalising the state is whilst we strive to appoint more merit-based professionals while qualified and experienced for their jobs, we also need to take a knife to the salary wastage in the Public Service Commission Bill. We need to urgently start investigating Public Service Employee Benefits where wastage can be reduced especially on benefits on wastage such as ghost employees on the payroll, employees sitting at home waiting for disciplinary actions,

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employees who are overqualified and thus are paid for their positions but cannot adequately perform, employees who are doing business with the state and employees employed by the state whilst drawing SA Social Service Agency, Sassa, Grants at the same time.

A professional state service needs a culture of professional conduct and that will require us to not just proactively employ new merit-based professionals but also identify those public service members who are currently working against the professionalisation of the state.

Lifestyle and structural audits of departments should become a standard annual practice. Under the guidance of the Department of Public Service and Administration but with the mandate of the respective department to roll them out with serious consequences to those departments that do not comply.

Hon Deputy Speaker, the professionalisation of the state is central to the success of the GNU and South Africa as a state. We can forget about turning around our rails, our hospitals, our schools, our ports, electricity, crime, water and any government services and most importantly our economy and our unemployment figures. If the people that must do the work are

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not merit-based and suitably qualified professionals. If our goal is to grow the economy and to create jobs then the professionalisation of the state is the first important foundation that needs to be build before we can truly construct the South Africa we all deserve. I thank you.

Ms P P XABA-NTSHABA: Hon Deputy Speaker, as the ANC we are fully aware of the good work that public servants are doing. We also note those few who are not doing good. Following the Batho Pele principles, we encourage every government employee to work hard and with dignity for the people of South Africa. We also call on government to recognise the hard workers and the long serving public servants in government.

In conclusion, Deputy Speaker, I want to say to the hon member of the MK party, the hon Reddy, our Government of National Unity has vision with the people of South Africa that is why it has implemented the National Schools of Government to make it to be a capable state. Also, hon Deputy Speaker, there was an hon member who said our government is not doing any consequence management. I want to tell the hon member that our government if there are those found doing wrong in government there will be consequence management implemented by government. I thank you.

IsiZulu:

Ngiyabonga kakhulu, Mama.

Debate concluded.

**THE URGENT CRISIS OF UNEMPLOYED DOCTORS AND FRONTLINE MEDICAL
PROFESSIONALS IN SOUTH AFRICA AND ITS DEVASTATING IMPACT ON
THE HEALTH CARE SYSTEM**

SUBJECT FOR DISCUSSION (Dr T K S LETLAPE):

Dr T K S LETLAPE: Hon Chair of the session, I cannot imagine anything more devastating than studying and training for nine to 10 years or longer being ready to serve those that sacrifice for you to fulfil the dream of being a doctor or a nurse, or one of the many other health care professionals and not being employed. Despite the glaring need for your services and being told to go into private practice or emigrate. Hon members, when one of us says that and we stay silent. It means that we agree. It means all of us are running low on empathy and are devoid of compassion, not only for the young health care professionals but for the society they want to serve.

There can be no universal access to health care without well-trained, properly resourced health care professionals in

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adequate numbers. The essential frontline health care professionals are a soft target for methods to balance inadequate budgets that are poorly managed. Commonly, we hear of seculars from the administration and the Treasury to freeze vacant posts and not replace professionals in an essential area. This is an old and unethical cold practice that continues to devastate the sector. We have nine essential human resource areas that are constantly growing, in particular administration and political appointments.

There is a direct correlation in the increasing litigation against the health Department and awards against government with inadequate and inappropriate frontline health workers. The use of task shifting or sharing as a permanent feature of the health system is an abuse of a mechanism that is meant to be a temporary measure. We continue to do this because we receive our health care elsewhere. In many instances, we have we have many professionals practicing beyond the scopes that they are registered for to allow for shortfalls in appointing professional care.

We allow this to continue because we are not personally affected and frankly, we do not care. Why should we? We enjoy the protection of being on a special expensive medical aid,

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called Parmed Medical Aid Scheme based on a separate piece of legislation from 1975, promulgated at the height of apartheid. A year prior to the massacre of young students from Soweto. This is a medical aid dripping with the blood of our struggle heroes and heroines. We are willingly paying for a medical aid that takes care of our previous oppressors, including the legislatures and importantly, the judiciary that sent the likes of Solomon Mahlangu to the gallows.

We are the lawmakers but are incapable of extracting ourselves from this mess. We should collectively hang our heads in shame. I am from a party called Action SA whose policies state that as a public office bearer, I should use the health services from the public health care system. Until all of us do that, destruction of the public health care system will continue unabated.

The Portfolio Committee on Health has done one oversight visit to the North West in October last year. One of the glaring challenges is inadequate human resources in most, if not all places. We have vacancies in funded posts. The funded posts are usually less than the needed post based on staffing norms. Our health care professionals are understaffed, overburdened and burnt out. I am talking about the frontline health care

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workers. How, then do we explain not employing needed young health care professionals? How do we get to a point where our children go into professions needed by the nation? We send them on government programmes to study abroad. Some families do that on their own accord, and we tell them we do not have the duty to absorb them. This is the training promoted to meet a need at great personal and financial sacrifice. Skills needed by society and our children are told to go away.

Madiba emphasized the value of education to improve the lives of all and we are collectively rubbishising the value of education. It cannot be that the only way to get ahead in our country is to be a cadre, hope for deployment and score a tender. We have a collective responsibility to promote solidarity. A trained, skilled workforce and a legislative and an administrative environment that facilitates meaningful job creation. There can be no national health without sufficient well trained human resources.

It is the solemn duty of this Parliament to find money in the upcoming budget to employ the much-needed health workforce. Money can be sourced from the health formations levy. Doing away with Deputy Minister posts, diverting NHI conditional grants to fund employment, stopping adverts for NHI and

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employing our young people, diverting the tax subsidy from medical aid to fund human resources, introducing line budgeting for provincial health budgets to ring fence funds for human resources, drugs, essential equipment and maintenance.

There is an important subject if we want accountability and an improved health system, we need to make health and national competence. When you try and do unscheduled oversight our healthcare facilities are run like state facilities. The people that work in them cannot cry for help, cannot tell society what is happening in those. They get punished for doing their ethical duty of speaking up for the voiceless. We are prevented from entering these facilities to do our job of oversight.

Let us make the necessary legislative and constitutional arrangements to make health a national competence. We do not need 10 Ministers of Health. Besides the cost, it promotes nonaccountability. The National Minister of Health must be able to account not to tell us when we bring issues of society that that is a provincial competence. Those that cannot account are protected by political parties because they have oversight over the great sides of patronage. I appeal to us,

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as MPs to seize this opportunity to really deserve being described as honourable.

Any health care that we provide for our people, we should be prepared to consume that health care. National health is about restoring the public sector to its former glory, the one that gave the world its first heart transplant. These are our children; the people that use the public sector are our own. Let us pledge solidarity with them by going to those places, by creating a public health care system and recreating the public health care system that all of us can use at a personal level. I appeal to you, hon members, let us treat the matter of finding the funds to urgently employ our young people as an emergency. Our health care system is in crisis. I thank you, Chair. Do I still have time, Chair?

The DEPUTY SPEAKER: Sorry, no, we go on to the next speaker.

The MINISTER OF EMPLOYMENT AND LABOUR: Hon Acting House Chair, I've got an emergency here, I'm sorry about that my battery just wanted to die, I've been looking at it, and I did not see that it's dying. Good morning to you, hon Acting House Chairperson.

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The TEMPORARY CHAIRPERSON (Ms C Labuschagne): Good morning, you can continue.

The MINISTER OF EMPLOYMENT AND LABOUR: Good morning to the hon Members of Parliament and all South Africans that are watching us as we proceed with this debate. Please allow me because of the bandwidth to just hide my face, I see I have a problem with the network now. I rise before you today to deliberate on a challenge that strikes at the very heart of our nation's welfare, the urgent crisis of unemployed doctors and frontline health professionals in South Africa. This is a deep human crisis that affects the well-being of our people and the integrity of our health care system.

South Africa was being one of the most industrialised nations on the African continent. It remains one of the most unequal societies in the world, with about 16,7 million people employed. Moreover, the South African economy is faced with the high levels of unemployment currently standing at 31,9% or 7,9 million. If one was to include the discouraged group who are not in employment, education or training, that figure is set to be 45,5% or 11,8 million, as confirmed by the latest Quarter Four Labor Force Survey.

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There are two historic factors which account for South Africa's high unemployment. The first has to do with the intentional destination of present agriculture and the informal sectors' failure to play a more ... [Inaudible.] ... role. The informal sector contributes 6% to South Africa's gross domestic product, GDP in a typical global middle income country labour markets has 45:45:10 ratio of wage employed, informally employed and unemployed. For South Africa, this ratio is 50:16:34.

Since 2008, the GDP growth has been slower than in the labour force leading to rising unemployment. Every 1% of GDP growth creates about 130 000 new jobs each year, approximately one million individuals enter the South African labour market. Of these, only about 40% ... [Inaudible.] ... employment, 400 000 of them will be employed, 300 000 they will be employed anywhere and 300 000 will never be employed. Employment has been fluctuating in the second quarters of each year since 2017, with increases observed in 2019, 2022 and 2023, while other years experienced decreases. We also need to understand again that the issue of the surplus labour force occurs when the section of working population is not fully employed in productive activities or end up settling for low paid jobs because of low demand in the labour market.

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South Africa is facing a compelling challenge where 84% of the population, which is black and poor majority, is uninsured and depend on the public health care service, while 16% ...

[Inaudible.] ... white and those elites insured population is managed by the private sector through the medical aid, which is also partly subsidised by government, if I might not say largely. What is disturbing is that the insured to continue to overburden the public sector system once their medical aid funds get depleted. Unfortunately, the public sector ends up subsidising the private health care services a daylight robbery. There is disproportionate allocation of financial resources to health system in South Africa, 55% of the total health expenditure in South Africa is allocated to private health catering for the 16% of the population, and 45% goes to the 84% majority of the disadvantaged population.

The existing economic situation leading to increasing unemployment across the board has a huge impact on the Department of Health. The health care professionals that used to be appointed post internship and community services are no longer appointed in huge numbers like before, hence the outcry of the health professionals, and particularly the medical doctors. This is a general challenge for all health care professionals. However, let me emphasise that government keeps

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its obligation of ensuring that these health care professionals go into internship which is two years, and community services, which is one year, and thereafter are expected to seek employment like any other professional in the country.

Addressing these challenges requires a multi-dimensional approach that would encompass both immediate and long-term strategies, be it policy or targeted interventions. Allow me to make an example of disparities that existed before 1994, in the provision of health care services in the Eastern Cape. Access to health care services was discriminatory along racial lines and geographic location. When we as the ANC took over in 1994, we merged three systems that is Transkei, Ciskei and apartheid South Africa health systems into one. In the apartheid era, access to health services depended on where you were located ... [Inaudible.] ... the white minority population was eating buttered bread, while the black majority population were battling to even access the crumbs.

Expenditure on health care services to the black population who lived in the homelands was R55 per capita, while white South Africans had R591 per capita expenditure. The ratio of the doctors per capita was 1:282 for white South Africans,

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while for Africans it was 1:53 500. Those who don't want playing fields to be levelled are fighting tooth and nail trying to block the National Health Insurance, NHI.

We are grateful to the ANC for introducing NHI and the majority of South Africans who supported it during the public hearings. It is the struggles that were waged by the South Africans that led to this victory as envisaged in the Freedom Charter under the clause, I quote: "There shall be houses, security and comfort". The Freedom Charter envisaged preventive health scheme, and it said:

There shall be preventive health scheme that is run by the state, they shall be free medical care and hospitalisation, and that shall be provided for mothers and young children.

The Freedom Charter became the cornerstone of our most progressive Constitution in the world. Section 27 of the Constitution, under the Bill of Rights, dictates everyone has a right to have access to health care services, including reproductive health care. The goal of the NHI is to ensure equity and equal access to quality health care services based on health needs and not on affordability. In fulfilling the

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constitutional mandate, we are guided by the wise word of the President Nelson Mandela, who said, I quote:

Health care cannot be a question of income it is a fundamental human right.

Then ANC made it its policy for health professionals to go for two years internship and one year community services for doctors in order to expose them to experiential learning and world of work. The ANC ... [Inaudible.] ... Freedom Charter claims that the doors of learning and culture shall be opened to all. The access before 1994, to universities was limited for black South Africans in particular doctors. Before 1994, under apartheid, a ratio of 1:10 black South African had access to higher education compared to post-1994, where access has now led to black students, approximately 70% of the student population to South African universities.

Due to scarcity at the time the ANC government made it compulsory for doctors and health professionals to go through a two-year internship and one-year community services. This has unfortunately created a legitimate expectation. It has since become a challenge for government to absorb them due to many factors, one being the number of those who qualify and

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the sluggish economic growth. The situation of the GDP debt ratio and the debt servicing gross pose a challenge for government in finding ethics priorities of government like health.

There is umbilical cord relationship between health workforce, healthy population and economic growth, which will be amiss of government to focus on economic growth and neglect provision of health care services. The National Development Plan affirms that inclusive growth must fit our health care as a vital component of our economic trajectory.

The recent decision by the United States, US, President to suspend US aid to South Africa has caused a strain. We acknowledge and congratulate the intervention of the Minister, Minister Motsoaledi, to salvage a situation through alternative means. In his recent state of the nation address, His Excellency President Ramaphosa applying measures to combat unemployment, including expanding the NHI Framework which promises thousands of new health care jobs if executed effectively, strengthening employment takes incentives to encourage both public and private health care employers to hire young professionals, investing in skills development so that graduate have the clinical and administrative expertise

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to thrive in the workforce, upgrading job matching platforms like the employment services of South Africa, which is overseen by the Department of Employment and Labour.

The revised Employment Tax Incentive, ETI, guidelines 2024-25 from the National Treasury, likewise give higher deductions to hospitals that employ newly qualified health care practitioners. Additionally, there is some modernisation project as detailed in our annual performance plan, APP, as a Department of Employment and Labour will ensure and improve technology driven approach to matching unemployed doctors with available positions. One of our greatest hurdles is segmentation of efforts across the ... [Inaudible.] ... government departments to resolve this crisis of unemployed doctors and frontline health professionals. We need a comprehensive health workforce employment plan.

The employment services of South Africa must become the go to platform for connecting unemployed health professionals to real time public and private employment opportunities referencing the Department of Health Human Resource for Health Strategy 2030, and our own comprehensive employment framework under the strategic plan 2024 to 2029. We will certainly ensure seamless co-ordination. The administrative

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simplification task team within the Interministerial Committee on Health will help overcome the procedural barriers to stand in the way of more efficient recruitment. They'll hold the following mandate overseeing fair labour practices, job creation and economic transformation.

We hold the following mandate regulation of labour market to guarantee fair and safe working conditions for our health care personnel, administering public employment programmes, ensuring expansion into critical sectors like health, overseeing ... [Inaudible.] ... the critical link between matches health care professionals to job opportunities and managing the ... [Inaudible.] ... extending financial support to those between jobs, including medical ... [Inaudible.] ... in transition. Looking ahead, we intend to establish the ... [Inaudible.] ... health care employment task force to develop an implementation of a sustainable solution for unemployed doctors.

In conclusion, Acting Madam House Chair, colleagues and fellow South Africans, the crisis of unemployed medical professionals demands our immediate attention. Our health care facilities cannot continue to be understaffed while qualified doctors sit idle. It is both a moral and practical imperative that we must

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act on, not just as public sector, but including the private sector.

As a Department of Employment and Labour, we stand ready to spearhead this mission working hand in hand with the Department of Health and possibly the private sector and other institutions of relevance. Our strategic plans, annual performance plans and the National Development Plan, all reinforce our dedication to eradicating unemployment true unity of purpose and decisive action. Let us move beyond discussions and put these plans into practice, so that every trained medical professional can serve where they are needed the most, thereby strengthening our health care system and taking a vital step towards a more equitable and prosperous South Africa. I thank you, Acting Madam House Chairperson

The TEMPORARY CHAIRPERSON (Ms C Labuschagne): Thank you very much, hon Minister. We now proceed to the next speaker.

However, we did not receive a name for the MK party, but is there a speaker for the MK party?

Mr T L MONTANA: Hon Chairperson, I speak on behalf of the MK party. It is Mr T L Montana. Can you hear me Chair?

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The TEMPORARY CHAIRPERSON (Ms C Labuschagne): Yes, I can hear you. Proceed hon Montana.

Mr T L MONTANA: Chair, just listening to the opening statement by Dr Letlape, there is no doubt that we only not face a crisis and not a crisis of unemployed doctors, but a national catastrophe. I think that there is no better person who would bring this to the nation like Dr Letlape, a health care professional himself and a leader in that space. I am glad that he has taken this opportunity not only to serve as a conscience of all of us in Parliament, but I think has put a clear call for immediate action.

Hon Chairperson it is quite clear from what he is saying that there is an opportunity in the next coming weeks to address this issue in a clear and a direct way.

I must say that I am disappointed listening to the hon Minister where we talk about the kind of task teams and what could be done. There is no doubt that since 1994, and in fact since the passage of what we call Money Bills we have not had any change. I think as Members of Parliament we should unite across our party lines and beyond and make sure this time around when Budget is presented, we have discussions and

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really push and make sure that the budget that Dr Letlape called for is made available.

I am disappointed that the Minister makes a statement which I think is part of the problem when she said after community service doctors like any other person can then start to look for work. That is part of the problem. We think that we should change the causes of part of why we face this crisis. It is because South Africa continues to do the same even where we see that there are no results. We see that we are not making changes.

So, I think that the hon Minister should realise and engage with her Cabinet colleague the Minister of Health that we actually need a standard that for doctors in particular, that are guaranteed of an employment. And I think that the public sector has facilities and resources to be able to do exactly that. In fact, investment in health care, education and infrastructure is perhaps the most important task of any state, yet we are failing that fundamental task.

Earlier on we were lectured about the transformation and the professionalisation of the public service, yet when we come to the action, the very same people who gave us lectures about

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the professional, ethical public service are the ones denying young people the opportunity to serve their country. Ensuring that we improve not only on the health of our own citizens but on the life expectancy inline with universal standards.

The majority of public servants we know that are made of doctors, nurses and the police yet there has been so much focus on a small section within the public service. I understand when there is frustration about cadre development, corruption and the concern about wastage.

However, I think that we need to go back to the basics and make sure that in the coming two weeks we do not only call for the upliftment of the moratorium on employment on those posts starting with funded posts. When the Budget come before us, we need to make a clarion call and make sure that all those funded posts for doctors are filled immediately. We need to ensure and push back against the budget cuts and the austerity measures that are destroying our health system, the health infrastructure, the hospitals, the clinics, even the very goals of the National Health Insurance or universal access and primary health care will not be realised.

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The Minister spoke about the Freedom Charter and how it makes health a right and not a privilege. She stated that the Constitution. Enjoins us to act. However, I think that we are failing to do what is right. It is quite clear to some of us that the government is afraid to take direct measures. The Minister comes as a member of the executive, and she tells us of how they are subsidising the private sector. However, that is within your control hon Minister. That is for you to take the direct measures that we require.

Most importantly, I think that when we talk about addressing the health challenges it is not only about medical aids and not only about shifting to primary health care, it is to ensure we take the right policies to shift the burden on the health system and allocate the risk or burden where it is coming from. For example, we see alcohol placing a huge burden on the public health system. There is no immediate action to address that. We see the issue about sugar, and we know that there is tax sugar that we see is not also quite balanced to realise some of the objectives that we have set. We have seen road accidents - now it is very important that our policies should ensure that we do not subsidise those that should not be subsidised.

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Most importantly, I think that the ANC-led government or the Government of National Unity, GNU, should have the courage to take on the private sector on the resistance that we see. Some of the lectures we heard this morning was that we need to bring the best people from the private sector, yet we can see even the resistance within the implementation of the National Health Insurance is coming from the private sector because they want to continue with the model where we subsidize.

Finally, I think it is the matter we have been discussing in the MKP the issue of the expensive medical aid for Members of Parliament. The hon Minister of Health did raise the issue that we are sitting as the privileged few enjoying the rights that majority of the people do not enjoy.

In closing Chairperson, we are coming to a point where something will give the youth of our country are now on the edge if Dr Letlape referred us to the 1976 that the system is built on the blood of the 1976 generation. The current generation have lost confidence in the political process and the system we have because is denying them of the most basic things the dignity and the livelihood that they are entitled to. Thank you, Chairperson.

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Mrs M O CLARKE: Chairperson, we stand here today to address an urgent and devastating crisis. The severe shortage of doctors and frontline medical professionals in South Africa. This is not merely an administrative inconvenience. It is a national emergency crippling our public healthcare system, leaving millions of vulnerable South Africans without access to basic medical services.

Our doctors, nurses and pharmacists, the backbone of our health care system are being forced into unemployment, pushed into the private sector, or driven to leave our country altogether. Meanwhile, communities across South Africa continue to suffer due to understaffed hospitals, overcrowded clinics and a healthcare system stretched beyond its limits. This is an unavoidable tragedy. Yet our government has chosen to turn a blind eye to this dire situation.

As of April 2024, the national vacancy rate of medical officers stood at a shocking 14%. This is not just a statistic. It translates into real suffering for our people. Provinces such as the Free State, North West and Limpopo are among the worst affected with some hospitals and healthcare facilities in a state of near collapse due to unfilled vacancies.

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Chairperson, while thousands of qualified medical professionals stand ready and willing to serve, government hospitals continue to operate without sufficient staff. The Motherwell Clinic in Eastern Cape and the NU 8 Clinic was forced to shut down its doors due to staff shortages. How many more clinics and hospitals must be closed before this government acknowledges the depth of this crisis?

Despite these shocking realities, what is Minister Aaron Motsoaledi's response? Excuses about budget constraints, indifferences and unwavering obsession with the National Health Insurance scheme, a billion-rand project that remains far from implementation and riddled with fundamental flaws.

Let us be clear, this crisis is not due to a lack of medical professionals. It is a result of government that refuses to prioritise frontline healthcare workers. It is about a health Minister who is more concerned about political grandstanding than ensuring that our people receive quality healthcare.

Last year alone, only 60% of doctors who completed their community service were appointed into government posts. The remaining 40% were abandoned by the system. Some managed to find positions in the private sector, while others faced

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unemployment and were forced to seek opportunities abroad. This is an outright failure of governance.

I challenge every member in this House to visit a government, hospital or clinic today. You will witness overburdened staff struggling to treat long queues of patients, emergency rooms filled beyond capacity and operating theatres standing empty due to lack of available doctors. Pregnant women are turned away from maternity wards due to the staff shortages. Cancer patients wait months, sometimes years, for life saving treatment. Rural communities already struggling with inadequate healthcare services are left even more vulnerable. The people who suffer the most are the poor, the elderly, the sick and the children who rely on government health care as their only option. This is not just a crisis; it's a betrayal of the constitutional right to health care.

Fellow South Africans, we cannot allow this situation to continue. The DA believes in healthcare systems that work for all citizens, not just the privileged few. We propose practical solutions to immediately alleviate the crisis and restore our healthcare system. Fill the vacant posts now. Thousands of trained medical professionals are eager to work. The Government must urgently allocate funds to hire them and

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place them in hospitals and clinics where they are needed most.

We will submit parliamentary questions demanding a full breakdown of existing vacancies and the reasons they remain unfunded. Decentralised healthcare management, provinces and hospital boards must be given greater autonomy to manage their own budgets and hire medical staff based on immediate needs.

The centralised bureaucracy system is failing our people. Cut the bloated bureaucracy. Millions are wasted on unnecessary administrative costs while doctors and nurses remain unemployed. We need fewer government officials sitting in offices and more health workers on the ground.

Chairperson, this crisis is not just about numbers or statistics, it's about human lives, and therefore we say, scrap the National Health Insurance, NHI in its current form. The NHI is a pipe dream that diverts attention and resources away from urgent healthcare needs. We must focus on fixing the current system before embarking on costly and unrealistic reforms, create more training and internship opportunities. Every medical graduate should be guaranteed placement for internship and community service. Our healthcare system cannot

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afford to lose even a single doctor due to mismanagement and lack of planning.

Every vacant post, every unemployed doctor, every neglected hospital is another step towards a collapse of our healthcare system. We cannot and will not remain silent while millions suffer due to government inactions. The DA will continue to fight for accountability, urgent policy changes and healthcare professionals who are dedicating their lives to serving South Africans.

We call on all citizens, civil societies, organisations and medical professions to join us in this fight. We will not allow Minister Motsoaledi to gamble with the lives of our people. South Africa deserves a government that values its doctors, prioritises its patients and delivers real meaningful health care reform. That is the future we are fighting for. I thank you, Madam Chair.

Ms P R MAILOLA: Chairperson, at the beginning of this year, the Minister of Health indicated that the country had no money to hire any more doctors for public service in this country. This was in the backdrop of the South African Medical

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Association having raised concerns about the plight of about 1 800 junior doctors who were unemployed in this country.

To put this in context Chairperson, the World Health Organisation, recommends a doctor to a population ratio of about 2,5 doctors per thousand people. South Africa currently has about 0,3 doctors per thousand people. This, in a country where about 85% of the population depends on public health care, and only about 15% have medical aid, which allows them to access private healthcare.

Chair, in an exercise the EFF did in 2018, when we declared that year a year of public healthcare, we found that the country has a shortage of about 18 000 nurses, 2 250 doctors, and 150 dentists. Almost 3 000 of these shortages were in KwaZulu-Natal where oncology services had collapsed at the time.

Hospitals such as Odi Hospital in Pretoria had mortuary fridges that had been dysfunctional for 10 years. I'm highlighting these challenges to demonstrate that these challenges are not new. They have their genesis at the gross mismanagement of the country under Jacob Zuma and now at the

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most clueless management of the country's priority under Mr Cyril Ramaphosa.

What this gross management of the country's affairs means is that every single day, as millions of the elderly and the sick visit this country's clinics, they will not find suitable qualified doctors to look after their health needs. The situation becomes more acute in rural areas. There are simply no doctors in these areas and the few that are there are struggling to make ends meet. This, Chairperson, is the product of political choices made by the leadership of this country at various stages over the past 30 years.

The austerity measures adopted by the Ramaphosa regime have ensured that we do not have sufficient budget for our doctors, teachers, the army, crime fighting and general public service provision. Our soldiers are dying in the Democratic Republic of Congo because of this. Our teachers are being retrenched in the Western Cape and elsewhere because of this, and obviously our hospitals are overflowing with patients who cannot be attended by doctors because of this.

This is a very misguided policy direction because we cannot solve this country's problems by cutting back on public

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spending for the common good. The most tragic is that we are not producing nearly enough doctors to deal with our population's health needs, but we are not even able to employ those we have circulating in our system. At a time when our nation requires skilled and dedicated healthcare workers more than ever, we are witnessing a tragic paradox in which qualified doctors and frontline workers are struggling to find employ.

This not only undermines the efforts to provide quality healthcare services to our people but also leads to a waste of precious human capital. The ripple effects of this crisis are far reaching and profound. Patients are left without access to time and adequate educational care, leading to unnecessary suffering and even loss of life.

Chair, our healthcare facilities are understaffed and overburdened, compromising the quality of services and putting further strains on an already struggling system. The morale of the healthcare workers is dampened as they witnessed the stark reality of colleagues facing unemployment despite the experience and commitment. Thank you very much, Chair.

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Ms N H MHLONGO: Hon Chairperson, the IFP is deeply concerned about the growing crisis of unemployed doctors and frontline medical professionals in South Africa. It is both inhumane and unacceptable that, while our public hospitals are understaffed and overwhelmed, qualified doctors remain jobless due to government inefficiencies and budget constraints. Every year, we produce world-class medical graduates, yet they are cast aside, due to the budget shortfalls and bureaucratic inefficiencies.

According to the South African Medical Association, at least over 1 800 medical graduates were left without internships or community service placement, as of this year, leaving their future uncertain. The health department's failure to create sufficient posts means that even highly qualified specialists are left without employment. This crisis is crippling our already struggling healthcare system.

In our manifesto, we acknowledge the critical shortages of healthcare professionals, including doctors, nurses, and support staff, particularly in the rural areas. As patients wait in endless queues, rural clinics remain without doctors, and avoidable deaths continue to rise. In provinces like the Eastern Cape and Limpopo, critical shortages of medical

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professionals have led to hospitals functioning with minimal staff and putting patients' lives at risk.

This compromises the quality of care, leaving vulnerable populations with inadequate medical attention. We strongly advocate for the immediate employment of unemployed and trained healthcare providers to ensure that every citizen has access to the care they deserve. Additionally, improving working conditions for all healthcare workers is a key component to our vision.

By ensuring that healthcare professionals have the resources, support, and the environment they need to work effectively, we can improve retention rates and prevent burnouts, ultimately leading to better healthcare outcomes for all South Africans.

The IFP demands urgent intervention. The department must immediately allocate funding to absorb unemployed doctors, review hiring policies, and decentralise recruitment to provinces. Health is a right, not a privilege. If we fail to act, we are failing the people of South Africa. I thank you.

Afrikaans:

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Mnr P A VAN STADEN: Agb Adjunkspeaker, in Januarie vanjaar het die Suid-Afrikaanse Mediese Vereniging 'n ope skrywe aan die President gerig, waarin hulle die President versoek het om die werkloosheidskrisis onder gekwalifiseerde medici dringend aan te spreek.

Die vereniging het die President gewaarsku dat, indien die krisis nie aangespreek word nie, dit tot 'n verdere verlies van mediese personeel na die private sektor gaan lei, sowel as immigrasie en uiteindelik die totale ineenstroting van die openbare gesondheidstelsel.

Elke jaar word die VF Plus oorval met klagtes van mediese studente, wat moet aanmeld as mediese interns, maar wat nie deur die staat geplaas word om hul internskap te voltooi nie. Dit gebeur terwyl ons publieke hospitale regdeur die land ernstige tekorte aan dokters het.

Die jaar 2025 was geen uitsondering nie en vanjaar is 1 800 junior dokters, wat hul opleiding voltooi het, tans nog werkoos. Alle aanduiding is daar dat Suid-Afrika lank reeds in 'n krisis verkeer.

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South Africa's number of doctors per population is currently at 0,3 doctors per 1 000 people, this is while the World Health Organisation recommends a 2,5 doctors per 1 000 people. Yes, we need funds to appoint doctors and other frontline medical professionals.

And yes, indeed, budget cuts have a huge impact on this, but whose fault is it that we are in this crisis? It is a crisis that I and the FF Plus have warned against for the past six years in this very same Parliament. It is clear that the Minister of Health is not capable of leading this department.

It is clear that the Minister's priorities are not aligned, and completely wrong. Since April 24, this department has spent over R3 million per month on advertising costs for the NHI. What a waste of money! That amounts to R28 million from April 24 to February 25.

There is more. The Minister himself admitted to the FF Plus during a portfolio committee meeting in October last year that the R89 million that was spent on NHI advertising campaigns in previous years, and I quote: "... was mostly a waste of money and the expenditure did not offer the value for money."

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The FF Plus is of a view that this money could have been better used, given public hospitals decay and dysfunction, the lack of medical staff, ambulances, doctors and nurses. Our pharmacies are empty, essential medical equipment is missing and there is a shortage of beds and water.

Afrikaans:

Die Minister en die ANC moenie kla oor die US Pefpar-fondse wat gestaak is nie. Ek het in die vorige komiteevergadering gesê dat ons ons huis in orde moes kry en self ons eie fondse opgebring het. As die Minister en die departement se prioriteite reg was, het ons nie nou in hierdie ernstige krisis gesit nie.

Dit is nie die Amerikaners, President Donald Trump of apartheid se skuld nie, maar dit is absoluut die ANC se skuld. Dankie.

Adv S SALIE: Hon Chair ...

Arabic:

As salaamu alai kum [Peace be upon you.]

English:

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And good morning.

Arabic:

Wa rahmatullhi wa barakatu ... [And Allah's mercy and blessing.]

English:

... to our viewers. House Chair, firstly, how serious are we in South Africa to the right to healthcare, which is a fundamental right enshrined in our Constitution. We are indeed 30 years into democracy, the most unequal society, with the type of service we receive, is dependent on our social economic standing. Majority of people in South Africa are dependent on public healthcare services. We, who are working on the ground witness over the years, the long queues, the lack of infrastructure, lack of medical staff and exhausted medical staff. Our medical professionals are overworked, underpaid and abused. A crippling shortage of medical professionals resulting in a healthcare system that is collapsing under the injustice of many years in our democracy, yet we have 2 000 qualified medical doctors alone without work, and an estimate of 20 000 nurses.

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Budget constraints, corruption, mismanagement of funds continue to play every sector of government, leading to poor infrastructure, lack of funds, lack of crucial filling of positions, and in this case, the need for absorbing the unemployed doctors into hospitals.

We have a growing population, yet no foreseeability in crucial sectors in need for more frontline staff. We know that private institutions have more resources than public hospitals. We know there's a fight back against the National Health Insurance, NHI, but it is imperative that we comprehend the right of healthcare and place the right to health and life first and dignity in the forefront.

As we sit here today, I personally know of doctors and nurses who have left at all leaving this country. Years of studies and sacrifice and money paid, but no other option but to leave for overseas, where the services and hard work will be appreciated.

South Africa is currently at an estimate of one doctor to 3 000 patients in places where it's supposed to be at least two to a 1 000. According to statistics, it's even worth studying medicine anymore. We value the airport and Eskom more

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than we value our doctors. How many sectors have been bailed out financially, yet we find in our country, we cannot put the people of our countries rights to healthcare first.

We are incapable of valuing the health and life of others. We have a society with an increased level of gambling and we even gamble with the lives of our most vulnerable people. The Minister of Finance and Health and all stakeholders need to ensure they make serious efforts to allocate extra funding to the sector, and specifically to the employment of frontline workers in areas where it is most needed. Stop the suffering and humiliation of our people who suffer as a result of the failures within our healthcare sector, our failure within government.

On an urgent basis, this matter needs to be attended to, and unemployed doctors, nurses and other medical staff be employed. We cannot negotiate with the lives and health of the people of our country by ignoring the fact that we do have available doctors and nurses but refused to employ these individuals. What happened to the government's Ten Point Plan Programme 8 to holistically improve the healthcare services. What happened to foreseeability and accountability? Hon Chair, I'm very concerned that this is just another tick box exercise

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today and that we're not going to see any positive efforts being made forthcoming. Thank you.

Dr K W D LE ROUX: Hon Chair, I thank the hon Dr. Lehlape for calling this debate. I am sure that every South African must be flabbergasted to hear that despite our desperate need for doctors and other healthcare workers in the public service, there are nearly 1 800 to 2 000 young doctors and pharmacists who are unemployed, a significant proportion of them having just completed their community service at the end of 2024. What has caused this unprecedented situation and what can be done about it? For context, let me take you back to 1994, when the community service here was first introduced. At that stage, only for doctors under the then Minister Nkosazana Ndlamini-Zuma, it was intended to retain doctors in the public service for an extra year post internship to mitigate doctor shortages, especially in underserved and rural areas.

The legislation was amended so that all South African doctors are required to acquire community service before they are able to register as independent practitioners, with the Health Professions Council of South Africa, and though a proportion of doctors have every year move straight into private practice once their community service was complete, the majority have

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always chosen to stay in the public sector to gain further experience in different disciplines and also to specialise. On the whole, due to previous shortages of doctors and a surplus of posts that different Provincial Departments of Health have over the years have been able to absorb most doctors who wanted to remain in the public service after completing their community service. Understandably, and due to these doctors' shortages, the Department of Health has especially since 2011, worked closely with South African universities to increase the number of university graduates and also a bit more controversially, significantly increased the number of students training as doctors in Cuba over this period, with 650 returning to South Africa in 2020 and 1 291 in 2021. As a result, the number of first year internship posts required for new graduates have increased by 61% between 2017 and 2020 from 1 476 to 2 369, which dominates into second year internships and community service posts.

And though some funding has been allocated to compensate for this increase in numbers through the human resources training grant, it has not been enough. Instead, medical officer posts intended for post community service doctors have in some provinces been converted into community service and internship posts, which means that when junior doctors complete their

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community service they can no longer be absorbed into posts as before and instead medical officer posts in the public service have become as rare as hen's teeth. When posts do become available and are advertised, there are usually dozens of qualified applications for a single post. The situation has been exacerbated by the school situation in most provinces lower than expected budget increases and unhelpful austerity measures with cuts are performed using a bazooka rather than a scalpel. A good example of this is that in many provinces posts that are unfilled at the end of the financial year are simply frozen, even if this is a critical post for emergency unit doctors or ICU nurses and applying to unfreezing posts can be extremely difficult or even impossible.

The sudden dramatic increase in the number of medical students graduating that I illustrated earlier combined with what appears to have been inadequate planning in budgeting by the Department of Health has been at the route of this current crisis of unemployed doctors. This has been exacerbated by fiscal crisis and budget that have start shrunk in real terms.

The DA has deep sympathy with the unemployed doctors and other healthcare workers who may need to find work in the private sector first forced overseas, even if they would prefer to

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stay in the public sector. This means that hundreds of skilled South African doctors whose expensive education has been subsidised by South African taxpayers, as well as the provincial bursary holders whose tuition has been fully covered by provinces but who have now been released from all the obligations of their bursaries, will be lost to the public sector and may even relocate overseas permanently. What can be done to help these doctors and make sure that they are able to serve in the public facilities where they are so desperately needed? Several hon members have suggested that we stopped subsidies for South African who are on medical aid, but this will be massively out pushing more people into the failing public sector, where they will actually cost the government more than if they stay in the private sector and get small subsidies.

There has also been a suggestion in some provinces, like the Eastern Cape, that we should replace community overtime with the shift system, thereby employing more doctors. But again, this will be prohibitively expensive. Our suggestions are the following: Firstly, critical posts that have been budgeted for when then frozen due to doctors leaving too close to the end of the financial year need to be reopened urgently and advertised. Secondly, the Department of Health needs to

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carefully review the Community Service Programme to consider whether it is still required. Even the most rural hospitals now have a queue of doctors applying for available jobs. Ending the community Service Programme would open up more than 2 000 medical officer posts for unemployed doctors by the beginning of next year and make those posts available to all unemployed doctors, not only those who have just completed their internship. Thirdly, an urgent spending review must be performed to identify all non-critical expenditure. Like for example, R30 million has been spent on advertising the NIH and could have employed at least 30 doctors as well as any wasteful and irregular expenditure such as the oxygen plant tender of more than R400 million that was given to a company without SA Health Products Regulatory Authority, SAHPRA, registration or the full R585,000 spent over 2 years to accommodate the COO of my old hospital in Eastern Cape, in hotels in Umtata when free accommodation was available. This money should be shifted to open critical up critical healthcare posts. Finally, for the medium term, the Government of National Unity, GNU, needs to prioritise growth and jobs, which will increase tax revenue and health budgets by simplifying regulations, relaxing onerous labour laws, getting rid of job killing and corruption, inducing black economic empowerment, BEE, that harm our economy. We need to act

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urgently to find funding to allow us to employ as many of the unemployed doctors as we can. Anything else would be an enormous loss for our country. I thank you.

The MINISTER OF HEALTH: Hon Chair, needless to say, this is a very, very important debate because the sector that we're talking about, our lives depend on it because healthcare is a right and that's why we put it so in section 27 of the Constitution.

In my party, we didn't only start there. We started in 1943 when we put the African Claims. One of the things that was said there, if you read that document, is exactly what must happen to healthcare system.

In 1955 it was again put in the Freedom Charter to the effect that healthcare is a right, and a right cannot be sold with money; it needs to be given to people as a right.

Chair, I was hoping we'll call this debate to call for solutions, and I'm quite happy. And to be fair, Dr Le Roux did try his best and I agree with him on quite a number of things, on what the solution should be.

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Unfortunately, other members chose to play politics on this matter and score political points. And I'm really forced, unfortunately, rather than just giving you the correct facts, but also to correct those distortions that have been put into this debate.

The first distortion is what appeared in *The Citizen* newspaper when the first group of doctors marched, about me saying people must migrate and go into the private sector, etc. That's not what I said. I was describing the situation as it works and I want to take this opportunity to describe to you, now, how it works at the present moment, not what I want or not whether I support it, but what is working at the present moment, which we want to change, by the way, in the National Health Insurance, NHI, Act, which some of you are also attacking.

How the system works is that when you finish medicine you have got to do an internship. And during my time an internship was one year. It was subsequently increased to two years to expose students more to practical work. Without internship, you can't go anywhere, you can't do anything, you can't work, you can't ... in other words, you will just have a certificate, because

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internship is part of training. For that reason, internship is statutory. It means we are forced by law to implement it.

Now, I heard some people here quoting about interns who have got no job. Hon Mhlongo, from IFP, I want to correct you. There is no intern who is left ... intern doctor is left without a job, because then we will be breaching the law of the country.

So, this year a total of 2 197 newly qualified medical graduates, who are citizens and permanent residents, were successfully placed for internship positions; all 2 197 at the cost of R2 176 536 940. They are fully placed, and that is the first step in the medical field.

The second step, which has been explained here again by Doctor Le Roux, was that when Doctor Nkosazana Dlamini-Zuma became the Minister, the first Minister after apartheid, she realized that many doctors chose not to go and work in rural areas because there were posts everywhere and there was no problem with the budget. So, the choice was very wide and the choice was always in the cities. She then introduced community health service for one year, which also became statutory that all doctors have to do community service. Because her aim was that

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in every hospital in the country there ought to be a doctor, which was not the case during my time. I worked in many rural hospitals. There are hospitals where I worked alone, literally, and I can give you the names, you can go and check. In order to cancel that, she introduced community service.

Now, this year, 2 424 doctors were put on community service. All of them, who have completed their internship because this is statutory. They were placed at the cost of R3 161 999 827 and they are doing the job, as I am saying now.

Now, I went further, the distortion that was put in *The Citizen*, I went further and said after community service then the statutory role ends there. I'm not the one who came with that law, it's like that. The statutory role ends. Then provinces must advertise positions for doctors, for nurses, like they advertise any other job ... is too ... is like that, and people must apply.

Earlier on, in my first stint at health we used to have problems even with this system. In the Eastern Cape, where even with posts available, doctors were not going there, because they've completed community service, they prefer to stay and look for jobs elsewhere.

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Now, what I was describing is: What does the law say after community service? After community service you are a fully qualified doctor. You can stay in the public service if there is a job there, which has been advertised. You can go and work for a private sector entity, if you so wish, some work for medical aid schemes, others for pharmaceutical companies, etc. And I mentioned that others go to work overseas, not migrate. They go and work. And it's not something that we encourage.

This matter of doctors leaving their countries to go and work overseas was debated many times in the World Health Assembly in Geneva, under the auspices of the World Health Organization, WHO.

I, personally, in 2012, hon members, went to the United Kingdom, UK, to negotiate with the Minister of Health to, please, stop recruiting nurses from South Africa because the recruitment was severe at the higher salary, which we do not have; which we do not have. At that moment there were 1 800 nurses from South Africa who were working in Britain and they released them and left with 86 after negotiations.

So, the issue of doctors going overseas is just a process that has been there, and I was explaining it, that after internship

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the law allows you to go there, whether you go or not is another story, but the law allows you to go there, definitely.

So, after you have completed you do internship, it's statutory, you can't do anything without it. Then community service was introduced, it's statutory, you can't do anything without it. That's why we employed all of those. But after community service, there is no longer statutory requirements. Jobs have to be advertised as they come and you apply.

And the problem is in the past there was no shortage of budget. There was no shortage of budget that's why people thought it was an absorption. And all I was doing was to explain that, legally, there is nothing called an absorption once you finish community service. And I was not saying we must throw people away. I was giving the framework of what happens, which has been happening for ages.

And Doctor Letlape, having been in this profession, knows better. And my heart is painful that he's the one who is coming with these allegations, when he knows exactly the situation. Apart from being a doctor, he was in charge of the situation, having been the President of the Health Professions

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Council of SA, HPCSA. He knows very well that what I was outlining is what happens now.

Now, let's come to this issue of us having to solve the problem and not needing NHI. Colleagues, I was not going to talk about NHI today, but you are forcing me, you provoked me. NHI is not a vantage healthcare system which we implement when we have got enough doctors, enough nurses, good hospitals, no.

The World Health Organization, consisting of experts who live, breathe, talk, eat, sleep and study health, came up with what they call the six building blocks of the healthcare system, that the healthcare system cannot work very well without those six building blocks. And one of the six building blocks is health workforce and the other one is healthcare financing. I will leave the others because what we are debating today is health workforce and financing.

The World Health Organization realized that all the other building blocks, including the adequacy of the health workforce, including countries not meeting the prescribed doctor-patient ratio, they then said, look, the problem is the way healthcare is financed in many countries, which is worse in South Africa, healthcare is financed in favour of the rich,

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not the poor. Is financed in favour of the rich and that's why we'll have a problem with health workforce on the public side.

What am I talking about? Today, hon members, the World Health Organization has recommended that if a country spends 5% of its Gross Domestic Product, GDP, not budget, this is not a budget because the wealth of the country is not controlled by the budget only, they talk about the GDP and say all countries must do that so that citizens must live a better life. They said 5% of the GDP on health, you are likely to have a good healthcare system, employ doctors, put up buildings, don't have overcrowding etc.

In South Africa we are already at 8,5%, which is ... 8,5% of the GDP is what? It is R750 billion ... I mean R570 billion rather; R570 billion, pardon me please. R570 billion is what ... is the amount of money spent on health in South Africa. More than half a trillion rand. There are not many countries which are at this level. European countries are at 9%, so, we're not far from them.

So, what's our problem? People here mention inefficiency, corruption, mismanagement, etc. I'm not going to challenge those things because they happen. But they leave the big

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thing, the biggest elephant in the room, that this huge amount of R570 billion, how it is spent is that 51% goes to only 14% of the population and the remaining 49% must go to 86% of the population, who are mostly black, I must state, who are mostly black. Because in this 14% of the population, who are spending a whopping 51% of healthcare expenditure through medical aids, in them it represents only 10% of blacks.

That means for medical aids, having been there for the past 50 years, up to now they cover only 10% of the black population. In the white population they cover 72%, that's why people are fighting NHI.

We are fighting here for the right of our people to equality, that you can't have only 10% of a huge black population spending only 49% of the total expenditure. And have 14% of the population in which... which covers 72% of the white population spending this 51%, it can't be. There will be overcrowding, of course. And it will always be there.

What do I say if I go to a private hospital? I'm not going to name it today because I'm not fighting it, which has got 56 gynaecologists alone there, because there's a lot of money there, it's part of this 51% of the expenditure. Fifty-six

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gynaecologists in one private hospital, it's more than the total number of gynaecologists in the whole of Mpumalanga, Limpopo and North West, all added together. One private clinic has got more people than them because the money is going there.

Yesterday I gave you a challenge and I'm still giving it. That this 51% of the total healthcare expenditure, which people insist is private, which is not, R70 billion of it comes from the fiscus in the form of subsidies of everybody who's working for the state, who's on medical aid, starting with Members of Parliament, judges, teachers, police and everybody who's working for the state, who's in the public service, who draw their cheque from the fiscus, they are entitled to R70 billion. Do you know how much you can do with that amount?

Then ...

The TEMPORARY CHAIRPERSON (Ms C Labuschagne): Hon Minister, your time has expired. You can finish your sentence please!

The MINISTER OF HEALTH: Okay. Then there are people who are on medical aids, those who work for everybody, they get 33% tax credits, that's R103 billion. And you come here hon Clark and

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complain to me about R28 million for advert of NHI ...

[Interjections.]

Mr T L MONTANA: But you are Minister. Hon ... you are the Minister. You've told us these facts, we support you but ...

The TEMPORARY CHAIRPERSON (Ms C Labuschagne): Hon Montana, you have to ... [Interjections.]

Mr T L MONTANA: But the Minister is repeating what he has told us, we support him. He must tell us how do we solve this problem ...

The TEMPORARY CHAIRPERSON (Ms C Labuschagne): Hon Montana, please ...

The MINISTER OF HEALTH: I put it on the table that we need NHI ... [Interjections.]

Mr J S NGUBANE: Don't be chaotic there. Allow the Minister to respond ... [Interjections.]

The MINISTER OF HEALTH: ... so that there is equity, so that there is equality. Thank you very much.

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Dr T S K LETLAPE: Chair, I think for me ... I just want members to understand that we have a crisis.

And just to correct a few things, you become a fully qualified doctor after internship, not after community service.

Community service is to keep the newly qualified doctors in community service. There is no requirement post community service, but there's a need. How do we fund the need?

There's a Setswana saying that says "Re na le rona", which means "we are with us". And that's what the people of South Africa need. They don't need us to be with them when we are in a separate medical aid, they need us to be with them in solidarity where they are.

So, I'm going to put a challenge to all members, that notwithstanding whatever challenges we have, Parliamentary and Provincial Medical Scheme, Parmed, and medical aids, as the Minister has adequately espoused, is part of the problem. We can, on a matter of conscience, give up Parmed.

So, I would like to inform members and invite them. Ever since I've been a Member of Parliament, MP, I've not signed that form, and I will not take benefits from Parmed. I am a

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conscientious objector to being duplicity. And I will urge Members of Parliament to join me so that we can reform.

And to say that to the Minister ... [Interjections.]

Setswana:

Rre T L MONTANA: Ao ngaka, o na le *medical aid* wena?

English:

Dr T S K LETLAPE: ... when we talk about national health we need to ensure that we're talking about rearranging that R570 billion for the benefit of all South Africans, without putting more money into the system until we've sorted out all the ills.

When we ... [Interjections.] [Inaudible.] ... Parmed, all of us would then have the choice to join a medical aid of your choice. I'm not at a point where I'm saying to the Ministers, Members of Parliament, don't have cover. That's your choice. But to be in Parmed, when you are the lawmaker, that is not acceptable. You can go into Government Employees Medical Scheme, Gems, under the current Medical Schemes Act. But the issue of having our own Act for our own care is not acceptable.

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So, I'm urging us to ensure that ... I'm urging us on ... to ensure that on Wednesday the Minister of Finance funds the urgent need of employment of frontline healthcare professionals. I thank you, Chair.

Mr T L MONTANA: You are Discovery Medical Aid, Dr Letlape ...
[Interjections.]

AN HON MEMBER: Well supported, Dr Letlape, well supported.

The mini-plenary rose at 12:37.