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PROCEEDINGS OF THE HYBRID PLENARY OF NATIONAL ASSEMBLY

Members of the mini-plenary session met at Committee Room M46 at 14:00.

House Chairperson Mr C T Frolick took the Chair and requested members to observe a moment of silence for prayer or meditation.

APPROPRIATION BILL

Debate on Vote No 18 - Health:

The MINISTER OF HEALTH: Hon House Chairperson, my colleague, the Deputy Minister, Dr Joe Phaahla, my Cabinet colleagues and Deputy Ministers present, chairperson of the Portfolio Committee on Health, Dr Dhlomo and members of the committee, heads of public entities, hon members, distinguished guests, it is a privilege to present to you the 2025-26 budget of the

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national Department of Health, and to outline our plans for the new financial year and even beyond.

This budget is being presented at a very challenging time in the history of our country, including geopolitical events of recent days. However, I must assert that challenging as the moment is, there is a lot to be excited about. We have three main objectives in this budget. Number one, to lay a strong foundation in preparation for the improvement of public health systems of our country in preparation for National Health Insurance, NHI. There are people who believe that we have neither plans nor inclination to do that. We want them to listen attentively, today.

Secondly, our objective is to lay a strong foundation and to embark on the journey towards the elimination of certain diseases, especially communicable diseases, but not leaving behind noncommunicable diseases, as you shall hear. Lastly, to implement serious reforms in the private health sector. Please ignore those who want us to believe that there is nothing to fix in that particular sector.

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I will now start with the issue of health infrastructure. One of the biggest problems that the public health system encountered, and was severely criticised for, is the health infrastructure. The broad side that the sector received is exemplified by the encounter at Helen Joseph Hospital. The complaints which were lodged with the Health Ombud were seven in number: Five of them were dismissed outright; and only two were upheld by the Health Ombud. The five that were dismissed is about clinical protocols, about clinical competency of the staff, et cetera, but the two that were upheld the issues of infrastructure and human resources. We need to fix those two.

For the record, the following new facilities were completed during the 2024-25 financial year, which ended a few months ago: The Siphethu Hospital in Eastern Cape; Ladysmith Clinic in KwaZulu-Natal; Heuningvlei Clinic in Northern Cape; Boegoeberg Clinic in Northern Cape, Bankhara Clinic also in Northern Cape. Additionally, during the reporting period of 2024-25 financial year, 47 existing clinics and community centres, as well as 45 hospitals were substantially revitalised, while 403 public health facilities were maintained, repaired or refurbished.

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The following new and replacement hospitals are already under construction, representing a significant step in strengthening the public health care system and improving service delivery in provinces. The first one is the Limpopo Central Hospital. As you would know, our country has 10 central or academic hospitals: One is in the Eastern; one in Free State; two in KwaZulu-Natal; two in Western Cape; and four in Gauteng. We are now busy adding the eleventh central or academic Hospital, which is the Limpopo Central Hospital. It is a flagship hospital for the province and a health sciences faculty of the University of Limpopo. This hospital is now 26% constructed.

We are also adding Siloam District Hospital in Vhembe, which is a replacement of an ageing facility. This hospital is 90% completed. [Applause.] Dihlabeng Regional Hospital in the Free State is also undergoing significant revitalisation. We are at 30%. Bambisana District Hospital in the Eastern Cape, a new hospital in O R Tambo District is at 82% of construction. Zithulele District Hospital in the Eastern Cape, in O R Tambo District, is at 50% construction. We are also busy constructing Bophelong Psychiatric Hospital in North West.

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In addition to the hospitals currently under construction, the national Department of Health has prioritised several key hospital projects placed strategically to strengthen South Africa's public health hospitals network, particularly in high demand areas like Gauteng, but also in underserved areas. These include 17 major hospital projects which have been identified for development. They are at various stages of design and development.

The biggest of these huge projects a total replacement of three major a central or academic hospitals that have been existing for years but never built. This is the Dr George Mukhari Academic Hospital, under Sefako Makgatho University in Gauteng, the Nelson Mandela Academic Hospital, under Water Sisulu University in Eastern Cape, in Mthatha, and the Victoria Mxenge Hospital, formerly known as King Edward VIII Hospital, under the University of KwaZulu-Natal. I studied there, even though I finished medicine 40 years ago. It was never built; we want to build it now.

We wish to add three new central hospitals in the provinces where they never existed before. This is Mpumalanga Academic Hospital, North West Academic Hospital and Northern Cape

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Academic Hospital. These three are still in the very early stages of planning. Their entry into the health network will ramp up our academic hospitals from 10 to 14. The extreme overcrowding in our public facilities is caused by rapid population and rapid urbanisation. Please remember that public health system is utilised by 86% of the population, and you can throw in the mix our neighbouring countries.

If we do nothing, the demeaning scenes we see often on our TV screens, like pregnant women sleeping on floors and chairs, will unfortunately be the order of the day. We have clear evidence of this in the Eastern Cape, with repeated problems which appeared on TV, at Dora Nginza Hospital in Gqeberha. Our analysis at Dora Nginza Hospital - the analysis which was also made by the Public Protector, and we independently reached similar conclusions - is that we need to build more additional district hospitals in such areas. Hence, we wish to add totally new district hospitals in strategic and overburdened areas.

When Bheki Mlangeni Hospital in Soweto it was built, it was meant to relieve Chris Hani Baragwanath Hospital, and I can tell you today, it was found to be woefully inadequate. For

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this reason, our systems have placed for us where we must put up new hospitals. Number one, we will put a new district hospital in Diepsloot, Eldorado Park, Soshanguve, Dobsonville or Meadowlands and at a small settlement called Holomisa.

We are also on the verge of total replacement of old mission hospitals like the Elim Hospital, which was a former Presbyterian Missionary Hospital. Furthermore, Tshilidzini Hospital, in Thohoyandou in Limpopo is also totally dilapidated. These two hospitals shovel ready. We are just waiting for funds to come in. We can start anytime because they have been planned over a period of three years.

Five new community health centres are also mooted in Genge, in Kraaifontein, in Kwamakhutha, in Cato Manor and in Metlekong. we will conclude our programme with a totally new psychiatric hospital in Mpumalanga. Mpumalanga is the only province in the country that never had a psychiatric hospital, and we believe this must come to an end. Needless to say, these are substantial projects which will take several years to plan, design and construct.

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We do not necessarily have all the money for this massive infrastructure, but we are speaking to international financial institutions, local financial institutions and other financials. These facilities and their replacement is not a thumb suck; we are using a digital system called Heaps or Health Infrastructure Portfolio System. This digital system has GIS, the geographic information system, has got district information system and other information systems that help us with data which assist us to understand and plan the health system.

So, the places which I have named for new hospitals are not just a thumb suck; it is an electronic system that said 'place the hospital here and put so many beds. We do not have any options but to do this planning in this manner. If we do not, we foresee us experiencing the same problems that Eskom experienced, which led to perennial load shedding caused by lack of infrastructure planning. That is why we want to start early.

On other measures to strengthen the healthcare system, House Chair, apart our allocated budget of R64 billion, the National Treasury added R6,7 billion to try and reverse years of

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austerity measures which have crippled the public health system. So, this year we are planning to do four things with that R6,7 extra billion given by Treasury. Firstly, the hiring of 1 200 doctors, 200 nurses and 250 other health professionals. [Applause.] This will cost R1,7 billion.

Secondly, we will be acquiring 1,4 million articles to make public hospitals hospitable. These will be beds, mattresses, pressure mattresses, basinet for babies and new hospital linen and towels. It will cost R1,3 billion. Thirdly, the permanent employment of 27 000 community health workers who have been in the system for close to two decades but hired through NGOs. [Applause.] This will cost R1,4 billion. Lastly, we will start a journey to pay the accruals which have accumulated over the years because of tough austerity measures. These accruals are in oxygen supply, blood and blood products, laboratory services, medical equipment and pharmaceuticals. These will cost R3,75 billion to start paying.

The figures I have given you have been obtained from what we call Option C of our plans. We have put our plans in Options A,B and C, depending on the commencement date. The commencement date depends on what time does this House or

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Parliament finish the budget processes so that we can start using this money.

Let me come to the second objective, which is elimination of diseases. Hon Chair, as I said earlier, this is to do away with certain diseases that are problematic. First on the list is HIV and Aids. We want to state that we have lived with this disease for many decades. The time has arrived that South Africa must start to envisage life without this disease. We have got plans to do exactly that, starting with our 95-95-95 project. You know that we are at 96-79-94. To reach the middle 95, whereby ninety-five percent of HIV positive people are on ARVs, we need 121 million people. We have launched this project on 25 February 2025, and we are busy with that project.

We have noticed with regret that South Africans, like the word collapse. Every time something meets headwinds, it is said to have collapsed. The public health system has collapsed so many times; I am wondering how many lives it has. Even when Trump pulled out his money, we were told that the world's biggest HIV Aids programme has collapsed. I want to inform you: That is not going to be allowed to happen, hon Chair. The Treasury

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has come to the party. [Applause.] You have asked me in the committee many times.

The Treasury has allocated R753 528 000 for us to start the process of reversing the withdrawal of Pefpar funds by Trump. This money consists of R590 million, which goes to provinces; R32 million, which goes to national; R132 million, which goes to researchers in our universities and research institutions. [Applause.]

The Bill and Melinda Gates Foundation have given us an offer. They said each one of them can pay R100 million for research, provided that our Treasury must add R200 million for every R100 million they have given. This has been accepted. Treasury is going to R400 million. The Bill and Melinda Gates Foundation, together with the Wellcome Trust, will give us R200 million. Yesterday, we have met with researchers and the Medical Research Council to discuss this issue, and they are going to issue their own press statement. They will call a press conference about it.

Chairperson, in our quest to end HIV/Aids, as I am speaking here today, in front of you, an announcement is being made in

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Geneva by the Global Fund. The announcement is to the effect that the Global Fund has signed access agreements with Gilead Sciences to procure lenacapavir. As you know, the lenacapavir is an injection given every six months twice a year, which prevents HIV and Aids. We have been offered to be the first country to receive it, and we have said that agreement.

[Applause.]

Ladies and gentlemen, we believe that this is a turning point in the HIV and Aids pandemic struggle. At the moment, the preventions were condoms and all that, but with lenacapavir, it is different. Remember that during the trials or studies of this lenacapavir. it was found that it protects young girls 100%. Even though with males is 96% effective, however, with girls, it is 100% effective, meaning everyone who receives it is protected. [Applause.]

Ladies and gentlemen, I wish to present to the House a total budget of R64 807 200 for the consideration of this House.

Thank you very much. [Applause.]

Ms M M SENNE: Hon House Chairperson, hon members, fellow South Africans, health is the cornerstone of any nation. There can

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be no meaningful, sustainable development, economic prosperity, social cohesion, and nation-building in a fragmented health system along geographic, class, and racial lines.

It is against this background that the ANC-led government has tirelessly sought to transform the health sector as a strategic pillar of socioeconomic transformation. The strides we have made over the past 31 years in increasing life expectancy from 54 years to 66,5 years. Reducing maternal and child mortality is a measurable impact of the ANC's commitment to the fundamental principles enshrined in section 27 of the Constitution that declares that:

- (1) Everyone has the right to have access to
 - (a) health care services, including reproductive health care.

Nowhere can our quest for tackling the cost of living be clearer than what we strive for in respect of health care. The last line of that clause, which affirms reproductive rights, is especially significant in today's global context, where we

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are witnessing, in many parts of the world, an interest in conservatism and erosion of the rights and liberties of women, particularly their reproductive rights. We stand in solidarity with these women and affirm that reproductive rights are human rights. Research indicates a correlation between access to reproductive rights, women's socioeconomic empowerment, as well as their ability to pursue education, break the cycle of poverty, and lead independent lives.

From this, we are convinced of the firm foundation of ... [Inaudible.] ... that is underpinned by love, compassion, care, and empathy. Therefore, every girl and woman must have the right to bodily autonomy and must be guaranteed access to comprehensive sexual and reproductive health services, including contraceptives, family planning, and safe abortion services.

It is therefore commendable that this budget continues to reaffirm the ANC's commitment to universal access to women's maternal and reproductive health, aligned with Sustainable Development Goal Target 3.7, which calls for the integration of reproductive health into national strategy.

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Health outcomes are not only shaped by what happens within the walls of our clinics and hospitals, they are also shaped by numerous social determinants of health, including access to decent housing, clean drinking water, adequate sanitation, and an equal education system.

The entrenched legacies of apartheid colonialism continue to shape and direct the late motive of poverty and inequality in a manner that disproportionately affects black and poor communities, women in particular. It is for this reason that we welcome the explicit commitment to the annual performance plan and the strategic plan to intersectoral action to address these social determinants, underscoring that health cannot be achieved in isolation from other micro social goals.

We live in a world that is constantly evolving with emerging health threats. The R26 million allocation over the medium-term to strengthen the National Institute for Communicable Diseases, NICD, for pandemic preparedness will play a critical role in ensuring that we can adequately respond to emerging health threats, thereby preserving lives and reducing the burden of diseases on our health care system.

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We welcome the R13,2 million allocation over the medium term to strengthen the capacity of the Mines and Works Compensation Fund. We also note the annual performance plan's important targets to establish medical assessment centres in high-burdened provinces as well as to improve cross-border coordination with countries such as Lesotho and Mozambique. These interventions are built on the progress we have made with about R1,98 billion paid out to claimants over the last nine years, and R3,32 billion over 25 years.

We continue to grapple with the challenge of communicable and non-communicable diseases. Critical programmes, such as LoveLife, Soul City, and the SA National AIDS Council (SANAC), are essential to HIV and TB responses. Integration with these organizations and sustained funding from all sectors of society must continue to be prioritized.

Equally important, our collective effort behind the department, as the resilience of our system is being tested in the wake of the President's Emergency Plan for AIDS Relief, PEPFAR, withdrawal. We must continue to support and work together to mitigate the impact of this funding gap amid efforts to engage various donors, ensuring that we ease public

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anxiety and uncertainty, affirm that ARVs will continue to be available for all, and counter misinformation. We have made significant progress in our HIV response, which has been founded on the principles of Ubuntu and solidarity among some key pillars.

Tobacco products and e-cigarettes continue to pose a significant risk to public health. The Tobacco Control Bill has a vital role to play as a presentation to our unwavering priority, which remains to reduce harm and safeguard the health of all South Africans, especially the youth, who are the primary target of these tobacco and vaping products.

The ANC supports this budget as a reflection of our commitment to building on and advocating the democratic gains we have secured over the past 31 years of our democracy to strengthen our health system and improve health outcomes. This is our unwavering commitment to the efforts of the national democratic revolution and the realization of a healthy, just, and equitable society with universal health coverage. Hon House Chair, the ANC supports.

Setswana:

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Ke a leboga.

Mr M P MOTUBATSE: House Chair, as the MK Party, we want to stand here and make an ardent appeal to the Department of Health that we must learn to refrain from giving a story, a story that does not reach an end. Therefore, it is for this reason having made that appeal that as the MK Party we stand here not only to oppose the Budget Vote 18, but also to reveal its shortcomings. This budget fails to provide meaningful health care for the people of South Africa. We are being asked to approve a budget of R275,5 billion for health of the 2025-26 fiscal year. However, when we account inflation, this budget increases by only 1% - effectively, it represents cut in real terms even as the demand continues to grow.

District health services received R28,3 billion, yet the clinics are drowning. The human immunodeficiency virus, HIV, and acquired immunodeficiency syndrome, Aids, grant sits at R24,9 billion, but the paver possibly pulling out, we face about 601 000 more deaths and over half a million more infections in the next decade. The National Health Insurance, NHI, indirect grant of 858 yet, 79% of the facilities remain

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noncompliant. This budget is not about progress. This budget is keeping a dying system on life support.

Across the provinces, infrastructure projects remain unfinished. What the Minister has said here is what I was talking about - being a tantalising Miraj - giving our people hope that you will never reach. Our people know that Limpopo Central Hospital is incomplete despite the R4,2 billion allocated since inception. Siloam Hospital District still stands unfinished as the Minister has said. Zithulele Hospital in the Eastern Cape is crumbling from neglect. Bophelong Psychiatric Hospital remains in shell while mental health needs rise. Bambisana Hospital is stuck in planning since 2016. Meanwhile, in 2024, R2,8 billion meant for health infrastructure was shifted to disaster relief. However, disaster in health remains daily and deadly.

Hon members, let us talk about medicine. Our people know that the 2025, annual performance plan, APP, the department claims it will keep medicine stock outs at 1%, yet the portfolio committee reports 5,7 of the facilities. And why? Because the department cannot pay suppliers. In KwaZulu-Natal over a million patients went without chronic medication in 2024,

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because the provincial department failed to pay pharmaceutical suppliers. Across the country hospitals run out of essential drugs, not because medicines do not exist, but because invoices remain not paid. This is not an accounting issue. It is patients left to die for lack of basic medication.

The department's failure comes from poor planning, as the Minister has said, and financial mismanagement. The department underspent R1,9 billion in 2023-24, even while patients lay dying in hospital corridors: 15% underspending in administration, 7% underspending in NHI implementation, and 620 million in infrastructure grants went unused while hospitals remain incomplete. This department returns money to Treasury whilst the people of South Africa cannot get care. Let's talk about staffing. The department admits that 30 973 health posts remain vacant. Senior medical positions dropped by 12% in two years. The APP target for filling funded posts is at 95%, but we are stuck at 82%.

Let's come to the provinces. In the Eastern Cape hospitals run out of basic suppliers, water and sanitation remain unreliable. In Free State Bophelong Clinic closed due to health violations. In Gauteng there is de-mean history, it

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remains a horror that continue to haunt us to date. In Northern Cape patients travel over 200 kilometres for simple, simple care, specialist care. In Mpumalanga facilities lack basic, basic oxygen facilities. In the Western Cape, I spoke to the Minister and I'm still awaiting a report regarding the Gugulethu Clinic, which is an epitome of apartheid health system in this ... [Inaudible.] ... country. However, because, as we have been making a call for the Minister that we need to have a nationalised system, we will remain with the queues of our people in these hospitals as early as in the early hours of the morning.

Now, let's talk about the NHI illusions. R858 billion have been allocated, 79% of facilities are still failed compliance. The APP promised that 80% facilities would be ideal by 2024, but we are still having that 79%, still needs to be checked, and still needs to be done but nothing has happened. We are still having cases that are going on in the courts. We're not moving around the question of making sure that our people get the universal health care. We are not ready. We still do not have the National Health Board, as we promised that we should be having it by now, but still, we don't have it. Now, we call on this institution to move with the necessary speed to make

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sure that we receive a single system that will treat our people with respect.

Hon Chairperson, in conclusion, medicine is a social science, and politics is nothing but medicine at the last scale. By that standard, this budget is diagnosed as a political failure. Therefore, it is for this reason that, as the MK Party we reject this budget. Thank you, House Chair.

[Applause.]

Dr K W D LE ROUX: Hon House Chair and hon colleagues, as we consider this Budget Vote and get distracted by spreadsheets in tables, I would like to bring you back to the situation on the ground and reflect carefully about the state of health in South Africa today. Is there anyone in this Chamber who will honestly say that you are proud of the current state of our public health care system? Is there any one of you who would confidently send your mother or brother or child to a random government hospital or clinic and be sure that they would get the kind of care they need and be treated with kindness and with respect? I have worked as a doctor in the public sector for 25 years. For the past years as a new Member of Parliament, MP, I have had the privilege of visiting health

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facilities in Gauteng, North West, KwaZulu-Natal, the Eastern and Western Cape as part of my oversight duties, I have never seen nurses and doctors as disillusioned and demotivated, nor have I seen dysfunction speed as widely as it is today.

We are not even getting the basics right and accessing care is often a deeply dehumanising experience as described on the News24 website by Qaanitah Hunter through the story of Auntie Maggie this week. Hon Minister, I'm not saying that that we don't have many hard-working caring health care workers trying to do their best, but they are swimming against the stream of apathy and unaccountability. Neither am I saying that there aren't pockets of excellence where patients get world class care, but these pockets are few and far between and unevenly distributed.

There is much justified criticism about the inequity in our health system between the public and the private sectors, but I have been struck by the inequity within the public health care system, sometimes within the same district. It is remarkable, for example, that R3,85 billion were spent on the beautiful modern but underutilised Dr Pixley Ka Isaka Seme Memorial Hospital in northern Durban, when residents in

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southern Durban are served by the old, dilapidated and overrun Prince Mshiyeni Memorial Hospital. What are the underlying causes of the dysfunction in our health care system?

Well, many are out of control of the Minister and the Department of Health, such as our fast-growing population and the massive quadruple burden of disease that we have, the historical legacy of inequality and the fact that budgets over the last few years have not kept up with inflation. On top of that, we have lost President's Emergency Plan for Aids Relief, Pefar, funding, undermining one of the best performing programmes that antiretroviral, ARV, programme.

However, by far the biggest challenge we have in the public health sector is not the lack of funding, nor is the inequity between the private and public sector, as the Minister would have want us to believe, it is, and these are not my words, but the words of one our preeminent scientists, Professor Salim Abdul Karim. Firstly, managerial incompetence and poor leadership at all levels of the health system; secondly, corruption, again a sign of failed leadership and a lack of accountability; and thirdly, the high salary build, yet poor

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productivity of the public health sector, another sign of ineffective and incompetent management.

Therefore, when I speak to nurses and doctors trying to survive in the teetering health care system, poor management of their facilities is their number one complaint. Time and time again, clinicians who work at the coalface feel that management does not listen to them or respect their expertise. Instead, management regards often behaves as if clinicians are their opponents rather than the greatest resource. I personally saw this played out at Zithulele Hospital, with devastating consequences for the community served by that hospital. How can we address the health care service that is in crisis? If you ask the Minister in the National Department of Health, there is a magical silver bullet, that is the NHI.

Hon Minister, I wish this were true, but NHI is not the only way, nor is it in the DA's opinion, the best way in which universal health care can be achieved. Something we like you are determined to reach and though your aims are noble, most academics, analysts and ordinary South Africans recognise that the implementation of the NHI legislation by a government health system that is riddled with incompetence, mismanagement

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and corruption at every level will be a complete disaster. Not to mention the fact that it will destroy our excellence, yet unaffordable for most private health care sector. The focus of the national department of implementing NHI, despite widespread concerns and the fact that the NHI is likely to be stuck in litigation for the next five to 10 years, is proving to be a harmful and costly distraction.

We believe that the four things that are urgently required: Firstly, and most importantly, the Department of Health must make patient care its number one priority, not sometime in the future, but starting today. Why not start by doing something about the dehumanising queues that we see at hospitals and clinics and decongesting clinics, by finally ensuring that six months dispensing of ARVs and other chronic treatment is actually implemented as promised. Leadership positions in the National Department of Health and all leadership positions must be filled by people with the necessary skills, experience and ethics, and management must start listening to clinicians on the ground about how services are improved.

It is clear that when management and clinicians work together hospitals function much better and patient care improves

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medically. We need to spend the money that we are allocating through the budget carefully and well and fight waste and corruption. Fourthly, instead of demonising the private health care sector, we need to use the capacity and expertise of the private sector to help us achieve good quality universal health care for all South Africans. I thank you. [Applause.]

Mrs N N CHIRWA-MPUNGOSE: House Chairperson, greetings to the commander-in-chief Sello Julius Malema, officials, commissars, fighters of the EFF Youth Command. This month marks 12 years of the economic emancipation movement. We take this opportunity to invite all economic freedom in our lifetime, loving South Africans, to join us in marking this momentous occasion on 26 July 2025, at the Khayelitsha Rugby Stadium in. The struggle continues.

Today, we confront a different struggle, the survival of our public healthcare system, which this budget once again fails to protect and to build. The Minister has tabled a budget of R296 billion for 2025/26. While it reflects a nominal increase from last year's R277 billion, the rise is far below what is required to address the structural collapse of healthcare infrastructure, to employ the thousands of healthcare workers

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sitting at home unemployed, and to provide quality healthcare to the poorest South Africans. Moreover, the growth is insufficient in contrast to inflation and the population growth and R46,7 billion over three years is allocated to health infrastructure, but there is no clear rural allocation or transparency on its utilisation.

We have sent a written question to the Minister, requesting a list of all health facilities that they claim to have renovated and refurbished over the past 10 years. We know, like you know, that the majority of those monies they claim to have fixed our hospitals did not even make it to the gates of our facilities. We will visit each and every one of them to expose the lies and the corruption.

This budget will not result in more and sufficient employment of doctors and nurses that are sitting at home. It will not see any new and mass building of clinics and hospitals. It will not end obstetric violence. It will not absorb and train community healthcare workers at a rapid pace than what the Minister presents and will not be filling vacancies in our hospitals.

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This budget will not increase mental health support for children and the youth, with only just about 40 child psychiatrists in the whole country and no plan to increase them. A country with the third highest suicide rate in the continent. This budget will not end the corruption happening in Gauteng that sees the tripling of monies spent on security tenders over two years, but no betterment of security systems.

It is good that General Nhlanhla Mkhwanazi finally gave gravitas to our sessions, that we are being ruled by mafias, that the tender system run by the ANC and the DA is a criminal syndicate. This budget will simply go on to maintaining the status quo and funding the lifestyle of comrades and their gangster handlers, whilst our public health sector continues to crumble.

This department is a daily witness and refuge for criminals. You deliver pregnancies of 10-year-old children, and you do not call the South African Police Service, SAPS, to report the rape crimes, as per recommendations of the Commission for Gender Equality, CGE.

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This department cries every day about being overburdened by illegal immigrants, yet not once have they ever called the SAPS and relevant authorities when they come over to your facilities. There is simply no commitment to building the public health system and ensuring that it provides the necessary services to our citizens. You will then pretend to suffer from humanity when in reality you suffer from incompetence and lack of compassion for our people.

To usher quality health care, prevention and education, you must redirect the National Health Insurance, NHI, funding to building more clinics and hospitals in our communities, prioritising rural areas that tend to benefit nothing from the NHI in its current form, as there is no Life and Netcare that can hide your inefficiencies in provinces like the Eastern Cape.

There is no private hospital that you can outsource health care from in Kou-Kamma, Taung, eMsinga, Onseepkans, Balfour. Take those NHI monies that your comrades are already eyeing and employ doctors. You cannot just accommodate 1000 new doctors when over 2000 are sitting at home unemployed and your

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vacancy rate in provinces like the Free State is a staggering 22%.

Cancel all tenders for cleaning and security services and public facilities and insource our people. Your comrades have eaten; it is enough. Invest in building state capacity. Increase the allocation for HIV prevention, R75,6 billion is below what is needed to expand Pre-exposure prophylaxis, PrEP, and post-exposure prophylaxis, PEP, access.

Investing in PEP and PrEP is a direct investment into the future. You are alleviating the financial demands of HIV/Aids in the future, start today, place focus on prevention and education. Cancer, mental health, sexually transmitted diseases, chronic illnesses can be adequately confronted through preventative measures. Prevention is the only way to alleviate the burden of our public healthcare system, and this budget is far from realising this.

We will continue to fight for economic freedom. We will continue to fight for health justice in our lifetime and until then, this budget is rejected with contempt. Thank you.

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Mr N H MHLONGO: House Chairperson, hon Minister, colleagues, fellow South Africans I greet you. The IFP welcomes the department's increase allocation of 1,7%. However, we remain concerned as the increase is overshadowed by inflationary pressures and growing healthcare demands. In reality, this increase is insufficient. Present for the scale of reform that our country's healthcare system needs.

We welcome the department's focus on strengthening financial management, expanding antiretroviral treatment coverage and accelerating the development of National Health Insurance accreditation framework.

We are particularly concerned about the decline in the healthcare workforce. A 12,1% decline in the workforce, particularly in critical leadership positions, is undermining the foundation of healthcare. While we recognise the allocation of funding to create some 1700 new healthcare jobs, this must be accompanied by improved working conditions and a targeted strategy to recruit and retain healthcare professionals.

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Hon House Chairperson, we once again want to reiterate that universal healthcare coverage must not come as the cost of quality, accessibility or service sustainability. Major concerns remain about the readiness of digital health system infrastructure deficits and underperforming indirect grants.

In addition, the possible withdrawal of President's Emergency Plan for AIDS Relief, PEPFAR, presence poses a significant threat to South Africa's fight against HIV/Aids. The IFP calls on both the National Treasury and the Department to develop a proactive and well thought out contingency plan. Failure to do so risks undoing more than two decades of progress in the fight against the epidemic.

Healthcare is not just a political issue, it is a human right. The people of South Africa deserve a system that works. In light of the issues raised, the IFP supports this Budget Vote. Thank you. [Applause.]

Ms S M PETERS: Hon House Chair, hon members, on behalf of the PA, we declare our support for Vote 18 for the Health budget of 2025-26. We recognise the critical role that a well-funded and efficiently managed health sector plays in ensuring the

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well-being of our nation. However, we do so with a measured optimism, cognisant of the challenges outlined in the Fiscal and Financial Commission's report - the constraint fiscal environment and the pressing need for prudent financial management.

The commission's report underscores the difficult economic conditions facing South Africa, including sluggish growth, rising debt and competing demands on the fiscus. These constraints necessitate greater efficiency, transparency, as well as accountability in health expenditure. While we support this budget, we urge the Minister of Health to ensure that every rand is spent effectively, to deliver quality health care to all South Africans, particularly the poor and vulnerable.

The recent withdrawal of the US financial assistance in the health sector has created a significant shortfall, particularly in programmes related to HIV/Aids, TB and primary health care. This development is deeply concerning, and we call upon the National Treasury and the Department of Health to clarify whether sufficient provisions have been made to mitigate this loss. The people of South Africa deserve

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assurance that life-saving programmes will not be compromised due to external funding cuts.

The Department of Health's Five-Year Strategic Plan outlines critical priorities, including universal health coverage, improving primary health care and strengthening the National Health Insurance Framework. We urge the Minister to remain steadfast in overseeing the implementation of these goals, ensuring that political and bureaucratic inefficiencies do not derail progress.

A key pillar of a functional health system is proper infrastructure. We note with concern the deteriorating state of many public health facilities, where broken equipment, leaking roofs and overcrowding hinder service delivery. The 10-year National Health Infrastructure Plan must prioritise maintenance, refurbishment and modernisation of hospitals and clinics.

The PA supports Vote 18, but with a firm expectation that the Department of Health will exercise discipline, transparency and an unwavering commitment to service delivery.

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We call on the Minister to ensure budget reprioritisation to cover the US funding shortfall without compromising critical programmes, to strictly monitor the implementation of the Five-Year Strategic Plan, to accelerate infrastructure upgrades under the 10-Year Plan, to improve health care conditions, to prioritise the interest of South Africans first above any other foreign nationals.

The PA will say ...

IsiZulu:

... abahambe.

English:

The health of our nation is non-negotiable. Let this budget be a steppingstone towards a stronger, more resilient public health system. Thank you.

Mr P A VAN STADEN: Hon House Chair, the question is: What will we do with this budget? Is it business as usual or are we going to do something with it for a change to make life easier for the South African public? Does the public really care about this debate? Does the public really care where this

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money is allocated to and to what entity? Does the public really care if we stand here year after year and debate this budget? No, no, they don't.

What the public does care and worry about is to what hospital they will be admitted to, if something happens to them. They do care and they are scared if they are going to receive good treatment or are they going to leave that hospital with either terrible memories of terrible service, or in a body bag? Will they land in a state mortuary where they will probably be stuck for months before a burial can take place?

They are worried if they will receive cancer treatment or not or just be sent home to die. They are worried if they would receive an operation or if they would be stuck for months in a hospital bed to wait endlessly for that operation to take place. They worried if they would receive medicine after they have been discharged from hospital. They are worried if they must stand in endless long queues from 03:00 in the morning until late just to be treated by a doctor.

Then we have doctors that are worried about where they will get the necessary medicine and medical equipment to treat a

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patient. They worried if the theatre will be operational. They are worried about how many lives will probably be lost, due to the little that they must work with. Doctors also worry about the daily conditions that they must work under. Then we have nurses who are also worried about the daily treatment of patients. Will they have enough linen, beds, medicine and food available for their patients? The stress levels of patients, doctors and nurses are escalating due to bad service delivery.

What do we do? We debate about something that the public, doctors and nurses do not care about at all. They simply want to provide good service delivery to the patients. That is, it, nothing more, nothing less. When will we start providing it for it? It must start now, at this very moment, here in Parliament, today.

There are many good chapters we can take out of the book from the private sector that we can learn from with mainly world-class standards. But there is also one very good chapter from our own book that we can also learn from.

A few months ago, we visited the public hospital in KwaMashu in KwaZulu-Natal. According to me, it is the best public

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hospital in the Republic of South Africa. It is the best-run public hospital. Thank you to the management of that hospital for setting new standards in public health and for the good management and service that you are providing to the citizens of this country.

Afrikaans:

Ons het nie 'n gebrek aan geld nie, maar aan kundigheid en goeie bestuur. Wanbestuur en korrupsie het die openbare gesondheidsorg vernietig.

English:

It is up to all of us here to do what is right. We owe it to our country. It is time to put South Africans first. Thank you.

Dr K T S LETLAPE: Hon Chair, hon Minister, hon Deputy Minister, the chairperson of the portfolio committee, the DG and staff, ...

Setswana:

... ke a lo dumedisa. Ka Setswana go na le puo e e reng, re na le rona.

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English:

And what that means is, we are with us, not with you. Because when you say you are with them, it means you are just sympathising, you are not pledging solidarity. Now, I would like to urge the hon members to support the member's motion that all of us should use public services. All the leaders, from President, MPs, members of the executive, the DG of Health, all public servants, judges, all of us that are public servants must use the public services. If we do that, we fix the public health care system.

We need to amend the Constitution. Section 27 should not talk about everyone. It is not time to be Father Christmas, when our people are suffering. It should be specific to citizens.

Our hospitals are being overrun by people from elsewhere. You remember Dr Ramathuba a few years ago. It is time we acted and did not pay lip service to what needs to happen. So, we need a constitutional change, and as Action SA, we have submitted that. However, those rights must be to citizens.

Now, the second issue is that about Parmed and other medical aids. They should be voluntary and optional. It is a violation

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of the Constitution, just to read Chapter 10, Human Dignity. Everyone has inherent dignity and the right to have their dignity respected and protected. We cannot be forced to belong to Parmed. Our dignity is being violated.

Chapter 12(2)(b) says that I have a right to security in, and control over my body. That is in the Constitution. So, I put it to you members that those of you that want to stay separate from society and sit in Parmed have a right to do so. Those of us that want to be with the people have a right to do so. Let it be voluntary and optional, so that those of us that have a conscience can live with a conscience. Those of us that want to build this country with the people of this country and be with the people of this country must be able to do so.

Minister, you are taking control of the money through ...

[Inaudible.] Please, take control of the services as well.

Health must be a national competence. So, we need to hold you to account for any problem.

Provincialisation does not work in health. We have had a few provinces under administration. Gauteng would have been gone, had it been a company. So, Minister, when we talk about

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R5,7 billion that comes from Treasury, R1,7 billion to doctors, it is up to the provinces what they do with that money. We want you to have the authority to ensure that the money is spent on what they are intended for. Now, you do not have that power.

And unless you are given that power, this is wasteful expenditure. This is feeding the trough. This is giving money to the crooks and to the tenderpreneurs.

So, unless there are constitutional changes, unless there is power to you, Minister, we are wasting time. Unless we pledge solidarity with the people of this country, this money is a waste of the resources of this country. We support you, Minister, but we must be with the people. Thank you.

The DEPUTY MINISTER OF HEALTH: Hon Chairperson, Minister Dr Motsoaledi, chair of the portfolio committee, all members of the committee, members of the National Assembly here present, heads of our entities and leaders of our department, thank you very much again Chair for this opportunity to participate in this debate for the Department of Health. This debate unfortunately takes place on a very sad week as we mourn the

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passing of a longstanding public servant, a public representative, a leader in this House, former chair of the SA National Aids Council, our late Deputy President hon D D. Mabuza. We pass our condolences to his family. May his soul rest in eternal peace!

We hold this debate on a very important year where we celebrate 70 years of the adoption of a very important document which became a lodestar during our struggle for freedom and also a base document for our democratic Constitution, and that has remained relevant and as a reference point, namely, the Freedom Charter which turned 70 of age on 26 June this year. On health the Charter declares, and I quote:

A preventative health scheme shall be run by the state. Free medical care and hospitalisation shall be provided for all, with special care for mothers and children.

While we acknowledge that a lot still has to be done, we also assert, without any fear of contradiction that we have moved a long way in the attainment of these aspirations in terms of increasing access to services and removing barriers. As we

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said, on 13 June 2023, on the passing of the National Health Bill then which is now an Act, we said that this was the next serious milestone towards the realisation of the Freedom Charter. We are well on our way to the implementation of this Act despite the various challenges by those who are opposed to equity and transformation. When this Act is fully implemented, the aspirations of a preventative health scheme run by the state and free medical care at the point of service as espoused in the Freedom Charter, will be fully realised.

While we must remain focused as the Minister has indicated on the elimination of various infectious diseases, key amongst them HIV and Aids, tuberculosis, TB, malaria, various children's infections, waterborne diseases such as cholera and typhoid, we are also wide awake to the fact that noncommunicable diseases are rising menace to our population as is the case in other countries both developed and developing. It is for this reason that on 25 September this year, the UN General Assembly will convene an unprecedented the Fourth High-level Meeting of heads of states to discuss progress since the Third High-level Meeting which was held in 2018 on noncommunicable diseases.

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As you are aware, what we are talking about here is the challenge of high blood pressure and its consequences, diabetes mellitus and various complications arising various cancers, especially those afflicting women, mental health challenges and chronic desperately diseases. Our overall strategy for noncommunicable disease is anchored on the pillars of prevention, early detection and effective treatment, where cure is possible and retention on treatment and monitoring where it is a lifelong ailment. As many of us are aware, the cornerstone for prevention of these noncommunicable diseases, NCDs, is managing our lifestyle. Firstly, not smoking. We hope that you will support the Bill which is with your members. Secondly, not taking alcohol. If you do take, make sure it's moderate. Thirdly, eating healthily diet which is rich and high in fibre, vitamins, minerals and other key ingredients. Fourthly, regular physical exercise.

We have partnered with various organisations such as a Parkrun, which is led by one of our legendary comrades marathon multiple winner Mr Bruce Fordyce, to use open parks for people of all ages to walk and run. This is done every Saturday morning in most areas. You can just find out where

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the park run is. Saturday morning at 08:00 please go and join, and let's get members of society to do so.

As far as regulatory aspect, we have amongst the tools, the health promotion levy, which is also called the sugar tax to make sure that we reduce the intake of sugar. Also, we have regulations to control trans fats, to reduce salt and make sure that we consume less than five grams of salt per day.

In 2023, we published draft regulations to improve food labelling requirements which clarifies more clearly the content of the food we eat which is sold. After public comments we will conclude the amended regulations.

As far as early detection, we have unrolled a campaign to make sure that early detection in as far as high blood pressure can be rolled out at various levels, including at community level. This campaign aims to strengthen districts and community-based responses so that it can be integrated into our primary health services. I'm happy to report that over the last five years we have been able to reach and even surpass our targets in as far as making sure that millions of people are tested. During the 2024-25, we managed to conduct a total of over 44 million

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screenings for both high blood pressure and diabetes. This is attributed to high increase in uptake but also reaching out to communities not only those who come to the health services, but also reaching out to them. For the next five years we hope to also aim to make sure that we sustain and even go higher by screening over 45 million for both blood pressure and sugar diabetes in the course of a year.

In terms of prevention of chronic respiratory diseases, as I said earlier, I leave that to the members of this House to make sure that the new tobacco control Bill is passed into an Act. If you do so, hon members, you'll be saving millions of lives.

In the areas of other menace, which is cancer, according to the SA National Cancer registry the top five leading cancers include breast cancer, prostate cancer and cervical cancer, colorectal cancer and also lung cancer. Cervical cancer ranks the second most frequent cancer amongst women in South Africa, and the first most frequent cancer among women between the ages of 15 and 44. Of the female cancer cases, the number over the time has been increasing.

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Cervical cancer is unique amongst other cancer in that the causative virus has been clearly identified and vaccine has been developed, and therefore it can be prevented. It is for this reason that the World Health Organisation, WHO, is leading member countries in a campaign to eliminate cervical cancer by 2030. Just a few weeks ago, I attended a conference in Indonesia in Bally under WHO and ourselves as South Africa. A number of countries were cohost in making sure that we continue to mobilise for the elimination of cervical cancer.

In our country we have made some significant progress in as far as vaccination since 2014. Eighty-five percent to 89% of targeted girls in Grade 5 and Grade 9 have received one or more doses during the February and March, 24 rounds of human papillomavirus, HPV, vaccine against over cervical cancer. Over 400 girls in this category have been reached. The programme has since been extended to private schools. We started with public schools.

The WHO has also made it easier by confirming scientifically that we don't need two doses, but one does will be enough. The WHO Global Strategy to Accelerate the Elimination of Cervical Cancer aims to put countries on a path to elimination. We will

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need to achieve an ambitious goal of reducing to less than four per 100 000 in terms of the incidents. We are committed to the elimination of cervical cancer and we're going to be going forward in terms of the three pillars which is, prevention through vaccination also in terms of making sure that women have access to a very effective testing through the HPV testing, screening, and access to treatment.

Lastly, as far as the issue of mental health, we call upon all of us and the society to say that we really face a serious avalanche of mental illness. This is driven by substance abuse. I think all of us in government and all in society is called upon to make sure that we deal with the menace of substance abuse driving mental illness especially amongst our young people. I hope we all support this Budget Vote. Thank you. [Applause.]

Rev K R J MESHOE: Hon House Chairperson, the ACDP rises today with both gratitude and grave concern. We acknowledge the R277 billion allocated to Health this year, with projections rising to R329 billion by 2027/28. Yet we must ask, will this funding translate into real, measurable and excellent service for all our people? The ACDP believes governments, National

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Health Insurance, NHI, is seriously problematic, the concept of which is already driving skilled professionals abroad. Those expertise and research findings uplift all South Africans. Instead of eroding private healthcare, we must find funding for innovation to expand urban and rural access to healthcare while preserving proven systems.

The Profmed Medical Aid Scheme CEO and Health Funders Association Chairman sees the solution in collaboration, saying we have seen the potential in shared procurement, skills transfer and strategic funding models that just need scaling. The ACDP is also troubled by the secretive adoption last month, through the silence acquiescence process of the UN to the World Health Organization Pandemic agreement, which compels compliance with their directives during future pandemics, potentially undermining democracy and overriding our national laws. It was previously thrown out, but subsequently the revised version was secretly and deceptively pushed to ensure that it bypasses robust national debate and public scrutiny.

We reaffirm that any amendments to the international health regulations or the proposed pandemic treaty must be subjected

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to full parliamentary scrutiny and public consultation. The ACDP demands a debate on this subject and a rejection of this agreement that will potentially rob us of our sovereign rights. Chairperson, we welcome the department's commitment to employ 1 200 doctors and 200 nurses this year. But this is way too few to a crisis that was long in the making. The public health system lost nearly 9000 workers last year alone. We cannot continue to treat our healthcare workforce as expendable.

Tensions that are taking place at government clinics fuelled by Operation Dudula are unlawful actions and must be disapproved. While the ACDP acknowledges that our Constitution guarantees healthcare access to all within our borders, regardless of nationality, we are nevertheless planning to call for a constitutional amendment to section 27 of the Bill of Rights and to ensure that all our members in South Africa, particularly citizens, get professional and the best healthcare possible. Thank you.

IsiXhosa:

Mnu N L S KWANKWA: Mphathiswa, ndifuna ukuyithetha ngesiNtu le nto. Sikhe satyelela eklinikhi eMdantsane kwaNU1, ePhilani,

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ngethuba besiququzelela ulonyulo. Kukho iikhonteyina ezimbini ezisetyenziswa njengamagumbi okunceda abantu abanesifo ugawulayo. Abantu abaphila nesi sifo abakwazi ukungena kula magumbi ngenxa yokoyika ukutyabekwa ibala. Ezi khonteyina zibekwe ecaleni elubala kuquka nezi zabantu abafuna ukucwangcisa. Abantwana abaselula abakwazi ukungena kula magumbi kuba kaloku baneentloni zokungena bazikhusele. Baxolele ukungangeni basuke baze nesisu ekhaya kuba kungalulanga ukungena kwezi khonteyina.

Kula klinikhi uya kufumanisa ukuba abantu bafola ngaphandle nokuba iimeko zemozulu zithini na. UMakazi wam ukhe waliliswa esibhedlele iCicilia Makhiwane apho kwafuneka ukuba ndimphathele iingubo zokulala kuba zinqongophele. Siyayamkela ke le nto ithi kukho imali ezayo eza kuthi ithenge izinto ezidingekayo ezibhedlele. Ayinyanisekanga intetha ethi iSebe lezeMpilo xa lilonke liyafeda. Umama wam ubehamba oogqirha babucala ixesha elide, bebika imbiba bebika ibuzi. Ufumene uncedo esiBhedlele iGrey eQonce xa wayefunyenwe sistroke elele. Bonke aba samfumfu boogqirha zange bayazi ukuba ingxaki iphi. Bandityela nje imali yam ndisoloko ndihlawula amatyala abo axhomileyo. Ezi zibhedlele ziyasebenza ukusebenza oku ntonje zidinga nje isikhokelo esisiso.

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Okwesibini, kukho isiBhedlela i-S S Gida esasikhiwe nguNgweyesizwe kudala ngoko. Amaphahla ayawohloka abantu bayabona ngaphandle ngoku bengaphakathi. Besikhe sathetha ke nezinye ...

English:

... healthcare professionals about the President's Emergency Plan for AIDS Relief, Pefar, funding's cross subsidy.

IsiXhosa:

Abantu bebesothuka nokuba abanye abasebenzi bebehlawulwa ngayo le mali bekumanye amacandelo. Kuyafuneka siyiqwalasela ukuba ise nokungachaphazeli kuphela umcimbi odibene nesifo sikagawulayo kuphela. Lo mba unokuchaphazela nabasebenzi abakwamanye amacandelo.

Okwesithathu ...

English:

... we need clarity on the doctor-patient ratio.

IsiXhosa:

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Ingaba nancedisa amaphondo atheni kuba aba gqirha bayawatyeshela la wethu amaphondo baze kwezi dolophu zinkulu bazokukhumsha kamnandi apha bangayenzi le nto kufuneka yenziwe.

Xa sasibuza uSekela Mongameli ...

English:

... about this funding, he mentioned the SA National Aids Council, which is going to engage other global emerging countries, particularly China and diversify funding for HIV/Aids and Tuberculosis programmes. He indicated on the China Commitment Section 10 (1,6) of the forum on China-Africa Co-operation Beijing Action Plan 2025-27. It would be great ...

IsiXhosa:

... kunalento sinayo apha. Nina nihleli ningayifuni i-UDM apha. Enkosi.

Mr S S ZIBI: Hon Chairperson, let me recognise fellow members of the House, the Minister and Deputy Minister. But I also want to recognise and salute public healthcare workers all

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over the country who work under challenging circumstances, sometimes. Dr Le Roux, himself, was in my district actually in Mqanduli at Zithulele Hospital. I salute you, Sir. My aunt has been a nurse in the public health system in rural areas specifically for an uninterrupted 45 years and as a worker, I know how challenging things are for her and her colleagues.

The two biggest obstacles we face to our public health system is the obligation to provide meaningful right to health care, including reproductive health, access and quality. In some cases, both are missing, but often either access or quality are deficient. How do we begin to ensure access to quality healthcare when the most populous province, Gauteng, not a single one of the 34 provincial hospitals comply with occupational health and safety standards? Looking broadly, the Office of Health Standards Compliance has only inspected 4% of the country's 51 000 healthcare facilities with less than 40% of these meeting Office of Health Standards Compliance.

Minister, these numbers point to a healthcare system that is in critical condition and at a higher risk. These are not just numbers, but these are people that go to these facilities. We need to wake up and start delivering healthcare that does

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exactly that. Rise Mzantsi, expect a responsive budget to account for new and worsening public health threats such as addiction to drugs, alcohol and gambling. These are destroying families and communities, especially young people who have to deal with the crushing burden of unemployment. Rise Mzantsi welcomes the funding for the employment of unemployed doctors and nurses, and efforts to raise funds to close the gap left by Pefpar assistance.

Minister, this budget needs to do more, including employing competent administrators, rooting out procurement corruption, prioritizing efficient delivery of equipment and medication, digitization, improving the working conditions of healthcare workers. Minister, effective management and leadership matter. I know numerous nurses, doctors and other healthcare workers who work for managers who are incompetent, arrogant and uncaring. Driving the cycle of abusing the system, which ends up on the shoulders of patients expanding the training of additional healthcare workers to keep up with both population expansion and urbanization is absolutely essential. This speaks to getting accurate information from Statistics SA for whom we have continued to motivate for more funding. We will support this budget vote. Thank you.

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Setswana:

Rre M A MAIMANE: Bagaetsho, dumelang. Wa bona ...

English:

... last year Minister and Deputy Minister, our portfolio committee took time and went to Tambo Memorial Hospital in Gauteng. When you arrive in Tambo Memorial Hospital, it tells a story. It tells a story of what this health budget is effectively all about. It points to certain areas where you find excellence if you go to their casualty. It goes to certain areas where you discovered that there were some beds that were short because of the complication of South Africans and non-South Africans. It speaks to a story where when you go to the records department, these records are still not digitized, which means anyone who leaves Tambo Memorial Hospital to go to another hospital, that detail is not available. It speaks to a municipality in Ekurhuleni Metropolitan Municipality that is failing and so as a result of that, the hospital was without water, electricity for some of the time.

So, when we discussed this budget and we discussed the ecosystem of healthcare, I think hon members, we need to work

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hard at making sure that every Rand that is allocated here is spent wisely. It is no use having us a debate about NHI the director general in our meeting, has already indicated that if we are to fund NHI, it needs to be the highest expenditure item on our budget. Higher than debt servicing cost and therefore to speak about it here is in fact fallacious.

It is clear that we need to increase funding towards healthcare or we are going to live with doctor patient ratios of one to 3000, as is the case right now or we are going to live with nurses that are sitting at about one for every 218 patients. So, Minister, whether you go to Chris Hani Baragwanath Academic Hospital or Charlotte Maxeke Johannesburg Academic Hospital, I want to endorse what Dr Letlapa says. Of course, when we are in an accident, we want to go to Baragwanath Hospital because they are the specialists. But we have got to look after them and we have got to make sure they stay in the country.

Therefore, as part of the proposals, I want to put forward, if we are going to ensure thus this budget goes far, is that we need to think about the future of healthcare in this country. We certainly cannot be heading towards America, where

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litigation is the order of the day, because what provincial budgets are being spent on is really on medical legal claims settling last year's debts and trying to deal with this year's budget.

The second issue is that we have got to prioritize digital integration. You must have a digital idea as a South African so that it is easier for us to transfer health data from one place to another. We have to invest where the burden of disease is greatest. We have to treat rural hospitals the same as we do urban ones. We have to root out corruption. We cannot sit here and listen to people in Tembisa and all the issues that have gone on there when whistleblowers are being killed, that is a serious blow to our healthcare. And ultimately let us build a healthcare system that evolves overtime and is consistent with the world. Therefore, hon Minister, I support this budget and want to state categorically that it is now time to take deliberate action on healthcare.

IsiXhosa:

Enkosi, Siyabulela.

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Mr V ZUNGULA: Chairperson, I would like to take this moment to honour the life of Dr Alulutho Mazwi, an intern in Prince Mshiyeni Memorial Hospital, who died working under extremely harsh conditions and under an uncaring supervisor. What is happening in the health sector must be characterised as a crisis. Hospitals and clinics about a shortage of essential drugs, nurses and doctors. There is overcrowding and the Department must engage Home Affairs to deal with this crisis. It is even more concerning that in some areas there are syndicates who go to the hospitals to get medicine for the purpose of trafficking to other countries. The shortage of beds is a critical issue as women are forced to sleep on the floor as they give beds to women who are active in labour.

Minister, decisive action must be taken against the medical aid schemes that were found for racially discriminating against black healthcare providers. We plead with you, Minister, to engage Treasury to get the money needed to fund the employment of doctors. It is not human for a doctor to work for 36 hours, their mental health needs to be considered as well. We must consider the lives of the patients as there's a big difference in care for a patient seen at the first hour versus the last hour of a call, as functionality will

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definitely be impaired. The department needs to deal with the bogus doctors that operate in some communities. These bogus doctors are risking the lives of poor citizens who desperately need help. Minister, build state capacity even with ARVs. We can't import ARVs, yet we've got the capacity to produce ARVs locally.

On the Tobacco Bill, the approach needs to make sense. Having an approach that says all harm is harm, it is not evidence-based nor is it scientific. The Bill seems to be developed in the USA with no appreciation of the local context in terms of illicit tobacco trade and social economic conditions facing the country. Minister, we are not a colony of the USA. We can't be in support of a health policy directive that is not informed by the people of this country, even worse when you've got foreign funded NGOs that lead the government process in advancing the bill at Nedlac. It's even more concerning that the very same NGO was found in some countries to be improperly influencing government policy, yet in South Africa the very same NGO is given lead to direct the government policy on tobacco. The policy on tobacco must be informed by the people of this country, it must not be imposed by foreign-funded NGOs because those funded NGOs are advancing their narrow

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interests. They'll never advance the interests of South African citizens. We reject this Bill. Thank you. [Applause.]

The CHAIRPERSON (Ms L S Makhubela): Hon members, I have been alerted, order members, I have been alerted of the photographers that are not sanctioned to take pictures. Accordingly, the rules that are governing mini plenaries requires of all photographers who will be taking pictures to be on official basis, meaning they are properly accredited. Also, members of the public who are taking pictures should not be doing so. They are in the House, so, hon members, this is for those that have been taking pictures without being properly accredited. We will continue. The support staff will assist the members of the public doing so to exit the mini plenary. Hon members, we move. We now invite the hon Clarke.

Mrs M O CLARKE: Good afternoon, Chairperson and all colleagues, South Africa is on the grip of deepening health care crisis, and one only has to look at the department's mismatched priorities, inefficient spending and deeply entrenched systemic failures to see the cause. While the slight increase of 1,7% from R63,7 billion to R64,8 billion is welcomed. The modest growth fails to reflect scale of South

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Africa's health care crisis, crumbling and dangerous infrastructure, critical vacancies remain unfilled and patients dying in waiting rooms. Of major concern is that 93% of this budget is allocated through conditional grounds, which still suffer from weak oversight and inconsistent provincial delivery, not to mention the department's chronic underspending in 2023-24. The department underspent by 3% and the administration programme alone underspent by 15%.

This is unacceptable when public hospitals are crumbling and there are massive shortages of nurses, doctors, equipment and medicine, and when patients wait months, even years for treatment. Every unspent rand is a lost opportunity to save lives. We welcome the R6,7 billion provisional allocation for the hiring of doctors, absorbing community health care workers and addressing hospital supply shortages, as well as the committee's insistence that the allocation must be ring-fenced for this purpose. We need to ensure that the money is spent as intended, to ensure that trained professionals, many from top universities, do not sit idle. In KwaZulu-Natal, unemployed doctors went as far as to set up makeshift clinics outside health care offices to protect their unemployment, given the vast shortages of medical personnel.

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Given the department's anxiety regarding its unmanageable vacancy rates, inconsistencies in claim regarding the numbers of medical officials hired cannot be tolerated. South Africa is not in the financial position to carry the enormous cost burden of the National Health Insurance, NHI, in its current form, which is why we recommend that all bureaucratic bloat and advertising be cut from the NHI budget and that the money be used to improve actual health care services by employing critical medical infrastructure upgrades and effective partnerships with private sector. About 155 children died in public hospitals with acute malnutrition as the underlying cause in the first four months of this year alone. In the same period, 4 759 children were admitted.

The R28 million spent on NHI advertising would have made a marked impact on these young people's lives. How many community health workers could have been employed with that funding? Then there's the entities. The National Health Laboratory Service, NHLS, is making good progress, but the Office of the Health Standard Compliance, OHSC, met only 21% of its inspection targets. We cannot hope to improve the quality of public health care if the OHSC isn't enabled to inspect more health care facilities and enforce compliance.

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Much close to monitoring of conditional grants such as the District Health System, DHS, and the HIV/Aids programme is needed, especially, in the light of the last step for funding. Minister, I look forward to Friday's committee meeting where we unpack the additional funding that we are going to be receiving from Treasury. I think that is welcome, and I look forward to seeing how that funding is going to be placed.

The development of the national electronic health record, NEHR, system, enabling real time tracking of patients, providers and outcomes must be fast tracked to reduce waste, site fraud and ensure accountability. Speaking of accountability, when is the department implementing Treasury and the Department of Public Service and Administration's employee audit to root out so-called ghost employees? The committee has raised critical questions that remain unanswered. Why are 21% of people living with HIV still not on ARVs? How will the department address the mental health neglect and the dead crusts in the Eastern Cape and Gauteng, with some health departments may soon need administration? What is the plan to respond to the cancer treatment crisis? Why do none of the Gauteng 37 hospitals comply with Occupational Health and safety, OHS, Act?

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Even as the department boasts an unqualified ordered opinion, financial discipline and healthcare governance remains dangerously inadequate. Infrastructure remains decayed, key posts remain vacant, and data reporting, especially from regulators like SA Health Products Regulatory Authority, SAHPRA, remains patchy at best. Most societies can grow, economically, without the functioning public health system. Every clinic that fails, every ambulance that does not arrive and every medicine stock out is another barrier to jobs, education, productivity and growth. Health care is the bedrock of human dignity and national development. The lived reality of millions of South Africans is an indictment on this department. The DA will not be silent. We will demand answers, and we will monitor every rand. We will fight for a public health system that delivers dignity, care and hope to every South African, rich or poor, rural or urban, public or private. I thank you. [Applause.] [Time expired.]

Dr S M DHLOMO: Chair, Minister Motsoaledi, Deputy Minister Phaahla, I have done 120 Park Runs, Deputy Minister, distinguished guests, hon members, happy birthday to our hon Senne, the last born of the ANC team here. The signing of the National Health Insurance Act, NHI Act, by President Ramaphosa

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in May last year marked a defining moment in realising a long-cherished vision of the ANC which dates back as far as 1943 through the African Claims where our forebears envisioned a just and equitable system that caters to all without discrimination.

That vision found resonance in 1955 when the Congress of the People in Cape Town adopted the Freedom Charter which boldly declared a preventative health system which my Deputy Minister has spoken very well on. This is an illustration that the concept of the NHI is not new. The signing of an NHI into law represented the long-awaited restoration of a vision for a united and healthier South Africa. The National Health Insurance Act embodies the dreams of our forebears. It is an intergenerational mandate that has been carried forward for centuries now, over 70 years, finally declaring in a legislative form. As we celebrate the 70 years of the anniversary of the Freedom Charter, we are reminded how its essence has shaped our democratic disposition through fundamental clauses which declare that all national groups, not just some but all, shall have equal rights. All shall enjoy equal human rights.

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These values are the bedrock on which our Constitution was founded, which culminated the Bill of Rights and section 27 of the Constitution which declares that everyone has a right to have access to health care services. Therefore, it is both moral and legally responsible of the state not to discriminate in the provision of health care but to ensure that all in need are treated with dignity and care. This is also aligned with our African identity as captured in the spirit of Ubuntu, which teaches us to treat the next person with respect.

IsiZulu:

Umuntu ngumuntu ngabantu.

English:

As the ANC, this is what has informed our conceptualisation and approach to the NHI and our aspirations for universal health coverage. In keeping with the Presidential Health Compact, Minister, high quality and compliant infrastructure is an integral part of transforming our health care system. We therefore welcome the allocation of R7,2 billion to the health facilities revitalisation grants, as well as the combined R3 billion earmarked for the Limpopo Central Academic Hospital and Siloam District Hospital. Listening is a skill. There are

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hon members who talk about ... not forgetting that KwaZulu-Natal, Western Cape and Gauteng were the only provinces that had central hospitals.

Now, this government is decentralising and making sure all other provinces now would have specialist care without travelling too much. Our clinics and hospitals must not merely exist, they must be equipped and maintained to the ideal standards. We therefore support the 2025-26 target of 2 800 primary health care facilities, achieving the Ideal Clinic standards, as well as the maintenance, repair and refurbishments up to 550 public health facilities annually. We commend the work of the Section 59 Report, which was led by Advocate Ngcukaitobi, on allegations of unfair racial discrimination and procedural unfairness by medical schemes. These findings revealed that black health care professionals were more likely to be investigated, found guilty and penalised by medical aid schemes. In 2022, medical aid schemes collected over R218 billion, where the lion's share of their fund went to the following: One, private health care institutions with R77 billion, private specialists taking R59 billion, pharmaceuticals R33 billion, R18,9 billion went to administrators, people who did not even provide any health

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care to anybody. General Practitioners, GPs, in particular black GPs, were followed for possible fraud, wastage and abuse for only receiving R5,3 billion, only 5,3% of this cake.

A situation like this would not have arisen in a country like the People's Republic of Cuba, a country that values all human lives and has universal health coverage. The report endorses the correctness of the National Health Insurance Act.

Minister, the final report of this section 59 investigation, together with the Health Market Enquiry, must support you against those who are taking the government to court on the National Health Insurance Act. Both reports debunk the myth that says, "fix the public health sector and leave the private health sector alone", as these two reports expose the deep structural and systematic challenges within the private health care sector. We are encouraged, Minister, by the fact that you promptly made yourself available to be briefed as soon as this report was finalised. This is a testament to the responsiveness of the ANC-led government in addressing matters that hinder the transformation of our health care system. I also appreciate, Minister, that through our discussions yesterday, you will be available this coming Friday to brief the portfolio committee as to this matter that is ... it will

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be very important probably, Minister, that you consider being accompanied by the Council for Medical Schemes as some of the section 59 investigation reports have recommendations that talk to them.

Being the largest representative body, the SA Medical Association, Sama, was expected to represent doctors, including black GPs, but became a bystander instead of leading this process that brought this damning report about certain medical aid schemes. The South African medical aid schemes have failed to champion the interests of its members. It will be important to say, listening is an important skill that some of have not really captured. The Minister was talking to some of these issues, but people hardly captured some of them. South Africa must understand that when some political parties reject this Budget, it may, it means they are rejecting the payment of salaries of doctors, of nurses, and other health care professionals who tirelessly care for our citizens daily. Professionals who rely on this income, little as it may be, are not being supported by these political parties, the EFF and the MKP. By rejecting this Budget, these political parties will be saying we must not make funds available to address the unemployed doctors and other health care professionals.

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Rejecting this Budget means rejecting the procurement of much-needed medication, as well as upgrading and construction of health care infrastructure that will strengthen the provision of quality and dignified care of our people. To reject this Budget is to reject the people of South Africa and the rights of them for a better life

As the ANC, we stand with South Africans and support this Budget towards the realisation of a united, quality and equitable health care system where no one is left behind. Hon Meshoe, I am in discussion with hon Swart on these issues of international regulations that you referred to. My discussion with him is different from what you are understanding, so maybe let's include you in those discussions because we will then be able to inform you better. Hon Van Staden, we welcome your suggestion that when we went to KwaZulu-Natal province, we saw the bad and the good. We saw the good and we raised it here, the Dr Pixley Isaka kaSeme, but we are also not hiding the challenges that are there at Prince Mshiyeni, which the hon Minister must consider continue to support. Hon Dr Le Roux, you just said you want to see any member who will take his relative to a clinic. I don't take my relatives there. I go myself. I use Umbumbulu Clinic, and they refer me to better

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facilities if my need is there. So, we do that, and the Minister will also tell you. Hon Chirwa, sometimes a Budget like this needs more than just common sense, so it will assist you to do that. Thank you, hon Chair. [Applause.].

The MINISTER OF HEALTH: House Chair ...

The CHAIRPERSON (Ms L S Makhubela): Hon Minister, can you take a seat? Hon member, on what Rule are you rising on?

An HON MEMBER: Hon Chairperson, on his first speech the Minister spoke and exceeded his time by 34 minutes. Can the Minister ... [Interjections.] ... four minutes ... [Interjections.] Wait ... 34 minutes, 26 seconds?

The CHAIRPERSON (Ms L S Makhubela): Hon member, I will not allow ...

An HON MEMBER: He exceeded his time. [Interjections.]

The CHAIRPERSON (Ms L S Makhubela): Hon member ...

An HON MEMBER: Yes!

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The CHAIRPERSON (Ms L S Makhubela): Hon member, remember that in this House and in this plenary, we have the Table staff that is responsible for that. It is not your responsibility to tell the House on the time. These are the qualified persons to tell us on the time. Hon Minister, may you continue.

The MINISTER OF HEALTH: Thank you, hon House Chair. Dr Letlape, I fully today agree with the approach you have followed here. I was going to expand more, but unfortunately, I will have to put it on hold a little bit and come back to it when there is time because there are two people who scared me to my bones. The first person who scared me ...

Sepedi:

... ke Moruti Moshoe. Moruti, aowa banna - kganthe go diregang, banna. [Disego.]

English:

Honestly, you scared me, because everybody is celebrating this pandemic preparedness. And I know members here might not know what happened. During COVID-19, rich countries were holding vaccines. Everything that was used to fight COVID-19 was in rich countries. At the end of COVID-19, the World Health

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Organisation was concerned that this is going to happen when another pandemic come. As a result, they called for negotiations. A pandemic negotiation committee was established, and coincidentally, they said it must be chaired by France and South Africa. We appointed our former Director-General, Professor Precious Matsoso, and France appointed their director of global health.

They said they negotiated, and it took three years. What were they negotiating? How to share the benefits. How to share the need to fight pandemics if another pandemic came. The centrality of that pandemic preparedness is what is called Pathogen Access and Benefit-Sharing, Pabs - Pabs means Pathogen Access and Benefit-Sharing system. This means that whenever there is an infectious disease, which for example start in Africa, rich countries will collect the pathogen, take it to their laboratories to study it, manufacture medicine, and then the people where the pathogen came from receive little or nothing in return. The Pathogen Access and Benefit-Sharing proposes that if a country uses a pathogen from another country to develop a medicine, the country of origin is entitled to a fair share of the benefits. As an international we must still come ...

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Sepedi:

Moruti, go tla bjang gore o gane taba ya mohuto wo mara?

English:

When we debated this thing in Geneva, there was no secrecy. It was rejected by America. There is no secrecy. It was rejected by America. But they did not come. Remember, America is boycotting the World Health Organisation. So, what they did, they were moving all over Geneva with buses written: "Away with the pathogen agreement". But they were doing it in the streets. We did it in the hall, and out of the 134 countries that were there, nobody rejected this thing. Only 11 abstained, the rest supported fully. So, why do you say it happened secretly? It was in public. We voted in public. In fact, I have pictures I will show you. They said we must not even vote with machines. We were raising country flags. Each country was raising their flag and we would say for example: "South Africa, we support." I support these initiatives.

Sepedi:

Moruti ka kgopelo hle, thekga batho ba geno - ke a go rapela monna. Motho wa bobedi yo a ntšhošitšego ke Ntate Zungula.

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English:

This thing of tobacco, Ntate Zungula. The Framework Convention on Tobacco Control signed in 2003 is the most supported public health treaty in the whole of the United Nations. There has never been a treaty that has been signed than the one that supports tobacco control in the world. It was signed by 183 countries under the United Nations, UN. They all signed it and said that this is the way to go.

Even our own ally - and I want to tell you this story because I realise that I do not have much time. When the Minister of health in Australia introduced plain packaging by banning branding and removing colours, she was taken to court - and she won. They appealed against her, but she won, and we were supporting her. When Cuba, which you know is our ally and it is not a secret - realised that she is winning the case, they decided to change their approach. Since they produce the Havana cigar, they decided that they are no longer taking the matter to court, they would take it to the World Trade Organisation, WTO. They went through trade, arguing that it's their right to trade. They asked us to support them, and we said to them that unfortunately, in this case, we cannot. We cannot support tobacco - we simply cannot.

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The matter went to the World Trade Organisation. The ruling was that the World Health Organisation and World Trade Organisation must sit together. It took 10 years, and eventually the World Health Organisation won. They said tobacco is not in the interest of people around this world. So once again, thank you.

The CHAIRPERSON (Ms L S Makhubela): Thank you, hon members. May I remind the hon members that time allocation can exceed with the discretion of the Chairperson. If you have anything against that, you will have to write to the Speaker and submit to the Rules Committee. So, the fact that you are not behind this chair does not give you the right to say that the Chairperson must not give allocation in terms of the seconds.

That in itself, hon members ... [Interjections.] Hon members, order. Order. [Interjections.] Hon members, those gestures on their own say that you are out of order. The Rules of the House that you have agreed upon, which are the Ninth Edition, prohibits you from also doing that. Hon members ...

[Interjections.] ... may I remind hon members that there are two debates that are taking place simultaneously in this Parliament at 16:30 - that is the Water and Sanitation budget

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debate, and the debate on Justice and Constitutional Development budget.

Debate concluded.

The mini plenary rose at 15:51.

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