



POLICY DEBATE ON BUDGET VOTE - 18
DR AARON MOTSOLEDI, MINISTER OF HEALTH
NATIONAL COUNCIL OF PROVINCES (NCOP)
22 JULY 2025

Honourable Chairperson

My Colleague Deputy Minister Joe Phaahla

Chairperson of the Select Committee on Health and Social Services,
Ms Desiree Fienies, and Members of your Committee

Honourable Members

Distinguished Guests

Ladies and Gentlemen

Greetings.

Thank you for this opportunity Honourable Chairperson – at a very challenging time in the history of our country, including complex geopolitical events of recent days.

I believe this House is eager to hear how do we plan to navigate through these complexities.

We have three (3) main objectives in this Budget:

- To lay a strong foundation in preparation for improvement of the public health system of our country, to lay the ground for the National Health Insurance (NHI). There are people who believe that we have no plans nor inclination to do that. We want them to listen very attentively today.
- To lay a strong foundation and to embark on the journey towards the elimination of certain diseases, especially Communicable diseases, but not leaving non-Communicable diseases behind.
- 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 sector.

HEALTH INFRASTRUCTURE

One of the biggest problems that the public health system encountered and was severely criticised for is the health infrastructure. The broadside the sector received is exemplified by the encounter of Helen Joseph Hospital. The complaints lodged with the Health Ombud were seven (7). Five (5) of them were dismissed and the two (2) which were upheld are infrastructure and Human Resources.

The five (5) dismissed are about clinical protocols. We need to fix the two (2) upheld ones for the whole country and we shall do so.

For the record, the following new facilities were completed during the 2024/25 financial year:

- Siphethu Hospital in Eastern Cape
- Ladysmith Clinic in KwaZulu Natal
- Heuningvlei Clinic in Northern Cape
- Boegoeberg Clinic in Northern Cape
- Bankhara / Bodulong Clinic in Northern Cape

Additionally, during the reporting period of the 2024/25 financial year, 47 existing clinics and Community Health Centres, as well as 45 hospitals, were substantially revitalised, while 403 public health facilities were maintained, repaired or refurbished.

The following new and replacement hospitals are already under construction, representing a significant step in strengthening the public healthcare system and improving service delivery in provinces:

 Limpopo Central Hospital

As you would you know, our country has ten (10) Central or Academic Hospitals –

- 1 in Eastern Cape
- 1 in Free State

- 2 in KwaZulu Natal
- 2 in Western Cape
- 4 in Gauteng

We are busy adding the 11th Central Hospital, which is the Limpopo Central Hospital. It is a flagship hospital for the Province and the Health Sciences Faculty of the University of Limpopo. This hospital is at 26% of construction.

👉 Siloam District Hospital in Vhembe in Limpopo to replace an aged facility. This hospital is at 90% of completion.

👉 Dihlabeng Regional Hospital in the Free State. It is undergoing significant revitalisation. It is 30% of construction.

👉 Bambisana District Hospital in the Eastern Cape – a new hospital in the OR Tambo District. It is at 82% of construction.

👉 Zithulele District Hospital in the Eastern Cape in the OR Tambo District. It is at 50% of construction.

👉 Bophelong Psychiatric Hospital under construction in North West.

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 hospital network, particularly in high demand areas in Gauteng, but also in underserved areas.

These include seventeen (17) major hospital projects which have been identified for development. They are in various stages of design and development.

The biggest of these huge projects are total replacement of three (3) major Central or Academic Hospitals:

- Dr George Mukhari Academic Hospital under Sefako Makgatho Health Sciences University in Gauteng.
- Nelson Mandela Academic Hospital under Walter Sisulu Medical University in Mthatha in the Eastern Cape.
- Victoria Mxenge Hospital (formerly King Edward VIII Hospital) under the University of KwaZulu Natal.

We wish to add three (3) new Central Hospitals in provinces where they never existed before. This will be –

- Mpumalanga Academic Hospital
- North West Academic Hospital, and

- Northern Cape Academic Hospital

These three (3) are still in very early planning stage.

Their entry into the health network will ramp up our academic hospitals from ten (10) to fourteen (14).






The extreme overcrowding in our public health facilities is caused by rapid population growth and rapid urbanisation.

Please remember that the public health system is utilised by 86% of South Africa's population. Throw in the mix our neighbouring countries. If we do nothing, the demeaning scenes we see often on national TV like the 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 at Dora Nginza Hospital in Qqeberha.

Our analysis of Dora Nginza hospital also analysed by the Public Protector, both reached a conclusion that the perennial problem can only be solved by building additional District Hospitals.

Hence we wish to add totally new District Hospital in strategic and overburdened areas.

When Bheki Mlangeni Hospital was built, it was meant to relieve Chris Hani Baragwanath Hospital, it is woefully inadequate. We urgently need new additions to many any impact.

-  Diepsloot District Hospital in Gauteng.
-  Eldorado Park District Hospital in Gauteng.
-  Soshanguve District Hospital in Gauteng.
-  Dobsonville / Meadowlands Hospital in Soweto, Gauteng.
-  Holomisa Hospital.

We are also on the verge of total replacement of old mission hospitals that cannot be refurbished, like:

Elim Hospital near Makhado in Limpopo (a former Presbitirian Mission hospital).

Furthermore, Tshilidzini hospital near Thohoyandou in Limpopo is also in dilapidated state.

Five (5) new Community Health Centres are also mooted:

- Genge Community Health Centre in the Eastern Cape.
- Kraaifontein Community Health Centre in the Western Cape.
- KwaMakhuto Community Health Centre in KwaZulu Natal.
- Cato Manor Community Health Centre in KwaZulu Natal.
- Metlokomg Community Health Centre in the Free State.

We will conclude our programme with a totally new Psychiatric Hospital in Mpumalanga.

Needless to say, these are substantial projects that will take several years to plan, design, construct and commission.

We do not necessarily have all the money for this massive infrastructure injection, but we are speaking to international financial institutions, local financial institutions and other financiers.

These facilities and their placement is just not a thumbsuck. We are using a digital system called HIPS (Health Infrastructure Portfolio System).

This digital system has GIS (Geographic Information System) District Information System and other information systems and data that help us to understand and plan the health system.

We do not have any options but to plan in this manner. If we do not, we foresee us experiencing the same problems that Eskom experienced, which led to perennial loadshedding, caused by lack of infrastructure planning.

OTHER MEASURES TO STRENGTHEN THE HEALTHCARE SYSTEM

House Chairperson, apart from our allocated budget of R64 207 200 000, National Treasury added R6,7 billion to try and reverse years of austerity measures which have crippled the Public Health System.

We have met as the National Health Council (NHC) and decided that the money will be deployed in four (4) different ways to help strengthen the Public Health System:

- Hiring of 1 200 doctors, 200 nurses and 250 other health professionals. This will cost R1,7 billion.
- Acquiring 1,4 million articles to make public hospitals hospitable. There will be beds, mattresses, pressure mattresses, bassinets for babies and new hospital linen and towels. This will cost R1,3 billion.
- The permanent employment of 27 000 community health workers who have been in the system for close to two (2) decades but hired through NGOs. This will cost R1,4 billion.
- To start a journey to pay accruals which have accumulated over the years due to tough austerity measures. These will be oxygen supply, blood and blood products, laboratory services, medical equipment and pharmaceuticals. This will cost R3,75 billion and increase annually for the next three (3) years.

The figures I have presented to you, is what we call our option C. Our options are based on the commencement time of these projects, which in turn depend on the Budget process.

Elimination of certain diseases.

Honourable House Chairperson, let me now deal with our second major objective, which is elimination of certain diseases:

As I said earlier, this is to do away with or elimination of certain diseases as public health threats.

We wish to warn that South Africans must not get used to us living side by side with certain diseases like HIV/AIDS, TB, Malaria and even some cancers as if it is our predetermined destiny.

The time has now arrived to start dreaming about a future with certain diseases gone from our country.

- HIV/AIDS and TB

We have already started this journey of eliminating HIV/AIDS as a public health threat by 2030. On the scale of 95-95-95 we are now at 96-79-94 towards achieving this goal. To get 95% of HIV positive people on ARVs we have to reach 1,1 million people. On the 25 February 2025, we launched a project to look for these 1,1 million people who are known to be HIV positive but are not on ARVs. We are making substantial progress. I know that the withdrawal of PEPFAR funding made some people to believe that our massive – actually the world's biggest HIV counselling, testing and treatment campaign has collapsed or is on the verge of collapsing.

I have noticed with regret that in South Africa we seem to like the word “collapse”. Everytime something meets headwinds, it is said to be have collapsed. The Public Health System suffers this tag quite a lot. It is said to have collapsed so many times that I do not know how many lives it has.

Anyway, there is no way we are going to allow the world’s biggest HIV/AIDS Programme to collapse – never.

In the aftermath of the withdrawal of PEPFAR, we presented our plans to National Treasury and asked for help. At the same time we approached other funders, both domestic and globally.

National Treasury requested us to prepare ten (10) plans – one for each province and the tenth for National. Then they requested that we also pitch a plan for researchers in our universities and research institutions who are known to have played a major part in the fight against HIV/AIDS and TB.

I am happy to announce today that we finally got a response. As a starting point, National Treasury has released R753 528 000.00 which is divided as follows:

- R590 407 000.00 for service delivery in provinces to be allocated via the comprehensive HIV/AIDS Component of the District Health Programme Grant.

- R32 121 000.00 to the National Department of Health to support the Central Chronic Medicine Dispensing and Distribution (CCMDD) Programme and pharmaceutical supply chain management.
- R132 000 000.00 to be transferred to the South African Medical Research Council (SAMRC) to support Health Researches around the country. This is how it is going to work:

The Bill and Melinda Gates Foundation and the Wellcome Trust have pledged R100 000 000.00 each. They put a condition – that each R100 million they contribute be matched by R200 million from our own Treasury, and that money be given to researchers. Treasury duly agreed!!

This means we are going to have a total of R600 million offered to researchers despite PEPFAR having pulled the plug off their work. Hence the Bill and Melinda Gates Foundation and the Wellcome Trust will together immediately release R200 million. On the other hand the matching R400 million by Treasury will be released over a period of three (3) years – hence the first tranche of R132 million I have mentioned.

These amounts are intended to cover the most urgent needs and further allocations may be considered later.

Honourable Chairperson, it will be important for me to give you a provincial breakdown of how the R590 107 000.00 is distributed to our provinces, as this will be of special interest to yourselves.

I am doing so for you to appreciate how the scourge of HIV/AIDS affect your provinces – as they are affected differently.

- Eastern Cape will be allocated R94 457 000.00
- Free State will be allocated R 20 426 000.00
- Gauteng will be allocated R94 489 000.00
- KwaZulu Natal will be allocated R 95 180 000.00
- Limpopo will be allocated R 69 010 000.00

- Mpumalanga will be allocated R 118 219 000.00

I am sure you will appreciate how heavily affected Mpumalanga is.

- North West will be allocated R 7 703 000.00
- Northern Cape will not get anything because there was no PEPFAR involvement there. This is caused by the fact that none of the districts in the Northern Cape qualified as high burden districts. Hence Northern Cape is in a better position of being less affected by the scourge.
- Western Cape will be allocated R 90 922 000.00

As I said Honourable Chairperson, we are very eager to bring HIV/AIDS to an end.

Hence we are very excited by the prospect of a new drug called Lenacapavir will bring. This is an injection taken twice a year and has proven to be able to prevent HIV/AIDS – 100% in young girls and very substantially in their male counterparts.

We are very eager to be the first country in the Continent to pilot this drug when it becomes available, probably at the end of this year.

We are working on the plans and we will inform you in due course of any progress.

Finally House Chairperson, please accept our allocation of R277.4 billion for the 2025/26 Financial Year, for approval by this Honourable House.

I Thank you