

## **MEC Speaking Notes-Departmental Lekgotla**

**29 January 2025**

### **ACKNOWLEDGEMENTS**

The Superintendent General of the Department – Obakeng Mongale

District Chairpersons of the Provincial Health Council

**Boitumelo Setlhabetsi – Mokone in Dr Ruth Segomotsi Mompoti**

**Chairperson of the Mahikeng Provincial Hospital Board - Mrs Golda Gaobepe**

Deputy Director General – Mr Polaki Mokatsane

Acting Deputy Director General – Mr Pule Monale

All Chief Directors, Directors and Deputy Directors

Chief of Staff – Mr Ntshimane Lebogo

Officials present today, in your designated portfolios,

MEC Support Staff Present

Ladies and Gentlemen

Good morning

Thobela – ke – Rea lotsha

## **PREAMBLE**

Over thirty years ago our country embarked on an ambitious journey to build a united, non-racial, non-sexist, democratic and prosperous society, which guarantees a better life for all. In this journey, our Constitution served as an important torchlight which guided us to act together to heal the divisions of the past and build a society based on democratic values, social justice and fundamental human rights.

My aim in this Department is to bring about change. To be exact, I want to bring an agenda for transformation for sanity. I have observed partial divisions within management. Seemingly, there is a certain level of groupings that give rise to passive resistance and attempts of purging. I am currently dealing with this matter as it goes against the delivery of quality services.

Amongst these rights, the “right to health” as it is commonly known, was recognised as an important socio-economic right which required protection and promotion. Accordingly, since 1994, we have been enjoined as state actors to ‘take reasonable legislative and other measures, within our available resources to ensure that we achieve the progressive realisation of this right.’

Practically, this has meant that we must ensure that everyone is provided access to quality health care services, inclusive of reproductive health, basic health care for children and the elderly, and emergency services and medical services for detained persons and prisoners.

At this juncture, it is poignant for us to pause and take a look back to see how we have performed against these undertakings, and as we do, we must summon and deploy our critical tools of analysis to determine where we are currently and what future we wish to craft for ourselves.

## **INTRODUCTION**

This, I assert, is what the business of strategic planning Lekgotla really is about, and as we engage in it, all delegates who are attending here must, amongst others, refer to lessons we have learnt from the Programmes that I have adopted since my deployment as MEC for Health and each one's key performance area, as a contributing factor in taking the department forward.

## **MEC Programmes**

Upon my arrival, during my first speech to the Provincial Legislature, on 30 July 2024 as MEC for Health, I explained

what these programmes are about and the expectations thereof, moving forward.

1. **Re bona ka Matlho**, where we together travel the length and breath of the province, on oversight visits to assess the progression of, amongst others, our facilities and projects.
2. **Kopano ke Matla**, these are meetings where we sit around the table and discuss plausible ways that ensure our mission and vision is realised. We meet with stakeholders such as the private sector because they play an imperative role in this, unions and clinic committees.
3. **Tshela ka Itekanelo**, it is very important that we take care of ourselves and to teach and encourage members of the community to do the same. This programme, may I remind you, educates us on how this is done.
4. To assess progress for the above three (03) programmes, we meet through programme number four (04), that is **MEC's working sessions**.

The pronouncements made in these four (04) pillars are part of what informs the reason as to why we are gathered here for the next two days. Implementation of these pronouncements need not be taken lightly, ladies and gentlemen. They need to be clearly captured and followed up and implemented, promptly.

So, as we craft the future we want for ourselves can we also draw on our performance against these to enrich our plans.

### **The role of the Department**

Ladies and gentlemen, as we engage in discussions, I am sure that we will also recall that in 2012 we adopted the National Development Plan 2030, and in it we promised to achieve the following by 2030:

- i. Average life expectancy at birth to at least 70 years for both males and females;
- ii. A generation of under-20s largely free of HIV;
- iii. Reduce the burden of disease;
- iv. Significant shift in equity, efficiency and quality of health service provision;
- v. Universal health care coverage; and
- vi. Significantly reduced the social determinants of disease and adverse ecological factors.

We acknowledge that to achieve all of these outcomes we are going to depend on effective inter-sectoral and inter-ministerial collaboration. Therefore, just as mentioned above, Programme ya Kopano ke Maatla underscores the importance of partnerships.

We are going to have to improve quality of relationships with all stakeholders in the implementation of our Department's programme plans.

The challenges of our current economic times, and the forever changing geo-political developments have made it all the more important for us to work together with all our stakeholders.

Therefore, using the power of speaking from this podium, I am going to appeal to you to ensure that we “leave no one behind” in the course of pursuing our business.

From the cleaner, our clients, our staff and contract workers, our managers from entry level to executive level, our leaders, and counterparts in other sectors, our communities, let us join hands to ensure that we plan and deliver health services in an integrated manner.

For like Nelson Mandela said: “What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we led. “Colleagues, please let us be cognisance of the new development in our own geopolitical space

This includes the reality that the new American President has issued order to cancel financial aid to many countries, including South Africa, which has been used to fund many of our health programmes through partnerships like the Aurum Institute, and this means the department would have to take back its responsibilities of directly delivering health care services.

As we engage in planning for the delivery of quality health care services, please do not only respond to the changes in legislation and geo-political developments in our space, we also need to ensure that the organogram is also reviewed to give relevancy to the constitutional legislative policy mandates, including the new law of the national health act. We must honour core business of the department which is to provide quality health care services.

### **The performance of the Department**

Ladies and gentlemen, in the quest to ensure that we are indeed impactful in the lives of the people we lead, we are also going to need to undertake a review of our health building blocks. These are:

- (i) service delivery,
- (ii) health workforce,
- (iii) health information systems,
- (iv) access to essential medicines,
- (v) financing, and
- (vi) leadership/governance

How well we perform this review will help determine the chances of our success with pursuing the following priorities which we promised to deliver in our lead up to the elections in 2024:

- 1) **PRIORITY number 1. Put South Africa to work: Our Jobs Plan (the filling of vacant funded posts)**
- 2) **PRIORITY number 2. Build our industries to achieve an inclusive economy**
- 3) **PRIORITY number 3. Tackle the high cost of living**
- 4) **PRIORITY number 4. Invest in people**
- 5) **PRIORITY number 5. Defend democracy and advance freedom**
- 6) **PRIORITY number 6. Build a better Africa and World**

Chairperson, I wish to acknowledge that notwithstanding the fact that I may have only been in this portfolio for eight (08) months, to date, the level of commitment and performance I have seen during my monitoring and oversight has both been positive and negative. Therefore, we need to applaud ourselves for bringing our all to work and equally address some of the challenges that make it difficult for us to thrive.

For example, there are many vacant funded posts in the Department. We need to prioritise the advertisement of these critical posts in the provincial office, the districts and our facilities, including the appointment of senior managers and healthcare professionals.

Some of the acting positions are not handled properly, in this regard, an intervention is needed. It is alleged that some union

members are victimized by some senior managers which we shall also intervene.

We also need to work with speed in the construction and refurbishing of our facilities that we committed during departmental budget speech, for an examples 34 Clinics and 6 Hospitals. There is a serious challenge in this aspect, and it needs urgent attention. In addition, we need to work together in taking care of what we already have at our disposal.

### **Our relationship with stakeholders**

It is imperative that we form cordial working relationships with all stakeholders. It is also crucial that we maintain such relationships. Colleagues, I am referring to institutions and people that play a role in changing the mindset of society, and contributing positively through financial means and efforts, where we as the public sector lack.

We can appreciate that the healthcare system is somewhat burdened, government has insufficient resources to cater to each and every member of society. The public, including members of the media, often lambast us due to shortages in medication, emergency medical service vehicles, members of staff throughout the department, and other resources that are required to run an effective healthcare system.

The assistance from external stakeholders, is encouraged in this regard.

## **The aftermath of COVID-19**

Officials of the Department of Health, we need to be reminded of the effects that COVID-19 had on lives and livelihoods in South Africa and globally. The pandemic laid bare the deficiencies of the healthcare systems around the world due to what has been characterised as long-term under-investment and piecemeal funding.

It has also brought to light failure to fully embrace technology. Accordingly, as world health leaders we have been called upon to put technology as the centrepiece of a new health-care model to create a more predictive, preventative, personalised and participatory health system. This is where **Kopano ke matla**, once again comes in. We need, for the sake of our people, a public / private sector partnership.

## **Conclusion**

As one of the biggest Department in the Province, we have a mammoth of task in our hands. For the next two days we need to strategise and come up with ways that sets us apart from the rest.

Therefore, I would like to take this time to welcome you and wish that as you engage, you will do so by remembering to align your priorities, resources, processes, and people towards a common objective. You must also look at what can be done to optimise your operations, venture into new opportunities,

adapt to changing circumstances, and ensure you have a competitive edge over other participants in the health sector.

In the words clearly captured on Habbakuk 2 verse 2

I quote

"And the LORD answered me, and said, write the vision, and make it plain upon tables, that he who reads it may run with it."

unquote

Team Health, good luck.

Thank you very much.