

North West Provincial Legislature Office

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NW Provincial Legislature, Unit 1, Mmabatho

Debate Budget - Health Hon. H van Huyssteen 22 July 2025

Honourable Speaker,

This budget vote is the second largest to be considered by this Legislature over the course of the next three days, and rightly so: it is one of the social cluster votes directly affecting the daily lives of our people.

When dealing with the question of whether it should be approved or not, we as a House are expected to take an evidence-based decision with the Departmental vision in mind: "A long and healthy life for all communities of North West."

The Department of Health in NW has 8 programmes which they must run with their budget of just over R17 billion. This is a budget increase of just over R500 million from the previous financial year, which was R16.5 billion.

The following are points of serious concern:

- 1. Accruals and payables that could not be paid last year and were carried over come to R1.3 billion, or around 7% of the total budget.
- 2. Fleet management's budget is R122 million, of which 16% is accruals. The Department has clearly stated that there is only enough funding for this function for 10 months of the year. Their hope is placed on an adjustment budget in the future to augment this shortfall.
- 3. Security services' budget is R593 million, of which 20% is accruals. The Department has again clearly stated that there is only enough funding for this function for 8 months of this year. Their hope is to once again have an adjustment budget in the future to augment this shortfall.

What this means is that this budget is unfunded in practice. The Department stated that it has attempted to protect non-negotiables from budget cuts but that it still predicts a shortfall in funding.

Above and beyond the books not being able to balance for a period of 12 months, there are serious issues in the Department that are not being addressed in this financial year, which include:

- 1. A lack of resources for EMS services and no clear plan for the proper management of existing resources through digitisation; and
- 2. No ICT plans to bring Hospital Patient Register Systems online in all medical facilities and to fully digitise patient records.

What this means in practice is that patients will continue to wait hours or days for basic treatment. Many CHCs and clinics will continue to operate on limited hours, lack medication, or remain short-staffed, with no real referral system to functioning hospitals. Mobile clinics will remain unreliable, and emergency transport will continue to be virtually inaccessible in many of our rural areas. The NW Department of Health is slow to adopt any innovation. Projects are either stalled due to corruption or underfunded due to mismanagement.

We see the opposite of all this in Kayelitsha, where the DA governs in the Western Cape. In this poor community of just over 38 square kilometres, there is the fully functional Kayelitsha District Hospital, several 24-hour community health centres, and well-resourced clinics.

FREEDOM. FAIRNESS. OPPORTUNITY. DIVERSITY.



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Emergency services, maternal and child healthcare, TB and HIV treatment, mental health services, and chronic disease management are all integrated into a primary healthcare approach that works. Khayelitsha District Hospital is modern, clean, and digitally integrated. It handles high patient volumes with relative efficiency.

The Western Cape actively embraces public-private partnerships and innovation, including telemedicine pilots, mobile health apps, and collaboration with universities and civil society. Health data is used for planning and improvement.

If quality healthcare can be delivered in the heart of Khayelitsha, then there is no excuse for the failures we see in the North West. The difference is not funding. It is leadership. It is governance. It is political will. The Western Cape has shown us what is possible.

We are members of this House of the 7th Administration.

We cannot sit in this House, 31 years into democracy, and approve a budget that is unfunded in practice. As such, the Democratic Alliance will not vote in support of this budget.

Let me end with a quote from former Constitutional Court Judge and HIV and AIDS activist Justice Edwin Cameron: "Access to health care is not a luxury or a favour. It is a fundamental human right. Denying it is not just unjust—it is deadly."

The budget before this house does exactly that: it denies our residents their right of access to healthcare services.

End.