



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

HEALTH

Chat

SEPTEMBER 2016



PUT ON YOUR HEALTHY GEAR-SPRING IS HERE

Can you feel it-Spring is here!!!

As the change in weather patterns become more evident with bitter winter days being replaced by the sun drenched atmosphere, the temptation to flaunt our bodies will be even much higher. This means heavy winter coats will now be packed away in favour of light and colorful garments to truly blend in with the atmosphere. The KwaZulu Natal Department of Health calls on all citizens to peruse Healthy Lifestyle norms more vigorously this season. This simply means doing all necessary things to stay healthy like screening for diseases, eating healthy, exercising and if sick, taking your medication correctly. This is a clarion call for individual action to managing health and a collective action to achieving optimal health to all people of KwaZulu Natal.

Life expectancy rate in South Africa has improved to 63 in the last few years. This is largely due to a combination of factors from solutions to complex medical challenges like managing the quadruple burden of diseases, to improvement in systems, procedures and service in various levels of healthcare. However this can improve significantly if people can adopt an active approach to life and adopt healthy habits.

As we embrace all the beautiful and bright flowers that blossom in spring let us similarly seek to lead lives that resemble what we like about spring, alluring visuals that represent the epitome of good health all around us. Let us stay cognizant of the Do's and Don'ts of promoting the healthy lifestyle programme.

HEALTHY LIFESTYLE TIPS

THE DO's

- Exercise
- Drink Water
- Eat Healthy Food

THE DON'Ts

- Smoking
- Drinking Alcoholic Beverages
- Unhealthy diet



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KZN DEPT OF HEALTH IMPLEMENTS HIV “TEST & TREAT” POLICY



KWAZULU-Natal has initiated its first HIV patient on antiretroviral treatment (ART) under the new “Test and Treat” policy, which came into effect today, 01 September 2016.

After testing positive, the male patient, who is in his 20s, was counselled by KwaZulu-Natal Health MEC Dr Sibongiseni Dhlomo, as well as nurses at KwaDabeka Community Health Centre.

The new policy is in line with the World Health Organization's guidelines that the urgent commencement of treatment for people who are HIV positive – regardless of their CD4 Count – is extremely beneficial.

National Minister of Health Dr Aaron Motsoaledi announced during his budget speech in May 2016 that from 1 September South Africa will implement the new WHO guidelines.

What does this mean for patients?

Those that currently are eligible to be initiated at CD4<500 can now be treated regardless of their CD4 levels. Government has, on the basis of research evidence, already removed CD4 as an eligibility criterion for HIV+ pregnant women, children under 5 years of age as well as HIV and TB co-infected patients over the past few years. This new policy extends this to all people living with HIV.

According to the National Department of Health, implementation of the “Test and Treat” policy will contribute to the National Development Plan goal of increasing life expectancy to at least 70 years by 2030 – people diagnosed with HIV can also live long and healthy lives once they are on ARV medication.

In welcoming the new policy, KZN Health MEC Dr Sibongiseni Dhlomo said: “The National Department of Health is aware that

this announcement will result in more HIV positive people accessing Anti-Retroviral Treatment (ART) services, which may lead to congestion and increased waiting times at health facilities.

“In order to decrease the burden on both patients and health facilities, the Department has initiated a process of decanting stable patients, those that do not need to see a nurse or doctor more than once a year, into support groups and into the chronic medicine dispensing and distribution system through which patients can designate where their medication should be sent to, closer to their homes. This means that patients who do not have to see their health worker, need not come to the clinic to collect their medication as it will be sent to a point close to their homes.

MEC Dhlomo said KwaZulu-Natal is ready to implement Test and Treat.

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“We are in a good position because we have scores of nurses who are trained in the Nurse-Initiated Management of Antiretroviral Treatment (NIMART), as the enormity of the task at hand is such that we cannot only rely on doctors to provide ART. The NIMART-trained nurses are available throughout the province.”

MEC Dhlomo also called upon all patients who tested HIV positive in the past but did not receive treatment, due to being below the previous CD4 count threshold of 500, or for other reasons,

to come forward so that they can be initiated.

He urged the public to get tested for HIV at least once a year, so that people who test positive can be initiated on treatment. To those who are not yet infected, the MEC’s message was clear: keep it that way, by using condoms during every episode of sex, while combining this with medical male circumcision.

“Our message is that diseases must be prevented, because prevention is better

than cure. Out of 3,4 million people who are HIV positive countrywide, 1,1 million are in KZN. What we are saying is that there must be no new infections because we as a department have programmes and services such as free condoms to help you not get infected. To those who are infected, we are saying please do not infect others. As we test and treat, we must make sure there are no other new infections that are coming into the pool,” he said.

ROLLING OUT THE HIV AND AIDS TREATMENT

Universal Test and Treat Fact Sheet

South Africa has 6.8 million people (aged 15-49) living with HIV. There are currently 3.3 million people on antiretroviral treatment (ART) in South Africa. KwaZulu Natal has the over 1 067 783 people on this programme.

According to the 2013 Statistics South Africa (StatsSA) putting people on treatment has drastically improved the general life expectancy from 54 years for males, 55.5 for females in 2009 to 57.2 years for males and 62.8 years for females in 2011.

Breadwinners and parents are now living productive lives without fear of dying too early thus living orphaned children. Mothers living with the virus now are giving birth to babies without the virus.

This year, the government has hit another milestone by announcing that people found to be HIV positive will be initiated on ART treatment immediately after they are diagnosed with HIV. This it is hoped will lower risk of illness, prevent the spread of the virus and early deaths.

Now; what is universal test and treat?

Universal Test and Treat is a strategy in which all HIV infected individuals receive treatment whether in need or not. It is aimed at eliminating HIV as it reduces the rate of spreading the virus to other people. Using World Health Organisation (WHO) estimates; it is predicted that through the Universal Test and Treat programme the country will end HIV within 20yrs as a public health concern.

Already; Test and Treat is offered to certain categories of HIV infected individuals which are:

- Pregnant women
- TB infected patients; and
- Under 5 children

It is important that all people infected are on treatment and have their viral load suppressed.

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When will it start?

From the 1st of September 2016, people diagnosed with HIV will get started on treatment immediately. This follows Minister for Health, Dr. Aaron Motsoaledi, ground breaking announcement on the 10th of May 2016 ushering in a new policy change in the management and care of people living with HIV and AIDS by effectively removing CD4 count as an eligibility criterion for ARV treatment.

What is the first step towards universal test and treat?

The first step is for everyone to know their HIV status, which has two vital benefits. Firstly, if you are HIV positive, you can take necessary steps before symptoms appear to access treatment, care and support services, thereby potentially prolonging your life for many years. Secondly, if you know you are infected, you can take all the necessary precautions to prevent the spread of HIV to others.

Where do I get tested?

- In all public healthcare facilities
- Mobile Clinics
- Outreach centres
- Private healthcare facilities
- Workplace

What do I do after testing?

Once you know your status, visit the nearest clinic to access treatment or be linked to care and support programme so that you remain negative.

What is the Department doing to increase access to Universal Test and Treat?

The Department is calling on all people who were tested before but not started on treatment to visit their nearest clinic. Secondly; we are expanding access to HIV Testing services by ensuring that these are available in all service points e.g. in the wards, all health facilities, mobile clinics, and community testing centers.

Lastly; treatment is made available in all service points so that you don't have to follow many queues.

Do I have to come to the clinic every time to collect my medicines?

No. People collecting chronic medicines can now do it near their homes or places of work. People with chronic illnesses are encouraged to register for collection of chronic treatment in 3 ways;

- Through Chronic Clubs;
- Space and Fastlane and Appointment;
- Central Chronic Medicine Distribution and Dispensing (CCMDD) Pick Up points.

This programme has started in many areas and you may find out from your clinic or hospital about it. Currently there are 256 673 patients who are accessing care through the pickup points. A further 44 638 have been identified to collect treatment through adherence clubs, and 42 406 receive treatment at their chosen health facility but go directly to the facility pharmacy and collect treatment; they don't wait in facility queues.

Are healthcare workers properly trained to manage patients on ART?

Currently; there are many nurses and doctors already trained to management people with HIV and starting them on treatment. All health facilities have received support to train more nurses on relevant courses to help them manage and initiate people on treatment.

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How is this programme going to be rolled out?

The first step is to recall all persons who know their HIV positive status to return to their respective facilities so that they are started on treatment. This will be done through word of mouth, during health education sessions at facilities, during outreach campaigns and using radio and newspapers. The Ward Based Outreach Teams (WBOT), school health teams and HAST tracer teams will also spread the word and information to educate the community.

Other structures to be used include OSS war rooms, Ward AIDS Council (WAD) in all municipal wards, Local AIDS Council (LAC) in municipalities, District AIDS Council (DAC) in each district municipality and the Provincial Council on AIDS (PCA) will be used to call back patients who are not on treatment yet.

Existing structures who are appointed to work with the department of health such as clinic committees and hospital boards will be briefed through presentations to solicit their support in communicating the same message to their respective communities and to community based structures.

How important is treatment adherence?

“Treatment adherence” is a phrase that means taking your HIV drugs when and at correct time as prescribed. Treatment adherence is extremely important because it affects how well your HIV medications decrease your viral load. The lower your viral load;

- The less likely that you transmit the virus to your partner;
- The more protected you are from other opportunistic infections; and
- The healthier you are likely to be.

Adherence also helps to prevent drug resistance.

What happens if I don't take my medicines?

If you skip a dose of your medication - even once - the virus can take that opportunity to replicate, and make more HIV. When you skip doses, you may develop strains of HIV that are resistant to the medications you are currently taking - and possibly even to medications you haven't taken yet. If this happens, it could leave you with fewer treatment options.

How do I prepare myself for life long treatment?

ART is a lifelong treatment that can keep you healthy for many years and greatly reduce your chance to transmitting HIV to your partner(s) if taken consistently and correctly. Treatment is most likely to be successful when you know what to expect and are committed to following the plan that you and your healthcare provider work out together.

For many people, starting treatment for their HIV disease means they have to make significant changes in the way they live. It's important for you to know what you're getting into before you start.

Once you start treatment you need to live healthy life. This means;

- Healthy eating habits
- Reduce alcohol intake or drugs
- Use a condom regularly and consistently
- Exercise regularly; and
- Stick to one sex partner.

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What if I am on medicines for other ailments?

Let your healthcare professional know. You may have to learn to take your medications at different times of the day or change them all together. That's because some meds can change the way your body processes the other medications when you take them together. They can make some medications ineffective or increase the amount of medication in your body.

You should discuss all of these issues, and any concerns you have, with your healthcare provider BEFORE you begin treatment. Your provider will help you identify barriers to staying on your plan and ways to address those barriers. Understanding issues that can make staying on your treatment plan difficult will help you and your health care provider select the best treatment for you.

What do I do when I react to my medicines?

Immediately go to the health facility. They may;

- Change the treatment regimen, or
- Refer you to a specialist or
- Give advice on taking the medicines.

How often will I do the viral load tests?

At first, you will need to do it every 6 months and yearly thereafter.

AS WE MOVE FORWARD: UNIVERSAL TEST AND TREAT

The Government of South Africa has drastically improved the general life expectancy of the people. Breadwinners and parents are now living productive lives without fear of dying too early and leaving behind orphaned children. And mothers living with HIV are now giving birth to babies without the virus.

From 01 September 2016, all people who test positive for HIV will be initiated on Antiretroviral Treatment immediately after they have been diagnosed. They will not have to wait for their CD4 Count to drop.

This will help lower the risk of illness, and prevent the spread of the virus and early deaths.

We request all the responsible citizens who have taken the test and have tested positive BUT may not be on treatment to go back to their nearest clinics and hospitals to be put on HIV treatment.

If you need to know, your nearest clinic will assist you!

DARING CALL TO SAVE LIVES: MARCHING ORDERS TO MIDWIVES

#SOMSACONGRESS



When healthcare professionals are lazy, take short cuts and fail to observe protocols, people die and they never get a second chance. Therefore, healthcare workers must always do everything humanly possible to save lives. This is the call by KwaZulu-Natal Health MEC Dr Sibongiseni Dhlomo.

He was speaking at the opening of the Society of Midwives of South Africa (SOMSA) Congress in Durban. Hundreds of midwives from all over the country attended the conference, which was held under the theme: Midwives: Taking the lead in achieving the Sustainable Development Goals.

In KwaZulu-Natal, the maternal mortality rate is showing a consistent decline since 2010. In 2010, 385 deaths of pregnant women were reported as compared to 239 in 2015.

However, the KZN Department of Health is concerned that in the Province, 1 in

20 children die before their 5th birthday and that 45% of these, die outside the health care services.

MEC Dhlomo called upon all midwives, as well as all other healthcare professionals to actively advocate messages of maternal care at every given opportunity - even during social events such as weddings and church gatherings. He added that nurses should be alert and be keen to do random assessment of pregnant women and children at any available platform where they can add value. "This proactive approach can go a long way in terms of yielding desired results in managing maternal deaths.

"As a country, we are measured by how much we support pregnant women and we are called upon to do everything possible to help those women. You therefore need to do everything humanly possible to save lives," pleaded MEC Dhlomo.

He said out of 1 million babies delivered per year, 900 000 are from public hospitals in the care of midwives. Therefore, midwives need to remain steadfast in rendering healthcare service to pregnant women. He urged them to go beyond the call of duty to promote the use of Waiting Mothers Lodges for rural provinces like KwaZulu-Natal and the Eastern Cape, where road surfaces and transport challenges always pose a challenge to pregnant women in terms of them getting to the hospitals on time.

As per its agenda, the SOMSA congress dealt with issues related to maternal and child health, with a focus on, among others, how to improve adherence to ethics; working conditions; patient management; delivery outcomes and everything else that midwives deal with. "In our time, we can end preventable maternal mortality, it's our legacy to leave for the next generation," said SOMSA President Elgonda Bekker.

KZN NURSES AND PREGNANT MOTHERS HOLD THE KEY TO PREVENT MATERNAL AND CHILD MORTALITIES

Dr Neil Moran, Head Obstetrics and Gynaecology unit for KwaZulu-Natal Department of Health, has seen the future. He says that in order to further reduce the rate of maternal and child mortality in the province, at least five things need to be in place: commitment to the highest quality standards; broadening the health coverage of pregnant mothers, ensuring caesarean section safety, adherence to contraception and ensuring community involvement in public health.

“This requires two things; knowledge and skills and respectful Care,” Dr Moran said, while making a presentation titled Bringing Down Maternal Mortality in KZN, at the 13th Society of Midwives of South Africa congress, currently underway in Durban.

Among the causes that were highlighted for maternal deaths in KwaZulu-Natal are the following:

- Pregnancy related infections with the biggest being HIV,
- Obstetric Haemorrhage (Pregnant women bleeding to death),
- Medical surgical disorders,
- Hypertension, and
- Miscarriage

KwaZulu-Natal's response to HIV and AIDS has been identified as arguably the biggest contributor to the reduction of maternal deaths in the province. The provincial maternal mortality rate has shown a progressive decline of 40% since 2010; it dropped from 390 in 2010, to 280 in 2014 and 239 in 2015.

Faced with the highest burden of HIV and AIDS, KwaZulu Natal has made significant strides to fight the epidemic and has more than 1 million people on treatment. The high HIV prevalence rate in the province also prompted the largest roll out of HIV testing for infants.

The province commenced with the universal birth Polymerase Chain Reaction (PCR) testing of all HIV exposed infants in April 2015.

While statistics reveal that the province has 6000 babies who are born exposed to HIV per month, since the introduction of PCR in April 2015, at least 80% of them are tested for HIV at birth. This makes it possible for medical professionals to intervene where necessary.

But there are plans to accelerate this further, as the midwives who gathered at the conference have committed towards a national target of reducing the rate of maternal mortality by 20% by the end of this financial year.

The congress provided a convenient platform to share lessons learned, compare information and devise recommended strategies for saving mothers, which they will implement

back in their respective provinces. It was an opportune moment for them to project on the overall picture of their individual and teamwork contributions on a daily basis and how those help to advance the socio-economic status of our society and ultimately the country.

Dr Moran also singled out obstetric haemorrhage (pregnant women bleeding to death) and hypertension as the other major causes after pregnancy infections for KZN. Looking into the future, he said that while implementing recommended strategies to save mothers, other key elements to take into consideration are issues of behavioural change, improvement of health systems and practises by doctors and nurses.

KZN DEPARTMENT OF HEALTH LAUNCHES ANTI-SKIN BLEACHING CAMPAIGN



KwaZulu-Natal Health MEC Dr Sibongiseni Dhlomo has called upon the people of the province to reject all colonial notions of beauty which have resulted in the widespread usage of dangerous skin lightening and bleaching products. Such products cause skin cancer and even premature death, MEC Dhlomo warns.

“Over decades we have seen people blemished and disfigured especially amongst the African and Indian groups due to the use of skin lighteners. Wrong notions were being promoted to the effect that to be Black, especially if you were particularly dark, was loaded with negative stereotypes. The implication was that natural physical traits of blackness were defective; whiteness was now the norm for Blacks to emulate.

“Several products, promising miraculous transformations, were then manufactured and marketed specifically to the Black community. Consequently many Black women and Black men have mutilated their bodies and have even died because they used products, containing harsh chemicals that promised peace of mind in a bottle,” he said.

The Department together with the University of KwaZulu Natal and other partners held a march which culminated in the official launch of the Anti-Skin Lightening and Bleaching campaign in Durban.

Scores of people braved today's rainy

weather to attend the march, which also featured testimonials and strong warnings from people who had borne the brunt of these products.

MEC Dhlomo also made an impassioned plea to law enforcement authorities to act swiftly to ensure that these illegal products are taken off the shelves, destroyed and not imported again.

“We also call upon them to play their roles in enforcing legislation and monitoring of illegal importation of banned skin creams.

“The Business Sector Associations

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also has to show its caring and progressive ethos calling upon all their members to remove of all the banned skin lightening creams from their shelves in supermarkets, vendors, pharmacies and spice shops.

To the manufacturers, we demand that they stick to the strict guidelines and legislation that governs the sale of products which are meant for treating pigmentation. He said it was high time the South African populace get to know that these products often contain harmful chemicals that come by themselves or in combination of steroid, hydroquinone, mercury, phenol and its derivatives and or resorcinol.

He said some of the adverse effects borne by these skin lightening and bleaching products were:

- Skin cancer
- Making yourself susceptible to skin infections
- Skin thinning
- Uneven skin tone with increased pigmentation
- Stretch marks
- Increased in appearance and thickness of skin vessels
- Increase in hair growth at sites of application
- Ochronosis (irreversible greyish pigmentation)
- Kidney and neurological problems (mercury).

MEC Dhlomo said the rampant use of skin lightening and bleaching products reminded him of Malcom X, one of the leading figures in the American Civil Movements, who once posed to his fellow country men and women, the following questions:

Who taught you to hate the texture of your hair?

Who taught you to hate the colour of your skin? To such extent you bleach, to get to look like the white man.

Who taught you to hate the shape of your nose and the shape of your lips?

Who taught you to hate yourself from the top of your head to the soles of your feet?

Who taught you to hate your own kind?

Who taught you to hate the race that you belong to so much so that you don't want to be around each other? MEC Dhlomo said: "Again, we reaffirm confidence and pride in oneself and declare that skin bleaching represents a profound, yet subliminal hatred of one's self. It is time indigenous Africans and Indians embrace natural beauty and love the skin they are in."

MEC Dhlomo thanked all stakeholders who had partnered with the Department on this campaign, including the Department of Dermatology at the University of KwaZulu-Natal; the Cosmetics Toiletries and Fragrances Association (CTFA); the Health Professions Council of South Africa (HPCSA); the Dermatology Society of South Africa (DSSA); the Women's Dermatological Society of SA (WDS) as well as the Students Representative Council (SRC).



THE FALLACY OF SKIN BLEACHING: BEWARE OF SKIN CANCER AND OTHER SERIOUS HEALTH RISKS



THERE's an age-old idiom that tells us that beauty is only skin deep. Another tells us that beauty is in the eye of the beholder. However, considering the growing use of illegal and dangerous skin lightening or bleaching creams in our society, I sometimes wish life was as simple and ideal as in these idioms.

The reality is different. People care a lot about how they look and have different perception and definition of beauty, depending on their socialization. The situation is even more complicated in the case of the majority of South Africans who for decades, were subjected to all forms of oppression, including that of assimilation and acculturation. This unfortunately, in some cases resulted into tendencies where certain people are inclined to compare their appearance with someone else rather than with themselves. Peoples's concern for their appearance and the pressure to look "perfect" all the time, although not a bad thing, can— and

often — does lead to health related problems.

Key among these, are skin cancers, resulting from illegal skin bleaching - which is fast becoming a burden to public health that is already buckling under the quadruple burden of diseases, including HIV and AIDS, TB; trauma due to injuries resulting from violence and motor vehicle crashes. It is fast becoming a burden on the public purse, whose resources are always scarce.

Even where genuine skin conditions such as acne and blemishes may exist, instead of seeking help from qualified health professionals at reputable health institutions, many people are inclined to listen to bad advice and misleading advertisements for what may appear as quick-fix solutions, which are, in fact, extremely dangerous and illegal. As government in KwaZulu-Natal, we are determined to stop this. We are eager to stop anti - skin bleaching epidemic on its tracks.

To this end, we were heartened to witness the enthusiasm and positive public response to the march that we held in

Durban on Friday, in conjunction with the University of KwaZulu-Natal (UKZN) and other stakeholders, to launch a campaign to heighten awareness about the dangers of using illegal skin lightening or bleaching products. This will be an annual campaign for the foreseeable future. It gives us hope that this fight will be won sooner than later - to the benefit of all people of KwaZulu-Natal.

This initiative takes place at a time when the usage of these illegal and dangerous skin bleaching products has become rife, particularly among Black and Indian communities — among both women and, increasingly, men.

We are extremely concerned by the rise in the number of patients — both women and men - who present to our clinics presenting with skin complications due to their abuse and use of skin-lightening creams, which contain which contain corticosteroids, mercury, phenol and hydroquinone and its derivatives. Such complications are challenging and, in some cases, impossible to treat or reverse.

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We are also informed by UKZN's Dermatology Department of some shocking facts about these skin bleaching creams, that emerged from a recent study, conducted by Profs Ncosa Dlova and Bice Martincigh including that:

- Their use is dominant among African and Indian women, as well as a growing number of men;
- More than a third of women still believe that a lighter skin tone can increase their self-esteem, implies a higher socio-economic class, and helps them get better jobs and increased chances of getting married as it is considered more beautiful by men;
- While 23% of African women and 11% of Indian women reported that their skin had been damaged by a skin lightening product, 90% of these women were still happy with the result of a lighter skin tone;
- More than 90% of users of the creams are unaware of the dangerous side effects, including skin cancer;
- Despite the fact that South African law requires people who distribute these creams to advise those who use them to use sunscreen when applying a skin-lightening product, it has been found that this does not always happen.
- While one in every three black South African women admits to using skin lightening products, only 21% use sunscreen.
- None of the top 10 South African or internationally-produced skin lightening products on the market warned the consumer to stop using the cream if side effects were experienced or that the product must be used with a sunscreen.

What is also of concern is the fact that marketing campaigns by those who peddle these illegal products appear to be aimed at a younger and more gullible age group.

Such campaigns have strong, but underlying, intentions to persuade them to aspire towards having a lighter skin tone.

So, it is clear that this trend of abusing skin lighteners has reached epidemic levels. We have a huge challenge on our hands. And we have to act fast. As government, we need to urgently tighten the law to ensure the ban on the sale and use of such products, and create more awareness about the safe and legal alternatives that the public can use for conditions such as acne and pigmentation.

It is incumbent on us to ensure that issues of skin and hair care are included in our school curricula as part of life orientation from a young age, such as at primary school level. We also call upon each and every member of society to shift the paradigm away from using skin tone as a determinant for beauty. Instead, we need to re-socialise our people and inculcate positive and self-affirming attitudes that

reject all elements of Afro-pessimism. We must ensure that the outlook is 'Black, or any darker hue, is just as beautiful as any other.'

Critically, our people need to understand the many grave dangers of skin lightening and that there are many safe alternatives to treating skin disorders. There are no quick-fix solutions.

The message must be loud and clear: solutions to skin problems are available at public healthcare institutions. By using skin lighteners, we are killing our own natural pigment "melanin" which leads to increased exposure of the skin to the damaging sun rays. This results in destruction of the natural skin fibres which strengthen our skin. Use of skin lighteners increases skin cancer risk and makes the skin to age 10 times faster than the normal pigmented natural skin.

Skin lighteners may contain harmful chemicals either alone or in combination, such as corticosteroids, hydroquinone, mercury, phenol and its derivatives and or resorcinol. They work by decreasing the production of melanin thereby making the skin lighter. Melanin is the natural pigment which determines our skin colour and filters the ultraviolet rays (UVA and UVB).

Thanks to Dr Jimmy Mthethwa and Staff and Prof Ncoza Dlova and her Department for championing this campaign, UKZN, Cosmetics Toiletries and Fragrances Association (CTFA); Health Professions Council of South Africa (HPCSA); Dermatology Society of South Africa (DSSA); Women's Dermatological Society of SA (WDS) and student leadership from various campuses who are our partners to stop anti - illegal skin bleaching pandemic. Together we can do more to ensure healthy lifestyle among the people of the province. As a Department, we call for tougher enforcement of legislation and monitoring of illegal importation of banned skin creams, as well as strict ethical conduct of pharmacists and doctors. We call for the removal of all the banned skin lightening creams from the shelves in supermarkets, vendors, pharmacies and spice shops. Further plans are in place to create a smartphone app which will list all the confirmed illegal banned creams as well as offer information to consumers on what alternative safe products are available to them to use for treating acne and other disorders of pigmentation or blemishes.

KZN MEDICAL STUDENTS URGED TO BE GOOD AMBASSADORS

FOR SA



KZN Health MEC Dr Sibongiseni Dhlomo has made an impassioned plea to a group of Cuba-based medical students to grab the golden opportunity to become doctors with both hands and desist from all forms of unbecoming behaviour.

The medical students, who are in various years of studying, have spent the July and August holidays based at health care institutions throughout the Department's 11 health districts. This was to help them familiarise themselves with South Africa's disease profile and observe patient care, especially in relation to caring for patients with HIV, which does not exist in Cuba. Addressing the students, MEC

Dhlomo said: "My plea to you is, go back to Cuba, and continue doing well so that this opportunity is never lost to any other child who must come next. You're just a passenger through a programme you didn't create. Some people have benefitted from this programme. They left a legacy for you to benefit, do no waste this opportunity. Please become good ambassadors for us. This is about country to country relations... Respect the fact that we send you to Cuba out of desperation, wanting more doctors, so please persevere."

MEC Dhlomo urged the students to imbibe the Cuban model of medical training, which he described as one

of the best in the world, so that they can come and replicate it back home.

"Cuba has wiped out malaria. The country has significantly low infant and maternal mortality. They adhere to basic things. It is part of their culture to walk and exercise. You live longer as a human being if you exercise... Your success as doctors will be measured by how many people are not sick. Here, we are trained to be hospi-centric. We wait for patients, we treat them, they go home. But your orientation in Cuba wants you to go and do community diagnosis. That is the model of prevention that you must come and replicate here."



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Department:
Health
PROVINCE OF KWAZULU-NATAL

HEAD OFFICE

Natalia Building, 330 Langalibalele Street, Pietermaritzburg, 3201
Tel: 033 395 2111 | Fax: 033 342 0429 | Web: www.kznhealth.gov.za



Facebook - KwaZulu-Natal Department of Health



Twitter - @kznhealth



Instagram - kznhealth

ENQUIRIES:

Agiza Hlongwane: 033 395 2211, E-mail: agiza.hlongwane@kznhealth.gov.za