

**SPEECH DELIVERED BY HEALTH MEC DR ZWELI MKHIZE
AT THE MASS PRAYER DAY FOR HEALTH WORKERS ON 08
OCTOBER 2004 AT THE ROYAL SHOWGROUNDS,
PIETERMARITZBURG AT 10AM.**

In the run-up to the prayer day one has been asked again and again why there is a need to pray for health workers and whether we should not in fact be praying for patients. This brings up the age old question of who cares for the carers. In many quarters the general understanding of the role of health workers is that they are carers, and rightly so, thus very little attention is paid to them as mothers, fathers, sisters, somebody's daughter and somebody's son. With the increase in diseases in general and HIV and Aids in particular we should in fact be taking better care of our staff. There is talk everywhere of winning the war against the pandemic but all the strategies being bandied about will fail if we do not take care of the staff that is tasked with caring for the sick.

Each of our institutions is a microcosm of what is happening in all organisations and places of work across the country. Yes, we are the health department but we are not immune from the pain of losing valuable staff to Aids, to accidents and to all manner of other diseases that plague the rest of the province, but because we are supposed to be the curers of diseases the public thinks we are immune. Anyone who doubts the devastating impact of HIV and Aids on our patients and staff needs to only look at the 2002 HSRC report on the Impact of HIV/Aids on the health sector. The report was a result of a study that was commissioned by the national Department of Health to measure the impact of HIV and Aids on the health sector in our country. The key finding of the study was that almost half of South African hospital patients, 46.2%, are HIV

positive. The study also found that 15.7% of all healthcare workers have the killer virus. HIV and Aids is taking its toll on healthworkers through illness, absenteeism, low morale and an increased patient load. Some 16.2% of staff has been treated for stress related illnesses. It is against this backdrop that we are taking the time to pray for our health workers today.

It is also against this backdrop that we are launching the chaplaincy programme, by which we aim to give emotional and spiritual support to our workers. All our workers will now have access to a properly trained spiritual counsellor to help them through the onslaught of killer diseases in the province. It is our hope that they will make use of this service as often as they need to.

In recent weeks our department has been in the news for the wrong reasons. From the waiting list for surgery at Mahatma Ghandi to the drama at Stanger hospital, to patients suing us for alleged negligence. All this negative publicity take the shine away from the good work that our staff perform everyday. Because it is these incident that get publicised the public tends to believe that nothing good happens at our institutions, when this in fact is the opposite. At a hospital like Greys an average of 17000 patients are seen a month. At Mahatma Gandhi they see an average of 18000 a month. This is more than twice the number of people in this marquee. Of these how many go to the media and say they are grateful for the care and compassion that they were given at Grey's? I have said this before and I say it with confidence again today: the majority of our staff performs miracles everyday -- patiently, quietly and consistently, not for glory or for praise but simply because it is what they want to do and because they care. It is as simple as that. The truth is that for every patient

who complains about the service at our institutions there are thousands who say “I owe my life to the tenacity of the nurses and doctors at that hospital”.

Looking at the figures that make up our staff puts the workload they face into perspective. The department has 51910 employees, according to the latest annual report. This sounds like many people but closer scrutiny of our Human resource records shows that among medical practitioners there is a 21% vacancy rate. In simple terms this means that a job that is supposed to be done by 100 doctors is only done by 79. Among the professional nurses there 12294 employees. This also sounds like a great number, but here too there is a 23% vacancy rate. Among pharmacists we have a vacancy rate of 43%, which is the second highest of all the vacancy rates of the critical occupations. The highest (at 57%) are psychologists. The overall vacancy rate among the critical occupations (which are the health professionals) stands at 21%.

Staff turnover is another area of concern. For the period 1 April 2003 to 1 March 2004 there was an annual turnover rate of 11% among professional nurses. Among medical specialists the turnover picture is much bleaker at 87%. Deaths and resignations are the top methods of leaving the department. What all these figures mean is that the staff that we do have is under tremendous pressure to provide professional and compassionate care against incredible odds. The rise in diseases is clearly not being matched by a rise in the numbers of those tasked with caring for the sick and the dying. Our staff in turn is feeling the strain.

A question that is always asked when we talk of the staff shortages in our department is why there are these shortages and what are we doing about

them. Because the standard of medical education in our country is comparable to the best in the world our medical professionals are highly sought after worldwide. This is coupled with the fact that since the advent of our democracy the borders are wide open for all South Africans and they are now welcomed with open arms everywhere in the world. The lure of private practice is a strong one, particularly for medical specialists, which would probably account for the high turnover rate among this class of professionals.

To deal with this backlog we have doubled the intake of nurses. We are providing bursaries to educate health professionals and other categories of staff so that they can then join the public service and improve service delivery. The Department of Health is spending R28-million on bursaries for health professionals annually, precisely because we realise that unless we build up skills in the province we will always be complaining about the skills shortage and ultimately both our staff and our patients will be compromised. Skills development in other categories of staff is being intensified. The department has just embarked on an internship programme to develop skills and empower youth who have qualified in a number of non-medical professions. The payment of rural and scarce skills allowances is a giant step towards ensuring that we not only retain skilled medical professionals but that rural institutions are also staffed by highly skilled professionals.

To improve our serious staff shortage I again make a call to the nurses and doctors in private practice and retirement to join the department under contract terms to alleviate the overloading of our current hard-working staff. Most of the professionals in private practice were educated using the country's resources and many of them gained their experience

in the public service. Is it too much to ask that these professionals plough something back into the public service? It has been most distressing in recent weeks to hear these same professionals pointing fingers at the shortcomings of the public service. There are shortcomings, we are upfront about this, but medical professionals in the private practice would do well to join us in the fight against death, diseases and ignorance rather than stand outside and marvel at shortcomings that they have always known exist in the public service.

Today we also take the time to acknowledge all those staff members who died over the past ten years. Over the past decade 3951 staff members have died in our department. Some of these staff members have died under the most tragic circumstances. All of them had a contribution to make to our department and each one of them was beloved friend, colleague and relative to someone. Namuhla siyabakhumbula and we say may the legacy of caring that they left behind always continue. Of the 3951 staff members we have lost the largest percentage (25%) was from eThekweni District, followed by Umgungundlovu with 15%. The rest of the province is as follows:

Uthungulu	13%
Zululand	10%
Umkhanyakude	9%
Umzinyathi	6%
Ugu	5%
Amajuba	5%
Head Office	5%
Uthukela	3%
Sisonke	2%
Ilembe	2%

The bulk of those we have lost over the past ten years have been nurses. Of the 3951 that have died 37% have been nurses. The other health professional categories (including doctors) make up 12%. The rest is made up of support staff. Here the staff we have lost is expressed as percentages but each one of them was a valued staff members and a beloved colleague. All of them had a contribution to make to our department. Namuhla siyabakhumbula and we say may the legacy of caring that they left behind always continue.

I, as Health MEC and Leader of Government Business in this province am grateful for your commitment, compassion and the caring that you give daily to the most vulnerable members of our community. I know I speak for the majority of those who have no recourse to private healthcare when I say may you always have the strength to care for others. May you always be strong and healthy so that you can continue the legacy of caring that was started by those who were before you. May you always be conscientious in the role you have to play in fulfilling the people's contract for a better life for all. I am also grateful to all our friends, colleagues and partners from various sectors. I am particularly grateful to the religious community who never hesitate to come when we call. They truly are strategic partners of our department. I have no doubt that health workers will leave here today feeling strengthened, appreciated and blessed. I am grateful to the political leadership at all levels. It is only by working together that we can fulfil the mandate that we have been given by the citizens of our country, and give life to the call of our province *ethi Masisukume sakhe*.

To everyone who is here today, thank you for coming and thank you for caring. Ngiyabonga.

