

PROVINCE OF KWAZULU-NATAL

ADDRESS BY MEC FOR HEALTH FOR KWAZULU-NATAL MS N.P.
NKONYENI MPL ON THE PRESENTATION OF THE KWAZULU-
NATAL HEALTH BUDGET IN THE PROVINCIAL LEGISLATURE ON
26 APRIL 2006

Honourable Premier;

Speaker and Deputy Speaker;

Members of the Provincial Executive Council;

Honourable Members of the Provincial Legislature;

Chairperson and Honourable members of the Portfolio Committee on
Health;

Mayors and Councillors of Local Government;

Amakhosi here Present;

Head of Department; Dr Busi Nyembezi;

Distinguished guests, ladies and gentlemen,

The 1988 Khartoum Declaration observed "Since the human being is the centre of all development, the human condition is the only final measure of development. Improving that condition is essential for the poor and

vulnerable human beings who comprise the majority of our peoples in Africa. Africa's men and women are the main factors and the ends for whom and by whom any programme and implementation of development must be justified"

It has been eighteen years since the Declaration was made by the men and women who were charged with looking at the condition of humanity, and we are still faced with the insurmountable task of living up to the ideals of human dignity through health service delivery.

Honourable Chairperson, allow me first the opportunity to reflect on a moment in time. I have been overwhelmed by the number of words of sympathy and support from this house and so many people within and outside of our province during my bereavements. In the past year I lost a dear nephew in a car accident, a few months later my beloved father passed on. Their death robbed me of the love and support that had come to sustain me throughout my life.

In January this year I tragically lost my son Monde. His passing cut very deep. He was what this country needed as a new generation of leaders that would carry us through the 21st century and beyond. Your support and words of comfort sustained me during the difficult time and I would not have done it without you. You remind all of us that despite the valleys

we go through on a day to day basis, we continue to have unfailing support that serves to assure us of humanity itself. Ngiyabonga kakhulu. Olumide Adeoso, a Nigerian poet catches the imagination of the soul, when she says”

A smile that charms,
Clear as the skies
A melody in those eyes
Comfort in those arms

A voice that cuts thro glass
A rhythm that one must dance
A hymn that flows
A tune that holds

The melody lingers
It stuns the listeners
A music that holds the heart
That you certainly are

The song goes on
Deep in my heart
A gift of music of your love
That I can't part

Honourable Chairperson, ladies and gentlemen, please allow me therefore to dedicate my budget speech to the memories of these three who were all very close to me. Allow me also to dedicate it to the men and women in the department of health who have passed away in the last year and well into this month. May I also use this opportunity to pass my

condolences and words of comfort to their friends and families for the loss of their loved ones. As a department we are sadly bruised by such loss, especially at a time when we require all the resources we can get to fight the war against disease and poverty.

On the 7th April 2006 we celebrated World Health Day whose theme this year is *“working together for health.”* On this day we celebrated and honoured the role of our health workers and also focused our thoughts on the global health workforce crisis. Health care is a labour-intensive industry which means it is critical that we have strategies that will not only attract health workers to our department but also ensure that they are continually motivated, developed and supported so that we can retain them. This year will see our Department amongst other things strengthening our Employee Assistance Programme as well as putting in place programmes that will instil a culture of Life Long Learning.

At the beginning of this year as part of the restructuring process that commenced last year, the department appointed a team of senior managers under the leadership of Dr Busi Nyembezi who took over from Prof Green-Thompson who had led the Department for ten and a half years. We would like extend our gratitude to Prof Green-Thompson for the contribution he made to health care delivery in the province during his tenure and wish him well in his current position as advisor to the National Minister of Health. The new team will undoubtedly build on the

foundation already laid in order to take the delivery of health care in our province to greater heights through fighting disease, fighting poverty and giving hope!

Honourable Chairperson in our quest to continue to improve service provision to the people of our province, we continue to be guided by various documents including the Freedom Charter, the Peoples Contract, Millennium Development Goals and the National Department of Health Priorities as well as Provincial Priorities and prevailing health trends.

This year will see the development of a Health Service Transformation Plan for the province to take us through to 2014. The plan will ensure that health service provision is equitable between and within districts. Health services will also have to be relevant to the needs of the people and be of good quality and cost-effective. The plan will also address the critical issue of human resources shortage using the principles outlined in the National Human Resources Plan for Health unveiled on World Health Day by the National Minister. This is an extremely important exercise because workforce shortages negatively impact on our efforts to attain both the Millennium Development Goals and address local health priorities. What will be critical however is to ensure that the plan is implemented. We will as a department pilot some of the innovative ways of attracting, developing, rewarding and motivating staff this year.

The Wealth Report 2006 indicates that the WHO Region of the Americas, with 10% of the global disease has 37% of the world's health workers spending more than 50% of the world's health financing, whereas the African Region has 24% of the burden of disease but only 3% of health workers commanding less 1% of world health expenditure. The report also emphasises that the exodus of skilled professionals in the midst of much unmet health need places Africa at the epicentre of the global health worker crisis.

Access to health care is critical in improving health outcomes. In an effort to give meaning to our mission of *“developing a sustainable, co-ordinated, integrated and comprehensive health system at all levels of care based on the Primary Health Care Approach through the District Health System”* we will improve access by providing 75 new mobile clinics, building 30 new clinics and three new Community Health Centres this financial year. To enhance primary health care, Community Care Givers will be given new skills and their pool expanded to respond to the burden of disease. Management structures at Primary Health Care level will also be reviewed and strengthened.

We will be reviewing the policy for the distribution of Community Service Officers and bursary holders to ensure equity and adequate coverage throughout the province. The awarding of bursaries to the most needy

and rural learners has had positive results and will continue to be supported.

Honourable Chairperson to further demonstrate our commitment to access to health care, we continue to strengthen our Planned Patient Transport transporting patients between hospitals and between clinics and hospitals. In 2004/2005 we transported 99,792 patients this increased to 272, 800 in 2005/2006. We intend purchasing 22 more Planned Patient Transport buses in this financial year.

In his address at the last State of the province address, the premier of our province, the honourable Dr Sbu Ndebele remarked that we need to work hard towards ensuring that we deliver services in all areas of the province, to ensure that our guests who are attracted to the serenity of our province and the community of KwaZulu Natal are attended to within the specified response time. To do this, we have strengthened our Emergency Medical Services by buying new and improved vehicles to cope with the terrain of our roads. This financial year we will procure 150 new ambulances and 87 support vehicles.

We will also employ 600 Basic Life Support Emergency Care Practitioners and 20 Advanced Life Support Emergency Care Practitioners.

Honourable Chairperson, Quality of Care is one of the indicators of health system performance and it influences health outcomes. The province has

been involved the last few years in a quality improvement programme for hospitals. In reviewing and evaluating the impact of the programme we have decided to use a programme that will cut through all levels of care to ensure a continuum of quality care. Clinical Governance, Batho Pele Principles, the Patients' Rights Charter and our Service Charter will be at the centre of such a programme.

Poverty is at the core of disease spread in our society. The President of our Republic, the Honourable Thabo Mbeki made bold his statement on the issue of forging ahead with our programme of growth and development when he remarked:

“While we must indeed celebrate the high levels of optimism that inspire our people, who are convinced that our country has entered its Age of Hope, we must also focus on and pay particular attention to the implications of those high levels of optimism with regard to what we must do together to achieve the objective of a better life for all our people. We have to respond to the hopes of the people by doing everything possible to meet their expectations. “

As a Department we consistently remind ourselves that ‘health is not merely the absence of disease but a state of physical, social and mental well-being’ which is why we are committed to *fighting disease, fighting poverty and giving hope* to the people of KwaZulu-Natal.

The President's words echo the poignant message of the Freedom Charter and the sentiments of the founding fathers of our movement and our heroines, Omama u Lillian Masediba Ngoyi, Mama Victoria Mxenge, Mama Albertina Sisulu, Mama Adelaide Tambo and many others whose selflessness, contribution, dedication and determination continue to guide us in our struggle to provide service to our people. Some of these ladies were health workers themselves who at some stage of their lives dedicated themselves to looking after the sick and infirm.

Our province like many other poor areas in developing countries is facing a challenge of communicable diseases. A few weeks ago we successfully treated a patient with Congo fever at one of our Durban Hospitals. We will be building an isolation ward at one of the hospitals in Pietermaritzburg this year to strengthen our capacity to deal with some of these serious communicable diseases.

We will continue with the implementation of the Comprehensive Plan to combat HIV and AIDS. Our Youth Health programmes will be strengthened as we believe that this is where meaningful health promotion gains can be made. Home based care services will be enhanced. Significant progress has been made with the Anti Retroviral Treatment (ART) rollout programme. A total of 53 out of 55 sites that were identified to give treatment are now fully accredited and operational. The remaining 2 sites function as complexes with nearby

facilities. This means that ARV treatment is accessible at all hospitals and in all districts in this province. Ongoing staff training and expansion of ARV treatment service to clinics will ensure increased and convenient access to treatment.

The Prevention of Mother to Child Transmission Programme (PMTCT) will be integrated with our Maternal Child and Woman's Health Programme.

Honourable Chairperson, a total of 60 hospitals, 598 Primary Health Care clinics, 14 Community Health Care Centres and 43 mobiles provide Voluntary Counselling and Testing (VCT) services. This service also provides an entry point for both PMTCT and ART programme. In addition, there are 58 non-medical sites that have been established which are providing VCT services.

At the World Health Organisation's Afro Regional Committee meeting in Maputo last August, the African Ministers of Health declared TB an emergency. We will this coming financial year also pay special focus on the management of TB. On National TB day on the 24th March 2006, the National Minister launched the TB Crisis Management Plan which is designed to assist with combating TB.

As a densely populated province with high levels of poverty we are especially vulnerable more so because TB is associated with poor socio-

economic conditions. Ethekewini, Umgungundlovu, Uthungulu and Umzinyathi districts are the hardest hit by TB in the province.

To fight disease we have moved with speed to allocate an additional R30 million to TB management. This allocation will enable us to appoint an additional 240 staff members to help us roll out the TB management programme. Through this drive we intend to increase the TB Cure Rate from 35% to 50% and reduce the defaulter rate from 16% to 14% by March 2007.

We are also seeing an increase in the incidence of Multi Drug Resistant (MDR) TB which is the result of non adherence to treatment. TB treatment has to be taken over a six month period and it is not easy for patients to stick to treatment for such a long period unless they get support. Most of our patients are also very poor and often find themselves having to take treatment on an empty stomach which is very unpleasant; as a result they stop the treatment.

The cost of treating a TB patient for six months is about R400,00 whereas the cost of treating a patient with Multiple Drug Resistant TB is about R24 000,00. It is therefore clear that we have to make our management of TB very robust to prevent MDR TB. Besides the financial cost of treating MDR TB, we do not want more people in the communities infected with MDR TB.

In an effort to support our patients and ensure a comprehensive approach to treatment we will as a department provide nutritional supplements to improve nutritional status of vulnerable patients on TB and ARV treatment.

We will continue to improve the management of maternal and childhood conditions. The highest percentage of children under-five are found in the districts of Umkhanyakude, Umzinyathi and Zululand, which are the poorest districts in the province. We are aware that poverty causes, among other things, stunting and malnutrition. Thirty eight percent of children under the age of six in KwaZulu-Natal have marginal Vitamin A deficiency status and eighteen and a half percent of children one to nine years old, were reported as stunted. Children under-five as a vulnerable group will also be provided with micronutrient supplements including Vitamin A. To fight poverty one of our strategic objectives for the coming years is to strengthen nutrition enhancing programmes for all vulnerable groups.

We would like to reiterate what we said last year that poverty and ill-health are inter-twined as a result people in developing countries tend to have worse health outcomes than developed countries because poor people are caught up in a vicious cycle where poverty breeds ill-health and ill-health exacerbates poverty. It is for this reason that we have

committed ourselves to fighting disease, fighting poverty and giving hope.

Strengthening mother and child health programmes will contribute to the attainment of the Millennium Development Goals of reducing by two-thirds the under-five mortality ratio and by three-quarters the maternal mortality ratio by year 2015.

Non-communicable diseases and diseases of lifestyle (Hypertension, stroke, heart attacks and diabetes) are among the 10 leading causes of death in our province. To address this issue we will as a Department promote healthy life styles both inside the department and with communities. Our Employee Wellness Programme as well as the Health Promotion Programme will be strengthened this year to enhance healthy lifestyles promotion and risky behaviour change.

The care of older persons will continue to be important. Our health facilities will provide flu vaccines to older persons and persons at risk. We will also continue to improve the availability of chronic medication in all our Primary Health Care facilities. The cataract surgery rate will be increased and low vision services will be provided at all sight saver centres.

To improve the quality of rehabilitation services we will increase access to these services, increase staff training on disabilities and rehabilitation as well as improve equity in the provision of rehabilitation services.

Honourable Chairperson we will move to ensure integration of Mental Health Services into the District Health System and also introduce strategies to address substance abuse at Primary Health Care level.

In combating both communicable and non-communicable disease we will need to work hand in hand with communities in meaningful partnerships. We held a provincial meeting in March with all Hospital Boards and Clinic Health Committees as a beginning of the process of partnership development with various stakeholders. We will this year give meaning to meaningful community participation as we intend to work closely with communities in the planning and rendering of health services. We will also be exploring value adding partnerships with the private sector and tertiary institutions.

Last year in this house we indicated that in an effort to address the issue of poverty and food insecurity the Department will open up markets for targeted enterprises and identified pilot projects that would engage co-operatives in the provision of curtains in four hospitals: Madadeni Hospital in Amajuba District, Ngwelezana Hospital in uThungulu District,

Edendale Hospital in uMgungundlovu District and Prince Mshiyeni Hospital in eThekweni District.

The Pilot Project went well and is currently 90% complete. Where there were no privacy curtains between patients' beds before, we now have them, and this will maintain patient dignity in our hospitals. Health care is indeed a human right.

Besides this pilot project there were some other tenders involving sewing linen goods that were awarded to co-operatives in 2005/2006. The total value of contracts awarded to co-operatives from August 2005 to December 2005 was R11.5 million for 147 contracts.

Honourable Chairperson to give meaning to our commitment of giving hope, this financial year the department will extend its programme of opening up markets to targeted enterprises through a developmentally oriented Supply Chain Management process. Support for co-operatives will be expanded. In April we conducted road-shows explaining what service will be sourced from Co-operatives and SMMEs and how communities have to respond to tenders. In May we will hold an Open Day to share with SMMEs and BEE Companies what business opportunities will be available from the Department. We will continue to be innovative in identifying opportunities for targeted enterprises.

The New Partnership for Africa's Development (NEPAD) clearly points out that resources such as capital, technology and human skills that are required to launch a global war on poverty, health issues and underdevelopment exist in abundance and are within our grasp. We only need to be innovative and decisive.

As indicated in last year's budget speech we are still facing huge backlogs in infrastructure maintenance and rehabilitation. The current estimate for maintenance and rehabilitation of hospital infrastructure inclusive of the recently taken over SANTA hospitals and the Umzimkhulu Hospitals stands at R3.5 billion.

Honourable Chairperson, our department visited Umzimkhulu in early March to assess the situation of the health services in the area. We have taken over 3 hospitals namely Rietvlei District Hospital with 205 beds, St Margaret's Hospital with 80 beds, Umzimkhulu Psychiatric Hospital with 320 beds and 6 clinics.

On the 1st of April this year we also took over the Forensic Mortuaries from the South African Police Services. We will be refurbishing eleven of these mortuaries this year at an estimated cost of R96 million for buildings and equipment. We have prioritised the Districts of

Umkhanyakude and Zululand to build new mortuaries as none existed before.

As part of the hospital revitalisation programme, we are investing a sizeable amount of money in the rebuilding of hospitals. We have signed off business plans for the building of the new King Edward hospital and the Revitalisation of Edendale hospital and there are seven other new hospitals to be built or undergo complete revitalisation. Among these are new hospitals to be built, the Dr Pixley kaSeme and Dr John L. Dube hospitals. The hospitals to be revitalized are King George V, Madadeni, Ngwelezane, Lower Umfolozi and Hlabisa hospitals. Our estimate for this massive work totals R349.9 million, of the total infrastructure budget of R916.3 million.

To accelerate infrastructure development and address the backlog the Department continues to use the services of Ithala and Independent Development Trust (IDT). Because of the volume of work, progress has been slower than anticipated. Cabinet has recently approved that the Department working in partnership with Works source services of the private sector. It is our hope that it will now be possible to fast track most of the work using this method. This process will further enhance our efforts of opening up markets for targeted enterprises to ensure that the previously disadvantaged groups of our society are empowered. This will

serve as our department's contribution towards the Government's Accelerated and Shared Growth Initiative of South Africa ASGISA.

This year will also see us strengthening our Information Technology Systems through the development of a Master Systems Plan that will be aligned to the Health Service Transformation Plan. The province has 36 telemedicine sites which will be activated and utilised to improve clinical care, strengthen outreach and train our health workers.

Honourable Chairperson strengthening the quality of our health information will also involve bridging the gap between facility and community information. We will roll out a programme that will gather health information at community and household level.

BUDGET PROVISION

The total amount of R11,736 billion requested for the financial year, reflects an increase of R1,434 billion compared to the revised budget for 2005/06, or a 13,9% increase. The growth in real terms will enable the Department to improve the quality of its services.

Services in certain areas of the Province are still below the minimum acceptable levels that the Department is committed to provide and to narrow the gap of inequity. The Budget allocation will assist the

Department to address some of these issues but remains insufficient to substantially address certain areas of concern. Four areas of concern still are–

- The provision of primary health care services in certain underserved areas still indicates a shortfall of some 200 additional clinics.
- The provision of Emergency Medical and Rescue Services, which requires a 25% increase in funds for the required service provision of which only 11% can be addressed in the current financial year.
- Addressing the poor state of some of the health facilities to improve the facility asset register to meet the demands placed on the Department, which requires the doubling of present infrastructure activities programme.
- Improving the quality of services by providing additional personnel.

REVENUE

The sources of funding for Vote 7: Health consist of conditional grants amounting to R1,775 billion and an allocation from the equitable share amounting to R9,962 billion representing an increase of R199 million or 12,60% and R1,055 billion or 11,8%, respectively.

The Department's own revenue is expected to decrease from R139, 5 million to R137, 2 million as indicated in table 7.2 of the Budget Statement.

The amount requested to be appropriated will be distributed to the various programmes as follows:

Programme 1: Administration

For this programme, which is for Head Office management functions, an amount of R211 million, representing an increase of 8.76% is requested. The increase is mainly due to Improvement in Conditions of Service and the restructuring of head office which will be completed in 2006/07. The spending on this programme is still within the target of a maximum of 2% of the total allocation.

Programme 2: District Health Services

For the provision of District Health Services an amount of R5, 438 billion is being requested, representing an increase of R804 million or 17.35%. This increase will cover the Improvements in Conditions of Service as well as a moderate development of services in underserved areas. These

services include Clinics, the Comprehensive Management of HIV and AIDS, and combating communicable diseases including Tuberculosis, Malaria and Cholera, and Nutrition.

Programme 3: Emergency Medical Services

For the provision of Emergency Medical Services and amount of R453 million is being requested, representing an increase of 10.76%. This increase is required for the replacement of existing ambulances and a further increase in the present fleet. The available fund are however, still insufficient to cater for the requirements to provide an acceptable emergency medical services in the entire Province and to rollout an acceptable planned patient transport service.

Programme 4: Provincial Hospital Services

This programme deals with Regional Hospital Services as well as Hospitals providing hospitalization of Mental Health, Tuberculosis and convalescent patients. The requested allocation of R3, 087 billion represents an increase of R171 million or 5.86%.

Programme 5: Central Health Services

This programme provides facilities and expertise for sophisticated medical procedures. It is partly funded through a conditional grant from the National Department of Health, and it increases by inflation only.

An amount of R1, 173 billion is requested representing an increase of R148 million or 14, 5%. The main portion of this increase results from an increase in the Provincial equitable share. It is important to not in this regard that according to Nation norms and the Provincial Strategic Positioning Statement, this province needs to enhance its tertiary services from the above provision to R1,6 billion (an increase of R399 million) to be on par with other Provinces providing similar services.

Programme 6: Health Sciences

This programme provides for the training health personnel such as nurses, Emergency Medical Services practitioners and other training as well as the granting of bursaries. The acute shortage of health professionals in all occupational classes requires the Department to invest in the accelerated training of these professionals. The amount of R449 million requested represents an increase of R29 million or 6, 9%. This increase will allow the Department to continue with the increase in student nurse intake and the granting of additional bursaries.

Programme 7: Health Care Support Services

The amount of R9,6 million, or a 25,8% increase, is requested for the Medicine Trading Account to provide for the increased turnover of medicine stock due to the ARV roll-out, increasing demands from patients as well as the increase in the value of stock as a result of inflation.

Programme 8: Health Facilities Management

This programme is utilized for the capital expenditure and maintenance of physical facilities of the Department. The amount of R916, 3 million requested represents an increase of R228 million or 31, 3% on the previous year's revised budget. The increase is mainly due to the commencement of new revitalization projects, building projects for Forensic Pathology Services, and an additional allocation for day-to-day maintenance. One of the major problems in regard to the performance of the Department in upgrading its facilities still remains the constant underperformance of other role-players in the capital works programme this however should be addressed by the new approach.

Honourable Chairperson, this is the budget vote of R11, 737 billion of the department of Health for your consideration and approval.

We are confident that we will be able to make a meaningful contribution towards improved health service delivery in the province. We consistently remind ourselves that 'health is not merely the absence of disease but a state of physical, social and mental well-being' which is why we will continue to fight disease, fight poverty and give hope.

In conclusion, may I borrow the inspirational wisdom of the Sanskrit people who purport "Each today, well-lived, makes yesterday a dream of happiness and each tomorrow a vision of hope. Look, therefore, to this one day, for it and it alone is life."

Let us all strive forward to find our place in the sun and take part in creating opportunities for our people to enjoy healthy lives. As John Ajewol, a Nigerian poet encourages us, when he says;

I am climbing my mountain
Little by little, step by step,
Over one stone and then another,
I'll not look at my bruises,
I'll not quit else my effort will be vain.

I am climbing my mountain
Though the road may seem dim,
Success is at the corner,
But I'm getting closer to the tape.
There, I'll forget how hard it was to begin.

I am climbing my mountain
And my eyes are straight ahead.
I look not to the right or left,
Whoever stops, let them stop and wait
I will win. I won't faint. I will win!

Siyabonga

Thank You