

ADDRESS BY THE MEC FOR HEALTH IN KWAZULU-NATAL

MS N.P. NKONYENI (MPL) ON THE PRESENTATION OF THE KWAZULU-NATAL HEALTH BUDGET IN THE PROVINCIAL LEGISLATURE ON 24 APRIL 2007

Honorable 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 Councilors of Local Government;

Amakhosi here Present;

Head of Department; Dr Busi Nyembezi;

Senior General Managers, General Managers, District Managers, Hospital Managers, Hospital Board Members, Mental Review Board Members, Clinic Committee Members; Traditional Health Practitioners and all other Health Stakeholders;

Distinguished guests;

Ladies and Gentlemen,

Honourable Chairperson, allow me to take this opportunity to wish the National Minister of Health, Dr Manto Tshabalala-Msimang, a speedy

recovery. Our prayers are with her and the Msimang family, relatives and friends during this difficult time in her life.

The tremendous stress that we face, especially in the health sector, trying to grapple and respond to the huge disease burden compounded by the high levels of poverty eventually takes its toll on all of us.

Inkosi Albert Luthuli whose passing forty years ago we commemorate this year had this to say on '**standing up in defense of human values**' in a speech on the 19th of October 1956 in Johannesburg.

"I must begin by reminding you that the history of mankind shows that people in different lands throughout the ages have had to meet such challenges as face the people of the Union of South Africa at this time but history teaches us that rarely, except for some temporary setbacks, have movements of the people to resist oppression, no matter how ruthless the oppressor, failed. If we truly respect fundamental human rights and noble divine concepts of man, the dignity of man and the worth of an individual, the brotherhood of man, we must come all out in defense of these values as they are being seriously threatened by evil forces in our land. We should remember that Providence has ordained it that a people who refuse to meet such a challenge deservingly suffer moral degeneration and degradation."

At the time the oppressor was apartheid today it is Poverty, Violence and Abuse against women and children, HIV and AIDS, TB and other Non-Communicable diseases. Honourable chairperson I echo Inkosi Luthuli's words that **if we truly respect fundamental human rights and noble divine concepts of man, the dignity of man and the worth of an individual, the brotherhood of man, we must come all out in defense of these values.** The World Health Organisation (WHO) defines health as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

Let us come together therefore as citizens of this beautiful province in the fight against poverty, abuse of our women and children and disease and demonstrate our commitment to human rights and noble divine concepts of man, the dignity of man and the worth of the individual,.

The Premier in his State of the Province Address reminded us of the pronouncement made by President Thabo Mbeki in his January 8 Statement when he said:

"In concert with the task of growing the economy and creating new opportunities for work, we have been hard at work since 1994 to push back the frontiers of poverty, recognizing that no people can be truly free until they have cast aside the shackles of poverty and underdevelopment.

It is for this reason that the eradication of poverty has been at the centre of our policies and programmes since the first democratic elections. Drawing on the experience of the first ten years of freedom, and building on the firm foundation laid by our people, in 2004 we identified the goal of halving poverty in South Africa by 2014. In 2007, we must do everything possible to make certain that we achieve further advances towards the achievement of that goal.”

Health issues Honourable members are at the heart of the socio-economic development agenda.

On the 9th February in his State of the Nation Address the President of the Republic of South Africa indicated that:

“All these economic and social programmes form part of our strategies to reduce and eradicate the poverty that continues to afflict many of our people.” This he said was done so as to “erase in our country that which is ugly and repulsive so that together we can speak of freedom and the happiness that comes with liberty.”

The International Rural Women’s Conference is being held in Durban as we speak. We are aware that in our province the women form 53% of the population and the majority live in rural areas where the worst hardship of poverty, disease, lack of water and sanitation and poor infrastructure is experienced. There are developing countries that have made great strides

in this regard Let us hope the conference will generate the sharing of ideas on how to deal with these issues still facing rural women in the 21st century.

Partnering with Communities

Our mission as the KwaZulu-Natal Department of Health is to render health services based on the Primary Health Care Approach which is based on equity, community participation and intersectoral collaboration.

The first Primary Health Care Centre in the world was established at Pholela here in KwaZulu-Natal in 1948, thirty years before the Alma Ata Declaration in 1978 adopting the Primary Health Care Approach as a preferred and cost-effective way of rendering health services. The health family world-wide and especially in the developing world recognizes that we have to rigorously strengthen the Primary Health Care Approach if we are going to tackle the heavy disease burden meaningfully.

We had various events last year where we relayed various health messages to our communities. This year we will build on that and focus on creating meaningful partnerships to ensure that we work together in having real dialogue regarding health issues and in the process empower each other and hopefully we will see an improvement in health indicators.

We are faced with a poverty rate 54.3% in this province and in some rural areas it is up to 80%. We have mentioned previously that household food insecurity is extremely high at 70%. In the Province 32% households have access to safe water (Nationally 79%) and 24% households have sanitation (Nationally 62%). Similar challenges are faced in urban informal settlements where there are high levels of poverty, deprivation and a high burden of disease.

The districts of Uthungulu, Uthukela, Umkhanyakude Umzinyathi Zululand and parts of Ilembe have high scores for the economic indicators of poverty. Whereas the districts of Ugu, Ilembe and Umzinyathi, the eastern part of Uthukela and Zululand, and the northern regions of Umkhanyakude have high scores in the social indicators of poverty i.e. (low levels of education, high population densities, relatively large percentages of the population are youth, older persons and people with disabilities).

The rural areas in Umzinyathi, Uthungulu, Uthukela, Umkhanyakude, Zululand, Ugu, Ilembe and Sisonke have high scores in the Services Indicator indicating inadequate provision of water and sanitation and refuse removal which poses a public health problem.

In the spirit of Alma Ata we have to work closely with other departments in meaningful intersectoral collaboration to deal with the socio-economic factors that affect health.

We will as a Department put in place this year various Community Based Programmes which will provide a multi-pronged strategy for community involvement that will translate to a meaningful working together for health. We have a song we sing as health which says “Impilo iyasetshenzelwa ayitholwa mahhala!” Indeed we have to roll up our sleeves and work hard to turn things round. On the 7th April we celebrated the 57th World Health Day under the theme; **“Invest in health, build a safer future.”**

We echo this sentiment and would go further to say **“Invest in health, build a safer and prosperous future.”**

As part of this quest we intend taking screening services closer to the people as well as strengthening our health promotion and health education programmes to inform, educate and mobilize communities around health issues. Our Community Care Givers will be critical in ensuring success of this programme.

The Targeted Enterprises Unit was established in our Department to ensure significant participation of Black owned enterprises in government procurement in an effort to reduce and eradicate poverty in the province and thereby improve the health status of the people and thus build a safer and prosperous future. The focus is on Co-operatives and Small, Medium, Micro Enterprises (SMMEs) with special bias towards historically disadvantaged individuals. There are special targets for women, youth and disabled people owned enterprises.

In the 2006/07 financial year the Department has seen a huge improvement in the area of participation by co-operatives a total of R94 million worth of contracts was awarded to Co-operatives compared to R12 million the previous financial year.

The fact that R81 million of the said total came from bids as opposed to quotations shows an improvement in the capacity of Co-operatives in handling tender processes. What will be important going forward however is to ensure sustainability of this programme through putting in place necessary systems, infrastructure, and support for the unit.

This is a clear indication of the Department's commitment to fighting disease, fighting poverty and giving hope to the people of KwaZulu-Natal.

Strategic Health Programmes

Maternal Child and Women's Health

We believe that putting women and children at the core of the health agenda is the answer to solving the challenge of disease and poverty. Our theme this year as a Department is **“Investing in women and children secures a healthy nation”**

At the recent African Union Conference of Ministers of Health (CAMH3) earlier this month some of the delegates drove home the point that a healthy nation is a prerequisite to creating a wealthy nation! Health should not be seen just as a consumer department but a critical cornerstone in ensuring prosperity of the province through ensuring a healthy people for better productivity.

There is clear evidence that investing in women's health and education improves the health status of their children which is a key ingredient for a health nation in the future.

Great strides have been made in the utilization of antenatal care services which indicates the improvement in primary health care provision however much work has to be done in improving the management of

pregnant women as reflected in the “Save the Mother’s” report. Task teams have been set up in each of the three health areas in our province focusing on the implementation of the recommendations of the report.

To prevent the death of our children from preventable illnesses we will double our efforts with regard to our immunization programmes and educating the mothers. Our Prevention of Mother to Child Transmission Strategy will also be reviewed and evaluated to identify areas of improvement.

A part of intersectoral collaboration, we will work with our social cluster partners in the Early Childhood Development Programme (ECD) to ensure early detection of developmental problems as we know, prevention is better than cure. The Health Promoting Schools programme is also critical in this regard.

Non Communicable Diseases and Cancers

The changing lifestyles of our people have seen the emergence of diseases of lifestyle with an increased incidence of diabetes, hypertension and other cardiovascular diseases. Let us all be vigilant by regularly checking for these diseases because once diagnosed they can be managed. We all need to take responsibility for our health as individuals.

Osteo–arthritis – inflammation of the joints– a result of the aging process and overweight in some instances, is also becoming a cost driver with regards to joint replacement required to treat it. Joint Replacement Surgery has been largely centralised at Inkosi Albert Luthuli Hospital (IALCH). Most patients require Primary Hip and Knee Replacement. An increasing number of these patients need Revision joint surgery, which is highly specialised and more expensive. Currently there 622 patients waiting for joint replacement. The remaining budget for joint replacement for 2007/08 is R540, 000, 000 which will allow for only 27 patients till the next financial year.

At the Rheumatology clinic patients who are in severe pain and have not walked for months requiring hips and knee joints to be replaced. These are new patients, not on the waiting list and who cannot be sent away to come back in 2009 because of the pain they are in and it would be in humane to make them wait for such a long period for surgery to relieve their pain and get them mobile. Besides they lose their independence and become a burden to their families or the state.

For joint replacement alone an annual budget is required R8, 000,000, 00 to bring the current waiting list to an acceptable level.

Honourable chairperson and members, we have elaborated on this issue to demonstrate to looming cost drivers from non-communicable diseases.

A Manager for Mental Health Services has been recently appointed and this will go a long way in strengthening the management of mental health provision in the province. Mental Review Boards have been appointed which assists in providing oversight thus further strengthening the quality of the service.

The Mental Hospital in Umzimkhulu that we recently took over has been the only one providing services to the north-eastern part of the Eastern Cape and we have agreed to assist them in this regard on a fee for service basis for three years.

We do need to pay particular attention to the problem of substance abuse that is afflicting the youth and leads to a number of unintended consequences.

The issue of screening for cancers has to come onto the agenda because of a clear increase in the incidence of cancer in our communities.

Trauma and Violence

KwaZulu-Natal as a tourist destination Honourable Chairperson, experiences a high rate of road traffic accidents and this places a burden on health services.

Communicable Diseases

In KwaZulu-Natal we face the triple burden of communicable diseases – HIV and AIDS, TB and Malaria. Again these are more prevalent in women and children.

On the 25th April 2007 the AU will be re-launching the Malaria Campaign. I am pleased to say to this house that as a province we have done well in the control of Malaria.

At the National Conference held in March 2007 at Boksburg on the implementation of the National Strategic Plan on HIV and AIDS 2007 – 2011(NSP), the Deputy President emphasized that the most important group in the fight against HIV and AIDS was the youth.

She said “They, more than all of us must believe in an Africa that is **free of HIV.**” She went on to say that as we were united and committed when we fought apartheid we can conquer both HIV and AIDS and the violence and abuse against women & children which contribute to the spread of

HIV and Sexually Transmitted Infections (STI's). Again, investing in women and children secures a healthy nation.

One of the key pillars of HIV prevention is the promotion of Voluntary Counselling and Testing (VCT) which encourages citizens to know their HIV Status. Despite establishing this programme in 636 public health and 60 non-public health facilities only between 2-3% of our population in the province are utilising the service. As a result the Department has undertaken to robustly focus on VCT marketing through a multi-pronged approach utilising the mass community mobilization as well as all forms of media because of the importance of everyone knowing his/her status.

The VCT programme should also be strongly marketed at our Employee Wellness Centres to assist our staff to know their status so that programmes can be put in place to care for those who are HIV positive and provide support to their families. Time has come for us to accept that this is a disease like any other, if well managed one can lead a healthy life.

We will this financial year begin the process of establishing Thuthuzela Centres for victims of sexual abuse, where integrated care including post exposure prophylaxis is provided under one roof with SAPS, the Departments of Justice and Welfare to emphasise the human right aspect in rendering health care.

The Department has increased the number of accredited sites offering antiretroviral treatment for qualifying patients. We had projected to have 56,157 patients on Anti Retroviral Treatment (ART) during 2006/07 financial year but the total figures at the end of February 2007 stood at 72,300.

The implementation of the Home based care programme has been integrated into the Community Care Giver programme and to date a total of 5,720 carers are active in our communities.

To alleviate pressure on hospital beds, step down beds have been created for patients who no longer need acute care. Currently there is a total of 2,556 step down beds, 2,277 of which are in the public sector and 279 are run by NGOs.

The province is currently faced with the burden of HIV and TB co-infection. The recent emergence of XDR TB at Church of Scotland hospital has placed tremendous pressure on the health services. The Province, has already gone beyond epidemic proportions with regard to TB with a caseload of 1,054 per 100 000 population! Any ratio of more than 200 per 100 000 is regarded as an epidemic.

Various strategies have been implemented to optimize TB management this past financial year, Due to the increased incidence of MDR TB, King George V Hospital which has been the only MDR centre in the Province could no longer cope. The Department therefore identified 7 decentralised MDR centres. At FOSA in Ethekwini, Old Greytown Hospital in Umzinyathi, Doris Goodwin in Umgungundlovu, Catherine Booth Hospital in Uthungulu, Manguzi in Umkhanyakude, Thulasizwe in Zululand and Murchison in Ugu. This will increase the province's MDR TB bed capacity from the current 240, to 703. The situation will be reviewed on an ongoing basis.

In January 2007 the Department embarked on a programme to provide nutritional support packs for all people on TB and Antiretroviral treatment to ensure adherence especially to TB treatment because TB can be cured. If TB is appropriately treated, we will be able to reduce the incidence of drug resistance. The cost of treating a TB patient for six months is about R400 whereas the that of treating MDR is close to R30 000 and XDR is between R80 000 and R100 000.

Strengthening of the Health System

To be able to address the enormous challenges we face in the health sector we need to look at the whole health system and find an integrated

approach that will yield tangible results in a cost-effective and efficient way.

The Africa Health Strategy 2007 – 2015 is unequivocal in pointing out that health provisioning processes, allocation of resources, nurturing and growth of human, information and technological capital as well as monitoring and evaluation are critical to ensure proper performance of the whole health system.

African Traditional Medicine

If we are to win the war on disease we have to acknowledge and respect the traditional and cultural practices of our people and work with them not against them.

His Royal Highness (HRH) the Prince of Wales as a Global Advocacy to recognise indigenous knowledge as well as respectability of Traditional Medicine globally, had this to say when he addressed the World Health Assembly in Geneva in May 2006 “ It is tragic, it seems to me that in the ceaseless rush to “modernize”, many beneficial approaches which have been tried and tested and have shown themselves to be effective, have been cast aside because they are deemed “old-fashioned” or “irrelevant” to today’s need” He went on to say “the active participation of the patient can help create a powerful healing force for our world.

We will as a Department begin to explore the issue of African Traditional Medicine through interacting with the fraternity, scientists involved in indigenous knowledge systems as well as learning and sharing lessons with other countries in Africa and other regions of the world that have advanced in promoting and protecting their Traditional Medicine Knowledge.

Human Resource Management

Honourable Chairperson the issue of Human Resources for Health is a critical one for all but especially the developing countries. Our country has developed a National Human Resource Plan in 2006 to address the challenge of human resource provisioning as one of the steps to strengthen the entire health system.

A report of a task team led by Professor William Pick in 2001 stated in its introduction:

“In order to give expression to the Primary Health Care (PHC) approach, the vehicle through which basic health care will be made accessible to all, the Department is committed to ensuring, through proper planning, that a continuous supply of, suitably qualified, competent human resources will be available to staff primary, secondary and tertiary health facilities”.

As this Department we will focus on four of the ten principles of the National HR Plan 2006. We will ensure that:

- Planning and development of human resources is linked to the needs and demands of the health system through the establishment of health information necessary for health workforce planning.
- There is optimal balance, equitable distribution and use of skilled health professionals to promote access to health services in rural areas.
- Health workers have the capacity and appropriate skills to render accessible, appropriate and high quality care at all levels
- Work environments are conducive to staff motivation and good management practice.

The Honourable members will recall that we had to dismiss staff nurses and enrolled nursing assistants who were involved in an illegal strike earlier this year. The work of the tribunal is now concluded and we will be implementing the recommendations thereof.

Our KwaZulu-Natal College of Nursing has almost doubled its output of nurse training from an output of 1500 nurses per year in the year 2002 to the current output of 2900 nurses in the year 2006/2007. All nurses produced since 2002 are contracted to the Department of Health to

render their service obligation after completion of training as a retention strategy.

We are looking into various Learnership Programmes to capacitate our unemployed youth and also create job opportunities where we have the greatest skills shortage.

We are currently engaged in a recruitment programme which targets the unemployed youth from previously disadvantaged areas for training as Emergency Care Practitioners. This programme is in its third year. More than 100 previously disadvantaged young people have benefited from the programme and are currently employed by the Department of Health as Emergency Care Practitioners. In the 2007/8 financial at least another 100 new recruits will be trained.

KwaZulu-Natal College of Emergency Care is one of only two Colleges in the country that will start training Mid Level Workers in April 2007 to produce the first cadre of Emergency Care Technicians in 2009.

Information Technology

As an indication of our commitment to ICT, two computers and one multi-function printer have been installed in all clinics together with cross-over cables during the financial year 2006/07. Hunt-dial

applications have been made available to enable access to e-mail and the intranet, and the State Information Agency (SITA) is in the process of arranging specialized training for the clinic staff within the districts.

Honourable Chairperson we are continuing with strengthening our telemedicine capabilities as a means of ensuring the periphery has access to specialist advice and also staff in the periphery is provided with development opportunities. A project between Department, University of KwaZulu-Natal, Medical Research Council and Department of Science and Technology to strengthen will start in five hospitals this year.

Infrastructure Development

Since the last budget speech, 75 new Mobile clinics have been launched. 3 New Community Health Centres, namely Turton, KwaMashu and Ezakheni have commenced construction to be ready for occupation at the end of this financial year.

Thirteen (13) clinics were built and officially opened and 47 Primary Health Care projects are currently under construction in the 2007/2008 financial year. These include 15 new clinics, 10 Replacement Clinics, 5 Additional Residences, 3 upgrading projects, 7 units for the provision of Prevention of Mother to Child Transmission (PMTCT), 4 projects for the

provision of Antiretroviral treatment, 1 Crisis Centre, and 2 Health Stations.

The Infrastructure Development Component has spent approximately R800million in improving Health Infrastructure during the 2006/2007 financial year.

Under the Hospital Revitalization Programme, I am happy to announce that the Presidential Lead Project in Hlabisa Hospital is well on track. Phase one of this project is complete which included the development of 146 staff beds in the form of flats, single residences and a nurses home. A recreational facility, a pathology laboratory, a physiotherapy unit and a Central Sterilization and Surgical Division (CSSD) have been built. Some wards have been upgraded and a new female medical ward built.

Other projects include R135, 3 million being spent towards the upgrading of King George V Hospital into a new District Hospital. This project involves the construction of a kitchen and dinning facilities. The expenditure is estimated to be R241, 9 million in the 2007/2008 financial year and R237, 6 million in the 2008/2009 financial year. The project is due for completion in March 2008.

Rietvlei Hospital is 95% complete and is scheduled for final completion of the current phase in June 2007.

Problems have been experienced with the Hospital Revitalization Conditional Grant and we are currently engaging with our Treasury, National Department of Health and National Treasury to find workable solutions so that our projects like Dr Pixley Ka Seme, Dr J.L. Dube, King Edward VIII, Edendale and Madadeni Hospitals are not further delayed.

Since taking over of the mortuary services from the SAPS, minor repairs to the amount of R 11.2 million has been undertaken in order to make the mortuaries functional. Refurbishments commenced on 6 mortuaries which costs around R16 million. This is ongoing and should be completed during this financial year. We initially had challenges with this project but have sorted out the teething problems.

Preparedness for 2010 World Cup

As the Department of Health we have to ensure preparedness for the 2010 World Cup by appointing a General Manager to co-ordinate 2010 activities. 600 posts of Emergency Care Practitioners have been created to beef up the staff complement. There will also be a strong drive to ensure that the number of Intermediate and Advanced Life Support Practitioners is commensurate with the needs of 2010.

Accident and Emergency Units at our institutions will also be strengthened and we will put in place a programme to ensure a seamless pre-hospital and hospital interface to facilitate the continuum of care between Emergency Care on the road and Hospital Emergency Units.

The task facing our Department is enormous but as Rosa Luxemburg correctly asserted that we cannot realize our goals with “*lazy, frivolous, egoistic, thoughtless and indifferent human beings.*” Our ideal future society “*needs human beings from whom each one in his/her place, is full of passion and enthusiasm for the general well-being, full of self-sacrifice and sympathy for his fellow human beings, full of courage and tenacity in order to dare to attempt the most difficult.*”

Honourable Chairperson and Members believe me when I say we are steadfastly marching towards attaining the goal of a better life for all despite all the challenges and we will not be deterred.

The Honourable Chairperson will remember that following the Cross Boundary re-demarcation; in accordance with the Constitutional Twelfth Amendment Act, we have had to take-over 908 employees from the Eastern Cape Department of Health with effect from 1 April 2007. Likewise, the KwaZulu-Natal Department of Health will transfer a total of 325 employees to the Eastern Cape for Tayler Bequest Hospital in Matatiele.

Honourable Chairperson, we know that the development of a phenomenon in movement, whatever its external appearance, depends mainly on its internal characteristics. We also know that on the political level our own reality — however fine and attractive the reality of others may be — can only be transformed by detailed knowledge of it, by our own efforts, by our own sacrifices. It was for this reason that I have made attempts to brief the house about the progress we have made since I last stood here, on a similar occasion, presenting my budget vote for the house to adopt.

Budget Vote for 2007/2008

Honourable Chairperson, the amount requested to be appropriated for 2007/2008 financial year will be R 13 412 815 000.00 to address the challenges that we still face in our province and provide better health care and thus invest in the future of this province.

Programme 1: Administration

Honourable Chairperson for the effective management of the Health department, it had become necessary that Head office function be realigned to provide the necessary support and service to all our institutions, as well as training and development of staff and the development of systems and processes to enhance service delivery. We

are firmly of the view that by strengthening the centre, the periphery will be able to function optimally. We have set aside an amount of R274, 399, 000 for the current year which is an increase of 30.1% from R209, 856,000 allocated in 2006/07. On average, the overall programme allocation remains within 2% of the total budget.

Programme 2: District Health Services

In the last financial year, we have seen serious challenges with the burden of disease in the province. For the last financial year, we had budgeted an amount of R5, 438 billion for this programme. In the current financial year, we have made a provision to the amount of R6, 200, 035 billion which is an increase of 15% from the R5.438 billion allocated in the 2006/07 financial year. This increase will cater for the implementation of the Comprehensive HIV and AIDS plan, Health Professionals Remuneration Review and incorporation of uMzimkulu into KZN.

Programme 3: Emergency Medical Services

Last year, we committed to improve Emergency Medical services by providing more vehicles and employing additional personnel to bolster the service. We have made a provision of R553, 561, 000 which is an increase of 21% on the R459, 380, 000 2006/07 allocation. This increase is to cater for the establishment of communication centres, vehicle

replacement, the establishment of the FIFA implementation team, the recruitment and training of current and new staff.

Programme 4: Provincial Hospital Services

The challenges facing the health department is how best the hospitals are managed and whether they have the necessary resources for their optimal functioning. We have made provision of R3, 512, 310 billion, which is an 11% increase on the R3, 163, 833 million which the 2006/07 allocation.

Programme 5: Central Hospital Services

Our province's Central Hospital Services are among the best in the world. These services are partly funded through a conditional grant from the National Department of Health, and the funding is adjusted according to inflation targets only. An amount of R1, 271, 875 million has been provided for this service. This represents an increase of 9% from R1, 168, 164,000 for the last financial year.

Programme 6: Health Sciences and training

As a department, one of our greatest challenges it to improve the capacity of health personnel across the spectrum through adequate numbers and appropriate skills. This entails among other things the intake of new nurses and EMRS personnel and establishing training programmes for various categories of health workers. The acute shortage

of nurses and the brain drain of some of our health professionals necessitates more investment in the accelerated training of these professionals. We have made provision for this very important sector, a total sum of R503, 519, million, representing R58, 300 million or 11.5% from the last financial year. The increase is mainly to fund EMRS training and the introduction of the compulsory two year internship for medical doctors.

Programme 7: Healthcare Support Services

Honourable Chairperson, we were not unmindful of the injection of an additional once-off increase of R20 million we received in the last financial year which was as a result of the need to increase stock due to an increase on the number of patients on Antiretroviral Treatment (ART). We have thus decreased this allocation in line with the once-off grant as mentioned above, from R29, 560,000 in 2006/07 to R12, 649,000 in 2007/08. This reduction in monetary terms is R16, 911, million or 57%. However, we anticipate to increase this allocation for the next financial year by R1, 481, 000, 000 or 11.7% in 08/09 and a further 7% in 09/10.

Programme 8: Health Facilities Management

I feel I need to remind the house that this programme is utilized for the capital expenditure and maintenance of physical facilities of the department. We have faced mounting challenges with regard to this

programme. Some of the many projects that we had planned to kick start last year and proceed with in this financial year, have had to be put on hold due to the reduction in the revitalization funding of about R503 million over the MTEF period. The amount requested in this financial year is increased from R953, 145,000 in the last financial year to R1, 084,467 billion in this financial year, which is an increase of R131, 322,000 or 14%.

Honourable Chairperson, allow me to convey my greatest gratitude to the honourable members of the Health Portfolio Committee who have been very supportive and who continue to guide us through the process of managing and running health on behalf of our people. I would also like to thank the selflessness and dedication of the Management Team in the Department of Health. Contrary to reports in the media, I wish to assure you that these are men and women have the will to improve the health status of the people of KwaZulu Natal and provide a better life for all.

I would not have done justice if I did not thank the Honourable Premier and my colleagues in the Executive Council and members of various religious formations and our supporters for their contribution in the work of this department. As I alluded to earlier in my speech, we need to join together in the task ahead. I will continue to solicit input from all citizens

in the province who are always ready and willing to give us advice on how to improve service delivery.

In his speech at the “War on Want” Conference held in London in 1988, the late Oliver Tambo made the following observation,

“Those of us who come from Southern Africa know the true meaning of mass abject poverty. We have seen with our own eyes, and perhaps experienced personally, what it means to go without food and to wake up from sleep that has been tormented by nightmares deriving both from hunger and the knowledge that the new day was as much without hope as the last. We have seen the frightened and pleading eyes of the young and old, reduced to an animal condition by want and deprivation. We are familiar with the tragic spectacle of children, mothers and fathers rummaging through refuse heaps in search of morsels of food that have been thrown away because they are no longer wanted.”

Oliver Tambo’s observation mirrors many of our people’s very own experience. Let us therefore work towards investing in the health of our people by joining together in the task ahead. If we work together, we will not fail. “Together we stand divided we fall”

Honourable Chairperson, this is the budget vote of R13, 412, 815 billion of the department of Health for your consideration and approval.

Siyabonga.