

Speech by KZN Health MEC, Ms Neliswa Nkonyeni at the Provincial Health Consultative Forum –Royal Show Grounds, Pietermaritzburg

17 July 2007

**The Programme Directors – Dr Sewlal and Ms S Dube
The Chairperson of the Health Portfolio Committee – Ms Zanele Ludidi
Honourable of the Portfolio Committee of the KZN Legislature
Members of the Provincial Health Council
Our indigenous leaders – Amakhosi aseNdlunkulu – Ondabezitha
Members of the Clergy and leaders of various Faith Communities
Our Traditional Health Practitioners – Abalaphi bethu bendabuko
The Head of Department – Dr Busi Nyembezi
Members of the Senior Management within the Department of Health
Municipal Managers from Local and District Municipalities here present
Management from various Health institutions throughout the Province
Ladies and Gentlemen**

At the 2002 World Summit on Sustainable Development, the theme for social movements and faith communities, for women and youth organizations, for the trade union movement and the rest of civil society was: **ANOTHER WORLD IS POSSIBLE!** This unequivocal and courageous call to deal with the ugly impact of globalization in the developing world has dominated the entire development discourse and the challenge posed by the unprecedented levels of abject poverty, hunger, regional wars of various magnitudes, apathy and the general decay of moral fortitude among our people and around the world. Yet we are able to say with fearless conviction and without fear of contradiction that: **ANOTHER WORLD IS POSSIBLE!**

Let me start by applauding your efforts to attend this very important annual event, a forum within which we as the Department of Health are able to share with you as leaders and members of the communities we serve what it is we have done in the last year, what we are currently doing and we have planned for the future. Fellow colleagues, I must pass over my gratitude to all those tirelessly and strenuously provided a sterling service during the month of June when the whole country came to standstill on account of the industrial action. The mood was hostile and we were the most affected Department in the country. Let me say: Our heartfelt gratitude once again to those who of our staff who remained faithful and steadfast, and did not forsake the sick and the dying.

Allow me to say thank you to the Honourable Chair and respected Members of the Health Portfolio Committee for support and guidance throughout our provincial operations.

Let us also acknowledge and recognize the unselfish service provided by our committed Volunteers and Community Health Workers. Their selfless giving of service is deeply appreciated.

To the business of the day again, let us recognize that we have been obligated by the trends and flow of national policy and systems to strengthen our provincial health policy and systems and to maximize the positive impact of these policies and systems upon the provision of provincial health-care.

Among these we have engaged and in places completed the following:

The Traditional Health Practitioners Bill of 2003:

The Purpose of which is four-fold:

- 1) To provide the establishment of the interim Traditional Health Practitioners Council of the Republic of South Africa
- 2) To provide for a regulatory framework to ensure the efficacy, safety and quality of traditional health care services
- 3) To provide for control over the registration and practice of Traditional Health Practitioners
- 4) and to provide for matters incidental thereto.

The Definition of the Bill

Traditional Health Practice means the performance of a function, activity, process or service that includes the utilization of a traditional medicine or a traditional health practice and which has its object:

- 1) The maintenance or restoration of physical or mental health or function; or
- 2) The diagnosis, treatment or prevention of a physical or mental illness; or
- 3) The rehabilitation of a person so that he or she may resume normal functioning within the family or community; or
- 4) The physical or mental preparation of an individual for puberty, adulthood, pregnancy, childbirth and death

Provisions of the Bill

- Establishment of Traditional Health Practitioners Council
- Registration of Traditional Health Practitioners
- Disciplinary inquiries and powers of the Council
- General and supplementary provisions:

- ✚ Changes
- ✚ Penalties for false representation of unregistered persons
- ✚ Limitations matters relating to the teaching or training of certain classes of persons
- ✚ Ministerial exemptions
- ✚ Publication of regulations
- ✚ Rules
- ✚ Offences
- ✚ Levying of annual fees

2. The KwaZulu-Natal Health Care Bill

The KZN Department of Health is participating in the Provincial Rationalization of Laws Project, a project coordinated and overseen by the Office of Premier. The aim of this process was to establish KZN Health legislation which is:

- ✚ is aligned to the Constitution of 1996
- ✚ addresses the current health needs of the Province in a coherent and comprehensive manner
- ✚ is free from obsolete and ideologically determined references and components
- ✚ will be accessible
- ✚ is aligned to national framework legislation and
 - will promote legal certainty, smooth administration and enhanced service delivery; and
 - address the problem of duplication of functions in different provincial Departments and directorates within the Department of Health

Application of the Bill

- 1) The Bill applies to all citizens within the republic who are resident of or physically present within the borders of KZN at any given time
- 2) The Bill must be interpreted within the current National and Provincial legislative framework, norms and standards relating to health matters

Objects of the Bill

The Bill:

- a) establishes KZN provincial health services as provided for in the Constitution and national legislative framework
- b) determines and provides for the development and implementation of provincial health policies, frameworks, norms, and standards in

accordance with the national health legislation and policies, frameworks, norms and standards, international conventions, treaties and the Health Act 2003 (Act Number 61 of 2003)

- c) structures and provides for the implementation of a district health system in accordance with national and provincial health policies, including but not limited to supervision, monitoring, evaluation and review of the district health system and the management thereof
- d) structures and provides for the implementation of integrated provincial health care framework and health care service delivery in accordance with national and provincial health policies and legislation, subject to available resources'
- e) provides for:
 - ✚ health care user rights and obligations;
 - ✚ health care provider rights and obligations; and
 - ✚ defines rights and duties of the public and private health care establishments

How do we proceed with this Bill?

1. The Bill has been presented to relevant political and administrative authorities: myself, the Head of Department as well as to the Provincial Health Council
2. The Bill has been deposited at a central depot for comment the Management Committee and other line managers of our Department
3. The Bill has been consolidated into DRAFT 13 with comments received to date
4. From here we will engage the formal consultative process as required by Section 154 (2) of the Constitution
5. It is envisaged that a total of 33 consultative meetings will take place a principle approval from Cabinet
6. Consultative meetings will be held with stakeholders including but not limited to:
 - ✚ Private health sector
 - ✚ Statutory and non-statutory health councils
 - ✚ Chapter 9 institutions
 - ✚ Academic institutions
 - ✚ Other national and provincial departments
 - ✚ Organized labour
 - ✚ District and Hospital Management Teams
7. The Bill as we have it now will go through the aforementioned consultative process and also placed for comment in the Provincial Gazette

8. The legal Services Unit of the Department will then prepare a comprehensive report on the whole consultative process, revise where necessary and with the final approval from me and the HoD will then be submitted into Provincial Parliamentary process. It is anticipated that all things being equal we will meet the scheduled date of November 2007

Let me come to two thorny issues of the Human Resources front namely:
Remuneration of nurses and the recruitment of foreign doctors:

I started by stating categorically that: **ANOTHER WORLD IS POSSIBLE!** It is commonplace knowledge that the Provincial Departments of Health the country over have lost thousands of nurses to the private health care sector as well as to other developed countries: England, Saudi Arabia, Ireland and many other countries with far advanced health care systems. The main reason stated for this brain drain and professional hemorrhage of our nursing personnel is that nurses are paid salaries and stipends not commensurate with the pressures that they encounter in our institutions. It is as though we as a Department of Health and other provincial departments do not care and thus do not take into cognizance the stressful working conditions under which our doctors and nurses operate. Let me confess that we may not have provided salaries and stipends that attract our people to other working contexts. However as we are all aware our National Minister, Dr Manto Shabalala Msimang, last week announced that recommendations have been made that the salaries of our nurses, especially at entry level be drastically increased, mentioning a figure of 23%. This is good news indeed.

On our part as the provincial strata, we will continue to try a combination of Staff Retention Strategies that will keep our health care professional within our own borders.

We hope that within the ambit of this Consultative Forum, you as members of civil society will assist us in further developing and refining strategies that will ensure that our intellectual capital is retained and serviced with propriety and robust focus. Your critical and valued contributions in this regard will indeed be cherished and valued as such.

Regarding **the recruitment of foreign doctors** as a supplementary strategy in beefing up our human capital in the province, we are awaiting national policy to guide us in this regard. We cannot be rash in moving in this direction, and in the process, find ourselves flouting national and international protocols of recruiting doctors from other countries. We have however developed our own systems and policies of making sure that doctors trained within our borders serve our communities with diligence and fortitude, even in the face of temptation to swim elsewhere for better remuneration prospects. I am saying that national policy, once refined and stratified, will then be cascaded down to our provinces

as it will to other provinces for uniformity, standardization and regulation. We ask that we all remain patient and focused on this matter as it is sensitive and needs our collective sense of provincialism. **ANOTHER WORLD IS YET POSSIBLE!**

In all our endeavours as a Department we are guided by an indication of our Annual Performance Plan in achieving our strategic objectives and goals. This Plan is intrinsically aligned to the Millennium Development Goals (the MDGs), the New Economic Partnership for African Development (NEPAD), National Health Priorities, the Provincial Growth and Development Strategies and the Provincial Spatial Economic Development Perspectives.

Against the above strategic commitments, let me briefly share with you the achievements of the **Targeted Enterprises Development Unit** in the interluding period between the last financial year and the current financial year of 2007/2008. KwaZulu-Natal, it is a well-known fact, has the highest density of population with 9.5 million people. The wealth distribution is grossly slanted against the Africans who constitute 84.9% of the total population of the province. Current statistics suggest that Africans constitute 80% of the poor within province and the Targeted Enterprises Development Unit was established against socio-economic backdrop as a systemic attempt at redressing this asymmetrical political shame. The main objective of this Unit is to ensure significant participation and beneficiation of Black-owned enterprises in government procurement. Other inherent objectives of the Unit against our stated commitments are:

-  Redressing the bias towards big business and already established companies by ensuring that certain amount of government contracts for specific kinds of goods and services are awarded to Co-operatives (Coops) and Small, Medium, Micro Enterprises (SMMEs) with a specific focus on historically disadvantaged individuals. This economic empowerment thrust will entail creating more job opportunities thereby contributing towards poverty alleviation and reducing the burden of disease
-  Engaging Co-operatives to substantially improve their ability to compete for business in an open SMME and broader market by affording them basic business skills – for example costing of quotations and tenders, thereby creating sustainable enterprises
-  Assisting Co-operatives and SMMEs in accessing and acquiring capital to finance their businesses by forging partnerships with Financial Services institutions

Achievements and milestones of the Targeted Enterprises Unit include the KZN Department of Health awarding the following contracts to Co-ops and emerging contractors during this financial year:

- + Cleaning of Gardens and Grounds – R6 million
- + Cleaning of Buildings – R43 million
- + Minor renovations – R55 million
- + General Supplies – R5 million
- + Catering – This is still to be awarded but the process is underway
- + Training workshops have been organized for all companies awarded cleaning contracts for quality control and assurance purposes
- + Some of the services and commodities to be procured from Co-ops and SMMEs include:
 - ❖ Disposable diapers
 - ❖ Toilet paper
 - ❖ Serviettes
 - ❖ Gardens and grounds
 - ❖ Photocopy paper
 - ❖ Printed and developed materials
 - ❖ Medical equipment
 - ❖ Surgical sundries

The legal prescripts and mandate that undergird our operations include:

- + Constitution of the country – Act No.6 of 1996
- + Public Finance Management Act – Act 1 of 1999 as amended Act 29 of 1999
- + Preferential Procurement Policy Framework Act No. of 2000
- + Broad-Based Economic Empowerment Act No 59 of 2003
- + The Co-operatives Act
- + KZN Supply Chain Management Framework

Future projects envisaged within this Unit encompass among others:

- + Car Wash Project
- + Cleaning of windows Project
- + Catering – Mentorship Development Programme
- + Laundry – feasibility study is being finalized on the possibility of outsourcing this service
- + Waste Management Project

With all that I have stated, I hope we have laid ground and a foundation for our productive deliberations today. As management we have full confidence in the

caliber of the various stakeholders here represented. The outcomes of this consultation will benefit the majority of people of this province who do not have health insurance. I wish you wisdom and guidance in this progressive forum.

I THANK YOU