

**Speech by KZN Health MEC Neliswa Nkonyeni on the
occasion of the launch of Doctor Volunteer Programme**

21 August 2007

I regard this meeting as a very important milestone and a progressive development, not only for the Uthungulu District but also for the country at large.

I truly respect and appreciate this unselfish gesture and deliberate effort on your part to unreservedly give your time, expertise, intellectual capital and positive energy for the benefit of others, and this time, without expecting anything in return. You have re-defined for ordinary people in this province the ethics of giving and volition. This, I respect with all my honesty and sincerity.

The reality of the situation is that our people out there are waiting and expecting the government to deliver. On our

own, as government, we really cannot cope. Redressing the imbalances of the past, fellow compatriots, necessitate that we all hold hands together and get involved. This, I acknowledge requires on your part, as already demonstrated by the establishment of KHANYA AFRICA, a spirit of dedication, courage and sacrifice.

Speaking on the same subject of Volunteerism in 2003, our then Deputy President, **Jacob Zuma** acknowledged those that came forward by saying:

“History will indeed record your hard work, and afford you the respect and admiration of our people for volunteering to fight poverty and underdevelopment, marginalisation and backwardness”

To tell you the honest fact and to be blunt with you, I am already sensing that the spin-offs of the relationship we are cementing tonight will not only benefit those that are sick

and in need of health care in the province but also the families, kith and kin of those who may otherwise stand to lose those who they love and cherish. Thank you so much once again.

I am not going to bore you by explaining and tabulating what we as a Department do, save to say that our vision is to provide an optimal health status and quality health-care to all persons in the province of KwaZulu Natal.

As to our achievements and shortfalls, successes and disappointments in that regard, I would not state anything new because I am cognisant of the fact that you are situationally-based and plying your trade, profession and talents in the same domain, and thus exposed to the contextual challenges that intermittently emerge within our operational ambit.

Fellow compatriots, I deem it crucial that we all move from one understanding especially on the matter concerning statistics as well as on that pertaining to the scale of the

problem. We all know that before 1994 our country went through a long period of poor provision if not total denial of quality health care to the majority of our citizens

It will thus help to know that the Uthungulu District has a population of **902 859** inhabitants. Amongst these, it is a fact that less than **16% of the population** are insured and using Medical Aid schemes and that the rest of the population solely depends and relies on the public health care institutions for their ailments, diagnosis and survival.

The advent of democracy has come with its own price as almost everyone now knows that health is a human right. As a progressive and caring government we have also committed ourselves to provide:

- Free health care for pregnant mothers
- Free health care to the children under 5 years
- Free treatment for sexually transmitted infections
- Free testing and treatment of Tuberculosis, as well as

- Free testing on HIV and AIDS, and free provision of Antiretroviral drugs.

Our situation is compounded by the rising rate of unemployment that has given rise to poor socio-economic conditions that are hotbeds for the spread of communicable diseases.

In the recent past we have also seen and experiencing the emergence and spread of a new crop of diseases and infections like the new strains of Tuberculosis in the form of Multi-Drug Resistant TB as well as the Extreme Drug Resistant TB. You know the situation and statistics on HIV and AIDS. In most cases we all find ourselves dealing with the complex confluence of both TB and HIV.

Your coming to the fore as KHANYA AFRICA, I must say, will without doubt add impetus to our efforts of giving hope and quality health care to all our citizens.

As the MEC for Health in this province, I have taken a decision to assist and nurture the creation of this

relationship and work towards eliminating whatever pitfalls may come its way.

Tomorrow night I am going to the Eastern Cape for the National Health Council, a consultative forum that brings together all the nine Health MEC's and Minister Dr Manto Tshabalala Msimang. I will use that platform to solicit more support and guidance for this initiative.

As a way forward, I recommend that KHANYA AFRICA and our Uthungulu District enter into a Memorandum of Understanding that will clearly provide the lines of communication and also provide a clear picture of where interventions are required.

As a case in point, I will cite one example where we are handicapped. At times it becomes ironic and contradictory when on the one hand we call on our people to desist from doing something and on the other hand undercut that message with the scarcity of human capital and equipment. For instance, when we promote oral health and dental

hygiene, we speak of the restoration of teeth as opposed to extraction. This is a fair message to people who are prepared to follow that injunction. But then how do you accomplish that objective when you do not have a single dentist at Mbongolwane; at St Mary's KwaMagwaza; Nkandla, Ekombe; Lower Umfolozi District War Memorial Hospitals.

I am saying, except for the Community Service Officers who are temporarily placed, the situation is the same in terms of the non-availability of therapists, particularly at Nkandla, Ekombe and Mbongolwane Hospitals.

We thus need to agree on a core team that will:

- work with our District officials to jointly agree on places and areas that need to be tackled.
- will determine who and how many clinicians will go where and when.
- will inform the District Manager what transport needs and equipment you require where and when
- will further determine the extent to which we – first in the District and subsequently in the entire province – maximize the efficacious use of our mobile clinics

intended to service those at the marginal end of social development strata.

I promise to assist this core team – of which I will be an ex-officio member – in every way possible and feasible. This is my solemn commitment that there will be no frustrations, challenges and complexities that will remain insurmountable. We will deal with everything that comes our way as a manner of stumbling bloc.

The process we have begun tonight and the value-added to that process will be a blueprint model for the rest of the province. We hope that with concurrent monitoring and evaluation of progress made, we will be in a position to replicate this KHANYA AFRICA initiative not only across the Districts in the province but also throughout the country.

The National Department of Health is at the moment liaising with the employment agency that has been tasked to provide us with health-care workers from Tunisia. Currently the National Health Professions Council is evaluating the qualification standards of these professionals. I am saying to you there is a light at the end of the tunnel.

WORKING TOGETHER SIDE-BY-SIDE WE INDEED – WITH FORTITUDE AND COMMITMENT – SUCCEED TO FIGHT DISEASE FIGHT POVERTY AND GIVE HOPE TO ALL OUR PEOPLE.