MS N.P. NKONYENI (MPL)
ON THE PRESENTATION OF THE
KWAZULU- NATAL HEALTH BUDGET VOTE
IN THE PROVINCIAL LEGISLATURE ON
29 APRIL 2008

Honourable Chairperson
Premier of the Province, the Honourable Dr Sibusiso Ndebele
Honourable Members of the Provincial Executive Council
Honourable Members of the Provincial Legislature
Honourable Chairperson Ms Zanele Ludidi and Members of the Portfolio Committee on Health
Your worships, Mayors and Councilors
Amakhosi, Izinduna,
Abelaphi bendabuko
The Acting Head of Department, Dr Yolisa Mbele
Officials of the Department of Health
Governance Bodies, Mental Health reviewed board Chaired by Mr. Nofemela, clinic committees, Hospital Board Members, Provincial health council
Distinguished guests
Comrades and Friends
Ladies and Gentlemen

Honourable Chairperson, the President of the African National Congress, the Honourable Dr Jacob Zuma in his address to the people of this country on the 8th of January 2008 made a clear and unequivocal statement, wherein he said; “achievement of better health for all is an important part of improving the quality of life of poor South Africans.”

This very profound statement can be linked to a statement made three decades ago, during the Alma Ata Declaration of 1978, in the United Soviet Socialist

Republic (USSR), a declaration advocating for equity in health for all. This declaration called on all nations, amongst others, to;

> *"…strongly reaffirm that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right, and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of, [I EMPHASIZE], many other social and economic sectors in addition to the health sector."*

Honourable Chairperson, I feel honoured to stand before you and the House today as a proud and committed member of the African National Congress whose fifth year commitment to the people as communicated by the President of our Republic, the Honourable Mr Thabo Mbeki when he spoke of the People's Contract to create work and fight poverty we are celebrating.

Over this period of our commitment, I believe we have done our best to create work and to fight poverty. This has been attested to by our slogan of Fighting Disease, Fighting Poverty and Giving Hope to more than 10 million citizens of this beautiful Province during the last five years. We have further gone a long way to creating job opportunities in line with Broad Based Black Economic Empowerment practices in various procurement opportunities.

The President of our Republic in his State of the Nation Address earlier this year made the following profound statement;

> "more than at any other time, the situation that confronts our nation and country, and the tasks we have set ourselves, demand that we inspire and organise all our people to act together as one, to do all the things that have to be done, understanding that in a very real sense, all of us, together, hold our own future in our hands!"

Honourable Chairperson, the President has called upon us to do a reflection on our own achievements and failures. I would therefore like to reflect on some of the challenges we have faced during the five years of the People's Contract as advocated by the President during our commitment to the people of this country and this Province.

Allow me to first address the two issues that have featured in our current headlines in the public domain. These two issues dominating our operations excluding the today's budget speech are the suspension of a doctor at Manguzi Hospital and Cancer screening machine, known as the mammography machine.

Honourable members, as MEC for Health in this Province, I am tasked with the responsibility of Health Care Delivery. The shortage of doctors, nurses and other health care resources can never be overemphasized. It saddens me that the media and some honourable members have isolated the issue of Dr Blaylock and some doctors in rural areas out of context. They assume that I am responsible for the processes that emanated in Dr Blaylock's suspension. I must emphasize that institutional managers are responsible for due disciplinary processes which are fair and constitutionally enshrined.

However, after having been informed by media reports and managers and staff in the department of other allegations of racism, ill treatment of staff and abuse of departmental facilities by Dr Blaylock and some doctors operating at some of our rural facilities, I will be appointing as a matter of urgency, a Task Team to look into, *inter alia,* the following issues:

1) Allegation of illegal usage of theatre facilities to operate a dog, while patients wait in line to be attended to. Mind you, none of our hospitals offer veterinary services and we are not about to allow any animals to be operated in theatres meant for our people,

2) Allegation of assault to the Radiographer, Mr. Clifford Mdunge, who had to be stitched after this severe assault,
3) Allegation of damaging pharmacy window after he wanted to assault staff in the pharmacy and he himself had to be treated at the Operating Theatre as a result,
4) Ill treatment and name calling of staff during last year public sector strike period, whereupon he referred to them as “baboons”, and in this instance again, he apologized,
5) Allegation of receiving donations in a manner that does not conform to the PFMA and Treasury Regulations which are to used for research purposes.
6) Allegation of research projects where informed consent issues are not fully canvassed with patients,
7) Allegation of implementing international policies of which are not aligned to both our government and departmental policies.

I have accordingly accepted the recommendation of the institutional management that Dr Blaylock’s suspension be uplifted and that he be allowed to continue in his duties of serving our people. I am, as MEC tasked to ensure the provision of quality Health care services and at the same time defend the dignity of our people by ensuring that they receive the best service while in our care. Just yesterday, I received an email message from an individual, one LB Henbro who wrote, and I quote:

“Why don’t you go back to teaching, preferably in rural areas, the very one you despise. You are a fake and to boot, stupid. Your utterances about rural doctors show your stupidity and lack of moral fibre. Once again the parade of stupid people leave us not only shocked but give us ample ammunition to laugh at your incompetence and lack of grey matter”.

Such utterances clearly indicate a lack of candour and are downright disrespectful of the office that I hold as MEC for Health. This was also evidenced by the same Dr Blaylock defacing an official picture and throwing it in the dustbin! Such acts of disrespect do not really tarnish me to the dustbin of history, as the ANC has been democratically elected by our people and I was appointed by the Premier as MEC for Health to serve and protect our people from any act of abuse. Honourable members, after being aware of such a statement and actions, what actions do YOU think I should take against people like the doctor making such careless statement. Is he also telling us that teachers are STUPID, lack competence and lack grey matter?

Honorable members, am I to accept that some doctors are indispensable and above the law? We have in this province people masquerading as doctors – and if we take actions against these quacks doctors, are we going to be accused in the media of depleting our hospitals of this so-called sophisticated skills.

Having said all of the above, Honourable Chairperson and members, I would like to acknowledge the many doctors that we have and committed in working in our so called rural areas and who, with all the challenges they are facing, continue to work hard to put people first. I would like to applaud them for their sterling work and for their commitment in ensuring our mandate of access to Quality Health Care as enshrined in our constitution.

I would like to remind the House that the theme of our last financial year was "**investing in women and children secures a healthy nation**" therefore,
Ladies and Gentlemen, it is fair to mention that I have reported to the Portfolio Committee for Health, the reasons why we had to investigate early detection and interventions for the prevention of unnecessary deaths due to cancer. It is of utmost importance for me to highlight to the House that there are two machines at issue. The one was priced at R425 000, and the other was R1, 5 million. Having highlighted that, I further wish to inform the House that the two prices

submitted by two separate entities were for the different items of equipment whose specifications are also miles apart, and of different brand names. During the visit by the former HOD, and myself to Brazil we saw a programme where communities with various illnesses were screened and treated in mobile mini hospital facilities. We were informed that one of the pieces of equipment utilized in this programme was a compact machine capable of screening various types of cancers. Honourable Members I wish to reiterate that all our interests were limited to trials only, no taxpayers money has been paid to service providers till this day. I must also be swift to mention that the disappearance of the machine whilst on trial was reported to the South African Police Service.

Honourable Chairperson and Members, it is not my intention to withhold information to this House, however as you are all aware that these topics are now become the subject of an investigation conducted by the Director Of Special Operations, I therefore cannot divulge any further information as this is a matter classified to be subjudicare.

Chairperson, what I find disgraceful and deplorable opportunism is the manner in which these matters are being used to slander myself and certain officials of the Department. In my case, I do not mind because the great leader of the African National Congress, iNkosi Albert Luthuli (*uMadlanduna*), taught me that; **"THE ROAD TO FREEDOM IS VIA THE CROSS"** and history will absolve me!

Among the biggest challenges related to public service wage negotiations. When wage negotiations deadlocked, culminating in public strike action that commenced on 1 June 2007, a host of public workers took to the streets, including employees from the Health Department. The vigorous intervention by the Department was able to avert the potential disruption to health services during this difficult time. Despite all these efforts, our health facilities were hardest hit and lots of financial resources had to be concentrated on employing outside staff in order to provide emergency and much needed health service to

our people. We also had to buy out beds from the private health care, which drained most of our financial resources.

Honourable Chairperson, the House will recall that the Department was faced with over-expenditure in the last financial year. Factors attributed over-expenditure incurred by the Department in the last financial year include among others;

- ARV's; We had a budget allocation to cater for **81 000** patients, and today I here report that currently we are over by **120 000** patients under treatment hence an over-expenditure of **R158 million** in this regard.
- Tuberculosis**;** The members will recall that our province has been hardly hit by the MDR and XDR TB strains more than any other in the country. In the implementation of the TB crisis management programme we had to increase Tracer Teams and associated resources such as vehicles and establish more TB designated wards therefore all this resulted to the overspending of R80 million.
- Public Sector Protracted strike; Our department was adversely affected by this action. Of note, this is the only province that had two strikes in a single year, as we were forced to make use of the private sector services in the form of private hospitals and ambulances. Honourable Chair we also had to hire additional security personnel as we could not close-down facilities offering essential services. It should also be remembered that we had the largest SANDF medical corps contingent that we had to cater for. This yielded to unanticipated expenditure of **R88 million.**

- Wage Increase; Our calculations were based on a 6% annual increase which equated to R295 million, however the treasurer only provided R221.8 million and that created a deficit of **R73.2 million.**
- Occupation Specific Dispensation (OSD); This national initiative targeted at the retention of our skilled professionals within our institutes, was allocated a sum of R237,6 million, but with the inherent problem it brought with, the projected expenditure now stands at R620 million, with a deficit of R382.4million. As a result of our relationship and existing support mandatory support to 14 NGO hospitals and other facilities employing nurses we had to extend the OSD benefit to them at the cost of **R14.7million**. All this honourable members was not budgeted for. We are expected to fund the carry through cost of the implementation of OSD for nurses, EMRS, pharmacists, and doctors.
- Ever Escalating cost of medicine; Again Honourable members are cognisant of endless efforts by the National Minister, to bring down the cost medicine to be accessible by the poor. As a department we have also been affected by the inflation increases in this sector at a cost of **R80 million.**
- Computer infrastructure upgrade**;** with the change of the disease profile experienced we have seen the need to upgrade our information systems particularly at PHC clinics and hence the expenditure **R12 million** in one year instead of three years in this regard.

All of the above Honourable Chairperson serves to inform us that we need to implement a zero based budget system. We therefore welcome the advice and

support from the Finance Portfolio Committee, who understand how underfunded the Department of Health is, in the advent of the many Health challenges.

The takeover of SANTA TB hospitals has also been a big challenge for this Department. We took over facilities that were dilapidated requiring upgrading and in other instances required new buildings. We have had to decant patients to King George V, whose revitalization is nearly finished. The Department faces ever changing mortality and morbidity patterns. The strategic plan for the 2004/05 to 2008/09 financial year was crafted prior to the emergency of the current patterns of the MDR and XDR TB strains. The Department has repriotised its programmes to ensure that interventions are developed and implemented to address impact of TB. These change have been aligned to the annual performance plan.

The lack of consideration in this regard in as far as budget allocations and progress in the upgrading of these facilities; together with other infrastructural projects in the pipeline, exacerbates the bed occupancy and the hospital stay of MDR & XDR TB patients in medical wards. This situation poses a threat of direct transmission of MDR and/or XDR TB to other patients who are otherwise admitted for other medical conditions.

In other situations, we are facing challenges wherein our TB patients end up lumped together with a result that those with ordinary TB are in the danger of contracting MDR or XDR TB.

Another challenge that we are facing is the continued threat of Klebsiella outbreaks in the Province. Members will remember the unfortunate incident last year at Prince Mshiyeni Memorial Hospital where newborn babies lost their lives to the Klebsiella bacterium. Our investigations indicated that the problem is multi-faceted in that it has to do with; (I) infrastructural design of our hospitals, and nursery wards in particular; (II) socio-economic position of young women who

have to depend on their male partners and therefore have no control and capacity to manage their sexual health, (III) infection transmission and control due to poor infrastructural designs in housing, especially the informal housing settlements, (IV) family planning services that are not youth-friendly and lastly the usage of multi-dose vials

In Prince Mshiyeni Memorial Hospital, for an example, we are faced with some elements of the problem as outlined earlier. Amongst others; Umlazi, the most populated township in the Province, has an acute shortage of Primary Health Care facilities thus overburdening Prince Mshiyeni Memorial Hospital with all the deliveries from the uninsured population. The Hospital attends to about 1000 deliveries per month and 525 of these babies are admitted into the neo-natal unit. I also like to highlight that a major contributing element is the teenage pregnancy. The space available to accommodate these babies is very limited with a threat of infection transmission being very high.

Secondly, the township's inadequate primary health care facilities cannot provide quality family planning services, especially to young girls who constitute the large number of ante-natal cases. This has a direct relationship with the rate of sexually transmitted infections, including HIV as well as the related diseases like TB and Pneumonia. This also paints a clear picture that our young people still refuse to practice safe and protected sex! It is for this reason that I have at all occasions called on all of us to roll up our sleeves and play a meaningful role in fighting against the spread of Sexually Transmitted Infections (including HIV) and to change mindsets in as far as sex is concerned.

While all interventions will be employed by the Department to stop untimely deaths of new-borns; we also require your interventions in promoting hygiene within our homes and the education of young girls and boys about the prevention of unwanted pregnancies and the threats of deadly Sexually Transmitted Infections. Let us all play a role in empowering young girls to take responsibility

for their sexual health rights and behaviour. Shlalo, angithathe lelithuba nginxuse Amakhosi, iziNduna noBaba ukuthi kubuyelwe uhlelweni lokufundisa izingane zabafana isiko lukusoma.

We also need an intergovernmental approach that will address socio-economic drivers of infections. For instance the Department of Housing in their quest to eradicate informal settlements by 2014 must be applauded.

As a Department, in the past financial year, we have undertaken a total number of 45 health awareness and health promotion campaigns, this as a means to decrease the burden placed on our institutions - treating patients whose ailments could have been prevented.

As a means to promote Primary Health Care, we have also formed an agreement with the Nelson Mandela School of Medicine Infection Control Unit (UKZN). This is a move intended to identify and prevent Klebsiella deaths by promoting prevention strategies in all our facilities.

This collaboration with University of KwaZulu-Natal has enabled us to avert more deaths in Port Shepstone Hospital where an imminent outbreak of Klebsiella was reported. I have opted to bring to the fore these challenge so that I can make a call to the House to support our request for an adequate budget allocation and educate the public about the salient issues around outbreaks.

Honourable Chairperson, we are continuously hardest hit by the skills drain and our inability to attract health care workers to serve in underserved areas. This is largely due to the gross shortage of accommodation in most areas and with the lack of adequate funding, planning for the construction of accommodation is almost a piper’s dream as we battle to use whatever available resources to construct health facilities.

We are still far from living up to the ideals of ending casual employment in our Department. A number of institutions still employ casual staff to man the hospitals and other sections of the Department. We plan to ensure that all of these discrepancies come to an immediate end and all staff becomes employed full time in the Department. We have a mandate to implement the Polokwane resolution, to ensure that all critical posts are filled by the end of June and we have begun an exercise of ensuring that this happens. The Honourable President of our Republic spoke of “business unusual” and we plan to do whatever is necessary to make this a reality – no matter how unusual.

Honourable Chairperson, we have suffered setbacks with regard to maternal and child mortality. We are the only country which has a confidential report on maternal deaths. The minister has appointed a committee to look into maternal and child mortality rates and we are working closely with this committee to reduce these deaths. To that effect we are to employ a Manager to advance and scale-up our Maternal Child and Women’s Health Programme. Amongst the key performance areas is the development of strategies to address the inadequate family planning services that will be youth-friendly at primary health care level, where our young people still experience negative attitudes and stereotypes from our staff.

I would once more make reference to the problem of teenage pregnancy which is a serious cause for concern and we need to scale-up services available to arrest teen pregnancy through various Programmes and we hope through behavioral change, the situation will be turned around.

In the previous financial year, we also kick-started a Programme to highlight the plight of women in general and rural women in particular who succumb to the silent scourge of breast cancer that targets women of child-bearing age in the main.

This was also motivated by the situation as it prevails in our Province currently. The three main centers that provide chemotherapy for cancer patients; including breast cancer are Grey's, Inkosi Albert Luthuli Central and Addington Hospitals. Addington Hospital treated 169 women up to the month of March this year at the cost of **R76 055**; Inkosi Albert Central Hospital treated 2370 women in 2007 and 766 women to date at the cost of **R22, 53 million** (for 2007) and **R3.9 million** January to March 2008 and Grey's Hospital had 3100 women who receiving chemotherapy from 1 April 2007 to 31 March 2008 at the average cost of **R25 000** per patient.

This, Ladies and Gentlemen, substantiates our belief that we need early detection interventions and that we were correct to investigate breast cancer screening instruments that are usable in our rural settings in order to reduce the load in these hospitals and to prevent expensive medical treatment of breast cancer at its advanced stages. **"THE ROAD TO FREEDOM IS VIA THE CROSS"**

Access to Health Care

Honourable Chairperson, I wish to respond to the call by the members of the glorious People's Army, Umkhonto weSizwe, who have pleaded with me and my colleagues to reach out to them. These are combatants to whom we owe our presence in this house and the many democratic gains we have enjoyed in the last 14 years. Many of these heroes have fallen, succumbing to the many ails that afflict our people.

In salute and honour to the *Commissar*, the late Comrade Sihle Mbongwe, I commit to fulfill the request of the Polokwane Resolution to engage the military associations in finding ways where we would provide health care and support to their members as well as the families of those who are deceased. This, I believe,

will be a gesture of gratitude and show of regard to the role they played in our liberation.

As we celebrate the third decade of the revolutionary Alma Ata Declaration, we remain convinced that investing in Primary Health Care secures a healthy nation and it is regarded as the foremost health delivery intervention. The Alma Ata Declaration clearly indicates that;

> *"Primary health care is essential health care, based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."*

Through this Declaration, we have managed to come up with a strategy whose aim is improve accessibility to health care services, managing the emergent and re-emerging communicable diseases and the challenge of satisfying our human resources so that they remain in the country whilst opportunities to work in developing countries are in their faces.

Guided by the spirit and letter of the Alma Ata Declaration and in our quest to fighting disease, fighting poverty, and giving hope, we have made inroads in ensuring that we strengthen primary health care services as well as improving the quality of life of our people.

INFRASTRUCTURE DEVELOPMENT AND CLINICAL SUPPORT

Honourable Chairperson, in responding to our mandate and to the health care needs of our people, a sum of **R731 million** was spent on 115 projects, excluding the Revitalization Programme projects. I have to indicate that the

projects in question were selected out of a total number of 802 requests for clinics. These projects comprise of:

A total of 87 new clinics, 11 new Community Health Care Centres, the provision of 16 additional residences, the construction of 3 Prevention of Mother To Child Transmission facilities and 4 health stations. We still have other ongoing projects like the clinic that is under construction at kwaSenge, in the uMzinyathi District, which is due for completion on the 1st August 2008.

Amongst other tangible deliverables, telephones were installed in 114 clinics, and, in an extensive campaign to provide electricity to all clinics 58 of them, to date, have been electrified. I am also pleased to mention that 8 clinics in Umzimkhulu will benefit from the clinic electrification Programme.

Honourable Chairperson, we need to make it clear and concise that we are aware of the many challenges that confront us with regard to infrastructure. We plan as a matter of urgency to commence the planning and construction of a Regional Hospital in Zululand, a District Hospital in Melmoth, and another District Hospital in Pomeroy around the Umsinga area. Plans are afoot to realize the construction of a Community Health Centre between St Mary's, Mariannhill and RK Khan Hospitals to deal with the lack of adequate facilities in this area.

This we believe will eventually offload the pressure placed on institutions like Prince Mshiyeni Memorial Hospital, a facility that now finds itself dealing with more patients than it was designed to service.

REVITALIZATION PROGRAMME

The construction of a 400 bed facility at King George V hospital that will house MDR and XDR TB patients is in progress. This project will cost **R135.8 million** and is expected to be completed in March 2009. Phase 2 of the construction at

Rietvlei Hospital is at its completion stage. Honourable members I can now confirm that the delays encountered in the construction of the two important hospitals, Dr Pixley Ka Seme and Dr John Dube , have been overcome and a General Manager for Infrastructure Development has been appointed to expedite these projects.. The hospitals are now at bid award for construction stages, with IDT appointed to lead on the Dr Pixley Ka Sema project. Lower Umfolozi War Memorial Hospital has a new Neo-natal ward. The Trauma ward and a new Pharmacy at Ngwelezane Hospital have been completed.

The Honourable Chairperson will recall that the Department of Health took over the management of Forensic Pathology Services from South African Police Services. Of the 30 ex-SAPS facilities, 7 facilities were identified as suitable for retention on a permanent basis by the Department of Health viz. Port Shepstone, Gale Street, Pinetown, Richards Bay, New Hanover, Nqutu and Newcastle. We are working towards constructing new facilities and we are concerned by the state of disrepair of some of the former SAPS mortuaries, specifically the Alexander Road mortuary. To that effect, we have identified a new site at Fort Napier Hospital to build a new mortuary at a cost of **R56 million.**

Plans are afoot to construct other new mortuary facilities at Phoenix, Park Rynie, Ladysmith and Greytown. The new Park Rynie and the upgraded Richards Bay mortuary facilities would also serve as secondary Disaster Management Centres for the Southern and Northern areas of KwaZulu-Natal respectively. Tenders for construction have gone out and work has begun to ensure that we provide lasting dignity to our dearly departed.

The Department has 37 telemedicine sites in the Province. These have brought specialised services to the most rural of our communities through the use of advanced technology. The services that are offered through our telemedicine sites have been improved, with capacity to offer:

(I) tele-education, (II) tele-radiology, (III) tele-dermatology, and (IV) tele-ophthalmology.

The Province will be hosting the Health Informatics of South Africa (HISA) Conference in June 2008 at eThekwini, under the theme; “Innovation and Challenges in Health Informatics.” This is a build-up to the International Medical Informatics Association, MEDINFO 2010 Conference in Cape Town.

COMMUNICABLE DISEASES

In his state of the Nation address early this year, the President of our Republic called upon us to;

> ***“Accelerate our advance towards the achievement of a goal of health for all, which includes an intensified implementation of the National Strategic Plan against HIV and AIDS. During the course of this year we aim to reduce TB defaulter rates from 10% to 7%, train over 3 000 health personnel in the management of TB and ensure that all multi-drug resistant and extreme drug resistant TB patients receive treatment.”***

This call is in line with the long-held view that the Department of Health carries the greater responsibility for the achievement of the United Nations Millennium Development Goals. Of the eight goals, five have a direct reference to the Programmes of health care. These are;

- Goal 1: eradicate extreme poverty and hunger
- Goal 4: reduce child mortality
- Goal 5: improve maternal health
- Goal 6: combat HIV and AIDS, malaria and other diseases, and
- Goal 8: develop a global partnership for development

Our government in general and the Department of Health in particular, have continuously increased the investment in the Programmes aimed at reversing the course of the HIV epidemic, and this is done in line with the National Strategic Plan 2007-2011.

Furthermore, our Department has strengthened its person-to-person contact through the recruitment and appointment of 500 youth ambassadors whose main task is to go into households and educate individuals about Sexually Transmitted Infections, TB, HIV and AIDS. This Programme has created and continues to create employment for unemployed matriculants whilst career-pathing them within the Health sector as part of the Expanded Public Works Programme. A total of more than 25 000 households have been visited by these ambassadors since the launch of the Programme on the 1st of December 2007.

The President of the ANC, speaking at the January 8 Statement, aptly said that;

> ***"This year, we need to intensify our efforts, focusing on the key priority areas of prevention; treatment, care and support; research, monitoring and surveillance, and human rights and access to justice".***

The Department continues to strengthen the Voluntary Counseling and Testing (VCT) campaign which now has a wall-to-wall coverage in all our public facilities and is also available in 64 non-conventional health facilities, including churches, Drop-In centers and other facilities. Through this Programme we have for the first time in the history of South Africa appointed 1 800 lay counselors on a permanent basis.

In our efforts to achieve the fourth Millennium Development Goal, we are proud to be amongst the first to implement the Dual Therapy Strategy which we launched at Mosvold Hospital on the 28th March 2008. This Programme is expected to benefit about 59 241 HIV-positive expectant mothers attending

antenatal care in our public institutions. This intervention will be rolled out to 55 hospitals and 135 clinics and it is hoped that it will help reduce the rate of HIV transmission from mother to child from the current 32% to 10%. Namanje ngisasho, ukuthi…

ASISOZE SAPHEL'AMANDLA!

Honourable Chairperson, kindly join me in applauding the hard work and dedication of our health care professionals who have made us proud in enrolling the largest number of people into our Antiretroviral Treatment Programme. Our Province has the largest ARV Programme in South Africa, with more than 144 000 people receiving ARV treatment. This represents progress in our holistic approach to changing the course of the epidemic.

We want to improve our prevention interventions by strengthening partnerships with all sectors, especially the faith communities and the traditional health practitioners. Our newly established Traditional Medicine Directorate will ensure that structured collaborative programmes with Traditional Health Practitioners are not only one-sided but are structured in such a way that we learn from their practices and also restore the dignity of this institution in line with the national legislation.

With regards to TB, which has progressively become another vicious epidemic, I wish to report that we have made some strides to curb gross infections among TB patients. King George V Hospital has been the only hospital admitting and treating all MDR-TB patients resulting in a very long waiting list. This contributed to the poor TB cure rates and increased defaulter rates.

We are starting to reap the fruits of our investment in the TB management Programme, having increased our Provincial TB cure rate from 35% to 50% and

our defaulter rates decreased to 13%. Clearly, this is not enough. Our major challenge is sufficient funding for the MDR and XDR units.

The decentralization of MDR management has seen the increase of MDR bed capacity to 360 with Greytown, Thulasizwe, Catherine Booth, Doris Goodwin and Murchison Hospitals already treating MDR patients. We have also recently decentralized the initiation of MDR-TB treatment at Thulasizwe and M3 Hospitals. Even with the interventions I have just mentioned, we do acknowledge that the challenge is enormous.

The nutritional support Programme implemented during the 2008/2009 financial year, where all patients on TB and Antiretroviral treatment are given nutritional support packs, has seen us improving adherence levels to treatment by these patients. This intervention supports our point that poverty and the attendant malnutrition are contributing factors in treatment outcomes in our Province. We still believe that should this Programme be expanded to all HIV positive patients, we will be able to slow down HIV progression to symptomatic AIDS.

Patients on treatment for TB and HIV, malnourished children and breast-feeding mothers on the PMTCT Programme have been issued with food parcels in the first and second quarter of the past financial year. Due to lack of funds these patients could only continually receive specialized fortified porridges to supplement their diets. On average, 130 000 patients are supplemented with fortified porridge in each quarter. Micronutrients are also issued to patients that are HIV positive routinely.

Learning from the Alma Ata Declaration we have championed and assisted our patients in support groups to develop food gardens to compliment their subsistence needs. Patients have benefited from these gardens and at least 327 gardens have been established in the Province.

NON-COMMUNICABLE DISEASES

(a) Promoting a Healthy Lifestyle

Ernesto Che' Guevara once said;

> ***"The principle upon which the fight against disease should be based is the creation of a robust body; but not the creation of a robust body by the artistic work of a doctor upon a weak organism; rather, the creation of a robust body with the work of the whole collectivity, upon the entire social collectivity."***

This is the premise of our Healthy Lifestyle Programme which is integrated into all our health Programmes. The Minister of Health, Dr Manto Tshabalala-Msimang, chose KwaZulu-Natal to launch the renewed Healthy Lifestyle national call which took place in February 2008, wherein she informed the people of this Province about the importance of living healthy lifestyles through a simple choice. The National Minister has indicated that leaflets must be made available that will carry a message which simply states,

"I choose to promote healthy lifestyle".

Honourable Chairperson, I wish to implore members of this legislature to practice healthy lifestyle by walking, exercising and taking the appropriate diet and making the right choices with regard to smoking, drinking and drug abuse.

Furthermore, all Districts have been supported to establish a multi-sectoral promotion of Healthy Lifestyle Forums to assist with the implementation of integrated health promoting strategies. This is planned to be rolled out to the sub-district level.

We make significant effort to prevent diseases from occurring by promoting a healthy lifestyle among our communities. Honourable Chairperson, but even with such preventions, the tide of factors that stand in the way of meaningful prevention measures is always against us. As already alluded to, poverty is one of these factors, hence the reoccurrence of disease.

(b) Quality Care

A database of all accident and emergency facilities in Provincial Hospitals has been compiled with training requirements of personnel in progress. A working group was established with Military Health Services, among others, to assist with specialized quality care training for hospitals and Emergency Medical Rescue Services (EMRS).

A Draft Hospital Governance Policy is now completed. The objective of the policy is to strengthen governance activities in institutions and to strengthen the functioning of hospital boards. The policy has already been presented to hospital boards and has received positive support.

(c) Giving sight to KwaZulu-Natal

Honourable Chairperson, of the target of 11 000 cataract operations that the province had to perform by the end of the 2007/2008 financial year, 8145 cataract operations were performed. Due to the critical shortage of Optometrists, we have thus entered into a partnership with the International Centre for Eyecare Education (ICEE) and launched the “Giving Sight to KwaZulu-Natal” project.

The launch took place at Mahatma Gandhi Memorial Hospital on 11 October 2007. Through this partnership the eye sight of 167 958 learners has been tested in schools. It is proper to mention that we have now designated Mahatma Gandhi Memorial Hospital as a sight-saver centre in the Province.

We will be instituting regional ophthalmology centres at Uthungulu, iLembe, eThekwini, Ugu and uMgungundlovu to assist in meeting our reduction of cataract surgery targets. Further to that, Vodacom has made possible through donation, availability of three mobile eye clinics which we will be receiving around June, this year.

(d) Home Community Based Care

The Alma Ata Declaration guides our provincial approach to home and community based care, which is an integral part of primary health care services. This approach is developmental and requires the involvement, full participation and empowerment of the people we serve.

In the past financial year, 15 700 volunteers actively participated in the provision of home and community based care in their own communities. Of these 4749 receive stipends of R500 per month to be reviewed to R1000 soon. We will continue to assist these volunteers to organize themselves into formal community based organizations, thereby enabling the Department of Health to enter into contracts and providing funding for the payment of stipends.

In addition to the Home and Community Based Carers, the Province provides funding to a principal non-profit organization, the KwaZulu-Natal Progressive Primary Health Care (KZNPPHC) for the contracting of a further 5440 Community Health Workers. The afore-mentioned have completed training accredited at NQF level 4. This will increase our Home and Community Based Carers to a total of 10 000 in the new financial year.

The community based primary health care initiatives have made a significant contribution to the alleviation of poverty in disadvantaged areas. A total of 9302 jobs have been created to date.

This year also marks the 90th Anniversary of Lenin's April Thesis which was his intervention to give direction to the Russian Revolution at a time when the nation was stagnating and the 1st World War was underway.

The significance of Lenin's April Thesis is that we are also portrayed, at times, as stagnating between progress and regress largely because we have not adopted Lenin's approach in explaining the health care challenges of the time to the people. As Lenin advised 90 years ago, we need to "patiently, persistently and systematically explain in order to prepare the masses to change society". It is also for this reason, Chairperson, that I assure this house that;

ASISOZE SAPHEL' AMANDLA!

BUDGET PROVISION

Honourable Chairperson, in his 2006 State of the Nation Address, the President of the Republic, the Honourable Mr Thabo Mbeki, correctly reflected on the confidence of our people in the government's quest to build a better life for all when he said,

> ***"Millions did indeed seize the time and, in action, defined ours as a shared destiny of peace, democracy, non-racism, non-sexism, shared prosperity and a better life for all. It is because of what these millions did that our people know from their own experience that [I EMPHASIS] today is better than yesterday, and are confident that tomorrow will be better than today."***

Indeed, we need to act together as to make good the commitment toward a healthy citizenry.

Honourable Chairperson, the total amount of **R15, 042 billion** that is requested for the current financial year, reflects an increase of R **1, 117 billion** or 8% compared to the budget of the last financial year.

The amount proposed for allocation to the various Programmes is based on reprioritized commitments in line with our delivery requirements.

Programme 1: Administration

The optimal organizational review and configuration of the Department is in part and on the whole critical to ensure the economical and sustainable utilization and allocation of resources in pursuit of meeting our mandate of providing equitable and comprehensive health service delivery to all persons.

In this regard we had to review our allocation to meet the intended goals and objective as set out in our strategic plan. The allocation increases by **R24.7 million** from **R280.8 million** last financial year to **R305.5 million** in 2008/2009. The overall Programme allocation remains within 2% of total budget. We plan to continue to fill as many critical posts as possible that are imperative to us achieving our stated objectives.

Programme 2: District Health Services

Honourable Chairperson, during the last financial year, a total of 21,079,790 patients visited our Primary Health Care facilities. The figure is expected to increase to 22,350,000 and more in 2008/2009. The PHC utilization rate is expected to increase from 2.3 visits in the last financial year to 2.4 visits in 2008/2009. About 2,545,000 people are expected to visit Out Patient Department (OPD) at District Hospitals in 2008/2009 compared to 2,168,440 in 2007/2008.

The Patient day equivalent is expected to increase from 4,903,785 in the last financial year to 5,600,000 in 2008/2009. Due to the change in the pattern of

disease profile confronting us, the average length of stay is expected to increase from 5.6 days to at least 7 to 15 days due to the burden of disease that we face.

The budget allocated for this important Programme increases by **R539 millio**n from **R6.376 billion** in the last financial year to **R6.915 billion** this year. The significant increase is notable in the following services: District Management, Community Health Clinics, Community-Based Care Services, HIV and AIDS and District hospitals sub-Programmes.

Programme 3: Emergency Medical Rescue Services

We have for this and other related Programmes allocated a total of R632.5 million which is an increase of **R77.6 million** from **R554.9 million** in the last financial year. We still have a massive responsibility of ensuring that we increase our ambulance fleet from the current 442 to 960 in order to comply with the national norm. We are expecting delivery of 147 new ambulances to increase our total fleet to 598.

More critical is the serious shortage of Advanced Life Support and Intermediate Life Support personnel; in other words, the categories that are competent to deal with emergency cases that we face on a day to day basis. However, we will be taking vigorous steps towards targeted recruitment in order to fill this gap.

Honourable Chairperson,

ASISOZE SAPHELA'MANDLA

Programme 4: Provincial Hospital Services

The Department of Health intends entering into agreements with medical aid administrators that they may coax their members to use their government health facilities, as this will increase our revenue. We have already concluded an

agreement with the Department of Defense that we provide services to their personnel and their families.

In the past, the military personnel were seen in private hospitals. To ensure smooth functioning of this service, we require an efficient billing system and the appointment of case managers at the designated institutions to ensure that the province derives full benefit from the initiative.

In order to meet our intended objective, we have increased the allocation from **R3.614 billion** to **R3.899 billion** in this current financial year, which is an increase of **R285 million** from the last financial year. The increase will go a long way to assist us in our continued implementation of interventions to mitigate inflation, reduce the incidence of MDR & XDR-TB, as well as the carry through effects resulting from the implementation of Occupation Specific Dispensation.

Programme 5: Central Hospital Services

To ensure that Inkosi Albert Luthuli Central (IALCH), Ngwelezane and Grey's Hospitals continue to provide first class tertiary health care services, we have made provision to increase the allocation by **R154.4 million** from **R1.286 billion** to **R1.440 billion**. The increase, however, is inadequate to cater for the increase in the number of patients being seen and the expansion of services at IALCH.

Programme 6: Health Sciences and Training

In the current financial year, we plan to train a total of 3,342 Student Nurses, 1,041 Enrolled Nurses and 103 Enrolled Nursing Assistants. In the next financial year, we hope to increase the number of Enrolled Nurses that will be required to operate the health posts and mobile clinics.

About 400 ambulance assistants will be trained in 2008/2009 compared to 88 in 2007/2008. This increase is also in keeping with the demands to meet the intake required in readiness for 2010 and beyond.

Honourable Chairperson, we have thus made an allocation increase by **R55.7 million** from **R522.6 million** in the last financial year to **R578.3 million** in the current financial year.

Programme 7: Health Care Support Services

Health Care Support services encompass in the main, Pharmaceutical Management Services. At this stage it becomes important to refer you back to the statement made on dual therapy for Prevention of Mother to Child Transmission (PMTCT), if only to emphasize that the implementation of this Programme is expected to take a serious toll on our budget. The reason for this is that stock-piling on ARVs is not negotiable, since interruption of the ARV Programme can indeed be a death sentence to all patients affected.

Honourable Chairperson, we have increased the allocation by R21.5 **million** from **R12.649 million** in the last financial year to **R34.130 million** in the current financial year. The increase is to cater for the creation of a separate buffer stock for ARVs and making sure the Programme is not interrupted. Medicines are expected to escalate to **R978 million** in 2008/2009, while ARV expenditure is expected to further increase to about **R322 million** in 2008/2009. We would like to thank the MEC for Finance and Economic Development, Dr. Zweli Mkhize, for a substantial increase in his budget allocation towards HIV and AIDS as well as our TB Programme.

Programme 8: Health Facilities Management

The construction of new facilities and upgrading of existing ones is an urgent necessity in order to meet the health care demands on our already overstretched health service. We have a backlog of **R5.1 billion** to reach our target to construct

new and upgrade existing facilities. The decrease in the budget by **R40.678 million** from **R1.278 billio**n in the last financial year to **R1.238 billion** in 2008/2009 is cause for concern .

This reduction is mainly as a result of the decrease in the Hospital Revitalization Grant (HRG) in the 2007/2008 allocations, which have been partially restored in 2008/2009. We are working closely with the National Department of Health, as well as National and Provincial Treasury to provide more funding to construct Dr Pixley Ka Seme, Dr John Dube, King Edward VIII, Ngwelezane, Madadeni, Edendale, Hlabisa, Lower Umfolozi War Memorial, Rietvlei as well as King George V Hospitals.

Before I conclude my presentation, allow me to quote the doyen of peace Comrade Oliver Reginald Tambo who said;

> ***"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."***

Honourable Chairperson, I must express my greatest gratitude and appreciation to the many people who have worked with us in ensuring that we deliver on the promises we made to the people of KwaZulu-Natal. I would like to thank the

support of my colleagues in the Executive Council under the leadership of Dr Sibusiso Ndebele, Premier of our Province.

I would also like to thank the Health Portfolio Committee, under the leadership of Mrs Zanele Ludidi, for the support, guidance and commitment to the Department of Health. I also thank the Chairperson of the Finance Portfolio Committee, Mrs Belinda Scott, for the insight and advice they have provided to us. I am also indebted to the Provincial Health Council and various Advisory Committees for their support.

Honourable Chairperson, my experience in this Department has shown that we have a dedicated staff complement, a team of people who are working very hard to make this Department the best it can be. The Reverend Dr Martin Luther King Jr. in his inspirational sermon; *"Three Dimensions of a Complete Life"* captured the precise way of characterizing the dedication and commitment of our staff in serving the people of KwaZulu-Natal when he said;

> ***"If you can't be the sun, be a star:***
> ***It isn't by size that you win or fail-***
> ***Be the best of whatever you are."***

These men and women are working very hard on a day-to-day basis to make sure that services take place uninterrupted. Honourable Chairperson, I would like to take the time to salute and thank all the staff in the Department of Health, from the Acting Head of Department, Dr Yolisa Mbele, Senior Management, down to all levels including the staff that clean our offices and the security personnel that guard our buildings.

Of course, I will be lost without the many prayers I receive from people from all faith-based organizations and our Traditional Health Practitioners who never tire to commit us to God and our ancestors. I am overwhelmed so much by the love

and understanding of my family who have to endure times on end without seeing me. I also wish to confirm my commitment to the ANC manifesto that's says we have a people's contract to create work and to fight poverty.

S'hlalo, ladies and gentlemen, in closing: I wish to quote from the Red Flag which has inspired workers all over the world where it says;

"The People's Flag is deepest red,
It shrouded oft our martyred dead,
And ere their limbs grew stiff and cold
Their hearts blood dyed its every fold,…'
With heads uncovered swear we all,
To bear it onward till we fall,
Come dungeons dark or gallow grim,
This song shall be our parting hymn."

I wish to invite the House, and the people of KwaZulu-Natal, to join us in celebrating the 30th Anniversary of the revolutionary Alma Ata Declaration. In this regard I wish to lead by pronouncing that henceforth; I chose to promote Healthy Lifestyle!

In the same spirit, I wish to announce that this financial year's theme to be; Health for All through Primary Health Care!

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Honourable Chairperson, this is the budget vote number 7, of R15 042 billion of the Department of Health for your consideration and approval.

I THANK YOU.