PROGRESS REPORT ON KEY INITIATIVES IN HEALTH PRESENTED BY KZN HEALTH MEC, DR SIBONGISENI DHLOMO AT THE KWAZULU NATAL PROVINCIAL LEGISLATURE

ON 28 OCTOBER 2010

Madam Speaker
Honourable Premier – Dr Zweli Mkhize, Gubhela
The Chairperson of the KwaZulu-Natal Portfolio Committee on Health – Ms Zanele Ludidi
Fellow Members of the Executive Council
Honourable Members of the Provincial Legislature
The Head of Department, Dr Sibongile Zungu
Senior Managers in the Department of Health
Health Workers in the length and breadth of the Province
People of KwaZulu-Natal
Distinguished Guests
Ladies and gentlemen

Madam Speaker and Honourable Members, the FIFA 2010 World Cup left South Africans with a feeling of nostalgia and deep pride – the manner in which we show cased our country, the spirit of oneness, the welcome we extended to all our visitors and the breaking of nation building barriers brought home the reality that South Africa has what it takes to stand on the same platform as the rest of the international community. Not too long after this event, we found ourselves in the throes of a protracted public service strike. I want to take this opportunity to thank this House for the support given to the Health Department during this very challenging time. I also want to express my unequivocal appreciation to the retired nurses and the many other volunteers that came forward to lend support and assist with various tasks at our hospitals – they were indeed the angels of mercy to our patients, during their time of need. I also want to thank those dedicated staff members who heeded their calling and came to work despite having to face intimidation and threats from their colleagues. The assistance provided

by the SANDF/SAHMS and their presence at some of our institutions proved invaluable and helped to ensure that services did not grind to a halt as the personnel they deployed included doctors; nurses (amongst them specialists in midwifery, trauma and intensive care), pharmacists, social workers and support staff who even helped with administrative and cleaning duties. We also acknowledge the SAPS for maintaining law and order under difficult circumstances thus making it possible for both patients and staff to access the health care institutions.

Earlier this year, Madam Speaker, I made a number of pronouncements when I delivered my Budget Speech. Today, I have the opportunity to report to this House, how far we have come since those pronouncements on the key programmes that were planned.

Let me once again remind Honourable members that when I tabled the Vote 7 Budget in 2010, our theme was a "**Quality Health Care for All".** This theme is in synchrony with the 4 broad categories of focus, namely:

1. Increasing life expectancy
2. Combating HIV and AIDS
3. Decreasing the burden of diseases from Tuberculosis, and
4. Improving health systems effectiveness, by strengthening Primary Health Care and reducing the costs of health care.

The aforementioned categories are also in line with the Medium Term Strategy Framework (MTSF), the National Programme of Action (POA), the MDGs, all of which translate into Government's 20 National Priority Outcomes for 2010 to 2014 and the National Department of Health's10 Point Plan, which focuses on increasing life expectancy at birth from 47 – 51 years to 58 – 60 years. The 20 Outcomes and the 10 Point Plan are reflected hereunder for your consideration:

The 20 Outcomes

- Increased life expectancy at birth
- Reduced child mortality

- Decreased maternal mortality ratio
- Managing HIV prevalence
- Reduced HIV incidence
- Expanded PMTCT Programme
- Improved TB case finding
- Improved TB outcomes
- Improved access to Anti-retroviral Treatment for HIV-TB co-infected patients
- Decreased prevalence of MDR-Tb
- Revitalisation of Primary Health Care
- Improved physical Infrastructure for health care delivery
- Improved patient care and satisfaction
- Accreditation of health facilities for quality
- Enhanced operational management of health facilities
- Improved access to human resources for health
- Improved health care financing
- Strengthened health information systems
- Improved health services for the Youth
- Expanded access to Home Based Care and Community Health Workers

The 10 Point Plan

- Provision of strategic leadership and creation of social compact for better health outcomes
- Implementation of National Health Insurance – national mandate
- Improving quality of health services
- Overhauling the health care system and improving its management
- Improved Human Resource Planning, Development and Management
- Revitalisation of Infrastructure
- Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases
- Mass mobilisation for the better health of the population

- Review of the drug policy – national mandate
- Strengthening Research and Development

Madam Speaker, in a complex department such as health, there is a wide variety of programmes, projects and indicators that are key to health care delivery. In order to gauge the progress achieved during the current financial year, I will now focus on these programmes.

PROGRAMME 1: ADMINISTRATION

Madam Speaker, this Programme just under 2% of the total budget allocation. Whilst this may be the case the various support functions have a major impact on the service delivery programmes of the department. This Programme has remained within budget and this can be attributed to the forced savings from the delayed filling of posts and stringent measures put in place to avoid unnecessary expenditure.

In line with this I will now take you through the progress made in some of the key areas falling within this Programme.

DEPARTMENTAL TURNAROUND STRATEGY

Madam Speaker and Honourable Members, I have reported on our turnaround strategy for the Department of Health at various intervals in this House and at Finance and Health Portfolio Committees as well as to the Select Committee on Public Accounts. The Department has implemented a number of strategies however we are not out of the woods as yet. Allow me to highlight our financial situation which is one of the direct results of the turnaround strategy and the interventions implemented to date.

The 2010/11 Main Budget Allocation for the KwaZulu Natal Department of Health is Twenty One Billion, Six Hundred and Fifty Seven million, Six Hundred and Eighty One Thousand Rand (R21, 657,681,000).

As at 30 September 2010, the end of Quarter 2, preliminary expenditure numbers show that the Department has spent R 9,6 billion (44.7%) of the budget allocation for the current financial year. We have put in place major financial management and governance reforms in order to

improve expenditure planning, financial management, increased accountability and to instil fiscal discipline. I am happy to report that as at end September 2010, we are projecting to stay within the 2010/11 allocated budget. We are able to project a balanced budget due a series of multiple interventions thus undertaken. We have introduced price stability by participating in no fewer than 33 nationally negotiated period contracts. We have researched our expenditure and renegotiated better prices in key cost driver items such as medical and surgical sundries. We have kept employment of additional staff to a minimum and filled only posts considered critical.

We have sought to understand the areas where we participate in the economy, engaged stakeholders with an aim of extracting maximum value for money for all government procurement. We know and understand key budget pressures, inclusive of increased enrolment on the ART programme as a result of the HCT campaign, increased laboratory services due to regular monitoring of ART patients, insufficient provision for Improvements in Conditions of Service, OSD and other related benefits, as well escalation in the cost of blood and blood products, amongst other things. We are sustaining our efforts to manage these and other key costs drivers in order to limit their negative impact of the financial stability of the Department.

It must be noted that notwithstanding all the efforts to stay within budget, there are external factors that might introduce budget pressures in a way that cannot be directly controlled by the Department. Such pressures include, for example, higher than budgeted wage agreement costs and increase in threshold of persons who qualify for ART including all HIV positive expectant mothers. There is very little that the Department can do to foresee these pressures and manage or plan for them as they are mainly as a result of our national decisions. What becomes important is that we need to reprioritize and release funds to match government's priority areas as much as possible.

Madam Speaker, whilst the Department strives to collect revenue, there is a need to acknowledge that the majority of fee paying patients are from the lower income groups, hence

affordability is a challenge. Based on our mandate we cannot refuse treatment to any patient regardless of the non-payment of fees. For the quarter ending September, there was an under collection of revenue where a total of R82, 2 mil was collected against the annual projection of R214 million. More efforts will be made to increase the revenue collection especially from medical aid schemes.

We have been plagued with many problems in our area of Supply Chain Management. As part of the Turnaround Strategy, we have seen a number of improvements in this area. Just to highlight a few – the Department is currently participating in 33 RT contracts (national) and 13 provincial contracts. This participation accounts for 10.15% of the Goods and Services budget. Whilst various system issues are being addressed, it must be mentioned that the addressing of the Asset Register is well advanced with 70% achieved towards the finalization of this register. The areas of weakness include the lack of an electronic asset management system and reliance is placed on a manual system which makes this task more of a challenge. Part of the organisational reforms undertaken are in the areas of security, cleaning, catering, gardens and grounds, whereby the contracts are being renewed and it is envisaged that the invitation process will be completed by the end of the current financial year. The Department has also appointed commodity specialists to assist with the controversial medical equipment transversal bid and the medical waste bid, both of which have been identified as major cost drivers, with expenditure estimated at R434 million and R54 million annually.

Going forward, the focus will be on filling critical posts in the SCM Unit, finalising the Asset Register and improving the monitoring and evaluation of procurement, all of which are vital for cost-effectiveness and for reducing over expenditure on a sustained basis.

FRAUD AND CORRUPTION

Madam Speaker and Honourable members, the Department is very serious about issues of fraud and corruption that plagues government departments. As part of the turnaround strategy of the department, a number of initiatives have been introduced by the Joint Management Team, amongst which, cases of alleged fraud and corruption are at the forefront. Since the

latter part of 2009, we have concentrated on a number of high profile cases of alleged fraud and corruption and the results to date show that this concerted effort and decisive action is yielding the desired outcomes. The following has been achieved:

- A total of 377 cases of alleged fraud and corruption are recorded for the period ending 30th June 2010, of which 13 were finalised. In addition 38 high profile cases have been investigated since September 2009 in a collaborative effort between the Department's Joint Management Team and law enforcement agencies. As a result of these investigations, the followings results must be noted:
- 8 staff members have been dismissed
- 6 staff members have been given final written warnings
- 1 case was withdrawn due to lack of evidence
- 9 staff members resigned
- 11 cases are pending at varying stages of the investigative and criminal processes.

Most recently towards the end of August, an official of the Department together with four accomplices, one of whom was her husband, was sentenced to 7 years imprisonment. This sentence was the end result of an investigation into fraud committed by the official, who utilized an official order book to secure a loan of R2, 8 million from Ithala Bank. More disturbing is the fact that a number of senior officials are currently being investigated for allegations of fraud and corruption. As these investigations are at a sensitive stage, details on these cases cannot be revealed at this stage. Since the material impact of the majority of fraud and corruption are borne out of supply chain management processes, stringent measures are being implemented to minimise the risk of such corrupt activities.

A further major forensic investigation was conducted into the Dream Centre, an organisation that was contracted by the Department to render health services on its behalf since September 2006. The forensic audit findings led to criminal prosecution and the parties concerned were found guilty on 27th July 2010. The court ruling handed down provided for the Department to be paid an amount of R7, 292, 807.45. This means that the total amount of prejudice suffered by the Department was recovered as soon as the sale of the property is finalised. The

outcome of this case sends out a strong message to those who are defrauding Government. We will continue our pursuits to fight fraud and corruption very seriously.

Legal Matters

By the end of September 2010, the Department had a total of 1 404 cases of litigation, made up of:

- 289 general civil;
- 310 medico-legal; and
- 805 collision matters.

The alarming number of claims against the Department arising from patient care is indeed a real concern. The total contingent liability amounts to approximately R89 million this amount cumulative since 2007, with approximately R129 million being for the current financial year. It must be noted that this is not the amount payable in claims but the amount that parties have claimed and the final amounts are decided by way of the litigation process. Since April a total of 68 claims against the Department were settled in the amount of approximately R76, 3 million. Although this amount is exorbitant, there has also been a saving in the amount of R63 million, due to negotiated settlement offers.

INFORMATION TECHNOLOGY

In order to strengthen health information system in the Department, SITA is in a process to advertise a tender to develop a Master Systems Plan (MSP) to enable the Department to integrate all fragmented information systems. All telemedicine posts have been advertised and a video conference bridge has been installed, allowing for connection between 3 and 29 work stations at the same time. Funds have been committed to replace the ageing network servers as this will improve the levels of efficiency across the Department insofar as Information Technology is concerned.

HUMAN RESOURCE MANAGEMENT SERVICES

It is well known that the staff and skills shortages pose great challenges for the Department in its ability to optimise service delivery. For the period April to September 2010, a total of 2 535 critical posts in all categories were filled. However this has not made a great impact on the vacancy rates which at the end of September, were:

- Professional Nurses – 28.4% (11 178 filled and 4 424 vacant)
- Medical Officers – 52.4% (1 938 filled and 2136 vacant)
- Specialists – 72.4% (453 filled and 1 188 vacant)
- Pharmacists – 73.7% (424 filled and 1 190 vacant)

The Department is also in the process of reviewing the macro and operational structures in order to ensure that the skills gaps at all levels of management are adequately addressed. To this end we have redeployed managers with the Department in line with the specific skills and service delivery needs. This is also a developmental approach towards enhancing our leadership and management capabilities. The filling of certain key positions will also enhance service delivery in both the clinical and non-clinical areas of focus.

Governance & Inter-Sectoral Collaboration

Madam Speaker and Honourable Members, one of the fundamentals for a clean administration is good governance and key to this is the establishment of governance structures that are effective. The Department has certain key governance structures that play an oversight role, namely Hospital Boards, Clinic Committees, Audit Committee, to name a few. At present we have a total of **65 (92%)** established interim Hospital Boards. The Chairpersons of Hospital Boards have been orientated in terms of the roles and responsibilities of the Boards during a workshop hosted by me on 8th July 2010.

As MEC for Health I have also concluded a successful Provincial Consultative Health Forum on 17th June 2010, where the key strategies of the Department were shared with the stakeholders and discussions were held on key issues that affected the broader community.

The engagement of stakeholders is also vital for the vigilance that we seek regarding our services, risks that could be brought to our attention and other issues that require.

PROGRAMMES 2, 4 & 5

Madam Speaker and Honourable members, since the core pillars of service delivery comprise the Primary Health Care services, District Hospital services, Regional and Tertiary and Central hospital services,

ACCESS TO SERVICES

Madam Speaker, as we all know, 80% or more of our population in KZN depend on our public health facilities. As such, the total numbers of people who accessed our services by the end of September were:

- 10,6 million people attended Primary Health Care facilities
- 2,1 million children under 5 years attended Primary Health Care facilities for the same period
- 2,9 million patients were seen as outpatients in our hospitals

"MAKE ME LOOK LIKE A HOSPITAL" PROJECT

Madam Speaker and Honourable Members, in 2009 we launched the **"Make Me Look Like a Hospital"** project, which aimed to contribute to the quality of care in line with the National Core Standards through focusing on:

- Cleanliness
- Staff attitudes
- Infection control
- Safety and security of patients
- Accessibility to services
- Availability of drugs, blood and laboratory testing, and
- Reduction in waiting times

Whilst 12 Hospitals were initially placed on the Project, to date we have 45 health facilities on the Project, made up of:

- 9 Regional hospitals
- 13 District hospitals
- 3 Community Health Centres, and
- 19 Primary Health Care clinics.

The health facilities mentioned are spread across all Districts. The Project is based on the National Core Standards for Health Establishments in South Africa. The key priorities for KZN fall within four (4) domains, namely, (1) Patient Safety, (2) Patient Rights, (3) Facilities and Infrastructure and (4) Clinical Support. More institutions will be added until we reach a stage when all our health care facilities are on this programme.

By the end of September the baseline assessments of the identified 12 hospitals was completed and it was encouraging to note that these hospitals were compliant to a greater extent however there is a need to maintain the standards and ensure that the interventions implemented are sustained. Preparations were underway for the roll out to the 33 other institutions with the Quality Assurance teams closely monitoring the institutions on the project.

HIV AND AIDS PREVENTION INITIATIVES

On 30th April 2010, we launched the HCT campaign at Edendale Hospital. This was in response to the presidential pronouncements made on 1st December 2009. The departmental target set is 3, 059, 234 by the end of June 2011.

Based on the plan of action the progress against targets ranged between 48 – 70% across Districts with an overall achievement of 66%. In total, 710 650 people have been tested in the Province. The campaign is gathering momentum and the fact that there are 815 HCT sites across 62 hospitals, 590 clinics, 110 mobiles and 53 non-medical sites certainly augurs well for this campaign.

It is important to note that of the total of 710 650 tested, 150 079 tested positive, that is 21%. Madam Speaker and Honourable Members, these figures certainly demonstrate that the campaign is working even though not at the pace that we would like to see in all our Districts.

It is also important to note that this campaign has certainly assisted in the integration of programmes that address AIDS and TB. This is a step in the right direction.

Madam Speaker and Honourable Members, we all know that HIV and AIDS touches all our lives in a very profound way hence it is important that we continue to lend out support as the leadership of this Province by encouraging our people to present themselves for testing. Let us spread the message, engage with our stakeholders and leave no stone unturned if we want to see a turnaround and increase life expectancy.

The table below demonstrates the statics in respect of the HCT campaign.

	KZN				2010/2011 HCT CAMPAIGN SUMMARY STATS						
					April to Sept						
			Clients tested for HIV								
Areas	DISTRICTS	Pre test counselled for HIV	Adult >15		Children <15	Total Tested	6 Month target	Achieved Weekly from DHIS	Clients tested +			Total Positive
			Male	Female					Male	Female	Children <15yrs	
1	Ugu	87,338	22,840	60,133	2,491	**85,464**	83,400	**102%**	5,554	11,478	347	**17,379**
	Ethekweni	224,755	65,895	121,024	5,601	**192,520**	421,248	**45%**	18,904	34,686	1,322	**54,912**
	iLembe	47,007	12,754	28,270	1,606	**42,630**	74,208	**57%**	2,733	5,000	227	**7,960**
2	Amajuba	39,957	12,509	24,938	1,505	**38,952**	71,280	**54%**	2,557	5,441	266	**8,264**
	Uthukela	35,650	8,351	21,143	1,285	**30,779**	73,704	**41%**	2,263	5,366	186	**7,815**
			Male	Female					Male	Female	Children <15yrs	
	Umzinyathi	99,285	11,956	28,444	2,060	**42,460**	51,306	**82%**	2,499	4,988	267	**7,754**
	Sisonke	44,269	9,859	29,141	1,883	**40,883**	55,500	**73%**	1,724	4,158	172	**6,054**
	uMgungundlovu	76,122	20,367	38,144	3,468	**61,979**	128,838	**48%**	4,760	9,138	310	**14,208**
3	Uthungulu	159,606	32,244	71,263	3,896	**107,403**	104,040	**103%**	5,041	10,939	337	**16,317**
	Zululand	76,710	19,988	48,755	3,266	**72,009**	94,026	**76%**	4,456	9,167	382	**14,005**
	Umkhanyakude	39,222	10,799	24,667	2,058	**37,524**	66,126	**56%**	2,355	4,663	217	**7,235**

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Areas	DISTRICTS	Pre test counselled for HIV	Adult >15		Children <15	Total Tested	6 Month target	Achieved Weekly from DHIS	Clients tested +			Total Positive
Province	Totals	929,921	227,562	495,922	29,119	752,603	1223676	62%	52,846	105024	4033	161903

The HCT campaign is a key prevention intervention which will have far reaching results in coming years. In addition to this a number of other prevention programmes are ongoing, a few of which are highlighted as follows.

We have 53 High Transmission Area (HTA) intervention sites across the Province. These sites allow us to reach groups of people that are not routinely reached, inclusive of taxi ranks, correctional service sites, hostels, truck stops, farm dwellings and street vendors, in the main. It must be mentioned that the service to the taxi industry is currently 36% and requires further strengthening.

Madam Speaker, part of our prevention strategy is the issuing of condoms. Distribution is at medical and non-medical sites however there is a challenge with regard to the distribution rates and the reasons for this are being explored. Hence we acknowledge that the target we set during the HCT campaign are not being met.

TREATMENT FOR HIV AND AIDS - ANTI-RETROVIRAL THERAPY (ART)

Madam Speaker, I have already alluded to the fact that as a result of the HCT campaign, we are experiencing a better outcome in terms of identification of people needing access to Anti-retroviral Therapy (ART) and our figures for the first quarter of this financial year demonstrate this. KZN has the largest ART programme in South Africa. The demand for ART has led to congestion at the facilities and the services. Based on this the Department embarked upon a

scale up plan by taking the service down to PHC level, making it more accessible and by the end of July 2010, 211 PHC clinics were initiating patients on ART. The total number of sites is 300. We are also changing the focus from a doctor driven approach to a nurse driven one. Currently 500 nurses are undergoing training on Nurse Initiated Management of ART (NIMART) through the University of Stellenbosch. This will see at least 80% of PHC clinics offering ART by the end of the financial year. Honourable Members, the challenges pertaining to the ability to attract doctors and pharmacists onto the roving teams has led to the Department utilizing sessional doctors and pharmacists. By the end of July, 23 roving teams were active in the Province against the target of 32. We are also appreciative of the commitment of the municipalities who

Against the target of 470 472 for 2010/11, the total number initiated on ART as at end of September 2010 was 433, 510 with 345, 604 on treatment, inclusive of 33 542 children.

Male Medical Circumcision

Madam Speaker, about three months ago, I reported in this House, the revival of male medical circumcision following the call by His Majesty the King and the launch thereof on 10th April 2010 followed by the departmental launch on 30th April 2010. The target for this project is 2,5 million circumcisions by June 2014. As the House is well aware of the plan that was developed and the implementation thereof, I am happy to announce that since April 2010, a total of 10 229 Medical Male Circumcisions have been performed inclusive of the conventional method and the Tara Klamp.

In order to improve on the number the Department is embarking upon various strategies and is engaging with traditional leaders and healers, churches, tertiary institutions as well as prisons. It must be noted that at the Qalakabusha Prison in Uthungulu, 148 circumcisions were performed over a two day period in September; in the same month we also circumcised 118 DUT students at St Aidens Hospital and on Monday, October 24 we attended to 157 at the University of Zululand. The mini camps will also be held more frequently in all districts.

MATERNAL, CHILD AND WOMEN'S HEALTH

Madam Speaker and Honourable Members, amongst the most vulnerable groups within our province and indeed the country, are women and children, and it would be a serious indictment on our part if we did not give sufficient attention to the health and wellbeing of these two groups. Women form the backbone of our society and children are the investment for the future of our country. We will seriously be failing in our duty if we are not able to institute programmes to address the high mortality amongst women and children. It must be noted that of the 8 MDG's, 6 are about health and education and almost all want us to be biased towards women and children. Madam Speaker, I will now provide a brief report on the progress made in this key area of focus.

Based on the MDG's the following is reported:

- Under 5 mortality rate – the national target for 2015 is 20 per 1 000 and KZN is 87.7 per 1 000
- Infant mortality rate – the national target for 2015 is 14.3 per 1 000 and KZN is 55.8 per 1 000
- Maternal mortality rate - the national target is 38 per 100 000 and KZN is 224.4 per 100 000

Madam Speaker, allow me to announce and invite Honourable Members to join us tomorrow (October 29) at Kwa Makuta Clinic in an event to be graced by the presence of the Honourable Premier Dr. Zweli Mkhize and uNdlunkulu wakwaLindu Zulu where we will be launching the **Maternal and Child Health - Road Map 2014 for Saving Lives**. Here we will be committing to spare no effort and resources for women and children' health in increasing access to safe delivery through establishment of integrated package of maternal and child health services. Including amongst others, basic emergency obstetric care Units (BEOC) in key strategic areas, dedicated or specialized ambulances for maternity and paediatric care. Mentorship programmes for midwives and nurses in maternity wards.

CERVICAL CANCER SCREENING

The roll out of the Phila Ma campaign which was launched in May 2009, saw **17 552 women screened i**n the 1st quarter of 2010/2011, of which **39** of them were diagnosed with full cancer and **6 065** diagnosed with pre-cancerous lesions. The screening has improved over the last three years from 0.05% in 2008/09, to 6.1% in 2009/10 and reaching 36% in the first quarter of 2010/11. This kind of progress is positive and will certainly help us reach our 70% target or even exceed it by 2014. Focused attention on cervical cancer has also seen the Province eradicating the surgical backlog at Inkosi Albert Luthuli Central Hospital. To take the matter forward the Province has also received a donation of cervical cancer screening equipment from USAID and Broad Reach Health care. This donation was officially accepted by the Department on the 6th of August 2010 as part of Women's Day celebrations.

EXPANDED PROGRAMME ON IMMUNIZATION

Madam Speaker, equally important is our focus on child health and wellbeing. In order to ensure that we have a child population that is well, we have to attend to the basic health interventions that are required at the childhood years. To this end we conducted two campaigns in April, May and June 2010 targeting mainly polio and measles vaccination. In total **3,179,491** children were immunized against measles translating to **93, 7%** coverage and **2,233,816** were immunized against polio translating to **91, 5%** coverage.

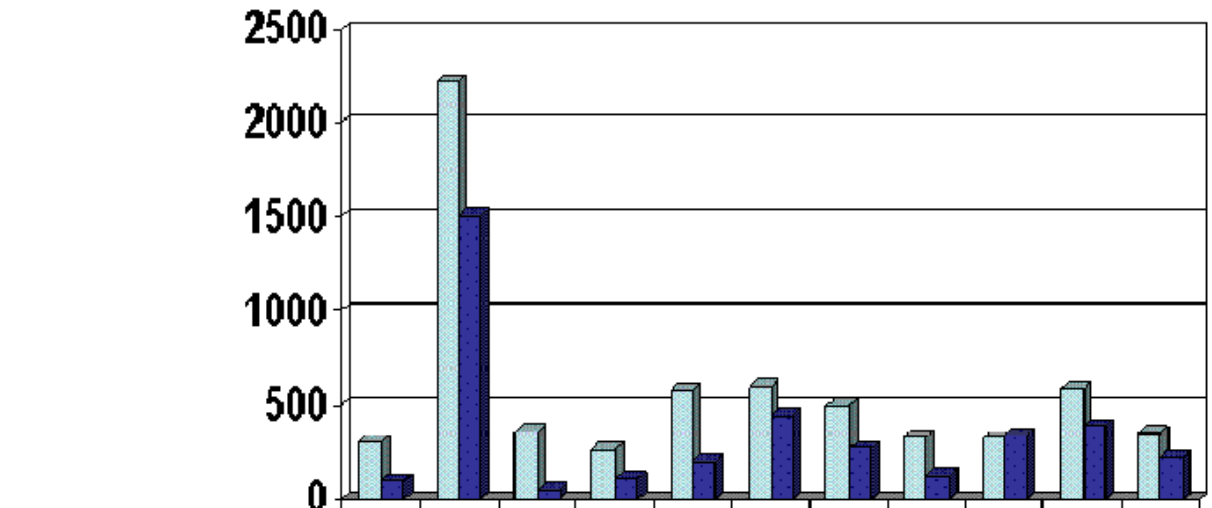
PREVENTION OF VERTICAL TRANSMISSION OF HIV

As part of the Presidential Declaration the Province started implementing the new guidelines in January 2010 which included the following:

- All children under one year of age to access ART if they test HIV positive regardless of the immunological assessment (CD4 result)
- All pregnant HIV positive women with a CD4 count of 350 or with symptoms regardless of CD4 count will have access to treatment.

- All other pregnant women not falling into this category, but who are HIV positive, will be put on AZT at fourteen weeks of pregnancy.

The late booking of patients is still a major setback with only 34.3% of pregnant women starting ANC clinic within the 1st 20 weeks of their pregnancy, which means that no matter how hard the Department tries, patients present themselves when they are well advanced in their pregnancy. To improve the turnaround time for the results the programme has implemented an sms system in most remote facilities. This has been supplemented by the initiation of eligible women on HAART through the roving teams as early as their results are known. Against a target of less than 5%, the Prevention of Mother to Child Transmission (PMTCT), the Department has managed to reduce the positivity rate of exposed babies from 16% to 8.8%.
As indicated in the graph below, the total number of pregnant women eligible for HAART was 6 403 as at the end of September and of that 3 760 were initiated on HAART.



	Amaj	Ethekw	Ilem	Siso	Ugu	Umgu	Umkh	Umzi	Uthuk	Uthun	Zulu
eligible for HAART	303	2218	359	266	575	597	500	326	323	588	348
initiated on HAART	99	1510	49	110	201	444	268	126	342	389	222

AFRICAN TRADITIONAL MEDICINE

Madam Speaker and Honourable Members, I am happy to announce that much progress has been made in our efforts to ensure the efficacy of traditional medicine as an alternative means towards holistic health care. The Department has also gone a step further in strengthening this programme, with the appointment of a Manager for the Traditional Health Practitioner Programme on 1st of September 2010. In partnership with the UKZN, activities to roll out the training programme are ongoing with more than 1 200 Traditional Healers trained on HIV. The Department also played a major role in the planning and execution of the Indigenous Knowledge Systems conference held in Durban from the 26th - 30th July 2010, which was attended by more than 200 traditional healers from this Province.

TUBERCULOSIS

Madam Speaker, the TB crisis that we face in our Province has been exacerbated by the MDR and XDR cases that started to emerge over the last few years. By the end of July we had **29 478** total TB cases diagnosed, with **8 066** new cases and **1 797** re-treatment cases. We have an operational MDR TB diagnostic centre at Inkosi Albert Luthuli Central Hospital with 7 more centres which have been constructed and are currently in various stages of commissioning. A total of **8 487** TB contacts were traced during the first quarter. The cure rate for TB was **63.7%** with the defaulter rate at 7,8% (the baseline was 8,1%).

TB/HIV INTEGRATION

The pairing of the TB screening with the HCT campaign has led to the increase in the case finding in TB patients and vice versa. There is a there is widespread provision of Cotrimoxazole Preventative Therapy (CPT) and increasing access to ART for eligible HIV co-infected TB patients. As at the end of July 2010, 70% of all newly diagnosed patients were on Cotrimoxazole Preventative Therapy. All MDR and XDR patients are being initiated on treatment irrespective of CD4 count if they are HIV positive. The total number of sites implementing Isoniazid Preventative Therapy (IPT) is 291 made up of 212 PHC Facilities, 62 Hospitals and 17 CHCs. The total number of patients initiated on IPT last quarter (April to June) was **5967.**

COMMUNITY BASED PROGRAMMES

Madam Speaker, as a Province, we always subscribe to the notion of health promotion and prevention being key to the contracting of diseases and illnesses which shorten the life span of our citizens. To this end, we must continue with our efforts at providing quality community based programmes, which take us into the most rural communities where the poorest of the poor live. A number of initiatives have been embarked upon and others strengthened. I will now highlight some of the key programmes and the progress made.

HOME BASED CARE

The Department is working with 136 NGO's and 84 Community Care Centres (NIP sites) that render home based care. Many of these services cover the orphans and vulnerable children in our communities. A total of 10 380 Home Based Carers provided services to 145 956 patients and a total of 1, 007, 569 home visits were conducted, the latter through the Flagship Programme. A total of 89 823 Orphans and Vulnerable children have been served through NIP sites since April with 24 137 Child Headed Households reached.

To take the call made by the Honourable Premier for integrated service delivery further, the Department is working with the Department of Social Development and has completed a strategy for Integrated Developmental Community Based Services, whereby various categories of community based carers will be in a central pool, with the uniform package of services that they will deliver at household level. In addition the Department is also a key role player in the Community Youth Ambassador Programme which will see the youth in our Province taking on the role of change agents and influencing other youth to change their behaviour and live responsibly. We are very excited about this Programme as it will create career opportunities for unemployed youth, not only in the Department of Health but in all Departments eventually.

Madam Speaker, community based programmes also provide for support groups for people living with AIDS (PLHIV) and to this end, by the end of the first quarter we had 646 support groups with 13, 595 people participating.

On 8th October 2010, the National Minister of Health, Dr Aaron Motsoaledi, opened the Ikhaya Lethu – Rorke's Drift Care Centre, close to the Rorke's Drift Clinic in the Msinga municipality. The Centre will provide a host of services to the vulnerable children in the community such as counselling and testing of children affected by HIV and AIDS, DOT support for those infected by TB, assistance with administration of medicines, supervision of homework, day and aftercare, clean uniforms, school books, three meals a day, recreation and a safe place for orphaned and homeless children. This project was made possible by Sanofi-aventis South Africa, who adopted this area as part of their corporate social investment drive. Other partners that made this possible are, PriceWaterHouseCoopers, Saatchi and Saatchi, UTi Pharma, the Biovac Institute and IMS as well as Publicis who collectively contributed towards the success of this project. Our heartfelt thanks and appreciation goes out to these organisations for their support and for helping the Department in its service delivery initiatives.

MALARIA PROGRAMME

Madam Speaker, the Department is doing well in maintaining the low numbers of malaria cases recorded. Successful implementation of strategies and interventions has led to a total of 180 reported cases in the current financial year with 1 death reported. Education and communication activities are also proving successful in keeping the figures down and a total of 5 070 people were reached during the current financial year. The MDG has therefore been achieved, that is, malaria incidence is 0.02: 1 000 population, and malaria death rate is 0.75%. (National target is <2%)

MENTAL HEALTH AND SUBSTANCE ABUSE

Madam Speaker and Honourable Members, I sincerely believe that we have serious problems in terms of mental health and substance abuse in our Province. We have not reached a stage where we can comfortably say that we know the status of mental health in our communities because we have no way of knowing the true extent of mental illness or substance abuse unless we see patients in our facilities with these problems. How many might be going undetected can only be estimated. In order to strengthen this Programme, a number of initiatives have been implemented. The Community Based Carers that are in our system have

had some training in mental health and they assist in identifying people who need mental health care. To date, a total of 587 PHC clinics have been providing mental health services. Patients with serious mental disorders are referred to District and Regional institutions. District hospitals provide a 72 hour assessment however the lack of beds in Regional hospital psychiatric wards and Specialised psychiatric hospitals leads to this period often being exceeded. A total of 7 Regional hospitals have at least a 25 bed ward for mental patients while 7 specialist hospitals provide a range of mental health services.

There are four (4) functional Mental Health Review Boards i.e Amajuba, uThungulu, uMgungundlovu and eThekwini, providing an oversight role and also serving as patients' advocate, ensuring that their interests are best served.

An important component of mental health lies in rehabilitation for psychosocial problems as well as in the management of substance abuse and the implementation of prevention strategies to reduce these social ills that plague us. We have adopted the National Ke Moja programme which has been rolled out to all our Districts.

The Department also has service level agreements with 29 Non-Profit Organisations (NPO's) that provide services such as mental rehabilitation, half-way house services for mentally ill people and full residential care for profoundly mentally disabled persons and general care and support for the mentally disabled.

A number of guidelines and protocols have been developed in the last six months, as steps towards improving mental health care.

DISABILITY AND REHABILITATION

Madam Speaker, the 2001 SA Census put disability at 5% of the population, much lower than the range of 12 – 19 % as indicated by the World Health Organization estimates, this translating to approximately 500 000 of the population in KwaZulu-Natal alone. We acknowledge that statistics are not accurate because people do not disclose their status. However we have a responsibility to support and treat those with disabilities and to provide rehabilitation to those who are in need. As such 63% of our hospitals meet the minimum requirements for physical accessibility, for example, ramps, Braille, signage, parking and

ablution facilities, with 7 institutions having achieved GOLD standards, 14 SILVER and the rest BRONZE as per National criteria.

Madam Speaker, we also have 21 Occupational Therapy Assistants being trained by the University of KwaZulu-Natal, to become Occupational Therapy Technicians. A total of 25 Physiotherapists have commenced training towards becoming Physiotherapy Technicians. A total of 33 sites (in rural hospitals) have full audio logical testing facilities, which is critical to the HIV and TB related ear and hearing pathology that must be managed.

Access to rehabilitation services has also improved with the community service placements of Audiologists, Speech Therapists, Occupational Therapists and Physiotherapists. In addition the Department has a service level agreement with Disabled People South Africa, whereby 22 community based rehabilitation workers provide services at household level.

A total of 2 300 assistive devices were issued since April to date.

PROGRAMME 3

EMERGENCY MEDICAL RESCUE SERVICES

Madam Speaker and Honourable Members, one of the critical success factors for health care service delivery is access to such services at all our institutions. The Emergency Medical Rescue Services (EMRS) is therefore a key component in ensuring such access through the provision of pre-hospital emergency medical services, inter-hospital transfers as well as Planned Patient Transport. In this regard therefore, we have an EMRS fleet of 1 044 vehicles of which 653 are ambulances. Whilst this number includes a total of 125 new ambulances purchased there is still a gap of 263. Steps are being taken to purchase more ambulances so that we achieve the norm of 1: 10 000 population. A total of 326 104 emergency cases and 57 149 inter facility transfer were logged of which 235 855 were transported to a medical facility and 50 819 were transferred between facilities. 60% of the emergency cases attended to were handed over to the receiving institutions within 20 minutes. Utilizing 14 operational rescue units, 1 860 rescue cases were attended to since April. Some of the key challenges relate to the financial constraints which impact on the ability to replace auctioned and ageing

EMRS vehicles as well as the shortage of skilled personnel. Training courses are being conducted at the College of Emergency Care however this does not make up for the skills gap being experienced. These challenges are reflected in the sub-optimal response times that have been achieved, namely, 38% within 40 minutes response time for critical cases in rural areas and 21% within 15 minutes response time in urban areas. Overall the response time for both urban and rural cases was 53% within 60 minutes.

PROGRAMME 6

INVESTING IN HUMAN CAPITAL

The success of our strategies is largely dependent upon our workforce. The investment in human capital is one of the greatest assets in any organization. However, the Department has faced many recruitment and retention challenges over the last decade and this situation has slightly improved with the introduction of the Occupation Specific Dispensation for nursing and medical personnel.

A number of initiatives have been implemented as part of the strategy to address skills gaps in the Department. At this point I want to place on record our appreciation of the Cuban Government for their progressive stance in educating our medical students. Very recently, we bid farewell to 14 students, of which 7 are women, who were recruited to pursue medical studies in Cuba joining 44 others already studying there.

Madam Speaker and Honourable Members, in the last week of September together with the MEC for Health in the Northern Cape, Mr Mxolisi Sokatsha, we had a privilege of joining our students in Cuba where we had a meeting with the adviser to the Minister of Health there as well as with Deans of Health faculties of 4 universities where our students are attending. In that meeting we got to know that there are 314 South African students spread across the universities. We were also informed that in there are 53 Nationalities of students studying there but that South African students across all campuses are well behaved.

As a province we also have 354 more students studying medicine at various South African universities with a further 396 studying in various health sciences fields at tertiary academic institutions. By the end of September 2010, there were a total of 807 external bursary holders. A further 292 existing members of staff were awarded bursaries towards studies in fields related to various functions. We also have 12 Radiographers who have commenced a study programme at the Durban University of Technology on 1st September 2010. They will obtain qualifications on mammography which will enhance our cancer services to women.

The mid-level worker is seen as a value-adding intervention and we are pleased with the progress being made in this area. The third group of 21 students has been selected to study for the Bachelor in Clinical Associate degree, with the first cohort completing in 2011.

The KZN College of Nursing continued with the training of nurses. For the 2010 academic year we have a total of 5 376 nurses in training, namely:

- 19 in the 1 year programme for Enrolled Nursing Auxiliary;
- 1151 in the 2 year programme for Enrolled Nurse;
- 2 347 learners registered for the 4 year programme for Professional Nurses;
- 1 119 in the 2 year Bridging Programme leading up to Registered Nurse;
- 740 nurses undertaking post basic training in midwifery (379), primary health care (65), psychiatric nursing (33), advanced midwifery and neonatal (25), critical care (15), child nursing science (19), operating theatre (16), orthopaedics (18) and PHC training with UKZN (170);

A total of 259 Professional Nurses commenced with community service on 1st September 2010. We also look forward to the 1 926 nurses who will be graduating this year.
As a further initiative to enhance nursing care the Department has embarked upon a process to recruit and train 1 200 nursing personnel, that is 600 Enrolled Nurses and 600 Enrolled Nursing Assistants.
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The Department also promotes the continued professional development of doctors. Specialist training is provided through our Registrar Programme. For the current financial year, we produced 46 specialists at the end of June 2010, recruited a further 83 registrars on 1st July 2010, bring the total number of Registrars in training to 624.

Madam Speaker, whilst professional development and training is very relevant for the delivery of quality health care for all, another important area of development is that of Adult Basic Education and Training (ABET). The Department of Health plays an active role in this programme since its commencement. For the 2010 academic year, a total of 1 455 employees have been enrolled for the programme, with specific numbers for each of the four levels. Progress at each level is monitored and the Department currently has 310 learners at the 4th level, with a sizable number expected to complete this year and the next. A budget allocation of R5 million was set aside for this programme for 2010/11 financial year.

PROGRAMME 7

This Programme deals with the Provincial Pharmaceutical Supply Depot, which provides pharmaceuticals and surgical sundries to all health institutions. By the end of September the total value of stockholding was R162, 1 million. And the standard stock account is currently R173, 231,000.00). The total value of issues to institutions amounted to approximately R943, 9 million against a projected budget of R1, 7 billion for the current financial year.

The current service level is 89%. Challenges with the limited space for storage as well as the storage conditions remained and the Department is trying to source suitable land for the construction of a new depot. In this way, the added demands from clinics will able to be addressed. The depot operates on a trading account basis.

PROGRAMME 8

INFRASTRUCTURE DEVELOPMENT

Madam Speaker and Honourable Members, whilst the Department continually strives towards the improvement of health infrastructure, the condition of many of our health facilities are challenged with ageing infrastructure. The need to refurbish existing facilities and build new

facilities is ever increasing. To date we have a total of 682 infrastructure projects at varying stages, namely feasibility, design, construction, hand-over and tender phases. A total of 127 are under construction. A total of 12 projects cover mortuary facilities at certain institutions and forensic mortuaries in identified sites. The Pietermaritzburg, Estcourt and Park Rynie Forensic Mortuaries have been completed and will soon be operational. Dundee, Madadeni, Eshowe, Newcastle and Port Shepstone mortuaries are at an advanced stage of construction.

Key projects at Edendale Hospital, Ngwelezane, Empangeni, King Edward VIII, Hlabisa, Rietvlei and King George V are part of the Revitalisation Programme. The 400 bed District Hospital at King George V is near completion. The Dr Pixley ka Seme is currently in the design phase for the construction of the main hospital. On 9th September the site handover to the contractors for the Lower Umfolozi War Memorial Hospital project took place and this project will be completed in 2014. This project will involve the alterations and additions to the entire hospital. The Department has adopted the PPP approach for the revitalisation for this hospital.

Madam Speaker, we are indeed indebted to BroadReach Healthcare, an organisation that has made major contributions to health care in our Province. With USAID funding, they have been working in partnership with the Department since 2007, in the Ugu District, with the key focus on combating HIV and AIDS. Very recently, BroadReach handed over 10 completed Revitalisation Project clinics to the Department, thus ensuring that integrated, quality HIV and AIDS and other related services can be provided under one roof. This collaboration was a demonstration of a true partnership and commitment to common goals.

Conclusion

Madam Speaker and Honourable members, the complexities attached to health care delivery, coupled with the challenges of a seriously constrained financial environment, exacerbates the challenges we face in rendering the service and achieving our strategic goals. Notwithstanding this, I firmly believe that we are achieving substantial successes in many areas but we will not sit back and be comfortable but forge ahead to ensure that in providing

health care to the citizens of our Province, we contribute to improving the quality of life for all. We remain steadfast in our commitment and undaunted in spirit as we exercise our mandate.

I THANK YOU