



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Presentation of the 2015/16 BUDGET VOTE SPEECH by KZN Health MEC, Dr Sibongiseni Dhlomo at the KwaZulu-Natal Provincial Legislature, 13 May 2015

Madam Speaker

Premier of KwaZulu-Natal – Honourable Senzo Mchunu, Macingwane
Chairperson and Members of the KwaZulu-Natal Portfolio Committee on
Health

Fellow Members of the Executive Council

Honourable Members of the Legislature

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

The Acting Head of the Department of Health – Dr Lindiwe Simelane

Senior Managers in the Department of Health

Health workers across the length and breadth of the Province

Distinguished guests

People of KwaZulu-Natal

Members of the Media,

Ladies and gentlemen

Madam Speaker, as a Department that employs a little less than 80 000 civil servants, we deem it appropriate to pay tribute to our fallen accomplished and caring Minister of Public Service and Administration; Hon. Collins Chabane - May his soul rest in eternal peace.

Our 2015 Budget Presentation coincides with the celebration of 60 years of the Freedom Charter, whereby our forbearers articulated the following ambition for health care delivery in our country:

*“A preventative health scheme shall be run by the state;
Free medical care and hospitalisation shall be provided for all, with special care for mothers and young children...”*

This pronouncement by our people in 1955 is in place. We just need to accelerate it. We need to strengthen it; National Health Insurance is our chosen vehicle to just do that.

Madam Speaker, this presentation also coincides with the tabling of our country's report that will be presented by our President, Hon Jacob Zuma, at the General World Assembly on progress made by South Africa in achieving the Millennium Developmental Goals.

Today's presentation is also in line with the National Development Plan (NDP) 2030 and provides a summary of how the Department, through **Operation Sukuma Sakhe** and targeted health interventions, has made significant strides in improving the lives and wellbeing of our citizens.

The NDP envisages that by 2030, South Africa should:

- Increase life expectancy to 70 years for men and women,
- Have a generation of under-20s largely free of HIV,
- Drastically reduce the quadruple burden of disease,
- Reduce infant mortality rate of less than 20 deaths per thousand live births, and
- Reduce under-five mortality rate of less than 30 per thousand.

All our efforts and strategies then are geared towards the achievement of these objectives and realising our mandate as the Department of Health, which is the attainment of a *“Long and Healthy life for all South Africans.”*

To achieve this goal, the Department determined evidence-based strategies and plans to address the quadruple burden of disease in KwaZulu-Natal. This includes:

1. A maturing and generalized HIV and AIDS epidemic;
2. High levels of tuberculosis;
3. High maternal and child mortality; and
4. Violence and injuries and,
5. Increased incidence of non-communicable diseases.

Under the theme: “Moving Health care forward in KZN” and working closely with our partners and communities, we have been able to make significant progress in improving health outcomes in our Province as proved by empirical evidence.



HIV AND AIDS

Madam Speaker, KwaZulu-Natal has the highest burden of HIV/AIDS in the Country with an estimated 1 622 850 citizens living with HIV/AIDS.

Although this might seem like an unsurmountable challenge, we can confidently report that the collective Provincial response contributed to significant progress in addressing the HIV epidemic. Pro-active innovations to scale up prevention and treatment programmes resulted in positive outcomes that earned the Province international and national accolades with a number of initiatives being used as national benchmarks.

During his closing address at the 2000 AIDS Conference in Durban, our former President; **Nelson Mandela**, strongly cautioned:

“Aids today in Africa, is claiming more lives than the sum total of all wars, famines and floods, and the ravages of such deadly diseases as malaria.

It is devastating families and communities, overwhelming and depleting health care services; and robbing schools of both students and teachers.”

Madam Speaker, we are proud to declare that as KwaZulu-Natal we took heed of Tata Mandela’s warning. When we host the 21st International Aids Conference from 17 to 22 July next year; we will be able to tell a story of hope and possibility. Nations of the world will be able to learn good practice models from this Province on how to turn the tide.

Working together with all our stakeholders, we were able to:

- Establish **632** fixed public health facilities that offer ART services.

- Expand the ARV treatment programme to become the largest programme in the world with **904 278** patients on treatment including **6 350** children under the age of 15 years.
- Decrease the Mother to Child Transmission of HIV significantly from **22% in 2008 to 5% in 2010 and to 1, 5% currently.** We intend further reducing this to **0, 5% by 2018.**
- Provide counselling and testing to **2 579 763** people through our **HIV Counselling and Testing Campaign.**
- Establish **2 482 High Transmission Areas** including Taverns; Shops; Taxi Ranks; Farm areas; Tertiary Institutions; Hostels; Hospitality industries as well as Mines. These sites also serve as **Condom Distribution Sites**, and in the past financial year, the Department distributed **142 199 152** male and **3 400 632** female condoms through-out the Province.
- Initiate **Health Services at Taxi Ranks** including services for screening for Minor Illnesses, Sexually Transmitted Infections, Tuberculosis, and HIV; as well as provision of Family Planning/ Contraceptive services and Condom distribution. The most recent being Ixopo Taxi Association at Harry Gwala District on the 29th of April 2015, and Mtubatuba Taxi Rank the following day.



Health Services at Taxi Ranks

- Offer **Post Exposure Prophylaxis** services at **302** public health facilities for sexual assault survivors. Unfortunately, we note an increase in the number of sexual assault cases with a total of **11 288** cases reported at public health facilities over the past year. Of grave concern is the high number of children that have been sexually assaulted. For the period October to December 2014, a total of **1 129 out of 3 063** sexual assault cases were children **under the age of 12 years**.

- Medically circumcise more than **520 000 men and boys** in the Province since the programme was launched by His Majesty the King as a means to curb the spread of HIV. The Province is particularly proud to report that no amputation or death was reported since initiation of the programme. The number of Medical Male Circumcisions (MMC) increased year-on-year as follows:
 - April 2010 - March 2011: **37 234**
 - April 2011 - March 2012: **100 700**
 - April 2012 - March 2013: **121 228**
 - April 2013 - March 2014: **134 146**
 - April 2014 - February 2015: (The figures for April 2014 – March 2015 are still being tallied, and are expected to continue this upward trend)



Madam Speaker, we highly appreciate the guidance and leadership of our Premier, Hon Senzo Mchunu as the Chairperson of the Provincial Council on AIDS. As a Department, we undertake to utilize our Budget allocation for the 2015/2016 financial year, to make further progress as we implement the "Stepping Up the Efforts / S'khuphula Umfutho" HIV Epidemic Response for Kwazulu-Natal Strategy" unveiled by the Premier, Honourable Senzo Mchunu at the Provincial Council on AIDS.

Under his mentorship, we have established the 90% Zero New Infections; 90% Zero Discrimination and 90% Zero Aids-related death targets into concrete milestones and end-points by 2020. We will be ready to do exactly what the Premier has advised as he has given us a task to:

- Scale up Medical Male Circumcision;
- Ensure that all citizens access services for HIV counselling and testing;
- Ensure that all clients eligible for ARV treatment are enrolled on the programme including those with a CD4 count under 500 as well as all pregnant HIV positive mothers and children under-5 years.
- Ensure that all patients on any treatment regime adhere to treatment requirements.

- Strengthen partnerships with Men's Forums to increase the uptake of Medical Male Circumcision especially targeting older males.
- Target male dominated areas such as Ingula power stations, industrial areas and hostels.
- Target religious groups including the Nazareth Baptist Church.
- Work in partnership with youth centers to generate interest of youth out of school in MMC.
- Improve access to MMC in hard to reach areas by making use of Mobile Hospital Units.
- Popularise and upscale distribution of the coloured and flavoured condoms that are available from March 2015.

Madam Speaker, we are central to the realisation of the quest to end AIDS as pronounced at the end of the 2014 Melbourne Aids Conference by **Michel Sidibé**, in the speech entitled; The Last Climb: Ending Aids, Leaving No One Behind, where he said:

'Today, I am calling for ending AIDS by 2030.

My vision for ending AIDS looks like this: voluntary testing and treatment reaching everyone; everywhere; each person living with HIV reaching viral suppression; no one dies from an AIDS related illness or is born with HIV; and people living with HIV live with dignity, protected by laws and free to move and live anywhere in the world.'

Madam Speaker; KwaZulu Natal will indeed, accomplish its objectives; thanks to the support of the Deputy Chair of the Provincial Council on AIDS, Mr Mdletshe; the civil society; developmental partners; traditional and religious leaders and the community members who converge under the Sukuma Sakhe structures.

TUBERCULOSIS

Madam Speaker, substantive effort is being exerted in the quest to create 'A world free of tuberculosis' with zero deaths, disease and suffering due to tuberculosis. The high TB/HIV co-infection rate in the Province, currently estimated at 65%, is however still exacerbated by delays in diagnoses and treatment of TB in people with HIV. This is being addressed through implementation of integrated HIV and TB programmes at both community and facility level.

In 2014, there were **82 840 notified TB cases** with **8 % or 6 710 cases being children under the age of 5 years**. Ugu, eThekweni and UThungulu reported more than 1000 TB cases per 100 000 population.

Madam Speaker, even though our Province has one of the highest burdens of TB in the Country, treatment outcomes show significant improvement over the years. Through intensified case finding and treatment support in communities and health facilities, the **TB treatment success rate significantly increased from 55% in 2005 to 86.3% in 2013.**



Targeted TB interventions to reduce the burden of TB in the Province include:

- Intensifying integrated interventions through **Operation Sukuma Sakhe** as well as strengthening partnerships with developmental partners to **strengthen screening and adherence to treatment**.
- **Integration of HIV and TB management and initiation of TB/HIV patients on ARV treatment** in the **779** Public Health facilities in compliance to the pronouncements made by our President, Hon Jacob Zuma.
- The introduction of **86 GeneXpert machines** in the Province contributes greatly towards **early diagnosis** of TB and MDR-TB which **allow initiation of TB treatment within 24-48 hours**.
- There are **102 TB defaulter tracing and TB/HIV outreach teams** in the Province to improve compliance to TB/HIV treatment. These teams visit households to provide 'Directly Observed Treatment and Support' to patients to ensure that they take medication correctly especially those patients with drug-resistant TB who stay on treatment for 24 – 36 months.
- Plans for this current financial year include a training programme, through the John Hopkins University, for 40 Professional Nurses to initiate patients on MDR-TB treatment. At the moment, **9 Professional Nurses**, based at Murchison and Vryheid Hospitals, are trained to initiate patients on MDR-TB treatment.

Madam Speaker; allow me to pause and commend, appreciate and acknowledge the unwavering support given by our partners both nationally and internationally that has resulted in the following tangible improvements:

- A decline in HIV incidence from an estimated 3.8 % in 2005 to 2.3 % in 2008;

- Reduction in reported HIV and AIDS related deaths from 67 429 in 2008/09 to 54 337 in 2010/11;
- Reduction of Mother to Child transmission from 22 % in 2008 to 1.5 % currently;
- TB treatment success rate in 2008 was at 73% and at 84% in 2013;
- Improvement of life expectancy from 54 years to 60 years; as well as,
- More than 900 000 patients put on ART in KwaZulu-Natal

Indeed, our combined efforts have culminated in almost **65 000 deaths in KZN being avoided.**

MATERNAL HEALTH

As we approach the end of the Millennium Developmental Goals deadline, we are concerned about maternal mortality that remains high in the Province although significant progress has been made in reducing the number of maternal deaths with the predominant contributing factor still remaining HIV and AIDS.

The number of maternal deaths in public health facilities shows a steady decline, from **363 in 2011/12 to 274 in 2014/15** (end of January 2015).

The following interventions are currently being implemented to further advance maternal health outcomes:

- Established Provincial Specialist and District Clinical Specialist Teams to improve the quality of clinical care through mentorship and supportive supervision. We currently have **47** of these

professionals deployed throughout the Province, out of 219 countrywide.

- Have 277 Trainers and Mentors on the Essential Steps in the Management of Obstetric Emergencies (ESMOE) to improve labour and delivery outcomes.
- Introduced Siyanqoba, a **Quality Improvement Programme**, in all labour wards to improve the quality of maternal care during labour and use of a Partogram to identify emergencies.
- Intensifying the promotion of Mom-Connect, a regular SMS service on various health topics related to pregnancy and child care, which empower women with vital information during and after pregnancy. The service also registers complaints and compliments from clients with the National Office.



Presentation by the National Minister of Health, Dr Aaron Motsoaledi at the launch of Mom-Connect in KwaZulu-Natal

- Providing Family Planning/ Contraceptive services in all Public Health facilities including the rollout of reversible Implanon to address unwanted and high risk pregnancies, teenage pregnancy and unsafe abortions.



- Using **Operation Sukuma Sakhe** as vehicle to promote and ensure early attendance of ante natal care services by pregnant mothers, which impacts positively on the Prevention of Mother to Child Transmission [PMTCT] Programme.
- Deploying Community Care Givers to promote the 6X6X6 Post Natal Care Principle. Here every pregnant woman at antenatal care is linked to a CCGs in their area of residence. After delivery, the CCG is notified that the mother has been discharged so that she can be visited and monitored.
- Continuing with the intensification of the **Campaign to Accelerate Reduction of Maternal and Child Morbidity and Mortality in Africa** (CARMMA). In this respect, we have established **26** Mothers' Lodges in our Public Health Facilities, with special emphasis to rural areas; i.e.:
 - ❖ Niemeyer Hospital in **Amajuba**;
 - ❖ Qadi Clinic; Halley Stott Clinic and Osindisweni Hospital in **eThekwini**;
 - ❖ St Appollinaris and Rietvlei Hospitals as well as Pholela Clinic in **Harry Gwala**;
 - ❖ Montebello and Ntunjambili Hospitals in I Lembe,
 - ❖ GJ Crookes Hospital and Turton CHC in **Ugu**;
 - ❖ Appelsbosch Hospital in UMgungundlovu;
 - ❖ Mosvold and Mseleni Hospitals in **UMkhanyakude**;

- ❖ Greytown Hospital and Douglas Clinic in **UMzinyathi**;
- ❖ Ladysmith Hospital, Escourt Hospital and Emmaus Hospital in **UThukela**,
- ❖ Catherine Booth; Ekombe and Nkandla Hospitals in **UThungulu**;
- ❖ Ceza and Vryheid Hospitals in **Zululand**.

Furthermore, I will be leading **a campaign against illegal abortions** in this Province. Members would note the proliferation of the advertisements on the lamp-posts and electric boxes promising safe, quick and pain free abortions. All these are illegal abortions and there is nothing safe about them; instead they pose a health risk to the young mothers and women in our country. With our campaign, we thus aim:

- To bring together groups, networks, movements and organizations from around the Province to work together in anti-illegal back street abortion campaign;
- To build strategic partnerships with health professionals, governments, civil society officials and human rights bodies;
- To promote the legitimacy of the right to safe abortion and also promote initiatives on safe motherhood and family planning.
- To promote young women's leadership in the campaign at all levels.
- To develop and disseminate key messages to counter the influence of the anti-choice movement and reclaim the language of abortion as a moral decision.



We will kick start this campaign with a march on “Anti-Unsafe Abortion” with all Hospital management accompanied by nursing college students in their white uniforms, South African Police Services personnel and civil society servants. The success of this campaign also depends on partnerships with South African Police Services and National Prosecuting Authority. I therefore would like to take this opportunity to extend the invitation to the Security Cluster to participate in this important campaign in order to help bring an end to this onslaught on our young mothers.

CHILD HEALTH

Madam Speaker, we are working with the Department of Home Affairs to ensure that all children born in our hospitals leave the facility with Birth Certificates.



Visit by Minister of Home Affairs, Mr
Malusi Gigaba

Also as means to address child health outcomes, we launched the **Phila Mntwana** programme, which primarily focusses on early detection of malnutrition and TB in children under the age of 5 years.

We utilize **Operation Sukuma Sakhe** war rooms in wards to provide comprehensive health promotion services. Screening for malnutrition at community level is being done using Mid Upper Arm Circumference (MUAC) and those found wanting are referred to clinics.

This is a measurement tool used to make detection of growth faltering and growth failure of children in the community and at PHC level very simple. It is colour coded into Green; Yellow and Red. If the child is measured at Yellow mark, it means that has Moderate Acute Malnutrition and has to be referred to Clinic within 24 hours.

If measured on Red, then it means the child has Severe Acute Malnutrition and thus has to be urgently taken to the nearest clinic for a thorough medical assessment by the Integrated Management of Childhood Illnesses nurse and be referred to hospital for admission.



MEC for Health, Dr SM Dhlomo addressing poor child health outcomes with the launch of Phila Mntwana Programme

KwaZulu-Natal is also accelerating the establishment of **Human Milk Banks** identified by World Health Organisation as crucial in promoting breastfeeding in order to address childhood malnutrition and reduce neonatal morbidity and mortality. We all have to support this ethos as 28.7% of children under-5 years of age who die in KZN are found to be severely malnourished.

We are proud of achievements in this regard. Last month I visited the Stanger Hospital Donor Human Milk Bank at its Neonatal Nursery. I found a state of the art facility that is managed by a multi-disciplinary team that includes a Neonatology Specialist Professional Nurse; an Infection Control as well as a Lay Counsellor.

I can also report that we currently have other Human Milk Banks established in 6 public sector hospitals in this Province; namely at Grey's, Edendale, Newcastle, King Edward VIII, Mahatma Gandhi Memorial, Lower Umfolozi War Memorial Hospitals and 1 Community Human Milk Bank at Ithemba Lethu in eThekweni.

Our overall plan is to establish a Human Milk Bank in every Regional Hospital with satellite sites in District Hospitals and also to set up 4 intermediate level neonatal units in those districts without Regional Hospitals.

Eligible babies to benefit from this programme include babies:

- From seriously unwell mothers.
- From mothers that are absent due to health or other circumstances (orphans).
- Pre-term babies who do not have access to their own mothers' milk.
- Abandoned babies.

Madam Speaker; also allow me to emphasise some of the key benefits of breast milk, which are:

- Breast milk provides all the nutrients your baby needs to grow and develop for the first six months.
- Breast milk contains antibodies that help strengthen the immune system of the baby and contribute to the prevention of common illnesses such as diarrhoea and pneumonia.
- Breastfed babies are less likely to have respiratory- and middle-ear infections than formula fed babies.
- Breast milk contains special substances that keep the gut lining strong. This helps in reducing the chances of infection.
- Colostrum (the first milk the baby gets just after birth) is regarded as the first immunization. This milk is rich in protective substances and is vital to the baby who has now made a transition from being protected in the womb to being exposed to all sorts of infections in the environment. The baby cannot get these protective substances anywhere else (even in the most expensive formula).

Madam Speaker, further progress is envisaged in improving the lives of our children in this financial year. We will be working in collaboration with the Departments of Social Development as well as Education as we have identified Early Childhood Development as an important area of prioritization.

WOMEN'S HEALTH

- **Phila Ma**

Madam Speaker, we are continuing to intensify the Phila Ma Campaign is aimed at ensuring that we improve access to timely breast and cervical

cancer screening and other related services to women in rural and urban areas.

Partnerships with business, health care institutions, families, communities and all other role players will play a critical role in this campaign to prevent unnecessary treatable cancer deaths. Through this campaign, we want women to gain access to breast and cervical cancer screening, health education, and other services and also to encourage early detection and adoption of good health seeking behaviour.

Thus far, we are pleased with the results that Phila Ma has yielded. We have seen our rate of health screening improve from **37% in 2013/2014 to 78.2% in 2014/2015**. It is thus possible that in KZN we can significantly decrease Cancer related deaths if more support from all community leaders is received in the acceleration of this screening. Remember, early identification of any form of cancer saves lives.

SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

- **Dual Protection Campaign**

Madam Speaker, this campaign was launched in the Amajuba District on 13 March 2015, and will be rolled out to all FET colleges in the Province. The campaign aims to promote safe sexual and reproductive behaviour including dual protection to prevent unwanted and unsafe pregnancies, teenage pregnancies, and sexually transmitted infections and HIV infection.

Truth of the matter is that one million babies are born each year in South Africa, 8% of these, which is 80 000 in numbers, are delivered by teenage mothers.

It is also a fact that KwaZulu Natal has the highest prevalence of HIV; the burden being highest amongst the young people between the ages of 15 and 20. Furthermore, the most recent Ante Natal Care sero-surveillance shows that 22% of pregnant adolescents in KwaZulu Natal were found to be HIV positive.



Here we advise those who are not able to abstain to use a male or female condom and another contraceptive device like Implanon or other devices at the same time. In stock we also have other hormonal contraception methods such as the Mini-Pill, the Injection, the Implant and the Intra-Uterine device.

To promote adolescent health, the Government is offering:

- FREE condoms,
- FREE Medical Male Circumcision, and
- Free contraceptives.

Our main target for the Dual Therapy campaign is the institutions of Higher Learning especially all the Technical, Vocational, Educational and Tertiary Institutions, previously known as FET Colleges. We started with the 3 Campuses of Amajuba TVET in March 2015 and tomorrow, May 15, we will be servicing the UMgungundlovu Campus; Honourable Members are invited to lend their support in this effort aimed at ensuring that our children graduate alive and healthy.

DISABILITY AND REHABILITATION

Madam Speaker, one of the priorities in the Department is to improve access to rehabilitation services in the Province, with the aim to achieve optimum quality of life for persons with disabilities and their families.

The Department deployed **171 Community Service Therapists** including Physiotherapists, Occupational Therapists, Speech Therapists and Audiologists in rural areas. This is to increase access in line with the United Nations Convention on the Rights of Persons with Disabilities which states that rehabilitation services should be offered as close as possible to where people live.

We also established the **Medical Orthotics & Prosthetics Training Project** in partnership with the Durban University of Technology to increase the pool of service providers for the public sector. Students are trained to do measurements for assistive devices and to manufacture these devices. We have a total number of 94 students on the programme, and 64 of these are studying on bursaries issued by the Department. The first group of students will complete their training in 2017.



Official opening of the Medical Orthotics and Prosthetics Unit, by the MEC for Health, Dr SM Dhlomo, in partnership with the Durban University of Technology

This outcome of this project will dramatically reduce waiting times for assistive devices in the Province, and will further impact on the progress that we made during the 2014/2015 financial year. In that financial year **714 856** clients accessed rehabilitative services in the Province. This was an increase of 26% from the previous year.

EYE CARE SERVICES

- **McCord Eye Care Hospital**

Madam Speaker, it is with great pride that I announce today that the McCord Hospital in eThekweni is now 100% Government-owned.

We now can report that as of 01 April 2015, this facility is being converted in phased stages to become an Eye Care Centre of Excellence in the Province.

During phase 1, all eye services from St Aidan's and Addington Hospitals were transferred to McCord Hospital to ensure adequate utilisation of resources.



Eye care services provided by the Department of Health

Commissioning of the hospital will help us increase the number of cataract surgeries performed per year and ultimately reduce blindness and poverty associated with it.

After full commissioning of the hospital, the following services will be available:

- A High Volume Cataract Surgery Unit
- Specialised Retinal Services
- Refractive Services
- Low Vision Services
- Paediatric Ophthalmology Services
- Optical Laboratory Services
- Out-Reach Services
- Teleconferencing, Research and Teaching;
- Academic Training and Development;
- Support Ophthalmic Nurse Training;
- Support Optometrists Training; and

- Tele-Ophthalmology Services supporting the periphery.

We invite Members and the community at large to make use of this facility and also to be present when our Premier, Honourable Senzo Mchunu officially opens the facility later this year.

ORAL HEALTH SERVICES

The **Oral and Dental Training Centre** at the King Dinuzulu Hospital Complex is the largest of its kind in the KZN Province. It offers a full range of services provided by Dentists; Dental Therapists; Oral Hygienists; Dental Assistants; Sessional Orthodontists; Maxillofacial Practitioners; Periodontics as well as Oral Medicine and Dental Technicians. The facility also serves as a clinical student training platform for Dental Therapy and Oral Hygiene.

To strengthen outreach to under-served areas, we have **8 Mobile Dental Units**, one of which was donated by Colgate Palmolive LTD to assist with the school health programme.

30 Dental Chairs were procured for allocation to identified districts. We've allocated 10 to eThekwini, 5 in ILembe, 3 in UThukela, 2 in Zululand, 2 in Ugu, 3 in Sisonke, 3 in Amajuba, 1 in UMzinyathi and 1 in UMgungundlovu.

The Department also deployed **30 Community Service Dentists** to institutions across the Province to improve access to oral and dental health.

In the 2015/2016 financial year the Department will focus on intensifying comprehensive health promotion and prevention programmes through the school-based tooth brushing programmes; the

provision of district denture service for the elderly/pensioners as well as ensuring availability of the Provincial interventionist mobile dental units.

CHRONIC DISEASES

We will continue to promote the participation of all older persons in physical activity through the promotion of Healthy Lifestyles. The provision of flu vaccines to reduce morbidity and mortality to people with chronic illnesses will be accelerated at all our health care facilities. Furthermore, we will be scaling up prevention and early screening, detection and treatment of eye problems, hypertension; diabetes mellitus, disability and mental health in 2015/2016.



Bongi Ngema-Zuma and MEC for Health taking part in a healthy lifestyle walk in the fight against Diabetes

TRAINING OF HEALTH WORKERS

Madam Speaker, the Department currently employs **76 122** personnel of which **33 705** are Nurses; **3 672** Doctors; and **1 580** Therapists including Radiographers; Speech Therapists and Physiotherapists with the rest being support staff.



Nurse Training

The KZN Department of Health has its own Nursing College with Campuses traversed across the Province. In September 2014, a total of **2 523 nurses**, in all categories, graduated which significantly increased the pool of human resources for health.

In this respect, this includes in the following categories:

- **61 Specialist Nurses in the field of Midwifery and Neonatal Nursing Science** graduated in 2014;
- **36 Advanced Midwives** completed training in a joint partnership between the University of KwaZulu-Natal and the KwaZulu-Natal College of Nursing;
- And **100 Advanced Midwives** completed their studies in a project funded by the Atlantic Philanthropies. This will assist the Department in improving maternal and child health outcomes.
- **Twenty (20) Specialist Nurses in Ophthalmology** graduated, which will improve eye care services in the Province.
- A total of **255 Primary Health Care Nurses** have completed their training at the College of Nursing in 2014. Further **200** students commenced training in June 2014. This will strengthen PHC re-engineering as well as implementation of NHI in the 3 pilot districts.

MANDELA/CASTRO MEDICAL TRAINING PROGRAMME

Madam Speaker, through this historic agreement, KwaZulu-Natal currently has **789 students in training** in Cuba and **85** qualified Doctors fully employed by the Department.



The MEC for Health, Dr SM Dhlomo and students leaving to study in Cuba

At the end of August 2015, we will enrol **13** more students in the programme, including 3 students whose parents have made an appeal to pay 100% towards their fees. We are hopeful that the long-term investment in the training of medical officers, inclusive of internally trained doctors, will ensure full coverage of our Province.

REGISTRAR TRAINING

In July 2015, we will have an intake of **43 Registrars** with a bigger intake in Jan 2016, with a projected 5% increase in the allocated budget. Disciplines that will be prioritized include: Cardiothoracic; Anaesthetics; Dermatology; Family Medicine; Neurology; Nuclear Medicine; Paed surgery and Plastic surgery, amongst others.

Allied Health Professions

The Department's Bursary Scheme is funding training of professionals in the following categories to increase the pool of human resources in the Province:

- **94 Medical Orthotics and Prosthetics** students registered with the Durban University of Technology.
- **119 Clinical Associates** students registered with the Universities of Pretoria, Wits and Walter Sisulu.

- **15 Professional Nurses** enrolled for **Trauma Training** with Netcare Education.
- **13 Health Promotion** students registered with Walter Sisulu University for a Degree in Health Promotion.
- **40 Radiographers** currently attached to CHC's, undergoing ultrasonography training at Durban University of Technology as part of compliance with the scope of practice to become ultrasonographers.
- **3 Professional Nurses** registered full time with the University of Cape Town for a Diploma in Critical Child Care.

The Department, through its bursary scheme, is also funding **260** unemployed matriculates to study towards various fields in Health Sciences at Universities across the country. This brings to **858** the total number of KZN Health Department Bursary holders studying at local Universities, of which most are selected from rural areas where they would be placed to serve upon completion of their studies. For January 2015; the support has been given as such:

- **83** Medical Students
- **22** Pharmacy Students
- **28** Radiography Students
- **127** Allied Professions.

We have also formed **Partnerships** with a view to increase production of health professionals with scarce skills. One such partnership is with **Umthombo Youth Development Foundation** which provides financial assistance to matriculants identified by the Department in rural areas of uMkhanyakude; Zululand and uThungulu Districts to study

health related courses. In January 2015, the Department employed 30 graduates from the Foundation.

SIGN LANGUAGE TRAINING

We are also happy to announce that the Department has been granted **R2.8 million** by Health and Welfare Sector Education and Training Authority (HWSTA) towards implementation of the sign language course for **700** employees. We see this as a very positive development towards equitable access to services for people living with disabilities.

OVERALL IMPROVEMENT OF CARE

- **Ideal Clinics Status**

Madam Speaker; the President of South Africa, Hon Jacob Zuma, launched the Health Sector **Operation Phakisa** (Ideal Clinic Realisation and Maintenance), on 18 November 2014. This is based on the Malaysian Model to ensure “Big Fast Results”.

The objectives are to **create transparency**, assist to **resolve bottlenecks** and the most critical challenges facing the health sector’s Primary Health Service clinics. The programme also focuses on making our primary health care facilities compliant with what we call “Ideal Clinic Standards and Criteria”.

Madam Speaker, an Ideal Clinic has the following attributes:

- It provides a comprehensive package of quality services every day and the community members do not have to return on different days for different services.
- Have adequate resources including medicines.

- Manage and refer patients appropriately according to clinical protocols and guidelines.
- Work closely with community members and other stakeholders to promote the health and well-being of all citizens.
- Is a facility that community members are proud of calling it “our own clinic” rather than “a government clinic” or “state health facility”.

In an endeavor to improve the quality of healthcare service, the Department has established an office to ensure compliance with the office of the Health Standards.

Applying the principle of “Back to Basics”, we are working on programmes to improve on issues that have been identified as challenges.

As KwaZulu-Natal Department of Health, we are committed to ensure that **198** out of the **591** clinics achieve at least 80% (green status) on the “Ideal Clinic Realization and Maintenance Dashboard” in the 2015/16 financial year. At the moment, Efaye clinic in Umshwathi and Phatheni clinic in UMgungundlovu have been classified as Ideal Clinics on external assessment.

Madam Speaker, in our quest to further **improve care**, we have resorted to having **direct interface** with our stakeholders both internal and external.

Our efforts have been bolstered by the recent workshop we had with all our Hospital Chief Executive Officers and their Public Relations Officers under one roof at the Addington Hospital. Emphasis here was placed on issue of ensuring that not a single patient leaves health facilities

unhappy and that PRO's must make themselves visible and available to manage complaints. Furthermore, the Department has produced a "Guide to Health Services" which, among others, informs healthcare users about the rights and responsibilities, healthcare services provided by the Department, standard of such services, and the complaints mechanisms if they're not satisfied.

On a broader scale, we also held the **Provincial Consultative Health Forum** meeting at Royal Show Grounds under the theme: "Moving Health care forward in KZN". We were able to bring together all stakeholders including Hospital CEOs; Hospital Boards; Academia as well as members of the public to participate in discussions around health care.

Through this, we learned a lot and will continue with such engagements, including having open days events at hospitals for users to make suggestions and voice out grievances.

The KZN Department of Health also has a full functional **Office of the Ombudsperson** as prescribed by the KZN Health Act, 2009.

The Ombudsperson is responsible for investigation of complaints by health care users and non-compliance by health care facilities. Notwithstanding the increased numbers of litigation cases against the Department, the role played by the Ombudsperson in resolving the complaints is very significant. We thus request members of the public to make use of this avenue as out of the 224 complaints lodged in KwaZulu-Natal during the 2014/15 financial year, 167 were resolved. In certain instances, healthcare workers have been subjected to disciplinary processes as a result of the recommendations based on the findings by the Ombudsperson.

On 31 March 2015, we also launched a roll out of the National Complaints Management Protocol, which advances the Patient Rights Charter.

EMERGENCY MEDICAL SERVICES

Madam Speaker; we do concede; there are challenges being experienced in this sector, mostly pertaining to employee-related issues that has recently resulted into unprotected industrial action and the damaging of state assets. To this end, together with the Acting Head of Department we convened meetings with all the District Management of both EMS and Pathology Services to discuss these issues with an intention to resolve them once and for all. An update will be given on progress made.

In spite of the challenges being observed; there have been remarkable achievements made including:

- Launch of the **Night Vision Goggles** for the two helicopters in our Aeromedical division which enable them to respond to emergencies at night especially in especially rural district hospitals.
- A total of **46** personnel from all districts completed the **Intermediate Life Support** (ILS) four month training course which strengthened emergency response.
- A total of **17** students completed the 2-year **Emergency Medical Technicians** (ECTs) training course enabling them to administer a range of medications and use of airway devices.
- **Defensive Driver Training Courses** were conducted to reduce the high accident rate and improve Emergency Medical Dispatch.

- EMS Specific Courses were conducted in response to the Ebola outbreak to ensure appropriate management of Ebola patients by EMS staff.
- Initiated collaboration with the Durban University of Technology for the 1-year Emergency Care Assistant (ECA) and 2-year Emergency Medical Technician courses to improve the skills pool for Emergency Medical Services.
- The development of the McCord EMS Campus that will make it possible to relocate the College staff from the Northdale Campus to the new premises to improve training and mentoring.



NEW AMBULANCES

Sixty new **fully converted ambulances** will be distributed to replace the ageing ambulances in the existing fleet. This will improve efficiencies and reduce cost of repairs. All new ambulances will be handed over to the districts fully equipped with new medical equipment which is at an Intermediate Life Support level.

PATIENT TRANSPORT HUBS

Ninety three new 23 Seater - Planned Patient Transport buses have been purchased to supplement the Patient Transport Services ferrying patients to Inkosi Albert Luthuli Central, Ngwelezane and Grey's Hospitals. The Department is awaiting the finalization of administrative procedures before these vehicles are handed over to districts.

Additional vehicles will be allocated to Region 4 and the 3 NHI districts to enhance on the strategy of universal access to all.

Ambulance Personnel Positions

Sixty **Emergency Care Technicians** and **Advanced Life Support** personnel will be recruited to improve the level and quality of care. Twelve (12) Basic and 4 Intermediate Life Support personnel will be appointed to service the new Ambulance Station at the Pomeroy Community Health Centre in the UMzinyathi District. A further **10 Basic and 6 Intermediate Life Support personnel** will be appointed for the new Ambulance Station at the new Jozini Community Health Centre in the UMkhanyakude District, as there are two mini hospitals that will be opening there soon.

Aeromedical Services

Eight (8) Advanced Life Support positions will be filled to improve access to advanced medical and trauma care to our patients and victims of motor vehicle collisions and other accidents.

Project Sukuma

Our Emergency Medical Services are working very hard in collaboration with the concerned Departments to ensure that this project succeeds. We were all excited when our Premier, **Hon Senzo Mchunu** unveiled the project during the State of the Province Address. During his address, the Honourable Premier said:

"We are excited about the prospects of Project Sukuma, a partnership initiative between the KZN Department of Health, the South African Military Health Services (SAMHS), the KZN Department of Education and the Office of the Premier to train youth to serve in the Emergency

Medical Service including Maritime Medical and Diving Rescue Service in the Province."



Madam Speaker; this effort is aimed at producing a cohort of skilled, disciplined Emergency Care Workers. It intends to address the following:

- Widespread unemployment amongst the youth of the province,
- Limited training capacity within both SAMHS and EMS and
- Poorly disciplined EMS workforce.

New premises have now been identified for the development of an accredited Academy capable of producing well-disciplined, appropriately qualified Emergency Care Workers. By equipping these individuals with marketable skills, Project Sukuma will reduce unemployment and poverty in the Province while improving the quality of Emergency Medical Care delivered to the patients of the Country. Graduates will be absorbed by SAMHS or KZN EMS to enhance the service delivered by these organisations.

CLINICAL SUPPORT SERVICES

- **Laundry Services**

Madam Speaker, we are also making progress in improving our **Laundry Services**.

The upgrade of the **Durban Regional Laundry** is proceeding well and in December 2014, we undertook Beneficial Occupation which allows us access to utilise the equipment whilst the Laundry is being upgraded. This has resulted in reduced cost from the use of out-sourcing to Private Laundries.



In the 2015/2016 Financial Year, we will procure **4 New Laundry Trucks** which will be compartmentalised into soiled and clean linen in order to comply with Infection Prevention and Control requirements.

The Department has ring-fenced **R20 million** for the **Linen Buffer Stock** in an effort to reduce linen shortages and patient clothing at facilities. At Umzinyathi District, even though we had planned to utilise R50m, we discovered that this exercise would cost R200m. Concurrently, there were various Variation Orders at the current KwaZulu-Natal Central Laundries at Prince Mshiyeni Memorial Hospital that needed funding. The R50m was then utilized to meet these.

Currently there is new equipment procured for Dundee Laundry that is due for installation. An award has been done in this regard and service provider appointed for this.

PHARMACEUTICAL SERVICES

To improve access to chronic medication, decongest health facilities and reduce patient waiting times, the Department initiated the **Central Chronic Medicine Dispensing and Distribution Programme** (CCMDD). The Programme is currently linked to the NHI piloting initiatives. To date, **69 facilities** in the three NHI Pilot Districts participate in the programme and **66 126 patients** are enrolled on the programme.

21 Private Pick-up-Points are contracted to issue chronic medicines to patients giving public access to chronic medication beyond normal clinic operating hours.

This project will now be expanded beyond the NHI Pilot Districts, with eThekweni being targeted as priority due to densely populated areas and congestion in facilities.

Information Technology and Systems

Stemming from the general diminishing of financial resources across the country, the Department has started processes to formalise and finalise its Information Technology Governance structures and to have an approved Information Technology Strategy. The majority of initiatives that will be implemented will be around the use of Information Technology to decrease operational expenditure, so that savings can be channeled towards critical clinical services. For instance, the Department will be upgrading its tele-conferencing and video conferencing equipment so that there will be a reduction of travelling for employees. This will also result in a reduction in Subsistence and Travelling claims.

HEALTH TECHNOLOGY SERVICES

Madam Speaker, the Department embarked on a series of interventions to improve the quality of services through:

- Procurement of 4 new **CT Scanners** for installation at King Edward VIII, Stanger, Greys and Addington Hospitals. Whilst installation is anticipated to be completed by July 2015, we will prioritize Stanger and Addington Hospitals.



- Opening 4 additional **Health Technology Services** Satellite Workshops at Edendale, Newcastle, Madadeni and Ladysmith Hospitals to improve timeous repairs of Health Technology Equipment at hospitals and clinics. Madadeni satellite workshop is currently functional with two Technicians on-site, while Edendale and Newcastle is currently in commissioning phase of this project and the establishment of a satellite workshop in the Ladysmith region is currently in progress.
- Install the **Lodox Equipment Project** at 4 mortuaries i.e. Phoenix, Gale Street, Prince Mshiyeni and Richards Bay Mortuaries. This very crucial as all patients with gunshot wounds must have X-Ray done before Post Mortem is done.
- Procurement of **4 Mobile C-Arms** for Ladysmith; St Andrews; Stanger and King Edward VIII Hospitals as well as **12 Mobile X-Ray Bucky Units** for Addington; Bethesda; Charles Johnson Memorial; Edendale; GJ Crookes; Greys; King Edward VIII;

Ladysmith; Mseleni; Umphumulo; Ntunjambili and Wentworth Hospitals. These will be used for diagnostic purposes of orthopaedic cases mainly in the wards of the where critically ill patients cannot be moved to the Main X-Ray unit for their x-rays.

NATIONAL HEALTH INSURANCE (NHI)

Madam Speaker, as KwaZulu-Natal, we have three Districts that are piloting NHI.



In South Africa, whether NHI works or will not work (and we believe it will work); that will be seen in KwaZulu Natal since we have an extensive area piloting it.

The main emphasis of the NHI pilot is:

- To improve access to quality health services for all South Africans, irrespective of their economic, social standing or employment status.
- To ensure equitable distribution of resources, including financial resources, between the public and private sector.
- To strengthen health system effectiveness, especially in Public Health Facilities.

As leadership training is considered paramount to health system strengthening, the Department supported a number of Senior Managers to enrol in leadership programmes such as Masters in Public Health; the Albertina Sisulu Leadership Programme for Health (ASELPH), and the Oliver Tambo Fellowship Foundation Programme.

Madam Speaker, the Province started a number of innovations in the NHI pilot districts with good practices being replicated and shared with other districts in the Province. These include the following innovations:

- Contracting of General Practitioners
- Infrastructure Improvement
- Installation of Information Technology
- Family Health Teams
- School Health Teams
- Deployment of District Clinical Specialists
- Establishing Phila Mntwana (Child Health Centres)
- Creating Chronic Medication Distribution Sites.



The following table provides statistical details of our innovations for NHI:

Community Based Teams	UMzinyathi	UMgungundlovu	Amajuba	TOTAL
Family Health Teams	11	14	11	36
School Health Teams	15	23	9	47
District Clinical Specialists	3/7	4/7	2/7	9/21
Contracted Family Medical Practitioners	11	14	7 (to be contracted in 2014/15)	25
Phila Mntwana Centres	54	47	37	140
Pharmacy Assistants	17 by Aurum (13 to be absorbed by DOH)	9	10	36
Dental Assistants	2	0	0	2
Chronic Medication Distribution Sites	6	22	3	31
Community Care Givers	419	890	403	1712
Dental Cars	1	1	1	3
School Health Cars	14 (one NHI truck for school health)	23 (one NHI truck for school health)	9	46
Eye Care Vehicle	1	1	0	2
Contracted Doctors	2	2	2	6

Community Based Teams	UMzinyathi	UMgungundlovu	Amajuba	TOTAL
Cars				

Our efforts in provision of quality healthcare as well as NHI piloting have been acknowledged and applauded by the Director of the Presidential Monitoring Team, Mugivhela Rambado, as pronounced in the September 10, 2014 New Age publication:

'We have made several unannounced visits to a number of state hospitals and clinics across the country and have to say that KZN leads the way in how they manage their service delivery and quality of care in their health facilities despite challenges they face. They are setting an example in how we want our facilities to operate within an NHI context.'

HEALTH INFRASTRUCTURE DEVELOPMENT

- **Dr Pixley ka Isaka Seme Regional Hospital:** The site was officially handed over on 16 January 2015, and the project commenced as our Department's flagship project for this term - expected to take 4 years to complete at an approximate cost of **R2.8 billion.**



Dr Pixley ka Isaka Seme Regional Hospital

- **Bethesda Hospital:** Construction of a new Paediatric Ward and 20 bedded Mother Waiting Lodge has been completed at a total cost of R25 million.
- **Addington Hospital:** Major renovation and refurbishment projects are in progress. Theatres have been completed while the external facade is expected to be completed by June 2015. Total cost of R202.8 million.



Addington Hospital

- **Lower Umfolozi War Memorial Hospital:** The refurbishing of the old wing and construction of the new one is complete. This project has cost R427.6 million.
- **Newcastle Hospital:** The Department has spent R6,8m to upgrade 7 is complete. Total cost of R6.8 million.



Newcastle Hospital

- **Ngwelezane Hospital:** The new psychiatric ward is nearly completed. Total cost of R180 million. The Department has commenced with the construction of the 192 bed surgical unit commenced.
- **Emmaus Hospital:** Extensions to this facility are being done at a cost of R132.2 million.
- **KZN Children's Hospital:** Building of the Assessment Centre/Training Centre; External Facade renovations to the main 'old hospital' building and 'old nurse's home' is complete. Work has commenced on bulk services hub and basement/ parking area. The project is expected to be completed by 2018 at a cost of R300 million.
- **Jozini Community Health Centre:** The project is 90% complete, and will cost of **R268.5 million**.
- **Pomeroy Community Health Centre:** The project is complete and it cost **R161 million**.
- **Dannhauser Community Health Centre,** which has a Total cost of **R164.9 million**. The project is now complete and we are very excited that our Premier, Hon Senzo Mchunu will open this state of art facility on the 27th of May 2015.



Dannhauser Community Health Centre

- **Phoenix Mortuary:** Upgrades to the value of **R87.3 million** is complete.



Phoenix Mortuary

- **Ngwelezane Clinic:** Repairs and renovations have been completed at a total cost of R3.6 million.
- **Jozini Malaria Health Complex:** Demolishing of the existing house on erf 383 and construction of 4 single bedroom units, garages and carports (Repairs and Renovations to two houses & carports) is complete at a cost of R5.047 million.
- **Ekuhlengeni Life Care Centre:** The renovation of this facility has been completed at a cost of **R45.8 million.**
- **Isithebe Clinic** at ILembe District: The construction of the Nurses Residence at this facility has been completed at a cost of **R18.7 million.**



Isithebe Clinic

- **Shongweni Dam Clinic** in eThekweni District: Construction of a new clinic (Phase 9) has been completed at a cost of **R11.2 million**.



- **Mwolokohlo Clinic** in Ndwedwe: Additions and upgrades to the clinic and construction of the Nurses Residence have been completed at a cost of **R14.1 million**.
- **Mqatsheni Clinic** in Kwa Sani Municipality: The clinic has been completed at a cost of **R14.1 million**.
- **Gwaliweni Clinic** in Jozini Municipality: Construction of a new clinic and guard house is complete at a cost of **R14.017 million**.
- **Enhlekiseni Clinic** in Zululand District: Construction of a small clinic, B2 Residential Accommodation and Guard House is completed at a cost of **R14.7 million**.

AT MSELENI HOSPITAL we officially opened:

- **A HAST Unit** at a cost of R5 700000
- **Female Ward** at a cost of R18 970 000
- **A Therapy Unit and Staff Accommodation** consisting of 24 flats at a total cost of R27 355 635.58



Mseleni Hospital

Madam Speaker; the above is not a reflection of all Infrastructure Projects that are being carried out across the Province; it only highlights the major ones. We do have many other maintenance, repairs, renovations and refurbishments projects happening at the total cost of **R1, 55 Billion** for 2015/16 Financial Year. **R435 million** of this figure has been set aside for construction of new facilities whilst the balance of **R1, 115 Billion** goes to maintenance and upgrading of existing facilities.

FIGHTING CORRUPTION

In 2009, the Department established its internal capacity to detect fraud and corruption, investigate allegations, institute disciplinary actions for cases of corruption and refer allegations of corruption to the relevant law enforcement agencies where necessary. To show the seriousness with which the Department fights fraud and corruption, the Department has over the last five years finalised 498 cases involving 406 personnel at all levels.

In the 2014/15 financial year, the Department recovered an amount of R 2.9 million as a result of investigations which include recoveries from employees for Remuneration for Work Outside the Public Service (RWOPS) as well as from moonlighting health professionals.

I wish to send out a strong message to all employees and service providers that we have zero tolerance to fraud. More importantly, the fact that senior members of staff have been dismissed or have been under investigation should send a clear message to all that the Department will fight fraud and corruption without fear or favour and will not tolerate such conduct.

CONCLUSION

Madam Speaker; with the support of all Leadership, Academia, Labour and our communities, we remain committed to do more in our quest to attain a long and healthy life for all our citizens. I present in this house budgets per programme which, in our view, will further enhance health care service delivery in our Province.

Total Budget for 2015/16: R32 981 786

Programme 1: ADMINISTRATION - R737 119

Programme 2: DISTRICT HEALTH SERVICES - R15 578 862

Programme 3: EMERGENCY MEDICAL SERVICES - R1 160 311

Programme 4: PROVINCIAL HOSPITAL SERVICES - R8 775 638

Programme 5: CENTRAL HOSPITAL SERVICES - R3 984 966

Programme 6: HEALTH SCIENCES & TRAINING - R1 055 250

Programme 7: HEALTH CARE SUPPORT SERVICES - R138 288

Programme 8: HEALTH FACILITIES MANAGEMENT - R1 551 352

I would like to take this opportunity to thank my family for their support, the guidance from the Honourable Premier, my colleagues in the executive and the Health Portfolio Committee.

I thank you.