

Presentation of the 2016 BUDGET VOTE SPEECH by KZN Health MEC, Dr Sibongiseni Dhlomo at the KwaZulu-Natal Provincial Legislature

13 April 2016

Madam Speaker

Premier of KwaZulu-Natal, Hon Senzo Mchunu, Macingwane

Chairperson and Members of the KZN Health Portfolio Committee

Fellow Members of the Executive Council

Honourable Members of the Legislature

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

Head of the Department of Health – Dr Sifiso Mtshali

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, again we appreciate the opportunity given to report back to the KwaZulu-Natal citizens on the undertakings we made when delivering our 2015 Budget Policy Statement in this House.

I will start by declaring that; **indeed we are on track.**

We are heartened that most of the people of KwaZulu-Natal are happy with the level of service that we provide. In his 2016 State of the Province Address, our Honourable Premier, Mr Senzo Mchunu, cited the

2015 Citizen Satisfaction Survey, which polled 22 000 households across the length and breadth of our Province.

The Premier said: "The citizens of this Province indicated that they were happy with the level of health and education services, largely as a result of the levels of access to these services. There is however an expectation that the quality of these services are to improve."

Indeed, Madam Speaker, we cannot afford to rest on our laurels. Instead, we continue to put shoulder to the wheel and forge ahead in our quest to realise Government's vision of a long and healthy life for all South Africans.

2015/2016 MILESTONE ACHIEVEMENTS

Human Milk Bank

Last year, the KZN Department of Health undertook several initiatives; amongst which was the **establishment of a Human Milk Bank in every Regional Hospital.**

Indeed, we now have six [6] established central human milk banks at Grey's; King Edward VIII; Stanger; Edendale; Newcastle and Lower Umfolozi War Memorial Regional Hospitals.

Port Shepstone Hospital is also being prepared as another central Human Milk Bank and is set to be active in the 2016/17 financial year.

The Human Milk Banks are of significant benefit to mothers and babies as human milk is donated for vulnerable and sick babies who cannot access their mother's own milk. This reduces early neonatal and

postnatal morbidity and mortality for babies and is part of the Child Survival Strategy for the Department.

Eye Care Centre of Excellence

We undertook to commission McCord Hospital as an Eye Care Centre of Excellence in the Province.

It will be recalled that McCord Hospital was due to close its doors in 2012 and through the collective effort of the Leadership of our progressive government, the hospital was rescued and the Department announced that it will be utilised as a Centre of Excellence for Eye Care in the Province.

Our Premier, Honourable Senzo Mchunu led the official opening of the McCord Provincial Eye Hospital on October 8, 2015.

To date the Department has spent more than **R17 million** for equipment and **R3 million** on infrastructure to ensure that it is truly a Centre of Excellence.

We now house more than 90 staff members who were transferred from St Aidan's and Addington hospitals, to enable consolidation of Regional eye services.

The services commenced in April 2015 and we are happy to report that on a daily basis between 15 and 20 cataract surgeries are performed. To date, the hospital has attended to 120 000 patients and it is worth noting that the first patient seen was a 101 year old woman who was operated on successfully.

Laundry Trucks

For the Department's Laundry Services; we announced that we will be procuring **four (4) New Laundry Trucks**.

These we now have and are currently being compartmentalised for soiled and clean linen in order to comply with Infection Prevention and Control requirements.

We are also spending an additional **R7.5 million** for the recruitment of additional Laundry Staff to increase Laundry operating hours from 8 hours to 24 hours.

Dual Protection Campaign

Members will again recall that in his 2016 State of the Nation Address in February, His Excellency, President Jacob Gedl'eyihlekisa Zuma hailed how the life expectancy of South Africans for both males and females had significantly improved and is now currently 62 years across genders, which is an increase of eight and a half years since 2005.

President Zuma said, "The HIV policy turnaround in 2009 led to a massive roll-out of HIV testing and treatment for 3,2 million people living with the virus.

This has contributed immensely to healthier and longer lives for those infected.

We acknowledge the contribution of partners in the South African National AIDS Council, which is chaired by the Deputy President.

Our next step is to revive prevention campaigns especially amongst the youth.”

Indeed, Madam Speaker; in our Budget Speech last year we announced that we would embark upon the **Dual Protection Campaign** which was duly launched in the Amajuba District on 13 March 2015 and has since been rolled out to most of the TVET Colleges in the Province.

This Dual Protection campaign entails the promotion of the combined use of Family Planning; Male Medical Circumcision and the consistent use of condoms amongst youth. Dual Protection, in simple terms, means a combination of a condom and modern contraceptives for women and circumcision and a condom for males. Both of these methods combined help a great deal in curbing the transmission of HIV; sexually transmitted infections and reduces the number of unplanned pregnancies.

The Department has since entered into Service Level Agreements with TVETs which allows our personnel to provide health services at the campuses on a monthly basis.

Our awareness efforts are supplemented through 63 Billboards that we launched across the Province.

Anti-Illegal termination of pregnancy

The Department also launched the **Campaign against illegal abortions** in the Province in conjunction with other public and private sector organisations.

Here we work together with Hospital Management; Nursing College students in their white uniforms, SAPS personnel and civil society to fight the scourge. Our first campaign took place in November 2015 in the UMgungundlovu district.

Since then, eight [8] anti-illegal termination of pregnancy marches have been conducted at Ugu; Amajuba; uThungulu; Zululand (Ulundi, Nongoma and Vryheid) Harry Gwala Districts. In all these marches we have been supported by no less than 300 participants each, who witnessed handing over of Memoranda of demands to the representatives of the South African Police Services as well as National Prosecuting Authority in these areas.

Our efforts are already showing significant impact judging by the number of women who have now come forward for legal termination of pregnancy in our facilities. In quarter two (Q2) of 2015/16 **2 912** women presented themselves for termination of pregnancy in health facilities increasing to **3 375 in Quarter 3 (Q3)**.

The number of facilities providing access for the termination of pregnancies increased from 14 at the beginning of the campaign to 40 currently.

In our efforts, we also received the unwavering support of the leaders of the Foreign Nationals Forums who expressly stated these illegal activities should not be conducted in their name.

We will not be doing justice if I do not again applaud the members of the SAPS at Ugu District for the recent arrest of an illegal abortion Practitioner who has been operating in that area.

I also need to mention that we were pleasantly surprised when two weeks ago we received a visit from the Provincial Head of the National Prosecuting Authority who came in to pledge her direct support for this initiative. We will be reporting in due course on the mechanisms that will be introduced and which will involve multi-disciplinary stakeholders.

We can also report that this campaign has received the attention and recognition of the **Minister of Science and Technology, Honourable Naledi Pandor** who expressed a desire to have the Campaign rolled out nationally.

Adolescent and Youth Friendly Services (AYFS)

We have also launched the **Adolescent and Youth Friendly Services (AYFS)**. This is a joint initiative between the National Department of Health and Life Aiming at optimizing the use of available resources in providing a comprehensive health services package to young people, this also in keeping with SONA and SOPA pronouncements.

In KwaZulu-Natal, we launched the provision of Adolescent and Youth Friendly Services on the 14th December 2015 at Swart Mfolozi Clinic in the Zululand District.

We can also report that we have three hundred and fifty eight (358) nurses trained on AYFS which has assisted us in making seventy-six (76) facilities to implement the "Happy Hour" initiative. This is a quality improvement strategy utilised to provide services during hours that are convenient for young people to access healthcare services.

Youth Activities and Health Programmes focusing on the youth have also taken centre stage as part of the build-up activities for the International

AIDS Conference. Youth Dialogues have been conducted in 5 Districts (ILembe, uMzinyathi, Ugu, Amajuba and uThukela) where the Youth has participated in robust discussions around Sexual and Reproductive Health issues; Substance Abuse as well as HIV and AIDS. These Youth Dialogues have culminated in the establishment of Youth Councils and Learner Representation Committees who will lead and advocate for healthy behaviours amongst the youth and provide peer support.

In all this, we also are encouraging our staff members to be more receptive to the needs of our youth as failure to do so, drive these young people to illegal abortion dens or other alternative methods to dealing with their health related problems.

Oral Health

Madam Speaker; on **Oral Health**, we undertook to intensify school-based preventative oral health programmes.

We visited **1 186 schools** in the Province and attended to **135 148 children** in our school based brushing programme. In the same reporting period, we also applied a total of **11 768** Fissure Sealants.

We have delivered on the Provision of Denture Services for the elderly, with **828 senior citizens** receiving dentures from our Laboratory at the Oral and Dental Training Centre in King Dinuzulu Hospital Complex and Inkosi Albert Luthuli Central Hospital collectively.

Primary Health Care re-engineering has also helped in improving the coordination of community based service delivery ensuring access at households, schools and through mobile points using different teams

such as Municipal Ward Based PHC Outreach Teams (MWBPHCOT) and School Health Teams.

The Community Care Givers continue to play a critical role; an example is the improvement in referrals such as the case in Ugu district. The CCGs were instrumental in identifying a sickly grade 12 learner, who was ultimately referred to the right level of care, diagnosed with MDR-TB and started on treatment.

Madam Speaker; we have also made remarkable progress in the NHI Piloting Districts with a total of 15 schools visited in UMgungundlovu District where **2 028 learners** were screened; in Amajuba District, 79 schools were visited attending to a total of **10 769 learners**; and at UMzinyathi District, a total of 120 schools were visited where **4 802 learners** received oral/dental examination and dental services.

We are bound to increase access to dental and rehabilitation services across the Province as we have deployed **two hundred and two (202)** Community Service officers made of Dentists, Audiologists, Occupational therapists, Physiotherapists and Speech Therapists to our institutions with the objective to improve access to rehabilitation, oral and dental health.

Chronic Illnesses

The Department continues with the **scale up of early screening; detection and treatment of chronic illnesses.**

The main focus areas are eye problems, hypertension; diabetes mellitus, disability and mental health.

Through our Non-Communicable Diseases programme, we are working with all facilities and districts to intensify screening and testing and the statistics speak for themselves.

Since our 2015 Budget Speech, we have screened over **1, 5 million citizens for diabetes** and over **2 million for High blood pressure**.

As part of a broader fight on social ills, we have also increased screening for mental disorders and substance abuse and over **1 million** people have been screened.

In the 2015/16 financial year we assessed over **75 000 children** under 5 years of age and **500 000 adults** for rehabilitation services.

In all these efforts, we aim at reducing the relative premature mortality from Non-Communicable Diseases; reduce tobacco use and alcohol consumption; reduce the percentage of people who are obese and/or overweight and more importantly, increase the prevalence of physical activity - defined as 150 minutes of moderate-intensity physical activity per week, or equivalent.

Healthy Lifestyle

As a Department we continue with our healthy lifestyle programmes and our progress bears testimony to us walking the talk in every respect.

We have appointed a Provincial Healthy Lifestyle Champion who has already successfully managed the facilitation of the following activities during the reporting period:

- Assisted in setting up and training of health and wellness instructors across the Province;

- Organised Senior Citizen / Golden Games;
- Held a lifestyle community outreach programme at uMzinyathi District in Greytown where more than 2 000 people participated;
- Held a community outreach programme at Esikhawini on 14 November 2015 where 3 500 people participated in a walk and aerobics with more than 1 500 people screened for diabetes and other conditions;
- We have also held Healthy lifestyle programmes during the Reed Dance.

Here we say, let us all take charge of our health.

Registrar Training Programme

On the **Registrar Training Programme**; the Department acknowledges the challenges in relation to the shortage of skilled health care professionals, particularly doctors and specialists and we are pleased that we are working in close collaboration with the Medical School at UKZN, to address this shortage.

Through our joint efforts, the Medical School will be expanding the intake of medical students with a double intake commencing 2016 such that we reach a total intake of 1650 by 2022. In addition, students in training will receive exposure in the clinical setting in various areas of the Province, so that they become more appropriately equipped when they graduate as doctors. The same approach is being adopted for other health sciences disciplines. This initiative also allows for the accommodation of students returning from Cuba.

The increased intakes also complements the Community Based Training in a Primary Health Care Model (CBTPHCM) which is aligned to the imperatives of service delivery as reflected in the National Development Plan (NDP) 2030 and the Department's Strategic Goals and objectives.

All this builds on our July/ August 2015 intake of 44 Registrars across 24 Disciplines as well as the further 33 Registrars we added in February 2016 across 8 Disciplines. In July 2016, there will be a further intake of 55 more Registrars and approximately 100 more in the January 2017.

Sign Language Training

We said the Department would provide **Sign Language Training** to our employees as a means to improve equitable access to services for people living with disabilities.

I am happy to announce that as the MEC, I have also undergone the Sign Language Training course.

For our staff members, the Sign Language training started off very well at eThekweni District in September 2015 and was rolled out to other Districts, with the last session held at Harry Gwala District.

I can report that **213 of our officials** that include Staff Nurses; Enrolled Nursing Assistants; Admissions Clerks; Pharmacy Assistants; Office Orderlies and Public Relations Officers have been trained in Sign Language.

Phase two of the training will target other health professionals and all remaining Public Relations Officers.

This exercise will be complemented by the display of Sign Language Charts in all of our Healthcare institutions.

The KwaZulu-Natal Deaf Association, which is our training agency, has also undertaken to provide the Department with DVDs as training support material. These DVDs will be showing medical terms in sign language with narratives in English.

New Planned Patient Transport buses

The Department has purchased **sixty three (63) new Planned Patient Transport buses** which were distributed to Districts as follows:

- UGu – 5
- UMkhanyakude – 5
- Amajuba – 4
- Zululand – 6
- ILembe – 7
- UThukela – 5
- Harry Gwala – 4
- uThungulu – 6
- UMzinyathi – 5
- eThekwini - 8
- uMgungundlovu - 6

2016/2017 OBJECTIVES

Emergency Medical Services

In the upcoming financial year we aim to do more by acquiring additional **Transport for non-emergency patients**. We will be making an acquisition of **eleven (11)** Patient transport vehicles with the three (3) stretcher carrying capacity at a cost of **R8 360 000**. This will assist in reducing the backlog of patient transfers who require stretcher carrying capability vehicles.

The Department will also be acquiring additional Emergency Vehicles [Ambulances], replacing a total of thirty one (31) vehicles which are in a poor state of repair, costly to maintain and impact on response times as they are often out of service due to repairs. In this regard, a sum of **R23 million** is budgeted to acquire fully converted ambulances which will be medically equipped.

A total of **41 personnel** from all Districts have successfully completed the **Intermediate Life Support (ILS) four (4) month training course** aimed at improving skills as well as response times.

We currently have a group of twenty (20) personnel in training for the ILS qualification with expected completion in March 2016.

A total of thirteen (13) personnel, representing all Districts, have completed the 2-year Emergency Care Technician (ECTs) training course aimed at improving Patient Management.

In this financial year we will be making a concerted effort to ensure that we have an appropriate number of personnel to manage and operate the two hundred and ninety (290) ambulances that we must have at any given shift in the Province. We therefore plan to recruit a total of one

hundred and forty (140) Emergency Care Officers at BLS level at a cost of **R20 877 220** to manage the two shift cycles.

Lastly, we will soon commence with the recruitment of personnel for our new Bases at **Pomeroy and Jozini Community Health Centres**.

The Department embarked upon a partnership with the South African Military Health Services (SAMHS), KZN Department of Education and the Office of the Premier on the training of youth to serve in the Emergency Medical Services, Maritime Medical and Diving Rescue Services; this initiative is known as **Project Sukuma**.

Today I can report that governance structures have been established for successful steering of the project. A strategic plan has been developed and approved.

Acquisition of the new facilities in Pietermaritzburg is in progress. The chosen site would become a sub-campus of DUT for accreditation purposes.

A pilot project has commenced where candidates are attending a 6 month Basic Military Training followed by a 3 month Military Driving and Maintenance Training.

Forensic Pathology Services

In as far as our Forensic Pathology Services, we can announce that we have moved certain services from Magwaza Maphalala (Gale Street) Medico-Legal Mortuary to other facilities to allow for the completion of refurbishments. The Department is refurbishing the refrigeration system, air-conditioning system and CCTV cameras. All corpses are

stored in our recently completed Phoenix Medico-Legal Mortuary whilst the Magwaza Maphalala (Gale Street) Medico-Legal Mortuary is limited to administrative and autopsy functions only.

Magwaza Maphalala (Gale Street) Medico-Legal Mortuary has also been fitted with Lodox **X-Ray** equipment which fast track the imaging of X-Ray of the deceased. Other facilities that will be fitted are Phoenix and Richards Bay Medico-Legal mortuaries.

Health Technology Services

We also announced that the Department will procure **Mobile C Arms and Mobile X-Ray Bucky Units for selected Hospitals**. These are used for diagnostic purposes of orthopaedic patients mainly in the wards to assist critically ill patients who cannot be moved to the Main X-Ray unit for their x-rays.

The four (4) Mobile C-Arms for Ladysmith; St Andrews; Stanger and King Edward VIII Hospitals as well as the twelve (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 are all now in place.

Pharmaceutical Services

As a means to deal with patient congestion in our facilities, we have introduced the **Central Chronic Medicine Dispensing and Distribution (CCMD) Programme**. The Programme is currently implemented in the NHI districts to monitor effectiveness and outcome. To date, **108 facilities** in the three NHI Pilot Districts are participating

in the programme and **104 846 patients** are benefitting from the programme.

The Department has further established **114 Pick-up-Points** to issue chronic medicines to patients even beyond normal clinic operating hours. Targeted Districts are eThekweni; UThungulu and Ugu due to densely populated areas and congestion in facilities.

To improve access and accountability, we are also introducing far reaching **Pharmaceuticals Procurement and Distribution Reforms**.

All hospitals and Community Health Centres (**96**) will be put on the **Direct Delivery** and **Cross-docking Models** for distribution of medicines through the **Provincial Medicine Procurement Unit (PMPU)**. This is intended to improve efficiencies and essential medicines availability.

KZN HEALTH PROFILE

Madam Speaker, now that I have given an account of what we said we will do, allow me to report on the overall health status of our populace.

We thus take this opportunity to boldly state that our people are progressively **getting healthier and are now living longer**.

A case in point is that recently our Province commemorated the achievement of **1 million patients on ART treatment**. These are people who are now in good state of health and are able to continue

working and taking care of themselves and their families. More importantly, they are also able to meaningfully contribute towards our Province's economic growth.

HIV and AIDS

For this, we profusely thank all our nurses including those that we enrolled and trained on NIMART [Nurses Initiated and Managed ART programme]. We are pleased to announce that we have been through all our 11 Health Districts listening and documenting their wonderful stories. In one instance we got to know how a nurse was able to counsel; test and initiate a Traditional Healer and his wives on ARVs.

Madam Speaker; it will be recalled that at the initial stages of the anti-retroviral introduction, the programme was mainly doctor driven.

Now, since 2010, the Department has a total of 1 578 nurses trained on NIMART, as well as 150 of them trained as mentors. These trained nurses now complement 155 doctors that have completed the Diploma in HIV and AIDS Management.

The outstanding work of the NIMART Nurses will be showcased at the upcoming 2016 International AIDS Conference where nurses will be presenting abstracts and poster presentations of their experiences as NIMART Nurses. In addition a book documenting the experiences of NIMART nurses in the 11 districts will be launched during the conference.

These efforts, Madam Speaker, have resulted in increasing initiation sites from 89 in 2008 to 632 by March 2015. To date, almost 75% of

patients on ART are managed at Primary Health Care level by our nurses.

More pleasing is the fact that KwaZulu-Natal today has no waiting list for any ART eligible patient. The Treatment Action Campaign and Civic society have commended the Department for this.

We have done more to improve adherence to treatment through the introduction of fixed dose drug combinations (FDC) that has helped to reduce the pill burden. Already, we have **408 495 patients that are on single dose regimens.**

Our Province is on track with the Acceleration on access to Comprehensive Care Management and Treatment (CCMT) as prescribed by the new ART Policy announced by the Minister of Health, Honourable Dr Aaron Motsoaledi calling **for initiation on ART at a CD4 of 500.**

Efforts aimed at achieving an AIDS Free Generation.

For the past 13 years, KwaZulu-Natal reported the highest HIV prevalence rate amongst pregnant women. According to the National ANC Sentinel HIV Prevalence Survey, the HIV prevalence stabilised at 37.4% in 2012 and then increased to 40.1% in 2013 compared to 29.7% nationally.

Five (5) of the six (6) districts in South Africa with a prevalence of 40% and above are in KwaZulu-Natal namely UMgungundlovu, ILembe, eThekwini, UThukela and UMkhanyakude.

Despite all this, Madam Speaker; KwaZulu-Natal has left no stone unturned to ensure that HIV is not transmitted to unborn children. The Prevention of Mother to Child Transmission (PMTCT) programme is a

beacon of hope for the people of KwaZulu-Natal towards elimination of new HIV infections among children.

We can report that the Provincial trend for the **Mother To Child Transmission rate** shows a significant decline from **9.5% in the 2009/10** financial year to **1.3% in the 2014/15 financial years** and more pleasing **to 1.2% in third Quarter (Q3) of 2015**.

We are of the view that HIV free babies are a possibility in this Province, only if all of us can join hands and ensure that we curb the intergeneration sexual practices and promote safe sexual practices.

Away with Sugar Daddies!

We have to agree that health is everybody's business. We have made several significant strides because so many of us got involved and more opportunities can be created if we all keep on working together to own the responsibility of health for all. We mention a few key initiatives:-

- The pivotal role played by the Provincial Council on AIDS, championed by the Honourable Premier, serves as an added impetus in our fight against the disease.
- The newly adopted Provider-Initiated Counselling and Testing approach (PICT), which saw a total of 1 133 nurses being trained.
- Expanded health services to high transmission areas such as taxi ranks, truck stops, universities, correctional centres, farms and factories amongst others.
- The Hlola Manje - Zivikele" campaigns were successfully launched in all Districts.

- Media mobilization campaigns calling on all citizens of KZN to “Test for HIV at least once a year”.
- ‘First things First’ and “Graduate Alive” campaigns targeting young students at institutions of higher learning.
- The HCT campaigns done through partnerships with retail pharmacies and metro-rail, who also participate in the campaign.
- The concerted efforts of our **Community Based Carers** who work through **Operation Sukuma Sakhe** structures to ensure that every pregnant woman attends Ante-Natal Care, that every child is immunised, and patients on treatment receive ongoing support to comply with treatment requirements.

Health Services at Taxi Ranks

We must single out the Taxi Industry with its respective Associations for the ongoing support that we garnered when we launched a programme to take **Health Services to Taxi Ranks**. Today we are partners in our drive to promote long and healthy lives for our citizens.

We long realised that people in the Taxi industry start collecting passengers very early and end their shifts when most of the healthcare institutions have closed. We also realised that after the rush hour, most Drivers and owners are at their ranks waiting for the afternoon rush again. We thus decided to introduce our health services right there in the Taxi Ranks.

We now have a significant number of people benefitting from this initiative including Taxi Drivers; street vendors; hawkers and even commuters who would normally arrive at their homes when some of the clinics have closed.

Thanks to the partnership with Taxi Associations, the following Taxi Ranks now have a Mobile Primary Health Care Service at the rank:

- Hill Street and KwaNyuswa taxi ranks.
- Durban Station – Mansell Road
- EThekweni City Central Taxi Rank
- Ulundi taxi rank at Zululand District.
- Newcastle taxi rank in Amajuba District.
- Bulwer and Ixopo taxi ranks in Harry Gwala District.
- Gamalakhe taxi rank in the Ugu District.
- Mkhuze and Mtubatuba taxi ranks at UMkhanyakude District.

This initiative has been applauded beyond our Province to the level that the South African National AIDS Council (SANAC) requested to host a Taxi Industry Colloquium in KZN as part of the build-up events towards 2015 World AIDS Day.

We participated in this 2 day event that saw a number of stakeholders being involved including the Taxi Council; SANTACO; Taxi Alliance; Academia from UKZN as well as representatives from SANAC.

This was followed up by a colloquium that took place on 14 October 2015 with the aim to allow the taxi industry stakeholders and all other Provinces an opportunity to benchmark from the KZN initiative to ***“take health services to the taxi ranks”*** in order to encourage a national rollout of the KZN model.

Medical Male Circumcision

The Department is also making great strides in our **Medical Male Circumcision (MMC)** efforts.

All community stakeholders, civil societies, Traditional Leaders, Political Leaders, Religious Leaders and Operation Sukuma Sakhe (OSS) structures have been mobilised to advocate for MMC.

As a result, since the launch of the programme by His Majesty the King in 2010 to December 2015, we have medically circumcised **637 151 men and boys in the Province** as a means to curb the spread of HIV.

The Province is particularly proud to report that no death has been reported since the commencement of the programme.

We are scaling up behavioural modification camps and Isibaya Samadoda as a means to nurture and mentor the initiates, an exercise that culminates into the annual Umkhosi Woselwa.

TB Prevention and Control

Madam Speaker, we are doing everything possible to ensure **'A world free of Tuberculosis'**.

This fight has never and will never be easy, as according to the World Health Organisation, South Africa ranks 7th amongst the 22 countries with the highest burden of TB. Our Province is considered the most affected together with Eastern Cape, Gauteng and the Western Cape.

Even though our TB outcomes show definite progress, we are far from winning the war against TB. In 2015 there were a total of 73 318 new confirmed TB cases which translated to 685 cases per 100 000 population. This signifies a decrease from 87 518 notified cases that

included 5 916 [8.1%] children under the age of 5 years during 2014/15.

The Districts with more than 700 cases per 100 000 population are UThungulu; Ugu; ILembe and eThekweni.

Of concern is the high number of Drug-Resistant TB cases in the Province, although there is a slight decline in the number of cases. During the reporting period, a total of 3 926 Drug Resistant - TB cases were reported and initiated on treatment of which 3 764 were MDR-TB and 162 XDR-TB, compared to 4 299 cases in 2014 of which 4 156 were MDR-TB and 143 XDR-TB.

We actually should not be having the MDR and XDR TB strains at all if those on medication adhere to it as advised. We are also providing them with support whether at home; school and workplaces. TB is an airborne disease; we all have a role to play in stopping its transmission.

Be that as it may, I have to point out that the TB treatment outcomes have substantially improved over the years. The TB treatment success rate for example increased from 55% in 2005 to 86.3% in 2015.

What exacerbates the situation is that our Province has the highest co-infection rate of TB and HIV at 65%.

We need the support of every positive minded leader, including those at the Opposition benches, as the biggest impediment in the fight against TB is the delay in the diagnosis and treatment of TB in people including those living with HIV.

As the Department we have the necessary equipment and personnel to tackle Tuberculosis, namely:

- The introduction of revolutionary GeneXpert machines. Our country has the largest number of these in the world, 289 in all, with 90 allocated and distributed to all districts in KZN. These machines have greatly assisted in the early diagnosis of TB and MDR-TB which allow for the initiation of TB treatment within 24-48 hours.
- We have 40 nurses that have been trained through the John Hopkins University to initiate MDR-TB treatment throughout the Province.
- As a means to ensure adherence to treatment, we have 98 TB Defaulter Tracing Teams and TB/HIV Outreach Teams. Their function is to visit households to provide Directly Observed Treatment (DOT) and watch patients take their medication, paying special emphasis on those with drug resistant TB who stay for 24 – 36 months on treatment.
- We have identified TB hot spots in communities; correctional facilities; hostels; Truck Stops and coal mines. Focussed interventions in those areas have been made possible through collaboration with a number of stakeholders and sectors.
- We are also working with the Department of Education, the Department of Social Development and University Research Corporation (URC) which is funding this campaign aimed at tackling TB in schools.

- The Department of Home Affairs has also shown willingness to partner with ourselves in providing space to establish Wellness Centres within their offices as part of expanding access to TB and HIV screening for people coming to register for different services at the Department of Home Affairs.
- On the ground we have health care workers, Operation Sukuma Sakhe and developmental partners who continue playing a pivotal role to ensure screening and adherence to treatment.
- The Department has massive TB screening campaigns implemented in all districts emphasizing screening for TB for all people visiting health facilities regardless of the reason for their visit.
- We are also acting on the ground breaking innovative pronouncements on World AIDS day in December 2009 by our Honourable President, Jacob Zuma, which called for those patients with TB-HIV to be immediately started on ARVs.

Above all, we recognise TB as a significant occupational health problem among Health Care Workers. We are thus implementing and sustaining effective surveillance programmes for Health Care Workers.

Maternal Mortality and Child Health

Madam Speaker, maternal mortality remains a key priority of Government; no women should die whilst giving birth. Institutional maternal mortality rate is showing a consistent decline since 2010. In 2010, 385 deaths of pregnant women were reported as compared to 239 in 2015. This significant improvement can be attributed to the

success of the HIV and TB programmes combined with critical initiatives to improve obstetric care. These include amongst others:

- Training of nurses and doctors on the Essential Steps in the Management of Obstetric Emergencies (all hospitals have at least one Master Trainer);
 - Appointment of District Clinical Specialist Teams (DCSTs);
 - Auditing of Partogram on a monthly basis was introduced. The focus is on improving consistent and correct use of the Partogram to manage labour and to intervene timely and appropriately;
 - The standardization of caesarean section to ensure that only skilled and competent medical staff conduct caesarean section to minimize deaths from bleeding and anaesthesia;
 - A new programme of linking pregnant women and post-delivery women was introduced. This assisted the CCGs to visit the women to provide support and identify early warning signs. This also assists in improving postnatal care for both mother and baby, and promotes the Principle of Six Hours, Six Days, and Six weeks;
 - Piloting of home-based pregnancy screening by CCGs has been completed. The focus is now to roll it out systematically across the Province.
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- Madam Speaker, we are concerned that in our Province, 1 in 20 children die before their 5th birthday and that 45% of these, die outside the health care services. According to CoMMiC Triennial 2014, 28.7% deaths had underlying severe malnutrition. The department has been successful in implementing a model on the inter-sectoral approach to the prevention and management of Malnutrition in Children under 5 years in KZN.

- In March 2015, the state of malnutrition in KZN was presented to cabinet to sensitize all members of the Social Cluster to the need for inter-sectoral collaboration to prevent and manage malnutrition in KZN. The Social Cluster mandated that Zululand District pilot the inter-sectoral collaboration targeting all households with children under-5 years to identify children at risk for and with malnutrition as the district had the highest number of deaths due to malnutrition. Zululand and Uthungulu Districts began implementation immediately and efforts are ongoing to identify all children under 5 years in Nongoma Local Municipality, diagnose their nutritional status and provide intervention as identified by the Department of Social Development's, Household Profiling Tool for Needs Assessment.

The main outcome of the community based profiling recommended by the model was that children were identified earlier with less complications and thus had better health outcomes. There has since been a 22% reduction in deaths related to severe acute malnutrition in the Province since the last financial year. Poor performing districts have since shown a steep decline in SAM deaths and case fatality rate (CFR).

Following the success in Zululand and Uthungulu Districts, all other districts have been encouraged to roll out implementation of the model so that the province perseveres to achieve optimum child health.

Having said this, KZN continues to experience a reduction in under one (1) year and under five (5) mortality rates. According to the Medical Research Council, under five mortality rate in 2011/12 was 63 per 1 000 live births and had declined to 42.6 per 1 000 live births in 2014/15.

The Department of Health has implemented several programmes to continue to contribute to the notable decline of child mortality, namely a total of **552 Phila Mntwana Centres** were established to promote and improve monthly growth monitoring; education on oral rehydration to treat diarrhoea; support for breastfeeding; and identification of children with incomplete immunisation schedules.

The accreditation of Neonatal services to ensure high quality of neonatal care is also ongoing. All the hospitals have intensive programmes for improving the skills and competencies of staff in the management of Paediatric conditions.

On 26 May 2012, the World Health Assembly called for the development of a comprehensive Polio Eradication & Endgame Strategic Plan 2013-2018. This was to ensure that no child should be infected with Polio and suffer polio-related paralysis.

KwaZulu-Natal has moved swiftly in the implementation of the **Polio Eradication Endgame strategy**. As a Province we recently held a Polio Eradication Summit attended by the Chairperson of the Ministerial Committee on National Polio Expert Committee, Professor John Matjila.

On the 20th of April 2016, the Country and indeed KZN will completely replace trivalent Polio Vaccine with the bivalent Polio vaccine; this is a critical milestone towards the eradication of Polio.

Madam Speaker, for all the good work reported and progress achieved, the Department continuously require professionals and as such has programmes aimed at **Recruitment and Training of personnel**.

KwaZulu-Natal currently has **765 students in training** in Cuba; 23 of these are part of the 2015 intake and they include 4 students whose parents are paying 100% towards their fees.

More than 30 students have since come back for various reasons and the Department has addressed the challenges experienced in the programme. This included visiting Cuba to address the students' challenges regarding church activities and motivate them to focus on their studies.

I cannot re-emphasise the importance of this Programme especially now that we have undertaken an analysis of our existing Medical Officers in terms of age, nature of appointment and the trends on exits and terminations. The following facts paint the picture of existing doctors in the Department:

- There are 27 medical officers who are above 66 years of age and are currently employed on a full time basis. These doctors who ought to have retired at age 65 are currently employed and paid on higher notches due to their expertise and experience.
- 110 Doctors are between the ages of 60 to 65 years and are paid at a higher notch due to their expertise and vast experience.
- 286 Doctors are between the ages 50 to 59 and it is anticipated that they will retire possibly in the next 10 years.

We are thus hopeful that the long-term investment in the training of medical officers, inclusive of internally trained doctors, will ensure adequate coverage of our Province.

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:

- **Medical Orthotics and Prosthetics** students registered with the Durban University of Technology (DUT).
- **128 Clinical Associates** students registered with the Universities of Pretoria, Wits and Walter Sisulu.
- **15 Professional Nurses** enrolled for **Trauma Training** with Netcare Education who have since completed their studies and held a successful graduation on 20 November 2015.
- **13 Health Promotion** students registered with Walter Sisulu University for a Degree in Health Promotion and they are now doing their second level of study. A further 13 has been awarded bursaries to study in 2016 academic year.
- **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. The last cohort of the 40 is being trained by DUT.
- **3 Professional Nurses** registered full time with the University of Cape Town for a Diploma in Critical Child Care. They are progressing well and are due to complete in this academic year.
- We have also sent a total of 30 students to **Manipal University** in India in 2013 and these students are pursuing degrees in the BSc Medical Imaging Technology (Ultrasonography) (10 students) and B Pharmacy (20 students). Both these skills are in short

supply currently and this training augments the need in a very important way. We acknowledge our partners and sponsors who are supporting the Department with funding for this training.

Through the Department's **College of Nursing**; we continue to uplift the skills of the nursing profession by producing a health care workforce that caters for the health care needs of our people.

The College has once again added to the pool of trained nurses by graduating a total number of **1,892 nurses across all categories** in October 2015, in this manner:

KwaZulu-Natal College of Nursing (KZNCN) Graduate Output	No. Graduating
4 Year Comprehensive Diploma	373
Enrolled Nurse-2year	322
Enrolled Nursing Auxillary-1year	6
Bridging Course to Professional Nurse	334
Diploma in Midwifery	464
Diploma in Psychiatric Nursing	28
Diploma in Child Health Nursing Science	71
Diploma in Critical Care Nursing Science	49
Diploma in Midwifery and Neonatal Nursing Science	75
Diploma in Operating Theatre Technique	52
Diploma in Ophthalmology Nursing Science	20
Diploma in Orthopaedic Nursing Science	48
Diploma in Clinical Nursing Science, Health	50

Assessment Treatment and Care	
Total Number of Graduates	1 892

In adding to the Human Resources Pool, the College has also placed **396 community service** nurses, and **188 Service Obligation Professional Nurses** to provide services.

As a means to support the rollout of the NHI in KwaZulu-Natal, we have also entered into a partnership with the University of KwaZulu-Natal that has resulted in **50 Primary Health Care (PHC) nurses** completing their training in 2015. We have a further **170 PHC** nurses who will complete their training in June 2016.

Lastly, the KwaZulu-Natal College of Nursing is on course with preparations to comply with the changing landscape of nurse training in South Africa. This entails accreditation and compliance with new Regulations and new nursing qualifications as determined by the Higher Education Act. The implementation date of the new Qualifications which phases out legacy programmes such as Enrolled Nurse and Enrolled Nursing Assistant, is from January 2017.

Training Programme

We are also happy to announce that the Department has been awarded a grant of **R4, 167 million** from Public Service SETA (PSETA). This allows for **116 Artisan** trained students at Technical Education and Vocational (TVET) Colleges to be placed in our hospitals to assist with maintenance duties whilst gaining experience and receiving a monthly stipend.

This grant complements the one awarded by the Health and Welfare SETA (HWSETA) for 381 employed Tradesman Aides who are undergoing the Recognition of Prior Learning in order to be trained as artisans.

Medico-Legal Claims

Madam Speaker, we are a Department that deals with human life and as such there would always be successes and failures in saving that precious life. We are thus always open to **Medico-Legal Claims** in terms of what we do or do not do.

Faced with the barrage of these claims, the Department hosted a Medico-legal workshop on the 19th October 2015. The purpose of the workshop was to provide guidance, serve as a platform for discussion and for consensus to be reached on processes that are required to be followed in adverse clinical events and incidents.

National Health Insurance (NHI)

On National Health Insurance (NHI); we have facilitated the NHI White Paper consultation in all the eleven (11) health districts of KwaZulu-Natal, reaching as many possible community members through electronic and print media, structured and unstructured community engagements and meetings. We are impressed with the public inputs, as all those who have commented, expressed support of the government plan to implement health reforms in order to ensure the pooling of funds, to provide access to quality, affordable personal health services

for all South Africans based on their health needs, irrespective of their socio-economic status.

As a Province we have made good progress in piloting interventions required for health systems strengthening.

- We are currently contracting over forty nine (49) private health practitioners into our public facilities.
- We have enrolled **203 Primary Health Care Facilities** into **the Ideal Clinic Realisation and Maintenance (ICRM) Programme** in the 2015/16 financial year. As of 22 March 2016, 18 clinics achieved platinum, 67 bestowed status and 24 received silver status after assessment against the National Ideal Clinic standards. In the 2016/17 financial year we intend to have 394 Primary Health clinics achieving at least 70% of the Ideal Clinic Realization and Maintenance compliance standards.

We will be investing resources to ensure that our Primary Health Clinics and Hospitals are progressively enrolled into eHealth System known as Health Patient Registration System (HPRS).

Already all NHI Pilot Districts have been installed with 578 HPRS programmed computers, 127 printers and achieved 100% network connectivity. By end of 2016/17 financial year, we will also install an additional 1 661 HPRS programmed computers and 250 printers in 257 Primary Health Clinics at EThekwini, uThungulu, UThukela and Ugu Districts.

INFRASTRUTURE

According to the National Development Plan 2030, the national health system as a whole needs to be strengthened by improving governance and eliminating infrastructure backlogs.

Indeed, in addition to our concerted efforts to improve governance, we continue to make significant progress to upgrade our health infrastructure and ease infrastructure backlogs.

This is spearheaded by the construction of the brand new R2.7bn, 500-bed Dr Pixley ka Isaka Seme Memorial Hospital in KwaMashu, scheduled for completion in 2019, as well as the recent opening of a number of Community Health Centres – also known as “mini-hospitals” – and clinics.

Madam Speaker, we have invested enormous resources on Infrastructure to ensure provision of quality healthcare. Allow me to report on the status thereof.

We also have **Big Bang maintenance projects** underway aimed at preparing **major hospitals for the Implementation of NHI in those Pilot districts**; progress is as follows:

- The Upgrading of Existing Parking Facilities and Minor Building Works in Madadeni Hospital in Amajuba District at a cost of **R 5, 4 Million** has been completed **whilst the R 69,9 Million overall maintenance project of the hospital buildings is underway.**
- **In Newcastle Hospital also in Amajuba District; The Upgrading of Existing streamline** at a cost of **R 7,35 Million**

has been completed whilst the **R 63,8 Million overall maintenance project** of the hospital buildings is underway.

- **At Edendale Hospital, the priority maintenance project** jointly funded by National and Provincial Department of Health to the value of **R 250 Million** is currently undergoing SCM phases.
- **Townhill Hospital** in Umsunduzi: Replacement and renovations to Roof; Admin Block; North Park; Uitsag Wards; Hillside Wards; Occupational Therapy and Pharmacy, all to the tune of **R 53 Million** has been completed and ready for opening.

Other Completed Projects

- **Kilman Clinic** in Ingwe Municipality: The completion of the previously terminated contract in respect of Renovations and additions to existing clinic (Ward 4) has been completed at a cost of **R 1, 3 Million and is** ready for opening
- **GJ Crookes Hospital** in Umdoni: The main Hospital Block containing Casualty, Trauma, Administration and Admissions Wards done at a total cost of R 166,4 Million has been completed and ready for opening.
- **Port Shepstone Hospital** in Hibiscus Coast : Repairs to Roofing; Kitchen and Laundry which was taken over from a previously terminated contract at a cost of **R 2,38 Million** has been completed and ready for opening.
- **Pisgah Clinic** in Muziwabantu Municipality: Renovations and additions to existing clinic at a cost of **R 4,02 Million has been** completed and ready for opening.

- **Gamalakhe CHC in Hibiscus Coast** : The Phase 2 Expansion of the CHC including a new building for The Hast Unit; Administration Offices; Child Health; CSSD; Laboratory and Stores; all at the value of **R 38 Million** has been completed and ready for opening.
- **Murchison Hospital** in Hibiscus: Construction of General and TB Wards have been completed at a cost of **R 166 Million** and entailed **Construction of 2 separate double-storey buildings; 144-bed general ward and 144-bed TB Ward**. This development is now ready for opening.
- **Lower Umfolozi Memorial Hospital : The Alterations and Additions To Existing Hospital**, comprising Mothers Lodge, Pediatrics Ward, Theaters, CSSD, Kitchen, Administration, Stores, Parking, Helipad, Water Storage tank and Security Upgrade Phase all to the value of **R 442 Million** has been completed and ready for official opening.
- **Addington Hospital** in EThekwini; Refurbishment and Rehabilitation of the entire hospital Core Block has been completed at the cost of **R167,132 million**.
- **Emmaus Hospital** in UKhahlamba: New OPD; Casualty and Trauma Unit; X-Ray and Related Facilities at a cost of **R130 million** has been completed and ready for opening.

Ongoing Projects

- **Dr Pixley ka Isaka Seme Memorial Hospital**; this is our Strategic Infrastructure Project which upon completion will greatly assist the communities north of eThekwini. It is a new 500 bed Regional Hospital which is being built at Bridge City, in KwaMashu.

The project is on track to finish in 4 years' time. We can report that the Ground Floor slab has been completed whilst the 1st Floor one is now 50% complete. We will soon be commencing with the brickwork and roof structures.

- We also have **Bruntville CHC** project in Mpofana where we are constructing a New Dispenser Dispatching Room; Sheltered Pathways and Installing Ramps. Work here is at the cost of **R10, 3 million** and envisaged to be completed on March 2017.
- At **Fort Napier Hospital** we are doing renovations and building Wards; Nurses Residence; Forensic Ward; Dining room and the Laundry, all at the cost of **R 16, 1 million**.
- We are also completing the construction of **Msizini Clinic at UMsinga, a project worth R 8, 4million**.
- Again at UMsinga, we will soon be announcing the completion of **Mkhuphula Clinic** which we are doing at the cost of **R 11, 1 million**.
- At **Charles Johnson Memorial Hospital** in Nquthu, we are **upgrading nurses' residences** at the cost of **R 13, 2 million** and hope to complete by **August 2016**.
- Massive work is being carried out at **Ngwelezane Hospital** that entails demolition of old structures and construction of new **192 Beds Medical Wards** as well as the **New Crisis Centre**. All this is to be completed by **October 2016** at a cost of **R 287 172 000**.

- At Umhlabuyalingana, we also have **Mpophomeni Clinic** where we are completing its construction and Staff houses at a cost of **R15, 7 million**.
- Again at Umhlabuyalingana, we have the **Manguzi Malaria Camp** which we will be completing by **June 2016** at a total cost of **R3 049 000**.
- At Umsunduzi we have the **Old Boys Model** development in Boom Street next to St Anne's Hospital where we are doing Major Repairs and Renovations; constructing New Offices and Stores. Once complete, this facility will house the Supply Chain Management Unit and also provide storage areas for inventory and samples. This **R62 million** project is envisaged to be complete by **July 2016**.
- **KZN Children's Hospital** - Work is in progress and the project is anticipated to be completed in 2018.

Fraud and Corruption

We wish to report that the Department can be trusted with the funds allocated to it as it has already proven that it does not tolerate any internal or external activity of fraud and corruption. The Department has its own unit that investigates and report on matters of fraud and corruption. We do not hesitate to vigorously pursue or prosecute, any parties, by all legal means available, which engage in fraudulent and corrupt activities.

Madam Speaker, as a Department we have many good stories to tell even though we face many challenges in our environment. I would like

to acknowledge the dedication and commitment of my Head of Department, Dr Sifiso Mtshali, our Senior Management and their teams and all the staff in the Department for their commitment to serve the people in our Province with dedication and pride. We have also received several accolades for the work we do and I am happy to announce that we have received the following awards in the past year:

- Two Gold, 2 Silver, 1 Bronze awards and a Certificate in the Premier's Service Excellence awards.
- Two prestigious awards at the Public Sector Innovation Awards (National), in the categories Innovator of the Year and Workplace Delivery of Medication.
- I have also hosted the MEC's Annual Service Excellence Awards (MASEA) whereby a total of 71 awards were accorded to staff for performance excellence and 20 awards for extra-curricular activities.

Madam Speaker, like we said, health is everybody's business and therefore ***"together moving towards a long and healthy life for all in KwaZulu-Natal"*** must be on all our agendas.

We all belong to our Wards. All of us, regardless of our political affiliations, let us ensure that every person at Ward level knows his or her HIV status; every pregnant woman attends Antenatal Care; every child is immunised and all the men are circumcised.

We will then be assured of a healthy voter and a productive prosperous KZN Province.

I thus present in this House budgets per programme which, in our view, will further enhance health care service delivery in our Province.

Total Budget for 2016/17: R36 471 030

Programme 1: ADMINISTRATION -	R 839 035
Programme 2: DISTRICT HEALTH SERVICES –	R17 370 402
Programme 3: EMERGENCY MEDICAL SERVICES -	R 1 199 775
Programme 4: PROVINCIAL HOSPITAL SERVICES -	R 9 723 434
Programme 5: CENTRAL HOSPITAL SERVICES -	R 4 435 839
Programme 6: HEALTH SCIENCES & TRAINING -	R 1 100 150
Programme 7: HEALTH CARE SUPPORT SERVICES -	R 326 487
Programme 8: HEALTH FACILITIES MANAGEMENT -	R 1 583 515

I thank you