

**SPEAKING NOTES FOR THE HON. KZN MEC FOR HEALTH
DR SIBONGISENI DHLOMO AT A MEDIA BRIEFING ON
HEALTH ISSUES IN THE PROVINCE, TO BE HELD AT
TRURO HOUSE, 12 NOVEMBER 2018**

Dear Members of the Media,

Thank you very much for honouring our invitation to get an update on some of the topical new developments within the KZN Department of Health. Such gatherings provide us with an important platform to engage and discuss matters of mutual interest, and also bridge the gap between ourselves and you, our esteemed members of the **Fourth Estate**.

As the media, you are an extremely important stakeholder in our quest to reach out to our fellow compatriots and impart much-needed information on health matters. In a developing nation such as ours, Health education, awareness and literacy about disease-prevention is crucial if we are to succeed in reducing the burden of diseases that continue to plague our province – and indeed – our country.

Our President encourages a spirit of #ThumaMina. So, Siyabonga ukuthi nithumeke and be with us.

Regarding some of the coverage that we receive from you, we will give you the benefit of the doubt that some time ago, we didn't always respond timeously to media enquiries due to certain bottlenecks. But many will attest to the fact that that has changed drastically over the past year or so.

It always concerns us when we still find media colleagues who publish their articles without first checking with us, and ultimately send the wrong information to the public.

That has the potential to cause anxiety, stress and panic among the public, the majority of whom rely on the public healthcare sector. We therefore urge media colleagues to make use of us as a source to explain matters when they arise.

Without wasting your time, let me take you through our agenda for today. We are here to give you an update on the following:

- 1. The arrival of a new oncologist at Addington Hospital;**
- 2. The filling of the post of Head of Department and Chief Financial Officer;**
- 3. The registrar programme in KZN;**

- 4. An offensive child sexual assault post on Facebook by an intern at Prince Mshiyeni Memorial Hospital;**
- 5. The recent outbreak of food poisoning;**
- 6. The temporary, countrywide shortage of chemotherapy drugs;**
- 7. An adverse incident at Ekombe Hospital;**
- 8. Our involvement in the court case of a 5 year-old child who needs a blood transfusion - but his parents won't allow it because it is against religion;**
- 9. The appointment of a new CEO at King Edward VIII Hospital;**
- 10. The progress of renovations to King Edward VIII Hospital;**
- 11. Progress on the construction of the Dr Pixley ka Isaka Seme Hospital; and**
- 12. A message for World Diabetes Day on Wednesday (14 November 2018)**

Let me unpack these issues:

1. NEW ONCOLOGIST AT ADDINGTON HOSPITAL:

We are excited to welcome on board Dr Thandi Lusu, who recently passed her exams in the Free State. She will be joining Dr Shona Bhadree, who heads up our oncology unit, as well as our team of radiotherapists. Unfortunately, Dr Lusu is media-shy, and has declined any requests to be interviewed. We are nevertheless fortunate in that she comes in at a time when Dr Nokwanda Zuma has announced her decision to take a break to pursue her academic interests. She has assured us though that she is not entirely lost to the Department, and will be back soon.

2. FILLING OF THE POST OF HOD AND CFO:

The process of filling the post of Head of Department, as well as that of the Chief Financial Officer is at an advanced stage. We expect to make an official announcement in this regard.

3. THE REGISTRAR PROGRAMME IN KZN:

Recently, there have been reports concerning a leaked Departmental Circular, which alludes to a directive by the KZN Department of Health to fill all 100 posts for registrars for the current financial year with Black African candidates.

I wish to hasten to point out that after difficulties were experienced in recruiting Black African candidates for these

posts, a deviation was sought from the accounting officer. And out of a total of 77 registrar posts which are in the process of being finalised, 21 posts will be offered to non-Black Africans.

Addressing the imbalances of our shameful past of Apartheid and separate development is not only an imperative legislative mandate of government that must be fulfilled, but it is also the morally and socially right thing to do. To this end, Government continues to implement legislation that is aimed at achieving some form of redress through the Employment Equity Act.

Despite our best efforts, South Africa, including KwaZulu-Natal, remains an unequal society with limited opportunities for self-development for those who were historically oppressed. We still have a long way to go in the creation of a country, economy and job market that is inclusive, and free from unfair discrimination, that we can all be proud of.

We therefore should remain unapologetic about addressing the imbalances of the past.

4. AN OFFENSIVE FACEBOOK POST BY A FINANCE INTERN AT PRINCE MSHIYENI MEMORIAL HOSPITAL:

It has been brought to our attention that a trainee at the finance division of Prince Mshiyeni Memorial Hospital has made a series of offensive posts on social media. This included threats to rape girls aged 7 and 10 who are his neighbours, in order to “teach them a lesson.” The posts sparked a considerable outcry on social media, with numerous concerned Facebook users reporting them to the Department.

We have since instructed management of Prince Mshiyeni to remove this person, pending the outcome of an investigation. As Health MEC, I am appointed by the Premier to be the provincial chairperson of the Men’s Forum, where I motivate men to be protectors of families and society. We cannot be talking about the need to protect and nurture women and young girls on one hand; and on the other, have in our midst people who harbour such vile and reprehensible thoughts. Even if this person is not an employee of the Department, we do not want him within the system.

Although the individual concerned in this matter is not a Government employee, we wish to urge all Departmental staff – and citizens in general - to conduct themselves with dignity at all times on social media, and desist from conduct that may bring them or their employers into disrepute.

5. THE RECENT OUTBREAK OF FOOD POISONING:

There has been an outbreak of food poisoning, whose source was identified at a specific restaurant. The seven people who were affected by this type of food poisoning were treated at a private hospital.

Based on information obtained from the persons who became ill, and having considered the symptoms, incubation period, and type of meals consumed, it is most likely that this was due to salmonella, which may have been present in the raw eggs used to make hollandaise sauce.

We wish to categorically state that there is no outbreak of salmonella in the province. This matter has to do with poorly prepared food.

Salmonella infection (salmonellosis) is a common bacterial disease that affects the intestinal tract. Salmonella bacteria typically live in animal and human intestines and are shed through faeces. Humans become infected most frequently through contaminated water or food.

The issue of food safety, and the inspection of places where food is prepared, is a municipal task. We would therefore to advise that this area must be strengthened.

We would like to caution all food handlers to be cautious and adhere to the highest standards of hygiene possible, when preparing food.

6. TEMPORARY COUNTRYWIDE SHORTAGE OF CHEMOTHERAPY DRUGS:

We were quite disappointed to read big newspaper headlines yet again about a so-called oncology “crisis” for KZN cancer patients. Now, this is most unfortunate on many levels. Firstly, this shortage of chemotherapy drugs is not our fault as a department; and it is not unique to KZN. It is a countrywide problem that is being attended to. Chemotherapy has Not been stopped at any KZN public hospital. All the hospitals that render chemotherapy are providing the treatment. The only challenge that exists concerns the Paclitaxel drug, as the contracted supplier is not able to supply it in keeping with the contract. There is currently no alternative supplier. Not many suppliers are involved in the manufacture of chemotherapy / cytotoxic agents. However, the National Department of Health is working on finding alternative suppliers for importing via a Section 21 Permit. There are many medicines used in chemotherapy and the selection of what combination is used depends on the condition and other dynamics of the patient.

Upon checking stock holding, we have discovered that no fewer than 29 different chemotherapy drugs are available.

So, there is no crisis regarding cancer treatment. We are, in fact, gradually turning the situation around.

Thanks to our interventions, we have ensured that there are SEVEN fully functional linear accelerators in the province; higher than any other province in the country.

- Three of these are at Inkosi Albert Luthuli Central Hospital (IALCH), two (including a recently-qualified oncologist) at Addington Hospital, and one at Grey's Hospital, where there are no significant waiting times for treatment.

- The seventh machine is used as part of a Public-Private Partnership at Queen Nandi and Ngwelezana Hospital complex. Currently, there is no (extended) waiting time to see an oncologist at this complex.

- The Department has contracted THREE oncologists from the Wits Health Consortium, who are based at IALCH; and has two oncologists at Addington Hospital. This is still the case as of today (06 November 2018). Even in cases where an employee may have left the contractor, they will be replaced.

- As a result of these measures, the waiting period to see an oncologist for the first time at Inkosi Albert Luthuli Central Hospital (ALCH) and Addington Hospital (ADH) ranges from 3-4 weeks to 8 weeks, depending on the type of required service; while the total number of new patients that are booked is 1036.
- Before these interventions, the waiting time was between five to six months.
- There are no waiting times for children who need to see an oncologist.

7. ADVERSE INCIDENT AT KOMBE HOSPITAL:

One of the yardsticks of the success or failure of a country's healthcare system is the quality of its maternal and child health. We always strive to create the best and safest environment for pregnant women to deliver their babies. Most of the time, we succeed. In fact, our rate of maternal mortality has been decreasing. But unfortunately, we do find isolated cases where bad apples threaten to spoil the hard work and dedication of others. We have recently had one such incident at Ekombe Hospital, at King Cetshwayo District in the north of the province. On 30 October (last Tuesday) a 32 year-old woman delivered a stillborn baby and subsequently died from over-

bleeding at the hospital, under circumstances that we are not satisfied about. It is alleged that this woman did not get the appropriate level of medical attention when she was going into labour. But a formal investigation has been instituted in this regard. If anyone is found guilty of an offence, we want them to be subjected to the highest form of discipline possible.

8. SICKLE CELL ANAEMIA COURT CASE:

We support the decision taken by our paediatrician Dr Noxolo Mbadi at Addington Hospital to give a child an opportunity to live through a life-saving intervention to treat sickle cell anaemia. As doctors, we take an oath before God when we complete our training, that neither race, nor gender or religion will make us withhold any treatment or intervention that can save a person from dying. This is what confronted Dr Mbadi at Addington Hospital. When she made the decision to take this matter to court, we supported her. We'll continue supporting her. Only a court of law will overrule us on this. As medical doctors, we are guided by the Hippocratic Oath, and we also respect the Constitution. We therefore want to give this child an opportunity to live.

9. APPOINTMENT OF A NEW CEO AT KING EDWARD VIII HOSPITAL:

But we are not all about doom and gloom. Indeed, we are very excited to announce the appointment of the new CEO of King Edward VIII Hospital.

This young doctor has been one of our shining stars, and has vast experience at senior executive hospital management level. We have full confidence in his abilities, and have no doubt that he will manage this very important and strategic health institution well for us. He will assume duty as the CEO of King Edward VIII Hospital on 01st of December 2018.

10. PROGRESS REGARDING REPAIRS TO DAMAGE CAUSED BY THE STORM AT KING EDWARD VIII HOSPITAL:

In October 2017, the province of KwaZulu-Natal was hit by a severe storm which claimed lives and damaged infrastructure, including schools and hospitals. King Edward VIII Hospital was one of the hospitals that bore the most brunt of the storm.

Major damage was caused to the following areas:

- Main Theatre Complex affecting 8 theatres

- S Block which accommodates about 179 surgical beds, 13 ICU beds, 12 High Care beds and Radiology Department Tea Room.
- Roof of the lift tower and lifts of N Block which accommodates 155 medical beds, 35 gynaecology beds, High Care Beds in Acute Medical Admissions and N3B.
- Maternity wards 1 and 3
- Labour Ward roof slab.
- Roof and ceiling of 2 Labour ward Theatres
- Roof and ceiling of Nuclear Medicine and Ultra Sound Unit
- Stoma therapy Unit roof

Fortunately, no records were lost as a result of the storm.

The total cost of repairs is estimated at R100 million. Funding was provided by KZN Department of Health and KZN Treasury.

Major work started in November 2017 at the Theatre Complex and S-Block with the removal of damaged asbestos roof sheets and replacing the entire roof with iron sheets (IBR).

A number of minor works also took place immediately to make the working space available, such as the repair of leaks in

Casualty Operating Theatres that was urgently needed, to be able to manage urgent cases that come to King Edward VIII Hospital.

Up to this point, the asbestos roofs have been replaced in the Theatre Complex, S-Block and one of two maternity wards.

The construction company is now busy with preparatory work for the revamping of the interior of the Theatre Complex and S-Block.

They are also busy with the replacement of the asbestos roof of the other maternity ward.

There is also a revitalization project involving demolition and reconstruction of our neonatal Unit and refurbishment of the third maternity ward adjoining the neonatal unit.

Plans for the redesigned interior of the Theatres and S-Block wards have been finalized. Construction has had to be accelerated to restore services back to normal and construction in Surgical Wards is expected to be completed by December 2018. Theatres are expected to be finalised in February 2019 and ICU and High Care are expected to be finished in April 2019.

The hospital has had to move patients and/or procedures due to the impact of the storm.

Some services have had to be rendered off-site using spare space and capacity at other hospitals.

- Major orthopaedics cases are done at Inkosi Albert Luthuli Central Hospital
- Maxillofacial surgery is done at St Aidan's hospital
- Cold surgery is also done at St Aidan's hospital
- Post-natal mothers are transferred to St Aidan's and Clairwood hospitals
- Some medical patients, including dermatology and haematology patients, are admitted in two wards at King Dinuzulu Hospital, while the more acute patients who still need intensive investigations are admitted in two wards that are available at King Edward VIII hospital.
- An arrangement has also been made whereby four of the wards that normally belonged to medicine are used for admitting surgery and orthopaedics patients.

The Department is aware that the current situation, which arose due to unforeseen circumstances, is such that some staff

members to work in an uncomfortable environment. However, the hospital's systems and environment are continuously reviewed to ensure safety.

Furthermore, management of King Edward VIII hospital is in regular communication with staff to update them about developments. Community members and patients have also been alerted to the challenges that the hospital is facing.

The hospital suffered a major reduction in theatre time resulting in a backlog in operations which in turn has resulted in a slow turn-over rate of beds because of longer lengths of stay of patients. At least 110 beds were lost as a result of the storm which also contributes to a shortage of beds on some days.

Without prejudice, we would like to extend an apology to the affected communities and patients for any inconvenience experienced as a result of the damage caused by the storm. It was unforeseen. We will continue to accelerate its efforts to ensure that the public has access to services that they need.

We wish to thank staff and the public for the patience, co-operation and dedication that has been demonstrated in sustaining services against all odds.

We would like to plead with the public to use health facilities near their homes and only come to King Edward VIII hospital when referred. This will assist the hospital in using beds for patients who need the expertise of specialists.

We might as well inform you that there are big plans to build a new **King Edward VIII Hospital** and a **Medical School** at a site in Cato Manor. But that is a project of the National Department of Health, and the Department of Higher Education, which will unfold with time.

11. DR PIXLEY KA-ISAKA SEME MEMORIAL HOSPITAL

In just seven months or so from now, the brand new 500-bed Dr Pixley Ka Isaka Seme Memorial Hospital will open its doors, bringing quality healthcare service delivery to more than 1,5 million people of Inanda, Ntuzuma, KwaMashu (INK) and surrounding areas.

The R2,5bn level 2 regional hospital, near Bridge City mall, north of Durban, is now 81% complete. We have already begun fitting equipment for the hospital's kitchen, laundry, autoclave, and mortuary, among others.

Once opened, this hospital will serve as a referral centre for all surrounding public health care facilities, and will alleviate

pressure from the Mahatma Gandhi Memorial Hospital, which currently has a massive catchment area.

The name of this hospital is of much cultural significant.

Dr Pixley Ka Isaka Seme – whom the facility is named after - was one of the first black lawyers in South Africa and became a President of the African National Congress between 1930 and 1936. He married Princess Phikisile Zulu, the eldest daughter of King Dinuzulu.

We continue to assure our people that are served by MGMH of this development.

We are very excited about this new hospital because, until we open it, no matter how well you do at Mahatma Gandhi, it will not be visible because there are just too many patients for one facility. So, its opening will alleviate the pressure on Mahatma Gandhi Hospital.

It will also create many job opportunities, which we will advertise in due course, once all the relevant processes have been completed. Already, since construction of the hospital began in 2015, 1 802 people have been employed, including 1 167 made up of locals; 163 women; 986 youth and two disabled. At this point, we wish to warn the public that all posts

will be advertised on reputable newspapers, and on official government online platforms. We urge the people of KZN not to fall for fraudulent adverts that are circulated on WhatsApp and social media, which ask them to pay for posts. No Government post is paid for.

The new hospital will also provide a full spectrum of up-to-date world-standard medical services consistent with the norms and standards adopted for all public health facilities in South Africa.

Among its many innovations is a water harvesting feature through which rainwater will be harvested and then used for irrigation and ablution. Indeed, a new dawn beckons for the people who live north of eThekweni.

12. WORLD DIABETES DAY MESSAGE:

On Wednesday, 14 November 2018, World Diabetes Day will be commemorated across the globe, under the theme “The Family & Diabetes.” Non-communicable diseases such as Diabetes kill millions of people worldwide, and have reached epidemic proportions in South Africa and worldwide.

Not many people are aware that if you have diabetes, it affects your immune system. Untreated diabetes can make TB thrive in your body.

In fact, diabetes mellitus was the second leading cause of death in the country, according to a 2013 Statistics South Africa report. Yet, Diabetes is one of those diseases that could be significantly reduced, with millions of lives saved through the reduction of risk factors, early detection and timely treatment.

It can be controlled through lifestyle changes, such as desisting from excessive consumption of fat and sugar, smoking, alcohol abuse, and bad dietary choices. We therefore urge you to help us encourage our fellow compatriots to get involved in regular exercise, adopt healthy lifestyles, and eat properly.

ENDS