



THE DEPARTMENT OF HEALTH  
**BUDGET**  
**VOTE 7**  
— 2023 —



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

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# 2023/24

## **BUDGET POLICY STATEMENT**

by KZN Health MEC,  
**Hon Ms Nomagugu Simelane,**

at the KZN Provincial Legislature,  
Pietermaritzburg, 19 April 2023

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Honourable Speaker;

Premier of KwaZulu-Natal, Hon. Ms Nomusa Dube-Ncube... Nyamazane!!! Siyabonga... Mbuyisa!!!

Malibooongwe igama lamakhosikazi!!!;

Fellow Members of the Executive Council;

Leadership of Government Business, Hon. Siboniso Duma;

Chairperson of the KZN Health Portfolio, Committee, Ms Nomakiki Majola;

Honourable Members of the KZN Legislature;

Chairperson of the KwaZulu-Natal House of Traditional Leaders, Inkosi uShinga;

Abantwana baseNdlunkulu in our midst;

Mayors, Councillors and Amakhosi;

Chairperson and Members of the Provincial AIDS Council;

Head of the Department of Health – Dr Sandile Tshabalala, and the Department's senior  
management team;

Leadership of Organised Labour;

Leadership yaseMzala Nxumalo Region, where I come from;

Healthcare workers across the length and breadth of the Province;

Esteemed citizens of KwaZulu-Natal and those watching these proceedings online;

Distinguished guests;

Members of the Media;

Ladies and gentlemen...

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## INTRODUCTORY REMARKS:

### **1. PAYING TRIBUTE TO HEALTH WORKERS, FALLEN AND STILL HERE, FOR THEIR INCREDIBLE COURAGE AND HEALING HANDS...**

Three years ago, we stood in this august house during one of the most turbulent and difficult periods throughout the globe, and in our own nation's history.

This was a time when we were forced to confront the wild, ugly, and deadly monster that was the COVID – 19 pandemic.

We were all anxious and fearful.

We did not know what the future held.

And, we did not know whether we – or our loved ones - would make it to the other side.

And indeed, sadly, the pandemic went on to claim the lives of thousands of our loved ones, causing much pain and anguish.

It is now a matter for the history books that our healthcare workers played a critical role in saving lives - while putting their own lives on the line - during this extremely difficult period.

They did the same when we encountered the looting and destruction to property in July 2021.

And they once again rose to the occasion when our Province experienced severe flooding in April last year.

In the end, their dedication and hard work made all the difference.

And it is therefore fitting that we should again begin this address by paying tribute to them.

It is also fitting that we should take our hats off to the 426 heroines and heroes who lost their lives while working on the frontlines of this battle, as healthcare professionals in this Province.

#### **Asisoze sabakhohlwa.**

We also want to take this opportunity to recognise and thank all the nurses, doctors, allied healthcare workers and support staff at all levels, who continue to be the backbone of this Department.

They wake up bravely, every day, with the sole intention of doing their very best to save lives, sometimes under quite challenging circumstances.

This includes those healthcare workers who venture out into our communities, including at night, to provide medical care to the needy.

The care, hope, and healing that you give to the sick and injured, to the desperate and hopeless, and to relatives drowning in the pits of despair, is indeed invaluable.

Thank you for being our leading lights.



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We know and appreciate the scientific miracles that you perform each and every day. And so do the people of KwaZulu-Natal, as can be seen from the sentiments expressed by Ms Matho Mkhize, who wrote to us and said: “Ngidlulisa ukubonga kwi-Clinic yaseNanda, iNanda CHC... Bangitisa kahle umntwana wami, mhlaka 11 November 2022. Inkosi ibabusise laphaya. Bangiphatha kahle. Sengilikhohliwe igama lika-Nurse. Waze wangiphatha kahle. Akwenze nakwabanye.”

So, we thank the Lord Almighty for manifesting His infinite wisdom and greatness through your healing hands.

Siyabonga.

Indeed, we walk among heroines and heroes.

**Ngicela sibashaye izandla.**

**Sithi nime njalo nje.**

We are also patently aware of the emotional turmoil that many of the healthcare workers suffer when you lose your patients; or when you get exposed to horrific and traumatic scenes during the course of your duties.

That is why we have taken very bold and decisive action, to help you cope in that regard.

But, more on that later.

## **2. PAYING TRIBUTE TO THE PREMIER, AND TO THE AFRICAN NATIONAL CONGRESS:**

Chairperson, at this point, I would also like to give credit to **Inqola Emasondosondo, uM'butho owakhulula abantu bakithi, noqhubekayo ukubasebenzela, i-African National Congress**, for the resounding vote of confidence that it has shown in the women of the Province of KwaZulu-Natal.

By appointing the Province's first-ever female Premier in Cde Nomusa Dube-Ncube, the ANC has indeed taken a giant leap.

The ANC has not only affirmed its character **as a non-sexist and non-racial unifier and leader of society...** but it has also assured all girl children in every corner of this massive and beautiful Province - including those from its most remote parts - that their own dreams are valid.

That their progress in life can never be limited by their gender.

And that, indeed, through hard work, only the sky is the limit.

**Impela, anilenzanga iphutha ngokuvotela uKhongolose KwaZulu-Natali.**

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### 3. RENAMING OF NIEMEYER, AND VRYHEID HOSPITALS

We continue on our path of reclaiming the history of our leaders by renaming hospitals, buildings, and other public amenities after them.

In this regard, one of the hospitals that we will be renaming is Niemeyer Hospital, eMadlangeni, under Amajuba District.

We are of the view that the renaming of these institutions helps to give communities a sense of identity, belonging, and pride.

It also helps to preserve and immortalise the names of these leaders for the benefit of current and future generations.

In one of his writings on the renaming of public institutions, Zimbabwean human rights activist Takura Zhangazha makes a very good point that:

*“Our liberation icons remain important... They do not need to fade from our continental consciousness of liberation struggle history; nor from the struggles that are continually faced in contemporary times.*

*“There must be a continuum of historical representation and imagination of their lives that will at least capture the increasingly short attention span of young people.*

*“This should be done... to foster a more robust understanding of the significance not only of individual African leaders of old, but of the values and principles that must guide those who would be future leaders.”*

### 4. THE LINK BETWEEN GOOD HEALTH AND PROSPERITY FOR THE PEOPLE OF KZN:

Chairperson, last year, we called for a social partnership that needed to be formed between ourselves as Government, and the people of this Province.

We said this partnership would be underpinned by individuals taking responsibility, and living in a way that enables the prevention of diseases and injuries.

We said this approach promotes early screening and testing for diseases, in order to enable early detection and easier treatment, or management of diseases.

We are pleased to report that many people of this Province have responded positively to this call, as evidenced during our many engagements with them, and on our social media platforms.

In the same breath, we call upon the people of this Province to distance themselves from harmful behaviour, such as alcohol abuse and drug abuse, smoking, as well as consuming the so-called “Hubbly-Bubbly” or “Hookah”, which may seem “cool” but is actually extremely harmful to their bodies.

### 5. HOW ACCESS TO HEALTHCARE HAS IMPROVED UNDER THE ANC IN KZN:

Chairperson, in just eight days, our country will celebrate the 29th anniversary of Freedom Day, on the 27th of April, which marks the maturing and coming of age of our democracy.

This year’s Freedom Day will take place in a KwaZulu-Natal that is markedly different and better than before.

I’m talking about a KwaZulu-Natal where rural communities have their own clinics, community health centres and hospitals...

A KwaZulu-Natal where patients enjoy basic human rights... where their skin colour is no longer a barrier to gaining access to hospitals with highly-specialised care, unlike in the past.

I'm talking about a KwaZulu-Natal where villages that once had no hope, can today point to local children who are now doctors, nurses, physio-therapists, psychologists, speech therapists, and the list is endless.

I'm talking about a KwaZulu-Natal whose Government has the requisite experience, capacity, and political will to continue working hard to improve people's lives.

I'm talking about a KwaZulu-Natal that is ably led by the Government of the African National Congress.

**I have no doubt that all of this is what our founding fathers envisioned when they drafted the Freedom Charter and agitated for a South Africa that has:**

- A preventive health scheme run by the state;
- Free medical care; and
- Hospitalisation provided for all, with special care for mothers and young children.

## **6. ASIDLALI!!! - WE MEAN BUSINESS: BUILDING 11+ CLINICS FOR THE PEOPLE OF KWAZULU-NATAL**

Chairperson, I might as well use this opportunity to assure the people of KwaZulu-Natal that we are serious when we say, we will **leave no-one behind** during our journey to improve ordinary people's lives.

That is why we are finalizing our plans for the construction of 9 brand-new Clinics, and two Community Health Centres, which we will start building in August this year.

We believe at eThekweni district, **there's a need for the establishment of a Community Health Centre** to cater for the community of Mbumbulu and surrounding areas; as well as a Community Health Centre at Ward 4 Umtubatuba Municipality, as provided to us by the then Mayor, His Worship Thobelani "Verus" Ncamphalala.

We want to assure communities that have asked for clinics that we have heard their cries.

All of this is in **addition to our bold plans to upgrade four rural district hospitals so that they offer a higher, regional-level package of services, including specialized care.**

Our plans to build a tertiary hospital in the north of the Province are also gathering momentum.

All of these infrastructural investments will ultimately ensure that our fellow compatriots who reside in far-flung areas of this Province will no longer have to travel hundreds of kilometres, and sleep far away from home, just to see a medical specialist for 10 minutes, as it sometimes happens.

Our over-arching message in this regard is that **everyone is entitled to easily accessible specialised care**, regardless of who they are, or where they reside.

***Kodwa impela, asidlali!!! Siphuthumisa intuthuko kubantu bakithi.***

To those communities that still do not have clinics in their vicinity, we want to assure them that, ***intuthuko iyeza nakubona.***

## **INFRASTRUCTURE DEVELOPMENT AS A CATALYST FOR NHI:**

Chairperson, it is an indisputable fact that infrastructure investment, development and maintenance are a vital part of the successful implementation of Universal Health Coverage through the National Health Insurance.

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As the KwaZulu-Natal Department of Health, we pride ourselves for having obtained an overall score of 94% in Infrastructure Development, for complying with the Performance-Based Incentive System requirements.

This incentive grant recognizes and rewards departments that demonstrate an acceptable degree of infrastructure management practices. This includes infrastructure planning, reporting, construction procurement, and capacitation of infrastructure units.

As a result of our sterling performance, we received an incentive grant from National Government to the value of R 78, 2 million.

### **PROGRESS ON THE UPGRADING OF FOUR DISTRICT HOSPITALS:**

Chairperson, the valleys and hills of this Province have reverberated with great hope and optimism, following our announcement three years ago that we intend upgrading the package of services at four hospitals, from district to regional level.

And these are Vryheid, Dundee, Bhethesda and Christ the King hospitals.

Indeed, as a visionary and progressive Government, we could not continue as though it is normal for people in rural areas to be deprived of these much-needed specialised healthcare services, just because of their geographical location.

**Although our initial plans were disrupted by the emergence of COVID – 19, we can stand before this august house and report on the progress we’ve made on this project, as follows:**

The condition assessments on all four hospitals were completed in October 2022.

#### **The proposed new bed numbers for each hospital have been finalised as follows:**

- a. Bethesda Hospital, from 200 to 300 beds;
- b. Christ the King Hospital, from 210 to 300-beds;
- c. Dundee Hospital, from 204 to 270 beds,
- d. Vryheid Hospital from 338 to 540 beds;

This financial year the Dept will upgrade the Dumbe CHC from being a CHC to a district hospital. This will assist the people of Dumbe to get the assistance that they need at this hospital.

### **STATUS UPDATE ON THE DEPARTMENT'S PLANS FOR A TERTIARY HOSPITAL IN THE NORTH OF THE PROVINCE:**

Assessments and investigations for the development of the business case for a new tertiary hospital have been completed. The business case was finalised and submitted to the National Department of Health in February 2023 and is currently under review.

Once we get the approval, we will proceed with the procurement of the design team.

We anticipate that the procurement process for the appointment of consultants will commence in the second quarter of the 2023/24 financial year.



## ALTERNATIVE ENERGY SOURCES:

It is clear that the energy challenges that our country is faced with are going to be with us for some years to come, as indicated by the President. Despite the fact that the President announced that healthcare facilities should be exempted from load shedding, the reality with Eskom is different.

We have engaged the National Department of Health and the Presidency to assist in this regard.

Unfortunately, when you lose energy, it affects not only hospitals and patients, but also the investments that have been made in our health technology equipment.

Therefore, we have decided to implement the various alternative energy sources in our different facilities. What we install in the facilities will be determined by the energy demand, as well as the rate of utilisation in that facility.

In clinics that have not bought generators, we'll be sourcing inverters and solar panels. In hospitals, we'll be using a hybrid system involving generators, inverters and solar panels.

## 7L PIXLEY KAISAKA SEME MEMORIAL HOSPITAL

Chairperson, the Dr Pixley Kalsaka Seme Memorial Hospital has been operating for more than a year now, with various units being opened in a phased-in approach, as reported in our previous Budget Speech.

This regional-level hospital has begun making a tangible difference in the lives of many people, especially those in the north of eThekweni, particularly Inanda, Ntuzuma, KwaMashu, Phoenix and surrounding areas.

Various units are open, with more being phased in on an ongoing basis.

We will be opening this hospital officially in October this year, and will make the official announcement once we receive a date from the Presidency.





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## 8. ABSORPTION OF COVID – 19 STAFF: PROGRESS REPORT

Chairperson, despite severe financial constraints, we are doing our best to absorb those staffers who were employed on a contractual basis to help out during the height of the COVID – 19 pandemic.

We are now left with 5 122 who are yet to be employed. We have nevertheless extended their employment contracts for a period of twelve (12) months to allow for their absorption to be finalised, starting from the beginning of this financial year.

It is anticipated that a large number of them will be absorbed during the current financial year (2023/23). Having said that, the Minister of Finance during his Budget Speech made a commitment that he will find funds to employ these workers.

## 9. FURTHER IMPROVING PUBLIC HEALTHCARE SERVICE DELIVERY THROUGH SKILLS TRAINING AND CAPACITY BUILDING:

Chairperson, we fully recognise that, in order to build a resilient and competent workforce that has the requisite skills to face up to the challenges of our ever-changing world, the recruitment, training, career pathing and retention of staff is extremely important.

Despite our ever-shrinking budgets, we will continue seeking ways to invest in our human capital through staff recruitment and skills development in order to improve capacity.

For 2023/24, we have been allocated **1170 Medical Interns** and **1270 Community Service personnel** in various categories.

### **KWAZULU-NATAL COLLEGE OF NURSING:**

Our KZN College of Nursing has awarded 160 bursaries to students studying towards a three-year “Diploma in Nursing” programme, which started in January 2023.

This includes enrolled nurses and enrolled nursing assistants, who came in through the Recognition of Prior Learning (RPL) programme.

This year, we also presided **over the graduation of 1302 nurse graduates from the various nurse training categories**, which is a major boost for service delivery.

I would like to add that, as a caring Government that invests in its own people, for its own people, our KZN College of Nursing continues to provide direct entry students a bursary in the form of a monthly stipend.

This assists them with the buying of books, meals, uniform, and accommodation, among other costs.

When it comes to our in-service nurses, they are released from work and seconded to the College to study, with full salary and all benefits.

On completion of the course, they are translated into their new nursing category.

To illustrate the true extent and meaning of this investment that I’m talking about, training a Professional Nurse can cost the Department up-to R500 000 per student, over a period of four years.

**<<<Surely, the ANC – led Government deserves a round of applause for this>>>**

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### **LEARNERSHIP PROGRAMME FOR UNEMPLOYED AUDITING GRADUATES:**

As part of our ongoing efforts to give opportunity and hope to more unemployed graduates, we have also implemented a learnership programme through the Institute of Internal Auditors. This initiative resulted in us recruiting twenty-one (21) accounting and auditing graduates within the Department's Risk Assurance Management Services.

This learnership programme, which has been driven by the Department's Internal Control Component and supported by the Provincial Treasury, will see these students graduate with an Occupational Certificate in Internal Auditing during the 2023/24 financial year. This graduates will then be eligible for recruitment, pending the availability of resources.

### **10. RE-ENGINEERING OF PRIMARY HEALTH CARE:**

#### **COMMUNITY HEALTH WORKERS TO THE FRONT:**

Chairperson, we are pleased to announce that many of our Community Health Workers are now able to test for diabetes and high blood pressure.

We have trained 700 Community Health Workers in 4 pilot districts (which are uMgungundlovu, uGu, eThekweni and uMkhanyakude), and also given them

machines to test for diabetes mellitus and high blood pressure.

More CHWs from the other 7 districts will be trained and provided with these machines in the current financial year.

#### **GIVING MEANING TO UNIVERSAL HEALTH COVERAGE THROUGH NATIONAL HEALTH INSURANCE:**

Chairperson, despite a lot of opposition from people who are misinformed, we have continued steadfastly with the implementation of National Health Insurance.

#### **NATIONAL HEALTH INSURANCE GRANT:**

In a bid to improve the quality of healthcare at Primary Health Care level, we have contracted 120 Private General Practitioners across all the Province's 11 districts.

This ANC-led Government has also doubled the number of Ward Based Primary Health Care Outreach Teams (WBPHCOT) from the 176 that we had in 2019/20, to 352.

This has given many families access to primary health care, making disease prevention and the early detection and treatment of diseases a reality for them.

#### **National Health Insurance (NHI) Direct Grant funded Specialized Services:**

To optimise the usage of our scarce resources to address the needs of our mental health patients, we are turning Fort Napier and Umzimkhulu Psychiatric Hospital into a psychiatric complex.

Townhill Hospital already provides outreach services to Umzimkhulu by sending a psychiatrist every Wednesday. We will be increasing this outreach support by sending an NHI-contracted psychiatrist from Fort Napier as from May 2023.

We have also contracted a team of Forensic Mental Health Specialists at Fort Napier (made up of one psychiatrist, one Social Worker, and one Occupational Therapist) to clear the backlog of forensic cases, as well as compliment the smooth running of the justice system in relation to Forensic Mental Health Services.

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Under this grant, we have also continued the contracting of oncology services at Ngwelezane and Queen Nandi Hospitals, respectively. This has led to improved access to oncology services to cover the northern parts of KwaZulu-Natal, such as Zululand, King Cetshwayo, and uMkhanyakude districts.

### **MAKE-ME-LOOK-LIKE A HOSPITAL PROGRAMME:**

We are hard at work with our implementation of the “Make-Me-Look Like-A-Hospital” initiative, which is a tool to assess and measure the performance of our health facilities against a uniform set of requirements for quality health care delivery.

#### **The areas that we are prioritising are:**

1. Patient waiting times
2. Infrastructure improvement and cleanliness
3. Infection Prevention and Control (IPC)
4. Staff attitudes
5. Professionalism
6. Availability of medicines
7. Improved complaints management system
8. Staff and patient's safety

Our key objective is to increase the number of our facilities that receive accreditation by the Office of Health Care Standards in this regard.

### **11. IKHEMISI EDUZE NAWÉ / CCMD:**

At the same time, it is gratifying to see that an increasing number of people who are on chronic medication are taking advantage of our “Ikhemisi Eduze Nawe” programme, which enables them to collect their medication closer to their homes.

This medication can be collected from pharmacies, community halls, churches, libraries, and traditional courts, to mention but a few.

All patients above the age of 5 years with chronic conditions are eligible to enroll for the “Ikhemisi Eduze Nawe” programme. But they must have been clinically stable for a period of at least six months (that is, without having had any relapse, nor experienced side effects, nor needed a change in medication or dosage), and must have proved to have been adherent to treatment.

The programme is open to patients with various chronic medical conditions: from non-communicable diseases such as diabetes, hypertension, arthritis to those taking Anti-Retroviral Treatment for HIV/AIDS.

#### **HOW IT WORKS:**

Basically, once a patient has registered, they get given medication at their respective facility, as well as the dates for subsequent collection at their pick-up point of choice. SMS reminders are sent to the patient a few days before the collection date to remind them to collect their medication.

The patient will also be given a review date to come back to the health facility for clinical review after six months, which is also communicated to the patient on their last collection at the pick-up point.



We currently have 891 607 clients who are actively benefitting from the programme, from 4 297 pick-up points.

Once again, we invite the people KwaZulu-Natal, especially the elderly – or their loved ones – to enquire about this system from their local clinic, so that they can reap its handsome benefits.



### **PELE BOXES:**

As we continue to leverage from technology to improve service delivery, we are pleased to announce that we have also installed 23 fully-functional Smart Locker “Pele Boxes”, mostly in the more rural parts of the Province.

These “Pele Boxes” are installed near the waiting areas at our 24-hour facilities, and basically function like an ATM for pre-packed medicine parcels.

They get loaded by facility staff a day before the scheduled collection date. Once the parcel is loaded, the Pelebox sends an SMS to the patient with a One Time Pin (or a fixed pin that the patient has chosen), and then informs the patient that the parcel is ready for collection.

The patient arrives at the Pelebox, enters their cellphone number and the 5 digit pin and, like clockwork, the locker opens.

The patient then retrieves their parcel, closes the locker and leaves. Just like that.

Now, that is real convenience.

The collection process takes between 20 seconds and 1 minute. We are planning to add 24 more new Peleboxes in the next financial year, and even more in the future.

## **12. TECHNOLOGICAL INNOVATIONS THAT WORK FOR THE PEOPLE**

Chairperson, we want to assure the people of this Province that, under the Government of the African National Congress, their health and well-being is in good hands, and that this Government will continue to work for them.

In addition to ensuring the smooth day-to-day running of the Department, we will continue to strengthen health systems.

This, we will do through, among others, investing in Infrastructure Development, health technology equipment, and ensuring the availability of medicines.

We will also work even harder to improve clinical outcomes and clients’ overall experience of care,

including health promotion, improving health literacy, and improving staff attitudes, while keeping communication lines open in order to ensure recourse for all healthcare users.

**We have already introduced a number of cutting edge technological innovations, which include:**



**KZN Health Chat.Gov.Za Multimedia Programme:**

Chairperson, we have an exciting and innovative weekly multimedia programme, which is known as KZN Health Chat.

This programme, which is possibly the first of its kind in the country, eradicates gatekeeping by the media, and enables us to interface directly with the people of this Province every week.

We invite various health experts to speak openly on health matters, using simple and accessible vernacular language, in a bid to encourage a culture of disease prevention and enhance health promotion.

This multimedia programme is also a platform for the people of KwaZulu-Natal to pass compliments, which we often get; and to air any grievances directly to us, which we then always follow up.

The content that we produce on this programme is both informative and educational.

It gets syndicated to various media outlets, including on our own official social media accounts, community radio stations, as well as mainstream media.

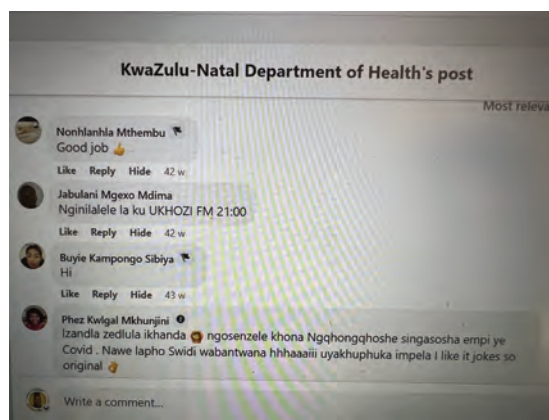
The programme has been extremely well-received.

It has grown in leaps and bounds, since its inception three years ago, and once again displays the fact that the Government of the ANC is responsive, transparent and accountable to the people.

We encourage those who do not follow this programme to come on board, because it's for their own benefit.



One of its followers, Vincent Muzi, wrote to us and said, “Ngiphakamisa ukubonga eMnyangweni wezeMpilo eKZN. Emva kokuba ngizwakalise ukungajabuli ngesinye sezibhedlela (Church of Scotland) impela sebelusukumele udaba lwami, nokuqinisekisa ukusebenza kuka-MEC... Impela bamatasa ngenkinga enginayo. Ngiyabonga kakhulu.”





### **“Bika Sikusize” Mobile Application (App):**

In keeping with our culture of using cutting-edge technological innovation to improve service delivery, we are also excited to report that our very own mobile health application, which is known as “Bika Sikusize,” (“Report, So We Can Help You”) is now live.

Again, this mobile app is an extension of our ethos of transparency, accountability, and preparedness to help those who are aggrieved or in need.

### **Our “Bika Sikusize” mobile app will allow users to:**

- Get the contact details of health facility Public Relations Officers, clinic operations managers, hospital CEOs, and district directors;
- Send compliments or complaints to the action team in real time;
- Receive prompt feedback;
- Receive general health information, including that which pertains to disease outbreaks;

We are also finalising our systems to enable people to be able to call an ambulance using this mobile application.

## **13. E-HEALTH: CONSOLIDATING GAINS MADE IN OUR DIGITAL REVOLUTION**

In line with the commitment that we made when we assumed office in 2019, we have made considerable progress in the digitization of our patient record management system, through the implementation of e-Health.

The operationalisation of the e-Health system has started in a phased approach, first in 25 of the 42 hospitals that were selected across the Province.



The development of the system has been completed, with 36 modules having been deployed onto the web and ready for use in these 42 hospitals.

To date, a total of 2836 clinical professionals in 25 hospitals have been trained on basic computer literacy and system navigation.

We are continuing to buy equipment that is needed, and we have budgeted for more.

As we continue with our staff training in the rest of the hospitals, it is envisaged that e-Health will be operational at all 42 hospitals should be completed by the end of April 2023.

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During the current financial year (2023/24), we will make the e-Health system operational at all 70 hospitals in the province.

#### **14. DECISIVE ACTION TO REDUCE MATERNAL MORTALITY: LET OUR CHILDREN LIVE AND THRIVE: REDUCING CHILD MORTALITY**

Chairperson, the South African Constitution, which came into effect in 1997, enshrines the right to life as a fundamental human right.

It goes on to explain that this right must be respected and protected by the State.

This effectively means that Government, as well as all individuals in South Africa must take steps to protect individuals from any harm or danger that could threaten their lives.

This therefore extends to the urgent need to reduce and ultimately eradicate the rate of maternal and child mortality in our Province.

As the Government of the African National Congress, this is a responsibility that we take very seriously.

And, we are determined to protect the lives of mothers and their babies, in particular, as much as possible.

#### **ESTABLISHMENT OF “ON-SITE MIDWIFE-LED BIRTHING UNITS (OMBUs)”:**

This is precisely why we have established the On-site Midwifery-led Birthing Units (OMBU), as a pilot project at Prince Mshiyeni Memorial and Newcastle hospitals, which are two of our busiest hospitals. The objective behind these units is to improve the quality of care, from the onset of labour through delivery of the baby, and to reduce pressure and overcrowding at our labour wards.

These units are staffed by midwives, to assist women who have no risks, or those whose level of risk is considered low.

This is important as women who are considered “high risk” get all the attention and management they need from doctors and midwives.

We are piloting this project at Prince Mshiyeni Memorial Hospital, which delivers an average of 1000 babies per month; as well as at Newcastle Hospital, which delivers an average of 700 babies per month.

Our ultimate goal is to establish these units within all our busy hospitals, in order to eliminate the risks of mortality and morbidity associated with childbirth.

We are also assessing the feasibility of expanding these units to other regional hospitals, including Harry Gwala and General Justice Gizenga Mpanza regional hospitals, with many others to follow suit.

**We continue to encourage women who miss their period to get a pregnancy test immediately. By the same token, we are also encouraging those who are pregnant to book early for antenatal care before 20 weeks, and to adhere to their scheduled antenatal care visits. This is extremely important, as it helps to mitigate against the various health risks that are associated with pregnancy.**

Our targeted plans to reduce maternal and child mortality in the Province include:

- Improved immunisation coverage to prevent the spread of communicable diseases,
- Improved uptake of HIV treatment in pregnant women,

- Educating mothers about how to prevent accidents and
- How to take advantage of child health services, to mention a few.

### **CONCEALMENT OF PREGNANCY A CONCERN:**

It is nevertheless concerning that most pregnant teenagers still do not attend antenatal care, while others conceal their pregnancy.

Many who do attend, tend to book very late for Ante-Natal Care, which often leads to problems.

Some clients, who test positive for pregnancy during household outreach programmes, get referred but do not reach health care facilities.

We are determined to change all of this through some of the above-mentioned interventions.

### **SEVERE ACUTE MALNUTRITION:**

Chairperson, we hereby acknowledge the call by our Honourable Premier that we must reduce Severe Acute Malnutrition, which continues to pose a threat against children from birth up to 5 years of age.

Our strategy in this regard entails, among others,

- Improving the linkage of children from impoverished families with the KZN Department of Social Development, in order to ensure access to the child social grant;
- The revitalisation of hospital and clinic vegetable gardens, in collaboration with Department of Agriculture and Rural Development.
- Scaling up of the family **Mid-Upper Arm Circumference (MUAC)** indicator project in the districts with a high burden of malnutrition, such as Umkhanyakude, Zululand and uThukela. We are doing this by training both the children's caregivers and the Community Health Workers to continuously monitor the growth of the children.
- We will also be adding more impetus in the promotion and protection of breastfeeding, as well as other appropriate complementary feeding practices.

### **15. HIV/AIDS PROGRAMME:**

Chairperson, it is our considered view that, given all the effective treatment, prevention strategies, access to knowledge, funding and resources, and global commitment, the people of KwaZulu-Natal should no longer be getting infected with HIV and AIDS, or spreading it, and dying from it.

Furthermore, our HIV response plan as a Province has implications for the country's efforts to end AIDS by 2030.

This is why we should never rest on our laurels, but always seek to intensify the level of awareness, prevention and adherence to treatment for both HIV and AIDS, as well as its close relative, which is TB.

As a signatory to the United Nations, our country subscribes to the Joint United Nations Programme on HIV/AIDS (UNAIDS), which has set defined targets for the management of HIV and AIDS.

The UNAIDS declared that in all member states,

- 90% of all people living with HIV must know their HIV status;
- 90% of all people with diagnosed HIV infection must receive sustained Anti-Retroviral Treatment; and that
- 90% of all people receiving antiretroviral therapy will have viral suppression.

In KwaZulu-Natal, the districts of UMzinyathi, uMkhanyakude, Hhaya Gwala and uGu have all met the 90-90-90 targets, and we will continue to push for the rest of the districts to improve their performance.



Currently, **96% of the KZN population know their HIV status, 83% are on ART and 93% are virally suppressed.** However, we are concerned that **men as a population group are still lagging behind at 96 – 74 – 93; while children are at 86- 61-70.**

The main challenge is that children are reliant on their parents or guardians to tell them about their HIV status; and to take them to the clinic for treatment.

### **NEWER, FRESHER PUBLIC AWARENESS MESSAGING ON HIV and AIDS:**

Overall, keeping HIV and AIDS public awareness messaging fresh and relevant is essential for raising awareness, combating complacency, reaching new audiences, and reducing stigma and discrimination.

By working to keep messaging up-to-date and responsive to the changing needs of communities, we can help to prevent the spread of HIV and AIDS and promote greater health and well-being for all. The HIV and AIDS awareness messaging that we recently introduced, with messages such as “Iskoe Siyabhayizisa” was very well-received, and eye-catching, which is what we had originally intended to do.

In the new financial year, we will continue in this trajectory, by coming up with even more fresher and relevant messages, in the language that young people use, so that it can lead to behavioural change.

### **THE DANGER POSED BY STIGMA:**

One of the main challenges that we face as the Department of Health is the **public “shame” or discrimination that tends to get perpetrated** against those who suffer from diseases such as HIV and AIDS, TB, cancer, diabetes, mental health, and many others.

It is important for all of us as society to realise that when we stigmatise people, they are already in a vulnerable state, which means they get subjected to **secondary victimisation.**

Tragically, this can **discourage or prevent them from seeking medical attention,** leading to the **deterioration** of their medical condition – and even **death** that could have otherwise been preventable.

We therefore call on society to show more love and support to those who suffer from ill health, rather than discrimination.

### **DOLUTEGRAVIR (DTG): A GAME-CHANGING ANTI-RETROVIRAL DRUG FOR NEONATES:**

- As a Province, we are also pleased to announce that the **paediatric Dolutegravir (DTG)** 10 milligram drug has been registered with SAHPRA. This drug is recommended by the National Department of Health as part of the standard first line treatment for children.
- This antiretroviral drug is dissolvable and can now be given to children around 4 weeks and less than 10 years of age with a weight band between 3 -20kg.
- Dolutegravir (DTG) has a high genetic barrier to resistance and is also more palatable, with a strawberry cream taste.
- The drug can also be dissolved in water, juice, porridge and yoghurt and will go a long way towards achieving viral suppression in this sub-population of children.
- From this intervention, we expect the children’s viral load to be better managed.
- A provincial plan is in place for transitioning and ultimately switching all eligible children living with HIV (CLHIV) onto this new drug.

## PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV:

Chairperson, 21 years ago – in 2002 – the Government of the ANC adopted a policy of offering antiretroviral therapy (ART) to pregnant women living with HIV, to reduce the risk of mother-to-child transmission.

This approach sees pregnant women being offered HIV testing and counselling at antenatal clinics as a routine part of pre-natal care. Women who test positive for HIV are referred for treatment and care. In 2008, when the South African government launched a comprehensive Prevention of Mother-to-Child Transmission of HIV programme, the rate of transmission was reported to be about 20%. Today, the rate of transmission of HIV from mother to child has almost been completely eradicated, at 0.34%, which is a great achievement.

We continue to regard PMTC as a critical part of our prevention and treatment efforts, and will continue working even harder to make further gains.

## THE PREP SOLUTION - TOWARDS AND HIV-FREE GENERATION:

We would like to invite the people of this Province to take advantage of Pre-Exposure Prophylaxis, or PrEP, which is a highly effective HIV prevention strategy.

PrEP can actually reduce the risk of acquiring HIV by up to 99% when taken consistently and correctly. It is recommended for people who are at high risk of getting HIV, such as those with an HIV-positive partner or those who engage in high-risk sexual behaviours, men who have sex with men, sex workers, and people in relationships where one partner is HIV positive, and the other one is negative.

All individuals who are eligible for PrEP can access it for free at public health facilities throughout the Province.

Our target is to enrol 105 000 people on PrEP each year.

## 16. TUBERCULOSIS: THE DEADLY KILLER DISEASE THAT SHOULDN'T BE

Chairperson, last month, on the 24th of March, World TB Day was commemorated globally, under the theme “**Yes! We Can End TB.**”

This theme drives home the point that we've always made: the fact that we all need to be accountable for the eradication of TB as individuals, Government, and society as a whole.

We once again make the point that being regarded as the epicentre of this “double pandemic” of TB and HIV and AIDS is a **badge that we do not wear with pride.**

It is certainly something that we remain committed to bring to an end, **through continuous hard work and consolidation of the relationship that we as Government enjoy** with communities, as well as our various social partners.

The prevalence of TB in South Africa in 2018 was 737 per 100 000 population.

From April to December 2021, 2156 (8%) patients who had TB died, out of 25 841 who were initiated on treatment. From this number, 22 351 (81.5%) were successfully treated.

During the same comparative period, from April to December 2022, 3 091 (or 8%) of these patients who had TB died, out of 38 646 who were initiated on treatment. From that number, 31 882 (or 82.5%) were successfully treated.

I must hasten to add that the reason for this numerical disparity is that in 2021, fewer people came forward to get tested due to the national lockdown that was induced by the COVID – 19 pandemic.

We nevertheless still maintain that these deaths could have been averted through TB prevention, early diagnosis and adherence to treatment.

### **TB SUCCESSFUL TREATMENT RATE, DEATH RATE, LOSS TO FOLLOW-UP AND DISTRICTS THAT NEED ATTENTION:**

We are pleased to observe that, since 2017/18, uMkhanyakude and Zululand have consistently achieved a treatment success rate of 85% and above.

However, as can be seen on the table below, lower treatment success rates have been noted at Harry Gwala, iLembe and King Cetshwayo, which means those districts need more attention.

King Cetshwayo recorded the highest TB death rates, followed by uMzinyathi, uThukela and Harry Gwala.

iLembe district's rate of patients lost to follow-up treatment has also been consistently high, which is cause for concern.

We continue to call for partnerships between MPLs and the Department of Health, and for MPLs to continue to lobby communities in the fight against TB.

We are appealing to the TB Caucus to play a role in ensuring that the commitments made to end TB by 2030 are realised.

<b>TB Treatment Success Rate</b>					
DISTRICT	2016/17	2017/18	2018/ 19	2019/20	2020/21
Amajuba	80%	80.1%	82.5%	74.2%	77.3%
eThekwini	81%	81.4%	83.1%	84.6%	85.4%
Harry Gwala	88.1%	84.7%	80.4%	80.4%	80.7%
iLembe	76.5%	79%	77.5%	77.1%	73.5%
King Cetshwayo	81.7%	78.2%	80.5%	81%	77.6%
uGu	85%	81.7%	76.4%	79.4%	77.6%
uMgungundlovu	87.8%	88%	85.5%	84.4%	82%
uMkhanyakude	85.1%	86.7%	87.4%	88.4%	87.2%
uMzinyathi	93%	88.7%	84.1%	84.6%	82%
uThukela	86%	84.8%	80.2%	82.7%	84.2%
Zululand	<b>91.7%</b>	<b>88%</b>	<b>88.2%</b>	<b>87.6%</b>	<b>87.8%</b>
PROVINCE	83.5%	82.7%	82.3%	83.2%	82.4%

<b>TB Death Rate</b>					
DISTRICT	2016/17	2017/18	2018/ 19	2019/20	2020/21
Amajuba	8,2%	9,8%	14,9%	12,6%	13,0%
eThekwini	3,0%	4,3%	4,6%	4,4%	6,0%
Harry Gwala	4,0%	6,5%	9,6%	9,1%	10,7%
iLembe	5,4%	6,7%	6,9%	6,5%	8,6%
King Cetshwayo	7,0%	9,9%	8,8%	9,7%	11,5%
uGu	5,3%	7,8%	10,6%	8,5%	8,5%
uMgungundlovu	3,6%	5,3%	6,7%	6,9%	8,6%



uMkhanyakude	8,1%	8,6%	8,6%	7,6%	8,0%
uMzinyathi	5,6%	8,9%	14,6%	13,7%	16,7%
uThukela	6,0%	8,5%	11,6%	11,1%	10,3%
Zululand	5,1%	8,2%	9,2%	9,0%	8,3%
PROVINCE	5,0%	6,7%	7,8%	7,2%	8,4%

Rate of Patients Lost To TB Follow Up Treatment					
DISTRICT	2016/17	2017/18	2018/ 19	2019/20	2020/21
Amajuba	11,7%	7,3%	9,4%	9,1%	8,2%
eThekweni	15,7%	14,0%	11,9%	10,4%	8,0%
Harry Gwala	6,8%	7,9%	9,7%	9,5%	7,3%
iLembe	18,1%	14,0%	15,1%	15,6%	17,5%
King Cetshwayo	10,3%	11,4%	10,2%	8,8%	10,3%
uGu	8,9%	10,2%	12,5%	11,6%	13,4%
uMgungundlovu	8,4%	6,6%	7,6%	8,5%	8,7%
uMkhanyakude	4,7%	3,7%	3,4%	3,3%	4,0%
uMzinyathi	1,2%	2,3%	1,0%	1,5%	1,1%
uThukela	7,6%	6,3%	7,4%	5,3%	4,9%
Zululand	3,2%	3,4%	2,4%	3,2%	3,2%
PROVINCE	11,1%	10,2%	9,4%	9,0%	8,5%

**TB treatment success rate. With bolded numbers showing districts that have achieved 85% treatment success rate target. Based on the table, uMkhanyakude and Zululand have consistently achieved the target. Low treatment success rates were recorded in Harry Gwala, iLembe and King Cetshwayo. King Cetshwayo recorded the TB highest death followed by uMzinyathi, uThukela and Harry Gwala. iLembe's loss to follow up rate has consistently been high.**



## HOW WE MUST TURN THE TIDE AGAINST TB INFECTIONS AND DEATHS:

**In order to turn the tide, as a Province, we have an urgent and immediate task to:**

- Put people at the centre of TB care
- Empower communities with information about TB prevention, signs and symptoms, and adherence to treatment. This will ensure that anyone with the signs and symptoms of TB will come forward for screening and testing.
- To find missing TB patients, trace the contacts of people with TB, and enrol them on TB treatment.
- To find TB clients who have been lost to follow up, and link them back to care, as part of the

- “Welcome Back To Care” campaign
- To promote TB prevention strategies such as the importance of opening windows, and correct cough hygiene.

### **PROCUREMENT OF MORE MOBILE DIGITAL X-RAY TRUCKS FOR TB DIAGNOSIS:**

- Chairperson, as part of the war chest in our quest to curb the spread of TB and improve treatment outcomes, during this financial year, we will be procuring four brand new Mobile Digital X-ray Trucks, at a cost of R1,6 million each, which amounts to R6, 4 million for all four.

These vehicles have technology that enables the screening of patients for TB and other respiratory conditions. They are able to confirm diagnosis of GeneXpert negative patients with TB symptoms, while producing immediate results. They use a computer-aided detection software programme as a screening tool.

## **17. A REASON TO CELEBRATE!!! KZN BREACHES THE 1,5 MILLION MARK FOR MEDICAL MALE CIRCUMCISION**

We are extremely pleased to announce that our Province recently breached the 1, 5 million mark for medical male circumcision.

As this august house will be aware, medical male circumcision has been scientifically found to be an effective method for HIV prevention, as it reduces the risk of HIV infection for men by up to 60%.

In a Province with a population of above 11 million, reaching such a milestone for circumcising men and boys of qualifying age is quite significant.

Therefore, we would like to thank all those who have responded positively to our call to get circumcised medically. We would also like to thank all our healthcare practitioners and social partners who have made this remarkable achievement possible.

We also extend a call to those who have not yet been circumcised to please come on board.

We have trucks that are able to provide medical male circumcision as a mobile service, which enables us to take this service to every corner of the Province.

Getting medically circumcised will enable those who heed our call to enjoy the many benefits of medical male circumcision, which also include improved hygiene.

## **18. SEXUAL REPRODUCTIVE HEALTH:**

Chairperson, The Constitution of South Africa recognizes the importance of sexual and reproductive health as a fundamental human right.

In fact, section 27 of the Constitution states that "everyone has the right to access healthcare services, including reproductive healthcare."

Furthermore, our Constitution states that "everyone has the right to body and psychological integrity, which includes the right to make decisions concerning reproduction."

**It is for these reasons that we regard access to sexual reproductive health as one of our key priorities, in order to:**

- Promote women’s individual well-being;
- Reduce maternal mortality;
- Improve women’s economic prospects and outcomes;
- Support gender equality; and
- Prevent the spread of HIV and other sexually-transmitted infections.

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## TEENAGE PREGNANCY: PARTNERSHIP BETWEEN SOCIAL CLUSTER DEPARTMENTS (EDUCATION, SOC-DEV)

Chairperson, with that said, we continue to be extremely concerned by the high number of girls who fall pregnant during their teenage years.

Teenage pregnancy can be dangerous, as it often presents a number of health risks for both mother and baby.

At the end of the third quarter of 2022/23 (or between April and December last year), the Province of KwaZulu-Natal had registered a total of 26 515 pregnancies by girls between the ages of 10 and 19. This includes 1254 girls between the ages of 10 and 14.

We also have evidence that societal factors such as "ukugana kwamantombazane esemancane", "nokuthwalwa", which happens mostly in rural districts; as well as the poor uptake of contraceptives by teenagers, are all contributing factors to this challenge.

Even more worrying is the fact that there are those **adolescents who have unprotected sex, knowing that they will deal with the consequences by terminating their pregnancy. We'd like to point out that using termination of pregnancy as a "contraceptive"** is unacceptable.

### YOUNG WOMEN'S PROGRAMME:

We will also be implementing a new programme to specifically address the health needs of young women and girls who are at risk, where we will provide a targeted package of health, education, and support services.

We will be seeking to address a number of interconnected health, educational and socio-economic factors that threaten these young girls and women, such as exposure to HIV infection, STIs, unwanted and unplanned pregnancy, as well as other preventable factors related to it.

#### Some of the guiding principles for this programme are that:

- "A healthy woman rocks: promote a healthy nation;"
- "No woman should die giving birth;"
- "Step Up for Breastfeeding. Breast milk is the Best."

So, we will be targeting young women wherever they are including young women in schools, institutions of higher learning, unemployed young women, as well as places where they socialise.

### OUR PARTNERSHIP WITH THE DEPARTMENT OF EDUCATION:

As instructed by our Honourable Premier to stem the tide of teenage pregnancy, we will be joining forces with the Department of Education.

Our objective in this regard is to develop and implement a robust and highly effective plan to get teenagers in this Province to not only hear our message, but to embrace a new culture of preventing unplanned and unwanted pregnancy, and its many associated pitfalls.

Our emphasis is on abstinence for young people, so that they can focus on their studies. We want to de-normalise teenage pregnancy, because it really is abnormal.

But we're also saying to those who can't abstain from sex that **there are alternatives that can protect you against sexually-transmitted infections**, as well as unwanted or unplanned pregnancy.



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Our message to parents and school governing bodies is that, not talking about sex does not mean that children will not experiment and engage in unprotected sex. The time of sweeping matters of sex, sexuality, and sexual reproductive health under the carpet, is over.

**Sizoba nezinhlelo okungenzeka zibe uncomfortable for abantu abadala. Kodwa kuzomele basibekezelele ngoba kubalulekile.**

Yes, these are not easy conversations, but it's conversations that we definitely need to have. Let's give children the right kind of information and allow them to make the correct choices; rather than throw them into the lion's den of misinformation and its dangerous consequences.

Our plan also involves having dialogues in schools and local communities; to actively promote sexual reproductive health and family planning options. We will be promoting the use of condoms and female contraceptives.

This includes the Long-Acting Reversible Contraception (LARC) for youth who are sexually active and post-delivery.

**Our broader teenage pregnancy eradication plan therefore entails, among others:**

- Mapping areas with higher teenage pregnancy rates;
- Linking these areas with Primary Health Care facilities;

## **19. WOMEN'S HEALTH:**

Chairperson, we can never over-emphasise the need for women to

maintain good health and be able to catch potential health problems early.

Women who have a family history of certain diseases, such as breast cancer or ovarian cancer, may be at higher risk for developing these diseases themselves.

Therefore, regular screening and testing can help women assess and monitor this risk, and be able to seek help before complications set in. This rings true for other diseases as well, not just cancer.

During the next financial year, we will continue conducting a number of campaigns targeting women's health promotion, while also consolidating on the gains made with the previous Pap smear screening campaigns.

Our target is to reach at least 70% of the women aged between 30 and 70 for screening and testing.

## **20. WEMADODA SABELANI!!! (THE HEALTH OF MEN):**

Chairperson, while we continue to prioritise women's health, our society will never reach its full potential or thrive until men come on board and join in our quest to improve health outcomes.

Whether we like it or not, the reality is that most men subscribe to norms of masculinity that discourage any behaviour that may make them seem "weak."

Men are taught to be self-reliant and not to show any emotions, while they neglect their own health and well-being.

Even when they are sick, bayaziqinisa.

And when they eventually do seek healthcare, they tend to be very particular about who they confide in about what's troubling them.

If they feel uncomfortable with the person treating them, they can even “change” their ailment, and say they have a “headache,” when they actually came for something more serious, such as a Sexually-Transmitted Infection, for instance.

It is for precisely these reasons that we’ve decided to pay special focus on men.

### **NEW STI ALERT!!! (MALE URETHRITIS SYNDROME AND SYPHILLIS)**

At the same time, we have noted with great concern the emergence of more cases of Male Urethritis Syndrome, which is an STI.

If left untreated for too long, this type of infection can cause damage to the organs. It can also spread to the blood and result in sepsis, which can be deadly.

We believe the incidence of Male Urethritis is too high at 36.4 per 1000. This amounts to 110 093 cases out of 3 million men, which is higher than our target of 28 per 1000.

These developments come on the back of our recent announcement regarding an increase in the incidence of another deadly sexually-transmitted infection, which is syphilis.

#### **The symptoms of Male Urethritis Syndrome include:**

- Pain while peeing (dysuria);
- Pain during sexual intercourse (dyspareunia);
- Itchiness at the tip of the urethra;
- Penile discharge, including pus and/or blood.
- Pelvic pain.

### **MAKING OUR HEALTHCARE FACILITIES MORE “MEN-FRIENDLY”, SO WE CAN BEGIN TO REDUCE STIs AND OTHER AILMENTS:**

Chairperson, in our previous Budget Speech, we announced plans to make the Province’s healthcare facilities more “men-friendly.”

We said we would ensure that at least 80 health-care facilities have a male nurse, dedicated to men’s unique health needs, during the day and after hours.

We have made some progress in this regard, and were able to see 21 138 men for various ailments at facilities that have this newly-established service that is dedicated to the health of men.

To date, we have ensured that 29 local municipalities are covered to address the health of men, and we will be focusing on the remaining 14 local municipalities, incorporating 30 healthcare facilities in total.

### **OUR TURNAROUND STRATEGY TO REDUCE THE SPREAD OF STIs:**

While we continue to discourage promiscuity and other forms of risky behaviour, we have heightened our emphasis on sex education among men during our engagements.

The focus has been on the promotion of condom usage, as well as the prevention of STIs, including HIV.

This, we have done through our men’s dialogue platforms, such as Isibaya Samadoda and Ikhosomba Lamajita.

During these discussions, we also preach a message of early presentation to a health facility when disease symptoms manifest themselves.

We will also be implementing partner notification and contact tracing programmes, which will help identify and notify people who may have been exposed to an STI.

In addition to strengthening our condom distribution systems, we will procure Dual Testing Kits, which will enable us to test pregnant women for both HIV and syphilis.

## 21. LGBTQI+

Chairperson, when we delivered the previous Budget Speech, we made a commitment to elevate our focus on the healthcare needs of the LGBTQI+ community.

We said this would entail, among others, the creation of LGBTQI+ friendly clinics, with Durban and PMB being the first two pilots for this programme.

I can today disclose that we are implementing the strategy to further enhance access to healthcare for the LGBTQI+ community.

In a bid to prevent the stigmatisation of the LGBTQI+ We have taken a decision to re-commission these facilities as Sexual Health Clinics, and they will provide, among other services, integrated HIV, TB, Contraceptive and STI services.



## 22. NON-COMMUNICABLE DISEASES: RISING UP TO FACE THE LOOMING THREAT HEAD-ON

Chairperson, non-communicable diseases such as diabetes, cancer, hypertension, obesity, and heart disease increasingly pose a threat to the lives of the people of this Province.

Therefore, the need has never been greater for citizens to modify their behaviour in order to prevent these diseases, get screened and tested early, and embrace a healthier way of life.

Knowing one's status when it comes to non-communicable diseases; as well as adhering to treatment; and controlling diseases is just as important.

That is why the caring Government of the African National Congress has introduced the National Strategic Plan on the Prevention and Control of Non-Communicable Diseases, along with its 90-60-50 targets.

Basically, these targets stipulate that 90% of all people over 18 must know whether or not they have raised blood pressure and/or raised blood glucose levels. Furthermore, 60% of people with raised blood pressure or blood glucose levels must be receiving intervention; while 50% of people receiving interventions are controlled.

We have begun rolling out this strategy, along with an integrated screening register for HIV/AIDS, TB, obesity, and NCDs at our healthcare facilities.



During these discussions, we also preach a message of early presentation to a health facility when Thanks to our 90-60-50 NCD strategy, we managed to screen a total of 3, 5 million people for Diabetes Mellitus over the past financial year.

Out of those screened, 1, 2 million people in the province knew their diabetes mellitus status, 49 520 were initiated on diabetes mellitus treatment for the first time, while a total of 140 170 people with diabetes mellitus underwent a blood-glucose test, and 50 410 had their blood sugar level controlled.

### **23. SUPPORT FOR PEOPLE WITH DISABILITIES:**

Chairperson, despite the challenges that many people with disabilities face, many of them constantly display incredible strength and resilience in the face of adversity.

Many of them are champions for the recognition and upholding of disability rights, and they continue to fight for a better world for this population group, which is an important as any other.

As a caring Government that is sensitive and responsive to the needs of all population groups, we will always endeavor to empower the people in this sector, and to play our part in attending to their needs.

During the 2022/23 financial year, a total number of 602 311 persons with disabilities received rehabilitative services from the Department, at healthcare facilities and at community and household level.

Our medical orthotics and prosthesis unit issued 7281 surgical sundries (surgical boots and callipers) and fitted 897 artificial limbs.

During the same period, more than 3 760 wheelchairs and 3 288 hearing aids were issued.

In a bid to compliment the Departments' commitment to the provision of assistive devices for persons with disabilities, we recently signed a Memorandum of Agreement with the Church of Jesus Christ of the Latter-Day Saints (LDS Charities).

We are deeply humbled by the benevolence shown by this organisation, which has donated 900 wheelchairs and 1600 various mobility Aids, to the tune of R5,3 Million.

This donation will go a long way in addressing backlog for assistive devices.

We also continue to provide services to persons with disabilities such through community-based rehabilitation services, orientation and mobility services, as well as those who conduct wheelchair repairs.

During the last financial year (2022/23), a total of 19 867 disabled people accessed these disability services at community level.

Through the EPWP Social Sector Incentive Grant, 76 Community Based Rehabilitation Workers and Wheelchair Repairers contracts will be renewed. The wheelchair repairers and Community-Based Rehabilitation Workers will also get a R500 increase to their stipends.

For 2023/24, we will expand disability and rehabilitation services at community and household levels by signing new Service Level Agreements with 10 Community Based Organisations.



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## **24. SCALING UP ON CATARACT SURGERY:**

Chairperson, our eyesight is one of the primary ways through which we connect and interact with the world around us.

Therefore, anything that threatens our ability to see compromises our fullness as human beings, and should be dealt with very decisively.

One of these threats is cataracts, which is a condition that is more common among elderly people, and is a leading cause of blindness worldwide.

Thankfully, cataract surgery provides a safe and effective solution that can restore vision and improve the lives of those affected by this condition.

Between April and December 2022, our Province managed to conduct 10 279 cataract operations, which is quite considerable. We are pleased that McCord Provincial Eye Hospital has developed a strategy to scale up cataract surgery.

They will be doing 1000 cataract operations per quarter, which amounts to a total of 4000 operations per year, while districts continue with their own programmes.

Our overall target for cataract surgery during this financial year is 20 000. We are also grateful to all our social partners for supporting our initiative to perform cataract surgery to as many people as possible.

## **25. REDUCING THE MEDICO-LEGAL BILL**

Chairperson, when it comes to efforts to reduce our medico-legal bill, the establishment of a panel of legal experts – which we first spoke about in 2019 - has had a significant impact in respect of the quantum amounts paid out in relation to medicolegal claims. Thanks to this panel of legal experts, the Department has made savings of at least R 300 million that it would have paid out to litigants, from cases dating back to 2020. These cases have either been withdrawn or settled out of court.

### **CENTRES OF EXCELLENCE:**

Furthermore, the centres of excellence that we've established to provide continued care to patients born with conditions such as Cerebral Palsy are up and running at eThekweni and Umgungundlovu districts.

At eThekweni, the centres of excellence are co-ordinated by the Victoria Mxenge (King Edward) Hospital, and also involve the KZN Children's Hospital, as well as the Phoenix Assessment Centre. At Umgungundlovu district, the centre of excellence operates from Grey's Hospital, as well as at the Pietermaritzburg Therapy and Assessment centres.

Centres of excellence have also been established at Queen Nandi and Ngwelezane Hospital, and work is continuing to operationalise them. Given that the future medical expenses in a claim involving cerebral palsy can comprise of up to 60% of the claim, by providing future medical expenses at a public health facility, such as a centre of excellence, a significant saving in compensation paid out can be made.

In fact, when you consider that, on average a cerebral palsy claim as presented by the plaintiffs, is now in the order of R20 million, a potential saving of R12 million on every such claim can be achieved.

Therefore, we are confident that through improved clinical care and some of the above-mentioned interventions, we will continue to make these important inroads when it comes to reducing our medico-legal bill.

Therefore, we are confident that through improved clinical care and some of the above-mentioned interventions, we will continue to make these important inroads when it comes to reducing our medico-legal bill.

### **LANDMARK CASE FROM THE EASTERN CAPE:**

We're closely monitoring developments concerning a medico-legal claims case in which a court of law ruled that the Eastern Cape Department of Health does not have to make an upfront lump sum payment, after losing a case.

The department was sued for R35.4-million against the Cecilia Makiwane Hospital after a baby developed Cerebral Palsy after birth. The department's defence included, among others, rehabilitation centres of excellence, and multi/disciplinary medical teams, which would provide future medical care to children with Cerebral Palsy.

This matter has been taken on appeal, and we will be closely monitoring developments around it, because the final outcome of the case has far-reaching consequences.

### **26. STAKEHOLDER ENGAGEMENTS:**

As a Government that is progressive and inclusive, we acknowledge that we will never be able to achieve our objectives by working alone.

In this regard, we will work even harder to further consolidate our relations and the partnerships that we have formed with a variety of stakeholders, such as traditional leaders, the religious sector, traditional healers, and the business sector, and civil society.

We believe that all of these sectors have a pivotal role to play in supporting and championing some of our community-based programmes, such as Isibaya Samadoda and Ikhosomba Lamajita; Ikhemisi Eduze Nawe, and many others.





## 27. EMERGENCY MEDICAL SERVICES:

Chairperson, the key objectives of any Emergency Medical Services (EMS) is to provide medical care and transport that is timely, reliable, and effective. This work also entails rendering rapid and efficient emergency medical care to stabilize and treat patients who are critically ill or injured.

In this regard, we are always looking to improve capacity in terms of the quality of our vehicle fleet, response times, as well as the skills of our human resources.

For the 2023/24 financial year, we will be procuring EMS vehicles (made up of ambulances, planned patient transport, and response vehicles), as follows:

- 23 Ambulances, at a cost of R29, 9 million
- 14 Response vehicles, at a cost of R7, 7 million
- 11 Sedans, at a cost of R 2, 3 million
- Four 50-seater buses, at a cost of R6,4 million
- Five 35-seater buses, at a cost of R5 million
- Eight 23-seater buses, at a cost of R7,6 million
- Five 2-stretcher vehicles, at cost of R 6, 2 million
- Four supervisor vehicles, at a cost of R1,9 million



## 28. FORENSIC PATHOLOGY SERVICES (MEDICO-LEGAL MORTUARIES AT JOZINI, MTUBATUBA AND VRYHIED; ALSO NEW MLM VEHICLES AND REVAMPS)

Chairperson, we are of the firm belief that equipping our Forensic Pathology Services (FPS) unit with the proper resources is essential. A properly functioning FPS unit is critical for reliable investigations, to ensure the safety of personnel, and for preserving evidence.

What is also critical is to ensure that all communities have relatively easy access to facilities such as Medico-Legal Mortuaries.

A family that is in mourning after losing its loved one shouldn't have to endure the added burden of traveling long distances to get to these centres.

To this end, we are pleased to announce that we will be building brand new Medico Legal Mortuaries in Jozini, Mtubatuba and Vryheid.

To further empower and equip our FPS unit, we will be procuring 18 new pick-up vehicles; while also installing refridgerators to our disaster trucks at Umgungundlovu and King Cetshwayo Districts.



### **29. EMPLOYEE WELLNESS PROGRAMME:**

Chairperson, as mentioned earlier, in December 2022, we officially introduced our director for employee health and wellness. We are pleased to report that she has hit the ground running, and has begun leading her team to help our employees in dealing with the issues that trouble them.

### **CHAPLAINCY PROGRAMME**

We have also established a chaplaincy programme to assist our employees with psycho-social support.

We have noticed, however, that these services are being used mostly by women with the Department, which is concerning.

We would therefore like to invite men within the Department to also come forward and seek help.

Our plan is for all districts to ultimately have a psychologist, chaplain services, registered counsellor or social worker; as well an Occupational Health Clinic run by an Occupational Health Nurse.

### **30. AUDIT IMPROVEMENT AND OTHER FISCAL MANAGEMENT MATTERS:**

For the first time in many years, the department finally has a full-time Chief Financial Officer, who is a qualified Chartered Accountant.

The Department has now managed to develop comprehensive project execution plans, and we have teams working tirelessly towards attaining a clean audit outcome in the 2022/23 financial year.

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The priority focal areas have been identified as asset management and irregular expenditure, both of which have previously led to qualified audits in the past.

### **Irregular Expenditure:**

In a bid to resolve the issue of Irregular Expenditure, the Department has implemented an effective automated tool that facilitates the determination of irregular expenditure and generates a complete list of such instances (of Irregular Expenditure).

These instances are then assessed and evaluated accordingly, in line with the PFMA and Treasury Regulations.

In fact, to date, 90% of expenditure previously reported as irregular and qualified by the Auditor-General has now been loaded on to the tool and the appropriate determination is ongoing.

The same exercise is ongoing for the current financial year, in order to ensure that no audit issues are raised by the AG going forward.

### **MOVEABLE ASSETS:**

When it comes to Movable Assets, the Department has since addressed the differences that arose with the AG, leading to audit qualification in this regard.

The Department and the Treasury Office (both at National and Provincial level) have reached a final agreement on the movable asset fair valuation methodology. An asset verification exercise has been conducted over all major facilities, in order to ensure that no existence and ownership issues are reported by the AG.

We are confident that this will certainly address and resolve the audit qualification on movable assets for the current year and henceforth

### **GOODS AND SERVICES:**

Under Goods and Services, the audit issue is being resolved through the implementation of a newly acquired LOGIS system. The efforts in addressing the entire amount qualified by the AG are at an advanced stage, and we are now gathering the adequate evidence to demonstrate the resolution of the issues that have been raised.

Processes and various information collection tools have now been developed, and are expected to achieve success in ensuring the completeness, validity and accuracy of performance information, with effect from the 1st of April 2023.

The Department has developed a stringent monitoring and evaluation tool to track, monitor and evaluate our action plan, which is meant to address the issues raised by the AG.

We are making substantial progress to ensure that such achievements are sustainable going forward.

We are therefore confident, based on the work being performed to date, that a better audit outcome will be achieved in the 2022/23 financial year.



## A cknowledgements

As I conclude, I would also like to once again convey a word of gratitude to all the Departmental stakeholders, including our social partners, for supporting our efforts to take care of the healthcare needs of the people of KwaZulu-Natal.

Our gratitude also extends to the thousands of healthcare professionals (Nurses, Doctors, Allied Workers), support staff, and all frontline workers for their contribution in the value chain of health in our province.

Siyababonga kakhulu. Sithi ningakhathalinakusasa.

I am also immensely grateful to the Departmental executive under the stewardship of the Head of Department, Dr Sandile Tshabalala for their resolve and dedication to serve our people.

I wish to thank all staff in the Ministry, and all other support staff who helped out during the compilation of this Budget Speech.

I also thank the people of this Province, in advance, for heeding our call to form a social partnership between themselves and us.

Thank you in advance for taking better care of yourselves; for preventing diseases; and for presenting to healthcare facilities early, before complications set in.

I wish to thank my family for all the love and support that they've given me over the years.

I could travel the whole world, and never find a more loving and supportive family.

My mother uMaVilakazi, my dad uMagutshwa, and my siblings uS'thembile, uS'celo, and noNokwazi; my kids uLwazilwandile noLethukwazi; and Zihlelele-okuhle.

And, last but not least, Madlokovu. Ntusi Yenkomo!!!





**Ngiyabonga kakhulu!!**

Chairperson, I thus present to you the 2023/24 budget as follows:

**FOR VOTE 7, THE 2023/24 BUDGET ALLOCATION IS AS FOLLOWS:**

ADMINISTRATION	: R 1, 266 billion
DISTRICT HEALTH SERVICES	: R 26, 311 billion
EMERGENCY MEDICAL SERVICES	: R 1, 656 billion
PROVINCIAL HOSPITAL SERVICES	: R 12, 165 billion
CENTRAL HOSPITAL SERVICES	: R 5, 492 billion
HEALTH SCIENCES AND TRAINING	: R 1, 481 billion
HEALTH CARE SUPPORT SERVICES	: R 352 Million
HEALTH FACILITIES MANAGEMENT	: R 1, 965 billion
TOTAL	: R 50, 688 billion

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