



THE DEPARTMENT OF HEALTH

BUDGET

VOTE 7

— 2024 —



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

PLEASE FOLLOW US

& visit: www.kznhealth.gov.za



THE DEPARTMENT OF HEALTH
BUDGET
VOTE 7
— 2024 —



2024/25

BUDGET POLICY STATEMENT

by KZN Health MEC

Ms Nomagugu Simelane,

at the KZN Provincial Legislature, Pietermaritzburg,
14 August 2024

Honourable Chairperson;

Premier of KwaZulu-Natal, Mr Thami Ntuli;

Fellow Members of the Executive Council;

Chairperson of the KZN Health Portfolio Committee, Hon. Dr Imraan Keeka

Honourable Members of the KZN Legislature;

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

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;

Healthcare workers across the length and breadth of the Province;

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

Sibingelela nabilalele nabasibukayo ohlelweni lwethu oluhamba phambili, i-KZN Health Chat;

Distinguished guests;

Members of the Media;

Ladies and gentlemen...

1. *Introductory Remarks:*

Standing before this House, I am filled with pride and gratitude for the opportunity to continue to serve the people of KwaZulu-Natal.

I want to thank the African National Congress for having trust in me.

From every hill, mountain and valley of this beautiful Province, we hear the distant echoes of our ancestors, who fought for justice and equality.

We hear them urging us to continue doing well...

While we feel the heartbeat of our communities, we are also urged by the former leaders of the ANC to do even better than we did yesterday...

Guided by the noble principles of the African National Congress, the Budget Vote that we are delivering today aims to uplift the marginalised, heal the sick, and unlock our province's massive potential.

We stand before you, committed more than ever, to dismantling historical inequalities and ensuring that everyone has access to quality healthcare.

Sizimisele ngokuqhubeka nokusebenzela abantu bakithi, kakhulu kunakuqala.

We recognise the weight of responsibility on our shoulders, but we are ready to do our utmost to provide quality healthcare, within the constraints that we are operating under – which I'll elaborate on, a bit later.

Guided by our Constitutional mandate, we will continue to advocate tirelessly for the rights and well-being of all, prioritising the needs of the most vulnerable among us.

We want to make sure that this continues to be an activist Department, and we make a pledge to work harder than ever before, to reach every corner of KwaZulu-Natal – every village, township, and suburb – to ensure that our efforts are impactful.

2. SIGNIFICANCE OF DELIVERING THE BUDGET SPEECH ON WOMEN'S MONTH:

As members would know, the Budget Vote is usually delivered much earlier in the year. But due to the fact that this was an election year, its delivery date was delayed.

We nevertheless see it as poignant and highly inspiring that we deliver this Budget Vote during Women's Month, which is a very special period, when we honour and celebrate the many great women on whose shoulders we stand today.

We honour the women who stood up against the tyranny of Apartheid, particularly the 20,000 women who marched on August 9, 1956, led by Lilian Ngoyi, Albertina Sisulu, Helen Joseph, and Sophia Williams-De Bruyn.

Their courage continues to inspire us.

At this juncture, I'm reminded of the words of the late, great Nomzamo Winnie Madikizela-Mandela, who once said: "If you are to free yourselves you must break the chains of oppression yourselves. Only then can we express our dignity... Only when we have liberated ourselves, can we co-operate with other groups. Any acceptance of humiliation, indignity or insult is acceptance of inferiority."

We owe it to these and many other women – as well as countless other freedom fighters – to make this country work, at all times, and to make sure that their Struggle was not in vain.

As we celebrate 30 years of Freedom and Democracy, we owe it to them to make sure that today, women and children are free in every sense of the word...

We owe it to them to improve access to healthcare; and to rid our society of the scourge of Gender-Based Violence and Femicide.

We owe it to them to put an end to the abduction and murder of women and children.

We further emphasise that putting an end to this scourge is a war that Government will not win on its own, but through collaboration and co-operation with our communities, including traditional leaders, the clergy, and all sectors of our society.

3. DRAWING INSPIRATION FROM OUR HEROES: HEALTHCARE WORKERS GIVING LIFE AND HOPE:

Honourable Chairperson, during the Sixth Administration, our nurses, doctors, and support staff displayed heroism and sacrifice, especially during COVID-19, the looting in 2021, and the floods during April 2022.

Their strength and ability to cope under pressure have been a lesson in perseverance.

We also honour those who lost their lives on the frontlines; and those who extended their work beyond healthcare facilities, providing education, testing, and care under challenging circumstances.

4. ZERO TOLERANCE FOR BAD STAFF AND PATIENTS' ATTITUDE:

Honourable Members, we want our nurses to emulate the ethos of selflessness and dedication to the nursing profession...

The ethos that was displayed by the likes of oMam' Albertina Sisulu and uMam' Victoria Mxenge.

However, while we pay tribute to our healthcare professionals for the dedication they've continuously shown, we nevertheless want to make it clear that poor staff attitude, and any form of abuse towards patients, will not be tolerated.

Such behavior is unacceptable and has no place in this Department.

The integrity of our healthcare system relies on the core values of respect, empathy, and professionalism.

As such, we should be committed to maintaining the highest standards of care, without leaving any room to undermine this ethos.

I want to make it clear that, those who are planning to mistreat patients in any way, shape, or form should consider leaving their positions, so that we can replace them with people who want to work.

Equally, we will not accept any form of abuse directed towards our healthcare professionals. They deserve the same level of respect and safety that others expect from them.

Therefore, any acts of violence or mistreatment from patients or their relatives will not be tolerated.

5. ADHERING TO THE DRESS CODE, NAME TAGS, AND LUNCH BREAK PROTOCOLS:

Honourable Chairperson, we are of the view that personal respect is reflected in many aspects of our professional lives, most notably in the way we dress.

In the healthcare sector in particular, maintaining a professional appearance is vital for establishing trust, and demonstrating the respect that we owe to our patients and colleagues.

That is why we are now establishing a new standard for how we dress in the workplace.

We would like to remind everyone that healthcare workers and support staff are expected to adhere to a more professional and formal dress code.

The wearing of soccer jerseys, jeans, and other casual clothing will no longer be acceptable, even on so-called "Casual Fridays."

All our staff will have to present themselves in a manner that reflects the seriousness and respectfulness of the role that they play in the Department.

6. STAFF TAKING LUNCH BREAKS EN-MASSE, AND ARRIVING LATE OR “DODGING” FROM WORK:

Furthermore, we have been receiving complaints about staff at some clinics, CHCs and hospitals taking lunch breaks simultaneously, leaving patients unattended.

We're also told that some staff members either arrive late at work, or leave work before their shift ends, effectively stealing from taxpayers.

We would like to warn our staff, that this kind of behaviour is unacceptable, and will not be tolerated.

I am now urging all healthcare users to report such misconduct directly to my office, and I want to assure the people of KwaZulu-Natal that we will enforce consequences for both staff and management in this regard.

Our focus must be on serving the public, not on socialising; or failing to fulfil the terms and conditions of our employment by arriving at work late, or leaving too early.

7. THE CRIPPLING EFFECTS OF UNDER-FUNDING AND CONSTANT BUDGETARY CUTS:

Honourable Members, the financial constraints that we are facing are becoming increasingly severe, with constant budget cuts threatening our ability to fulfil the Department's core mandate.

Since 2019, the Department has lost close to R17 billion, which has been taken away from our Budget.

This situation is severely crippling, and affects the long-term sustainability of this Department and its work.

This chronic underfunding of our healthcare system, which I've just alluded to, affects many areas of our operations; including our ability to fill many critical posts.

It also contributes directly to overcrowded facilities and slow-moving queues.

Our dedicated healthcare workers, despite their commitment, end up being stretched very thin.

This leads to burnout and diminished capacity to serve our communities effectively, which is a major concern, given the sensitive and critical nature of the work they do.

If we are to meet the healthcare needs of our people, we must urgently address these funding challenges.

We have been having continuous engagements with the National Treasury, as well as the National Department of Health, with a view to ensure that we do not reach this crisis point.

The health of our province must remain a priority, and I will not rest until we secure the resources that are necessary to keep our facilities open and functioning effectively.

8. SEVENTH ADMINISTRATION: THE BEGINNING OF A NEW CHAPTER:

Honourable Members, as we march forth during the start of the Seventh Administration, we draw hope and inspiration from the words of our Honourable President Mr Cyril Ramaphosa when he said, during the official opening of Parliament last month that: “An important task of the next five years is to ensure that... everyone in South Africa has equal access to equitable, accessible and affordable quality health care. As we implement the National Health Insurance, we will focus on strengthening health care infrastructure, improving training of health care personnel, and using technology to improve health care management.”

The President’s utterances enjoin us to unite behind NHI, and work collectively, to transform the South African healthcare system.

The people of KwaZulu-Natal are already reaping the benefits of NHI.
Yingakho sesibona odokotela kuma-clinics ethu, okuyinto ebingenzeki phambilini.

Through NHI, we have managed to upgrade healthcare facilities in KZN, ensuring that hospitals and clinics are better equipped to handle the needs of the people.

Abantu bakithi sebekwazi ukusizwa ama-truck anodokotela bamazinyo, odokotela bamehlo, abahambela ezindaweni eziseduze nabo.

We look forward to its continued implementation, which will change the lives of our fellow compatriots by bringing equitable healthcare for all.

9. A CALL TO THE PUBLIC TO RENEW THEIR PARTNERSHIP WITH US, AND TO MAKE BETTER COLLECTIVE AND INDIVIDUAL DECISIONS ABOUT HEALTH:

As a returning MEC to this Department, I’ve been privileged to have had sight of the enormity and complexity of the challenges facing us.

My experience has taught me that true victory in the fight against diseases cannot be achieved through Government efforts alone.

Therefore, we must work together to curb the spread of communicable diseases such as TB and HIV; and to reduce the burden of non-communicable diseases such as cancer, diabetes, stroke; obesity, and heart disease, to name but a few.

We thus invite you to work with us to prevent diseases by taking better care of yourselves; to get regularly screened and tested; and to seek help early when diseases rear their ugly heads.

We also call upon those who’ve been diagnosed with diseases to adhere to their treatment regimen.

The key to our success lies in each of us realising that our health is our greatest asset, and taking responsibility to care for it.

The potent saying comes to mind, that says, “He who doesn’t make time to take care of his health, will eventually be forced to make time for illness.”

Let us therefore be proactive, and not find ourselves being forced to make time for illnesses.

10. CONSOLIDATING OUR PARTNERSHIPS WITH VARIOUS CRITICAL STAKEHOLDERS (AMAKHOSI, ABELAPHI BENDABUKO, ABAMABANDLA NJALO-NJALO):

Honourable Members, in this financial year, we are committed to strengthening our relationship with various key stakeholders, who play a vital role in the well-being of our communities.

This includes Amakhosi, traditional healers – abelaphi bendabuko - and leaders of the interfaith community, among others.

We have always recognised the significant influence they hold and the deep connections they maintain within our communities.

We believe these partnerships are essential, and we want these leaders to know that this Department belongs to them just as much as it belongs to the communities they serve.

We will be reaching out to these stakeholders more actively, engaging with them in dialogue, and ensuring that their voices are heard and respected in the decisions we make, just like we did when we were fighting against the COVID – 19 pandemic.

By working closely together in this manner, we can ensure that our health initiatives are effective, and deeply rooted in the cultural and spiritual fabric of our society.

11. STRENGTHENING COMMUNITY-BASED PRIMARY HEALTHCARE: ISIBHEDLELA KUBANTU, “IMBIZO ENAKHO KONKE,” QO-QO-QO, SIKHULEKILE EKHAYA; ISIBAYA SAMADODA / IKHOSOMBA LAMAJITA; AND OTHERS

Honourable Chairperson, the importance of our community-based healthcare and outreach programmes such as Isibhedela Kubantu, Isibaya Samadoda, Qo-Qo-Qo Sikhulekile Ekhaya and Ikhosomba Lamajita can never be over-emphasised.

In this regard, we are guided by Resolutions of the 51st ANC Conference, in 2002; which state that, in implementing the NHI, specific emphasis must be given to Primary Health Care as the first and most important port of call.

Therefore, community outreach becomes a critical strategy for achieving the objectives of primary healthcare, by extending its reach, and ensuring that health services and information are delivered in a way that is accessible to the community.

This effectively ensures that no one is left behind.

By partnering with communities and local stakeholders through these programmes, we will continue to create a holistic, responsive, inclusive, and stronger healthcare system.

We will be further strengthening these programmes, by adding more Government services that are much-needed by the community, as part of what will be “Imbizo Equkethe Konke” programme.

HEALTHY LIFESTYLES:

Indeed, our Department is embracing a new, holistic approach to service delivery, which is designed to address the diverse needs of our communities.

At the core of this strategy is a commitment to promoting healthy lifestyles, and recognising that the well-being of our citizens is the foundation of a prosperous society.

We believe adopting healthier habits can protect us from serious health issues such as obesity and diabetes.

Simple changes like eating nutritious foods, as well as staying physically active can also help us maintain a healthy weight and boost our energy levels.

By integrating healthy lifestyle initiatives into our strategies, we will empower our communities with the tools and knowledge they need to prevent diseases, improve well-being, and lead healthier, more fulfilling lives.

OUR PEOPLE MUST EAT NUTRITIOUSLY:

Nutrition is another cornerstone of this holistic approach.

By promoting food security and encouraging subsistence farming, we aim to empower our citizens to become self-sufficient.

This will help ensure that families have access to nutritious food, while strengthening the economic fabric of our rural areas, and promoting sustainable livelihoods.

Through this holistic approach, we will manage to water the very soul of our province, ensuring that KwaZulu-Natal continues to thrive and become self-reliant.

12. DE-NORMALISING AND REDUCING THE RATE OF CHILD AND TEENAGE PREGNANCY:

Honourable Members, we welcome the fact that child and teenage pregnancy is one of the issues that currently dominate our national discourse.

This is indeed a pressing issue that poses significant health risks to our daughters and society at large, and often derails the education and future prospects of our youth.

As a province, we cannot – and should not – afford to stand by while the potential of our young women is compromised.

To address this challenge, we are implementing a comprehensive strategy aimed at de-normalising and reducing child and teenage pregnancies, and supporting young women.

We need to unite and work together to stop the statutory rape of young girls, and rape of children.

Because that is what it is.

It is rape, and we should not sugar-coat it.

Ingane eneminyaka ewu-9 ayikwazi ukuzithathela isinqumo sokuthi iyaya yini ocansini noma cha!!!

Yingane leyo, engakakwazi ngisho nokuzinakekela yona!!!

Yingakho sithi ukulala nayo kuwukuyiphoqa!!!

Kuyihlazo nje elibi kakhulu!!!

Sikhathele yilemidodovu yamakhehla edlwengula izingane zethu!!!

Yingakho sesithathe isinqumo sokuthi sixoxe kabanzi ngalolu daba namakhosi nezinduna, abaholi bamabandla, abazali, kanye nomphakathi jikelele.

Sithi abazali abayeke ukufukamela labadlwenguli.

Uma uthatha inhlawulo kumuntu odlwengule ingane yakho eneminyaka ewu-10 noma ewu-11, nawe kufanele uboshwe ngoba usuke uthi lo oyidlwengulile wenze kahle.

Leyo ngane isuke ingakakulungeli ukuya ocansini nangokomzimba.

It is a serious problem, because babies of adolescent mothers face a higher risk of low birth weight, preterm birth, and severe neonatal condition.

If these practices continue, our children will have no future. And that is something we cannot allow.

13. YOUTH PROGRAMMES IN THE FIGHT AGAINST HIV/AIDS:

Recognising that our young people are the innovators and future leaders of our society, we are introducing a series of youth programmes that are designed to nurture their potential and guide them on a path to success.

In this new financial year and beyond, we will be collaborating with the Department of Education and the Department of Social Development, to run and intensify programmes that are meant to fight social ills and keep young people on the right path.

Through this partnership, we will strengthen our sex education programmes, promote abstinence, and discuss the distribution of sexual reproductive tools among young people, accelerate awareness about teenage pregnancy, and moral regeneration among boys.

We will also introduce healthy lifestyle initiatives, with a focus on reducing obesity among youth, highlighting the dangers of smoking, alcohol and drug abuse; as well as the benefits of a good diet, while encouraging activities such as aerobics and cardio-vascular exercising.

YOUTH MANAGERS AND PEER MENTORS

We will also be recruiting youth managers and peer mentors in every district.

The rationale behind this is to give young people the skills and knowledge that they need to identify personal risks and how to navigate them.

Honourable Members; to improve access to healthcare to the youth in institutions of higher learning, we will also further strengthen the “Graduate Alive” Campaign; and our target in this regard will be to visit as many institutions of higher learning as possible.

The aim in this regard is to reach young people in high schools, universities and TVETs to promote healthy lifestyles, provide motivation and guidance, mentorship, and educate about the prevention of diseases.

14. COMBATING TB AND HIV/AIDS:

Honourable Chairperson, KwaZulu-Natal continues to find itself as the unnecessary epicenter of TB, HIV, and AIDS.

These are diseases that should no longer be killing our people, because both TB and HIV are preventable. In cases where they cannot be prevented, treatment is available, including a cure for TB.

Yet we continue to see new infections and, tragically, unnecessary deaths.

Honourable Chairperson, reflecting on our progress since the 2019/20 financial year, I can confidently say that KwaZulu-Natal has made some significant strides in the TB Control Programme between the 2019/20 and 2023/24 financial years.

The number of TB tests conducted increased from about 662,000 to more than 1 million over this five-year period.

Despite the challenges posed by the COVID-19 pandemic, which saw the lowest numbers recorded in 2020 at more than 573 000, we have now achieved a remarkable 77% increase in TB testing.

DIGITAL X-RAYS:

One of the key highlights in our fight against TB has been the introduction of the digital chest X-rays (DCXR) to detect missing TB cases, particularly those without symptoms, since 2021.

More than 32 000 patients have been screened using this advanced technology.

This mobile digital X-ray has technology that enables the screening of patients for TB and other respiratory conditions, and produces immediate results, as a screening tool in people aged 15 years and older.

These digital X-ray mobile units are utilized in our outreach programmes such as Isibhedlela Kubantu. On other days, they are parked outside health facilities and in targeted high TB burden community hotspots. Patients who have TB symptoms are diagnosed promptly, rather than referring them to the Community Care Centres and hospitals for diagnosis.

Seven districts, which are eThekweni, uMgungundlovu, uThukela, Amajuba, Umkhanyakude, uGu and King Cetshwayo, already have these digital X-rays, which were donated by our development partners.

However, in 2024/25, we will procure four (4) additional digital X-rays, which will cover the districts that don't have these units, such as Zululand, Harry Gwala, iLembe and UMzinyathi districts.

15. HIV/AIDS AND ANTI-RETROVIRAL TREATMENT PROGRAMME:

Honourable Chairperson, we have come a long way in the treatment of HIV/AIDS, with this year marking 20 years since the Government started initiating the Anti-Retroviral Treatment (ART) Programme.

Over the past five years, the treatment for HIV has significantly improved under the current leadership.

In 2009, the province had just more than 109 000 patients on ART.

But the current number of people on treatment as at the end of March 2024 stands at 1, 56 million.

The current highly efficient treatment regimen is now administered as a fixed-dose combination, meaning one tablet per day for most HIV patients.

This represents a substantial improvement in both safety and treatment outcomes, with rapid and sustained viral suppression.

Impela akusafani nakuqala; selilodwa manje leli philisi.

Asigingqeni baf'wethu!!!

The UNAIDS has set targets on the management of HIV and AIDS, when it comes to testing, treatment and viral suppression rates.

These targets are now 95 – 95 – 95. This means 95% of the population must be tested for HIV and know their status; 95% of those who are HIV positive must be on treatment; and that 95% of those on treatment must be virally-suppressed.

Previously, these targets stood at 90% per category, but we've since moved on from that.

Our target for the 2024/25 financial year is to increase the number of individuals on ART to 1,67 million, based on the estimated 1,88 million people living with HIV, according to the Tembisa Model.

The real challenge lies in ensuring that every individual diagnosed with TB or HIV and AIDS adheres strictly to their treatment.

It's a challenge we are determined to rise up to.

In this regard, we will be strengthening our "Welcome Back" campaign, which will focus on re-engaging individuals who have previously accessed treatment, but got lost along the way.

We will continue to heighten our focus on creating a supportive environment that emphasises non-judgmental care, and the importance of continuous treatment.

16. PrEP:

Honourable Members, two years ago, the Department reported putting 99,500 people on PrEP. But we are pleased to announce that, as of February 2024, at least 177 000 clients have been initiated and remain on PrEP.

To further increase these numbers, we are continuing with existing strategies, such as promoting PrEP through iSibhedlela Kubantu, iSibaya Samadoda, and iKhosomba Lamajita, as well as on various media platforms.

We will continue to provide health education on PrEP during consultations for family planning and cervical cancer screening.

We will also intensify the mass marketing of PrEP at institutions of higher learning and High Schools. We will also use social media platforms, as well as the KZN Health Chat, with its considerable presence online, and on radio and TV.

17. MATERNAL AND CHILD HEALTH:

Honourable Members, investing in the health of our babies and children under five is about securing the future of KwaZulu-Natal.

By giving our children the best start in life, we build a healthier and more prosperous province.

While we've seen a welcome reduction in the rate of Severe Acute Malnutrition, which now stands at 7.2% for 2023/2024 — which is the lowest in three years — there is still work to be done.

To eradicate malnutrition-related deaths, we must encourage early case detection and address underlying social issues like teenage pregnancy.

Additionally, we will strengthen breastfeeding support through the "Mother and Baby Friendly" initiative, and continue to empower nutrition advisors to provide essential services at the primary healthcare and community levels.

18. PHILA MBOKODO: FOCUS ON WOMEN'S HEALTH

Honourable Chairperson, as we continue our journey towards a healthier KwaZulu-Natal, we must recognise the critical importance of preventative healthcare, especially for our women.

As part of our new “Phila Mbokodo” strategy, we will elevate our focus on comprehensive screening and testing for cervical cancer, breast cancer, and uterine cancer; ensuring that early detection and treatment are accessible to all women, regardless of their background or circumstances.

We want this to be the female equivalent of Isibaya Samadoda, with a focus on creating awareness on sexual reproductive health, including family planning, and HIV/Aids awareness, and high blood pressure to mention but a few.

Our programme will also address the broader health and socio-economic challenges faced by women in our province.

19. PRIORITISING THE HEALTH OF MEN:

Chairperson, our engagements with men across the Province of KwaZulu-Natal have revealed some of the reasons that keep them from seeking medical help early when they fall ill.

Men tell us that they're reluctant to visit clinics and hospitals, not because they do not value their health, but because they fear being judged or seen by people they know.

This fear often leads to men postponing vital healthcare visits, which can result in the worsening of conditions that could have been managed or treated early.

In recognising this challenge, we have begun taking proactive steps to make our healthcare facilities more welcoming to men.

In addition to running programmes like Isibaya Samadoda and Ikhosomba Lamajita, we have embarked on a targeted drive to encourage more men to join the health profession, particularly as male nurses.

We have also previously made a commitment that every local municipality must have at least one facility – whether a CHC (community health centre) or a 24-hour clinic – that is dedicated to the health of men. These are facilities that have a male nurse during the day, and after hours because we want to make it easy for men to visit healthcare facilities.

We are pleased to announce that we now have 42 such facilities in the Province, as well as four mobile clinics.

We believe that, by increasing the number of male healthcare professionals, we will create a more relatable and reassuring environment for male patients, where they can seek care without fear of stigma or embarrassment.

20. SEXUAL HEALTH CLINICS: ADDRESSING OUR NEW CHALLENGE OF RISING STIs

Although there has been a slight decrease in cases of Sexually-Transmitted Infections, from 110,000 in 2022/23 to more than 93,100 this past financial year, we believe these numbers are still alarmingly high.

We are particularly concerned about the rising trend of Male Urethritis Syndrome, which consistently exceeds the threshold of 30 per 100,000 population.

This is likely due to sexual partners of index clients not seeking treatment. The prevalence of syphilis also remains a cause for concern, as we have seen its increased prevalence rate among women who present at our healthcare facilities.

We wish to emphasise that abstinence is still a valid choice until one is ready for responsible sexual activity. This means using condoms correctly and consistently, regular STI testing for both partners, and practicing safer conception.

We strongly encourage faithfulness, which also plays a crucial role in preventing STIs like cervical cancer, syphilis, and HIV.

Ayiphele indaba “yobusoka!!!” And this goes for both men and women.

RESPONDING TO THE NEEDS OF THE LGBTQI+ COMMUNITY:

Honourable Members, in line with pronouncements that we have made in this House, we have begun to empower the LGBTQI+ community by providing tailor-made solutions for their unique healthcare challenges.

We now have five LGBTQI+ friendly facilities, which are Pietermaritzburg's East Boom Clinic, the Addington Gateway Sexual and Reproductive Health Clinic in Durban; Empathe Clinic at Umzinyathi District, Walton's Clinic, at uThukela District; and Sundumbili CHC, at iLembe District.

But that being said, it doesn't mean that members of this community are not welcome at all our facilities around the province.

We have also procured 80,000 dental dams, 261,000 finger cots, and 540,000 lubricants, all of which is being repackaged into combo packs, for wider distribution.

This is a promise we made two years ago, as it was not happening previously.

21. NON-COMMUNICABLE DISEASES:

In the face of a global surge in Non-Communicable Diseases (NCDs), our province has also seen a concerning rise in cases.

The number of new diabetes cases increased from about 35,600 in 2021/22 to more than 49,600 in 2022/23, while hypertension cases rose from about 64,000 to more than 78,000 in the same period.

This alarming trend, particularly with Diabetes Mellitus and hypertension, demands immediate and focused action.

To reverse this trend, we are embarking on a comprehensive strategy that prioritises health promotion and prevention.

This includes large-scale awareness campaigns to promote physical activity, nutrition, and the early detection and treatment of new cases.

22. HOPE FOR THE PROFOUNDLY HEARING IMPAIRED:

Honourable Chairperson, we are extremely excited and proud about the progress that we're making to assist those members of the community who are profoundly hearing impaired.

We are doing this through the use of cochlear implants, as part of our KwaZulu-Natal Auditory Implant Programme, which is a partnership between ourselves and the University of KwaZulu-Natal.

Since the start of the auditory implant programme last year, we have done 19 cochlear implants, which is made up of 12 patients from Inkosi Albert Luthuli Central Hospital, and 7 from Ngwelezane Hospital.

In May last year, we were fortunate to witness some very emotional scenes at Inkosi Albert Luthuli Central Hospital, when cochlear implants were switched on, on 43 year-old Xolani Sikhosana from Glenwood; as well as two year-old baby model Uminathi Mafisa from Newcastle – and they both regained their sense of hearing.

Just to put matters into perspective, a cochlear implant costs at least R250 000 per unit. And that excludes other associated costs, such as assessment, the actual surgery, as well as maintenance; and here we are, doing it in the public sector.

It is also quite encouraging to see the progress we are making, because when the programme started, the province had only one surgeon and one audiologist.

But we now have two additional surgeons, as well as two additional audiologists, who are fully trained and certified. The team now also has a fully upskilled speech therapist and a psychologist.

The next cochlear implant is scheduled for the 28th of August, and if all goes according to plan, six implants will be conducted in this financial year.

23. MENTAL HEALTH:

Honourable Chairperson, we believe mental health must take centre stage in our efforts to build a healthier society.

We can no longer afford to treat it as an after-thought, especially given the rampant abuse of substances such as dagga, whoonga, intashi (crack cocaine), alcohol, and others.

These dangerous substances are tearing apart the very fabric of our society, and contributing significantly to the burden of mental health challenges in the Province.

At the same time, mental health conditions, such as depression, anxiety, bipolar disorder, schizophrenia and others, are becoming more prevalent.

It is essential to recognise that at least one in three adults will experience mental health challenges in their lifetime.

These conditions can significantly impact not only the individuals affected, but also their loved ones and the broader community.

We must therefore work together to improve access to care, and reduce the stigma surrounding mental health.

To help strengthen our capacity to deal with mental health issues, we are pleased that two NHI grant-appointed psychiatrists are currently employed at Fort Napier, with the aim of reducing the forensic observation backlog with awaiting trial detainees.

This has assisted in reducing the backlog from approximately 9 months to 4 months. In addition, one of the psychiatrists mentioned above, is doing outreach work once a week at Mzimkhulu Hospital, and has seen a total of 109 state patients in the first three quarters of this financial year.

Furthermore, 22 registered counsellors have been appointed at all community health centres, to strengthen psychological services at a primary health care level.

Another 4 roving specialist mental health teams are covering the 4 regions in KwaZulu-Natal, assisting districts with district mental health plans, capacity building and consultations.

These include Chief Psychologists, Social Worker Managers and Occupational Therapists.

24. ORAL HEALTH:

Honourable Chairperson, as a Department, we recognise that oral health is crucial not only for people's health and physical well-being, but also for confidence and self-esteem. In recognition of this, we are committed to enhancing dental care in this Province.

To this end, we have trained four Maxillo-facial and Oral Surgery Specialists, to further advance Maxillo-facial Services across the province.

They are now stationed at Inkosi Albert Luthuli Central Hospital, Victoria Mxenge Regional Hospital, Grey's Hospital, and Ngwelezane Hospital.

Additionally, three registrars are currently undergoing training in courses for the correcting of misaligned teeth and jaws (Orthodontics); as well as the specialty concerned with designing and fitting artificial teeth and other oral devices (Prosthodontics).

To further improve dental care, the Department is procuring 36 new Dental Chairs.

25. ENHANCING PUBLIC ACCOUNTABILITY: ESTABLISHMENT OF A DEPARTMENTAL NERVE CENTRE (CALL CENTRE / 360 DEGREES SYSTEM), WHICH ALSO SERVES AS THE PUBLIC HEALTH EMERGENCY OPERATION CENTRE:

Honourable Chairperson, as part of our commitment to improving the quality of care, we will continue to harness technology to enhance service delivery and transparency.

As we are all aware, the Province of KwaZulu-Natal has been subjected to several major public events over the past few years that have had adverse public health consequences.

This includes the floods, looting and public violence, public sector strikes, disease outbreaks, and pandemics.

South Africa is obligated to develop the institutional and operational capacity to better prepare for, and respond to, these events, in compliance with the provisions of the International Health Regulations IHR (2005).

To address the challenges of our current system, we are streamlining our Provincial Call Centre this financial year to better serve the public and respond more efficiently to emergencies.

Our outdated analogue system, the "Desktop Application," limits access to real-time data and hampers the generation of reports, making it difficult to compile accurate reports quickly.

To overcome this, we are introducing a 360 Degrees System, which is a real-time, web-based solution that will serve as the Departmental Nerve Centre and Public Health Emergency Operation Centre.

This platform will automate business processes, including managing incidents, accidents, complaints, and data collection.

Its key features include:

- Telephony Management System: This is a unified platform for managing incidents, accidents, and complaints.
- Voice Over Internet Protocol (VOIP) Call Centre Solution, which is a modern, cable-free call centre with screens to monitor ambulances, reports, and live calls.
- Mobile Application (App), which is the integration of the "BIKA SIKUSIZE" mobile app into the system for easy access, district profiles, and real-time data monitoring. The mobile app will be integrated to be part of the overall system so that citizens can access the department at the tip of their fingers. This app will add district profiles, as well as a comprehensive dashboard for management to view stats at any given point in time. Management will be able to capture on a daily basis, bed occupancy, death stats, and also be able to drill down from district hospital to clinic level. The mobile application will be hosted on both the IOS and Android platforms.
- Push-to-Talk Gadgets for Ambulances: This is a new system linked to the departmental app, which enables the public's efficient communication with ambulances via GPS-based services.
- Web-Based Solution: This is a platform enabling real-time data capturing and reporting, covering incident management, complaints, and Emergency Response Management (ERM).

KZN HEALTH CHAT:

Our innovative weekly KZN Health Chat Multimedia podcast, which is broadcast online, on TV, and on radio, is growing rapidly, showcasing our dedication to transparency and accountability.

Driven by the health calendar and public input, the content of this podcast empowers the community with vital information, supports disease awareness, and promotes prevention, testing, early diagnosis, and treatment adherence.

It goes without saying that this is helping us improve health literacy, while enabling the efficient utilisation of our limited resources.

PUBLICISING THE CONTACT DETAILS OF HOSPITAL MANAGERS:

As we have done before, we will continue to publish online, and quarterly on newspapers, the contact details of hospital PROs, CEOs, and District Directors.

This ensures that healthcare users have access to address grievances or offer compliments.

Phone numbers will be updated quarterly to maintain current and accurate information. We have also given a directive to all our institutions to put up these numbers in all the public notice boards and prominent areas of the institutions.

26. OVERCOMING CHALLENGES IN E-HEALTH IMPLEMENTATION:

Honourable Chairperson, one of the most significant initiatives that we announced when we took office in 2019 was the transition from the outdated paper-based systems to a comprehensive E-Health solution.

However, this transition did come with its own set of challenges, including network issues, and the shortage of infrastructure such as computer hardware; as well as fear or resistance to change by some of our health personnel.

Our progress was also disrupted by the COVID – 19 pandemic, which set us back by at least two years.

During the 2022/23 financial year, the e-Health System was piloted in three major Regional Hospitals, which were Prince Mshiyeni, Madadeni, and Pixley Ka-Isaka Seme.

E-Health has now been implemented in 42 hospitals, with 40 of them now using the system for patient registration.

Since the inception of E-Health, more than 16,500 users have been trained, including Patient Administration Officers, nurses, and doctors.

Additionally, 350 interns have been employed to sort and scan paper files into the system, while 10 new System Administrators have been appointed to support E-Health.

The progress we have made in this regard includes the procurement of:

- 2,724 desktop computers
- 40 high-specification desktops
- 265 Computers on Wheels
- 495 label printers
- 539 receipt printers
- 595 tablets
- 40 high-speed document scanners

Our roll-out plan for additional computing equipment for the 2024/25 is as follows:

Desktops	: 1679
Cows/laptops	: 1642
Tablets	: 695
High specification desktops for scanning of files	: 212
Scanners at least	: 212

Phase 2 of the E-Health programme will cover 27 more hospitals.

27. INFRASTRUCTURE DEVELOPMENT:

Honourable Chairperson, in a semi-rural province like KwaZulu-Natal, the Development of Infrastructure – particularly the built environment – is essential for improving healthcare service delivery.

A few weeks ago, we embarked on the very significant process of sod-turning and the hand-over of contractors, to indicate the imminent construction of nine clinics and two community health centres.

We are building these facilities in areas that were previously largely “forgotten” and left behind from the development that other communities got to enjoy.

We are pleased to announce that contracts have been awarded for these facilities, and there is already construction activity on some of the sites, such as at eNyavini (at Ugu District), Mpaphala (at King Cetshwayo District), and eMpolweni, here at (Umgungundlovu District), and Umtubatuba Community Health Centre (Umkhanyakude District) with the others due to follow suit in due course.

The construction of these clinics in our rural areas represents a major milestone in our commitment to equitable healthcare for all South Africans.

These are four out of eleven healthcare facilities that we are building.

In this new financial year, we will continue to find money for the construction of these clinics, including approaching the private sector.

28. UPGRADING DISTRICT HOSPITALS:

In this new financial year, we will continue to steam ahead with the process of upgrading four hospitals – which are Vryheid, Dundee, Bethesda, and Christ the King – from district to regional status.

This upgrade will enhance these hospitals’ capacity to provide more advanced healthcare services.

We will soon be appointing design consultants to focus on essential infrastructural work, like the installation of bulk services such as water, sewer, and electrical systems; as well as upgrade facilities for mother and child care, theatres, and critical care.

Additionally, efforts to upgrade Dumbe CHC to a district hospital are progressing quite well.

OTHER MAJOR PROJECTS:

We have previously had three oncology centres in the Province, which are Inkosi Albert Luthuli Central Unit Hospital, Addington Hospital, and Grey’s Hospital. We have now added Ngwelezane Hospital as a fourth centre, as of November 2023.

Oncology services are already available at Ngwelezane Hospital, but this new oncology centre will be funded by the National Department of Health, at a cost of R250 million.

A chemotherapy unit has already been opened at this hospital, with a full-time radiation oncologist already appointed.

We are pleased to report that, since the first quarter of the year, we've assisted 279 patients with chemotherapy. However, where further oncology services are needed, patients are sent to iNkosi Albert Luthuli Central Hospital.

This new oncology unit will assist greatly in reducing the traveling time for patients requiring access to oncology services from the northern parts of the Province.

It will also promote equitable access to critical healthcare services for clients with cancer, and will include:

- A 32 bedded Oncology Ward
- 2 bunkers
- 2 Linear Accelerators
- 1 Brachytherapy; and
- 1 Wide Bore CT Scanner

CONSTRUCTION OF A TERTIARY HOSPITAL IN EMPANGENI:

Honourable Chairperson, we are pleased to announce that we have made significant strides in laying the groundwork for the development of a new tertiary hospital in Empangeni.

The business case for this project has been approved by the National Department of Health, and the Clinical Brief was finalised and approved on the 14th of December 2023. We have also secured a site for the new hospital.

As we move forward, we are preparing processes to select a design team, who is scheduled to begin anytime from now.

We therefore hereby make an official call to the Private Sector to join us in a Private-Public Partnership to build this hospital.

By working together, we can expand access to healthcare, and ensure that no community is left behind, and create a healthier future for all.

I therefore invite the private sector to engage with us and explore these partnerships, which will ultimately help expand and strengthen healthcare services across KwaZulu-Natal.

29. IMPROVING OUR EMERGENCY MEDICAL SERVICES:

Chairperson, our commitment to enhancing Emergency Medical Services (EMS) remains strong despite significant challenges.

EMS faces staff shortages and delays in ambulance repairs, which impact our ability to maintain a consistent operational schedule.

Due to the vastness and topography of our Province, our ambulances travel long distances and endure harsh conditions, leading to a frequent need for repair and maintenance.

In rural areas, poor road infrastructure and limited repair facilities further exacerbate these issues.

What is equally concerning is the rising number of attacks on our dedicated paramedics, who provide essential, life-saving care and deserve our respect and protection.

We strongly condemn these attacks and urge the community to isolate and report the perpetrators, ensuring they face justice.

We will continue working to address these challenges by, among others, improving ambulance maintenance and supporting our EMS teams.

Needless to say, the co-operation of the people of this Province is vital in creating a safer environment for our paramedics, enabling them to continue delivering crucial care to those in need.

During this new financial year, we will be procuring a total of 38 ambulances, 2 Response vehicles and 8 Planned Patient Transport vehicles at the cost of R64 million.

ROADSIDE ASSISTANCE FOR OUR AMBULANCES:

In the next few weeks, we will be launching 11 Roadside Assistance Vehicles for our ambulances, which will work in all districts.

One of the key advancements we are implementing to enhance our Emergency Medical Services is the introduction of roadside assistance vehicles for our ambulances.

These specialised vehicles are designed to provide immediate support and repair services to our ambulances while they are en-route to emergencies or between calls.

Part of the objective behind the establishment of this unit is to reduce the turnaround time when vehicles have gone for repairs.

Iqiniso wukuthi ezinye zalezinto singakwazi ukuzibambela zona thina ngokwethu, imoto ingahambi isikhathi eside kakhulu.

30. SUPPORTING AND EMPOWERING OUR FORENSIC PATHOLOGISTS:

Our forensic pathologists play a vital role in our healthcare system, and we are committed to enhancing their working conditions and supporting their invaluable work. We are excited to announce several key improvements that will significantly impact their environment and effectiveness.

To better support our forensic teams in handling disaster situations, we are introducing three new disaster trucks. These will be strategically allocated to cover critical areas, including the N3 and N11 routes, and the N2 up to oPhongola.

Additionally, we will revamp and redistribute two existing trucks to further bolster our response capabilities.

We are also making strides in expanding our infrastructure with the construction of new mortuary facilities in Jozini, Mtubatuba, and Vryheid. These new facilities will provide enhanced working conditions and support for our forensic pathologists.

31. IMPROVEMENTS IN FINANCIAL MANAGEMENT: UNQUALIFIED AUDITS:

Honourable Chair, despite challenges such as unfilled posts, we have maximised our available capacity to achieve significant milestones.

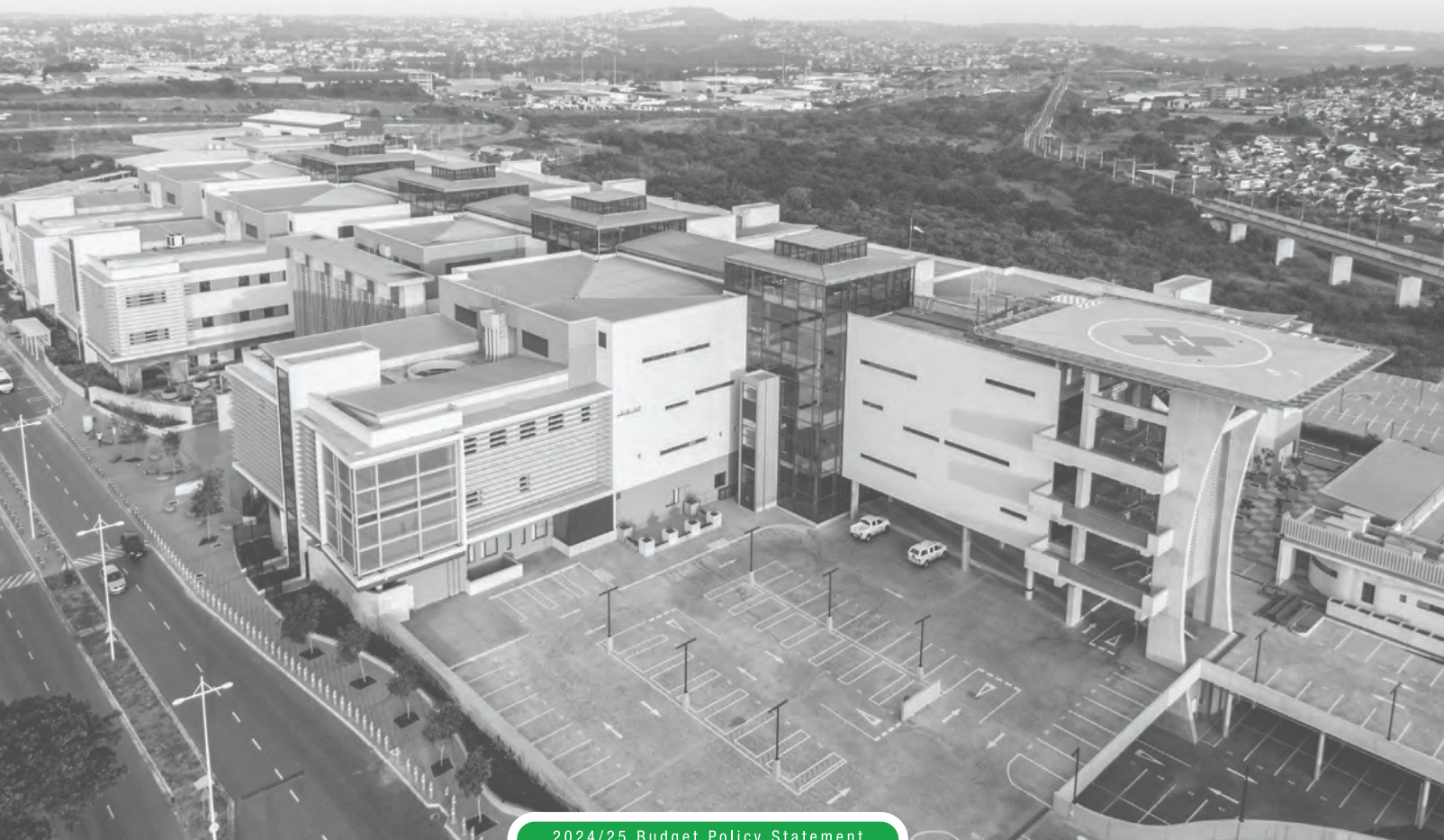
By rigorously implementing regular reviews of our policies and procedures, and strengthening internal controls, we have ensured continuous monitoring and reporting across the department.

Our two consecutive unqualified audit reports bear testimony to our commitment to continued fiscal discipline, accountability, and transparency.

This achievement once again reflects the confidence of the Auditor-General of South Africa (AGSA) in our improving adherence to legislation, regulations, policies and procedures, as well as the integrity of our information.

It highlights our improvement in financial reporting and robust internal controls, which we are committed to continue to uphold.

We will continue to strive towards achieving a clean audit.



Acknowledgements

As I finish, I want to convey my sincere gratitude to all our departmental stakeholders and development partners for their steadfast support in addressing KwaZulu-Natal's healthcare needs.

I deeply appreciate the senior management team, led by Dr. Sandile Tshabalala, for their hard work and service to the people of this Province.

I also want to thank the KZN Health Ministry staff and everyone who contributed to preparing this Budget Speech.

Additionally, I extend my appreciation to the people of this province for their expected collaboration in building and consolidating a strong partnership with the Government.

Thank you for proactively caring for your health, preventing diseases, and seeking early medical attention.

Lastly, I am profoundly grateful to my family for their unconditional love and support. My mother uMaVilakazi, my father uMagutshwa, my siblings uS'thembile, uS'celo, and noNokwazi, my children uLwazilwandile and uLethukwazi, and Zihlelele-okuhle, and the brand new one Linami... You have been my greatest strength and inspiration.

And, of course, Madlokovu. Ntusi Yenkomo, nasentendeni yesandla uyanela!!!

Ngiyabonga kakhulu!

Chairperson, I thus present to you the 2024/25 budget as follows:


FOR VOTE 7, THE 2024/25 BUDGET ALLOCATION IS AS FOLLOWS:

PROGRAMME 1	: ADMINISTRATION: R 1,37 billion
PROGRAMME 2	: DISTRICT HEALTH SERVICES: R 27,5 billion
PROGRAMME 3	: EMERGENCY MEDICAL SERVICES: R 1,79 billion
PROGRAMME 4	: PROVINCIAL HOSPITAL SERVICES: R 13,2 billion
PROGRAMME 5	: CENTRAL HOSPITAL SERVICES: R 6 billion
PROGRAMME 6	: HEALTH SCIENCES AND TRAINING: R 1,5 million
PROGRAMME 7	: HEALTH CARE SUPPORT SERVICES: R 37 million
PROGRAMME 8	: HEALTH FACILITIES MANAGEMENT: R 1, 97 billion
TOTAL	: R 53, 8 BILLION





HEAD OFFICE

-  P/Bag X9051 Pietermaritzburg 3200
-  Natalia 330 Langalibalele Street
Pietermaritzburg 3201
-  033 395 2111 (switchboard)
-  www.kznhealth.gov.za