

## MESSAGE FROM KZN HEALTH MEC MS NOMAGUGU SIMELANE-ZULU



“I would like to thank my political home, the African National Congress for entrusting me with the responsibility of leading this Department. I promise to do my best to carry out the noble mandate of improving the health outcomes of the people of this beautiful province.

I also wish to warmly greet all employees of this Department, who are the backbone of the public healthcare sector. I will endeavor to visit and interact with as many of them as possible as we seek to serve the people of this province and grow this country together.

I promise to have an open door policy, for as long as my schedule allows. I also look forward to meaningful, co-operative and fruitful engagement with organized labour as we work together to resolve challenges.

Thank you”

# KZN DEPARTMENT OF HEALTH WELCOMES AND CONGRATULATES NEWLY-APPOINTED HEALTH MEC MS NOMAGUGU SIMELANE-ZULU

**The KwaZulu-Natal Department of Health wishes to express a warm and hearty welcome to the newly-appointed KZN Health MEC Ms Nomagugu Simelane-Zulu.**

Until recently an ANC provincial spokesperson and provincial executive committee member, Ms Simelane-Zulu (42) is now responsible for the health needs of more than 80% of the province's population who use the public health sector. She now presides over 700 health facilities, including hospitals, community health centres, clinics, and mobile clinics.

The Department of Health is familiar territory for Dobsonville-born and Newcastle-based Ms Simelane Zulu, who served as a Parliamentary Liaison Officer for the Department from 2005 to 2008. A qualified lawyer and seasoned political campaigner, she has also served in a number of key strategic positions, including chairing the KZN Youth Commission; and as a senior manager in the KZN Office of the Premier.

She holds a BA in law and an LLB from the University Of Natal (University of KwaZulu-Natal); and a certificate in Governance from Wits University, and is currently studying towards a Master's Degree in Political Science, which she started last year.

She has also served as a Member of Provincial Legislature and Whip, and was later appointed Chairperson of the Agriculture Portfolio Committee (2014 to date).

## Her leadership roles include being:

- Branch treasurer for the ANC Youth League (Dobsonville) from 1992- 1993;

- Branch secretary for the SA Students Congress (University of Natal, PMB Campus) from 1997 to 1998;

- Branch Chairperson: ANC Youth League (University of Natal, PMB Campus) from 1999 to 2001;

- Secretary of the Law Student Society (University of Natal, PMB Campus) from 1999 – 2000;

- Chairperson of the Black Lawyers Association (student Chapter, UNP campus) from 2000 to 2001;

- Branch Secretary, 2002 to 2004;

- ANC Youth League Provincial Executive Committee and Provincial Treasurer, from 2003 to 2010;

- Regional treasurer: ANC Regional Executive Committee: Abaqulusi Region from 2010 to 2011. She then became regional chairperson from 2011 until 2014: and;

- PEC member: ANC Provincial Executive Committee (KZN) from 2015 to date.

Acting Head of Department Dr Musa Gumede said: "We wish to congratulate and welcome Ms Simelane Zulu on board. We look forward to the journey ahead with full confidence of her leadership and management qualities, as we continue to tackle the health challenges confronting the province. As the political head of the Department, we have no doubt that under her stewardship, this province will consolidate and accelerate the numerous gains that have been made to improve the



quality of - and access to healthcare services in the province."

## DEPARTMENT OF HEALTH MINISTERS



National Health Minister, Dr Zweli Mkhize



National Deputy Minister, Dr Joe Phaahla



KZN Health MEC, Ms Gugu Simelane-Zulu



# DECOMPOSED BODY FOUND IN CEILING: DEPARTMENT LAUNCHES INVESTIGATION

Firstly, as a Department, we wish to send our condolences to the family of the deceased, Mr Sandile Sibiya, whom we are told was a builder from Amaoti, at Inanda, north of Durban.

We got to know about the case of a missing patient on 24 May 2019. According to management of Mahatma Gandhi Memorial Hospital, Mr Sibiya had presented at the hospital on 10 May 2019 with a broken right leg (femur). He was NOT a mental healthcare user, as suggested elsewhere.

Following an assessment, a discussion was held with the orthopaedic doctor at Addington Hospital for him to be transferred there. However, he is believed to have disappeared afterwards. He was subsequently reported missing by nurses.

Following an unsuccessful search through various parts of the hospital by security, a case of a missing person was registered with the SAPS.

With the passage of time an unbearable stench intensified at the hospital, and eventually led to the storeroom, where fluid dripping from the ceiling provided the tell-tale signs that something was amiss. The search eventually led to the decomposed body, on Friday (24 May 2019).

The body was positively identified by Sibiya's relatives on Sunday, 26 May 2019. A post-mortem has been conducted by Forensic Pathology Services (FPS) personnel, and will be made available to the next-of-kin. The matter is being investigated by the SAPS. The Department is,

meanwhile, conducting its own investigation, which is expected to yield a preliminary report by Friday, 31 May 2019. We will not hesitate to take the strongest possible action, should anyone be found guilty of any form of wrongdoing.

As a Department, we encourage people to always go to their primary healthcare facility, which is the clinic, as the first port of call. From time to time, communities do complain about a shortage of doctors in clinics, or that there is not enough medication. This is not necessarily always true - and where medication is in short supply, there are always measures to replenish stock - unless there is a shortage at the manufacturer.

People tend to flock to our hospitals because they

believe they will get a better service, compared to at a clinic, which again is not always true, and then causes congestion. We encourage our fellow our compatriots to follow the referral system by starting at their clinics because that is where ailments such as common colds and other easily treatable diseases can easily be dealt with.

As part of interventions to alleviate congestion at health facilities, the Department also has in place the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme, which enables patients who are on chronic medication and are stable, to collect their medication closer to their homes. This can be at libraries, community halls, places of worship, and other public amenities. Nearly 1

million people have been registered to use this service, which sees them needing to come to a health facility for review only once every three months. We urge our countrymen and women to register and utilise this service.

The issue of pressure due to staffing issues at MGMH is because there's a lack of beds due to the fact that it was not designed to cater to the needs of communities that have vastly expanded over the years, due to urbanisation and other factors. That is why the Dr Pixley ka Isaka Seme Hospital, a referral hospital which is nearing completion, is going to assist because it will bring in 500 new beds. The areas of Inanda, Ntuzuma, KwaMashu and other surrounds will feel less pressure because residents will go to this hospital.

## ENGAGING MEDIA TO IMPROVE LEVEL OF

# TB AND HIV COVERAGE



Journalists have a responsibility to report on TB, HIV and general health issues with accuracy and sensitivity to avoid stigmatising people living with diseases and to clarify common misunderstandings about them, how they can be prevented and/or transmitted.

In the era where HIV is regarded as another chronic disease, the manner in which HIV stories are reported needs to move away from the negative to a positive

narrative. Surveys show that media training and sensitization leads to relatively more balanced and accurate media reportage on HIV, particularly in high-prevalence zones.

The Strategic Health Programmes of the KZN Department of Health, together with the KZN Office of Premier, have undertaken to build bridges and capacity of media so as to change the way the stories are reported.

"The effort is a major step forward in the TB and HIV response and will set a benchmark for media reporting on the issue," said Tryphinah Ngwenya, a senior manager in the HIV and AIDS sub-directorate, who is attached to the KwaZulu-Natal Office of the Premier and provincial Treasury.

"At a time when the media is expanding at a furious pace, providing accurate and latest

information is crucial to ensure qualitative and responsible coverage of TB and HIV-related issues."

### How the media cover HIV issues or stories related to AIDS

Knowledge and understanding of the virus, as well as developments in HIV treatment, have undergone a great deal of change since over two decades ago when journalists reported about this "deadly" disease and the confrontational relations that existed between government and civil society. The nature of media has also changed with the rise of electronic and digital media in addition to print, which has resulted in quicker and better dissemination of information.

To assist in creating an environment that is conducive to accurate reporting and to build partnerships, two workshops were held in May 2019 where experts presented, discussed, and debated current interventions, their successes and challenges. They also agreed that this effort must enhance further discussions at home, work places and social settings.

As TB and HIV's impact is felt across society, it was recommended that instead of concentrating on health reporters alone, people at all levels of a news organisation should be trained and sensitized on HIV, especially on appropriate terminology. Mental health, which is reported to affect one in three

people, was also emphasised as an important area that needs more media attention in order to broaden its understanding among the public. This would help those directly and indirectly affected by it to cope better.

### Be objective, factual and sensitive

The discussions emphasised that journalists must ensure their news items and current affairs programmes are objective, factual, balanced and sensitive, even more so when they are reporting on TB and HIV. This includes highlighting positive stories where appropriate, without underplaying the fact that HIV is a serious issue. Telling the whole story would mean giving it a human face, and allowing the voices of people living with HIV to be heard.

Accuracy of reporting was flagged as a critical area since important personal and policy decisions may be influenced by media reports and so distortion of facts in any manner was unacceptable. In the context of HIV, this means that journalists need to exercise caution about scientific and medical details as well as statistics.

The workshop also agreed that journalists and news organizations need to adapt and widely disseminate information and encourage discussions to engender responsible coverage of the issue

# DO YOU HAVE BIPOLAR DISORDER?

**This bipolar depression test may help you determine if you have the symptoms of bipolar depression.**

Please keep in mind, there are other illnesses and medications that can mimic the signs of bipolar disorder and bipolar depression. That's why it's important to discuss the results of the bipolar depression test with your doctor. Only a doctor or other mental health professional can diagnose bipolar depression.

When done, print the bipolar depression test (bipolar depression quiz) and share the results with your doctor.

**1. Do you experience extreme mood changes – going from extremely happy to extremely sad?**

Yes  Sometimes  No

**2. Do you have anyone in your family (include all relatives) who has been diagnosed with bipolar disorder?**

Yes  No

**3. Do you experience periods where you feel any of the following (check all that apply):**

- Persistent sad, anxious or "empty" feelings
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including

sex

- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment

**4. Have you ever experienced any of these symptoms for a period of at least one week?**

- Elevated mood
- Euphoria
- Hyperactivity
- Excitement
- Overconfidence
- Grandiosity
- Extravagance
- Spending sprees
- Recklessness
- Delusions of grandeur
- Talking a lot
- Rapid speech
- Rapid movements
- Reduced need for sleep
- Increased appetite
- Excessive exercising
- Increased libido
- Increased use of alcohol
- Distractedness
- Aggression

- Excessive laughter
- Anger

## Results of Bipolar Depression Test

If you checked yes or sometimes to bipolar depression test question 1, it's possible you exhibit the traditional signs of bipolar disorder.

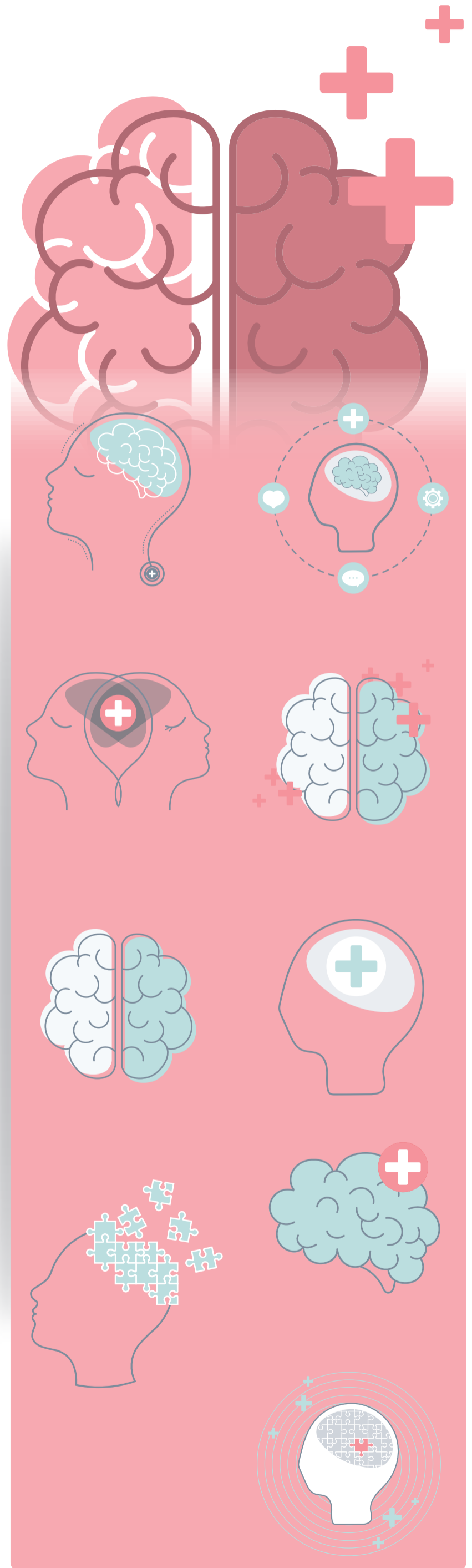
If you check yes to question 2, bipolar disorder does have a genetic component and research shows bipolar disorder tends to run in families.

Question 3 measures the traditional symptoms of major depression. If you've experienced five (or more) of those symptoms during the same 2-week period and at least one of the symptoms is either: (1) depressed mood or (2) loss of interest or pleasure, this is an indication you may have Major Depressive Disorder.

Question 4 of the bipolar depression test measures the symptoms of mania and hypomania. Remember, the difference between bipolar depression vs depression is the person must have also experienced the symptoms of bipolar mania or hypomania. If you checked off symptoms in this question and question 3, please discuss the possibility that you might have bipolar depression with your doctor or mental health professional.

Print this page with your bipolar depression test results to share with your doctor.

Source:  
[www.healthyplace.com](http://www.healthyplace.com)



# 5 REASONS TO STOP SMOKING



**World No Tobacco Day, which falls on 31 May annually, aims to highlight the consequences of smoking tobacco.**

This year's theme, "Tobacco and Lung Health" focuses on the negative impact that tobacco has on people's lung health, from cancer to

chronic respiratory disease and the fundamental role lungs play for the health and well-being of all people.

**Whilst there are endless reasons to stop smoking, here's a short list of 10 reasons to stop smoking:**

## You'll Live Longer

Smoking has been linked to lung, oral and throat cancer amongst other types of cancers. This is because the chemicals used in cigarettes carry toxins that are transported into the body's blood stream and cells after being inhaled through the lungs. These toxins then affect the cells, making them cancerous. Fortunately, research shows that stopping smoking, eating a healthy diet, exercising and drinking water can reduce chances of developing these non-communicable diseases.

## You'll Have Better Skin

Smoking has been proven to lead to premature skin aging, acne and psoriasis. However, studies also revealed that skin damage could be reversed upon cessation.

## You'll Have Less Risk of Losing Your Eyesight

Blindness is four times likely

for a smoker. This is because the chemicals in cigarettes are poisonous to the ocular (eye) tissue and the damage caused can turn into cataracts, blindness or other negative effects for the eyes. The sooner that smoking is stopped, the lesser the risk of developing eye damage

## Your Loved Ones Will Be Healthier

Smoking around others also puts them at risk of health complications. Although the law prohibits smoking around people under the age of 18, many parents continue to do so, putting their children at risk. Second hand smoking around children can cause them to have frequent infections such as colds, bronchitis and pneumonia. In adults, second hand smoking can cause headaches, nausea, increased heart rate and blood pressure as well as miscarriages and stillbirths in pregnant women. In the long term, adults exposed to second hand smoke can develop asthma, heart disease and lung

cancer.

## Your Life Policy Will Be Cheaper

Since smoking can lead to multiple health issues, life insurance companies tend to charge them more for their premiums since they are likely to die quicker than non-smokers. According to Sanlam, in 2017 a healthy, non-smoking 25-year-old male could qualify for R2 million cover at a monthly premium of R294. The same cover would cost a smoker R592 per month – which is more than double. A healthy non-smoking female of the same age would pay roughly R190 for the same amount of cover, whereas she'd have to pay R380 if she were a smoker.

**DID YOU KNOW**  
Research indicates that every cigarette you smoke shortens your life by 11 minutes -  
Gems.gov.za

## KZN HEALTH MEC MS NOMAGUGU SIMELANE-ZULU WANTS INSTALLATION OF AN ELECTRONIC FILING SYSTEM FAST-TRACKED; SAYS IT WILL HELP REDUCE WAITING TIMES AT HOSPITALS AND CLINICS



**Newly-appointed KwaZulu-Natal Health MEC Ms Nomagugu Simelane-Zulu wants an**

**electronic filing system to be installed at health facilities across the province, so that**

**patients do not wait on benches for a long time before they receive medical attention.**

During an unannounced visit to Northdale Hospital in her second day of work, the MEC expressed her disquiet about how patient records are kept. "When you walk around the hospital you realise that the institution is slightly old, which might need renovations here and there. I will be getting a briefing from the acting HOD, on what the plans are for this institution. The one thing that concerns me is the issue of admissions.

"We are still on paper admissions, and when you look at how the system is actually done, it's not convincing that we were able to deal with it thoroughly. Of course, the Department had

tried in the past two years to put in a new IT system, and there were challenges. So, we are going to have a proper briefing in relation to that and see what else can be done. "In this day and age, one of the things we need to be able to do better is to move towards a paperless society because it's much quicker. And it makes things much better rather than to have a clustered room full of papers. We are going to work on that."

The MEC also vowed to make more surprise visits at hospitals and clinics, especially those that she has received complaints about. "This was my first visit as a member of the executive, in my second day at work. I will be doing a number of visits in

hospitals and clinics. We will be having drive-throughs from time to time, depending on where we are, and what we are doing."

When asked about the lack of certain resources at Northdale Hospital – including beds and staff – which sometimes lead to congestion, the MEC said: "I will go back to the Department, sit down with management and see what plan we have. What I do know is that the Department has serious challenges when it comes to finances. We are unable at any point to take a decision to extend the hospital or build another one, so you need to creatively work with what you have. We will go back with management and work on what the problem is, and find other ways of assisting."

# ETHICS TALK

CONDUCTING BUSINESS WITH THE STATE OR AN ORGAN OF STATE



In January 2017 the Department of Public Service and Administration (DPSA) issued a Directive on Conducting Business with an Organ of State. The purpose of the Directive is to promote ethical behaviour, eradicate and prevent unethical practices as well as reduce possible, perceived and potential conflicts of interest. It places an obligation on the Accounting Officer to report on conflict of interest.

In terms of the Directive a

public servant is prohibited from conducting business directly or indirectly with an organ of State and/or being a Director of a company/member of a close corporation conducting business with the State.

As of 1st April 2018, certain sections of the Public Administration Management Act came into effect. The amendment explains that a contravention of the directive may lead to any person

found guilty of the offence being liable to a fine or imprisonment for a period not exceeding 5 years or both such fine and imprisonment; and constitutes serious misconduct which may result in the termination of employment by the employer.

# COMRADES 2019

**The 98th Comrade's Marathon is scheduled to take place on 09 June 2019 starting at the Durban City Hall and finishing in Pietermaritzburg Golden Horse Casino.**

The KwaZulu-Natal Department of Health has 72 participants that will take part in this year's race. In the lead is Edendale Hospital with six runners taking part, followed by Head Office with five runners and other facilities which have one or two

runners each.

Last year's race culminated at Moses Mabhida Stadium with Pietermaritzburg born Bongumusa Mthembu finishing first.

The MEC and Acting Head Health wish all runners the best of luck!



# HEALTH INVENTIONS THAT CHANGED THE WORLD: THE XRAY

Have you ever had an X-ray taken? X-rays are used to analyze problems with bones, teeth and organs in the human body; to detect cracks in metal in industry; and even at airports for luggage inspection. Yet, despite their versatility, the invention of the X-ray wasn't intentional. The scientific and medical

community will forever be indebted to an accidental discovery made by German physicist Wilhelm Conrad Röntgen in 1895.

While experimenting with electrical currents through glass cathode-ray tubes, Röntgen discovered that a certain chemical glowed even though the tube was

encased in thick black cardboard and was across the room. He theorized that some kind of radiation must be traveling in the space. Röntgen didn't fully understand his discovery so he dubbed it X-radiation for its unexplained nature.

source: [www.howstuffworks.com](http://www.howstuffworks.com)





**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# URGENT REMINDER!!!

## SUBMISSION OF FINANCIAL DISCLOSURES: OTHER CATEGORIES OTHER THAN SMS

### WHO MUST SUBMIT?

**MMS LEVEL 12 AND HIGHER, OSD AND NON-OSD**  
(JUNE OF EVERY YEAR)

**MMS LEVEL 11 AND HIGHER, OSD AND NON-OSD**  
(JULY OF EVERY YEAR)

**FINANCE AND SCM REGARDLESS OF SALARY LEVEL**  
(JULY OF EVERY YEAR)

**NEW APPOINTEES IN ALL DESIGNATED CATEGORIES**  
(WITHIN 30 DAYS OF APPOINTMENT)

**Submit  
your financial  
disclosure online using  
eDisclosure System on  
[www.dpsa.gov.za/  
edisclosure](http://www.dpsa.gov.za/edisclosure)**

**NOTE:**  
the system is  
about to open for  
salary level 12 and  
higher (OSD and  
Non-OSD) now in  
June.

**ENQUIRIES:  
033 395 3249  
OR DIAL  
EXTENSIONS:  
2233/ 2717/ 2472/  
3191**

**LOG ON  
TO REGISTER  
AND  
SUBMIT  
YOURS!!!**

**FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE**





**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

## NOTICE IN TERMS OF REGULATION 9(5)(b) OF THE EMERGENCY MEDICAL SERVICES REGULATIONS PUBLISHED UNDER THE NATIONAL HEALTH ACT, 2003 (ACT 61 OF 2003)

The KwaZulu-Natal Health Department hereby wishes to invite public comments on EMS providers who have applied for licence to provide emergency medical services in the province, in line with the 2017 EMS Regulations published under the National Health Act, 2003 (Act 61 of 2003)

In terms of the 2017 EMS Regulations, all persons conducting or who wish to conduct emergency medical services must apply for a licence to do so in terms of Regulation 8, and the public must be informed and invited to make comments in terms of Regulation 9(5)(b).



THE LATEST LIST OF APPLICANTS  
IS AS FOLLOWS:

### ZULULAND DISTRICT

JOSE-IMPILO AMBULANCE  
SERVICES

KWAZULU -NATAL EMS  
(PROVINCIAL)

### UMGUNGUNDLOVU DISTRICT

MELUSI MEDIX

KWAZULU -NATAL EMS  
(PROVINCIAL)

### KING CETSHWAYO DISTRICT

MELUSI MEDIX

MEDITRAX

KWAZULU -NATAL EMS  
(PROVINCIAL)

### HARRY GWALA DISTRICT

KWAZULU -NATAL EMS  
(PROVINCIAL)

### UTHUKELA DISTRICT

KWAZULU -NATAL EMS  
(PROVINCIAL)

### UGU DISTRICT

KWAZULU -NATAL EMS  
(PROVINCIAL)

### AMAJUBA DISTRICT

KWAZULU -NATAL EMS  
(PROVINCIAL)

### ETHEKWINI DISTRICT

KWAZULU -NATAL EMS  
(PROVINCIAL)

### UMKHANYAKUDE DISTRICT

KWAZULU -NATAL EMS  
(PROVINCIAL)

### ILEMBE DISTRICT

KWAZULU -NATAL EMS  
(PROVINCIAL)

**COMMENTS OR OBJECTIONS MUST BE SENT TO:** [silindile.khanyile@kznhealth.gov.za](mailto:silindile.khanyile@kznhealth.gov.za) or [nduduzo.maluleka@kznhealth.gov.za](mailto:nduduzo.maluleka@kznhealth.gov.za)

### UMZINYATHI DISTRICT

KWAZULU -NATAL EMS  
(PROVINCIAL)

**NO LATER THAN 15 DAYS FROM THE PUBLICATION DATE OF THIS ADVERT**

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE



KwaZulu-Natal Department of Health



kznhealth



KZN Department of Health



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE





# DIARY

June Youth Month Launch

June Visit to Adolescent Youth Friendly Service (AYFS) Site

Youth AIDS Conference

Youth Parliament

Youth Day Commemoration

Youth Month Health Activations

Youth Zones Workshop

AYFS Training & AYFS Validations

She Conquers Activations

# GALLERY

## MEC'S VISIT - NORTHDALE HOSPITAL





**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**COMPILED BY:**

**CORPORATE COMMUNICATIONS**  
(KWAZULU-NATAL DEPARTMENT OF HEALTH)

TEL: 033 395 2547 OR 033 395 2653 | FAX: 033 342 9477

**SEND STORIES YOU WOULD LIKE TO FEATURE  
ON THE KZN HEALTH CHAT BULLETIN TO:**

[healthchatbulletin@kznhealth.gov.za](mailto:healthchatbulletin@kznhealth.gov.za)

