



HEALTH Chat

JULY 2017

KZN HEALTH AND BUILD IT JOIN FORCES TO FIGHT THE SPREAD OF DISEASES THROUGH GROUND-BREAKING PARTNERSHIP



Department:
Health
PROVINCE OF KWAZULU-NATAL



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PATIENT RIGHTS

It is your right to be respected

Every patient has the right to:

- A healthy and safe environment
- Participation in decision-making
- Access to health care
- Knowledge of one's health insurance / medical aid scheme
- A Choice of health services
- Be treated by a named and qualified health care provider
- Confidentiality and privacy
- Informed consent to assist in their decision making
- Refusal of treatment
- Be referred for a second opinion
- Continuity of care
- Complain about health services

PATIENT & FAMILY RESPONSIBILITIES

- To provide accurate information pertaining the health of the patient
- To ensure the patients follows the medical recommendations given
- To respect other patients, visitors and health employees
- To understand that other patients and their families might need more attention than them
- To inform the health facility on a patient's information such as their address and contact details
- To ensure payment is made for the services

The Department of Health urges patients and their families who have visited public health facilities and have not been serviced in a satisfactory manner to return to that health facility and file a complaint with the public relations officer (PRO), the CEO or operations manager.

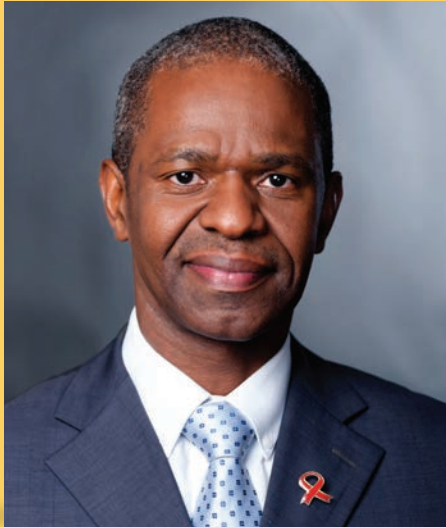
If you are still not satisfied, contact the KZN Health ombudsman,
Mboneni Bhekiswayo, by writing to him at: 330 Langalibalele Street, Pietermaritzburg 3201
or email him on; mboneni.bhekiswayo@kznhealth.gov.za

or call him on 033 395 3275.

*The Department of Health also has a
24 hour call center.*

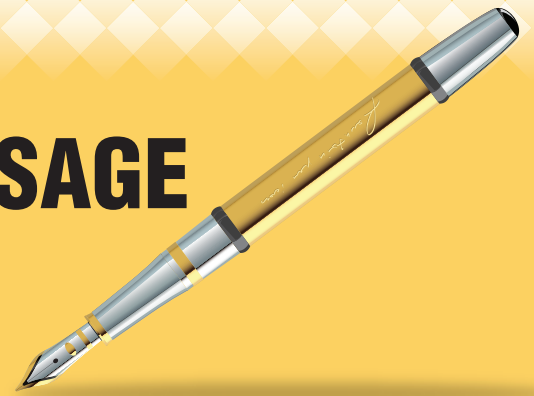
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MEC'S MESSAGE

Dr SM Dhlomo



THE MONTH of July is special in that it marks the birth of our late former statesman, Nelson Mandela. This is always a time for us to remember Mandela's remarkable achievements in working towards conflict resolution, democracy, human rights, peace, and reconciliation.

Nelson Mandela's birthday is also a call to action for people to recognise their ability to have a positive effect on others around them. It is hoped that the day will once again inspire people to embrace the values that Mandela stood for.

We therefore all have a duty to carry Mandela's legacy forward, by doing the best we can in all that we do – even when no one is looking. The month of July also affords us an opportunity to put the spotlight on Hepatitis, through World Hepatitis Day, commemorated on July 28. The condition can be self-limiting or can progress to fibrosis (scarring), cirrhosis or liver cancer. Hepatitis viruses are the most common cause of hepatitis in the world, but other things, such as infections, toxic substances such as alcohol and certain drugs can also be contributing factors.

According to the World Health Organisation, 400 million people are living with hepatitis B and C worldwide. About 1.4 million die from this every year and many more become infected.

Transmission of this virus can be prevented through better awareness and services that improve vaccinations, blood and injection safety, and reduce harm. The virus that causes hepatitis is often easy to spread, but it is a disease that can be prevented. For example, hand hygiene is crucial, and if you are unsure about the cleanliness of the water that you are consuming, boil it. All food must be cooked well, and fruit must be peeled. Health care workers or caregivers to people with a contagious form of hepatitis are advised to take extra steps to stay clean. They can achieve this by washing their hands, utensils, bedding, and clothes with soap and hot water.

To prevent the spread of hepatitis B, stay away from the blood or the body of someone who is infected with the disease until they have received treatment. That means no kissing or sex or sharing of razors, scissors, needles or toothbrushes. However, this does not mean that those with Hepatitis must be discriminated against. They still need love, care and support.

In the spirit of Nelson Mandela Day, I would like to leave you with this quote from this great South African:

“Even if you have a terminal disease, you don't have to sit down and mope. Enjoy life and challenge the illness that you have.”





HOH'S MESSAGE

Dr ST Mtshali



Warm Greetings to all employees of the Department, our partners in the health sector and the entire community of our beautiful province of KwaZulu Natal “Sanibonani !!!”

We are now into the second quarter of our financial year and I would like to make a passionate plea to all our staff members to soldier on as we deal with the challenges that have beset the Department. The Department is currently dealing with a number of issues (oncology situation, procurement issues at our SCM, financial matters in respect of budget allocation and filling of vacant posts) that have put it on the public spotlight and do not necessarily reflect positive outcomes of our work.

However I would like to reiterate that we have a firm grip on these issues working closely with the Office of the Premier and the Provincial Treasury. I therefore would like to appeal to our employees to continue to work hard and not be bogged down by the negative energy that is presented by these challenges. The Department will provide leadership on the intervention plan that has been put together to resolve the challenges we now face.

In the month of July we are advocating Mental Illness Awareness messages in line with our Health Calendar. We urge the public to be conscious of the symptoms of mental health illness which have become rampant as a result of a vast number of reasons and circumstances like: anxiety, depression and substance abuse. Let us seek knowledge about mental health problems, so that we can be able to recognize problems in others and be better prepared to offer support. Mental health is a matter of increasing importance to all of us. Everybody knows somebody who has some form of mental health problem. Some people cope with ups and downs of life well, while others develop a mental illness. This can happen to anyone, mental health concerns us all.

As a province we want to make sure that health care users are at the centre of all aspects of healthcare provision and work towards improving the availability, accessibility, and quality of treatment for all mental health problems.

The Department is committed to:

- Provide practical care and support which does not intrude
- Assess needs and concerns
- Help people to address basic needs (e.g. food and water, information)
- Listen to people, but not pressure them to talk
- Comfort people and help them to feel calm
- Help people connect to information, services and social supports
- Protect people from further harm

The fundamental goal is to maximize the well-being of health care users and to generate the best treatment outcomes possible.



KZN HEALTH AND BUILD IT JOIN FORCES TO FIGHT THE SPREAD OF DISEASES THROUGH GROUNDBREAKING PARTNERSHIP



THE KWAZULU-Natal Department of Health and building materials supplier Build It have formed a partnership that will bolster efforts to fight the spread of diseases, particularly Tuberculosis (TB), HIV and Cancer.

This partnership will take the form of a joint awareness campaign containing messages about health awareness

and behavioural change, and will reach a potential 10 million people. This is thanks to the fact that the majority of the 85 Build It stores in KZN are located in peri-urban and rural areas, which is the target population of the Department. The official launch of the partnership, which took place at Ballito on the 14th of June 2017, was attended by officials of the Department – including TB Ambassador Prince Nhlanganiso Zulu - and representatives of Build It. Delivering a speech on behalf of Health MEC Dr Sibongiseni Dhlomo,

the Head of Health in KZN, Dr Sifiso Mtshali, said the main objective of the partnership is to drive a vigorous awareness campaign about TB, HIV and Cancer. He said the aim of this awareness campaign is to empower the people of KwaZulu-Natal with information and knowledge that will help them make informed choices.

This will help them avoid new infections; prevent infecting others (in the case of communicable diseases) and, crucially, ensure successful treatment of those who are already infected by such diseases.

The purpose of the joint campaign is premised on the following aspects:

- Create awareness of health issues, in particular TB, HIV and Cancer
- Intensify case finding for TB, HIV and Diabetes
- Promote a healthy lifestyle that prevents disease and supports health calendar awareness days
- Explore possibilities for Build It stores to become depots for the collection of Chronic Medication as part of our Central Chronic Medication Dispensation and Distribution (CCMDD) programme.

Through this partnership, the Department will leverage from the following actions:

- Printing of health messages on 4000 000 leaflets
- Printing of leaflets and advertising communication
- Door to door delivery of leaflets using local distributors
- Instore communication
- Branding opportunities during local under 13 soccer tournaments

In turn the Department will:

- Provide Primary Health Care (PHC) screening and testing at specific promotional and marketing campaigns like soccer festivals.
- These services include TB screening, HIV counselling and testing blood pressure, blood sugar, cholesterol, family planning, registration for MMC, eye testing, minor ailments and referrals.

Furthermore, the Department will also provide speakers on health issues at Build It events to engage spectators on health concepts.

The partnership will be in place for a period of two years with an option to review and renew.

Dr Mtshali said: "Despite being a curable disease, TB is the number one cause of mortality in KwaZulu Natal (KZN) and South Africa at large. We have thus come to a realisation that the mammoth task of curbing the spread and perhaps even completely eradicate this virus, cannot be undertaken by the Department of Health alone.

"It will be recalled that no so long ago, when our Premier, Honourable Willies Mchunu delivered his State of the Province Address, he made a clarion call for active stakeholder participation on healthcare management in the province of KwaZulu-Natal. He said:

"As government we believe that healthcare for all cannot be achieved without local leadership and citizen engagement. We therefore undertake to continue to put the health of each citizen of this province at the centre of our agenda. And we invite leaders of society to work together to turn around the situation". "We are elated that Build It has heeded this call and specifically partnered with us in our quest to eradicate Tuberculosis in our Province."

Dr Mtshali said TB places its heaviest burden on the world's most poor and vulnerable citizens. According to the World Health Organisation (WHO) Global Tuberculosis Report 2016, TB remains one of the world's biggest threats. Six countries accounted for 60% of the new cases: India, Indonesia, China, Nigeria, Pakistan and South Africa.

KwaZulu Natal remains the epicentre for TB and HIV in South Africa. TB notification (the number of new and relapse TB cases notified in a given year, per 100 000 population) in KZN is 678 per 100 000, which is three fold more than what WHO declares as a crisis (200 per 100 000). In 2015, 73 000 people in KZN were diagnosed with TB, of these 4151 people died in the same year.

Issues that exacerbate the spread of TB here in KZN include:

- Late presentation
- Stigma
- Adherence to treatment

"The Department has measures to prevent the spread of TB through the advocacy, communication and social mobilisation programme. Our collaboration with Build It will be a major boost to this programme, as it will bolster our communication efforts which will now also be channelled through the Build It stakeholder and community networks.

"I have no doubt that together we will make good and deliver on the aspirations of this partnership, for we share a common ambition for the people of KwaZulu-Natal: "A long a healthy life for all our citizens."

KZN HEALTH MEC HAILS HEROICS OF EMS PARAMEDICS

TRIPLETS BORN IN NEAR AMBULANCE



Mr Stanley Zulu



Mr Siboniso Khuzwayo

KWAZULU-Natal MEC for Health Dr Sibongiseni Dhlomo has hailed the heroism of the Emergency Medical Services (EMS) paramedics who successfully helped a Port Shepstone mother deliver a set of triplets.

Senior paramedic Stanley Zulu, 40, and crew member Siboniso Khuzwayo responded to a call during the early hours of Saturday (24 June 2017) (01:19) and got to the scene 10 minutes later.

“The call that we received was for a normal labour. When we got to where the mother had been waiting, we found that the 27 year-old female had already given birth to her first baby. We got there just in time before the second baby came out, and immediately began helping her. She was just as surprised as we were that she was having triplets because all along she was expecting twins. My colleague (Khuzwayo) inspected her further by feeling her stomach. That is when he realised that there was a third baby. We then helped her deliver again, and then about 5 minutes later, the placenta was delivered to signal that the process had ended,” said Zulu, who is an emergency care technician at the Port Shepstone EMS base.

Zulu, who has been working for the KZN Department of Health since 2015 said the success of the delivery was down to teamwork as he and Khuzwayo had had mutual co-operation. Throughout the delivery, the paramedics’ biggest concern was to keep the cold at bay.

“Due to the extremely cold environment, we just wrapped them up, clamped their umbilical chords



uNksz Sthandiwe Madlokovu

and made sure they were comfortable and were transferred to hospital.” Asked about the paramedics’ initial reaction when they realised that this was not a normal delivery after all, he said: “If you work for EMS, you must expect the unexpected. You must always be vigilant and ready for whatever because anything can happen.”

The mother of the babies, Ms Sthandiwe Madlokovu, from the Mkhholome area near Marburg, and the triplets were admitted to hospital, where they were given a clean bill of health. They have been named Owami, Okuhle and Olona. Ms Madlokovu has another three year-old child. She said she will be applying for a child support grant as neither she nor the father of the triplets are employed.

She was full of praise for the paramedics. “I want them to know wherever they are that I am very

grateful for the help that I received from them. May God bless them.” MEC Dhlomo congratulated the paramedics. “Delivering a baby is not for the faint-hearted. It can be a complex process under the best of circumstances. To help someone who was expecting twins deliver triplets safely, outside a health facility, is extra-ordinary. We salute them.”

CHALLENGES OF THE KZN DEPARTMENT OF HEALTH WILL BE OVERCOME



The KZN Department of Health has been receiving negative publicity from various stakeholders about the health service delivery in the province, one of which was the Memorandum issued by the South African Medical Association (SAMA) Coastal Branch which was received by the Department of Health during the protest march held by SAMA on 5 May 2017. As the Premier of this Province, I wish to acknowledge that the concerns raised by stakeholders are a priority of the KZN Provincial Government.

I have been in ongoing consultation with my Provincial Executive, more particularly the MEC of Health, Dr Dhlomo, and the MEC for Finance, Ms Scott.

We have conducted an in depth investigation into the administration and management of the Department of Health and have embarked upon some major interventions. The challenges of the department are not limited to a specific area but cut across a number of areas and are linked to competing priorities. In the main, the issues relate to various elements, some of which can be attributed to internal inefficiencies and others that are beyond the control of the department.

Many of the challenges in Health in KZN are experienced throughout South Africa. It is important to contextualize the situation the

Department of Health finds itself in and the determinants that have a profound influence on the operational environment.

These include:

- The economic climate of the country, characterized by high unemployment, high cost of living, fluctuations in the Rand as a result of international financial trends, among others, impact on the public health sector in various ways – most importantly the rising cost of medicines and medical equipment.
- Every citizen in SA is experiencing the financial pinch. Many people, who used private health care through medical aid, are now moving to the public sector, increasing the burden on public health care sector.
- In real terms, while the equitable

share allocation shows an annual increase, these funds do not entirely cover the needs of the Department of Health. The rising costs of medicine and medical machinery mean that the budget allocation for Health is actually in decline. These pressures will remain during the period of fiscal consolidation, with real financial relief only expected from the national fiscal in the outer MTEF year – 2018/19

- 54% of the KZN population resides in rural areas and an estimated 10% of the urban population resides in under-developed informal settlements which have significant implications for service delivery and health outcomes as a result of under-development and unavailability of essential services – adding the burden on the Department due to these socio-economic challenges.

- The quadruple burden of disease continues to have a profound impact on the quality of life, productivity and life expectancy of citizens. The costs associated with the provision of core service delivery, in addressing the diseases such as TB, HIV and AIDS, chronic non-communicable diseases, among others, further contribute to the financial challenges.
- The expansion of health services to more outlying communities and households is yielding positive results for patient care, but this comes at a cost.
- As articulated by SAMA, the public Health sector is facing challenges in Human Resource Management, financial management, Supply Chain Management (SCM), ageing infrastructure and old equipment. It is within this context that Provincial Government has intervened. The Health sector is an environment fraught with difficulties, and it the role of my government to address these systemic challenges with urgency and importance.

Provincial Treasury has been working closely with the Department of Health. Treasury resources were deployed earlier this year for a clear assessment of what needed to be done. These include the following:

- A sector audit on the department's pharmaceuticals and the Provincial Pharmaceutical Supply Depot was undertaken by the Auditor-General (A-G) and identified a number of weaknesses in the department's controls, as well as a number of inefficiencies, and problems relating to aging assets that require constant maintenance. Provincial Treasury is doing a cost analysis on the extent of the intervention required.
- Provincial Treasury will be making a Section 18 intervention in terms of the PFMA to temporarily control the SCM function in the department, until such time the necessary financial management controls are in place. The work of Treasury will involve taking stock of all tenders, many of which are running on a month to month basis. These will be converted into proper contracts. Government has set timelines – the contract register will be finalized by the end of August 2017, and all tender backlogs should have been dealt with by no later than January 2018. It is planned for all period contracts to be finalized by May 2019.
- Internal controls in the department are weak due to a lack of capacity. Treasury will deploy resources to strengthen this capacity. Immediate appointment of resources from the various Provincial Treasury panels of consultants will be made available for a period of approximately 8 months. This will be done to identify gaps and shortcomings in the department's internal control environment, to provide training where required, and to assist where required. We believe a credible Asset Register will be available for the 2017/18 AFS audit.
- Work has commenced to deal with the department's 2017/18 commitments to service providers. Volumes of invoices are being reconciled and verified by the Treasury Team. The target date effecting payments is end of August 2017.
- The lack of maintenance of medical equipment is being addressed. The proposed SCM intervention will focus on how best to procure medical equipment to ensure that maintenance arrangements are strengthened so that the risk of equipment "down time" is eliminated or reduced drastically.
- An IT solution will be found to deal with the management of the National Health Laboratory Services to prevent duplication and over-ordering of tests. The department will acquire a qualified and experienced IT and data specialist to finalize the interim solution and to develop the interface protocols. If the development is successful, IT hardware will have to be procured for the clinics. It is estimated that the system will be rolled out to all institutions within 12 months after appointment.
- The shortage of health professionals and clinicians in particular remains one of our biggest challenges. The Health budget will be reprioritized to ensure that we fill critical posts. And with the other interventions mentioned above, the working environment will be vastly improved for our health professionals. The HR intervention includes the appointment of the Head of Clinical Unit at Grey's Hospital Oncology Unit. He is currently overseeing the management of patients at both Greys and Inkosi Albert Luthuli Central Hospital (IALCH).

Accelerating progress on the 2030 Agenda for Sustainable Development implies that we must embark on health awareness campaigns. We can confirm that as a result of our campaigns such as Phila Ma, which is linked to Operation Sukuma Sakhe, more women are coming forward to test for cancer. Some of them require immediate oncology treatment which as government we are obliged to provide.

Provincial Government wants to express its appreciation to the Oncologists and Radiotherapists from the private sector who have come forward to work in designated public health institutions to provide oncology services.

We want to pay tribute to the Rainbow Oncologists, a private group consisting of Medical Oncologists; Radiation Oncologists; Haematologists as well as Oncology nurses trained in chemotherapy administration. They have agreed to provide quality health care to patients at Obstetrics and Gynaecology clinics.

Equally, we pay tribute to our health professionals and all categories of staff in the Department of Health who are working hard under extremely hard conditions. We want to congratulate them for adding meaning to government's commitment towards quality service delivery.

Provincial Government reiterates its commitment to working with all Chapter Nine institutions including the SA Human Rights Commission and the Public Protector. We welcome the report from the SA Human Rights Commission and this will be presented before the Executive Council. We want to adopt the recommendations and ensure that a programme of action in relation to the implementation is adopted by the executive council. This will be communicated with the Commission in line with the protocol of engagement.

As leaders of government, deployed to oversee the administration of state resources, we are committed to working with all political parties and stakeholders of society to address the challenges in the public health sector in KwaZulu-Natal. Following the Executive Statements made in the KZN Legislature today by the MECs of Health and Finance, Provincial Government will embark in a meaningful exchange with all stakeholders in the health sector.

We urge stakeholders to work with us, to identify any further concerns they may have, and to find workable solutions. This will be an ongoing process of consultation and assessment. Together we must put the health of each citizen of this province at the centre of our agenda. The challenges are great, but I firmly believe that with the commitment of all, we can look to a turnaround to create a healthy nation and province.

LET US FIGHT MENTAL ILLNESS TOGETHER



July is Mental Health Awareness month and the focus this year is to increase awareness and the importance of educating people about habits and behaviours that increase the risk of developing mental illnesses in the workplace such as abusing substances like drugs and alcohol.

According to the World Health Organization one in four people will experience some form of mental health problem in their lifetime. It is more than likely that you or one of your co-workers will at some time experience mental health problems resulting from extreme stress in the workplace.

Types of mental health problems that are common in a workplace are:

- Depression
- Anxiety
- Stress
- Substance Abuse

These mental health problems are common and can be caused by these factors: conflict and a high workload.

Signs and Symptoms

- Confused thinking
- Sadness or irritability
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Strange thoughts (delusions)
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Substance use

Supporting colleagues with mental health problems

Mental health problems cause suffering not only on those directly affected but also on friends and family members. Symptoms of mental illness are often misunderstood and there is a lot of false information and ideas people have regarding mental illness such as that people who are mentally ill are dangerous. These are some of the initiatives employers can take in support of mental illness awareness and treatment in the workplace:

- Educate employees on depression
- Raise awareness of any existing employee assistance programmes
- Promote mental health interventions at work like stress prevention programmes
- Promote a culture of acceptance around depression and other psychiatric problems
- If an employee shares their struggle with depression, refer them to a mental healthcare professional and reassure them that the illness can be treated.

OTHER WAYS TO PROMOTE MENTAL HEALTH

- Violence prevention programmes like reducing availability of alcohol)
- Promote Anti-discrimination campaigns against mental illness people
- Promote the rights of individuals living with mental illness

MENTAL HEALTH SERVICES IN KWAZULU-NATAL

The KZN Department has facilities that one can access should a family member, work colleague or spouse be diagnosed with mental illness.

The following hospitals provide Mental Health Care services in KwaZulu-Natal, particularly the following Regional Hospitals:

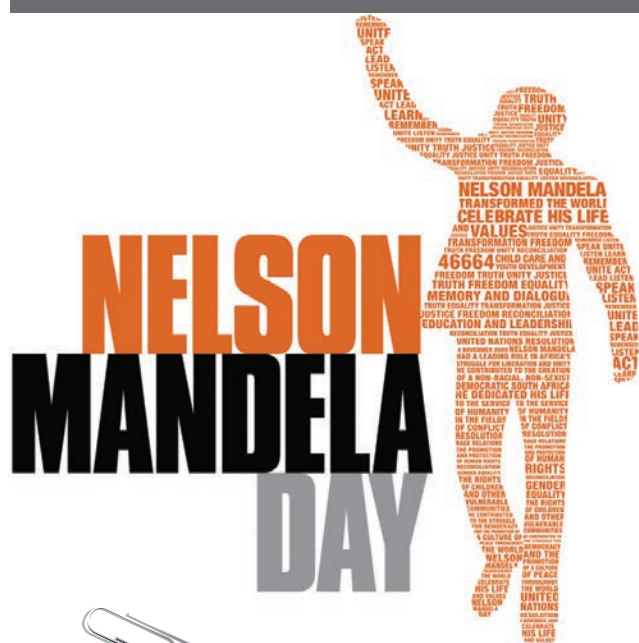
- Ngwelezane Hospital
- Port Shepstone Hospital
- Stanger Hospital
- R.K.Khan Hospital
- Prince Mshiyeni Memorial Hospital
- King Dinizulu Hospital
- Edendale Hospital
- Ladysmith Hospital.

There are also psychiatric hospitals:

- UMzimkhulu Hospital
- Madadeni Hospital
- Town Hill Hospital
- Fort Napier Hospital
(Forensic and State Patients).

MEC DHLOMO AND TEAM BUILD HOUSES FOR STRUGGLE VETERAN, ON MANDELA DAY

IT WAS a sight to behold as Struggle veteran Amos Ndwalane – emotions etched all over his face - thanked KZN Health MEC Dr Sibongiseni Dhlomo for helping to secure a donor to build a proper home for the Lamontville resident. Ndwalane, 69, is currently living in an old house with a roof that leaks like a sieve when it rains.



He was due to be hanged after spending eight years in the Pretoria Central Prison for leading a mission that led to the death of the person who assassinated Lamontville-based activist and anti-poverty campaigner Msizi Dube, on 25 April 1983. Ndwalane's saving grace was the unbanning of the ANC in 1990, which occurred just seven days before the date scheduled for his hanging. Today, as South Africa celebrated the birthday of Nelson Mandela, Ndwalane was honoured by MEC Dhlomo and a donor with the symbolic sod-turning ceremony for a house that will be built for him, and ultimately give him the dignity that he so richly deserves. With members of Umkhonto weSizwe Military Veterans Association (MKVA) and the ANC Women's League in tow, MEC Dhlomo delivered the building material at the Ndwalane family home in Lamontville and also introduced the builder. Once the new three-bedroom house has been completed, the Ndwalane family will move in, to allow for the current house to also receive a make-over. The revamp will include, among others, a new roof and a perimeter fence. MEC Dhlomo, himself a political prisoner who also was sentenced to 10 years on Robben Island for his political activism, says he is always touched by the selfless sacrifices of people like Mr Ndwalane.



In October 2016, MEC Dhlomo organized a trip to the same gallows at Pretoria Central Prison where Ndwalane would have been hung. The travelling party included the father of freedom fighter Andrew Zondo, who was executed in 1986, nine months after detonating a bomb at Amanzimtoti. During the visit to Pretoria Central Prison, Ndwalane reduced all and sundry to tears as he recounted the names of the comrades who were hung while he was there; the pain of being away from his family; the excruciating anxiety that came with the prospect of walking the 52-step stairway up to the gallows at Pretoria Central Prison; and his ultimate relief that came upon realizing that the unbanning of the ANC meant that he was not going to be hung – unlike so many other comrades. As part of the day's proceedings, MEC Dhlomo also handed over groceries at the impoverished Mbili household in Mbumbulu, where the patriarch was gunned down by unknown people four months ago. MEC Dhlomo and his team then proceeded to the home of a 70 year-old woman at Mbumbulu, who has been a paraplegic since her primary school days. Here, the building blocks for the new home were laid up to window level. When finished, the house will have two bedrooms and a bathroom. This will help bring much-needed dignity and convenience to her and her family.



ETHICS TALK

FINANCIAL DISCLOSURE

We spoke about Chapter 2 of the Public Service Regulations. One of the matters of concern is conflicts of interest and linked to that is the issue of financial disclosure.

Designated employees are entrusted with public funds. As such, they need to maintain the highest standards of professional ethics. Their integrity, and that of their departments, must be beyond question. The directive issued for both senior management and other categories of designated employees is aimed at preventing conflict of interests by requiring designated employees to disclose their financial interests.

Who must disclose?

The disclosure framework is applicable to any member of the SMS and in terms of the determination issued by the DPSA, the following categories are now included:

- Employees earning an equivalent of salary level 12 and above through OSD
- Employees appointed at salary level 12 including employees earning the equivalent of a level 12 salary through OSD
- Employees who are authorised by the Minister or the Chairperson of the Public Service Commission (PSC) for the purposes of record keeping and the effective implementation of Chapter 2 of the Public Service Regulations, 2016.
- Employees appointed at salary level 11, including employees earning the equivalent of salary 11 through the OSD.
- Employees in Supply Chain Management and finance units, irrespective of salary level.
- New employees appointed in the above categories.

Who will have access to the information?

Under normal circumstances only your EA, the Commission and those acting on their behalf, will have access to the information. A designated Ethics Officer may also access the information for purposes of onward submission. They are required to liaise with you if they are concerned about a possible conflict of interest. Only your EA may grant a waiver if a conflict of interest is evident. Such a waiver needs to be attached to the original form.

No person who has access to the information may, except when a court so orders, disclose the information. Any person, other than a person referred to above, may only be given access to the information in terms of section 11 of the Promotion of Access to Information Act, 2000.

What will one be disclosing

The following types of interests are registrable interests and must be disclosed by a SMS member:

- Shares and other financial interests in private or public companies and other corporate entities recognized by law;
- Directorships and partnerships;
- Other remunerated work outside the public service;
- Consultancies and retainerships;
- Sponsorships;
- Income generating assets;
- Any other financial interests;
- Gifts and hospitality from a source other than a family member;
- Ownership and other interests in land and property, whether inside or outside the Republic of South Africa; and
- Loan accounts (excluding bond, vehicle and retail accounts)

There is a specific form and process to be followed. Please follow HRM circular 4/2/1 HO for more information and more importantly if you are in the designated employee's cadre. The system is not complex.. it is actually an online. Your HR office will be able to assist

Failure to comply can lead to disciplinary action.

Disclose! It is the right thing to do!!!

WHAT'S NEW?

R120m for Children's Hospital

The KZN Department of Health has donated R70m to the KwaZulu Natal Children's Hospital in Durban. The hospital, previously known as Addington Children's Hospital, is being renovated to include a ward for youth infected with HIV. This is important since KwaZulu-Natal remains the province that is most infected with the disease in South Africa. Additionally, world renowned musician, Elton John, donated R50m which was collected at his Elton John AIDS Foundation gathering in London.

—Isolezwe

Africa's Youngest Neurosurgeon

Dr Ncumisa Jilata has become Africa's youngest neurosurgeon after graduating earlier this year. At the age of 29, she has completed her Bachelor of Medicine: Bachelor of Surgery degree at Walter Sisulu University. She is now a fellow of the Council of Neurosurgeons of South Africa and works at the Steve Biko Academic Hospital in Pretoria

—The Daily Dispatch

Bird Flu: What to Do

Although the risk of transmission of influenza A(H5N8) to humans is extremely low, protective equipment including gloves, disposable aprons/clothing and masks capable of preventing inhalation of virus particles, should be used by all persons in contact with live or dead infected poultry. Handwashing with disinfectant soap after contact with birds is essential.

Clinicians who suspect infection in their patients should call a doctor on call at the National Institute for Communicable Diseases (NICD) which can be reached on Hotline number 082 883 9920 to discuss the case. A swab should be collected from the patient, placed in viral or universal transport media, and submitted on ice to (NICD) for testing.

—National Institute for Communicable Disease

Sperm Counts Have Decreased

According to a study performed by a Denmark university, the University of Copenhagen, sperm counts have drastically decreased over the decades. Whilst in the 1940s sperm counts were above 100 million, they now average at 60 million per ml. Experts attribute the drop to various factors such as obesity, smoking, cardiovascular disease and diabetes. Rooibos tea was recommended as a possible remedy because of its antioxidants "which have been linked to the prevention of various heart conditions".

—Sowetan

AIDS CONFERENCE GALLERY

heaids

HIGHER EDUCATION AND TRAINING HIV/AIDS PROGRAMME





health

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