



### NEW CANCER DRUG UNAFFORDABLE SAYS CANSA

**REVOLUTIONARY NEW CANCER** fighting drugs cost 4000 times more than the current price of gold and could take years to become available to South Africans.

That's the response from The Cancer Association of South Africa (CANSA), following news that a new form of treatment for cancer was announced at the American Society of Clinical Oncology meeting in the United States.

The treatment, known as immunotherapy, is said to have shown high success rates in treating skin and lung cancers, with experts saying it shows promise to form the backbone of therapy for all other cancers too.

However, CANSA Acting CEO, Elize Joubert, whilst welcoming the news, said South Africans should be cautious in their response. "These drugs which are currently only available in the United States, can take years to reach the South African market, and they are very expensive currently. To put it into perspective, these drugs cost approximately 4000 times the current cost of gold. The latest immunotherapy, *pembrolizumab*, for the treatment of melanoma, costs around R178 114 per month of treatment. A higher dose of this medicine, being used in clinical trials, costs over R1 million per month of treatment," explained Joubert.

Also, new cancer treatments are not immediately available to the international markets. "Once a new form of treatment has been developed, it needs to go through rigorous clinical trials before final registration – this can take up to several years. Once approved by a regulatory authority like the United States Food and Drug Administration (FDA), the drugs need to be registered with the Medicines Control Council (MCC) in South Africa before it can be prescribed by oncologists. This may take a considerable period of time, even years," added Joubert. ■



MEC Dhlomo visiting a young cancer patient.

### ARV STOCKS ON TRACK IN KZN

**KWAZULU-NATAL HEALTH MEC**, Dr Sibongiseni Dhlomo, has moved swiftly to ensure public health facilities in the province are adequately supplied with stocks of Fixed Dose Combination (FDC) drugs needed for ARV treatment.

This comes amid recent shortages in the country due to problems with supply of one drug in the combination drugs which are still being used at some public facilities.

Addressing public health district managers and pharmacists recently, Dhlomo urged them to ensure that 100% of HIV-positive patients were put on FDC.

"The province has enough stock of the Fixed Dose Combination ARV drugs therefore all adult patients are receiving their treatment. I would like to encourage all our health practitioners to use the Fixed Dose Combination of ARV drugs as they are cheaper and easier to take, which in turn, also improves the levels of adherence to treatment.

The Department has experienced challenges with the supply of certain paediatric formulations for children on ARV but we are managing these challenges through the implementation of a contingency plan," said Dhlomo, adding that new delivery was already on its way to ensure demand for the drugs are adequately met.

The shortage of Abacavir, one of the ARV drugs used to treat affected children, was in short supply due to manufacturing companies experiencing difficulty in sourcing that particular ingredient for the drug.

More than 940 000 people are reportedly receiving ARV treatment in the province, including 52 000 children. At least 75% of adults on ARV have been switched over to the new FDC treatment. ■

## HOAX CALLS HAMPER AMBULANCE SERVICES, SAYS MEC DHLOMO

**T**he rising number of hoax calls and non-urgent requests for an ambulance is hampering KwaZulu-Natal's Emergency Medical Services (EMS) from responding effectively to those in need.

Speaking to Health Bulletin, KZN Health MEC, Dr Sibongiseni Dhlomo, says the Department is concerned at the growing trend for people to use the EMS as a mode of transport, and not always because they have a real medical emergency.

"There is definitely a growing trend for people to call EMS with the intention of simply using the ambulance as a form of transport to their local clinic or hospital to pick up their chronic medication or to attend an appointment at the hospital. These types of calls made to EMS are very difficult to identify as often when calling EMS the nature of the emergency is sometimes exaggerated to imply that the patient is in a critical condition.

We would like to appeal to everyone in the province to act responsibly when using Emergency Medical Services, as they could be denying a patient in critical need if they are abusing the service as free transport," says Dhlomo.

Unlike the proliferation of unregulated private ambulance services which targets a paid for client base, the KwaZulu-Natal Emergency Medical Services forms one of three core components of the Department of Health in KZN. Its fleet of several hundred ambulances, response vehicles and patient transport buses are manned by over three thousand paramedics stationed across the province to provide an effective EMS to all citizens and visitors to the province.

EMS Spokesperson, Robert McKenzie, says whilst the department has acquired additional fleet, there is concern that this could also add to the number of hoax calls being made for ambulances as a mode of transport.

*continued on page 2*

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# Reduced mother to child HIV transmission from 22% to 1.5%

## HOAX EMS CALLS

continued from page 1

"When our paramedics are with a patient, they have to stay with them until he or she has been handed over to another health professional. If the condition of the patient is minor and their health is stable, the paramedic can't leave that patient to respond to another emergency. The patient has to be transported to a health institution and handed over to another medical professional before our crew can respond to the next emergency," added McKenzie.

Whilst hoax calls are a major cause of disruption to emergency services around the world, the challenge is worsened within a resource constrained environment like the public health sector, which needs to manage allocations effectively.

Whilst the number of false alarms raised with EMS is not yet available, it has been reported that up to 71% of calls to the national emergency number 10111 were found to be hoax calls. ■

# GETTING TO GRIPS WITH EMERGENCY SERVICES

South Africa has seen an increased need for EMS but at the same time, also an increase in the number of calls made to EMS for patients who do not require an ambulance - including hoax calls and calls from patients with minor ailments or injuries. EMS Spokesperson **Robert McKenzie** explains what to do when calling for an ambulance...

While plans are in place to address the increased demand for Emergency Medical Services provided by the Department of Health in the province, the implementation of these services is impeded by unwarranted calls. It's important for callers to note the following when requesting an ambulance:

### CALLS ARE NOT ATTENDED TO IN ORDER

The calls made to EMS are not responded to on a first come, first served basis. The aim of EMS is to respond to life threatening and most serious calls first. The calls received at Emergency Management Centres are triaged (sorted out) and prioritised according to the severity of the patient's condition. This is determined by what has happened, the patient's injuries/illness and other variables, including symptoms the patient has, as relayed by the caller.

Based on this information, the relevant EMS service responds to the incident. However, the often blatant abuse of the EMS service, combined with other factors, can place extreme strain on the system, hindering our ability to respond quickly to emergencies.

### TRAFFIC CONGESTION

Another concerning trend is that motorists are not allowing emergency vehicles to pass safely when responding to emergencies. This is compounded by the problem that very few houses, especially in the informal and rural areas, have easily visible house or lot numbers. This results in delays in paramedics reaching emergency scenes.

There are also several well documented cases where emergency vehicles have been involved in road accidents while responding to hoax calls. These crashes have left paramedics seriously injured or even dead.



*"The often blatant abuse of the EMS service, combined with other factors, can place extreme strain on the system, hindering our ability to respond quickly to emergencies."*

### COMMON MISCONCEPTIONS REGARDING EMS

Interviews conducted by paramedics with callers requesting an ambulance for relatively minor issues yielded the following responses:

**1** Most patients assume that if they taken to hospital in an ambulance they will be seen ahead of other patients. This is not true. When patients are brought to hospital by paramedics the patient is assessed by hospital staff and attended to according to their condition. Urgent and critical patients (irrespective of whether they are brought in by ambulance) are attended to first, while stable patients are seen later.

**2** That paramedics can restock a patient's medication if it has run out. Paramedics can administer medications, however these are normally not the chronic medications that people take.

**3** Paramedics often find a patient just wanting a 'normal check up' after calling for an ambulance. While it is important that

people have regular health checks, they urged to go to their doctor or local clinic for minor illnesses and routine checks.

**4** There is also a notion that if you wish to go to hospital or a clinic, an ambulance can be called to provide transport. This is one of the main factors that results in delays. While some patients tell paramedics they called an ambulance just because they needed transport, it is often obvious to paramedics that patients with minor ailments are abusing the emergency services simply to be transported to hospital.

### SUPPORT FROM THE PUBLIC

EMS strives to achieve short response times to emergencies. However, the issues discussed here often make it difficult to have the appropriate emergency service respond to patients requiring care. Plans to address the increased demand for EMS are ongoing. With the help of the public, addressing the issues discussed here will greatly assist EMS in achieving their goal of short response times. ■



I would like to start by congratulating all the winners from the MEC's Annual Service Excellence Awards (MASEA), which was recently held by the KwaZulu-Natal Department of Health.

The winners went beyond those who received an award and so I would like to take this opportunity to thank all those who have contributed to changing this province from its status as the epicentre of diseases to a model place where other provinces come and learn how to manage and overcome diseases.

The Department has experienced, like many public sector departments, challenging periods as we try to fulfil the trust placed in us by the public. As human beings, we do err along the way but these are learning experiences which equip us with lessons to do better and serve better as public health servants.

As we celebrate some important health days this month, I would like to make a heartfelt appeal to everyone to come forward and donate blood, as part of National Blood Donor Month. It is a relatively painless yet effective way of doing a good deed and help save a life.

With June being Men's Health Month, I would also like to encourage all men to do more towards leading a responsible, healthy lifestyle, which includes their sexual health. As a Department of Health, we are concerned at the gap between gender visits to our facilities. Men are often less likely to go for check ups until they feel they need to - which is when something goes wrong. We need to step out of the mindset of aiming for a cure rather than working on a lifestyle which prevents diseases, and men in particular, need to be more proactive in this approach.

If we are to raise a generation of responsible leaders, then we need to set the example ourselves. Men should be going for regular checks at their health facilities along with their partners. This includes testing for HIV, TB, Diabetes, regular eye checks and so on. In doing so, you are able to pick up any alarm bells for future risks or deal with health issues before they become serious.

And finally, I would like to urge all our young people out there to develop a sense of leadership as they are our future leaders. With access to information and freedom to choose, they need to balance these rights wisely. Research shows that people between the ages of 15 and 35 bear the highest risks of sexual diseases and yet, these are all preventable.

As part of our drive to ensure responsible sexual behaviour, we encourage everyone, our youth included, to practise dual protection. Simply put, it is the use of contraceptive with condoms. Used together, this works effectively to not only prevent unwanted pregnancy but also protect against sexually transmitted diseases.

*Do your bit to make KZN healthier!*

God Bless



FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

## FEATURE



# Medical students embrace rural health

Final and sixth year medical students at the University of KwaZulu-Natal are thriving in rural health facilities as part of their six week placement there, under a new rotational programme introduced by the Department of Rural Health, UKZN College of Health Sciences with the support of the Medical Education Partnership Initiative (MEPI). The introduction of the programme, says **Dr Sandy Pillay**, Communicating Principle Investigator of the MEPI-UKZN grant, allows medical students first hand experience of community health issues.



KZN HEALTH BULLETIN asked some of the students how the experience has shaped their outlook...



**Phindile Chonco**  
St Andrews Hospital

*"I learnt that listening to patients is a healing remedy on its own."*

"At St Andrews I learnt how to manage patients alone, transfers patients and how to treat a patient holistically. There were some challenges but the experience definitely taught me how to be a better person and to be able to deal with people with different personalities.

I learnt about the importance of being able to work with other people and to understand people in the workplace so we can be a good team. I also learnt that we can't medically help all people and sometimes you should listen with compassion and give advice on how best to handle the illness and that listening to patients is a healing remedy on its own.

The experience has made me a stronger and more understanding person. Patients used to come to the hospital just wanting to be admitted because they have nothing to eat at home or they don't have a shelter to go back to so its important to be understanding of some patients and not to only look at the sickness they have but look at them as a whole.

As someone from a rural area I would go back and work there, because I know that there is a high shortage of doctors and a lot of patients needing help. Also, as a person from a rural background, other people from rural areas can be encouraged to see that they can become what ever they wish to be. It does not matter where they come from, its what they want to be that counts."



**Mohamed Khan**  
Emmaus Hospital

*"I was terrified when I was told I had to live in a rural area for six weeks!"*

Mohamed comes from a traditional background with strong family values. He describes his initial reaction to being sent to live in a rural area for six weeks as 'a complete shock'.

"I've spent most of my life living in the big cities of KZN and had no idea what to expect from my rural experience so was not looking forward to it. But once I arrived at Emmaus Hospital all my worries were put to bed. I was pleasantly surprised by the living arrangements, the hospital facilities and most of all the welcoming nature of the people of Emmaus.

The NGOs and the work they do in the heart of the rural communities really opened my eyes. My day spent there taught me a valuable lesson that no task is too small to make a difference.

Before I started my rural experience always dreaded getting out of the city for my community service. This experience has taken away that fear factor and I definitely think Emmaus will be my first choice for comm serv, come the end of my internship. The main reason for this is the community of Emmaus who made me feel welcome and I'd like to go back there as a qualified doctor so I can help the people and hopefully make a difference."



**Siyanda Kubheka**  
Bethesda Hospital

*"It's a humbling experience."*

Siyanda studied medicine in Cuba before returning to South Africa to undergo his six week placement. We asked him to compare his knowledge and training here to his experience in Cuba. He had this to say:

"The rotational programme here helped me supplement the knowledge that I acquired in Cuba. It moved me from an academic situation to a practical setting where I could experience the daily health challenges that people face in their lives. The range of acute cases in rural hospitals in South Africa is much wider than in Cuba. I've learnt a lot and it reminds me why I wanted to become a doctor. It puts everything into perspective and makes you humble.

Students on the programme must avail themselves of opportunities to see new things, do procedures and be open about their experience. They must involve themselves and try to gain as much knowledge from the experience, because you learn more from working in rural areas than anything you read in books." ■



More than **900 000** patients receiving ART treatment

# Despite the challenges, health is working. Here's the proof...



### HIV & AIDS

**FACT** KZN has 1 622 850 people living with HIV/AIDS.

**ACTION** HIV and Aids related deaths have been reduced from 67 429 in 2008/9 to 54 337 in 2010/11 and dropping further. HIV prevalence among 15-19 year old pregnant women decreased from 22% in 2009 to 16.8% and from 37.2% among the 20-24 year old pregnant women group. Life expectancy in KZN stands at 60 years - up from 56.5 years in 2009 as a direct result of fewer deaths from AIDS.

### How this was achieved

- KZN Department of Health together with key stakeholders and partnerships has:
- Established 632 fixed public health facilities that offer ART services.
- Expanded the ARV treatment programme to become the largest programme in the world with 904 278 patients on treatment including 6 350 children.
- Decreased Mother to Child Transmission of HIV significantly from 22% in 2008 to currently 1, 5%.
- Provides HIV counselling and testing to 2 579 763 people.
- Established 2 482 High Transmission Areas for health care services which includes taverns; shops; taxi ranks; farm areas; tertiary institutions; hostels; hospitality industries and mines.
- Rolled out Post Exposure Prophylaxis facilities at 302 public health services for sexual assault survivors.

The Department, in line with the National Development Plan is aiming to meet the following targets by 2030:

- Increase life expectancy to 70 years for men and women
- Have a generation of under-20s largely free of HIV
- Drastically reduce the quadruple burden of disease
- Reduce infant mortality rate of less than 20 deaths per thousand live births
- Reduce under-five mortality rate of less than 30 per thousand.

### CIRCUMCISION

**KwaZulu-Natal has not had a single reported death from medical circumcisions.**

**FACT** The lack of circumcision of men before 2010 in KZN was a contributing factor to the high levels of HIV and AIDS in the province.

**ACTION** The KZN Department of Health took up the call to drive a circumcision campaign launched by King Goodwill Zwelithini in 2010 to ensure young men are circumcised.

**RESULTS** The Department has established a Centre of Excellence in Pietermaritzburg for training in medical male circumcisions. Number of circumcisions since the drive:

April 2010 - March 2011 ... 37 234  
 April 2011 - March 2012 ... 100 700  
 April 2012 - March 2013 ... 121 228  
 April 2013 - March 2014 ... 134 146  
 April 2014 - Feb 2015 ... 143 390

### What's to come

MEC Dhlomo intends to roll out further strategies to strengthen health care delivery in the following areas:

- Scale up Medical Male Circumcision
- Ensure that citizens access services for HIV counselling and testing;
- Ensure that all clients eligible for ARV treatment are enrolled on the programme
- Ensure that chronic patients keep to their treatment
- Strengthen partnerships with Men's Forums to increase the uptake of Medical Male Circumcision especially among older males.
- Improve access to MMC in hard to reach areas.
- Popularise and upscale distribution of the coloured and flavoured condoms

### TUBERCULOSIS

**FACT** KZN is still battling with a high TB/HIV co-infection rate of 65%. Key among the reasons for the high rate is the delay in diagnosis and treatment of TB in patients with HIV. However, despite the high rates, efforts by the Department of Health have seen substantial progress in the treatment success rate from 55% in 2005 to 86.3% in 2013.



### What's being done:

- Intensifying integrated interventions through Operation Sukuma Sakhe as well as strengthening partnerships with developmental partners to strengthen screening and adherence to treatment.
- Integration of HIV and TB management and initiation of TB/HIV patients on ARV treatment in the 779 Public Health facilities
- Introduction of 86 GeneXpert machines which facilitates early diagnosis of TB and MDR-TB within 24-48 hours.
- Expanding on the 102 TB default-tracing and TB/HIV outreach teams in the Province. These teams visit households to provide 'Directly Observed Treatment and Support' especially to chronic patients on TB treatment.
- Current plans include a training programme, through the John Hopkins University, for 40 Professional Nurses to initiate patients on MDR-TB treatment to add to the current nine being trained.

### MATERNAL HEALTH

**FACT** The number of maternal deaths in public health facilities has shown a steady decline from 363 in 2011/12 to 274 in 2014/15.

### How this is being achieved:

- Set up of Provincial Specialist and District Clinical Specialist Teams
- 277 Trainers and Mentors on Essential Steps in the Management of Obstetric Emergencies (ESMOE) to improve delivery outcomes.
- Introduction of Siyanqoba, a Quality Improvement Programme in all labour wards to improve the quality of maternal care during labour
- Intensifying the promotion of Momm-Connect, a SMS service providing advice to pregnant women.
- Family Planning service in all Public Health facilities, plus rollout of reversible Implanon to address unwanted, high risk and teenage pregnancies, and unsafe abortions.
- Promote and ensure early attendance of ante natal care services by pregnant mothers, which in-

## A Health budget of R33 billion allocated for 2015/2016



patients positively on the Prevention of Mother to Child Transmission (PMTCT) Programme.

- Deploying additional Community Care Givers for Post Natal Care.
- Intensifying the Campaign to Accelerate Reduction of Maternal and Child Morbidity and Mortality in Africa (CARMMA).
- Rolling out a campaign to raise awareness on the dangers of illegal abortions.

### SEXUAL & REPRODUCTIVE HEALTH RIGHTS

**22% of pregnant adolescents in KwaZulu-Natal are HIV positive.**

**FACT** KZN continues to battle with high rates of teenage pregnancy, with the figure now standing at 80,000 deliveries each year.

**ACTION** A multi-pronged approach to youth education on sexual health, starting with the roll out of a campaign on Dual Protection, which has kicked off at all FET Colleges. The aim is to promote safe sexual and reproductive behaviour such as dual protection to prevent unwanted, unsafe and teenage pregnancies, as well as STIs and HIV.



MEC Dhlomo celebrating with health workers who were awarded for their excellent service.

### DISABILITY & REHABILITATION

171 Community Service Therapists employed in rural areas, with more being trained each year to work in communities with limited access to health services.

### EYE CARE

**McCord Eye Care Hospital now officially a public health facility!**



**"During phase 1, all eye services from St Aidan's and Addington Hospitals are being transferred to McCord Hospital to ensure adequate utilisation of resources. The new hospital mandate will help us increase the number of cataract surgeries performed each year and ultimately reduce blindness and poverty associated with it"** - MEC Dhlomo

- Once complete, McCord Eye Hospital will offer the following services:
- High Volume Cataract Surgery Unit
  - Specialised Retinal Services
  - Refractive Services
  - Low Vision Services
  - Paediatric Ophthalmology Services
  - Optical Laboratory Services
  - Out-Reach Services
  - Teleconferencing, research and teaching
  - Academic Training & Development
  - Ophthalmic Nurse Training
  - Support Optometrists Training

### ORAL HEALTH SERVICES

**KZN boasts SA's largest Oral and Dental Training Centre at King Dinuzulu Hospital Complex**

Eight Mobile Dental Units have been added to serve rural areas, including one donated by Colgate Palmolive to assist with the school health programme.

30 Community Service Dentists have also been deployed to various public health institutions in the Province to improve access to oral and dental health.

### CHRONIC DISEASES

The Department will be intensifying its efforts to encourage healthy lifestyles through exercise, the provision of flu vaccines and the scaling up of prevention and early screening, detection and treatment of eye problems, hypertension, diabetes mellitus, disability and mental health.



### NURSE TRAINING

**Boost to human resource where it's most needed.**

- 2 523 state nurse graduations in 2014, including:
- 61 Specialist Nurses in Midwifery
  - 136 Advanced Midwives
  - 20 Specialist Nurses in Ophthalmology
  - 255 Primary Health Care Nurses

### MANDELA/CASTRO MEDICAL TRAINING PROGRAMME

KwaZulu-Natal currently has 789 students training in Cuba and 85 qualified Doctors fully employed by the Department. A further 13 will be included in the next intake this August.

### REGISTRAR TRAINING

Next month will see an intake of 43 registrars in the areas of Cardiothoracic, Anaesthetics, Dermatology, Family Medicine, Neurology, Nuclear Medicine, Paediatric surgery and Plastic surgery, amongst others.

### DEPARTMENT BURSARY SCHEME

**858 bursaries awarded to mainly rural students by KZN Health to pursue studies in health care.**

- The Department has sponsored bursaries for the following:
- 94 Medical Orthotics and Prosthetics
  - 119 Clinical Associates
  - 15 Professional Nurses
  - 40 Radiographers

### SIGN LANGUAGE TRAINING

The Department has been granted R2.8million by Health and Welfare Sector Education and Training Authority (HWSTA) towards implementation of the sign language course for 700 employees. This will assist in meeting the needs of patients and visitors to health facilities.



### EMERGENCY MEDICAL SERVICES (EMS)

Whilst accepting the challenges in this sector, Dhlomo lauded the following achievements:

- Launch of Night Vision Goggles for two helicopters which facilitates night response to health emergencies, especially in rural areas.
- 46 graduates of a life support course aimed at strengthening emergency response.
- 17 staff members completion of a two year Emergency Medical Technicians course
- Defensive Driver Training Courses aimed at reducing the high accident rate and improving Emergency Medical Dispatch.



### What's to come

- 63 new fully converted ambulances to replace the existing fleet.
- 93 new 23 seater patient transport buses to supplement the Patient Transport Services ferrying patients to Inkosi Albert Luthuli Central, Ngwelezane and Grey's Hospitals.
- 60 new Emergency Care Technicians and Advanced Life Support personnel
- A further 10 Basic and 6 Intermediate Life Support personnel in the UMkhanyakude District to support two new mini hospitals there.
- Eight Advanced Life Support positions to be filled.

### CLINICAL SUPPORT SERVICES

**Laundry Services** The Department will be purchasing 4 New Laundry Trucks in the current financial year to ensure compliance with Infection Prevention and Control requirements. In addition, it has also ring-fenced R20 million for the Linen Buffer Stock in an effort to reduce linen shortages and patient clothing at facilities.



### Pharmaceutical services

**Drastic reduction in waiting times!**

To improve access to chronic medication, decongest health facilities and reduce patient waiting times, the Department has rolled out a Central Chronic Medicine Dispensing and Distribution Programme (CCMDD). The Programme is currently linked to the NHI pilot initiatives with 69 facilities having embarked on the programme.

**How it works:** 21 Private Pick-up Points are contracted to issue chronic medicines to patients through providing public access to the chronic medication beyond normal clinic operating hours. This allows for less demand at hospitals and shorter queues. The project will now be expanded beyond the NHI Pilot Districts, with eThekweni being targeted as priority due to densely populated areas and congestion in facilities.

### HEALTH TECHNOLOGY SERVICES

The Department has committed to provision new technology as follows:

- Four new CT Scanners at King Edward VIII, Stanger, Grey and Addington Hospitals
- Establishment of four additional Health Technology Services Satellite Workshops at Edendale, Newcastle, Madadeni and Ladysmith Hospitals to improve timely repairs of Health Technology Equipment at hospitals and clinics.
- Installation of the Lodox Equipment Project at four mortuaries i.e. Phoenix, Gale Street, Prince Mshinyeni and Richards Bay Mortuaries.
- Procurement of 4 Mobile C-Arms for Ladysmith; St Andrews; Stanger and King Edward VIII Hospitals
- 12 Mobile X-Ray Bucky Units for Addington, Bethesda, Charles Johnson Memorial, Edendale, GJ Crookes, Greys, King Edward VIII, Ladysmith, Mseleni, Umphumulo, Ntunjambili and Wentworth Hospitals.

continued overleaf >

HIV-related deaths down by: **22%** among men, and **29%** among women

# BUDGET 2015

continued from page 5

## NATIONAL HEALTH INSURANCE (NHI)

KZN is leading the way in its successful piloting of the NHI districts. These include:

COMMUNITY BASED TEAMS	UMZINYATHI	UMGUNGUNDLOVU	AMAJOBA	TOTAL
Family Health Teams	11	14	11	36
School Health Teams	15	23	9	47
District Clinical Specialists	3/7	4/7	2/7	9/21
Contracted Family Medical Practitioners	11	14	7 (to be contracted in 2014/15)	25
Phila Mntwana Centres	54	47	37	140
Pharmacy Assistants	17	9	10	36
Dental Assistants	2	0	0	2
Chronic Medication Distribution Sites	6	22	3	31
Community Care Givers	419	890	403	1712
Dental Cars	1	1	1	3
School Health Cars	14 (one NHI truck for school health)	23 (one NHI truck for school health)	9	46
Eye Care Vehicles	1	1	0	2
Contracted Doctors Cars	2	2	2	6

## HEALTH INFRASTRUCTURE DEVELOPMENT

Health facilities across the province are being revamped or rebuilt to meet the health needs of all the people of KwaZulu-Natal. These include:

- **Dr Pityley ka Isaka Seme Regional Hospital** Officially handed over earlier this year, this is the

Department's flagship project for this term and is expected to take 4 years to complete.

- **COST R2.8 billion**
- **Bethesda Hospital** Completed construction of a Paediatric Ward and 20 bed Mother Waiting Lodge. **COST R25 million**
- **Addington Hospital** Major renovation and refurbishment projects

are in progress. Theatres have been completed, while the external facade is expected to be finished this month.

- **COST R202.8 million**
- **Lower Umfolozi War Memorial Hospital** Refurbishment of the old wing and construction of the new one is complete. **COST R427.6 million**
- **Newcastle Hospital** Upgrading of the hospital is complete. **COST R6.8 million**
- **Ngwelezane Hospital** A new psychiatric ward is nearing completion, at a cost of R190 million in addition to the start of construction of a 192 bed surgical unit. **COST R132.2 million**
- **Ennua Hospital** Extensions to this facility are ongoing. **COST R300 million**
- **KZN Children's Hospital** Building of the Assessment Centre/ Training Centre, External Facade renovations to the main 'old hospital' building and 'old nurse's home' is complete. Work has commenced on 'bulk services hub and basement/parking area'. The project is expected to be completed by 2018. **COST R300 million**
- **Jozini Community Health Centre** R90% complete. **COST R268.5 million**
- **Pomeroy Community Health Centre** Project completed. **COST R161 million**
- **Dannhauser Community Health Centre** Recently opened by KZN Premier, Senzo Mkhunu, the project serves a community in dire need of a health facility and boasts state of the art facilities. **COST R164.9 million**



- **Phoenix Mortuary** Upgrades are now complete. **COST R87.3 million**
- **Ngwelezane Clinic** Repairs and renovations have been completed. **COST R32.2 million**
- **Jozini Malaria Health Complex** Demolition of the existing house and construction of four single bedroom units, garages and carports. **COST R5 million**
- **Ekulhngeni Life Care Centre** The renovation of this facility has been completed. **COST R45.8 million**
- **Isithebe Clinic at Ilembe District** The construction of the Nurses Residence at this facility has been completed. **COST R18.7 million**
- **Shongweni Dam Clinic in eThekweni District** Construction of a new clinic is complete. **COST R11.2 million**
- **Mwlokotile Clinic in Ndwedwe** Additions and upgrades to the clinic and construction of the Nurses Residence is complete. **COST R14.1 million**

## FIGHTING CORRUPTION

Internal capacity is being strengthened to fight fraud, which has so far: Finalisation of 498 cases involving 406 personnel at all levels. Recovery of R2.9 million including moonlighting health professionals in the 2014/2015 financial year

# FEATURE



# WHAT CANCER SURVIVORS WISH YOU KNEW

Have you ever wondered whether someone you know or love is coping with cancer? Have you been at a loss as to how to deal or approach the news when speaking to them? How to help them on this difficult path? In celebration of Cancer Survivor Day this month, Nick Hagemeyer, a cancer survivor himself, shares his poignant thoughts on life with cancer and some of things you should know...

*"The reality of life with cancer is very different from the image we try to portray. Our fight is simply a willingness to go through treatment because, frankly, the alternative sucks. Strength? We endure pain and sickness for the chance to feel normal down the road. Brave? We build up an emotional tolerance and acceptance of things we can't change. Faith kicks in to take care of the rest. The truth is that if someone you love has cancer, they probably won't be completely open about what they're going through because they're trying so hard to be strong... for you"* – Nick Hagemeyer

However, if they could be truly honest and vulnerable, they would tell you:

- 1 Don't wait on me to call you if I need anything. Please call me every once in a while and set up a date and time to come over. I know you told me to call if I ever needed anything, but it's weird asking others to spend time with me or help me with stuff I used to be able to do on my own. It makes me feel weak and needy, and I'm also afraid you'll say "no".
- 2 Let me experience real emotions. Even though cancer and its treatments can sometimes influence my outlook, I still have normal moods and feelings in response to life events. If I'm angry or upset, accept that something made me mad and don't write it off as the disease. I need to experience and express real emotions and not have them minimized or brushed off.
- 3 Ask me "what's up?" rather than "how do you feel" – Let's talk about life and what's been happening rather than focusing on my illness.
- 4 Forgive me. There will be times when the illness and its treatment make me "not myself." I may be forgetful, abrupt or hurtful. None of this is deliberate. Don't take it personally, and please forgive me.
- 5 Just listen. I'm doing my very best to be brave and strong, but I have moments when I need to fall apart. Just listen and don't offer solutions. A good cry releases a lot of stress and pressure for me.
- 6 Take pictures of us. I may fuss about a photo, but a snapshot of us can help get

**Cancer Awareness**  
Early detection is key...

Remain focussed during treatment and ask your oncologist all that you want to know. Don't deny your feelings, accept support from family and friends and do not give up?

I am a breast cancer survivor. What's meant to be will be. What's not within our control, leave to God.

Cancer is just another hurdle in this race called life. With the strength, love and courage of my family & God, I embrace each new day.

Cancer can be beaten and once the fight is won, you emerge stronger and more appreciative of life. Here is me post treatment, traveling to India as I promised myself I would while under treatment 2 years ago.

I went through treatment, prayed everyday and never doubted that Jesus was with me. God's grace is sufficient for everyone.

You don't know how strong you are until being strong is the only option you have.

Supporting the **FIGHTERS**  
Admiring the **SURVIVORS**  
Honouring the **TAKEN**  
and Never, Ever Giving up **HOPE**

## FINANCIAL HEALTH

# Is your medical aid making you sick?

Not everyone uses public health services, but that doesn't mean as a Department we are not concerned at the cost factor in private care. So, if skyrocketing medical scheme costs are giving you high blood pressure and raising your stress levels then its time to sit down and reassess the benefits you are getting for what you are paying. Lyse Comins investigates...



next year. "Members are downgrading to hospital plans and paying for day to day cover out of their own pocket," explains one adviser.

But don't be tempted to opt out of medical aid altogether, as doing so could knock you out financially if you are in an accident and admitted to ICU where costs can quickly soar to hundreds of thousands of Rands. "Members should always try and retain their medical aid cover even if it means downgrading. Even a hospital only plan will also provide cover for chronic medication and certain screening checks, for example, mammograms," adds the adviser.

### Ways to Save on Costs

Apart from downgrading, you may also want to consider an option of a managed care plan. This means that you may only use a network of hospitals, doctors and dentists under this plan. "These options are usually based on a member's income and members

pay according to income category so there is cross subsidization. Medical aid members are becoming more cost conscious and are more prepared to use a network of hospitals, doctors and dentists to enjoy a discounted contribution, whereas previously members expected freedom of choice," says Pedlar. Other ways of saving include using cheaper generic medicines, or opting for a medical savings account rather than day to day benefits. Savings that you don't use earn interest and rollover to the next year, while unused day-to-day benefits are forfeited.

### Consider your needs first

While downgrading or changing to a cheaper medical aid may be something you are considering, it's important to take note of some key points before making that decision. Some questions to consider when changing options include:

- How much can you afford?
- Do you need cover for chronic medication?
- How much day-to-day cover do you need for the year?

What rate does your medical aid pay specialist accounts in hospital?

### Pitfalls in Downgrading

With the rising costs of medical aids, it may seem that downgrading is the quickest option, but bear in mind the following pitfalls too when doing so:

- Shortfalls or co-payments on how the scheme refunds claims on specialist accounts in hospital. (Buying affordable gap cover can rectify this)
- Chronic medication cover can be affected, meaning a chronic condition is not covered or is partially covered.
- There could be co-payments on procedures like MRI/CT scans or they may not be covered out of hospital.

Once you have covered all these issues and looked at your medical aid usage in recent years, take time to weigh up the medical scheme options on the market, and it will soon become clear where you can afford to cut back and save a little without compromising your cover. ■

Medical aid membership subscriptions have increased on average between nine and 12 percent if not more, with many of us choosing to downgrade to save money.

Chances are if you are relatively young and healthy you could be paying a high price for cover you won't use for years to come. And according to financial experts, that trend looks set to continue

Increase in life expectancy from **54 > 60 YEARS**

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# URGENT NOTICE

## McCord Hospital is now a specialised Eye Care Facility

All patients living in McCord Hospital/s catchment area should now go to Overport Clinic, situated in Ridge Road (next to Overport City).

**PLEASE NOTE:** Overport Clinic will attend to patients in the following areas: Overport, Berea, Glenwood, Sydenham, Punters and Morningside. Patients not resident in these areas are urged to go to their local clinics.

Patients not resident in these areas or those booked for Primary Health Care services must go to their local clinic.

***Any inconvenience caused is highly regretted.***

### FOR FURTHER INFORMATION CONTACT:

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Switchboard: **031 268 5700**

Are you a service provider with the Department of Health?

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### IMPORTANT CONTACT NUMBERS

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**KZN HEALTH TOLL FREE,  
24 HOURS A DAY  
0800 00 51 33**

POLICE 10111

### DISTRICT HEALTH OFFICERS

AMAJUBA .....	034 328 7000	UMKHANYAKUDE ...	035 572 1327
ETHEKWINI .....	031 240 5300	UMZINYATHI .....	034 2999100
ILEMBE.....	032 437 3500	UTHUKELA .....	036 631 2202
SISONKE.....	039 834 8310	UTHUNGULU.....	035 787 0631
UGU .....	039 688 3000	ZULULAND .....	035 874 2302
UMGUNGUNDLOVU .....	033 897 1000		

Fighting Disease, Fighting Poverty, Giving Hope

TB cure success rate up from **73% > 84%**



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