



MEC FOR HEALTH
MS NOMAGUGU SIMELANE-ZULU

BUDGET SPEECH 2019/20

"MY HEALTH, YOUR HEALTH, OUR HEALTH: A HEALTHY KWAZULU-NATAL,"



www.kznhealth.gov.za

IN HEALTH THERE IS FREEDOM

Health is the first of all liberties. As we collectively fought for our freedom, it is incumbent upon all of us to ensure that we sustain the realisation of health as a social justice imperative.

KwaZulu-Natal Health MEC Ms Nomagugu Simelane-Zulu tabled the Health Department's Budget Vote for the Financial year 2019/20. In her budget vote she outlined key priorities for the Department and made a clarion call to the citizens of KwaZulu-Natal to become health champions by embracing the theme

" My Health, your Health, Our Health, for a Healthy KwaZulu-Natal."

2019/20 BUDGET SPEECH HIGHLIGHTS:

MOVING TOWARDS A PAPERLESS KZN HEALTHCARE SYSTEM:

The Department will begin rolling out the electronic filing system in order to improve efficiency and client experience which includes reducing queues and waiting times. It will also assist the Department to fight the ever-increasing medico-legal bill. As part of our migration from using the old physical filing system, we have successfully installed the Health Patients Registrations System (HPRS) in the majority of our PHC facilities in KZN and the majority of facilities have network connectivity in all NHI Districts.

SECURING A MINIMUM STAFF ESTABLISHMENT TO ADDRESS KEY ISSUES:

Severe financial pressure has affected human resources. This leads to low staff morale, burnout and compromised quality of care, which sometimes leads to an increase in medico-legal costs. A serious and impassioned plea to our Honourable Premier Cde Sihle Zikalala, uKhuzeni, has made been made to consider our proposal to at least have a minimum staff establishment at healthcare facilities. We are of the view that this could begin to address some of the challenges that we are confronted with, and help us to ultimately realise our noble goal of A Long and Healthy Life for All in KZN.

IMPROVING THE QUALITY OF CARE THROUGH INFRASTRUCTURE DEVELOPMENT:

- The 500-bed Dr Pixley Ka Isaka Seme Memorial Hospital has been built to the tune R2,8 billion. The hospital will relieve pressure from Mahatma Gandhi Memorial Hospital as well as other neighbouring health facilities. We can now announce that in as far as the hospital's state of readiness is concerned, the project is 95% complete.
- At the end of June, we completed repairs to the King Edward VIII Hospital, which had begun at the beginning of 2018. The hospital had been hit by a storm in October 2017. The repairs cost R58,6 million for theatre equipment, and R110,7 million for the theatre and surgical unit –which collectively amounts to about R169 million.

The Department is also upgrading and refurbishing a number of other facilities thanks to the infrastructural maintenance budget that has been increased from R213,9m last year to R397,6m

BUDGET SPEECH 2019/20

We are pleased that more than **1 million** clients enjoy the benefits of CCMDD, which enables them to collect their chronic medication at community level, closer to where they live.

BUDGET SPEECH 2019/20

We have also tested a total of **3,05 million** people for HIV; performed 205 569 Medical Male Circumcision procedures in the past financial year

BUDGET SPEECH 2019/20

We are also pleased that the rate of **pregnant women** accessing antenatal care before 20 weeks of pregnancy has **increased** from 70.2 to 72.1%.

BUDGET SPEECH 2019/20

In this financial year, we will start the **Lost-to-Follow-Up campaign** in our quest to bring back all patients who were initiated on treatment and then stopped taking their ARVs. This is partly a direct response to meet the goals of the **90-90-90 strategy**, which was also a key resolution of the recent **SA National Aids Conference** which was hosted here in **KwaZulu-Natal in June 2019.**

ZOOMING IN ON HIV & TB FOLLOW UP CAMPAIGN



In her budget speech, MEC Nomagugu Simelane-Zulu stated that the Department has resolved to increase the number of people tested and treated for HIV and TB in the province.

This will be achieved through intensifying efforts driven through campaigns such as Hlola Manje/Zivikele; Provider Initiated Counselling and Testing (PICT) and supporting the inclusion of voluntary counselling by the Department's strategic partners.

Another groundbreaking innovation is the tracking of defaulting patients through the Lost to Follow Up Teams for HIV positive patients who stopped taking their antiretroviral drugs (ARVs) and Tracer Teams for

patients diagnosed with TB

Both these teams will aim to find patients that are no longer collecting their medication. This is an important task that will be carried out by the Department's foot soldiers such as community caregivers (CCGs).

The task of finding patients who have defaulted is a crucial task because the longer a patient does not take his medication, the more resistant to medication the HIV virus or TB bacteria become. This means that the same medication may no longer fight the illness and the patient would then require different antiretroviral drugs or hospitalized if diagnosed with

a more severe form of TB (XDR or MDR).

The Department will also test those who live with TB patients, especially children, pregnant women and HIV patients and enroll those infected immediately and thus reduce the risk of them spreading the illness in the community.

QUICK FACTS:

- 3,05 million people were tested for HIV in the past financial year
- More than 1,4 million patients remained on ART
- The TB Incidence rate dropped from 511 to 481 per 100 000



EXECUTIVE STATEMENT TO ALLAY PUBLIC CONCERNS REGARDING H1N1 INFLUENZA IN KZN



MEC FOR HEALTH
MS NOMAGUGU SIMELANE-ZULU

The KwaZulu-Natal Department of Health has been inundated with calls from schools and parents expressing concern that their children – or other people that they know - are infected with influenza A (H1N1).

Considerable alarm and panic have been fuelled by media reports following the demise of a 9 year-old girl from Pietermaritzburg. The little girl had displayed flu-like symptoms, but her case was Not confirmed because no samples were taken by the doctor.

As part of precautions, and to aid the investigation process by the Department, the girl's sibling tested positive for influenza A (H1N1), and has recovered and been discharged. The children's grandmother, who also had to be hospitalised, has recovered but her test results are currently outstanding.

The flu season in South Africa occurs in the winter, usually between May and July. Flu can be easily spread from person to person. There are three different strains that can cause seasonal flu in humans. They are called influenza A(H1N1), influenza A(H3N2) and influenza B. All three strains are not reportable as Influenza is not a notifiable medical condition.

The pandemic influenza A (H1N1) virus, which appeared for the first time in 2009 causing a global influenza pandemic, is now a seasonal influenza virus that becomes prevalent in winter, and co-circulates with other seasonal viruses. It is neither a notifiable nor a reportable disease, and is thus being treated as a normal flu. Vaccines and treatment are

available to treat flu. The Department of Health therefore does not keep statistics on influenza.

Generally, population groups who may be vulnerable to influenza and need vaccination before the influenza season include pregnant women at all stages of pregnancy; HIV-infected individuals; and adults or children under six who might have underlying medical conditions.

As a Department, we are calling on all responsible authorities at the different schools, doctors, as well as members of the community to exercise restraint, because by referring to an outbreak without being absolutely sure, we may begin to create unnecessary panic and alarm, which helps no-one.

We are advising parents to be on the look-out for certain signs of severe influenza. Those who display worrying signs such as chest pain or shortness of breath are strongly advised to seek medical attention. If any individuals think they or their children may be suffering from an aggressive type of influenza, they must visit the nearest healthcare facility.

The Department is emphasizing the following:

- There is no outbreak
- Avoid using the incorrect terminology, such as "swine flu", as this refers to a disease in pigs
- Do not panic
- Keep calm
- This is a seasonal flu

Since the emergence of these media reports led to panic around this issue, the department has issued a fact sheet from the National Institute for Communicable Diseases (NICD) for parents and caregivers.

This notice provided advice on influenza to the following role players to share widely to quell the panic:

- School health teams
- Health promotions
- Department of Education
- Schools

Guidelines on influenza have been circulated to all Health care workers/facilities and are also available on the Department's intranet.

All districts are currently completing flu vaccines to the high risk groups:

- Pregnant women – irrespective of stage of pregnancy
- HIV-infected persons
- Adults or children at high risk for influenza-related complications because of underlying medical conditions
- All persons aged ≥ 65 years and Residents of old-age (nursing) homes)

Receipt of the influenza vaccination is the most effective way to prevent influenza. The vaccine is best administered before the annual influenza season starts (March-June) but there is no contra-indication to receiving it later in the year. The current influenza season is not over, and vaccination may still be of value.

For those who have not, or will not, be receiving a vaccine, the Department is therefore advocating the following steps to be taken by parents and caregivers to reduce the spread of flu.

- We advise that children be taught Not to share drinks, food or unwashed utensils;
- They must be taught to cover their coughs and sneezes with tissues or alternatively their elbow when tissues are unavailable, and to discard their tissues appropriately;
- They must get into the habit of washing their hands often, with soap and water, or an alcohol-based hand rub.
- We also strongly recommend that they know the signs and symptoms of the flu, which include fever (temperature above 37.8 degrees Celsius and feeling hot or cold), runny or stuffy nose, cough, sore throat, body aches, headache, and feeling very tired. Some people may also have diarrhoea and vomit, which is more common among children.
- It is extremely important that sick children be kept at home so that they do not spread the flu to others. It is strongly recommended that such children stay home for at least 24 hours after resolution of symptoms. This will reduce the number of people who may get infected.
- Parents are also urged to ensure that their sick children drink plenty of fluids and get lots of rest.
- Any child who is determined to be sick while at school must be sent home.
- If parents are worried about their children's illness, we strongly recommend that they take them to a clinic or doctor early.

The KZN Department of Health has the situation under control, and there is absolutely no need to panic, as H1N1 is now regarded as a normal flu. There are vaccines and treatment options available to the public. In addition to distributing information, education and communication material to public, the Department is currently engaged in a process to use mass media to disseminate messages concerning H1N1 influenza, in order to keep the public adequately informed.

KZN HEALTH MEC MS NOMAGUGU SIMELANE-ZULU SADDENED BY FATAL AMBUSH OF EDENDALE HOSPITAL NURSE



KwaZulu-Natal Health MEC Ms Nomagugu Simelane-Zulu has sent her deepest condolences to the family of an expert male nurse who was fatally shot in Pietermaritzburg recently.

It is believed that Mr Mdu Ngubane (46), who worked at Edendale Hospital's labour ward, also ran a night-time lift club, transporting workers from Liberty Mall to their homes in and around Pietermaritzburg. He was allegedly shot by unknown people in Harewood, Caluza, after dropping off his last passenger on the township's Mbanjwa Rd. His white Opel Corsa bakkie was not taken during the incident.

Originally from eMwali township, Ngubane arrived at Edendale Hospital after training at Ceza Hospital in Zululand District as an enrolled nurse in 2004. He then worked his way up, completing a bridging course at Grey's Hospital in 2006 that helped him graduate to professional nurse in 2009. In 2018, he did a course in advanced accoucheur (the male opposite of midwifery) at King Edward VIII Hospital, which he completed in February this year.

This morning, distraught colleagues at Edendale Hospital described Ngubane as a "an excellent, reliable, dedicated and responsible

nurse, who always had a clear attitude, and a good record of work attendance. He really loved people, and always had a smile on his face."

Reacting to the incident, MEC Simelane-Zulu said, "We are extremely saddened and shocked by this senseless murder. In Mr Ngubane, we have lost a person who was clearly not only committed to developing himself, but also had a passion for helping other people. It is extremely unfortunate that he lost his life under such tragic circumstances.

This is a huge loss to the Department, and his community, and we are poorer without him. We send our deepest condolences to his family and colleagues.

We are pleading with law enforcement authorities to work tirelessly to bring to book perpetrators of this callous and senseless murder.

VIVA MBOKODO YESIZWE VIVA!



As we welcome the month of August, we reflect on the pivotal role that women played in South Africa in the struggle against apartheid. Their commitment to the national fight for freedom made the apartheid government fully aware that women were a force to be reckoned with.

Women's involvement in the Defiance Campaign certainly proved to be an important stimulus in their political development across the board. The Defiance Campaign contributed immensely to Women Political Groups within major political parties. Today women across the country have become influential leaders in politics.

We salute all the fallen heroines, struggle icons and nurturers of this beautiful rainbow nation. Sithi **AMANDLA KO MAMA BE SIZWE!**

#WhatWomenWant

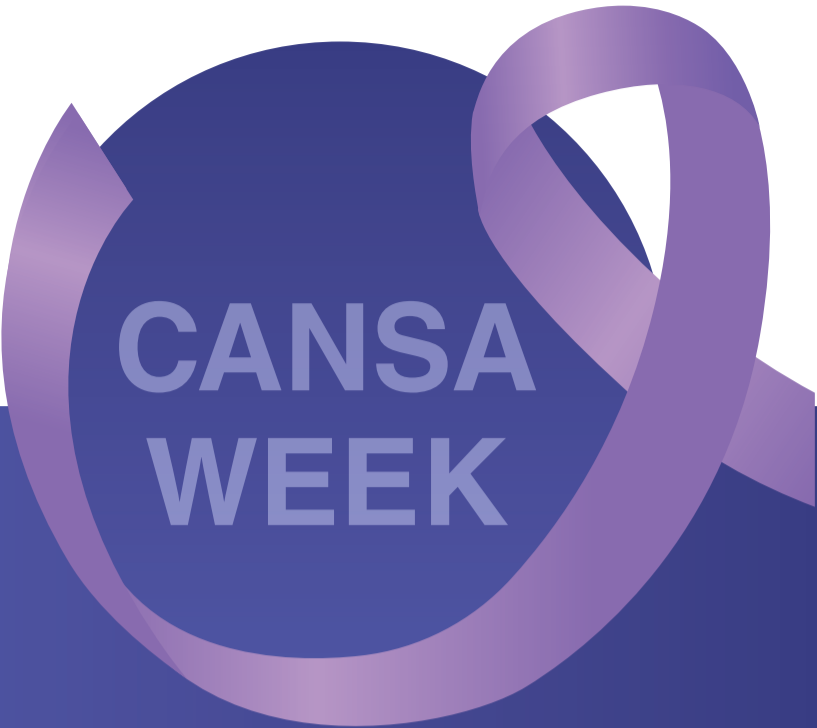
SERVICES THAT THE DEPARTMENT OFFERS WOMEN



WOMAN

DEPARTMENTAL INTERVENTIONS

- ANTENATAL & PRENATAL CARE
- CONTRACEPTIVES
 - * CONDOM DISTRIBUTION
 - * INJECTABLES
 - * PILLS
 - * DEVICES e.g implanon
- SCREENINGS
 - * HIV
 - * TB
 - * NON COMMUNICABLE DISEASES
(e.g. Cervical, breast and other cancers)



WOMEN ARE URGED TO UNDERGO CANCER SCREENING AT LEAST ONCE A YEAR

As we enter Women's Month, women are urged to come forward in order to get screened for breast and cervical cancer, so that live much longer, healthier and productive lives.

Cervical & breast cancer kill many women a year in South Africa.

Cancer of the cervix used to start in women after menopause but these days women as young as 35 are being affected by cervical cancer. All women who are sexually active or are 35 years old and above have to screen for pap smears so that if they are diagnosed with cancer, they can be treated quicker and easier.

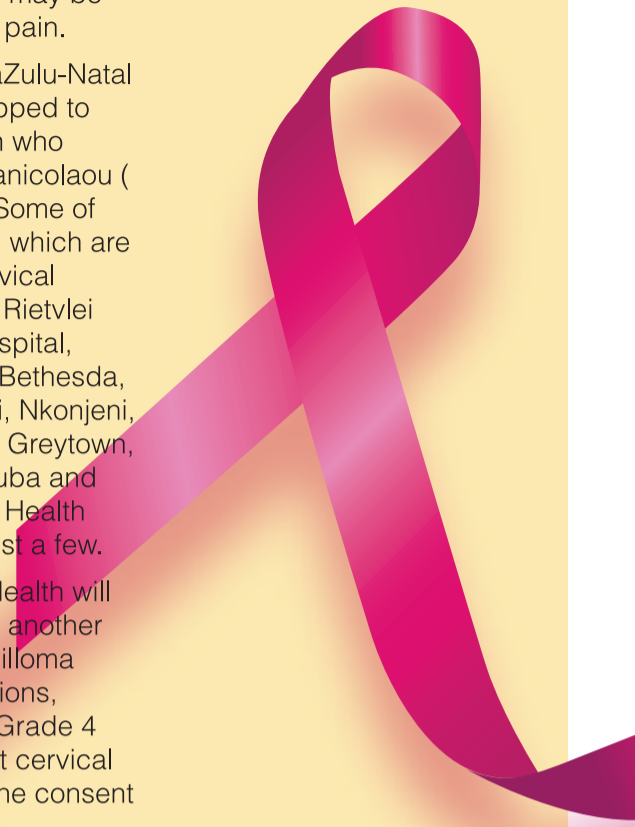
Symptoms of breast cancer include a lump in the breast, bloody discharge from the

nipple and changes in the shape or texture of the nipple or breast. There may be no symptoms of cervical cancer. In a few cases, there may be irregular bleeding or pain.

Most facilities in KwaZulu-Natal Health are now equipped to test and treat women who show abnormal Papanicolaou (PAP) smear results. Some of these rural hospitals, which are now able to treat cervical cancer, are Eshowe, Rietvlei Hospital, Vryheid Hospital, Church of Scotland, Bethesda, Benedictine, Mseleni, Nkonjeni, Murchison, Nkandla, Greytown, St Andrew's, Itshelejuba and Edumbe Community Health Centre, to mention just a few.

The Department of Health will be embarking on yet another round of Human Papilloma Virus (HPV) vaccinations, which target girls in Grade 4 for protection against cervical cancer later in life. The consent

of parents for their children to be vaccinated against HPV is crucial in order for this programme to be a success.



ITS ALL SYSTEMS GO FOR THE 2ND ROUND OF HPV VACCINE CAMPAIGN

06 August to 20 September 2019



The second round of National Human Papilloma Virus (HPV) Campaign will kick-start on the 06th of August to the 20th of September 2019.

The KZN Department of Health, together with the Department of Basic

Education, will work hand in hand during the course of this campaign that is targeting Grade 4 girl learners, 9 years and older in all public primary schools in the province.

This is an in-school vaccination campaign which

will be driven through the Integrated School Health Programme. School Health Teams (SHT) and Ward Based Outreach Teams (WBOTS) will visit schools during August and September to administer the 2nd dose of the vaccine to conduct the vaccinations.

All girls legible for the vaccination need to have submitted consent since the teams will ensure that consent forms are signed before administering the vaccine.

The introduction of the HPV vaccine in 2014 was a significant public health milestone for South Africa, and is expected to significantly contribute to the control of cervical cancer and reduce associated mortality within the next two to three decades.

FACTS ON HPV Human Papilloma Virus (HPV)

- Prevents Cervical Cancer
- Is most effective if given at young age (9 years and older)
- Is safe and effective
- Requires 2 doses (6 months apart)
- Has been used in many countries
- Introduction presents an opportunity for South Africa to make long term health benefits
- Is recommended by the World Health Organisation for Girls before they are exposed to HPV
- Is a very common infectious agent
- generally has no visible symptoms
- Is responsible for most cases of cervical cancer
- Is transmitted during sexual activity HPV Vaccine



WORLD BREASTFEEDING WEEK

NOTHING SAYS NATURE'S BEST LIKE MILK FROM A MOTHER'S BREAST



World Breastfeeding Week (WBW) is celebrated every year from 1 to 7 August to encourage breastfeeding in order to improve the health of babies around the world. The #WBW2019 slogan is "Empower parents: enable Breastfeeding".

It commemorates the Innocent Declaration signed in August 1990 by government policymakers, WHO, UNICEF and other organizations to protect, promote and support breastfeeding. The declaration states; As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breastmilk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. WHO recommends exclusive breastfeeding starting within one hour after birth until a baby is 6 months old. Nutritious complementary foods should then be added while continuing to breastfeed for up to 2 years or beyond. This

child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.

Breastfeeding is one of the most significant ways to improve infant survival rates. Babies and mothers living with HIV can also benefit from the nutrition of breastmilk and breastfeeding. HIV can pass from a mother to her child through breast milk. It is recommended that all mothers living with HIV should receive lifelong antiretroviral therapy (ART) to support their health and to ensure the wellbeing of their infants. ART drugs are given to woman with HIV during pregnancy and to their infants after birth to reduce the risk of mother to child transmission of HIV. Mothers who are on antiretroviral therapy (ART) should breast feed for the first 6 months and then introduce appropriate complementary foods and continue breastfeeding up to at least the child's first birthday.

For women who are unable to breast feed for whatever reason, there are alternative

measures such as acquiring milk from a milk bank. A human milk bank is a service that screens, collects, processes and distributes human breast milk. The recipients of the breast milk are vulnerable pre-term and sick babies and special cases where mothers are unable to supply sufficient milk for their babies. This milk is donated by volunteer breastfeeding mothers who are not related to the recipient babies. Mothers interested in donating their excess breast milk undergo a screening procedure. This includes a questionnaire and health screening. All donated breast milk is tested, pasteurised, and frozen and ready to be supplied to vulnerable babies in need.

All healthy breastfeeding women can donate breast milk, however they should be: Non-smoker, Non drug and alcohol user, lives a healthy lifestyle and must have willingness to undergo screening procedures that include HIV testing, Syphilis, TB and Hepatitis B. Pasteurised human milk is given to vulnerable babies. These include premature

babies, low birth-weight babies and abandoned/orphaned babies.

WHY BREASTFEED?

- It is cheap alternative with almost zero financial constraints, immediate, and safe.

- Infants triple their total body weight during their first year of life.

- The immunity factors in breast milk can help the baby to fight off infections.

- Breast milk contains vitamins, minerals, and enzymes which

aid the baby's digestion.

- Breast milk is the ideal form of nutrition for infants.

- Breastfeeding mothers return to their pre-pregnancy weight faster than those who do not breastfeed.

- Breast milk contains more nutrients than formula and helps promote brain growth and development. Breast milk also helps improve your baby's immunity.

Give your child optimal health by choosing to breast feed.

HEALTH INVENTIONS THAT SHAPED THE WORLD:



A sphygmomanometer also known as a blood pressure meter, blood pressure monitor, or blood pressure gauge, is a device used to measure blood pressure, composed of an inflatable cuff to collapse and then release the artery under the cuff in a controlled manner and a mercury or mechanical manometer to measure the pressure.

The sphygmomanometer was invented by Samuel Siegfried Karl Ritter von Basch in the year 1881. It consisted of a rubber bulb that was filled with water to restrict blood flow in the artery. The bulb was then connected to a mercury column, which would translate the pressure required to completely obscure the pulse into millimetres of mercury.

Scipione Riva-Rocci introduced a more easily used version in 1896. In 1901, pioneering neurosurgeon Dr.

Harvey Cushing brought an example of Riva-Rocci's device to the USA, modernized it and popularized it within the medical community. Further improvement came in 1905 when Russian physician Nikolai Korotkov included diastolic blood pressure measurement following his discovery of "Korotkoff sounds." William A. Baum invented the Baumanometer in 1915, while working for a doctors' group that handled insurance and employment physicals. In 1981 the first fully automated ocillometric blood pressure cuff was invented by Donald Nunn.

Since that time, further advances have been made to sphygmomanometers. Now available in a variety of styles ranging from mercurial to aneroid and electronic versions, blood pressure measurement has become more accurate and widely accepted as an important vital sign when diagnosing a patient.

Source: <https://www.adctoday.com/learning-center/about-sphygmomanometers/history-sphygmomanometer>

GALLERY

MEC'S VISIT AT PRINCE MSHIYENI MEMORIAL HOSPITAL - ETHEKWINI DISTRICT



DOH BUDGET VOTE SPEECH 2019/20 - UMGUNGUNDLOVU DISTRICT



PROVINCIAL CLINIC COMMITTEE TRAINING - ETHEKWINI DISTRICT





health

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Health
PROVINCE OF KWAZULU-NATAL

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CORPORATE COMMUNICATIONS
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