



Ministerial 6 month Report

Programme 2: District Health Services

PHC

During the reporting period primary healthcare headcounts have increased from 6,076,612 in the last quarter of 2008/09 to 6,283,566 in the second quarter of 2009/10 and PHC utilization under 5 years is 4.3% against a target of 4%.

District Hospitals

District hospitals show a utilization rate of 62% against a target of 64%, however the caesarian section rate of 26% is significantly higher than the target of 19%. The average length of stay at district hospitals is 5.7 days which aligns closely to the provincial target of 5.6 days. The caesarian section rate could be attributed to multiple factors including high prevalence of HIV amongst pregnant women in the Province (2008 ANC Survey).

HIV, Aids & STIs

The department has a total of 302,741 ART patients registered. The comprehensive plan for HIV and AIDS (CCMT) Plan has commenced in KZN Province in March 2004. One of the aims of this plan is to provide the comprehensive management of individuals who are infected and affected by HIV and AIDS. Implementation of the CCMT Plan has progressed rapidly. To improve access 89 ART service points throughout the Province of KwaZulu-Natal have been accredited. There are at least four (4) fully functional ARV sites in each District and currently more than 260 000 patients initiated on HAART. Although KwaZulu-Natal has the largest ARV programme in the country, a treatment gap still exists as there is high demand for the ART services. It is estimated that only 60 % of the persons requiring ART have accessed treatment from the Public Sector; this does not take into account treatment accessed in the Private Sector.

Selected 2006 AIDS indicators for KwaZulu-Natal and South Africa

INDICATOR	KZN	NATIONAL
Number of people living with HIV	+/- 3 million	5,400,000
HIV Prevalence in women attending antenatal clinics	37.4%	29.1%
ART Sites	(35 – 39)	(28 – 29)
HIV Prevention	89	469
Proportion of pregnant women eligible for nevirapine who received it		
HIV treatment	60%	62%
Total number of patients on treatment as of end September 2009	302,741	827,423 (as of end June 2009)
Proportion of patients eligible for antiretroviral therapy who received it	?	35.8%
Number of AIDS deaths	113,082	345,640

The programme is currently focusing on strengthening up and down referral of HIV and AIDS patients with particular focus on down referral of stable patients on HAART for continued management at Primary Health Care levels. The programme is also focusing on initiation of ART at PHC level using roving teams from accredited service points to increase access. This is an effort to decentralize HIV and AIDS management and ensure that HIV and AIDS are managed as a chronic disease. Despite this growth, the programme is facing severe capacity constraints in view of the high demand for HIV and AIDS services.

The Department is currently compiling a business plan to determine the resources required to treat all eligible persons with ART. The current budget to sustain this programme is R1,564,333,000. The conditional grant for this financial year is R880,659,000, the shortfall of R 683,672,000 is therefore funded from the equitable share. A further challenge to the programme is that one and a half months worth of buffer stock needs to be kept at each institution and this places pressure in terms of space at pharmacies. Furthermore, in an effort to free up bottlenecks at ART sites, the programme has embarked on the issuing of 2-3 months treatment at one time. This has tended to erode the existing buffer stock that will need to be replenished and more stock procured to convert for new patients who would go under this arrangement.

Edendale successes

Edendale Hospital is one of the largest CCMT service points in South Africa with more than 10 000 patients initiated on ART. The service point has 11 feeder clinics

that refer clients to the hospital for ARV initiation. The turnaround strategy focused on:

- Re-starting ART initiation at Edendale Hospital within a week i.e. 20th July 2009.
- Full utilization of Doris Goodwin TB Hospital for ART initiation to clear the Edendale Hospital waiting list.
- Strengthening and expansion of down referral of stable patients to feeder clinics at Edendale Hospital.
- Mobilization of support from PEPFAR funded NGOs.
- Build capacity for initiation, down referral and drug management at PHC level to ease the pharmacy workload at Edendale Hospital.
- Engagement of PEPFAR funded organizations Broadreach and Elizabeth Glazer Paediatric AIDS Foundation to address human resources, equipment and infrastructural challenges.

The impact of the turnaround strategy has led to improved and sustainable resourcing at Edendale Hospital. Over and above the interventions, the District Office is using roving teams to initiate ART patients at other PHC clinics. The initiations at clinic level also contribute towards reducing the ARV backlog. The aforementioned interventions resulted in the clearing of the waiting list by September 2009. It is anticipated that at some time in the future the sites that are currently initiating clients will also become saturated. To this effect an additional eleven (11) down referral clinics are being planned in addition to the current sites that exist. Resource needs have been identified and plans are being finalized on how best to resource these facilities.

Ilembe, Ugu, Umkhanyakude, Umgungundlovu, Amajuba and Uthungulu Districts are also using roving teams. Uthukela District is initiating the use of visiting doctors.

PMTCT Successes

In 2008/2009, our Province assessed the impact of PMTCT services using a simple but robust approach that combined two methodologies. All mothers bringing their infants for routine 6 week immunization were asked for permission for the surveillance team to take a dried blood sample from their infant. With one sample, maternal prevalence, infant prevalence and infant vertical transmission rates were determined. Using this information, infant mortality rates were reconstructed.

A similar surveillance exercise was previously performed in 2004/2005 but at a time when only sdNVP was available. The 6 week vertical transmission rate was 20.8% (vs. 7.0% in 2008/2009). The dramatic reduction in transmission can be attributed to three factors:

- the vast majority of women had tested during pregnancy and knew their HIV status;
- about 13% of HIV infected women were receiving ART;

- the ANC services had switched from single dose nevirapine to the more efficacious regimen such that 74% of HIV infected pregnant women reported having received the two drugs.

In summary there is sound scientific evidence that the vertical transmission rate in KwaZulu-Natal has been reduced from 20.8% in 2004/2005 to 7% in 2008/2009, which is great achievement in a resource limited setting.

Maternal, Child and Women's Health

Cervical Cancer and breast cancer are the two most common cancers affecting women in the world. Detected early, both cancers carry a good prognosis. Screening for early diagnosis is therefore the single most important intervention in managing these cancers. Cervical cancer is also now defined as an AIDS defining malignancy, meaning that any person who is HIV positive who present with a lesion should be started on ARV treatment irrespective of CD4 level.

To build capacity and focus on cervical cancer, the Metro Head of Health and the Provincial eThekweni Head of Health were both tasked to implement a cervical cancer screening campaign that will start in Durban and be rolled throughout the Province. The Phila Ma Project was launched at Inanda, Amaoti on 11th August 2009. The project provides for the following services:

- Health Education
- Breast Assessment and teaching of Women Self-Breast Assessment
- Cervical Cancer Screening
- Voluntary Counselling and Testing
- Treatment of Sexually Transmitted Infections.

During August screened a total of 1,234 women were screen at Inanda and 55 abnormal smears were referred. Other Institutions scaled up their cervical cancer campaign e.g Nkonjeni Hospital. The challenge facing this programme is that a huge backlog exists in the Specialist Gynae-Oncology clinic at Inkosi Albert Luthuli Central Hospital. A plan has been developed with a private NGO, Broadreach Healthcare, to assist the Department to clear the backlog. This Plan includes:

- Procurement of equipment and training of clinicians to use the equipment.
- Communication Strategy.
- Provision of Human Resources to clear the backlog.
- Discussions to obtain donations for the HPV vaccine which targets the carcinogenic strains.

A total number of pap smears conducted in all Districts for the period April 2009 to September 2009 is 48 368.

TB

Tuberculosis (TB) has evidenced co-morbidity to HIV/AIDS, which may increase with the increase of HIV infection. This is also regarded as influencing by the emergence of MDR/XDR TB. Although the budget has generally been insufficient to implement all components of TB Crisis Plan, (namely: filling of facility nursing posts, sub district TB coordinators' posts and TB tracer posts and purchasing of TB vehicles), the Province is containing the spread of TB. The District Quarterly Provincial Report indicates 62% cure rate: new smear PTB. 61% of TB clients HIV also tested HIV positive.

The last Provincial TB Progress Report (Q4 2008) showed that there were 150,109 new cases and 24 relapses. Females were 66,981 and males 70,533. According to the Case Finding Summary for the same quarter the most affected age group for both genders is 29-34 years: females 34% and males 29%. However, the same report indicates that TB is also rife in age 15-25 years (17.2%).

Programme 1: Administration

The objective of the MEC's Office is to provide Political Leadership and Stewardship for key strategic health Programmes such as the Provincial Flagship Programme, Maternal Child and Women's Health, HIV and AIDS, TB prevention and quality improvement.

The Department has focused on strategic and compelling issues that relate to the departmental recovery plan or turnaround strategy as it otherwise known. The strategies immediate area of focus is on the stabilization of the budget and the bank account. This is being achieved by immediate, medium and long term strategies.

Immediate interventions have included reducing administrative costs these include inter alia spending on travel and the prohibition of certain line items such as catering, venues and advertising. Additional interventions include the prioritization of filling only critical clinical posts and sustained efforts to eliminate agency costs. Fleet purchases have been limited to those that are clinical in nature (i.e. ambulances and mortuary vehicles). Appropriate managerial interventions have also commenced with the verification of employee head counts being undertaken at Addington and Ngwelezane. This process will be sustained and will assist with the Persal "clean-up" being undertaken by the department. Several investigations are being undertaken in respect of financial misconduct and disciplinary action is underway.

Medium term interventions focus on return on investment and getting better value for money. The department is actively participating in National period TR contracts (currently 17), and is in the process of negotiating Provincial period contracts. These strategies allow the department to benefit in terms of cost volume gains and reduce

inflated prices for the provision of basic services. Additionally, reliance on external consultants has been reduced and moving forward there will be a review of corporate services staffing levels. Currently the appreciation of the exchange rate should enable saving on foreign purchases related to imported medical equipment. Additionally, all major contracts are in the process of being reviewed and where necessary renegotiated to the benefit of the department.

Long-term interventions relate to the institutionalization of MTEF planning. These interventions are linked to the Fiscal Adjustment Plan, which aims to balance the department's budget within the MTEF. The department is making strategic decisions that will result in substantial savings during the MTEF period.

The department is also actively implementing strategies in terms of an Audit Plan to reduce or eliminate risks as identified by the Office of the Auditor General. Senior Management within the department has been assigned responsibilities in this regard to remedy internal controls etc in anticipation of future audits.

The department's information systems are also currently being audited to determine compatibility, reduce duplication and eliminate vertical data systems thus ensuring a central data system of validated and verified data. This process will assist the department as it prepares for the audit of performance information.

Programme 3: EMRS

As one of the components that play a crucial role to promoting better health care for the population is the **Emergency Medical Rescue Service (EMRS)**. The Programme has 219 rostered ambulances. On average the kilometres (km) travelled per ambulance were 22,519 in one quarter and the area that had the highest average kilometres travelled was Uthukela District with 47,199 km. There are only 59% ambulances with less than 200,000 km on the odometer.

The challenges indicated above have negatively influenced the EMRS response times. 14% of P1 (red) calls were responded to within 15 minutes in urban areas. 30% of P1 (red) calls were responded to within 40 minutes in rural area and 47% of all calls were responded to within 60 minutes. The Provincial targets for these performance indicators are 85%, 55% and 80% respectively.

Programme 4: Regional Hospitals

Regional Hospitals within the province currently have a utilization rate of 71% against a provincial target of 72%. Mirroring the trend displayed in District hospitals the caesarian section rate of regional hospitals is 31%, whilst the average length of stay is 5 days against a provincial target of 4.1 days. The expenditure per PDE is R1,286 against a provincial target of R 1,128.

The ministerial campaign “Look like a hospital” is receiving priority in 12 identified hospitals throughout the Province. A rapid survey was conducted to assess these 12 hospitals the results of which will be utilized to implement cost effective strategies aimed at improving the client experience within hospitals. An in-depth questionnaire aligned to the National Core Standards is currently being developed. This questionnaire will allow the establishment of a baseline for each hospital to be determined. This will allow for norms and standards to be developed and utilized. Customized intervention strategies and implementation plans will then be developed for each hospital by a skilled multi-disciplinary team. Performance against the established baseline will be closely monitored and the establishment and sharing of best practices between these institutions will be facilitated. In the regard the MEC has also made unannounced visits to several hospitals and CHCs.

Programme 5: Tertiary Hospitals

Strong focus has been placed on the contract management of IALCH. The PPP agreement is under review in order to ensure that the department executes the PPP from a value for money perspective and to ensure that the department gains an adequate ROI as the PPP is not currently performing in terms of departmental expectations. The NTSG business plan is being assessed and developed with the aim of proving sustainable tertiary services in all three areas.

Programme 6: Health Sciences and Training

At the Provincial nurses graduation a total of 2 055 candidates graduated across all training programmes, of this number 765 were professional nurses. The professional nurses have all signed contractual obligations with KZN Department of Health as a retention strategy. The post registration programme candidates also sign contracts and thus increasing the pool of specialist nurses in the system.

KwaZulu-Natal also hosted the ICN 24th Quadrennial Congress was held on 26th June 2009 – 4th July 2009. The theme of the Congress was “**Leading Change: Building Healthier Nations**”. More than 5 700 nurse leaders from across the globe attended and showcased nursing innovation, elaborated on new nursing roles and presented cutting edge research. One of the nurses recognized by ICN is Professional Nurse Nzimande from KZN. The Province’s investment in this event has the potential for long-term shifts in the quality of nursing and healthcare, given that in every level of the healthcare system and in every District there is a critical mass of nurses that have had exposure to these innovative strategies.

Programme 8: Infrastructure Development

In terms of infrastructure the department has completed the District Hospital of King George. Confirmation has been received that King Edward is on the revitalization programme and business plans for the revitalization of Edendale and Ngwelezane

hospitals are progressing well. A meeting was held with the MEC's for Finance, Economic Development, Public Works, Local Government and Health to discuss the future of Addington Children's Home. The decision taken was that the Department of Health will renovate Addington Children's Home for a dedicated Children's Hospital for the Province of KwaZulu-Natal. A donor has indicated willingness to assist the Department. Further donor funding will be sourced where possible for this project.