

KZN HEALTH 2017/18 BUDGET SPEECH DELIVERED BY MEC DR SIBONGISENI DHLOMO, IN THE KZN PROVINCIAL LEGISLATURE

19 April 2017

Chairperson,

Premier of KwaZulu-Natal– Hon Willies Mchunu, Macingwane

Head of Government Business – Hon Sihle Zikalala, Khuzeni

Chairperson and Members of the KwaZulu-Natal Portfolio
Committee on Health

Fellow Members of the Executive Council

Honourable Members of the Legislature

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

Head of the Department of Health – Dr Sifiso Mtshali

Senior Managers in the Department of Health

Partners and Sponsors

Health workers across the length and breadth of the Province

Distinguished guests

People of KwaZulu-Natal

Members of the Media,

Ladies and gentlemen,

Thirty-nine years ago, in a town called Kazakhstan, health activists met to deliberate on how they could improve the health of all the people in the world. After considerable debate, they agreed on a Declaration, Alma Ata, whose theme was “Health for All by the year 2000.”

Some health activists complained that there would be a long wait from 1978 to 2000 (22 years). The reality is that the year 2000 came and there was no health for all in the world. In the year 2000, Millennium Development Goals (MDGs), of which MDG 4, 5 and 6 focused on health, were formulated. In the year 2015, though significant strides had been made, there was still no health for all citizens of the world.

To date, comprehensive health is a commodity that is accessible by a few who have means.

Health is a basic human right that should not only be available to those who can afford. I am happy that in this House, all political parties except one, agree to universal health coverage. Those political parties I suppose know what it is like to lose a breadwinner; the only child; or a mother of 5 children because these individuals or their families did not have the means to access quality healthcare.

It is a moral obligation to carry each other's burden in order to have long and healthy life.

I commend you all and wish to call upon you to continue to champion this noble vision: universal health coverage. I would like to believe that South Africans who went to Kazakhstan in 1978, carried with them the aspiration of the most revolutionary document ever put together in our country, the Freedom Charter of 1955 that highlights health issues.

On the 24th of March 2017, we laid to rest Mrs Bongiwe Bolani, a matron who opened Prince Mshiyeni Memorial Hospital (PMMH) in 1980. She was such a professional, and a daughter to Bishop Alpheus Hamilton Zulu of the Anglican Church, appointed the first Black Bishop.

OkaNdaba stood firm on her principles and did not allow the hospital to be used for political activities. For that she paid dearly; her house in KwaMashu was bombed twice. She left PMMH out of fear and never recovered her pension. We give thanks to former Premier Mkhize, who supported us when we made an ex-gratia payment to her to apologise on behalf of government. We as the Department of Health were humbled at her funeral when her eldest daughter Phumla Bolani mentioned this good gesture from government. Sasizama ukucisha amacala alabo abasindulelayo. May her soul rest in eternal peace. Malibongwe!

On the day of the funeral, a retired matron Mrs Bella Mkhwanazi delivered a moving speech on behalf of all retired matrons and professional nurses.

She expressed sadness that some of the policies and protocols that they have developed to improve the quality of life of citizens have been ignored by some of us still practising. We agreed to meet to revive that. I am happy to announce that on 18 April 2017 we met the core of these leaders to learn good practices from them. They may have retired but their knowledge and wisdom is invaluable. We cannot afford to bury their legacy. We have planned a workshop to invite some of them to share their good practices with the Department.

As MEC, one is not entitled to an advisor. I am happy to announce that in 2016, we sourced funding from one of our partners to have Prof Green-Thompson as MEC's advisor.

Prof Green-Thompson was the first head of the Department of Health in KZN after the new democratic dispensation came into effect in 1994. He taught us at medical school. He is a specialist obstetrician and gynaecologist.

As a department, we have accelerated our fight to reduce maternal mortality because we have mentors and advisors like Prof Green-Thompson, Prof Jack Moodley and Dr Neil Moran.

We will show in our programme that efforts made to reduce maternal mortality have yielded good results in KZN.

From the State of the Province address, our Hon Premier, Mr Willies Mchunu, gave us the Department of Health marching orders. He said: *“We are grateful to announce that his Majesty has granted approval for the Lower Umfolozi Memorial Hospital to be renamed as Queen Nandi Memorial Hospital. This is in honour of Queen Nandi, uMama weSilo iLembe eleqa amanye amalembe ngokukhalipha.”*

We are following the necessary processes of this instruction and we have hope that our Hon. Premier and Isilo will soon officially open the Queen Nandi Memorial Hospital.

On the 2nd to the 4th April 2017, we provided health services at Dumbe Community Health Centre, supporting the only three doctors there. It felt good to go back to seeing patients. The mayor of Dumbe Municipality, councillor Mavuso, requested us to consider changing the names of the clinics built in that area that are named after German farmers who once settled there. These names are Luneburg, Hartland and Frischgewachth. There are many heroes and heroines in that area, such as Gandhi Mashaya, Zama Ndaba to name a few, who struggled for a better South Africa till the end of their lives.

Chairperson, as a Department, our focus is on the provision of quality health care for all citizens of KwaZulu-Natal. Supreme in our mandate is the attainment of a long and healthy life for all our citizens.

Indeed, the National Development Plan (NDP) 2030 compels us to work towards creating a health system that works for everyone and produces positive health outcomes. It specifies that as a country we ought by 2030 to:

- Raise the life expectancy of South Africans to at least 70 years;
- Ensure that the generation of under-20s is largely free of HIV;
- Significantly reduce the burden of disease; and
- Achieve an infant mortality rate of less than 20 deaths per thousand live births, and an under-5 mortality rate of less than 30 per thousand live births.

This Policy Statement will detail our initiatives aimed at meeting the objectives set by the NDP as well as our commitments in the Provincial Growth and Development Plan (PGDP).

Allow me to start by declaring that for the success of all our initiatives, we recognise the important role communities and other stakeholders have to play.

Our Premier, Honourable Willies Mchunu using the theme 'Through Unity in Action, we can move KZN to a prosperous future' in his State of the Province Address emphasises this fact, saying:

'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.'

Indeed this takes into consideration the fact that long-term health outcomes are shaped by factors largely outside the health system; that is; lifestyle including exercise, eating habits, nutritional levels, education, sexual behaviour, road accidents and the level of violence. Other important factors are housing, access to clean potable water, and sanitation – these are crucial especially to reduce Communicable Diseases such as TB, Malaria, HIV/AIDS, and malnutrition and others which still affect large proportions of our KZN population.

To support the vision of the National Development Plan 2030, the Department will continue to focus on its 5 Strategic Goals, as outlined in the five-year Strategic Plan. The five Strategic Goals are to:

1. Strengthen health systems effectiveness;

2. Reduce and manage the burden of disease;
3. Universal health coverage;
4. Strengthen human resources for health; and
5. Improved quality of health care.

Therefore, Chairperson, we can ill-afford to rest on our laurels. Instead, we have a responsibility on our shoulders to work as hard as we possibly can to make Government's vision of a long and healthy life a reality for all the people of KwaZulu-Natal.

We will therefore want to deliver our budget under the theme:

“NONE SHOULD BE LEFT BEHIND; FROM THE CRADLE TO THE GRAVE”

This theme is realisable if we follow the classification model done in some countries that have reduced the burden of diseases. It is an organised, continuous dynamic process to control diseases and it allows evaluation and planned intervention with a sole purpose to analyse the health status of the individual, family and community.

It is a community diagnosis co-ordinated by health team (doctors and nurses).

1. Grade1: persons that are supposedly healthy - they do not have risk factors, no health problems, no disability.

2. Grade 2: persons with risk factors - those that are exposed to risk condition that increase their vulnerability to suffer from health problems.
3. Grade 3: sick persons.
4. Grade 4: people with disabilities. This classification guides the country to plan the disbursement of resources.

Countries that want to save resources and have their citizens live long and healthy life employ resources that keep most citizens at grade 1. We will adopt this approach as KZN in this financial year, assisted by Operation Sukuma Sakhe.

1. REPRODUCTIVE HEALTH

Chairperson, KZN is home to just over 11 million people, among them roughly 220 000 births occur each year.

We continue to commend pregnant mothers who support us in our campaign for early antenatal care. We now have 60% of our pregnant mothers reporting to our clinics before 20 weeks of pregnancy. We wish to increase this figure. Operation Sukuma Sakhe (OSS) and Community Care Givers should assist in this process.

We continue to celebrate the significant drop in the rate of Mother-to-Child Transmission of HIV in KZN due to early

antenatal care. This means that even if we have HIV positive pregnant women in KZN, we guarantee them HIV negative neonates through intervention of those NIMART nurses, even in most rural clinics.

We call upon mothers who were tested HIV positive in their previous pregnancies, years back, and were given ARVs only during their pregnancy period to come and benefit from government's policy shift. We now Test and Treat all South Africans, in our quest to achieve long and healthy life for all South Africans.

In the recent past, KZN has recorded significant reduction in the morbidity and mortality rate of:

1. Women: Maternal deaths have decreased from 393 in 2010 to 220 in 2016. This is almost a 40% decrease.
2. Infant: less than 20 per 1000
3. Under 5: less than 30 per 1000.

Other contributing factors are:

- a): Adherence to Protocols of immunisation including rotavirus vaccine against diarrhoea;
- b). Provision of clean water by our municipalities to reduce incidents of diarrhoeal disease.

Compliance to this call of early antenatal care attendance has produced “miracles” like in the story that involved a very vigilant Sr **Primrose Steziah Goge** at a very small clinic at ILembe District. Here is her story:

While conducting a routine Antenatal care screening on the mother, this very diligent professional nurse was able to detect a very rare ailment in her unborn baby that is seen in only one out of 300 000 cases.

Using just a fetoscope, she was able to detect that there were anomalies in the heartbeat of the foetus. She immediately referred the patient to Stanger Hospital for a scan. Stanger, in turn, made a referral to Inkosi Albert Luthuli Central Hospital.

If it was not for her meticulous examination, the groundbreaking operation performed at Inkosi Albert Luthuli Central Hospital by Dr Ismail Bhorat, the Head of the Foetal Surgical Unit, could not have been performed. This was surgery on the unborn baby called pericardiocentesis, which is an invasive procedure in which a needle and a tube is used to remove fluid from the sac around the heart. In this instance it was performed on a baby whose mother was 29 weeks into her pregnancy. Two months later we met and received both the mother and her baby alive and healthy.

Again Chairperson, through all these efforts, we are happy to report that maternal mortality continues to show a steady declining trend since 2010. Overall reported numbers of maternal deaths have decreased from 393 in 2010 to 220 in 2016. This is almost a 40% decrease.

In future, we are hoping to report on more progress especially now that we have empowered our Community Care Givers to conduct home-based pregnancy screenings. This strategy seems to be working well, as there are a number of positive pregnancy tests being picked up for instance, in the 1st Quarter of last year 14 376 tests were done and 744 turned up positive and in 3rd Quarter, 13 938 tests were done and 1358 were found to be positive. All women with positive pregnancy tests are referred to clinic for confirmation of pregnancy by professional nurses and immediate initiation of Antenatal care where necessary.

For rural communities we have also set up hospital and clinic based Mothers' Lodges that serve as waiting areas for pregnant women who experience transport difficulties and delays in accessing care once labour has begun.

This strategy too does contribute to reduction of maternal mortality.

Obstetric Ambulances have also been deployed especially in hard to reach areas as a means to improve emergency medical services response times for expectant mothers. We stand to benefit more if we can improve numbers of these specialised ambulances.

One other tool that has worked wonders for us is the **Mom-Connect Programme** which was launched by the National Minister for Health. This project uses cell phone technology to register pregnant women in antenatal care – empowering them to get all the information and instructions necessary for them to ensure a healthy pregnancy and delivery of a healthy vibrant baby. After delivery, the messages switch over to focus on information on the health needs of a new-born and will continue for up to one year after birth.

Indeed all these efforts have positively impacted on our Prevention of Mother to Child Transmission of HIV (MTCT). On this we are happy to report that we have seen a reduction of transmission from 8.6% in 2009/10 to 1.2% in 2015/16. The MTCT rate at birth from April 2016 to January 2017 is at 0.1% and around 10 weeks (6 to 18 weeks) is 1, 1% which is a huge milestone.

The Department also launched the Campaign against Illegal Termination of Pregnancy in the Province in conjunction with other public and private sector organizations.

Overall, the caseload of Termination of pregnancy (TOP) services has increased since the Launch of Prevention of Illegal Abortion campaign with 11 338 clients presenting for Termination of Pregnancy in our 38 facilities from April to December 2016. We are ready to receive more as we have trained over 100 health care workers on the Termination of Pregnancy.

Four [4] years ago we embarked on an exercise to recruit and deploy Provincial Specialist and District Clinical Specialist Teams concentrating on Obstetricians; Paediatricians; Anaesthetists; Family Physicians; Advanced Midwives; Primary Health Care and Paediatric Nurses. Although this is work in progress, we have now deployed these Specialists to most of our Districts and their task is, amongst others, to give mentorship and guidance in dealing with complications experienced in facilities of each District.

Our **Neonatal nurseries** are also being accredited as means to ensure that quality of care is maintained and we are happy to report that 20 Neonatal Nurseries that have undergone a baseline assessment and achieved accreditation status as follows:

- 5 Regional hospitals achieved gold status; and 2 Regional hospitals achieved silver status out of a total of 13 Regional Hospitals.

- 4 District hospitals achieved gold status and 9 District hospitals achieved silver status out of a total of 39 District Hospitals.

These are very high accolades, as silver means (50-65% compliance), gold (65-80%), platinum (>80%), in addition to compliance with defined critical items related to staffing, infection prevention and control, resuscitation and respiratory support We have also completed accreditation of the children's wards in all district, regional and tertiary hospitals. Fourteen (14) of these have achieved accreditation status.

The remaining hospitals have remedial action plans which are being implemented. The next accreditation assessment will be conducted in three years' time to allow the hospitals to implement remedial actions.

At our Hospitals (Paediatric/ Children's Wards and Neonatal Nurseries) we are now ensuring systematic triaging (emergency screening according to the severity of the disease) and management of critically ill babies. A case in point here is the recent miraculous separation of conjoined twins born in a Pongola homestead. These babies and their mother were immediately admitted to Itshelejuba; thereafter triaged and sent to Lower Umfolozi Memorial Hospitals and eventually flown to

Inkosi Albert Luthuli Central Hospital. Here they were successfully separated in a 13 hour long operation on 11 March 2017, carried out by a multidisciplinary team of Specialists consisting of Neonatologists; Paediatric Surgeons; Cardiothoracic Surgeons; Cardiologists; Anaesthetists; Plastic Surgeons; Nursing staff; Theatre staff and Hospital management. All of this at no cost to the patient.

SIYAQHUBA!

Chairperson; for all the deaths that happen to babies at this stage, we conduct mandatory death analysis and notification within 24 hours of the death occurring, using Child Problem Identification and Perinatal Problem Identification Programmes. This is to ensure that all deaths are analysed and preventable causes highlighted as a learning process and to capacitate all staff. This exercise also serves as a lesson to prevent further deaths from happening in cases where the death was avoidable.

2. WE PROMOTE BREASTFEEDING

Chairperson, Breastmilk as we always emphasise, provides all the nutrients the baby needs for optimal health, growth and development in the first six months. It contains antibodies that help strengthen the immune system of the baby and also

ensures prevention of common illnesses such as diarrhoea and pneumonia.

Thirteen (13) Human Breastmilk banks have been established at facilities across 9 Districts to assist premature infants who are generally deprived of breast milk due to factors such as maternal deaths during birth as well as mothers being too ill to lactate. Thanks to those mothers, who are prepared to give better life to children of other women. Malibongwe. In KZN, through these mothers, we commit to breastfeed all infants.

Through these efforts we have been able to improve uptake in breastfeeding from 22.5% in 2008 to 50.2% in 2014/15 and to 54% at end of January 2017.

At the Community Level we have established **1 093 Phila Mntwana** Centres with a view to bringing Preventative and Promotive health care for children as close as possible to the communities. At these Centres, children are screened for malnutrition; TB; HIV and AIDS and other preventable childhood illnesses. The centres also support breastfeeding and the identification of unimmunized children.

Children who need care are referred for further management to the Health facilities.

By the end of December 2016, 322 169 children were screened at **Phila Mntwana Centres**, of which 45 746 were referred and

received interventions from the Department of Health and other sector departments. We are not happy that despite government's outreach work through Operation Sukuma Sakhe (OSS), we still miss cases of malnutrition.

At the Primary Health Care Level, we offer the Expanded Programme on Immunization (EPI), as a means to ensure that children are immunized against preventable diseases. Although several diseases are covered by this Programme, vitamin A coverage is especially notable as it has risen from 47.8% in 2013/14 to 63.8% in the 2015/16 financial year.

Our integrated Malnutrition Programme (IMAM) assists us in ensuring that children with signs of malnutrition are managed and given food supplements. Nutrition food supplementation from April 2016 to January 2017 was provided to 55 319 undernourished children under the age of 5 years.

We also have the Paediatric ARV Programme to ensure that HIV Positive children are initiated on ARVs and supported in adhering to their medication, which must be taken over their lifetimes. Here we still have a challenge of how to disclose to children what this medication is all about.

3. SCHOOL HEALTH

For the school going children, we have deployed 207 School Health Teams led by a Professional Nurse who works with an

Enrolled Nurse and a Nursing Assistant. Their main function is to screen learners for barriers to learning, for example, for visual impairments, hearing, psycho-social, and physical barriers, just to name a few.

In the past Financial Year alone, the School Health Teams were able to access 6 000 schools; screening a total of 143 776 learners from Grade R to Grade 10.

We have developed a Child and Adolescent Mental Health Sub-Speciality Programme that helps to screen and manage children and adolescents with mental disorders that are attributed to common social ills among youth in this Province. To date, 102 294 young people under 18 have been screened and managed for mental disorders in KZN.

For our Oral Health program, we have also established a working relationship with the Colgate Palmolive Company which assists us with tooth brushing kits. Dental care in children may reduce the risk of heart disease in later life and this initiative has resulted in 50 718 learners participating in the school based tooth brushing programme.

4. HPV CAMPAIGN:

For the Grade 4 girls who are 9 years and older, we have implemented a programme of vaccination against the Human Papilloma Virus [HPV] as a means to prevent cervical cancer

(which is one of the most leading causes of cancer in women in KZN). In round one during February/March 2016 we were able to cover 85.6% of the Province's schools and during round two, 68.5% of the schools were covered.

Linked to the School Health Teams are 141 Family Health Teams also known as Ward Based Outreach Teams (WBOTs), which have been established and are operational in this Province. All districts have WBOTs ranging from 7 in Ugu to 31 in eThekweni.

5. FAMILY HEALTH TEAMS

The setting up of Family Health Teams has greatly enhanced and strengthened the effectiveness of our Community Care Givers' (CCGs) on the ground.

Working in our communities they have been able, for instance, to:

- Successfully perform Pap Smears in households, which has resulted in some women being diagnosed early with cancer and referred to hospitals for early interventions.
- Located a 14 year old girl learner staying with her grandmother who was sexually-violated by some youth in the area. Through their intervention, she has been moved to a special school outside her district.

- Identified a boy in the community who was molesting his brothers and cousins within the household, taking videos of the act and circulating them. The culprit has now been arrested and kept at eKuseni Youth Prison whilst his victims are receiving psychological treatment.
 - They have also identified cases of Severe Acute Malnutrition and referred them to hospitals for management.
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6. RE-ENGINEERING OF PRIMARY HEALTH CARE:

Chairperson, in the last financial year the Department focused on re-invigorating the primary healthcare service, through the new model of Primary Healthcare Re-engineering.

Primary Healthcare Re-engineering is a model that embraces Public participation and community engagement in dispensing Primary Healthcare services to local communities.

KwaZulu-Natal is continuously recording good progress in Primary Healthcare Service in some Districts. Primary Healthcare is making a huge impact on improving clinical outcomes. This has led to the reduction of the burden of diseases because of active and participatory measures that are applied in administering health promotion, disease prevention,

curative, rehabilitative and palliative Primary Health care service.

Through this approach, the Department has, and continues, to hit many birds with one stone, as the Re-engineering of Primary Health Care enables us to integrate various elements of our strategic goals, as it strengthens health system effectiveness, reduces the burden of diseases, ensures universal health coverage, strengthens human resources for health, while ensuring improved quality of care.

7. Health Professional Development

Chairperson; the KwaZulu-Natal Department of Health has its own Nursing College with Campuses and Sub-campuses dispersed to cover the geographic Districts of this vast Province.

Over the years, we have been producing approximately 2 000 nurses annually, but now have decided to emphasise the production of Clinical Nurse Specialists who have the potential to play a large and important role in assuring the delivery of high-quality health services to the citizens of the KwaZulu-Natal. This category will also ensure the availability of the District-based specialists' teams to strengthen Primary Health Care re-engineering as has happened with the provisioning of:

- 59 Advanced Midwives and Neonatal Nurses;

- A total of 54 Child Health Nurse Specialists;
- 12 Professional Nurses who graduated with a Diploma in Medical Surgical Nursing in Trauma and Emergency;
- 3 Registered nurses who graduated with a Diploma in Critical Child Nursing at the University of Cape Town, now deployed in children's ICU units at Edendale; Greys and Port Shepstone Hospitals
- 437 Four-year comprehensively trained nurses; who are multi-skilled and are able to provide comprehensive nursing services in any discipline including general medicine, community health care centres, mental health care services and Midwifery settings.
- 41 Primary Health Care nurses who now support the roll-out of the NHI in KwaZulu-Natal who will be joined by a further 179 PHC nurses currently being trained at University of KwaZulu-Natal using a decentralized training approach.
- Other specialised nursing categories deployed include 19 Ophthalmic Nurses; 62 Critical Care Nurses; 41 Orthopaedics Nurses; 272 with a Diploma in Midwifery; 28 with a Diploma in Psychiatric Nursing as well as 45 Operating Theatre Nurses.
- A total of 15 learners commenced their Emergency Nursing Science (Trauma) course on 01 March 2017. This

programme is offered for the first time by the Departmental College. This specialisation provides our nurses with rigorous and advanced grounding in managing emergency health situations.

Indeed we have reduced intake for training in order to absorb those that are trained privately. We also commend the new regulations by the South African Nursing Council, and National Department of Health to streamline the training of nurses.

As part of Community Service and Service Obligations, through our College of Nursing, as of 1 January 2017, we have placed a total of 227 Community Service Nurses and 211 Service Obligation Professional Nurses to provide us with service.

Chairperson as means to further address the shortages of Scarce and Critical Skills, we continue offering Bursaries to students with the proviso that they will go back to serve their communities for an equivalent number of years that they were sponsored. Currently, we have the following categories being supported:

- 664 prospective employees studying in the field of Health Sciences in local universities.
- 220 bursary holders were placed on permanent posts in January 2017 to serve their obligation in health facilities.

- 728 students on the RSA/Cuban Medical Training programme;
- 259 employees of the Department provided with bursaries to improve their critical skills and qualifications.
- Working in cooperation with HWSETA, last year, we funded 381 handymen employed within Health facilities for Recognition of Prior Learning, 235 have been assessed to date.
- We have also trained 380 Integrated Chronic Disease Management champions to manage chronic services in PHC Facilities.
- Other Clinical Certificates and Diploma Courses have seen us graduating 99 Community Care Givers and Lay Counsellors with a mid-level worker certificate as Health Promotion Assistants at UKZN. Added to this were 42 Occupational Therapy Technicians who also graduated for their own mid-level worker certificates.

We are also involved in Work Integrated Learning Programmes with TVET Colleges whereby 428 Learners are placed in health facilities as part of their learning programmes to complete their qualifications.

We also have 124 learners that are placed in health facilities to complete their mid-level worker qualification in Pharmacy Assistant Training. They are receiving monthly stipends. In partnership with HWSETA 91 Lay counsellors are being trained in Pharmacist Assistant training to assist in the ARV roll out.

We are also participating in the Graduate Internship Programme for the Unemployed Youth through which we currently have 273 Graduates who receive monthly stipends and are placed in Institutions, Districts and Head Office levels as interns.

8. CENTRAL CHRONIC MEDICINE DISPENSING AND DISTRIBUTION (CCMDD) PROGRAMME:

Chairperson, in our quest to **Strengthen Health Systems** and **Improve the Quality of Healthcare**, with a particular focus on chronic health patients, the Department launched and rolled out the CCMDD programme throughout all 11 districts in KZN.

This ground-breaking programme reduces waiting times for collection of medicine and associated travelling costs while decongesting health facilities. To date, 619 200 people are benefitting from this initiative, and this number is growing every day.

This is an initiative intended to accommodate all stable patients on chronic medication that includes those with hypertension,

diabetes or HIV whose disease management do not require consultation with a health worker every month. It involves selecting sites where people can pick up medication closer to where they live.

This programme was first pioneered at the South African Defence Force and I saw it working whilst serving in the South African Military Health Services in 2003. In the military, it was realised that soldiers needed to be deployed to different posts, including war zones outside the country's borders and that they could not personally present themselves for review every month. Therefore, a system to package their medication was designed aligned with their deployment schedules. It worked and it is still being practiced.

The same has been recognised in our Department, that is, that approximately 60% of prescriptions at public sector pharmacies and clinics are for chronic stable patients. These are patients who do not need to be seen by a health practitioner every time they collect medication as they have been consistently taking medication for more than eight [8] months.

We have already established 598 pick-up points across the province and are still planning to expand these to 746 by the end of the 2017/18 financial year. Just to reiterate, the implementation of this programme is already assisting greatly to:

- Decongest the health facilities of stable chronic patients and providing opportunity and space for our professionals to attend to patients who require initiation on treatment;
- Reduce waiting times for collection of medication;
- Relieve patients from travelling long distances to collect their chronic medication, and most importantly,
- Assist in curbing stigma as no other person knows what is contained in the package since the program caters for a variety of patients including those with HIV and Non-Communicable Diseases.

9. TEST AND TREAT:

Chairperson; as a means to **Decrease the Burden of Diseases**, while prolonging lives, the National Development Plan again calls for an early initiation of Antiretroviral (ARV) Therapy for all the eligible people living with HIV.

I am happy to report that on the 01st of September 2016, as a Province we adopted and started implementing Universal Test and Treat as mandated by the National Department of Health. During the Launch month alone, **31 157** patients were initiated on ART which is double the average monthly initiations.

To further enhance this programme, the Department is working closely with traditional healers to be ambassadors and

advocates of the Department. This is facilitated through a partnership that we have with an organisation called **I-Teach**, which is a community-based HIV testing strategy using traditional health practitioners to expand testing access, improve linkage to care and identify and treat acute HIV infection. We plan to hold a workshop with traditional healers to further accelerate the concept of Test & Treat.

Through all these efforts, KwaZulu-Natal currently has **1, 160 666** patients placed on Anti-Retroviral Therapy.

Our 3 908 NIMART trained nurses continue to ensure that all the eligible clients in every corner of the Province are initiated. In addition, as a new intervention, we are now also using our Mobile health teams to render the ART service and we can report that already we have 43 of these operational on the ground.

At Prince Mshiyeni Gateway clinic we are also offering HIV and Primary Health Care Services to men having sex with men – a facility that was visited and given support by Sir Elton John during the World Aids Conference. We also commend our staff for their sensitivity in helping clients who visit such facilities.

EThekweni and uMgungundlovu District are piloting PrEP (HIV Pre-Exposure Prophylaxis) as a demonstration project in preparation for the roll out of the National Sex Worker Plan.

10. HIV SERVICES:

In July 2016, as a Province we were honoured to again host the World AIDS Conference which gave us an opportunity to take stock of the progress we are making in the fight against HIV and AIDS, which includes improving access to prevention, treatment and eliminating stigma associated with HIV and AIDS.

Here I need to pause and profusely thank our Premier, Honourable Willies Mchunu for the guidance, support and presentations he made at this global event. Our crowning glory as a Province came when the Honourable Premier launched the NIMART Book, a compilation of the first-hand accounts of nurses trained in Nurse Initiated and Management of the ART. These are our **3 908** special nurses who have received necessary training; mentoring and are adequately competent to diagnose, issue prescription for ARVs as well as treat and manage patients with HIV/AIDS. The book showcased the efforts and success of these nurses in establishing and maintaining one of the largest anti-retroviral programmes in the world. We, in KZN, can justifiably be proud of this. We have given copies of the NIMART book to all portfolio committee members.

Chairperson; our approach to the management of HIV starts with HIV Testing Services (HTS) and we can report that a total

of **2 574 175** patients were tested for HIV just in the period between April 2016 to January 2017.

Our HIV testing service has been expanded to areas such as taxi ranks; tertiary institutions and to truck stops targeting mobile communities that do not have time to visit health facilities. All in all, as a Department we have successfully established 487 HIV Testing sites, a proud achievement indeed. High Transmission Areas have also been identified throughout the Province and these include Prisons; Tertiary institutions; Farms; Brothels, truck stops, taxi ranks and Mines. These are mobile services which are scheduled periodically to reach the target populations.

We continue to intensify our effort in this regard through the Hlola Manje and Zivikele Campaigns under which we conducted a total of 173 campaigns in the past financial year.

Our success in this regard is partly attributed to the fact that we gave 328 HIV counsellors additional training, thereby creating a new career-path for them. Of these 218 were trained as Enrolled Nursing Assistants and 110 were trained as Enrolled Nurses. An additional 111 are expected to complete in July 2017. They are now instrumental in ensuring that every person who visits a health care institution is tested for HIV. This is career pathing in action for our youth.

11. ADOLESCENT HEALTH AND EARLY ADULTHOOD:

On 14 December 2015, the Department of Health launched a campaign called “Adolescent and Youth-User Friendly” services at Zwart-Umfoloji Clinic, Zululand District. The objective of this campaign is to provide and render healthcare services in a manner that is accessible, acceptable, and user-friendly to young people. In pursuit of improving access to health services by adolescents and youth, KZN came up with an initiative called “Happy Hour”, which are dedicated hours agreed upon by the Youth and clinic staff. This is to render services during hours that are convenient to young people to come to the clinic, eg. afternoons and weekends. It is one of our strategic interventions championed by Ms Monica Jama, Deputy Director: Youth, who is responsible for Adolescent and Youth Health in the Department. We are happy to announce that this initiative was adopted by the National Health Council on the 7th April 2017 as a national campaign to encourage young people to visit Primary Healthcare Centres for early screening as part of prevention mechanism to reduce HIV infections and unwanted pregnancies among adolescent girls and youth.

Our dialogue with young people has made us initiate another campaign, to fight the scourge of Illegal abortions.

Young people are saying, “We avoid the services of your health facilities because we don’t feel welcome in these facilities.

“When we want advice on reproductive health we are judged. Although, it is expensive to use the services of illegal termination of pregnancy practitioners in the backstreet areas – but we are not judged there.”

We have also erected billboards throughout the Province to create awareness about its dangers.

<<<Insert Photograph of MEC removing stickers>>>



These stickers have been removed in the Province, following our roadshows in all districts. These “health murderers” are consistent in putting these back. We urge our clinics and all facilities to continue with the dedicated team of nurses to assist

young people with advice. This is a group of South Africans that are at a high risk of contracting diseases – they are exploring many options in life, some of which are not safe.

12. Medical Male Circumcision:

Since the launch of the MMC Campaign in 2010, we have seen the Programme expanding to such an extent that by the end of February 2017, a total of 766 141 medical male circumcisions had been successfully performed across 90 MMC sites.

Success here is also attributable to the Department's act of establishing an MMC Centre of Excellence at Northdale Hospital which trains Clinicians on MMC methods. The centre deals with normal and complicated cases that are referrals from both the Public and Private Sectors. It is also a training base for doctors who specialize in MMC.

We also hail the launch of Taking Services to the Hostels; as well as the cooperation with Nazareth Baptist Church for advances made in integrating traditional circumcision with our own initiatives. ISilo has also donated a container that he received from China to Ebuhleni Nazareth Baptist Church to assist with MMC.

We also have Isibaya Samadoda which focuses on various issues of men's health, particularly HIV and AIDS, MMC, STI's and Chronic Diseases.

Ukusoka is one of our flagship programmes in the performance of traditional circumcision in the Province. This partnership goes a long way in ensuring provision of safe traditional circumcision that incorporates counselling and mentorship of initiates as they transition from boyhood to manhood.

We are determined to fast-track progress in the MMC domain especially now that we have introduced 6 Mobile Units to perform MMC that will particularly focus on areas that are hard to reach.

We have not had any deaths from all the boys and men circumcised, thanks to the prayerful instruction of our King when he launched this campaign in 2010.

Chairperson; this age category continues to cause concern, taking into consideration that UNAIDS estimates that there are 1 975 new HIV infections among adolescent girls and young women aged 15-24 years each week in this country.

In addition, there are 70 000 babies born to adolescent girls and young women aged 18 years and younger in South Africa each year – many of them unplanned. This means that out of 1 million babies born, 7% are born to mothers who are under the age of 18. This situation is made even worse by the fact that 50% of these cases result in maternal mortality.

We are happy to have been joined by Lovelife who were appointed by United Nations Population Fund to train Community Based Youth Organisations in three [3] Sub-districts of UThukela, which are Imbabazane; Umtshezi and Emnambithi. Lovelife is currently active on the ground assisting with organisational dialogues; advocacy and capacity building workshops on Adolescent Sexual and Reproductive Health, Gender Based Violence and HIV issues.

We also have the Transnet Teenage Sexual and Reproductive Health Programme that started last year, targeting schools in 7 Local Municipalities of UMgungundlovu; Maphumulo (ILembe) and Vulamehlo (UGu) to address sexual and reproductive health and HIV.

The Global Fund 2016 is also supporting with the Young Women and Girls Programme targeting the 10-24 years old group. This is currently being conducted in Zululand and King Cetshwayo Districts through the Soul Buddyz and Rise Clubs.

Despite challenges, we have not relented in our quest to improve health outcomes in KwaZulu-Natal, as envisaged by the National Development Plan (NDP) 2030. KwaZulu-Natal is still the epicentre of HIV/AIDS and TB, and has a very high burden of diseases. However, we are continuing to expand massive efforts and resources to halt, and reverse the rate of new infections and the spread of these diseases.

13. TB Programme

Chairperson, we are doing everything possible to ensure 'A world free of Tuberculosis'. In keeping with the 2017 World TB Commemoration theme we need to "unite to end TB." In March 2017, Cabinet approved the TB Crisis Plan.

This fight has never and will never be easy considering that the World Health Organisation revealed that South Africa ranks 6th amongst the 22 countries with the highest burden of TB.

Our Province is considered the most affected together with Eastern Cape, Gauteng and the Western Cape. For KZN, the Districts with TB notification rates of more than 700 new cases per 100 000 population are ILembe, UGu and eThekwini.

The World Health Organisation defines 200 new cases 100 000 population as an epidemic.

To fight this scourge, we have resorted to Massive TB screening campaigns through our health facilities where all people visiting the facility regardless of the purpose get screened for TB. Our efforts are also further enhanced by our community outreach through Operation Sukuma Sakhe. Here, we interact directly with communities in order to note their health challenges, and then formulate and implement intervention strategies. This goes a long way towards bridging

the gap caused by the lack of health literacy in our communities.

We are also targeting settings like correctional facilities; juvenile facilities; churches; home affairs and informal settlements.

As earlier mentioned schools are specifically targeted with the view to educate learners and teachers about TB Prevention such as open windows and cough hygiene; knowing the signs and symptoms; early presentation and the importance of treatment adherence.

Our efforts have resulted in 6 491 562 clients being screened (January to December 2016) for TB thus introducing those infected to TB treatment. Efforts here have reduced the number of patients that died during treatment from 1 271 to 772 in the past financial year.

We again emphasize that our main concern with this airborne disease that indiscriminately infects citizens, is the issue of late presentation to health facilities for TB screening and management.

TB is completely curable and we wish the citizenry to know that the Department has the necessary equipment and personnel to tackle Tuberculosis. We have:

- The revolutionary GeneXpert machines which we introduced in 2012. Our country has the largest number of machines in the world (289), with 90 allocated and distributed to all Districts in KZN. These machines are able to diagnose and allow initiation of TB treatment within 24-48 hours. Just last year (January to December 2016) alone they assisted in processing 655 284 TB tests and were able to pick up 59 384 cases of pulmonary TB.
- We also have 40 nurses that have been trained through the John Hopkins University to initiate MDR-TB treatment throughout the Province. This has enabled the Province to establish an additional 10 institutions to provide the MDR-TB service thus making it possible to treat this strain closer to where the patients and their families live and work.
- As a means to ensure adherence to treatment, we have 98 TB/HIV Outreach Teams. Their function is to visit households to provide injections and to watch patients take their medication, paying special emphasis on those with drug resistant TB who stay on treatment for 24 – 36 months.
- We are also working with the Department of Education, the Department of Social Development and the University Research Corporation (URC) which is funding the campaign aimed at tackling TB in schools. In KZN in 2016, 198 schools have been reached with 64 925 pupils screened for TB, where

4 427 had TB symptoms and were tested for TB and 179 started on treatment.

- The Department of Home Affairs has also shown willingness to partner with ourselves in providing space to establish Wellness Centres within their offices as part of expanding access to TB and HIV screening for people coming to register for different services at the Department of Home Affairs.

Above all, we recognise TB as a significant occupational health problem among Health Care Workers. We are thus implementing and sustaining effective surveillance programmes for Health Care Workers.

14. The KwaZulu-Natal Department of Health Oncology Plan

The department came up with the initiative/campaign called **Phila Ma**. This is aimed at early detection of women with cancer, especially breast and cervical cancers. This initiative has led to an increase in numbers of patients needing cancer services in our facilities. This has put strain in the two centres providing specialized cancer services.

The major challenge with the service is the shortage of qualified oncologists in the public sector. There are only two oncologists in Ethekewini servicing Addington and Inkosi Albert Luthuli

Central Hospital, while Umgungundlovu has four oncologists at Greys Hospitals.

In order to mitigate the challenges of shortage of oncologists in the public sector which impacts negatively on service delivery, the department is currently engaging with the private sector to request for a collaboration to provide oncology services in the public sector. The private sector has in EThekweni alone more than 50 oncologists servicing the private hospitals. This collaboration will help with dealing with the bottlenecks and see more patients being helped.

15. Healthy Lifestyle

For people at all ages, we are vigorously instilling the notion of observing the healthy lifestyle ethos. The whole exercise falls in line with our set objective of ensuring “A Long and Healthy Life for All South Africans.”

Upper most is an attempt to make our people understand and accept that living a Healthy Lifestyle includes compliance with the following simple but crucial actions:

- Basic and regular physical activity. It also lowers cholesterol and blood pressure levels which otherwise lead to the development of heart diseases, stroke, diabetes mellitus and other chronic diseases.

- Healthy eating;
- Drinking plenty of water;
- Not smoking at all;
- Avoiding alcohol and drug abuse; and
- Ensuring safe sexual practices.

On healthy lifestyles, we do not only promote but have in place strategies of prolonging the quality of life even of those for whom prevention and management control has failed.

We do screening with the aim to ensure early detection and manage diseases if necessary. In the 2016/17 financial year, we have created over 7 Million patient screening opportunities for hypertension and over 5 Million patients screening opportunities for diabetes and over 1 135 000 screening opportunities for mental disorders. We have also placed Community Service Therapists in various hospitals in the Province. In January 2017, we have deployed a total of 199 Therapists made up of 77 Physiotherapists; 63 Occupational Therapists; 30 Speech Therapists and 29 Audiologists.

Added to this are 33 Community Service Dentists placed in various facilities across the Province to assist in the improvement of Oral Health. The involvement of these professionals has enabled us to reach 631 187 patients for

dental services and 847 314 clients accessed rehabilitation services.

The Phelo Phepha healthcare train, which was established in 1994, has been stopping at various stations across the country for two weeks, delivering Primary Health Care education, education and outreach programmes to communities.

Last month, it was docked in the Ladysmith Train Station and just within a span of two weeks, it was able to render health services to close to 2000 people. This figure includes 434 treated for dental problems that entailed among others 197 tooth extractions; 47 restorations and 5 fissure sealants; 1027 Glasses which were dispensed and the performance of 75 cataract operations.

Indeed, this additional contribution impacts positively on what our therapists do on the ground that has seen us able to issue over 60 000 assistive devices to persons with disabilities and people at risk of acquiring disability. These are in the form of wheelchairs; hearing aids; mobility devices like crutches; walking sticks; walking frames and white canes.

I have to mention that the deployment of these therapists to all Districts has also assisted in reducing movement of patients from their homes to Regional Hospitals in the cities.

16. EMERGENCY MEDICAL SERVICES

Our Emergency Medical Services operate across the 11 Districts in 75 EMS Bases. Their functioning is directed and managed in 12 Communication Centres with the main one being the Provincial Health Operations Centre (PHOC). The PHOC now includes the notification of key incidents to several Departments to ensure integrated governance.

For this service, we currently have a staff complement of 2 681 personnel comprised of 1 684 Basic Life Support practitioners; 891 Intermediate Life Support practitioners; 77 Advanced Life Support practitioners; 22 Emergency Care Technicians as well as 7 Emergency Care practitioners.

In our quest to further improve on emergency response times, this financial year, we will be beefing up the fleet with more ambulances.

We also had a meeting on Tuesday 18 April 2017 with EMS managers following an incident at Newcastle where an official was selling ambulance parts to a taxi owner, who appeared in court on the 12th of April 2017.

We are often accused by the community for not getting ambulances to them on time while our brand new ambulances are dismantled to create brand new taxis. We will follow this matter up and uncover all irregularities.

We thank the Hawks in Newcastle for their support with regards to the prosecution in Newcastle. The same cannot be said of a certain prosecutor that we met who had the interests of the suspect at heart, more than those of government and its property. We have all the confidence that Adv. Noko will deal with this situation.

Furthermore, as a means to improve the ethos of good citizenry in this component, last year we announced that through Project Sukuma, we are entering into partnership with the South African Military Health Services (SAMHS), the KZN Department of Education and the Office of the Premier to train youth to serve in the Emergency Medical Service including Maritime Medical and Diving Rescue Service in the Province.

I am happy to report that 5 Sukuma Pilot Project students have completed their 12 months military training and orientation and that as of January 2017, they have now commenced their 2 year Emergency Care Technicians academic training.

As part of the emergency services that we offer, we also have the **Flying Doctor Outreach programme** we conduct in partnership with the South African Red Cross Air Mercy. This Outreach Programme brings specialist clinical services to communities in deep rural areas on a weekly basis. We

currently have access to a total of 229 Specialists, both private and public sector volunteers, supporting 43 hospitals throughout the Province.

We are happy to report that for the period January to October 2016, the Flying Doctor Outreach service was able to pay 538 visits to 25 hospitals and 3 PHC clinics, seeing 7,690 patients and performing 1,130 operations.

For our two helicopters in the Aeromedical division, we wish to report that since their installation with Night Vision Goggles, just from April 2016 to February 2017, they were able to conduct 64 emergency flights.

for clinics.

18. Forensic Pathology Services

We previously announced the installation of the Lodox Equipment Project for 4 mortuaries i.e. Phoenix, Gale Street, Prince Mshiyeni and Richards Bay Mortuaries.

Again, we would like to report that we would be doing the same in this Financial Year for Park Rynie; Pietermaritzburg and Madadeni mortuaries. These are advanced scanners used as X-Rays on bodies that have gunshot wounds, performed before a Post Mortem is done.

We have also finished renovations we had announced for Gale Street Mortuary which entailed upgrades to refrigeration plant and fridges; air conditioning unit as well as CCTVs. The value of the work undertaken here amounted to R2.7 million.

We have instructed the Head of Department to take full charge of this service that remains unstable in the province. The labour unions must be engaged to further improve on our Forensic Pathology Service. We are also in the process of acquiring 8 new Mortuary Service Vehicles.

The management of the Department must focus on the instability of this unit.

19. MENTAL HEALTH SERVICES

Chairperson, we are well aware that we present our Budget Speech amid concerns of where our Province stands on the issues related to Mental Health Care.

KwaZulu Natal-has seven [7] Specialised Mental Health Hospitals, which are as follows:

- UMGungundlovu: Umgeni; Townhill and Fort Napier (the latter housing mainly Forensic; state patients and mentally ill prisoners);
 - EThekwini: King Dinuzulu and Ekuhlengeni hospitals;
 - Amajuba: Madadeni hospital; and

- Harry Gwala: UMzimkhulu hospital.

We also provide mental health services within the Regional Hospitals of Ladysmith; Port Shepstone; Ngwelezane; Stanger; Edendale; Addington; King Edward; Mahatma Gandhi; Prince Mshiyeni and RK Khan Hospitals. These together with the district hospitals mostly serve as platforms for the stipulated 72 hour observation assessment in mental illness.

We also have Step-down or halfway homes run by Department-sponsored NGOs, mostly serving as Permanent homes for intellectually disabled persons. The Province has 22 funded and 9 non-funded NGOs across the Province, which are licensed by the Department.

Chairperson, our Department diligently and closely monitors the functionality of these Non-Governmental Organisations through:

- Annual licensing and frequent inspections are conducted;
- Utilization of Grant Funding Committees to adjudicate applications;
- Districts monitoring the NGOs on a quarterly basis;
- Provincial office personnel annually visiting and monitoring these facilities and their levels of functionality; and

□ Action taken on poorly performing NGOs (some have been closed in the past).

I have also personally done in-loco inspections to most of our Specialised Mental Health Care institutions and was impressed by the quality of care provided.

Where I think we need to improve is the aspect of encouraging active participation and involvement of family members to strengthen family ties with the patients under our care.

Chairperson; in a further related aspect, I wish to report on is Palliative care which the Department and related stakeholders offer in response to today's myriad of diseases that include HIV; Tuberculosis; diabetes and trauma. People of all ages may require this service.

We are offering this service for people with life-limiting and life-threatening conditions. Here we emphasize living, encourage hope and help people to make the most of each day, while maintaining their dignity. It includes and goes beyond the medical management of disease to comprehensively address symptoms and suffering and pain management throughout the continuum of care.

The KZN Department of Health works closely with Hospice Palliative care Association to improve palliative care services in the Province. Through its grant funding mechanism, the

Department also funds NGOs to provide palliative care services to patients.

Further than that the Department complements this service by offering long term chronic care and rehabilitation service in some of the specialised facilities such as Clairwood and Hillcrest Hospitals.

- Hillcrest Hospital is a 175 beds Specialized hospital which admits chronically sick patients, referred to it from hospitals in the entire Province. Most of the patients currently admitted are clinical criteria requiring non-acute, chronic care and rehabilitation following complications from non-communicable disease, communicable diseases and injury / trauma.
- Clairwood Hospital has trained nurses and a doctor who focus mainly on palliative care.

As a Department, we are also very appreciative of the poignant role played by organisations such as the Hospice Palliative Care Association (HPCA) and the Hospice Association of KwaZulu-Natal (HAKZN) which have been working together with us in providing community-based palliative care in all our 11 Districts.

As a matter of fact, we too as caring citizens do have a role to play in providing comfort, care and support to more than 70 000 of our citizens who are in need of palliative care. What it calls

for here is the provision of emotional and spiritual support to patients and family members; physical comfort to deal with distressing symptoms; end-of-life care; dignity in death, and lastly, support in bereavement.

I was privileged to be appointed by Minister to chair the Palliative Care steering committee in 2016. This was in response to South Africa sponsoring the resolution in the general assembly of Palliative Care.

We have worked with a team of dedicated experts in South Africa to complete the policy. It was tabled and approved by the National Health Council (Min-MEC) on the 7th of April 2017. The quality of care of South African citizens will never be the same. We need to accelerate the training of healthcare professionals in this speciality.

20. Quality of Care

Chairperson, responding to complaints about the quality of care in our health facilities, in 2010, we launched the 'Make Me Look like a Hospital' initiative.

This required the management of facilities to ensure that there is compliance to certain minimum standards such as Cleanliness; Infection Control; Reduction of waiting times;

Availability of Medicines; Security and Safety of Staff, as well as, Attitude of Staff.

We were thus happy when the National Minister of Health, Hon Dr Aaron Motsoaledi, announced compliance requirements for health facilities to what he termed National Core Standards (NCS), this is also based on the Make Me Look Like A Hospital initiative that we were already implementing.

The Minister, in line with the NHI Policy, went on to establish the **Office of Health Standards and Compliance** (OHSC), as a means to enforce compliance and ensure quality of services at all levels.

I am thus happy to report that when the National benchmark was done, according to the findings of the **Office of Health Standards and Compliance**, the performance of our KwaZulu-Natal health facilities has been found to be above the National average. KwaZulu-Natal came second after Gauteng Province. In 2016/17 our best performing Districts were UMzinyathi and Amajuba and rated among the top three districts in the country.

Today, we can so also report that out of a total of 206 **Primary Health Clinics** targeted for the implementation of Ideal Clinic Realization and Maintenance Initiative; we have a total of 79 accredited as Ideal Clinics. We have embarked on a scale-up

programme to improve on Ideal Clinic realisation and maintenance initiative.

To further improve on the quality of care, and in an endeavour to improve access to health services for all, we have followed the prescripts of the National Health Insurance Plan by Contracting Private Health Professionals to our clinics. This has assisted in exposing our communities to multidisciplinary clinical competencies and shortened referral pathways due to the utilization of local General Practitioners. We are happy to report that across Districts, we already have 89 Private GPs and 109 Pharmacy Assistants contracted.

21. MONITORING VISIT TO GAMALAKHE CHC AND GCILIMA CLINIC

Chairperson, we are excited to report the very positive outcome of a recent visit to Gamalakhe Community Health Centre and Gcilima Clinic by a delegation from the National Department of Planning, Monitoring and Evaluation (DPME). The visit focused on the 10 components of the Ideal Clinic Realisation Manual. Although certain challenges were observed which are not out of the ordinary, the delegation was highly impressed with some innovations that are aimed at improving the overall client experience at these facilities.

These include, among others, that the facilities have started implementing the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme, which has helped reduce foot traffic and waiting times.

Improvements in waiting times are in the areas such as Pharmacy and clinical services. The facilities, which were both found to be clean, also have active queue monitoring systems which help facilitate the flow of patients seeking health care.

22. MALARIA

Chairperson, since 2011, KwaZulu-Natal Province has been leading in the Management, Control and Prevention of the Malaria disease.

However, malaria continues to cause morbidity and mortality in our most impoverished health districts of UMkhanyakude; Zululand and King Cetshwayo. In 2016, we recorded 488 new malaria cases with 6 deaths.

As a means to comply with the prescripts of the National Malaria Elimination Strategy to systematically reduce local malaria transmission to zero by 2018, the Province held a Malaria Indaba on the 13th July 2016.

This Indaba was supported and attended by the National Institute for Communicable Diseases (NICD), National

Department of Health (NDOH) and Medical Research Council (MRC) which developed action plans towards Malaria elimination that are now being implemented. Uppermost here was the first ever initiation of Foci Clearing Programme (FCP) in the country which is now being conducted in the UMkhanyakude District. This entails identification of focal areas of transmission and commissioning of all available resources to clear the malaria vector transmission in those identified focal areas.

Chairperson; to implement and sustain all our programmes, as expected, requires constant training; recruitment; deployment and retention of qualified healthcare professionals. We have thus resorted to strengthening and investing in our current as well as future prospective workforce.

The Department must admit that it should balance the filling of critical posts and cost savings. It is now evident that since the retirement of entomologists in 2015 and that posts were not filled, there is a resurgence of malaria cases at uMkhanyakude. This matter must be attended, otherwise all the gains in the control of malaria in KZN will be reversed.

23. DECENTRALISED TRAINING

Chairperson, we announce that the KwaZulu-Natal Department of Health and the University of KwaZulu-Natal (UKZN) have

agreed to work together to develop a model to facilitate an increase in clinical training capacity, in line with the specific needs of the Province. This will go a long way towards **Strengthening our Health Systems and Human Resources for Health** in the Province.

This Plan takes into cognisance the rural nature of parts of the Province as well as its huge burden of disease and its specific needs for service delivery – features that will support clinical training.

The Plan also supports the National Health Insurance (NHI) initiative as it promotes the Primary Health Care approach.

As a start, we have begun developing three [3] Decentralized Clinical Training Platforms to increase the clinical training capacity for all Health Care Professional students. These sites are in Northern KZN (Ngwelezane and Lower Umfolozi War Memorial Hospitals); Western KZN (Madadeni and Newcastle Hospitals) and in Southern KZN (Port Shepstone Hospital).

In the short term, the platform will take into account the need to absorb an increased number of students from the “Nelson Mandela-Fidel Castro Collaboration programme” into clinical experiential training upon their return from Cuba. A total of 262 students are already doing their fourth year in Cuba and will

return next year in June 2018 to commence their training in sites identified for Decentralised training.

Clinical training in these sites will include training in the Regional Hospitals; District Hospitals; Community Health Centres and Primary Health Care Clinics. Emphasis will be on the primary healthcare approach across the health care continuum from health promotion and disease prevention to therapeutic; rehabilitative and palliative care with a great emphasis on preventative care.

As a Department, we are very excited about this development that will also widen the horizons of health care practitioners due to the fact that students will have been exposed to real life situations and experiences in a rural environment as well as in Regional hospitals.

During the 2017 academic year, we have 154 medical students training in seven Decentralised sites based at the following districts:

- Ugu (Port Shepstone, Murchison and JG Crookes Hospital);
- Ilembe (Stanger Hospital);
- King Cetshwayo (Lower Umfolozi War Memorial and Ngwelezana Hospitals);

Amajuba (Madadeni Hospital)

In the longer term, as envisaged by both parties, the platform will significantly expand the UKZN intake of MBChB students and Allied Health professionals and will shift the focus of training to incorporate the community and primary health care focus of the Cuban programme.

25. MEDICO-LEGAL PLAN:

Chairperson, having seen the rise of Medico-Legal claims, the Department has resorted to constituting its own Medical Litigation Unit involving Medical Practitioners, and Legal experts representatives.

On this particular aspect, we have sent a request to the Speaker to make a detailed presentation on our Medico-Legal Plan. We have made a detailed presentation to cabinet.

Part of its function will be to assess past, current and future medico-legal claims; engage in a mediation process in order to fast-track the resolution of medico-legal matters and also facilitate savings on future medical expenses; update and standardize the Records Keeping Policy and also provide feedback to Institutions and staff by sending the names of the

Plaintiff's whose matters have been settled (to avoid double dipping).

It will also have access to retired specialists in the fields of Obstetrics; Paediatrics; Radiology and certain other disciplines that the Unit will utilize as experts.

The Unit will foster improved collaboration between Department of Health and the legal experts in the retrieval of sought records. It will then review those records from both a legal and medical point of view and most importantly, present them to the Executive - that is the MEC of Health, Head of Health and others – and then advise to either concede; mediate or defend a matter.

We have also resorted to improving our Complaints Management System which will entail installing Toll-free phones at hospitals; staffing the Call Centres with experienced medical staff and building capability to report on current and past events.

Going forward; all our hospitals and Community Health Centres will now have Adverse Events Committees that will conduct preliminary assessments on whether to engage in negotiations; mediation or defend a matter.

17. Laundry and Linen

Good working and efficient laundry service is crucial to our quest to minimize and eliminate infection in our healthcare facilities.

We are happy with the progress made in the revitalization of this service starting with the KwaZulu-Natal Central Provincial Laundry outside Prince Mshiyeni Memorial Hospital that has been upgraded at the cost of R266 million.

Investment here has assisted in increasing the laundry capacity to deal with approximately 84 000 pieces per day in an 8 hour shift; each of its ironers having a capacity of ironing 11 pieces in every 1 minute and each of its tumble dryers being able to dry 100kg in every 40 minutes.

It has also helped to reduce outsourcing costs from approximately R30 million to an estimated R8 million spent on 2 out of the 6 facilities that are still outsourcing. Further reduction is anticipated as we have started with the process of recruiting additional staff that will lead to an increase in laundry operating hours from 8 to 24 hours, which will be finalized within this financial year.

The Department has also embarked on a parallel process to upgrade laundry equipment at the selected 37 hospitals to increase internal capacity and further reduce the outsourcing of laundry services.

Previously, we announced that the Department procured new good quality linen worth R50 million and now would like to report that in the current financial year, additional stock worth R100 million has been procured and distributed to facilities. In the 2017/18 financial year, an additional R30 million will be spent on new linen.

During the same reporting period we announced the acquisition of five (5) new laundry trucks that meet infection prevention and control standards. This financial year, we will be making an additional 3 delivery trucks available for Hospitals and 3 panel vans.

24. Radical Agrarian Socio-Economic Transformation (RASET) Programme

Chairperson, the reality of the deteriorating situation of rural and township economies seems to suggest limited or lack of access to government work by previously disadvantaged individuals (PDIs).

The new Preferential Procurement Policy Framework Act that came into effect from 1 April 2017 will assist the Department to ensure that Radical Economic Transformation is realised through our Supply Chain Management processes. A minimum of 30% of the Department's procurement budget will be

prioritised in line with Radical Economic Transformation objectives of the Province. This will cut across all aspects of procurement, which includes:

- Infrastructure projects;
- Medical equipment;
- Medical & surgical consumables;
- Provision of services (i.e. cleaning services, food services);

In this regard, the Department of Health will participate in this Government programme by ensuring that PDIs and Black entrepreneurs receive priority to provide outsourced food services to departmental health facilities.

The Department is committed in the form of a Memorandum of Agreement, to source all specified food items from the RASET Programme. These include, among others:

- Vegetables and Grains;
- Poultry
- Eggs; and
- Bakery

26. INFRASTRUCTURE DEVELOPMENT

The Department is forging ahead with Infrastructure Development, in a bid to strengthen health systems and to enhance access to quality healthcare.

On the 30th of March 2017, as the Department of Health, accompanied by the MEC for Finance Ms B Scott, we appeared before the joint committee in Cape Town, namely Appropriation Committee and Health Portfolio Committees.

Among the achievements we were commended on was the strides we have made in Infrastructure in the Province.

Our Infrastructure processes include:

1. Revitalisation of health facilities inherited from previous government that are already in poor condition, like Addington, Grey's and Madadeni hospitals;
2. Expanding Infrastructure in areas where previous government did not bother itself with catering for the health needs of the people, despite the dire need for such health services in those areas. These include :
 - a) Jozini;
 - b) Pomeroy;
 - c) Dannhauser; and
 - d) St Chad's

3. Building clinics in far-flung areas where no-one ever thought of, such as Mambedwini Clinic, Fuduka Clinic (next to Lowsburg), Muden, Mndozo, Hlokozi, Sokhela and many more. With these achievements, people – regardless of their economic situation – can now access health services. We must also continue to keep a budget for maintenance. There is still pressure for us to build more facilities.

(For more information, kindly refer to stand-alone Infrastructure Development booklet.)

27. PLAN TO DEAL WITH AUDITOR-GENERAL'S REPORT

The Department received an audit qualification for the 2015/16 financial year in the areas of asset management, irregular expenditure and commuted overtime. In addressing these matters, the Department has developed a detailed improvement plan as well as developed Standard Operating Procedures (SOPs) that seek to address the identified weaknesses in internal controls.

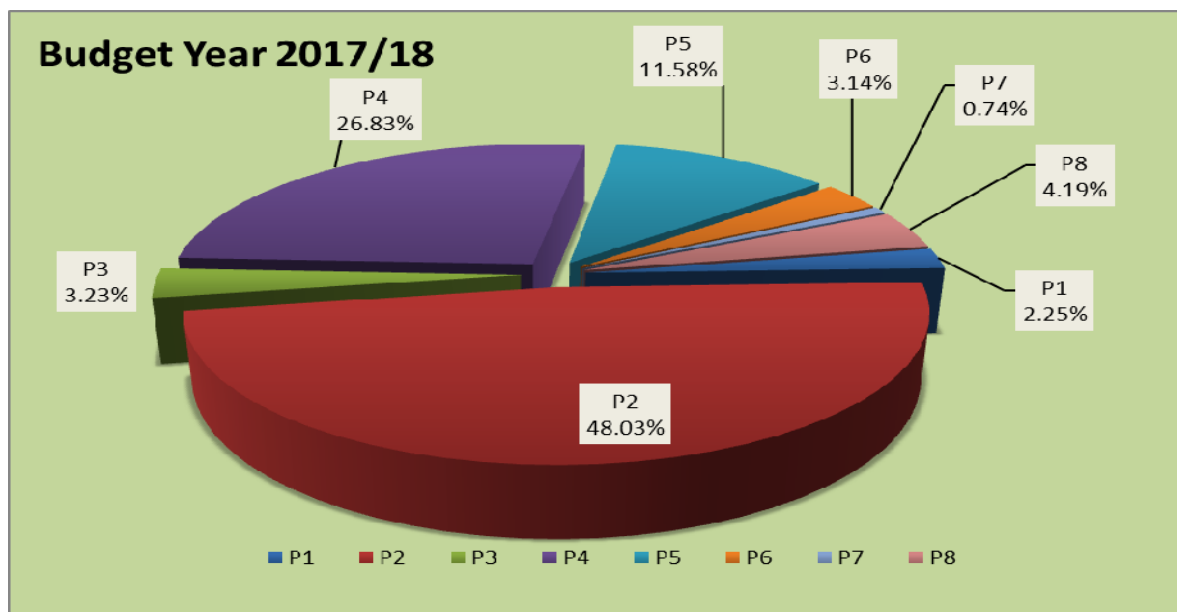
This includes engagements with managers to ensure that financial information and reporting is accurate and credible.

The Department is also working with a team from the Provincial Treasury as well as South African Institute of Chartered

Accountants (SAICA) through the National Department of Health to improve audit outcomes.

I thus present in this House budgets per programme which, in our view, will further enhance health care service delivery in our Province.

We thank our Honourable Premier, Members of the Executive Council, a special support from the Treasury and MEC Scott, also thanks Members of the Health Portfolio Committee, my family and the ANC that has deployed me in this responsibility.



Total Budget for 2017/18: **R39 548 473**

Programme 1: ADMINISTRATION - R 891 171

Programme 2: DISTRICT HEALTH SERVICES – R 18 993 346

Programme 3: EMERGENCY MEDICAL SERVICES - R 1 277
850

Programme 4: PROVINCIAL HOSPITAL SERVICES - R 10 612
363

Programme 5: CENTRAL HOSPITAL SERVICES - R 4 581 578

Programme 6: HEALTH SCIENCES & TRAINING - R 1 241
683

Programme 7: HEALTH CARE SUPPORT SERVICES - R 293
954

Programme 8: HEALTH FACILITIES MANAGEMENT - R 1 656
528

ENDS