

2019/20 Budget Policy Statement by KZN Health MEC, Hon Ms Nomagugu Simelane-Zulu

30 July 2019

Honourable Chairperson

Premier of KwaZulu-Natal – Hon Sihle Zikalala, Khuzeni

Fellow Members of the Executive Council

Chairperson and Members of the KZN Health Portfolio Committee

Honourable Members of the KZN Legislature

Amazinyane eSilo

Inkosi Chiliza, Chairperson of the KZN House of Traditional Leaders

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

Acting Head of the Department of Health – Dr Musa Gumede

Senior Managers in the Department of Health

Partners and Sponsors

Healthcare workers across the length and breadth of the Province

Distinguished guests

People of KwaZulu-Natal

Members of the Media,

Ladies and gentlemen

Honourable Chairperson, It is with profound gratitude that I stand before this august house having been entrusted to serve the people of KwaZulu-Natal as part of the leadership collective of the Sixth Administration of our Government.

I am immensely grateful to the African National Congress (ANC), my political home, for placing me at the helm of the delivery of quality health services to the people of KwaZulu-Natal.

I am very mindful of the enormous task, that we have as leadership in all spheres of Government, working with NGOs, strategic partners and organised labour formations, to improve the health status of the people of KwaZulu-Natal.

But, perhaps before we delve into our Budget Speech, we wish to start by sending our condolences to the family of a nine year-old child who passed away on Friday (19 July 2019). We received laboratory results earlier this week confirming that indeed there was a positive case of H1N1 from a person in Pietermaritzburg. We wish to reiterate at this point that this does Not constitute an “outbreak”, as has been erroneously reported elsewhere.

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

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

As a Department, we are calling on all responsible authorities at the different schools, doctors, as well as members of the community to

exercise restraint, because by referring to an outbreak without being absolutely sure, we may begin to create unnecessary panic and alarm.

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

Chairperson, we are under no illusion that KZN remains the Province that carries the largest burden of disease in our country, and that if health outcomes for South Africa have to change, KZN has to change and lead in that sphere.

ADDRESSING STAFF SHORTAGES

The fact that the Department is under severe financial pressure, and that this affects its functioning – particularly in so far as human resources is concerned - is something that we cannot run away from.

The Department is rendered understaffed by these financial constraints. This leads to low staff morale, and burnout as a result of overcrowding of our healthcare facilities. All of this inevitably contributes to the compromised quality of care, which sometimes leads to an increase in medico-legal costs that the Department is faced with. **(I will elaborate on our strategies to counter this later on in my speech.)**

We have therefore made a serious and impassioned plea to our Honourable Premier Cde Sihle Zikalala, uKhuzeni, to consider our proposal to at least have a minimum staff establishment at healthcare

facilities. We are of the view that this could begin to address some of the challenges that we are confronted with, and help us to ultimately realise our noble goal of *A Long and Healthy Life for All in KZN*.

MY HEALTH, YOUR HEALTH, OUR HEALTH

In mapping out a growth and development path for a democratic South Africa, the ANC's visionary *Ready to Govern* policy document published in 1992 spoke to the goal of creating a strong, dynamic and balanced economy. This economy would be directed towards responding to the basic needs of the population in the areas of health care, education and basic social security. Notably, during this particular turning point in the history of our country before the dawn of 1994, the ANC alluded in this document to the need for us to establish principles and mechanisms to ensure that there is an enforceable and expanding minimum floor of entitlements for all, in the areas of health, education and welfare.

Chairperson, in keeping with the vision of this declaration of our readiness to govern, we therefore undertake to present this Budget Vote Speech under the theme: ***“My Health, Your Health, Our Health: A Healthy KwaZulu-Natal.*** This is a clarion call for individual and collective efforts for us to work together to improve the general health and wellness of the people of this province.

In short, we are saying, the mandate to drive optimal health for all the people of KwaZulu-Natal cannot be single-handedly managed by the Department. Rather, the Health of our nation is a multi-sectoral responsibility, with numerous role-players (clinical and non-clinical) who have complementing roles in the value chain of health. These role-players include healthcare professionals, civil society, funders,

government, non-governmental organisations; social partners and the involvement of every single individual in the community itself.

Chairperson, from the onset, it is prudent for all of us to highlight the fact that Health is regarded by the World Health Organisation (WHO) as a fundamental human right.

To quote the world-renowned Marxist revolutionary, physician, author and activist Cde Che Guevara, "The life of a single human being is worth a million times more than all the property of the richest man on earth."

TOWARDS A PAPERLESS KZN HEALTHCARE SYSTEM:

In 1985, Burkinabe revolutionary Thomas Sankara summed up his political philosophy as follows: "You cannot carry out fundamental change without a certain amount of madness. In this case, it comes with nonconformity, the courage to turn your back on the old formulas, the courage to invent the future. It took the madmen of yesterday for us to be able to act with extreme clarity today. I want to be one of those madmen. We must dare to invent the future."

We may not be mad people, but we are definitely agitating for change in the way things such as patient record management are done in this Department. In this day and age, one of the things we need to be able to do is to move towards a paperless healthcare system in KZN. This will enable our facilities to work more efficiently, including reducing queues and waiting times. It will also assist the Department to fight the ever-increasing medico-legal bill. As part of our migration from using the old physical filing system, we have successfully installed the Health Patients

Registrations System (HPRS) In the majority of our facilities have network connectivity in all NHI Districts.

Information and Communication Technology

We are going to streamline all the Information Communication Technology systems that are used by the Department. This process will be implemented in phases, commencing this financial year.

The department will implement this system in phases in order to eliminate duplication of Information. This new system will also help to address the fragmentation of these other systems. Young people who have Information and Communication Technology (ICT) skills and are unemployed, including students who are enrolled for ICT post graduate degrees at the local academic institutions, will be empowered through participation in the development, maintenance and support of this Health Information System. These efforts are geared towards ensuring that all health facilities will eventually have stable connectivity to ensure a smooth running of the Health Information System.

HEALTH TECHNOLOGY

The Information and Communications Technology (ICT) unit has deployed the Skype system to 65 hospitals, 11 district offices, one main boardroom at head office, and selected top management. This system is used by the Department to conduct weekly meetings, and is implemented as a cost cutting measure in curbing the travelling of officials throughout the province.

WOMEN'S HEALTH

In South Africa, women make up 51% of the population. Therefore, in order for the Department to be able to address health issues, it needs to give special attention to women's health. As a result, the Department will introduce specialised programmes that are preventative and curative in nature, focusing on women, both young and old. We have an urgent need to improve the state of **MATERNAL HEALTH**. The World Health Organisation (WHO) describes maternal deaths as cases where women die while they're pregnant and or during childbirth; or within 42 days after giving birth. We have to agree that our country has unacceptably high rates of maternal mortality. And we do not accept that maternal mortality should persist despite the fact that our democratic government has **made substantial progress** in transforming the health sector.

- In this regard, we have intervened by expanding Primary Health Care services to clinics in all corners of the province.

It is crucial for pregnant women to attend the appropriate and timely Ante-Natal Care clinics, and it is incumbent on us as leaders to urge them to ensure that this happens. Ante-Natal Care is about detecting and treating existing health challenges as well as screening for complications that may develop during the course of pregnancy.

As indicated by the World Health Organization (WHO), a minimum of four antenatal care visits are recommended during the first 12 weeks of pregnancy.

Indeed, these government health services are offered free of charge for **all pregnant and breastfeeding women** as well as children under

the age of five, as envisaged by the Freedom Charter, which declared that, *"A preventive health scheme shall be run by the state; Free medical care and hospitalisation shall be provided for all, with special care for mothers and young children."*

As part of our continued **FOCUS ON WOMEN'S HEALTH**:

- We will continue to advocate for the usage of Dual Protection (using condoms and contraceptive services) in order to avoid unplanned and unwanted pregnancy; as well as transmission of sexually-transmitted infections, including HIV.
- Also as a direct response to the growing rate of HIV infection among women between the ages of 15 to 24, we need to resuscitate and strengthen our **Anti-Sugar Daddies** campaign, also known as "Blessers"; as inter-generational relationships have been found to be largely responsible for this.
- We will continue to promote education on safer pregnancy and encourage early antenatal attendance.
- We will initiate and carry out outreach programmes that will target as many women of Child-bearing age as possible to ensure that they are aware of the free services available to them. These will include educating them on Family Planning; Cancer Screening, and prevention of transmission of HIV to new-borns, among others.
- We will be forging ahead with massive screening, and we recently added a theme called Pap Smear Drive-Plus, which also includes encouraging women to take up contraceptives as a way to curb unplanned teenage pregnancy in the province.

- In this day and age, women should not be dying due to preventable and treatable cancers such as Breast and Cervical cancer. We therefore urge women to heed the call for them to come forward for cancer screening, so that this threat to life can be detected early and dealt with once and for all. To consolidate our progress in fighting cancer, we are accelerating broadening the availability of Liquid-Based Cytology (LBC) for cervical cancer screening.

- In this province, the vast majority of our fellow compatriots (more than 80%) receive their healthcare services in the public sector, and 5 million of those are patients under the age of 5 years. Therefore we have a responsibility to safeguard their lives by focusing on their immunisation and nutrition. Working with other Departments, we will also ensure good sanitation and safe places of play for them.

- As it has been the case in the past, we will strengthen our drive to encourage women to put up unwanted babies for adoption; while also improving ease of access to Choice of Termination of Pregnancy services for those who wish to exercise this Constitutional right. We will be **introducing a campaign to conscientise women**, particularly young women, about their right to access this service; while making them aware of the dangers of illegal termination of pregnancy.

We **declare war in the Province of KwaZulu-Natal against all practitioners of illegal termination of pregnancy**, as this endangers the lives of our young people, and we are not going to stand by and pretend to be oblivious to this. We will do this through a number of interventions, including working with mayors and law enforcement

authorities to enforce by-laws which must clamp down on adverts promoting this scourge.

- A partnership between public and private sector organisations will help to strengthen this drive. The impact of these efforts is already being felt, and evidenced by the number of women who now come forward for legal termination of pregnancy at suitably-equipped health facilities. In the previous financial year, **19 731 women sought help** from our health facilities. We also noted a reduced number of women reporting with incomplete termination of pregnancy at 9 664, which is lower than the previous years.

ON THE HEALTH OF MEN

South Africa is not unique to the global trend of men's under-utilisation of health care services. In a study conducted in South Africa by Letsela and Ratele (2009), it was revealed that the majority of men interviewed (63%) reported to have never gone for health care check-ups; while 37% indicated that they do. A total of 76% of those who do not go for health check-ups reported that they eventually do access health services when they are feeling severely ill, while 24% never go at all (Letsela and Ratele, 2009). As a result, men's health has received attention from different scholars with the aim of understanding men's health behaviours and their underutilisation of health care services in both the developing and developed countries (Nzama, 2013).

Furthermore, it is argued that men, when compared to women, are more likely to engage in behaviours that are detrimental to their health such as smoking, high alcohol intake, unhealthy diet, lack of exercise,

and non-adherence to safety practices such as the use of seat belts (Courtenay, 2003).

We therefore will continue to encourage men to be more health-conscious. We have the following range of health services that are tailor-made for men:

- Medical Male Circumcision
- HIV prevention programmes (Dual Protection)
- HIV treatment and care
- Screening for cancer in general and prostate cancer in particular. We wish to highlight that not all prostate cancer screening procedures are invasive.
- We also continue encourage men to be health-conscious, through programmes such as *Isibaya Samadoda* and to engage younger men to make better lifestyle choices.

Through all these interventions, we will begin to decrease the burden of cancer, thereby reducing the demand for oncology services in the Province.

We will also strengthen the KZN Men's Health Forum, and form partnerships with men which will help change many long-held stereotypes about women, children and the elderly, so that they can be protectors and nurturers of families.

We are **targeting the Youth**; by addressing issues of risky behaviour and social ills;

- Among **Older people**; we are promoting and **facilitating regular health screening** and self-management of chronic health conditions, and this will continue.

COMMUNITY-BASED APPROACH TO HEALTHCARE

We are very fortunate in this Province that our **national Minister, the Honourable Dr Zweli Mkhize** conceptualised and coined the highly effective *Operation Sukuma Sakhe (OSS)* programme, through which all role-players in Government converge to attend to challenges affecting our people in the areas where they reside.

Quite notably, at the centre of the OSS logo is a **red ribbon**, symbolising its centrality to combating HIV/Aids in our communities.

It is through War Rooms that our people are linked to healthcare facilities and advised on **how to take care of themselves** and their family members at all levels of development. As part of improving both access and adherence to medication, we have a programme called Centralised Chronic Medicine Dispensing and Distribution Programme (CCMDD), which enables them to collect their chronic medication at community level, closer to where they live.

We are pleased that more than 1 million clients enjoy the benefits of the **Centralised Chronic Medicine Dispensing and Distribution Programme** (CCMDD), which enables them to collect their chronic medication at community level, closer to where they live.

Good progress has also been registered and noted on a number of crucial spheres in the recent past; for instance:

- Around **5, 1 million** people were screened for hypertension;

- **4, 6 million** for diabetes; and
- **9, 8 million** for mental disorders
- Over the past three years, the Department has also managed to **decrease the in-facility maternal mortality** rate from 106.7 per 100 000 live births to 101.9 per 100 000 live births. At this point, I would like to congratulate the staff and management of Bethesda Hospital for significantly reducing its maternal mortality rate, as well as other hospitals which have done well in this regard.
- Despite the high prevalence of HIV in the Province, KZN has also managed to **decrease the rate of mother-to-child HIV transmission** from 20% in 2008 to 0.71% in 2019.
- We have also significantly reduced the number of in-facility deaths due to **severe acute malnutrition** for children under 5 years. As such, the incidence of severe acute malnutrition has also been reduced from 5 per 1000 to 2 per 1000.
- Similarly, we have brought down the incidence of **diarrhoea with dehydration** from 13 per 1000 to 8 per 1000;
- Thanks to our efforts, the incidence of pneumonia is also down from 58 per 1000 to 43 per 1000; and

Our other success stories include:

- An 9.9% increase in the number of **children under 1 year who are** fully immunised (from 189 516 to 208 294), although there are challenges with the supply of certain vaccines from the manufacturers;

- We have also tested a total of **3,05 million people** for HIV; performed 205 569 Medical Male Circumcision (MMC) in the past financial year; and
- We had more than **1,4 million** patients remaining on ART at the end of June 2019.
- The Department has decreased the TB incidence (detection rate) from 511 per 100 000 to 481 per 100 000 population;
- We have also had a total of 457 of our 610 clinics achieving more than 70% on assessment against the **Ideal Clinic** norms and standards.
- Life expectancy at birth has increased from 56.4 to 60.7 years.
- We are also pleased that the rate of **pregnant women** accessing antenatal care before 20 weeks of pregnancy has **increased** from 70.2 to 72.1%.
- The number of mothers accessing postnatal care within 6 days of delivery has also gone up from 66.8 to 76.8%.
- The rate of cataract surgery conducted increased from 888 per 1 million, to 1 034 per 1 million for the uninsured population.

Chairperson, I am also happy that the above-mentioned progress was noted and highlighted by our **Honourable Premier uKhuzeni** when delivering the State of Province Address.

Madam Chairperson, the above-mentioned successes and developments are not at all highlighted to depict a rosy picture of the state of affairs of

our Health situation in the Province, **but they are meant to acknowledge the progress that has been attained.**

One of the critical elements in the delivery of quality healthcare is the availability of financial resources, as well as fiscal discipline and stability.

We therefore wish to assure this august House that despite challenges, we are pressing ahead to get our house in order as far as the Supply Chain Management section is concerned.

As part of the SCM reforms in the Department, the following issues are going to be addressed as a matter of urgency:

- We have requested and are awaiting permission from Treasury to be able to use the Logistical Information System (LOGIS), which will significantly improve fiscal management and overall efficiency. This responds to one of the issues that have been flagged by the Auditor-General.
- We are aware of the challenges faced by our SCM, and are attending to them. The recent leaking of tender documents is a case in point.

Chairperson, in summoning us to do more, the President has given the underlying theme as a guide to our actions during this term of government:

" Together, celebrating democracy: Renewal and Growth for a better South Africa."

Therefore, chief among our priorities will be, the need to:

- **Reduce the Burden of Disease...**

Indeed, we are noting an **upward trend** in life expectancy for both males and females. We know that this increase is attributed, among other factors, to the widespread availability and usage of anti-retroviral treatment; as well as the implementation of the Prevention of Mother to Child Transmission of HIV.

- **In continuing the fight to curb the spread of HIV, AIDS and Sexually Transmitted Infections (STIs)...**

We will re-invigorate our programmes that are aimed at ensuring that the number of people who are tested for HIV; initiated and sustained on Anti-Retroviral Treatment continues to grow. We will achieve this by **intensifying efforts driven through campaigns such as** Hlola Manje/Zivikele; Provider Initiated Counselling and Testing (PICT) and supporting the inclusion of voluntary counselling and testing by our strategic partners.

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

The aim of this strategy is to diagnose **90% of all HIV-positive persons**; provide antiretroviral treatment (ART) for **90% of those diagnosed**; and achieve viral suppression for **90% of those treated by 2020.**

In doing this, we will consolidate our activities on the ground with sector partners who work with the Department. Even though it is commendable that **more than 1,2 million** men and boys **have already been circumcised** since we accepted the clarion call by his Majesty the King to revive this custom in 2009, we still need to do more. In the current financial year, our **target for MMC is 147 200**.

AS FAR AS **REDUCING THE BURDEN OF TB**, the following interventions will be carried out during this financial year:

- Firstly, we will endeavour to find all TB presumptive cases through Massive TB screening campaigns;
- We are going to **test people who live with those who have contracted TB**, including school children, pregnant women, and people living with HIV. Furthermore, we intend strengthening our relationship with stakeholders who work with mineworkers and prison inmates, and all our partners in the province.
- We will endeavour to trace as many TB patients lost to treatment as possible, as recommended at the TB Indaba held in Durban **on the 04th of March 2019**.
- Since TB is a significant occupational health challenge among Health Care Workers; we will thus be continuously implementing and sustaining effective surveillance programmes for them, and equipping them with safety mechanisms, as these have proved successful where they were implemented.

We need to Protect Unborn Babies; and Promote Family Planning... Without the right treatment and care, a woman living with

HIV can pass it on to her baby. This is called mother-to-child transmission (MTCT) or vertical transmission of HIV.

Taking Anti-Retroviral Treatment, on the other hand, can dramatically reduce the risk of passing HIV to the baby. Considering that **girls aged 15 – 24 years have the highest incidence of HIV infections nationally**, it is therefore imperative that the importance of family planning is emphasised, and that contraceptive methods (both short and long-term) are **freely available** at clinics frequented by this age group. In this regard, we continue to train our healthcare professionals on adopting an **Adolescent and Youth-Friendly** approach to healthcare. This is premised on delivering all healthcare services to young people – including giving contraceptives, treating sexually-transmitted infections, and **Choice of Termination of Pregnancy** - without being “moralistic” or passing judgment.

CHILD HEALTH

We are happy to note that the Department has achieved milestones in improving **under-1 year immunisation coverage**. In this regard, we have actually surpassed our target of 80%, and have reached 90.7%. This is attributed to an ongoing immunisation Catch-Up programme, which is for those children who might have missed their immunisation. We still worry though that our 6.5% target of fatality due to **Severe Acute Malnutrition (SAM)** has not been met. Provincially, we are at 7.5% and need to double up our efforts to meet and surpass this target, which we've set ourselves.

As a country, we cannot justify the admission of children to hospitals or deaths as a result of Severe Acute Malnutrition. In this regard, we

appreciate the partnership that we have that we have with communities through Operation Sukuma Sakhe.

Preventive interventions in this regard involve the **provision of vitamin A supplements** as well as making full use of the **1051 Phila Mntwana sites** that we have in this Province; of which **502** are operating at Early Childhood Development Centres.

We will continue our advocacy for breastfeeding, as in instances where the mother has problems with breast-feeding, we have made available the full use of our **18 Human Milk Banks** that have been established at various hospitals in our districts.

WE HAVE AN URGENT NEED TO DEEPEN THE CONVERSATION ON GENDER-BASED VIOLENCE

Incidents of sexual assault are becoming increasingly prevalent in our communities, and are a contributory factor to unplanned and unwanted pregnancies and sexually-transmitted infections. As we wrap up Men's Month, which was commemorated throughout the month of July, we wish to emphasise that community dialogues are necessary in order for us as a society to curtail the high rate of substance abuse that often results in premature or unsafe sexual intercourse, baby abandonment, deaths as well as suicide.

On Cancer Prevention:

It is time now for us as a community to acknowledge cancer as a real silent killer that is devouring our people, pouncing when they least expect it. We all need to understand that certain types of cancer are preventable and can be successfully treated through early detection and

timeous treatment, which reduces unnecessary suffering and financial strain on patients, families and the health system.

For women in particular, we call for Cervical and Breast Cancer screening to form part of their regular health routine. However, men are also prone to breast cancer, and we therefore advise all men to take precautions. We are pleased that our facilities are now equipped to test and treat women who show abnormal PAP Smear results in under-1 month.

This is now done through **Large Loop Excision of the Transformation Zone (LLETZ)** machines, which prevent cancer of the cervix from developing in women who have been identified as having “pre-cancer” following a PAP smear. This procedure is now being conducted in rural district hospitals, as government continues to put emphasis on Primary Health Care across the province. Some of these rural hospitals, which are now able to confront and defeat cervical cancer, are Eshowe, Rietvlei Hospital, Vryheid Hospital, Church of Scotland, Bethesda, Benedictine, Mseleni, Nkonjeni, Murchison, Nkandla, Greytown, St Andrew's, Itshelejuba and Edumbe Community Health Centre, to mention just a few.

We also wish to thank our **caring and progressive Government** for launching the **National Cancer Policy** and awareness campaign here in Pietermaritzburg, KwaCaluza last October. The objectives of the campaign include, among other things; creating awareness and educating the general public, patients and families, healthcare workers about various types of cancers. **It also focuses on intensifying awareness regarding the risk factors, prevention methods,**

treatment services available and support during survivorship of cancer.

Since the launch of the National Cancer Campaign during the previous financial year (2018/19), there has been a positive uptake on Pap Smear screening, **with a significant increase of 29.3% or 53193 more** Pap Smears done when compared to 2017/18.

In the current financial year, we will screen more women for breast and cervical cancer; as well as men for prostate cancer.

We will soon be embarking on yet another round of **Human Papilloma Virus** (HPV) vaccinations, which target girls younger than 11 years of age for protection against cervical cancer later in life. We wish to emphasise that the consent of parents for their children to be vaccinated against HPV is crucial in order for this programme to be a success.

We have done a lot to overcome the challenges that we've previously experienced regarding oncology (**which is usually an intervention that deals with cancer that is discovered late**).

In this regard, I wish to provide this House with an update as follows:

We have significantly reduced waiting times for adults; and eradicated waiting times for children at all of our four (4) sites that are providing oncology services. All our oncology machines are working; and **Grey's Hospital** has **two (2) fulltime Oncologists** that are seeing patients on a daily basis.

There is a total of **five (5) oncologists** working in the Durban Oncology Complex (Inkosi Albert Luthuli Central Hospital and Addington

Hospital). **Three (3) oncologists** per day are provided for by the Wits Health Consortium contract.

In addition to fighting cancer, we will continue tackling **NON-COMMUNICABLE DISEASES head-on**. In this regard, we are particularly concerned about chronic conditions like Diabetes and Hypertension. In fact, in KwaZulu-Natal there are 5 million people with these chronic conditions, which contributes to the overall burden of diseases.

We will continue to advocate for better and healthier lifestyle choices, as these can reduce the burden of disease, and the cost of chronic medication.

We also wish to impress upon our fellow compatriots that living an active and **Healthy Lifestyle** encompasses compliance with the following simple but crucial actions:

- Basic and regular physical activity – obesity and rounded tummies are dangerous to all of us.
- Physical activity also lowers cholesterol and blood pressure levels, which also reduces the chances of developing heart diseases, stroke, diabetes mellitus, and other chronic diseases.

The Department will continue pursuing its target of screening more than **2.5 million people who are 40 years-old and above**, for hypertension and diabetes this term.

Crucially, we are exploring a partnership with the Department of Sport and Recreation, as well as other government departments under the

social cluster (that being Education and Social Development), to popularize and mainstream the concept of Healthy Lifestyles. We will be formalising this arrangement by signing a Memorandum of Understanding (MOU).

We also reiterate our call for:

- Not smoking Tobacco at all;
- Avoiding alcohol and drug abuse; and
- Always ensuring safe sexual practices.

All of this is in keeping with our set objective of ensuring *“A Long and Healthy Life for All South Africans.”*

- **On Oral Health Services**

Since the start of January 2019, this Directorate has deployed an additional forty-five (45) Community Service Dentists to institutions across the Province to improve access to oral and dental health. This has enabled us **to reach close to 600 000 patients for dental services**. The Department is also training specialists in conjunction with Wits and Sefako Makgatho Health Science University for the training of the listed Registrars:

Importantly, on Disability and Rehabilitation, the Department was able to access more than **710 000 citizens of KwaZulu-Natal needing disability and rehabilitation services** at different levels of care. This saw a total of 3 766 wheelchairs and 3 277 hearing aids being issued.

For 2019/2020, the Department has allocated **R15,5 million** for wheelchairs; and **R19, million** for hearing aids and optical items. Thus far, **R5,2 million** has been spent on wheelchairs while **R6,8 million** has been spent on Hearing Aids and Optical items.

Going forward, we will make full use of the community service therapists that are allocated to complement the permanent staff who provide rehabilitation services in the province. In 2018/2019 financial year, these included **74 Physiotherapists; 55 Occupational therapists;** 44 Speech therapists and 45 Audiologists. For 2019 / 2020, we are spending a total of **R75,2 million** on 218 Community Service Therapists.

To put disabled people at the centre of programmes that are benefitting this sector of our society, the Department has signed three (3) Service Level Agreements with local Disabled People's Organisations to render disability services. Furthermore, **48 disabled people have been contracted to repair and do maintenance of wheelchairs at 24 wheelchair repair workshops** established throughout the province.

IMPROVING QUALITY OF CARE

We take our cue from our fallen liberation stalwart Cde Albertina Sisulu, who earned her midwife qualification in 1954, and was subsequently employed by the City of Johannesburg's Health Department as a midwife. The job was challenging, but Mama Albertina still made sure to visit her patients in their homes in the townships. She would carry a suitcase full of her apparatus (such as bottles, lotions, bowls and receivers) on her head and then physically walk to her patients. This is the epitome of selfless commitment to the health and wellbeing of our

people. We encourage our staff to learn from such behaviour and replicate it.

To revive these qualities among our health workers, have decided to bring back the ethos of patient care by working with the Public Service Commission (PSC). Along with the PSC, we will start conducting Patient Care Workshops to improve the quality of healthcare service during the current financial year and beyond.

We will continue visiting institutions to ensure that they implement the **National Core Standards (NCSs)** and more emphasis will be placed on the facilities that have been shown to be performing poorly.

We will also be on the ground to assess whether the **Ideal Clinic Realisation and Maintenance (ICRM)** programme is fully implemented in all our facilities. We are spending **R62,3 million** for the maintenance of clinics, installation of generators at clinics, as well as installation of elevated water tanks – all of which is **contributing towards achieving the Ideal Clinic status**.

We are happy that when assessed as part of the ICRM programme in November 2018, twenty six (26) facilities obtained silver status; Ten (10) obtained gold status and one (1) was bestowed with platinum status.

HEALTH SYSTEMS REGULATION

Chairperson, the department is trying to streamline the number of hospital beds in the Province so that it addresses the needs of the population in line with - and in preparation for - the National Health Insurance.

Update on Private Hospital Licensing applications:

As the custodian of healthcare services, the Department has a responsibility to take charge of public and private health institutions. As part of pursuing this mandate, the Department has inspected a total of 63 facilities which submitted their licensing applications in this financial year.

Private hospitals are urged to comply with legislation, particularly when renovating and building their facilities, so that they deliver healthcare services in a safe environment. We have also noted the higher-than-usual number of facilities that have been de-registered and decommissioned recently due to non-compliance with regulations, and this is serious concern.

IMPROVING ACCESS TO HEALTH CARE THROUGH INFRASTRUCTURE DEVELOPMENT:

Honourable Chairperson, we are proud to report on the status of our flagship infrastructure projects that the Department has invested in.

Dr Pixley Kalsaka Seme Memorial Hospital: This is a 500-bed hospital, built to the tune R2,8 billion, in the KwaMashu/Bridge City area. The hospital will relieve pressure from Mahatma Gandhi Memorial Hospital as well as other neighbouring health facilities. We can now announce that in as far as the hospital's state of readiness is concerned, the project is 95% complete. Already, the structure; roofing; glazing; electrical and plumbing features are complete. The only aspect that is now outstanding is the external works and finishes, and the hospital will be ready to open its doors towards the end of this calendar year.

As a consequence to the ageing nature of the majority of our facilities, as well as extensive damage caused by the storm in October 2017, we are focusing on the maintenance and repair of some of our facilities during the 2019/2020 financial year. To enable all of this, the Department's maintenance budget has been increased from **R213, 9 million** in 2018/19, to **R397,6 million** in the current financial year.

We are pleased to announce that out of the 12 Renovation and Refurbishment projects which were started last financial year, seven have been completed and five are still ongoing in this current financial year. The five projects currently in construction are all anticipated to be completed before the end of December 2019.

PLANNED PROJECTS:

We also have a number of projects that at the planning stage:

- At **RK Khan Hospital**, we will be re-waterproofing the flat roofs and conducting internal renovations at Blocks D, E and central sterile services department (CSSD), which has been given a budget allocation of R1.2 million and is 50% complete. We have also allocated a budget for the installation of monkey barriers. This project is currently in the procurement phase.
- There are a number of upgrades and maintenance projects being conducted at **Addington Hospital**, for which we have allocated R **103 million**. These projects are at procurement phase:

We can also report that the Department is far advanced with the setting in motion of three-year contracts for the servicing of all mission-critical engineering assets, such as Laundry Equipment; Generators; Lifts; HVAC

Systems; Water and Sewer Systems; Water Heating Systems; Transformers as well as Switch-gear equipment.

We will also be replacing assets that have reached their useful life. In this regard:

- We will be installing 33 additional autoclaves in **2019/20** financial year to the value of **R13 million**. A total of **23 Autoclaves** have already been approved for tender and will be advertised in the first week of August 2019. A further 10 will be implemented at institutional level. This will save the Department a lot of money, as it enables us to sterilise and re-use equipment.
- A **total of R93 million** has been allocated towards installing 153 new 20 kilolitre water tanks in various facilities for back-up water supply. These have been submitted for tender approval.
- The programme for installation of standby generators is also proceeding, with **203 of these being installed in various clinics** at a cost of R94 Million.

An amount of R 3 million has also been set aside to replace lifts motors and hoists at King Edward VIII Hospital, Prince Mshiyeni Memorial Hospital, St Aidan's Hospital, St Mary's Hospital.

We are also seized with the urgent responsibility of resolving challenges with the lifts at Addington Hospital which have persisted for quite some time. We owe it to the public to ensure that free and smooth movement of individuals between the different points of this multi-storey hospital is not compromised. Our fellow compatriots deserve better. We are prepared **to go to any lengths legally possible** to resolve this

challenge, including reviewing or cancelling contracts with any service provider who may be failing to meet their obligation to ensure effective and efficient servicing, repair and maintenance of the lifts.

Emergency Medical Services (EMS):

Firstly, we wish to register our extreme concern regarding attacks on our Emergency Medical Services practitioners, which are now becoming a norm, especially in the Inanda, Ntuzuma, KwaMashu (INK), Phoenix and Umlazi areas; as well as at King Cetshwayo District. We thus call on communities to support and protect these Angels of Mercy who endeavour to respond timeously, and venture out with the sole purpose of saving lives and bringing back hope to those who are in despair.

We are taking security measures to protect our valued staff and property.

Furthermore, as a Department, we have gone all out through the **College of Emergency Care (COEC)** to improve the of EMS services.

The College is currently providing Ambulance Emergency Assistant courses (Intermediate Life Support) and many upskilling and proficiency programmes to its personnel. A total of **501 employees** are upgrading their matric certificates through partnerships with Department of Education and the Office of the Premier, whereby retired educators have been recalled to provide classes at Departmental facilities across the Province.

In the 2019/2020 financial year, there will be a paradigm shift as we will be introducing the **National Emergency Care Education and Training** (NECET) policy, which in essence is scrapping the short course

training. This will now be replaced with professional qualifications, obtained from institutions of higher learning. In this regard, the College of Emergency Care has partnered with the Durban University of Technology (DUT).

Chairperson, we will continue to improve the functioning and efficiency of our Emergency Medical Services.

As part of efforts to improve our ability to respond to medical emergencies and assist those in distress, we will also be **procuring more Ambulances**. This we are doing because the majority of our **529 Ambulances** have extremely high mileage and require repairs frequently. To mitigate the impact of this, we have already procured three (3) **65 seater buses** in 2019/20 for each of the operational HUBS, which were delivered in June 2019. We will also soon be taking delivery of eighty-eight (**88**) **ambulances for the 2019/2020 financial year**, which are expecting to arrive in August 2019.

BURSARY PROGRAMES: HUMAN RESOURCE AND YOUTH DEVELOPMENT

Chairperson, Even with the fiscal challenges that confront us, we will continue to advance the agenda of Youth Development.

For instance, the Department **has extended** the 12 month contract of 317 graduate interns **by a further 12 months** in line with the directive by the Department of Public Service and Administration. This is in order to accommodate the requirements for industry that demand work experience in order for them to be employable.

The Department will carry on providing bursaries to employees who are undergoing in-service training in order to equip them with the critical skills that they require.

However, due to the fiscal challenges, the Department has been unable to absorb the previous **258** community service trainees, and has therefore had to release them from their obligation to serve the Department so that they can seek employment elsewhere.

Currently, our **Bursary programme** supports **425 Students at local universities** who are studying medicine and allied professions, which are scarce skills as identified by the Department. The Department has budgeted **R41 million for this programme** during this financial year.

We also have **434 students that are currently in** the RSA/Cuban Medical Training Programme. Since 1997, we have trained **859 student medical doctors from KZN in Cuba**. We are pleased to report that **258 of these students who returned** in July 2018 are now finalizing their 6th year at local universities, and will commence their two year internship programme in January 2020.

Earlier this month (July 2019), we also welcomed **233 medical students** who were returning from Cuba to do their 6th and final year at local universities. We are currently finalising their placement.

The distribution of doctors is improving for our rural health facilities as, in January 2019, the Department **placed 62 medical officers**, in addition to 258 doctors who returned from Cuba in July 2018.

Nurse Training

In December 2018, the Department advertised 150 posts for enrolled nurses, and another 150 for enrolled nursing assistants. For these 300 posts, we received an overwhelming number of applications (15 000) from people who came from far and wide, and stood in extremely long queues, in the hope of securing jobs. This served to expose the real problem of an oversupply of nurses that we have.

Chairperson, we wish to make it known that the KwaZulu-Natal Department of Health has its own Nursing College with eleven (11) campuses and eight (8) sub-campuses distributed to cover the vast provincial geographic districts. This College **is producing 1600 nurses** per annum. They range from professional nurses, to specialist nurses such as those competent in providing critical care, paediatrics and advanced midwifery, among others - all in line with the burden of diseases.

- The breakdown of the nursing categories is as follows: We are **training 910 nurses** in the four year comprehensive Diploma in Nursing (General, Psychiatric, Community) and Midwifery;
- We are also **training 235 nurses** for a Diploma in Nursing, where we are bridging them from enrolled to professional nurse; and
- For Midwifery, we are **training 137 nurses**; as well as another 55 for a Diploma in Psychiatric Nursing Science.

In light of what we saw in December, we wish to discourage our fellow compatriots from studying at private nursing colleges, as these colleges

cannot guarantee their employment once their studies have been completed.

ESTABLISHING A MEDICO LEGAL UNIT TO COUNTER THE EFFECTS OF MEDICO-LEGAL CLAIMS:

Chairperson, the increase in Medico-Legal claims remains a serious concern and continues to put severe pressure on our already inadequate budget. During the **2018/2019** financial year, a total of 450 new medico-legal claims were received which increased our total Medico legal cases to be above 2600. This is money that ought to be rather spent on treating patients and improving health outcomes in the province.

One of the contributing factors to this is the unethical practice of touting by certain unscrupulous law firms. In fact, one of the law firms that we are investigating is based in Johannesburg, and has, on its own, lodged a whopping 96 claims against the Department in just two months, which is highly suspicious.

As part of these efforts to reduce our medico-legal bill, we are currently establishing a Directorate which will be responsible for investigating every potential claim, and each and every medico legal claim that is lodged against the Department. We will be advertising posts in this regard in due course.

This unit will be made up of professionals who have medical and legal expertise, which will empower them to advise the Department on the correct course of action to follow and the quantum of damages to be awarded where necessary.

Beyond this, the Department is in the process of establishing a panel of lawyers that are going to assist and represent the Department in court.

Over and above that, the Department has written to the Honourable Premier seeking support for the full staffing of specialized rehabilitative healthcare centres to assist children who are born with Cerebral Palsy and other ailments. For now, these facilities will be located at Inkosi Albert Luthuli Central Hospital; Durban Children's Hospital; Northdale Assessment and Rehabilitation Centre; and at Phoenix Assessment and Rehabilitation Centre. These centres will offer the following services, among others: Occupational therapists, physiotherapists, audio therapists, speech therapists, and dentists. This will assist in reducing the costs awarded against the Department, in relation to future medical expenses.

On Centralized Chronic Medicines Distribution and Dispensing (CCMDD), we have:

- Entered into partnership with Private Service Providers in almost all the districts, including Private Pharmacies, and Private GPs.
- All the 11 Provincial Districts are implementing the CCMDD programme.
- Over one million clients' no longer wait long hours in the facilities every month for their regular medical re-fills. They can now get their medication closer to where they live.

ON NATIONAL HEALTH INSURANCE:

As a Province, we remain on course and are continuing to fulfil the tenets of this absolutely crucial programme, which is aimed at levelling the field and giving our citizens equal and equitable quality health services.

Just last Thursday, 25 July 2019, our Honourable President Mr Cyril Ramaphosa and Honourable Minister Dr Zweli Mkhize signed the Health Presidential Compact. The compact is aimed at developing and improving the quality of the healthcare system in South Africa. This compact is set to improve the quality of the industry, mainly focusing on predominant issues in the sector such as staff shortages, infrastructure, and stock-outs of medicine.

This further strengthens the sentiments already expressed by our Honourable Minister Dr Zweli Mkhize who, when presenting his Budget Vote Speech on 12 July 2019, said the following about National Health Insurance:

“National Health Insurance is a way of providing good healthcare for all by sharing the money available for healthcare among all our people. The health benefits that you receive will depend on how sick you are, not on how wealthy you are.

Under the NHI, health facilities and health workers will also be available to provide services to all, much more equitably. It all depends on our willingness to SHARE as ONE NATION. If we can feel and act in unity about sports, surely, we can do the same when it comes to matters of life and death, health and illness. National Health Insurance is a chance for South Africans to join hands in a way that really counts, regardless of race, gender or creed.

We are therefore pleased to report on the following achievements as part of our piloting of NHI:

- Policy Guidelines have been developed and implemented on Hospital management qualifications and competences.
- Leadership and Health Care Management capacity Development programmes are being implemented.
- Patients Health records, Clinical management, Synch pharmaceutical management system, Health Information and Data Management Systems and Revenue collection IT Systems are being installed and upgraded.
- Appointment of 300 health professionals through Presidential Stimulus programme using indirect NHI grant has been concluded.
- Pharmaceutical Services management improvement systems such as Rx Solution are in place.
- The Department has also up-scaled the implementation of the **Ideal Clinic Realization and Maintenance (ICRM) programme with 574 clinics scoring above 70% on the Ideal Clinic** dashboard.
- The Department had contracted 84 Pharmacy assistants in the 3 NHI Pilot Districts, using the NHI Grant for 3 years. At the end of their contract in 2018, we allocated a budget and absorbed the Pharmacy Assistants to be permanent staff in the clinics of the 3 NHI Pilot Districts of Amajuba (15 pharmacists), UMzinyathi (39 pharmacists) and Umgungundlovu (30 pharmacists).
- In fact, we are proud to announce that according to the National Ideal Clinic results, the KZN Department of Health **is performing**

exceptionally well. Of the 10 best performing districts in the country, 6 districts are KZN with Amajuba in the first position.

RADICAL AGRARIAN SOCIO-ECONOMIC TRANSFORMATION (RASET) PROGRAMME

The economic patterns of the apartheid system were systematically entrenched and the oppressive Apartheid government had its tentacles in all aspects of the state. In order for us to change the economy of the country and province, all Government Departments have a responsibility to contribute towards this change. This **can only be achieved through a conscious and deliberate effort to change the economic patterns of the province**, and can have massive positive spin-offs for our economy.

A practical case in point is Kenya, whose economy is dominated by Agriculture, which accounts for almost 25 % of the Gross Domestic Product, and about 70 percent of the workforce. Kenya is one of the world's leading exporters of black tea and cut-flowers, and also counts among its major agricultural exports coffee and vegetables. And this was implemented after they gained their independence in 1963.

Therefore, as the Department of Health we also have a responsibility to contribute towards the Radical Agrarian Socio-Economic Transformation (RASET) programme, and make it a success.

All new food services / catering contract-holders will be required to support the Provincial RASET programme.

In line with the policy directives of the province, the Department is currently amending its Supply Chain Management (SCM) policy in order

to address these radical economic transformation targets. In this regard, Government will participate in various business enterprise development initiatives in order to enable previously marginalised communities to participate in the economy of our province, including in the traditionally exclusive sectors within the Health Care system.

Chairperson, in conclusion, we will strengthen our relationship with key stakeholders such as the University of KwaZulu-Natal, Durban University of Technology, and other tertiary institutions; as well as Traditional Leaders.

I would also like to once again convey a word of gratitude to all the Departmental stakeholders for playing a meaningful role in the noble task of providing healthcare services to the people of this province. I would like to thank in particular, thousands of healthcare professionals (Nurses, Doctors, Allied Workers) and front line staff members in our facilities who everyday ensure the realisation of health outcomes in the province, and as a Department we have a responsibility to take care of our staff, which will be done through our Employment Assistance Programme.

I'm also immensely grateful to the Departmental executive under the stewardship of the Acting Head of Department, Dr Musa Gumede for their resolve and dedication to serve our people. I wish to thank all staff in the Ministry, and all other staff who helped out during the compilation of this Budget Speech.

Last, but not least, I wish to thank my family for all the love and support that they've given me over the years. My mother uMaVilakazi, my dad Magutshwa, and my siblings Sthembile, S'celo, and Nokwazi.

Chairperson, I thus present to you the 2019/2020 budget as follows:

PROGRAMME	2019/20 ALLOCATION
ADMINISTRATION	R 933,3 million
DISTRUCT HEALTH SERVICES	R 22,4 billion
EMERGENCY MEDICAL SERVICES	R 1,6 billion
PROVINCIAL HOSPITAL SERVICES	R 11,3 billion
CENTRAL HOSPITAL SERVICES	R 5,2 billion
HEALTH SICIENCES AND TRAINING	R 1,2 billion
HEALTHCARE SUPPORT SERVICES	R 332, 3 million
HEALTH FACILITIES MANAGEMENT	R 1, 8 billion
TOTAL ALLOCATION	R 45,3 billion