



MEC FOR HEALTH | MS NOMAGUGU SIMELANE

THE DEPARTMENT OF HEALTH  
**BUDGET**  
**VOTE 7**  
— 2022 —



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2022/23

## BUDGET POLICY STATEMENT

by KZN Health MEC,  
**Hon Ms Nomagugu Simelane,**  
at the KZN Provincial Legislature,  
Pietermaritzburg, 10 May 2022

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Honourable Speaker

Premier of KwaZulu-Natal – Hon Mr Sihle Zikalala, Khuzeni

Fellow Members of the Executive Council

Chairperson and Members of the KZN Health Portfolio Committee

Honourable Members of the KZN Legislature

Inkosi Chiliza, Chairperson of the KwaZulu-Natal House of Traditional Leaders

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

Head of the Department of Health – Dr Sandile Tshabalala

Leadership of Organised Labour

Leadership yaseMzala Nxumalo Region

Healthcare workers across the length and breadth of the Province

Esteemed citizens of KwaZulu-Natal and visitors following these proceedings online

Distinguished guests

People of KwaZulu-Natal

Members of the Media,

Ladies and gentlemen,

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## INTRODUCTION

We are extremely pleased to be presenting the 2022/23 Vote 7 Budget Speech, under the theme: “Delivering Healthcare Imperatives In The Era of COVID – 19 And Beyond.”

Chairperson, as the Sixth Administration reaches the halfway mark since taking office, we find ourselves having to continue to navigate our way out of increasingly tough times, lurching from one disaster to another.

Just as we thought we were recovering from the devastation caused by the COVID – 19 pandemic, our Province was hit by rampant looting and destruction to property, as well as the **Phoenix Massacre**, which took place in July last year.

As if that was not enough, just a month ago, we were ambushed arguably by the worst floods that this country has ever experienced.

These floods took the lives of at least 435 people, with many still yet to be accounted for. Scores of other people are without homes, as Government continues to do its best to alleviate the impact of this disaster.

All of this is happening against a backdrop of dwindling financial resources.

Increasingly, as the KZN Department of Health, we are being required to do more with less.

**In 2019/20, our Budget was R45, 2 billion. In 2020/21, it went up to R49,3 billion; followed by R50, 6 billion in 2021/22. But for financial year 2022/23, it has gone down to R49, 6 billion.**

While the R49, 6 billion we've received this year might seem like a lot, the truth is that our Budget allocation has been reduced by R16 billion over the past three years .

During financial year 20/21, our budget was cut by R4 billion; followed by R7 billion in 2021/22; and R5 billion during 2022/23.

So, things are tough, but we soldier on.

These cuts continue to have dire consequences for the implementation of our programmes, and the day-to-day running of the Department.

## 1. IMPACT OF THE FLOODS:

As a response to the floods, we've had to reprioritize certain projects. **We have taken a decision that the planned maintenance and capital projects that have not reached tender stage will have to be halted.**

This is due to the fact that National Treasury has not allocated funding for these repairs at this stage.

But on-site assessments for flood damage have been completed, and preparations to appoint service providers are currently underway. At the moment, the anticipated cost of repairs is around R200 million.

We are, nevertheless, hoping that disaster relief funding will still be forthcoming.

Sihlalele ethembeni, ngoba lona alibulali.

## 2. SALUTING WORKERS:

Chairperson, the month of May is a very important one in that this is when we celebrate workers' rights.

Workers Day, which we commemorated on the 1st of May, was originally born from the struggle for workers' rights and social justice in the late 1800s.

The day has also served as a reminder of the critical role that trade unions, and the Tripartite Alliance, played in the fight against Apartheid.

It has been officially recognised and observed since the first democratic elections in 1994 in South Africa.

As we continue to commemorate Workers' Month, we once again send our heartfelt thanks to our staff at all levels, for the superb and courageous manner in which they have responded to the series of disasters that have confronted us.

*Sithi ukwanda kwaliwa wumthakathi.*

On Thursday, the 12th of May, **we will join the world in commemorating International Nurses' Day**, at a community outreach programme that's taking place at King Cetshwayo District.

In further recognition of the hard work and dedication displayed by our staff, **we will be bringing back the MEC's Annual Service Excellence Awards (MASEA)**, which will be held on the 3rd of June.

In the same breath, **we would like to express our heartfelt thanks to the Government of the African National Congress**, for the bold and astute leadership that it has consistently shown, in the face of all this hardship; and most of which has never been experienced before.

It is a mark of unmatched greatness that the ANC of Oliver Reginald Tambo, Pixley Kalsaka Seme, and Albert Luthuli, is always able to deal very decisively and effectively, with these difficult and unprecedented situations.

We are also extremely grateful to our Hon. Premier of KwaZulu-Natal Mr Sihle Zikalala - Khuzeni!!!, as well as the National Department of Health, led by Dr Joe Phaahla, for the support and guidance that they have continuously given to us.

In preparation for this Budget Speech presentation, we invited public comments on our popular KZN Health Chat multimedia programme. We appreciate the feedback that we received from followers such as Lindelwa Zililo who said, “Mina ngizicelela ukuphathisa uMama ukuthi uma i-budget ibavumela bandise i-staff.”

Another staff member, uSboh Qadi said, “Please ake nengeze i-staff ngoba umuntu ugcina esenza umsebenzi wabantu abathathu eyedwa. Sigcina silwa nama-supervisors ethu ngoba kushoda i-staff..”

We take heed of what fellow compatriots like Lindelwa and Sboh are saying; and, in fairness, they are not wrong. We will try to implement these recommendations as much as our Budget allows us.

### 3. DRAWING INSPIRATION FROM THE POSITIVE SENTIMENTS EXPRESSED BY OUR PATIENTS

Chairperson, even though our Department has its work cut out due to the high burden of disease and associated challenges in the Province, **we are nevertheless moved by some of the positive and uplifting feedback** that we continue to receive from the people of KwaZulu-Natal.

For instance, take one of our healthcare users, Ms Khabo Sithole, who heaped praise on the Department for treating her like royalty during her stay at Clairwood Hospital.

This is where she was being treated for COVID - 19.

Writing on her Facebook page, she said, and I quote: "I've been on 24hr ICU monitors for the first 10 days...being cared for by all sorts of different specialty nurses the whole time.

"When you get received in the way that I have, you get a sense that people care. As I lay on my bed, this one nurse kept saying, **'We are here to help...we're here to help'**...It was as if she was saying, 'You're not a burden to me by being here. **I'm here to do what needs to be done.**'"

Ms Sithole went on to further say: "This is an eye-opener for me...This hospital does not say 'public health facility' at all. **The level of care that I've received is what you'd normally expect from private healthcare facility. I wonder if I've just tasted NHI.**"

Chairperson, this example is a drop in an ocean of people who are thankful to the Department for the assistance that they receive from us, on a daily basis.

We draw a lot of inspiration from this kind of feedback, and continue to thank our hard-working and dedicated healthcare workers for the sterling work that they continue to do.

Sithi nime njalo nje.

And may your positivity and high work ethic rub off on your colleagues.

### 4. UPDATE ON COVID - 19:

We have noted the new COVID – 19 regulations, which make it clear that we should all continue wearing our masks indoors, while adhering to all non-pharmaceutical protocols.

This entails maintaining social distancing and washing our hands with soap and water regularly.

Our infections continue to fluctuate, although thankfully, the current Omicron variant is not as deadly as the others that we've previously seen.

But this is not to say that it should be taken lightly.

As of yesterday, the 09th of May 2022, our Province has lost 16 096 due to COVID – 19. And, over the latest 24 – hour period, we have registered 1 452 new cases, bringing the total number of infections in the Province to 690 202.

We remain concerned by the low uptake of COVID – 19 vaccines. We've vaccinated 2,767 million people, while a staggering **4,452 million have not even received a single dose.**

This is concerning because the vast majority of those who've died due to COVID – 19 were not vaccinated.

So, those who've not yet received their jab are exposing themselves – and their loved ones – to possible severe illness or death. This needs to change.

We continue to call on communities to ignore all the myths and misconceptions about the vaccine, because they're simply not true. The vaccine has been scientifically tested, and found to be safe.

## 5. IMMORTALISING THE LEGACY OF OUR FREEDOM FIGHTERS THROUGH THE RENAMING OF HEALTHCARE FACILITIES

Chairperson, we were deeply honoured and humbled in October last year when the family of our Struggle icon, **uBab' uHarry Gwala**, thanked us for renaming Edendale Hospital after him.

Likewise, we did the same at the old Turton Community Health Centre, which we renamed after our fallen community activist, the late **Cde Arnold Mfundo Lushaba.**

We are already at an advanced stage with our plans to rename King Edward VIII Hospital after yet another distinguished daughter of the soil, uMama **uVictoria Mxenge.**

An ANC political activist and Struggle icon, uCde Victoria Mxenge was trained in midwifery at King Edward Hospital, and worked as a community nurse in Umlazi.

In August 1985, **she was killed on her driveway in the same township, in front of her children, by four men who were believed to be part of an organisation known as the Apartheid government 'Death Squad.'**

This was merely four years after her husband, Cde Griffiths Mxenge, had been **abducted, stabbed 45 times, beaten with a hammer, and had his throat slit**, also by the Death Squad.

That, ladies and gentlemen, is the **ultimate price that so many of our leaders paid so that this country could attain political freedom.** It is something we should never, ever forget – or take for granted.

We are pleased that it's only a matter of time before we rename this hospital after this giant of our Liberation Struggle.

Chairperson, **we will soon be starting consultation with the community of Emadlangeni under Amajuba District**, as well as surrounding areas, about our plans to rename Niemeyer Hospital.

It is our considered view that our healthcare facilities – and other public amenities for that matter – should not carry names that are obscure, colonial, or have no significance to the lives of the communities in which they're situated, and they service.

## 6. PICKING UP THE SPEAR AND MOVING ON FROM THESE DISASTERS, TO CARRY OUT THE URGENT TASK AT HAND

Chairperson, in his famous work, *The Art of War*, ancient Chinese military strategist and philosopher **Sun Tzu** shares the following words of wisdom about preparing for battle: "If you know your enemy and know yourself, you need not fear the result of a hundred battles."

So, who is our enemy, and what battle are we facing?

According to Stats SA, when it comes to the main causes of natural death in our country, these are our top 10 enemies:

- Tuberculosis;
- HIV and AIDS;
- Diabetes mellitus;
- Cerebro-vascular diseases, which **is a group of medical conditions that affect blood flow and the blood vessels in the brain;**
- Ischaemic heart diseases, which **are heart problems caused by narrowed heart arteries;**
- Other forms of heart disease (such as heart failure, heart valve disease, heart muscle disease, and congenital heart disease).
- Hypertensive diseases;
- Influenza and pneumonia;
- Chronic lower respiratory diseases; and
- Various cancers that affect the digestive system, also known as malignant neoplasms;

Added to all of this, the W.H.O tells us that Non-Communicable Diseases (NCDs) - including heart disease, stroke, cancer, diabetes and chronic lung disease, are on the increase. And they are collectively responsible for almost 70% of all deaths worldwide, including in South Africa.

According to the W.H.O, the rise in these NCDs has been driven primarily by four major risk factors; and that is tobacco use, physical inactivity, the harmful use of alcohol, and unhealthy diets.

It goes without saying, Chairperson, that, in order for us to turn this situation around in our Province, we need to strengthen our systems and ensure that we create health awareness, which must lead to behavioural change.

We need to do this while maximising our capacity for disease screening and testing; providing follow-up treatment; and support services – and to do so quickly, because of the urgent need to cover all of the ground lost due to the COVID – 19 pandemic.

## 7. FORMING SOCIAL PARTNERSHIPS TO TACKLE THE BURDEN OF DISEASE IN THE ERA OF COVID - 19

Honourable Members, one of the most remarkable aspects of the human race is its resilience. Despite severe hardship, human beings always find a way to summon the courage to prevail and rise yet again.

What has been central to this resilience over the past two years is the **strong partnership that exists between Government and the people of this country.**

Together, working side by side, we have been able to face up to all of the disasters and human suffering that we've experienced, and try to rebuild our lives.

Chairperson, the fact that our resources are shrinking demands that we do things differently, if we are to avoid a catastrophe – particularly when it comes to the healthcare sector.

We are therefore calling for a social partnership between ourselves as Government, and the people of this Province.

A social partnership that must be underpinned by individuals living in a way that enables the prevention of diseases and injuries; promotes screening and testing for diseases early; and refusing to completely outsource responsibility for their own health to the Government.

For instance, we can keep ourselves alive and live longer by:

- **Getting vaccinated against COVID – 19:** This reduces the likelihood of severe illness and the need for hospitalisation among those who get infected with this deadly virus;
- **Avoiding substance abuse:** It has been proven that substance abuse is usually the common denominator in many incidents where conflict arises and people get injured or killed.

So, staying at home reduces the risk of becoming a casualty to assault, stabbing or shooting – or even contracting COVID – 19, for that matter.

- **Practicing safe sex and family planning:** Abstaining from sex or using condoms and other family planning methods during every sexual episode is essential. It may help you prevent acquiring or spreading sexually-transmitted infections – including HIV - or being party to unplanned or unwanted pregnancy.

Therefore, a few changes in the way in which we generally behave, will go a long way to reduce the burden of work on the healthcare system, and on our healthcare workers.

It will keep us healthy and alive as a society, for longer, but it will also save Government a lot of money.

## 8. IMPROVING PATIENT CARE:

Chairperson, as a caring Government, we always put ourselves in the shoes of the people who come to our facilities to seek medical assistance.

We do this as part of our quest to improve the quality of care that we offer, so that it is of a standard that we would expect for ourselves and our own relatives.

It is not enough to have impressive and well-written policies, if they do not translate into a healing and overall decent experience for those who use our services.

One of the **very effective ways in which we will be improving the quality of care and overall client experience**, is through the re-launching of a new and improved “Make Me Look Like A Hospital” initiative, **as pronounced during the State of the Province Address by the Premier of KwaZulu-Natal** earlier this year.

This is a tool to assess and measure the performance of our health facilities against a uniform set of expectations of what constitutes quality health care delivery.

The non-negotiables that we will be using to measure performance at the facilities under review, are:

### **Patient waiting times:**

We are very determined to reduce waiting times through, among other interventions, our e-Health programme; as well as a programme that we call Ikhemisi Eduze Nawe, also known as the Central Chronic Medicines Dispensing and Distribution (CCMDD) programme. This refers to the many pick-up points for medication that we have established in communities, including libraries, tribal courts, chemists, community halls, and others.

### **Infrastructure improvement and cleanliness:**

A lot of our healthcare facilities are old, and need to be revamped. However, due to the lack of funding, we cannot renovate them all at once. We have, nevertheless, created a plan to renovate these facilities, which will be implemented on an incremental basis. We all have a duty to ensure that our facilities are kept clean at all times.

### **Infection Prevention and Control (IPC):**

It is profoundly essential that both patients and healthcare workers are protected from disease infections at all times. Therefore, we will have to strengthen our IPC in our hospitals, and measure performance in this regard.

### **Staff attitudes:**

Another extremely important non-negotiable is that staff must display the highest professional standards and respect patients at all times. Of course, respect is a two-way street; and equally, patients have a responsibility to respect our staff.

### **Professionalism:**

**Our facilities must be run in line with the highest professional standards.**

People who work at our facilities, such as nurses, must wear uniform and appropriate formal gear. **Our staff must be punctual; must dispense proper patient care; and must display an improved work ethic.**

As directed by the National Department of Health (NDOH), all our nurses will, from 2022, be required to wear maroon and white uniform. The NDOH is still finalising the specifications. However, as a Province, we have started implementing; and have directed that the uniform at the new Dr Pixley Kalsaka Seme Memorial Hospital must be maroon and white.

Staff are also not expected to all go on lunch at the same time, leaving our patients stranded.

### **Availability of medicines:**

Our facilities must, at all times, have adequate medical and pharmaceutical supplies, in order to meet the needs of our healthcare users. Each hospital has a duty to ensure that all medicine is not expired, and is correctly stored.

### **Improved complaints management system:**

We have found that quite often, our fellow compatriots who use our hospitals, do not know who to turn to if they have grievances about the level of care that they've received.

To counter this, we took a decision to prominently display the contact details of the hospital PRO, CEO, and district director at strategic points within our facilities. These contact details will also be advertised every six months on prominent traditional and social media platforms, in order to ensure that they remain accurate; and that our communities are aware of them.

### **Staff and patients safety:**

Each hospital must have solid measures in place in order to ensure the safety of all our staff and patients at all times.

**We are encouraged by the fact that 39 of our clinics have already attained “Ideal Clinic” status**, after being assessed by the Office of Health Standards and Compliance (OHSC), during the past two years.

This means they were found to have good infrastructure, adequate medicine and supplies, good administrative processes, and sufficient bulk supplies.

## **9. THE eHEALTH SOLUTION: FORGING AHEAD WITH THE DIGITAL REVOLUTION**

When the 6th Administration assumed office, one of the commitments that we made was to **do away with the outdated, paper-based record management system in the KZN Department of Health.**

Although there have been administrative and IT system hurdles, our plans in this regard remain firmly on track, and we have commenced with the training of staff, as well as procurement of computer equipment in the identified facilities.

We have begun to operationalise the system, in different phases, at 22 hospitals across the Province.

**The hospitals where we are now implementing our eHealth system are mentioned below:**

1. Prince Mshiyeni Memorial
2. Dr Pixley Kalsaka Seme
3. Madadeni
4. Ngwelezane
5. Addington

6. King Dinizulu
7. Northdale
8. Marianhill
9. McCords
10. King Edward
11. St. Aidan's
12. Gen. Justice Gizenga Memorial Hospital
13. Newcastle
14. Edendale
15. Dundee
16. Bethesda
17. Vryheid
18. Port Shepstone
19. EG & Usher
20. Queen Nandi
21. Grey's and
22. Emmaus

From the beginning on 2023 onwards, we will be adding a further 20 hospitals to this list.

We have **already trained 543 nurses and 183 doctors at Prince Mshiyeni Memorial Hospital; as well as 258 nurses and 32 doctors at Madadeni Hospital.** These were the two facilities that we began piloting the programme with.

At the same time, we've already procured **265 Computers on Wheels, which will be used during ward rounds; as well as 1 232 Personal Computers (PCs), at Prince Mshiyeni Memorial, Dr Pixley Kalsaka Seme, and Madadeni Hospitals.** In the new financial year, we will be procuring a further 3 026 more Computers on Wheels and desktop computers.

Chairperson, if we had our eHealth system up and running, we would have been spared the damage caused to many of our patient files in some clinics, due to the recent floods.

This is just another reason why this system is urgently needed.

We are, nevertheless, happy about the recent announcement by our Health Minister Dr Joe Phaahla last month (in April) that the National Department of Health will assist us in the rollout of this exciting e-Health solution.

This definitely bodes very well for our Province and indicates, yet again, that **ours is a caring, proactive, and innovative Government. A Government that embraces technological advancements,** in the name of delivering a better package of services to the people of this country.

Ultimately, we want all our healthcare facilities to be inter-linked under one universal digital health system, so that they are able to "talk" to one another, as it were.

Importantly, as indicated earlier on, our new e-Health system will ultimately reduce patient waiting times and address the challenge of missing and damaged patient files. It will also enable the department to defend itself effectively against medico-legal claims, where such defence is warranted.

This is another area where we can derive considerable savings.

## 10. REDUCING MATERNAL MORTALITY:

Chairperson, the late, great O.R Tambo once emphasised the fact that, and I quote: “The children of any nation are its future. A country, a movement, or a person that does not value its youth and children, does not deserve a future.”

It is for this reason that we are committed to championing and promoting programmes and strategies to give children a fighting chance of survival at childbirth and beyond.

We are doing this while giving their mothers the best prospects of surviving and thriving before, during, and after childbirth.

We therefore welcome the fact that the trend of Maternal Mortality is decreasing in our Province. This is due to the reduction in maternal deaths from COVID-19, which was a major contributor to mothers dying in the 2020/21 financial year.

As can be seen in the table below, over the past three financial years, the number of maternal deaths rose from 176 during financial year 2019/20; to 279 in 2020/21; but have since declined to 228 during 2021/22.

### MATERNAL DEATHS IN KZN, FROM 2019/20 TO 2021/22:

<b>Maternal deaths in-facility</b>			
<b>Organisation unit / Period</b>	<b>Apr 2019 to Mar 2020</b>	<b>Apr 2020 to Mar 2021</b>	<b>Apr 2021 to Mar 2022</b>
Amajuba District	3	15	17
EThekweni	67	106	79
Harry Gwala District	5	7	4
iLembe District	8	8	10
King Cetshwayo District	17	32	24
UGu District	8	12	22
uMgungundlovu District	35	46	34
Umkhanyakude District	9	8	11
Umzinyathi District	4	9	3
Uthukela District	12	17	15
Zululand District	8	19	9
<b>Total</b>	<b>176</b>	<b>279</b>	<b>228</b>

Some of the contributors to the maternal mortality rate are:

- Late antenatal bookings: just 168 706 women out of 227 188 booked early before 20 weeks (74.3%);
- Lack of ante-natal attendance;
- High rate of teenage pregnancy,
- Reckless usage of herbal medicines;
- Illegal and unsafe termination of pregnancy;
- Myths regarding vaccination against COVID-19 that make pregnant women reluctant to take the vaccines; and
- Known HIV positive women defaulting or not being on Anti-Retroviral Therapy

**Our plan to reduce our maternal mortality rate entails the following:**

- Resuming Ante-Natal Clinic community dialogues to raise awareness on the importance of early booking;
- Working with traditional health practitioners in addressing the correct usage of herbal medicines;
- Collaboration with other stakeholders to address teenage pregnancy, such as the Department of Education, Department of Social Development, religious leaders, community structures, local municipalities, youth desks, civil society, local partners and traditional leaders;
- Improve access to safe termination of pregnancy;
- Conduct community education to address myths on COVID-19 vaccination for pregnant women, as such vaccination has been found to be entirely safe.

## 11. REDUCING THE RATE OF CHILD MORTALITY:

As can be seen in the table below, the rate of child mortality in the Province has been rising steadily since 2019/20. It has gone up from 10.9 per 1000 in 2019/20; to 12.5 per 1000 in 2020/21; and to 13.1 per 1000 during the year 2021/22.

	2019/20:	2020/21:	2021/22:
Neonatal death in facility rate – Total	2353/216521 = (10.9/1000)  (Deaths/admissions)	684/54610 = (12.5/1000)	2830/216578 = (13.1/1000)
Death in facility under 5 years rate - total	3465/85850 = (10.1%)	975/16 525 = (6.9%)	3940/74457 = (5.3%)
Death in facility under 1year rate – Total	3108/55559 = (9.2%)	3130/40230 = (7.8%)	3551/48717 = (7.30%)

## CHILD MORTALITY:

### Factors that contribute to the child mortality rate include:

- Social barriers to access antenatal care by young people, including fear by young girls, of being judged, disciplined or expelled from home due to the pregnancy;
- Pre-term labour and delivery;
- Delayed entry into the health system for children aged between 1 and 4, who have advanced or serious illness;
- Neonatal conditions and Severe Acute Malnutrition; and
- Poor infant and child feeding.

### Our turnaround strategy in this regard entails:

- Promoting open dialogues about sexuality, and sexual reproductive health, among teenagers and young adults;
- Implementing a Child Survival Strategy which encompasses high impact evidence-based nutrition interventions;
- Promotion of growth and development through proper infant and young child feeding;
- Promoting, protecting, and supporting breastfeeding;
- Vitamin A supplementation at household level by CCGs
- Collaboration with other government departments to address the social determinants of malnutrition: SASSA/DSD, as part of the “Zero Hunger” project
- Revival of the Phila Mntwana sites

## 12. SEVERE ACUTE MALNUTRITION:

Chairperson, during the **2019/20 financial year, 176 children under 5 died from Severe Acute Malnutrition (SAM)**, followed by 164 in 2020/21. The case fatality rate for S.A.M, from April 2021 to January 2022, **currently stands at 142.**

While we welcome this declining trend, it is our belief that one child who dies due to S.A.M is one too many. So, it is concerning that children are dying at such a rate.

To change this status quo, we will place more emphasis on promoting feeding practices, while increasing exclusive breastfeeding rates, which prevents malnutrition.

To this end, we will be resuscitating **the Mother and Baby-Friendly Initiative, which will go a long way to save babies' lives.**

As a Province, we are also involved in the **Provincial Malnutrition Prevalence and Infant Feeding Study**, which started in 2021 and will run until 2025. Its aim is to determine district-specific rates of wasting (that is, babies that are too thin, with weak immune systems); as well as stunting and obesity, which will inform area-specific interventions, instead of employing a blanket approach.

**We are also** reviewing our neonatal and paediatric services in order to improve service delivery in this area.

### 13. BREASTFEEDING

As part of giving newborn babies an excellent head start in life, we will continue to advocate for Breastfeeding, which is a key prevention strategy against all forms of malnutrition, as well as many childhood illnesses.

We will also continue to actively promote Human Milk Banking, which is an extremely important intervention.

Human Milk Banking provides access to human milk for sick and vulnerable children, who may not have access to their mother's milk.

We have now established human milk banks in 20 hospitals throughout the Province, **and we have plans to grow this number by three during this current financial year**, considering that increasing numbers is not just about buying fridges, but it also involves the proper training of personnel.

### 14. IMMUNISATION:

Chairperson, we continue to encourage mothers to immunise their babies, in line with the schedule that is outlined in the "Road to Health" chart.

Vaccinations is extremely important in that they not only protect your child from deadly diseases, such as polio, tetanus, and diphtheria; but they **also keep other children safe by eliminating or greatly decreasing dangerous diseases that used to spread from child to child**. Immunisation is available free at state clinics, with the first vaccines given at birth, and the rest of the dates outlined as stipulated in the Road to Health Chart, as earlier stated.

### 15. HIV/AIDS PROGRAMME:

Chairperson, although globally there is still no cure for HIV, our Province has made a number of strides to promote effective HIV prevention, diagnosis, treatment and care. As a result, HIV infection has become a manageable chronic health condition, which has enabled many people living with HIV to lead long, healthy, and productive lives.

In the Province of KwaZulu-Natal, at least 27,2% of our population is living with HIV, with King Cetshwayo (31,3%); Zululand (29,7%); Umgungundlovu (29,4%) and Uthukela (29,%) districts having the highest prevalence.

So far, four districts have achieved the 90-90-90 targets for HIV management, which means that 90% of HIV-infected individuals have been diagnosed; 90% of them are on Anti-Retroviral Therapy (ART); and 90% have achieved viral suppression.

These are Harry Gwala, UMzinyathi, UMkhanyakude and UGu.

Two districts are very close to achieving the 90-90-90 targets, and these are UMgungundlovu and Amajuba. Districts that still need to work hard to achieve the 90-90-90 targets are Ilembe, Zululand, King Cetshwayo, Uthukela, and EThekweni.

That said, we do deserve a pat on the back for keeping the number of people on Anti-Retroviral Therapy at 1,617 million, despite COVID – 19 and the social unrest that we saw last year.

Chairperson, it must be said that, before the emergence of COVID – 19, we were doing exceptionally well as a Province in our efforts to meet the 90-90-90 target.

That is why, now that we have integrated COVID – 19 into our normal disease profile, **we are working extremely hard to rediscover our form and improve performance.**

To achieve the 90-90-90 targets, **the province will increase the number of clients on ART by almost 100 000.**

One of our biggest challenges, which we will continue working hard to overcome as a matter of urgency, is improving adherence to treatment; as well as Loss to Follow-Up Treatment, which is still very high at 29,5%.

This is largely due to, among others:

- The principle of “no work, no pay”, which prevents them from fetching their medication;
- Duplication of files;
- Collecting medication from various facilities; and
- Pill fatigue

To counter the effects of this, we have **employed 12 care and support coordinators, whose main aim is to promote retention or return to care.** Each district has one such co-ordinator, with the exception of eThekweni, which has two, due to its vastness.

We are also implementing a different **Model of Care**, which entails health care facility fast queues, internal and external pick up points, and patients being decanted to adherence clubs, in order to reduce congestion at health care facilities.

We’ve also **introduced the “Welcome Back” Campaign** through which patients will be re-linked and retained back to care.

**During the last financial year, 68 276 patients who were missing appointments were traced back to care.**

**Between October and December 2021, 20 806 more patients were traced back to care,** which is slightly higher than the 19 643 reported last quarter.

## 15.1 TRACING AND FINDING THE DEFAULTERS:

**EThekweni has the highest number of defaulters at 12 413;** followed by uMgungundlovu at 3 034; iLembe at 2 075, uMkhanyakude at 1 974, and Amajuba at 1 677. Needless to say, we will be focusing our attention on these struggling districts. We are confident that, in no time, we will start making a dent in this regard, and bring many of them back to care.

## 15.2 CONDOM DISTRIBUTION:

In response to disruptions caused by COVID – 19, **we have recruited 13 condom logistics management officers**. This is to ensure monitoring of the continuous supply and distribution of condoms at district level.

We have also trained our healthcare workers on how to impart on women and sexually-active girls the skills of condom negotiation, and demonstrations on correct female condom use.

We've also incorporated messages about female condom use into our dialogues with young women, while also infusing them into our HIV prevention awareness campaigns.

## 15.3 MEDICAL MALE CIRCUMCISION:

Due to COVID – 19 and the resultant National Lockdown, our medical male circumcision (MMC) programme virtually came to a halt.

As a result of this, only 29 830 patients could be circumcised during the 2020/2021 financial year. However, we would like to commend all our ground forces for managing to medically circumcise 79 808 men and boys over the past financial year (2021/22).

We are **confident that our target of circumcising 149 448 boys and men will be met during this new financial year**. Once again, we encourage all men to get medically circumcised, as it is safe and prevents HIV infection by up to 60%.

## 15.4 BROADENING ACCESS TO PREP:

Chairperson, for far too long, people who are at risk of contracting HIV have been left exposed to the virus, without much in the way of protection except for the usage of condoms and Post-Exposure Prophylaxis **after** sexual emergencies.

Moreover, the nature of gender power relations in society often means that women don't always have the power to insist on safe sexual practices at all times in their relationships.

But now, help is at hand in the form of a new, safe, HIV prevention method for HIV-negative people, which is known as Pre-Exposure Prophylaxis, more commonly known as "PreEP".

As I've indicated previously, this is a combination of anti-HIV medication that keeps HIV-negative people from getting HIV. It is important to note that PrEP only protects against HIV infection, not against pregnancy or other sexually transmitted infections.

PrEP is available and accessible from all primary health care facilities and hospitals in the Province.

As at **end of January 2022, 85 089 clients were enrolled on PrEP, and our target for the 2022/23 financial year is 331 308**. We are confident that this target will not only be met, but exceeded; and we encourage all people who believe they might be at risk of HIV infection to visit their nearest healthcare facility, and make enquiries about PrEP.

### 15.5 HIV/AIDS NEW MESSAGING:

As pronounced in the previous Budget Speech, we are repackaging our messaging for HIV and AIDS, so that it is relevant and resonant with young people.

We were initially supposed to start this process in 2020, but then COVID – 19 emerged and disrupted our plans, and we were forced to re-arrange our priorities. We will now be going back to our original plan.

### 15.6 PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV:

Chairperson, we will not rest until we completely eliminate the incidence of the transmission of HIV from mother to child.

The current rate in this area, as at the third quarter of 2021/22, was 0,3% or 54 out of 16 521 births. While this means we're on track, there's definitely room for improvement.

Our antenatal early booking rate, whereby we encourage women to attend their first Antenatal clinic visit before 20 weeks, currently stands at 74%, **which is good, but can be improved upon.**

We encourage women who suspect that they may be pregnant, to present early, as most of the developments in a growing baby take place within the first trimester.

During the current financial year, we are going to accelerate client education on Mother To Child Transmission of HIV, **as well as promote the benefits of exclusive breastfeeding;** or exclusive formula feeding where breastfeeding is impossible.

Crucially, **we're ready to start dispensing an intervention called PrEP to pregnant women, in order to protect unborn babies from HIV infection.** PrEP stands for Pre-Exposure Prophylaxis, and is a combination of anti-HIV medication that keeps HIV-negative people from getting HIV.

It is important to note that PrEP only protects against HIV infection, not against pregnancy or other sexually transmitted infections.

Chairperson, **our Community Health Workers** play a very important role in conducting household pregnancy testing for women and children of child-bearing age, and linking to care those who test positive.

We appreciate these efforts, and we will also be intensifying the testing of women for pregnancy at all key entry points within our health facilities.

Furthermore, we have introduced the **Safer Conception approach, whereby women are screened for conception readiness,** and those who are willing to have a child are assisted to conceive safely. They get checked for hypertension and other factors.

### 15.7 ADDRESSING THE GROWING PREVALENCE RATE OF SYPHILLIS:

We are also very concerned at the growing number of women who are presenting with syphilis. This is a very dangerous Sexually Transmitted Infection that can cause premature delivery; severely damage the heart, brain or other organs; and can be life-threatening.

Over the past financial year, we've noted an increase in the number of neonates dying due to congenital syphilis.

## 16. REDUCING THE BURDEN OF TUBERCULOSIS:

Chairperson, the theme of World TB Day 2022, which we commemorated two months ago, was, **“Invest to End TB. Save Lives.”** It conveyed the urgent need to invest resources in order to ramp up the fight against TB, so that we can achieve the commitments to end TB that have been made by global leaders.

Chairperson, the prevalence of TB in South Africa in 2018 was 737 per 100 000 population, which is extremely high.

In our Province, TB remains a major concern, as it kills an average 7 to 8 percent of its patients each year. Between April and December 2021, 2 156 people died of TB disease; while 22 351 or 81.5 percent who were initiated on TB treatment were successfully treated.

The situation gets bleak when you consider the fact that, during 2019/20 and 2020/21, at least 4 206 people died due to TB. This puts the figure at over 6000 in just three years.

More than six thousand deaths from a preventable and treatable disease is just way too high.

### TACTICAL MEASURES TO FIGHT TB:

Chairperson, last year, we announced that the National Department of Health was piloting the 3 HP approach to the TB treatment. This is a shorter regimen that is taken two times a week for three months, compared to the normal six month regimen. We are closely monitoring this pilot project, which is being carried out in eThekweni through Global Fund.

The National Department of Health will analyse the results of this pilot at its completion during the current financial year, and decide whether it is the way to go.

To date, 2 901 patients have been initiated on 3HP, with a completion rate of 82%. This is higher than 65% estimated with the current TB prevention therapy regimen.

We are confident that this pilot project will succeed, and that it will be a giant leap in the fight against this killer disease, as it makes adherence to treatment a lot easier.

Concurrently, as the KwaZulu-Natal Department of Health, we will continue to up the ante in our fight against the high prevalence of TB, by implementing the following measures:

- Raising TB awareness and empowering communities with information on how to prevent its spread; as well as the importance of early diagnosis and adherence to treatment;
- Optimising the yield of TB case detection in different settings using tailored screening approaches in health facilities, schools and communities in high incidence areas;

- We will also intensify the integrated approach when it comes to screening and testing patients for HIV, TB, Diabetes, Covid-19 and hypertension. Critical to the achievement of this goal is the work performed by our ward-based Primary Health Care Outreach Teams, mobile clinics; as well as the HIV/AIDS, Sexually Transmitted Infections and TB; and the COVID-19 Unit;
- We will also continue to screen and test all contacts of index patients for prompt TB diagnosis and treatment;
- Our goal is also to enhance the use of digital technology, such as the GeneXpert Ultra machine, which is super-sensitive in the detection of TB; as well as X-rays for TB screening in the six districts most afflicted by TB. These are eThekweni, Ugu, King Cetshwayo, uMgungundlovu, uThukela and Amajuba;
- Increasing TB case detection among people at risk of TB, including People Living With HIV, and Pregnant Women, through taking a double sputum specimen;
- We will continue to deploy our community outreach teams to track and trace patients who have missed their appointments; while also emphasising the importance of adhering to prescribed treatment schedules.

A total of 4 147 women tested positive for syphilis in 2021/22, while 92% were successfully treated.

In response to all of this, we've started implementing dual HIV and Syphilis testing, as at the beginning of the 2021/22 financial year. During the current financial year and beyond, we will intensify community awareness about the dangers of not treating STIs, and the implications of this on pregnancy, and general well-being.

## 17. SEXUAL REPRODUCTIVE HEALTH:

Chairperson, we are concerned by the number of girls aged 18 and under who are falling pregnant, which remains extremely high.

Between April 2021 and January 2022, **there have been 29 994 teenage pregnancies** – a figure that is almost comparable with the **35 349 that were registered during 2020/21**; as well as the **36 171, during financial year 2019/2020**.

We also noted with extreme concern reports earlier this year that **the province recorded 18 550 births for children aged 10 to 17**, during the 2019-20 financial year alone.

This is a societal matter, and a fight that Government can never win alone. And such statistics are a shocking reminder that **there is something drastically wrong with our society**.

They are also a reminder that, unless parents and guardians talk openly to their children about sex, abstinence or family planning, we will continue to be plagued by these social ills.

We are also worried that, even in the case of girls aged over 16 years, **many of these pregnancies are unplanned, which may result in unwanted babies** that end up being subjected to **various forms of abuse**.

## 17.1 FAMILY PLANNING:

What is even more concerning is that we have a plethora of family planning methods that are available, free of charge, from our healthcare facilities.

We are urging society to stop believing all of the myths associated with **family planning**, and embrace the many safe and effective contraceptive methods that are on offer from the Department.

For our part, we will continue to promote family planning, while training more of our healthcare workers to be more welcoming, and to stop being hostile towards young people who need access to these services.

## 18. WOMEN'S HEALTH:

### FIGHTING BREAST, CERVICAL, AND OTHER FORMS OF CANCER

Chairperson, shocking statistics reveal that 1 in 40 South African women acquire cervical cancer each year, and that up to 3500 of them end up dying each and every year.

Cervical cancer, which is the second most common after breast cancer, is caused by the Human Papilloma Virus (HPV).

The most tragic part is that these cancers are relatively easy to detect and treat if they are found early. So, they should not be killing the women of this country at all.

When we assumed office in 2019, just before the onset of COVID – 19, we had made a commitment to screen at least 85% of all eligible women for breast and cervical cancer. Needless to say, we were unable to achieve this goal, as we had to focus most of our attention and resources on saving lives from the COVID – 19 pandemic.

Nevertheless, we have strived to ensure that all health facilities in KZN are able to perform a Pap Smear in order to detect cancerous cells on women.

However, during 2021/22, when some level of normalcy returned after COVID – 19, we screened 213 656 women for cervical cancer; and of these, 12 644 were found to be pre-cancerous, and were initiated on treatment.

Had we not conducted this screening and testing, many of these women would have gone on to die from cancer.

Furthermore, all districts have been requested to ensure that all women who come for Pap Smears are also examined for breast cancer.

The Department of Health will be intensifying our mass screening and awareness campaigns concerning these cancers, in order to reach as many women as possible.

Our target in this regard during this financial year, is to screen at least 200 000 women for cervical cancer.

## 18.1 LLETZ MACHINES:

The other good part is that we already have 41 LLETZ machines, which assist in detecting and treating early-stage cervical cancer.

Chairperson, an important feature of cancer of the cervix is that the disease has a long pre-cancer phase, which lasts for several years. This provides an opportunity to detect it (by Pap Smear) and then to treat it with the LLETZ procedure before it progresses to cancer.

The function of these machines is to conduct a small surgical procedure on the woman's cervix. Using electrical current, the LLETZ procedure removes that part of the cervix where the cells are becoming abnormal, which might otherwise develop into cancer.

A LLETZ procedure starts like a regular cervical screening. A speculum is inserted into the woman's genitalia. A local anaesthetic is then injected into the cervix, meaning that the patient is awake, but the area being treated is numb.

A thin wire loop, through which an electric current is running, is then used to remove the area of the cervix where there are cell changes, and to seal the cut at the same time. This should take just twenty minutes in total.

Over the past financial year, 4200 women benefitted from these LLETZ machines in the Province, because these machines are easy to transport, and can be easily used in rural areas.

In this new financial year, we will be procuring a further 9 of these highly-effective LLETZ machines, to be utilised in the different rural hospitals.

During this current financial year and beyond, we will also be reverting to our mass cervical cancer screening programme, which is in line with recent international initiatives to eliminate cervical cancer, through the WHO's 90-70-90 strategy.

### **This strategy entails:**

- Getting 90% of girls fully vaccinated with the HPV vaccine by the age of 15;
- Getting 70% of women to undergo a Pap Smear at least twice by the age of 45; (The South African policy is three times by the age of 50, and once every three years for women living with HIV); and
- Ensuring that 90% of women identified with a pre-cancerous disease get treated, and those with invasive cancer get managed accordingly.

We will continue to exploit each and every available platform to create awareness about breast and cervical cancer, as well as all other forms of cancer that continue to ravage and kill the women of South Africa unnecessarily, but in the Province of KwaZulu-Natal.

## 19. ELEVATING MEN'S HEALTH: TOWARDS "MEN-FRIENDLY" HEALTHCARE FACILITIES:

Chairperson, one of the key areas that we made a commitment to focus on when we assumed office is the health of men.

We took a decision that it was high time men stopped dying due to diseases such as prostate cancer, male breast cancer, HIV and AIDS, diabetes, hypertension and many others that are either preventable, treatable or manageable - if they are detected early.

One of our key programmes in this regard, Isibaya Samadoda, together with Ikhosombe Lamajita, has been a great eye-opener when it comes to understanding attitudes that many men subscribe to when it comes to matters of health.

We are challenging the view that it is considered “normal” or “acceptable” that men must die before women.

Sizimisele ngokuyishintsha yonke leyonto, ngoba asikho isidingo sokuthi abantu besilisa bashone singakafiki isikhathi sabo.

We are saying men are part and parcel of our journey to extend general life expectancy in this Province.

The primary aim of these engagements is to make men more conscious of their own health, while imparting on them, essential life skills and presenting alternative dispute-resolution methods, among other interventions.

In our engagements, we have established that some men are too “shy” to speak openly to female health practitioners about certain ailments that they might have - especially those that may pertain to their sexual reproductive health.

That is why we have decided to begin **a programme that will ultimately make at least 80 of our facilities “Men-Friendly.”**

In other words, they will cater to a number of specific healthcare needs that pertain to men, including:

- Medical Male Circumcision;
- Prostate Cancer Screening;
- Sexual and Reproductive Health Management; and
- Erectile dysfunction; including the management of early ejaculation.

From this financial year onwards, **we are going to ensure that every local municipality has at least one facility – whether a CHC or 24 hour clinic – that is dedicated to the health of men.** These facilities will have a male nurse during the day, and after hours.

## 19.1 PROSTATE CANCER:

Statistics reveal that **1 in every 23 South African men will develop prostate cancer in their lifetime; and that, on average, 5 South African men will die from prostate cancer every day.**

According to the Men’s Foundation of South Africa, **more than 4,300 South African men are newly diagnosed with prostate cancer each year.**

### **Symptoms of Prostate Cancer include:**

- Pain in the bones
- Urinary complications such as difficulty starting and maintaining a steady stream of urine,
- Dribbling of urine,
- Excessive urination at night,
- Frequent urination,
- Urge to urinate and leaking,
- Urinary retention, or
- A weak urinary stream.

It is extremely important to note that prostate cancer is treatable if it is diagnosed early.

### **We call on men to reduce the risk factors of Prostate Cancer by doing the following:**

- Undergoing annual screening from the age of 40 years, especially if there's a family history of prostate cancer; and
- Following a diet that is low in animal fat and protein is advisable.

We would like to emphasise that we now have an approach in place that is non-invasive, and does not involve inserting a finger.

We would like to emphasise that we are now **conducting Prostate Specific Antigen test**, which involves conducting a blood test to determine whether a patient has any symptoms of prostate cancer, or not.

While we encourage men to go to any of our facilities, we are saying, should they feel uncomfortable for whatever reason, they can go to these facilities, so that they can move towards attaining optimal health.

Although getting tested for prostate cancer may involve discomfort, the benefits are much greater.

## **19.2 TESTICULAR CANCER:**

One of the little-known threats against the health of men is testicular cancer.

We want to emphasise the fact that, while we encourage women to touch and inspect their breasts regularly to check for abnormalities, men are also encouraged to check their testicles to look out for anomalies.

Some of the signs for testicular cancer include:

- A lump or enlargement in either testicle;
- A feeling of heaviness in the scrotum;
- A dull ache in the abdomen or groin;
- A sudden collection of fluid in the scrotum;
- Pain or discomfort in a testicle or the scrotum.

## 20. ATTENDING TO THE HEALTH NEEDS OF THE LGBTQI+ COMMUNITY:

Chairperson, Section 27 of our Constitution states that everyone has the right of access to healthcare services. While we are acutely aware of the fact that members of the LGBTQI+ community have unique health needs; **we also know that they are a vulnerable group. They are often subjected to various forms of discrimination, stigma, and prejudice when they try to access our healthcare facilities.**

Therefore, we have an urgent task to make our healthcare facilities welcoming and gender-affirming.

That is why, out of our own volition, we are initiating a programme to ensure that health is accessible to this vulnerable group.

Sadly, due to disruption caused by the COVID – 19 pandemic, we were unable to make much progress in implementing it.

That said, we have been providing support to a number of independent LGBTQI+ friendly clinics with medical supplies that are specifically aimed at this community.

### **These include:**

- The Aurum Institute, at eThekwini and UMgungundlovu districts, and
- Beyond Zero, which provides services at King Cetshwayo and uThukela districts.

But over and above that, **we have now begun a process of formulating our own LGBTQI+ friendly clinics, at eThekwini and at Umgungundlovu,** as a start.

In the new financial year, we will be training staff at these clinics on how to make members of the LGBTQI+ community feel welcome; and how to help them gain better access to healthcare services.

From this financial year onwards, we will make available a range of assistive sexual health devices, such as lubricants, dental dams and finger cots – like the ones I'm carrying – all of which are aimed at the safety of the LGBTQI+ community.

These devices enables partners to please each other using their fingers or tongues without running the risk of acquiring sexually-transmitted infections through direct physical sexual contact.

Because, chairperson, contrary to what some many believe, **members of the LGBTQI+ community are also vulnerable to the transmission of bacteria and/or STIs, including HIV/AIDS.**

Our ultimate aim is to make all our healthcare facilities LGBTQI+ friendly.

## 21. AFRICAN TRADITIONAL MEDICINE:

As a progressive and inclusive Government, we continue to acknowledge and appreciate the role of Traditional Health Practitioners (THP) within the value chain of health.

Although our efforts to strengthen collaboration with this sector were derailed by the COVID – 19 pandemic, we have since worked hard to revive them.

Our THP communication structures are active and form part of an important communication mechanism between the Department and Traditional Health Practitioners.

We also have a THP Committee that meets with the Department on a quarterly basis, to deliberate on matters of mutual interest in relation to traditional medicine practices, as well as the inclusion of African Traditional Medicine in the Conventional Health System.

In the new financial year and beyond, we will continue working hard to formalise and consolidate our relationship with THPs, as we seek to join hands to fight diseases together.  
– ANSWERS TO BE SOUGHT FROM MAM' PENNY MSIMANG

## 22. STRENGTHENING HEALTH SYSTEMS:

### 22.1 EFFORTS TO IMPROVE MINIMUM STAFF ESTABLISHMENT:

Even though there are austerity measures in place, the truth is that the healthcare system continues to suffer from the consequences of the moratorium on posts that was imposed a few years ago.

Although we were able to employ more than 7000 staff on contract, as part of our response to COVID – 19, this is just a drop in the ocean. It is simply not enough.

As a result, we will continue with our efforts to achieve a Minimum Staff Establishment at all our healthcare facilities.

We are of the view that having at least 60% of the staff compliment at our facilities could begin to address challenges caused by understaffing, such as low staff morale, low quality of care, and burnout as a result of overcrowding.

We intend to absorb these 7 020 COVID – 19 staff members into fulltime employment, even though we are very much aware that this will most certainly result in us having to re-arrange our priorities. We will be implementing this approach in phases, as we cannot employ them all at once.

### 22.2 RE-ENGINEERING PRIMARY HEALTHCARE:

Chairperson, now that we've grown accustomed to COVID – 19 as a part of our lives, we've been able to put our focus back on the important task of Re-Engineering Primary Health Care (PHC).

The PHC system is based on, among others, disease prevention, and promotion of a healthy lifestyle. It also **advocates for the establishment of a system whereby health care workers work closely with communities, mapping areas, understanding the culture, beliefs and habits of the community**, socio-economic status as well as prevalent health conditions.

As part of further promoting Primary Health Care, we will continue to implement some of our key people-centred programmes, such as *Isibhedlela Kubantu, Nqo-Nqo Sikhulekile*

*Ekhaya, Ikhosombe Lamajita, Isibaya Samadoda*, and others.

The Primary Healthcare Approach is cost-effective in a sense that whatever health challenges you address at a lower level of care means you won't clog up the system higher up, by which time complications have arisen.

During this financial year and beyond, we will also be strengthening the role of our Community Health Workers – **Onompilo** - as well as Ward-Based Outreach Teams, as they are the cornerstone of Primary Health Care.

The same goes for Family Health and School Health Teams.

## 22.3 ROAD TO NATIONAL HEALTH INSURANCE (NHI) - REPURPOSED COVID - 19 INFRASTRUCTURE:

Chairperson, as part of strengthening our response to the deadly COVID – 19 pandemic, we needed to urgently repurpose certain identified hospitals, so that patients could be treated in a properly-designed setting.

This helped ensure standardisation of care, optimisation of resources, as well as protection of non-COVID – 19 patients.

As we stated in 2020 during the Adjusted Budget Speech, that the repurposing of these facilities would result in future improvements to the standard and quality of care at our facilities, the time has now come for us to re-classify some of these facilities, because COVID – 19 is now part of our normal disease profile.

This process affects Niemeyer, Clairwood, Richmond, all of which will now be turned into district hospitals, with state-of-the-art wards and medical equipment. This will be of immense benefit to the public.

Typically, a district hospital provides level 1 (generalist) services to in-patients and outpatients, ideally on referral from a Community Health Centre or clinic. It typically has between 30 and 200 beds; a 24-hour emergency service; and an operating theatre, among other features.

The process of re-classifying these hospitals will have the following implications:

- **Niemeyer Hospital** will now function as a district hospital with 56 beds;
- **Clairwood Hospital** will be turned into a district hospital with 230 beds. This will reduce the burden on Prince Mshiyeni Memorial Hospital, as well as King Edward VIII Hospitals;
- **Richmond Hospital**, where 7 out of 10 wards have been renovated, will initially give us 90 beds, which will further be expanded to 120 beds. This is based on the hospital's capacity and potential;
- **St Francis Hospital:** A decision was taken around 2013 to combine Nkonjeni and the neighbouring St Francis into one hospital complex. The distance between these two hospitals is a mere 7km, which meant it was not cost-effective to run them both as separate hospitals.

The **re-classification of St Francis Hospital will give us 34 beds**, which have until now been used to treat COVID – 19 patients, as well as 15 which will be for mental health services.

Among the services that will now be available from this hospital complex will be ophthalmic services; a step-down facility offering palliative and rehabilitative services; a forensic mortuary for Zululand District as well as mental health services to cater for Zululand.

- **Siloah Clinic:** As part of our response to COVID – 19, this facility was upgraded to a 12 bedded isolation unit, with further renovations to the nurses' home. Due to structural challenges with the building, we have decided to relocate the clinic to the renovated structure within the premises; and to use the original building as a record storage centre, which will alleviate the loss of files, among other benefits.

Chairperson, in all the changes we are effecting at these facilities, we will always be ready to re-convert them into COVID – 19 hospitals, with isolation facilities, should a need arise.

## 22.4 DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL:

Chairperson, as previously indicated, we have begun the process of commissioning the Dr Pixley Ka Isaka Seme Memorial Hospital, in a phased-approach. The hospital is now operational, and we are extremely pleased to announce that the first patient went into theatre last week, on the 4th of May 2022. All Departments at the hospital have started functioning, and we look forward to officially open this hospital in due course.

## 23. RATIONALISATION:

The Department initiated and has started implementing a rationalisation plan, whose primary objective is to make optimal and efficient use of limited resources at our disposal. In terms of this plan, management of Nkonjeni and St Francis have been combined. The plan has also been implemented at Ceza and Thulasizwe hospitals. Ekuhlengeni Hospital was closed, and the process is ongoing.

## 24. NON-COMMUNICABLE DISEASES: PUSHING BACK AGAINST THE FRONTIERS OF A TOTAL ONSLAUGHT

Chairperson, as indicated earlier, the Province of KwaZulu-Natal is not spared from the corrosive effects of the significant rise in Non-Communicable Disease across the globe.

We are particularly concerned at the high number of diabetic clients whose diabetes is not controlled, despite being on treatment. This is extremely dangerous as it might lead to blindness, amputation of limbs, renal failure and strokes – to mention but a few of the more common complications.

To deal with this challenge, we will be implementing stricter monitoring of those clients whose diabetes is not controlled, while continuing to promote the adoption of healthy lifestyles - including regular physical activity and adherence to advice from dieticians and nutritional advisors.

We will also continue to create awareness about Non-Communicable Diseases, as part of efforts to boost health literacy in the Province.

## 25. ADDRESSING THE NEEDS OF THE DISABLED:

Chairperson, as a Government that is caring and sensitive to the needs of various population groups, we made a commitment to put disabled people at the centre of the provision of services that benefit their community.

From 2021/22, the Department expanded disability services by recruiting additional persons with disabilities as wheelchair repairers, Community Based Rehabilitation (CBR) workers and Orientation and Mobility Assistants.

To-date, a total of 162 disabled persons have been contracted to provide disability services at community level. This includes 73 wheelchair repair workers operating at 41 Health Provincial facilities; 84 CBR workers allocated to work at local Municipal Wards; and 5 Orientation and Mobility Assistants operating in uMgungundlovu, uMkhanyakude and Zululand districts.

**In 2020/2021, a total of 6 684 persons with disabilities accessed the above stated services; and from April to December 2022, a further 8 623 disabled people made use of these disability services at community level.**

Furthermore, we have signed a new Service Level Agreement with a CREATE, which is an organisation based at uMgungundlovu District, which identifies and rehabilitates children with disabilities at community level.

## 26. IMPROVING ACCESS TO MENTAL HEALTH SERVICES:

Despite the scarcity of resources, we will continue to do our utmost to improve access to Mental Health Care.

We currently have seven specialised psychiatric facilities in the province, which are Townhill, Umgeni, Fort Napier, Umzimkhulu, Madadeni, King Dinuzulu and Ekuhlengeni hospitals.

These facilities offer a range of health services, ranging from general psychiatric care, forensic observation, patient care, psycho-geriatrics, neuro-psychiatry, child and adolescent mental health, psycho-therapy, severe to profound intellectual disability, and out-patient services.

- Annually facilities are listed to provide 72 hour observation as directed by the MHCA.
- Some district and regional hospitals have separate mental health units, and have been designated as per the requirements of the MHCA.

In order to address the mental health bed deficits and infrastructural challenges, a 10-year mental health infrastructure plan has been developed and is being implemented.

Among the short-term gains that we have made has been the completion of a 26 bed unit, with a regional mental health service package, which has been completed at Pixley Kalsaka Seme Regional Hospital in eThekweni.

In the last financial year, we have also completed a 66-bedded unit for specialized mental health services, at King Dinuzulu Hospital.

## 27. MALARIA CONTROL: ENVIRONMENTAL HEALTH

We are concerned that the number of people who demised due to Malaria rose from just 4 during the 2020/21 financial year to 12 in the past financial year.

We believe this is largely due to a lack of precautions and general information about Malaria, especially among travellers.

We are accelerating health education campaigns through all media platforms, where we educate communities in areas that are prone to Malaria, such as Umkhanyakude, Zululand and King Cetshwayo districts, about how to prevent malaria infections.

We will continue to intensify **Indoor Residual Spraying** in focus areas, in order to prevent local malaria transmission in malaria endemic districts.

We are also very grateful to the National Department of Health, who have helped us in the establishment of the UMLAMU cross-border forum, which is made up of three districts: Umkhanyakude (South Africa), Lubombo (Mozambique) and Matutuine (Swaziland).

The purpose of the forum is to harmonise interventions and activities in the three countries as part of efforts to eliminate malaria.

There's a lot that individuals can do to help prevent Malaria, including:

- Applying mosquito repellent to exposed skin.
- Draping mosquito netting over beds.
- Putting screens on windows and doors.
- Treating clothing, mosquito nets, tents, sleeping bags and other fabrics with an insect repellent called permethrin; and
- Wearing long pants and long sleeves to cover your skin.

We can never over-emphasise the need for people to present early to healthcare facilities if the signs and symptoms of Malaria infection manifest. These symptoms are usually flu-like, and include fever, chills, sweats, generalized body of ache, tiredness, headaches, and diarrhoea.

So, seek help early.

## 28. STRENGTHENING THE CCMDD PROGRAMME / IKHEMISI EDUZE NAWÉ

Chairperson, life is no longer the same for nearly 800 000 people who are on chronic medication and stable, thanks to our Central Chronic Medicines Dispensing and Distribution programme.

These people no longer have to go to hospitals and clinics each month to collect their medication, as it is now made available closer to their homes.

Due to the fact that many people have difficulty grasping the CCMDD abbreviation, we have decided to give this programme the name **Ikhemisi Eduze Nawe**.

We had plans to grow this programme even further. However, the COVID – 19 pandemic put paid to these efforts.

In the new financial year, we have already commenced with plans to aggressively promote this programme, in order to grow numbers.

## 29. PROGRESS REPORT: PILOTING THE PILL BOX SYSTEM

To further broaden access to medication, during this new financial year, we will continue to roll out the Pill box system, which is also known as a “Pelebox.”

Through this initiative, patients get to collect their medication using their ID number as a code to open the Pelebox.

A total of 13 628 people are already benefiting from the 23 Peleboxes that have been installed throughout the Province as follows:

We have 8 at Ethekwini; 3 at Zululand; 4 at Umgungundlovu; 3 at Uthukela; and 5 at Amajuba district.

## 30. INFRASTRUCTURE DEVELOPMENT

Chairperson, the way in which healthcare facilities are designed, built, maintained and managed, goes a long way in making the environment safer and more conducive to healing for patients, while creating better working conditions for staff.

As the KZN Department of Health, we are extremely pleased to announce that we obtained an overall score of 92% and **received an incentive grant from National Government to the value of R65.4 million**, for complying with the Performance Based Incentive System requirements.

This incentive grant recognises departments that demonstrate an acceptable degree of infrastructure management practices. This includes infrastructure planning, reporting, construction procurement, and capacitation of infrastructure units.

### 30.1 RECENTLY-COMPLETED MAJOR PROJECTS:

We have completed construction of the Out-Patient Department (OPD) at Hlabisa Hospital in March 2020, which comprises of the X-ray Department, Pharmacy, and the Accident & Emergency department - all to the value of R250 million. The renovations to: the admin building and the New SCM building were completed in April 2022.

We also completed upgrades to the King Edward Nursery and Maternity Unit in October 2021, to the value of R 104 million.

Other major projects that were recently completed are:

- Replacement of roof and plumbing at GJ Crookes Hospital in June 2021, to the value of R17 million;
- Phase 2 of the New Psychiatric Hospital at King Dinuzulu Hospital, to the value of 107 million;
- Structural repairs to the Hillside Ward at Townhill Hospital, to the value of 14.7 million;
- Replacement of the steam line at Madadeni Hospital, to the value of R41.3 million,
- Restoration of fire services at Addington Hospital, to the value of R35 million;
- The refurbishment of the Sinikithemba and administration buildings at McCord's Hospital, to the tune of R25.5 million.

This is to mention but a few.

### **30.2 UPCOMING INFRASTRUCTURE DEVELOPMENT PROJECTS:**

The focus for 2022/23 is on improving availability, reliability and maintainability of the existing infrastructure assets. The major focus is on rehabilitation to concrete roof structures, replacements of dilapidated roof structures and asbestos roofs to the value of R 91 million. These include the replacement of roofs at Northdale Hospital to the value R 40 million, the asbestos eradication and associated roofing works in Vryheid Hospital to the value of R13.7 million; and the re-waterproofing of flat roofs and internal renovations in RK Khan Hospital to the value of R 10.5 million. An amount of R13.8 million has been set aside in 2022/23 financial year to undertake asbestos removal on 14 facilities.

#### **Generator Installation Programme:**

The Department set aside R 185 Million to furnish 398 facilities, mostly clinics and mortuaries with standby generator sets to ensure un-interrupted service delivery due to ongoing load shedding and power interruptions.

To date, 314 generators have been successfully installed and commissioned, whilst the balance of 84 are in progress. An amount of R26.7 million has been set aside for the installation of more generators in 52 facilities in 2022/23 financial year.

#### **Security Perimeter Fence Replacement Programme:**

To improve safety and security in Departmental facilities, the Department set aside R 33.5 million to replace perimeter fencing in 111 facilities across the Province. To date, 96 projects have been completed whilst the balance is in progress and will be completed in the 2022/23 financial year. An additional amount of R12 million is allocated for the replacement of perimeter fences on 34 additional clinics.

## **Water Storage Installation Programme:**

To ensure sustainability of water supply to KZN healthcare facilities across the province, the Department set aside R 64,5 million to install 154 elevated Steel Water Tanks (20kl) to various facilities mainly clinics in the Province. To date 71 tanks have been completed and the balance is in progress. Implementation is ongoing for the installation of large water reservoirs in facilities that benefitted from the water storage tanks programme as follows:

- Mseleni Hospital will receive 350 kilolitre Reservoir
- St Aiden's Hospital will receive 90 kilolitre Reservoir
- St Apolinaris will receive 300 kilolitre Reservoir
- Townhill Hospital will receive 750 kilolitre Reservoir
- Ladysmith hospital 72 Hr portable water and fire water storage tank
- Mbumbulu Clinic will receive 87 kilolitre Reservoir
- Phoenix CHC will receive 200 kilolitre reservoir

## **Provision of Oxygen Bulk Tanks:**

The Budget to the tune of R 14.5 million was set aside to install New Oxygen Bulk Tanks to Emmaus Hospital, EG & Usher Memorial Hospital, Charles Johnson Memorial, Dundee hospital, Clairwood Hospital and Niemeyer Hospital.

## **31. UPGRADING OF DISTRICT HOSPITALS TO REGIONAL LEVEL:**

Chairperson, last year we made a commitment to work towards the upgrading of four of our hospitals, from district to regional level of care. The hospitals that we are upgrading are:

- Vryheid;
- Bethesda;
- Dundee; and
- Christ the King Hospital.

We also made a further commitment to build a Tertiary Hospital in the North of the Province, in order to service communities from those parts, who require a higher level of care. UMhlatuze Municipality has given us land on which to build this tertiary hospital.

The pre-feasibility study for this programme has been started and is expected to be complete around the middle of the financial year.

## **32. PROVINCIAL TAKE OVER OF ETHEKWINI MUNICIPALITY-RUN CLINICS AND CHCs:**

**Since the election of the new council, we've been having engagements with eThekwini Municipality, and are in discussions about the Provincialisation of these clinics.**

From this financial year onwards, we will be taking over the control and management of clinics that have historically been under eThekweni Municipality, starting with Cato Manor Community Health Centre.

Due to the financial pressure that would result from taking all of them over at once, we're having to take them over in phases.

We believe that this augurs well for the people of this Province, as our Department is the appropriate line function for the management of healthcare facilities.

### **33. JOB CREATION THROUGH INFRASTRUCTURE DEVELOPMENT:**

We also appreciate the opportunity to create 3000 jobs yearly through the EPWP Maintenance of Buildings, Gardens and Grounds Programme. An Incentive Grant allocation to the value of R12.6 million was allocated by National Public Works in this regard during the 2021/22 financial year. During the new financial year, Equitable Share funding for job-creation has been increased to R40 million.

#### **LIFT UPGRADES:**

To improve the functionality of our hospitals, we embarked on a Lift Upgrade and Replacement Programme in a number of hospitals within eThekweni, namely: Addington, Prince Mshiyeni Memorial, King Edward, RK Khan, St Aidan's and St Mary's Hospitals.

At Addington Hospital, the replacement of 8 out of 13 lifts has been completed and the lifts are operational. The replacement of the other lifts is at various stages of completion.

#### **IMPROVING TURNAROUND TIMES THROUGH A NEW HUB SYSTEM:**

In a bid to improve the management of health infrastructure in the Province, we have also adopted a 'hub and spoke model.'

. This has entailed the decentralisation of our head-office personnel to the three Infrastructure Management Hubs, which are being established in the Province.

It is anticipated that these hubs will bring about improved turnaround times on infrastructure-related matters that require specialised skill, as well as proactive maintenance.

The pilot project in this regard commenced with the EThekweni Management Hub, which focuses on Health facilities in EThekweni, Ilembe and Ugu Districts.

At the beginning of the new financial year, we commenced with the management hub in Umgungundlovu, focusing on Umgungundlovu, Amajuba, Harry Gwala and Uthukela Districts. The hub in Empangeni will focus on King Cetshwayo, Zululand and Umkhanyakude Districts.

We will be adding more capacity to these hubs in 2022/23.

Our main focus for the 2022/23 financial year will be on improving the standard of existing infrastructure assets. Originally, our priorities in this regard included the rehabilitation of concrete roof structures, replacement of dilapidated roof structures; and replacement of asbestos roofing to the value of R 91 million.

We have resumed the planning and design of 15 primary healthcare facilities across the Province in preparation for implementation when funding is available.

Also in planning are a number of Mental Health projects: Umzimkhulu Hospital will gain a new psychiatric unit and forensic wards. A new psychiatric hospital is also planned for Madadeni Hospital.

We are also planning to upgrade mental health units identified in 10 hospitals at both district and regional level, in order to improve compliance with norms and standards, and to improve overall service delivery.

### **34. REDUCING THE MEDICO-LEGAL BILL:**

Chairperson, we are pleased to announce that we have already started turning the corner in so far as reducing our medico-legal claims bill is concerned. As promised in our previous Budget Speech, we have now completed the establishment of our Panel of Legal Experts.

One of the main tasks of this panel is to, review the summons and Letters of Demand that we receive, and advise on how the Department should proceed in dealing with them.

We have already started seeing a significant reduction in medical costs, thanks to the efforts of this team.

A total of 218 Letters of Demand and 115 summons were received in 2021/2022.

We were able to finalise 33 medico legal cases during 2021/2022, at a cost of R 242, 5 million to the Department. It must be noted that this expenditure was incurred from previous financial years as part of interim payments.

The original summons amount for these cases was R 459 million, but our legal team has managed to reduce the claims by 47%. This is, indeed, a significant savings.

**We hereby make a commitment to achieve the following, during the 2022/2023 financial year:**

- Strengthen the Public Health Defence in order to reduce future medical costs;
- Enhance Alternative Dispute Resolution in 2022/23 through mediation, conciliation, and arbitration. Our legal services unit anticipates to resolve at least 50 medico legal cases through mediation in 2022/2023; and
- Accelerate the finalisation of 85 conceded liability cases, with a targeted reduction by 50% in 2022/2023.

## 35. EMERGENCY MEDICAL SERVICES

Chairperson, **one of the key components within our Department is Emergency Medical Services (EMS)**. These are our first responders... people who get called out to various scenes to perform life-saving work, in every corner of the Province – including in areas that are not covered by their counterparts from the private sector.

Worryingly, however, there have been a number of instances where our EMS staff have come under attack while in the line of duty – sometimes even with fatal results.

In fact, from the 1st of April 2020 to 08 March 2022, there were at least 40 incidents where our ambulances were attacked.

Sadly, Ms Phumzile Dlamini, who was a paramedic with 10 years' service and mother of three, lost her life when she and her crew mate came under attack while attending to a gunshot victim in the Mabhanayini area, near Estcourt, in October last year.

May her soul rest in peace.

Because of these incidents, we have decided to embark on public awareness campaigns with the affected organised labour formations.

Our key intention is to remind our communities that EMS is there to support them; and that anyone who attacks our employees – especially while they're in the line of duty – is an enemy of the people, and should be duly isolated and brought before law enforcement authorities.

Our community cannot – and should not – continue to harbour these cold-hearted criminals.

During this new financial year, we will be adding a total of 56 ambulances, which will add to our existing fleet of 211 operational ambulances. This will be made up of 24 Mercedes Sprinters and 16 IVECOs, which will provide pre-hospital care; as well as a further 16 response vehicles. All of this will be at a cost of R53, 4 million.

## 36. FORENSIC PATHOLOGY SERVICES:

Chairperson, in response to our call for comments on this Budget Speech, one of our staff members, uLethukuthula Dumakude, said:

“Ngicela umhlonishwa asikhumbule kwa-FPS. Kushoda abasebenzi. Uma engathi chatha nje, kutholakale abasebenzi abanele, ukuze kuzosizakala umphakathi wakithi.”

Chairperson, **we are acutely aware of the immense pressure that our Forensic Pathology Service (FPS) staff have** found themselves under, over the past two years or so. This has been due to the increased number of unnatural deaths related to the looting; the Phoenix Massacre; and the recent floods that swept through in our Province.

That is why we are doing everything possible to ensure that our FPS staff have all the requisite tools to ply their trade.

We were pleased to accept 9 new vehicles in April 2022, which has taken our fleet for FPS to 122. In the new financial year, we will be procuring 17 mortuary service vehicles.

The exempted and non-exempted posts principle no longer applies, so we will be filling posts, subject to resource availability.

We are **also proceeding with plans to build mortuaries in the Districts that do not have them, which are Zululand and Umkhanyakude**. We have now obtained sites in Vryheid and Mtubatuba. We are currently in the process of placing funding for these facilities on the Department's multi-year plan.

While doing all of this, we are also working very hard to improve access to psychological debriefing services, Occupational Health and Safety, as well as our Employee Wellness Programme for them.

### 37. IMPROVING FISCAL MANAGEMENT, AUDITS AND OUTCOMES

Despite challenges, we hereby reiterate our commitment to good, clean governance. We are continuing to implement a number of Audit Improvement Plans.

**We have 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.

Chairperson, **the bulk of irregular expenditure emanates from the continued usage of expired contracts for services such as security, cleaning, and catering.**

The Department had embarked on an extensive process to put new contracts in place.

It must, however, be noted that when the new contracts were advertised they were taken on appeal with the Provincial Treasury's Bid Appeal's Tribunal (BAT), which instructed that the processes be started afresh.

The Department has thus had to restart these processes.

However, the Department, in the interim, has obtained permission from the Provincial Treasury to put in place new 6-month contracts for security services that were regular. This, therefore, has reduced the amount of irregular expenditure.

Furthermore, Chairperson, **there has been a vast improvement in the SCM document management system.** Whereas previously, a large number of files could not be located for auditing, this has been reduced significantly in the last two financial years.

This is thanks to, among other interventions, the continuous scanning of files, in order to ensure that information does not get lost.

We also anticipate a number of further gains from the LOGIS system, which will be implemented at 6 pilot sites during the 2022/23 financial year. All in all, we will continue to do everything possible to exercise due diligence in managing this Budget, in order to ensure efficiency and value for money.

## *Acknowledgements*

As I conclude, I would also like to once again convey a word of gratitude to all the Departmental stakeholders, including our social partners, for supporting our efforts to take care of the healthcare needs of the people of this Province.

Our gratitude also extends to the thousands of healthcare professionals (Nurses, Doctors, Allied Workers), support staff, and all frontline workers for their contribution in the value chain of health in our province.

Siyababonga kakhulu. Sithi ningakhathali.

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

I also thank the people of this Province, in advance, for heeding our call for a social contract between themselves and us. Thank you in advance for taking better care of yourselves; for preventing diseases; and for presenting to healthcare facilities early, before complications set in.

Last, but not least, I wish to thank my family for all the love and support that they've given me over the years.

I could travel the whole world, and never find a more loving and supportive family.

My mother uMaVilakazi, my dad uMagutshwa, and my siblings uS'thembile, uS'celo, and noNokwazi; my kids uLwazilwandile noLethukwazi; and Zihlelele-okuhle.

And, last but not least, Madlokovu. Ntusi Yenkomo!!!

*Ngiyabonga kakhulu.*

Chairperson, I thus present to you the 2020/2021 budget as follows:

**FOR PROGRAMME 7, THE 2022/23 ALLOCATION IS AS FOLLOWS:**

ADMINISTRATION	:	<b>R 1,061 billion</b>
DISTRICT HEALTH SERVICES	:	<b>R 26. 515 billion</b>
EMERGENCY MEDICAL SERVICES	:	<b>R 1. 617 billion</b>
PROVINCIAL HOSPITAL SERVICES	:	<b>R 11. 432 billion</b>
CENTRAL HOSPITAL SERVICES	:	<b>R 5. 368 billion</b>
HEALTH SCIENCES AND TRAINING	:	<b>R 1. 390 billion</b>
HEALTH CARE SUPPORT SERVICES:		<b>R 362 Million</b>
HEALTH FACILITIES MANAGEMENT	:	<b>R 1. 864 billion</b>
<b>TOTAL</b>	<b>:</b>	<b>R 49.609 BILLION</b>

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