OUTCOME 2:
A LONG AND HEALTHY LIFE FOR ALL SOUTH AFRICANS

PROVINCIAL HEALTH SUMMIT:
SEP 2011

DR S.M. ZUNGU
HEAD OF DEPARTMENT
Overview of Healthcare in KwaZulu-Natal
» VISION
Optimal health for all persons in KwaZulu-Natal

» MISSION
To develop and deliver a sustainable, coordinated, integrated and comprehensive health system at all levels of care based on the Primary Health Care Approach
Strategic Outputs for Outcome 2: A long and healthy life for all South Africans

- **Output 1**: Increasing Life Expectancy
- **Output 2**: Decreasing Maternal and Child mortality
- **Output 3**: Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis
- **Output 4**: Strengthening Health System Effectiveness
KWAZULU-NATAL IN GLOBAL & AFRICAN CONTEXT

» Gateway to RSA Economic Centre – Durban/Gauteng linkages;
» Import/Export Hub with impact well beyond RSA borders;
» Requires rapid response to changing global economic trends; and
» Need to strengthen Gateway Status.
Strategic Analysis:
THE SOCIAL LANDSCAPE

Index of Multiple Deprivation

Legend:
Index of Multiple Deprivation (2001)
- 0-7.14
- 7.15-148.85
- 148.86-227.04
- 227.05-309.51
- 309.52-445.72

MDG District Performance

MDG performance does differ by health district

KZN has 8 out of 11 Districts who are the worst performing

Source: Health Systems Trust; District Health Barometer 2006/07, Monitor Analysis
Population Pyramid

KwaZulu-Natal
Population pyramids showing age-sex structure, CS 2007

Key
- District municipal boundary
- District charts show 5 year age groups (0yrs - 80+)
- Sex: Female (right), Male (left)

KwaZulu-Natal
Percentage persons by age and sex, CS 2007

Chart showing population distribution by age and sex for KwaZulu-Natal, South Africa, based on the 2007 census.
OUTPUT 1:
Increasing Life Expectancy

<table>
<thead>
<tr>
<th>Province</th>
<th>2001-2006</th>
<th>2006-2011</th>
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<tbody>
<tr>
<td>EC</td>
<td>54.2</td>
<td>54.4</td>
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<tr>
<td>FS</td>
<td>47.9</td>
<td>47.9</td>
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<tr>
<td>GT</td>
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<td>KZN</td>
<td>51.6</td>
<td>52.8</td>
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<tr>
<td>MP</td>
<td>53.1</td>
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<tr>
<td>NC</td>
<td>56.7</td>
<td>57.4</td>
</tr>
<tr>
<td>NW</td>
<td>53.3</td>
<td>53.2</td>
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<tr>
<td>WC</td>
<td>63.9</td>
<td>65.8</td>
</tr>
<tr>
<td>SA</td>
<td>55.5</td>
<td>56.2</td>
</tr>
</tbody>
</table>

Mid-year population estimates
2011 - StatsSA

<table>
<thead>
<tr>
<th></th>
<th>EC</th>
<th>FS</th>
<th>GT</th>
<th>KZN</th>
<th>LIM</th>
<th>MP</th>
<th>NC</th>
<th>NW</th>
<th>WC</th>
<th>SA</th>
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</thead>
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<tr>
<td>2001-2006</td>
<td>49.1</td>
<td>43.7</td>
<td>54.3</td>
<td>47.4</td>
<td>54.5</td>
<td>49.4</td>
<td>52.9</td>
<td>49.0</td>
<td>57.6</td>
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<tr>
<td>2006-2011</td>
<td>50.2</td>
<td>44.6</td>
<td>55.4</td>
<td>48.4</td>
<td>55.8</td>
<td>50.2</td>
<td>54.1</td>
<td>50.4</td>
<td>59.9</td>
<td>52.1</td>
</tr>
</tbody>
</table>
KWAZULU DEPARTMENT HEALTH
DIABETES MELLITUS CASE PUT ON TREATMENT
- NEW - 2010/2011

Legend
- Major_Rivers
- National Road Network
- Major Dams
Number of Chronic Cases 2010/2011
- 356 - 389
- 383 - 1051
- 1052 - 3209
- 3210 - 6766
- 6767 - 13402

Data Source: OTP Nerve Centre 2011, KZN Dept. Health
Malaria

Malaria Case Fatality Rate

Malaria Incidence per 1000

Target line in red
OUTPUT 2:
 Decreasing Maternal and Child Mortality
Child Mortalities 2006 - 2010

2006: 97
2007: 93.2
2008: 90.3
2009: 88.4
2010: 87.7

MDG Target 20/1000 live births

62 60 58 56 55.8

MDG Target 18/1000 live births

Source: HST Report - ASSA projections
Severe malnutrition under 5 years incidence

- 2008/09: 0.72%
- 2009/10: 0.60%
- 2010/11: 0.70%
- 2011/12: 0.80%

Underweight for age rate under 5 years (HST data) Target <1%

- 2007/08: 1.30%
- 2008/09: 1.10%
- 2009/10: 1.30%
- 2010/11: 1.10%
Immunisation Coverage

Rotavirus:
- 2009/10: 58%
- 2010/11: 90.9%
- Q1 2011/12: 98.1%

Pneumococcal:
- 2009/10: 75.9%
- 2010/11: 97.9%
- Q1 2011/12: 94.6%
Vertical Transmission Rates

Mother to Child transmission rate (routine data) - Target <2%

- 2008/09: 7%
- 2009/10: 10.30%
- 2010/11: 7%
- 2011/12: 4.70%
Reported Maternal Deaths

Maternal mortality ratio: 210/100 000 [Confidential Enquiries into Maternal Deaths 2004-2007 – KZN data]

MDG Target: 35/100 000

Institutional maternal mortality rate: 170/100 000
OUTPUT 3:

Combating HIV and AIDS and Decreasing the Burden of Disease from Tuberculosis
HIV prevalence
Leading specific diagnosis in Public Health

- TB: 10.40%
- Hypertension: 9.70%
- HIV and AIDS: 7.90%
- Diarrhoea: 6.30%
- Fractures: 5.60%
- Assault: 5.30%
- Pneumonia: 5.20%
- Cataract: 4.60%
- Diabetes mellitus: 4.40%
- Epilepsy: 4.30%
- Sepses: 4.30%
- Tonsilitis: 3.20%
- STI: 3.10%
- Cancer: 1.80%
- Psychosis: 1.70%
- Meningitis: 1.70%
- Congestive heart failure: 1.20%
- CVA: 1.00%
- Burns: 0.90%
- Arthritis: 0.90%
TB Incidence

- TB-HIV co-infection is estimated at 73% in 2006; some 400,000 people have TB and HIV
- The number of people diagnosed with TB grew by 350% since 1995
- 900 cases of Extensive Drug Resistant TB were reported between 2004 and 2007
- Cure rates in KZN and Mpumalanga are approximately 40%; for SA as a whole we barely breach 60% and our target is 85%

Source: Development Indicators Mid-Term Review, The Presidency — Republic of South Africa; WHO: Global Tuberculosis Control, Surveillance, Planning, Financing; WHO: Global Tuberculosis Control 2009: Epidemiology, Strategy
2014/15 Targets
- Cure Rate: 85%
- Default: 5%
- Smear Conversion: 85%
TB Incidence: 2009

- Uthukela: 728
- Amajuba: 4,461
- Umzinyathi: 5,259
- Zululand: 5,201
- eThekwini: 9,720
- Umkhanyakude: 9,720
- Umgungundlovu: 7,422
- Ugu: 7,347
- Ilembe: 9,399
- Utungulu: 12,777
- Sisonke: 7,374
- KZN: 120,168

Total: 1,160
TB Cases
» OUTPUT 4:

» Strengthening Health System Effectiveness
The first five years of NHI will include pilot studies and strengthening the health system in the following areas:

» Management of health facilities and health districts
» Quality improvement
» Infrastructure development
» Medical devices including equipment
» Human Resources planning, development and management
» Information management and systems support
<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Actual 2010/11</th>
<th>Target 2011/12</th>
<th>Actual Apr - Jun</th>
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</thead>
<tbody>
<tr>
<td>Rostered ambulances per 10 000 population</td>
<td>0.22</td>
<td>0.41</td>
<td>0.18</td>
</tr>
<tr>
<td>% of P1 calls with a response time of &lt; 15 minutes in a urban area</td>
<td>29%</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>% of P1 calls with a response time of &lt; 40 minutes in a rural area</td>
<td>37%</td>
<td>45%</td>
<td>39%</td>
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<tr>
<td>% of all calls with a response time within 60 minutes</td>
<td>53%</td>
<td>50%</td>
<td>56%</td>
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<tr>
<td>#</td>
<td>Status</td>
<td>Number of Cases/ Amount</td>
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<tr>
<td>----</td>
<td>------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Charged and dismissed</td>
<td>17</td>
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<tr>
<td>2</td>
<td>Charged and resigned</td>
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<tr>
<td>3</td>
<td>Pending matters – Labour Court</td>
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<td>4</td>
<td>Suspension pending Disciplinary Hearing</td>
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<td>5</td>
<td>Charged and issued with written warning</td>
<td>14</td>
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<tr>
<td>6</td>
<td>Found not guilty/ charge withdrawn</td>
<td>5</td>
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<td>7</td>
<td>Hearing in progress</td>
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<tr>
<td>8</td>
<td>Matters referred to other stakeholders (SAPS/HAWKS etc.)</td>
<td>17</td>
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<tr>
<td>9</td>
<td>Amount recovered to date</td>
<td>R1 720 000</td>
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<tr>
<td>Sub Programme</td>
<td>New Or Replaced</td>
<td>Upgrades &amp; Additions</td>
<td>Renovate, Rehabilitate &amp; Refurbish</td>
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<tr>
<td>TOTAL</td>
<td>66</td>
<td>185 231</td>
<td>92</td>
</tr>
</tbody>
</table>
» Alignment & Integration
» One Plan for All “Ownership”
» Structured Consultation with Institutional Framework
» Clear Roles and Responsibility
» Resource Commitments and Budget Alignment
Nurses working
Doctors working
INTEGRATION OF COMMUNITY BASED SERVICES

CABINET OVERSIGHT

CENTRAL OVERSIGHT COHOD

HOD’S COMMITTEE

PROVINCIAL PROJECT MANAGEMENT

DISTRICT LEVEL

DOH → DSD → CS&L → DOE → AGRIC → S&R

MUNICIPAL LEVEL

WARD LEVEL

WARD 1

WARD 2

WARD 3

WARD 4

Community Care Givers per Ward

Project Co-ordinators

Ward Supervisors

Youth Ambassadors

OVERSIGHT

SUPERVISION & REPORTING

MONITORING & EVALUATION

WARD 1

WARD 2

WARD 3

WARD 4
Source Acknowledgement

» Provincial Planning Commission – PGDS Slides
» Worldmap.org
» Office of the Premier
» GIS – KZN Health
» National Dept of Health
» StatsSA
WHY TREAT PEOPLE...

...THEN SEND THEM BACK TO THE CONDITIONS THAT MAKE THEM SICK?

Fighting Poverty, Fighting Disease, Giving Hope