



HEALTH
KwaZulu-Natal

Budget Speech

2010

Madam Speaker

Honourable Premier – Dr Zweli Mkhize, Gubhela

The Chairperson of the KwaZulu-Natal Portfolio Committee on Health – Ms Zanele Ludidi

Fellow Members of the Executive Council

Honorable Members of the Legislature

Abantwana basendlunkulu

Mayors Councillors and Amakhosi

The Head of the Department of Health – Dr Sibongile Zungu

Senior Managers in the Department of Health

Health workers in the length and breadth of the province

People of KwaZulu-Natal

Distinguished guests

Ladies and gentlemen

In the spirit of the African tradition of honouring the departed, I would request that before I begin with my Budget Presentation for 2010/2011, we respectfully bow our heads in silence, recognizing the passing on of three of our stalwarts within the medical professional and political space: Dr. Mantombazane Tshabalala-Msimang (the African Ambassador on Maternal Health; former Minister of Health in our country and to her last days Member of our National Parliament - ISIGAGAYI); Professor Fatima Meer (a retired scholar of sociology and stalwart in political activism who through her medical sociology lectures influenced various generations of medical students to understand the organic correlation between poverty and disease) and again, only a few days ago, the

Deputy Minister of Health, Dr Molefi Sefularo, whose handling of the 2010 FIFA World Cup preparations for South Africa remains unsurpassed. A moment of silence!

Thank you Honourable Members!

Madam Speaker, now allow me to acknowledge the presence of Dr Nerissa Pather with whom I spent an afternoon at her home after hearing the story of her acquiring TB at work eight years ago. Dr. Pather is a young medical officer who was looking forward to a successful career in medicine, committed to serving the poor and a dedicated wife. Her aspirations were short-lived when she contracted the multi drug resistant Tuberculosis (MDR-TB) and is now in need of permanent care as the TB bacteria have left her a paraplegic.

We have also been appraised of another Health Care Practitioner, Dr Thabiso Thusi in Port Shepstone who contracted MDR-TB, possibly in her private practice or maybe in our hospital. Due to the medication toxicity her hearing is now impaired.

Dr Pather is lucky to have the support and love of her family, especially her husband Dr Shane Maharaj, whose love for his wife is written all over his face when he tells the story of his wife's pain and suffering. To the Maharaj family who are here today; Dr Maharaj, Dr Pather's father and mother, to her young daughter of 11 years, we truly draw great inspiration from you – the care, support and closeness that you evidence as a family is overwhelming. We feel very honoured indeed by your presence.

I take my hat off to all Health Care Practitioners who despite all these challenges and risks continue to honour the oath and pledge that they took on their graduation.

Madam Speaker and Honourable Members, I feel humbled to once more have an opportunity to stand before you 11 months after the 2009 General Elections that gave the African National Congress (ANC) in this Province a resounding victory and a new mandate to lead in all structures of governance. It is against the backdrop of this victory and mandate that the ANC chose health as one of the 5 Priorities in its Election Manifesto. Our people voted for the ANC because for our movement health remains a prime item on the national agenda and because health is a basic human rights guaranteed by the Constitution of our country and specifically the Bill of Rights. Health, like water, is life and touches every human soul.

In 2009, when presenting our Budget Presentation we embraced the theme: "Save lives. Make health facilities serve the people". In January 2010, the National Cabinet resolved to have 4 broad categories of focus namely:

1. Increasing life expectancy
2. Combating HIV and AIDS
3. Decreasing the burden of diseases from Tuberculosis, and
4. Improving health systems effectiveness, by strengthening Primary Health Care and reducing the costs of health care

These can be realized in the following 20 national outcomes:

- **Increased life expectancy at birth.**
- **Reduced child mortality.**
- **Decreased maternal mortality.**

- **Managing HIV prevalence and improving the quality of life of people living with HIV and AIDS.**
- **Reduction of new HIV infections.**
- **Expanding access to the Prevention of Mother to Child Transmission programme.**
- **Improved TB case finding.**
- **Improved TB treatment outcomes.**
- **Improved access to antiretroviral treatment for HIV-TB co-infected patients.**
- **Decreased prevalence of drug-resistant TB.**
- **Revitalization of Primary Health Care.**
- **Improved physical infrastructure for healthcare delivery.**
- **Improved patient care and satisfaction.**
- **Accreditation of health facilities for quality.**
- **Enhanced operational management of health facilities.**
- **Improved access to human resources for health.**
- **Improved health financing.**
- **Strengthened health information systems (HIS), including strengthening Information, Communication and Technology (ICT).**
- **Improved health services for the Youth; and**
- **Expanded access to Home Based Care and Community Health Workers.**

Quality of Care

As we table the Vote 7 Budget Policy Statement for 2010, our theme is **Quality Health Care For All**. This is premised upon our commitment to the **Make Me Look Like a Hospital Project** that we launched in 2009. The Department identified 12 hospitals with which we work to ensure that any person coming through our gates can feel that they are within the premises of a hospital. Of paramount importance in this regard is:

Cleanliness.

Staff attitudes.

Infection control.

Safety and security of patients.

Accessibility to services.

Availability of drugs, blood and laboratory testing, as well as

Reduction of waiting times.

The attainment of the above, we are convinced, can be made possible by ensuring that Managers actively manage their hospitals through a process of management by walking about, listening to complaints, checking anomalies in infrastructure and rotating staff around to eliminate bottle-necks. Let me make this observation; Patients expect quality care despite the constraints and challenges that we might face. Targeted hospitals are

- Grey's Hospital.
- Prince Mshiyeni Memorial Hospital.
- Ngwelezane Hospital.
- Madadeni Hospital.
- Stanger Hospital.
- Ladysmith Hospital.

- Charles Johnson Memorial Hospital.
- Benedictine Hospital.
- Hlabisa Hospital.
- Port Shepstone Hospital; and
- Christ the King Hospital.
- Edendale Hospital

At the end of this month we will be announcing another eleven hospitals and a few clinics that we will introduce under this programme as we hope to cover all our institutions within the five year period. I need to mention that rural hospitals are shining examples in many respects and in this regard too, uMzinyathi District seems to be doing well in this category. Allow me to share with the house a letter received about Church of Scotland Hospital which reads as follows;

I wish to remind the House that His Excellency, President Jacob Zuma, in his State of the Nation address of 2009 said; *“We shall introduce NHI in an incremental and phased manner.”* Honourable Members, the Church of Scotland Hospital is in our view one of the institutions that would qualify for the National Health Insurance Plan much earlier.

Millennium Development Goals

Madam Speaker, we are also at the start of the second decade of the 21st century and we are just five years away from 2015 when we will be called upon to report on

progress made towards the attainment of health-related Millennium Development Goals (MDGs) for our country.

Several reports describe activities that are contributing to achievement of the MDGs or point to specific challenges that need to be addressed. While these reports show some degree of progress, in many areas these tend to be uneven and unequal. We are still not doing enough to improve life for the most vulnerable especially mothers and their newly-born babies.

Similarly at the national level, the picture on the health-related MDGs indicates both progress and regression. For instance towards the end of 2009, the department issued statements on trends for:

HIV and AIDS: 304 000 people (including 22 000 children, 140 000 women and 66 000 men) were put on the Antiretroviral Treatment Programme.

Tuberculosis: TB cases with DOTS supporters decreased from 80% in 2005/6 to 72% in 2008/9. This is largely due to difficulties in sustaining a volunteer based programme. Defaulter rate decreased from 14% (2005/6) to 8.7 % in 2009/10. Sputum turnaround time of not more than 48 hours improved from 15% in 2005/6 to 53.15 % in 2009/10. Cure rate increased from 35% in 2005/6 to 58.15 % in 2009/10.

Malaria: The Province reported a decrease of notified malaria cases which is a reduction of reported cases from 606 cases in 2007/8 to 429 in 2008/9.

Vaccines and Immunization: The Expanded Programme on Immunization (EPI) achieved high coverage in 2009/10 with 86 % of children immunized before the age of 1 year. This resulted in a large reduction of measles cases and associated deaths. Neonatal tetanus has been eliminated. Immunization coverage increased from 76.4% in 2005/6 to 88% in 2009/10.

There are positive trends in all these areas. We should celebrate the successes we have achieved in containing and controlling malaria.

We can all be proud that the drive to reach international health commitments has never faltered, even at a time of multiple global crises on several fronts.

The Millennium Development Goals (MDGs) report's cover many specific indicators of progress. For instance Vitamin A supplementation has been implemented as a life-saving measure in all Districts within the Province. In addition since the year 2000, death through measles has drastically dropped to the extent that we are confident that Measles eradication is possible and achievable.

Improved Health Financing

More than fifteen years into our democratic government, we are seeing signs that an increased budget for health can bring solid results. Thanks to the foresight of our Honourable Premier, Dr Zweli Mkhize, and the MEC for Finance, Honourable Ina Cronje, for giving health the priority it deserves. Madam Speaker, we agree that the Department has played a pivotal role in placing the Province in its current unenviable state of financial affairs.

To this end in 2009 we set up a Joint Management Team led by the KZN Treasury which is working on a three-year turn-around plan aimed at bringing the budget to balance by the Financial Year 2011/2012. Here we were compelled to create a culture of fiscal prudence whilst concurrently improving customer-care. We have used all the means at our disposal to curb wastage, theft and fraud, to improve revenue collection measures and to strengthen our internal control measures.

I am glad to announce that we have since re-engineered the Audit and Risk Management Unit and Supply Chain Management to ensure the elimination of wastage, corruption and theft. In the first quarter of implementing the financial turn around strategy, we have made savings to the value of R400 million in 2009 with an projected saving of R600 million by the end of the financial year.

Our Department has been fully compliant with imperatives of managing and controlling expenditure set out by Cabinet and to report progress on measures to curb over-expenditure. In 2009 we highlighted limitations in our Supply Chain Management in terms of:

- Limited SCM skills within the Department and institutions;
- Inadequate control measures and accountability structures;
- Inappropriate and un-defined business processes;
- Lack of contracts which resulted in the Department paying exuberant prices for Goods and Services; as well as
- Weak asset management systems.

As we table our Vote 7 Budget, we are pleased to announce significant progress whereupon the Supply Chain Management Directorate has begun a process of reform and has achieved the following:

- The technical support services and monitoring and evaluation have conducted comprehensive road-shows wherein the staff are constantly being work shopped intensely on SCM processes.
- The SCM Unit has developed a detailed Business Procedure Manual for the re-engineering of all SCM business processes.

- Clear segregation of duties and well-defined SCM delegations of authority are now in place for tighter controls and accountability.
- The Unit has also re-defined its current Asset Registers to ensure compliance with **Generally Accepted Accounting Principles (GAAP)**

Madam Speaker, I would agree with my colleague, the Honourable Ina Cronje, when she made reference to the Minister of Finance, Pravin Gordhan when said: *“A major site of both wastage and inefficiency is in our procurement system. Through a combination of corrupt practices, inefficient procurement, poor planning and in some instances, collusion by the private sector, we are not getting the kind of value from our purchases that our people deserve”*.

We are making progress that you have witnessed, but we need to keep on setting our sights higher, aiming to do more, for more and more people within the constraints of the budget allocation.

Madam Speaker, I began this statement with several examples of progress. Let us now turn to some of the challenges.

Despite the diversity of topics, the problems which are the main obstacles to further progress remain consistent. We confront challenges that we face in order to improve the life expectancy at birth which has dropped from 60 years in 1994 to just below 50 years today as elucidated in the State of the Nation Address this year by His Excellency, the President of South Africa, Honourable Jacob Zuma when he stated: *“We are therefore making interventions to lower mortality rates, to reduce new HIV infections and to effectively treat HIV and tuberculosis”*.

Our intervention is a 5-Year 10 Point Plan which I elaborated on in my previous year’s Policy Speech.

Ten (10) Point Plan

Let us re-cap on what the 10 Point Plan entails:

- Provision of strategic leadership and the creation of social impact for better health outcomes.
- Implementation of the National Health Insurance.
- Improving the quality of health services.
- Overhauling the health care system and improve its management.
- Improved Human Resource Planning, Development and Management.
- Revitalization of infrastructure.
- Accelerated implementation of the HIV and AIDS and Sexually Transmitted Infections National Strategic Plan 2007-2011 and increased focus on TB and other communicable diseases.
- Mass mobilization for better health for the population.
- Review of drug policy.
- Strengthen Research and Development.

In our Budget Speech in 2009, I stated that as the MEC I am expected to provide strategic leadership to my Head of Department and my Managers and that they too must do the same for the entire Department. We identified that poor leadership and management capacity as a constraint especially at an operational level of the public health sector. This requires focused-staff improvement at both hospital and District Management levels. In this regard we have funded the training and education of Managers to be central to the proper functioning of health facilities.

Human Resources for Health

I am thus pleased to announce that we now have seventeen (17) Hospital Chief Executive Officers who are currently registered for the Masters degree in Public Health.

Furthermore, we spent R48 million on 2009/2010 financial year for bursaries to address clinical and scarce skills in accordance with the demands of the Districts especially in the fields of pharmacy, medical specialists and occupational therapists. Currently we have 772 bursary holders including 44 students studying towards a medical qualification in Cuba.

As a new initiative, the Department went on a mass recruitment drive, at the end of last year, where we recruited an intake of 40 Specialists and 29 Medical Officers Grade II out of 87 posts.

We have now created mid-level workers as a strategy to address challenges related to scarce skills and also to promote task-shifting. This Mid-level Worker Project has successfully produced 153 Pharmacy Assistants, 19 Clinical Associates and, jointly with the University of KwaZulu-Natal, have started training 21 Occupational Therapy Technicians at the beginning of this month.

With regards to contributing to the scaling up of production of nurses, our KwaZulu-Natal College of Nursing currently has 5 200 student nurses at various levels of training. In 2009, we successfully produced 2 255 graduates.

The commencement of a 2-year decentralized midwifery course has seen the enrolment of 76 nurses in January 2010; the cadres which are core to the reduction of maternal and infant mortalities. Madam Speaker, this is in line with the realization of **MDG 4, which aims to reduce by two-thirds the under-five mortality by year 2015**. Further, the South African Nursing Council has also approved the new 1 year Midwifery Diploma Curriculum for our College of Nursing and as a result we have 50 learners at Greys Campus, 26 learners at R.K. Khan Campus and are preparing for another intake at Port Shepstone.

We also have a total number of 284 Professional Nurses that commenced community service at the beginning of the year whilst still awaiting another batch of 288 Nurses who will commence theirs on July 1.

We have further strengthened our nursing education for 2010 by sourcing donor funds to the value of R6 million from Atlantic Philanthropies. Thanks to the contribution of progressive people like Mr Zola Madikizela who is in this House today.

In his State of the Province Address this year, the Premier of KwaZulu-Natal stated that the issue of Occupational Specific Dispensation (OSD) has been settled and that discussions with the health professionals must now be held to discuss the protection of the lives of people entrusted to their care.

Coupled with these interventions, we have had to rethink the whole delivery chain continuum so that we give priority to an agreed target configuration for all Clinic, District hospital and Provincial and Tertiary health services. The expected results would be a fully-utilized staff complement, including appropriate job classifications, incentives and career pathways and major cost saving in human resources.

We must realize that the core function of the Department of Health is to provide and dispense quality health care services which encompass effectiveness, efficiency, safety, timeliness, patient-centeredness, continuity of care and satisfaction. In this regard, we have conducted unannounced visits to nearly 30 hospitals and clinics to identify and analyze bottle-necks associated with health service delivery. In some instances, for example at Mahatma Gandhi Hospital and St. Apollinaris Hospital, I have donned my white coat to assist colleagues who appeared overstretched in dealing with patient loads in those facilities.

I am pleased to announce, Madam Speaker, that we now have core standards against which performance of hospitals can be measured. Training of teams to drive the Hospital Improvement Initiatives took place in February 2010 and these teams will take part in the National Accreditation project. Over and above the 12 identified hospitals, all hospitals are expected to develop Self Improvement Plans as an integral part of our provincial efforts to improve hospital services. These Self Improvement Plans will be part of a Delivery Contract that I shall enter into with the Honourable Premier.

Infrastructure Development

Our infrastructure is another prominent sore point affecting the delivery of health care. Recently I paid an unannounced visit to St. Apollinaris Hospital, within the District of Sisonke, and I was shocked to find adults who are professionals sharing a hall partitioned with lockers. Madam Speaker, accommodation is a major hindrance in the recruitment and retention strategy. As such the Department has prioritized the provision of staff accommodation, especially at St. Apollinaris Hospital where we are currently left with only 13 Professional nurses and 3 doctors. For this institution, in this very financial year, we will commence with the construction of staff accommodation to the value of R35 million.

Let us now consider progressive measures taken to arrest the deterioration of our health infrastructure in order to enhance sustainability of our health institutions. According to the Business Plan for Infrastructure Development, the Department commenced with 636 projects cumulative from 2004/2005 of which 200 are at hospitals, 27 Community Health Centres and 342 Primary Health Care Clinics as well as 67 other projects covering auxiliary services. Madam Speaker, all these projects are at various stages, namely planning, design, procurement, construction and commissioning. In this regard I can confidently report progress on the following:

King George V Complex (comprising of TB, Psychiatry and a District Hospital):

We have completed a 400 bed District hospital and the TB surgical ward to the value of R310 million and equipment to the value of R85 million.

Lower Umfolozi War Memorial Hospital:

For this Mother and Child facility, we are refurbishing the old hospital and adding a new wing to the value of R360 million, including equipment.

Hlabisa Hospital:

Phase 1 is now complete.

Rietvlei Hospital:

New pharmacy, stores, workshop and laboratory are under construction.

Edendale Hospital:

Designs have been completed for the ARV, CDC Clinics and Accident and Emergency Unit. Construction will be commissioned as a matter of urgency.

Dr Pixley ka Isiaah Seme:

Construction of the main building is scheduled to commence in April 2011.

King Edward VIII Hospital:

Currently there are major repairs and renovations being done at the hospital. These include R20, 5 million for repairs to the N and I blocks where we are repairing the roof, a R19, 1 million upgrade of the Accident and Emergency Unit which includes equipment and a Lodox machine to be used for the 2010 FIFA World Cup. For this institution, in his State of the Province Address, the Honourable Premier also directed that we explore Private-Public Partnerships for the reconstruction of the new King Edward VIII Hospital.

We have completed three (3) new clinics in Zululand, Umkhanyakude and uThungulu Districts to the value R26 million. We have also replaced the following institutions Manyiseni Clinic in Umkhanyakude, Qalukubheka Clinic in Zululand and Underberg Clinic in Sisonke. The total amount spent on these replacements is R7 million. We have again made improvements to the Hlengisizwe Community Health Centre within Ethekwini District. In order to improve confidentiality within the programme of the Prevention of Mother-to-Child Transmission (PMTCT) three (3) PMTCT Units were added to existing facilities in Nongoma, Mseleni and KwaDukuza to the amount of R11 million.

Sixteen (16) new clinics are due for completion in the current financial year at Ugu, uMgungundlovu, Uthukela, uMzinyathi, Amajuba, uThungulu, Zululand and Sisonke.

Madam Speaker, we also appreciate the role of the private sector in improving access to primary health care facilities. I wish to acknowledge the contribution of Richards Bay Minerals (RBM) in building three clinics at uThungulu District and the expansion of four (4) others in uMkhanyakude District.

We also have a partnership with the Reproductive Health and HIV Research Unit where we are going to work with the Private Sector to revamp the closed and dilapidated Addington Children's Hospital to its former glory.

Health Information Systems

With the constant pressure to increase the quality of patient care and the desire to provide services while at the same time controlling costs, healthcare providers are leveraging the power of Telemedicine to link patients, specialists, and clinicians thus extending the reach of healthcare. KwaZulu-Natal has long been pro-active in the development and establishment of Telemedicine in South Africa. Reliability, quality and security of the technology are critical factors to allow medical professionals using Telemedicine to perform their daily jobs.

There are on average 85 hours a month of video conference post-graduate teaching taking place from the Nelson R Mandela School of Medicine during the academic term. These sessions are usually conducted to multiple sites. Teaching occurs in Radiology, General Surgery, Obstetrics and Gynaecology, Paediatrics, Paediatric Surgery, Genetic counseling and HIV Management.

Moving forward, the Department will increase bandwidth to a minimum of 384 kbs and develop an ongoing training programme for doctors and support staff in the correct use and maintenance of the Telemedicine units.

The National Department of Health is in a process of standardizing and integrating health information systems and technology in order to leverage interoperability of health systems, enhance the economies of scale and ensure maximum security.

HIV and AIDS

Madam Speaker, during the State of the Province Address our Honourable Premier once more reminded us that on World Aids Day 2009, the President announced far-reaching measures to improve accessibility to Anti-Retroviral Treatment (ART), addressing the 'twin evil' of Tuberculosis and HIV together and increasing the CD4 count for treatment initiation from 250 to 350.

Today we need to point out that the Province continues to be the hardest hit in terms of the prevalence of HIV. Three (3) out of the four (4) districts with Ante-Natal Care (ANC) prevalence above 40 in the country are in KwaZulu-Natal and seven (7) out of the 11 districts with ANC prevalence between 30-40% are also located here.

As part of the implementation of the Presidential Declaration of 1 December 2009, on HIV and AIDS Management in the Province is at an advanced stage with preparations. In each District we have developed an Implementation Plan. The Department has engaged international partners to ensure coherence and planning for this roll-out. In January 2010, the Province started to implement the 350 CD4 count threshold for the initiation of HIV-infected pregnant mothers and the TB-infected HIV positive patients.

HIV positive babies who are less than 1-year old, irrespective of their CD4 count or clinical staging, are also being initiated on ART. This Initiative will positively impact on both the maternal and infant mortality rates. Our major concern still lies with the low percentage of women attending ANC classes before 20 weeks as it currently stands at 24% attendance. For this to change, we require the involvement and support of all structures in our society; men and women who will work with us to ensure that pregnant women do attend these classes for both their own sake and the sake of their unborn babies. Community participation in the popularization of ANC classes will bring back the time when giving birth was a joyous moment for the mother, father, the whole family and finally the entire village – a proud celebratory moment indeed!

As a further means to save lives, the Department has agreed on targeted interventions in the hotspot areas through the following initiatives:

For the HIV positive people we also have 32 **roving teams** which travel to Primary Health Care Clinics to speed up the scale of ARV treatment. This approach was piloted in UMkhanyakude District and reduced the waiting lists completely.

Launching Provincial HIV counseling and testing (HCT) campaign at UMgungundlovu District. The Department aims to cover over 3.5 million people over a period fourteen (14) months. Our PEPFAR partners have been mobilized in this regard. This testing Campaign will ensure that all people eligible for ARV are identified and put on the programme. Currently, the Department has 335 148 people on treatment and plans to target 470 472 in 2010/11.

School based HIV programmes that have shown good results like the Star for Life School Programme in Umkhanyakude District, need to be replicated to some extent in

the targeted Districts. Discussions with the Department of Education and possible funders will commence soon.

The Province is eagerly awaiting the outcome of the CAPRISA Rivers Project which is looking at providing incentives to school girls to delay their sexual debut and stay pregnancy free. Institutional delivery rate is currently at 9% having been reduced from 9.4 % in 2008/09.

Medical Male Circumcision which was endorsed by His Majesty our King Goodwill Zwelithini, is an important epoch. The Circumcision Programme will be implemented in all Districts across the Province. The Departmental targets for 2010/11 are to have 47 055 Neonates circumcised and 186 703 males circumcised. As a Department of Health we are supporting His Majesty's call 100% because the situational analysis undertaken has shown, beyond reasonable doubt, that Medical Male Circumcision significantly lowers the risk of HIV transmission for males. It has been shown to reduce men's risk of becoming infected with HIV by about 60% in three randomized clinical trials conducted in South Africa, Uganda and Kenya.

We have started with this process, initially piloting with 35 initiates at Ngwelezane Hospital on March 4 and proceeded with 297 in Nongoma at four (4) different sites in an event that was graced by the presence of UHLANGA LOMHLABATHI who was accompanied by uNdlunkulu wakwaLinduzulu on 10th of April 2010.

Madam Speaker, we are honoured by the presence of Her Highness in the House today. We are satisfied with the continuous enthusiasm and support shown by the communities as displayed by the additional 300 initiates that we had to return to Nongoma to circumcise on the week-end of the 17 April. Madam Speaker, our teams are going back for more initiates even on this very coming weekend of the 24th April at Vryheid and Nongoma.

Maternal Health

To further improve on women's health, I have the pleasure to announce that cervical cancer screening has also increased from 0.5% in 2008/09 to 6.1% in 2009/10. This significant increase can be attributed to the **Phila Ma Project** that we initiated in May last year at Amaoti. At that event, we were very fortunate to have been joined by the First Lady who is also the Ambassador for Women's Health in South Africa, Mrs Thobeka Madiba Zuma, we are honored by her presence in this House today.

Our target for the Phila Ma project is to successfully screen 70% of women over the age of 30 years by the year 2014. Madam Speaker, it is also imperative that all HIV positive women should have a pap smear **done**.

I have realized how emotional our Honorable Premier is about maternal health outcomes; he mentioned the other day that the death of a woman associated with a pregnancy related event is a huge disaster for the family, village and the country and he even coined it in Zulu: "inyanda imuke nezibopho". Because for that family, the surviving children without a mother have a very risky future, no matter who the father of those children is.

In fact the cornerstone of HEALTH is about Maternal, Child and Women's health. If you cannot save mothers and babies, then you cannot impact on the health of a Nation and if this cannot be achieved then neither can the Millennium Development Goal targets.

Tuberculosis

Our Province has also put plans in place to implement the integration of the HIV and TB programmes. It must be remembered that in 2008 we had 119 600 total TB cases that were diagnosed, 104 329 new cases and 17 299 re-treatment cases. The MDR & XDR patients registered for treatment in 2007 were 1 128 and 168, respectively. We wish to alert the House that there are advances in the treatment of MDR and XDR-TB; in the past these patients were only treated at King George V Hospital and now we have increased treatment centers between the period 2005 and 2009 to ten (10), thus increasing the number of beds from 240 in 2005 to 737 in 2009.

We are grateful to the cooperation we have with the Italian government which has supported us in making the hospital experience for the patients a memorable one. At King George V Hospital we are providing recreational amenities such as flat screen televisions, play station 3 (PSP 3) for children, pool and table tennis equipment so that patients can feel at home. MDR and XDR-TB treatment courses take twenty four (24) months and they spend six (6) months in hospital and the remaining eighteen months (18) at home. Making their hospital stay a happy experience, will help improve adherence to treatment.

Of concern is that the statistics show that the co-morbidity of HIV and TB is estimated at 70%. Our TB programme is concentrating on improving education and treatment adherence as well as counseling for confirmed TB patients.

The plans we have put in place have seen an improvement in the cure rates moving from 55.5% to 62.8% and a decrease in the defaulter rate from 10.1% to 8.7% over the past 12 months. This is in line with Premier's vision stated during the 2010 State of the Province Address when he said: " *The focus will be placed on the treatment of TB in order to reduce the spread, the emergence of the resistant strains, reducing the defaulter rate and improving the cure rate.*"

African Traditional Medicine

Madam Speaker, the Department of Health fully recognizes that African Traditional Medicine has been the centre of livelihood for years in this continent. As a Department we highly appreciate the vision of our Premier, Dr Zweli Mkhize, who when still the MEC for Health proposed and promoted cooperation and collaboration with the Traditional Health practitioners. Today we are happy to report that means are afoot to ensure that African Traditional Medicine is made safe, efficacious and affordable through the collaboration that involves the Department of Health, the African Traditional Practitioners and PEPFAR as well as the Nelson R Mandela School of Medicine.

Traditional Health Practitioners have also been trained on HIV and AIDS information, prevention of HIV infection using traditional/cultural and western methods, STI counselling, care and support, referral and recording.

Private Sector Collaborations

We also wish to acknowledge the progressive role played by some of the big business in South Africa in supporting the programmes of our Department particularly VODACOM SOUTH AFRICA for sponsoring a customized mobile eye care vehicle at a value of

R1 097 282- 34.

Metropolitan Life for their contribution in the refurbishment of kwa Caluza Clinic in Umgungundlovu District. Mediclinic for their participation in our Phila Ma initiative and providing clinical care for patients on the Department's waiting list and supplying us with a reproductive health bus for screening and circumcision.

MTN for innovation and support for our Telemedicine programme and Professor Lynnette Denny, Head of Department at UCT Obstetrics and Gynaecology Unit for

offering pro bono services to conduct surgery on cervical cancer patients as the Department has only one (1) qualified Gynae Oncologist in KwaZulu-Natal.

Cause Marketing Foundation, one of the five beneficiaries of the Comrades Marathon, will bring two (2) buses, one with a mobile mammogram to KwaZulu-Natal. They will screen in Madadeni, Ladysmith, Valley of 1000 Hills, Stanger, Empangeni and Vryheid; in through N3 out through N2.

The Department thanks BHP Billiton for building clinics for us at uThungulu District and for the contribution in the construction of a children's ward at King Edward VIII Hospital.

We hope more captains of industry can emulate these deeds of generosity aimed at improving the lives of our people.

Improved Governance Structures

Madam Speaker, the attainment of better health outcomes requires all sectors of society to be mobilized in achieving positive health outcomes in terms of health seeking behavior and simple health goals they can achieve. It also requires that communities play a role in determining their health priorities and how to achieve these. The basic area for such engagement is through Clinic Committees and Hospital Boards. At present we have sixty (60) interim Hospital Boards charged with an oversight role and to ensure the responsiveness of our hospitals to the health needs of the community they serve.

There is, however, a need to ensure that members of our Boards are adequately equipped to handle their role and responsibilities and with this in mind, we will endeavour to provide training for the members of such Boards.

Community Based Programme

As pronounced by the Premier in His State of the Province Address, we are required to further improve health outcomes at grassroots level and in this we will work in an integrated approach together with the Departments of Social Development as well as the Corporate Governance, Local and Traditional Affairs. The Department of Health in this sphere has decided to employ 4 000 Grassroots Youth Organizers. These organizers will be utilized to:

- Drive behavioural change programmes;
- Be instrumental in encouraging people to know their HIV status;
- Promote family planning projects;
- Get involved in healthy lifestyles initiatives; and
- Initiate programmes on drug and alcohol abuse.

In this regard, Madam Speaker, we aim to follow the Flagship structures in the recruitment of these members in every Ward. The Youth Ambassadors receive a stipend of R1 000 per month. This enterprise is part of the contribution of the Department of Health towards the Expanded Public Works Programme (EPWP).

Additional EPWP programmes from the Department of Health include the following categories of cadres:

- 4 900 Community-Based Health Workers
- 272 TB data-capturers
- 46 HIV data capturers

Career path for Community Based Health Workers

We are going to train more than 607 enrolled nurses, 130 nursing assistants and 641 professional nurses in order to improve the quality of care to the service offered to the patients as well as removing the workload from the professional nurses. In order to manage this development we will train people who will use their homes as places of abode whilst undergoing the training and be employed within their own respective communities. A large percentage of these students will be drawn from community based cadres.

Targeted training institutions will include Charles Johnson Memorial Hospital at Nquthu, St Benedictine Hospital at KwaNongoma and Church of Scotland Hospital (COSH) in eMsinga. For this development we have allocated the sum R401 million. This will also give us an additional budget to improve infrastructure and human capital in line with the training needs of one (1) nursing tutor per fifteen (15) student nurses.

This is a new approach to clinical care so that professional nurses who have a four-year qualification can concentrate on providing the health care services as demanded by their scope of practice. This financial year we will employ 661 staff nurses and 611 nursing assistants and the advertisements will be out before the end of April 2010. We will be aggressively recruiting qualified assistant nurses and staff nurses who are currently unemployed and no qualified nurse who meets the requisite credentials will be sitting at home in this Province.

The Chaplaincy Programme

The Department of Health currently has a quota of 33 Chaplains spread across the 11 Health Districts. The eThekweni District has six (6) Chaplains as per the size of the area covered and the rest of the Districts have an unequal number that ranges between two (2) and four (4). This financial year we will be employing an additional thirteen (13) Chaplains in order to achieve the equal number of four (4) per District.

Community-based rehabilitation services

We currently have twenty-two (22) community based rehabilitation centre's (at 2 per District) and will increase the number to fifty-four (54). At the moment we have eighteen (18) community-based rehabilitation facilitators. This is based on the intention to reach out to communities and to extend access to services towards people with disabilities.

Emergency Medical Rescue Services

One of the crucial threads in the health care delivery machinery from primary health care to tertiary services is the Emergency Medical Rescue Services (EMRS). This is a component responsible for rendering pre-hospital emergency medical services, inter-hospital transfers as well as Planned-Patient Transport. For this service, we have a total of 668 Emergency Service Vehicles (ambulances) and 137 vehicles of which 29 are new. These buses transport patients needing tertiary level hospitalization from their District Hospitals to Ngwelezane, Pietermaritzburg and Durban.

We also have 125 Ambulances that we have procured for the 2010 FIFA World Cup and these vehicles will be distributed to all Districts immediately after the World Cup has ended. Over and above this, Madam Speaker, in the current financial year, we will purchase 141 new Ambulances. The Department of Health, in addition has three (3) aero-medical services consisting of two (2) helicopters and one (1) aeroplane. Still under 2010, we have allocated a sum R14 million for the acquisition of software and hardware in upgrading the Emergency Communications Centre at Wentworth. This state of the art Communications Centre will coordinate all 2010 Soccer World Cup Medical activities.

Furthermore, our Department is allocating a sum of R5.3 million to recruit and train 400 Emergency Care Officers during the 2010 FIFA World Cup. They will be deployed at Moses Mabhida, Public Viewing Areas and other strategic points like freeways. The advertisement and selection process for this cadre level is already underway.

The Department of Health has entered into a partnership with the South African Medical Military Services to train 200 Emergency Care Technicians at Appelsbosch College which was utilized as a Teachers' Training College in the past. This is also the centre where in the current financial year we are going to train 72 Intermediate Life Support cadres.

Budget Provision

This allocation reflects a nominal increase of R4 086,518 billion or 23% when compared with the adjusted budget for 2009/10. Although this appears to be a substantial increase, attention needs to be drawn to the considerable increase in the salary costs as a result of the Occupational Specific Dispensation to Nurses, Doctors, and other Medical Professionals and the higher than expected general salary increase, for which some of the additional funding provided in the 2010/11 budget allocation will be required.

The increase of R377 million in the HIV and Aids grant, which will be used mainly to improve the uptake of patients receiving ARV therapy, accounts for the major portion of the R618 million increase in the allocation to Conditional Grants, the latter being dedicated mainly to specific projects.

Other specific funding included in the increased budget allocation comprises funding for the MDR/XDR TB programme and the vaccination of children in order to reduce infant and child mortality as well as R183 million for further OSD increases covering doctors and therapists.

Revenue

The source of funding for Vote 7: Health, comprises of conditional grant funding amounting to R3 894 billion and an allocation to the equitable share of R17, 763 billion giving a total budget allocation of **R21, 657 billion**.

The Department is expected to increase its own revenue from R153 million to R215 million in 2010/11. The anticipated increase relates mainly to fees for board and lodgings in respect of personnel utilizing the Department's boarding facilities, and to Patient Fees, the latter accounting for R124 million. The increasing trend reflected in patient fees results from a special effort by the Department to improve hospital fee collection.

Payments

Before discussing the appropriation to the individual Programmes, it should be noted that in order to curb costs and to provide additional funding for service delivery, the Department made a decision to limit the filling of posts to critical posts only. These pivotal posts include clinical and medical personnel and a limited number of essential administration posts. These cost-cutting measures will be continued in support of Provincial Treasury.

Programme 1: Administration - R313 million

This programme, for which R313 million is requested, provides for the overall strategic leadership and co-ordination of the Department.

Programme 2: District Health Services – R10, 392 billion

This programme provides for Primary Health Care services and District Hospital services.

Programme 3: Emergency Medical Services – R866 million

This programme renders pre-hospital Emergency Medical Services, including inter-hospital transfers and Planned Patient Transport.

Programme 4: Provincial Hospital Services – R5, 549 billion

This Programme provides for the hospitalization of patients requiring specialist medical care, long-term care, psychiatric care and those suffering from tuberculosis, including XDR and MDR tuberculosis.

Programme 5: Central Hospital Services – R2, 145 billion

The main purpose of this programme is to provide for tertiary health services and to create a training platform for the training of health workers.

Programme 6: Health Sciences and Training – R808 million

This programme is directed at the training and development opportunities for actual and potential employees of the Department.

Programme 7: Health Care Support Services – R10,7 million

The main aim of this programme is to manage the provision of pharmaceuticals and medical sundries to the hospitals, community health centres, clinics and local authorities.

Programme 8: Health Facilities Management – R1, 572 billion

The main purpose of this programme is the management of all the physical facilities of the Department.

Madam Speaker, Honorable Members, please accept our **Budget Vote 7 of R21 657 681** [twenty one billion, six hundred and fifty seven million and six hundred eighty one thousand Rands] in this month of April, a month designated by the World Health Organization as the Health month in which we as a Department are vigorously driving programmes pertaining to:

- Immunization;
- HIV Counseling and Testing;

- Medical Male Circumcision; and
- Implementing the new ART guidelines.

At this point I would like to express my gratitude to the Honorable Premier, Dr Zweli Mkhize for his leadership, Colleagues in the Executive Committee for their collective wisdom, Chairperson of the Health Portfolio Committee, Honorable Zanele Ludidi, all Members of the Health Portfolio Committee, Members of SCOPA including the former Chairperson Mr Mike Tarr who is now the Mayor of Umsunduzi Municipality, Members of the Finance Portfolio Committee and the entire Provincial Legislature.

I would like to thank my Head of Department, Dr Sibongile Zungu, for her excellent leadership thus demonstrated since assuming the role of Head of Department, the Chief Financial Officer, Mr. Ndoda Biyela, Acting Chief Operations Officer, Dr Lindiwe Simelane and the members of the entire Management team, both at Head office and throughout our decentralized health care system.

Finally, let me thank my wife, uMaDlamini, and my family for their support.