

Opening Address of the MEC for Health – Dr Sibongiseni Dhlomo at the Annual Conference of the KZN Managed Care Coalition -Elangeni Conference Centre, Durban

30 May 2009

PROTOCOL

I feel humbled and yet honoured to be part of this important annual Conference of medical family practitioners, organized by the KwaZulu-Natal Managed Care Coalition (KZNMCC).

I would like to convey apologies from the Honourable Premier of our Province – Dr Zweli Mkhize – who was invited to this function together with the Minister of Health but could not make it because of the National Lekgotla of the government.

As we all know, Dr Mkhize has recently assumed the head of provincial government position in KwaZulu-Natal and has appointed his Executive Council to carry out the deep-seated socio-political and economic aspirations of the people of our province. He has – subsequent to these national commitments, I have mentioned – asked me as KZN MEC for Health, to stand in for him.

Your invitation came before the elections and the noncommittal change of government. However, the issues which the organizers had asked him to raise this morning are well within the competency of

the provincial Department of Health. I will share with you some of those contextual issues of the government's plan on health care for the country and our province. However, Dr Mkhize as Premier of KZN is sending his best wishes for the proceedings hitherto, as well as for discussions that still ahead for today until the end of your Conference tomorrow.

Let me start by sharing with you the African National Congress priority areas for the next 5 years of governance, contained in the ANC 2009 Election Manifesto:

- creation of decent work and sustainable livelihoods
- education
- health
- rural development, food security and land reform
- the fight against crime and corruption

It is prudent to state upfront that these priorities will be tackled with all the means at our disposal as the ANC - the resources of government, the vision of the Freedom Charter and the energy and commitment of our people. It is also prudent to state that they will specifically target the needs of the youth, women, workers, the rural poor, the elderly, and people with disabilities. This is extremely important to keep in mind for the background.

I am also glad that in your 2005 gathering, you invited the then National Health Minister, Dr Manto Tshabalala Msimang, who had this to say:

‘Focusing on only one sector, be it public or private, will not lead to the attainment of our shared vision of an accessible, caring and quality health system. It is the totality of the health care system that matters because both sectors should fundamentally seek to provide the best care for all South Africans.’

STRIVING TO ACHIEVE HEALTHCARE FOR ALL IN OUR KZN

I would like to quote extensively from the Election Manifesto, with specific reference to those issues of quality healthcare and its access to all our people in the province.

The Freedom Charter commits us to:

- a preventive health scheme run by the state
- free medical care and
- hospitalization provided for all, with special care for mothers and young children.

There have been many achievements and success stories in improving access to health care. Yet, much more still needs to be done in terms of quality of care, making services available to all South Africans and ensuring better health outcomes. The ANC government in the country generally and in KwaZulu in particular, will

aim to reduce inequalities in our health system, improve quality of care and public facilities, and boost our human resources and step up the fight against HIV and AIDS and other diseases. Health reforms will, and should, involve mobilization of available resources in both sectors of our society to ensure improved health outcomes for all South Africans.

In practical terms, the ANC government and the Department of Health in particular have made these concrete commitments and tangible deliverables (and I quote from the Manifesto): We have committed to:

- Work together with all key sectors in our society through a social compact to continue to transform the health care.
- Introduce the National Health Insurance System (NHI) system, which will be phased in over the next five years. NHI will be publicly funded and publicly administered and will provide the right of all to access quality health care, which will be free at the point of service. People will have a choice of which service provider to use within a district. In the implementation of the NHI there will be an engagement with the private sector in general, including private doctors working in group practices and hospitals, to encourage them to participate in the NHI system.
- Improve quality standards for both public and private sectors, which will include specific targets for the provision of adequate numbers of workers at all levels of the health care system, including recruitment, training and filling of vacant posts. There

- will also be a focus on increasing health worker training output in the public sector - including through re-opening of nursing training colleges. There will also be improvements in the working conditions and provision of decent wages for workers.
- Improve management and leadership skills at all levels of the health system, as well as meeting the national standards of quality care and ensuring an explicit accountability framework.
 - Upgrade and improve public hospitals and clinics, as well as the administrative systems and buildings so that long queues and waiting times are reduced and improved quality care is available.
 - Reduce the rate of new HIV infections by 50% through aggressive prevention campaign and expand access to appropriate treatment, care and support to at least 80% of all HIV positive people and their families. More resources will be devoted to strengthening the implementation of the national plan on HIV and AIDS and STI. Partnerships will be built with labour, business and community organizations to step-up the national fight against HIV and AIDS.
 - Improve the health status of the population and achieve the health-related Millennium Development Goals (MDGs). This will include measures to scale up HIV prevention, address the challenge of TB and reduce child HIV infection rates through up-scaling the Prevention for Mother-To-Child Transmission of HIV to 95% in all districts.

- Accelerate the campaigns on health promotion and disease-prevention by changing social values and norms through common community action. Furthermore, communities will be encouraged to adopt healthy diets and to exercise and to take part in campaigns against drug and substance abuse.
- Continue to raise awareness about addressing sexual and reproductive health rights of women and strengthen the enforcement of these rights, as well as ensuring that they are incorporated in the HIV and AIDS programmes.
- Review existing drug policy and strategy to support effective implementation of the NHI and strengthen the managerial and technical capacity of government. Government will also conduct a feasibility study for the establishment of a state-owned pharmaceutical company.
- Invest in research and development in the health sector, including infant mortality research, HIV prevention technologies, health status surveys, development of new medicines, and indigenous knowledge systems.

For an esteemed collective of medical professionals and leaders like yourselves (and myself), these are not just fancy highflying ideals which in the words of Karl Marx are a pie in the sky when die. They are firm pragmatic commitments based on the needs assessment of the public healthcare conditions confronting our people, especially those who do not have medical insurance.

These political imperatives are in tandem with the key priorities of the National Department of the Health Sector Strategic Framework of 1999 to 2004, also known as the Ten Point Plan. In brief the Department mapped out its strategic direction for the aforementioned period with the following Plan:

- Reorganization of certain support services
- Legislative reform
- Improving quality of care
- Revitalization of hospital services
- Speeding up delivery of an essential package of services through the District Health System
- Decreasing morbidity and mortality rates through strategic interventions
- Improving resource mobilization and the management of resources with neglecting the attainment of equity in resource allocation
- Improving health human resource development and management
- Improving communication and consultation within the health system and between the health system and communities we serve
- Strengthening co-operation with our partners internationally.

This document – the Ten Point Plan, even in its revision after the Polokwane Conference on December 2007, remains the anchor of

strategic and substantive engagement within the Department of Health and in dealing sensitively with intermittent challenges in the implementation of this Plan. Hence the strengthening of this earlier position with the mainstreaming of public health care system and approach from April 2009 into the next five years.

All the above is possible with the collective harnessing of financial energies between the National and provincial governments, the private sector (various players within the business community – Information Technology and Telecommunication, Mining, Transport, Banking etc) as well as civil society. Professional bodies with a solid ethical and moral foundation like you in KZN MCC need to pool their intellectual, human and financial capital with us to the extent that we ensure the delivery of quality health care within the province.

As the new MEC for Health, I assure you of my support and willingness to engage with yourselves in all aspects aimed at improving the health status of the inhabitants of this Province.

It is also my fervent wish that you will find time to engage with us as a Department after this conference. We wish you wisdom and success in your deliberations.

I thank you.