

**SPEECH DELIVERED BY**  
**MEC FOR HEALTH DR SIBONGISENI DHLOMO**  
**DURBAN SOUTH DOCTORS'S GUILD**  
**40<sup>TH</sup> AGM DINNER AND DANCE**  
**14 AUGUST 2009**

Programme Director,  
Chairperson, Dr M.S Naidoo  
Members of the South Doctors' Guild  
Honoured Guests  
Ladies and Gentlemen

Allow me to express a humble apology from the Premier of the Province of KwaZulu-Natal, Dr Zweli Mkhize who could not be with us this evening because of other commitments.

As you might have heard, the President of the country is in the province.

We are indeed grateful as the Provincial Government that you have gathered this evening to celebrate the achievements of this noble organization. More importantly, we appreciate the opportunity to be part of the occasion which in my view is the culmination of a successful Annual General Meeting which was held on the 5<sup>th</sup> August.

I have been informed that before your AGM you shared ideas on how to improve the provision of quality care to our communities.

More importantly, the AGM and this evening's gathering illustrates your determination to strengthen the healthcare system while at the same time developing leaders who will safeguard this profession for future generations.

Undoubtedly, government appreciate your ongoing efforts aimed at integrating your expertise. Through this interaction you will identify new and better ways of enhancing this profession.

Improving working conditions, dealing with the workload, adequate staffing, mentorship and education are fundamental issues that require an ongoing dialogue. We are encouraged that these are the issues on top of the agenda of this organization.

Doctors are tasked with responsibility of ensuring the health of the nation. Therefore they must dialogue in order to ensure that they remain updated and ready to adapt to changes that are taking place on the socio-economic front and more specifically at their workplaces.

One such change is technology.

The new technology has resulted in an increase in the number of educated consumers of healthcare services. Doctors world-over are facing the challenge of staying abreast of the new technology that is available. If exposed to this technology, doctors will improve quality patient care, and also working conditions will improve.

Government has identified the provision of the cutting edge technology as requisites for the provision of quality healthcare to patients.

### **Commitment to providing quality healthcare**

As we gather this evening it is very important to reflect on the key issues facing the health sector in this country. These issues were identified through a process of internal review and external evaluations of the sector's performance between 1994-2008.

These included an evaluation commissioned by the National Department of Health (DoH) in 2008, as well as the report commissioned by the Education and Health Subcommittee of the ruling party, African National Congress (ANC) and undertaken by the Development Bank of South Africa (DBSA) also in 2008.

Drawing from the above processes, the health sector has adopted the following 10 Priorities for 2009-2014:

- Provision of Strategic leadership and creation of a social compact for better health outcomes
- Implementation of a National Health Insurance Plan;
- Improving Quality of Services;
- Improving Human Resources Management;
- Overhauling the health care system and improve its management;
- Revitalisation of physical infrastructure;
- Accelerated implementation of HIV and AIDS Plan and reduction of mortality due to TB and associated diseases;
- Mass mobilization for better health for the population;

More importantly, the recruitment and retention of health workers remain our top priority.

This government is committed to ensuring that health services are delivered by health care providers who are appropriately trained; appropriately remunerated and adequately motivated.

We want a pool of healthcare workers who possess the right skills mix and who work in environments conducive to the delivery of quality services.

Over the last decade, government has introduced various policies to ensure the recruitment and retention of health workers, including incentives such as Rural and Scarce Skills allowances and recently, the Occupation Specific Dispensation (OSD).

The Policy on OSD for health workers was adopted by three Government Departments in 2007, namely Health; Treasury and Public Service Administration.

An initial amount of over R1.4 billion was allocated for the implementation of OSD amongst over 100, 000 nurses in the public sector.

The criteria for eligibility for OSD included academic qualifications; years of professional experience and location in an environment of direct service delivery to patients (clinical setting).

The initial spin-offs of OSD are steadily emerging, with numbers of nurses from outside the public health sector beginning to return to this sector.

Within the public sector, nurses located in non-clinical settings have begun relocating to health care facilities to provide services directly to communities.

While OSD has begun to attract some nurses back to the health sector, the full impact of this policy will become quantifiable as implementation continues over the next few years. An empirical assessment of this impact is being undertaken. The Department is currently monitoring the difference that this policy has begun to make.

### **Ladies and Gentlemen**

The context of health service delivery in this country is characterized by the urgent need to accelerate progress towards the health-related Millennium Development Goals (MDGs).

MDG 4 urges nations of the world to strive to reduce childhood mortality by two-thirds by 2015.

MDG 5 stipulates that maternal mortality rate be reduced by three-quarters (75%) between 1990 and 2015.

MDG 6 requires countries to have halted by 2015, and begun to reverse the spread diseases such as TB and HIV and AIDS.

The provincial government is fully working towards achieving some MDGs.

We are embarking on a campaign for **CREATING HEALTHIER AND SUSTAINABLE COMMUNITIES.**

As the Premier pointed out in the state-of-the province address, government has directed that I lead a military style intervention to reverse the rising tide of tuberculosis.

We must all ensure the treatment of ALL people known to have TB and ensure strict adherence to treatment in an integrated approach.

We have formed an inter-departmental task team of officials who will lead an integrated plan at community level working with communities to reverse the rate of infection of the twin epidemics of TB and HIV.

We believe that TB can be cured even in the presence of HIV infection, but without strong management the combination has a devastating effect on patients.

We are calling all grassroots cadres, community health workers, extension officers, community volunteers as well as local community leadership, supported by various government departments to join government in this campaign.

### **National Health Insurance to improve the provision of health**

One issue that I want to touch on briefly is the National Health Insurance.

An analysis of the South African Health System reflects gross inequities in the distribution of resources between the Public and the Private Health Sectors.

The Public Health Sector, which provides services to a population of over 40 million, receives only 45% of the entire health expenditure in South Africa, while 55% of the expenditure occurs in the a Private Sector that serves just over 7 million.

The broad objective of pursuing a national health insurance system is to put into place the necessary funding and health service delivery mechanisms that will enable the creation of an efficient, equitable and sustainable health system in South Africa.

The key policy proposal is that NHI be funded from two sources of revenue, namely general tax revenue and an earmarked mandatory contribution.

All the employed individuals will have to make an appropriately determined mandatory contribution into an intermediary health fund.

The government will make a universal subsidy contribution on behalf of the indigent and poor into this fund to cover for their services. To be able to effectively realize the objective of universal healthcare for all, a number of reforms have to be undertaken which should include regulatory, financing, health service delivery and complementary reforms respectively.

The steps in the development of NHI requires reaching consensus on matters relating to: the Basic Benefits Package (Essential Healthcare Package); the Structure of the National Health Fund; and the Role of Private Funders and Providers.

The perception that the Government seeks to destroy the Private Health Sector is grossly misplaced. Government efforts are aimed at expanding the access of all South Africans to health care services in an equitable manner.

This is consistent with the Constitutional injunction in Section 27 that the Department must ensure progressive realization of the right to access to basic services for all South Africans.

The creation of the National Health System envisaged in the 1997 White Paper on the Transformation of the health system and the National Health Act of 2003, requires that the dichotomy between the public and private sectors be addressed. The unaffordable costs of the private health care in South Africa must also be debunked.

### **Programme Director**

The health sector is currently facing immense financial pressures as a result of the economic meltdown.

As government we believe that doctors should have a much greater role on how healthcare services should be provided in the face of this crisis that has hit the national and international healthcare sector.

Most public health institutions, especially in developing countries have to provide healthcare within financial constraints. I challenge this organization to come up with clear strategies and proposals on how to ensure the continuing provision of quality care in the face of the economic meltdown.

These proposals will be discussed with government and other stakeholders.

We are calling on you because the healthcare provision has always been linked to the protection of human rights. I believe that, the financial turmoil should not hamper our efforts that are aimed at protecting the dignity of those under our care.

In conclusion,

I want to salute the members of this organization for their continued dedication and commitment to their profession.

As government we will continue to work with you to ensure that health services responds to the needs of our communities.

During 2008/09, the Department developed and began implementing a quality assurance programme focusing on the functioning of each individual health facility.

A policy framework for establishing National Core Standards for health facilities, and a system for ensuring compliance were developed. The Department published the National Core Standards in April 2008, which covered seven domains namely, patient safety; clinical care; governance and management; patient experience of care; access to care; infrastructure and environment, and public health.

Appraisals of 27 priority hospitals were conducted by national teams between June and August 2008, and the results informed the development of Health Facility Improvement plans for each hospital. By the end of September 2008, Facility Improvement Plans had been developed for 25 hospitals. Supportive facilitation was provided to these facilities by the National and Provincial DoHs, as well as health districts.

The nature of the support provided aimed at assisting facilities to focus on achieving results to turn around specific problems in the short term, thus building their capacity to improve quality in the long term.

An important national Colloquium on Quality was also held in November 2008 with the presence of a large number of stakeholders from private and public sectors, as well as regulatory bodies, professional associations, organised labour, academics and non-governmental organisations.

The health sector will continue to strive to place “quality at the centre of all we do” through a combination of strategies including mobilising health workers and communities to provide and expect quality care; establishing the long term mechanisms to build quality into our performance management, and to fast-track the use of cutting-edge methodologies to improve the quality in priority areas of health care.

I thank you and I wish you all the best.