

**Speech by KZN Health MEC, Dr Sibongiseni Dhlomo on
the occasion of the KHANYA AFRICA strategic
workshop at St Lucia**

5 June 09

Chairperson, Dr Bongane Nxumalo

Colleagues

Greetings

I was invited to this gathering in my capacity as the political head of the Department of Health. But over and above that, I have also been deployed by the Premier of this Province – Dr Zweli Mkhize – to stand in for him as he has another mammoth pressing engagement with the President of the country. I would like to convey his blessings and best wishes as you deliberate in the next two days. His heart is here and he wishes you well.

I will start by appreciating the visionary inputs by my predecessor, Ms Neliswa Nkonyeni as well as those of the former Minister of Health, Dr Manto Tshabalala Msimang that gave birth to this revolutionary outfit now called Khanya Africa.

I also feel privileged that I was also invited to ply my skills and make a contribution whenever time allowed.

Today, though invited, the roles have changed as I now have to engage with you as an MEC to whom you have to lend assistance and make recommendations to.

Truth of the matter is that we are all in the fortunate position as we believe in one ideal; that of a better health for all our people, particularly the marginalized, in the rural settings.

I must indicate that I fully believe in KHANYA AFRICA and all that this organization seeks to attain.

Today, even though there were other significant engagements that I was supposed to attend, I prioritised this workshop with the full knowledge that you are the real partners to the Department of Health that I have been entrusted to lead.

You may be aware that since my assumption of duty, I have been visiting hospitals around the Province with a view of meeting the management and getting to know how things are done in each institution. As such, I have been impressed

by some, particularly the Newcastle and Utrecht Hospitals and disheartened by some especially those around Durban.

One pertinent issue with almost all the institutions is that of the financial management or lack thereof, a feature that has a direct bearing to what standard of care we offer to our patients and what working conditions our professional health practitioners find themselves in.

Another challenge is the failure by the Department to provide accurate statistics as the information systems are not yet in place to facilitate an accurate account of the current health trends.

I am mentioning all this because I want you to be aware of our situation since you are an organization that is prepared to make meaningful contribution and interventions.

Let us take for an example the reports that come from the National Confidential Enquiries into Maternal Deaths (CEMD) system that is recording and analyzing maternal deaths through out the country. It provides an analysis of the numbers, trends, causes and avoidable contributory factors of maternal deaths. For KwaZulu Natal, it says the Maternal Mortality ratio has shown an increase from 166 per 100 000

in 1996 to 210 per 100 000 in 2007. This is a worrying revelation indeed!

As a Department, for all the programmes we are supposed to be setting ourselves specific objectives and targets. For instance in as far as the Maternal health and Newborn care is concerned, we are expected to attain the following:

- Increase proportion of pregnant women who initiate antenatal care before 20 weeks from 29% to 90% by 2013
- Increase proportion of pregnant women who received at least four ANC visits from 71% to 95% by 2013

The current status indicates that less than 30% of pregnant women book for Antenatal Care before 20 weeks. For our Community Health Centres, the Basic Ante Natal Care policy requires that clinics should provide point of care syphilis testing, but that is not the case with all of them.

To correct the above, I need your assistance with the following operational strategies:

- Defining staffing norms for the clinics and recruitment of the correct caliber of staff

- Extension of the working hours to Saturday to accommodate pregnant working women
- The communication and education strategy to dispel the misconceptions by the community that we do take them into confidence
- Developing and implementing a referral protocol between private and public sectors
- Accelerating the implementation of Basic Ante Natal Care whilst providing supportive supervision to the facilities
- Reducing unwanted pregnancies through the increase of contraceptive prevalence from 24% to 90% as expected by 2013, mind you, 15% of all deliveries are to young mothers below the age of 18 years.

In as far as Child health Care is concerned; we are expected to reduce child deaths from all preventable causes. In this regard, we have to ensure the following:

- Immediately increase the proportion of fully immunized children from 85% to 90%
- Increase the proportion of children 0 to 59 months with diarrhea receiving ORT at home from 60% to 80% by 2013

- To increase proportion of children 0 to 59 months with suspected pneumonia who are taken to a health care provider from baseline to 90% by 2013
- To ensure monthly home visits by Community Health Workers for health promotion, education and identification of danger signs and referral to health facility
- Formation and sustenance of support groups at community level
- Communication and social mobilization to ensure that the communities are informed and engaged on key health issues.

So as you can see our President, Hon Jacob Zuma is correct when he says:

'Despite major achievements of the last 15 years, much more needs to be done.'

In the 2009 Election Manifesto, he outlined what has to be done. I thought it wise to share it with you as it has to serve as a guide going forward:

- The ANC government will ensure improved management and leadership skills at all levels of the

health system, as well as meeting the national standards of quality care.

- An explicit and effective accountability framework will be established for a decentralised management model, including governance arrangements, for health service delivery.
- There will be major improvements in the human resource health plan for the country. This plan will provide for detailed norms on the levels of health professionals per population ratios. This will include composition of primary, secondary and tertiary care teams which are necessary to provide packages of health services under the National Health Insurance.
- There will also be a focus on increasing health care worker training output in the public sector. This will include re-opening nursing training colleges, encouraging nurses who complete training to register for practising the profession, and possibly bringing in health workers from countries with an excess supply.

Other interventions include the following:

- Specifying staff targets for key health personnel needed over the next 5 years.
- Increasing bursaries for health care professions;

- Increasing the employment of community health workers, which will be linked to the improvement of the district health system.
- Improving working conditions and the provision of decent wages for health workers.

There you have it. As partners, let us work together for the wholesome attainment and implementation of all of the above. Let us also find meaningful roles for other progressive entities that have expressed willingness to work with us in the quest to provide a better health for all the people. Organizations like:

- The 7th Day Adventist Church
- The International Centre for Eyecare Education (ICEE)
- The Military Health Services
- The KwaZulu-Natal Progressive Primary Health Care (KZNPPHC)
- Faith communities

Thank you again for inviting me to be part of this brainstorming session. I wish you wisdom in your deliberations.

I thank you.