

**BUDGET POLICY STATEMENT OF THE DEPARTMENT OF HEALTH (VOTE 7)**  
**DELIVERED ON THE 25<sup>th</sup> MARCH 2011**

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

Honourable Members of the Legislature

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

Madam Speaker, yesterday the National Minister of Health, Dr Aaron Motsoaledi, unveiled the country's strategy to fight TB that entailed a Community based approach and unveiled new TB testing equipment "GeneXpert" at Prince

Mshiyeni Memorial Hospital. This technology will significantly reduce the waiting period for our patients in receiving their TB results to a mere 2 hours instead of 4 weeks. This machine is only one of five machines of its kind in the world.

His visit to the Province was appropriate as the 24<sup>th</sup> of March is the World TB Day. His visit was a clear demonstration of government's commitment to the eradication of TB and HIV from the face of the country. It also affirms the assertion by the Honourable Premier that; "If South Africa is to achieve the goal of 'A South Africa that is free of Tuberculosis, HIV and the stigma surrounding the diseases', KwaZulu-Natal has to lead such a change". Indeed we are on course to making that change happen.

South Africa has one of the highest Tuberculosis (TB) burden in the world and is ranked third. Our country is one of the 22 high burden countries that contribute to approximately 80% of the total global burden of all TB cases. About 407,000 cases of TB were notified in 2009, with KwaZulu Natal and the Eastern Cape accounting for almost 50% of all cases. Ethekewini District alone accounts for 45,000 cases which is (35, 1%). Madam Speaker, more than 100 new cases per 100 000 people constitute an epidemic.

We have to note that KwaZulu Natal also has 73% HIV and TB co-infection rate.

Our allies include decision and policy makers, agencies, donor groups, governments, opinion leaders, NGOs such as professional and religious groups, the media, the private sector, communities and individuals.

Honourable members of the house and guests;

This year, we mark a century of women as agents of change to improve their lives, communities and health. Over the past 100 years, many advances have improved the health of women and girls. Examples include: social and legal reforms regarding the sexual offences against girls; access to safe abortion services, free ante-natal services, free provision of health services to children below six years, cancer screening and other health services that ensure that women do not get ill because they are women; and progress towards ending harmful practices such as sexual and gender-based violence.

We have learnt from my colleague, Honourable ES Mchunu that 17 260 KwaZulu Natal school going age girls fell pregnant in 2010.

Madam Speaker, it is also sad to note that in Zululand girls do not attend school when it is that time of the month which only affects women. This is because 70% of them are being looked after by a grandparent who depends solely on a

government social grant. At this time I wish to thank the **Operation Sukuma Sakhe** leadership team led by the Honourable Premier, Drs Zweli Mkhize as well as the Head of Health Department, Dr Sibongile Zungu, who a few weeks ago delivered sanitary pads to Empilweni High Schools in Nongoma area.

### **Highlights of 2010**

Indeed, 2010 was a year of public health challenges stemming from a series of incidents. But it was also a year where long-term collaborations were cemented that will culminate in better health outcomes in a number of key delivery areas such as maternal, child and women's health; HIV prevention; improvements in the quality of care and building a responsible health workforce that is committed to the delivery of high quality healthcare for and with the people of KwaZulu-Natal.

The year began with news of a launch of an ambitious campaign that aimed at circumcising more than 200 000 males by this time of the year. The campaign was received with great enthusiasm from various stakeholders especially the custodians of customs and traditions – the Traditional leaders. The campaign also saw the Minister of Health, Dr Aaron Motsoaledi, and our Premier, Honourable Dr Zweli Mkhize donning their white coats, joining the army of healthcare professions, and personally partaking in the exercise.

We are most honoured by the continued support of His Majesty, the King and *Abantwana basendlunkulu* wherever in this undertaking as was demonstrated during the UMKHOSI WOSELWA at eNyokeni where 5000 men who had been circumcised were put into a regiment - IZICHWE.

### **Bayede!**

We will report in detail on this campaign.

2010 also saw a steady progress towards achieving the health-related Millennium Development Goals particularly those pertaining to child mortality and maternal health– Goals 4 & 5 respectively. In October, together with the Premier and Queen Thandi maNdlovu, we launched the Maternal and Child Health Road Map 2014 for Saving Lives.

- Our main focus here is to introduce lifesaving technologies, standardizing maternal and newborn health practices and improving the accuracy of reporting on specific causes of maternal and neonatal mortality and morbidity.
- We also aim at increasing access to safe delivery facilities through the establishment of basic emergency obstetric care centres in key strategic areas.

- As noted by the Premier during the State of The Province Address, we have taken an initiative to create five Posts per District that will see us employing a Principal Obstetrician; a Principal Paediatrician; Specialist Physician; Advanced Midwife as well as Principal Anaesthetist, this as an effort to provide leadership and restore the use of the time-tested clinical protocols and rapidly improve the outcome of after birth by close supervision in hospitals and clinics.

With regards to **children under five**; we moved swiftly to implement the new Guidelines on HIV and infant feeding amongst many other interventions to give infants a best start in life. More than half of the deaths amongst children under the age of 5 years are associated with malnutrition or lack of optimal breastfeeding. Exclusive breastfeeding compared with mixed breastfeeding has been shown to be associated with a reduced incidence of diarrhoea, respiratory infections and allergy. Breastfeeding is a key child survival strategy.

Madam Speaker; the **disease of corruption, fraud and theft** easily undermines our democratic government as well as our goal for a better life for all. In this regard, we have spared no effort in rooting out corruption wherever it reared its ugly

head and we will be reporting on the great successes we have achieved in this regard.

Madam Speaker, it is a great honour indeed to again present to you our third Budget Policy Statement (Vote 7) in 2011, in a year of great expectations when all our people will be going to the polls in May to elect representatives of their choice on whom they pin their hopes and dreams of a better and healthy future.

The challenges ahead are enormous and the KwaZulu Natal Department of Health is well aware of its responsibility of providing a "Better quality health care in a system that is accessible to more South Africans, including the introduction of national health insurance." Our Honourable Premier, Dr Zweli Mkhize, has already alluded to the magnitude of the challenge. In his 2011 State of the Province Address, he told us that; *"It is important to acknowledge that the burden of disease that is affecting South Africa has its epicentre in this province."*

He further informed the house that we are a country that is grappling with four epidemics – one country, four epidemics. These are; HIV, AIDS and Tuberculosis; Non-Communicable diseases of lifestyle like hypertension, cancers and diabetes; Trauma and criminal violence which are largely associated with harmful alcohol and drug use; as well as Maternal and Child Morbidity and

Mortality. As a Department, we heard UKHABAZELA when he said: **IT IS KWAZULU-NATAL THAT SHOULD WORK TOGETHER TO TAKE SOUTH AFRICA FORWARD.**

Madam Speaker, through our National Minister, the Department has been given a responsibility to work towards ensuring **'A long and healthy life for all South Africans'**. We have already adopted a strategy and set targets to make this goal possible by 2014/15. We have set the following targets;

- Life expectancy to be vastly improved to 71 from the current status of males standing at 47.3 years and females at 51 years.
- Maternal Mortality ratio to 135 or less per 100 000 live birth as opposed to the current 224.4 per 100 000 live births
- Under five mortality ratio to be at 37 death per 1000 as opposed to the current 87.7 per 1000
- The TB cure rate to get to 85% moving away from the current 62%, as well,
- Access to antiretroviral to reach 90% of all the eligible people as opposed to the current 74%

Honourable members; you would agree with us that the most upsetting denominator is HIV and AIDS.

## **HIV and AIDS**

Madam Speaker, according to the 2009 ANC HIV survey results, KwaZulu Natal has the highest HIV prevalence which stands at 39.5%. This Province also has the largest HIV and AIDS programme in the country as we currently have a total of 386 facilities which are initiating antiretroviral therapy and these comprise of 63 hospitals and 323 clinics. By the end of December 425, 936 active patients were on antiretroviral therapy. Of the total 38 522 are children.

In order to further improve access, we now have 21 roving teams throughout the province making sure that all those that are eligible do get into the ART programme.

100% of our hospitals and 75% of the Community Health Centres are now also providing Post Exposure Prophylaxis for sexual assault victims. This is one service that a country with good natured people do not need but guess what, during 2008/09 a total of 10, 423 new sexual assault were reported in Public Health facilities with 3 604 receiving ARV prophylaxis.

We are also elated that the price of ARV drugs has come down significantly, in some aspects dropping by 50% and this means that much more money will then be used to fund other activities within HIV and AIDS programme.

Our Department still maintains that an effective and sustainable response to the pandemic is one that has prevention interventions as its fulcrum. We are emphasizing that the success of prevention intervention depends largely on collective societal commitments that support individual behaviour change which is a responsibility of all South Africans.

### **TB/HIV Co-infection**

HIV is the main reason for failure to meet Tuberculosis (TB) control targets in high HIV settings such as our province. TB is a major cause of death among people living with HIV & AIDS. KwaZulu-Natal bears the brunt of the HIV fuelled TB epidemic.

In response to the dual epidemics of HIV and TB, the department has implemented collaborative TB/HIV activities as part of core HIV and TB prevention, care and treatment services. This integration of TB – HIV services which is an important component of the HCT campaign will ensure that all HIV

positive patients are routinely screened for TB to expedite the treatment of eligible persons.

Thus far; we have screened 1 260 648 people for TB in the province, 90% of HIV positive patients have been screened for TB, HIV positive patients are provided with Isoniazid Preventive Therapy (IPT) to prevent them from getting active TB disease, 23 126 patients have been initiated on IPT since April 2010 and in February we launched an intensive TB case finding campaign in eThekweni.

We are also providing ART services at Primary Health Care facilities to strengthen the implementation of TB/HIV integration since patients are no longer referred to nearby institutions to access ART services.

Health care providers have been trained on the integrated management of TB and HIV by the Foundation for Professional Development and there is also a mentorship programme going on 'PULSAR PLUS' in all districts to ensure quality of service delivery.

Positive outputs have been witnessed as a result of enhancing integration for co-infected patients receiving comprehensive care as highlighted above in TB/HIV

co-infection report. The TB/HIV Co-infection is 63 % in this reporting quarter. This is a reduction from 71 % in the previous quarters.

However; late reporting and seeking of medical attention is still a challenge and this result in delayed initiation of ART especially for TB/HIV co-infected patients.

### **Prevention of Mother to Child Transmission**

Madam Speaker, AIDS has become the leading cause of maternal deaths in South Africa and as such Mother to Child Transmission (MTCT) accounts for the vast majority of HIV infection in children.

Prevention of mother-to-child transmission (PMTCT) of HIV has been at the forefront of our HIV prevention activities, following the success of the short-course zidovudine and single-dose nevirapine clinical trials. These offered the promise of a relatively simple, low-cost intervention that could substantially reduce the risk of HIV transmission from mother to baby.

We wish to indulge the house to join us in congratulating the men and women who have made great strides in this area. Madam Speaker, we have set ourselves targets for the reduction of mortality which are guided by the

Millennium Development Goals objectives and laid down for each district to attain.

Madam Speaker, progress is being made and we do have basis to expect the mortality rate to change as we report on the following achievements: On ANC client 1<sup>st</sup> HIV test rate our target was 95% and we achieved 91.8%; we had set to initiate 90% of all antenatal care attendees on AZT in 2010 but achieved 100%; we hoped to give Nevarapine to 80% of babies born to HIV positive mothers but we achieved 85, 5%. This indicator looks at babies that had Nevarapine (NVP) administered within 72 hours, hence not reaching 100% because of home deliveries that report to facilities after 72 hours.

Madam Speaker, the Province is also moving towards a nurse driven programme - Nurse Initiated and Managed Antiretroviral Therapy (NIMART). Throughout the Province, nurses are being mentored by doctors to initiate patients on ARV treatment. The Department is also in the process of establishing a sustainable mentorship programme for NIMART where these will then train and provide mentorship to Primary Health Care nurses. We are fortunate that most of these are midwives as this will further ensure that we have nurses who are competent in managing pregnant women who are HIV infected.

We are looking forward to further improvements as in the new financial year we have plans to pilot PMTCT Short Message System (SMS) text alert project starting in two districts; eThekweni ( Prince Mshiyeni plus feeder clinics) and UMgungundlovu ( Edendale plus feeder clinics) and we hope this will improve our outcomes even more.

Ladies and gentlemen; preventing unintended pregnancies among women living with HIV is a critical step towards reducing mother-to-child transmission. All women, irrespective of HIV status, need services that can help them make informed reproductive decisions and provide them with contraceptive options, if and when they are desired. By enabling women living with HIV to prevent or delay pregnancies, access to these services could avert HIV infection in infants.

### **HIV Counseling and Testing Campaign**

This campaign that was launched in KwaZulu-Natal last year in April of 2010 in the presence of the Minister of Finance, Hon. Pravin Gordhan, the Deputy Minister of Cooperative Governance and Traditional Affairs, Hon. Yunis Carrim and of course many of you in the house as part of the National strategy to combat the spread of HIV and AIDS.

The initiative, Madam Speaker, was a demonstration that our government has moved from voluntary testing model of service delivery to a provider initiated model that offers HCT to all patients at their entry point in the health system.

This shift places an obligation on the health care worker to explain to patients the importance of knowing one's HIV status and of continuous testing for HIV as part of a healthy lifestyle which we encourage everyone to adopt.

Madam Speaker, we now can report that between April 2010 and January 2011 **1,626,192** citizens have been counseled and tested for HIV and **1,260,648** have been screened for TB. This puts the Province at 79.8% towards achieving the HCT set target.

In the spirit of creating jobs, the HCT programme currently employs more than 1900 personnel. These people benefit the knowledge of HIV and AIDS of which they can use to educate their families and their loved ones. All the public health facilities are offering the HCT programme as part of their primary health services.

In our quest to further strengthen the HIV prevention programme we have engaged the Department of Transport, Freight companies, Taxi Associations and

Unions. This as a way to set up HCT Mobile Structures at Taxi Ranks; develop Truck Stops following the India model that recognises truck drivers as a backbone of the country's economy. It is envisaged that the drivers there are provided with rest rooms where they are made to feel that they are family men by being provided with proper rest rooms in a programme that emphasizes wellness and good diet.

### **Medical Male Circumcision**

Since the launch by His Majesty in April 2010 and the implementation of the programme there has seen a good response and uptake in the whole Province. Every District in KwaZulu-Natal has been conducting circumcisions in the Hospitals as well as the Camps.

We went further and introduced the programme in various tertiary institutions and Correctional centres. At Durban University of Technology we had 118 students and at University of Zululand we had 153 students partaking in the exercise. So far 450 inmates have been circumcised in the province.

Today we are proud to report that as at the end of January 2011 we have successfully performed 27 500 Medical Male Circumcisions including 22 neonates performed free of amputations and deformity and with no initiate dying. The programme continues now with the appointment of traditional coordinators per municipality being fast tracked through the consultation with Traditional House chairs.

### **Human Resources for Health**

Honourable members; Section 195 [1h] of our Constitution states: *'Good human resource management and career development practices, to maximize human potential must be cultivated.'*

The truth of the matter is that the current burden of disease places immense physical, social, emotional and psychological demands on health care providers both personally and professionally.

The core function of the KwaZulu-Natal College of Nursing is nurse training and production of qualified competent nurses. While training provides for poverty alleviation to some extent for new recruits, it also enables career pathing for in-service personnel to higher ranks in nursing.

The current learner enrolment for all programmes at various levels is currently at 5,255 and 1,933 graduates were produced. In 2011 we are endeavouring to train more 600 Nursing Assistants as well as 600 Staff Nurses.

Since the inception of Community Service in January 2008, **1984** Professional Nurses were allocated to Hospitals and Community Health Clinics thus contributing to the reduction in the vacancy rate for Professional Nurses. All efforts are being directed towards the attainment of Millennium Development Goal 4 (To Reduce Child Mortality). To this end, the partnership with the University of KwaZulu Natal for the 2-Year decentralised Advanced Midwifery programme is continuing.

Through this initiative the department has acquired 55 additional qualified Advanced Midwives in December 2010 with a further 77 completing training in December 2011. The annual output of our College of Nursing is 50 advanced Midwives per annum.

Our programme for the improvement of Quality Health care and ensure that we meet the set goals, as outline in our Ten Point plan, is to improve the quality of

leadership and management. It is well known that the measure of any health system is its impact on health outcomes.

Twelve [12] of our Hospital CEOs have enrolled for a Master's Degree in Public Health and we have given bursaries to the amount of R36 million to 755 students, 383 of which are future doctors recruited from various communities. We must emphasise that we have now incorporated a strict obligation to go back and serve the community you came from. I always say; we are no longer going to entertain the cry over shortage of health professionals. My answer is always;

*Baphi abantwana bendawo?*

We are also proud to announce that we have 263 new mid-level workers that are serving to strengthen support personnel in various categories including Occupational Therapy; Physiotherapy as well as Pharmacy Assistants.

### **Cuban Medical Training programme**

Madam Speaker, we are proud of the progressive stance adopted by the Cuban Government of taking rural students from our country and turning them into highly qualified doctors. This programme is progressing well and the pass rate is estimated at 98%. The latest group from KZN consists of 14 students that

started in September 2010 with an additional 20 that will be admitted in 2011. We are also excited that the National Department of Health is negotiating an increase in the number of students that SA sends to Cuba to study towards a Degree in Medicine

As means to take care of those students that come from KZN, a shipment of stationery has been sent to Cuba. We have also established a programme to mentor these selected students and thus can report that 16 universities have already been visited to address and support them. Further, a dedicated presenter has been appointed to perform this function. To date there are 57 KZN Students studying in Cuba.

### **Health Technology Engineering**

Madam Speaker, as part of efforts aimed at improving the Health Technology Equipment we have decided to identify and recruit 93 students through the flagship programme from all Districts, sending them for training at Tswane University to study Health Technology Engineering. For 2010/ 11 financial year there are 23 at the cost of R660 000; for 2011/12, there will be 30 at the cost of R1.56 million and for 2012/13 there will be 40 at the cost of R2. 76million.

## **Integration of Community Based Services**

Madam Speaker, Community Care Givers were previously managed by Non Profit Organisations and the Department had renewable contracts on an annual basis. A decision was taken to terminate all Contracts by 30 September 2010 due to Auditor General's concerns and the Department of Health, in designated phases took over the contract management starting with Community Health Workers. The first phase commenced with the signing of 4868 CHWs from the 11 Districts and their job titles changed to Community Care Givers with the stipends increasing to R1500. Their Supervisors were also allocated a stipend of R2000 a month. The second group of Community Care Givers (Home Based Carers) contracts with NPOs will be officially terminated on the 31 March 2011.

Madam Speaker, we have also decided to reward those that have been diligently giving their time to the poor and sick by selecting 245 Community Care Givers and enrolling them in the two year Nursing Course as a way of saying thank you for demonstrating compassion.

## **Youth Ambassadors and EPWP**

The department also has a Youth Ambassador Programme that is designed to empower young people with the basic health skills that we offer over a period of

24 months (2 years). On completion of the two year ancillary training they can venture to careers of choice within the Government.

### **Community Based Rehabilitation Services**

In our continued effort to engage with our clients at the community level, we have outreach teams for rehabilitation services. With only two fixed rehabilitation centres (one in Pietermaritzburg and the other in Phoenix ), our teams, made up of therapists, dieticians, social workers, community based rehabilitation (CBR) facilitators and community based rehabilitation workers, provide outreach services weekly or monthly. Of note, is the establishment of a training centre for blind and partially sighted at Magaye in Pietermaritzburg. Twelve visually impaired people have been trained in basic CBR skills and eleven blind people have completed Mobility and Orientation training. We are planning to target 57 wards, in 2011/12, in the development and strengthening of CBR projects.

The Department is committed to creating work opportunities for People Living with Disabilities and service level agreements with twenty-two community based rehab workers with disabilities across the Province (2 per District) who have referred 137 PWDs for different services and provided peer counselling and support to 77 others. The intention is to increase the number of these workers to

improve coverage of services within Districts. Health care workers will receive training in sign language and participate in awareness workshops to improve the quality of service afforded to PWDs.

### **Emergency Medical Services**

The spectacular of the FIFA World Cup 2010 brought with it a sharpening and improvement in the provision of emergency Medical Services. Once again Madam Speaker; allow me to convey our heartfelt gratitude to the men and women in this service. You made us proud during the World Cup.

In preparation for the Fifa World Cup 2010, a state of the art Emergency Management Centres or Control room was commissioned during May last year at Wentworth Hospital. This centre ensures that all calls going into the centre are recorded. To match this centre, the department is in a process of procuring a real time vehicle tracking system which is going to assist EMRS to monitor the movement of all ambulances and rapid response vehicles to enable dispatchers to send the closest unit to an incident.

This unit procured 125 ambulances in preparation for the World Cup 2010. After the tournament 113 (hundred and thirteen) were distributed to the districts to replace those that were written off and those that were beyond economic repair. In responding to Maternal Health and addressing maternal mortality the remaining 12 (twelve) were reconfigured into Obstetric Units to cater specifically for pregnant women and neonates.

Madam Speaker in this financial year, we will be procuring an additional 274 ambulances. These ambulances are intended to replace the ageing fleet whilst expanding it in a quest to reach the National norms. The new ambulances are a mixture of different platforms to address issues of terrain and the road infrastructure in the province.

To complement the additional ambulances and to heed the call of our President of creating job opportunities and decent work, plans are afoot for EMS to recruit more than 250 Emergency Medical personnel. The directorate will also be recruiting Intermediate life Support, Emergency Medical Technicians and Advanced Life Support to use the resources to benefit our communities. The move is also aimed at reducing response times increase the number of operational ambulances.

We are also reviewing the operations of the planned patient transport and will introduce 'Hubs' in the main referral facilities to address issues of patients getting lost and ensuring that elderly citizens who use the transport are taken care of. The hubs will be introduced in Empangeni, Umgungundlovu and eThekweni. There will be officials appointed to coordinate the movement of patients ensuring that all patients are accounted for and directed to their respective clinics and or institutions for their appointments and boarding of correct vehicles during repatriation.

### **Health Information Systems**

Madam Speaker; Information and communication technologies (ICTs) have great potential to address some of the challenges we face in providing accessible, cost effective, high-quality health care services. Telemedicine uses ICTs to overcome geographical barriers, and increase access to health care services. This is particularly beneficial for rural and underserved communities as well as groups that traditionally suffer from lack of access to health care.

### **Infrastructure Development and Clinical Support**

Madam Speaker, our Department is determined to turn around the performance of this unit. We have now appointed the new General Manager for Infrastructure,

a Manager for the Clinical Support Services which fall under this Unit, three Hospital Revitalisation Project Managers, a Health Technology Manager for Revitalisation as well as twenty Health Technology Technicians who will be undergoing a two weeks training at the Tshwane University of Technology followed by the six weeks on-site training.

The capacity to deliver will be further strengthened by the professional skills that will be sourced from the Development Bank of South Africa (DBSA). DBSA will also be a critical role-player in the planning and construction of the new King Edward Hospital.

Madam Speaker, the Department is also continuing to meet with all its implementing agents and Provincial Treasury with a view to resolve the challenges that cripple service delivery. The Head of Department has scheduled monthly meetings with the Head of Public Works where all the barriers to service delivery will be discussed and mechanisms put in place to address them.

With the increased capacity within the Hospital Revitalisation Grant, the Department will be expanding its activities within the programme. Some of the deliverables for 2010/11 are as follows:

- **A new 400-Bed District Level 1 Hospital** will be officially commissioned in May 2011. This means that all district services that have been temporarily offered from various institutions including Wentworth Hospital will now be brought back to King George. In 2011/12 will be the start of the last phase of construction which will focus on the New TB Complex and Upgrades to Psychiatric Services.

### **Community Health Centres [CHCs]**

Madam Speaker, with all the efforts geared towards the strengthening of the primary health care system, the Department will be commissioning three completed Community Health Centres (CHCs) to the value of R370 million.

- These being St Chad's in Ladysmith which will open to the public in May 2011; KwaMashu and Turton opening in June and July respectively.
- We have also completed Phase 1 of the upgrade of Gamalakhe Clinic to CHC level and the second phase is now at design stage and is scheduled for construction by November 2011.
- Other new Community Health Centres that will go to construction towards the end of this financial year include Msinga; Dannhauser and UMzimkhulu.

## **Mortuaries**

Madam Speaker, we are also proud to report that we have finished all the work pertaining to the construction of a number of forensic mortuaries in 2010/11.

These include those located in Pietermaritzburg; Escourt; Madadeni as well as Park Rynie.

The mortuaries that are under construction but due to be completed in 2011/12 are Port Shepstone, Newcastle and Greytown.

In June this year we will also be commencing with the construction of the new Phoenix Mortuary, a project that will eventually resolve the current capacity challenges being experienced at Magwaza Maphalala Street mortuary.

Madam Speaker, I must also point out that this service has had many hiccups since the transfer from SAPS in 2006. In March 2011 we had a breakthrough when the remuneration issues were resolved in our Province.

As earlier mentioned, the Department will this year also reform its approach towards the **maintenance of all health facilities**. The Head Office Infrastructure Unit will now play a critical role in the managing of budgets and maintenance

plans for the institutions. The District Maintenance Teams will be established thus opening new permanent job opportunities to over 400 trained and untrained people.

### **The National Health Laboratory Services (NHLS) AND South African Blood Bank Services (SANBS)**

Madam Speaker, we have negotiated a service delivery agreement with the National Health Laboratory Service (NHLS) as well as the South African National Blood Bank Services (SANBS).

It is worth remembering that previously laboratory services were under the auspices of the Department of Health but now through the partnership forged we are able to report on progress and successes especially in the reduction of waiting times though with some challenges on other cost aspects. Progress is as a result of the following:

- Provision of transport for collection of patient specimens from clinics.
- Provision of SMS Printers, which is a new technology, i.e. once tests are completed in the laboratory they are then forwarded to clinics through SMS; i.e. health care workers need not to wait for transport to bring results.
- Desktop computers for accessing laboratory results

- The latest technology that is now provided in the African soil; i.e. the GeneXpert machine for TB testing which was launched by our National Minister, Hon Dr Aaron Motsoaledi yesterday at Prince Mshiyeni Memorial Hospital. This is absolutely line with the 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.*"

Madam Speaker, also in collaboration with SANBS we are in the process of establishing Hospital Transfusion Committees (HTC's). The core role of the HTC will be to monitor and improve blood utilization. It will also develop, implement and maintain a continuous quality assessment and performance improvement programme that involves all areas and disciplines within the hospital. This will result in the improvement of health care outcomes and focus on the prevention and investigation of adverse events.

### **Improved Health Financing**

Madam Speaker; our Supply Chain Management Unit has experienced tremendous amount of success with respect to the Turn Around Strategy and

while the results are slow to manifest, groundwork has been done. The Province in line with its Key Performance Areas is currently participating in 19 Republic Tender contracts and has put in place 6 Provincial Contracts.

The implementation of suitable contracts has seen a reduction in the Goods and Services Budget of **R 100 million** from December 2009/10 to 2010/2011 financial year, which is a substantial saving.

There has been increased monitoring and evaluation which has seen many suspensions and cancellations of defective contracts in the Public Sector. The department will not continue to do business with service providers who are not legitimate. There is an increased drive through the mechanism of contracts to ensure that the Department receives value for money and that procurement processes are streamlined in this regard.

The department has partnered with Provincial Treasury to address the issues pertaining to asset management and it is anticipated that this partnership will ensure that Operation Clean Audit is achieved by the 2014 financial year.

In understanding of the strong ties between poverty and good health the department has initiated a process of buying vegetables and eggs from cooperatives funded by the Department of Agriculture and Environmental Affairs, in an effort to strengthen its BEE/ SMME programmes.

The Department has also commenced the purchase of hospital linen from Department of Economic Development funded cooperatives. Services such as cleaning of buildings, gardens and grounds will be conducted by local communities, in line with RDP goals, which programmes will be intensified with respect to catering, laundry services and other areas where a competitive space can be created for BEE development.

Madam Speaker, we totally agree with the pronouncements made by the Hon President in His 2011 State of the Nation Address when he said: *'We have come a long way. We have achieved a lot, but challenges still remain.'* This Department also heard him when he declared 2011 as a year of job creation and as such, guided by the KZN Cabinet led by Premier Zweli Mkhize, we have resolved to undertake the following:

- Set aside a sum of R54 million to employ 180 personnel as Maintenance Teams to improve the Hotel Aspects of our Health Facilities in all Districts

- Create 700 jobs for personnel who will be engaged in the recycling at Hospitals and Clinics as well as in the exploration of recycling of Medical Waste

**In Closing Madame Speaker may I present to you the Department of Health's budget allocation for the financial year 2011/12.**

### **Budget Provision**

In the 2011/2012 financial year the KZNDOH budget is R 24, 484, 855, 000. This allocation reflects an increase of R 2, 368, 207, 000 or 11% when compared with the adjusted budget for 2010/11.

### **Revenue**

The source of funding for Vote 7: Health comprises of conditional grant funding amounting to R 4, 434, 669, 000 and an allocation to the equitable share of R 19, 986, 233,000.

The Department is expected to increase its own revenue estimates from R 162, 489, 000 to R 227, 798, 000 in 2011/12. The anticipated increase relates mainly to fees for board and lodgings in respect of personnel utilizing the Department's boarding facilities, and patient fees.

### **Programme 1: Administration – R 344, 171, 000**

The purpose of this programme is to provide strategic and supportive leadership and management and overall administration of the Department of Health. The programme will strive to attain the achievement of the following priorities during the ensuing financial year:

- Priority 1: Finalise the Service Transformation Plan (STP)
- Priority 2: Implement the Financial Turn-Around Strategy to improve financial management and accountability
- Priority 3: Improve Human Resource Management, Systems and Processes
- Priority 4: Implement the Health Information Turn-Around Strategy including Information Technology, Data Management and Monitoring & Evaluation.

### **Programme 2: District Health Services R 11, 739, 824, 000**

The function of this programme is to provide comprehensive, integrated and sustainable health care services (preventive, promotive, curative and rehabilitative) based on the Primary Health Care (PHC) approach through the District Health System (DHS).

- Priority 1: Revitalisation of PHC.

- Priority 2: Decrease HIV incidence and manage HIV prevalence.
- Priority 3: Reduce TB incidence and improve TB outcomes.
- Priority 4: Reduce maternal and child morbidity and mortality through implementation of the “Maternal and Child Health Road Map to 2014”.
- Priority: Improve the efficiency and quality of health services.

### **Programme 3: Emergency Medical Services R 926, 747, 000**

The intention for programme 3 is to provide emergency, medical, rescue & non-emergency (elective) transport and health disaster management services in the Province.

### **Programme 4: Provincial Hospital Services – R 6, 366, 182, 000**

This programme exists to deliver accessible, appropriate, effective and efficient General Specialist Hospital Services

- Priority 1: Rationalisation of hospital services
- Priority 2: Improve the quality and efficiency of Regional and Specialised Hospital services

### **Programme 5: Central Hospital Services – R 2, 473, 982, 000**

The aim of this programme is to render Quaternary and other Tertiary Health Services

- Priority 1: Rationalisation of hospital services
- Priority 2: Improve the quality and efficiency of Regional and Specialised Hospital services

### **Programme 6: Health Sciences and Training – R 933, 442, 000**

The provisioning of training and development opportunities for existing and potential employees of the Department

- Priority 1: Alignment of training with service delivery requirements.
- Priority 2: Establish a Management Training Strategy
- Priority 3: Implement a Mid-Level Worker strategy

### **Programme 7: Health Care Support Services – R 13, 971, 000**

The objective of this programme is to render Pharmaceutical services to the Department.

- Priority 1: Improve compliance with Pharmaceutical Regulations and legislation.
- Priority 2: Improve availability of medicines.
- Priority 3: Improve quality of Pharmaceutical services.

**Programme 8: Health Facilities Management – R 1, 686, 536, 000**

The focus of this programme is to provide new health facilities, upgrade and maintain existing health facilities, and manage the Hospital Revitalisation Programme and concomitant Conditional Grant.

- Priority 1: Transform Provincial Health Services through implementation of the aligned Infrastructure Programme Implementation Plan (IPIP)
- Priority 2: Create an enabling environment to support service delivery
- Priority 3: Hospital Revitalisation Programme
- Priority 4: Improved management of the Hospital Revitalisation Grant, Coroner Services Grant and Infrastructure Grant to provinces

**Working together we will achieve much more.**