

**EXECUTIVE STATEMENT TO THE LEGISLATURE BY KZN
MEC FOR HEALTH DR SIBONGISENI DHLOMO**

09 JUNE 2011

Madam Speaker;

Honourable Premier;

Colleagues in the Executive Council;

Members of this House;

Staff, citizens, patriots and friends.

On behalf of the Dhlomo Family, amaDinangwe, I wish thank all members of this house who sent their condolences when we lost our father during the Easters. We want to thank those who prayed for us during that difficult period.

In the same vain, I thank the members of this house for the support and words of encouragement that I received when I participated in the ultimate human race which I completed at my first attempt.

THANK YOU VERY MUCH ALL OF YOU.

Our health workers are under attack. In the month of May we buried a member of our Emergency Medical & Rescue Services who tragically died in Escourt after he was attacked responding to a distress call. In the incident a young man had stabbed his parents and the family called an ambulance. On arrival and while

trying to help the stabbed mother, the assailant stabbed our member of staff to death as well a policeman who was also at the scene.

Recently, we have learnt with shock that a doctor was stabbed to death in the consulting room of one of Mpumalanga's hospitals.

This is indeed tragic and requires that we all work together to protect the very valuable resource that we have, our healthcare professionals.

Dr Aaron Motsoaledi describes the current era as: "*...a time when the health care system is at cross-roads. We may choose the best route or the worst one ever, which will of course worsen our situation even more than what it is. The choice lies with us as South Africans in general but as elected leaders in particular.*"
(Budget Vote Policy Statement 2011/12)

I cannot agree more!

Today, I wish to report to this house about the progress we have made to ensure that "women, rural people and the poor" as correctly identified by our late Deputy Minister Dr Molefi Sekuloro, do not continue to be victims of human rights violations and 'walk the talk of values and quality'.

As we deliver today's report we will focus mainly on:

- Prevention of Mother to Child Transmission (PMTCT)
- HIV Counselling and Testing Campaign (HCT)

- Medical Male Circumcision (MMC)
- Highlights of the Nursing Summit,
- Progress on *Make Me Like A Hospital* Project with specific reference to Prince Mshiyeni and Mahatma Gandhi Memorial Hospitals,
- Progress on the recruitment of nurses and filling of vacant posts,
- An update on dismissals and suspensions as a result of our efforts to root out corruption.

PREVENTION OF MOTHER TO CHILD TRANSMISSION

Honourable members, you would be aware that this report is being tabled on the sidelines of the 5th South African AIDS Conference being held in Durban. Opening the Conference Chief Justice Sandile Ngcobo made a profound statement when he said: "...we are not achieving the desired results not so much because of the stubbornness of the virus but because of ourselves."

20 000 children are infected with HIV from their mothers each year in KwaZulu Natal province.

However, the Conference has been briefed about the great strides that our province has made in reducing the rate of transmission from mother to child. In 2008, it stood at 21% and now, by improving the quality of service at our facilities and offering

PMTCT to women at the correct time, it has been brought down to below 3%. A number of interventions have been put in place to ensure that we eventually eradicate the transmission of mother to child of HIV.

We have achieved 100% AZT initiation for all pregnant women who attended our Ante Natal Clinics. However, early booking is still a challenge in many areas of the province and I have called on all sectors to work with us in this regard.

HIV COUNSELLING AND TESTING CAMPAIGN

Ladies and gentlemen, it is with great pleasure to report that the people of South Africa have indeed taken responsibility. To date, more than 12 million, out of the target of 15 million, South Africans have tested since the launch of the campaign by the President of the Republic.

In this province since the launch of the campaign in April 2010, we have tested 2.3 million people out of the target of 3 million that we set ourselves to achieve by the end of June 2011.

It will be worth noting that we have reached an overall average of 78% and there are Districts that are still lagging behind. These Districts have not reached the 70% mark and they are eThekweni (58%), iLembe (68%) and uMgungundlovu (66%). The house will

also note that these are Districts where the prevalence rate is above 40%.

Moving forward, we will intensify our campaign towards the 3 million milestone at the end of June and our efforts will be in these three districts. We invite members of this house to come forward with innovations and lend us a helping hand.

MEDICAL MALE CIRCUMCISION

I had the great pleasure of attending the CAPRISA Scientific Advisory Board meeting where researchers were making presentations to the Board.

I was elated when there was unanimity on the number of prevention methods that have been implemented by government. Scientists singled out the roll out of the Medical Male Circumcision in this province as having opened the way for the uptake of this prevention method throughout the country.

We are told that more than 140 120 men and boys have been circumcised throughout South Africa and 35 688 (25%) of these were done in this province.

As we approach the June 2011 school holidays, we will be having camps throughout the province to continue with the programme of circumcision.

NURSING SUMMIT: 5 – 7 APRIL 2011

The National Nursing Summit was held from 5th to 7th April 2011 at Sandton Convention Centre, Johannesburg. It was preceded by Provincial pre-summit Consultations in all provinces from 14th February to 4th March 2011. The KZN Pre-Summit Consultation took place on 28th February 2011.

The summit was attended by about 2000 participants out of which 217 came from KwaZulu-Natal. Participants consisted of student nurses, nurses of all categories (serving and retired) from government and private sector nurses from all provinces.

This groundbreaking Summit was also graced by the attendance of our State President, Honourable Jacob Zuma as well as the Minister of Health, Dr Aaron Motsoaledi.

The objective of the Summit was to provide a platform to:

- Reflect critically and discuss key issues affecting nurses and the nursing profession, within the context of South Africa's disease burden,
- Examine how nursing education and training can be improved to ensure alignment to patients' and community needs,
- Discuss the role of nurses in major health policies and transformation initiatives,

- Draft a Nursing Compact or declaration document as a commitment to improving nursing services in the country.

President Jacob Zuma recalled the origin of Nursing as a noble profession with dedication, compassion and ethics as practised by pioneers such as Florence Nightingale and Cecelia Makiwane (the first African nurse to be registered in South Africa). However, he decried the fact that the present cadre of nurses do not measure up to the professional standards of these pioneers.

Honourable Members, the nurses of our country were then given the platform to reflect on several issues affecting nursing under the theme: *'Reconstructing and Revitalizing the Nursing Profession for a Long and Healthy Life for all South Africans'*.

The Summit ended with the adoption of a Nurses Compact which is a declaration of better nursing service delivery to all the people in South Africa.

PROGRESS ON RECRUITMENT OF NURSES AND FILLING OF VACANT POSTS:

Ladies and gentlemen, allow me to agree with the Minister of Health when he says: "Throughout the world, nurses are the **backbone** of healthcare delivery. Without them, we can't begin to talk of any healthcare system".

Many diseases can be prevented, yet we do not make the best use of the available resources to support this process. All too often, health care workers fail to seize patient interactions as opportunities to educate patients about health promotion and disease prevention strategies.

Given that many conditions are preventable, every health care interaction should include prevention support. When patients are systematically provided with information and skills to reduce health risks, they are more likely to reduce substance use, to stop using tobacco products, to practice safe sex, to eat healthy foods, and to engage in physical activity.

We would like to report to this House that as part of our bulk recruitment strategy, we have appointed **759** Nursing Assistants and **626** Staff Nurses in January and February 2011 to all Districts. One hundred and eighty three (**183**) Professional Nurses were also appointed for the same period.

Allow me to quickly announce that all these interventions are to support a paradigm shift towards integrated, preventive health care. We hope to equip patients with needed information, motivation, and skills in prevention and self-management. We are making **prevention** an element of every health care interaction. Members of the House will also remember that during the Budget Vote Policy Statement we announced measures to create jobs within the Department.

It is with great pleasure that I report today that since April this year (2011), the process of instituting *Maintenance Teams* at Districts has commenced. Districts have advertised posts for Chief Work Inspectors/Engineers who will oversee the work of these teams.

Hospitals have also prioritised the filling of vacant Artisan posts as well as related support personnel. This, we believe, will help improve the look of hospitals and clinics so that our people can be assured that they are institutions where they can receive care.

Community Healthcare Workers (CHW) continue to make a valuable contribution to community development and, more specifically, in improving access to and coverage of communities with basic health services.

In this regard, we have appointed into the Department, **2567** Community Care Givers including Community Care Giver Supervisors.

We are also happy to note that this year marks 15 years since the start of the *Cuba – South Africa Cooperation* with regards to the training of medical students. To date, Honourable Members, **58** students from KwaZulu-Natal have graduated from the Cuban programme. We recently sent **14** more students to study in Cuba. These are students from poor backgrounds and would have

otherwise not been able to achieve their dream of the being medical officers.

In ensuring that students from poor communities and backgrounds have an opportunity to study towards a health-related qualification, we have also granted **283 nursing students with bursaries** for 2 and 4 year programmes.

Considerable attention has been focused on the shortage of health workers, especially in *scarce skills* areas and where there are opportunities to have *mid-level workers*. To deal with poor health outcomes and the potential impact of the shortages on our ability to fight diseases and provide essential, life-saving interventions, we have made the following appointments;

- 24 Pharmacy Assistants
- 256 new learners commenced nurse training for the 4 year programme in January 2011
- 342 Professional Nurses commenced Community Service in January 2011
- 26 students are registered with the University of Pretoria and WITS training as Clinical associates; 7 in their final year and will complete at the end of this year, 8 are in the second year and 11 are in the first year of study.
- A group of 51 Occupational Therapy Technicians will be trained over two years by the University of KwaZulu-Natal. The first

group completed in April 2011 and are awaiting results from the Health Professions Council of South Africa.

- The Department has 313 vacant funded Basic Ambulance Assistant (Basic Life Support) posts which will be advertised and filled by the end of August 2011. Furthermore, the Department has ring-fenced funding of R 82 million for a further 583 BLS posts.

In summary Honourable members, for the period 1 January to date, the Department has appointed a total of **5122** personnel. This figure comprises 1566 scarce skill categories and 3556 other personnel which include 2567 Community Care Givers, 363 interns, 330 Medical Officers and 269 Bursary Holders.

UPDATE ON THE FIGHT AGAINST CORRUPTION AND MISCONDUCT:

Corruption in the public service has appeared as a recurring concern which this government has committed to root out. Public sector corruption is revealed in relation to public procurement and access to opportunities. Anti-corruption efforts continue to be high on the agenda of our department.

I wish to once again thank the cooperation between the various government departments and agencies who are working tirelessly to rid our public service of this 'disease'.

Ladies and gentlemen, in the month of May 2011 alone the KwaZulu-Natal Department of Health has suspended 20 officials to allow our officials to finalise the investigations and for the internal disciplinary processes to continue without hindrance.

Currently, 47 officials have either resigned, been dismissed and/or are appearing in various courts for acts of misconduct relating to corrupt activities in the Department. What is very striking is that these officials are alleged to have siphoned millions of public funds from the Department that could have been best utilised to train more nurses or recruit more pharmacists.

PROGRESS ON *MAKE ME LOOK LIKE A HOSPITAL* PROJECT:

Ladies and gentlemen, this House will recall that we announced the commencement of the Make Me Look Like A Hospital project following the announcement of the National Core Standards as part of the Department of Health's commitment to providing the 'best quality care to patients and users of health services, in order to meet their expectations and needs, and to improve service delivery'.

The main purpose of the National Core Standards is to:

- Develop a common definition of quality of care, which should be found in all health establishments in South Africa as a guide to the public and to managers and staff at all levels;

- Establish a benchmark against which health establishments can be assessed, gaps identified, strengths appraised; and
- Provide a national framework to certify health establishments as compliant with standards.

The Minister of Health, in 2009, visited all Provinces and made clear his expectations to Hospital CEOs. In the Province, we also held meetings with the Management Teams at District and Hospital levels. Furthermore, we have been conducting unannounced visits to hospitals and clinics, the last being a few weeks ago at RK Khan Hospital.

Our requests are very simple and do not require Hospital CEOs to know the 'Pythagoras theorem'. We are not asking for extraordinary things. All we ask for is:

- Reduce waiting time
- Make hospitals clean
- Make medicines available
- Change staff attitudes
- Make hospitals safe and secure for staff and patients
- Managers must walk about to identify problems so that they are resolved where and when they occur.

The dehumanising effects of dirty facilities and lack of basic amenities like clean sheets have often caused our people to protest: "We too are human beings!"

It has been demonstrated that this can be improved without any injection of new resources – staff and budget.

Allow me to share with the House the two cases in point which are Prince Mshiyeni and Mahatma Gandhi Memorial Hospital. Honourable George Mari will attest to the Mahatma Gandhi case. At these institutions, the issuing of Out Patient Department (OPD) cards to clients by the clerks has been reduced to 15 minutes. At the Pharmacy Sections of this hospital, patients' waiting time for medication has improved from days to 35 minutes.

Staff are now aware of the need to display respect and positive attitudes to patients at all times. At Prince Mshiyeni Memorial the management has introduced what they call Staff 'Imbizo' which has been held twice, in July 2010 and in February 2011, and will henceforth be conducted quarterly.

The Minister of Health has pointed out that Mahatma Gandhi Memorial is one of the cleanest hospitals in the country. In his words, he said he would give it 98% for cleanliness. In the two hospitals, Senior Management Teams have initiated weekly walkabouts where problems are identified, action plans are developed and implemented.

Ladies and gentlemen, these improvements have not gone unnoticed and there is agreement that indeed we can improve the

quality of healthcare. Addressing nurses at the Nursing Summit, the President said;

*"If we implement these provisions, visits to our facilities will be a more tolerable and pleasant experience for our people. It will be as pleasant as what we have been informed has happened at **Prince Mshiyeni Hospital** in uMlazi, Durban. The hospital has been turned around from being the worst hospital in the country to one which is being praised by patients and the community for good service, efficiency and friendly staff."*

Quality is a very wide term that means many things to many people. One definition of quality, which has been proven in these two cases that I have shared, is **"getting the best possible results within the resources that we have."**

CONCLUSION:

Dr Sefularo, in his last writings, continues to say; *"Our first priority lies in recognising that health care, and indeed all public service is based on values of caring, dedication and integrity; and that this has to be led from the top, from our leadership. President Jacob Zuma has clearly stated how critical it is to transform the attitude of our public servants to reflect the values we expect of our services."*

In 2000, the leaders of the world, including those of South Africa, committed themselves to a set of Millennium Development Goals. Writing a Preface to the MDG Report of 2010, President Zuma said: *"Our health is our life and MDGs 3, 4 and 5 are our life."*

I would argue that unless MDGs 4 and 5 are at the centre of action, we will fail on our promises to those least able to protect themselves. This is not inevitable, it is a choice. All of us are called to the front lines of healthcare in the poorest communities as the people look to us to provide the leadership that is so desperately needed to fulfil our tall promises.

I thank you.