

BUDGET POLICY STATEMENT OF THE DEPARTMENT OF HEALTH (VOTE 7) DELIVERED ON THE 12th JUNE 2013

Madam Speaker

Honourable Premier – Dr Zweli Mkhize, Gubhela

Chairperson & Members of the KwaZulu-Natal Portfolio
Committee on Health

Fellow Members of the Executive Council

Honourable Members of the Legislature

Mayors, Councillors and Amakhosi

Chairperson & Members of the Provincial AIDS Council

The Head of the Department of Health – Dr Sibongile Zungu

Senior Managers in the Department of Health

Health workers across the length and breadth of the Province

Distinguished guests

People of KwaZulu-Natal

Ladies and gentlemen

“IMISEBENZI KAHULUMENI IYABONAKALA”

Today, as I deliver the Department of Health Vote 7 Budget Policy Statement, I feel extremely proud yet humbled as I recall the words of Mr Michael Sidibé, UNAIDS Executive Director, when, at the UNAIDS/CAPRISA Symposium on 3rd June 2013, in Durban, he said, “Political and traditional leadership have been brought together with scientific evidence to advance progress towards the end of the AIDS epidemic. This has resulted in a significant shift in KwaZulu-Natal’s AIDS response over the last few years....”.
(unquote)

Equally humbling are the words of our Premier, when in the 2013 State of the Province Address, he said, (quote) “For the first time in recent history, HIV and AIDS are showing signs of retreat. The number of AIDS-related deaths is declining. Since we took office

in 2009, we have stabilised HIV prevalence in our Province from 39.5% to 37.4%, as a direct result of our integrated approach through the Provincial Council on AIDS working together with all sectors of our society to ensure that our initiatives on prevention and to make anti-retroviral treatment available, are successful. Utilizing a special roving team of dedicated health professionals to initiate therapy to all 550 000 deserving individuals, we can now declare that for a few years now, the waiting list for anti-retroviral treatment no longer exists. It has been cleared for good.” (unquote)

Madam Speaker, a statement like this can only be made because it is supported by facts and findings of scientific studies and research and the effects of implemented strategies. Yes indeed, we have seen a turnaround in the HIV and AIDS pandemic. Whereas prior to 1997, none of our health institutions had ever operated in the midst of the biggest and most devastating pandemic in human history – HIV and AIDS – by the year 2000 the reality of what we were dealing with hit us hard and we knew that this could not be wished away. The Province had launched AIDS Challenge 2000, which could be regarded as the embryo that led to the birth of our invigorated and robust fight against this pandemic which took us through many dark and challenging periods undeterred and today we can say with pride that “we have turned the corner – Imisebenzi Kahulumeni Iyabonakala!”. We say this with confidence because we have seen a reduction in HIV prevalence amongst pregnant women decrease from 39.5% in 2009 to 37.4% in 2011 (Ante-Natal Survey). Alongside this our efforts in preventing mother to child transmission reduced from 19% in 2007 to 2.1% by July 2012 (MRC Study: 2011). Now Madam Speaker and Members of the House, these results are a true testament that the health outcomes for our Province are improving.

Setting the platform and walking with us during the past several years and prior are a band of highly committed health care workers, who take the vision and mission of the Department of Health seriously and who have come to understand the importance of the service delivery and have worked tirelessly under the leadership of the HOD for Health, Dr S M Zungu and the senior management team and to them I say, Thank You.

We acknowledge that we have not achieved these positive health outcomes alone and we want to pay homage to stalwarts such as Mrs H Mgobhozi, Mrs Bolane, Professor Philda Nzimande, Dr Mthlane, Professor R Gumbi, Mrs Nyasulu for their pioneering efforts in the field of nursing care as well as Professors Philpot, J Coovadia, Green-Thompson, J Moodley, M Adhikari, Dr Larsen, in the field of medicine, just to name a few. It is the likes of these individuals who have laid the foundation and shaped the course of health care in our Province and provided us with legacies that help us save lives and provide for the health and well-being of our people. A special tribute to Mama Hendrietta MaNkutha Mgobhozi who served this Province diligently for 50 years, whose passion and dedication was evident when, as a result of the realisation of the challenges and unavailability of health care to our communities, she single-handedly created an environment for safe delivery of babies – using mud structure clinics and her own equipment and makeshift incubators. She is known to have traversed the whole area of KwaMaphumulo

and Esidumbini even at odd hours, delivering babies. A remarkable woman indeed who deserves the acknowledgement that we accorded her recently and an award, The Hendrietta Mgobhozi Award for service excellence will be included in our departmental Excellence Awards.

MALIBONGWE!

Madam Speaker, with the advent of democracy and freedom in 1994, the dream of a better life became a reality. The ANC led government in the Province of KwaZulu-Natal has worked tirelessly to ensure that the hopes and dreams of all our people are not undermined and the vision and ultimate aspired outcome of A Long and Healthy Life for All South Africans is realised. This vision which forms the basis of the Government's 12 Outcomes is encapsulated in the four priorities of the Negotiated Service Delivery Agreement, namely:

- Increase life expectancy
- Decrease maternal and child mortality
- Combat HIV and AIDS and decreasing the burden of disease from Tuberculosis
- Strengthening health system effectiveness – linked to which are 8 sub-outputs.
- Based on the disease burden that we face we have added a fifth priority, namely, Non-Communicable Diseases.

In addition to all this, we also need to address issues of trauma, injury and violence.

As a Department we have worked on these five priorities, which together with the related outputs are the focus of my speech today. Before I go any further, Madam Speaker, we want to also acknowledge with thanks and appreciation our former two Chairpersons of the Health Portfolio Committee; Honourable Ludidi and Honourable Johnson, and the members of this House for the advice, support and understanding shown to us, the HOD and Senior Management. Your guidance and direction in matters of health have helped us grow and has steered us in the right direction. We also acknowledge our current Chairperson, uMama Maggie Govender, for her leadership and support.

Madam Speaker, it is our intention to take stock of where we are today in terms of our mandate and we will present to this august House, the investments and progress we have made, amidst many challenges old and new.

Therefore, Madam Speaker, let me move on and highlight the progress we have made in our many programmes and activities, which takes us a step further in our quest for universal coverage and access for all through the planned National Health Insurance system.

OUTPUT 1: INCREASING LIFE EXPECTANCY

Madam Speaker, in a recent press release, reference has been made to a study conducted on 101 000 individuals in an area of Umkhanyakude, by Africa Centre. The study measured trends in adult life expectancy over the period 2000 and 2011 and the findings indicate that, "...In the early 2000's, adult life expectancy in this community declined considerably, reaching 49.2 years in 2003. However, following the scale-up of anti-retroviral treatment (ART) in public sector clinics and hospitals, which started in mid-2004, adult life expectancy began to increase....." Jacob Bor, the study's lead author said, "The public sector scale-up of ART has transformed health in this community. Before ART became widely available, most people were dying in their 30s and 40s. Now people are living to pension age and beyond." In this area of Umkhanyakude alone, we have seen a gain of 11 years! This improved life expectancy is further demonstrated by the Census results of Stats SA 2011, where it has been recorded that Life Expectancy for both males and females has improved overall. It is our informed view that the various strategies and objectives that have been implemented in the last four years and prior are starting to bear fruit.

"IMISEBENZI KAHULUMENI IYABONAKALA"

Healthy Lifestyles & Health Promotion

Madam Speaker, we are all concerned that diseases of lifestyle lead to chronic illnesses which contribute to almost 40% of deaths in South Africa. Our Department has endorsed the healthy lifestyles campaign so that our people can live "Long and Healthy Lives" in line with the National Service Delivery Agreement priorities and Outcome 2.

In February 2012, we launched the programme for healthy lifestyles with the sole purpose of promoting the overall health and wellbeing linked to the four (4) identified focus areas. These include workplace, community, private and public partnerships. Furthermore, the Department has enhanced programmes to promote healthy lifestyles in our schools. In this regard, a total of 242 Health Promoting Schools (HPS) have also been launched to date, a notable improvement from the 167 in the 2009/2010 financial year.

As a Department we have also encouraged our staff members to live healthily and participate in sport. Last year we had 41 Comrades runners and this year we had 55 runners.

OUTPUT 2: DECREASING MATERNAL AND CHILD MORTALITY

Maternal and Women's Health

Madam Speaker, in 2010/11, the Department had recorded a total of 363 maternal deaths as a result of pregnancy related outcomes, an increase from 318 the previous year and we raised this concern in our Budget Policy Statement of 2012. This figure was unacceptably high however we are happy to say that there is an encouraging downward trend in maternal mortality. By the end of March 2013, a total of 317 maternal deaths were reported, a decrease of 46 compared to 2011. This reduction can be attributed largely to our achievements as a result of the initiatives we introduced, namely:

- The launch of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) in KZN by Minister Motsoaledi and Ma Graca Machel last year. This brought about the concept of Lodger Mother Homes utilized as maternity waiting homes by expectant mothers who stay far from health facilities;
- The introduction of 38 specialized Obstetric Ambulances used for the transportation of pregnant women – a first for the country! ;
- The deployment of District Clinical Specialist Teams across the Province consisting of an Obstetrician, Pediatrician, Anesthetist, Family Physician, PHC Nurse, Advanced Midwife and Paediatric Nurse;
- The Baby Friendly Hospital Initiative (BFHI) that promotes breastfeeding as the universally accepted best method of feeding babies;
- The Phila Ma Campaign, introduced by the Department has been a great success. The rate at which women are screened for cervical cancer has been improving. Based on a denominator of 75% of female population older than 30 years (197 817) a total of 95 541 were screened in 2009 (48.30%) compared to 2012 where out of a total of 209 298 females, a total of 171 248 (81.8%) were screened for cervical cancer. Efforts to address breast cancer as part of Phila Ma have commenced. A task team

made up of leading minds in the field of breast cancer is working on producing guidelines for the management of breast cancer from screening at community level to establishment of Breast Cancer centres in the leading tertiary hospitals in the Province.

Madam Speaker, we want to appreciate the support we are receiving from our Patrons, namely, Her Majesty, Queen Thandi who has championed the successful Polio and Measles campaign; First Lady of the Province, Dr May Mashego for championing Family Planning and awarding 68 Family Planning champions with certificates of commendation; and First Lady, uMama Thobeka Madiba Zuma who has been at the forefront in the fight against cervical cancer.

I am also happy to advise that I am undertaking visits to all 11 districts and addressing Councillors on the role they can play in terms of maternal and child health at community level.

A brand new initiative to stem the tide of deaths from cervical cancer in women, has been unveiled by the Minister of Health, Dr A Motsoaledi. In his Budget speech, delivered on 15th May 2013, the Minister announced the introduction of the HPV (human papilloma virus) vaccine for girls aged 9 and 10 years in Quintile 1, 2, 3 and 4 schools, from February 2014. Madam Speaker this vaccine will have an enormous effect on the prevention strategy for cervical cancer, which currently contributes to approximately 3 500 deaths per annum. The cost of the vaccine is high however the benefits far outweigh these costs. We would like the House to note that against the backdrop of budget cuts in Health in the current financial and outer years, additional funds for the vaccine will have to be provided. This will also involve a robust and well-resourced school health system, also with huge financial implications. The Department is also strengthening its efforts for breast cancer screening which will allow women better access and management of this type of cancer and strengthen our Phila Ma programme.

We recently had the privilege of a visit by a Delegation from the Africa Cancer Care centre based in Houston, Texas, who came on a medical mission to our Province. This interaction served to highlight some critical areas related to cancer care and the lessons learnt will assist the Department as we strengthen the work in this area.

Madam Speaker, we are confident that our efforts in the area of maternal health will definitely lead to better health outcomes and contribute to saving the lives of women in our Province, thus contributing to positive outcomes and ultimately longer life expectancy.

Child Health

Madam Speaker, whilst we acknowledge that neonatal mortality has not changed and remains consistent around 14/1 000 live births however we are striving to reach the national target of 12/1000 by 2014. Infant mortality has dropped from 40 in 2009 to 30 in 2011, having already exceeded the target of 36 for 2014. Similarly under-5 mortality has dropped from 56 in 2009 to 42 in 2011 and this too shows we have exceeded the 2014 target of 50.

Madam Speaker, we are thankful for the support given by parents insofar as immunization is concerned and want to encourage the members of this House as well as leadership in all sectors of society to spread the message to members of communities about the importance of immunization. We have also just completed the 1st round of the campaign to immunize children against Measles and Polio. The target population was 1.2 million children and to date 89% of the target has been achieved. To this end we wish to express our gratitude to the Royal Household and Amakhosi for their support. The 2nd round of this campaign will begin in mid-June for two weeks and will include screening for TB and malnutrition.

Madam Speaker, we have also recorded tremendous success with the introduction of two very new vaccines, Prevenor, to reduce the risk of children contracting Pneumonia and Rotatrix to prevent the incidences of diarrhoea in children. In KwaZulu-Natal we have achieved a huge turnaround in terms of reduction of diarrhoea in most of our hospitals and in Ngwelezane Hospital the ward specially designated for gastro-intestinal cases is now closed! That's how far we have come. We can proudly say that we have indeed contributed to the overall 70% reduction in diarrhoea country-wide.

“IMISEBENZI KAHULUMENI IYABONAKALA”

To accelerate the decline, we will be introducing Phila Ingane Sites in communities where growth monitoring and other child preventative services will be provided, inclusive of diarrhoea and malnutrition diagnosis at community level. This initiative comes as a resolution from the Provincial Council on Aids and we will be

piloting in Ugu, uMgungundlovu and Zululand.

OUTPUT 3: COMBATING HIV AND DECREASING THE BURDEN OF DISEASE FROM TUBERCULOSIS

Madam Speaker, we know that KwaZulu-Natal is regarded as the epicentre for HIV and AIDS and Tuberculosis (TB); high maternal and child mortality, alarming and ever-increasing incidence of Non-Communicable diseases. Added to this is the high incidence of violence and trauma.

The call for behaviour changes is echoed in every programme, through outreach initiatives and stakeholder engagements. The message from the Honourable Premier is clear, when he says: “if South Africa is to achieve a goal of a South Africa that is free of Tuberculosis, HIV and the stigma surrounding the diseases, KwaZulu-Natal has to lead such change”.

In 2009, the President also announced new ways of managing HIV and AIDS and in his address on World AIDS Day, the President said, “We should not be tempted to downplay the statistics and impact or to deny the reality that we face. At the same time, the epidemic is not about statistics. It is about people, about families, and communities”. It was on this day that the President also pronounced on the campaign to mobilise all South Africans to get tested for HIV.

HIV AND AIDS

HIV Counselling and Testing (HCT) Programme

Madam Speaker, the new approach to counselling and testing changed from a single HIV focus to a more inclusive and comprehensive service delivery model offered to all patients at their entry point in the health system inclusive of:

- HIV counselling and testing (HCT)
- Blood pressure (Hypertension)
- Blood sugar (Diabetes mellitus)
- HB (Anaemia)
- TB screening (symptomatic)
- Full clinical TB screening based on a patient circumstances

Madam Speaker, since the historic launch of the HIV Counselling and Testing (HCT) campaign in April 2010 at Edendale Hospital, we have had a tremendous response and support from the people of KwaZulu-Natal. By the end of March 2013 a total of 7, 857, 586 people received counselling, 6, 832, 992 were tested for HIV and of this total, 5, 786,365 people were also screened for TB with 887, 688 referred for clinical diagnosis of TB. One million (±) received counselling but did not proceed to testing.

A remarkable success indeed!

We attribute this success to amongst other things, the following:

- The pivotal role played by the Provincial Council on AIDS, championed by the Honourable Premier, which serves as an added impetus in our fight against the disease.
- The newly adopted Provider-Initiated Counselling and Testing approach (PICT), which saw a total of 1 133 nurses being trained in 2011.
- Expanding this service to high transmission areas such as taxi ranks, truck stops, universities, correctional centres, farms and factories amongst others.
- Increasing the number of non-medical testing sites from 23 in 2008 to 75 in 2012.
- Introduction of the “First Things First Campaign” in tertiary institutions aiming at encouraging students to change risk behaviour and test to know their status.

The HCT campaign was also strengthened through partnerships with retail pharmacies and metro-rail, who also participate in the campaign.

Treatment - Antiretroviral Therapy (ART)

Madam Speaker, our achievements with regard to HIV and AIDS has been highlighted at the beginning of my speech. However in addition to the reduction in HIV prevalence, we have also achieved the following:

- A decline of the new HIV incidence from an estimated 1.3% in 2009 (nationally) to 1.1% in 2012 in compliance with MDG 6 that calls on us to stop and begin to reverse the HIV and AIDS scourge.
- Reduction in reported HIV and AIDS related deaths from 67,429 in 2008/9 to 54,337 in 2010/11.
- HIV prevalence among 15 – 19 year old pregnant women decreased from 22% in 2009 to 16.8% in 2012
- HIV prevalence among 20 – 24 year old pregnant women decreased from 37.2% in 2009 to 33.3% in 2012

“IMISEBENZI KAHULUMENI IYABONAKALA”

Madam Speaker, the Province boasts the largest antiretroviral therapy (ART) in the country and probably in the world. The number of sites increased from 89 in 2008 to 607 by 2012. This was achieved through scale up at PHC level in response to the President's call in 2009 for HIV/TB services to be under one roof. To do this, the Department engaged in an aggressive training programme for nurses to ensure that the focus shifted from doctor driven to nurse driven services. As a result, a total of 1 578 nurses have been trained on Nurse Initiated and Managed ART (NIMART) since 2010 with a further 400 ready for certification currently. In addition a total of 150 nurses were trained as mentors and 155 doctors have completed the Diploma in HIV and AIDS Management. The total number of patients on Highly Active Antiretroviral Therapy increased from 225 389 in 2008 to 705 024 currently, contributing just above a third of the country's 1.9 million patients on ARVs. One of the key contributory factors was the change in policy which resulted in the changed eligibility criteria for ART, as follows:

- A CD4 threshold improved from 200 to 350 for the general population and pregnant women.
- Initiation of all TB/HIV co-infected patients irrespective of CD4 count.
- Initiation of all HIV infected children under 5 years of age.

Madam Speaker, "Imisebenzi Kahulumeni Iyabonakala!" and to confirm this, the Old Mutual Report published in the Business Day of 10th January 2013, states, "The death rate among employees of companies that bought risk cover from Old Mutual fell almost 20% between 2008 and 2011 – a decline that came as the Government's drive to get more HIV patients on treatment gathered pace. Research by the financial services company, released on Wednesday, is consistent with the findings of the a study published last year by the Medical Research Council which found life expectancy to have risen to 60 years in 2011, up from 56.5 years in 2009 as fewer people died of AIDS. Old Mutual's findings also tally with the latest UNAIDS global report, which estimated that sub-Saharan Africa had seen a 25% reduction in new HIV infections between 2001 and 2011."

The report also quotes Old Mutual's Group Assurance actuary, Mr Neil Parkin, who said, "It is almost inconceivable that this pandemic might end, but the research shows that the efforts that have been put in (to counter HIV) are starting to bear fruit".

Prevention of Mother to Child Transmission (PMTCT)

Madam Speaker, it is worth noting that the Province has managed to reduce the mother to child transmission of HIV to very low levels. This reduction is quantified in the report by the Medical Research Council (MRC), which indicated that the Province has managed to reduce mother to child transmission from 20.9% in 2005 to just 2.2% in July 2012. Our target in 2013/14 for reduction in MTCT rate is 1.4% and lower.

Table to illustrate the PMTCT progress:

YEAR	2009	2010	2011	2012
BASELINE	9.5%	5.7%	3.4%	2.2%
% REDUCTION	-	3.8%	2.3%	1.2%

Our success in this regard can be attributed to a number of improvements introduced over the past 5 years including the introduction of life long antiretroviral therapy to those who are eligible for ART, the use of ARV prophylaxis to those sexually abused and the revision in 2009, from single dose Nevirapine therapy to dual therapy which was later replaced with the introduction of Truvada and the introduction of Nevirapine syrup for infants, and, the emphasis on safe breast feeding practices – as announced by the President, Mr J G Zuma.

Madam Speaker, in addition to the above, a concerted effort has been made in prevention strategies related to HIV and AIDS and sexually transmitted diseases. We have taken our prevention strategies to public areas like taxi ranks, tribal authorities, municipal offices, beaches, market areas, shops and other public areas where we concentrate on HCT, STI treatment and condom distribution and treatment. This effort has resulted in improvement in condom distribution as we distributed 84 million male condoms and 1,337,485 female condoms in 2012 alone. For the current year, we plan to distribute 212 million male and 2, 8million female condoms as part of the prevention strategy.

TB/HIV Integration

Madam Speaker, TB is a leading cause of death in KZN and we also know that it is preventable and curable. It is estimated that co-morbidity of TB and HIV is at 70% in KZN. In addition to the figures quoted earlier, we also have the Isoniazid Preventive Therapy (IPT) policy which came into effect in 2010. We plan to reduce the risk of TB infection by 40-60%, during the current financial year (2013/14). We have employed and trained a total of 1 526 staff for the Comprehensive HIV and AIDS Management

including TB management. We also held the IPT Indaba in 2012, targeting clinicians, a development that assisted in improving the uptake of IPT from 17% in 2010 to 52% in 2012.

Madam Speaker, TB services in KwaZulu-Natal are now accessible and available in all public health facilities and all 779 health facilities provide integrated or collaborated TB/HIV services.

The Department has also successfully implemented the decentralised management of TB/DR-TB/HIV and currently there are 7 decentralised MDR-TB management sites and one centralised site.

The eThekweni-King Dinuzulu Hospital still acts as the provincial centre of excellence, managing all provincial TB drug resistant children and XDR-TB patients.

We have also established 97 outreach teams throughout the province to visit patients who are unable to access a health facility 5 times a week. The holistic approach adopted by these teams has contributed in the decrease of TB case notifications from 127 939 in 2009 to 101 037 in 2010.

Madam Speaker, it will be recalled that our Honourable Minister of Health, Dr Aaron Motsoaledi, unveiled the GeneXpert machine at Prince Mshiyeni Memorial Hospital on World TB day in 2011. The introduction of this advanced technology allows for TB test results to be provided in less than two hours. The turnaround time used to be more than two weeks but now we are able to diagnose and administer medication on the same day that the patient visits the health facility.

Today I am proud to report that 38 GeneXpert machines have been installed in our facilities. This has greatly assisted in ensuring that 5 680 diagnosed MDR-TB patients and 832 XDR-TB were put on treatment during the period 2010 to 2012.

During the 2013/14 financial year, we will be strengthening our efforts towards further reducing the HIV incidence to less than 1% (< 1%), increase patients on Anti-Retroviral Therapy; improve the new case PTB cure rate and improve the MDR and XDR TB treatment success rates

Medical Male Circumcision (MMC)

Madam Speaker, as previously stated, in our Province, we are blessed to have guidance and wisdom of ONgangezwe Lakhe, His Majesty, King Zwelithini ka Bhhekuzulu, who gave a directive that the custom and practice of circumcision be revived to bolster the existing Disease Prevention Strategies related to HIV and AIDS.

Since the launch of this campaign in 2010, the programme has expanded and by end March 2013, a total of 257 539 Medical Male Circumcisions were successfully performed across 67 institutions. The target for 2013/14 is 356 960 adult males for this procedure. Honourable Members of this House, we have

extended this service to tertiary institutions such as the Durban University of Technology, the University of Zululand as well as Correctional Centres like Qalakabusha Prison at Empangeni.

Madam Speaker, we are indeed appreciative of the support given to us by our international donors. Since 2009/10 to date we have received a total of R29 million in donor funds from Atlantic Philanthropies, The TB Global Fund, UNICEF and the European Union. In addition we have received a total of \$76, 116, 113 million from PEPFAR.

In addition to the Male Medical Circumcision, the focus is also on screening for diabetes, hypertension, HIV, Sexually Transmitted Infections and other blood tests; initiates are also subjected to discussions aimed at fostering good behaviour. Currently there are 11 roving teams and we are appreciative of the 7 Non-Governmental Organisations (NGO's) who are assisting with the expansion of the Programme in the Province.

The Department has established an MMC Centre of Excellence at the Northdale Hospital which trains Clinicians on both MMC methods: Forceps Guided and the Tara Klamp. This training, Madam Speaker, has been extended to doctors from other countries within the African continent, including Mozambique, Uganda, Botswana and Tanzania, amongst others. Our King, assisted by the Premier, officially opened the Centre of Excellence on 16th May 2013.

Madam Speaker, compliance and adherence to all the above has revolutionised the fight and changed the profile of the HIV and AIDS situation of this Province in many ways. In this regard, I am able to inform the House on the following:

Home Community Based Care

Madam Speaker, we are happy to announce that the provision of home based care services has now been transformed. It should be noted that this service was previously provided in a fragmented manner by both the Department of Social Development and Health.

Both were contracting Non-Governmental organisations that were providing different packages of care with disparate remuneration packages for those contracted were also not standardised. The Provincial Cabinet took a decision to integrate these and we now have an integrated package of services offered by 9 668 trained caregivers who we are paying a stipend of R1 500 through the PERSAL system compared to 3 802 that were sourced from NGO'S in 2008. Just in 2012 alone, these caregivers conducted a total of 3 551 790 home visits which is a significant increase from the 760 161 home visits done in 2008.

OUTPUT 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS

Human Resources For Health

Madam Speaker, Healthcare is undoubtedly one of the most labour intensive activities within the public sector therefore it is critical that we find ways to recruit and retain health care workers and stabilise the health workforce.

In presenting my 2013 Budget Policy Statement today, we can safely say that in delivering health services we have embraced the message articulated by the Minister of Public Service and Administration, Honourable Lindiwe Sisulu when she says:

‘We need a transformed, efficient and corrupt free public service led by public servants whose only preoccupation is meeting the expectations of the public and exceed them.’

Of the total of 86, 864 posts in the Department, 82,446 are filled. We have narrowed the gap in the vacancy rate from 23, 6% in April 2009 to 4, 57% currently. Whilst the vacancy rate has improved we acknowledge that we have a challenge in terms of RWOPS (Remunerative Work Outside the Public Service) however we are investigating several cases in this regard and we are hopeful that we will stem the tide of this unsavoury practice. Madam Speaker, allow me to tabulate some of the measures initiated to improve our human resource capability:

Training of Health Care Professionals

Intakes have more than doubled since 2001. From 2009 to date a total of 8 675 Nurses have graduated from the KZN College of Nursing, of which 7 465 having been employed in various health facilities across the province. Since March 2012, 384 nurses have gone through the speciality nurses training with a further 286 nurses currently in training in the speciality stream. Last year we had 2 246 nurses graduating and this year we see a potential 2 155 graduating. A total of 234 new students commenced training for the 4-Year nursing degree and 309 Professional Nurses commenced with community service. The Department has reprioritised the budget for training of staff nurses and nurse assistants in order to address the high vacancy rates in these occupational classes and to provide support for the PHC

re-engineering through ward-based teams.

Madam Speaker a further development worthy of mention is that our KZN College of Nursing has been accredited by the South African Nursing Council to run the Ophthalmic Science Post Registration Programme at the Edendale campus. The first group commenced on 1st March 2013 with an intake of 20 students. Before the end of the financial year, a further 50 students will register for this programme and by 2015 we will have the required 145 fully trained Ophthalmic nurses.

The Department has heeded the call made by the President to create jobs and had created 332 positions for the unemployed Basic Life Support personnel, which were filled in August 2011. A further 438 positions were advertised in the 2012/13 financial year. There are 9 800 CCGs on contract with effect from 1st April 2013, which also contributes to employment in the Department and the reduction in the vacancy rate. 163 Data Capturers were given contracts by the National Department of Health.

The appointment of the District Specialist Teams is well advanced. The Department also has a well-established internship programme which currently comprises 349 general interns and 330 medical interns.

Since July 2008 to date, a total of 911 Registrars have been registered on the Programme. This training has assisted the Department to an extent with regard to the retention of specialists and medical officers. From a total of 92 who successfully completed the training or have qualified as specialists, 79 have been retained.

Mid-Level Worker Programme

Building on our Mid-Level Programme which was introduced to improve and address scarce skills, the following is highlighted:

- 69 Clinical Associates are registered on the Programme compared to 26 reported last year
- 24 Pharmacy Assistants have been appointed
- We have also seen the success of our career pathing efforts materialise when 396 former CCG's/Youth Ambassadors successfully graduated as Nutrition Advisors and were placed in permanent positions. A further 182 have commenced training

in April 2013.

- A total of 145 Pharmacist Assistants enrolled for training through the Health Science Academy in 2009 of which 116 have qualified. A further 133 enrolled through Kheth' Impilo in 2012 and are due to complete their training in June 2013. Twenty-three (23) unemployed youth were also enrolled for training as Pharmacist Assistants in May 2012.

Job Creation

Madam Speaker, the Department has also made job creation a reality.

- A total of 89 Tradesmen Aids will commence duty on 12 June 2013.
- Greys Hospital and Edendale Hospital Engineer's posts were filled in 2012 whilst Addington and King Dinuzulu hospitals will soon have their posts filled.

Expanded Public Works Programme

Madam Speaker, during the course of 2012/13, the Department has employed 2 673 beneficiaries on the Expanded Public Works Programme (EPWP). The maintenance of gardens and grounds initiative is our EPWP flagship and has contributed 1 292 of the total beneficiaries. It is also notable that 778 are women beneficiaries, 726 are youth and 8 are people with disabilities. Through this initiative 2 485 full time equivalent jobs have been created by the Department as at the end of 2012/13 financial year, far exceeding the total of the 1 200 minimum target set for the Department by National Department of Works. Unskilled community members were selected on the basis of the poorest of the poor background through the assistance of community leadership and signed a 12 month contract with the department.

At present a total of 378 institutions including clinics, mortuaries, EMRS bases and Community Health Centres are maintained through the EPWP initiative. The department spent in excess of R17 million on this initiative for 2012/13 financial year and R16 million will be spent in the current financial year.

Cuban Medical Programme

Madam Speaker; apart from the recent upheavals emanating from the unruly few students sent to Cuba, the programme is progressing well. It is regrettable that some of our children fortunate enough to be given an opportunity to study in Cuba have no understanding that Cuba has been under an imposed embargo since 1962 but still able to produce good Doctors for itself and other fraternal countries. They fail to comprehend that if they are given pork four times a week, it's because Cuba is not allowed to import what it cannot afford.

As a Province, in 2011 we were honoured to host the 15th Anniversary of the Agreement between South Africa and Cuba as well as the first Joint Academic Management Conference. The guest of Honour was our current Chair of the African Union Commission Dr Nkosazana Dlamini-Zuma, who during her tenure as Minister of Health was instrumental in championing this collaboration between the two

countries.

Madam Speaker, although the intakes in the Cuban Medical Programme was limited to smaller numbers in previous years, in its fifteenth year (2012), we are happy to announce that KwaZulu-Natal accounted for a total of 423 students sent to study there, which is more than two medical school's intake in South Africa.

We can also report that a total of 85 students who qualified in Cuba are now working in rural hospitals in KwaZulu-Natal and that our intention is to send a further 300 students to Cuba this year.

We will continue using this avenue and remain hopeful that the South African medical schools will meet the challenge set by Minister Aaron Motsoaledi that they increase their intake of 1 200 medical students to 3 600 per annum. We echo the words of Professor Russel Botma, Rector and Vice Chancellor of Stellenbosch University, who said, "Adding to the problem is the fact that doctors are not equally distributed around South Africathis is a challenge for our universities: how can we train more doctors, doctors who are able to work in rural environments."

Training and Bursaries

Training and development remains a key focus of attention of our Department as is evident in our zeal and success in providing bursaries for studies in various health and related fields. Just over the past 4 years we had a total number of 502 external students and 154 in-service personnel who were awarded bursaries to study. Of the 423 students studying in Cuba, 263 are on full bursary, 79 on full scholarship (Cuba/SA contribution) and 81 with partial bursaries.

The skills challenge faced by departments of health country-wide, saw the shift in approach towards the positions of CEO's at health institutions. In a nationally led initiative, the posts of CEO's were advertised as a central process. This process saw vacant posts of CEO being filled at 7 hospitals; several other posts are being addressed.

IMPROVING PATIENT CARE AND SATISFACTION

Re-Engineering of Primary Health Care

Madam Speaker, the overall health and well-being of our citizens is largely dependent upon an efficient Primary Health Care. The paradigm shift on Primary Health Care requires a shift towards health promotion and prevention of diseases with the inclusion and full participation of families and communities. Hence, in the face of the quadruple burden of disease, we have commenced with the re-engineering process. To date, there have been great strides in this area, with the introduction of PHC outreach teams which are Ward based and the strengthening of school health systems. The aim is to expand the reach through a community driven approach and point of service at community level. To date 31 medical specialists have been appointed with 27 more posts to be filled this year. There are also 45 PHC Ward based outreach teams led by professional nurses and incorporating Community Care Givers (CCGs). The plan is to develop a further 155 teams in the current year. The current 147 School Health Teams are actively assessing children with a view to ascertaining barriers to learning. The Department envisages that a further 90 teams will be established in the current financial year. Another innovation is around the distribution of chronic medication by CCG's which will commence this year.

Quality Assurance, Accreditation and Service Excellence & National Core Standards

Madam Speaker, KZN Health took the lead and introduced the "Make Me Look Like a Hospital" campaign in 2009. A total of 24 hospitals were enrolled on this project in two phases. When the National Core Standards were introduced, focussing on infection prevention and control, Improved waiting times for patients, availability of medicines and blood products, improved patient safety and security, facility cleanliness and positive and caring staff attitudes: the work in the Department was well advanced and it is not surprising therefore that three of our hospitals took the top spots for cleanest hospital, namely Stanger Hospital (1st), St Andrews Hospital (2nd) and Grey's Hospital (3rd)! "We have turned the corner – Imisebenzi Kahulumeni Iyabonakala!! Furthermore, a number of other initiatives to improve service delivery at our health facilities have been introduced. More recently the "Walk Like A Nurse" project was introduced at Edendale Hospital, intended to address problems and challenges relating to poor staff attitude at the coal face of service delivery. This project will also be rolled out to all institutions in the near future. On 9th May 2013, the Department hosted the Health Professionals Summit with the view to re-inculcating the ethos and values of the health care professions and to bring back the "white uniform", using the theme "My Profession, My Pride!". The white uniform takes us back to the days when nursing as a profession was well respected and people in the communities looked up to the nurses, gave them the respect they deserve and even went to the extent of "protecting" them. We are of the firm belief that this summit has paved the way for a turnaround in the health care professions and we will see the benefits of this initiative in the not too distant future. Madam Speaker, it is our right to care!

Excellence Awards

Over the years the Department has also participated in various departmental, provincial and national awards. I am proud to inform the house that from the year 2009 to the current financial year (2013/14), the Department has scooped various provincial and national awards.

The Department has received, amongst others, the prestigious national Cecilia Makiwane award, for five successive years. This award was achieved by the nurses of Umkhanyakude District for service excellence. This District was also the recipient of the first prize in the Premier's Service Excellence awards in 2012. Manguzi Hospital received Gold in the Premier's Excellence Awards in 2011/12.

A very auspicious accolade was awarded to the Department when two of our Professional Nurses, Sister Zanele Mthiyane and Sister Leigh Scott who received the national Marilyn Lehana award in 2011 and 2012 respectively, in recognition of outstanding members of the nursing profession who show a special quality of caring when dealing with patients and colleagues. Adding to the string of accolades was Sister Eugenia Myeza of Addington Hospital who received the KZN Florence Nightingale Award for excellence in nursing, in 2013. This is the second time in succession that Addington nurses scooped this award.

Laundry Services

The Laundry services of the Department have been in the spotlight, with criticism about poor management of laundry services, shortage of clean linen at hospitals and poor quality of linen.

In an attempt to improve the services provided by the laundries, a new strategy has been developed. The procurement of new linen and the installation of new equipment in 42 hospitals, will all contribute to the improvement of laundry services going forward. We will soon be announcing the commissioning of the KwaZulu-Natal Central laundry and can report that the R50 million upgrade of the Northern Natal laundry (Dundee) has commenced.

Operation Sukuma Sakhe

Apart from the annual mandatory stakeholder engagement that took place, namely the Provincial Consultative Health Forum, a number of events were held to ensure that the broader community was reached in all parts of the Province.

In addition to the above, the MEC for Health is the Operation Sukuma Sakhe champion for Amajuba and the Head of Department supports the Honourable Premier who is the champion for Zululand. A number of initiatives have been undertaken under these auspices, including but not limited to, poverty alleviation, empowerment opportunities, job creation, and screening of households to reduce health morbidity.

Madam Speaker, the health successes through Operation Sukuma Sakhe could not be achieved without the commitment and support received from our councillors, Amakhosi and the teams in the War Rooms. Siyabonga!

Governance Structures

Madam Speaker, I am happy to report that our Department has complied with governance principles as laid down in the National Health Act, 2003 as well as the KwaZulu-Natal Health Act, 2009, insofar as the establishment of various governance structures and forums. In particular, we have formalised a total of 67 Hospital Boards (no longer interim structures), have established a Provincial Health Council and 3 District Health Councils at Amajuba, Uthungulu and Umkhanyakude, with others in the process. We have also engaged stakeholders through the Provincial Health Summit and the annual Provincial Consultative Health Forum, all of which create the platform for engagement and debate on health related matters, which assist us in policy and decision making. We have scheduled the next Provincial Consultative Health Forum for August 2013.

Emergency Medical Services (EMS)

Madam Speaker, the Emergency Medical Services (EMS) operates at the frontline of the health service system and therefore has a direct impact on the possible outcome on the life of a patient in an emergency situation. We commit to improve our response times for ambulance call-outs.

In 2008 the Department had 185 operational ambulances; a further 274 vehicles were purchased. In latter part of June 2012, three hundred and ten (310) new ambulances were handed over to the districts. The operational ambulances were increased from an average of 185 to a provincial baseline schedule of 212 pre-hospital ambulances.

In order to relieve pressure on the pre-hospital ambulances, 38 dedicated inter facility transfer ambulances were also introduced bringing the total schedule for operational ambulances to 290 in the Province; this is an increase of 105.

The Department has also approved the appointment of more Advanced Life Support personnel, in a shortened process in order to acquire these skills which are amongst the identified scarce skills. To date a total of 13 ALS personnel have been recruited through this process.

Planned Patient Transport (PPT)

The Department has also maintained its services with regard to PPT, which ensures that patients are transported as part of the referral system, thus ensuring access to requisite services at the correct level of care, as well as the provision of inter-facility transfers of patients. The Department has a total of 153 PPT buses, having moved from 127 in 2009. A further 12 new buses will be introduced to replace the ageing fleet.

Amplified Operations (Alpha Ops)

Madam Speaker, we are also happy to announce the collaboration with the KZN Department of Transport on Amplified Operations (Alpha Ops) has been formalised. This is a campaign that is run during the 2 major festive periods of each year, Christmas and Easter. Vehicles including ambulances, advanced life support response units and rescue response units are strategically placed at satellite points along all main roads in order to ensure quick and effective responses to incidents. As a Department of Health we have committed to provide trauma counselling to both Transport and EMS personnel exposed to dealing with horrible scenes as a result of accidents.

Provincial Health Operations Centre

Complementary to service delivery is the Provincial Health Operations Centre (PHOC), which was the first such established centre countrywide. The PHOC provides an invaluable service, existing as a hub for communication, information and an important conduit for patient support, disaster management, amongst other things. Based on the success of the PHOC, the Department has been visited by the North West Province and the Health Portfolio Committee of Gauteng who wish to replicate this type of service in their provinces. More recently the Free State also requested to visit the PHOC to see how it operates.

Aeromedical Services

The Department also has an effective aeromedical service which consists of a helicopter and 2 fixed wing aircraft. Recently steps have been taken to strengthen the services provided by the Air Mercy Services (Red Cross) with whom the Department is contracted. In addition to this the Department has also strengthened the partnership with Red Cross Air Mercy Services in respect of outreach services, which add immense value to our endeavours of better access to health care in the most remote areas of the Province. Amongst other things, we will be introducing night-time aeromedical services and this requires refurbishments and additional lighting at airstrips as well as the provision of Night Vision Goggles (NVGs). Our contribution to the Night Vision Goggles will be in the region of R3 million. We will also be adding an additional aircraft to strengthen these services. We are committed to taking outreach services to greater heights! Excuse the pun!

Forensic Pathology Services

Alongside the task of saving lives and promoting health and wellbeing of citizens, the Department has an equal obligation to ensure that there is professionalism and respect for the dead.

The Department has made positive changes with regard to the improvement of the mortuaries and the professionalization of forensic pathology services. A strategy for the rationalisation of the FPS was developed and implementation has commenced. Some of the progress made is as follows:

- A total of 6 new mortuaries have been built since 2009 and 4 were upgraded.
- Human resource issues have been addressed with progress noted in management appointments, correction of placements and improvement in the working conditions.
- Contracting of private doctors on a fee for service basis to conduct post mortems which has proven to be more cost effectively, as opposed to the previous sessional approach.
- A new organisational structure has been completed
- A plan for vehicle procurement is in place and a total of 30 mortuary service vans were procured over the 2010/11 and 2011/12 financial years; a total of 9 administrative purpose vehicles were procured in 2012/13. A total of 15 new vehicles have been received and these are being prepared for utilisation.
- The purchase of available land is also being explored for the construction of new mortuaries.

National Health Laboratory Services (NHLS)

Madam Speaker, this House is aware of the challenges that we face with regard to the National Health Laboratory Services. Of significance here is the fact that over the years, the price of laboratory tests has become increasingly high and the Department raised its concerns about the fee for service which was extremely high and well above the fixed fee that was being paid for many years. The issues around the fees led to an arbitration process which the Department won, but the Award was later challenged and resulted in the Minister of Health appointing a Ministerial Task Team to address the matter. We are guided by the Minister of Health in this matter however, this House should note that the cost of laboratory services is very expensive and has huge implications for our allocated budget.

PREPARING FOR NHI

Madam Speaker, the implementation of the NHI is a Government priority and this has also been articulated in the Negotiated Service Delivery Agreement. Our three (3) pilot sites as a Province are Amajuba, Umzinyathi and uMgungundlovu as well as two central hospitals, namely, Inkosi Albert Luthuli Central Hospital and King Edward VIII Hospital.

The Green Paper on the National Health Insurance (NHI) indicates that the NHI will be implemented in a phased approach over a period of 14 years. In the first 4 years the focus is on Strengthening Health System Effectiveness and the activities in all pilot districts cover the following:

- Infrastructure Development
- HR Planning, Development and Management
- Improving Quality of Health Services in terms of the 6 priorities of the National Core Standards
- Re-engineering of the Primary healthcare System in the three streams: School Health Programme, Municipal Ward-based PHC agents, Reforming the cost of healthcare (National competency) and contracting General Practitioners (GPs) into PHC facilities

Madam Speaker, I want to draw the attention of this House to the words of the Honourable Dr Nkosazana Dlamini Zuma, Chairperson of the African Union Commission, who in delivering the keynote address at the World Health Assembly in Geneva on 21st May 2013, when she said, "...As a young girl growing up in Polela, in rural KwaZulu-Natal, South Africa, I became acutely aware of the close links that exist between health and development. This occurred partly through the work of Dr Sidney and Emily Kark and John Cassel." She further went on to say, "Departing from a disease-focussed and hospital based approach to health care, they established the Polela health centre where I grew up. Theirs was one of the first attempts to integrate system-wide, structural changes at social, cultural and behavioural levels with biomedical interventions.

They realized that poverty played a key role in the health problems in the region, and therefore, they expanded their work to include improving housing, sanitation, and access to clean water. They also taught the communities to produce their own vegetables and keep a few cows for milk. They had nutrition classes for mothers. Immunisation programmes, including going out to the schools and communities were a critical part of their work. They also advocated health care promotion and prevention.”

“Recognising the difficulties that patients had, especially pregnant mothers, to reach the medical centres when in labour, they built what they call “waiting houses” for women to come and stay whilst waiting to deliver.”

Madam Chair, I am indeed happy that the work of Dr Sidney and Emily Kark has not been in vain. We are advocating this type of model in preparation for the NHI. Progress has been varied across the pilot areas; however some of the significant achievements are as follows:

- Primary Health Care re-engineering has commenced and is progressing well
- The contracting of GPs is well advanced
- The training and capacitation of Hospital CEO’s has been completed
- Training in data collection, management and analysis has commenced
- Mobile services have commenced in certain areas
- School health teams are complementing the services
- All clinics in the NHI sites have been equipped with the essential equipment.

With the implementation of the NHI, all public hospitals will be using the ICD 10 coding system. Apart from reimbursement in relation to the billing system, ICD 10 coding is used for disease epidemiology, burden of disease profiling and resource allocation. Madam Speaker, we are looking forward to the White Paper on the NHI, due to be released soon.

INFRASTRUCTURE DEVELOPMENT

KwaZulu-Natal Children’s Hospital

Madam Speaker, the vision of Nelson Mandela, a former president of South Africa and founder of the Nelson Mandela Children’s Fund, was clear when he said, “A children’s hospital will be a credible demonstration of the commitment of African leaders to place the rights of children at the forefront. Nothing less will be enough.”

Today I am pleased to inform the house that we are contributing to that vision in KwaZulu-Natal. Work has commenced to restore the first non-racial Children’s Hospital in Africa (established in 1931), the KwaZulu-Natal Children’s Hospital, a project that will be done in phases over a five-year period, at an estimated cost of R228 million.

The KZN Children's Hospital Trust has been established. ; R30 million has already been spent by the Department towards the project with an additional R20 million budgeted for 2013/14 financial year.

The first phase comprising the Outpatient Department, Training and Meeting rooms and Offices was completed in April 2013 at a cost of R18.2 million and is planned to be operational by 1st July 2013. The second phase has commenced and the third phase is scheduled to start in 2014/15 financial year. The success of this project is largely dependent on external funding, hence I appeal to our generous colleagues in the business sector to contribute to the restoration of this historical landmark in our Province.

Hospital Revitalisation Programme

Madam Speaker, there has been vast strides in the area of infrastructure development in the last 3 years and the results are showing. I will highlight some of the projects underway.

HOSPITAL/ CLINIC /CHC	PROJECT	COMMENCED	COMPLETION DATE	TOTAL COST
Edendale	CDC clinic, Accident and Emergency unit & Out-patient Department	Commenced and progressing well	July 2014	R136.5 m
	Upgrade of psychi- atric ward, roads & parking, power conversion	Well advanced & near completion	June 2013	R40.4 m
Rietvlei	Staff accommoda- tion	1st Phase com- pleted	Total completion by 2014	R110 m
	Pharmacy, laun- dry, workshop etc	In progress	By October 2013	R33 m
King Dinuzulu	400 Bed District Hospital	Completed in 2011	Completed in 2011 & official opening in January 2013	R466.1 m
	Mental Health & TB facilities	Commenced and well advanced	Due for comple- tion in 2013/14	R161.2 m

HOSPITAL/ CLINIC/CHC	PROJECT	COMMENCED	COMPLETION DATE	TOTAL COST
Lower Umfolozi	Major works – mother and child facilities	Lodger Mother wing, Mortuary, laboratory, Crisis Center & kitchen completed	Will be completed by February 2015	R347.8 m
Ngwelezane	Therapy dept., OPD Psychiatric clinic	-	Completed in October 2012	R12.6 m
	72 Bed ward, mortuary, workshops, power conversion	Commenced and well advanced	For completion in current financial year	R150.2 m

Edendale Hospital

The major additions and refurbishment is progressing well at Edendale Hospital. The work forms part of the improvement of facilities towards the National Health Insurance. A new Communicable Diseases Clinic, Accident and Emergency unit and the Out-patient Department valued at R136.5 million is under construction and due for completion in July 2014.

Other projects in construction at this hospital include the upgrade of the existing Psychiatric Ward, upgrade to existing roads and parking, and the power conversion from Steam to Electricity, with completion expected in June 2013.

Rietvlei Hospital

The upgrade of the Access Road was completed in May 2012. The project that was terminated in 2011 is now underway and due to complete in October 2013. The project is estimated at a cost of R33 million and comprises Construction of new Pharmacy, Workshops, Laundry, Transport Office and Parking. The first phase of the new Staff Accommodation valued at R110 million is complete with the rest due for completion next year.

King Dinuzulu Hospital

Madam Speaker, the hospital formerly known as King George V Hospital was renamed King Dinuzulu Hospital and which was officially opened by His Majesty the King on the 29th January 2013. The hospital includes a new 400 bed level 1 hospital completed in 2011. Mental Health and TB facilities are currently being finalized as the last phase of the development.

During 2013/14, the Department will complete the construction of the new TB Complex and TB Administration Building, Psychiatric Closed Unit and TB Surgical OPD to the value of R134 million. The new 130 bed Psychiatric Closed Unit valued at R27.2 million is due for completion in May 2014.

Lower Umfolozi War Memorial Hospital

This hospital, dedicated to Mother and Child services is undergoing major works inclusive of alterations and additions to the value of R347.8 million. The project is due for completion in February 2015. The first phase inclusive of the Lodger Mother Wing, Mortuary, Laboratory, Kitchen and Crisis Centre has already been completed.

Ngwelezane Hospital

A new Therapy Department and the conversion of Psychiatric Wards to Outpatient Psychiatric Clinic to the value of R12.6 million were completed in October 2012. Other projects to the value of R150.2 million are due for completion in the current financial year. These include construction of a new 72-bed ward, mortuary, workshops, refurbishment to the Nursing College, hospital corridors, conversion of steam to electrical, upgrade to water and electrical reticulation.

Madam Speaker, it is important for us to note the status of two major hospital projects, namely the Pixley ka Isaka Seme and Dr Langalibalele Dube hospitals. I am pleased to report that after several years of delay mainly due to financial constraints the design of the Pixley ka Isaka Seme Hospital is complete and construction will commence early in the new financial year. This will see regional services move from Mahatma Gandhi Memorial Hospital to the new hospital.

The Dr Langalibalele Dube Hospital was also on our plans however, due to the budget cuts, we will not be in a position to build both hospitals at the same time. We are however, exploring funding models including a Public Private Partnership and I will be working closely with my colleague, Honourable Ina Cronje in this regard.

New Clinics Construction Programme

Madam Speaker, I would now like to report on our project related to the construction of clinics.

YEAR	NO OF CLINIC/CHC'S	STATUS
2012/13	8 clinics	Completed
2013/14	25 clinics under construction	20 to be completed in 2013/14
2013/14	4 CHC's under construction	To be completed in 2014

During 2012/13 the Department completed the construction of the following clinics.

- Elandskraal Clinic in the Umzinyathi District Municipality
- Ezimwini (kwaMahleka) Clinic in the uMgungundlovu District Municipality,
- Maphumulo Clinic in the iLembe District Municipality,
- Mbabane Clinic in the Amajuba District Municipality,
- Mbotho Clinic in the Ugu District Municipality,
- Nogajuluka Clinic in the uThungulu District Municipality,
- Wosiyane Clinic in the iLembe District Municipality,
- Thalaneni Clinic in the uMkhanyakude District Municipality.

A further 25 new clinics are under construction with at least 20 to be completed in this financial year.

There is increasing visibility by the MEC and a hands-on approach has been adopted in terms of health interventions and social responsibility. A normal feature of our clinic openings is the engagements with communities. A total of 25 clinics were opened during the two financial years with a further 10 clinic openings planned for this year.

I am delighted to announce that the Department, in partnership with Sanofi-Aventis South Africa and the Mama Tobeka Madiba-Zuma Foundation (TMZF) has built an R3million TB/HIV integrated clinic in the community of Manxili in Nquthu, uMzinyathi District. This project will serve as a pilot in line with the National Strategic Plan on HIV, STI's and TB (NSP) launched by President Jacob Zuma and the Health Minister, Dr Aaron Motsoaledi. The Department is investing a further R18 million towards the extension of the clinic to include residential accommodation, a maternity obstetric unit and other services.

Community Health Centres Construction Programme

Madam Speaker, in the quest to improve health services in our rural communities, we have commenced construction of four new CHC's at a total cost of R524 million. The collective services provided in these CHC's will consist of Pharmacy, Radiography, Maternity, Waiting Mothers Lodge, ARV Units and Staff Residences. Other projects under construction are Dannhauser CHC, Jozini CHC, Pomeroy CHC and Gamalakhe, all of which are at varying stages and due to be completed in 2014.

Nursing Colleges

Currently major upgrades to the value of R85 million are underway at Addington and Edendale Nursing Colleges, due for completion in October 2013 and April 2014, respectively.

Other Major Projects

The Department completed thirty-one major projects in 2012/13 financial year. Some of the major projects in construction in this financial year include Addington, Stanger, Emmaus, G J Crookes, Church of

Scotland, Murchison and town Hill hospitals as well as the Phoenix Mortuary. Some of these projects will be completed in the current financial year and others in subsequent years.

Maintenance

Madam Speaker, alongside the new infrastructure projects, exist focussed maintenance initiatives to ensure that our health facilities are properly maintained. Critical posts have been filled and the Department is now implementing its maintenance programme through the Annual Maintenance Plans. A robust programme aimed at the upgrade and replacement of old and ineffective mechanical equipment is starting to yield results. The programme includes replacement or upgrading of ageing Lifts, Autoclaves, Laundry Equipment and Emergency Generators to a total investment of R328 million.

FRAUD AND CORRUPTION

Madam Speaker, in 2009 we introduced a team tasked with a mandate to fight fraud and corruption. I am pleased to inform the house that these efforts have yielded positive results. Our strategy and tactics to fight corruption within the Department of Health now serve as a benchmark and a best practice for other departments in the Province. To date, the Department has dealt with a total of 241 fraud and corruption related matters. From these, fifty nine (59) employees were dismissed (10 of which were senior managers, at levels 13 and 14). Thirty two (32) employees resigned whilst under investigation. The table below illustrates the progress made with our fight against fraud and corruption.

STATUS	Level 15	Level 14	Level 13	Level 12	Level 9 - 11	Level 1-8	TOTAL
Charged and dismissed.	0	1	7	9	17	43	77
Charged and resigned.	1	4	6	6	2	23	42
Pending– Labour Court	0	1	0	0	0	0	1
Found not guilty/charges withdrawn	0	0	0	2	1	11	14
Charged and issued with final written warning	0	0	4	4	24	57	89

STATUS	Level 15	Level 14	Level 13	Level 12	Level 9 - 11	Level 1-8	TOTAL
Disciplinary Hearing in progress	0	0	2	2	6	13	23
Suspension	0	2	2	3	8	6	21
Demotions	0	0	0	1	1	0	2
Re-instated	0	0	0	0	0	5	5
Suspension Uplifted	0	0	1	2	2	6	11
Guilty awaiting sanction	0	0	0	0	0	1	1
TOTAL	1	8	22	29	61	165	286

Madam Speaker, we are also addressing the alleged fraudulent procurement of oncology equipment at Addington Hospital. We have reached a decision to make month-to-month payments to the company concerned so that the equipment can be utilised whilst we continue with the litigation in this regard. To further enhance our efforts to fight fraud and corruption, we have established District Supply Management Teams to assist in our efforts to reduce irregular expenditure as well as in the turnaround time of delivery of goods and services.

We have also embarked upon a PERSAL clean up in order to identify and eliminate “ghost employees” that have infiltrated the system over several years. This exercise has been completed at 12 institutions, as a result of which, 68 such ghost employees have been identified.

Community Engagements

In complying with a call made by our President, to know where our people live and what they need, a total of 1 090 events under Operation Sukuma Sakhe were held over the period October 2009 to December 2012, covering community health awareness campaigns. Furthermore, in keeping with developmental communication principles, we have enhanced our communication efforts to inform communities about health information and education through media platforms involving 60 radio adverts, live broadcasts and public announcements. We have also successfully used billboards for the anti-sugar daddy and healthy lifestyles campaigns.

OUTPUT 5: REDUCING NON-COMMUNICABLE DISEASES

Madam Speaker, it is becoming more evident that once we have dealt with HIV and AIDS, Non-Communicable Diseases is our next biggest problem. If we allow these diseases to continue unabated, they will spiral into the biggest cause of morbidity and mortality in the not too distant future. Hence our healthy lifestyle campaign provides for a holistic approach to healthy living and creates a platform where people take responsibility for their own health and in so doing reduce the effects of lifestyle diseases. Madam Speaker, we want to acknowledge the support we have received from our First Lady, MaNgema Zuma, who championed our initiative on diabetes awareness in 2012. To her we say a big Thank You.

Mental Health and Substance Abuse

Madam Speaker, mental and neurological disorders account for 14% of the global burden of disease. Here in KwaZulu-Natal, eThekweni has the second highest rate for men and fourth highest prevalence of treated substance abuse. Whilst the Department has established Mental Health Review Boards, it is critical that we strengthen our fight against mental disorders that, especially those that are induced through substance abuse.

Madam Speaker, we are all aware of the debilitating effects of drugs and substances such as “Whoonga” and “Sugars” and in some instances, the abuse of prescription drugs that have become easily accessible across all sectors of society.

Disability and Rehabilitation

The Department’s Disability and Rehabilitation Services are offered in over 90% of hospitals and Community Health Centres (CHC’s), with outreach services to clinics on a weekly and monthly basis. Since 2010 we have seen approximately 350 000 clients and have issued 165 955 assistive devices in the form of wheelchairs; walking aids; devices for the blind and hearing aids. For 2013/14 we have allocated approximately R20 million for more assistive devices.

We are delighted that with the introduction of Operation Sukuma Sakhe, outreach services have improved as a result of inter-sectoral collaboration between the Department and various organisations. We can also report that the Department also trained 20 disabled people as HIV Counsellors.

Chronic Disease, Geriatrics and Prevention of Blindness

Madam Speaker, chronic diseases are of major concern and amongst others, diabetes, renal disease, hypertension affect the elderly. As a Department we have implemented a number of interventions inclusive of prevention, screening and treatment. These will be strengthened as we go forward.

We have also conducted a number of awareness campaigns covering cancer, arthritis, albinism, hypertension and eye care through events, health education and radio talk shows. In partnership with the South African Sugar Association, 350 of our health care workers (Professional Nurses, Enrolled Nurses, Dietician and Nutritional Advisors) across 7 districts were trained in diabetes management.

Eye Care

Through the Child Eye Care Project we have screened a total of 237 556 children and issued 190 798 pairs of spectacles.

Madam Speaker, it is also noteworthy that our eye care services saw a total of 106 363 eligible clients, of which 32 127 underwent cataract surgeries over the period 2009 to 2013; with 2 595 glaucoma surgeries completed and a total of 242 136 refraction defects corrected. Our partnership with the African Vision Trust has been very positive to the extent that sight was restored to over 674 patients over the past financial year; with a further 750 to be supported in the 2013/14 financial year. Our partnership with Orbis International, a UK based NGO, launched on 21 October 2011 has seen paediatric ophthalmology being strengthened, resulting in the significant reduction in the waiting time for this service from 6 to 3 months.

Oral Health

Madam Speaker, oral health is also one of our programmes that contributes to the overall health and well-being of our citizens. Our senior citizens have long complained of lack of dentures service in the public sector as well as exorbitant cost in the private sector. To this end we are happy to announce that we have revived dental laboratories and we have since commissioned a dental laboratory at Inkosi Albert Luthuli Central Hospital. To date 200 senior citizens have received dentures from our laboratory at the Oral and Dental Training College, based at King Dinuzulu Hospital and IALCH collectively. We want to make the public aware of the availability of this service.

School oral health services have also been revived last year over 600 000 learners received this service as part of the School Health Programme. We are currently increasing our human resources in order to expand this service to cover all schools especially Quintile 1 and 2 schools.

A total of 6 state of the art fully equipped mobiles have been launched last year and these will soon be deployed to our NHI pilot districts. Primary health care, dental and eye care services will be enhanced through these mobile units.

Youth Health Programmes

Madam Speaker, in 2011, the Department established a Youth, Gender and Transformation unit to ensure the availability of youth friendly services across all Community Health Centres in the Province of KwaZulu-Natal. Working with the Department of Education, this unit has commenced with a

programme of establishing School Health Teams that address issues of teenage pregnancy, substance abuse, provide health education and screening. In addition our Youth Ambassadors work with their peers in the community and encourage behaviour change. It is envisaged that that the holistic approach to youth health will yield positive results in our Province.

CONCLUSION

Madam Speaker, before I conclude, I would like to touch one a few issues that have been under the spotlight in recent months. As you are aware we had to address the issues of funding for certain grant subsidised institutions and we successfully addressed the issue of McCord's Hospital, St Aidan's Hospital and Pongola Hospital. Specific circumstances arise from time to time and these have to be considered when we make decisions to reduce or withdraw funding from some institutions. Although some of these decisions do not sit well with communities, they have to be made. I have visited Pongola Hospital and have spoken to the community and it is hopefully now understood why we have to discontinue the funding to this hospital in the next financial year.

I must add that our overall achievements also include our stringent cost cutting measure which yielded positive gains insofar as the overall expenditure against budget in the 2012/13 financial year. We recorded a mere 0.39% over-expenditure. Coupled with our fight against fraud and corruption, our efforts toward Clean Audit 2014 and sound financial discipline, I am confident that our turnaround strategies are indeed working!

In conclusion Madam Speaker, allow me to boldly say that "We have turned the corner - Imisebenzi Kahulumeni Iyabonakala!". Whilst our efforts are paying off, we remain steadfast and committed to continue with our work. There is no room for complacency if we want to improve in all aspects and make a difference in the lives of our people. Noting the budget cuts and its implications, I present to this House budgets per programme, which in our view will further enhance health care service delivery in our Province.

Programme 1: Administration: R 591 078 000

Programme 2: District Health Services: R 13 063 776 000

Programme 3: Emergency Medical Services: R 972 362 000

Programme 4: Provincial Hospital Services: R 8 326 401 000

Programme 5: Central Hospital Services: R2 922 125 000

Programme 6: Health Sciences and Training: R 992 246 000

Programme 7: Health Care Support Services: R 143 286 000

Programme 8: Health Facilities Management: R 1 636 603 000

Total Budget for 2013/14: R 28 647 877 000

Madam Speaker and the house, we believe that the budget allocated to the Department of Health in KwaZulu-Natal will go a long way in ensuring that the vision of “A long and healthy life for all citizens of KwaZulu-Natal” is achieved.

Madam Speaker, I now table the Vote 7 Budget for 2013/14 for an amount of **R28 647 877 000** for approval by this House.

I THANK YOU.

