

## **2014 NCOP HEALTH DEBATE BY KZN HEALTH MEC, HON DR SIBONGISENI DHLOMO**

**29 July 2014**

Chairperson of the NCOP – Hon Thandi Modise

Hon Dr PA Motsoaledi – Minister of Health

Hon MP Nhleko –Minister of Police

Hon TM Masutha – Minister of Correctional Services

Hon F Mbalula – Minister of Sport and Recreation

Deputy Minister of Correction Service – Hon T Makwetla

Deputy Minister of Justice and Constitutional Development – Hon J Jeffrey

Deputy Minister of Health – Hon Dr J Phaahla

Members of Parliament and fellow MECs

Chairperson,

We appreciate the guidance and vision given by our Minister of Health, Honourable Dr Aaron Motsoaledi in His **HEALTH BUDGET VOTE**, last week where he tabulated programmes that will assist in the quest to improve the lives of all South Africans.

Chairperson,

Coming from KwaZulu Natal, the Province regarded as the epicentre for the quadruple challenge of diseases, I am in a better position to

highlight what has been achieved through our Hon Minister's tutelage.  
Allow me tabulate the most significant:

### **Prevention of Mother to Child Transmission of HIV [PMTCT]**

- According to the National HIV & Syphilis Sero-prevalence Survey in SA in 2011, 3 districts had an HIV prevalence rate above 40% and Provincial prevalence rate was at 37.4%.
- Working together we have succeeded beyond expectations in the Prevention of Mother to Child Transmission (PMTCT) effort. 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 19% in 2007 to 2,1% in July 2012. Further progress has been gleaned through the routine Department of Health Information Survey which currently puts mother to child transmission rate at 1.6%. An AIDS free generation is thus possible in KZN.
- It is thus with great hope that the announcement made by the Hon Minister, Dr Aaron Motsoaledi of moving HIV Positive women to the World Health Organisation's B+ will result in our Province moving from prevention of mother to child transmission to complete elimination of HIV [ EMTCT]; 1,6% TO ZERO.

### **The overall fight against the spread of HIV**

- Today 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 608. This is so because we utilized a special roving team of dedicated health professionals and the

nurse driven HIV programme at PHC level to initiate therapy to all **841, 291 ART patients**, thus clearing the waiting list for anti-retroviral treatment.

- We thus ready for Honourable Minister's latest announcement of introducing ARV treatment to HIV positive patients at the 500 CD4 count. This initiative is bound to further result in the increase of Life Expectancy of our citizens and also according to HPTN- 052 Trial, significantly reduce the risk of the transmission of HIV.
- Chairperson; our Province will also ensure that it is ready to increase access of ART to those eligible in line with the Minister's quest to enrol 5 million South Africans by 2016.
- We have also made great strides by switching all stable Regimen 1 patients to a Fixed Dose Combination as indicated by our statistics, since April 2013, when we launched this programme. We now have a total of **274 151** ART patients, which includes pregnant and breast feeding women.
- Succeeding to initiate all HIV infected children under 5 years of age.
- KwaZulu-Natal has also progressed well on Male Medical Circumcision (MMC) since its launch in April 2010. To date a total of 391 685 males of all ages have been circumcised. Successes here are attributable to the establishment of 15 roving teams which comprise of a Doctor, Professional nurse and enrolled nurse to provide outreach services and 17 MMC high volume sites in health facilities which conduct a minimum of 35 circumcisions per day. Our target for the coming 5 years is circumcising 2 million boys and men.

- We have also ensured the safety of all our initiates by establishing the Provincial MMC Centre of Excellence that was officially opened by Isilo Samabandla in July last year. This centre offers training on MMC procedures and has since trained a total of 1 563 health care workers consisting of Nurses, Doctors, Traditional Surgeons and other Health Care Workers which include Clinical Associates.
- Allow to state that our method of MMC has attracted the attention of Eminent Persons in the persona of former Presidents; His Excellency Joachim Chissano of Mozambique; His Excellency Festus Mogae of Botswana and His Excellency Kenneth Kaunda of Zambia who visited the Province to congratulate the King and the Department of Health.
- We can also report that since the launch of HIV Counselling and Treatment in 2010, we have been able to screen more than 2.5 million clients utilizing “Hlola, Manje, Zivikele” Campaign; ‘First Things First’ as well as “Graduate Alive” campaigns for the Tertiary Institutions in the main.

### **Community Based Distribution of Chronic Medicines**

We have strengthened the implementation of Community-Based Chronic Medicines Programme, using two models:

1. Pre-packaged medicine is issued to patients or their care-givers in demarcated community sites; such as Ward War Rooms; Community Halls; Churches and Mosques. We have even won an international award for our decongestion initiative at one of our sites, which is the RK Khan Hospital in Chatsworth.

2. Community Care Givers deliver the medicines to selected patients in their homes when they are not able to travel to the sites – either to those based within communities or to healthcare institutions.

In these sites; Chairperson; patients are screened for blood glucose and blood pressure by enrolled nurses before medicine is issued. Health promotion education is also given.

Chairperson, this decongestion plan will also make it easier for enrolment of more patients to the ART programme in line with the announcement by the Honourable Minister that from January 2015 all the HIV positive patients at CD-4 count 500 will now be initiated.

### **Campaign on the Accelerated Reduction of Maternal and Child Mortality in Africa**

Chairperson;

We considered it a blessing that the Campaign on Accelerated Reduction of Maternal and Child Mortality [**CARMMA**] for South Africa was launched in KwaZulu Natal at Osindisweni Hospital on the 4<sup>th</sup> of May 2012.

For our province this effort brought about the introduction of **Maternity Waiting Homes** that cater for women who experience transport challenges when their time of Labour has come.

In pursuance of CARMMA's objectives, we also introduced **38 Specialized Obstetric Ambulances** dedicated to the transportation of pregnant women – a first for the country!

We also have **Midwives Obstetric Units [MOU]** where low risks or normal labours are managed by midwives and is close to the community.

Through the Rationalisation Policy, we have also designated two institutions - Lower Umfolozi War Memorial and Newcastle hospitals as mother and child health care facilities.

## **Family Planning**

Chairperson,

We have seriously taken the advice of **Family Planning** as a tool and mechanism which helps to save the women's and children's lives as it allows women to delay motherhood; curbs unintended pregnancies and abortions; and curtails childbearing when couples have reached their desired family size.

We are vigorously promoting it and are now in the position of offering various methods of family planning including the revolutionary **Implanon**. We have already trained **2500** of our health care workers in the insertion and removal of Sub-dermal Implanon and are also happy to report that since April 2014 when it was introduced to date; **25 600** women have used it.

## **Human Papillomavirus (HPV)**

We also rejoiced when our Honorable Minister, Dr. Aaron Motsoaledi introduced **HPV Vaccination** as means to protect our women against Cervical Cancer. We have successfully followed the advice of ensuring that **Grade 4 girls** who are 9 years and older are vaccinated.

- The first round of the campaign ran from Monday the 10<sup>th</sup> of March 2014 to Friday the 11<sup>th</sup> of April 2014
- Of the 79 657 girls in Grade 4 who were nine years and older, a total of 68 593 girls were immunised, therefore 86% of the target group received immunisation.

The HPV Vaccination to us as a Province complements our Phila Ma campaign that seeks to improve access to timely breast and cervical cancer screening and other related services to women especially those above the age of 30. In this effort we are very thankful that we enjoy the patronage of the First Lady, Ms Thobeka Madiba Zuma. We are happy with the progress made in terms of women coming forward for screening which has seen adequacy rate improving from 37% in 2012/2013 to 46% in 2013/2014.

### **Involving communities through OSS– applauded by UNAIDS**

Chairperson,

Our Operation Sukuma Sakhe campaign has been hailed and immortalized through the publication of the OSS Booklet that was endorsed by the UNAIDS.

Operation Sukuma Sakhe is a robust multi-sectoral approach in dealing with HIV and TB that involves all Stakeholders at community level led by

the Premier through the Provincial Council on Aids. It also involves Government, Business, Labour and Civil Society and the formation of AIDS Council at provincial, district and metropolitan, local government and municipality ward committee level.

Recognising our efforts to fight the spread of HIV; at the launch of the OSS Booklet in January 2014; **Executive Director of UNSAIDS, Michel Sidibe** had this to say:

*I am confident that through the successful implementation of Operation Sukuma Sakhe, KwaZulu Natal Province will realize our common vision of zero new HIV infection, zero discrimination and zero AIDS –related deaths. You are changing the course of the epidemic, not only in your country, but also on the continent and the world by your efforts and achievements in the HIV response.'*

## **National Core Standards**

Chairperson, we do indeed have an enormous challenge in transforming our healthcare service delivery system, not only to meet the citizens' expectation of good quality healthcare, but also to improve critical healthcare outcomes linked to the Millennium Development Goals. We are glad that the National Core Standards have been formulated as part of the policy response to these broad challenges.

- In KZN we have introduced the "Make Me Look Like A Hospital" programme, which gives voice to the healthcare users to indicate how they perceive the quality of care they're receiving.
- We concentrated on capacity building programmes for our hospital CEOs and their management's on-site mentoring and

coaching as means to strengthen compliance of hospitals to National Core Standards.

### **Infrastructure within KZN Health**

In this domain we have mostly focused on providing quality health care to communities in rural areas to the extent of constructing **Community Health Care Centres** that cost an average of R200 million. Those that are complete and operational include the following:

1. KwaMashu CHC
2. Turton CHC at Ugu District
3. St Chads CHC at UThukela District
4. Gamalakhe CHC

We also others under construction; being:

1. Dannhauser CHC
2. Pomeroy CHC
3. Jozini CHC
4. Inanda CHC upgrade
5. Phoenix CHC upgrade
6. Gamalakhe CHC Phase 2

We also took it upon ourselves to improve the conditions in our hospitals. We are engaged on a massive upgrade programme as means to reduce breakdowns and increase availability. Projects include:

- **Emmaus Hospital** – New Outpatient, Casualty and related facilities at a cost of **R132,2m**
- **GJ Crookes Hospital** – Casualty, Trauma and Admissions at a cost of **R138m**
- **Stanger Hospital** – New Labour and Neonatal Ward; Upgrade of existing Psychiatric Ward at a cost of **R146,2m**
- **Rietvlei Hospital** – Administration, Kitchen Audio, ARV, Staff Accommodation at a cost of **R127m**
- **Edendale Hospital** – OPD, Accident and Emergency, CDC/ARV Facility and Psychiatric Ward; Upgrade to internal roads and Parking at a cost of **R178,3m**
- **Lower Umfolozi (Empangeni) Hospital** – Upgrade and additions to existing Hospital at a cost of **R500,7m**
- **Addington Hospital** – Repair and upgrade Core Block Façade, Upgrade Operating Theatres and Maintenance at a cost of **R206,8m**

The cherry on top here; is the brand new **500-bed Dr Pixley Ka Seme Hospital, to be built at a cost of R2, 7 billion**. This will be the first hospital to service the densely populated communities of Inanda, Ntuzuma and KwaMashu. This new hospital will provide the full spectrum of up-to-date world-standard medical services consistent with the norms and standards adopted for all public health facilities in South Africa.

## **National Health Insurance**

Chairperson KwaZulu Natal has its 3 NHI pilot sites which are Amajuba; UMzinyathi and uMgungundlovu as well as two central hospitals, namely, Inkosi Albert Luthuli Central Hospital and King Edward VIII Hospital.

Good progress has been made in the three KwaZulu Natal National Health Insurance (NHI) piloting districts.

We have ensured that Medical Doctors conduct regular visits to all NHI Piloting fixed clinics to provide medical care to patients. Across the Province we already have twenty eight private family medical practitioners reviewing patients in our rural public clinics before they engage in their private practice duties daily.

We committed R643, 8 million for infrastructure improvements in the NHI Pilot Districts. As mentioned under the Infrastructure report; UMzinyathi and Amajuba Districts will soon be commissioning their Pomeroy and Dannhauser CHCs respectively.

All our fixed Primary Health Care Clinics in the NHI Pilot Districts have also been installed with computers. This project will ensure that all the clinics are linked to a reliable connectivity IT network, which shall be completed by the end of July 2014.

We commit to do more

I thank you