

Speech by KZN Health MEC Dr Sibongiseni Dhlomo on the occasion of the 2015 Provincial Consultative Forum Health Council at Hall 2, Royal Showground (Woodrite House).

05 March 2015

Host: District Mayor, Cllr Yusuf Bhamjee

Cllr B. Ntshangase [on behalf of EThekweni Mayor

Head of Department, Dr Sibongile Zungu

Provincial Health Council Members

General Managers

District Managers

CEO of Hospitals

Delegates to the Health Forum

Academia

Media houses present

All protocol observed

Allow me to start by quoting from the Speech by our Hon President, His Excellency Jacob Zuma at the launch of the Operation Phakisa 2 held at Makgatho State House in Pretoria.

"We are gathered here this morning to witness yet another milestone in our country's efforts to improve the quality of life of its people, by enhancing their health."

This is the second initiative under our Operation Phakisa programme, which is entitled Ideal Clinic Realisation and Maintenance.

This intervention seeks to transform all our public sector clinics into Ideal Clinics, which provide good quality care to all our communities.

South Africa has a rich and proud history of Community Oriented Primary Care, a frontrunner by many years, of Primary Health Care.

This history dates back to the 1940s, when the late Professor Sydney Kark and his wife Professor Emily Kark established the health centre approach in Pholela, in KwaZulu-Natal, and introduced a community-based approach to health care delivery. The seminal work done in Pholela became a beacon for many countries.

The Ideal Clinic Realisation and Maintenance Programme is rooted in the ethos of Primary Health Care.

It is not only about further enhancing access to good quality care in our clinics, but is also about fostering closer relations between our clinics and the communities they serve.

It also aims to foster relations between government and non-governmental actors and formations active in those communities.

The question we are to ponder today is the following:

If we were to ask the people of South Africa, ordinary citizens, to define an Ideal Clinic, what would they say?

I am convinced that the masses of our country would define an Ideal Clinic as a health facility that possesses the following characteristics:

It will be a clinic that opens on time in the morning, according to its set operating hours, and which does not close until the last patient has been assisted, even if this is beyond the normal closing hours.

It is staffed by health care providers who treat people with dignity, and observe the Batho Pele principles of Access, Consultation, Courtesy, Information, Service Standards, Openness and Transparency, Redress and Value for Money.

The ideal clinic will provide community-based health promotion and disease prevention programmes in collaboration with the community.

It is very clean, promotes hygiene and takes all precautionary measures to prevent the spread of diseases.

It has reasonable waiting times and community members do not have to sacrifice their entire working day to seek health care.

It provides a comprehensive package of good quality health services every day and community members do not have to return on different days for different services.

It has the basic necessities available, such as essential medicines.

It refers people to higher levels of care timeously when this is required.

It works together with the community it serves, with diverse stakeholders, in promoting health and socio-economic development.

Finally, community members would say an Ideal Clinic is one that we can be proud of, and call it "our own clinic", rather than a "government clinic" or a "state health facility".

Does such a clinic exist in South Africa today?"

Dear colleagues; it will be remembered that in October 2013, we held our 6th PROVINCIAL CONSULTATIVE HEALTH FORUM under the theme: "Imisebenzi kahulumeni iyabonakala: What is Health Doing".

Today we meet again to take stock of what has been achieved and also to chart the way forward under the theme: "Moving Health care forward in KZN".

We need to first remind each other of one of the central priority of our government, which is "A long and healthy life for all South Africans".

It has to be appreciated that to achieve this objective; clear strategies and plans are needed to address each of the four areas that constitute South Africa's quadruple burden of diseases - which are:

- Maturing and generalized HIV and AIDS epidemic
- High levels of tuberculosis;
- High maternal and child mortality;
- Violence and injuries and also non-communicable diseases

Indeed, great strides have been made in dealing a hard blow to the HIV and AIDS epidemic. As a Province, we have spectacularly moved from a pariah status to being a model place to learn from on how to deal with this malady.

We appreciate and thank the involvement and support of all you in the achievement of these milestones:

- The setting up of 632 functional fixed public health facilities offering ART services
- The making of KwaZulu Natal Province as the largest ARV site in the world with the total of 904 278 patients on the ART programme including 6 350 children under the age of 15 years.
- The success of our Prevention of Mother To Child Transmission programmes which has resulted in mother to child transmission of HIV progressively decreasing from 22% in 2008; 10, 5% in 2010; 1, 6% in 2013 and eventually to 1, 2% currently.
- The support given to the mom-connect initiative which provides the expectant and new mothers with a Free Toll Number that they can send messages to and receive information pertaining to their conditions.
- The setting up of a functional Stanger Hospital Donor Human Milk Bank for mothers not producing sufficient Breast Milk as well abandoned babies
- The zeal shown by our citizens in caring to know their status, supporting the HIV Counselling and Testing Campaign. In the past financial year, we had a total number of 2 579 763 people testing of which a total of 336 584 of them, tested HIV positive. For this good work we thank the support we receive in our 'First things

First'; Medical Male Circumcision; Provider Initiated Counseling and Testing at Antenatal clinics and 'Graduate Alive' Campaigns

- The identification of High Transmission Areas that has resulted in establishment of 2 482 sites for our Condom Distribution effort. These include Taverns; Shops; Taxi Ranks; Farm areas; Tertiary Institutions; Hostels; hospitality industries as well as mines
- The setting up of a total number of 302 public health facilities offering Post Exposure Prophylaxis [PEP] for sexual assault victims. Unfortunately, we are also noticing an increase in the number assault cases as in the past financial year we dealt with 11 288 victims. The worrying facet about this is that in the last quarter, that is, October to December 2014, out of 3 063 victims - a total number of 1129 were children under the age of 12 years.
- Programme Director, as always, we remain indebted to His Majesty the King for the clarion call made to revive the circumcision ethos as one of the means to curb the spread of HIV. To date we have circumcised more than 500 000 men and boys without a single death and amputations.
 - 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
 - 17 MMC high volume sites in health facilities which conduct a minimum of 35 circumcisions per day.
 - Safety measures taken by establishing a Provincial MMC Centre of Excellence that offers training on MMC procedures to Nurses; Doctors; Traditional Surgeons and other Health Care Workers which include Clinical Associates.

The good co-operation that we receive from the Traditional Leadership, in ensuring that men and boys in areas under their jurisdiction are circumcised

Programme Director, in as far as maternal health is concern; we are also happy that there is an increasing number of women who are now seeking care during childbirth in health facilities. This indeed assist in the reduction of the number of maternal deaths as women in that condition do need access to good-quality reproductive health care and effective interventions.

AEROMEDICAL

To save more lives and get to every corner in the Province; we have made a very revolutionary improvement in our Emergency Medical Service environment. In our 'Air Ambulances', we have now introduced night operations which have been strengthened by the introduction of Night Vision Goggles that allow our aircrafts to take off and land at night.

People in distress and in emergency situations can now access help anywhere and anytime in this Province

Production and Training of Healthcare workers

Colleagues, in this Forum, we will also discuss and explain efforts made aimed at producing more health workers for the Province as means to ensure access to quality healthcare for all. In this regard, we have presentations that cover the training and development initiatives such as:

- Bursaries
- Registrar Training Programme
- Nursing education and training other generic training innovations
- Special projects such as Medical Orthotics and Prosthetics
- Mid-level worker training
- Emergency Medical Services
- Training of students abroad
- Partnerships with institutions as well as organizations

I just cannot resist to single out our pride in the form of the Medical Orthotics & Prosthetics project which is a training Centre that we established in partnership with the Durban University of Technology. Here we have:

- 73 students that are benefiting from the project and the 1st group is anticipated to complete in 2017
- The project is funded by the Department until 2017 with costs covering bursaries for students; training equipment as well as renovations for the facility.
- Students are trained to manufacture assistive devices and do measurements for the people with disabilities and we are hopeful that in two years to come there will be no need to wait any longer for the patients to receive assistive devices in the Province

National Health Insurance

In this Provincial Consultative Forum we also have to update each other on progress made on the Piloting of the National Health Insurance.

At this juncture please allow me to state that I have decided to embark on the Road Show to meet with the leadership across the Province to define; explain and elucidate on objectives of the NHI. These can be summarized as follows:

- To improve access to quality health services for all South Africans, irrespective of whether they are employed or not.
- To pool the risks and funds so that the entire population can effectively mobilize and control key financial resources.
- To strengthen the under-resourced and strained public sector in order to improve health systems performance.

Programme Director, KwaZulu Natal is piloting NHI in three Districts. UMgungundlovu and UMzinyathi Districts were identified by National Department of Health but Amajuba District by the KZN Provincial Government after having considered its size and interesting mix of rural/urban, disease profile, as well as its demographics.

Indeed Programme Director, the piloting effort is progressing well and the good practices being implemented are cascaded and shared with the other eight Districts not in the pilot programme.

What has happened so far in all piloting Districts, and some of which have been emulated by non-piloting ones, are the following:

- Contracting of General Practitioners (GP's)
- Infrastructure Improvement [also in non-piloting sites]
- Installation of Information Technology
- Family Health Teams [in non-piloting sites too]
- School Health Teams [also in non-piloting sites]
- District Clinical Specialists
- Phila Mntwana (Child Health Centres) [across the province]
- Chronic Medication Distribution Sites [good practices expanded across]

Indeed, for all the NHI Piloting sites, we are also ensuring the provision of tools of trade in the form of:

- Dental Cars
- School Health Cars

- Contracted Doctors Cars

Respected Members of the Forum, we are saying the Department of Health will do all that is permissible within its budget constraints to improve the lives of the people.

We also remain committed to the actualization of its core function which is to provide quality health care services to the people of KwaZulu-Natal.

As the MEC for Health I will continue making it our task to see to it that this entails responsiveness, efficiency, access, safety, patient-centeredness and continuum of care.

Lastly, we say the members of our community also have to take charge of their own health as "NONE BUT OURSELVES" are responsible.

I wish you the Wisdom of Solomon in all the deliberations

I thank you