

2018 Budget Policy Statement by KZN MEC, Hon Dr Sibongiseni Dhlomo

09 May 2018

Honourable Chairperson

Premier of KwaZulu-Natal– Hon Willies Mchunu, Macingwane

Fellow Members of the Executive Council

Chairperson and Members of the KZN Health Portfolio Committee

Honourable Members of the Legislature

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

Acting Head of the Department of Health – Dr Musa Gumede

Senior Managers in the Department of Health

Partners and Sponsors

Health workers across the length and breadth of the Province

Distinguished guests

People of KwaZulu-Natal

Members of the Media,

Ladies and gentlemen

I am extremely humbled by the trust that the ANC has bestowed upon me to be at the helm of Health in KZN for up to the 10th year.

It is a huge honour and privilege for me to deliver this 2018/2019 Budget Speech in the year that has been designated as the **Year of Tata Nelson Rolihlahla Nelson Mandela**.

For us as Health, the yearlong honour is not only about his gallant fight for the liberation of this country but it is also in recognition of the significant impact Madiba had on how healthcare should be structured and delivered to ensure equal access for the uninsured citizens of this country.

For instance, speaking at the Nelson Mandela Award for Health and Human Rights in Cape Town on March 6, 1995, he had this to say:

'For us, as I know it is for you, it is a great joy to be able to state that the South African Government has made universal access to primary health care a priority.

We all share in the pride of knowing that amongst the very first actions of the democratic government was the initiation of two successful programmes in the field of health. Over 4 million school children are being fed each day and there is free health-care for pregnant mothers and young children.'

It was the innovative Madiba who, in collaboration with partners in the private sector, was instrumental in the

establishment of a special train called the Phelophepha, which goes through the rural areas of South Africa to deliver health care to those who are affected by poverty.

Most significantly, it was he, in May 2002, as the Chair of the Vaccine Fund Board, who fostered that all children should be vaccinated cautioning that more than three million children needlessly die globally as a direct result of preventable diseases and also rationalising as follows:.

'The social and economic consequence for countries whose children are born into ill-health and who die before reaching their 5th birthdays is nothing short of devastating.

These are children who should be given the opportunity to be productive members of society; to help build and nurture their communities and to strengthen their nations.'

Honourable Chairperson, our 2018/2019 Budget Vote will also detail the progress on how far we have come to meet the health oriented requirements spelled out in the **2030 National Development Plan** as concerning:

- Increasing life expectancy, for both males and females, to at least 70 years.
- Producing a generation of under-20 year olds that are largely HIV free.

- Achieving an infant mortality rate of less than 20 deaths per 1000 live births.
- Achieving an under-5 mortality rate of less than 30 deaths per 1000 live births.
- Achieving a significant shift in equity, efficiency and quality of health care provision.
- Attaining universal health coverage for all.
- Significantly reducing the social determinants of disease and adverse ecological factors.

Our approach has been guided by the quest to take health services to the people at household level where, through community participation, the focus remains on health promotion and prevention of illness; health screening, early detection of illness and referral for timely treatment to improve health outcomes. The main objective is to capacitate community members to take ownership for their own and community health and to play a more active role in disease prevention as well as treatment adherence.

Honourable Chairperson, even though the reduced funding envelope has impacted adversely on all of us – we are indeed thankful that with the support of our communities through Operation Sukuma Sakhe and our partners, we are able to

report on the remarkable strides we have made to date in improving the health status of our citizens.

HIV and Aids

KwaZulu-Natal carries the largest burden of HIV and related infections in South Africa, with the HIV/TB co-infection rate estimated at approximately 65%. The high burden of HIV and AIDS, STI and TB places unparalleled demands on the health system.

Through all-inclusive participation, I am happy to acknowledge that KwaZulu Natal is now recording a significant decline in the positivity rate.

If truth be told, it was again **Madiba** who gave us a formula that has totally altered the HIV/ AIDS complexion of our country who when speaking at the 13th International Aids Conference in Durban, in 2000, had this to say:

'The experience in a number of countries has taught that HIV infection can be prevented through investing in information and life skills development for young people.

Promoting abstinence, safe sex and the use of condoms and ensuring the early treatment of sexually transmitted diseases are some of the steps needed and about which there can be no dispute.

Ensuring that people especially the young, have access to voluntary and confidential HIV counselling and testing services and introducing measures to reduce mother-to-child transmission have been proven to be essential in the fight against AIDS.'

Our successes can thus be attributed to a number of innovations including the introduction of Provider Initiated Counselling and Testing in all health facilities; robust community testing during the Hlola Manje-Zivikele campaigns, integrated initiatives under the umbrella of Operation Sukuma Sakhe as well as the establishment of the "Taking services to the Taxi Ranks" through a partnership with the Taxi Associations.

We are able to report that we have succeeded in raising community awareness about the importance of every citizen knowing his or her HIV status.

HIV Testing Services (HTS) Programme.

The KZN citizens heeding the call for testing now resulted in our Province being the biggest **HIV Testing Services (HTS) Program** in the country with over **3.1 million clients** coming voluntarily for testing just in the 2016/17 financial year alone.

Honourable Chairperson, we are ready and still encouraging people to come forward for screening. We now have adopted what is called Universal Test and Treat strategy in which all HIV infected individuals receive treatment the moment they are found to be positive. KZN has the potential and will to deal with the increased number of patients as we have qualified nurses trained in the initiation and management of patients on ART (NIMART).

Today we can proudly announce that KwaZulu-Natal has gone a long way in turning the tide against the spread of HIV and AIDS. In 2015 we celebrated the milestone of having initiated over a 1 000 000 eligible patients on ART and subsequently increasing to more than **1.28 million patients** to date.

What all this means is that our people are now living longer and are healthier. Breadwinners and parents now have the opportunity to live productive lives without fear of dying too early and leaving behind orphaned children and family members.

Indeed, working together, we have achieved so much – let us continue heeding the advice of Madiba who during the World Aids Day of December 1, 2006 said:

'The answer to turning around the devastating impact of this epidemic lies within us.'

We are also impressed that our current President, **His Excellency, Cyril Ramaphosa**, in his own maiden State of the Nation Address, added an impetus on the fight to eliminate HIV, saying:

" This year, we will take the next critical steps to eliminate HIV from our midst.

By scaling up our testing and treating campaign, we will initiate an additional two million people on antiretroviral treatment by December 2020."

The Hon. Premier of KwaZulu-Natal Mr Willies Mchunu has provided leadership in this campaign by calling upon all citizens of the province to heed this call.

Honourable Chairperson, here in KwaZulu Natal we are already putting that call into action. As of April 1, 2018, we began with the concerted effort to screen citizens for HIV, TB, Diabetes and Hypertension. In this, we aim at reaching a target of 2 900 000 tests for HIV and 2 500 000 for non-communicable diseases (Diabetes, hypertension, and mental health).

Through these efforts, we firmly believe that by 2020, we will be able to report that KZN has achieved its **90-90-90 targets** that entails 90% of people knowing their status; 90% of those who are HIV positive put on treatment and 90% of those on treatment having achieved a viral suppression.

Tuberculosis

Honourable Chairperson, the eradication of Tuberculosis is a global priority. The Heads of State will gather in New York in September 2018, at the United Nations General Assembly for a first-ever high-level meeting on tuberculosis (TB). This is about accelerating efforts to reach all affected people with prevention and care measures in the effort to eradicate TB.

This high-level meeting on TB is a tremendous and unprecedented step taken by governments and follows a very successful Ministerial Conference on “Ending TB” in Moscow which took place from 16-17 November 2017.

As KZN, our biggest concern with this malady is that our Province is also the hardest hit when it comes to high co-infection rate of both TB and HIV with statistics showing that we are currently at 65%.

The biggest impediment in attempts to eradicate TB is the late presentation of suspect cases for screening, diagnosis and treatment.

In March 2018, we were honoured by the participation of illustrious guests in commemorating World TB day that included the participation of Isilo Samabandla Onke; the Deputy President of the Republic – His Excellency David Mabuza; Minister of Health – Dr Aaron Motsoaledi; Hon Premier – Mr Willies Mchunu; KZN Provincial House of Traditional Leaders Chair – Inkosi Chiliza; Deputy SANAC Chairperson – Ms Steve Letsike and Abantwana baseNdlunkulu, amongst others.

They were all responding to the call for action made by the World Health Organisation that says we need to operate and unite under the THEME –

“Wanted: Leaders for a TB-free world.”

Coupled with this momentous occasion, I am happy to report that we subsequently led a month-long campaign in March educating various sections of the community on TB. We took to informal settlements, taxi-ranks, farms and hostels with the critical message: TB is preventable and curable.

This campaign will continue throughout the year, targeting especially men, as TB is the leading cause of death in this

sector of the society. UMntwana wase Ndlunkulu, Prince Nhlanganiso Zulu, our TB Ambassador, continues to play a vital role in the fight against TB and will lead the engagements with the traditional leaders and men in KZN.

As a Department, we remain ready to eliminate this curable disease with all the systems and processes in place to deal with this malady. These include:

- Successfully installing **86 Gene Xpert machines** which are capable of early diagnosis of TB and MDR-TB thus allowing us to initiate patients on treatment within 24-48 hours.
- Introducing Nurse driven ART initiation on TB as well as the NIM DR (nurse initiated drug resistant MDR-TB treatment).
- Identifying TB hot spots within communities such as correctional facilities; hostels; Truck Stops and coal mines where teams are being deployed to render these critical services on the spot.
- Partnering with the Department of Education, the Department of Social Development and the University Research Corporation (URC), a partner funder, to tackle TB at school level. This provides the opportunity to reach children at a young age.

Through these combined efforts, the TB incidence in KZN is showing a very favourable year on year decline from 1149 per 100 000 population in 2011/12 to 511 per 100 000 population in 2016/ 17. The King Cetshwayo District is lauded for making big strides, reducing the TB incidence from 1 141 per 100 000 population in 2011 to **616 per 100 000** population in 2016/ 17 financial year.

Maternal health

Honourable Chairperson, in almost all our endeavours to save and prolong lives; we have a very strong bias towards women and children.

On this, we are responding to the World Health Organization (WHO) concern that as many as 1 500 women die every day world-wide due to complications related to pregnancy or childbirth. It also indicates that a large number of these deaths are due to preventable causes.

Major causes of Maternal Deaths have been identified as those that are non-pregnancy related infections which are mainly TB and HIV; Obstetric haemorrhage and hypertension

As a start, KwaZulu Natal is implementing the **National Mom Connect** and Nurse Connect program in all its 11 districts. This system uses free toll numbers to send stage based messages

of support to improve health of pregnant women and their infants.

Since its inception in September 2014 up to November 2017 we have since registered 354 922 clients into the program. We are elated to report that as a Province just from January to October 2017, we have received a total of 440 compliments from the clients, which is far higher than the complaints received. The health care teams are commended for good service they are providing which is motivating for the Health Care workers

Our attempts to further eradicate preventable deaths are guided by the Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa [CARMMA] principles which have assisted us in attaining the following:

- Decrease in maternal mortality from 394 deaths per year (153.8 per 100 000) in 2009 to 190 deaths per year according to the 2016 Annual Report
- Increased rates of Ante-natal ART initiation from 18.7% in 2009 to 97, 2% in 2016.

In our healthcare institutions:

- We have established 26 Maternity Waiting Homes to assist women in rural areas who may have transport problems when their delivery date nears

- We have strengthened and are sustaining the maternal and perinatal review meetings
- We are continuing with Essential Steps in the Management of Obstetric Emergencies [ESMOE] training and strengthening of “Fire Drills” to improve and sustain high quality of clinical management
- **146** Midwives have been trained on Integrated ANC/PMTCT/TB Training to ensure integrated management of clients
- We have strengthened the implementation of minimum quality standards of Caesarian Safety
- Most importantly, we are actively promoting early booking for Ante Natal Care, and capacitated Community Care Givers with training to do pregnancy testing at households that enable them to refer pregnant women for early ante natal care
- We have improved access to Family Planning through the launch of Dual Protection Billboards and community dialogues to ensure safe and wanted pregnancies,
- Anti-abortion campaigns have resulted in an increase in facilities that offer Choice on Termination of Pregnancy services. There are currently 40 facilities offering this services with 14 209 clients being attended to in 2016 compared to 8 058 in 2013. The provision of this service,

including counselling, contributed to a significant decline in abortion related maternal deaths from 53 in 2011 to only 5 deaths in 2016

These efforts have resulted in Maternal Mortality decreasing by 15% year on year since 2010 and true to Royston and Armstrong, 1989, we are getting closer to what they pronounced on pregnancy, that:

"Child birth is a universally celebrated event and an occasion for dancing, fireworks, flowers or gifts. Yet for many thousands of women each day, child birth is experienced not as a joyful event it should be; but a private hell that may end in death".

Our commitment and resolve to the saving the lives of women and children is also strengthened by the example of women of virtue such as **Mama Winnie Mandela** (May her soul rest in peace). It is well documented that whilst employed as a medical social worker at the Baragwanath Hospital she began conducting research into infant mortality rates in the nearby Alexandra Townships

Prevention of Mother to Child Transmission

Again in our quest **to save and prolong lives**, we have considered it imperative to consistently concentrate on totally

eliminating transmission of HIV from mothers to their unborn babies.

We are very proud to declare Prevention of Mother to Child Transmission [PMTCT] as the most significant highlight and achievement for our Department.

We note that even though KZN has the highest burden of HIV; we have nonetheless successfully managed to reduce mother to child transmission of HIV rate from 20.9% in 2005 to a current level of 1.1%

This achievement is due to a number of initiatives that we have been implementing over the past years namely:

- The initiation of ART to pregnant women irrespective of CD4 count
- Establishing **1,161 Phila Mntwana Centres** which are very instrumental in promoting and improving monthly growth monitoring with focus to education and provision of oral rehydration; promotion of breastfeeding as well as identification of children with incomplete immunization schedules. Just in the 2016/ 17 financial years alone, 422 454 children have been screened in these centres and 8,295 referred for further management at health facilities

- On the ground, we already have **59 extensively trained lactation advisors** employed to promote breastfeeding and assist mothers in preventing and solving breastfeeding difficulties
- We are also proud to report that we are the only province to have created the Nutrition Advisor cadre that supports the implementation of the Integrated Nutrition Programme at community and PHC level. These 600 nutrition advisors were recruited from the community care giver cadres and trained by the University of KwaZulu Natal for one year on PHC level nutrition support tuition. This is an idea planted by **Dr Sidney and Emily Kark** in Pholela in the 1940s.
- Most importantly, to improve access to preventative health services: **G**rowth Monitoring; **O**ral rehydration, **B**reastfeeding and **I**mmunization. Our Community Care Givers [CCG's] trained in administering Vitamin A capsules for the 12 – 59 months old have assisted in increasing coverage from 29.6% in 2008 to 61, 9% in 2016/2017.

Through all these efforts, we are happy that in the past 10 years we have been able to reduce the case fatality rate caused by severe acute malnutrition from 17.4% to 7.4%. Such vigorous campaigns stimulated by findings that were gleaned at Nkandla through Operation Sukuma Sakhe

Adolescents

Honourable Chairperson, it should be recalled that on the 24th of June, 2016 the then Deputy President, Hon Cyril Ramaphosa came to Pietermaritzburg to launch the She Conquers Campaign that focuses on decreasing new HIV infections in adolescent girls and young women.

To better understand this concern, we have found it very useful to make reference to the study conducted by the Centre for the AIDS Programme of Research in South Africa [**CAPRISA**] that shows that girl children appear to contract HIV much earlier than their male counterparts. The study that was conducted in Vulindlela at UMgungundlovu found that:

- Almost all children who are entering school and finishing at grade 7 are HIV negative, both boys and girls... with the exception of a few cases of failed Prevention of Mother to Child (PMTCT) HIV transmission or mothers not being exposed to the programme e.g. home deliveries.
- As they go to high school, the status quo prevails and they are all HIV negative. But when they complete grade 12, about 7-10 % of girls are HIV positive, yet the boys have remained HIV negative.
- So, when they enter university, 10% of the young women are HIV positive. But by the time they finish their

degrees, there is 25% HIV positivity among both young men and women, which means they have infected each other.

Hon Ramaphosa thus came with She Conquers Campaign to assist our young women, calling on all of us to combine our efforts in:

- Decreasing new HIV infections
- Decreasing teen pregnancies
- Keeping girls in school till matric
- Decreasing sexual and gender based violence, and
- Increasing economic opportunities for young people

As a Department, we have created a Happy Hour space in our facilities where we are making it easier for our girl children to have access to private and individual assistance through what we term Adolescent and Youth Friendly Services (AYFS).

In these facilities we ensure that young people are attended to by the same provider in subsequent visits to ensure that they will be familiar with the girl's health problem and personal history. Currently, we have **167** of our health facilities implementing the 'Happy Hour' initiative.

Working collaboratively with other Departments, we are also supporting and promoting all flagship campaigns including

Graduate Alive in institutions of Higher Learning; **Baby not now; Kemoja; Young maidens; Safe schools** with Community Safety and Liaison; **Dual protection; Hlola Manje** as well as **First things First**.

On the 24th of April 2018, we are happy to report through our Adolescent and Youth Health Programme at Blue Waters Hotel, we held a Stakeholders Forum to assess how far we have gone in promoting the health and wellbeing of our young people, aged 10-24 years. This was also to provide guidance to other fraternal departments and organisations on how to respond to the health needs of young people.

In all this, we aim at breaking **the Cycle of HIV Risk** and creating an AIDS free generation.

In our quest to involve citizens in taking charge of their lives, we also target our **Menfolk** who have always shown reluctance to access healthcare facilities. We now have established **Integrated Men's Health Clinics** that amongst others offer a full package of care including:

- MMC and HIV prevention (Dual Protection)
- HIV treatment and care
- Men's sexual health care

- Sexual Reproductive Health
- Prostate Cancer screening, and
- Non-communicable diseases

Non-communicable diseases

The World Health Organisation reports that non-communicable diseases constituted 63% of all deaths in 2008 including cardiovascular disease (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3%).

It is thus no wonder that our President, Hon Cyril Ramaphosa in his State of the Nation Address had this to say:

'We will also need to confront lifestyles diseases such as high blood pressure, diabetes, cancers and cardiovascular diseases. In the next three months we will launch a huge cancer campaign similar to the HIV counselling and testing campaign

This will also involve the private sector as we need to mobilize all resources to fight this disease.'

Without doubt, this also calls upon all the leaders to assist in increasing awareness on diseases of lifestyle and making themselves available to serve as healthy lifestyle champions in their own areas.

Our outreach teams are already active on the ground raising awareness, doing health promotion and education and conducting screenings for diabetes, hypertension as well as mental illnesses, amongst others. To date KZN DOH has achieved and will continue to do the following:

- Utilising all forms of media to increase awareness on diseases of lifestyle, as well as the dedicated healthy lifestyle champion to support this work
- Getting more people active to participate in healthy lifestyle activities through ensuring that all our department's events are started with a walk and or aerobics
- Working in collaboration with the private sector to launch out door gyms as a means to encourage communities to be active
- Increased screening numbers on diabetes tests to over 2 million screening per annum
- Increase screening for hypertension to over 3 million people per year
- Increase screening numbers for mental health to over 1 million a year
- Rendering preventive eye and dental services to schools

- Curtailed blindness and restoring sight through cataract surgery by performing over 9000 operations in our facilities in the 2017/18 financial year alone
- Initiating systems to build palliative care services for our health institutions, and working with spiritual leaders to plan a palliative care indaba that will be held this year
- Issuing various assistive devices in the form of wheelchairs, crutches and prostheses through our facilities

Oncology Services

Honourable Chairperson; in the KwaZulu Natal Province, we have identified 5 top cancers, which are: Cervical; Breast; Prostate, Colorectal and Lung cancers.

I need to emphasise that we are available and ready to deal with all forms of cancer at all levels of care.

- **At Community Level** we offer Education material and do health promotion and education; Breast-Self Examination as well as Palliative care in partnership with community-based organizations
- **At School level**, we are focusing on reducing morbidity and mortality from cervical cancer through provision of HPV vaccination for 9 year old girls.

- **At PHC Level care**, we offer Education and counselling on Screening services such as Liquid based cytology for cervical cancer; Provider Initiated Self-Breast Examination and basic examination for prostate cancer
- **At District level care** – we have additional diagnostic services (colposcopy, biopsy) and Treatment of pre-cancer (cryotherapy, LLETZ) on offer. To this end, we added **15 Large Loop Excision of the Transformation Zone of the cervix [LLETZ]** machines to the Province, which strengthened our capacity to prevent cervical cancer.
- **At Regional and tertiary levels of care**, we have made available additional diagnostic services (colposcopy, biopsy); Radiological Investigations – MRI and CT Scan, Mammography; Treatment of pre-cancers (cryotherapy, LLETZ) as well as Comprehensive and Multidisciplinary treatment planning and Treatment for patients with advanced cancer, including surgery, medical/radiation therapy.

Pap smear at Inkosi Albert Luthuli Central Hospital

Allow me to also report that we have just recently had a resounding success in performing more than **1950 Pap smears to women under one roof, in one day at Inkosi Albert Luthuli Central Hospital. We broke a world record.**

This mammoth exercise directed at screening and preventing cervical cancer which took place on April 21 is part of our “Phila Ma” campaign, whose objective is to create public awareness about the deadly breast and cervical cancers (cervical cancer causes more deaths among women in South Africa than any other cancer).

This number of Pap Smears (1950) has never been done in one place on the same day in South Africa or on the African continent.

Allow me then to now dwell on the issue that pertains to the delivery of comprehensive oncology services.

Firstly, I have to reiterate that globally, oncologists - like other medical specialists – are a scarce skill.

We recently made a presentation to the SA Human Rights Commission, detailing our plan to resolve the oncology situation.

Regarding the repair and of oncology machines, we are able to report that the oncology machine that we ordered from the manufactures has arrived and hope to have the first patient seen at the end of **June 2018** after its installation.

We are also in the process of fixing the second machine with expectations that the first patient for this one will be treated by

the end of **May 2018**. For both these machines the maintenance service contracts are being finalised by the National Department of Health on behalf of the KZN Department of Health.

In the meantime, Addington Hospital continues to see patients that require chemotherapy and follow-ups. An average of **450 patients per month** are managed for chemotherapy at this site.

At **Grey's Hospital**, it is business as usual as we still have four (4) oncologists based at the hospital who are able to attend to a total of about **140 new patients** and **500 follow up patients** per month.

For **Inkosi Albert Luthuli Central Hospital**, we signed a six (6) months contract with the **Wits Health Consortium** on the 15th February 2018 for Oncology services. **Wits Health Consortium** undertook to provide three (3) Oncologists that will be based at the hospital for eight hours per day, five days a week. In terms of this contract, Wits Health Consortium will see a **total of 150 new patients and 300 follow-up patients per month**.

In the **Northern Region**, for the first time, we now have successfully established collaboration with the Joint Medical

House of Oncologists, based at the Richards' Bay Private Hospital, to treat our public sector cancer patients.

This is a 'New Satellite Site' which operates at the Ngwelezane/Queen Nandi Hospital complex and caters for patients that are referred for **Radiotherapy** from King Cetshwayo, Zululand and UMkhanyakude Districts. Previously, these patients would have been attended to at Inkosi Albert Luthuli Central Hospital but are now being treated closer to their homes.

We are also involved in the recruitment of the Academic Head of Oncology for the Nelson Mandela Medical School, as a means to ensure that this institution receives its accreditation in order to start training again.

In the meantime, the department continues to fund Oncology Registrar Training. These registrars have been placed in the Western Cape and Free State universities. Once training has been completed, they have agreed to return to KZN to serve the KZN community.

Working in conjunction with the National Department of Health, we are continuing with our efforts of head hunting and also concentrating on importing Oncologists from Cuba and/or India.

Improving access to highly specialised clinical services

Honourable Chairperson, we have commissioned Queen Nandi Memorial and Newcastle as specialised Mother and Child Hospitals as means to reduce neonatal and maternal mortality. In this regard Queen Nandi Memorial Hospital has a state of the art neonatal unit (92 beds including 16 Neonatal ICU and 16 High Care beds and 24 pre-term high care beds, 20 special beds as well as 16 Kangaroo Care beds).

For Ngwelezane and Edendale Hospitals, we commissioned specialised Accident and Emergency Services that comply with international norms and standards. We would encourage Hon Members to visit these facilities.

McCord Hospital is up and running as the Provincial Eye Care Hospital where we have highly qualified personnel who provide Daily Operations on cataract surgery; Tertiary ophthalmic services; Optometric services; Eye Screening; Training for post graduate students from the Nursing College; UKZN and other relevant training institutions as well as Theatres with appropriate Anaesthetic cover, amongst others.

In the past financial year alone, we are proud to report that McCord Hospital attended to a total of **4320** clients including **3169** for Cataract surgery; **94** Glaucoma; **1057** others who may have come for Screening; Squint Repair; Cancers;

Inspections; Trauma as well as Eucleations. These are people who were either blind or semi blind and can now see!

On this platform of **highly specialised clinical services**, we are also running a **Flying Doctor Outreach Service** in partnership with SA Red Cross Air Mercy whereby we take clinical services through volunteer specialists to communities in deep rural areas on a weekly basis. We have a total of **229 Specialists supporting 43 hospitals** throughout the Province.

District Clinical Specialist Teams (DCST)

All districts have the full complement of the specialist nursing discipline of DCSTs. Several medical specialists have also been appointed, however the recruitment and appointment of Anesthetists remains a challenge due to their scarcity in the country.

Improvement of care

Honourable Chairperson, KwaZulu-Natal is now in a position to declare that shortage of essential medicine in the facilities is a thing of the past.

We have successfully installed a province wide computer software system that links healthcare facilities with our drug depots and suppliers. This mechanism serves as an early

warning system that identifies low levels of drugs before stock outs occur.

This system replaces the manual systems we were previously using for disseminating medicine to primary health care clinics. Oversight can now be provided at Head Office or national as it is possible to determine which facilities did not order sufficient essential stock based on demand for services.

To further improve pharmaceutical services, we are implementing the Direct Delivery System for high volume items on the catalogue. We currently have **93** of our facilities (hospitals and community health centres) on this programme. Indeed, the implementation thereof has reduced volumes stored at the provincial warehouse; shortened the value chain from suppliers to facilities and assisted in reducing risk emanating from multiple handling of products.

At the coalface of our dispensary units we have also made innovations by increasing the number of **Pharmacists' Assistants** in our employ. These are mid-level workers that are trained through a formal accredited course and are registered with the South African Pharmacy Council. The employ and placement of these pharmacists' assistants (142 in total) has greatly improved the availability and access of

medicines at PHC clinics and also freed Nurses to attend to patients.

Centralized chronic medication Dispensing and Distribution Programme (CCMDD)

This is an initiative intended to restore the dignity of our patients directed to those who are on chronic medication. They are a type of patients whose disease management do not require consultation with a health worker on a monthly basis.

The programme entails selection of sites where people can pick up medication closer to where they live. Its implementation has resulted in patients' saving money and time as they are no longer required to travel to a health facility and wait several hours to collect their chronic medication on a monthly basis.

We are excited that CCMDD is now implemented in **727** health facilities in KwaZulu-Natal and have **3 964** pick-up points (PuPs) in total. We are proud to announce that we currently have a total **1 001 904** patients registered to our CCMDD Programme. Implementation thereof has greatly assisted us:

- To reduce waiting times for medication and absenteeism from work due to hours spent whilst waiting to collect medication.

- In curbing stigma as no other person knows what is contained in the package since it caters for a variety of patients including those on HIV; Drug Resistant Tuberculosis as well as Non-Communicable Diseases medication; most significantly,
- To decongest the health facilities of stable chronic patients thereby creating space for those needing urgent attention

Without fail, patients have verbalised their gratitude for the restoration of their human dignity when it comes to accessing health services and collection of their chronic medication. In Cabinet visits on OSS, our citizens comment positively about this program

Healthcare facilities

Honourable Chairperson, KwaZulu-Natal is proud of the fact that it has the majority of healthcare facilities that qualify and are recipients of the Certificates for compliance to the National Core Standards.

We have been able to get to this level through the initiative that we announced in our 2010 Budget Speech which we termed *Make Me Look Like a Hospital Project*.

In an incremental order, we enlisted our clinics and hospitals to guarantee and ensure the following:

- Values and attitudes of staff
- Cleanliness
- Waiting times
- Patient safety and security
- Infection prevention and control
- Availability of basic medicines and supplies

Through the Re-engineering of Primary Health Care, we implemented various initiatives and innovations to improve access to primary care at community level, which will in essence result in less people visiting our health care institutions.

- **Primary Healthcare Re-Engineering**

This is one of the innovative programmes through which we aim to drive health reforms that will positively impact on the burden of disease in this province. The focus of PHC re-engineering is on keeping people healthy for as long as possible through Health Promotion and Disease Prevention (otherwise known as Healthy Living). It aims to improve access and quality of health services provided to communities. On the ground, access to health includes:

- Prevention
- Treatment

- Rehabilitation and
- Support at community level

We also prioritised PHC Re-engineering to accelerate equity in service delivery in line with our efforts to improve universal access to health care as proclaimed through the vision of the National Health Insurance Plan.

PHC Re-engineering is being implemented throughout the province through 4 streams:

- Family Health Teams (Ward Based Outreach Teams),
- School Health Teams,
- District Clinical Specialist Teams and
- Contracted GPs/ Doctors to provide medical coverage in clinics

Through these teams the Department is able to provide essential services to communities outside of health facilities.

Over and above the mentioned teams, the Department is also making use of Community Care Givers (CCGs) as part of Ward Based Outreach Teams (WBOTs) to promote health and prevent diseases at a household level. We currently have **124** WBOTs throughout the province that are instrumental in linking

up individual families who require referrals to healthcare workers and clinics.

Our efforts fit in well with Operation Sukuma Sakhe (OSS) as the Department gets and attends to certain cases directly from a household or the War Rooms. Working at this level enables health workers to identify new ailments and make appropriate Clinical follow ups of clients requiring assessment and care referral to hospitals, PHC Clinics and palliative care facilities.

These interventions have assisted us to prevent maternal, child mortality and morbidity within the community as elucidated through the following narratives:

Our team in UMgungundlovu once attended to a bedridden client with diabetes and hypertension. The old lady, who was living all by herself, had wounds which were infested with maggots. The team also learnt that her pension was said to be suspended yet upon their intervention it was discovered that her daughter was receiving her grant and using it.

Our engagement with the family did not only provide her with clinical care but also sorted out the lady's problems with her pension grant.

These teams have also supported unimmunized children in the hard to reach areas and introduced them to health facilities such as Phila Mntwana Centres, Early Childhood Centres (ECDs) and support clubs. Their significance is further illustrated by an increasing number of pregnant women reporting to health facilities before 20 weeks of pregnancy following health education and pregnancy tests.

The District Clinical Specialists Teams (DCSTs) and General Practitioners have on the other hand contributed in the improvement of clinical governance. The clients that are attended to in health facilities visited by General Practitioners do not have to be referred to district hospitals as they are treated at the PHC facilities.

Honourable Chairperson, for the reporting period **between April and December 2017**, UMzinyathi District with its **20 GPs** attended to **13 819** clients; UMgungundlovu District that has **31** GPs attended to **45 984** patients and Amajuba District with its hard working **12 Contracted GPs** attended to **16 908** clients.

Most notable **benefits** of GPs participating on the Health Practitioners Contracting programme have been:

- Much improved medical coverage at clinics with GPs visiting them at least once a week, especially those in extreme remote areas;
- Clients are no longer bypassing the clinic because they know there is a Doctor available at appointed times.
- Reviewing of clients on chronic medication is now done by GPs at PHC level.
- Better management of the many complicated patients at PHC clinic level (ARV, diabetes, epilepsy, CCF, acute presentations etc.)
- Decongestions of our hospitals as clients seen by professional nurses are now referred to doctors on site rather than to the hospitals. *These GPs have been able to work out patients at clinic for Tertiary hospital referral*
- Most importantly, these General Practitioners provide mentorship and guidance to nurses at the clinic; thus improving skills, knowledge and subsequently quality of care.

Rationalisation of Health facilities

Last year, we also took over and incorporated **St Mary's Hospital** as one of our District health facilities. The hospital was previously owned by the Sisters of Precious Blood who

started experiencing financial difficulties and then approached the Department for a take-over.

We are able to report that this 200-bed, Level 1 District Hospital that has been operational since 1927 in the West of EThekweni Municipality is now fully operational and 100% owned by the KZN Department of health. It continues to serve a population of approximately 1 million people and acts as a referral Hospital for about 15 Provincial and Municipal Primary Healthcare Clinics as well as 2 Community Health Centres (CHCs). St Mary's Hospital employs more than 400 healthcare workers, the majority of whom were able to retain their jobs.

Siloah Lutheran Hospital

Siloah Lutheran Hospital is situated in the rural area of eDlomodlomo, in Zululand District and has 50 Authorized Beds.

The hospital offers Mobile; Gateway OPD PHC Clinic; Emergency; Maternity; TB Inpatient; Preventative and In-Patient Services to more than 8 000 community members.

Siloah Lutheran Hospital Mobile PHC clinic also services 36 mobile points and 10 Schools.

Siloah Lutheran Hospital falls under the Abaqulusi Local Municipality and is located between Vryheid and Nongoma KwaZulu-Natal.

Recently, the institution has shown some strains in running its own affairs and the Department has therefore taken a resolution to extend grant funding for a period of 6 months whilst exploring mechanisms for takeover and rationalisation of the hospital. Our provincial infrastructure Unit will conduct a feasibility assessment of the hospital to ascertain its viability as a healthcare facility.

A visit to this hospital led by the MEC will take place soon as the Inkosi in the area has already requested discussions on the possible take-over.

Training of Personnel

Honourable Chairperson, for all this to be accomplished and sustained, we have to constantly **Train and develop our personnel**

We do concede that the limited funding envelope has impacted on the expansion of our training programmes, but nonetheless, we have achieved a number of milestones in Human Resource Development especially in bursary management to attract and retain health professionals through the service obligation.

Bursary programme

The total number of bursaries **awarded** to matriculants to study health sciences qualifications in local universities since

2009 to 2018 stands at **1320** with almost all of them being placed in permanent positions after completion of their studies.

For medical students, there has been a radical growth in numbers due to the **Expanded RSA/Cuban medical training programme** introduced in 2012.

The total number of students that were awarded bursaries to study **Medicine in Cuba** from 2009 to 2015 now stands at **825**. This figure does not include **1320 health bursary awardees** from various health disciplines that studied or currently enrolled **in South African Universities**.

On the year we are celebrating 100 years of Nelson Mandela, we thus recall that just hours after his inauguration as a President of a free democratic South Africa in May 11 of 1994, President Nelson Mandela was seen being joined by President Fidel Castro where they signed pact promoting diplomatic relations between South Africa and Cuba. That solemn and memorable gesture saw Cuba being the first country in the world to be accorded diplomatic relations in a free South Africa!

Honourable Chairperson, it was also in that first engagement, that the **SA-Cuba Health Cooperation Agreement** was borne.

Today we are proud to state that Presidents Castro and Mandela made it possible for so many of our student doctors from poor backgrounds to break the chains of poverty in their families. They are now working in our health system, improving access to health for the people. Most of those are working in rural hospitals and clinics.

This year, in the last week of June, KwaZulu Natal will be receiving back the largest cohort of qualified doctors returning from Cuba (262) in all!

On the travel and logistics side of the returning student doctors, the Department is already at an advanced stage in negotiating with South African Airways to accommodate all these students in one aeroplane at the same time from Cuba to King Shaka International Airport. This will make it possible for all their parents to converge and be present when we welcome them. Honourable Members and Chairperson are duly invited to grace and attend this memorable and historic occasion for KwaZulu Natal!

As a further update, we have also initiated discussions with Airports Company South Africa (ACSA) and the airport management to create a platform where we will be receiving these doctors who left their homes at a very young age and are now almost ready to become fully-fledged doctors.

Indeed, these giant and revolutionary arrangements have proven to be an invaluable catalyst in the continuous upskilling of our Medical Students. For the first time, the student doctors would be placed in various hospitals throughout the province, as opposed to the erstwhile approach where their training was mainly concentrated in the metropolitan areas of eThekweni and UMsunduzi municipalities.

Nurse Training

Honourable Chairperson, the landscape of nursing education in South Africa has been significantly changed to meet the prevailing current health needs of our society.

New programmes that we are now offering are progressing well. In a span of 3 years, we have successfully produced **Nursing specialists** in the following categories; **776** in Primary Health Care; **105** in Critical Care Nursing category; **343** in Midwifery and Neonatal Nursing sphere; **112** Operating Theatre Nurses; **20** Ophthalmic Nurses as well as **100** Orthopaedic Nurses.

We are able to successfully maximize our input in nurse training through the emphasis we are making in continuing in the upskilling of our lecturing staff that has seen 68 lecturing personnel attaining Masters Degrees with 10 already enrolled

for their PHD degrees. A further 50 are presently engaged with Masters and Honours degrees.

In the spirit of celebrating the **100th anniversary of Mama Albertina Sisulu** who was a professional nurse and a midwife, we have decided in her memory to work with retired nurses as we have come to the conclusion that their nursing skills; knowledge and wisdom acquired throughout their lifetime remain invaluable and do not expire and retire. We fully recognise that their good practices had a positive impact on clinical governance. We had a workshop on the 8th of May 2018 with these leaders, which was an extremely useful engagement!

To this effect, we have formed a Steering Committee consisting of:

- Identified Retired Nurse Leaders, and
- Nursing Leadership at provincial level

The Committee has been tasked to look, deliberate and advice on challenges facing Nurse Leadership, concentrating on:

- Lack of quality clinical care
- Lack of leadership role
- Lack of patient advocacy

- Declining status of nursing
- Disjuncture between Nursing Education and Practice
- Lack of Clinical Teaching Departments
- Lack of discipline
- High expenditure due to litigations
- Lack of induction and orientation of nursing leadership
- Lack of accountability and responsibility

Through this effort, we hope to revive the ethos and good nursing practices of the nurses' forbearers like Mama Sisulu, a qualified midwife who persevered at the height of racial discrimination whilst working for the Johannesburg City Health department in the 1950s.

During this era, unlike their white counterparts, Black midwives had to travel on public transport and carry all their equipment in a suitcase. They still prospered and gained respect and honour in their communities as they were always ready and equipped to assist in emergencies. She is credited for introducing Family Planning in Orlando Township where she stayed.

Medical Orthotics and Prosthetics [MOP] project

Honourable Chairperson, due to the drastic shortage of professionals providing Medical Orthotics and Prosthetic

Services, the Department in November 2014 partnered with Durban University of Technology to train students on MOP.

These students are trained on manufacturing assistive devices and doing measurements for people with disabilities. We are glad to report that **73 students** benefited from this training with the 1st group of **36** having qualified giving us hope that in the very near future there will be no need to keep patients on waiting lists for assistive devices.

Training for Emergency Medical Services

Honourable Chairperson, for our Emergency Medical Services, we have now initiated **Project Sukuma** which is a collaboration between the South African Military Health Service of the Department of Defence and the KZN Emergency Medical Services and facilitated by the Office of the Premier.

The goal of the Project is development of the Sukuma Emergency Medical Academy (SEMA), a program aimed at ensuring training and producing highly disciplined youth, qualified in Emergency Medical Care.

This is a very elaborative and extensive training effort that involves Basic Military training for 6 months at SAMHS Training Centre in Lephalale; Driving and Maintenance course for 3

months in Pretoria as well as undergoing Water Orientation course at the Durban Naval Base.

Once qualified, they would act as a Force multiplier to capacitate the Reserve Force; serve as the Operational Medical Care Personnel for the SAMHS and enhance the Military Health Support for border security and peacekeeping initiatives when required

For the success of this collaborative exercise, the Defence Force would be responsible for the Management of the College (Military Unit); provision of Human Resource; give Basic Military Training and also attend to the Placement of qualified Emergency Care Practitioners.

This is a well thought initiative by our Premier, Hon Macingwane whose Office is attending to the provision of facilities; bursaries as well as replenishment and maintenance of library materials. It is actually the Premier's quest aimed at fostering an integrated approach to dealing with social and economic ills afflicting the youth within our societies. The Premier aims at production and nurturing of good, positive young citizens.

The Department of Health in all this would provide and maintain the academic training equipment; Ambulances for

Clinical Practice; Human Resource as well as the Placement of qualified Emergency Care Practitioners

The Department of Education is also part of the scheme as it is providing the New Mayor's Walk Hostels in Pietermaritzburg that have already been transferred from the KZN Department of Education to the Office of the Premier. This is to serve as the main facility for training which will include student accommodation and classrooms.

The cherry on top is that already we now have 18 of our youth enrolled at the University of Johannesburg who have since January 2018 commenced with their Emergency Care studies.

Other platforms for professional education and training

- Technical Vocational Education and Training Colleges for elementary occupations such as artisan training and other non-clinical support staff
- Durban University of Technology with a Memorandum of Understanding to have their Radiography; Mammography and other category of students have access to health facilities for training purposes
- Umthombo Youth Development Foundation for Recruitment, Mentorship and Placement of Bursary holders in rural areas

- Walter Sisulu University and University of Pretoria for Clinical Associates amongst others.
- Providing Artisan training platforms for tradesman aides that are assessed by Amajuba TVET College as means to ensure that our facilities are well maintained.
- To promote confidentiality when dealing with patients from different persuasions, to date we have graduated more than **1000** health professionals on Sign language training. These include doctors; therapists; nurses and front line workers.

National Health Insurance

KwaZulu-Natal was initially allocated two Districts, UMgungundlovu and UMzinyathi, to pilot the National Health Insurance Plan. The KZN Government then requested to have Amajuba District as an additional pilot district due to the size of the province. Amajuba was chosen because of its peculiarity in that it possesses both rural and urban settings; has adequate health care facilities and assessed to be capable of yielding immediate results in terms of readiness for the actual implementation of the NHI.

Pilot sites have been evaluated and are showing positive progress towards improving access and capacity for service rendering.

- **Amajuba District Pilot**

53 Managers have been trained in Change Management and all Operational Managers in Primary Health Care institutions have been trained on data collection and reporting tools.

12 School Health Teams have been appointed, servicing **4 232** Grade 1 learners in **98** schools.

The District has appointed its own Clinical Specialist Team consisting of 1 Advanced Midwife and 1 Specialist Primary Health Care Nurse.

- **UMzinyathi District Pilot**

All CEO posts in Hospitals have been filled and together with the District Management undergone a training course on Leadership and Advanced Management Programme.

Remarkable progress has been made on Infrastructure. Construction of the new Nursing College at Charles James Memorial Hospital has been completed, as well as a new kitchen and laundry.

Construction of a new Paediatric and TB wards at COSH hospital has been completed as well as a new Pharmacy at Greytown Hospital. The new Community Health Centre in

Pomeroy is fully functional, and projects at Manxili Clinic (new TB Voluntary & Counselling Unit), Elandskraal Clinic, Thathezakhe and Zamimpilo Clinics have also been completed.

A Clinical Manager Obstetrics and Gynaecology; Advanced Midwife; and Advanced Primary Health Care Nurse have been appointed for the District Clinical Specialist Team.

- **UMgungundlovu District Pilot**

Fourteen (14) Ward-Based Outreach Teams are in place in Impendle; Richmond; UMshwathi; UMkhambathini; UMngeni; Mpofana and UMsunduzi.

Three Mobile school vehicles have been purchased i.e. Dental Vehicle; Eye Care Vehicle and a General vehicle to be utilised by the **20** School Health Teams appointed to cover all municipalities serving the Quintile 1 and 2 schools. Emphasis is on health screening including Oral; Vision; Hearing; Nutrition status; Impairments; fine and gross motor development; communicable diseases as well as psycho- social issues.

Three **(3)** new clinics are ready to be commissioned starting with Ezimwini at UMkhambathini on the 6th of August 2018 as well as Mambedwini at UMshwathi and Mahlutshini at Impendle later in the year.

Pharmacy Assistants have been appointed in Taylors Halt; Caluza; Mpumuza; Mpophomeni; Northdale and Central City Clinics. These Assistants are responsible for Medicine Stock and Chronic scripts management.

Good practice initiatives from the NHI pilot districts are being rolled out to other districts as part of NHI implementation.

- **Skype**

To reduce traveling costs as part of the cost savings initiative, our Information and Communications Technology (ICT) unit has installed Skype in 65 hospitals; 11 district offices; 1 head office main boardroom as well as in selected top management offices. All other facilities will be covered and completed during the 2018/19 financial year.

- **Patient files scanning**

Allow me to report that Document scanning has started in earnest as we aim to curb the loss of patient files, which contribute to us presenting inadequate information when defending cases during litigations.

We have established a special task team to manage the project, and scanning has already started at King Edward VIII Hospital. To expedite the project, we will be recruiting around 80 Learnership staff to sort and scan files.

Even though this initiative was directed at the 3 NHI districts – it has now been incorporated for roll-out into the District Health Service Delivery model to all the remaining 8 districts

Also prioritized in the first phase of this project are the following facilities: Queen Nandi Memorial; Newcastle; Edendale; Prince Mshiyeni War Memorial and Mahatma Gandhi Memorial Hospitals.

The project is being pursued in conjunction with the implementation of Health Patient Record System (HPRS) which will benefit all patients in the province by:

- Improving patient file retrieval leading to reduction in waiting times
- Easy referral and access of client's information at different points of service delivery including point of entry and subsequent referral facilities Currently the HPRS rollout has 1 979 795 clients registered whilst we are aiming at registering 9 760 621 when all the facilities are connected and actively using the system.

ICT Infrastructure – Network Connectivity and Servers

The department has identified the need to ensure adequate ICT infrastructure to improve efficiencies. We will deploy systems and automation in critical areas of the department

including Supply Chain Management; Human Resource; Patient Management as well as Telemedicine.

Other NHI undertakings:

During the 2018/19 financial year, utilising the NHI Grant, we will contract Ophthalmologists to clear the backlog of 2500 cataract surgeries in KwaZulu-Natal.

The operations will be done using the operating theatre facilities at GJ Crooks, Eshowe, Dundee, and Ladysmith Hospitals.

We will further, using the NHI Grant, increase the number of school health teams from the current 214, to cover the additional ten provincial mostly deprived wards.

For **Forensic Pathology Services**, we beefed up our fleet by procuring an additional 20 Mortuary Pick-up Vans and 4 Disaster Trucks in the 2014/15 financial year and an additional 10 last year.

In a quest to improve service delivery, we have built and commissioned nine [9] state of the art Forensic Pathology Mortuaries across the Province.

At our Phoenix; Gale Street and Richards Bay Forensic mortuaries we installed Lodox X-Ray equipment which is a

high-tech machine that scans the whole body and is able to detect bullets in a body in a matter of seconds. The images derived are of high diagnostic quality and can be saved, printed and attached as forensic reports.

For the ease of stress within our employees in this category, we have employed and deployed a Clinical Psychologist to provide employee wellness programme orientation. We are happy to report that to date a total of approximately 300 staff were orientated on Trauma support, individual counselling and therapy.

On **Health Care Risk Waste Management**, we procured 15 **appropriately** designed vehicles that comply with clinical waste management specifications (Environmental Health Act), a first of its kind in the Country.

MEDICO LEGAL ISSUES

Honourable Chairperson, we are a Department that deals with human life and as such there would always be successes and failures in saving that precious life. We are thus always open to **Medico-Legal Claims** in terms of what we do or do not do.

It is also well known that our Country is experiencing a substantial escalation in medical malpractice litigations. This without fail is having a serious impact on both the Public and

Private Sectors in terms of which vital resources that would otherwise be utilized for patient care is spent on the settlement of these claims.

In an effort to address this challenge, the Department has established a **Medico-Litigation Unit** which consists of Medical Practitioners, Legal experts and Administrative staff. Our objective here is to manage the medico-legal matters prior to them becoming a litigation matter.

This unit has already made good progress in the following areas:

- Auditing of two thousand (2000) medico legal files that gave rise to the current contingent liability. This will help in giving us accurate figures in relation to actual claims; total contingent value; claims per institution and claims per medical discipline.

The conclusion of the above process has enabled the department to strategize around dealing with the actual legal claim causes and triage files along the following areas:

- Non-cases that require clarity to complainants
- Defendable
- Those for mitigation
- Those that require the department to concede liability

We have also appointed two Medical Expert Teams in the field of Radiology and Oncology on contract basis as means to complement our internal medical expert capacity and expedite the processes of briefing our internal legal team and State Attorney teams in preparation for legal defence by the department.

The Medico-Legal Unit has also started a program of capacitating the affected health workers to prevent further clinical operational and clinical governance gaps or risks that are a cause for the current high Medico-Legal contingent liability.

In each facility, we are also appointing a dedicated Medico-Legal complaints management champion.

Adding on the above, we have initiated an electronic Medico-Legal data base and also piloting electronic medical records management system for five pilot hospitals - Queen Nandi Mother and Child Regional Hospital; EG & Usher Hospital; Itshelejuba Hospital, Eshowe District, and Hlabisa Hospitals.

Most importantly; in the 2018/19 financial year, we will be implementing a test project for using mediation as an alternative dispute resolution mechanism for medico-legal claims management. We are of a strong view that this approach will speed up the settlement process and be in the

best interest of both parties. The high priority beneficiaries of this mediation processes will be the poor complainants who cannot afford the high costs of the Legal Attorneys.

Flagship projects

Honourable Chairperson, even though we have covered our Infrastructure developments under a separate booklet, do allow us make special mention of the brand new **Dr Pixley Ka Isaka Seme Memorial Hospital**

This is one of our flagship projects that we are extremely excited and proud about.

In just over a year from now, this brand new 500-bed Dr Pixley Ka Isaka Seme Memorial Hospital will open its doors, bringing quality healthcare service delivery to more than 1, 5 million people of Inanda; Ntuzuma; KwaMashu (INK) and surrounding areas.

This **R2,7 billion Level 2 Regional Hospital**, situated near the Bridge City Mall, will serve as a referral centre for all surrounding public health care facilities, and most importantly, will alleviate pressure from the Mahatma Gandhi Memorial and King Edward VIII hospitals that currently cater for these massive catchment areas.

It is also intended to provide a 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.

Since construction began in 2015, 1 802 people have been employed, including 1 167 made up of locals; 163 women; 986 youth and two disabled. Among its many innovations is a water harvesting feature through which rainwater will be harvested and then used for irrigation and ablution.

Honourable Chairperson, Dr Pixley Ka Isaka Seme – whom the facility is named after - was one of the first black lawyers in South Africa and became a president of the African National Congress between 1930 and 1936. He married Princess Phikisinkosi Zulu, the eldest daughter of King Dinuzulu. The official opening of this facility next year will be graced by the presence of the Kingdom's reigning Monarch, Inkosi Goodwill Zwelithini who two months ago undertook an in loco inspection tour to assess progress.

Conclusion

Chairperson, like we said, health is everybody's concern and therefore all of us have a collective responsibility to ensure that our noble goal of a long and healthy life for all in KwaZulu-Natal is realised.

All of us, regardless of our political affiliations, race, colour and creed, must ensure that every person at Ward level knows his or her HIV status; every pregnant woman attends Antenatal Care; every child is immunised and all the men are circumcised.

We all have to internalise that we are better off as a society when diseases, injuries and acts of trauma are prevented.

Prevention is always better than cure.

If we keep this in mind, we can then be assured of a healthy populace with prolonged lives leading to a productive and prosperous KZN Province.

Lastly; we thank the Honourable Premier for his leadership; support and guidance; the Health Portfolio Committee Chairperson and all the Committee Members; the Acting Head of Department, Dr Musa Gumede; Senior Management and all committed officials and workers who have made it possible for us to tell the good story about the improved health status of our citizens.

Honourable Chairperson, I thus present to you the budget sum per programme and allocation

I thank you

.Allocation of sums per Programme

Allocation	2018/2019
ADMINISTRATION	R 811,207
DISTRICT HEALTH SERVICES	R 20,825,714
EMERGENCY MEDICAL SERVICES	R 1,415,686
PROVINCIAL HOSPITAL SERVICES	R 11,232,418
CENTRAL HOSPITAL SERVICES	R 4,955,993
HEALTH SCIENCES AND TRAINING	R 1,264,350
HEALTH CARE SUPPORT SERVICES	R 313,640
HEALTH FACILITIES MANAGEMENT	R 1,528,656
<i>Total Allocation</i>	R 42,347,664