

2020/21 Budget Policy Statement by KZN Health MEC, Hon Ms Nomagugu Simelane-Zulu

05 June 2020

Honourable Chairperson

Premier of KwaZulu-Natal – Hon Sihle Zikalala, Khuzeni

Fellow Members of the Executive Council

Chairperson and Members of the KZN Health Portfolio Committee

Honourable Members of the KZN Legislature

Amazinyane eSilo

Inkosi Chiliza, Chairperson of the KwaZulu-Natal House of Traditional Leaders

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

Head of the Department of Health – Dr Sandile Tshabalala

Our hero Mr Nhlonipho Zulu, who helped a patient deliver a baby, after the mother had been turned away from one of our clinics

Senior Managers in the Department of Health

Partners and Sponsors

Healthcare workers across the length and breadth of the Province

Distinguished guests

People of KwaZulu-Natal

Members of the Media,

Ladies and gentlemen

Honourable Chairperson,

We deliver this Budget Speech under the theme *#KZNHealthCares: Improving infrastructure, improving waiting times, improving quality and access to health care for the people of KwaZulu-Natal.*

This is in keeping with our new departmental motto: *“My Health, Your Health, Our Health: A Healthy KwaZulu-Natal”.*

As we continue to commemorate the spirit of our fallen heroes during Youth Month, we remember the selfless sacrifices of our soldiers such as Phila Portia Ndwandwe from Umlazi.

She is one of our female heroines who made huge sacrifices during the armed Struggle, through her involvement in the liberation movement. She was a 24 year-old breastfeeding mother when she was abducted by Apartheid forces in 1988, who wanted to force her to become an informer for the then Apartheid South African government.

When she refused, she was tortured for 10 days. She was eventually shot in the head, and buried in a shallow grave in Elandskop.

For many years, her family did not know what had happened to her.

This year, we are also celebrating the centenary of the birth of Cde Harry Gwala, popularly known as “The Lion of the Midlands,” who was born on the 30th July 1920; and passed away exactly 25 years ago this month, on 20 June 1995.

UMunt’omdala, as uBab’ Gwala was affectionately known, as a revolutionary, was harassed, persecuted and imprisoned on Robben Island on two different occasions. He was first arrested for “sabotage,” tried and sentenced to eight years between 1964 and 1972.

After his release from prison, he was re-arrested in 1975 now for “Terrorism” and this time sentenced to life imprisonment.

He was released in 1988 due to ill-health.

However, throughout his trials and tribulations, uMphephethe remained courageous and steadfast in fighting for liberation of our people.

He continued to be a beacon of hope for the people of KwaZulu-Natal and South Africa at large.

RENAMING OF EDENDALE HOSPITAL AFTER Cde HARRY GWALA

In honouring the legacy of uM’dala, we have made a decision to rename Edendale Hospital after him. This is informed by the fact that this hospital has its own rich history in the Struggle for liberation. We have engaged the Gwala family in this regard and they have agreed to lend us the name of this Struggle icon.

We had also started discussions with the district and local municipalities of Umgungundlovu and Umsunduzi respectively in this regard, as per standard procedure, and we will be continuing with these talks, as time allows us.

In line with this decision, the Department has also decided to revamp the hospital, while also working to improve staff attitudes and overall client experience, in order to ensure that this facility is a reflection of the true stature of the man.

Indeed, today we stand on the shoulders of giants as we work to improve the lives of our fellow compatriots through ensuring better access to quality healthcare services.

Chairperson, we deliver this 2020/21 Budget Vote Speech amid ongoing turbulence and uncertainty all over the globe, due to the Novel Coronavirus 2019.

Chairperson, I will later elaborate on the approach we have taken to fight COVID – 19.

For now, I wish to remind this House of some of the commitments that we had made when we presented the previous budget, and how far we have gone with its implementation.

ADDRESSING STAFF SHORTAGES

In our previous Budget Speech, we referred to an impassioned plea that we had made to our Honourable Premier Cde Sihle Zikalala, to consider our proposal for a Minimum Staff Establishment approach at all our healthcare facilities.

We were of the view that having at least 60% of the staff compliment at our facilities could begin to address challenges caused by understaffing, such as low staff morale, low quality of care, and burnout as a result of overcrowding.

The Premier made it clear that in order for us to achieve this Minimum Staff Establishment, and for the provincial Government to even consider it, we would need to “cut the fat” at head office and district levels, and optimise the resources that we have. Engagements in this regard had already started, and we were in the process of implementing them.

We had proposed the 60 % minimum staff establishment, and had started official engagements within the Provincial Government.

And then COVID – 19 happened, and everything else was stalled.

We remain confident, however, that in due course this matter will receive the attention that it deserves, as the Provincial Executive Council has already confirmed its commitment towards solving the challenges that are faced by the Department of Health in relation to its Human Resource capacity.

CHAMPIONING E-HEALTH

Chairperson, in the last Budget Speech, we indicated that we would be introducing an e-Filing system. However, in the process of implementing this system, our approach evolved and we realised that the Department actually needed an e-Health system that provides a wall-to-wall digital solution, from the moment a patient enters a healthcare facility until they leave.

As a result of the old paper system utilised by the Department, files are always at risk of getting lost or stolen, and clerical staff have to spend hours looking for them, while sick patients are forced to wait for a long in the queues.

Some files get lost, while others get stolen, all of which makes it difficult for the Department to defend itself adequately during litigation, should this come.

Chairperson, we staged a surprise visit at KwaMsane Clinic in Mtubatuba, where we actually got first-hand experience of this poor filing system. We had to spend hours and hours looking for files, together with the clerical staff.

This was but a microcosm of some of the frustrations that the public and our staff face on a daily basis.

This new IT system has been developed by a group of young people, after we convened what is called a “hackathon”, which is a meeting of computer systems specialists - which takes place over three days.

In this programme, they put their heads together and come up with the best system that is required at the time.

In this regard, we utilised the skills of young people, and subsequently empowered them with an employment opportunity while saving enormous amounts of money. This system will be used by the whole province, while it is solely owned by Government.

It will, in a revolutionary way, ensure that files are created and sent electronically and securely between various hospital units.

It will also ultimately link all hospitals together, as well as with the Community Health Centres, and clinics that fall under the jurisdiction of each facility.

This e-Health system is being piloted at Prince Mshiyeni Memorial, and at Madadeni hospitals.

The pilot project is going extremely well, and we have trained sufficient numbers, and put in place the requisite infrastructure.

We plan to have reached half of our facilities by the end of this financial year if our resources are not drained by the COVID – 19 pandemic.

NEW INTERVENTIONS

The majority of the commitments that we made in the previous Budget Speech are part of the new interventions.

REDUCING THE TRAUMA OF LOSS: NEW PROTOCOLS FOR THE MANAGEMENT OF INTRA-UTERINE DEATHS

Chairperson, it was brought to my attention that a number of women who had suffered Intra-Uterine Deaths (I.U.Ds), were being made to go home and wait for the natural delivery process to take its course. *(This is when a child dies while inside the mother’s womb)*

In some cases, these mothers were being kept in a ward with other mothers who would still be waiting to deliver their babies. Sometimes, they would be sent home to wait for the natural birth process to take place and only come back when they were going into active labour.

All of this was taking a severe psychological and emotional toll on mothers with I.U.Ds. This had the potential to cause psychological trauma, and clinical complications on the affected mothers. It also exposed them to potential risks of maternal death and other complications, since there may not be proper clinical monitoring at home.

On further scrutiny, I was advised that these were protocols that were being followed by Government.

As soon as this was brought to my attention, I said *never!!! Not under my watch!!!*

Particularly because in the private sector, this does not happen. Different protocols are followed. So, it looked these women were being punished for being poor. As a result, we have been able to change these protocols

Now, with the new protocols that we have put in place, mothers who have an I.U.D are removed and placed in a ward away from other mothers; where they are offered continuous counselling, and given a chance for induction of labour – if they choose to.

We firmly believe that this is a much more humane way of dealing with such situations, and it reduces emotional distress, trauma and stigma to mothers who are already bereaved.

EXPANDING THE CAPACITY OF HEALTHCARE FACILITIES

Generally, Apartheid spatial development in the Province of KwaZulu-Natal has historically been focused on the “Natal” part, at the expense of the “KwaZulu” part.

The resultant legacy of this is that as many as four districts (Umzinyathi, Umkhanyakude, Zululand, and Harry Gwala) do not have even a single regional hospital.

This literally means that people from these areas must travel hundreds of kilometres to access these regional-level services, which include certain specialities.

a) REGIONAL HOSPITAL SERVICES

The Department of Health has to transport patients on a daily basis from district to regional hospitals to access these services.

The transportation, staffing and meals is costly to Government, and comes at a huge inconvenience to the patients – sometimes at the cost of lives while patients are moving, so that they can access these regional services in places like eThekwini, uMgungundlovu, as well as King Cetshwayo (Ngwelezane Hospital).

To prove our point, we'll use this example: In 2019/20, the Department spent an estimated R24m on the inter-facility transportation of patients in Zululand District.

For instance, our patient transport service, situated at Ngwelezane Hospital, facilitated a total of 18 978 patient transfers from Hospitals in Umkhanyakude District: namely Hlabisa, Manguzi, Mseleni, Mosvold and Bethesda Hospitals; and as well 9 449 patients in Zululand District in respect of Benedictine and Itshelejuba Hospitals.

It is also worth noting that over and above these patient movements, a total of 5 705 and 3 226 patient relatives were also transported as patient escorts from Umkhanyakude and Zululand districts respectively – all at a huge cost to the Department.

The patients were either referred to Ngwelezane, King Edward, Inkosi Albert Luthuli Central Hospital, St Aiden, McCords, King Dinizulu or Addington Hospital.

The Umkhanyakude District EMS office also facilitated for the Inter-Facility transfer of emergency cases, utilising ambulances allocated to emergency operations with 4 737 patients who were transferred.

The cost here is unquantifiable due to the unplanned nature of the cases which consume emergency medical resources rather than Planned Patient Transport vehicles.

For context, **a regional hospital** would normally provide a package of services that includes internal medicine, paediatrics, obstetrics and gynaecology, general surgery; orthopaedic surgery; psychiatry; anaesthetics; diagnostic radiology; trauma and emergency services; as well as short-term ventilation in a critical care unit.

Therefore, by upgrading some district hospitals in these four districts, so that they offer these regional-level services, the Department would make **a massive saving** on its already limited resources.

As part of this approach, we will also endeavour to attract and retain medical specialists in these areas – while we are aware that it is not going to be an easy task.

Because we are mindful of the reluctance of some medical specialists to work in rural areas of the Province, we are also considering using sessional doctors, as well as technology such as Telemedicine to bridge the skills gap.

We are going to upgrade the following facilities from district to regional hospital level:

- Vryheid
- Bethesda
- Dundee
- Christ the King

b) A NEW TERTIARY HOSPITAL NORTH OF THE PROVINCE

Ideally, given the population size and the vastness of the Province of KwaZulu-Natal, we ought to have at least three tertiary hospitals.

For a province of this size, it is an anomaly that KZN's two hospitals (Grey's Hospital and King Edward VIII Hospital) can only be located in the urban areas.

Therefore, we have decided to **build a tertiary hospital in the north of the Province**. We have already identified a site adjacent to Ngwelezane Hospital, for this purpose.

This will ensure that the people in the north of the Province also have access to specialised healthcare closer to their homes, without having to travel for hours on end.

STRENGTHENING PRIMARY HEALTH CARE THROUGH A COMMUNITY-BASED APPROACH

As the African National Congress had declared in its policy document *Ready to Govern*, "*There is a need for a comprehensive health service that promotes good health, prevents illness, provides care, and rehabilitative services to the ill...*"

An effective healthcare system is one that is rooted in the Primary Health Care approach, and is underpinned by a culture of disease prevention and health education – particularly in a developing nation such as ours.

Some of the advantages of this approach include:

- Early detection of diseases;
- Taking services closer to the people;
- A reduced need for specialised care;
- Reduced spending by people who are vulnerable;
- Changing from a curative to a preventative approach; and
- Early management of health conditions,

In implementing this people-centred approach, these are the programmes that the Department has started implementing:

#ISIBHEDLELA KUBANTU

Chairperson, one of the exciting new programmes that we have introduced is one that we termed *#IsibhedlelaKubantu*, which literally means "Health care to the People."

Through this programme, teams of doctors, nurses and allied health-care professionals visit communities who live far from clinics and hospitals.

This is a "Big Bang" approach with big mobile units which offer a wide range of health services including optometry, dental health care, pap smears, breast cancer screening, medical male circumcision, TB check-ups and HIV/Aids counselling and testing, among other things.

While we emphasise the need for our people to utilise the primary health care facilities that we have, however, through *#IsibhedlelaKubantu*, we're bringing hospital services closer and directly to the people.

The ingenuity of this programme is that it literally brings all services that can be moved out of a hospital right to the doorsteps of our people. The programme has been extremely well-received, and we have found that it addresses a dire need from the community and we will continue with it as soon as we are able to do so.

NQO-NQO, SIKHULEKIL'EKHAYA

This is another one of our innovative new programmes that had begun bearing significant fruit. When we say *Nqo-Nqo, Sikhul'ekile Ekhaya*, we're referring to a highly-effective door-to-door approach to healthcare service delivery.

This is a programme of healthcare workers who go to all communities, particularly those that are under-serviced, bringing healthcare services literally inside people's homes.

It entails teams made up of a doctor, a nurse, and a Community Care Giver (CCG), Ward-Based Outreach Teams, and School Health Teams. They assess and treat patients, and facilitate access to treatment for chronic and other ailments.

They also identify and trace those who default on their medication and refer them to hospitals accordingly.

When we launched this programme in Mtubatuba in November 2019, I followed my intuition during a walkabout, and led our team into one of the households. That had not been part of the problem

In this household, we found an elderly woman who had a severe high blood pressure. On assessment by the medical staff that we were with, an ambulance was summoned and arrived after just a few minutes to take her to hospital. This is an indication of how this community-based approach is meant to assist our people and intervene immediately as and when it is needed.

We are also looking forward to resuming this programme when our material conditions allow for it.

#FABULOUS ABOUT HEALTH

Sexual orientation is a Constitutionally protected right. Furthermore, the Centre for Disease Control is very clear about the position of people from the LGBTQI+ community in society. The CDC observes that: *"People who are lesbian, gay, bisexual, or transgender (LGBTQI+) are members of every community. They are diverse... They come from all walks of life, and include*

people of all races and ethnicities, all ages, all socio-economic statuses, and from all parts of the country. The perspectives and needs of LGBTQI+ people should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities.”

As a Government that is in touch with reality, we are aware that members of the LGBTQI+ community feel side-lined and misunderstood.

As such, they have complained about experiencing difficulties in accessing healthcare services that all of us are entitled to, and those that are specific to them.

We have then introduced a new campaign known as *Fabulous About Health*, whose aim is to improve access to healthcare for the LGBTQI+ community.

This campaign is made to highlight a programme that we have established to promote LGBTQI+ friendly healthcare facilities.

Again, we will continue to strengthen and broaden this programme.

As part of our LGBTQI-friendly approach, we will provide a package of services that will include “lubes,” dental dams, and finger gloves.

We are making this commitment cognisant of the fact that this will come at a high financial cost, which is why we will use a phased-in approach.

IKHOSOMBA LAMAJITA: HEALTH OF MEN

When it comes to the health of men, a number of challenges have been identified through the departmental reporting processes.

These include the fact that men do not access health services timeously. Men will either not present; present late; or present when they have begun to have complications.

In response to this, as well as in an effort to tackle social ills such as gender-based violence and substance abuse, the Department came up with a successful programme called ***Isibaya Samadoda***.

However, as successful as this programme was, it did not resonate with all environmental settings – not all men could relate to this.

We have re-conceptualised this programme as *Ikhosomba Lamajita* (Men’s Corner), which tackles men’s health, substance abuse and gender-based violence.

We launched *Ikhosomba Lamajita* at Esikhaleni, on 29 February 2020, to much fanfare.

We realised that if men continue not coming to our facilities early, the resources that we spend on health will keep on increasing, which is something we cannot afford.

By screening and testing men for a wide range of ailments, it ensures that diseases such as diabetes, high blood pressure, HIV/AIDS, and prostate cancer are detected early, which will improve treatment or management.

It is also crucial to mentor men and impart skills on effective and suitable dispute resolution approaches, and to instil a sense of hope among men generally, including those who are unemployed.

Our Honourable Premier has made it clear that the scourge of gender-based violence needs to be eradicated, and through this programme, we are doing exactly that and more.

#KZN HEALTH CARES: ESTABLISHING A CULTURE OF RESPONSIBLE, RESPONSIVE AND ACCOUNTABLE GOVERNANCE

Due to a number of service complaints directed to our office and myself, it became clear that there was a gap between the public that we were servicing and management at facility and at head office level.

I therefore decided to publicise the names and contact details of all hospital CEOs, district directors, and district management of Emergency Medical Services (EMS) and Forensic Pathology Services (FPS).

This is part of our efforts to improve quality, reduce waiting times, improve overall client satisfaction, all of which is towards the realisation of the “MAKE ME LOOK LIKE A HOSPITAL” programme.

In line with the principles of *Batho Pele* (People First), this ensures that the public knows those who are leading these facilities, and that these leaders are available to help the community when challenges arise.

COMPLAINTS MANAGEMENT APPLICATION (MOBILE APP)

We have also completed the development of a mobile device application, or APP that is able to act as a link between the Department and the public. This app is managed by trained Departmental staff, who also manage our social media pages. We will further increase capacity in this regard, moving forward.

These platforms are meant to make the people of this Province feel that the Department cares about them, and is willing to intervene to help them as much as possible.

AN INNOVATIVE HEALTH AWARENESS PROGRAMME FOCUSING ON INSTITUTIONS OF HIGHER LEARNING

We remain determined to ensure that no student's future is compromised due to unplanned pregnancy, sexually-transmitted infection, or complications related to botched termination of pregnancy, or cancer.

We launched the Department's tertiary education health awareness programme at the University of KwaZulu-Natal's Pietermaritzburg campus, on 17 August 2019, under the theme *#Seize The Moment: Take Charge of Your Health*.

The initiative, which has been well-received, sees scores of students being tested for HIV/AIDS and other sexually transmitted infections; TB, and blood-sugar levels, while others undergo Pap Smears procedures on the spot. We will continue rolling it out at our institutions of higher learning.

After our engagements with Vice Chancellors, the initiative also received the buy-in of the Vice Chancellors of these institutions.

Through it, we have managed to link health facilities in our universities with the Department of Health.

PROVIDING FULL ASSISTANCE FOR BURSARY-HOLDERS

For far too long, our bursary-holders have been subjected to an untenable situation whereby they would sometimes get partial financial coverage for their tuition, meals, and stationery and accommodation fees.

As a result, many students were being left in limbo. They would be forced to look for alternative means to raise money, including making themselves vulnerable and living in unsafe environments.

We have decided therefore that this should come to an end.

We have mobilised resources to meet the financial needs of these students, and cover their tuition, meals, stationery and accommodation fees in full.

We will also be providing these students with laptops to ensure that they are able to pursue their studies off-site during this time of COVID - 19.

We believe that if we are to make a truly meaningful contribution in the empowerment of poor students and our people, we should strive to carry them all the way through – not only halfway.

RETURN OF CUBA-BASED MEDICAL STUDENTS

Since the inception of the Nelson Mandela – Fidel Castro Medical Doctor Training programme in 1996, a total of 331 students have completed their training in Cuba.

In July 2020, we will be welcoming 95 South African students who have been studying in Cuba, who will be starting their sixth and final year of studies in SA for the duration of 18 months.

When they are absorbed into our healthcare system, it will be a major boost for the Province.

The latest return of these students will leave a balance of 110 students still studying in Cuba.

REVIVING OUR RELATIONS WITH TRADITIONAL HEALTH PRACTITIONERS

Chairperson, up to 80% of our population are believed to use the services of Traditional Health Practitioners in one way or the other. It therefore follows that Traditional Health Practitioners should be recognised part of the value chain of health.

Traditional health practitioners have also been identified as a vital resource for up-scaling comprehensive HIV/AIDS, TB and other chronic disease care and prevention strategies; and for referring clients to Primary Health Care facilities.

In recognition of all of this, we have taken a conscious decision to resuscitate a formal partnership between the traditional health practitioners in KZN and the Department, as firstly initiated by MEC Nkonyeni when she was MEC for Health.

In fact, when the national lockdown was announced, we were already at an advanced stage of preparing for a conference to cement these relations and find effective ways to work with each other.

Our end goal is to ensure that traditional health practitioners are not looked down upon. Traditional medicine should co-exist with Western medicine in South Africa – particularly in this province.

It is common cause that before Western medicine came into Africa, Africans were able to heal themselves and each other through indigenous knowledge and understanding of the utilisation of herbs.

We are advocating for this because, in many instances, the medication that many of us pay exorbitant amounts for is derived from traditional medicinal plants from Africa.

We have also decided to form advisory committee that we will be working very closely with the Department and the Office of the MEC.

REDUCING THE BURDEN OF DISEASE:

HIV/AIDS AND TB

KwaZulu-Natal continues to be the epicentre of HIV/AIDS in the country.

According to the Thembisa model, about 2.03 million people in KZN are HIV positive.

Out of those, 1, 4 million are on treatment, and 492 136 are HIV positive but not on treatment (lost to follow-up Anti-Retroviral Treatment).

The districts with the highest rate of patients lost to follow up treatment are EThekweni at 171 502; Umgungundlovu at 62 162; Ugu at 35 937; Ilembe at 31 653; Umkhanyakude at 31 890; and Zululand at 30 168.

The department is targeting the following high risk groups: women aged between 15 and 24, men, the LGBTIQ+ community, men who have sex with men, sex workers, truck drivers, miners, farm workers.

We are targeting these groups through tangible programmes and awareness campaigns.

90-90-90 TARGETS

Chairperson, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has given us something that is called the **90-90-90 strategy and targets**, which we must meet by the end of 2020.

These targets require of us to ensure that:

- 90% of HIV infected people should know their status;
- 90% of those who know their status should be initiated on ART; and
- 90% of those that are on ART should be virally suppressed.

As a Province that is striving to achieve epidemic control, we are extremely pleased to be the first in the country to have three Districts (UMkhayakude, Ugu, and UMzinyathi) to achieve these 90-90-90 targets.

Our Minister Dr Zweli Mkhize congratulated us on this achievement, and even visited Ugu and Umkhanyakude Districts to congratulate and encourage the people of those districts.

A further six districts (Amajuba, EThekweni, King Cetshwayo, UMgungundlovu, UThukela, and Zululand) were expected to follow suit by March 2020, but we are waiting to see if they have achieved this (delays due to COVID)

These remaining eight districts will be supported to reach 90-90-90; while Ugu, Umkhanyakude and UMzinyathi are expected to progress to 95-95-95, which is the next milestone towards epidemic control.

HIV TESTING:

Our target for HIV/AIDS testing for the 2020/21 financial year is 3,3 million people. By the end of quarter three of the previous financial year, we had already tested 3,2 million people.

Our intervention to reduce the number of people lost to treatment entails:

- Dedicated staff at district level call and remind clients telephonically about their upcoming appointments.

In the last 30 days, we made 7084 phone calls to people in the following districts: Amajuba, Ilembe, Umzinyathi, and Umkhanyakude. In the other districts, we are assisted by our development partners.

- Community Health Workers (CCGs) have been given targets to trace and link back to care at least three HIV and TB clients each week.
- Healthcare facilities have re-introduced Revised Integrated Literacy Classes and scripts which aim to improve treatment adherence, so that we reduce Lost-to-Follow-Up. Training in this regard is underway in all districts.

REDUCING MOTHER-TO-CHILD TRANSMISSION OF HIV

In the last financial year, the rate of Mother to Child Transmission (MTCT) around 10 weeks was 0.56%; which exceeded our target of 0.8%. This is in line with the *Elimination of Mother to Child Transmission Last Mile Plan* of South Africa 2021.

To sustain this achievement, we will continue implementing the Elimination of Mother-To-Child Transmission (EMTCT) Last Mile Plan activities such as:

- Real Time Polymerase Chain Reaction (PCR) Monitoring
- Safer Conception Services, among others

TUBERCULOSIS

In our endeavour to find all TB patients and to initiate them on treatment, we are using universal screening in health facilities and in the community.

In HIV positive pregnant women, universal testing for TB at first ante-natal care is vital in ensuring prompt diagnosis and treatment to **prevent complications in the pregnant mother** and to **protect the unborn child**.

Infection Prevention and Control practices have been enhanced through gazetted health infrastructure norms, which the province has adopted and implemented.

The TB Prevention and Control programme has introduced new diagnostic tools to assist with the diagnosis of **TB in children and HIV positive patients**.

The following tests have been implemented:

- GeneXpert ultra, an advanced system which is a more sensitive rapid test that detects both TB and MDR-TB. This test is performed in our laboratories.
- A specialised urine test for TB which is a bed side inclusion test used on HIV positive patients with a CD4 count of less than 100. This is implemented in all hospitals and Community Health Centres in the province.
- Second Line Probe Assay, which detects resistance to second line medication within 28 days – compared to the conventional culture which takes up to three months to give results. This test is only performed by the TB Laboratory at Inkosi Albert Luthuli Central Hospital.
- Introduction of new medication for drug-resistant TB, which has resulted in a shorter and injection-free treatment regimen for most patients. Previously, the duration of treatment was **24 to 36 months**; with six months of injectable treatment. This has been reduced to up to eleven months with no injection.

All of these interventions have resulted in a lower bed utilisation rate for TB patients, which is a significant gain.

GAINS MADE IN THE FIGHT AGAINST TB

There has been an increase on the TB treatment success rate due to the decrease in Lost to follow up (10.2 to 9.8%), and a reduction in the death rate from 8% to 7.4%.

However, eThekweni remains with the highest burden of TB, which is worsened by the high number of informal settlements (about 400). A project was started last year through Global Fund to tackle TB in informal settlements.

The Department will continue to educate and raise awareness on TB in the communities, collaborating with all sectors and local stakeholders.

We will continue with our prevention strategies, such as integrating treatment of both TB and HIV, Infection Prevention and Control, and use of the TB preventive therapy.

Our approach also involves up-scaling efforts to find missing TB patients through the following means:

- Universal screening for TB both in health facilities and in community,
- Testing for all presumptive TB patients,
- Promptly linking to treatment all patients who test positive for TB...

SCREENING AND TESTING FOR CERVICAL AND BREAST CANCER

In the past financial year, we screened 81.9% of eligible women for cervical and breast cancer, against our target of 85%.

Out of those, a total of 3471 women were referred for the Large Loop Excision of the Transformation Zone (LLETZ) procedure. This procedure gets rid of pre-cancerous cells without much pain, and does so in a short space of time, and can be moved around into our own clinics.

For the 2020/2021 financial year, our target is 85% of the total population of targeted women.

REPRODUCTIVE HEALTH

The Department is promoting “Safer conception” to all women of child bearing age - especially young women in and out of school. This campaign **also targets men** as they have a role to play in safer conception through consistent and regular condom use, and encouraging their partners to discuss the use of contraception until they are ready for another child. We also encourage men who no longer wish to father a child to consider opting for **vasectomy**.

The Department has also re-introduced the **intra-uterine device** into its package of contraceptive methods.

This is a long-acting, reversible contraceptive which helps women not to worry about family planning for a period of about 5 – 10 years.

It also empowers women to make informed choices about their reproductive health; and plan properly for their pregnancies, including timing and spacing between having babies.

CONDOM DISTRIBUTION

By the end of the third quarter, we had distributed more than 170 755 million male condoms, and 2,2 million female condoms.

Our distribution targets, as prescribed by the National Department of Health for the current financial year, are as follows:

- Male condoms 152 275 528
- Female condoms 7, 7 million

CHOICE OF TERMINATION OF PREGNANCY (C-TOP)

Chairperson, we support and emphasise the right of women to access reproductive health services in their entirety; or terminate their pregnancy.

Over the years, exercising Choice of Termination of Pregnancy had virtually disappeared from the public agenda.

It was also brought to our attention that pregnant women, who need to terminate their pregnancy during the second trimester, were experiencing difficulty accessing Choice of Termination Of Pregnancy services.

Currently, this C-TOP service is provided in 53 healthcare facilities in the province – 39 hospitals and 14 Community Health Centres (CHCs).

The sixth administration has also **set up new protocols for the transportation of women** with advanced pregnancies who need to terminate their pregnancies. The rationale for this is to promote the safety of clients who require Choice of Termination of Pregnancy (C-TOP) services during the second trimester, between referring facilities.

The Procedure for arranging transport now unfolds as follows:

- When a client is requesting Termination of Pregnancy, and is eligible for it, but presents at a facility with a 24-hour maternity service which does not offer the required TOP service... It is the responsibility of the health care worker in the facility to secure an appointment on the earliest date possible, at a facility that offers the service. This has not always been the case.

IMPROVEMENTS IN THE MATERNAL MORTALITY RATE

Generally, the leading causes of maternal mortality include hypertension, complications related to HIV/AIDS, and excessive bleeding.

As a Department, we are extremely pleased to note a significant improvement in this regard, as we have now reduced the rate of maternal mortality from **100 mothers per 100 000 in 2018/19; to 77 per 100 000** in 2019/20 – although we are the first to admit that this is still not acceptable.

The progress we have made can be attributed to improved management of hypertension during pregnancy, and the usage of a new garment which prevents post-birth excessive bleeding.

The Universal Test and Treat programme has also been extremely helpful in initiating HIV-positive mothers on treatment during the early stages of pregnancy.

REDUCTION IN CHILD MORTALITY RATE:

One of our key priorities is the reduction in the rate of Under – 5 child mortality. Our target in this regard was 5%. Over the past financial year, we have reduced this rate to 4%. This can be attributed to better implementation of integrated management of childhood illnesses at primary healthcare level, and improved care on arrival in hospitals (following the roll-out of the emergency triage assessment and treatment).

CHILD HEALTH: FIGHTING SEVERE ACUTE MALNUTRITION

The Child under 5 Severe Acute Malnutrition case fatality rate for 2019/2020 was 6.9% (up to Quarter 3), which is above the provincial target of 6%.

Our strategy in this regard entailed conducting- community based screening for malnutrition using mid-upper arm circumference (MUAC) to encourage early case detection of Moderate Acute Malnutrition and Severe Acute Malnutrition.

We also continued to implement Nutrition guidelines for the Early Childhood Development (ECD) programme, and Standard Operating Procedures in collaboration with the Department of Social Development.

We have noted mischievous attempts by some who have tried to link the rate of Severe Acute Malnutrition in the Province to the national lockdown – something that is not scientifically untrue, because no studies have been conducted in this regard.

NON-COMMUNICABLE DISEASES:

Non-Communicable Diseases continue to be the biggest burden on our budget. Some of these ailments are preventable, such diabetes, obesity, and hypertension, through lifestyle modification.

We continue to accelerate our efforts on screening and early detection of cancers to ensure that we provide timeous oncology services. We will address risk factors and promote health and prevent these silent killers.

MENTAL HEALTH

Access to mental health in communities is being improved through the recruitment of district specialist mental health teams for all our 11 districts. These teams are meant to have psychiatrists, psychologists, social workers, Occupational therapists and psychiatric nurses. But due to the scarcity of psychiatrists, we are starting with psychologists and social workers. Advanced psych nurses and child and adolescent nurses in our employment already will be seconded to the District Specialist Mental Health Teams.

These cadres will be responsible for situational analysis in each district, development and implementation of district mental health plans, training and mentoring.

Furthermore, registered psychology counsellors are being recruited to be placed at CHCs for early initiation of psychotherapy.

A tele-psychiatry plan is also on the cards, whereby medical officers can consult with specialists to accommodate the uneven spread of our psychiatrists.

CENTRAL CHRONIC MEDICINES DISPENSING AND DISTRIBUTION (CCMDD) PROGRAMME

There has been an increase in the number of patients introduced to the CCMDD Programme over the past financial year. The number has grown from 1, 02 million at the end of the last financial year, to 1, 26 million currently. This represents an overall increase of 236 159 newly-registered patients.

The Province has worked hard on the ground in finding Dormant Patients and returning them back to the programme.

In fact, the number of Dormant patients from April 2019 to March 2020 decreased by 65 385. We will continue to find ways to popularise CCMDD, which helps to decongest our facilities, particularly given our current context of COVID - 19.

PILOTING A NEW PILL BOX SYSTEM

In expanding access to treatment for patients with chronic diseases in under-serviced communities, we will also be implementing a pill box system. This will be a quick, convenient and cost-effective alternative medicine parcel collection system.

By making access to medicine more convenient, rapid and efficient, we will be helping to increase adherence to treatment, which is extremely important.

MEDICO-LEGAL CENTRES OF EXCELLENCE

As part of our ongoing efforts to reduce our medico-legal bill, we have come up with a strategy that will include establishing five centres of excellence, which will attend to the healthcare needs of children who are born with Cerebral Palsy and other ailments.

Because we will be able to prove that we can provide continuous care for these children, we are confident that this will reduce our litigation bill.

For now, these facilities will be located at Pietermaritzburg Assessment Therapy Centre, Phoenix Assessment Therapy Centre, KZN Children's Hospital, Ngwelezane Hospital and Queen Nandi Regional Hospital.

These centres will offer the following services, among others: Occupational therapists, physiotherapists, audio therapists, speech therapists, and dentists.

This will assist in reducing the costs awarded against the Department, in relation to future medical expenses.

This process was delayed due to certain technicalities, which we have since overcome. Our submission has been approved by Treasury, and is now in the Office of the Premier.

As soon as we get approval from the Office of the Premier, we will be in a position to commence with the recruitment process.

UNIVERSAL HEALTH COVERAGE:

The COVID – 19 epidemic has shown once again that the State is best-positioned to provide Universal Health Care.

Contrary to perceptions that the Private sector provides a superior level of care, a disproportionate number of the COVID – 19 deaths came from the private sector – raising serious questions about the quality of care rendered, as well as their preparedness to deal with an epidemic of this magnitude.

In fact, there were many cases where our infectious disease specialists have been lending their support and expertise to the private sector.

Furthermore, we accepted a number of patients that the private sector could not assist because they had exhausted their medical aid savings.

This reaffirms once again that the State needs to take its rightful place as the primary healthcare provider through the National Health Insurance (NHI). In this regard, we will continue to seek out ways to strengthen our health systems in line with what is envisaged with the implementation of NHI, and we will fully support that implementation when that time comes.

TACKLING COVID – 19 HEAD-ON;

COVID – 19 was first detected in the Chinese province of Wuhan in December 2019. On 30 January 2020, the World Health Organisation declared it a global public-health emergency.

On 05 March 2020, South Africa registered its first case of COVID – 19, which happened to be from here in Hilton, outside Pietermaritzburg.

And then on 11 March 2020, having infected more than 118,000 people and killed close to 4,300 globally, COVID – 19 was declared a pandemic.

Today, barely five months after the disease was first discovered, there are 6,6 million COVID – 19 cases globally; 388, 643 deaths; and 3.1 million recoveries.

Here in South Africa, there are 37,525 cases; 792 deaths; and 19 682 recoveries.

As the Province of KwaZulu-Natal, we have had 2186 confirmed cases; 52 deaths; and 1180 recoveries.

Needless to say, because of COVID – 19, life as we knew it has changed, including all the plans that we had put in place both as individuals, and as Government.

Confronted by the harsh realities of the deadly COVID – 19, we have had to suddenly re-prioritise the creation of capacity in terms of human resources, and beds to accommodate patients for quarantine and isolation purposes.

This has been done to ensure that when COVID – 19 reaches its peak, we are able to respond effectively and adequately in order to avoid a complete disaster.

In preparation for COVID – 19, we decided on a phased-in strategy, based on:

- **Stakeholder engagement**, which included organised labour, the religious sector, taxi industry, traditional health practitioners, traditional leaders, and private healthcare service providers, among others.
- **Community engagement**, which comprises of mass communication as an effective tool to reach out to communities – particularly during the lockdown. In this regard, we erected billboards, issued posters, pamphlets and engaged in a number of communication activities on print, electronic and online media, which we continue to do.
- The third part of our strategy was ensuring that our facilities are ready for the onslaught.

DENIALISM

An **unfortunate negative outcome** of the Government's swift and decisive action to contain COVID – 19 has resulted in people thinking that the virus either does not exist, or is very far from them.

Their mind-set seems to imply that just because their neighbour or family member has not been affected, therefore they are safe from COVID – 19.

We once again wish to urge our people to acknowledge that COVID – 19 is here and can be deadly, in dealing with this denialism.

Therefore, we can never **over-emphasise** the necessity of taking the following precautions as prescribed by Government, such as:

- ☐ Regularly washing your hands,
- ☐ Wearing of masks at all times, and
- ☐ Practicing social distancing.

STIGMA

We are greatly concerned by the growing stigma against people infected with COVID – 19. We have observed that in certain communities, when families are fetched from home by our teams after testing positive so that they can be isolated, they get labelled.

It's as if being 'fetched' from home is some kind of "curse" for the neighbourhood, when it's actually no different than when a sick person is fetched by an ordinary ambulance.

In this regard, we appeal to our fellow compatriots not to discriminate against those who test positive, but instead show them the love and support that they need.

This virus can infect anyone at any time, and we must treat those who test positive as we would like to be treated if we were in their position – as we might be.

We are also concerned by the actions of those who do not want to get tested due to "fear". Not knowing your status poses a threat of infecting others, and spreading the virus even further. We call upon people to ensure they get tested.

ESTABLISHMENT OF ADDITIONAL COVID – 19 CAPACITY

As a province, we have moved with great speed to increase human resources and bed capacity in order to accommodate patients who need to be quarantined while waiting for their test results; and to isolate and treat those who have tested positive.

In just a few months, we have created **7111 beds** in the Province of KZN through extensive renovations and repurposing of our own hospitals, establishment of field hospitals.

Such hospitals that we have been re-purposed include Clairwood Hospital, Wentworth Hospital, Richmond, Dundee and Niemeyer Hospital; as well as a hospital in every district – with the exception of Uthukela District.

The Royal Showgrounds Field Hospital has given us **254 beds**, which will service UMgungundlovu, Harry Gwala, and UThukela districts; while the Durban Exhibition Centre is being constructed on our behalf by the National Department of Health.

TEMPORARY STRUCTURES

We have started to erect a few temporary structures, starting with four, which are in Clairwood, Ilembe, and King Cetshwayo District. The Department has also entered into agreements with a few hotels, B&Bs and resorts, which will give us more than **4000 beds** as and when needed.

SUPPORT STAFF:

In response to the COVID – 19 pandemic, and in light of the staffing challenges that we have had, we have added staff to the facilities where we are creating additional bed capacity, and in the facilities where we have created field hospitals and temporary structures.

We have started hiring **8893 people**, who are going to be employed in the following categories:

Professional nurses - **4804**

Staff nurses - **3064**

Speciality nurses – **151**

Ward Clerks - **284**

General Orderlies – **590**

Of these numbers, **we are going to translate 1030 enrolled nurses into professional nurses.** This is a good opportunity because some of these nurses had been professional nurses since 2011, but could not afford to translate them due to financial constraints. This process is expected to cost the Department about R1.2 bn, which is money that we previously did not have.

We expect to make these appointments from Monday onwards.

While we are pleased with this recruitment, and the empowerment that this brings to unemployed nurses and people from other disciplines, who will now be able to put food on the table.

In the same breath, we would like to emphasise that as a Province we have an oversupply of Enrolled Nurses and Enrolled Nurse assistants. Government is unlikely to have the capacity to absorb all of them.

We further call upon those who believe they have the calling, to ensure that they study through colleges that are accredited by the South African Nursing Council, and are in line with the new curriculum that has been adopted.

SUPPORT FROM CUBA

South Africa recently received **210 Cuban** medical professionals to assist with the fight against COVID-19.

Of that number, KZN has received twenty seven (27) Health Professionals. They have been orientated and have been deployed to Health Districts.

This number includes the following categories:

- 3 x Epidemiological Technologists
- 4 x Health Technologists
- 1 x Information Management Biostatisticians
- 19 x Family Physicians-(Medical officers):

Each district will have a family physician with the exception of Umgungundlovu, Ilembe and eThekweni because their disease profile is higher than in the other districts.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

As with the rest of the globe, we initially experienced challenges with the supply of Personal Protective Equipment (PPE). And we have since improved in such a way that, for some time now, we have not had a shortage in this regard. We owe a debt of gratitude to a number of donors who also assisted in this regard. *Sithi Makwande*.

RECRUITMENT OF DOCTORS AND ALLIED WORKFORCE CATEGORIES

Ordinarily, we do not have vacancies for doctors. However, because of expanded bed capacity, it is common cause that we will need to recruit more doctors. We have conducted an assessment that determines how many doctors we need, even though they are not on the organogram.

Because we can't afford those doctors on our own budget, we have written to the Minister to assist in hiring these clinicians- including the allied workers who will be needed to work in COVID – 19 sites.

ALLIED WORKERS

While we're pursuing the recruitment of doctors, we are also in the process of boosting our capacity in allied health services, including psychologists, physiotherapists, occupational therapy technicians, speech therapists, audiologists, and oral hygienists, among others.

These positions will be advertised once we receive funding from National Health.

INFRASTRUCTURE DEVELOPMENT

Over the past financial year, we have managed to complete a number of important projects, including:

- Electrical Maintenance and perimeter lighting at Catherine Booth (King Cetshwayo District) which were completed on 21 December 2019.
- Replacement of Groutville Clinic, which we completed on 23 January 2020.

We also have the following completed projects and others that are ongoing, such as:

- Repairs to existing Storm water, Sewer system, and Upgrade to the Car Park at Addington Hospital; completion on 7 June 2019
- Security Upgrade at Ngwelezane Hospital for the whole institution; due for completion on 12 July 2019
- Replace And Install 1 X 500 KVA at Addington Hospital - with an 800 KVA Unit

At Mduku Clinic (UMkhanyakude District), we constructed a 40 kilo-litre elevated water tank; which we completed on 22 August 2019;

We also built the Gwaliweni Clinic at UMkhanyakude District.

We also completed the replacement of the sewer system at the following clinics:

- ☐ EShane (Umzinyathi District, Umvoti Municipality);
- ☐ Mandleni Clinic (Umzinyathi District, Msinga Municipality);
- ☐ Rorke's Drift Clinic (Umzinyathi District)
- ☐ Collesie Clinic (Umzinyathi District, Msinga Municipality);

We also built new boreholes at:

- ☐ Thandanani Clinic at Zululand

The following facilities were renovated and refurbished at the following institutions:

- ☐ Addington Hospital (Storm Damage Recovery Project)
- ☐ St Aidan's Hospital (Storm Damage - Repairs to roof at the Main Hospital Building)
- ☐ Clairwood Hospital - Storm Damage
- ☐ KwaMashu CHC- Repairs to Latent Defects
- ☐ St Aidan's Hospital - Replaced Collapsing Boundary Wall
- ☐ Newcastle Hospital: Package A Way-finding signage
- ☐ Newcastle Hospital: Repairs to walkway roofs
- ☐ Natalia Building: Removal of carpet from walls.
- ☐ Ekuhlengeni Hospital: Storm Damage
- ☐ Osindisweni Hospital: Renovate main kitchen facility
- ☐ EThekweni Metro King Edward VIII Hospital: Repairs to existing Storm water, Sewer & including Upgrade to existing Car Park
- ☐ Manguzi Hospital: Upgrading of Electrical Reticulation for Laundry & Staff Accommodation

c) Fencing programmes have been placed on hold, except for those that had already gone on tender when COVID – 19 came about

d) Supply of 61 light delivery vehicles and 11 district water carts, also placed on hold. These are maintenance vehicles that allow for the maintenance materials, ladder, and maintenance tools for the maintenance teams in various districts.

Currently, they do not have purpose-built vehicles for maintenance and sometimes can't attend to emergencies due to a shortage of vehicles.

The water carts, which are the big 20kl tankers for each district, will allow servicing of multiple of clinics within a single trip.

PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL:

We have worked extremely hard to ensure that progress goes off smoothly towards the completion of this brand-new R2.8bn facility. This 500-bed hospital, with state-of-the-art equipment that is not found in any regional hospital in the country, is now 99% complete.

The new projected date of conclusion for this facility is now 26 June 2020. We'll be using 450 out of the 500 beds. Out of the 450 beds, we will have 40 ICU beds.

Due to the urgent need for bed capacity caused by COVID – 19, we have enlisted the services of this Dr Pixley Kalsaka Seme Memorial Hospital. This is a major boost in the fight against this virus, particularly in the event of a massive outbreak.

When the COVID – 19 epidemic subsides, this hospital will be closed, decontaminated, commissioned, and re-opened to serve its original purpose. This will involve a process of properly recruiting new, dedicated hospital staff.

EMERGENCY MEDICAL SERVICES

Chairperson, we will continue to improve the functioning and efficiency of our Emergency Medical Services.

This is to ensure that we are able to respond to emergencies on time, and that our staff have all the tools that are needed.

During the 2019/20 financial year, a total of **131 ambulances** were procured. This financial year 2020/21 amount, we will be buying **52 ambulances**. NEED TO BEEF UP

FORENSIC PATHOLOGICAL SERVICES

We are acutely aware of challenges that have lingered since the Forensic Pathology Service (FPS) was transferred from transferred from the SAPS to the Department of Health. This unit plays a very important role in collecting and processing mortal remains, including conducting post mortems in cases of unnatural death. We are continuing with the process of restructuring the functioning and reporting lines for people who work in this unit. This will help improve efficiency, governance and enhance service delivery.

AUDIT IMPROVEMENT PLAN:

The Department once again received a qualified audit for the year 2019/2020, which is a concern because we are serious about good, clean governance.

Audit improvement plans have been formulated and their implementation is ongoing.

We are firmly of the view that proactive steps must be taken to move the Department out of qualification.

Among the steps that we are taking in this direction, is:

- In-year monitoring of the management of funds at MANCO and EXCO level;
- Managers are being work-shopped on PFMA and other related regulations;

- Frequent engagement between the Departmental officials and provincial treasury officials on a monthly basis;
- Engagement between the HoD and the KZN Auditor-General has started taking place on a monthly basis. A few relevant officials also form part of this process.

In an endeavour to sustain the achievements of the Department from the previous audit and set ourselves on a path to achieving positive audit outcomes, we have requested Provincial Treasury to assist with the provision of additional resources to strengthen the Department's Internal Control Component.

This would increase the capacity of this component by twenty-four (24) Internal Control Practitioners, who would assist greatly in our ongoing quest to obtain an Un-qualified audit opinion.

ACKNOWLEDGEMENTS

I would also like to once again convey a word of gratitude to all the Departmental stakeholders for playing a meaningful role in the noble task of providing healthcare services to the people of this province.

I would like to thank in particular, the thousands of healthcare professionals (Nurses, Doctors, Allied Workers) and front line staff members in our facilities who everyday ensure the realisation of health outcomes in the province. *Siyababonga kakhulu. Sithi bangakhathali.*

I am also immensely grateful to the Departmental executive under the stewardship of the Head of Department, Dr Sandile Tshabalala for their resolve and dedication to serve our people. I wish to thank all staff in the Ministry, and all other support staff who helped out during the compilation of this Budget Speech.

Last, but not least, I wish to thank my family for all the love and support that they've given me over the years.

My mother uMaVilakazi, my dad Magutshwa, and my siblings Sthembile, S'celo, and Nokwazi.

Chairperson, I thus present to you the 2020/2021 budget as follows:

FOR PROGRAMME 7, THE 2020/21 ALLOCATION IS AS FOLLOWS

Programme	Budget
ADMINISTRATION	R964M
DISTRICT HEALTH SERVICES	R23, 8BN

EMERGENCY MEDICAL SERVICES	R1, 6BN
PROVINCIAL HOSPITAL SERVICES	R12, 6BN
CENTRAL HOSPITAL SERVICES	R5, 4BN
HEALTH SCIENCES AND TRAINING	R1, 3BN
HEALTH CARE SUPPORT SERVICES	R338M
HEALTH FACILITIES MANAGEMENT	R1,7BN
TOTAL	R 48, 05BN

ENDS