

SPEECH BY THE MINISTER OF HEALTH DR MANTO TSHABALALA-MSIMANG KWAZULU-NATAL PROVINCIAL HEALTH INDABA 12- 13 December 2005 ICC, Durban

My colleague, MEC for Health
All Health officials present
Representatives of other government departments
All health stakeholders
Honoured Guests
Ladies and gentlemen,

I am sure that you agree with me when I say that this is a very important event. The programme for the next two days is wide ranging as explained by the Head of Department, Professor Green-Thompson and the MEC. Clearly there has been an attempt to be very inclusive in terms of inviting a wide range of people to participate in this indaba and also in terms of the topics for discussion.

The theme of this Indaba is "Advancing the vision of the Freedom Charter Through the delivery of health care." This theme builds from this year's 50th anniversary of the adoption of the Freedom Charter by the Congress of the People in Kliptown in 1955.

We said in this historic document, the People Shall Govern. There is no doubt that much progress has been made over the past ten years to ensure that our people participate fully in the democratic processes in this country. We have had three general elections. And on all these important occasions in our democratic process, more and more people have expressed their confidence in the ANC as an organisation that has a vision and capacity to take this country forward and improve the lives of all South Africans.

Local government election due to take place in March next year give us another opportunity to strengthen the democratic local government and enable this sphere of government to empower our people to act as their own liberators and direct reconstruction and development programme local level. We need therefore ensure that we participate in this electoral process and in setting the priorities and programme for the local governance structures where we live.

The Freedom Charter states that: People shall share in the country's wealth. This statement was made in response to apartheid's systematic approach of depriving the majority of South Africans the opportunities to realise their full potential. This included limitation of education opportunities and depriving the majority of the right to own productive property.

We have made strides in transforming the economy of this country, increasing access to education, land ownership and reducing the levels of poverty affecting our people. As you know, poverty is the main factor that exposes most of our people to the risk of ill-health.

As part of the health sector contribution to the Expanded Public Works Programme, the Department of Health is strengthening the community health worker programme including

improving training to ensure that these health workers are able to address all health needs of communities and refer people to relevant government programmes.

We need to also adopt more labour methods of construction when building our hospitals and clinics to ensure that we open job opportunities for our people. We have increased the budget for the Hospital Revitalisation Programme by 12.7% from R911 million in the last financial year to R1,027 billion this year to increase the number of projects aimed at improving the infrastructure and the quality of services provided in our hospitals.

As part of providing social security net to the poor, the national Department of Health supplied 10 407 wheelchairs and buggies, 1131 pressure care cushions and 4547 hearing aids over the last year to assist people with disabilities to participate actively in life and reduce their dependency on other people.

The Freedom Charter also declares that: 'There shall be houses, security and comfort'. This is a vision of a society in which all people have a right to decent housing; to raise their families in an appropriate environment; to have accessible, quality health care; and education. This clause also highlights the need for a preventative health programme run by the state, the provision of free health care for all especially children and mothers, people with disabilities, the aged and other vulnerable groups.

There has been no better way of delivering our health promotion messages more emphatically than to encourage South Africans to take responsibility for their health. We launched the Healthy Lifestyle Programme as a multi-sectoral campaign focuses on physical activity, good nutrition, tobacco control and curbing alcohol and substance abuse, safe sexual behaviour and health screening.

Physical inactivity and inappropriate diets have become major health threats contributing to the rise in obesity and overweight as well as an increase of non-communicable diseases such as diabetes and cardiovascular diseases.

We responded to the challenge of physical inactivity by launching the Move for Health campaign within the Healthy Lifestyles programme. Our slogan is Vuka South Africa, Move for your Health. I urge all of you to continue to support the Healthy Lifestyles Programme as it encompasses critical interventions in dealing with both communicable and non-communicable diseases as well as violence and trauma affecting our people.

We need to raise public health awareness within our population and empower our people to take care of their own health and prevent the onset of diseases.

Building on the high levels of HIV and AIDS awareness in the country, we have declared 2006 as the year of accelerated HIV prevention. We will intensify communication and behaviour change messages and interventions targeting particularly those groups that still pose a challenge in terms of prevalence HIV.

In order to boost the prevention strategy, we have doubled the number of health facilities providing voluntary counselling and testing (VCT) from 1500 in 2002/03 to 3686 in 2004/05. The number of people that have utilised these services also increased two-fold from 691 000 in 2003 to 1 319 009 in 2004/05. Knowing your HIV status will enable you to better manage your health.

There are many services that we provide as the Department of Health to delay the progression from HIV infection to development AIDS defining illnesses and to maintain optimal health for people living with HIV and AIDS. Delaying this progression is the area where we strongly believe we need to make maximum impact.

We are therefore encouraging people to eat healthy and balanced diets with a lot of vegetables and fruits. We are also providing nutritional supplementation and we are working together with the Medical Research Council in research and development of traditional medicine.

We are also providing rigorous treatment of opportunistic infections through most of our health facilities. After establishing a service point in all 53 districts of the country by the end of the last financial year, we have continued to expand access to antiretroviral therapy to about 200 facilities covering 62% of local municipalities.

We have made many gains in the last 10 years. These range from increasing access to primary health care and to hospital services. We have built more than 1300 clinics over the past decade and we continue to provide free health services to pregnant women and children under the age of six years.

This has improved the proportion of births that are attended to by either a nurse or doctor from 84% in 1998 to 92% in 2003. The number of death of children under the age of five years and of women who die during pregnancy or as a result of childbirth is decreasing mainly because of these interventions.

We have trained our health cadre to be technically competent and to provide high quality of care. We have dramatically decreased the cost of medicines - in the face of severe resistance from certain quarters. We have improved the supply chain management with respect to pharmaceuticals which means fewer stockouts of drugs at our facilities. We have introduced a range of strategies to ensure that health professionals are available in our facilities - key among these

are community service for most categories of health professionals and rural and scarce skill allowances.

We have reduced the number of cases and deaths from both cholera and malaria in the 10 years which affected this province in particular. Through mainly the indoor residual spraying using DDT and effective malaria drug usage, have managed to decrease Malaria transmission to Mozambique (Maputo province) and in South Africa (KwaZulu-Natal province) by more than 90% and in Swaziland by more than 70% compared to the year 2000 baseline surveys.

Latest figures from the South African Demographic and Health Survey (conducted in 2003) suggests that we have marginally decreased infant and under five mortality. This means that our IMCI programme together with our nutrition programme is beginning to pay dividends.

Whilst we may claim many successes, we have a range of challenges that remain.

At the WHO/AFRO meeting earlier this year, African Ministers of Health resolved that we needed to deal more decisively with TB which remains a serious challenge for this province and other parts of the country.

To this end the MECs and I have decided to implement a TB crisis plan. We shall be adopting this plan at the January meeting of the National Health Council. The plan is to mobilize additional resources and really focus on TB during the next few years. We are confident that we can beat TB if we work together.

Programme Director, the most critical outcome of this Indaba should be a set of clear resolutions as to how we are going to respond to the health needs and the concerns that have been raised by our people.

There have been many channels through which our communities have raised issues of concern in relation to health. Through the election rallies, izimbizo, visits by the National Health Council, complaint mechanisms and other channels, our people have raised the issues that affect them. They have said that some of our facilities are not clean or well-maintained and there are long waiting times particularly at the admission and pharmacy. They have complained about some of our health workers not treating them with respect and they have problems around supply of linen and sometimes food.

These are issues that managers at facility level should be able to address with the support from Provincial Health Department. We ensure that, first and foremost, our people understand that primary health facilities are first point of call if they need a health service. This should allow the hospitals to focus on referred cases.

We need to ensure that the management of facilities delivers on their key performance areas. These include proper maintenance of facilities and ensuring proper conduct of employees at a facility level. Provincial Department has to ensure that cases of misconduct that referred to it are finalized as soon as possible.

There is clearly a need to accelerate the role to be played by both clinic committees and hospital boards to strengthen community participation and involvement in health service delivery. In instances where there are active hospital boards working closely with hospital management, noticeable levels of effective operational management and harmonious relationships with the communities becomes evident.

Hospital boards and clinic committees should play a more active role in the governance of our institutions. They are representing the people we serve. I urge them to work with our health workers in addressing the many challenges facing our health facilities and to ensure that we provide quality health services.

We need to reiterate the urgent need to strengthen the public health system, especially the role and responsibilities expected of our hospitals, as the supportive backbone of this system that is centred around the primary health care levels.

I am sure that we would be able to come up with solutions to the challenges facing us. I believe that we are all determined to provide quality and efficient services to our people. I am sorry that I will not be able to be with you throughout this important meeting but I am looking forward to receiving a report on the outcomes of your deliberations for the next two days. Together, we can achieve our objective of a better health for all.

Thank you.