

MASIPHATHISANE

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Eastern Cape Province 5th Administration Service Delivery Report

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New hospital beds supplied to health facilities

page **3**



Mobile clinics bringing health services to far-flung areas

page **4**



Nelson Mandela Academic Hospital produces top health practitioners

page **8**

CECILIA MAKIWANE HOSPITAL, A SYMBOL OF PROMOTING BETTER HEALTHCARE FOR ALL



Eastern Cape Premier Phumulo Masualle, former Health MEC Pumza Dyantyi and Dr Thobile Mbengashe, head of the Eastern Cape health department.

Investing in community health care infrastructure is part of the Eastern Cape Province strategy to provide the right care, at the right time and in the right place.

To meet the growing demand for healthcare and long-term care in the coming years, the provincial government continues to finance investments in new and updated facilities, equipment and skills.

The revamped state of the art Cecilia Makiwane hospital at a cost of R988 million, has become the symbol of promoting better healthcare for all Eastern Cape residents and an example where the 40 424 health care employees in 89 public hospitals and 772 public clinics do all they can to heal the sick and comfort the wounded.

The hospital, whose 526- bed hospital is supported by an integrated system optimising efficiencies in the delivery of quality health care, exploits technological innovation which cut down patient waiting times, improve diagnosis, and improve health outcomes.

Cecilia Makiwane provides support to districts and maternity units through telemedicine and outreach programmes by specialist teams.

As a centre for promoting better healthcare for all in the Eastern Cape, the hospital allows the Eastern Cape Province to expand government's e-health strategy by providing advanced clinical support to rural areas.

The flagship Cecilia Makiwane is just one example of the government's commitment to invest in health infrastructure, technology and innovation to contribute significantly to improve health outcomes for the people of the province.

The following are key infrastructure achievements and high impact projects that have been completed by the Infrastructure Unit:

- Upgrading of St Patrick's District Hospital at a cost of R341 million;
- Upgrading of Frontier Hospital at a cost of R244 million;
- Repairs and renovations to Bambisana and Zithulele Hospitals in OR Tambo
- Procurement of Medical Equipment for Ideal Clinics
- Procurement of Medical Equipment for hospitals focusing on the following ►

To meet the growing demand for healthcare and long-term care in the coming years, the provincial government continues to finance investments in new and updated facilities, equipment and skills.

clinical areas: Accident and Emergency, Out Patient Department, Maternity (for Neonate Intensive Care Unit and High Care), Theatres, X- Ray Department, Surgical Instruments, Diagnostic Sets and Medical Furniture.

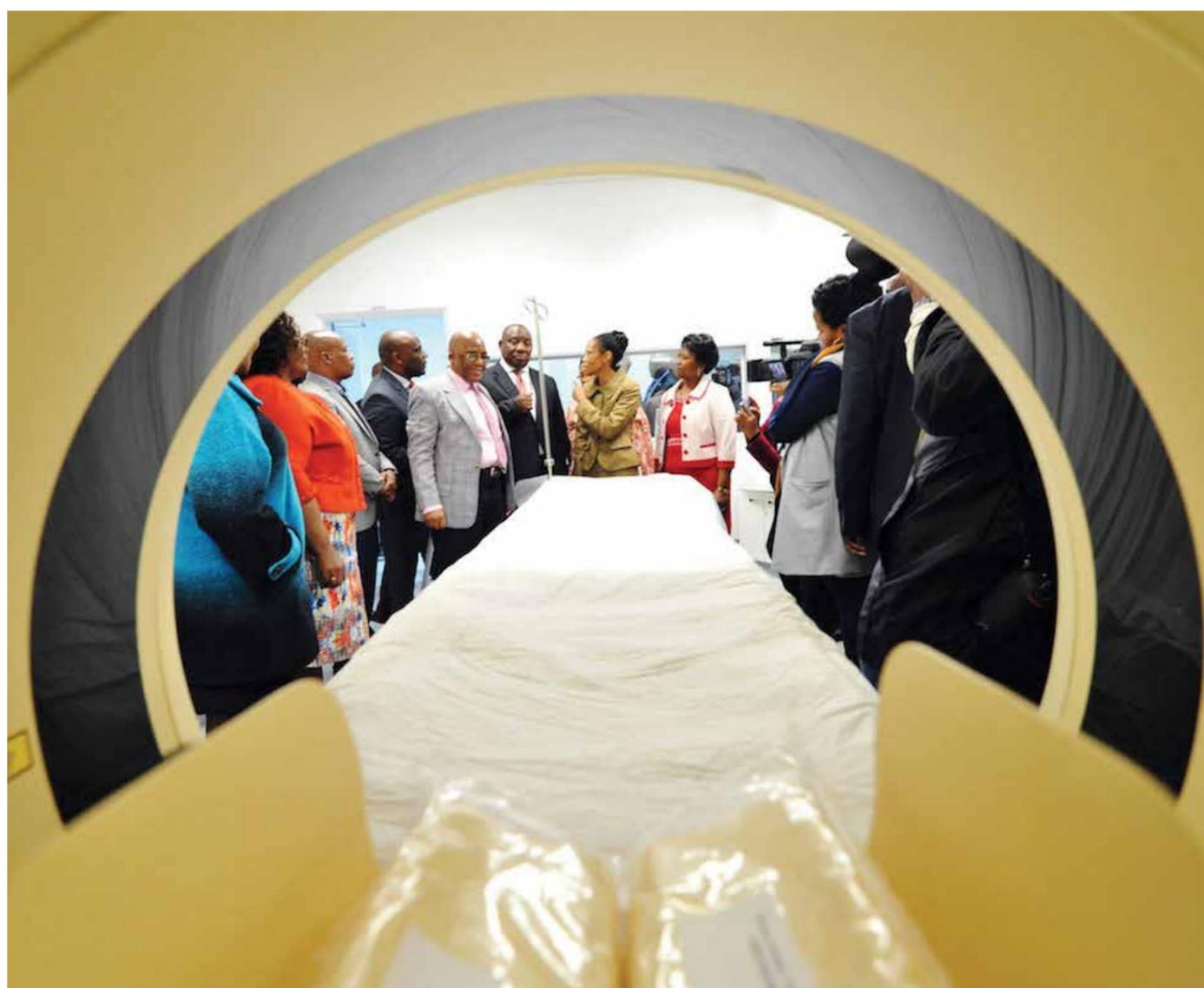
Facilities with high maternal deaths and life support requirements have received the required equipment such as Ultrasounds Units, Cardiotocography machines and infant warmers. These facilities are Butterworth; Madwaleni; Mthatha Regional; St Eliz- abeth; St Patricks; All Saints; Wilhem Stahl; Aliwal North; Grey; Dora Nginza Hospital, Frontier Regional Hospital and St Patricks District Hospital.

X-ray machines have been installed at Middledrift, Nontyatyambo and Cala Community Health Centres; Mthatha Regional, Butterworth, St Patricks and Grey hospitals.

To improve services and clinical outcomes in our high priority areas, there has also been improvements of maternity and labour wards; neonatal ICUs and nursery; theatres and recovery bays; emergency units and resuscitation rooms; and outpatient departments.

Investing in people's health as human capital and promoting equitable access to healthcare contribute to strengthening social cohesion, which is a priority for the Eastern Cape provincial government. ■

Right image: President Ramaphosa, Health Minister Aaron Motsoaledi and Premier Masualle inspecting CHM state of the art machine.



HEALTH PROGRAMMES PERFORMANCE INDICATORS OF THE 5-YEAR PERIOD 2013/14 TO 2017/18

Indicator name	2013/14	2014/15	2015/16	2016/17	2017/18
HIV and AIDS / STI / TB (HAST)					
TB treatment success	78,30%	81,80%	83,70%	84,80%	86%
TB death rate	6,70%	5,50%	5,20%	5,30%	4,40%
HIV test done	1 094 700	1 296 397	1 696 368	1 932 800	1 726 702
Total clients remaining on ART at the end of the month	288 483	320 060	361 166	394 410	452 072
PREVENTION OF MOTHER TO CHILD TRANSMISSION					
Antenatal 1st visit before 20 weeks rate	43,30%	48,10%	59,70%	63,80%	65%
Antenatal client start on ART rate	79%	91,70%	93,90%	93,30%	86,60%
Infant PCR test positive around 10 weeks rate	2%	1,70%	1,70%	1,60%	1,20%
MOTHER TO CHILD TRANSMISSION					
Neonatal death in facility rate	16.6/1000	18.2/1000	15.8/1000	13.2/1000	13.8/1000
Maternal mortality in facility	148/100 000	148.3/100 00	135.2/100 000	135/100 000	128/100 000
PHARMACEUTICAL SERVICES					
Percentage of order fulfilment of essential drugs at the depots	86%	78%	84%	84%	84%
HUMAN RESOURCE TRAINING AND DEVELOPMENT					
Number of 1st year nurses awarded bursaries	350	350	350	351	350

DID YOU KNOW?

- The Eastern Cape Health Department offers pregnancy testing to all women of child bearing age who visit health care facilities. This has resulted in an increase in the percentage of ante-natal first visits before 20 weeks of pregnancy.

- The provincial measure of disease and deaths averted shows that the province has achieved a substantial reduction in deaths related to diarrhoea cases in children under five years of age which reduced to 3.4%, from 3.6% in 2015 and 2016. This means there were 147 less children dying from diarrhoea than the previous year baseline;

- Through the Department of Health strategies, children under five years pneumonia case fatality rate also went down from 3.7% at end of 2015/16 to 2.7% by mid-year of 2016/17;

- The extensive Human Papilloma Virus vaccination campaign undertaken during 2016/17 contributed in decreasing the number of young girls susceptible to cervical cancer. At the end of 2015/16 year, 99.4% of the targeted 80 643 eligible school girls were vaccinated. Cervical cancer screening coverage reached the 60%.

- Through the Integrated School Health Programme the health department managed to provide health screening services to 103 824 learners across the Province. These include Nutritional assessment; Physical assessment; Vision; Oral health; Hearing; Chronic illness; TB screen; Speech; Psychosocial support; and mental health;

- The health department has managed to deworm 27 112 learners; identified and managed 1 092 cases of malnutrition and under-nutrition; 1 557 cases of obesity and also immunized 26 441 learners;

- The department has provided referral services for 14 527 children with various ailments such as suspected TB; speech problems; hearing; oral and eye health;

- Long waiting times for Orthopaedic Operations at Bedford Orthopaedic Hospital have been drastically reduced as a result of the provision of specialists and procurement of more theatre equipment. Surgery waiting period has reduced from an average of three months in September 2016 to less than one month in January 2017.

- The Spinal Services at Nelson Mandela Academic Hospital have been boosted through a supportive collaboration with the Head of Orthopaedics at the University of Pretoria. This collaboration ensures that this rare service is strengthened for the benefit of the people of this province;

- The department of health trained and recruited seven super specialist for Nelson Mandela Academic Hospital: Anaesthetist and Intensivist, Physician and Rheumatologist, Physician and Cardiologist, Paediatrician and Neonatologist, Ear Nose & Throat Specialist, Orthopaedic Specialist and Paediatrician and Infectious Disease specialist;

- The health department now has qualified Gynaecology Oncologist who is stationed at Dora Nginza Regional Hospital and a qualified Radiation Oncologist both of which are working hard to boost our fight against cancer.

- The department has already achieved its annual targets for HIV testing services and condom distribution, and further managed to reduce the HIV/Aids prevalence rate for people between 15 and 49 years of age from 10.4% in 20 14 to 7.7% by 2016 and

- The department ensures drug availability and effective management of drug stock outs, the department is strengthening use of the Stock Visibility System which was rolled out to all Primary Health Care facilities and hospitals.

- The health department has procured and distributed eighty five (85) mobile clinics to access "hard-to-reach" areas across the province;

- Five hundred and fifty eight (558) Ward-Based Primary Health Care (PHC) and Integrated School Health Programme Teams have been established to improve health access at households and quintile one and two schools;

- Through the Human Papilloma Virus Vaccination (HPV) campaign, the department has vaccinated 395 924, Grade 4 girl learners to prevent cancer of the cervix, over the MTSF period;

- As part of the integrated school health programme, the department has reached 220 390 learners of which 152 193 are Grade 1 learners and 68 197 Grade 8 learners in order to identify health problems that impede learning and refer identified learners for further treatment and care. ■



Newly delivered beds help Eastern Cape patients to receive healthcare services with ease.



Eye tests for residents available free of charge.



Mobile clinics taking health services to the people.



Doctors in training to provide health care to all.

PROMOTING BETTER HEALTHCARE FOR ALL IN THE EASTERN CAPE



Eastern Cape health department uses mobile clinics to take health care to the people.

The Eastern Cape provincial government continuously review its strategies to yield sustainable long-term health benefits for all citizens of the province. Premier Phumulo Masualle talks about how the government focuses its delivery of services through three priority areas as key drivers; curbing the burden of disease, improving the quality of health care and universal health coverage.

QUESTION (Q): Your administration has often stated that its priority was promoting better healthcare for all our people by addressing the social determinants of health and improving health outcomes and quality of life of our people. What have been some of your achievements?

Answer (A): Here some of our achievements:

- LIFE EXPECTANCY

The Eastern Cape average life expectancy at birth has shown an increase from 46, 7 for males, and 50, 2 for females to an estimated 53, 2 for males and 59, 0 for females.

- INFANT MORTALITY

The average infant mortality rate has decreased from 38, 9 per 1000 live births to 34,4 per 1000 live birth while the under-five mortality rate decreased from 53,8 per 1000 live birth to 44,1 per 1000 live birth.

- KEY PROGRAMMES

In relation to the quadruple burden of disease -- maternal, new-born and child health; HIV/AIDS and tuberculosis (TB); non-communicable diseases; and violence and injury -- which affects our province, the department prioritised key programmes including prevention and treatment of TB and HIV/Aids; provision of Emergency Medical Services (EMS); strengthening Primary Health Care; provision of health infrastructure; implementation of Chronic Care Medicine Direct Delivery, to mention just a few.

- HIV/AIDS PREVENTION AND TREATMENT

Our tireless efforts in fighting HIV/AIDS by implementing prevention and treatment initiatives are bearing fruits. Through collaborations with the AIDS Council, NGOs and various other stakeholders, several testing campaigns were conducted in the past year.

Similarly, the expansion of HIV/AIDS and TB treatment is also showing positive

results.

- NATIONAL HEALTH INSURANCE

In laying the basis for the effective implementation of the National Health Insurance in the Province, we are making steady progress.

- HEALTH INFRASTRUCTURE

Major investments have also been made in health infrastructure. We successfully completed all four health facilities that were planned, including Cecilia Makiwane hospital and St Elizabeth Resource Centre. Refurbishment works were also completed in more than 80 clinics across the province.

Q: Let's go into specifics: HIV/AIDS, HIV and tuberculosis's opportunistic infection are some of the most pressing health problems in the province. How is our administration tackling this problem?

A: The province has intensified its approach to strengthening preventive health services including health promotion initiatives to reduce the high burden of disease especially HIV/AIDS and TB infection, as well as to reduce and manage the impact of the disease on those infected and affected.

For women, we continue to offer pregnancy testing to all women of child bearing age who visited health care facilities. This helps midwives and doctors to pick early conditions that could cause risk to the pregnancy, provide counselling and testing to pregnant mothers to detect HIV infection and provide timely treatment to prevent mother to child transmission.

We have also increased efforts to prevent non-communicable diseases by screening people and initiating treatment to those with diagnosis. To date, over 1.7 million and 1.5 million people have been screened for hypertension and diabetes respectively. Through the Integrated School Health Programme the department managed to provide health screening services to 103 824 learners across the province.

As at September 2017, we had tested 876 959 clients against a mid-year target of 602 058. Our intention is to test more by the end of our term. Our intensified strategies on antiretroviral drugs (ARVs) distribution; targeting key populations; pregnant mothers as well as our partnerships and collaboration with other sectors such universities and Technical and Vocational Education and Training colleges have significantly attributed to this success. We are continuing to

test clients for HIV/AIDS as part of our 90-90-90 strategy. We have increased the number of patients remaining on ART from 320 062 in 2014 to more than 430,000 to date.

We have a good TB management programme, but we are seeing an escalation of cases. Of particular concern is the emergence of multi-drug resistant tuberculosis strains. The national TB Awareness Campaign is just one way of addressing the problem.

We know that when we work toward combating TB, we invariably also work toward combating HIV.

The truth is has it not been for the huge number of community health care workers in this country, including the people who do voluntary counselling, as well as other primary health care workers, we would not be able to make progress in fighting HIV/AIDS or TB. They are doing exceptional work.

Credit should also go to former Health Member of Executive Council (MEC) Dr Pumza Dyantyi for her sterling leadership before taking her new role as Social Development MEC. Now new Health MEC, Helen Sauls-August is continuing the legacy that Dr Dyantyi and her predecessors started.

Q: How do you address malnutrition in the poverty stricken province such as the Eastern Cape?

A: Malnutrition is one of the major health problems facing us. If we improve the nutrition of children and pregnant women and young mothers, we will go some way in addressing the millennium development goals of reducing child mortality and increasing maternal health.

Especially at risk are young children and young HIV-positive mothers who are immuno-compromised. Our province needs good nutrition to decrease the burden of HIV.

Maize and bread are the most frequently consumed foods in the country. Government is already adding nutrients to these products as a way of delivering micronutrients to people who do not have an adequate diet. Good nutrition coupled with ARVs go a long way in fighting TB and HIV/AIDS.

Q: How are you reducing child and maternal mortality?

A: The National Department of Health has approved a new policy which has seen an increase in the number of clinic visits by pregnant women. This is another way of intervening to reduce maternal mortalities, especially as a result of hypertensive disease.

NHI

Q: How is the implementation of the National Health Insurance (NHI) going?

A: We are increasing universal access to health care through implementation of the NHI readiness programme in the pilot districts. We are making good progress in preparing health facilities to be ideal clinics through the Ideal Clinic Realisation and Maintenance programme.

We are focusing on the Re-engineering of Primary Health Care which is a fundamental component of the NHI programme. The key service delivery elements include strengthening District Clinical Specialist Teams; Ward-based Outreach Teams (WBOTs); Integrated School Health Policy, contracting of General Practitioners (GPs); Integrated School Health Programme; as well as the Centralized Chronic Medicine Dispensing and Distribution which has now been rolled out to all districts. The number of WBOTs will be increased in order to extend coverage of households visited.

SHORTAGE OF DRUGS

Q: There is often a shortage of drugs. How are you addressing this problem?

A: To ensure drug availability and effective management of drug stock outs, the department has strengthened the use of the Stock Visibility System which has been rolled out to all Primary Health Care facilities and hospitals.

Q: How are dealing with matter of medico-legal claims for alleged negligence?

A: We have appointed consortium of lawyers who have managed to save the Eastern Cape Health Department R75 million in 2017. At the time of their appointment, the department had had to pay out R600m in damages over a seven-year period. The state attorney had only managed to win four out of 155 medico-legal claims brought against the department since 2014. The rest of the

claims were settled. Now the department has been implementing a multi-pronged approach to fight medico-legal claims, which included appointing more personnel in hospitals where women and babies were treated.

DIGITISATION OF RECORDS

Q: How are you doing with the digitisation of health facilities and records across the province?

A: We are exploring digitisation of clinical records especially patient records to improve management of records and enhance efficiencies. The Department of Health is buy migrating to an electronic records management system

INFRASTRUCTURE DELIVERY

Q: How are you doing with infrastructure delivery?

A: Infrastructure delivery continue to receive priority. The province is focus on areas which will yield improved clinical outcomes in the most cost effective manner as follows:

Renovations of Clinics and Community Health Centres; Renovations of district hospitals; fencing and guard houses; Rehabilitation of mortuaries and Forensic Pathology Services Units; Procurement and maintenance of medical equipment; upgrade of water treatment plants and sewerage system; Emergency Building Repairs; Electricity and water connection; Electrical and mechanical plant and machinery upgrade; Lift maintenance and upgrade;

Repairs and renovations of accommodation units for health professionals; Eradication of mud and inappropriate structures and renovations and maintenance of the Emergency Medical Services Bases; maintenance of health facilities plant, equipment and machinery; and capacitation of the Infrastructure Unit.

Q: The provision of Emergency Medical Services (EMS) has always been a huge challenge, with shortage of ambulances and related vehicles? How have you addressed the shortage of emergency vehicles?

A: Emergency Medical Services by its nature will always remain a priority for the department. In the past two financial years the department has made significant investments in additional EMS vehicles and personnel. For example, 141, 4x4 ambulances have been delivered across all regions.

Nine Ambulance Buses were introduced which have a six stretcher and 25 seated carrying capability for transportation of patients. These buses have brought much needed relief to our patient transportation system, thus making ambulances more available for other emergency calls. Each district has been allocated one bus, except for Sarah Baartman District which received two buses due its vastness.

Q: You stress the importance of health care workers, yet there is a shortage of health care workers. How are you addressing this problem?

A: To address the shortage of health-care works, we have put aside R14.4-billion to recruit medical specialists and general workers to fill vacancies in over 300 public health facilities across the province. We are on track to recruit critical skills in areas such as midwifery, gynaecology, and rheumatology. From that budget about R156 million has been set aside to employ more doctors, nurses and general workers at health facilities.

Also, we continues to offer bursaries and made good progress in the training of junior

doctors. We recognise that as with education and teachers, it is the training of healthcare professionals that is the engine of the healthcare system. As such, the government has supported over 2,000 medical students with bursaries, and over 3,000 student nurses, post-basic nurses, midwifery nurses and technicians graduated across the province.

ON COURSE

Promoting better healthcare for all our people is a significant indicator of the quality of life, which we have a sworn duty to improve. In the Freedom Charter, the ANC undertook to create a society in which "A preventative health scheme shall be run by the state" and in which "Free medical care and hospitalization shall be provided for all, with special care for mothers and young children."

We are well on course to realise these lofty objectives set by our forebears many years ago. ■



Premier Masualle occasionally visited healthcare centres across the province.



Dental clinic goes to the people.

THEMBISA CLINIC IN BURGERSDORP GIVES HOPE TO RESIDENTS



Situated in Thembisa Location in Burgersdorp, the clinic has managed to conquer through its all challenges. Serving a community of more than 10 000 residents, Thembisa Clinic is there to make sure that all residents receive the medical attention that they deserve. Residents in this community live in RDP houses, and like any other citizens they are entitled to free health care services provided for by the government.

In its inception, one of the challenges faced by this clinic was to find a suitable venue where it could operate. The newly built Thembisa Community Hall became its initial home. They operated in the Community Hall from inception until recently where the need for a bigger one arose.

Currently, the clinic now operates in a municipality owned building in town where it is able to fit a big number of the residents.

Though in the beginning the clinic was faced with attracting health care professionals, they are currently running with a highly qualified staff that helps the clinic to fulfil its mandate.

One of the residents in Thembisa Location, Siphokazi Fekisi alluded that they are satisfied with the services they receive from the clinic staff members.

“There is no shortage of medication at the clinic and the staff is always willing to help”, said Ms Fekisi.

Going forward, the clinic’s aim is to find a full-time rooms, where they are able to accommodate the high number of residents they are serving. The municipality has given them the current venue so as not to disadvantage those who need medical attention.

“ We are nothing without this clinic, it is our last hope to free medical treatment”, added Ms Fekisi.

The clinic also has community health care workers who visit the patients who cannot go to the clinic facilities due to old age and critical illnesses.

The future for this clinic definitely looks bright. Even though, there is a lot to be achieved, but with the professional staff at the clinic, all is in order. ■

Left image: One of the 89 clinics built during the past 5 years.

QUNU CLINIC DELIVERING GREATER ACCESS TO QUALITY HEALTHCARE THROUGH TECHNOLOGY

The power of cloud computing and affordable Internet connectivity is helping save lives in the rural Eastern Cape.

Through a new app, medical staff at the Qunu Clinic, near Mthatha, are able to provide quality healthcare to a greater number of patients, in a more affordable manner.

The app, developed by Phulukisa Health Solutions, enables primary healthcare workers to remotely manage patients. Health workers electronically capture the medical information of patients such as their weight, body mass index, and blood pressure using Internet of things (IOT) sensors and store these medical records in the cloud, thanks to Microsoft’s Azure cloud platform.

These metrics feed into an algorithm which alerts the health workers of abnormalities and enable them to more quickly and accurately triage and escalate serious health conditions.

The use of the cloud also significantly reduces patients’ waiting time at Qunu Clinic as their files are always accessible, and no time will be lost searching for physical files, or gathering information that has been lost.

Another consequence of storing this kind of data in the cloud is that it will allow for continuity across different clinics and different clinicians, since each clinic and specialist will not have to open their own file on the patient.

Power of public cloud without powerful data bills

To make such a project a reality, you

need to have stable connectivity, as well as ample capacity for storage and analytics.

Usually, the ability to access cloud services and the associated data costs would make digital transformation like this difficult, especially for a public health organisation.

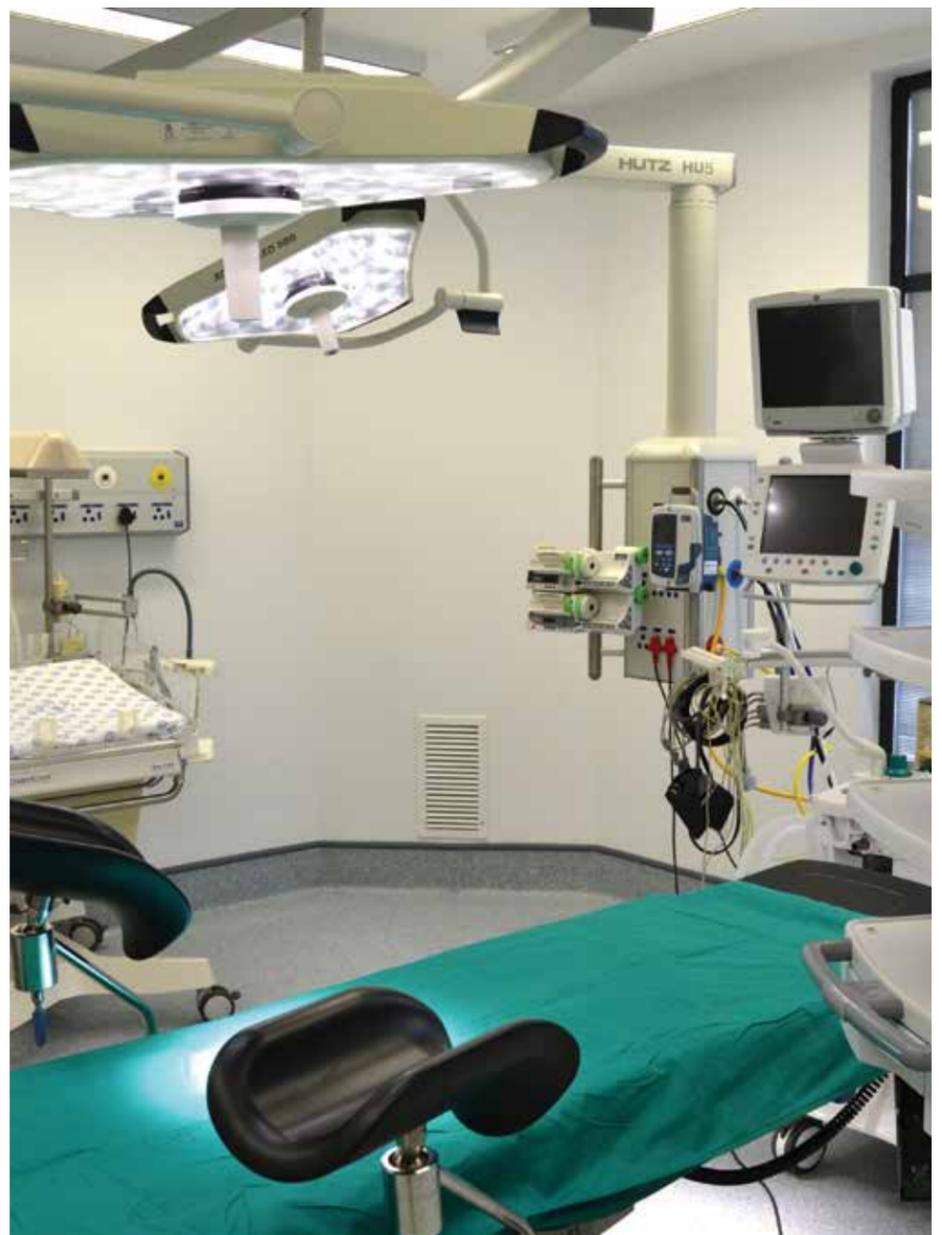
Microsoft South Africa partnered with Internet service provider Brightwave to bring WiFi - and with the recent publishing of TVWS regulation - TVWS based on broadband access, to various areas across South Africa; including the Eastern Cape, where the Qunu Clinic is among the list of organisations benefiting from this partnership.

“Through a new app, medical staff at the Qunu Clinic, near Mthatha, are able to provide quality healthcare to a greater number of patients, in a more affordable manner.”

Brightwave, in partnership with Microsoft South Africa, is bringing Internet connectivity to unserved and underserved communities, as part of its affordable access initiative, Airband.

The Airband programme seeks to support, accelerate, and scale innovative business developing technologies that enable local communities to utilise cloud-based services, as well as business models that reduce the cost of Internet access to help more people participate in the digital economy.

Fast and reliable Internet is essential to unlocking the benefits of cloud computing, like digital healthcare, online education and precision agriculture. The partnership with Brightwave and Phulukisa Health Solutions shows the profound and positive impact technology can have on even a remote community. ■



Eastern Cape residents enjoy some of the technologically advanced equipments in some health centres.

PROVINCIAL GOVERNMENT INTENSIFYING INTEGRATED RESPONSE TO MULTI-DRUG RESISTANT TB

Shortly after opening the Nkqubela Tuberculosis (TB) Hospital's new XDR-TB Unit, the Eastern Cape Government began a process of relocating patients from the nearby Fort Grey TB Hospital to Nkqubela TB Hospital.

The Department has spent R14 million in upgrading the now state-of-the-art, fully equipped Nkqubela TB Hospital. The newly upgraded hospital is now a single 320 bed facility for Multi Drug Resistant TB, Extremely Drug Resistant TB and Drug susceptible TB patients. The new unit has a lounge area fitted with mechanical ventilations where patients can watch TV.

Nkqubela and Empilweni TB Hospital are examples of how provincial is taking the TB scourge seriously.

At the 333 bed Empilweni TB Hospital, services are free to pregnant and breastfeeding women as well as children under the age of six years old. Other citizens are charged according to a sliding scale depending on their income.

More than 1.6 million clients five years and older have been screened in facilities for TB symptoms. TB Treatment success rate stands at 83.6 per cent. The government has set a target of testing the majority of citizens for TB by the end of the term of the 5th administration.

Farm and mine workers and those from informal settlements were the priority groups targeted by government.

More than 500 Multi-Drug Resistant

TB (MDR-TB) patients have been introduced to the two new drugs in the MDR TB regimen, Bedaquiline and Linezolid. More patients are targeted for initiation in order to reduce drug resistant TB mortality.

Part of increasing access to MDR-TB services, 14 decentralised sites for management of Multi Drug Resistant patients were established between 2014 and 2017 and these are: Empilweni TB Hospital, Bisho Hospital, Zithulele hospital, All Saints Hospital, Holy Cross hospital, St Albans Correctional Services, St Barnabas Hospital, Mthatha Gateway Clinic, Madwaleni Hospital, Duncan Village CHC, Osmond TB Hospital, Margery Parks, Philani CHC in Queenstown and Hewu Hospital), and this is in line with the MDR-TB decentralisation framework.

In 2017, the department introduced the 9 months shortened regimen for the treatment of Multi- Drug Resistant TB, and this has had an impact on the increase in MDR-TB treatment success rate from 50,9% in 2016 to 73.8% as reported in 2nd quarter of 2017.

Through partnership with the Eastern Cape AIDS Council, the government is integrating TB in the workplace. The Department of Health periodically embarks on a TB screening programme, targeting correctional centres, the six mining districts, schools, creches and the community at large. This strategy will assist to reduce the number of patients that are

lost-to-follow-up, as workers will not be expected to leave work and go to health facilities for treatment.

The Department is also using GeneXpert Alerts from the National Health Laboratory Service to identify resistant patients.

Through partnership with the Eastern Cape AIDS Council, the government is integrating TB in the workplace.

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The government has strengthened the use of the Stock Visibility System across Primary Health Care facilities and hospitals.

EASTERN CAPE GOVERNMENT TACKLES FRAUDULENT CLAIMS OF NEGLIGENCE

For years unscrupulous lawyers milked the Eastern Cape's Health Department dry through bogus and fraudulent claims and the provincial government faced R17 billion in legal claims for negligence in state hospitals.

Now the Eastern Cape Provincial government is saving money from alleged negligence after going to the open market for a panel of medico-legal experts who had been assisting with the vigorous defence of medico-legal claims in court.

The department had not been satisfied with the level of success of the state attorney in defending medico-legal claims.

Since the appointment of a new consortium of lawyers, Norton Rose Fulbright and Smith Tabata, the department have saved R45m. In one instance, a summons for R14m in a cerebral palsy case was successfully challenged on technical and legal grounds. The court ruled in favour of the Health Department and also ordered the plaintiff to pay its costs. The matter was subsequently withdrawn and court costs were tendered.

While there had been genuine cases of negligence that call for compensation, there had also been deliberate attempts to defraud the state.

In one instance, five lawyers made claims using the same case. They had already managed to save the

department R75 million in claims because some of the questionable lawyers withdrew cases when they realised they were under scrutiny.

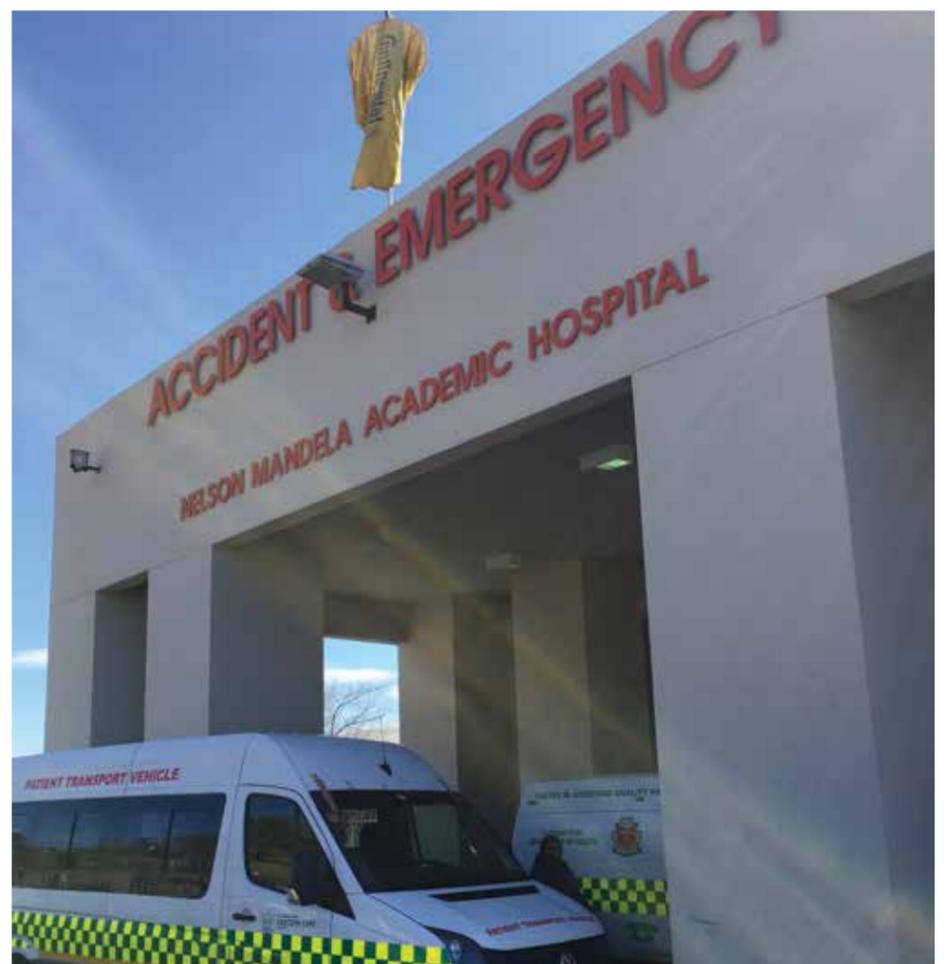
In another fraudulent claim, "spotters" working for a lawyer visited a family. They allegedly claimed to be working for the department of social development. They allegedly told a member of the family, who had just returned from hospital, that they could arrange a social grant for them.

They took all the documents they needed and lodged a claim against the health department, without the claimant's knowledge. The claim got paid and the claimant was not even aware, despite millions being paid to him.

In some cases, the claimants were unaware of the claims being lodged on their behalf. In others, they were aware, but were paid small amounts while the lawyers took the bulk of their payout.

Now the health department believes that the R17 billion will decrease because forensic investigators have found some of the claims are too old and they will apply for the courts to dismiss them.

The lawyers involved in making fraudulent claims will face the music. The culprits have been identified and cases have been opened with the Hawks. ■



The investment in ambulance buses has brought much needed relief to patient transportation system, particularly emergency calls.

DR NCUMISA JILATA – AN EXAMPLE THAT KNOWLEDGE IS POWER



Above: Livingstone Hospital is one of the centres of healthcare centres providing healthcare for all in the Eastern Cape; Below: Dr Ncumisa Jilata.



Africa's youngest neurosurgeon, Dr Ncumisa Jilata is from the Eastern Cape, confirming that the sky is the limit.

"Education, actual learning--it is hard work. It's very personal. Your parents don't teach you anything. Your teachers don't teach you anything. The government doesn't teach you anything. You read it. You don't understand it; you read it again. You break a pencil and read it again," said Dean Kamen, an inventor, an entrepreneur, and a tireless advocate for science and technology.

29-year old Dr Jilata is an example that everyone needs to recognise that education is the foundation for success and if one does not have a good education, you cannot have a good life.

It is people like her who reminds us day after day that education serves as the bridge from our past to our future. Education is the foundation of opportunities and the key to a better life.

A fellow from the Council of Neurosurgeons of South Africa, following her graduation from Glenridge Church in Durban, Dr Jilata completed her Bachelor of Medicine, Bachelor of Surgery degree at Walter Sisulu University's Mthatha Faculty of Health Sciences.

"I was already in Grade 11 when I decided I want to be a doctor, but at the time I wasn't doing biology, so when I got to matric I had to do three years of biology in

one year, in addition to the subjects I had already selected from Grade 10," she told Daily Dispatch.

"During that period I discovered the concept of a neuron, which is amazing, and the fact that society as a whole is influenced and controlled solely by the existence of this structure, intrigued me.

"That's when I knew I wanted to be a neurosurgeon," she told the paper.

Dr Ncumisa is living proof that the youth represents the country's future that is why we are investing in them to uplift the nation.

In this connection, the province has spelled out development objectives anchored on focusing on the youth and assure their welfare and development through education and moulding them as the next generation of leaders for the country's better and brighter future.

Whatever we do, we express the hope that the youth of today will come into their own, give priority to education and modernity and use it as a tool for the development of the country, like Dr Jilata.

Education is one of the priorities of provincial government, the others being health, crime, human settlements, rural development and the creation of decent jobs.

The Umtata-born neurosurgeon is an example that education does not only benefit an individual, but rather empowers the community.

Education is without a doubt a lever to uplift individuals, their families and society at large. Nowhere is this true than in our province and country where education should serve as a weapon against the scourge of poverty among our people.

Dr Jilata is a living proof that when democracy and justice dawned in his country, there would be a need to create opportunities for quality education for all which would lift the fortunes and well-being of South Africans, especially those from the poorest families and communities.

Education is vital to the future health of our nation's economy. It gives our children the building blocks for a successful financial future. It empowers consumers by giving them the knowledge and tools to improve their economic well-being. It is the best investment we can make to strengthen our nation's economy.

Indeed, knowledge is power. Education generates knowledge. It gives people the tools to understand economic and financial issues and to interpret events that will affect their futures.

In short, informed, well-educated populace make better decisions, increasing their economic security and well-being.

Most important, education is critical to building bridges between educators, businesses, and consumers. These bridges prepare our society to meet the challenges of an increasingly knowledge-based economy. ■