

WRITTEN SUBMISSION TO THE KWAZULU-NATAL HEALTH PORTFOLIO COMMITTEE

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REGARDING: KWAZULU-NATAL HEALTH BILL, 2008

1. CLAUSE 5, SECTION 4 (D)

The intention of this sub-section is not clear. In the context of the whole of section 4, it seems inappropriate that the MEC should be concerned with the provision of health care services by students, when they are proscribed from providing services independently – they must always act under the supervision and authority of a qualified practitioner.

It would appear that a phrase might be missing which would change the intention of this sub-section. I would like to suggest that what may be intended is the following, as it does not appear anywhere else in the bill:

“The responsible MEC must establish frameworks –

(d) for the provision of approved health care services for the purposes of training of South African and international medical students and other trainee health professionals”

2. CLAUSE 5, SECTION 4 (I)

In addition to those listed, I would submit that the MEC should establish frameworks to promote sound relations between the Department and registered Tertiary Educational Institutions in KwaZulu-Natal, which have Health Sciences Faculties.

3. CLAUSE 10, SECTION 1 (C)

Note that there is only one medical school in the province. At UKZN there is a medical faculty and a health science faculty. There are also Health Science faculties at the University of Zululand and the Durban University of Technology. I would suggest that they all be considered and not just the medical school.

4. CLAUSE 10, SECTION 1 (F)

A functioning and relatively well resourced Biomedical Research Ethics Committee exists at the University of KwaZulu-Natal. In view of the enormous amount of work entailed, and the fact that the capacity and expertise necessary for a research ethics committee to review and monitor research in the province is extremely limited, it would be foolish to duplicate these functions. The bill should avoid this in some way.

5. CLAUSE 4 (A) AND (B)

I am disappointed to note that the overall purpose of the bill in terms of its stated objects in clause 4 (a) and (b), is not carried through into any part of the rest of the document. Beyond 4(b), it does not mention children again, nor does it deal with the rights of children substantially, as called for in the constitution.

On a broader level, there is little in the bill that gives effect to the issues of equity, justice, fairness and access, beyond a line in Clause 5.3(a). Not only children, but all disadvantaged groups in our society, such as the very old, the disabled, the poor, the rural population, are in greater need of services and access to them. It would appear that the broader project of the transformation of the health services as envisaged in 1994, is being lost, and the bill gives a framework to largely administrative procedures without addressing the issues of equity at all.

I would like to suggest an additional clause within Chapter 2 that gives substance to these constitutional prerogatives. In addition, the Provincial Health Information Systems Committee as outlined in Chapter 7, should be specifically tasked to monitor and evaluate the equity of access and quality of health care across all districts of KwaZulu on an ongoing basis.