



**KEYNOTE ADDRESS BY THE SEDIBENG DISTRICT MUNICIPALITY
EXECUTIVE MAYOR, COUNCILLOR MAHOLE SIMON
MOFOKENG ON THE OCCASION OF THE 2009 SEDIBENG
HEALTH SUMMIT**

6 April 2009.

The task facing us is difficult but not insurmountable. It is important that we all unite around a common strategic objective - building of healthy, caring and sustainable communities, and therefore the primary thrust of our 2009 Health Summit should be that of developing tactical stances that will advance us towards our noble goal of a better life for all our people in Sedibeng.

- Mrs. Grace Mathe and Mrs. Tiny Mbha, Programme Directors;
- Cllr. Maipato Tsokolibane, Cllr. Florence. Vundisa, Cllr. Cliff Hartman, Cllr. Koos Jonk – Members of the Mayoral Committees responsible for Health in Sedibeng District, Emfuleni, Lesedi and Midvaal Local Municipalities;

- Fellow Councillors;
- Chief Directors and Directors from Province, amongst which we have Mrs. Johanna. More, Mrs. Thandi Chaane, Mr. Molefi Mosenogi, Mrs. Mary Grace Msimanga and Mrs. Salamina Hlahane;
- Mr. Yunus Chamda and Mr. Lucky Kamolane, Sedibeng District and Emfuleni Local Municipal acting and deputy Municipal Managers respective;
- Dr. Teboho Moji, Dr. Daisy Pekane and Mr. Thomas Nhlapo, Chief Executive Officers of the Sebokeng, Heidelberg and Kopanong Hospitals;
- Ms. Morongwe Mazibuko, Ms. Nezerith Hassim, Ms. Cynthia Mokoena, Mr. Johan Basson and Mr. Lucky Kamolane;
- Primary Health Care facility committee members and managers;
- Representatives of Unions;
- Community Development Workers;
- Health workers and officials;

- Our esteemed guests;
- Comrades, colleagues, ladies and gentlemen.

Today, the 6th April 2009, the African National Congress and the people of South Africa are marking the 30th Anniversary of the execution of Solomon Kalushi Mahlangu, by the apartheid regime. The commission of this crime by the apartheid regime, which ignored international pressure to commute Solomon Mahlangu's death sentence and recognize freedom fighters as prisoners of war, aroused widespread international condemnation.

A member of *uMkhonto we Sizwe (MK)*, the former military wing of the ANC, Solomon Mahlangu represents the thousands of youth who, in the wake of the 16th June 1976 Soweto students' uprising, left the country and swelled the ranks of the liberation movement, the ANC. The supreme price for liberation paid by Solomon Mahlangu, like many combatants of MK who laid down their lives in the service of their people, is, in the words of former president Nelson Mandela "the embodiment of the fighting spirit of our

people and came to represent the highest aspiration and ideals of our struggle”.

“My blood will nourish the tree that will bear the fruits of Freedom. Tell my people that I love them and that they must continue the fight”. These last words of Solomon Mahlangu as he faces the hangman's noose reverberated throughout the length and breath of South Africa on that fateful morning of the 6th April 1979, and will forever be etched in the collective memory, not only of South Africans, but also of the international community who supported our just struggle against the apartheid regime.

As part of our contribution to carry-on from where Comrade Mahlangu and Comrade Chris Hani who was also assassinated 16 years back left, the people of Sedibeng and of the Gauteng Province, are looking forward both to the quality of our deliberations and the outcome of our Summit which must accelerate the pace of change for the remaining 2 years up until the end of our political term in 2011.

I am also encouraged by the theme of the Summit, ***Working together towards optimal health care for the people of Sedibeng***. Yes, indeed by working together we can do more.

Notwithstanding that health care services at local level are a competency of both Municipalities and the Province, but through-out the course of the next two years and beyond, we must make the building of healthy, caring and sustainable communities the primary focus of our work.

Ladies and gentlemen,

The momentum of Polokoane has prioritized an accountable health service based on the will and participation of our people. The Ruling party is serious about that commitment to a human rights-based approach to health policy, resource allocation and care, and the Millennium Development Goals that are critical to our fight to provide quality comprehensive and human rights care for all.

We must ready ourselves to welcome with wide open hands the establishment of the proposed National Health Insurance, which will afford many of our community members with dire opportunities to access medical aid.

Here at home, our people still cannot distinguish between clinics that are managed by our municipalities from those that are managed by the Gauteng Provincial Government. Our people do not know the difference between various spheres of government.

The previous regime, through its apartheid policies, developed a health system by promulgating racist legislation and the creation of institutions such as political and statutory bodies, for the control of the health care profession and facilities. And, these institutions and facilities were built and managed with the specific aim of sustaining racial segregation and discrimination in health care.

The net-result has been a system which is highly fragmented, biased towards care and the private sector; inefficient and inequitable health care.

The challenge facing our democratic governance was to design a comprehensive programme to redress social and economic injustices. In the Health sector, this involved the complete transformation of the National Health Care Delivery System and all relevant institutions. All legislation, organisations and institutions related to health had to be reviewed with a view to attaining the following:

- ensuring that the emphasis is on health and not only on medical care;
- redressing the harmful effects of apartheid health care services;
- encouraging and developing comprehensive health care practices that are in line with international norms, ethics and standards;

In light of this, the National Health Policy was developed premised on the District Health System, whose main focus is to address health issues and afford every citizen optimal health within a geographic area.

Furthermore, our constitution upholds the right of every person to a healthy environment and the right to access quality health care. Health also influences other sectors. Good health is required if the skills creativity and productive abilities of our people are to be maximized.

A healthy and secure community is much more likely to be able to play a positive role in development. A population which is poorly nourished, unwell, in pain, requiring treatment, or psychologically stressed is unlikely to be able to make a positive contribution to the well-being of the community at large. The health sector, and health services, must increase awareness that a healthy population is necessary for meeting basic needs as well as for appropriate development on a large scale.

Over the past 15 years, our ANC-led government has done much in the various sectors to improve the lives of our people. It therefore gives me pleasure to mention that a lot of progress to transform the health sector in Sedibeng to improve the health of the community has happened.

Ladies and gentleman, you will recall the fragmental inequitable and inaccessible health services we had in Sedibeng. A person would travel from Sasolburg, pass Vanderbijlpark hospital & pass-on on the way before even reaching Sebokeng hospital, which was in terms of the apartheid policies of Black and White hospitals.

Today as a democratic government, we can reflect back and indicate the progress that has been made in transforming the health sector. We have to a large extent overcome fragmentation. We have to a large extent made health services accessible to our people.

Over the past 15 years, we have built ten new clinics and upgraded 7. This was in view of our quest as the Municipality and Province to ensure that a comprehensive Primary Health Care Service is implemented.

Making services to our rural communities is also very important to us. Although building physical facilities is still a challenge in the rural areas, ten mobile units have been made available to accord our rural communities health services.

Comrades and colleagues,

Let me take this opportunity to thank our Netherlands partners for their donation of a mobile unit to the communities of Emfuleni. The contributions made by our industries in particular Samancor and Mittal Steel towards health services and other social responsibilities in the region is also acknowledged.

On its part, Sedibeng is very much clear and focused on its set of strategic objectives which remains our guiding torch in our everyday's work:-

- Care, protection and support of children in need of care through prevention, intervention and rehabilitation;
- Creating a healthy and enabling environment for the development of children;
- Protecting and promoting children well being;
- Improve skills development among the youth by providing guidance and counselling in career guidance ,entrepreneur and life skills;

- Promote protection ,empowerment and support to restore dignity, and well being of the older citizens;
- Build capacity for Gender Equality;
- Upgrade and Build clinics;
- Facilitate the creation of an enabling environment to improve the health of our communities.

On the requests made by Solomon Mahlangu and Chris Hani, we are humbled to report to you today that, Voluntary Counselling and Testing for HIV is done in all our clinics and prevention of Mother-to-Child Transmission (PMTCT) is rated at 97% of in our 37 clinics.

Our clinics have extended service hours to go beyond 16h00. The MEC have recently been in the district to launch another ARV site in Devon. A number of projects are being piloted such as Kgatelopele - a programme where community health workers work together with clinics to take medication to homes of elderly and chronic ill patients.

We are proud to ask Mahlagu and Hani to report to Tambo and Hani on our behalf that our electronic record project is pilot in 4 of our clinics in the region.

Together we can do more.

Ladies and gentlemen, Primary Health Care will not be effectively implemented without participation of our communities. Development and most importantly, sustainable development cannot happen without community participation. As a district all our primary health care facilities have functioning clinic committees.

During the past years of our democracy, we have worked together to change the lives of our people for the better. We have achieved a great deal already, but much more still needs to be done. Community participation in Health and Social Development is most critical.

A Healthy society is a developing society, because ill-health and poverty are two sides of the same coin. Communities should be self-reliant of Health and Social Developments.

One of the most important reasons for introducing a District Health System is to allow local people to help design and improve local services. There are a number of ways in which local communities can become involved in their own health care.

Lastly, **comrades and colleagues**, a need for a seamless service delivery cannot be overemphasized. Failure to integrate our services would be failure to implement our own National Health Policy. It is important that the Province in its planning must also take on board and work hand-in-hand with municipalities.

I therefore want to also use this opportunity to comment our health workers, Primary health Care Facility Committees and Unions, for their dedication in their work. Mahlangu and Hani, on whose behalf the month of April is dedicated; will smile in heaven on reports that we are doing everything in our power to work with province to find long lasting solutions to issues of provincialization.

We must emerge from this Summit winners against poverty, diseases and hunger. That is what our people expect from us.

I thank you for your patience.

Thank you.