

Perspectives on KwaZulu-Natal

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Italian government supports KwaZulu-Natal's health department

An ongoing relationship between the Italian government and health officials in KwaZulu-Natal has resulted in the province receiving valuable assistance.

The involvement of the Italians in KwaZulu-Natal started as far back as 1986 when the Italian government provided medical support in the Ngwelezane area outside Empangeni. The current project is now in its third year and has seen the number of experts based in Pietermaritzburg grow from one to three. Professional trainer Dr Dario Mariani and epidemiologist Dr Venanzio Vella assist the project co-ordinator Dr Antonio Silvestri. All three have extensive experience working in developing countries.

The general objective of the programme is to support the Department of Health in KwaZulu-Natal in the area of mother and childcare. The doctors are based in the department buildings in Pietermaritzburg and assist by providing their expertise, as well as funding.

The Italians have already begun to collaborate with the department to improve the health information system. As part of this project Vella has been involved in entering data about all the medical publications on health that are available in South Africa. The final aim, says Silvestri, is for all doctors working in KwaZulu-Natal to have access to all publications concerning diseases in South Africa. The database will be handed over to the KwaZulu-Natal department of health once complete. Although this Italian programme does not provide new information to health practitioners working in the province, the idea is that it will make the information that is already available more accessible in a user-friendly manner.

Refresher courses have been co-ordinated for nurses working throughout KwaZulu-Natal. The Italians have also been involved in equipping resource centres for nursing staff. They will also provide anatomic models to the resource centres to enable nurses to continuously upgrade their training.

The training is implemented by several organisations on behalf of the Italian project and the South African co-ordinator Noel Phillips. Mariani monitors the training. Silvestri says that there are many people with skills in KwaZulu-Natal and in this way the programme makes use of those capabilities, while still providing support.

Silvestri is conducting a quality assessment study about the system of referrals between health facilities in KwaZulu-Natal. While this project is still in its infancy, he has conducted a number of

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interviews with hospital staff and patients around their degree of satisfaction with health facilities. Once the study is complete Silvestri will make recommendations to the department.

While Silvestri and Mariani have been in KwaZulu-Natal since January this year, Vella is currently in the country for his second visit, which will last three months. A number of other experts have also spent time in the province on a short-term basis.

Silvestri, who has spent time in countries including Mozambique, Ethiopia, Angola, Namibia, Nepal, Yemen and India, is fairly optimistic about health provision in KwaZulu-Natal and South Africa. He says that the province does have a good infrastructure, in terms of roads, for example, particularly when compared to other African countries. "South Africa is a much richer country in terms of resources, including human resources and infrastructure," he says. He also regards the technology in South African hospitals as being amongst the best in the world.

Mariani agrees saying that South Africa has very advanced medical facilities and some of the top centres of medical excellence. However, he and Vella say that part of the challenge lies in making the most of the money that is spent on the health sector. Vella says that in other African countries the health budget is far smaller per capita, whereas South Africa has the advantage of having more money to spend. Mariani agrees saying that the budget could have a bigger impact if resources are redirected to focus more on preventative health and public health facilities.

But Silvestri says that HIV/Aids is the major problem and that the pandemic must be fought with all the resources that are available. He emphasises the need for a co-ordinated effort to deal with Aids and the importance of talking about HIV/Aids. He cites the example of the United States basketball player Magic Johnson, who declared he was HIV positive and "became more famous than he was before". Silvestri says that his declaration was particularly important in terms of education around health.

The Italian doctors also cite the example of Uganda where the challenges faced by HIV/Aids were accepted and the country has seen a decrease in the rate of infections as a result of their interventions.

Silvestri says that South African health departments face immense difficulties in ensuring that optimum services are provided equitably and that services are not duplicated as they were as a result of apartheid. The current focus on primary health care is also a change from the past. South African health practitioners do not have the level of public health experience that exists in many other countries.

Silvestri said that although he has heard complaints that the quality of care in state hospitals has dropped, one needs to look at hospitals that have been integrated and see the actual quality in all of them, rather than just looking at the care in the previously white hospitals.

All the doctors say that the process of change in South Africa towards a more equitable health system is something that is going to take time. Vella says that the redirection towards a preventative health system is "like steering a ship because it takes a very long time to change direction".

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