

Report of the Portfolio Committee on Health on its activities undertaken during the 6th Parliament (May 2019 – March 2024), dated 27 March 2024.

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KEY HIGHLIGHTS

1) Reflection on Committee programmes per year and on whether the objectives of such programmes were achieved:

2019/20: The 6th Parliament commenced on 22 May 2019 upon the first Sitting of the National Assembly and the enactment of Committees. The Committee received the National Health Insurance (NHI) Bill [B11 – 2019] and subsequently resumed processing the Bill through nationwide public hearings. It is important to note that the nationwide public hearings were maiden extensive public hearings for a National Assembly Committee. In seven months, following the commencement of the Sixth Parliament, the world witnessed the unprecedented emergence of the severe acute respiratory syndrome also known as COVID-19 in December 2019. Given the enormity of the situation, the World Health Organization (WHO) declared it a Global Public Health Emergency of International Concern in January 2020, and a pandemic in March 2020. This declaration led to restrictions and lockdowns by many countries including South Africa in an attempt to contain the spread of the virus. The Committee's performance was constrained due to the lockdowns. Despite the challenges brought about by the pandemic, during 2019/20 financial year, the Committee hosted the first virtual Parliamentary Committee meeting that facilitated close monitoring of the state of preparedness and readiness of the health sector for the pandemic. The Committee pursued a multisectoral approach in its oversight, through engagements with various stakeholders that were at the forefront of the country's response to the pandemic. During this financial year, the Committee also considered the National Health Amendment Bill; undertook oversight visits; passed the health budget vote; assessed the financial and service delivery performance of the Department and its entities and made recommendations.

2020/21: The Committee continued with its focused oversight over the health sector, in monitoring government's response to the COVID-19 pandemic, including the monitoring of new variants, COVID-19 vaccine trials, acquisition and the ultimate roll-out of the vaccination programme. The Committee utilised the greater part of the 2020/21 financial year to conduct virtual public hearings on the NHI Bill. Moreover, the Committee saw the election of a new Committee Chairperson. The Committee concluded the National Health Amendment Bill [B29 – 2018]. The Committee further undertook oversight visits; passed the health budget vote; assessed the financial and service delivery performance of the Department and its entities and communicated its recommendations.

2021/22: The Committee concluded the virtual public hearings on the NHI Bill and adopted the motion of desirability on the Bill. Moreover, the Committee considered all outstanding reports referred to it, including reports of the Commission for Gender Equality and undertook oversight visits to provinces. As per the Parliamentary programme, the Committee passed the health budget vote; assessed the financial and service delivery performance of the Department and its entities and made recommendations.

2022/23: The Committee closely monitored the COVID-19 vaccination programme, as well as monitoring the containment of the monkeypox outbreak. The Committee visited the Eastern Cape province to assess the state of health services in pursuit of the recommendations of the Public Protector South Africa, the Special Investigation Unit and the Health Ombudsman. During this financial year, the Committee attended two key health sector events, the 11th South African AIDS Conference and the 2nd Presidential Health Summit. As per the Parliamentary programme, the Committee passed the health budget vote; assessed the financial and service delivery performance of the Department and its entities and made recommendations.

2023/24: The Committee adopted its reports on the NHI Bill and the African Medicine Agency (AMA) Treaty. The Committee closely monitored the response and containment of the cholera outbreak in Gauteng province. The Committee further received the Tobacco Products and Electronic Delivery Systems Control Bill [B33 – 2022] and subsequently began processing the Bill through provincial public hearings (visited seven provinces). Moreover, the Committee undertook a follow-up oversight visit to the Eastern Cape to assess the progress made on the implementation of its recommendations; passed the health budget vote; assessed the financial and service delivery performance of the Department and its entities and made recommendations.

2) Committee's focus areas during the 6th Parliament:

The Committee's focus areas pivoted on the key pillars of the Committee's Constitutional mandates, namely, oversight and accountability, law-making, public involvement, international engagement, and cooperative governance.

Oversight and accountability: -

- In the main, the work of the Committee over the five years predominantly revolved around the monitoring and oversight of the country's response to the COVID-19 pandemic – through assessing the implementation of the regulations that were put in place to effectively respond to, contain and curb the spread of the virus. The Committee pursued a multi-sectoral approach through engagements with different stakeholders in insuring a seamless cooperation between the key role-players.
- The Committee undertook oversight visits in five of the nine provinces (Gauteng, Eastern Cape, Western Cape, KwaZulu-Natal and Northern Cape) to assess the state of health services in public health facilities. The Committee ensured that health users at public health facilities were at the centre of its processes especially while conducting oversight in provinces. Moreover, Members of Parliament undertook site visits in their respective constituencies.
- The Committee closely monitored the performance (financial and non-financial) of the Department of Health and its seven entities (the South African Medical Research Council; National Health Laboratory Services; Office of Health Standards Compliance; Office of the Health Ombud; Council for Medical Schemes; Compensation Commissioner for Occupational Diseases; and South African Health Products Regulatory Authority).
- The Committee adopted the ratification of the Treaty for the establishment of the African Medicines Agency.

Law-making: -

- The Committee processed three pieces of legislation, namely, the National Health Amendment Bill [B29 – 2018], the National Health Insurance Bill [B11 – 2019] and the Tobacco Products and Electronic Delivery Systems Control Bill [B33 – 2022].
- The Committee passed one of the three Bills it considered – the National Health Insurance Bill. The National Health Amendment Bill [B29 – 2018] was considered to be undesirable. The Tobacco Products and Electronic Delivery Systems Control Bill [B33 – 2022] is currently under consideration.

Public involvement: -

- In processing its legislation, the Committee ensured public participation as central to the process. Oral and written submissions were considered from wide range of stakeholders including members

of the public, professional associations, civil society organisations, academia, industry experts, statutory bodies, health entities, government departments, healthcare funders, hospital groups, lobby groups, political organisations, trade unions and other interested stakeholders.

- To ensure effective public participation on its Bills, the Committee visited all nine provinces for the NHI Bill and seven provinces for the Tobacco Products and Electronic Delivery Systems Control Bill [B33 – 2022], to solicit public opinions and views. Due to the COVID-19 restrictions while processing the NHI Bill, the Committee conducted virtual oral public hearings in Parliament to afford stakeholders an opportunity to make oral presentations on their written submissions.

International cooperation: -

- The Committee held an engagement with the Elders on Universal Health Coverage. The purpose of the engagement was to gain deeper insights on universal health coverage in anticipation of the implementation of South Africa's National Health Insurance.
- The Committee also held an engagement with the European Parliament's Special Committee for COVID-19. The purpose of the engagement was to discuss the COVID-19 pandemic, a potential international treaty on pandemics and the approach to vaccine diplomacy and global solidarity.

Cooperative governance: -

- On its oversight activities, the Committee undertook oversight visits in public health facilities that are under the control of the provincial and national governments.

3) Key areas for future work:

- Further consideration and processing of the Tobacco Products and Electronic Delivery Systems Control Bill [B33 – 2022], as there was insufficient time for the Sixth Parliament to conclude its work on the Bill.
- Closely monitor provincial budgets, amid health sector budget cuts, increasing accruals and medico-legal claims.
- Monitor the implementation of the Case Management System on Medico-legal Claims.
- Continue to monitor the implementation of the Ideal Clinics Realisation and Maintenance Programme; the number of primary health care facilities that achieved ideal status and those that maintain and/or improve their status in preparation for NHI.
- Continuous monitoring of the state of health service delivery across the country.
- Track the progress on the proposed amendment of the Occupational Diseases in Mines and Works Act.
- Track the progress on the proposed Health Ombud Bill.

4) Key challenges emerging:

- Covid-19 restrictions and lockdowns affected the performance of the Committee.
- Compact Parliamentary programme partly constrained time available for the Committee to engage with all nine provincial departments of Health.
- Lack of dedicated resources to deal with the overwhelming volume of public submissions received (i.e., the NHI Bill), this challenge presented major delays in the processing of the submissions.

5) Recommendations:

- Ensure follow-up of all Committee recommendations on a quarterly basis.
- Ensure that the Committee holds frequent engagements with the Auditor-General of South Africa to be proactive on financial matters and performance of the Department and Entities.
- Hold continuous engagements with the nine provincial departments of Health to assess their performance.
- Undertake oversight visits in all nine provinces to assess the state of healthcare delivery in the country, these should be augmented by follow-up oversight visits to assess the implementation of the Committee's recommendations.

- Ensure close monitoring of the health sector's activities related to the preparation for National Health Insurance.
- Follow-up on the implementation of the Health Market Inquiry recommendations.
- Improve on cooperative governance through cross-sectoral engagements, including participation in NCOP activities such as Taking Parliament to the People.

1. INTRODUCTION

1.1. Department and Entities falling within the Portfolio Committee on Health

1.1.1. Department of Health:

The core mandate of the Department of Health (the Department) is to improve the health status of South Africans through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability. The Department derives its mandate from the Constitution and the National Health Act (No. 61 of 2003). *Section 27(1)(a)* of the Constitution states that “Everyone has the right to have access to health care services, including reproductive health care”. *Section 27(3)* further states that “no one may be refused emergency medical treatment.” *Section 28(1)(c)* further gives every child the right to “basic nutrition, shelter, basic health care services and social services”. Finally, schedule 4 of the Constitution outlines that health care services are both a national and provincial legislative competence and/or imperative.

In addition to the National Development Plan (NDP) vision 2030, the health sector is also guided by the United Nations (UN) Sustainable Development Goals 2030 (SDGs), and the Medium-Term Strategic Framework (MTSF) 2019 – 2024. The Department’s five-year strategic goals (2019 – 2024) are as follows:

Strategic Goal 1: Increase life expectancy, improve health, and prevent disease – Improve health outcomes by responding to the quadruple burden of disease in South Africa; and address the social determinants of health through inter-sectoral collaboration.

Strategic Goal 2: Achieve universal health coverage by implementing NHI Policy – Progressively achieve universal health coverage through NHI.

Strategic Goal 3: Quality improvement in the provision of care – Improve quality and safety of care; provide leadership and enhance governance in the health sector for improved quality of care; improve community engagement and reorientate the system towards Primary Health Care through community based health programmes to promote health; improve equity training and enhance management of Human Resources for Health (HRH); improve the availability of medical products and equipment; and ensure robust and effective health information systems to automate business processes and improve evidence based decision making.

Strategic Goal 4: Build health infrastructure for effective service delivery – Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities.

The work of the Department of Health is organised into six budget programmes:

Programme 1: Administration – The purpose of the administration programme is to provide overall management of the Department of Health and centralised support services.

Programme 2: National Health Insurance – The purpose of the National Health Insurance Programme is to achieve universal health coverage by improving the quality and coverage of health services through the development and implementation of policies and health financing reforms.

Programme 3: Communicable and Non-Communicable Diseases – The purpose of this programme is to develop and support the implementation of national policies, guidelines, norms and standards, and targets for the national responses needed to decrease morbidity and mortality communicable and non-communicable diseases. As well as develop strategies and implement programmes that reduce maternal and child mortality.

Programme 4: Primary Health Care – The purpose this programme is to develop and oversee the implementation of legislation, policies, systems and norms and standards for a uniform district health system, environmental health services, and emergency medical services.

Programme 5: Hospital Systems – The purpose of this programme is to develop national policy on hospital services and responsibilities by level of care; providing clear guidelines for referral and improved communication; develop specific and detailed hospital plans; and facilitating quality improvement plans for hospitals. This programme is also responsible for the management of the national tertiary services grant and ensures that planning of health infrastructure meets the health needs of the country.

Programme 6: Health System Governance and Human Resources – The purpose of this programme is to develop policies for planning, managing and training development of the health sector human resources planning, monitoring, evaluation and research. Further, provide oversight to all public entities in the sector and statutory health professional council in south Africa.

1.1.2. Entities:

The public entities under the remit of the Department of Health are:

i. South African Medical Research Council (SAMRC)

The South African Medical Research Council is established by the South African Medical Research Council Act, No. 58 of 1991 (as amended). The Act mandates the SAMRC to promote the improvement of health and quality of life through of South Africans through research, development and technology transfer.

ii. National Health Laboratory Service (NHLS)

The National Health Laboratory Service is managed according to the provisions of the National Health Laboratory Service Act, No. 37 of 2000; the NHLS Rules which were gazetted in July 2007; and the PFMA. The NHLS provides cost effective diagnostic laboratory services to all state clinics and hospitals. It also provides health science training and education and support health research. The NHLS is the largest diagnostic pathology service in South Africa, servicing more than 80 percent of the population.

iii. Council for Medical Schemes (CMS)

The Council for Medical Schemes is established in terms of the Medical Schemes Act (No. 131 of 1998), as a public entity mandated to regulate the medical schemes industry in South Africa. The functions of the Council include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private health care, and advising the Minister of Health on any matter concerning medical schemes.

iv. Mines and Works Compensation Fund (MWCF)

The Mines and Works Compensation Fund is established in terms of the Occupational Diseases in Mines and Works Act (ODMWA) (No. 78 of 1973). The MWCF is mandated to compensate workers and ex-workers in controlled mines and works for occupational diseases of the cardiorespiratory organs and reimburse them for any loss of earnings incurred while being treated for TB.

v. Office of Health Standards Compliance (OHSC)

The Office of Health of Standards Compliance is established in terms of Section 77 of the National Act (2013). The mandate of the Office is to monitor and enforce compliance of health establishments with norms and standards; ensure the consideration, investigation and disposal of complaints relating to non-compliance with norms and standards in a procedurally fair, economical and expeditious manner.

vi. Office of the Health Ombud (OHO)

The Office of the Health Ombud is established according to the Section 81B of the National Health Amendment Act (2013). The Office's mandate is to promote and protect the health and safety of the users of health services.

vii. South African Health Products Regulatory Authority (SAHPRA)

The Medicines and Related Substances Act (No.101 of 1965), as amended, provides for the establishment of SAHPRA, which is responsible for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices, IVDs and related matters in the public interest.

1.2. Functions of the Committee

The Committee is mandated to monitor the financial and non-financial performance of the department of Health and its entities to ensure that national objectives are met; process and pass legislation; and facilitate public participation in Parliament relating to issues of oversight and legislation.

The Portfolio Committee carries out its mandate through:

- Monitoring financial and non-financial performance of the Department and its entities to ensure service delivery and monitor the implementation of legislation;
- Oversight activities to ensure accountability by government and the implementation of policies on the ground;
- Considering and processing of legislation and statutory instruments referred to it;
- Facilitating public participation where stakeholders, including government officials, experts, advocacy groups and the public can make submissions on issues of oversight and legislation to ensure that decision-making is well informed;
- Considering and processing international agreements and petitions relevant to it;
- Conducts investigations and inquiries into matters related to the portfolio;
- Public communication to ensure that Committee activities and findings are communicated to the public through various means, such as media briefs, public hearings and reports.
- Considering all issues referred to it for consideration and report.

1.3. Purpose of the report

The purpose of this report is to provide an account of the Portfolio Committee on Health work during the 6th Parliament and to inform the members of the new Parliament of key outstanding issues pertaining to the oversight and legislative programme of the Department of Health and its entities.

This report provides an overview of the activities the Committee undertook during the 6th Parliament, the outcome of key activities, as well as any challenges that emerged during the period under review and issues that should be considered for follow up during the 7th Parliament. It summarises the key issues for follow-up and concludes with recommendations to strengthen operational and procedural processes to enhance the Committee's oversight and legislative roles in future.

2. KEY STATISTICS

The table below provides an overview of the number of meetings held, legislation and international agreements processed, and the number of oversight trips and study tours undertaken by the Committee, as well as any statutory appointments the Committee made, during the 6th Parliament:

Activity	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Meetings held	13	23	61	40	23	160
Legislation processed	1	1	–	–	1	3
Oversight trips undertaken	–	4	5	1	1	11
Public hearings held (provincial and virtual)	5	4	21	8	7	45
Study tours undertaken	–	–	–	–	–	–
International agreements processed	–	–	–	–	1	1
Statutory appointments made	–	–	–	–	–	–
Interventions considered	–	–	–	–	–	–
Petitions considered	–	–	–	–	–	–

3. BRIEFINGS AND/OR PUBLIC HEARINGS

3.1. The Committee received a briefing from the Competition Commission following the release its **Healthcare Market Inquiry (HMI) Findings and Recommendations Report** (30 September 2019). The Commission had assessed the level of competition in private healthcare in South Africa to diagnose the factors that prevent, distort, or restrict competition. The Commission found that the private healthcare market is currently characterised by high costs of healthcare and medical aid cover, as well as overutilization with no significant improvement in health outcomes. The Commission also found that the Department of Health is not exercising its legislated powers to manage the private healthcare system, by failing to ensure regular review and failing to hold regulators accountable.

Resolutions:

- The Committee resolved to host a workshop with the Portfolio Committee on Trade and Industry to further scrutinise the recommendations of the Competition Commission.

3.2. Joint briefing with the PC on Women, Youth and Persons with Disabilities on the implementation of recommendations emanating from the Commission for Gender Equality's (CGE) investigative report on **forced sterilisation of women living with HIV/AIDS in public healthcare facilities**. The CGE received complaints from two entities representing women who were treated in public

health facilities in KwaZulu-Natal and Gauteng. The allegations were that the complainants (18) were forced and/or coerced into sterilisation on the basis of their HIV status.

Resolutions:

- The Committees called for a comprehensive investigation to be undertaken by the Department of Health, in view of the additional complaints that had since emerged. The final report should be tabled in Parliament.
- The Committee requested to receive quarterly progress reports on this matter.

3.3. Joint briefing with the PC on Public Service and Administration, Monitoring and Evaluation on the **Section 59 Investigation Interim Report**: The preliminary findings of the Section 59 investigation found that medical schemes (Government Employees Medical Scheme, Discovery, and Medscheme) racially profiled black health practitioners so that they do not enjoy the same benefits with other races when claiming for rendered healthcare services. The investigation found that there was “unfair racial discrimination” against black practitioners, and they were classified as having committed fraud, waste and abuse of the medical schemes.

Resolutions:

- The Committees requested to be briefed by the investigators and the Council for Medical Schemes once the report is finalised.

3.4. The Committee received a briefing on **surgical backlogs in public hospitals** in the country. This follows a moratorium on elective surgeries to accommodate the influx of patients due to COVID-19 concerns regarding backlogs on elective surgery that have been building up primarily due to the COVID-19 pandemic. The Committee noted with concern that there was a total of 175 024 backlogs. The Committee expressed that if interventions were not put in place to resolve this crisis, medico-legal claims will continue to rise.

Resolutions:

- The Department should present a progress report to the Committee on the status of surgical backlogs in public healthcare facilities.

4. LEGISLATION

The following pieces of legislation were referred to the committee and processed during the 6th Parliament:

4.1. National Health Insurance Bill [B11 – 2019]

The National Health Insurance Bill [B11 – 2019], was tabled in Parliament and referred to the Committee on 8th August 2019. The National Health Insurance Bill sought to provide for universal access to health care services in the Republic in accordance with the Constitution of South Africa. The NHI Bill envisages the establishment of a National Health Insurance Fund and sets out its powers, functions and governance structures. The NHI Fund will purchase health care services for all users who are registered with the Fund. The NHI Bill will also create mechanisms for the equitable, effective and efficient utilisation of the resources of the NHI Fund to meet the health needs of users and preclude or limit undesirable, unethical and unlawful practices in relation to the Fund. The NHI Bill also seeks to address barriers to access.

Status: Bill was adopted on 26 May 2023

4.2. National Health Amendment Bill [B29 – 2018]

The National Health Amendment Bill [B29 – 2018], a private member’s Bill, was tabled and referred to the Committee on 3rd September 2018. The Bill sought to amend the National Health Act, 2003 (Act No.61 of 2003), in order to provide that clinics in the public sector must operate and provide health services 24 hours a day and seven days a week. The Committee adopted a motion that the Bill was not desirable on 10 March 2021.

Status: Bill was concluded.

4.3. Tobacco Products and Electronic Delivery Systems Control Bill [B33 – 2022]

The Tobacco Products and Electronic Delivery Systems Control Bill [B33 – 2022], was tabled in Parliament and referred to the Committee on 9th December 2022. The Bill seeks to strengthen public health protection measures, align the South African tobacco control law with World Health Organisation Framework Convention and to repeal the Tobacco Control Act, 1993 (Act No. 83 of 1993). The Bill sought to introduce 100% smoke-free indoor public places and certain outdoor areas; ban the sale of cigarettes through vending machines; introduce plain packaging with graphic health warnings and pictorials; ban the display of products at point of sale and regulation and control of electronic nicotine delivery systems and non-nicotine delivery systems.

Status: In progress

5. OVERSIGHT TRIPS UNDERTAKEN

The following oversight trips were undertaken:

5.1. Oversight visit to Western Cape Province (26 May 2020)

The purpose of the visit was to assess the state of readiness to deal with COVID-19 in the Cape Town Metropolitan City, which had been identified as a hotspot. The Committee visited Tygerberg Hospital and the Cape Town International Convention Centre (CTICC), which was repurposed as a field hospital.

Recommendations:

The provincial department should:

- Consolidate the skills deficit for all constrained areas and deposit to this to the National Department of Health for assistance;
- Consider and reprioritise the peripheral health facilities’ human capital to prevent total burnout;
- Increase bed capacity at Khayelitsha Thusong Centre from 68 to higher to avoid CTICC having more burden;
- In collaboration with the National Department of Health, engage the media on the higher number of recoveries rather than accumulated confirmed cases;
- In collaboration with the National Department of Health, educate the public about the importance of human solidarity and discouraging stigma; and
- In collaboration with the National Department of Health, engage the private sector for support particularly for high flow oxygen.

Responses to Recommendations: Feedback report on COVID-19 state of readiness was received at a separate meeting with the provincial department.

Follow-up issues: None

Status of Report: Not adopted

5.2. Oversight visit to KwaZulu-Natal Province (27 May 2020)

The purpose of the oversight visit was to assess the state of quarantine sites and readiness of public and private hospitals to deal with COVID-19 in KwaZulu-Natal province. The Committee visited General Gizenga Mpanza Hospital, Netcare St Augustine's Hospital, Clairwood Hospital and Greys Hospital.

Recommendations:

The provincial department should:

- Implement training programmes on the use of PPE at all health facilities;
- Identify hotspots in surrounding areas in specific districts and this should be done on an ongoing basis so that efforts are centred on the problematic areas through a highly focused approach; and
- Consider the recommendations of the Netcare St Augustine's Hospital report as these can be adopted by other health facilities on how to improve their responses and strategies on COVID-19.

Responses to Recommendations: Feedback report on COVID-19 state of readiness was received at a separate meeting with the provincial department.

Follow-up issues: None

Status of Report: Not adopted

5.3. Oversight visit to Eastern Cape Province (01 – 02 June 2020)

The purpose of the oversight visit was to assess the Eastern Cape Province's response to COVID-19, as the province was identified as the second epicentre of the pandemic. The Committee visited Nelson Mandela Academic Hospital, Mthatha General Hospital, Sir Henry Elliot Hospital, Butterworth Provincial Hospital, Frere Hospital, Cecilia Makiwane Hospital and Life St Mary's Private Hospital.

Recommendations:

The provincial department should:

- Implement training programmes on the use of PPE at all health facilities;
- Bolster staff capacity in all public health facilities; and
- Strengthen partnerships with private health facilities.

Responses to Recommendations: Feedback report on COVID-19 state of readiness was received at a separate meeting with the provincial department.

Follow-up issues: None

Status of Report: Not adopted

5.4. Oversight visit to Gauteng Province (23 June 2020)

The purpose of the oversight visit was to assess Gauteng Province's to COVID-19 public and private hospitals. The Committee visited Bertha Gxowa Hospital, Tembisa Hospital, Netcare Linksfield Private Hospital, Chris Hani Baragwanath Hospital, Leratong Hospital and Kalafong Hospital.

Recommendations:

The provincial department should:

- Implement occupational health and safety programmes to mitigate staff exposure to COVID-19;
- Bolster staff capacity in all public health facilities;
- Address delays in the ordering of equipment and consumables; and
- Ensure improved turnaround times for COVID-19 tests.

Responses to Recommendations: Feedback report on COVID-19 state of readiness was received at a separate meeting with the provincial department.

Follow-up issues: None

Status of Report: Not adopted

5.5. Oversight visit to Tembisa Provincial Tertiary Hospital (30 January 2021)

The Committee visited Tembisa Provincial Tertiary Hospital in response to the report on the Health Ombudsman on the circumstances surrounding the death of Shonisani Lethole. The Committee observed that the supervision of junior doctors and patient records management were inadequate.

Recommendations:

- The Committee recommended that Tembisa Hospital addresses the shortcomings and other gaps identified by the Health Ombudsman in ensuring optimal healthcare service delivery.

Responses to Recommendations: Feedback report outstanding.

Follow-up issues: None

Status of Report: Not adopted

5.6. Oversight visit to the Northern Cape Province (14 -15 May 2021)

The purpose of the oversight visit was to assess the state of healthcare service delivery and the state of readiness for Phase 2 vaccine roll-out programme. The Committee visited Kagiso Community Health Centre, Seoding Clinic, Dr Arthur Letele Medical Logistics Centre and Robert Sobukwe Hospital.

Recommendations:

The provincial department should:

- Strengthen its communication strategy in ensuring increased coverage for vaccination;
- Strengthen its outreach efforts to ensure that people in dep rural areas are reached for vaccination;
- Rural areas should be supported with efficient and reliable Emergency Medical Services; and
- Intensify its education and communication in relation to COVID-19.

Responses to Recommendations: Feedback report outstanding.

Follow-up issues: None

Status of Report: Not adopted

5.7. Oversight visit to Gauteng Province (11 June 2021)

The purpose of the oversight visit was to assess the extent of infrastructural damage caused by the fire at Charlotte Maxeke Academic Hospital; assess the state of readiness for the phase two vaccination

rollout programme; and to assess the state of readiness for the anticipated 3rd wave of COVID-19 infections. The Committee visited Charlotte Maxeke Academic Hospital, Kopanong District Hospital, Albertina Sisulu Clinic and Levai Mbatha Community Health Centre.

Recommendations:

The provincial department should ensure that:

- All health care workers are inoculated against COVID-19;
- Resolve the impasse at Charlotte Maxeke Academic Hospital in view of the resurgence of COVID-19 infections;
- Submit an infrastructural report for Kopanong District Hospital to the Committee after two weeks of receipt of this report;
- Submit a state of health facilities' infrastructure report to the Committee, two months after receipt of this report;
- The infrastructure directorate develops a schedule of assessing health facilities in the province and be accessible to them; and
- Establish teams to engage Rand Water and Eskom on continued provision of services to health facilities.

Responses to Recommendations: Feedback report outstanding.

Follow-up issues: None

Status of Report: Not adopted

5.8. Oversight visit to KwaZulu-Natal Province (20 – 21 August 2021)

The purpose of the visit was to observe the progress in the implementation of the COVID-19 vaccination programme and to comprehend the extent of damage to property and interruption of healthcare service delivery brought about by the recent riots and protests that took place in KwaZulu-Natal Province. The Committee visited Imbalenhle Community Health Centre; Grey's Hospital; Northdale Hospital; Ekuhlengeni Psychiatric Hospital; and Mahatma Gandhi Memorial Hospital.

Recommendations:

The provincial department should:

- Ensure that there is better support for the management staff at the Northdale Hospital;
- Invest in essential resources such as staff, medical equipment and infrastructure at all hospitals;
- Address staff shortages and infrastructure maintenance issues;
- Resolve human resources shortages by efficiently using the financial resources that the province has and recruiting unemployed medical professionals;
- Make use of opportunities on radio broadcasts, TV, local newspapers and other instruments to educate communities about the dangers of fake news and the importance of vaccination; and
- Ensure better planning and strategies for preparation of disaster management by ensuring that state institutions have updated disaster management plans in place.

Responses to Recommendations: Feedback report outstanding.

Follow-up issues: None

Status of Report: Adopted (01 September 2021)

5.9. Oversight visit to Gauteng Province (23 August 2021)

The purpose of the visit was to observe the progress in the implementation of the COVID-19 vaccination programme as well as to comprehend the extent of damage to property and interruption of healthcare service delivery brought about by the recent riots and protests that took place in Gauteng Province. The Committee visited Tembisa Provincial Tertiary Hospital; Houghton Drive-Thru vaccination site; and Alexandra Community Health Centre.

Recommendations:

The provincial department should:

- Implement an intervention at Tembisa Provincial Tertiary Hospital to address the facility's challenges, which includes overcrowding.
- Ensure increased staff capacity to ensure improved rate of the vaccine roll-out;
- Address infrastructure challenges at Tembisa Provincial Tertiary Hospital and Alexandra Community Health Centre; and
- Consider collaborations with schools and other institutions to educate on the importance of COVID-19 vaccination.

Responses to Recommendations: Feedback report outstanding.

Follow-up issues: None

Status of Report: Adopted (01 September 2021)

5.10. Oversight visit to Eastern Cape Province (04 – 06 November 2022)

The purpose of the visit was to assess the state of healthcare service delivery in the Eastern Cape, Nelson Mandela Bay Metropolitan, following the Public Protector's report into allegations of worsening conditions within health care facilities in the province. The Committee sought to assess the implementation of the recommendations of the Public Protector as well as those of the Health Ombud. The Committee visited Uitenhage Provincial Hospital; Dora Nginza Regional Hospital; Livingstone Tertiary Hospital; and Port Elizabeth Provincial Hospital.

Recommendations:

The provincial department should:

- Reconsider the moratorium on the appointment of non-clinical staff needs, given the impact on clinical services;
- Review organisational structures of health facilities to ensure alignment of programmes with budget structures;
- Ensure that all health facilities have proper filing systems, to mitigate the reported theft of patient records;
- Present to the Committee its plans to address and eliminate accruals;
- Report to the Committee on progress made in the implementation of the Integrated Medico-Legal Strategy;
- Urgently address infrastructure challenges in all the facilities visited. Present the Committee with a quarterly report on the implementation of the Infrastructure projects;
- Prioritise an urgent intervention with regard to inadequate and dilapidated infrastructure at Port Elizabeth Provincial Hospital and Dora Nginza Regional Hospital;
- Integrate all health infrastructure maintenance plans and ensure that budgets are appropriately ring-fenced and spending levels are maintained;
- Ensure that Service Maintenance Agreements (with the service provider) are in place for medical equipment so that medical equipment is maintained timeously;
- Ensure that hospitals have in-house laundry services to ensure adequate supply and availability of quality linen; and

- The decomplexing of Livingstone Hospital and Port Elizabeth Hospital should be prioritised. The organograms should be finalised and vacant posts filled, for the hospitals to improve service delivery.

Responses to Recommendations: Feedback report outstanding.

Follow-up issues: The Committee will conduct a follow-up visit to assess the implementation of its recommendations.

Status of Report: Adopted and published.

5.11. Oversight visit to Eastern Cape Province (02 – 04 June 2023)

The Committee undertook a follow-up visit to the Eastern Cape. The purpose of the follow-up visit was to assess the progress made in the implementation of the Committee's recommendations by the Eastern Cape Department of Health. The Committee revisited the four health facilities, namely, Uitenhage Provincial Hospital; Dora Nginza Regional Hospital; Livingstone Tertiary Hospital; and Port Elizabeth Provincial Hospital.

Recommendations:

The provincial department should:

- Prioritise the decomplexing of Livingstone Hospital and Port Elizabeth Provincial Hospital should be prioritised. The organograms should be finalised, and vacant posts filled, for improved efficiency and service delivery;
- Ensure that the staff complement in all health facilities visited is improved, by ensuring that clinical and non-clinical positions are filled;
- Report to the Committee on progress made in the implementation of the Integrated Medico-Legal Strategy;
- Present the Committee with a quarterly report on the implementation of the Infrastructure Projects;
- Continue to liaise with the National Department of Health to secure additional funding for infrastructure projects;
- Maintenance budgets of essential medical equipment should be prioritised;
- Ensure that laundry machines are upgraded, inclusive of a maintenance plans; and
- Ensure that Hospital Boards are fully capacitated and given the required incentives to stimulate governance, especially at Dora Nginza and PE Provincial Hospitals.

Responses to Recommendations: Feedback report outstanding.

Follow-up issues: Progress report on all the Committee recommendations,

Status of Report: Not adopted

6. STUDY TOURS UNDERTAKEN

None

7. INTERNATIONAL AGREEMENTS

The ratification for the establishment of the African Medicines Agency Treaty was tabled in Parliament and referred to the Committee on 29th September 2022. The Portfolio Committee on Health received input on the AMA Treaty from the Department of Health on 17th May 2023. The Treaty was adopted by

the African Union Assembly at the 32nd Ordinary Session of 11 February 2019 in Addis Ababa, Ethiopia. The Assembly called on Member States to sign and ratify the Treaty to enable the Treaty to enter into force.

The objectives of the African Medicines Agency are to enhance capacity of State Parties and Regional Economic Communities to regulate medical products in order to improve access to quality, safe and efficacious medical products on the continent. The COVID-19 pandemic emphasized the need for Africa to place more efforts and investments on the manufacturing and distribution of its own medicines and vaccines and the AMA strives to achieve this.

Observations and issues for further consideration:

- The Committee acknowledged the significance of Africa's ability to manufacture its own medicines to meet the healthcare needs of its population.
- The Committee further acknowledged the importance of cooperation between various economic communities, such as the Central African states and the Southern African region as a whole. Noting that the collaboration is crucial in addressing prevalent diseases in the southern region, including malaria, TB and HIV/AIDS.
- The Committee noted that the country is facing a quadruple burden of disease, underscoring the necessity for the country's involvement in this regulatory framework.
- It was highlighted that standardisation would play a pivotal role in ensuring the quality and efficacy of pharmaceutical drugs, medical devices and equipment vital for improving healthcare outcomes.
- Clarity was sought regarding the cost of AMA membership and the source of its funding.
- Clarity was sought on whether member states would contribute equal amounts and how those contributions would be determined.
- Clarity was sought on how AMA membership would impact the long-term goals and budgets of health ministries.
- It was emphasised that indigenous medicines should not be omitted within the AU and AMA.

The Committee deliberated and adopted its report on the AMA Treaty on the 26th of May 2023.

8. STATUTORY APPOINTMENTS

None

9. OBLIGATIONS CONFERRED ON COMMITTEE BY LEGISLATION

The Money Bills Amendment Procedure and Related Matters Act (Act No. 9 of 2009) provides for the National Assembly, through its committees, to annually assess the performance of each national department and its entities. Annually the Committee assessed the performance of the Department and its entities. Thus, the Committee compiled Budgetary Review and Recommendations Reports (BRRR) annually, that presented an assessment of service delivery performance in respect to the allocated resources as well as efficiency and effective on use and forward allocation of resources.

Moreover, the Money Bills Act, provides for Committees to assess the budget votes of Departments and entities with their respective strategic and annual performance plans. The Committee thus considered the budget allocation of Vote 18 over the five-year period.

Key recommendations and outcomes during the period under review (2019 – 2024) are as follows:

- The Committee recommended that the Department assists provincial departments to improve on audit outcomes. During the last five years, there were improvements in audit outcomes of

provincial departments, six provincial departments obtained unqualified audit outcomes. However, there was no improvement in audit outcomes of three provincial departments (Eastern Cape, Free State and Northern Cape) as they remained qualified for four consecutive years.

- Regarding the budgets of provincial departments, the Committee recommended that the Department develop internal controls and instruments to monitor and eliminate irregular, wasteful and fruitless expenditure in reducing inefficiencies. The Committee will continue to monitor the budgets of provincial departments and request reports on consequence management (for non-compliance to the PFMA regulations) quarterly.
- Medico-legal claims continue to deplete provincial departments budgets. The Committee recommended that the Department address the factors (patient care experience, adequate resources in public health facilities, proper record keeping, etc.) that contribute to the sharp increase in medico-legal claims and implement the national Case Management System.
- The Committee had continuously recommended the strengthening and monitoring of Clinic Committees and Hospital Boards. The Committee will continue to monitor improvements during its oversight visits.
- The CCOD had numerous challenges including the non-submission of annual reports and financial statements. During the period under review, the CCOD had made substantial improvements on its governance and operations.

a) Challenges emerging

- Lack of responses from the Department on previous BRRR and budget vote recommendations.

b) Issues for follow-up

The 7th Parliament should consider following up on concerns that arose, including:

- The stagnation on audit outcomes of three provincial departments (Eastern Cape, Free State and Northern Cape).
- The Department's budget spending was not in line with service delivery performance, high budget expenditure but poor performance against set targets.
- Continuous findings on quality and reliability of performance data.
- Budgets of provincial departments get depleted by accruals and medico-legal claims.
- Lack of consequence management for poor performance and transgressions.

10. OUTSTANDING ISSUES RELATING TO THE DEPARTMENT/ENTITIES

The following key issues are outstanding from the Committee's activities during the Sixth Parliament:

Responsibility	Issues
National Department of Health	<ul style="list-style-type: none"> ○ Ensure that the Department and Entities responds to all Committee recommendations within specified timeframes. ○ Present to the Committee the following progress reports: <ul style="list-style-type: none"> - Report on consequence management arising from non-compliance with legislation. - Report on how the three provinces (Eastern Cape, Northern Cape and Free State) are assisted to improve their audit outcomes. - Report on the implementation of the Mental Health Policy Framework.
Entities	Council for Medical Schemes should provide the Committee with the following reports:

Responsibility	Issues
	<ul style="list-style-type: none"> ○ Section 59 investigation panel report; ○ SIU investigation report on the CMS; and ○ The progress report on matters relating to the Conduct of Financial Institutions (COFI) Bill and the Financial Sector Regulation Act (FSRA)
	<p>South African Medical Research Council should present its transformation strategy to the Committee.</p>
	<p>Committee should follow-up on the proposed Office of the Health Ombud Bill, to ensure optimal operation of the Office of the Health Ombud.</p>
Provincial Departments of Health	Engagement with all the nine provincial departments on their performance.

11. OTHER MATTERS REFERRED BY THE SPEAKER/CHAIRPERSON

The following other matters were referred to the Committee and the resultant report was produced:

Date of referral	Expected report date	Content of referral	Status of Report
29 September 2022		Ratification of the Treaty for the establishment of the African Medicines Agency (AMA)	Adopted (26 May 2023) and published

12. RECOMMENDATIONS

- Strengthen working relationships with other Parliamentary Committees on cross-cutting issues, including undertaking joint oversight visits.
- The Committee should hold mid-term strategic planning sessions to review and/or amend its five-year strategic plan.
- Training of Committee members and officials is essential for skills enhancement for effective oversight.
- Regular Committee management meetings to strengthen the Committee's planning and communication.
- There is a need for a systematic and standard mechanism for ensuring that all issues raised are addressed and detailed responses are presented as part of the reports presented to the Committee.

13. ANNEXURES

Attached as Annexure A: **Master Attendance List**

Report to be noted.

