# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1122**

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**(INTERNAL QUESTION PAPER NO. 19)**

**Ms N N Chirwa (EFF) to ask the Minister of Health:**

(1) With reference to the recent oversight visit to the Chris Hani Baragwanath Hospital, where it was brought to our attention that there is a challenge with managing personal protective equipment (PPE) stock for workers, which is a challenge in many other hospitals, what has the department done to standardise stock control of PPEs (a) nationally, (b) provincially and (c) in local clinics;

(2) whether the system differs per capacity of each facility; if not, what is the position in this regard; if so, what are the relevant details?

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**REPLY:**

1. (a) In order to standardize stock control of Personal Protective Equipment (PPE) nationally, the Department of Health has taken measures as follows:

* Seventeen (17) PPE items were identified as minimum requirements for the prevention of the spread of COVID-19;
* Specifications for the identified 17 PPE items have been developed for use and adopted by Provincial Departments of Health and they are currently being used in procuring PPE equipment of acceptable quality;
* Prices were set for each PPE item in by National Department of Health in collaboration with National Treasury and issued under National Instruction Note 3 of 2020/21 and subsequently repealed and replaced by National Instruction Note 5 of 2020/21 in an attempt to prevent price exploitation or unnecessary price hike by manufacturers and distributors;
* The Department issued Infection Prevention Control (IPC) guidance to cover PPE use and change regimes. The correct use of PPE is key to forecasting PPE demand and ensure correct stock holding is secured at facilities;
* A Demand Forecasting Model was developed to ensure that the correct PPE items that are compliant with the set specifications are procured at the right price, right quantity and correct quality;
* Stock Visibility Systems (SVS) was expanded for it to cater for both PPE and Pharmaceutical products which is funded and procured by NDOH and distributed devices were rolled out to provinces. Currently facilities in the provinces can capture their stock levels using SVS;
* Another tool called PPE Reporting Tool (PPERT) was developed at National and was rolled out to provincial level to capture stock levels and order information of PPE at depot level;
* In cases of shortages, donations were used to augment stock levels at the facilities in the provinces;
* Training in the use of SVS were provided to provincial users and access to National Surveillance Centre (NSC) provided to empower provincial decision makers to access, interpret and take action regarding stock levels, distribution and logistics of PPE and sourcing and procurement of PPE items;
* A Supplier Mapping Portal was developed to provide Provincial Health departments access to information of PPE manufacturers and distributors available in their prospective provinces.

(b) In order to standardize stock control of Personal Protective Equipment (PPE) provincially, the Department of Health has taken measures as follows:

Ensure that each province appoints a dedicated Provincial PPE coordinator who monitors stock level continuously from depot to facilities so that they can be able to track the following:

* Provincial visibility of stock on hand;
* Stock use, quality and specification of PPE;
* Storage and distribution;
* Demand forecasting;
* Allocation of PPE stocks.

(c) In order to standardize stock control of Personal Protective Equipment (PPE) in local clinics, the Department of Health has taken measures as follows:

* Stock Visibility System (SVS) has been expanded and rolled out thereof to local clinics.

1. The stock management systems differ per province and per facility depending on the IT infrastructure in so far as monitoring the following activities:

* storage capacity;
* distribution method of PPE;
* stock ordering system, and
* replenishment methods;
* stock count procedures; and
* controls of PPE.

END.