# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1334**

**DATE OF PUBLICATION IN INTERNAL QUESTION PAPER: 01 APRIL 2022**

**(INTERNAL QUESTION PAPER NO. 13)**

**The Leader of the Opposition (DA) to ask the Minister of Health:**

What total number of excess deaths have been recorded for each 10-year age group of the population in each (a) province and (b) month since 1 March 2020?

###### NW1598E

**REPLY:**

Excess deaths refer to the number of deaths observed during the pandemic above a baseline of recent trends. Estimates of excess deaths provide information about the burden of mortality potentially related to the COVID-19 pandemic, including deaths that are directly or indirectly attributed to COVID-19.

The numbers of excess deaths in South Africa are estimated from the death registration data that the South African Medical Research Council obtains from the National Population Register maintained by the Department of Home Affairs.

Using all-cause deaths reported in the death registration system of South Africa (adjusting for late registration and incompleteness), the MRC developed estimates and monitors excess deaths experienced during the COVID-19 pandemic in the country. Weekly reports have been published, providing the total number of excess deaths from natural causes by province since 3 May 2020.

(a)-(b) Table A below provides the broad age break down of the numbers of excess deaths from natural causes in each wave of the pandemic and the figure shows the broad age band breakdown of the total excess deaths experienced during the period Week 19 of 2020 to Week 13 of 2022 (i.e., 9 May 2020 – 2 April 2022). 52 weeks are assumed per calendar year. The data is collected and presented by Epidemiological weeks which are used as a standard method to report excess deaths. Estimates of the numbers of excess natural deaths by province by age group are currently not available due to the fact that as you go lower down in population breakdown, variations may be marginal in comparison, which affects the confidence level of the estimates. The research team, comprising demographers, epidemiologists and statisticians are confident within a small range of uncertainty, with the numbers of excess deaths by broad age group (separate from provincial categorisation) at a national level.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age group** (years)  | **Wave 1** (2020 week 19 -2020 week 42) | **Wave 2**(2020 week 43 - 2021 week 14) | **Wave 3** (2021 week 15 -2021week 46) | **Wave 4** (2021 week 47- 2022 week 13) | **Total** (2020 week 19 - 2022 week 13) |
| 0-9 | -3 399\* | 1 806 | 4 540 | 3 832 | 6 779 |
| 10-19 | 183 | 473 | 685 | 462 | 1 803 |
| 20-29 | 604 | 1 400 | 1 857 | 848 | 4 709 |
| 30-39 | -533\* | 1 381 | 475 | -452\* | 871 |
| 40-49 | 1 675 | 6 200 | 6 020 | 478 | 14 373 |
| 50-59 | 8 554 | 18 448 | 21 243 | 3 850 | 52 095 |
| 60-69 | 14 428 | 30 219 | 29 426 | 6 642 | 80 715 |
| 70-79 | 14 026 | 26 362 | 29 792 | 6 927 | 77 107 |
| 80+ | 13 107 | 20 010 | 26 600 | 7 766 | 67 483 |
| **Total**  | **48 647** | **106 298** | **120 640** | **30 353** | **305 938** |

 **Table A**

\* negative values were reported where the deaths were lower than the baseline

(i.e., no excess death for that period)

Table B below shows excess death rates adjusted for differences in the age structure in each province. This data is from a peer reviewed publication scheduled for release in the May/June issue of the South African Journal of Science[[1]](#endnote-1).

|  |  |  |  |
| --- | --- | --- | --- |
| **Province** | **Total excess natural deaths** | **Cumulative age-adjusted rate per** **100 000 population**  | **Annualised age-adjusted rate per 100 000 population**  |
| **Wave 1**(2020 week 19-2020 week 42) | **Wave 2**(2020 week 43-2021 wee k14) | **Wave 3** (2021 week 15 - 2021week 46) | **Wave 4**(2020 week19-2022 week 4) | **2020** | **2021** |
| Eastern Cape | 50 257 | 621 | 362 | 502 | 237 | 389 | 299 | 294 |
| Free State | 16 662 | 570 | 304 | 388 | 411 | 208 | 150 | 404 |
| Gauteng | 58 254 | 410 | 210 | 249 | 346 | 79 | 111 | 299 |
| KwaZulu-Natal | 60 942 | 610 | 233 | 651 | 300 | 253 | 178 | 416 |
| Limpopo | 31 758 | 467 | 100 | 440 | 353 | 222 | 419 | 384 |
| Mpumalanga | 22 795 | 509 | 132 | 467 | 396 | 183 | 444 | 410 |
| Northern Cape | 8 428 | 671 | 212 | 361 | 602 | 330 | 114 | 535 |
| North West | 16 569 | 422 | 117 | 322 | 395 | 124 | 63 | 352 |
| Western Cape | 30 559 | 379 | 154 | 272 | 249 | 154 | 130 | 237 |
| **South Africa** | **295 135** | **497** | **183** | **389** | **318** | **179** | **218** | **342** |

**Table B**

1. Bradshaw D, Dorrington R, Laubscher R, Groenewald P, Moultrie T. COVID-19 and all-cause mortality in South Africa – the hidden deaths in the first four waves. South African Journal of Science. (In Press).

END.

**QUESTION NO. 1337**

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

Whether, noting the low intake of vaccines, any additional procurement is taking place currently; if not, why not; if so, what will (a) be his department’s intervention strategy for an uptake in vaccines be and (b) happen to the vaccines procured, if persons are no longer getting boosters as it is expected? NW1475E

**REPLY:**

As of April 2022, 23 million doses of vaccine were available in South Africa. Given the continuing low uptake of vaccination, there is a high risk that a significant number of doses will not be utilised before their expiry date. In light of this situation, no vaccines are currently being procured.

	1. The Department of Health continues to work with a range of partners to increase uptake of vaccination. These interventions include:
	2. Continuing to provide consistent messaging around the importance of vaccination through a multiple media channels.
	3. Ensuring effective liaison and collaboration for COVID -19 vaccination with community leaders and key stakeholders at ward-level
	4. Strengthening platforms for participatory community dialogues, events, and activations
	5. Improving community engagement and mobilisation for COVID-19 vaccination through the use of trained vaccinated Social Mobilisers
	6. Providing technical assistance for localised communications that support COVID-19 vaccination mobilisation activities
	7. Improving site marketing and build sustainable vaccine trust by advertising vaccination sites and using Social Mobilisers
	8. Strengthening social mobilisation results-based management using Electronic Vaccination Data System (EVDS) and Geolocation Information System (GIS) generated data
	9. Strengthening demand acceleration amongst vulnerable and hard to reach populations such as youth, undocumented persons and People Living with HIV thorugh community engagement strategies(b) The National Department of Health is exploring opportunities for donating excess vaccines to other countries. If this is not possible, then excess vaccines that have reached their expiry date will be discarded.

END.

**QUESTION NO. 1338**

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

Noting the remarks by the Auditor-General that the administration of the Eastern Cape Department of Health is in crisis, what intervention measures has he put in place to resolve the specified crisis in the specified province? NW1476E

**REPLY:**

The National Department of Health still awaits the relevant details on the intervention measures to enable the Minister to respond to the question. As soon as the relevant information is received from the province, the Minister will be able to furnish the Honourable Member with a full response.

END.

**QUESTION NO. 1365**

**Mr T M Langa (EFF) to ask the Minister of Health:**

What steps have been taken by his department to ensure that service providers in hospitals, such as the Ngwelezana Hospital in KwaZulu-Natal, comply with the minimum wage labour legislation and that workers are not abused? NW1655E

**REPLY:**

The National Department of is still consulting with the KwaZulu Natal Provincial Department of Health to source the requested information. As soon as the information has been received from the Province, the Minister will furnish the Honourable Member with a full response.

END.

**QUESTION NO. 1389**

**Dr S S Thembekwayo (EFF) to ask the Minister of Health:**

In light of the negative impact of COVID-19 and budgetary constraints, what steps have been taken by his department to assist the Office of the Health Standard Compliance to fill some of its critical vacancies? NW1681E

**REPLY:**

The department is responsible to make transfer payments to the Office of Health Standards Compliance (OHSC) as allocated from the national fiscus for the entity to conduct its operations in accordance with its legislative mandate. Requests for additional funds for the entity’s operations including compensation of employees would be made to the National Treasury by the entity with support from the department following due process (budget process).

The department supported the OHSC’s application to the National Treasury to retain accumulated surplus for the 2020/21 financial year considering the negative impact of COVID-19 and budgetary constraints to fund the following objectives as identified by the entity:

	* Supplementing human resource capacity in the Complaints Management Unit, Certification and Enforcement Unit, and Legal Service Unit;
	* Additional budget for inspections and re-inspections, and certification and enforcement;
	* Replacement of old computer equipment/tools of trade (recapitalization); and
	* Development and/or enhancement of core systems – inspection, early warning system, certification, and enforcement.In addition, the Department during the 2020 MTEF process ensured that the OHSC’s budget was not reduced. National Treasury had proposed a reduction of 5.7% in 2021/22 and 8.5% in 2022/23 as a result of the tight fiscal envelope.

END.

**QUESTION NO. 1391**

**Dr S S Thembekwayo (EFF) to ask the Minister of Health:**

What (a) intervention measures has he and/or his department taken at the Stanford Terrace Clinic in Mthatha, Eastern Cape, in 2021, where patients reportedly had to wait outside the locked gate in the rain while nurses enjoyed their lunch and (b) are the reasons that the problem has not been solved as complaints of a similar nature continue to be reported? NW1683E

**REPLY:**

The National Department of is still consulting with the Eastern Cape Provincial Department of Health to source the requested information. As soon as the information has been received from the Province, the Minister will furnish the Honourable Member with a full response.

END.

**QUESTION NO. 1429**

**Mrs M O Clarke (DA) to ask the Minister of Health:**

(1) What (a) is the (i) total outstanding amount for medical claims currently and (ii) break down of the amount for each province and (b) were the claims for;

(2) what is the total status quo in terms of legal costs for the specified claims broken down for each province;

(3) whether the (a) legal costs and (b) costs of the outstanding medical claims have been factored into the current health budget; if not, why not; if so, what are the relevant details;

(4) whether the specified (a) legal costs and (b) cost of the outstanding medical claims have been factored into the current costing of the National Health Insurance Bill [B11-2019]; if not, why not; if so, what are the relevant details? NW1747E

**REPLY:**

This information is not readily available at the National Department of Health, it is sourced from the Provincial Departments of Health. The National Department of is still consulting with the provinces to source the requested information. As soon as the information has been received from the provinces, the Minister will furnish the Honourable Member with a full response.

END.

**QUESTION NO. 1430**

**Mrs M O Clarke (DA) to ask the Minister of Health:**

What (a)(i) is the reason that the Republic has not allowed for foreign verification of vaccine passports into certain countries and (ii) consequences will this have for South Africans entering into those countries and (b) by what date will foreign verification of vaccine passports be available from a global point of view? NW1748E

**REPLY:**

	1. (i)Countries generally do not provide mechanisms for verification of vaccinations in other countries (other than their trading blocs as in the EU). It is not possible for South Africa to verify vaccination certificates from other countries in South Africa. The QR codes from most countries are also not readable outside of their own countries. This is for security reasons and to prevent fraud. As a way to accept other country vaccination certificates the Department of International Relations and Cooperation has taken responsibility for the negotiations of reciprocity for the acceptance of Vaccination Certificates through the individual country embassies. This will provide for the acceptance of the South African Vaccination Certificates by foreign countries and in return the acceptance of vaccination certificates from foreign countries within South Africa. (ii) Where individuals are experiencing challenges with regards to entering another country, and the SA COVID 19 Vaccination Certificates are questioned, this is being handled through the embassies on a case-by-case basis.

	1. The are no common international standards for the COVID 19 Vaccination Certificate development or its technology use cases. This is an ever-evolving environment within different countries or regions’ specific policies. Within the above scenario a specific date cannot be confirmed.END.

**QUESTION NO. 1441**

**Ms H Ismail (DA) to ask the Minister of Health:**

Whether the Nelson Mandela-Fidel Castro Collaboration Programme is a national programme; if not, what is the position in this regard; if so, is it funded provincially or nationally? NW1759E

**REPLY:**

The Nelson Mandela Fidel Castro Medical Collaboration Programme is a National Programme that was established through a Government-to-Government memorandum of agreement between the government of the Republic of Cuba and the government of the Republic of South Africa. Eight (8) provincial departments of Health are participating in the programme except one provincial department of health. The participating provinces fund the training of students that come directly from these provinces.

END.

**QUESTION NO. 1442**

**Ms H Ismail (DA) to ask the Minister of Health:**

(1) What (a) number of (i) doctors, (ii) paramedics and (iii) nurses have been victims of a violent and/or non-violent crime in the workplace and (b) is the breakdown in each province;

(2) what (a) plans have been put in place to improve the safety of medical staff on duty and (b) has he found to be the highest and lowest risk areas in the Republic in this regard? NW1760E

**REPLY:**

This information is not readily available at the National Department of Health, it is sourced from the Provincial Departments of Health. The National Department of is still consulting with the provinces to source the requested information. As soon as the information has been received from the provinces, the Minister will furnish the Honourable Member with a full response.

END.

**QUESTION NO. 1457**

**Mr M S F de Freitas (DA) to ask the Minister of Health:**

(1) With reference to the South Rand Hospital in (a) each of the past three financial years and (b) the current financial year, what was the (i) allocated budget and expenditure, (ii) average expenditure in each month for water, electricity, security and security services, food and catering services, maintenance and upgrades, cleaning services, medication, consumables and disposables and (iii)(aa) maximum bed capacity and (bb) average bed occupancy in each month;

(2) what is the (a) staff complement currently in each department of the hospital and (b) total number of posts that are unfilled currently in each department? NW1775E

**REPLY:**

The National Department of is still consulting with the Gauteng Provincial Department of Health to source the requested information. As soon as the information has been received from the Province, the Minister will furnish the Honourable Member with a full response.

END.

**QUESTION NO. 0001**

**0001. Dr K L Jacobs (ANC) to ask the Minister of Health:**

(1) With regards to the Antimicrobial Resistance (AMR) being described as a global health emergency that will jeopardize progress in modern medicine, apart from South Africa’s contribution to the initial €56 million for the Global Antibiotic Research and Development Partnership in 2017, what other role does South Africa play in this structure;

(2) what progress has been made by the Global Antibiotic Research and Development Partnership since it was set up in 2017;

(3) has South Africa tabled a country report to the World Health Orgainsation (WHO) on AMR; if so, (a) what are the pressing matters reported; and if not, (b) why not and how and where does South Africa report its surveillance on AMR?

**REPLY:**

**QUESTION NO. 232**

**Mr M S Moletsane (Free State: EFF) to ask the Minister of Health:**

(1) Whether he has been informed that Cornelia and Tweeling in the Mafube sub-region in the Free State share ambulances that are kept in Frankfort which is approximately 60 kilometres away; if not, what is the position in this regard; if so, what are the relevant details;

(2) why each town does not have its own ambulances that are vital in instances of emergency? CW240E

**REPLY:**

**QUESTION NO. 0001**

**Dr K L Jacobs (ANC) to ask the Minister of Health:**

(1) With regards to the Antimicrobial Resistance (AMR) being described as a global health emergency that will jeopardize progress in modern medicine, apart from South Africa’s contribution to the initial €56 million for the Global Antibiotic Research and Development Partnership in 2017, what other role does South Africa play in this structure;

(2) what progress has been made by the Global Antibiotic Research and Development Partnership since it was set up in 2017;

(3) has South Africa tabled a country report to the World Health Orgainsation (WHO) on AMR; if so, (a) what are the pressing matters reported; and if not, (b) why not and how and where does South Africa report its surveillance on AMR?

**REPLY:**

**QUESTION NO. 0002**

**Ms A Gela (ANC) to ask the Minister of Health:**

With reference to the Reply to Question 704 on the 15 May 2021 (details furnished), in particular with regards to the number of students indicated in tables 1 and 2; (a) is the information in these tables complete; if not, (i) why not; if so, (ii) why is information missing from the Western Cape Province; (b) what are the reasons for the Western Cape Province not furnishing the information about students from that Province; (c) what plans is the Minister or government putting in place to ensure that the poor children of the Western Cape Province are also considered for this important initiative?

**REPLY:**

	1. Yes, information indicated in Table 1 and 2 is complete.(ii) The information is for eight (8) Departments of Health in the provinces participating in the Programme except for the Western Cape province.

	1. The Western Cape Department of Health has no information because it is not participating in the Nelson Mandela Fidel Castro Collaboration Programme.
	2. Provincial Departments of Health fund the Nelson Mandela Fidel Castro Medical Collaboration Programme. None participation of the Western Cape Department of Health in the Nelson Mandela Fidel Castro Collaboration Programme precluded the poor prospective students from benefitting from this important initiativeEND. [↑](#endnote-ref-1)