# NATIONAL ASSEMBLY

**FOR WRITTENREPLY**

**QUESTION NO. 1651**

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**(INTERNAL QUESTION PAPER NO. 28)**

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

(1) What (a) total number of (i) vacant posts were available across the Republic for nurses, doctors and other healthcare workers in February 2020 and (ii) the specified vacancies have since been filled and (b) is the number of doctors and nurses that is now needed to deal with the Covid-19 pandemic;

(2) whether there is a required number of professionals in the Republic; if not, what measures will he put in place to ensure that there is no shortage of healthcare workers; if so, what are the further relevant details?

###### NW2041E

**REPLY:**

1. (a) (i) The total number of vacant posts that were available across the Republic for nurses, doctors and other healthcare workers in February 2020 was 33 398.

(ii) A total number of 17150 health professionals (i.e. nurses, doctor and other related health care professions) have since been appointed from February to June 2020. This accounts for 34%of the 33 398 vacancies listed above.

(b) The National Department of Health used the Model of Demand based on the projected number of infections per district to determine the Surge Capacity demand during the Covid-19 Pandemic. The Model is applied to the population and Covid-19 caseloads using 85% of Public hospital general beds and 100% of ICU and High Care beds for Covid-19 care. The Model, estimates that the Public Health Sector will require an additional 1 200 Doctors and 18 000 Nurses of various categories.

(2) A total of 7 416 health professionals were already contractedacross the provinces to fill the gap in the HR requirements. A database for workforce candidates containing 942 doctors and 1 261 as well as 144 other categories of staff is accessible to provinces to recruit staff from and some provinces also have databases with potential candidates available. Recruitment is continuing.

Based on the directions issued by the Minister of Health in April, the recruitment process should be shortened by advertising a post and effecting appointments within a period of a week

Budget motivations are submitted to Provincial Treasuries and to NDoH for consideration.

Other sources for healthcare workers include the following:

* Health Professionals working in the private sector can be appointed on sessional basis
* 176 health professionals from Cuba is assisting South Africa in the response to COVID-19. The necessary registrations have been completed and they have been deployed across all provinces. They are authorised to work in any province. Since the projected peaks differ between provinces, this cadre could be deployed to areas with the highest need
* Volunteers: Provinces placed advertisements for volunteers to assist in the response to the COVID-19 pandemic.
* Foreign nationals: The Foreign Workforce Management Unit (FWM) of the National Department of Health is facilitating the recruitment and placement of all “Foreign Health Workers” who present themselves for employment and study opportunities in South Africa. Policy guidelines for registration and employment of foreign qualified health professionals in South Africa are in place.
* Final year students: NDoH engaged with Deans of Health Sciences Faculties and Principals of Nursing Colleges to facilitate deployment of final year students to assist with care of COVID-19 patients e.g. in field hospitals. Postgraduate nursing students returned to workplaces to support the COVID-19 response. Final year nursing students will write examinations by the end of August and will thereafter available for the surge capacity.
* Interns and Com Serve: There is an existing ICSP database. Health professionals in this category that are not currently employed or due to complete their terms, can be contracted to supplement the surge capacity
* Retired health professionals: Based on the directions issued by the Minister of Health in April, all retired personnel may be requested to fill in positions on a temporary basis to assist in responding to the pandemic. Retired employees can be deployed to low risk areas to relief staff to attend to COVID-19 patients.

The following additional areas are pursued to expand the resource base:

* Non-Governmental Organisations and Community based organisations: The directions issued by the Minister of Health in April also makes provision for community service personnel, extended public works programme workers, CBOs and NGOs to fill in positions on a temporary basis to assist in responding to the pandemic. Provinces can engage with these sectors to identify possible capacity. Possible down referral of patients to suitable sectors should be considered as well as increasing the capabilities of homebased caregivers and Community Health workers to strengthen home care.
* South African Military Health Services (SAMHS): SAMHS can support Provinces in the response to COVID-19 in terms of the role of the South African Defence Force (SANDF) in Disaster Management. Provinces should liaise with SAMHS in the province.

The following measures are implemented to reduce the demand on human resources during the pandemic:

* Provincial Health Departments are reprioritising health care services. This can include the identification of routine and elective services that can immediately be deferred or moved to other settings or non-affected areas or identification of alternative service providers e.g. from hospitals to PHC settings, private sector or NGOs.
* Co-ordination with the private sector is done to optimise all the resources available in the province. Discussions at National level resolved to contract the private sector on a global fee inclusive of beds, hospital staff, equipment and consumables where additional capacity is needed, especially for critical care beds. A Service Level Agreement (SLA) template is available.
* In provinces with metros, metros are engaged to identify services that can be redirected from provincial facilities to municipal clinics and health centres to free up provincial staff for the COVID-19 response. Alternatively, metro staff can be seconded to the field hospitals or other COVID-19 settings.
* Alternative service delivery mechanisms are to be considered, e.g. allowing pharmacists to extend ordinary prescriptions for people with chronic conditions provided they are controlled on treatment.

END.