# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 2525**

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**(INTERNAL QUESTION PAPER NO. 27)**

**Ms M D Hlengwa (IFP) to ask the Minister of Health:**

Whether there is an immediate plan and solution to address the issues experienced by some local hospitals throughout the Republic of crippling staff shortages, broken equipment, basic drug shortages, emergency surgery delays, slashed operating times and a sharp rise in neonatal death rates; if not, why not; if so, what are the full, relevant details? **NW3026E**

**REPLY:**

Yes, there is a plan to address issues raised. The details are as follows:

1. Staff shortages

Due to general budget cuts introduced by National Treasury because of the economical status of the country not all posts can be filled simultaneously and this has negatively affected all the provincial departments of Health.

In order to mitigate the above, the Department has introduced several interventions to address the shortage of health workers in health facilities, which amongst others includes:

* Prioritisation of the posts in the Annual Recruitment Plan – where funding permits
* Prioritisation of the posts for conditional grant funding
* Filling of replacement posts considered and approved weekly
* Employment of health professionals on contract bases to strengthen capacity for
* Prioritization of these contract employees for permanent employment where funding permits at the end of their contracts
* Awarding of bursaries yearly to internal and external candidates to study further in various disciplines
* A dedicated Registrar Programme to train and produce in-house Medical Specialists
* Provision of internship and community service programme
1. Broken equipment

 The Department has been experiencing budget cuts over the past few years impacting negatively on issues such as maintenance of equipment and facilities. However, new interventions in the form of conditional grants have been put in place to help provinces cope with revitalisation and maintenance backlogs.

The following are some of the conditional grants that have been introduced to help with maintenance and revitalisation of facilities inclusive of Medical Equipment and are in addition to Equitable Share granted to provinces:

* Health Facilities Revitalisation Grant (HFRG), Managed National Health, but transferred to provinces with conditions and oversight by National Health.
* National Tertiary Services Grant (NTSG): Managed by National Health but transferred to provinces for equipment gaps and repairs.
* National Health Insurance Indirect Grant (In-kind grant): Managed and implemented under National Health through implementing agents.

Other interventions include:

* Integration of maintenance plans and Service Level Agreements within transversal contracts administered under National Treasury.
* Development of Medical Equipment Maintenance Strategic Framework within the Office of the Chief Procurement Officer within National Treasury, and the related transversal Contract for Maintenance of Medical Equipment
1. Shortage of drugs

The national medicine supply chain has been stable in 2022 and the Department has not experienced general stockouts.

However, when we are informed about stockouts we endeavour to intervene immediately. Some of the constraints we have been informed about relate to:

* Supply constraints of specific items which are sometimes experienced at specific hospitals and when that happens the department responds to those specific issues.
* There were some global supply disruptions on some items experienced during COVID-19 and some fluctuations in medicine availability, but this has improved post Covid-19.
* The introduction of the stock surveillance system which gives alert on the issue of drugs allows the National Department of Health to pick up problems early and intervene timeously.
1. Improving patient waiting times

All provinces are now conducting emergency surgeries that have an impact on the quality of life of individuals and are life threatening. These are some of interventions they have embarked on:

4.1 Optimising Efficiency

* Moratorium on elective surgery was lifted in 2021
* Monthly monitoring of the waiting period
* The hospitals have rescheduled all non-emergency operations
* Providing theatre services during the weekends and extended hours to reduce backlogs
* Sometimes using theatre at private hospitals
* Increase of theatre time
* Prioritizing according to severity or quality of life
* Conducting Blitz over weekends
* Outreach to district hospitals.

Human Resource

* Recruitment of additional staff including Specialist for key specific disciplines.
1. Reduction of neonatal deaths

Yes, we have seen a sharp rise in neonatal death rates in health facilities and mainly because of three main causes which are:

**Asphyxia, Prematurity and Neonatal infections.**

The solution to address neonatal deaths due to **Asphyxia** is through:

* the improvement of health care worker skills to manage labour and delivery,
* manage the obstetric emergencies and ensure quick referral to the next level of care. During the pandemic period there were losses of skilled health care workers from maternity and neonatal wards and the Department developed the online curriculum to support the health care workers who were allocated to maternity and neonatal wards.
* To date 1752 health care workers were trained through that program and additional staff trained through the face-to-face sessions on courses like Essential Steps of Management of Obstetric Emergency (ESMOE), Helping Babies Breath (HBB) and Management of small and sick neonates (MSSN).

The solution to address neonatal deaths to **Prematurity** is attained through the implementation of Kangaroo mother care services for mothers who delivered prematurely.

The solution to address neonatal deaths due to **Neonatal infections** is addressed by

* close monitoring of the neonatal infections in the wards,
* screening of small and sick babies for possible nosocomial infections and strengthening the infection surveillance systems in the unit.
* An example of the successful implementation of strategy was in Tembisa hospital, in Gauteng Province, where the reported neonatal infections were reduced by 40% between 2020 and 2021. This is one of the best practices that can be rolled out to other hospitals with similar challenges of neonatal infections.

These three interventions are implemented as part of the clinical interventions to address the Neonatal Infections in the facilities.

END.