# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 2729 (Oral 451)**

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**(INTERNAL QUESTION PAPER NO. 29)**

**Mrs E R Wilson (DA) to ask the Minister of Health:**

Whether, in light of the alleged collapse of health services in large parts of the Eastern Cape and in particular at the Livingston Hospital which has been experiencing a severe lack of supply in vital medical and health equipment and a mass exodus of doctors and specialists in recent months, he will intervene in terms of section 100 of the Constitution of the Republic of South Africa, 1996; if not, what is the position in this regard; if so, what are the relevant details? **NW3295E**

**REPLY:**

We are aware of the challenges experienced by the Eastern Cape department of Health in most of their facilities including Livingstone hospital and we are providing all the support necessary. It is not the intention of the National department to institute the Section 100 provision, but the intention is to support the province on all their interventions

 We are supporting the province in their Health Turn-Around Plan consisting of six pillars to address their administrative challenges. The strategies outlined in the plan envisage collaboration with and seeking assistance from other government departments and the Office of the Premier as well as external stakeholders including private sector, communities and academic institutions. The plan gives a detailed outline of the strategies and the support required from each of these stakeholders. The pillars of the plan are summarised below.

**PILLARS OF THE EC HEALTH TURNAROUND PLAN AND STRATEGIC SUPPORT**

1. **Financial sustainability initiative**: This pillar addresses the EC DOH financial discipline and wellness; looking at strategies to take department beyond compliance and towards social entrepreneurship. Strategies to address this pillar include a) revenue generation, b) introducing efficiencies, c) management of cost-drivers and d) management of debt and unauthorised expenditure.
2. **Medico-legal intervention**: addresses the following strategic objectives i.e
3. Stopping haemorrhage of funds
4. Strengthening case management
5. Developing Medico-Legal litigation expertise
6. Manage unauthorised expenditure associated Medico-Legal (ML) settlements
7. **Service delivery optimisation pillar** focuses on:
8. Service Optomisation Implementation Planning
9. HR Intervention to promote SDO
10. Securing buy-in from key stakeholders
11. **Digitalisation and eHealth:** This pillar addresses issues of inadequate capacity to track all debts against the department, insufficient staff and budget to electronically capture and store of maternity medical records on HMS2 module. Support services are manual therefore labour-intensive, cumbersome and prone to human error and broadband to critical sites slow. Alternative solutions are required in the interim to gain last mile connectivity.
12. **Clinical - Healthy Communities Initiatives:** has four strategic objectives which are:
13. National Health Insurance (NHI) implementation through ward-based community outreach teams
14. Primary Health Care (PHC) Approach of inter-sectoral collaboration
15. Addressing Burden of Disease
16. Integrated Development Planning
17. **The Foundation Pillar** purports to strengthen Leadership and Management Capability and improves stakeholder trust and confidence in the EC healthcare system. The key focus areas are valued employees, capable teams, effective leadership and communication & change management.

END.