# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 2979**

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**(INTERNAL QUESTION PAPER NO. 51)**

**Mr S M Dhlomo (ANC) to ask the Minister of Health:**

(1) What strides has his department made with the Public Health Infrastructure Refurbishment Programme which was one of the key focus areas for his department as part of implementing the pillars of the Presidential Health Compact;

(2) whether the COVID-19 pandemic has disrupted or assisted to accelerate the specified programme; if not, why not; if so, what are the relevant details?

###### NW3807E

**REPLY:**

1. The approved Health Compact raised a pillar that required the execution of an infrastructure plan to ensure “adequate, appropriately distributed and well maintained” health facilities. The Public Health Infrastructure Refurbishment Programme identified as the vehicle to do so and executed within the legislative framework of government facilities. This framework guides the maintenance of government faculties that includes health facilities and infrastructure as guided by strategies and guidelines driven from the national department of public works as the mandated department for all public properties in the country.

The National Department of Health (NDOH), together with National Treasury (NT) implemented a system which requires Provincial Departments to develop and submit what is called an User Asset Management Plan (U-AMP). This plan details the condition of each health infrastructure asset per province and their equipment. From the U-AMP, provinces are required to draw a three-year priority plan called an Infrastructure Programme Management Plan (IPMP). This is the plans that are submitted to the Implementing Agents (i.e. Public Works, Development Bank of Southern Africa (DBSA) etc.), who should provide the Provincial Health Departments with an Infrastructure Project Implementation Plan (IPIP). The IPIP indicate the readiness of the Implementing Agents to execute the projects listed and all of these plans are submitted to NDOH and NT for review and approval.

Provinces are allocated three-year Medium-Term Expenditure Framework (MTEF) budget based on the needs identified and the money available and required to adjust their plan to fit within the approved budget. These adjusted plans are presented to Provincial Executive Committee (EXCO) for endorsement and implementation.

From a systems perspective thus, strides have been made to ensure that the programme is well executed and prioritised facilities where refurbishment is most needed. In addition to this, the National Department in partnership with the various Provincial Health departments and supported by DBSA, initiated not only the development of a Health Maintenance Strategy, but also appointed contractors to develop a 10-year Infrastructure Plan.

The Maintenance strategy developed under the aegis of the Department of Health, seeks to establish a consolidated maintenance management approach, that is specific to health infrastructure and includes the specialist field of health technology equipment that is vital for the effective and efficient health services across the country. On the other hand, the 10-year infrastructure plan aims to provide a development window to ensure that the distribution and planning of infrastructure refurbishments are in alignment with the needs of the provinces as identified through the various communities they serve.

1. COVID-19 has elevated the need for properly maintained and adequate health facilities and have thus contributed towards a reprioritisation of projects in order to facilitate the curbing of the spread. Towards this end the various maintenance projects related to oxygen and ICU wards were brought forward and expedited.

In the Eastern Cape for example eighty-five (85) contract awards, amounting to R578,902,253 million have been made to contractors for refurbishment of 67 Health Facilities across the province for COVID-19 purposes. Of these 85 projects, forty-eight (48) have now been completed at a total cost of R123,809,915.06 and have yielded 1259 Covid-19 isolation beds. A total of thirty-seven (37) projects are currently at advanced stages of construction within the province with a combined cost of R466,618,721.25. Upon completion, these projects will yield a total of 1179 Covid-19 isolation beds. The total cumulative expenditure to date on the 85 projects is R248,507,116.

For the primary health care facilities in terms of clinics and community health centres, various movable units were targeted for space augmentation to improve service delivery as part of the COVID-19 Treatment Surge and Resurgence. Post COVID-19 the units will be utilized for the HIV Treatment Surge in line with the project identified during the 2018/19 financial year under the auspices of the PEPFAR Facility Infrastructure Improvement Project.

In the hospitals, these units will be used to complement the screening and testing spaces needed during this COVID-19 Surge and Resurgence. Post COVID-19, the units will be mainly utilized for records storage. Currently patient files and general records are highly paper driven resulting in volumes of files that need to be appropriately kept for ease of retrieval and maintenance.

In Gauteng a Rapid intervention programme was launched to assess 32 hotspot facilities in the province to increase its COVID-19 surge capacity. This included the provision of P1, P2 and P3 level care related to administration of oxygen, especially high flow oxygen, provision of beds in terms of high and critical care beds and to identify problems in dealing with capacitation at these sites. As a result of these assessments, various projects were identified and now in planning, procurement and implementation to facilitate the improvement and refurbishment of surge capacity at these priority facilities.

END.