# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 4125**

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**(INTERNAL QUESTION PAPER NO. 44)**

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

(1) Whether, in light of the lack of human resources and shortage of equipment and medicine in hospitals and clinics which limit the right to health care for many South Africans on a daily basis, his department has put any measures in place to reduce the effects that the specified challenges have had on the quality of healthcare in the Republic and its communities; if not, what is the position in this regard; if so, what are the further, relevant details;

(2) whether his department has mechanisms in place to address issues relating to (a) inadequate recruitment practices, especially in rural areas and (b) poor retention and staff mismanagement; if not, what is the position in this regard; if so, what are the further, relevant details? **NW5138E**

**REPLY:**

1. As part of addressing the lack of human resources in hospitals and clinics, the Department of Health has developed and published (in February 2021), a 2030 Human Resources for Health Strategy that serves as a guideline of the Human Resources Agenda for the Public Health sector at various levels of care. The 2030 HRH Strategy modelling, indicates a current shortfall of skilled health professionals in South Africa and makes a call for investing in the Health workforce to address human resources deficits and inequalities across provinces and between private and public health sectors. However, due to stringent budgets, the implementation is at a snail’s pace.

Despite available limited resources, in the public service generally, the Department has managed put measures in place to close the vacancy-rate gap for health care related posts to 12.4% and administration positions to 11.80%, respectively, as at the 30 September 2022, across all the provinces.

In relation to Medical 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 acquisition, maintenance and revitalisation of facilities inclusive of Medical Equipment and are in addition to Equitable Share granted to provinces:

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

Other interventions include:

1. Integration of maintenance plans and Service Level Agreements within transversal contracts administered under National Treasury to help ensure functioning equipment.
2. 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.
3. Provincial Departments of Health are implementing various plans that include the following:
4. Annual Recruitment Plan – with prioritisation of critical posts where funding permits
5. Utilisation of conditional grant funding where it allows for prioritisation of posts
6. Filling of approved replacement posts
7. Employment of health professionals on contract basis to strengthen capacity and where funding permits these contract employees are absorbed on permanent employment at the end of their contracts
8. Awarding of bursaries yearly to internal and external candidates to study further in various disciplines where there are shortages
9. Provision of internship and community service programme

END.