

PILLAR 3: Health Infrastructure

3.1 Health Infrastructure to be available and appropriate to deliver health services to meet the country's needs

3.1.1 Health Infrastructure Planning to ensure appropriate facilities on a sustainable basis

The National Department of Health has a 10-Year Health Infrastructure Plan, but it has not been adopted by the National Health Council nor shared with the private sector. The department has neither the expertise nor adequate funding to implement the plan and most provincial health departments also have limited capacity. In some cases health infrastructure construction that has been successfully completed has either cost more than the initial budgeted amount or facilities have been constructed that either fail to meet the need for the services required or have not been provided with adequate funding to operationalise the new facilities fully. The accountability for Facilities Management is inconsistent between provinces. The roles of public works and health departments, national and provincial, differ from one province to another. The National Health Infrastructure Plan must respond to changing population, epidemiology and clinical dynamics, it cannot be static. The plan must also prioritise maintenance of existing infrastructure as well as new capital (whether upgrades or new sites). Infrastructure in both the public and private health sectors must meet the requirements of the Office of Health Standards Compliance (OHSC). There are short-, medium-, and long-term interventions that must happen in tandem. While planning occurs, the budgets must be redressed, and new sustainable financing mechanisms must be identified. The planning must be inclusive of provincial departments of health and the private sector, and the plan must be adopted by the National Health Council.

Interventions - Short-Term (1 year) 2019/2020FY

- The 10-Year Health Infrastructure Plan identified the gaps in accessible infrastructure of different types relative to a range of target norms, and responsive to population, epidemiological and clinical dynamics. The plan needs to be reviewed and updated. It is agreed that this will be conducted by the national Department of Health, in consultation with provincial departments of health and the private sector.
- The IUSS (NDOH/CSIR/DBSA) initiative to support the planning and design of health facilities that are responsive to the disease prevalence and transmission needs to be reinforced, more attention must be given to modify health facility design to include specifications and a maintenance plan for patient rehabilitation units, and the revised 10-Year Health Infrastructure needs to be extended to specifically report on infrastructure and equipment available to support therapists at health institutions. It is agreed that this will be conducted by the national Department of Health, in consultation with provincial departments of health and the private sector, and that suitable qualified therapist/s and end user/s should form part of design teams and transversal tender evaluation committees.
- The IUSS (NDOH/CSIR/DBSA) initiative to support the development, monitoring and assessment of health infrastructure needs to be reinforced and institutionalised so that public health infrastructure facility condition and suitability are routinely monitored. It is agreed that this will be conducted by the national Department of Health, in consultation with provincial departments of health and the private sector.

- Annual audits of equipment must be conducted in all public health facilities to identify shortages (against standard lists) and a formal process must be established where patient representative organisations can contribute to reporting shortfalls in health infrastructure and equipment. It is agreed that these audits will be conducted by the national Department of Health, in consultation with provincial departments of health, the private sector and patient representative organisations.
- There is a need to systematically strengthen the capacity of public health facilities to develop and implement maintenance plans (as required by the Government Immovable Asset Management Act - GIAMA). It is agreed that the national Department of Health will create the necessary capacity and will support the provincial departments of health to do so.
- There is a need to review the policy on accountability for public health infrastructure and for a consistent and workable solution to be found as to whether health departments or public works departments are accountable. It is agreed that the National Health Council will engage with National Treasury and the Department of Public Works to clarify.
- There is a need to explore new models of public private partnership and to adopt practical policies for the provision of public health infrastructure. It is agreed that the national Department of Health, provincial departments of health and the private sector will engage with National Treasury to find innovative solutions.
- There is need to review the infrastructure tender processes to include patient representative organisations in the tender process. It is agreed that the national Department of Health and provincial departments of health will engage with National Treasury to amend the tender specifications accordingly.

Interventions - Medium-term (2-3 yrs) 2020/2021FY; 2021/2022FY and 2022/2023FY

- There is a need for the implementation of monitoring and reporting tools, training and inspections for infrastructure in both the public and private health sectors that aim to ensure the meeting the requirements of the Office of Health Standards Compliance (OHSC) and relevant statutory bodies. It is agreed that the national Department of Health, provincial departments of health and the private sector will work with OHSC to ensure that reports are submitted, and standards complied with.
- In order to ensure that budgets are optimally allocated to priority infrastructure requirements the authorities and private providers must use the updated 10-Year Health Infrastructure Plan to identify new infrastructure capacity priorities and fund the capital for only identified priorities. It is agreed that the national Department of Health, provincial departments of health and the private sector will work with National Treasury to fund priority health infrastructure projects.
- There is a need to ensure that Patient Rehabilitation units are universally accessible, including toilets, and that they enable physio, OT, speech, audiology, optometry and social work to be in close proximity with shared office spaces and rehabilitation gyms. It is agreed that the national Department of Health and provincial departments of health will work purposefully to improve Patient Rehabilitation capacity and physical access to health facilities.

3.1.2 Health Infrastructure Delivery

In some cases health infrastructure construction that has been successfully completed has either cost more than the initial budgeted amount or facilities have been constructed that either fail to meet the need for the services required or have not been provided with adequate funding to operationalise the new facilities fully. The accountability for Facilities Management is inconsistent between provinces. The roles

of public works and health departments, national and provincial, differ from one province to another. Despite a national programme to improve capacity, backed up by a funded, Treasury approved, organisational structure, the capacity of health departments to manage health infrastructure is deficient. Maintenance of infrastructure has deteriorated to the extent that some infrastructure needs to be condemned and others constitute safety risks for patients and staff. For the coming MTEF cycle deliberate plans must be made to address maintenance, even if new capital projects are delayed to accommodate budgets.

Interventions - Medium-term (2-3 yrs) 2020/2021FY; 2021/2022FY and 2022/2023FY

- There is a need for the Infrastructure Delivery Management System (IDMS) Management Capacity to be implemented as a matter of immediate priority in all Health departments. The public health Facilities Management Programme for buildings and grounds must ensure compliance certificates, maintenance plans, emergency access, and ventilation (OHSC Regulation 14) and that engineering services (electricity, lighting, medical gas, water, sewage system) are available and functional without interruptions (OHSC Regulation 15). It is agreed that the national Department of Health and the provincial departments of health will work with National Treasury to implement adequate IDMS capacity.
- There is a need for capital funding budgets of public health infrastructure to be redirected to focus on maintenance/upgrading of health infrastructure for 2 to 3 years. It is agreed that the national Department of Health and the provincial departments of health will work with National Treasury to review and redirect budgets.
- There is an urgent need for a 'back to basics' programme to revitalise clinics and hospitals (eg. Painting, toilets, furniture, broken windows, etc) to respond to the condition assessments and equipment audits. It is agreed that the national Department of Health and the provincial departments of health will work with national and provincial treasuries, with private sector inputs, to develop and finance a small project programme.
- There is a need to revisit the allocation of budgets to ensure adequate maintenance of medical equipment. It is agreed that the national Department of Health and the provincial departments of health will work with national and provincial treasuries, with private sector inputs, to improve medical equipment maintenance programmes.
- There is a need for the staffing and equipping of maintenance hubs at all public hospitals to maintain the hospital and all surrounding PHC infrastructure. It is agreed that the national Department of Health and the provincial departments of health will work with national and provincial treasuries, with private sector inputs, to establish maintenance hubs at public hospitals.

3.1.3 Health Infrastructure Financing

Different financing methods have been used over the past 25 years to build new public health infrastructure, including through budgets, conditional grants and PPPs. Some funding has been channelled through the National Department of Health, some from provincial equitable shares through provincial health departments. Maintenance budgets are part of provincial health departments in some provinces and public works budgets in others. The provisions for both maintenance and for new capital is inadequate to sustain and develop public health infrastructure. At the same time the private sector has built many hospitals and clinics, often at a fraction of the cost of the public building programme and in far less time. The procurement process for large capital projects involves a very complex and time-consuming Standard for Infrastructure Procurement and Delivery Management (SIPDM). Further procurement

requirements include BBBEE and preferential procurement policies that require complex contracting arrangements. Public health services are delivered through a hierarchy of facilities that concentrate scarce, highly skilled capacity into few facilities to optimise available staff and equipment. The arrangement of services across facilities can only be efficient and effective if patients can be moved between facilities for appropriate care. Patient transport, including bus and taxi stations and private parking, is therefore an integral part of health infrastructure planning.

Interventions - Medium-term (2-3 yrs) 2020/2021FY; 2021/2022FY and 2022/2023FY

- There is a need to explore alternative funding sources for public health infrastructure (including a National Health Infrastructure Fund). It is agreed that the national Department of Health and the provincial departments of health will work with national and provincial treasuries, and with the private sector, to explore alternative funding sources for public health infrastructure.
- In order to ensure equitable access to facility-based health care there is a need to develop and budget for improved planned patient transport services (esp for chronic, poor and rural patients). It is agreed that the national Department of Health and the provincial departments of health will work with national and provincial treasuries, and with the private sector, to improve planned patient transport services.

Interventions - Long-term (5yrs) - post 2023

- There is a need to establish alternative funding platforms for health infrastructure development. It is agreed that the national Department of Health, National Treasury and the private sector will explore and exploit alternative funding sources for public health infrastructure.
- It is essential that infrastructure in both private and public sectors must meet the requirements of the OHSC for accreditation to supply services to the NHI. It is agreed that the national Department of Health and the provincial departments of health will work with national and provincial treasuries, and with the private sector, to ensure that all (public and private) health infrastructure meets the requirements of the OHSC for accreditation to supply services to the NHI.