

EMARKS BY EASTERN CAPE MEC FOR HEALTH, N. METH DURING VIRTUAL MINISTERIAL BRIEFING SESSION ON THE IMPACT OF LOADSHEDDING IN THE PROVISION OF HEALTHCARE SERVICES ON 21 FEBRUARY 2023

Programme Director, House Chairperson: Committee and Oversight, Hon. Nyambi

National Council of Provinces Chairperson, Hon. Madondo

NCOP Deputy Chairperson, Hon. Lucas

Hon. Mohai, the Chief Whip of the NCOP

Department of Health Minister, Hon. Dr Phaahla

Deputy Minister, Hon. Dr Dhlomo

House Chairperson: Member Support and Internal Relations, Hon. Ngwenya

Hon. NCOP members

Hon. Health MECs from all provinces

HoDs and senior government officials

Good afternoon

We thank the NCOP for inviting us to brief Hon. members on the impact of load-shedding in the provision of health and care services. This is an important discussion that should be high on all of our agendas as government, business, civil society and communities.

The truth of the matter is that, since load-shedding was escalated to stage 6, more and more of our facilities are under strain to ensure continuity of healthcare services and mitigate any potential clinical risks to both patients and staff.

The department has had to, and continues to, dig deep into its already strained finances so that it can provide continuous electricity power supply- essentially through back-up generators. The higher the stage of load shedding, the greater the dependence on generators for electrical supply.

This current financial year, we have spent **R68.844-million** on diesel so far compared to **R36.374-million** we spent on diesel during the 2021/22 financial year. This shows how much we had had to dig deep into our already constrained budget.

There are two immediate consequences of this – firstly, diesel is expensive to run the generators. Secondly, the generators are being used more frequently than anticipated pre-load shedding. As a result, it is not unusual to receive reports that parts of hospitals are being plunged into darkness because generators have broken down through over-use.

The increase in load-shedding also affects our sensitive medical machinery and equipment. With suppliers of generators and medical equipment generally located outside of our rural provinces, and parts often sourced from overseas, there are delays in effecting repairs and this also affects the continuity of service delivery.

Contingency measures we have had to introduce include transferring patients out of facilities, diverting patients requiring emergency care to other facilities, increasing the patient loads at

those already strained facilities and moving patients further away from where their families live.

Another challenge, especially at stage 6, is interruption in water supply. We have hospitals that receive their water supply through electrical pumps from rivers in rural areas. When the electricity is down, the water does not flow into the water reservoirs or into the reticulation adequately.

Once the electricity is restored, the water resumes; but at one facility, before the water can be pumped to the foot of the hill and up towards the reservoir, the next load shedding stage kicks in and no water reaches the reservoir.

When water supply is affected during high stages of load shedding, the Department has had to arrange carting of water to the affected facilities; and install water tanks to supplement the system. We have also had to dig boreholes and, in some instances, install water purification systems so that the water from the bore-hole can be utilised.

Carted water is really expensive and there are often challenges obtaining and transporting water to facilities in deep rural areas.

These various scenarios place the facilities in a difficult position because we are in the business of saving lives and preventing deaths where every second and every minute counts. We are fortunate that no one has yet known to have lost a life and that we have been able to put contingencies in place to anticipate and deal with every situation that arises.

However, Hon. members, this is not an ideal situation. Dr Phaahla was spot-on when he announced recently that generators cannot meet the increasing demand during load-shedding in health facilities.

With frequent and high-end load-shedding continuing unabated, the UPS (Uninterrupted Power Supply) devices do not get enough chance to recharge adequately and when the next phase of load-shedding kicks in, the UPS cannot fully support machines used in hospitals.

Because of interruptions in power supply, elective surgeries have had to be put on hold in some facilities, adding to the backlog we are trying to catch up on, post-COVID-19 backlog.

Programme director, we have been proactive and engaged some municipalities to exempt our facilities from load-shedding. Nelson Mandela Bay Metro was the first municipality to exempt facilities with life-saving machines from load-shedding under the collective leadership of former Executive Mayor Johnson.

These are Livingstone, PE Provincial and Uitenhage Provincial and Jose Pearson hospitals.

Furthermore, Frere Hospital in BCM and Elliot District Hospital in Chris Hani have also been exempted from load-shedding.

We are hoping the negotiations at the national level, with the support and recommendations from the National Health Council to have more facilities exempted from load-shedding, will yield the desired results so that lives can continue being saved and we can give greater assurance of service continuity.

We welcome the declaration of load-shedding as a disaster. This will enable the department to access appropriate budgets reserved for disasters under the infrastructure programme.

Our engineers have undertaken a technical exercise to identify appropriate interventions to further minimise the impact of load-shedding. This includes such opportunities such as the use of alternative, renewal energy sources like solar and wind technologies.

The department is collaborating with NGOs for the installation of solar power units at various clinics and technical investigations will be commencing soon once the MOUs between the department and the donors are signed.

Hon. members, we agree with the SA Medical Journal literature review which, looked at the possible impact of load-shedding on the healthcare sector, and predicts: *increased patient loads as people start using unsafe sources of energy (paraffin, gas, petrol, wood, and plastic), fast deteriorating hygiene and infection control (including through poorly maintained and flood-and power loss impacted sewage systems), an increase in foodborne diseases, plus compromised hospital temperature control, sterilisation of equipment and UV light sources.*

The SA Medical Journal literature review further predicts that: *Also jeopardised would be the cold storage of products, medicines, and bodies, resulting in mortuary problems with burial delays, faulty critical devices and back up batteries, forced manual intervention, aggravating staff shortages, and compromising the mental health of hard-pressed healthcare workers.*

Immobilised hospital elevators would restrict the movement of patients and staff while diagnostic services would be hard hit, including the complete loss of radiological and pathological amenities. Communications and administrative services would be imperilled while hospital pharmacies using electronic scripting and dispensing would see increased backlogs in medical scripts.

The management team have noted the journal article and notes that some of the scenarios have emerged and, as an example, we have had to invest in electronic temperature gauges to ensure we are able to monitor the temperatures of various types of fridges that house medicines and other health-related products.

The theft of copper cables at our facilities further exacerbates an already difficult situation and Honourable members may recall two of our facilities – Frontier and Cecilia Makiwane Hospitals – just last month that had to contend with cable theft, load-shedding and generator challenges affecting the continuity of power supply.

The teams at the facilities worked with the head office teams – on issues of service continuity, procurement, patient transfers and dealing with bodies in mortuaries – until the electrical supply was, ultimately, restored.

As I conclude, we are doing our best to ensure that facility managers are ready with these various interventions to provide electrical supply during load shedding and that they are aware of and activate the contingencies that have been devised to cope with the scenarios described above.

It is a matter of routine, now, that facilities ensure diesel levels are not allowed to be critically low and that generators are inspected and tested twice daily to detect any potential breakdowns early.

Regretfully, the suppliers on the national diesel tender are not always able to delivery diesel to our rural facilities, seemingly prioritising larger orders of bigger hospitals.

This requires local suppliers to be registered on the Central Supplier Database for the province to be able procure much-needed diesel. The department is ensuring that the servicing of generators is a priority and a contract for planned preventative maintenance is in place.

There is also a system for emergency repairs outside of the scheduled maintenance of generators; and we have procured a few mobile generators to use as a back-up when facility generators break down and repairs take a long time – unfortunately, due to the high demand for generators, this is not nearly sufficient a bulwark as we would prefer.

We are convinced and confident that the electricity crisis is receiving appropriate responsiveness from government. We welcome the announcement of the pending appointment of a new Electricity Minister as announced by His Excellency, President Ramaphosa, during the State of the Nation Address.

We are of the view that the new Minister will be able to focus on oversight of the planned interventions that will lead us out of this crisis. We have full confidence in government's commitment of ensuring energy security. We believe government is working hard to find a sustainable solution.

Thank you.