

Below are questions that were sent to the Free State Department of Health. Responses were provided by departmental spokesperson Mondli Mvambi. The responses were provided over multiple e-mails and in a WhatsApp message – we have put them all in one document for easy reference.

1. We understand that procurement by the Free State Department of Health (FS DoH) has virtually come to a standstill since Treasury effectively instituted a ban on new tenders and a R30 000 cap on procurement transactions in February. Can you please explain to us in which ways, and to what extent FS DoH procurement has been impacted from February to May?

(No response provided)

2. We understand that various types of surgery have been delayed due to the FS DoH's inability to procure various products required for certain types of surgery. Can you comment on the impact that the tender ban and R30 000 cap has had on services, particularly on surgery waiting lists? Also please provide information on which hospitals have been impacted.

**At Universitas Academic Hospital, Pelonomi and other health facilities in the Free State were not affected as 90 % of items used in surgery are under contracts**

3. How long are the waiting lists and what is the current average waiting time for surgery at large hospitals like Pelonomi and Universitas?

All patients are evaluated at point of care (emergency rooms and clinics) and triaged using international criteria. Emergencies that are considered life threatening are taken to theatre within usually 30 minutes to an hour. Emergencies classified as urgent are operated usually within 6 hours.

In the case of Caesarean Sections the triage system takes into account both the mother and the child and prioritizes the case accordingly.

Patients requiring elective surgery are all seen at clinics a triage system is applied with certain conditions getting priority over other conditions. Example cancer surgery will get priority over cosmetic surgery. Some elective non-urgent surgery will then be delayed to prioritize more urgent cases.

4. What steps is the FS DoH taking to reduce the long waiting times and long waiting lists for surgery in the province?

A number of steps are taken to reduce waiting time:

- Monthly monitoring of waiting times
- If the Department of Health (Hospital) notices a backlog in certain areas for elective non-emergency surgery then marathons (blitz) are arranged.
- Patient education is also vital as patients do not show up for their surgery and therefore wasting a valuable resource occurs as another patient could have been booked
- There is also a team on call if the emergency theatres are busy or overwhelmed and a life threatening emergency comes in.
- The use of private theatres are also sometimes used (not routine) to cover backlogs if the theatre complex is unable to manage the workload – this is rarely required.

5. Some departments in other provinces have pushed ahead with procurement despite the Treasury directive. Can you explain what proactive steps the FS DoH has taken from February to May to ensure procurement of essential goods continue?

The Department aligned itself with Section 3C of the Preferential Procurement Policy Framework Act upon receipt of the letter received from Director General: National Treasury dated 03<sup>rd</sup> March 2022. Exemption from the provisioning of the Act were requested from the Minister of Finance.

6. We understand that, despite the lifting of the tender ban and R30 000 cap earlier in May, various goods essential for surgery are still not being procured by the FS DoH. How do you explain this delay?

According to the communications at our disposal received from National Treasury, the lifting of the tender ban and R30 000 cap only took place on the 30<sup>th</sup> of May 2022, not earlier. Reference should be made to the Media Statement issued by National Treasury dated 30 May 2022.

7. Given that the new Treasury directive issued in May gives much greater power to the accounting officer in the FS DoH than was the case previously, what measures have been put in place to ensure wasteful and/or irregular spending is avoided?

The Departmental Supply Chain Management Policy is in place which guides the procurement processes relating to deviations emanating from emergencies and procurement from sole suppliers. The control provided in the Departmental Policies and Delegations are adequate to prevent irregularities.