

LIMPOPO DEPARTMENT OF HEALTH

MEDIA STATEMENT BY THE HOD OF THE DEPARTMENT DR THOKOZANI MHLONGO DURING THE PRESS BRIEFING HELD ON THE 17TH OF AUGUST 2020

Greetings to all members of the media and thank you for giving us an opportunity to address the public through you. We have a responsibility to account to the public on how we have fared as a province in terms of the COVID-19 pandemic. This also means we have a responsibility to account on the funds which we have been allocated to deal with this pandemic. Limpopo is currently at 11 541 cumulative number of COVID positive cases with a recovery of 10 281 cases and a death toll of 161. When you compare us with other provinces of similar size, you will see that our figures are lower. For instance, our neighbouring province Mpumalanga is at 21 289, Northwest is sitting at 23 250 and Free State is at 31 870 cases as of 16 August 2020. We have also recorded three deaths of healthcare workers all of whom are doctors in the private sector.

What is important for the public to understand is that we have used scientific models in the initial stages of the pandemic to assist with our planning.

The initial predicted numbers as per scientists' modelling at the National Department of Health (NDoH) had indicated that by August the burden of cumulative infections in our province would require between 8 000 and 10 000 general beds and 2800 critical care beds (High Care + ICU). In July they revised the model and indicated that the need for critical care beds will be 850. However they further advised that if we were to use the Western Cape experiences, we would require 50% of that number. Limpopo Department of Health has through its modeling indicated it can only cater for 310 critical care beds in view of infrastructural requirements, human resource requirements and funding requirements.

To give a snapshot our admission in our facilities on 16 August 2020 which is a measure of the burden we are carrying as a province against available resources stands as follows; there are 74 admissions in the private sector of which 14 are critical care admissions while there are 41 admissions in the public sector of which 5 are critical care.

We can attribute this performance to the proactive approach of the Limpopo Department of Health under the leadership of the provincial government. There was an early approach and a clear plan established by the province. There were governance structures which were put in place in the province through the Provincial Command Council (PCC) led by the Premier. The active participation of the entire PCC cannot be ignored including the unity amongst the sub-structures providing technical support to the PCC. There was early intervention of mass screening wherein this province screened almost 5 million people. There was a deliberate adoption of a clear roadmap called a Surge Plan, which encompassed all the stages of the pandemic that assisted this province in proper planning and resource utilisation. Through that plan, the premier launched both mass screening and inter-provincial boarder control even before there were national guidelines such that we were already monitoring movements of people and cases crossing into Limpopo Province.

We further established a clear strategy on the fight against hotspots with a special focus on mining areas. We had a serious strategy at a household level and the premier was there to lead and to date we managed to successfully fight the hotspots.

The mining houses, private sector and SANDF all joined hands with the LDOH and assisted in many ways than one; from provision of PPEs, transport for our Community Healthcare Workers, sharing of guidelines and ideas in terms of testing and management of the virus.

We achieved all these through fiscus discipline that was exercised through guarding the public purse. The Limpopo Province like other provinces started dealing with this pandemic with no budget. Before the end of March 2020, there was a R42 million that was pledged as a disaster fund but was only transferred for spending in April 2020. Despite this predicament, the province continued to plan and procure essentials for the fight against COVID-19.

The LDoH was mandated by the Provincial Command Council to be a lead department not only for the technical issues but also for procurement of PPE's. This assisted the province in that health facilities and healthcare workers were prioritised in PPE allocation before the rest of the other departments. Even during that time of scarcity, the department never ran out of PPE and continues to have healthy reserves even to date. This was achieved through our procurement strategy that was developed by our internal team of Public Health Specialists and procurement division.

At various stages of the pandemic, there were guiding prescripts that had to be followed for procurement. In the initial stage, only emergency delegations were activated. However even with these delegation compliance to prescripts of emergency procurement still needed to be adhered to. The department complied with all PFMA and Treasury Regulations including the Treasury Notes which were issued at various levels as we were fighting this pandemic.

It should be noted therefore that the department has managed to save R311 million on the procurement of PPEs. This savings was realized through ensuring that despite the price lists which were published by National Treasury, we always negotiated prices below the National Treasury guidelines.

The total expenditure of PPE's to date is R526 million as at 14 August 2020. Part of this expenditure includes a R133 million that was spent on PPE procurement for the other sister departments within the province. The figure of R625 million is the total amount of the contracts awarded. However, some of the service providers failed to supply the quantities as indicated in their award letters and as a result the expenditure by the department is not R625 million but R526 million.

The misleading figure of R932 Million as reported in some media might have been arrived at by taking the value of the contracts awarded which is R625 million and added our savings of R311 million. I want to put it on record that the department did not spend R932 million as it has been circulating out there, but this department has saved R311 million on procurement of PPEs and the actual expenditure of this department is R526 million. There must be acknowledgement of the team in ensuring that the department did not run out of PPEs and essentials at all times.

When the pandemic started and there was a high demand for sanitizers, the specification for health facilities required a specific ingredient called 0.5% CHG and this is as per the World Health Organization's (WHO) standards. While many suppliers indicated their ability to supply sanitizers, they however failed to supply us with a product with the above specification the specification. We therefore had to go out and start looking at manufactures because even the suppliers who were on tender didn't have capacity to supply us during that time. There is a company that was found in Kwazulu Natal Province, who had the capacity to supply us the required quantities as per the WHO specifications. That was very early in the pandemic.

As part of our commitment to the people of Limpopo, we had to make sure that PPE's are available at all times. We therefore placed a bulk order to this supplier as guided by the modeling by our public health

team and to date we have never ran out of sanitizers. When the schools were to reopen and we had to help our sister department, Education, with sanitizers, we were able to do so because we had already placed a bulk order with this supplier and as a result the province was found ready for the reopening of schools.

Even with such bulk order procurements and/ or procurement from manufacturers we have never procured anything above the National Guidelines in terms of prices. Instead, we have always negotiated prices below the national treasury guidelines. Equally, this department has never procured and paid a company that is not on the data base (CSD) nor has the department ever paid any company for goods which were not delivered. Neither has this department ever paid a company for goods which were of substandard quality and/ or did not meet specifications. Instead we have goods which were returned to service providers because they did not meet the specifications.

It is important to note that the Provincial PPE database was established and only came to effect towards the end of June. Since the establishment of the Provincial PPE database, this Department has complied with and procured items that are listed in that database. It is only items that are not listed in the Provincial PPE Database that were procured outside of that database. Now with existing Transversal Contracts where they could not provide quantities for whatever reason, only then would we go out and get quotations. With regards to existing transversal contracts where the service provider could not provide quantities required for whatever reason only then would use the quotation system. Even where this route was utilised we have always made sure that the supplier who is currently on the National Contract respond first and indicate their inability to supply the department and we've got a record to that effect.

It is against that background therefore, that we are very confident as a team and leading the Province in the fight against COVID that yes, the war is not over. Yes we are still in the COVID space, we have executed the duties and the tasks confidently entrusted upon us by the people of Limpopo with dignity with transparency. We also want to give confidence through the fact that we have published on our website those service providers who participated in the R526 million spent to date. Furthermore we want to give assurance that the money was spent effectively. It must be noted that it was through this mechanism and through this procurement that today we are seeing lower numbers of healthcare worker deaths compared to other provinces because PPE utilization is not based on number of infections.

The number of professionals that are in my institution remained the same whether the number of infections are going up or going down. Those PPE's still had to be utilised and worn in order to protect those healthcare workers. So an argument that may be raised to say "but your numbers are low, how come then your PPE's procurement are this much?" It must be understood that it is through those PPE's that today we are recording a very low death rate amongst our healthcare workers in the province. It is through partnerships with Organised Labour that to-date, when you compare us with other Provinces, our healthcare workers are also the monitors of availability of PPE's. Therefore, it will be incorrect to equate the number that has been seen in the Province in conjunction with spending because spending is not just on admissions, it is spending on our healthcare professionals.

We therefore remain firm in putting our last-line of defence, which is our health professionals as a priority to us and that is why we have now launched a Psycho-Social Support Program for our healthcare workers as the cases were rising since the fear was also rising. We had to ensure that they are strong, they are given confidence and one of the ways to ensure this is through PPE's. As the Limpopo

Department of Health we remain committed to our tasks until such time that the pandemic is declared over.

May I therefore thank you for your time.