*5. Ms J Cowley to ask the Premier:

Given that the provincial Department of Health is reportedly functionally bankrupt with R4.8 billion in unpaid debts and that the Premier has repeatedly rejected calls for national intervention under Section 100 of the Constitution of the Republic of South Africa (RSA) (Act No. 108 of 1996)), despite on-going systemic failures, how does he justify the provincial government's refusal to act decisively while lives hang in the balance, specifically:

QUESTION	RESPONSE
 Whether his Office considers the MEC for Health's claim that enough is being done to address elective orthopaedic surgery backlogs to be credible, given the fact that, among others, Frere Hospital has over 2,000 patients on its waiting list but performs only 40 surgeries a year and Livingstone faces a similar crisis with over 1,300 awaiting treatment; if so, can he kindly provide the relevant details in this regard; 	 The Department of Health is responding comprehensively to the challenge of orthopaedic backlogs through a two-pronged strategy which incorporates the following: 1. High Volume Camps. This initiative is implemented with donor partners 2. Medium term plan includes sites that will focus on elective orthopaedics. Three Regional hospitals have been identified. CMH should start in June 2025. Frere hospital will focus on emergency orthopaedics and CMH on planned orthopaedics.
2) What urgent measures has his Office and his Executive implemented towards addressing critical staff shortages across the provincial health system, particularly in light of the Department's severe fiscal constraints and the repeated failure of the Provincial Coordinating and Monitoring Team (PCMT) to prioritise frontline medical personnel over administrative posts;	The department, in response to pleadings by unemployed doctors, initiated Phase 1 Recruitment Drive with a target of 66 posts for Medical Officers in various districts and institutions across the province. 10 Medical Officers were issued with appointment letters early in the month of February 2025, with 53 issued appointment letters for assumption of duty in April 2025. The recruitment process for

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the 3 unemployed doctors allocated to the Nelson Mandela Metro will unfold in the 2025/26 FY.

The allocation was across the province and is indicated below:

DISTRICT/	TOTAL	ACCEPTED	
INSTITUTION	ALLOCATION		
Alfred Nzo	5	5	
Amathole	9	9	
Chris Hani	3	3	
Joe Gqabi	9	9	
	5	5	
Nelson Mandela			
Metro	3	0	
OR Tambo	7	7	
Sarah			
Baartman	3	3	
Forensic			
Pathology	2	2	
Komani			
Hospital	1	1	
Frere	5	5	
Livingstone	5	5	
NMAH	4	4	
TOTAL	56	53	

The Executive Management of the OTP has set 05 work streams (HR, Clinical, Facilities, Financial sustainability, Legal) to support DoH to manage its operational efficiencies and prioritize critical vacant posts especially those of Hospital

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	Management and Administrative nature, such as CFO and CEO's. Further the OTP is working with DoH to ensure that there is a developed and implemented Turnaround strategy with a focus on critical deliverables for the financial year under contemplation. The multi- disciplinary teams from OTP, PT and DoH are participating in addressing the issues lifted.
3) With the Department entering the new financial year with R4.8 billion in arrears, which is roughly 15,6% of its budget for the 2025/26 financial year, what concrete steps has his Office taken, beyond the Have-I-Been-Paid app, to ensure that suppliers, staff and emergency services are not further crippled by non-payment;	 The Department has provided for significant cash flow projections for the months of April to June 2025 for the payment of accruals at the end of the financial year ended 31 March 2025. The department is negotiating payment plans with the main creditors. Provincial Treasury is also processing the unauthorised expenditure related to medico legal settlements, together with the Department of Health, for consideration by SCOPA. In addition, the World Bank together with Provincial Treasury is conducting an audit into budgeting and expenditure performance with a view to identify opportunities for allocative efficiencies with the budget. The integrated medico legal strategy is containing the escalation of accruals whilst the NDOH and Department of

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	1
	Justice are processing the Law Reform
	proposals as a sustainable solution.
	The OTP is supporting the DOH
	technically on the service delivery model
	and organogram review process so that
	we can optimise the service delivery
	platform.
4) Exactly what level of failure would warrant	The Office of the Premier, Provincial
his Office reconsidering his opposition to	Treasury and the Departments of Health
placing the Department under	(both national and provincial), initiated a
administration via Section 100 of the	process of working collaboratively to
Constitution, since the collapse we are	determine the causes of the failures within
witnessing is still not considered grounds	the DoH and to put measures in place to
for intervention;	remedy the failures. Various workstreams
	(comprising of officials from the OTP, PT
	and DOH) were established in September
	2024 to this end. The workstreams have
	provided invaluable support in ensuring
	that the support to the DoH is bolstered. In
	respect of medico-legal claims, the OTP is
	currently managing the litigation on behalf
	of the DoH and we have achieved great
	strides in reducing the outflow of funds
	from the DoH. The Director-General and
	the HoD of the DoH led a process to
	ensure that vacant CEO posts are filled
	during this financial year. The filling of
	these posts aims to ensure that there is
	leadership at the highest levels to
	effectively manage the medical
	institutions, especially the secondary and
	tertiary institutions.

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	Whilst the DoH faces substantial
	challenges, there is therefore no need for
	an intervention in terms of section 100 of
	the Constitution, as the DoH remains
	functional and is discharging its mandate.
	The interventions that have been initiated
	by the Executive Council of the Province
	are bearing fruit and we have seen the
	positive results.
5) Whether his Office would personally	If in the event that the Premier or any
entrust his life, or that of his Executive, to	Member of the Executive require
the care of this same public health system	assistance at any state medical institution,
under its current conditions and more	they have the right to do so, as does any
specifically, would he be willing to wait for	member of the public. However, every
10 years to undergo lifesaving surgery,	citizen of this Province has a constitutional
like the thousands of citizens of this	right to choose where to receive medical
province are expected to; if not, why	assistance, and this applies to the Premier
should the people of this province be	and any Member of the Executive Council.
expected to do the same?	If a citizen had to wait for 10 years to
	undergo surgery and is still alive, it cannot
	be lifesaving. Medical institutions in the
	province schedule surgery based on the
	medical assessment of each patient.
	Surgery is performed after a proper
	diagnosis.

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