

Statement by Minister of Health on the impact of loadshedding on the provision of healthcare services and intervention measures during the virtual media briefing on Friday, 30 September 2022, 8h00

Thanks Facilitator

Greetings to Deputy Minister

The team from National Health Department led by DG

Members of the media

Good morning

The impact of loadshedding on the provision of healthcare services cannot be underestimated or overemphasised. We have noted and appreciated calls made by various organisations, including the healthcare workers who called for exemption of health facilities to mitigate the current impact of loadshedding on the effective functioning of health facilities to save lives.

Loadshedding is a risk to the efforts to deliver on our constitutional mandate of protecting, promoting and maintaining the health, safety and well-being of patients and the public by ensuring quality pharmaceutical service for all South Africans. However, as the department we will do whatever it takes to save lives, just like the American politician James Richard Perry who said, *the most important thing for us is to save lives*.

Although, majority of our public health facilities have back-up power supply system which includes generators and Uninterrupted Power Supply (UPS), especially hospitals, Community Health Centres which provide 24 hours service and some clinics, but these alternative sources of energy were not designed to provide back-up electricity for a longer period of time. Some of these generators are old, while others have no necessary capacity to power the entire facility.

Thus, generators have been proven not to adequately meet the increasing demands during load-shedding in health facilities, hence some hospitals are left without choice, but forced to switch off some critical areas, which now compromise patient care. That is why provinces like Limpopo have resorted to put elective surgeries on hold until further notice.

These persistent power outages are significantly contributing to reduced lifespan of some of the critical medical machinery and equipment, including the same back-up generators. Again, these unpredictable prolonged power outages and which are at higher stages of loadshedding pose a threat to the safety and efficacy of various medications and vaccines which need to be stored within specific temperature.

The security in the health facilities is also compromised during the blackout times, especially in the evening. Though, there are no reported cases or incidents of criminal activities, healthcare workers feel vulnerable and don't feel safe to move between their residences and other sections of the health facilities during the blackouts.

The Department is working closely with provinces to monitor the situation in order to provide required guidance and continued support to ensure that no hospital completely shuts down because of lack of supply of power, which may result in adverse patient outcomes which pose further medico-legal contingent liabilities on the hospitals and the department at large.

Intervention measures

As reported earlier in the week that we are engaging relevant authorities and entities involved in the power supply and loadshedding. Today we can safely report that there is progress to exclude hospitals and other healthcare facilities across the country from loadshedding, and this is work-in-progress done between the Department, Eskom and Municipalities.

The following are health facilities which are exempted as of this week and those which are being considered for exemption in the near future, while the engagements with Eskom and Municipalities continue:

- **Gauteng:** Charlotte Maxeke Hospital, Hellen Joseph Hospital, Steve Biko Academic Hospital, George Mukhari Hospital, Pretoria West Hospital, Tshwane District Hospital, Mamelodi Hospital, Bronkhorstpruit Hospital, Kalafong Hospital,
- **Free State:** Pelenomi, Universitas Academic Hospital and Universitas Annex.
- **KwaZulu-Natal:** Harry Gwala Hospital (former Edendale), Greys Hospital, Ladysmith Hospital, Prince Mshiyeni Hospital, RK Khan Hospital, Inkosi Albert Luthuli Hospital, McCords Hospital, King Dinizulu Hospital, Mandela Children`s Hospital, Mahatma Gandhi Hospital, Osindindisweni Hospital, St Aidans Hospital, Addington Hospital, Clairwood Hospital,
- **Limpopo:** Mankweng Hospital, Lebowakgomo Hospital, Dilokong Hospital, Maklenburg Hospital,
- **Eastern Cape:** Frere Hospital, Elliot Hospital, Livingstone Hospital, PE Hospital, Uitenhage Hospital,
- **Western Cape:** Tygerberg Hospital, Groote Schuur Hospital, Red Cross Hospital
- **Northern Cape:** 3 names submitted, waiting for response from Eskom
- **Mpumalanga:** waiting response on Witbank, Rob Ferreira hospitals which are on the priority list.

In terms of our response to this disruptive challenge, we have developed a multifaceted strategy for immediate, short- and long-term implementation.

The engagements between the Department, Eskom and Municipalities have resulted in agreement that the Provincial Departments will submit consolidated lists of facilities indicating

their location to assist in the determination on the workable criteria of exemption.

As you would know that there are two sets of area differentiation in power supply, the urban (mainly connected by municipalities) and rural (mainly connected by Eskom), these dictates on the technical methods to exempt the facility from loadshedding. In cases of Eskom direct connection, they will directly exempt the facilities and in case of municipality connection, they will instal a dedicated feeder line that kicks-in to keep power in the facility once the municipality loadshedding schedule takes place.

Provincial departments have been urged to consolidate lists of facilities for submission in the follow-up meeting next week with Eskom, instead of individual facilities doing requests. These will assist the teams to determine the costs for additional resources for network reconfiguration.

The criteria for hospital exclusion include patients' volume, nature of specialised services they provide and technological and medical equipment they have. These are mostly academic, regional and district hospitals. The exclusions or exemptions do not mean the facilities should use electricity without limitations, we have made it clear to Eskom that we have joined their call to ensure that even our health facilities use electricity sparingly, productively and purposefully at all times.

The department is further engaging the National Treasury to discuss the additional budget implications to sustain the loadshedding contingency plans, including unbudgeted increase in diesel and oil expenditure to run the generators and maintenance costs.

Implementation of alternative energy sources – Solar and wind

We are also considering the phased approach investment in renewable energy through solar power installation at health facilities as part of energy mix. This will need feasibility study

before we commence with the critical health facilities per province based on budget availability.

Solarised energy will be prioritised for areas such as theatres, Intensive Care Units, High-Tech and advanced equipment.

Installation of Uninterrupted Power Supply (UPS) technology – we would like to ensure that all facilities have UPS to improve the reliability and efficiency of an electrical system across an entire hospital facility to sustain critical services and data protection for its patients and staff.

In summary, we appreciate the position taken by Eskom to support the exclusion of health facilities from loadshedding. The Department has committed to work with Eskom to instal where required the dedicated feeder line that isolate the power supply line of the facility from that of the rest of the community. We will together with Eskom consider the costs of these infrastructure as we view it as necessary investment to ensure the long-term exemption of all facilities.

Loadshedding compels us that in future when we construct new facilities, we must revise our plans and costs to include new sources of energy (renewables), over and above generators. In addition, we must ensure the installation of the dedicated feeder line to avoid the current exercise of reconfiguring the electricity networks.

I thank you