TOWARDS AN AFFORDABLE PUBLIC HEALTH ESTATE:
A REVIEW OF THE 2008 HEALTH INFRASTRUCTURE BAROMETER

Geoff Abbott, Peta de Jager – CSIR Built Environment
Nolwazi Gaza – Development Bank of South Africa

Cape Town, 20 May 2009
Health System Performance Framework

Functions the system performs

- **Stewardship**
  (oversight, managing resources, powers, expectations)

- **Creating resources**
  (people, buildings, equipment, drugs, supplies)

- **Financing**
  (raising, pooling, allocating revenues)

Delivering services
(at appropriate level, in/outside fixed service platform)

Objectives of the system

- **Responsiveness**

- **Health / wellbeing**

- **Fairness**

Infrastructure Barometer Overview

• Context and Need for Health Care Infrastructure
  • Disease burden, population and the existing health estate

• Budget Allocations to Health Infrastructure
  • Benchmarking expenditure, capital allocations and spending outcome, maintenance, strategic planning, …

• Health Infrastructure Delivery – Constraints and Enabling Mechanisms
  • Underspending, personnel, IDIP, PPP’s, …

• Consolidation
Context and Need for Health Care Infrastructure
Determinants of Health Status and Impact on and of Infrastructure

- South Africa’s triple burden of disease
  - Infectious diseases characteristic of a developing society
  - Chronic lifestyle diseases characteristic of an emerging developed society
  - High rates of trauma
- HIV / AIDS and Tuberculosis
- Rural / urban divide
- Environment related diseases – pollution resulting from uncontrolled rapid urbanisation and industrialisation
- Impact of climate change on vector and water borne diseases

HAI’s – contribution of health facilities
How big is the problem?

- USA  44,000-98,000 deaths annually ("To Err is Human...", other sources, i.e. VA - 180,000)
- UK  around 10% of admissions or at a rate of 850,000 adverse events a year
- Australia  250,000 adverse events
  50,000 permanent disability
  10,000 deaths
- N.Z.  confirmed 10% of admissions
- Denmark  confirmed 9% of admissions
- EU  every tenth patient
Population

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44.74</td>
<td>48.01</td>
<td>50.29</td>
<td>51.77</td>
</tr>
<tr>
<td>Rate of natural increase (%)</td>
<td>1.42</td>
<td>0.93</td>
<td>0.58</td>
<td></td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>57.2</td>
<td>50.1</td>
<td>48.0</td>
<td></td>
</tr>
<tr>
<td>Age distribution: %&lt;15 years</td>
<td>31.9</td>
<td>29.3</td>
<td>27.2</td>
<td></td>
</tr>
<tr>
<td>Age distribution: % 65+ years</td>
<td>4.7</td>
<td>4.6</td>
<td>4.6</td>
<td></td>
</tr>
</tbody>
</table>

Source: Pelser 2004

- Growth rate = additional services and facilities to keep pace with existing service levels
- Urbanisation from 53.9% (1999) to 63% 2025 – additional 10m new urban dwellers – shift in service location and service need
Springs Parkland Clinic
Architects: Ronga & Steyn

Little Company of Mary Hospital, Pretoria
Architects: Casieri & Baker

Springs Parkland Clinic
Architects: Ronga & Steyn
## Existing Health Estate in SA
### Public and Private Health Facilities

### Public Health Care Facilities

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Total – RSA</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed PHC facilities</td>
<td>Total</td>
<td>3390</td>
<td>EC</td>
</tr>
<tr>
<td>Public hospitals</td>
<td>Total</td>
<td>428</td>
<td>EC</td>
</tr>
<tr>
<td>Usable public beds</td>
<td>Total</td>
<td>87 870</td>
<td>KZN</td>
</tr>
<tr>
<td>Average usable beds</td>
<td>All provs</td>
<td>205</td>
<td>GP</td>
</tr>
</tbody>
</table>

Source: DHIS, June 2007

Excludes nursing colleges, forensic mortuaries, offices, emergency services...

### Private Hospitals

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Total</th>
<th>EC</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Hospitals</td>
<td>211</td>
<td>82</td>
<td>4</td>
</tr>
<tr>
<td>Private hospital beds</td>
<td>23 834</td>
<td>GP</td>
<td>13 558</td>
</tr>
<tr>
<td>Average beds</td>
<td>137</td>
<td>FS</td>
<td>168</td>
</tr>
</tbody>
</table>


### All Hospitals

<table>
<thead>
<tr>
<th>Metric</th>
<th>RSA</th>
<th>WCP</th>
<th>MP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds / 1000 population</td>
<td>2.47</td>
<td>3.11</td>
<td>1.64</td>
</tr>
<tr>
<td>%private hospital beds</td>
<td>25%</td>
<td>GP</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LP</td>
<td>5%</td>
</tr>
</tbody>
</table>
SA Public : Private sector ratios for Hospitals, Beds and Population served

**Hospitals**: 67% : 33%

**Beds**: 75% : 25%

**Population served**: 85% : 15%

- **Public Hospitals**: 2.1 beds / 1000 population served
- **Private Hospitals**: 4.0 beds / 1000 population served
Usable Bed Trends:
SA Public & Private Hospitals  1998-2006
# Existing Public Health Estate in SA

## Estimated Replacement Cost

### Public Health Care Facilities Replacement Cost (MEA) - 2007

<table>
<thead>
<tr>
<th></th>
<th>Total - RSA</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed PHC facilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>R 19 522</td>
<td>EC R3 115</td>
<td>NC R805</td>
</tr>
<tr>
<td><strong>Public hospitals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>R 104 587</td>
<td>KZN R27 456</td>
<td>NC R1 789</td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>R 37 232</td>
<td>KZN R1 928</td>
<td>NC R778</td>
</tr>
<tr>
<td><strong>Total capital assets</strong></td>
<td>R 161 341</td>
<td>See note 5</td>
<td></td>
</tr>
</tbody>
</table>

Source: CSIR, 2007 using DHIS facility and bed data

### Notes

1. MEA = Modern Equivalent Asset value
2. All figures Rm; including VAT, professional fees
3. Based on planning area/functional unit; rates/m² for different facility types
4. Estimated 30% of MEA for all movable assets include medical devices, information systems and furniture
5. Excludes nursing colleges, forensic mortuaries, offices, emergency services...

### Total capital assets

± R 180 000 Including all Health Infrastructure
2 Budget Allocations to Health Infrastructure

Nelson Mandela Academic Hospital, Umtata
Architects: Bartsch van der Hoven
Benchmarking Health Expenditure: as a percentage of GNP

<table>
<thead>
<tr>
<th>Country</th>
<th>Public</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaysia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td></td>
<td>10.2</td>
</tr>
<tr>
<td>Argentina</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td></td>
<td></td>
<td>18.5</td>
</tr>
</tbody>
</table>

Public health expenditure as a percentage of government expenditure

Benchmarking Health Expenditure:
as a % Government Expenditure 2007/08
Benchmarking Health Expenditure: Health Expenditure per Capita

Public / Private Health Expenditure and Acquisition in South Africa

Health Expenditure in South Africa
(Percentage of total expenditure)
- Public sector health care: 46%
- Out-of-pocket primary care (private): 14%
- Private sector health care (Medical Schemes): 40%

Health Service Acquisition
(Percentage of population)
- Public health care services: 64%
- Mostly private PHC, public hospitalisation: 21%
- Medical scheme health services: 15%

Source: SA Health Review 2007, Health Systems Trust
## Public Sector Capital Budget in relation to National / Provincial

<table>
<thead>
<tr>
<th></th>
<th>2006/07*</th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
<th>Av Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Budget</strong></td>
<td>R 474 230</td>
<td>R 533 873</td>
<td>R 594 198</td>
<td>R 650 301</td>
<td>12.38%</td>
</tr>
<tr>
<td><strong>Total Health</strong></td>
<td>R 54 798</td>
<td>R 60 586</td>
<td>R 66 340</td>
<td>R 72 656</td>
<td>10.86%</td>
</tr>
<tr>
<td><strong>Provincial Health</strong></td>
<td>R 53 648</td>
<td>R 59 252</td>
<td>R 64 939</td>
<td>R 71 182</td>
<td>10.89%</td>
</tr>
<tr>
<td><strong>Capital Assets</strong></td>
<td>R 4 685</td>
<td>R 5 496</td>
<td>R 5 971</td>
<td>R 6 662</td>
<td>14.07%</td>
</tr>
<tr>
<td>Buildings, other fixed structures</td>
<td>R 2 992</td>
<td>R 3 320</td>
<td>R 3 751</td>
<td>R 4 134</td>
<td>12.72%</td>
</tr>
<tr>
<td>Machinery and equipment</td>
<td>R 1 665</td>
<td>R 2 146</td>
<td>R 2 190</td>
<td>R 2 494</td>
<td>16.60%</td>
</tr>
</tbody>
</table>

**Ratios:**

- Total Health: National Budget 11.6% 11.3% 11.2% 11.2%
- Capital: Provincial Health 8.7% 9.3% 9.2% 9.4%
- Buildings: Capital Assets 63.9% 60.4% 62.8% 62.1%

Excludes municipal health
Capital Funding Source

• Provincial Capital Funding
  • Equitable Share – provincial discretionary capital allocation
  • Provincial Infrastructure Grant – provincial grant – targeted specifically for general capital work
  • Revitalisation – national grant – targeted at specific facilities identified for upgrading through strategic plan.

Includes provision for
  • Infrastructure
  • Health technology
  • Organisational development and management
  • Quality assurance

“Business as usual” – provision, upgrading, maintenance

“Over and above” – allocation to transform and modernise infrastructure, equipment and systems
Revitalisation in relation to total Capital

![Graph showing the growth of revitalisation and GPI & Equitable share over the years 2003/04 to 2009/10.](chart.png)

- **Revitalisation**
- **GPI & Equitable share**

**DBSA**

**CSIR**

*our future through science*
Capital Funding Allocation

• Capital Funding provides for
  • Capital projects
    • New facilities, upgrading, major rehabilitation and major repairs
  • Equipment
  • Maintenance
    • Planned preventive and unplanned maintenance
    • Minor repairs, rehabilitation, replacement
    • Backlog maintenance
  • “Day-to-day maintenance” often includes minor capital work and clouds allocation
Maintenance

• Critical to service delivery

• Poorly maintained facilities …
  • impede service delivery
  • increase the level of risk to patients and staff
  • raise service costs
  • reduce the service life of buildings and equipment

• Specifically recognised in SA that maintenance of the health estate is a real concern

• How much is / should be budgeted for and spent on maintenance?
  • National target framework 3-5% of hospital operating budget
  • Maintenance budgets set at provincial level
Maintenance Budgeting

• “4% Guideline” – variously interpreted to be of:
  • hospital operating expenditure
  • Primary Appropriation for health services
  • replacement cost (MEA) of health care facilities

• International industry standard for facilities (US, UK, Australia…) = 4% of replacement cost

• Applicable to facilities in good condition

• SA budgets provide also for equipment maintenance

• Recommended minimum standard for facilities and equipment in good condition:
  4% buildings replacement value plus
  5% of equipment replacement value
  = aggregate 4.23% of all capital assets
## Maintenance Budget Requirement

<table>
<thead>
<tr>
<th>Condition Rating</th>
<th>Condition</th>
<th>Action required</th>
<th>Maintenance type</th>
<th>Budget required as % MEA</th>
<th>Provision for unplanned maintenance if maintenance deferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Very good</td>
<td>Preventive maintenance</td>
<td>Normal maintenance</td>
<td>2 - 3%</td>
<td>0.75 - 1.25%</td>
</tr>
<tr>
<td>4</td>
<td>Good</td>
<td>Condition based maintenance</td>
<td>Normal maintenance</td>
<td>4 - 6%</td>
<td>1.5 - 2.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated Average Condition of Estate</td>
<td>Fair</td>
<td>Repair</td>
<td>Backlog maintenance (primarily capital)</td>
<td>20 - 30%</td>
<td>3 - 5%</td>
</tr>
<tr>
<td>2</td>
<td>Bad</td>
<td>Rehabilitation</td>
<td></td>
<td>50 - 60%</td>
<td>6 - 10%</td>
</tr>
<tr>
<td>1</td>
<td>Very bad</td>
<td>Replacement</td>
<td></td>
<td>100 - 110%</td>
<td>10 - 20%</td>
</tr>
</tbody>
</table>

# Maintenance Budgeting: Provincial Health Facilities Budgets 2007/08

<table>
<thead>
<tr>
<th>Maintenance as % Primary Appropriation</th>
<th>SA Average</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance from Programmes 7.2</td>
<td>2.0%</td>
<td>3.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>(Engineering Services) and 8 (Capital)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total including maintenance estimate from 2.9, 4 and 5 (PHC and hospitals)</td>
<td>3.1%</td>
<td>4.4%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maintenance as % Replacement Cost</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance from Programmes 2.9, 4, 5, 7.2 and 8</td>
<td>1.1%</td>
<td>1.7%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

- Maintenance budgeting well below national and international benchmarks

---

Provincial Appropriation Bills (2007/08)
Provincial Budgets and Expenditure Review (2003/04 – 2009/10)
Capital Expenditure Variance from Budget Allocation: Facilities and Equipment
2003/04 - 2005/06
## Required Capital Funding to Retain Estate

<table>
<thead>
<tr>
<th>Buildings</th>
<th>Estate MEA</th>
<th>% MEA</th>
<th>Funding required</th>
<th>Funding available</th>
<th>Shortfall/ excess</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacement</td>
<td>R 138 460</td>
<td>2.0%</td>
<td>R 2 769</td>
<td></td>
<td></td>
<td>50 year average life cycle</td>
</tr>
<tr>
<td>Growth</td>
<td>R 138 460</td>
<td>1.0%</td>
<td>R 1 385</td>
<td></td>
<td></td>
<td>Constant growth rate</td>
</tr>
<tr>
<td>Maintenance</td>
<td>R 138 460</td>
<td>4.0%</td>
<td>R 5 538</td>
<td></td>
<td></td>
<td>All facilities in good condition Backlog worked into growth and replacement</td>
</tr>
<tr>
<td>Total Buildings</td>
<td>R 138 460</td>
<td></td>
<td>R 9 692</td>
<td>R 3 320</td>
<td>(R 6 372)</td>
<td>Current platform acceptable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Estate MEA</th>
<th>% MEA</th>
<th>Funding required</th>
<th>Funding available</th>
<th>Shortfall/ excess</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacement</td>
<td>R 41 540</td>
<td>6.7%</td>
<td>R 2 771</td>
<td></td>
<td></td>
<td>15 year average life cycle</td>
</tr>
<tr>
<td>Growth</td>
<td>R 41 540</td>
<td>1.0%</td>
<td>R 415</td>
<td></td>
<td></td>
<td>Constant growth rate</td>
</tr>
<tr>
<td>Maintenance</td>
<td>R 41 540</td>
<td>5.0%</td>
<td>R 2 077</td>
<td></td>
<td></td>
<td>As for Buildings maintenance</td>
</tr>
<tr>
<td>Total Equipment</td>
<td>R 41 540</td>
<td></td>
<td>R 5 263</td>
<td>R 2 146</td>
<td>(R 3 117)</td>
<td>Current platform acceptable</td>
</tr>
<tr>
<td>Total all Capital</td>
<td>R 180 000</td>
<td></td>
<td>R 14 955</td>
<td>R 5 466</td>
<td>(R 9 489)</td>
<td></td>
</tr>
</tbody>
</table>

All figures Rm; 2007 base
Facility (immovable asset)

Planning, design, construction

Commissioning

Infrastructure renovation/addition

Operating cost: 80-90%

Facility service cost

Facility maintenance & management cost

Decommissioning/disposal

Facility design life: 50-60 years

Operating cost: 80-90%

Facility service cost

Facility maintenance & management cost

Capital cost: 10-20%

Equipment (movable asset)

Facility (immovable asset)

Time

Facility design life: 50-60 years

G Abbott, CSIR 2008
Reducing Usable Beds
FM / Maintenance Budget Implications

- Rationalise, reduce number of hospitals and beds
  - 31% decrease in number of usable beds (19% planned bed reduction) = reduced service cost
  - No equivalent FM / maintenance cost savings - 37% increase in area per bed = increased cost / bed

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>59</td>
<td>61</td>
<td>42</td>
<td>44</td>
</tr>
<tr>
<td>Gross area</td>
<td>1 509 294</td>
<td>1 252 625</td>
<td>1 401 997</td>
<td>1 436 497</td>
</tr>
<tr>
<td>Planned beds</td>
<td>15 010</td>
<td></td>
<td>12 190</td>
<td></td>
</tr>
<tr>
<td>Gross area/bed</td>
<td>101</td>
<td></td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>Usable beds</td>
<td>12 957</td>
<td>10 021</td>
<td>8 672</td>
<td>9 003</td>
</tr>
<tr>
<td>% Reduction: Usable beds</td>
<td>100%</td>
<td>77%</td>
<td>67%</td>
<td>69%</td>
</tr>
<tr>
<td>Gross area/bed</td>
<td>116</td>
<td>125</td>
<td>162</td>
<td>160</td>
</tr>
<tr>
<td>% Increase: Area/bed</td>
<td>100%</td>
<td>107%</td>
<td>139%</td>
<td>137%</td>
</tr>
</tbody>
</table>

Sources: NHFA 1996; Western Cape 2010 Plan  * estimated area
3 Health Infrastructure Delivery – Constraints & Enabling Mechanisms
Constraints and Enabling Mechanisms

- Current capital funding inadequate to maintain or replace existing infrastructure platform
- Budget underspending limits budget growth
- Budget underspending impacted by
  - Discrepancies between project plans and spending due to poor project planning
  - Impact of frequent cost overruns on other projects and budget
  - Lack of predictability for budgeting purposes
  - Inflation based rather than project based budgeting
  - Lack of alignment between the infrastructure delivery cycle and either the budget or strategic planning cycle.
  - The practice of committing budgets for large multi-year projects to one year instead of being spread over the MTEF cycle

IDIP, 2007
Constraints and Enabling Mechanisms

- Staffing and capacity constraints
- Construction industry capacity and transformation
- IDIP
- PPP’s
- Information to support infrastructure planning, design and management – consolidated current infrastructure database, norms, regulations, standards…
- Local infrastructure research base
Distribution of Health Care Workers by level of Health Expenditure and Burden of Disease

# Province A – Vacant Technical Service Posts: Health Care Facilities & Equipment

<table>
<thead>
<tr>
<th>Post Category</th>
<th>Posts</th>
<th>Filled</th>
<th>Vacant</th>
<th>% Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Engineers</td>
<td>11</td>
<td>3</td>
<td>8</td>
<td>72.7%</td>
</tr>
<tr>
<td>Industrial Technicians</td>
<td>75</td>
<td>53</td>
<td>22</td>
<td>29.3%</td>
</tr>
<tr>
<td>Artisans</td>
<td>228</td>
<td>164</td>
<td>64</td>
<td>28.1%</td>
</tr>
<tr>
<td>Tradesmen</td>
<td>174</td>
<td>125</td>
<td>49</td>
<td>28.2%</td>
</tr>
<tr>
<td>Handymen</td>
<td>157</td>
<td>107</td>
<td>50</td>
<td>31.8%</td>
</tr>
<tr>
<td>Foremen</td>
<td>17</td>
<td>16</td>
<td>1</td>
<td>5.9%</td>
</tr>
<tr>
<td>Groundsmen, Gen. Workers</td>
<td>17</td>
<td>14</td>
<td>3</td>
<td>17.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>679</td>
<td>482</td>
<td>197</td>
<td>29.0%</td>
</tr>
</tbody>
</table>
Consolidation and Recommendations for the Future
Health System Performance Framework

Functions the system performs

- Stewardship (oversight, managing resources, powers, expectations)
- People, Processes
- Buildings, Equipment
- Financing

Objectives of the system

- Responsiveness
- Health Profile
- Fairness

Service Model & Platform

Delivering services (at appropriate level, in/ outside fixed service platform)

Creating resources (people, buildings, equipment, drugs, supplies)

Financing (raising, pooling, allocating revenues)

Service Model & Platform

Development Bank of Southern Africa : INFRASTRUCTURE BAROMETER 2008
Consolidation

- **Infrastructure** a key resource for health service delivery; often not recognised as a priority in health departments
  - Part of an integrated, balanced, managed, resourced system
    - Infrastructure platform → Health service delivery → Health status
  - Distribution, functionality and standard (fit for purpose and fit for service) of current facilities questionable

- **Current funding** inadequate to retain, develop or to maintain current infrastructure
  - Acknowledge success of Revitalisation, IDIP programmes, but is it enough on its own?

- Affordability, suitability and sustainability of current **integrated service and infrastructure platform** questionable – critical strategic review, develop alternative options…
  - Hub and spoke, patient transfer, shared mode - PPP’s, …
Consolidation – 2

- Integration of strategic planning across tiers of government underpinned by common processes and current datasets
- Updated contextually appropriate guidelines, norms and standards
- Capacity development to address current skills gaps in the industry across the board but particularly in professional management and technical levels
- Interim processes - acknowledge inertia in system
  - Short term wins
  - Recognise and multiply pockets of excellence
- Acknowledge dedication and role of many unsung heroes in the health care sector in SA who are striving to make a real difference
Health System Performance Framework

Functions the system performs

- Stewardship
  - (oversight, managing resources, powers, expectations)
- People, Processes
- Buildings, Equipment
- Financing

Service Model & Platform

- Developing services
  - (at appropriate level, in/outside fixed platform)

Objectives of the system

- Responsiveness
- Health Profile
- Fairness

People, Processes

Buildings, Equipment

Financing

Development Bank of Southern Africa: INFRASTRUCTURE BAROMETER 2008

Acknowledgements

Dr Thuthula Balfour, David Ndegwa – Development Bank of South Africa
Richard Hussey, Rod Bennett – Department of Health
Dr Mark Bletcher, Peter Brook – National Treasury
Sandi Mbatshwa, Netcare
Johan Fourie, Marlé van Niekerk – University of Stellenbosch
Dr Christopher Torr – Economics Consultant
Dr Johann McDuling, Chris Schoeman – Built Care
Kurt Worrall-Clare – Hospital Association of South Africa

Thank you

Geoff Abbott, Peta de Jager – CSIR Built Environment
Nolwazi Gaza – Development Bank of South Africa