SAFHE 2026
SOUTHERN AFRICAN HEALTHCARE CONFERENCE
SYNERGY IN ACTION: SHAPING THE FUTURE OF HEALTHCARE TOGETHER

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CTICC 2 CAPE TOWN

Transformative Healthcare Infrastructure in Limpopo

Kate Roper & Mike Morkel

Introduction

Healthcare systems across the globe are undergoing profound transition, driven by demographic shifts, changing burdens of disease, fiscal constraint, and the re-engineering of service delivery platforms.

In this context, collaboration is the central mechanism through which resilient, responsive health infrastructure can be realised. This paper explores "Synergy in Action" through the lens of a multi-year hospital revitalisation programme that seeks to align infrastructure reform with broader health system transformation.

Why? Who? Where? What? When? How?

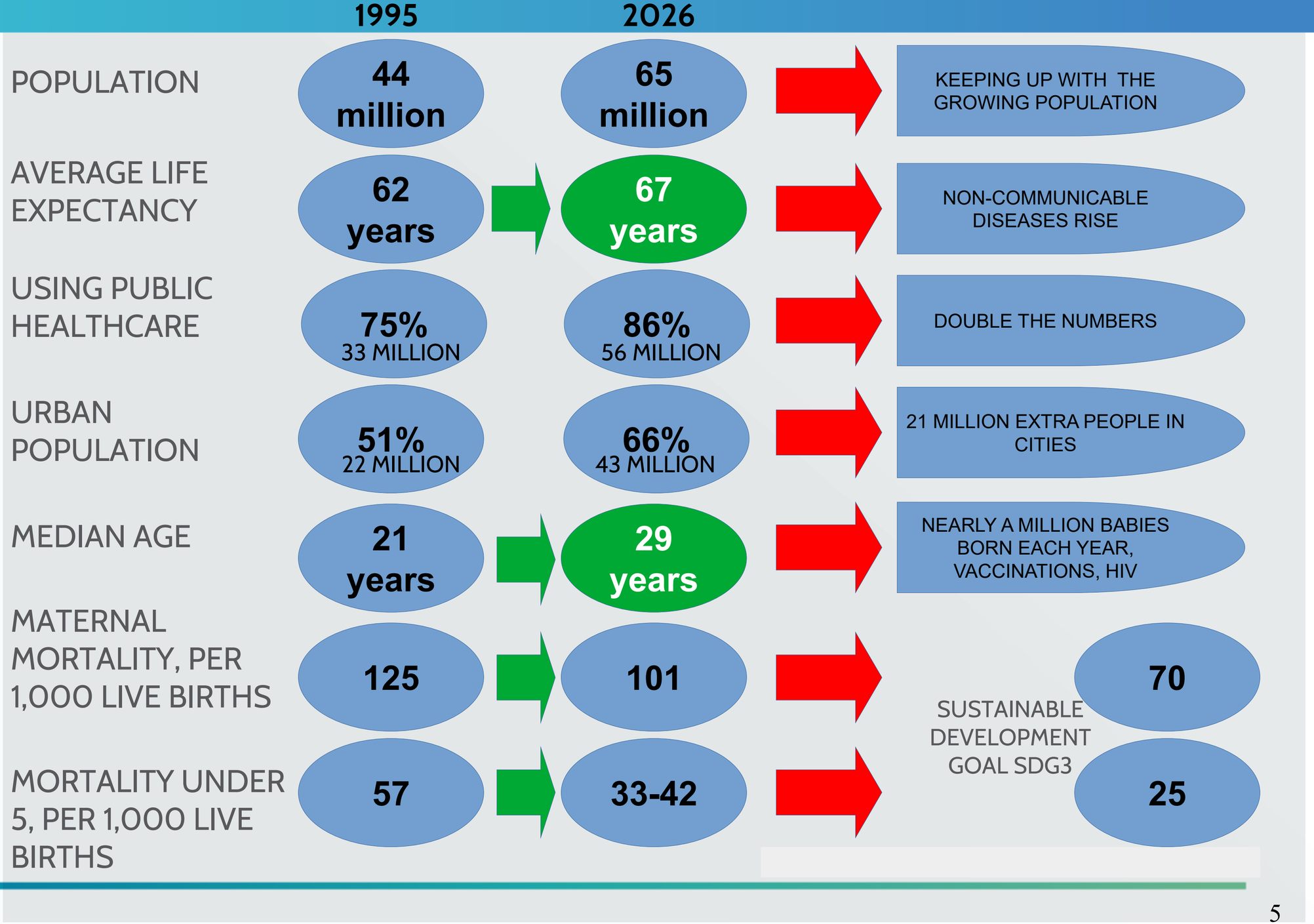
Why?

"A nation should not be judged by how it treats its highest citizens, but its lowest ones." (Mandela 1994: 201)

Who? Status quo quiz:

Who are we?	POPULATION	44 million	65 million	120 million ETHIOPIA, EGYPT, DRC	235 million NIGERIA
How long do we live?	AVERAGE LIFE EXPECTANCY	62 years	67 years	73 years GLOBAL AVERAGE	84 years
Do South Africans have universal access to healthcare?	USING PUBLIC HEALTHCARE	13% GLOBAL AVERAGE	75%	86% MIXED SYSTEM	95% TAX-FUNDED & SOCIAL INSURANCE
Who uses public healthcare?	URBAN POPULATION	51% 22 MILLION	57% GLOBAL AVERAGE	66% 43 MILLION	85%
Who and where are the patients?	MEDIAN AGE	21 years	29 years	30+ years UMIC	40+ years HIC
Growth?	FERTILITY RATE	3.2	2.2	2.0 UMIC	1.5 HIC

What changed the patient load?



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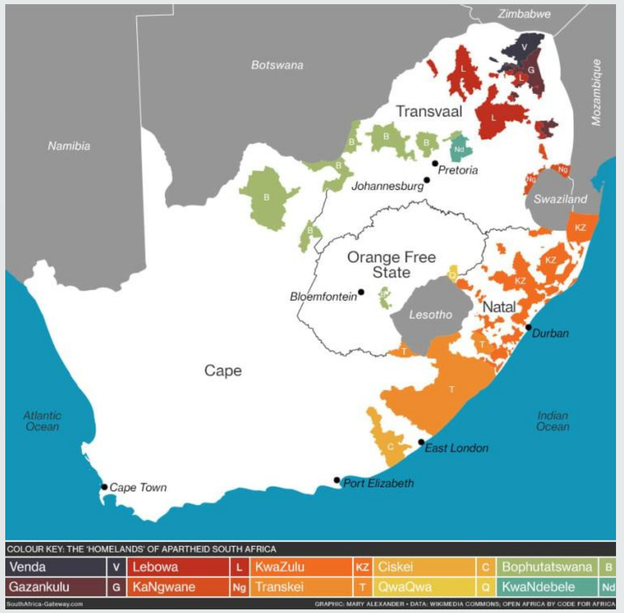
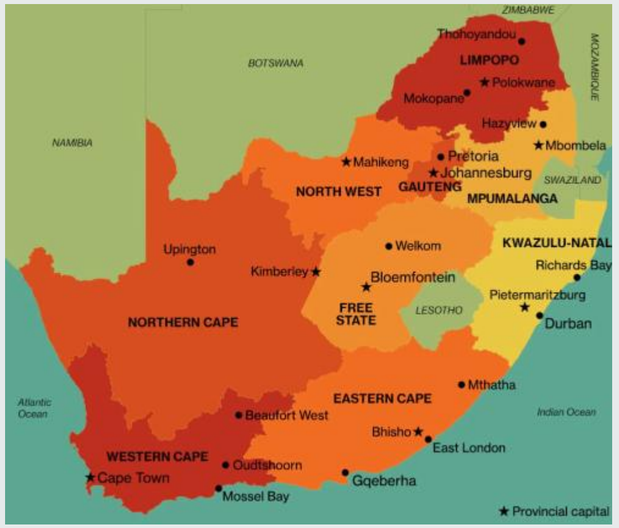
How did infrastructure contribute? The enabling environment

Creating a new spatial framework

1995



2026



Fragmented healthcare under 14 authorities

Healthcare district and referral model

Re-engineering Primary Health Care (PHC)

Conditional grants to provinces + Equitable share funds for operational costs

Health Facility Revitalisation Grant (HFRG)

Legislation, regulation & guidelines

National Building Regulations, health infrastructure & maintenance guidelines, hospital roles and functions, infrastructure delivery management system, recruitment & technical advisors, procurement regulations, audits, PPTCRM, OHSC

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In addition to the social determinants of health: social grants, water, toilets, school nutrition

Re-engineering PHC

STANDARD CLINIC PER 12,000 POPULATION

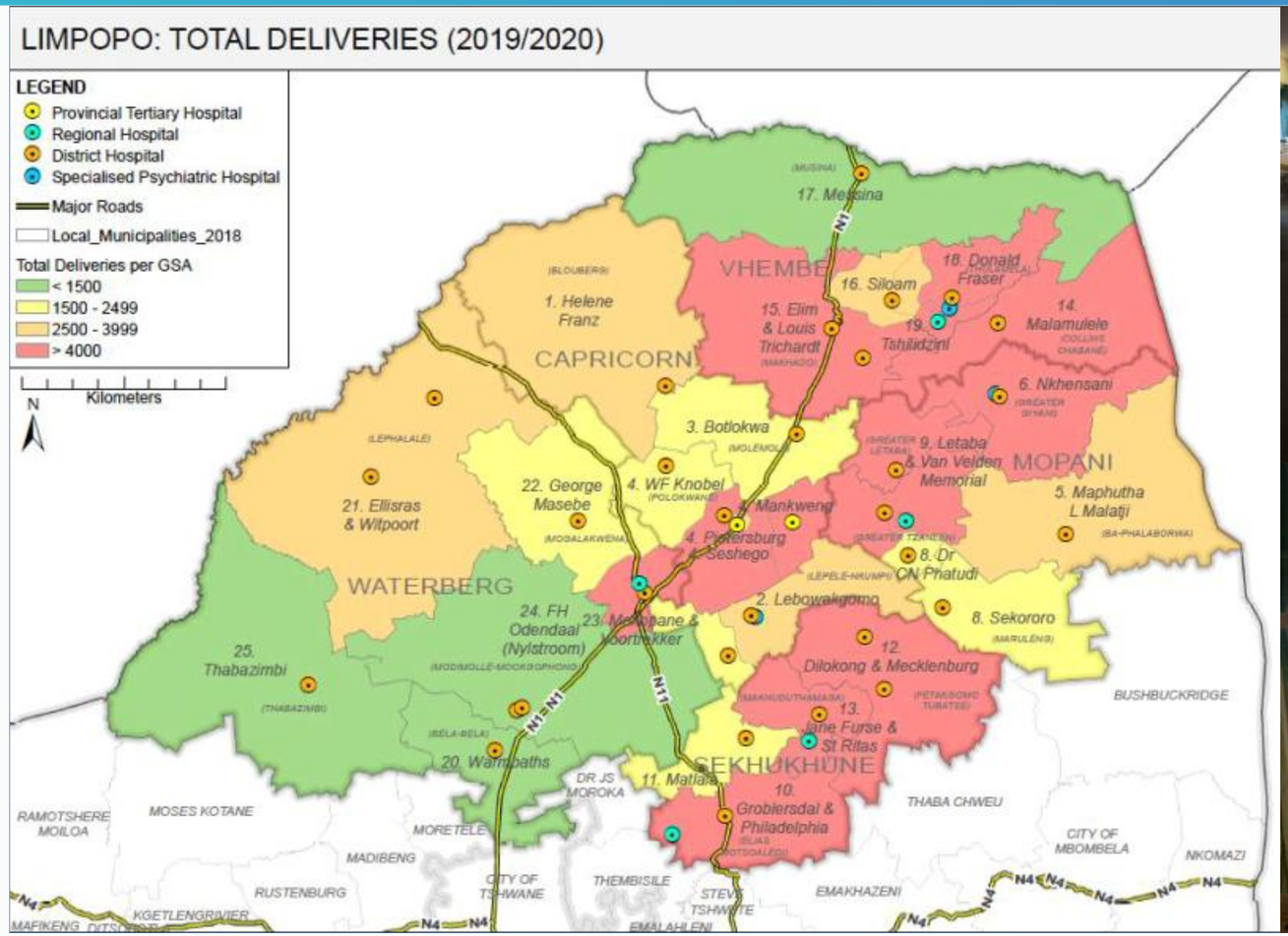

SCHOONGEZIGT CLINIC - BEFORE


SCHOONGEZIGT CLINIC - AFTER


+ Upgrade overloaded clinics

30-years later: Re-plan district-by-district for system-wide impact

PLANNING FOR POPULATION DEMOGRAPHICS: THE MOTHER AND CHILD EXAMPLE AS A PROXY




DONALD FRASER DISTRICT HOSPITAL


SESHEGO DISTRICT HOSPITAL

	545 clinics, 26 CHCs	30 district hospitals	5 regional hospitals	2 provincial hospitals	central hospital
Births in 2021/22	14,654	85,105	24,470	9,775	no hospital
MMR per 100,000		0-224	120-312	221-1970	

OVERCROWDING:
14 acute beds per 10,000 is much lower than the national average of 20 beds per 10,000 people, while UBUR is equivalent to the national av.

Why?

Why aren't babies born at clinics and community health centres (CHCs)?

- Not enough nurse-midwives for 545 clinics to be open 24/7
- Prevention of mother to child HIV transmission (14%) referrals to hospitals
- Add CHCs

How to relieve the provincial hospital complex?

- Licence more private hospitals
- Create service agreements
- Build the missing central hospital
- Upgrade provincial hospital facilities

How to ease the referral challenges?

- Emergency medical services
- Provide diagnostic equipment at district hospitals
- How many operating theatres in the district work at any time?
- Add regional (L2), ICU, mental health hospital beds
- Allow regional & district hospitals to provide some tertiary services
- Complexing and/or changing the bed mix at nearby hospitals (L1, L2, L3)
- Rehabilitate and/or expand some hospitals
- Add mental health observation wards at all district hospitals

Solutions for system-wide impact: Quaternary beds

0.13 CENTRAL (T3, Q) HOSPITAL BEDS PER 1,000 POPULATION

LIMPOPO ACADEMIC HOSPITAL

Solutions for system-wide impact: Specialist units

MENTAL HEALTH
Add acute facilities at all hospitals

TRAUMA

Trauma Level	Location	Facility
Level 1	Pietersburg	Tertiary
Level 2	Waterberg	Mokopane Centre of Excellence for Trauma
	Mopani	Letaba Hospital
	Vhembe	Tshilidzini Hospital
	Sekhukhune	Dilokong & Philadelphia
	Capricorn	Lebowakgomo
Level 3	N1 Corridor	Botlokwa
		FH Odendaal
		Louis Trichardt Hospital
		Musina

MCCE
Upgrade Petersburg tertiary to provide a fully functional MCCE

Hospital	Specialty	Referral Facilities
Philadelphia	Ophthalmology & Cataract Surgery	All Sekhukhune hospitals
Mankweng	Ophthalmology & Cataract Surgery	All Capricorn & Waterberg Hospitals
	Orthopaedic Surgery (Knee/Hip replacements)	Capricorn, Sekhukhune & Waterberg Hospitals
Elim	Ophthalmology & Cataract Surgery	All hospitals in Mopani & Vhembe
Lebowakgomo	Uro-gynaecological Surgery	All hospitals in Limpopo
	Renal Dialysis Centre	Waterberg & Sekhukhune hospitals
Pietersburg	Oncology	All hospitals in Limpopo
	Renal Dialysis	Capricorn & Waterberg hospitals
MDR	Specialist stroke, orthopaedic, neuro-spinal rehabilitation centre	Limpopo Hospitals Gauteng, North West referrals
Voortrekker	Maternal & Child Waterberg regional centre of excellence	Waterberg Hospitals
Letaba	Renal Dialysis Centre	Mopani Hospitals
Tshilidzini	Renal Dialysis Centre	Vhembe Hospitals

DRAFT

District hospital beds for system-wide impact

0.66 DISTRICT (L1) HOSPITAL BEDS PER 1,000 POPULATION

8 hospitals in poor condition:
Kgapane, Evuxakeni, Groblersdal, Philadelphia, Donald Fraser, Elim, Messina, Warmbaths

Adding mental health and other specialist services at district hospitals e.g. Matlala, Witpoort

Maintenance and management

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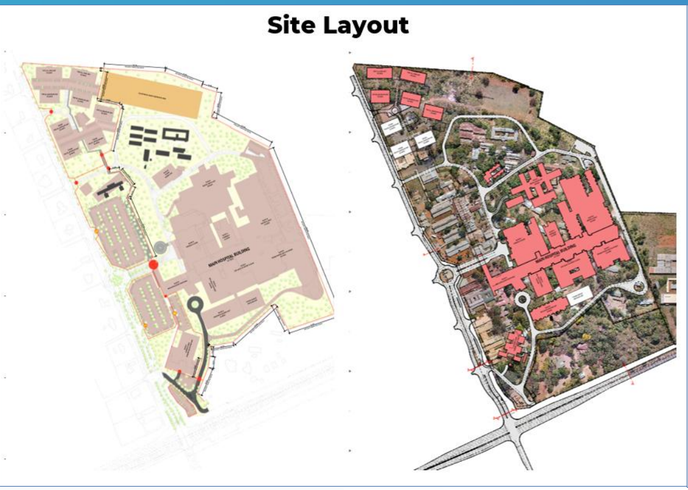
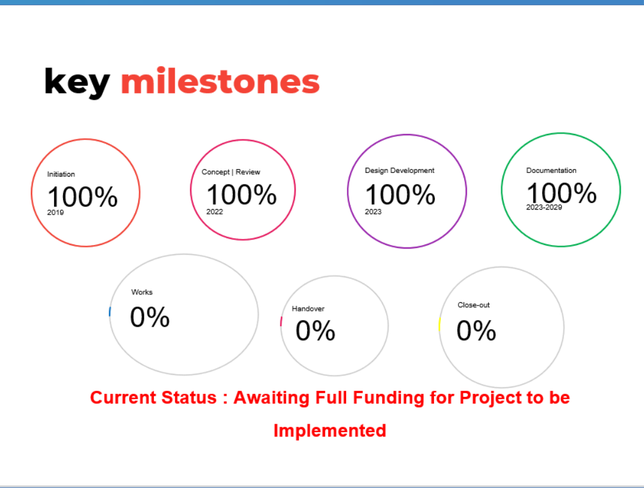
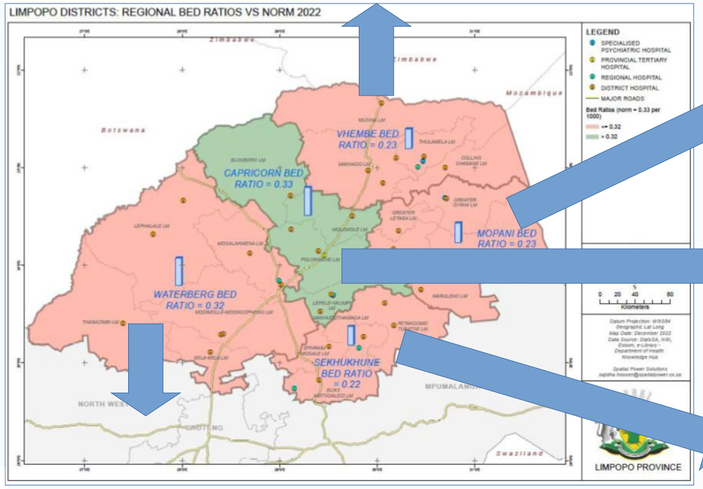
Solutions for system-wide impact: Regional beds





0.33 REGIONAL (L2, T1) HOSPITAL BEDS PER 1,000 POPULATION



Vhembe

- Replace Tshilidzini clinical blocks
- Replace Elim district hospital clinical blocks

Mopani

- Complexing of Van Velden and Letaba to increase regional bed capacity
- Complexing of Maphutha Malatjie with Clinix Hospital in Phalaborwa
- New CHC for Nkowankowa, Giyani and Letaba District

Capricorn

- Consider right-sizing Mankweng into a district hospital and avail 509 L1 beds.
- Consider expanding Seshego Hospital by at least 100 beds and include some regional beds.
- Expand availability of CHC in high growth nodes such as Seshego, Mankweng, Lebowakgomo, Nkowankowa, Giyani and Malamulele

Sekhukhune District

- Convert one of the two regional hospitals St Rita's and Philadelphia into a district hospital this will add either 306 or 286 beds to the system.
- Open underutilised wards at Dilokong to add 120 more beds.

Waterberg

Mokopane: To transform Mokopane Regional Hospital into a P2 Centre of Excellence for Emergency Trauma and Surgical Care, driving service innovation and excellence in healthcare delivery across South Africa.

Convert Voortrekker Hospital into a specialist MCCE unit

How iterative planning & multi-year revitalisation programmes support strategic projects

	ASSESS	BIG PICTURE DATA	BALANCE	TARGET
Strategy	FACILITY CONDITION ASSESSMENTS POPULATION DYNAMICS DISEASE AND TREATMENT WAITING TIMES	**DATA** PREMIS, FIT, U-AMP, 10 YEAR PLAN, HEADCOUNTS, INFRASTRUCTURE MASTER PLAN	GAPS FISCAL CONSTRAINTS PRIMARY HEALTH CARE vs. ACUTE HOSPITAL CARE	**DECISIONS** IMPROVE ACCESS & REDUCE WAITING TIMES
Tactics	CONSULT & CO-ORDINATE	10-YEAR PLAN UPDATED EACH YEAR	BUSINESS CASE	SITE DEVELOPMENT PLANS SCOPE & PHASE PROJECTS	4-YEAR PLAN ALLOCATES PROJECTS TO IMPLEMENTING AGENTS
Implement	DESIGNS AND DOCUMENTS BY IMPLEMENTING AGENTS	ANNUAL BUDGET & PROCUREMENT PLAN	PROCUREMENT BY IMPLEMENTING AGENTS	CONSTRUCTION BY IMPLEMENTING AGENTS	EQUIPMENT, FURNITURE, STAFFING, TRAINING,COMMISSION & OCCUPY
Maintain	STAFFING & MANAGING HOSPITALS	DESIGN OUT MAINTENANCE	DISTRICT MAINTENANCE HUBS	EQUITABLE SHARE BUDGETS	ARTISANS, AUTHORISED SPECIALISTS, SUB-CONTRACTORS

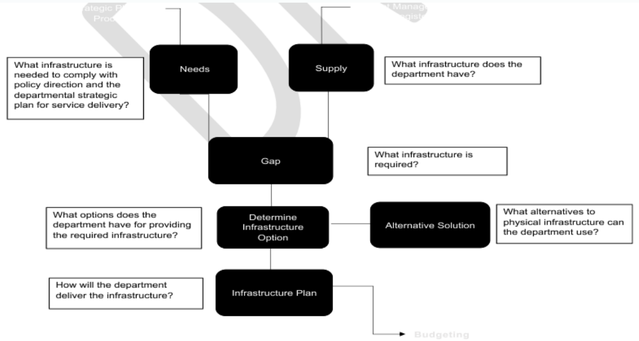


FIGURE 1: MASTER PLANNING FRAMEWORK

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Thank you / Q&A