

Publication: Weekend Argus

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Title: Tygerberg Hospital: a decade of delays

Publish Date: 17 May 2025

AVE: 22476.2

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HEALTHCARE

Tygerberg Hospital: a decade of delays

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IT HAS been 16 years since the Western Cape provincial cabinet decided to rebuild Tygerberg Hospital, but the site remains untouched. The project, first announced in 2009, is still stuck in paperwork and planning, with the health department only now moving into the procurement stage. Frustrated residents and critics say it's a clear sign of failure to deliver.

Dwayne Evans, spokesperson for the Western Cape Department of Health and Wellness, confirmed this week that the project has not yet reached the construction phase.

The Tygerberg Public Private Partnership (PPP) has progressed through feasibility and Treasury approval and is currently preparing its PPP tender documentation for the procurement stage.

"This stage involves refining the service brief and market-engaging potential partners; it does not involve construction on site yet," he said.

Although the department said the plan for a new hospital is still going ahead, it admits the process has been delayed by design changes and extra technical work. The new Tygerberg Central Hospital is meant to have 893 beds and provide specialised services. It will be supported by a 593-bed Belhar Regional Hospital, which will handle less complex care.

The department has said that building will only begin once a private partner is chosen and all funding agreements are finalised. That is not expected before 2028. The estimated cost is around R5 billion, not including medical equipment, but the final cost will depend on the bids received from private companies.

ANC health spokesperson Rachel Windvogel was blunt in her criticism.

"The state of public healthcare infrastructure in the Western Cape is dire, and the DA-led government's failure to deliver on these mega projects – Klipfontein Regional Hospital, Belhar Regional Hospital, and Tyger-

berg Central Hospital – is unacceptable," she said.

She added: "All three projects, conceptualised over a decade ago, remain mired in delays, with Tygerberg's redevelopment stuck in procurement since 2009 and Belhar and Klipfontein still in the design phase. The GF Jooste Hospital was demolished without a timely replacement, forcing communities to wait until 2030 or later for relief. This is a shameful dereliction of duty."

Windvogel also stressed the importance of economic inclusion in the public-private partnership model. "While we note PPPs as a global best practice, we insist on stringent provisions to ensure SMMEs, particularly Black (including African, Coloured, and Indian), women, and youth-led businesses, benefit meaningfully."

Unions have also raised concerns. Hospersa – the Health & Other Services Personnel Trade Union of South Africa – supports the idea of the redevelopment but warns that staff are already under immense pressure.

Tsholo Ramokoatsi, Labour Relations Organiser for Hospersa said: "This project is a good idea because it will rebuild health infrastructure, connect communities, and strengthen partnerships. It also has the potential to give low-income individuals access to quality care, even without medical aid."

Ramokoatsi, however, warned that delays are contributing to an already struggling employer morale at Tygerberg.

"The staff shortage has already made it extremely difficult for our members to cope with the demanding working conditions at Tygerberg.

"The employer is not expanding the capacity of the workforce but expects the same small number of employees to keep the system going."

"Our members are often forced to work outside their scope of practice to meet the employer's demands. This places them at serious risk of losing their professional licences, particularly in the Nursing Department," Ramokoatsi added.