

Minister #ZweliMkhize addresses HPCSA conference

I would like to congratulate you on this auspicious occasion- the Inaugural National Conference of the Health Professions Council of South Africa.

I have no doubt a conference of this nature was born out of a need for regulators and their stakeholders to reflect together on the current status of health regulation and its relevance in a future where Universal Health Coverage will be the order of health care delivery.

I applaud the Council for recognizing the need to adapt and embrace change, as it fulfills its core mission of quality and equitable healthcare for all.

Since its inception, the HPCSA has made remarkable achievements, as a champion for professional and ethical conduct in order to protect society by guaranteeing and upholding the highest standards in health care delivery and holding clinicians and all professionals accountable.

HPCSA has asserted its regulatory position in the South African Health Care system and engaged partners and stakeholders across the planet for benchmarking and to learn from global best practices in pursuit of excellence in the field of regulating health care.

We particularly note the progressive Association of Medical Councils of Africa Protocol, which aims to protect the ideals of Universal Health Coverage through effective and relevant regulation. We thank you for your partnerships with other African nations in this regard and endorse and support the Protocol.

At this Inaugural event, the HPCSA will recognize and honour outstanding performance of individual practitioners through the Health Awards.

As we congratulate both the HPCSA and the prospective awardees on such a milestone; we look forward to joining the HPCSA in honoring these exceptional individuals whose knowledge, skill and passion have driven excellence in health care delivery.

Colleagues, the theme for this conference is “Regulating the Health Professionals in the 21st Century” with a focus on the role of the regulator in Universal Health Coverage. This is most appropriate.

Since we announced the introduction of the NHI Bill into Parliament, the national debate has gripped the collective conscious of our nation. We are at the threshold of a revolution not seen since the dawn of democracy- the fundamental transformation of the South African health care system. As the wheels of social justice finally turn in the right direction, it gives us strength and courage to be amongst friends who share the ideals we share.

NHI is on everyone's lips.

Unhealed wounds of past injustices have been split open and the discourse is robust to say the least. This is not just a debate about health. It is a debate about how to achieve national prosperity, address structural constraints that are holding us hostage to inequality, unemployment, poverty and low economic growth trajectory.

It calls upon us to reimagine our country's future and what we are prepared to do, or sacrifice, in pursuit of equality, happiness, a better life and health for all South Africans.

We believe in the NHI and the promise that it brings for a prosperous future. Universal Health Coverage is a global movement towards a social ideal that none can dispute. The United Nations Sustainable Development Summit will take place at the end of September where our President will have to tell the world what we are doing about meeting our Sustainable Development Goals by 2030.

Notwithstanding any negativity from some sections of our society; I would like to take this opportunity to thank the HPCSA for coming out strongly in support of NHI, in particular to Dr. Kgosi Letlape for his fearlessness in the defending the cause.

This weekend, today and yesterday we spent time with the Independent Community Pharmacy Association. I know the HPCSA knows well the critical role pharmacists and community pharmacy will play in the NHI: the security of medicine and the industry that supplies it is critical to the success of the NHI. The huge amount of support we received from the ICPA gives us impetus to continue with the initiatives successfully realized through the pilot projects. The ICPA has placed its 1200 qualified pharmacists, 20 000 pharmacy staff in over 3000 centres countrywide, at the disposal of the NHI. Handing over a petition signed on behalf of the ICPA, the chairperson stated; "the ICPA urges the minister to implement NHI with speed as our patients can not afford any further delay" The ICPA created a post in their board to work on the participation of ICPA in the NHI. They already submitted proposals on what role they wish to play in reaching the 90-90-90 targets in search of the additional two million people to be added on Anti Retroviral treatment. There will be a meeting this week to take forward that conversation with the Department.

The Pharmaceutical Industry has stayed true to its reputation of staying right at the cutting edge of technological innovation that drives efficiency and good outcomes of health care. They have taken the lead in many aspects of NHI and their focus on good primary health care delivery is indeed to be highly commended.

As part of responses, the Constitutionality of the Bill has been brought into question since its introduction to Parliament. I wish to reassure you all that aspect of the Bill went through rigorous scrutiny by constitutional and legal experts prior to the Bill being introduced to Parliament.

The chairperson of the Portfolio Committee for Health, Dr Sibongiseni Dhlomo has also requested the State Law Advisor to make a presentation to the Portfolio Committee in the interest of a swift resolution.

The Bill makes no attempt whatsoever to usurp the concurrent powers of Provincial spheres. Co-operative governance is still the overriding principle. In the last National Health Council meeting we clarified this issue and the NHC will continue to work through the legislative framework and determine the principles by which concurrent powers will be shared. It is generally accepted that while the national sphere will mainly be responsible for policymaking and legislative frame-working, the provincial spheres will have their focus largely on implementation, with sufficient powers assigned by national legislation, delegated by the minister or promulgated through their respective legislatures.

There is no dispute in the NHC that central hospitals need to be placed under National jurisdiction to protect and uphold their function of complex disease management for all who need it and academic excellence. This is to protect the budgets of provinces that offer tertiary and quaternary services for patients coming from different provinces. This resolves the perennial dispute of how provinces reimburse each other for referrals across provinces.

There are two pivotal points that seem to be the centre of the NHC debate- that of the single payer/ single purchaser principle and that of the role of medical aids. This option has been preferred to create an equal access to health for all and eliminate inequality.

The Implementation of NHI will be done in incremental and phased manner as we simultaneously rebuild trust in the public health services. Staff shortage will be addressed, supply of medication will be secured with strict monitoring by management and patients to ensure an early warning and correction in case of local or global shortage of medication. We have a combined team of National Treasury and Health Department working on innovative financing and creative service delivery model, approved by the

National Health Council to explore fast tracking refurbishment of existing facilities and building new hospitals and clinics with the future NHI in mind. We will be looking at private sector to invest in this effort to deliver quality infrastructure suitable for our people under the NHI. Before the end of August we are sending delegations to various countries in the world to learn about NHI. We are determined to stamp in strict management accountability and consequence management to prevent and uproot all forms of corruption. Those are the lessons we are taking from the commission of state capture and all revelations on corruption and fraud. NHI will be set up as schedule 3 type entity that has limited powers than other SOE's such as Eskom, but strong oversight as it only dispenses funds from the fiscus and has no latitude to engage in risky and speculative conduct.

We have indicated our intention to contract with private practitioners and family practitioners into the NHI. This is because Primary Health Care will be the foundation on which NHI is constructed.

Our focus will be health promotion, dissemination of health information to promote healthy lifestyle, prevention including vaccination, screening and early treatment and diagnosis of diseases. We need to mount a strong community advocacy for fighting communicable and non-communicable disease. Outreach programs by community health workers, complimentary practitioners, nurses in clinics, contracted private family practitioners and district hospital doctors will assist in reducing long hospital queues.

Innovative distribution of medication such as ePharmacy and medicine dispensing ATMs etc will have the impact of reducing overcrowding and long queues in our institutions.

In the first instance it will be critical for the success of NHI for NHI facilities to be the facility of choice. We are fully cognizant of what facilities must look and feel like to be a facility of choice.

The role of medical aids is clearly articulated in the Bill. The roles and packages will be discussed in terms of what NHI packages are implemented and considerations of some of recommendations from the BMI. Since the NHI Implementation is phased approach, there will be adequate opportunity to engage on this aspect, long after the Bill has been passed. Our immediate task is setting up the structure of the fund, build capacity to manage NHI and define the packages to be offered to the citizens as we revamp the public health system.

We need to stamp corruption out of the health system, both public and private. From 2001 to date about 17 medical schemes were put under curatorship for various reasons, mismanagement, fraud, insolvency, etc. Corruption and mismanagement must be condemned whenever it raises its head.

The business of government is to observe the constitution and find all solutions with all the resources it has at its disposal to meet those constitutional obligations. It is from this understanding that the NHI funding model is based- a central fund pooling all resources to strategically purchase health goods and services on behalf of a user. This strategy mitigates risk for the user, putting money back in their pockets while securing their well being.

We are very comforted that the HPCSA sees itself as important players in the NHI, because we believe the same thing. It's role as a regulator sets the tone of the determinations of the Bill, which will become an Act and therefore law. How this law translates on the ground very much depends on how the regulator is able to adapt its policies to reflect its support of the the Act.

We agree with the roles the HPCSA sees itself playing which we understand to be the following:

- To support the NHI by ensuring quality assurance for universal health coverage and enforcing Professional Codes of Conduct and Ethics anchored on universally accepted principles on natural justice
- To provide input on the general practitioner contracting model to both support the NHI and the general practitioner.
- As an advocate for proper regulation of private hospitals
- Enhancing Human Resources for Health. This is absolutely key and has emerged as a cause for concern in the debates. The HPCSA is a critical influencer- it can effect human labour security by ensuring there are adequately qualified professionals trained and registered by carrying out its mandate of regulating education, training, registration and practicing of health professions registered under the Act. Further, I wish to encourage the HPCSA to accelerate it's capacity to license practices so that they can be contracted into the NHI.

The ability of the HPCSA to be able to do this by the time NHI is implemented is absolutely critical to the success of the Contracting Units for Primary Health Care (CUPs). CUPs will be the backbone of the NHI- a well functioning primary health care model will ensure that disease burden, queues and waiting times are reduced at clinics and hospitals. This will lead to good patient outcomes, safety in health care delivery, client satisfaction and cost effective health care delivery.

Therefore this matter of the HPCSA being able to license facilities is crucial and we are ready to support the HPCSA in any way necessary to ensure that this happens very quickly.

We welcome and applaud the HPCSA's commitment to continue with community engagement around NHI. The vast majority of our citizens want NHI but their only concern is they do not have the necessary information to join us in advocating for NHI. They want to understand their rights in the context of NHI and they want assurance that it will translate to improved infrastructure that protects their right to dignity. dialogues for empowerment on rights and responsibilities and the role of health regulators in health care needs to intensify and the HPCSA has a pivotal role to play here.

The HPCSA's role of updating its health care workers registration is critical and so we hope the NHI will enjoin the 4th industrial revolution to adopt systems that increase efficiency in this regard.

The HPCSA can further play its part by reviewing its policies and rules on interdisciplinary collaboration. This will ensure that the CUP's, driven by multidisciplinary teams, can function without health care workers finding themselves in violation of ethical rules set out by the HPCSA. This will further alleviate the the uncertainties around contracting and pricing. We need to work together to understand the intricacies of the Bill's expectation of CUP functionality so the HPCSA can comfortably introduce reform in its policies.

With this in mind, if the HPCSA will indulge me, I would like to the this opportunity to highlight some key learnings from the draft recommendations made by the Health Market Inquiry:

The HPCSA is encouraged to be consistent in its enforcement of rules in the interest of consumer protection.

The HPCSA's Ethical Rules need reform to foster an environment where multidisciplinary teams and models of care can be formulated and innovation encouraged.

This will open up the market and encourage competition which in turn will lead to increased quality of service delivery at competitive prices.

The HPCSA must undertake a review of its ethical rules with a view to:

- Reviewing all rules from a competition perspective.

- Re-phrasing rules to be more permissive or enabling in nature, including that of encouraging group practices and promoting the use of global fees.

The issuing of practice code numbers to practitioners requires close collaboration with the regulators for all health professionals (HPCSA, SAPC, AHPSA, SANC, etc.) who must provide proof of registration of each applicant. Practitioners should be issued with an individual, unique practice number to be used for reimbursement, irrespective whether the payer is a public or private sector purchaser.

The HMI further recommends more effective monitoring of practitioners' financial interest in facilities. Practitioners who own shares in facilities should declare this information to the HPCSA on an annual basis and this information should be published by the HPCSA on its website and all facilities where affected practitioners work.

To protect the interest of the health care user the Cost of medical care needs closer monitoring- specifically, if practitioners charge more than any prevailing reference prices not approved by funders, informed consent should be backed up by signed documentation

The Inquiry also recommends that the HPCSA review its requirements for approval of training institutions such that training includes:

- an understanding of medical coding of procedures;
- the cost and value implications of health care; and
- an understanding of the purpose of HTA-like bodies and their methods.

These modules should also be included in continuing medical education so that post graduate providers also gain this knowledge.

We believe these recommendations very much align with the objectives of the Bill and so I hope they are taken into cognizance and we can continue to engage for maximal collaboration.

I have been concerned about the discovery of fraudsters posing as qualified doctors or unlicensed individuals practicing. I support the idea of registering all medical practices to be declared and employee professionals be monitored for their qualification and professional status. HPCSA has to do everything to root out charlatans and protect our people.

A few weeks ago, we signed the Health Compact with our President as a gesture of our commitment to radical health reform. The HPCSA, its members and stakeholders were passionate participants of the process that led to final adoption of the Compact and I would like to take this opportunity to thank everyone for their expertise and hard work.

We have already begun to implement the 9 pillars which serve as our guide as we go about the business of administrating health care. The Compact together with the Quality Improvement Plan are the answers to our citizens call to fix the health care system while we prepare for the NHI. It is very gratifying to have the support and commitment of the HPCSA.

Finally, I cannot conclude the speech without wishing the women in the health care industry a very happy Women's month. The industry has come a long way since the dark days of male domination, towards a brighter future of diversity that is reflective of our population. When the NHI is fully implemented, the entire gamut of the health care industry will be maximally exposed to the full diversity of the nation.

By that time we hope that there will be reflective diversity in executive positions, which can only enhance our ability to empathize and deliver quality, compassionate health care as service providers. Women have been the leaders in advocacy for diversity and inclusivity: today I wish to salute you for what you do for nation building. We pledge to support and uphold the ideals you strive for- if we fall short of this we know you will have no qualms alerting us of our shortcomings. Happy Women's Month.

Friends, Colleagues, there is much work to be done- but today we celebrate the spirit of solidarity. I wish you well in your deliberations during the conference and look forward to the outcomes as we align health regulation with the NHI.

Thank you.