



Commitments spelt out in revised Charter

After taking account of 61 written submissions and heard presentations from 28 stakeholder organisations, the Ministry of Health released a revised Health Charter at the end of October which commits all parties to develop programmes that should ensure workplaces will be 40% black across the value chain and will comprise 30% women by 2010.

"This representation," Minister Manto Tshabala-Msimang noted when releasing the document, "should rise to at least 60% black and 50% women by 2014." Black people, she added, must have 31% of the total economic interest of enterprises within the health sector by 2014.

Responding on behalf of the multi-grouped Private Healthcare Forum, Vicky Ehrich said that she was encouraged that significant amendments had been made to the revised charter and for the opportunity to engage further on the document - and if necessary, negotiate - in order to reach agreement on various issues

New WMA chairman Letlape denounces political intervention

Doctors cannot allow politics to stand in the way of effective handling of epidemics or disasters affecting both national and international levels," SAMA chairman and new chairman of the World Medical Association (WMA), Dr Kgosi Letlape, said in his inaugural address to the WMA General Assembly in Chile during October.

"It highlights the fact that doctors need to become more effective in shaping the health policy environment, rather than be shaped by it," he said.

Price controls will have deleterious consequences

The drug price regulations are likely to increase the delays of drug registration and/or stop manufacturers from registering their drugs at all.

"The healthcare outcomes are likely to be severe, reducing patient welfare as well as the ability of physicians to care for their patients," director of the Freemarket Foundation, Eustace Davie, wrote on the Foundation's website shortly before the Constitutional Court ruling at the end of September.

"After the dust of the court action and required new pricing committee hearings has settled, we will probably find that pharmacists will be allowed to charge more realistic and differentiated dispensing fees, depending on the nature of their businesses. "However," Davie added, "medicines will be subjected to price controls with particular deleterious consequences. Evidence suggests that drug price regulation, even in wealthy economies such as Japan, increases the delay in registering new drugs. Manufacturers have greater incentives to register their medicines and comply with the increasingly onerous regulatory requirements in countries where they have greater freedom to price their products without bureaucratic intervention.

"The registration process in South Africa," he noted, "already delays the registration of drugs, imposing considerable costs on drug companies."

Zokufa new BHF MD

Former Medicines Control Council Registrar, Dr Humphrey Zokufa, is the new managing director of the Board of Healthcare Funders (BHF), effective from November 19.

Zokufa, who holds a doctorate in Pharmacy, joined the department from retail pharmacy in 1995 and was Cluster Manager: Pharmaceutical Policy and Planning (Chief Director level), before being appointed MCC registrar earlier this year.

He succeeds Dr Penny Tlhabi, who has returned to Discovery to head up one of their low income schemes.

Pricing Committee chastised.

Medicines Pricing Committee member Dr Humphrey Zokufa, said at the BHF Seminar in Johannesburg that the Constitutional Court judgment on medicines pricing actually chastises the pricing committee.

"You as a pricing committee, it says to us, have failed the country to exercise the statutory power you have to come up with a dispensing fee. You have not been forthcoming enough. You have been too nice, maybe, on issues. So it is high time you exercise the power that you have to come up with an appropriate fee because that is what the country wants.

"And you, the affected parties? You," said Zokufa - alluding mainly to the pharmacy bodies, "must co-operate with the pricing committee!"

Allegations of HPCSA nepotism contemptuous

The Health Professions Council (HPCSA) has lashed out at NEHAWU (National Education, Health and Allied Workers Union) for allegations of nepotism within the council. "The HPCSA rejects these allegations with the contempt they deserved," the Council states in a recent media statement.

"For the record, the HPCSA would like to state that:

- Ms Marion Green-Thompson, Chief Operations Officer of the organisation has the relevant qualifications for the position and that she has never been the Personal Assistant to the Minister of Health. Furthermore Prof. Ronald Green-Thompson is not Ms Green-Thompson's father and is also not a member of the HPCSA or its Executive Committee.
- Adv. Tshepo Boikanyo does not have two jobs and he does not run a private consultancy. The allegations pertaining to compensation/remuneration and/or payment of income tax are therefore irrelevant. Furthermore Adv. Boikanyo's requests for annual leave have been approved through the normal processes and the HPCSA has no record of abuse of annual leave.

The statement notes in conclusion: "The allegations made against Ms Marion Green-Thompson, Prof. Ronald Green-Thompson and Adv. Tshepo Boikanyo have no basis, are malicious and injurious to the good name of the individuals concerned as well as to the good name and reputation of the HPCSA. The HPCSA rejects these allegations with the contempt it deserves and has issued an ultimatum to Nehawu to retract them."

Not happy with Treasury's tax reforms

Although welcoming the National Treasury's initiative to transform the tax subsidy with respect to medical expenses, the Board of Healthcare Funders (BHF) felt that there was a need to better locate the proposals within the current medical scheme environment.

Speaking at a BHF Seminar in Johannesburg in late October, BHF head of research, Vijjal Brijlal, added that the proposals were fundamentally flawed.

"Options within schemes are based on the levels of benefits purchased and these benefits dictate price, or rather contribution levels."

To this he added that the principle of buying down effectively reduces the principle of risk pooling as only mandated benefits are risk pooled: "This would ultimately create an upward pressure on price as discretionary benefits will be funded effectively out of pocket."

Call for body to manage ICD-10

Patrick Matshidze, head of research and monitoring at the Council for Medical Schemes (CMS), has called for the establishment of a national standards body to manage the implementation and challenges brought about by the implementation of the ICD-10 coding system.

"One of the biggest shortcomings, I believe, has been communicating with members," Matshidze told delegates to the recent BHF Seminar in Johannesburg. Legal threats arising from this, he added, had been of concern. He suggested the new body should be made up of:

- ICD-10 implementation task team
- Advisory body of standards
- Standards body to oversee Diagnosis/Procedure/Pharmaceutical/Electronic data transmission

The Health Professions Council of SA (HPCSA), he also suggested, could have a role to play.