

HPCSA moves to allay tariffs confusion

The Health Professions Council (HPCSA) advised a delegation of medical practitioners in mid-February that they may charge the ethical tariffs set by the HPCSA provided that they have patient consent and can justify charging patients at this rate in terms of their skills, experience, qualifications etc.

In an attempt to allay concerns regarding the rates debate in the absence of a 2007 National Health Reference Price List (NHRPL), the HPCSA reiterated that it operates from the premise that the fee that is generally charged is the NHRPL rate and that therefore (irrespective of whether this is a fair/reasonable rate or not) practitioners should obtain patient consent if they are to charge fees above the NHRPL rate.

"We use the NHRPL as the norm simply because this is the rate at which medical aids reimburse their patients, which does not amount to making a value judgment on its adequacy," said HPCSA registrar, Adv Boyce Mkhize.

"Patients have a right to know when practitioners intend to charge above this norm", he added.

"We did not increase the current ethical tariffs for 2007 precisely because of the confusion which is currently reigning around the NHRPL rate. The matter is now in the hands of the National Department of Health."

Human Rights Commission acts on poor health services

The lamentable state of many hospitals in the country, the shortage of trained health care workers, lack of drugs in clinics, long waiting periods for treatment, poor infrastructure, disregard for patient's rights, the shortage of ambulance services and poor hospital management are among the many compliants that have prompted the South African Human Rights Commission (SAHRC) to mount a public inquiry into the right to have access to health care service.

Making the announcement in the Government Gazette (No 29611 of 16 February 2007)

the SAHRC - a national institution established to entrench constitutional democracy through the promotion and protection of human rights - states in explaining its rationale for the inquiry that apart from high profile court judgments, investigations and annual surveys that pronounce on the ills of the sector, the SAHRC has received complaints with regard to poor service delivery in the health care system in all the provinces.

The Commission, it noted, had also visited various health facilities in the Northern Cape, North West Province and Mpumalanga, the Eastern Cape and Western Cape where it found that conditions in many clinics and hospitals to be unacceptable.

The SAHRC has powers in terms of section 184(2) of the constitution to investigate and report on the observance of human rights and to take steps to secure appropriate redress where human rights have been violated.

Consumers caught in middle dispensing dispute

Consumers of medicine are being caught in the middle of the dispensing fee dispute between the Department of Health's Pricing Committee and the pharmacists, Neil Kirby, director of health, pharmaceutical and life sciences at Werksmans Attorneys, noted during a recent regulatory seminar.

Not knowing whether he or she is being overcharged or paying an acceptable price for medicines, the consumer might now have to await the outcome of a further legal battle said Kirby, alluding to the suspension of the implementation of the Pricing Committee's fee on January : "They will now have to wait while it is determined whether or not the experience of purchasing medicine will be an exercise in saving money as a result of efforts by the Department of Health to regulate its price together with efforts to regulate the price of medicines, eliminate perverse incentives together with the dispensing fee that pharmacists may charge in order to dispense the medicine concerned."

Time should tell, said Kirby, whether or not the Department's intention will be that consumers receive medicine at a rate that is on par with compatriots in other countries. "However, what with single exit pricing, international benchmarking, dispensing fees, constitutional rights and legal battles, consumers would be forgiven for believing that it is all becoming a little bit more about the law and a lot less about public health," he added.

Lowest price shouldn't be main objective

Looking for the lowest price of a medicine should not be the government's main objective for the pharmaceutical industry.

"The future viability of the industry is a far more important consideration," Vicki Ehrich, chief operating officer of the Pharmaceutical Industry Association of SA, remarked during the recent Health Policy Unit's (HPU) recent seminar on challenges facing private health care.

The HPU is a division of the Free Market Foundation.

Responding to a question from Foundation director, Leon Louw, Ehrich intimated that lower prices would result in lesser accessibility and availability.

"Look at the generics market, as an example. A generic manufacturer's only real incentive," said Ehrich, "is to be first to market with a product, nothing else. If generic medicine prices are fixed at 40% of the price of their original equivalents, as proposed, what attraction is left for them?"

Where the multinationals were concerned, the introduction of voluntary licences to facilitate local manufacture for local companies, particularly for ARVs, said Ehrich, was one example which had had major negative repercussions.

Several multinationals, she said, had invested huge amounts in making ARVs available in South Africa. Now all is lost, she said, adding that such interventions along with the benchmarking of prices as proposed could well see reduced investment with some companies opting to market through agents only.

No AIDS vaccine for another 10 years, locals told

A senior vice-president of the International Aids Vaccine Initiative, Dr Wayne Koff, told a meeting of South African national and regional HIV/AIDS authorities in Johannesburg last month not to expect a vaccine for at least a decade.

Using smallpox and polio as examples, Koff was confident that HIV prevention would be achieved in time: "We are in fact on the path towards developing a safe and effective vaccine and expect to see progress with the DNA and Vector vaccines particularly during the 2008 and 2011 research phase," he added.

One agent cited in this regard was the MRKAd5 vaccine, a vector vaccine being researched by Merck which is already being hailed as an "historic milestone". It will soon be entered into four-year trials involving 3500 HIV-negative male and female volunteers.

Trials were already being conducted in 25 countries. Most were in phase 1 and, as pointed out by Koff, no problems had been encountered as yet.

A major drawback, he said, was research capacity: "Unfortunately scientists with the expertise to achieve in this area are only devoting 10% of their time to this cause. We have to harness this talent for 100% of their time. This, I believe, will be the key to ending the epidemic."

Class apartheid prevails in healthcare

Healthcare delivery in the private sector is not being conducted in the interest and well-being of the patient, but in the business interests of shareholders.

"The private sector," said SA Medical Association chair, Dr Kgosi Letlape, at the Health Policy Unit seminar, "is acting under the instructions of the medical funders.

"There will be no free market unless the Medical Schemes Act is scrapped," he added.

Letlape said that the government had created legislation that had created two systems. In doing so, he said, the quality of healthcare delivery in the public sector had been systematically allowed to deteriorate.

"Apartheid continues," he said.

"Not colour," he said, "but class."

Minister's illness raises privacy issue

The publicity surrounding the Minister of Health, Dr Manto Tshabalala-Msimang's readmittance to Johannesburg Hospital's Folateng ICU with a reported lung disorder during February, reflected "indiscriminate insensitivity and wanton disregard" for the minister's right to privacy.

"Every citizen of this country ought to enjoy full protection of the law and constitutional rights enshrined in our Bill of Rights," Health Professions Council (HPCSA) registrar, Adv Boyce Mkhize, said in a statement expressing his concern.

"Every patient has a right to privacy and not to have their illness or ailment disclosed without their consent. The doctor-patient relationship rests on this pillar of trust which is about maintaining and preserving confidentiality of patient data," he added.

"I want to urge the hospital staff - healthcare practitioners who are taking care of the minister - to ensure that they do not render themselves guilty of any ethical breaches by violating one of the fundamental hallmarks and principles that have defined the practice of medicine for centuries, which is to respect patient confidentiality," he said.

He warned that the HPCSA would not hesitate to take appropriate action if it was established that health professionals had disclosed patient information without the consent of the patient, or in event of her being incapacitated, the consent of her family.

Cape Town reaches best TB cure rate

"Internationally TB is once more seen as a health emergency due to the growing extreme drug resistant TB (XDR TB) outbreak in South Africa and elsewhere in the world. This deadly outbreak has seen eight such cases confirmed in Cape Town of which one has died.

"Despite a situation which suggests a serious breakdown in the national tuberculosis control programme in South Africa, the City of Cape Town's City Health Directorate has reached its best quarter TB cure rate for new smear positive TB (i.e. those cases which are infectious and spreading TB) ever at 76% cured, and 83% successful completion of treatment (probably cured but not proven by two negative sputa checks).

"Epidemiological modelling suggests that if 85% of new smear positive TB cases can be cured, then the epidemic will begin to decline as the infectious pool in the community shrinks.

"Cape Town as a health district had the second highest caseload of TB in South Africa in 2006. Durban had more cases. The City had 26,641 cases (26,860 in 2005). To reach a 76% cure rate and 83% successful completion of treatment with these numbers is due to the dedication, hard work, commitment and passion of City Health's clinic staff, managers and NGOs - particularly the TB Care Association.

"These results showed huge gains in cure rates in many of the eight health sub districts in the City. Khayelitsha which has 21% of the caseload showed an 8% improvement in cure rate from the previous quarter. Mitchells Plain showed a 9% improvement to a cure rate for the sub district of 85%. Klipfontein sub district (Athlone area, Guguletu and Nyanga) also did extremely well with a 6% improvement on the previous quarter to reach a cure rate of 82%. These results meant that the overall cure rate for the City jumped by 5% as these three sub districts are the high burden areas of the city.

"These good TB results are built on the back of the successful HIV prevention and treatment programme run by the Provincial Health Department and City Health. This programme has seen 19 230 clients in the City put on anti retroviral treatment.

"This is important as an untreated HIV positive person has a 10% yearly chance of contracting TB. This compares with an HIV negative person only having a 10% lifetime risk of contracting TB. In effect this means an untreated HIV positive person has a 60 times greater chance of contracting TB. Almost all extreme drug resistant cases are HIV positive. In Cape Town one out of every two TB patients is HIV positive.

"Multi drug resistant TB cases in the city have remained fairly constant at 1% of new cases and 4% of re-treatment cases. This is thanks to the good TB control programme and with the latest excellent results we hope to start to see a decrease in these MDR cases.

"Overall these excellent results are due to the following factors:

- * The dedication, hard work and passion of staff and TB NGOs
- * Improved systems implemented and supported by local manager
- * Strong monitoring and evaluation of the programme with feedback to all concerned
- * Partnerships between City Health, Provincial Health Department and TB NGOs
- * Additional funding of R5 million by the Provincial Health Department to high burden sub districts
- * Affirming staff and TB NGOs through awards and certificates

"World TB Day is an international opportunity to draw the world's attention to the growing TB epidemic. The World Health Organisation slogan for this year is "TB anywhere is TB everywhere" which emphasises that every country has to be alert and be part of the worldwide fight against TB due to the ease with which TB is spread. One untreated TB patient can infect another 10 people in one year if left untreated.

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