



**NHTL**

National House of Traditional Leaders

## MEETING OF THE ADHOC JOINT COMMITTEE ON PARLIAMENTARY AND PROVINCIAL MEDICAL AID SCHEME

**NATIONAL HOUSE OF TRADITIONAL LEADERS' BRIEFING AND INPUT IN  
RELATION TO THE LEGISLATIVE REVIEW TO CONSIDER POLICY OPTION TO  
INCLUDE TRADITIONAL LEADERS TO THE MEDICAL SCHEME**

**10 OCTOBER 2018**

**E539, NEW WING BUILDING, PARLIAMENT, CAPE TOWN**

**12:30 – 14:00**

## LEGISLATIVE MANDATE FOR TRADITIONAL LEADERS

- Constitution of the Republic of South Africa No. 108 of 1996 (Chapter 12 and Schedule 4)
- Traditional Leadership and Governance Framework Act No. 41 of 2003
- National House of Traditional Leaders Act No. 22 of 2009
- Various Acts establishing Provincial and Local Houses of Traditional Leaders
- Municipal Structures Act No. 117 of 1998 (section 81);
- Municipal Systems Act No. 32 of 2000 (sections 4, 16, 17, 18, 29 and 4229)
- Remuneration of Public Office-Bearers Act No. 20 of 1998 (sections 5, 8 and 9)
- Disaster Management Act No.57 of 2002 (sections 5 and 7), and the Disaster Management Framework
- Spatial Planning and Land Use Management Act No.16 of 2013
- Communal Land Rights Act No. 11 of 2004 (sections 1, 2 and 5 and Chapters 7 and 8)
- Intergovernmental Relations Framework Act No. 13 of 2005 (sections 6(3), 10(3), 17(3) and 25(3))
- National and provincial legislation envisaged in the White Paper and the Framework Act
- Laws regulating the judicial functions of traditional leaders
- Justices of the Peace and Commissioners of Oaths Act No. 16 of 1963
- Pieces of primary and subordinate old order legislation relating to traditional leadership, and inherited on 27 April 1994

## BACKGROUND

The National House of Traditional Leaders (NHTL), herein referred to as "*the House*", was invited by the Adhoc Joint Committee on Parliamentary and Provincial Medical Aid Scheme for a briefing and input in relation to the legislative review to consider policy option to include the traditional leaders to the medical scheme. The Adhoc Committee is mandated to enquire into and make recommendations on the following;

1. the tariffs of members of the Parmed medical aid scheme
2. the need for and possible options with regard to Parmed and other competitive medical aids for members of Parliament
3. the necessity of introducing amending legislation; and
4. the impact on retired members of Parmed
5. Outline findings, of customer satisfaction/ consumer surveys conducted;

## DELEGATION

The following members represents the delegation of Traditional Leaders;

- Chairperson of the NHTL: Inkosi S E Mahlangu
  - Chairperson of the North West House of Traditional Leaders: Kgosi S E Mabe
  - Chairperson of the NHTL Sub-Committee on Planning and Cooperative Governance: Hosi M Ntsanwisi, and;
- Support Staff



## INTRODUCTION

On 14 April 1975, the then acting President of the Apartheid Government, assented his signature to pass into an law, the Parliamentary and Provincial Medical Aid Scheme Act No 28 of 1975, repealing the Parliamentary Medical Aid Scheme Act, 1974. The said act was amended by Act no 8 of 1996 and all members of Parliament and Provincial Legislatures have to date, been subjected to the legislation establishing PARMED and have enjoyed all the medical aid benefits accruing from the scheme.

The mandate of the Independent Commission for the Remuneration of Public Office Bearers (the Commission) is to make annual recommendations relating to the salaries, allowances and **benefits**, as well as resources required by public office bearers to enable them to perform their respective duties effectively.

Traditional Leaders experienced challenges with regard to the Independent Commission for the Remuneration of Public Office-Bearers Act, 1997 (Act No. 92 of 1997) and the Remuneration of Public Office-Bearers Act, 1998 (Act No. 20 of 1998) due to the insufficient coverage of traditional leaders' definition in the said pieces of legislation and therefore, exclusion from the medical aid scheme. The said definitions were since addressed, but there is no medical aid scheme for traditional leaders.

## INTRODUCTION CONT.

Moreover, traditional leaders were never remunerated at a total remuneration package of 100%, they have always been short of medical aid, pension fund and motor allowance, both of which constitutes the non-cash component part of the remuneration package.

Notwithstanding the non remuneration of the 100% package, the salary levels of traditional leaders remain a sore point which the House and the institution as a whole consistently raised with the Parliament through the Cabinet Minister responsible for CoGTA and through the Remuneration Commission. The situation still remains unresolved.

The question is whether PARMED will continue to be the compulsory membership of the restricted membership medical aid scheme?



## INTRODUCTION CONT.

The Remuneration Commission's recommendations for the 2009/10 financial year were set out in Government Notice No. 1078 of 12 November 2009. Paragraph 20 of the aforementioned notice states that, all kings and queens and senior traditional leaders should be members of the Government Employees Medical Aid Scheme (GEMS), among other benefits. (Para 20.1 relates to Pension Benefits and 20.2 to Risk benefits. No mention of GEMS) Traditional Leaders objected to this notice and to date since this proclamation, none of all the Traditional Leaders (kings and queens, senior traditional leaders, headmen and headwomen, traditional council members and royal family members are members of GEMS simply because GEMS is for Government employees and traditional leaders are not employees but office bearers as per earlier definition.

**The Status Quo at present is that Kings, Queens, Senior Traditional Leaders, Headmen and Headwomen, Traditional Council members do not belong to any medical aid. That's the situation, 23 years after democracy.** The impact has been that some Kings and Queens (Morena e Moholo Mota, etc) have passed away due to the lack of this benefit. The former sitting Deputy Chairperson of the National House of Traditional Leaders, Kgoshi Sefogole Frans Makgeru also passed away in 2015 and could have received better treatment. Many Traditional Leaders in their different categories have passed away and could have benefited from the scheme. Those choosing individual medical aid schemes find themselves subjected to high contributions by private medical aid schemes. The situation is unbearable.

## **INTRODUCTION CONT.**

Does this initiative by Parliament arise as a result of the litigation brought to the Western Cape High court on the Constitutionality of PARMED?

Does this initiative arise because PARMED is imperiled by its restrictions?

The National House approached PARMED between the period 2012 and 2015 with the proposal for consideration of traditional leaders to join as members but that opportunity was denied (Traditional Leaders were excluded from the membership of PARMED as office bearers by legislation (the establishing act) and the rules governing the scheme), what necessitates this invitation, and what are we reading out of this invite, what do we make of it.

Should the same process be initiated with the pension fund, because a precedent is being set here, we believe so and we shall advocate for that.

## POSITION OF TRADITIONAL LEADERS ON THE LEGISLATIVE REVIEW TO CONSIDER POLICY OPTION TO INCLUDE TRADITIONAL LEADERS TO THE MEDICAL SCHEME

The National House of Traditional Leaders supports the policy review to include all traditional leaders, that is all Kings and Queens, Principal Traditional Leaders, Senior Traditional Leaders, Headmen and Headwomen to the medical aid. This review and the subsequent inclusion will address the plight of traditional leaders and restore their dignity.

### Numbers;

CATEGORY	NUMBERS
KINGS AND QUEENS Including Principal Traditional Leaders	11
SENIOR TRADITIONAL LEADERS	829
HEADMEN AND HEADWOMEN	Above 8000
TOTAL	More that 8840



# POSITION OF TRADITIONAL LEADERS ON THE LEGISLATIVE REVIEW TO CONSIDER POLICY OPTION TO INCLUDE TRADITIONAL LEADERS TO THE MEDICAL SCHEME

## Salaries

CATEGORY OF TRADITIONAL LEADERS	RANDS
KING/ QUEEN	1 176 730
PRINCIPAL TRADITIONAL LEADER	1 082 592
SENIOR TRADITIONAL LEADER	246 942
HEADMEN/ HEADWOMEN	105 106
FULL TIME POSITIONS	
CHAIRPERSON: NHTL	858 734
FULL TIME CHAIRPERSON: PHTL	707 284
FULL TIME DEPUTY CHAIRPERSON: NHTL	656 800
FULL TIME DEPUTY CHAIRPERSON: PHTL	606 145
FULL TIME MEMBER: NHTL	378 339
FULL TIME MEMBER: PHTL	324 317
PART TIME POSITIONS (SITTING ALLOWANCE)	
PART TIME MEMBER: NHTL	1388
PART TIME CHAIRPERSON: PHTL	1651
PART TIME DEPUTY CHAIRPERSON: PHTL	1485
PART TIME MEMBER: PHTL	1151

## **POSITION OF TRADITIONAL LEADERS ON THE LEGISLATIVE REVIEW TO CONSIDER POLICY OPTION TO INCLUDE TRADITIONAL LEADERS TO THE MEDICAL SCHEME**

### **Mobilisation to support the review process**

Traditional Leaders have existing structures that would support the review process as soon as the process commence;

- Kingship / Queenship councils (including the Principal Traditional Leader)
- National House of Traditional Leaders
- 7 Provincial Houses of Traditional Leaders
- Local Houses of Traditional Leaders
- 829 Traditional Councils
- Above 8000 Headmen/ Headwomen Councils (Traditional Sub-Councils)
- Interested parties that supports and pay allegiance to the institution.

More than 20 million South Africans resides in traditional communities.

Thank you