



NEGOTIATING MANDATE

TO: HON LC DLAMINI, MP
CHAIRPERSON OF SELECT COMMITTEE ON
SOCIAL SERVICES

NAME OF BILL: NATIONAL PUBLIC HEALTH
INSTITUTE OF SOUTH AFRICA BILL

NUMBER OF BILL: B16B – 2017

DATE OF DELIBERATION: 27 NOVEMBER 2018

VOTE OF THE LEGISLATURE:

The Portfolio Committee on Health met today, Tuesday, the 27th of November 2018, and agreed to mandate the KwaZulu-Natal delegation to **support the National Public Health Institute of South Africa Bill [B16B-2017]**; with the following proposed amendments:

Clause 3(1)(b); 3(1)(d); 3(1)(g); 3(1)(h); 3(1)m; 3(1)(u) 3(1)(w) and 3(1)(x)(i) to (ix); must include environmental health.

Section 3(1)(r) must include community organizations and NPO's.

In clause 3(1)(v) there must be reference to community exposure to environmental health hazards.

Yes. Bhamjee
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HON Y BHAMJEE, MPL
CHAIRPERSON: PORTFOLIO COMMITTEE
ON HEALTH

27.11.2018
.....
DATE

HEALTH PORTFOLIO COMMITTEE REPORT ON THE NATIONAL PUBLIC HEALTH INSTITUTE OF SOUTH AFRICA BILL [B16B-2017] IN TERMS OF RULE 242 OF THE STANDING RULES

INTRODUCTION

In terms of section 42(4) of the Constitution, the National Council of Provinces represents provinces to ensure that provincial interests are considered in the national sphere of government by participating in the national legislative process. The National Public Health Institute of South Africa Bill [B16B-2017], which is a section 76 Bill in terms of the Constitution, was referred to the Health Portfolio Committee in terms of Rule 241(1). In turn, the Legislature is, in terms of section 118 of the Constitution, compelled to facilitate the public involvement in the legislative process of the legislature and its Committees.

The Bill seeks to establish the National Public Health Institute of South Africa ("the NAPHISA" as a juristic person. The aim of NAPHISA is to coordinate and, where appropriate, to conduct disease and injury surveillance and provide specialized public health services, public health interventions, training and research directed towards the major health challenges affecting the population of the Republic.

There are pockets of excellence of communicable and non-communicable diseases surveillance systems in South Africa. These systems are managed by different institutions and there is a lack of unified institutional capacity for providing coordinated an integrated disease and injury surveillance data. The NAPHISA will be used as a vehicle to provide coordinated and integrated disease and injury surveillance data in the Republic and to enhance the effectiveness of health systems.

METHOD OF WORK

The Committee subsequently had a briefing from the Department of Health in terms of Rule 242(1) on 23 October 2018. The Committee then resolved to hold three public hearings on 09 November, 13th November and 14th November 2018 at Amajuba District,

Newcastle Inn; Umgungundlovu District; KwaZulu-Natal Legislature and iLembe District, Stanger iLembe Auditorium. The public hearings on the Bill were widely advertised in the KwaZulu-Natal Legislature website, the print media in the Mercury and Isolezwe newspapers, no public education workshops were conducted prior to the hearings, however, copies of the Bill in were distributed to all Municipal Districts and were also made available during the hearings. A call for written submissions was opened until 20 November 2018 and one was received.

Questions of clarity were addressed during the public hearings, which mainly related to the shortcomings in effectiveness and capacity of the existing disease surveillance systems and lack of oversight, monitoring and evaluation by the National Health Department. The Bill was generally supported, however, one oral submission that was of substance was recorded during the public hearings which needs to be considered before the final and voting mandate.

WRITTEN INPUT FROM THE PRESIDENT OF THE SOUTH AFRICAN INSTITUTE OF ENVIRONMENTAL HEALTH

The SAIEH submitted that environmental health is so important and critical for the prevention of diseases and deaths in South Africa, there is inadequate emphasis in all clauses of this Bill. The critical importance of environmental health as one component of the proposed NAPHISA must not be down-played in sections of the Bill. The SAIEH hereby supports this Bill provided that the proposed amendments below are effected in the Bill and there must be inclusion of community organizations/NPO's/CBO's and their roles must be clarified. All training and health promotion must include communities and prevention must be prioritized.

SAIEH recommends the following amendments in the final draft of NAPHISA Bill:

Clause 3(1)(b); 3(1)(d); 3(1)(g); 3(1)(h); 3(1)m; 3(1)(u) 3(1)(w) and 3(1)(x)(i) to (ix); must include environmental health

Section 3(1)(r) must include community organizations and NPO's

In clause 3(1)(v) there must be reference to community exposure to environmental health hazards

CONCLUSION

The Committee having considered the above concern agreed that it is valid and needs to be addressed as a proposed amendment at the Select Committee. The Committee met on 27 November 2018 and unanimously agreed to support the Bill subject to the proposed amendment stated above being seriously considered by the Department of Health prior to the final and voting mandate being conferred by the House. The negotiating mandate is attached herein as Annexure "A" of the report.



HON. Y BHAMJEE

CHAIRPERSON: HEALTH PORTFOLIO COMMITTEE