



Wes-Kaapse Provinsiale Parlement  
Western Cape Provincial Parliament  
IPalamente yePhondo leNtshona Koloni

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26 November 2018

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Reference  
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11/1/3

**NEGOTIATING MANDATE**

To: Hon LC Dlamini, MP  
Chairperson: SC on Social Services


Name of Bill: National Public Health Institute of South Africa Bill

Number of Bill: [B 16B - 2017]

Date of deliberation: 20 November 2018

Vote of Legislature: The Standing Committee on Community Development reports that it confers on the Western Cape's Permanent Delegate in the NCOP the authority to support the Bill with the attached amendments.

  
Signature

  
Date

**Hon. L Botha**  
**Chairperson: SC on Community Development**



# Wes-Kaapse Provinsiale Parlement Western Cape Provincial Parliament IPalamente yePhondo leNtshona Koloni

11/4/1/2/11

## COMMITTEE REPORT

**(Negotiating mandate stage)** Report of the Standing Committee on Community Development on the **National Public Health Institute of South Africa Bill [B 16B-2017] (NCOP)**, dated 20 November 2018, as follows:

The Standing Committee on Community Development, having considered the subject of the **National Health Public Health Institute of South Africa Bill [B 16B-2017] (NCOP)**, referred to it in terms of Standing Rule 220, confers on the Western Cape's delegation in the NCOP the authority to support the Bill with the following amendments:

### 1. Definitions

- 1.1 On page 3, clause 1 in line 6, the definition of public health is not usual. It left out 'Art' which is material to the NAPHISA if it wishes to conduct advocacy and perform communication functions. Substitute this with: "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson, 1988; WHO).
- 1.2 On page 3, clause 1 in line 9, the definition of public health sector, throughout the Bill mention is made of functions using only public sector institutions, for example Clause 3.1 d) has "use public health information for monitoring and evaluation of policies and interventions". In order to fulfil its mandate NAPHISA needs to obtain data from the private sector as well. The Cancer registry obtains information about cancer diagnoses from private laboratory services already, and this scope is important to include in its purview.

The Province recommends that "private health" be included in the scope of public and private health information.

- 1.3 On page 3, clause 1 in line 12, the definition of Surveillance is limited to communicable diseases. The usual definition of public health surveillance should be substituted for this limited one: "Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice" (World Health Organisation).

### 2. Establishment of National Public Health Institute of South Africa

On page 3, clause 2(1) (e) in line 25, the Violence and injury division is identified as "injury and Violence prevention". This is rather limited. To be consistent with other divisions, this should be changed to "Violence and Injuries"

### 3. Functions of NAPHISA

- 3.1 On page 3, clause 3(1) (e) in line 41 insert “provide support to provinces and local authorities in disease and injury surveillance and outbreak response.”
- 3.2 On page 5, to remove clause 3 (3) (f) from section 3.3 under heading “The NAPHISA may”, and insert it in section 3 (1) under heading “The NAPHISA must” as clause 3 (1) (y) on page 4.

### 4. Composition of Board

- 4.1 On page 6, clause 5 (c ) provides that the Board of NAPHISA shall also consist of seven members, each with special knowledge in one of the following areas:
- (i) Communicable diseases;
  - (ii) Non-communicable diseases;
  - (iii) Occupational health;
  - (iv) Cancer surveillance;
  - (v) Injury and violence prevention;
  - (vi) Environmental health; and
  - (vii) Field epidemiology

It is recommended that, for consistency, they either should all be surveillance, all prevention, or all surveillance and prevention.

- 4.2 A lack of representation of provinces on the Board is a concern. Health is a concurrent national and provincial competency and therefore provinces should be represented on the Board. The Province recommends that three representatives from the Provincial Health Departments should form part of the Board on a rotational basis.

### 5 Transfer or secondment of certain persons to or from employ of NAPHISA

- 5.1 Clause 14, deals with movement of staff into and out of the NAPHISA. Firstly, it is likely that most of the movement into NAPHISA will take place when NAPHISA is established. However, the Bill is entirely silent on transitional arrangements. Secondly, the Bill is entirely silent on the possibility, likelihood or feasibility of Joint Appointees.

The Province suggest clarification on transitional arrangements and on Joint Appointments be added.

- 5.2 Clause 14, a concern about the Joint Appointment and Intellectual Property need to be considered in the implementation of the Bill. This is an issue that may be more complicated if staff have joint appointments with the universities, which is believe will only be good for the Institute. University staff have their own set of IP and copyright issues. The bill needs to accept some degree of compromise for staff with joint appointments.

- 6 On page 10, clause 19(4) in line 24 insert “ Finalised regulations must be considered by Parliament”



MS L BOTHA, MPP

CHAIRPERSON; STANDING COMMITTEE ON COMMUNITY DEVELOPMENT

DATE: 20 Jul 2018