TEMPLATE: Comments on Draft National Legislation			
Name of Department:	Public Health Medicine Specialists and Registrars		
Matter: *(Title of Legislation)*	Draft National Health Insurance Bill (2019)		
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Submitted To:	Parliamentary Portfolio Committee on Health		

GENERAL COMMENTS

Public Health Medicine Specialists (hereafter referred to as PHM Specialists) are medical doctors specialised in improving the health of populations. They are a cadre of doctors who after completing their medical undergraduate training, internship and community service, have undergone a further four years of structured theoretical and practical postgraduate training in a range of fields, that include (Appendix 1):

- Health systems management, organisation, strategy and design
- Health informatics, data management and analysis, biostatistics and epidemiology
- Health economics and financing
- Health research methodology
- Medical and industrial sociology
- The quadruple burden of disease
- Occupational health
- Environmental health

Joint training and service positions at clinical, hospital, district, provincial and national levels develop expertise from grass-roots level of healthcare service delivery to healthcare management. The uniquely wide and versatile set of knowledge and skills of a PHM Specialist allows them to co-ordinate planning, implementing, monitoring and evaluating the South African health system as envisaged by the National Health Act, NHI Policy and NHI Bill. PHM Specialists are trained to pull together the multiple, complex processes within the health system and ensure co-ordination towards accessible, quality healthcare in a manner that is efficient, effective and equitable.

This cadre of doctors has been underutilised in the current South African health system, which has been recognised and published in the South African Health Review and South African Medical Journal. Furthermore, the importance and benefit of their use has been advocated for by the World Health Organization's Global Strategy for Human Resources for Health and emphasised specifically in the South African Human Resources for Health Strategy, particularly in the interest of re-engineering of primary healthcare. They are mentioned explicitly in the NHI Policy of 2017 [6, pg. 30], which refers to their future possible inclusion in District Clinical Specialist Teams.

This year, the body which represents PHM Specialists nationally; the College of Public Health Medicine (which is a constituent of the Colleges of Medicine South Africa), submitted to the Ministerial Task Team developing the 2030 National Human Resources for Health Strategy, that PHM Specialists be included in the framework of structures being developed, to contribute toward resilient health systems, proactive management of healthcare services and strategic management of population and community health. Particular mention is made of PHM Specialists' translational work, co-ordinating and enhancing the work of clinical cadres of staff, providing Public Health intelligence (including epidemiological analysis, health data management, economic costing, development of health programmes and policy, and the design of healthcare services) to Departments of Health, and working intersectorally with other Departments, such as Transport, Basic Education and Social Development to promote health and prevent disease.

PHM Specialists will thus be beneficial in the institutions, bodies and commissions [3] to be established by the NHI, including the National Tertiary Health Services Committee, National Governing Body on Training and Development, National Health Pricing Advisory Committee, Ministerial Advisory Committee on Health Care Benefits for National Health, National Advisory Committee on Consolidation of Financing Arrangements, Ministerial Advisory Committee on Health Technology Assessment for the NHI and the National Health Commission.

Advised structures and roles to build Public Health capacity and strengthen the implementation of NHI are as follows:

1. Provincial PHM Intelligence Units, linked by Service Level Agreements to tertiary academic Schools of Public Health, must be established in each province, which are able to provide outreach and support to health districts requiring analysis of local burden of disease, health information management, monitoring and evaluation of healthcare service delivery, co-ordination

of healthcare quality improvement and healthcare outcome measurement. At this level, PHM Specialists are also able to provide technical advice and support to National, Provincial and Health Programmes Managers and Directors.

2. Central and Regional Hospital PHM Specialists should be appointed to monitor and evaluate service delivery and bridge the translational gap between the clinical and corporate functions of the hospital, strengthening decentralised governance structures. Currently, with the hospi-centric nature of healthcare services, in South Africa, many regional, tertiary and central hospitals have micro-complexities (along specialist services). There is therefore a need for PHM specialists and registrars to facilitate common objectives between corporate (i.e. business of health care) and health care service delivery through their day-to-day tasks within such institutions. They are equally capable of demonstrating dual reporting functions to clinical HOD's of general and specialized departments, and to clinical executives. This competence aligns the coordinated efforts of service and support staff to achieve unit-specific and departmental objectives within an iterative implementation, monitoring and evaluation framework.

3. District PHM Specialists should be appointed to the District Clinical Specialist Team, where they will play a critical support role; by bi-directional, continuous translation of pharmacy, finance, and supply chain procurement information to the clinical work of the DCST, and provision of mapped burden of disease, health services and healthcare outcome data to the District Health Management Office and it's Contracting Units for Primary Health Care, by providing evidence-based Public Health intelligence to inform healthcare purchasing and priority decision-making.

SPECIFIC COMMENTS ON THE NHI BILL (2019)

Clause *(Indicate clause/ regulation Number)*	Comment *(State why the clause/regulation or proposed amendment is not supported or what the problem is with the provision)*	Suggestion *(Suggested deletion/amendment/ addition)*
Chapter 4: Board Of Fund		
Constitution And Composition Of Board Page 13		
Section 13	(5) A Board member is appointed for a term not exceeding five years, which is renewable only once, and must— (a) be a fit and proper person; (b) have appropriate technical expertise, skills and knowledge or experience in health care service financing, health economics, public health planning, monitoring and evaluation, law, actuarial sciences, information technology and communication; (c) be able to perform effectively and in the interests of the general public; (d) not be employed by the State; and (e) not have any personal or professional interest in the Fund or the health sector that would interfere with the performance in good faith of his or her duties as a Board member.	➢ PHM Specialists have expertise in health care service financing, health economics, public health planning, monitoring and evaluation and would be suited as either candidates for appointment to the board or as ad hoc advisory members tasked with appointing suitable board members. SUGGESTION: ➢ **Efforts be made to include PHM Specialists in the processes highlighted above**

Chapter 7: Advisory Committees Established By Minister		
<u>Benefits Advisory Committee</u> <u>Page 17</u>		
Section 25	(2) The membership of the Benefits Advisory Committee, appointed by the Minister, must consist of persons with technical expertise in medicine, public health, health economics, epidemiology, and the rights of patients, and one member must represent the Minister. (5) The Benefits Advisory Committee must determine and review— (a) the health care service benefits and types of services to be reimbursed at each level of care at primary health care facilities and at district, regional and tertiary hospitals; (b) detailed and cost-effective treatment guidelines that take into account the emergence of new technologies; and (c) in consultation with the Minister and the Board, the health service benefits provided by the Fund.	➢ PHM Specialists have technical expertise in all the fields highlighted in Section 25. (2). Furthermore, they have trained within the healthcare service and are familiar with service delivery requirements at all levels of the health system. They are thus able to merge technical expertise with real world scenarios in the development of health care service benefits for the population. SUGGESTION: ➢ **Efforts be made to include PHM Specialists in the processes highlighted above** SUGGESTED EDIT: ➢ **"[…] consist of persons with technical expertise or specialisation in public health medicine, medicine, health**

		economics, epidemiology, and the rights of patients […]"
Health Care Benefits Pricing Committee Page 18		
Section 26	(2) The Health Care Benefits Pricing Committee consists of persons with expertise in actuarial science, medicines, epidemiology, health management, health economics, health financing, labour and rights of patients, and one member must represent the Minister.	➢ PHM Specialists have expertise in epidemiology, health management, health economics, health financing, and rights of patients and are thus able to contribute technical expertise to this committee. SUGGESTION: ➢ **Efforts be made to include PHM Specialists in the processes highlighted above** SUGGESTED EDIT: ➢ **"[…] expertise in actuarial science, medicines, epidemiology, health management, health economics, health financing, labour and rights of patients, and public health medicine, and one member must represent the Minister."**

Stakeholder Advisory Committee **Page 18**		
Section 27	The Minister must, after consultation with the Board and by notice in the Gazette, appoint a Stakeholder Advisory Committee comprised of representatives from the statutory health professions councils, health public entities, organised labour, civil society organisations, associations of health professionals and providers as well as patient advocacy groups in such a manner as may be prescribed.	➢ PHM Specialists are well placed to provide a coordinating role between the various stakeholders highlighted in this section. ➢ SUGGESTION: **Efforts be made to include PHM Specialists in the processes highlighted above** ➢ SUGGESTED EDIT: **"[…] associations of health professionals, providers, patient advocacy groups and public health medicine in such a manner […]"**
Chapter 8: General Provisions Applicable To Operation Of Fund		
Role of District Health Management Office **Page 20**		
Section 36	A District Health Management Office established as a national government component in terms of section 31A of the National Health Act must manage, facilitate,	➢ Given the cross-cutting competencies held by PHM Specialists (as highlighted above), PHM Specialists would be a valuable addition to the DHMO.

	support and coordinate the provision of primary health care services for personal health care services and non-personal health services at district level in compliance with national policy guidelines and relevant law.	➢ SUGGESTION: **District Health Management Offices should be headed up by, or include a PHM Specialist which can support the DHMO and the DCST.**
Contracting Unit for Primary Health Care Page 20		
Section 37	(1) The Contracting Unit for Primary Health Care is the organizational unit with which the Fund contracts for the provision of primary healthcare services within a specified geographical sub -district area. **(2) The Contracting Unit is comprised of a district hospital, clinics and, or community health centres and ward -based outreach teams, private primary service providers organized in horizontal networks within a specified geographical sub -district area and must assist the Fund to-** (a) identify health care service needs in terms of the demographic and epidemiological profile of a particular sub -district; (b) identify certified and accredited public and private health care providers at primary care facilities;	➢ Epidemiological profile analysis of health districts is a core function of PHM Specialists. A District PHM Specialist should be mandated to perform this function in each health district, and thereafter assess referral system functionality, and inform the design of health service benefits for the district. SUGGESTED INCLUSION: ➢ **(2) The Contracting Unit is comprised of a district hospital, clinics and, or community health centres and ward -based outreach teams, private primary service providers organized in horizontal networks within a specified geographical sub -**

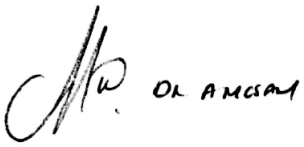
	(c) monitor contracts entered into with certified and accredited health care providers, health establishments and suppliers in the relevant district in the prescribed manner and subject to the prescribed conditions; (d) monitor the disbursement of funds to health care providers, health establishments and suppliers within the sub - district; (f) access information on the disease profile in a particular district that would inform the design of the health service benefits for that district; (g) improve access to health care services in a particular sub -district at appropriate levels of care at health care facilities and in the community; (h) ensure that the user referral system is functional, including the transportation of users between the different levels of care and between public and private facilities accredited by the Fund if necessary; (r) issue certificates of accreditation to health care providers, health establishments and suppliers at sub -district level, including municipal clinics, as provided for in section 38; (i) facilitate the integration of public and private health care services within the district; and (k) resolve complaints from users in the district in relation to the delivery of healthcare services.	**district area and with the support of the District Public Health Medicine Specialist, must assist the Fund to-…"**

Accreditation Of Service Providers Page 21		
Section 39	General Comment	➢ Accreditation of service providers requires knowledge and skills related to a wide range of subjects, including quality of care, risk management, health information systems, health system processes (e.g. referral and gatekeeping mechanisms), and monitoring and evaluation, all of which are within the scope of practice of a PHM specialist SUGGESTION: ➢ **Efforts be made to include PHM Specialists in the processes highlighted above**
Information platform of Fund Page 23		
Section 40	(1) The Fund must establish an information platform to enable it to make informed	➢ District PHM Specialists can utilize health data generated using the National Patient Unique Identifier

	decisions on population health needs assessment, financing, purchasing, patient registration, service provider contracting and reimbursement, utilisation patterns, performance management, setting the parameters for the procurement of health goods, and fraud and risk management. (2) Health care service providers and health establishments must submit such information as may be prescribed to the Fund, taking into consideration the provisions of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). (3) The information in subsection (2) may be used by the Fund to— (a) monitor health care service utilisation and expenditure patterns relative to plans and budgets; (b) plan and budget for the purchasing of quality personal health care services based on need; (c) monitor adherence to standard treatment guidelines, including prescribing from the Formulary; (d) monitor the appropriateness and effectiveness of referral networks prescribed by health care service providers and health establishments; (e) provide an overall assessment of the performance of health care service	(be this ID or visa details) to analyse burden of disease, spatial demographics, effectiveness of referral networks and assess healthcare outcomes of service providers. ➢ SUGGESTION: Efforts be made to include PHM Specialists in the processes highlighted in Section 40 (3)

	providers, health establishments and suppliers; and (f) determine the payment mechanisms and rates for personal health care services.	
Chapter 11: Miscellaneous		
Transitional arrangements Page 28		
Section 57	(2) The two phases contemplated in subsection (1)(a) are as follows: (a) Phase 1, for a period of five years from 2017 to 2022 which must— (i) continue with the implementation of health system strengthening initiatives, including alignment of human resources with that which may be required by users of the Fund; (ii) include the development of National Health Insurance legislation and amendments to other legislation; (iii) include the undertaking of initiatives which are aimed at establishing institutions that must be the foundation for a fully functional Fund; and (iv) include the purchasing of personal health care services for vulnerable groups such as children, women, people with disabilities and the elderly;	➢ The next phases of NHI implementation will require health system strengthening as well as the establishment of core processes and institutions. PHM specialists, by nature of their work, are able to play a role in multiple settings simultaneously to achieve these goals. There are currently 81 registered specialists in South Africa with registrars completing training on an ongoing basis and these resources could be harnessed for the health system strengthening aspects of the next phases. SUGGESTION: ➢ **Efforts be made to include PHM Specialists in the processes**

	and (b) Phase 2 must be for a period of four years from 2022 to 2026 and must include— (i) the continuation of health system strengthening initiatives on an on-going basis; (ii) the mobilisation of additional resources where necessary; and (iii) the selective contracting of health care services from private providers	**highlighted above as well as to allow for PHM registrars to undertake work within the NHI in order to contribute to the process whilst gaining experiential knowledge that would be beneficial to the NHI once they have completed their specialisation.**
Section 57	(3) In Phase 1 the Minister may establish the following interim committees to advise him or her on the implementation of the National Health Insurance: (a) The National Tertiary Health Services Committee (b) The National Governing Body on Training and Development (c) The Ministerial Advisory Committee on Health Care Benefits for National Health Insurance, which must be a precursor to the Benefits Advisory Committee (d) The Ministerial Advisory Committee on Health Technology Assessment for National Health Insurance, which must be established to advise the Minister on Health Technology Assessment and which must serve as a precursor to the Health Technology Assessment agency	➢ PHM Specialists have extensive experiential knowledge within the South African health system and can provide value in the interim committees prioritised in Phase 1. SUGGESTION: ➢ **Efforts be made to include PHM Specialists in the processes highlighted above**



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The authors of this document humbly request the opportunity to present the above submission to the Parliamentary Portfolio Committee on Health.

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Appendices:

1) Fellow of the College of Public Health Medicine Guidelines (pdf)
2) Public Health Medicine Registrar Competencies vs NHI Bill (spreadsheet)