

**Report of the Portfolio Committee on Health on its activities undertaken during the 5TH PARLIAMENT (May 2014 – March 2019), DATED 13 March 2019**

**KEY HIGHLIGHTS**

1. **Reflection on committee programme per year and on whether the objectives of such programmes were achieved**

Over the last five years, the Committee managed to achieve the following:

* The Committee held its first strategic planning session to craft its five-year Strategic Plan where the Committee’s strategic outcome-orientated goals were set for the five-year period.
* The Committee processed five pieces of legislation, namely, the Medicines and Related Substances Amendment Bill; Medical Innovation Bill; National Public Health Institute of South Africa Bill; National Health Laboratory Service Bill; and Choice on Termination of Pregnancy Amendment Bill;
* The Committee passed three of the five Bills it considered (the Medicines and Related Substances Bill; the National Health Laboratory Service Bill; and the National Public Health Institute of South Africa Bill;). Two Bills were considered undesirable (the Medical Innovation Bill and the Choice on Termination of Pregnancy Bill).
* In processing the legislation, the Committee ensured public participation as central to the process. Oral and written submissions were considered from different stakeholders including government, academia, industry, statutory bodies, civil society and the public.
* The Committee also managed to visit seven of the nine provinces to assess the state health services in public health facilities. The Committee ensured that the public/health facility users were at the centre of its processes especially while conducting oversight in provinces.
* In addition to site visits, the Committee engaged all nine provinces in Parliament on provincial health issues such as the state of finances, state of mental health services and state of hospital services.
* The Committee closely monitored the performance (financial and non-financial) of the National Department and its seven entities (South African Medical Research Council; National Health Laboratory Services; Office of Health Standards Compliance; Office of the Health Ombud; Council for Medical Schemes; Compensation Commissioner for Occupational Diseases; and South African Health Products Regulatory Authority).
* Overall, the Committee during the fifth Parliament achieved the objectives of its programmes.
1. **Committee’s focus areas during the 5th Parliament**
* Briefings from the Department of Health and its entities;
* Conducted site visits in seven provinces;
* Undertook a study tour to Cuba;
* Facilitated public participation on issues of oversight and legislation; and
* Processed and passed legislation five pieces of legislation.
1. **Key areas for future work**
* Monitor provincial budgets, particularly accruals and medico legal claims that are depleting their budgets.
* Monitor the implementation of Phase 2 of the National Health Insurance.
* Conduct an audit of all primary health care facilities’ infrastructure.
* Continuously monitor the implementation of the Ideal Clinics initiative, the number of clinics that achieved ideal status and those that maintain and/or improve their status.
* Continuous monitoring of the state of mental health care services.
* Monitor the amendment of the occupational diseases compensation legislation.
1. **Key challenges emerging**
* Outstanding feedback and follow up of issues and recommendations submitted to departments (national and provincial) and entities.
* Compact Parliamentary programme partly constraints the time available for the Committee to conduct follow-up site visits.
* Effective communication of Committee reports to the target audience needs to be improved.
1. **Recommendations**
* Develop a system for the facilitation, monitoring and tracking Executive responses to Committee recommendations and resolutions.
* Ensure that recommendations have specified timeframes for the Executive to respond.
* Adoption of minutes should form part of Committee meetings’ agenda.
* Improve on cooperative governance by holding cross-sectoral meetings.
1. **INTRODUCTION**
	1. **Department/s and Entities falling within the Portfolio Committee on Health**
2. **Department of Health:**

The core mandate of the Department of Health (the Department) is to improve the health status of South Africans through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability. The Department derives its mandate from the Constitution and the National Health Act (No. 61 of 2003). *Section 27(1)(a)* of the Constitution states that “Everyone has the right to have access to health care services, including reproductive health care”. *Section 27(3)* further states that “no one may be refused emergency medical treatment.” *Section 28(1)(c)* further gives every child the right to “basic nutrition, shelter, basic health care services and social services”. Finally, schedule 4 of the Constitution outlines that health care services are both a national and provincial legislative competence and/or imperative.

In addition to the National Development Plan (vision 2030), the health sector is also guided by the health sector Ten Point Plan and the United Nations (UN) Sustainable Development Goals 2030 (SDGs). The Department’s five-year strategic goals are to:

* Prevent disease, reduce its burden and promote health;
* Make progress towards universal health coverage through the development of the NHI scheme, and improve the readiness of the health facilities for its implementation;
* Re-engineer primary healthcare by: increasing the number of ward based outreach teams; contracting general practitioners and district specialist teams; and expanding school health services;
* Improve health facility planning by implementing norms and standards;
* Improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms;
* Develop an efficient health management information system for improved decision making;
* Improve the quality of care by setting and monitoring national norms and standards, improving systems for user feedback, increasing safety in health care, and improving clinical governance; and
* Improve human resources for health by ensuring adequate training and accountability measures.

The work of the Department is organised into six programmes:

**Programme 1: Administration** – The purpose of the administration programme is to provide strategic leadership, management and support services to the National Department of Health. These include: Human resources development and management, labour relations services, information communication technology services, property management services, security services, legal services, supply chain management and financial management services.

**Programme 2: National Health Insurance, Health Planning and Systems Enablement** – The purpose of the National Health Insurance (NHI), Health Planning and Systems Enablement Programme is to improve access to quality health services through the development and implementation of policies to achieve universal health coverage, health financing reform, integrated health systems planning, monitoring and evaluation and research.

**Programme 3: HIV/AIDS, TB and Maternal and Child Health**  – The purpose of HIV/AIDS, TB and Maternal and Child Health programme is to develop and monitor implementation of national policies, guidelines, norms and standards, and targets for the national responses needed to decrease the burden of disease associated with the burden of HIV and TB epidemics; to minimise maternal and child mortality and morbidity; and to optimise good health for children, adolescents and women; and monitor and evaluate the outcomes and impact of these.

**Programme 4: Primary Health Care Services (PHC)** – The purpose of Primary Health Care Service Programme is to develop and oversee the implementation of legislation, policies, systems and norms and standards for a uniform well-functioning district health system, environmental health services, communicable disease control, non-communicable disease control as well as health promotion and nutrition programmes.

**Programme 5: Hospital, Tertiary Health Services and Human Resource Development** – The purpose of this programme is to develop policies, delivery models and clinical protocols for hospitals and emergency medical services. It is also to ensure alignment of academic medical centres with health workforce programmes, training of health professionals and to ensure the planning of health infrastructure meet the health needs of the country. This programme also assists government to achieve the population health goals of the country through nursing and midwifery, by the provision of expert policy and technical advice and recommendations on the role of nurses in attainment of desired health outputs.

**Programme 6: Health Regulation and Compliance Management** – The purpose of this programme is to regulate the procurement of medicines and pharmaceutical supplies, including food control, and the trade in health products and health technology. Promote accountability and compliance by public entities and statutory health professional councils in accordance with applicable legislative prescripts.

1. **Entities:**
2. **Council for Medical Schemes (CMS)**

The Council for Medical Schemes (CMS) is established in terms of the Medical Schemes Act (No. 131 of 1998), as a public entity mandated to regulate the medical schemes industry in South Africa. The functions of the council include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private health care, and advising the Minister of Health on any matter concerning medical schemes.

1. **National Health Laboratory Service (NHLS)**

The National Health Laboratory Service (NHLS)is managed according to the provisions of the National Health Laboratory Service Act, No. 37 of 2000; the NHLS Rules which were gazetted in July 2007; and the PFMA. The NHLS provides cost effective diagnostic laboratory services to all state clinics and hospitals. It also provides health science training and education and support health research. The NHLS is the largest diagnostic pathology service in South Africa, servicing more than 80 percent of the population.

1. **South African Medical Research Council (SAMRC)**

The South African Medical Research Council (SAMRC) is established by the South African Medical Research Council Act, No. 58 of 1991 (as amended). The Act mandates the SAMRC to promote the improvement of health and quality of life through of South Africans through research, development and technology transfer.

1. **Office of Health Standards Compliance (OHSC)**

The Office of Health of Standards Compliance (OHSC) is established in terms of Section 77 of the National Act (2013). The mandate of the office is to monitor and enforce compliance of health establishments with norms and standards; ensure the consideration, investigation and disposal of complaints relating to non-compliance with norms and standards in a procedurally fair, economical and expeditious manner.

1. **Office of the Health Ombud (OHO)**

The Office of the Health Ombud is established according to the Section 81B of the National Health Amendment Act (2013). The Office of the Health Ombud’s mandate is to promote and protect the health and safety of the users of health services. The OHO face challenges due to non-allocation of resources for the Office to fulfil its mandate.

1. **Compensation Commissioner for Occupational Diseases (CCOD)**

The Compensation Commissioner for Occupational Diseases (CCOD) is established in terms of the Occupational Diseases in Mines and Works Act (ODMWA) (No. 78 of 1973). The CCOD is mandated to compensate workers and ex-workers in controlled mines and works for occupational diseases of the cardiorespiratory organs, and reimburse them for any loss of earnings incurred while being treated for TB. There is a need to fast-track the amendment of the occupational diseases compensation legislation.

1. **South African Health Products Regulatory Authority (SAHPRA)**

The Medicines and Related Substances Act (No.101 of 1965), as amended, provides for the establishment of the South African Health Products Regulatory Authority (SAHPRA) which is responsible for the regulatory oversight of medicines, scheduled substances, clinical trials, medical devices and in vitro diagnostics (IVDs). The objectives of the Authority are to provide for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices, IVDs and related matters in the public interest. The Medicines Control Council transitioned into SAHPRA in February 2018.

* 1. **Functions of the Committee**

The Committee is mandated to monitor the financial and non-financial performance of the department of Health and its entities to ensure that national objectives are met; process and pass legislation; and facilitate public participation in Parliament relating to issues of oversight and legislation.

The Portfolio Committee carries out its mandate through:

* Monitor financial and non-financial performance of the Department and its entities to ensure service delivery and monitor implementation of legislation;
* Consider and process legislation and statutory instruments referred to it;
* Consider and process international agreements and petitions relevant to it;
* Facilitate public participation where stakeholders, citizens and experts can make submissions on issues of oversight and legislation; and
* Consider all issues referred to it for consideration and report.
	1. **Purpose of the report**

The purpose of this report is to provide an account of the Portfolio Committee on Health work during the 5th Parliament and to inform the members of the new Parliament of key outstanding issues pertaining to the oversight and legislative programme of the Department of Health and its entities.

This report provides an overview of the activities the Committee undertook during the 5th Parliament, the outcome of key activities, as well as any challenges that emerged during the period under review and issues that should be considered for follow up during the 6th Parliament. It summarises the key issues for follow-up and concludes with recommendations to strengthen operational and procedural processes to enhance the Committee’s oversight and legislative roles in future.

1. **KEY STATISTICS**

The table below provides an overview of the number of meetings held, legislation and international agreements processed and the number of oversight trips and study tours undertaken by the Committee, as well as any statutory appointments the Committee made, during the 5th Parliament:

| **Activity** | **2014/15** | **2015/16** | **2016/17** | **2017/18** | **2018/19** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Meetings held | 18 | 27 | 22 | 36 | 38 | **141** |
| Legislation processed | 2 | Nil | Nil | 2 | 1 | **5** |
| Oversight trips undertaken | 1 | 2 | 3 | 1 | 1 | **9** |
| Study tours undertaken | Nil | Nil | Nil | Nil | 1 | **1** |
| International agreements processed | Nil | Nil | Nil | Nil | Nil | Nil |
| Statutory appointments made | Nil | Nil | Nil | Nil | Nil | Nil |
| Interventions considered | Nil | Nil | Nil | Nil | Nil | Nil |
| Petitions considered  | Nil | 1 | Nil | Nil | Nil | **1** |

1. **BRIEFINGS AND/OR PUBLIC HEARINGS**
2. The Committee received briefings from the nine provincial departments of health to enable discussions and to establish the state of health services in the country. Matters that were carefully considered included human resources with emphasis on Community Health Workers; infrastructure; supply chain management (SCM); and the implementation of the Ideal Clinics initiative.

The Committee made the following recommendations the Minister of Health and provincial departments of Health to:

* + Finalize the National Community Health Care Workers Policy to provide clarity on the management of Community Health Workers (CHWs).
	+ Ensure that the WISN report recommendations are implemented in order to improve staffing levels at primary health care facilities.
	+ Monitor the timeous filling of vacant funded posts by provincial departments.
	+ Assist provincial departments to strengthen financial management planning in order to deal with the continuous audit findings related to accruals and irregular expenditure.
	+ Assist provincial departments to improve and maintain audit outcomes.
	+ Assist provincial departments to address SCM challenges to reduce wastage, improve procurement turnaround time and improve contract management.
	+ Provide infrastructure technical support to provincial departments in order to develop their capacity to plan and manage health infrastructure delivery.
	+ Continue to support provincial departments in implementing the Ideal Clinic initiative.
	+ Engage the Department of Justice and Correctional Services to develop and implement a national strategy in dealing with rising medico-legal claims as they pose serious risk to budgets of provincial departments.
	+ Engage the National Treasury and Provincial Treasuries on resolving the disputes on historic debts. A progress report should be presented to the Committee on a quarterly basis.
	+ Ensure the roll-out of broadband connectivity in all PHC facilities.
1. Following the report of the Health Ombud into the circumstances surrounding the deaths of mentally ill patients in Gauteng Province, the Committee then engaged the eight provincial departments of Health (except for Gauteng) to establish the state of mental health care services in the country. The Committee observed numerous gaps and challenges in relation to mental health care provision amongst provinces. These include inadequate human resources for mental health care; lack of fully functional Mental Health Directorates; challenges around the effectiveness and functionally of the Mental Health Review Boards; inadequate quality and quantity of existing infrastructure for mental health care; lack of formal working relationships between the provincial departments and stakeholder, such as traditional healers, other relevant departments and private sector; shortcomings with regard to advocacy, promotion and prevention of mental health; and inadequate systems, monitoring and evaluation plans and systems and mental health information system.

The Committee made the following recommendations to the Minister of Health and provincial departments of Health to:

* Provincial Departments revise their staff establishments to accommodate the establishment of fully functional Mental Health Directorates.
* All funded vacant mental health posts are timeously filled by Provincial Departments to increase the mental health care workforce.
* Provincial Departments develop strategies to attract suitably qualified mental health professionals, particularly in rural areas.
* Provincial Departments ensure that general health professionals are capacitated to identify and treat mental disorders or mental illnesses on managing them and follow up care.
* Provincial Departments prioritises the refurbishment and maintenance of existing mental health infrastructure.
* Provincial Departments prioritises the construction of mental health hospitals in provinces that have no such infrastructure (e.g. Mpumalanga and Northern Cape).
* National and Northern Cape Departments of Health should closely monitor the completion of the Northern Cape Psychiatric Hospital.
* Provincial Departments establishes strategic partnerships with line function departments (Social Development, Education, Human Settlement, etc.), and other sectors at national, provincial and district levels in relation to mental health care services.
* Provincial Departments ensure that support is provided for community-based services by ensuring that community health workers and NGOs are capacitated to provide quality mental health services.
* On unlicensed NGOs, Health and Social Development Departments monitors closely the processes and criteria used to select or grant licences to NGOs.
* Provincial Departments ensure that the accreditation process of NGOs is documented and legally authorised.
* Provincial Departments embarks on public education outreach programmes on mental health to aid recognition, management or prevention of mental disorders as well as to improve access to care and reduce stigma.
* National Department develops and roll-out mental health information systems in provinces which will provide sufficient information to inform intervention decisions and assess quality improvements.
* National and Provincial Departments develops a mental health monitoring and evaluation policy together with implementation plans to strengthen monitoring and evaluation of mental health care services in order to mitigate adverse events.
* National Department of Health addresses the disparities in the functionality and effectiveness of Mental Health Review Boards amongst provinces.
1. The Committee also held hearings with the nine provincial departments of Health on the state of hospital services, following the annual inspection report of the Office of Health Standards Compliance highlighting challenges in public health facilities as well the report of the Auditor General on the health sector. The Committee noted numerous challenges ranging from issues of access, inadequate medical equipment, inadequate maintenance of equipment, infrastructure challenges, human resource deficiencies, financial management, EMS and patient transport, information systems, governance and leadership and outsourcing of essential support services. The Committee should visit all provincial hospitals to assess the implementation of the recommendations of the Committee.

The Committee made the following recommendations to the Minister of Health and provincial departments of Health to:

* Ensure that additional beds are procured to cope with the increasing demand for services.
* Referral systems should be improved to decongest hospitals.
* Address staff attitudes which remain a common complaint from patients.
* Improve provision of security services to ensure safety of patients and staff in hospitals.
* Improve patient waiting time and congestion by introducing innovative systems, including strengthening of the CCMDD programme.
* Ensure timeous procurement of essential medical equipment with respective service maintenance agreements.
* Ensure Service Maintenance Agreements are in place for existing and new medical equipment.
* Assess all equipment needs timeously to ensure proper budgeting.
* Capacitate and upskill staff in operating and maintaining medical equipment.
* Backlogs in infrastructure maintenance should be dealt with.
* Integrate all health infrastructure maintenance plans, ensure that budgets are appropriately ring-fenced and spending levels are maintained.
* Prioritise critical infrastructure needs and facilities that require urgent repair and/or rebuild.
* Ensure uninterrupted availability of medicines and supplies by ensuring that stock is ordered timeously.
* Ensure that medical depots are sufficiently resourced to ensure that drugs and supplies are available to clinics and hospitals.
* Staff complement in hospitals should be filled, by ensuring that all clinical, non-clinical and senior level positions are timeously filled.
* Ensure all provincial departments have approved staff establishments in place and that these are aligned with programmes and budget structures.
* Increase training pipeline by ensuring the implementation of the new nursing training programme.
* Increase funding for academic training to increase the pool of specialists.
* Provide bursaries and training for staff.
* Implement strategies that will enhance retention and speedy recruitment of staff in all categories. This may be in the form of providing adequate training, proper accommodation, tools of trade, etc.
* Strengthen employee wellness programmes.
* Clarify the role of clinical associates in the system in order to ensure their efficient use.
* National department to provide national standards applicable to EMS.
* Expand and strengthen EMS staff complement and build capacity.
* Increase ambulance fleet and vehicles.
* Improve information management and systems on EMS.
* Improve on response time by placing emergency services vehicles at strategic locations.
* Refinement of the delegations and decentralisation of functions accompanied by improved managerial capacity is required to ensure greater accountability by hospital mangers within their institutions.
* Ensure hospitals have skilled, and fit and proper Chief Executive Officers and other critical management positions.
* In view of limited resources and huge demands for services, budget priorities must be identified without compromising the delivery of services.
* Develop internal controls and instruments to monitor expenditure against budget in reducing inefficiencies (irregular, fruitless and wasteful expenditure).
* Ensure every vacant post that gets filled is budgeted for to reduce pressures on the COE budget.
* National and provincial Treasuries should assist provincial departments in dealing with accruals and medico-legal claims which are depleting departments’ budgets.
* Hospitals should begin to insource security, laundry, kitchen and cleaning services.
* Improve on laundry infrastructure.
* Ensure greater investment in IT personnel and infrastructure.
1. The Committee considered the South African Human Rights Commission (SAHRC) on the state of Oncology services in KwaZulu Natal as referred to it by the Speaker. The Committee received responses on the report from the Minister of Health, MEC for Health KwaZulu Natal and the KwaZulu Natal provincial department of Health. In addition, the Committee visited Addington Hospital’s oncology unit which was mainly affected by the crisis, to assess whether services have been restored. The Committee noted that one oncology machine was procured and one was repaired and is fully functional. However, the unit remains short-staffed as it requires an additional of 16 professionals. The Committee should follow up on the proper staffing of the oncology unit.

The Committee made the following recommendations to the Minister of Health and the KwaZulu Natal Provincial Department of Health to:

* Review and assess the decision on cost-curtailment in ensuring that the health care service delivery is not compromised.
* Determine and document the reasons behind the departure of health professionals to enable the province to address its challenges.
* Ensure that exit interviews are conducted when health professionals resign from the department to assist in the recruitment of new health professionals.
* Develop and implement a plan to ensure that cancer patients in rural areas have access to cancer treatment.
* Capacitate and upskill staff in operating some of the oncology equipment.
* Ensure that all critical posts are filled to ensure that existing backlogs and waiting period for care are shortened.
* Ensure that all key senior management positions are filled and staff is retained to bring stability and to speedily address some of the challenges faced by the provincial department.
* Develop and implement a comprehensive staff retention strategy.
* Strengthen and improve communication and early warning systems to detect and avert similar crises to that of KwaZulu Natal.
* Continuously monitor progress in the implementation of proposed interventions in KwaZulu Natal.
* Ensure that the South African Human Rights Commission is allowed access in public health facilities to carry out its mandate.
* Ensure that Service Maintenance Agreements are in place for all oncology machines.

**4. LEGISLATION**

The following pieces of legislation were referred to the Committee and processed during the 5th Parliament:

1. **The Medicines and Related Substances Amendment Bill [B6 – 2014]**

The Medicines and Related Substances Amendment Bill [B6 **–** 2014], is a section 75 Bill was tabled and referred to the Committee on 26 February 2014. The Bill, however, lapsed in accordance with National Assembly Rules at the end of the 4th Parliament, and was revived at the beginning of the 5th Parliament. The Bill sought to amend the Medicines and Related Substances Act (No. 101 of 1965), with the aim to replace the Medicines Control Council by a new body, the South African Health Products Regulatory Authority (SAHPRA).

**Status:** Act has commenced as the Medicines and Related Substances Amendment Act (No. 14 of 2015).

1. **Medical Innovation Bill [PMB1 – 2014]**

The Medical Innovation Bill [PMB1 **–** 2014], a Private Member’s bill, was tabled and referred to the Committee on 9 September 2014. The Bill sought to make provision for innovation in medical treatment and to legalise the use of cannabinoids for medical purposes and beneficial commercial and industrial uses. The Committee adopted a motion that the Bill was not desirable.

**Status:** Bill was concluded.

1. **National Public Health Institute of South Africa Bill [B16 – 2017]**

The National Public Health Institute of South Africa Bill [B16 – 2017] is a Section 76 Bill which aims to establish the National Public Health Institute of South Africa (NAPHISA). The Bill provides for the establishment of NAPHISA to provide integrated and coordinated disease and injury surveillance; research, monitoring and evaluation of services; and interventions directed towards the major public health problems affecting South Africans.

**Status:** Bill was adopted.

1. **National Health Laboratory Service Bill [B15 – 2017]**

The National Health Laboratory Service Amendment Bill [B15 – 2017] is a Section 76 Bill which seeks to amend the National Health Laboratory Service Act (No. 37 of 2000) in order to improve the governance, accountability and financial sustainability of the National Health Laboratory Service (NHLS). The Bill seeks to improve governance, accountability and financial sustainability of the NHLS. This will enable the NHLS to provide quality, cost-effective diagnostic health services in a timely manner.

**Status:** Bill was adopted.

1. **Choice on Termination of Pregnancy Amendment Bill [B34 – 2017]**

The Choice on Termination of Pregnancy Amendment Bill [B34 – 2017], a Private Member’s Bill, was tabled and referred to the Committee on 6 December 2017. The objectives of the Bill were to: delete certain circumstances in which a pregnancy may be terminated; provide that a social worker, in addition to a medical practitioner, must be of the opinion that the continued pregnancy would significantly affect the social or economic circumstances of the pregnant woman before terminating the pregnancy; and ensure that a pregnant woman has access to ultrasound examinations and sufficient mandatory counselling to enable her to make a fully informed choice regarding the termination of her pregnancy. The Committee adopted a motion that the Bill was not desirable.

**Status:** Bill was concluded.

**Issues for follow-up**

* Monitor the operations of the NHLS to ensure improved governance as envisaged by the amendment of the Act.
* Monitor the establishment of NAPHISA.
* Monitor the operations of SAHPRA, a newly established entity, and ensure that the entity operates in a suitable building.
* Ensure that resource constraints raised by the Office of the Health Ombud are addressed by the Department through engagement with National Treasury.
1. **OVERSIGHT VISITS**

The following oversight trips were undertaken:

1. **Oversight visit to Mpumalanga Province (22 – 23 September 2014)**

The purpose of the visit was to assess public health services and challenges that the province is facing in delivering services with emphasis on infrastructure, human resources, financial management and procurement. The Committee visited Rob Ferreira Tertiary Hospital, Nelspruit Community Health Centre, Kanyamazane Clinic and Themba Hospital.

**Recommendations:**

The provincial department should:

* Urgently address staff shortages as shortages were identified in all health facilities visited.
* Follow proper recruitment processes.
* Ensure that provincial officials should comply with policies and legislative prescripts related to financial and human resources management. Actions should be taken for transgression.
* Ensure that provincial officials should conform to supply chain management policies to assist in improving procurement turn-around time.
* Put systems in place to ensure that all health facilities monitor their stock and place their orders on time to ensure stock availability at all times.
* Follow proper contractual agreements with service providers.
* Address the shortage of Emergency Medical Services (EMS) vehicles and personnel.
* Ensure that the operating theatre that is not operational at the Nelspruit Community Health Centre is attended to as a matter of urgency.

**Responses to Recommendations:**

* The provincial department had filled a number of vacancies.
* The provincial department conducted workshops for all HR practitioners and developed a checklist for all appointments.
* Transgressions on policies are referred to Labour Relations unit for corrective measures.
* Officials have been appointed in Supply Chain Management, including Director SCM. Training have been arranged for supply chain officials.
* The Stock Visibility System is being implemented in all three districts.
* The provincial department has revised the Policy on drafting, managing and reviewing of contracts to ensure that all contractual agreements entered into with services providers are approved and monitored by respective institutions.
* The provincial department has advertised 96 posts for EMS to increase capacity and has set aside R16.5 million for the filling of these positions.
* The project for the renovation and reconfiguration of the Nelspruit Community Health Centre was at 95% progress and due to have been completed in August 2016.

**Follow-up issues:**

* A follow-up visit should include a visit to the Nelspruit Community Health Centre to assess the completion of the renovations, particularly the operating theatre.

**Status of Report:** Adopted and published

1. **Oversight visit to Free State Province (19 June 2015)**

The Committee visited Free State Province to assess the availability of medicines in view of reports that indicated that the province was facing challenges relating to drug stock outs. The Committee visited Ikgomotseng Clinic, Pelonomi Hospital and the Provincial Medical Depot. The Committee observed that the clinic had shortages of some essential drugs. The Provincial Medical Depot is faced with staff shortages, particularly pharmacists. The hospital was not experiencing any drug stock outs. From this visit, the Committee learned that the province was experiencing drug shortages due to suppliers’ inability to supply drugs. There was consensus that there is a need to improve the supply and availability of drugs to patients as this leads to challenges of non-adherence to treatment and drug resistance.

**Recommendations:**

Ikgomotseng Clinic

* Prioritise infrastructure challenges.
* Prioritise staff shortages.
* Improve ambulance response time so that patients do not wait outside the facility in the early hours of the morning.
* The clinic is very small and congested.
* Address challenges around the payment and training of community health workers.
* Ensure that the community is made aware of the Mom Connect programme.
* Urgently address the administrative failures in the Lejweleputswa District.

Medical Depot

* Address staff shortages at the Medical Depot.
* Address system bottlenecks hindering the procurement and supply of medicines.

**Responses to Recommendations:**

Ikgomotseng Clinic

* Repairs and refurbishments were done and office furniture procured for the facility.
* The clinic requires one professional nurse which the district has not been able to fill due to financial constraints and projection of over expenditure.
* The pick-up points and time for EMS was reviewed. An EMS satellite station was expected to be operational from 01 September 2016.
* To address space shortages, EMS has moved out of the park home to create additional space for consulting rooms.
* The payment for community care givers was resolved. The care givers are paid a monthly stipend of R1850. The care givers will be considered for community health worker phase one training.
* An Acting District Manager for Lejweleputswa District has been appointed to stabilize the district management.
* A total 23 posts (5 Pharmacists, 4 pharmacy assistants, 5 SCM clerks, 2 HR practitioners, 1 SCM practitioner, 2 cleaners and 3 security officers) amounting to R7.7 million were prioritised for filling through headhunting, internal and external recruitment process.

Medical Depot

* In addressing the bottlenecks in procurement and supply of medicine, a task team comprising of members of both the provincial department and Treasury were assigned to investigate a sustainable funding model for the Trading Account. The report of the task team recommends that the medical depot should be incorporated into the department as a directorate pharmaceutical services.

**Follow-up issues:**

* During a follow-up visit the Committee should ensure that the EMS satellite station in Lejweleputswa District is operational.

**Status of Report:** Adopted and published.

1. **Oversight visit to Limpopo Province (14** – **21 July 2015)**

The Committee visited Limpopo Province to assess health service delivery; effectiveness of primary health care services; spending patterns of the province and of the different institutions; Human resources; infrastructure in the public health institutions; security in public health facilities; and drug stock outs. The Committee visited the following facilities: Madombidzha Clinic, Mapela Clinic, George Masebe Hospital, Messina Hospital, Mokopane Hospital and Letaba Hospital. The Committee observed numerous human resources challenges including critical staff shortages; overspending on Compensation of Employees; and discontentment with the conditions of employment (such as personnel grade progression, poor performance management development system and numerous acting positions without compensation). Budget for equipment was a concern. Budget cut on infrastructure, from R900 million to R300 million was a concern. Messina Hospital needs to be rebuilt, however issues of land to build on was a challenge. Outsourcing of essential support services such as security, laboratory, medical waste and laundry. Where laundry services are rendered onsite, the machines are old and dilapidated. Other issues included, poor contract management, lack of governance structures; uneven rollout of WBOTS and school health; shortage of ambulances and mobile services.

**Recommendations:**

The provincial department should:

* Address the issue of staff shortages urgently, as shortages were identified in all health facilities visited.
* Develop a recruitment and retention strategy for health professionals and fill all critical posts.
* Ensure that a budget need assessment is carried out and budget anomalies assessed to ensure that health facilities have sufficient budget allocations.
* Prioritise infrastructure funding to ensure that all infrastructure development challenges are addressed.
* Prioritise the re-building of Messina Hospital as it is well overdue.
* Put systems in place to ensure that pharmaceutical stock and consumables are ordered on time to ensure stock availability at all times.
* Ensure that health facilities conduct proper stock taking and quality assurance to avoid the use of expired products.
* Attend to contract management and ensure that all projects are completed within agreed timeframes and service level agreements are in place.
* Ensure that health facilities have relevant equipment and equipment maintenance plans in place.
* Ensure improved record keeping in health facilities.
* Ensure that hospitals and clinics in the province have functional governance structures in the form of Hospital Boards and Clinic Committees.
* Address the issue of insufficient ambulances and improve response times.
* Ensure improved provision of mobile services.
* Ensure resourcing of primary health care programmes to improve roll-out and prioritisation of WBOTs and school health services.

**Responses to Recommendations:** Feedback report on the recommendations outstanding.

**Follow-up issues:** Follow-up on all the recommendations.

**Status of Report:** Adopted and published.

1. **Oversight visit to Eastern Cape Province (15 – 18 September 2015)**

The Committee visited Eastern Cape Province to assess health service delivery; effectiveness of primary health care services; spending patterns of the province and of the different institutions; Human resources; infrastructure in the public health institutions; security in public health facilities; and achievements and challenges in the National Health Insurance pilot sites. The Committee observed numerous human resources challenges including critical staff shortages due to a moratorium on the filling of vacant posts; facilities had insufficient operating budget, budget is centralised; numerous infrastructure challenges (lack of maintenance budget, Bambisana Hospital needs to be rebuilt, challenges with medical equipment, laundry equipment needs to be replaced, shortage of maternity beds and patient chairs); EMS challenges (includes, shortage of ambulances and slow response time); long waiting time was found to be a challenge; poor referral system; and lack of security in some health facilities.

**Recommendations:**

The provincial department should:

* Address the issue of staff shortages urgently, as this was identified in all health facilities visited.
* Prioritise the filling of all critical posts.
* Fast track the review of the organogram of Nelson Mandela Academic Hospital.
* Ensure that a budget need assessment is carried out and budget anomalies looked into to ensure that health facilities have sufficient budget allocations.
* Prioritise infrastructure funding to ensure that all infrastructure and clinical equipment challenges are addressed.
* Ensure that health facilities have relevant equipment and equipment maintenance plans are in place.
* Prioritise the construction of Bambisana Hospital. This project should also address the issue of staff accommodation. The provincial department should provide the Committee with a progress report in this regard.
* Address the issue of insufficient ambulances and improve on response times.
* Devise practical methods (i.e. queues administration) to reduce waiting times.
* Strengthen the referral system and adherence to referral guidelines aligned with the re-engineering of primary health care.
* Prioritise security measures in New Brighton Clinic to ensure the safety of patients and staff.
* Ensure that wider awareness of MomConnect and registration of expectant mothers.

**Responses to Recommendations:** Feedback report on the recommendations outstanding.

**Follow-up issues:** Follow-up on all the recommendations.

**Status of Report:** Adopted and published.

* 1. **Oversight visit to the North West Province (14 – 16 September 2016)**

The Committee visited North West Province to assess progress in the piloting of NHI in Dr Kenneth Kaunda District. The Committee visited the following health facilities: Delekile Khoza Clinic; Khuma Clinic; Kgakala Clinic; Majara Sephapho Clinic; Botshabelo Community Health Centre (CHC); and Nic Bodenstein Hospital. The Committee observed challenges around human resources; financial management; infrastructure; procurement; shortage of school health mobile vehicles; EMS; long waiting time; high disease burden; and teenage pregnancy.

**Recommendations:**

The provincial department should:

* Ensure that priority health personnel vacancies are filled, as well as the recruitment and retention of health professionals.
* Address the issue of acting positions over extended periods of time by timeously filling vacated positions.
* Ensure that personnel in acting positions are compensated with acting allowance where required.
* Develop a turnaround strategy that would focus on financial policies to address accruals that further depletes the budget of the department.
* Address the shortage of space in worst affected clinics by constructing a new structures or providing park homes as a temporary measure.
* Ensure that infrastructure challenges and general maintenance are urgently attended to.
* Pay attention to the procurement of medical equipment in order to ensure that good quality and quantity of equipment are procured.
* Ensure the procurement of good quality linen.
* Ensure that clinics are provided with water and electricity back-up systems.
* Ensure that key services are insourced in health facilities.
* Ensure the strengthening of primary health care programmes particular the ward-based outreach teams and school health programme.
* Ensure access to emergency care by improving emergency medical services response time in order to improve patient outcomes.

**Responses to Recommendations:** Feedback report on the recommendations outstanding.

**Follow-up issues:** Follow-up on all the recommendations.

**Status of Report:** Adopted and published.

* 1. **Oversight visit to the Free State Province (20 – 21 September 2016)**

The Committee visited Free State Province to assess progress in the piloting of NHI in Thabo Mofutsanyane District. The Committee visited the following health facilities: Mphatlalatsane Clinic; Ma-haig Clinic; Mofumahadi Manapo Mopeli Regional Hospital; and Dihlabeng Hospital. The Committee observed with concern the appalling state of Mofumahadi Manapo Mopeli Regional Hospital and was of the view that the management and leadership of the hospital needs to be addressed. The Committee commended the successful management of Dihlabeng Hospital, where essential support services (catering and security) are insourced. On EMS in the province, the Committee observed with concern contracted private ambulance services. The provision of mobile services is a challenge.

**Recommendations:**

The provincial department should:

* Ensure that priority health personnel vacancies are filled, as well as the recruitment and retention of health professionals.
* Ensure the upskilling of hospital management to improve the quality of hospital management.
* Ensure that infrastructure challenges and general maintenance are attended to, urgent attention is required in Mofumahadi Manapo Mopeli Hospital.
* Address the shortage of space in worst affected clinics by constructing new structures or providing park homes as a temporary measure.
* Ensure that clinics are provided with water and electricity back-up systems.
* Ensure that key services are insourced in health facilities.
* Ensure that clinics and hospitals have security officers.
* Ensure that Clinic Committees and Hospital Boards are functional.
* Ensure the strengthening of primary health care teams particularly the District Specialist Clinic Teams.
* Ensure access to emergency care by improving Emergency Medical Services response time in order to improve patient outcomes.
* Ensure the provision of mobile services to farms and rural areas.

**Responses to Recommendations:** Feedback report on the recommendations outstanding.

**Follow-up issues:** Follow-up on all the recommendations.

**Status of Report:** Adopted and published.

* 1. **Oversight visit to Gauteng (22 – 23 September 2016)**

The Committee visited Gauteng Province to assess progress in the piloting of NHI in Tshwane District. The Committee visited the following facilities: Holani Clinic; KT Motubatse Clinic; Soshanguve Block TT Clinic; Stanza Bopape Community Health Centre (CHC); and Tshwane District Hospital. The Committee observed the following challenges: critical staff shortages; lack of visibility of the ward-based primary health care outreach teams; poor record keeping; emergency medical services slow response; poor infrastructure; security is not effective in some health facilities; and low turnaround time for maintenance and replacement of equipment.

**Recommendations:**

The provincial department should:

* Ensure that priority health personnel vacancies are filled, as well as the recruitment and retention of health professionals.
* Address the shortage of space in worst affected clinics by constructing a new structure or providing a park home as a temporary measure.
* Ensure that provincial officials conform to supply chain management policies in improving procurement turn-around time.
* Pay close attention to Masakhane to ensure that the critical service it provides to health facilities does not compromise service delivery.
* Ensure that Clinic Committees and Hospital Boards are fully functional.
* Ensure the strengthening of primary health care programmes particularly addressing the issues around CHWs who are part of the ward-based outreach teams.
* Improve medical record keeping so as to ensure easy retrieval of records and contribute to decrease in patient waiting time.
* Ensure access to emergency care by improving emergency medical services response time in order to improve patient outcomes.

**Responses to Recommendations:** Feedback report on the recommendations outstanding.

**Follow-up issues:** Follow-up on all the recommendations.

**Status of Report:** Adopted and published.

1. **Oversight visit to the National Health Laboratory Service (02 August 2017)**

The Committee visited the National Health Laboratory Service (NHLS) to get an understanding and the rationale behind the strike action at the NHLS. The Committee learned that the NLS is faced with a numerous challenges include financial instability due to provincial departments’ debts; issues of salary adjustments; grade progression; and issues of insourcing. The Committee noted the need for the Department of Health to engage National and Provincial Treasuries on resolving the disputes on historic debts of provinces.

**Recommendations:**

* The Department of Health should engage National and Provincial Treasuries in addressing provincial disputes on historical debts to the NHLS.
* The NLS should ensure greater investment on IT infrastructure to ensure efficiency of the services.

**Responses to Recommendations:** Feedback report on the recommendations outstanding.

**Follow-up issues:** Follow-up on all the recommendations.

**Status of Report:** To be adopted by the Committee.

1. **Oversight visit to KwaZulu Natal Province (13 – 17 August 2018)**

The Committee visited KwaZulu Natal in the uMgungundlovu District, to assess progress in the piloting of the National Health Insurance, as well as well as assess the delivery of health services in eThekwini Metropolitan Municipality. The Committee visited health facilities in Msunduzi Local Municipality (Imbalenhle Community Health Centre; Mpumuza Clinic; Edendale Regional Hospital; Fort-Napier Psychiatric Hospital; and Grey’s Tertiary Hospital), uMshwati Local Municipality (Cramond Clinic; Gcumisa Clinic; Appelsbosch District Hospital), uMngeni Local Municipality (Mpophomeni Clinic and Umngeni Psychiatric Hospital) and eThekwini Metropolitan Municipality (Umlazi V Clinic; Cato Manor Community Health Centre; Prince Cyril Zulu Communicable Diseases Centre; and Addington Regional Hospital). The Committee made numerous observations relating to human resources, financial management, infrastructure, medical equipment, pharmaceutical services, essential support services, information systems and governance and leadership.

**Recommendations:**

The provincial department should:

* Ensure that staff complement in all health facilities is improved upon, by ensuring that clinical and non-clinical positions are filled.
* Review organisational structures of health facilities to ensure alignment of programmes with budget structures. As well as ensuring that level one posts are abolished.
* Increase funding for academic training to increase the pool of specialists.
* Improve on supply chain management processes, with the aim to improve procurement turnaround time, particularly for the procurement of medical equipment.
* In view of limited resources and huge demands for services, budget priorities should be identified without compromising the delivery of services.
* Address the centralization of contracts to suppliers who do not have the capacity to supply.
* Assess the infrastructure requirements of the entire province, particularly primary health care facilities.
* Prioritise clinics that require urgent intervention with regard to inadequate infrastructure.
* Erect shelters so that patients do not queue outdoors and be exposed to all weather conditions.
* Infrastructure maintenance (structures and equipment) backlogs should be dealt with systematically.
* Generators should be tested on a regular basis.
* Integrate all health infrastructure maintenance plans and ensure that budgets are appropriately ring-fenced and spending levels are maintained.
* Ensure timeous procurement of essential medical equipment.
* Ensure that Service Maintenance Agreements are in place for medical equipment so that medical equipment is maintained timeously.
* Prioritize the maintenance of emergency medical equipment.
* Ensure uninterrupted availability of medicines and supplies in hospitals and clinics.
* Ensure that hospital pharmacies are properly resourced with regards to staff including pharmacists and pharmacy assistants as well as transport to ensure that drugs and supplies are available to feeder clinics.
* Begin to insource security, laundry, kitchen and cleaning services.
* Ensure that laundry machines are upgraded where required to improve supply of linen.
* Ensure adequate staff at the central laundry to improve turnaround time.
* Ensure greater investment in IT personnel and infrastructure.
* The provincial department should address the issue of joint management of health facilities (e.g. Cato Manor CHC) between the province and the municipality to improve on governance and accountability.

**Responses to Recommendations:** Feedback report on the recommendations outstanding.

**Follow-up issues:** Follow-up on all the recommendations.

**Status of Report:** Adopted and published.

1. **STUDY TOURS**

**Study tour to Cuba (28 September – 05 October 2018)**

The Committee undertook a study tour to Cuba pre-empting the implementation of the National Health Insurance (NHI) in South Africa following its piloting in the past five years (2012 – 2017). In order for the Committee to better appreciate the implementation of the NHI and to exercise effective oversight over the health sector, it can draw lessons from developing countries such as Cuba. The success of the Cuba’s universal health coverage and primary health care systems holds many lessons for South Africa’s NHI programme. Furthermore, the Committee used the visit to Cuba to strengthen its long standing relation with Cuba. The Committee was afforded an opportunity to interact with South African medical students studying in Cuba.

The Committee drew the following lessons from the Cuban visit:

* The Cuban health system is organized and functional with very limited resources.
* The basis of the Cuban health system is primary health care (family medicine approach) which is organized and in line with the foundation of the South Africa’s National Health Insurance.
* Polyclinics are run by doctors and nurses, and also serve as training platforms.
* Polyclinics are fully equipped with medical equipment such as ultrasound and X-ray which means that patients do not have do go to hospitals for these services.
* Hospitals serve as secondary platform for treatment, which is aimed at reducing congestion in hospitals.
* Success in preventing communicable diseases and attention to maternal and child health.
* Outstanding health gains include the following:
* high vaccination rate;
* high life expectancy;
* eradication of maternal mortality;
* eradication of mother-to-child transmission of HIV; and
* 80% reduction in diabetic amputations.
* Coordinated use of complementary medicine at primary health care level.
* Impactful research innovation, such that eight percent of the medicines used in Cuba are manufactured in the country.

**Follow-up issues:**

* The Committee should conduct a follow up visit to Cuba to ensure that the Cuban medical programme is properly coordinated and issues raised by the medical students are addressed.

**Status of Report:** Report adopted

1. **PETITIONS**

The Committee participated in a joint hearing with the Select Committee on Petitions and Executive Undertakings to deal with a petition tabled in Parliament on November 2014, the Fuzane petition: ill treatment of the petitioner’s daughter whilst admitted at Groote Schuur Hospital and Khayelitsha District Hospital, Western Cape Province. The report on the petition was considered by the Select Committee on Petitions and Executive Undertakings.

A petition from communities of Spa Park and Koppewaai in Ward 9, Bela - Bela, Limpopo, requesting the Assembly to facilitate the urgent re-opening of the local clinic which was closed in 2015, in order to give them access to their right to basic health care, was referred to the Committee in 2015. The Committee could not deal with this petition as it was busy with legislation.

1. **OUTSTANDING ISSUES RELATING TO THE DEPARTMENT/ENTITIES**

The following key issues are outstanding from the Committee’s activities during the 5th Parliament:

| **Responsibility** | **Issues** |
| --- | --- |
| Department of Health  | Ensure that the Department responds to Committee recommendations within specified timeframes.  |
| The Department should provide the Committee with the NHI Evaluation Report.  |
| The Department should provide the Committee with the list of Ideal Clinics, progress made thus far and the stages they are at. |
| Entities  | Ensure that entities respond to Committee recommendations within specified timeframes.  |
| The Committee should facilitate a joint workshop between the Departments of Health, Labour and Mineral Resources to discuss the challenges around the amalgamation of the compensation legislation. |
| Ensure that the CCOD submits the all outstanding financial statements and annual reports for 2014/15, 2015/16, 2016/17 and 2017/18. |
| The Committee should conduct oversight at the CCOD offices. |
| Ensure that the Office of the Health Ombud functions optimally with adequate budget and staff. The Department should urgently address the legislation confusion to address the issues of staff and budget and independence of the Office. |
| Provincial Departments of Health  | Ensure that provincial departments of health respond to Committee recommendations within specified timeframes.  |
| Monitor the North West provincial department of health’s progress since being placed under administration |
| Committee | Consideration of the petition on the Bela Bela Clinic. |

1. **OTHERS MATTER REFERRED BY THE SPEAKER/CHAIRPERSON**

The following other matters were referred to the committee and the resultant report was produced:

| **Date of referral**  | **Report date** | **Content of referral**  | **Status of Report** |
| --- | --- | --- | --- |
| 4 July 2017 | 01 November 2017 | SAHRC Report | Adopted and published |
| 6 June 2018 |  | Recommendations of the High Level Panel |  |

1. **OBLIGATIONS CONFERRED ON COMMITTEE BY LEGISLATION**

Section 5(1) of the Money Bills Amendment Procedure and Related Matters Act (Act No. 9 of 2009) provides for the National Assembly, through its committees, to annually assess the performance of each national department and its entities. Annually the Committee assess the performance of the Departments and its entities. The Budgetary Review and Recommendations Report provides an assessment of service delivery performance given available resources as well as efficiency and effective on use and forward allocation of resources.

Section 10(c) of the Money Bills Act, stipulates that updated strategic plans must be tabled in Parliament after the adoption of the fiscal framework. The Committee thus considered the budget allocation of Vote 16.

Key recommendations and outcomes for the period under review (2014 – 2019) are as follows:

* The Committee recommended that the Department assists provincial departments to improve on audit outcomes. Over the five years some provincial departments improved on audit outcomes (Gauteng and Free State), whilst other regressed (North West and Limpopo). The Committee will continue to monitor this aspect, by requesting the Department to present a detailed turnaround plan.
* The Committee recommended that the Department should ensure that the CCOD submits annual reports and financial statements dating back to 2010/11 financial year. The CCOD is making progress in this regard, at the end of 2017/18 the CCOD had submitted its 2013/14 reports to the Auditor General for auditing.
* In 2014/15 the Committee recommended the need for improved spending on conditional grants. At the end of 2017/18 financial year, conditional grants spending has significantly improved, the total spend on conditional grants was at 98.6% resulting in underspending of 1.4%.
* With regard to budgets of provincial departments, the Committee recommended that the Department develop internal controls and instruments to monitor and eliminate irregular, wasteful and fruitless expenditure in reducing inefficiencies. The Committee will continue to monitor budget of provincial departments and request reports on consequence management (for non-compliance to the PFMA regulations) quarterly.
* Accruals and medico-legal claims continue to deplete provincial departments budgets, the Committee recommended that the Department engages Treasury to address the accruals as well as address the factors (patient care experience, adequate resources in public health facilities, proper record keeping, etc.) that contributes to the sharp increase in medico-legal claims.
* The Committee recommended the need for effective data management to improve on the recurring AG’s finding on the quality and reliability of performance information. The Committee to monitor this aspect quarterly.
1. **Challenges emerging**
* Lack of responses from the Department and entities on previous BRRR and budget vote recommendations.
1. **Issues for follow-up**

The 6th Parliament should consider following up on the following concerns that arose:

* Stagnant provincial audit outcomes.
* Department’s budget spending not in line with service delivery performance; high budget expenditure but poor performance against set targets in some programmes.
* Quality and reliability of performance data.
* Budgets of provincial departments of Health depleted by irregular expenditure, accruals and medico-legal claims.
* Consequence management for poor performance and transgressions.
1. **RECOMMENDATIONS**
	* There is a need for a systematic and standard mechanism for ensuring that all issues raised are addressed and detailed responses are presented as part of the reports presented to the Committee once addressed within a timeframe of request.
	* Strengthen links and close working relationships with other Parliamentary Committees.
	* Hold midterm strategic planning sessions to review/or amend the strategic plan of the Committee.
	* Regular Committee management meetings will strengthen the Committee’s regular planning and communication.

Report to be considered.