# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 3205**

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**(INTERNAL QUESTION PAPER NO. 33)**

**Ms M D Hlengwa (IFP) to ask the Minister of Health:**

(1) How does his department intend to bridge the knowledge skills gap that is due to the fact that some of the drugs that are used in government hospitals for the management of haematology and oncology are between 20 and 30 years old and that, due to the use of the outdated drugs, specialist doctors who are training in government hospitals are not exposed to modern medicine practices, resulting in the doctors turning to the private sector in order to be exposed to training with access to adequate therapeutic options;

(2) with approximately 70% of the Republic using the public health care system, what budget is available to ensure that modern treatment options are updated to the benefit of the people of the Republic? **NW3927E**

**REPLY:**

1. The National Department of Health (NDoH) is committed to improving the health status of all South Africans. The ministerially appointed National Essential Medicines List Committee (NEMLC) consider medications for inclusion on the Essential Medicine List (EML) based on priority conditions within the country, taking into consideration the clinical need, evidence of efficacy, quality, safety, affordability and implications for practice.

The review of medicines for inclusion on the EML and use in the public sector is a dynamic process, with disorders/medicines being reviewed continuously based on factors including the changing clinical need, emerging clinical evidence, availability of new medicines, price of medicines. This has been demonstrated with the approval of newer agents on the EML such trastrastuzumab and bortezomib in the management of breast cancer and are both available in the public sector.

Although a number of the agents used in the field of haematology and oncology are 20 to 30 years old, these agents are established effective therapies considered standard of care for particular indications in these fields.

Cost-effectiveness, affordability and security of supply of these newer agents is often the reason why they are not considered for use in both the private and public sectors.

The private sector is also often limited by the price of these newer agents, and may only be able to use them in situations where medical schemes cover portions of the costs, with large co-payments are made by individuals out of pocket. The availability of generic and biosimilar agents will promote competition driving down the prices of these newer agents for consideration for widespread public health use.

Both undergraduate and postgraduate trained clinicians in the fields of medical oncology and clinical haematology are exposed to modern therapeutic options. Additionally, exposure to use of these agents is often gained through work in clinical trials and access programmes.

1. Treatment options that are currently provided in the South African public sector are based on available evidence as described above.

The current budget for medicines is approximately R 20 billion, with an additional budget allocation per province for more modern therapeutic options in the National Tertiary Services Grant.

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| **MEDICINE BUDGET** | |
| **R Thousands** | **Main Budget 2022/23** |
| **Provinces** |  |
| Eastern Cape | 2,067,531 |
| Free State | 1,020,160 |
| Gauteng | 5,117,929 |
| Kwazulu-Natal | 4,535,574 |
| Limpopo | 1,499,518 |
| Mpumalanga | 1,793,290 |
| Northern Cape | 415,010 |
| North West | 1,215,842 |
| Western Cape | 1,876,983 |
| **Total** | **19,541,837** |

END.