



Pharmacy's contribution to the Presidential Health Compact and beyond

Over the past months, news in the form of bits and pieces surfaced through media releases or on social media platforms. But how are all these events, work, promises, future execution and end goals related? The Pharmaceutical Society of South Africa (PSSA) is proud to be involved in this landmark opportunity to resolve the current health crisis in South Africa and believes that pharmacy can bring many solutions to the table. The PSSA's participation in this process and its commitments for the future are highlighted below.

NHI Consultative Meeting – 24 August 2018

President Cyril Ramaphosa called for a National Health Insurance (NHI) Consultative Meeting at CSIR, Tshwane, Gauteng. At this event, the President addressed delegates present, including the Minister of Health (Dr Aaron Motsoaledi), other ministers, deputy-ministers and members of executive committees (MECs) of the provinces, the then Premier of Gauteng (David Makhura), health professionals, leaders of trade unions, civil society organisations, community organisations and key stakeholders in the health sector. PSSA was represented by the Executive Director, Ivan Kotzé, at the event.

President Ramaphosa stated that the purpose of this stakeholders meeting was to engage in dialogue on the current health situation in South Africa, to consider proposed reforms in legislative and regulatory frameworks of the health care system and to broaden consensus on the core principles that will define NHI.

The Sustainable Development Goals (SDG), adopted in 2015 by the United Nations, tasks every country with the responsibility towards health care and to "achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all" (SDG 3.8). "NHI is meant to ensure that all our people, black and white, rich and poor, receive the quality health services they need without the imposition on them of financial hardship" stated President Ramaphosa.

A recent report by the Office of Health Standards Compliance to the Portfolio Committee on Health found that on average health facilities inspected met less than 50% of the required quality health standards. Challenges raised in the report were severe shortages of essential employees such as doctors, nurses, radiographers and

porters; overworked employees currently working in facilities; shortage of medical equipment and theatre and intensive care unit beds; and massive backlog in operations due to dysfunctional operation theatres. President Ramaphosa called for change in this situation.

"We envisage a transformed health system that will not just have better health outcomes, but one that will also save money for individuals, households and the country as a whole" explained President Ramaphosa. He concluded by reminding all health care professionals that the provision of quality health care – and ultimately the success of NHI – is in their (our) hands.

At this event, the President further announced that NHI had been escalated to his office and will be managed from there.

Presidential Health Summit – 19 and 20 October 2018

The purpose of this summit that took place at Birchwood Hotel and OR Tambo Conference Centre, Boksburg, Gauteng, was to deliberate and propose action-orientated solutions to address the complex health crisis facing the country. However, it appeared that no health profession association was invited to this event. The office of the Director-General confirmed that this was an oversight on government's side. The South African Medical Association (SAMA) received a late invitation after an outcry on social media.

The objectives of the Summit were to:

- Advance collective efforts to promote good health care services as an essential foundation to health for all in South Africa;
- Outline the roadmap towards a unified health care system by committing to rebuild the health system to provide quality health care to all;
- Identify actions to strengthen co-ordination, monitoring and evaluation of the health system;
- Identify actions to strengthen co-ordination to deal with corruption, waste and abuse to improve accountability and transparency in the health system; and
- Address and action solutions to end the crisis in the health system.

At the event, speeches were delivered by David Mabuza, Deputy President; Dr Nkosazana Dlamini-Zuma, Minister in the Presidency: Planning, Monitoring and Evaluation; Dr Aaron Motsoaledi, Minister of Health; Dr Gwen Ramokgopa, MEC Gauteng Department of Health; Michael Shingange, Labour representative; Thulani Tshefuta, Community representative; Tanya Cohen, Business representative; Dr Tedros Adhanom Ghebreyesus, Director-General: World Health Organization; and Joe Kutzin, Coordinator, Health Financing and Policy: WHO.

The expected outcome of this event was the development of a mutually accepted and agreed action-orientated Presidential Health Compact. All delegates were divided into nine different commissions where every commission was tasked to identify short, medium- and long-term solutions to the current health crisis. Feedback from the day can be accessed at <http://www.health.gov.za/index.php/component/phocadownload/category/504>.

The nine commissions are:

- Commission 1 focussed on **human resources** listing issues such as staffing, working hours, remuneration of work outside the public sector (RWOPS), and internship and community service.
- Commission 2 reported on **supply chain management** covering central procurement, the socially based state owned pharmaceutical company and improving local skills, stock outs and the banning of donations from suppliers. It was stated that private sector price structures should be scrutinised.
- Commission 3. Although there are two reports covering the **infrastructure** plan, this summary only covers three points namely, the infrastructure plan must respond to changing dynamics, the infrastructure plan should facilitate equity and alternative funding mechanisms is listed as a point.
- Commission 4 covered **private sector** engagement. The Health Market Inquiry (HMI) report is mentioned twice with recommendation that the HMI recommendations be addressed. The roles and responsibilities need clarification to inform contracting models. It is good to see that an inclusive process and mechanism to sustain the energy and desire to be part of the solution is mentioned.
- Commission 5. The topic of commission 5 as listed below and the actual two reports differ with the reports focussing on **quality improvements** in the health sector. This summary lists 19 points covering human resources and the filling of critical posts at Primary Health Care (PHC) level, and the shifting of focus on curative health services to preventative healthcare in a multidisciplinary team.
- Commission 6. The public sector **financial management** report calls for urgent attention to address accruals, equitable share formula in for example cross border flows, increase in budget allocation to provinces and to stop unfunded mandates.
- Commission 7 reported on **leadership and governance**. The report pointed out that policies in place should be

implemented and that leadership training should be implemented. Training of health professionals should be enhanced with clinical governance, human resources and medical law. Corruption is covered, calling for decisive actions, the restoration of values and that the focus should be on the patient. Innovative business models should be considered, authority lines should be respected and people should be empowered from the bottom up.

- Commission 8. **Community engagement** – this commission lists a number of activities that should be reviewed such as community participation and social deterrents in order to adopt a social accountability approach.
- Commission 9. **Health information systems** including the standardisation of systems, electronic health record and digital access are issues covered with a recommendation for a platform for e-health dialogue to be established with patients being the custodian of the health record.

The input and discussion from this Health Summit became the *Guidelines for Preparing Input into the Presidential Health Summit Compact*. With this document, representatives from the seven key sectors (government, civil society, labour, health service users, business, academia and health professionals and allied health workers) were tasked to provide input by 12 November 2018 for the public signing of the health compact by 30 November 2018.



Health Professionals Summit – 17 November 2018

To fulfil the task assigned to all seven key sectors, SAMA organised this event in Kempton Park to bring all health professionals together towards a working Universal Healthcare System. The objective was, in alignment with the President's message earlier the year, to determine how we as healthcare professionals can contribute to the achievement of UHC that maintains high quality of care. A total of 109 healthcare and professional associations were invited to this event which marked the next phase of converting the recommendations from the Presidential Summit into practical, workable solution for the health system in South Africa. PSSA was represented by the Executive Director, Ivan Kotzé, and Professional Development and Support officer, Dr Mariet Eksteen.

The opening remarks were offered by Dr Angelique Coetzee, President of SAMA, followed by the keynote address by Prof Olive Shisana from the Office of the Presidency. The 83 delegates

attending the event were divided into three break away sessions, focussing on two or three related commissions from the Presidential Health Summit, to stimulate and start discussion on how to unpack the Health Compact into the needed ground work. After feedback from the breakaway sessions, a motion was proposed to request the Presidency to grant the Sector an extension to allow the sector to consult widely with its constituency and members in order to craft well thought out solutions, plans, milestones and documentation. The Presidency approved a two months' extension until 31 January 2019, for implementation 1 March 2019.

To facilitate communication and implementation, a Health Profession's Sector Task Team was appointed by the meeting. It was suggested that one representative from each profession should be included who is responsible for communication between the Task Team and the profession at large, not only to members of individual constituencies. Dr Eksteen was appointed as the pharmacy representative.



Photo: Prof Olive Shisana addressing the health association representatives.

Preparing pharmacy's input to the Compact – December 2018

Each health profession was required to use the *Guidelines* document and review the content compiled at the Presidential Health Summit in October 2018, in order to indicate where the profession can participate and facilitate achieving the desired actions needed to resolve the current health crisis.

Pharmacy reviewed each of the nine commissions. For each, actions and intended outcomes, which are anticipated to contribute to resolving the current health care crisis, were noted from the pharmacy viewpoint. Accountability for each action was clearly defined between individuals, professional associations, the statutory body, provincial or national health departments, finance, ministry or presidency. For each of these actions, critical success factors were listed which could become barriers for successful implementation of the interventions. Suitable timeframes for short, medium and long term were indicated for each action.

When it comes to the commissions on human resources for health (health workforce), supply chain management, health service delivery and leadership and governance, pharmacy suggested an extensive list of actions and proposed solutions to current

problems experienced by the profession. Submissions were also made on private sector engagement and health information systems, and to a lesser extent on infrastructure, public sector financial management and community engagement.

All health professions submitted their contributions towards the Compact to SAMA on 8 January 2019 and the information was merged and aligned to form a uniform submission for the health professionals and allied health workers key sector. The finalised document was submitted to the Presidency on 31 January 2019 and receipt was acknowledged by Prof Shisana.

What did we commit to?

The PSSA, as will many other health professional associations, together with its members and other stakeholders, will address the actions listed in the submission. Among other areas, PSSA has committed to:

- Continue advocacy for human resource issues related to moratoriums on the filling of vacancies, internship and community service posts, remunerative work outside public service (RWOPS), bursary holders, and the PCDT permit approval backlog;
- Advocate for collaboration between doctors and Primary Care Drug Therapy (PCDT) pharmacists in providing increased healthcare access, and between National Departments of Health, including the Foreign Workforce unit, and Home Affairs to accommodate foreign professionals;
- Orientation of pharmacists in the private health sector on the Standard Treatment Guidelines and Essential Medicines List for Primary Health Care (PHC), health promotion and disease prevention not only in preparation for UHC but in the interest of public health;
- Initiate annual Continuing Professional Development (CPD) opportunities on leadership development and management training to strengthen the pharmacy workforce, ethics, coding, over- and under-servicing, alternative reimbursement mechanisms, moral use of resources, undesired billing practices, effective treatment guidelines, management of down-referrals or private-public referral, and working within multi-disciplinary teams or inter-professional collaborations;
- Advocate for the involvement of pharmacists in every level of the supply chain management and procurement, together with the approval of district pharmaceutical supply chain specialists and will investigate approval of Pharmaceutical Supply Chain and Logistics as additional sites for conducting pharmacy internship. Pharmacists should be involved, where not already, in preparing pharmaceutical budgets as well as the management and control thereof;
- Establishment of a pathway for whistle blowers who identify corruption such as absent without approved leave and theft of medical products, equipment and machinery or where government stock has been sold outside of public facilities;
- Ensure that all pharmacies, including dispensaries in PHC

- or Community Health Centres, must be under direct control and supervision of pharmacists, and on grade A standard according to SAPC grading inspections;
- Facilitate public-private partnerships in programmes such as Centralised Chronic Medicine Dispensing and Distribution (CCMDD), family planning, immunisation, after hour service deliver to government patients, and comprehensive TB treatment;
- Advocate for implementation of a comprehensive package on PHC as a Prescribed Minimum Benefit (PMB) and continue supporting the Essential Medicines Programme to improve access to essential medicines by the entire population.
- Request for change in approach to labour-related such as strike so that the rights of some do not negatively affect the rights of others through unavailability of essential medicines at patient level resulting in interruption of treatment, destabilising controlled conditions, deterioration of health and additional unforeseen financial expenditure to acquire treatment for private healthcare settings.
- Develop an urgency among pharmacists to 'plant leadership seeds' in fellow or younger colleagues to ensure strong leaders for the future in the profession and further to establish a culture of continuous professional development in the fields of governance, leadership and management.

- Advocate for senior management appointments, where not already, to be appointed based on ability and care, not purely political affiliation. Performance assessment of heads of services to be based on health outcomes, availability of essential medicine and adequate stock control.
- Address the anticipated challenges expected for health information systems through timeous planning, preparation, interaction and execution.

The way forward

PSSA believes that through this process, the healthcare sector gained a lot of momentum. The enthusiasm of many health professional associations is inspiring them to contribute to the vision of access to healthcare for all. Achieving the above-mentioned commitments might not happen overnight or through a single approach, and definitely not without the incorporation of needed expertise or united support of our members.

PSSA invites any member with either professional expertise, a willingness to participate or a pure passion for the profession to volunteer collaboration or input in any of the actions to which we have committed, by email to profoffice@pharmail.co.za. Positive activism for the efforts of PSSA in your direct environment will contribute to the successful implementation of change in healthcare in South Africa.

The PSSA/ALPHA Pharm distance learning programme

The PSSA/Alpha Pharm Distance Learning Programme continues to offer pharmacists useful, practical, up-to-date information that enables them to provide optimal pharmaceutical care to their patients.

Module 1/2019 – Common musculoskeletal problems

Musculoskeletal disorders affect the human body's movement or musculoskeletal system. These disorders can affect any major area of the musculoskeletal system, including the neck, shoulders, wrists, back, hips, legs, knees and feet. They range from those that arise suddenly and are short-lived, such as fractures, sprains and strains (acute and trauma-induced) to conditions that can be ongoing (chronic) such as low back pain and osteoarthritis.

Musculoskeletal disorders are the most common cause of severe long-term pain and physical disability and affect hundreds of

millions of people around the world. The prevalence of many of these conditions increases markedly with age and is also affected by lifestyle factors such as obesity and lack of physical activity.

Musculoskeletal disorders are typically characterised by pain and limitation in mobility, dexterity and functional ability, reducing people's ability to work and participate in social roles with associated impacts on mental health, well-being and quality of life.

Pain is the most common symptom of most musculoskeletal disorders. Pain ranges from mild to severe and from acute to chronic and may be local or widespread.

This module discusses several common musculoskeletal disorders that may be encountered in the community pharmacy.

For more information about this programme contact Gill or Glynis at Insight Medicine Information on 011 706 6939 or email cpdalphapharm@insightmed.co.za.

The PSSA/Alpha Pharm clinical education programme 2019 for pharmacy staff

The PSSA/Alpha Pharm Pharmacy Staff Clinical Education Programme continues to offer front-shop assistants or pharmacist's assistants up-to-date information that enables them to provide optimal pharmaceutical care to their patients. All pharmacy staff need to be familiar with the use of unscheduled medicines and should be reminded of when it is necessary to refer the patient to the pharmacist.

Module 1/2019 – Pain and Inflammation

Pain is one of the most common complaints that healthcare workers deal with every day. Globally, it has been estimated that 1 in 5 adults suffer from pain.

Pain is among the most frequent reasons for visits to a doctor. The most frequent types of pain in patients who consult a doctor

include back pain, headaches, joint pain, pain in the hands and feet (the extremities) and abdominal pain.

Pain is subjective and each person experiences pain differently. People differ remarkably in their ability to tolerate pain. One person cannot tolerate the pain of a small cut or bruise, but another person can tolerate pain caused by a major accident or knife wound with little complaint.

This module discusses pain and inflammation and provides an overview of the treatment of these conditions using over-the-counter (OTC) medicines available in the pharmacy.

If you would like to participate in the 2019 PSSA/Alpha Pharm Pharmacy Staff Clinical Education Programme please contact Gill or Glynis for further information at 011 706 6939 or email cpdalpharm@insightmed.co.za.