

# OFFICE OF THE SPEAKER

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## FINAL MANDATE

**To:** The Chairperson of the NCOP

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

**Number of the Bill:** [B 16D—2017]

**Date of Deliberation:** 25 February 2019

**Vote of the Legislature:** The delegation representing the province of Mpumalanga in the National Council of Provinces is hereby conferred with a mandate to vote in favour of the Bill.

**MRS VS SIWELA, MPL  
SPEAKER: MPUMALANGA  
PROVINCIAL LEGISLATURE**

25/02/2019  
**DATE**

# REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT ON NATIONAL PUBLIC HEALTH INSTITUTE OF SOUTH AFRICA BILL, [B16D-2017]

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## 1. INTRODUCTION

The Speaker referred the National Public Health Institute of South Africa Bill, [B16D-2017] (the Bill) to the Portfolio Committee on Health and Social Development (the Committee) for consideration and report back to the House in accordance with the legal prescripts and the Rules and Orders of the Mpumalanga Provincial Legislature.

In terms of section 118(1) of the Constitution of the Republic of South Africa 1996, the Legislature has a mandate to facilitate public involvement in the legislative and other processes of the legislature and its committees. It is against this background that the Committee conducted public hearings to solicit inputs and views from members of the public on the above-mentioned Bill.

## 2. OBJECTIVES OF THE BILL

The purpose of the Bill is to;

- provide for the establishment of the National Public Health Institute of South Africa (NAPHISA) in order to coordinate, and where appropriate to conduct, disease and injury surveillance;
- provide for specialised public health services, public health interventions, training and workforce development and research directed towards the major health challenges affecting the population of the Republic and to provide for matters connected therewith.

### 3. METHOD OF WORK

The Committee was briefed by the National Council of Provinces (NCOP) permanent delegate, Hon LC Dlamini who was accompanied by representatives from the National Department of Health on 08 November 2018. The Mpumalanga Department of Health also attended the briefing.

The Committee then conducted public hearings in order to solicit inputs/comments from members of the public. The Bill was published in the following newspaper publications: Mpumalanga News in Ehlanzeni District, Middleburg Observer in Nkangala District and Mapepeza Media in Gert Sibande District.

The Public hearings were conducted on Friday, 16 November 2018, from 10h00 – 13h00 in the following Districts:

<b>DISTRICT</b>	<b>VENUE</b>	<b>No. of Attendees</b>
<b>Ehlanzeni</b>	<b>Mashishing Community Hall – Thaba Chweu Local Municipality</b>	<b>144</b>
<b>Nkangala</b>	<b>Siyathuthuka Community Hall (Belfast) – Emakhazeni Local Municipality</b>	<b>140</b>
<b>Gert Sibande</b>	<b>Grootvlei Community Hall– Dipaleseng Local Municipality</b>	<b>213</b>

The Committee thereafter met on 22 November 2018 to consider the draft report and the negotiating mandate on the Bill and such mandate was duly submitted to the NCOP. The committee then met on Monday, 25 February 2019 to consider the final mandate on the Bill and such mandate was duly submitted to the NCOP.

#### 4. INTERACTION BY THE COMMITTEE WITH NCOP PERMANENT DELEGATE AND DEPARTMENT OF HEALTH ON THE BILL

Hon LC Dlamini gave an overview on the National Public Health Institute of South Africa Bill, the following was noted from her overview:

- The objectives of the Bill;
- NAPHISA is established to deal with, amongst others, the out-break of diseases;
- Though South Africa is the last country to launch the TB Caucus, South Africa is reportedly doing well on TB Care and Prevention;
- Concerned that the province is not doing well in terms of applying for nominations to be appointed in boards listed in government gazettes.

Representatives from the National Department of Health, supported by representatives from the provincial health department gave brief yet detailed presentations on the Bill, the following can be highlighted:

- There is a need for a single accountable authority and the lack of this accountability to date is a root cause of fragmented surveillance;
- The establishment of NAPHISA seeks to:
  - Provide integrated and coordinated surveillance systems to monitor diseases and injuries;
  - Provide specialize reference laboratory and referral services;
  - Provide training and workforce development;
  - Conduct research and support public health interventions aimed at reducing the burden
- Functions of NAPHISA
  - The function is to promote co-operation between South Africa and other countries on the epidemiological surveillance and management of diseases exposures and injuries.
  - Strengthen cross border, regional and international collaboration on communicable and non-communicable diseases, occupational health and safety, cancer, injury and violence prevention and environmental health; inclusive of all issues mentioned under the objectives of the Bill above and to

- Advise the Minister on strategies to improve the health of the population.
- NAPHISA will be made of the following divisions:
  - Communicable diseases;
  - Non-communicable diseases;
  - Occupational health;
  - Cancer surveillance;
  - Injury and violence prevention;
  - Environmental health.
- The composition of the NAPHISA Board
  - An official from the national Department of Health;
  - Two members each with special knowledge in one of the following areas:
    - economics, financial matters or accounting; and
    - legal matters;
  - Seven members, each with special knowledge in one of the following areas—
    - Communicable diseases;
    - Non-communicable diseases;
    - Occupational health;
    - Cancer surveillance;
    - Injury and violence prevention;
    - Environmental health; and
    - Field epidemiology;
  - The Chief Financial Officer of the NAPHISA by virtue of his or her office;
  - The Chief Executive Officer of the NAPHISA by virtue of his or her office; and
  - One member nominated by the schools of public health from publicly funded higher education institutions.
- NAPHISA is funded by:
  - Money appropriated by Parliament;
  - Fees received for services rendered;
  - Income earned on surplus moneys deposited or invested;
  - Grants, donations and bequests made;
  - Royalties and money received from other sources.

The committee appreciated both the overview and the presentation, however, raised the concern regarding the lack of provincial representation on the Board.

## **5. INTERACTION BY THE COMMITTEE WITH STAKEHOLDERS ON THE BILL**

The following stakeholders were invited by the Committee to attend the public hearings held on 16 November 2018;

- i. Department of Health (National, Provincial and District level);
- ii. National Institute for Communicable Diseases (NHLS);
- iii. National Institute of Occupational Hygiene (NIOH)
- iv. Hospitals and Clinic management;
- v. Labour Formation – NEHAWU and HOSPERSA
- vi. South African Communist Party (SACP)
- vii. South African Police Service (SAPS)
- viii. Community members;
- ix. Ward committees

During the public hearings, members of the Committee together with the Department of Health (National, Provincial and District levels), explained the Bill in the local languages spoken in the three listed districts. The stakeholders who were present at the public hearings expressed different views on the Bill. The following inputs were noted:

- **Clause 6 – the lack of representation from provinces on the proposed NAPHISA Board.** Provinces must be represented in the Board, if not individually, the provinces can be clustered with one representative per cluster;
- The surveillance system to be implemented should accommodate all geographic health factors in their diversity. Also paying attention to the mining areas amongst others;
- Health inspections should be extended to the foreign food shops, for health promotion and ensuring that the food sold for public consumption is authentic food.

The public welcomed the following remarks by the Department of Health:

- Substance abuse treatment and depression will be catered for within the surveillance system that monitors diseases and injury;
- World Health Organization will serve as one of the consultative bodies for NAPHISA;
- NAPHISA will not be charging the national nor provincial health department for services rendered;
- The surveillance systems will be considerate of the different geographic health factors as per the six divisions outlined earlier;
- NAPHISA would give direction to provinces and local government, a business case to coordinate how NAPHISA will interface with provinces and local government reportedly being developed;
- In terms of disease control, all existing research institutions will continue with their specific work (TB, Ebola, etc.) but will all fall under one umbrella body (NAPHISA). NAPHISA will provide training and development for some of the institutions that could have been sub-standard in terms of knowledge and expertise.

## **6. OBSERVATIONS AND FINDINGS BY THE COMMITTEE**

- The Committee considered all submissions made by the stakeholders in all three districts and that they support the Bill;
- Inputs were also made on the inclusion of provincial representation in the NAPHISA board;
- The committee noted that six (06) provinces proposed amendments to the Bill and they were accepted.

## **7. INTERACTION ON THE NATIONAL PUBLIC HEALTH INSTITUTE OF SOUTH AFRICA BILL [B16D-2017]**

The committee met on Monday, 25 February 2019 to consider the final mandate and resolved to accept the process regarding the amendment of the Bill with the changes accepted by the Select Committee on Social Services, thus the Bill was numbered [B16D-2017]

## 8. RECOMMENDATIONS

The Portfolio Committee on Health and Social Development after considering the Bill confers on the permanent delegate representing the Province of Mpumalanga in the NCOP, the mandate to vote in favour of the Bill.

## 9. CONCLUSION

The Chairperson wishes to thank all members of the public for their worthwhile involvement and participation in the public hearings and for the inputs and comments they have made. A word of gratitude to the NCOP permanent delegate, Hon Dlamini, both the National and Provincial Department of Health, Members of the Portfolio Committee on Health and Social Development for their efforts in ensuring that the Committee meets its obligation and the support staff who contributed to the success of the public hearings and the production of this report.



**HON DP MANANA**

**CHAIRPERSON: PORTFOLIO COMMITTEE  
ON HEALTH AND SOCIAL DEVELOPMENT**

25.02.2019

**DATE**