SHADOW LEGACY REPORT
2004–2009

The Parliamentary Portfolio Committee on Health

Open Society Foundation for South Africa

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Contents

Abbreviations and acronyms **2**

1. The role and mandate of Portfolio Committees **3**

2. The aim of this report **3**

3. Health priorities **3**

4. **Mandate**: Portfolio Committee on Health **4**

5. **Concerns**: National Department of Health **5**
   - 5.1 Governance **5**
   - 5.2 Provincial and district health issues **6**
   - 5.3 Hospital revitalisation and service delivery **7**
   - 5.4 Strategies: Specific diseases and general healthcare **7**
   - 5.5 Staffing issues and quality of care **9**
   - 5.6 National Health Insurance **10**

6. **Issues**: Other bodies in the health sector **10**
   - 6.1 National Health Laboratory Services **10**
   - 6.2 Medical Research Council **10**
   - 6.3 Council for Medical Schemes **11**
   - 6.4 South African National AIDS Trust/South African National AIDS Council **11**
   - 6.5 Medicines Control Council **11**
   - 6.6 Health Professions Council **11**
   - 6.7 South African Medical Association **12**
   - 6.8 Compensation Commission for Occupational Health Diseases **12**

7. Legislation and recommendations **12**

8. General recommendations **13**

Endnotes **13**

Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
Charter	Draft Health Charter, 2005
CMS	Council for Medical Schemes
Committee	Portfolio Committee on Health from 2004 to 2009 (also referred to as 'the previous Committee')
Fourth Parliament	Parliament from 2009 to 2014
HIV	Human Immunodeficiency Virus
MCC	Medicines Control Council
MDR-TB	Multi-drug resistant TB
MRC	Medical Research Council
NDoH	National Department of Health
New Committee	Portfolio Committee on Health from 2009 to 2014
NGO	Non-governmental organisation
NHI	National Health Insurance
NHLS	National Health Laboratory Services
PMG	Parliamentary Monitoring Group
SAMA	South African Medical Association
SANAC	South African National AIDS Council
SANAT	South African National AIDS Trust
SCOPA	Standing Committee on Public Accounts
SONA	State of the Nation Address
TB	Tuberculosis
Third Parliament	Parliament from 2004 to 2009
XDR-TB	Extremely-drug resistant TB

1 The role and mandate of Portfolio Committees

Both houses of South Africa's Parliament, the National Assembly and the National Council of Provinces, do much of their work through committees made up of members from all parties. The committee system enables work to be done efficiently, allows greater time for debate, increases participation of Members of Parliament and provides a forum for direct presentation of public views.

The role and mandate of Portfolio Committees are to:

- Facilitate public participation.
- Promote cooperative government.
- Exercise oversight on the Executive, state departments and bodies they are responsible for, and on international relations.
- Pass legislation.

2 The aim of this report

Between 2004 and 2009, the Portfolio Committee on Health (the Committee) held 99 meetings during the Third Parliament (2004 to 2009). This report briefly highlights issues discussed in those meetings that are relevant to the work of the new Portfolio Committee on Health of the Fourth Parliament (the new Committee from 2009 to 2014). Sometimes we will refer to the Committee as 'the previous Committee' to distinguish it from the new Committee.

This shadow legacy report is an independent report on the work of this Committee. The issues and concerns highlighted in this report were extracted from extensive research into the full reports of Committee meetings prepared by the Parliamentary Monitoring Group (PMG),[1] and some reports of the Committee that were published from 2004 to 2009. The Committee did not publish a Five Year Legacy Report or Five Year Review, and also did not table reports on all oversight visits.

This report gratefully acknowledges the assistance of the PMG, including full access to its resources, during the research and preparation of this report. Parliamentary Committee staff and Members of Parliament also provided answers to queries.

Note:

- This report aims to reflect action taken by the previous Committee and to highlight relevant outstanding or ongoing issues for action by the new Committee.
- The recommendations at the end of each item in this report are recommendations from the previous Committee.

3 Health priorities

Although the National Department of Health (NDoH) has a number of policy documents and programmes listed on its website[2] identifying main priorities, it did not make specific presentations on any of these to the Committee.

The draft Health Charter (the Charter) was introduced by the Minister of Health in July 2005.[3] This draft outlined 4 key principles:

- Access to healthcare services
- Equity in healthcare
- Quality of healthcare
- Broad-based black economic empowerment.

The Charter recognised that there was less access to medical schemes and many could not afford private healthcare. The Charter proposed 35% black equity by 2010. The strategies to achieve the targets were outlined by the NDoH, but need to be more specifically reported on. The Committee felt that inequality between provinces was not being addressed by the Charter.

The State of the Nation Address (SONA)[4] each year outlines the Government's priorities, highlighting focus areas for departments and parliamentary committees. Various priorities for the health sector set out in the SONA included the need to address:

- HIV/AIDS (2004 to 2008)
- Tuberculosis (2005 and 2008)

- Cholera (2004 to 2005)
- Malaria (2007)
- Non-communicable and lifestyle diseases (2004 to 2007)
- The shortage of medical professionals (2006 to 2009)
- Hospital revitalisation (2006).

Recommendation to the new Committee:

- All the priorities listed will remain as ongoing issues to be addressed by the new Committee, together with the issue of inequality between provinces.

4 Mandate: Portfolio Committee on Health

Public participation

The Committee allowed for public participation during public hearings, and also took some briefings on broad health issues. But, unlike other committees, it did not call for public comment on strategic plans or annual reports.

Recommendation to the new Committee:

- As this has helped other parliamentary committees in their oversight work, consider calling for public comment on strategic plans or annual reports.

Cooperative government

The health sector falls under the Social and Economic Cluster. Although the Committee recognised cross-cutting issues, it did not hold any joint meetings or hearings with other portfolio or select committees, nor did it take briefings from related departments.

Recommendation to the new Committee:

- Hold joint hearings on cross-cutting issues and on spending by provincial departments. For example, the NDoH could collaborate with other departments on sanitation and access to water, and with traditional leaders on safe initiation practices.

Oversight: International relations

The Committee published a report[5] on the Joint Convention on the Safety of Spent Fuel Management and on the Safety of Radioactive Waste Management. Although a Cooperation Agreement between Tunisia and South Africa on Public Health and Medical Sciences was referred to the Committee in April 2006, it does not appear that it was ever considered.

Recommendation to the new Committee:

- Request a report on the progress of the Cooperation Agreement between Tunisia and South Africa.

Oversight tour and visits

Some Committee members attended an HIV/AIDS and Governance Study Tour, hosted by the International Republican Institute in the USA in September–October 2004. In August 2007, the Committee visited Mthatha General Hospital, and Frere and Cecilia Makiwane Hospitals, and reported that it would also visit the Port Elizabeth Hospital Complex and would present a composite report to Parliament. However, no reports were formally tabled on any of these oversight visits, and the findings are therefore not known.

Recommendation to the new Committee:

- Table reports with specific findings and recommendations on oversight visits.

Oversight: Reports from Departments and other bodies

No reports were received from the Forensic Laboratories, the South African National Aids Trust, the Mines and Works Compensation Fund, and the Health and Welfare Sector Education and Training Authority.

The Committee did receive reports, although not every year, from:

- The NDoH
- Some provincial Departments of Health
- National Health Laboratory Services (NHLS)
- The Medical Research Council (MRC)
- The Council for Medical Schemes (CMS)
- The Medicines Control Council (MCC)
- The Health Professions Council
- The Health Systems Trust
- The South African Medical Association (SAMA).

Recommendation to the new Committee:

- Ensure it receives reports from all departments and bodies that have a duty to report to it.

Specific, relevant concerns arising from the Committee's interaction with these departments and bodies will be detailed in parts 5 and 6 of this report.

5 Concerns: National Department of Health

The NDoH outlined 3 main priorities in its Strategic Plan for 2004 to 2009:[6]

- Improving governance and management of national health services.
- Improving communicable and non-communicable diseases responses, through strengthening of primary healthcare, emergency services and hospital delivery.
- Improving the quality of care and promoting a healthy lifestyle.

In addition, the new 10-point Strategic Framework for 2009–2012,[7] included accelerating the HIV/AIDS campaign, attending to the National Health Insurance Plan, formulating a drug policy, and research and development.

5.1 Governance

The NDoH restructured in 2007 to run under 6 programmes.[8] When considering the yearly strategic plans, the Committee assessed whether these reflected the Government's priorities set out in the SONA and whether allocations to the separate programmes were appropriate. When dealing with the Annual Reports,[9] the Committee assessed the amount and quality of the spending.

Although the Auditor-General identified problems on financial matters and performance, the Committee did not question these in any detail. However, the Standing Committee on Public Accounts (SCOPA),[10] called upon the NDoH to appear before it on several occasions to address issues in detail.

The Committee made a general comment that officials from the NDoH were often "inaccessible", and also complained that it was not always kept advised of important developments. Examples of the Committee's concerns are that:

- The NDoH failed to achieve a number of targets, such as targets for water and sanitation infrastructure at clinics.
- Assurances given by the NDoH on various issues were contrary to complaints still being expressed by the public.
- Budgets did not reflect how the NDoH aimed to bring about transformation, and were not linked to measurable improvements.

The Committee generally noted that strategic plans and annual reports did not match up to each other. While the NDoH was painting a rosy picture, the Auditor-General's reports indicated otherwise, and provinces were consistently failing to account properly.

Every audit report for the NDoH from 2004 to 2008 was qualified. Examples of the Auditor-General's concerns were:

- The NDoH's management of conditional grants.
- The lack of an asset register and insufficient controls on movement of assets.
- Lack of policies and continuing high vacancy rates.
- The NDoH not complying with obligations to report under the National Environmental Management Act.
- The NDoH's insufficient monitoring of the R4,7 billion allocated to tertiary education.

Although the NDoH assured the Committee that it was addressing the issues, the qualifications continued. Also, the NDoH Annual Report for 2007/08 was not tabled before the Committee.

Recommendations to the new Committee:

- Ensure that concerns expressed by the previous Committee have been corrected, that future strategic plans and annual reports are in line with each other, that budget allocations are sufficient, and that the NDoH gives full and correct information.
- Request and check the 2007/08 and 2008/09 NDoH Annual Reports, and assess whether the qualifications from previous reports were again carried over. The NDoH should provide detailed plans and timeframes to address all issues.

5.2 Provincial and district health issues

The National Department of Health is responsible for national policies and programmes, but most of the health administration is carried out by provincial departments and district health services.

Priorities consistently mentioned in the SONA between 2006 and 2009 included the need to hold hospital managers accountable, and the need to address capacity and skills to monitor public services.

Administration, management and spending of grants

Over 90% of the NDoH's expenditure was made up of transfers to provincial departments for administering conditional grants. The Auditor-General consistently reported that the NDoH had not complied with the Division of Revenue Act, for example:

- The NDoH was making transfers without approving provincial business plans.
- It had insufficient policies and procedures for transfers to non-governmental organisations (NGOs).
- There was a general lack of effective project management.

The Committee and SCOPA questioned the NDoH on its management of the grants. Although the NDoH promised to make more frequent visits to provincial departments, and later claimed that it had "interaction" and "dynamic systems" in place, the problems continued. Although the NDoH could have withheld payment of grants until the provinces complied with the requirements, it did not do this, as this would prejudice patients.

Recommendation to the new Committee:

- Call for reports from the NDoH to explain what it is doing to address problems in provincial departments, including proper management and control over distributing grant funding, and management of grants by provincial departments.

District health systems

The idea of a single public service has been proposed for some time, and in 2004 the NDoH said that when this came into operation, there should be great improvements to district health delivery. Ahead of a single public service, it was recommended that the responsibility for primary health should lie with provincial government. The NDoH stressed[11] the need to consolidate and expand municipal health services, especially in rural areas, and secure better databases and funding, since district health was mainly donor-funded.

The NDoH also said that its human resources plans aimed to improve governance of all health institutions, including the district level, and to achieve cooperation between public and private sectors. No further specific briefings were given on this after 2006. Draft legislation for a single public service was tabled in 2008, but was then withdrawn for further consultation.

Recommendation to the new Committee:

- Hear updated plans for improving the performance and funding of district health services, and for the restructuring that would follow the introduction of a single public service.

5.3 Hospital revitalisation and service delivery

Hospital revitalisation is funded by one of the conditional grants under the Division of Revenue Act. Difficulties with hospital revitalisation were more closely monitored by the Select Committee on Social Services and the Select Committee on Finance. Problems included the Department of Public Works not completing projects timeously and lack of capacity in provinces to execute projects.

When the Committee questioned the progress of hospital revitalisation in 2005, the NDoH said it was no longer proceeding with public-private partnerships, and claimed that mechanisms were in place for monitoring, although units still needed to be fully staffed. There were no more specific reports given, although the Committee stated in 2007 that it was not happy that 3 provinces were not doing any revitalisation.

Members of the Committee reported that:

- Patients were sleeping on hospital floors.
- There were no lock-up facilities for medicines.
- There were poor facilities, including unhygienic conditions, at some hospitals.

Many of these points were raised in isolation and the previous Committee had too little time in its meetings to receive proper reports and answers. The SONA of 2009 mentioned revitalisation with public-private partnerships as a priority.

Recommendations to the new Committee:

- Follow up on what is being done on revitalisation, including asking the NDoH how revitalisation is to be funded and who is responsible for doing the work.
- Continue to monitor challenges with service delivery and facilities.

5.4 Strategies: Specific diseases and general healthcare

HIV/AIDS policies and strategies

A comprehensive survey on HIV/AIDS was done every year during October by the NDoH. This led to finalisation of a National Strategy Plan for 2007 to 2011, outlining goals and targets for prevention, treatment and research, with particular focus on a decrease in the rate of new infections.

The Committee expressed a number of concerns, for example:

- While the National Strategy Plan set out costing and requirements for implementation, the Committee noted that there were no details of how implementation must take place.
- Although the Committee received some briefings on dual therapy and prevention of mother-to-child transmission in 2008, it commented that antiretroviral (ARV) treatment was not always effective, as patients had difficulties with accessibility to transport and referral systems at clinics.
- The NDoH admitted shortcomings and appealed to the Committee for support to get more resources. However, provinces were consistently underspending on their HIV/AIDS funding[12] – for example, by R70 million in 2006.
- The Committee also noted the lack of certainty around statistics, including the number of deaths resulting from HIV/AIDS. The SONA for 2009 gave targets for reducing the rate of new HIV infections by 50% in 2011, and reaching 80% of people needing ARV treatment by 2011.

Recommendations to the new Committee:

- Request details on intersectoral efforts through the reconstituted South African National Aids Council (SANAC), and on the NDoH's own implementation plans and timeframes.
- Discuss issues arising from the public hearings of the Inter-Parliamentary Union Advisory Committee on HIV/AIDS in January 2009, as the previous Committee held no meetings in 2009.

Tuberculosis (TB) policies and strategies

During 2006, multi-drug resistant (MDR-TB) and extremely-drug resistant (XDR-TB) strains of TB were a major concern. Committee responses included:

- Suggesting that the NDoH should approach National Treasury for a special allocation for creating awareness videos in outpatient stations, and encouraging all those attending clinics to undertake voluntary testing, as well as doing substantial public education.
- Questioning the NDoH on its statistics for TB deaths and infections, and calling for evaluations of the effectiveness of treatment systems and follow-ups, and the NDoH's communication strategy.
- The 2008 SONA saying that 3,000 health professionals were to be trained to manage TB, and calling for all people living with MDR-TB and XDR-TB to receive treatment. The Committee was not satisfied with the DOH's explanations on TB and defaulter rates in this year.

Recommendations to the new Committee:

- Examine the NDoH Annual Report for 2007/08 that was not presented to the previous Committee.
- Receive further updates, and information on treatment, training of health professionals and education.

Cholera, malaria and waterborne diseases

Although reduction of cholera, malaria and waterborne diseases were mentioned as SONA priorities from 2004 to 2007, the NDoH did not brief the Committee specifically on what was being done on these issues. The SONA priorities for 2009 included NDoH implementing a programme to eliminate cholera in parts of the country.

Recommendations to the new Committee:

- Ask the NDoH what it has done about cholera, malaria and waterborne diseases.
- Check whether reports were included in the NDoH Annual Reports for 2007/08 and 2008/09.

Mental health issues

In 2004, the Committee expressed concern about the state of mental health, particularly in rural areas, and the alleged abuse of grants by family members. It also commented that the budget allocations seemed small, although the NDoH explained that most mental health services were provided at provincial level.

The Committee also discussed concerns about the neglect of the area of psychiatric medicine with the Health Systems Trust.[13] The Trust noted that there were gaps needing to be addressed, and that the Committee should engage with the question of the State providing further services. Reports from other Portfolio Committees indicate severe shortages of specialist practitioners in this area.

Recommendation to the new Committee:

- Investigate whether mental health issues are being properly dealt with or need larger budget allocations.

Maternal, newborn and child health issues

There were continuing concerns about the numbers of women dying after giving birth, and the Committee suggested that the NDoH use traditional birth attendants and home-based care. The Committee noted in 2007 that an insufficient budget was allocated to implement programmes, but the NDoH said it merely provided support and training to programmes at provincial level.

No further substantial briefings were given after 2007, although a conference in April 2009 was held to discuss the findings of the Inter Parliamentary Union research on 'Countdown 2015: Maternal, Newborn and Child Survival'.

Recommendation to the new Committee:

- Request an update on whether there has been any improvement and what the NDoH is doing on training and support.

Reduction of non-communicable diseases and non-natural causes of death

Reducing non-communicable diseases was mentioned as a priority in the SONA of 2004 and 2005, and the Committee also proposed that the NDoH and the Medical Research Council needed to address lifestyle diseases, as well as non-natural causes of death.

Recommendation to the new Committee:

- Call for briefings or reports and check whether there was mention of any relevant initiatives in the NDoH Annual Reports for 2007/08 and 2008/09.

5.5 Staffing issues and quality of care

General shortages of professional staff

The NDoH has had severe staff shortages and vacancies for a number of years. The need to fill the substantial vacancies and address scarce skills was mentioned as a SONA priority from 2006 to 2009. The NDoH's Strategy 2001 and Strategy 2004 were compiled to address job attrition, create mid-level health workers and focus on short-term needs. South Africa would not recruit health professionals from sub-Saharan African countries, but a solution lay in recruiting doctors from Iran, Tunisia and Cuba, and increasing the number of tertiary institutions offering training.

These plans were still awaiting effective implementation a few years later, and the Committee questioned how long the review into capacity would take before there were results. Also, SCOPA commented that the NDoH did not seem to be properly monitoring vacancies and the numbers of funded posts.

Occupation Specific Dispensation

In 2007 a decision was taken to develop and implement an Occupation Specific Dispensation in an attempt to stop job losses from the public sector. The idea was that professionals choosing to practise their profession rather than move into management should be properly compensated with restructuring of salary levels and conditions. While the NDoH was meant to implement this first with nurses, the exodus of health workers continued and there were many implementation problems.

Nursing staff shortages

There were specific problems with recruitment and retention of nursing staff. Significant developments include:

- The NDoH announced plans to given salary increases to all nurses in 2007, but no budgetary allocations were made for this.
- A moratorium had been put on training at nursing colleges by the Nursing Council, pending a review of divergent standards. The Committee continuously questioned when the colleges would be reopened.
- The NDoH presented a Nursing Strategy in 2007, recognising the need to strengthen the profession, such as aligning education and training.
- The NDoH said it should finalise its policy on re-establishment of the Nursing Colleges by 2010.

Recommendations to the new Committee:

- Ensure that policies are developed to address all shortages of nursing and other professionals, including regularising the colleges and reporting on further training initiatives.
- Ask the NDoH for details on what Occupation Specific Dispensation implementation and timeframes were for a complete rollout.

5.6 National Health Insurance

During 2004, the NDoH stated that a system for social health was likely to be in operation by 2008, but no plans for this were presented. The Minister of Health announced in 2008[14] that a National Health Insurance (NHI) system would be put into operation to address the fact that public health was under-resourced, while the private health sector was accessible to about 20% of South Africans. The NHI aimed to ensure that all South Africans had access to a basic package of quality health services. No detailed proposals have yet been produced for the NHI system.

Recommendation to the new Committee:

- Follow up on NHI proposals, costing and timeframes, and pass legislation to bring this into effect.

6 Issues: Other bodies in the health sector

6.1 National Health Laboratory Services

National Health Laboratory Services (NHLS) is a self-funded body that aims to generate sufficient revenue to cover operational and staff costs and the costs of training. It is not audited by the Auditor-General and does not have to submit reports to Parliament, although it did report to the Committee.

Examples of continuing NHLS concerns are:

- Staff education and training.
- How testing results are communicated.
- Management of measles vaccinations and TB.
- Understaffing of around 15% for pathologists and 25% for technologists.
- High testing costs and no proper costing system.

The Annual Report for 2007/08 was not presented to the Committee.

Recommendation to the new Committee:

- Receive the latest NHLS Annual Reports and updates on the review of the NHLS by the Department of Science and Technology.

6.2 Medical Research Council

The Medical Research Council (MRC) is 50% government- and 50% donor-funded, which means that most of its research is donor-driven. It presented strategic plans and annual report briefings to the Committee each year. The Committee suggested that the MRC do research into the health effect of cellphone use, and the possible links between alcohol, trauma and violence.

Examples of concerns expressed by the MRC:

- The MRC proposed legislative changes, as death certificate forms are poorly drafted, with little space for medical practitioners to describe in full the causes of death – many certificates probably gave incorrect causes of death, for example not mentioning HIV/AIDS, leading to inaccurate databases.
- Increases in baseline grants from government would enable the MRC to develop capacity, and do wider research on cervical and breast cancer.
- More government investment would address challenges around recruitment and retention arising from the lack of post-doctoral career pathing.

Recommendations to the new Committee:

- Consider the call for more funding and changes to legislation on death certificates.
- Follow up on areas suggested for research.

6.3 Council for Medical Schemes

The Council for Medical Schemes (CMS) is a statutory body under the Medical Schemes Act, funded by a government grant to regulate and supervise private health financing, and to deal with complaints. While the NDoH was working on amendments to the Medical Schemes Act, these were not presented between 2004 and 2009. The CMS suggested:

- There was a need to reconsider the way in which schemes operated, as they were not sustainable.
- The Committee should re-examine primary health care and do research into schemes in other countries.

Recommendations to the new Committee:

- Receive outstanding NDoH Annual Reports.
- Follow up on the suggestions of the CMS on research into schemes with a view to possibly amending the legislation.

6.4 South African National Aids Trust/South African National Aids Council

In 2002, the South African National Aids Trust (SANAT) was set up, but was largely dormant between 2002 and 2007. In 2007, a new South African National Aids Council (SANAC) was launched, with membership from various departments, NGOs and other groups.

Recommendations to the new Committee:

- Receive reports from the restructured SANAC.
- Investigate whether SANAT was disbanded and what happened to its assets, as a final report was not presented to the previous Committee.

6.5 Medicines Control Council

The Medicines Control Council (MCC) received large allocations in 2008, and had overspent by almost 50%. Yet there were huge backlogs (98% in 2007) for registration of medicines, with a need for restructuring of the MCC and to create regulations for the Complementary Medicines Committee. A report on the MCC should have been included in the NDoH Annual Report for 2007/08, but this was not presented to the previous Committee.

Recommendation to the new Committee:

- Investigate what had been done about restructuring, passing of regulations, and the plans to address the backlogs.

6.6 Health Professions Council

The Committee did not receive any reports on the activities of the Health Professions Council.

Recommendation to the new Committee:

- Follow up on the activities of the Health Professions Council, particularly on the numbers and availability of health professionals.

6.7 South African Medical Association

In 2005, the South African Medical Association (SAMA) raised concerns with the Committee about issues such as:

- Young doctors leaving the public sector.
- Insufficient numbers of black doctors.
- Not enough consultation on dispensing of medicines.
- The inflexible attitude of the NDoH.

Recommendation to the new Committee:

- Consult further with SAMA, including seeing if SAMA can assist with research into problem areas.

6.8 Compensation Commission for Occupational Health Diseases

Diseases

The previous Committee did not conduct any oversight on the Compensation Commission for Occupational Disease. The Auditor-General and SCOPA noted that although the NDoH was supposed to oversee the Commission, there were several problems with its management, including lack of proper accounting systems, policies and procedures.

Recommendations to the new Committee:

- Question whether problems mentioned have been corrected.
- Examine if any reports on the Commission's functioning have been included in the NDoH Annual Reports for 2007/08 and 2008/09.

7 Legislation and recommendations

The Committee spent substantial time, particularly in 2005 and 2007, dealing with public hearings and passing legislation, although it did not issue any reports reflecting the reasons for decisions on legislation, or any specific concerns that should be monitored by the new Committee.

Recommendations to the new Committee:

Follow up on these issues relating to legislation passed or carried over to the new Parliament:

- Medicines and Related Substances Amendment Act, No 72 of 2008 – reports should be given on the activities of the regulatory authority and the progress of regulations.
- The new Committee should receive reports on any sections of the National Health Act, No 61 of 2003 that are not yet in force, as well as monitor the presentation of the necessary regulations to the Committee. The NDoH indicated previously that policy gaps between national and provincial departments, and issues dealing with children's health services, were issues still needing to be addressed.
- Tobacco Products Control Amendment Bill [B7D-2008] – this was agreed to on 25 November 2008, but was not yet in operation at the time of preparation of this report, and should be followed up on.
- Medical Schemes Amendment Bill [B58-2008] – there was insufficient time for the Third Parliament to consider this Bill and it therefore lapsed. The new Committee should consider its reintroduction.
- National Health Amendment Bill [B65-2008] – there was insufficient time for the Third Parliament to debate this fully and the Bill lapsed. The new Committee should consider whether it should be revived.

8 General recommendations

During briefings from the NDoH, the Committee raised a wide variety of questions about issues not covered specifically in the presentations. Unfortunately the Committee often ran short of time for full responses.

Recommendation to the new Committee:

Some of the other issues raised by the previous Committee that the new Committee may wish to follow up on are:

- The need to improve school health services.
- The issue of malnutrition.
- Transformation of the health regulatory and statutory councils.
- Reports on the development of community health workers.
- The need to modernise tertiary services, and to provide funding for specialist services such as transplants.
- The expansion of all healthcare services, with a special emphasis on basic healthcare.
- The management of academic health complexes, as there was no clear model of governance.
- The need for better intersectoral collaboration and community mobilisation on health issues.

Endnotes

1 http://www.pmg.org.za/minutes/4
2 http://www.doh.gov.za/docs/policy-f.html
3 See Committee meeting report of 2 August 2005
4 http://www.info.gov.za/speeches/son/index.html
5 ATC of 31 May 2006
6 http://www.doh.gov.za/docs/policy-f.html
7 Presented to the incoming Committee during a meeting on 7 June 2009
8 http:// www.doh.gov.za
9 http://www.doh.gov.za/docs/reports-f.html and http://www.doh.gov.za/search/index.html
10 See SCOPA minutes at http://www.pmg.org.za/minutes/13 and reports at http://www.pmg.org.za/programmes/comreports#Public_Accounts
11 Briefing to the Committee, delivered on 16 August 2005
12 As reported to the Select Committee on Finance over several years, and a 2006 report of SCOPA
13 See Committee meeting report of 14 June 2005
14 See Minister's briefing to the Committee in the meeting report of 26 February 2008

This shadow legacy report is an independent reflection on the work of the Parliamentary Portfolio Committee on Health during the Third Parliament (2004–2009). The report highlights some of the key issues discussed and recommendations made by the Committee for follow-through by its successors in the Fourth Parliament.

The views expressed in this document are the result of extensive analysis of the minutes of Committee meetings prepared by the Parliamentary Monitoring Group (PMG), and the reports of the Committee for the period under discussion.

Open Society Foundation for South Africa

Mission

The Open Society Foundation for South Africa (OSF-SA) is committed to promoting the values, institutions and practices of an open, non-racial, non-sexist, democratic society. It will work for a vigorous and autonomous civil society in which the rule of law and divergent opinions are respected.