



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



**Speech of the Director-General of Health, Ms Precious Matsoso,  
At the 1<sup>st</sup> National Conference of the Health Professional Council of South Africa (HPCSA)  
19 August 2019  
Emperors Palace**

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Programme director,  
President of HPCSA,  
President of AMCOWA,  
Distinguished guests from Kenya, Zimbabwe and Rwanda,  
Distinguished delegates and fellow South Africans,

Today I am here to talk to you all about the need to ***improve quality of care in our health system as a necessary condition for a successful implementation of NHI.***

In the past two decades, the world has markedly improved health and economic opportunities for millions of people. Low-income and middle-income countries have enhanced access to safe water, sanitation, education, and nutrition and have expanded health services for women and children. These efforts have reduced mortality from vaccine-preventable diseases, maternal and child health conditions, tuberculosis, malaria, and HIV. This has been shown by improved life expectancy, reduced maternal and infant mortality.

Although access to health services has grown, quality of care is often weak and varies greatly, with excellent and inadequate care coexisting in the same country. Good quality care is least available to the poor and vulnerable. Not infrequently, diagnoses are missed, treatment is incorrect, unsafe, or too slow, and people are not treated with the respect they deserve.

The stark reality is simply this: far too many people are exposed to harm in hospitals when they should not have. Medico-legal claims have put many practitioners and specialists out of practice if not, threaten to do so, and are threatening to collapse services in the public sector. Some have equated hospitals to high reliability organisations, others have argued that they should rather be termed high risk organisations.

In the Lancet Commission report published in September 2018, it is argued that what is needed are high-quality health systems that optimise health care in each given context by consistently delivering care that improves or maintains health, by being valued and trusted by all people, and by responding to changing population needs. Quality should not be the purview of the elite or an aspiration for some distant future; it should be the DNA of all health systems.

As with high reliability organizations we need to create an environment in which potential problems are anticipated, detected early, and virtually always responded to early enough to prevent catastrophic consequences. In the 21<sup>st</sup> century, we should embrace the changing environment and be responsive.

It is for this reason that we have called for quality health systems to be embedded in UHC. This is the moment for a health system quality revolution. The Sustainable Development Goals (SDGs), national commitments to universal health coverage, and the 40<sup>th</sup> anniversary of Alma Ata present a unique opportunity for action. As South Africa embarks on this major health reform of implementing NHI, it also presents an opportunity to improve quality healthcare.

Professionalism in providing healthcare services is not optional. Professionalism is an essential part of being a health professional. It is about putting people in the centre and responding to their needs. The theme of this conference “Regulating the Health Professionals in the 21<sup>st</sup> Century” has been carefully chosen. In this century of information technology revolution, we must continue to display the human aspects of care. Compassion, Competence and Care, are the triple C’s that must guide our behaviours.

According to the final report of a Global Independent Commission on the Education of Health Professionals for the 21<sup>st</sup> century, medical schools, and the universities that support them, have a moral obligation to ‘transform education to strengthen health systems in an interdependent world and deliver health professionals whose practice will be ‘patient-centred and team based’. Patient centeredness means that we must provide care that is respectful.

For our medical schools, there exist several challenges to the achievement of such educational transformation. Because the learning of professional behaviour and absorption of professional values depends on strong, engaged relationships with positive role models in the course of authentic work experience.

We call upon HPCSA to closely look at the education of our health professional and align it with the burden of diseases in our country and the SADC region.

### **Universal Health Coverage in our lifetime**

As a member of a global community, we stand at a moment of exceptional possibilities. A moment when global health and sustainable development goals that long seemed unattainable are moving within our reach. A moment, also, when dangers of unprecedented magnitude and disasters threaten the future of humankind. A moment that calls us to shed resignation and routine, to rekindle the ambition that has marked the defining chapters of global public health.

Programme director

A generation must rise that will drive poverty from the earth – we can be that generation! A generation must rise that will end the scourge of inequality that divides and destabilises societies – we can be that generation! A generation must rise that will bring effective and good quality health services to every person in every community in every country in the world – yes, we will be that generation! And HPCSA and every delegate attending this conference will lead the way! It will lead the way through ensuring appropriate regulation. Everyone will be counted because they subscribed to and embraced principles of good regulatory practice. Principles of good regulatory practice are defined as internationally recognised processes, systems, tools, and methods to improve quality of regulations and ensure that regulatory outcomes are effective, transparent, inclusive and sustained. There must be measures of accountability and transparency.

When we regulate appropriately and it is in accordance with good regulatory practice we must also guard against:

1. Under-regulation because we expose the public to harm
2. Over-regulation because it kills innovation
3. Self-regulation is dereliction of duty
4. Co-regulation leads to regulatory capture

We must rather ensure there is effective and appropriate regulation that is consistent with principles of good regulatory practice.

In the grand spirit of Alma-Ata, we must focus again on the link between health and shared prosperity. And, this time, we must turn our loftiest aspirations into systems that build healthier, more productive, more equitable societies.

Today, we have resources, tools and data that our Alma-Ata predecessors could only dream of. That should make us able and willing to act in defence of the health of our people. This heightens our responsibility and **strips**

**us of excuses.** Today we can and must connect the values expressed in our constitution as we implement NHI, to afford every human being, quality health services and better health outcomes.

We know that the aims of universal coverage are to ensure that all people can access quality health services, to safeguard all people from public health risks, and to protect all people from impoverishment due to illness: whether from out-of-pocket payments for health care or loss of income when a household member falls sick.

The growing momentum for universal health coverage coincide with South African agenda of implementing NHI.

By current best estimates, worldwide, out-of-pocket health spending forces 180 million people into extreme poverty every year, and inflicts severe financial hardship on another 250 million. This is an overwhelming form of affliction for people, as the anguish of impoverishment compounds the suffering of illness. NHI aims at ending this injustice by introducing equitable models of health financing.

Elimination of point-of-service fees is critical. Anyone who has provided health care to poor people knows that even tiny out-of-pocket charges can drastically reduce their use of needed services. This is both unjust and unnecessary. Let us reduce this hardship for those who are already below the poverty line.

The fragmentation of health services has led to inefficiencies that many of us here know all too well. Multiple visits to our facilities put a burden on individuals. This can and must be fixed.

Every country in this world can improve the performance of its health system in the three dimensions of universal coverage: access, quality, and affordability. South Africa is no exception. We can start with the most basic things.

With NHI, we are reconfirming our shared commitment to improving primary healthcare as the best vehicle to implement development effectiveness principles. We all have to be ready to pound the table and demand that we stop the deadly fragmentation that has hindered the development of your health systems the world over. We know that the stakes are high and the path will be difficult as parliament begins its hearings and debates on the NHI Bill. Personally, I am very optimistic that our legislators sense of social justice will guide them to conclude the process sooner.

The question is not whether we can afford NHI but whether we should continue with a fatalistic exclusion of our people in providing good quality of health care.

We know what the answer must be. The answer that the citizens of all our country are waiting for – those living today and those yet to be born – let no socioeconomic status of a person determine the chances of that person receiving lifesaving services when needed. We can bend the arc of history to ensure that everyone in the world has access to affordable, quality health services in our generation.

Together, let's build health equity and economic transformation as one single structure, a citadel to shelter the human future. This moment in the history of our country, calls upon HPCSA, as the regulator of our health profession to seize the moment. The health is the only profession that can be the soul and conscience of our society.

We must be the generation that delivers universal health coverage. We must be the generation that achieves development in the spirit of social and environmental justice.

We must be the generation that breaks down the walls of poverty's prison, and in their place build health, dignity and prosperity for all our people.

I would like to encourage you to continue to put patients at the heart of all we do. I wish everyone a fruitful and fulfilling time at this conference.

Thank you.