DECEMBER 2020

BHF360°

into healthcare

An ecosystem that meets the needs of the 'health citizen'

Health systems strengthening has become everybody's business

COVER: In conversation with Neo Khauoe, BHF Chairperson p. 10

When was the **last time** you had total **peace of mind**?

At **Medshield Medical Scheme** we believe that quality healthcare should be accessible to all. Our **7 highly affordable** benefit options allow members to receive **fast and focussed care**.

In partnership with healthcare professionals, we **prevent, diagnose and treat illness** so that our members can **live assured**.

SIGN UP
member@medshield.co.za
086 000 2120
www.medshield.co.za

MEDSHIELD
medical scheme

BHF360°
into healthcare

Editor in Chief: Zola Mtshiya
Copy Editor: Peter Wagenaar
Project Manager: Mary Manamela
Project Co-ordinator: Sasha-Lee Lindoor
Layout & Design: Mariette du Plessis

Cover
Taken on location at Polmed Head Office
20 Hotel St, Persequor, Pretoria, 0020
Photographer: Mjay Media Group

Advertising
t. 011 537-0200
e. marketing@bhfglobal.com

Published by the Board of Healthcare Funders

REGISTERED OFFICE
South Tower, 1Sixty Jan Smuts
Jan Smuts Avenue Cnr Tyrwhitt Avenue, Rosebank, 2196

COMPANY REGISTRATION
2001/003387/08

CONTACT DETAILS
Tel: +27 11 537-0200
Fax: +27 11 880-8798
Client Services: 0861 30 20 10
web: www.bhfglobal.com
email. marketing@bhfglobal.com

B·H·F
Board of Healthcare Funders

From the EDITOR'S DESK

Welcome to the seventh annual edition of BHF 360°. 'Unprecedented' is a word we've all heard many times in the past months as the COVID-19 pandemic has highlighted the importance of the healthcare sector and the ecosystem gaps.

I believe the transcendent power of unity demonstrated by the sector during this difficult time validates that strengthening our health system has become everybody's business.

That said, 2020 has been a difficult and challenging year, both for the industry and for us as individuals. However, our experience pales in comparison to that of the many healthcare professionals who lost their lives on the frontline. They are the true heroes and heroines of the battle against the virus. Little did we know how quickly 'business unusual' would become our reality when our annual conference theme was identified and we pre-emptively stated that '2020 and beyond cannot be business as usual in healthcare'. Lockdown regulations meant that we had to cancel the conference.

As usual, this edition contains updates from several of our neighbours in the SADC region. We focus on how funders put the needs of the health citizen first during the pandemic. As gender equality advances, it is encouraging to see that more and more schemes now have female principal officers. Demonstrating our commitment to advancing this agenda, we profile female POs that are adding tremendous value to the industry.

These are just a few of the highlights. I hope you find the magazine informative. I wish you all a safe and happy holiday season and look forward to seeing you all at our annual conference next year.

Zola Mtshiya
Head of Stakeholder Relations and Business Development, BHF

CONTENTS


» p.4


» p.7


» p.16


» p.18


» p.21


» p.33

IN THIS ISSUE


» p.39


» p41


» p.47


» p.50


» p.62


» p.64

TITANIUM AWARDS
Recognising Excellence in Healthcare

FUTURE HEALTHCARE ECOSYSTEMS

Lessons from current systems

By Professor MN Chetty
CHAIRMAN KZN DOCTORS HEALTHCARE COALITION &
THE IPA FOUNDATION OF SA

We are living in a time of great economic and social upheaval, with healthcare businesses contending with extraordinary new financial, demographic and regulatory pressures. The economics of healthcare are set to become even tougher in the years ahead as aging populations place new demands on both private and public healthcare systems.

The current healthcare system is unsustainable. One of the main problems is that reimbursement models have promoted and created healthcare silos. It has been described as follows: 'Everyone is chasing their own rainbow'. The net result is a lack of care coordination.

In the current healthcare ecosystem the roles are clear because the interface between stakeholders is either weak or non-existent, with the various stakeholders occupying distinct niches in the overall system. It is complex and not set up to enable coordinated care at a reasonable cost that allows patients to share in decision-making.

TRANSPARENCY NEEDED

Lack of transparency has been cited as an important factor preventing the healthcare system working the way it should. Transparency can improve accountability across the eco-system. As we move ahead, we will also be challenged by even tighter finances and thinning margins, which will make cost-cutting and operational efficiency top priorities across the healthcare supply chain.

If the future is a focus on the patient, why is this not the case today? Consumers are relegated to the sidelines. Patients are not informed. The Health Market Inquiry drew attention to the asymmetry of information between the patient and care provider, which results in disempowered and uninformed consumers. Patients in our current system are passive recipients of care. They need to become active participants therein.

WHAT IS MISSING?

Historically, healthcare has been slow to embrace information technology (IT). There was a lot of interest, but technology had not gone mainstream. This is changing, but the pace of this shift is in question. The COVID-19 pandemic economic downturn has accelerated the evolution of healthcare eco-systems, which need to improve patient experience and health while reducing costs.

ECOSYSTEMS – THE NEW BUZZWORD

"Eco-systems can create powerful forces that can reshape and disrupt healthcare, with a potential to deliver personalised and integrated experience to consumers, enhance provider productivity, engage formal and informal caregivers and improve outcomes and affordability." *(Shubham Singhal, Basel Kayyali, Rob Levin and Zachary Greenberg - McKinsey)*

'Ecosystems' will be the main buzzword in healthcare in the future. The concept was popularised as technology and digital platforms came of age, allowing the exchange, production and consumption of data. The data eco-system is a living, evolving collaboration of processes and applications used to capture, integrate, analyse and share data within and between organisations, individuals and stakeholders.

WHAT IS MISSING?

- Lack of understanding about how our complex healthcare system is working
- Lack of awareness about their rights as far as ownership is concerned
- Lack of portability, so that they can access and share data with their providers.

McKinsey defines an ecosystem thus: "A set of capabilities and services that integrate value chain participants (customers, suppliers) and platforms and service providers, through a common commercial model and virtual data backbone – to create improved and efficient consumer and stakeholder experiences and to solve significant inefficiencies."

This has fuelled innovation among all healthcare stakeholders to exploit the health IT space, to become leaner and more agile without compromising the end goal, which is patient care. Health IT is becoming a competitive differentiator, helping healthcare organisations attract new patients and offer more personalised services and rich health information resources. "Navigating this new environment won't be easy. It will call for flexible strategies that can evolve in step with the changing economies, technological and regulatory landscape."

THE FUTURE

The new paradigm reflects a 'system thinking' view of an industry where the walls separating stakeholders are steadily crumbling. The future will be one where the success of one depends on the success of others and where new business models of co-existence and co-development rapidly become the norm.

The future will see an opening up of vast flows of information between patients, providers and payers throughout the ecosystem – partly due to runaway medical costs. The priority will be more collaboration, more information-sharing, more interoperability and more integration. In short, the future will see more convergences.

The healthcare eco-system of the future is predicated on health IT. Its strength will lie in its power to distil massive amounts of data from disparate sources, providing mechanisms for faster, better decision-making, opening up new channels of communications between patients, providers and payers. "At the end, enabling the predictive, preventive and participatory approaches to healthcare made possible by IT is expected to yield the most meaningful and lasting

Professor MN Chetty, Chairman: KZN Doctors Healthcare Coalition & the IPA Foundation of SA

returns to the industry and society as a whole."

The tech-enabled future includes the accelerated adoption of electronic medical records (EMRs) that share data across networks. Digital health is the new disruptor, including EMRs, along with electronic health records and personal health records.

Healthcare will be more coordinated in the future. "It will promote the trend of 'patient-centric' care that emphasises preventative primary care, and close partnership between patients and providers. Empowered by information, patients will move seamlessly between all types of caregivers in an integrated fashion, with each provider staying fully informed of the patient's overall progress. Care coordination will drive saving by improving medical outcomes and focusing care more effectively." (*Pradeep Nair - HCL Technologies – Global Technology Company*)

The health eco-system of the future will operate on an evidence-based medicine platform, which will become the norm. This will require analysing massive amounts of data, including genomic and epidemiological databases, to refine diagnoses and identify the best course of treatment for each individual. This approach will certainly be the most reliable way to improve treatments and outcomes. IT will enable healthcare to be delivered on a more consistent basis in future. This will be supported by telemedicine, allowing expert care to be delivered wherever the patient lives via broadband multimedia networks.

The future will see acute hospital care at home. Patients will be admitted by their family doctor for hospital care at home. They will be managed by nurses under the doctor's supervision. This will include 'virtual ward rounds'. There will be broadband connectivity. Initially this will be for acute care, but can expand to chronic care. If the patient is not responding, he/she will be transferred to hospital. "Such technology bridges vast distances in an instant, giving patients new options for home healthcare and extending specialised skills of experts to more people and geographics." (HCL)

The future healthcare industry will see stakeholders being challenged by tough choices as they seek to deliver the highest level of patient care with limited economic and human resources. This will require IT to remain at the centre of the new eco-system. It will allow stakeholders to adopt the power of collaboration and information-sharing to improve care with limited budgets, while enhancing innovation.

"Convergence will be a dominant trend in this world, and the most successful stakeholders will be those that exploit the tremendous value potential of cross-boundary integration and innovative technology partnerships." (*Pradeep Nair, HCL*)

RECOMMITTING TO WOMEN'S HEALTH

What must governments do?

By Tedros Adhanom Ghebreyesus, Phumzile Mlambo-Ngcuka, and David Malone

25 years after the Beijing Platform for Action on Women, progress on women's health has been uneven, but by working together, we can create a better and healthier world for women and for all

The year 2020 offers a great opportunity to reflect on the progress made in the women's health priorities identified in the landmark 1995 Beijing Platform for Action on Women.[1] Twenty five years on, much of the agenda remains unfinished. For example, while the global maternal mortality rate declined by 38% between 2000 and 2017,[2] the use of modern contraceptives by married women increased by only 2% between 2000 and 2019.[3]

What is clear is that progress on women's health has been uneven, with those facing multiple forms of discrimination (e.g. on the basis of ethnicity, class, disability) and deprivation being those most likely to be left behind. For example, in 64 countries, a health professional was present at childbirth for only 54% of the poorest households compared to 92% of the richest households. [4]

COVID-19 has brought into sharp focus the disproportionate impact of a pandemic or crises on women and their health. But it also provides an opportunity to reimagine a future where women's health and rights are non-negotiable, gender equality is achievable, and working towards it is the norm.

THE IMPACT OF COVID-19

Long-standing gender and other socioeconomic inequalities have been exacerbated by the COVID-19 pandemic. While women and men seem to be infected by COVID-19 in roughly equal numbers (48% of infections are in women),[5] women health workers, who constitute the majority of the frontline providers, are among those most at risk of becoming infected. Women in the general population, who were already doing three times more unpaid care work than men, are now facing an even higher burden.[6]

There has been an increase in reporting of violence against women, particularly intimate partner violence, from many countries.[7] Lockdown measures have disrupted protective social networks, while rising economic insecurity is driving millions of people, especially women, into unemployment.

Tedros Adhanom Ghebreyesus, Director-general, World Health Organization (WHO). Twitter @DrTedros

Phumzile Mlambo-Ngcuka, Executive director, United Nations Entity for Gender Equality and Women's Empowerment (UN Women). Twitter @phumzileunwomen

David Malone, Rector, United Nations University (UNU) and UN under-secretary general. Twitter @UNUniversity

> **"To achieve universal health coverage, explicit attention must be given to addressing inequalities , including interventions that counter unequal gender norms, prevent violence against women."**

All of this is impeding women's access to basic necessities and services – a trend compounded by moves in several countries to deprioritise sexual and reproductive health services.

TOWARDS A HOLISTIC AGENDA

None of the issues highlighted above are new. The need for women to have autonomy over their sexuality and fertility is central to the women's health agenda. At the same time, shifts in the burden of ill health mean that the agenda must be expanded to include rising rates of reproductive cancers, mental ill health, and other non-communicable diseases,[8] as well as the emergence of new disease outbreaks (e.g. Zika, Ebola) that disproportionately affect women.

To improve women's access to healthcare, investments are needed in primary healthcare and community health workers, including in decent pay and working conditions for frontline workers. The agenda should also address determinants of women's health, such as rising air pollution, rapid urbanisation, and marketing of tobacco and alcohol that exploit gender stereotypes.

To achieve universal health coverage, explicit attention must be given to addressing inequalities, including interventions that counter unequal gender norms, prevent violence against women, and ensure women's access to social and financial protection.

A SMART INVESTMENT

Investing in women's health and gender equality saves lives, improves health, and protects human rights. On the financial front, the COVID-19 pandemic has presented governments

with stark choices about budget allocations. The economic and social case for investing in women's health is clear: it reduces poverty, increases productivity, and stimulates economic growth, with up to a ninefold return on investment through better educational attainment, workforce participation, and social contributions.[9]

BUILDING AN INCLUSIVE FUTURE

Health, development and any post-COVID-19 recovery plans must prioritise the health of women. Women make up one half of the population, but too often their needs are treated as an afterthought. Several governments are showing the way forward by developing recovery plans that include sexual and reproductive health services,[10] allocate budgets to support parents and caregivers as well as women affected by domestic violence,[11] and that target social safety nets to the most vulnerable households.

We commit to continuing our support to member states to deliver on women's health and rights, including through the Global Action Plan for Healthy Lives and Well-Being for All. We call on governments and our partners to prioritise gender equality and women's health, including but not limited to sexual and reproductive health. We must commit to women's leadership in health policy making. We urge male leaders to be their allies and champions of gender-equitable health policies. By working together, we can create a better and healthier world for women and for all.

This paper is part of a special series on women's health commissioned by The BMJ and jointly supported by WHO and UNU. Read the collection at https://www.bmj.com/gender.

1. Women's health: Fourth World Conference on Women, Beijing, China; WHO position paper. Geneva: WHO; 1995; WHO/FHE/95.8; https://apps.who.int/iris/bitstream/handle/10665/59527/WHO_FHE_95.8.pdf?sequence=1&isAllowed=y

2. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO

3. Kantorová V, Wheldon MC, Ueffing P, Dasgupta ANZ (2020) Estimating progress towards meeting women's contraceptive needs in 185 countries: a Bayesian hierarchical modelling study. PLoS Med 17(2):e1003026. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003026.

4. Women's rights in review 25 years after Beijing; New York: UN Women; 2020; https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-womens-rights-in-review-en.pdf?la=en&vs=934.

5. Data reported to WHO through the global COVID-19 surveillance system as of 22.9.2020.

6. UN Secretary-General; Policy brief: the impact of COVID-19 on women. New York: UN Women and UN Secretariat; 2020; https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406.

7. Gender and COVID-19: Advocacy Brief. Geneva: WHO; 14 May 2019; file:///C:/Users/amina/Downloads/WHO-2019-nCoV-Advocacy_brief-Gender-2020.1-eng%20(1).pdf.

8. Peters SAE, Woodward M, Jha V, et al Women's health: a new global agenda BMJ Global Health 2016;1:e000080.

9. Stenberg, K, Axelson, H, Sheehan, P et al. (2013). Advancing social and economic development by investing in women's and children's health: A new Global Investment Framework. Lancet. 383. 10.1016/S0140-6736(13)62231-X.

10. Building bridges, not walking on backs: a feminist economic recovery plan for COVID-19. Hawaii: Hawaii State Commission on the Status of Women and Department of Human Services, State of Hawaii.; 2020; https://humanservices.hawaii.gov/wp-content/uploads/2020/04/4.13.20-Final-Cover-D2-Feminist-Economic-Recovery-D1.pdf.

11. Government of Canada, Status of Women Canada. Supporting women and children fleeing violence during COVID-19. Accessed 31 August 2020: https://cfc-swc.gc.ca/fun-fin/shelters-refuges-en.html.

In Conversation With Neo Khauoe

Principal Officer of Polmed and Chairperson of the BHF Board

BHF360° spent some time with Neo Khauoe to chat about changes, challenges and her contribution to the sector.

Tell us a bit about yourself and your work experience.

I was raised by a single mother of three, and socialised by a polite, humble grandmother. From humble beginnings in the small township of Tigane in North West, I began my career as a nurse at Baragwanath Hospital before entering the medical schemes industry, where I now have 26 years of experience.

I started as a customer services consultant at Medscheme before moving up the ranks to hold several executive and senior management roles, including general manager, scheme executive, client relationship manager and provider relations manager at various administrators, and managed healthcare and broker companies.

After obtaining my Nursing Diploma (General, Psychiatry, and Midwifery), I also added to my skill set with the following qualifications: Dip Human Resources, BTech HRM, MAP, MBA and BTh.

Prior to joining Polmed, I was principal officer of Sizwe Medical Fund. I have been principal officer of Polmed since August 2017.

What challenges did you encounter in your career, and how did you overcome them?

Like many other women in leadership positions, I was initially met with the typical resistance we face when trying to demonstrate the same management traits that are commonly encouraged in men.

Consistency, honesty, assertiveness and being objective helped me to navigate the arrogance that women have to deal with daily. I can also confirm that I was supported equally by both men and women. Self-motivation, inner drive and passion are the drivers of my success in most of what I do.

Although my decision to embark on an MBA early on was not specifically aimed at addressing the challenges I experienced in the workplace as a female leader, the programme helped me gain the know-how to overcome these challenges and achieve personal effectiveness through enhanced leadership and management skills.

I was coached and mentored by many role models, old and young, literate and illiterate. I derived most of my positive attitude to work from my mother and my grandfather, who was a businessman during difficult times. Deciding that I would depend on no one financially made me strive to be a better person. Difficulties that I encountered make it easy for me to encourage those I lead to excel in what they do too.

I acknowledge opportunities that I was given when I did not believe in myself, I was encouraged by others and I had an enquiring mind. The best one can do is always to learn, irrespective of challenges. Seeking help from others is one of the best things I did when I lacked knowledge or when I struggled.

Growing up in a male-dominated household has helped me to deal with issues and people on an equal footing. I seldom use my gender as a defence when leadership challenges crop up.

How did you feel when you were appointed as the second female chairperson of the BHF board? How has the experience been for you so far?

I am deeply honoured by the confidence the board showed in me. I view the appointment not only as a personal honour but also a challenge and a deep responsibility that I do not take lightly.

> **“The industry is not going to be the same as it was before COVID-19. It is important for us to learn from the challenges it presented.”**

Being in a position of influence over an industry and the lives of millions of people that the board’s decisions touch is something I approach with commitment, passion and deep humility. I have the determination to help influence positive change and am honoured to be part of the leadership team that will take the medical schemes industry into its next phase.

As a woman I take on this responsibility with even more vigour and enthusiasm, as I understand the deep need in our society for positive female role models and I strive to be such a role model for young women. This appointment is not for me, it is for all women in the healthcare industry.

How do you stay on top of current trends and developments in the healthcare industry? And how are these filtered down to members?

Given the information overload we are faced with, it is incumbent on everyone these days to read, listen and acquaint themselves with developments on an ongoing basis. I am fortunate to chair the industry body that has all the intelligent and brilliant people who make information readily available and easy to read. Although I do not use all social media platforms, I read, do and listen a lot. The BHF has an excellent management team and the tools to filter information to members frequently, allowing quick responses to issues and the avoidance of confusion and speculation.

What has been a highlight for you this year?

One of the highlights was the responsiveness in respect of price negotiations and availability of facilities during the pandemic. Healthcare workers, security cluster personnel and other frontline workers are to be applauded for

their commitment and hard work when the rest of us were protected in our homes. It is fitting to send a message of support to all families who lost loved ones during this time.

I am all too aware that the industry is not going to be the same as it was before COVID-19. It is important for us to learn from the challenges it presented.

I believe that we are going to see a lot of changes that will benefit the people. The pandemic has heightened South Africa's urgent need to strengthen its healthcare system, both public and private, so that it will be prepared should another disease outbreak arise.

From a healthcare perspective, COVID-19 may influence the world view of health in respect of focusing on human good and guarding against profiteering. The behaviour of health service providers may well change further to the challenges. They may be more sensitive and open to discussions on alternative reimbursement models and cost-effective treatment methodologies.

Furthermore, the aftermath of COVID-19 will compel us to look more closely at the WHO's holistic definition of health as 'a state of complete physical, mental, and social well-being' and not merely the absence of disease or infirmity. This, in turn, will contribute to the overall well-being of South Africans.

We will need to look at health more comprehensively, and not just at the provision of care. Discussions will cover subjects like access to water, food, shelter and primary healthcare, and ensure that there is a comprehensive programme of action that addresses all the elements that contribute to the well-being of South Africans. We will need to pull together to build a healthcare system for all.

Healthcare Challenges in 2020

What have been some of the challenges in healthcare this year?

1 I do not think there has been a year quite so fraught with challenges as this one at any time in the BHF's history. COVID-19 has certainly kept us on our toes and even allowing for TB, HIV/AIDS, cholera and Ebola, we have never before in the history of medical schemes experienced such a common, widespread and aggressive 'enemy'.

2 I have been at the forefront of witnessing the impact of COVID-19 on members. Schemes had to devise means to support members while grappling with sustainability and compliance with the Medical Schemes Act. Healthcare providers battled with sustaining practices because of suspension of procedures. Public health had to pull out all the stops to deal with the invisible enemy.

3 The regulatory environment was challenging, as was evident in the controversial non-supportive circulars that required medical schemes to comply on one hand and be lax on the other. Members of medical schemes could not afford contributions on one hand; on the other, schemes had to make decisions that are supportive to members during trying times.

What excites you the most about being principal officer of Polmed?

I entered the healthcare industry driven by love and compassion for people. I thought nursing would be the perfect opportunity to lend a helping hand. I still cherish my experience of working with the most vulnerable in society and it has given me a rich insight into what these people have to go through in life and, more importantly, how they need to be assisted.

This sense of love and compassion continues to drive me every day and makes me love what I do. When I see how our police officers work tirelessly to protect and serve our country and its people, I count it as a privilege and honour to be the accounting officer responsible for putting together the health benefits that will take care of them in times of need.

Furthermore, it is gratifying to head a scheme with a model whose basic premise is to create value for stakeholders without a motivation for profit, and yet continues to show impressive growth.

The key to Polmed's success lies in its simplicity for members. Starting with 235 940 insured lives in 2000, the scheme now covers 502 870 lives, an increase of around 56%, making it the fourth largest medical scheme in South Africa. Even in the challenging economic environment, Polmed still offers comprehensive benefits and cost-effective contributions; it has the lowest non-healthcare costs at 3.7% and a solvency ratio of 40%.

Understanding the risks the police face and balancing access, cost and affordability are interesting aspects of my role. When I resolve complex medical issues, leaving our members delighted, I become elated too and wish there were 36 hours in a day so that I can deliver even more service to members. Having worked for 11 years with Polmed members in different roles is one of the highlights of my career.

> My advice would be to start by understanding your passion and purpose; then set out your goals of what you want to achieve and how you are going to do that.

What are your views on gender equality?

It is exciting to see women aiming for and winning leadership roles, especially knowing the challenges they have to contend with along the way. Even though most organisations are making efforts to address gender bias, there are some challenges that women still face, which their male counterparts do not.

These include women being held to higher standards than men, needing to do more to demonstrate their abilities and capabilities; having to fight gender stereotypes, especially when performing roles that have traditionally been reserved for men; and performing multiple roles, such as raising a family while also pursuing a professional career. In most cases workplaces are not flexible enough to allow women to exercise this right.

I therefore believe that female leaders generally carry a greater burden than their male counterparts, which may discourage some from taking up leadership roles.

Do you think enough work is being done to uplift young women in healthcare?

Women in general have immense leadership talent and management skills, which are not being sufficiently utilised. Even though the advent of democracy in South Africa saw strong and competent women rise to positions of power in both the private and public sector, a lot must still be done to address historical gender inequalities.

There is no reason why women should not be given the same roles and opportunities previously reserved for men, including the same remuneration. The diversity of skills that women leaders bring to the workplace can confer tremendous benefits and radically transform long-term sustainability. It is important that corporates, and I include the healthcare sector here, make women empowerment and gender diversity a boardroom issue. Equally important is the role of corporates in empowering the girl child and nurturing her talent at an early stage, yet without leaving the boy child behind.

Becoming a leader involves more than just assuming a leadership role and acquiring the new skills required. It involves a fundamental identity shift. Corporates inadvertently undermine this process when they advise women to proactively seek leadership roles without also addressing policies and practices that communicate a mismatch between how women are seen and the qualities and experiences people tend to associate with leaders. Such rigid procedures discourage women from making themselves available for leadership positions.

What advice would you give to young women who aspire to become healthcare leaders?

Despite advances in legislation, the majority of women in this country still suffer the effects of gender inequality as they lack the skills to make themselves economically independent. Women remain underrepresented in the formal economy, and more so in corporate leadership positions.

While it still takes more effort for women, I have, however, witnessed how the boardroom has changed over the span of my career and seen opportunities open up where previously there were none.

My advice would be to start by understanding your passion and purpose; then set out your goals of what you want to achieve and how you are going to do that. It is important to find mentors who can help guide you on your journey, so look for role models you admire and look at the qualities that have allowed them to break the mould.

Most importantly, however, believe in yourself, love yourself and celebrate being a woman.

Voice of the patient™

Information about quality and outcomes is largely missing from the healthcare system; the focus until now has generally been on cost.

The most critical and meaningful perspective is that of the patient. Only patients can tell us about their experience of care, and the outcomes of care that truly matter.

This missing information is vital for managing and improving the healthcare system, and for increasing the **value** provided. It is needed by all stakeholders, including healthcare professionals, funders, system managers and patients.

THE PATIENT'S VIEW

My orthopaedic surgeon said my knee looks perfect on the X-ray. But what really counts for me is I can now walk comfortably up the stairs and play with my grandchildren. *~ George, 74*

After my cataract surgery, my eye doctor said the vision is perfect - but I don't find it much easier to read a book, watch TV, or drive my car. *~ Bulelwa, 67*

My urologist is recommending a really big operation for my prostate cancer. But will it improve my quality of life – and for how long? *~ Felix, 62*

I'm a new mom. My pain was under control after my caesarean section and I got all the help I needed with breast feeding. *~ Mary, 28*

I have diabetes. My doctor says my sugar is ok but I feel depressed. Taking all this medicine is such a lot of work, and we never seem to have time to go into this together. *~ Phumzile, 47*

MEASURING WHAT MATTERS – TO PATIENTS

The mission is to scientifically measure the results that matter to each patient, for all important health conditions, over the entire care cycle.

- Patient-reported outcomes: information on the patient, told by the patient.
- Measuring each patient's experience of care, in all settings of care.

This data, with relevant contextual information (from claims), casts new light on what works best, for each individual, and for the population as a whole.

Variation is identified, some of which may be easy to explain or justify. It can also reveal surprising gaps in care, unmet needs, and performance problems. Opportunities to improve care, enlisting patients in the design and production of health and areas that can increase value, can be identified.

THE VOICE OF THE PATIENT (VOP) SOLUTION

The Voice of the Patient (VOP) solution ensures that the patient perspective is at centre stage, using scientifically validated patient-reported measurement sets that are now moving from the clinical trials environment into routine use.

These patient-reported measures generally correlate with clinical quality metrics and with improvements in cost, utilisation and value.

The VOP solution enables a focus on high volume/impact procedures and conditions across the patient's care journey.

Data is delivered to a sophisticated backend that enables comprehensive, interactive, on-demand reporting of patient experience and outcomes.

The system is administratively simple, protects privacy and confidentially, and is POPIA-compliant.

Analysis of patient-reported data, complemented by claims data and clinical data, where available, creates new opportunities for value-based care arrangements.

Contact us for more information

Masimba Mareverwa
Masimbam@insight.co.za
083 641 6525

insight

Putting the needs of the member first

Managed Care is the key. It's all about empowering members to take charge of their health and then supporting them on their path to wellness.

The year has been marred by uncertainty across the globe, with the impact of COVID-19 affecting many industries – a trend which is expected to continue well into 2021. Healthcare and medical aids have been placed firmly in the spotlight and the public's expectations of and demands for quality healthcare are paramount.

One of the biggest lessons learned is the impact that lifestyle diseases and comorbidities have on COVID-19 patients. These include high blood pressure, diabetes and obesity – or a combination of any of these conditions – which significantly increase the risk of getting seriously ill with the coronavirus.

Even without the pandemic, we need a stronger focus on managing lifestyle behaviours. Poor diet, smoking and lack of exercise are the three lifestyle factors that contribute to over 80% of chronic conditions. This is why Managed Care is key. It's about empowering members to take charge of their health and then supporting them on their path to wellness.

CHRONIC CONDITIONS

When COVID-19 became a reality, our first step was to identify our high-risk members. We put interventions and communications in place to ensure that these 30% understood the importance of sticking to the protocols, maintaining their medication regimen and eliminating as much risk as possible. We also ensured that chronic medication was delivered to their homes.

A COVID-19 HUB

A hub on our website allows members to access the most up-to-date and reliable information and statistics. It includes a specific call centre with registered nurses ready to respond to any questions or concerns, provide support and give updated clinical information from credible resources.

To ensure members' needs came first, we intensified our Managed Care model:

- We reduced COVID-19 out-of-pocket expenditure;
- We enhanced funding approaches for services such as pathology testing and negotiated reduced costs for these tests;
- We proactively engaged with hospitals to ensure members will be accommodated in private facilities and receive the best private healthcare when required;
- We assisted members in need when they had medical requirements over and above the standard benefits;
- We engaged with providers and facilities in terms of personal protective equipment;
- We reduced or eliminated member co-payments/shortfalls;

> **"The management of health is critical to containing lifestyle risks and keeping South Africans healthier. It's about meeting members' needs."**

- We introduced free virtual care to provide uninterrupted healthcare, while safeguarding members.

TECHNOLOGY

Our WhatsApp channel has been well received and has enormous potential. It's convenient for members and allows them to manage their medical aid through live chats. This platform hosts a specific COVID-19 option, providing information on everything from symptoms through to treatment, recovery, transmission, costs covered by the member's benefit option, frequently asked questions, updated statistics on active cases, recoveries, deaths and a self-screening test.

FREE VIRTUAL CONSULTATIONS

One of the other key learnings has been adapting to a new way of working – with virtual technology at the forefront. As part of our commitment to serving the whole of society, we introduced virtual consultations, bringing a GP into the homes of all South Africans, free of charge.

WHAT'S NEXT?

The changes in healthcare as a result of COVID-19 will revolve around a focus on preventing illness rather than waiting to respond to it. The management of health is critical to containing lifestyle risks and keeping South Africans healthier. It's about meeting members' needs.

2021 will focus on more primary healthcare, utilisation of preventative care benefits, digitally enabled solutions and self-help facilities. Our goal is to improve integration of care, enable more access to out-of-hospital services, clinical information and benefits via various solutions.

The future will see everyone involved in healthcare being more agile and adapting to the ever-changing needs of all role-players. Technology will play an increasing role, virtual care will remain a viable option and we hope to see collaboration and public/private partnerships going forward so that we ensure more equitable care for all.

We know that consumers have been faced with several challenges at economic, social and psychological levels. When considering our product offering for the year ahead, a key focus was finding ways to balance affordability of contributions, while ensuring the scheme remains sustainable – all without compromising access to quality healthcare.

We took a responsible, long-term view to ensure that members wouldn't have to pay the price of a low increase for 2021 in the coming years. Building on the success of our four Efficiency Discounted Options (EDOs), we have introduced a new category called Edge; Designed for economically active singles or couples, living in the larger metros.

We have listened to our members and are rolling out various tools and services to provide additional clinical support, easier claims processes and access to various helpful tools on our website. We are a medical scheme for South Africa and our commitment to providing quality care, connecting with our customers and driving innovation is unwavering.

LEE CALLAKOPPEN

Principal Officer: Bonitas Medical Fund

A helping hand during difficult times

Bestmed's assistive role

The promise to deliver healthcare that is 'Personally Yours' has never been as significant as in this, Bestmed's 56th year of existence, during which it was faced with a health pandemic. Bestmed remained committed to ensuring that it responds to the needs of not only its beneficiaries, but their service providers, employees and underprivileged members of the community

The scheme is proud to have won the sixth annual BHF Titanium award for Excellence in Creating Access to Healthcare (Organisations). The initiatives aimed to address stakeholders' needs were the basis of Bestmed's entry.

PAYMENT ALTERNATIVES

As an essential service provider, Bestmed was able to offer payment relief alternatives aligned with the Council for Medical Schemes' directives and approvals.

Principal members could opt to downgrade to a more affordable option, subject to their savings accounts not being overspent, without compromising the preventative care benefits and maternity care programme offered across all options.

Bestmed also offered individual qualifying principal members the option to pay premiums from their savings. The scheme made this payment option available until 31 December 2020.

Pensioners, whose premiums are paid from the South African Social Security Agency's pension grants, could request that their debit order be deducted on the 7th instead of the 1st of the month.

COVID-19 BENEFITS

Bestmed ensured that beneficiaries are covered for in- and out-of-hospital COVID-19-related costs. Regardless of their benefit option, beneficiaries are reimbursed for COVID-19 diagnostic tests according to strict criteria and requirements.

The scheme also covers telephonic and video consultations with healthcare providers during lockdown in accordance with benefit provision as per beneficiaries' selected options, or from scheme risk as a prescribed minimum benefit.

WELLBEING OF HEARTBEATS (WFH) INITIATIVE

Bestmed partnered with Afriforte to conduct a survey to assess the wellbeing of Bestmed's employees during lockdown as part of the WFH initiative run by Bestmed's talent team (human resources). The initiative's purpose is to understand employees' experiences, and address fears and concerns related to the COVID-19 pandemic. Departmental debriefing sessions focused on promoting hope and normalising fears through best- and worst-case scenarios.

Bestmed also collaborated with ICAS to debrief individuals with high stress levels. Employees are also encouraged to reach out to their team members, managers and the talent team, or to contact the South African Depression and Anxiety Group for emotional support.

Bestmed refunds the costs of hand sanitisers bought at registered pharmacies from beneficiaries' available over-the-counter benefit to support them in their precautionary measures.

DIGITAL PLATFORMS

Bestmed is the first medical scheme to partner with digital healthcare innovator, Intermedix, to offer general practitioners (GPs) a specialist designated service provider network for easy referrals via iCanRefer.

It also provides both GPs and specialists with the iCanScript digital health solution, which allows them to generate digital prescriptions that track and record all patients' medicine history, as well as find cost-effective generic medicine that appears in the scheme's medicine formularies. A pilot phase proved to be successful. iCanRefer is being rolled out to more than 1 000 doctors countrywide.

Bestmed also collaborated with Intermedix's parent company, CGM, to make secure virtual consultations available to network doctors via CLICKDOC Video Consultation.

COVID-19 CSI INITIATIVES

Bestmed made funds available to assist members of the community who are struggling financially during lockdown. Operation Hunger is using allocated funds to distribute 1 200 food parcels to vulnerable families in rural and informal settlements countrywide.

Palesa pads are high-quality cloth pads that are washable and can be used for up to five years. Donated kits include three pads, a bucket, cleaning materials to wash the pads and a drying clip.

Bestmed partnered with Inkhazi to manufacture branded three-layer masks, which are being distributed via Unjani Clinics in Tshwane. A total of 1 000 sanitary pad kits and 15 300 branded Bestmed masks are being delivered to eight clinics.

Bestmed employees were part of the solution and generously donated a total of R624 911.73 in their own capacity towards a relief fund, which has been split between sanitary pad kits and food parcels.

Bestmed also donated R120 000 to the University of South Africa, one of its largest participating employers, to help allow underprivileged students to proceed with their studies.

COMMUNICATION

Every effort is made to communicate regularly with all stakeholders via newsletters on best practices during lockdown, mental and physical wellbeing tips, nutrition and access to benefits. This information is also communicated to the general South African population via Bestmed's social media platforms and blog. Call centre agents were mobilised to work from home so that support to beneficiaries would be uninterrupted. Email, SMS and the website's ChatNow platform are running smoothly with the maintenance of the turnaround time for queries.

Bestmed is proud to have stayed true to its brand essence of being 'by members, for members' during these challenging and uncertain times. ■

LEO DLAMINI
Bestmed CEO and PO

Connected and in touch with The Health Citizen

How can schemes better communicate and connect with the health citizen?

In a digital world that is constantly plugged in, the sheer volume of information communicated can be overwhelming, leaving consumers dazed and confused. This is even more prevalent in healthcare, which is governed by complex rules and filled with terminology and acronyms that even baffle those who work in the industry. As medical schemes we have a duty to demystify healthcare; we also need to innovate to create a personalised and value-adding communication proposition.

WHY SHOULD SCHEMES COMMUNICATE?

Schemes have a wealth of knowledge and data that can be life changing for members. We have a responsibility and common interest to continuously educate, connect and empower members with facts about their health, their lifestyle and their healthcare spend, as well as keep them informed about how they can lead healthier, longer and more productive lives. In essence, a more informed member leads to healthier lifestyles, lower claims, better clinical outcomes and a more productive country.

BACK TO BASICS

- How they would like to be contacted;
- What time they would like to be communicated with;
- What frequency;
- What content.

WHAT SHOULD SCHEMES COMMUNICATE?

Gone are the days of one-size-fits-all communication. With the advent of the personalised era, schemes need to embrace personalised messages that unlock tailored value. This could be in the form of how to avoid co-payments, improve one's health, or cope with a particular health condition or life stage.

In essence, the message must be meaningful and advise members how to navigate the complex healthcare ecosystem and encourage them along their personal healthcare journey.

WHEN, WHERE AND HOW

Through the advancement of technology, we have the potential to innovate and create convenient and personalised communication by empowering members to decide:

1. How they would like to be contacted, e.g. email, telephone, SMS, WhatsApp, mobile app;
2. What time they would like to be communicated with, e.g. during work hours or on weekends;
3. What frequency, e.g. daily, weekly, monthly or on specific healthcare trigger events;
4. What type of content, e.g. specific health topics such as wellness, or monthly claims and benefit summary.

The above evolution of personalised communication is what schemes need to embrace to unlock hidden value for the health citizen.

THONESHAN NAIDOO
Principal Officer
Medshield Medical Scheme

HEALTHCARE WORKERS Heroes Memorial

As the coronavirus devastated countries worldwide, one important sector looking after critically ill patients was not spared. Healthcare worker teams worldwide, ranging from clinic cleaners, porters, administrative staff, paramedics, undertakers, nurses, allied professions, pharmacists and doctors right up to professors lost their lives in numbers, highlighting occupational health risk within our workplaces.

The Healthcare Workers Heroes Memorial was inaugurated, in line with COVID-19 restrictions, as a digitally constructed roll of honour, with names of healthcare workers who have passed away since the beginning of the pandemic. The virtual memorial can be viewed one YouTube at www.youtube.com/watch?v=NV21P8NOf5U)

The project was conceptualised and implemented by Dr Maggie Mojapelo-Mokotedi, herself a medical doctor on the frontline.

Dr Maggie Mojapelo-Mokotedi, Founder of the Healthcare Workers Heroes Memorial

MISSION OF THE MEMORIAL

The memorial was born out of the realisation that fatalities were increasing in large numbers and that the selfless sacrifice of our colleagues, as well as their legacy, needed to be captured, not least for their families left behind.

Compilation of the roll of honour

Once the memorial was unveiled, the team was inundated with submissions from families, colleagues, clinics, medical association groups, doctor groups, hospital groups, paramedics and church organisations.

A formidable team of ambassadors nationwide quickly came together to form the backbone of this initiative. Our sincerest appreciation goes to each and every one, as well as Mediwell Clinic and MWASA for their assistance in making the Memorial a reality.

It is of vital importance that the memorial serve as the country's historical record of this painful period in humanity's history and also as a learning point to guide countries' readiness and preparedness for future pandemics. More importantly, since the COVID-19 storm is not yet over, let us collectively continue with training, awareness and campaigns to deal with a probable second wave as well as future pandemics.

The memorial aims to recognise, remember and honour all healthcare workers who have fallen in the line of duty on the frontline. Yet, unlike soldiers, for whom monuments and memorials are traditionally constructed, the duty of those who fell in the COVID-19 'war' was not to take lives but to save them. They could have stayed at home and refused to work. They didn't. They followed their calling against all odds, working in the eye of the COVID-19 storm.

The memorial serves as a healing tool and place of comfort for families as well as a central rallying point for distributing resources to vulnerable families and children left behind by these healthcare workers.

HEROES ROLL OF HONOUR STATISTICS

Healthcare workers are among those at highest risk for contracting any infectious diseases, according to the National Institute of Occupational Health. Health Minister, Zweli Mkhize, said that as at 4 August 27 360 healthcare workers in South Africa had been infected with the coronavirus.

The majority of these (78%) were from the public sector, and the remaining 6 027 from the private sector. In Africa it is estimated that over 10 450 healthcare workers are infected.

The WHO estimates that 10% of global COVID-19 infections are of healthcare workers.

To date, the roll of honour statistics on the memorial are as follows: Professors: 13; doctors: 96; nurses: 103; allied professionals, paramedics, administrative staff and others: 16. Nowhere in our history have we recorded 13 professors passing on within such a short space of time. Hence professors are honoured in the memorial as icons who have contributed so much knowledge towards shaping our health ecosystem.

We know that this heroes' roll of honour is not inclusive; we are therefore inviting all family members and healthcare bodies to submit the names of their heroes who might not have been included yet to info@healthcareheroes.co.za

The memorial has also received submissions from other African countries and we are calling on all our neighbouring countries to submit names to this iconic Pan- African memorial project.

It is against this background that the memorial was unveiled by the WHO African Office's regional director, Dr Matshidiso Moeti, on the BHF Women's Month honorarium platform. ■

Should you wish to collaborate, sponsor, donate to or support the memorial project please connect with us at info@healthcareheroes.co.za or WhatsApp 082 901 6112.

Healthcare Workers
HEROES MEMORIAL
Health workers in the frontline
Heroes Roll Of Honour

SPECIAL INSIGHTS

Lest we forget – healthcare worker heroes

"Behind every name on the heroes roll of honour there's a family and children left behind – let's extend our support in whatever means that we can. As a country and continent, we can do it." – Dr Maggie Mojapelo-Mokotedi

LEST WE FORGET

The memorial has accorded Professor John Murray special status of Global Patron. Professor Murray passed away of acute respiratory failure associated with COVID-19. He made major contributions to TB and lung health, with remarkable achievements in the field of pulmonary medicine. He discovered that the fatal pneumonia causing respiratory distress syndrome was associated with COVID-19.

LEST WE FORGET

The memorial has accorded Dr Doreen Monakise special status as Young Global Patron. Our young dynamic colleague passed away suddenly as the country headed towards the peak of the corona pandemic at the time of her dedication and service to the citizens of this country. She is indeed one of our health celebrities, who has joined many of our heroes on the iconic memorial. May her selfless sacrifice and legacy live on.

LEST WE FORGET

The memorial has accorded Dr Ameyo Stella Adadevo special status of Global Patron. As a leading consultant physician and endocrinologist in Nigeria, she was the first to alert Nigeria to Ebola. Dr Ameyo was a brave doctor who, against all odds and at grave risk to her life, contained the Ebola threat in Nigeria. She paid the ultimate price and succumbed to Ebola.

LEST WE FORGET

The memorial has accorded Dr Li Wenliang the status of Global Patron. Dr Li was the first medical professional to alert the world to COVID-19 in Wuhan. Sadly, he succumbed to the disease just weeks later. He is and will remain our COVID hero.

Metropolitan Health looks after the administration of the Government Employees Medical Scheme covering over 1.8 million lives, and provides wellness services to a number of clients covering half a million lives.

As a division within the health solutions environment of Momentum Metropolitan, our key strategic focus is to achieve financial wellness for public sector communities by enabling and delivering sustainable integrated outcomes-based healthcare solutions as a transformed organisation.

Momentum Metropolitan is a South African based financial setup listed on the Johannesburg Stock Exchange and the Namibian Stock Exchange and is the first major insurance group to reach Level 1 Broad-Based Black Economic Empowerment (B-BBEE) status under the revised Financial Sector Code (FSC).

Through our client-facing brands Metropolitan and Momentum, with Momentum Multiply and our other specialist brands, including Guardrisk and Eris Property Group, Momentum Metropolitan enables business and people from all walks of life to achieve their financial goals and life aspirations.

momentum multiply METROPOLITAN GUARDRISK ERIS

Momentum Metropolitan | *Guardisk, Eris, Momentum and Multiply are part of Momentum Metroploitan, an authorised financial service provider.*

Dr Ali Hamdulay

CEO: Metropolitan Health

In addition to his role as CEO, Ali also serves on the Board of Healthcare Funders (BHF). Having served the healthcare industry for over 20 years in many senior positions, Ali has developed vast expertise in healthcare business, administration and managed care. Ali has a comprehensive understanding of the healthcare ecosystems, identifying critical role players in this ecosystem, markets dynamics, inter-dependencies and functioning. He has forged strong relationships across the supply side (health practitioners and facilities), funder community, regulatory bodies and government leaders, and has developed a prominent reputation in the health industry as an industry thought leader.

Dr Solly Motuba

Chief Commercial Officer and Business Development

Solly has been a consultant for various medical schemes and corporate entities on the rationalisation and structuring of health funds. He has served on a number of medical aid boards, in the capacity of a healthcare consultant, or as a trustee. Solly has also served as a Principal Officer for two medical schemes and as a CEO for a third-party medical aid administrator. Solly co-founded Cure Day Clinics and Vmed medical aid administrators and is a former board member of BHF and Mamelodi Hospital.

Kelly Manzini

Executive Head: Wellness

Kelly has over 20 years' experience in behavioural and management sciences with a unique blend of professional qualifications and experience. He has in-depth health and wellness design and innovation experience after serving in national governments, corporate boards, financial services, health and retail sectors. Kelly is a Director of EAPA SA, a former CEO of Careways Group and former HR Executive for the Clicks Group. Kelly has presented thought-leading research papers and articles both in his personal capacity and as a board member of EAPA SA.

Taki Maumela

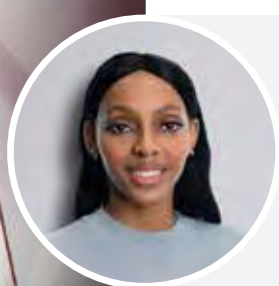
Client Relations Executive

Having started her career in the nursing industry, Taki has since had 20 years' experience in the healthcare industry. She has held many leadership roles across the industry including Clinical Executive for Qualsa, General Manager: GEMS at Metropolitan Health, and Divisional Manager at Discovery Health.

Kobus Dreyer

Chief Integration Officer

Currently the Chief Operations Officer for the health division of Momentum Metropolitan , Kobus has vast experience in the insurance industry and been at the helm of many businesses' operations. He has headed operations, service transformation and innovation, customer services, client services, broker services as well as alternate distribution services at Momentum. He has held a director position at iThrive and has also headed operations and employer services at FundAtWork.



Tiego Malibe

Client management and Solutions

As Head of Client Insights and Service Monitoring at MH, Tiego is responsible for driving and reimagining client experience and innovation. She is a seasoned client management and solutions professional with more than 12 years' experience in the financial services industry. Tiego has held various roles across the industry including Head of Client Solutions at Sanlam, Head of Client Fulfilment for Nestlife Assurance as well as a role in Client Management at Discovery's UK subsidiary Vitality Life.

GIFT OF THE GIVERS' COVID-19 intervention

COVID-19 demanded a pragmatic response from a disaster point of view. Medical support, food provision, water availability and income-generation activities were all essential elements requiring intervention proportional to the need and, importantly, to the availability of rapidly diminishing resources.

By Imtiaz Sooliman
CHAIRMAN AND FOUNDER,
GIFT OF THE GIVERS

Gift of the Givers went into preparation mode on 11 March and immediately after President Cyril Ramaphosa declared COVID-19 a national disaster on 15 March began to act decisively and cost-effectively.

By Monday, 16 March, private laboratories had been engaged to assist with PCR testing for the expected increase in infections. Gift of the Givers, using its influence, managed to secure a rate of R750 per test when the private rate was an exorbitant R1450. Prices at other facilities dropped to R850, a huge benefit to the public, ensuring that those who had contact with positive cases would do the responsible thing and test even if the symptoms and effect on their health were minimal. Cost-effective pricing encouraged private patients to test, which helped to avoid potential carriers becoming walking time bombs.

We set up testing facilities throughout the country and had mobile teams do mass testing for the SAPS, corporates, security companies and sports teams. By supporting smaller laboratories, not only did we save 15 jobs, we also created several more job opportunities.

The safety of healthcare workers was a non-negotiable priority. We simply could not afford to lose highly qualified personnel, with years of experience, to the coronavirus when there was already a shortage of trained medical professionals in our country.

Gift of the Givers' procurement specialists secured large quantities of PPE from China and locally, ensuring that prices were not outrageously exploitative (understanding that worldwide demand had escalated cost), and that the products were of superior quality and would protect our HCWs adequately. More than a million masks, both three-ply and KN95, were purchased immediately, along with coveralls, gloves, Hazmat suits, head covers, shoe covers, goggles, visors and sanitiser.

The virus was tracked and those facilities at the epicentre were the first to receive supplies. Then followed non-contact thermometers, pulse oxim-

eters, scrubs and reusable surgical gowns. The scrubs and gowns were locally manufactured and spread across three companies to save jobs. We supported 200 hospitals and clinics nationwide with some or all of these items on an ongoing basis.

Next came the request for video laryngoscopes. The waiting period was prolonged, because they required importation, and eventually only 15 were available. We purchased the entire consignment and delivered them to the emergency facilities of select hospitals.

Hospital managers requested provision of tents for the purpose of triage, in order to ensure that no patient entered a hospital without being screened first. Gift of the Givers provided 37 tents at a cost of R3 million a month.

The increasing patient numbers necessitated additional bed availability. Gift of the Givers was against the idea of field hospitals outside an existing hospital setting. A large portion of the building and rental cost is non-recoverable once the facility is dismantled. In the case of a second wave the economic meltdown would not permit the rebuilding of such exorbitantly priced field facilities.

FROM EXISTING FACILITY TO A COVID-19 WARD

Gift of the Givers 'shopped around' and was approached by Mitchell's Plain Hospital, which offered a wing that had been disused for years. The Western Cape Health Department was incredible, providing five signatures in four days to authorise its conversion into a dedicated 60-bed COVID-19 facility; we duly renovated it in 30 days at a cost of R10 million. The newly named Freesia Ward could be mistaken for a private hospital; it already has 30 COVID-19 patients and is expecting several more. High-flow nasal oxygen machines were provided by Gift of the Givers.

Post-COVID-19 the facility can be used by any discipline. This type of intervention is a stepping stone for preparing existing health facilities for NHI. Building of new facilities is wasteful if existing facilities can be upgraded cost-effectively and diligently maintained thereafter.

Imtiaz Sooliman, Chairman and Founder, Gift of the Givers

PPE DONORS

MH HEALTH AND MOMENTUM METROPOLITAN GROUP

Working in partnership with Gift of the Givers, the group has established a drive-through testing facility at its head office in Bellville, Cape Town. It is also providing pro bono administration services to the Western Cape Department of Health with regard to its contracting of private hospitals for COVID-19 patient initiatives.

POLMED

Polmed, in partnership with Gift of the Givers, assisted in the free screening of 550 policemen at the FirstCare screening station.

DONATIONS

The following organisations and individuals have donated funds to support Gift of the Givers in mobilising resources as part of their efforts in the fight against COVID-19.

- Suremed Health
- Thoneshan Naidoo (Medshield)
- Samsodien Family
- Phoenix Financial Services Group
- The Samsodien Foundation NPC

A second 120-bed facility was set up by Gift of the Givers at Bhisho Hospital in the Eastern Cape, but this time the renovation was carried out by the Department of Public Works, a wonderful example of a public-private partnership. Gift of the Givers provided the 120 beds and mattresses, 240 pillows, high-flow nasal oxygen machines and is in the process of sorting out patient screens and the tinting of windows.

The distribution of PPE continues, varied medical equipment requests are fulfilled where possible and millions of rands worth of medicine have been given to hospitals with more to follow. The SAPS, Defence Force, emergency services, paramedics, NICD, Department of Health, and Immigration and Customs at OR Tambo Airport have all been recipients of PPE from Gift of the Givers, given non-availability in the initial stages of the pandemic.

From a social perspective Gift of the Givers delivered 300 000 food parcels to those suffering extreme hunger in the deep rural areas of the country and supported 100 soup kitchens, We have delivered 600 000 litres of water per week in our water tankers since January 2020, supplied thousands of dignity packs, hygiene packs, pamper packs for new mothers and nursing staff, and have provided coffee and water for medical personnel where possible.

We are striving continuously to assist healthcare workers and the vulnerable, including foreign nationals, as best we can.

Over the last two years, Gift of the Givers has drilled 400 fully functional boreholes which have been of huge benefit during COVID-19. The borehole drilling programme is ongoing, as is the establishment of toilet facilities at many schools. In addition, transport costs for hundreds of loads of fodder to rescue animals, farmers and farm workers' livelihoods have been funded by Gift of the Givers, which has provided food parcels for bo[redacted] workers and their families.

Implementation of the Health Market Inquiry recommendations WHERE DO WE START?

By Mark Bayley
MD: ADMINISTRATION, UNIVERSAL HEALTHCARE

The private healthcare sector needs to transform as the current model is unsustainable. But the question remains as to where medical schemes, as custodians of member funds, can proactively start within the existing legislative framework.

The Health Market Inquiry (HMI), which completed its findings on 30 September 2019, found that the private health market is characterised by highly concentrated funders and facilities markets, disempowered and uninformed consumers, a general absence of value-based purchasing, and practitioners who are subject to little regulation and failures of accountability at many levels. It also concluded that the market is typified by high and increasing expenditure, excessive utilisation of health resources, and that no effective measures were in place to improve health outcomes.

The updated HMI stakeholder communication of 11 September 2020 outlined certain recommendations that could pre-empt the introduction of national health insurance (NHI) by the state, enabling an environment where specific interventions would lead to greater competition and efficiency, shifting towards a pro-competitive environment.

The private healthcare sector needs to transform as the current model is unsustainable. With the Minister of Health reaffirming the state's commitment to implementing NHI, medical schemes and administrators have a window of opportunity to play a facilitative role in addressing some of the HMI concerns to ensure a meaningful role for healthcare funders in the future.

As medical schemes rely on the Department of Health (DoH) and Council for Medical Schemes (CMS) to initiate the necessary structures and enabling legislation to implement the HMI recommendations, there are numerous factors outside the influence and control of schemes. The question remains, however, as to where medical schemes, as custodians of member funds, can proactively start within the existing legislative framework.

PLAY AN ACTIVE ROLE

Medical schemes can play a more active role in influencing and providing constructive input into the unfolding legislative environment. They can also collaborate with the DoH and other stakeholders in a spirit of fairness, co-operation and constructive engagement to align the business of health funding with the principles of universal health coverage.

The key question for medical schemes is what voluntary proactive interventions can be initiated to align with the HMI's recommendations to further enable access to affordable private healthcare for the healthcare citizen?

Engagement with key regulatory stakeholders, lobbying and participating in consultation forums that aim to shape key legislation, is a critical role for medical schemes to ensure that views are properly considered and incorporated within the decision-making process.

A SINGLE, COMPREHENSIVE, STANDARDISED BASE BENEFIT OPTION

The HMI found that there was insufficient transparency in the private healthcare market, with many consumers not understanding what they are buying. This makes it difficult to compare schemes and options against one another. This is further compounded by the high number of options available.

To increase comparability and competition in the funder market, the HMI recommended the introduction of a risk-adjustment mechanism to be linked to the single, comprehensive, standardised base benefit option, which should be offered by all schemes. The objective is to remove any incentive by schemes to compete on risk.

While a risk-based mechanism will require legislative change, medical schemes could voluntarily adopt a uniform base benefit package to improve transparency and consumer understanding, while broadening access to universal healthcare coverage. However, the absence of changes to prescribed minimum benefit (PMB) regulations and other legislative mechanisms inhibits progress.

With the effective design and structure of benefits, schemes can control and promote efficient access to care to improve the health status of beneficiaries. This includes an increased emphasis on preventative care and the development of a comprehensive preventative care package focused on essential services and the Essential Medicines List.

It is imperative to consider the social determinants of health when designing and structuring benefits, which should include primary healthcare consultations and services as well as mental health benefits, beyond those specified in the current PMB package. Reducing the quantum of member savings account benefits and increasing risk benefits should be considered.

The aim is a benefit package that reduces out-of-pocket payments while providing real value from risk benefits. In designing a single benefit option, contribution tables should adopt the principles of social solidarity where income-based contribution tables are utilised.

REVIEW CONTRACTS TO ENSURE A MOVE TO VALUE-BASED CONTRACTING

The HMI found that while one-on-one tariff negotiations between funders and hospitals are practical, there is a need to change from a fee-for-service basis to alternative payment models that include real risk transfer.

The HMI has confirmed that an administrator may negotiate collectively for multiple restricted schemes and, at most, a single open scheme.

Mark Bayley, Managing Director: Administration, Universal Healthcare

FOOD FOR THOUGHT

- Play an active role in influencing an enabling environment for universal health coverage
- Introduce a single, comprehensive, standardised base benefit option
- Review contracts to ensure a move to value-based contracting
- Review training requirements and incentives for boards of trustees and principal officers

Such collective negotiations can take place with immediate effect without fear of falling foul of the Competition Act (no 89 of 1998).

One of the fundamental requirements of an efficient market is that purchasers receive value, which is a combination of cost and quality. In South Africa there is little publicly accessible information on quality and no information on health outcomes.

Medical schemes are encouraged to consider alternative models for contracting and reimbursement.

Additionally, they should continue with initiatives to develop innovative contracting mechanisms that facilitate the sharing of data on quality of care and health outcomes that support best practice in service delivery.

Medical schemes should encourage value-based contracting with health professionals and medical practitioners that incentivise professionals to allocate treatment based on both price and value, while considering patient-specific clinical needs.

Medical schemes can consider adopting healthcare co-ordination practices. Complex patients have multiple diseases, resulting in many complications. Their needs are significant and the underlying risks are high. As such, managing them in a coordinated and holistic manner is key.

Adopting the principle that scheme members must access benefits via a primary healthcare practitioner nominated by the member/beneficiary is a critical first step.

REVIEW TRAINING INCENTIVES AND REQUIREMENTS FOR BOARDS OF TRUSTEES AND PRINCIPAL OFFICERS

It was found that the skills and competence of trustees vary widely across medical schemes and that there are no clear standard criteria for appointing candidates for trusteeship. However, trustees and principal officers earn contracted remuneration regardless of the performance of the medical scheme.

Medical schemes should ensure that their trustee and principal officer remuneration policies are market competitive, with appropriate market-related incentives for performance measured against key objectives/KPIs. A key KPI, as recommended by the HMI, is measured in terms of the value delivered to members.

The HMI recommended that boards of trustees and principal officers be adequately trained and incentivised to ensure that schemes receive value for money from administrators and healthcare providers. Ongoing trustee and principal officer training is an important requirement to ensure that

trustees have an adequate understanding of their roles and responsibilities. Schemes are reminded that the BHF offers NCQ level 7 training.

The HMI also proposed that consideration be given to appointing principal officers on a fixed-term contract with specific performance objectives, including a board assessment of performance. The BHF has started to offer this service to schemes.

REVIEW GOVERNANCE PRACTICES

In its recommendations, the HMI provided interventions to promote governance. It emphasises that the principal officer and trustees should be responsible for overseeing third-party entities – such as administrators and managed care companies – by ensuring that they meet the requirements specified in their service level agreement.

Trustees must ensure that the medical scheme receives value for money for services. The management, oversight and decision-making rest within the control of the medical scheme.

The HMI recommended the implementation of transparency measures in schemes' processes. These include ensuring that trustee appointments are transparent and without favour, and that there is transparency in the way that administrators are contracted and retained by the scheme. Schemes can adopt effective governance practices to manage annual general meetings more effectively, while embracing technology to make them more inclusive.

CONCLUSION

While the HMI recommendations have been slow to gain traction, they are important and should be acted upon within the sphere of influence and control of a medical scheme, its board of trustees and principal officer.

In this way medical schemes will be seen to be taking constructive and progressive steps to improve the current healthcare environment and pave the way for broadening access to affordable healthcare. The key focus should be on protecting the interests of beneficiaries and ensuring that medical schemes are effectively governed.

CAPITATION IN THE SOUTH AFRICAN CONTEXT

Current obstacles and a way forward

By Barry Childs
JOINT CEO,
INSIGHT ACTUARIES
& CONSULTANTS

Capitation is an underutilised form of reimbursement in South Africa. True capitation would mean a provider, or provider group, takes a per capita fee for a specified population in return for a monthly fee. In South Africa, public sector budget allocations come closest to capitation in that resources are divided between the provinces on a per capita basis, but from there funds are allocated according to local health priorities on a grant or budget basis. In the private sector there are numerous examples of intermediated capitation where a managed care organisation or provider group takes risk on a per capita basis, but in most cases individual providers are still paid via fee for service.

> “Re-empowering the primary care practitioner through progressive benefit design changes lays a foundation for reimbursement reform through capitation.”

Capitation brings some benefit to providers in the form of more predictable income and an ability to better manage the health of a pool of patients, rather than just treat patients on demand. Our system is, however, not well structured to allow capitation models to develop at scale. Medical scheme options with savings accounts or with limited out-of-hospital benefits cannot support capitation for primary care benefits.

The current prescribed minimum benefit (PMB) review process is focused on a primary healthcare package of benefits, and while there is as yet no clarity on how this will affect the current PMBs, such a package would no doubt have some influence on future medical scheme out-of-hospital benefit designs.

One fundamental flaw in the South African private health system is the generally laissez faire approach to primary care. Schemes permit members to access care at their level of choice rather than follow defined pathways of referral. This approach

Barry Childs, Joint CEO,
Insight Actuaries & Consultants

arose due to schemes competing on benefit design richness and freedom of choice for members.

This means that primary care and specialists in aggregate see less complex patients than they are trained to manage, which is an inefficient allocation of resources, with additional waste arising from fragmented and duplicative care. We could do a lot more with the primary care and specialist resources we have if patients used these services more appropriately.

Giving patients the choice to access specialists directly without a referral comes at a cost, which is evident in our system with medical scheme contributions increasing over time.

Fortunately, some schemes are making improvements in their benefit design to empower primary care practitioners to play a larger role in the overall management of their patients' care, insisting that patients first see a GP before being referred to a specialist.

This can have a sizeable effect on medical scheme costs, but at the price of members having to change their previous care-seeking patterns. However, faced with the choice of ever-escalating contributions, more and more members are making the trade-off and choosing options with GP nomination and referral management in return for lower contributions.

LAYING THE FOUNDATION FOR CAPITATION

Re-empowering the primary care practitioner through progressive benefit design changes lays a foundation for reimbursement reform through capitation.

The ideal structure is one where members nominate a particular GP as their primary care provider. This enables a more active contracting engagement between the medical scheme and provider, with clear expectations of service and patient management quality. Schemes can then interact with the GP on a more holistic level for their allocated patients, including informing them of downstream care obtained, polypharmacy and quality of care-related issues, which in turn will enable the GP to take a more holistic view of health management for the allocated patient group.

Having a nominated relationship between patient and doctor allows the catchment population for capitation to be defined. This allows the setting of a capitation fee per person. This capitation fee should be risk profile-dependent as a GP working next to a university will experience different clinical demands from one working next to a retirement village.

Services that may be included in the capitation fee can vary from just visits to the GP, perhaps with minor in-room procedures and dispensed medicine included, to a wide range of primary care services including basic

REIMBURSEMENT REFORM

- Members nominate a particular GP as their primary care provider
- More active contracting engagement between medical scheme and provider
- Clear expectations of service and patient management quality

radiology, pathology, and even dental and optometry care. Provider regulators need to relax their employment rules to permit innovation in multidisciplinary team-based contracting.

However, vanilla capitation, where a set of services is defined and paid for so that the capitation fee is just a risk-adjusted weighted average of the basket of services, has its limitations.

One core problem is the incentive to refer patients rather than treat them; this risk is another obstacle that has prevented adoption of capitation in the local market – fear that GPs will simply refer all but the most benign of patients to specialists, resulting in costly care being delivered outside of the ringfenced capitation.

The solution to this is value-based care capitation. This still involves the setting of baseline risk-adjusted capitation fees for a described set of services and identified group of allocated patients, but with the added component of value measurement on things that matter for the system – referrals and downstream costs, admissions to hospital and quality of care.

These additional components should form part of the capitation fee reimbursement with appropriate reward for effort and improved outcomes for key metrics. It is imperative that these additional elements be included in capitation systems to balance risk and reward, and incentivise system improvements.

It requires some reorganisation of the provider side of care delivery in order to enable effective functioning in teams, investment in systems and technology to enable re-thinking of care pathways and patient monitoring and management, and advanced analytics capabilities to understand claims patterns and monitor patient experience more holistically.

PPOServe has so far demonstrated the best model of primary care supply-side reforms and value-based capitation structures to allow this progressive form of contracting between provider and funder.

Insight Actuaries & Consultants have worked with PPOServe to develop more nuanced and accurate care referral maps based on the Dartmouth Atlas approach, as well as a clinical episode grouper to better understand patient care progression over time. Combined, these capabilities enable care to be delivered and financed in the way they should be. ■

VALUE-BASED CARE CAPITATION IN A NUTSHELL

Value-based care capitation still involves the setting of baseline risk-adjusted capitation fees for a described set of services and identified group of allocated patients, but with the added component of value measurement on things that matter for the system – referrals and downstream costs, admissions to hospital and quality of care.

All additional components should form part of the capitation fee reimbursement with appropriate reward for effort and improved outcomes for key metrics. All additional components must be included in capitation systems to balance risk and reward, and incentivise system improvements.

Reorganisation of the provider side of care delivery is required in order to enable effective functioning in teams, investment in systems and technology to enable re-thinking of care pathways and patient monitoring and management, and advanced analytics capabilities to understand claims patterns and monitor patient experience more holistically.

LOW-COST BENEFIT OPTIONS – key to broadening access to healthcare services

The contentious matter of low-cost benefit options for medical schemes has been on the table for a number of years, without much demonstrable progress.

By Dr Katlego Mothudi
MANAGING DIRECTOR, BHF

Access to essential healthcare services has remained elusive for many South Africans. About 16% of the country's population is covered by medical schemes, while the remainder of the population depends on an overburdened public sector.

This figure does not account for a growing number of people who opt to use private doctors for their primary care needs. It does, however, demonstrate the fact that a huge part of the population still relies heavily on public healthcare.

To alleviate strain on the public healthcare system, which has further been exacerbated by the COVID-19 outbreak, the Board of Healthcare Funders (BHF) is of the opinion that the granting of exceptions to implement low-cost benefit options (LCBOs) to medical schemes will help to slash their membership subscriptions by large tranches. This, in turn, will broaden access to private medical care and consequently reduce the out-of-pocket payments made by the uncovered population for their primary care visits.

LCBOs were introduced by medical aid schemes to make their membership more accessible to as many people as possible. An LCBO benefit package largely covers primary care services, such as patient treatment for common ailments including colds and flu, minor injuries, high blood pressure, high cholesterol, asthma, diabetes, vaccinations and birth control; but excludes hospitalisation. The Council for Medical Schemes (CMS) reports that most schemes spend more than 50% on hospital admissions and hospitalisation-related costs.

The law currently requires that all medical schemes must include a benefit package that includes hospitalisation, which increases medical aid premiums and makes them out of reach for many people who may not necessarily require hospitalisation; yet in contrast, everyone will require primary healthcare services at one time or another.

Medical schemes, however, are required by law to set member contributions on

the basis that they will have to pay for all the costs of hospitalisation. Therefore, medical scheme members end up paying for the most expensive medical treatments available because of the law, not because they need them. The prescribed minimum benefits regulations under the Medical Schemes Act has skewed the entire medical schemes industry towards expensive hospital-based care and has artificially inflated and distorted the pricing of private healthcare in South Africa

Over the years, short-term insurance companies have plugged this gap and offered similar low-cost benefit covers that do not include hospitalisation, as they are not required by law to offer hospital-based benefit packages that medical schemes must cover.

Unfortunately, such insurance policies have not been proven to be a cost-effective healthcare offering and are not in line with government policy or the law.

This is far from ideal, as insurance companies are commercial entities that generate a profit from every health insurance policy they sell. By contrast, medical schemes are not-for-profit entities and do not make a profit from medical aid contributions.

Of importance is the contentious matter of LCBOs for medical schemes that has been on the table for a number of years, without much demonstrable progress on the drafting of the LCBO framework by the CMS as expected when the Demarcation Regulations and the exemption period were contemplated.

Dr Katlego Mothudi
Managing Director, BHF

The proposed exemptions to allow medical aid schemes to implement LCBOs will enable the industry to offer customised and cost-effective medical aid cover that will make healthcare affordable to as many people as possible, in line with the global agenda for universal access to affordable healthcare.

The continuing exemption of insurance companies from the provisions of the law only serves to entrench these insurance products in the market at the expense of medical schemes and their beneficiaries.

A circular issued by the CMS, No. 80 of 2019, seems to suggest that a key reason for the Council's unwillingness to consider exemption applications from medical schemes is the government's objective to introduce NHI.

In August 2020, the Council issued another circular extending the exemptions currently enjoyed by insurers to 31 March 2022. Among other things, it added that it remains committed to ensuring that low-income earners have access to quality healthcare that is regulated effectively and complies with the provisions of the MSA.

It is our opinion that the Council's stated intentions seem not to be consistent with its actions in extending these insurers' exemptions.

AstraZeneca Phakamisa Programme

Phakamisa is AstraZeneca's access to healthcare initiative. Through the Programme we aim to improve the health outcomes for patients and reduce the burden of non-communicable diseases on South Africa's public healthcare system

Uplift

Phakamisa, which means 'to uplift' in Zulu, partners with multiple healthcare stakeholders, to improve health outcomes for patients through a three-pillared approach

TRAINING **AWARENESS** **ACCESS**

- **Training** supporting healthcare worker capacity building across all levels of care, from Primary Care Clinics and Community Healthcare Centres to District and Tertiary Hospitals
- **Awareness** raising awareness through community engagement campaigns, patient education and training of healthcare professionals
- **Access** improving access to healthcare by enabling appropriate referral and promoting timeous intervention to achieve better patient outcomes

AstraZeneca

PHAKAMISA

AstraZeneca Pharmaceuticals (Pty) Ltd. Reg. No. 1992/005854/07. Building 2, Northdowns Office Park, 17 Georgian Crescent West, Bryanston, 2191. Private Bag X23, Bryanston, 2021, South Africa. Tel: +27 (0)11797-6000. Fax: +27 (0)11797-6001. www.astrazeneca.com activity ID: ZA-2592 expiry date: October 2022

WHY CAN'T AFRICA MANUFACTURE the medicines it needs?

By Dr Janet Byaruhanga
SENIOR PROGRAMME OFFICER: PUBLIC HEALTH, AUDA-NEPAD

The COVID-19 pandemic exposed Africa's inadequate capabilities and capacity to manufacture and supply essential drugs and personal protective equipment (PPE) needed to curb the disease.

Although pharmaceutical products are currently manufactured in countries such as South Africa, Kenya, Morocco and Egypt, as a whole Africa currently imports more than 80% of its pharmaceutical and medical consumables. It is unsustainable.

But as far back as 2007, the New Partnership for Africa's Development (now the African Union Development Agency, Auda-Nepad) sought to address Africa's overreliance on imports of pharmaceutical products when it developed the Pharmaceutical Manufacturing Plan for Africa (PMPA), as mandated in the Assembly of AU Heads of State decision of 2005.

POOLED PROCUREMENT

In 2012, the Assembly of Heads of State endorsed a PMPA business plan which consists of a package of technical solutions to some of the critical challenges confronting the continent's pharmaceutical industry. Some of the proposed solutions include strengthening the regulatory systems and establishing a one-stop-shop for information, data and business intelligence for industry players – governments, the private sector, regional economic communities and so on.

To boost local pharmaceutical production and in turn improve public health outcomes, the PMPA business plan strongly encourages the procurement of medical products from Africa-based companies.

In addition to strengthening the procurement and supply chain management systems, the plan recommends the use of pooled procurement as a mechanism to incentivise local manufacturers to address maternal, new-born and child health.

Improved access, quality, availability and affordability of pharmaceutical products, as well as increased economic benefits through sustainability, competitiveness, and self-reliance of the industry, are some of the objectives of the business plan.

CHALLENGES

The PMPA business plan underscores the urgency in addressing the challenges facing the industry. One such challenge is a lack of affordable financing and modern technology, which hampers business expansion.

Other challenges are Africa's small fragmented markets and weak regulatory frameworks.

Inadequate human resource capacity also impedes the growth of Africa's pharmaceutical sector as do poor procurement and supply chain systems and policy incoherencies in countries' trade, industry, health, and finance departments.

Due to a lack of financial capacity, companies make little or no investments in research and development and in protecting intellectual property.

No single company, government department or organisation can by itself address these challenges; it is precisely why the PMPA business plan advocates for multisectoral and multi-stakeholder collaboration.

The good news is that some opportunities are available to be explored.

Dr Janet Byaruhanga, Senior Programme Officer - Public Health, AUDA-NEPAD

For example, the African Continental Free Trade Area (AfCFTA), if successfully implemented, will address the challenge of small fragmented markets that have for a long time disincentivised pharmaceutical manufacturing investors. African manufacturers, currently operating in small fragmented markets, cannot compete with their Asian counterparts that operate in vastly larger markets and therefore enjoy economies of scale. Economies of scale help businesses save money due to higher production volumes.

When all African countries ratify the AfCFTA, it will integrate a market of 1.3-billion people and potentially 2.2-billion people by 2050. African manufacturers can be expected to enjoy significant economies of scale and scope. Free trade under the AfCFTA should begin in January 2021.

A pooled procurement mechanism will encourage leading global generic pharmaceutical manufacturers to build plants in Africa or partner with African pharmaceutical companies to manufacture generic products. There is a need for this form of strategic support for Local Pharmaceutical Production (LPP).

Russia and Bangladesh are examples of countries that have deliberately and successfully supported the development of LPP. As a result, these countries have experienced an increase in foreign direct investments in the sector. They have also benefited from training and skills development, accelerated technology transfer and job creation.

Inadequate human resource capacity also impedes the growth of Africa's pharmaceutical sector as do poor procurement and supply chain systems and policy incoherencies in countries' trade, industry, health, and finance departments.

Africa should be expected to reap these kinds of benefits were it to fully embrace strategic support for LPP. Besides, it would compel countries to strengthen regulatory systems.

Already African manufacturers of pharmaceuticals have been brought into a federation to enable them to share information and business intelligence and to have a unified voice. And plans are underway to establish a fund for the sector, which will cushion companies' financial inadequacies.

INTEGRATED MARKETS

In June this year, the AU launched the Africa Medical Supplies Platform which promotes the procurement of medical supplies from local manufacturers and taps into the harmonised regulatory systems created in the context of the PMPA.

Countries will invariably need to formulate education policies that foster research and development in pharmaceuticals as well as encourage thousands to acquire the skills required in the industry.

Undoubtedly, Africa needs integrated markets. It must implement trade facilitation policies. Countries need to strengthen and harmonise their regulatory systems to assure the quality of medical products and ensure that local manufacturers adhere to international standards.

When fully implemented, the PMPA business plan will create jobs for millions of Africa's unemployed and usher in a knowledge economy that will drive the fourth industrial revolution.

To answer the question at the beginning of this piece, yes, Africa can potentially manufacture its medicines. The PMPA business plan is the way to go.

KEEPING A WATCHFUL EYE on all state assets

By Advocate Andy Mothibi
CHIEF EXECUTIVE
AND HEAD, SPECIAL
INVESTIGATING UNIT

Advocate Andy Mothibi's role as the head of the Special Investigating Unit (SIU) is a pivotal one in the fight against fraud, corruption and the maladministration of state institutions, assets and public money.

Established in 1996, the SIU also enforces anti-corruption legislation and encourages good governance practices within state institutions. Mothibi was appointed head of the SIU in May 2016.

As head of the SIU, one of the key law enforcement agencies under the Department of Justice and Correctional Services, he is responsible for determining the procedures to be followed in conducting an investigation; and for charging and recovering fees and expenses from a state institution for anything done in contravention of the SIU Act.

Mothibi also provides strategic leadership in respect of the methodology of investigations, ensures the implementation of SIU-approved structures and the allocation of resources to implement its strategy.

Following his successful career, Mothibi is more than up to the task. He served as a public prosecutor and magistrate before joining the then Department of Finance. He has also held top positions at the South African Revenue Service (SARS), South African Airways, Nedbank, Standard Bank, Medscheme Holdings and the AfroCentric Group.

> The role of the SIU is to investigate allegations of and collect evidence regarding acts of fraud, corruption and maladministration or omissions related to investigations, with a view to instituting civil proceedings for the recovery of losses suffered by the state. It also plays a critical role in the prevention of future losses.

TERMS OF AGREEMENT: HEALTH SECTOR ANTI-CORRUPTION FORUM

As part of contributing to the prevention of corruption, the SIU conducted a corruption: vulnerable sectors risk assessment. The health sector was prioritised for attention. To this end, the Health Sector Anti-Corruption Forum (HSACF) was established consisting of government, health sector

representatives including BHF, civil society and labour representatives.

The common root cause in all the key vulnerabilities that were identified was 'collusion among stakeholders'. Hence, the key mitigation plan identified through the risk assessment was a multi-sector collaboration in the form of the HSACF, which comprises health sector regulators, law enforcement agencies, civil society, and the public and private sectors.

The President of South Africa officially launched the HSACF on 1 October 2019. Its main objective is to collaborate with various stakeholders in the fight against fraud and corruption, identify areas of co-operation to enhance prevention, detection and prosecution of fraud and corruption in the health system.

The HSACF has adopted the terms of agreement that govern the interaction and co-operation among all stakeholders that participate in the forum. These embody the understanding of the parties with regard to a relationship of collaboration, consultation, mutual support and co-operation.

They further serve to strengthen and formalise a relationship between the parties with regard to the key vulnerabilities that have been identified in the healthcare sector and how best to address the consequences of such vulnerabilities through, inter alia, criminal prosecution and civil litigation.

Advocate Andy Mothibi, Chief Executive and Head, Special Investigating Unit

SPECIAL TRIBUNAL

President Cyril Ramaphosa established a SIU special tribunal in February 2019 to fast-track the recovery of funds lost to the state from corruption or irregular spending. In these matters the SIU would ordinarily have gone the civil litigation route to have government contracts declared invalid or set aside. In November 2019, the SIU's special tribunal received its first batch of cases and commenced with civil proceedings against government departments and state organs to recover billions looted from the state. As of now, 42 cases are being reviewed by the special tribunal to the value amount of R6.9 billion.

STATE CAPTURE MATTERS

The SIU's governance committee is also keeping a close eye on the Commission of Inquiry into Allegations of State Capture, and is analysing testimony to determine if anything falls within its processes. "If anything falls within our processes we will apply for a presidential proclamation. If granted, we will ensure that people face the consequences of their actions," Mothibi concluded.

> **"If anything falls within our processes we will apply for a presidential proclamation. If granted, we will ensure that people face the consequences of their actions."**

THE IMPACT OF POPIA on medical schemes

By Debbie Pearmain, BA LLB LLD
LEGAL CONSULTANT, BHF

The bulk of the Protection of Personal Information Act (POPIA) took effect on 1 July 2020. There is a 12-month grace period within which to comply. This means that on 1 July 2021 everyone will be required to be compliant.

POPIA relates to the processing of personal information. Both the terms 'processing' and 'personal information' have broad definitions in the Act. 'Processing' means any operation or activity or any set of operations, whether or not by automatic means, concerning personal information, including:

(a) the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation or use;
(b) dissemination by means of transmission, distribution or making available in any other form; or
(c) merging, linking, as well as restriction, degradation, erasure or destruction of information.

'Personal information' means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person (see sidebar on page 44 for detailed explanation).

POPIA is a large and complicated Act that everyone is advised to read carefully for themselves to ensure compliance. This article only provides a few highlights.

PERSONAL INFORMATION

'Personal information' means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to:

(a) information relating to the race, gender, sex, pregnancy, marital status, nationality, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person;

(b) information relating to the education or the medical, financial, criminal or employment history of the person;

(c) any identifying number, symbol, email address, physical address, telephone number, location information, online identifier or other particular assignment to the person;

(d) the biometric information of the person;

(e) the personal opinions, views or preferences of the person;

(f) correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;

(g) the views or opinions of another individual about the person; and

(h) the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

MEDICAL SCHEMES

It is clear from the above definitions that medical schemes and administrators are constantly processing vast volumes of personal information, both of scheme beneficiaries and suppliers of healthcare services and goods. In terms of the POPI Act, companies can also have personal information so it is not only the personal information of human beings that is involved.

The Act contains eight conditions for the processing of personal information in general. These are accountability, processing limitation, purpose specification, further processing limitation, information quality, openness, security safeguards and data subject participation.

Medical schemes and administrators will have to ensure that they comply with all of these conditions when processing membership applications, changes to member and beneficiary details, claims, and when investigating fraud, waste and abuse. POPIA elaborates on each of these conditions in various sections of the Act.

The purpose of the processing is extremely important in terms of POPIA. The data subject must be informed wherever possible of the purpose of the processing of his or her data. POPIA provides that personal information may only be processed if, given the purpose for which it is processed, it is adequate, relevant and not excessive.

This means that medical schemes will have to include clauses on membership application forms, and other instruments that collect beneficiary data, specifying the purpose for which the data are required or will be used. Schemes and administrators will have to ensure that electronic data processing systems contain the necessary checks and balances to ensure the privacy of the data subjects, i.e. healthcare providers and beneficiaries of schemes. In POPIA, administrators fall under the definition of the term 'operator', which means 'a person who processes personal information for a responsible party in terms of a contract or mandate, without coming under the direct authority of that party'.

Medical schemes will also have to be careful to communicate not only with members but also with adult beneficiaries and will have to protect the privacy of both. The member is not entitled to the confidential information of his adult dependants such as medical diagnoses and treatment details. This issue has been highlighted in the past outside of the realm of POPIA but it will become more pressing under the Act.

Scheme administration contracts will have to be revised and amended because section 21 of POPIA says: 'A responsible party must, in terms of a written contract between the responsible party and the operator, ensure that the operator which

Medical schemes will also have to be careful to communicate not only with members, but also with adult beneficiaries and will have to protect the privacy of both.

processes personal information for the responsible party establishes and maintains the security measures referred to in section 19.'

Regular audits of information systems and the data they contain will be necessary. POPIA says that a responsible party must take reasonably practicable steps to ensure that the personal information is complete, accurate, not misleading and updated where necessary. Section 19 says a responsible party must secure the integrity and confidentiality of personal information by taking appropriate, reasonable technical and organisational measures to prevent loss of, damage to or unauthorised destruction of the information as well as unlawful access to or processing of information.

POPIA says that personal information may only be processed if:

(a) the data subject (or a competent person where the data subject is a child) consents to the processing;
(b) processing is necessary to carry out actions for the conclusion or performance of a contract to which the data subject is party;
(c) processing complies with an obligation imposed by law on the responsible party;
(d) processing protects a legitimate interest of the data subject;
(e) processing is necessary for the proper performance of a public law duty by a public body; or
(f) processing is necessary for pursuing the legitimate interests of the responsible party or of a third party to whom the information is supplied.

Paragraphs (b), (c) and (d) above are particularly relevant to medical schemes' business. However, it is always advisable to obtain the data subject's consent to the processing wherever possible. Medical schemes will need to ensure that there are practices and procedures in place to do so on a continuous basis. A data subject may object at any time to the processing of personal information so a single once-off blanket consent is not recommended. The POPI Act states that if a data subject objects to the processing of personal information, the responsible party may no longer process the information.

Information concerning health, sex life or biometric information of a data subject is classified as special personal information by POPI. Section 26 prohibits the processing of such information. However section 32 of POPI states that the prohibition on processing personal information concerning a data subject's health or sex life, as referred to in section 26, does not apply to the processing by:

(a) medical professionals, healthcare institutions or facilities or social services, if such processing is necessary for the proper treatment and care of the data subject, or for the administration of the institution or professional practice concerned;
(b) insurance companies, medical schemes, medical scheme administrators and managed healthcare organisations, if such processing is necessary for:
(i) assessing the risk to be insured by the insurance company or covered by the medical scheme and the data subject has not objected to the processing;
(ii) the performance of an insurance or medical scheme agreement; or
(iii) the enforcement of any contractual rights and obligations.

Medical schemes and administrators will still have to apply the eight conditions for the processing of personal information stipulated in Part A of Chapter 3 of POPIA.

Personal information must be collected for a specific, explicitly defined and lawful purpose related to a function or activity of the responsible party. Steps must be taken in accordance with section 18(1) to ensure that the data subject is aware

of the purpose of the collection of the information unless the exceptions stipulated in section 18(4) are applicable. Section 18(1) states that if personal information is collected, the responsible party must take reasonably practicable steps to ensure that the data subject is aware of the information being collected and where the information is not collected from the data subject, the source from which it is collected.

Section 18 is of particular relevance to the forensic activities of medical schemes and administrators with regard to fraud, waste and abuse. If a scheme member or a healthcare provider is being investigated for fraud, it would clearly be undesirable to alert him to the fact that his personal information is being collected for this purpose.

Section 18(4) states that it is not necessary to inform the data subject that the information is being collected, and of the source of the information, where inter alia compliance would prejudice a lawful purpose of the collection or non-compliance is necessary to avoid prejudice to the maintenance of the law by any public body, including the prevention, detection, investigation, prosecution and punishment of offences.

Communication between schemes on the one hand, and beneficiaries and suppliers on the other, concerning the various uses of the personal information by the scheme is critical.

Although medical schemes are not public bodies themselves, the information they collect can relate to offences that are investigated, prosecuted and punished by public bodies.

Another exception to compliance with section 18(1) is where compliance is not reasonably practicable in the circumstances of a particular case.

Medical schemes may already have in their possession the personal information that is evidence of a criminal offence and it will be more a question of whether such information can be used for the purpose of the investigation of fraud, waste and abuse if it was collected only for the purpose of processing claims.

Communication between schemes on the one hand, and beneficiaries and suppliers on the other, concerning the various uses of the personal information by the scheme is therefore critical. For example, suppliers who contract with the scheme must be made aware in terms of the contract that claims information may be used to prevent, identify and process fraud, waste and abuse and other offences in terms of the Medical Schemes Act.

Suppliers who do not contract with the scheme can be informed by way of notices issued by the scheme on the application of POPIA. Beneficiaries of the scheme must also be made aware that their personal information may be used to prevent, detect or investigate crimes against the scheme.

Generally, POPIA requires schemes to communicate more frequently and effectively with data subjects, exercise care as to how and what they communicate, and be more conscious of the manner in which they process personal information.

It is a large and complicated Act that everyone is advised to read carefully for themselves to ensure compliance. This article only provides a few highlights.

The Medical Schemes Industry and the 2ND DRAFT OF THE COFI BILL

By Debbie Pearmain, BA LLB LLD
LEGAL CONSULTANT, BHF

The second draft of the Conduct of Financial Institutions Bill (COFI Bill) was published by the National Treasury for public comment on 29 September 2020. In a notice accompanying the Bill, Treasury stated that references to medical schemes and medical scheme administrators have been removed from the revised draft Bill pending the conclusion of the work of a task team between Treasury, the Council for Medical Schemes the Prudential Authority and the Financial Sector Conduct Authority (FSCA).

The question for schemes is whether, if they are subsequently included by the task team, there will be a later opportunity for them to comment on the revised Bill.

Scrutiny of the second draft reveals that medical schemes and administrators are still included under certain sections. This is because the Bill uses the terms 'financial product', 'financial service' and 'financial institution' as defined in the Financial Sector Regulation Act (FSRA). Medical schemes and administrators satisfy these definitions. Although the COFI Bill proposes extensive amendments to the FSRA, they do not affect the definitions of these terms. This means that whenever the COFI Bill refers to a 'financial institution', medical schemes and administrators are included.

Schedule 1 lists the activities that must be licensed by the FSCA. Medical schemes are expressly excluded. Under the activity 'providing a financial product' there is a note stating that 'medical schemes are not subject to the COFI Bill pending the outcome of policy engagement between DOH and NT'. However this is more of a drafting note than a provision of the Bill itself. Also it appears only in Schedule 1, which deals specifically with licensing. It does not appear in the main body of the Bill. This means simply that schemes are not required to be licensed under the Bill.

The COFI Bill is a key pillar in the government's Twin Peaks financial sector regulatory reform process that aims to entrench better financial customer outcomes in the South African financial sector.

There is, however, no similar note for medical scheme administrators. They are therefore required to be licensed under the Bill. Under the activity of 'Distribution' in Schedule 1 it states that 'medical schemes are excluded; but an intermediary that performs this activity is not excluded'.

The term 'intermediary' is not defined in the Bill. Technically it can therefore include a scheme administrator who engages in the activity of 'Distribution'. This is especially relevant because section 58 of the Medical Schemes Act refers to 'administration as an intermediary' when regulating administrators.

'Distribution' in Schedule 1 of the Bill includes providing a facility or performing a service or any other act:

(a) as a result of which a person may enter into or enters into any transaction in respect of a financial product; or
(b) with a view that a person acquire, buy, replace or vary one or more financial products.

Administrators provide a facility to join medical schemes that they administer, advise members on scheme choice and benefit options, enrol them in medical schemes and promote the schemes they administer. There is also another licensed activity in Schedule 1 called 'general administration', which includes receiving, submitting or processing the claims of a financial product. This clearly covers medical scheme administrators and they are not expressly excluded by any notes.

Debbie Pearmain, Legal Consultant, BHF

Section 4 (1) of the Bill says that 'a financial institution that provides a financial product or a financial service is subject to this Act'. The definition of 'financial product' in the FSRA, and therefore the COFI Bill, includes a health service benefit provided by a medical scheme as defined in section 1(1) of the Medical Schemes Act.

"National Treasury aims to finalise the Bill for Cabinet's approval before submitting it to parliament early next year."

There are sections of the Bill that do not deal with licensing. They deal with advertising and disclosure, safeguarding of assets of financial institutions, post-sale barriers and obligations, oversight arrangements, reporting and public disclosure, among others. These provisions all refer to 'financial institutions' and not 'licensed financial institutions'. They therefore include medical schemes as well as licensed financial institutions such as administrators. The chapters that do apply to medical schemes give the FSCA powers over certain affairs of medical schemes.

For example, section 8 says that a financial institution must have arrangements in place to comply with the COFI Act on an ongoing basis. If the FSCA reasonably believes that the effectiveness of such arrangements requires further investigation it may direct the financial institution to perform an independent review of the arrangements by a person approved by the FSCA at the expense of the institution. Section 41 says that the FSCA may, where it identifies a failure by a financial institution to comply with section 41, direct the institution to submit a compliance remediation plan to the FSCA.

Chapters 2 and 4 of the Bill on licensing and culture and governance apply only to licensed financial institutions, e.g. medical scheme administrators. The Bill amends the FSRA so that the FSCA can only set conduct standards for 'supervised entities'. Medical schemes are not included as such. ■

AstraZeneca's Phakamisa programme marks 10-year milestone with expansion

Phakamisa, AstraZeneca's access to healthcare initiative, focuses on lessening the burden of non-communicable disease (NCD) on the South African healthcare system through the promotion of primary prevention, early detection of disease and access to care.

Breast and prostate cancer are growing health problems in South Africa. Apart from non-melanoma skin cancer, breast cancer is the most common cancer in women, with a lifetime risk of 1 in 26 in South Africa. On average, five South African men die from prostate cancer every day, with more than 4 300 South African men newly diagnosed each year.

The burden of cancer in South Africa is compounded by a lack of awareness of breast and prostate health issues, cultural barriers and limited access to healthcare facilities.

Additionally, many patients delay seeking treatment for symptoms. This has hindered efforts to combat the disease among lower-income communities.

In December 2010, AstraZeneca responded to this need and announced the launch of the Phakamisa programme. The programme, implemented in 2011, brings together different organisations to help reduce the burden of NCDs on South Africa's public healthcare system.

AstraZeneca is expanding the programme through public and private partnerships with multiple healthcare stakeholders to improve health outcomes for patients in South Africa, specifically addressing early detection of disease, promotion of primary prevention and access to care.

Phakamisa, which means 'to uplift' in Zulu, is delivered through a three-pillared approach, with the current focus on improving breast and prostate cancer management in the public sector:

- **Training** – supporting healthcare worker capacity-building across all levels of care, from primary care clinics and community healthcare centres to district and tertiary hospitals, to ensure effective diagnosis and enhanced referral systems.
- **Awareness** – raising awareness to empower patients, community healthcare workers and healthcare professionals with a focus on self-examination, identification and improved referral timelines that result in early diagnosis and timeous intervention.
- **Access** – ensuring that patients access clinics early with minimal pit stops within the referral pathway, providing adequate access to care before the progression of the disease.

Commenting on the Phakamisa's expansion and 10-year milestone, Ruth Field, AstraZeneca's market access director and Phakamisa executive champion, said: "The Phakamisa programme is part of AstraZeneca's sustainability strategy to drive access to healthcare, and is focused on 'uplifting' care and improving treatment outcomes for patients in South Africa. We are passionate about empowering people with knowledge and the ability to make informed decisions regarding their health. After 10 years of implementation, the programme has reached over 1.63 million people through outreach activities led by community healthcare workers, with 19 700 women identified with breast issues. We now look forward to expanding our reach through our partnerships, ensuring that we support all levels of care and the communities they serve."

AstraZeneca

PHAKAMISA

REFERENCES
1. South African National Cancer Registry. Cancer in South Africa 2012. Johannesburg. www.ncr.ac.za. Accessed October 2020.
2. Prostate Cancer – the facts http://mensfoundation.co.za/mens-health/prostate-cancer/ Accessed October 2020.

WOMEN IN HEALTHCARE LEADERSHIP

By Zola Mtshiya

HEAD OF STAKEHOLDER RELATIONS & BUSINESS DEVELOPMENT, BHF

Earlier this year, the BHF launched 'WE.R.EQUAL' – an initiative that seeks to advance gender equality within the BHF universe (board level, internally and industry wide).

Initiated by the BHF management team, the initiative strives to align the organisation with the United Nations' Sustainable Development Goal (SDG) Number 5: Achieve equality and empower all women and girls by 2030.

According to the Global Health 50/50 initiative, the power balance has yet to change in spheres of influence. It notes that 27% of ministers of health worldwide are women; and men outnumber women on the boards of global public-private health partnerships by 2 to 1. The initiative further highlights that given the continued widening of the economic gender gap, it will now not be closed for another 217 years.

As a sector already powered by women, ranging from front-line workers to corporate headquarters, global health leaders need to prioritise gender equality – both in how they do busines and how they deliver health services for all.

CELEBRATING CHANGE

At the same time, we have ample reason to celebrate progress made in the past 10 years with many good examples that need scaling up. For starters, at the BHF we are encouraged to see that more and more medical schemes across the continent now have female principal officers

In line with our commitment to advancing this global agenda, we are proud to present a selection of principal officers who are trailblazing healthcare across Southern Africa. We are confident that the industry can powerfully advance the rights, dignity and diversity for everyone.

It is worth noting that Dr Katlego Mothudi, MD of the BHF, also recently re-affirmed the orgsniation's commitment to support the United Nations' women empowerment principles (WEP), which are set to guide businesses on how to promote equality and women empowerment in the workplace, marketplace and community. We would like to urge all companies to join us in this global initiative.

For more details please visit www.weps.org

Spotlight: Principal Officers

ALIDA SPRAGUE

Alida Sprague is the Principal Officer of the Fishing Industry Medical Scheme (Fishmed), a position she has held for 25 of her 40 years with the scheme. No one understands her members' needs and wants better than she does. She understands the need for low-income families to have private medical cover, but also understands their limited income. She fully appreciates and understands Fishmed's network of providers and knows that in order for the scheme to function optimally, her members need to stick to this network. She is passionate about the scheme and its members. She firmly believes that it is a balancing act of keeping members happy, while appreciating that the offering has to be a restricted one in order to be sustainable in the years to come.

CHARLENE SCHOEMAN

Charlene Schoeman is the Principal Officer of Cape Medical Plan. She has had the privilege of being part of the team in various roles for the last 27 years. The scheme is self-administered and has been fortunate enough to develop an IT system that it owns. Her background is in finance and economics; she holds a Bachelor of Commerce degree, completed her articles at KPMG and then later a senior management postgraduate qualification at Stellenbosch University. She was the financial manager and later the general manager of the scheme so has been involved in every aspect of its administration. Over the years, it has been pleasing to see the movement of women into critical leadership roles, which was not the scenario when she first joined the industry. Taking on the role of principal officer at a critical period in healthcare was both exciting and challenging.

ESTHER MCLEOD

Esther Mcleod is the Principal Officer of Renaissance Health Medical Aid Fund. She is currently a Doctorate of Business Administration student at the Namibia Business School of the University of Namibia and her research proposal is titled 'An investigation into youth perceptions and expectations on ethical leadership in Namibia'. She holds a Masters' Degree in Business Administration, a Postgraduate Certificate in Senior Management Program, a Postgraduate Diploma and a Bachelor of Accounting Degree. She started her professional career as a secretary and administrative officer and progressively climbed the ladder to management and executive levels. Throughout her career, she has held senior and executive positions in both the public and private sector and has served on various boards .

FRANCINA MOSOEU

Francina Mosoeu has been the Principal Officer of SAMWUMED since December 2019. In the schemes industry, she served as principal officer of MEDiPOS Medical Scheme for 16 years. She has also worked at the Department of Correctional Services in the positions of head and senior manager of social services. Mosoeu holds a BA Honours in Social Sciences from UNISA and is currently busy with her dissertation for a Master in Business Leadership from the same institution. She has attended a variety of trustee development programmes. Her all-round experience in this sector makes her a force to be reckoned with. The sustainability of SAMWUMED since her appointment as principal officer has been because of her focus, determination, ability to observe her environment and not being afraid to face the competition head on.

NEO KHAUOE

Neo Khauoe is currently the Principal Officer of Polmed. She is an accomplished and multi-skilled individual with more than 25 years of managerial experience in the healthcare and medical schemes environment. Prior to joining Polmed, she was principal officer of Sizwe Medical Fund. She has also held strategic and senior roles as general manager, scheme executive, client relationship manager and provider relations manager. Some of her phenomenal successes include managing the administration and managed care contract at Metropolitan Health, which contributed to Polmed's success as reported in the media by independent companies such as Alexander Forbes. In 2014, she spearheaded the takeover of the strategic management of Sizwe Medical Fund out of curatorship. When she left, the scheme was in a stable condition with a positive financial outlook. Since assuming the leadership of Polmed, good results have already been observed, as she has made employee satisfaction, member voice, scheme sustainability and stakeholder relations top priorities.

PHUMELELE MAKATINI

Phumelele Makatini is the newly appointed CEO and the Principal Officer of the Building and Construction Industry Medical Aid Fund (BCIMA). She has held different executive and senior management roles in government relations, business development, strategy and entrepreneurship in blue chip companies. She has a passion for education, which led to her appointment as an independent contractor at UNISA and a visiting lecturer at Wits Business School, where she lectures Masters' students on enterprise development. She is a board member of the Legal Practitioners Fidelity Fund, and also an independent non-executive director at Sakhiwo, a fuel distribution subsidiary of Thebe Investment Corporation consisting of Sekelo and Shell South Africa. She is also a member of the Institute of Directors in Southern Africa. She holds a Masters of Management in Entrepreneurship and New Venture Creation from Wits Business School, an Honours in Politics from the University of Johannesburg and a BA in Communication Science from UNISA. She is currently enrolled at the University of Oxford Saïd Business School for a Postgraduate Diploma in Strategy and Innovation.

PONTSHO MOKOENA

Pontsho Mokoena is the Principal Officer of Barloworld Medical Scheme and holds an MSc Actuarial Science. She started her career in reinsurance 16 years ago and since then made a deliberate decision to be an insurance all-rounder, navigating between roles in both the short-term and long-term insurance space. She is passionate about issues affecting women and children, especially in areas of gross underdevelopment. After spending some time in the UK where she was exposed to the London and European markets, she returned to South Africa with a clear focus on applying the key learnings from those markets at home, with an emphasis on women's health. She believes that the insurance industry at large, which she describes as still being very male-dominated, is starting to be perceived as an exciting industry by young talent and wants to contribute to its sustainability by attracting young female graduates and offering mentorship.

THEMBELIHLE MLOYI-NCUBE

Thembelihle Mloyi-Ncube is the Principal Officer of Bonvie Medical Aid Scheme. Thembi pioneered the registration, product design and launch of Bonvie Medical Aid (then Altfin Medical Aid) 10 years ago. To date she prides herself on having established a group of healthcare services, including primary health clinics, retail pharmacies and optometry centres, as well as established partnerships in secondary care in Zimbabwe. With a total staff compliment of just over 100 employees, the group has grown to compete with older and more established brands in the Zimbabwean market. Thembi has vast experience of over 20 years in finance and health insurance. She holds an MBA in Leadership and Sustainability. Thembi sits on various boards spanning various industries: healthcare, insurance, micro finance and a state enterprise.

JULIA LE ROUX

Julia Roux has been ithe Principal Officer (CEO) of the Nedgroup Medical Aid Scheme for more than a decade; 11 years to be exact. She is passionate about health and fitness and has participated in a number of endurance events including Ironman, Two Oceans, Double Century road bike and the Transbaviaans mountain bike event. She has 18 years' experience in the healthcare industry. She started off her career as a legal advisor and consultant in the insurance industry. Thereafter, she consulted to a number of different medical schemes while working at an administrator before moving into the role of head of a medical scheme.

THABI MLOTSHWA

With a background in psychology, Thabi's passion has always been serving members, and as a healthcare worker she believes that providing access to healthcare is paramount. Thabi strongly believes knowledge is power. For her, educating members, especially those from less privileged backgrounds where medical aid was once upon a time a foreign concept, is important. It is the first step toward accessing healthcare and the efficient utilisation of that scarce resource. She is also a great believer in educating others and was recognised by Old Mutual in this regard when she, her team members and her executive were nominated for that company's 'Educating Others' award. Thabi has been in the financial industry since the 1990s and in the healthcare industry specifically for over two decades. Her experience has been mainly as a principal officer (of three medical schemes) and she has also held various positions in the administration space. Her medical aid career started at Old Mutual as part of the healthcare administration management team; she later became Principal Officer of the Old Mutual Staff Medical Aid Fund. Thabi has an Honours degree in psychology and an MBA.

2021 CONTRIBUTION INCREASES

BHF members navigating uncertain times

By Zola Mtshiya

HEAD OF STAKEHOLDER RELATIONS & BUSINESS DEVELOPMENT, BHF

No organisation managed to escape disruption during the COVID-19 crisis, in a blink of an eye this health crisis upended everything; from politics to the economy and food supplies at a global level.

The pandemic has had an adverse impact on medical scheme beneficiaries as they face unprecedented financial pressure. Unfortunately as the global infection rate continues to rise the challenges are set to continue well in to 2021.

That said, the role of health funders during this time has been an important one, ensuring that access to quality health services is not compromised. Medical schemes were confronted with conflicting objectives, taking a cautious trajectory of balancing beneficiaries' financial distress, and sustaining adequate reserves to mitigate against the potential increase in claims in 2021.

The impact of the pandemic on medical schemes varies based on the schemes demographic risk profile, population covered and the levels of existing cross-subsidisation within the benefit options.

With most medical schemes announcing contribution increases for 2021, it is clear that these are the lowest that have been observed for some time by the industry, much to the relief of beneficiaries who feel the economic impact of the pandemic.

In this article we share some of the increases for 2021 shared by BHF members – thank you for putting the needs of the health citizen first.

COMPCARE MEDICAL SCHEME

Significant new benefits await CompCare members in 2021. Josua Joubert, chief executive and principal officer, says the scheme will be entering 2021 in a strong financial position armed with an array of 15 products, all with added benefits.

Joubert elaborates: “At 47% the solvency ratio of CompCare is well in excess of the 25% required by the CMS, thereby living up to its independent ranking as one of the most financially sustainable schemes."

He adds: "Healthcare consumers are increasingly focused on affordability and value and we are therefore implementing a member weighted-overall average contribution increase of 4.6% across all options in 2021, along with a host of enhanced benefits. In certain instances, our contribution increase is a low 3.5%. On the popular UniSave option, it is 4.8%, while on the entry level NetworX option it ranges between 3.5% and 5.1%, in line with salary band.”

Some scheme highlights:

- The introduction of a comprehensive COVID-19 benefit package, in excess of the legislated PMB package, available on all but one option.
- Virtual consultations were introduced to all benefit options this year and soon members will have access to a virtual consultation platform with a suite of services enabling doctors to issue electronic prescriptions and request radiology and pathology tests.
- The SelfNet option has been revamped to appeal to a younger audience with an active lifestyle including sport professionals and adventure seekers.
- CompCare’s emotional wellness benefit, available free of charge on all options, provides a 24-hour helpline with trained clinical professionals and a referral for face-to-face counselling when required.
- Preventative benefits provide for every stage of life with the majority of benefits being paid from scheme risk and not from day-to-day benefits.
- CompCare has always offered an unlimited cancer treatment benefit and has now added a new colorectal cancer screening test for 2021.
- Executive medicals, comprising a full examination by a participating general practitioner and a referral to a specialist when abnormalities are detected, were introduced to the Pinnacle Option which also covers aviation medicals for pilots.
- The launch of a personalised concierge service, available via CompCare’s contact centre, enables members on the Pinnacle Option to optimally access healthcare benefits and services while navigating challenges associated with provider claims.
- CompCare offers comprehensive cover for injuries resulting from professional and adventure sports, as well as a search and rescue benefit.

FISHMED

Fishmed contributions are increasing by an average of 3.5%

IMPERIAL AND MOTUS MEDICAL AID

Imperial and Motus Medical Scheme’s contribution increase takes effect on 1 July of each year. However, due to the pandemic and national lockdown, the board of trustees applied to the Council for Medical Schemes (CMS) to postpone the July 2020 contribution increase to 1 January 2021, in order to provide some relief to the members.

The postponement was approved and this resulted in a contribution relief of R12 million for members. The board reviewed the contribution increase again in September 2020 and it was decided to increase contributions by an average of 2.9% with effect from 1 January 2021.

MAKOTI MEDICAL SCHEME

Makoti finds medical schemes' continued growth in troubled times heartening. Hendrick Makgopela, principal officer, says that now is the time for responsible employers to ensure that they have appropriate and reliable medical scheme cover in place for their employees.

Commenting on the achievements of Makoti Scheme, he said that it had been a great year with continued growth while steadily building its reserves.

- Membership growth during 2020 – 25%
- Solvency ratio – 62%
- Average age of members – 31 years
- Pensioner ratio – below 1%
- Contribution rate increase on Comprehensive Option – 6.5%, and on the Primary Option – 5.5%

"Makoti compares most favourably to the industry average beneficiary age on open schemes of approximately 35 years, and the pensioner ratio of 9.5%. These are both essential attributes, which ensure a highly favourable claims-to-loss ratio that contributes to the healthy solvency ratio of the scheme. Makoti's increases have remained consistently low over the past five years.

"It is important to understand the percentage increase relative to the rand value amount per member per month," he added. "To put this in perspective, on the Primary Option contributions will start from only R294 per member per month, while a family comprising a principal member, adult dependant and a child will pay less than R1 000 per month. For the Comprehensive Option, contributions start at R1 976 per member per month," he noted.

Makoti, which has a proud 44-year track record, serves the healthcare needs of the transport, motor manufacturing, consumer goods and the hospitality industries. Special features that set the scheme apart include:

- Members never have to fund co-payments – no matter whether they are in hospital receiving treatment, or utilising out-of-hospital services.
- The benefit richness of the scheme, which provides unlimited general practitioner consultations and freedom of choice in choosing a healthcare service provider.
- To ensure greater convenience and further savings for members and employers, Makoti can integrate its service offering with the on-site primary healthcare services of employers.
- Child dependants pay child rates up to the age of 25, providing they are full-time students or financially dependent on the principal member.
- The scheme is one of the most accessible to first-time entrants, as it provides quality medical cover at highly affordable rates.
- Unlike most medical schemes in this market, Makoti covers all chronic conditions, not just PMBs, and offers generous acute medicine benefits. The scheme also provides over-the-counter medicine benefits and covers homeopathic medicines.

"Dependants have the option to select a different GP from that of the principal member, ensuring that all the beneficiaries in the family can visit a network doctor of their choice, as and when required. The Comprehensive Option provides the same cover as the Primary Option, but with additional richer benefits including access to specialist consultations, private hospitalisation cover as well as cover for maternity benefits in private hospitals."

NEDGROUP

In acknowledgement that these are challenging times for members, especially financially, the trustees of the Nedgroup Medical Aid Scheme (NMAS) undertook to keep contribution increases for 2021 as low as possible.

The scheme's contribution increases therefore start at a mere 4% for the lowest-cost option, with even the highest-cost option seeing an increase of only 5.5%. The weighted average annual contribution increase across all five NMAS options is 4.8%.

This has meant that the NMAS trustees were extremely conservative in terms of benefit changes and enhancements for the new year. However, given that proactive healthcare is an important scheme focus, a few benefits are being introduced or enhanced.

The first of these is a new weight management programme for qualifying members on all options, in recognition of the link between obesity and many other diseases. The scheme's smoking cessation programme will, from 2021, also be available on all options, and not reduce members' day-to-day benefits. Finally, because dental health is so critical to general health, a basic dental benefit has been added to the scheme's lowest-cost option.

PG GROUP

There will be a zero increase for January-March 2021, then a 3% increase from April-December 2021. There is no increase in any benefits, with sub limits kept in place at the 2020 rate.

NAMMED

Nammed's increase for 2021 is 3.5% across all options and all age intervals for groups and individuals.

SAMWUMED

SAMWUMED is pleased to announce the following benefit improvements for the 2021 benefit year:

- Increased overall annual hospital limits on both of its options: Option A and Option B.
- Separate in and out of hospital benefits for the following: physiotherapy, pathology and radiology.
- Inclusion of family practitioners as part of scheme network.
- No more referral to State hospitals for certain procedures, therefore all procedures conducted at Private Hospitals.
- Increased chronic conditions coverage on Option A and Option B, over and above the statutory 26 chronic conditions covered by other medical schemes.
- Launch of a SAMWUMED mobile application that allows members access to their personal information, including statements, benefits available, claims status and tax certificates.
- Comprehensive SAMWUMED Cares wellness and preventative healthcare programme.
- New and additional managed care programmes such as the back and neck programme, and the mental health programme. This is over and above the HIV, chronic medicine management and oncology programmes that the scheme already had in place in 2020.

All of this for as little as the proposed 6.5% contribution increase on both Option A and Option B, with a benefit increase on both options at CPI.

LESOTHO

Lesotho's prompt response to COVID-19 flattened the curve

The COVID-19 pandemic has been a test of our integration and connectedness as humans, families, associations, organisations and nations.

The closing of borders and strict lockdown conditions in various countries have been the most unnatural imposition on our way of life. In the midst of all of this, we quickly learned that the things we cannot live without, and topping that list are WiFi and food. Our physical sustenance in terms of food/drink and our connectivity to things that matter remain the most important elements of our lives.

The panic caused by the global pandemic demonstrated that the health agenda has not been a priority for most governments and that the health citizen has not been at the centre. It also showed us that we are not as regionally integrated as we should be and that our borders are clearly more important.

Unfortunately, our health systems are housed within these borders. This has forced business to transition to a more digitised way of doing things without the usual hesitation that came with security and confidentiality concerns.

With lay-offs due to reduced business activity, individuals have shifted to micro-business activities and sometimes just subsistence activities such as crop farming, food processing, home remedies and other agriculture-based activities.

Even though food is at the centre of the health agenda, it is not prioritised and glaring inequalities are evident.

When the scrambling for resources due to COVID-19 restrictions began, our small and landlocked country succumbed to political and leadership paralysis.

On the upside, however, we responded to COVID-19 before we even recorded our first case. This is the lesson for all of us – response time to health issues is key.

While there may have been indecision regarding who would run our command centre, or corruption around who should buy medical equipment to beef up the national response, it is clear that our curve remained flat because we responded well.

Nations should therefore take this as a lesson to prioritise health issues, respond now rather than later and ensure that all organs of state work towards common goals. Sick nations are not productive; even their armies are rendered useless if the barracks are full of feeble solders. More importantly, our decision-making structures should move from just talking about regional collaboration to implementing it. The level of resource- and information-sharing during this time was so huge and significant in helping each other manage the pandemic; we must grow from there.

Teboho Makoetlane, Former Principal Officer, Mamoth Employee Benefits

MALAWI

The pandemic and lessons learnt from Malawi's healthcare ecosystem

The best defence against the pandemic is a strong health system. COVID-19 has exposed how fragile Africa's health systems and services are, forcing us to make difficult decisions on how to best meet the needs of our people.

The importance of initial and ongoing purpose data, surveillance and the experiences of other countries served as a warning to Malawi, hence the advantage of making preparations in advance. Malawi continuously applied different data to a multisectoral intervention toolkit against the coronavirus.

There has been active government collaboration in respect of international support and the country's national-level response and preparedness, which led to rapid-purpose strategic responses such as accelerated development and expansion of treatment capacity.

Malawi needs to be proactive to revive its fragile health system and adapt to a more targeted response while minimising collateral damage. We need to abolish parallel reporting systems, recruit more healthcare workers to avoid attention-split between competing healthcare needs, and reorganise health system resources, inter alia, reclaiming lost services like the essential healthcare package without losing control of COVID-19.

The country needs to find innovative ways of achieving this that require minimal effort, are as localised as possible and are resource-efficient. It needs a hyper-response approach to a possible second wave. Current public health law requires updating; research and innovation must be considered critical; ethics processes must be speeded up and a more robust policy approach is needed. In this regard we need to adapt and apply a demand/epidemic stage-based approach.

Malawi has to develop feasible mitigation strategies such as reinforcing central capabilities, strengthening international collaboration, intensifying publicity to safeguard social behavioural change and strengthen monitoring, evaluation, and learning to feed into the country's initiatives.

African countries should maximise economies of scale for scientific collaboration. Countries can collaborate on a number of issues such as Africa's own pharmaceutical solutions; improved technological advancements; data-sharing and the need to leverage existing regional networks and operations to catalyse an immediate, large-scale response. Good examples of leveraging capacities are the Regional Disease Surveillance System Enhancement Program of west and central Africa, and the East Africa Public Health Laboratory Networking Project.

Africa needs serious rapid resurgence planning.

Dr MacFenton Bashir Shariff, Chief Operations Officer: MedHealth Ltd

NAMIBIA

COVID-19 spurs technology revolution in Namibian healthcare

The challenge will lie in how respective legislation frameworks will need to be aligned to provide clear guidance and ensure that services meet the minimum quality standards.

The far-reaching effects of COVID-19 did not leave Namibia unscathed. Namibia was in some respects fortunate to be able to learn from other countries' experiences as its confirmed cases were slower to escalate than in most other countries. However, we still faced unique challenges, not least of which resulted from our continued reliance on neighbouring countries for the importation of many goods.

The private hospitals formed an efficient and effective alliance, working together to make private isolation facilities available for those Namibians on a private medical aid fund and absorbing any overflow from state facilities. Windhoek's four largest private hospitals devised an action plan to manage the projected influx of positive COVID-19 cases with a phased-in approach. This proved to be very successful and a commendable achievement. The Namibian Association of Private Health Facilities (NAPH) took charge of the dissemination of information received from the Ministry of Health and Social Services, and any other relevant institutions, to all private healthcare facilities.

COVID-19 assisted with the technology revolution by changing current mentalities. Medical aid funds learned, contrary to previous convictions, that they could provide effective services remotely. Technology advances allowed call centre and managed care services staff, as well as claims processing personnel, to work from home while continuing to monitor both quality and output.

The establishment of telemedicine as a means to provide care became a reality and has been adopted by some funds. Telemedicine is a cost-effective solution to provide broader access to private healthcare services, especially given the vast expanse of Namibia. It is well accepted that telemedicine will continue to gain momentum. The challenge will lie in how respective legislation frameworks will need to be aligned to provide clear guidance and ensure that services meet the minimum quality standards.

Callie Schafer, Principal Officer at Namdeb Medical Aid Scheme

The saying goes that 'no man is an island' and going forward it has become clear that healthcare communities in the SADC region need to stand together and support one another through such crises. Sharing of pertinent information is essential as we can all learn from each other and assist each other to find best-practice solutions to tackle common challenges.

A constant thorn in the side of productive healthcare is the misappropriation of resources, and this was painfully clear during the pandemic when the shortage of personal protective equipment caused great concern among healthcare workers. The SADC countries would do well to support each other in resolving crises through developing ways of cooperating to facilitate procurement and delivery of essential supplies, such as medicines, equipment and foodstuffs, as well as with regard to price regulation and data sharing.

Through the Namibian spirit of 'Harambee' – which means 'to pull together in the same direction' – the SADC can ensure our people have access to quality healthcare and that the health citizen's best interests are first and foremost. Current regulators should be open to accepting new ways of practising.

ZIMBABWE

Zimbabwe business and healthcare adapt to COVID-19 demands

Shylet Sanyanga, CEO: AHFoZ

The COVID-19 pandemic and the resultant lockdown directives were unprecedented, taking all businesses, including medical aid societies, by surprise. Medical schemes, like all businesses, switched into survival mode during the lockdown period. The focus was mainly on member retention, as growth was difficult due to depressed business activity.

On the other hand, inflation was eroding the value of member contributions. In order to remain relevant, medical aid societies resorted to introducing products tailored for specific cluster needs, according to ability to pay coupled with responsiveness.

The ability of businesses to adapt was put to the test. Overnight they had to switch to operating remotely. Since the government was focused on reducing the spread of COVID-19, the initial lockdown directive did not allow ample notice for adaptation. Though the industry was included under gazetted essential services, most medical aid societies opted to enable the bulk of their staff to work from home.

Even though demand for healthcare services initially declined during lockdown due to fear, healthcare facilities remained operational. There was a severe shortage of personal protective equipment (PPE) in both public and private facilities. However, the situation improved with time due to a multisectoral response to the pandemic.

Medical aid societies under AHFoZ mobilised resources for PPE to assist the Ministry of Health and Child Care, with several corporates collaborating on projects to renovate and equip facilities to boost capacity to deal with COVID-19.

Going forward, public-private sector collaboration should be strengthened through memoranda of understanding to promote efficiencies and transparency. In addition, regulatory authorities should introduce the necessary framework and protocols for telemedicine. There should be a monitoring system for quality so that telemedicine is embraced in a way that improves patient outcomes.

African countries should collaborate on a uniform classification of diseases and on research into vaccines, as well as the setting up of medicines manufacturing plants on the continent.

BHF DIALOGUE

CONNECT • ENGAGE • COLLABORATE

20/20 SERIES

By Mary Manamela
SECTION HEAD: KEY ACCOUNTS, BHF

The BHF Dialogue 20/20 Series was launched on 29 July 2020. This is a series of virtual roundtable discussions that aims to connect healthcare professionals and enable engagement on issues impacting the healthcare ecosystem.

The various webinars also intended to unpack the crucial question: Given the lessons learnt what are the practical proactive steps in addressing gaps in the system?

DELEGATE PROFILE

Those who attended the series of virtual events ranged from CEOs, CFOs, directors and principal officers, to trustees, actuaries and medical advisors.

The delegate profile included:

- Administrators
- Medical schemes
- Managed care organisations
- Pharmaceutical companies
- Government departments

THE PROGRAMME

Our collaborative and comprehensive programme for each dialogue addressed a wide range of issues and challenges facing the industry in 2020. The main goal was to equip delegates with the know-how to make informed strategic and operational decisions in the coming year.

Each dialogue consisted of a multisectorial panel, which aimed to address current concerns from each sector and offer innovative solutions on how we can balance priorities in a pressured and high-risk environment. The various sessions unpacked hurdles that slow down innovation and solutions that are currently disrupting healthcare delivery, sharing key insights on Africa's preparedness for future pandemics.

The various themes for the dialogue series were:

- SESSION I: Reorganising our healthcare ecosystem – Putting the patient first.
- SESSION II: Innovation driving healthcare delivery.
- SESSION III: Perspectives of leading women on health in Africa.
- SESSION IV: Embracing a digitally enabled ecosystem – joining the dots.
- SESSION V: A roadmap towards strengthening Africa's healthcare systems – Universal Health Coverage ready and resilient.
- SESSION VI: Sustaining the ecosystem, with the health citizen at the core.
- SESSION VII: Health systems strengthening is everyone's business.

Thank you to our sponsors and partners. The webinars would not have been possible without your generous support.

BHFDIALOGUE
CONNECT•ENGAGE•COLLABORATE
20/20 SERIES

Proudly Supported By

Insight Actuaries & Consultants

Insight is the leading provider of independent actuarial advice and analytics services in the local healthcare market. Our consultants provide actuarial and consulting support to clients in over 11 African countries. From large open schemes to small single-employer restricted schemes, our consultants are accustomed to tailoring their advice to take account of each client's unique context. Our services include actuarial consulting, provider benchmarking, provider reimbursement modelling, health policy consulting, quality measurement, business intelligence and strategic analytic services. Our unique service offering is underpinned by a multidisciplinary understanding of the actuarial discipline, IT systems and clinical considerations.

www.insight.co.za · Masimba Mareverwa · masimbam@insight.co.za · 083 641 6525

Universal Healthcare

Renowned for its innovations in healthcare management, Universal Healthcare is a world-class organisation offering a diverse range of products and services. We are focused on delivering healthcare that combines excellence with a caring and compassionate approach. Touching the lives of approximately 10 million people annually, some beyond our borders, Universal has placed the concept of personalised care at the heart of its operations. COVID-19 has changed the world we live and work in, probably forever, but at Universal Healthcare it has also driven innovation.

011 208 1000 · info@universal.co.za · www.universal.co.za

Healthi Choices

Healthi Choices has decades of experience in partnering with diverse organisations that prioritise the health and wellbeing of the people they touch. Together we embed wellbeing in the way public and private organisations do business – facilitating positive change through engagement, enablement, exemplification and encouragement.

www.healthichoices.com

BHFDIALOGUE
CONNECT•ENGAGE•COLLABORATE
20/20 SERIES

Proudly Supported By

Accenture

The world's leading healthcare payers, providers and public health entities choose Accenture for a wide range of end-to-end services that help them become the intelligent healthcare enterprises of the future. From the back office to the doctor's office, we help clients deliver more effective, efficient and affordable healthcare with Insight Driven Health. Our committed professionals operate at the intersection of business and technology to combine real-world experience, clinical and business insights and new, enabling intelligent technologies to deliver the power of Insight Driven Health in a demanding new digital world.

www.accenture.com/za-en/industries/health-index

Africa Health Connect

Healthi Choices has decades of experience in partnering with diverse organisations that prioritise the health and wellbeing of the people they touch. Together we embed wellbeing in the way public and private organisations do business – facilitating positive change through engagement, enablement, exemplification and encouragement.

EVENT PARTNERS

CMS Council for Medical Schemes

Gift of the Givers Foundation

HPCSA Health Professions Council of South Africa

South African Medical Association

Med Brief Africa

Value Proposition

1 REPRESENT MEMBER INTERESTS

- Lobbying and advocating policy position on behalf of our members
- Assist members with regulatory compliance
- Provide legal advice to membership on industry issues
- Assist in containing healthcare costs
- Protect the image of the industry
- Identify and monitor trends impacting our members

2 CREATE PLATFORMS FOR MEMBER ENGAGEMENT

- Promote unity and collaboration by creating platforms that enable our members to engage with BHF and participate in industry issues
- Create networking opportunities
- Engage and develop relationships with key stakeholders

3 DEVELOP INDUSTRY STANDARDS

- Promote best practice in the healthcare funding industry
- Promote healthcare quality
- Identify and recognise key role players in the industry

4 FACILITATE EDUCATION AND TRAINING

- Provide guidance
- Provide stewardship and facilitate thought leadership exchange on industry issues
- Enhance skills and knowledge within our membership
- Progress tracking reports on industry issues
- Promote stakeholder, consumer awareness and medical scheme member education

5 TRANSFORMATION THROUGH DEVELOPMENT

- Identify opportunities to drive transformation in the industry
- Graduate programme development

6 PROVIDE AND IDENTIFY OPPORTUNITIES

- Profile our members and our industry

TITANIUM AWARDS
Recognising Excellence in Healthcare

2019 Award Recipients

The Board of Healthcare Funders hosted the fifth annual Titanium Awards last year. This culminated in a gala dinner on Monday 22 July 2019, which was held in conjunction with the annual BHF conference at the Cape Town International Convention Centre.

The 2019 Titanium Awards included the following categories:

1. Excellence in Creating Access to Healthcare

The award seeks to honour organisations driving programmes, initiatives and campaigns that create access to healthcare for communities.

2. Best Healthcare Media Content

This award recognises health journalists for the contribution they have made to raising awareness of healthcare issues through their reporting.

3. Health Facilities

This award acknowledges individual healthcare facilities (e.g primary care faciliities, hospitals) in the public and private sectors whose innovations and systems result in efficiency in the delivery of quality healthcare.

4. Young Achiever

The award celebrates young professionals who have made a notable impact in the healthcare industry and also seeks to promote effective progression within the sector to sustain the future of the medical profession.

5. Service to Membership: Open, Closed & Self-administered Medical Schemes, Managed Care Organisations and Administrators.

The award recognises industry excellence and outstanding contributions to members by providing value for money.

6. Dr Humphrey Zokufa Lifetime Achievement Award.

This award recognises any individual who has made a significant contribution to the healthcare industry over a number of years.

The fifth Titanium Awards saw the inclusion of a new category called the Best Paper Award. This award seeks to promote a balance of scientific rigour and relevance to the industry so that science is accessible to member trustees. Another addition was the Titanium Award for Outstanding Achievement. This category celebrates any individual who has made outstanding and exceptional contributions to the healthcare industry to promote, grow, improve and advance the healthcare sector over a number of years.

Congratulations to the 2019 Titanium Award winners!

2019 Titanium Award for Excellence in Creating Access to Healthcare

GEMS

The Government Employees Medical Scheme (GEMS) is the largest closed scheme in the country, providing healthcare cover for over 1.8 million beneficiaries. GEMS strives to deliver excellent service to its membership through the correct and expedient processing of claims and the provision of quality care with proven clinical outcomes.

2019 Titanium Award for Best Healthcare Media Content

CAPE TALK
Pippa Hudson & Amy-Rae Rispel

Afternoons with Pippa Hudson airs weekdays from 1-3 pm on Cape Town regional radio station Cape Talk. The show is presented by Pippa Hudson and produced by Amy-Rae Rispel. It covers a range of news and lifestyle content with a specific focus on empowering listeners with practical information to help them live happy, healthy and productive lives. Every Thursday a Health and Wellness feature covers a wide variety of medical and health-related content, from talking about healthy lifestyle habits to new breakthroughs in treatment, general medical advice, and special sessions on rare diseases and public health. The show was nominated as a finalist in the Best Daytime Show category at the Liberty Radio Awards in 2018 and 2019.

2019 Titanium Award for Health Facilities: Private and Public Sector

Alliance Care

Alliance Care Sub-Acute Rehabilitation Hospital is at the forefront of sub-acute and rehabilitative care in South Africa, and the range of services the hospital provides patients with are both unique and comprehensive. The Alliance Care staff members have dedicated themselves to creating a therapeutic nursing environment that is both comfortable and relaxing for the patient, all the while helping them to focus on the most important reason for them being at Alliance Care – their care and rehabilitation.

2019 Titanium Award for Young Achiever

Anele Siswana

Anele is a very interesting and dynamic young achiever. He has multiple identities that set him apart. He is both a registered clinical psychologist in part-time private practice and a member of the academic staff in the psychology department at the University of Johannesburg. Aside from being an academic, he is an African divine healer deeply located in African orientation to healing and working with trauma. He heals at multiple levels where he incorporates both western-Euro ways of knowing and African epistemologies. This allows him to operate from a space of indigenous practices and epistemological justice. Anele is a team player, open-minded and his persistent and caring nature gives him the ability to be prepared for whatever life brings.

2019 Titanium Award for Service to Membership

Hosmed

Hosmed Medical Scheme (Hosmed) is a non-profit, open medical scheme registered in terms of the Medical Schemes Act No. 131 of 1998. Hosmed provides healthcare services to 22 221 principal members. The scheme has consistently achieved A-rating three years running, within the Global Credit Rating, which indicates a strong and stable financial position.

Titanium Award for Outstanding Achievement

Dr Brian Ruff

Dr Brian Ruff is the CEO and founding partner of PPO Serve (Professional Provider Organisation Services), a healthcare management company that specialises in value-based care services. It is pioneering the formation of medical 'Teams' – commercial clinical business units structured and organised to deliver patient-centred clinical care work at high volume, delivering good quality at low cost. Team owners employ staff together and work and share income. Until March 2015, Brian was Head of Strategy at Discovery Health. During his 16 years at DH, he was the head of Clinical Risk Management (later Risk Intelligence) where he pioneered the use of Case Mix analysis tools in South Africa, and the use of economics to analyse and understand the environment and to design benefit and contractual solutions, including the innovative Care Co-ordination Programme.

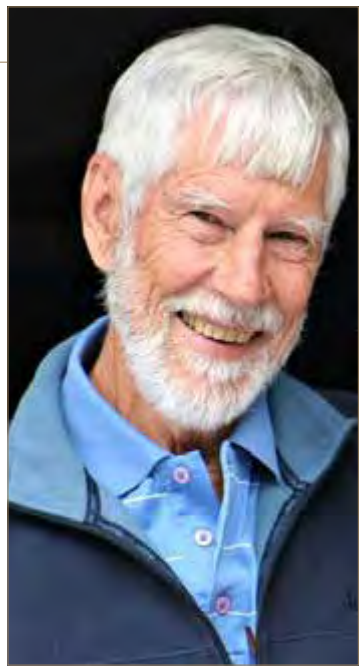
Titanium Award for Best Paper

Shivani Ranchod

Shivani Ranchod is a healthcare actuary and academic. She is the co-founder and CEO of Percept, a multi-disciplinary consulting firm. She is also the co-founder of Alignd, an innovative provider of value-based contracting solutions. She is the previous head of Actuarial Science at UCT and is currently a Senior Lecturer. She is an outspoken advocate of change in the South African health system, having worked across both the public and private sectors and the supply- and demand-sides of the system.

The Dr Humphrey Zokufa Lifetime Achievement Award

Professor Sam Fehrsen (1938-2018)



Professor Sam Fehrsen was born in Cape Town in 1938 and passed away in 2018, having lived a full and meaningful life. He is survived by his wife Jenneke, three daughters and six grandchildren.

After school, Sam studied at UCT and went on to spend ten years working tirelessly in Mission Hospitals, in the then Transkei. He was Superintendent and general practitioner at Mount Ayliff Hospital and District Health, establishing mobile and permanent clinics in rural areas between 1964 and 1974. In May 1977, Sam became the founding Head of Family Medicine at MEDUNSA where he worked until 1996, developing practice-based learning for undergraduates in rural district sites and postgraduates remaining in their practices and jobs across rural South Africa and Central Africa at masters and doctoral levels.

His teaching/learning emphasis was on learning from practice for both undergraduate and postgraduate studies. His publications reflect an interest in making matters practical for patients and clinicians. He served as the Editor of the SA Family Practice Journal from 1983 until 1996, and he was also a member of the Working Party on Quality in Family Medicine of WONCA (World Family Medicine Organization) between 1994 and 2001. He further served as President of the SA Academy of Family Practice / Primary Care between 1993 and 1999. In 2009 he was awarded an honorary degree – Doctor of Medicine (MD) by Walter Sisulu University (WSU).

Since 1996 he was committed to providing access to affordable private healthcare for low-income workers through Enablemed, of which he was one of the founding members. His dedication and commitment to this cause kept him involved, full time, until his passing in May 2018 at the age of 79.

2020
TITANIUM
AWARDS
Recognising Excellence in Healthcare

The Finalists
Award Nominees for 2020

The 2020 Titanium Awards showcase the work of individuals, healthcare professionals and organisations in the public and private sectors, driving change by creating affordable, accessible and sustainable healthcare.

The Titanium Awards have evolved since their inception in 2014.

This year, the awards cast a spotlight upon organisations and individuals who are dedicated to providing programmes and initiatives that are creating access to healthcare services.

The sixth Annual Titanium Awards Virtual Ceremony was sponsored by Insight Actuaries and Consultants.

The awards were presented in the following categories:

Titanium Award for Excellence in Creating Access to Healthcare

This award seeks to honour individuals, academics and organisations driving and supporting programmes, initiatives and campaigns in the fight against COVID-19, to create access to healthcare for communities.

The award is open to individuals and all organisations in the healthcare sector, including medical schemes, administrators, pharmaceutical companies, public and private facilities, managed care companies, SMMEs, healthcare professionals, non-profit and government agencies; including CSI programmes. The winning individual and/or organisation will receive R50 000 in prize money.

Titanium Award for Service to Membership: Open, Closed and Self-Administered Medical Schemes, Administrators and Managed Care Organisations

This award recognises and rewards medical schemes (open, restricted and self-administered), administrators and managed care organisations providing the best service to their members. It celebrates industry excellence and unprecedented contributions to members by providing value for money.

CATEGORY 1: ORGANISATIONS

Titanium Award for Excellence in Creating Access to Healthcare

Alliance Care

Alliance Care Sub-Acute Rehabilitation Hospital is at the forefront of sub-acute and rehabilitative care in South Africa. The Alliance Care staff members have dedicated themselves to creating a therapeutic nursing environment that is both comfortable and relaxing for the patient, all the while helping them to focus on the most important reason for them being at Alliance Care – their care and rehabilitation. Following extensive investigation and consideration, they chose to start exploring the possibility of manufacturing their own personal protective equipment (PPE) for use in our hospital and for donating to the wider healthcare community and the general public. It was realised that every small success would contribute to a greater success, and by freely donating masks to the general community, they could make a small dent on the proliferation of this virus, and possibly reduce the number of positive cases being admitted to hospital.

Bestmed

Bestmed is a self-administered medical scheme operated by members, for members and provides the best value and highest quality, innovative, preventative and curative products that are readily accessible to all beneficiaries from a network of competent healthcare professionals. Bestmed Medical Scheme has one of the most extensive service provider networks of all the medical schemes. There are over 15 800 healthcare providers and ancillaries. Bestmed Medical Scheme recognises the need to assist members of the community who are struggling financially during South Africa's COVID-19 lockdown. Therefore, funds were made available to contribute towards COVID-19 relief efforts. These funds will be allocated towards much needed food and sanitising supplies, three-layer masks, and high-quality cloth pads.

COVID-19 Doctors on Call

At the start of the COVID-19 pandemic in South Africa, Professor Morgan Chetty of KZN DHC and Dr Anuschka Coovadia of Usizo Advisory Solutions, conceived and launched the COVID-19 Doctors On Call programme. They identified an urgent need for the telephonic provision of high quality, credible information and advice relating to the pandemic for the poor and vulnerable within our communities. The Doctors On Call service operates week days from 8-5pm, with up to 10 doctors responding to calls in each hourly slot drawn from the 450 volunteer doctors. The service provides information on COVID-19 to the public, including where to access testing in both the public and private sectors. The Vula Mobile App is used to record every call and ensure high quality documentation.

Medscheme

Medscheme Holdings has been duly accredited as a managed care organisation with the Council for Medical Schemes. The underlying purpose of all interventions which Medscheme develops and implements is to decrease the variability in the quality and cost of healthcare services. Medscheme has implemented several beneficiary management programmes which are both science based and standardised. During these challenging COVID-19 times, Medscheme has also played its role in helping with the fight against the pandemic. To this end, the company has entered into partnerships and used its skills and expertise to provide aid to government and other stakeholders in the healthcare sector.

MMed Distribution

MMED Distribution is a specialist procurement solutions partner to hospitals and medical schemes, as well as a distributor of pharmaceutical, surgical and medical products and devices. When COVID-19 hit South African shores at the beginning of the year, MMED leadership immediately took a decision to increase its manufacturing capability and capacity – with the aim of producing masks locally. Prior to COVID-19 and similar to other players, MMED sourced masks mainly from India and China. The company's efforts have yielded impressive outcomes which include: creation of over 400 jobs; manufacturing capability of millions of masks; and expansion into production of coveralls and gowns.

Momentum Health Solutions

Brought together by the merger between Momentum and Metropolitan, Momentum Health Solutions provide services to more than 2.8 million beneficiaries across the African continent, while their international footprint covers in excess of 8 million lives. They also pride themselves on servicing more than 100 000 lives with their health insurance solutions and, within the mining segment, they provide primary healthcare for an additional 105 000 employees. Support provided to the Health Department is in the form of Hello Doctor, Momentum Health Solutions' telehealth capability that provides access for its clients to doctors anytime (24/7), on any phone.

SAMWUMED

The South African Municipal Workers Union Medical Scheme (SAMWUMED) is a nationally accredited and self-administered medical aid scheme which covers approximately 73 000 lives throughout South Africa. It operates within a closed sector namely, local government and associated agencies employees. SAMWUMED's response to COVID-19 has been the development and execution of the "Teaming up to Beat COVID-19 Campaign". The Campaign has been proactive, comprehensive, consistent and multi-pronged. Objectives included educating members and staff about COVID-19, how to protect themselves and loved ones against the virus, as well as keep them informed about trends and developments around the virus and mobilise support for stipulated Government regulations.

The Aurum Institute

Since it started operations in 1998, The Aurum Institute has grown to become a leading global health and research institute, employing over 3000 staff. A proudly African, health impact organisation, Aurum collaborates with governments, the private sector and civil society to design and deliver high-quality care and treatment to people in developing communities. The company introduced a number of innovations to tackle challenges faced by the healthcare system, including Pelebox – an easy to use high-tech medication dispensing unit, which means no more sitting in long queues for a long period of time. Another innovation was Shesha Geza, a lifesaving project making soap and water or sanitiser readily available.

CATEGORY 1: INDIVIDUALS

Titanium Award for Excellence in Creating Access to Healthcare

Anele Siswana

Anele is a clinical psychologist and lecturer at the University of Johannesburg who is a regular contributor to public engagements focused on men's health and masculinity, mental health and gender-based violence in South Africa. His contributions are particularly relevant to the fight against COVID-19 and specifically, the social, psychological and mental health challenges that have been exacerbated by the imposition of the lockdown regulations from 28 March 2020. His most notable public engagements include online seminars/webinars and discussions, media interviews and talks on radio and television, written opinion pieces, and online teaching to Grade 10 and 11 learners. In his capacity as a clinical psychologist he also provides adolescent, adult, family and couples therapy, operating from a particular African-Centred Psychology perspective.

Dr Margaret Venter

Dr Margie Venter is the current Secretary and co-founder of The Association of Palliative Care Practitioners of South Africa. In the time of COVID-19, her long-standing belief in palliative care access, her commitment to patients, her innate compassion and her tireless energy have come into sharp relief. It is her belief that everyone should have access to clear and honest communication about their illness, that everyone should have access to pain management, and that everyone should have choices about how they die and, where possible, no one should have to die alone. Margie is a palliative care trained oncologist and her passion for palliative care has very deep roots. She runs her own palliative care practice in Stellenbosch, Enfold, which aims to facilitate, coordinate and support a multidisciplinary palliative care team for each patient, bringing general practitioners, palliative care nurses and other providers into the fold.

Professor Mohambry N Chetty

Professor Chetty, representing KZNDHC, and Dr Anuschka Coovadia from USIZO Health Consultants started a landmark initiative in South Africa – COVID-19 Doctors on Call. There was a response by the volunteers within 72 hours to offer their time to counsel, advise, screen and direct the poorest of the poor patients to get appropriate care with COVID-19 health issues. In fact, some 440 medical professionals volunteered to work for Doctors on Call. This programme is a Public Private offering that has reached the whole of Africa. It also attracted funding from organisations like Nedbank, GEMS, Solidarity Medical Funding, Cipla Pharmaceuticals, KPMG and other smaller funders. The free advice line took in 40 000 calls and 16 000 calls were managed by the doctors themselves. The programme then escalated to manage the Free Testing Programme cordinated by Dischem, through a grant from Solidarity.

CATEGORY 2:

Service to Membership:

Open, Closed and Self-Administered Medical Schemes, Administrators and Managed Care Organisations

Medscheme

Medscheme Holdings is accredited as a managed care organisation with the Council for Medical Schemes. The main purpose of all its interventions is to decrease the variability in the quality and cost of healthcare services. Medscheme has implemented several beneficiary management programmes which are both science-based and standardised.

BOMAID

For some 50 years, the Botswana Medical Aid Society has grown to become the medical aid to be trusted, ensuring security and peace of mind for its members. At present, Bomaid is the largest open medical aid scheme in the country, commanding some 52% of this market segment.

B·H·F Members

BOARD OF HEALTHCARE FUNDERS

South Africa and other SADC Countries

HEALTH FUNDERS (SA)

Barloworld Medical Scheme
www.medscheme.co.za

BIMAF EC
www.bibcpe.co.za

BIMAF WC
www.bibc.co.za

Bonitas Medical Scheme
www.bonitas.co.za

BP Medical Aid Society
www.bpmas.co.za

Building & Construction Industry Medical Aid Fund
www.bcima.co.za

Cape Medical Plan
www.cmp.co.za

Compensation Fund
www.labour.gov.za

CompCare Medical Aid
www.compcare.co.za

Engen Medical Benefit Fund
www.engenmed.co.za

Fishing Industry Medical Scheme
www.fishmed.co.za

Government Employees Medical Scheme (GEMS)
www.gems.co.za

Horizon Medical Scheme
www.medscheme.co.za

Hosmed Medical Aid Scheme
www.hosmed.co.za

Imperial and Motus Medical Aid
www.imperialmotusmed.co.za

Libcare Medical Scheme
www.libcare.co.za

Makoti Medical Scheme
www.makotihealth.co.za

Medimed Medical Scheme
www.medimed.co.za

Medipos Medical Scheme
www.medipos.co.za

Medshield Medical Scheme
www.medshield.co.za

Nedgroup Medical Aid Scheme
www.nmas.co.za

Old Mutual Staff Medical Aid Fund
www.omsmaf.co.za

Opmed

PG Group Medical Scheme
www.pg.co.za

POLMED - South African Police Service Medical Scheme
www.polmed.co.za

Rand Water Medical Scheme
www.randwater.co.za

Rhodes University Medical Scheme
www.rumed.co.za

SABC Medical Aid Scheme
www.medscheme.co.za

SAMWUMED
www.samwumed.org

SEDMED
www.sedmed.co.za

Sizwe Medical Fund
www.sizwe.co.za

Sisonke Health Medical Scheme
www.sisonkehealth.co.za

Suremed Health
www.suemedhealth.co.za

TFG Medical Aid Scheme
www.tfgmedicalaidscheme.co.za

Thebemed
www.thebemed.co.za

The Federated Employers Mutual Assurance Company (RF)
www.fem.co.za

Tiger Brands Medical Scheme
www.tbms.co.za

Wooltru Healthcare Fund
www.wooltruhealthcarefund.co.za

ADMINISTRATORS (SA)

Medscheme Holdings
www.medscheme.com

Metropolitan Health Group
www.mhg.co.za

3Sixty Health
www.3sixtyhealth.co.za

Thebe Ya Bophelo Healthcare Administrators
www.thebe.co.za

Universal Healthcare Administrators
www.universal.co.za

MANAGED CARE ORGANISATIONS (SA)

EOH Health
www.eohworkplacehealth.co.za

B·H·F Board of Healthcare Funders Members

South Africa and other SADC Countries

HEALTH FUNDERS
BOTSWANA

Botsogo Health Plan
www.botsogohealthplan.co.bw

Botswana Public Officer's Medical Aid Scheme (BPOMAS)
www.bpomas.co.bw

PULA Medical Aid
www.pulamed.co.bw

Botswana Medical Aid Society
www.bomaid.co.bw

ADMINISTRATORS
BOTSWANA

Associated Fund Administrators
www.afa.co.bw

HEALTH FUNDERS
LESOTHO

Mamoth Employee Benefits
www.mamoth.co.ls

HEALTH FUNDERS
MALAWI

Medhealth
www.medhealth.mw

HEALTH FUNDERS
NAMIBIA

Namdeb Medical Scheme
www.namdebmedical.com.na

Napotel Medical Aid Fund
www.napotelmedical.com.na

Renaissance Health Medical Aid Fund
www.rmanam.com

Nammed Medical Aid Fund
www.nammed.info

Heritage Health Medical Aid Fund
www.heritagehealth-namibia.com

HEALTH FUNDERS
ESWATINI

Swaziland Medical Aid Fund
www.swazimed.com

HEALTH FUNDERS
ZIMBABWE

Bonvie Medical Aid Scheme
www.bonvie.co.zw

Cimas Medical Aid
www.cimas.co.zw

Municipality of Masvingo Medical Aid Society

The BHF takes great pleasure in announcing that the Federated Employers Mutual assurance company (FEM) and Botsogo Health Plan recently joined the BHF family. We are delighted to welcome FEM and Botsogo Health Plan as our newest members.

Want a little more from your medical scheme? You're not alone...

So the party's over. You're officially an adult with a 9-5 job, a place to call your own and a host of responsibilities including a car payment and a medical scheme... 'Adulting' is overrated, it is nothing more than a noun that became a verb.

But, there is nothing overrated about a medical scheme that gives you maximum flexibility and value for money by putting your financial and healthcare benefits first.

For less than R1 700 per month SelfNet by CompCare offers you:

- Freedom of choice to consult any GP or registered alternative healthcare provider
- Unlimited hospital cover
- Day-to-day claims funded from savings that total 18% of your monthly contribution
- Discretionary savings with no sub-limits so you can meet your own health, lifestyle and wellness requirements – like paying for nutritional supplements such as protein shakes, vitamins and minerals
- A comprehensive psychosocial and emotional wellness benefit with a 24-hour helpline and a referral for face-to-face counselling whenever you need it
- A personalised exercise prescription benefit with unlimited exercise and fitness services and a nutritional wellness benefit provided by a dietitian
- Eight antenatal visits payable from your risk benefit – your day-to-day savings remain intact
- A child emergency benefit allowing a visit to an emergency room for children younger than six years, even when all savings are depleted

With SelfNet, members can count on value that is well in excess of their monthly contributions.

You'll love the way we add value to your life.

CompCare
Medical Scheme

Keep moving forward with CompCare Medical Scheme.
Your next move, covered.

newbiz@universal.co.za | 0861 222 777 | www.compcare.co.za | @CompCareWellness

CompCare Medical Scheme is administered by Universal Healthcare Administrators (Pty) Ltd

Universal™

The 21st Annual BHF Conference

2021

Leading change in strengthening our ecosystem: The Healthcare 2.0 Initiative

Despite the new realities, BHF remains committed to sector cohesion. Now, more than ever, it is crucial to bring the industry together to address the impact of COVID-19 and other issues affecting healthcare in the region.

We are closely monitoring the situation as it unfolds.

Dates for the 2021 Annual BHF Conference will be advised.