BHF360°
into healthcare

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FROM THE EDITOR'S *Desk*

Welcome to the sixth annual edition of BHF 360°, which as usual complements our annual conference focusing on the theme of *'Convergence 2030 – healthcare re-imagined'*. We hope that you enjoy the read.

As usual, it contains updates from our neighbours in the SADC region, which face many of the same challenges when it comes to providing equitable access to quality healthcare. Despite these challenges, which are acknowledged openly, there have been some positive developments and many healthcare players in these countries are finding creative ways to improve the health of their populations.

South Africa's future social and economic development will depend on a unified, equitable and non-discriminatory healthcare system that is efficient and responsive to the 'health citizen'. A converged healthcare system, properly managed, will achieve this. This issue of BHF360° contains a number of in-depth features on the subject by industry experts. They offer various views on what a converged system will look like as well as different strategies for achieving it.

BHF recently convened to develop a set of future scenarios for the South African healthcare sector. These identify opportunities to develop the sector for the benefit of its members, looking ahead to 2030. The magazine contains an in-depth summary of the strategic discussions, which looked at four different scenarios. The 44 industry players who participated in the strategy session concluded that a number of considerations must be taken into account to ensure that the outcomes of the right scenario result in a winning healthcare system, where winning is characterised, inter alia, by an additional one million people benefiting from medical aid cover.

Across Africa, women continue to play an increasingly critical role in healthcare. An anticipated highlight of this year's conference is the 'Women in leadership' dinner, which will take place on the third evening. Keynote addresses from Wits University's Professor Laetitia Rispel and the Council for Medical Schemes' Grace Khoza will look at ways to grow a new generation of African female leaders.

We are excited to host the fifth annual Titanium Awards, which continue to be recognised as one of the industry's top honours, honouring those who do outstanding work in South African healthcare. We caught up with several past winners, who brought us up to date on what they have been doing in the interim and their achievements further to winning.

Zola Mtshiya
Head: Stakeholder Relations: BHF

CONTENTS

BHF360°
into healthcare


p.4


p.14


p.16

4 **REFLECTION**
in the past 20 years

8 **WHY CONVERGENCE IS THE FUTURE**
in the delivery of quality healthcare

9 **CONVERGENCE**
for health service delivery

10 **THE DIVIDED SOUTH AFRICAN**
healthcare system is on a path to convergence

13 **WHY THERE IS A NEED**
for regulatory alignment in South Africa

14 **UNDERSTANDING THE ROLE OF INTERSECTORAL**
convergence and regulatory alignment in the delivery of health services

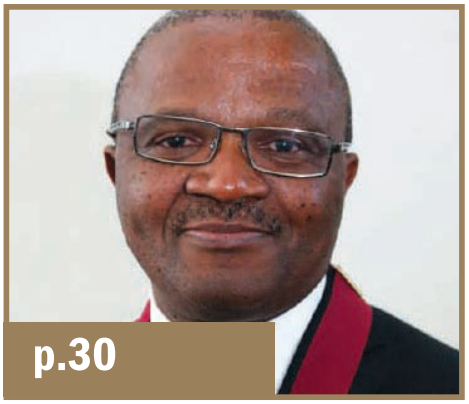
16 **POLICY AND REGULATORY COHERENCE ACROSS THE GOVERNMENT SECTOR**
A determinant of equitable and universal access to health care in South Africa.

20 **ON THE COVER**
BHF executive team: Improving healthcare outcomes in 2019: Challenges and Prospects

IN THIS ISSUE


p.32


p.30


p.30

26 AHEAD 2030
Where might we be?

32 CHANGE ACROSS HEALTHCARE ECOSYSTEMS IN AFRICA
Healthcare Ecosystems In Africa:
Whj Africa Edition 2019

38 TITANIUM AWARDS
2018 Award Winners.....40
Meet our 2018 winners.....41
The 2019 Titanium Awards.....46
The Judges: 2019 Awards.....48

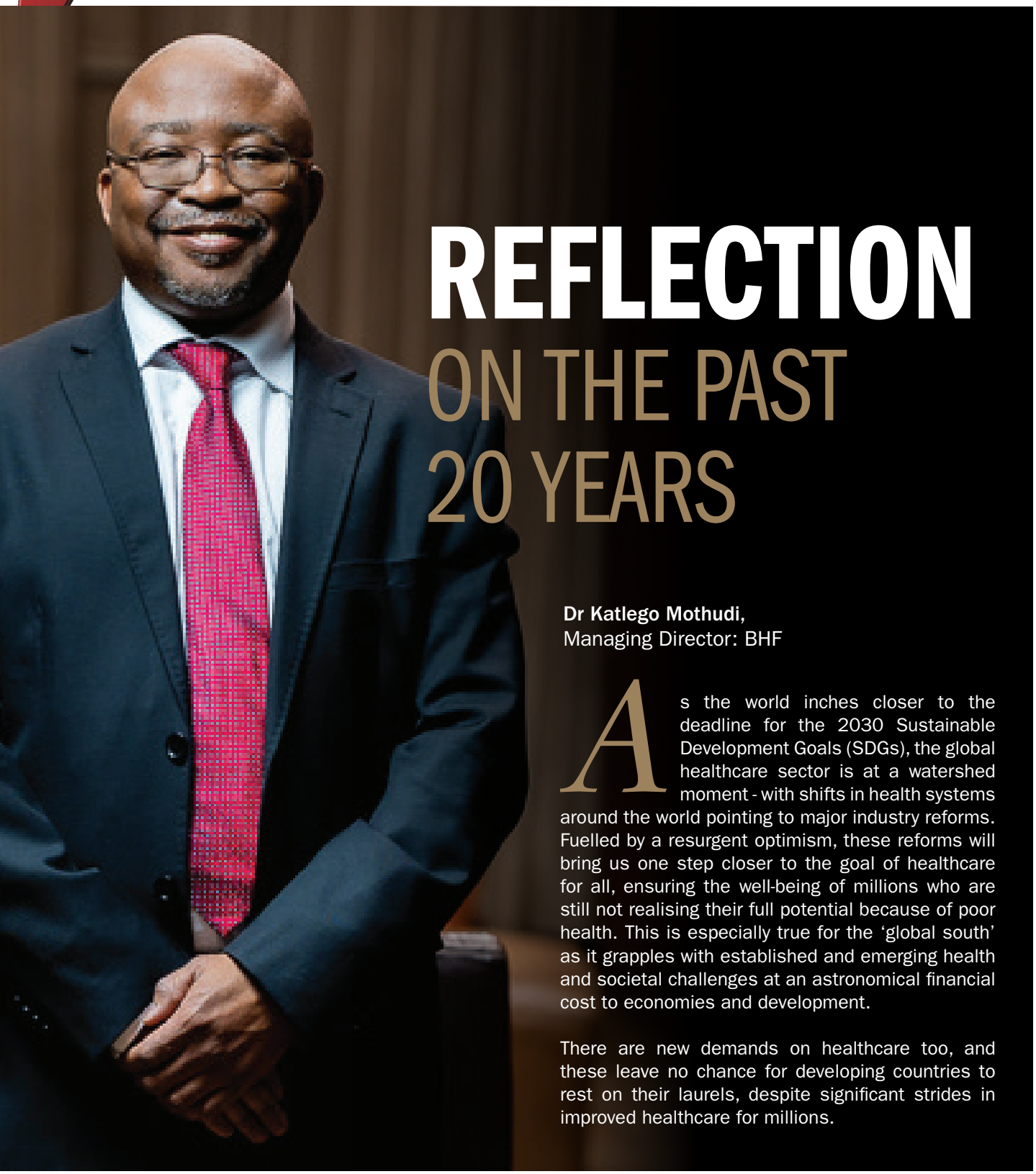
48 20TH ANNUAL BHF CONFERENCE 2019
Programme.....50
Speaker bios..... 59
Conference sponsors & exhibitors.....88

91 REGIONAL UPDATES
Malawi.....102
Lesotho.....103
Botswana.....104
Namibia.....105
Zimbabwe.....106

96 BHF AT A GLANCE
BHF Members.....107

ADVERTISER INDEX

Trustee Development Programme.....IFC
GEMS.....7
Samwumed.....19
Metropolitan Health.....24
Compcare.....29
Insight Actuaries and Consultants.....49
Mediscor pbm.....84
African Pride Hotel.....IBC
Africa Health Connect.....OBC



REFLECTION ON THE PAST 20 YEARS

Dr Katlego Mothudi,
Managing Director: BHF

As the world inches closer to the deadline for the 2030 Sustainable Development Goals (SDGs), the global healthcare sector is at a watershed moment - with shifts in health systems around the world pointing to major industry reforms. Fuelled by a resurgent optimism, these reforms will bring us one step closer to the goal of healthcare for all, ensuring the well-being of millions who are still not realising their full potential because of poor health. This is especially true for the 'global south' as it grapples with established and emerging health and societal challenges at an astronomical financial cost to economies and development.

There are new demands on healthcare too, and these leave no chance for developing countries to rest on their laurels, despite significant strides in improved healthcare for millions.

To an outsider, South Africa looks like a success story. An observer, unfamiliar with the unique challenges the country faces, might be impressed with accomplishments in the healthcare sector to date. As a country, we have made great headway on the policy front - with good traction on key policy questions about issues like national health insurance (NHI), and the structure of financial institutions as reflected in the Conduct of Financial Institutions Bill. Supportive legal interventions also make the regulatory framework more enabling and coherent.

Some would argue that South Africa already has most of the elements of universal health coverage (UHC) in place - we are able to tend to the health needs of our people and both the private and public health sectors are fairly developed. This argument is strengthened by the fact that our public health system already embraces the principles of UHC, and we score 62% on the UHC Index. This translates to being in the developing stage of our quest to achieve UHC.

The unprecedented burden of HIV, which first appeared with all the hallmarks of an unbearable curse, has been a catalyst for creative explorations for healthcare solutions. While we still have a long way to go before we beat the epidemic, this and other similar obstacles are no longer as significant or insurmountable as they first appeared. South Africa conducts world-class HIV research and has developed groundbreaking treatment programmes for once-devastating diseases like tuberculosis.

Although the rollout of NHI has its teething problems, it marks a significant milestone for the country and its people - an important achievement given that the groundwork on an equitable and inclusive health system already started as early as 1995, with NHI as it's already been introduced and abbreviated.

As the BHF, we have travelled this road with the country and its health systems, and we have often been reminded of the enormity of the task when it comes to changing a regulatory framework. It is a slow and painstaking process. In cases like this, when interventions are informed by an overarching and long-term vision, there is always the danger of waiting too long for the regulatory framework to settle. While establishing the policy framework is long-term work, there are always several operational areas that can be tackled immediately.

TECHNICAL ASPECTS TO CONSIDER

There are technical aspects that must still be considered - health service administration, for example, or contracting for value, as well as benefit design and the reimagination of the value chain. All these need a slight departure in focus, to one where there is an emphasis on the functional aspects of the health system we aspire to.

Innovation is another area that needs a renewed focus. The best outcomes in health and healthcare have often come from putting into action ideas that are far from earth-shattering, but rather significant breakthroughs from a re-imagining of the basics. One example of this is to ingrain primary and preventative healthcare instead of promoting the current curative, hospital-based model.

So, while it is obvious that we have made significant strides in many areas, our mission has not yet been accomplished and the work is far from done. In fact, despite advances, all the signs suggest that the most crucial part of the work is only starting.

The conversation around health systems and healthcare has changed in the past decade. New realities are shaped by new knowledge, and our appreciation of healthcare has shifted to include the value of accessible, quality healthcare across all levels of social development. Studies are now also starting to inform policy with a renewed understanding that healthcare is also at the heart of economic development, and that the lack of accessible and quality healthcare is something that simply cannot be afforded in terms of a country's economic development.

The 47 African countries represented by the World Health Organization lose more than $2.4 trillion in costs to productivity each year due to poor health. Of this, around $1 trillion is due to non-communicable diseases - the greatest contributor to lost productivity. Research reveals, however, that the benefits of quality healthcare and improved health to

economic development are also tangible. Improving the average life expectancy by just one year is associated with a 4% increase in a country's gross domestic product. In addition, if Africa does reach its SDG targets by the year 2030, the economic cost of poor health on productivity could be halved. We are learning, and we are learning fast, that good health is a crucial driver of industry and commerce.

THE HEALTH SECTOR'S EXPERIMENTS COLLABORATING WITH A BROADER NETWORK THAN JUST OTHERS IN THE INDUSTRY HAS REVEALED TWO PECULIAR THINGS ABOUT ACHIEVING INCLUSIVE CHANGES IN HEALTH. THE FIRST IS THAT NOTHING CAN BE ACHIEVED UNLESS THE SUM TOTAL OF ENGAGEMENTS BETWEEN STAKEHOLDERS, AT ALL LEVELS, REFLECTS THE INTERESTS OF THE ENTIRE POPULATION. BECAUSE, AFTER ALL, HEALTH AND HEALTHCARE AFFECT EVERYONE, AND WE MUST ALWAYS ASPIRE TO SEEK SOLUTIONS THAT ARE TRULY REPRESENTATIVE OF THE PEOPLE. EVEN AFTER REACHING THESE HEIGHTS, WE WILL NOT SUCCEED WITHOUT POSITIVE LEADERSHIP TO SPEAK FOR THE PEOPLE IN A SINGLE VOICE.

The second peculiarity is that there are common factors seemingly unique to countries that have managed to fast-track the shift to UHC. The acceleration in health reform in these countries has been successful, in part because the process has been driven at the highest political level - that of the head of state. In these countries, a case is being made for centralised oversight without the stripping of the roles that other stakeholders have to play. When this is done, it becomes easier to drive compliance and avoid the implementation pitfalls that often result in crippling bottlenecks within plans of reform and transformation.

THE NEED TO ADDRESS FRAGMENTATION AND ENSURE UNITY

To date, one of the major shortcomings is that the sector is fragmented and fails to speak with one voice. Private healthcare players would be remiss not to harness the growing confidence currently enjoyed in the sector. There is ample room, now more than ever, for imaginative thinking and innovative solutions to find the right mix of partnerships to build and then strengthen a broad consensus across various platforms and industries. Again, this offers yet another opportunity for positive leadership, and the opportunity to drive real change through engagement. After all, we South Africans are known as a people who prefer dialogue when faced with adversity.

The Presidential Summit in 2018 was a moment of honest reflection - the deep-seated challenges facing health and healthcare were admitted openly by a broad set of stakeholders for the first time. That conversation is not yet done and needs to be continued far beyond the ceremonial veneer and formalities.

As the BHF, what excites us most is how we are progressing and starting to see a clear convergence of health, ethics, technology and business: an imaginative blend of the ancient spirit of ubuntu with the latest like blockchain, artificial intelligence and machine learning. When combined, these have the power to breathe new life into the industry, and innovate and adapt as new, more sustainable solutions to the challenges the sector faces come to the fore.

The future is here - may its demands on our resources, our systems and our admirable heritage of healing always remind us, time and again, that health is a basic human right for all.

gems
Government Employees Medical Scheme

Collaborating to eradicate fraud, waste and abuse in healthcare funding

Fraud in healthcare funding is a challenge to health provision across the world. The Government Employees Medical Scheme (GEMS) is not immune to this – fraud reduces our ability to effectively, and cost-effectively, cover our members' healthcare needs

Fraud is intentional deception or misrepresentation, making false statements or false representations of material facts in a criminal attempt to gain a benefit – generally financial – that would otherwise not be allowed.

While fraud is arguably the most serious financial challenge we face, there are others: waste and abuse.

Waste in the industry refers to extra costs incurred when healthcare services are overused. Generally waste is caused by not following standard protocols of care. Abuse refers to poor business or medical practices that result in unnecessary costs.

All these practices have a negative effect on the "benefit pool" available to Scheme members.

Working together within the South African medical schemes industry is one way to effectively deal with fraud, waste and abuse, which collectively costs the South African medical schemes industry an estimated R22-billion a year.

"

The Government Employees Medical Scheme (GEMS) is committed to combating fraud, waste and abuse by advocating a culture of ethics and zero tolerance to fraud; by preventing, detecting and responding to malpractices and taking appropriate action against them,

says GEMS Principal Officer Dr Guni Goolab.

"

"

At worst, the effects of fraud, waste and abuse can put patients' lives at risk – they could be exposed to treatment or procedures that are not warranted," Dr Goolab says. "Additionally without these practices schemes will be able to offer their beneficiaries more services, some of which could save lives.

"

In February this year members of South Africa's healthcare sector, led by the CMS, signed a charter as a pledge to collaborate to reduce fraud, waste and abuse in the sector.

GEMS' support for the initiative is a significant step. We represent 1.8-million beneficiaries, nearly 20 % of the approximately 9-million people in South Africa who, according to Statistics SA, have medical cover.

GEMS is registered as a restricted membership scheme under the Medical Schemes Act for public service employees (and their beneficiaries). How GEMS deals with fraud, waste and abuse is important because the Scheme actively supports the phasing in of universal healthcare coverage via National Health Insurance.

It is noteworthy that the Scheme's significantly improved financial performance, reported in its recently released 2018 annual report, is in part attributable to an increased focus on curbing fraud, waste and abuse. GEMS ended the 2018 financial year on a solid footing and, for the first time since its inception in 2005, achieved a reserve ratio of 24.7 %, only 0.3 % short of the statutory requirement of 25 %

Why collaboration works

It is generally agreed that, medical scheme members view their annual contributions as their money and members believe they should "get back their money's worth". There is a need to emphasis the understanding that medical scheme contributions entitles members to health insurance benefits based on the principle of cross-subsidization.

This means the first line of defense against fraud, abuse and waste is awareness education and prevention. Medical schemes work because contributions from the healthy majority protect those who have had the misfortune of falling ill, or having an accident.

However, there is a belief that none of these practices will disappear entirely, no matter how much awareness education is undertaken. The Association of Certified Fraud Examiners of South Africa says one of the largest deterrents is simply making it known that Schemes are continually investigating fraud, waste and abuse, and acting against each and every incident they uncover within legal provisions

Investigating and preventing fraudulent practices is complex and time consuming. Medical schemes and administrators already collect large amounts of data that can be used to detect fraud waste and abuse. Improvements in technology mean datasets collated nationally can be analysed to detect untoward trends, and more effectively combat fraud, abuse and waste.

It's imperative that GEMS, and all medical schemes, overcome any reluctance to share data. Together, schemes can collaborate and diminish the occurrence of fraud, waste and abuse, which the CMS estimates to be between 5 % and 15 % of total claims paid.

There is a need to recognise medical scheme fraud for what it is – a fundamental threat to the financial integrity of both medical schemes and healthcare providers, as well as to the industry's ability to provide healthcare services to those who depend on medical schemes.

GEMS is looking forward to the development of the industry-wide fraud, waste and abuse database. It will benefit all medical schemes and, more importantly members and their dependents.

Any suspicious claims or information about possible fraud, waste and abuse should be immediately reported to the GEMS Fraud Hotline on 0800 21 22 02, or via email to gems@thehotline.co.za.

Why convergence is THE FUTURE IN THE DELIVERY OF QUALITY HEALTHCARE

Dr Osborn Mahanjana, *CEO: Sechaba Medical Solutions*

The delivery of health services in South Africa is currently highly fragmented. For instance, healthcare service providers such as hospitals and doctors are separate from the financing component, which is health insurance or medical aid schemes.

Also, South Africa's private health insurance or medical aid cover is based on a fee-for-service reimbursement model which can lead to over servicing and increases the overall healthcare expenditure. This model of fee for services means that the service providers have an inherent need to increase their income. This inevitably leads to over-charging and over servicing, which in the long term enables fraud, waste and abuse in the system. This is neither an efficient nor ideal way of utilising healthcare resources.

To better position themselves, health care funders must therefore consider convergence, which in certain instances will mean moving up the value chain. For example, the hospital sector is dominated by three major players. It's essentially an oligopoly, and there is no incentive to compete on price. I truly believe that funders have the wherewithal to enter this space, and to build hospitals and other services so that they can inject some price competition into the sector.

Convergence therefore requires that all players in the sector work closer together. There are areas of risk that will be shared within the system, to the benefit of all and bring down the overall costs. A good example is how a diabetic patient would be managed within a converged health system. It would be to the benefit of the service provider to ensure that the patient is managed properly to keep them out of hospital.

The entire system benefits from a healthier and more productive patient who is contributing fully to the economy of the country. Once all the players are working closely together, it is inevitable that the quality of healthcare will improve, with a focus on preventative care; and that the risk of fraud, waste and abuse in the system will be minimised. Most importantly the cost to the end user will be reduced, resulting in reduced premiums, affordable healthcare and therefore, a healthier society.

Convergence for Health Service Delivery

Samukeliso Dube
General Manager | Medical Advisory and Health Policy
Group Functional Specialist : Afrocentric Health

Convergence, at its most rudimentary, entails an approach between two or more parties from different directions to achieve equipoise when they meet. Central to this topic is the health citizen, who is facing enormous economic strain and increasingly needs to find value. The need to converge is expedited by economic pressures, misaligned incentives, advancing technology without measurable value, and the entrenched resistance to newer models of healthcare delivery.

Healthcare providers (professionals and facilities) and funders need to converge to create risk-sharing business models. Providers' concerns about ability to negotiate reasonable reimbursement rates will then give way to a focus on more value for the health citizen, while funders demonstrate transparency in reimbursing value.

Beneficiaries and schemes need to converge in aligning member behaviours that prevent disease and promote health. Behavioural economics has at its core ownership of one's health. Where digitisation across the health value chain exists, it enables such convergence. Data-sharing will become very important in this connected care approach. Administrators should leverage big data and embrace digitisation to address population health.

Public and private sector dialogues need to give convergence significant meaning. With mutual expertise, convergence occurs when the public sector appreciates the value of and the need for rationing in healthcare, while the private sector leverages its experience of rationing to build sustainable and scalable models.

All players ought to deliver future healthcare through innovation. Policies that enable innovators to gain entry into the space are needed from regulators while pursuing the narrowing of health inequities.

The need for convergence is clear. Those who adapt to population health dynamics focus on how much healthcare actually costs, become better at leveraging big data and transparently display value will be the emergent winners. It is therefore fitting that entities like the BHF create convergence sessions as platforms for dialogue. Global innovators, legislative and macroeconomic pressures are at play, and there is an urgent need for dialogue to ensure convergence and not collisions.

The Divided South African Healthcare System is on a path to convergence

Dr Brian Ruff, Executive Director Strategy: PPOServe

ummary: South Africa's social and economic development needs a unified, equitable and non-discriminatory healthcare system that is efficient and responsive to all our people. It must provide high volumes of good-quality care using sustainable resources. At the core of the system is a patient-centric structure, designed to meet local needs. There is regional integration between acute and continuous healthcare and mental care services, with local social, community and environmental support. It is also integrated across primary, secondary and tertiary hospital levels of care (efficient clusters of similarly complex services) so that patients move seamlessly up and down the system.

ACHIEVING THIS MATCH BETWEEN DEMAND/NEED AND SUPPLY/SERVICE REQUIRES TWO ESSENTIALS:

- The tools of 'case mix' that assess patient need
- An economic model that drives value, i.e. good outcomes and prudent use of resources

System efficiency is based on horizontal and vertically integrated multidisciplinary teamwork. In countries with weak public management, the best mechanism to achieve efficiency is strategic purchasing, an example of which is our NHI policy. A shared framework for the functions of purchasing and providing care will result in convergence between our dysfunctional public and private sectors.

1. WHY WE NEED REFORM: ECONOMIC DEVELOPMENT REQUIRES AN EFFICIENT AND RESPONSIVE HEALTHCARE SYSTEM

South Africa cannot move forward socially or economically without convergence. We need a high-functioning universal healthcare system that provides high volumes of quality care at low cost, that uses available resources and assigns funding for services according to need and rewards value (the best outcomes at the lowest costs) when delivered. Neither our public or private systems currently do this:

- The private sector is characterised by poor value consequent on over-servicing that extracts massive resources from society. It is unnecessarily expensive because it is disorganised, and the quality of care it produces is highly uneven. The practice unit is a one-person doctor practice, billing 'fee-for-service' with no teamwork. The fragmented operating model produces low patient volumes at high cost, with compromised outcomes. In the absence of multidisciplinary teamwork, the needs of chronic and complex patients with multiple morbidities are poorly served; they ricochet between multiple competing doctors who don't talk to each other. Potentially cost-effective primary health care (PHC), with coordination by GPs, is marginalised by poor benefits and competing specialists.

- The public sector produces very poor value as a result of poor production and underservicing, despite an adequate budget. It has major governance and structural issues. Static budgets link to organograms, not patient volume and complexity; this creates an implicit relationship between service and case mix, e.g. the better funded services such as tertiary hospital levels of care are expected to serve a high case mix of patients. Value production is compromised because the case mix of patients is not measured, and there is a broken, blocked triage/referral system of patients between levels of care, so well-resourced facilities have many patients of too low complexity, while many complex patients are trapped at lower levels, which they overwhelm. Long stays in hospital are typical, unjustified by the case mix. There is no incentive for clinicians to fix this and managers lack both the basic data and skills.

Currently, neither system produces good value, essentially because they are badly structured. In common is that both are built for the convenience of doctors in multiple settings to whom sick patients must travel, and between whom communication is absent. There is little case mix, productivity and outcome data and, consequently, poor process management. There are badly misaligned incentives for practitioners.

Fixing this will need much experimentation and a mix of models. However, a shared understanding of what is an effective structural, operational and economic framework leads to convergence, and a system that produces high volumes of affordable good quality care, with patients at the centre, serviced by multidisciplinary teams providing continuous, integrated and proactive care.

2. REQUIREMENTS FOR A HIGHLY PRODUCTIVE HEALTHCARE SYSTEM

a. Multidisciplinary teamwork that is horizontal and vertically integrated Multidisciplinary teams (MDTs) leverage rare skilled specialist professionals by integrating their work as consultants with mid-level and community staff, including care co-ordinators and allied healthcare workers. MDTs in 'hub clinic and spoke' service arrangements split clinician time between their base and the other sites in the service, and in regular MDT meetings that plan individual optimal care that is continuous and proactive, not driven by crisis.

MDTs:

- Teamwork supports patients (and families); facilitates movement through the system
- Routine meetings review progress and refine care plans
- Take accountability for their population outcomes

b. Case mix measures to match demand and supply Case mix measures are used to understand each patient's care needs, by characterising each patient's episodes of illness and grouping them into cohorts of similar patients tomeasure and manage the load they represent. Case mix information uses:

- Planning for local need
- Managing system productivity and outcomes by assessing the match between patient need, supply and the utilisation of clinical services and their costs and outcomes, i.e. value
- A contracting reimbursement mechanism Groupers: DRGs (for hospital) and episode groupers (acute or ongoing diagnoses can be used for risk stratification). There is no case mix office in South Africa; neither are there agreed standards.

Case mix is key for strong national health financing systems, whether directly funded or via contracts. They're the tool behind 'performance-based funding' or 'results-based financing' or 'pay-for-performance' budget methods, and are the alternative to rigid line-item budgets, unmanaged fee-for-service reimbursement or crude capitation systems that don't reflect the variances in the covered populations' 'disease burden index'.

c. Value-based care contracts
These are contracts between third-party funders and the suppliers of clinical care to the members, based on case mix-adjusted global fees and outcomes. They align the incentives of the patients/members, the provider team and the scheme.

Crucially, value-based care has the effect of commissioning new models of patient-centric care built around MDTs that collaborate on providing joint care for shared patients, because they fund teamwork and data-driven continuous improvement. The model is agnostic ownership - private (commercial) or not for profit, e.g. a university clinic or one co-located in a public sector facility.

3. HOW TO ACHIEVE CONVERGENCE - STRATEGIC PURCHASING AND THE NHI

Strategic purchasing: Joe Kutzin (WHO) notes that countries cannot simply spend their way to universal health coverage; instead, to sustain progress, efficiency and accountability they must undertake effective purchasing and cease passive funding, whether budgets or fee-for-service.

Since 2000, a major role of medical schemes is to undertake active purchasing; but they haven't gone beyond chasing lower prices. Rather than actively commissioned new care delivery models, they have overseen rapidly rising premiums. The HMI report vividly describes how schemes have failed their members by not buying overall value for money, despite the obvious need.

The NHI is based on the separation of the supply of healthcare from the purchasing agency, with providers competing for contracts from a large purchaser, based on the value they deliver. It also sets out how to drive vast improvements in how care is delivered, including via a major shift towards community-based PHC. It supports multidisciplinary teamwork. However, it needs the commercial sector to create high-value services with which an NHI purchaser can contract.

We must acknowledge that we have a deteriorating public sector with a weak management class, who operate without accountability and who serve our people poorly. The private sector attracts and trains and has experienced and motivated managers who work within an environment of short-term financial incentives. This cadre can be an asset if their energies are directed at achieving public goals in value-based care contracts.

> "WE ARE ON A JOURNEY FROM BOTH THE FRAGMENTED, LOW-PRODUCTIVITY LONE CLINICIAN FEE-FOR SERVICE MODEL AND THE POORLY RESPONSIVE, LOW-PRODUCTIVITY SUPPLY-SIDE BUDGET, GUARANTEED SALARY MODEL TO A SYSTEM CONVERGING ON TEAMWORK DELIVERING VALUE."

Why there is a NEED FOR REGULATORY ALIGNMENT IN SOUTH AFRICA

Dr Deborah Pearmain, Independent Consultant to the Healthcare Industry

The legal framework for healthcare in South Africa must be viewed as a system. It cannot consist of just one piece of legislation. Therefore individual laws that comprise the system must work harmoniously together. Unfortunately this systemic perspective has been lost and so harmony has not been achieved.

The private health system is not working because of patchy regulatory oversight. Medical scheme contributions are increasingly unaffordable. The high price of private healthcare means that it is inaccessible to the vast majority of the population.

The 1997 White Paper for the Transformation of the Health System in South Africa set a goal to integrate the activities of the public and private health sectors in a way that maximises the effectiveness and efficiency of all available healthcare resources. It stated that policy and regulations pertaining to private hospitals would be implemented to encourage cost-containment in the private sector and ensure that private hospitals contribute optimally to the national health system. This has not been done. The White Paper also says that private health practitioners should be integrated with the public sector in respect of the provision and management of services. No regulation currently gives effect to this.

The Health Market Inquiry noted in 2018 that 'the overall incomplete regulatory regime can largely be attributed to a failure in implementation on the part of regulators and inadequate stewardship by the Department of Health over the years'. The HMI found that the supply-side regulatory system is fragmented with little synergy and cooperation between various regulatory and oversight bodies mandated to oversee providers. It pointed out that many of its recommendations are already provided for in legislation but that these have not been implemented.

THE GOVERNMENT NEEDS TO REFRESH ITS MEMORY OF LONGSTANDING HEALTH POLICY AND RENEW ITS RESOLVE TO COMPLETE THE REGULATORY ALIGNMENT NECESSARY TO OPTIMISE THE HEALTH SYSTEM FOR ALL.

UNDERSTANDING THE ROLE

OF INTERSECTORAL CONVERGENCE AND REGULATORY ALIGNMENT IN THE DELIVERY OF HEALTH SERVICES

DR MANYANGANE RAYMOND BILLA,
Registrar/CEO: HPCSA

As part of the broader theme of this year's BHF conference, 'Convergence 2030 – Healthcare re-imagined', this article looks largely at the Health Professions Council of South Africa's (HPCSA) role as health regulator. Understanding intersectoral convergence and regulatory alignment in the delivery of health services is the main focus.

Healthcare delivery is a multisectoral engagement and several role players are involved at various levels. It has to be integrated for it to have the full tenets of a comprehensive healthcare delivery service. These tenets include access, quality, equity, efficiency and effectiveness and require intersectoral convergence and collaboration.

At the centre of healthcare delivery is the patient. I wish to highlight the various role-players and the roles they play in the intersectoral convergence. As a regulator among other healthcare regulators, the HPCSA's role is to ensure quality of healthcare delivery for the patient and their community. The primary mandate of the HPCSA is to ensure that the practitioners we register and license to practise their professions have received the requisite education and training at a prescribed training institution and that they are competent to safely look after the health of the population. In fulfilling our mandate we carry out two main functions when guiding these professionals and protecting the public. The following proposed integrated healthcare delivery model recognises the key stakeholders in the care of the patient; sometimes these have tensions in their pursuit of provision of care:

- a. The regulator – HPCSA: its role is to ensure that we have competent practitioners who provide safe and quality care to the patient
- b. The practitioner: their responsibility is to provide patient care in a caring and safe manner. They may expect to be remunerated for the care they provide
- c. The payer: the government or the medical aid industry is there to ensure that there are adequate funds available
- d. The associations that are representative of the practitioners to ensure their well-being and at the same time establish peer review mechanisms to ensure that practitioners provide safe and quality healthcare services
- e. The professional associations that set standards and protocols for the practitioner to ensure quality care
- f. The training institutions that train competent and safe practitioners
- g. The regulator of the medical aid industry.

Following the Health Market Inquiry the HPCSA has been required to consider earnestly the amendment of its ethical rules. We were criticised as these rules may restrict innovation, entry and/or expansion in the market. This understanding has led us to also consider extensive legislative review, which we will embark on fully in the next year so that all concerns raised in the course of doing business and engaging stakeholders are covered.

We need to look at entrenching high standards of ethical conduct in an industry that is so profit-driven, especially in the private sector. There are many practitioners and non-practitioners in the industry that do not fall within the scope of the HPCSA as a regulator but make substantive decisions on healthcare delivery. As we reimagine a future healthcare system that is integrated, we should consider regulating all these players in one way or another by ensuring that they enter a new certification programme that will bring them into the fold of the regulator. These include officials employed by the industry either as actuaries or strategists, as well as some de-registered practitioners. We have a duty to protect the public. We join the president in dreaming of a healthcare system that is devoid of unethical behaviour and where fraud, waste and abuse are a thing of the past.

POLICY AND REGULATORY COHERENCE ACROSS THE GOVERNMENT SECTOR:

A determinant of equitable and universal access to healthcare in South Africa.

Dr Selaelo Mametja,
Head of Knowledge Management, SAMA

INTRODUCTION

South Africa has a long legacy of inequities in respect of social determinants and access to healthcare. Legislation and government policies can be used to improve access to good quality and equitable care. Despite progress in pro-equity health policy and legislation, there has been inappropriate implementation, inadequate enforcement and contradictory regulatory decisions.

The goal of any health ministry is to ensure citizens enjoy universal and equitable access to good quality care. The healthcare system (policy/regulations) is itself a social determinant of health, influenced by and influencing the effect of other social determinants. While many public policies contribute to health and health equity, improving population health is not the sole purpose of societies and their governments. A lack of coherence can occur when, on the one hand, the government tries to promote health while, on the other hand, also seeking to promote economic and industrial development. Lack of coherence can also occur when the government implements contradictory policies that have unintended consequences.

Regulating healthcare is a pre-eminent policy challenge in South Africa due to a prominent capital private health sector, despondent, non-engaged consumers, an inefficient public sector, contradictory policies and laws coupled with inadequate enforcement. South Africa is characterised by a fragmented healthcare system as well as fragmented regulation. Implementation of national health insurance (NHI) in South Africa will require a review of the plethora of legislation within and outside the ambit of the health ministry cutting across laws and regulation of suppliers, funders of health services and the people (citizens and non-citizens).

The Constitution of the Republic of South Africa, 1996 is the supreme (highest) law of the land and important for developing and implementing health policies and regulations. Section 27 makes provision for socio-economic rights, which include healthcare, and places a duty on the state to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right to healthcare. Protection of this right will require the state to make healthcare universally accessible; promotion of this right will require the state to put in place policies to enable citizens, and fulfilment of this right will require the state to actually provide health services for all, including emergency and reproductive health services. Indeed NHI is a progressive measure towards the realisation of healthcare for all citizens.

To realise a successful NHI any legislative and other measures that the government takes need to be coherent and aimed at achieving the goal of universal health coverage. Below is an outline of some laws that need to be reviewed.

REGULATION OF SUPPLIERS

Regulation of health professionals: How health practitioners are regulated needs to be revised to promote efficiency in healthcare delivery. Rules to be reviewed include the scope of practices, relationships between practitioners, reimbursement, training, the establishment of multidisciplinary teams, continuing professional development and perverse incentives. Health Professions Act 19 (and the Health Professions Council (HPCSA) created in terms thereof and currently functioning inadequately), the Allied Health Professions Act, the Nursing Act, the Pharmacy Act and the Traditional Health Practitioners Act will need to be reviewed and aligned with the objectives of NHI policy.

Regulation of health establishments: Universal access to health services requires the equitable distribution of health facilities. In South Africa, we have an over-serviced and an under-serviced population. Control of entry of health establishments will need to consider geographical distribution, efficiency, accessibility and sustainability (both financially and in terms of ability to retain staff). The Office of Healthcare Standards (OHSC) will play a significant role in ensuring that health establishments meet the required standards to provide good quality healthcare. Its role in monitoring standards can easily be expanded to include monitoring of health processes and outcomes, as well as developing evidence-based interventions to improve quality of care. It is imperative that the OHSC is adequately funded to undertake its current and anticipated future functions. Therefore, revision of the OHSC funding mechanism and revenue generation is essential. The independence of the OHSC has been questioned, particularly when it comes to the regulation of state facilities. In the coming years, it will be vital to ensure that it is autonomous and does not have conflicted relationships with suppliers (practitioners, private and public hospitals) and the NHI fund.

Regulation of health goods: Implementation of the drug policy in 1996 has, to no small extent, promoted access to medicines for the majority

of South Africans. However, there are areas for improvement. Implementation of NHI requires evaluation of national drug policy and related legislation. Availability of affordable, essential and innovative medicines and devices is key to universal health access. Currently, regulation in terms of access and availability of medicines is aligned with the fragmented health systems. The private health sector has access to a wide range of drugs at a higher price. The single exit price regulations do not apply to the state, and the state can therefore negotiate reasonable rates. It is not clear which provisions would apply to the NHI fund. Universal access will also require improved efficiency in the registration of medicines and monitoring. It is therefore imperative that the South African Health Products Regulatory Agency is adequately resourced and efficiently run. Access to cost-effective and affordable medication is necessary for sustainability. It is also essential to implement at national level policies that promote access to them. Revision of patency laws will also be necessary.

REGULATION OF HEALTHCARE FINANCING

Apart from the tax-funded public health system, other sources of funding include medical schemes (Medical Schemes Act), Compensation of Occupational Injuries and Diseases (COID Act), Road Accident Fund (Road Accident Fund Act of 1996) and health insurance products (Short-term Insurance Act of 1998). The fragmented risk pools are a threat to universal coverage. The World Bank advanced that a universal health system requires a single risk pool with efficient cross-subsidies between the healthy and the sick and between the wealthy and the poor. Therefore amendment of these applicable health financing laws and any regulatory decisions in the interim should aim to establish a single risk pool, with efficient health and income cross-subsidies.

Tax laws need to be reviewed to allow pooling of NHI funds, while public and finance management need to be modernised to improve accountability of the fund.

REGULATION OF THE USERS OF NHI

To facilitate the planning of health services, South Africa needs to know the number of people in the country. Our constitution makes provision for emergency healthcare for all. South Africa currently has a reasonable number of undocumented people. Undocumented people include internally displaced South Africans, illegal immigrants and asylum seekers. The Department of Home Affairs has backlogs and cannot process asylum applications efficiently. Implementation of NHI requires modernisation and digitalisation of this department as well as revision of the Immigration Act to ensure that medical tourists do not abuse the health system.

FURTHERMORE, AS IN OTHER COUNTRIES, IT SHOULD BE MANDATORY FOR TOURISTS TO PURCHASE SOME FORM OF HEALTH INSURANCE BEFORE ENTERING THE COUNTRY. IT IS ANTICIPATED THAT NHI WILL EXPLOIT DIGITALISATION AS A MEANS OF EFFICIENT DELIVERY. IT IS THEREFORE IMPERATIVE THAT WE CAN IDENTIFY USERS QUICKLY, YET BE ABLE TO PROTECT THEIR PRIVACY.

OTHER LAWS NECESSARY FOR THE IMPLEMENTATION OF NHI THAT NEED TO BE EXAMINED FOR COHERENCE INCLUDE THE CONSUMER PROTECTION ACT, PROTECTION OF PERSONAL INFORMATION ACT AND STATE INFORMATION TECHNOLOGY ACT

IN ORDER TO REALISE A SUCCESSFUL HEALTH SYSTEM, INTENTIONAL REVIEW OF THESE LAWS IS NECESSARY, BUT MOST IMPORTANTLY THERE IS A NEED TO PROMOTE EQUITY IN ALL POLICIES, PARTICULARLY ECONOMIC ONES, AS THEY REMAIN A CRITICAL SOCIAL DETERMINANT OF HEALTH.

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Improving HEALTHCARE OUTCOMES IN 2019: Challenges and prospects

BHF360° spent some time with the BHF executive team to discuss some of the 2019 challenges and highlights on improving healthcare outcomes

BHF Executive Team: Dr Katlego Mothudi: Managing Director; Eric Rantsho: Head Shared Services and PCNS; Gail Forsman, HR Consultant; Howard Stephens, Finance; Charlton Murove: Head, Research; Zola Mtshiya: Head, Stakeholder Relations and Communications

POOR DATA IN HEALTHCARE IMPEDES GOOD DECISION-MAKING

The fate of health systems around the world is very often decided by the quality of data at their disposal. For Dr Mothudi, the BHFs managing director, this is in keeping with an old adage. "There is an old dictum that says whatever is measured improves."

When data in healthcare systems is poor it invariably means decision-makers are hamstrung and cannot act on critical issues. "You cannot make informed decisions if you cannot have a snapshot on what your operations are or the industry is," he says.

It is important that the data collected in the healthcare system is of good integrity. And here it is not just the collection and storing methods that must be sound, the human factor also has to be anticipated. People can bring errors, and usually do, that can compromise important data.

"All the participants that contribute towards the data must have a good insight of what the data is required for. In the medical aid industry, to give you an example, any interaction will generate the data" , he says. From the diagnosis through to medical procedures and the treatment eventually given.

"If a person has got maybe two or three diseases that they are being treated for and I only capture one it misrepresents the health profile of that individual," he explains. Quality of data also assists in monitoring compliance and ensuring best practices.

"If for example there is an algorithm for treating a particular condition, with the data collected in these interactions we are able to see whether there is adherence to those protocols. That gives input to the health outcomes."

LOW HANGING FRUIT FOR DATA MANAGEMENT IN SADC COUNTRIES

One low hanging fruit health systems in Southern Africa can pick is standardisation. Currently even how countries in the region record diagnosis data is uneven. While many health systems around the world collect diagnosis data through the International Statistical Classification of Diseases and Related Health Problems (ICD) system, in Southern Africa this is uneven. Dr Mothudi says this lack of consistency leaves the quality of data at the region's disposal with much to be desired.

According to Dr Mothudi, standardisation is a low hanging fruit for improving data quality in SADC health systems. "Let's agree on what sort of data we collect and also agree on what type of data points are important."

But first there must be agreement on a minimum set of data and the type so there can be synergy across the region."I think that will help us a lot because it then aligns how we report common things," Dr Mothudi adds, saying this will harmonise the regional response to major challenges.

This will also make benchmarking easier. With this the region can track progress on key indicators and ensure quality outcomes. "If you do not collect similar things you can't report on the same thing. Then you can't compare how well or badly you are doing," Dr Mothudi explains.

ENSURING QUALITY HEALTHCARE OUTCOMES

The industry seems to be responding warmly to the important quality of care questions raised by the National Commission on High-Quality Health Systems in the Sustainable Development Era. The report was released in September 2018.

Dr Rajesh Patel, who is BHF's head of Benefit and Risk Management, was one of the commissioners and says the report is quite an extensive review of the South African healthcare system. He adds that the lack of negative commentary on it thus far can be viewed as a positive sign. As soon as the industry finishes digesting its findings, Dr Patel reckons, "People will need to start taking decisions and the necessary action."

"Obviously the regulatory ones will depend on regulatory change," he says, but adds that the private sector can also act voluntarily on the findings. Among its suggestions is what health systems in low-income and middle-income countries can do to reach the goal of universal healthcare coverage (UHC). "The bottom line is that UHC is something that is noble that we need to work towards. Everyone around the world has committed to work towards this," he says, especially because UHC is a World Health Organization Initiative. Dr Patel uses a simple analogy to describe how fast each country can reach the goal. He says countries can get there slowly using a rundown skorokoro, at a moderate pace in a Mazda, or arrive at breakneck speed using a Bentley. "One of the important things is to look at what monies and resources are available. And then you ask the question, what is the best bang for the bucks that I've got right now? What can I achieve maximally with these limited resources that I have."

On ensuring quality care outcomes in the region he says the first thing role-players can start with is measuring what they are doing. In this way people can be held to account through performance and consequence management at every level in the system. "For the doctors, for example, let's start implementing medical audits in your rooms. And by you learning to do that, and actually doing it, it will help you and change the way you practise." For the wider health system the recipe for success, he says, is to have structures that help institutitutions overcome deficiencies that are the real underlying cause for deviations from specified norms.

TRACKING SDG 3 IN 2019

In 2019 global health systems have made significant progress on key indicators like reducing infant and maternal mortality, increasing life expectancy and pushing back against several leading causes of death.

According to BHF's Head of Research, Charlton Murove, a major concern now is that the trend emerging is that of pockets of excellence. Most worrying is that in some SADC countries like Lesotho, Swaziland and Namibia the figures for infant and maternal mortality have recently spiked. To avoid this chequered pattern of progress in ensuring healthy lives and promoting well-being, the region should have a coordinated view on improving health systems. The key to this is to adopt an inclusive approach that leaves no one behind.

Murove says the current status quo, where health systems work in silos, is entrenched. "People do their own thing in their own spaces. And I think we need to speak to one another more." But, he adds, this approach will not bear any fruits in the absence of positive leadership answerable to tough questions from the broader healthcare community. "We need to ask those in leadership to do more. So it's increasing accountability and asking the right questions."

In the greater scheme of things individuals can also exercise some form of power. "When we talk of leadership we should not just look at people who are necessarily in power or who hold certain positions. I think the responsibility is just too much for one single person to get things right on their own."

HAS TECHNOLOGY BEEN A GAME CHANGER IN 2019?

The impact of technology on the health system in 2019 can be viewed as two starkly different races. The two-tiered nature of the system, and the vast inequality in infrastructure and resources, is also mirrored by the pace of innovation in the private and public sectors

According to Eric Rantsho, the BHF's Head of Shared Services, movements to improve Information communications technology infrastructure in the public sector proceed very slowly and not much has happened as far as things like automations are concerned.

He says, however, conversations about innovation are already happening at a high level in discussions on the National Health Insurance. "There are still difficulties obviously with regards to how well this is going to be operationalised." On the other hand, stiff competition in the private sector forces players to gallop ahead with innovation out of necessity, otherwise they would forfeit their competitive their edge. "The world is actually changing as far as the various technologies that support healthcare are concerned."

This change is felt everywhere, he says, from private healthcare hospitals all the way through to managed care organisations and the administration level. "There is always an investment from private healthcare institutions to remain relevant and drive down costs. That's what they do all the time." Many new technologies are gaining steady traction, and healthcare systems would be remiss if they do not explore what their benefits are in improving health outcomes. These include blockchain, machine learning, the Internet of Things and other artificial Intelligence based innovations.

Rantsho says the Southern Africa region is not exactly sleeping on these new innovations. "We are not necessarily missing out as such. It is basically the confluence of all of these, making sure that those different technologies that are emerging or that are already there work in concert."

This convergence is becoming even more critical as shifts in the logic of economies and value chains are becoming more apparent as the conversation on the fourth industrial revolution grows louder. What is important for SADC is to take advantage of the increased connectivity that comes with the rollout of broadband technology.

Rantsho says the speeds that 5G connectivity brings is already promising to be a gamechanger in healthcare. "The better speed we have, the better we can get to do things. Especially when it comes to remote operations," he explains.

CLEARING THE COURSE.

A MEDHEALTH STORY

This year, as MedHealth commemorates its first step in 2009, allow us to share with you what very few can share, our story. It may not be the greatest but we find that it is the most MedHealth story there is. Our first steps were on rough and rigid paths. This did not stop us neither did it deter our members. Eventually, after a few stumbles we decided to walk onto a different path. One that looked smoother. Unfortunately, this road had hidden pebbles and scrapes that affected our morale and our pace. When we looked back to where we had begun, we saw that we needed to take a different path, one that would allow us to carry our members with ease and continue to keep our promises to them. We felt that we needed to make it easier for everyone else who wanted to follow us. And so we stepped off the tarmac road and began clearing our own path.

Setting foot off the set roads has been beneficial for us, those we carry and those who follow our lead. The rewards cannot be quantified. In 2015, MedHealth under the brand name Metropolitan Malawi received the first ever ever Service Excellence Award, in the category of Health Insurance. In 2016, we were presented with the award of First Runner up in the Health Insurance Category of the Service Excellence Awards. In 2017, MedHealth was granted the award of Second Runner up in the General Insurance Category. In 2018 MedHealth once again was awarded the Winner in the Service Excellence Award, Medical Schemes Category.

We prioritise and recognised excellence and our endeavors have been recognized not only in Malawi but also in Africa. In 2017, MedHealth was admitted into the Board of Healthcare Funders Southern Africa as a member and the Malawian representative. The Board of Healthcare Funders together with MedHealth has over the years been instrumental in the fight of ensuring that medical scheme members are not taken advantage of by advocating for fairness, equality and morality with various stakeholders within Malawi.

From the time we set foot in Malawi, we have met other likeminded people who are determined to change the landscape of health in the country and have helped us help you. Our partners are dedicated to our cause.

Aerorx, since 2017, has provided assistance in transporting MedHealth members who are in life-threatening situations with their air ambulances.

Healthshare Health Solutions has continued to look after our members where we could not physically be present.

Thom Kight helps comfort bereaved MedHealth families by assisting to bring back the bodies whose souls have moved onwards, while receiving treatment in South Africa.

Yashoda Group of Hospitals has been instrumental in restoring hope by allowing our members to access advanced and innovative medical treatment at a fraction of the price in India.

2Cana provide the health management systems that bridge the gap between a MedHealth member and a healthcare provider.

Redstor has and continues to ensure that no data is lost with their back-up system.

Insight Actuaries and Consultants provide advice and guidance so that we can service you better.

By working with a vast range of providers in the health, finance, and technology industries, both in and outside Malawi we try to ensure that we keep our promise to all our members.

Our promise as we continue to clear the path towards sufficient healthcare is as follows: firstly, to put you at an economic advantage by offering no shortfalls for all available benefits. Secondly, to cater for any eventuality with emergency cover and foreign referral benefits. Thirdly, to provide affordable premiums to all beneficiaries. Fourthly, to lessen the burden of families with funeral benefits; and lastly to protect our members with wellness programmes. We promise to carry you, to support you, to be there for you.

To learn more of how MedHealth can support you call us today on +265 1 1771 977, visit our website www.medhealth.mw or email us info@medhealth.mw.

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 division within the health solutions environment of MMI Holdings, Metropolitan Health's 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.

MMI Holdings Limited (MMI) is a South African based financial services group 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 Multiply (wellness and rewards programme), and our other specialist brands, including Guardrisk and Eris Property Group, MMI enables business and people from all walks of life to achieve their financial goals and life aspirations.

momentum multiply METROPOLITAN GUARDRISK ERIS

Dr Ali Hamdulay

CEO: Metropolitan Health

In addition to his role as CEO, Ali also serves as Chairperson: 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 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. She also serves as a board member of Astral Foods.

Kobus Dreyer

Chief Integration Officer

Currently the Chief Integration Officer for the health division of MMI, 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.

AHEAD 2030
Where might we be?

Zola Mtshiya, Head Stakeholder Relations: BHF

The Board of Healthcare Funders of Southern Africa (BHF) recently convened to develop a set of future scenarios for the South African healthcare sector. These scenarios identify opportunities to develop the sector for the benefit of its members, looking ahead to 2030.

Informed by a set of scenario planning methodologies, the team conducted a series of engagements that focused on defining the game and identifying the players, while envisioning what winning would look like. Within this context, the regulatory framework sets out the rules of the game.

Facilitated by Chantel Ilbury from Mind of a Fox, led by BHF and supported by healthcare industry players. Three scenarios were mapped out, following a structured scenario development approach.

The scenarios team recognised that the South African healthcare sector is not healthy. It is characterised by two noticeably disparate healthcare systems – the public sector and the private sector. The state healthcare sector trails behind its private counterpart in terms of facilities and overall delivery, resulting in an uneven distribution of healthcare service to the approximately 80% of South Africans without medical aid cover who are dependent on it. The perception is that the state healthcare sector is worsening; problematic issues are, among others, maladministration, poor leadership and a growing mistrust between certain elements of leadership within the Department of Health and the private healthcare sector.

Uncertainty and escalating costs are a serious issue Consolidation in the private healthcare sector has led to growing uncertainty, and rapidly increasing costs have contributed to making private healthcare unaffordable. Criticism continues around the value that funders provide as they continue to decline personalised treatment solutions or paying for treatments that depend on expensive new technology offerings and transformative medicines.

TALK AROUND THE NATIONAL HEALTH INSURANCE (NHI) CONTINUES TO GATHER MOMENTUM, WHILE HIV/AIDS CONTINUES TO MOVE LOWER DOWN THE GOVERNMENT'S AGENDA ON PRESSING MATTERS.
WITHIN THIS CONTEXT, FIVE PIVOTAL UNCERTAINTIES WERE IDENTIFIED, NAMELY THE ECONOMY, THE ROLLOUT OF THE NHI, SENIOR LEADERSHIP STRUCTURES, THE DEGREE OF COHESION WITHIN THE PUBLIC SECTOR, AND WHETHER CITIZENS WILL BE PROACTIVE ABOUT HEALTHCARE CHOICES.

The following scenarios were mapped out:
Scenario 1: Clean Bill of Health, which denotes a situation where the doctor is competent, the treatment is solid, the patient follows their advice, and a clean bill of health emerges. This is the best-case scenario. It is based on the fact that if healthcare sector cohesion and positive government leadership are both present, then clear regulatory guidance, combined with collaboration in the sector, will result in a level playing field, a clear path to growth and access to quality, affordable healthcare. In this scenario, the NHI rollout is successful, with provision for the role of private funders.

Scenario 2: Non-adherence, which unfolds as the doctor provides healthy advice, but the patient either ignores it or looks for alternative therapies. In this scenario, despite positive leadership by senior government, key players within the industry still find little ground for agreement and collaboration. A protectionist mindset throws down stumbling blocks in the path of clear developmental initiatives provided by the government. As a result, healthcare provision is patchy and the sector flounders overall. The NHI is driven by the state and little provision is made for private healthcare funders.
Scenario 3: Waiting room. This scenario is characterised by a patient who has an idea of what is wrong and has done all they can to help the situation but are now waiting for the necessary authorities to help. The key players in the healthcare sector are collaborating, but positive government leadership is not forthcoming. There are pockets of excellence within a sector that is otherwise characterised by poor delivery. The NHI rollout stumbles and private healthcare picks up the ball.

Scenario 4: ICU, which describes a situation where the patent is being kept alive by the occasional input of intensive resources. There is some hope of recovery, but the serious nature of their condition means that another nasty event could be fatal. This is the worst-case scenario where there is an ongoing failure by government to provide positive leadership. At the same time, there is discordance in the healthcare sector. There is little hope of growth and the players distrust each other, resulting in a highly unequal provision of healthcare. The NHI is a failure.

On this gameboard, the current public healthcare sector is placed in the ICU. There is some healthcare sector cohesion, but very little positive leadership from government role-players.

The scenario planning team are of the view that a number of considerations must then be made to ensure that the outcomes of the right scenario result in a winning healthcare system, where winning is characterised by an additional one million people benefiting from medical aid cover, and healthcare funders owning health management organisations and investing in training institutions, where an electronic healthcare information structure is operational. A successful private-state cooperative project should be established – with a standards blueprint for tariffs, reimbursements, quality measurements, and an umbrella body providing a unified voice in dealing with the government on matters relating to healthcare funding and provision.

ADVERTORIAL

Quō vādis the SA healthcare industry?

By Josua Joubert:
CEO and Principal Officer,
CompCare Wellness Medical Scheme

The South African private healthcare industry has undergone considerable changes in recent years. So much so that most within the sector are asking themselves quō vādis, or where to from here?

One of the most important trends in recent years has been the consolidation of the medical schemes industry with a number of medical schemes having amalgamated in recent years. This development has been supported and endorsed by the Council for Medical Schemes (CMS), which has noted "a natural consolidation of schemes" over the last 20 years, and is aligned to the white paper on National Health Insurance. But is this development a positive one?

With healthcare costs rising steeply and medical schemes having to provide full coverage for prescribed minimum benefits, many of the smaller schemes in South Africa have been placed under considerable pressure to provide the necessary funding to members while at the same time remaining sustainable.

On the other hand, larger amalgamated schemes are able to achieve improved economies of scale and cost efficiencies. In addition, larger schemes are able to considerably enhance bargaining power to enable better negotiated rates with providers and provider networks, as well as achieve a broader national footprint. This means that the amalgamated schemes are likely to be considerably stronger and more sustainable into the future.

Perhaps most crucially, the well-administered consolidated medical schemes are able to enhance cover and benefits to its all-important members, and keep their future contribution increases to a minimum.

Such funders should therefore be able to not only provide benefits that offer the best possible bang for the member's buck, but also offer lower cost options that provide truly meaningful cover, thereby serving to

broaden access to healthcare. This is particularly important given that there has been a stagnation in medical scheme membership in recent years.

Amalgamating schemes should complement each other to provide a broader, member-centric offering to fulfil member needs. A thorough amalgamation analysis conducted prior to such a move should establish whether the new scheme will be stronger and be able to keep annual contribution increases to a minimum, and ensure that members are impacted as minimally and positively by the move as possible.

The proposed amalgamation of CompCare Wellness Medical Scheme and Selfmed Medical Scheme will place the new combined scheme in a very strong financial position with one of the highest reserve levels of open medical schemes in the industry, and significantly above the regulated 25%. The combined balance sheet and increased membership size will unlock efficiencies and economies of scale that are likely to have considerable benefit for members.

In addition, it will enable the new scheme, which will be known as CompCare Wellness Medical Scheme, to provide a comprehensive range of benefits specifically structured to address individual needs of the scheme members.

CompCare has an outstanding 40-year track record and its success over the years is attributed to the strong emphasis it places on meeting the needs of members. We listen to our members in order to give them exactly what they need and believe that affordability, choice and security are non-negotiable.

FROM VOLUME TO VALUE:

Creating a culture where quality and accountability thrive

Torrie K Fields, MPH: Program Director, High Value Solutions, Blue Shield of California

Since it became a thriving business, healthcare has largely operated under a transactional model, with payment rendered for services provided. And while the cost and quality of the services provided across other industries became increasingly more transparent to the end-consumer, the complexity of new technologies and procedures in healthcare has made it even more difficult for the end-user to understand the value equation.

LACK OF TRANSPARENCY, COUPLED WITH THE RISE IN CHRONIC DISEASE, HAS INCENTIVISED CLINICIANS TO PROVIDE MORE SERVICES TO THEIR PATIENTS REGARDLESS OF THEIR VALUE, FURTHER INCREASING OVERALL HEALTHCARE EXPENDITURE AND LOWERING THE QUALITY OF SERVICES PROVIDED. CURRENT PAYMENT SYSTEMS OFTEN PENALISE PROVIDERS FINANCIALLY FOR KEEPING PEOPLE HEALTHY, REDUCING ERRORS AND COMPLICATIONS, AND AVOIDING UNNECESSARY CARE, EVEN WHEN THAT IS WHAT THEIR PATIENTS EXPECT THEM TO PROVIDE.

This misalignment in healthcare delivery and finance is just what new value-based payment models have offered to solve, by incentivising providers based on healthcare outcomes rather than the total number of services provided, requiring greater accountability from the provider of care when it comes to understanding what people need in relation to their healthcare goals. Analyses indicate that these models have encouraged patients to select more cost-effective providers and have encouraged providers to reduce costs while maintaining or improving quality to attract consumers. Depending on the overall needs of a population, it is likely that financers of healthcare may need to utilise different value-based payment models to balance cost of care with the quality of care provided, offering the right care at the right time to the right patient. By ensuring that payment is flexible enough to provide comprehensive care in a timely manner and that there are quality standards by which to hold providers accountable, value-based payment has the opportunity to redesign a healthcare environment from one where sick care is provided to one where people can receive the highest quality of care possible, from birth through to the end of life.

Managing HEALTHCARE COST DRIVERS IN ZIMBABWE

Stanford Sisya, Managing Director: First Mutual Health

The medical industry in general is complex and challenging, but in Zimbabwe the economic challenges that have haunted the country for the past two decades make the operating environment unique and exciting.

The major cost drivers healthcare costs in Zimbabwe are prescription drugs, unnecessary tests, scans and surgical procedures. There is a high disease burden fuelled by low disposal incomes, which result in poor diets. In 2009, the economy was dollarised; the worst outcome of that was the initial tariffs, which were set at USA levels. These continue to be a problem for medical industry. Since a currency reform pronouncement by the Reserve Bank of Zimbabwe in October 2018 there has been minimal allocation of foreign currency to the healthcare sector to import drugs and consumables. This has resulted in service providers sourcing forex on the black market and passing on speculative prices to medical schemes.

First Mutual Health has made several interventions to manage the escalation and at times bizarre costs.

Procurement of drugs
The scheme has become part of a drugprocurement programme. Drugs and consumables are procured from wholesalers and then distributed to selected pharmacies and medical facilities throughout the country. Members then access drugs and services at reduced cost as the price margins are agreed upfront with providers.

Managed healthcare programme
Our wellness brand, 1st Care, in partnership with Jumla of South Africa, rolled out a managed healthcare programme that covers members through both organisational and individual programmes. It includes dance and fitness classes, and the registering and tracking of members with chronic conditions.

Specialist procedures
The scheme has entered into partnership with providers in India, Mauritius and Malawi for affordable specialist procedures such as organ transplants, hip and knee replacements, and heart and spinal surgery.

Lifestyle management
Member education on lifestyle management is assisting in reducing the costs. The scheme is supporting the programme by rolling out marathons and walkathons aimed not only at its members but all citizens.

First Mutual Health team makes robust responses to the turbulent environment. This has resulted in membership growing to 140 000 lives since its formation in March 2009.

Forensic investigations
There is a dedicated forensic unit, which is instrumental in investigating and recovering money from errant service providers. This has had a huge impact on service provider behavior and claiming patterns.

Change across HEALTHCARE ECOSYSTEMS IN AFRICA: WHJ AFRICA EDITION 2019

Dr Anuschka Coovadia

INTRODUCTION

Over the last 100 years, healthcare systems across the African continent have started to evolve and transform slowly, in line with parallel changes experienced in the economic growth and social development of each country. A few of these countries are beginning to witness the birth of universal healthcare coverage, driven by the pursuit of national health insurance systems, with the concomitant reorganisation of the provider market. However, most African healthcare systems remain disorganised, fragmented, over-burdened and under-resourced. They are battling to escape the legacies of colonial rule, devastating war, natural disasters, infectious diseases, extreme income disparities, weakened governance and decades of under-investment in healthcare services and infrastructure. While the pulse of the continent may be quivering, the throb of its heartbeat is strong. Most countries have made healthcare development a national priority and many vibrant debates are being held, on how best to achieve 'healthcare for all', within the resource-constraints that exist. Bold investments are being made into healthcare, by both the public and private sector, which hold the promise of greater access, better quality and more affordable services. Global innovations are bring adapted and adopted to suit the local need. And most importantly, the everyday African woman and man are beginning to value their health and wellbeing like never before, creating a new type of healthcare consumer, who is no longer willing to accept directives, dismissals, denials, disrespect and disdain.

The paper that follows reflects on the current state of these African healthcare markets, with respect to the key challenges and solutions that exist, which could drive rapid and sustainable change, across their healthcare ecosystems.

STATE OF HEALTHCARE MARKETS – KEY TRENDS

Africa's population boom, rapid rate of urbanisation, widespread proliferation of mobile devices, increasing access to the internet and social media; and drive towards consumerism is leading towards an unparalleled level of focus and scrutiny on the adequacy of social infrastructure, provided by the State to its people, in each of the 54 countries.

Education, health and social services have become key pillars of many political campaigns around the Continent and civil society is growing stronger and more organised, in terms of voicing its expectations, frustrations and demands. High levels of poverty and income inequality persist in many countries, despite the growth of a new middle class. And the remarkable economic power of African communities, at the base of the income pyramid, is increasingly being recognised as a greater reckoning force.

"This year, we will take a significant step towards universal access to quality healthcare for all South Africans. After extensive consultation, the NHI bill will soon be ready for submission to Parliament. The NHI will enable South Africans to receive free services at the point of care in public and private quality-accredited health facilities. By applying the principle of social solidarity and cross-subsidisation, we aim to reduce inequality in access to healthcare." *President Cyril Ramaphosa, election campaign 2019*

Social media is connecting activism across these previously divided classes. And many are beginning to accept the view that prosperity should be shared and economic growth needs to be inclusive. Healthcare is now being seen as both a critical driver and output of this transformation.

Historically, most African countries have under-committed financial resources to the healthcare sector, both in absolute and relative terms. This lack of investment has led to inadequate or poorly maintained healthcare infrastructure, a lack of sufficient human resources for health, serious challenges with regard to access to safe and affordable medicines and a lack of prevention of avoidable morbidities and mortalities. These unnecessary deaths scar the face of progress and remind us of how far we still have to go.

KEY HEALTHCARE CHALLENGES

While there is a high degree of variation between and within each countries, the similarities are remarkable. A common set of solutions exist too, which could allow the very different African countries to 'start where they are' and move forwards, towards the goal of better health for all.

RESUSCITATING THE SYSTEM

Successful investors, entrepreneurs and scholars are often defined by their swiftness to see beyond negative perceptions – to see, that is, when the tide is turning for the better. Today, Africa's growth areas (those cities, countries and regions where business is thriving) are fast overturning historic pessimism about Africa.

And the upward trend in investment into the healthcare sector in Africa, by both foreign and local interests, has been astounding. While governments and the elites may or may not invest in national health systems, the African consumer is choosing to circulate its capital in new offerings of high quality, accessible, cost-effective healthcare services that are rapidly springing up across the Continent.

Nurses, doctors, clinics, pharmacy chains, diagnostics firms, emergency services, hospitals and specialist centres of excellence are rapidly reorganising themselves around a patient-centric model of care. In many instances, these services are provided by the private sector but actively supported by the public sector, who is starting to recognise their value.

SAME SOLUTIONS, DIFFERENT COUNTRIES

Healthcare is most accurately viewed as an ecosystem - a web of specialisation and diversification. In this complex system, services for higher-income and lower-income groups can impact favourably on each other. So too can the management of wellness and disease. The greatest synergy is achieved when national priorities are delivered upon by both the public and private sector.

DISRUPTERS

mHealth and eHealth platforms are providing the previously missing links between different points of contact with the patient. These valuable connections are helping patients to navigate the system, get access to better information and connect to the right type of service, at the right time and at the right price. They are also connecting primary or rural health clinics directly to speciality services, which are still predominantly found in urban areas.

The retail revolution is bringing healthcare services directly to consumers in the spaces where we work, live and play. Shopping malls, places of worship, the workplace, community centres, universities and schools are all becoming important touch points with the healthcare system. As care moves closer to the community, population health and wellness can be more easily promoted, disease can be diagnosed earlier and chronic conditions can be managed better. Goodlife Pharmacy in East Africa, HealthPlus in Nigeria and Dischem in South Africa are all fast-growing retail pharmacy chains, which are bringing the apothecary back. They are taking health and wellness products into the consumer

space, increasing access and convenience. Slick supply chain management, economies of scale and a strong mixture of products and services, are driving growth for these businesses at an incredible rate. In addition to the traditional pharmaceutical products, they are also providing home-delivery, primary health care services, vaccinations and corporate wellness screenings to their consumer base. (goodlife.co.ke; healthplus.com.ng; dischem.co.za)

Even the more traditional components of the healthcare ecosystem are evolving rapidly. Diagnostics firms are pursuing growth into new services and new markets, developing a rich database of clinical information. These services have typically stayed in the background in the past, relying on doctors to send tests to them and use their results, in the management of their patients. But these firms are now recognising the potential they hold for greater involvement in the disease management continuum. The next step is for them to integrate into public and private clinical management information systems, support proactive wellness and disease screening; connect directly to the consumer and provide greater input in the clinical management of patients.

Founded in 2002 during the height of the HIV/AIDS epidemic, Global Labs has become one of Africa's fastest-growing pathology providers. It has more than 400 staff across South Africa, and operations that cover Nigeria, Botswana, Namibia, Malawi and Zimbabwe. Its strategy has been to target rural populations and primary care centres in some of South Africa's most underserved areas. The business model often involves initial entry into a local market through large clinical trials contracts. Clients include Médecins San Frontières (MSF), Centre for the AIDS Programme of Research in South Africa (CAPRISA) and the Centers for Disease Control and Prevention (CDC). This provides a stable income base from which to grow a much larger commercial business with doctors, hospitals and patients directly. Global Labs has worked hard to bring costs down as low as possible without compromising quality. (www.global-labs.co.za)

Hospitals are also actively seeking to differentiate their services, by focusing on attracting the best doctors, nurses and allied healthcare specialists. Many of the groups are investing in their brands and trying to secure their referral networks by creating alliances and partnerships with corporates, National Health Insurance Funds, private health insurers and clinic networks.

The Aga Khan Hospitals are a network of international hospitals found across East Africa in Dar es Salaam, Mumbai, Kisumu, Mombasa and Nairobi. The group has a strong imperative to provide comprehensive non-profit health-care services. They have built a hub-and-spoke model around each of their tertiary care facilities, with primary healthcare programmes in each of their regions, designed to reach vulnerable groups, especially rural and remote communities, and lower middle-income urban families. Health promotion and disease prevention are at the core of all their programmes. They aim to ensure a high quality of care and invest in measures to improve quality, including training, clinical governance, organizational audit and accreditation, evidence-based practice, and continuing education of nurses, doctors and other healthcare workers. (www.agakhanhospitals.org)

In recent years, many of the private hospital groups have grown, expanding their services, extending their reach and upgrading their facilities. There is a focus on raising of the quality of care to international standards. In addition, independent, community-led and doctor-based hospitals are also proliferating in many regions, offering boutique solutions to defined groups of patient.

Even the clinicians are becoming more organised and innovative, expanding their scope into some exciting new areas such as home-based care, telemedicine, robotic surgery, genomics, eHealth apps and alternative reimbursement models.

LAST WORDS

The Low Cost, High quality public-private healthcare model could help drive a revolution in care system redesign. This model is particularly well suited to African healthcare systems, which are changing rapidly, pursuing ambitious targets for population health outcomes and understand the need to 'do more with less'. The importance of standardisation and consistency have been recognised, as well as having a focus on incentivising and delivering value across the entire healthcare continuum and driving synergies between both the payers and providers of care. We look forward to working with supporters of this model as we strive to achieve healthcare for all Africans.

COLLABORATION TO COMBAT FRAUD WASTE AND ABUSE in the healthcare sector

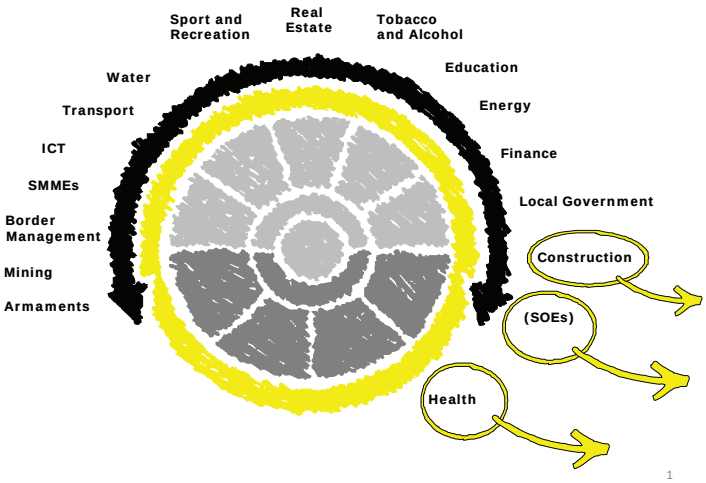
Thulani Mkhungo, Chief Risk Officer: Special Investigating Unit (SIU)

The National Development Plan (NDP) stipulates that the national health system needs to be strengthened by improving among others, governance in the health system. However, poor leadership and governance particularly in the public health sector has given rise to acts of fraud and corruption. This has eroded much needed resources in the health system, to ensure access to quality healthcare.

To give impetus to the NDP and the Presidential Health Summit, outcomes which require all sectors to collaborate and devise solutions to end the crisis in the South African health system has resulted in the Special Investigating Unit (SIU) convening the Anti-Corruption Task Team (ACTT) programme 4exercise, to conduct Corruption Risk Assessment (CRA) in various vulnerable sectors. The CRA focused on those industries, sectors and/or institutions (e.g health, construction, transport, mining, finance sector, etc) with a high risk or specific vulnerabilities to the manifestation of fraud and corrupt practices or activities.

Vulnerable sectors

Vulnerable sectors are those that have a high vulnerability to the manifestation of corrupt activities that could open the development of a country or functioning of government up to potential exploitation. We identified the following:



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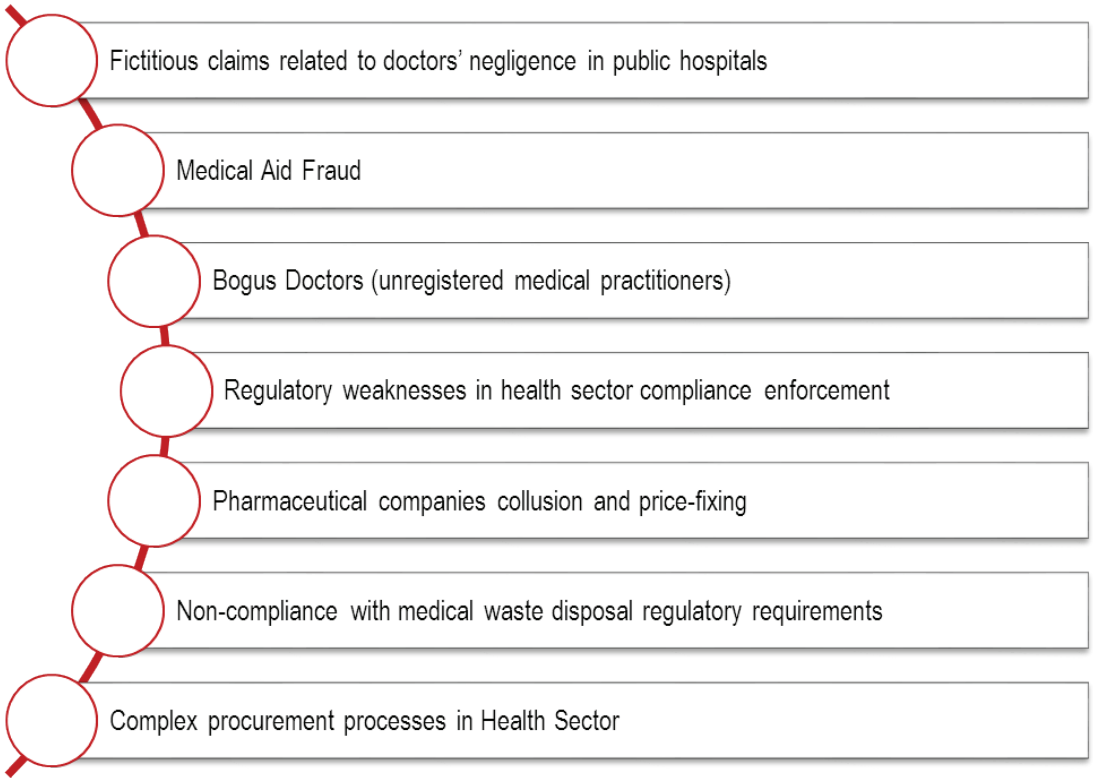
Through the CRA, the health sector was identified as one of the vulnerable sectors that requires immediate attention, due to its high exposure to fraud and corrupt activities.

The CRA process further revealed key vulnerabilities in the health system, which included among the following:



The common root cause in all the key vulnerabilities identified was "collusion amongst stakeholders". Hence, the key mitigation plan identified through CRA was a multi-sector collaboration in the form of a Health Sector Anti-Corruption Forum (HSACF), which comprises of health sector regulators, law enforcement agencies, civil society, the public and private sector. The main objective of the HSACF 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.

Through this collaboration, HSACF has received quite a number of fraud and corruption allegations, that has culminated in formal investigations in the health sector. Amongst them, include allegations of fraud and corruption at the Council for Medical Schemes of which the motivation for proclamation has been made, Health Professional Council of South Africa, National Health Laboratory Services, and the South African Health Products Regulatory Authority to mention just a few. The HSACF meets on a quarterly basis, to track progress on the health sector fraud and corruption cases that have been reported and those that are under investigation.

THE SIU IS ALSO COLLABORATING WITH VARIOUS PROVINCIAL HEALTH DEPARTMENTS TO DEAL WITH MEDICO-LEGAL CLAIMS IN RELATION TO FRAUD AND CORRUPTION. THIS IS COLLUSION BETWEEN ATTORNEYS, TOUTS, NURSES, DOCTORS AND SPECIALIST IN VARIOUS HOSPITALS ACROSS THE COUNTRY TO DEFRAUD THE STATE THROUGH LODGING FICTITIOUS CLAIMS PURPORTING DOCTOR NEGLIGENCE IN PUBLIC HOSPITALS. THIS COLLABORATION HAS CULMINATED IN THE ARREST OF AN EASTERN CAPE ATTORNEY (NONXUBA) ON THREE (3) COUNTS OF FRAUD TO THE VALUE OF R45 MILLION. THROUGH THE ASSESSMENT, THE SIU HAS NOW ESTABLISHED THAT THE MEDICO-LEGAL ISSUES ARE NOT ONLY LIMITED TO FEW PROVINCES BUT IS A NATIONAL PROBLEM. THEREFORE, AN AMENDMENT TO THE EXISTING PROCLAMATION IS BEING DRAFTED THAT WILL ALLOW SIU TO INVESTIGATE ALL MEDICO-LEGAL CLAIMS MATTERS ON A NATIONAL LEVEL.

COLLABORATION TO COMBAT FRAUD WASTE AND ABUSE in healthcare

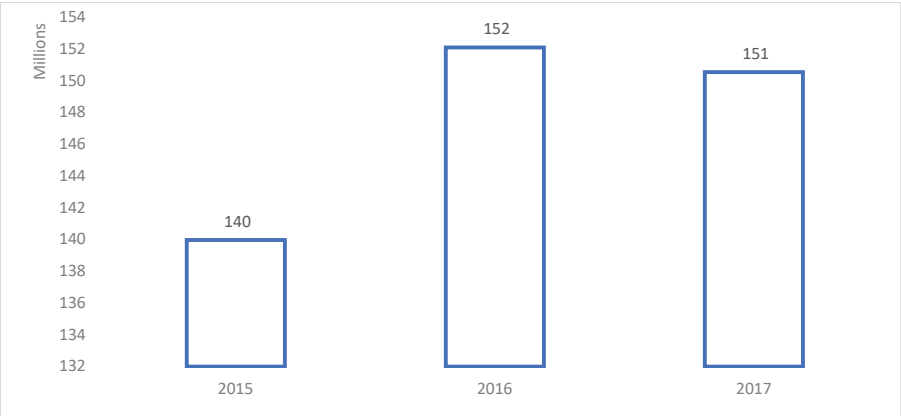
Michael Willie, General Manager: Research, Council for Medical Schemes

The Medical Schemes Act 131 of 1998 states in section 7 (e) that the Council for Medical Schemes (CMS) must collect and disseminate information about private healthcare. These data include demographic characteristics of medical scheme members and beneficiaries, utilisation of healthcare services and expenditure patterns in the medical schemes environment, and provide an important single source of information used by the industry. The following observations revealed by the data analysed by the CMS are worrying, particularly as they relate to fraud, waste and abuse of members' funds.

SCHEMES PAYING PMBS FROM MEMBERS' PERSONAL MEDICAL SAVINGS ACCOUNTS

The regulations are very clear that medical schemes are not allowed to use members' medical savings accounts to pay for prescribed minimum benefits (PMBs). However, data collected by the CMS reveal that medical schemes consistently continue to contravene Regulation 10 (6). The figure below depicts that even though the PMB expenditure from medical scheme savings accounts declined from R1.2 billion in 2014 to 146 million in 2017, the decline observed from 2014 was because of intervention by the CMS which also included the publication of Circular 10 of 2013; this categorically instructed schemes to stop the practice of paying PMBs from savings account as this practice is against the law. However, the trend picked up again from 2016 and this is worrying. Medical schemes should not utilise personal medical savings accounts to fund PMBs; this is viewed as a serious transgression and is a clear abuse and waste of members' funds.

Figure1: PMBs paid from personal medical savings accounts – 2017



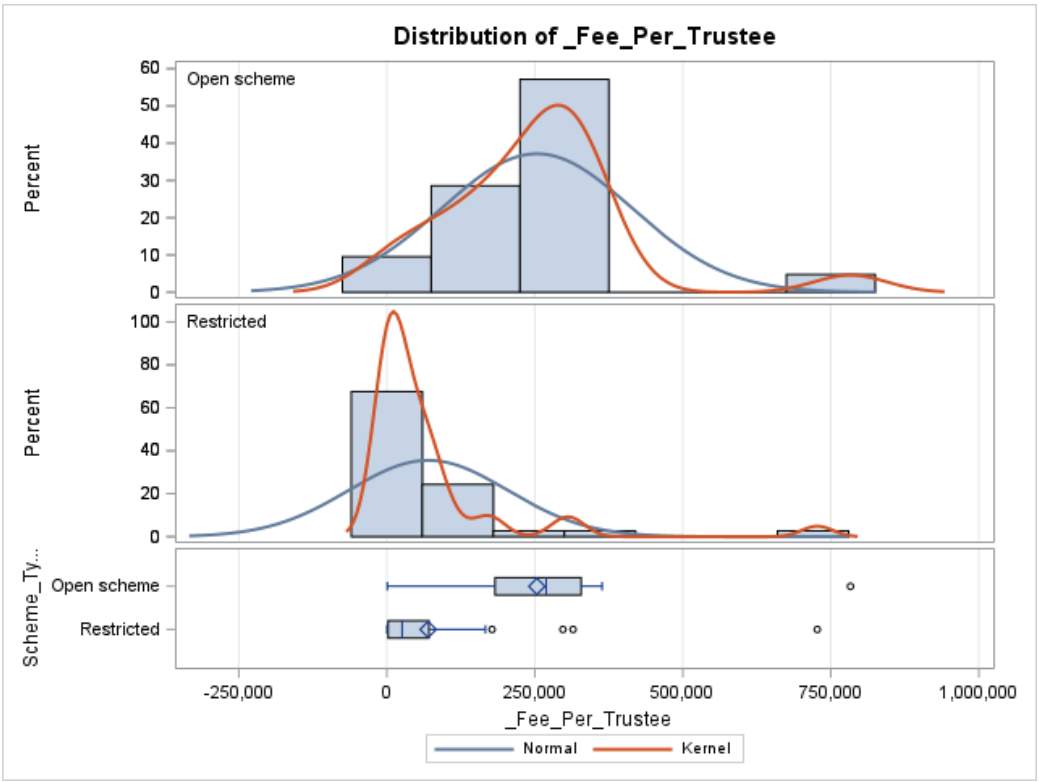
EXCESSIVE ADMINISTRATION FEES, 2017

There are disparities in the governing structures of medical schemes and the operating models used. The data collected by the CMS revealed significant concerning outliers in fees paid per trustee. In the main there are trivial differences between open and restricted schemes. However, the CMS data reveal two medical schemes that paid more than R700 000 in fees per trustee per year in 2017. There are also instances where administration expenditure relative to non-healthcare expenditure is significantly higher than the norm. It is worrying that some medical schemes spend as much as 60% of non-healthcare costs on administration.

Figure 2: Distribution of trustee fees

The data also reveal instances where there are significant broker fees that are not in any way correlated with membership growth between respective periods; there are also instances where schemes consistently spend millions in consulting fees without any long-term view of insourcing the work. Boards of trustees have a responsibility to ensure that member funds are utilised in a manner that will add value to the members who are ultimately the owners of the medical scheme.

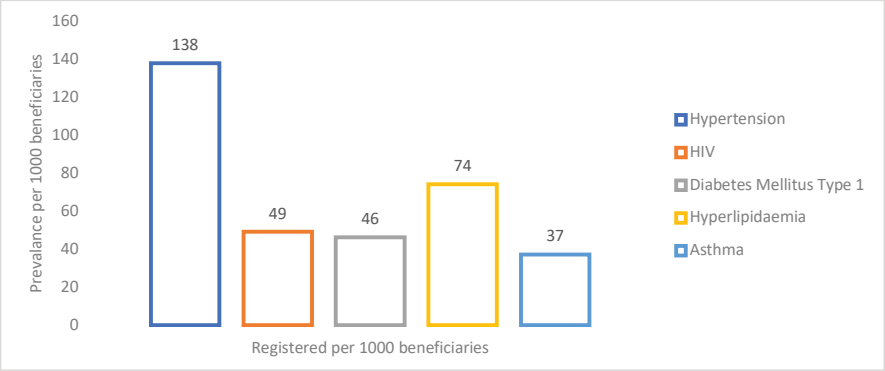
POOR MANAGEMENT OF DISEASE MANAGEMENT PROGRAMMES (DMPs)



Value-added contracting between medical schemes and third parties such as managed care companies should seek to add value to members by ensuring adequate access to quality care. It is practical for medical schemes to properly manage risk if they cannot fully account for their membership profile and utilisation patterns, particularly those members claiming or registered for chronic conditions. Critical questions need to be asked and answered on whether boards of trustees and third parties properly account in their respective roles when they enter into third-party agreements. Figure 3 depicts the top five priority chronic conditions in terms of prevalence. The results analysed by the CMS show gross under-reporting of beneficiaries registered on DMPs by medical schemes. Several medical schemes report prevalence as low as 2 per 1000 beneficiaries for the chronic conditions depicted below. In many instances the under-reporting of prevalence rates is consistent with the ageing profile of each individual scheme.

These observations are worrying particularly from the accountability point of view and the pivotal role of boards of trustees in managing risk. Furthermore, there are implications such as downstream cost, funding implications, benefit design and poor management of scheme risk, which impact on escalating costs of care.

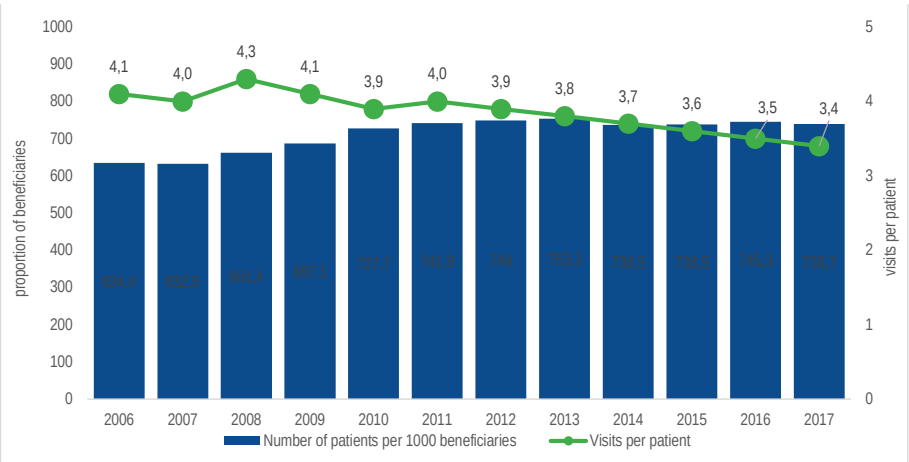
Figure 3: Prevalence of chronic conditions - top five priority conditions



UTILISATION OF HEALTH SERVICES

The CMS has developed a database that allows for the collection, analysis and monitoring of utilisation trends of healthcare services by medical scheme members. The results depicted in Figure 4 depict an increase in the number of beneficiaries visiting medical practitioners, which was accompanied by a decrease in the number of visits per patient. The way general practitioners are reimbursed by medical schemes, which is mostly on a fee-for-service basis, is the most probable explanation for the increase in the number of patients visiting general practitioners annually. The fee-for-service reimbursement model is known to encourage wasteful use of healthcare resources.

Figure 4: Beneficiaries visiting medical practitioners



Fraud, waste and abuse have a direct impact on the total healthcare expenditure of the medical scheme population. This affects contribution amounts and hence the solvency requirements of medical schemes – currently 25% of gross medical scheme contributions. The CMS, through data collected from schemes and research projects, has identified several areas where there is non-compliance with the Medical Schemes Act, poor management of DMPs and poor management of scheme funds; all these ultimately result in fraud, waste and abuse of member funds. Mitigating fraud, waste and abuse would make it possible to increase benefits for medical scheme beneficiaries and decrease their out-of-pocket expenditure, without adversely affecting the financial position of medical schemes overall. The CMS, with the use of data analytics, research tools and collaboration, continues to engage internally and externally to proactively combat fraud, waste and abuse. Some of our findings will help to enhance the accreditation process of managed care entities and proper governance of medical schemes.

2018 AWARD WINNERS

TITANIUM AWARDS
Recognising Excellence in Healthcare

Congratulations to the winners of the Titanium Awards 2018

1. TITANIUM AWARD FOR EXCELLENCE IN CREATING ACCESS TO HEALTHCARE

Office of Health Standards Compliance (OHSC)

This award is open to all organisations in the healthcare sector, including CSI programmes, SMMEs, medical schemes, administrators, pharmaceutical companies, managed care companies, healthcare professionals, non-profit and government agencies. The award seeks to honour organisations driving programmes, initiatives and campaigns that create access to healthcare for communities.

2. TITANIUM AWARD FOR BEST HEALTHCARE MEDIA CONTENT

Roselyne Sachiti

This award acknowledges health journalists and reporters who have contributed towards creating awareness of industry news by disseminating news and information on healthcare issues to a wide audience and going the extra mile to explore non-traditional channels of communication to reach a wider audience.

3. TITANIUM AWARD FOR HEALTH FACILITIES

Public Sector - Witrand Hospital

This award recognises individual healthcare facilities in the public and private sector. The award acknowledges innovations and systems efficiency in the delivery of quality healthcare. Public health facilities are adjudicated based on a set of pre-determined criteria.

4. TITANIUM AWARD FOR YOUNG ACHIEVER

Dr Sivuyile Madikana

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

5. TITANIUM AWARD FOR SERVICE EXCELLENCE | ADMINISTRATORS

Medscheme Holdings

This award recognises and rewards administrators providing superior service excellence to clients. The award seeks to acknowledge efforts made towards the provision of innovative and high standards of service excellence.

6. DR HUMPHREY ZOKUFA LIFETIME ACHIEVEMENT AWARD

Professor. Abdul Wahab Barday

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

MEET OUR 2018 WINNERS

TITANIUM AWARDS
Recognising Excellence in Healthcare

WE CAUGHT UP WITH LAST YEAR'S 2018 TITANIUM AWARD WINNERS TO FOLLOW UP ON THEIR JOURNEY SINCE WINNING THE AWARD. HERE IS WHAT THEY HAD TO SHARE:

DR SIVUYILE MADIKANA – TITANIUM AWARD: YOUNG ACHIEVER

Last year, Dr Sivuyile Madikana took home the 2018 Titanium Award in the Young Achiever category. A medical doctor, digital health innovator, health advocate, business consultant, model and fashion icon, Dr Madikana is the modern-day Renaissance man. He recently graduated from New York University with his second master's degree, this time in public health. He also holds a master's degree in business administration (MBA), which he obtained after completing his MB BCh at Wits University.

Dr Madikana is best known for using the power of the hashtag to get young people to take charge of their health. He is a brand ambassador for Brothers for Life and hosts a popular Twitter chat called #AskDrSivu which gives people the opportunity to ask their medical questions and get reliable health information from a professional. Dr Madikana was also a researcher for the UN Women's Health Gender Equality & HIV team on digital health communication and innovation for youth engagement on HIV. We managed to catch up with him to talk about what he has been up to since winning the Titanium Award.

The Titanium Award for Young Achiever recognises the contribution that young achievers make to the healthcare industry and to the future of the medical profession. What would you say contributed the most to this achievement?

I believe it's my utilisation of technology, out-of-the-box thinking on how we can utilise technology to reach people and address their healthcare issues, as well as my work in research into the use of digital media to change health behaviour. I have worked extensively with Brothers for Life on their awareness campaigns and during those campaigns discovered the power that social media has in influencing young people with regard to certain health behaviours.

Please briefly share some of the contributions that you have made towards the healthcare industry.

In terms of advocacy, I was the ambassador for Brothers for Life's health awareness campaign that looked at reducing the stigma around HIV/AIDS through innovative communication strategies.

I am also a Global Citizens advocate. I advocate for Sustainable Development Goal 3, which is ensuring healthy lives and promoting well-being for all, and Sustainable Development Goal 5 – achieving gender equality and empowering all women and girls. Together with Global Citizens we achieved 57 major commitments worth $5.7 billion. My core focus in research is around the use of digital media and technology to alter behaviour in health.

I was a member of the Junior Doctors' Association of South Africa and deputy secretary general for the Gauteng branch of the South African Medical Association, which advocates for the rights of young health professionals.

How has winning the Titanium Award for Young Achiever impacted your life and work?

The award was a great affirmation for me. It not only encouraged me to work harder, but also encouraged other young people around the country and the continent that they too can work towards realising their big ideas within the healthcare space – and achieve them; we are never too young to achieve something.

What has been the highlight of the year for you?

Graduating from New York University with a master's degree in public health and making some impactful contributions to the World Food Programme. I also worked for the United Nations while living in New York and it was a great experience working with high-level

decision-making bodies whose recommendations have an impact at a global level. I am also facilitating a session at the 20th annual BHF conference.

What inspired you to become a medical doctor?

I've always had a giving nature, and I still believe that becoming a medical doctor is a calling, because you have to give so much more of yourself, sometimes to the detriment of your own good. My mother honestly inspired me to get into the profession. She is a nurse, who has worked tirelessly over the last 23 years to help those who need it the most. She is definitely my hero.

What do you enjoy the most about your work?

At the moment I am in a different role. I work as a business and project consultant. I mainly work on health strategy, new business and business development, looking at the role of innovation in healthcare. This allows me to contribute enormously to how we deliver the best healthcare in the most efficient and cost-effective way, without compromising on quality.

What's your view on strategies to get more young people involved in the healthcare profession?

Helping young people understand the different professions within the healthcare space will encourage and attract them to healthcare. Young minds have a lot to contribute with fresh, new and daring ideas. These will help us shape the future of healthcare.

In your view, how can healthcare professionals in southern Africa play their part in grooming young healthcare professionals to become future healthcare experts?

Young people need to be given a chance to bring their ideas to life. We need to have leaders with knowledge and experience in the healthcare space who are willing to take them in and groom them. Leaders aren't built overnight; innovation is a process and we need to nurture it, teaching young minds to think outside of the norm. We need more programmes that are geared towards grooming visionary leaders.

Where do you see yourself in 2030 and what role do you envisage you will play in the industry in the next 11 years?

In the next decade I see myself becoming a leader in healthcare innovation and changing how we conduct public-private partnerships in the region. There is a lot of work that still needs to be done within that space and I am up for the challenge.

The 20th annual BHF conference is themed Convergence 2030 – Healthcare Re-imagined; in your view, what would convergence in southern Africa look like? Also, what factors will inform the reframing of healthcare in the region?

Convergence is about unifying services to reach the greater population in an equitable and cost-effective manner. In order to do that, we need a unified strategy from regulators, funders, health professionals and the Ministry of Health – backed by strong political will and buy-in from the public at large.

ROSELYNE SACHITI - TITANIUM AWARD: BEST HEALTHCARE MEDIA CONTENT: FEATURES, HEALTH AND SOCIETY EDITOR: ZIMBABWE'S THE HERALD

The Titanium Award for Best Healthcare Media Content seeks to honour health journalists/reporters for their contributions to raising awareness of healthcare issues across society. This was your second year of winning the award, Roselyne. What would you say has been the biggest contributor to your success?

My ability to go the extra mile in conducting research for the stories that I write continues to play a critical role in my work and success. Also, the focus on specific healthcare issues, for instance, as I specifically work on issue-based health stories and solutions-based health features. I also take the initiative to travel to rural public health facilities to get first-hand information about the stories I write. I speak to the people affected by healthcare systems and delivery and get to understand their pain and frustrations while getting to know more about the facilities. One instance of this is my travels to the Kangaroo Mother Care ward, which help to give me a clear picture of how our public health system is coping with preterm deliveries; one could never write such stories without seeing the experiences first-hand and this has helped the way in which I produce health content.

In your view, what role do journalists play, especially in reporting on healthcare issues?

There is more to journalism than just reporting, and journalists have a critical role to play in investigating and developing content that informs the public and holds policy-makers accountable, so that they deliver on the promises they make to the people. Investigative pieces, in particular, serve to zoom in on issues of accountability, for example to follow up on whether budgets allocated for healthcare were used for such purposes. Also, to critique the actions of leaders, policy-makers and government when there is poor service delivery, especially where the poor and vulnerable are affected, because a lot of the time their voices are not heard. The media should serve to amplify the voices of these people.

What has been the highlight of the year for you since winning the award?

There have been a number of highlights. I was invited to take part in several regional meetings on health, including a media engagement on the upcoming International Conference on Population Development (ICPD 25) in Addis Ababa, Ethiopia. I represented Zimbabwean media at the Cash Transfers media engagement in Arusha, Tanzania. I will be taking part in the African Academy of Sciences doing malaria research at the DELTAS Africa Scientific Conference in July this year and will participate at the 11th Global Investigative Journalism Conference.

What impact has winning this award had on your personal and professional life?

My responsibilities have expanded professionally, and my portfolio has changed from features editor to features, health and society editor. I have also been given more responsibility in the decision-making with regard to health stories for our newspaper. Consequently, this has given me the opportunity to explore more in-depth stories that benefit readers, policy-makers and development partners.

What have been some of your biggest learnings from the work that you do as a healthcare journalist?

My biggest learnings as a healthcare journalist have been never to take for granted health issues that keep people awake and to keep health issues on the radar to ensure policy change and improvements in service provision, especially in public health institutions. Equally important, I have also learnt that every health story is crucial.

In your view, what would you say is currently the biggest debate around healthcare in the SADC region?

The biggest current healthcare debate is that of universal coverage and the future of health convergence; and it will be interesting to see what comes out of the 20th annual BHF conference around convergence, as this is a very topical issue in healthcare at the moment.

What role would you say journalism serves in healthcare?

Journalism plays the critical role of informing by raising awareness. It keeps governments and policy-makers accountable and on their toes. Journalism is a mouthpiece for healthcare seekers, who are sometimes given a raw deal in both public and private healthcare facilities. By the same token journalism can also take the liberty of uncovering malpractice, overcharging and diversion of resources.

How can journalists play a more significant role in addressing some of the health challenges facing the continent and in particular the region? And by so doing, what impact can they make?

Journalists can play a more significant role by being factual and objective in their articles. This will expose those who are not addressing the health challenges people face. Journalists can also focus on relevant, pressing health issues that need urgent attention. They can similarly set the agenda for policy-makers, as this can help in addressing health challenges facing the continent and the SADC. If journalists do that, policies that make the lives of poor communities better can be implemented. At the SADC level, countries can police each other on whether commitments made on health are ratified.

What role do you see yourself playing in 2030, 11 years from now?

I see myself advocating for accessible healthcare for poor communities. I also see myself owning a monthly magazine that focuses entirely on health issues affecting people and success stories in the health sector in Zimbabwe and beyond.

DR ABDUL WAHAB BARDAY – TITANIUM AWARD: DR HUMPHREY ZOKUFA LIFETIME ACHIEVEMENT

Dr Abdul Wahab Barday is a household name in medical circles and beyond. His work cuts across many disciplines and its impact is far-reaching. Dr Barday was the country's very first Health Professions Council of South Africa (HPCSA) ombudsman and the

recipient of the 2018 Dr Humphrey Zokufa Lifetime Achievement Award, an award named after his long-time colleague and friend. Dr Barday shared some highlights from his illustrious career, spanning an impressive four decades.

The Titanium Lifetime Achievement Award recognises any individual who has made a significant contribution to the healthcare industry over a number of years. What does this award mean to you, and in your view, what role do such awards serve in the industry?

The Titanium Awards recognise those persons or organisations who have invested much time and effort into the industry. Occasions such as these are significant because they reward those who have selflessly laboured to advance healthcare in the country and access to medical care for all South Africans, regardless of their race or socio-economic background. They honour the lifelong work of dedicated professionals who have taken it upon themselves to educate and inspire the next generation of leaders in the medical field.

I, too, am inspired by seeing the incredible work done by my colleagues such as Dr Rajesh Patel and the late Dr Humphrey Zokufa – the awards provide an opportunity to showcase impactful work and draw key learnings.

What would you say has been the biggest contributor to your success?

The biggest contributor has been the opportunity to be involved in various fields of medicine – family practice medicine for 48 years, forensic medicine, public health and health service management. I have been a visiting professor in family medicine at the University of Cape Town for 26 years and have also taught at the University of Stellenbosch. I became the country's first medical ombudsman for the HPCSA.

What do you find most fulfilling about the work that you do?

As medical ombudsman, I had various opportunities to apply the aforementioned fields of medicine to a number of matters and complaints that crossed my desk. I was also involved in trying to set a medical aid tariff for the private health sector. The appointment of a medical ombudsman was instrumental in reducing the need for protracted legal cases in favour of discussions where cases arising from misunderstandings were resolved through constructive engagements.

What have been some of your biggest industry lessons over the years?

I have learnt that there are a number of medical practitioners who are deliberately 'creatively' using medical practice codes to maximise their income.

How long have you been practising medicine and what inspired you to get involved in the healthcare industry?

I had been practising medicine for over 44 years when I was approached to apply for the position of ombudsman, which I accepted as a personal challenge. I was the first ombudsman, a position I held for 10 years.

Looking back at the state of healthcare when you started and now, what would you say are the greatest changes you observed?

The greatest change that I have noticed is the increasing cost of private healthcare subscriptions without a commensurate increase in healthcare benefits, which has a direct impact on ordinary citizens' ability to access quality healthcare. I have noticed a worrying trend of people either forgoing the use of private healthcare, which results in pressure on the already overburdened public healthcare system, or opting for plans which may not afford them the kind of benefits they truly need.

As we look ahead, what's your view about the changes that still need to be made in the healthcare sector?

Going forward, we need to see what the NHI can provide for the total population of South Africa, but this will depend entirely on how much the government can afford to put into the system. How the NHI will be funded needs careful consideration to ensure that it provides sustainable, equitable and quality healthcare to all.

The 20th annual BHF conference is themed Convergence 2030 – Healthcare Re-imagined. In your view, what would convergence in Southern Africa look like? And what factors will inform the reframing of healthcare in the region?

I think this year's conference will identify and acknowledge creative ideas and standards that are acceptable for the health and wellbeing of the country, provided we put our heads together as state and private sectors. And yes, we can re-imagine and make it work!

TITANIUM AWARD FOR EXCELLENCE IN CREATING ACCESS TO HEALTHCARE: OFFICE OF HEALTHCARE STANDARDS COMPLIANCE (OHSC)

At the 2018 Titanium Awards, the Office of the Health Standards Compliance (OHSC) walked away with the Titanium Award for Excellence in creating access to Healthcare, we caught up with the team to gain better perspective of the role of the OHSC and their work in creating access to healthcare; and they had this to share:

What is the role of the Office of Health Standards Compliance (OHSC)?

The OHSC is created by the National Health Act of 2013 was to protect and promote the health and safety of users of health services by monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister of Health in relation to the national health system; and ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards for health establishments in a procedurally fair, economical and expeditious manner. The term health establishment refers to both public and private healthcare services and facilities (see formal definition below). It includes hospitals and primary healthcare clinics and extends to emergency medical services, hospices, private medical practices and institutions offering frail care.

What is the overall function of the OHSC?

The functions of the OHSC are set out in Section 29 of the Act which states that the Office must:

Advise the Minister of Health on determining norms and standards that are to be prescribed for the national health system and on the review of such norms and standards.

Inspect and certify health establishments as compliant or non-compliant with prescribed norms and standards or, where appropriate, withdraw such certification.

Investigate complaints relating to breaches of prescribed norms and standards.

Monitor indicators of risk to develop an early warning system related to serious breaches of norms and standards and report breaches to the Minister without delay.

Make recommendations for intervention by national, provincial or municipal health departments or by individual health establishments to ensure compliance with prescribed norms and standards.

Publish information relating to prescribed norms and standards through the media and, where appropriate, to specific communities.

Recommend to the Minister quality assurance and management systems for the national health system.

The Act states that the Office may also:

Issue guidelines to help health establishments implement the prescribed norms and standards.
Request or collect any information on prescribed norms and standards from health establishments and health service users.
Liaise with and exchange information with other regulatory authorities on matters of common interest and specific complaints or investigations.
Negotiate co-operative agreements with any regulatory authority in order to co-ordinate and harmonise their work where their jurisdictions are closely related.

In which areas does the OHSC operate?

The work of OHSC is structured around the following four key areas:

Compliance Inspectorate, Certification and Enforcement: This programme manages the inspection of health establishments to assess compliance with national health systems, norms and standards, certify health establishments as compliant or non-compliant with prescribed norms and standards and take enforcement action against non-compliant health establishments. This process will also consider information from the Complaints Centre and reports of the Early Warning System.

Health Standard Design, Analysis and Support: It provides a high-level technical, analytical and educational support to the mandate of the Office in relation to the research, development and analysis of norms and standards; and support, capacity building and establishment of communication networks with stakeholders.

Complaints management and Office of the Health Ombud: It aims to consider, investigate and dispose of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.

Administration: It aims to provide the financial, human resources, IT and administrative support necessary for the OHSC to deliver on its mandate and comply with all relevant legislative requirements.

THE 2019 TITANIUM AWARDS

TITANIUM AWARDS
Recognising Excellence in Healthcare

FINALISTS FOR THE FIFTH TITANIUM AWARDS

The Titanium Awards were launched in 2014 by the Board of Healthcare Funders (BHF) of Southern Africa to recognise and celebrate healthcare professionals and businesses delivering superior services to their members and customers in the southern African public and private healthcare sectors.

Increased access to healthcare and improved quality healthcare services are a worldwide priority, and the 2019 edition of the Titanium Awards seeks to recognise and honour professionals and organisations driving excellence and change by creating affordable, accessible and sustainable healthcare throughout the Southern Africa region.

The 2019 awards will cast a spotlight upon organisations and individuals who are dedicated to providing programmes and initiatives creating access to healthcare services. Speaking about the Titanium Awards, Dr Katlego Mothudi, managing director of the BHF, says, "By recognising service excellence and celebrating the success of both individual and business contributions to the healthcare industry in Southern Africa, the awards seek to support efforts aimed at improving the quality of healthcare across the southern African region."

He continues, "Our aim as an industry body is to create a platform that unites the healthcare industry and inspires a competitive spirit to continue to drive standards and service delivery which, in the long term, will help build a more effective healthcare system."

The Titanium Awards are presented in five categories:

1. TITANIUM AWARD FOR EXCELLENCE IN CREATING ACCESS TO HEALTHCARE

This award is open to all organisations in the healthcare sector, including CSI programmes, SMMEs, medical schemes, administrators, pharmaceutical professionals, managed care companies, healthcare professionals and non-profit and government agencies dedicated to creating access to healthcare for communities.

The award seeks to honour private and public sectors as well as non-profit or non-governmental organisations driving programmes, initiatives and campaigns that create access to healthcare for communities.

The finalists for the Titanium Award for Excellence in Creating Access to Healthcare are:

1 Medscheme
2 GEMS
3 Phakamisa
4 Praneet Valodia
5 Xolisa Menemene
6 Medtours Africa
7 SAMWUMED.

2. TITANIUM AWARD FOR BEST HEALTHCARE MEDIA CONTENT

This award seeks to honour health journalists and reporters for content published as well as for their contributions towards raising awareness of healthcare issues across society. The category acknowledges health journalists and reporters across any medium who make a significant impact to society on health issues through their reporting.

The finalists for Best Healthcare Media Content are:

1 Bernadette Maguire
2 Cape Talk – Pippa Hudson and Amy Rae Rispel
3 Joan Van Dyk
5 Pan African Visions
6 Roselyn Sachiti
7 Bobby Kabango.

3. TITANIUM AWARD FOR HEALTH FACILITIES (HOSPITALS, PRIMARY CARE, ETC – PRIVATE SECTOR AND PUBLIC SECTOR)

This award recognises individual healthcare facilities in the public and private sectors. It acknowledges innovations and systems efficiency in the delivery of quality healthcare.

The finalists for the Health Facilities category are:
1 Alliance Care
2 Melomed
3 Pharmacy Direct.

4. TITANIUM AWARD FOR YOUNG ACHIEVER

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

The finalists for the Young Achiever award are:

1 Anele Siswana
2 Gideon Botha
3 Jessica Ronaasen
4 Xolisa Menemene.

5. 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 through providing value for money.

The finalists for Service Membership are:
1 Denis
2 GEMS
3 Hosmed
4 Libcare
5 Medscheme
6 SABC Medical Scheme
7 Verirad
8 Metropolitan Health.

The winners of the 5th Titanium Awards will be announced at the 20th Annual BHF Southern African Conference on 22 July 2019 at CTICC in Cape Town.

THE JUDGES 2019 AWARDS

TITANIUM AWARDS
Recognising Excellence in Healthcare

PROFESSOR MKHULULI LUKHELE

Professor Mkhululi Lukhele was born in Johannesburg (Alexandra) and grew up in Swaziland. He did part one of his Bachelor of Science in Swaziland and part two in Botswana before enrolling at MEDUNSA for his medical degree. He is an orthopaedic surgeon by training and specialised in spine surgery.

Professor Lukhele joined the University of the Witwatersrand in December 2002 as head of the orthopaedics department at Charlotte Maxeke Academic Hospital. He also served as the academic head of orthopaedics at the University of the Witwatersrand for 10 years.

Professor Lukhele is involved in clinical research focusing on spinal tuberculosis, trauma and spine deformities. After taking up the position of head of division of orthopaedics at Charlotte Maxeke Hospital his other research focused on clinical pathways and access to quality orthopaedic care. This research has had a great significance in driving patient-centred care and safety in orthopaedics as well as stimulating engagement in orthopaedic outreach activities. As a member of the National Osteoporosis Foundation of South Africa he is involved in research related to osteoporosis and fragility fractures, which are becoming an increasing silent killer and cost driver in developing countries.

KAIZER M NYATSUMBA

Kaizer Nyatsumba is an experienced business executive known for impeccable integrity, reliability, independence of mind, hard work, talent nurturing and management, a strong sense of fairness, leading by example and good personal values. He has held numerous senior leadership and executive positions in different sectors of the economy in South Africa and the United Kingdom over the years and has served on a number of boards. These include the Boards of the South African 2010 Bid Company, which bid - on behalf of the South African Football Association - to host the 2010 FIFA World Cup, Business Against Crime, National Business Initiative, Anglo American Chairman's Fund and Tourism Business Council of South Africa.

Educated in the USA, the UK and South Africa, he holds an MBA from the University of Hull (UK), a BA Honours in English from Georgetown University in Washington DC, a Postgraduate Certificate in Economics from the University of the Witwatersrand in Johannesburg and an Advanced Management Programme Diploma from the Gordon Institute of Business Science. He also holds a Leadership Development Program Diploma from Harvard University's Business School. His general management specialties include marketing, reputation management and crisis resolution, corporate affairs, and strategy and management.

PROFESSOR SHEILA MOKOBOTO-ZWANE

Professor Sheila Mokoboto-Zwane is a registered nurse, midwife and psychiatric nurse who graduated with a B Cur I et A degree from MEDUNSA and an Honours degree from UNISA. She became a tutor at Weskoppies Nursing College in 1986 and then moved on to MEDUNSA where she lectured for nine years. She subsequently qualified with master's and PhD degrees from the University of Johannesburg, becoming an advanced psychiatric nurse and psychotherapist. She is currently a professor at UNISA, where she teaches health research and supervises master's and doctoral candidates.

Her work experience includes her own private practice (Oasis Resources), which she operated for seven years. She later worked for two years as a senior researcher at the Centre for Institutional Excellence & Research at the erstwhile Technikon SA, before joining Childfund (an American-based children's NGO), where she worked for five years as its country director. Childfund focused on funding early childhood development (ECD), income-generating and HIV/AIDS projects nationally. When the American aid dried up, she joined the South African National Parks head office in Pretoria as its corporate manager: employee wellness, where she stayed for four years.

In 2008, she was head-hunted by UBS Optimus, a Swiss bank foundation based in Zurich, Switzerland, where she was head of Southern Africa programmes for six years, focusing on grant-making and funding predominantly ECD, child health and child protection projects across sub-Saharan Africa. As of early 2013, she re-joined academia (her first love). She has published widely and delivered academic papers locally and internationally. She currently serves on Minister Motsoaledi's think tank focusing on mental health issues. Having travelled widely, she possesses vast knowledge and experience in health matters, especially mental health issues, education, leadership dynamics, philanthropy work and the not-for-profit sector. Because of her passion for good and clean governance, she became a member of the Institute of Directors in 2010. She serves on a number of boards.

CONFERENCEPROGRAMME

CONVERGENCE 2030 HEALTHCARE RE-IMAGINED

CAPE TOWN
21 - 24 July 2019

The Annual BHF Southern African Conference
Convergence 2030 - Healthcare Re-imagined

CPD Points
Day 1: 4 Ethics points
Day 2: 4 Ethics points
Day 3: 8 Ethics points
Day 4: 4 Ethics points

Theme Summary: Beyond the headline-grabbing controversies, a long journey lies ahead as we navigate the complexities of our history, ideology and reality.

Healthcare is fast evolving in response to demands for better delivery of health outcomes, universal health coverage, improved coordination of care, and the growing need for alignment between the private and public sectors. Other factors to consider include unemployment, fierce competition, emerging technologies, cost-containment, access, and better quality of care. Succeeding in this tumultuous environment requires significant changes in the healthcare ecosystem, fundamentally altering the role, structure and relevance of all players in the industry.

One trend that is facilitating the rapid transformation of the industry is convergence, which has facilitated the re-imagining of our system and acceleration of multisectoral stakeholder collaboration outside their individual four walls. It has redefined industry boundaries by converging business models and leveraging advanced technologies to create more value for the health citizen.

We are excited to announce the theme for this year's conference: Convergence 2030 – Healthcare Re-imagined.

The conference will reflect on the past 20 years, moving past the rhetoric, re-imaging our desired end-state for 2030 and the role of convergence in defining what our future healthcare will look like. A major part of the conference will be dedicated to understanding the role of multisectoral convergence in delivering quality health services and why it is important for scaling up. All stakeholders – payers, providers, patients, employers and the government – are increasingly interconnected.

Objectives

Defining and understanding our new healthcare ecosystem
- Track industry roadmap – patient-centric system
- Multisectoral scenario planning and action plan.

Strengthening accountability
- Empower medical scheme trustees and principal officers with tools to keep up with the rapid changes in the system
- How can we fast-forward gender parity in healthcare?

Defining efficiency
- Harness emerging technologies to efficiently and effectively deliver quality care
- Promote the eradication of fraud, waste and abuse in the system

Health system reform
- Review the need for regulatory change
- Evaluate recent developments and lessons learned.

SATURDAY, 20 JULY 2019

06h00-24h00	Exhibition build-up (for exhibitors only). The exhibition hall will be open throughout the night for the stand builders.	Halls 8 & 9
15h00-18h00	Delegate registration.	Registration area CTICC CTICC 1 foyer registration

PROGRAMME - SUNDAY, 21 JULY 2019

TIME	SESSION DESCRIPTION	VENUE
07h00-15h00	Exhibition build-up	Halls 8 & 9
08h00-15h00	BHF Golf Challenge 2019 (conference delegates only) Two tee start	Pearl Valley
08h00-17h30	Delegate registration	CTICC 1 foyer registration

PROGRAMME - SUNDAY, 21 JULY 2019

TIME	SESSION DESCRIPTION	VENUE
09h00	**Facilitator:** Dr Brenda Kubheka – Co-founder and Managing Director, Health IQ Consulting Workshop: Introduction to medical scheme governance workshop **Description:** This workshop seeks to address the unique challenges faced by many boards of trustees in the medical aid environment. It will be beneficial to those wishing to enhance the corporate governance of their organisation by applying principles of ethics and effective governance to an organisation. The workshop will help strengthen trustees' understanding of the business of a medical scheme, roles and responsibilities of trustees, IT governance and fundamental principles of good corporate governance. **Who can attend:** • Newly elected trustees • Principal officers • Fund managers • Professionals in the healthcare industry **Topics covered:**	Nerina and Protea (CTICC 2)
09h30-10h10	• Defining the business of a medical scheme Dr Rajesh Patel: Head – Benefit and Risk, BHF	
10h10-10h50	• Update – laws and regulations in the SADC region Michelle Beneke: Director, Volvere	
10h50-11h20	**Tea break**	
11h20- 12h00	• Case studies on companies that have undergone and survived curatorships Johannes Malose Seoloane: Curator, Samwumed	
12h00-12h40	• Ethics re-imagined (post-state capture) • The potential challenge of ethics versus the law • The impact of ethics as a national deficit • What constitutes success relative to ethics? Cynthia Schoeman: Managing Director, Ethics Monitor	
12h40-13h40	**Lunch**	
13h40-14h20	**Data governance for medical schemes:** • Information management and its relevance to the medical scheme environment • IT governance • Who owns the data? • What type of reports should a trustee receive in this regard? Karen Dreyer: Specialist Legal Advisor, Universal Healthcare	
13h00-16h20	Africa Healthcare Federation of South Africa (Launch and networking function)	Bluebell and Watsonia (CTICC 2)

PROGRAMME - SUNDAY, 21 JULY 2019

TIME	SESSION DESCRIPTION	VENUE
18h00-20h30	OPENING CEREMONY Facilitator: Dr Clarence Mini – Chairperson, Council for Medical Schemes **Open and welcome** Dr Ali Hamdulay: BHF Chairman CEO Metropolitan Health **Official opening** Dr Zweli Mkhize: Honourable Minister of Health **Guest Speaker:** Bringing hope in situations of severe crisis Dr Imtiaz Sooliman: Gift of the Givers Foundation **Keynote Address:** The Africa I know Dr Khama Rogo: Lead Health Sector Specialist & Head of the World Bank Group's Health in Africa (Kenya)	Hall 10
20h30-22h30	**RECONNECT** – Networking cocktail Entertainment: Prince Mafu	Exhibition halls 8 & 9

PROGRAMME - MONDAY, 22 JULY 2019

TIME	SESSION DESCRIPTION	VENUE
07h00-08h00	Networking - Tea on arrival	Exhibition halls 8 & 9
SESSION 1	**WHY CONVERGENCE?**	**HALL 10**
08h00-08h05	**Facilitator: Bongani Bingwa – 702 Presenter** **Description:** Convergence is rapidly transforming the healthcare sector, accelerating multisectoral collaboration. Industry boundaries are being redefined by converging business models that leverage advanced technologies to create more value for the health citizen. 'Convergence is more than size and scale. It is an opportunity to build something that is much greater than a sum of the parts. The keynote and guest speakers will showcase how convergence is innovating healthcare delivery'.	
08h05-08h20	• **Keynote** Ms Malebona Precious Matsoso: Director-General: National Department of Health, South Africa	
08h20-08h40	• **Fundamentals of a high-value healthcare delivery system –** Dr Katlego Mothudi: Managing Director, BHF	

PROGRAMME - MONDAY, 22 JULY 2019

SESSION 1	WHY CONVERGENCE?	HALL 10
08h40-09h00	• **Universal Health Coverage** Global outlook – what's working and what's not working Charles Dalton: Senior Health Specialist, International Finance Corporation (IFC)	
09h00-09h30	• **Healthcare: a key driver of economic growth – Just what the doctor ordered** Eustace Mashimbye: CEO, Proudly SA Dr Skhumbuzo Ngozwana: President and CEO, Kiara Health	
09h30-09h50	• **The role of intersectoral convergence – patient centricity** Leon Wang: Executive Vice President International and President (China), AstraZeneca	
Networking - Tea break **09h50-10h20**		Exhibition halls 8 & 9
SESSION 2	**2030 ROADMAP - SUSTAINABLE, INTEGRATED, PATIENT-CENTRIC HEALTH SYSTEM**	**HALL 10**
10h20-10h25	**Facilitator: Bongani Bingwa – 702 Presenter** Description: Healthcare is fast evolving in response to demands for better delivery of health outcomes; universal health coverage; improved coordination of care; the growing need for alignment between the private and public sectors; aging population; fierce competition; emerging technologies; cost-containment; access and better quality of care. In this session, panel members will discuss a roadmap to a sustainable, integrated, patient-centric health system.	
10h25-11h20	**Case study 1** Results: industry collaboration on fraud, waste and abuse Charlton Murove: Head – Research, BHF Barry Childs: Joint CEO, Insight Actuaries and Consultants	
11h20-12h00	• **Quality and accountability in healthcare – 'Creating a culture, not just a check list'** Torrie Fields: Programme Director: High Value Solutions, Blue Shield of California (USA)	
12h00-12h10	**Q & A session**	

PROGRAMME - MONDAY, 22 JULY 2019

Networking - Lunch break 12h10-14h00		Exhibition halls 8 & 9
SESSION 3 **14H00-15H30**	**SCENARIO PLANNING 2030 – NEXT-GENERATION HEALTH SYSTEM**	**HALL 10**
14h00-15h00	**Facilitator: Dr Sivuyile Madikana –** **Business Consultant at First Care Solutions** **Description:** Succeeding in this tumultuous environment requires significant changes in the healthcare ecosystem, fundamentally altering the role, structure and relevance of all players in the industry. To kickstart this session, various groups of experts were engaged to explore the various future states. In this session, scenario planning results will be presented to delegates highlighting common denominator strategies that would be successful under various scenarios. The results are a starting point to engage further with various stakeholders in the industry to stimulate debate and accelerate alignment as we progress towards universal health coverage. **Session keynote speaker:** Chantell Ilbury, Mind of a Fox Panel discussion: Panel members to be confirmed	
18H30-01H00	**5TH TITANIUM AWARDS – RECOGNISING EXCELLENCE IN HEALTHCARE**	**Exhibition halls 6 & 7**
	Join us as we celebrate the heroes in our sector with the 5th edition of our new and improved Titanium Awards. - MC: Jeannie D Theme: Broadway Entertainment: Vusi Nova	

PROGRAMME - TUESDAY, 23 JULY 2019

TIME	SESSION DESCRIPTION	VENUE
08h00-08h30	**Networking – Tea on arrival**	Exhibition halls 8 & 9
SESSION 1	**CONVERGENCE FROM DIFFERENT PARADIGMS**	**HALL 10**
08h30-10h05	**Facilitator: Dr Ntanganedzeni Muambadzi –** Specialist nuclear medicine physician, Polokwane Hospital **Speakers include:**	
08h35-08h50	· Achieving medicine price transparency for UHC; What is a fair price? Dr Rajesh Narwal: Health Systems Advisor – World Health Organization (WHO)	
08h50-09h05	· Understanding intersectoral convergence – Fraud waste and abuse Advocate Jan Lekgoa Mothibi: Head, Special Investigating Unit	
09h05-09h25	· Hospital price transparency will make healthcare more affordable Dr Gunvant Goolab: Principal Officer, GEMS	
09h25-09h45	· Overutilisation, waste and abuse of medical services: a global perspective, drivers, solutions and the South African context Nir Kaminer: CEO , Medical Reviews International (Ireland)	
09h45-10h05	· Human resources for health – Progress, complexities and contestations Professor Laetitia Rispel: DST/NRF SARCI Research Chair on the Health Workforce, School of Public Health – University of the Witwatersrand, JHB	

PROGRAMME - TUESDAY, 23 JULY 2019

Networking - Tea break 10h05-10h35		Exhibition halls 8 & 9
WORKSHOP 1 10h35-12h00 Fraud, waste and abuse Session champion: Nokuthula Mathunda (HFMU) Venue: Hall 10	**WORKSHOP 2** 10h35-12h00 Monitoring and evaluation - Part 1 - Session champion: Sharon Swanepoel (Knowledge Management) Venue: Bluebell and Watsonia	**WORKSHOP 3** 10h35-12h00 Evolution of 'smart healthcare' Session champion: Janine Keeler (PCNS) Venue: Freesia and Daisy
• Facilitator: Advocate Nkosinathi Wiseman Bhuka – Chief Legal Officer/ Scheme Secretary, POLMED • The use of blockchain in risk mitigation. Dr Ntuthuko Bhengu – Panel Member: Health Market Inquiry, Commissioner: SA National Planning Commission • Fraud, waste and abuse workshop: An internationally proven approach for tackling overutilisation, waste and abuse within the South African context Dr Lousine Alpern – Co-founder and Chief Medical Officer of Medical Reviews International – Medical Reviews International, California (USA) • Reflection and possible reforms: application of the Act and regulations in the payment of benefits Advocate Rebaone Gaoraelwe: Council Member – CMS • HFMU Report Dr Hleli Nhlapo: Chairman – HFMU • Data analysis and identifying of trends, red flags, coding, waste and abuse Chris Adams: Director, Verirad • Investigating and addressing fraud case study Advocate Ashika Lucken: NPA Senior State Advocate • Remedial actions, implementation of sanctions a legal and ethical perspective – include rehabilitation. Vusi Makanda: Fraud Manager, Bonitas Q & A (20 minutes)	• Facilitator: Tryphine Zulu – Senior Manager: Disease Risk Management, GEMS • Measuring medical scheme risk profiles. Michael Mncedisi Willie: General Manager, Research and Monitoring – Council for Medical Schemes • How to achieve consistent interpretations of statistics and results of analyses – burden of disease at an industry level. Johann Van Zyl: HQA • Health economics of cervical cancer screening Dr Tamlyn Eslie Roman: Programme Manager: Cancer, Clinton Health Access Initiative (CHAI) & Dr Christian Stoeckigt: Hologic Deutschland GmbH Wiesbaden, Germany Head of Scientific Affairs EMEAC Diagnostics Solution (GERMANY) • Measuring outcomes in a hospital setting Masimba Mareverwa: Insight Actuaries & Consultants Q & A (20 minutes)	• Facilitator: Victoria Barr – Economist and Senior Director, FTI Consulting • The state of digital transformation in healthcare: 2019 – What's worth investing in? Dr Mosima Mabunda: Innovation Principal Director Accenture • Contactless - the future of biometrics Nicolas Garcia: Regional Director of Sales – Middle East and Africa IDEMIA • Transforming healthcare administration through empowering patients and creating differentiated value Mark Bayley: Managing Director – Administration Universal HealthCare Q & A (20 minutes)

PROGRAMME - TUESDAY, 23 JULY 2019

Networking - Lunch
12h00-13h00

WORKSHOP 4 13h00-14h30 SADC workshop Session champion: Alicia Elijah (PCNS) Venue: Hall 10	WORKSHOP 5 13h00-14h30 Monitoring and evaluation Part 2 - Session champion: Priscilla Marakalla (Shared Services) Venue: Bluebell and Watsonia	WORKSHOP 6 13h00-14h30 Breast cancer (Case study 5) Session champion: Caren Cupido (MD Office) Venue: Nerina and Protea
Facilitator: Callie Schafer: BHF Board Member and Principal Officer, Namdeb Medical Aid Scheme • Managing healthcare cost drivers (Case study 3) Vulindlela Ndlovu: CEO , CIMAS Stephen Tjiuoro: CEO, NAMAF (Namibia) • UHC prospects (Malawi) (Case study 4) Dr Neil Nyirongo (Malawi) • Student visa – way forward Q & A (20 minutes)	Facilitator: Tryphine Zulu – Senior Manager: Disease Risk Management , GEMS • Effective coverage – pilot study results Dr Rajesh Patel: Head Benefit and Risk, BHF Neo Khauoe: Principal Officer, Polmed • Implementation of an effective coverage framework Evan Bradley: Partner & Consulting Actuary, 3ONE Consulting Actuaries Q & A (20 minutes)	Facilitator: Dr Liana Roodt – Breast surgeon, Groote Schuur A multidisciplinary approach to breast cancer Speakers include: Galima Gamieldien (Sr Fish) – Groote Schuur Dr Jeannette Parkes – Oncology, Groote Schuur Dr Tselane Thebe – Oncology, Groote Schuur Dr Dashni Chetty – Pathologist NHLS Dr Lydia Cairncross – Breast surgeon Groote Schuur Dr Jenny Edge – Breast surgeon Tygerberg Prof Bonginkosi Chiliza – Head of Psychiatry Q & A (20 minutes)

PROGRAMME - TUESDAY, 23 JULY 2019

Networking - Tea Break
14h30-14h55

WORKSHOP 7 14h55-17h00 Managing non-communicable diseases Session champion: Sharon Swanepoel (Knowledge Management) Venue: Freesia and Daisy	WORKSHOP 8 14h55-17h00 Contracting for value – improving health system performanceSession champion: Caren Cupido (MD Office) Venue: Bluebell and Watsonia	WORKSHOP 9 14h55-17h00 Benefit Review Session champion: Lesley Mogano (Research) Venue: Hall 10
Facilitators: **Mhlengi Magubane Health Care Consultant** • Innovation in Diabetes Management – The Next Big Thing Dr Joel Dave: Associate Professor, Groote Schuur Hospital • Patient experience of care survey (A pilot study of beneficiaries diagnosed with diabetes) Michael Mncedisi Willie: General Manager, Research and Monitoring – Council for Medical Schemes • Managing Communicable Diseases – Innovation in Diabetes Management Ms Sarah Bennett Head: Actuarial Oversight, Health Intelligence Unit, Medscheme & Ms Aimee Wesso Research and Product Development Specialist Q & A (20 minutes)	Facilitator: **Dr Odwa Mazwai**, Clinical and Operations Executive – Sizwe Medical Fund • Value-based contracting – Payer perspective Dr Michael D. Fratkin: Founder/ Director – ResolutionCare (USA) Torrie Fields: Senior Manager, Advanced Illness Care – Blue Shield of California (USA) • Value proposition for efficiency: discounted options Mondi Govuzela: Senior Researcher, Council for Medical Schemes • The devil is in the detail – a value-based contracting model Shivani Ranchod: Co-founder and CEO, Percept • Is cost effective standardised care just cheap and nasty?- Patient reported outcomes of standardised arthroplasty care pathway? Dr Grant Rex: Improved Clinical Pathways • Implementing the GP care Cell pilot project: contracting out PHC services Dr. Visegan Subrayen: PPO Serve Q & A (20 minutes)	Facilitator: **Kristin-Ann Cronje**, Trustee - Libcare • Social determinants of health Dr Yogan Pillay: DDG - HIV/AIDS, TB and MCWH, Department of Health • Why the need to revise the PMBs is urgent Vishal Brijlal – Clinton Health Access Initiative (CHAI) • Ideal PMB benefits Dr Rajesh Patel: Head Benefit and Risk BHF • Case study – Revised PMBs Dr Stanley Moloabi: COO , GEMS • Low-cost options – Why they should be part of medical schemes and not insurance Charlton Murove: Head of Research, BHF Q & A (20 minutes)

PROGRAMME - TUESDAY, 23 JULY 2019

AGM: Members ONLY 17h00-17h50, followed by BHF board meeting	Venue: Freesia and Daisy	
18h30 for 19h00 Until 21h00	**'Women in leadership' dinner** **Guest speakers:** Growing the next generation of women in leadership: reflections, survival and when to surrender **Professor** Laetitia Rispel: DST/NRF SARCI Research Chair on the Health Workforce, School of Public Health – University of the Witwatersrand, Johannesburg The relevance of being a tempered radical in a workplace Grace Khoza: General Manager, Stakeholder Relations – Council for Medical Schemes	Westin Hotel

PROGRAMME - WEDNESDAY, 24 JULY 2019

'Quality should not be the purview of the elite or an aspiration for some distant future; it should be the DNA of all health systems.'

TIME	SESSION DESCRIPTION	VENUE
08h00-08h30	Networking - Tea on arrival	Exhibition halls 8 & 9

HEALTH SYSTEM REFORM – BLUEPRINT FOR CHANGE		HALL 10
08h30-12h30	**Facilitator: Anthony Pedersen – CEO: Medscheme** Understanding the role of intersectoral convergence and regulatory alignment in the delivery of health services Panel members will include: **Dr Katlego Mothudi: Managing Director, Board of Healthcare Funders of Southern Africa (BHF)** **Vuyo Mafata: Commissioner, Compensation Fund** **Dr Raymond Billa: Registrar, HPCSA** **Dr Selaelo Mametja: Head of Knowledge Management, SAMA** **Dr Sipho Kabane: Registrar, Council for Medical Schemes** **Dr Anban Pillay: DDG – NHI Fund, Department of Health** **Hardin Ratshisusu: Deputy Commissioner: Competition Commission (TBC)**	
12H30	**CLOSURE**	

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Vuyo Mafata

Vuyo Mafata is the Commissioner of the Compensation Fund, a public entity of the Department of Labour. The Compensation Fund is a healthcare funder in the area of occupational injuries and diseases and provides a social security safety net in the event of an injury in the workplace.

He was appointed to this role in June 2015, an assignment initially meant to be for a short period, and the position became permanent in April 2016. Prior to this he was Chief Financial Officer of the Unemployment Insurance Fund, another entity of the Department of Labour, where he held various positions over a period of 10 years.

Together with his management team, Vuyo Mafata has embarked on a process to improve the fortunes of the Compensation Fund to ensure that it lives up to its important role in the South African labour market. Within a short space of time, there were already signs that he and his team were achieving the desired results, though the complete turnaround will take longer.

Dr Visegan Subrayen

Dr Visegan Subrayen holds a Bachelor's degree in Dental Surgery from the University of the Western Cape and an MBA from the University of Cape Town.

He is Programme Manager for the GP Care Cell model at PPOServe and has played an integral role in the conceptualisation and development of the programme. He has diverse experience within the South African healthcare landscape. The design and implementation of innovative and disruptive solutions to improve healthcare accessibility is a personal mission.

He is a qualified dentist having worked at two public hospitals, where he was responsible for their oral health programmes, and also had a short tenure in private practice. In the corporate environment he was the General Manager of a private hospital for a publically listed group. He has been a freelance consultant in the hospital commissioning space. Further experience involves two entrepreneurial ventures in retail and manufacturing after completing his MBA. His special interest is quality management in healthcare.

Victoria Barr

Victoria Barr is an economist and Senior Director at FTI Consulting. She is also one of the co-founders of Alignd, a multidisciplinary collaboration developing comprehensive financing solutions for medical aid schemes. Alignd's solutions are designed to enable patient-centred and cost-effective healthcare.

She joined FTI Consulting in London in 2012 and transferred to South Africa in 2016, where she is developing FTI's South African economic consulting practice. She has worked as an economic consultant since 2008 and her experience covers economic regulation, public policy, economic development and competition issues.

Since 2011, she has specialised in healthcare economics. Her work has focused on three main areas: healthcare financing, including pricing and contracting strategy; regulatory framework design; and economic and financial modelling, including cost-benefit analysis. Recent clients include the World Health Organization and the National Treasury of South Africa.

During a two-year secondment at Monitor, the healthcare sector regulator in England, she acted as Deputy Director of Pricing, implementing large-scale reform of the payment system for the National Health Service. She has also worked with healthcare providers and funders in England on a range of pricing and contracting issues.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Tryphine Zulu

Tryphine Zulu is a Senior Manager: Government Employees Medical Scheme (GEMS). She holds a BPharm, MSc Med (Pharmacotherapy) and MPH (Health Economics) and is a PhD candidate (Public Health).

In her position at GEMS she is responsible for disease risk and medicines management. She trained as a pharmacist and is a public health scholar specialising in health economics. She has a keen interest in the social determinants of health as drivers of the observed inequality and inequity in the effective coverage of healthcare services for non-communicable diseases.

Torrie Fields

Torrie Fields is Senior Manager, Advanced Illness & Palliative Care at Blue Shield of California. She leads the development and implementation of programmes and processes that support people with serious illness and their families. In addition, she is a director for the Center to Advance Palliative Care Quality Alignment Hub and is responsible for developing an accountability and measurement framework that will advance access to high-quality serious illness care across settings.

Prior to her current position, she worked as the Director of Palliative Care at Cambia Health Solutions and as a consultant for health plans, purchasers, and educational institutions to assist them in understanding the impact of palliative care on the medical system. She has developed highly successful palliative care initiatives including benefit design, case management, caregiver support, medical home development, and policy and engagement efforts. In addition, she has worked as an actuary and health services researcher in a variety of settings.

She holds a Master's degree in Public Health from Oregon Health and Sciences University, a Certificate in Gerontology from Portland Community College, a Bachelor of Science degree in sociology from Portland State University, and a Bachelor of Arts degree in communication theory from the University of California, San Diego.

Stephen Uanjengua-ije Tjiuoro

Stephen Uanjengua-ije Tjiuoro holds the following qualifications: a Postgraduate Diploma in Strategy and Innovation from Oxford University, UK; a Certificate Programme in Finance and Accounting (Wits Business School – RSA); a Bachelor of Law degree (B Juris) from UNISA and a National Diploma in Police Science from the Polytechnic of Namibia. He is currently pursuing an LLM degree through UNISA.

He is currently the CEO of the Namibian Association of Medical Aid Funds (NAMAF). He assumed the position on 1 April 2017. He has overall responsibility for the leadership, management and performance of the functions of NAMAF, a juristic body created to control, promote, encourage and co-ordinate the establishment, development and functioning of medical aid funds in Namibia. Prior to this he worked as a public prosecutor, as principal assessment officer of the Motor Vehicle Accident Fund and subsequently also as its first chief operations officer and de facto CEO.

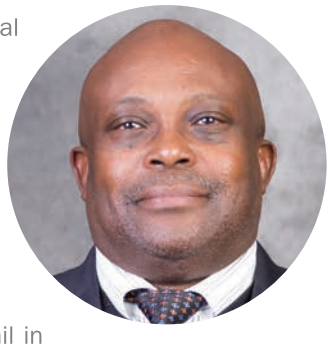
SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Dr Stan Moloabi

Dr Stan Moloabi is a qualified medical practitioner registered with the HPCSA. He obtained his primary medical degree – MBChB – at the then Medical University of Southern Africa (MEDUNSA). His other qualifications include a Diploma in Business Management with Damelin Management School and a Certificate in HIV Management. He also studied towards a Masters in Family Medicine. He is a member of the Institute of Directors of South Africa.

He started his medical career as a general practitioner, successfully running a clinical private practice for 13 years. He joined the corporate sector in August 2005. He worked at Medscheme occupying the positions of Medical Advisor, Senior Manager: Hospital Benefit Management, Senior Manager: Client Liaison for the GEMS account and served as a member of the managed care division's Exco. He then joined GEMS as Executive of Healthcare Management where he also served as Acting Principal Officer for a year. He left GEMS to become Principal Officer of Medshield, one of the top ten open medical schemes in South Africa, a position he held until 15 May 2018. He is currently Chief Operations Officer of GEMS, the second biggest medical scheme in South Africa, a position he took up on 1 June 2018.

Dr Sipho Kabane



Dr Sipho Kabane is CEO/Registrar and Senior Strategist of the Council for Medical Schemes, where he is responsible for its overall management. He has held the position since February 2018. He has an outstanding record in managing province-wide health service provision with a focus on quality, reform and continuous improvement. He is skilled in managing diverse and multidisciplinary teams as well as the financial and operational aspects of health departments. Experienced in building and communicating strategy and vision, he has a strong understanding of economics and its effect on health services. An inspirational leader and project manager, he is an active and productive member of numerous committees contributing to the health and wellbeing of communities and individuals.

His qualifications include a PhD in Health Systems (University of Pretoria), an MPhil in Economic Policy (University of Stellenbosch), an MBA (Heriot-Watt University, Edinburgh, UK) and a Diploma in Tropical Medicine and Hygiene (Wits University).

Shivani Ranchod

Shivani Ranchod is a healthcare actuary and academic. She is the co-founder and CEO of Percept, a multidisciplinary consulting firm. She is also the co-founder of Alignd, an innovative provider of value-based contracting solutions.

She is the former Head of Actuarial Science at UCT, and is currently a senior lecturer. She is also a long-term advisor to the Government Technical Advisory Centre. She has consulted to medical schemes, administrators, managed care organisations and healthcare providers, including hospitals, regulators, national government and international agencies. She is an outspoken advocate of change in the South African health system, having worked across both the public and private sectors and on both the supply and demand sides of the system.

She holds a MBusSc and a BBusSc, both from UCT. She is a Fellow of the Actuarial Society of South Africa.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Advocate Rebaone (Rebs/Reba) Gaoraelwe

Advocate Rebaone (Rebs/Reba) Gaoraelwe has been an admitted advocate since 2008. He holds an LLM degree from the University of Pretoria, a Higher Diploma in Company Law from Wits University, LLB & BProc degrees from the University of Natal (now UKZN) and a Certificate in Public Sector Governance & Strategy from UNISA's School of Business Leadership.

He has extensive board and committee experience and is currently a council member of the Council for Medical Schemes. He previously served as: Deputy Chairperson of the Council for Tshwane University of Technology and is also a former Chairperson of the Appeals Committee for the SA Institute for Drug-Free Sport; a former Member of the SA Dental Technicians Council and a former Member of the Attorneys Fidelity Fund's Governance and Policy Committee. He is a seasoned former corporate executive. He is the CEO/Registrar of the SA Board for the Sheriffs Profession; he is the former Divisional Executive: Statutory Functions at the Engineering Council of South Africa (ECSA) and has also worked for the Presidential SOE Review Commission as a legal and governance specialist; he worked for the South African Maritime Safety Authority and Alexkor (SoC) Ltd as Company Secretary and Legal Counsel; as well as the National Department of Public Enterprises as Director: Legal and Governance. He has extensive consulting experience and a background in corporate legal governance; strategy, regulation and compliance. He has consulted or is consulting to such entities as the Seychelles Planning Authority, the Engineering Council of South Africa, the South African Council for the Quantity Surveying Profession and Mjindi Farms (Pty), to mention but a few.

Dr Odwa Mazwai

Dr Odwa Mazwai is Clinical and Operations Executive of Sizwe Medical Fund. He holds an MBChB from Walter Sisulu Medical School. He served as a medical officer in the public sector in Gauteng, earning his Diploma in Anaesthesiology from Wits. Dr Mazwai has extensive clinical experience and integrates this with public health, health economics and health policy knowledge. He remains excited about the changes that are on the horizon for healthcare in South Africa and believes the ripples of these changes for the better will permeate throughout the continent.

Dr Ntuthuko Bhengu

Dr Ntuthuko Bhengu is a panel member of the Health Market Inquiry, Commissioner on the SA National Planning Commission and a chartered director (SA). He completed a term of eight years as a board and advisory committee member of Nestle (SA) (Pty) Ltd and more than seven years as Chairman of the Board of Directors of the Road Accident Fund. In 2017, he was elected to serve as a non-executive director of the Institute of Directors in Southern Africa and currently chairs the Certifications Committee of the board. He is a Fellow of the Africa Leadership Initiative.

Dr Bhengu obtained his MBChB from Natal University and a Diploma in Anaesthetics from the College of Medicine of SA. His business management qualifications include an MBA and MPH: Healthcare Management. The latter degree from Harvard gave him an in-depth understanding of global health policy and management of corporations in pharmaceutical, biotechnology, hospital and health insurance sectors. In March 2018 he was invited by the Harvard Global Health Institute to participate as a speaker at a London (UK) workshop on counterfeit and substandard medicines. The theme of the meeting was: 'Medicines that Lie: A Deadly Public Health Crisis'. He has an interest in the application of blockchain in the health sector. Over the past year, he has attended several international blockchain conferences and has delivered speeches on the subject.

Dr Ntanganedzeni Muambadzi

Dr Ntanganedzeni (N) Muambadzi is a specialist nuclear medicine physician. She is Acting Head of the Department of Nuclear Medicine and Molecular Imaging at Polokwane Hospital. She obtained her MBChB degree from the then MEDUNSA (now Sefako Makgato University) in 2006. She furthered her studies by specialising in nuclear medicine and molecular imaging at the University the Witwatersrand. Her research efforts in advancing nuclear medicine and molecular imaging have contributed to an MMed focusing on the imaging of parathyroid adenomas.

She left Johannesburg for the rural areas of Limpopo because she believed that is where the most attention is needed. In her short time in the province, she has already been a guest speaker at two events and a member of the breast cancer steering committee of Pietersburg/Mankweng Hospital. She has improved and raised awareness of a nuclear medicine department that was failing and losing hope. Statistics show that patient turnover is now 50% more than it was prior to her arrival. She runs a lot of interdisciplinary meetings and lectures other departments on the value of nuclear medicine.

She has contributed to the local community by starting an NPO foundation that helps the most vulnerable. It assists patients with chronic illnesses such as HIV/AIDS, tuberculosis, diseases of lifestyle, hypertension, diabetes and breast cancer.

Nir Kaminer

Nir Kaminer is a founding partner of MedRev – Medical Reviews International. He has built up a team of internationally experienced clinical and business executives who operate a global network of medical specialists in all medical areas. He brings to his work years of management consulting background and more than 10 years of experience in helping healthcare insurers to optimise their claims operations and improve healthcare provisioning.

Nicolas Garcia

Nicolas Garcia is currently IDEMIA's Regional Director of Sales (Connect Objects/ Biometric Terminals) for Middle East and Africa. He started his career in France as an information technology specialist when floppy disks were still in use, many moons ago.

In 2002, he moved to South Africa to work for the French Embassy's Trade Commission as IT Manager for Southern African operations, a position he held for two years. He was subsequently introduced to access control and biometrics in 2004 when he joined IDEMIA - then called SAGEM South Africa. SAGEM was a France-based company and world leader in biometrics and access control at that point entering the African market.

Over the past 18 years, he has occupied key positions such as Technical Manager, Sales and Operations Manager, Sales and Marketing Director and Business Unit Manager.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Neo Khauoe

Neo Khauoe is an accomplished multi-skilled individual with more than 25 years' managerial experience in the medical schemes environment, which includes serving as Principal Officer of Polmed and Sizwe Medical Fund, General Manager, Scheme Executive, Client Relationship Manager and Provider Relations Manager. This experience has contributed to her acquiring high-level management, administrative, strategic, organisational, stakeholder liaison, networking, decision-making, diplomacy, marketing, protocol and communication skills.

She began her career as a nurse at Baragwanath Hospital, where she excelled before moving into the medical schemes industry 25 years ago. She was instrumental in managing the administration and managed care contract that 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. Thanks to her proven track record of good governance, ensuring effective and efficient functioning organisations, member participation and stakeholder management, when she left the scheme was stable with a good financial outlook. She is currently Principal Officer of Polmed.

Dr Neil Nyirongo

Neil Nyirongo holds a PhD in Business Administration, an MPhil and a BSocSci. He worked for the Reserve Bank of Malawi for 33 years, retiring in 2010 as Head of Economic Services. Since then he has been teaching at university level and consulting in economics and finance. He has undertaken major assignments with institutions such as the African Union Commission - to establish the African Central Bank in Abuja, Nigeria; the African Development Bank - in an attempt to induce resumption of direct budget support to Malawi; and Bankable Frontier Associates of Boston, USA - to enhance use of electronic payments in Malawi.

As Head of Economic Services at the Reserve Bank of Malawi, he was responsible for implementation of the monetary policy mandate, starting with framework design, and the attendant strategies to attain Malawi's macroeconomic objectives. These included staff deployment and development, with particular attention to teamwork and welfare that enhanced a sense of belonging and commitment to duty. He worked as a major link on technical issues, both internally on monetary policy stance and externally on fiscal aspects, with bilateral and multilateral institutional consultations.

Mondi Govuzela

Mondi Govuzela holds a BSc (Wits) and BSc Hons (Med) (MEDUNSA) and has been employed in various positions at the Council for Medical Schemes for the past 13 years; he is currently Senior Researcher in the Research and Monitoring Unit.

He works on policy monitoring, focusing on the maintenance of the healthcare utilisation statutory returns system, healthcare utilisation analysis and reporting and healthcare finance policy research. He recently completed the WHO advanced course in healthcare financing for low- and middle-income countries.

Dr Michael D Fratkin

Michael D Fratkin, MD, FAAHPM, is a builder, innovator and dreamer who approaches life and the practice of medicine with love and respect. Incorporating principles of value-based payment, technology-enabled service delivery and interprofessional team integration, Dr Fratkin and his team created ResolutionCare Network to build capacity for high-quality home-based palliative care in rural northern California and beyond.

These principles have been the foundation for bringing care to hundreds of people over thousands of square miles while delivering the best possible value to people and families, as well as much needed relief to rural health systems and health plans. Through professional training, technical assistance and consulting support, ResolutionCare Institute is a catalyst for palliative care programme development across the globe as communities seek to address challenges of workforce deficiency, large distances, professional resiliency and the slow acceptance of concurrent palliative care complementing disease-directed care.

By giving voice to people navigating serious illness and the professionals called to serve them from within complex legacy health delivery systems, Dr Fratkin is gathering collaborators with the courage to build the future of person-centred healthcare around the world.

Mark Bayley

Mark Bayley holds a BSocSci and a Postgraduate Diploma in Management. He is currently Managing Director of Universal Healthcare Administrators. A highly seasoned executive, he has a solid commercial background with extensive experience at executive level in the healthcare, financial services, information technology and consulting sectors.

He has extensive experience in developing strategy and in managing people, processes, systems and operational infrastructure and has run a number of complex businesses. He has been responsible for the deployment of large-scale strategic initiatives in order to create commercial business value. These have included the deployment of new operating models leveraging best-of-breed strategy and human resources, as well as process and technological solutions.

He is accountable for managing the Strategic Business Unit of Universal Healthcare Administrators, with full profit and loss accountability, and ensures that budgets, business plans and contracted services to clients are delivered effectively. He is responsible for managing all operational and administration services to the schemes under Universal Healthcare's administration. Included in his portfolio are scheme governance, benefit design, the management of multiple contact centres, contributions management, membership management, scheme and business unit finance and claims processing. He is also responsible for ensuring service excellence to client schemes' members and patients.

He currently serves as a director on the Board of Healthcare Funders. He is involved in a number of healthcare industry initiatives, including the facilitation of transformation of the sector to align with NHI, while ensuring affordable universal access to quality healthcare.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Professor Laetitia Rispel

Professor Laetitia Rispel holds a South African Department of Science and Technology/ National Research Foundation Research Chair, entitled Research on the Health Workforce for Equity and Quality, and is Professor of Public Health at the University of the Witwatersrand.

Professor Rispel has extensive and wide-ranging experience of research, teaching, and health leadership in different settings, and has published extensively on different aspects of health policy and the transformation of the South African health system. She has won several national and international awards.

Professor Rispel is an inaugural member of the International Academy of Quality and Safety in Health Care, established under the auspices of ISQUA. She is the current president of the World Federation of Public Health Associations, the first woman from Africa and the third in the 50-year history of the organisation to achieve this honour.

Dr Khama Rogo

Khama Rogo, MBChB, MMed O/G, PhD, trained as an obstetrician/gynaecologist. He has been an articulate advocate for reproductive health and rights for over two decades and is strongly committed to community and reproductive health.

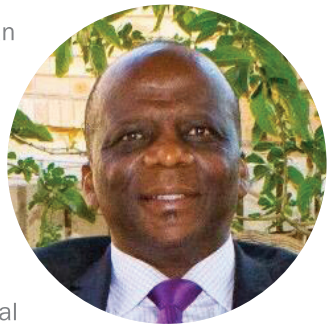
As Ipas Vice-President for Africa and Global Affairs (1998-2000), he introduced MVA in Africa against formidable forces and built a scale-up programme to implement Ipas's regional and global strategic vision to promote women's reproductive health and rights.

He is a former President of the Kenya Medical Association, President of the Kenya Cancer Society and Chairman of Kenya's National Council for Population and Development. He led the Kenya Obstetrical and Gynecological Society for many years and is currently spearheading the formation of the East, Central and Southern Africa College of Obstetricians and Gynecologists (ECSACOG).

He is the founder of the Centre for the Study of Adolescence in Nairobi as well as the Nairobi Oncology Centre, the first specialist cancer care and advisory clinic in east Africa. He is also founder of two innovative hospital programmes in Kenya, one of which is the only specialised hospital for women in east and central Africa, providing care for victims of gender-based violence and rape as part of a comprehensive package of services.

He is currently the Lead Health Sector Specialist and Head of the Health in Africa Initiative, a private-sector health-focused programme of the World Bank Group. Prior to this he was Senior Advisor for Population and Reproductive Health at the World Bank. He has published over 100 peer-reviewed papers, chapters and books, and continues to pursue an academic career through numerous adjunct professorial appointments, lectures and the supervision of postgraduate students at universities in Africa, Europe and North America.

Joe Seoloane



Johannes Malose (Joe) Seoloane was appointed Curator of the South African Municipal Workers Union National Medical Scheme (SAMWUMED) in October 2018. SAMWUMED is a fully funded, self-administered scheme offering cover for local government employees in South Africa.

He has been curator of several other schemes and is a healthcare turnaround specialist who assists in turning around schemes with trustees unable to comply with their fiduciary responsibilities. He has an in-depth understanding of the business of the Council for Medical Schemes.

He co-founded Pro Active Health Solutions in 2000, a joint venture with Old Mutual South Africa, as its CEO focusing on health risk management, introducing the integration of health funding, disability management, wellness and ill health management for government employees and state-owned enterprises. He joined Mx Health as Managing Director of the administration and managed healthcare business in 2004. During this time he also assisted GenHealth, a scheme under curatorship, to stabilise its administration and management. He was the Corporate Clients Director for Fedsure Health until 1999.

He was formerly Chief Executive Officer of Sanlam Health where he was responsible for among others, overall strategy, risk, compliance and financial management of the healthcare management business.

Dr Grant Rex

Dr Grant Rex qualified with an MB BCh from the University of the Witwatersrand in 1987 and went on to obtain a BSocSci (Hons) in industrial sociology from the University of Natal Durban. He then went into clinical management at Alexandra University Clinic, where he developed a uniquely cost effective occupational health service that contracted with 50 factories in under a year. The service broke even financially in its second year of operation and is still functioning with minimal external support.

This was followed by a stint as superintendent at Baragwanath Hospital before joining Life Healthcare as a hospital manager, regional manager and eventually managing director of its overseas operations in the UK. He then joined Care UK as head of its secondary care hospital division, where he was exposed to the measurement of clinical outcomes or clinical quality assurance and the development of standardised care pathways based on this. After returning to South Africa he started the first 'value-based' clinical network called Improved Clinical Pathway Services (ICPS), offering quality controlled joint replacement to the private medical aid industry as well as government.

A business model was developed along the lines of UK-style ‘standardised care pathways’ using evidence-based best practice, but existing South African private sector capacity, to provide a service that is 30-50% cheaper than currently available key elective surgery procedures. ICPS has now developed pathways in neurosurgery, ophthalmology and cardiology, which are being marketed to the three main administrators. The arthroplasty pathway is contracted to deliver around 15% of all primary arthroplasty procedures in South Africa and is well placed to compete for emerging NHI opportunities. It has attracted interest from a large hospital corporation as well as one of the big three medical aid administrators.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Grace Khoza

Grace Khoza is an expert in corporate communications, strategic relations and strategy development. She holds a Masters' degree from the London School of Economics and an Honours degree in journalism from Rhodes University.

In September 2018, she took up the position of General Manager: Stakeholder Relations at the Council for Medical Schemes. She is responsible for reputation management and marketing the council to a broad range of stakeholders: general public, healthcare sector, government and international bodies. She is also responsible for its education and training function, the aim of which is to empower the various stakeholders in medical schemes including boards of trustees, principal officers, brokers, scheme members and the public.

She began her career as a researcher and assistant producer on Carte Blanche. She then worked as a journalist and producer at the SABC. Her career in the public sector culminated at the Department of Foreign Affairs, where she worked closely with former Minister Dr Nkosazana Dlamini-Zuma (former Chair of the African Union Commission) as Head of Strategic Communication and Marketing.

In the private sector, she served as a strategic advisor to leading media houses including M-Net and MultiChoice Africa. She later worked as Head of Public Relations at the acclaimed consultancy, Bain International.

Between 2014 and 2018, she served as an executive director responsible for corporate affairs and group marketing at the AfroCentric Group. In this role, she was responsible for overseeing all marketing, PR and reputation activities within South Africa and internationally.

Over the years, she has also provided AfroCentric with guidance and support on stakeholder relations with government and respective state actors like the Government Employees' Medical Scheme (GEMS), Parliament and the South African Police Medical Scheme (Polmed). Between 2016 and 2018, she provided guidance on AfroCentric's participation in the Health Market Inquiry.

Evan Bradley

Evan Bradley is a qualified actuary, a Fellow of the Actuarial Society of South Africa and a chartered enterprise risk actuary. He holds a Bachelor of Business Science degree in actuarial science from the University of Cape Town as well as a Healthcare Practising Certificate from the Actuarial Society of South Africa.

He started his career with a large international employee benefits firm, providing consulting solutions to a variety of blue chip institutions, including employers, medical schemes and retirement funds. As a senior member of the actuarial consulting division, he was responsible for performing and overseeing the provision of advice in the areas of healthcare actuarial consulting, retirement fund consulting and corporate strategy.

In 2015, he founded 3ONE Consulting Actuaries together with two other healthcare actuaries, growing the firm into one of the most prominent independent healthcare actuarial consultancies in southern Africa. Offering highly valued strategic advice to over 80 clients across 10 countries, he continues to embrace solutions that are collaborative and innovation-driven. The consulting areas he is involved in within the healthcare space include: medical scheme and health insurance provider benefit design and contribution pricing; reimbursement modelling; claims experience analytics and business intelligence systems; governance; risk-based capital reviews; health outcome analyses; dynamic reporting solutions; provider profiling and sales and distribution strategy.

Dr Rajesh Patel

Dr Rajesh Patel is currently Head of the benefit and risk department at the Board of Healthcare Funders (BHF).

Prior to that, he worked as a family physician from 1987 to 1995. After leaving private practice he joined the medical aid industry. His roles in the industry have included medical advisor, scheme manager and clinical risk manager. Prior to joining the BHF in 2005, he spent two and a half years in the pharmaceutical industry. His special interests are quality assurance, value-based medicine and the application of public health principles in health risk management in the private sector.

He is a member of the Health Data Advisory ministerial committee and was recently appointed as a commissioner to the Lancet National Commission (SA). Prior to this, he was a non-executive director of the Council for Health Service Accreditation of Southern Africa (COHSASA) and Health Quality Assessment (HQA), as well as a former chairman of the clinical review committee of HQA.

Dr Christian Stoeckigt

Dr Christian Stoeckigt is a multilingual professional with over 12 years of experience in medical affairs, sales and business development. He holds a Dr.rer.nat (PhD) in microbiology, immunology, computer science from the University of Goettingen, Germany, and a Dipl-Biol (MSc) in biophysics, immunology, laser physics from the University of Düsseldorf, Germany.

He has a proven ability to effectively drive change and growth with strategic, analytical, and innovative problem-solving skills. He is a results-driven business leader with proven success in developing and executing strategies for sales expansion and market development.

He has extensive international managerial experience coordinating multiple global projects and priorities and is dedicated to team success through strong management and leadership skills.

He is currently Head of Scientific Affairs EMEAC – Diagnostics Solutions at Hologic Deutschland GmbH Wiesbaden, Germany, where his responsibilities include leadership for and development of a diverse team of senior key experts, definition and implementation of the scientific affairs strategy across Hologic's diagnostic portfolio, building and management of strategic alliances in emerging markets with major global health partnerships (USAID, The Global Fund, WHO) and key NGOs, strategic planning for acceleration of commercial presence in developing markets and cross-functional liaison with marketing, market access and sales for alignment with business strategies.

Prior to this he was Head of Global Clinical & Scientific Marketing at Siemens Healthcare Diagnostics Products GmbH, Marburg, Germany, with leadership responsibility for a global team of senior marketing executives, medical writers and editors. He was also a member of the Siemens Healthcare Technology Center Innovation Board.

Cynthia Schoeman

Cynthia Schoeman is Managing Director of Ethics Monitoring & Management Services (Pty) Ltd. She is a founding non-executive director of the Ethics Practitioners Association (EPA), and sits on the investigating committee of the Independent Regulatory Board for Auditors (IRBA).

She has over 15 years' experience in the field of workplace ethics and governance. She has developed practical tools and services to support the effective and proactive management of workplace ethics within organisations and consults to private and public sector organisations in this regard.

She is a published author in the area of workplace ethics and her works include *Ethics Can: Managing Workplace Ethics (2014), Ethics: Giving a Damn, Making a Difference (2012) and An Employee's Guide to Workplace Ethics (2011).* Her articles are widely published. She is a regular speaker on workplace ethics at conferences and is often interviewed on TV and radio as an ethics expert. Since 2000, she has lectured on ethics and governance as external faculty on executive and academic programmes at South Africa's top business schools.

She holds a BA from UNISA and an MBA from Wits Business School.

Charles Dalton

Charles Dalton has 30 years of operational and strategic management experience in public, private and health insurance settings. He started his career in the NHS UK working in three large hospitals and then Kings College London before the Audit Commission UK with their health service value-for-money team. Thereafter he moved to South Africa and in 1998 established the KPMG South Africa health advisory practice where he completed over 100 advisory engagements. He joined EOH Health in 2011 and then IFC in 2013 as a senior health specialist, where he advises globally on IFC's health service investments from the perspective of business model market relevance and strategic fit, management arrangements, operational and service models, quality and review of financial projections for investment decision-making.

He has gained considerable emerging market knowledge from investment opportunities in the private health sector through to 'whole health system design' and implementation of policy/strategy.

He has a practical understanding of challenges facing health systems in emerging markets and the opportunities presented for relevant and sustainable public-private collaboration. He also has a strong process understanding of the operational and service practicalities necessary to make health systems and service work.

Callie Schafer

Callie Schafer was born in Namibia, and worked in executive positions for an international gas supply company, Afrox, for 23 years before joining the medical aid industry in 1999.

He is a team player; leading and managing people are his key strengths and he is results-oriented and task-focused. As demonstrated by the experience he has gained in diverse industries, he adapts easily to new environments. As he believes in the importance of stakeholder relationships he spends endless effort engaging with stakeholders to work together in building their respective industries.

Within the healthcare sector in Namibia he is a past president of the Namibian Association of Medical Aid Funds (Namaf). He has served on the board of directors of the BHF for various terms since 2002. He is actively involved in facilitating relationship-building and stakeholder relationships in the Namibian healthcare industry.

Barry Childs

Barry Childs is Joint CEO of Insight Actuaries & Consultants. He holds a BSc (Hons) and a Postgraduate Diploma (Health Economics). He is a Fellow of the Institute and Faculty of Actuaries and Chair of the healthcare committee of the Actuarial Society.

After starting his healthcare career at Liberty Health, he moved to Discovery Health where he specialised in managed care analytics and healthcare provider risk management strategies. He started his consulting practice in 2007; this was merged into Insight Actuaries & Consultants in 2013.

He is passionate about healthcare and provides advice to a wide range of public and private healthcare role-players on matters including strategy, analytics and policy. Areas of interest include fintech, case mix and risk adjustment, reimbursement models, quality measurement and improvement, product design, wellness and behavioural science.

Anthony Pedersen

Anthony Pedersen, (CA (SA), is Medscheme Holdings' Chief Executive Officer. He is a qualified chartered accountant with over 19 years' experience in the medical aid industry in various roles.

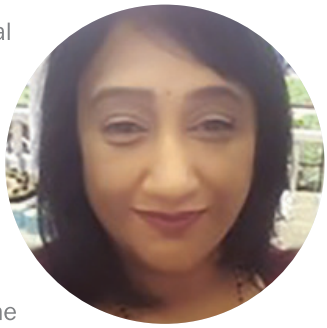
After completing his articles, he joined Momentum Medical Scheme Administrators (formerly Sovereign Health) where he progressed to Financial Director. He moved within the Momentum Group to CFO of Group Benefits, before relocating to Mauritius in 2007, where he was responsible for establishing a new health insurance business for the group.

He joined AfroCentric in 2010, initially as Managing Director of the group's international operations, before being appointed COO of Medscheme South Africa. He has been Managing Director of Helios IT Solutions since 1 May 2016.

In January 2018, he was appointed to his current position, to lead South African, African and international operations.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Advocate Ashika Lucken



Ashika Lucken is currently the Senior State Advocate in the Specialised Commercial Crime Unit (Durban) of the National Prosecuting Authority. She obtained a BA (Law) and a B Laws from the University of Durban. She has a right of appearance in the High Court.

From September 2004, when she was appointed as Senior State Advocate, she has prosecuted a vast number of complex commercial crime cases and guided investigations in such cases. In addition, she advises, assists and trains South African Police Service (SAPS) investigators and other stakeholders in complex commercial crime cases. She has spent time at the Department of Justice as a prosecutor in the District, Regional and Reception Courts. Throughout her career, she has received many merit awards.

Aimée Wesso

Aimée Wesso, BSc (SES) summa cum laude, BSc Hons (Biokinetics), MBA, is a Senior Strategist in Disease Risk Management at Medscheme. In addition to her current role in private healthcare, she has work experience in both private practice and public healthcare. She has published and conducted formal research on topics relating to consumer behaviour and patient satisfaction.

This exposure has revealed the role that behavioural science can play in designing healthcare interventions that positively impact health outcomes. Aimée believes that person-centric interventions are essential to sustainable healthcare and require the involvement and alignment of the entire healthcare environment.

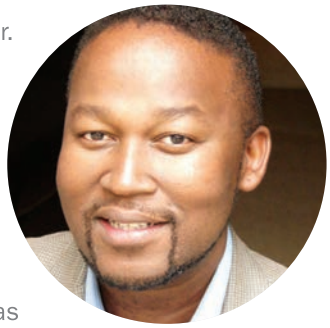
Dr Ali Hamdulay

Dr Ali Hamdulay is currently CEO, Metropolitan Health (a division of MMI Holdings). He was appointed in January 2017. His previous role was Executive Manager: New Ventures within Metropolitan Health. He also currently serves as Chairperson: Board of Healthcare Funders (BHF).

Having served the healthcare industry for over 20 years in many senior positions, he has developed vast expertise in healthcare business, administration and managed care. As a strategic thinker and leader, he has successfully researched, planned and led the implementation of novel models of healthcare to improve health business' capabilities. In addition, he has successfully led and managed large teams to improve business performance in delivering against its strategic objectives of growth, profitably and margin conversion.

Ali has a comprehensive understanding of healthcare ecosystems, identifying critical role-players, 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. He has excellent communication skills and considerable media exposure, having contributed to several industry discourses via numerous conference presentations, radio interviews and print media.

Bongani Bingwa



Bongani Bingwa has established himself as a respected and well-known presenter. His passion for broadcasting was implanted in him at a young age in 1993, when he worked as a presenter for children's television on SABC's TV1. Following that he quickly progressed to presenting for a more mature audience on shows like Your Own Business and Channel O on DSTV.

For more than a decade of his career he has been a presenter of and journalist for one of South Africa's longest running investigative shows, Carte Blanche. He has interviewed thought leaders, senior politicians, captains of industry, authors, celebrities and headliners on the global stage. More than a few wrongdoers have come under the glare of his probing questions. Another remarkable achievement was when he was anchor host on The Oscar Pistorius Trial Channel 199, which was viewed by audiences around the world.

In addition to his successful career in broadcasting and presenting, Bongani has facilitated discussions at big conferences as well as spoken at corporate, government and charity events. He has likewise conducted on-stage and camera interviews with international figures, like Tony Blair, Thabo Mbeki, Al Gore, Rudi Giuliani, Graca Machel as well as CEOs and other leaders in various industries. Before starting his career, Bongani studied politics and holds a Bachelor of Arts from UNISA.

Chris Adams

Chris Adams is a medical technologist, trained at the SAIMR. He spent 17 years at Clinical/Lancet Laboratories in Johannesburg. He is qualified and registered in both chemical pathology and clinical pathology (med tech) and holds an NDT in microbiology. He holds a B Com from UNISA, an MBA from Henley Management School/Brunel University (London) and a postgraduate certificate in health economics from UCT. His MBA dissertation was entitled 'Pathology billing styles in South Africa: The necessity for transparency in the billing relationship'.

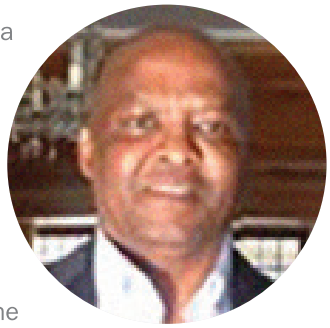
He is a Director of Verirad (Pty) ltd and Verimed Africa Pty) Ltd (Botswana). These companies provide health risk management services to funders in the sectors of pathology and radiology.

Verirad (Pty) Ltd is listed on the Technology Top 100 companies as recognised by the Department of Science and Technology and has won awards for innovation, people management, systems management and sustainable management. Since 2002, it has regularly won PMR awards as the top-rated specialist pathology and radiology management company in South Africa. Verirad was a finalist in the 2017 and 2019 BHF Titanium Awards.

Chris serves on the steering committee of the Health Fraud Management Unit (HFMU) of BHF. Verirad was a contributor to the Health Market Inquiry and has presented at BHF, SASMLT and Case Managers of South Africa conferences in South Africa and at AFHoZ conferences in Zimbabwe.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Dr Hleli Nhlapo



Dr Hleli Nhlapo qualified with a BChD from MEDUNSA in July 1991. He obtained a postgraduate diploma in forensic dentistry and an MSc Dent Sc (Forensic Dentistry) from Stellenbosch University in 1999 and 2002, respectively.
He is registered with the HPCSA as a general dental practitioner. He served as a director of Oralnet from 1998 until January 2005 and as an executive member of the South African Medical and Dental Practitioners' Association (SAMDP) from 1996 to 2001.

He is currently the managing director of the medical schemes division of Dental Information Systems (Pty) Ltd (DENIS), a position he has held since January 2005. He is an executive at EOH's health business unit and also serves as chairman of the HFMU within the BHF. He is a board member and director of the BHF.

He practised as a dental surgeon for 14 years before joining DENIS. He has attended various dental specialty postgraduate courses and received certificates. He has served as the dental advisor for Medscheme (1998-2004) and Managed Health Systems (2002-2004), and as a local area manager for Bankmed under MHS. He was part of the SAMDP yearly tariff increase negotiation team with the then RAMS and was also involved in the negotiations with the Dental Technicians Council that made it possible for dental technicians to claim directly from medical schemes. He has attended international conferences and facilitated sessions at the GHCAN on fraud, waste and abuse. He has spoken on the latter subject at previous BHF conferences. He is an annual invitee of the University of the Western Cape's dental faculty and speaks to final-year students on private health funding in South Africa.

Karen Dreyer

Karen Dreyer is a legal, risk and compliance specialist who works as a Specialist Legal Advisor to the Universal Healthcare Group. She acts as an advisor for a number of Universal's clients and also consults to other clients on an independent basis. She is a qualified attorney and notary and spent 8½ years in legal practice and 18 years within the healthcare and healthcare information technology industries in South Africa. Her experience includes seven years in the USA's healthcare funding industry.

Her experience in the South African healthcare sector includes being Company Secretary and Legal Advisor for MediKredit, and General Manager: Group Legal, Risk and Compliance for the Universal Healthcare Group. She has had extensive exposure across a broad range of areas, including compliance, regulation, governance, risk management, contracts, information technology, intellectual property, information security, internal audit and healthcare and privacy legislation. The latter includes the South African Protection of Personal Information Act No. 4 of 2013, the American Health Insurance Portability and Accountability Act of 1996, the American Health Information Technology for Economic and Clinical Health Act, and the European Union Directive on the Protection of Individuals with Regard to the Processing of Personal Data and on the Free Movement of Such Data (which has now been replaced by the General Data Protection Regulation).

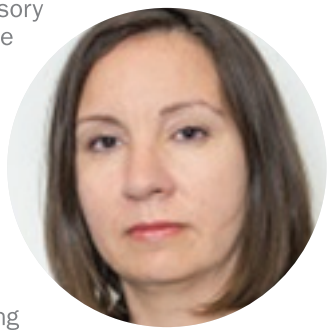
She also has extensive experience in the implementation of governance and control standards. During her career she has been responsible for the establishment and maintenance of a formal quality management system that has been ISO 9001-certified for more than 16 years.

Dr Mosimba Mabunda

Mosima Mabunda holds an MBA from the University of Oxford and an MB ChB from the University of Cape Town. She is an Innovation Principal Director in Accenture's health business. She is passionate about improving quality of healthcare and increasing efficiencies of health systems. She is excited about the role that technology can play towards attainment of better health outcomes and efficient health systems.

She has diverse health industry experience both in South Africa and the UK, where she worked with a leading pharmaceutical company's product development division. Her work at Accenture puts her at the intersection of business and technology. This affords her the privilege to experience the impact technological innovations have in transforming the healthcare delivery landscape.

Michelle Beneke



Michelle Beneke is Director of Volvere (Pty) Ltd, a corporate and commercial legal advisory consultancy and is an admitted attorney with over 22 years' experience in corporate and commercial law. She has practised as an attorney, has experience in a corporate environment and has been a partner at a management consultancy.

She has experience in legal practice but has spent the majority of her career in the corporate environment having advised clients on acquisitions and disposals in the private sector in various countries in Africa (including South Africa, Namibia, Botswana, Rwanda, Kenya, Tanzania, Gabon, Egypt and Mauritius) as well as in Europe, the Middle East and Asia.

She has advised clients in the private and public sector in various industries including advertising, energy, engineering, mining and exploration, grant funding, forestry, hospitality, healthcare funding, heavy industrial, infrastructure, investment holdings, IT, logistics and supply chain management, manufacturing, media and film, military procurement, property, rail, retail, robotics, software and tertiary education.

Michelle is the company secretary for the Board of Healthcare Funders of Southern Africa NPC and has spear-headed the development, implementation and improvement of corporate governance within the BHF environment with a focus on practical, implementable solutions while ensuring adherence to best practice.

Vusi Makanda

Vusi Makanda is currently a Senior Manager: Fraud, Waste and Abuse at Bonitas Medical Scheme. Before joining Bonitas, Vusi held various managerial positions in the insurance and health industry where he advised and coordinated the fraud risk management activities of several medical schemes.

In addition, he has over 20 years of law enforcement and risk management experience obtained in both the public and private sector. He holds a postgraduate legal qualification from the University of the Western Cape and a leadership qualification from the University of Stellenbosch Business School.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Dr Guni Goolab

Dr Guni Goolab, Principal Officer of the Government Employees' Medical Scheme (GEMS), has extensive executive experience augmented by sound public and private healthcare understanding garnered over three decades. He is a qualified medical practitioner, who graduated from the University of the Witwatersrand in 1985 and later completed an MBA at the University of Cape Town. He commenced his career as an intern at the former Baragwanath Hospital (now Chris Hani-Baragwanath Hospital) in 1986 where he also occupied the position of Senior House Officer in the Department of Paediatrics. In later years, he worked as a senior executive within the pharmaceutical industry, including as Chief Executive Officer of AstraZeneca in South Africa and sub-Saharan Africa.

He has been extensively involved in the South African healthcare industry and was President of the Pharmaceutical Industry Association of South Africa from 2004 to 2006. Under his leadership, AstraZeneca was one of the fastest growing pharmaceutical companies in South Africa. During his tenure with the company, three flagship products (Nexium, Crestor and Symbicord) were launched, each featuring among the top 20 pharmaceutical brands in the country. Dr Goolab's leadership and experience have been of considerable benefit to GEMS. Since his appointment in August 2013, GEMS' financial, clinical and corporate governance has been strengthened. Furthermore, GEMS has since been positioned as an integral role-player in driving transformation in the South African healthcare industry. Dr Goolab is a Director of the BHF and serves on the Universal Health Coverage Sub-Committee.

Chantell Ilbury

Chantell Ilbury, Scenario Strategist and Facilitator, is a globally respected specialist in scenarios and strategy, and a top-selling business author. She is also a founding partner with Clem Sunter of mindofafox. She specialises in guiding organisations through strategic conversations, especially in times of uncertainty, and draws on her experience working in strategy across a diverse array of sectors, including resources, mining, agriculture, transportation, medicine, finance and manufacturing. Her work has taken her as far afield as the UK, the US, the Netherlands, Belgium, Austria, Italy, Ukraine, Australia, Jamaica, Kuwait, Singapore, India, Mauritius, Réunion, as well as throughout Africa.She holds a BSc (Chemistry), a postgraduate Higher Diploma in Education and an Executive MBA from the University of Cape Town Graduate School of Business. She studied strategic negotiation at Harvard Business School in Boston.

It was at UCT in 2000 that she first met Anglo-American's Clem Sunter and shared her ideas on scenario planning that led to the writing of their best-selling books *The Mind of a Fox (2001), Games Foxes Play (2004) and Socrates and the Fox (2007). The three books were later published together as The Fox Trilogy in 2011. Her latest book - A Fox's Tale: Insights from One of Africa's Most Creative Strategic Thinkers – was published by Penguin in July 2016.* She is also a guest lecturer on strategy and scenario planning at a number of top business schools and is an accomplished speaker on scenarios and effective strategy in times of uncertainty.

Tselane Thebe

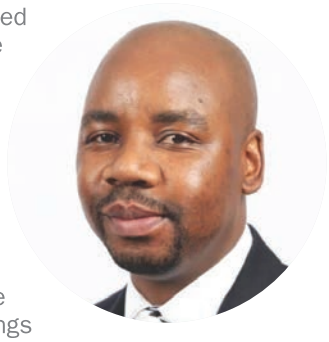
Tselane Thebe is a clinical oncologist in the Radiation Oncology Department at Groote Schuur Hospital, responsible for running the breast clinic and related services. She is also a member of the multidisciplinary team delivering integrated care in breast cancer. Tasked with teaching and training of registrars, medical officers and medical students, she is also involved in clinical research and is a member of several associations. She has extensive experience in working in various levels of healthcare within South Africa. Her qualifications include an MB ChB, an MBA and an MMed (Radiation Therapy).

Dr Imtiaz Ismail Sooliman

Dr Imtiaz Sooliman qualified as a medical doctor at the University of Natal Medical School in 1984. He commenced private practice in Pietermaritzburg in 1986 but had to terminate it in June 1994 to concentrate fully on Gift of the Givers (GOTG) Foundation, which he founded on 6 August 1992. Since then he has developed GOTG into one of the world's most respected humanitarian organisations. It is the largest disaster response agency of African origin on the continent and implements 21 different categories of project. In its 24-year history it has delivered R1.8 billion in aid to millions of people in 42 countries, South Africa included.

Major achievements include the design and development of the world's first and only containerised mobile hospital of its kind in 1993, deployed in Bosnia and compared by CNN to any of the best hospitals in Europe and the design of the world's first containerised primary health care unit in 1994. GOTG was the first organisation in the history of South Africa to be given R60 million by government to design and distribute 204 000 food parcels. It innovated the world's first groundnut-soya high-energy and protein supplement (Sibusiso Ready Food Supplement) in 2004, ideal for HIV/AIDS, TB, malnutrition, cancer and various debilitating conditions. Dr Sooliman developed Africa's largest open-source computer laboratory in 2007 and deployed it at Northbury Secondary School in Pietermaritzburg. His book, *A Mercy to All, was published in August 2014*. He has been extensively profiled in multiple media locally and internationally.

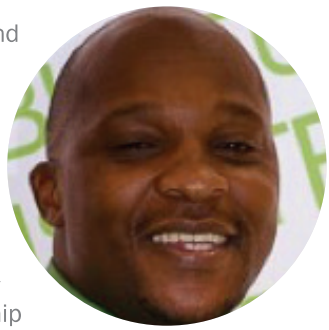
Eustace Mashimbye



Eustace Mashimbye is Chief Executive Officer of Proudly South African. He is a qualified financial accountant who studied at the Technikon Northern Gauteng (now Tshwane University of Technology) and the Technikon South Africa (now UNISA). He majored in financial accounting and corporate law and also studied towards his MBA with the Management College of South Africa (still to be completed).

He is currently completing his studies towards a corporate governance qualification through the Chartered Secretaries' Institute of South Africa. He has over 17 years' experience in accounting and financial management in both the public and private sectors with Telkom, Edcon and the Department of Trade and Industry; more than 10 of these years at senior management level. He has served on the board of The Business Place and is currently a director on the board of the South African Savings Institute, where he previously held the position of Audit and Risk Committee Chairperson. He was previously CFO (for a 10-year period), Acting COO and Acting CEO of Proudly South African before being appointed permanent CEO in December 2016.

Michael Mncedisi Willie



Michael Mncedisi Willie is currently employed as General Manager for Research and Monitoring at the CMS. He has extensive experience in advanced and predictive analysis, policy research and has worked on the various datasets from various sources and industries, including compensation for occupational diseases and injuries.

Michael has a BSc in Mathematics and Applied Statistics and an MSc in Mathematical Statistics and Risk Analysis from the University of the Free State. He has completed advanced strategic and marketing management post postgraduate programmes and is currently completing an MBA degree. Michael is currently a member of the Institute of Directors (IoD) and has a keen interest in leadership programs, especially governance in the private health sector.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

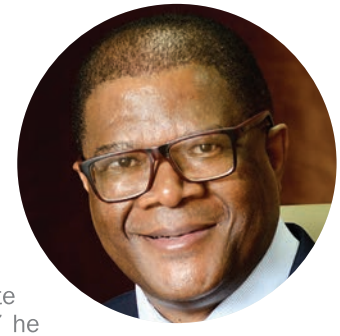
Mhlengi Magubane

Growing up in rural KwaZulu-Natal, Mhlengi Magubane saw how the South African health system failed to offer basic care and treatment in his area. This drove him to help in the development of new and improved treatment regimens for patients in his community.

He spent three years in medical research and working in health facilities – including the fourth biggest hospital in the world, Chris Hani Baragwanath Hospital. This led to his identifying gaps in South Africa's health system and his decision to reposition himself and focus on how we can make the system work through integration.

In order to achieve this goal, he obtained a business administration qualification and was given an opportunity to focus on health systems at a big corporate organisation. He was instrumental in bringing the Vula medical referral system to the market, and worked at Vula Mobile as National Implementation Manager. Prior to that, he worked in management consulting for over three years. His key industry experience includes government and both local and international private clients – specifically focusing on health system improvements. He holds a Master's degree in Science of Medicine (Cardiovascular), a Bachelor of Health Sciences (Hons), Bachelor of Science and a Postgraduate Diploma in Business Administration.

Dr Manyangane Raymond Billa



Dr Manyangane Raymond Billa joined the Health Professions Council of South Africa (HPCSA) on 14 January 2019 as Registrar/CEO. He obtained his Bachelor of Medicine and Surgery (MB BCh) from the Medical University of Southern Africa (MEDUNSA) in 1991.

He further spent four months at the School of Tropical Medicine in Belgium in 2008 studying quantitative risk analysis. In 2010 he obtained an MSc (Bioethics and Health Law) from the University of the Witwatersrand. In 2014 he graduated from the GCRA Executive Leadership Development Programme – Gordon Institute of Business Science, Pretoria University. To enhance his leadership skills in 2017 he obtained a certificate in Leadership Programme in Health Care (CETAD) from Lancaster University. In 2018 he was the sole South African among approximately 100 Commonwealth country leaders from various occupational backgrounds attending a CSC leaders' programme studying resilient cities and cultural intelligence in both the UK and Malaysia.

Dr Billa has a wealth of knowledge and experience, spanning over 17 years within the health industry. Prior to joining the HPCSA, he was Chief Executive Officer at Helen Joseph Hospital, a position he held from May 2013.

The Registrar's focus for his term of office will be to ensure that Council's processes are aligned to realise Council's strategic objectives and ensure that the HPCSA maintains its mandate to protect the public and guide the profession. He believes that maintaining healthy working relationships with all stakeholders is important. As a leader of society in the healthcare industry, Dr Billa is passionate about community development and health system improvement.

Dr Sivuyile Madikana

Dr Sivuyile Madikana is a Business Consultant and Senior Manager at First Care Solutions working on new business, business development and strategy. He is also a project consultant to the Chief Economist of the World Food Programme, specifically working within digital innovation and its role in improving health outcomes. He holds an MB BCh degree from Wits Medical School and an MBA from Wits Business School with a research focus on digital technology in healthcare and its impact on HIV/AIDS awareness and behavioural change in young men in South Africa. He recently graduated with a Master's of Public Health from New York University, specialising in healthcare management, policy and sustainable development.

He has experience and understanding of the public and private healthcare sectors. In his tenure at UN Women in New York, he worked in the policy and governance division looking at the role of digital innovation for youth engagement in HIV/AIDS. He has held various roles in youth leadership including serving on the national executive committee of the Junior Doctors' Association of South Africa. He has won a number of awards, including the Junior Doctor of the Year Award - The South African Medical Association (Gauteng Branch) Presidential Awards; Special Achievers Award – Wits University Faculty of Health Sciences Honours; Young Achiever Award – BHF Titanium Awards and Health Excellence Special Award – Gauteng Youth Excellence Awards. The *Cape Argus* named him one of the top 10 most influential young South Africans.

Professor Bonginkosi Chiliza

Professor Bonginkosi Chiliza is a Fellow of the College of Psychiatrists of South Africa and holds a PhD from Stellenbosch University. He is currently Head of the Department of Psychiatry, Associate Professor and Chief Specialist at Nelson R Mandela School of Medicine, University of KwaZulu-Natal, a position he has held since February 2017. As Chief Specialist for psychiatry in the Department of Health, KwaZulu-Natal, he is the investigator in a number of research studies into schizophrenia, language and access to mental health services, medical education and consultation liaison psychiatry. He is also currently the Deputy Editor of the South African Journal of *Psychiatry*. He has won many distinguished awards, including the RWS Cheetam Award in Psychiatry (2017) and the South African Medical Association's SARA Academic Excellence Award (2013). He is the author or co-author of 59 peer-reviewed publications and nine book chapters.

Dr Liana Roodt

Dr Liana Roodt is a specialist general surgeon with a passion for cutting-edge breast care and surgery including breast-conserving cancer surgery. She obtained her MB ChB from the University of Pretoria in 2006. After graduating, she worked at GF Jooste Hospital as a surgical medical officer while completing a postgraduate certificate in integrative medicine at the University of Stellenbosch. It was during this time that she created Project Flamingo, a successful non-profit company, to address the long and distressing treatment waiting time faced by breast cancer patients in the public healthcare sector.

She joined Groote Schuur's Department of Surgery in 2012, where she obtained her Fellowship of the College of Surgeons of South Africa as well as her MMed (Surg) cum laude from the University of Cape Town in 2016. After qualifying as a specialist, she worked as a consultant surgeon and Fellow in the Surgical Breast and Endocrine and Trauma Surgery Units at Groote Schuur Hospital. After opening a private breast and endocrine surgery practice in October 2017, she was offered the opportunity to remain as sessional consultant at Groote Schuur Hospital Breast and Endocrine Unit.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Dr Lydia Cairncross

Dr Lydia Cairncross holds an MB ChB and an MMed from the University of Cape Town. She is currently the Head of the Surgical Endocrine Oncology Unit at Groote Schuur Hospital, overseeing the surgical team primarily responsible for breast cancer diagnostic services. The unit supports one of the largest breast diagnostic clinics in the public sector in South Africa. She has been involved in several research projects including an analysis of the pathways to a breast cancer diagnosis among women in the Western Cape, which has resulted in the publication of much needed local data on the factors influencing late presentation in a middle-income country. Her work on ductal carcinoma in situ as well as breast-conserving surgery has contributed to the scientific narrative of the unique clinical experience in the South African context where breast cancer presentation is often late, and screening is not practised in the public sector.

Her clinical responsibilities include the diagnosis and management of thyroid surgical conditions. During her junior surgical consultant training she noted that the ultrasound and fine-needle biopsy results for thyroid patients in her institution very seldom correlated with final histology. In addition, the results were not reported uniformly or with consistent detail. She therefore undertook an audit of the pre-operative diagnosis of thyroid cancer. As a result of this work, her institution's pathology department adopted the standardised Bethesda reporting terminology for all thyroid cytology.

Professor Jeannette Parkes

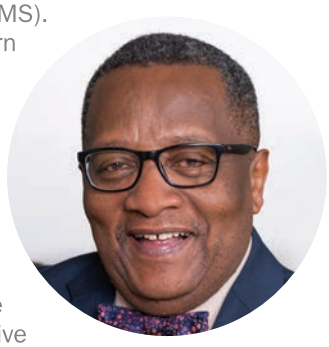
Jeannette Parkes is Professor and Head of the Division of Radiation Oncology at Groote Schuur Hospital and the University of Cape Town. She holds a MB BCh (Witwatersrand), DA (SA) and FC Rad Onc (SA).She is secretary of the local College of Radiation Oncology and is on the editorial board of the South African *Journal of Oncology*. She is Clinical Director of Access to Care (Africa), which is a collaboration designed to teach practical radiotherapy to teams of professionals from Africa. Internationally, she is on the executive committee of the Paediatric Radiation Oncology Society as the representative for low- and middle-income countries. She also represents paediatric radiotherapy in the International Society of Paediatric Oncology's 'Paediatric Oncology in Developing Countries' arm, tasked with the development of adapted treatment regimens for developing countries. She is a member of the society's international advocacy committee and is a member of the European Society for Radiotherapy and Oncology's Paediatric RT in LMIC teaching faculty. She is also a committee member of the European Society of Medical Oncology for the teaching of CNS oncology. She has published extensively and presented at many international conferences.

Dr Brenda Kubheka

Dr. Brenda Kubheka is a medical practitioner with special interest in ethics, risk management and digital health. She has worked in both private and public sectors in senior and executive management positions. She has taught Bioethics and Health Law. She holds an MBA from GIBS and a certificate in Clinical Bioethics from Harvard University, among others. She is a co-founder and MD of Health IQ Consulting, a principal in an emergency medical practice and a PhD student at the University of Witwatersrand's School of Public Health.

She worked as a medical advisor at Medscheme providing support to hospital, pathology and forensic departments where she was later appointed to a role of a Senior Operations Manager before joining Mpumalanga Department of Health as a Chief Director overseeing Provincial Hospital Services, Emergency Medical Services, Pharmaceutical and other support services. She has consulted in various roles including external surveyor for COHSASA, Medical advisor at Thebe Ya Bophelo Healthcare Administrators and both an ethics officer and Chief Medical Officer for Clinix Health Group. She is a published scholar and has presented in both national and international conferences. She currently serves as a board member at Leratong Hospital and, is also a principal in the medical practice providing Accident and Emergency medical services. She is a co-founder and MD of Health IQ Consulting specializing in risk management in healthcare, ethics and medical law. She is a member of various organisations including SA Medicolegal Society, International Association of Bioethics, Society of Hospital Medicine, to name a few.

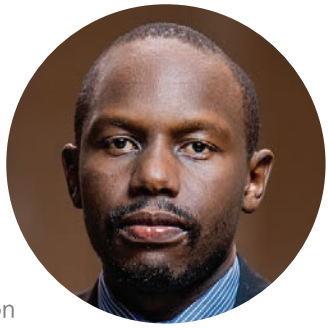
Dr Clarence Mini



Clarence Mini is currently the chairperson of the Council for Medical Schemes (CMS). He previously served as chairperson of the Board of Healthcare Funders of Southern Africa (BHF) and board member of the Government Employees' Medical Scheme.

Prior to his current commitment, he also previously successfully fulfilled the following roles: principal medical officer for Port Elizabeth Municipality, national director for Family Health International and national coordinator and deputy national director of Management Sciences for Health. He has served as co-chairperson of the National AIDS Convention of South Africa (NACOSA). NACOSA wrote the first National HIV/AIDS Plan for South Africa in 1994. He has served on the committee of inquiry into National Health Insurance (NHI), on the board of directors for the Hospice Palliative Care Association and as executive director of the MESAB Palliative Care Initiative. He was a member of the core team that wrote the latest HIV/AIDS National Strategic Plan, the past president of the Gauteng Medical Association and the chairperson of the Gauteng Health Facility Accreditation Committee. He served as member of the board of the Institute for Human Evolution at Wits University and as a trustee of St Andrew's School for Girls. He has been a member of the Johannesburg Mayoral AIDS Council, chairman of the board of directors for Africa Health Placements and corporate affairs executive for Thebe ya Bophelo Healthcare Administrators.

Charlton Murove



Charlton Murove is the head of research in the newly established in-house specialised research unit of the Board of Healthcare Funders of Southern Africa (BHF). He is a qualified actuary with a strong track record in healthcare and retirement funds. He holds a Bachelor of Commerce honours degree in actuarial science from the National University of Science and Technology (NUST), Zimbabwe. Charlton worked as a trainee actuary at Quantum Consultants and Actuaries before joining QED Actuaries and Consultants. In 2009 he was appointed as a mid-level actuarial specialist at Metropolitan, where he managed projects in the product development department, developed tools to sell the product offering and oversaw rationalisation of performance reporting on fund factsheets across the group.

After his short stint at Metropolitan, he was appointed as a senior actuarial analyst and later an actuarial specialist at Alexander Forbes Financial Services; in the latter role, he managed technical work for medical schemes and post-retirement medical aid subsidy valuations. In 2014 he was appointed by the Council for Medical Schemes as a senior researcher, where he worked on issues affecting the medical schemes environment such as medical inflation, prescribed minimum benefits, solvency and managed health care. He is currently studying towards a Master's of Science in epidemiology specialising in implementation science at the University of Witwatersrand.

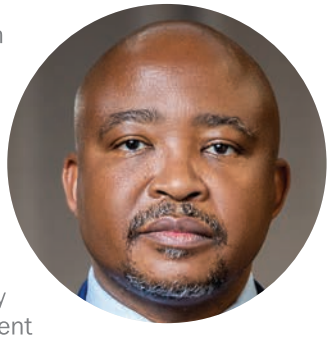
Galima Gamieldien ('Sr Fish')

Galima Gamieldien ('Sr Fish') has 36 years' experience as a registered nurse and has worked as an oncology-trained nurse for the past 26 years. She has managed operational and specialised patient needs within various oncology clinics for 17 years. She commissioned, managed and coordinated the breast programme at Mitchell's Plain District Hospital. In 2014, she was nominated as an innovator in breast health for her work in improving the experiences of patients with both benign and malignant breast disease.

She is a pivotal and integral member of a multidisciplinary team that includes various disciplines, i.e. medical, surgical, radiation medicine, radiation oncology, nursing, allied health staff and several NGOs, to deliver care that is patient-centred and ensures positive outcomes within the continuum of breast disease. Her qualifications include a Diploma in Nursing Administration, a Baccalareus Technologia Oncology, Diploma in Oncology Nursing Science, Diploma in Midwifery and Diploma in General Nursing.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Dr Katlego Mothudi



Dr Mothudi is the managing director of the Board of Healthcare Funders of Southern Africa (BHF). He is a qualified medical practitioner with over 21 years' experience in health care, having held various positions in health care management and strategic leadership positions in both the public and private health care sector. Prior to joining the BHF, he worked at Sizwe Medical Fund, initially as the executive head for operations and clinical services, and then as the principal executive officer.

He holds a Bachelor of Science degree, in chemistry and applied chemistry. As a medical doctor he specialised in sports medicine. This afforded him an opportunity to work with various sports organisations and teams caring for athletes in different sporting codes. He has served on several boards and was also a deputy chairman of the Doping Subcommittee of the South African Football Association.

Kristin-Ann Cronjé

Kristin is an Actuary and a Certified Financial Planner and holds a healthcare practising certificate issued by the Actuarial Society of South Africa. Kristin has nine years' experience in actuarial and strategic consulting to medical schemes on benefit and contribution design, policy development, pricing and overall strategy, as well as healthcare-related research and thought leadership.

She is currently employed as a Lead Specialist in Business Conduct Risk within the Actuarial and Risk team at Liberty Group and has served as a member-elected trustee of the Libcare Medical Scheme since June 2017.

Dr Skhumbuzo Ngozwana

Dr Skhumbuzo Ngozwana is an international expert on the African pharmaceutical industry, who has served as a consultant to the World Health Organization (WHO), the United Nations Industrial Development Organization (UNIDO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United States Pharmacopeia Convention (USP), among others. As the international lead consultant for UNIDO, Dr Ngozwana co-authored the Pharmaceutical Manufacturing Plan for Africa that was adopted by the African Union heads of state in 2012. The plan was the outcome of the extensive research and analytical work he conducted on the African pharmaceutical industry.

His recent UN assignment was as part of an expert team of three appointed to develop the Ethiopian Pharmaceutical Sector Strategy and Action Plan. This document was adopted by the Ethiopian government as a blueprint for developing the Ethiopian sector and is now incorporated into the Ethiopian Growth and Transformation Plan II. His last assignment with UNIDO involved the development of Ghana's Pharmaceutical Sector Development Strategy. He is currently the founder, president and chief executive officer of Kiara Health, and chairman of the board of directors of Biovac (a South African vaccine manufacturer – and a public private partnership).Prior to his consulting career, he worked for Cipla Medpro as its deputy chief executive officer. He is passionate about the development of the African pharmaceutical industry and access to quality-assured medicines on the continent. As a thought leader, he has been invited to share his extensive knowledge on diverse topics on African pharma at leading local and international pharmaceutical and public healthcare conferences and key stakeholder engagement platforms.

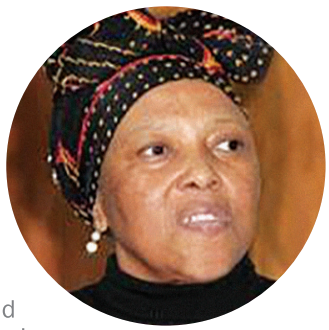
Dr Yogan Pillay

Since 2008 Yogan has been the Deputy Director-General for health programmes in the national Department of Health. Prior to his appointment as DDG he held the positions of chief director for strategic planning and director for the district health system – all in the national Department of Health. He holds a PhD in public health from Johns Hopkins University.He has authored or co-authored more than 60 peer-reviewed journal articles and has co-authored two textbooks (The Textbook of International Health, 2009; The Textbook of Global Health, 2017).

He has been a member of the Scientific and Technical Advisory committees for TB and HIV of the WHO. He co-chaired the HIV treatment guidelines committee of the WHO in 2015/16. He served as a member of the Boards of AMREF (SA), the Health Systems Trust, the BIOVAC Institute, and the National Health Laboratory Service.

He is currently a member of the board of trustees of the South African National AIDS Council and the board of the Council for Medical Schemes of South Africa. In addition, he serves on the scientific advisory boards of UNAIDS and the TB Alliance. He has been a member of the ministerial committee on national health insurance and continues to lead the national effort to develop service benefits for various levels of care. In 2018 he was awarded the Karel Styblo Medallion and presented with a certificate of appreciation for leadership in the global fight against tuberculosis by KNCV.

Malebona Precious Matsoso



Malebona Precious Matsoso has been a Director-General of the national Department of Health since June 2010. She was the Director at the World Health Organization (WHO) responsible for the implementation of the Global Strategy and Plan of Action prior to this. She is currently the Chairperson of the Independent Oversight and Advisory Committee (IOAC) of the WHO's Emergencies Programme, providing oversight and monitoring of the development and performance of the programme, including its financing.

She holds a pharmacy degree from the University of the Western Cape, a Postgraduate Diploma in Health Management with honours from the University of Cape Town, and a Master's degree in law (Public Health, Law and Ethics) from Dundee University. She is currently pursuing her PhD.

Dr Tamlyn Eslie Roman

Dr Tamlyn Eslie Roman works for the Clinton Health Access Initiative (CHAI) as manager of the cancer programme, which provides technical support to the National Department of Health. She has a PhD in health economics with research having been focused on decision-making space for hospital managers in tertiary hospitals.

She has also undertaken research in collaboration with global institutions including Johns Hopkins University and the World Health Organization Health Financing Department. Her previous appointments were with the Open Society of South Africa and in the Health Fnancing Division at CHAI.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Masimba Mareverwa

Masimba Mareverwa is currently the Head of Marketing at Insight Actuaries & Consultants. In addition to his role at Insight, Masimba is one of the youngest members of the Actuarial Society's Healthcare Committee. Over the past nine years he has worked widely in the health sector consulting to medical schemes, insurers and provider groups. This diversity and depth of experience has allowed him to garner an acute understanding of the challenges that face the healthcare system as well as the ability to develop solutions to these complex challenges. Masimba has a keen interest in the use of data to drive business growth, efficiencies and to solve social problems across the continent. He holds a BSc (Hons) from the University of the Witwatersrand

Johann van Zyl

Johann van Zyl has 12 years' experience as a general practitioner coupled with some 19 years' experience in health management, managed healthcare, health analytics and clinical and procedure coding. He specialises in clinical and procedure coding and the clinical analysis of health claims data. He advises medical schemes, healthcare service providers, medical practitioners and corporate clients on the development, implementation and monitoring of clinical risk management strategies and has a passion for finding mechanisms that will ensure access to appropriate care leading to optimal health outcomes. Johann has a particular interest in the measurement of the quality of health provided and received, together with the associated health outcomes. He has been the lead consultant to Health Quality Assessment (HQA) for the last eight years and has been instrumental in developing HQA into an authoritative provider of health quality information. He has presented at numerous conferences on the topic of health quality measurement. He holds a Bachelor of Medicine and Bachelor of Surgery (Studies in Medicine – University of Stellenbosch), Master's in Business Administration (University of Stellenbosch) and is registered with the Health Professions Council of South Africa the Financing Division at CHAI.

Sarah Bennett

Sarah Bennett is an experienced healthcare actuary with a diversity of experience, including consulting, reinsurance, life and health, product development, strategy, policy, business intelligence and managed care. Sarah has 24 years of healthcare experience, including eight years of international experience when she was based in the UK with Deloitte and then Swiss Re. Sarah has been with Medscheme for over five years and leads the actuarial oversight team within the Health Intelligence Unit and enjoys the innovation, thought leadership and diversity associated with healthcare reporting and advanced analytics, including alternative reimbursement models. She has an active interest in behaviour change associated with lifestyle diseases and has recently been studying' Low Carb High Fat' as medical nutrition therapy for diabetes; she presented on this topic at the International Actuarial Association Colloquium in April 2019.

Vulindlela Lester Ndlovu

Vulindlela Lester Ndlovu is Cimas' Chief Executive Officer, a position he assumed on 1 January 2016. He joined the group in 2013 as the group finance executive before being promoted to the position of group chief executive officer in June 2015. He is a chartered accountant and holds a Bachelor of Accountancy degree from the University of Zimbabwe. He is a past president and council member of the Institute of Chartered Accountants of Zimbabwe. He is a former managing director of BancABC Zimbabwe and of Lufuno Capital Partners, where he worked on private equity and consulting assignments in Africa and worked with Small Enterprise Assistance Funds (SEAF) in promoting the SEAF Global Vintage Flexible Fund. He is a former partner at KPMG Zimbabwe, where he started the KPMG corporate finance practice in Zimbabwe in 1997.He has served on various other boards, including those of TA Holdings and Brainworks Capital Management.

Leon Wang

Leon Wang is Executive Vice-President, International and China President at AstraZeneca. He is responsible for the overall strategy and for driving sustainable growth across its activities in China, Asia, Australia, New Zealand, as well as Latin America, Russia, Eurasia, the Middle East and Africa. Leon joined AstraZeneca China in March 2013 as Vice-President for GI, Respiratory, Anaesthesia and Anti-infection and was promoted to President of AstraZeneca China in 2014. Under his leadership, China has become AstraZeneca's second-largest market worldwide, making it the second-largest and the fastest-growing multinational pharmaceutical company in China. In January 2017, Leon was promoted to Executive Vice-President, Asia Pacific Region, with responsibility for the strategy and sustainable growth of businesses in China, Asia, Australia and New Zealand. During his tenure, Leon has advocated and driven the commercial innovation strategy in China. He has led the company's efforts to establish strategic collaboration with cross-border partners, to provide innovative integrated diagnosis-and-treatment solutions covering the entire patient journey and help for establishing an innovative healthcare ecosystem in the industry. With 20 years of extensive management experience in the pharmaceutical industry, he has developed deep and unique insights into China's healthcare and pharmaceutical industries. In addition, Leon holds several positions in local trade associations and other prominent organisations. He holds an EMBA from China Europe International Business School and a Bachelor of Arts from Shanghai International Studies University.

Dr Lousine Alpern

Dr Lousine Alpern is the Co-founder and Chief Medical Officer of Medical Reviews International, an international medical review organisation. She is an accomplished physician executive with experience in clinical and corporate medicine, business development, policy, medical research, as well as payor side of healthcare on an international scale. Dr Alpern is a board-certified radiologist with fellowship training in breast and body imaging and a graduate degree in pharmacology from Cambridge University (British Marshall Scholar). In addition, Dr Alpern has training in medical informatics as well as experience in basic science and clinical research with work experience in academic and private practice.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Dr Jenny Edge

Dr Jenny Edge is a general surgeon working as head of the unit of breast and endocrine surgery in the Division of Surgery, Tygerberg Hospital. She is a lecturer at Stellenbosch University and her work areas embrace clinical work, administration, teaching and research.

She is the founder and director of the Breast Course for Nurses, a not-for-profit organisation aimed at increasing breast knowledge in healthcare workers in primary clinics. This training has been adopted by the national Department of Health and a national programme is being implemented. To date over 600 nurses have been trained in South Africa, Namibia, Malawi and Zimbabwe. A pilot study will be done in Khayelitsha (a large area draining to Tygerberg Hospital) to evaluate the effectiveness of education. She holds a BSc (Honours): Epidemiology and Statistics and MMed (Surgery) from the University of Stellenbosch. She is also an FRCS: Royal College of Surgeons, Edinburgh, UK, and holds a MB BS and BSc: Anthropology from University College, London, UK. She has published extensively, has received many

Dr Anban Pillay

Dr Anban Pillay currently holds the position of Deputy Director-General for National Health Insurance (NHI) at the national Department of Health. He is also a member of the board of the Medicines Patent Pool, Unicef Advisory Board and the TB Market Shaping Action Group.

Dr Pillay's responsibilities include medicine policy and regulation as well as the National Health Insurance policy. He earned his PhD from the University of Newcastle, Australia, and also holds a Master's in Clinical Pharmacology from the Nelson Mandela School of Medicine and a Bachelor of Pharmacy from the University of KwaZulu-Natal.

Dr Rajesh Narwal

Dr Rajesh Narwal is the Health Systems Advisor at the World Health Organization's country office for South Africa. His current work focuses on strengthening health governance and financing policies, integrated people-centred service delivery, human resources and health intelligence aimed at promoting universal health coverage in South Africa.

In the past, he has worked at leadership positions within the WHO and the Ministry of Health in India, Medical Emergency Relief International: UK, Centers for Disease Control: USA and the London School of Hygiene and Tropical Medicine, leading the work on health systems strengthening, health policy and research, conceptualisation and management of public health, emergency and development programmes in south Asia, the Middle East and Africa. He is a medical doctor and earned his Master's in Public Health from the London School of Hygiene and Tropical Medicine.

SPEAKER BIOS FOR THE 20th ANNUAL BHF CONFERENCE

Advocate Andy Mothibi

Advocate Andy Mothibi started his career as public prosecutor in the Magistrate's and Regional Courts. He also served on the bench as a magistrate in the Johannesburg and Soweto Magistrate's Courts. He was appointed head: employee relations at the then Department of Finance in 1995. He was part of the project that led to the establishment of the South African Revenue Service (SARS). At SARS he also served as head of corporate legal services and head of governance. In 2005 he was appointed head of compliance at South African Airways (SAA). After completing the implementation of SAA's enterprise and compliance risk management framework, he was appointed senior manager: enterprise risk management at Nedbank in 2007.

Within six months he became general manager: group operational risk management. After successfully completing the implementation of the Basel II Operational Risk Management Framework (Basel II ORMF), in 2012 he was appointed head of operational risk for Standard Bank of South Africa. After successful implementation of Basel II ORMF there he became head: Standard Bank group operational risk management. Basel II ORMF implementation entailed assessing operational risks, which included the development of anti-fraud and anti-money laundering scenarios.

In October 2013 he was appointed as an executive director at Medscheme Holdings, a subsidiary of AfroCentric Health. His role at Medscheme was equivalent to that of a chief risk officer, which provided for wider career growth. The role included leading group legal services, governance, risk and compliance. He was also responsible for the Medscheme Road Accident Fund business unit. At AfroCentric Group he championed the successful implementation of the AfroCentric enterprise risk management framework. One of the key initiatives was the reorganisation of the group forensic investigations business unit, which improved forensic investigations capability and recoveries. On 1 May 2016, he was appointed head of the Special Investigating Unit (SIU) by the president of South Africa.

20TH BHF ANNUAL CONFERENCE

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Contact number | 011 671 6494
www.wellnessodyssey.co.za

METROPOLITAN HEALTH

Metropolitan Health

A division within the health solutions environment of the JSE-listed company, MMI Holdings, Metropolitan Health's 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. Metropolitan Health's "Level One Contributor" empowerment rating bears independent testimony to its commitment to sustainable initiatives to transform the company and contribute to overall economic transformation of the industry.

Metropolitan Health has been in the healthcare industry for almost 20 years, touching the lives of over 2 million people through various clients across South Africa, including the Government Employees Medical Scheme. Innovative and robust technology, integrated health risk management and wellness, and a world-class team of passionate people combine successfully to bring to life a unique people- and client-centric formula. As a well-entrenched, cost-effective healthcare solutions partner, Metropolitan Health's key differentiators include enhanced customer experience, data warehousing, analysis capabilities, flexibility and scalability of systems. Its fully integrated in-house-developed healthcare value proposition includes membership management, claims management, client services, marketing and communications, governance, secretarial, financial and actuarial services, customised e-tools and wellness services, as well as a robust integrated health risk management capability, which includes fraud risk management, procurement capabilities, provider contracting and provider management.

Through its strategic relations with key industry bodies and players, Metropolitan Health is actively involved in crafting the future of health in South Africa by playing a pivotal role in South Africa's health reforms and contributing meaningfully to development and implementation of NHI and universal health coverage.

The ability to integrate with and leverage efficiencies in the broader MMI Holdings environment ensures that Metropolitan Health not only provides value for money but also keeps abreast of the latest developments in the industry and abroad. This positions the company as a cutting edge and knowledgeable strategic partner to deliver health and financial wellbeing to its clients.

Email address: info@mhg.co.za
Switchboard: 021 480 4511

Medscheme
Medscheme is an innovative specialist medical scheme administrator and managed care provider focusing on the corporate medical scheme market. Over the past 42 years, Medscheme has become the largest health risk management and third-largest health administration provider in Southern Africa.

Driven by AfroCentric Health's vision, Medscheme has consistently delivered innovative, affordable health risk management and medical scheme administration solutions. These solutions focus on achieving sustainability through effective health risk management, complemented by careful management of costs and a relentless drive for operational efficiency.

The company's unmatched combination of client-centricity and expertise is founded on proven excellence in corporate governance, world-class information technology and health risk management.

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Web: www.medscheme.co.za

Helios IT Solutions
Provides a comprehensive range of ICT-related products and services to support healthcare businesses. This includes innovative technology solutions such as an integrated medical scheme administration system and a health risk management system (for those affected by specialised diseases). All solutions cater for complex but mandatory governance requirements within the healthcare industry. Other services offered include network and infrastructure management, outsourced technology solutions, data warehousing, business analytics and digital enablement.

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Web: www.dbcsa.co.za

Centre for Diabetes and Endocrinology
The CDE is a private registered managed care organisation, which has pioneered comprehensive, person-centred and evidence-based diabetes care for over 25 years through its managed care programme. Kleoss Capital, a 100% black-owned and managed investment manager with a level 1 broad-based black economic empowerment (B-BBEE) accreditation is the majority shareholder in the CDE.

The CDE programme is founded on innovative risk-sharing and value-based reimbursement models, allowing members to receive the necessary healthcare, while containing cost-exposure for funding partners. In partnership with many medical aid schemes, the CDE provides an individualised, interdisciplinary approach to the management of diabetes and associated cardiovascular risks. We focus on helping our funding partners to provide their members with the tools and services to attain and maintain optimal wellness and prevent or delay any potential diabetes-related complications. Our specialised healthcare professional teams focus not only on the physical and medical aspects of care and risks, but also on the social, emotional and spiritual dimensions of each member's journey. To us, your member will never be a 'diabetic'… we see a person with diabetes.

The educated, mentored, peer-reviewed and audited national CDE provider network, including many internationally recognised opinion leaders, consists of over 200 CDE 'centres of excellence', each led by a CDE-accredited doctor (50 being specialists), and contracted primary care general practitioners. Within the depth of our network to provide primary, secondary and tertiary levels of care, we attend to each person we touch at the appropriate level, according to his or her risk profile and the complexity of his or her treatment. Our objective is to ensure that the principles of best-practice in diabetes care and

cardiovascular risk reduction are implemented through rational use of targeted lifestyle and drug therapies. Our outcomes, some of which have been published internationally, include:

- Achievement and maintenance of good diabetes and risk factor control
- Reduced acute and chronic healthcare funding and physical, economic, social and societal costs
- Reduced hospital admissions
- Improved quality of life
- An intentional focus on wellness and health rather than illness.
- The CDE has achieved recognition worldwide for its commitment to research, leadership and teaching, and its innovative approaches to team-based care, technologies and pharmacotherapy.

Tel: +27 11 053 4400
Email: Providers@CDEDiabetes.co.za
Web: www.cdediabetes.co.za

Allegra
CONNECT · GROW · HEAL

Allegra
Allegra is a tech-based contributor to the medical sector that empowers healthcare communities, by providing access to information that enhances total individual care. We aim to connect all relevant role-players, stakeholders and healthcare providers through software and technology, while keeping the patient at the centre of all developments as the only owner of his/her health information - ultimately creating a unique health information exchange in sub-Saharan Africa.

Tel: 0861 222 985
Web: www.allegra.co.za

AidforAids
Your life. Our life.

Aid for AIDS
Aid for AIDS was launched in 1998 and has since expanded its services across Africa. With our modular treatment programmes we've been able to take on clients of all sizes, in all business sectors, locally and internationally. We are the most experienced, knowledgeable and furthest-reaching HIV/AIDS management partner, ensuring members have access to the best care throughout their lives. We also play a leading role in collaborating with and participating in government-led task teams involved in HIV/AIDS projects. Our approach is to act as a care-coordinator between the fund, doctors, pathology laboratories, pharmacies and patients. Supported by a team of world-respected clinicians in the field, we enable the optimal care of patients with an end-to-end solution backed by a custom IT system that has become the gold standard in HIV disease management.

Our programmes understand the needs of patients and equip them with the treatment and tools to lead normal, fulfilled lives.

www.aidforaids.co.za
Contact number: 0860 100 6460

AfroCentric GROUP

AfroCentric Group
AfroCentric Investment Corporation Limited (AfroCentric) is a black-owned investment holding company which is substantially invested in healthcare. AfroCentric was established in 2008 and is listed in the healthcare sector on the JSE. Through its operating subsidiaries, AfroCentric provides health administration and health risk management solutions to the healthcare funding industry. In addition, AfroCentric provides a range of complementary services to its traditional medical scheme clients as well as a portfolio of healthcare-related enterprises. These services include IT solutions, transactional switching and specialised disease management.

Tel: +27 11 671 2000
Web: www.afrocentric.za.com

Medipost Pharmacy
Medipost is South Africa's largest courier pharmacy with a successful 28-year track record in the dispensing and delivery of medication. Medipost specialises in seamless take-on processes and delivery of chronic, HIV, oncology and other speciality medication to any destination in South Africa. It serves both the medical scheme/private industry as well as NHI chronic patients.

Medipost's technological advances have set it apart from the rest of the industry and services are provided in all 11 official languages. Pharmacy personnel are trained in the scheme/client reimbursement rules, and can assist patients in understanding and following the authorisation process to obtain their medication from the correct benefit. As part of Medipost's patient-centric service offering, it provides personal telephonic clinical consultations by friendly and qualified pharmacists and pharmacists' assistants. Delivery is free of charge to clients' destination of choice.

Web: www.medipost.co.za
Tel: + 27 12 426 4007

Insight Actuaries and Consultants
At Insight Actuaries and Consultants, we use our deep expertise, an affinity for data and analytical prowess to provide advice that is principled, context-relevant and accessible. Insight has a multidisciplinary team where we leverage the skills of actuaries, clinicians, data analysts and developers to enable a holistic solutions approach. Our ongoing investment into research, technologies and powerful tool development empowers our clients to deal with the complexities of the healthcare system and to remain future-oriented.

Web: www.insight.co.za

IDEMIA
IDEMIA, the global leader in augmented identity, provides a trusted environment enabling citizens and consumers alike to perform their daily critical activities (such as pay, connect, travel and vote) in the physical as well as digital space. Securing our identity has become mission critical in the world we live in today. By standing for augmented identity, an identity that ensures privacy and trust and guarantees secure, authenticated and verifiable transactions, we reinvent the way we think, produce, use and protect one of our greatest assets – our identity – whether for individuals or for objects, whenever and wherever security matters. We provide augmented identity for international clients from financial, telecom, identity, public security and IoT sectors. With 13 000 employees around the world, IDEMIA serves clients in 180 countries.

Tel: 081 039 7859/011 601 5500 (Chelesile Moya)
Email: chelesile.moya@idemia.com

GEMS
With more than 1.8 million beneficiaries, the Government Employees Medical Scheme (GEMS) secures the health and well-being of South Africa's public service employees and their extended families. Through this service we work to improve public service delivery in every corner of South Africa by ensuring public service employees who fall ill are properly cared for and quickly returned to health, and work, and that those with chronic conditions receive the treatment they need to maintain their health.

GEMS entered the 2019 financial year in a solid financial position, with its assets far exceeding its liabilities, growing its total assets from R5 billion at the end of 2016 to over R12 billion at the close of the 2018 financial year (1 January 2018 to 31 December 2018). The scheme entered the 2019 financial year with a member-contributions reserve ratio of 24.7%, up from 15.2% in 2017. GEMS offers five main benefit options and one efficiency discounted option.

The benefit options were each designed using a rigorous analytical approach taking into account the Council for Medical Schemes' requirements, member affordability and benefit design assessment. The scheme's primary goal is to

improve affordability of and access to quality healthcare for public service employees, while the government's overarching strategic objective is for GEMS to become the blueprint for the roll-out of its national health insurance (NHI) policy.

GEMS' non-healthcare costs are significantly lower than those of other schemes, representing a saving for members of approximately R1.5 billion a year. This means that compared to other schemes, GEMS makes a larger percentage of member contributions available for healthcare funding. In 2018, the scheme settled claims to the value of R30.6 billion (91.6 million claim lines). This represents a 7% increase from 2017, during which GEMS settled claims to the value of R28.6 billion (90.9 million claim lines). Claims management interventions saved R1.3 billion in 2018.

enquiries@gems.gov.za
http://www.gems.gov.za
Call Centre: 0860 00 4367

Batsumi
TAKING THE HASSLE OUT OF CLAIMS

Batsumi
Batsumi Claims Management Solutions has been providing third-party and supply claims administrative services to the medical schemes and public health sector since 1995. Our company purpose: 'To assist our clients in creating equitable, sustainable, quality healthcare for all, in the quest for excellence in healthcare service'. This is achieved through the integration and balancing of the diverse needs of all stakeholders including the communities we serve. Our services include comprehensive MVA and IOD claims administration and risk management services. We focus on maximising the recovery of costs incurred by our clients, in an effort to reduce financial shortfalls resulting from MVA and IOD-related claims. This is achieved through the use of dynamic claims processing technology, which facilitates effective and swift submission of claims against the Road Accident Fund and the Compensation for Occupational Injuries and Diseases. As a leader in the industry, Batsumi has expertise and skills to develop effective processes unique to every client and is committed to continuous process improvement to achieve best practice, increased productivity and render a high-quality service to all its clients. Our focused approach to payments and reconciliations provides us with the capability to proactively deal with any billing discrepancy swiftly and effectively. Batsumi takes the hassle out of claims.

www.batsumicare.com
Contact number: 012 431 9700

CLICKS
feel good pay less

Clicks
As the largest retail pharmacy chain in South Africa with over 530 pharmacies and 200 primary care clinics countywide, Clicks is a key and growing service provider to the medical schemes industry and its members of over-the-counter, acute and chronic medicine. Our courier pharmacy, Clicks Direct Medicines, enables nationwide delivery of medicines to patients. In partnership with the Department of Health (DOH), over 200 Clicks pharmacies act as chronic collection pick-up points for state patients, with over 90 000 parcels being collected every month. Clicks provides important healthcare services and advice across our primary care clinics, with a specific focus on preventative screening and maternal and child healthcare. We remain committed to working with the DOH on further initiatives to improve access to healthcare for all South Africans. Clicks wholeheartedly embraces the theme,' Convergence 2030 – Healthcare Reimagined', as is evident in the rapid transformation of our leading healthcare offering to patients across South Africa.

https://clicks.co.za/
Contact Number: 0860 254 257

2CANA solutions

2Cana Solutions | HiP– holistic insurance platform
Leading insurance software specialists, 2Cana Solutions, has a passion for bringing excellence to the industry. 2Cana Solutions' approach is built on integrity and innovation.Clients include Bestmed, Momentum, Hollard, Old Mutual, Swazimed, PHA, TopMed, First Mutual Health, Alliance-Midmed, Bryte, Cellmed and MMI.2Cana brings broad industry experience, deep technical expertise and a comprehensive solution to medical aid administrators, managed care organisations, general and life insurers.

The cloud-based HiP provides:
Zero entry costs – there are no capital costs and clients pay only for what they need, when they need it! Rapid implementation - delivering immediate benefits and slashing time to market. Lead innovation - enabling unprecedented speed and agility, cloud technology enables innovation efforts to take off.2Cana's team of 175 supports clients throughout Africa, covering over 1.8 million lives/policies with an annual premium yield of over R19 billion. 2Cana Solutions and the HiP solution can enable its clients' digital transformation strategy.

Web: www.hiponline.cloud

CONFERENCE SPONSORS & EXHIBITORS

3One Consulting Actuaries
3One is a leading healthcare actuarial firm, with significant experience across Africa. It focuses on the delivery of true tangible consulting value and the analytical tools of the future. Call or SMS 3One to arrange a coffee between the conference sessions.

Tel: +27 82 698 3396 (Carl)
Web: www.3one.co.za

Abbott
Abbott is a global healthcare leader that helps people live more fully at all stages of life. Our portfolio of life-changing technologies spans the spectrum of healthcare, with leading businesses and products in diagnostics, medical devices, nutritionals and branded generic medicines. Our 103 000 employees serve people in more than 160 countries.

Web: www.abbott.com, www.freestylelibre.za.com
LinkedIn: www.linkedin.com/company/abbott-/
Facebook: www.facebook.com/Abbott
Twitter @AbbottNews; @AbbottGlobal

Agility
With more than 25 years' experience, Agility's unique healthcare risk management solutions, fully integrated administration services and state-of-the-art technology platforms quickly saw it grow from a niche, national company to a global powerhouse. Combined with its fully integrated financial services, wellbeing and rewards offering, Agility doesn't play the game. We're changing it.

Tel: 012 673 8600
Website: www.agilityhealth.co.za

Alignd
Alignd offers comprehensive financing solutions for the optimal care of patients. Our approach aligns the incentives of patients, providers and schemes to deliver patient-centred, value-based healthcare. Our solutions bring together multiple components (benefit design, provider networks, patient support, data analytics and value-based payment mechanisms) into a coherent and mutually reinforcing framework.

www.alignd.co.za

AstraZeneca
AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of diseases in three therapy areas – respiratory & autoimmunity, cardiovascular & metabolic disease and oncology. The company is also active in inflammation, infection and neuroscience through numerous collaborations. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide.

Web: www.astrazeneca.co.za
Twitter: @AstraZeneca.

Allergan
Allergan is a global pharmaceutical company focused on developing, manufacturing and commercialising branded pharmaceuticals, devices and biologic products for patients around the world. It markets a portfolio of leading brands and best-in-class products for the central nervous system, eye care, medical aesthetics and dermatology, and urology therapeutic areas.

www.allergan.co.za
Tel: 011 545 6600

ClaytonCare Group
PLANNING YOUR JOURNEY TO WELLNESS

ClaytonCare Group
The ClaytonCare Group is an innovative healthcare services provider that runs centres of excellence for early rehabilitation of the medically complex, ventilated patient and the post-surgery recovery patient. Its hospitals have accredited high-care and ICU facilities to provide equivalent nursing and medical care to its patients. Its multidisciplinary approach is in line with the vision of healthcare funders as they endeavour to manage escalating healthcare costs, while trying to ensure optimal outcomes for patients. Post-acute care is a cornerstone of the treatment pathway in the journey from the acute hospital to home.

Web: www.claytoncaregroup.com
Email: marketing@claytoncaregroup.com

DAY HOSPITAL ASSOCIATION
COST EFFECTIVE QUALITY SERVICES

The Day Hospital Association (DHA)
DHA is an umbrella non-profit organisation that represents 45 registered private day hospitals in South Africa. Individually these day hospitals offer distinct comfort and cost advantages to patients and funders. DHA offers a cost-effective and convenient alternative for same-day surgical procedures.

www.dhasa.co.za
Tel: 012-942-9517

denis
an EQH company

DENIS – 'looking after your smile'
DENIS is an innovative dental partner of choice. The world-class dental managed care service that DENIS offers is the result of combining more than 22 years of clinical expertise with cutting-edge technology. DENIS is passionate about all things dental and strives to exceed all clients' expectations – now that is something to smile about.

www.denis.co.za
Tel: +27 21 528 5300

DENTAL RISK COMPANY
"Dentistry at work"

Dental Risk Company
Dental Risk Company is a leader in dental managed care services with a network of over 2200 signed and privately practising practitioners. Our providers currently service 80% of our 1.2 million lives under administration. Receive excellent client service with DRC - your smile is our priority!

Web: www.dentalrisk.com

HaloCare
Disease Management Services

HaloCare Disease Management Services
HaloCare provides comprehensive disease management services to funder beneficiaries/employees living with diabetes mellitus and/or HIV/AIDS. HaloCare is a subsidiary of Mediscor PBM and is fully accredited by the Council for Medical Schemes as a managed care organisation.

Web: www.halocare.co.za

CONFERENCE SPONSORS & EXHIBITORS

hosmed medical scheme care for life

Established IN 1988

Hosmed
Thirty years on…Hosmed medical scheme continues to provide quality and affordable healthcare; still embodying the vision to 'care for life'.

Tel: 0860 00 0048
Web: www.hosmed.co.za

ICPA INDEPENDENT COMMUNITY PHARMACY ASSOCIATION

Independent Community Pharmacy Association (ICPA)
ICPA is an organisation that provides independent community pharmacies with a collective strength and a coherent voice that is heard by government, medical schemes, pharmaceutical suppliers and, importantly, consumers. ICPA represents a large pool of professionals in the healthcare sector with over 1000 pharmacies, about 2500 pharmacists and 20 000 supportive healthcare personnel spread across metropolitan, urban and rural South Africa. The objective of ICPA is to assist and support its members to secure a sustainable and successful future as independent, owner-managed pharmacies. In addition to this, ICPA strives to foster an understanding of the role that independent pharmacies play in delivering important healthcare services to the communities that they serve.

www.icpa.co.za | Tel: 021 671 4473

iLex South Africa (Pty) ltd

iLex South Africa
A health economics analysis by an independent healthcare consultancy has demonstrated that the Aptima mRNA HR-HPV assay could save an estimated £11.3 million by averting 25 236 unnecessary colposcopies, 57 758 unnecessary HR-HPV assays and 171 306 cytology tests when compared to DNA assays in the English HPV primary cervical screening programme.

Tel: 011 804 4004
Web: www.ilex.co.za

Khula clinical care services

Khula Clinical Care Services
Khula Clinical Care Services is a disease management organisation, owned and managed by passionate clinicians with a nationwide clinical footprint that includes specialists, laboratories and pharmacies. Khula takes pride in enriching the quality of all members' lives and through them, those of their families.

Tel: 0861 066 666

Life Healthcare

Life Healthcare
Life Healthcare, a private hospital group, offers access to specialist-focused, multidisciplinary hospital and related healthcare services. With a focus on quality and clinical excellence – we place our patients at the centre of care. Life Healthcare offers world-class facilities, expertise and compassion for those entrusted to our care. Improving and impacting lives every day through quality measures, Life Healthcare is committed to helping our patients make the best possible decisions.

We operate 65 facilities in southern Africa; Alliance Medical across the United Kingdom, Italy and Ireland as well as Scanmed SA in Poland.

Web: www.lifehealthcare.co.za

MEDREV MEDICAL REVIEWS INTERNATIONAL

Medrev
Medical Reviews International (www.medrev.com) is a provider of independent medical reviews and utilisation management services. In parallel with managed care providers, MedRev's services are focused on medical necessity of claims and identifying all medically inappropriate cases. Operating a large international specialists' network in all medical areas and advanced online management and analytics technology, MedRev helps clients reduce claims costs significantly while improving healthcare quality.

https://medrev.com

NHN
The National Hospital Network (NHN) was founded in 1996 to offer a collective voice for the independent private hospitals. Its key objectives are:

Ensuring greater equity in hospital representation.
Ensuring transformational opportunities
Ensuring that medical scheme members achieve greater value from a broad-based hospital network.

NHN has 214 member hospitals and is growing!!!

Tel: +27 11 268 6063
Email: info@nhn.co.za | Web: www.nhn.co.za

Office of Health Standards Compliance
The Office of Health Standards Compliance (OHSC) is an independent body established in terms of the National Health Amendment Act No 12 of 2013 to protect and promote the health and safety of users of health services.

The health ombud is located within the OHSC and is mandated to protect and promote the health and safety of users of health services by considering, investigating and resolving complaints in the national health system (private and public sectors) related to non-compliance with prescribed norms and standards. Anyone can lodge a complaint with the office or ombud.

Tel toll-free: 080 911 6472
Fax: 086 560 4157
Email: complaints@ohsc.org

Old Mutual Wealth
Old Mutual Wealth is a fully integrated, advice-led wealth management business. It partners with leading financial planners to assist clients in reaching their financial goals. This is achieved through a tailored financial plan centred on clients' unique investment objectives, goals and aspirations, to build a lasting financial legacy.

www.omwealth.co.za
Contact number: 021 524 4400

Prior Mobile Health
Prior has re-invented health delivery, for a time such as this, offering its unique mobile pre-paid health voucher to a ready and needy market. Its quest is to cross new frontiers in health delivery through innovation, dedication, passion and courage!

By engaging with the future – using innovative mobile technology – Prior can meet the need for increased access to health with passion, compassion and insight learned over time.

Prior Mobile's pre-paid health voucher is re-inventing health delivery, radically transforming the market through innovation and disruptive mobile technology in its simplest form.

www.priormobile.com
Tel: 011 702 3328

Ramaph Health Care Consultants
Ramaph provides robust solutions that offer optimal value in the healthcare market. Hospicheq is a hospital claims adjudication and verification system with unique clinical rules and expertise built in. It is able to identify fraud, waste and abuse timeously while ensuring the hospital claims are billed appropriately.

Tel: 012 666 7571/ 081 576 6647
Fax: 086 575 1049
Email: phineas@ramaphgroup.co.za
Web: www.ramaphgroup.co.za

SA Home Care
SA Home Care offers doctor-led multidisciplinary home care services to patients with advanced illnesses by facilitating continuity of care in the comfort and privacy of their own homes in all major centres of South Africa.

SA Home Care's modus operandi is to work in tandem with doctors and medical schemes to achieve patient satisfaction and enhance healthcare outcomes, while simultaneously reducing the cost of healthcare; our patient-focused intervention has reduced healthcare costs by up to 35%.

Furthermore, given the cumulative experience of our core team, we are well positioned to advise medical administrators how to unlock the value of home care services for their schemes and members.

Tel: +27 71 640 2661 or +27 21 975 5409 or
+27 31 827 0033
Email: admin@sa-homecare.co..za
Web: www.sa-homecare.co.za

Trade & Investment KwaZulu-Natal
Trade & Investment KwaZulu-Natal (TIKZN) is a South African trade and inward investment promotion agency, established to promote the province of KwaZulu-Natal as an investment destination and to facilitate trade by assisting local companies to access international markets. The organisation identifies, develops and packages investment opportunities in KwaZulu-Natal; provides a professional investment promotion services to all clientele; brands and markets KwaZulu-Natal as an investment destination; retains and expands trade and export activities and links opportunities to the developmental needs of the KwaZulu-Natal community.

www.tikzn.co.za
Contact number: +27 31 368 9600

Transpharm
Transpharm is one of South Africa's largest pharmaceutical wholesalers and distributors. Transpharm is dedicated to providing top-quality products and world-class service. We stock an extensive range of ethicals, front shop, surgical and veterinary products. Our philosophy is simple - wider range, better prices and quicker deliveries.

Tel: 012 377 9000 (Gauteng branch)
Tel: 021 929 2120 (Western Cape branch)

Africa Health Business

Africa Health Business is an African health consultancy that aims to change the business of health across Africa. We provide specialised knowledge, expertise and support, allowing our partners to operate effectively and make sound decisions in today's rapidly evolving health sector. We use our strengths to develop private-private partnerships and partnerships between development partners and the public and private sectors.

Our team includes experts with direct experience of working with the public and private health sectors, civil society, academia and development agencies. We are committed to co-creating tailored local solutions with the potential to change the trajectory of health across the African continent through specialised knowledge, expertise and support.

http://www.ahb.co.ke
Contact number: +254 704 835 926

Africa Bio

AfricaBio is an independent, not-for-profit biotechnology stakeholder association based in Pretoria, South Africa. The association was established in 1999 to promote the safe, ethical and responsible research, development and use of biotechnology and its products in South Africa and the region. It has a dedicated secretariat, a chief executive officer and a board of directors. Its mandate is to provide accurate information, create awareness and understanding as well as knowledge on biotechnology and biosafety in Africa. AfricaBio has membership that ranges from major global corporates, through big local companies, SMMEs, industry bodies and university professionals to entrepreneurs. AfricaBio's portfolio of programmes includes networking sessions, capacity building, awareness creation, information sharing, conducting research and management of biotechnology and biosafety projects.

Tel: +27 12 844 0126
Web: www.africabio.com

AHBS IV

Africa is growing and it's growing rapidly. Over the last 20 years, Africa's population has increased by 2.5% every year and is expected to rise to 2.4 billion by 2050 while bearing 25% of the global disease burden. Yet it is served by merely 2% of the world's healthcare workforce. The increasing disease burden has become cause for concern to policy-makers and has prompted the African Union's ministers of health to harmonise all the existing health strategies by drawing the Africa Health Strategy (AHS) under Agenda 2063: The Africa We Want; this provides a strategic direction to Africa's efforts to create better health for all.

Against this backdrop, the fourth edition of the Africa Health Business Symposium (AHBS) will be a key platform to discuss 'Integrating Africa: bridging the health gap', with a focus on how the private health sector can help with achieving the AHS:

- Robust frameworks, policies and governance
- Integration of the private sector

Join us at the upcoming Pan-African meeting from 7 to 9 October in Addis Ababa, Ethiopia. Click here to register: https://www.africahealthbusiness.com/register/

The Council for Medical Schemes (CMS)

The CMS is mandated through the Medical Schemes Act (No 131 of 1998) to coordinate the functioning of medical schemes by facilitating alignment to national policy on health; and ensuring protection of the interests of medical scheme beneficiaries at all times. The CMS promotes non-discriminatory access to private healthcare funding in line with the broader aims and spirit of section 27 of the Constitution of the Republic of South Africa, to realise the right of access to healthcare for all living in the country.

Customer Care Centre: 0861 123 267
Web: www.medicalschemes.com
Email: information@medicalschemes.com

CONFERENCE SPONSORS & EXHIBITORS

Gift of the Givers Foundation
Gift of the Givers Foundation is a disaster relief agency, whose mission is to improve the lives of people affected by disasters and poverty. Our primary focus is on delivering relief in the immediate aftermath of disasters, through the provision of food, water, shelter and medical supplies and personnel.

Additionally, we have projects focusing on:
- Hunger alleviation
- Water provision
- Healthcare
- Human development

The objective is to provide an enabling environment rather than creating a long-term dependency.

www.giftofthegivers.org

HPCSA
The HPCSA guides and regulates the health professions of South Africa in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development and fostering compliance with healthcare standards. All individuals who practise in any of the healthcare professions are obliged by the Health Professions Act No. 56 of 1974 to register with the Council.

www.hpcsa.co.za
Contact number: 012 338 9300/1

Khula Clinical Care Services
Khula Clinical Care Services is a disease management organisation, owned and managed by passionate clinicians with a nationwide clinical footprint that includes specialists, laboratories and pharmacies. Khula takes pride in enriching the quality of all members' lives and through them, those of their families.

Tel: 0861 066 666

SAMA
The South African Medical Association (SAMA) is a non-statutory, professional association for public and private sector medical practitioners. It functions as a non-profit company registered in terms of the Companies Act as well as a public sector registered entity in terms of the Labour Relations Act.

Tel: +27 12 481 2000
Web: https://www.samedical.org

AFRICA HEALTHCARE FEDERATION:
UNIFYING THE PRIVATE HEALTH SECTOR ACROSS AFRICA

Professor Morgan Chetty, KwaZulu-Natal Doctors' Healthcare Coalition

The Africa Healthcare Federation (AHF) is an independent entity that serves to unify, integrate and advocate for the private health sector of Africa with the goal of ensuring the scaling up and strengthening of health systems, thereby spurring greater investment as well as increasing access to affordable and quality healthcare delivery across the continent; raising it to global standards. Its launch in 2016 during the inaugural Africa Health Business Symposium hosted in Nairobi, Kenya, was the beginning of a historic unification of the five regional healthcare federations of Africa.

"As an umbrella body, the AHF will be a world-class private health sector apex body and will ensure continuous improvement in the overall health sector of Africa by working together with governments and stakeholders," said Dr Amit N Thakker, President of the AHF.

The founding members of the AHF include:

- East Africa Healthcare Federation (EAHF) Established 2012
- West African Private Health Federation (WAPHF) Established 2016
- Southern African Healthcare Federation (SAHF) Established 2017
- Upcoming northern and central private health regional federations - 2019

"The private sector plays an integral part in improving healthcare in Africa. The African Union is delighted with the initiative of the AHF and provides its full support in any manner, including collaboration with the stakeholders and governments as we move towards achieving Agenda 2063: The Africa We Want," commented H E Amira El Fadil in Johannesburg. The private sector in South Africa, like in the rest of Africa, is growing and is resource rich. However, when viewed on its own it is fragmented, lacks accountability and lacks a collective voice. As an approach, and if structured well, private public partnerships hold tremendous promise for pulling in resources and expanding capacities beyond what the public sector and any one developmental agency can do on its own. It is time for governments to harness the local private sector, not just big multilateral organisations, multinational cooperations and NGOs, as partners in health system strengthening. The Healthcare Federation of South Africa (HFSA) is a formalised platform of all healthcare stakeholders who will work with government to deliver healthcare to all citizens via the NHI programme. The vision must be to seek solutions from a collective perspective and must have common purpose. The goal of the platform, against the background of a resource-deficient public sector, is to find partners that will include key decision-makers working with government. The intention is that this will be a partnership, and not a private solution to public problems.

The fundamental objective is a system that has governance, accountability and joint decision-making capability; this solution must be sustainable. With the new NHI bill being effected, unification of the private sector is key to creating a joint public private partnership programme to work with government to assist in implementing the bill and other health programmes. The launch of the HFSA will take place on Sunday, 21 July 2019, during the BHF conference and the federation will aim to unify non-state health organisations to promote strategic public private partnerships for increasing access to quality, affordable healthcare for all in South Africa. Many countries in Africa have successfully demonstrated the benefit of public private partnerships at national and regional levels through efforts coordinated by the AHF.

OVER THE COMING YEARS, SOUTH AFRICA, ALONG WITH ITS NEIGHBOURS, WILL BECOME A MEMBER OF THE SOUTHERN AFRICAN HEALTHCARE FEDERATION TO ADDRESS COLLABORATIONS AND CHALLENGES AT A REGIONAL LEVEL AND, AS INVESTMENTS GROW, TO CREATE CENTRES OF EXCELLENCE.

MALAWI

COUNTRY UPDATE: MALAWI

A country striving for universal health coverage (UHC) without a Medical Schemes Act

Dr Macfenton Bashir Shariff, Chief Operations Officer: MedHealth

All UN member states have agreed to try to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals and Malawi is no exception. UHC means that all individuals and communities receive the health services they need without suffering financial hardship.

A Medical Schemes Act (MSA), however, aims at achieving financial protection for scheme members. It reduces the risk that people will be pushed into poverty. Malawi, however, has no MSA and hence no regulatory body similar to South Africa's Council for Medical Schemes. Medical schemes in Malawi are subject to much lighter regulatory supervision through the Financial Services Act and the Registrar of Financial Services.

Malawi developed a Health Sector Strategic Plan II: 2017-2022 - Towards Universal Health Coverage; the aim is to achieve UHC by addressing social risk factors and ensuring universal coverage of basic healthcare, which is the constitutional obligation of government.However, healthcare financing in Malawi remains a challenge and is not sustainable; yet robust financing structures are key to UHC. Healthcare financing reforms were therefore explored, such as the feasibility of a national health insurance (NHI) scheme and the establishment of a health fund.

The question is: how then can Malawi achieve this goal with no MSA and no specific regulatory body, despite seeing the need for NHI? It is as if the bill is an option and not a necessity for implementing NHI and achieving UHC. Government is showing signs of skepticism with regard to introducing NHI and seems to capitalise on the expansion of paying services in public hospitals.

The implementation of a MSA will pave the way for other statutory provisions necessary to make UHC an achievable goal. The huge role that medical schemes will play in NHI as outlined in the White Paper published in 2015 cannot be overlooked.

LESOTHO

REGULATORY GAP IS A CHALLENGE FOR LESOTHO'S FUNDING INDUSTRY

Teboho Makoetlane,
Principal Officer: Mamoth Employee Benefits

Lesotho remains fallow ground when it comes to legislation in the healthcare funding space. While this presents opportunities in product development terms, market conduct as well as fit and proper issues confront the industry in severe proportions. The regulatory gap has, however, presented funders with the opportunity to embed pure insurance products such as funeral assistance benefits into medical aid plans and this appeals to many consumers.

The unstable political environment has created numerous challenges for the industry and at the core of the problem are irresponsible government spending and weak regulatory institutions. One of the biggest failures and liabilities of Lesotho's healthcare is the 18-year PPP agreement with a private partner. While the consortium led by Netcare rakes in about 25% of returns from this project, more than half the nation's health budget is spent on this arrangement and yet most rural areas do not have access to basic healthcare.

A bill that is geared at regulating drug prices has been doing the rounds between the Ministry of Health and Parliament. The bill is supposed to ensure that doctors only prescribe medicine and that patients buy medicines at a pharmacy with a prescription. This separation of duties between GPs and pharmacies is critical because most fraud, waste and abuse is easily hidden here. Sentiments within stakeholder organisations attribute the delay in promulgating this law to doctors, who are benefiting from dispensing drugs from their practices. This bill also seeks to address the issue of medicine pricing. At the moment, the differences in medicine prices between pharmacies are ridiculous and schemes are the biggest losers.

Healthcare funding is already a small industry in Lesotho and any form of instability affects it directly through reduced spending on projects, low foreign direct investment and lack of prioritisation of essential services such as healthcare and education. Recently in the media, the issue of illegal practices was raised by the Lesotho Nursing Council and this paints a dire picture of the quality of healthcare in the country. Like most African countries, Lesotho is hard hit by a brain drain in the medical sector and this sometimes leaves state-of-the art health facilities with a terribly low number of skilled healthcare workers.

BOTSWANA

REVITALISED BHFA POISED TO TACKLE INDUSTRY ISSUES

Moraki Mokgosana, CEO of BOMaid

The Botswana Health Funders Association (BHFA) has undergone a much needed resuscitation in order to deal with industry issues. The BHFA has the participation of four major medical aid funds in the country. The main priority is tackling fraud, waste and abuse through the development of a national policy framework. Schemes are facing possibly fraudulent claims that comprise 3-10% of total claims paid. It is therefore important for schemes to holistically quantify fraud to come up with relevant industry interventions.

The association is also taking deliberate steps to engage with and lobby the regulator and the government sector to ensure the harmonisation of industry expectations and government requirements. Currently, the government of Botswana, with the support of private healthcare funders, is undertaking an exercise to determine a funding strategy for the provision of universal health coverage. The System of Heath Accounts seeks to look at health as a composite, and measures healthcare funding trends by government, the private sector, as well as out-of-pocket expenditure by citizens (i.e. co-payments, individual subscriptions).

Newly introduced legislation, in the form of the revised 2018 Financial Intelligence Act of Botswana, is now in effect. With the introduction of this act, all medical aid fund institutions are now expected to conduct due diligence on their stakeholders in order to minimise illegal entities using medical aid fund systems as conduits for money- laundering activities.

Industry growth in the past year has remained fairly stagnant. This is attributable to a number of factors, such as the lull in the growth of the economy and the closure of some of the major mines in the country. There is an expected revitalisation with new mining ventures on the horizon. Additionally, Botswana heads to the polls shortly; possible changes in governance may lead to new policies and a change in the health industry landscape.

NAMIBIA

NAMIBIAN FUNDING Industry to Focus Aggressively on Risks

Callie Schäfer, BHF member Representative: Namibia

The Namibia Financial Institution Supervisory Authority (Namfisa) has made big strides with the implementation of regulatory, supervisory and institutional reforms in Namibia. It is expected that the Financial Institution Market (FIM) Bill will be promulgated and implemented later in 2019. The prudential standards are currently being finalised to provide for the regulatory framework necessary to implement the bill's intent to transform the medical aid industry's oversight from a compliance- to a risk-based approach.

The medical aid industry in Namibia has remained stagnant over the past 12 months, with the same number of medical aids. As a result of the economic recession, total membership has also decreased slightly due to a decline in the overall workforce.

Because of financial and economic pressures, funds experience the risk of members who cannot afford premiums buying down in respect of benefit options. With the economic downturn, employer groups also experience pressures with regard to the payment of premiums, which increases the risk of potential bad debts. Outstanding premiums for member companies and especially public enterprises have increased and are closely monitored by fund trustees and the Registrar of Medical Aids. The bad debt provisions are currently at their highest levels for the past 5-6 years. The funds, however, remain liquid and hold reserves above the prudential limit set at 25% of net premium income.

The industry is gearing to aggressively manage the risks associated with fraud, waste and abuse and all funds and administrators are increasing their levels of alertness and action to deal effectively with these matters. The Namibian Association of Medical Aid Funds (Namaf) has now transformed itself from a member's representative body to a conduct regulator. As such, it is positioning itself to provide an additional level of consumer protection. Namaf reported that during 2018, a total of 398 new healthcare practices registered in Namibia. This increase is putting undue pressure on the already shrinking healthcare market. Additional healthcare providers are opting not to renew their contracts with the Public Services Employment Medical Aid Scheme. This is putting the medical aid fund market at risk for increased utilisation of healthcare services.

ZIMBABWE

INFLATION CREATES CHALLENGES FOR MEDICAL AID SOCIETIES

Vulindlela Ndlovu, Chief Executive Officer:
Cimas Medical Aid Society

Inflation and scarcity of foreign currency have significantly increased the cost of medicines and healthcare in Zimbabwe. Up until recently health service providers and pharmacies often insisted on United States dollar (USD) payments or the parallel market equivalent in local currency. This applies to other sectors of the economy too, making life difficult for ordinary Zimbabweans, most of whom are faced with rising costs but static incomes.

This situation has created challenges for medical aid societies; with members unable to afford a substantial contribution increase, they faced rising costs and an inability to increase benefit levels to adequately cover healthcare needs.

Price escalations followed the separation last October of foreign currency accounts into nostro and real time gross settlement (RTGS) accounts and the conversion in February 2019 of RTGS account balances into an electronic currency, the RTGS dollar, which can be traded on the interbank market. The medical aid industry has come up with various options to address these challenges, including USD-denominated packages and hybrid packages (part RTGS and part USD). Between 10% and 20% of members converted to USD packages. USD contributions and benefits have remained constant. Medical aid societies regularly review RTGS contributions and benefits to improve the level of cover.

On 24 June 2019 the industry came face to face with a new monetary regime, as transacting in foreign currencies was effectively stopped and the Zimbabwe dollar introduced as the sole currency. The full impact of this is yet to be seen.

A proposed Medical Aid Society Regulatory Authority Bill to create an authority to oversee medical aid societies' operations and protect all stakeholders' interests is still to be tabled in Parliament.

The Ministry of Health and Child Care has indicated that in pursuit of universal health coverage, it is working towards establishing a national health insurance scheme by January next year.

BHF MEMBERS

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SOUTH AFRICAN (HEALTH FUNDERS)

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BIMAF EC

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BP Medical Aid Society

Building & Construction Industry Medical Aid Fund

Cape Medical Plan

Compcare Wellness Medical Scheme

Engen Medical Benefit Fund

Fishing Industry Medical Scheme

Government Employees Medical Scheme (GEMS)

Grintek Electronics Medical Aid Scheme

Horizon Medical Scheme

Hosmed Medical Aid Scheme

Imperial Group Medical Scheme

Libcare Medical Scheme

Makoti Medical Aid

Medimed Medical Scheme

Medipos Medical Scheme

Medshield Medical Scheme

Nedgroup Medical Aid Scheme

Old Mutual Staff Medical Aid Fund

Opmed

PG Group Medical Scheme

Rand Water Medical Scheme

Rhodes University Medical Scheme

SABC Medical Aid Scheme

SAMWUMED

SEDMED

Sizwe Medical Fund

POLMED - South African Police Service Medical Scheme

Sisonke Health Medical Scheme

Suremed Health

TFG Medical Aid Scheme

Thebemed

Tiger Brands Medical Scheme

Wooltru Healthcare Fund

Compensation Fund

ADMINISTRATORS

Medscheme Holding

Metropolitan Health Group

Sechaba Medical Solutions

Thebe Ya Bophelo Healthcare Administrators

Universal Healthcare Administrators

MANAGED CARE ORGANISATIONS

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BOTSWANA

Botswana Public Officer's Medical Aid Scheme (BPOMAS)

PULA Medical Aid

Botswana Medical Aid Society

Associated Fund Administrators

NAMIBIA

Namdeb Medical Scheme

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LESOTHO

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MALAWI

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ZIMBABWE

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