# Interview: Nkaki Matlala â?? Vice-Chairman of the Public Health Enhancement Fund, South Africa

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*The Vice-Chairman of the Public Health Enhancement Fund talks about how the shortage of medical doctors and the fight against TB, HIV and AIDS in South Africa led the health Minister and the private health sector to create a public health enhancement fund and how the private sector is pulling resources together and aligning with  government to identify gaps that need to be filled.*

**In 2012, the shortage of medical doctors and the fight against TB, HIV and AIDS in South Africa led the health Minister and the private health sector to sign a three year multi-million rand public health enhancement fund. Three years later, what has been the impact of this initiative?**

There is an important background to the relationship between the minister and the private health sector. A few years ago, I had a chance meeting with Sir Nicholas Crisp, the previous British Secretary of State for Health, a man who was central to the implementation of their national health care system. He said that when they established the NHS, due to the acrimonious debates they had with other stakeholders, they ended up antagonizing the private sector, a very important and necessary contributor to the success of any health care system. In the case of South Africa, he believed that we had debated each other to a standstill. He advised that the private sector bring something to the party. To many private sector players this was nothing new, however we had been making a meager contribution as a Corporate Social Investment. An era emerged where the private sector developed this idea of pooling resources together in order to contribute to the enhancement and improvement of healthcare in general, under the leadership of the Department Of Health. Unlike in previous times, it was not difficult to find common ground with the government. The minister believes that South Africa, as a country with one of the highest rates of HIV in the world, should develop scientists that can become experts to advise the world on the disease.

Another glaring need was how we could improve the management system in the public health care sector. As part of the Public Health Enhancement Fund, many healthcare companies pooled our resources together and were able to develop our first project: increasing the intake of medical students by 100 per year. This was a significant contribution of more than 7% of student admissions. We also started funding postgraduate students conducting research on HIV and infectious diseases, under the able management of the Medical Research Council (MRC). Earlier this year, we launched the project at the MRC offices in Cape Town where we were also celebrating the success of five of these researchers having completed their programs. We are on the right course by increasing human resources and the number of intellectuals at research level in health care.

The shortage of medical doctors and the fight against the scourge of TB, HIV and AIDS pandemics in South Africa led the health Minister, Dr. Aaron Motsoaledi, and the private health sector into a united action that culminated into the signing of the SA public health enhancement fund enhancement pact.

We might have to look at how we can sustain the partnership for many more years. Medical school is not a three-year program and we cannot drop a student after three years. I believe it must continue, though some still have to convince our parent companies to continue with their contribution.

**Jennifer Power at Pfizer has told us she sees real opportunity in the public health enhancement fund (PHEF), as a consortium of the entire healthcare value chain. What was it about this fund that was able to bring together such a broad spectrum of stakeholders?**

There is a real concern as to the direction that South African healthcare is taking. At the beginning of a significant policy change, with the development of the National Healthcare Insurance (NHI), the entire industry would like to participate in order to see how they can contribute to the direction of the policy. There are however those who believe that if they participated in the PHEF, they might find sympathy with government, who would become more sympathetic to their views, but that is a very naÃ¯ve perspective. Policy contributions should however be accepted on their merit and this is where many of us think we can contribute.

**How was it decided which companies would be part of this initiative?**

We invited all companies active in the healthcare industry, pharmaceutical companies, service providers, associations and healthcare funders. We set a policy that a certain percentage of net profit after tax would go towards the fund, with some companies deciding to partake, but none being coerced.

**According to the WHO, South Africa has 5.5 doctors per 10,000 people, which is the lowest of all the BRICS countries. What explains the particularly low doctor to patient ratio in the country?**

In the 1950s and 1960s, there was no medical school that catered for the majority of the population. In the early 1960s, The University of Natal was the only university for black people in the country. Whereas as other races had access to several medical schools; 20 percent of the population had access to four medical schools while 80 percent of the population had access to just one medical school. These were the building blocks of the disparity. Then in the 1970s, the Medical University of Southern Africa was opened, dedicated only to black students.

Another contributing factor is that as the momentum of political resistance against apartheid increased, many white medical graduates went on to leave the country, creating an exodus of medical professionals, both doctors and nurses. This put a strain on the healthcare environment and as a country after independence, we did not make plans quickly enough to fill this gap.

**Can the PHEF fill this gap?**

The PHEF can only facilitate the process by increasing and improving resources, but that contribution will remain miniscule in the grand scale of the problem. Currently, private hospitals can be used as an expanded platform to train medical students, especially post graduate students. Due to cuts to the budgets in certain areas in the public sector, there are certain training exposures that some registrars are not exposed to in teaching hospitals. The faculty management of the postgraduate students should remain at the university, but private hospitals are willing to accommodate postgraduate students in partnership with specialists working in those hospitals. Actually some faculties are prepared to give recognition to specialists who are prepared to participate in such programs, for example appointing them as Associate Professors. At postgraduate level as PHEF we are sponsoring research-based studies, we are not sponsoring specialists in medicine. Private sector companies, including hospitals would be willing to enter into discussion with government on supporting this concept of an expanded training platform.

**More broadly, do you see potential in terms of partnerships between the public and private sector to help raise the amount and quality of healthcare available to the population?**

Yes I do. Some of the biggest problems we have in the public sector are long waiting lists and backlogs. Many people who are supposed to collect medicine, do not do so because of the inconvenience. I think the private sector could look into assisting with such issues. There is a large backlog of booked surgical operations in public hospitals, because of these huge numbers and restrained budgets. The private sector can offer a solution so that some of those patients could be relieved through the private sector. Such partnerships do not just emerge overnight, they happen because gradually there is a convergence of ideas.

**What is your vision for the healthcare industry in South Africa*?***

I would hope for a lesser role for the PHEF, because that would mean the government would have the resources to tackle the existing gaps. The PHEF stepped in as a necessary contribution, but I do not see it as a long-term solution, even if it is not a stop gap measure; we would still be very interested in the success of these trainees and professionals but we want to see government performing at an optimal level, where government training programs are adequate for the nation.. Then there would not be much of a need for the PHEF. The PHEF also comes from some of the biggest companies, tax payers in the country. This can be seen as double contribution because on one hand you pay taxes, which are the taxes used by the government to provide the services that they need to provide, and on the other hand you contribute within the PHEF for this particular service. Many of our contributing companies have different CSI projects, some of which have been stopped in lieu of the PHEF.

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