



NEWSFLASH

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*'Health is like money,
we never have a true
idea of its value until
we lose it'*

Josh Billings

*PSG Konsult Corporate
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NHI White Paper Out Soon, Says Motsoaledi



The government's white paper on National Health Insurance (NHI) will be out for public comment "very soon", Health Minister Aaron Motsoaledi said on Wednesday, warning that it would go hand-in-hand with price regulation of the private healthcare industry.

"It doesn't matter what you call it ... every citizen has the right to access to good quality, affordable healthcare, and

that access should not be determined by the socioeconomic condition of the individual," he said during his budget vote speech to Parliament.

Successful implementation of NHI would require a drastic improvement in the quality of public healthcare services and a drastic reduction in the price of private healthcare. "We need to firmly regulate the prices in private healthcare," he said in his address to the National Assembly.

Dr Motsoaledi said his department was "eagerly awaiting" being called to give evidence to the Competition Commission, which is to begin a market inquiry into the private healthcare industry later this year. The investigation is likely to help the health authorities craft a strategy for controlling private healthcare sector prices, which are unregulated with the exception of medicine prices.

Explaining why the white paper was still in the pipeline more than 18 months after the Green Paper was released in August 2011, he said: "We did indeed take a long time.... There were lots of inputs and developments that needed our very careful attention and consideration. We will be ready very soon. It will be released with a clear plan on how NHI is to be implemented." NHI would be phased in and would emphasise preventative rather than curative medicine, he said.

Source: Tamar Kahn – 15 May 2013 Business Day

Concern Over Comments on Service Providers

THE Board of Healthcare Funders (BHF) has reacted with concern to recent comments made by the Health Professions Council of SA relating to designated service provider (DSP) agreements. According to the BHF, the council said in effect that healthcare practitioners should be cautious when concluding DSP agreements with medical aid schemes. It said schemes tried to reduce costs by applying pressure on practitioners within DSP networks to prescribe medication or to recommend treatment options, when other more appropriate, albeit sometimes more expensive, options were medically

Concern Over Comments on Service Providers (Contd.)



indicated and readily available. BHF CEO Dr Humphrey Zokufa said the board's view was that this undermined the legislation which allowed for DSP contracting. He said that in the current environment where there were no regulated tariffs for healthcare procedures and runaway increases in healthcare costs, the ability for medical schemes to contract with DSPs was one of the only "tools" they had to bring about some kind of certainty in the charges by healthcare providers. Without this, he argued, medical schemes would lose one of the

Men's Health Month



While the life-expectancy gap between men and women has decreased, it's no secret that men still need to pay more attention to their bodies. Several things work against men. They tend to smoke and drink more than women. They don't seek medical help as often as women. Some men define themselves by their work, which can add to stress.

most important mechanisms for containing costs for their members. Zokufa said it was the BHF's view that over-servicing, rather than underservicing was far more prevalent in the private healthcare industry. Thus, the cautionary offered by Regulation 7(3) of the ethical rules of conduct for practitioners registered under the Health Professions Act of 1974 was extremely pertinent. This legislation states that practitioners "shall not offer or accept any payment, benefit or material consideration which is calculated to induce him or her to act or not to act in a particular way not scientifically, professionally or medically indicated or to underservice, overservice or overcharge patients.

Source: David Jackson: Business Day, 30 May 2013

There are also health conditions that only affect men, such as [prostate cancer](#) and low testosterone. Many of the major health risks that men face - like [colon cancer](#) or [heart disease](#) - can be prevented and treated with early diagnosis. Screening tests can find diseases early, when they are easier to treat. It's important to have regular checkups and screenings. *Source: MedlinePlus NIH*



HPV Vaccine Drive Is Just What The Doctor Ordered

THE national introduction of free vaccinations against human papilloma virus was announced yesterday by Health Minister Aaron Motsoaledi. This follows hard on the heels of the successful roll-out by the state of vaccines that protect children from polio and measles. These vaccination programmes are ambitious - and expensive. But, by using its existing infrastructure, the government should be able to administer the required three doses of the HPV vaccination, over a six-month period, as planned to 520 000 girls between the ages of nine and 11. Motsoaledi said he will negotiate with pharmaceutical companies to bring down the prohibitively high cost per dose of between R500 and R750. Referring to the success of Latin American countries in negotiating a lower price, he said the state would negotiate "a fair deal in the interest of the lives of the women of this country". Despite its complexities, the government's plan is noble and deserves our support. Human papilloma virus causes nearly all cases of cervical cancer, one of the biggest killers of women in our country. Annually more than 6 000 South African women, most of them Black, contract cervical cancer. Elsewhere in the world similar state vaccination programmes have proved successful. In Australia, where a national HPV vaccination programme for girls and women was rolled out six years ago, there has been a sharp decline in cases of HPV. But HPV has also been linked to throat and oral cancers, the incidence of which has been steadily rising. We fully agree with Motsoaledi that access to quality, affordable healthcare should not be determined by socio-economic status. But the question remains: why should teenage boys not be vaccinated too? Men also suffer from cancers linked to HPV.

Source: Editorial Comment, The Times, 16 May 2013

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