

5 February 2016

**SECTION27 note on key issues for oral submission before the Health Market Inquiry**

1. On 31 October 2014, SECTION27 made written submissions to the Panel, in which we dealt in detail with our views of the workings of the private health sector in the context of the right of access to health care services, as guaranteed by section 27 of the Constitution of South Africa. Since its inception, our focus in this inquiry has been to draw attention to, amongst other issues, the need for equitable access to health care service in the private sector, which includes addressing pricing of health care services, the barriers to access within the medical schemes framework and the effectiveness of regulators in implementing public-interest provisions in the policy and legal framework. To illustrate the impact of these issues on individual access to health care services, SECTION27 included the testimonies of users of the private health system and highlighted the devastating impact of the failures in the system for their health and wellbeing and the violation of their rights.
  
2. In oral submissions, we intend to share our time allocation with individual users and advocacy organisations to achieve a holistic presentation of the issues that are important for patients:
  - 2.1. Rural Health Advocacy Project
  - 2.2. South Africa Depression and Anxiety Group
  - 2.3. South African Federation for Mental Health
  - 2.4. Southern African HIV Clinicians Society
  - 2.5. Treatment Action Campaign
  - 2.6. Mr Ivan Evans
  - 2.7. Ms Andaleeb Rinqest
  - 2.8. Ms Phindi Mlotshwa
  
3. Each of the organisations above will address issues specific to their mandates. They all advocate for the rights of users of the health system. The individuals will highlight their personal experiences struggling to access health care services in the private health sector.

4. SECTION27 intends to focus on:
  - 4.1. the need for price regulation of health services. The historical lack of regulation of pricing has the effect of pricing people out of the system and in some cases requires patients to choose between accessing health care and not accessing health care because of the high and unpredictable cost of care;
  - 4.2. the need for greater compliance with the social protections contained in the Medical Schemes Act by all players in the industry, but particularly the medical schemes and the Council for Medical Schemes. For example, prescribed minimum benefits (PMBs) are an important manifestation of the right to have access to health care services. The failure to comply with the provisions consequently leads to rights violations. The Panel is well placed to make recommendations for mechanisms that strengthen the regulators ability to prevent rights violations; and
  - 4.3. the implications of recent developments, including the investigation into the ineffectiveness of the Health Professions Council initiated by the Minister of Health. The Ministerial Task Team found that the conduct of high level officials has caused the public to lose confidence in the institution. These submissions will be made in the context of our discussion on the Health Professions Council's failure to carry out its public interest mandate. Another development of note is the proposed amendment to the PMB provisions, which in our view is a retrogressive measure in respect of the right to have access to health care services. Also, two recent judgments concerning the obligations of medical schemes in respect of the rights of its members. These developments should form part of the Panel's deliberations on the strengthening of regulatory institutions and ensuring a regulatory framework that complies with the state's constitutional obligations.
5. We will be submitting several exhibits, including a booklet containing patient stories.
6. SECTION27 welcomes the opportunity to make oral submissions to the Panel.