Min. of Health.Hon Dr. Mkhize address to UWC community

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Virtual address – Webinar

TITLE: SOCIAL SOLIDARITY AND EQUITABLE HEALTH CARE FOR ALL IN A TIME OF COVID AND BEYOND.

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The University of Western Cape Leadership

The University of Western Cape Deans

The Economic Management Sciences and School Of Governance leadership academics and students

All Panelists and Participants

I am very honoured that the Faculty would invite me today as the University Celebrates 60 years of excellence in academia and leadership.

Although the premise on which the initial college was founded was questionable, this institution chose to rewrite history through the might of the pen.

Since its inception, the University harnessed a spirit of defiance and progressive thought leadership. On your 22nd anniversary, you formally "rejected the apartheid ideology on which the University was established, adopting a declaration of non-racialism and a firm commitment to the development of the Third World communities in South Africa." A year after that, the University gained full autonomy and due recognition.

This has been the School that was at the heartbeat of activism, producing some of the finest leaders in the world- leaders that have shaped history and inspired revolutions.

This was the school that taught the world that the black mind must be cherished, nourished, valued and released to contribute to the advancement of mankind. The products of this institution were unapologetic activists whose intellect burnt with a passion for the emancipation of black Africans.

Now that we face a virus that makes all our past differences look like petty skirmishes, we need the institutions that paved the way to freedom to once again take on the fight and defeat an enemy that threatens our humanity.

I am therefore been encouraged by the theme "*SOCIAL SOLIDARITY AND EQUITABLE HEALTH CARE FOR ALL IN A TIME OF COVID AND BEYOND."*

This is what brings us together today- the governors and the policy think tank. I am very excited to share some thoughts with this community on the state of things today in the context of COVID-19.

Now more than ever does the country, and the world, need all the best people who spend their energy thinking about policy and the impact it has on overall prosperity.

Ultimately, what we most deserve as a nation, is to come out of this with a legacy of advancing the ideals of Universal Health Coverage.

As our Honourable President Cyril Ramaphosa has warned us: we are in this for the long haul. We are indeed running a marathon, and we need all hands on deck to see us through the storm that is coming ahead.

I would also like to take a moment to appreciate The President's sentiments on the twin epidemic we are facing as a society: COVID-19 and Gender Based Violence.

What is common to both these social upheaval drivers is that they rather expose, than create, the societal ills that lead to the sickness and violence prevailing in a society.

It is now urgent that we address the root causes of these and other socio-economically destructive phenomena, and, in so doing, determine relevant and progressive policies that brings us closer to the attainment of the Sustainable Development Goals.

The stories that are reported in the media every day depicting violence against women and children, is unacceptable. As society we have to wage war against the scourge of gender based violence in the same way as we fought apartheid.

It is up to us to foster a culture of caring and compassion to stop the brutality of violence committed against women and children.

Last year in September, we joined all nations of the world as we committed to the United Nations Political Declaration on Universal Health Coverage.

The Declaration enjoins all united nations members to commit to the full attainment of Universal Health Coverage by 2030.

With so little time to that day, and so much to do, we could not have imagined a few months ago that a global crisis would hit us and

would demand our full faculties. It was only a few months ago that the virus was something happening somewhere else.

The virus has arrived with such speed and with so much uncertainty, it has demanded no less than the boldest interventions in the shortest amount of time.

It is in fact staggering when one considers the sheer volume of regulation, policymaking and lawmaking that has taken place in the past three months alone.

Most gratifying is seeing changes in the understanding of society- the things society has been willing to do, the things we consciously gave up, makes this COVID-19 crisis an age defining era, one which is usually characterized by at east a decade whereas ours took place in a few months.

Our health care system is now under the most intense scrutiny it has ever been subjected to. Never before did lay people worry about doubling times, stochastic models, R- noughts, daily statistics, morbidity, mortality and details of appraising clinical trials- today these are colloquial conversation.

This has come at a time when the nation is contemplating the National Health Insurance Bill, which is anchored in the tenets of the Presidential Health Compact and Quality Improvement Plan.

I know that this Faculty has a special interest in reconfiguring a fragmented unequal health care landscape into a single system that provides equal access and quality of care to all in the context of an uneven socio-economic environment.

COVID-19 demands these very principles to be addressed urgently and without delay- failure to do this will cost lives and have devastating economic effects, as we have witnessed worldwide.

On Youth Day, I called on South Africa's pioneering spirit- the same spirit that is so epitomized by black excellence produced in this University- to become the masters of our own destiny and choose how this story is going to end for us.

That is, ultimately, what policy is: it is a conscious, collective decision to advance our collective objectives. It is an opportunity to be the victor in our own story.

COVID-19 must be our chance to invest in the the things that matter, as a country, and build a lasting legacy of true emancipation, empowerment and equality to access: access to quality health care and access to opportunities

If we study the evolution of the pandemic in our country, we can look at just about every critical aspect of public health care, measure the

capacity to contain the virus and make direct causal links between the ability to contain the virus and the socioeconomic impacts of successes or failures

If the capacity is low it's either you lose a lot of lives, or you stop everyone from interacting, thus severely compromising the economy.

This is where we say it's about saving lives and livelihoods

If the capacity is high but not limitless, how far does one open the economy? Where are the resources directed to?

And regardless of your capacity, there is an international context: one that can either advance or frustrate your programmes. How do you respond to that, quickly, without unintended consequences?

These have been the pressing questions that have kept the nation talking for the last three months and these are the urgent and pressing questions we need your minds to be applied to.

COVID 19 has tested even the most recognized Universal Health Coverage nations like the United Kingdom, much of Western Europe, China and Japan. Even the toughest of economies have scuppered in the face of COVID-19.

South Africa already faced a huge challenges without the introduction of COVID-19.

The realization of the National Health Insurance has been a road hampered by opposition, and a fundamentally flawed system that is being protected by those that benefitted from it.

Although the annual budgets of the private and public sectors are similar, the private sector only serves16% while the public sector serves 84%.

With such inequality, the public health care system has suffered in the sheer weight of the burden while the private sector was characterized by over servicing in the face of rising and escalating health care costs.

The Health Market Inquiry published by the Competition Commission in November last year highlighted the gross inequity in health care, driven by fundamentally anti-competitive activity in the private sector and the flaws in legislation that allowed for the environment to thrive.

This is the first work of reconfiguring a fragmented landscape: it is to look closely at how legislation should be an instrument of revolutionary and progressive change that addresses clear and gross violations of human rights.

We see this University as pivotal to this task to ensure that policy is always relevant, implementable and allows for agility, leapfrogging and rapid progress.

Since the Health Market Inquiry Recommendations, the Department of Health has been re-looking into the National Health Act and all other legislations that enables health to deliver on its mandate. There were certain regulations that were fought in court- like the certificate of need and the Pricing Regulations: regulation that sought to address the deficiencies highlighted by the Health Market Inquiry.

This is an opportunity for us to examine the coming COVID-19 epidemiological crisis, strengthen what is already there so that we can pick low hanging fruit and implement, and then ensure we correct the problematic areas quickly before they contaminate our efforts of providing equitable access to quality health care.

The virus was initially imported in our shores, but community spread has now set in.

The spread is driven by cluster outbreaks, which is an outbreak in a definable space where people congregate. Cluster outbreaks include settings like churches, factories, supermarkets, and workspaces.

It was everyone's well expressed fear that, after the virus was imported by generally affluent members of society, a spillover into vulnera-

ble sectors of society was inevitable and there would be no telling what would happen to the poor, the malnourished, the elderly and those living with co- morbidities, including the world's largest population of people living with HIV.

This is why for example after having Covid 19 for many weeks, one person with Covid-19 in Khayelitsha was headline news.

That has indeed been the progress of things and we have a virus, that we are still learning about, raging like a bushfire in our townships and densely populated, impoverished areas.

Our initial lockdown has served its purpose- it flattened and delayed the curve, thus our health care system was not overwhelmed from the start.

This bought us precious time to prepare for the inevitable. And we have prepared well.

The Government took the necessary bold steps it needed to take and, by and large, our COVID-19 response is hailed a success.

Certainly for the first few weeks and months we have managed to avert disaster: the numbers would have been extremely high and quickly overwhelmed the system had we not taken the measures we

did. In the first few weeks the doubling time was two days- With the hard lockdown we delayed this by 15 days.

Our hospitalization and mortality rates are some of the lowest in the world and our recovery rate is higher than the global average.

Although the threat of the system being overcome by the virus lingers, it has not yet manifested.

That's why by we keep warming our public that flattening the curve is a daily battle that every one needs to be involved in.

We have had to implement drastic measures to slow the spread of the virus and we have had to regulate and at times enforce the regulations.

But now the numbers are rising and we have to adapt the World Health Organizations guidelines to our our reality. We made the necessary sacrifices amidst already murky economic conditions: we are faced with little choice but to open the economy despite the rising numbers. It will not help us to save people from COVID 19 only for them to succumb to hunger.

We are moving forward with confidence, backed by science, which told us it would not be worth extending the lockdown as it would not have an effect on the inevitable laws of epidemiology.

In terms of our model even if we extended the lockdown by another two months we would not necessary delay the peak by any meaningful margin.

We must ensure that, as the virus spreads, we are able to contain the curve, but, as we open the economy, sustaining this requires a commitment to the goals of achieving UHC and shifting emphasis from regulation and law enforcement to social compacting for mass buy in and compliance.

Recently, we introduced the Multi- Sectoral Ministerial Advisory Committee on Social Behavioural Change, which will be advising myself and the Honorable Minister Lindiwe Zulu on strategies to introduce and sustain behavioural change in communities.

This is because we recognized that it is possible, after all, to beat COVID-19 with extreme social distancing- so behaviour influences what happens to your curve to a lesser or greater extent. Therefore there is real value in investing time, energy and resources in cultivating cultures that promote social distancing, regular hygiene practice and voluntary separation from society when necessary.

These are strategies that have proven to contain the spread of COVID-19, but their implementation demand an acceptance of permanent new customs.

Additionally, when it comes to case management, we must cultivate a new culture based on the most fundamental pillars of Universal Health Coverage:

1. There must be political will to invest in health.

COVID-19 compelled us to invest 20 billion into health, and 500 billion into socio-economic relief. This is the most stark evidence that disinvestment in health is disinvestment in the the entire economy. After all, good health and a healthy nation is fundamental to economic activity. This extraordinary stimulus should not be used to window dress our health care system for the COVID-19 response but should be used now to build legacy projects and programmes.

2. We must strengthen primary health care.

South Africa has a history of a hospicentric approach to health care which does not ultimately serve quality of life. We have a double whammy of non-communicable and communicable epidemics- the main ones being hypertention, diabetes, cardiovascular disease, trauma, TB and HIV. COVID-19 has not obliterated these from our environment- if anything it has exposed our vulnerabilities if we do not effectively deal with the scourge.

A primary health care approach facilitates preventative, cost effective care that ultimately saves lives, improves client satisfaction, improves

quality of life and prevents the damaging socio-economic effects of disability from uncontrolled illness.

3. We cannot leave anyone behind

The ramping up of our infrastructure has been unprecedented:

We aimed to test 30 000 a day and we are attaining that goal- we get very close to that figure despite global shortages of test kits and reagents.

We have constructed field hospitals and repurposed facilities or parts thereof to ramp up our bed capacity by over 20 000

We have identified quarantine facilities that have over 37 000 bed capacity

We have screened over 18 million south africans and tested 1,2 million people

We now have dedicated teams for each subdistrict as part of our hotpot approach

The President has engaged the district development model to ensure all sectors of society understand their rights and responsibilities and how they can play their role in fighting COVID-19

This is to ensure community participation in both hotspot and low transmission areas

These are all great achievements but the important aspect is sustainability and longevity. How can we ensure that policy supports these gains and carries them into future outbreak responses as well as into future public health practice in general?

4. We must encourage multi-sectoral collaboration including public private partnership

COVID-19 has taught us that we have to work together against a common enemy. The private sector and state have suddenly agreed on things that took them to court before. We have worked side by side with our international counterparts to secure essential medicines, testing devices and medical devices like ventilators. We have agreed to share resources in the testing and hospitalization facilities. And we have done this sometimes despite the beaurocracy that has historically strained public private relations. Can the School of Governance deeply examine these relations and craft reform that enables the merits of public private partnership to be advanced without the threat of corruption or capture?

5. We must strengthen human resources for health

We have had to almost move heaven and earth to ensure that critical posts are funded such that we do not have a single unemployed health care worker who is willing and qualifies to work in the country. Structures governing the state of human resources for health in the country need strengthening and relevance.

6. We must engage in processes that improve access to health

The District Development Model is a structural reform that aims to empower districts with the ability to effect change that levels the playing field for opportunities. It allows the matter of access to health care, as an example, to be dealt with comprehensively: from the water that must be delivered for safe hand washing, to the roads that must be built or fixed so people can access clinics- all part and parcel of a primary health care approach.

At the district levels labour issues can be resolved quicker to ensure our workers are kept working that must be resolved to keep health care workers working. In fact we have realized this and so have engaged the Unions to participate in oversight of PPE stock so that if there are any issues they can be raised immediately and resolved before things de-escalate.

Such resolutions that address all the social ills that lead to disease and violence, need a structured approach and the policy to guide them.

This University has fought and won for the past 60 years.

You have been preparing for the role of the era- to be the incubator that shapes Policy and Governance and equips staff in the Department of Health, (indeed across the department and spheres of government), with competencies and attributes that will change the Health Care environment.

Now, this University finds itself at the belly of it all- The Western Cape. You have about 60% of the national burden right at your doorstep.

For this faculty, this is an opportunity to produce tangible results and set up the gold standard of governance to the world- particularly crisis management.

The Western Cape has epitomized all the things I have discussed above about the evolution of the Pandemic but also has its set of unique challenges.

Firstly the issue of behavioural change remains a big challenge, despite the rising numbers. One of the biggest concerns is the reluctance to quarantine in a facility by people who do not have the means to isolate safely. We need smart and rapidly implementable strategies that illicit the strongest social buy-in of the people for the greatest success.

We have been engaged in this discussion with Western Cape for two to three weeks. Across the board we now encourage engaging civil society, religious organizations, past patients and NGO's to encourage social change. This is one of the challenges that the University can rise up to so we can get adequate compliance to do the things that break the cycle of transmission. This is our weakest point that we are seeing as we engage communities.

In addition the province's targeted testing strategy still needs constant re-engagement and agility. We are aiming to prioritize certain groups of patients- persons under investigation in hospitals, health care workers, the elderly and those with co-morbidities. We need to ensure we are making good use of resources.

The Western Cape faces staff pressures and lurking labour unrest- proactive measures need to be put in place to secure PPE's, recruit more health workers, and introduce policy reform to ease burden. Society must also be enlisted to play its part so we altogether control the surge.

We are using the stock visibility system and working together with provinces to streamline their procurement processes so stock can be moved quickly and efficiently.

We have also woken up to the exciting news on the utility of the medicine dexamethasone. We have quickly looked into our own situation

and the Ministerial Advisory Committee is issuing an advisory to guide protocols for the use of dexamethasone in the clinical setting. We have checked and seen that we have over 300 000 vials in stock at present and we have the added advantage that the company licenced to manufacture the product is a South African company.

We are also participating in other large, well managed, therapeutic trials to add to the body of knowledge and secure our ability to access therapeutics when the time comes.

South Africa's deficiency in manufacturing medical devices such as PPE and ventilators as well as deficiencies in manufacturing of medicines and and lack of ownership of active pharmaceutical ingredients (API's) was severely exposed during the outbreak.

We felt the pinch when we found ourselves competing with other countries and worldwide lockdown regulations. We need to be a lot more enabling than this: startups should be able to respond competently to a national crisis and existing enterprises should be capacitated to quickly ramp up when the market calls for it.

There has been a digital race for the ultimate geospatial tracking and tracing service of which we can say with certainty that there is still opportunity for the University to take leadership in this space- not just in the innovation and function itself but in the regulatory space.

We have piloted our tracking and tracing system in Western Cape and I believe this is an area the university can focus on- there is so much opportunity in this space and it also has exciting implications for research and development.

There is also much work to be done to regulate the digital space at large, considering its unprecedented utility in facilitating correspondence. As the world works, learns, trades and entertains increasingly online, the rules of engagement will need to evolve to keep up with accepted norms and standards.

There is clearly so much work to be done.

This means all centres of learning need to also relook into their systems of learning and be willing to make the necessary adaptations to accelerate the time between idea and implementation.

We need graduates that are outcomes orientated and results driven.

For students this is an extremely exciting time, during a crisis, for ideas and innovation

We need people who collect data intelligently, analyze is it practically and are able to make recommendations to government that advance and protect the constitution.

Last but not least, we need academic institutions to be exemplary in their conduct- to make the necessary changes in the schooling environment that facilitate social distancing and safe learning. There needs to be much advancement done in the e-learning space to make it valuable and easier to access for any kind of student

Universities must encourage innovation from all corners of society.

Leadership in policy frame- working should emanate from grassroots levels to demonstrate relevance and practicality

In the future, the history of mankind may very well be defined by our pre and post Covid terms.

This is the institution that is up for the challenge. I thank you all for all the work that has been done to date and wish you all the very best of luck- for yourselves and for the sake of the future of this country.

END