Address to the International Hospital Fellowship, 40th World Hospital Congress
Dr Aaron Motsoaledi, Minister of Health
Durban ICC, South Africa
1st November 2016

President of the International Hospital Federation, Dr Erik Kreyberg Norman
Premier of KwaZulu-Natal, Premier Willies Mchunu
My Colleague, the MEC for Health KwaZulu-Natal Dr Sibongiseni Dhlomo,
Representative of the Executive Mayor of eThekwini, Cllr Zandile Gumede
Chairperson of the Parliamentary Portfolio Committee on Health, Mme Lindelwa Dunjwa
Chairperson of the NCOP Select Committee on Social Services, Mme Dlamini;
Honourable Members of the Portfolio Committee on Health and of the Select Committee on Social Services;
Distinguished Guests
Ladies and gentlemen

A very good morning to you all!
It is a privilege and an honour for me to officially open the 40th World Hospital Congress of the International Hospital Federation (IHF).

This is a historic event for our country as it is the first time that this congress is held on the African continent since the establishment of the IHF in 1929. This is also significant in recognition of the fact that the IHF is a global organization representing health ministries, hospital associations and health care organizations from across the world and it helps its members to improve the quality and efficiency of the services that they provide. In light of this worldwide impact as well as its standing and reputation, the IHF enjoys formal relations with the World Health Organization (WHO).

The hosting of this prestigious event in South Africa at this time is especially significant for us South Africans. It comes at a very sensitive time in the history of healthcare in our country. We have just released a policy document of our flagship programme - NHI, our Universal Health Coverage. Paragraph 2 of our policy document states that "NHI is a significant policy shift which necessitates a MASSIVE reorganisation of the healthcare system both Public and Private."
Ladies and gentlemen, we are now in the midst of this MASSIVE reorganisation and it is no easy task. We will need all the experience and expertise bodies like the IHF can offer.

What is also highly significant is the collaboration between the public and the private sector, particularly the Hospital Association of South Africa and the Board of Health Funders in South Africa, working with international partners to make this event possible and to contribute to its success.

Given the global commitment to Universal Health Coverage, and the introduction of National Health Insurance (NHI) in South Africa, the hosting of this Congress provides an ideal opportunity for the deliberations on the role that the hospital sector should play in achieving the objective of universal access to quality and affordable health care. Many IHF member countries have successfully implemented similar policies, and there will be much to learn at this macro-policy level, from countries as diverse as Thailand, Brazil, Australia, Taiwan and the social democracies of Western Europe.

Public sector hospitals are still perceived to be disproportionately inefficient and slow in responding to national health priorities.
Furthermore, rising rates of medico-legal litigation in the public and private sector across the world, suggest an urgent need for a review of in service standards at facilities, administrative processes and legal reform. These initiatives need to be led by committed and well informed health service managers.

Therefore the theme of this congress is appropriately: Addressing the Challenge of Patient-Centered Care and Safety.”

All members of the United Nations have formally adopted the Sustainable Development Goals. For South Africa, the roadmap has been set by the National Development Plan.

The South African National Development Plan identifies two objectives that must be realised to overcome our challenges:

1. The quality of services in the public health system must be improved
2. The relative cost of private healthcare must be reduced.

While In recent times South Africa has achieved a number of milestones for which we have been lauded by the international community, South Africa still has a range of challenges that need to be overcome to ensure the successful implementation of NHI.

These achievements include:
1. The reduction of mother to child transmission rate of HIV from 8% in 2008 to 1.5% in 2015.

2. The improvement of the TB treatment success for drug sensitive TB from 67% in 2009 to 82% in 2015.

3. South Africa was the first country in the World to introduce GENEXPERT for early diagnosis of TB and in 2015 50% of the global volume of all tests are done in South Africa.

4. South Africa was the first African country to introduce vaccines for pneumonia and diarrhea (rotavirus & pneumococcal) in 2009 which has had a significant impact on these childhood diseases;

5. South Africa was the first country in Africa to have a national programme which is fully funded by the national fiscus for the introduction of the human papiloma virus (HPV) vaccine to prevent cervical cancer;

6. Significant improvement in life expectancy from 57.1 years in 2009 to 62.2 in 2013;

7. Infant mortality rates have declined from 39/1000 live births in 2009 to 29/1000 in 2013;

8. Under 5 mortality has declined from 56/1000 to 41/1000 in the same time period.
While we celebrate these achievements, we recognize that there are significant challenges that need to be addressed to ensure the successful implementation of NHI.

The global challenges faced by the health system include the fight against HIV and TB, diabetes, hypertension, ischaemic heart disease, obesity, sexual dysfunction, obesity, women’s health, child and adolescent health, sexual and reproductive health (as opposed to sexual dysfunction) and the cancers, especially cervical and breast cancers.

As I have already stated, one of the biggest threats to the sustainable improvement in health care, is the explosion in medico-legal litigation. Across the world this is not only draining resources away from clinical care, but is also driving specialists away from certain specialist fields of practice.

In Canada 23 % of Doctors have identified medico-legal litigation as their most stressful life experience and medico-legal concerns have been cited as the commonest reason to early retirement by obstetrics and anaesthetists.
According to the American College of Obstetricians, doctors who perform childbirth duties are becoming increasingly scarce. The American College of Obstetricians projects a shortfall of between 9,000 and 14,000 obstetrician-gynaecologists in the next 20 years, and an in the USA a survey found that 1 in 7 obstetricians has stopped delivering babies.

It was reported in the South African media recently that women who are dependent on private health care in towns as far apart as Worcester in the Western Cape and Nelspruit in Mpumalanga, may soon no longer have access to an Obstetrician.

Could we ever have envisioned a point when women approaching childbirth might have trouble finding an obstetrician to deliver them?

I have appointed a Ministerial Advisory Committee and signed a Declaration following a historic Medico-Legal Summit in South Africa. This Declaration addresses the main areas of Patient Safety, Administration and Legal front that needs to be adequately addressed to improve medico-legal litigation in South Africa.
I have noticed that the topics to be discussed at this congress will contribute to effectively support these initiatives.

The topics that you will be discussing include:


2. Innovative responses to making care equitable and accessible.

3. Innovations in quality and safety evaluation in health care organizations.

4. Capacity building in leadership and management for hospitals, as well as deliberations on the global need for the professionalization of Healthcare Management.

5. Reducing hospital operating costs through better infrastructure design of hospitals.

6. Transforming organizational human resources structures to improve health outcomes during a period of financial constraint.
These are extremely important topics. In the light of this onslaught on litigations, I have noticed colleagues and doctors getting irritated and tempted to attacking lawyers. I will strongly advised that we rather be inward-looking and expend all our energies in fine-tuning our systems as outlined in the topics as mentioned so that the lawyers find nothing to scavenge on.

All these topics also address the critical health system building blocks as identified by the WHO.

According to the World Health Organization, a health system has six building blocks:

i. Leadership and governance;

ii. Health care financing;

iii. Health workforce;

iv. Medical products and technologies;

v. Information and research; and

vi. Health Service delivery

The absence, weakness and/or inefficiency of any one of these six blocks will render any health care system ineffective and adversely impact on its overall performance.
In South Africa, we have identified particularly that effective governance and performance of public hospitals will be greatly enhanced by increasing local decision making and local accountability through decentralisation of management authority. Many of the topics that will be discussed will contribute to sharing models of practice in this regard and adding to the body of knowledge to continue to improve the governance and management of hospital.

I therefore, look forward to your deliberations and once again wish you well and trust that you will have a fruitful congress and enjoyable stay.

I personally would have wished to attend each and every session - unfortunately I have to rush to Cape Town to attend other important government duties. So, please allow me and the Premier leave of absence as duty calls.

Good luck and God bless.

I Thank you.