



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**DRAFT REPORT OF THE  
NATIONAL CONSULTATIVE  
HEALTH FORUM  
NCHF**

**18 AND 19 MAY 2006**

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**1. BACKGROUND AND WELCOME BY THE MINISTER**

Mr T Mseleku, Director-General of the National Department of Health, welcomed all participants to the inaugural meeting of the National Consultative Health Forum.

He introduced the Minister of Health and requested her to formally open the meeting.

The Minister officially opened the inaugural meeting of the National Consultative Health Forum on 18 May 2006 and explained to the delegates that the Department of Health had a legal obligation to constitute and host meetings of this Forum at least once a year.

The *National Health Act* provides the legal framework for the establishment of national and provincial consultative health forums which are meant to strengthen the dialogue amongst all partners in the health sector. The Forum will be used as a mechanism for engaging with the Department of Health as well as to promote discussion amongst all role-players in the health sector.

It was important for the representatives of government to listen to what the stakeholders at the Forum had to say, in particular about the achievements and challenges they were experiencing. At the same time, any innovative ideas about stakeholder involvement in the governance of the health system and the strengthening of service delivery, were welcome.

The Minister further highlighted the priorities identified for the period 2004 – 2009 in the implementation of the National Health System for the country, which are as follows:

- Improving the governance and management of the National Health System (NHS)
- Promoting healthy lifestyles
- Improving quality of care
- Improving management of both communicable and non-communicable diseases

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- Strengthening primary health care, emergency medical services (EMS) and hospital service delivery systems
- Strengthening support services
- Human resource planning, development and management
- Planning, budgeting and monitoring and evaluation
- Preparation and implementation of legislation
- Strengthening international relations

Particular issues highlighted by the Minister were the following:

- ◆ It was important that access to all levels of care is improved. The starting point will be community and home-based care which will be followed through up to and including quaternary care.
- ◆ A service transformation plan for each province based on district-level service plans should be embarked upon and these plans should be informed by and determine the inputs or resources needed to be invested in order to further transform the health system.
- ◆ 2006 is also the year chosen in which to launch the National Human Resource for Health Plan on World Health day, 7 April 2006. The plan not only emphasises the numbers of health workers needed in the different categories, but also endeavours to address the issues of competencies, the quality of health service delivery and the retention of health workers within the health system. Furthermore, better utilisation of health professionals, including those doctors, pharmacists and dentists in the private health sector, will also form part of the human resources for health strategy. Those health care professionals working in the private sector are continuously encouraged to expand their services in order to devote at least 5/8ths of their working time to working in the public sector.

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- ◆ The levels of remuneration of health workers, as well as the conditions under which some of them work, remain matters for concern. In order to address these issues the Department of Health, a few years ago, introduced a scarce-skills and rural-allowance package and also embarked on a hospital revitalisation programme, to name but a few interventions. The Department is aware of the problems relating to the implementation of the scarce skills allowances and has, therefore, established a task team, in collaboration with the Department of Public Service and Administration and the National Treasury to speedily develop a new remuneration package for all health workers. Significant work has been done in this regard with a view, to informing the budget process for 2007 – 2008.
- ◆ A series of interventions will have to be embarked upon to improve quality of care at all levels. Since January 2006 the department has requested all hospitals to implement hospital improvement plans, the aim of which is to ensure that hospital managers take responsibility for ensuring that critical issues affecting health service delivery, such as infection control, are strengthened and that all maintenance problems are attended to and corrected.
- ◆ At primary health care level, the department endeavours to strengthen supervision of clinics so that the quality of care improves. Part of the process of quality improvement is community participation; therefore, a special plea is made to communities to strengthen their participation in the governance of clinics and hospitals and to make sure that clinic committees and hospital boards are vibrant institutions that work for them.
- ◆ The pace at which existing infrastructure and the building of new facilities is taking place, should be accelerated. Health workers continue to emphasise that apart from salaries, the provision of suitable working conditions is vital to job satisfaction. This includes the provision of an appropriate workplace environment, the necessary equipment and the strengthening of managerial capacity.

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- ◆ Expenditure on capital projects is closely monitored to ensure that provinces utilise the resources available. Furthermore, the department is available to assist as much as possible in addressing bottlenecks in the expenditure of the hospital revitalisation budgets in the provinces.
- ◆ The issue of healthy lifestyles is another important priority. It is very important for all to eat correctly, to have sufficient physical exercise and to avoid risky behaviour, be it tobacco use, irresponsible alcohol use or risky sexual behaviour. To accomplish this, it is vital that the department strengthen its social mobilisation and educational campaigns in these areas.
- ◆ The African Ministers of Health decided at a WHO-AFRO meeting in Maputo in 2005, to prioritise both TB control and prevention of HIV infection. Simultaneously, South Africa launched a National TB Crisis Management Plan focussing particularly on four districts to begin with, namely the Amatole District and Nelson Mandela Metro in the Eastern Cape, the City of Johannesburg in Gauteng and the EtheKwini Metropolitan area in KwaZulu-Natal.
- ◆ Furthermore, the department is also working on an accelerated HIV prevention strategy.

In conclusion, the Minister reminded the stakeholders of the department's vision, namely an accessible, caring and high-quality health system. In order to achieve this, it was imperative that everybody had to work together. Delegates were encouraged to participate fully in the working groups so that recommendations could be generated that would assist in improving the health system. She wished all delegates fruitful deliberations for the two days and said that she was looking forward to receiving the outcomes and recommendations from the meeting.

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**2. PLENARY SESSION**

**2.1 ACCELERATED AND SHARED GROWTH INITIATIVE – SOUTH AFRICA (ASGISA)**

The Director-General, Mr. T Mseleku welcomed Mr. Busani Ngcaweni representing the Policy Co-ordination and Advisory Services in the Presidency to present a report on Accelerated and Shared Growth Initiative – South Africa (ASGISA).

Mr Ngcaweni began his information session by explaining the background to the initiative.

The Reconstruction and Development Programme (RDP) focussed on the creation of a united, non-racial, non-sexist and democratic society and the building of a single and integrated economy.

Policy achievements since 1994 can be summarised as follows:

- The economy of the country has been stabilised.
- A growth rate of 3% p.a. was reached from 1994 - 2004 and this has increased to over 4% in past two years.
- Furthermore the country has had the lowest inflation and interest rates in decades.

It was important to understand, that ASGISA was a set of concrete economic proposals and not an overarching economic strategy which should be understood against the backdrop of the decisions reached at the Summit on Growth and Development in 2003.

Extensive consultations held with civil society and experts have informed ASGISA and the national industrial strategy will further enhance the programme. ASGISA is now emerging as an inclusive national initiative.

The President appointed a team led by the Deputy President, to take ASGISA forward. The team will also include the Ministers of Finance, Trade and Industry and Public

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Enterprises, the premiers of Gauteng and the Eastern Cape as well as the Mayor of Johannesburg. The purpose of ASGISA is to emphasise initiatives to sustain higher and shared growth and not to work out a new economic policy.

During the first decade of democracy, the gross domestic product (GDP) averaged about 3% *per annum*; however, since 2004 it has increased to an average of over 4%. This fact as well as a reasonably strong employment growth in the past few years – over a million new jobs have been created – has contributed towards the significant reduction of poverty since 2000.

Key constraints inhibiting movement to higher rates of investment, job creation and thus, economic growth, were identified as the -

- relative volatility of the currency and interplay amongst main indicators;
- costs and efficiency of a national logistics system and some infrastructure;
- shortage of suitably skilled labour and the disjointed spatial settlement patterns;
- barriers to entry, competition and investment opportunities;
- regulatory environment and the burden on small and medium enterprises;
- deficiencies in state organisation, capacity and strategic leadership;
- the size of the domestic market and the distance from major global markets.

The growth profile is, however, somewhat imbalanced because of a trade deficit of 4.3% of the GDP in 2005 as well as the fact that one-third of the population cannot directly benefit from the stronger growth.

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**ASGISA interventions**

ASGISA interventions that have been identified, are –

- Infrastructure programmes

Overall Government plans for infrastructure spending total over R 370bn over the current Medium Term Expenditure Framework (MTEF).

Further allocations, which are envisaged are:

Additional allocations during the current MTEF	
R3bn	Municipal Infrastructure Grant
R4bn	Provincial Infrastructure Grant
R2bn	Housing
R3bn	Community infrastructure
R1,3bn	Roads and passenger rail infrastructure
Additional amounts (further allocations envisaged)	Water resources, infrastructure, public works, hospital revitalisation, prisons, police stations, court facilities etc

Direct government capital expenditure:

Public Sector capital expenditure annual increase	
April 2001 – March 2005	2005 - 2008
11,7%	18,8%

A variety of implementation challenges exist, for instance, under-expenditure, skills shortages and weaknesses in implementing Private-Public Initiatives (PPIs) and steps are needed to improve government capacity, cost, procedures and to remove bureaucratic hurdles.

Regulatory and implementation functions in regard to PPIs should remain separate and the capacity for both, should be improved.

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▪ Sector strategies

In regard to the different sectors, the focus will be placed on sectors with a potential for high growth, employment creation and enterprise development with the immediate focus on business process outsourcing and tourism. Further focus will be on agriculture and/or agro-processing followed by bio-fuels, timber, food production and processing. Other sectors that will be targeted, include chemicals; metals beneficiation - including capital goods - creative industries, clothing and textiles, durable consumer goods, etc.

▪ Cross-cutting industrial issues

These refer to the capacity and efficiency of trade negotiations and the creation of a more co-ordinated Africa development strategy coupled with better incentives for research and development investment and better utilisation of Broad Based Black Economic Empowerment (BBBEE) to encourage industry transformation beyond the transfer of equity.

▪ Education and skills development

Regarding education and skills development, focus will be placed on interventions in the quality of general education, Mathematics and Science and stronger career guidance programmes. The system of further education and training (FET) will be strengthened by an additional allocation of R1.9 billion over the next 3 years. Furthermore the ABET Programme (adult basic education) will be strengthened and of a targeted National Skills Development Strategy for the country will be formulated.

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▪ Second economy interventions

The Expanded Public Works Programme (EPWP) will be further expanded by –

*Accelerating the road building process (“up-scaling of road-building”)*

*Maintenance of the general public infrastructure*

*Giving support to larger projects at local level* - specific major projects should be identified for labour intensive methods of implementation, e.g. dams, housing projects, etc.

*Pooling and targeting funds for the EPWP community infrastructure programmes* in specific areas in a phased manner for maximum impact.

▪ Governance Issues

ASGISA will remain a standing item on the agenda of the Cabinet Committee for Investment Employment and the focus will mainly be on the ability and capacity of local government to deliver. Improvements will be made to the management of environmental impact assessments and better mechanisms will be devised for the implementation of the goals of the Summit on Growth and Development (GDS).

Some of the critical issues pertaining to regulations are also under scrutiny and the government will seriously consider introducing a Regulatory Impact Analysis (RIA) system with the possibility of having it legislated to impose more discipline in identifying and addressing potentially negative consequences of legislation and regulations, especially in relation to employment.

In regard to the Framework for planning and management of land use, it is evident that the current regulatory framework is inadequate, resulting in *carte blanche* behaviour by developers in major cities, which impedes spatial planning for industrial and settlement purposes and undermines forward planning. A proposal has been made to speed up the development of a legislative framework on land use management, informed by the

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National Spatial Development Perspective such as the industry dealing with special mega-projects in industry and large-scale housing development projects.

In conclusion, Mr Mqcaweni said that the Accelerated and Shared Growth Initiative of South Africa (ASGISA) improved from time to time drawing on experts, social partners, etc. The economic and social goals are achievable also in context of the Millennium Development Goals (MDGs). It is a national effort for shared and accelerated growth and not a “government programme”.

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**3. GROUP DISCUSSIONS**

**3.1 PRIORITY HEALTH PROGRAMMES**

*3.1.1 Opening and Welcome*

The Chairperson of the work group, Dr. B M Nyembezi, Head of Health: KwaZulu-Natal, requested that Dr Yogan Pillay provide a background for the discussion group.

Dr Pillay indicated that the work group should formulate a basis for an approach to deal with the following aspects:

- ◆ Identification of challenges that require a comprehensive response;
- ◆ The individual and collective roles of the health sector and civil society;
- ◆ The composition of the work group and its terms of reference.

Dr Pillay indicated that the National Health Council (NHC) had approved Healthy Lifestyles, a TB Crisis Management Plan and an accelerated HIV and AIDS Prevention Plan as priority health programmes.

The delegates were informed that the World Health Organisation (WHO) was encouraging all its member states to adopt a Primary Health Care approach for the delivery of health services.

*3.1.2 Healthy Lifestyles*

The four elements identified for the enhancement of healthy lifestyles are:

- ◆ Improvement of nutrition
- ◆ Increasing physical activity

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- ◆ Decreasing irresponsible alcohol use
- ◆ Reducing the use of tobacco

The enabling factors that could contribute to the realisation of the above elements were identified as follows:

- ◆ Establishment of sustainable partnerships by all stakeholders
- ◆ Mobilisation of human and financial resources to assist community based organisations (CBOs) to implement their programmes effectively
- ◆ Training of CBO members
- ◆ Social mobilisation

The Department has launched a physical-activity programme called *Vuka South Africa - Move for Health* which is aimed at encouraging people to be involved in increased physical activity.

The work group identified the following issues for the development of a plan of action:

- ◆ The programme is very complex and should be integrated.
- ◆ The current funding for media campaigns is not sufficient;
- ◆ There is a lack of support for the volunteers providing basic health care in informal settlements;
- ◆ There is minimal collaboration between traditional medicine and western medicine;
- ◆ There is a lack of therapeutic education and mental health support for the clients and health-care providers;
- ◆ There is minimal assistance for people with physical disabilities;
- ◆ There is no integrated campaign that focuses on the responsible use of alcohol, behavioural change and reduction of tobacco use;
- ◆ The nutrition programme has to be intensified;

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- ◆ The integration of animal health into the continuum of care was needed;
- ◆ The role of faith-based organisations to assist with the spiritual and mental health.

*3.1.3 Tuberculosis (TB) Crisis Management Plan*

- (a) The 55<sup>th</sup> Session of the meeting of the WHO-AFRO has declared TB as an emergency that requires immediate intervention. The Department has developed a TB Crisis Management Plan, which was launched during the World TB Day on 24 March 2006.

The plan prioritises the following health districts:

- ◆ Amathole District
- ◆ Nelson Mandela Metropolitan
- ◆ eThekweni Metropolitan
- ◆ City of Johannesburg metropolitan

- (b) The components of the plan include:
- ◆ Intense social mobilisation.
  - ◆ Early diagnosis and treatment.
  - ◆ Follow-up of TB patients to ensure that treatment is completed.
  - ◆ Involvement of patients, families and communities during the treatment course

- (c) The work group identified the following aspects for the development of a plan of action:
- ◆ The Directly Observed Treatment Strategy (DOTS) is not monitored adequately and should be evaluated regularly to ensure that it is a viable option for the management of TB;

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- ◆ There are institutional factors like poverty, underdevelopment, lack of access to transportation and inadequate access to health facilities in some areas that affect the TB programme;
- ◆ The approach to managing the TB epidemic is fragmented, especially in the informal settlement;
- ◆ District Health Councils are not taking a decisive role in providing leadership;
- ◆ TB dedicated hospitals are not functioning properly.

*3.1.4 Accelerated HIV Prevention Plan*

- (a) The current HIV and AIDS prevention strategy was briefly explained to the delegates and it included the following components:
- ◆ The HIV and AIDS ABC strategy;
  - ◆ Social mobilisation and public awareness through Khomanani and other partnerships with Lovelife and Soul City;
  - ◆ Life skills programmes in schools and tertiary institutions;
  - ◆ Issuing of more than 30 million male condoms per month as well as of over one million female condoms per annum;
  - ◆ Syndromic treatment of sexually transmitted infections;
  - ◆ Ensuring that the National Youth and Adolescent Friendly Clinic Initiative (NYAFCI) is sustained;
  - ◆ Voluntary Counselling and Testing (VCT) programme;
  - ◆ Prevention of Mother-to-Child Transmission (PMTCT) programme.

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- (b) The components of the plan include:
- ◆ Strengthening the voluntary counselling and testing (VCT) programme
  - ◆ Strengthening the prevention of mother-to-child transmission (PMTCT) programme
  - ◆ Strengthening social mobilisation with communities
  - ◆ Development of appropriate messages and identifying the relevant target groups
- (c) The work group identified the following aspects for the development of a plan of action:
- Implementation of psychological support systems and counselling for the caregivers and patients;
  - Integration of the currently fragmented prevention strategies at community level;
  - An assessment of the impact of HIV and AIDS on households;
  - The development of a programme to deal with:
    - ◆ Encouraging communities to focus on reinforcing positive personal values of individuals
    - ◆ Intensifying the positive prevention strategy through partnerships with service providers and providers of water, sanitation and environmental health services.
- (d) The Chairperson identified the following common aspects in her summary of discussions:
- There is an emphasis on the need for the adoption of Primary Health Care approach in provision of health services;

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- There should be an intersectoral approach regarding the delivery of services by all stakeholders;
  - Meaningful community involvement should be encouraged;
  - More emphasis on research should be encouraged.
  
- (e) The four key elements that will be the focus of the work groups are:
  - Integration with other government services;
  - Social mobilisation;
  - Community based interventions; and
  - The constraints facing the public health service to manage the challenges encountered within the sector as a whole.

## **3.2 HUMAN RESOURCES**

### *3.2.1 Opening and Welcome*

In opening the meeting the chairperson, Mr L Boya, the Head of Department (HOD) of the Eastern Cape province, welcomed all present and briefly summarised the objectives of the meeting, as follows:

- (a) In order to facilitate discussions, priority issues should be identified;
- (b) The composition and regularity of the meetings of this group of the National Consultative Health Forum (NCHF) will be discussed; and
- (c) A mechanism for keeping the communication between members between meetings should be established.

### *3.2.2 Presentation: Establishment of a Human Resource Working Group*

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Dr P Mahlathi presented the document *Establishment of a Human Resource Work Group*, a copy of which is attached hereto as Annexure 2. The salient features can be summarised as follows:

**3.2.3 Critical Human Resource for Health Challenges**

The following Human Resource for Health challenges were identified:

- (a) *Migration of health professionals out of the public health sector*
  - (i) The biggest problem is that of health professionals who leave the rural areas to go to the urban areas, as well as of those who go abroad;
  - (ii) This is a societal problem and is inextricably linked with the economic development of a country such as the availability of schools for children in rural areas and other amenities;
  - (iii) Normally it is the skilled, experienced and those responsible for teaching and training who go abroad, for example the nursing educators; however, some go to the private sector but this sector is easily saturated;
  - (iv) Although the National Health System (NHS) consists of non-governmental organisations (NGOs) and the public and the private sectors, problems experienced by the public health sector are also experienced by the private health sector; and
  - (v) It is essential to ensure that health services are still provided to South Africans even though some health professionals are migrating.
- (b) *Unattractive working conditions*

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- (i) People should be provided with adequate tools of the trade in order for them to perform their work;
  - (ii) Health professionals protect their integrity because in the event of a mistake by that person, the patients will only blame the health professional and not the equipment, and therefore it is critical to address the issue of faulty equipment where relevant.
- (c) *Unattractive remuneration of health professionals*
- The remuneration of the health professionals with the necessary training and skills cannot be compared to those who only have a matric certificate and they should therefore be remunerated accordingly.
- (d) *Declining numbers of health-sciences academics*
- (i) The major problem regarding this is posed by the fact that those in the field of nursing in the public health sector are managing private nursing schools;
  - (ii) It is important to ensure that academic health within the public health sector is revived with the participation of the private health sector; and
  - (iii) Another problem is that there are few young academics and researchers entering the system.
- (d) *Unavailability of funded posts in provinces* which is mainly due to decreasing budgets of provinces.
- (e) *The quality of management at health facilities*
- (i) Managers need to develop their expertise in order to manage the facilities and the people;

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- (ii) We need to decide if people should be trained to manage the health sector in general, or only the public or private health sectors. If people are for instance trained to manage only the public health sector, then they would be familiar with the challenges and problems facing that sector.

*3.2.4 Major Interventions*

The following interventions were identified:

- (a) the National Human Resource for Health (HRH) Plan;
- (b) review of the remuneration of health professionals;
- (c) incentives to keep skills where they are most needed;
- (d) improvement of the conditions under which health professionals work;
- (e) improvement of production planning systems for self-sufficiency; and
- (f) ways and means of promoting careers in the health sciences should be established in order to make them more attractive.

*3.2.5 Priority issues for the year*

The priority issues which should be attended to in the coming year, were identified as the -

- (a) National Human Resources for Health (HRH) Plan
- (b) Review of remuneration of health professionals
- (c) Incentives to retain skills where they are most needed
- (d) Improvement of conditions under which professionals work
- (e) Improvement of the production planning systems for self-sufficiency

*3.2.6 Conclusion*

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In concluding the meeting of the HR work group, the chairperson advised that

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- (a) the HR work group should serve as an advisory body to the Minister but would not be able to make decisions;
- (b) the success of the work group should be the result of a partnership among relevant stakeholders based on trust and commitment to common values;
- (c) the National Human Resource for Health (HRH) Plan would serve as a foundation and guiding document;
- (d) it is essential to utilise the necessary resources from the public and private health sectors in order to address the human-resource challenges.
- (e) that sector-specific consultations would be held with relevant stakeholders and that members would be advised of the outcome thereof;
- (f) requested members to give inputs for a project plan on how to carry the agenda items forward; this should be done within the next month and before the next meeting in September 2006;
- (g) members were invited to submit inputs, suggestions and comments to Dr Mahlathi *via* electronic mail; and
- (h) the dates for the consultations with the various sectors needed to be provided as soon as possible.

### **3.3 HEALTH INDUSTRY**

#### *3.3.1 Introduction and Welcome*

The Chairperson of the group welcomed all and called on the Director-General, Mr T Mseleku, to address the meeting.