

## **HEALTH PORTFOLIO COMMITTEE**

**7 September 1999**

### **COMMITTEE PROGRAMME**

The Chairperson, Dr Abe Nkomo, briefly outlined the committee's proposed programme of Action.

#### **Legislation**

Two bills have recently been approved by Cabinet and will soon be tabled in Parliament: Pharmacy Amendment Bill, which will introduce community service for pharmacy students; and a bill which will fine-tune pathological services.

The Mental Health Care Draft Bill, National Health Draft Bill and the Social Insurance Draft Bill are all expected to be tabled and debated in Parliament in the year 2000. There is a slight possibility that the Mental Health Care Draft Bill may reach Parliament this year.

#### **Oversight**

The Chairperson said that there was a need for the committee to look at its oversight function. The legislation which the committee has passed should be monitored by the committee – that is, is it being properly implemented?

The committee should also participate in the policy making process. The Chairperson mentioned the Traditional Healers Report, with which they have been involved, and suggested that the committee should find out how that policy paper has progressed.

The Minister has promised to brief the committee from time to time.

The committee should also look at resuscitating its participation in the Partnership against Aids (all party partnership). It might also consider having hearings on the issue of notification of Aids.

The Minister has asked the committee to participate in a National Summit which will be looking in very broad terms at issues surrounding health care service delivery.

#### Comments and questions from Members

Mr Ellis (DP) suggested that the committee should go to Uganda to gather information on how other countries are dealing with the Aids problem.

Ms Southgate (ACDP) said that she agreed with the suggestion but asked whether the tour would occur in this or the next financial year. She suggested that the tour should have an Africa focus.

Dr Rabinowitz (IFP) said she endorsed the chairperson's proposed programme. Although she did not want to disagree with Mr Ellis's suggestion that the committee go on a tour she said that it was not necessary for the committee to have to go all the way to Uganda to find out how they were dealing with the Aids problem. She stressed that the most urgent issue was to get the National Summit off the ground.

Ms Nqodi (ANC) said that some of the committee members should be accompanying the Minister to international summits and on international tours.

Dr Nkomo (Chairperson – ANC) agreed and said that Dr Jassat (ANC) recently represented the committee at a conference. Committee members should be more involved in government

forums.

Dr Rabinowitz (IFP) agreed but asked that whenever committee members go on such conferences – that they be required to write up a report.

Ms Kalyan (DP) said that it was a good idea to get all the role-players together to discuss the problem but that there was a danger that the discussions would just come up with a textbook answer. A tour to Uganda would enable the committee to get hands on experience on how to improve delivery.

Dr Nkomo (Chairperson) said that a fact-finding mission and policy formulation are two different issues – and that the committee does not have to choose between them.

Dr Jassat (ANC) said that an International Health Conference will be held in June next year and that some of the Ugandan colleagues will be there.

An MP (NP) asked whether the committee has been briefed on research for a possible Aids cure.

Dr Nkomo (Chair) said that some committee members had had interaction with the Medical Research Council and the topic was discussed. It looks as if funding is coming in for such research. This could be a possible item on the committee's agenda.

Ms Njobe (ANC) said that the committee should commit itself to do local visits.

MP (ANC) said that such local visits could include visits to military camps and prisons to see how Aids is spreading.

Dr Rabinowitz suggested spot visits instead of planned tours. Members should go and inspect sites in their constituency areas. Visits should be unannounced.

An MP (ANC) asked whether the committee would be setting up a Core Group (all party steering committee) again.

The committee agreed that a Core Group should be set up and each party put forward a name:

ANC – Dr Nkomo  
DP – Ms Kalyan  
IFP – Dr Rabinowitz  
ACDP – Ms Southgate  
NP - ?

The Core Group is to provide for all parties to participate in the portfolio committee planning, logistics and decision making. The Core Group will not make decisions – it will merely operationalise the PC's decisions.

The committee then discussed whether or not to form sub-committees.

M Ellis (DP) said that it must be recognized that only the ANC can use the subcommittees. Smaller parties will struggle to participate due to their fewer numbers. Subcommittees should therefore be kept to a minimum.

An MP (ANC) suggested that the smaller parties involve their alternates in the subcommittees.

Dr Jassat mentioned that members of the All Party Programme against Aids would be meeting on Monday at 4pm. The Programme has about 18 members and is made up of representatives from other portfolio committees.

Dr Rabinowitz (IFP) mentioned that some medical students were about to take the Minister of Health to court because there were no placement options available for them to do their community service. She also alerted the committee to the issue of genetic engineering which had hit the newspaper headlines recently.

An MP (ANC) suggested that the Core Group should be briefed by the Agriculture Department on the genetic engineering issue.

Ms Southgate (ACDP) asked for clarity on the [Euthanasia project](#) of the South African Law Commission and asked to which portfolio committee the bill would be sent. Further when would the portfolio committee get an opportunity to make input on the budget?

Dr Nkomo announced that the Kaiser Foundation would be visiting the committee on Monday. They will be making a presentation on youth sexuality, communicable diseases and reproductive health.