



MINISTRY
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ON THE OCCASION OF
2024 GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS) SYMPOSIUM
UNDER THE THEME
“Innovate, Integrate, Accelerate – A Universal Health Coverage Commitment

REMARKS BY
THE MINISTER OF THE PUBLIC SERVICE AND ADMINISTRATION
INKOSI MZAMO BUTHELEZI, MP

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GEMS Chairperson, Dr Nomzamo Tutu
Distinguished Guests
Esteemed Healthcare Leaders
GEMS Staff and Members
Public Service Employees

Greetings to all of you.

It is with a deep sense of responsibility and purpose that I stand before you today at the 2024 Government Employees Medical Scheme’s (GEMS) Symposium. I am really honoured to remark to you this morning.

Our theme this year, which is to “Innovate, Integrate and Accelerate - a Universal Health Coverage Commitment” - perfectly captures our shared noble mission **to care** and the urgency of our collective ambition **to secure** a future where every South African can access the health care services they need - irrespective of their financial circumstances.

This year marks a significant turning point in our nation's history, where His Excellency, President Cyril Ramaphosa, took a bold and a transformative step by signing the National Health Insurance (NHI) Bill into law.

That was in May when that happened - which is just a few months ago – when our government **reaffirmed its commitment** to a healthcare system that **truly** serves us all.

I say this because some, if not most - will view NHI as just another enactment of legislation **without** realising that, in fact, it represents a significant step that urges us to rethink and re-imagine a healthcare system that delivers on the promise of universal health coverage.

This Bill, which is now a Law, brings us closer to our collective ambition of securing a future where we equally have access to the health services regardless of our socio-economic status.

However, the lack of understanding and appreciation of this Bill is what fuels much of the controversy surrounding it. Hence the signing of it signifies a step that takes us closer to bridging the gap between both those who have and have not **AND** the public and private healthcare.

Let us be clear in saying that by closing the divide between the haves and have not, we are not simply merging two systems, but we are striving to build a better and a more equitable system that truly lives up to the ideals set out in our Constitution.

We also fully acknowledge that this transformation will not come without challenges - for the journey towards universal health coverage requires courage, innovation and a **loyal commitment** to tackling the inequalities that have persisted for far too long

For the past 30 years, the divide in our healthcare system has been a major testament to our collective failure to create a South Africa that is equal to all.

There has been a lot of discussion in the media and among the public about what the NHI Act will mean. People have expressed concerns about whether our healthcare system can **handle** it or whether our workforce **is equipped** and **ready**, and whether we **can afford** it.

All these questions arise because those who oppose the NHI view it for what it is **not** rather than what it **truly is**. What the NHI Act is - is a bold declaration that healthcare is not just a privilege for a selected **few** who have all - but **a fundamental** right for all. It represents a shift from merely **redistributing** resources - to fundamentally **reshaping** our approach to health.

This then needs and requires us to address the root causes of all the inconsistencies within the healthcare system – holistically, like poverty, lack of education and social inequality - while also ensuring that the most vulnerable among us are not left behind.

Our holistic approach to these challenges will compel us to look deeper and sincerely to some realities we often ignore. For example,

Dr, Tutu - All your principal members are educated and professional individuals who are also civil servants- yet the types of claims you process every month do not reflect that.

The claims you process every month rather reflect a worrying trend. The sickness that most suffer from are lifestyle related which speaks to lack of education from the educated members of your scheme and families that have not completely come out poverty.

We must therefore recognise the fact that - by being civil servants does not necessarily exempt us from poverty.

In our endeavours to bridge the gap between public and private healthcare services, we also need to address the unscrupulous activities that plague our system, where medical expenses through medical aid schemes often see **exorbitant** markups which is exclusionary in its nature.

For an example, last week, I burnt my hand with boiling water and I had to rush to one private hospital in Gauteng. I was shocked to learn that just for a simple bandage, I had to pay R400.00 yet the normal cost was R50.00, but just because it was to be billed through the medical aid, it costed so much, and I had to resort to paying cash for it.

This highlights a greater need for a holistic rather than an isolated approach to building a truly equitable healthcare.

These are important issues that we need to talk about openly and honestly. Not to stop our progress though, but to make sure we are building a system that is all inclusive and truly meeting the needs of our people.

Ladies and Gentlemen, it is for these reasons therefore that we cannot discuss Universal Health Coverage (UHC) without confronting the economic and social inequalities that still exist in our country- especially in healthcare.

As we gather here today, we must remind ourselves that these inequalities are not just statistics, but we must view them as a representation of real lives and real struggles of the people.

It is therefore our collective duty and responsibility to break down the barriers that prevent millions of our fellow South Africans from accessing the care they so desperately need and deserve.

In addressing these challenges, we also need to recognise health as more than **the absence** of illness. It should be about promoting well-being in all its forms - be it physical, mental or even social.

To achieve this, our focus would then mean we not only invest in healthcare services but also that we address **broader determination** of health such as housing, education among others - if we have not succeeded on these ones - **at least nutrition** should be our priority.

It is only by confronting these broader issues that we can truly deliver on our promise of universal health coverage.

Breaking down the barriers that keep many South Africans from getting the care they need means addressing the root causes of inequality that I have just alluded to.

We must also recognise and appreciate that the journey towards universal health coverage is a global one. As we learned at the 2023 United Nation's General Assembly's discussions on Universal Health Coverage, that **equity** in healthcare **is not** just a national importance but **a shared** global commitment.

But let me be clear and say that these commitments are meaningless if we do not also advocate for economic equity. If we can be frank, how much is being reinvested into developing countries to ensure that health equity becomes a reality?

If we, as a society cannot share our resources - then advocating for health alone becomes a futile exercise.

For example, if I am wealthy and have a sick relative at home who cannot afford healthcare, while I lavishly care for my pets - what does that say about our priorities and ubuntu – which is humanity? Should we be proud of the fact that we care so much for our pets to an extent that they have medical aids but **not our house helpers** who works for us?

I challenge you all to reflect on this I am saying.

That is why we must even ensure that our policies and actions are guided by a vision of health that prioritises the needs of the most vulnerable and marginalised while also ensuring that healthcare becomes **a foundation of dignity and justice for everyone.**

Ladies and Gentlemen,

Our healthcare system faces immense challenges from a “quadruple burden of disease” like HIV/AIDS, tuberculosis to non-communicable diseases like diabetes and hypertension, and maternal and child mortality to the growing mental health crisis which worsened by the Covid-19 pandemic.

These challenges, really impresses on us to look at things deeper and differently.

But regardless, these challenges presented us with an opportunity to innovate and build a healthcare system that **is resilient** and truly **responsive** to the needs of our people.

In line with the theme of this year’s Symposium, we must **embrace innovation** not just in technology but also in our overall approach to healthcare delivery. Digital health tools like Artificial Intelligence driven diagnostics **offer incredible** potential in making healthcare more accessible and efficient.

With that said, we must also ensure that these technologies **enhance** rather than **hinder** the human connection that lies at **the heart** of our healthcare. And these technologies should not be **motivated** by profits but rather a **greatest desire** to save souls.

This means putting people at the centre of our healthcare policies and involving communities in the decision-making process. Only by listening to those who are most affected, can we create solutions that really work.

Also, we must not lose sight of recognising the contribution done by Community Health Workers in ensuring that healthcare truly transforms lives.

Their involvement within communities is essential for creating a healthcare system that reaches and serves every individual, especially those in the **most remote** and **underserved** areas

As we move forward, let us remember that our journey towards universal health coverage is not just about implementing policies and building systems - but remember that it is about transforming lives.

It is about creating a society where everyone can live with **dignity**, where healthcare is a **foundation** of justice and where **no one** is left behind.

I call on each of you - healthcare providers, policymakers, researchers, and advocacy bodies - to reflect on the role you will play in this transformative agenda.

It is time to speak against the **loud silence** when it comes to advocating for the equitable sharing of resources. I must repeat, let us strive for a future where healthcare becomes a foundation of dignity and justice for all.

The path to Universal Health Coverage is neither short nor easy, but it is a path we must walk together with resolve, determination, and an unwavering commitment to the health and well-being of all South Africans.

Let us be guided by the principles of innovation, integration and acceleration as we work together to build a healthcare system **that meets** the needs of the present and **that** prepares us for the challenges of the future.

May we move forward with determination, empathy and an unwavering commitment to building a healthier and a more equitable South Africa.

Together, we can make universal health coverage a reality.

And may this symposium inspire us all to accelerate our efforts towards a brighter and a healthier future for all.

Colleagues,

Our nation is sick, they need to heal, and their healing is in your hands. Our business is not every business but to save souls.

With these remarks, I declare the symposium opened.

Thank you.