



Presidential Report 2024

Nhlanhla G Mafarafara

President, SAAHIP

Introduction

Eight months into the term of Office, I am pleased to present this report covering the activities of the hospital sector since March 2023 to date. Our efforts continue with an endeavour to contribute towards a more collaborative hospital pharmacy practice. In this report I shed highlights of my delegated travel to the FIP World Congress in September 2023, some of the status updates on our focus areas, leadership changes in the branches, our collaborative efforts to build the sector and the future.



Nhlanhla G Mafarafara

The period from March 2023 to May 2023 was a moment of finding what we are potentially capable of. The following period, May to August was what I call introspection moment for the leadership of SAAHIP following the functional, systematic, and strategic commitments that were made by branch chairpersons during the closing of the focus area reports at the AGM held March 2023. The commitment could be summed up in the following “we are committed to deliver the ideals of the Association.” Achieving these results or manifestation of the commitments requires more effort on both the leaders and the members. Our emphasis is in the questions we have been asking ourselves since February 2023 stemming from a pursuit to redefine and recraft our value proposition as an Association and create an impact.

Let me invite you into what we had to ask ourselves as we launched into 2023/24 term of office in attempt to raise the standard of our value proposition. Our value proposition is and will always evolve. It evolves based on a fixed value change model that is used by big corporates, banks, countries, etc. and it asks 6 questions aimed at answering one question: How can we serve our customers better in a way that increases our value proposition and gives us competitive edge? We asked (and I hope you will do the same and write back to us with more contribution):

- What do we exist for?
- How do we currently deliver our service to our members?
- What do we need to stop doing?
- What do we need to do less of?
- What do we need to do more (increase the standard)?
- What do we need to introduce?

In all these, we are in a renewed effort to engage all key players, identify hindrances (both internally and externally), analyse the cost of serving our members and measure the outcomes. It’s a long stretch, and we are on track.

Let me update the sector on the year behind us.

National Executive Committee

SAAHIP term officially started on 11 March 2023. During the recent AGM, the following people were elected into office:

- President: Nhlanhla G Mafarafara
- Vice President: Obey Madzingo
- National Secretary: Carrie de Beer
- Honorary treasurer: Danielle Tshabalala

Following the elections, branches also had some changes, thus the table below shows the branch leadership.

Table I: SAAHIP National Executive Committee (current)

Nhlanhla G Mafarafara – National President	Jackson Mahlaba (Northern Gauteng)
Obey Madzingo – Vice President	Salome Makofane (Limpopo)
Carrie De beer – National Secretary	Ignatius Muller (North-West)
Danielle Tshabalala – Honorary Treasurer	Seshnee Moodley (Eastern Cape)
Shawn Zeelie – Past President	Rahul Golbahram (Northern Cape/ Free State)
Rashmi Gosai (Southern Gauteng)	Thanushya Pillaye (co-opted)
Brent Sin Hidge (Western Cape)	Lourens van der Merwe (co-opted)
Vusi Dlamini (KwaZulu-Natal Inland)	Lorraine Osman (co-opted)
Nomfundo Zwane (Mpumalanga)	Refloie Mogale (co-opted)
Thandeka Njapha (KwaZulu-Natal Coastal)	Joggie Hattingh (co-opted)

We thank Paul Voigt (WC), Dameeka Kika (NC/FS), Yvette Joubert (NW) and Sylvesta Mogale for their leadership and contribution in SAAHIP. Our work is supported by Anri Hornsveld at the PSSA office and her contribution is invaluable to this sector.

Membership

The Association currently has membership of 3368 members, which shows a growth of 373 new members from the last report given

Table II: SAAHIP membership report

Branch	Members		Branch	Members	
	2023	2024		2023	2024
Northern Cape/Free State	149	169	Southern Gauteng	440	458
Western Cape	577	585	Northern Gauteng	254	282
Mpumalanga	149	160	KZN-Coastal	422	529
Limpopo	183	266	KZN-Inland	336	323
Eastern Cape	324	415	Northwest	158	178
Non-resident	3	3			
TOTAL				2995	3368

in the 2023 Presidential report. The biggest membership growth (numerically) is in the KZN Coastal Branch. The membership growth could be attributed to the visibility of the Association through various activities across the branches.

Follow-up matters from 2023 General Council

During the 66th Annual General Meeting, general council members raised a concern relating to poor access to TB medicines in the private sector hospitals. To find out the depth of the matter and to seek a solution, we engaged our members in the private sector and found out that some of the drugs are hard to get, including Rifafour[®] which is accessed through Section 21. TB being the leading cause of death among people living with HIV, it is critical to improve access and availability of medicines to the public. On 14 April, SAAHIP wrote a letter to the Director General with proposed interventions. The letter has since been acknowledged by the DG's office, however there was no feedback.

FIP

I had the privilege of representing South Africa as SAAHIP President during the recent FIP World congress in Brisbane. To this effect, a separate report is written for SAAHIP. However, the following are key highlights:

- Pharmacists should take a lead in designing systems for digital health where pharmacy is concerned.
- There is a need to strengthen pharmaceutical intervention in non-communicable diseases within the aging population. This is an open opportunity for pharmacists.
- Collaboration is critical for achieving SDGs, and pharmacists play a big role in collaborative healthcare.
- The world is moving from disease centred care to patient centred care.
- South Africa and Africa to do an internal assessment on the application of the Basel Statements. FIP member organisations to also look at aligning some of their activities with the Basel Statements.

Comments on Board Notices

SAAHIP has made and submitted comments on the following board notices:

- Board Notice 481: Proposed competency standards for Industrial pharmacists, clinical pharmacists and radiopharmacists
- Board Notice 513: Proposed competency standards for a pharmacist who provides public health pharmacy and management services in South Africa

Correspondences and engagements

Engagement with Heads of Pharmaceutical Services

We had a meeting with National Department of Health (Heads of Pharmaceutical Services and Heads of Pharmaceutical Depots) on 23 November 2023 in which we presented on Harmonization of Pharmaceutical Services. During the meeting, the following was presented:

- Details about who SAAHIP is and what we have been doing
- Basel Statements assessment and utilisation in South Africa
- Existing opportunities for collaboration between SAAHIP and Pharmaceutical Services within NDoH and Provinces, including strengthening district health services through district pharmacists
- Full utilisation of hospital pharmacists (in leadership, management, antimicrobial stewardship, patient safety initiatives and primary healthcare)
- Sustainable future of pharmacy in South Africa

FIP engagements

A newsletter was issued on 21 July 2023 by the PSSA following a request to participate in it. The results of the contributions will be published by FIP in due course.

The Africa Region of FIP Hospital Section has been working towards positioning Hospital Pharmacy in Africa. A meeting was also held with the executive leadership of FIP HPS to discuss the current developments in Africa. The team also plans on extending the FIP Basel Statement global project to more African Countries in 2025.

Other countries have BPharm while others have PharmD as entry level qualification (see table III)

Further to this, we have been looking at comparing the practice of hospital pharmacy in different African countries in an effort of harmonisation of pharmaceutical services. Hospital pharmacy practice in Africa is unevenly advanced with countries like South

Table III: Pharmacy in African Countries							
RSA	Kenya	Tanzania	Cameroon	Morocco	Ghana	Zambia	Uganda
BPharm	BPharm	BPharm	PharmD	PharmD	PharmD	BPharm	BPharm
4 Years	5 Years	4 Years	7 Years	6 Years	6 Years	5 Years	4 Years
Clinical Pharmacy recognition							
Not yet legislated	Recognised	Not yet recognised	Recognised	Recognised	Recognised	Recognised	Recognised

Africa and Kenya being well established, some (Tanzania) with newly established national hospital pharmacy section and others (Cameroon and Morocco) still advocating for establishment of hospital pharmacy section. Training of pharmacists still varies from 4 to 7-year undergraduate qualification.

European Association of Hospital Pharmacists

We received correspondence from EAHP requesting partnership with SAAHIP to work with them on a digital medicines management project for developing countries. The project includes a nationwide assessment of technologies used for medicines management working with different stakeholders such as National Department of Health, Private Hospital Groups, Nursing Council and SAAHIP. There will be a round table discussion to map out the full methodology, deeds determination and implementation process on 14 March 2024 at the Sandton Convention Centre. Results will be shared with the sector as the process unfolds.

National Projects (Focus Areas)

The updated and adopted focus areas for 2023 were discussed in the Exco reports (February and May 2023). Very limited work has been done on the focus areas. Currently solid plans for implementation of focus areas exist for Media, Marketing and Branding, Compliance with Standards (in partnership with Limpopo Department of Health), Leadership and governance (in partnership with Mpumalanga Department of health) as well as the Conference focus area. The Western Cape branch is working with other stakeholders including SAACP in the NHI's model for Contracting Unit for Primary Health Care services.

Credit is given to the Media, Marketing and Branding Team for taking our May resolution and giving it a twist. In May, it was resolved that a spotlight should be shone on SAAHIP leaders. So far, the initiative of SAAHIP #35under35 was a great success. The feedback from young pharmacists who were profiled was very positive. The campaign on women's month profiled women in hospital pharmacy.

Furthermore, in August, SAAHIP put a spotlight on 42 women who are doing exceptional work in leadership, research and mentoring other women in their spaces.

These two campaigns created a buzz on social media. Its impact on membership growth is not assessed but has indeed proven to create a different kind of engagement.

With this, a 360 degree may be warranted as part of revising the full strategic output of the focus area.

National Health Insurance (NHI)

The implementation of National Health Insurance in South Africa is receiving new attention. SAAHIP formed a task team during the August meeting to look at the initiative and its application in hospital practice within NHI.

Social Responsibility

SAAHIP has so far paid a total of R72 905 towards Operation Smiles which paid for 13 smiles. We appreciate the efforts of our branches and members in raising these funds and enabling the social responsibility of SAAHIP to thrive. In October 19 to 22, SAAHIP participated in an Operation Smile Drive in the Eastern Cape. SAAHIP was represented by Robyn Wates (separate report written by WC branch is available).

SAAHIP's social responsibility keeps on touching other areas of society such as NC/FC initiatives in supporting children in paediatric wards during Mandela day. The team also donated toys and clothes to the children as well as running Soup Days to feed the needy and collecting and donating sanitary towels.

SAAHIP branches continue to support high school learners as showcased during Pharmacy Month.

Conclusion

There is still more work to be done. SAAHIP is a voluntary organisation. The leadership roles that members take are also voluntary, thus we appreciate the sacrifice on behalf of the profession. Be that as it may, once one takes up the role, it should be taken very seriously as each leader becomes a pen that's ready to write. Both action and inaction are a permanent ink that is writing a story of significance or non-thereof.

The year 2024 will be the year where we look back over a seven-year implementation of the Focus Areas as reference for our great plans as we plan on what needs to be done and achieved over the next five to six years (hospital pharmacy in South Africa 2030). A mammoth task awaits all of us.

South Africa's Hospital Pharmacy Sector needs to shine some light during the upcoming International Pharmaceutical Federation congress to be hosted from 1-4 September 2024 in Cape town. We hope to see many hospital pharmacists there.