October 2023

QualiCare

Newsletter

Pharmacies are restricted on the marketing of unhealthy food and drinks - "UK's new Regulations"

A Challenge to our pharmacy colleagues to follow the UK example and restrict patient access to High Sugar, High Salt and High Fat foods.

For years now, I have been advocating the removal of **high salt, high sugar and high fat (HSSF)** containing foods from the checkouts and from strategic end of aisles of the big discount pharmacy chains.

I have mentioned this in multiple meetings, written comments and blogs on it and even sent in letters to Government, but to no avail.

On a recent visit to the UK, I noticed with appreciation, a new wave of change following the introduction of Food legislation to this effect called the **Food Promotion and Placement Regulations 2021** which comes into effect on 1 October 2023.

The new UK act provides for tough restrictions on the marketing and sale of in a store or online of HSSF foods and drinks that are less healthy by removing them from the checkout areas as well as from strategic points in the stores.

Pharmacies are restricted.....continue to page 2

Inside this issue

LOG ONTO YOUR SITES
www.docweb.co.za
www.qualicaredoctors.co.za

DOC Web

QualiCare

These new Regulations are ground breaking in that they enforce compliance with a fine for any transgression, and as a result, the big chains like Superdrug, Boots etc. were already setting the trend by way of example to the rest of the retail pharmacy trade by complying with these regulation well before the deadline.

In South Africa we are familiar with the TV ad saying, "your Pharmacist knows best"! In fact, they would now like to be permitted to diagnose, treat and follow-up certain life-threatening illnesses like HIV after just a short course of training!

Would it not be more prudent for them to reconsider their desired crusade into primary healthcare by following the latest UK primary preventative healthcare Food regulations, which removes all high salt, high sugar and high fat **("HSSF")** items from their checkout areas.

I have personally witnessed numerous patients with diabetes, hypertension, hyperlipidaemia, renal failure etc. being subjected to the following vicious cycle of pharmacies dispensing medication for a chronic condition and then selling the unwitting subjects exactly what is contraindicated for that very ailment.

Explain? You may well ask....

After receiving their chronic medication from the pharmacist, often with little or no counselling on primary preventative health measures, (or for that matter almost no attention to privacy surrounding their condition as required by POPI,) the patients then proceed to the checkout which overflow with tempting diabetogenic treats, salt laden snacks ,especially for the renal, diabetic and hypertensive patients , and trans-fats and cholesterol laden rewards for their hyperlipidemic patients often on a "meal deal", or buy 2 get 1 free!

They stand like lambs to the slaughter in those checkout queues, waiting to scan out their life supporting chronic medication, whilst facing shelves groaning with gustatory grub, deliberately stocked at eye level by these palaces of pharmacy pleasures selling the exact products, filled with excess calories, fats and salt and which are contraindicated for the conditions for which they have just been dispensed chronic medication!

Even lowly Bottle stores have the morality not to try to sell Antabuse to their clients!

In these pay queue, there is NO qualified primary preventative healthcare professional intervention, no warning about HSSF foods, No NOTHING except A CASHIER to see that the patients (victims?) credit card was valid, and their loyalty points were logged!!!

Profit at all costs before responsibility?

Death spiral assistance??? You decide.....
Having a general dealers license should not permit any professional to facilitate harm to health in an environment where patients seek healthcare and most do not know the disease links between HSSF foods and disease.

The Food (Promotion and Placement) (England) Regulations 2021 No. 1368

I have extracted some of the important points from the new UK regulations in the hope that someone, somewhere will do the right thing by our patients. It makes heavy reading but cast your eye over it if you have a moment.

So, here follows a shortened summary of some of the more important regulations which our pharmacists should adopt immediately, voluntarily and from the ethical standpoint of non maleficence, beneficence and justice.

SCHEDULE 1 of Specified foods (i.e. Foods to be removed from strategic areas in supermarkets, Drugstores etc.)

Pharmacies are restricted.....continue to page 3

For the purposes of these Regulations, a "specified food" is food contained in a prepacked food item which—

(a) is Schedule 1 food,
(b) is less healthy (as defined in paragraph (4)), and
(2) Where a prepacked food item contains more than one type of food, all of the food contained in the item is to be treated for the purposes of paragraph (1)(a) as Schedule 1 food where one (or more) of the types of food contained in the item would, on its own, be Schedule 1 food.
(3) Where a product contains multiple items of which one (or more) is a prepacked food item containing specified food, the entire product is to be treated as specified food.

There are 12 Categories of foods which will be affected:

Category 1: Prepared soft drinks containing added sugar ingredients (other than the exempt soft drinks
1.—(1) "Soft drink" means—
(a)a beverage of an alcoholic strength not exceeding 1.2%, or
(b)a liquid or a powder which, when prepared in a specified manner, constitutes a beverage of an alcoholic strength not exceeding 1.2%.
(2) A liquid or a powder is prepared in a specified manner if it is—
(a)diluted,
(b)combined with crushed ice, or processed so as to create crushed ice,
(c)combined with carbon dioxide, or
(d)prepared by way of a process that involves any combination of the processes mentioned in paragraphs (a) to (c).
3.— (1) A soft drink contains "added sugar ingredients" if any of the following are combined with other ingredients at any stage in the production of the soft drink—
(a)calorific mono-saccharides or di-saccharides.
(b)a substance containing calorific mono-saccharides or di-saccharides.
(2) But a soft drink does not contain "added sugar ingredients" only by reason of containing fruit juice, vegetable juice or milk (or any combination of them).
(a) "fruit juice" is to be construed in accordance with regulation 5 (sugar content condition: fruit juice) of the Soft Drinks Industry Levy Regulations 2018(1) ("the SDIL Regulations").
(b) "vegetable juice" is to be construed in accordance with regulation 6 (sugar content condition: vegetable juice) of the SDIL Regulations.
(c) "milk" is to be construed in accordance with regulation 7 (sugar content condition and exempt soft drinks: milk and milk-based drinks) of the SDIL Regulations.
4.— (1) The following are "exempt soft drinks"—
(a)alcohol substitute drinks which meet specified conditions, and
(b)soft drinks of a specified description which are for use for medicinal or other specified purposes.

Pharmacies are restricted.....continue to page 4

Category 2: Any of the following:
1. Savoury snacks whether intended to be consumed alone or as part of a complete meal including—
(a)products made from potato, other vegetables, grain or pulses;
(b)extruded, sheeted and pelleted products;
(c)bagged savoury crackers, rice cakes or biscuits,
such as crisps, pitta bread based snacks, pretzels, poppadums, salted popcorn and prawn crackers (but not raw, roasted, coated or flavoured nuts).
2. Pork rind-based snacks whether intended to be consumed alone or as part of a complete meal.

Category 3:
Breakfast cereals including ready-to-eat cereals, granola, muesli, porridge oats and other oat-based cereals.

Category 4:
Confectionery including chocolates and sweets.

Category 5:
Ice cream, ice lollies, frozen yogurt, water ices and similar frozen products.

Category 6:
Cakes and cupcakes.

Category 7:
Sweet biscuits and bars based on one or more of nuts, seeds or cereal.

Category 8:
Morning goods, including croissants, pains au chocolat and similar pastries, crumpets, pancakes, buns, teacakes, scones, waffles, Danish pastries and fruit loaves.

Category 9:
Desserts and puddings, including pies, tarts and flans, cheesecake, gateaux, dairy desserts, sponge puddings, rice pudding, crumbles, fruit fillings, powdered desserts, custards, jellies and meringues.

Category 10:
Sweetened (whether with sugar or otherwise) yoghurt and fromage frais.

Category 11:
Pizza (except plain pizza bases).

Category 12:
Roast potatoes, potato and sweet potato chips, fries and wedges, potato waffles, novelty potato shapes (such as smiley faces), hash browns, rostis, crispy potato slices, potato croquettes.

Pharmacies are restricted.....continue to page 5

Restriction on the placement of specified food – in store

A qualifying person must not place specified food inside a store—
(a) within two metres of a checkout facility, unless the specified food is placed in (but not at the end of) an aisle;
(b) within two metres of a designated queuing area, unless the specified food is placed in (but not at the end of) an aisle;
(c) in a display—
(i) at the end of (but not in) an aisle, where the aisle end is adjacent to a main customer route through the store, or
(ii) on a separate structure (such as an island bin, free-standing unit, side stack or clip strip) connected or adjacent to, or within 50cm of, such an aisle end;
qualifying person must not cause specified food to
be offered for sale on an online marketplace—
(a) on a home page (whether or not the consumer enters the online marketplace
(b) while a consumer is searching for or browsing products other than Schedule 1 food, unless paragraph (4) or (5) applies;
(c) while a consumer is searching for or browsing Schedule 1 food, unless—
(i) the specified food falls within the same Schedule 1 category, or
(ii) paragraph (4) or (5) applies;
(d) on a page not opened intentionally by the consumer (such as a "pop-up" page or a "brand burst");
(e) on a favourite products page, unless the consumer has previously purchased the specified food (whether in store or online) does not prohibit offering specified food for sale on a page opened intentionally by a consumer for the purpose of browsing special offers generally.

Restriction on the price promotion of specified food.

A qualifying person (ie the seller) must not offer specified food for sale as part of a volume price promotion (whether in store or on an online marketplace).
(2) "Volume price promotion" means—
(a) a multibuy promotion, being the express offer of a financial incentive for buying multiple items compared with buying each item separately (including "3 for the price of 2", "3 for £10", or "buy 6 and save 25%");
(b) a promotion that indicates that an item, or any part of an item, is free (including "50% extra free", or "buy one get one free").

Sanctions
12.—(1) A person guilty of an offence under regulation 11 is liable on summary conviction to
a fine.

So, our pharmacy friends, the challenge is DO THE RIGHT THING BEFORE IT BECOMES TOO EMBARASSING NOT TO. Sure ,you can continue selling teddy bears, glassware, perfumes and other assorted fancy goods, but do not facilitate our patient's chronic diseases by availing them of the very substances which we tell them to avoid!!

Yours in the pursuit of Primary Healthcare for all

Tony Behrman, Solly Lison and the Qualicare team

“NATIONAL HEALTH INSURANCE”

Dear CPC Shareholders, Members and Colleagues

We have taken the unusual stap of republishing our lead article from last month because it has, in a crucial part, just been supported by the Hon Min of Finance .Mr E Godongwana. Please see the yellow highlighted parts of both articles which follow.

Maybe CPC/Qualicare should volunteer to advise both the Min of Health & Min of Finance??

DR Tony Behrman CEO CPC /Qualicare
A new study suggests that prescriptions for low-dose oral minoxidil soared in the wake of a 2022 New York Times article that highlighted its utility.

“Social Health Insurance and not National Health Insurance”

These are the words which are currently most prominently on the minds of the majority of the forward-thinking South Africans who currently purchase their own health cover.

They range from doctors, dentists, other suppliers of health services, graduate professionals and captains of Industry, those with technical qualifications and diplomas, through to the average employee of the corporates, industrial giants and smaller businesses, all of whom enjoy quality private healthcare through current membership of a medical aid.

9.3 million of them to be exact, amongst which are the 5 million meaningful taxpayers in RSA who fund 90% of the fiscus (excluding VAT and Petrol tax!) for the 63 million population.

The new NHI bill includes draconian measures to remove the right of freedom of choice of its citizens when it comes to selecting a health care provider, going as far as stating that when NHI is fully functional it will not be permitted for a medical aid to offer a member any reimbursement for a service which may have acquired outside of the NHI!

National Health Insurance ..... continue to page 7

Furthermore, the utterances that doctors will be paid on a capitated basis, when no such capitation amount has even been mooted, nor has the medical profession been asked to present what their capitation needs would be in order to remain in practice and breakeven, suggests a heavy handed, top down and secretive approach, despite the sugar coating by the spin doctors of the DOH.

They now want to coax GP doctors into allowing themselves to be inspected by the Offices of Health Standards Compliance, so that they can trumpet that they have a cohort of ready and willing primary care practitioners, able and keen to accept the (as yet unnamed and untested) capitation fee, and contract with the state for NHI patients and then feed this to a gullible (?) electorate before 2024!

Add to this the almost certainly anti-constitutional concept of a "Certificate of need", colloquially referred to as the CON, compelling doctors to work only in an area where the State requires their services, and thereby causing mass negativity both in the medical profession as well as in those consumers of their care.

You would be forgiven if you postulate that this NHI bill, if signed into law, will be snarled up in the courts for years to come!

In the meanwhile, worried well are voting with their emotions, and applying for health and tax clearances in preparation for emigration to the UK and Canada at the rate of 35 families per week in just one practice known to Qualicare!!! These are the very young and middle-aged people who make up the largest percentage of the meaningful tax paying base in RSA!!

National Treasury has not uttered a peep in support of the NHI and remember that they are the ones which will be footing the bill which will run into multiples of hundreds of billions of rands more than they currently have got.

"No worries"the NHI drafters say, because it will be funded by an extra 3 to 6 % payroll tax which will be paid by the very persons who are losing their quality healthcare to the NHI and are preparing to wave RSA goodbye as well as via other new taxes including a 3 to 5 % rise in VAT !!

National Health Insurance ..... continue to page 8

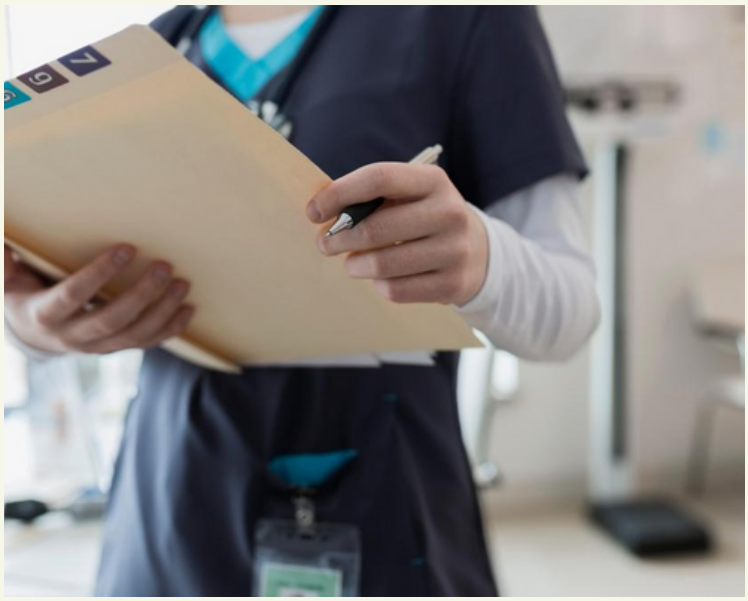
And, if this is all a pre- election ploy to win the hearts and minds of the more easily swayed of voters , to get their votes for the current incumbents who may hope that they have delivered a concept (and that is all the NHI is currently) , we have no doubt that the financial injury to the country in loss of the very persons who pay to keep the lights on and the water running , as well as no chance of attracting new talent into RSA, will result in no more than a Pyrrhic victory for the authorities.

Let's rather insist on the sensible approach that the state fix its ruined public sector healthcare system first. After all, that must be why some of our most senior statesmen need to go to Russia to receive the best quality healthcare, surely?

It is time for the profession to stand up and be counted and raise its voice loudly in every forum!

Social Health Insurance makes sense,
National Health Insurance does NOT!

QC Team



Daily Investor.com ARTICLE SEPTEMBER'23

Rather fix hospitals than implement NHI – Finance Minister

South Africa's Finance Minister, Enoch Godongwana, said he would rather invest money in improving government-run hospitals and healthcare infrastructure than implement the National Health Insurance (NHI) Bill.

Godongwana said at News24's On The Record Summit that the country needs universal health coverage in some form, but it needs a sustainable funding source, which it currently lacks.

"I am not worried about the number of people who are going to public hospitals. They do it today already. The system is already under pressure now."

However, the NHI may not be the best solution to this problem, said Godongwana.
"The mechanics of it are difficult. If you ask me, I would rather we invest more in upgrading our hospitals and our infrastructure to make them more attractive to everybody."

"In that sense, you can make private provision of healthcare irrelevant. For now, we have not done that," Godongwana said.

National Health Insurance .....continue to page 9

The minister said he is still unsure how the NHI will work as the Bill passed by the National Assembly "is missing a lot of things". In particular, it is missing a source of funding that is sustainable. This has created tension between the National Treasury and the Health Department, said Godongwana.

Furthermore, public servants are also expressing their displeasure. "I know, for example, the police do not want to lose their medical through Polmed," the minister said.

South Africa's government is on the edge of a fiscal cliff, with its deficit growing and an unsustainable debt burden.

The National Treasury revealed last week that South Africa recorded its largest budget deficit since at least 2004, sending the rand crashing and lowering demand for government bonds.

Data released by the National Treasury showed that the budget moved to a deficit of R143.8 billion for July.

It is the largest deficit since 2004 and wider than the R115.5 billion forecast by economists. There was a surplus of R36.7 billion in June.

South Africa's current debt-to-gross domestic product (GDP) ratio is 73%. In nominal terms, the country owes around R5 trillion.

The situation is set to become much worse as the country's fiscal deficit this year will be around 6% of GDP.

"My task is a difficult one," Godongwana admitted. "In the context of an election, no one wants to raise taxes, but everyone wants to increase spending to buy vote. You cannot have both."

NHI Bill: A new dawn for SA healthcare

The National Health Insurance (NHI) Bill marks a new era in SA healthcare, affecting every citizen. During a recent Business Day Dialogue, ASI Financial Services focused on the bill and what it will mean for South Africans.

Dr Nicholas Crisp, deputy director-general of the NHI, says the health financing system is the urgently needed framework to deal with the current unwieldy, unproductive healthcare system in SA.

The country's healthcare system operates in two tiers — public and private — and is unnecessarily expensive. Section 63 of the NHI Bill aims to remove all health functions from the nine provinces to one central, digitised healthcare system, while the private sector will be used to decongest public services. "Resources must be shared," said Crisp. "It's not either/or. It's together."

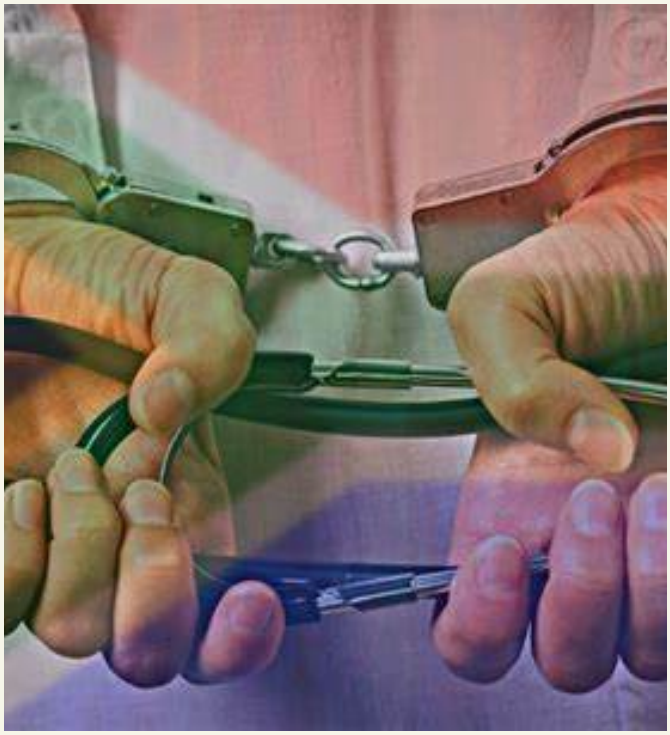
The first step is commitment, he said, followed by a long, hard consultative process to make it work.

Private-public collaboration is vital

Anthony Govender, chief visionary officer of ASI, agreed that collaboration between the government and the private health sector was vital if Brand SA was to succeed. A single fund, as envisaged in section 33 of the bill, would make commercial sense in the future; however, a hybrid model would be best to start with, he said. "The government cannot alienate the private sector," said Govender.

Businesses dislike change, Govender continued. They need clarity and will also need advice on the complexities of the bill. "Start to look ahead," he advised employers.

NHI BILL .....continue to page 11



"The government cannot alienate the private sector."

-Anthony Govender, chief visionary officer, ASI Financial Services

Collaboration and a multi-funded approach are vital, as is conviction about the future beneficial results, said Teshlin Akaloo, MD of NetcarePlus. More than half of taxpayers in SA subscribe to one of the 72 private medical aid schemes available and some level of choice needs to be retained. Netcare already offers a range of cost-effective solutions tailored to companies' employees, centred on needs and cost, he said.

To advance health equity, achieve better clinical results, and improve general health cost-effectively, collaboration is vital, said Dr Stan Moloabi, principal officer of the Government Employees Medical Scheme (GEMS). The transitional period is a time of insecurity and complexity, and goals need to be clear: "What is it you want to achieve?" He advocated simplicity.

"The NHI Bill is laudable in its intent and transformation is key," said Prelisha Singh, partner from healthcare sector lead, Webber Wentzel

Singh believes both public and private healthcare systems face deep challenges and need to change. She advocated for access to universal healthcare to be made available through public-private collaboration, citing reservations about the constitutionality and lawfulness of the NHI Bill.

Once written into law, there will be a framework to work within, she continued, but it will be a slow process with challenges and litigation, and implementation will be staggered.

WORCESTER OPEN DAY 2023

pps
FOR PROFESSIONALS
SINCE 1941

WEALTH ADVISORY

FULLY BOOKED
FULLY BOOKED
FULLY BOOKED

BUMPER EVENT

VENUE: Worcester Faculty of Medicine and Health Sciences, Stellenbosch University, Campus, 1 Durban Street, Worcester, 6849

Total Of Approximately 9 Points applied for. 2 Ethics Point, 2 General Points.
Related Reading 2 Ethics points and 3 Clinical Points

WORCESTER 6TH ANNUAL OPEN DAY 2023

PUT THIS on YOUR CALENDAR!

DATE 7 October'23

TIME 10:45 - 18:15

CATERING Lunch & Teas

Free of charge for CPC Members/Shareholders
R400.00 incl. VAT for NON - CPC Members

CPC Shareholder/Member: **YES** ☐ **NO** ☐

NAME:	
SURNAME:	
EMAIL ADDRESS:	
CELL NUMBER:	
LANDLINE NUMBER:	
LOCATION:	
HPCSA NUMBER: (MP,DP,OP..)	

I hereby permit CPC/Qualicare to share my name,surname and email address with the exhibitors (tick the appropriate box) for purpose of marketing. YES ☐ NO ☐

PLEASE NOTE: THIS NOTIFICATION CAN SERVE AS A TAX INVOICE

Registration Now OPEN

Wendy Alexander
083 657 9364

Email this form together with your proof of payment to **Shireen@cpcqualicare.co.za,** to secure your place.

BANKING DETAILS:

FNB Claremont Account name:
Cape Primary Care Holdings Ltd
ACCOUNT NUMBER: 50150093439
BRANCH NUMBER: 200109

QUALICARE as subsidiary of
CAPE PRIMARY CARE HOLDINGS (PTY) LTD

REG NR 1994/00724/07 **(Vat No 4350157329)**

Please use this invitation as the registration form and email it to *yvette@cpcqualicare.co.za*

Ons innige meegevoel met almal wat deur die verwoestende vloede geraak is

Ons by CPC/Qualicare betuiginnige meegevoel teenoor ons praktyke, dokters, personeel en met almal wat gely het weens die onlangse katastrofiese vloede wat verwoesting in ons streek gesaai het. Ons gedagtes en gebede gaan uit na die families wat geliefdes verloor het, en na diegene wat huise verloor het en uit hul huise verplaas moes word.

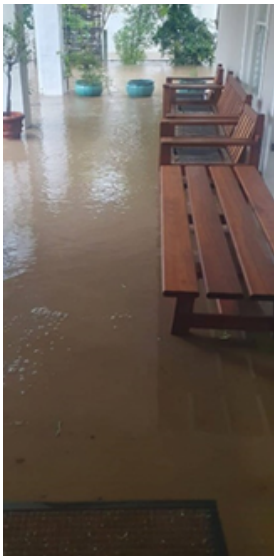
Die nadraai van die oorstromings het 'n spoor van vernietiging gelaat, wat onmeetbare verlies en pyn vir talle individue en gemeenskappe veroorsaak het. Ons is diep hartseer oor die lewensverlies en die emosionele tol wat dit op al die gesinne wat geraak is, geëis het.

Benewens ons innige meegevoel, doen ons 'n beroep op almal wat deur die vloede geraak is om uit te reik vir ondersteuning. Plaaslike hulporganisasies, ramphulpagentskappe en regeringsliggame werk aktief daaraan om hulp en hulpbronne vir behoeftiges uit te brei. Maak asseblief van hierdie maniere gebruik om toegang te verkry tot die hulp wat nodig is om jou lewens te herbou.

Onthou, om hulp te soek is nie 'n teken van swakheid nie; Dit is 'n dapper stap in die rigting van genesing en herstel. Raak betrokke by jou bure, kyk na hul welstand en gee waar moontlik 'n helpende hand.

Kom ons staan verenig as 'n gemeenskap, gereed om mekaar te ondersteun in die uitdagende tye wat voorlê.



Extending Our Deepest Condolences to All Those Affected by the Devastating Floods

We at CPC/Qualicare extend heartfelt condolences to our practices, our doctors, their staff and to all those who have suffered as a result of the recent catastrophic floods that have wreaked havoc in our region. Our thoughts and prayers go out to the families who lost loved ones, lost homes and possessions or were displaced from their homes.

The aftermath of the floods left a trail of destruction, causing immeasurable loss and pain for countless individuals and communities. We share in the deep sadness caused by the loss of life and the emotional toll it has taken on all those families affected.

In addition to our deepest condolences, we call on all those affected by the floods to reach out for support. Remember, seeking help is not a sign of weakness; This is a bold step towards healing and recovery. Engage with your neighbour's, check on their well-being, and give a helping hand whenever possible.

Local relief organizations, disaster relief agencies, and government bodies are actively working to expand aid and resources for those in need. Please make use of these ways to access the help needed to rebuild your lives.

We stand with you, united as one community, ready to support each other in the challenging times ahead.

The CEO, President, Board and staff of CPC/Qualicare

DermaFreeze®

Cryotherapy
No mess, no waste, just great

DermaFreeze® is effective for the controlled destruction of epidermal lesions. It freezes living tissue at -30ºC. A white 'frost' form on the treated skin. Bigger lesions can be frozen multiple times to achieve a deeper level of treatment. The healing process is the same as that of cryosurgery with liquid nitrogen. (Tissue is destroyed at around -15ºC; **DermaFreeze**® evaporates at 30ºC; liquid nitrogen at -190ºC causing a lot more tissue damage than is required.)

The kit consists of one 200ml Dermafreeze unit + six funnel applicators of different sizes and one applicator
Tube. One can is generally enough for 80-120 applications. The different funnel sizes allows for a precise margin of normal skin around the lesion and limits damage to normal skin.

Lesions suitable for treatment:

- Warts including plantar, penile, vaginal warts
- Papillomata
- Molluscum contagiosum
- Skin tags
- Keratin 'horns'
- Pigmented lesions (actinic/solar keratosis)
- Small superficial BCC

Advantages:

- Being able to use almost every drop of product without any waste
- No evaporation
- Stored at room temperature
- Non-toxic, non-flammable
- Iso 13485 Certified
- Available (by courier) just about anywhere in RSA and beyond our borders in Africa
- The manufacturer states that the product can be used for 3 years after opening with no loss of efficacy; as well as "to the last drop".

Great product to use where access to liquid nitrogen is limited.
Please visit our website for more information:
www.dermafreeze.co.za

THE NATIONAL HEALTH INSURANCE (NHI) IS NOT GOING TO FIX THE PUBLIC HEALTHCARE SYSTEM, ESPECIALLY WHEN THE DOCTOR-PATIENT RATIO IS ONE TO 4 500.

THIS IS ACCORDING TO DR BANDILE HADEBE, THE SPOKESPERSON FOR THE INAUGURAL AFRICA HEALTH INDABA, WHICH IS TO BE HELD IN GAUTENG IN OCTOBER.

The event seeks to position Africa as a leader in medical innovation and spearheading global change.

Speaking to News 24 on Tuesday, Hadebe said a key focus of the discussions would be aligning the NHI's vision and trajectory, which was currently a contested issue.

The NHI Bill is with the National Council of Provinces after the National Assembly passed it in June, despite strong opposition from the private healthcare industry and opposition parties.

"The entire concept of the NHI is to make all available health resources accessible, which is far from happening in South Africa. Public healthcare has limited medical resources. The [doctor-patient] ratio is quite terrifying; as a result, one doctor has to see about 4 500 patients, while a private healthcare doctor sees less," he said.

In May, the Financial and Fiscal Commission revealed that South Africa's health sector continues to be plagued by economic inequalities, because private providers, which service only 15% of the population, have more resources.

This was laid bare in the report on the national health department's 2023/24 budget and annual performance plan.
Hadebe said there was less investment in healthcare in most countries across the continent.

"In South Africa, this affects how we deliver health services. Meanwhile, the government is not known for the efficient distribution of money. The available funds are one of the key issues that need to be discussed when discussing limited resources," he said.

NHI is noy going to fix .....continue to page 16

"Public hospitals are also dealing with management and skills issues. Bad leadership gap leads to poor decisions and management of resources."

He said the Africa Health Indaba would provide an essential forum for understanding how Africa's healthcare future can reconcile with the NHI's objectives, fostering an integrated and equitable health system.

"The event will serve as a roadmap for sustainable healthcare systems, universal health coverage and fostering regional cohesion. It aligns with the principles of medical science and evidence-driven decision-making, maintaining a non-partisan stance and focusing on global best practices," he said.

Hadebe said the Africa Health Indaba was more than a platform for dialogue and innovation.

"The indaba will create a platform for dialogue and knowledge sharing about achieving UHC [universal health coverage] in Africa. It will address Africa's unique challenges and opportunities and delve into the practicalities of resource sharing and balancing costs to stakeholders across the continent," he said.

THE END OF PRIVATE HEALTHCARE IN SOUTH AFRICA – NHI LEAVES MEDICAL INSURERS IN THE DARK

Legal experts at Webber Wentzel say that South Africa's National Health Insurance Bill has left many questions and mounting worries over what will happen to the country's medical insurance industry once it has been implemented.

Medical aids and medical insurers are not the same thing in South Africa, governed by different laws and serving different needs.

While the NHI Bill gives a cursory explanation for what will happen to medical aid schemes under the NHI – specifically that they will only be able to cover services not covered by the NHI – the legal experts said the private medical insurance industry is far more nuanced, and has been left in the lurch.
The NHI Bill was passed by the National Assembly in June 2023 and is currently with the National Council of Provinces for consideration.

The Bill has been closely scrutinised by various stakeholders in the healthcare sector, and concerns have been raised by medical schemes and insurers about the effect the Bill will have on their current businesses.

The end of private healthcare ..... continue to page 18

According to Webber Wenztel, the bill, among other things covers:

- Who will be able to access health care services;
- How these services will be funded;
- The establishment of a board and advisory committees to achieve the objectives of the Bill;
- General provisions applicable to how the fund will operate;
- Complaints about and appeals of decisions made by the fund; and
- The source of income of the Fund and transitional arrangements.

Clause 33 of the Bill states that once the National Health Insurance (NHI) is fully implemented, medical schemes can only offer complementary coverage for services not reimbursed by the NHI.
Clause 6(o) of the Bill allows individuals to purchase services not covered by the NHI through voluntary medical insurance schemes.

"This means medical schemes cannot cover services already covered by the NHI, potentially jeopardising their existence. This approach may face constitutional challenges related to the right to access healthcare, property rights of medical schemes, and freedom of trade and profession," the group said.

While it is expected that the Minister of Health will introduce regulations limiting benefits to services not reimbursable by the Fund, there has been zero indication when these regulations will be published.

Current regime
According to the legal experts, there are four broad categories of businesses that will be impacted by the NHI.

- Medical schemes, as defined in the Medical Schemes Act 131 of 1998 (MSA);
- Insurers licensed to conduct insurance business as specified in the Insurance Act 18 of 2017 (the Insurance Act);
- Insurers who offer products as specified in section 8(h) of the MSA (the Exemption Framework); and
- Insurers who offer products as specified in the regulations published under each of the Long-Term Insurance Act 52 of 1998 and the Short-Term Insurance Act 53 of 1998 (the Demarcation Regulations).

Currently, only medical schemes may carry on the "business of a medical scheme" as defined in the MSA, Webber Wenzel said.

This business and the various definitions attached – such as relevant health services and treatments, etc – are very wide, and are now at risk under the NHI.

However, medical insurers are completely distinguishable from medical aids, the experts noted, and operate on a very different level. There is some crossover, however, and this has muddied the waters on how insurance products will be impacted by the NHI.

The end of private healthcare ..... continue to page 19

"It is apparent that there is an overlap of products provided for in the Insurance Act and offered under the MSA," the experts said.

To address this, the Demarcation Regulations were drawn up to provide for the demarcation between the insurance business and the medical schemes business.

Essentially, the regulations provided that a benefit that would otherwise have been a medical scheme benefit, but meets the exact requirements set out in the Demarcation Regulations, is classified as an insurance product.

In March 2017, the Counsel for Medical Schemes (CMS) issued an exemption framework for insurers as a transitional arrangement while the development of a low-cost benefit option (LCBO) for medical schemes was developed.

"To the extent that an exemption was granted to an insurer in terms of section 8(h) of the MSA, and subject to the conditions of the exemption, the insurer was permitted to continue to underwrite those products until the expiry of the exemption," Webber Wenztel said.

On 25 January 2022, the CMS granted insurers that had previously been granted an exemption in terms of the Exemption Framework an extension of a further two years.

However, even this whole process risks being snuffed out by the NHI – leaving questions over what will happen once the exemptions lapse.

According to Webber Wenzel, the low-cost benefit option has been investigated since 2005, and in 2015, the CMS introduced guidelines to allow medical schemes to introduce these options.

This was done because of a growing number of working South Africans did not have medical scheme coverage due to affordability issues.

Notably, the LCBOs have the potential to alleviate pressure on the public healthcare system and allow resources to be redirected to the poor, the experts said. However, this process has slowed to a halt, and it remains to be seen what comes of it if anything.

"While the NHI bill is a piece of framework legislation, it does not provide clarity on what will become of insurance under the current regime. The fate of medical schemes is dealt with in a very cursory manner, without considering the nuances of the current regime," the said.

"The LCBO could have been a path to make healthcare more accessible, but the process has become stifled, and it may never come to fruition.

"What is left in the wake of the NHI Bill is a great deal of uncertainty. Industry participants and stakeholders will have to keep abreast of the process and ensure that their comments are taken into account as the system evolves."

Cabinet firmly committed to NHI implementation - Minister Ntshavheni

Cabinet is forging ahead with "its firm commitment for the implementation of the National Health Insurance (NHI)". This according to Minister in the Presidency, Khumbudzo Ntshavheni, who held a post-Cabinet media briefing on Thursday.

Ntshavheni explained that the NHI represents a way to ensure that all South Africans have access to quality healthcare.

"The commitment to NHI is premised on the fact that both public and private health sectors are not sustainable.

The current parallel and fragmented systems must be integrated into a national system so that all resources are accessible to all people.

"The implementation of the NHI is premised on the implementation of a comprehensive approach to accelerating infrastructure improvement in the public sector. This is not something that should be contemplated separately from the reforms in the NHI Bill," she said.

Ntshavheni explained that through the NHI, the pressure on "congested public facilities" will be lifted.

"Focusing narrowly on the intended reforms of private financing of healthcare has detracted from the Bill's intended reforms of public and private provision of services. It is in reforming the service platform that space will be created for decongesting public facilities.

"When the NHI Fund is able to purchase services from both public and private providers, we will begin to see the pressure lifted from highly pressured public facilities," she said.

The Minister emphasised that during every phase of implementation of the NHI, progress is monitored.

"The intentional distortion that the passage of the Bill will reform everything overnight is mischievous at best. The transitional provisions are clear that the implementation will take time and that the reforms will be implemented in phases.

"At each and every phase there will be evaluation of the impact and the necessary gaps and corrective measures will be taken," she said.

Female surgeons sexually assaulted while operating

Female surgeons say they are being sexually harassed, assaulted and in some cases raped by colleagues, a major analysis of NHS staff has found.

BBC News has spoken to women who were sexually assaulted in the operating theatre while surgery took place.

The study's authors say there is a pattern of female trainees being abused by senior male surgeons, and this is happening now, in NHS hospitals.

The Royal College of Surgeons said the findings were "truly shocking".

Warning - this story contains some graphic detail. There is support for anyone affected **here**.

Sexual harassment, sexual assault and rape have been referred to as surgery's open secret.

There is an untold story of women being fondled inside their scrubs, of male surgeons wiping their brow on their breasts and men rubbing erections against female staff. Some have been offered career opportunities for sex.

The analysis - by the University of Exeter, the University of Surrey and the Working Party on Sexual Misconduct in Surgery - has been shared exclusively with BBC News.0

Nearly two-thirds of women surgeons who responded to the researchers said they had been the target of sexual harassment and a third had been sexually assaulted by colleagues in the past five years.

Women say they fear reporting incidents will damage their careers and they lack confidence the NHS will take action.

Female surgeons .....continue to page 22

'Why is his face in my cleavage?'

There is a nervousness to talk openly. Judith asked that we use only her first name. She is now an experienced and talented consultant surgeon.

She was sexually assaulted early in her career when she was the person with the least power in the operating theatre - and a senior male surgeon was sweating.

"[He] just turned round and buried his head right into my breasts and I realised he was wiping his brow on me.
"You just freeze right, 'why is his face in my cleavage?'"

When he did it for a second time Judith offered to get him a towel. The reply came back "no, this is much more fun", she says, "and it was the smirk - I felt dirty, **I felt humiliated".**

- **What counts as sexual harassment at work and what are your rights?**

- **NHS needs MeToo moment, says former surgeon**

Even worse for her was the total silence of her colleagues.

"He wasn't even the most senior person in the operating theatre, but he knew that behaviour was ok and that's just rotten."

This happened to Judith in the middle of the operating theatre, but the sexual harassment and sexual abuse extends beyond the hospital.

'I trusted him'

Anne - we cannot reveal her real name for legal reasons - wanted to talk to the BBC because she believes change will only happen when people speak out.

She doesn't choose to describe what happened to her as rape, but is clear the sex that took place was not consensual. It happened at a social event tied to a medical conference - a meeting of doctors within the same speciality.

In a familiar pattern, she was a trainee and he was a consultant.
"I trusted him, I looked up to him," she says.
He played on that trust saying she didn't know the other people there and that she couldn't trust them.

"So, he walked me back to the place I was staying, I thought he wanted to talk and yet he just suddenly turned on me and he had sex with me."

She said in that moment her body froze and "I couldn't stop him".

"It's not what I wanted, it had never been what I wanted, it was totally unexpected."

When she saw him the next day she was "barely able to hold myself together".

"I didn't feel I could make a fuss, I felt like there was a very strong culture of just putting up with whatever was done to you."

The incident had a lasting impact, first leaving her emotionally numb and years later "the memory would come flooding into my mind like a horror, like a nightmare" at work, even as she was preparing to operate on a patient.

Female surgeons .....continue to page 23

Shaking confidence in surgeons

It is widely accepted there is a culture of silence around such behaviour. Surgical training relies on learning from senior colleagues in the operating theatre and women have told us it is risky to speak out about those who have power and influence over their future careers.

The report, which is being published in the British Journal of Surgery, is the first attempt to get a sense of the scale.

Registered surgeons - men and women - were invited to take part completely anonymously and 1,434 responded. Half were women:

- 63% of women had been the target of sexual harassment from colleagues
- 30% of women had been sexually assaulted by a colleague
- 11% of women reported forced physical contact related to career opportunities
- At least 11 incidents of rape were reported
- 90% of women, and 81% of men, had witnessed some form of sexual misconduct

While the report shows men are also subject to some of this behaviour (24% had been sexually harassed), it concludes men and women surgeons are "living different realities".

"Our findings are likely to shake the confidence of the public in the surgical profession," said Dr Christopher Begeny, from the University of Exeter.

- 35,000 cases of sexual misconduct in NHS in five years
- Workplace sexual-harassment clampdown for doctors

Meanwhile a second report - called Breaking the Silence: Addressing Sexual Misconduct in Healthcare - is making recommendations for what needs to change.
The pair of reports suggest the relatively lower proportion of women surgeons (around 28%), combined with surgery being deeply hierarchical, gives some men significant power and this combines badly with the high-pressure environment of surgery.

"That leads to people being able to behave with impunity and much of this goes unchecked," Prof Carrie Newlands, consultant surgeon from the University of Surrey.

She was motivated to tackle such behaviour after hearing the experiences of her junior colleagues.

She told the BBC: "The commonest scenario is that a junior female trainee is abused by a senior male perpetrator, who is often their supervisor.

"And that results in a culture of silence where people are in real fear of their future and their careers if they do speak up."

'Incredibly upsetting'

Another theme that emerged in the data was a lack of faith in bodies such as NHS Trusts, the General Medical Council (which manages the UK's register of doctors allowed to practice) and the Royal Colleges (which represent specialities in medicine) - to tackle the problem.

"We need a major change in investigation processes so they become external and independent, and are trusted in order for healthcare to become a safer place to work," says Prof Newlands.

Female surgeons .....continue to page 24

The British Medical Association called the findings "atrocious". Dr Latifa Patel, BMA equality lead, said: "It is appalling that women in surgery are being subjected to sexual assault and sexual misconduct from their colleagues, at work and often whilst they are trying to care for patients. The impact this will have on their wellbeing for years to come as well as their careers is profound."

Tim Mitchell, the president of the Royal College of Surgeons of England, told the BBC the survey's findings are "deeply shocking and will be a source of great embarrassment to the surgical profession".
He acknowledged it is "clear it is a common problem" that has not been addressed.

"We need to put in place a culture of zero tolerance to ensure that there are mechanisms that mean people who are affected feel confident they can come forward, report these incidents and they will be taken seriously,"he said.

Dr Binta Sultan, from NHS England, said the report made "incredibly difficult reading" and presented "clear evidence" that more action was needed to make hospitals "safe for all".

She said: "We are already taking significant steps to do this, including through commitments to provide more support and clear reporting mechanisms to those who have suffered harassment or inappropriate behaviour."
The General Medical Council last month updated its professional standards for doctors.

Its chief executive Charlie Massey said "acting in a sexual way towards patients or colleagues is unacceptable" and that "serious misconduct is incompatible" with continuing to practise medicine in the UK.

But is surgery a safe place for women to work today?

"Not always. And that's a dreadful thing to have to admit," says Judith.

Expired Covid jabs (worth billions of rands) to be destroyed

– Dr Joe Phaahla

Health Minister Joe Phaahla has confirmed that 27m doses of unused J&J and Pfizer Covid-19 vaccines, worth R3.8bn, have been destroyed, as will thousands more that are yet to expire.

He said this amounted to 39% of all doses that were acquired and "includes both donated and purchased doses", reports IOL.

The R3.8b, he added, includes Janssen vaccines to the value of R2 501 583 564 and R 1 328 606 043 of the Pfizer vaccines.

Phaahla said 70 573 820 doses were acquired either as a donation or purchased in line with the bilateral agreement: 453 600 Johnson & Johnson doses were donations and 30 848 000 doses were purchased.

A total of 7 877 610 Pfizer vaccine doses were received as donations and 31m doses bought.

A further 76 800 doses of the paediatric Pfizer vaccine were received as a donation.

Phaahla said there was no possibility of any further extension of shelf life of the vaccines from manufacturers and the **South African Health Products Regulatory Authority**, and that Covid vaccination had been integrated into routine health services.

Various strategies, including vaccinating hard to reach communities through outreach services, had also been been implemented to increase uptake of the jab, he added.

UK Double doctors' strike - what South African doctors need to know

Consultants and junior doctors in England are staging their first joint strike in the history of the NHS.

Consultants walked out at 07:00 BST, and will be joined by junior doctors on Wednesday morning.

The British Medical Association-organised strike by consultants will last two days, while the one by junior doctors is scheduled for three. Emergency care will be covered throughout - but NHS bosses said patients were still in danger.

It marks an escalation of the pay dispute between the government and doctors.

- **NHS consultant strike: How pay compares globally**
- **Why talk of a UK doctor exodus is premature**
- **How much do junior doctors really get paid?**

What services will be affected?

People needing emergency care are being advised to use accident-and-emergency units as normal or call 999.

For other health concerns, 111 or GP services should be used - although they could be disrupted, as some junior doctors work as GP trainees.

Routine services, including non-emergency operations and appointments, are expected to be significantly disrupted.

Patients should have been told about any postponements in advance.

UK Double doctors' strike ..... continue to page 27

During their 48-hour walkout, consultants will provide "Christmas Day" cover - emergency services will be staffed and there will be some basic level of cover on the wards.
When junior doctors join them on Wednesday there will be a similar arrangement for them.

Junior doctors account for nearly half NHS doctors - from medics fresh out of university to those sometimes with 10 years' experience.

On Thursday, when the consultant strike ends, junior doctors will stage a full strike, meaning consultants will have to be drafted across to provide cover.

NHS England medical director Prof Sir Stephen Powis said: "The NHS has simply never seen this kind of industrial action in its history. It poses an enormous challenge."

Matthew Taylor, of the NHS Confederation, said he feared ministers were underestimating the risks of the strikes, describing the situation as dangerous.

Hospitals were reporting some patients were facing having treatments and appointments cancelled for the second or third time, he said.

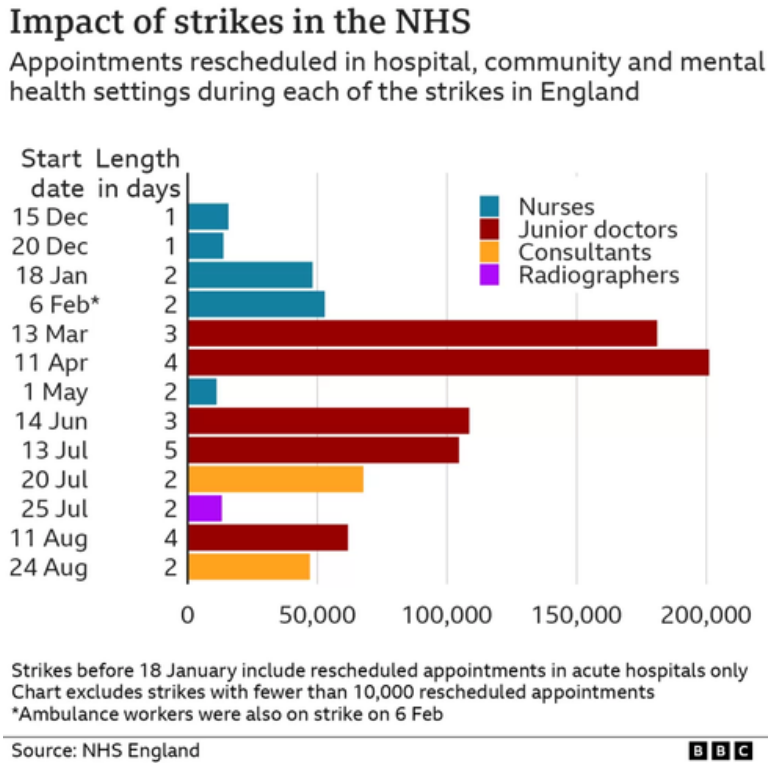
What impact will this have?

This is the third walkout by consultants and the sixth by junior doctors. In each case, significant amounts of routine work has had to be rescheduled.

Some hospitals have reported up to half their normal levels of activity have had to be put off during the strikes.

Nearly one million appointments and treatments, including some cancer care, have been postponed because of industrial action since December.

This includes disruption caused by walkouts by other staff groups including nurses, radiographers and ambulance workers.
But the doctors' walkouts have caused the most disruption.

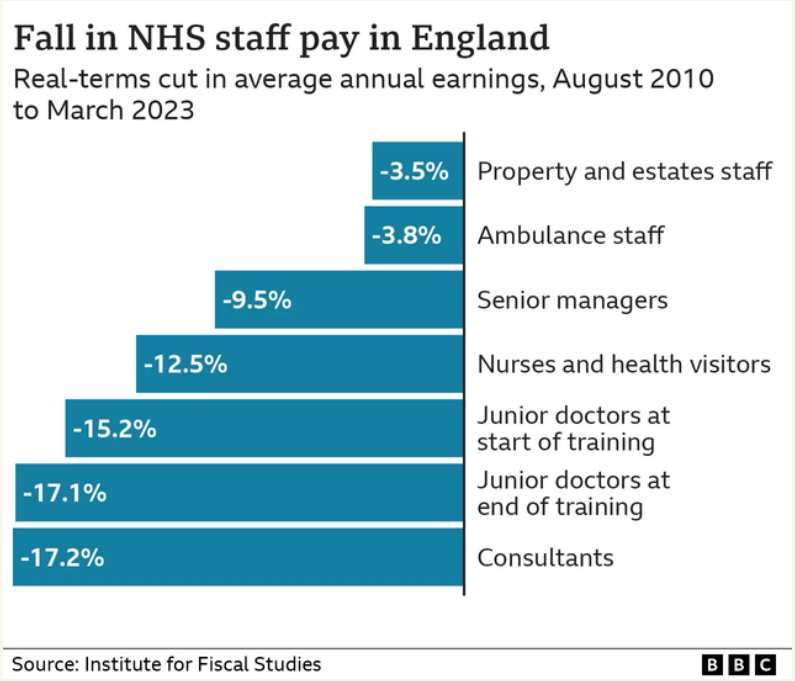


Last week, the Shelford Group, which represents 10 of the biggest hospital trusts in the country, warned the scale of the disruption now being seen had "inevitably heightened the risk of harm" to patients.

But plenty of doctors will continue working.
As well as BMA doctors providing official cover during the strikes, these will include specialty and specialist (SAS) doctors, between the grade of junior and consultant, who make up just under 10% of the medical workforce.

What is more, about one out of every three doctors is not a BMA member.

UK Double doctors' strike ..... continue to page 28



How far apart are the two sides?

It is more than 100 days since the health secretary has sat down with BMA leaders for pay talks - and none are planned.

Mr Barclay said this year's pay rise was a "final and fair" settlement and it met the independent pay review body's recommendations.

Consultants are being given 6%, junior doctors an average of 8.8% depending on their level.
Health Secretary Steve Barclay did not directly address how close the two sides were to resolution when asked on BBC Breakfast.

But he confirmed he was looking at introducing minimum service levels in hospitals during strikes - defining the number of doctors, nurses, and other staff needed to cover urgent and emergency cover.

He highlighted similar systems in France and Italy but appeared to suggest enforcement action against individual employees would be unlikely.

"It is about having the enabling legislation that gives a safety net, focussed on patients for time critical care," he explained.

Currently life-and-limb cover has to be provided, but the extent of that is negotiated locally.

Unlike practitioners, patients are also not afforded a choice in their legal representation throughout the proceedings and may only observe the proceedings, having no rights to the evidence, to engage with the evidence, lead evidence or examine any of the witnesses.

The pay increase mean junior doctors' basic salary ranges from £32,400 to £63,150, while consultants can earn up to £126,300.

And doctors earn about a quarter to a third more on top of this, on average, for things such as unsociable hours and additional work.

Junior doctors were after a 35% increase, to make up for what they say are years of below-inflation wage rises.

Consultants have not put a figure on what they would like but insist it must be above inflation, to start restoring pay they have lost once inflation is taken into account.

BMA leader Dr Philip Banfield said if the government cared about patients it would "reopen talks and come to the table with a credible offer".

Mr Barclay said its offer came from an independent pay review body's recommendations, adding that the government had to consider other NHS workers and bringing down inflation.

elle

Practice Management & Medical Billing **made simple**

www.elle.health

Earn up to **R2000**
Join our referral program and start earning!

About Elle Health

With more than **30 years of experience**, we are your go-to, easy-to-use and intelligent **online** practice management assistant.

Dedicated Support

Efficient & effective guidance for your practice

Call Centre & On-Site Support

Known for our excellent after-sales services. Our professional and friendly team will be able to assist you with any of your claim queries.

Web-based Practice Management Application

We are here to enhance your office efficiency, reduce payment times and save you money! Direct online integration with Medprax.

Get in Touch

hello@elle.health 0861 00 elle (0861 00 3553)

@ellehealthza

FREE Telehealth

with our elle **connect** patient APP

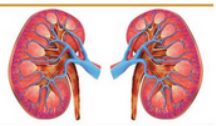
App Store Google play

QualiCare PathCare 100 years OF ADDING VALUE IPAF SAMCC DOC Web

LOG ONTO YOUR SITES
www.docweb.co.za
www.qualicaredoctors.co.za

THE PATHCARE NEWS

PRIMARY ALDOSTERONISM
AN UNDER-RECOGNISED PROBLEM



Primary aldosteronism (PA), also known as Conn's syndrome, is common and has a significantly higher cardiovascular risk profile than sex-, age-, and BP-matched patients with essential hypertension. PA is now considered a major public health issue, which requires a concerted effort at case detection through screening, followed by targeted care.

What is PA?

PA is a group of disorders characterised by the inappropriately high production of aldosterone, leading to hypertension, cardiovascular damage, sodium retention and increased potassium excretion. It is commonly caused by an adrenal adenoma, unilateral or bilateral adrenal hyperplasia, or rarely by adrenal carcinoma or familial hyperaldosteronism. Studies indicate that 5-15% of patients with hypertension have Conn's syndrome. This high prevalence, the higher cardiovascular morbidity and mortality than patients with essential hypertension, and the specific treatments available make case detection crucial.

Who should be screened?

- Some argue that all hypertensive patients should be screened
- Sustained BP >150/100
- Hypertension (>140/90) resistant to three anti-hypertensives (including a diuretic)
- Controlled hypertension (<140/90) on ≥4 anti-hypertensives
- Hypertension plus hypokalaemia (including diuretic-induced)
- Hypertension plus adrenal incidentaloma
- Hypertension plus sleep apnoea
- Early onset hypertension
- Hypertensive first-degree relatives of patients with PA.

How is screening for PA done?

Request aldosterone and renin

The following are important considerations:

- If hypokalaemic the potassium should first be corrected into the normal range (although >80% with PA are normokalaemic)
- Encourage liberal salt intake prior to the test
- Withdraw agents that affect the test for at least 4 weeks:
  - Spironolactone, eplerenone, amiloride, triamterene, potassium-wasting diuretics, products derived from liquorice root (e.g., found in certain sweets).
  - The following substitute anti-hypertensives can be used if required: verapamil (slow release), hydralazine (with verapamil SR to prevent reflex tachycardia), prazocin, doxazosin, terazosin.
  - If results, after discontinuation of these medications, are not diagnostic, discontinue other medication: β-adrenergic blockers, α-2-agonsts (e.g., clonidine, methyl-dopa), ACE inhibitors, NSAIDS, AR blockers, renin inhibitors and dihydropyridine calcium channel blockers.
- Sample collection:
  - Collect samples in the morning: the patient should be out of bed for at least 2 hrs, and seated for 5-15 min prior to sample collection.
  - Maintain samples at room temperature (do NOT put on ice): aldosterone - serum (yellow top) tube; renin - purple top EDTA tube.
- Aid to interpretation:
  - Females in the luteal phase of the menstrual cycle may have false positive results so, if possible, perform the test during the follicular phase.
  - Oestrogen-containing medication may cause a false positive result.
  - Renal failure can lead to false positive results.

- Reference intervals:

	Upright	Supine
Aldosterone (pmol/L)	**70-1086**	**49-643**
Renin (ng/L)	**2.7-27.7**	**1.7-23.9**
AR Ratio (pmol/ng)	**>95**	**>95**

The test is most sensitive when a combination of an AR ratio of >95 pmol/ng and an aldosterone value of >350 pmol/L is used. However, some cases may present with an aldosterone as low as 170 pmol/L with suppressed renin, so interpretation in clinical context and the degree of index of suspicion are important. Some experts only assess the degree of aldosterone elevation and renin suppression, without consideration of the ratio.

Confirmation testing

Confirmation testing can be omitted if the presentation is pathognomonic of PA, e.g., hypertension, hypokalaemia, elevated aldosterone and suppressed renin.

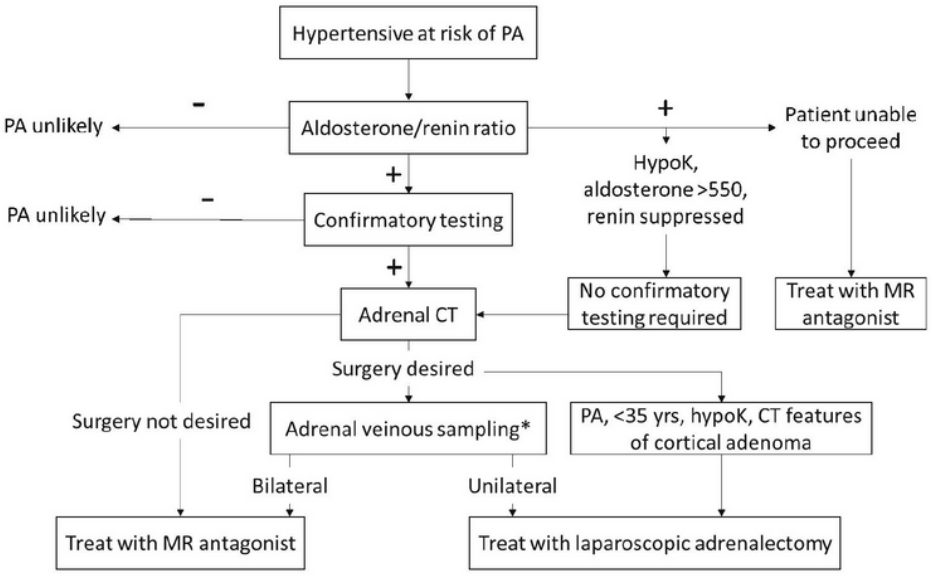
A number of confirmatory testing strategies are available but there is insufficient evidence to support one over the other. The most convenient is saline infusion, but is contra-indicated in patients with uncontrolled hypertension, congestive cardiac failure, cardiac arrhythmia, renal insufficiency or hypokalaemia. Please contact a chemical pathologist for further advice. Patient precautions, as for the screening test above, must be followed.

Saline Infusion Test

- Patient seated for at least 30 min before and during the infusion
- Infuse 2 L of 0.9% saline over 4 h starting at 8-9.30 am with BP and heart rate monitoring
- Blood drawn at 0 h and after 4 h for: aldosterone (serum tube), renin (EDTA tube), cortisol and potassium
- Interpretation:
  - Post-infusion aldosterone >170 pmol/L: PA confirmed
  - Post-infusion cortisol must be lower than basal

Subtype Classification

All patients with PA should undergo adrenal CT (MRI has no advantage) to exclude adreno-cortical carcinoma, and to help discriminate unilateral disease (potential for surgical management) from bilateral disease (medical management). CT, however, misdiagnoses the cause of PA in about 40% of patients, so if a surgical cure is sought, adrenal venous sampling is advised to lateralise disease *(this is complex, difficult and not widely offered. It should only be undertaken after multi-disciplinary consultation with an endocrinologist, interventional radiologist and chemical pathologist).



ECS Clinical Practice Guidelines (2016)
Rossi *et al.* (2016) Clin Chem Lab Med 54(9)

Upcoming Events

CPC/Qualicare Cape Town Open Day Event in 2024

The date will be confirmed soon.

Freezing of posts will hamstring already strained health services, conference told

There is concern that doctors will leave in the wake of the cost containment measures announced by the Treasury. (Photo: Black Star / Spotlight)

With Finance Minister Enoch Godongwana expected to deliver the Medium-Term Budget Policy Statement on 1 November, the freezing of posts will further strain services, presenters at a Gqeberha public health conference warn.

The National Treasury's cost containment letter sent to government departments instructing that posts be frozen was one of the big themes underlying talks about building healthcare worker capacity at the Public Health Association of South Africa's (Phasa's) conference held recently in Gqeberha.

With Finance Minister Enoch Godongwana expected to deliver the Medium-Term Budget Policy Statement on 1 November, the freezing of posts will further hamstring already strained health services, some presenters at the conference warned.

An oversight visit to TB hospitals by members of the provincial legislature (MPLs) in the Eastern Cape from 5-8 September showed just how bad the staff shortages are.

The only remaining hospital in Nelson Mandela Bay dedicated to TB services, Jose Pearson Hospital in Bethelsdorp, has had staff vacancies hovering around 20% since 2019.

The hospital provides dedicated TB services to the western part of the province.

Freezing of posts ..... continue to page 34

The National Treasury's cost containment letter sent to government departments instructing, among other measures, the freezing of posts was one of the big themes in talks on building South Africa's healthcare worker capacity at the Public Health Association of South Africa's conference held recently in Gqeberha. (Photo: Rosetta Msimango / Spotlight)

MPLs heard that in some other hospitals, vacancy rates were even higher, and the non-filling of critical posts in some cases results in further medico-legal claims against the department, as the current staff buckles under massive patient loads.

Last year, in response to a parliamentary question, the health department said there were 3,892 vacant healthcare worker posts in the province. In the nursing categories, there was a vacancy rate of 15.3%. For paramedics (EMS) the vacancy rate was 10.7%, medical practitioners 8.4% and pharmacists 13.7%. By June this year, the vacancy rate in the province had dropped to 13%.

Dr Prudence Ditlopo, a senior researcher at the University of the Witwatersrand, was presenting her research on the impact of nurse workloads and professional support on healthcare outcomes at the Phasa conference. Ditlopo said nurses already had a huge workload and budget cuts negatively affected morale.

"This is not the first time that this monotonous cycle has been happening. Yes, we understand the economic side of it, but at the very same time, what does it say about the wellbeing of the nurse practice environment, the patients, and the quality of patient care? If nurses see that they are overwhelmed by the workload, they will make sure to find ways that will enable them to cope.

"Enable them to cope" means nurses will find a way that works for them. If what works for them is only seeing 10 patients per day, they will do that and they will be gatekeepers for other patients who are coming to the facility. That alone will influence the quality and standard of care in primary care in South Africa," Ditlopo said.

Freezing of posts ..... continue to page 35

From left to right: Dr Krish Vallabhjee, Dr Jonathan Naude, Prof Neil Squires and Prof Saloshini Naidoo were panellists during the session on building workforce capacity.
(Photo: Luvuyo Mehlwana / Spotlight)

'Will create more problems'

Dr Busisiwe Matiwane of the University of the Witwatersrand's School of Public Health also weighed in on the implications of the Treasury letter.

"In the current system, health professionals have to work for the government to fulfil their community service obligations. However, it can be challenging for them to be assigned to specific hospitals when it is time for their community service. Additionally, with the government announcing a freeze on posts, many individuals who are not government-funded may be compelled to seek employment outside of the government after completing their community service," Matiwane told delegates.

"If these posts are indeed frozen, does that mean that the government will also halt the placement of individuals who are required to complete community service? The current structure dictates that if you fail to fulfil your community service, you will not be recognised by the statutory bodies as an independent practitioner.

"The implication of this proposal by the government will create more problems, as we already face the challenge of health professionals' placement or their community services," she said.

"The main concern is whether the posts will be frozen and what will be done. I think this concern has raised questions for many people, who wonder what it means if they are unable to complete their community service or the internship.

Does it mean they cannot work?"

'Protect what is already there'

Speaking on the sidelines of the three-day conference, Russell Rensburg, the director of the Rural Health Advocacy Project, said the wage agreement on a 4.5% increase for the public sector had the Treasury's back against the wall since it had not been budgeted for in the February Budget.

"Treasury is playing hardball and the provinces must decide what they need. The national government must also decide what they need. If they follow through on this, they won't be able to sustain the public health system.

"There is concern that doctors will leave as part of cost containment measures, and you can't run a healthcare system without healthcare workers. But we will only know the true position of the Treasury when they publish the Medium-Term Budget Policy Statement," Rensburg said.

"I believe at the moment they are just testing the market. They are saying we must have one thing, but we can't have both, so that is the game they are playing. Our position is clear on this issue. Before any salary cuts or job freezes, we need to protect what is already there.

"We need to retain this year's cohort of community service doctors, pharmacists and nurses because these people helped us during Covid-19. Some were interns during Covid-19 and they are the core that can build the health service in the post-Covid-19 era. So, the immediate priority is to retain those posts because we don't know if there will still be community service going forward," Rensburg said.

Freezing of posts ..... continue to page 36

'Working with what we have'

Several speakers and presenters at the conference raised concerns about the shortage of healthcare workers and urged the Department of Health to take action. The experts, academics, researchers, students, non-governmental organisations and civil society members all agreed that healthcare was a fundamental human right, but that right would not be fulfilled without healthcare workers, as there could not be health services without workers.

The government's key policy document on human resources for health warned as far back as 2020 that the country was facing a critical shortage of healthcare workers. Dr Krish Vallabhjee, former chief director of strategy and health support in the Western Cape Department of Health, believes that management must use whatever resources are available to achieve good results.

Vallabhjee said, "Budget cuts are a reality, so whatever we talk about here and in many of these conference sessions, we can't be talking about wanting more and more. We need to work with what we have. How can we repurpose the people we have? Can't we use them more effectively to achieve the same effect?

"Managers need to work with their staff instead of just sitting in some corner and making budget cut decisions. Managers need to engage with staff to address the problem of not having enough budget. How do we work together? What are our priorities?

"As managers, we must listen to what people are saying on the ground. What are the doctors, nurses, and local managers saying? We must be united. It should not be a thing that one hospital, clinic, and the district [are] fighting for their own piece. We are one department and we have this problem of a budget. How do we unite and do the best we can?"

Government will clarify

In a statement on 14 September, Minister in the Presidency Khumbudzo Ntshavheni said that Finance Minister Enoch Godongwana would clarify the cost-containment letter issued on 31 August.

"Cabinet appreciates the current fiscal constraints, which are not unique to South Africa but have resulted in a budget shortfall. Cabinet has iterated that measures to address the budget shortfall must not impact negatively on service delivery. The minister of finance will shortly issue guidelines clarifying the unintended misunderstanding arising from the cost containment letter issued on 31 August 2023.

"In addition, as part of the in-year performance review of progress in implementation priorities agreed to with ministers, the President and Deputy President will meet with individual ministers to ensure that fiscal management does not derail the agreed-to priorities."

GRID WEALTH
SINCE 1984

BUREAU I PMB I ADVISORY

The Ultimate Medical Bureau For High-Net-Worth Medical Practitioners

Allow us to unlock your wealth by elevating your net worth.

As team we work with and empower your practice staff to ensure the most favorable outcome when looking at Medical Aid reimbursements.

We handle your medical billing, so you can focus on your patients, with your Medical Practice's back-office always in our expert hands.

Contact us:

086 147 4339

hello@gridwealth.co.za

www.gridwealth.co.za

#workedformywealth #poweredbygridwealth #financialfreedom

The National Treasury's cost containment letter sent to government departments instructing that posts be frozen was one of the big themes underlying talks about building healthcare worker capacity at the Public Health Association of South Africa's (Phasa's) conference held recently in Gqeberha.

national treasury
Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

Private Bag X115, Pretoria, 0001 • 40 Church Square, PRETORIA, 0002 • Tel: +27 12 315 5111, Fax: +27 12 406 9055 • www.treasury.gov.za

Enquiries : Mampho Modise
Email : Mampho.modise@treasury.gov.za

Mr Daluhlanga Majeke
Head of Department
Provincial Treasury
Provincial Government of the Eastern Cape
Private Bag X0029
BISHO
5605

Dear Mr Majeke

COST CONTAINMENT MEASURES TO ASSIST NATIONAL DEPARTMENTS, PUBLIC ENTITIES AND PROVINCES TO CLOSE FISCAL GAP

At its 15 August 2023 meeting, Cabinet noted that the economic growth outlook has worsened significantly relative to expectations outlined in the 2023 Budget, given the impact of more intense loadshedding and freight and port logistical constraints, amongst other factors. In addition, the fiscal outlook was negatively affected by the higher-than anticipated wage settlement.

In briefings to Cabinet, the Ministers' Committee on the Budget (MINCOMBUD), the Forum of South African Directors-General (FOSAD) and the Budget Council, the National Treasury outlined how low economic growth has resulted in deteriorating revenue collection and funding conditions since the tabling of the 2023 Budget. To date, tax revenue under-collection has worsened, already resulting in a lower projection of the revenue estimate for 2023/24. Funding performance through the debt markets has also been poorer than anticipated over the past few months. As a result, we face unprecedented challenges for the current 2023/24 financial year, even as we hope conditions will improve over the medium-term, once the underlying factors like loadshedding and logistical constraints are addressed.

These lower funding collections require an urgent conversation in government on how to restore the public finances to a sustainable path, both for the current 2023/24 financial year, as well as for the coming 2024/25 medium-term expenditure framework (MTEF). Cabinet resolved that the National Treasury should work with all departments and relevant stakeholders in national government, as well as with provinces, to identify immediate measures to reduce the level of government spending to improve spending efficiency and maintain a sustainable fiscal framework. Despite subsequent discussions in FOSAD and the Budget Council, we are yet to obtain proposals from accounting officers and provincial treasuries on potential savings for 2023/24 within specific government programmes, or to identify programmes that can be postponed or cancelled.

The National Treasury's cost containment letter ..... continue to page 39

national treasury
Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

Given the need for urgent action, the National Treasury is left with little choice but to propose stringent measures to Cabinet in respect of budget implementation and budget adjustments, for the Medium-Term Budget Policy Statement. In the meantime, heads of national departments should implement the following cost containment measures:

(a) Freeze the hiring of new employees except if

(i) an employment offer has been made, or

(ii) approved by the National Treasury together with the Department of Public Service and Administration, after considering the submission of the relevant head of department that it is a critical post.

(b) Freeze the process of advertising new procurement contracts for all infrastructure projects, unless approved otherwise by the National Treasury.

(c) Drastically reduce spending on travel by freezing all non-essential travel unless wholly or partially funded by non-governmental resources (such as multilateral institutions or donor agencies).
i. Each head of department should provide the National Treasury a list of essential travel planned for the 2023/24 fiscal year by 15 September 2023.
ii. Essential travel could include, for example, parliamentary responsibilities for the executive and accounting officers and authorities or their representatives.
iii. Routine travel costs for operational reasons involving no overnight stay, are excluded.

(d) Freeze spending on catering, conferences, workshops and other related goods and services that have not yet been contracted.

(e) Ensure that recommendations from the spending reviews are fully implemented by 31 March 2024, unless otherwise agreed with the National Treasury.

Paragraphs (a), (b), (c) and (d) also apply to all national public entities that receive transfers from the National Revenue Fund, unless specifically exempted by the National Treasury. In addition, all public entities that receive transfers from the National Revenue Fund, are advised to maintain salary levels at current levels for the 2023/24 financial year.

Provinces are advised to introduce the same measures for their departments and public entities. National Treasury will soon engage with the South African Local Government Association (SALGA) and municipalities, to implement similar measures.

These measures alone will not by themselves fully restore fiscal sustainability. The National Treasury will work with all national departments and public entities, as part of the coming adjustments budget process, to identify further measures to consolidate budgets, which will be announced at the

The National Treasury's cost containment letter ..... continue to page 40

national treasury
Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

time of the MTBPS. In the case of provincial departments and public entities, the relevant provincial treasury is being requested to assist in identifying further measures to consolidate budgets.

The National Treasury would also like to clarify that no additional funds have been identified for the 2023 Public Service Co-ordinating Bargaining Council wage settlement. In this regard, the relevant forums – including the Budget Council, the Committee of Ministers on the wage bill, and the MINCOMBUD – have been advised that departments and public entities that receive transfers from the National Revenue Fund must absorb the cost of the 2023 wage agreement within departmental baselines. We appreciate that these measures will be especially challenging for personnel-intensive departments and will engage with such departments and provinces.

These measures can be relaxed as soon as economic and fiscal conditions improve. However, given the fiscal conditions, we have little choice but to request all affected institutions to implement these measures from 15 September 2023.

All queries or requests for approval and exemptions by national departments and national public entities should be directed to Budgetmeasures@treasury.gov.za.

Your cooperation is greatly appreciated.

Yours sincerely

ISMAIL MOMONIAT
ACTING DIRECTOR-GENERAL
DATE: 31/8/2023

Stellenbosch University-led consortium gets R101-million grant for future epidemics in Africa

- **A Stellenbosch University-led international consortium has been awarded a multimillion-rand grant to help manage future epidemics in Africa.**
- **The grant is from the European and Developing Countries Clinical Trials Partnership, which funded five international awards.**
- **The project is the only one led by Africa.**

A R101-million grant has been awarded to a Stellenbosch University-led international consortium for the management of future epidemics in Africa.

The grant is from the European and Developing Countries Clinical Trials Partnership (EDCTP3), which funded five international awards, and this project is the only one led by Africa.

The multimillion-rand grant comes five months after the university launched a billion-dollar biomedical research institute.

At the time of the launch, renowned scientist Tulio de Oliveira, a professor of bioinformatics at the School for Data Science and Computational Thinking at Stellenbosch University, said the country was in the age of epidemics.

"It was going to be an armed race between humans and pathogens," he said.

Speaking about the grant, he said it was awarded for a project called Genomic Surveillance to Control Pathogen Infections in Africa (GenPath Africa).

"GenPath Africa's overall goal will be to control pathogen infections in the continent. The award will enhance genomic surveillance capacity, strengthen genomic sequencing and provide training in advanced analysis and interpretation in southern and eastern Africa," he said.

He added that the consortium would include epidemiologists, clinicians, bioinformaticians, immunologists and virologists to increase the use of genomic epidemiology to address important public health issues, such as HIV-1, tuberculosis and antimicrobial resistance in South Africa, Kenya and Mozambique.

"Despite the rapid expansion of genomic sequencing capacity and increased genomic surveillance during Covid-19 pandemic, the global response to SARS-CoV-2 illuminated the barriers that prevent the world from having readily available, reliable and comprehensive genomic data to aid public health decision-making," he said.

GenPath Africa will quickly survey and respond to epidemics, such as Rift Valley Fever, amplified by climate change.

Stellenbosch University-led ..... continue to page 42

Professors Sikhulile Moyo and Tulio de Oliveira identified and reported on the emergency of the Omicron variant in November 2021

De Oliveira said GenPath Africa will also use a one-health approach to conduct early warning testing in wastewater and animal surveillance to detect emerging pathogens.

He said GenPath Africa would advance the EDCTP3 work programme by:

- providing researchers and public health professionals with skills in genomic epidemiology to better understand infectious disease epidemiology and drug resistance;
- strengthening capability in southern and eastern Africa to rapidly respond to current and emerging epidemics; and
- providing researchers with training to advance their scientific careers in Africa and establish themselves as scientific and public health leaders.

In July, the head of the secretariat of the African Union Commission on Covid-19, Dr Lwazi Manzi, said it was concerning that South Africa did not have separate funds for pandemic prevention, preparedness and response. She said the situation could be problematic in the event of another pandemic.

De Oliveira said there was a need to plan for future pandemics by expanding genomic surveillance to other pathogens in Africa to quickly detect new emergent epidemics.

"The GenPath Africa team is well placed to apply genomic epidemiology to impact current and emerging epidemics in southern and eastern Africa," he said.

Cluster Headache Clinical Practice Guidelines

European Academy of Neurology

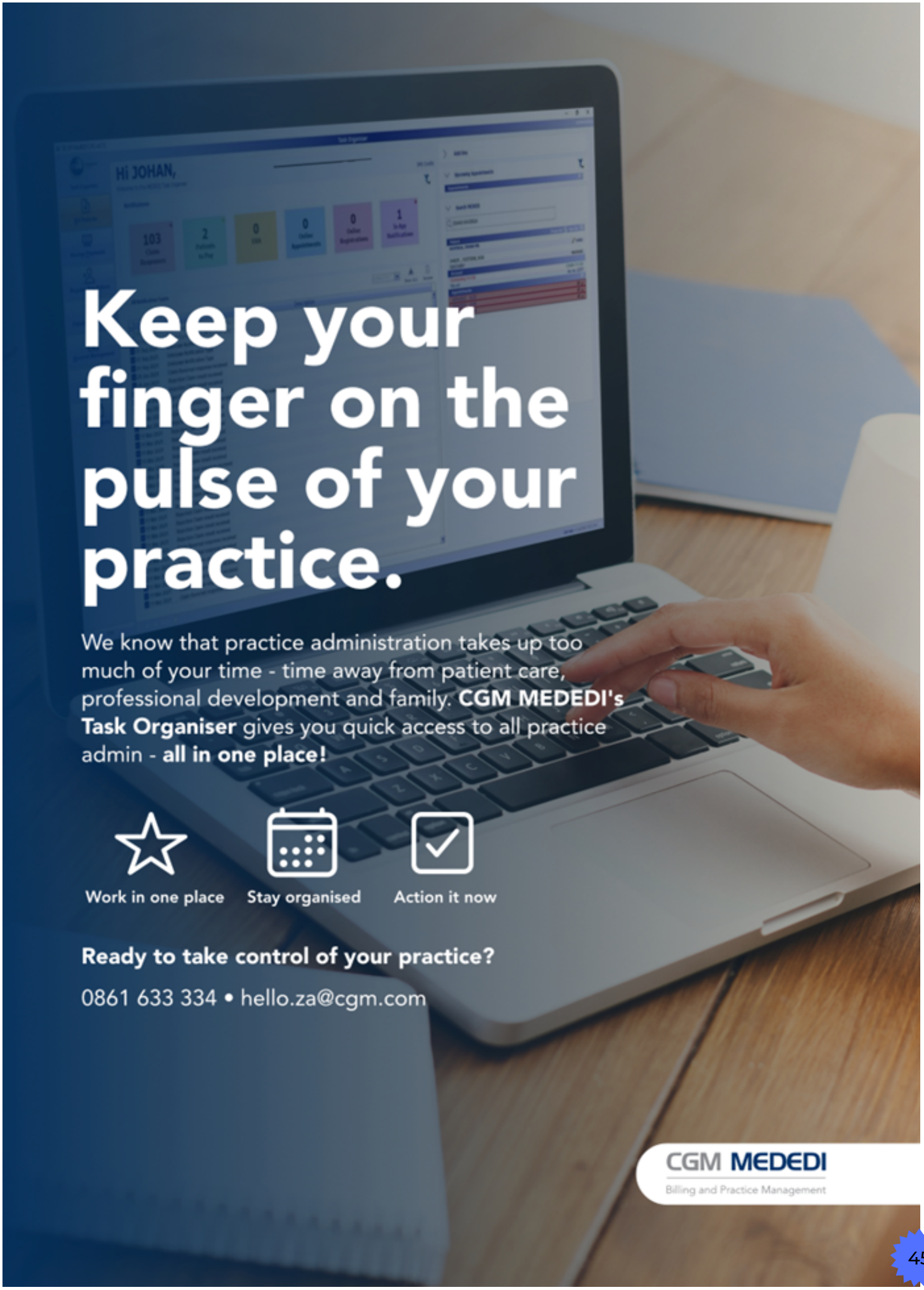
For the acute treatment of cluster headache attacks, oxygen (100%) with a flow of at least 12 L/min over 15 min and 6 mg subcutaneous sumatriptan is strongly recommended.

Verapamil at a daily dose of at least 240 mg (maximum dose depends on efficacy and tolerability) is recommended for prophylaxis of cluster headache attacks.

The use of at least 100 mg prednisone (or equivalent corticosteroid) given orally or at up to 500 mg iv per day over 5 days is recommended to reach an effect in cluster headache.

For episodic cluster headache only, lithium, topiramate, and galcanezumab are recommended as alternative treatments.

Greater occipital nerve block is recommended, but electrical stimulation of the greater occipital nerve is not recommended due to the side effect profile.



The findings may be a step toward creating blood tests to positively identify people with long COVID so specialized treatments can be employed, researchers said.

"This is a decisive step forward in the development of valid and reliable blood testing protocols for long COVID," said David Putrino, PhD., lead author and Professor of Rehabilitation and Human Performance and Director of the Abilities Research Center at Icahn Mount Sinai Health System.

Researchers from the Icahn School of Medicine at Mount Sinai and Yale School of Medicine looked at blood samples from about 270 people between January 2021 and June 2022. The people had never been infected with COVID, had fully recovered from an infection, or still showed symptoms at least four months after infection.

Using machine learning, the research teams were able to differentiate between people with and without long COVID with 96% accuracy based on distinctive features in the blood samples, according to a news release from Mount Sinai. People with long COVID had abnormal T cell activity and low levels of the hormone cortisol. Cortisol helps people feel alert and awake, which would explain why people with long COVID often report fatigue, NBC News said in a report on the study.

"It was one of the findings that most definitively separated the folks with long Covid from the people without long Covid," Putrino told NBC News.

The study also found that long COVID appears to reactivate latent viruses including Epstein-Barr and mononucleosis, the study said.

The blood tests could allow doctors to come up with specialized treatments in people who report a wide variety of long COVID symptoms, Putrino said. "There is no 'silver bullet' for treating long COVID, because it is an illness that infiltrates complex systems such as the immune and hormonal regulation," he said.

The CDC says about one in five Americans who had COVID still have long COVID. Symptoms include fatigue, brain fog, dizziness, digestive problems, and loss of smell and taste.

Do you worry about your patients' treatment adherence?

For peace of mind, keep patients close. Now your practice can do more to support better clinical outcomes.

Join our MediLogistics Doctor's Network to offer your patients the convenience of collecting their chronic medicine from your practice each month. We partner with healthcare practices to establish this service at no cost to your practice or patients while fulfilling a crucial need in many communities for which practices are reimbursed.

Medipost Pharmacy prepares the patient-ready parcels which MediLogistics delivers to practices for collection. With our reliable and professional service, MediLogistics assists doctors to optimally support patient wellness and grow practice loyalty.

For more information

info@medilogistics.co.za
012 426 4918
www.medilogistics.co.za

Medi Logistics

Logistical precision and pharmacy expertise unite to deliver on time, every time.

YOGA MAY IMPROVE RHEUMATOID ARTHRITIS SYMPTOMS, STUDY SHOWS

- **A new study showed the positive impact of yoga on rheumatoid arthritis. Specifically, it helped maintain cell homeostasis.**
- **Gentle yoga is recommended for people with RA, but other styles could be modified with props under the guidance of a qualified yoga therapist or instructor.**
- **Despite the promising results, the study was small in size and short in duration. More research is needed to determine the benefits of yoga for RA symptoms.**

Rheumatoid arthritis (RA) is an autoimmune disease that occurs when the body's immune system attacks its own tissues. The condition causes joint inflammation and pain and over time, may lead to bone erosion and joint deformity.

One of the primary markers of RA is an imbalance of pro-inflammatory T helper 17 (Th17) cells and anti-inflammatory regulatory T (Treg) cells. This is referred to as Th17/Treg cell imbalance.

While there is no cure for RA, a new study published in Scientific ReportsTrusted Source demonstrated the positive effects of yoga on molecular factors like the modulation of the T cell subsets, T cell aging markers, epigenetic alterations, and transcription factors associated with the condition.

Results showed that 8 weeks of practicing yoga greatly lowered disease activity, stabilized inflammation-related biomarkers, and maintained Th17/Treg cell homeostasis.

"The study is compelling because it dives into the molecular mechanisms by which yoga could help alleviate the symptoms of RA," Dr. Monisha Bhanote, integrative medicine lifestyle physician, told Medical News Today.

"This goes beyond symptomatic relief and looks into how yoga impacts the immune system, particularly the Th17/Treg cell balance, which is known to be disrupted in RA."

Dr. Bhanote was not involved in the current study but explained that the research examined gene expression patterns and epigenetic markers.

This exploration led to a better understanding of how yoga could aid in treating RA.

Thus, the study provides a scientific basis for integrating yoga as an adjunct therapy in RA treatment plans.

How could yoga improve treatment for rheumatoid arthritis?

The study's findings could lead to further research into specific elements of yoga most effective in treating RA, Dr. Bhanote said.

Additionally, experts note the study could pave the way for healthcare professionals to recommend yoga as a complementary treatment to standard disease-modifying anti-rheumatic drugs (DMARDs).

Dr. Nikki Tugnet, a rheumatologist and yoga teacher, not involved in the study, said.

:"The study offers molecular evidence for yoga as an adjunct to standard of care, which opens up the exciting possibility of healthcare providers recommending yoga programs with treatment. Of note, the 2022 American College of Rheumatology for Integrative Approaches to Treatment of RA guidelines suggest that Mind-Body modalities may be effective in RA; this study adds significant credence."

Yoga may improve ..... continue to page 47

Dr. Ahmed Elghawy, staff physician in the Orthopaedic and Rheumatologic Institute at the Cleveland Clinic, also not involved in the research, said:

"I find that a widely available, noninvasive lifestyle modification can significantly impact rheumatoid disease activity from a clinical and immunologic standpoint. This can give clinicians a better roadmap in prescribing specific exercises in addition to treating with standard-of-care medications for rheumatoid arthritis."

What styles of yoga are recommended for RA?

There are many health benefits to practicing yoga, but not all types of yoga may be suitable for people with RA. Gentle styles of yoga may be best for people with the condition, but other styles of yoga may adapted and modified to support an individual's abilities. Dr. Elghaway and Dr. Tugnet made the following recommendations:

- Hatha yoga
- Iyengar yoga
- Yin yoga
- restorative yoga
- chair yoga

"These forms emphasize alignment, slow movement, and controlled breathing, which can be beneficial for individuals with mobility limitations," Dr. Elghawy said.

Many physical yoga postures (asanas) may be practiced with the support of props. According to Dr. Tugnet, helpful yoga postures for RA include:

- Seated Mountain Pose (Tadasana)
- Wind Relieving (or Joint Freeing) Pose (Pawanmuktasana)
- Reclined Butterfly Pose (Supta Baddha Konasana)
- Legs-up-the-Wall (or Chair) Pose (Viparita Karani)

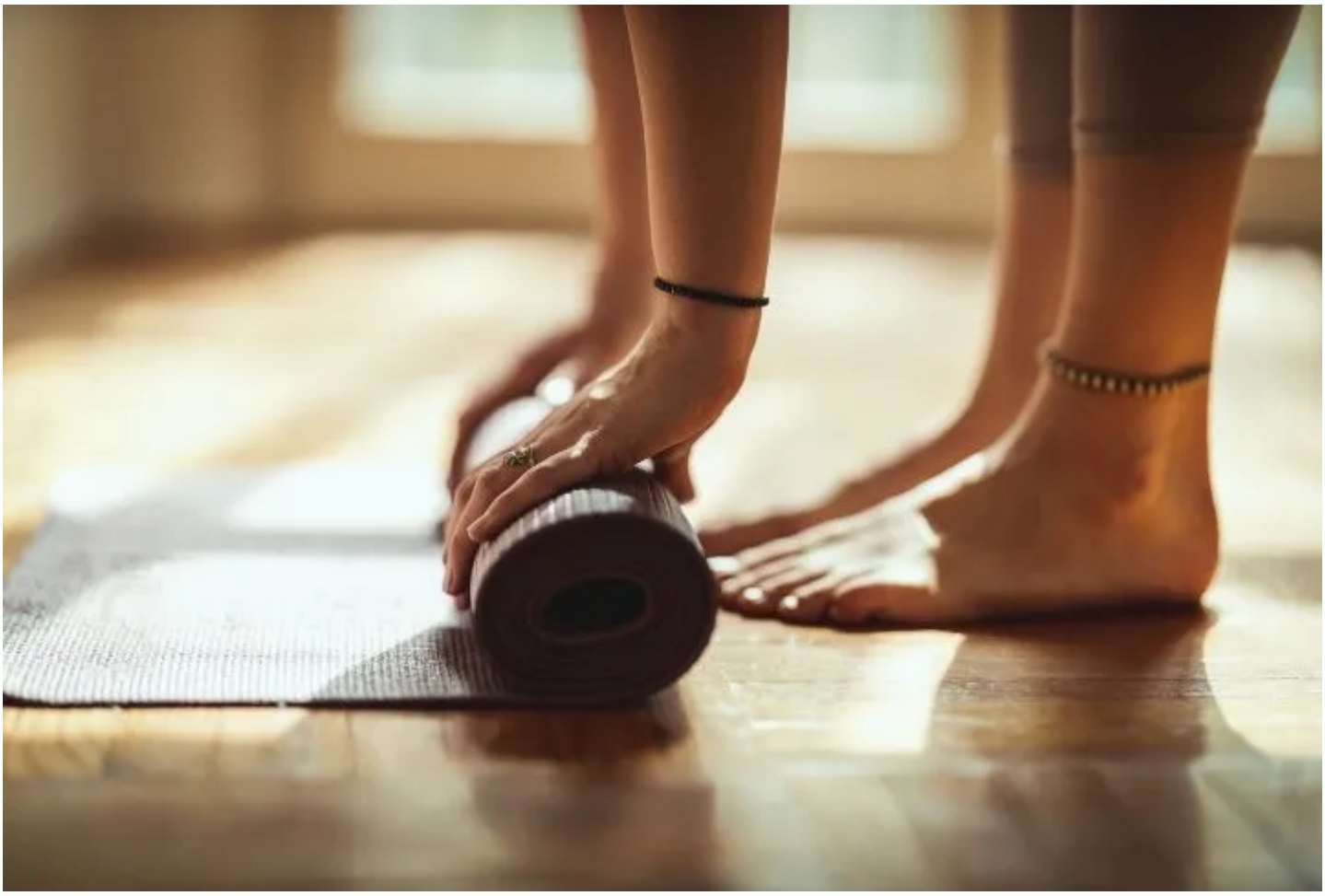
"Yoga for RA should be safe, supported, and accessible," Dr. Tugnet said. That's why it's a good idea to work with a qualified yoga therapist or instructor with knowledge of RA or related conditions.

Dr. Bhanote recommended the following yoga poses for RA:

- Child's Pose (Balasana)
- Cat-Cow Pose (Marjaryasana-Bitilasana)
- Tree Pose (Vriksasana)
- Gentle Supine Twist (Supta Matsyendrasana)

"Remember, the best type of exercise is the one you can enjoy on a regular basis — and the same goes for yoga," Dr. Elghawy explained. Be sure to talk with your doctor about the benefits of yoga for RA before starting a new exercise regimen.

Yoga may improve ..... continue to page 50



How does meditation impact RA symptoms?

Traditionally, regardless of style or intensity, yoga should include elements of mindfulness and meditation since it is a mind-body practice.

Research has shown that meditation helps lower physical biomarkers associated with stress.
"Stress can have negative effects on immune regulation and can often increase the risk of flares," Dr. Elghawy said.

"As seen in this study, it appeared that in addition to yoga, meditation, and relaxation techniques increased protective T reg cells and decreased inflammatory Th17 cells, which can translate to improved symptoms and less flares."

As demonstrated by the present study, yoga was found to have a significant impact on T-cell subsets, markers of T-cell aging, and inflammatory markers, Dr. Bhanote stated.

Specifically, yoga helped balance the Th17/Treg cell population, thereby maintaining immune homeostasis.

Additionally, a 2022 studyTrusted Source found that yoga, mindfulness, and meditation improved symptoms in subjects with RA.

The stress reduction aspects of yoga could have additional benefits in reducing inflammation, although more research is still needed to confirm this.

Discovery, Momentum and Bonitas announce hefty fee hikes

- The Discovery Medical Scheme will see a weighted increase of 7.5% across its plans at the start of 2024.
- Momentum's weighted average hike will be 9.6%, while Bonitas' increase will be 6.9%
- Large interest rate hikes are putting pressure on younger members to leave medical schemes, says Discovery.

Major medical schemes Discovery, Momentum and Bonitas all announced sizeable increases in their membership fees for 2024.

The weighted increase across the Discovery Health Medical Scheme plans will be 7.5% - with some 27% of its members seeing an increase of more than 10%. Its Executive (+12.9%) and Coastal Core (+12.9%) plans will see the biggest hikes, while its Classic Saver plan will be increased by only 3%.

Momentum Medical Scheme's weighted average increase for 2024 will be 9.6%, while Bonitas Medical Fund plans to implement a weighted increase of 6.9% across its nine plans.

The membership fees will be take effect at the start of January 2024.

"As the administrator of medical schemes with almost three million members, we have seen claims costs increasing to higher than pre-Covid-19 levels. At the same time, inflation means that the average cost per claim has also increased notably," Damian McHugh, chief marketing officer for Momentum Health Solutions, said.

Dr Ryan Noach, CEO of Discovery Health, said its medical scheme continues to incur Covid-19 costs, which ran to R700 million last year. So far this year, some 3 500 Discovery members have been admitted to hospital with Covid.
Meanwhile, Bonitas saw a 25% increase in the number of mental health hospital admissions, and said that mental health problems - particularly in the 18 to 44 age group - is at an all-time high.

"This is exacerbated by factors such as an increased economic burden and increased psycho-social challenges, such as load shedding," the group said. Bonitas has included depression as a chronic condition in its plans.

Noach says large interest rates hikes have hit its members particularly hard. Discovery data shows that there is a strong correlation between high interest rates and younger members "prioritising other living expenses over the medical insurance contributions".

hefty fee hikes ..... continue to page 53

Discovery membership fee increases (2024)
Executive: 12.9%
Comprehensive (excluding Classic Smart Comprehensive): 11.9%
Priority: 9.9%;
Classic Saver (Delta and non Delta): 3%;
*Essential Saver (Delta and non Delta): 3.8%;
*Coastal Saver: 6.3%;
*Core: 9.9%;
Coastal Core: 12.9%;
Smart: 8.9%;
KeyCare Plus: 10.9%;
KeyCare (excluding KeyCare Plus): 9.9%
*The increases for the Saver options above are net of the changes in the Medical Savings Account (MSA) allocations for 2024, which are as follows:
Classic Saver and Classic Delta Saver: 20% allocation to MSA;
Coastal Saver: 15% allocation to MSA;
Essential Saver and Essential Delta Saver: 10% allocation to MSA.
The Classic Smart Comprehensive has been redesigned for 2024. The Classic Delta Comprehensive, Essential Comprehensive and Essential Delta Comprehensive benefit options will be consolidated into the Classic Comprehensive and Classic Smart Comprehensive benefit options in 2024.

Bonitas medical scheme plan increases:

Name of plan	Type of plan	Main member	Adult member	Child member	% increase
BonComprehensive	Savings	R9 853	R9 292	R2 006	9.6%
BonClassic	Savings	R6 732	R5 780	R1 662	9.6%
BonComplete	Savings	R5 359	R4 293	R1 455	9.6%
BonSave	Savings	R3 447	R2 671	R1 032	6.8%
BonFit Select	Savings	R2 295	R1 719	R 772	2.7%
BonStart	Edge	R1 378	R1 378	R1 378	3%
BonStart Plus	Edge	R1 754	R1 668	R 773	3%
Standard	Traditional	R4 922	R4 267	R1 444	8.4%
Standard Select	Traditional	R4 448	R3 849	R1 302	8.4%
Primary	Traditional	R2 993	R2 341	R 952	7.2%
Primary Select	Traditional	R2 619	R2 048	R 832	7.2%
Hospital Standard	Hospital	R2 964	R2 497	R1 127	8.4%
BonEssential	Hospital	R2 287	R1 690	R 739	7.1%
BonEssential Select	Hospital	R1 998	R1 464	R 659	6.7%
BonCap *New and revised income bands*	Income-based				5.5%
R0 to R10 680		R1 430	R1 430	R 673	
R10 681 to R17 330		R1 745	R1 745	R 802	
R17 331 to R22 541		R2 813	R2 813	R1 064	
R22 542+		R3 453	R3 453	R1 310	

Medscheme CORNER

Question:
Dr ***** -**
asked me if I could follow up on the following ICM benefits on Bonitas and will email me the statement.

Can you please follow up on the following:
Every month we claim for the ICM benefit on Bonitas, on the 1st of September all the members rejected for the reason, no consent given by patient.
I send an e-mail to Bonitas but did not get any feedback regarding the payment of R100.00 for each patient on the above list.
Thank you.
#######

Feedback:
Medscheme consultant.
I forward the statement to Medscheme consultant asking her to check for me - and waiting on feedback.

Dear Wendy
We are aware of the issue; our IT department is still busy investigating. Once the issue has been resolved, all affected claims will be reworked.

Kind regards,
****

Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/QUALICARE

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentist and Allied Health Care Professionals alike will, we believe, stand in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate members of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
- Free advertising in our monthly newsletter of your practice related information (max 200 words).
- Free advertising for a locum service, with no commission charges payable.
- Reduced fees to attend our CPC/Qualicare function, at Associate Member's rate.
  (Approximately 30% lower than Non-members rates)
- CPC/Qualicare is committed to providing our members and shareholders with all of their CPC requirements each year. Associate Members receive reduced cost of CPD offerings and other CME offerings compared to non-ember rates.
  (Approximately 30% lower than non-member rates).
- Free listing your practice as part of CPC/Qualicare's Western Cap Electronic Network, your practice will be listed as part of CPC/Qualicare at no charge. (Worth R6000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationary at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice...Watch this space as NHI starts to roll out!!
- Preferred wholesale and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assist with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R332.00 VAT inclusive, per month
- Allied Health Care Professionals R332.00 VAT inclusive, per month

All fees payable by debit order only. Minimum membership period is 12 months with a 3-month notice period thereafter.

Please note that we have additional benefits for a NEW MEMBER / **FIRST-TIME PRACTITIONER.**

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare
Dr. Solly Lison, Chairman of CPC/Qualicare

Qualicare Electronic Doctor Network.

Free electronic listing (valued at R6,000.00 per year) of your practice, geographic location, special areas of interest and pictures of your practice can be featured on our Electronic Doctor Network which is only available to CPC/Qualicare Members and Shareholders!!

Our highly successful electronic doctors network see www.qualicaredoctors.co.za has rapidly expanded across the Western Cape Province, and to date has approximately 200 doctors.

As a Member or Shareholder you are still entitled, **at NO charge**, to list your practice on the "EDN" showing your name, practice name, GPS coordinates, areas of special interests, and any specific features which you would like to bring to the attention to prospective patients then please complete and return the form below at your earliest convenience should you be interested to join the growing network.

This is a limited offer open only to Shareholders and Members which is worth over R6,000.00 per year and is brought to you as a member or shareholder benefit at no charge.

Practitioners Details * Compulsory to complete – for a successful listing.

*First Name: _____

*Surname: _____

*Professional Degrees e.g. M.B.ChB._____

_____

Professional Body Memberships: _____

_____

*HPCSA Number: _____

*Board of HealthCare Funders PCNS Number: _____

DOH Disp Lic Number (if applicable): _____

Areas of Special Interest and Focus: e.g. Paediatrics, Bariatrics, Occupational Health: _____

_____

Contact Details

*Contact Number: (Practice)_____

*Email Address: _____

*Alternative Number: _____

Fax number: _____

Practice Details

*Practice Name: _____

Group PCNS: _____

*Practice Address: _____

_____

GPS Location: _____

Qualicare EDN ..... continue to page 57

Qualicare EDN ..... continue from page 56

Please also provide:

1. **Photo of yourself** - So that the patient can familiarize themselves with the Dr they are going to see.

2. **Photo of the outside of the Practice** – So the patient will recognize the correct building and know what to look out for when coming to visit the practice.

3. **A short bio – interests, hobbies & education** – This gives the patient some trust as they will feel they know you and will feel at home.

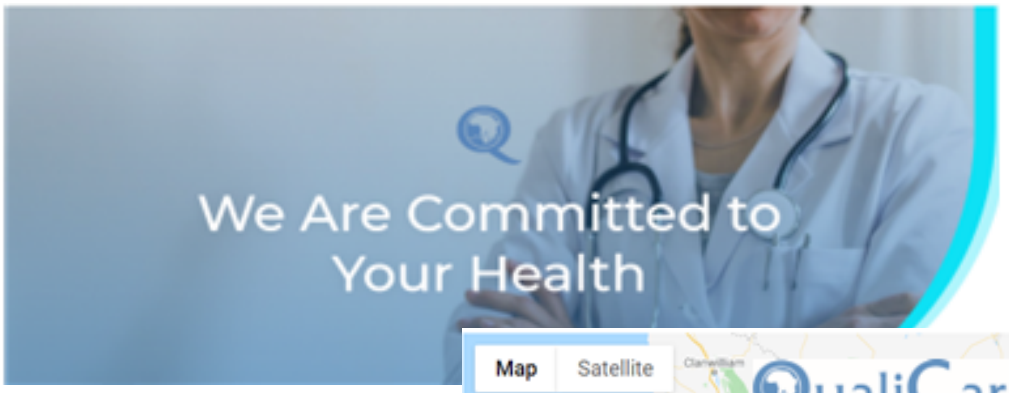
Please feel free to contact Annerè van Pletsen CPC/Qualicare Consultant at annere@cpcqualicare.co.za

I permit CPC/Qualicare to list my name, surname, the name of my practice, my practice details, and further details provided by me in this application, and my GPS Coordinates on the *"Electronic CPC/Qualicare Doctor Network"* at no cost to me or my practice (tick the appropriate block).

Yes I do agree to the above, in terms of POPIA Act 4 of 2013

☐

Click on the link to complete the form:
https://www.qualicaredoctors.co.za/new-form/



QualiCare

01 Sep 2023 - 30 Sept 2023

	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Viewed traffic *	**1,737**	**2,119** (1.21 visits/visitor)	**4,071** (1.92 Pages/Visit)	**23,124** (10.91 Hits/Visit)	**2.92 GB** (1446.61 KB/Visit)
Not viewed traffic *			**21,797**	**38,072**	**3.12 GB**

* Not viewed traffic includes traffic generated by robots, worms, or replies with special HTTP status codes.

DOC Web ***www.docweb.co.za***

Find us on Facebook

follow us on twitter **@CPCQualicare**

Find us on Instagram **cpc_qualicare**

Disclaimer:

The entire contents of the CPC/Qualicare Newsletter is based upon the latest and most up to date information at the time of sending.

Due to the fluency of the situation, information changes daily. Please visit our website for more updated information.

This Newsletter is subject to the provisions of the Protection of Personal Information (POPI) Act (Act 4 of 2013), as well as the General Data Protection Regulations of the European Union (GDPR EU). The content of this site and/or attachments, must be treated with confidentiality and only used in accordance with the purpose for which they are intended.

Neither CPC/Qualicare (PTY)LTD or CPC Holdings (PTY)LTD, their Directors & staff accept any liability whatsoever for any loss, whether it be direct, indirect or consequential, arising from information made available in this Newsletter or actions resulting therefrom. Any disclosure, re-transmission, dissemination or any other use of this information is prohibited.

Images & Articles:

https://cdn.24.co.za/files/Cms/General/d/3464/415e443bc18246348e280d6698cbc18e.jpeg ; https://www.shell.com.au/motorists/shell-fuels/sds-tds/_jcr_content/pagePromo/image.img.960.jpeg/1468559730257/lab-technician-pipette-liquid-into-test-tubes.jpeg ; https://th.bing.com/th/id/OIP.O74U-Cyww8K1sKkFyhgNlwHaE8?pid=ImgDet&rs=1 ; https://morehealthis.com/f/5f/23/5f23fffcdb64c6903595d2b0464fec03.jpg; https://th.bing.com/th/id/OIP.ccYdG-9kPKgVDoJ2lN38hwHaDt?pid=ImgDet&rs=1 ; https://www.bbc.com/news/health-66775015 : https://www.sanews.gov.za/south-africa/cabinet-firmly-committed-nhi-implementation-minister-ntshavheni ; https://www.news24.com/news24/southafrica/news/stellenbosch-university-led-consortium-gets-r101-million-grant-for-future-epidemics-in-africa-20230 914 ; https://www.bbc.com/news/health-66847190 ; https://www.health.gov.za/nhi/ ; https://www.sabcnews.com/sabcnews/wp-content/uploads/2019/09/SABC-News-National-Health-Insurance-Twitter-@PMG_SA.png ; https://th.bing.com/th/id/OIP.ev8DLrV_W0KF5x7JsT6SVQAAAA?pid=ImgDet&rs=1; https://spii.org.za/wp-content/uploads/2020/03/citizen-NHI.jpg ; https://www.thetimes.co.uk/imageserver/image/%2Fmethode%2Ftimes%2Fprod%2Fweb%2Fbin%2F682d157a-4e56-11e9-a36a-59bc188de8ad.jpg?crop=5760%2C3240%2C0%2C300&resize=1180 ; https://th.bing.com/th/id/OIP.rrDc2A0GyZF0s21QUYZb3AHaDt?pid=ImgDet&rs=1 ; https://cdn.24.co.za/files/Cms/General/d/9415/333deb80a06447fe96332a28f2c87c04.jpg ; https://www.busa.org.za/wp-content/uploads/2021/07/NHI-BILL.jpg ; https://th.bing.com/th/id/OIF.eftEj9OCB0kNcdLk8Q95CQ?pid=ImgDet&rs=1 ; https://th.bing.com/th/id/R.fa3458e1fe40d6cfb3a41e0fda804102?rik=yk7IyviC6bcylg&riu=http%3a%2f%2fmodernsurvivalblog.com%2fwp-content%2fuploads%2f2015%2f03%2fprivate-sector-vs-government.jpg&ehk=z9UoZcCcmodEANhY5Gr8Z6b7JvSh6hh3lfWdnCm%2f4y0%3d&risl=&pid=ImgRaw&r=0&sres=1&sresct=1 ; https://th.bing.com/th/id/OIP.s8etuxLm4ZsflbDyQAwY1gHaEw?pid=ImgDet&rs=1 ; https://s3.amazonaws.com/jnswire/jns-media/bc/24/517597/shutterstock_HealthCare_LAW.jpg ; https://th.bing.com/th?id=OIF.lLv6%2fG%2fgb0XJYmrZCktBXQ&pid=ImgDet&rs=1 ; https://th.bing.com/th/id/OIF.HlJnowi0QjpVRVrQ1za7Aw?pid=ImgDet&rs=1 ; https://florinroebig.com/wp-content/uploads/2019/12/sexual-assault-guide.jpg ; https://primarymed.com/wp-content/uploads/2020/09/sexual-assault-768x445.jpg ; https://thumbs.dreamstime.com/b/female-surgeon-27377257.jpg ; https://th.bing.com/th/id/R.f74058282d2c48a221e13a9ffdf98ccf?rik=jgphrMiDIVJTzg&riu=http%3a%2f%2fth20.st.depositphotos.com%2f4678737%2f10187%2fv%2f450%2fdepositphotos_101878530-stock-il ;lustration-abuse-word-cloud.jpg&ehk=uwEALIOLkYB3JtTA2LIy4XLP0nBYNRuehZGvXTwbhpw%3d&risl=&pid=ImgRaw&r=0 ; https://retirenegativestress.com/wp-content/uploads/2021/02/crying-nurse-5NRVVPF-500x500.jpg ; https://www.axley.com/wp-content/uploads/2019/10/Zero-Tolerance.png ; https://th.bing.com/th?id=OIF.UcQlZFlm%2f2CxPB0aPgtC4A&w=310&h=178&c=7&r=0&o=5&pid=1.7 ; https://www.sabcnews.com/sabcnews/wp- ; content/uploads/2020/04/SABC-News-health-workers-Reuters-1.jpg ; https://ichef.bbci.co.uk/news/976/cpsprodpb/26EE/production/_130366990_resize7e063d1d481445261ec163283de7168a05eeb18c.jpg.webp ; https://i.pinimg.com/originals/85/7e/6c/857e6c11aea2746a196b3ecff3d2e0a4.jpg ; https://static.standard.co.uk/2023/06/14/17/a3b58891859f7facdf58c31f4e168ea3Y29udGVudHNlYXJjaGFwaSwxNjg2ODQ0NzQ4-2.72601942.jpg?width=640&auto=webp&quality=50&crop=968:645%2Csmart ; https://www.dailymaverick.co.za/article/2023-09-18-freezing-of-posts-will-hamstring-already-strained-health-services-conference-told/ , https://www.dailymaverick.co.za/wp-content/uploads/2023/09/DSC_5280.jpg?resize=720,440 ; https://www.dailymaverick.co.za/wp-content/uploads/2023/09/better-highress-pic.jpg?resize=720,459 ; https://www.dailymaverick.co.za/wp-content/uploads/2023/09/IMG-20230913-WA0028.jpg?resize=720,395 ; https://thumbs.dreamstime.com/b/protect-health-concept-doctor-protective-gesture-text-48844651.jpg ; https://unlike.net/wp-content/uploads/2016/06/Protecting-Your-Health-With-Right-Policy-Things-To-Know.jpg ; https://th.bing.com/th/id/OIP.uBQNqvVEg9mtduDz1OGBdQHaEb?pid=ImgDet&rs=1 ; https://www.spotlightnsp.co.za/wp-content/uploads/2023/09/letter-from-national-treasury-dd-31-august-2023.pdf ; https://reference.medscape.com/viewarticle/995536 ; https://th.bing.com/th/id/R.4e5135b6bf4b3aad1b8871061ac99567?rik=HWgyOfzz%2fHzwng&riu=http%3a%2f%2fcavemancircus.com%2fwp-content%2fuploads%2f2020%2f08%2fcluster_headache.jpg&ehk=h4fM%2f47wCtXLAHhRmsLYd%2bZKbOqlQ73zXhm9ZRuKILg%3d&risl=&pid=ImgRaw&r=0 ; https://www.medscape.com/s/viewarticle/996815 ; https://rezilirhealth.com/wp-content/uploads/2021/02/long-covid-1-scaled.jpeg ; https://penntoday.upenn.edu/sites/default/files/2020-09/iStock-1205199983.jpg ; https://www.prescan.at/wp-content/uploads/2020/04/prescan-blog-lunge-viren-bakterien-1024x683.jpg ; https://epigram.org.uk/content/images/size/w600/2021/03/long-covid.png ; https://www.polity.org.za/article/national-health-insurance-wont-fix-the-public-healthcare-system-africa-health-indaba-spokesperson-2023-09-27 ; https:// ; labandapicassolapelicula.com/wp-content/uploads/2019/11/Healthcare-System.jpg ; https://cisp.cachefly.net/assets/articles/images/resized/0001089889_resized_health1022bloomberg.jpg ; https://th.bing.com/th/id/OIP.RlB30U8WhXx9_F91hQkjrQAAAA?pid=ImgDet&rs=1 ; https://rezilirhealth.com/wp-content/uploads/2017/05/AdobeStock_229690447.jpeg ; https://pmrczambia.com/wp-content/uploads/2018/03/National-Health-direct-mail.jpg ; https://lh3.googleusercontent.com/hTFDVoHPLWd7ecFPTan8dxMXF7R4650CQ3MDuuFKSYQJMIRWNJw3QYhm-kcLFWzIlVqTXQhAoPWysCV1f1_eYfBUvYDHmrxzl0g=s750 ; https://www.medicalnewstoday.com/articles/yoga-improves-rheumatoid-arthritis-symptoms#More-studies-on-the-benefits-of-yoga-for-RA-needed ; https://th.bing.com/th/id/R.d9a15d0d883ce69674933468d5d59386?rik=O3fzvNnH9MnIXQ&riu=http%3a%2f%2fterrain-mag.com%2fwp-content%2fuploads%2f2014%2f05%2foutdoor-yoga-fitness_0.jpg&ehk=8VznzqcoQEuPkRdisYD1hNKh5h7SLNKEtw7YjUqyzaY%3d&risl=&pid=ImgRaw&r=0 ; https://th.bing.com/th/id/R.e0c08950cd3813ccdf8801773e28b071?rik=UpolXN3DPXxpIA&riu=http%3a%2f%2fweknowyourdreams.com%2fimages%2fyoga%2fyoga-06.jpg&ehk=flimpEuojEotPdxy%2baF88ltkIG5kRPHgb9UZoE6XWLw%3d&risl=&pid=ImgRaw&r=0 ; https://wp.missmalini.com/wp-content/uploads/2021/02/shutterstock_1681962382-1.jpg ; https://stamina11.com/wp-content/uploads/2020/09/why-is-it-important-to-have-a-regular-exercising-schedule.jpg ; https://capoliticalreview.com/wp-content/uploads/2015/12/health_care.jpg ; https://i2.wp.com/nypost.com/wp-content/uploads/sites/2/2017/04/170429-health-care-feature.jpg?quality=90&strip=all&ssl=1 ; https://blog.academyoflearning.com/wp-content/uploads/2017/04/health-care-aide.jpg ; https://www.canva.com/design/DAFuNiSmEWg/mpKiyQsrmg65KhmAqbbyEg/edit ; https://businesstech.co.za/news/wp-content/uploads/2023/03/NHI-Phaahla-1024x683.png ; https://lh3.googleusercontent.com/H75yU4ZvDl3xv0MRDz8Vocrfl0CKDkx4bRlW9O8VZhNN9b5TmbjqSsApk9_xpUWdKOmUeGFopEpoh5bbNFxj7w=s750 ; https://www.womeninscience.africa/wp-content/uploads/2021/04/606d5e1e8e56b.jpg ; https://bovest.co.za/wp-content/uploads/2019/09/NHI-1170x780.jpg ; https://www.medicalbrief.co.za/expired-covid-jabs-worth-billions-destroyed-phaahla/ ; https://www.gannett-cdn.com/-mm-/83e081eae80cd2848af52df6da1060d621468f19/c=0-111-2120-1303/local/-/media/2021/02/25/Waxahachie/gda-covid-vaccine-2021-02-25-tx-nwax-48139.jpg?width=2120&height=1192&fit=crop&format=pjpg&auto=webp ; https://www.gannett-cdn.com/-mm-/c1fa3a63484595cf1949180bb3c3a90eb201a2ef/c=0-133-2084-1305/local/-/media/2021/05/04/USATODAY/usatsports/covid-19-vaccine-vials.jpg?width=2084&height=1172&fit=crop&format=pjpg&auto=webp ; https://www.news24.com/fin24/companies/discovery-momentum-and-bonitas-announce-hefty-fee-hikes-20230927 ; https://th.bing.com/th/id/OIP.syMMA2lYXtr0-1aNLQfjNQHaE7?pid=ImgDet&rs=1 ; https://smallbizclub.com/wp-content/uploads/2019/07/Successfully-Deal-with-Customer-Complaints.jpg ; https://thumbs.dreamstime.com/b/fully-booked-label-sign-round-stamp-band-ribbon-fully-booked-label-sign-round-stamp-ribbon-band-196357962.jpg ; https://scontent.fjnb12-1.fna.fbcdn.net/v/t39.30808-6/293826361_7670524709689548_4404897741421242790_n.jpg?_nc_cat=110&ccb=1-7&_nc_sid=4c1e7d&_nc_ohc=PPa3HPKJgX4AX-DEduJ&_nc_ht=scontent.fjnb12-1.fna&oh=00_AfCk8JafOPwEhlwshJOUyPyRKm7G-u9w9cd3xwr5pYAMeA&oe=65236AC2 ; https://external.fjnb12-1.fna.fbcdn.net/emg1/v/t13/5083064482902943 6?url=https%3A%2F%2Fi.ytimg.com%2Fvi%2F1C0Sm_Fg6_U%2Fhqdefault.jpg%3Fsqp%3D-oaymwEmCOADEOgC8quKqQMa8AEB-AHOBoAC4AOKAgwIABABGGUgWyhOMA8%3D%26rs%3DAOn4CLCpWYyclxMXAOPyiM_bsS4WbEcPAg&fb_obo=1&utld=ytimg.com&stp=c0.5000x0.5000f_dst-jpg_flffffff_p480x250_q75&ccb=13-1&oh=06_AbE_UfUQV6_EOyd_YKOuWFHCWtEYm_IReVVmwTDWZC8xZw&oe=6520682E&_nc_sid=d81242 ; https://scontent.fjnb12-1.fna.fbcdn.net/v/t39.30808-6/383832493_685244486983086_8230246844505621 75_n.jpg?stp=dst-jpg_p720x720&_nc_cat=106&ccb=1-7&_nc_sid=5614bc&_nc_ohc=wK3r-vgPqVMAX-yfcXN&_nc_ht=scontent.fjnb12-1.fna&oh=00_AfAg2DVYOTEvO8h3zeL-mFoUXtaS12nWLJm0fxK47gNelw&oe=65248CCF; https://scontent.fjnb12-1.fna.fbcdn.net/v/t39.30808-6/382236933_647706317495489_1872948409680808936_n.jpg?stp=dst-jpg_p417x417&_nc_cat=101&ccb=1-7&_nc_sid=49d041&_nc_ohc=zsRvKZd0xQQAX9pxbwU&_nc_ht=scontent.fjnb12-1.fna&oh=00_AfCADeTo3T_T9Pmbgb1rlNuBPKFO3YsqhZB9lGH404lM5w&oe=652443DD , https://scontent.fjnb12-1.fna.fbcdn.net/v/t39.30808-6/380823417_647706314162156_1198432220286832120_n.jpg?stp=dst-jpg_p417x417&_nc_cat=103&ccb=1-7&_nc_sid=49d041&_nc_ohc=0Wl84DCa7wwAX9znYTW&_nc_ht=scontent.fjnb12-1.fna&oh=00_AfDFVHzmJ3HrZ_xdTbWl03O-fnkJb3fclnFXmzbra1NFEA&oe=65249526 ; https://img-s-msn-com.akamaized.net/tenant/amp/entityid/AA1hguOu.img?w=768&h=576&m=6 ; https://cdn08.allafrica.com/download/pic/main/main/csiid/00640105:b1133b66d245c9c3ad58d67cea76580a:arc614x376:w614:us1.jpg ; https://1.bp.blogspot.com/-Kjtq8UixzSM/Vek3Mz7WGNI/AAAAAAAADNI/kb1veJIA0L4/s1600/Soft%2Bdrinks.jpeg ; https://th.bing.com/th/id/R.2a29053a41c801745ceb3cbf0d317916?rik=E79%2f%2bjqA1S4bWQ&riu=http%3a%2f%2factivehealthacademy.files.wordpress.com%2f2011%2f02%2fsweets.jpg&ehk=%2blRc8c9p%2bz%2fPieJ0PMg5tS%2fYulGausMSnEoANccBUjQ%3d&risl=1&pid=ImgRaw&r=0

THE END