



delivery to the poor and disadvantaged more expensive than it currently was.

Earlier Maureen Kirkman, head of scientific and regulatory affairs at the Pharmaceutical Manufacturers Association, warned that the impending amendments had already resulted in 'perverse but probably legal' new methods of marketing and selling drugs.

Among the methods that stood to negate the good intentions of the new law were retainer fees paid to doctors for 'information', payment for 'shelf space' in stores (and pharmacies), and payment of 'listing fees' to get products onto medical aid formularies.

Retailers were also threatening to treat medicines as 'consignment stocks'.

Kirkman confirmed Letlape's contention that drugs stood to cost more for the very people that the new law sought to help.

Chris Bateman

MOJI MOGARI — NEW BROOM AT SAMA

The plethora of problems confronting doctors in the current socio-political environment was a clarion call to mobilise into a single collective unit in order to survive and deliver vital health care to patients, says SAMA's new Secretary-General, Dr Moji Mogari.

Mogari, a graduate of Zululand, Cape Town and Medunsa with 8 years' experience in general medical practice, said however, that his first priority would be to 'stabilise' SAMA's administration and help staff 'to settle down' after 21 tumultuous months.

He was referring to the hiatus in top management since his predecessor, Dr Percy Mahlati, resigned in December 2001, leaving SAMA chairman, Dr Kgosi Letlape, and senior administrator, Braam Volschenk, running the organisation.

Mahlati, whose acrimonious parting with SAMA was marked by a forensic audit and mutual finger pointing within the executive, is now senior advisor in the office of the national Director-General of Health.

Mogari sees his own appointment as a healthy thing — 'to bring in a person who will focus on the business of the association'.

'For nearly 2 years SAMA has been very visibly and vociferously dealing with legislation, HIV/AIDS and the quality and conditions of employment of public sector doctors.'

'However we had a 35% staff turnover and membership plateaued out at 16 000.'

Mogari, whose background includes founding Philani Healthcare and merging it with Prime Cure, doubling monthly turnover in 14 months, believes doctors became disillusioned with SAMA for its lack of visibility, lack of transformation and internal politics. When Mahlati, who was prominent in apartheid-era medical politics, left SAMA, many senior black managers followed.

'And make no mistake, many black doctors left the association as well,' Mogari added.



*SAMA's Secretary-General
Dr Moji Mogari.*

Mogari said Letlape's single biggest achievement had been 'to unify the association along colour lines' since then.

Letlape had succeeded in getting doctors to see the merit of continuing with a single unified medical association.

'I want to take that vision forward and ensure that the association plays a slightly more prominent role in the day-to-day business of being medical doctors,' Mogari said.

He said his outspoken ophthalmologist chairman had been circumstantially unable to pay adequate attention to the business of the association. Others who were not medically qualified could 'never run the medical association [as] doctors need a colleague', he said.

Letlape's lengthy period of playing a dual role as chairman and CEO was widely seen as undesirable by members.

If a feature of Letlape's chairmanship has been to play 'bad cop' to the government's recalcitrance around health issues, Mogari seems well set to play the 'good cop'.

'I tend to avoid unnecessary conflict — I try to get consensus wherever I can. My style of management is to deal with the most hostile people by being less hostile myself and bringing them closer. I believe in functioning as a team.'

Mogari wants to 'build and facilitate, despite our differences with the minister. I want to re-establish that link between the Medical Association and the Department of Health.'

Ironically one of the officials he will have to deal with most will be Percy Mahlati. Asked how he would cope with Letlape's combative style, Mogari said he would 'not give up — I've met the minister (Tshabalala-Msimang) and



her husband Mendi (ANC Treasurer-General and former South African Ambassador to Britain) separately at informal occasions.'

'When you get beyond the HIV/AIDS line, she is a lovely person; I call him 'Bra Mendi' and her 'Aunty,' he revealed.

Mogari attended the same medical school with Gwen Ramakgoba (Gauteng Health MEC) and Molefi Sefularo (North West Health MEC) and has 'good relationships' with them.

While SAMA would continue to highlight legislative issues affecting doctors, 'we are committed to become an integral part of the health care delivery system in partnership with the government'.

He said SAMA's actions should 'not be viewed in a negative light, but as a way of highlighting the issues to a public that is not fully informed'.

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Mogari, who completed a Wits Business School certificate programme in finance and accounting *cum laude* emphasised that the current problems extended 'well beyond government' into the private sector and health care funding.

Yet one of his first tests will be enrolling government into using GPs (who see over 50% of South Africa's patients) as a vital platform for dispensing antiretroviral drugs — reliably learnt to be a key recommendation of the cabinet AIDS task team.

Whether the new 'good cop, bad cop' team can pull that one off in the face of 'sloppy' new dispensing legislation disadvantaging both patients and doctors, remains to be seen.

Chris Bateman

DRUG PRICING: THE END OF THE GRAVY TRAIN?

South Africa's new drug pricing committee, committed to 'dramatically' slashing overall drug prices and putting quality medicines within reach of many more people, is under considerable time pressure to complete the most difficult and contentious chunk of its work.

Section 18A of the Medicines Control Amendment Act, which prevents anyone from supplying medicine via a bonus system, rebate system or any other incentive scheme, is due for implementation on 2 May 2004.

According to the committee chairperson, health economist Diane McIntyre, some stakeholders feel that it would be best if regulations arising from the pricing committee's recommendations came into effect at the same time as Section 18A.

McIntyre emphasised that it was 'crucial' for all those involved in the manufacture, distribution and dispensing of medicines to recognise that Section 18A is not part of the pricing committee's terms of reference and that it will come into effect on 2 May 2004 in terms of the 'Presidential proclamation on this Act'.

'We're under pressure to come up with proposals and to have something in place by the time this section kicks in. Everyone agrees that the time frame is short. But the bottom line is we'll pull out all the stops to try to meet the deadline.'

She did, however, say that she would refuse to compromise if her committee felt they were not in a position to put forward sound and solid recommendations.

'If we can't defend and argue strongly for our recommendations, we'll not consider ourselves bound by this time frame — at the end of the day we want our recommendations to be based on good information.'

The pricing committee's functions include:

- The introduction of a transparent pricing system, including a single exit price for all medicines and scheduled substances.
- Determination of an appropriate dispensing fee to be charged by pharmacists or any person licensed to dispense in terms of the Act.

- Determination of an appropriate fee to be charged by the wholesalers or distributors or any person selling medicines that do not require prescription.

At the time of the *SAMJ* interview (17 September) McIntyre indicated that she was busy trying to establish from the Ministry of Health when the representatives from the Treasury and Trade and Industry would be appointed to her committee.

She said these members needed to be on board before the committee could come up with its recommendations.

'I'm confident that it will happen quite quickly because everyone regards this work as really important and urgent. In the meantime we can collect information and start doing some thinking.' She said all committee members were appointed on the basis of technical expertise.

She appealed to doctors 'to understand that it's going to be difficult to have detailed consultations with people before we put together our draft recommendations'. As evidence of the