

NATIONAL HEALTH INITIATIVE COLLOQUIUM PROGRAMME

Tuesday, 31 July 2007

14:00-17:00	Accommodation Reservations	Venue: Manor House
17:00-18:00	Colloquium Registration and Reception	Venue: Lord Charles
18:30-18:45	Welcome Address	Dr T. Masilela, Executive Director: Policy Analysis Unit, HSRC
18:45-19:15	Keynote Address	Dr ME Tshabalala-Msimang, Minister of Health
19:15-19:45	Opening Address	Dr O. Shisana, Chief Executive Officer, Human Sciences Research Council
19:45	Formal Dinner	Venue: Lord Charles

Wednesday, 1 August 2007

06:30-07:30	Breakfast	Venue: Kingsley Restaurant
Theme 1:	Trajectory for a Future Unitary National Health System for South Africa: Reform Path Since 1994	
Speakers:	Council for Medical Schemes, Department of Public Service and Administration Conference Centre: Buitenverwagten	
08:00-08:30	Registration and Tea on Arrival	
08:30-09:00	Opening Remarks, Colloquium Structure and Process	Chair: Dr M. Hendricks Co-chair: Dr K. Letlape Rapporteur Dr C. Hongoro & Ms C. Botha
09:00-10:00	National Health Policy Past and Future Trajectory	Council for Medical Schemes, Advisor on Social Security Reform, Mr A. van den Heever
10:00-10:30	The Role of GEMS towards a Unitary National Health System: ✓ Is GEMS the first step towards a SHI with NHI as the second step? If not? ✓ Need for a state-sponsored medical scheme for lower aid non-public sector workers in context of SHI	Department of Public Service and Administration
10:30-10:45	Tea	
10:45-12:00	Plenary Discussion	
12:00-13:00	Lunch	Venue: Kingsley Restaurant
Theme 2:	Critical Policy Options for Health within Context of Comprehensive System of Social Security	
Speakers:	Department of Social Development, National Treasury, South African Social Security Agency Conference Centre: Buitenverwagten	
13:00-17:15		Chair: Professor V. Taylor Co-chair: Dr M. Hendricks
13:00-13:30	Comprehensive Social Security: Exploring New Frontiers in Social Protection	Chair: Committee of Inquiry into a Comprehensive System of Social Security, Professor V. Taylor
13:30- 14:00	Social Programme Initiatives within the Context of Social Protection	Director-General Social Development, Mr V. Madonsela
14:00-14:30	Funding Model for Health: Harmonisation and Integration of Fragmented Funding Arrangements of Health Services to Align with a Future Unitary National Health System ✓ Tax subsidies for private medical care rationale and prospects for reform ✓ Perspectives for contributory NHI/SHI ✓ Relationships among cross subsidies through tax, contributory social insurance and potential NHI/SHI mechanisms	National Treasury Dr M. Blecher
14:30-15:00	Role of the South African Social Security Agency in Benefit Administration: Current and Future Options	South African Social Security Agency CEO, Mr F. Makiwane
15:00-15:30	Tea	
15:30-16:45	Plenary Discussion	
16:45-17:15	Closing Remarks	Chair: Dr M. Hendricks Co-chairs: Dr K. Letlape, Professor V. Taylor
18:00	Dinner	Venue: Kingsley Restaurant

Thursday, 2 August 2007

Theme 3: Local and International Evidence on Health Systems Models (key policy objectives, characteristics of delivery and financing, provider reimbursement, potential commercialisation of public health services)		
06:30-07:30	Breakfast	Venue : Kingsley Restaurant
08:30-09:00	Synthesis of Historical Path and Key Parameters for Reform	Chair: Dr M. Hendricks Co-chair: Professor V. Taylor Rapporteur Dr C. Hongoro & Ms C. Botha
09:00-09:30	Experiences with a Tax-funded System: The National Health Service	Health and Social Policy, University of Birmingham, Professor M. Powell
09:30-10:00	Health Systems Reforms in Latin American Countries: A Cautionary Tale	School of Development Studies, University of East Anglia, Dr P. Lloyd-Sherlock
10:00-10:30	Health Insurance Mechanisms to Address Health System Challenges: Evidence Based on International Experience	Health Economic Unit, University of Cape Town, Professor D. McIntyre
10:30-11:00	Tea	
11:00-12:00	Plenary Discussion	
12:00-13:00	Lunch	Venue: Kingsley Restaurant
Theme 4: Health Systems Reform and Stakeholder Engagement		
13:00-13:30	International Experience of Changing Financing Policy	Centre for Health Policy, University of Witwatersrand, Professor L. Gilson
13:30-14:00	Health For All Now	South African Medical Association, Dr K. Letlape
14:00-14:30	Chickens, Eggs and a Unitary National Health System: Health Service Delivery Planning as an Integral Part of the Funding Debate?	Aids Law Project, Mr J. Burger
14:30-14:45	Tea	
14:45-15:45	Plenary Discussion and Way Forward	
15:45-16:15	Closing Remarks	Chair: Dr M. Hendricks

Colloquium Rationale and Objective

Addressing health systems challenges require the need to explore and ask searching questions on possible policy interventions with the objective of investigating which policy option is viable. Health Insurance Mechanisms is increasingly being pursued as opposed to strengthening the tax funded model as a potential to address health systems challenges. The objective of the colloquium is to explore the following:

- Policy Position towards a unitary national health system
- Locating the debate within the context of Comprehensive System of Social Security
- Risks to be managed and opportunities to be seized
- Required structures and processes to take the reforms forward

Theme 1 Trajectory for a Future Health System: Reform Path Since 1994

Post-Apartheid South Africa's health policy agenda is outlined in the 1994 ANC National Health Plan. Clearly expressed and articulated is the need for a Unitary National Health System. Moves in 1994 towards the establishment of a Unitary National Health System, ensuring "Access-to-Health-for-All", commenced with an overhaul of the entire health system looking at both the provision and funding of health. Not considering historical factors when analysing the current configuration for a Unitary National Health System in South Africa within the context of a Comprehensive System of Social Security would render such analysis incomplete and without proper context.

Since 1994, as part of the health systems reform agenda, various committees were set up to investigate proposals on a future unitary national health system that would inform policy direction to ensure "Access-to-Health-for-All." To achieve this the 1995 Committee of Inquiry into the National Health Insurance (NHI) and the follow-up 1997 Committee to further investigate improved access to health care were established. The former argued strongly for a National Health Insurance System. Some of its recommendations were implemented by prioritising reforms to the medical schemes environment as a vehicle towards a future unitary national health system. Falling short of ensuring a unitary national health system, the 1995 Committee of Inquiry's recommendations were revised by the 1997 committee, which argued for a phased approach towards ensuring "Access-to-Health-for-All" by means of Social Health Insurance (SHI). The NHI was seen as a second step. However, implementation of the recommendations of this committee has also been Patchy. A small move towards SHI was the agreement to implement a Risk Equalization Fund (REF). Recent reforms also witnessed the implementation of a state-sponsored scheme, Government Employees Medical Scheme (GEMS). Given the health sector reforms since 1994, the subsequent debates and how this has unfolded reforms remain devoid of a consensus approach towards a unitary National Health System that ensures "Access-to-Health-for-All".

This session attempts to explore:

- Historical trajectory of current reform path
 - What were the policy objectives?
 - What have been achieved?
 - Why were the 1995 proposals not implemented?
 - Outstanding policy issues?
- Compatibility of 1994 reform path that aligns with objectives of envisaged CSS
- A move towards SHI as first step towards NHI was the agreement to implement a REF. Sequencing of the phased SHI implementation needs to be understood
- Role of REF in envisaged SHI?
- The challenges if any to implementation of the SHI model?
 - Would SHI would be different to any medical scheme
 - Is GEMS (public sector medical scheme) first step towards SHI?
 - Feasibility of a contributory system (NHI/SHI) as opposed to the strengthening tax funded system in light of the following challenges
 - A growing private sector and inability to curb cost
 - Inadequate regulation of private providers (medical schemes, private hospital providers, licensing of new technologies and facilities, cost of medicine etc.)
 - Capacity of the public health system systemic challenges (infrastructure, human resource and management (financial, budgetary and information management)
 - consumer expectation and quality of health care provided within context of contributions in exchange for health benefit

Theme 2 Critical Options for Health within the Context of Comprehensive System of Social Security

A re-commitment to a Comprehensive System of Social Security was expressed in the President's State of the Nation Address in 2007 with additional information subsequently provided in the Minister of Finance's Budget speech. The constituent components of this system are; National Pensions, Social Assistance Grants, Social Insurance Schemes, Unemployment Insurance. In terms of its constituent components social security as a form of social protection could take the form of securing benefits in exchange for premium contributions. Varying combinations of these constituent components can conceivably result in diverse manifestations of social security schemes, each specific to the context of a particular country and how it evolves over time. Present debates on the trajectory for a future health system should occur within a different landscape, namely within the framework of a Comprehensive Social Security instead of being limited to a sector (health) specific reform process.

As with any framework the stability of the entire structure depends on the inter-play, interface and interaction of these various constituent components. Consideration should be given to the interface of health benefits (if at all to be considered as a constituent component of social security arrangements) with the other constituent components of an envisaged Comprehensive System of Social Security. The overall aim of social security reform, the risks or benefits to be covered and eligibility to these benefits is still very vague. What has been considered but not yet catered for within this envisaged System of Social Security is health coverage. A case can be made for health as a benefit to be covered.

This session attempts to explore:

- Key policy options (NHI/SHI/tax-funded system) towards the development of a unitary national health system;
- Is NHI an appropriate option towards a Unitary National Health System;
- Compatibility of NHI that aligns with objectives of CSSS and health's likely interface with other constituent components of CSSS;
- Explore the risks to be managed within the context of CSSS;
- Explore the harmonization and integration of current fragmented funding (state funding and uncoordinated social security arrangements) arrangements of health coverage that aligns with funding compatible with a future unitary national health system within the framework of CSSS
- Funding Model for Health: Harmonization and Integration of Fragmented Funding Arrangements of Health Services to Align with a Future Unitary National Health System
 - Tax-subsidies for private medical care rationale and prospects for reform
 - Perspectives for Contributory NHI/SHI
- Relationships among cross subsidies through tax, contributory social insurance and potential NHI/SHI mechanisms

Theme 3 Local and International Evidence: A Unitary National Health System through National or Social Health Insurance- Health Systems Delivery and Funding Models (key policy objectives, characteristics of delivery and financing, provider reimbursement, potential commercialisation of public health services)

Social insurance arrangements as opposed to strengthening tax-funded systems, especially in developing countries, have increasingly been pursued and relied on as models for delivering and funding health care. If the comprehensive system of social security were to be extended to include some type of health benefit/cover various models need to be explored in terms of compatibility to the context and challenges of the South African health system and its likely interface with the Comprehensive System of Social Security as it evolves.

This session attempts to explore:

- Country experiences of types of health systems delivery and financing models;
- The risks and opportunities to be managed for each model (NHI/SHI, Tax-funded system)

Theme 4 Health Systems Reform and Stakeholder Engagement

For any health systems reform model to get through the policy process endorsement by key stakeholders and the public who are most likely to be affected by this is vital. Due to its technical complexity and political sensitivity technical work on the key features of any health systems reform are likely to be an insulated process. However, it is necessary to seek stakeholder consensus on it in order to: (1) gain support for the key features of the policy as it evolves; (2) for it to remain and retain legitimacy from key constituents; and (3) for the policy process to be perceived as citizen and stakeholder centric (policy seeks to address the interest of those it seeks to serve).

This session attempts to explore:

- Getting policy options through the policy and political process
- How the policy option is likely to affect the interest of stakeholders
- Consumer expectation and quality of health care provided within context of contributions in exchange for health benefit
- Through Health Insurance Mechanisms would the Health Policy Agenda serve the interest of the working class or is it just Paving the way to Privatising Health?
- The role of private providers depending on the policy option of choice and current health systems challenges
- How the policy option is likely to affect the organization, delivery and funding of health services and how stakeholders ought to prepare and manage this
- The challenges and positive spin-offs for stakeholders

Dr. T. Masilela, Policy Analysis Unit, Human Science Research Council

Dr Temba Masilela is the executive director of the Policy Analysis Unit. He holds PhD and MA degrees in development support communication from the University of Iowa, and is a product of the Senior Executive Program for Southern Africa (class of 1999), run jointly by the Harvard and Witwatersrand Business Schools.

Before joining the HSRC in July 2006, he was a full-time special adviser to the Minister of Social Development in the government of South Africa. He has also worked in the areas of corporate citizenship and reputation management, in both commercial and academic settings. He started his working life as a journalist in Kenya and taught for a number of years at the School of Journalism at Rhodes University.

His wide-ranging research interests include social protection, public management reform, social innovation, media and democracy, health communication, and stakeholder engagement. Dr Masilela's most recent publication is a case study entitled *HIV/AIDS: Everybody's Business* published by the United Nations Global Compact office.

Dr. O. Shisana, Chief Executive Officer, Human Science Research Council

Dr Olive Shisana was the first woman and the first black woman to be appointed as President and CEO of the Human Sciences Research Council on 1 August 2005. She is a public health professional with extensive research, management and policy development experience spanning over 19 years.

Before accepting the position as CEO, she served as executive director of the Social Aspects of HIV/AIDS and Health research programme at the HSRC, where she headed a national programme and Africa-wide network on the Social Aspects of HIV/AIDS and Health Research Alliance (SAHARA). She has also served as professor and head of department of Health Systems Management and Policy at the Medical University of Southern Africa.

She has global health experience, obtained while serving as executive director of the World Health Organisation's Family and Community Health, where she oversaw HIV/AIDS, reproductive health, women's health and child and youth development programmes. At a national level, Dr Shisana served as director general of the South African Department of Health, the first woman to head the national health services. She had previously served as a specialist scientist at the South African Medical Research Council.

She co-ordinated the establishment of the School of Public Health at the University of the Western Cape, which has been in operation since 1993. She also served as the Chief Statistical Advisor to the District of Columbia, responsible for public health, mental health and social services research.

Dr Shisana has addressed a number of global and international meetings such as the 49th World Health Assembly as chairperson of one of the committees, the 4th International Conference on Health Promotion, the Development Committee of the European Union Parliament, the Committee for Special Session of the United Nations General Assembly in the follow-up to the World Summit for Children, and a meeting of the U.S Congressional Brain Trust, where she spoke on HIV/AIDS.

She obtained her Doctor of Science degree in behavioural sciences at the Johns Hopkins University, School of Public Health, an institution that admitted her to the Society of Scholars - an honour given to public health graduates who have made significant contribution to public health. She is also a founding member of the South African Academy of Sciences.

Over the last five years, Dr Shisana was the principal investigator and main author of several reports emanating from large studies, and has written numerous chapters in books and articles in scientific journals.

Chair: Dr Mike Hendricks

Is originally from the Eastern Cape and studied medicine at the University of Natal. He then practiced as a General Practitioner in Durban and Oudtshoorn. In 1996 he joined the Western Cape Department of Health as a Regional Director. In 2000 he became Head of the Provincial Department of Health in the Northern Cape and then Director-General of the Province in 2003. He left the Public Service in 2006.

Apart from his medical degree he holds a pharmacology degree from the then University of Durban-Westville, a Masters in community child health from Wits and a diploma in health management from UCT.

Mr Alex van den Heever, Advisor, Council for Medical Schemes

Currently employed 3-days a week at CMS as an advisor. Outside of CMS consult to public sector

Professional qualification: Economics (Masters)

Focus of work: Social Security Policy and public policy

Former member of: Taylor Committee of Inquiry into Comprehensive Social Security

Also advised on the Melamet Commission of Inquiry into Medical Schemes

Chair: Committee of Inquiry into a Comprehensive System of Social Security

Viviene Taylor currently teaches social policy, development planning and social and economic development in the Department of Social Development at the University of Cape Town. Professor Taylor's career consists of both national and international development experience. She has researched and written widely on development and related issues. Among other books, she is the author of "*Social Mobilisation: Lessons from the Mass Democratic Movement*" (1997), "*Marketisation of Governance: Critical Feminist Perspectives from the South*" (2000). She was principal author of South Africa's first 2 Human Development Reports produced by the United Nations Development Programme, viz. *Human Development and HIV/AIDS* in 1998 and *Transformation for Human Development* in 2000.

She was a Commissioner on the Commission for Gender Equality during 1996-1999. She also served as the Adviser to South Africa's Minister of Social Development, Dr Skweyiya, during 1999 to 2001. She chaired and led the research work of the Committee of Inquiry into Comprehensive Social Security in South Africa and submitted the findings in the report "*Transforming the Present, Protecting the Future*" in 2002. The report makes comprehensive recommendations on restructuring public and private social security arrangements to address people's needs, especially that of the poor majority. She was appointed by the United Nations to serve as the Deputy Executive Director of the Global Commission on Human Security. In that capacity she worked in close collaboration with the Co-Chair of the Commission, Professor Amartya Sen to research and develop the concept of human security as an operational tool for policymakers in the context of ongoing conflicts, crises and persistent poverty.

Mr. V. Madonsela

Mr Vusi Madonsela is Director General of the Department of Social Development, Government of the Republic of South Africa. The department is responsible for policy, legislation and programmes in the areas of Comprehensive Social Security (social insurance and social assistance), Community Development (anti-poverty strategy and sustainable livelihoods), Welfare Services (the protection of children, older persons and persons with disabilities, as well as the social aspects of HIV and AIDS). The department is also responsible for the regulation, registration, funding and capacitation of the non-profit sector. Policy in all these areas is underpinned by systematic social policy and population research

As co-chair of the Social Sector Cluster in the South African Public Service, Mr Madonsela coordinates work in the areas of comprehensive Social Security, Social Cohesion, Health Care, housing and Human Settlements, Education, food security and nutrition, and Social Sector component of the Expanded Public Works Programme. By profession, Mr Madonsela is an attorney admitted in the high Court of South Africa, with experience plain language legislation drafting, Occupational Health and Mine Health and Safety, and litigation experience in the areas of socio-economic rights, constitutional and labour law.

Internationally, Mr Madonsela is a serving member of the Bureau of the International Social Security Association (ISSA) and a member of its Strategic Committee. He is also a member of the Council of International Social Services (ISS). He is an active participant in the UN Commission for Social Development, where he has chaired consultations and made subject specific presentations and rendered country statements.

Domestically, Mr Madonsela has and still serves as Trustee in non-governmental organisations associated with the plight of the poor and vulnerable.

Dr. M. Blecher

Dr. Blecher is a Director of Health in the National Treasury.

His main responsibility lies in financing issues pertaining to the health sector and is involved in a wide range of Treasury functions pertaining to the sector.

Some of the key projects he is working on include reforms of the conditional grant system; developing a financing strategy for HIV/AIDS; contributing to decisions around funding and interaction with Provincial Treasuries on Provincial Health budgets and developing a health personnel financing strategy for rural areas and scarce skills.

He also engages on behalf of the National Treasury on private sector financing issues, such as medical scheme reform, public service medical scheme and social health insurance.

Dr. Blecher is a graduate of the Universities of Witwatersrand and Cape Town. He has 5 qualifications including a specialist degree in public health and two masters degrees. Prior to joining the National Treasury, he worked in budgeting, financing, policy and planning issues in the Western Cape department of Health for several years. He has published over 20 articles.

He is married and has three children.

Mr. F. Makiwane

Fezile Makiwane is currently the Chief Executive Officer of the South Africa Social Security Agency. Mr Makiwane also served as Deputy Director General for Social Security Policy and Planning. Prior to joining Social Development Mr Makiwane held the position of Director at the National Department of Health in the Directorate Health Financing and Economics where he also served as a special consultant in the same department co-ordinating health care financing activities. This position brought Mr Makiwane into contact with a wide variety of role players operating in this field where relevant policies were formulated to regulate and serve the industry. Mr. Makiwane is author to a number of government research reports.

Dr. M. Powell

Martin Powell is Professor of Health and Social Policy in the Health Services Management Centre at the University of Birmingham (UK). He has researched the British National Health Service for over 20 years, and has published many books and articles in this general area, with particular focus on history of health policy, health inequalities, partnerships and decentralisation. He is the author of 'Evaluating the National Health Service' (Open University Press, 1997), a co-author of 'Evaluating Public Management Reforms' (Open University Press, 2003), and most recently the editor of 'Understanding the Mixed Economy of Welfare' (Policy Press, 2007).

Dr. P. Lloyd-Sherlock

Peter Lloyd-Sherlock is Reader in Social Development at the School of Development Studies, University of East Anglia, United Kingdom. His research has focussed on the wellbeing of older people in developing countries, social policies for older people and the consequences of population ageing for development. He has carried out research in Argentina, Brazil, South Africa and Thailand.

Professor D. McIntyre

Di McIntyre (PhD) is Professor at the University of Cape Town, South Africa. She founded the Health Economics Unit in 1990 and was its director for 13 years. She has served on numerous policy committees (e.g. The Committee of Inquiry into a National Health Insurance System and Chair of the Medicine Pricing Committee) and has extensive experience in research, technical support and capacity development in South Africa and other parts of Africa. Her experience in research and technical support has focused mainly on health care financing, health equity, resource allocation, the public-private mix and pharmaceutical regulation.

Professor L. Gilson

Lucy Gilson has a background in health and development economics and works as a health policy and systems researcher, primarily in Southern and Eastern Africa. She has a particular interest in health

and health care equity, and her research has focussed on issues of health care financing, organisation, management and policy change. Her current research interests include concern for the role of trust in health systems, and in relation to equity. She has published a range of papers and book chapters in these areas, and has also been involved in various capacity building activities. She is currently an Associate Professor in the University of Witwatersrand, South Africa and Professor of Health Policy and Systems in the London School of Hygiene and Tropical Medicine, UK.

Dr. K. Lethlape

With his sharp wit and direct manner, Dr Kgosi Letlape is a valuable member of the PPS Board. First introduced to Professional Provident Society (PPS) in the early 80's as an Ophthalmology graduate, he has been a policy holder for over 20 years, and was voted onto the Board in 2002.

This is a mutually beneficial appointment. As the long-running Chairperson of the National Council of the South African Medical Association (SAMA), Dr Letlape has encountered many queries from members regarding PPS over the past six years. His seat on the Board has enabled him to provide regular, insightful and detailed information to SAMA members. From the Insurance Company's perspective, Dr Letlape has brought a wealth of knowledge and experience to the table. He is an influencer and an activist, an academic and an achiever who has created his success through sheer dedication and hard work.

Dr Letlape started his medical career as an intern at Natalspruit Hospital in 1982, moved from Senior House Officer at Baragwanath Hospital to a decade of work with St John's Eye Hospital. In 1996 he took on the role of CEO of Phelo-Ntle (a Managed Health Company within SA Druggists), and has been in private practice since 1989. His professional activities include his election as President of the World Medical Association Africa Region (AFMA) from 2006 – 2010. He was Past President of the World Medical Association, and is currently the Executive Director of the Board Professional Forum and Chairman of the Board Health Science Academy amongst others.

PPS is the first insurance company in South Africa to increase black economic interest in the company to 25%. This groundbreaking BEE Transaction has provided further reason for Dr Letlape to continue his inspired efforts as a representative for shareholders of PPS. "The unique part of this deal is that the benefactors are not a few handpicked individuals, there are direct benefits for all policy holders old and new, black and white. The bonus to black policy holders over the next two years up to the end of 2008 is a real opportunity, and once that window closes, the door will open to great potential for both the business and policy holders going forward." Not only does the Transaction comply with BEE measures way ahead of the 2010 deadline – it is a true example of BBBEE.

In December 2002 Dr Letlape spearheaded the launch of an AIDS Treatment Programme known as the Tshepang Trust - an initiative of SAMA, supported by the Nelson Mandela Foundation. It offers a comprehensive approach to HIV/AIDS management, especially in the area of treatment and behaviour modification.

Nathan Geffen

Nathan Geffen is the policy co-ordinator for the Treatment Action Campaign. He has previously served as the organisation's treasurer and national manager. Geffen is the co-editor of TAC's magazine Equal Treatment. He has published extensively on economics, human rights and science versus pseudoscience in the context of HIV.

Jonathan Berger

Jonathan Berger is a senior researcher and policy, research and communications manager at the AIDS Law Project. After serving as the legal education and advice officer at the National Coalition for Gay and Lesbian Equality, Jonathan clerked for Justice Kate O'Regan of the Constitutional Court. He holds degrees in architecture and law from the University of the Witwatersrand, Johannesburg, as well as a Master of Laws degree from the University of Toronto.

Jonathan was co-recipient of the Alan Marks Medal for the best law thesis submitted to the University of Toronto in 2001, an edited version of which was published as "Tripping Over Patents: AIDS, Access to Treatment and the Manufacturing of Scarcity" (2002) 17:2 *Connecticut Journal of International Law* 157. His more recent publications include *Health & Democracy: A guide to human rights, health law and policy in post-apartheid South Africa* (Cape Town: SiberInk, 2007) (co-edited with Adila Hassim and Mark Heywood); "Patents and Public health: Principle, Politics and Paradox", (2005) 131

Proceedings of the British Academy 331 (co-authored with Justice Edwin Cameron); and "Resexualising the epidemic: desire, risk and HIV prevention", (2005) 5 *Development Update* 45.

Dr Charles Hongoro

Dr Charles Hongoro is a research director in the Policy Analysis Unit. He holds a BSc (Hons) in agricultural economics from the University of Zimbabwe, and obtained a PhD in health economics and policy from the University of London

Before joining the HSRC in September 2006, he was a programme director of health economics and systems at the Aurum Institute for Health Research in Johannesburg. He has also worked as a lecturer in health economics and systems at the London School of Hygiene and Tropical Medicine, and as a senior medical research officer (Health Economist) in the Health Systems Research Unit at the National Institute of Health Research (formerly Blair Research Institute)

His areas of research interest include the economics of HIV/AIDS and other infectious diseases, health systems and policy-oriented research in general, social health insurance and impact of legislation. Dr Hongoro's publication record spans the authoring and co-authoring of more than 15 conference presentations and 11 peer-reviewed journal articles. His most recent work, published in *Human Resources for Health* 5:3, <http://www.human-resources-health.com/content/5/1/3> investigated Health Sector reforms and human resources for health in Uganda and Bangladesh: mechanisms of effect.