



## Update from the Universal Healthcare Access Coalition (UHAC)

UHAC started about 1 year ago – and is now registered with the CIPC as a Not-for-Profit Company with now 34 signatories to the UHAC health reform proposal. Recent decisions include:

1. Following the call for each signatory group to pay R10 000 to assist with running costs, UHAC has received deposits from the following groups: APRASSA, FCPSA, IsoLeso, NPG, OMG, PMB, RSSA, SAGES, SAOA, SAPPF, SASLHA, SAUA, SORSA. SASA, Surgicom and SADA are in the process of making contributions.
2. The new UHAC website [www.uhac.co.za](http://www.uhac.co.za) is running.
3. A letter was sent to the Parliamentary Portfolio Committee on Health (PPCH) and the Standing Committee on Finance in August 2025. The letter requested a joint sitting of these committees to hear a presentation on the UHAC proposal. The letter was addressed to the Chairpersons and every member of the two committees as well as the Chair of the National Council of Provinces and the Speaker of Parliament. An immediate acknowledgement of receipt was received from Finance but no response from the PPCH. After 1 month of no reply, a follow up letter asking for a response was sent to the same recipients on 26 September 2025. An acknowledgement of receipt for the “correspondences” was received from the office of the Speaker. The letters emphasised that UHAC is not a litigant of the NHI, that there has been no meaningful health reform for nearly two decades and that the recommendations of the HMI have not been implemented. The PPCH and the

Standing Committee as well as the NCOP and the Speaker have a duty to respond to correspondence. The UHAC SteerCo will continue to push for an opportunity to present the UHAC proposal to these parliamentary committees.

4. Clear need to develop a comprehensive media strategy with messaging to the public to convey major concerns regarding the current proposal and legislation.
5. Alex van den Heever has now developed 3 policy briefs. Each medical, surgical and rehabilitative discipline or service is encouraged to consider preparing a policy brief on delivery of healthcare for their specific discipline or service.
  - a. Governance of the Health sector
  - b. District Health Authorities
  - c. Autonomous Public Hospitals. The PowerPoint presentation is viewable on the link below and available for viewing on the UHAC website. <https://www.dropbox.com/scl/fo/gnwjj6jgppqwq4xxtgmqc/AN8f3NYYJ7k6OqxBlfyTo9l?rlkey=qv7brtfubtogttihmg9ut5o6x&st=5civ5yri&dl=0>
6. The next two policy briefs anticipated include a Strategic framework for Financing in the private sector, National Health workforce strategy.

**Mark Sonderup**  
Secretary, SAGES

## SA Heart Initiative

Short on the heels of the UHAC consortium, SA Heart embarked on a similar project aimed at improving access to innovative treatments and procedures for patients. For now it is the general medical disciplines and subspecialties that have been approached, but if successful it may go wider.

The following areas are targeted:

- innovative medications - for us biologics especially but also drugs that are costly. Something I brought up was Urso for PBC/PSC etc
- endoscopy - not only for access without co-pay, but also new tech stents and treatments (BARX for Barrett's etc). Also thinking here ESD?EMR/EUS
- a portal where issues with access will be lodged to build a comprehensive database and assess where access is lacking. Address with funders.

This appears to be skewed more towards private healthcare, but at the inaugural meeting in September it was emphasized that the fight is for all patients.

Although not explicitly stated, I suspect NHI will eventually feature as a target.

Endeavours like these always come with cost and this will certainly be a point of discussion in future meetings. Remember we are already paying UHAC R10 000/year.

This will be presented and discussed at next year's SAGES congress.

**Ernst Fredericks**  
Past President, SAGES