



80 Years of the PSSA: the Past, the Present and the Future

In 2026, the Pharmaceutical Society of South Africa (PSSA) proudly commemorated its 80th anniversary, a remarkable milestone that reflects eight decades of leadership, advocacy, and commitment to advancing the pharmacy profession in South Africa. This historic occasion was celebrated during SAPHEX 2026 through a dedicated commemorative programme that brought together local and global leaders, stakeholders, and members of the profession to reflect on the Society's journey and envision its future.

The celebration commenced with a formal welcome by the Master of Ceremony, Kesentseng Jackson Mahlaba, who set the tone for a reflective and forward-looking programme. This was followed by a powerful multimedia presentation that captured the evolution of

the PSSA over the past 80 years. The presentation highlighted key milestones, including the Society's role in shaping professional standards, advocating for pharmacists, and supporting the development of pharmacy education and practice across various sectors.

A special video message from the President of the International Pharmaceutical Federation (FIP), Paul Sinclair, underscored the global significance of the PSSA's contributions. His message acknowledged the Society's longstanding commitment to professional excellence and its alignment with international efforts to strengthen the role of pharmacists in healthcare systems worldwide.

Delivering the keynote address, PSSA President Prof Renier Coetzee, reflected on the theme: *"Honouring the Past, Strengthening the Present, Shaping the Future of Pharmacy"*. His address paid tribute to the pioneers of the profession while emphasising the importance of unity, innovation, and resilience in navigating the evolving healthcare landscape. He highlighted the critical role of pharmacists in improving patient outcomes and reinforced the need for the profession to remain adaptable and forward-thinking.

The commemorative programme was further enriched by messages from key stakeholders who play an integral role in the healthcare ecosystem. The Minister of Health, Dr Aaron Motsoaledi, delivered a pre-recorded message acknowledging the contribution of pharmacists to public health and the ongoing transformation of the healthcare system. Contributions from



PSSA 80th Anniversary Commemorative Stage at SAPHEX 2026



80th birthday cupcakes



PSSA President Prof Renier Coetzee

Tammy Gopal of the South African Health Products Regulatory Authority (SAHPRA), Mogologolo Phasha, President of the South African Pharmacy Council (SAPC), and Mehboob Ali Cassim, Chairman of the Independent Community Pharmacy Association (ICPA), reinforced the importance of collaboration between regulatory bodies, professional organisations, and practitioners in advancing healthcare delivery.

A unique and defining feature of the celebration was the inclusion of reflections from the various sectors of the PSSA, showcasing the diversity and depth of pharmacy practice in South Africa. Representatives from the Academy of Pharmaceutical Sciences of South Africa (APSSA), the South African Association of Community Pharmacists (SAACP), the South African Association of Hospital and Institutional Pharmacists (SAAHIP), the South African Association of Pharmacists in Industry (SAAPI), and the Young Pharmacists' Group (YPG) shared insights into their respective domains. These reflections highlighted not only the progress made within each sector but also the shared commitment to excellence, patient care, and professional development.

The theme of leadership across generations was brought to life through reflections from past PSSA Presidents: Dr Johann Kruger, Prof Sarel Malan, Mr Tshifhiwa Rabali, and pre-recorded messages from Mr Joggie Hattingh and Dr Sybil Seoka. Their contributions provided a rich historical perspective, emphasising the continuity of leadership and the enduring values that have guided the Society over the years. These reflections served as a reminder that the strength of the PSSA lies in its ability to build on the legacy of its leaders while embracing new ideas and perspectives.

Adding a creative dimension to the programme, an artistic poetry performance offered a sentimental reflection on the role of pharmacists as custodians not only of medicines but also of health, advocates for patients, and contributors to society. This segment captured the human element of the profession, reminding attendees of the compassion and dedication that underpin pharmaceutical practice.

As the celebration drew to a close, it was evident that the 80th anniversary of the PSSA was not merely a commemoration of the past, but a call to action for the future. The event highlighted the importance of strengthening partnerships between academia, industry, regulators, and practitioners, while also creating space for emerging voices within the profession.

The PSSA's journey over the past 80 years is a testament to the resilience and adaptability of the pharmacy profession in South Africa. From its early beginnings to its current role as a unifying body representing diverse sectors, the Society has consistently championed the interests of pharmacists and the patients they serve. As the healthcare landscape continues to evolve, the PSSA remains well-positioned to lead the profession into the future.

In celebrating this milestone, the PSSA reaffirms its commitment to its core mission: To support and promote the pharmacy profession in advancing patient care and providing medicine access to all by harnessing professional standards of pharmaceutical practice in



Delegates attending PSSA's 80th celebration

all settings. The 80th anniversary serves as both a reflection of past achievements and a foundation upon which the future of pharmacy can be built.

Plenary Session 2 on the PSSA SAPHEX programme featured a panel discussion on the National Health Insurance (NHI) and its implications for pharmacy. The opening presentation by the session Chairperson, Dr Sham Moodley, outlined NHI milestones, current progress, and the implications for pharmacy services, setting the context for the broader discussion. Central to the conversation was how medicines would be managed within the NHI framework, including their selection, pricing, procurement or reimbursement, and the contracting of both public and private pharmacies.

From a policy standpoint and health economics perspective, presented by Prof Nicholas Crisp, provided insight into the direction of NHI implementation and addressed considerations of sustainability and cost-effectiveness within the system. The private sector viewpoint, shared by Mr Jameel Kariem of the South African Association of Community Pharmacists, focused on implementation readiness and the preparedness of community pharmacies. From the public sector, Mr Nhlanhla Mafarafara of the South African Association of Hospital and Institutional Pharmacists spoke to system alignment and the realities within public healthcare settings.



Panel discussion on NHI

A key starting point was the legal status of the NHI Act. It was clarified that while certain sections of the Act have been paused by agreement and made an order of court, this does not constitute a final ruling on its constitutionality. Importantly, preparatory work has not been halted, and government continues to advance key elements of system readiness while awaiting the outcome of Constitutional Court proceedings. In this context, it was emphasised that NHI preparation is ongoing and cannot be delayed. Efforts are continuing across multiple areas, including health system strengthening, improvements to hospitals and clinics, medicine supply systems, stock visibility, digital health infrastructure, patient registration systems, provider accreditation design, and benefit package development. The overarching message was that system readiness must progress in parallel with legal processes.

The discussion further highlighted that NHI implementation will be phased rather than immediate, with primary healthcare expected to form the foundation of early rollout. This phased approach reflects a deliberate strategy to introduce reforms progressively, allowing for system adjustment and learning over time. Within this evolving framework, pharmacy was consistently positioned as central to the future health system. Panellists emphasised that pharmacists are expected to play a broad and integrated role spanning manufacturing, distribution, hospital and community pharmacy, dispensing, patient counselling, and preventive and clinical services. There was a clear long-term vision of pharmacists functioning as part of multidisciplinary primary healthcare teams, contributing to improved access, continuity of care, and patient convenience.

From a private sector perspective, community pharmacy was described as willing and capable, but not uniformly ready. While many pharmacies already provide services such as blood pressure and glucose monitoring, screening, and basic patient support, gaps remain in clinical capability, training, accreditation readiness, information technology systems, staffing, infrastructure, and operational funding. Differences in readiness between corporate and independent pharmacies were noted as a significant consideration. The issue of accreditation under NHI was also clarified. It was indicated that pharmacies are unlikely to face entirely new or duplicative inspection processes, given existing regulation by the South African Pharmacy Council. Instead, a streamlined process involving application and submission of compliance documentation is anticipated, with the stated intention of expanding access rather than limiting participation.

From the public sector perspective, the discussion acknowledged that South Africa has developed strong national policies and systems relating to medicine selection, essential medicines lists, procurement, and pricing. However, a consistent concern was the gap between national design and provincial implementation, with variability in execution at facility level remaining a major challenge. Concerns around procurement and supply chain systems featured prominently. It was noted that current approaches often rely on historical consumption rather than actual patient need, limiting

the system's ability to accurately forecast demand and ensure continuity of care. A shift toward data-driven planning based on patient numbers, disease burden, adherence, and treatment outcomes was identified as essential for improving procurement, reducing waste, and strengthening service delivery.

A key structural concept discussed was the purchaser-provider split. Under this model, the NHI Fund will act as a strategic purchaser, responsible for funding services, determining benefits and formularies, and contracting providers, while not directly delivering care. Providers, including pharmacies, would remain responsible for procuring, stocking, and dispensing medicines, with reimbursement aligned to the NHI payment framework. This positions pharmacies as potential key access points for publicly funded medicine distribution. The continued use of Essential Medicines Lists and Standard Treatment Guidelines was anticipated, with increasing support from Health Technology Assessment to guide decisions on cost-effectiveness, value for money, and benefit design. However, pharmacy reimbursement models remain unresolved. Various options, including capitation, fee-for-service, and blended approaches, were discussed, with recognition that a single model may not be suitable across diverse practice settings. The potential inclusion of performance-based incentives linked to quality and outcomes was also raised.

One of the most consistent themes throughout the discussion was the limitation of current information systems. The health system was described as fragmented and heavily reliant on paper-based processes, resulting in poor continuity of care, weak medicine tracking, and limited ability to plan effectively. The proposed digital future includes integrated systems such as a national patient registration system, provider registries, a master facility list, and electronic medical records, all aimed at improving data visibility, accountability, and coordination of care. This digital transition represents a significant operational shift for pharmacy. Panellists emphasised that readiness under NHI will depend not only on service provision but also on the ability of pharmacies to integrate with national digital systems, support stock visibility, and undertake structured clinical reporting. Pharmacists may be required to document patient interactions, interventions, and outcomes more consistently to support funding, quality measurement, and system planning.

Industry participants raised concerns regarding the sustainability of originator products, the need to diversify into generics, and the broader impact of NHI on local manufacturing. Government indicated that procurement strategies would aim to maintain supply stability by avoiding over-reliance on single suppliers. At the same time, local manufacturing was recognised as a strategic priority, with ongoing efforts to support domestic production capacity and regional collaboration.

The session concluded with a clear call to action for the pharmacy profession. Panellists emphasised the importance of continued engagement with policy processes, investment in technology, workforce upskilling, and the standardisation and expansion of services. Pharmacists were encouraged not only to respond to

policy developments but to actively shape them by proposing practical models, piloting solutions, and demonstrating the value of pharmacy within the health system. A particularly strong closing message was that pharmacy should move beyond asking what its role will be under NHI and instead define and

demonstrate that role. The discussion underscored that while NHI presents uncertainty, it also offers a significant opportunity for the profession to position itself as a central contributor to universal health coverage in South Africa.

PSSA/INSIGHT CPD programme

Module 2: Obesity and weight loss in adults

Obesity can no longer be regarded as a condition caused simply by an imbalance between energy in and energy out and, by implication, something that can be managed by mere willpower. Clinical practice guidelines all over the world now acknowledge that obesity is a chronic disease, much like type 2 diabetes, hypertension and dyslipidaemia are chronic diseases.

Obesity is also associated with a higher risk of type 2 diabetes, cardiovascular disease and several cancers. Health-related quality of life is significantly lower for people living with obesity compared with the general population owing to impaired mental health,

increased depression and anxiety, greater pain and discomfort and reduced mobility.

Many healthcare providers believe that obesity is the result of poor lifestyle choices that are under the voluntary control of affected individuals. However, many factors contribute to the development of obesity, including genetics, age, lifestyle factors, and hormonal issues.

This module provides an update on adult obesity, its prevention and management and is largely based on the recently published clinical practice guideline on the management of obesity in adults in South Africa.

PSSA/INSIGHT pharmacy staff clinical education programme

Module 2: Overweight and obesity

Overweight and obesity have increased globally. In 2022, an estimated 2.5 billion adults aged 18 years and older were overweight or obese. This corresponds to 43 % of adults aged 18 years and older being overweight or obese. This is a substantial increase from 1990, when 25 % of adults aged 18 years and older were overweight or obese.

Obesity is a chronic medical condition, much like type 2 diabetes and high blood pressure are chronic medical conditions. In other words, obesity can no longer be regarded as a condition caused simply by eating too much and exercising too little. This outdated perception has led to the stigmatisation of people living with obesity. We now know that there are many factors that contribute to the development of obesity, including genetics, age, and lifestyle factors.

This module is designed to equip pharmacy front shop staff to identify and refer customers who would benefit from weight loss interventions, particularly those looking for information on weight loss or wanting to purchase a weight-loss product.

Registration for the 2026 PSSA/INSIGHT CE Programme is now fully online

Simply visit www.insightcpd.co.za and under Registration select:

- Previously enrolled participants – for those renewing for 2026
- OR
- New participants – for those enrolling in the Programme for the first time

For more information or any registration queries, please contact our CPD Manager:

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