

Main address by Dr Paul Maminza, Dean of Student at the University of Mpumalanga, delivered at the South African Association of Campus Health Services 2024 Conference held at the Ingwenyama Lodge and Conference Centre on 8 – 11 January 2024.

Programme Director, ladies and gentlemen, Good morning. It gives me great pleasure to have been accorded this opportunity to be part of this important Conference. It is important because it is a conference of health practitioners at universities in our country, South Africa. There are two very important people here on earth, the provider of health services (health professional) and the imparter of knowledge (teacher). Every country in the world is striving to have a healthy population which is also knowledgeable. It doesn't help to be rich, and yet you are sick and bed-ridden. Or be rich but without knowledge. I am using wealth as a common denominator because generally people will tell you that money makes the world go round.

This Conference is also important because it is for “special people” (health practitioners at centres of knowledge: universities).

The South African Association of Campus Health Services is central to what society needs, it is central to the prescripts of international development imperatives. The United Nations Sustainable Development Goal 3: Good Health and Wellbeing is about ensuring healthy lives and promoting the well-being for all at all ages. This Association should, therefore, be supported and promoted more and more.

You empower and equip the students in our universities with healthy behaviours and practices. Your role is very important, not only at the university, but in society as a whole. As a country we need a healthy population and a population that is health conscious and aware.

Our country is currently moving towards building and implementing a health system that will benefit its populace. The introduction and implementation of the National Health Insurance (NHI) is currently the main focus of our government in order “*to achieve universal access to quality health care services in the Republic in accordance with section 27 of the Constitution*”. I will get back to the NHI shortly.

Firstly, I want to focus on what is expected of you, as the Health Providers in universities, beyond what is in your Job Descriptions.

There are 4 areas that I wish to share my thoughts with you this morning, firstly, **the lifelong well-being of students.**

Wellbeing is an active, lifelong process of learning what makes you feel balanced and well in all areas of your life. It's educating yourself about the ways in which you can access resources that contribute to your overall satisfaction, regardless of ups and downs. It is about the way in which you end-up feeling, or how you feel. It can also be referred to as Lifetime Wellness which is a holistic approach to health. This approach to total wellness encompasses the physical, mental, social, and emotional well-being of the individual. Students need to be exposed to these approaches for their own well-being. We also know that lifelong, on the other hand, means lasting, or continuing, through life. So the well-being of students should go beyond their stay at university and be a lifelong journey.

Students at university are open for learning since universities are centres of learning. Therefore campus health services should be continually evolving and changing in order to best provide treatment and education for the campuses they serve. You need to embark on missions to establish new strategies to successfully promote the well-being of students at universities. Management at universities should rely on campus health professionals for advice on what should be introduced and implemented in order to ensure that the well-being of students is taken care of and where improvements are needed, they are acted upon. It is also expected from the campus health professionals to educate students about approaches to healthier lifestyles. This is a huge challenge when it comes to young people. Healthier lifestyles are crucial but young people, unfortunately, do not seem to prioritise that. It is important, therefore, for health professionals at universities to find ways to change this status quo. Students should learn to take responsibility for their health and a healthier lifestyle should take pre-eminence.

The provision of sufficient health information to students is another area of critical importance towards the promotion of their lifelong well-being. This aspect is so important because universities will not be in a position to align their health professional: student ratio to an acceptable figure. Students should be encouraged to access health information and be able to interact with the information positively. Campus health professionals should ensure that sufficient information is made available to students. The information should be updated regularly so that the consumers of the information get the latest and relevant information to assist them in

addressing some of their health needs. This approach will also aid the promotion of reading in students. We all know that students are becoming weaker and weaker when it comes to reading. Campus health professionals can, thus, contribute to the academic development of students by enhancing the interest in reading by students. Once a student has internalised the practice of looking for information and utilising it for his/her own benefit, that will go a long way in the promotion of lifelong wellness in students.

There is another aspect that, might be seen as being a controversial statement when mentioned, but very important – an unfriendly attitude of health care professionals. I must hasten to mention that I don't mean that health care professionals are unfriendly, all I'm saying is that any unfriendly attitude which may find its way in the interaction between a health professional and the patient will have a more damaging effect to the promotion of the lifelong well-being to students. In the health and social care arena today, patients, service users and their families want the professionals they interact with to offer specialist skills but also to treat them with respect, communicate clearly and behave in a way that reflects high standards of personal probity (Morrow, Burford, Rothwell, Carter, McLachlan, & Illing, 2010).

Secondly, Campus Health should **support academic success**

Students come to university in pursuit of academic qualifications. Depending on the duration of their course of study, they will spend that minimum time at university. During that period, they become members of the University Community (e.g. UMP Community). All the different Divisions, Departments, Units, etc. that are found at a university are there to support the academic project and its delivery. The ultimate success in the delivery of the academic project is through the academic achievement of students. Therefore, students should be assisted in all possible ways to achieve their academic qualification. Campus Health Professionals should have this understanding as a point of departure in their service. In order to take the greater advantage of a university, students should have healthy minds and healthy bodies. Healthy students will be able to participate in both curricular and co-curricular activities. Universities provide a number of sporting and recreational activities for students. It is common knowledge that only health students can participate in all the available programmes at university. The provision of health care for

students is one of the primary and important supports for university students.

Literature shows that health problems cause challenges associated with mental health problems, comparatively low academic performance, and higher risk of academic failure among college first-year students (Serra, Kiekens, Vanderlinden, Vrieze, Auerbach, & Benjet, 2020).

It can, thus, be concluded that campus health services contribute a lot towards the academic performance and success of students.

Thirdly, campus health professionals need **to continuously conduct research** to inform and improve their practice.

Jahan, Maqbali, Siddiqui & Zadjali (2015) argued that since the ultimate purpose of primary care health workers is to provide high-quality patient care, there is a need for all health care providers to appreciate the value of research in their everyday practice to make healthcare efficient and cost effective. Universities should allocate time and resources for Campus Health Professionals to conduct research. The resources should also include incentives. Research has shown that the lack of allotted time, financial support and financial incentives are the main barriers of research by healthcare workers.

Campus Clinics exist in a university context where there are different stakeholders that have a common interest towards the students. Stakeholders such as Student Housing, Sports and Recreation, Student Support Services, Academic Development, Faculties, etc. The role of multi-disciplinary approaches, will have to be appreciated if university clinics are to operate effectively and provide services that are appropriate for students. There should be collaborative research projects involving Campus Health and the other stakeholders. Joint research projects will also leverage on the funding needs for such projects.

Lastly, Campus Health Professionals should lead in **the formulation of policy directives/imperatives**, which are relevant and applicable for Campus Health.

Policy plays an important part in the functionality, development and growth of any organisation. Some entities may have a centralised approach towards the formulation and development of their policies. One still

believes that the point of departure, even, still remains the point of action. Student health related policies should start from the Clinic. Clinic personnel should be involved in taking a lead in the process. For this to happen, it requires the Campus Health Professionals to “think outside the box”. I was thinking about the number of students from our institutions who travel abroad every year. When they return from their trips life goes on as if nothing has happened. But these students may have contracted some sicknesses that may affect our University community. The question is what could be done. I am aware that in my University, for instance, we do not have any guideline that deals with such. A student travel health policy, or some related guidelines, should be put in place. Ideas and thoughts around these lines can be initiated by Campus Health Professionals. This is just a simple example. I am a strong believer in that policy directives that relate to the health protocols within universities remain the responsibility of Campus Health Professionals.

The National Health Insurance (NHI)

I did indicate in the beginning of my talk that I will briefly touch on the upcoming National Health Insurance (NHI) in our country since it will have much impact on our work at universities.

We should understand that when one talks about national issues in South Africa, it is important to remember on the onset that South Africa is a Constitutional Democracy, meaning that South Africa (1) has, and is guided by, a Constitution and (2) is a Democratic State. We have a Constitution in South Africa and we also subscribe to Democratic Principles.

The NHI BILL came about in order to achieve universal access to quality health care services in the Republic in accordance with section 27 of the Constitution.

Section 27 (1) Everyone has the right to have access to— (a) health care services, including reproductive health care; (b) sufficient food and water; and (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.

The Country, through the NHI Bill promises its citizens sustainable, affordable and universal (common, total, complete) access to quality health care services.

As a citizen of this country, I applaud this promise as any citizen would.

There are however, two areas that remain a concern for me, (1) the funding for the NHI, being the main concern and (2) the success in its implementation.

The Bill states that among, other avenues, the NHI will be funded primarily from:

- General taxes
- Contributions of persons earning above a set amount
- Monthly contributions by employers and employees, just like the UIF contributions.

According to the South African Revenue Service (SARS), their revenue collection is on the rise despite a slightly shrinking tax base. This means that although SARS is finding ways to get more from what they already have, it is not necessarily an indicator of economic growth. The South African Revenue Service's latest tax data shows that thousands of South Africans have ended their tax residency. Since 2017, more than 40,500 taxpayers indicated that they ceased to be tax residents of South Africa (Statistics SA, 2023). This figure represents those individuals who are taxed only on their income from a South African source no longer from their worldwide sources. Therefore, the tax base of South Africa is not necessarily stable for one to believe that it can be able to have a sustainable contribution to a national project of the magnitude of the NHI.

The official unemployment rate was 31,9% in the third quarter of 2023. The results of the Quarterly Labour Force Survey (QLFS) indicated that the number of employed persons increased by 399 000 to 16,7 million in the third quarter of 2023 compared to 16,3 million in the second quarter of 2023. These changes in employment and unemployment resulted in the official unemployment rate decreasing by 0,7 of a percentage point from 32,6% in the second quarter of 2023 to 31,9% in the third quarter of 2023. The unemployment rate according to the expanded definition decreased by 0,9 of a percentage point to 41,2% in Q3:2023 compared to Q2:2023. (Statistics SA, 2023).

The unemployment rate that is considered "healthy" globally is between 4% and 6%. Nations with such acceptable figures can argue for the use of employers' and employees' contribution as a contributor to fund national projects.

The unemployment rates for the top 10 largest economies by GDP were predictably low at the end of 2022, with some outliers such as India, France, and Italy which were above the acceptable 6%.

- Japan: 2.6%
- Germany: 3.0%
- United States: 3.6%
- United Kingdom: 3.6%
- Russian Federation: 4.7%
- China: 4.9%
- Canada: 5.2%
- India: 7.3%
- France: 7.4%
- Italy: 8.1%

The high unemployment in South Africa presents a challenge on the sustainability of the contribution by employers and employees to the NHI. Logic will dictate that the immediate need is to address the high unemployment rate. Bringing it down will lead to an increase in the quantum of the contributing labour force.

The **successful implementation of the NHI** will require a system that will deal with all the red tapes that usually stand on the way of implementing government projects in SA. The NHI, being a health service project, cannot afford any hiccups and delays when it is implemented. The long protracted processes that are currently experienced with government projects in South Africa will only aide the failure thereof. In February 2020 China completed the construction of a special hospital in Wuhan, the epicentre of the novel coronavirus outbreak, in a matter of just 10 days to help combat the fast-spreading virus. The 80,000-square-meter Leishenshan Hospital was a 1,600 beds capacity. Decisions like those of the Chines Government show that it can be done if the will and capability is there. The successful implementation of the NHI will require a shift in the mind-set of those in authority. Our history in the delay of delivery of government projects makes one to be doubtful of our readiness as a nation.

But it can be done, because it is all in our hands.

In conclusion I want to thank the organisers of this important conference for the opportunity for one to share his thoughts with yourselves. I have all the trust and belief in our Campus Health Professionals. Continue with your demanding work because we have a responsibility to keep our

students healthy and in a good state of mind so that they can achieve their academic dreams. Always remember that Campus Health Services remain key in the provision of a Quality Student Experience at our universities.

I thank you all

Some reading

- Jahan Firdous, Maqbali Ali Al, Siddiqui Muhammad A and Zadjali Najat Mohammed Al. 2015. *Attitude and Barrier towards Research amongst Health Care Professionals Working in Primary Care Service of Oman.* Journal of Health Education Research & Development.
- Morrow Gill, Burford Bryan, Rothwell Charlotte, Carter Madeline, McLachlan John, and Illing Jan. 2010. *Professionalism in health care professionals.* Health & Care Professions Council.
- Serra Riccardo, Kiekens Glenn, Vanderlinden Johan, Vrieze Elske, Auerbach Randy P and Benjet Corina. 2020. *Binge eating and purging in first-year college students: Prevalence, psychiatric comorbidity, and academic performance.* International Journal of Eating Disorders.