

Keynote Address
27th National Family Practitioners Congress
5–6 September 2025

Theme: *Learning and Practicing Family Medicine and Primary Health Care in an Era of Global Change*

Salutations

Good morning, distinguished colleagues, respected family practitioners, honoured guests, and friends. It is both a privilege and a profound responsibility to stand before you at the 27th National Family Practitioners Congress. For more than a quarter of a century, this congress has served as a platform where science, service, and solidarity converge. It is here that those who deliver care at the front lines of our health system gather not only to reflect on their professional journey, but also to learn from one another, to exchange insights and to chart the path forward for the discipline of family medicine and primary health care.

The theme of this year's gathering — *learning and practicing family medicine and primary health care in an era of global change* — is not only timely, but also urgent. We are meeting at a moment when the health of nations is inseparable from the health of the planet, when demographic shifts, technological advances and political transitions are reshaping what it means to practice medicine, and when South Africa's own health reform journey is entering a decisive new phase. Global change is no longer an abstract concept. It is something we see in our clinics, in our patient registers, in the complex needs of the communities we serve.

In our own country, the National Health Insurance (NHI) process has moved from principle to practice. For years, South Africans have debated, amended and refined the NHI Bill, aligning it with our constitutional commitment to the right of access to health care. We have navigated legal challenges, fiscal concerns and stakeholder anxieties. Today, however, the conversation is no longer about whether we must transform our health system. It is about how. The NHI represents an effort to correct historic injustices and to build a health system that is equitable, resilient and sustainable. It is designed to unify a system long fragmented by geography, income and the legacy of apartheid, to ensure that all people, regardless of their means or their location, can access quality health care when and where they need it.

Family practitioners are not at the periphery of this transformation; they are at its very heart. The promise of the NHI cannot be realised in hospitals alone. It lives or dies in the strength of primary health care. It lives in every clinic, in every consultation, in every enduring relationship between practitioner and patient that upholds continuity, comprehensiveness and community trust. As we plan the phased roll-out of the NHI, we are acutely aware that its success will depend on building integrated care networks anchored in family medicine. It will require that provider payment systems reward quality rather than volume, that practitioners are supported by digital tools, by data flows and by clinical governance systems that make good care easier to deliver. It will require that education and training programmes equip tomorrow's family physicians not for the health system we inherited, but for the health system we are building.

We are meeting at a time when South Africa holds the G20 Presidency. This is not just a ceremonial duty; it is an opportunity to connect our domestic reforms with global priorities. The G20 health agenda has in recent years focused on pandemic preparedness, antimicrobial resistance, climate and health, and equitable access to essential health products. For South Africa, the presidency is a chance to showcase African innovation, to insist that equity is not a matter of charity but the foundation of global health security, and to learn from the best of other nations' primary care systems, from Canada's publicly funded family medicine networks, to Brazil's deeply rooted community health teams, to India's scale and innovation in digital health.

Yet global change is not confined to the halls of international diplomacy. It is present in the daily lived reality of family medicine. Around the world, and certainly here at home, we are witnessing a rising tide of non-communicable diseases that require continuity and lifestyle-sensitive care. We are confronting a mental health crisis intertwined with economic stress, social isolation and substance abuse. We are seeing climate change alter disease patterns, create new emergencies and challenge traditional models of service delivery, whether through flooding, heatwaves, or the shifting geographical footprint of vector-borne diseases. We are navigating an explosion of new technologies, from artificial intelligence to remote monitoring, offering unprecedented diagnostic and administrative tools, but also presenting profound ethical, legal and workforce questions.

To learn and practice family medicine in this era is to remain clinically excellent while staying system aware. It is to build strong and trusting patient relationships while embracing new technologies that can make those relationships more informed and more efficient. It is to advocate for patients while simultaneously contributing to the design of policies that will affect them for decades to come. It is to teach the next generation of practitioners to care holistically, not in silos, to view the patient not as a collection of symptoms but as a whole person whose health is shaped by biology, behaviour, community and environment. Above all, it is to remain deeply human at a time when the risk is high that care becomes transactional, fragmented or depersonalised.

Our profession is not simply a technical discipline; it is a social contract. In a rapidly changing world, the trust between a family practitioner and their community may well be the single most resilient asset in our entire health system. That trust must be nurtured not only by individual practitioners, but also by the systems within which they operate. It must be reinforced by policy coherence, by fair contracting arrangements, by adequate resources, by ethical governance and by the visible commitment of national leadership to primary care as the foundation of universal health coverage.

As we deliberate over the next two days, I urge us to see this congress as more than a forum for professional development. It is also a platform for shaping the future. We must contribute practical solutions on contracting, capitation, referral pathways and team-based care that reflect the realities of practice in rural, peri-urban and urban settings alike. We must take advantage of our G20 moment not merely for statements of intent, but for concrete collaborations in digital health, in workforce training and in primary care innovation that benefit our patients and communities. We must invest in continuous professional development that keeps pace with global change, so that no practitioner is left behind by policy, technology or epidemiology. And we must protect the enduring values of family medicine — continuity, comprehensiveness, coordination and compassion — as anchors amidst turbulence.

History rarely announces when it has placed us at a turning point. But in health care, in this country, in this year, it is unmistakable. The choices we make now — how we train, how we organise, how we fund and how we care — will shape the health of our nation for generations. Let us leave this congress not only wiser, but also braver, willing to build the health system we have long envisioned, responsive to global change, grounded in equity, and worthy of the trust that our patients place in us every day.

Thank you.

Dr Aquina Thulare – on behalf of Minister Dr A Motsoaledi