NHI needs to focus on the most vulnerable people

Ms. M.P. Matsoso
Director-General: Health

16 July 2017

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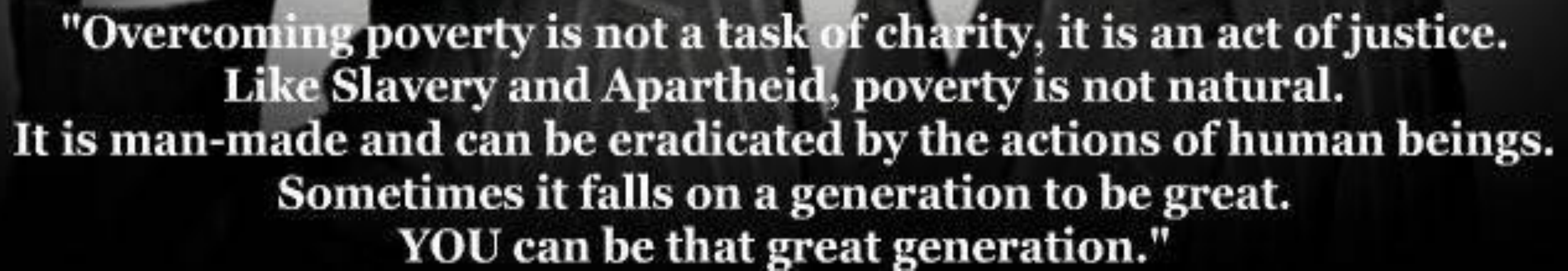

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What is the goal?

- Following the release of the White paper on NHI, there remains questions of what the GOAL is:
  - Achieving Universal Health Coverage
- What does this mean?
  - To provide all people with access to a common set of comprehensive health services of sufficient quality, while also ensuring that the use of these services does not expose the user to financial hardship.
- **Risk pooling and Cross-subsidisation are critical elements**
  - **A key element of financing for UHC is that the health costs for the poor and vulnerable are shared by the whole of society**.
- Furthermore, the health care financing system should aim to:
  - Spread the financial risks of illness across a wide population,
  - By collecting large pools of prepaid funds that people can draw on to cover their health care costs at times of need,
  - Regardless of their ability to pay.

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NHI pilots: What did we learn?

- Through the implementation of several initiatives such as
  - School health programme;
  - Maternal and child health programme;
  - District Clinical Specialist teams; and
  - Primary Health
- We learnt:
  - There are serious inequities in access to health care
  - These inequities are exacerbated by the capacity in the public sector, e.g. lack of resources, equipment, medicines
  - Most importantly, access to key health professionals.
  - Gaps in capacity
- We mapped where people live and the relationship to health care facilities and professionals needed.

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Distribution of Selected Health Professionals

Province	Sector	OT	Optom	Physio	Speech & Audiology	Dental therapy	Dentists
EC	Pub	110	8	142	61	15	116
	Pvt	85	209	180	66	24	268
FS	Pub	71	9	81	17	3	74
	Pvt	117	141	196	35	33	200
GP	Pub	307	37	198	156	41	213
	Pvt	933	1280	1592	751	108	1035
KZN	Pub	223	58	309	133	106	153
	Pvt	266	568	541	200	96	452
LP	Pub	258	123	211	87	225	149
	Pvt	93	277	189	53	29	154
MP	Pub	91	6	86	50	17	110
	Pvt	83	200	138	63	19	142
NW	Pub	55	5	83	23	17	62
	Pvt	63	152	119	34	31	141
NC	Pub	56	1	60	30	14	33
	Pvt	29	58	41	15	20	144
WC	Pub	133	2	143	57	2	88
	Pvt	467	472	863	240	15	689
Total	Pub	1304	249	1313	614	440	998
	Pvt	2136	3357	3859	1457	375	3225

Prioritising the most vulnerable groups

- To achieve universal health coverage, and address inequities in access to health care **where do you start?**
  - Do you start by improving the access and quality of health care for those who have cover?
  - Do you start with those at greatest risk, those with no cover, the most vulnerable groups?
- We must start by being humane and being responsive

- For us to be successful, WE must all be willing to contribute towards improving the health and lives of South Africans.

WE HAVE AN OPPORTUNITY TO RESPOND

Children in need of urgent access to health care

- **Total Children** screened since April 2014 = 3.2m
  (as at end of March 2017)
- A total of 500,004 were identified for follow-up

Oral Health	337 679
Eye Sight	119 340
Hearing Problems	34 094
Speech Problems	8 891

- **In the 1st 18-months**, Quintile 1 and 2 Schools (grade 1 and 4) in the NHI Pilot districts were prioritised
  - It was found that 1/3 (33%) of the learners screened had at least one of these problems.
- **Subsequently, the programme was expanded to all quintiles for Grades 1 and 4** (both within and outside NHI pilot districts).
  - It was found that 15% of the learners screened had at least one of these problems
- Children in poorer communities at greater risk

2017 SA Demographic and Health Survey

- A very worrying finding relating to children is the prevalence of stunting.
- The data show that 27% of children under 5 are considered short for their age or stunted, and 10% are severely stunted.
  - Amongst boys almost one in three is stunted and
  - Amongst girls one in four is stunted.

Percent

50
45
40
35
30
25
20
15
10
5
0

Stunted
Underweight
Wasted

0 3 6 9 12 15 18 21 24 27 30 33 36 39 42 45 48 51 54 57

Age (months)

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Source: SADHS 2017

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The power of partnerships - Life Esidimeni

- The events surrounding the tragedy that is referred to as "Life Esidimeni" represents a dark time in SA health care
- The story of the response to the tragedy is lesser known.
- Intervention needed to support Gauteng Provincial Health Department
- We looked to our own institutions and partners
  - Using NICD, through the Emergency Operations Centre, we identified Private Sector clinicians to assess patients.
  - Partnership with Civil Society and the family members
- It was a partnership where the private sector, civil society and government came together in the interests of the mental health care users
- There was willingness and responsiveness

Integrated School Health Programme

- ***Strategic Interventions***
  - *In 2017*
    - *Eliminate* backlog of screened learners
    - All learners in Grade 1 to be screened (1,1m)
    - All learners needing follow-up provided with care
  - In 2018,
    - All learners in Grade 1 screened
    - Expand to include All grade 4 learners
  - 2019,
    - Expand to include All grade 8 and 10 learners

These grades represent developmental learning phases

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Maternal and woman's health

- From April 2017, all pregnant women will be able to access a minimum of 8 Ante-Natal Care visits within the public and private sector.
- In addition, the costs of delivery in-facility (public and private) will be covered.
- Family planning services including oral contraceptives, injectable and sub-derminal implants will be available for females from age 15 to 40.
- Screening, diagnosis and treatment of Cervical and Breast Cancer.

Services for the Elderly and Disabled

- ***Strategic Interventions***
  - Circumvent existing resource constraints to provide rapid reduction of cataract surgical backlogs in the most cost effective manner while still achieving high quality outcomes, and;
  - Lay the foundation for sustained systems transformation towards increased long term capacity.
  - Hip and Knee replacements
  - Assistive Devices
    - Wheelchairs
    - Hearing Aids
    - Spectacles

Scale Up Phases for Implementation

Programme	Year 1	Year 2	Year 3	Year 4
Mother and Women - Normal + High risk pregnancy	1 007 622	1 012 660	1 017 723	1 022 812
Mother and Women - Screened for Cancer	3 278 435	7 953 044	10 710 088	19 075 119
Mother and Women - Cervical Cancer	6 007	7 056	7 591	8 005
Mother and Women - Breast Cancer	8 203	8 916	9 657	10 375
Paediatric Cancer	4 737	5 324	5 749	6 127
School health	1 174 594	2 103 680	4 118 882	5 293 476
Elderly - Cataract surgery	70 000	100 000	100 000	120 000
Elderly - Hip and Knee arthroplasty	4 450	4 472	4 495	4 517
Disabled + Rehabilitation	9 500	18 000	25 000	30 000
Mental Health Users - Screening +Treatment + Care	500 000	750 000	1 000 000	1 200 000

To do nothing is not an option

- We cannot talk about transformation, economic growth whilst ignoring the plight of the vulnerable people of our country.
- We need to create the appropriate vehicles
- We need to build institutions and systems
- We are churning health professionals
  - They need to work for us and with us
  - We must either employ them or contract
  - Focus must be on delivering quality health services
- We are reforming the public sector, the same way as we are reforming the private sector

NHI Implementation

Financing

Provision

Governance

Regulatory

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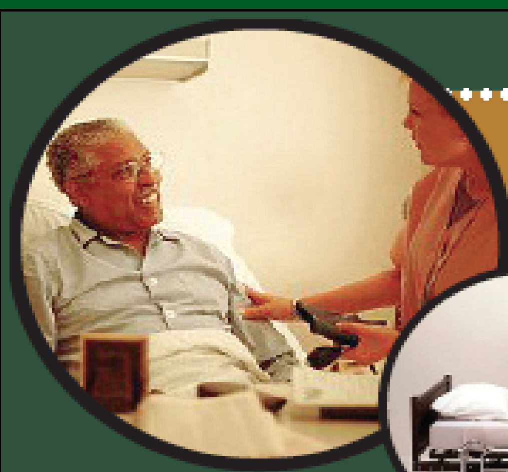
NHI Implementation Structures

- The following structures have been gazetted
  - National Tertiary Health Services Committee
  - National Governing Body on Training and Development
  - National Health Pricing Advisory Committee
  - Ministerial Advisory Committee on Health Care Benefits for National Health Insurance
  - National Advisory Committee on Consolidation of Financing Arrangements
  - Ministerial Advisory Committee on Health Technology Assessment for National Health Insurance
  - National Health Commission



Institutions, bodies and commissions to be established in support of NHI Implementation

In terms of the Government Notice, Vol. 625 Number 40969, published on 7th of July 2017, the Director-General: Health hereby invites comments and inputs on the terms of reference for the Institutions, bodies and commissions to be established in support of NHI Implementation.

The different committees will be established in terms of section 91 (1) of the National Health Act. Specific comment/ input is requested on the following:

- The structures;
- Specific terms of reference; and
- Composition of the committees.

General Information

All comments and input must be sent to Civitas Building, Cnr Thabo Sehume and Struben Streets, Pretoria; marked for the attention of the Director-General: Health Alternatively, email to DG@health.gov.za

Deadline for submission of Nominations

All comments and inputs must be submitted before 31st of July 2017

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A long and healthy life for all South Africans!

NHI Implementation - Financing

- **Public Sector**
  - a. Restructuring of Equitable Share
  - b. Hospitals
    - (i) Establish cost-based budgets for Hospitals
    - (ii) Introduce case-mix based budgets
  - c. PHC
    - (i) Establish Clinic Budgets
    - (ii) introduce capitation contracting
- **Private Sector**
  - a. High prices for health services
  - b. Price regulation for the all services included in the NHI comprehensive benefit framework
  - c. Removal of Differential pricing of services based on diagnosis
  - d. Co-Payments and Balanced billing

NHI Implementation - Provision

1. **Public Sector**
    a) School Health
    b) Maternal and woman's health
    c) Mental illness
    d) Elderly
    e) Disability and Rehabilitation
    f) Expansion of Service Benefits
    g) Implementation PHC services through 1st 1000 clinics
2. **Private Sector**
    a) Introduction of Single Service Benefits Framework
    b) Reduce the number of options per scheme
    c) Reform of PMBs and alignment to NHI service benefits, including common protocols/care pathways

NHI Implementation – Governance

1. **Public Sector**
   a) Establish Central Hospitals as Semi-autonomous structures
   b) Strengthen Governance and delegations of Hospitals
   c) Strengthen Governance and delegations of Districts
2. **Private Sector**
   a. Governance and non-health care
   b. Reserves and solvency
3. **Interim Institutional Structures**
   a. Establishment of NHI Transitional Structures
   b. Establishment of Health System Reform Structures
   c. Interim NHI Fund

NHI Implementation – Regulatory

1. **Public Sector**
   a. Legislation to create NHI Fund
      i. The NHI Bill introduced
   b. Legislation Amendments
      i. The National Health Act
      ii. The Health Professions Act
      iii. General Health Legislation Amendment
2. **Private Sector**
   a. Medical Schemes Act and regulations Reform
   b. Consolidation
      (i) Consolidate GEMS and other state medical schemes into single structure
      (ii) Reduce the number of Medical Schemes
      (iii) Reduce the number of options in Medical Schemes
   c. Licensing of health establishments

What are stakeholders saying?

- “We offer to train the different cadres of workers”
- “We will shape up the Provider training to meet NHI needs.”
- “Happy that there is prioritisation of the screening of cancers
- “We are very keen to see reforms happen – especially to see the PHC reforms”
- “There are many doctors in our network. We would like to support the ideals of the NHI.”
- “Appreciate the revised white paper, and recognise that a lot of the comments we had provided were taken care of in the revised white paper”
- “We appreciate the transparency, and the process of creating the interim structures”
- “There are a number of learnings we can offers both locally and internationally.”
- “There are 200,000 students using health services – we would like to engage NDoH to pilot access to care – particularly those marginalised and those that do not have access to care”

In conclusion

- **We can be that great generation, and improve the lives of those in need, if we work together.**
- **Low income should not mean poor health care.**

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Thank you