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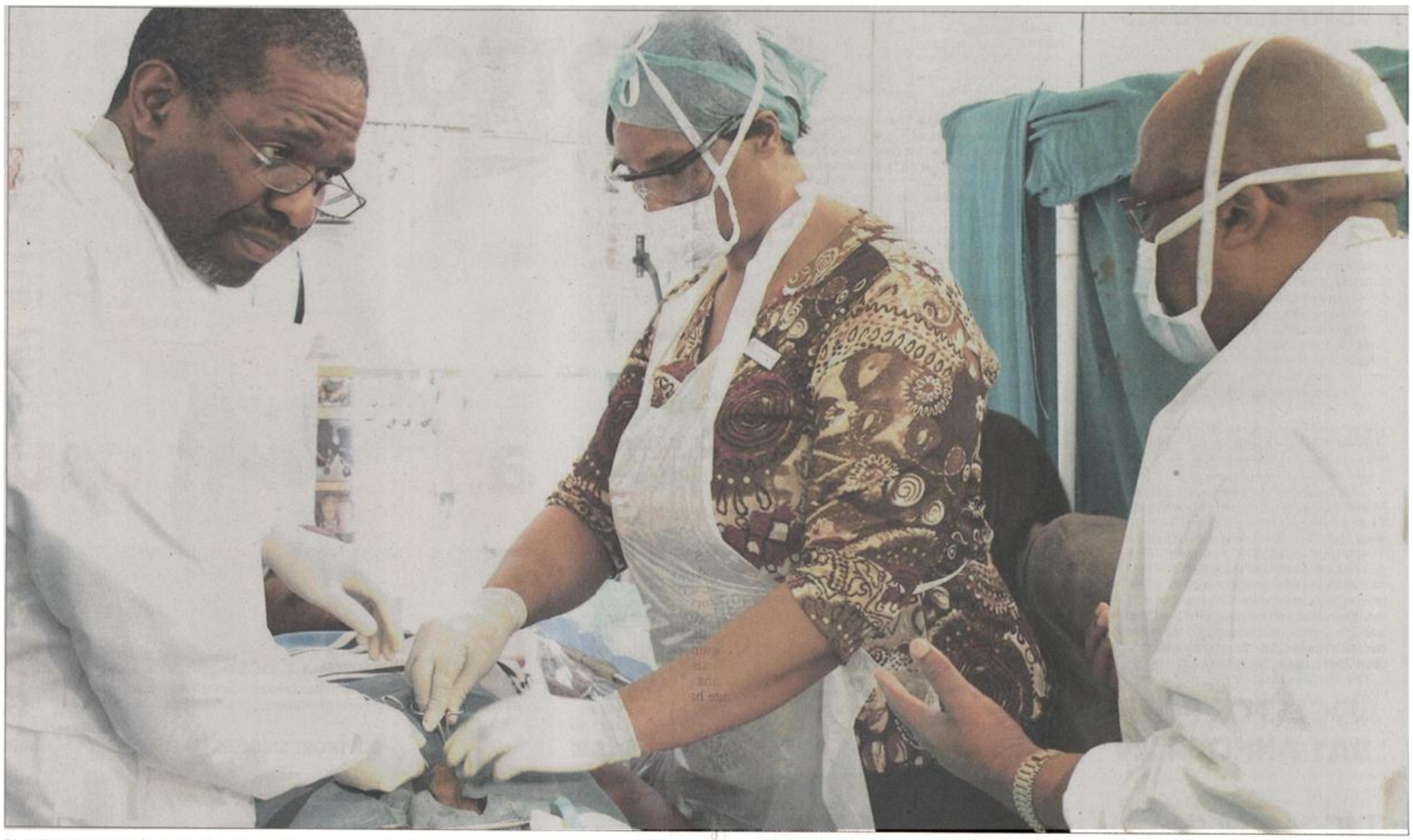
The health-care industry and, indeed, all South Africans, still need more details after the government released its green paper on the NHI. We ask two public health experts, ***Laetitia Rispel*** *and* ***Sharon Fonn,*** *to size it up*

Better structure for better health



PLAYING IT SAFE: The KZN MEC for Health, Dr Sibongiseni Dhlomo, left, talks to Health Minister Dr Aaron Motsoaledi, right, as the two men prepare to perform a circumcision on a young volunteer at a circumcision camp earlier this year. The policy document on the NHI is vague on how the programme's benefits will be achieved, say the writers. PICTURE: VIVIAN ATTWOOD

What are the biggest problems in health care? South Africa is gripped by a complex disease burden. We have the twin epidemics of HIV and tuberculosis. We battle non-communicable diseases and injuries. Countries that spend less than we do per capita on health have much better health statistics.

Our health system performs poorly, in part because of centralised decision-making, sub-optimal management and inadequate leadership, which can be acute at public sector hospitals. There are health professional shortages, exacerbated by the low productivity of existing staff. There are the huge inequities between the public and private health sectors, and between urban and rural areas, escalating private health care costs.

There is a lack of a broad population health approach to service delivery, poor utilisation of existing information for decision-making, and a huge gap between stated policies and their implementation.

● Shouldn't we all already have access to health care?

Although health care access for all is constitutionally enshrined, considerable inequities remain.

A recent publication in the Journal of Public Health Policy found that black Africans, poor, uninsured and rural residents experience the greatest access barriers to health care in the country. Poor people mainly visit primary health-care clinics, while the richest are three times as likely to use tertiary hospitals.

Poor people delay seeking care because they cannot afford the transport costs to get to services. While primary health-care services are free and the hospital user fee exempts uninsured children under six, out-of-pocket payments were made for 17 percent of children under six at public hospitals and about 8 percent of uninsured patients attending a primary health-care facility.

More than half of all respondents (55 percent) felt that patients at public hospitals are "rarely treated with respect and dignity". The study also found that among public sector patients, between a third and a quarter were dissatisfied with the overall quality of care, compared with less than 10 percent of private sector patients.

● Isn't the government already spending money on public hospitals?

There have been massive improvements in reducing inequitable public sector spending, but there are still large disparities between and within provinces in primary health-care spending per person. Information from public sector hospitals points to large-scale inefficiencies among individual hospitals and also among different provinces. Hospital costs at the high end point to potential inefficiency, theft and corruption, while costs at the low end may indicate poor quality of care and low productivity.

● What would NHI mean?

Given these overall health system challenges, the need for health-care reforms is undisputed. As public health professionals, we are supportive of the underlying principles of the proposed NHI – health-care access as a right, social solidarity, effectiveness, appropriateness, equity, affordability and efficiency.

We also support the stated objectives of improving access to quality services, pooling risks and funds to achieve equity and social solidarity, mobilising and controlling key financial resources in an efficient manner and strengthening the public health sector.

● Did the green paper on the NHI help us to understand it?

Despite its length and the time taken for its public release, the document lacks detail and is vague about how the reforms and intended benefits will be achieved.

The tax implications of the NHI and the envisaged relationship between the public and private health sectors are not clear. The document does not deal with the overall regulation of the private sector, the future role of medical schemes, and addressing cost problems and perverse incentives of those providers who opt out of the NHI.

Another unanswered question is how the strategic purchasing will be done from both public and private providers to promote quality service provision and cost containment. Experiences to date with Shared Services Centres doing central procurement are not encouraging.

Under the NHI, it is envisaged that the financing system will enable greater cross-subsidisation from the wealthy and healthy to the sick and poor. A very important element to achieve this is that the public sector becomes the "provider of choice". This is a huge challenge and the green paper is silent on how this will be achieved. Although there are good ideas, such as the district clinical specialists teams, how this will improve functioning of the public sector is not obvious.

In light of chronic overspending and inadequate financial management, reporting and accountability in many provincial health departments, it is unclear what mechanisms will be put in place to strengthen financial planning and monitoring systems.

To implement the NHI every beneficiary has to be "enumerated" – counted and issued with a NHI card.

We have no system to do this and the expense and logistics of getting this done as a prerequisite for the NHI is mind-boggling. At this point our national registration of births and deaths, a long-standing system to enumerate vital events, is incomplete, and there is a backlog. It has improved dramatically but it is nonetheless below standard.

● What does "service provision" mean?

Entitlement to a comprehensive package of services at all levels of health care is a laudable goal. However, what this service package may include is not clear. There would need to be inevitable trade-offs and difficult choices in the selection of cost-effective services to be provided.

The proposal allows individuals to continue with private medical insurance. It is not clear whether the individuals will be allowed to take out health insurance for services which are part of the comprehensive benefit package, or just for additional services. Either way, this provision goes against the equity principle enunciated in the document.

● And what about the needs in terms of the health workforce?

There is no comprehensive health workforce strategy, with detailed planning norms and standards. This remains the Achilles heel of health sector reforms in the country and the lack of detail is a serious omission in the document. We need to know how many and what kind of health-care workers are needed at district or hospital level.

● How will existing staff be used and, most importantly, managed?

This question has to be answered with two more questions. What is the appropriate staffing model to strengthen primary health care? The new outreach and community caregivers seem to be essential, but how will they link to existing providers and what is the relationship of this cadre to the proposed district specialists' teams? Neither has been answered in the green paper.

● Are existing problems with leadership and governance addressed?

The document is silent on the need to improve governance and accountability throughout the health system, particularly the public hospital and district system.

How do we ensure responsiveness to population needs and what strategies are proposed to eliminate corruption?

Given that there are de facto 10 health departments in operation in South Africa, details are lacking on the role of provincial health departments, the envisaged district health authorities, and their links to provincial health departments, and the current district health system.

● Where to from here?

The NHI green paper presents an important opportunity to think systematically about what needs to be done to fix the health system and how to do it. The process of developing it has already been successful at mobilising civil society.

There are various ways in which this has happened. The private sector has been desperate to engage. Civil society organisations have bemoaned the delay in making the proposal and the discussions around the NHI public.

This desire to have an influence on this bold reform process is a demonstration of a working democracy.

Green papers are by definition discussion documents that ask for critique and should evolve over time into more robust, more detailed, more nuanced and more appropriate policy.

Most importantly, they must evolve into a policy that can be implemented and deliver on the stated objectives.

Ensuring that we have a quality affordable health-care system in South Africa is critical for all health service users.

Achieving good health requires a well-functioning health-care system, as well as intersectoral interventions such as good education, adequate housing, access to water and sanitation to list a few.

The Health Ministry alone will not improve health outcomes.

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What the green paper *did* tell us about NHI

1. MEMBERSHIP to the National Health Insurance will be compulsory for all South Africans and permanent residents, but individuals may choose to continue with voluntary private medical scheme membership. However, there will be no tax subsidies for those who choose to continue with private medical scheme cover.

2. All employed individuals earning above a certain income level will make a payroll-linked mandatory contribution to the NHI.

3. Each citizen and permanent resident will be issued with an NHI card that will be the same for the entire population.

4. Every South African and permanent resident, regardless of employment or socio-economic status, is guaranteed:

- A comprehensive health-care package that will include disease prevention, health promotion, treatment of diseases where prevention has failed, and rehabilitative services at all levels of care (from clinic level through to central hospitals).
- Better access to quality health services.
- Ability to access care, with "appropriate guarantee of patient safety".

5. School-going children will also have access to comprehensive school health services.

6. Population sub-groups with the greatest health needs will be prioritised.

7. Citizens will be encouraged to use the primary health-care facilities, including accredited private providers, and will have access to a district clinical specialist team consisting of medical and nursing specialists who will be "an integral and permanent feature of health care delivery in South Africa".

8. For citizens and permanent residents, the comprehensive health-care package will be free care at the point of contact, except under certain conditions such as cosmetic surgery or where agreed protocols are not followed.

9. All health establishments (public and private) that render health services to the population will have to meet core quality, service, management systems, and performance standards.

10. The various reforms will be phased in over 14 years.