UNIVERSAL HEALTHCARE IMPLEMENTATION

A South African Perspective

Stéphan Möller

South African Pharmacy Council

3rd NATIONAL PHARMACY CONFERENCE
3-5 OCTOBER 2019
SUN CITY, SOUTH AFRICA

Sponsored by:
aspen PHARMACARE Platinum Sponsor
gems Gold Sponsor
Dis-Chem PHARMACIES Gold Sponsor
Cipla Gold Sponsor
Health and Welfare Sector Education and Training Authority HWSETA

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

THE PLAN

National Development Plan

ENABLING MILESTONE

PROVIDE AFFORDABLE ACCESS

TO QUALITY HEALTH CARE WHILE

PROMOTING HEALTH AND WELLBEING

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

CRITICAL ACTIONS (6)

PHASE IN NATIONAL HEALTH INSURANCE

UPGRADING PUBLIC HEALTH FACILITIES

PRODUCING MORE HEALTH PROFESSIONALS

REDUCING RELATIVE COST OF PRIVATE HEALTH CARE

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

ADDRESS THE SOCIAL DETERMINANTS THAT AFFECT HEALTH AND DISEASE

Promote healthy diets and physical activity

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

STRENGTHEN THE HEALTH SYSTEM

- Bring in additional capacity and expertise to strengthen health system at the district level
- Implement a national health information system to ensure that all parts of the system have the required information to effectively achieve their responsibilities
- Put in place a human resource strategy with national norms and standards for staffing, linked to a package of care
- Determine minimum qualifications for hospital managers

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

PREVENT AND REDUCE THE DISEASE BURDEN AND PROMOTE HEALTH

- Prevent and control epidemic burdens through deterring and treating HIV/AIDS, new epidemics and alcohol abuse
- Improve the allocation of resources and the availability of health personnel in the public sector
- Improve the quality of care, operational efficiency, health worker morale and leadership and innovation

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

IMPLEMENT NATIONAL HEALTH INSURANCE

Implement the scheme in a phased manner, focusing on:

- Improving quality of care in public facilities
- Reducing the relative cost of private medical care
- Increasing the number of medical professionals
- Introducing a patient record system and supporting information technology systems

EXTRACT: QUALITY HEALTHCARE FOR ALL

While greater use of private care, paid for either by users or health insurance, is part of the solution, it is no substitute for improving public health care.

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

EXTRACT: QUALITY HEALTHCARE FOR ALL

By 2030, the health system should provide quality care to all, free at the point of service, or paid for by publicly provided or privately funded insurance

EXTRACT: QUALITY HEALTHCARE FOR ALL

These reforms will take time, require cooperation between the public and private sectors, and demand significant resources.

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

WHERE ARE WE FIVE YEARS DOWN THE LINE?

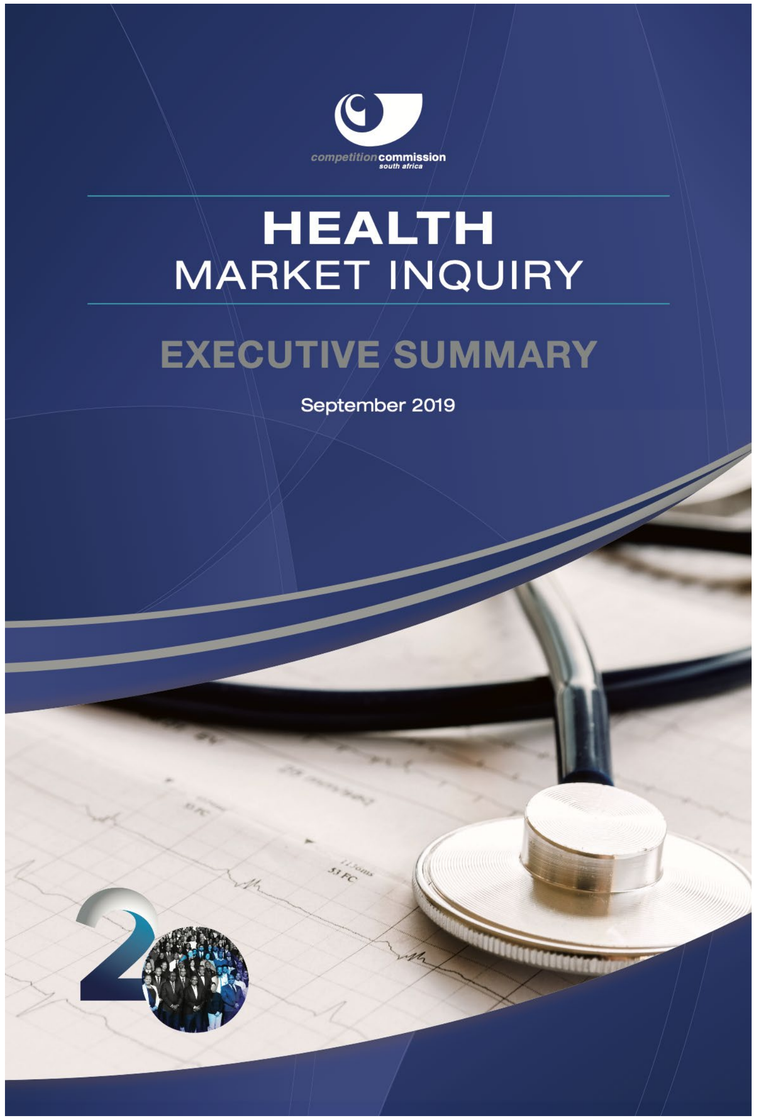
UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

PRIVATE SECTOR

COMPETITION COMMISSION'S PRIVATE HEALTH MARKET INQUIRY INTO PRIVATE HEALTH CARE

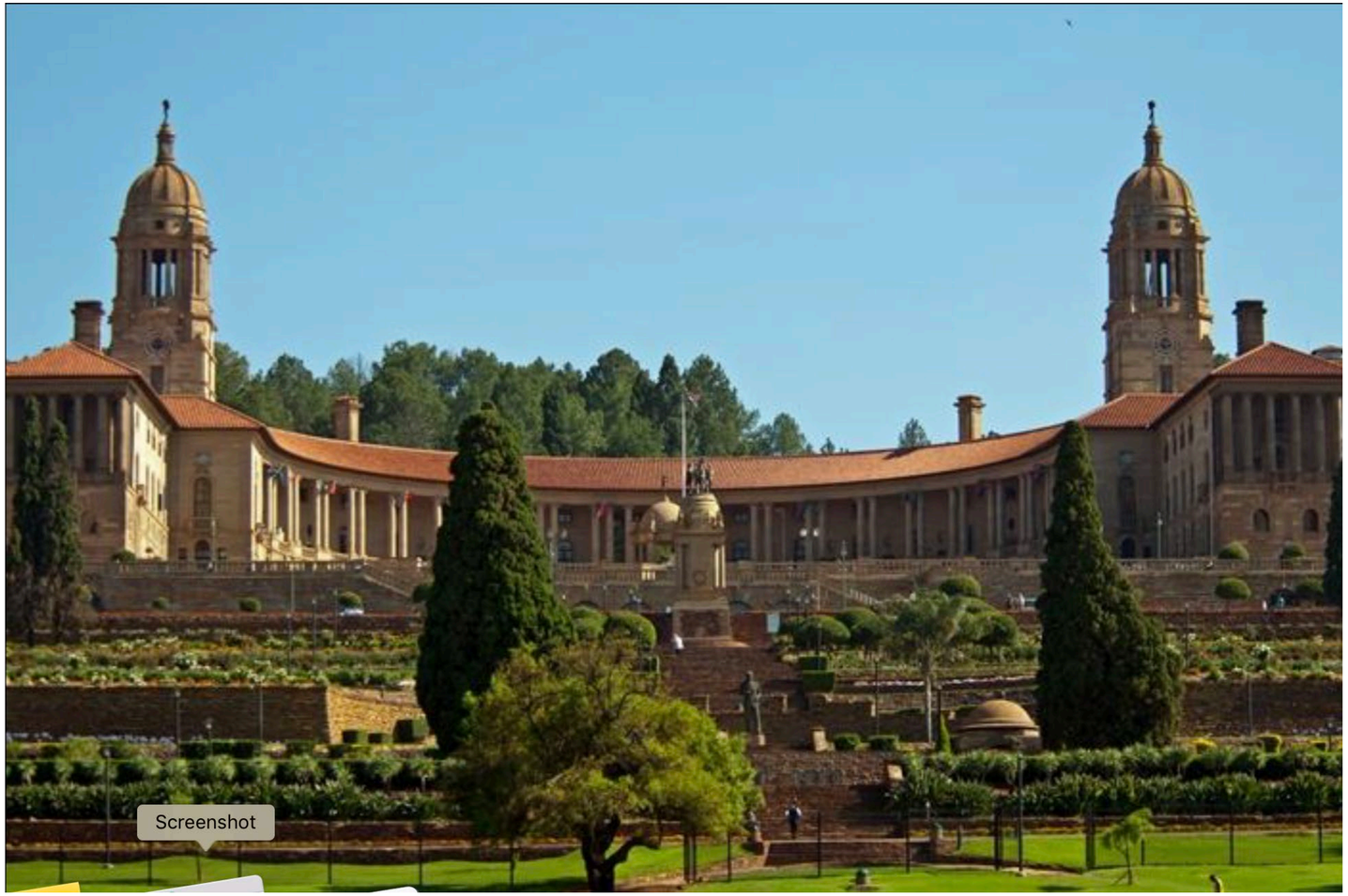
- High and rising costs of healthcare and medical scheme cover
- Highly concentrated funders and facilities markets
- Disempowered and uninformed consumers
- A general absence of value-based purchasing
- Ineffective constraints on rising volumes of care
- Practitioners that are subject to little regulation and
- Failures of accountability at many levels



UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

PUBLIC SECTOR



UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

THE OFFICE OF HEALTH STANDARDS COMPLIANCE FIRST INSPECTION (2016/2017)

- Health establishments fully compliant (>80%): 7 out of 851
- Health establishments non-compliant or critically non-compliant (<50%): 532

INEFFICIENCIES IDENTIFIED

- Shortage of doctors (especially in rural areas)
- Long distances to the nearest hospital
- Medical supplies, and equipment failure, which result in patients not being able to receive surgical treatment
- Medical legal claims and accrued contingent liabilities are a significant financial burden, as are rising personnel costs

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

FIRST INSPECTION REPORT SHOWED

- Many of the defects are managerial
- Lack of oversight and timely intervention whenever there is delivery failure, and
- Lack of accountability at national and provincial level.

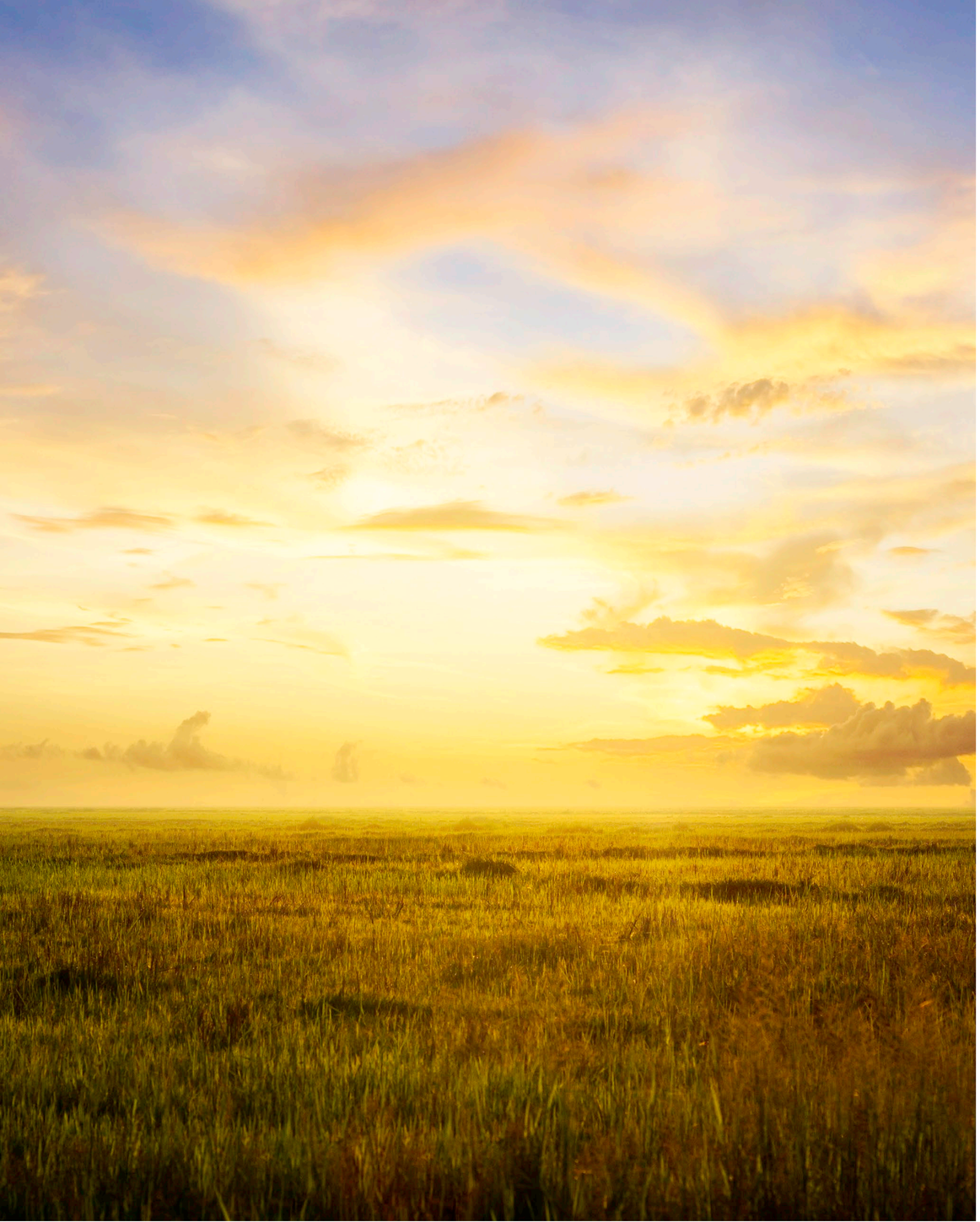
UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

CONSIDER

Would:

- Scarce managerial capacity in Public Health
- Redirected to focus on a major overhaul of the funding and contracting system, when
- Many in-facility management problems remain
- Alleviate or Worsen the situation?



UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

LAND RESTITUTION

- 20 years after the first round of applications closed:
  - 7 000 claims remain unsettled
  - 19 000 not finalised
- At this rate, it will take 140 years to settle the second round of claims

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

SOCIAL GRANT SYSTEM

- System still poses difficulties since Con Court declared the system used illegal in 2014
- Much simpler than NHI
  - Beneficiaries must be identified and paid
- NHI to consider:
  - Best Medical Practice
  - Its Costs
  - How it transfers into a benefits design and price
  - For funds received and pattern of utilisation:
    - Contract with all healthcare providers
    - Manage more money than the Social Grant System

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

WHAT IS NEEDED THEN?

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

CURRENT HEALTH SYSTEM

- We Desperately need a Reform in BOTH Public and Private Health Systems
- Increase effectiveness and efficiencies of the the health care Rand WITHOUT regulating the industry to Death
- Deal with fraud and mismanagement of resources severely - thank you President Ramaphosa for the establishment of the Health Sector Anti-Corruption Forum
- Have an INCLUSIVE approach to solutions - Invite Innovation and Participation
- Leave the politics to the politicians - We must start to lay the foundations - strong ones - for Universal Health Care Coverage
- Learn from other countries' mistakes - at least be cognisant of their mishaps or bad fortunes

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

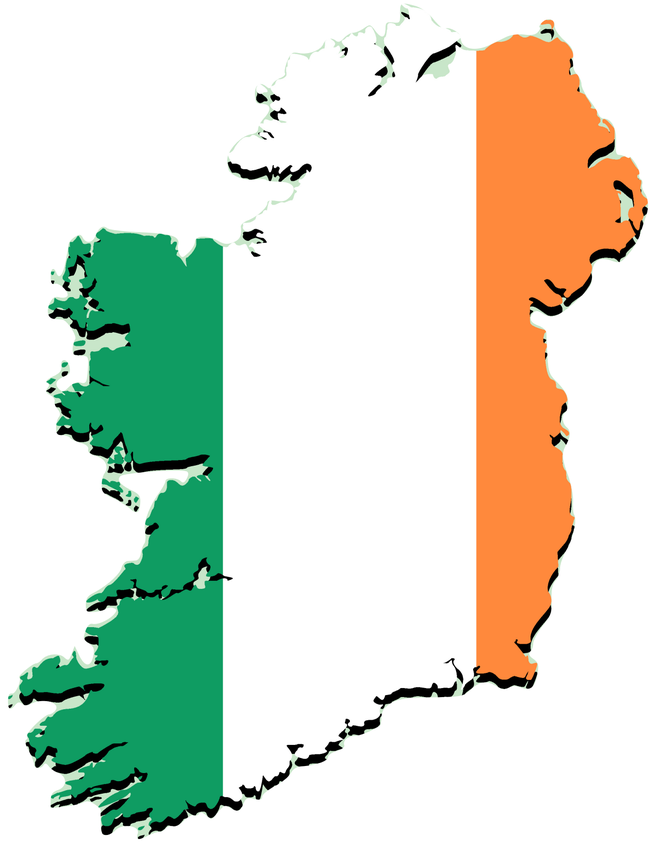
INTERNATIONAL LESSONS

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

- **Ireland**
  - Published their Universal Healthcare Insurance white paper in 2011
  - The paper did not allude to any costing and did not describe the basket of services
  - In 2015 it came to light Ireland cannot afford the system, following costings and analyses
  - NHI proved a vote winner in the 2011 general election

- What to **Learn**
  - Balance political ideologies with objective and proven facts



UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

- **Rwanda**
  - Since 1994, Rwanda has become a spectacular Public Health success story
  - Even though the country has less than a 1 000 doctors for a population of 11 000 000, it has 8 000 nurses and a new corps of 45 000 healthcare workers, elected by their own villages, focussing on primary care:
    - Malaria
    - Pneumonia
    - Diarrhoea
    - Family Planning
    - Prenatal Care
- What to **Learn**
  - Focus on the leading causes of death and disease and pursue them systematically

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

LOCAL LESSONS

PHASE I OF NATIONAL HEALTH

COMMON FACTORS OF SUCCESSFUL PILOT SITES

- Strong political will
- Adequate human and financial resources for implementation
- Good coordination and communication, and
- Good monitoring systems put in place at the time of implementation

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

WHAT CAN WE DO?

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

COMMUNITY

Promote Healthy Living

Provide Primary Care - PCDT

INSTITUTIONAL

Clinical Pharmacy

Medicine and Consumable Logistics

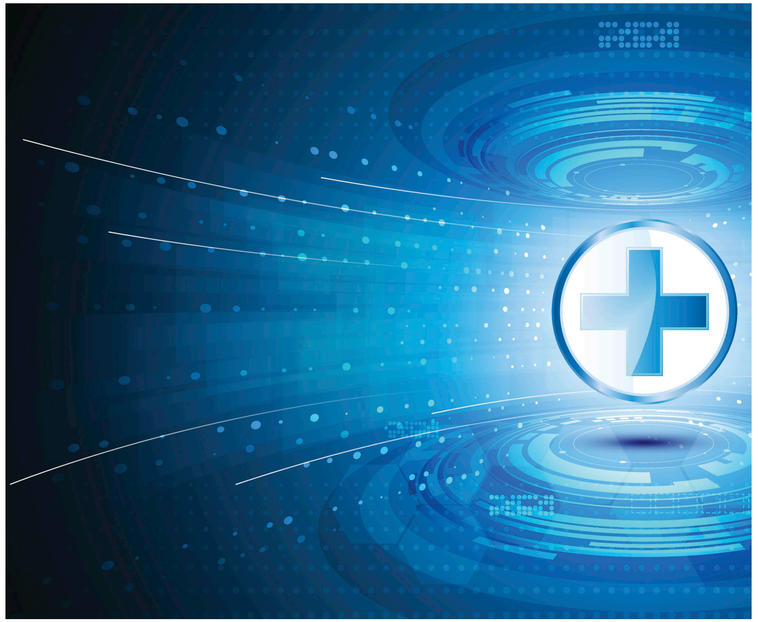
Stock Management

MANUFACTURING

Build local manufacturing capacity

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE



LEGAL FRAMEWORK

Influence legislation to allow for multi-disciplinary functionality

PHARMACY SCHOOLS

Adapt curricula to equip pharmacists with the necessary competencies to satisfy a changing demand

TECHNOLOGY

Innovate new technologies to assist with pharmaceutical care and medicines delivery

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

POLITICAL WILL

UNIVERSAL HEALTHCARE IMPLEMENTATION

SOUTH AFRICAN PERSPECTIVE

COLLABORATION