National Health Insurance

The NHI Green Paper

Is the Grass Greener?

Governments 10-point plan (1999-2004)

1. Reorganisation of certain support services
2. Legislative reform
3. Improving quality of care
4. Revitalization of hospital services
5. Speeding up delivery of an essential package of services through the district health system
6. Decreasing morbidity and mortality rates through strategic interventions
7. Improving resource mobilization and the management of resources without neglecting the attainment of equity in resource allocation
8. Improving health human resource development and management
9. Improving communication and consultation within the health system and between the health system and communities we serve
10. Strengthening co-operation with our partners internationally

Minister of Health

“…consider that NHI has significance way beyond the field of healthcare. The central challenge to the stability and well-being of our nation is reducing the deep inequality between the rich and the poor, between privilege and deprivation. This goes to the heart of South Africa’s future. NHI is one very meaningful way to reach across the wealth gap and to recognise our common humanity as South Africans… we all bleed, we all experience pain, we all need decent healthcare.”
Green Paper on NHI

The National Department of Health has finally released a public document for comment, being the Green Paper on National Health Insurance in South Africa. This has been in the planning from way back in the 1920's with healthcare financing system reform starting with the Commission on Old Age Pensioners and National Insurance in 1928.

Time Frames

The Green Paper (broad policy proposal) was released 12th August 2011, and is open for public comment until 30th December 2011.

ARE WE NEARLY THERE YET?

Time Frames

Policy document / White Paper finalised
Draft legislation will be developed - published for public engagement
Legislation finalised and submitted to parliament for consideration
Parliamentary approval
To the President for approval and signing
Then we only start the 14 year role-out plan... Currently conducting an audit of public health facilities in SA

- 10 districts will be selected
- Starts in April 2012

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Starts at the pilot sites, to determine:
- How service benefits will be designed
- How the population will be covered
- How the services will be delivered
- A special Conditional Grant will be provided to fund these pilot projects

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Further down the line – first 5 years (building and preparation):
- Pilot studies
- Strengthening the healthcare system through
  - Improved management
  - Quality improvement
  - Infrastructure development
  - Medical devices and equipment
- HR planning, development and management
- IT systems and support management
- Establishment of an NHI Fund
Money matters

While huge efforts will be put into uplifting the public sector, the private sector cost of care will be scrutinised.

These costs will need to be addressed even before the NHI kicks in.

NHI is a financing system that will ensure the provision of essential healthcare to all citizens of South Africa, regardless of their ability to pay.

The NHI will not be possible without:

- Improvement of quality of service in public hospitals must be non-negotiable.
- Pricing of healthcare in the private sector must be tackled equally seriously.
- It is not the intention of the Government to abolish private medical schemes if individual members wish to keep them.
- You can however not opt out of contributing to the NHI.

Your role in the NHI?

- It is your choice as a service provider whether you participate in the NHI.
- Should you choose to, there are certain criteria:
  - Compliance with quality standards.
  - Provision of a package of services that will extend to prevention of diseases and promotion of health.
  - Acceptance of capitation as a method of payment.
  - Appropriate pricing mechanisms.
  - Basic core standards will need to be compiled with.
Your role in the NHI?

NHI Service package will be delivered via a District Health System:

- District based clinical specialist support team
- School based PHC services
- Municipal ward based PHC agents

Providers will be reimbursed on a risk adjusted capitation system, linked to performance management.

Your role in the NHI?

- There will be a strong focus on Health promotion and preventative care –
  - community and household level
- Focus on the treatment of disease where prevention has failed
- Rehabilitation Services

PHC services will be re-engineered to focus on community outreach services.

Your role in the NHI?

NHI properly delivered through PHC streams could eliminate

- 21% to 38% of the burden of premature mortality and disability in children under the age of 15 years
- 10% to 18% of the burden in adults
Delivered through accredited, contracted private providers
- Health facilities – certification process
- Evidence-based principles
- Multi-disciplinary
- Meet standards of quality
- Safety and access
- Service elements
- Management systems
- Performance standards
- Coverage

Not hospi-centric
- Not curative in focus
- Rehab and specialised hospitals (e.g. Spinal units) included
- Gate-keeper system to avoid over-utilisation or over-provision of services
- Alignment of the COIDA and RAF structures into the NHI is planned

The question is no longer “If?”, but rather “When?” and “How am I going to get involved?”

Discussion…