

Achieving UHC through National Health Insurance in South Africa



The role of regulation in driving quality

Establishing an Office of Health Standards Compliance

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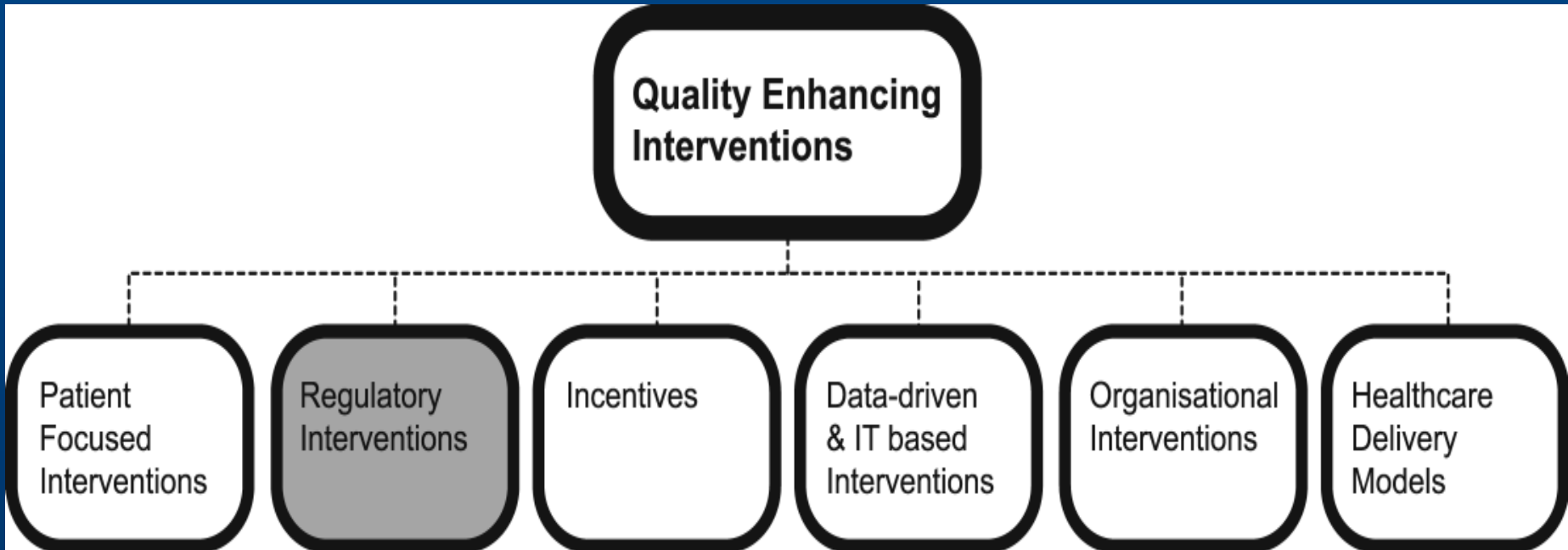
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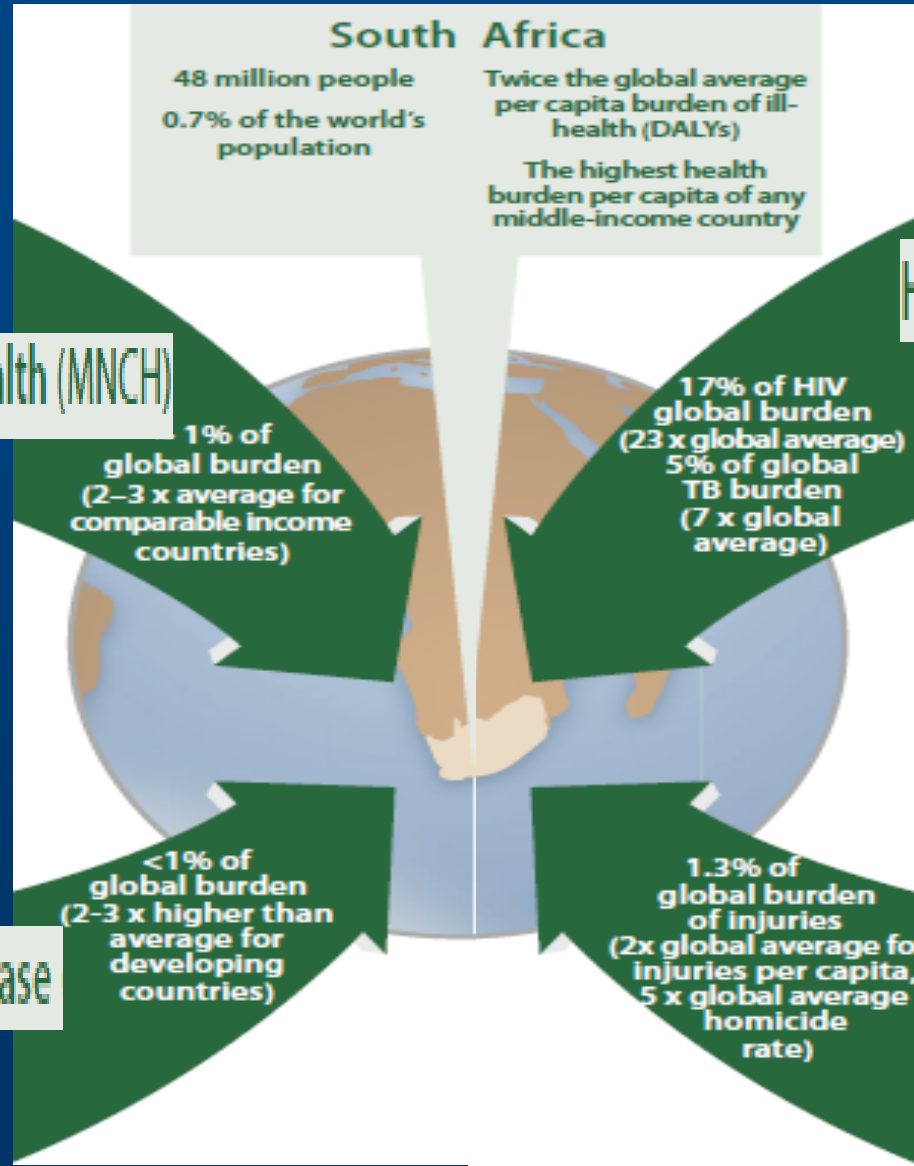
Outline

- Context
- Broad structure of proposed NHI for SA
- Office of Health Standards Compliance
- How we doing?
- Advantages & disadvantages of regulation
- Conclusions



Sutherland & Leatherman, 2006

South Africa's burden of disease



Population 48,282,000

Annual number of births 1,102,000

Mothers

Maternal mortality ratio per 100,000 live births 147

Annual number of maternal deaths 1,600

Babies

Stillbirth rate per 1,000 total births 18

Annual number of stillbirths 20,000

Neonatal mortality rate per 1,000 live births 21

Annual number of newborn deaths 22,000

Children

Under 5 mortality rate per 1,000 live births 69

Annual number of under 5 deaths 75,000



Photo: Dianne Lang/Photoshare, 2003

Current healthcare funding

- Two tier system
- Inequitable distribution

Type	Amount spent
Medical scheme member	+/- R9 972 p.a
Persons relying totally on public health services	+/- R1 925 p.a

- 7/10 South Africans (68%) rely entirely on public health services
- Medical schemes members (16%)
- Another 16% pay 'out of pocket' to see private GPs, dentists etc.

(Source: Health Economics Unit, UCT, 2009)

- 8.3% of SAs GDP spent on healthcare
 - 4.1% spent on 16.2% of the population (Private Sector)
 - 4.2% serves 83.8% of the population (Public Healthcare)

- South Africa has committed itself to pursuing a **National Health Insurance:**
 - Pool public funds (general tax revenue and additional dedicated taxes – payroll tax from employees/employers)
 - Establish NHI Fund (Public entity, autonomous decision-making, strong governance)
 - Defined, minimum package of services for all

...critically dependent on first improving quality of public sector service delivery and management....

Quality Issues

- Increasing concerns regarding acceptability, quality & safety of care
- Main causes:
 - Weak accountability & consequences
 - Insufficient management capacity at all levels
 - Weak primary health care % referral systems
 - External factors, e.g. private sector salary levels and 'brain drain'
 - Private sector issues, e.g. perverse incentives, fee for service, co payments

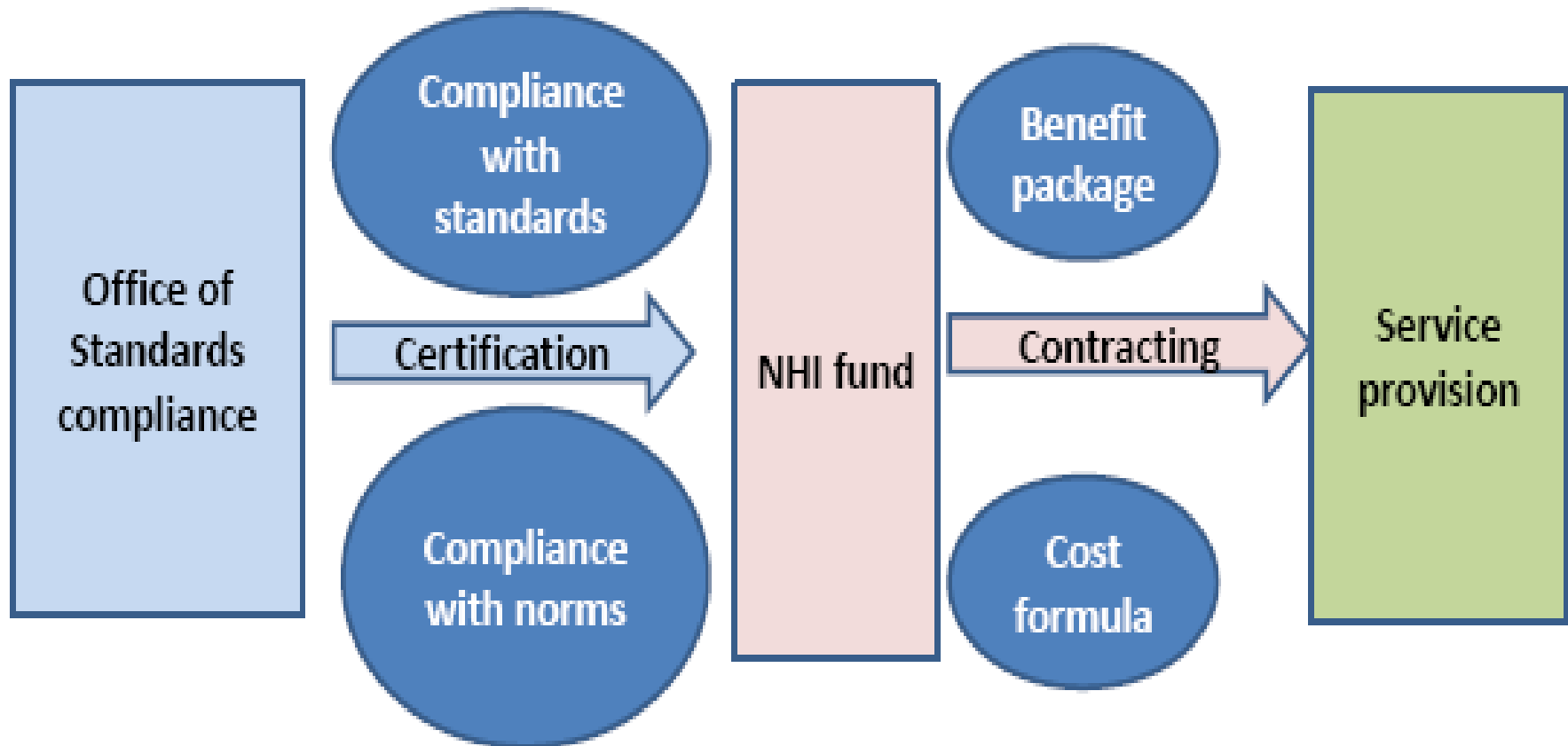
Independent quality regulator

- Amend the National Health Act
- Office of Health Standards Compliance

Key objectives of the OHSC

- Monitor & enforce compliance with prescribed norms & standards
 - Risk rated
 - Internationally benchmarked
 - Ensure basic quality and safety of patients
- Monitor indicators of risk as an EWS relating to serious breaches of N&S
- Consider, investigate and dispose of complaints relating to breaches of norms & standards

Pre-requisite for NHI



How we doing?

Facility type	Number	Min of overall scores	Max of overall scores	Average of overall scores
Central Hospitals	10	59%	92%	72%
Provincial Tertiary	12	47%	83%	70%
Regional Hospitals	17	43%	86%	68%
District Hospitals	46	25%	90%	60%
Specialized	3	36%	37%	24%
Grand Total Hospitals	90	25%	92%	63%
CHC	35	34%	90%	48%
Clinic	352	19%	87%	47%
Grand Total PHC	387	19%	90%	47%
District Offices	19	10%	68%	44%
Grand Total	496			

Advantages of a regulatory intervention:

- Single regulatory regime
- Ensures MINIMUM standards adhered to
- a legal basis for consequences

Disadvantages of a regulatory intervention:

- resource intensive and costly
- fosters malicious and procedural compliance
- highly skilled health and other professionals required
- Can be used as a political tool if not independent

Some concluding comments.....

- UHC focused solely on expanding access whilst not simultaneously addressing quality will have limited impact on population health
- Regulation is only one part of the overall quality improvement space
- Regulation alone will not to lift care from acceptable to excellent.
- The work in SA has resulted in a greater coherence of QI interventions

Thanks!

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