

SA health 'low value for money'

TREASURY officials have criticised the Health Department's lack of detail about how it aims to transform public hospitals in preparation for the national health insurance (NHI) scheme. Treasury officials Mark Blecher, Aparna Kollipara, Nomkhosi Zulu and academic Pieter de Jager, said it was of concern that the NHI documents did not provide sufficient detail on a credible strategy for public hospital reform, with the exception of the important Office of Health Standards Compliance (OHSC). The OHSC will set norms and standards for hospitals. Blecher and colleagues, writing in the latest SA Health Review (SAHR), said it was important that the government found ways to deal with key flow blockages in public hospitals that led to lengthy delays. The SAHR is an annual analysis of the state of the country's health, produced by the Health Systems Trust. Blecher and colleagues also said it was important for the Health Department to start exploring how to draw private providers, including GPs and pharmacies, into district health delivery, a critical part of the proposed NHI system. District health authorities would have to be strengthened as they would be "budget holders in the new arrangement". They said a conditional grant from the Treasury was likely to channel funds to the Health Department until an independent NHI fund could be established. The Treasury would also release a discussion document "in due course" that would lay out some options for how the NHI could be paid for, including "payroll tax, personal income tax, surcharge, VAT". In another chapter in the SAHR 2011m Tracey Naledi, Peter Barron and Helen Schneider argue that although SA spends a significant amount on health, the country's health system provides "low value for money". SA spends 8.6 percent of gross domestic product on health services, roughly the same percentage as Brazil, England and Italy, all of which have better health outcomes. The authors argue that this investment has not been translated into improved health outcomes. In fact, health outcomes such as infant mortality in SA have deteriorated in the past decade. The HIV pandemic and a weak primary healthcare (PHC) system were largely to blame, the authors said. Many patients bypassed clinics for basic healthcare and went straight to hospitals, which wasted money. Staff levels at clinics have declined although spending on health personnel has doubled over five years. Last year the government launched its plan to "re-engineer" primary healthcare as part of its plan to bring healthcare closer to the people, and care that is cheaper to deliver. PHC outreach teams are to be set up in each municipal ward in the country, made up of six community health workers per team, supported by a professional nurse and a staff nurse, and keeping an eye on the health of 1 500 households. Nurses are also going to be reintroduced to schools as the government tries to move from curing illness to preventing it.

Kerry Cullinan: Health-e News Service via The Star, 24 February 2012