SA healthcare cannot become great overnight

THERE is going to be a serious fight to get what we want in our health system - and while the National Health Insurance (NHI) Green Paper was steering matters in the right direction, healthcare delivery cannot go from "horrible to wonderful" overnight, according to a health economist. Speaking yesterday at the opening plenary of the National Health Assembly, Professor Di McIntyre, who is also a key NHI adviser to the Health Minister, reiterated that NHI was about the comprehensive reform of the health system. She said her key concerns were the human resources constraints, the underfunding of the NHI pilot sites by the Treasury and the "enormous pressure to protect the positions of the high-income groups and private sector profits". She said nothing could be done to rebuild health services with R11 million per pilot district. McIntyre said the vision of the NHI was "to create a universal health system that is built on the principle of social solidarity by helping to fund healthcare that is accessible to all". She added that it could no longer be a health system that only delivered if one had the ability to pay. She said that although these rights were embedded in the constitution, they had not been realised. McIntyre said the government would fund the NHI via a tax-funded system whereby money would be put in a pool and used to make sure anyone who needed health services could access a comprehensive basket of services for free at the point of care.

However, she said, the starting point for NHI had to be at the service delivery side, even though more money was needed. She said more money was needed, but it is important to focus on the first part and rebuild the public health system. In the 1990s public health services were underfunded, despite HIV, and it was not surprising that matters had deteriorated, she said. McIntyre outlined a number of activities that were currently taking place as part of the establishment of NHI. These included an audit of all health facilities in the country around indicators such as the state of buildings, the need for more facilities, equipment, human resources and drug supply. Another involved an audit of the skills and qualifications of managers at facilities and hospitals, as well as at district level, providing additional training where required. She said measures were being developed to move decision-making authority to managers, allowing them to authorise among others the appointment of staff. In terms of quality of care, the department was establishing the Office of Health Standards Compliance with facility improvement teams working on the ground to address and solve problems.

So, she said, there were many different initiatives going on with a fundamental realisation that there needed to be an improvement in services at primary healthcare level. In terms of the funding mechanisms, McIntyre said it could involve an NHI Fund - an organisation that was a public entity, with autonomy, but accountable to the government. Its main role would be to pool money into a single entity and from that buy pool services for all. She said it would change the way in which providers were paid and could involve the purchasing of services from the private sector. She predicted that the major areas of contestation would be around the funding of NHI, the issue of co-payments and the structure of the NHI Fund. McIntyre said the Green Paper did not address the funding of NHI as the Treasury had insisted on taking responsibility. It had already missed the April deadline for a promised discussion paper, but it was likely to propose either increasing allocations from a general tax or increase tax in some areas such as VAT or personal income tax and taxes on employers.

Anso Thom: The Cape Times, 6 July 2012