

Experts reject health plan

BAD hospital management, a lack of doctors, political appointments, long waiting times, endemic corruption and no accountability of leaders are the problems that experts say plague government healthcare and that will have to be dealt with if National Health Insurance is to be implemented. The government proposals for fixing the healthcare system do not address the systemic problems, experts say, but instead suggest spending more money on health. The experts include health economist Alex van den Heever, SA Human Rights Commission researcher Yuri Ramkissoo and a health analyst from the Helen Suzman Foundation. Their research was published in a magazine, edited by the Council for Medical Schemes. Van den Heever said decision-making had been centralised and politicised, internalising inefficiencies and dramatically increasing corruption. He said that when the new government took over, no mechanisms were introduced to regulate performance and deepen accountability, and measures that did exist were systematically undermined. He called for systemic changes to healthcare, adding that all that had been proposed thus far was to increase taxes. Strategic Health Reform Project manager Kate Francis said "throwing money" at the problem would not help. She said South Africa spent more on healthcare than its peer countries and yet our health outcomes were far worse. Francis said that in this light, a proposal to increase spending on healthcare was ill-conceived. Francis and Van den Heever suggest improving management and accountability, "while improving cost containment". Spokesman for the Board of Healthcare Funders Heidi Kruger said South Africa spent 8.5 percent of its gross domestic product on healthcare with poor outcomes when compared with similar middle-income countries. Ramkissoo described the public health system as "plagued by poor management, a lack of capacity and resources, and long waiting times for patients".

Not enough money and doctors to implement NHI

To implement the National Health Insurance, mooted as a better health system funded by taxes, South Africa is short of two things: money and doctors. Recently, the chief director for health and social development at the Treasury, Dr Mark Blecher, said though the government would spend about R122-billion on health in this financial year, South Africa would be R80-billion short if it were to implement the scheme in full. Writing in the Council for Medical Schemes newsletter, Dr Dumisani Bomela, from the Hospital Association of Southern Africa, said for improved health, there was a need for "significantly increased numbers of doctors and nurses". He wrote that the Department of Health human resource strategy document indicated a shortage of 82 962 workers. South Africa has a shortage of 48 000 nurses, 4 000 doctors and 7 000 specialists. There are 55 doctors for every 100 000 people in South Africa. In Brazil there are 185 doctors for every 100 000 people.

Bomela called for a change to regulations to make it legal for private institutions to train doctors. Private-nurse training facilities were limited to one nursing student per private hospital bed. This reduced how many nurses were trained by private hospitals, with 10 times the number of nurses applying to study that could be accepted, he said. He expressed hospitals' willingness to work with the government to roll out NHI and suggested private public partnerships where the state paid private hospitals to treat government patients, as was being done in the UK. In response to a call for doctors to be involved in NHI, the South African Medical Association's Dr Darian van Loggerenberg said doctors would only do so if they were paid in line with their experience. Van Loggerenberg said the recent proposed guideline tariffs to regulate doctors' fees were five percent less than the association proposed in 2003. He said the cost of living had increased by 55 percent since then. Van Loggerenberg said that at this unacceptably low rate it would be impossible for private doctors to contribute to NHI.

Ground work done to prepare for scheme's roll-out

In a paper released last week titled "National Health Insurance, the first 18 months", the Health Department explained how it was working towards ensuring that everyone had access to "appropriate, efficient and quality health services". This is what has been achieved:

- A thousand medical students were sent to Cuba in September to increase the number of doctors;
- About 102 new CEOs of hospitals have been appointed;
- A leadership and management academy for doctors and academics has been established. In February, 88 new CEOs received five days training at the academy;
- All 3 380 government hospitals and clinics were audited last year. The worst-performing 1 000 units have been meeting with "facility improvement teams" to improve the availability of medicines, patient safety, infection control, staff attitudes and reducing patient waiting time;
- A school health programme was launched in October to offer services including eye tests and glasses to pupils via mobile clinics;
- A Health Standards Compliance Office was established to monitor hospital standards. Inspectors were recruited and 171 hospitals have been inspected this year. Smaller district hospitals fared the worst, with a significant proportion scoring less than 50 percent. Starting this month, inspectors will revisit the poorest-performing facilities to see if improvements have been made;
- Eleven NHI pilot districts nationally have received an extra R3-billion in funding over two years;
- About 600 general practitioners have been contracted to the government to start working in the short-staffed 11 pilot districts;
- Treasury is researching how to create an NHI fund that will be a single fund to pay for all healthcare, private and public. A paper on the fund is expected to be released later this year; and
- Treasury is working out how to pay for NHI. It has worked out that there will be an R80-billion shortfall. Options to raise the money include a payroll tax that employers pay per employee, or higher value-added tax.

To roll out NHI, Motsoaledi has proposed a list of non-negotiables:

- Better infection control;
- Regular medicines and medical supplies;
- Essential equipment and maintenance;
- Adequate laboratory services with blood and vaccines;
- Improved infrastructure; and,
- District health teams that take specialists to people in smaller towns.

Katharine Child: The Times, 8 April 2013