

NHI nowhere near ready for roll-out

THE patchy progress of the government's National Health Insurance (NHI) pilot project is hardly surprising. The aim of a pilot project is, after all, to test the waters to establish where the strengths and weaknesses of a new system might lie. So, the fact that a third of the 11 districts involved in the experiment had barely spent half of their allocated budgets a year after the project was launched means little in itself. The slow spending merely highlights weaknesses in the public health system that are already well-known, specifically the dire shortage of skills. This is reflected not only in the underspending, and the fact that only a third of the 556 primary healthcare facilities that were assessed in the pilot districts were ready to start contracting services from private sector general practitioners (GPs), as a government-commissioned review of the project pointed out to Parliament earlier this week. It is also reflected in the districts that overspent - for instance, Pixley ka Seme in the Northern Cape spent 114 percent of its budget yet scored the lowest out of all of the district hospitals assessed, with only half of its healthcare facilities meeting departmental standards. The parliamentary portfolio committee on health expressed surprise that a district could use up its entire conditional grant - and more - without refurbishing a single hospital. And well they might. The appointment of district health authorities, which form part of the NHI pilot plan, may have helped reinforce the rickety management structures and shortage of qualified and experienced managers that plagues the public health system in SA. But not one of the pilots has managed to do this yet, and only four of the districts have appointed project managers. Wits University health economist Prof Alex van der Heever says that even if the authorities and project managers were appointed on time and a concerted effort was made to find people with the right skills, the projects would not be much use as pilots because they are not testing other crucial requirements of a universal healthcare system, especially the governance model that will be followed, where appropriately qualified medical personnel will be found, and how private and public health services will be integrated. Health director-general Precious Matsoso told the committee her department was struggling to attract medical professionals - one district hospital that forms part of the pilot programme has less than a third of the required number of doctors and nurses - and anaesthetists were in especially short supply. This, too, is nothing new, although the refurbishment of state facilities and general improvement of working conditions was supposed to help remedy the problem. However, it relates to another key obstacle to a successful NHI roll-out - the integration of private and public health facilities. About 300 GPs in private practice have been contracted to work with the NHI projects, but only 125 can be placed because so few of the facilities are ready to accommodate them. This would not have been an issue if the model allowed for contracted GPs to see state patients at their own rooms, but this was inexplicably ruled out from the start. The roll-out of the NHI proper was supposed to begin next year, but this is clearly a pipe dream - the critical issues outlined above will have to be addressed first, and Matsoso indicated that the funding model will be piloted only next year. What form that may take is anybody's guess. The Actuarial Society of SA has estimated, based on present private sector spending patterns, that NHI will cost as much as R336bn to implement, and the government's tardiness in releasing its white paper would indicate that affordability is an obstacle that is not going to be easy to get around.

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