



The National Health Insurance (NHI) in South Africa - Scaling  
up health care provision: The consumers' perspectives

by

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in the

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## Declaration

I, Edda Weimann (MNNEDD001), hereby declare that the work in this dissertation is based on my original work (except where acknowledgements indicate otherwise) and has not, in whole or in part, been submitted towards another degree, at this University or elsewhere.

Edda Weimann

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Signature

University of Cape Town, 24/06/2013

University of Cape Town

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# Part A: Protocol

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## 1 Abstract

**Introduction:** Globally, there are major shifts taking place in health care provision to achieve universal health coverage. In 2011, the South African Department of Health released a Green Paper outlining its vision for implementing a National Health Insurance (NHI). The NHI wants to improve the service provision and promote equity and efficiency to ensure that all South Africans have access to affordable quality health care services. Public participation is important to raise public awareness, consult the public and promote major programs of change. This research aims to analyze the gaps between the everyday lived reality of publicly provided health care consumers and intended health policy reform.

**Methods:** There is a high coverage of mobile phone users in South Africa. Therefore an electronic approach was chosen to advertise and consult the public on the NHI. The Green Paper was made available on a website for the participants. A secondary data analysis was undertaken of the data set gathered by a public consultation using Mxit, a social networking software, as an electronic platform. The survey was analysed under the following research questions: What are the experiences and perceptions of health care users in South Africa? How would health care users like to see the system improved under the NHI? What are the strengths and weaknesses of the WHO building blocks in the light of the obtained answers of the public consultation? A qualitative analysis was performed to identify major themes. The World Health Organization (WHO) six health building blocks were selected as a conceptual framework and were used as a lens for the analyses of the identified themes as well as for discussion of the results.

**Results:** It was found that service users identify service delivery, training of health professionals and accessibility of health care providers as important issues to be

addressed by the NHI. Enhanced monitoring and improved staff performance were requested by the participants. These findings are in line with the NHI planned reform and the WHO building blocks. In addition, respondents identified corruption in the health system as a major problem. It was suggested that a code of ethics and values for health care professionals is raised to deal specifically with corruption – an issue absent from the NHI and WHO building blocks.

**Conclusions:** The analysis of a public consultation shows that service users' concerns are targeted in the NHI. However, policy makers have to take into account that corruption and a code of ethics for health care professionals are public concerns.

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## **2 Introduction**

The focus of the research set out in this proposal is to conduct an exploratory study regarding the concerns of service users about the current health care system. Further, the study should investigate the proposed improvements to the service consumers would like to see in the system following the introduction of the South African National Health Insurance. This research comprises a secondary analysis of the answers received in response to a public consultation on this major health service reform initiative. This research study aims to analyze the existing gaps between the everyday lived reality of public health care consumers and an intended health policy reform. A secondary data analysis was undertaken of the data set gathered by a public consultation using Mxit as an electronic platform. A qualitative analysis was performed to identify major themes. One way of exploring changes in health care provision is using a conceptual framework. Therefore, the World Health Organization (WHO) building blocks were selected as the theoretical base and used as a lens for the analyses of the identified themes and discussion of the results. This paper focuses on the current needs of the respondents, highlighting existing gaps between the everyday lived reality of health care consumers and discuss the strength and limits of the WHO framework in the light of the obtained data.

A National Health Insurance (NHI) is planned by the South African government. Implementation will be subdivided into several steps leading up to 2025 [1]. Currently, in November 2012 it is at the Green Paper stage. A Green Paper is defined as a first-draft document on a specific policy. It is circulated among interested parties with the intention of joining a process of consultation and debate. The Green Paper is published "as a platform to test ideas, to consult the public, to broaden the debate and build consensus" [2] (p. 18), before drafting of the White

Paper as the official policy document. The NHI is a response to the existing inequalities within the South African population regarding access and coverage of health services [1]. The key goals of the national insurance scheme are "to provide universal coverage for all South Africans, to pool risks and funds, to improve negotiations with providers for the supply of services and rational payment levels with quality assurance, to create one public fund with adequate reserves and funds for high cost care, to promote efficient and effective service delivery in both public and private sectors and to assure continuity and portability of NHI within the country", [3] (p. 18).

However, the implementation of the NHI scheme is associated with various logistical and political concerns [4], [5] Hence, it is important to seek public input from citizens in the policy-making in large-scale public consultations to facilitate citizens' participation in public affairs, shaping public policy, enhancing citizens' sense of their political efficacy, providing public officials with insight into public opinion, and shaping public policy [6].

Consequently, an electronic public consultation was initiated by Cell-Life and People's Health Movement (PHM-SA) to increase public awareness of the NHI Green Paper and to solicit public expectations, current concerns and awareness regarding the NHI.

Different e-technologies and platforms such as Mxit and a website were used to advertise to and collect comments from the public [7]. Due to the high coverage in South Africa of mobile phone-based technologies ([www.WorldWideWorx.com](http://www.WorldWideWorx.com)), these were chosen for an electronically based consultation [8]. The Green Paper was made available on a website ([www.sanhi.org.za](http://www.sanhi.org.za)) to raise awareness and stimulate

the public feedback [7]. In addition, short information and advocacy messages on the NHI Green Paper were sent to participants to raise awareness and stimulate feedback from the public. The survey was analysed under the following research questions: What are the experiences and perceptions of health care users in South Africa? How would health care users like to see the system improved under the NHI? What are the strengths and weaknesses of the WHO building blocks in the light of the obtained answers of the public consultation?

### **3 Background**

#### **3.1 National Health Insurance (NHI)**

In the South African health system there is a stark divide between the public and private health sectors which the proposed NHI scheme is aiming to bridge. According to South Africa's Health Minister, Dr Aaron Motsoaledi, the NHI is a mechanism to close the increasing gap between the rich and the poor [9]. This gap is evidenced by increasing Gini<sup>1</sup> index over the last decade (0,59 in 1993 and 0,63 in 2009) [10] indicating that the gap between rich and poor is wider than under apartheid [11]. South Africa spends 8,7 % of the Gross Domestic Product (GDP) on the healthcare system with a poor outcome [12] underlined by a low life expectancy (57 years for males versus 60 years for females) and a high neonatal mortality rate (19 per 100 live births in 2011) [13] A major section of financial and human resources is currently located in the private health sector, which covers only a relatively wealthy minority of the South African population [3] (p. 4).

The South African Health System is characterised by a two tiered system of health care and escalating costs [14]. While the costs of the private health sector almost

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<sup>1</sup> The Gini index or coefficient was first introduced by the Italian sociologist and statistician Corrado Gini in 1912 as a measure of statistical dispersion.

doubled between 1996 and 2003, public health sector spending decreased [1]. In addition, a major part of public health sector spending is on HIV and TB treatment, neglecting other medical areas. Besides poor governance and management of hospitals, public underfunding, mismanagement, shortages of health professionals and deteriorating infrastructure add to the decline in the quality of public health services [9].

The NHI seeks to provide universal access to health care based independent of the socioeconomic status. It is a system of health care financing which aims to ensure that everyone has access to efficient, appropriate and quality health services in South Africa. It will be phased-in over a period of fourteen years and will lead to major changes in delivery structures, administration and management systems [1]. The final aim is to install a health care system with universal coverage as promoted by the WHO [15]. To achieve this goal service provision, equity, and efficiency must be improved [16].

The current system of financing the South African health care system consists of two components: a large proportion is funded through medical schemes, hospital care plans, and out of pocket payments [1]. The other part is funded through the fiscal system and covers mainly public sector users. Under the new NHI this should be changed to a single-payer and universal health insurance plan [17].

The Green Paper of the NHI suggests four key interventions to happen simultaneously [1] (p. 5):

1. A complete transformation of healthcare service provision and delivery.
2. The total overhaul of the entire health care system.
3. The radical change of administration and management.

4. The provision of a comprehensive package of care supported by re-engineered primary health care.

Public participation is required in terms of the legislative process of the South African Constitution [3], [18]. Previous research into implementing reform underlines that public understanding and public involvement in this process is important for a successful transformation and implementation [6], [19].

### **3.2 The WHO Framework of the Six Building Blocks of a Health System**

The purpose of health system research is to strengthen health systems (HSS) through upgraded health services, improved health outcomes and equity, social and financial risk protection and efficiency [15]. This can be achieved by assisting in the implementation of new policies and to add value to the whole society. In considering the adoption of the NHI in South Africa as a new policy, it is therefore useful to apply a health systems approach.

The WHO (2007, p 5) describes the six building blocks of a health system as follows:

1. **Health Service Delivery** - "Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources."
2. **Health Care Workforce** - "A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances. (i.e. There is sufficient staff, fairly distributed; they are competent, responsive and productive)."

3. **Health Information** - "A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status."
4. **Health Financing and its Mechanism** - "A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient."
5. **Medicines and Technology** - "A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use."
6. **Leadership and Governance** - "Leadership and governance involve ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability."

The aim of health system strengthening is to provide effective, equitable and good quality health care as well as to maximise its accessibility for the population.

This research uses the WHO building blocks as a lens through which to explore the expectations, concerns and awareness of health care users in South African responding to an e-survey regarding the implementation of the NHI.

### **3.3 The Role of Public Consultations**

A Green Paper such as the one presented for the NHI seeks public consultations and comments to be shaped and released as a White Paper. Public consultation is a

process by which the public's input on matters affecting them is sought [21]. It aims to improve efficiency, transparency, and public involvement in large scale projects and policies.

The process is subdivided into notification, consultation, and participation processes. The notification process is a key building block of the rule of law. It involves a one-way form of passive communication in which the public plays a passive role. It can be a first step in a consultation process but it is not mandatory that a consultation process follows. In the consultation process itself the opinions of the interested and affected groups are sought. It is defined as a two way flow of information that determines problem identification, evaluates existing regulations and gathers information to facilitate the drafting of higher quality regulations. It can take the form of a one-stage process or a continuing dialogue [22]. In the participation process the active involvement of interest groups is the main focus. Participation is meant to facilitate implementation, improve compliance, consensus and political support [21]. Stakeholders are offered a role by the government in regulatory development or the implementation process [22]. Different tools may be used for public consultations [23], such as informal consultation in the described campaign, circulation of regulatory proposals for public comment, public notice-and-comment, public hearing, and advisory bodies [24].

### **3.4 Electronic Public Consultations in the Health Sector**

Up to now only a few electronic public consultations related to health policies have been documented. One was carried out in the Republic of Bulgaria in 2007 by their Ministry of Health [25]. Bulgarian citizens were invited to express their opinions on the issues raised in the EU Green Paper "Towards a Europe free from tobacco smoke: policy options at EU levels". Even Bulgarians living abroad participated. Four

questions were asked but the majority who voted electronically preferred to respond to the first question only which the media announcement focused on: "a total ban on smoking in public spaces or a ban with exemptions". Most of the other three questions were left without answers and showed a low response rate. The paper states that 328 letters were received during the consultation period but no numbers were given for the number of people who voted electronically. The Bulgarian survey differed from the Cell Life-PHMSA campaign where participants were being asked to participate in a kind of informal referendum. Most participants responded to all questions, and no votes were requested in the Cell-Life campaign.

Other studies involving e-communication [26–29] included recommendations to shape future public consultations [6], [30], [31]. Public consultations are becoming more accepted in order to achieve greater involvement of the public in the policy setting of official bodies [27] and to establish a dialogue with the public [28]. Halseth [29] points to the generally low levels of awareness of respondents of public consultation processes in their community. There is a need to access timely, relevant and readable information throughout the course of the process in order to keep participants and the public as up-to-date as possible. The internet could serve as a tool to achieve that. Finally, the process itself, including mandates, participants and decision-making powers must be made clear and transparent for the public [29]. Governments have not been very active in seeking citizen input over the internet, whereas the internet is developing and changing rapidly [30] and has become widely accepted by the public as a tool for everyday life. Another electronic consultation was carried out in the United Kingdom regarding genetic testing [26]. At that time the media coverage was disappointing. The researchers emphasized that electronic

consultation was cost-effective and could create awareness of the constraints in communities under which advisory committees' work.

### **3.5 Social Interaction Technologies such as Mxit**

According to Chigona et al. (2009) [32], mobile platforms providing social interaction technology (SIT) applications are ideal for regions with low internet and computer penetration such as South Africa. Researchers from the University of Cape Town have analysed the use and perceptions of Mobile Instant Messaging (MIM) amongst the youth in South Africa [32]. Mxit is by far the most popular MIM in South Africa [33]. In depth interviews revealed that Mxit is used for social networking and becomes part of its users' lives [34]. Negative impacts of the current use of MIM such as waste of time and cognitive dissonance are dealt with by self-justification strategies. Other findings suggest the use of new media for education and marketing purposes [32].

According to recent data provided by Mxit (personal communication) [35] more than 6.5 million people in South Africa are active Mxit users and were registered on January 2012; 213,750,000.000 messages are sent per year, with 750,000,000 per day. The main user groups are 13-17 years of age (25%), 18-24 years (49%), 25-34 years (17%) and over 35 years 10%. The gender distribution of users in all age groups is males 54% and females 46% but vary depending on age group. The main users are located in the province of Gauteng (61, 5%) and in the Western Cape (19%). The race stratification of Mxit users is 54% Black, 26% Coloured, 13% White and 7% Asian/Indian. Mxit is network-independent and uses internet protocol to exchange messages. Fees are charged based on the data which is transferred. For the described public consultation campaign it was free of charge for Vodacom, a

major service provider with a 58 percent share of the South African market ([www.superbrands.com/za/pdfs/VODACOM.pdf](http://www.superbrands.com/za/pdfs/VODACOM.pdf)).

#### **4 Rationale**

The existing health inequalities within the South African population aim to be tackled and addressed by the NHI. However, the implementation of a new health system nationwide is a major challenge [36]. In South Africa the realization and implementation of the NHI will be subdivided into multiple steps and implemented gradually over a fourteen year period, starting on 10 August 2011 and ending in 2025. The active participation and understanding of the population is essential [36] to restructure the health care system successfully. As there is a high coverage of mobile phone users in South Africa [8], an electronic approach was chosen to advertise and consult the public ([www.WorldWideWorx.com](http://www.WorldWideWorx.com)). Therefore, a public consultation process was implemented by Cell-Life [7], a Non-Profit organization with extensive knowledge in mobile based interventions. They acted on behalf of the People's Health Movement (PHMSA) that promotes community mobilization and advocacy work related to health and human rights issues in South Africa. The Cell-life campaign aimed to stimulate discussions on the proposed NHI, to encourage South Africans to comment on the NHI and to raise awareness amongst South Africans about their rights to free and quality health care services. Public opinion on their preferences and experiences regarding the current health system and their views about intended major health care system reforms such as the NHI are crucial to facilitate the acceptance and implementation of such a reform. This study examines as a secondary analysis of the obtained data survey themes in the light of the NHI and WHO and secondly aims to highlight gaps between the everyday lived reality of public health care consumers and intended policy reform.

## **5 Research Questions**

The research undertaken here aims to identify the current expectations, concerns and awareness regarding the NHI as part of the South African Health System as proposed to the public via the NHI Green paper.

The research questions are:

- 1) What are the experiences and perceptions of health service users of the current health system in South Africa?
- 2) How would health care users like to see the system improved under the new NHI?
- 3) What are the strengths and weaknesses of the WHO building blocks in the light of the obtained answers of the public consultation?

The results should illuminate the gaps between everyday's lived reality of health care consumers and intended health policy reform. Findings may be used by policy-makers fine-tune policy implementation and to fill gaps between public concerns and policy reform.

## **6 Methods**

In my research approach a secondary analysis of the data collected by the Cell-Life campaign will be performed. The main characteristics of the NHI public consultation study are reported in section 6.1, the survey methods in 6.2, and the specific approach proposed for the secondary data analysis which forms the focus of this protocol are described in section 6.3.

### **6.1 The main characteristics of the NHI consultation**

Different e-technologies and platforms were used to advertise and collect comments from the public. These included Mxit, a website ([www.sanhi.org.za](http://www.sanhi.org.za)) and mobile site,

SMSs, Facebook and email. Due to the high coverage in South Africa, phone-based and internet technologies were chosen for an electronically based consultation. The Green Paper was made available on a website to raise awareness and stimulate the public feedback. Besides, short information and advocacy NHI messages were sent to participants. 900 participants opted to participate using Mxit, while 582 participants sent comments.



Picture 1: Advertisement for participation in public consultation

The public consultation was carried out between 30 November 2011 and 24 December 2011. After that date all platforms were closed.

## **6.2 Methods of data collection**

The methods for collecting data have been electronic. The following messages were sent out and comprised the basis for eliciting respondent opinion:

“The National Health Insurance (NHI) is a new plan proposed by SA’s government to provide qualitative healthcare to all people in South Africa. You can help shape the NHI by commenting on any or all of the statements that follow.

1. The South African Constitution protects the right to health for all people living in SA. Free access to health care services is your right.

2. In SA, over 85% of the populations rely on public health care, while only 15% can afford private health care. Yet each sector has almost the same amount of money to spend!
3. Do you spend hours waiting in line at the clinic every month? South Africa's public hospitals/clinics need more staff, e.g. nurses, doctors and pharmacists.
4. Prevention is cheaper than treatment! The SA government must provide more health promotion and illness prevention education.
5. Corruption is a major problem everywhere! How can we prevent corruption from happening in the NHI?
6. Please give suggestions on how you would like healthcare services in your community to be improved through the NHI?"

The anonymisation of the data took place through Cell Life so that messages could not be traced back to the sender. The data were handed over to me in September 2013 by Cell Life to analyse the received messages. Messages were cleaned by deleting space holders and re-allocating the answers to the appropriate questions where necessary. The survey by Cell-Life was conducted as a marketing and advocacy activity and did not seek ethical approval. However, this study will be submitted to the Ethical Committee of the University of Cape Town for ethical approval.

### **6.3 Main characteristics of secondary analysis**

In total, 582 people participated in the campaign by submitting answers to the six questions. In most cases people responded to all six questions. Sometimes they responded in short phrases and SMS abbreviations; otherwise more sentence-like structures were used. In this study all 3492 replies were viewed, coded using NVIVO and analysed until a level of saturation was reached.

The analysis of the data set will follow a qualitative research approach. The qualitative data that were obtained during the campaign were phrases but mainly free-flowing text. The analysis of the free-flowing text requires methods to reduce the text to codes [37]. A qualitative content analysis will be performed with the aim to build a framework to describe the phenomenon in a descriptive form [38]. According to Miles and Huberman “codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study” [39]. Codes are attached to words, phrases or sentences which are connected or unconnected in a specific setting. Miles and Huberman emphasize that not the word themselves but their meaning matters. Codes will be managed using NVivo as a qualitative data analysis tool and mapped to NHI themes and the overarching framework of the WHO building blocks of a health system. Lauri and Kyngäs suggest an inductive approach if there is not enough former knowledge about the phenomenon or if this knowledge is fragmented [40]. According to Elo and Kyngäs (2008) [38], the whole process is grouped into three major phases: preparation, organizing and reporting (Fig. 1).

As a marketing survey, it was not designed with the aim of making a conceptual contribution. However, commissioners of the research believed the data to be rich enough for secondary data analysis to be undertaken in order to inform health care reform more broadly [41]. The interpretation of the data will therefore be done according to the WHO building block framework.

The question "Corruption is a major problem everywhere! How can we prevent corruption from happening in the NHI?" is allocated under the **WHO building block service delivery**. "Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources" [20].

The second question addresses staff and waiting times in public hospitals. "Do you spend hours waiting in line at the clinic every month? South Africa's public hospitals/clinics need more staff, e.g. nurses, doctors and pharmacists." The question refers to the **WHO building block Health Workforce**: "A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. There is sufficient staff, fairly distributed; they are competent, responsive and productive)."

The third question covers the topic of health information in connection with prevention. "Prevention is cheaper than treatment! The SA government must provide more health promotion and illness prevention education." According to the description in the six WHO building blocks "a well-functioning **health information system** is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status."

The last question of the campaign "Please give suggestions on how you would like healthcare services in your community to be improved through the NHI?" covers suggestions from health care users and refers to the **WHO building block Medicines and Technology**: "A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use."

The question referring to Health Care is phrased: "In SA, over 85% of the populations rely on public health care, while only 15% can afford private health care."

Yet each sector has almost the same amount of money to spend!" It refers to the **WHO building block Health Financing** outlined as the "function of a health system concerned with the mobilisation, accumulation and allocation of money to cover the health needs of the people to ensure that all individuals have access to effective public health and personal health care."

The first question of the campaign "The South African Constitution protects the right to health for all people living in SA. Free access to health care services is your right" can be placed under the building blocks of the **WHO leadership and governance**. According to this WHO building block "Leadership and governance involve ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability." Figure 1 illustrates the grouping.

<b>WHO Building block</b>	<b>Campaign Question</b>
<b>Health Service Delivery</b>	Corruption is a major problem everywhere! How can we prevent corruption from happening in the NHI?
<b>Health Workforce</b>	Do you spend hours waiting in line at the clinic every month? South Africa's public hospitals/clinics need more staff, e.g. nurses, doctors and pharmacists
<b>Health Information</b>	Prevention is cheaper than treatment! The SA government must provide more health promotion and illness prevention education.
<b>Medicine and Technology</b>	Please give suggestions on how you would like healthcare services in your community to be improved through the NHI?
<b>Health Care Financing</b>	In SA, over 85% of the populations rely on public health care, while only 15% can afford private health care. Yet each sector has almost the same amount of money to spend!
<b>Leadership and Governance</b>	The South African Constitution protects the right to health for all people living in SA. Free access to health

care services is your right.
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Figure 1: The six WHO health system building blocks and the related question asked of participants in the e-survey.

The qualitative content analysis should reveal themes that can be related to the NHI scheme. Furthermore the answers of the responders will be analysed if they relate to the Green Paper or reflect the current needs of South African health care consumers. There is probably a process of deductive and inductive reasoning [42], [43] when analysing the data. It will partly be about distilling from the data what respondents had to say in relation to the six building blocks. There will also be other themes that emerge that do not relate to the six building blocks. These other themes may assist the author in criticizing and/or extending the six building blocks framework. The given answers should be investigated if the content of the question or statement was clear for the responder. Overall, the dataset should provide a picture how the reform of a health policy is reflected by the public (Fig. 2).

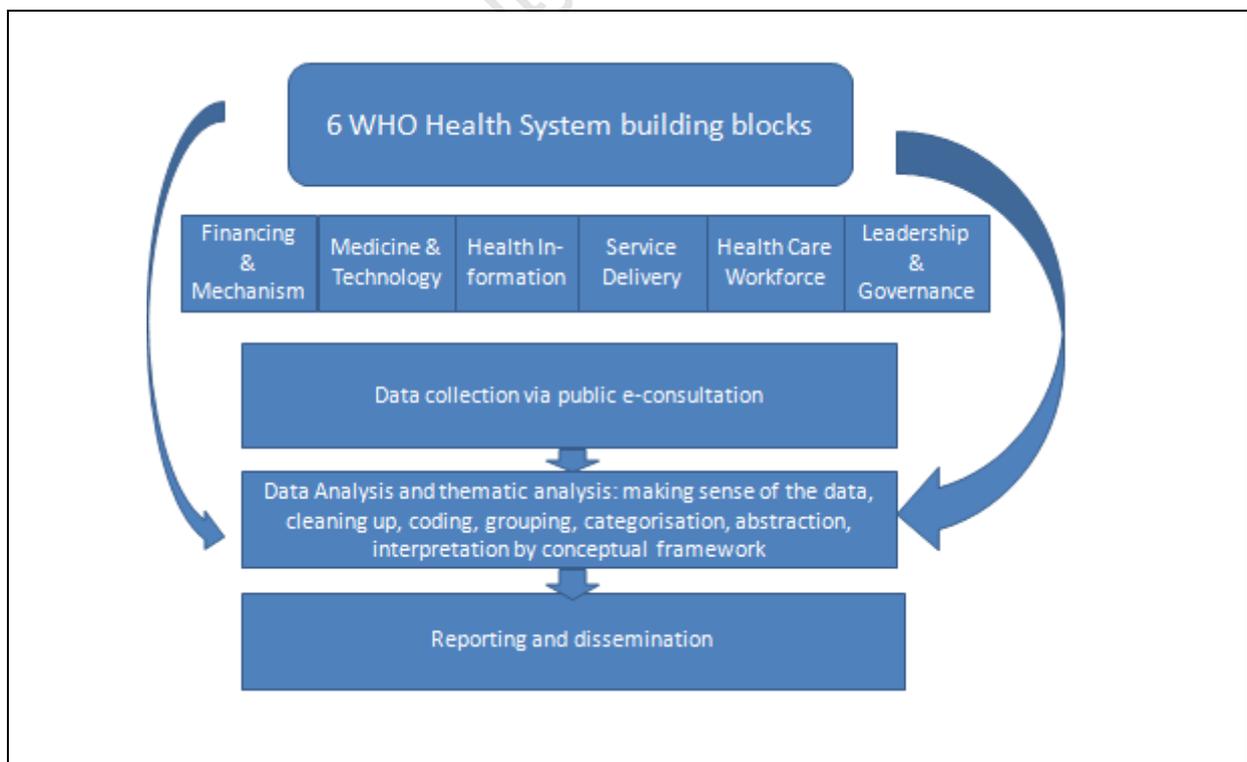


Figure 2: Flowsheet of applying a qualitative content analysis (modified according to Elo & Kyngäs 2008)

## 6.4 Limitations

Some limitations arise regarding the study design:

- The author had no influence to shape the questions as the public consultation took place in December 2011 as she was not part of the campaign team.
- The author had no influence to shape the collection process (e.g. the choice of consultation, consulted population, quality of the collected data or phrasing of questions).
- Some questions cover more broadly the topic of the overarching framework, whereas others cover only a part of it or could have been linked to different topics. To avoid redundancy topics were linked to only one WHO health system pillar.
- The survey might not be representative of the South African population as Mxit is mainly used by a young population (average 15 to 35 years) with a different race stratification than the South African population (e.g. higher amount of coloured people (26% Coloureds<sup>2</sup> as Mxit users vs 8,9% of the total population). Although we have no insight of the amount of the different races that participated in this survey.
- Judging from the received answers, most of the respondents were public health care consumers as they reported their own experiences with the public and sometimes private health care system in an urban or rural area.

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<sup>2</sup> 'Coloured' is one of four population groups used by Stats SA (the others being Black African, Indian/Asian and White). ([www.statssa.gov.za](http://www.statssa.gov.za)).

- As the obtained data of the Cell Life campaign are a useful source for further studies and providing an insight into the public's view, I have used these data according to Robson [44] as a real world challenge facing limited time and resources combined with the necessity to address a current problem.

## **7 Ethics**

No ethical approval was applied for the initial campaign. But this protocol is submitted to obtain ethical approval for data analysis. A report of the findings will be provided at the end of the study to Cell Life so that they can use the evaluation for their advocacy purposes.

## **8 Timeline**

Cleaning data and sampling: 14. September - 30. October 2012

Drafting of the research proposal and ethical proposal: 10. October - 20. December 2012

Data Analysis: 1. November - 30. January 2013

Findings section: 1. February - 15. March 2013

Discussion section and conclusion: 16. March - 15. April 2013

Revise Part A and literature review (Part B): 1. April - 30. April 2013

Draft article (Part C of thesis): 15. April - 30. April 2013

Submission of draft (Part C) to supervisor: 30. April 2013

Final Thesis submission to supervisor (Part A, B, C, D): 9. June 2013

Final comments from supervisor: 13. June 2013

Submission of thesis: 24. June 2013

## 9 Budget

No direct cost, other than the author's time commitment is involved in this research.

The data object of the analyses is already collected and the dataset is free of charge for research purpose. Access to bibliographic references as well as the scientific supervision and support are provided by the University of Cape Town, as part of the Master of Public Health of which this study constitutes the final dissertation. The software for the data analysis (NVivo) was purchased by the author.

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University of Cape Town

# Part B: Literature Review

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## 1. Introduction

In support of the research proposal this literature review focusses on the existing knowledge of the WHO's building blocks, the role of public engagement in a health policy reform, and the South African context for national health system reform. An exploratory-explanatory study was conducted to examine public expectations, experiences and concerns about major public health policy, such as the proposed National Health Insurance scheme. This research comprises a secondary analysis of the answers received in response to a public consultation process, while using the WHO's health systems building blocks as an overarching framework.

## 2. Methodological Approach to the Literature Review

Based on the recommendation of Mouton [1] (p. 91) and Cooper [2] (p. 92), I have chosen the WHO building blocks [3], the monitoring of the building blocks [4], and

the Green Paper of the NHI [5] as the initial literature. Further, I searched in Google Scholar and the Web of Knowledge for main articles related to the fields of

- Health System Strengthening (HSS),
- Conceptualizing National Health Insurance (NHI) in South Africa,
- WHO's six building blocks of a health system,
- Strengths and weaknesses of the WHO's six building blocks,
- Public consultation processes, and
- Public consultation in health care.

In addition, I did keyword searches as well as a back-and-forwards search into the literature related to the relevant articles, as proposed by Webster and Watson (2009) [6].

### **3. The WHO's Framework of the Six Building Blocks of a Health System**

The purpose of health system research is to strengthen health systems through upgraded health services, improved health outcomes and equity, social and financial risk protection as well as efficiency. This can be achieved by assisting in the implementation of new policies to add value to the society as a whole [7] (p. 6).

The WHO (2007) [3] describes the six building blocks of a health system as follows:

1. **Health Service Delivery** - "Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources." [3] (p. VI)
2. **Health Care Workforce** - "A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best

health outcomes possible, given available resources and circumstances (i.e. There is sufficient staff, fairly distributed; they are competent, responsive and productive)." [3] (p. VI)

3. **Health Information** - "A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status." [3] (p. VI)
4. **Medicines and Technology** - "A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use [3] (p. VI).
5. **Health Care Financing and its Mechanism** - "A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient." [3] (p. VI)
6. **Leadership and Governance** - "Leadership and governance involve ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability." [3] (p. VI)

The aim of health system strengthening is to provide effective, equitable and good quality health care as well as to maximise its accessibility for the population [8] (p 2).

The main components that influence the performance of a health system are financing, information, and the health care workforce [9].

Although the WHO building block framework supplies health sector actions for strengthening health systems, the blocks are very static and not interrelated. Neither the role of the population in this process nor the underlying social and economic determinants of health, nor the substantial interactions that exist across each component are specifically addressed [4], (p. VII.). The building blocks provide an outline for the “hardware” but not for the “software” such as what is required

- To implement new ideas or recognize different interests,
- To handle power relationships in society,
- To set norms and standards [10],
- To consider different values and human rights [11].

A practical approach to reinforcing health systems is the application of the systems thinking approach [12]. The understanding of the dynamics and the relationships of the various stakeholders is essential for successful interventions. The framework by Van Olmen et al. (2010) [13] interrelates the various stakeholders to picture the building blocks in a real world setting. It underlines the fact that health systems should focus on outcomes and goals. Hence, values and principles are important, while service delivery is regarded as a core element. Health systems interact with the population and with the contexts in which they are embedded [13], [14]. Organizational and managerial attention are needed in order to produce service delivery, while services require management support and allocation of resources. As these functions have to be governed, the leadership role of the system is crucial for its success [15]. The involvement of the population is required as Health Systems are a part of the society. The Jakarta Declaration reiterated the agreements of the Ottawa Declaration for health promotion and added certain aspects. It is stated that

public participation is necessary for change. This is achievable through the creation of supportive environments and the strengthening of community action [16].

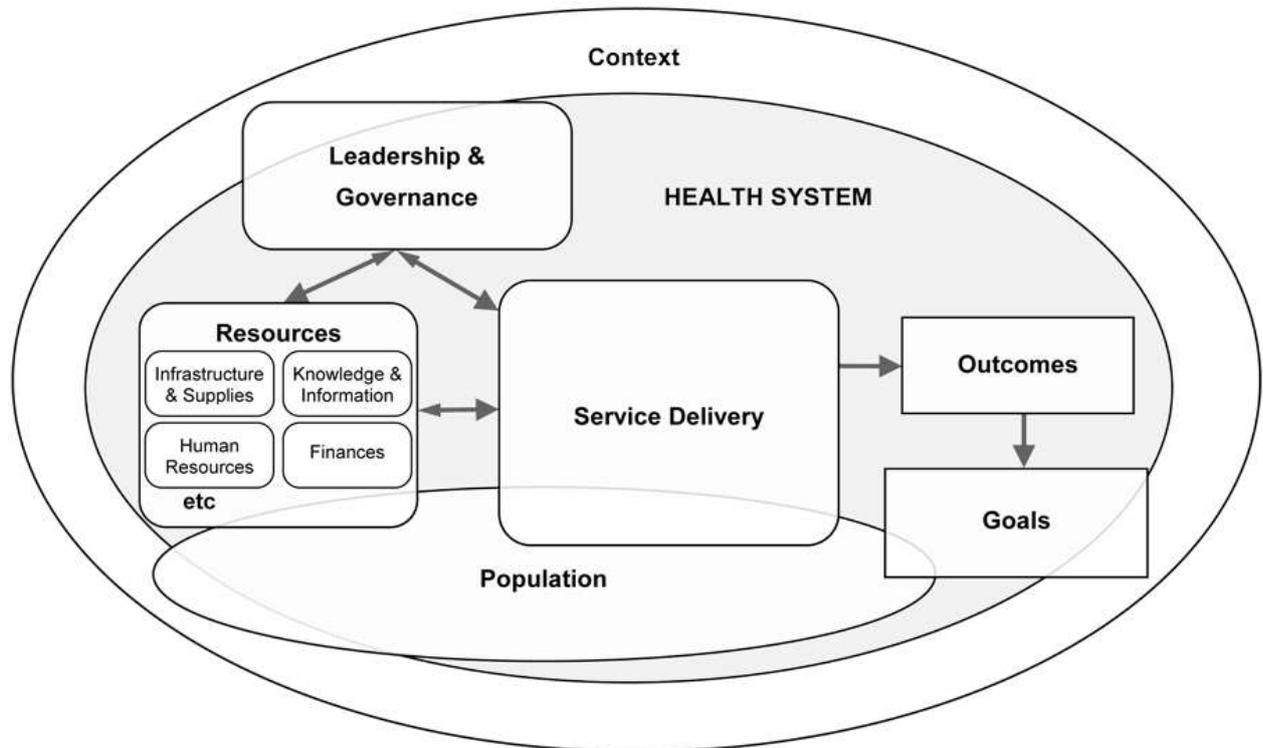


Figure 1: Strengthening Health Systems ([www.strengtheninghealthsystems.be](http://www.strengtheninghealthsystems.be))

In addition, other factors outside the system that determine peoples' health are education, hygiene, sanitation, and other factors. Further, multiple issues influence the functioning of the system, e.g., the economic status of the country, the international community and donors, and pharmaceutical companies [13]. The arrows in the framework (Fig. 1) highlight the fact that relations between the elements are interconnected and reciprocal. The population is omnipresent for all elements of the system.

Health systems are meant to be complex adaptive systems. The health services should be organized to ensure universal access for all citizens, good quality of care, and responsiveness to the current needs of a population [13]. As a result, above and

beyond the strengthening of the health system according to the WHO building blocks, what will be required are the promotion of dynamic networks of diverse stakeholders, the ability to work across sub-systems, as well as the ability to inspire learning and research [12].

Despite a common consensus for the need of Health System Strengthening (HSS) worldwide, there is little agreement which strategies to use in its implementation. A review suggests a list of ten guiding principles [17]. These guiding principles include:

- Holism (systems are often disaggregated, therefore health programs should improve the overall system),
- Context (as different communities with different values are working together in one system, a tradeoff must be negotiated),
- Social mobilization (enhancing the health system through social and political change),
- Collaboration (develop good communication and partnership between different actors),
- Capacity enhancement (enhance capacity and ownership),
- Efficiency, evidence-informed action, equity, financial protection, and satisfaction (responding to the needs and concerns of all stakeholders).

These principles should be seen as a contribution in a field of ongoing discussion and debate intended to reinforce health systems and should fill the existing gaps when approaching a more unified application [17].

There are limited published studies that analyse the patient's perspective regarding a major health policy change by applying the six WHO building blocks as an overarching framework. This research will strengthen understanding of the public

health consumer's perspective, some of which addresses matters that lie beyond the scope covered by the WHO health systems framework. The results could be used to facilitate the implementation of health policy reform.

#### **4. The role of Public Consultations**

A Green Paper such as the one presented for the NHI seeks public consultations and comments to be shaped and released as a White Paper. Public consultation is a process by which the public's input on matters affecting them is sought [18] (p1). It aims to improve efficiency, transparency, and public involvement in large scale projects and policies [19]. The process is subdivided into notification, consultation, and participation processes. In this research study the main emphasis is put on the consultation phase.

The notification process is a key building block of the rule of law. It involves a one-way form of communication in which the public plays a passive role. Notification does not automatically constitute public consultation [18]. In the consultation process itself the opinions of the interested and affected groups are sought. It is defined as a two-way flow of information that determines problem identification, evaluates existing regulations, and gathers information to facilitate the drafting of highest quality regulations [18] (p. 3). It can take the form of a one-stage process or an ongoing dialogue.

In the participation process the active involvement of interest groups is the main focus. Participation is meant to facilitate implementation, improve compliance, consensus, and political support [19]. Stakeholders are offered a role by the government in regulating the development or in the implementation process [18] (p. 9). Different tools may be used for public consultations [20], such as informal

consultation in the described campaign in my research study, circulation of regulatory proposals for public comment, public notice-and-comment, public hearing, and/or advisory boards [21].

However, participation has been found to impact on service planning and development, information development and dissemination and attitudes of service users and providers [22]. It has also found to have a positive outcomes on quality and coverage of health care and on health outcomes [23], [22]. Public and patient involvement is increasingly being mainstreamed and has the potential to be an important tool for accountability.

This research focuses only on the consultation process. It will outline which kind of data can be obtained using a consultative approach. Further analysis should highlight how these data could strengthen the implementation process of a health policy reform.

## **5. Electronic Public Consultations in the Health Sector**

According to the literature search results, up to now only a few electronic public consultations related to health policies have been published. One was carried out in the Republic of Bulgaria in 2007 by their Ministry of Health [24]. Bulgarian citizens were invited to express their opinions on the issues raised in the EU Green Paper "Towards a Europe free from tobacco smoke: policy options at EU levels". Even Bulgarians living abroad participated. Four questions were asked. The majority who voted electronically responded only to the first question which the media announcement focused on: "a total ban on smoking in public spaces or a ban with exemptions". Most of the other three questions were left without answers and showed a low response rate. 328 letters were received during the consultation period

but no numbers were given for the number of people who voted electronically. The Bulgarian survey differed from the Cell Life/ PHM-SA campaign, where the participants were being asked to participate in a kind of informal referendum. Most participants responded to all questions, and no votes were requested in the Cell-Life campaign.

Other studies involving e-communication [25], [26], [27], [28] included recommendations to shape future public consultations [29], [30], [19]. According to Rowe and Gammack (2004) [26] public consultations are becoming more frequent in order to achieve greater involvement of the public in the policy setting of official bodies and to establish a dialogue with the public [27]. Halseth [28] points to the generally low levels of awareness of respondents of public consultation processes in their community. There is a need to access timely, relevant and readable information throughout the course of the process in order to keep participants and the public as up-to-date as possible. The internet could serve as a tool to achieve that [28]. Finally, the process itself, including mandates, participants, and decision-making powers must be made clear and transparent for the public [28]. Governments have not been very active in seeking citizen input over the internet, whereas the internet is developing and changing rapidly and has become widely accepted by the public as a tool for everyday life [30].

Another electronic consultation was carried out in the United Kingdom regarding genetic testing [25]. At that time the media coverage was disappointing. The researchers emphasized that electronic consultation was cost-effective and could create awareness of the constraints in communities under which advisory committees work [25].

Over the last decade various attempts [31] have been made to increase public involvement in policy process to achieve better understanding and facilitate change processes. In a public consultation process the willingness of the public to participate in decision making in public health planning is explored. Studies from survey research indicate that members of the public should be consulted about health care decisions [32], [33]. The advantage of involving the public in decision making is to promote the goals, bind individuals and groups together, support civic and political identity, and create competence and responsibility [34]. A strong desire has been found to be involved in both, at the system and program level, with less willingness to be involved at the individual level [35].

In the consulted literature search no published international study was found that sought consultation of the population regarding the implementation of a broad national health policy such as an NHI scheme. In the outlined study the questions address the NHI system level but also the individual level. The answers and analysis will give insight into the concerns and awareness of users of public health care and as to how they could be used to improve health policy reform.

## **6. Expectations of Health Care Consumers and Health Care Workers**

The health care workforce is, besides financing and information, a resource-limiting factor for a health system's performance [9]. To initiate change, management must process the involvement and understanding of the health care workforce but also of health care consumers; all are important for a successful implementation process [36], [37].

Both sides often feel they are not heard and acknowledged by policy makers. Their attitudes are important as they are potentially able to boycott change processes such as the implementation of new policies [38], [39]. The following section gives a brief overview about the expectations of health care consumers in developed and developing countries. Health care workers and patients are both stakeholders in the building block "Health service delivery". As we carried out a survey of patients' perceptions, health care workers are not asked. However, the answers of the patients should be analysed in the light of the motivational factors of health care workers. Therefore, literature dealing with this issue is mentioned in this chapter.

The UK government started a public engagement process involving patients, public and staff to shape and design family health and social care in order "to meet the challenges of the 21st century" and an attempt to "listen and learn" [40] what the public wanted as individual healthcare users on one hand and as citizens and taxpayers on the other. They found that patients care more about their everyday interactions with health professionals than the organization of the service. Patients articulated the following priorities: Humanness which ranged highest in the examined studies, followed by "competence/accuracy", "patients' involvement in decisions" and "time for care" [40].

In a systematic literature review examining the motivation and retention of health workers in seventeen countries in Africa and Asia, seven themes emerged: financial, career development, continuing education, hospital infrastructure, resource availability, hospital management and as well as personal recognition and appreciation [41]. Nurse and medical doctor migration to developed countries is held responsible for the current crisis in the medical staff shortage [9]. On top of this, the HIV/AIDS epidemic is creating a stressful working environment for healthcare

workers: the epidemic leads to an increased workload, exposure to infection, and reduced morale [42].

Career development appears to be an important issue in the literature: health care workers are reluctant to work in rural areas as they offer less job development opportunities than those offered in urban areas [43]. The importance of financial incentives is also outlined. The qualities displayed by hospital management attributes are an important motivational factor [44]. The motivation and support of health care workers can be enhanced if they are supervised by skilled managers who are adequately trained, can deal with a resource-poor environment, and are able to lobby on behalf of the health care workers. Health care workers need to feel appreciated for the work they are doing. They are encouraged by receiving results from their work, by taking care of people, and by feeling useful to society. Poor equipment and infrastructure do, however, serve as de-motivating factors [44].

Other studies deal with the perspective and expectations of health care consumers. In a telephone survey Coulter and Jenkinson (2005) [45] investigated the responsiveness of health systems and health care providers. Patients from Switzerland and the UK reported high rates of satisfaction with the communication skills of their doctors, whereas patients from other countries, such as Poland, were less satisfied. The patients expressed their expectation to be actively involved in the treatment decision process, while younger people are more critical than older people. The majority of the respondents wished to have the ability to choose their health care provider, although most Europeans are unaccustomed to have a free choice. Most felt that they lack sufficient information to undertake an informed choice [45].

The underlying research study will examine if the expectations and experiences of South African public health consumers differ from the published results of developed countries.

## **7. Social Interaction Technologies such as Mxit**

Different social interaction technologies are on the market and are used in South Africa [46]. According to Chigona et al. (2009), mobile platforms providing social interaction technology (SIT) applications are ideal for regions with low internet and computer penetration but high mobile phone coverage such as South Africa. Researchers from the University of Cape Town have analyzed the use and perceptions of Mobile Instant Messaging (MIM) amongst the youth in South Africa [46]. Mxit is by far the most popular MIM in South Africa [47]. In depth interviews revealed that Mxit is a main social networking media and became part of its users' lives [48]. Negative impacts of the current use of MIM such as waste of time and cognitive dissonance are dealt with by self-justification strategies [46]. Other findings of the study suggest the use of new media for education purposes.

According to recent data provided by Mxit [49] more than 6.5 million people in South Africa are active Mxit users and were registered on January 2012; 213,750,000.000 messages are sent per year, with 750,000.000 per day. The main user groups are 13-17 years of age (25%), 18-24 years (49%), 25-34 years (17%) and over 35 years 10%. The gender distribution of users of all age groups is males 54% and females 46%, but vary depending on age group. The main users are located in the province of Gauteng (61, 5%) and Western Cape (19%). The race stratification of Mxit users is 54% Black, 26% Coloured, 13% White and 7% Asian/Indian. Mxit is network-independent and uses internet protocol to exchange messages [50]. Our research

will elucidate if Mxit can be used a tool to reach healthcare consumers and engage them in a public consultation process.

## **8. National Health Insurance (NHI)**

In the South African health system there is a stark divide between the public and private health sectors, which the proposed NHI scheme is aiming to bridge. According to South Africa's Health Minister, Dr Aaron Motsoaledi, the NHI is a mechanism to close the increasing gap between the rich and the poor [51]. This gap is evidenced by the increasing Gini<sup>1</sup> index over the last decade (0.59 in 1993 and 0.63 in 2009) [52] indicating that the space between rich and poor is wider than under apartheid [53] [54]. South Africa spends 8.7 % of its Gross Domestic Product (GDP) on the healthcare system, with a poor outcome that is underlined by a low life expectancy (57 years for males versus 60 years for females) and a high neonatal mortality rate of 19 per 100 live births in 2011 [55]. A major section of financial and human resources is currently located in the private health sector, which covers only a relatively wealthy minority of the South African population [56].

The South African Health System is characterized by a two-tiered system of health care and by escalating costs [56]. While the costs of the private health sector almost doubled between 1996 and 2003, public health sector spending decreased [57], [58]. For the medical aid group the per capita annual expenditure was calculated at R 11,150.00 in contrast to the public sector with a per capita annual health care expenditure of only R2,766.00 [59] (p. 10).

In addition, a major part of public health sector spending is on HIV/AIDS and TB treatment, to the neglect of other medical areas [51]. In addition, poor governance

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<sup>1</sup> The Gini index or coefficient was first introduced by the Italian sociologist and statistician Corrado Gini in 1912 as a measure of statistical dispersion.

and management of hospitals, public underfunding, mismanagement, shortages of health professionals, and deteriorating infrastructure add to the decline in the quality of public health services.

The NHI seeks to provide universal access to health care independent of socioeconomic status. It is a system of health care financing which aims to ensure that everyone has access to efficient, appropriate, and quality health services in South Africa [50] (p. 4). It will be phased-in over a period of fourteen years and will lead to major changes in delivery structures, administration, and management systems [59] (p. 4). The final aim is to install a health care system with universal coverage, as promoted by the WHO [8] (p. 4). To achieve this goal service provision, equity, and efficiency must be improved in South Africa [60].

The current system of financing the South African health care system consists of two components: a large proportion is funded through medical schemes, hospital care plans, and out of pocket payments [59] (p. 9). The other part is funded through the fiscal system and covers mainly public sector users. Under the new NHI this should be changed to a single-payer and universal health insurance plan [61].

The Green Paper of the NHI suggests four key interventions to happen simultaneously [59] (p. 5):

1. A complete transformation of healthcare service provision and delivery.
2. The total overhaul of the entire health care system.
3. The radical change of administration and management.
4. The provision of a comprehensive package of care supported by re-engineered primary health care.

Public participation is required in terms of the South African Constitution [62]. Previous research into implementing reform programs underlines that public understanding and public involvement in this process is essential for a successful transformation and implementation [29], [63].

Although the change to a new system is associated with high cost [64] that are estimated at 33 billion US \$ by 2025 [65]. Besides, South Africans need to be well prepared for major health systems changes to ensure their support as different socio-economic groups have different expectations of public health care [66]. Another major concern is the proposed intention to run the health system more from the national tier and thus more centralised [65].

Currently the NHI it is at the Green Paper stage. A Green Paper is defined as a first-draft document on a specific policy. It is circulated among interested parties with the intention of joining in a process of consultation and debate. The Green Paper is published "as a platform to test ideas, to consult the public, to broaden the debate and build consensus" [67] (p2), before drafting of the White Paper as the official policy document. According to the Department of Health, the NHI is a response to the existing inequalities within the South African population regarding access and coverage of health services [59] (p18). The key goals of the national insurance scheme are "to provide universal coverage for all South Africans, to pool risks and funds, to improve negotiations with providers for the supply of services and rational payment levels with quality assurance, to create one public fund with adequate reserves and funds for high cost care, to promote efficient and effective service delivery in both public and private sectors and to assure continuity and portability of NHI within the country" [5], (p. 18).

However, the implementation of the NHI scheme is associated with various logistical and political concerns [51], [68]. Hence, it is important to establish public support by reaching and including as widely as possible the opinions of members of the public and civil society [29].

## **9. Conclusions**

The existing and documented health inequalities within the South African population are addressed by the NHI. The realization and implementation of the NHI are subdivided into multiple steps, to be implemented gradually over a fourteen-year period, starting in 2011 and ending in 2025. The implementation of a new health system nationwide is a major challenge. Public participation may facilitate this process by visualizing for the public the major goals as well as by incorporating the needs of public health consumers in the final bill. The current expectations and concerns of South African health care users regarding the new health policy are interesting to analyse as they could elucidate gaps between the intended policy reform and the lived reality of health care consumers. Hence a public electronic consultation process was initiated. The results should clarify if they differ from results obtained in other countries. In addition, they should illuminate whether the concerns and expectations of the public health care consumers are incorporated in the new NHI as it is currently planned or whether there are gaps which need to be filled.

The framework of the six WHO six building blocks was developed to strengthen health systems. They provide a conceptual framework of the key components of a health system. They are, however, a rather static description of underlying hardware tools for strengthening health systems. They offer no in-depth understanding of the soft skills, values, and norms required to run a health system efficiently and

successfully. Neither interactions and interrelations of actors and stakeholders nor suggestions to improve the relationships and values within a health system are discussed in detail. According to my literature search, the WHO six building blocks have not been used to analyse the consumers' feedback on a new health system policy when applying electronic consultation - neither in South Africa nor in other countries. Yet, the analysis of the answers could provide further insight into whether the six building blocks for health system strengthening do in fact reflect a "real world setting" for health care consumers.

Public consultation processes are not often applied in health policy processes, even though they constitute a civil right in the South African constitution. The active participation and understanding of the population is needed to restructure the health care system successfully. Public opinion on their preferences and experiences regarding the current health system as well as the public's views about intended major health care system reforms such as the NHI are crucial in order to facilitate the acceptance and implementation of such a reform. As there is a high coverage of mobile phone users in South Africa, an electronic approach was chosen to consult the public. The research will elucidate the gap between the intended changes by implementing a new nationwide health system and the lived everyday experiences of public health care users.

In summary, the field of public electronic consultation regarding a major national health policy reform is largely unexplored. The results could provide insight into the usefulness of this tool when strengthening a health system within a highly complex setting.

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# Part C: Article

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## **Title page**

**The National Health Insurance (NHI) in South Africa - Scaling Up Health Care**

**Provision: The Consumers' Perspective**

## **Abstract**

**Introduction:** Building an equitable health system is a cornerstone of the World Health Organisation's (WHO) health system building block framework. Public participation in any such reform process facilitates successful implementation. South Africa has embarked on major reform in health policy that aims at redressing inequity and enabling all the citizens' equal access to efficient and quality health services. This research is based on an electronic survey that was intended to stimulate discussions and to encourage comments on the proposed National Health Insurance (NHI), and to raise awareness amongst South Africans about their rights to free and quality health care services. The survey was analysed under the following research questions: What are the experiences and perceptions of health care users in South Africa? How would health care users like to see the system improved under the NHI? What are the strengths and weaknesses of the WHO building blocks in the light of the obtained answers of the public consultation? The gaps the survey revealed between the everyday lived reality of public health care consumers and intended health policy reform will be elucidated.

**Methods:** A secondary analysis was undertaken of the data set gathered by a public consultation. A qualitative analysis was performed to identify major themes. The WHO building blocks were selected as the conceptual framework and were used as

a lens for the analyses of the identified themes as well as for discussion of the results.

**Results:** The major findings relate to service delivery, patient-centredness of the health care workforce, and the accessibility of health care providers. Enhanced monitoring and service surveillance of the staff are requested by the participants. Respondents revealed that they see corruption in the health system as a major problem. In addition, they demanded a code of ethical values for health care professionals. Yet, significantly, measures to address corruption or implement ethical values are neither described in the WHO building blocks nor in the NHI.

**Conclusions:** The population is the key element of a health system. Public consultations are a useful method of enabling policy makers to respond to the current needs of the population, to guide the implementation process, and to close the gaps between the everyday lived reality of public health consumers and the intended health policy reform. The policy makers of the new health system for South Africa should address the lack of trust in government that has been exposed by the demand for a code of ethical values and the elimination of corruption.

## **Keywords**

Health systems reform, public consultation, South Africa, National Health Insurance (NHI), Health Systems Strengthening (HSS), WHO building blocks,

## **Background**

In the South African health system there is a severe divide between the public and private sectors [1]. The proposed National Health Insurance (NHI) aims to bridge the existing health inequalities and offer equal access to affordable, quality health care to all citizens, irrespective of their socioeconomic status [2]. The escalating gap

between the rich and the poor in South Africa is underlined by the increasing Gini index over the last decade (0.63 in 2009 and 0.59 in 1993) [3] indicating that the disparity is wider than under apartheid [4], [5]. The country spends 8.7 % of its Gross Domestic Product (GDP) on its health care system, with a poor outcome [6] that is emphasised by a low life expectancy (57 years in males versus 60 years in females) and a high neonatal mortality rate (19 per 100 live births in 2011) [7]. The major part of financial and human resources in the health care sector are currently located in the private health sector, which cover only a relatively wealthy minority of the population [2].

The South African health system is characterized not only by a two-tiered system but also by escalating costs [8]. Further, while the costs in the private health sector almost doubled between 1996 and 2003, spending in the public sector decreased [9], [10]. Whereas the public annual expenditure is estimated at R 2,760 per capita, it is R 11,1500 for the private group [2]. In addition, a major part of public health sector spending is directed towards HIV/AIDS and TB treatment, to the neglect of other medical areas. Adding to the decline in the quality of public health services are the poor governance and management of hospitals [11], public underfunding, mismanagement, shortages of health professionals, and deteriorating infrastructure [1]. South Africa needs to invest in health professional training, which is currently under-developed and neglected [12]. The use of measures that optimize efficiency and enable treatment of patients according to their needs, such as the triage score [13], [14], are also proposed for the country [15].

The NHI seeks to provide universal access to health care as is promoted by the WHO [16] (p. 4). This is a system of health care financing which aims to ensure that everyone has access to efficient, appropriate, and quality health services in South

Africa [17] (p.4). It will be phased in over a period of fourteen years and will lead to major changes in delivery structures, administration, and management systems [17] (p. 4). Although the change to a new system is associated with high cost [18] that are estimated at 33 billion US \$ by 2025 [19]. Besides, South Africans need to be well prepared for major health systems changes to ensure their support as different socio-economic groups have different expectations of public health care [11]. Another major concern is the proposed intention to run the health system more from the national tier and thus more centralised [19].

South Africa could reduce the burden of disease by 14.2 million disability adjusted life years (DALYs) and gain up 184,085 lives by avoiding premature death under a single payer system like the NHI [12]. But this goal can only be achieved if service provision, equity, and efficiency are improved [6]. Currently the NHI is at the Green Paper stage, defined as a first-draft document on a specific policy. It is being circulated among interested parties with the intention that they participate in a process of consultation and debate. However, the implementation of the NHI is associated with various logistical and political concerns [20], [21]. Hence, it is important to establish public support by reaching and including, as broadly as possible, the opinions of members of the public [22]. However, participation has been found to impact on service planning and development, information development and dissemination and attitudes of service users and providers [23]. It has also found to have a positive outcomes on quality and coverage of health care and on health outcomes [23], [24]. Public and patient involvement is increasingly being mainstreamed and has the potential to be an important tool for accountability.

Public consultations not only constitute a civil right in terms of the South African Constitution [25], they may enable enhanced understanding of complex policy

changes [26] and can be used to highlight, precisely, the gaps between lived reality and proposed policy. This knowledge gained from public consultation can assist policy makers to facilitate the overhaul of the health system and to implement the process of a new policy. To this end, an electronic consultation process was initiated by a non-governmental organization (Cell Life) and the People's Health Movement of South Africa (PHM-SA).

The effectiveness of a government is linked to its ability to develop, implement and enforce measures to increase the security and law enforcement of policies [27]. This entails the professionalism of the public service, the functioning of government departments and agencies as well as the absence of corruption [28]. In addition, in respect of health it is necessary to establish valid indicators for policy performance [29].

The WHO proposes a building blocks framework [30] for health systems strengthening (HSS), the aim of such strengthening being to provide effective, equitable and good quality health care as well as maximizing its accessibility for the population [31] (p 6). Although the WHO building block framework does supply health sector actions for strengthening health systems, the blocks in fact appear static and not interrelated [32]. Further, neither the role of the population in this process, nor the underlying social and economic determinants of health, nor the substantial interactions that exist across each component are specifically addressed [33] (p. VII.). This is because the building blocks provide an outline for the hardware but not for the "software" required to apply ideas and interests, relationships and power, norms [34], values and human rights to the strengthening process [35]. A practical approach to HSS may, however, be applied through the use of systems thinking [36], which is a means of gaining understanding of the dynamics and the relationships of the various

stakeholders that would be essential for successful interventions. Health systems are meant to be complex adaptive systems that aim to provide improved health, social and financial protection as they respond to the expectations of a population [32], and to the current needs of the population. As a result, in addition to the WHO building blocks, an HSS policy for this country would require the promotion of dynamic networks of diverse stakeholders, the ability to work across sub-systems, and the means of inspiring learning and research [36].

Despite a common consensus for the need of HSS worldwide, there is little agreement on which strategies to use in its implementation. The review conducted suggests ten guiding principles [37]. These include holism, context, social mobilization, collaboration, capacity enhancement, efficiency, evidence informed action, equity, financial protection, and satisfaction.

Public consultation and participation are valuable tools to draw upon in support of the successful implementation of new policies and in order to reduce any disparities between intended policies and everyday lived reality. Up to the present, only a few electronic public consultations related to health policies have been published [38]. Governments have not been very active in seeking citizens' input over the internet, even though the internet is developing and changing rapidly [39] and has become widely accepted by the public as a way of conducting everyday life. The advantages of involving the public in decision making are to promote the goals, bind individuals and groups together, support civic and political identity, and create competence and responsibility [40].

Mobile platforms that provide social interaction technology applications are ideal for regions such as South Africa with its low internet and computer penetration but high

coverage on mobile phones [41]. Mxit is a free instant messaging application that runs on multiple mobile and computing platforms. It is by far the most popular social interaction technological application in South Africa [42]. More than 6.5 million people in South Africa are active Mxit users, with the result that it could be used as a tool to reach health care consumers nationwide [43].

The objective of the study was to understand the experiences and perceptions of public health care users regarding the current health care system, and to relate these to the intended reform of the health care system. The six WHO building blocks were employed as an overarching framework for HSS, and a qualitative research method was adopted by using a content analysis to analyse the survey data. The research questions were: What are the experiences and perceptions of health care users in South Africa? How would health care users like to see the system improved under the NHI? What are the strengths and weaknesses of the WHO building blocks in the light of the obtained answers of the public consultation?

This research article outlines the health consumers' views of the current system and whether they are congruent with the proposed improvements of the NHI and the six building blocks for HSS. Findings may be deployed by policymakers to fine tune implementation of policy and to fill gaps between public concerns and policy reform; these findings should therefore facilitate the process of the consumer-orientated overhaul of the health system.

## **Methods**

The above research objectives were addressed by means of a secondary analysis of an electronic public consultation that was initiated by Cell Life, a non-governmental organization, on behalf of the People's Health Movement South Africa (PHM-SA).

Phone-based and internet technologies were chosen for an electronically based consultation by using Mxit, due to the high coverage of cell phones in South Africa [41], [44], [45]. The Green Paper was made available on a website ([www.sanhi.org.za](http://www.sanhi.org.za)) so as to raise awareness and stimulate public feedback. Mxit donated free advertising for the NHI consultation. An advert was sent to 60.000 Mxit users (age group 13-35 years). Nearly 900 participants showed interest in contributing towards the NHI policy by using Mxit. The exercise was carried out between 30 November 2011 and 24 December 2011, after which date all platforms were closed.

In total, 582 people participated in the survey by submitting answers to the six questions. In most cases people responded to all six questions. Short phrases and SMS abbreviations were favoured although some did use sentence-like structures. The questions asked on the Cell Life campaign (named “survey”) and their linkage to the relevant six building blocks of the WHO are illustrated in Figure 1.

Cell Life rendered the data anonymous, so that messages could not be traced back to the sender. Cell Life handed over the data to the author in September 2012 for analysis. Messages were ‘cleaned’ by deleting space holders and re-allocating the answers to the appropriate questions where necessary. The survey by Cell Life was conducted as a marketing and advocacy activity and did not seek ethical approval. However, the data analysis was approved by the Ethics Committee of the University of Cape Town.

**Figure 1**

<b>WHO Building block</b>	<b>Survey Question</b>
<b>I. Health Service Delivery</b>	Corruption is a major problem everywhere! How can we prevent corruption from happening in the NHI?
<b>II. Health Workforce</b>	Do you spend hours waiting in line at the clinic every month? South Africa's public hospitals/clinics need more staff, e.g. nurses, doctors and pharmacists.
<b>III. Health Information</b>	Prevention is cheaper than treatment! The SA government must provide more health promotion and illness prevention education.
<b>IV. Medicine and Technology</b>	Please give suggestions on how you would like health care services in your community to be improved through the NHI?
<b>V. Health Care Financing</b>	In SA, over 85% of the populations rely on public health care, while only 15% can afford private health care. Yet each sector has almost the same amount of money to spend!
<b>VI. Leadership and Governance</b>	The South African Constitution protects the right to health for all people living in SA. Free access to health care services is your right.

Replies were coded until a saturation of themes was reached and no new topics emerged. The qualitative data that were obtained took the form of phrases but were mainly embedded in free-flowing text. Analysis of free-flowing text requires methods that reduce the text to codes [46]. Codes were analyzed by using NVivo as a qualitative data analysis tool and these were mapped to both NHI themes and the overarching framework of the WHO building blocks. Overall, the dataset should provide a picture of how health policy reform is perceived by the public. Data were analysed in the light of three underlying research questions: What are the experiences and perceptions of health care users in South Africa? How would health care users like to see the system improved under the NHI? What are the strengths

and weaknesses of the WHO building blocks in the light of the obtained answers of the public consultation?

## **Limitations**

Some limitations arise regarding the study design: the author was not part of the initial campaign team could not shape the questions of the public consultation that took place in December 2011 nor influence the collection process (for example, the choice of electronic consultation, consulted population or quality of the collected data). The survey might not be representative of the South African population as Mxit is mainly used by a young population (average 15 to 35 years) with a different race stratification than the South African population (e.g. higher amount of coloured people (26% Coloureds<sup>1</sup> as Mxit users vs 8,9% of the total population). We have no insight into the amount of different races that participated in this survey. Judging from the received answers, most of the respondents were public health care consumers as they reported their own experiences with the public and sometimes private health care system in an urban or rural area. Some questions cover more broadly the topic of the overarching framework, whereas others cover only a part of it or could have been linked to different topics. To avoid redundancy topics were linked to only one WHO health system pillar. A ranking of the data was not possible due to the received answers and phrasing of questions.

## **Results and Discussion**

The results are linked to the six building blocks; they describe the consumer's perspective and whether the demands of health care users are included in the NHI scheme as planned. In addition, the comments are analysed using the overarching

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<sup>1</sup> 'Coloured' is one of four population groups used by Stats SA (the others being Black African, Indian/Asian and White). ([www.statssa.gov.za](http://www.statssa.gov.za)).

framework of the WHO six building blocks as a lens to illuminate their strengths and weaknesses regarding HSS.

### **I. Health service delivery**

Health service delivery is a key element in a health care system and a fundamental contributor to the health status of a population [47]. According to the WHO, health service delivery is defined as the delivery and management of safe and quality health services of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation, and palliative care. The populace should receive services on different levels according to their needs throughout their life [48]. But corruption is a core element that hinders the effective and patient-orientated delivery of health service. According to the World Bank corruption is defined as "the abuse of public office for private gain". It can be divided into four main types: theft, bribery, misinformation for private gain and bureaucratic or political corruption [49]. Corruption can impede the delivery of effective and high quality health care to the people who benefit most [49] Hence, health care consumers were asked in the survey how to prevent corruption in the health system.

Consumers' comments raised concerns regarding the corruption they are experiencing in the health system. This is supported by quotes such as the following: "Reduction of corruption is necessary". Participants proposed solutions to address this problem. Ethical standards should be implemented: "Corruption is unethical. Honesty should be made a value." "People in high positions must be honest." In order to achieve such ethical standards, the right qualifications of those working in the health care sector are essential: "People with experience and right qualifications". This implies the necessity of changing and improving the protocols around hiring staff. Participants recommended measures to reduce corruption in the

health care sector: "Prevention though work[ing] as a community police force." They also called for the supervision and punishment of those in charge: "The people in charge should be accountable and the money deducted from their salary".

According to the study's results, a new ethical approach for those employed in the health care sector should be introduced, with its stated values demonstrating a high standard of ethical commitment. Some respondents state that the current state of the Health System mirrors the corruption taking place in government: "Prevention by starting at the government", "Hire qualified people and not politicians". A lack of trust in government emerged, thus indicating that it is believed that a change in society would have to take place [50] before major improvements would happen in the public health care sector. Trust can be attributed to inter-relationships between people and social groups. It comprises the belief of honesty and fairness of another party and is recognised as an important milestone in the relationship between the patient and the health care workforce [51]. Organisational trust that exists between staff and management is fragile and can be broken easily [52]. Strategies for increasing organisational trust are an effective organisation, leadership characteristics such as integrity and benevolence and efficient organisational structures such as low bureaucracy, open communication and appropriate resources [52].

The participants asked for the employment and selection of people who were more honest. And in order that people should be made accountable for their actions and for being dishonest, the participants suggested additional audits to unmask corruption. The responses display a clear understanding of what actions health care users expect to be taken to address this problem. The majority expressed the feeling that corruption could probably be reduced if the necessary steps were taken but that it cannot be eliminated.

In the Green Paper (NHI) corruption is not explicitly addressed neither are there descriptions of measures designed to tackle it. The reform of governance, the autonomy of hospital management as well as overall and individual accountability are mentioned, but missing are outlines on how to provide more efficient supervision of staff and management.

According to the WHO [33] (p. 3), health services are well managed and responsibly and efficiently used when resources are not wasted. This entails managers having allocated to them the necessary authority to achieve planned objectives and also being held accountable for performances and results. The respondents in this research study, when expressing their concerns regarding corruption in the health system demanded the selection of people who were honest. In addition, a regular surveillance of health facilities to monitor goals and stocks might help to achieve enhanced accountability.

Ethical values might be included in the final bill but it is vital to also include means to reduce corruption. The means for holding individuals to account should be improved, since corruption is regarded as a serious problem in the South African health system.

## **II. Health Workforce**

The workforce is a key element in a health system and is defined as "people engaged in actions whose primary intent is to enhance health" [30] (p. 38), which includes physicians, nurses, pharmacists, etc. The health workforce is a topic in the NHI and in the WHO building blocks. In the survey health consumers were asked whether the South African public health care force is understaffed and about waiting times in hospitals.

The analysis of responses revealed that the attitude and training of the health workforce as well as the waiting time are major concerns. Insofar as the attitude of employees is concerned, this relates, to the emotions, level of satisfaction and overall outlook of an employee regarding his or her workplace environment [53]. It is often directly related to a high or low level of morale in the workplace. Respondents targeted different disciplines: administration ("The receptionist must always be there"), doctors ("Doctors are more occupied with their own affair than to treat patients"), and nurses ("The rude treatment [by] the nurses is unethical"). Nurses are more widely discussed, probably because respondents have more intense contact with nurses than with other staff members. The responses express the desire for a more patient-orientated service. From the respondents' point of view, the staff seem to be more focused on their own affairs than on reacting to the needs of patients.

A good health outcome is largely dependent on the knowledge, motivation, and skills of the health workforce [32], [54], while data support the view that there is a connection between the number of health professionals relative to patients and health outcomes. According to the survey, health care users experience long waiting times in public hospitals but not in private ones. They state that private hospitals have more health professionals available, that they are better trained, better paid, and better motivated to care for people. In addition, they criticize the attitude of the staff in public hospitals: they take breaks that are too long, are absent, are less concerned about their work and the patients, and have been observed "shouting", "not being empathetic with the patients", "not been supervised", and "not well trained".

A number of responses relate to the training of staff as outlined in the following quote: "Nurses should be trained to take care of patients". Health care users insist that staff have to receive proper and regular training to fulfill their duties. They also

believe that only health workers with a high level of job satisfaction can deliver the best outcome for patients: "The government should keep health workers happy". Other statements, such as, "Health care service is insufficient and the level of training of health care workers", point to South Africa not currently investing enough money to train health professionals and the need to upgrade the current quality of service [12]. Since the attitude of the health workforce can be linked to their motivation and work satisfaction [37], high quality of care cannot be provided unless issues related to demotivated staff are comprehensively addressed. This requires attention if the health system is to be strengthened [37]. Financial incentives, career development, and the quality of management are core factors affecting motivation. Other important elements are adequate resources and appropriate infrastructure [55].

The importance of waiting times for the health care consumers is underscored by the following two quotes: "In public sector patients wait over 12 hours", "I never spend less than 4 hours in a clinic". Different explanations are given for lengthy waiting times: "Long waiting time due to break time for staff", "The waiting time is too long because the shortage of staff", "Long waiting time because everything is free".

Some clinics have no waiting time. As the data were anonymised we do not know if this applies to private or public facilities or if the respondents live in a well-served area. Waiting times between four hours and twelve hours and more are not acceptable to health care users, especially when people are severely sick and urgently need attendance and treatment. The government and the individual service providers are asked to reduce these long waiting times and provide quicker help.

Interestingly, health care consumers asked for the implementation of ways to improve treatment efficiency. Separate queues for different diseases are suggested "for e.g. influenza in the winter, HIV and TB". Related to this matter of efficiency,

triaging scales are mentioned as a tool neither in the NHI nor in the WHO building blocks. Yet they could prove useful in reducing waiting times for severely sick patients and offer more rapid and adequate treatment [15] according to the severity of diseases or illnesses [14]. In countries where they have been introduced they have been well received by health care consumers and by service providers [13], [56], [14]. They would also prove beneficial in South African emergency departments [15].

According to the NHI guidelines, managers should be allocated the necessary authority to achieve planned objectives and should also be held accountable for overall performance and results [2]. Patients report a lack of management and supervision: "Supervise nurses for long tea breaks", "Improve treatment performance by better training". The respondents complain about insufficient supervision and lack of action taken. In addition, they report waste of resources: "Check how resources are spent and not how much is being spent". The attitude of the staff is addressed in the Green Paper of the NHI and is portrayed as less service- and patient-orientated that is desirable [17]. Based on the people's comments, the current level of care is not effective ("received the wrong medication and treatment"), and is not given in a timely fashion ("sometimes I am going home without any treatment and medication"). The level of care is perceived, then, as not centered on the patient's needs. In this regard, the delivery of health care service through the health workforce needs improvement and scaling up.

The NHI aims to establish a higher quality of service through the Office of Health Standards Compliance (OHCS): "It will have three units, namely: inspections, norms and standards and the office of the Ombudsperson. It will set norms and standards and undertake the inspection of all health facilities." [17], (p 31). All public and private

health establishments will have to comply with set standards of health quality. However, an area of particular concern is service delivery by the health care workforce [57], yet the NHI plan does not outline how patient-centered care is to be achieved and how the regular teaching of health care professionals is going to take place. Based on the responses, neither effective monitoring or evaluation of human resources is currently taking place nor is the assessment of health facilities working adequately. The scaling up of these areas of expertise and service could enhance efficiency as a means of HSS [37].

To estimate if the number of health professionals is adequate, a closer analysis must be done by calculating the number of health workers available in a region relative to the total population. The WHO recommends at least twenty-three health care professionals (physicians, nurses, midwives) per 10,000 people for selected primary health care interventions [33] (p. 38). Data on the South African health work force [58] displays 7.7 physicians per 10,000 people and for nursing and midwifery 40.8 per 10,000 in 2011, which exceeds the recommended limit. This might underline that service efficiency needs improvement.

In the relevant WHO building block, high quality health services are mentioned, centred on the patient's need and given in a timely fashion [33] (p 3). The way to achieve this is proposed by indicators, mainly related to the amount of available human resources. However, means of improving interdisciplinary work relations are not elaborated. A more holistic approach to enhanced collaboration between different actors [37] could be helpful to strengthen and improve the health system for health care users in South Africa.

Patient-centered care needs to be further more developed. As mentioned above, the NHI plan proposes the establishment of an Office of Health Standards Compliance. Numerical indicators regarding numbers of health care professionals are outlined in the WHO building blocks. But the strengthening of work ethics and measures to achieve improved interdisciplinary work performance are missing in the building blocks and NHI.

### **III. Health Information**

The survey 'question' phrased as "prevention is cheaper than treatment! The South African government must provide more health promotion and illness prevention education" was linked in the analysis to the theme of health information. For people coming from a lower socioeconomic background, however, resources for obtaining information are scarce. Consequently, they have to rely on whatever information is provided by the municipality or government. Health care users should have access to reliable, usable, understandable, and comparative data and information [30]. They should be informed about health risks so as to avoid contracting diseases. A sound and reliable information policy to support and educate patients is a milestone to establish efficient decision making among the populace [33]. The communication and dissemination of information are crucial to an effective prevention campaign.

Analysis revealed a number of further subjects: affordability ("Prevention should be affordable"), government involvement ("The government is doing enough but the people are ignorant.", "The government is not doing enough" ), the need for a better information policy ("People have less knowledge about prevention", "The government must try hard to inform the people comprehensively"). The youth also are a matter of concern ("Most of the youth is illiterate", "Teenagers do not use condoms").

Affordability for the sake of prevention was raised by the respondents. The provision of prevention must be offered based either on the individual's ability to pay or free of charge [9]. Further, people need to be informed about preventative measures and strategies. Respondents in the survey expressed different views about prevention. Some are convinced that prevention campaigns are successful provided people are educated ("Education is necessary to run a successful prevention program", "Teach ignorant people live a healthier life"); others state that people cannot be taught to adhere to a different lifestyle ("Education does not seem to help. Teens still get pregnant.").

Participants also conveyed their belief that "the government is doing enough to educate the people". They point out that a range of prevention programs has been carried out but people still do not behave accordingly. Hence, they conclude that people cannot be educated and prevention campaigns are a waste of time and resources. Comments like these should sensitize the government to the need to demonstrate the results of prevention campaigns by showing concrete data, such as the results of supplying condoms in 2002 and 2012. Prevention campaigns should be monitored if the intended goals are to be achieved.

According to the NHI Green Paper [2], prevention campaigns for non-communicable diseases are mainly driven by four risk factors, smoking, alcohol, poor diet, and lack of exercise. Yet multiple other burdens exist [9], [2] that need to be tackled to improve overall health, such as child and maternal mortality, non-communicable diseases such as diabetes type 2, hypertension, obesity, hyperlipidemia and glaucoma, besides the prevention of trauma and injury, foetal alcohol syndrome and more [59], [60]. Prevention campaigns are associated with various obstacles in

South Africa [61], such as vast rural areas that have poor communication links and a high rate of illiteracy.

Taking the six WHO building blocks into account, the NHI should focus not only on the major diseases in South Africa but should aim at leading to an overall improvement in health care delivery and outcomes measured in a higher life expectancy and quality of life for all South Africans [12]. A comprehensive information and prevention policy would also include socioeconomic factors, environmental and behavioural factors. Prevention is addressed in the NHI (p. 41, 58f), also in connection with School Health Services (p. 25).

A lack of information or access to relevant information was observable ("What is NHI?"), indicating the need for an adequate information system [30]. The NHI Green paper describes the implementation of an "integrated and enhanced National Information System" [17]. It elaborates: "Health information systems serve multiple users and should enable decision-makers at all levels of the health system to identify problems and needs, make evidence based decisions on health policy and allocate scarce resources optimally" [30]. It will further "be based on an electronic platform" and will be adequately budgeted for to ensure effective implementation. In addition, the development of an NHI patient card and supporting information platform are outlined. Through the implementation process, measures should ensure that the majority of the South African population has access to the new information system as it would help to save money for the health care system ("Prevention is cheaper than cure").

Summarising the findings, the obtained data indicates that the usefulness of prevention campaigns is seen as controversial by health care users. According to the

WHO building blocks, health services should include "preventative, curative, palliative and rehabilitative services and health promotion activities" [30]. The suggested implementation of a Health Information System in the NHI should facilitate the accessibility of relevant health information and improve the effectiveness of prevention campaigns.

#### **IV. Medicine and technology**

The question "Please give suggestions on how you would like health care services in your community to be improved through the NHI" was related to the building block for medicine and technology. Analysis of responses revealed the respondents connecting primary and secondary health care ("24 hours emergency ambulances and emergency rooms"), recognizing intersectoral health care ("Government must provide educated social workers"), and special care ("Employ counselors"). They envisage health care through the life course with improved accessibility ("A bus service for pensioners"), besides hospitals' diverse health care settings ("Provide a nurse at each school"), and as present in already existing services such as "ambulances must better work together and be better organized".

They requested the scaling up of services and medication availability ("Enough medication in hospital is needed"). Even inter-sectoral cooperation between public and private health care providers was suggested to achieve a better quality of care ("private doctors should work together with normal doctors").

The maintenance of the hospital buildings ("To upgrade maintenance, keeping hospitals clean and hygienic") and the equipment of the hospitals ("A separate treatment room for everybody") was raised. "Cleaner hospitals" are frequently mentioned. And a broad scaling up initiative of health care facilities was demanded

("Open more smaller clinics instead of big ones.", "A basic health care facility should be in every community").

The topic "infrastructure" is frequently addressed under the different questions. It resulted in responses that focus on existing clinics ("Better care and longer opening hours."), mobile clinics ("Providing everywhere mobile clinics") as well as new facilities ("More hospitals are needed because public and private hospitals are full.'). Access barriers emerge as another topic ("People in rural areas are not taken care of", "There is no clinic close to them and there is a lack of water and electricity", "Public patients must go the extra mile to get free treatment"). These demands refer to the need of capacity enhancement for HSS [37]. The answers highlight the difficulty the population experience in gaining access to an adequately equipped health care provider which is able to suit their medical needs. According to our survey the availability and accessibility of health care facilities for public health consumers must be improved.

The health care sector is one of the main employment markets in South Africa. Should the government start a long-term investment in education ("government should help underprivileged learners to become doctors and nurses") and through the employment of more health care workers and improved training of staff, the health of the population will improve [12].

The respondents expressed wishes similar to those of patients from developed countries, such as the UK [62]: easier access to primary health care services, more complementary therapies, and longer clinic opening hours. Where there is a contrast between the respondents' wishes and those expressed in developed countries, is in those in the developed countries articulating their desire to have choice of health service providers, to be actively involved in treatment decision processes, to discuss

treatment options and to have their expectations met [63]. The SA health system is still more traditionally driven, with a paternalistic approach [64]. A shift from the traditional, paternalistic concept of treatment to an approach more in line with partnership could help to improve service quality [62]. The NHI should foster a new perception of trust and a better relationship between health care consumers and health care providers, on the one hand, and an improvement in the clinician-patient relationship on the other, to improve health outcomes [65]. In accordance with UK health care users [62], the respondents of our survey expressed their wish to have good and equal services everywhere and available to all.

A health system that functions well ensures equitable access to essential medical products, vaccines and technologies [33] (p. 60). The requirements and indicators are outlined in the WHO building blocks. Underpinned by the answers of the respondents, the current South African public health system does not offer equitable access to medical products, vaccines, and technologies. As the data were anonymised, we cannot obtain information about where people report better service quality. But the answers demonstrate that both a lack and uneven distribution of resources appear in rural areas in comparison to urban settlements. According to the Provincial Minister of Health of the Western Cape, T. Botha, the distribution of medicines and health services is better in the Western Cape than in other provinces such as Limpopo and Northern Cape [66]. Due to the high coverage of mobile phone users [67], new technologies such as SMS notification regarding the availability of drugs are now used in the metropolitan area of Cape Town [68].

Under the question "suggestions" people asked for better access to basic medicines and adequate equipment. An additional service provisions such as mobile ambulances and better logistics, for example, for the management of ambulance

vehicles, were requested. Most of the public health care consumers' requests are addressed in the NHI and the WHO building blocks.

## **V. Health care financing**

A mismatch of resources between private and public sectors is addressed in the question regarding health care financing ("In SA, over 85% of the populations rely on public health care, while only 15% can afford private health care. Yet each sector has almost the same amount of money to spend!") and taken up in the Green Paper of the NHI [17].

The purpose of public health care is described by the health care consumers as follows: "Public health care is important for poor people who cannot afford private health care." Concerning out-of-pocket payments and service fees people stated that "they must pay in some public clinics" but others state that "the people in SA get the health service for free". The answers received touched on matters of affordability ("A lot of people cannot afford health care"), equality ("If the quality of the health care would be equal, no private health care would be needed"), and funding ("money for the public sector should be reallocated").

The respondents complained that the health care system is not affordable for poor people. Especially in rural areas, problems of affordability exist since the number of job possibilities are few and income is low. Apart from the difficulties of accessing health care providers in rural areas, it is essential for the rural population to avoid out-of-pocket payments so as to prevent personal financial catastrophe [69]. Financial risk protection is one of the important elements of HSS [37].

The topic of equality was raised concerning income groups, disease groups (HIV-not HIV-infected), and public and private health care providers. The separation of

funds between private and public health care and the contribution to the health care system depending on personal income are discussed in the survey. Some of the respondents stated that they were not aware of the huge difference in health care expenditures between the private and public sector ("Did not know before how funds are spent"). They requested that people be informed about the existing differences and how to overcome them. Some respondents said that "we all have to get private health care" as the quality of private health care is considered to be better than in the public sector. This is evident in statements such as "The government should improve the standards for public health care." Reasons for this are seen in the underfunding of public health care: "The public health care does not get enough funds".

The implementation of the NHI should achieve universal coverage, aiming to allow health care users the access to services without experiencing a financial catastrophe [2], [30], [16]. The financial system is being conceptually divided into three interrelated functions, revenue collection, fund pooling and purchasing, and provision of services [2]. All three elements were addressed by the respondents. They emphasized that they want to experience a more equal and affordable health care system. Universal coverage is characterized as one main goal described in the Green Paper. This should be achieved through a prepayment health financing mechanism. The payments should be pooled and can come from a combination of sources (fiscus, employers, individuals) [17] (p. 35). The improvement in resourcing is characterized as an urgent intervention and will be phased in over a period of seven years. It is estimated that currently 70% of the outpatient and 80% of the inpatient care patients are uninsured. For the period until 2025, R255 billion Rand are needed to implement the new health insurance [17].

The NHI Green paper provides an overview of how the new health system should be financed in the near future and funds will be allocated according to need. A country-wide survey in South Africa that examined household expenditures in relation to out of pocket payments showed a regressive profile: The lower the family income, the higher is the possibility of experiencing catastrophic household expenditures [9],[70].

Some respondents argued that health care is not affordable, especially in rural areas. Others demanded that the health system should not be free of charge as there is a trend to overuse it. As suggested by controversial answers, service fees of public health care providers seem not to be handled equally in the country. The exemption of service fees and the re-engineering of primary health care to improve accessible and affordable health care are proposed in the NHI [2] (p. 56, 23).

The unequal distribution of financial and human resources between the private and public sector is addressed by the health care consumers. The NHI Green Paper states that more professionals per patient are working in the private sector than in the public sector [2]. "The amount spent in the private health sector relative to the total number of people covered is not justifiable and defeats the principles of social justice and equity" [17]. Hence a reallocation of funds between the private and public sector is mandatory.

According to the WHO, health financing refers to the "function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people . . . to ensure that all individuals have access to effective public health and personal care." [30]. In line with the WHO's guidelines, co-payments or out-of-pocket payments will be abolished with the NHI. Financial access barriers should be removed. The WHO suggests equity through receiving

exemptions or subsidized services and medicines. [30]. This should allow people to use needed services without experiencing impoverishment, a method characterized as financial risk protection. Pooled funds are needed where the rich cross-subsidize the poor, and the healthy subsidize the sick population. The respondents target this topic in the following quotes: "Those who can afford more, should pay more.", "Money for the public sector should be reallocated". It will be one of the major tasks facing the new health system to restructure its financing mechanism and perform a reallocation of funds: the private sector needs to cut back costs, while the costs for the public sector have to be increased to upgrade existing facilities and offer accessible and affordable health care to the majority of the population [2].

In summary, the replies present a picture of the existing financial inequalities in the South African health system and of perceived superior treatment related to the greater financial resources of the private sector. People therefore prefer the private sector even when out-of-pocket payments are requested. The NHI suggests a reallocation of funds between the private and public sector. This is one of the major challenges and a great deal of lobbying is required to achieve consensus among the different stakeholders.

## **VI. Leadership and governance**

"The South African Constitution protects the right to health for all people living in South Africa. Free access to health care services is your right." This survey question was grouped under the WHO building block "leadership and governance". The WHO describes it as stewardship, defining the role of the government and the relationship of other actors in order to protect the public interest.

The responses have been linked to the following main themes: accessibility, human rights, and information policy. Under the theme of accessibility people argued that they "do not have free access to health care".

The question leads the respondents to the matter of human rights, so that some responses read: "I have a right for healthy living", or "a healthy country equals to a healthy economy, more jobs are created and less poverty". Comments such as "the right of health care must be provided by public institutions and not by private ones" expressed the view that government is responsible for providing health care. Critical voices raise the concern: "What is a right when you are treated with no respect and humanity".

Health care consumers should have equal access to affordable and quality health care, which is covered in the NHI [9], [10], [6]. It addresses the range of services necessary to respond to the needs of the entire population. Non-coverage of non-South African residents was touched on by some respondents ("Not all people get help because they are very sick and foreigners", "South Africans get health care for free"). The NHI will insure legal permanent residents and short-term residents. Refugees and asylum seekers are treated in line with the provisions of the Refugees Act and International Human Rights instruments that have been ratified by the government [17].

Quality control and the maintaining of certain standards will be improved through the accreditation of health care providers and, as stated above, the Office of Health Standards Compliance [17]. The system installed will be performance-based.

It provides a leadership concept to address the existing inequalities and poor health outcomes in the country. The NHI intends to improve service provision and promote

equity and efficiency so that all South Africans have access to affordable, quality health care regardless of their socioeconomic status [2], (p. 4). Various suggestions are made from the patients' perspective to improve the health system.

According to the WHO, accountability involves enforcement, such as the imposition of sanctions; the provision of rewards for performance; performance around the actual supply of services; evaluation and monitoring of performance; and financing to ensure that adequate resources are available to deliver essential services. The WHO suggests two indicators for measuring governance: rule-based and outcome-based [30]. Rule-based indicators, or so-called formal procedure measurements, are undertaken when a country has appropriate policies, strategies, and approaches for health system governance. The NHI is an instrument for a system based on rule-based indicators. Outcome-based indicators assess whether procedures are being effectively implemented or enforced. The health care users would appreciate the future implementation of outcome-based indicators, although such indicators are not outlined in the NHI. Health care consumers criticize the weak law enforcement and quality control they have experienced and there is a strong demand from them for better outcome-based rules, monitoring, and surveillance ("Quarterly audits might be helpful", "The supervision of staff is necessary").

The NHI demonstrates leadership and governance, yet an existing lack of trust in government is expressed by health care users and will have to be remedied. The NHI emphasises the existing inequalities and presents an outline of how to overcome them within a certain time frame. From the health consumers' side there is a strong request for surveillance methods and accountability.

## Conclusions

The analysis of the answers to the survey answers revealed a public request for improved service efficiency, equity, affordability, and equal allocation of resources between the public and the private sector. These findings substantiate the need for reform and fit with the aims of the NHI. The current state of the health system is described from the patient's perspective as neither accountable nor efficient. From the patient's perspective, there is a shortage of medicines, uneven distribution of health services, poor availability of equipment and of intersectoral services. Basic service management appears to be inadequate. The respondents in this study are concerned about the quality of care they are receiving. Most of the concerns and inefficiencies are taken up in the NHI. However, several themes were identified that are not covered by the NHI, such as the need to fight corruption, the implementation of underlying ethical values for health care professionals, regular surveillance, and indicators for improved health services. These public concerns could be incorporated into the final bill. An enhanced understanding of the goals and timeframe of the NHI should be advertised by the government, as a lack of information to the public becomes evident in the analysis.

In general, people judge the quality of care to be better in private hospitals with quicker treatment and less waiting time. The staff in private health care is described as being better organized, more attentive, and more patient orientated in comparison to staff in public health care. The expectations of health care users are in accordance with those of other countries [35], [63], [71], [62]. However, SA health care users regard it as an important matter to address the existing corruption in the public health care system and to implement underlying core ethical values to which people working in the health care sector must adhere. In addition, the lack of trust in

government articulated by health care users should be addressed by policy makers and -implementers.

The WHO's six building blocks identify the key elements of a health system to strengthen health systems. They should lead to improved health, equity, responsiveness, social and financial risk protection, and more efficiency. These building blocks were used as a lens to analyse responses and relate them to the South African health systems reform. However, while a health system embraces all organizations, institutions, resources, and people whose primary purpose is to improve health [30], the interactions, interrelations of actors and stakeholders and measures for improved intersectoral work performance are not elaborated upon in the building blocks. Health consumers in South Africa, on the other hand, suggest advancing the intersectoral relationships within the health system. Interestingly, they ask for a more holistic approach and capacity enhancement to establish an efficient working health system [32], [37].

The building blocks provide a description of hardware tools that are necessary to strengthen health systems, however, they provide no outline of the soft skills and measures such as values and norms. This is the underlying capital upon which a health system runs efficiently and successfully. Each country is asked to implement the soft skills and norms. From the consumers' perspective soft skills, interaction techniques, and training of health care professionals need improvement in South Africa. The application of measures for monitoring performance would also prove helpful in enhancing overall performance.

The existing and documented health inequalities within the South African population are addressed by the NHI. The NHI will be implemented gradually over a fourteen-year period and it remains a major challenge as various stakeholders are involved in

this process. The need for changes in the current health system is perceived by the public health care users, but they need to visualize and understand how these changes are going to happen. The change process is addressed in the NHI but often not described in detail, for instance, how will the cutback of overspending in the private sector be achieved or how will a consensus approach between the public and private sector take place?

Public consultation processes are not often applied in health policy processes, although they constitute a civil right in terms of the SA constitution [25]. The active participation and understanding of the population is needed to restructure the health care system successfully [11]. The experiences of public health care users have been documented in several developing countries [35]. The received answers of our survey show the current perceptions of the South African health care system taken from of a public health care users' perspective. The majority of the respondents are public health care users. Based on the contents of their replies, most of them come from a low socioeconomic background. Although they are often not well educated and have limited access to comprehensive information, they have a clear vision, understanding, and make valuable suggestions as to what can and should be improved in the health system.

Until now consultation campaigns are not well established tools to support health policy changes. In case public voices and concerns are heard by politicians and policy makers and are more often used to shape policies and service delivery, the rate of public participation might be improved in future surveys. The obtained answers to the survey can be utilized by health care decision and policy makers to highlight existing gaps between the lived reality and the set goals, aiming to achieve

an improved outcome through optimization of the complete overhaul of the health system.

### **List of abbreviations used**

NHI (National Health Insurance), WHO (World Health Organization, Australasian Triage Standard (ATS), People's Health Movement South Africa (PHM-SA), Disability Adjusted Life Years (DALYs), Non-Governmental Organization (NGO), South Africa (SA)

### **Competing interests**

The authors declare that there is no competing interest.

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# Part D: Appendices

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Letter of Approval from UCT Human Research Ethics Committee

Instructions for Author of journal whose format has been used

University of Cape Town

# Guidelines Manuscript

## Preparing main manuscript text

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General guidelines of the journal's style and language are given [below](#).

### Overview of manuscript sections for Research articles

Manuscripts for Research articles submitted to *BMC Health Services Research* should be divided into the following sections (in this order):

- [Title page](#)
- [Abstract](#)
- [Keywords](#)
- [Background](#)
- [Methods](#)
- [Results and discussion](#)
- [Conclusions](#)
- [List of abbreviations used](#) (if any)
- [Competing interests](#)
- [Authors' contributions](#)
- [Authors' information](#)
- [Acknowledgements](#)
- [Endnotes](#)
- [References](#)
- [Illustrations and figures](#) (if any)
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### Title page

The title page should:

- provide the title of the article
- list the full names, institutional addresses and email addresses for all authors
- indicate the corresponding author

Please note:

- the title should include the study design, for example "A versus B in the treatment of C: a randomized controlled trial X is a risk factor for Y: a case control study"
- abbreviations within the title should be avoided

## **Abstract**

The Abstract of the manuscript should not exceed 350 words and must be structured into separate sections: **Background**, the context and purpose of the study; **Methods**, how the study was performed and statistical tests used; **Results**, the main findings; **Conclusions**, brief summary and potential implications. Please minimize the use of abbreviations and do not cite references in the abstract. **Trial registration**, if your research article reports the results of a controlled health care intervention, please list your trial registry, along with the unique identifying number (e.g. **Trial registration**: Current Controlled Trials ISRCTN73824458). Please note that there should be no space between the letters and numbers of your trial registration number. We recommend manuscripts that report randomized controlled trials follow the [CONSORT extension for abstracts](#).

## **Keywords**

Three to ten keywords representing the main content of the article.

## **Background**

The Background section should be written in a way that is accessible to researchers without specialist knowledge in that area and must clearly state - and, if helpful, illustrate - the background to the research and its aims. Reports of clinical research should, where appropriate, include a summary of a search of the literature to indicate why this study was necessary and what it aimed to contribute to the field. The section should end with a brief statement of what is being reported in the article.

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The methods section should include the design of the study, the setting, the type of participants or materials involved, a clear description of all interventions and comparisons, and the type of analysis used, including a power calculation if appropriate. Generic drug names should generally be used. When proprietary brands are used in research, include the brand names in parentheses in the Methods section.

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The Results and discussion may be combined into a single section or presented separately. Results of statistical analysis should include, where appropriate, relative and absolute risks or risk reductions, and

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This should state clearly the main conclusions of the research and give a clear explanation of their importance and relevance. Summary illustrations may be included.

### **List of abbreviations**

If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations can be provided, which should precede the competing interests and authors' contributions.

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A competing interest exists when your interpretation of data or presentation of information may be influenced by your personal or financial relationship with other people or organizations. Authors must disclose any financial competing interests; they should also reveal any non-financial competing interests that may cause them embarrassment were they to become public after the publication of the manuscript.

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## **Acknowledgements**

Please acknowledge anyone who contributed towards the article by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include the source(s) of funding for each author, and for the manuscript preparation. Authors must describe the role of the funding body, if any, in design, in the collection, analysis, and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication. Please also acknowledge anyone who contributed materials essential for the study. If a language editor has made significant revision of the manuscript, we recommend that you acknowledge the editor by name, where possible.

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Endnotes should be designated within the text using a superscript lowercase letter and all notes (along with their corresponding letter) should be included in the Endnotes section. Please format this section in a paragraph rather than a list.

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All web links and URLs, including links to the authors' own websites, should be given a reference number and included in the reference list rather than within the text of the manuscript. They should be provided in full, including both the title of the site and the URL, in the following format: **The Mouse Tumor Biology Database** [<http://tumor.informatics.jax.org/mtbwi/index.do>]. If an author or group of authors can clearly be associated with a web link, such as for weblogs, then they should be included in the reference.



19 March 2013

**HREC REF: 075/2013**

**Prof E Weimann**  
Public Health & Family Medicine  
Falmouth Building

Dear Prof Weimann

**PROJECT TITLE: THE CITIZEN'S PERSPECTIVE ON THE GREEN PAPER OF THE SOUTH AFRICAN NATIONAL HEALTH INSURANCE: WHAT ARE THE EXPECTATIONS, THE CURRENT CONCERNS AND THE PUBLIC AWARENESS SPOTLIGHTED IN AN E-PUBLIC CONSULTATION?**

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

**Approval is granted for one year till the 28<sup>th</sup> March 2014**

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: [www.health.uct.ac.za/research/humanethics/forms](http://www.health.uct.ac.za/research/humanethics/forms))

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

**Please quote the HREC. REF in all your correspondence.**

Yours sincerely

**PROFESSOR M BLOCKMAN**  
**CHAIRPERSON, FHS HUMAN ETHICS**

Federal Wide Assurance Number: FWA00001637.

Institutional Review Board (IRB) number: IRB00001938

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH GCP) and Declaration of Helsinki guidelines.

The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.