

HOW FAR IS THE 2015 NATIONAL HEALTH INSURANCE WHITE PAPER AN ADVANCE ON THE 2011 GREEN PAPER: A USER'S GUIDE

Introduction

This brief compares the National Health Insurance Green Paper and the National Health Insurance White Paper in order to ascertain the extent of progress from the one to the other.

The key differences are tabulated below. A concordance between the two papers is contained in the Appendix.

Green Paper	White Paper
<i>Material only in the Green Paper</i>	
History pre-1994	Omitted
<i>Material only in the White Paper</i>	
N/A	Paragraphs 139-144 and 231-240 deal with pharmaceuticals, laboratory services and radiology
N/A	Paragraphs 145-150 deal with protection from direct costs of health care and the necessity for radical re-organisation of the health platform
N/A	Paragraphs 182-187 deal with improving governance and management at the primary health care and district level
N/A	Paragraph 188 proposes the establishment of a National Health Commission
N/A	Paragraphs 218-224 deal with the implementation of National Quality Standards for Health
N/A	Paragraphs 225-230 deal with human resources for health
N/A	Paragraphs 241-247 deal with emergency services

N/A	Paragraphs 262-311 deal with the principles of funding the NHI
N/A	Paragraphs 312-318 deal with the changes in inter-governmental arrangements under the NHI
N/A	Paragraphs 319-321 deal with the pooling of funds under the NHI
N/A	Paragraphs 330-335 link health reforms with social security reforms
N /A	Paragraphs 327-335 discuss the purchaser-provider split
N/A	Paragraphs 337-342 set out treatment guidelines
N/A	Paragraphs 372-379 deal with fraud, its mitigation, addresses issues with NHI that may lead to fraud and sets out a risk management framework.
N/A	Paragraph 384 sets out a system of health technology assessment.
N/A	Paragraphs 385-390 deals with procurement
N/A	Paragraphs 391- 394 looks at cost containment measures.
<i>Where the White Paper has built on the Green Paper</i>	
Paragraphs 87-96 deal with hospitals	Paragraphs 189-214 elaborates the framework
Functions of district hospital in Paragraph 91	Change in functions in Paragraph 193
Paragraph 93 deals with Regional Hospitals and level of services rendered and specialisations of services.	Paragraphs 194 – 195 deals builds on the Regional hospitals and service package.

Paragraphs 97-100 deals with the accreditation and the Office of Health Standards Compliance	Paragraphs 215-218 and 331-333 goes into more detail dealing about accreditation.
Paragraphs 101 – 107 deals with the payment of providers under NHI and capitation to be adjusted taking into account various factors.	Paragraphs 334-360 goes into more detail than the Green paper dealing with the contracting of health service providers as well as builds on from the Green paper with regard to provider payment mechanisms, payment at PHC Level, ambulatory specialist services, payment at hospital level and EMS payment.
Paragraph 116 deals with co-payments	Paragraphs 145-150 deals in greater detail with user charges
Paragraphs 140-141 deal with registration of the population and the use of a National Health Insurance Card is introduced.	Paragraphs 364-369 deals in greater detail with the patient registration systems and goes on to further state that the patient registration system will have the following capabilities: barcode scanning, patient look up, patient file number, maintenance of patient details, linkage of patients to PHC facilities, and recording of visits and management information.
Cost estimates	
Resource requirements increase from R 125 billion in 2012 to R214 billion in 2020 and R255 billion in 2025. These figures are expressed in 2010 prices.	Resource requirements increase from R 134 billion in 2015 to R 185 billion in 2020 and R256 billion in 2025. These figures are expressed in 2010 prices.
Phasing	
<ul style="list-style-type: none"> • Release of White Paper for Public Consultation (Aug 2011) • Launch of Final NHI Policy Document (Dec 2011) Commencement of legislative process (Jan 2012) 	<p>Phase I (2012/2013 to 2016/17)</p> <p>Health system strengthening initiatives</p> <p>Moving central hospitals to the national sphere</p> <p>Establishment of the NHI Funds</p>

<ul style="list-style-type: none"> • Publication of Regulations on Designation of Hospitals (Aug 2011) 	<p>Institution establishment: OHSC, District Health Management Offices, National Health Commission)</p>
<ul style="list-style-type: none"> • Policy on the management of hospitals (Aug 2011) 	<p>Phase II (2017/18 to 2020/21)</p>
<ul style="list-style-type: none"> • Advertisement and appointment of health facility managers (Oct 2011) 	<p>Purchasing of services to be funded by NHI Mobilisation of additional resources</p>
<ul style="list-style-type: none"> • Regulations published for comment on Hospital Revenue Retention (April 2011) 	<p>Establishment of a fully functional NHI Fund</p>
<ul style="list-style-type: none"> • Development of a Coding Scheme (Jan 2012) 	<p>Establishment of NHI Fund Management and Governance Structures</p>
<ul style="list-style-type: none"> • Parliamentary process on the OHSC Bill (Aug 2011) 	<p>Population registration process</p>
<p>Appointment of staff (Jan 2012)</p>	<p>Amendments to the Medical Schemes Act</p>
<ul style="list-style-type: none"> • Audit of all public health facilities 	<p>Phase III (2021/22 to 2024/25)</p>
<p>21 % already audited (876 facilities)</p>	<p>Contracting for accredited private hospital and specialist services</p>
<p>64% completed (2927 facilities)</p>	<p>Finalisation and implementation of the Medical Schemes Amendment Act</p>
<p>94% completed (3962 facilities) (Dec 2011)</p>	
<ul style="list-style-type: none"> • Selection of teams to support the development quality (Mar 2012) improvement plans and health systems (Oct 2011) 	
<ul style="list-style-type: none"> • Initiate inspections by OHSC in audited and improved facilities (Oct 2011) 	
<ul style="list-style-type: none"> • Initiation of certification of public facilities (Mar 2012) 	
<ul style="list-style-type: none"> • Identification of posts and adverts (Aug 2011) 	
<ul style="list-style-type: none"> • Appointment of specialists (Dec 2011) 	
<ul style="list-style-type: none"> • Contract with academic institutions on a rotational scheme (Feb 2012) 	

- Training of first 5000 PHC agents (Dec 2011)
 - Appointment of first 5000 PHC agents (Mar 2012)
- Appointment of PHC teams (Feb 2012)
- Establish data base of school health nurses including retired nurses (Aug 2011)
- Identification of the first Quintile 1 and/or Quintile 2 schools (Oct 2011)
- Appointment of school-based teams led by a nurse (Nov 2011)
- Refurbishment and equipping of 122 nursing colleges. First 72 nursing colleges by end of financial year 2011-2012
- Building of 6 Flagship hospitals and medical faculties (commence 2012)
- Launch of HR Strategy (Sept 2011)
 - Short to medium term increase in supply of medical doctors and specialists (2012-2014)
 - Increase in production of nurses (2012-2104)
 - Increase in production of pharmacists (2012-2014)
- Increase in production of allied health professionals (2012-2014)
- Provincial and District roll-out of the NHIRD (July 2011)
 - Appointment of Information Officers and Data Capturers (Nov 2011)

- Creation of NHI district management and governance structures (April 2012)
 - Selection of Pilot Sites (First 10 districts) (April 2012)
 - Development and test the service package to be offered in NHI pilot sites (April 2012)
- Extension of pilots from 10 to 20 districts (June 2013)
- Piloting of the service package in selected health districts (April 2012)
- Refinement of the costing model (2012)
- Revised estimates (2013)
- Partnership between DST, Health and Home Affairs on population identification and population registration (Commence April 2012)
- Design of ICT architectural requirements for NHI (April 2012)
- Appointment of NHI CEO and Staff, establishment of governance structures and establishment of administrative systems (2014)
- Establishment of criteria for accreditation (2013)
 - Accreditation of first group of private providers (2014)

Conclusion

The White Paper has introduced a number of issues not covered in the Green Paper. It has elaborated some points in the Green Paper. In its principle, it is not a substantial change from the Green Paper. Cost estimates have not developed between the White and Green Papers respectively. Some aspects

of phasing in the Green Paper have been pushed out and the White Paper sets out the whole roll out programme for NHI.

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Appendix

Concordance between the Green and White Papers

<i>References are to paragraphs</i>			
	Green	White	
Introduction and background	1-37	1-30	
History	38-49	31-44	
UHC	62-65	45-50	
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Reorganisation of health services		151-160	
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Human resources		225-230	
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Transition and phasing	143-162	405-434	

Note: There is duplicate numbering in the White Paper from paragraphs 327-335