

## **Mend healthcare by all pulling in unison**

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CHRONIC diseases are ravaging the rainbow nation. There has been a rapid increase in mortality, and average life expectancy has plummeted. The future of healthcare has become one of the most pressing issues of our time as it affects the economy. Enter National Health Insurance (NHI) with a clear goal: access to quality healthcare as a basic human right. The roadmap to an efficient NHI depends on four projects: lowering the workload of healthcare professionals, well-functioning hospitals, innovative solutions, and embracing public-private partnerships. With rising shortages of healthcare professionals, one of the biggest challenges facing the sector has been the long hours medical professionals have to endure. The profession is losing its attractiveness when compared with comfortable, 9-to-5 office jobs with comparable or better salaries. The long hours, high stress levels, sleepless nights, missed meals and, often, the deprivation of a social life, are part of a doctor's life. Several developing countries have shown through their pioneering public policies that basic healthcare for all can be provided at a remarkably good level and at an affordable price. More than a decade ago the government in Thailand introduced a programme in which citizens would pay 30 baht (about 86 US cents) per health facility visit for medical care, with an exemption for poorer sections of the population. It delivered impressive results in reducing infant and child mortality rates and increasing life expectancy.

There are also powerful lessons to learn from what has been achieved in Rwanda. Research published in British newspaper The Guardian shows that health gains from universal coverage implemented in Rwanda in the mid-1990s have been astonishingly rapid, despite the country having only 625 doctors at the start of the decade. In addition to building hospitals and clinics, Rwanda trained 45 000 community health workers who provide in-home care and psychosocial support for HIV/AIDS patients, as well as basic primary care for the rest of their communities. I was delivered by a midwife 59 years ago in a home in Soweto. If that could be done then, why can we not emulate and enhance this noble calling? SA has one of the world's lowest ratios of doctors to patients, placing further strain on an ailing system. There is an urgent need for decisive action to bring in wide-scale changes - the most important being the implementation of a workable NHI. The recruitment of more doctors and nurses would help lower the workload, simplify their work, and improve their conditions and job satisfaction. For the NHI, this is not only a goal in itself, but also one of the best ways to ensure a patient-centred healthcare system. More health professionals will help the sector to concentrate on prevention, early diagnostics, and remote patient management. It will empower the public to understand the

importance of good nutrition and enable people to make the right choices that will prevent most illnesses and thus reduce frequent medical consultations.

All this will allow SA to build high-quality, patient-centred, and financially sustainable systems. It is unacceptable that thousands of people die every week from diseases that could be easily diagnosed and treated. Over the past two decades, hospitals have experienced dramatic changes in their economic and institutional environment. State-mandated cost-containment efforts, overcrowding, and advances in medical technology that reduce in-patient care have created enormous pressure on hospitals.

Well-functioning hospitals will always be the cornerstone of a decent healthcare system. Making healthcare available to patients in remote areas that lack any access is an important task. There is a critical need for everyone in communities to work together towards the common goals of fully serving local hospitals and healthcare needs, while fostering the financial stability of healthcare providers and innovative solutions. To arrive at an efficient NHI, the health industry has to provide new products and services that will form its foundations.

Technological innovation inspired by the real needs of patients and healthcare professionals is essential. This cannot be developed in one lab by one company. We need to co-operate in a spirit of open innovation. An excellent example is the potential effect that the use of health applications synchronised to electronic health records can have, and the predictive value of big data that will result from this. A PwC report released earlier in 2016 highlights that developments such as bedless hospitals and virtual care centres have the potential to fundamentally change aspects of care delivery.

SA's health infrastructure needs cannot be met under conventional financing. Public-private partnerships can provide the innovation to benefit the country now and in the future. By incorporating many of the positive principles of managed care on a local basis, public-private partnerships can ensure the provision of improved services and thus develop strategic advantages in the health marketplace.

Ultimately, effective partnerships will usher in synergistic effects, such as the more efficient allocation of resources, the reduction of fraud, less duplication of services, wider geographic coverage, increased consumer choice, the development of best practice guidelines, and lower costs. The NHI cannot be brought into life by the government or the private sector alone. It will need the participation of both and, more importantly, the people. The nation needs empowered and healthy people, not diseased and dependent people. The future of universal healthcare will depend on how we shape it.

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