THE ROAD TO UNIVERSAL HEALTH CARE

Covid-19 has placed greater urgency on the need for National Health Insurance, writes Eugene Yiga. Criticism that the government initiative will be fraught with corruption may be premature.

The coronavirus pandemic has taught us that a well-functioning health system is essential for a well-functioning society. It has also made people aware of the need for medical cover for all citizens.

"It's our role to improve patient care, improve occupational health services, and improve the way we deliver services to the public," says Dr Nicholas Crisp, a public health specialist now working with the Minister of Health on the implementation of the National Health Insurance (NHI) Fund. "There's a lot of work to do but there's a plan and it has already started to roll out."

Part of that plan involves a focus on quality. And while there are centres of excellence in the private sector, Crisps admits that there's a lot of work to be done in the public sector.

"There have been public sector programs to improve quality for some time," he says. "There's a national quality improvement programme, which is about to be rolled out. Once that gets going, we'll have a number of quality learning centres at sites around the country, and a number of facilities will become pilots which we'll learn from and which will be the gold standard to teach other facilities. Some of those initiatives already exist within provincial administrations. But this is a specifically designed system."

One new organisation is the Office of Health Standards Compliance. It's not yet adequately funded and is still finding its feet. But even though it has limited inspectors, they have started the process of getting the regulations converted into standards and included as measurement tools.

"We're working more closely with the Department of Health and the Office of Health Standards Compliance to build a programme of quality improvement," Crisp says. "It's going to be a long process, I'm sure, and some of the requirements to improve quality will require money, but not everything requires money. Clearly, if you need infrastructure improvement, that requires money. But there's already a lot of money in the system committed to the improvements of many facilities. The trick is to get the personnel and labour unions involved."

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Tackling corruption

After all the instances of government corruption over the last decade, including the scandal surrounding personal protective equipment, many South Africans are wary about the potential for more malpractice with NHI. But Crisp is confident that this won't be an issue.

"We have a risk management framework that we're building into our systems," he says. "That includes dealing with patients who try to defraud the system and structuring the Office of Health Products Procurement so that you don't have massive tenders that are corruptible. The systems are also designed to flag any aberrant behaviour so that it can be investigated immediately."

Crisp points out that his team has also designed the technical aspects of the system – with data structures, access, backups, storage, redundancy, and do son – in such a way as to prevent hacking. Also, capacity in the Department of Health will become the core of the Office of Health Products Procurement.

"We're taking corruption extremely seriously," he says. "There's a whole unit to deal with both internal fraud and corruption as well as the external investigation arm. And then there's the body that's been put together with all the law enforcement agencies, which reports regularly to the presidency."

Saving money

The fund will aim to save money by doing things at the lowest cost (without sacrificing quality) to extend benefits. For example, people would get coverage provided they entered the system at the lowest possible point, such as seeing a community health worker or general practitioner before seeing a specialist. By purchasing from the right providers and giving people the right incentives, Crisp believes that we can better identify gaps where needs exist and provide the right services to address those.

"I don't want to oversimplify it because it's complex reform – both financial reform and service delivery reform," he says. "And there are many providers in many different teams. So we need every provider we can possibly get – public and private – to be accredited to have interoperable systems so that we can have portability of health services and don't need to refer a patient to private hospitals when there's a public hospital down the road. If we can purchase from the closest facility that's accredited to provide a certain benefit, we can make sure everybody gets access to the care they need."

Another challenge to overcome is individual buy-in. That's why Crisp believes the benefits need to be clear and unambiguous so that the public can decide for themselves whether or not it's still valuable to be part of a private medical scheme or if they're happy to go with the public sector. Obviously, people will consider the quality of the services, which is why it's important that the fund only accredits the right providers.

"If I'm concerned that there are things important to me that won't be covered by the fund, I'd like to have a medical scheme environment that allows me to purchase that kind of insurance elsewhere," he says. "But it was never in the white paper that we'll have two parallel systems, because then we're back to where we are now. The intention is that [medical scheme benefits] are only on top of what's not covered in the NHI benefits. But until we put those benefits on the table, this becomes an esoteric debate, and people are going to fight about the role of the medical scheme."

Promoting change

To understand what people need, it helps to turn to the Government Employees Medical Scheme (Gems), which was formed as a service out of an agreement between the government as the employer and the Public Service Co-ordinating Bargaining Council. It covers around two million beneficiaries, making it, in the words of principal officer Dr Stan Moloabi, "a microcosm of what's happening in South Africa".

"As Gems, we have a unique position of having access to policymakers," he says. "We collaborate with the government all the time and have always been available to talk to the departments, whenever they need us for any support. We also interpret what the desire of the government is in serving its people and make inputs there. That comes in handy when we're faced with situations like we're faced with now."

Ultimately, Moloabi emphasises that the introduction of a new way of funding healthcare is inevitable. Anybody "putting their head in the sand will be the big loser". It's the reason the attitude at Gems is to modify its way of doing business so that it isn't left behind.

"We'll be doing everything to ensure that our role can be defined, being cognisant of policy changes that we'll need to align ourselves with," he says. "We need to have a role that is meaningful and that helps in achieving universal health care so that we don't end up becoming dinosaurs in a changing world. And I think all healthcare funders and medical schemes have to look at the future in terms of what role they will have to play. It's all about modifying your business to be part of the future."

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