



**Western Cape
Government**

BETTER TOGETHER.

UNIVERSAL HEALTH COVERAGE (UHC): THE JOURNEY TO HEALTHCARE 2030

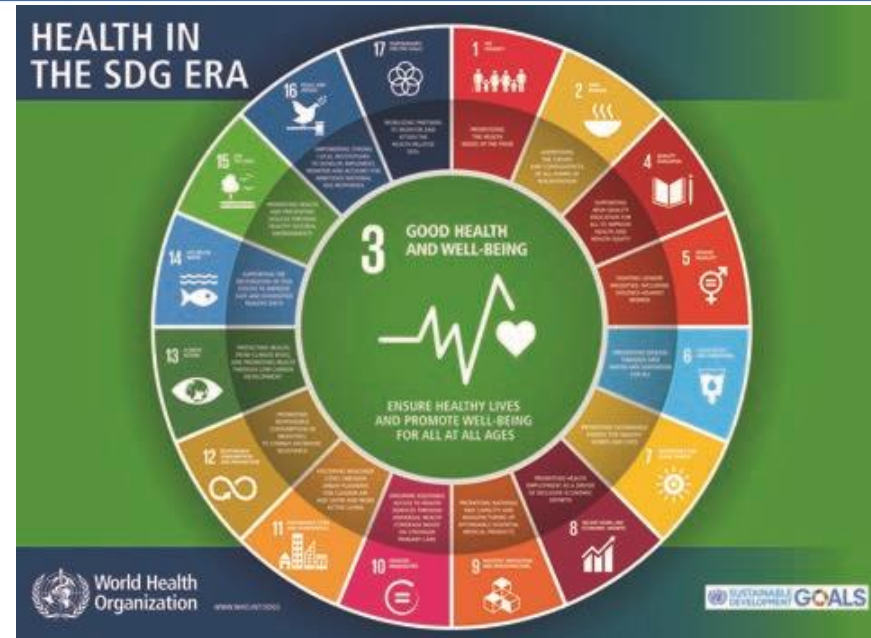
Dr Keith Cloete: Chief of Operations

24 January 2020

Consultative Engagement towards UHC

Overview

1. UHC overview
2. UHC Thinking Frame
3. UHC position statement in relation to NHI
4. COPC and WoSA strategy



1. Universal Health Coverage (UHC) overview



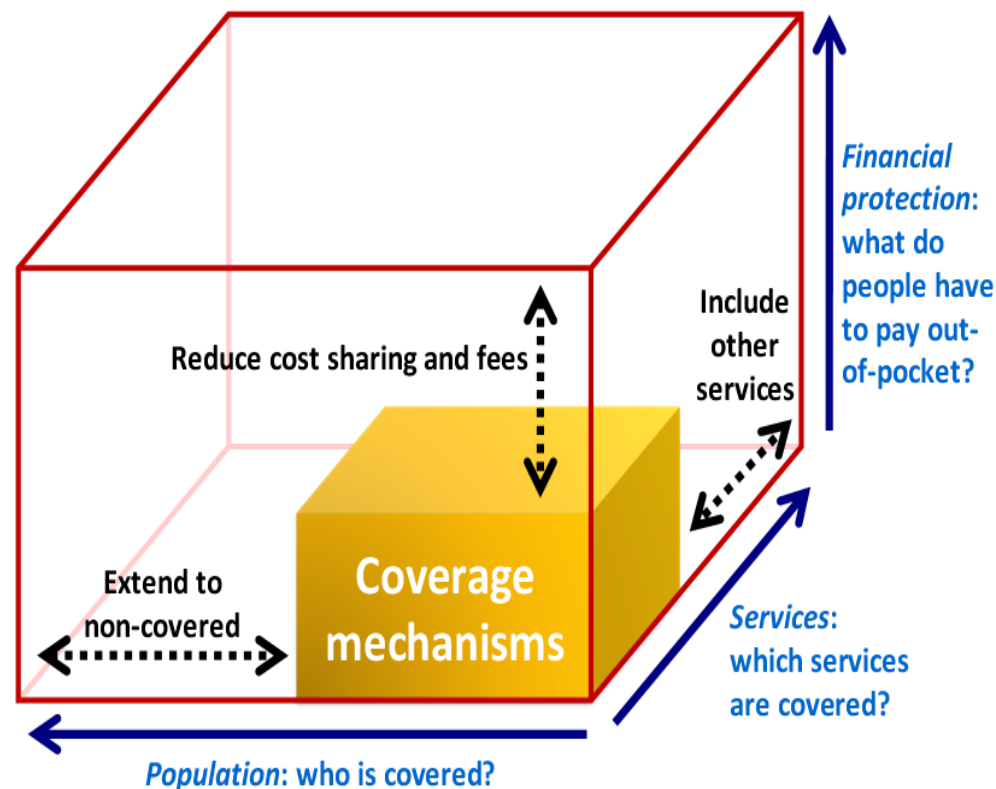
Universal Health Coverage

UHC Definition

‘Provide **all people** with **access** to **needed** health services of sufficient **quality** to be effective and to ensure that the use of these services does not expose the user to **financial hardship**’

(World Health Report 2010)

Towards universal coverage

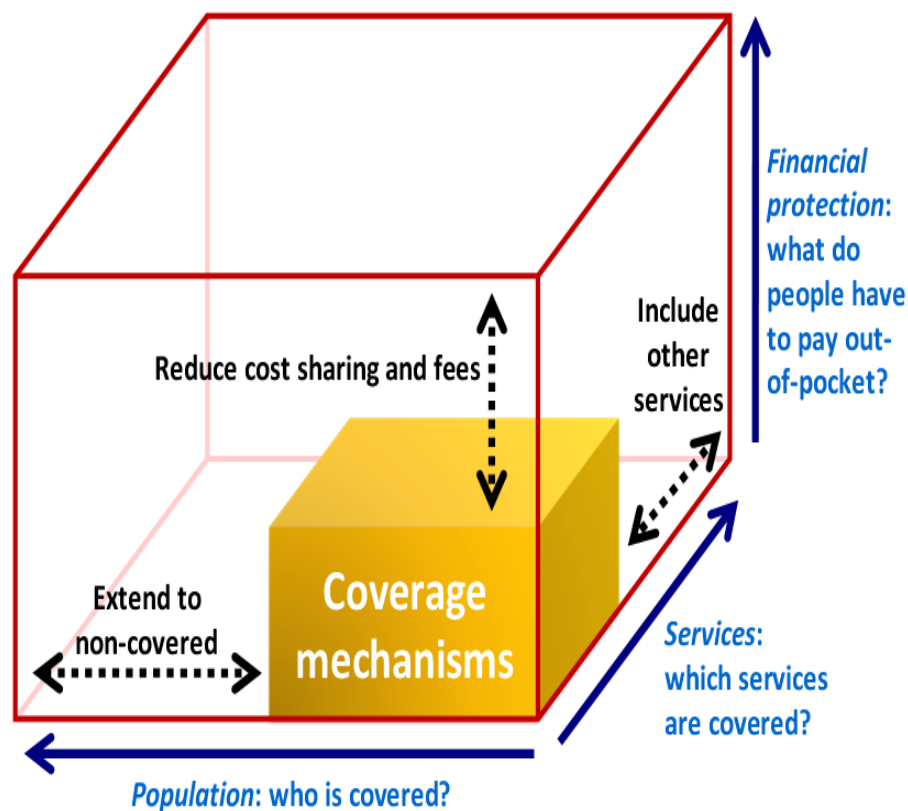


Universal Health Coverage

Elements

1. **Population coverage** is required for the entire population, highlighting the need to reach all vulnerable people that are not covered.
2. **Service coverage** refers to the services that are covered, highlighting the need to expand the range of services that are provided.
3. **Financial protection** refers to reducing out-of-pocket payments, that consumes a big proportion of the household income.

Towards universal coverage



Lessons from countries with good UHC progress

Complementary reforms and innovations for rapid UHC progress 2000-2015

1. Strong **political commitment** to health-financing reforms **targeting the poor and vulnerable** (free-of-charge for children under six, the poor and elderly).
2. Many **factors outside the health sector**, such as trends in **economic growth, infrastructure, poverty, and education**, played a role in health coverage gains.
3. There is **no single recipe** or one-size-fits-all approach to make progress towards UHC. It is recognized that rapid progress will **require strengthening critical aspects of health systems**.
4. The kinds of **system-strengthening policy entry-points** associated with major gains relevant to UHC: **Service delivery, Financing, Governance**
5. **Economic reform** strategies needed.

Policy entry-points for UHC – lessons from countries with UHC success

Service Delivery	Financing	Governance
Strengthen primary health care and community services	Reduce financial barriers to access, with focus on the poor and the informal sector	Establish platforms for societal dialogue and multi-sectoral action
Improve quality and patient safety	Scale up pro-poor interventions such as demand-side incentives	Strengthen monitoring and reporting on UHC and promote access to information
Target services for poor and marginalised populations	Enhance efficiency in spending, including through strengthened purchasing	Adopt legal frameworks supporting access to services
Invest in the workforce and supply chains	Increase prepaid and pooled financing for health and improve effectiveness of development assistance	Strengthen institutional capacity to implement UHC
Engage with non-state actors		Strengthen research and development, including technology transfer mechanisms

2. UHC Thinking Frame



System features and practical application (Preiser, USB)

System feature	Practical Application
1. Inter-connectedness	Build relationships of trust
2. Adaptive	Guard against rigid plans, allow for iterative learning
3. Dynamic	Expect the unexpected , monitor system feedback
4. Open	Impact beyond the defined boundaries of the system
5. Context	Allow for multiple perspectives
6. Complex causes	Explore multiple inter-connected root causes

UHC Thinking Frame

Action Areas

1. Service Delivery Capability

A high-quality health system for people

2. Governance Capability

A resilient health system

3. People & Systems Capability

High performance health system

4. Learning Capability

A learning health system



ACTION AREAS

I. Service Delivery Capability

A high quality health system for people

STRATEGY

1

Re-defining what the service does

2

Re-design of how the service works in practise

Targets the 're-design service delivery' universal action for improving quality

II. Governance Capability

A resilient health system

STRATEGY

3

Re-defining the system's governing ideas

4

Re-defining core health actor relationships

5

Re-design of management controls

6

Re-defining core governance roles & responsibilities

Targets the 'Governance for Quality' & 'Igniting Demand for Quality' universal actions for improving quality

III. Workforce Capability

High performance health system

STRATEGY

7

Re-defining the capability profile of the workforce

Targets the 'Transform health workforce' universal action for improving quality

IV. Learning Capability

A learning health system

STRATEGY

8

Re-defining how knowledge is managed in the health system

Service Delivery Capability

A high-quality health system for people

1. Healthcare systems need to:

- a) Offer an appropriate benefits package that address **social determinants**, **maintain wellness** and **respond to illnesses**, across the **life-course**.
- b) Involve **people as partners** in **managing their own health**, and the **design of the system**.
- c) Provide an **inter-connected care continuum** to achieve UHC.

The WCG-H strongly supports a model of **Community Oriented Primary Care (COPC)**, and a **Whole of Society Approach (WoSA)**.

I. Service Delivery Capability

A high quality health system for people

STRATEGY

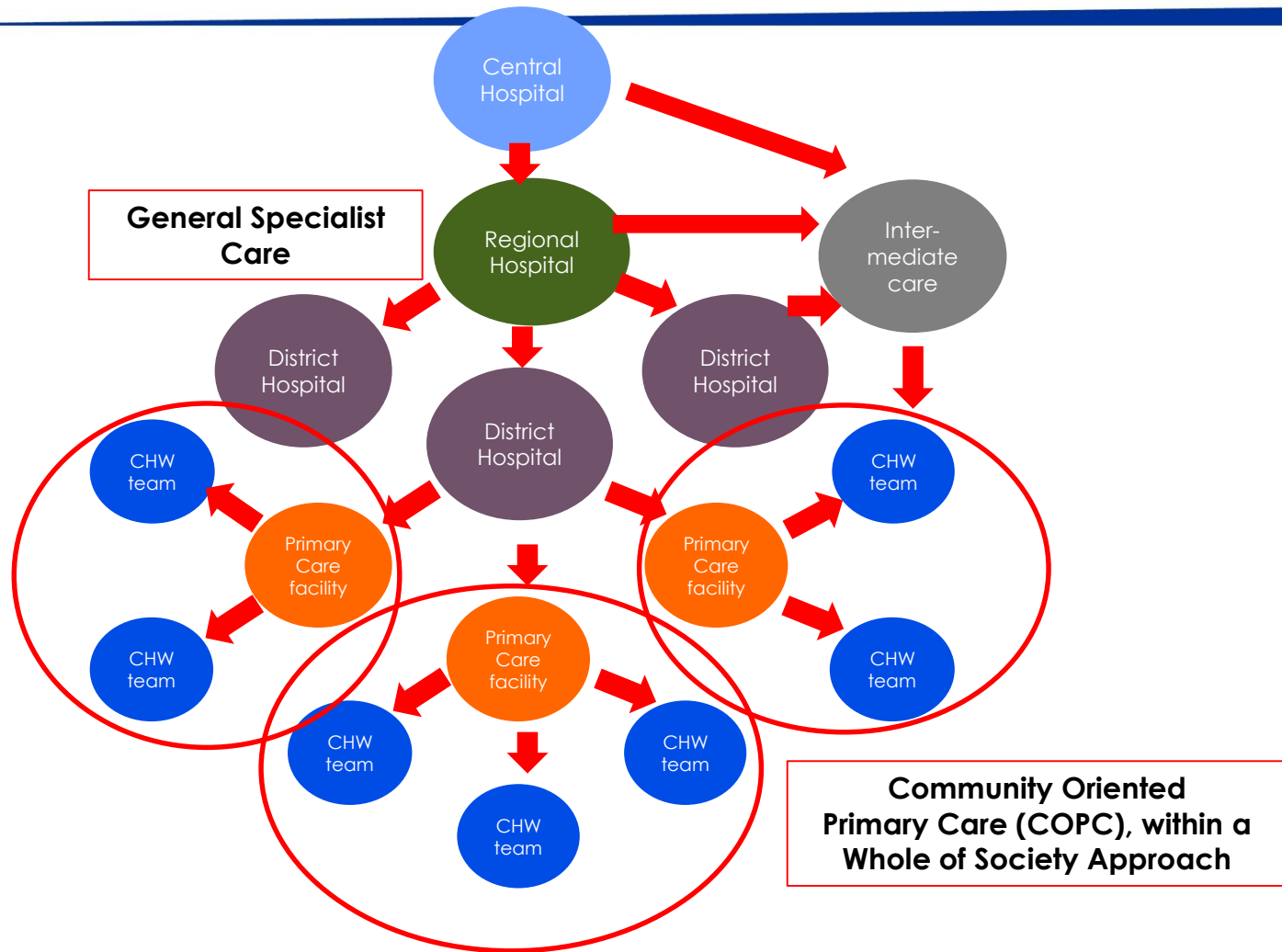
1 Re-defining what the service does

2 Re-design of how the service works in practise

Targets the 're-design service delivery' universal action for improving quality

	Mostly Healthy	Defined Episode Of Care	Long-term Conditions	Complex Disabling Conditions
Children	←	←	←	←
Adolescents	←	←	←	←
Adults	←	←	←	←
Elderly	←	←	←	←

Inter-connected service care continuum



Governance Capability

Towards a resilient health system

1. The health system's **purpose, values** and **vision** form the basis of how it is governed. A **5-stage continuum for engagement** frames principles for this action.
2. Engage and build **relationships of trust** with the key health actors: a) **own staff**, b) **partners**, c) **citizens**.
3. Design and implement **enabling management controls** to safeguard resources.
4. The 5 core roles of **regulator, fund, steward, purchaser** and **provider** emerge when considering the governing arrangements for UHC.

II. Governance Capability

A resilient health system

STRATEGY

3 Re-defining the system's governing ideas

4 Re-defining core health actor relationships

5 Re-design of management controls

6 Re-defining core governance roles & responsibilities

Targets the 'Governance for Quality' & 'Igniting Demand for Quality' universal actions for improving quality

People and Systems Capability

A high-performance health system

1. People capability: People with **new attitudes, skills, and behaviours** to ensure **people-centred care**, including **enquiring mindsets, resilience** and the **ability and willingness to learn** and **change**.

2. Systems capability: Systems that are **supportive & enabling**, that **remove obstacles & impediments**, and **create an endearing culture**, characterized by value-based leadership.

III. Workforce Capability

High performance health system

STRATEGY

7

Re-defining the capability profile of the workforce

Targets the 'Transform health workforce' universal action for improving quality



Learning Capability

A learning health system

1. Shift from **collecting data** to **reflection and understanding** and **connecting with people's ideas** rather than merely **managing data**.
2. The '**wheel of learning**':
 - a) **Reflecting** – individual and collective; requires divergent thinking; sharing knowledge
 - b) **Connecting** - making sense of things; understanding how things are inter-connected; shared meaning & new collective insights
 - c) **Deciding** - generating 'enough consensus' around a strategy to take action that is collectively owned; capability for convergent thinking
 - d) **Doing** - implementation of the actions, experimental frame of mind in bring the selected ideas to life

IV. Learning Capability

A learning health system

STRATEGY

9

Re-defining how knowledge is managed in the health system



3. UHC position statement in relation to NHI

Rationale for a UHC position statement

The rationale for a UHC position statement

1. The UHC Thinking Frame provides a frame to **clarify concepts** and propose principles for action.
2. The Department has **applied this frame** to develop **a specific consensus position statement on governance roles**, to inform the development of a coherent 5-yr strategy.
3. The Department will **articulate the position statement clearly** to the extended Departmental management and clinical team as well as external partners, **in order to create shared purpose, values and vision**.
4. The UHC position statement on all **4 capability areas** should be used to **inform the contents of a 5-year strategy**.

Draft UHC position statement on UHC governance roles

1. As a point of departure, the Department acknowledges that all five governance roles are currently performed to varying degrees of sophistication across the Department and its partners but confirms that the **Department is primarily a provider of public sector health services.**
2. In relation to **the stewardship role, the Department:**
 - a) Supports the need for a strong National Stewardship role
 - b) Supports the need for a strong complementary Provincial stewardship role
 - c) Proposes that the NDoH and PDoH should work collaboratively towards stronger National and Provincial stewardship roles, in the spirit of co-operative governance

Draft UHC position statement on UHC governance roles (2)

3. In relation to **the strategic purchasing role, the Department:**
 - a) Proposes that the strategic purchasing role be significantly strengthened in Department over the next 5 years
 - b) Proposes that specific strategic purchasing capacity be initially created at Head Office, with a view to creating decentralised capacity in an incremental manner **over the next 5 years**
4. In relation to **the provider role, TEXCO:**
 - a) Proposes the significant strengthening of the public sector health service provider role in the Department
 - b) Proposes the exploration of innovative collaborative service models between public, private and non-state health service providers

Draft UHC position statement on UHC governance roles (3)

5. In relation to **the funder role**, the Department proposes that the National and Provincial Treasuries provide the required financial stewardship, in light of the proposed NHI system.
6. In relation to **the regulator role**, the Department proposes that this role be further explored at a future date, in conjunction with the NDoH.
7. The Department affirms that this position statement be located within **a broader commitment to a health system strengthening approach.**

UHC Position Statement - next steps

1. Expand the UHC Position Statement to **include all the capabilities areas**.
2. Prepare for **engagement and consultation with the broader management team** to develop and adopt a **Departmental UHC Position Statement** at the Departmental Indaba in February 2020.
3. Develop the **5-yr Departmental Strategy**, derived from the **UHC position statement**.
4. The Department will prepare for consultation with all **external partners** to develop and adopt a **Multi-stakeholder Western Cape UHC Position Statement**, during 2020.

COPC and WoSA

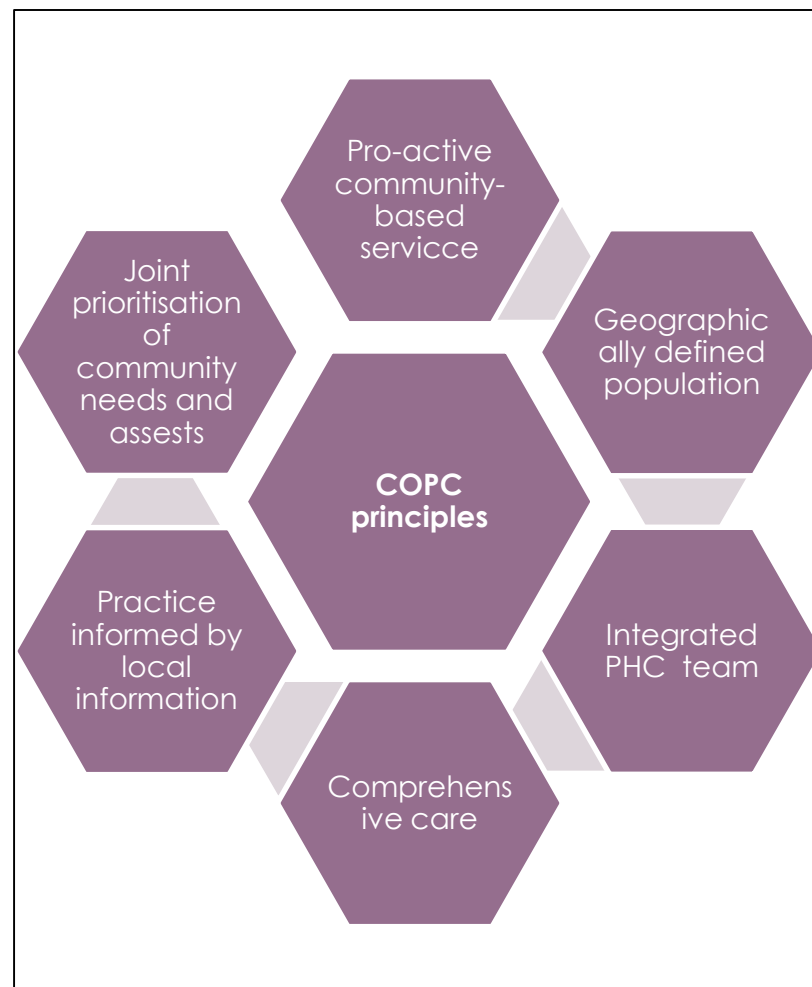


COPC evaluation at 4 MHS learning sites

The working COPC definition and COPC principles

COPC is defined as “A **continuous process** by which **primary health care is provided** to a **defined community** on the basis of its **assessed health needs**, by the **planned integration of primary care practice and public health**”.

(Abramson, 1988).



COPC expansion recommendations

1. The **governance roles** for the COPC implementation should be clearly defined for **head office, strategic meso, operational meso and facility levels**.
2. Clearly describe the **service delivery model** in each geographical service node.
3. Decide the **clinical governance** in each geographical service node.
4. Build **sustainable partnerships** for effective and sustainable service delivery.
5. Develop and implement an appropriate **change management strategy**.
- 6. Implement and learn** from the service delivery and financing model.
7. Develop and Implement a **monitoring and evaluation strategy** for the COPC implementation.

Whole of Society Approach (WoSA)

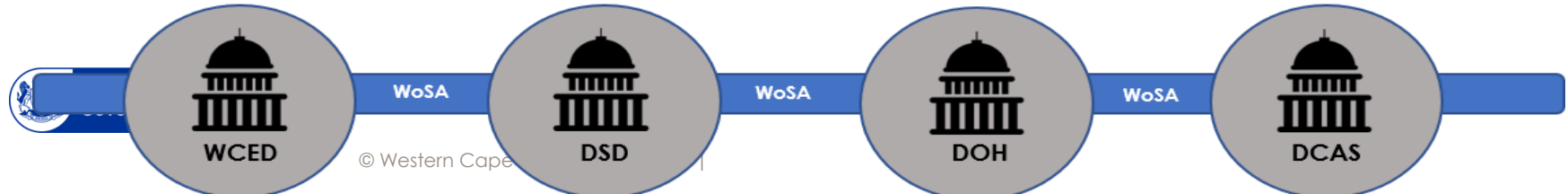
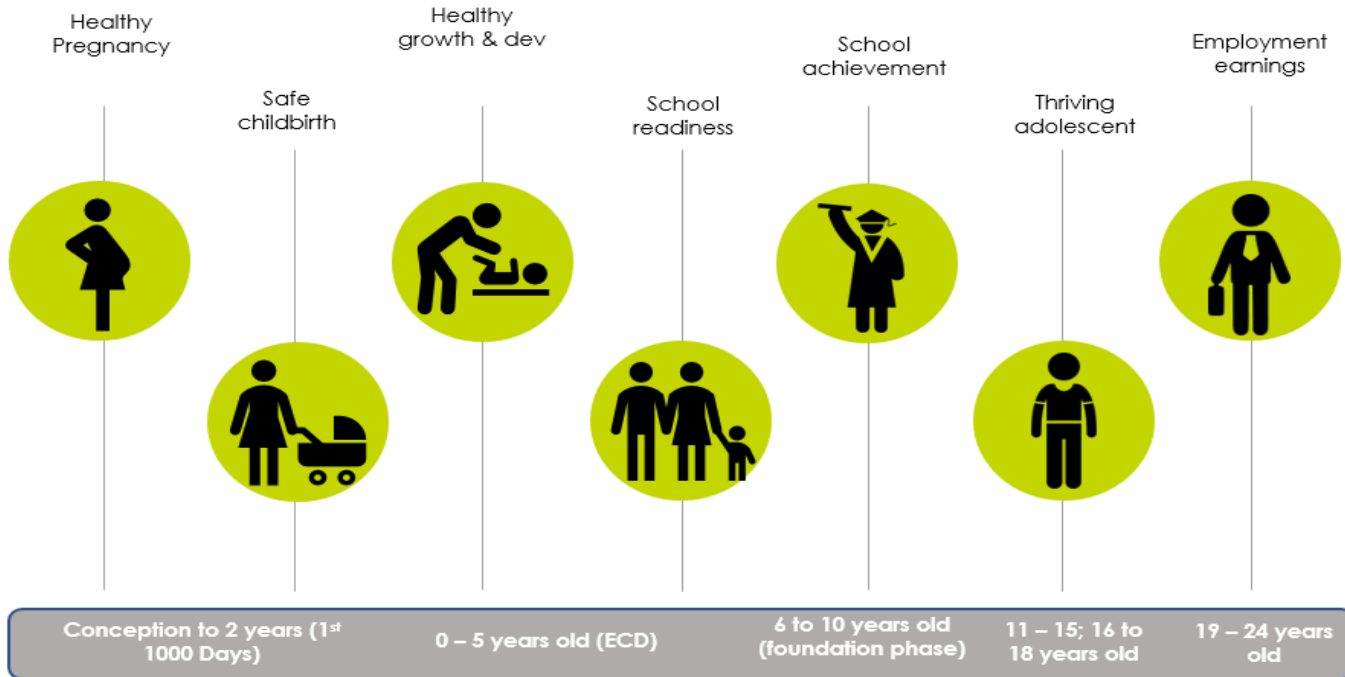
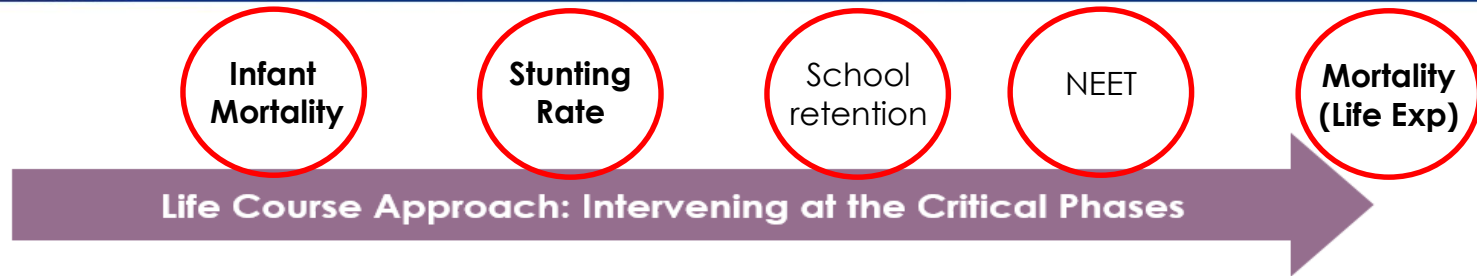
Working definition - WoSA

It is an **evidence-led, collaborative, area-based management model**, with a specific focus on **working together differently**, across **government departments** (Whole of Government Approach), and **between government and other sectors of society**, to **impact meaningfully on the lives of citizens** (Whole of Society Approach).

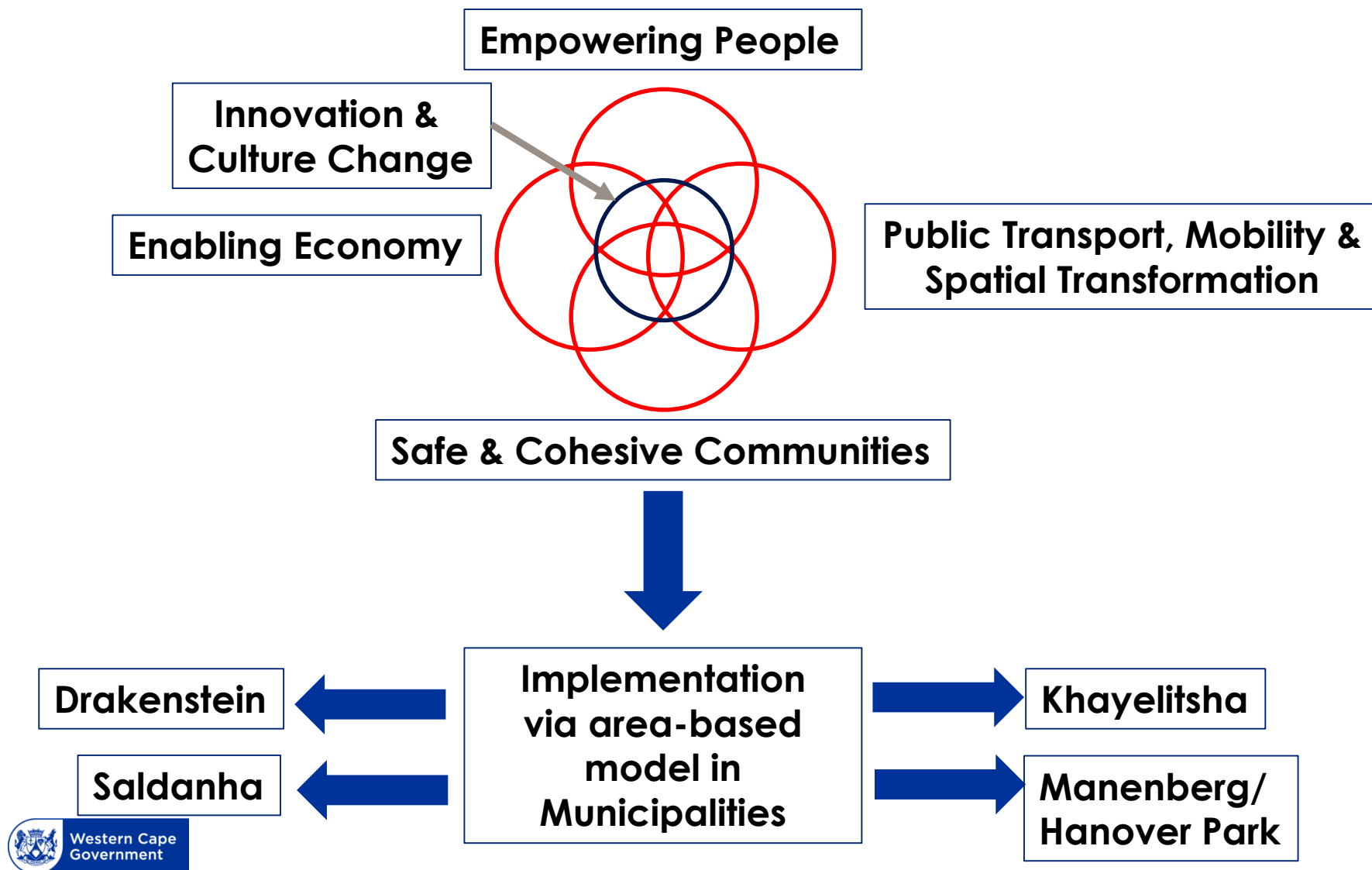
WoSA theory of change

1. An **area-based approach** – connecting all sectors in a specific geographic area to impact meaningfully on the lives of citizens
2. Shared data and knowledge to develop **evidence-based strategies** and measure impact
3. Combined **social, safety, economic and spatial interventions**
4. Collaborative governance for **co-planning and co-budgeting**
5. Alignment and **authorization of front-line staff** to build relationships across organizational boundaries, to serve citizens better
6. **Community engagement** via local political and statutory community structures
7. Participatory methodology of **collaboration, co-learning and adaptive management**
8. Developing and nurturing a **critical mass of change agents (public servants and citizens)** with adaptive capability to address complex challenges

Integrated social service delivery model



VIPs for new 5-yr Provincial Strategic Plan - WoSA



Proposed COPC – WoSA proposed alignment

Proposed next steps

1. Define **geographic service node alignment** for COPC in WoSA learning sites, as part of **UHC prototypes**.
2. Test **collaborative service delivery models along the life course** in WoSA learning sites, as part of **UHC prototypes**.
3. Test **models for social determinants mitigation** in the WoSA learning sites, as part of **UHC prototypes**.
4. Expand **social cluster alignment** at existing and newly expanded COPC sites, as a first step towards full COPC/WoSA/UHC expansion.

Conclusion



Conclusions

Concluding reflections

1. The **UHC strategy will** set the tone for the next 5 years.
2. Opportunities to **prototype UHC/WoSA/COPC models** at existing WoSA learning sites.
3. **COPC** should be **expanded to all geographic nodes** in the Province **over the next 5 years**, with social cluster alignment as a first step.
4. Each **District** and **Sub-structure team** should **drive the process**.

Thank you