Western Cape Government

Health

BETTER TOGETHER.

TOWARDS UHC IN THE WESTERN CAPE

Dr Beth Engelbrecht

Head of Health

5 September 2019

Overview

Broad outline

1. **What is certain for the country?**

   Clarifying context

2. **What is the WC DoH's commitment?**

   Clarifying the role of WC DoH

3. **What did we learn from our pre-meeting?**

   Reflections from pre-meeting

4. **What is our intention for today?**

   Process for the day

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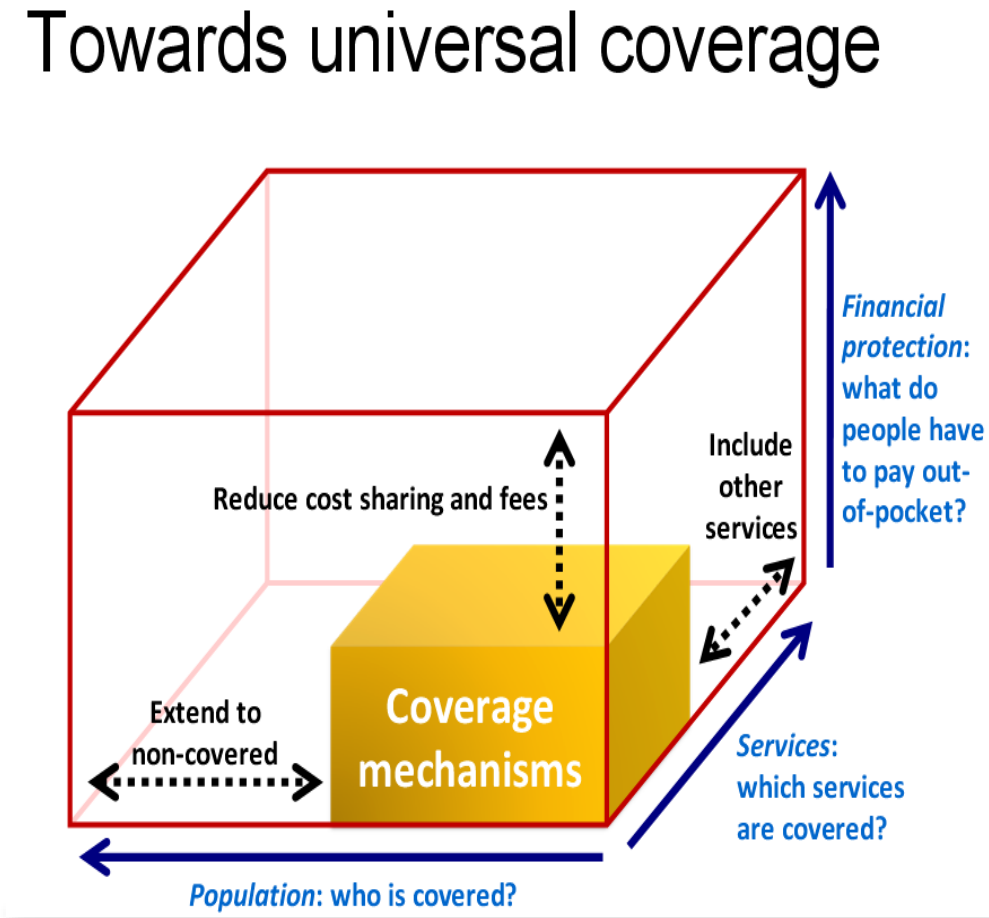
What is certain for the country?

Clarifying context

1. **Commitment to Universal Health Coverage:**
   a) South Africa is committed to implement UHC as part of an international UHC drive.
   b) The Western Cape is committed to UHC implementation, together with EC and KZN.

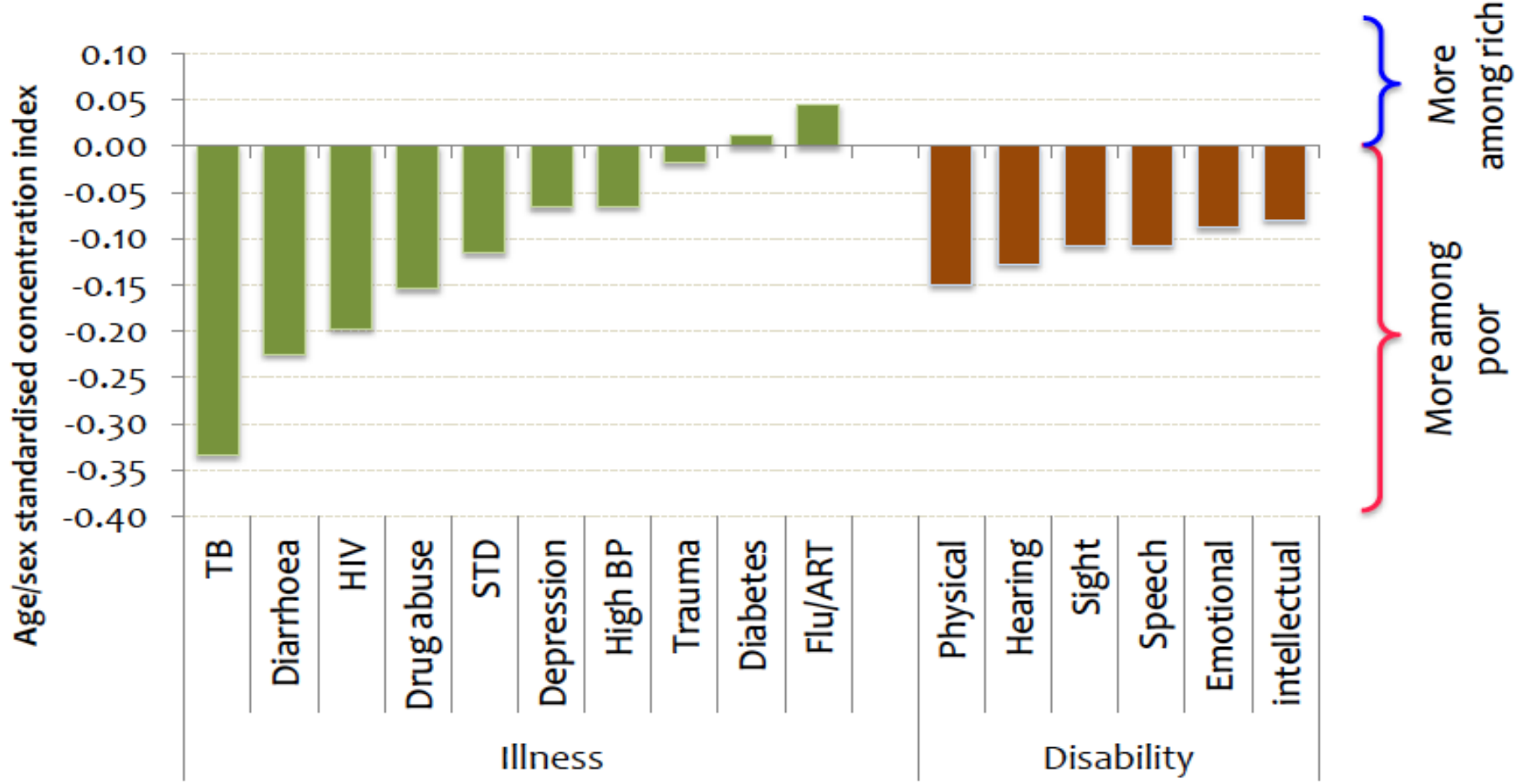
2. **The Financing system will change:**
   a) The NHI Bill introduces proposals for a change in the health financing system.
   b) The specific mechanisms for the change in financing system will follow.



HEALTH ECONOMICS UNIT

Inequality in health in South Africa

Slide courtesy of Dr Jon Ataguba, UCT HEU



Source: Ataguba *et al.* (2011): *International Journal for Equity in Health* - http://dx.doi.org/10.1186/1475-9276-10-48

What is the WC DoH's commitment?

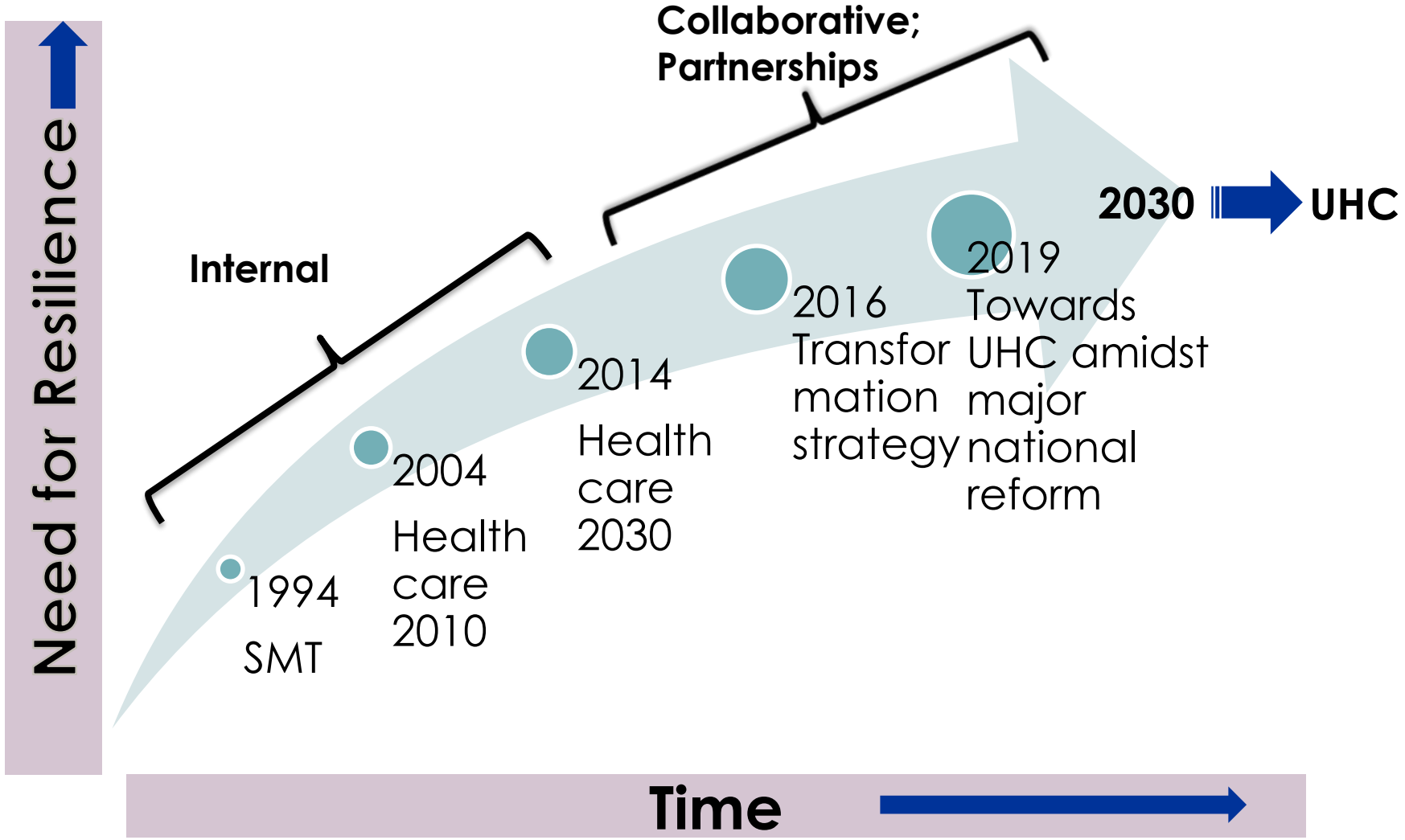
Clarifying the role of WC DoH

1. **Assuming a stewardship role:**
   a) Stepping into a stewardship role for the health system in the Western Cape.
   b) Taking responsibility for the overall governance of the health system in the Western Cape.

2. **Testing workable models:**
   a) Committed to formulate and test workable UHC models, with multiple role-players.
   b) Offering to be a living aboratory for the country.

Reforming Health in the WC

<u>Towards Healthcare 2030</u>: Patient centeredness, Systems approach, UHC, Quality and Wellness focus



What did we learn from our pre-meeting?

Reflections from pre-meeting

1. There is **a lot of anxiety** amongst the many stake-holders involved in the health system
2. The need for **open and honest conversations**, and for **building trust.**
3. A **communication platform** is needed where **ideas and information** could be shared.
4. It has been suggested that a **collaborative approach** would be needed to **address the findings of the HMI**.
5. We need to move from multiple players towards **a collaborative whole** in the **best interest of all patients**. Strengthening the **public sector** and reducing its burden critical.
6. Attendees highlighted the **expectations** of the **province** playing a **provincial stewardship role** for the health of the total community.

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What is our intention for the day?

Process for the day

1. Input of the WC DoH Draft **UHC strategy**.

2. **Group work** to explore opportunities towards UHC.

3. **Panel discussion**, with a range of diverse inputs/views.

4. Proposed **next steps**.

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BETTER TOGETHER.

PROVINCIAL STRATEGY AND APPROACH TO UHC

Dr Keith Cloete

Chief of Operations

5 September 2019

Overview

Broad outline

1. **UHC & SDG 3**

   Clarifying concepts

2. **UHC lessons from other countries**

   Overview of key lessons and recommendations

3. **WC DoH Draft UHC framework of action**

   Rationale for the framework of action

4. **Introduction of group work**

   Process for the group work

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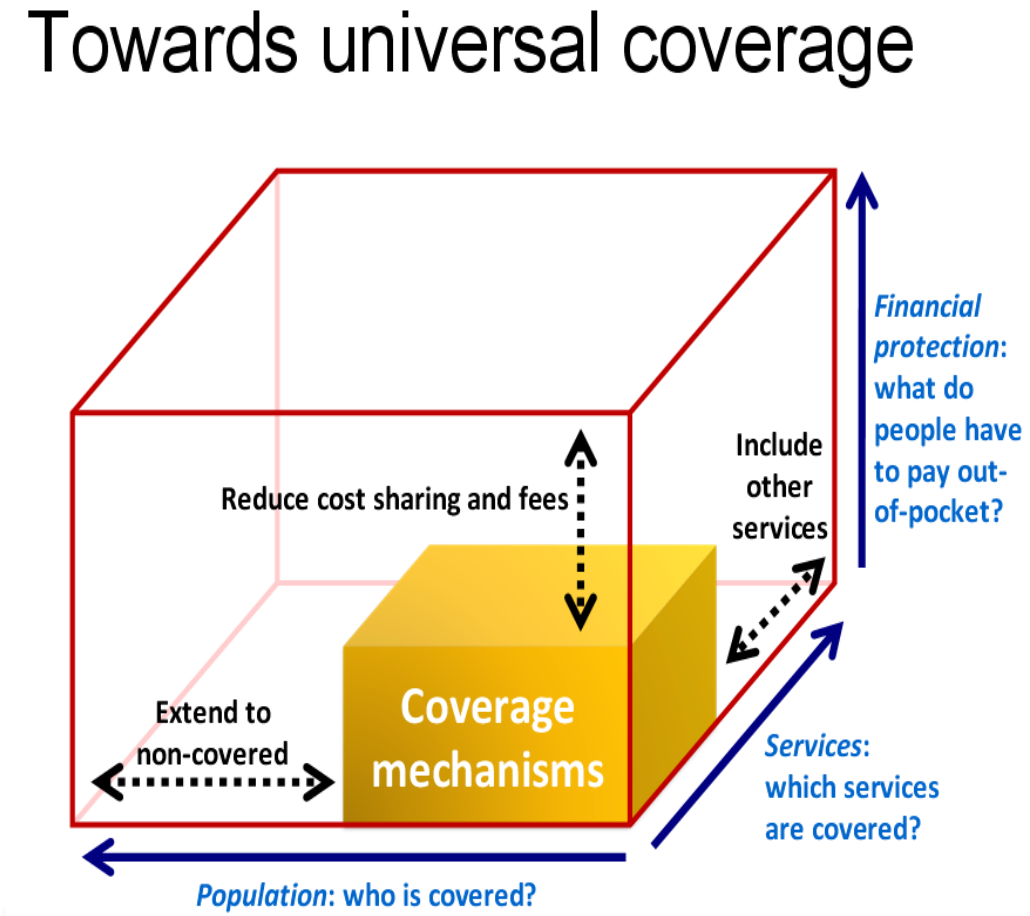
Universal Health Coverage

Definitions

1. **Universal Health Coverage (UHC)** is achieved when **all people** who need health services (promotion, prevention, treatment, rehabilitation, and palliation) **receive them**, **without undue financial hardship**.

2. **Service coverage** can be measured using tracer interventions in **promotion, preventive, treatment, rehabilitation and palliative** services.

3. **Financial protection** can be captured by tracking the incidence of **household health spending** that it is either **"impoverishing"** (it pushes households below the poverty line) or **"catastrophic"** (it absorbs a defined high percentage of a household's annual income).



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Sustainable Development Goal 3

Towards healthy lives and promoting well-being

1. The NDP gives expression to the commitment to the SDGs.

2. SDG 3 focuses specifically on **ensuring healthy lives** and **promoting well-being** for all **at all ages**.

3. ***Target 3.8 of SDG*:**

   Access to **quality essential health-care services** and access to **safe, effective and affordable essential medicines and vaccines** – key to attaining the goal as well as the health-related targets of other SDGs.

4. Target 3.8 has **two indicators**:
   - **coverage** of **essential health services** and
   - the proportion of a country's population **with catastrophic spending on health**, defined as large household expenditure on health as a share of total household income

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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, elderly, and students).

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**

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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

Recommendations for UHC in the future (World Bank/ Unicef/ JICA)

What would a hopeful picture look like for future health systems?

1. **People are at the centre of health systems:**
   a) Health systems **empower and enable people** to **maintain wellness and prevent disease** before it happens.
   b) Supporting reforms (e.g. **financial behavioral incentives**, **sin taxes, patient charters**, etc.) are implemented.
   c) Health services acknowledge that **disease morbidity and mortality** are greater in **poorer and otherwise marginalized groups of society**, and **explicitly prioritize services** for those communities

2. **Digital health:**
   a) The internet, mobile phones, blockchains and other **tools for collecting, storing, analysing, and sharing information** increasingly **penetrate the health sector**.
   b) Technology helps **empower beneficiaries, improve quality of care, detect disease outbreaks, facilitate payments,** and enhance accountability.

3. **Health services reimagined:**
   a) **Process innovation** is brought to bear to help **reconfigure health systems** and improve quality.
   b) Health systems **become learning systems**. Successful **innovations are rapidly and widely disseminated**.
   c) Innovative experiences in **non- health sectors** are **adapted to accelerate health progress.**

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Recommendations for UHC in the future (2) (World Bank/ Unicef/ JICA)

What would a hopeful picture look like for future health systems?

4. **Pluralistic health systems:**
   a) The distinctive capacities of **non-state actors** are leveraged, with the **private sector**, **civil society**, and **other stakeholders**, including from **outside the health sector**, playing **multiple roles**
   b) This pluralism presents challenges for governments, but also new opportunities to solve persistent problems.

5. **Globalization of health:**
   a) In this new era, **approaches successfully implemented** in one setting can be **almost instantaneously available for consideration** on the other side of the world.
   b) New **collaborative networks** are emerging, spanning countries, regions, and the globe. **Horizontal, peer-to-peer connections** increasingly circumvent **traditional hierarchies of power** and knowledge and **democratize innovation**. New ideas and practices are burgeoning in places once considered peripheral. **Expertise is everywhere**.

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Western Cape Health System - Managing the collaborative UHC agenda

Health System's Capacity for Change

1. Achieving UHC in the Western Cape (and South Africa) invariably means **leading and managing change** in the entire health care provision system, which will be associated **with significant complexity**.

2. Thus the **success of the proposed actions** outline in the **draft WCDoH UHC framework** are contingent on the:
   - capacity to **learn** from emerging lessons (understand **change** as **unpredictable and emergent**);
   - capacity to **adapt, absorb and transform** in the face of adversity (building **resilience** to cope with **uncertainty** and **manage inter-dependence**);
   - capacity to place **collaboration** at the heart of **human relationships** (building **trust through open dialogue** that **respects the views** and **contributions of diverse role-players**).

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WCDoH's Draft UHC Framework of Action

Action Areas

1. **Service Delivery Capability**

   A high quality health system for people

2. **Governance Capability**

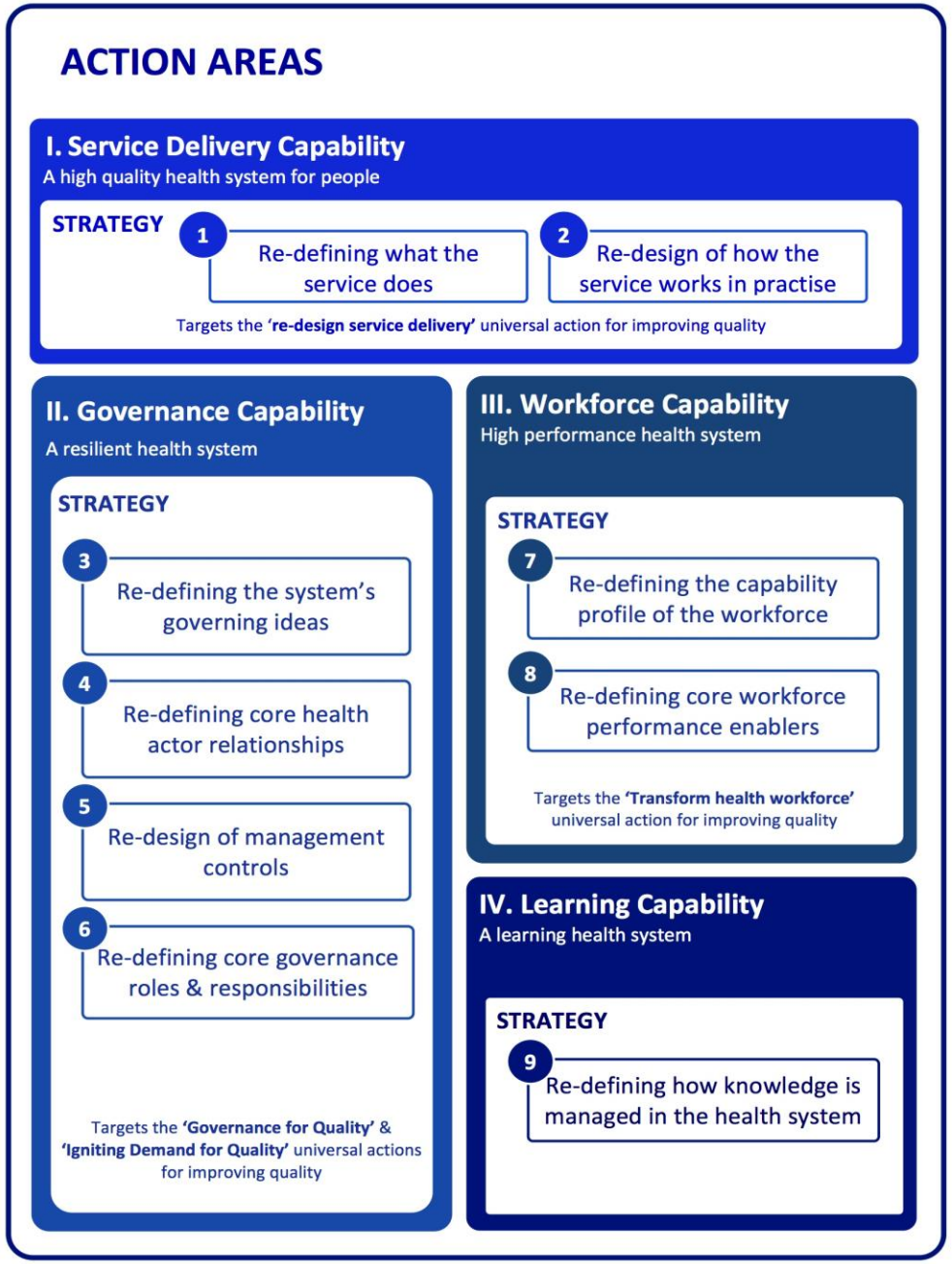
   A resilient health system

3. **Workforce Capability**

   High performance health system

4. **Learning Capability**

   A learning health system



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Service Delivery Capability

A high quality health system for people

1. The social dimensions of disease, highlights the need for integration and continuity of care coupled with more comprehensive and person-centred approaches to service delivery. This necessitates a **re-think of 'what' and 'how' services are provided** as care systems need to:
   a) Cater for a range of risks and illnesses, across the life-course
   b) Recognize people as partners in managing their own health and that of the community
   c) Re-orientate care around people's needs and expectations, making them more socially relevant to produce better health outcomes.

2. Action in this area is focused on **making health services more people-centric** with greater capability for prevention and health promotion; delivered by close-to-user interdisciplinary teams, responsible for a defined geographical area.

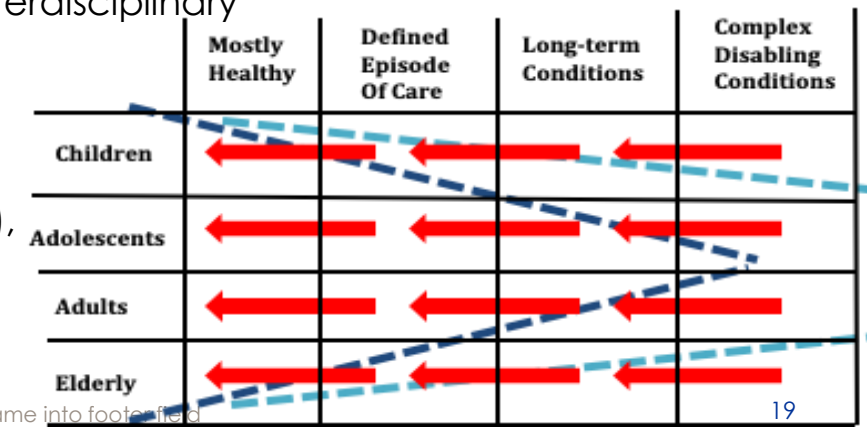
3. The WCDoH strongly supports a model of **Community-oriented Primary Care** (COPC), within the context of a **Whole of Society Approach** (WoSA).

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



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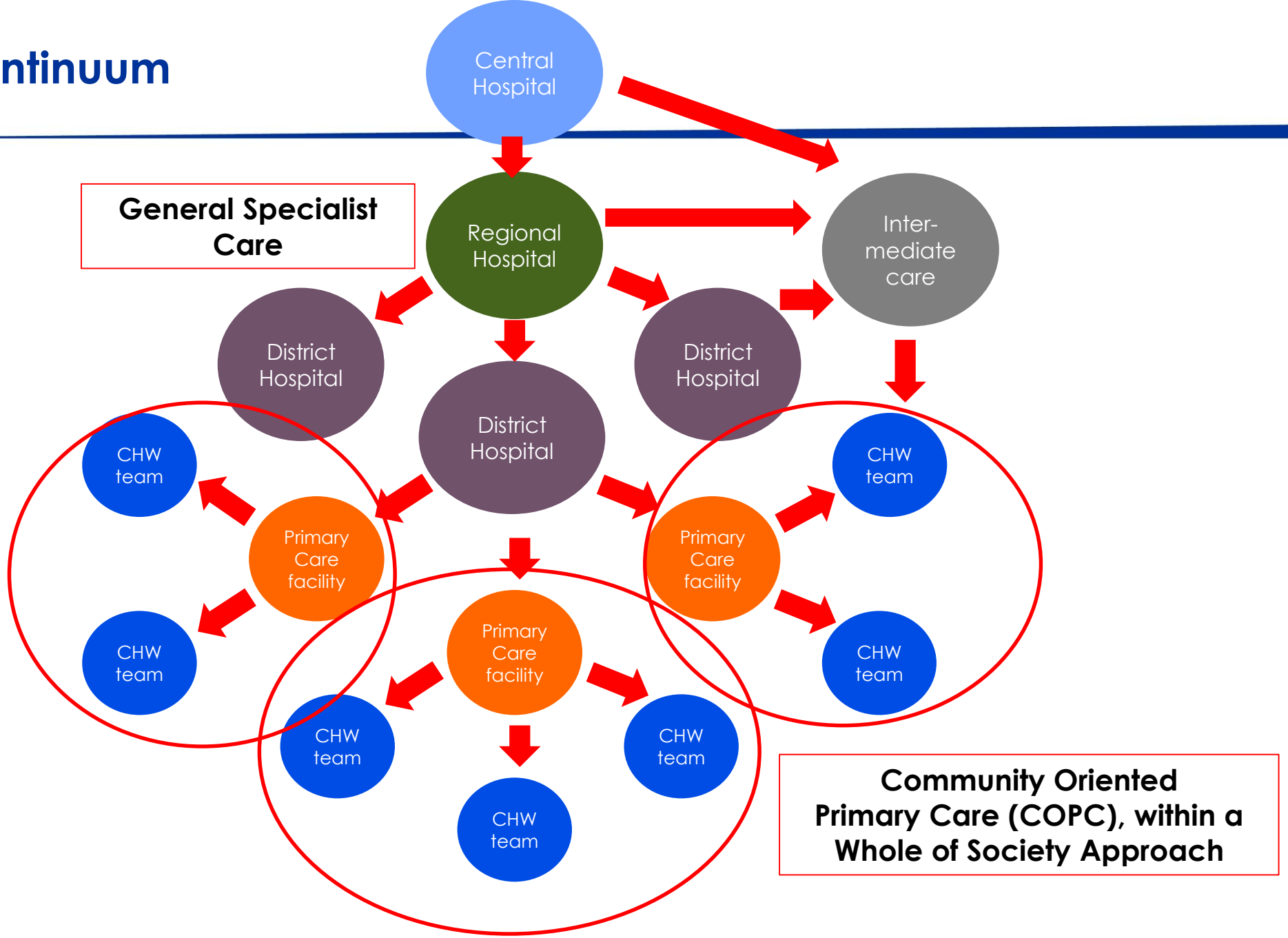
Service Continuum



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Governance Capability

A resilient health system

1. **Good governance is a powerful resilience advantage** as it shapes the ability of the health system to cope with the everyday challenges of providing health services. It requires health governance actors to:
   a) exercise **ethical and effective leadership**
   b) achieve the governance outcomes of an ethical **culture**, good **performance**, effective organisational **control** and **legitimacy**

2. A health system that **creates 'public value',** requires an **understanding of governance** that expands beyond the exercising of authority as control to that of persuasion. This means a health system with both the ability to **'govern health'** and **'govern for health'**, both vital for resilience.

3. The WCDOH assumes a **stewardship role** for UHC in the Western Cape, which includes a potential **strategic purchaser** role, together a **provider role** and a **regulator role**.

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

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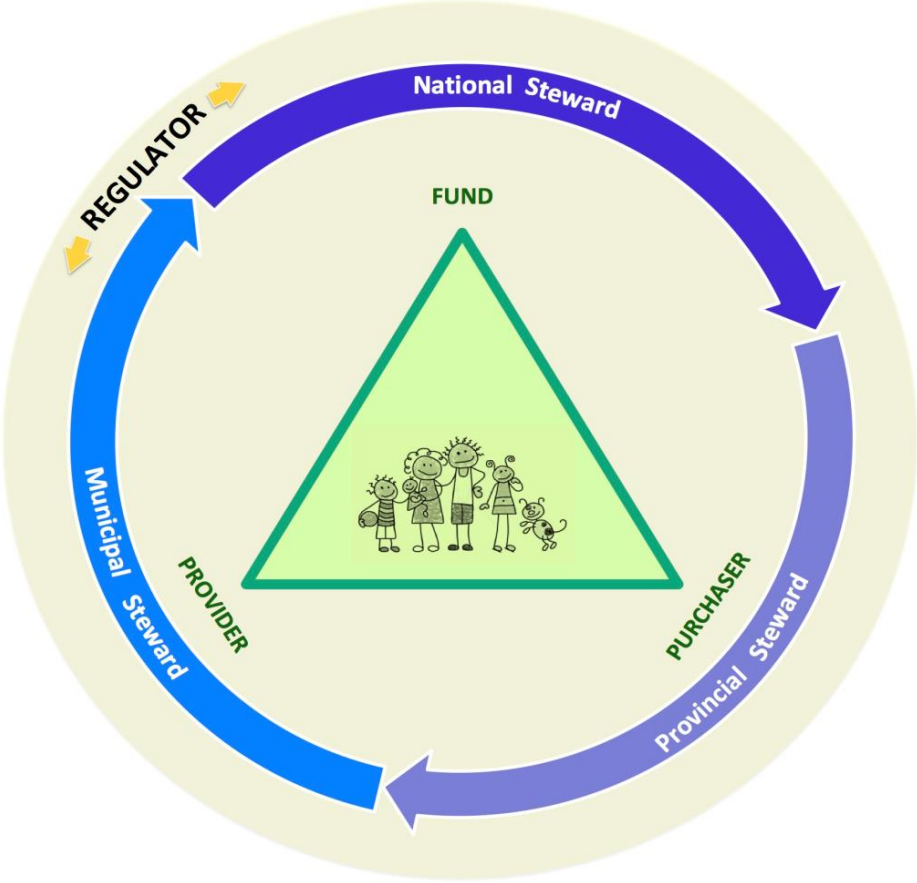
UHC Governance Roles I

A re-think of how governance roles and responsibilities are defined

1. Steward

The stewards of the system **set the strategic direction** of the health system; and establish the **policy and legislative framework** that creates and recognizes rights, imposes obligations and penalties. Stewards are thus primarily concerned with institutional development and **operate within all 3 spheres of government** in accordance with their constitutionally defined powers and in tandem with their constituent mandated health policy objectives. They **create an enabling policy and legislative environment for health** in the relevant sphere of government.



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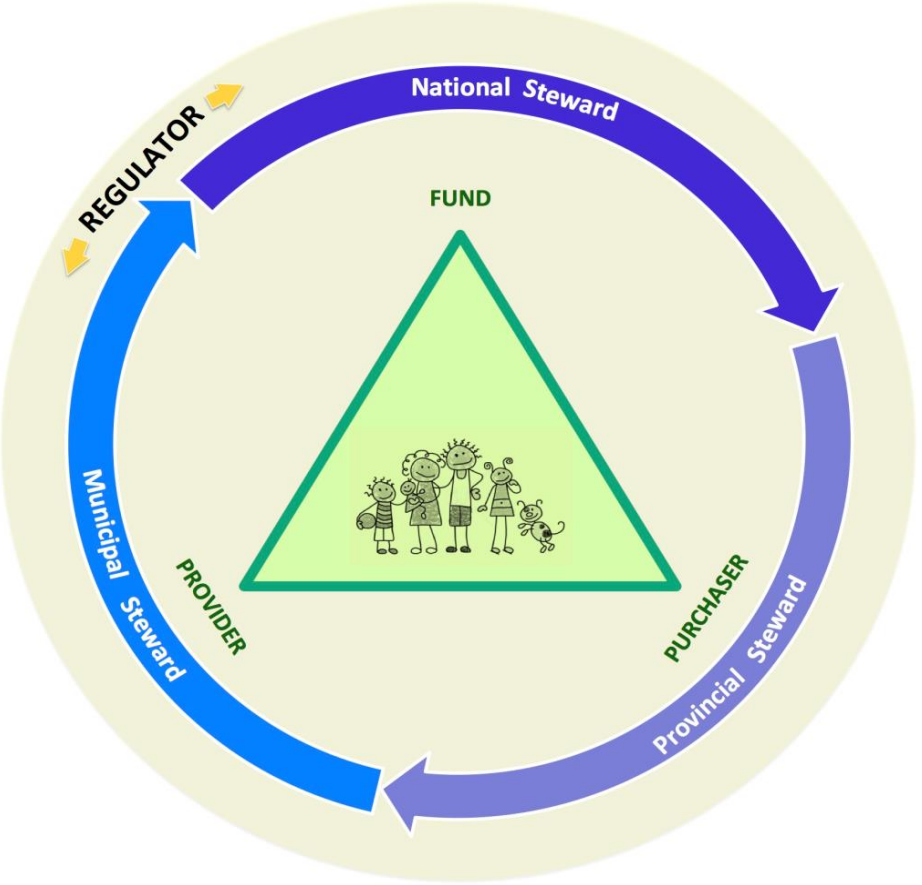
UHC Governance Roles II

A re-think of how governance roles and responsibilities are defined

2. Regulator

The regulators of the system **enforce and monitor continued compliance with the rule of law** as it pertains to actor behaviour and the production, acquisition, allocation and management of critical health sector resources. They regulate the **organization** of the health system; the **management** of the health system and its related resources; and **care** in terms of its quality and the health technology employed. Regulators **ensure the health system meets its obligations to citizens and protects their right to health**.



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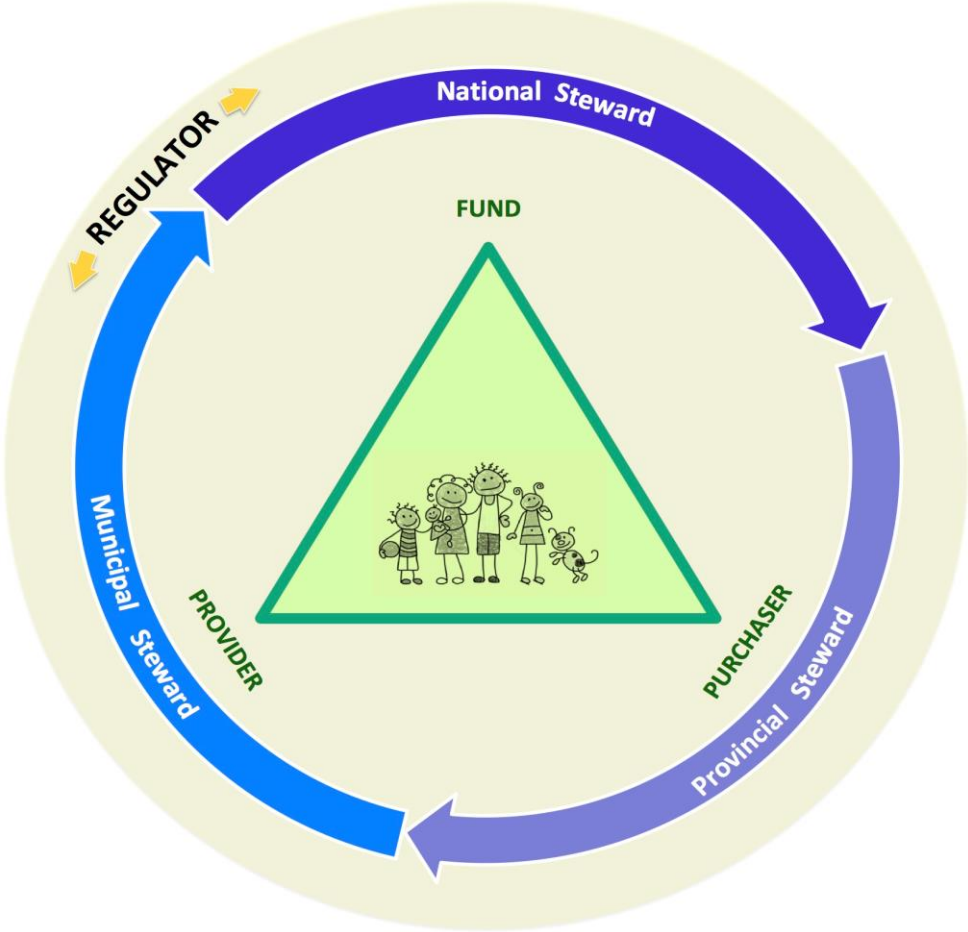
UHC Governance Roles III

A re-think of how governance roles and responsibilities are defined

3. Purchaser

The purchasers of health services **perform a strategic purchasing function** that encompasses the **funding and planning of services** in a defined geographical area with due consideration for user articulated needs and expectations; and includes **holding providers to account** for the delivery of agreed outcomes of care.

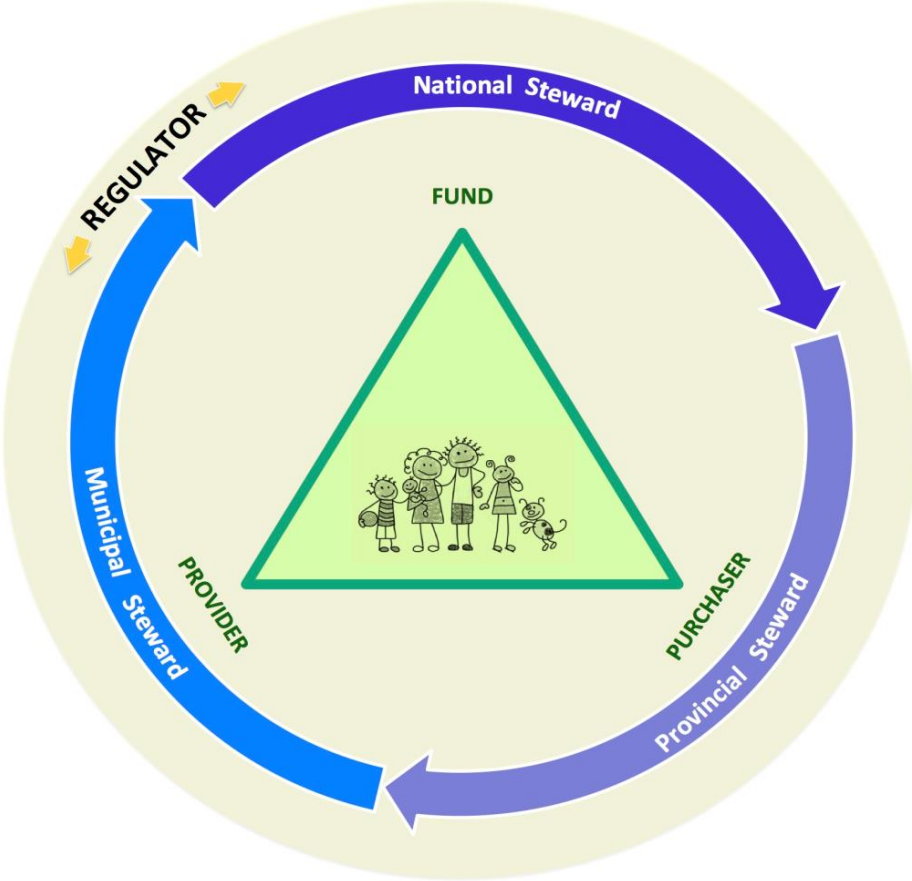


UHC Governance Roles IV

A re-think of how governance roles and responsibilities are defined

4. Provider

How the health **services are delivered** in a defined geographical area, in terms of how **care is organized**, **coordinated** within and across levels, and **resources** (financial, human, and material) **are allocated and managed** within the system of care; are within the governance domain of providers. They **maintain standards** with regards to production, quality of care, and models for organizing the work between both practitioners (interdisciplinary) and within the health services or in different organizations or levels of care across health and social care networks.



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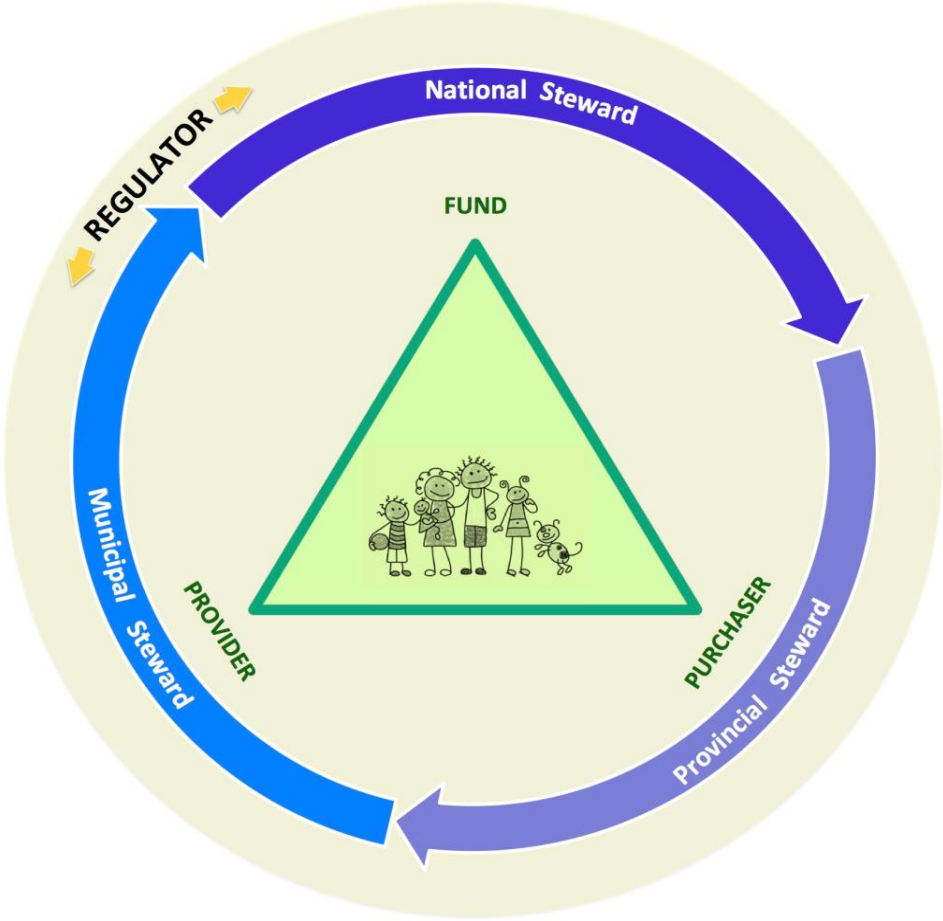
UHC Governance Roles V

A re-think of how governance roles and responsibilities are defined

5. Funder

The funder **governs the money**, and strategically purchases health resources. The **mechanisms for funding flows** need to be clarified, in light of the NHI Draft Bill.



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Workforce Capability

A high performance health system

1. A resilient, equitable, efficient, learning health system, requires **a workforce** with **new attitudes, skills, and behaviours** to ensure people-centred care, including **enquiring mindsets**, **supervision and feedback**, and the **ability and willingness to learn**.

2. Health system **leaders** will need to **inspire and sustain the values of professionalism and excellence** that underpin high-quality health care, creating a **work environment** which health workers find **supportive and enabling**.

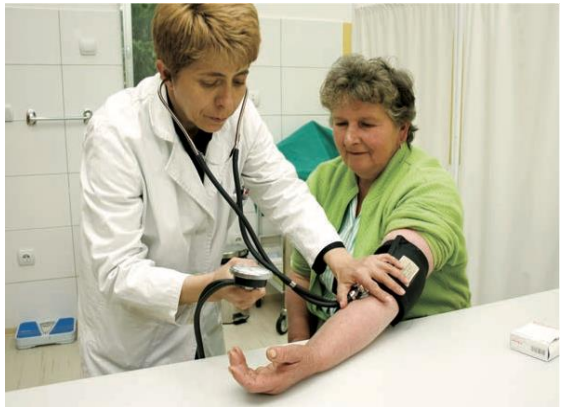
III. Workforce Capability
High performance health system

STRATEGY

7 Re-defining the capability profile of the workforce

8 Re-defining core workforce performance enablers

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



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Learning Capability

A learning health system

IV. Learning Capability
A learning health system

STRATEGY

9 Re-defining how knowledge is managed in the health system

Managing complexity requires **harnessing the collective intelligence and wisdom of a broad range of actors** as health systems adept at absorbing, adapting and transforming in the face of adversity, need to be **capable of social learning**. The health system would have to:

- find **ways of knowing** that extends beyond the boundaries of medical science;
- its actors would have to be **skilled at sharing, creating, applying and managing** knowledge;
- Be capable of **modifying behaviour** as new skills and capabilities, awareness and sensibilities, and attitudes and beliefs emerge.

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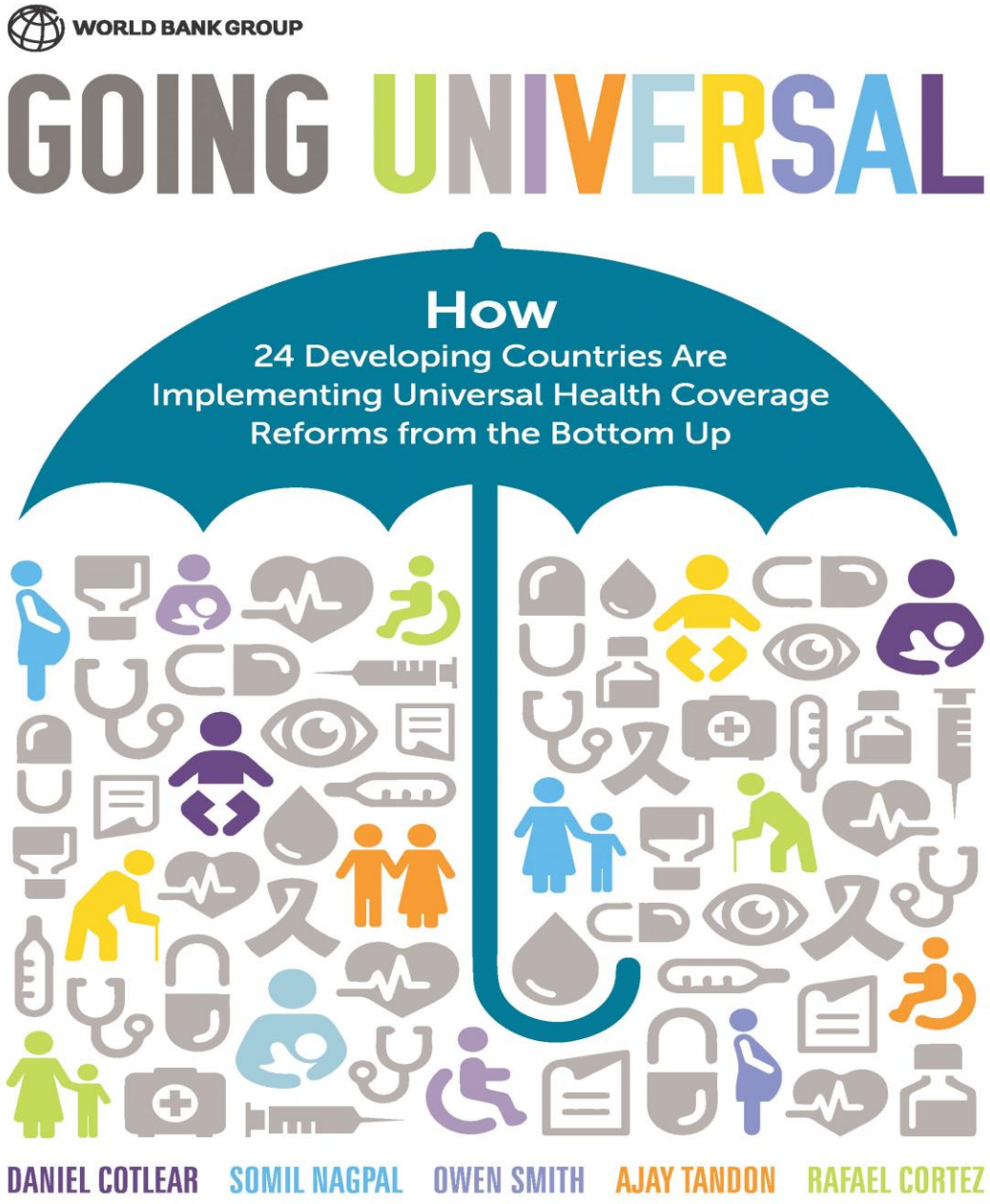
Collaborative Action towards UHC

Key areas for collaboration – Group work

1. Opportunities for **innovation** and **collaboration** for **service delivery models**

2. Opportunities to **pool existing resources** to improve **population access, coverage and impact**

3. Exploring **collaborative governance** models for **accountability for UHC**



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