

# VREDENBURG HOSPITAL SALDANHA BAY SUB DISTRICT

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CHAIRPERSON  
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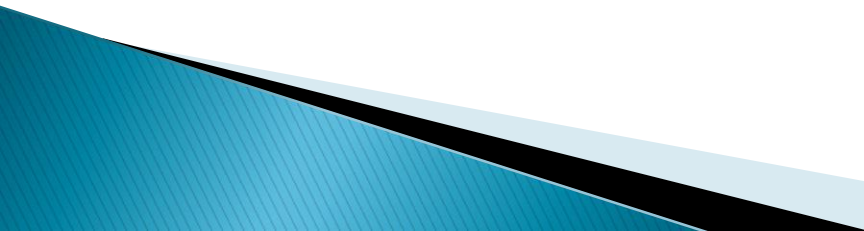
**24 JANUARY 2020: GOUDINI SPA**



# INTRODUCTION

- ▶ National Health Insurance comes across as a VISION to create a vehicle to channel resources towards addressing issues of access, quality and affordability of health care.
- ▶ To be able to realize this vision there is a need to put improved systems in place. It is on this basis that I would stand firm in proposing that the Universal Health Coverage (UHC) must happen first. The common goal is to redress the inequalities that exist in our country where 84% of the population is uninsured and is dependent on the 4.1% GDP allocation as opposed to the 16% of the haves who 4.4% of the GDP is spent on.
- ▶ What is happening now in squeezing the majority out of the meagre allocation, is that once the insured people run out of funds they are then funneled to the public sector. Hospitals discharge patients whilst still sick because funds are exhausted, and some private practitioners instruct their patients to come and demand the service from the public institution.
- ▶ Medical schemes rip off members with co-payments and funds that are exhausted almost in the middle of the year. The ones who suffer the most are the middle class as they can no longer fund their health needs.
- ▶ Equal health services system to all will go a long way in bringing about the necessary change. That should not only be confined to sharing of money but overhaul of the health services as needed in country.
- ▶ Strong Political Will is needed to support good legislation always developed in this country for this to realize.

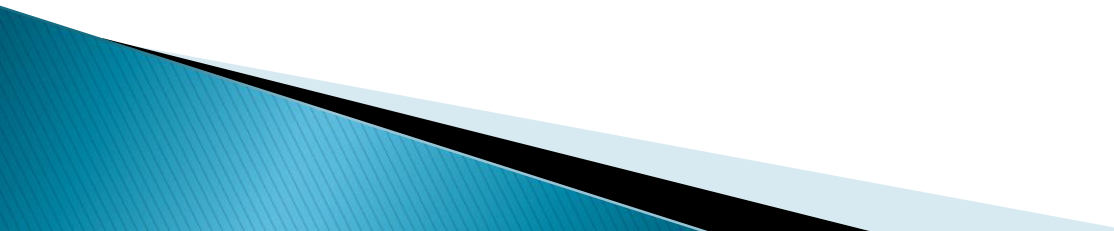
# WHY UNIVERSAL HEALTH COVERAGE

- ▶ Targeting UHC would level the playing field for everyone as it will directly open up the access for the 84% of the uninsured community members.
  - ▶ Some of the people are actively managing their medical scheme funds by demanding some of the services from the public institutions; thereby delaying the exhaustion of their medical aid funds.
  - ▶ Budget should then be allocated as budget statements are made directly as the allocation for the Department of Health, immediately to the UHC without focusing only on NHI funding. All in all, this will be for free universal health coverage working towards introduction of NHI once all of the loopholes are minimized.
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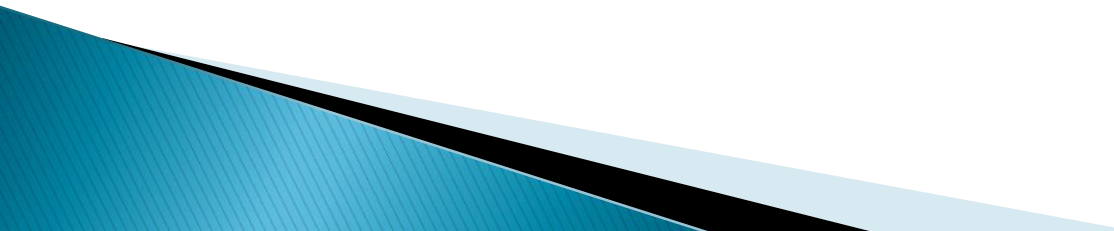
# SKILL DISTRIBUTION

- ▶ The implementation of the NHI is favoring the metro areas where skill concentration is very good whilst the rural areas are lacking in that area.
- ▶ All specialists are easily available in the metros whilst this is a scarce commodity in the rural areas. It is envisaged that if public and private services are brought together under the UHC umbrella there will be at least a better allocation of skills. Specialists operating within the rural space is far below the demand. NHI will not address this as it now stands.
- ▶ However, it must be acknowledged that bringing together public and private practices under NHI where resources are shared in the current form, there is a window for manipulation open.
- ▶ Private practitioners are about business whilst public practitioners are about services. To survive, private practitioners need to make a profit which is limited or will be limited in the contracts put in place where reimbursement is based on state set by the state. This will easily lead to what is already experienced at the moment by the medical schemes where questionable billing had been identified.
- ▶ Implementation of NHI as it is will pose a huge challenge nationwide since when private practitioners lose business they will leave the country and a serious skills drain will confront us.

# INFRASTRUCTURE

- ▶ There must be a concerted effort to address this challenge as population growth in South Africa is unchecked. This is particularly crucial for the rural communities where clinics were never built to support the PHC package of care expected to be rendered.
  - ▶ Resources pumped into UHC should be strengthening PHC services extended to the communities, focusing on Community Primary Care, Prevention strategies, Health Promotion, Elderly, Frail care and Palliative Care assisting communities in taking ownership of their health.
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# DRUG MANUFACTURING

- ▶ Why am I dealing with regular drug stock out due to unavailability of key ingredients!
  - ▶ Why are we still dependent on expensive drugs manufactured overseas!
  - ▶ Is there such little skill locally that there can be no cheaper drugs manufactured in the country!
  - ▶ In overhauling the health system, UHC should surely consider this and work on it.
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# QUESTIONS

Please forward any questions with regards to the presentation to the following email address

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