

BETTER TOGETHER.

OPPORTUNITIES TO COLLABORATE FOR UHC REFLECTING ON GROUP SESSIONS DISCUSSIONS

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Opportunities for innovation, collaboration for service delivery models

fair remuneration decision space unique identifier pool existing capacity sharing of skills exclusive access strengthening of copc std master referencing systems approach promotion and prevention up or reskilling staff de-medicalization non-traditional health sy education and training private sector mdt smarter use of facilities health promoting schools person centred care incentivization population health benefit students optimal usage pilot-just-do-it-now multi-disciplinary models automated payments data systems resource sharing capacity building cwh technology process efficiencies **g6** prevention programmes collaborative-system competent liable members training to be shared breaking down barriers g6 improving health techn existing collaborations primary care ap network g6 test models scale up partnerships knowledge and expertise std fin-clin governance unpack current obstacles g6 network and partner st use untapped resources strategic sourcing h promotion prevention training of staff g6 strengthening phc plat centralised databases person centred inter-operable platform address under-serviced infrastructure holistic approach to soci patient voices take care of patients shared service provision a6 test models rapid scal indp district gov boards local engagement structur upskilling of workers outcomes based care public private partnershi appropriate case mix digtl compliance tracking patient voice collaboration at primary digital health enabling-environment redirect resources fairly integrated diverse data education and competency redefine pvt care model telemedicine collaboration risk pool fragmentation value for money innovative financing patient information integrated training quality metrics case mix



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

			techno	ology			
ativity u i	private healtho care teams move utilize u pooling resources manage reso improved acces win-win-opportur affordable insurance	leverage excess capacity be beyond binaries inemployed youth ources optimall sibility skills s	needs driver atent capacity corporate she integration across leading to the digitization pi	mobile healthcare ven funding entre of excellence hared governan evels improving of enabling lot strategic purchasi	communication efficiency legislation	Alddns	
כֿע	sourcing of clinical gov demand assets-sharing	geographical ment and leadership optimisation- of technology vernance op copc outcomes based	ment-gap c area mapping public-private m of-resources high volume lov timise referral pathway d care person-centred-acces sharing te	cross-sectors outco nixed serv collaborative relat w costmodel cost effectiver decrease regulatio s quality echnology hared expertise	hole-of-society ions paradigm sh	sa model	



Exploring collaborative governance models for accountability for UHC

			arch	nitecture poo	ol data	rethink	power			
ca	distr standards re–standard	ribution busi	bublic-sector bottom up monitoring syste	approach em eess of care	voice o	share of the patient	t purchasers	attitude s intra-operability	e binarie	25
	chw oppo	ortunities increase		ration of it sy	stems	trust ource po	ol r	ease distribution aise accountability resource stewards	110	ıvigator
	ned experie clarity on fu		capa	city en	hand	cement	pati	ent voice prominer	nt account	ability
nı	urturing npo facility co	growth ommittees	do			structi	ıre			focus groups
leadership	share user sharing (existing in	s		com ue id	petition entifier ency	collo emulo interse	pport local econor capacity building aboration framewo ate good practices ectoral pooling assumptions	nies rk	build trust
f	rameworks health to le mindse	ead t change	responsive infor share info publ	regulations mation mand icly insentives	agement	manag ble leadership	c governand ged health d	ce share failures care	tudes	
					digital	system				



Thank you