

**Main Take Home
Messages/Observations &
Recommendations for Future
Knowledge Generation and
National Dialogue on UHC**

Moeketsi Modisenyane

UHC, defined

Enable **all people** to use the health services that they need (including prevention, promotion, treatment, palliation and rehabilitation) of sufficient quality to be effective;

Ensure that the use of these services **does not expose the user to financial hardship**

-World Health Report 2010, p.6

Take Home Messages

Theme: Leadership and governance -
collective action to deliver collective
solutions in pursuit of common goals

1. Operationalize UHC as a direction, not a destination

- We may not fully achieve all the coverage goals embedded in definition of UHC
- But WE CAN!
 - Reduce the gap between need and utilization (**equity**)
 - Improve **quality**
 - Improve **financial protection**
- Progressive realization:
 - It is about moving towards Universal Health Coverage, i.e. improvements on these goals
- Thus, moving towards UHC requires **health system strengthening actions** to make progress on a combination of these objectives
- BUT we also **engage other forces**: political; social, economic and environmental & technological, data and social innovations

2. Rebuilding health systems from the bottom up!

- Whether financing reforms contained in the Bill offer meaningful solutions to the well-documented crisis.
 - lack of access and poor quality in the public health system which serves around 85% of the population
 - expensive and inefficient private health sector for the remaining minority
- Top-down reforms need to be complemented by a bottom-up process of strengthening health systems.
- **Case studies:** Gert Sibande; NHLS; Learning from the successes of HIV, MCH and TB programmes; Western Cape
- **So WHAT?** Developing distributed leadership and management capacity; oriented to public value; genuine national dialogue, sharing of experiences and learning across institutions, districts and provinces

3. Three policy principles to guide health financing reform(ers)

- **Focus on compulsory funding sources:** move towards predominant reliance on public funding for UHC
- **Reduce fragmentation** to enhance re-distributional capacity (more prepayment, fewer prepayment schemes) and reduce administrative duplication
- **Move towards strategic purchasing** to align funding and incentives with promised services, promote efficiency and accountability, and manage expenditure growth to sustain progress
- **So WHAT?** Importance of “fiscal health” for UHC
 - Strengthen coordination between national health and finance authorities
- **Realities:**
 - Challenges to mobilize sufficient tax revenues
 - Flexibly on use of funds versus rigidity of the PFMA, budget processes
 - Tax collection
 - Competition with other sectors – still need to bail out some entities
 - Inefficiencies, corruption, etc

4. Making promises and being held accountable for keeping them

- Coverage as a **“right”** (of citizenship, residence) rather than as just an employee benefit – Section 27 of the Constitution
- **Equal access** to health services, or a related provisions in the NHA
- **Tradeoffs** with regard to what services will be provided, to whom, and with what level of affordability
- The **prioritization** across the three dimensions of coverage – population, service, and cost – difficult decisions.
- **Specification of benefits** – the entitlements and obligations of the population with regard to health services

5. Delivering on the promise of high quality and efficient health services

- A central focus on the **people** of the public health system
 - health systems are, ultimately, human systems
- Attention on **prevention, primary care, and public health**, on the **values** of respect, dignity, and compassion
- Ensure a **balance** between services focusing on individuals (e.g. treatment, palliation) and those focusing on populations (e.g. population-based prevention and promotion)
- Ability to **balance** what is promised in terms of services with the available resources
- **So What?**
 - Aligning resources with benefits is not ONLY a mechanical accounting exercise
 - Ongoing process of ensuring reduction of inefficiencies over time, thus enabling more and better services to be provided for a given level of funding.

6. Monitoring progress and promoting accountability for UHC

- Health Reform Strategic Framework – align various reform initiatives
- Establishing and strengthening the **evidence platform** for UHC is essential.
 - Strengthen health policy and systems research and analysis infrastructure
 - Engaging ALL stakeholders & framing synthesis questions
 - Fostering culture of use of evidence synthesis findings in policy & practice
- Strengthen and sustain **capacities** to generate and analyse evidence, and effective translation into policy decisions.
- **Monitoring framework for UHC** covering both of its components – coverage with needed health services of good quality and coverage with financial risk protection

Way forward

- Leaving no one behind: Commitment to equity, non-discrimination and a human rights-based approach.
- Transparency and accountability for results
- Evidence-based national health strategies and leadership as the foundations for HSS
- Making health systems everybody's business - with engagement of citizens, communities, civil society, and private sector
- Cooperation/collaboration building based on mutual learning across sectors/disciplines

Conclusion

“In the same way the AIDS social movement led the way on HIV in South Africa, Schools of Public Health, statutory research councils, the Public Health Association of South Africa and civil society organisations need to mobilise under the banner of NHI. Together these could form an important voice in support of a new focus and approach to systems development, and provide the much needed critical mirror on the future development of NHI” Gilson et al, 2018