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The South African Health Sector Regulatory Environment – Observations and “Obligation to Act”

a critical element for securing
Universal Health Coverage

Reno Morar

the challenge

- Doing things differently
- Doing things in partnership
- Doing things for a common purpose

the common purpose

*to build strong health systems
to ensure
universal health coverage
and
access to quality care*

Doing things differently

Personal Experience

- Clothing Industry Health Care Fund
- UCT Deputy Dean Health Services
- Council for Medical Schemes (CMS) Board
- Medicines Pricing Committee
- Advisory Committee on Reference Price List
- Appeal Board for CMS
- HPCSA-MDPB Board

Personal Observations

- “Leaders for Change” – commitment and accountability
- “Power and Politics”
- Public Policy Development Processes
- Policy Frameworks and (in)Coherence
- Developing “Capabilities for Implementation”
- “Act Now, Benefit later”

Doing things in Partnership – Obligation to act Now

All Parties to redirect energies in support of achieving UHC for South Africa

- Language of debate and dialogue must change **with immediate effect** – #UHC the dialogue of choice

All Parties must accept that the development of public policy is and will be a contested terrain. Public policy development must be open and transparent

- All technical reports and documents that lead to policy proposals and draft legislation must **with immediate effect** be placed in the public domain
- Acceptance of the need for a dedicated health care regulatory authority = SSRH equivalent



Doing things in Partnership – Obligation to act Now

Strengthening the Public Sector as a “Preferred Provider” engaging in controlled piloting **with immediate effect**

- Provincial Departments of Health to Act as Regional Provider entities/UHC Funder holders and Accredited Service Providers
- Pilot contracting arrangements based on quality outcomes and new re-imburement mechanisms within an integrated DHS
- Revised Central Hospital Governance – ensuring equity of access for specialised and highly specialised health services (all eligible patients)

Stabilising the private sector (Medical Schemes and Private Providers) – intervene **with immediate effect**

- Review of Prescribed Minimum Benefits Package
- Establish the National Pricing Commission (2010 NDoH proposal) – Multilateral Tariff Negotiation Forum equivalent