

SA transition to a Universal Health System : A SITE OF STRUGGLE

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South Africa is the most unequal country in the world.

“The people at the bottom in South Africa, they get wages comparable to the people who live in Bangladesh. It’s very, very poor. Wages of less than \$50 a month,” Sulla says. “If you take the top ten percent, they live like in Austria. So it’s very high level even by European standards or even by U.S. standards. And we are talking just about employees, people who are getting paid.”

Victor Sulla, Senior Economist, World Bank, 2018

The greater the inequality, the larger the gap in health

Universal Health Coverage

- UHC is defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Health rights and the law in SA

Section 27

1. Everyone has the right to have access to -
 - a) health care services, including reproductive health care; b) sufficient food and water; and
 - c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.

No one may be refused emergency medical treatment.

Everyone has the right to an environment that is not harmful to their health or well-being.

Sites of Struggle

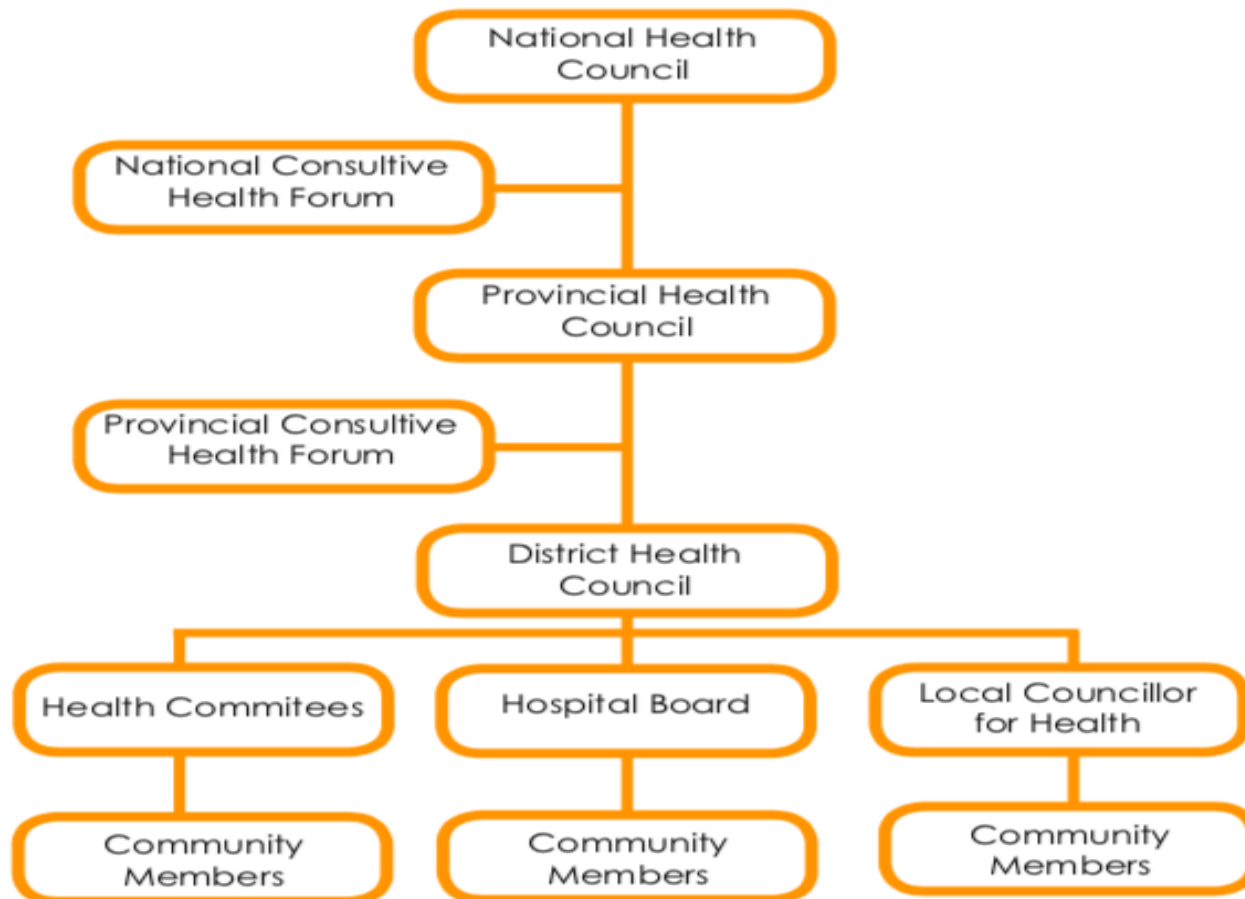
- Governance
- Population Coverage
- Allocative Equity
- Benefit Design
- Service Delivery Models

Governance

- WHO's definition: "leadership and governance involves ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design, and accountability.
- It considers how power is distributed between institutions (public and private), the exercising of authority (for example, political, economic, or administrative authority), as well as the various means, rules, and institutions by which citizens or groups "articulate their interest, mediate their differences and exercise their legal rights and obligations

Governance

Health governance structures



Reform Proposals

- NHIF positioned as Financing instrument
- Funding mechanism changes the way health delivery is organised and requires a change in how its governed
- NHIF Board Composition veers towards technical competence makes no room for participation of health system users or providers
- The ministers role why in line with provisions of National Health Act is problematic as concentrates a power in his office which can mitigated simply by including in consultation with the National Health Council
- District Management Offices have local oversight board
- Provinces as management agents responsibility for facility governance also needs expansion
- Community participation must be strengthened across of a levels

Population Coverage

- Section 27 affords everyone the right to health care services
- The National Health Act doesn't explicitly exclude undocumented migrants
- So in specifically excluding from coverage could this be seen as a regressive measure ?
- This is particularly problematic in respect of undocumented migrants that have been resident in the country for a number of years
- Separately the bill makes no provision for marginalised groups such as rural communities whose access to health care services

Allocative Equity

- Current resource allocation measures such as the provincial equitable share while problematic does consider equity in the manner resources are allocated
- With the establishment of the fund the purchasing of health care services is centralized but no explicit guide on how resources will be allocated between facilities or levels of care
- Previous bill gave guidance on the basis on Contracting Units will be financed (Risk Adjusted Capitation (Population Health Needs , Service Utilisation Targets etc)

Benefits Design

- Section 27 implies that the right to health would be progressively realized
- In the designing the benefit package what will be the baseline
- The National Health Act deals with access to primary health care but not explicit on higher levels of care
- There is a real risk that the access to health care services could be narrowed with the introduction of a benefits package that does not explicitly consider current entitlements

Essential UHC Package (DCP 3)

- Maternal and Child Health
- Under 5 Health
- School Health
- Adolescent Health
- Sexual and Reproductive Health
- HIV AIDS AND TB
- Non Communicable Diseases
 - Cardiovascular, Respiratory and Related Disorders
 - Cancer
 - Mental , Neurological and Substance Use Disorders
 - Congenital and genetic disorders
 - Injury Prevention
 - Environmental Improvement

Service Delivery Model

- Strengthen public service that contracts in capacity where needed or appropriate
- Contracting out service delivery to private providers
- Not managed well could lead to the erosion of public sector capacity
- Further commodification of a public good
- Governance challenges particular in relation to private providers which includes NPO

RURAL HEALTH ADVOCACY PROJECT

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