



# Universal Health Coverage (UHC)

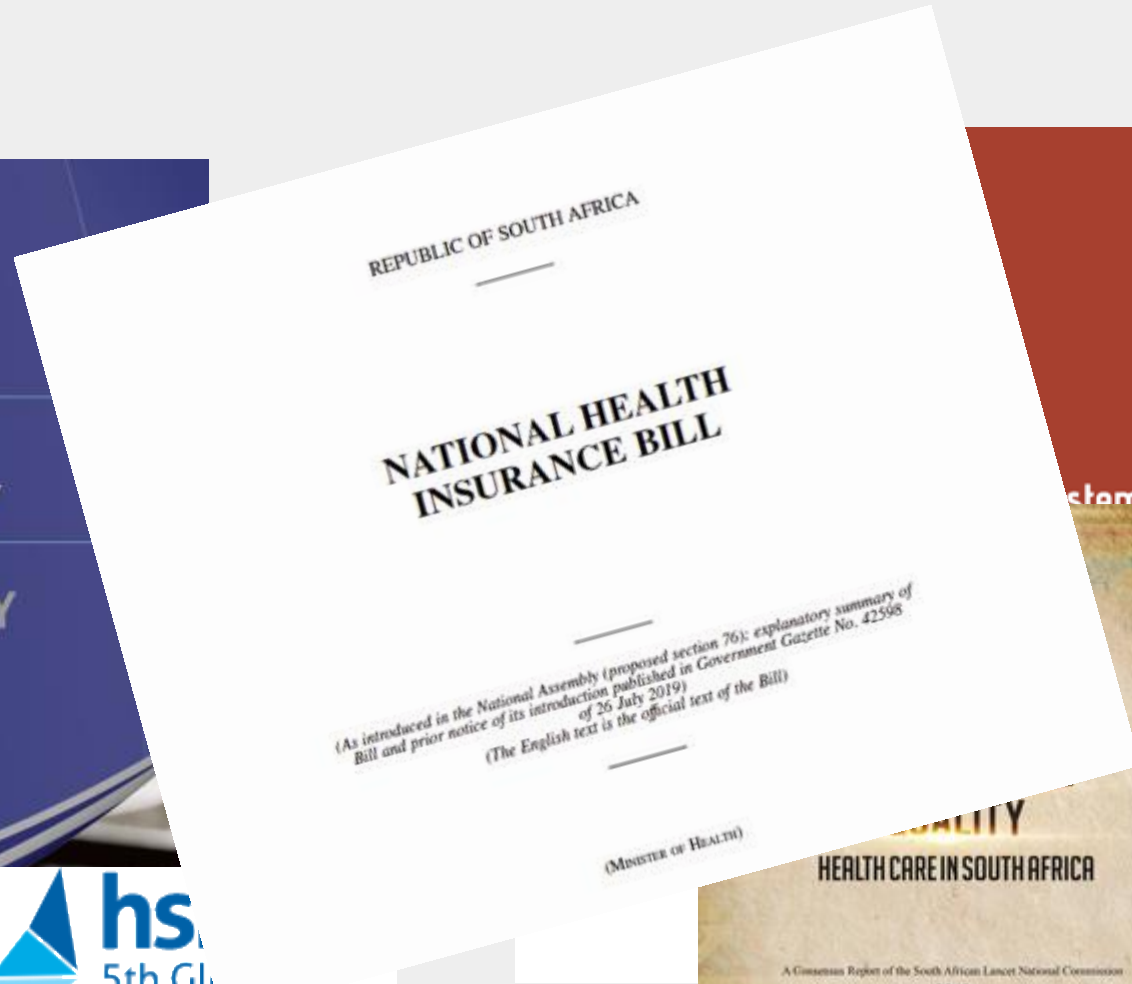
## National Dialogue

Harnessing knowledge for the design and implementation of universal health coverage

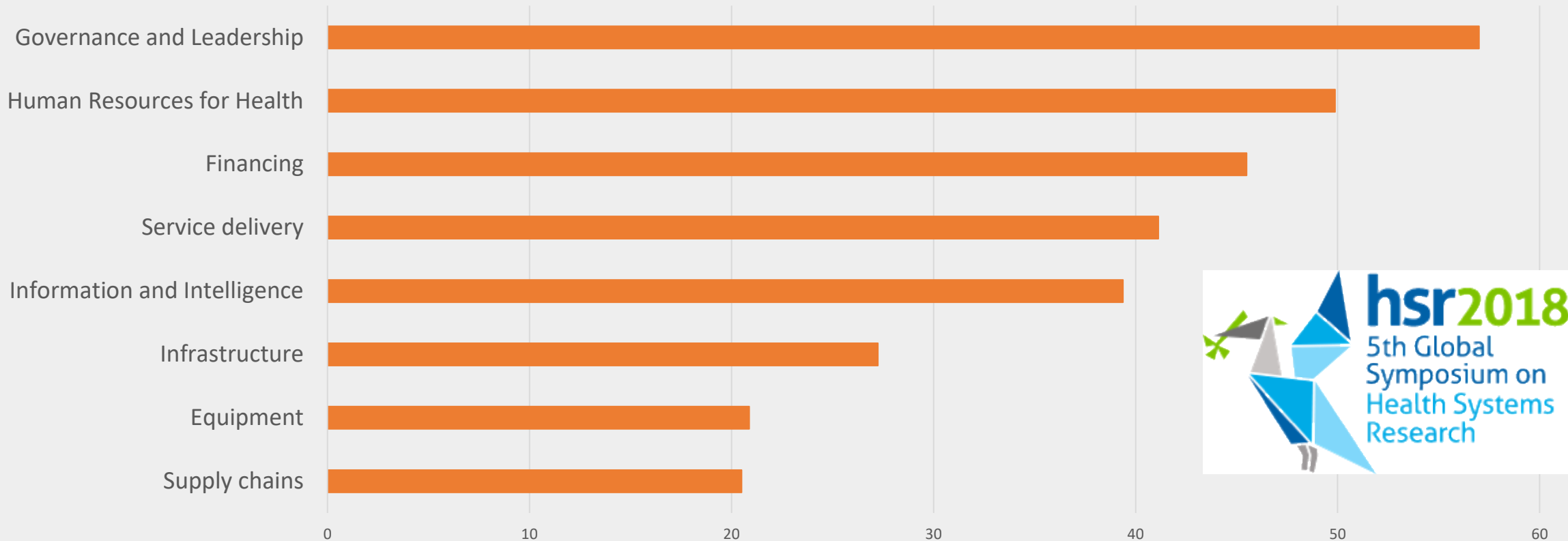


**health**  
Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# CONTEXT



# UHC RESEARCH PRIORITIZATION PROCESS (PHASA HPSR-SIG LISTSERV N=70)



# SCIENTIFIC AND STEERING COMMITTEES

- Fareed Abdullah (SAMRC)
- John Ashmore (SAMRC)
- Peter Barron (NDOH)
- Niresh Bhagwandin (SAMRC)
- Emmanuelle Daviaud (SAMRC)
- Rene English (US)
- Lucy Gilson (UCT)
- Glenda Gray (SAMRC)
- Cathy Mathews (SAMRC)
- Tshilidzi Muthivhi (NDOH)
- Sherwin Kayster (SAMRC)
- Tamara Kredo (SAMRC)
- Laetitia Rispel (Wits)
- Mandy Salomo (SAMRC)
- Helen Schneider (UWC/SAMRC)
- Arlene Smith (SAMRC)
- Geetesh Solanki (SAMRC)
- Thulile Zondi (NDOH)

# GOVERNMENT SUPPORT

- Organising Committee  
(SAMRC, NDOH, Universities)
- Acting Director-General
- Deputy Director-General
- Head of the NHI team
- Presidential Health Compact  
Steering Committee
- President of the SAMRC
- NHRC

# PURPOSE – HARNESSING KNOWLEDGE



## Dialogue

Enable dialogue between researchers, policy makers, managers and practitioners on health system strengthening (HSS) and UHC (including the NHI reform) in South Africa.



## Profiling

Profile current health policy and systems research in the country, including international networks which can be leveraged for HSS and UHC in South Africa.



## Priorities

Jointly consider and identify future research priorities for HSS and UHC.



## Mechanisms

Identify mechanisms for ongoing/future interaction at national and sub-national levels between researchers and other stakeholders which support system learning.

# KEY THEMES OF DIALOGUE

- Health Financing – public and private sector reform
  - Panel discussion on the NHI (NDOH, Treasury, World Bank, health economists)
- People at the Frontline
- District Health System: information for decision making
- Social Accountability
- Achieving high quality
- Leadership and management
- Supply side regulatory challenges for UHC



# REFLECTIONS ON THE TWO DAYS AND WAY FORWARD

- Health Financing
  - The NHI is one element of a much larger project to improve the health system – this was emphasized by both NDOH officials and researchers
  - more work needs to be done to unravel the interplay between health system design and health financing reforms proposed in the NHI, the Health Compact and managing the budget cuts to provinces
  - Many of the financing reforms can be tested under the current legislative framework such as low cost options
  - The NHI should not legislate reimbursement mechanisms at this stage
  - Priority setting
- People
  - This is a core function to get right under any financing scenarios
  - Salaries make up 70% of the total spend on health (R130 billion)
  - There is good evidence showing ways to improve people management not being used
  - Very little research and evidence gathering capacity in this very expensive area of health



# REFLECTIONS ON THE TWO DAYS AND WAY FORWARD

- District level information for decision making
  - Developing simple health information systems and a culture of using data at the local level will make a significant contribution to improving efficiency and quality
- Social Accountability
  - Strengthen social accountability
  - Encourage public participation
  - Create spaces for public participation at all levels
- Achieving high quality
  - UHC needs to go hand in hand with high quality delivery
  - Create enablers for frontline health workers to improve quality
  - Quality x coverage = impact
  - Many good proposals on improving quality but the challenge is scalability

# REFLECTIONS ON THE TWO DAYS AND WAY FORWARD

- Leadership and management
  - Leadership development is as important as pooling funds
  - Leadership development is a system development
  - Separation of powers, roles and responsibilities of the political and administrative leadership has become a serious barrier in some provinces
- Supply side regulatory challenges for UHC
  - Avoid pitfalls in the private sector pulling through to public sector contracts such as C/section rates
  - Extremely important that 6 years of work on the HMI is not lost
  - Department and research community can combine their roles to ensure the momentum is not lost whilst we are absorbed
  - The health system research community needs to engage with the private sector dataset

## TAKE HOME MESSAGES OVERALL

- There is a great deal of evidence that the NHI is an important instrument to achieve equity especially between the public and private sectors
- The NHI is only one component of health reform and key elements from all the other areas discussed in this meeting need as much attention
- Certain aspects of the NHI Bill may prove to be restrictive in the future, consensus that there is a need for flexibility, overdesign
- Urgent priorities for which there are simple ‘back to basics’ solutions are in the arenas of human resources, training, quality improvement and using information for management.
- Leadership and management needs some specific plans

## TAKE HOME MESSAGES OVERALL

- There is a wealth of knowledge, experience and expertise in health systems research in South Africa
- Willingness, commitment and belief that South Africa has the resources and the people to achieve good quality health care that equitably and efficiently distributed
- There should be ongoing dialogue and detailed discussion in many of these areas - a bridge needs to be built between the health systems research community and the decision makers

## TAKE HOME MESSAGES OVERALL

- Health systems and policy research community and the research agencies are able, ready and willing to work with the Department on the NHI, health financing reform in the health compact and health action plans and the health market environment.
- How can we help!

THANK YOU !