

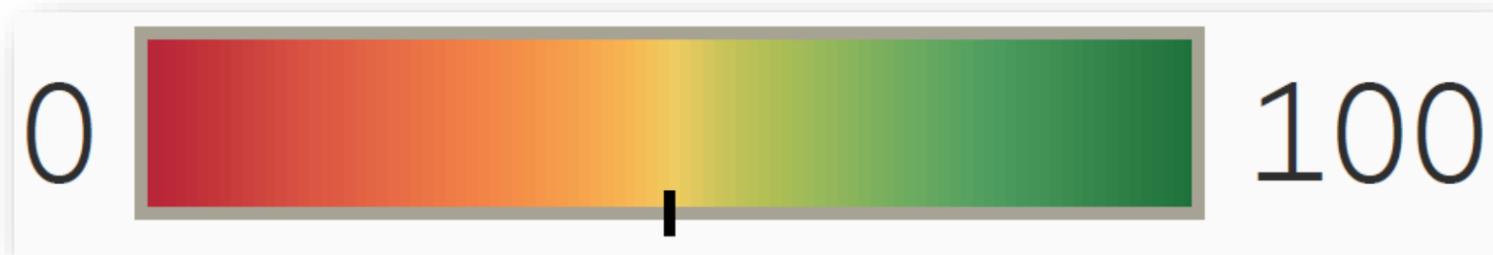
# Measuring Universal Health Coverage: Implications for health information systems development

Session 4

Universal Health Coverage (UHC) National Dialogue

21 November 2019

Thulile Zondi (NDoH) & Candy Day (HST)



# Background and purpose of presentation

- Background

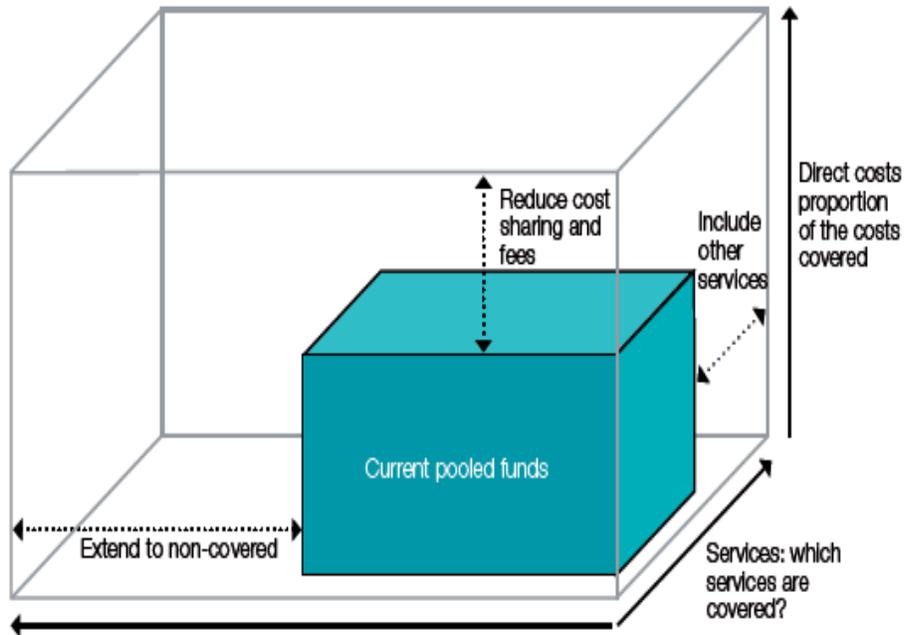
- SA adopted National Health Insurance as a means to achieve the Universal Health Coverage. The country is in Phase 2 (2018 –2022) of National Health Insurance implementation which focuses on the development of the NHI legislation and amendments to existing legislation, as well as a fully functional NHI Fund and its structures.
- Similar to other countries, SA is measured against UHC coverage and financial risk protection for SDG UHC indicators. SA committed to UHC through NHI and needs to report on progress globally **as well as sub-nationally** and monitor **inequity**
- Data availability and quality variable and combination approaches are needed to meaningfully measure **effective coverage**
- SA has a wealth of information, against which progress can be demonstrated.
- There are also major gaps and challenges which can be addressed with political support and high level management, better analytic approaches and better harmonization and integration/interoperability

- Purpose

- Highlight, share lessons and insights on current NHI measurements efforts, and implications for the future of UHC in South Africa

# Key frameworks

Figure 1.1. The three dimensions of UHC



## Sustainable Development Goals



- **SDG indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health; infectious diseases; noncommunicable diseases; and service capacity and access; among the general and the most disadvantaged population).**
- **SDG indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income.**

### DoH on NHI & UHC

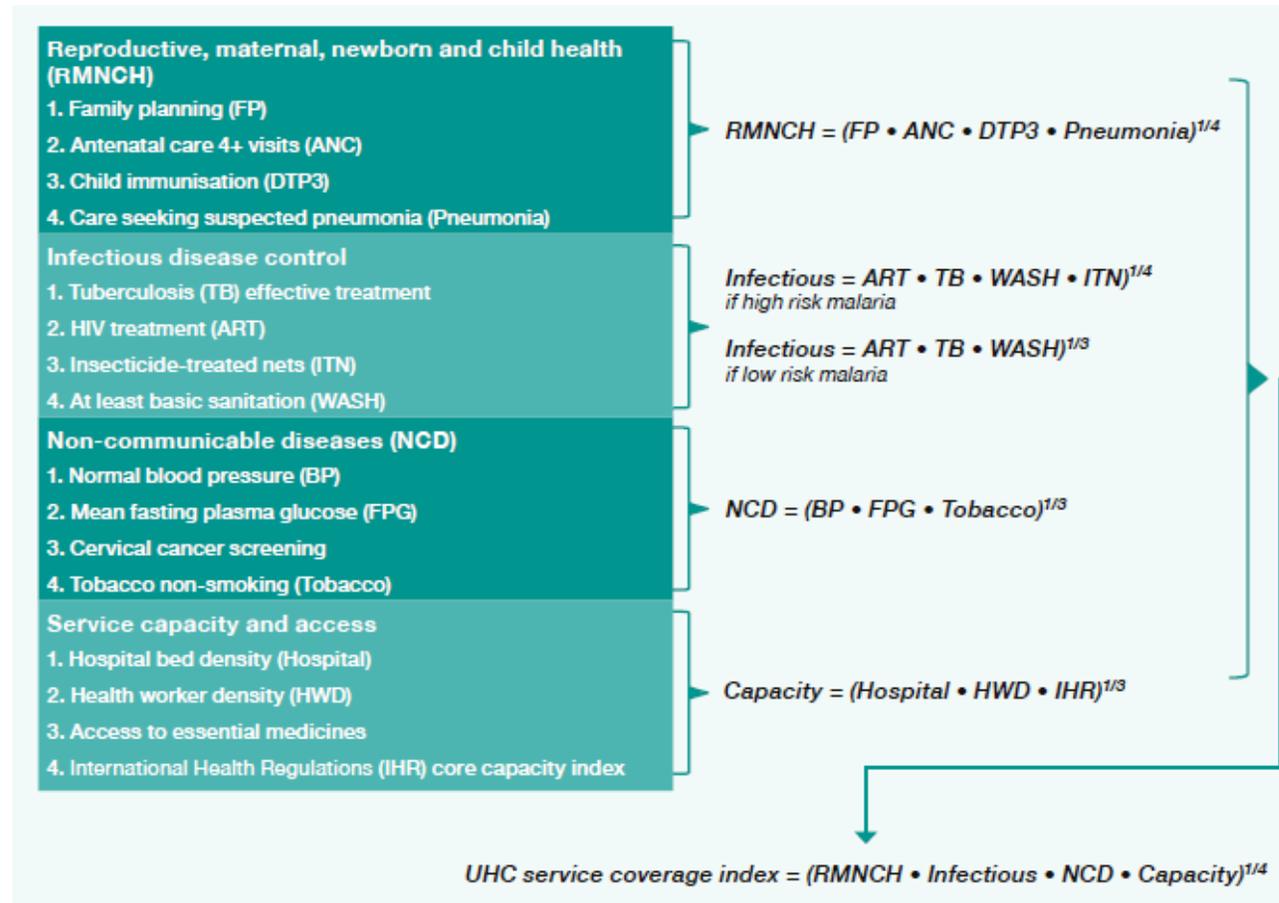
- NHI White Paper 2017 & NHI Bill (2019)
- NHI Phase 1 Evaluation (2019)
- Digital Health Strategy Review

### UN and WHO on SDG/UHC

- Hogan et al. Lancet paper;
- Global monitoring reports; WHO metadata and guidance documents
- Global Burden of Disease alternative approaches

# Measuring UHC index

Figure 1: Calculating the Universal Health Coverage (UHC) index

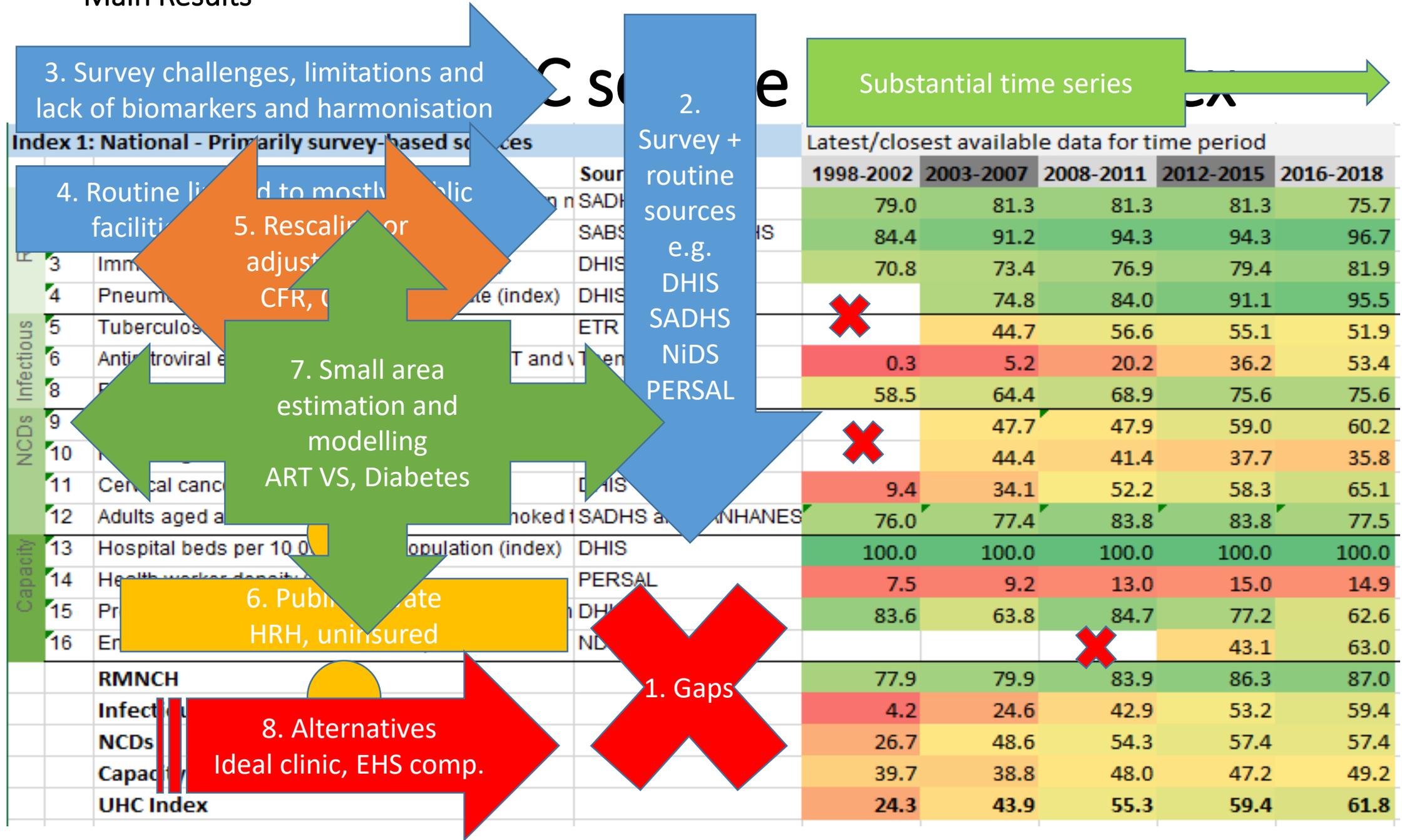


- UHC service coverage index is single indicator
- Reported on scale of 0 to 100
- Computed from geometric mean of a set of tracer indicators (originally 16)

Source: Tracking UHC 2017.<sup>3</sup>

Notes: See source for details on calculation and rescaling of the index components.

# Main Results





# Discussion and key recommendations



- Extending HMIS (including DHIS) to cover the whole population and routine data providing effective coverage
- Strengthening routine data as core M&E component
- Consider cascades to identify reasons for poor effective coverage
- Harmonisation of survey sources + address limitations of frequency, disaggregation, biomarkers
- Interoperability / crosswalks between data sets, using both survey + routine
- Analytic techniques – small area estimation, adjustments for bias, missing groups, denominators, gaps, aligning reporting periods – document and institutionalize

# Key lessons emanating from NHI Phase 1 Evaluation

- It concluded that there were both successes and challenges during phase 1 of NHI implementation, and lessons learned must strengthen interventions in phase 2. The evaluation focused on HSS intervention (e.g. CCMDD, HPRS, ISHP, IC, GP contracting & others) as envisaged in the pilot model
- The success of interventions was driven strong political will, adequate human and financial resources for implementation, the presence of strong champions at all levels who held the vision ensured robust implementation, good coordination, communication and good monitoring systems in place at the time of implementation
- The main successes were increased coverage for new intervention services such as 4 339 875 learners screened through School Health Programme, and 504 803 of these referred for treatment; 330 GPs had been contracted; 2 182 422 patients were enrolled for Centralised Chronic Medicine Dispensing & Distribution and collecting medicines in over 855 Pick Up Points, 3167 clinics and community health centres; and others
- Challenges experienced included inadequate planning, lack of resources, inconsistent communication, silo implementation and lack of coordination, inadequate budgets and bureaucratic organisational culture which does not support problem solving and innovation.
- Recommendations included a shared common vision for NHI, better stakeholder communication, a well-defined results matrix, review theory of change at macro and programme level, strong monitoring and evaluation followed through with corrective action, as well as intervention specific recommendations

# Implications for NHI

- ❑ Finalise the comprehensive NHI framework – according to various phases, model adopted, and health outputs and outcomes
  - Crucial to develop a cohesive and comprehensive framework of information systems M & E for NHI so that all aspects of the health system processes and access to care and financial risk protection for the entire population is considered, if we are ultimately to improve health outcomes
- ❑ Patient electronic record and key features such as unique identifier
- ❑ Institutionalizing key surveys such as SADHS
- ❑ Implement recommendations of NHI Phase 1 Evaluation
- ❑ Implement the Digital Health 2019-2024
- ❑ Acquire and build expertise to measure financial risk protection measurement

# Information System Development: The National Digital Health Strategy : 2019 - 2024



## Vision

Better health for South Africans enabled by person-centred digital health

## Priority outcomes

Specific outcomes that ensure the Digital Health Strategy brings about the changes and developments necessary to achieve better health for South Africans

## Strategic principles

Person-centred

Expanded access to services

Innovation for sustainable impact

Workforce for economic development

Whole-of-government approach

## Strategic components

Leadership  
Stakeholder engagement  
Strategy and investment  
Governance  
Architecture, standards and interoperability, unique identifier

Services and applications  
Infrastructure and connectivity  
Legislation, policy and compliance  
Capacity and workforce

## Strategic interventions

Interventions supporting Digital health user journeys across various levels of the South African health landscape



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*Thank you*

# THANKS AND CLOSING