

NHI: BHF CONFERENCE PROCEEDINGS

October 2016



B·H·F
SOUTHERN AFRICA



Conference

- Context of NHI: UHC, SDG, NDP
- NHI & international experiences
- Stakeholder inputs
 - Key leader opinions
 - IPAF, BHF, PPOSERVE, NHI Co-ordinator



Is there a need for UHC and NHI?

- Fragmented health systems
 - “Address inequity” and “significant Out of Pocket payments”
 - “Well designed healthcare reforms can have a major economic impact”
 - “The future of...depends on the extent at which we can institutionalise social cohesion”
 - “...not just have an umbrella but making sure those umbrellas works”
 - Case study of NHS and other countries progress toward UHC
 - References to Gluckman report...NHI is not new!
 - UHC as part of SDGs
 - Comparisons to ACA in US

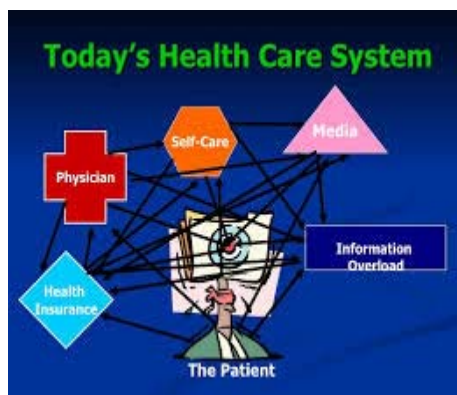


Is there a need for UHC and NHI?

- Infinite health needs but finite resources
 - Rational allocation of resources
 - “Let’s get preventative healthcare working...we’ll produce a healthier population..”
 - “Reduction in mortality...with introduction of Pay for Performance”



NHI – Proposed Vehicle for Journey Towards UHC



Current



Future



Some challenges remain

- Lack of readiness
 - Staff absenteeism
 - Poor quality of care (public/private)
 - High cost of private care
-
- “stop the analysis-paralysis” “...identify milestones and work to achieve these” “we dealt with HIV together”



Key leaders' views

- Accountable leadership required
- Private sector should be seen as an asset
 - For both service provision and funding Mx.
 - Significant health management assets, skills and other resources
 - Open to PPPs
 - ...as part of integrated human resource strategy
- Unified system...unified optimal resource utilisation towards common goal!
 - No need to re-invent the wheel
 - Willingness to engage, pool resources and work together



• Use of new technologies...to address ongoing health problems

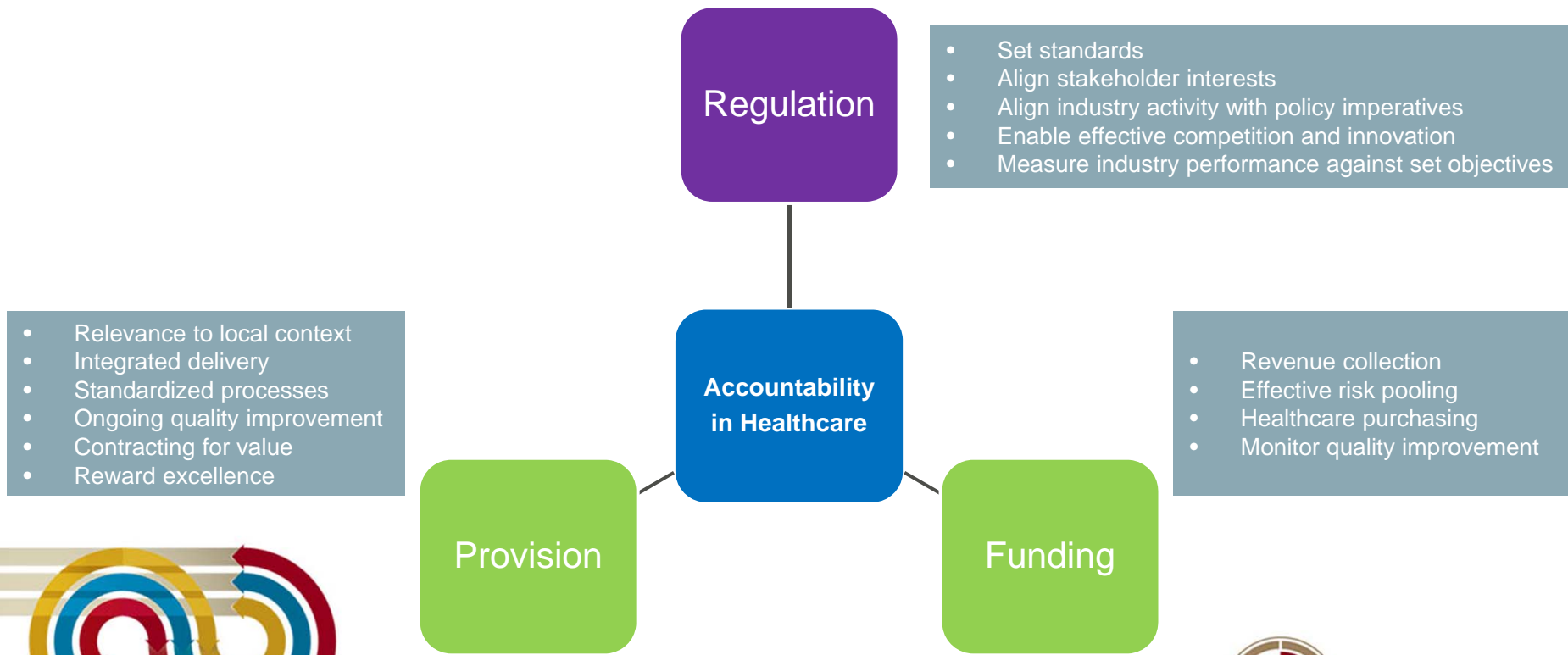


- IPAF: willing to bring along GPs and consider ARM!
 - Accountable for quality of care
- BHF: Need for health accountability and health governance
- PPO Serve:
 - Team based care approach (HPCSA reforms)
 - Payment to providers for population care and outcome
 - Move away from FFS (volume based remuneration)
- NHI Co-ordinator: offer to engage with stakeholders who have something to contribute



Accountability in Healthcare

Separation of roles & responsibilities



Business of Health & Health Governance

- *“Shift in thinking from insurance...to...provide healthcare to the population”*
- *Problems with access to essential medicine! (Public & Private)*
 - Health needs
 - Provide services/benefits
 - Actions, programs, interventions
 - Monitoring & Evaluation
 - **Interrogation and accountability**



- BHF submission will be made available to FFC secretariat.



THANK YOU

Presenter Name Surname

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