

NATIONAL HEALTH INSURANCE

PRESENTATION ON NHI PILOT DISTRICTS SELECTION

Minister of Health
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Introduction

- Green Paper on NHI was published on 12th August 2011
- Implementation of NHI is part of the Ten-Point Programme and a priority of Government
- NHI to be implemented gradually in 3 phases over a 14year period

Introduction

- The 1st phase occurring in the 1st 5years of rollout includes:
 - Strengthening of the health system and
 - Improving the service delivery platform
 - Policy and Legislative reform
- The focus of all these interventions is to ensure that South Africans:
 - Have access to quality health services
 - Experience reduction in the burden of disease, particularly that borne by women and children
 - Experience improvements in the overall health system performance

Progress on Phase 1 Deliverables of Green Paper on NHI

Key features	Time-frames	Progress to date
1. NHI White Paper and Legislative Process <ul style="list-style-type: none"> • Release of White Paper for Public Consultation • Launch of Final NHI Policy Document • Commencement of NHI Legislative process 	10 August 2011 December 2011 January 2012	<ul style="list-style-type: none"> • Green Paper released for public consultation on 12 August 2011 • Public consultations ended 30 Dec 2011 • Currently evaluating and reviewing written inputs
2. Management reforms and Designation of Hospitals <ul style="list-style-type: none"> • Publication of Regulations on Designation of Hospitals • Policy on the management of hospitals • Advertisement and appointment of health facility managers 	August 2011 August 2011 October 2011	<ul style="list-style-type: none"> • Regulations on designations of hospitals and policy on management of hospitals released for public comments on 12 August 2011 • Posts for Hospital CEO advertised in February 2012
3. Hospital Reimbursement reform <ul style="list-style-type: none"> • Regulations published for comment on Hospital Revenue Retention • Development of a Coding Scheme 	April 2011 January 2012	<ul style="list-style-type: none"> • Notice on Revenue Retention published in April 2011 • MRC assigned to develop Coding Schema in January 2012 •
4. Establishment Office of Health Standards Compliance (OHSC) <ul style="list-style-type: none"> • Parliamentary process on the OHSC Bill • Appointment of staff (10 inspectors appointed) 	August 2011 January 2012	<ul style="list-style-type: none"> • OHSC Bill tabled in Parliament in December 2011 • Parliamentary hearings began in March 2012 • Trained and appointed 20 Inspectors in December 2011
5. Public Health Facility Audit, Quality Improvement and Certification <ul style="list-style-type: none"> • Audit of all public health facilities <ul style="list-style-type: none"> • 21 % already audited (876 facilities) • 64% completed (2927 facilities) • 94% completed (3962 facilities) • Selection of teams to support the development and support of quality improvement plans and health systems performance • Initiate inspections by OHSC in audited and improved facilities • Initiation of certification of public health facilities 	End July 2011 by end of December 2011 by end March 2012 October 2011 February 2012 March 2012	<ul style="list-style-type: none"> • 3370 facility audits have been completed • 4 Facility Improvement Teams have been appointed to 4 provinces in January 2012
6. Appointment of District Clinical Specialists* Support <ul style="list-style-type: none"> • Identification of posts and adverts • Appointment of specialists • Contract with academic institutions on a rotational scheme 	August 2011 December 2011 February 2012	<ul style="list-style-type: none"> • Job description undertaken August 2011 • Adverts placed in October and November 2011, 3000 applications received (450 doctors) • Candidates shortlisted and assigned to

Progress on Phase 1 Deliverables of Green Paper on NHI

Key Features	Time Frames	Progress
7 Municipal Ward-based Primary Health Care (PHC) Agents <ul style="list-style-type: none"> • Training of first 5000 PHC Agents • Appointment of first 5000 PHC Agents • Appointment of PHC teams 	December 2011 March 2012 April 2012	<ul style="list-style-type: none"> • 4500 PHC agents trained by November 2011 • 143 Teams trained for the pilot districts in Jan 2012 • 61 Teams established in March 2012
8. School - based PHC services <ul style="list-style-type: none"> • Establish data base of school health nurses including retired nurses • Identification of the first Quintile 1 and or Quintile 2 schools • Appointment of school-based teams led by a nurse 	August 2011 October 2011 November 2011	<ul style="list-style-type: none"> • Database on School nurses established in September 2011 • Q1 and Q2 schools identified in October 2011
9. Public Hospital Infrastructure and Equipment <ul style="list-style-type: none"> • Refurbishment and equipping of 122 nursing colleges First 72 nursing colleges by end of financial year 2011-2012 • Building of 6 Flagship hospitals and medical faculties through PPP's <ul style="list-style-type: none"> • King Edward VIII Academic (KZN) • Dr George Mukhari Academic (Gauteng) • Nelson Mandela Academic (E. Cape) • Chris Hani Baragwanath Academic (Gauteng) • Polokwane Academic (Limpopo) • Nelspruit Tertiary (Mpumalanga) • Refurbishment of public sector facilities 	March 2012 Commence 2012 Ongoing	<ul style="list-style-type: none"> • Health Infrastructure Grant established in November 2011 • Nursing Infrastructure Grant established in Nov 2011 • 1,967 infrastructure projects currently at different stages of implementation • 49 Nursing College Infrastructure projects currently underway
10. Human Resources for Health (HR) <ul style="list-style-type: none"> • Launch of HR Strategy • Short to medium term increase in supply of medical doctors and specialist • Increase in production of nurses • Increase in production of pharmacists • Increase in production of allied health professionals 	September 2011 2012 – 2014 2012 – 2014 2012 – 2014 2012 – 2014	<ul style="list-style-type: none"> • HRH Strategy was finalised and launched by the in October 2011 • A number of training faculties have already taken up the request to increase medical student intake in 2012 • Nursing Task Team appointed to develop

Progress on Phase 1 Deliverables of Green Paper on NHI

Key Features	Timeframes	Progress
11. Information Management and Systems Support <ul style="list-style-type: none"> Establishment of a <u>National Health Information Repository and Data Warehousing (NHIRD)</u> Provincial and District roll-out of the NHIRD Appointment of Information Officers and Data Capturers 	July 2011 November 2011 November 2011	<ul style="list-style-type: none"> The development of a national health information repository and data-warehouse commenced in July 2011 Provincial roll-out of NHIRD commenced in February 2012
12. Build capacity to manage NHI through the strengthening of District Health Authority <ul style="list-style-type: none"> Creation of NHI district management and governance structures Selection of Pilot Sites (First 10 districts) Development and test the service package to be offered under NHI in pilot sites Extension of Pilots from 10 districts to 20 districts 	April 2012 June 2013	<ul style="list-style-type: none"> Business Plans currently being developed for creation of NHI district Mx and Governance structures in line with DORA 10 Pilot districts selected in February 2012
13. NHI Conditional Grant to support piloting of initial work in 10 districts <ul style="list-style-type: none"> Piloting of the service package in selected health districts Piloting fund administration 	April 2012	<ul style="list-style-type: none"> Conditional Grant established in Feb 2012
14. Costing model <ul style="list-style-type: none"> Refinement of the costing model Revised estimates 	2012 2013	<ul style="list-style-type: none"> Ongoing work being undertaken
15. Population registration <ul style="list-style-type: none"> Partnership between Departments of Science and Technology, Health and Home Affairs on: <ul style="list-style-type: none"> Population identification Population registration mechanisms 	Commences April 2012	<ul style="list-style-type: none"> Research and Development still to commence to commence in 2012

Objectives for NHI Pilots

- Pilots will focus on the most vulnerable sections of society across the country
- Reduce high maternal and child mortality through district-based health interventions
- Strengthen the performance of the public health system in readiness for the full roll-out of NHI
- Strengthen the functioning of the district health system

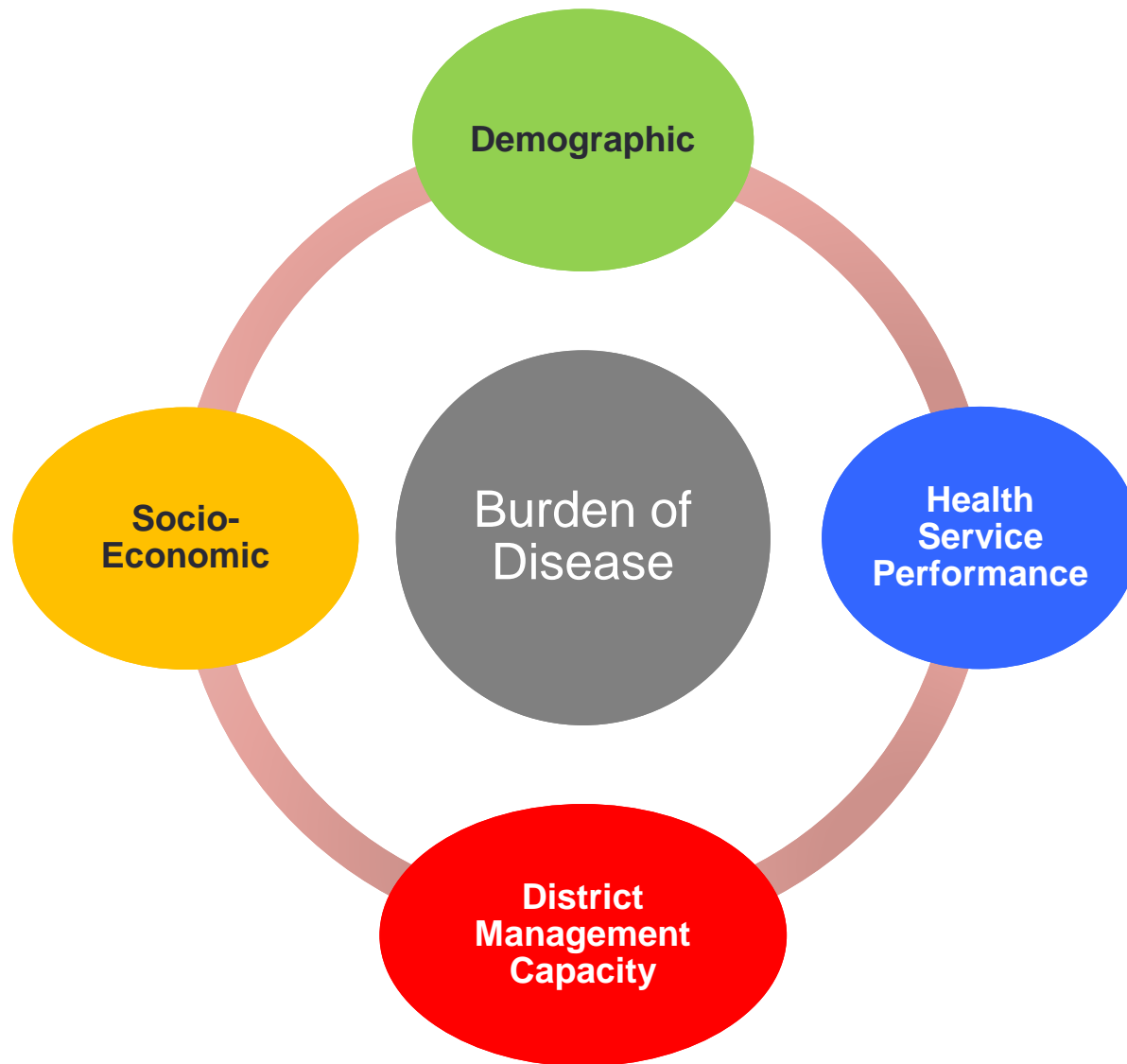
Objectives for NHI Pilots

- To assess whether the health service package, the PHC teams and a strengthened referral system will improve access to quality health services particularly in the rural and previously disadvantaged areas of the country
- To assess the feasibility, acceptability, effectiveness and affordability of innovative ways of engaging private sector resources for public purpose
- To examine the extent to which communities are protected from financial risks of accessing needed care by introducing a district mechanism of funding for health services

Objectives for NHI Pilots

- To test ability of the districts to assume greater responsibilities associated with the purchaser-provider split required under a NHI
- To assess the costs of introducing a fully-fledged District Health Authority as Contracting Agency and implications for scaling-up such institutional and administrative arrangements throughout the country
- To assess utilization patterns, costs and affordability of implementing a PHC service package

Selection Criteria



Socio-economic Indicators

□ 10 indicators

1. Deprivation Index District Health Barometer (DHB)
2. Population with private medical insurance rate (Household Survey)
3. Unemployment rate (Community Survey)
4. Informal and traditional housing rate (Community Survey)
5. No access to improved sanitation rate (Community Survey)
6. No access to piped water rate (Community Survey)
7. No access to electricity for lighting rate (Community Survey)
8. No access to refuse removal rate (Community Survey)
9. No income or income less than R4 800 rate (Community Survey)
10. Household head younger than 19 years rate (Community Survey)

Health Service Performance Indicators

□ 12 indicators

1. HIV prevalence (Antenatal survey)
2. TB cure rate (ETR.Net)
3. Weighing rate (DHIS)
4. Diarrhoea incidence (DHIS)
5. Severe malnutrition (DHIS)
6. Pneumonia incidence (DHIS)
7. Measles 1st dose coverage (DHIS)
8. Antenatal coverage (DHIS)
9. Delivery in facility (DHIS)
10. Couple year protection rate (DHIS)
11. PHC supervision rate (DHIS)
12. PHC utilisation rate (DHIS)

Financial and Resource Management Indicators

- ❑ 5 Indicators (District Health Expenditure Review)
 1. PHC expenditure per capita
 2. District expenditure per capita
 3. Percentage under/over expenditure for PHC
 4. Percentage under/over expenditure for districts
 5. Cost per weighted headcount clinics

Selection Criteria.....Methodology (a)

- 27 Indicators in 3 categories were used from different sources to summarise overall performance across districts.
- Districts were ranked from best to worst performance for each indicator and a score from 1-52 is given where 1 is the best performing district and 52 the worst.
- For certain indicators for e.g. under/over expenditure where the lowest or highest indicator value is not necessarily the best or worst performance, scoring was done from median value in quartiles

Profiles.....Methodology (b)

- Where districts have the same value the same score was given – that is why you will notice that for some indicators the last value is not 52 but a lower number.
- The total score for all indicators was calculated to determine a final score and final ranking across districts for each of the three groups of indicators
- Performance of districts can also be ranked per province to determine the best and worst performing districts for each province

Selected Pilot Districts and Respective Population Numbers

Province	District	Total Population based on STATSA 2010 Population Estimates
Eastern Cape	OR Tambo	1,353,349
Mpumalanga	Gert Sibande	944,694
Limpopo	Vhembe	1,302,107
Northern Cape	Pixley ka Seme	192,157
Kwa-Zulu Natal	uMzinyathi	514,840
Kwa-Zulu Natal	uMgungundlovu	1,066,150
Western Cape	Eden	558,946
North West	Dr K Kaunda	807,752
Free State	Thabo Mofutsanyane	832,172
Gauteng	Tshwane	2,697,423
TOTAL POPULATION		10,269,590

Notes: *KZN will pilot two (2) districts due to high population numbers and high disease burden

Approach to Pilots

Activities in NHI pilots will focus on the following key components:

- Service Package within the Context of District Health Services
- Service Delivery
- Health Systems Strengthening
- Health Financing

Service Package within the Context of District Health Services

- A defined service package of PHC services delivered by PHC teams which include:
 - Ward-based PHC teams
 - District Clinical Specialist Support teams
 - School-based PHC services
 - Delivery of PHC Services through Sessional General Practitioners
- Referral system from the community, clinics, community health centres, contracted private providers (GPs and Teams) to and from the district hospital
- Linkages between contracted public and private providers on the one hand and the Emergency Medical Services including trauma (EMS) on the other hand will be tested

Service Package within the Context of District Health Services

- Contracting models for innovative service delivery to harness or access private sector resources particularly in under-resourced areas such as the private providers (GP & team model) for urban informal and specific rural settlements will be piloted
- Gate-keeping and compliance with the referral system will be piloted

Service Delivery

- Despite efforts to implement 'benefit packages' by the DoH for PHC, district hospital services, regional hospital services and tertiary services, barriers to accessing these packages still exist
 - Pilots will develop and test norms and standards for the package to be provided in the district under NHI to ensure acceptable standards of care
- Continuous monitoring and evaluation will be undertaken to measure the impact of the pilot interventions on health outcomes and health system performance to achieve universal coverage

Health Systems Strengthening.....(a)

- The following areas will be piloted:
 - Innovative approaches of strengthening capacity in the facilities
 - Developing and enhancing financial management skills and competencies at the District level
 - Enhancing the overall managerial and administrative capacities of the DHA in order to ensure:
 - Improved planning
 - Strengthening of ability to monitor and administer contracts with private providers
 - Support the appropriate delegation of responsibilities with regards to finances, personnel and infrastructure within the district

Health Systems Strengthening...(b)

- The following areas will be piloted:
 - Testing the linkages between the health services provision arrangements within a given district and how these relate to the functions and responsibilities of the proposed DHA
 - Establishment of DHA as a structure that must be accountable to the population of the district and with autonomous powers in respect of personnel and finance
 - Revenue management of central hospitals

Health Systems Strengthening...(c)

- The following areas will be piloted:
 - Instruments to re-orient financial flows and link supply-side allocations to demand-side incentives
 - Insights into necessary considerations for the establishment of the NHI Fund and how the DHA should link into it
 - Community health forums to be established to strengthen improvements in governance of public health facilities will be undertaken

Health Financing

- Transforming the manner in which the health system is financed will be a long term activity that involves multiple processes
- It is part of the on-going engagements between the Department of Health and the National Treasury
- To ensure that adequate financial resources and leverage is available to support the pilot activities in the interim, a Schedule 5 Conditional Grant has been established as a mechanism for the funding of the pilot activities

Non-Negotiables for Success of the Health System (a)

- There are a lot of other activities that will be undertaken in other districts over and above the 10 selected districts
- These activities will be directed at reducing maternal and child mortality
- To ensure access to quality health services and for NHI to succeed, the National Health Council agreed to funding allocations for certain areas that have been considered to be non-negotiables and that should be guaranteed in the provincial health budgets for 2012/13
- Non-negotiables are to be protected against under-funding

Non-Negotiables for Success of the Health System (b)

Budget Component

1. Infection Control Services
2. Medicines and Medical Supplies including Dry Dispensary
3. Cleaning Materials and Services
4. Essential Equipment and Maintenance of Equipment
5. Laboratory Services: National Health Laboratory Services (NHLS)
6. Blood Supply and Services: South African National Blood Services (SANBS) or Western Province Blood Transfusion Services (WPBTS)
7. Vaccines
8. Food Services and Relevant Supplies
9. Child Health Services (Including Neonatal and Perinatal)
10. Maternal and Reproductive Health Services
11. Registrars
12. Pilot Districts Full Complement of Primary Health Care Teams / Family Care Teams
13. School Health (Quintile 1 and Quintile 2 Schools)
14. District Specialist Teams
15. Infrastructure Maintenance
16. HIV & AIDS
17. TB
18. Security Services

Way Forward

- Pilot to start in 10 Districts in April 2012
- Focus on the most vulnerable sections of society
- Selection criteria are based on demographic and socioeconomic data, service delivery performance and district management capacity
- Road shows for stakeholder engagement will be undertaken
- Continuous M&E to measure impact on health outcomes and health system performance