

# Alignment between private sector interventions and public health priorities: NHI context

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Boshoff Steenekamp

Industry Relations Team
MMI Health Centre of Excellence





#### Content

- What is NHI? What is Universal Health Coverage?
- Is the health system underfunded or underperforming?
- Example of public health priority purchasing in the private sector: HIV programme
- Cataract surgery

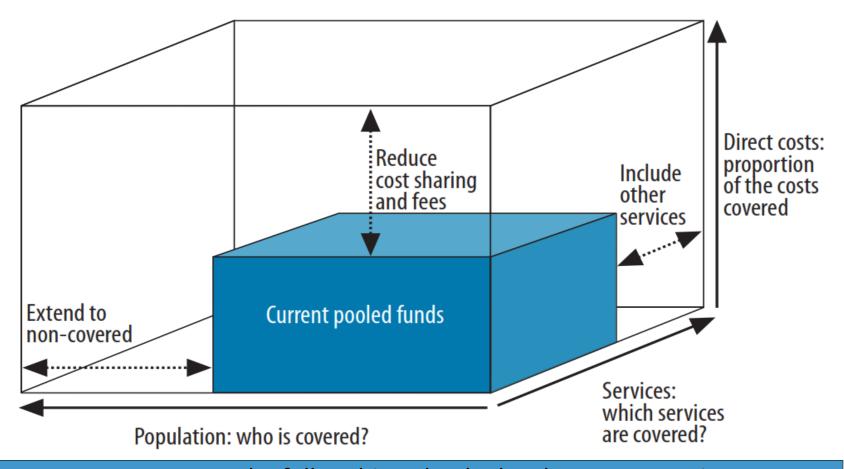


### National Health Insurance (NHI)

- Health care financing policy
- White Paper describes a National Health Service, similar to NHS in the UK.
- Presents a purchaser-provider split, publicly funded, public and private provision, with supplementary private insurance.



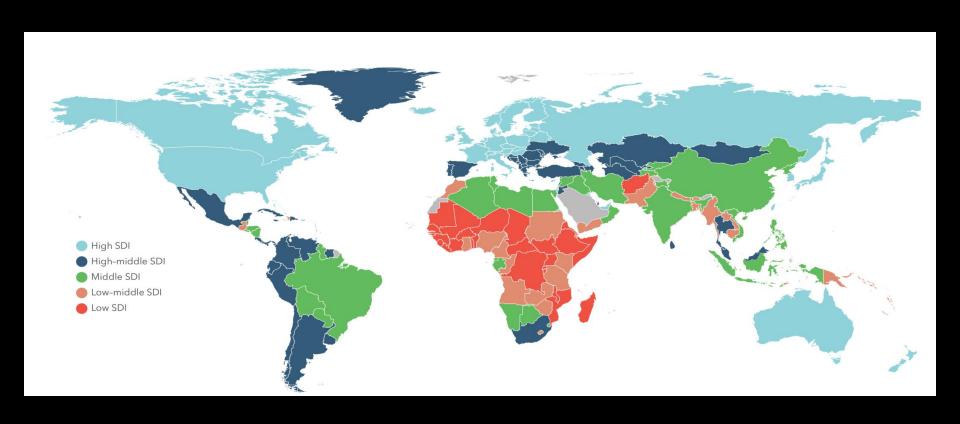
Universal health coverage is an old concept that was popularised by the 2010 World Health Report, and now enjoys world-wide attention



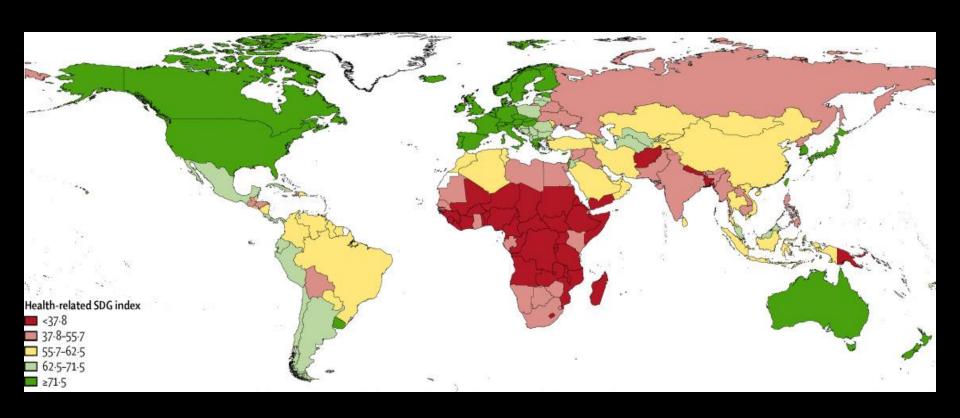
UHC can never be fully achieved – the box keeps on growing. Does not imply a specific delivery system or financing mechanism.

#### HEAIT

### Social Development Index Quintiles by country, 2015

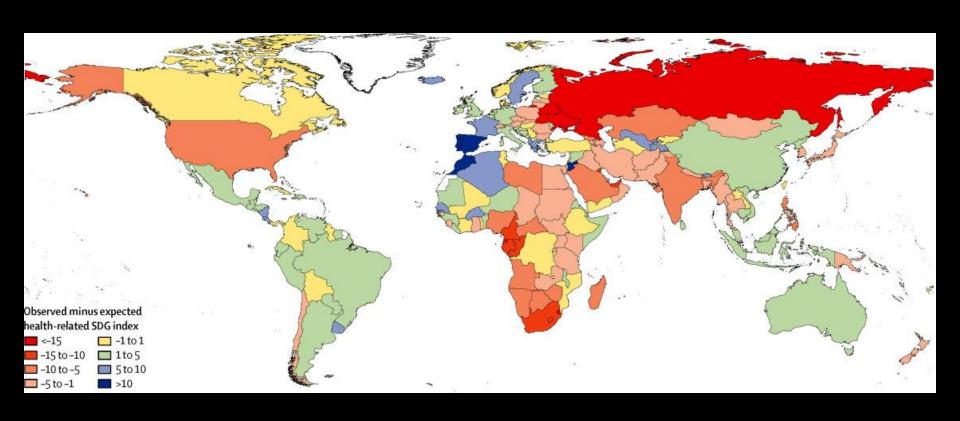


### Health related SDG index



# Difference between observed and expected Health related SDG index

HEALT





### Health system challenges

**Functions** 

**Intermediate** objectives

Coverage goals

**Creating resources** 

Revenue collection

**Pooling** 

Stewardship, governance, oversight

**Financing** 

Purchasing

Service delivery

**Benefits** 

Equity in resource

distribution

Efficiency

Transparency and accountability

Utilisation in relation to need

Financial protection and equity in finance

Quality

Steenekamp, Boshoff. Review of South African healthcare financing: towards Universal Health Coverage. A contribution towards the debate on achieving Universal Health Coverage in South Africa. Centurion, South Africa: MMI Health, 15 July 2016.

McIntyre, Diane and Kutzin, Joseph. Health financing country diagnostic: a foundation for national strategy development. Health Systems Governance & Finance. Geneva: World Health Organization, 2016. ISBN 978 92 4 151011 0.



### A health financing strategy should define...

- ...changes to revenue raising, purchasing, benefit design, and overall system architecture and governance...
- ...to address specific, identified problems that limit progress towards UHC (final and intermediate) objectives...
  - ... and provide a solid foundation for future development of a system...
- ...that can be feasibly implemented given current and expected future contextual constraints.



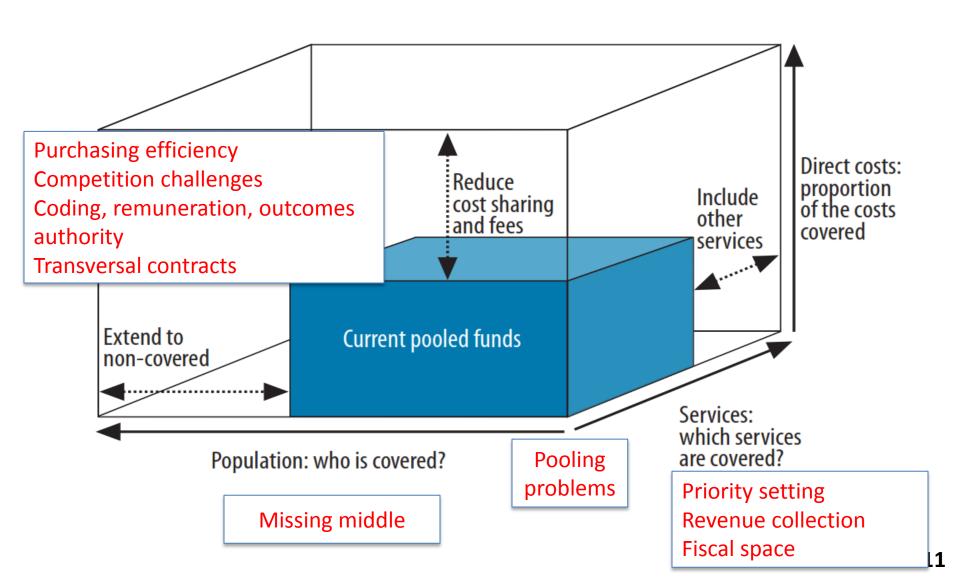


Service delivery, creating resources, stewardship, governance and oversight Revenue collection **Purchasing Pooling Benefits** Single health information platform Risk adjustment mechanism for medical schemes Virtual single risk pool Norms and standards for equitable financing in provinces Priority setting authority (NICE or HITAP) Coding, remuneration, and outcomes authority Transversal contracts for medicines, surgicals, labs and equipment Prepare for a purchaser provider split, improve service delivery State sponsorship for missing middle Stewardship, governance and oversight **Creating resources** Revenue collection

Single health information platform



### Impact on UHC dimensions



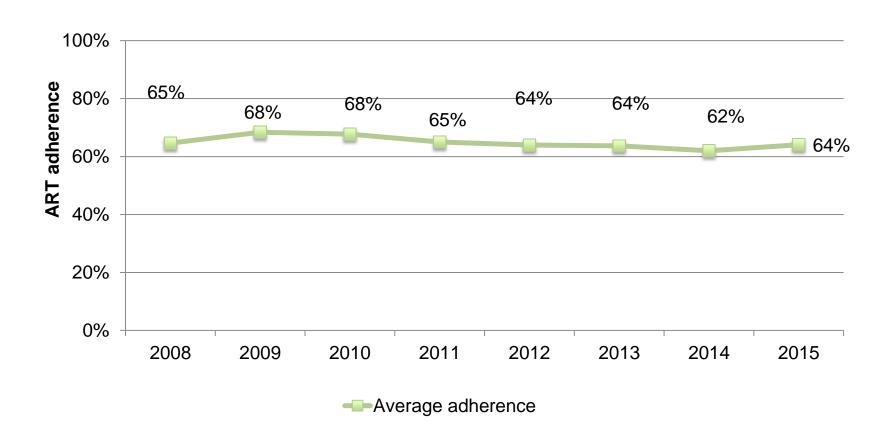


#### **HIV Programme**

- HIV GP network
- Call centre with well trained and experienced nurses
- Special measures to maintain confidentiality
- Coordinate care: Tests, lab results, follow up visits

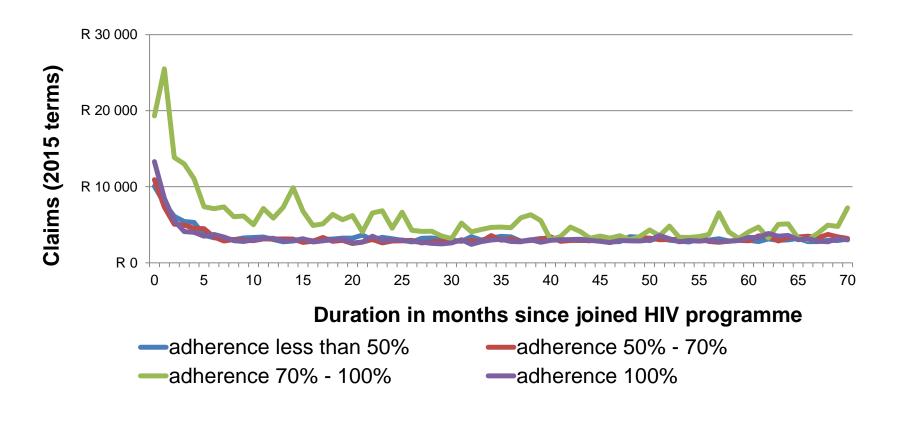


### ART adherence

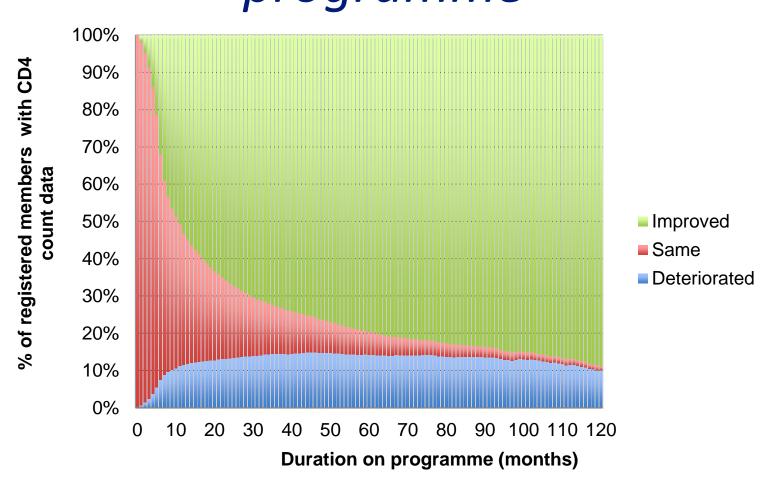




### Claims by duration by ART adherence

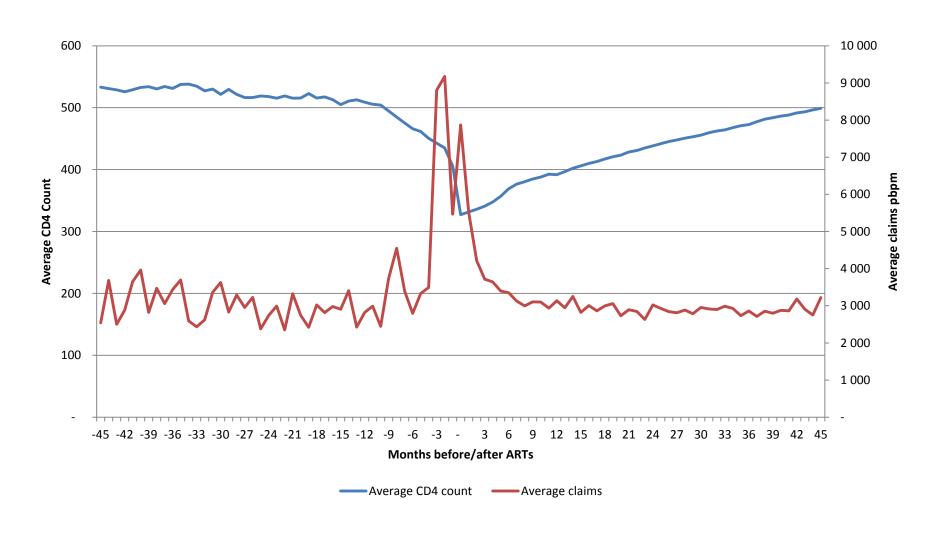


### CD4 progression by duration on programme

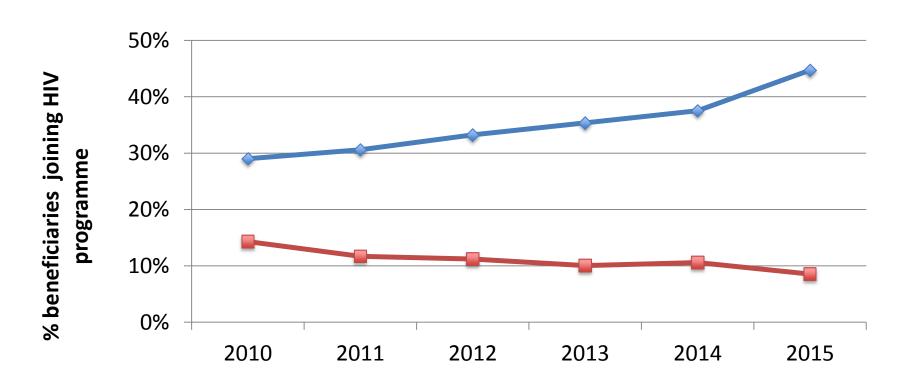




### Impact of ART on claims

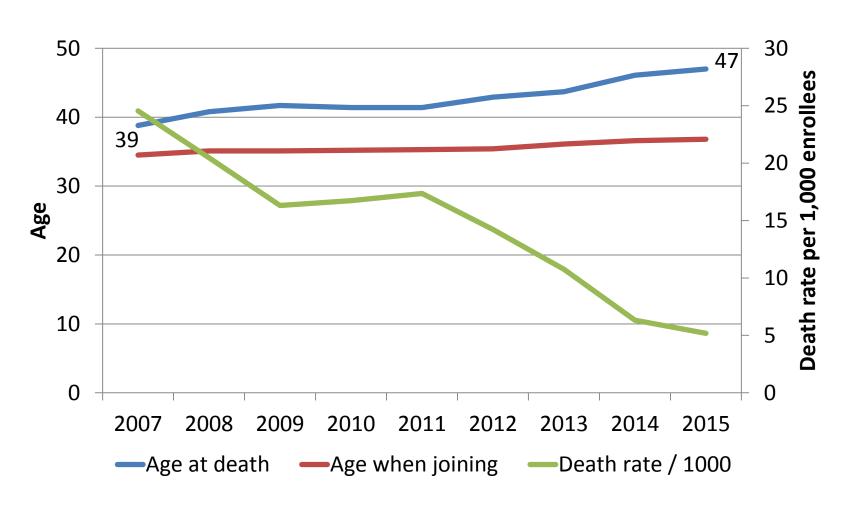


### Percentage of beneficiaries joining by CD4 count



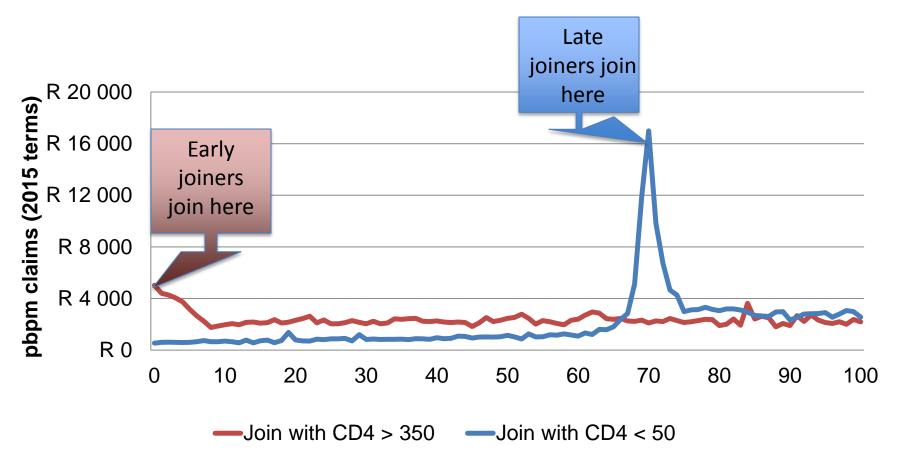
→% beneficiaries joining with CD4 > 350 →% beneficiaries joining with CD4 < 50

### Number of deaths over time of enrollees on the programme





### Claims for early vs. late joiners



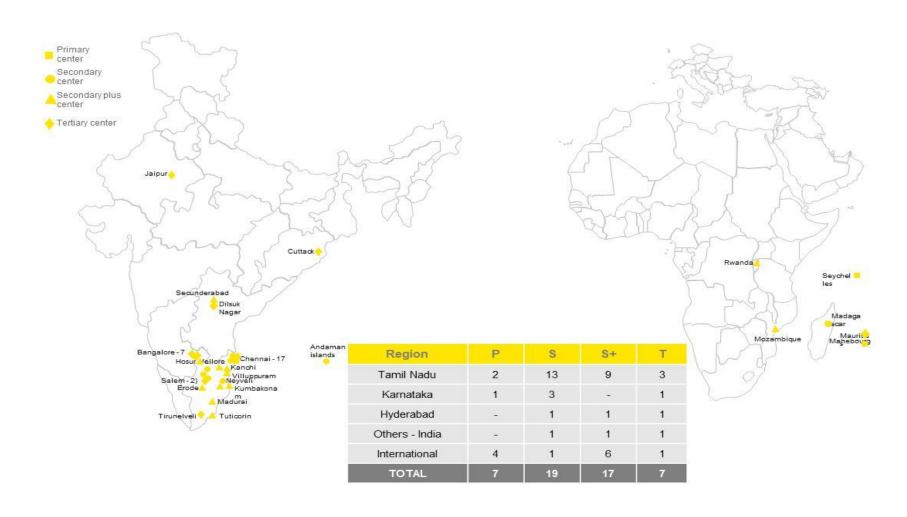


#### MMI McCord partnership

- Adequate theatre capacity
- Limited surgeons and an administrative capacity



### Dr. Agarwal's Group of Eye Hospitals India, Africa & Indian Ocean Regions, SE Asia





#### Proposal under discussion

- MMI funds upgrade to McCord hospital (0.5M)
- MMI client scheme members use the facility
- Agarwal's cost is about R3.5 4,000 per cataract
- We will pay about R7 R8,000 (vs R10 14,000)
- For each of our patients treated, Agarwal's will treate an indigent patient
- Must consider training opportunities



#### Conclusion

- NHI policy needs more debate to develop a trajectory towards UHC
- Private sector has developed dataintensive HIV programmes, which could find application in PPPs
- Cataract surgery, hip-and knee replacements offer quick wins to deal with backlogs, must increase capacity

