

NHI in South Africa in 2010

The purpose of this series of policy briefs on National Health Insurance (NHI) and the related IMSA web-site is to put in the public domain material and evidence that will progress the technical work of developing a National Health Insurance system in South Africa. This includes tools for costing NHI and evidence on where savings could be achieved in moving to a future mandatory system with universal coverage.

An initial background brief covered NHI developments from the 1940s up to December 2008 and a separate brief provides resources on the debate around mandatory insurance in South Africa during 2009. This brief covers developments during 2010.

The year began slowly with research being produced by many groups, but still no official documents on the NHI proposals. In late September the ANC released a document on the proposals, the first document in the public domain since the decision to forge a different path on NHI, taken at the ANC Congress in Polokwane in December 2007. This is still an ANC party document and there are no Government documents on NHI in the public domain.

In the last quarter of the year there has thus been substantial media coverage of NHI again and there have been several commentaries and evaluations of the proposals. A number of models of costing NHI have been made public during the year and research on mandatory health systems (NHI and SHI) has been made available.

The summary of reaction and research made public during 2010 is longer than usual and hence a table of contents has been prepared to assist with navigation.

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1. Government Documents on National Health Insurance

The first ANC proposals were handed to the Department of Health for further development in late June 2009. There are still no documents by Government in the public domain on the detailed NHI proposals under development. The Ministerial Advisory Committee (MAC) on NHI has been meeting since late 2009 but has also not released any public documents. All that is available are hints from speeches by the head of the MAC, the Minister of Health and the Minister of Finance, as reported below. These are often contradictory, reflecting the intense debates taking place within Government on NHI.

1.1 State of the Nation Address by President Zuma, 11 February 2010

<http://www.info.gov.za/speeches/2010/10021119051001.htm>

“Honourable members, Another key outcome is to ensure a long and healthy life for all South Africans. We will continue to improve our health care system. This includes building and upgrading hospitals and clinics, and further improving the working conditions of health care workers. We have partnered with the Development Bank of Southern Africa to improve the functionality of public hospitals and their district offices. We are also collaborating with the DBSA and the Industrial Development Corporation, in a Public-Private Partnership programme to improve hospitals and provide finance for projects.”

“Honourable Members, We must confront the fact that life expectancy at birth, has dropped from 60 years in 1994 to just below 50 years today. We are therefore making interventions to lower maternal mortality rates, to reduce new HIV infections and to effectively treat HIV and tuberculosis. We will also reduce infant mortality through a massive immunisation programme. We will reinstate health programmes in schools. We will implement all the undertakings made on World Aids Day relating to new HIV prevention and treatment measures. Intensive work is underway to ensure that this work is on schedule.”

“We will also continue preparations for the establishment of a national health insurance system.”

1.2 NHI Ministerial Advisory Committee [MAC]

The Government Gazette GG32564 of 11th September 2009 announced the formation of the National Health Insurance Advisory Committee. MAC is to advise the Minister of Health on the development of policy and legislation relating to the introduction of NHI. A committee has been appointed and Gazette gives the terms of reference and allows for remuneration of committee members.

<http://www.greengazette.co.za/docs/2009/09/Gazettes/National/20090911%20-%20National%20Gazette%20No%2032564%20of%2011-Sep-2009,%20Volume%20531.pdf>

The appointments to the NHI Advisory Committee were announced on 5 November 2009 by the Minister of Health. The Committee is chaired by Dr Olive Shisana. Health-e News provided a short summary of the experience of each of the 25 committee members, see:

<http://www.health-e.org.za/news/article.php?uid=20032555>

The MAC has been meeting regularly since its inception but has not released any documents for public discussion or information. One of the sub-committees formed was to deal with the costing and pricing of NHI and this sub-committee is chaired by Mark Claassen of Price Waterhouse Coopers.

NHI tax deductions to start soon – Shisana

<http://www.businessday.co.za/Articles/Content.aspx?id=123271>

Tim Cohen of Business Day reported on 8 October 2010:

"Tax deductions for the National Health Insurance (NHI) may start in 2012, even if rural areas only were going to benefit initially. "Every single South African is going to be making a contribution," chairwoman of the ministerial advisory committee dealing with implementing the NHI, Olive Shisana said. Government needed at least another R11bn to start implementing the NHI by 2012, she said."

"But, government has said the NHI would be phased in over 14 years, with rollout starting in 2012 in under-served rural areas. Asked when the NHI taxation would start, Shisana replied: "There is a shortfall of R11 billion in order for us to be able to start... it becomes obvious... [that taxation] will start in 2012... . "I'm saying we're expecting to fill the gap in 2012, but if the economy grows very well, you never know. I'm sure it [when taxation will start] will be in the legislation," she said."

"Shisana was addressing the media at a press conference in Johannesburg, where the SA Medical Association (SAMA) was hosting a health conference."

"Earlier, health department **Director General Malebona Matsoso**, said the public would not yet see a dramatic difference in the health system in 2012. "We don't have a big bang approach," she said. The NHI would start in 2012 with health teams visiting people in rural areas to assess their health needs and provide transport to health facilities if necessary. Also by 2012, government planned to have all vacant posts in the public health system filled, Matsoso said."

1.3 Minister of Health and National Department of Health

Statement by the Minister of Health, Dr Aaron Motsoaledi, on the National Health Leaders' Retreat 2010 [See also report under Research: Kaiser Family Foundation]

<http://www.doh.gov.za/docs/sp/sp0126-f.html>

"We gathered as the National Health Leadership together with International Experts from more than eight different countries¹ chosen because those countries have experience in dealing with many of the major health policy challenges we, as South African, are also faced with. Specifically, we worked on developing a shared vision and collective purpose on how we as the national health leadership will drive our priority health agenda for the next five years. As you are aware, these priorities find expression in the 2009 - 2014 **Ten Point Plan**. We specifically recognized and recommitted to the priorities of the National Health Insurance (NHI), full implementation of the National HIV and AIDS Plan, an improved Quality and Efficiency across the public health system. We determined that the yardstick against which our plans and progress should be measured are expenditure control, equity and efficiency." ...

"We also recognized that while we are progressing on national macro-policy priorities such as the NHI, we must effect immediate and evident improvement in Quality and Efficiency particularly at Primary Health Care level. ... We, as the national health leadership, resolved to proceed with transparency and accountability recognizing the need to balance short-term deliverables with our long-term policy priorities."

The Kaiser Family Foundation hosted that event and prepared an analysis of health and healthcare over the period 1994-2010. The report is available on:

<http://www.doh.gov.za/docs/reports/2010/overview1994-2010.pdf>

The Department of Health Ten Point Plan is available at:

<http://www.doh.gov.za/docs/misc/tenpointplan09.pdf>

¹ "International experts from Senegal, Ghana, Brazil, Mexico, Netherlands and the United Kingdom on public health ..." <http://www.doh.gov.za/docs/pr/pr0125-f.html>

New Deputy Minister of Health

The industry grieved the loss of the Deputy Minister of Health, Dr Molefe Sefularo, who was killed in a car accident on 5 April 2010. Val Beaumont of IMSA said "He will be remembered as a strong and impactful leader who worked tirelessly to take the important health agendas forward."

Zackie Achmat described him as "a man of courage and integrity". See <http://writingrights.org/2010/04/05/dr-molefi-sefularo-a-man-of-courage-and-integrity/>

It was announced on 31 October 2010 by President Jacob Zuma that former Tshwane mayor Gwen Ramokgopa was to be the new deputy health minister.

On 1 November 2010, Tamar Kahn of Business Day² wrote: "Dr Motsoaledi has been without a deputy since Molefi Sefularo was killed in a car accident on Easter Monday. Having delegated a wide range of tasks to Dr Sefularo, the health minister told Business Day recently that it had been "tough, very tough" to be without a deputy for the past six months." "Dr Gwen Ramokgopa qualified as a medical doctor in 1989. She also has a master's degree in public health administration, which she obtained in 2007. She was Gauteng's health MEC for seven years, from 1999 to 2006, after which she was appointed mayor of Tshwane."

New Director-General of Health

The Cabinet meeting in Cape Town on 21 April 2010 confirmed the appointment of Ms Malebona Precious Matsoso as the new Director-General in the Department of Health (see <http://www.info.gov.za/speeches/2010/10042210351001.htm>) IMSA welcomed the appointment of Ms Matsoso, saying "we look forward to co-operating with her and the Department in the implementation of the Strategic Plan for Health".

National Health Insurance Implementation

<http://www.businessday.co.za/Articles/Content.aspx?id=123740>

Business Day reported on 14 October 2010:

"Government's ambitious plan to establish the National Health Insurance (NHI) scheme will be tested in rural areas from 2012. The health department is planning to pilot the ANC-mandated policy for universal health care before extending it to the rest of the country over the next 14 years." ... "The NHI will be publicly funded and publicly administered and government promises it will provide quality health care, free at the point of service."

"Health minister Aaron Motsoaledi says eight critical districts will be the first to benefit. "NHI implementation is not an event, but the beginning of a gradual process," he says. "It is not aimed at abolishing private health care. Private hospitals can choose to offer NHI, but they must have primary health care as one of the basic provisions." A launch in rural areas is based on global best practice, Motsoaledi says."

"The health department has identified six focus areas to be fast-tracked over three years to aid the implementation of NHI — improving the values and attitudes of staff, managers and patients; cleaning hospitals and clinics; reducing waiting time; keeping patients safe and providing reliable care; preventing infections; and ensuring medicines, supplies and equipment are available. Motsoaledi says the basics of health care service practice, such as cleanliness, are not always observed. "SA public hospitals' cleanliness is not up to standard, and the attitudes of health-care workers, not only in public but also in private hospitals, need to improve." ...

² <http://www.businessday.co.za/articles/Content.aspx?id=125392>

"Hospitals and clinics will have to meet quality standards before receiving NHI accreditation. An independent quality commission will be established within the next five years to measure shortcomings at institutions and improve them. A points system is being proposed to identify top and low-ranking hospitals. Last week the department held a national consultation on health quality and participated at a SA Medical Association conference on measures required to repair SA's ailing health services."

"The health ministry is working with other countries, including the UK, to identify what SA needs to consider before implementing the NHI." Former NHS chief executive Nigel Crisp says the UK model is not perfect. "The implementation of universal health service is a long journey that needs partnerships and it has setbacks."

"Treasury and the SA Revenue Service are devising a funding model for the NHI. This financial year government allocated R105bn for health. Speculation is rife that the shortfall for the NHI 2012 pilot spending might be raised through additional taxation."

NHI Implementation: Quality Improvement

Issued by the Director-General: National Department of Health. 03 October 2010

<http://www.doh.gov.za/docs/pr/pr1003-f.html>

"Preparatory work on National Health Insurance (NHI) kick-starts this week with an international consultative workshop on quality improvement."

"The National Health Insurance (NHI) is one of ten key priorities of the health sector Programme of Action. It is to be implemented in phases from 2012 over a fourteen year period. Its objective is to put in place the necessary funding and health service delivery mechanisms that will enable the creation of an efficient, equitable and sustainable health system in South Africa. NHI is one of the most ambitious reforms that our government has introduced and preparatory work for the implementation of the NHI requires a comprehensive and systematic approach."

"NHI is founded on the Constitutional principle of the right to quality health care. From previous discussions we have recognized the existence of gaps in our approach to ensuring that this right is achieved. These gaps include amongst other things infrastructure backlogs, challenges in implementing quality improvement strategies and accreditation programmes for our health facilities and human resource shortages. The successful implementation of the NHI is dependent on the realization of a quality of care in our facilities. Our public health facilities will be required to conform to agreed-upon quality standards that have been approved by the National Health Council, if they are to be accredited to deliver health services within an NHI."

"In preparing for the implementation of the National Health Insurance, an international consultative workshop is being convened to address one of these gaps, namely quality of care in our public health facilities. The aim of the workshop is to provide an opportunity for policy makers, public health practitioners and other health experts to apply their collective minds, to add value to our efforts aimed at improving the health profile of all South Africans through improvement of quality of care in public health facilities and communities."

1.4 Parliamentary Portfolio Committee on Health

Members of the Portfolio Committee:

http://www.parliament.gov.za/live/content.php?Item_ID=215&CommitteeID=15

“Portfolio committee marks four key health areas”

Source: Slindile Khanyile: Business Report, 2 February 2010

<http://www.busrep.co.za/index.php?fSectionId=561&fArticleId=5335164>

“The parliamentary portfolio committee on health has four priorities this year: monitoring the private healthcare sector closely, pushing for the National Health Insurance (NHI), regulating traditional healers and ensuring South Africa is ready for health emergencies during the World Cup. Chairman Bevan Goqwana said that the committee would conduct an oversight study to understand what was happening in the private healthcare sector. Goqwana said the committee was expecting the Department of Health to deliver a policy document on the proposed NHI next month [i.e. expected March. This did not happen and there is still no document in the public domain from the DoH]. He said the committee wanted to make sure that it succeeded and was listening to quite a few people from other countries who were sharing how they had done it. He said that South Africa was unique in that there were huge inequities in the health system and the NHI must address that. The NHI implementation plan is expected to be ready by July. ...”

1.5 National Planning Commission

The Minister in The Presidency for National Planning, Trevor Manuel, has established the National Planning Commission (NPC). Nominations were called for and Commissioners to the National Planning Commission were sworn in on 30 April 2010.

During the establishment of the NPC, Minister Manuel had indicated that long-term social security issues and National Health Insurance would be subject to scrutiny by the NPC.

See <http://www.thepresidency.gov.za/pebble.asp?relid=1692>

1.6 National Treasury

The clearest statement on NHI from National Treasury was in the Medium-Term Budget Policy Speech by Finance Minister, Pravin Gordhan, on 27 October 2010.

See <http://www.treasury.gov.za/documents/mtbps/2010/> for the speech and a substantial number of background and supporting documents.

“We are likely to achieve the 2015 MDG targets for reducing extreme poverty, for access to water and sanitation and in providing school opportunities and achieving gender equity in education. But on critical health indicators, such as maternal and child mortality, and HIV and TB prevalence, we are not on track to achieve the targets.”

“So we have to place health care and the creation of national health insurance, education, employment and the requirements of the growth path at the centre of our policy framework for the period ahead. This is in part about expenditure allocations, and it is also about how we manage public service delivery.”

“Several critical long-term public expenditure pressures need to be addressed systematically over the period ahead.”

First, we have to complete the reform of social security arrangements that has been under discussion for since the 2002 Taylor Committee Report. A key aim is improved preservation of savings for retirement among working South Africans. Consolidation of the fragmented existing administrative arrangements for social security is also a priority.

Second, we have to implement a National Health Insurance system. The first phase will involve improved primary health services in rural areas and underserved communities, and an expanded programme of hospital construction and revitalisation. An inter-Ministerial committee has met to consider the fiscal and financial implications of further health financing reforms, and will develop practical transition proposals."

During questions, the Minister was probed on NHI funding as Dr Olive Shisana had stated a few days before that NHI tax deductions would start in 2012. Tamar Kahn of Business Day reported as follows:

<http://www.businessday.co.za/Articles/Content.aspx?id=125066>

"The government has no immediate plans to raise taxes to fund the proposed national health insurance (NHI), Finance Minister Pravin Gordhan said yesterday. He emphasised the government's commitment to introducing the NHI, but said it would be "unfair to South Africans" to increase their taxes before the government had worked out what it would cost. The government would only consider additional taxes for the NHI once "we know exactly what the numbers look like, what the costs are, and exactly what cash flow is required per year over a five-, 10-, 15-year period," he said. The government's new growth path should create jobs and expand the tax base, helping pay for the NHI, he said."

"Mr Gordhan made clear there would be no rush job. "Over a period of 14 years there will be a ... systematic approach to implementing the NHI and the development and enhancement of the health service," he said."

"Preparatory steps under way include proposed changes to the current system of tax breaks for medical scheme contributions. A discussion document on the Treasury's proposals would be released shortly, said its head of health policy, Mark Blecher. Medical scheme members' tax breaks are a percentage of their monthly contributions. People who belong to expensive plans get more money back than those on entry-level options. The Treasury wants to replace this with a simple annual rebate independent of contributions, Mr Blecher said."

"Changes have also been made to the equitable share formula, under which the central government allocates funds to provinces, to provide for a more specific and detailed health component, with subcomponents for primary healthcare and hospitals. These changes are to be introduced next year."

"There were also hints from the Treasury of a greater role for the private sector in training staff, with a suggestion that private hospitals could help train doctors."

Troye Lund wrote for Fin24 on 27 October 2010 as follows:

<http://www.fin24.com/Budget/Mini-Budget-2010/Gordhan-downplays-NHI-tax-burden-20101027>

"Over the next 14 years, there will be a relentless and systematic approach to implementing the National Health Insurance (NHI) scheme, said Finance Minister Pravin Gordhan. Speaking to the media ahead of tabling his medium-term budget policy statement in parliament, Gordhan said that there must be no doubt about government's commitment to developing a national health system that serves all 50 million of its people and whatever number this is in future."

"We will get the public health system right," said Gordhan, who also promised that government would ensure that there was funding to achieve this goal. Since 2005/06 government has increased spending in education and health by 50% in real terms. This means that public health funding stands at about 3.8% of gross domestic product (GDP) and about 11.5% of government expenditure. Gordhan played down speculation that this drive would be funded through higher taxes, saying it was not on the cards at this stage."

"While he said that National Treasury was doing work to get a firm grip of what the costs of implanting the NHI would be, he stressed that everything possible had to be done to improve the efficiency of government spending in the public health sector. This, he said, was especially relevant for provinces. "One of the key areas is how to stop the wastage in the public health system and how do we stop provinces from diverting funds that are meant for health to other so-called needs in province. I say 'so-called' because some of these needs are pretty compared to the needs for public health," Gordhan said."

"The mini budget proposes several changes that effectively start paving the way for the NHI. While this includes a proposal to do away with tax benefits for private medical aid contributions, the biggest changes will be made to the equitable share formula that provinces receive as part of their budget allocations. This change, which will be introduced next year, will allow for a more specific and detailed health component with sub-components for primary healthcare and hospitals. It will also introduce a new formula where the weights of education and health will be revised."

"Gordhan stressed that provincial health departments are undertaking remedial measures to improve financial management and stabilise their finances. "To retain critical and skilled health staff, occupation-specific dispensations for 40 health therapeutic groups have been agreed, including physiotherapists, occupational therapists and psychologists. "Government has also prioritised funds to fill important posts, including medical registrars in obstetrics and paediatrics, and to recapitalise nursing colleges," states the mini budget." ...

"The mini budget also announces that "Amendments to improve the fairness of the tax treatment of medical scheme contributions will be introduced". Consideration is also being given to ways of piloting improved family healthcare as part of an enhanced primary care system, including district-based contracts with independent general practitioners. The mini budget also calls for options to be explored for aligning procurement of medicines to optimise economies of scale from bulk purchases. "There is potential for private hospital participation in training doctors and nurses in conjunction with academic institutions, and for bringing private sector management capacity into public health delivery," states the medium-term budget."

"It also stresses that these proposals form part of a broader drive to reform the public health system, which has to precede the implementation of an NHI."

2. Political Party and Alliance Views of National Health Insurance

2.1 African National Congress (ANC)

The major news is the release of a document by the African National Congress (ANC) in September 2010, timed for the ANC National General Council meeting. This is the first publicly available document on the NHI proposals since the Polokwane congress in December 2007. The ANC National Executive Committee (NEC) Sub-committee on Health and Education, chaired by Dr Zweli Mkhize, set up an ANC Task Team led by Dr Olive Shisana in July 2008 to prepare a policy proposal for consideration by the subcommittee and later by the NEC. While there were two earlier leaked documents, in February and June 2009, this is the first publicly released document.

The document forms part of a larger discussion document:

African National Congress (2010). ANC National General Council 2010 Additional Discussion Documents. Section 1: National Health Insurance. September 2010.

URL: <http://www.anc.org.za/show.php?include=docs/pr/2010/pr0921.html&ID=6013>

"There is a strong social and economic case to implement a national health insurance (NHI) in South Africa without delay. Our 52nd National Conference in Polokwane instructed the National Executive Committee (NEC) to take forward the task of implementing the NHI. As the reports to this NGC indicate, a lot of important work has been done so far to take forward the Polokwane resolution: from the ANC NEC sub-committee report, prepared to its task-team to the development of a more detailed proposal by the Ministerial Advisory Committee on NHI. We are now a stage where we can release our discussion paper for the NGC."

"Key proposals of the report are that NHI will be founded on the principles of the right to health care, universal coverage, social solidarity and a single public administration in which access to health will be based on need (and therefore ensuring universal free access to health care, at the point of service, to all South Africans) rather than ability to pay."

"A publicly [sic] administered NHI Fund – operating like SARS and situated within the Ministry of Health - will be created to receive [duplication removed] funds through a single-payer system. This refers to one entity acting as administrator, or "payer", set up by the government to receive all health care funds, and pay out all health care costs for all South African citizens and legal residents through a single "insurance pool"."

"The NHI Fund will provide a comprehensive cover of health services primary, secondary, tertiary and quaternary (high-care services) which will be provided by accredited public and private providers to ensure quality health care standards. At the core of NHI would be primary health care, which is the first point of entry into the health system. The report foresees a "reengineered primary health-care system", served by teams, each consisting of a doctor or clinical associate, a nurse and three to four community health workers."

"Membership to the NHI would be compulsory for the whole population, but the public can choose whether to continue with voluntary medical scheme cover."

"The NHI will be in parallel with a health system strengthening plan. The improvement, expansion and revitalisation of public health-care infrastructure and services are critical to realising the principle of universal coverage and reducing inequalities of access. Much improvement in quality will be seen within the first five years." ...

"The NGC discussions will be able to benefit from the work of the ministerial advisory committee is working [sic] with national treasury to explore NHI funding and various sources of revenue. Proposed funding methods include a surcharge on taxable income, payroll taxes (for employees and/or employers) and an increase in value added tax which is earmarked for the NHI. However, the main

sources of revenue for the NHI Fund will be allocations from general taxation. All of these funds will be combined in the NHI Fund, from which all services covered by the NHI system will be funded." ...

"Going forward, the process will kick off with wide consultations with all interested parties. This will be followed by a review of the current legislation and the drafting of new legislation to facilitate the NHI system."

"Implementation will be phased in over 14 years, and roll out will start in 2012 in the seriously underserved areas where people have difficulty accessing health care. In a simultaneous process, various mechanisms will be put in place to, create a national health fund, revitalise the public health infrastructure, the introduction of quality improvement and assurance programmes, and the development of human resource programmes."

2.2 Congress of South African Trade Unions (COSATU)

Response to announcement of NHI at ANC NGC by Patrick Craven:

<http://www.polity.org.za/article/cosatu-statement-by-patrick-craven-congress-of-south-africa-trade-unions-spokesperson-welcoming-the-announcement-of-the-national-health-insurance-220920>

Keynote address to the Civil Society Conference by Zwelinzima Vavi, General Secretary of COSATU, 27 October 2010, Boksburg

<http://www.cosatu.org.za/show.php?include=docs/sp/2010/sp1027.html&ID=4170&cat=Conferences>

On Health:

"It is the same story in our healthcare service. The apartheid fault lines persist. While the mainly white wealthy can buy world-class healthcare in the private sector, 86% of mainly black poor have to struggle to get any service at all in an under-funded, understaffed public sector where in some parts patients are told to bring their own bedding and with only Panado available, in filthy hospitals where rights of patients are hung on the wall but not their living reality."

"Our belief is that if we were to confiscate all the medical aids, that most of us here have; if our cabinet Ministers and MPs were forced to take their children to the public hospitals and be subjected to the same conditions as the poor; if we were to burn their private clinics and hospitals and private schools; if the children of the bosses were to be loaded into unsafe open bakkies to the dysfunctional township schools; if the high walls and electronic wired fences were to be removed; if all were forced to live on R322 a month, as 48% of the population has to do, and if their kids were to die without access to antiretrovirals, we would have long ago seen more decisive action on many of these fronts."

"So I appeal to every organisation represented here today to sign the post-World Cup Declaration, which will commit us all to: 4. Unite behind a goal of transforming our health system and implementing the National Health Insurance Scheme. We have to fix our public hospitals and defeat the scourge of HIV/AIDS to build a healthy nation and improve our country's life."

Declaration of the Civil Society Conference held on 27-28 October 2010, Boksburg

<http://www.cosatu.org.za/show.php?include=docs/pr/2010/pr1029.html&ID=4164&cat=COSATU%20Today>

"The Civil Society Conference held on 27-28 October 2010 was a historic turning point in the history of South Africa. Over 300 delegates from 56 mass-based civil society organisations, with a combined

membership of millions of South Africans, came together to rebuild a strong, mass democratic movement which will work with the people and the government to tackle the massive social problems with which we are confronted.”

“Advancing Rights to Health and Education: Conference supported the National Health Insurance in principle, but expressed concerns regarding the model to be used, the implementation strategy and the many unknowns around the content of the NHI envisaged. We caution against an NHI bureaucracy that will become another feeding trough for the predatory elite. We call for government to publicly release an NHI policy to be discussed in an open and transparent manner.”

“While the NHI policy is developed, the Department of Health must continue to move forward on the Minister`s 10 point plan in order to strengthen the public health care system in the interim and for when NHI begins to be rolled out. Implementation of NHI must start in under-served areas where it is most needed and rolled out from there.”

“Community Health Workers are a critical component of public health care, but are exploited by the failure to respect their rights as workers. Community Health Workers must be formally brought into the health care system as employees of the Department of Health and unionised. The Department of Health must fill all vacancies and stop the practice of freezing posts across the country as a cost curtailment measure.”

“Self-regulated, industrial- and sector-based healthcare facilities should be supported and strengthened by the NHI, not undermined.”

“While National Health Insurance is a necessary intervention, we must also combat the social determinants of health, including unemployment, poor housing, stress, alcohol abuse and poor education. A campaigns committee should be formed that will co-ordinate the campaigns of labour and civil society around many of the questions that cannot be answered in the absence of a specific government plan on NHI.”

2.3 National Union of Metalworkers of SA (NUMSA)

NUMSA, a COSATU affiliate, commenting on the State of the Nation address by President Zuma:

<http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71654?oid=160392&sn=Detail>

“We welcome and support the following commitments made by President Zuma which are in sync with the ANC-led Alliance Elections Manifesto and electoral mandate bestowed to the current administration by the overwhelming majority of our people;.... 6. The reaffirmation to establish a national health insurance system.”

“We are vehemently opposed to the suggestions by President Jacob Zuma that the private hands have a strategic role to play in rebuild our public health system, through the private - public partnership. We strongly believe that through this disastrous intervention, it will reproduce the racialised and unequal health system and undermine our efforts of building peoples health-care system that puts people first as opposed to profits.”

2.4 South African Communist Party (SACP)

The ANC National General Council and the SACP's Red October Campaign: Critical platforms to further consolidate the national democratic revolution

<http://www.sacp.org.za/main.php?include=pubs/umsebenzi/2010/vol9-19.html>

"The ANC NGC also took further steps towards the implementation of the National Health Insurance (NHI), with a determination to move even faster. We are indeed encouraged by this."

Dr Blade Nzimande, General Secretary of the South African Communist Party, speaking at the **NEHAWU 9TH National Congress**, 27-30 of September 2010

http://www.nehawu.org.za/uploads/Blade%20Nzimande%20Speech_9thcongress.pdf

"The SACP was adamant that National Health Insurance (NHI) plan should not be funded through VAT because that would affect the poor but rather that it should be funded through general taxes. The rich must pay more.

Nzimande praised NEHAWU for leading the argument for NHI rather than SHI at previous congress. Polokwane and COSATU followed and thereafter government."

2.5 Democratic Alliance

DA MP calls on Minister of Health to provide the full details of the NHI programme

Statement issued by Mike Waters, DA shadow minister of health, September 22 2010

<http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71654?oid=200561&sn=Detail&pid=71616>

"The Democratic Alliance (DA) calls on Minister of Health Dr. Aaron Motsoaledi to provide the full details of the National Health Insurance (NHI) programme to the public right away, or, if he is unable to, to withdraw this proposal until the details can be properly laid out. The ANC's Health Committee spokesperson Dr. Zweli Mkhize released some details of the programme yesterday. The details, however, remain very vague, and although we have now been presented with some funding details, the actual specifics of the programme remain obscure.

In addition, the Portfolio Committees on Health and Finance need to be brought into the process of formulating and costing these proposals. Parliamentarians, independent researchers, non-government organisations and ordinary citizens have a right to gain sight of the specifics of the proposals, and debate them. In the absence of this, we are faced with a situation where a potential major overhaul of the public health system is being done behind closed doors, in a fundamentally undemocratic and non transparent manner.

We are particularly concerned at the financing calculations which the task team has produced. A variety of other organisations have produced calculations indicating much higher costs, and countries which have three times South Africa's GDP have struggled with the finances of implementing the kind of system that appears to be on the table. The fact that the proposal, up until this point, has been fundamentally hidden from public view, makes the funding issue particularly concerning. The ANC says it is considering raising VAT to fund the NHI - this is a move that would disproportionately impact upon the poorest South Africans, because of the regressive nature of that tax. The ANC also says it is considering raising the funds through payroll taxes, which could push up unemployment. Any programme of this kind is bound to come at a cost, but the fact that the ANC has refrained from presenting their plans to the public means that it is impossible to engage in any of kind of proper debate about the nature of the opportunity costs involved - particularly in respect of job creation and general societal welfare.

It is also important to bear in mind that the government does not even have accurate figures on how many specialists there are working in the public sector, or what the cost is of the individual services it provides. Until a system exists for determining these kinds of figures, it is hard to obtain any idea about the accuracy of the ANC's calculations.

We agree with the ANC that reform of the public health system is urgently needed. The present system is collapsing. But any attempt at reform must be done without resorting to the creation of the sort of cumbersome centrally-controlled bureaucratic structures. All the evidence points to three central problems in our health care system:

Firstly, we need to remove the inexplicable constraints on the training of medical professionals, of which we are desperately short. These include the removal of a prohibition on training doctors in the private sector and quotas on the training of nurses by the private sector and the re-opening of nursing colleges closed in the 1990s.

Secondly, at ground level major problems continue to exist with the capacity and efficiency of hospitals, and their managers in particular. The problem is not necessarily related to funding; if every hospital were staffed with a well-trained, experienced and committed CEO, then we could make enormous inroads into resolving our major public health care problems. All too often, as was the case in the Frere Hospital scandal, it is the appointment of hospital managers based on patronage rather than fitness for purpose that is holding back the provision of quality health care services in public institutions.

Thirdly, our bureaucratic and outdated hospital management system needs to be changed to give hospital management the authority to do their jobs. Basic functions like making staff appointments need to involve far less red tape.

The DA supports some aspects of the proposals. We support mandatory contributions towards medical cover for people who are employed, because everybody has a responsibility to take charge of their own health, and because this would help to alleviate the pressure on the public sector. This does not change the fact that until the full details of the proposal are released to public scrutiny, and the financing models are properly assessed - in Parliament, by the people's representatives - we are no nearer to resolving our public healthcare crisis."

3. Employer, Union and Civil Society Perspectives on NHI

3.1 Treatment Action Campaign (TAC), SECTION27 and AIDS Law Project (ALP)

A document from the AIDS Law Project entitled "Rethinking health reform" has a useful summary of developments in recent years:

<http://www.alp.org.za/pdf/Publications/ALP%20Annual%20Reviews/06%20-%20Rethinking%20Health%20Reform.pdf>

The document includes a history of the workings of the ANC's NHI Committee and the DBSA Health Roadmap process. The document deals with the failure of parliament to process the Medical Schemes Amendment Bill in 2008. That legislation would have introduced the Risk Equalisation Fund and provided the enabling legislation for Low Income Medical Scheme options. It has not been resubmitted to parliament as yet.

A new organisation, SECTION27, incorporating the AIDS Law Project, was established in May 2010. "SECTION27 is a public interest law centre that seeks to influence, develop and use the law to protect, promote and advance human rights. Our activities include research, advocacy and legal action to change the socio-economic conditions that undermine human dignity and development, prevent poor people from reaching their full potential and lead to the spread of diseases that have a disproportionate impact on vulnerable and marginalised people. SECTION27 is named after section 27 of the South African Constitution, which lies at the heart of our supreme law's commitment to socio-economic rights. This section, which locates the right to health within a context of mutually supporting and intersecting rights ..."

SECTION27 has released ten documents leaked to them on the state of public health in the provinces. The reports were commissioned by the former Minister of Health, Barbara Hogan, in early 2009. However when she was suddenly replaced as Minister, the reports were not released into the public domain. "These reports contain an honest, sobering assessment of the inadequate financial capacity of provincial departments of health ... The findings in these reports reveal fundamental failures in political and bureaucratic leadership, inappropriate financial management systems, inadequate monitoring and evaluation systems, and a failure to plan appropriately for human resources, amongst others."

<http://www.section27.org.za/2010/09/03/reports-of-the-integrated-support-teams/>

Economic and Social Rights Review: Regulating private power in health.

"On 28 July 2010, the North Gauteng High Court reviewed and set aside regulations purportedly made in terms of section 90(1)(u) and (v) of the National Health Act 61 of 2003 (NHA). As a result of this judgment, the Regulations Relating to the Obtainment of Information and the Process of Determination and Publication of the Reference Price List (the Regulations) and all related acts – including the determination and publication of the annual national health reference price list (NHRPL) – are now invalid.

Jonathan Berger and Adila Hassim review this case and consider its implications for the regulation of private health service pricing.

<http://www.section27.org.za/2010/10/27/esr-review-regulating-private-power-in-health/>

3.2 Civil Society Conference

Over 300 delegates from 56 mass-based civil society organisations attended a conference held on 27 and 28 October 2010. "This conference aims to:

- Establish closer working relationships and better co-ordination between pro-poor civil society organisations and the trade union movement in recognition of the fact that both are pursuing social justice and that many of our campaigns will benefit from mutual support and solidarity;
- Strengthen appreciation in the trade union movement and civil society of the centrality of the South Africa constitution as a mobilising instrument that both legitimises campaigns to continually improve the conditions of the poor and provides for mechanisms to address the needs of the poor through the Chapter 9 bodies, the Courts and other institutions;
- Debate COSATU's economic policy proposals and build consensus on the need for an economic policy that expands the economy and is pro poor, job creating and genuinely redistributive;"

See the final statement on the conference, released by COSATU, as reported in section 2.2

See also papers from the conference at: <http://www.section27.org.za/2010/11/02/csc/>

3.3 Amandla! "Taking Power Seriously"

Amandla! is published by AIDC which "aims to strengthen the movement for social justice through the production of alternative knowledge and by enhancing the institutional capacity of Peoples' Media Organisations and the communication capacity of progressive civil society organisations that facilitates a dialogue giving voice to the poor and marginalized locally and internationally."

See articles added to "The NHI Debate" on the Amandla! web-site.

<http://www.amandlapublishers.co.za/special-features/the-nhi-debate>

3.4 People's Health Movement

A document was published On 30 October 2010 entitled: "Beware think-tanks! Corporate think-tanks, free market ideology and the attack on the Right to Health" "

"As the recent debate on National Health Insurance has shown, the prospects for fundamental reform of the South African health care system represent important opportunities for those concerned about health equity, but also for those concerned about maximising profits from private health care."

<http://www.phmovement.org/en/node/3202>

3.5 Health-e News

"Health-e is a news agency that produces news and in-depth analysis for the print and electronic media. Our particular focus is HIV/AIDS, public health and issues regarding health policy and practice in South Africa."

<http://www.health-e.org.za/>

Health-e partners are:

- The Atlantic Philanthropies: www.atlanticphilanthropies.org
- The Open Society Foundation: www.osf.org.za
- Johns Hopkins International: www.jhintl.net

Health-e “will publish opinion pieces from various stakeholders and experts on National Health Insurance.”

See articles added at http://www.health-e.org.za/health/category_list.php?uid=73

The Health-e site focussed on public sector issues for much of the year until the release in late September of the ANC NHI proposal document. This is a useful place to read a variety of opinions and analysis of the document. There are new opinion pieces by Di McIntyre of UCT, Elroy Paulus of the Black Sash, Mike Waters of the Democratic Alliance and Hein van Eck of Medi-Clinic. Hein van Eck's opinion piece is particularly interesting for new figures on the estimate of the tax subsidy for medical scheme members and how this is now lower than the spend per head in the public sector. This is an important finding as it is a reversal from when the tax subsidy was estimated in 2005.

4. Healthcare Industry Perspectives on NHI

4.1 Board of Healthcare Funders (BHF)

"BHF is the representative organisation for the majority of medical schemes throughout South Africa, Namibia, Zimbabwe, Botswana as well as Lesotho. As the industry representative body, the organisation relies on the membership of all medical schemes to ensure that it is able to lobby government and other organisations effectively and to influence policy where necessary on behalf of the entire industry."

BHF has a section of its web-site devoted to NHI:
<http://www.bhfglobal.com/national-health-insurance-nhi>

4.2 Hospital Association of South Africa (HASA)

HASA "is a not for profit organisation that exists solely to further the interests of its member hospitals. To this end HASA involves itself with national and provincial forums of the Department of Health, as well as their related committees and personnel."

HASA commissioned extensive research on NHI and related health system topics from Econex.
<http://www.hasa.co.za/analysts/economic/>

The annual publication, Private Hospital Review, has several articles on NHI:
http://www.hasa.co.za/media/uploads/news/file/2009-06-09/Private_Hospital_Review_2009.pdf

4.3 South African Medical Association (SAMA)

"SAMA is a non-statutory, professional association for public and private sector medical practitioners. Registered as an independent, non-profit Section 21 company SAMA acts as a trade union for its public sector members and as a champion for doctors and patients. On behalf of its members, the Association strives for a health care dispensation that will best serve their needs. SAMA membership is voluntary, with some 70% of public and private sector doctors in South Africa currently registered as members of SAMA."

The SAMA Conference and Exhibition 2010 carried the theme "NHI: Where are we now?"
<http://conference.samedical.co.za/speaker-presentations.html>

Articles on NHI in the South African Medical Journal can be found at:
<http://www.samj.org.za/index.php/samj/index>

Articles on NHI in 2010 were:

Vol 100, No 1 (2010) National Health Insurance exposed. J P de V van Niekerk

Vol 100, No 6 (2010) How will NHI affect my practice? Workshop seeks answers. Chris Bateman

Vol 100, No 10 (2010) Gvt crafts its own hospital quality standards, sans world class local body
Chris Bateman

4.4 Innovative Medicines South Africa (IMSA)

Innovative Medicines South Africa (IMSA) was formed in 2003 and is a South African pharmaceutical industry association promoting the value of medicine innovation in healthcare. IMSA has a website devoted to NHI material and resources:

http://www.innovativemedicines.co.za/national_health_insurance.html

IMSA's position on NHI:

- "IMSA supports NHI as a mechanism to increase patient access to quality affordable healthcare.
- IMSA is engaging earnestly towards developing NHI solutions that will provide universal patient access to efficient, quality healthcare, including medicines, for South Africans.
- IMSA is working with Government and other healthcare stakeholders to sustainably increase patient access to innovative medicines and transform the Health Sector to the benefit of all South Africans.
- IMSA as part of the Pharmaceutical sector is a significant contributor to the SA economy and seeks a sustainable policy environment in which to contribute further."

The **IMSA NHI Project** "is dedicated to making material on healthcare financing and reform available to stakeholders to enable them to engage with Government on the details of proposals for a National Health Insurance system. It is about making a positive contribution to making NHI a reality."

"The purpose of the IMSA NHI Policy Briefs and the related IMSA web-site is to put in the public domain material and evidence that will progress the technical work of developing a National Health Insurance system in South Africa. This includes tools for costing NHI and evidence on where savings could be achieved in moving to a future mandatory system with universal coverage. Professor Heather McLeod has been engaged to assist IMSA in this task, to bring an academic perspective and rigour to the collection and presentation of evidence." See section 6.5 for the research and policy briefs.

IMSA invites all stakeholders and organisations to share material and to place more material and useful resources in the public domain. "In the interest of stakeholders engaging in the development of a system of universal access to healthcare IMSA has created this repository for information on this subject."

4.5 Health Systems Trust

"Since 1992, the Health Systems Trust (HST) has been contributing to the development of a comprehensive, equitable and effective national health system in South Africa. More recently HST has begun to work more widely within the SADC region. Our core activities are health systems research, health systems development, advocacy, capacity development and information dissemination. ... The underlying principles that guide HST are support for the Primary Health Care philosophy and a commitment to equity and efficiency. HST's uniqueness lies in the ability to integrate knowledge generation, policy development and practice in health systems development."

<http://www.hst.org.za/index.php>

Annual South African Health Review: <http://www.hst.org.za/generic/29>

The South African Health Review 2010 will have a chapter by Shivani Ramjee and Heather McLeod on private sector perspectives and response to NHI.

4.6 Videos of Stakeholder Response to NHI

A series of videos on health reform in South Africa and stakeholder response were added to YouTube in May. The videos argued that a discussion document on NHI would be out in June 2010. The videos are entitled "SA Healthcare Under the Knife" and are introduced saying: "South Africa's healthcare sector is set for a far-reaching facelift. The first draft of Government's proposed national health insurance plan is expected in June. And the market is waiting to see what this means for the 74 billion rand medical scheme industry. Will it change the structure of the industry, the number of players or the way things have worked forever? Can this plan achieve its goals of providing comprehensive healthcare for all South Africans? Will there be a place for the private health industry? What strategies are industry players putting in place now, as the deadline draws nearer." The summary video and four parts can be found at: <http://www.youtube.com/watch?v=TthoCLOHCB4>

South Africa's Healthcare Sector Part 1

<http://www.youtube.com/watch?v=eICrWEvEr80&feature=related>

South Africa's Healthcare Sector Part 2

<http://www.youtube.com/watch?v=l4eGCaFmXKg&feature=channel>

South Africa's Healthcare Sector Part 3

http://www.youtube.com/watch?v=_AGtjftTEFk&feature=related

South Africa's Healthcare Sector Part 4

<http://www.youtube.com/watch?v=NVCJ636ikQ4&feature=related>

5. Foundations and Institutes on NHI

5.1 Kaiser Family Foundation

<http://www.kff.org/southafrica/>

"A leader in health policy and communications, the Kaiser Family Foundation is a non-profit, private operating foundation focusing on the major health care issues facing the U.S., as well as the U.S. role in global health policy. Unlike grant-making foundations, Kaiser develops and runs its own research and communications programs, sometimes in partnership with other non-profit research organizations or major media companies. We serve as a non-partisan source of facts, information, and analysis for policymakers, the media, the health care community, and the public. Our product is information, always provided free of charge." "The Kaiser Family Foundation is not associated with Kaiser Permanente or Kaiser Industries."

National Health Leaders' Retreat Muldersdrift, January 24-26 2010

Harrison D. An Overview of Health and Health care in South Africa 1994 – 2010: Priorities, Progress and Prospects for New Gains. A Discussion Document Commissioned by the Henry J. Kaiser Family Foundation to Help Inform the National Health Leaders' Retreat Muldersdrift, January 24-26 2010; 2009. URL: <http://www.doh.gov.za/docs/reports/2010/overview1994-2010.pdf>

5.2 Institute for Democracy in Africa (IDASA)

"Idasa is an independent public interest organisation committed to promoting sustainable democracy based on active citizenship, democratic institutions, and social justice."

<http://www.idasa.org.za/>

Report on the NHI Roundtable Hosted by Idasa on 19 January 2010, Cape Town

"Idasa hosted a roundtable on the 19th of January 2010 in order to generate debate amongst a range of stakeholders on some of the key questions related to the proposed system. It was hoped that the setting would promote a frank exchange of differing opinions and pave the way for further interaction between stakeholders in the coming months."

"Idasa's envisaged future role in the NHI process will be to create further opportunities for multi-stakeholder engagement. We believe such engagement can foster trust between stakeholders and contribute to the broad ownership of health reform in South Africa. We believe such trust and ownership are necessary conditions for the success of health reform."

The report and presentations can be downloaded from:

http://www.idasa.org/index.asp?page=output_details.asp%3FRID%3D2004%26oplang%3Den%26OTID%3D27%26PID%3D44

PIMS Budget Paper No.7: Where Does Our Money Go? Priority and Progress in the South African Health Budget

<http://www.idasa.org.za/gbOutputFiles.asp?WriteContent=Y&RID=2958>

" "5 babies die in 1 day in hospital"; "6th baby dies at JHB hospital"; "100 dead babies at just one hospital". One week's headlines. All of which involve newborn babies, still in hospital. This is taking place not in rural but principal city hospitals, such as the Charlotte Maxeke Johannesburg Hospital. Across the city at Chris Hani Baragwanath, one of the world's biggest hospitals, managers have failed to pay the electricity bills leading to black outs and on/off again electricity spurts."

"All this suggests large-scale challenges facing the South African public health sector on every level. It also raises questions of whether the health sector is a priority of government and if progress within the health sector is being realised."

5.3 Centre for development and Enterprise (CDE)

"CDE has released a new publication entitled: A NATION'S HEALTH IN CRISIS: International experience and public-private collaboration (CDE Round Table 16, Nov 2010)." "South Africa's health sector is in crisis. National health has deteriorated markedly over the past decade. The costs of private health care are beyond the reach of most people; however, public health care offers poor value to citizens and is in a worrying state of decline and dysfunction, with serious consequences for the country."

"The Department of Health's 10 Point Plan adopted last year is already behind schedule, with rising concerns about management, implementation and monitoring capacity. Given this, it is hard to understand the priority given to a national health insurance scheme when so many other fundamentals of health care in South Africa urgently need to be turned around first."

"International experience suggests, and many experts believe, that the private sector could make a substantial contribution to health care in South Africa. All these factors provide grounds for an urgent national discussion. In this context CDE, in collaboration with the Aurum Institute for Health Research, recently brought together local and international experts to discuss health systems, health funding, and health policy. Participants heard and discussed stories and lessons from other middle-income countries, and from particular parts of the South African health care system."

Full report and summary at: http://www.cde.org.za/article.php?a_id=384

5.4 South African Institute of Race Relations (SAIRR)

"The Institute is an independent think-tank producing research, policy critiques, and risk analysis on South Africa. Our fields of expertise include the economy, business, labour, education, demographics, living conditions, crime, security, healthcare, land reform, service delivery, politics, and government affairs. We benchmark ourselves on telling our subscribers today what they will read in the media in two or three years' time. Our research and briefing services and publications are made available to subscribers which include 150 of South Africa's leading corporations, a number of foreign governments, and increasingly South African government departments and agencies."

The SAIRR publishes Fast Facts which is sometimes devoted to healthcare issues.

Fast Facts no 6 - June 2010: "The first article looks at the public sector, the second at the private sector, and the third at proposals for a national health insurance system. The fourth article looks at medical aid and the African middle class."

<http://sairrorg.nexcess.net/index.php/fast-facts/fast-facts-no-6-june-2010.html>

Fast Facts no 10 - October 2010: "The ANC's proposals for a national health insurance system are based on a flawed diagnosis which ignores the multiple failings of the country's public health care system."

<http://sairrorg.nexcess.net/index.php/fast-facts/fast-facts-no-10-october-2010.html>

5.5 The Helen Suzman Foundation

"The mission of the Helen Suzman Foundation is to defend the values that underpin our liberal constitutional democracy and to promote respect for human rights. The work of the Foundation will be driven by the principles that were exemplified throughout Helen Suzman's public life, and to this end a research profile will be developed that will focus on public service in all its constituent parts."

The Helen Suzman Foundation held a roundtable discussion in December 2009 on health. "The Round Table on Health Reform, held in association with the Open Society Foundation For South Africa, was attended by some one hundred and sixty members of the public, health practitioners, government officials, financial analysts, bankers and members of the insurance industry."

<http://www.hsf.org.za/past-events/quarterly-roundtable-series/strategic-health-reform>

A full report on the discussions is at: <http://www.hsf.org.za/resource-centre/quarterly-roundtable-series/issue-thirteen-december-2009/view>

5.6 HSRC Policy Action Network (P>AN)

"The P>AN has a website that seeks to support the South African policy community by providing resources on policy-related issues in a range of thematic areas: the developmental state, gender, health, poverty, social & economic policy, social innovation and social protection."

Health section: <http://www.pan.org.za/health.html>

The first issue of the Policy>Action Network's newsletter, From Evidence to Action was launched in November 2010 and will be published every two months, with the next issue planned for January 2011. Dr Olive Shisana, the CEO of the HSRC, is quoted in the first newsletter.

6. Academics and Researchers on NHI

6.1 Health Economics Unit at UCT

"The Health Economics Unit (HEU) in the School of Public Health and Family Medicine at the University of Cape Town works to improve the performance of health systems in Sub-Saharan Africa through research in health economics and management, training, consultancy and capacity-building."

<http://heu-uct.org.za/>

"The Health Economics Unit (HEU) has prepared information sheets in an effort to contribute to public debate on health care financing in South Africa. They are explicitly written in non-technical language so that they are accessible to a wide range of people."

<http://heu-uct.org.za/research/publications/information-sheets/>

- Public sector health care spending in South Africa
- Medical schemes' spending in South Africa
- The Public-Private Health Sector Mix in South Africa
- Who pays for health care in South Africa?
- Who benefits from health care in South Africa?

"The SHIELD (Strategies for Health Insurance for Equity in Less Developed Countries) project produced a set of information sheets on health care financing in SA, Ghana and Tanzania." The papers on Ghana and Tanzania are referenced in section 8.2.

<http://web.uct.ac.za/depts/heu/SHIELD/reports/reports.htm>

SHIELD Reports on South Africa

- A critical analysis of the current South Africa health system
- Financing and benefit incidence in the South African health system: preliminary results
- Modelling the estimated resource requirements of alternative health care financing reforms in South Africa

SHIELD Policy Briefs on South Africa

- What resources do we need for a universal health system in SA and what are the design implications?
- Should we pursue a universal health system or something else in SA?

SHIELD information sheets on South Africa

- Who pays for health care in South Africa?
- Who benefits from health care in South Africa?

6.2 Centre for Health Policy at WITS

"The Centre for Health Policy (CHP) is a multi-disciplinary health policy research unit based in the School of Public Health, University of the Witwatersrand, Johannesburg, South Africa. CHP is recognised by the South African Medical Research Council (MRC) as the Research Group in Health Policy." CHP conducts health systems research in a number of areas.

<http://web.wits.ac.za/Academic/Centres/CHP/>

Publications: <http://web.wits.ac.za/Academic/Centres/CHP/Publications.htm>

6.3 School of Health Systems and Public Health Research at Pretoria University

"The SHSPH provides opportunities for advanced education, research, and consultancy in the many fields of public health." Health Policy and Management section:

<http://research.newsbeat.co.za/focusAreas/HPM.html>

6.4 ECONEX

"ECONEX was established in 2005 due to the growing need for applied work in competition economics. Since then, the company has grown into a more diverse economics consultancy with not only extensive experience in competition cases, but also trade analysis and general applied economics."

<http://www.econex.co.za/>

All healthcare publications by ECONEX can be found at:

http://www.econex.co.za/index.php?option=com_content&view=article&id=55:health-economics&catid=35:sectors&Itemid=54

"The special series of **NHI Notes** will deal with some of the key issues in the current debate and will be sent out regularly in order to stimulate a more informed debate on this very important issue." Papers that can be downloaded from the site include:

- Demand for Healthcare and Health Insurance in South Africa
- The Extent of Current Cross-Subsidisation in the SA Health System

- NHI Note 1: Key Features of the Current NHI Proposal
- NHI Note 2: South Africa's Burden of Disease
- NHI Note 3: What does the demand for healthcare look like in SA?
- NHI Note 4: Supply Constraints
- NHI Note 5: Rationing as a Response to Supply Side Constraints
- NHI Note 6: Cancer and the NHI: Cost Constraints and Opportunities
- NHI Note 7: Estimating the Financial Cost of the NHI Plan

Econex began a series of **Health Reform Notes** on issues of general health reform in South Africa. "The aim is contribute to the debate about what steps should be taken on the road to reforming our health system. Health Minister Aaron Motsoaledi recently commented that the proposed NHI would be unaffordable if based on the current public health system, and assured the public that the NHI would

not be an event, 'it's going to be a process and a process that will take a long time.' The first note looks at the important issue of the role of primary healthcare in a future system. "In accordance with Minister Motsoaledi's turnaround strategy with a renewed focus on PHC, this note argues that PHC remains the foundational pillar of any health system and should be prioritised within a review of health reform."

- Health Reform Note 1: The Role of Primary Healthcare in Health Reform
- Health Reform Note 2: Accreditation of Healthcare Providers
- Health Reform Note 3: Practical Implications of Accreditation in South Africa
- Health Reform Note 4: Integration of Public and Private Sectors under a NHI System in SA
- Health Reform Note 5: Patient Choice and Referral
- Health Reform Note 6: Provider Payment Systems
- Health Reform Note 7: Updated GP and Specialist Numbers For SA
- Health Reform Note 8: The Human Resource Supply Constraint: The Case of Doctors

The seventh in the series of Econex Health Reform Notes deals with the latest estimates of the numbers of doctors and specialists practicing in South Africa. The critical new learning is that there are at least 2,723 people per GP in the private sector and 2,861 people per GP in the public sector. This is a very important result, as the distribution of the population between GPs in the public and private sectors are then almost equal, and not as skewed as the ANC proposal suggests.

Health reform Note 8 then considers how many doctors will be needed in future. Econex "assess the future supply of doctors (general practitioners (GPs) and specialists) over the next 10 years and find that, based on the current age profile and if similar training and attrition rates were to continue, there will be a decline in the total number of doctors actively working in SA. This should be seen in the context of significant unmet demand for quality healthcare services at the moment, as well as large expected increases in demand as underlying supply constraints are addressed."

There is an **Occasional Note** on a healthcare topic:

- September 2010: The WHO Health Worker Threshold

6.5 IMSA NHI Policy and Background Briefs

During 2010 Heather McLeod continued to produce policy briefs on NHI and topics related to the costing and design of a future mandatory system. The following policy briefs can be found on the IMSA NHI web-site (see also the purpose of the web-site in section 4.4):

http://www.innovativemedicines.co.za/national_health_insurance_library.html

- Policy Brief 1: The Population for Universal Coverage
- Policy Brief 2: Expanding Health Insurance Coverage
- Policy Brief 3: The Impact of Chronic Disease on a Future NHI
- Policy Brief 4: The Impact of HIV on a Future NHI
- Policy Brief 5 : The Impact of Cancer on a future NHI
- Policy Brief 6: Costing and Long-term Modelling of NHI
- Policy Brief 7: The Future Role of Private Health Insurance
- Policy Brief 8: Reducing Fragmented Risk Pools
- Policy Brief 9: Affordability of Health Insurance

- Policy Brief 10: Defining the Benefit Package
- Policy Brief 11: Estimating Delivery Efficiency under NHI
- Policy Brief 12: Impact of Healthcare Reform on Members
- Policy Brief 13: Savings under NHI: Non-Healthcare Costs
- Policy Brief 14: Comparison of NHI Proposals

There are now Executive Summary versions of each of the above policy briefs.

There are also series of background briefs which assist new researchers or commentators to rapidly acquire an understanding of the history of the debate:

- Understanding Healthcare Financing
- NHI in South Africa: 1940 to 2008
- NHI in South Africa in 2009
- NHI in South Africa 2010
- National Health Insurance in SA: An Introduction for Journalists
- Glossary of Healthcare Financing Terms

6.6 Surveys on Medical Schemes and NHI by Catalyst Pulse

Sharon van der Westhuizen of Catalyst Pulse released data from two surveys under the title "Private Healthcare Review August 2010, How do members really feel towards their medical aid?". "Results from the e-mail surveys indicate that members' top-of-mind association in the majority (63%) of cases are negative. Twenty-one percent (21%) of members' top-of-mind associations are positive and a further 16% of members give neutral responses."

The October 2010 newsletter from Catalyst Pulse covers two new areas investigated in the Private Healthcare Review study:

- Private hospital satisfaction ratings;
- Reactions towards premium increases (2009-2010).

The PRIVATE HEALTHCARE REVIEW consists of:

1. Open scheme members: n=2000 interviews;
2. Intermediaries: n=500 interviews;
3. Service Providers' accounts departments: n=300 interviews and;
4. Human Resources departments: n=300 interviews.

The full PHC 2010 results will be available later in November, for any further details please contact: Sharon van der Westhuizen: 082 905 9182 / sharonvdw.cp@gmail.com

7. Costing Models for NHI

7.1 The COSATU Costing by Calikoglu and Bond

The original costing for the post-Polokwane NHI proposals was prepared for COSATU by Sule Calikoglu and Patrick Bond and is dated August 2008. It was initially not in the public domain but can now be downloaded from:

<http://www.amandlapublishers.co.za/special-features/the-nhi-debate/214-preliminary-costing-estimates-for-national-health-insurance>

A more recent version, dated June 2009, was circulated for the IDASA Roundtable in January 2010: "Costs/Benefits Estimates for National Health Insurance. A summary analysis submitted to the Congress of SA Trade Unions. 7 June 2009". Slides of the presentation are also available.

http://www.idasa.org/index.asp?page=output_details.asp%3FRID%3D2004%26oplang%3Den%26OTID%3D27%26PID%3D44

For further queries about the model, contact:

Prof Patrick Bond

Director of the Centre for Civil Society

E-mail: bondp@ukzn.ac.za

Web-site: <http://www.nu.ac.za/ccs/default.asp?10,24,8,55>

7.2 The HEU Costing by McIntyre

The core model used in the ANC proposals to determine whether NHI is affordable for the country comes from work by Prof Di McIntyre at UCT.

A costing entitled "Brief overview of preliminary modelling of NHI resource implications" was produced by Di McIntyre, John Ataguba and Sue Cleary. All are from the Health Economics Unit, University of Cape Town. The report was produced as part of Work package 5 of the SHIELD project and was used by the ANC task team but was not publicly released.

The survey which informed the utilisation for this costing was the work by Ataguba and McIntyre: Ataguba, J., & McIntyre, D. (2009). Financing and benefit incidence in the South African health system: Preliminary results (Health Economics Unit Working Paper 09-1). January 2009. Health Economics Unit, School of Public Health and Family Medicine, University of Cape Town.
http://uct-heu.s3.amazonaws.com/HEU_Shield_Report_FIA_BIA_SA1.pdf

Di was extensively quoted on the model results, following the release of the ANC proposal and the release of three new SHIELD documents (see section 6.1 for all the SHIELD documents on South Africa). The SHIELD report on the model was released in the public domain in late September 2010:

McIntyre D. SHIELD Work Package 5 Report: Modelling the estimated resource requirements of alternative health care financing reforms in South Africa. Health Economics Unit, University of Cape Town; 2010. URL:

<http://web.uct.ac.za/depts/heu//SHIELD/reports/SHIELD%20Modelling%20report%20final.pdf>

The spreadsheet used in the model has not been placed in the public domain.

For further queries about the model contact:

Prof Di McIntyre

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Web-site: <http://heu-uct.org.za/about-heu/staff/professor-di-mcintyre/>

7.3 Actuarial Society of South Africa (ASSA) Model

A model was commissioned by Dr Jonny Broomberg of Discovery Health. Ashleigh Theophanides and her team at Deloitte developed and delivered the model in late 2009 after a peer review process including international health economics and actuarial expertise.

"The NHI model was developed to estimate the costs and associated financial impacts of implementing a NHI system in South Africa. The model has been designed to allow the user to create various scenarios for the modelling of NHI proposals. A key feature of the model is the ability of the user to model different benefit packages for NHI and the corresponding role of medical schemes in the health environment. In doing this the model estimates how this additional cost could be financed through income taxes, taking into account existing sources of financing. The shortage of medical practitioners (such as general practitioners, medical specialists and hospital beds etc.) is also taken into account in the modelling."

In early 2010 the model was taken over by the Actuarial Society of South Africa who will now lead further development.

<http://www.actuarialsociety.org.za>

For further queries about the model contact:

Roseanne da Silva

E-mail: roseanne@worldonline.co.za

7.4 McLeod-Grobler-Van der Berg Preliminary Costing and Pricing

Business Day published an opinion piece by Prof Servaas van der Berg and Prof Heather McLeod on the promises being made and the lack of hard numbers. They concluded "The NHI proposal can only be taken seriously once a proper analysis of its costs, fiscal consequences and affordability has been undertaken. The current proposal is beyond what the country can afford."

Promises. Promises. Why the National Health Insurance plan needs hard numbers – by Prof Servaas van der Berg and Prof Heather McLeod.

<http://www.health-e.org.za/news/article.php?uid=20032492>

Commentary by Patrick Bond on the work by Servaas van der Berg and Heather McLeod:
<http://www.ukzn.ac.za/ccs/default.asp?3,28,11,3512>

In February 2010 Heather McLeod, Pieter Grobler and Servaas van der Berg placed a report in the public domain detailing the assumptions and methodology used:

McLeod, H., Grobler, P., & van der Berg, S. (2010). Preliminary Estimate of NHI Costing in 2009 Rand Terms. McLeod-Grobler-Van der Berg Model Methodology and Assumptions. A briefing paper prepared for National Treasury. 18 February 2010.

A spreadsheet of the model is also in the public domain and can be down-loaded:

Preliminary NHI High-Level Costing McLeod Grobler vP3.xls
<http://www.integratedhealingmbs.com/#/nhi-preliminary-model/4539397344>

For further queries about the model contact:

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Time zone: GMT +12
Time zone information: <http://www.worldtimezone.com/wtz020-24.php>

7.5 Costing by ECONEX

"In the interest of constructively contributing to the NHI debate, the Hospital Association of South Africa (HASA) has commissioned a comprehensive costing and human resource research project with Econex. HASA has given Econex and its partners at Stellenbosch University academic independence with respect to this project. The results of the project will be placed in the public domain in order to foster constructive debate".

The final report in the series is:

Econex (2010). NHI Note 7: Estimating the Financial Cost of the NHI Plan. February 2010. Stellenbosch.

http://www.econex.co.za/images/stories/ECONEX_NHInote_7.pdf

This research note forms part of a series of special National Health Insurance (NHI) notes which can be accessed on the Econex website www.econex.co.za. The papers that can be downloaded from the site are shown in section 6.4.

ECONEX says "In this note we calculate the overall cost of implementing a plan with the essential features of the current NHI proposal. It is shown that the resources required for such a plan exceed the available human and physical capacity of our current health system and will put enormous strain on the fiscus."

For further queries about the model contact:

Dr. Nicola Theron

ECONEX

Doornbosch Homestead, Strand Rd (R44), Stellenbosch, 7600

Tel: +27 (0)21 887 5678

Cell: +27 (0)83 635 6318

E-mail: nicola@econex.co.za

Web-site: www.econex.co.za

7.6 Costing by Alex van den Heever

No document on this is yet available. A presentation on the costing was made at the IDASA Roundtable in January 2010. Slides used in the presentation are available.

http://www.idasa.org/index.asp?page=output_details.asp%3FRID%3D2004%26oplang%3Den%26OTID%3D27%26PID%3D44

For further queries about the costing contact:

Alex van den Heever

E-mail: alexvdheever@gmail.com

8. Healthcare Financing Reform in Other Countries

8.1 IMSA Collations of South African Research on Other Countries

During 2010 IMSA added the first country notes to a new section of the web-site. When confronted by reform and policy change, people often turn to look at other countries. This is no easy task. As Heather McLeod wrote in one of the first IMSA background briefs: "One of the first things people tend to do on being faced with reform is to look at how other countries have dealt with healthcare financing issues. A strong word of caution: it is seldom easy to understand another country in sufficient depth to be able to determine whether an element of their system could be successfully adopted in another country. There is not one "best" solution – the current state of any healthcare system is a product of the people, their culture and history, their value systems, changing political ideology over time, economic pressures, the supply of providers and the design and governance of the healthcare system – amongst other factors."

"The Country Notes are a collation of material submitted by independent researchers in South Africa who are willing to place their research notes in the public domain. The collated notes, together with other studies found in the public domain are presented as a service to researchers, policy-makers and stakeholders who are considering health reforms around the world. The Country Notes are by no means final or definitive works on each country. While excellent material is easily available on developed countries and countries in Europe, researchers often struggle to find material on developing countries and particularly countries in South America, Asia and Africa. We hope these notes collated from other researchers will speed up the process for any other researchers heading down this route. The first five notes to be loaded cover Ghana, Indonesia, Taiwan, Thailand and Colombia. Points of access to the wealth of material available on Europe have also been loaded as a separate note."

http://www.innovativemedicines.co.za/national_health_insurance_health_systems_in_other_countries.html

Other country papers notified during 2010

The Canadian health system is often held out to be something South Africa should emulate. A new paper from The Canadian Medical Association says "Canada's health care system is valued by its citizens. However, not only is our Medicare system failing to meet the five principles — universality, accessibility, portability, comprehensiveness and public administration — originally laid out in the 1984 Canada Health Act, but those five principles, while still relevant, need to be expanded in scope to serve the current and future health needs of Canadians ..." See <http://bit.ly/cS1vsO>

An article in the September issue of the WHO bulletin deals with Brazil. "Brazil's landmark reform in 1988 has brought health coverage to millions of people, but the system is underfunded ...". See <http://www.who.int/bulletin/volumes/88/9/10-020910/en/index.html>

8.2 Health Economics Unit at UCT

"The SHIELD (Strategies for Health Insurance for Equity in Less Developed Countries) project produced a set of information sheets on health care financing in SA, Ghana and Tanzania." The South African reports are referenced in section 6.1.

<http://web.uct.ac.za/depts/heu/SHIELD/reports/reports.htm>

SHIELD Reports

- A critical analysis of Ghana's health system with a focus on equity challenges and the national health insurance.
- An assessment of the health financing system in Tanzania

SHIELD information sheets

- Who pays for health care in Tanzania?
- Who benefits from health care in Tanzania?
- Who pays for health care in Ghana?
- Who benefits from health care in Ghana?
- Access barriers to the use of health care in Ghana

8.3 ECONEX

All healthcare publications by ECONEX can be found at:

http://www.econex.co.za/index.php?option=com_content&view=article&id=55:health-economics&catid=35:sectors&Itemid=54

There is an Occasional Note on healthcare in Brazil:

- October 2010: The Brazilian Primary Healthcare Delivery Model

8.4 The Reforms in the United States of America

Health reform in the USA was much in the news in early 2010 and there are two useful places for authoritative summaries of those reforms:

- The Commonwealth Fund: <http://www.commonwealthfund.org/Health-Reform.aspx>
- Policy briefs from Health Affairs: <http://www.healthaffairs.org/healthpolicybriefs/>

The USA reforms are now being implemented and there is increasing commentary available on the reforms and progress.

Commonwealth Fund president Karen Davis discusses the provisions of the Affordable Care Act that place a new emphasis on preventive and primary care and reward health care quality. She says these features will ultimately push the health care system to deliver more patient-centered, accessible, and coordinated care".

<http://www.commonwealthfund.org/Content/Blog/How-Will-the-Health-Care-System-Change.aspx>

An example of the changes in practice at the "Hudson Valley Initiative website to share health care transformation lessons learned, research results, team expertise" at:

<http://www.hudsonvalleyinitiative.com/main.html>

8.5 Reforms in the UK National Health Service

A White Paper on the reform of the National Health Service in the UK was released for public comment. The reforms have been described as “radical” by the BBC. “The NHS in England is to undergo a major restructuring in one of the biggest shake-ups in its history.... Hospitals are to be moved out of the NHS to create a ‘vibrant’ industry of social enterprises under the proposals. And ... GPs are to take charge of much of the budget.

The move will lead to the abolition of all 10 strategic health authorities and the 152 management bodies known as primary care trusts.”

The British Secretary of State for Health, Andrew Lansley, said in parliament on 12 July: “This Government will always adhere to the core principles of the NHS; a comprehensive service for all, free at the point of use, based on need not ability to pay. This principle of equity will be maintained, but we need the NHS also consistently to provide excellent care. ... So today, I am publishing this White Paper, Equity and Excellence: Liberating the NHS:

- so that we can put patients right at the heart of decisions made about their care;
- to put clinicians in the driving seat on decisions about services; and
- to focus the NHS on delivering health outcomes that are comparable with, or even better than, those of our international neighbours.

“For too long, processes have come before outcomes, as NHS staff have had to contend with 100 targets and over 260,000 separate data returns to the Department each year. We will remove unjustified targets and the bureaucracy which sustains them. In their place, we will introduce an Outcomes Framework to set out what the service should achieve, leaving the professionals to develop how.” He went on to say that “With this White Paper we are shifting power decisively towards patients and clinicians. We will seek out and support clinical leadership. That means simplifying the NHS landscape and taking a further, radical look at the whole range of public bodies. We will reduce the Department of Health’s NHS functions, delivering efficiency savings in administration costs. We will rebalance the NHS, reducing management costs by 45% over the next four years ... As we empower the front-line, so we must disempower the bureaucracy.”

The range of documents provided for consultation is extensive and instructive. They include the White Paper itself, a document on the analytical strategy or purpose, and an initial equity impact analysis. See

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

The healthcare reform proposed in the UK continues to receive a lot of attention from analysts. The King’s Fund in the UK has links to analysis and comments by various stakeholders on the reforms. See http://www.kingsfund.org.uk/current_projects/the_nhs_white_paper/index.html

8.6 Commonwealth Fund International Health Policy Center

“The Commonwealth Fund’s International Program in Health Policy and Innovation promotes cross-national learning by:

- sparking high-level creative thinking about health policy among industrialized countries;
- encouraging comparative research and collaboration among industrialized nations;
- building an international network of health care researchers devoted to policy; and
- showcasing international innovations in policy and practice that can inform U.S. health reform.

<http://www.commonwealthfund.org/Topics/International-Health-Policy.aspx>

See the 2010 Commonwealth Fund International Health Policy Survey, covering Australia, Canada, France, Germany, Italy, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States.

<http://www.commonwealthfund.org/Content/Surveys/2010/Nov/2010-International-Survey.aspx>

The "International Health News Briefing" is a monthly newsletter with summaries of health policy news in select countries, as well as updates on related Fund publications and events.

8.7 WHO World Health Report 2010: The Path to Universal Coverage

The annual report of the World Health Organisation is always devoted to a specific topic. The 2010 report was released in late November 2010 and is entitled "Health systems financing: the path to universal coverage"

"Good health is essential to human welfare and to sustained economic and social development. WHO's Member States have set themselves the target of developing their health financing systems to ensure that all people can use health services, while being protected against financial hardship associated with paying for them."

"In this report, the World Health Organization maps out what countries can do to modify their financing systems so they can move more quickly towards this goal - universal coverage - and sustain the gains that have been achieved. The report builds on new research and lessons learnt from country experience. It provides an action agenda for countries at all stages of development and proposes ways that the international community can better support efforts in low income countries to achieve universal coverage and improve health outcomes."

<http://www.who.int/whr/2010/en/index.html>

Use of IMSA NHI Material and Web-site Policy

The policy with respect to documents prepared by other organisations is to use a link to their web-site wherever possible. However over time some documents are removed, web-sites are redesigned or organisations change. Examples where the original is no longer available are many of the historical documents from the Department of Social Development. If another site is found that hosts the document we will gladly reinstate a link to that URL.

As the purpose of this series is to put in the public domain material and evidence that will progress the technical work of developing a National Health Insurance system, we would be delighted if you make use of it in other research and publications. All material produced for the IMSA NHI Policy Brief series and made available on the web-site may be freely used, provided the source is acknowledged. The material is produced under a Creative Commons Attribution-Noncommercial-Share Alike licence.



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Innovative Medicines South Africa (IMSA) is a pharmaceutical industry association promoting the value of medicine innovation in healthcare. IMSA and its member companies are working towards the development of a National Health Insurance system with universal coverage and sustainable access to innovative research-based healthcare.

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