

6.10.08

Moremi (WMI).

- individual - access.
 - businesses.
- ⇕ access link.

Basis: Health system that meets interests of all.
 Drugs - affordable
 - quality.

Issues

Split - inequitable. Implode:
 - costs - always increasing - pvt.
 - more people → public (a problem).
 (quality, queue, availability of care/meds). - professionals
 (cash as pre req for access - a problem). - funding

} access.

So:-

Imbalance in dist health professionals. (7.66. ^{14.2%} pvt).

Possibility: community based - not sustainable (administrat level)

How do we create system

- ability to pay | → access systems.
- no ability

Changes needed to both.

→ public - challenges - to get synergy. NHI.

NHI - not privatisation. but BOP.

⇒ NHI - sustainability.

- 1. All employed - mandatory cover.
- 2. Social solidarity.

MORTIMER

**OFFSET
(PTY) LTD**

②. Moremi

- Need subsidy for poor + indigent
- All individuals access to set of min benefits.

What services?

What is BBP?

- 1st - preventative?
 - 2nd - specialties - which?
- how define.

must be proposed. Not s. up/d
- costed.

? Finance.

Bids on behalf of Provinces (Not)

Provincial - own money - no control by National.
} maybe change fiscal federal structure.

Schemes 123 - decreasing annually (→ 115-118 (2010)).

Fragmentation a problem → community rating.

structure is multi funder arrangements.

(lack of control by govt & w.r.t resource distribution)

Administrative structure a prob.

← or →. Single fund responsible for BBP. (replaces PTBs).

+
top up insurance by schemes.
Pooling of funds limits risk.

(no need for REF). Depends on multi or single funder system.

Top up - not risk equalised.

Provision of services - need private sector.

R9500 p.b. → R4000 to private
BB.P.

Admin 7-10%.

