PRESIDENTIAL HEALTH SUMMIT 2018

Summary of the Key Outcomes

Presidential Health Summit

Birchwood Hotel, Johannesburg, 19-20 Oct 2018

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Health
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Operationalizing UHC: a direction, not a destination

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"Moving towards UHC" means progress on one/ some/all of the following (progressive realization)

- Reducing gap between need and use (equity in use)
- Improving quality
- Improving financial protection

Give practical orientation for policy reforms

- Approach relevant to all countries
- What are the ways that we are under-achieving on these goals? What obstacles to progress must be addressed?
- Reform needs to be about solving problems – role of the Commissions

Commission 1: Human resources (health workforce)

- Ensure service plans are based on good data and evidence based tools
- Staffing and funding policies to meet needs of the health system
- State must meet statutory requirements (Internship/Community Service)
- Address corruption
- Remuneration of Work Outside Public Sector (**RWOPS**) needs to be reviewed
- Fast-track implementation of policy on foreign trained medical practitioners.
- Review roles and responsibilities of each sphere of government
- Separation of political vs administrative leadership
- Leadership and management training support needed
- Review working hours to meet sector demands and requirements
- Ensure optimal infrastructure to allow HR to deliver quality health care
- Validate and optimize the use of “Integrated Human Resource, Personnel and Salary System”- better known as PERSAL
- HR management information systems needs urgent attention in all relevant constituencies

Commission 2: Supply chain management, medical products, equipment and machinery-(i)

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- Centralisation of procurement with clear governance structure
- Catalogue/standards for non medicine/consumables
- Need for Health technology Assessment (HTA) Committees
- Socially based business models will help with state Owned pharmaceutical company as a manufacturer and supplier
- Need indigenous pharmaceutical company/skills/capacity in SA
- Consider amendment of regulations (Public Finance Management and Preferential Procurement Policy Framework Act)
- Private sector can help with inventory management systems
- Performance management regarding equipment maintenance

Commission 2: Supply chain management, medical products, equipment and machinery-(ii)

- Collaborate with National Treasury on understanding health better to influence policies
- Stock outs (all points of care) should be analysed so that those issues can be dealt with
- Maintenance: staff should be trained to manage and maintain these equipment at hospital level. Clinical engineers should be used more but sophisticated equipment is hard to be fixed by these engineers. Look at retaining skills within the sector
- Interoperable technology (ERP system is require to run health care)
- Ban donations from suppliers
- Price structure from private sector should be scrutinised
- Suppliers should be committed to avoid stock outs

Commission 2: Supply chain management, medical products, equipment and machinery-(iii)

- Training pharmacy personnel in Supply Chain Management (SCM)
- Warehouse should be led by skilled logisticians
- Establishing a database of equipment to guide clinicians and involve them in procurement
- Review and identify good practices within Treasury regulations for procurement from private sector on how they deal with equipment
- Suppliers are not paid on time.
- Review pricing in the private and public
- Adequate monitoring processes in SCM

Commission 3: Infrastructure plan

- Infrastructure Plan must respond to changing population and clinical dynamics, cannot be static
- National master infrastructure plan to facilitate equity
  - well managed coordinating mechanism (various deprtments- Health, IDT, CSIR, DBSA, Treasury, DPW) and not each province just doing its own thing
- Alternative funding mechanisms for infrastructure e.g. special health infrastructure fund or social impact bonds

Commission 4: Private sector engagement

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- Outputs from the Private sector Commission, Health Market Inquiry (HMI) report and other commissions need to be coherently integrated
- Social and commercial determinants have to be addressed including health harming Industries which impacts on health outcomes and service pressures
- Relationship building with the private sector needs serious attention
- Range of areas requiring in-depth attention:
  - Clarity of the model under NHI, roles and responsibilities that would inform contracting, service models.
  - Regulation
  - Costs and financing models, contracting
  - Data is a key enabler – access to data from private sector, costing data from the public sector
- Address the recommendations of the HMI report
- Inclusive process and mechanism to sustain the energy and desire to be part of the solution.

Commission 5: Health service provision (delivery)- (i)

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- Increase Human Resources and filling of critical posts at PHC:
- Community Health Workers, Dieticians, Nurses, GP's, specialists
- Rehabilitation services (physiotherapy, OT, speech, audiology)
- Focus Shift: curative health services to promotive and preventive healthcare – a multidisciplinary team
- Implement a health and wellness/happiness revolution to address the burden of disease
- Integrated and streamlined referrals systems
- Budgeting for promotive and preventative health care

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Commission 5: Health service provision (delivery)-(ii)

- Increase investments to a community based health system
- Abolishing tax rebates to medical schemes and to mobilise funds for NHI
- Containment of malpractice expenditure and consider a separate. No Fault Fund for this
- Budgeting for the NHI should consider the impact of migration
- Review the role of government state funded medical schemes
- Appropriate health worker education emphasizes PHC
- Formalising role and appointment of community health workers
- Training of all health professionals in line with the burden of disease of the country
- Filling of critical posts and unfreezing of posts
- Addressing workplace health: psychological and occupational health and safety

Commission 5: Health service provision (delivery)-(iii)

- Dignified access and transfer of patients from rural areas
- Guidelines should integrate the needs of persons with disabilities at all levels of care
- Home based care- increase package of care including rehabilitation, palliative care and disability care
- Improve accreditation level for all public health facilities- Office of Health Standards and Compliance (OHSC)
  - annual targets for number of facilities to meet benchmarks
  - timelines for these targets

Commission 6: Public sector financial management- (i)

- Revise resource allocation processes:
  - Urgently address accruals: develop a strategy and mechanisms to address these
  - Revisit the equitable share formula for health, taking into account the burden of disease, and other relevant issues (e.g. cross border flows)
  - Revisit the provincial budget % allocation share for health upwards (currently 27%, should be closer to 38%)
  - Stop unfunded mandates from national to provincial and within provincial administrations to health; no new mandate without clear resource allocation plan)

- Conditional grants:
  - Limit the role of conditional grants as a core resource allocation mechanisms
  - Should not be a mechanism to hollow out provincial budgets
  - Assess inefficiency and fragmentation created by restrictive conditionalities

Commission 6: Public sector financial management- (ii)

- Monitor and manage budget allocations (action required at national, provincial, district and facility level):
  - Stop political interference (directly or indirectly) in resource allocation
  - Ensure appropriate delegations
  - Develop benchmarking processes and systems of monitoring
  - Build capacity: people and systems in financial management
- Value for money:
  - Prioritise PHC and District Health System (DHS) as the most cost-effective components of a health system
  - Accept that we need to design a system we can afford: reconsider the human resource mix of our health system
  - Address bloated management structures, focus on staffing service delivery
- Revenue collection:
  - Create incentives for better revenue collection, e.g. by facility retention of medical scheme payments
  - Develop alternative billing systems (drawing on private sector expertise)
  - Uniform Patient Fee Structure: Revise tariff structure

Commission 7: Leadership and governance- (i)

1. **Implement policies that are in place**
   - Start with an analysis of the National Development Plan (NDP)-2030 and existing policies
   - Ability of Minister to exercise authority in implementing policy at provincial level
   - Streamlining of policy within the provinces
   - Policies to be evidence based and involve all affected parties
   - Politicians must have oversight, but not get involved in the execution of policies
2. **Strengthen governance, leadership and management capacity**
   - Utilise existing capability through leadership training e.g. Albertina Sisulu Leadership Academy, and ensuring that management KPIs are patient centered and part of induction on appointment
   - Professionalise the public service - employment based on ability and care, not political affiliation and include the youth at all levels as part of succession planning

Commission 7: Leadership and governance- (ii)

- Professionalise the management of healthcare, including appropriate financial and human resource skills to ensure good management
- Enhance training of all health professionals with clinical governance, human rights and medical law
- Performance assessment to be based on patient outcomes e.g. waiting times, health outcomes
- Ethical leadership should be a key area of focus

3. Enhance the role of Clinical Committees and Hospital Boards

- Set up a structured and transparent process and criteria to appoint people.
- Capacitate the people and the structures according to standardized guidelines
- Ensure involvement of affected people, including the youth
- Ensure that they are sufficiently empowered to act within clear accountability frameworks

Commission 7: Leadership and governance (iii)

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- Advisory committees in universal coverage, including the NHI, should be inclusive of all relevant constituencies
- Ensure inclusive structures that bring in all relevant voices

4. Address Corruption Decisively

- Prevent corruption at source with systems in place to do so, and segregation of responsibilities in the supply chain
- Establish anti-corruption forum in the Healthcare system
- Expand Special Investigations Unit - Anticorruption task team in programme 4, to analyse corruption in vulnerable sectors – detection, reporting, and independent investigations and actions and ensure consequences – criminal, civil and disciplinary actions as appropriate
- Harness existing skills and resources, with appropriate and competent oversight
- Act on reports, and ensure consequence and punishment of offenders

Commission 7: Leadership and governance (iv)

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5. Restore values

- Restoring the priority on patient care
- Focus on ethics training and capacitation
- Include leadership and ethics in the curriculum of healthcare professionals
- Change the culture of institutions to one that is inclusive and patient – centered

6. Separation of powers within the healthcare system

- Put patient care first
- Resolve accountability at national, provincial and institutional level within the current Constitutional Framework
- Apply clear separation of powers and ensure clear delegations of authority is in place
- Appoint administrators, from the DG down and people in provinces based on capability

Commission 7: Leadership and governance- (v)

- Consider innovative business models
- Resolve and respect the lines of authority and accountability between trade unions and management, while still engaging staff in solutions – bring staff and unions to the table, including service delivery, accountability and ethics
- Understand and implement collective agreements
- Provide clear systems of support, accountability and authority to operate ensuring consequences for non-performance
- Empower people from the bottom up

Commission 8: Community engagement- (i)

- Health Facility Committees/ Boards could adopt a social accountability approach through which they hold health officials answerable for meeting mutually agreed upon objectives

- Build the understanding and strengthen the capacity of health sector personnel on how to work with community participation structures, and CHWs

- Civil society groups in oversight structures such as parliamentary committees, hospital boards and clinic committees must represent citizen voices and need to function optimally

Commission 8: Community engagement- (ii)

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Consider:

- Re-visit the identity of the actors involved in community health programs
- Re-visit the definition of the community / communities involved in community health
- Review health within the context of the social determinants
- Review the concept of community participation in health?
- Review the need for government and academia involvement
- The need for funding

Commission 9: Information systems- (i)

- Electronic Health Record is a building block of the Health Information system in the era of NHI
  - Migrate from aggregated data to patient level clinical information shared by patients and healthcare providers
- Standardization of systems using the normative framework for interoperability
- Health information systems to focus on structural processes, health outcomes and also use of information for evidence based decision making
- Digital access for the population, an opportunity that must not be missed (through the use of health observatories)
- Investments to follow strategy on health information and management information system
- Health to focus on its core business and training and connectivity to be managed by the respective departments
- A Platform for e-health dialogue to be established to continue with the conversation as part of Governance

Commission 9: Information systems- (ii)

- Digitally enabled health care system to address challenges of the health system
- Patients being the custodian of the health record
- ROI will increase the HDI (growth, health and education) and reduction in litigations
- Unique identifiers using the (HPRN) and National ID as a verifier and Biometry/linking with home-affairs
  - Explore ways through which patients without identification will be addressed
- M&E systems to demonstrate return on investments
- Home level health information access (Patient care portals with point of care devices)

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Thank you

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