Development towards the NHI Service Benefits:

The Path to UHC in South Africa

South African Society of Occupational Medicine

"Looking back to move forward: Old lessons inform solutions for new issues"

23 June 2018

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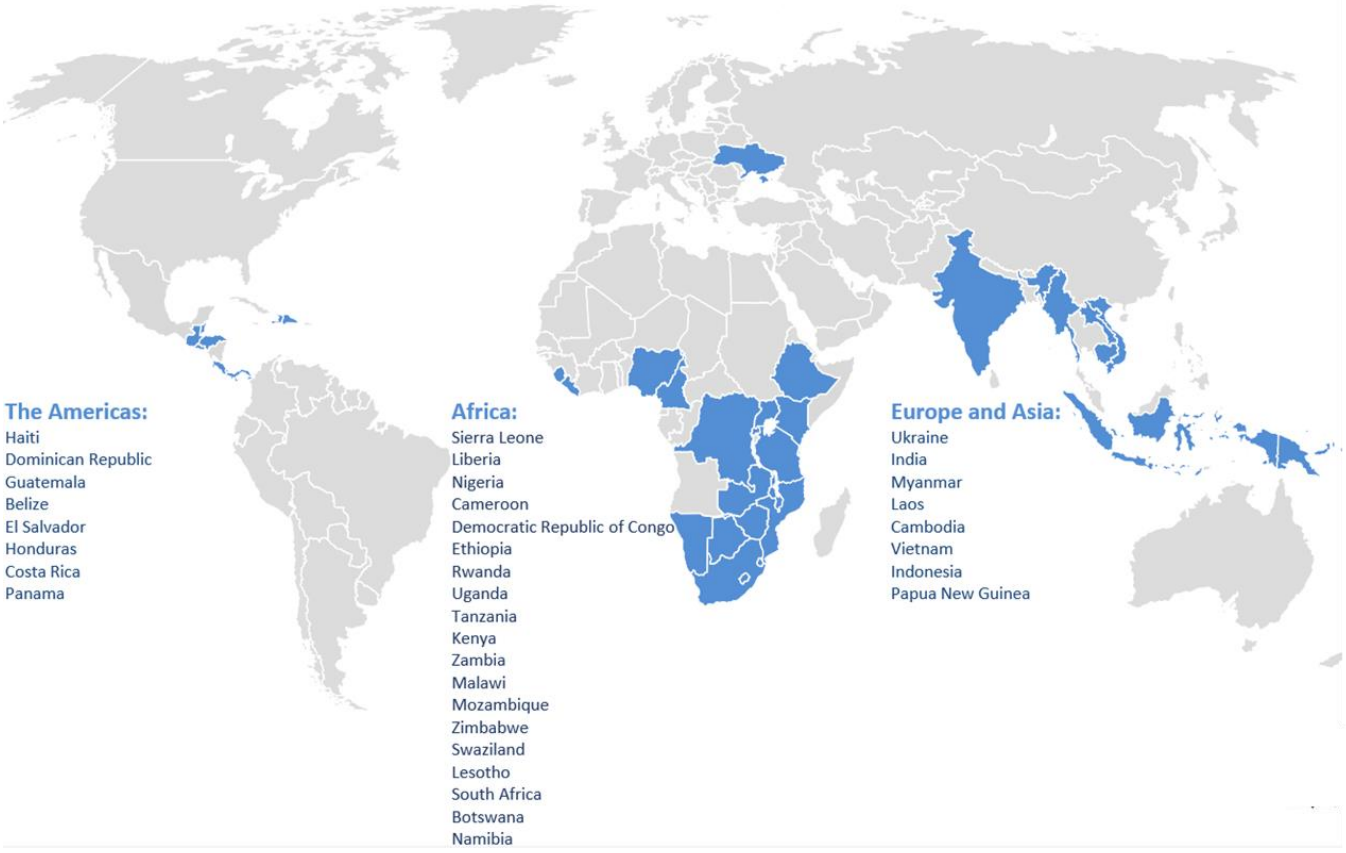
The Clinton Health Access Initiative (CHAI)

Established in 2002; Focus on HIV and AIDS



28 country offices, 34 program countries, >70 procurement consortia countries

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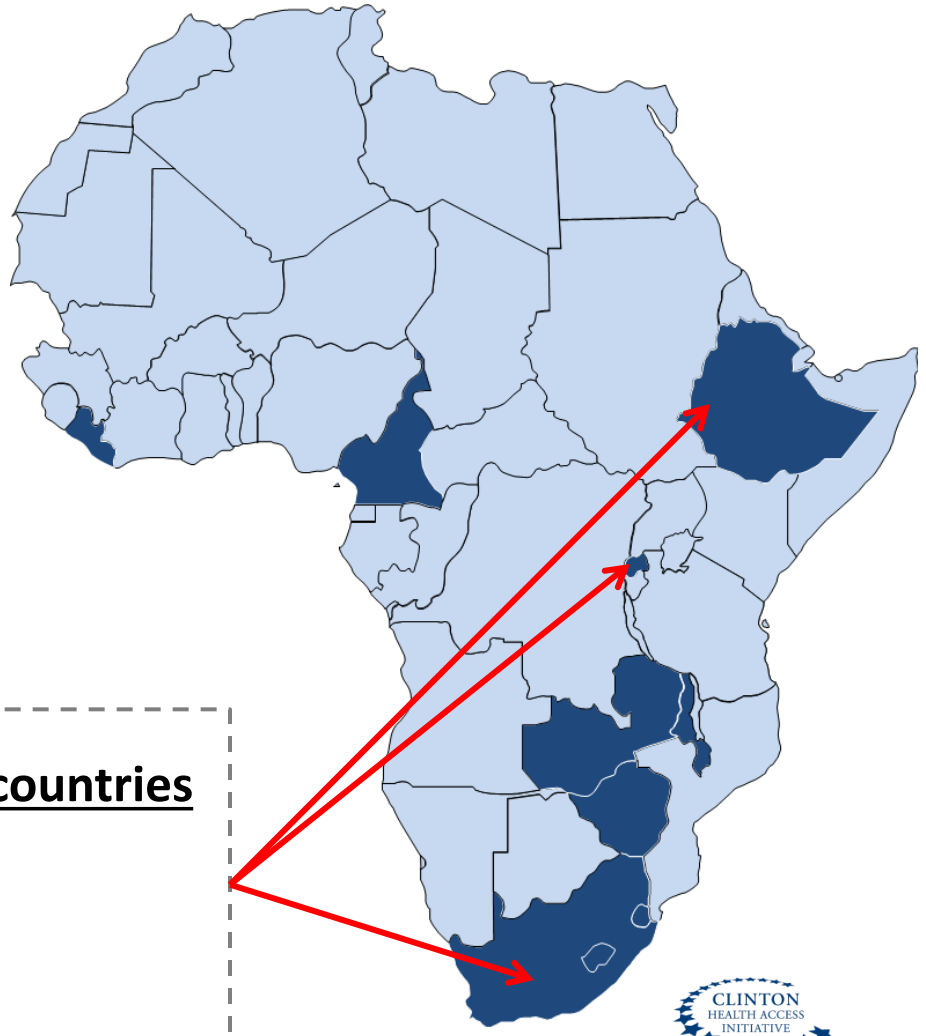
CHAI Health Financing country support

Goal: Support LMIC governments to accelerate progress towards UHC

- **Define benefits**, supporting evidence based priority setting and resource allocation
- **Mobilize and pool resources** from donors and increasingly from domestic sources, including through insurance
- **Improve resource management** or efficiency and effectiveness, equity, and accountability in health spending and service delivery



Health Insurance focal countries

- South Africa
- Ethiopia
- Rwanda

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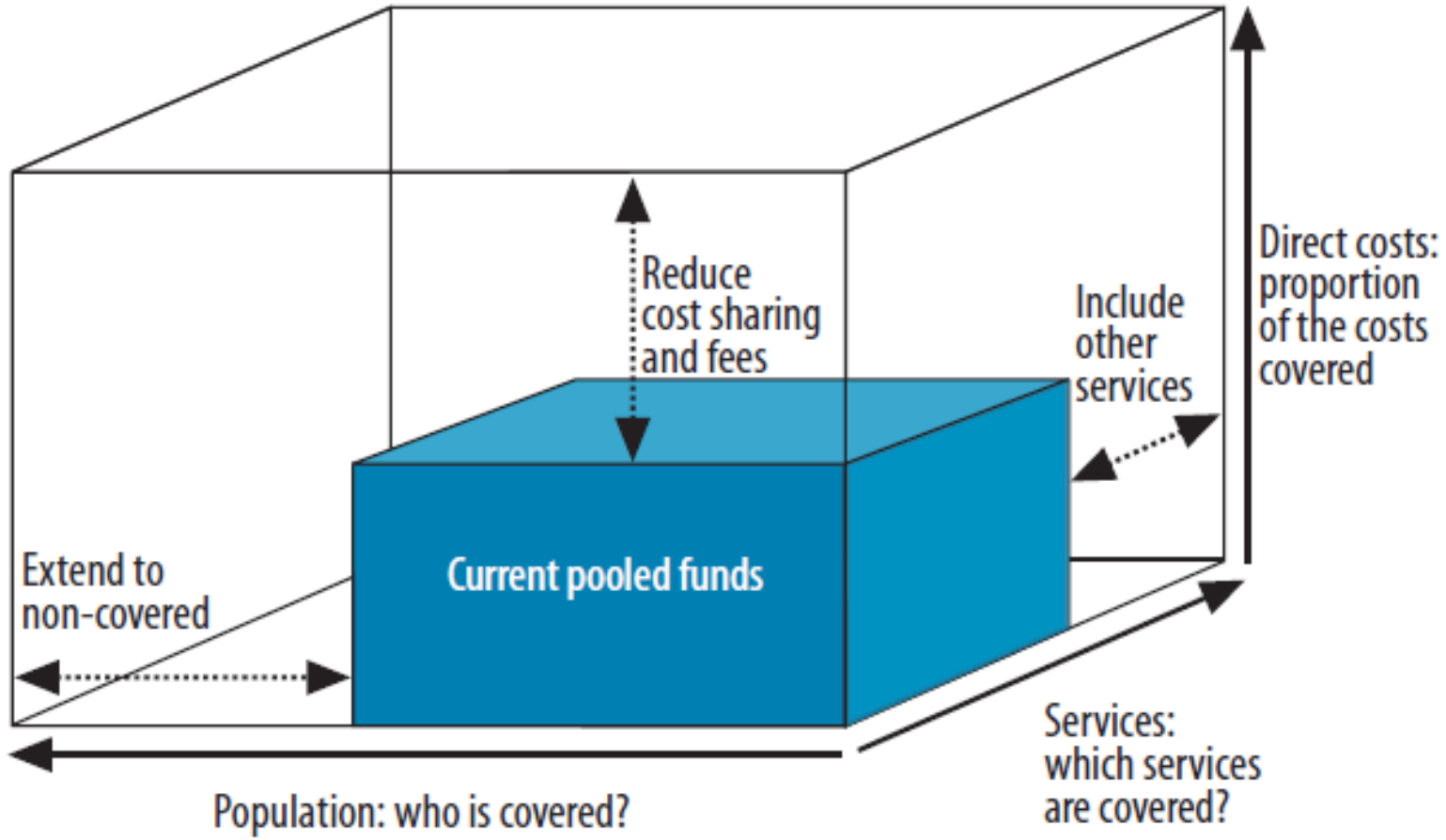
The UHC Cube



World Health Report, 2010

Background to the NHI Service Benefits

NHI Workstream 2: Design/Implementation of Health Care Service Benefits

- Develop an approach to Health Benefits Package (HBP) that draws on best practise;
- Utilise extensive work already done on packages of services in PHC and priority programmes to recommend the design and implementation of packages for:
    - Primary Health Care (PHC)
    - Emergency Medical Services (EMS)
    - Hospital
- Develop an approach to ongoing revisions of the HBP costing;
- Recommend various approaches to establishment of HTA capability for clinical interventions, pharmaceuticals, and technologies;

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The Starting Point

Commitment that services provided under NHI are no less than are currently available in the private sector

1. Standard Treatment Guideline
2. Essential Medicine List
3. Essential Equipment List (Draft)
4. Essential Laboratory services List (Draft)
5. National Clinical Practise Guidelines
6. Clinical scopes of practise
7. Draft PHC Package of services
8. Ideal Clinic documentation
9. …

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Three questions

What are we providing now?

E.g. 1 What services are provided for in current policy ?
E.g. 2 What should we expect these to cost?
E.g. 3 What is it actually costing us?
E.g. 4 In practise, are we actually providing them?
E.g. 5 What population health outcomes are we attaining?

What do we want to provide in the future?

E.g. 1 How can the health system be restructured to provide the same services at lower cost for a given quality of care?
E.g. 2 How can the health system be restructured to achieve better population outcomes for the same cost and quality
E.g. 3 Are the services we currently provide the right ones?

How do we get there?

E.g. 1 What criteria will we use to revise the services?
E.g. 2 What evidence of success can drive scale up?
E.g. 3 Where are the knowledge gaps?
E.g. 4 How do we reconcile that what may be an efficient way of doing things in one context, may not apply in another?

Guidance from the White Paper

- Comprehensive health services in which service benefits are patient-centred and defined by level of care;

- Delivery grounded in a robust PHC system that incorporates community and facility-based services; Gate-keeping at the PHC level as a central feature

- Include prevention, promotion and environmental health; and hospital services across the secondary, tertiary and quaternary levels;

- Service benefits the product of a defined and transparent priority-setting framework that includes the application of Health Technology assessment (HTA)

- Inventory of pharmaceutical, medical supplies and devices to be linked to the EML, and CPGs developed to address any gaps

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Guidance from the White Paper (2)

- Integrated to address the continuum of care through a clearly articulated referral system linked to the CPGs and further clinical guidelines and protocols, and the provision of planned patient transport.

- Limited to services that are medically necessary and have a positive impact on population health outcomes

- Not based on a negative or positive list nor on a Prescribed Minimum Benefit (PMB) type of package

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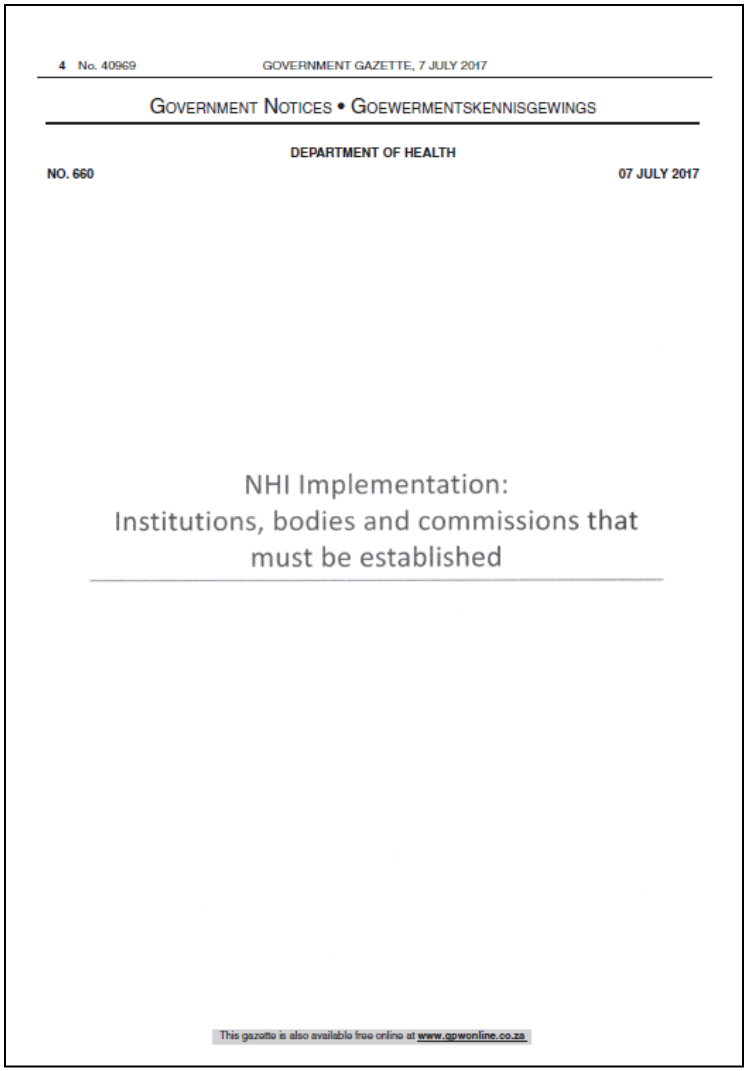
From White Paper to Implementation Plan



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DEPARTMENT OF HEALTH

NO. 660 07 JULY 2017

NHI Implementation:
Institutions, bodies and commissions that must be established

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- Service benefits to be established by the NHI Benefits Advisory and supporting committees.

- Any changes to be based on: changes in:
  - Burden of disease
  - Demographic profile
  - Evidence on cost-effectiveness
  - Evidence on clinical efficacy

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The NHI Service Benefits Framework - *Outputs*

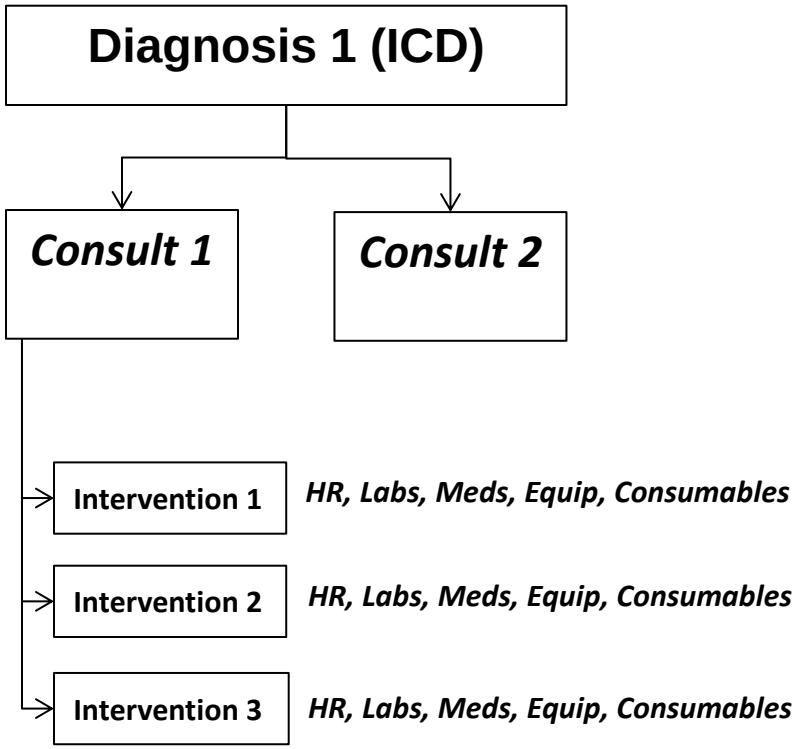
Create a single reference point (baseline) for services currently available in the public sector as per policy

Provide a summary of the current service delivery-related policy landscape

Create a single reference point for the average and/or minimum direct resource input per service

Create a single reference point (baseline) for the unit cost per input as per current national price lists

Define the linkages between services provided, delivery model, required inputs,



The NHI Service Benefits – *Driving NHI rollout under Phase 2*

Create a single reference point (baseline) for se… currently available in the public sector as per po…	Engage with national health sector stakeholders to align, and build consensus on NHI service benefits
Provide a summary of the current service delive… related policy landscape	Inform a coordinated policy review process and subsequent revision to address any gaps
Create a single reference point for the average a… minimum direct resource input per service	Implement a defined and transparent priority setting process incl health technology assessment.
Create a single reference point (baseline) for th… cost per input as per current national price lists	Establish the health informatics required to drive critical NHI processes, e.g. claims management
Define the linkages between services provided, delivery model, required inputs,	Conduct financial analyses rooted in a defined set of service benefits; recalibrate cost structures

***Not all one-to-one relationships**

Thank you

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