SAMRC Presentation on NHI Bill to Parliamentary Portfolio Committee on Health

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INTRODUCTION

- The South African Medical Research Council (SAMRC), established in 1969, with a mandate to improve the health of the country's population, through research, development and technology transfer, so that people can enjoy a better quality of life.

- Submission on the NHI Bill in November 2019
  - Collation of inputs from within the SAMRC research staff
  - For the presentation we highlight the main recommendations

OVERVIEW OF PRESENTATION

- Background
- Key topics and recommendations
  – from the SAMRC submission on the NHI Bill
- Conclusion

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BACKGROUND: CHALLENGES & OPPORTUNITIES

- The NHI Bill is one of the largest sets of reforms proposed for the country since 1994.
- SAMRC remains committed to provision of best healthcare to South Africa and supportive of principles underpinning the National Health Insurance plan
- Reforms are being introduced at a time when:
  - Major national and global societal, social and economic challenges
  - COVID-19, public health emergency, is having a profound impact on economies and funding available for health care and the demand for health care services
  - COVID-19 has revealed fault lines in health care services delivery, access to critical health information and also created opportunities for efficient collaborative work and improvement in some places (e.g. HTA processes).

EVIDENCE-INFORMED PLANNING AND IMPLEMENTATION

- The Bill currently sets out a specific two phased timeline for implementation (sections 57(1) and 57(2))
- We support the step-wise, resource-informed approach outlined in the Bill.
- NHI decisions should be evidence-based and partners such as the SAMRC are well placed to provide support for the conduct of relevant research.
- Government Pilot projects, as already conducted, are valuable. We suggest that implementation steps be piloted, evaluated and readjusted using research methods.
- Regular stakeholder engagement for example participatory decision-making with relevant stakeholders affected by decisions is important. This includes consultation with the public and providers at all levels of the health system

SAMRC submission - Recommendations

1. RESEARCH ADVISORY COMMITTEE

We recommend establishment of a Committee that advises the Minister

- This committee should:
  - Advise on the commissioning research and establish a framework to do this
  - Receive oral and written presentations of research findings
  - Report on the key learnings from research conducted with fenced funding for NHI related research
  - To make recommendations on arrangements for research and data access in Phase 2

RECOMMENDATION

Chapter 7 Advisory Committees Established by Minister

We recommend the following additions:

(a) The Minister must, after consultation with the Board and by notice in the Gazette, establish a committee to be known as the Research Advisory Committee as one of the advisory committees of the Fund.

(b) The membership of the Research Advisory Committee, appointed by the Minister, must consist of members from such institutions such as the research councils, public health entities, higher education institutions, civil society representation.

(c) The Minister must appoint the chairperson from amongst the members of the Committee.

2. ACCREDITATION AND RISK OF PRIVATIZING HEALTH CARE DELIVERY

- One of the WHO prerequisites for successful UHC is that a well-run healthcare system should be in place prior to implementation of UHC.
- The accreditation process as envisaged by the Bill could render many currently operational public sector facilities ineligible to be contracted by the NHI fund, resulting in a heavily private sector dependent delivery model. (section 39(2)(a) and (b))
- This accreditation process carries the risk of socialising the funding of health care but privatising the provision of health care in the country

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RECOMMENDATION

Section 39 (9) add new (e):

(9) If the Fund withdraws the accreditation of a health care service provider or health establishment, or refuses to renew the accreditation of a health care service provider or health establishment, or fails to provide accreditation to an existing health care provider or health establishment, the Fund must—

(a) provide a health care service provider or health establishment with notice of the decision;

(b) provide a health care service provider or health establishment with a reasonable opportunity to make representations in respect of such a decision;

(c) consider the representations made in respect of paragraph *(b)*; and

(d) provide adequate reason for the decision to withdraw or refuse the renewal of accreditation to a health care service provider or health establishment, as the case may be.

(e) consider whether it is appropriate to provide provisional accreditation pending progress on a road map for improving care and facilities to meet the standards of full accreditation

3. PREVENTIVE, PROMOTIVE AND PRIMARY HEALTH CARE (PHC)

- Preventive, promotive and PHC services are the foundation of the health system and the NHI (sections 36 and 37(1))
- The WHO, and others, recommend increased prioritization of investments in primary health care. We suggest that the Bill include a commitment to invest a specific proportion of funding in primary health care, to be determined prior to finalisation of the Bill

We recommend Inserting a new point 35 (4) to read (as below) and other points to be renumbered

Funds for primary health care services must constitute no less than XX% of funding for NHI, with a progressive increase in the proportion allocated.

4. TECHNICAL SUPPORT INSTITUTIONS E.G. HTA

- Products and services made available under NHI must be selected based on the best available evidence to ensure the equitable, transparent and effective distribution of public resources.
- Establishing the correct technical support structures is critical: e.g. Health Technology Assessment (HTA) Agency (section 57(3)(d)), Office of Health Products Procurement (section 38), etc.
- Concerned that these agencies should not report to Ministerial Advisory Committees as we have to have space for independent scientific opinion. They should have their own Board.
- Need to have provision for independent publication of findings as part of public good to share findings of research.

RECOMMENDATION

- Add provisions to the NHI Bill to:
  - Provide a clear mandate for the further development (where existing) or establishment of these support agencies
  - Describe the scope, functions and level of autonomy of these technical support institutions
  - Outline how they will interact with the other NHI committees and units
- Provisions need to be added to prescribe the role these institutions have in the functioning of the NHI, for e.g. HTA in determining the basket of services.

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5. HEALTH INFORMATION SYSTEM

- Section 34 identifies the need for the development and maintenance of a Health Information System (HIS) as well as the need for health workers to comply with the provisions in the National Health Act relating to access to and protection of health records.
- There is a need to clarify how organizations responsible for prioritizing and conducting (or commissioning) research will access health information for research.
- Clarify the roles of various organizations in supporting HIS, such as SAMRC and the National Public Health Institute of South Africa for surveillance and epidemic preparedness.
- We strongly support this and have the following recommendation to enhance the ability to monitor service outcomes:

RECOMMENDATION

SECTION 39 (5) – add an additional data point:

(5) In order to be accredited and reimbursed by the Fund, a health care service provider or health establishment must submit information to the Fund for recording on the Health Patient Registration System, including—

- (a) national identity number or permit and visa details issued by the Department of Home Affairs, as the case may be;
- (b) diagnosis and procedure codes using the prescribed coding systems;
- (c) details of treatment administered including medicines dispensed and equipment used;
- (d) diagnostic tests ordered;
- (e) length of stay of an inpatient in a hospital facility;
- **(f) Outcome: death or discharge**
- (~~f~~ g) etc (renumbered)

RECOMMENDATION

SECTION 40 AMENDMENTS:

- 40 (1) add “and to monitor quality of care and care outcomes”
- 40 (3) add new point (d) “to monitor quality of care and care outcomes”
- 40 (4) Information concerning an identifiable user, **through name or ID number,** including information relating to his or her health status, treatment or stay in a health establishment is confidential and no third party may disclose information contemplated in subsection (2), unless—

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6. PAYMENT MODELS

- The NHI Bill is detailed and prescriptive regarding how service providers will be paid – Global budgets, Diagnosis Related Groups, capitation etc. (sections 35 and 41).
- The specific prescriptions may require Bill amendment as the NHI implementation proceeds and processes mature.

Suggestion

- ➢ Provisions may be reworded to set out the underlying principles in deciding how to remunerate providers for services, rather than prescribing specific payment mechanisms.

7. ROLE OF MEDICAL AID SCHEMES

- In section 33, the Bill puts forward that the Minister of Health is to decide when the NHI is fully implemented, but it is unclear what criteria will be used for this determination.
- The changes in the role of medical aid schemes is linked to the full implementation of the NHI (section 33). The Bill states that medical schemes will offer complementary services not covered by the NHI.

Suggestions

- ➢ The role of deciding when NHI has been fully implemented should be delegated to an independent committee that reports to Parliament.
- ➢ Make criteria for this decision transparent in the Bill.
- ➢ Although the complementary services offered by medical schemes should not encompass or encroach on essential population health needs covered in the public sector, medical schemes may provide essential services where these are not available in a specific setting.

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RECOMMENDATION

Section 33. suggested additional text

Once National Health Insurance has been fully implemented **as determined by an independent committee reporting to parliament,** through regulations in the *Gazette*, medical schemes may only offer complementary cover to services not reimbursable by the Fund **or are not available from a provider contracted to the Fund.**

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8. KEY POPULATION GROUPS

Transitional arrangements are outlined in the current Bill

Section 57 4 puts forward purchasing of health care service benefits, but omits several critical areas, specifically related to mental health, sexual and reproductive health services and adolescent health care.

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RECOMMENDATION

We suggest adding the wording:

(f) the purchasing of health care service benefits, which include personal health services such as primary health care services, ~~maternity~~ **sexual and reproductive health services** and child **and adolescent** health care services including school health services, **mental health care services,** health care services for the aged, people with disabilities and rural communities from contracted public and private providers including general practitioners, audiologists, oral health practitioners, optometrists, **clinical psychologists, mental health practitioners,** speech therapists, **physiotherapists, occupational therapists, dietitians** and other designated providers at a primary health care level focusing on disease prevention, health promotion, provision of primary health care services and addressing critical backlogs;

9. PUBLIC ENGAGEMENT

The Bill makes provision for engagement with stakeholders, however this could be further expanded. Particularly, the broad list of contributors need to be considered and how their contributions could be meaningfully heard.

Section 27 Stakeholder advisory committee:

- The role, functions and membership need to be elaborated
- It could meet by electronic communication as well as in person

Patient advocacy groups:

- Patient advocacy groups are critical voices and they need to have a forum for expressing their views that is distinct from service providers and other stakeholders
- A structure needs to be created to enable organised patient voices to have input at each level from District to providing input to the Board

Conclusion

CLOSING REMARKS

- The NHI is an important step in reforming the health care system and will have a profound impact on the future of the country.
- In November 2019 SAMRC hosted a National UHC Dialogue with research based learning and broad engagement UHCReport.pdf(samrc.ac.za)
- Overall, we recommend that planning and implementation should be research informed and with continued engagement of all stakeholders.

Thanks

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