



SASA

SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

National Health Insurance Bill

Oral Presentation 15th June, 2021



SASA?

> 90%



> 90%

SASA Overview

- 2400 Members
 - Public and Private Sector
 - Specialists, GP anaesthetists, Nurses
 - ~1350 Specialists
 - ~100% registrars (trainees)
- Largest single speciality society
- National insight and representation

Presenter Overview

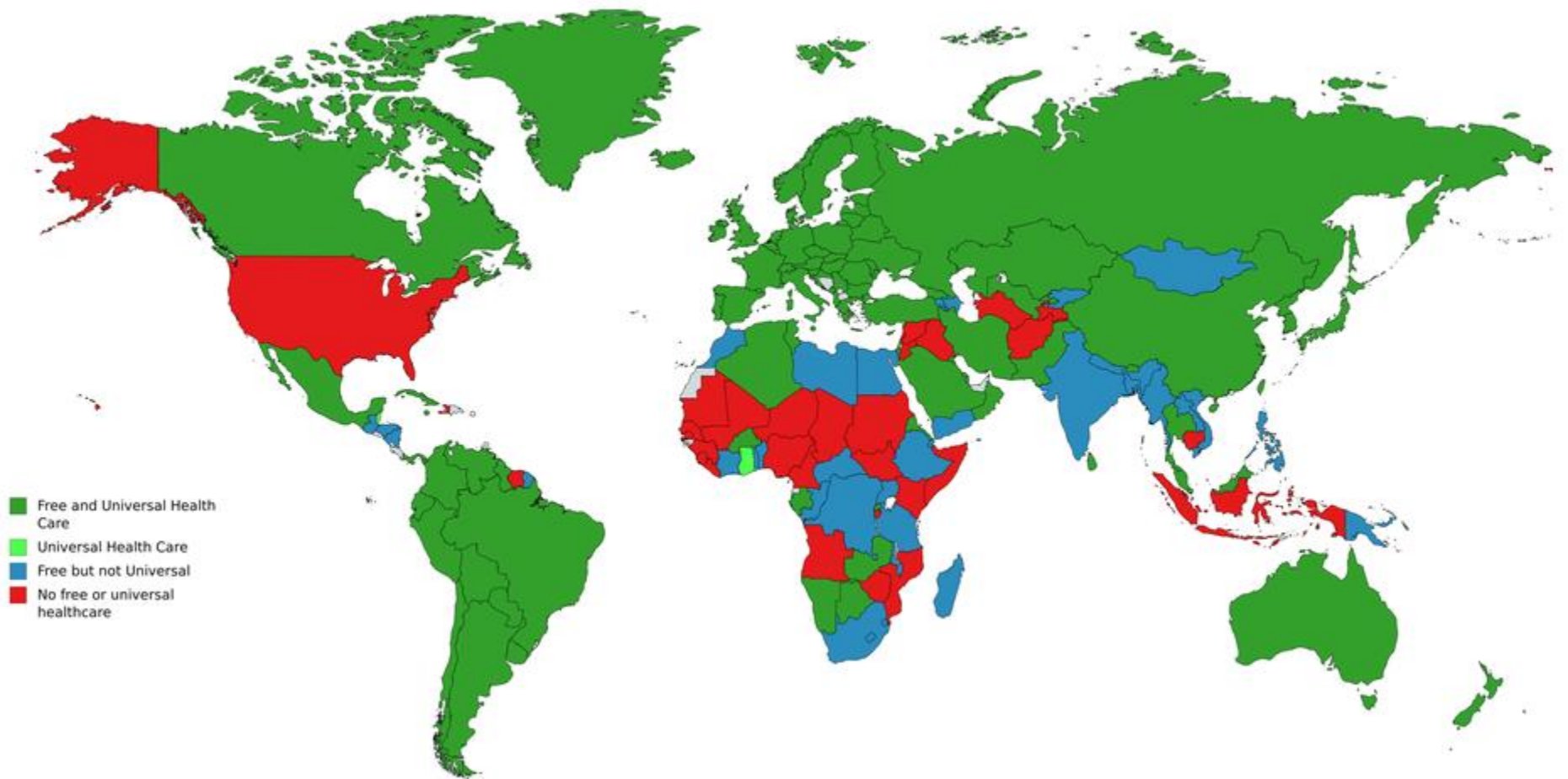
- Current President of SASA
- Specialist Anaesthesiologist and Intensive Care Physician
 - Member of the 1st MAC on COVID19
 - Participated in a TWG of the current MAC
 - Member Solidarity Fund Health TARP
 - Served on various NDOH Committees on COVID19
 - Co-authored Policy and other documents for the NDOH.



Universal Health Coverage



- *Universal health coverage means that all people have **access to the health services** they need, **when and where they need them**, **without financial hardship**.*
- It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.



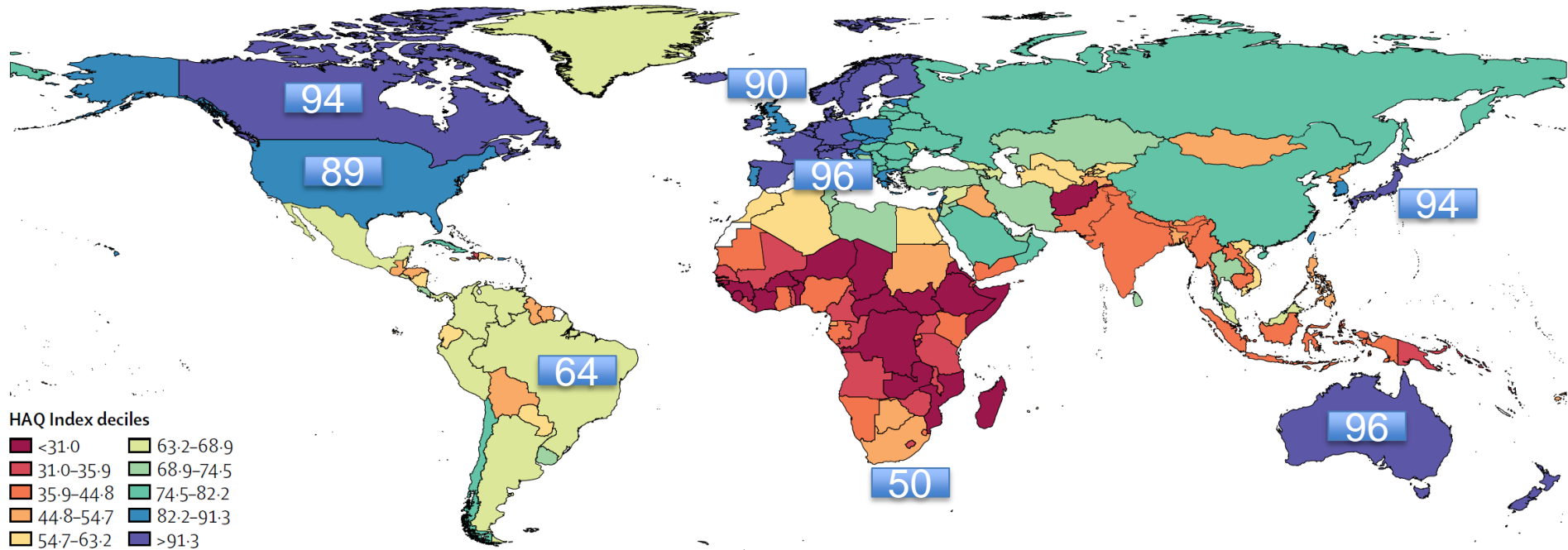


Figure 1: Map of HAQ Index values, by decile, in 2016

Deciles are based on the distribution of HAQ Index values in 2016. Where lower and upper bounds of deciles appear to overlap, they should be interpreted as values up to but not equalling the upper bound in the preceding decile (ie, exclusive of the upper bound value) and values equalling the lower bound of the following decile (ie, inclusive of the lower bound value). HAQ Index=Healthcare Access and Quality Index. ATG=Antigua and Barbuda. VCT=Saint Vincent and the Grenadines. LCA=Saint Lucia. TTO=Trinidad and Tobago. FSM=Federated States of Micronesia. TLS=Timor-Leste.

GBD 2016 Healthcare Access and Quality Collaborators. **Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016.** Lancet. 2018 Jun 2;391(10136):2236-2271. doi: 10.1016/S0140-6736(18)30994-2. Epub 2018 Jun 1. PMID: 29893224; PMCID: PMC5986687.

Quality?



Institute for
Healthcare
Improvement



Safe

Avoiding harm or injury to service users.



Efficient

Avoiding waste of equipment, supplies ideas and energy.



Timely

Reducing waits and harmful delays for staff and patients.



Equitable

Does not vary because of location or characteristics.



Effective

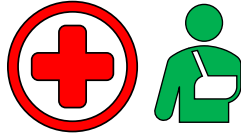
Based on scientific knowledge for all who could benefit.



Person Centred

Respectful of individual needs and preferences.

Universal Healthcare



People

Enabling quality
patient care for
all



Funding

**NATIONAL HEALTH
INSURANCE BILL**



PARLIAMENT
OF THE REPUBLIC OF SOUTH AFRICA

Resources



Facilities &
Transport

Primary through
Quaternary
Healthcare



Equipment

Enabling quality
care and dignity
of the individual



Administration

Distributing Funds,
managing
resources and care
delivery



Human Resource

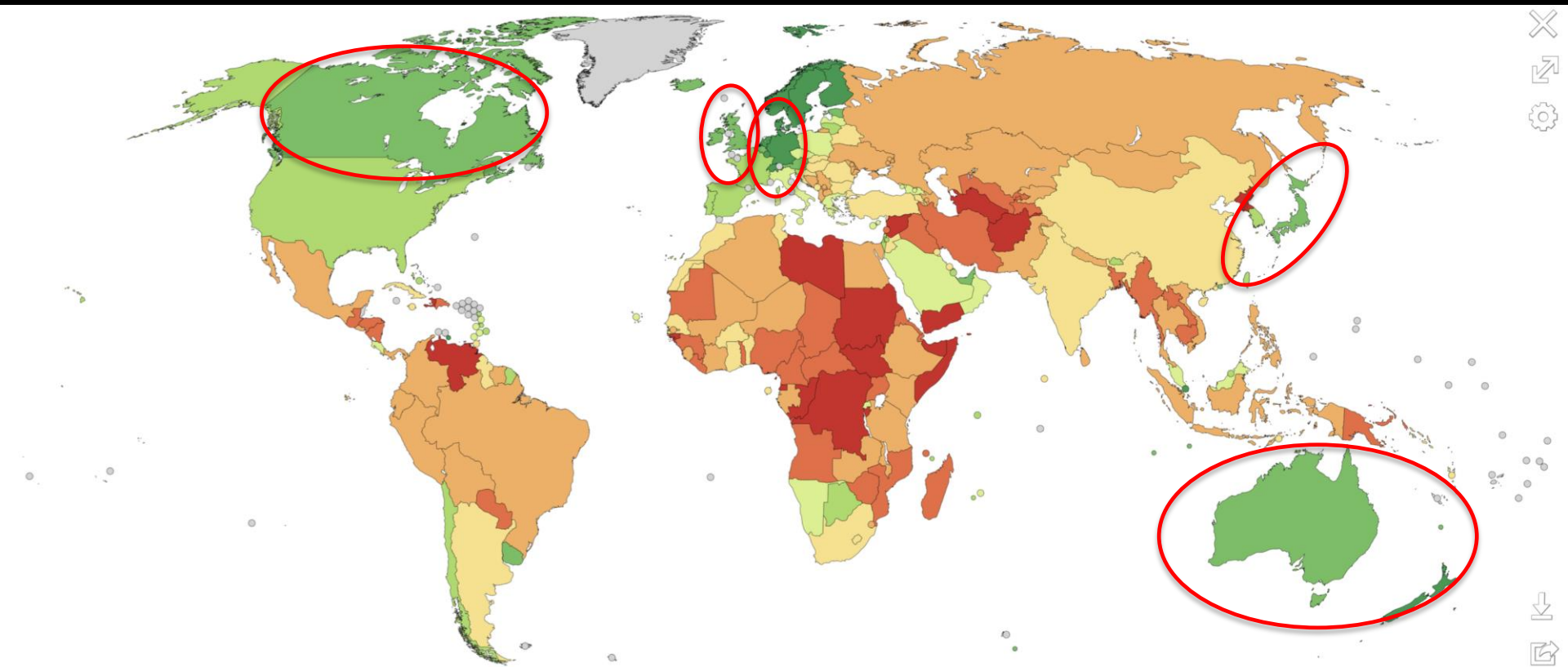
Healthcare workers,
Regulation,
Leadership,
Governance



SASA
SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

The Context of NHI

- The NHI Bill cannot be considered in isolation.
 - National Lived Experience
 - Cost of Healthcare
 - Human Resources



Map showing countries and territories according to the *Corruption Perceptions Index*, 2020, in ascending order. 90–99 80–89 70–79 60–69 50–59 40–49 30–39 20–29 10–19 0–9 Data unavailable

 [More details](#)

EXCLUSIVE | GEMS rocked by corruption investigation involving R300 million

news24 Sipho Masondo

SHARE   



SUBSCRIBERS CAN LISTEN TO THIS ARTICLE



doubleclick.net...



Subscribe 155k

Emergency procurement for the Covid-19 pandemic saw South Africa nine provincial health departments flush a jaw-dropping R2-billion hundreds of unlicensed suppliers of personal protective equipment and other medical goods.



OPINION v MU

Gaut F



Chris Hani Baragwanath Hospital

Subscribe 155k

Department of Wealth

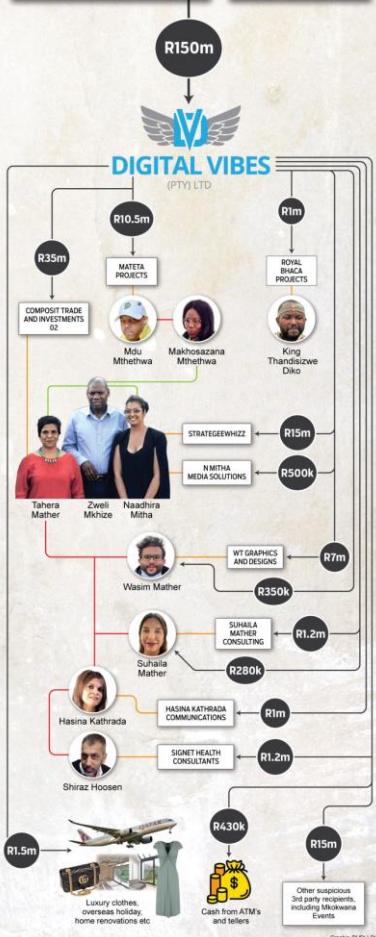


health

Department: Health
REPUBLIC OF SOUTH AFRICA

KEY

- Payments
- Director and/or owner
- Married or family
- Mkhize #Unity campaign or ANC connection



The council said several employees were allegedly implicated in acts of corruption or bribery to expedite registration processes.

Sixteen staff suspended at HPCSA following allegations of corruption



Mark Heywood

Lived Experience in Healthcare

- Financial & resource
 - Mismanagement, corruption, maladministration
- Absence of regulatory policing
 - Professionals, Facilities, Funders, Administrators, Government

Lived Experience in Healthcare

- Failure to address HR (Time) “crisis”
 - No increase in production/ recruitment/ retention
- Fragmentation
 - Pervasive in all sectors

The Context of NHI

- The NHI Bill cannot be considered in isolation.
 - National Lived Experience
 - Cost of Healthcare
 - Human Resources










The Cost of Healthcare?

- “South Africa has one of the most expensive private healthcare systems in the world...”, the World Health Organisation (WHO) told a Competition Commission inquiry...
- “Private hospital prices in South Africa are on par with prices in countries with much higher GDP levels – including the United Kingdom, Germany and France,”
- South Africa spent **41.8% of total health expenditure on private, voluntary health insurance, more than any OECD country.** However, **only 17% of the population,** mostly those with high incomes, could afford **private insurance.**



Financing Healthcare?


















	Country	Total Population	Total spending on healthcare (Billion USD) (USD:ZAR=13)	Distribution of healthcare spending (2018 data)		GDP per capita (USD)	Per Capita Spending on healthcare	Per Capita Spending on Healthcare in PPP (Purchasing Power Parity)	Healthcare spending as % of GDP (2018)
				Public	Private				
	World	7 674 000 000	\$8 288	60%	40%	\$18 381	\$1 080	\$1 080	10.00%
	USA	327 096 000	\$3 475	50%	50%	\$62 918	\$10 624	\$10 624	16.89%
	Australia	24 898 000	\$135	69%	31%	\$58 434	\$5 425	\$5 005	9.28%
	Netherlands	17 181 000	\$91	65%	35%	\$53 201	\$5 307	\$5 635	9.98%
	Canada	37 075 000	\$185	73%	27%	\$46 290	\$4 995	\$5 200	10.79%
	United Kingdom	66 274 000	\$286	79%	21%	\$43 167	\$4 315	\$4 620	10.00%
	Japan	127 202 000	\$543	83%	16%	\$38 952	\$4 267	\$4 504	10.95%
	Brazil	209 469 000	\$178	42%	58%	\$8 917	\$848	\$1 531	9.51%
	South Africa	57 793 000	\$30	54%	46%	\$6 373	\$526	\$1 129	8.25%

[Global Health Expenditure Database \(who.int\)](https://data.who.int/global-health-expenditure-database)

Financing Healthcare?



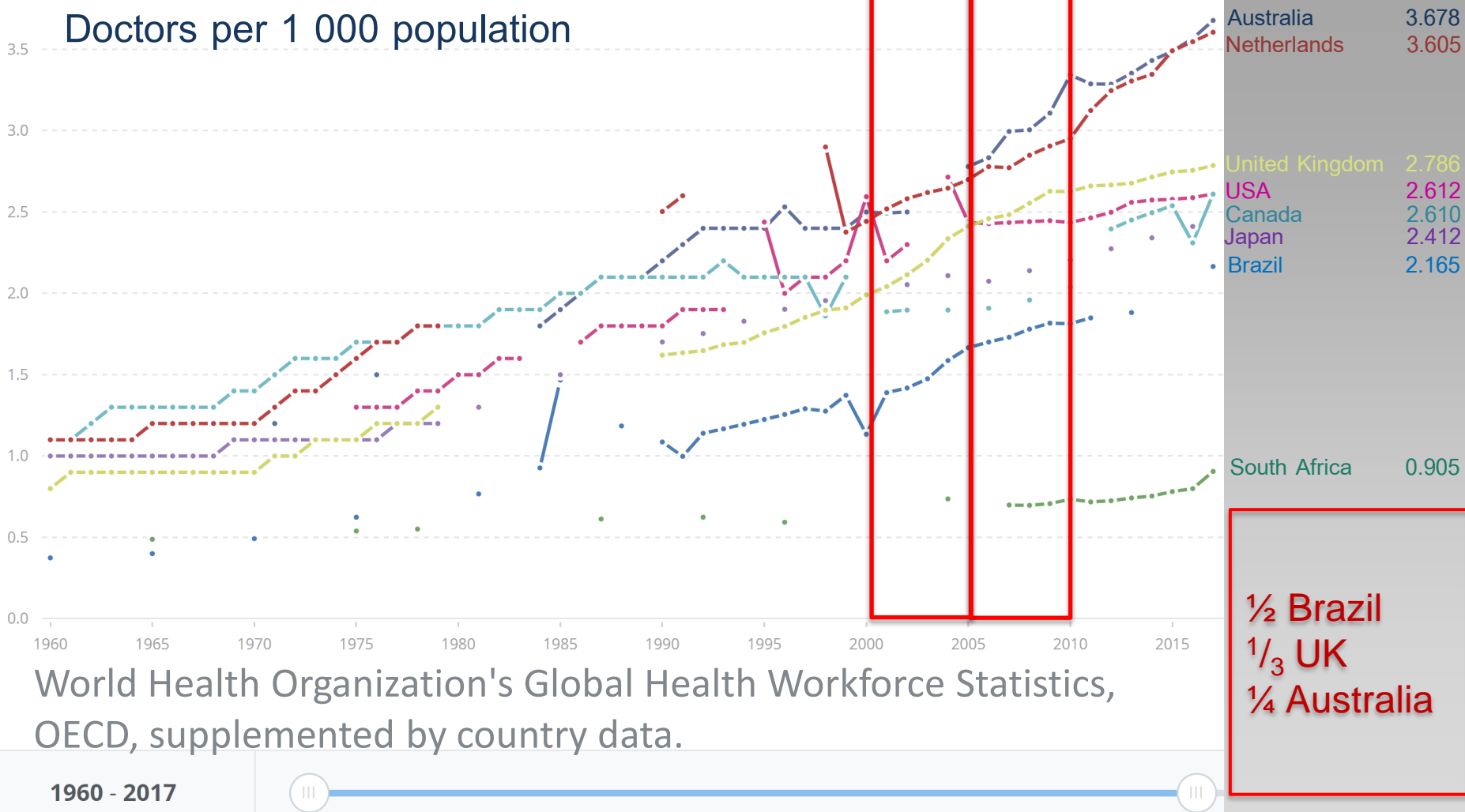
	Country	Total Population	Total spending on healthcare (Billion USD) (USD:ZAR=13)	Distribution of healthcare spending (2018 data)		GDP per capita (USD)	Per Capita Spending on healthcare	Per Capita Spending on Healthcare in PPP (Purchasing Power Parity)	Healthcare spending as % of GDP (2018)
				Public	Private				
	South Africa	57 793 000	\$30	54%	46%	\$6 373	\$526	\$1 129	8.25%
	Spend in Billion USD			\$16.42	\$13.98				
	Per Capita Spending in each sector			\$336	\$1 554				
	Healthcare spending as % of GDP (2018)			5.28%	24.38%				
	Per Capita Spending in PPP (each sector)			\$722	\$3 335				
	Australia	24 898 000	\$135	69%	31%	\$58 434	\$5 425	\$5 005	9.28%
	Netherlands	17 181 000	\$91	65%	35%	\$53 201	\$5 307	\$5 635	9.98%
	Canada	37 075 000	\$185	73%	27%	\$46 290	\$4 995	\$5 200	10.79%
	United Kingdom	66 274 000	\$286	79%	21%	\$43 167	\$4 315	\$4 620	10.00%
	Japan	127 202 000	\$543	83%	16%	\$38 952	\$4 267	\$4 504	10.95%

	Country	Total Population	GDP per capita (USD)	Per Capita Spending on healthcare
	World	7 674 000 000	\$18 381	\$1 080
	USA	327 096 000	\$62 918	\$10 624
	Australia	24 898 000	\$58 434	\$5 425
	Netherlands	17 181 000	\$53 201	\$5 307
	Canada	37 075 000	\$46 290	\$4 995
	United Kingdom	66 274 000	\$43 167	\$4 315
	Japan	127 202 000	\$38 952	\$4 267
	Brazil	209 469 000	\$8 917	\$848
	South Africa	57 793 000	\$16 000	\$1 554

The Context of NHI

- The NHI Bill cannot be considered in isolation.
 - National Lived Experience
 - Cost of Healthcare
 - Human Resources

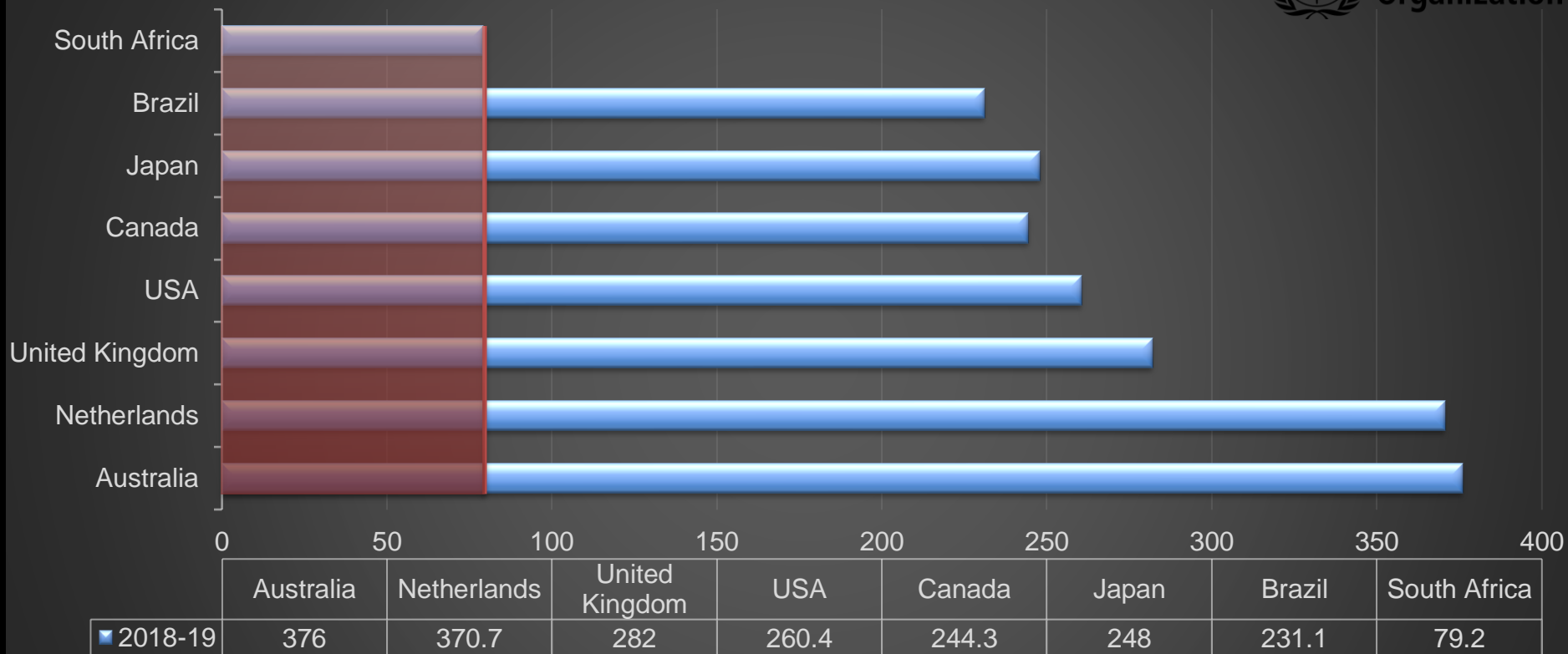
Doctors per 1 000 population



Doctors per 100 000 population



World Health
Organization

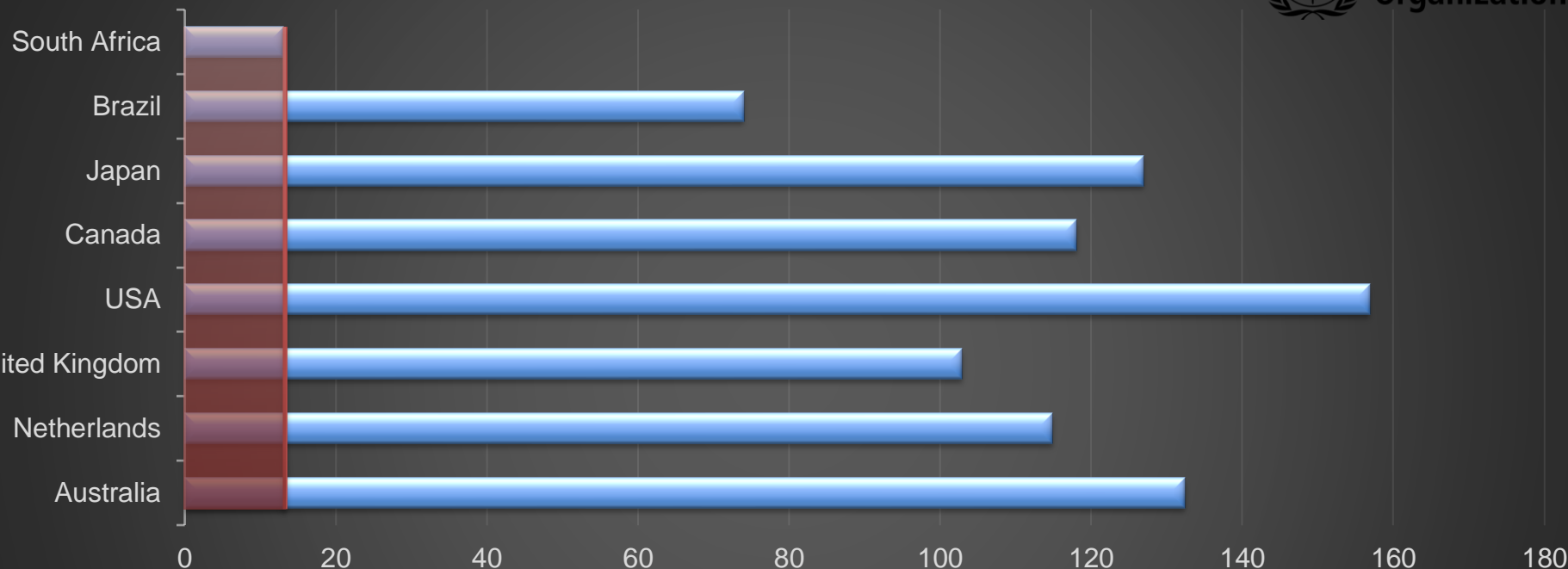


2018-19

Nurses & Midwives per 10 000 population



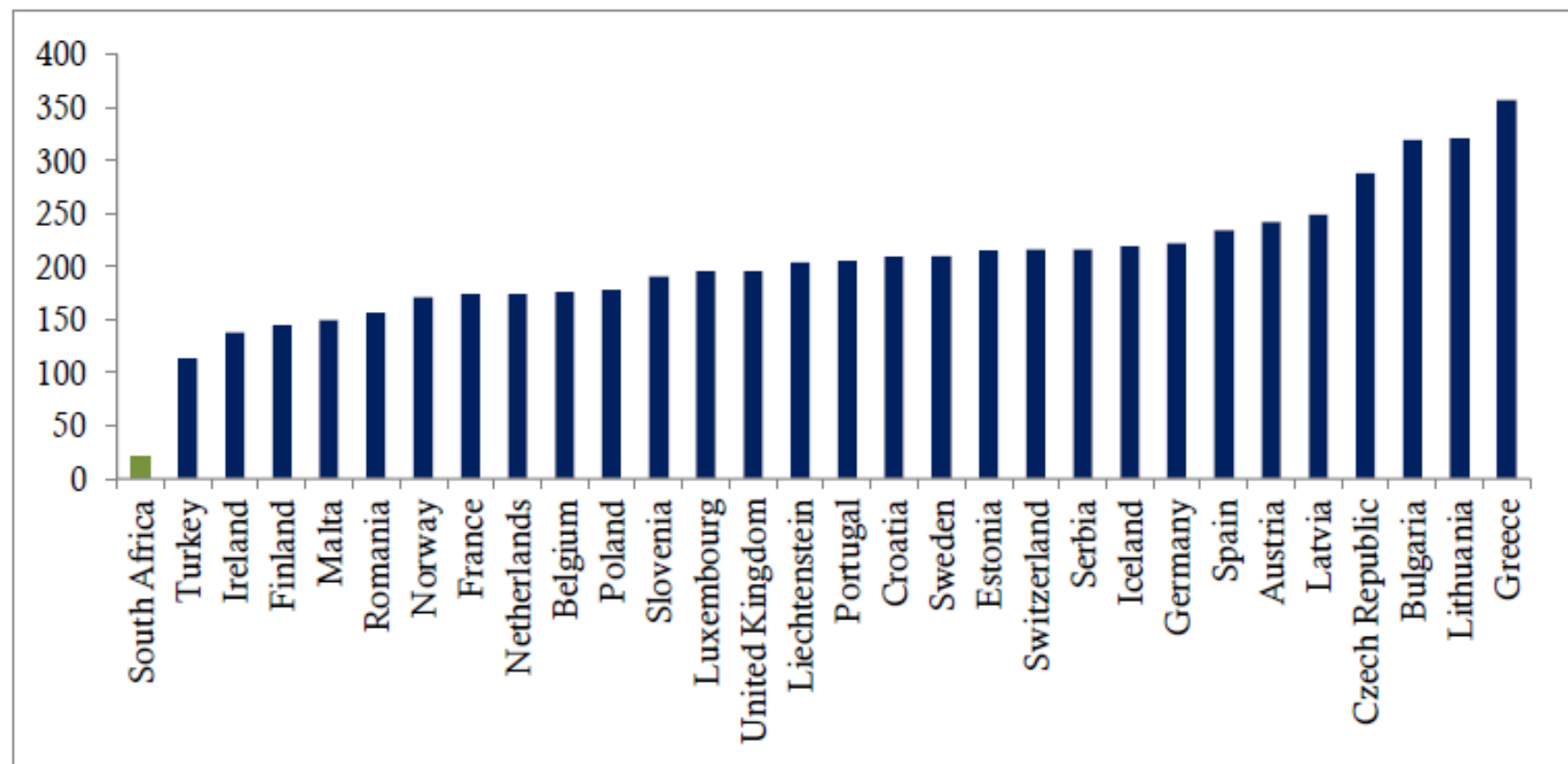
World Health Organization



	Australia	Netherlands	United Kingdom	USA	Canada	Japan	Brazil	South Africa
■ 2017-19	132.4	114.9	102.9	156.9	118.1	127	74.01	13.08

■ 2017-19

Figure 7: Number of specialists¹³ per 100,000 citizens in developed countries and South Africa (2011)



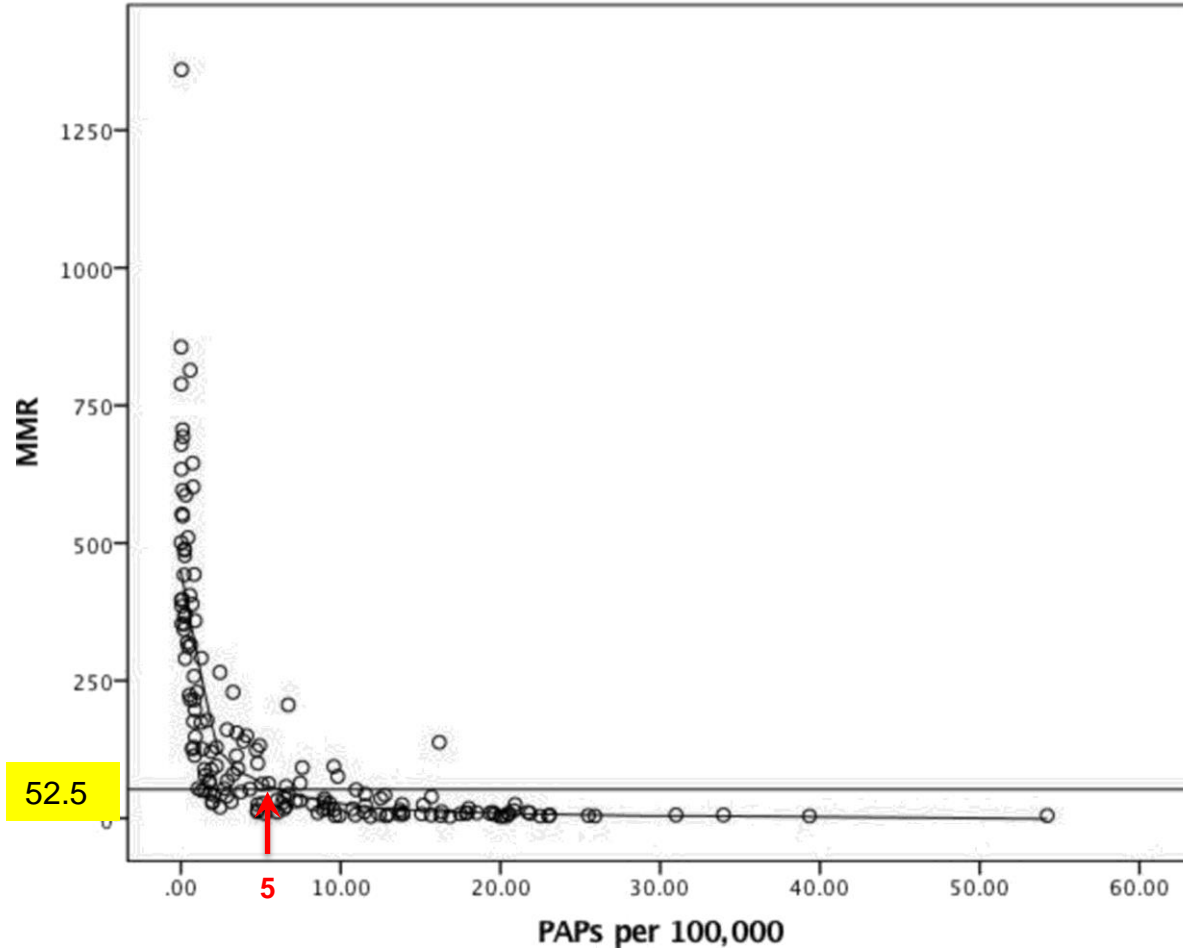
Source: Eurostat, 2015; Econex, 2014

Do HR or specialists matter that much?

Table 3: Maternal Mortality Ratios¹⁸ estimates for South Africa and relevant comparator countries (2015)

Per Capita	Country	MMR	Lower	Upper
	Developing countries			
\$336	South Africa	138	124	154
\$605	Argentina	52	44	63
	Brazil	44	36	54
	Chile	22	18	26
	China	27	22	32
	Columbia	64	56	81
	Costa Rica	25	20	29
	Cuba	39	33	47
	Ecuador	64	57	71
	El Salvador	54	40	69
	Malaysia	40	32	53
\$570	Romania	31	22	44
	Sri Lanka	30	26	38
\$142	Viet Nam	54	41	74
	BENCHMARK¹⁹	42		
	Industrialised countries			
	Australia	6	5	7
	Austria	4	3	5
	Belgium	7	5	10
	Canada	7	5	9
	Israel	5	4	6
	Netherlands	7	5	9
	Spain	5	4	6
	United Kingdom	9	8	11
	United States of America	14	12	16

International data from (World Health Organisation, 2015, pp. 51-56);
 Benchmark is calculated and is based on the average of the developing countries



What is the minimum number of specialist anaesthetists needed in low income and middle-income countries? JI, et al. *BMJ Glob Health* 2018;3:e001005. doi:10.1136/bmjgh-2018-001005

Global Resource?



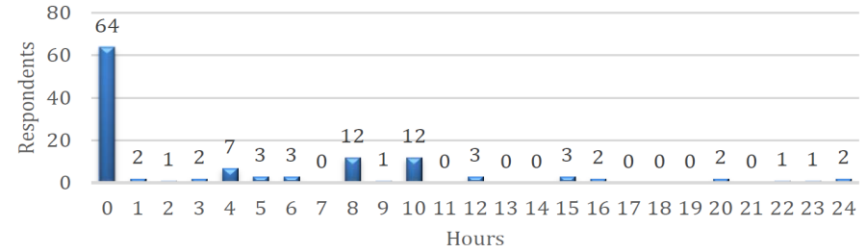
WFSA
WORLD FEDERATION OF SOCIETIES OF
ANAESTHESIOLOGISTS

Country	Anaes/ 100k	Absolute #	Population
Australia	23.09	5,535	23,969,000
New Zealand	21.71	983	4,528,000
USA	13.67	47,000	321,774,000
Canada	12.42	4,464	35,594,000
UK	17.85	11,549	64,716,000
South Africa	2.46 (0.61 / 11.7)	1,468	59,622,350

Economies of scale for HR?

- 6 day survey
 - HMI 2017
- 57% of specialist members (1350)
- Add 12 specialists to the total
 - Hours available/ 48

Public Sector: Additional hours available to work per week



Private Sector: Additional hours available to work per week

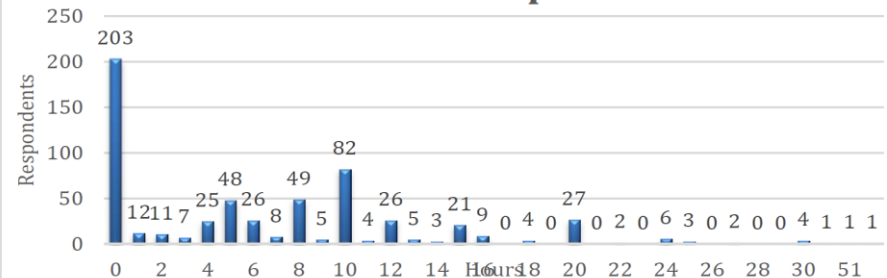
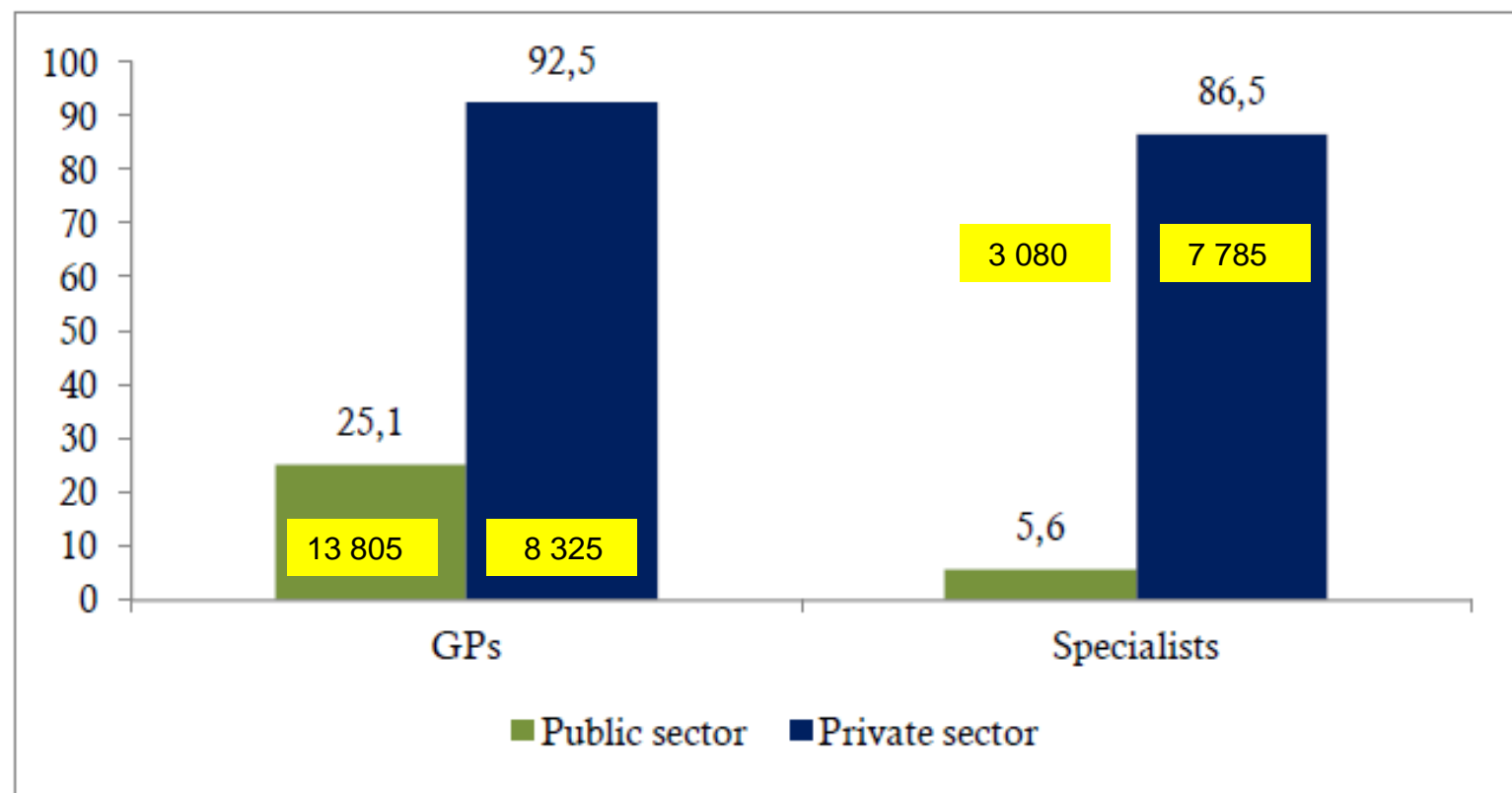


Figure 3: Number of doctors in the public sector per 100,000 citizens, relative to the number of doctors in the private sector per 100,000 beneficiaries (2013)



Source: Econex, 2014

Human Resources and Sector Movement

- **HSRC article 2010**
 - <http://www.hsrc.ac.za/en/review/november-/public-service-doctors>
- “Doctors in the public service TOO FEW FOR TOO MANY”
- “Why are doctors leaving?”
 - better remuneration
 - safer environment,
 - living conditions,
 - lack of facilities,
 - lack of promotion,
 - no future,
 - heavy workload
 - save money,
 - work tempo,
 - declining health service,
 - economic decline,
 - poor management and;
 - to upgrade qualifications.
- Blaming NHI is not “considerate”
- In four sub-Saharan Africa countries (Cameroon, South Africa, Uganda and Zimbabwe), according to the World Health Report, 2006,
- Two studies (OECD, 2004 and WHO, 2006) show that the **motivations for migration are very complicated**, and although it is possible to have a list of reasons, it is **difficult to ascertain in which circumstances each might carry more weight.**

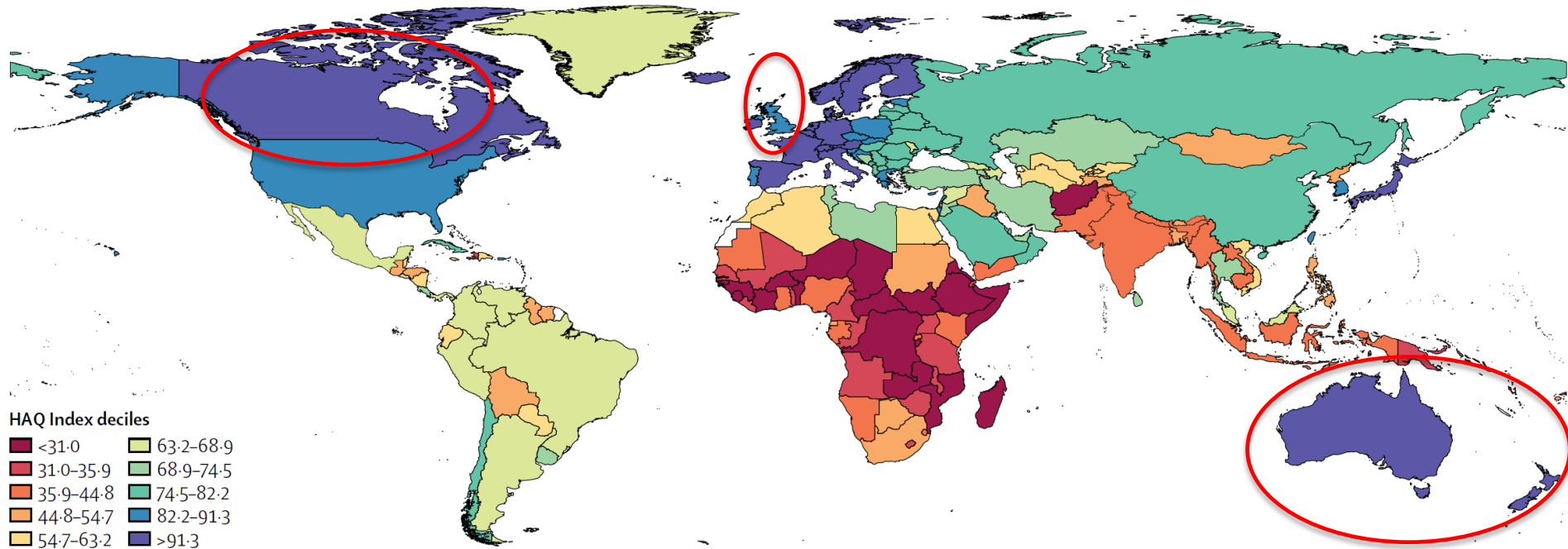


Figure 1: Map of HAQ Index values, by decile, in 2016

Deciles are based on the distribution of HAQ Index values in 2016. Where lower and upper bounds of deciles appear to overlap, they should be interpreted as values up to but not equalling the upper bound in the preceding decile (ie, exclusive of the upper bound value) and values equalling the lower bound of the following decile (ie, inclusive of the lower bound value). HAQ Index=Healthcare Access and Quality Index. ATG=Antigua and Barbuda. VCT=Saint Vincent and the Grenadines. LCA=Saint Lucia. TTO=Trinidad and Tobago. FSM=Federated States of Micronesia. TLS=Timor-Leste.

Health Professionals choose UHC territories

Summary of Context

- Health Professionals Support UHC
- Interpersonal Trust is limited
 - Corruption & Mismanagement must be addressed and experienced with action
- As consequence → Poor GDP is stifling UHC
 - But money is only one ingredient required
- We have a HR (Time) Crisis!

REPUBLIC OF SOUTH AFRICA

NATIONAL HEALTH INSURANCE BILL

*(As introduced in the National Assembly (proposed section 76); explanatory summary of
Bill and prior notice of its introduction published in Government Gazette No. 42598
of 26 July 2019)
(The English text is the official text of the Bill)*

(MINISTER OF HEALTH)



- **UHC is a basic human Right**
- Social solidarity imperative
- Inequality should not extend to healthcare
- We can and should improve healthcare access and quality to the nation



- **Antagonists are:
Anti Poor
Anti Transformation**
- **2 tier system is an anomaly**
- **Private Healthcare is the most expensive in the world**

The NHI Bill vs UHC?

- Legislation
 - Test against which conduct is measured
 - “I didn’t do anything illegal”
- NHI Bill
 - Legal foundation for UHC
 - A fund to enable economies of scale?

NHI Bill Concerns Overview



SASA
SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

SAPIENTIA ET ARTE CUSTODIMUS

The NHI Bill (SASA Submission 29-11-2019)

- Contains preconditions that may:
 - threaten quality patient centred care
 - threaten access to care
 - enable fiscally unsound principles
 - override independent regulatory oversight

Bill enables....

Ministerial
Autocracy

The New
Regulator

Accreditation

No Oversight body
outside parliament

Limited
Accountability with
massive power

Board, CEO,
Committee
Appointments &
Remuneration

Monitor,
Guidelines,
Sanction

"According to the
needs of the
population"

Subject to
unconstitutionality
and corrupt
process

Societies,
Regulators
relegated to single
Stakeholder
committee

Enables
corruption,
maladministration,
quality
degradation

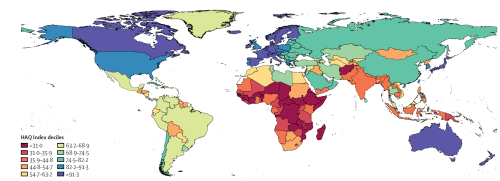
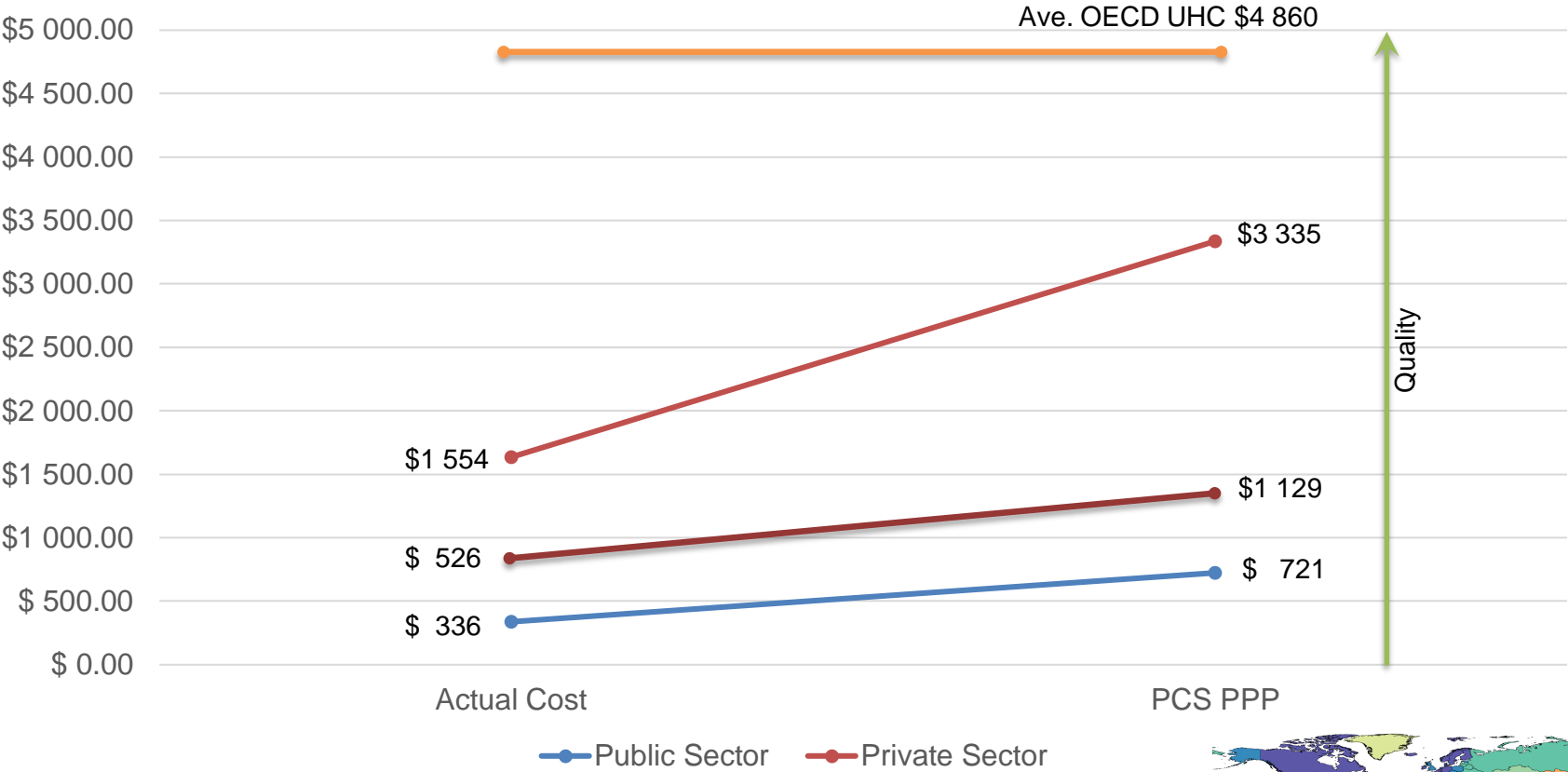
NHI Further Risks & Notes

- Bill fails to address requirements that enable UHC.
 - Finance, HR, Quality, Access, Trust
- Quality, measures, value ill-defined.
- Massive cost of establishment
- Fiscal detail is lacking w.r.t. achieving high quality care

“Primum Non Nocere”

- Unintended Consequences
 - Context insensitive implementation
- Employed and Unemployed Population
 - Interest in the achieving UHC
 - Compromising quality → lose employed people who fund the system
 - Vicious Cycle
- Enhance quality → improve GDP

Relative Costs of Healthcare (PCS (per capita spend) USD)

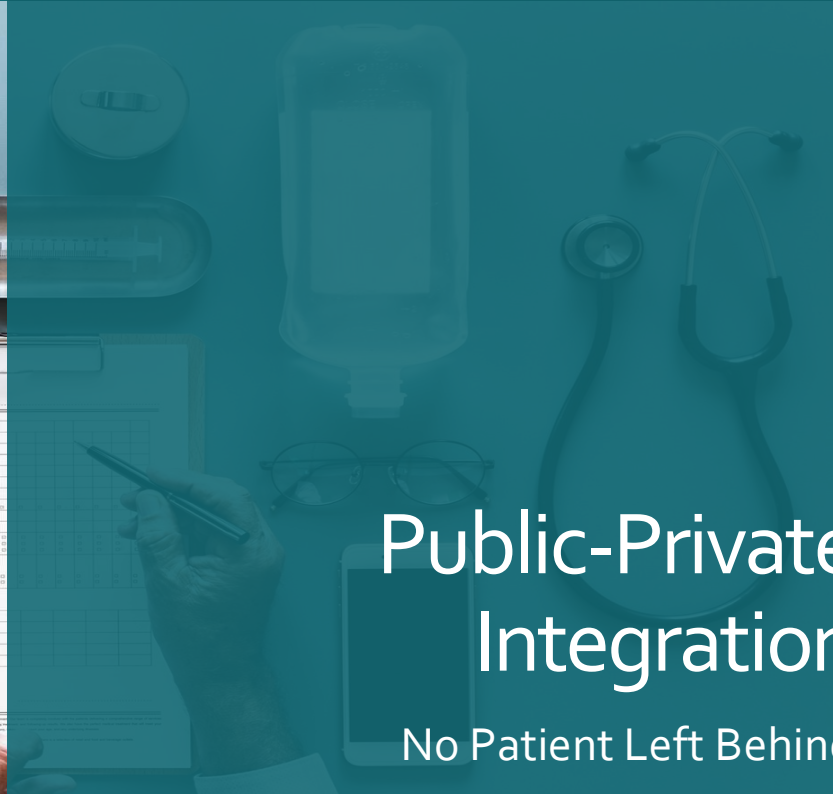


If Not Now When?



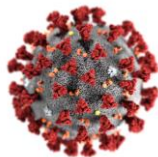
SASA
SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

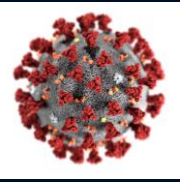
SAPIENTIA ET ARTE CUSTODIMUS



Public-Private Integration

No Patient Left Behind



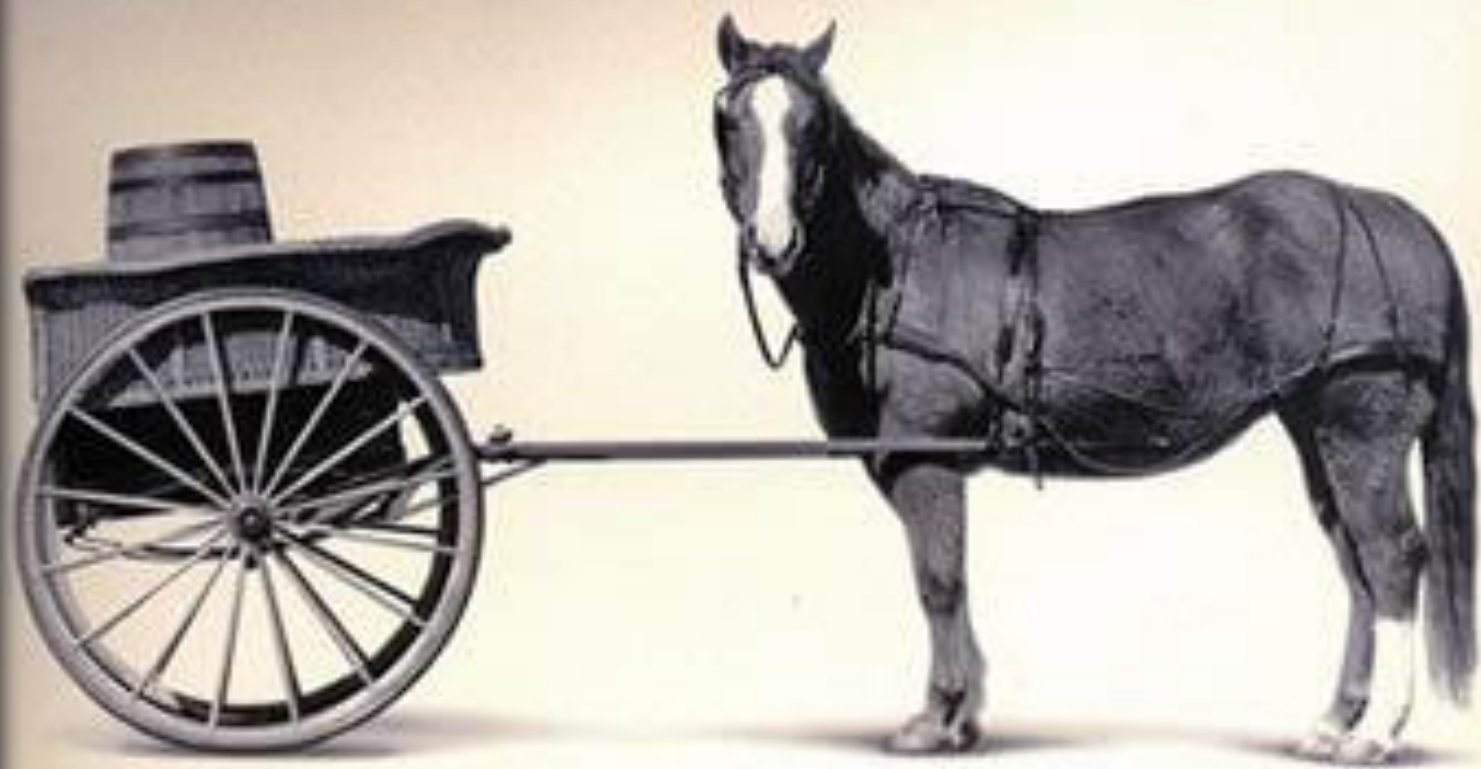


Three Broad Principles

- Universal Healthcare
 - Quality Healthcare (IHI)
- Our National Healthcare Asset
 - Security and Sustainability
- Social Solidarity
 - As Citizens and in the Healthcare Space

A Social Compact

- NHI/ UHC requires a foundation first



A Social Compact

- NHI/ UHC requires a foundation first
- Address key components
 - Establishing trust with decisive Action

FIGHTING CORRUPTION IS EVERYONE'S BUSINESS

Report fraud and corruption on 0800 701 701



Government has adopted a zero-tolerance approach to corruption in both the public and private sector.

Together we move South Africa forward



government
communications

Department:
Government Communication and Information System
REPUBLIC OF SOUTH AFRICA



A stepwise solution – A social compact

- NHI/ UHC requires a foundation first
- Address key components
 - Establishing trust with decisive Action
 - Corruption
 - Financial management & Administration
 - Public facilities services
 - Decisive economic steps to ↑GDP
 - Investment paramount
 - Aggressive Human Resource development in healthcare

Human Resource Development

- Attract learners to consider healthcare
 - Revise and review Incentives, Bursaries, Remuneration
- ↑ **Training Capacity**
 - Approve more “places” with good governance
- Retain skills
 - HSRC points elucidated
- Attract Skills
 - Enable and prioritise registration to work reciprocally
 - Address administration urgently

While addressing Key Components?

- Revise/ redraft NHI
 - Context sensitive
 - May evolve positively with improvement in
 - Trust deficit (due to action)
 - Economy
 - HR
- Finally adopt an NHI that unifies our Health Asset.

NHI Bill Decision

- Healthcare Bill
 - Decision to implement must concentrate on strengthening healthcare
 - Solid foundation will enable a solid Bill
 - Unify the health asset
- Health Professionals, as citizens and patients are dedicated to
 - Collaboration
 - Hard work and
 - UHC