Participating in the development of South Africa’s National Health Insurance

South African government has begun to pilot the National Health Insurance (NHI), a financing system that aims to ensure that all citizens and legal long-term residents are provided with essential healthcare, regardless of their employment status and ability to make a direct monetary contribution to the NHI Fund.

By ELROY PAULUS

In 2011, 10 NHI pilot sites were identified, with an emphasis on areas with the greatest need, especially in terms of child and maternal mortality rates, life expectancy, HIV AIDS and TB and the need to strengthen health system effectiveness.

In addition to addressing healthcare financing, the NHI also aims to re-engineer primary health care by focusing on prevention and strengthening district health systems. Community health workers and civil society have an important role to play in achieving these ambitious goals. The Black Sash, in partnership with the Health Economics Unit at the University of Cape Town and the Health-e news service, held consultative workshops in all provinces to give those who use public health-care facilities an opportunity to contribute to the health reform proposals.

Participants were sent by community-based organisations (such as paralegal advice offices), health-affiliated organisations, non-governmental organisations, faith-based organisations, and traditional healer organisations. They were chosen as community representatives and participants of different districts in each province.

By May 2010 and June 2011, the two- to three- day provincial consultations, provided a platform for sharing information and eliciting participant views specifically on key issues that need to be addressed in South African health services, their preferred health system principles and values and broad options for the proposed health reform system, including preferred forms of financing.

The findings of the workshop were captured in the National Synthesis Report, which lays bare the challenges that the majority of South Africans face in accessing health care. These were set out through a carefully constructed methodology called the ‘citizen jury’ approach. Common issues across the provinces emerged, with approximately 800 people from more than 500 different organisations consulted.

The key findings

Participants in urban areas, especially in the Western Cape, were more knowledgeable and engaged in healthcare policy. Participants suggest that public institutions offer the bare minimum of service, whereas those who can afford to attend private institutions are given both better treatment as well a better chance at recovery. Participants were aware of the different levels within the health system and suggested that effective communication between local, provincial and district health facilities is glaringly absent.

Recommendations include the roll out of the same level of service across all facilities, with an emphasis on those with the greatest need or that were functioning the poorest. In rural areas the call was for government to focus on primary healthcare. Participants felt far removed from, and not engaged by, provincial and local health authorities in many areas. Participants reported that government has not prioritised giving support to NGOs and community-based organisations that deliver community health services, thus undermining primary healthcare.

A gap in national health policy was also identified, because there seems to be no provision or implementation of national guidelines for the primary healthcare provided by clinics and community services. For example, in the Free State and in parts of KwaZulu-Natal, participants called for the confidentiality of HIV positive people as a top priority.

Participants argued that health facilities do not cater for the elderly and suggested that nurses undergo geriatric training. Participants in Limpopo and Gauteng noted the impact of migration on health services. In Limpopo, migration to mining areas has placed an increased burden on health services. In Gauteng huge pressure is placed on health services by the constant influx of people to the province in search of work.

In other provinces, the relationship between environmental factors and poor health was highlighted and a lack of access to drinking water is leading to health problems. The presence of mining and malaria also create health complications (especially in Limpopo), poor sanitation and exposure to rubbish dumps located near communities was reported to contribute to the high infant mortality rates in these areas.

Sustaining public participation

Kalie Senyane of the Southern African Catholic Bishops’ Conference attended the NHI consultations in the Free State. He also worked as a fieldworker for the Community Monitoring and Advocacy Project monitoring primary healthcare services and basic services.

I can now see how important it is to ensure public participation,’ Senyane says. ‘Health system reform and the NHI comes with important development outcomes for poor people and it will help them a lot. It is a necessary intervention. As a result of NHI consultations we helped strengthen local awareness about these reforms. Previously people were not aware of this. We helped to push that clinics have health information brochures in their local language. So now information is in English and seSotho, a critical need in places in Free State.’

Senyane adds that they also learnt about the social determinants of health, such as potable water, acceptable standards of sanitation, and access to nutritious food. As a result of these public participation methods, and rights education initiatives, Justice and Peace visited households in the Welkom and Virginia areas and helped people develop a proper understanding on these issues. As a result, people are more free to speak out against poor services, and expect that these challenges must be addressed.

Ward-based health care

Today there are inspiring stories about the interventions by national government, and the gains made when provincial health and district health departments work hand in hand. It is envisaged that primary healthcare re-engineering will serve communities directly in each ward. However, this is a huge and expensive task requiring extensive training of staff.

To achieve this ward-based primary healthcare, outreach teams are being established and led by a professional nurse with six or more community health workers. At the end of 2012, more than 300 teams were established.

Members of the public were given the opportunity to contribute to health reform proposals.
Many of these community health workers (CHWs) are deployed from non-profit organisations and were previously home-based carers and counsellors. After training their roles have shifted, and they now do critical work in their communities supporting mothers-to-be, holding post-natal care visit clinics, assisting with infant feeding, screening for hypertension and diabetes and encouraging male medical circumcision.

As one health worker in the North West Province reflected, ‘we are inspired by our work, and can see that we are making a difference. However, it is important that other government departments work with us. We also need to be assured that stipends and remuneration happens regularly and is a reasonable amount’.

It remains important for government to be aware of these struggles and that these concerns are reflected accurately and independently. Ward committees, clinic committees, and other civil society formations have an important role to play in achieving this.

**Public Participation**

Facilitator, Elly Marshall, capturing inputs from the Overberg delegation.

Elroy Paulus presenting at a workshop in the Eastern Cape.

---

**Working together**

The project is a partnership between:
- Black Sash Trust
- Health Economics Unit, University of Cape Town
- Health-e news service
- Community health workers
- A range of community-based health organisations, faith-based organisations and traditional healer organisations

**For more information**

Elroy Paulus
National Advocacy Manager for Black Sash Trust
Phone: 021 686 6952
Email: elroy@blacksash.org.za

Websites:
- http://www.health-e.org.za/