Principles of NHI

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NHI Presentation

1. The problem statement
2. Identification of principles
3. Discussion of principles
4. The ASSA NHI Model – some illustrative results
5. Remarks
The problem statement

• Quadruple burden of disease
  • HIV, AIDS, TB
  • Maternal and child mortality
  • Non-communicable disease
  • Violence and injury

• Poor health outcomes relative to levels of spending

• Skewed distribution of resources between public and private sector
Re-engineering of the public sector

- District based health model (training requirements)
  - Principal obstetrician
  - Principal paediatrician
  - Principal family physician
  - Advanced midwife
  - Senior primary care nurse

- School health programme
- Ward-based PHC teams
- Human resource development
- Healthcare management (provincial)
- Quality improvement programme
Guiding principles

- Right to access
- Social solidarity
- Effectiveness
- Appropriateness
- Equity
- Affordability
- Efficiency
Objectives

• Access to quality healthcare for all

• Pool risks for equity and social solidarity

• Procure services to enhance purchasing power

• Strengthen public service

• Is a single-payer centralised NHI model the only way to achieve these?
The ASSA NHI Model

- Scenario planning tool
- Key assumptions
  - Covered population
  - Benefit package
  - Levels of utilisation
  - Availability of service providers
  - Reimbursement mechanisms
  - Sources of funding
Some results

- Scenario
  - Primary and Essential Hospital benefits
  - Parallel role for medical scheme i.e. covered individuals funding themselves for 10 years
  - Phased on approach (gap in cover)
  - Rationing of care based on supply
  - Up to 90% of Health Budget allocated to NHI
  - Affordability thresholds for private cover
  - Private expenditure includes out of pocket
Medical Scheme Population

This is an illustrative scenario and not a projection or forecast.
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Healthcare as % of GDP

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Specialists- parallel role medical scheme

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Remarks

• Guiding principles are supported
  • Optimal solution required;
  • May not be NHI.

• Need to collect more information
  • Research
  • Sharing of data
  • Pilot studies

• Re-engineering of health system
  • Public sector efficiencies
  • Human resource development (medical and management)
  • Private sector efficiencies