

NHI Piloting

Gert Sibande Business Plan, what are we piloting?

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NHI Pilot - Phase 1

The 1st phase occurring in the 1st 5 years of rollout:

- + Strengthening of the health system
- + Improving the service delivery platform
- + Policy and legislative reform

The focus of all interventions is to ensure:

- + Access to quality health services
- + Reduction in the burden of disease, particularly that borne by women and children
- + Improvements in the overall health system performance

Pilot Projects

- + 22 March 2012, NDoH announced the funding of pilot sites
- + Pilots started in April 2012
- + NHI to be implemented gradually in 3 phases over a 14 year period

Why pilot?

- + Creation of an empirical information base
- + Demonstration of how a new system would work and test the feasibility
- + Building capacity for further implementation

Objectives for NHI Pilots

- To assess whether the health service package, the PHC teams and a strengthened referral system will improve access to quality health services particularly in the rural and previously disadvantaged areas of the country
- To assess the feasibility, acceptability, effectiveness and affordability of engaging private sector resources for public purpose
- + To test ability of the districts to assume greater responsibilities associated with the purchaser-provider split required under a NHI
- To assess utilization patterns, costs and affordability of implementing a PHC service package

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Approach to Pilots

Activities in the **Gert Sibande NHI pilot** will focus on the following key components:

- 1. Strengthening of the district health system
- 2. <u>Improved access</u> to quality health services
- 3. Strengthened efficiencies of the public health sector and improved health system performance
- 4. <u>Improved management</u> of health systems and services at a district level

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2. Improved access to quality health services

Models for contracting private providers that include innovative arrangements for harnessing private sector resources at a PHC level

Activities

- + Develop a database of all GPs and specialists in the district
- + Visit private hospitals, contact SAMA and HPCSA
- + Appoint a contract manager
- + Training of managers on contract management for GPs
- + Development of a monitoring tool for the management of the contracts

1. Strengthening of the district health system

Enhanced managerial autonomy, delegation of functions and accountability in districts and health facilities

Activities

- + Evaluation of managerial skills & competencies in financial and HR delegations, contract management and integrated health planning + training
- + Written delegations approved by Executing Authority/HOD in line with DPSA Policy framework
- + Train PHC managers on DHIS
- + Framework for cost centre, training + roll out
- + Appointment of personnel

2. Improved access to quality health services

Rational referral system based on a reengineered PHC platform with a particular focus in rural and previously disadvantaged areas

Activities

- + Task team to refine the referral policy
- + Workshop to inform DHMT and District Managers of the reviewed referral policy
- + Implementation of the referral policy + monitoring
- + Monthly analysis and reporting of the referrals

3. Strengthened efficiencies of the PH sector and improved health system performance

Tests the linkage between health service management and administration and how it relates to the functions and responsibilities of DHAs

Activities

- + Develop a national framework for contract management of GPs
- + Meetings for knowledge gain on integrated district planning and M&E framework
- + Advertise and appoint outstanding hospital boards
- + Train hospitals boards and clinic committees on roles and responsibilities in accordance with the national health act
- + Conduct quarterly district reviews

Progress? Concerns

- + Not much is known about the progress of NHI pilots.
- + There has been some good progress at national level but at district level there is still considerable work to be done.
- + NHI conditional grant budget has not been fully spent in some provinces.
- + Little involvement of civil society and stakeholders in the piloting and planning process.

4. Improved management of health systems and services at a district level

Provides for a scalable model, including the required institutional arrangements, for a DHA as the contracting agency

Activities

- + Attend meetings with national department
- + Feasibility study on the structure and institutional arrangements for the DHA completed