

Govt working around the clock on NHI

Health Minister Dr Aaron Motsoaledi has urged citizens who are concerned about the establishment of the National Health Insurance (NHI) to be patient as government is working around the clock on this issue.

"The problem is that many believe that NHI is just the release of a document. For us in health, we know that it also involves an extensive preparation of the health care system, while at the same time preparing a policy document and in this case, the reengineering of the Health Care System is very vital," Motsoaledi said.

Motsoaledi, who was presenting the department's R25.7 billion for 2011/12 on Tuesday, announced that additional earmarked funding has been allocated at provincial level for preparatory work for the NHI, which amounts to R16.1 billion over a three-year period.

He, however, pointed out that under the present health care system, whether public or private, no NHI can ever survive.

Public health sector bedevilled by very poor management

"I know that at face value, problems in the health system are said to be existing only in the public sector and the private sector must be left alone to some wayward phenomena called market forces, even though these market forces dismally failed to stop or more appropriately caused the most recent global economic collapse," Motsoaledi said.

He said while it is true that the public health care system is bedevilled by very poor management leading to poor quality of care, adding to the very low resources available in the public health sector, the current overall health care system, both public and private, will be completely re-engineered.

"The present health care system is characterised by four very clearly identified negatives. It is unsustainable, very destructive, extremely costly and very 'hospicentric' or curative in nature. For any intervention dealing with the cost of healthcare like the NHI to make any sense, a complete re-engineering is essential and it is an obligation placed upon our shoulders," Motsoaledi said.

Teams to be deployed

Elaborating on the re-engineering of the health care system, Motsoaledi said it will be according to three main streams, with the first being a district based model, where a team of five specialist or clinicians shall be deployed in each district.

The team will consist of a principal obstetrician, paediatrician, family physician, advanced midwife and senior primary care nurse will specifically focus on maternal and child mortality.

Motsoaledi said he has consulted all the deans of the eight medical schools in the country, the professional associations of paediatricians, obstetricians, family physicians, the Colleges of Medicines of South Africa responsible for specialist training and the nursing fraternity during the recent nursing summit, who supported the initiative.

He said his intention is that by the end of this calendar year, they should be far ahead in implementing this initiative, which will include the creation of the posts at district level, something that has never existed before and totally new in the public service.

Absolutely determined

"We are absolutely determined to make sure that this model is implemented. Once appointed, these teams will deal with guidelines and protocols at our antenatal care clinics, labour wards, post natal health care and paediatrics and child health clinics.

"They will follow up on every case of mortality to make sure that ... meetings are held for every single incident, to deal with the cause at hospital level immediately rather than waiting for research studies and results later.

"The specialist teams will deal with training of interns, as well as community service doctors and medical officers. They will also focus on midwives and their practice in helping to bring down maternal mortality. They will also assist primary health care nurses on following up on patients in their communities, especially for post natal care," said an optimistic Motsoaledi.

The second stream includes a school health programme, which will be launched with the Ministers of Basic Education and Social Development.

Task team established

Motsoaledi said a task team established about two weeks ago is working around the clock to deal with these issues.

"This stream of Public Health Care (PHC) will deal with basic health issues like eye care problems, dental problems, hearing problems, as well as immunisation programmes in our schools ... It will move further on to deal with more complex problems like contraceptive health rights, that will include issues such as teenage pregnancy and abortions ... HIV and Aids programmes among learners. Added to this will be drugs and alcohol in school," Motsoaledi explained.

He noted that the task team consists of all relevant stakeholders from the three departments, NGOs dealing with children, universities and individual experts.

"When the team has completed its work, we will start implementation in the poorest schools ... which are also far from the nearest health centres."

The third stream will be a ward based PHC model, which will deploy at least 10 well trained PHC workers per ward.

It apparently works in Brazil

"This method is being put to good use in Brazil, where 30 000 ... community health care agents have been deployed to various communities. I was also highly encouraged when the Minister of Health in India announced during the Moscow gathering last month that in his country, they are deploying 800 000 such cadres and they call them health care activists.

"A total of 251 teams have already been deployed and in just three months, have reached 41 000 families and in the process, discovered that 18% of the screened people had TB," Motsoaledi said, pointing out that in the past they would have never picked up the cases and would have waited for them to show up in healthcare institutions when it was already too late.

He emphasised that the re-engineering of PHC system into three streams will consolidate PHC as country's primary mode of health care delivery.

"It will encourage prevention of disease and promotion of health in contrast to the present obsession with treatment of individual disease when it is already too late for many individuals and at great cost to the fiscus and the GDP of our country.

"It is because of this hugely curative and costly health care system that some so-called experts believe NHI is an impossible dream."

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