

# KEY QUESTIONS ON THE NATIONAL HEALTH INSURANCE (NHI)



**Mr. Mfowethu Zungu - DDG : National Health Insurance (NHI)**

## NHI is such a buzz word these days, what is the definition of this acronym?

National Health Insurance (NHI) is a health financing system that is designed to pool funds to provide access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status.

## Who is NHI intended for?

- The ultimate objective is to achieve Universal Health Coverage
- All South Africans - to ensure that the use of health services does not result in financial hardships for individuals and their families.
- The principle of **SOCIAL SOLIDERTY** towards the realization of Universal Health Coverage

## Which Operational standards set NHI apart from the current health system that we use?

- Health sector is comprised of (public and private systems) (currently the SA Private Health Sector is by and large unregulated).
- Accreditation of health facilities and health service providers (by the Office of the Health Standards Compliance)
- Health policy reforms to create a conducive environment for the realisation of Universal Health Coverage (access to quality health service care)
- Equity of resource distribution, in particular healthcare financing (one national health Fund to purchase personal and non-personal health services for all South Africans – doing away with the current fragmented funding system, that is favouring the 16% rich SAs)

- Using internationally and scientifically tested health service financing models in order to ensure return-on-(health) investments i.e. global financing, Capitation for Primary Health Care services, Diagnosis Related Groupers, and certain financing hybrids applied on circumstantial cases determined by the Fund regulators.
- Healthcare service quality standard setting and continuous quality improvement framework to be applied across all health facilities (OHSC minimum standards, National Core Standards, and Ideal Clinic / Hospital framework)
- Health system leadership and governance improvement and stabilization through in-house programmes designed for such
- Augmentation of Human Resources for Health, based on service packages demands within a well-defined catchment population.
- Improve access to essential medicines, vaccines and medical products – through development of a SA Pharmaceutical Industry, improve pharmaceuticals
- Ensure adequate, well distributed and well maintained health infrastructure (influenced by health needs determinations - equity)
- Digitalization of health systems; and
- Improved health information and data management systems.

## Which package of services come with NHI and which ones are exempted?

### Service Coverage

- NHI will cover a comprehensive set of health services
- Covered services shall ensure a continuum of care from community outreach, primary health care level based on the ideal clinic model,

health promotion and prevention to other levels of curative, specialised, rehabilitative and palliative care and adhering to referral policies

- Package of service will be updated and refined on an on-going basis for the purposes of NHI taking into account the epidemiological and demographic profiles of the population by the NHI Benefits Advisory Committee
- NHI Benefits will be evidence-based, medically necessary, cost-effective, and affordable taking into account use of treatment guidelines and protocols
- South Africans will only pay out-of-pocket for services that are not covered under NHI.
- Services not included in the comprehensive package as determined by the Benefits Advisory Committee will not be covered.

### Does NHI mean that government will be phasing out

No, the Medical Aids are a Private Business that will adapt itself into the NHI regulated environment. The NHI will be fully implemented by 2026, thereafter the private Medical Aids, will only provide complementary medical cover.

### KZN has been piloting NHI in three Districts, Umzinyathi, Amajuba and Umgungundlovu, please contextualize progress to date.

#### National Health Insurance Progress

- a) Legislative and policy reforms
- Amendment of the National Health Act to make provision of the creation of the Office of the Health Standard Compliance (OHSC). This office has conducted assessments of KwaZulu-Natal health facilities and made recommendations for structural quality improvement.
  - Policy development to cover the following essential health aspects
    - o quality and systems uniformity:-
    - o Human Resource (HR) Health Strategy.
    - o District Clinical Specialist Teams Policy.
    - o Public health facilities management standardization.
    - o Hospital designations regulations.
    - o Integrated school health policy.
    - o Ideal Clinic Realisation and Maintenance (ICRM) Programme framework policy
- b) Leadership and Governance has improved in the pilot districts as a result of the leadership capacity development programmes invested into the health managers in the pilot districts (in line with Section 182 of Chapter 6 of the National Health Insurance (NHI) White Paper).
- All hospital Chief Executive Officers (CEO's) are with appropriate skills, qualifications and professional experience. The department has structured its recruitment processes in such that only Chief Executive Officers (CEO's) meeting the NHI macro-policy initiated criteria stipulated in regulation 34522 in August 2011 -
  - 429 Senior and middle managers have undergone extensive Leadership and Governance Development programmes to enable them to be appropriately skilled to implement National Health Insurance (NHI) Reforms.
- c) Ward based primary health care outreach teams (WBPHCOTs)
- In 2018/19, a total of 123 WBPHCOTs providing basic health services to children and adults at the end of 2018/19.
  - 1 965 755 patients were seen by WBPHCOTs by 2018/19
  - These teams were able to successfully fulfil their mandate to provide outreach health services within the community.
  - WBPHCOTs did not only complete community visits but they were also able to report on the ill health or wellbeing of the individuals at the households visited.
- d) Integrated School Health Programme (ISHP)
- In 2018/19 a total of 63 608 learners had been screened through ISHP.
  - 1 371 referred for eyesight
  - 582 referred for hearing problems
  - 5 086 referred for oral health
  - 60 referred for speech therapy
  - Total number of Integrated School Health Teams (ISHT's) is 206
  - This intervention is particularly successful in its ability to demonstrate good inter-departmental collaboration between the NDoH and

Department of Basic Education (DBE).

- e) National quality standards
- Healthcare quality improvement under the new National Health Insurance (NHI) Office of the Health Standard Compliance (OHSC) guidelines and Operation Phakisa Ideal Clinic Framework (Section 215 – 224 of Chapter 6 of National Health Insurance (NHI) White Paper).
  - 108 clinics, 06 hospitals and 03 Community Health Centres (CHC's) by Office of Health Standard Compliance (OHSC) and KwaZulu-Natal obtained an average of 68 % (second best from Gauteng Province in 2018/19)
  - A total of 37 facilities had been assessed and of these 16 (44 %) had attained ideal clinic status at end of 2018/2019. The ICRM performance for KZN was as follows:-
 

–	Platinum status	:	01 %
–	Gold status	:	12 %
–	Silver status	:	31 %
  - Ideal Clinic Realization and Maintenance (ICRM) is seen to have improved the ability of facilities to procure much needed equipment.
  - Where ICRM was believed to have been implemented as planned, there was a perceived improvement in quality of care by both facility managers and patients.
  - ICRM limited flexibility and the ability for managers to adapt it to the local context and to the needs of the facilities at the time.
- f) General Practitioner Contracting Programme (GP)
- In 2019/20, 61 General Practitioners (GP's) contracted and were allocated as follows:-
 

–	UMgungundlovu	:	26
–	UMzinyathi	:	18
–	Amajuba	:	17
  - R57 million was allocated for General Practitioner (GP) Contracting for 2019/20 and the budget was distributed as follows:-
 

–	UMgungundlovu	:	R26 million
–	UMzinyathi	:	R18 million
–	Amajuba	:	R14 million
  - Over 131 984 patients in 2018/19 financial year had access to contracted general practitioners in the three National Health Insurance (NHI) pilot districts
  - Where contracting general practitioners (GPs) was implemented successfully, it is evident that the access to doctors improved at facilities.
  - Patient perception was that the quality of care improved at facilities due to the presence of GPs.
- g) District Clinical Specialist Teams (DCST's)
- At the end of July 2019, the Province had 47 functional DCSTs with at least three members per team. The DCSTs, where available, were able to provide specialist oversight within the districts.
- The introduction of these teams was perceived by some stakeholders to have promoted clinical governance within the districts.
- h) Central Chronic Medicine Dispensing and Distribution (CCMDD)
- A total of 1 096 660 patients enrolled on the Central Chronic Medicine Dispensing and Distribution (CCMDD), collecting medicines in over 725 facilities at the end of July 2019.
  - The strong political leadership and will behind Central Chronic Medicine Dispensing and Distribution (CCMDD) contributed towards its successful implementation.
  - Central Chronic Medicine Dispensing and Distribution (CCMDD) was scaled up beyond target and the consistent monitoring of the programme contributed to the availability of reliable data to support continued implementation.
- i) Health Patient Registration System (HPRS)
- At the end of July 2019, 757 Primary Health Care (PHC) facilities were using Health Patient Registration System (HPRS) in KwaZulu-Natal and there were 9 609 123 patients registered.
  - High density patient filing cabinets installed in 119 clinics in the KwaZulu-Natal National Health Insurance (NHI) pilot districts.
  - Good communication and feedback loops are seen to have facilitated implementation success.



- i) Stock Visibility System (SVS) AND RX solution
- At the end of July 2019, Stock Visibility System (SVS) was being implemented in all clinics and community health centers in KwaZulu-Natal. (100% coverage).
  - The successful training of available staff, which led to an in-depth understanding of the system at facility level.
  - The introduction of Stock Visibility System (SVS) led to reduced stock outs and improved efficiency at facilities
  - RX Solution initiative is implemented in 117 facilities in KwaZulu-Natal.
- j) Infrastructure
- Since 2013/14, the following infrastructure improvements were done:-
    - 33 Clinics constructed at the value of R431 million.
    - 08 New Community Health Care Centers (CHC's) constructed and 07 old Community Health Centre (CHC's) were upgraded at the value of R1.1 billion.
    - Extensive major hospital maintenance and upgrades in the three National Health Insurance (NHI) KwaZulu-Natal pilot districts at a cost of R385.65 million.
    - Constructed and upgrades staff accommodation at R179 million.
    - Installed back-up generators in 16 KwaZulu-Natal facilities at R14 million.
    - R30 million was invested on chiller replacement programme.
  - Where completed, patients perceived an improvement in the quality of care as a result.
  - Small infrastructure changes had a positive impact on the overall environment at facilities.
- l) Digitization and Information Communication Technology

### National Health Insurance (NHI) Investment

- LTE Routers installed in all Primary Health Care (PHC) facilities without network connectivity.
  - Diagnostic Related Groupers (DRG's) installed at Inkosi Albert Luthuli Central Hospital (IALCH) and King Edward VII Hospital.
  - 144 975 patient files digitalized at King Edward VII hospital in the provincial pilot programme.
- j) Human Resources for Health Sector
- Implementation of the Presidential Stimulus package in the 2019/20 to 2021/22 financial years at a cost of R1 275 billion (2018/19 – R385 million; 2019/20 – R125 million; 2020/21 – R465 million).
  - The introduction of WISN provided a standardized, evidence-based staffing needs assessment at facility level.
  - These assessments were implemented widely across the KwaZulu-Natal NHI pilot districts.
- k) Emergency medical services (EMS)
- Standardization of EMS regulations in place
  - KZN standardization Advisory committee established
  - EMS Accreditation applications submitted for license applications
  - Standardization of EMS branding and uniforms done (at least in the public sector)
  - Procurement 89 fully equipped ambulances in the 18/19 Financial year,
  - 88 New vehicles were procured, the vehicles are awaiting conversions.
  - 3 buses procured, was distributed to districts

### In closing, please unpack the process going forward now that there is a Bill in place.

#### 1. Nationally:

- The Bill has been tabled in Parliament
- The next step will be public consultation by the National Council of Provinces (NCoP)
- The National Health Insurance Act shall be promulgated after all the Parliamentary consultative and debate processes.
- Creation of the NHI Fund under National NHI Governance structures to be established by the National Minister of Health
- Repeal of the health legislative pieces that will be in conflict with National Health Insurance Act e.g. The National Health Act, the

Medical Schemes Act, etc.

#### 2. Provincially:

- To consolidate and integrate the implementation of National Health Insurance (NHI) pilot phase health improvement initiatives (as mentioned above, especially those focusing on health systems and governance improvements)
- Digitization of the public health sector platform
- Population registration into a central health database linked to Home Affairs technological systems
- Investment on Health Infrastructure quality improvement.
- Quality health improvement programmes to focus on:-
  - Accreditation of health facilities in line with Office of Health Standard Compliance (OHSC) guidelines
  - Accreditation of all ambulance operators in the province
  - Accreditation of all mental health care service facilities
- Finalize the National Health Insurance (NHI) purchaser-provider institutional re-arrangements and capacity model in the KwaZulu-Natal health platform:-
  - Review the districts and sub-districts in line with the National delegation with respect to health contracting unit functions, once the NHI Fund has provided framework guidelines.
  - Review the provincial organizational structure according to the streamlined health systems reforms advocated from the Presidential Health Summit
- Investment on priority health programmes that contribute to general population wellness through the National Health Insurance indirect grant funding to the KwaZulu-Natal province:-
  - Eradication of cataract back-logs
  - Oncology health services access by all who clinically need it
  - Mental health services quality and respect of Human Rights
  - Community orientated Primary Health Care (PHC)
- Extensive investment and implementation of social compact and public mobilization around health care sector transformation agenda and advocacy for the social solidarity agenda, and design of health practitioners and service contracting
- Extensive mobilization and developing governance frameworks for managing public-private partnerships, and contracting out of health services.
- Establishment of effective Contracting Units for Primary Health Care services in all sub-districts,
- Transform the provincial department of health governance and leadership capacity, especially in the areas related to follow major cost haemorrhage drivers:-
  - Clinical governance efficiency and medico-legal
  - Financial, supply chain management systems and asset management
  - Accounting and monitoring of efficiency of internal early warning system





# SPECIAL NHI WORKSHOP FOR PUBLIC RELATIONS OFFICERS (PROS) SHEDS LIGHT ON HOW HEALTH FACILITIES WILL FUNCTION IN THE NEAR FUTURE

**KZN Department has held the very first of many NHI Information workshops to be held across the province with PROs at King Cetshwayo District.**

The main objective is to streamline communication on NHI developments in order to have one common message to share with the public. Public Relations Officers (PROs) are important agents who play a liaison role between health facilities and healthcare users from surrounding catchment populations. The PRO's have daily interaction with members of the public and are therefore expected to share information regarding programmes, systems, campaigns and policies of the Department. NHI is fully driven by the National Department of Health working with provincial departments and PRO's have a critical role to communicate its key objectives, messages and benefits when they interact with healthcare users.



# MEC LAUNCHES NEW HEALTH AWARENESS PROGRAMME FOR TERTIARIES



**KWAZULU-Natal Health MEC Ms Nomagugu Simelane-Zulu is determined to ensure that no student drops out of college due to unplanned pregnancy, sexually-transmitted infection, or complications related to botched termination of pregnancy or cancer.**

Amid much fanfare, the MEC launched the Department's tertiary education health awareness programme at the University of Natal's Pietermaritzburg campus, under the theme #Seize The Moment: Take Charge of Youth Healthy Future; Our Moment, Our Future.

The initiative saw scores of students being tested for HIV, other sexually transmitted infections, TB, and blood-sugar levels, while others underwent Pap Smears.

In launching the programme, she expressed her concern that at least 40% of KZN's estimated tertiary education students, especially young women, are reported to engage in unprotected multiple partner sexual relations – heightening their chances of falling pregnant and/or contracting HIV. This is according to the Higher Education and Training HIV/AIDS Programme (HEAIDS).

The MEC says, therefore, that providing healthcare services, and promoting long term contraceptives, will help ensure that students begin to look after their health. The family planning/ contraception arm of the campaign ('Smart Choices') will aim to first change behaviours, then introduce and provide access to the solutions in the form of a range of contraceptive methods.

"Through this programme that

we are launching, we are taking comprehensive health education services to the students, from testing for HIV/AIDS to provision of medication, to making family planning options available, and screening for cancer. We believe this is necessary for tertiary education, because students do not necessarily go out and seek these services because it's not always that convenient for them to do so. So, we've taken a decision to go to them. We are going to be rolling this programme out to other universities, universities of technology and Technical and Vocational Education and Training (TVET) colleges."

MEC Simelane-Zulu also revealed that the Department would be taking the programme to the University of

Zululand next, before rolling it to other institutions.

"It's a programme that is going to be continuous, and we expect students to participate in it because it's in their best interests. What we've seen so far is an interest from students, and they're quite happy about it. And they have requested us to come back. We're quite encouraged, because the services that are provided here are really needed by the students. The reality of life today is that students are exposed to risky sexual behaviours, and it's not for us to judge them, but to provide knowledge and make sure that they are safe, because students are the future of this country. And if we don't take care of them, we're not going to have leaders in the future."





# BRAND NEW MILK BANK FOR ETHEKWINI HOSPITAL



**Just a week after launching its Breast Cancer Centre of Excellence, the Inkosi Albert Luthuli Central Hospital initiated another groundbreaking initiative for women. On 16 August, the hospital celebrated the official launch of its milk bank and its lactation room.**

The milk bank will serve to provide breastmilk for children whose mothers are unable to breastfeed for any reason such as being in a critical condition, having a chronic illness or generally being unable to express milk.

**Breastmilk is encouraged because it has many benefits such as:**

- It transfers antibodies from the mother to the child. Antibodies prevent sickness from certain infectious and chronic illnesses.

- It promotes sensory and cognitive development
- It is free, compared to formula milk which can be expensive
- Reduces the risk of ovarian cancer and breast cancer for the mother
- It helps space children because breastfeeding mothers are less likely to fall pregnant

CEO, Dr Mtshali added, "I breastfed my first child until he was 3 years and 11 months and I saw the benefits." She pleaded with the present mothers to share their milk with less fortunate children and thanked the staff for their commitment to establishing the milk bank.

Patients from the maternity ward were treated to an

informative talk on these advantages which included a time of engagement between clinicians and the mothers for a Q and A. The patients were also presented with gift bags to celebrate the launch of the milk bank.

The hospital's lactation room was also officially opened. The room will be used by breastfeeding staff to privately express milk for their own children and to donate to the hospital's milk bank.

**HOW MILK BANKS WORK**

Milk is donated by any women who are living a healthy lifestyle

Milk is screened for pathogens (diseases)

Milk is processed and stored until needed





# THERE IS NO HEALTH WITH NO MENTAL HEALTH



**Umgeni Hospital is now held an event on Mental Health Awareness to educate, create awareness and drive public consciousness on mental health challenges. The hospital recently held a community engagement on health awareness at the Howick West Hall.**

"There is no health without mental health", this was echoed by, Mr Keith Ruthanum, Chief Director for Mental Health and Substance Abuse in the KZN Department of Health leading the conversation with healthcare users and the general public at Howick and the surrounding communities.

Ruthanum emphasized that mental health was an important issue to be educated about since the mind is relied upon for daily tasks such as being productive at work or participating in a sport. He urged participants to be "mental health ambassadors", sharing the information that they had learnt with friends and family members.

The hospital's social worker,

Ms Nombulelo Ngcobo, zoomed in on the procedure for admitting patients to the hospital.

**She explained that before being admitted;**

- A patient must have been diagnosed with a severe mental disability by a medical professional

- A birth certificate and vaccination card for a child patient or identity document and proof of receiving a disability grant for an adult patient must be presented

- R150 must be supplied when submitting the application form to the hospital

- The application is then reviewed by a committee consisting of experts such as psychologists, dieticians and physiotherapists

Umgeni Hospital is the only hospital in the province that provides care for severely mentally handicapped people so selection of the most deserving patients is crucial. Whilst the Department has several facilities that cater to the mentally ill, Umgeni is the

only facility that boards patients who are deemed to be in the 3rd and 4th category of mental disability which are "severe" or "profound" respectively.

Ngcobo also urged the public to avoid habits that contribute to different forms of mental challenges. "Although some children are born disabled because of a genetic factor or complication during pregnancy, many disabilities can be prevented. I urge women to undergo ante-natal check-ups and to abstain from alcohol, smoking and overall unhealthy habits." said Ms Ngcobo

Representatives from stakeholders such as the Mental Health Society and Alcoholics Anonymous shared information on the signs of mental illness and where to seek help.

The event was marked by a joyous atmosphere with the hospital band playing musical items and several local entertainers performing songs, dance and poetry in between the speakers.

## INSPIRATIONAL QUOTES FROM WORLD RENOWNED Heroines



**"The very elements of what constitutes good nursing are as little understood for the well as for the sick. The same laws of health, or of nursing, for they are in reality the same, obtain among the well as among the sick"** *Florence Nightingale.*

**"I wish we weren't fighting all the time to protect women's rights, to protect women's health"** *Hillary Clinton.*

**"I'm interested in women's health because I'm a woman. I'd be a darn fool not to be on my own side"** *Maya Angelou.*

**"Being a healthy woman isn't about getting on a scale or, measuring your waistline. We need to start focusing on what matters – on how we feel, and how we feel about ourselves"** *Michelle Obama.*

**"Women's health is one of WHO's highest priorities"** *Gro Harlem Brundtland.*

# HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

## C A M P A I G N

20 SEPTEMBER 2019

**DON'T FORGET** to sign the consent forms for your child to be vaccinated against the Human Papilloma Virus (HPV) which causes cervical cancer later in life! HPV campaign is underway in all public primary schools, school health teams are on the ground vaccinating 9 year old girl children who are doing grade 4

# Inventions That Shaped The Word: The Syringe

## Women Health Inventions

**Born in 1852, Letitia Mumford Geer was the inventor who patented the one-hand operated syringe that is the basis for most modern medical syringes; the patent was granted in 1899.**

The operator inserts the nozzle in the rectum and holds the cylinder by placing the fingers of the same hand in the rigid arm of the handle. The handle is in a position away from the cylinder before injecting the medicine. The extension

prevents the fingers from slipping off the rigid arm. The handle can be drawn into a position near to the cylinder while injecting the medicine by the use of one hand, thereby enabling the operator to use the syringe-upon himself without the aid of an assistant. Without her patent, syringes would not have been as easy to use and practical for application. Modern syringes are inspired from her idea and were built from it into what we know today.

Modern use for the syringe has gone beyond the medical field. They have evolved into other industries

such as the culinary industry where they inject fluids for fillers in certain foods. Syringes are also used to feed animals in zoos and centres of recovery when they are unable to feed on their own. This way we witness the impact that Letitia Mumford Geer's invention and development has impacted society at large, primarily the health sector; the ease of administering medication effectively.

Source- Woman's Day series

<https://www.bananaip.com/ip-news-center/womens-day-series-woman-behind-syringe-patent/>





# GALLERY

## ANTI-ILLEGAL TERMINATION OF PREGNANCY MARCH - UMKHANYAKUDE DISTRICT

On 21 August 2019, uMkhanyakude District conducted an **ANTI-BACKSTREET ABORTION CAMPAIGN** hosted by Othobothini CHC. Participants marched around Jozini town removing illegal posters advertising termination of pregnancy (TOP). The purpose was to caution the community about the dangers of illegal terminations and to raise awareness on the availability of TOP in health facilities.



## PROs WORKSHOP - ETHEKWINI DISTRICT



## YOUTH CAMPAIGN - UMGUNGUNDLOVU DISTRICT







**health**

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PROVINCE OF KWAZULU-NATAL

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