Integrating research, policy, practice, training and advocacy

WITS School of Public Health

MRC SOUTH AFRICA

The Centre for Health Policy
Health Policy and Systems Research

Governance for UHC

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Overview

1. Are the South African ‘National Health Insurance’ (NHI) reforms about insurance?

2. Governance for UHC
    - Thailand as an example

3. Reform not just technical, also political
    - The role of the provinces..?

Are the South African 'NHI' reforms about insurance?

Two broad paths towards UHC

a) Increasing coverage of membership-based insurance schemes (e.g. Nigeria, Kenya)

b) Improving access to, and the quality of, publicly provided care, available to all (e.g. Uganda)

= South African NHI

NHI reforms are about insurance as collective pre-payment, but not about membership of an insurance scheme...

Does this distinction matter ?

Option A National membership-based insurance scheme (s) (>> UHC more difficult)	Option B Access based on citizenship (>> UHC less difficult)

Overview

1. National health insurance or universal health coverage?
2. **Governance for UHC**
3. Reform not just technical, also political
    - The role of the provinces..?

What does the reform process comprise so far

- 11 pilot districts, with little additional money;
  - District specialist teams;
  - Community outreach teams
  - Strengthening district and hospital management
  - School based teams
- District health expenditure reviews
- Office of Health Standards compliance
- Leadership and management academy;
- Strategies to tackle TB epidemic, improve delivery of chronic medication

- District health authorities ??

- Focus on implementation;

But what about...

- Evaluation...?

- Capacity to steer the health system....?

Do we have sufficient capacity to steer the system?

UHC is an long-term goal... a moving target because..

- Complex and evolving disease burden;
- Complex array of actors operating in different incentive environments;
- An array of costly interventions, technology, policy options that have to decide between

>> Needs constant evaluation, and adjustments

>> Requires sophisticated governance capacity

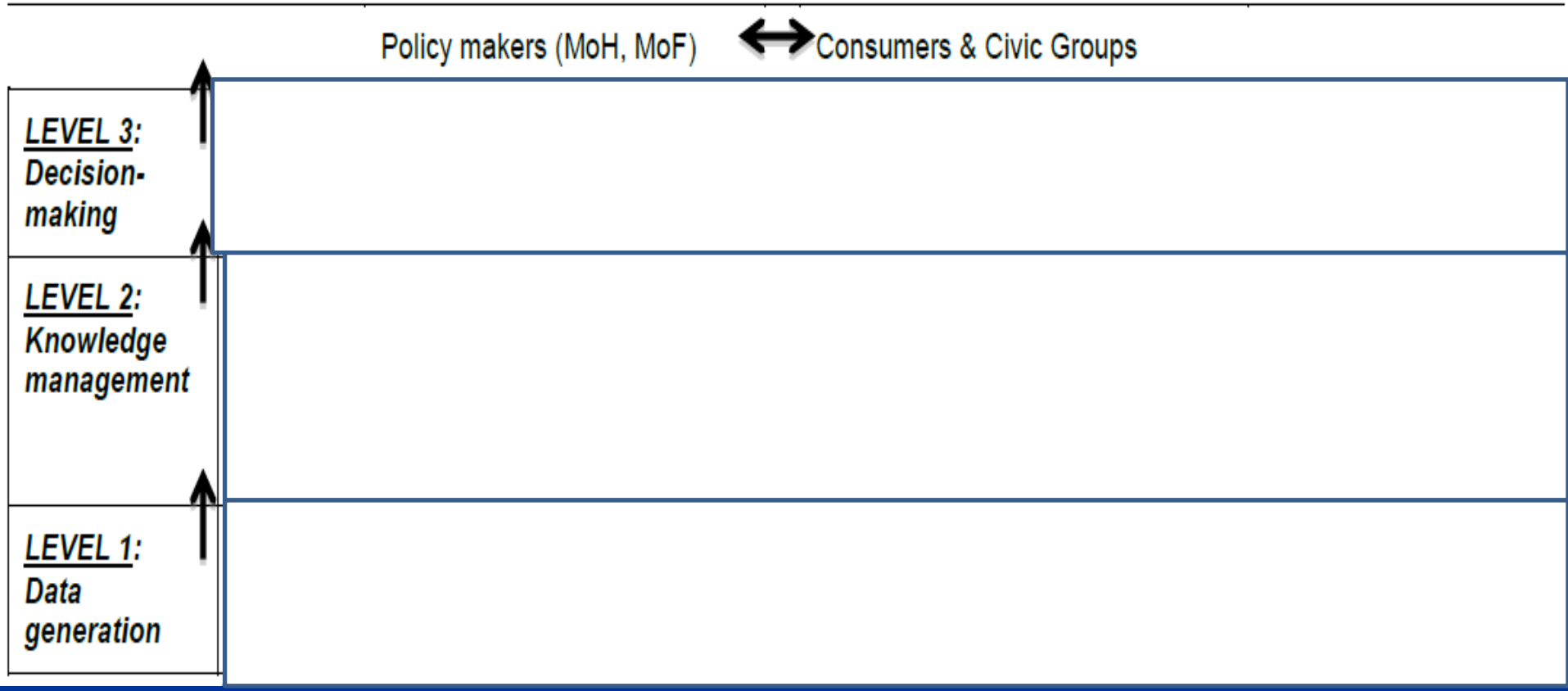
But what is governance??

WHO's definition of governance

1. intelligence and oversight
   - ensuring the generation, analysis and use of intelligence on health system performance;
2. system design
   - ensuring a fit between strategy & structure;
3. policy guidance
   - defining goals, formulating sector strategies and technical policies;
4. collaboration and coalition building
   - influencing action on social determinants of health, and ensuring 'joined up government';
5. regulation
   - designing regulation and incentives, and ensuring they are fairly enforced; and,
6. accountability.

Health sector governance in more detail

Figure 1: Key functions required for effective management and stewardship towards UHC (derived from [6])



Some problems, common to LMICs

1. Data generation is often of poor quality, with little interoperability between systems, hindering knowledge management;

2. Assessment of quality of care, health system outcomes and policy options are frequently conducted by government departments with insufficient capacity or small external research institutes;

3. The engagement between knowledge management and decision-making is often insufficient and haphazard

How might we strengthen governance capacity?

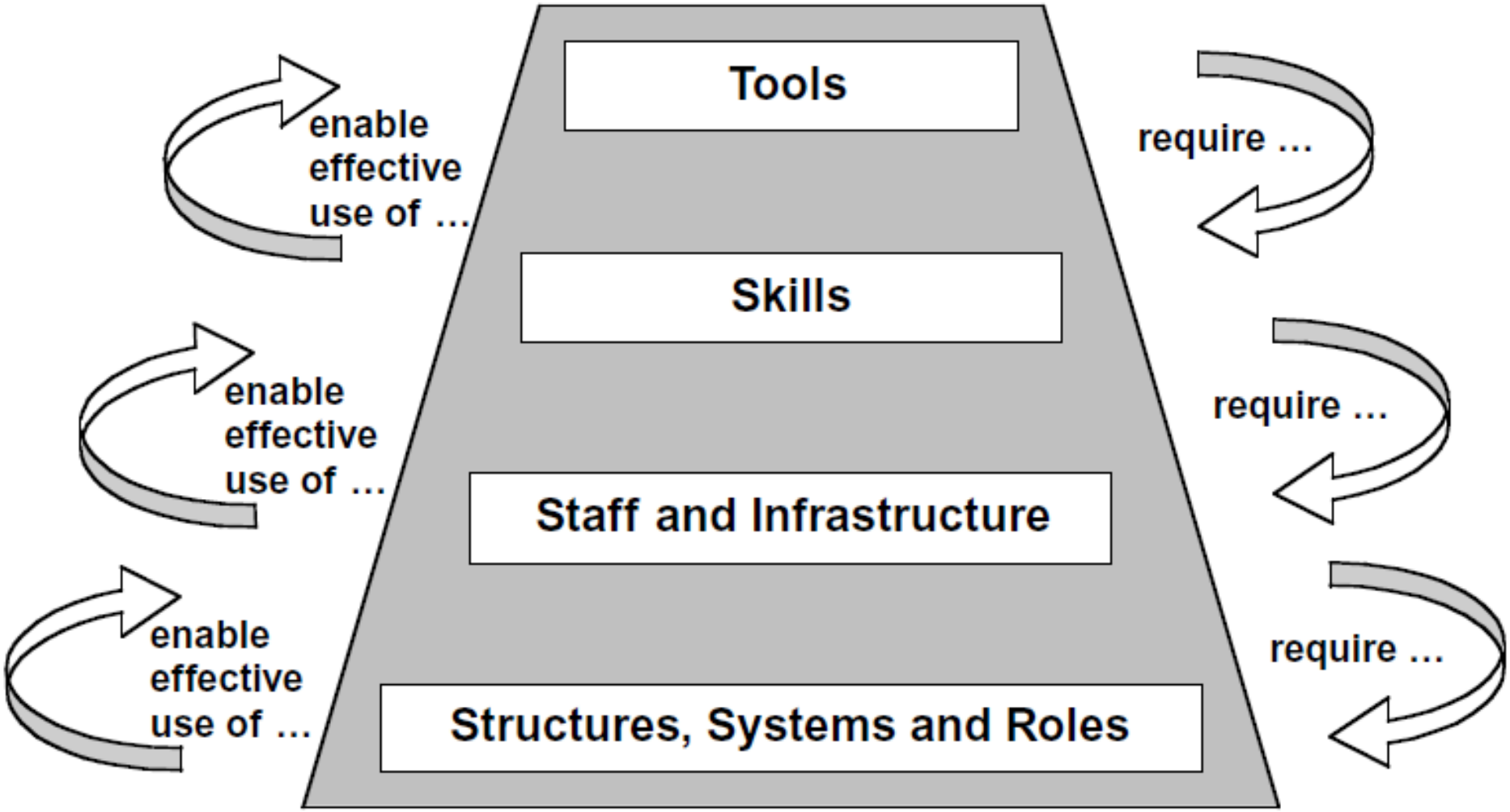
1. Where is there existing capacity and institutions?

2. Where are the key gaps?

3. Learn lessons from other LMICs that have developed effective institutions...
    - What institutional configurations have worked in what settings;
    - What strategies to develop capacity have worked in what settings;

Not just individual level skills

Christopher Potter and Richard Brough



Different institutional configurations

Office of Health Standards Compliance

NHI 'purchasing' fund ?

E.g. Medical Schemes Council

Figure 1: Key functions required for effective management and stewardship towards UHC (derived from [6])

Policy makers (MoH, MoF) ↔ Consumers & Civic Groups

LEVEL 3: Decision-making	BOX 9: Priority setting & resource allocation	BOX 10: Performance management & accreditation of providers	BOX 11: Policy development	BOX 12: Regulation of actors	BOX 13: Public engagement, management of public opinion
LEVEL 2: Knowledge management	BOX 5: Assessing quality of care, and clinical governance	BOX 6: Assessing cost-effectiveness, acceptability & feasibility of interventions & technology, how they should be provided, and the way the health system is organised	BOX 7: Assessing health system outcomes, particularly for vulnerable populations incl. responsiveness, financial protection, & health outcomes.	BOX 8: Assessing policy options & effects of reforms	
LEVEL 1: Data generation	BOX 1: Vital registration & disease surveillance	BOX 2: Survey data (SES surveys, health & welfare surveys, facility surveys & audits)	BOX 3: Hospital data (admissions, costs, case mix)	BOX 4: National and sub-national information system	

Some further questions?

1. Which capacities should be prioritised for development?

2. Which configurations best balance the benefits of institutional autonomy with closeness to decision-making ?

3. What strategies facilitate cross-institutional collaboration in different settings ?

4. What institutional roles and configurations are best suited to differing degrees of decentralisation and devolution?

>> context specific and a simplistic blueprint approach is unlikely to be useful.

What have other countries done?

>> Thailand

Comparison with Thailand

	Thailand	South Africa
Per capita GDP	9,280 US$	11,000 US$
Total expenditure on health as % of GDP	4%	8.5%
Per capita expenditure on health	152 US$	450 US$

Source: WHO statistics; All amounts in US$ PPP

Achieved UHC at considerably lower cost that SA

>>> due to good governance ...

Key steps to building institutional capacity in Thailand

Establishment of the Thai health Promotion Foundation, financed through 2% alcohol and tobacco tax;

1992 Health Systems Research Institute (**HSRI**) Act

- autonomous agency at arm's length from the ministry to generate evidence in support of policy decision
- Has established a number of associated institutions focusing on research in specific areas

Institutional development in Thailand

1992 Office of Hospital Quality and Improvement gained legal status as autonomous public agency;

1997 Asian economic crisis: FFS>global budgeting

Central Office for Health Care Information

- supported the development of diagnosis-related groups,
- advising on payments to hospitals, and
- became a national data repository for hospital admissions

1998 International Health Policy Programme **(IHPP)** established to undertake policy research

2002 Health Insurance System Research Office (**HISRO)** established to monitor and evaluate the effects of reforms;

2007 Health Intervention and Technology Assessment programme **(HITAP),** publicly funded NPO to appraise interventions, technologies etc

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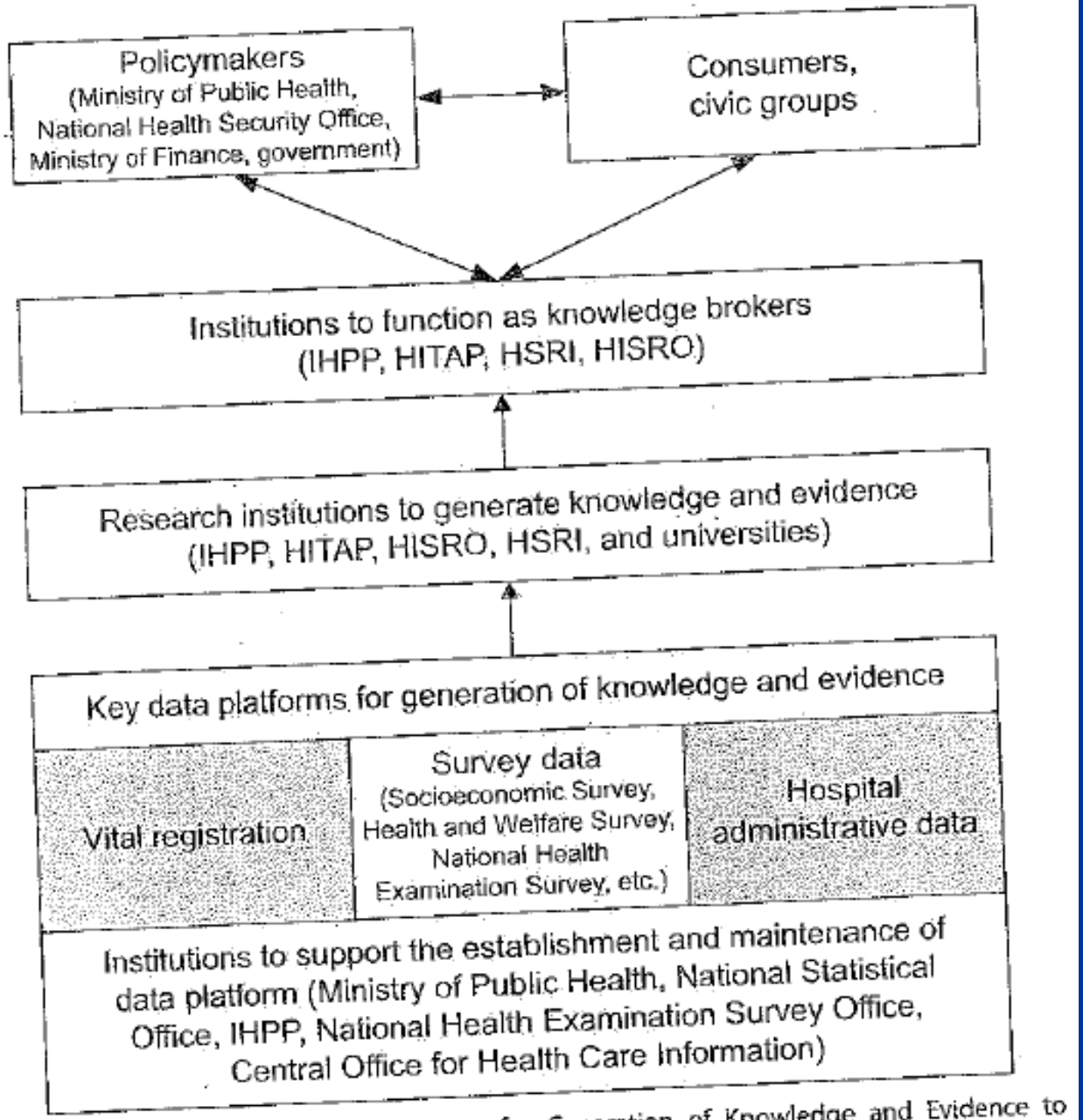

Figure 16.2 Institutional Arrangements for Generation of Knowledge and Evidence to Support Policy Decision on Health Care Reform

Note: HISRO = Health Insurance System Research Office; HITAP = Health Intervention and Technology Assessment Program; HSRI = Health Systems Research Institute; IHPP = International Health Policy Program.

Thailand's governance for UHC

Lessons from Thailand

Evidence-based decision **platform** matters....

= Institutionalization of capacity to generate evidence and translate that evidence to policy decisions

Clements, Coady et al 2012

But can't be just about creating new institutions...

1. Strengthen knowledge management and knowledge brokering;

2. Strengthening ability / confidence of decision-makers to assess and use information

>>> building a capable civil service supported by appropriate institutions....

National Planning commission 'Building a capable state' (ch 13)

1. Stabilise the political-administrative interface;
    - Strengthening public service commission >> transparency in recruitment;
    - Appoint an admin head of public service
2. Make public service a career of choice;
    - Formalised graduate recruitment programme;
    - Adequate experience as pre-requisite for senior posts
3. Developing technical and specialist professional skills;
    - planning,
    - ensuring adequate training programmes,
    - career paths / on-job training
4. Improve relations between three spheres of government;

Improve relations between three spheres of government;

Why is this of interest in this presentation?

a) 3 spheres of govt = 3 different levels of governance;
b) In a decentralised health system... Central-local relations are key
b) NHI fund= national purchasing agency ...What role for the provinces?

National Planning Commission argues for

More focused role for provinces

- Health, education and economic development
- Supporting weak local municipalities

Quote: " The real issue is how provinces can best contribute to building more constructive intergovernmental relations. ....Intergovernmental relations will not improve without a positive vision for the role of the provinces"

>> How NHI fund configured and communicated..will be crucial for managing those intergovernmental relations

To summarise

1. South African NHI = insurance as “pre-payment,” rather than insurance as “national scheme with members”

2. Build institutional platform to generate evidence and translate that evidence into policy decisions... In order to effectively govern / steer the health system;

3. Central-local relations are key in a decentralised health system.... Current reform is re-configuring these...

Thank you