NHI Pilot
PROJECTS
The NHI is defined as not that of insurance for everybody but rather a structure and funding system that will provide South Africans Universal Health Care.
Structure of the NHI

- Health Minister Aaron Motsoaledi stated in March 2014 that South Africa would provide affordable health care to all its people but the manner to do this had not been defined as yet.

- There are 4 thrusts - the 1st will improve the current Public Heath Care quality, strengthen its structure, and improve how it is managed.
Time Line of SA NHI

2011
• NHI Policy Paper, (Green Paper), published

2012
• 11 Pilot Programs start in Sa’s 9 provinces (11th of April).

2013
• First feedback on plans and implementation of pilot programs
• Report on Health facility audit.

2014
• Report on 11 Pilot Programs and on Grant allocation.

2017
• Planned end of Pilot programs, integration fully into health system
• 2nd thrust of NHI to be implemented??
NHI pilot Programs

- A pilot is an experimental policy that is put into practice in only certain areas, so as to assess its ‘real life’ viability and solve problems before it is implemented. In this case 11 districts, were chosen in 3 broad categories:
  - Socio-economic standing
  - Health service performance
  - Demographics
NHI Pilots

The 11 pilot programs are:

- Gauteng:
  - Tshwane district
- Eastern Cape:
  - O.R. Tambo district
- Limpopo:
  - Vhembe district
- Northern Cape:
  - Pixley district
- Western Cape:
  - Eden district
- North West:
  - Dr K Kaunda district
- Free State:
  - Thabo Mofutsanyane district
- Mpumalanga:
  - Gert Sibande
- Kwazulu Natal:
  - uMzinyathi district
  - uMgungundlovu district
  - Amajuba district
NHI Pilots

- The NHI Pilot programs will focus on:
  - Health facility Management
  - Quality Improvement
  - Infrastructure development
  - Medical devices including all equipment
  - Human Resources planning, development and management
  - Information management with supporting systems
  - Establishment of the National Health Insurance Fund (currently has not been done)
NHI Pilots

What has been done in the NHI Pilot Programs up to March 2014:

- Facility Improvement teams
- Primary health care
  - District Clinical specialist teams
  - School Health services
  - Municipal ward based Primary Health Care outreach teams
- Key support Interventions (GP visits to clinics)
- Reforms in hospital services
The Ideal Clinic components and elements

1. Administration (effective)
2. Clinical Guidelines and integrated clinical services management
3. Medicines, supplies and laboratory Support
4. Staffing and Professional Etiquette
5. Doctor availability
6. Infrastructure (physical condition, ICT (information and communications technology) essential equipment).
7. Health information management
8. Communication
9. District Health Support Systems
10. Partners and Stakeholders
Improvement of the Primary Health care

- Split into 3 major projects
  - District clinical specialist teams
  - School health services
  - Municipal ward based PHC outreach teams
District Clinical Specialist teams

Will be used to address the high levels of child and maternal mortality rates and improve health outcomes of both mother and child. Eventually more teams will be put in place.

- 3-7 members per team
  - Principle obstetrician and gynaecologist
  - Principle paediatrician
  - Principle family physician
  - Principle anaesthetist
  - Principle midwife
  - Principle PHC professional nurse
School health services

- 30 School Mobile Units in the field on March 2014.
  - These teams provide either/and:
    - PHC (Primary Health Care)
    - Dental care
    - Optometry care
Many Community health care workers are being trained in many of the provinces. By end March 2014 (after the current statistical information), 65 Ward Based PHC outreach teams (WBPHCOTs) and 518 Community health care workers (CHWs) were trained.

As of March 2014, O R Tambo district has the most coverage as they require 199 WBPHCOTs and have 223 WBPHCOTs registered.

The worst performing district is the Eden district that requires 109 WBPHCOTs but has no registered WBPHCOTs.
Fixed PHC in NHI districts

- Fixed PHC, including clinics, will be modernised and computerised.
- As of March 2014, all clinic receptions and other fixed health care facilities will receive computer equipment.
- Of these facilities, 251 will receive computers in each doctors consulting room as well.
Benefits of computerisation

- Enables management to keep updated with policies, guidelines, etc...
  - Improved data quality
  - Reduce monthly validation and collation time
  - Reduce data flow time lines
  - Reduce human error
- Improve patient health record management
  - This will allow the patients medical history to be sent along to a referral, allowing for
  - Scheduling a patients so as to reduce waiting times
  - SMS reminders of appointments.
- Able to track health care professionals and staff attendance.
Reforms in Hospital Services

- Improving hospital leadership and management by:
  - Appointing appropriately qualified CEOs
  - Assisted training of CEOs
  - Created committees in hospitals for the following:
    - Medicines and therapeutics
    - Equipment
    - Cost care management
    - Cash flow committee
Funding and Grants for current NHI pilot projects

- The funding for the NHI Pilot projects to date provided by grants from the Department of Health.
- The total Grants for the NHI pilot program are as follows: (R’000)
  - 2014/15 = R 1 574 862
  - 2015/16 = R 1 634 973
  - 2016/17 = R 1 515 980
THANK YOU

- Statistics showing the medical progress of the respective pilot projects are available on request