



NEWSFLASH

APRIL 2013

POLICY AND INSTITUTIONAL CHANGE LEAD WAY FOR NHI

The Health System Trust's annual South African Health Review 2012/13 and District Health Barometer, which report on trends in the health sector, was launched in Tshwane last night. Although few changes are visible to Citizen Average, the government has been involved in a variety of policy and institutional reforms in the past 18 months, as reported in the 2012/13 South African Health Review by health director-general Malebona Matsoso and senior health adviser Dr Bob Fryatt of the Department for International Development in the UK. The aim of the National Health Insurance (NHI) scheme is to make quality healthcare available to all South Africans, so improving the quality of services at public hospitals and clinics is the obvious cornerstone. An ambitious audit of practically all public health facilities - 3 880 in total - to assess standards was completed. It was based on six markers, including the attitude of staff and the availability of medicines.

This is the baseline against which all future improvements will be measured. Facility improvement teams have already been to 1 000 facilities to address some of the problems raised. The Office of Health Standards Compliance will soon be set up, once the bill has been passed by parliament. This sets norms and standards for health facilities, and ensures they are inspected regularly. In preparation, inspectors have been recruited and trained, and by January, 171 institutions had been inspected. Central hospitals have fared best; many district hospitals and clinics have failed to meet the required standards. Much has been done to improve the quality of hospital managers, with new job descriptions for chief executives and 118 new chief executive positions being advertised, 102 of which are now filled. A Leadership and Management Academy, aimed at improving management, was launched in October and has already held a five-day training session with new chief executives. Gauteng hospitals are getting particular attention, with a World Bank project that is focusing on financial management.

One of the big questions around the NHI is where all the extra health workers are going to come from to make it work. South Africa has once again turned to Cuba to train 1 000 South Africans as doctors, as well as to supply 95 Cuban doctors due to start work this year. Since February, the education and training of nurses has fallen under the Department of Health to standardise and improve training. A Chief Nursing Office will be established to develop a national curriculum. Citizen Average is most likely to have come across "primary healthcare re-engineering", the revving up of clinics and community centres. At present, services at this level are

*'Health is like money,
we never have a true
idea of its value until
we lose it'*

Josh Billings

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often so poor that people would rather go to local hospitals. The re-engineering is mostly taking part in the 11 NHI pilot districts (one per province, but an extra two in KwaZulu-Natal funded by that province). It is based on three pillars: district specialist teams that include a paediatrician, gynaecologist, family physician, midwife and paediatric and public healthcare nurse, to advise district health workers. It is aimed particularly at improving the health of children and pregnant women. Public healthcare outreach teams in each municipal ward, made up of community health workers. School-based public healthcare services to promote health services in schools, including assessment of pupils and health promotion.



The government has contracted some 500 private doctors to start providing services in the NHI pilots in underserved places. About R150 million has been allocated to the NHI pilot sites for this financial year, doubling in 2013/14 and rising to R450m in 2014/15. The pilot sites will be testing grounds for innovative ideas aimed at making health service delivery better. The government intends to make all health payments from a single, central fund,

and is exploring how this should be funded and how it should work. The National Treasury is considering a payroll tax and VAT increases, but will publish a paper later this year for comment. The authors conclude: "There has been good progress in many areas, but there is still considerable work to be done. It will take time for these major changes in the financing and delivery of services to impact on people's lives. Universal coverage (of health services) is no longer a dream for South Africa and if all players work together, it will become an increasing certainty".

Kerry Cullinan: Health-e News Service, 3 April 2013

WORLD HEALTH DAY – 7 APRIL 2013: THEME – HIGH BLOOD PRESSURE

High blood pressure – also known as raised blood pressure or hypertension – increases the risk of heart attacks, strokes and kidney failure. If left uncontrolled, high blood pressure can also cause blindness, irregularities of the heartbeat and heart failure. The risk of developing these complications is higher in the presence of other cardiovascular risk factors such as diabetes. More than one in three adults worldwide has high blood pressure. The proportion increases with age, from 1 in 10 people in their 20s and 30s to 5 in 10 people in their 50s. Prevalence of high blood pressure is highest in some low-income countries in Africa, with over 40% of adults in many African countries thought to be affected.

However, high blood pressure is both preventable and treatable. In some developed countries, prevention and treatment of the condition, together with other cardiovascular risk factors, has brought about a reduction in deaths from heart disease. The risk of developing high blood pressure can be reduced by:

- ♥ reducing salt intake;
- ♥ eating a balanced diet;
- ♥ avoiding harmful use of alcohol;
- ♥ taking regular physical activity;
- ♥ maintaining a healthy body weight; and
- ♥ avoiding tobacco use.

The ultimate goal of World Health Day 2013 is to reduce heart attacks and strokes.

Specific objectives of the campaign are:

- ♥ to raise awareness of the causes and consequences of high blood pressure;
- ♥ to provide information on how to prevent high blood pressure and related complications;
- ♥ to encourage adults to check their blood pressure and to follow the advice of health-care professionals;
- ♥ to encourage self-care to prevent high blood pressure;
- ♥ to make blood pressure measurement affordable to all; and
- ♥ to incite national and local authorities to create enabling environments for healthy behaviours.



"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."

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