

Press Release:

**PUBLIC-PRIVATE PARTNERSHIPS FUNDAMENTAL TO ACHIEVING UNIVERSAL HEALTH
COVERAGE**

1 September 2014; South Africa will not achieve its goal of universal health cover unless a structured process is developed for collaboration between the private and public sectors. This will involve the creation of Centres of Excellence where the expertise in the two sectors can be shared to improve access to affordable, quality care.

The formation of the Centres will also involve contracting with specialists in the private sector to relieve the dire shortage of specialists in public hospitals and collaboration in the areas of training, hospital infrastructure design and health technology to improve health outcomes and life expectancy, as well as to reduce the burden of disease.

This is according to Dr Terence Carter, a Deputy Director General in the National Department of Health responsible for, among others, hospital policy formulation and workforce development and planning, and a former CEO of the Tygerberg and Groote Schuur Hospitals in the Western Cape.

Speaking at the 15th annual Board of Healthcare Funders' (BHF) Southern African Conference in Durban, Dr Carter focused on the massive shortage of specialists and resources in state hospitals compared to what is available in the private sector and the huge inequities in the different provinces in terms of health outcomes and life expectancy.

Stats SA estimated that the life expectancy in 2013 was the lowest in the Free State (age 50 for males and 52 for females) compared to the Western Cape where the life expectancy for men is around 64 and 70 for women.

Recent figures have shown that of the 11 473 specialists registered with the Health Professions Council of SA only 2982 are employed in central, tertiary and regional hospitals with only two public hospitals in the whole of the country meeting the recommended requirement of between five to eight beds per specialist. In other hospitals the ratio varies between 20 and 25 or more beds per specialist making it impossible to deal with the country's huge burden of disease and provide appropriate, quality care.

"This has created vast opportunities for the development of strategies that will promote public-private partnerships by, for instance, contracting with private specialists and hospitals to treat poor, state patients," Dr Carter said.

Two examples of such partnerships in the Western Cape are the contracting by the provincial government of a private facility to render sub-acute services to the poor and a private hospital in George to provide radiotherapy services to cancer patients who live too far away to access treatment in tertiary hospitals in Cape Town. The results were a significant reduction in drop-out and treatment default rates and a huge improvement in outcomes, Dr Carter said, adding that the cost of contracting with the private sector to deliver these services was similar to what it would have cost in the public sector.

“As we don’t expect the number of specialists employed in the state to increase in the near future, it is crucial that government and the private sector start to find ways of collaborating constructively to reduce the burden of disease. If not, the country will never be able to achieve the objectives of a National Health Insurance system aimed at giving every citizen, irrespective of his or her socio-economic status, access to quality, affordable healthcare,” Dr Carter warned.

Ends/

Editor’s Notes:

The Board of Healthcare Funders of Southern Africa (BHF) is the representative body for the majority of medical schemes throughout South Africa, Lesotho, Namibia, Botswana, Mozambique and Zimbabwe.

Issued by Epic Communications on behalf of The Board of Healthcare Funders of Southern Africa