

# ***Options for the flow of funds from the funders to the public sector***

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# Introduction

- Govt has made significant progress in the last decade.
- Equity in access
  - Improved PHC
  - Improvements in PHC infrastructure, staffing, salaries
  - Enabling legislative and policy environment

# International Context

- Governments across the world are facing increasingly complex and demanding problems in delivering health care to their populations
- Inability to Public Sector health systems to cope .
- a movement towards preventive health, where, because physicians are reluctant to take the lead, nurse practitioners and pharmacists are being offered an opportunity to expand their professions.
- increase in sophisticated systems of professional self-regulation. If doctors do not get their own act together, somebody else will;
- the increasing role of technology in medical practice
- Shift from unmanaged fee for service to managed costs.

# Challenges in the public sector

- Declining budgets
- Rationing of care
- Longer waiting lists
- Long waiting times
- Growing demand
- Exclusion of critical services

# Challenges cont

- Quality
- Attracting and retaining good staff
- Poor/inappropriate physical infrastructure
- Modernisation ?

# creating synergies

- The alignment of the interests -Public /health insurance sectors
- Narrowing of gap between private and public sectors
- Pooling scarce resources to achieve health for a better life
- Developing affordable and sustainable models

# Option 1

- Schemes making investments in public hospitals
  - Modernise trauma units
  - Centres of excellence
  - Increase ICU beds
  - Create “private wards” where capacity exists
  - Improve billing/collection systems

# Option 2

- Addressing Pharmacy queues :chronic medicines
  - Exploiting existing delivery mechanisms used by schemes for medicine delivery
  - Examining affordability of use of retail pharmacy sector
  - Exclusive use of private sector like NHS with right exit price.

# Option 3

- Increase insurance coverage
  - Developing lower cost medical aid options where the public Hospital is the primary provider

# Benefits Public sector

- Strengthen the public Hospitals
- Diversify sources of funding
- Improve revenue potential
- Improve efficiencies
- Improve infrastructure
- Increase public confidence

# Benefits for Schemes

- Protocol and care pathways driven
- Lower costs – sustainability.
- Clinical quality assurance
- appropriate and necessary interventions
- Risk sharing

# Other benefits

- Increasing insurance coverage
- Laying the foundation for SHI
- Pooling scarce resources
- Sharing risk and rewards
- Retain health professionals

# Conclusions

- Need to keep an open mind
- Must be willing to give and take
- No preconceived notions
- Learn from other experiences but more importantly be willing to “reinvent the wheel”

- We can't solve problems by using the same kind of thinking we used when we created them.

Albert Einstein