

Pathways to universal care

 By [Nicci Botha](#)

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If we look at our current context, our healthcare system is not a designed product, but an artefact of our history. Apartheid brought about separate development, a two-tiered economy, baked-in income inequality and systematic differences in service delivery by race and geography, said Shivani Ranchod, healthcare actuary at Insight Actuaries and Consultants.



Shivani Ranchod, Healthcare actuary, Insight Actuaries and Consultants

This has resulted in a public healthcare system that is structurally sub-optimal and fragmented, thanks to silo arrangements, low accountability and poor quality, which leads to wastage.

Redesigning healthcare

“We’re not that far off universal care, what is lacking is quality. We therefore have an urgent need to redesign our health system,” she said.

“National Health Insurance is shorthand for a series of complex, interconnected, large-scale and long-term reforms, which involves changes to financing, purchasing and delivery of healthcare. Each reform requires political will, legislative change and careful design... all without losing sight of how the reforms interconnect.”

This requires iterative policy design processes that allow for reflection, although there’s a risk of stasis because of decision complexity. Forward momentum is required on multiple fronts, with a combination of strong leadership and multi-stakeholder processes, supported by strong technical capability, Ranchod explained.

Where to start?

Quality improvement is key, she said. There’s a painful process ahead for South Africa to bring the two sectors closer together, where quality differentials are both a symptom, and an obstacle.

“Those with access to private care are likely to resist giving that up, and pluralistic purchasing is likely to raise equity concerns. Quality improvement in the public sector is a vital part of the journey, and changing the financing will be insufficient. Greater trust in the public system is needed,” she said.

Why a pluralistic approach?

“Public and private healthcare coexist in an inter-related system. We must act accordingly. We must make the best use possible of the resources that we have to ensure accountability and to reduce wastage – from financial institutions to healthcare providers.”

A purchaser/provider split is a critical reform and enables pluralistic purchasing for supply side re-engineering, she added.

“All health systems are dynamic, and face complex trade-offs between subsets of the population. Even where there is agreement on the outcomes, there are multiple potential reform pathways.

“NHI is important to the long-term stability of our country. We can’t be tied down in arguing,” Ranchod concluded.

ABOUT NICCI BOTHA

Nicci Botha has been wordsmithing for more than 20 years, covering just about every subject under the sun and then some. She's strung together words on sustainable development, maritime matters, mining, marketing, medical, lifestyle... and that elixir of life - chocolate. Nicci has worked for local and international media houses including Primedia, Caxton, Lloyd's and Reuters. Her new passion is digital media.

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