

National Health Insurance (NHI) is the only way to ensure health coverage for all, says KZN Health MEC Dr Sibongiseni Dhlomo

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KwaZulu-Natal Health MEC Dr Sibongiseni Dhlomo has reiterated that the [National Health Insurance \(NHI\)](#) is the only way to ensure universal health coverage of citizens – regardless of their economic status.

MEC Dhlomo was speaking at an NHI road show held at Osizweni Community Hall in Newcastle yesterday, where he delivered a presentation on the programme, to an attentive audience.

NHI is a health financing system that is designed to pool funds to provide access to quality, affordable health services for all South Africans based on their health needs, irrespective of their socio-economic status. In KwaZulu-Natal NHI is currently being piloted at three districts; Amajuba, Umzinyathi and Umgungundlovu.

"NHI is part of government's efforts to change the legacy of apartheid, whereby the country had a fragmented health system which had 14 separate health departments and administrations for different population. We are now one country, and nobody should be discriminated against and excluded from getting access to healthcare due to their socio-economic status. This system seeks to provide access to quality health services for all South Africans based on their health needs and irrespective of their socio-economic status. It represents a substantial policy shift that necessitates massive reorganisation of both public and private health sectors," said MEC Dhlomo.

He added that the implementation of NHI is a reflection of the kind of society that Government wants South Africans to live in: one based on the values of justice, fairness and social solidarity. It is consistent with the vision that health care should be seen as a social investment and not be subjected to market forces.



MEC Dhlomo

with Amajuba District mayor Dr Musa Ngubane

"NHI will ensure a more responsive and accountable health system that is likely to improve user satisfaction, lead to a better quality of life of the citizens and improved health outcomes across all socio-economic groups. This will contribute towards improved human capital, labour productivity, economic growth, social stability and social cohesion."

The following interventions, among others, have already contributed to the success of NHI in KwaZulu-Natal:

1. Ward-based Teams:
 - The Introduction of Ward-Based Outreach Teams has brought a big change in the delivery of health care services closer to the people at ward level, thus increasing access to Primary Health Care (PHC).
 - Teams are able to identify health problem in the community early for interventions.
 - Increased self-reliance and health seeking behaviour.
2. School Health Teams (SHT):
 - A total of 21 SHTs have been appointed and to date 23 070 learners have received health screening. This resulted in improved learning; health complications were addressed; challenges were identified and interventions implemented on time. This also had a positive impact on the educator-learner relationships and care was enhanced due to information and knowledge on health issues.
3. Central Chronic Medicine Dispensing and Distribution (CCMDD):
 - From February 2014, all 55 Primary Health Care Facilities were enrolled in the CCMD programme. The following was also put in place:
 - 13 Private Pick Up Points were contracted to the National Department of Health to provide CCMD services;
 - 35 272 Clients have been enrolled in the programme;
 - 39 Pharmacy Assistants have been appointed;
 - The Decongestion of the facilities as a result of CCMD has led to decreased waiting times and improved client experience;
 - This has added value in a sense that clients need not to wait to collect their medicines since they are in a stable condition;

- There has also been proper and efficient control of medicines at PHC level.
4. District Clinical Specialists Teams:
 - The establishment of District Clinical Specialist Teams (DCST) has also been a catalyst for these improvements. The DCST is made up of the following components:
 - PHC Nurse,
 - Midwife
 - Paediatric Nurse
 - In 2012, the clinical improvement governance forum was also established, which developed micro policies, protocols and procedures for primary health care.
 5. The Contracting of General Practitioners:
 - A total of 23 General Practitioners were contracted, covering 40 PHC Facilities. To date, 33 311 clients have been seen by GPs. Medical Male Circumcision is also conducted at Facility level where equipment is available. Community members are seen at PHC level instead of going to the District Hospital. Access to health services has thus been increased.
 6. Infrastructure Development:
 - Thirteen PHC facilities have been completed since 2012, increasing access to health services for communities and improving service delivery.