

# The South African National Health Act

Sfiso Nkala

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## Objective of the Act

- + Regulate the national health
- + Provide uniformity in respect of health services across the nation by:
  - a) Establishing a national health system which-
    1. Encompasses public and private providers of health; and

## Conti.

2. Provides in an equitable manner the population of the Republic with best possible health services that available resources can afford;
- b) Setting out the rights and duties of healthcare providers, health workers, health establishments and users; and

## Conti.

- c) Protecting, respecting, promoting and fulfilling the rights of-
  1. People of South Africa to the progressive realization of the constitutional rights of access to health care services, including reproductive health;

## Conti.

2. The people of South Africa to an environment that is not harmful to their health or well-being;
3. Children to basic nutrition and basic health care services contemplated in section 28(1)(c) of the constitution; and

## **Continue...**

4. Vulnerable groups such as women, children, older persons and persons with disabilities.

# Responsibilities for health

1. The Minister must, within the limits of available resources-
  - a) Endeavour to protect, promote, improve and maintain the health of the population;
  - b) Promote the inclusion of health services in the socio-economic development plan of the country

conti

- c) Determine the policies and measures necessary to protect, promote, improve and maintain the health and well-being of the population
- d) Ensure the provision of such essential health services, which must at least include Primary Health Care services,



## Continues...

- + to the population of the Republic as may be prescribed after consultation with the National Health Council; and
  - e) Equitably prioritize the health services that the State can provide.
2. The national department, every provincial department and every municipality must establish such health services as are required in..

## Continues...

+ terms of the Act, all health establishments and health care providers in the public sector must equitably provide health services within the limits of available resources.

## **4. Eligibility for free health services in public health establishments**

1. The Minister, after consultation with the Minister of Finance; may prescribe condition subject to which categories of persons are eligible for free health services at public health establishments as may be prescribed.

## Continues...

- 2) In prescribing any condition contemplated in subsection (1), the Minister must have regard to-
  - a) the range of free health services currently available;
  - b) Categories of persons already receiving free health services;
  - c) The impact of any such condition on access to health services; and

## Continues...

- d) The needs of vulnerable groups such as women, children, older persons and persons with disabilities.
- 3) Subject to any condition prescribed by the Minister, the State, clinics and community health centers funded by the State must provide-

a) Pregnant, lactating women and children below the age of six years, who are not members or beneficiaries of medical aid schemes, with free health services;

b) All persons, except members of medical aid schemes, their dependants and persons receiving compensation for compensable occupational diseases, with free Primary Health Care services; and

c) Women, subject to the choice of Termination of Pregnancy Act, 1996 (Act 92 of 1996), free service

### **NHI Mpumalanga**

**S27 and TAC has, since as early as 2008, worked with the National Department of Health in the development of NHI policy.**

## Mpumalanga Report

**We have made numerous detailed submissions and have met with the Department in the early policy-making stages including on the Ministerial ..Task Team and other structures and in relation to a previous draft of the White Paper.**



Continues...

**We have provided the Department with advice and research on a range of specific topics related to NHI. We made a submission on the NHI White Paper on 7 June 2016.**

We, (S27/TAC) are deeply concerned about the prospects of a successful NHI in the light of the dire state of the health system at present.

Conti.  
lack flushing toilet, experience  
staff shortages, adequate  
storages and adequate sits for the  
waiting area etc.

+ Appallingly slow progress on the  
policy on community health  
workers and the continuous abuse  
of such health workers by  
provincial departments of health

## ***Continues...***

Provincial departments of health, riding on political tensions, stubbornly refuse to implement national policy and legislation.

Professional nurses in Gert Sibande see on average 35.8 patients per day, compared to a national average of 29.4 patients.

## Continues...

Four years later, many clinics are still waiting for infrastructure improvements under the primary re-engineering phase

There are two NHI-related conditional grants. The direct grant started in 2012/13 and allowed for three years of spending.

## Continues....

- i) The funding was provided directly to provincial departments of health. In the first year, R11.5 million was allocated to Gert Sibande
- ii) in the second year, R4.8 million was allocated and in the third year,
- iii) R7.7 million was allocated (of which Gert Sibande spent 48%, 77% and 42% respectively).

## Continues...

The indirect grant started in 2013/14 and is managed by the National Department of Health on behalf of the provincial health departments.

The indirect grant was established to deal with the underspending and poor performance of the direct grant.

National Department of Health has demonstrated no greater capacity than provinces to deliver

## Continues...

Requirements of a conditional grant (such as the direct NHI grant) is that a business plan is developed to identify the challenges sought to be tackled and the key deliverables identified.

A business plan is meant to allow for a combination of top down and bottom up planning and to establish a measure of accountability for the funds provided.

## Potential challenges 2014/15

- + there is a lack of specialists at Ermelo Hospital, the only regional hospital in the district and which now has to function as a district hospital, due to the inability of the district to attract and retain specialists and skilled health professionals;
- + there has been an under spending of the grant by the district; and
- + there are delays in procurement or payments.



## ***Key Deliverables...***

- + Enhance district capacity in the areas of planning and monitoring and evaluation, including to:
- + appoint one M&E coordinator in the district;
- + train 10 hospital boards and 72 clinic committees on their duties;
- + hold four district M&E meetings;
- + train 100 managers on financial management and acquisition and demand;

## Continues..

conduct seven on-site training sessions by the district clinical specialist teams.

+ Improve supply chain management systems and processes to support efficient and effective health services provision within the district, including:

## Continues...

- + Strengthen the referral system based on a re-engineered primary health care platform with a particular focus in rural and previously disadvantaged areas, including:
- + procure screening audiometers, Snellen charts and scales with heights for 18 school health teams amongst other things;

## Where to from here for NHI

Recent (White Paper) NHI policy document, lacks specificity, has serious defects...

Human rights education and working with community based organisations in strengthening health care services and health establishments, suggests that there are some areas or issues that deserve greater focus within the health system...

## ***Continuess....***

strengthening initiatives led by the Department in the move towards NHI.

These areas of focus have not still been adequately dealt with in the White Paper or in health systems reforms thus far.

End..

Questions, Clarities and discussion

Have a good day