National Health Insurance

Objectives:

Health financing system designed to pool funds to provide access to quality, affordable personal health services based on health needs, irrespective of socio economic status

Features of NHI:

Universal access Mandatory prepayment for healthcare Comprehensive services Financial risk protection Single fund with single payer Strategic purchaser

Principles:

Right to access healthcare Social solidarity Equity Healthcare as public good

Affordability, efficiency, effectiveness and appropriateness

Benefit Structure Primary Health Care Hospital and Specialised Services no co- Enable full range of essential medications to be available in public health facilities Chronic pre-dispensing and delivery to patients Facility levels: District Referral system to higher Health promotion, disease prevention levels of care, supported by protocols and treatment Regional rehabilitation and palliative care clinical Tertiary specialist Centralised Specialised guidelines teams Provision through community networks of public and private **Design:**Scrapping of uniform patient fee schedule practices and community health Clinical governance rules to manage demand and/or utilisation Capitation based reimbursement Fund pricing and health centres Integrated Norms and standards determined by Office for ractitioners Health Standards Compliance (OHSC) and NHI Benefits Advisory Committee (BAC) District health service delivery school health at non programme specialised Referral system to higher levels of levels care Measurement of hea Application of NHI Fu Fee for service not p Semi autonomous structures with enhanced Municipal Emergency services Reimbursement mechanism: etgency services Cective: provide uniform level of quality and access Define nationally determined norms and standards Ensure urban and rural based accessibility Governance including strengthening of hospital ward based global budget with risk adjusted capitation fee with performance based primary healthcare payment, adjusted for population size. Reimbursement mechanism: case mix activity Capitation case based fee outreach age / gender, disease profile teams

Enabling infrastructure:

- Office of Health Standards Compliance (OHCS) Human Resources for Health strategy (HRH)
- eHealth, Patient Registry and Master Patient Index
- National Quality Standards for Health Fraud and risk management oversight

private healthcare

MEDICAL SCHEMES

Complementary to National Health Insurance benefit coverage

Voluntary purchasing

enacted, with overhaul of PMBs

Expectation of decrease in number of covered lives



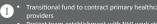
CURRENT FUNDING REVIEW:

- Subsidies paid by State (to GEMS, Polmed, Transmed etc)
- Subsidies paid by employers

PHASE 1 (2012/13 - 2016/17)

PHASE 2 (2017/18 - 2019/21)

PHASE 3 (2021/22 - 2024/25)



- Transitional fund to contract primary healthcare providers
 Project team establishment with NHI work streams Health systems strengthening
 Move Central Hospitals to National
 Establish NHI Fund
 Establish Office of Health Standards Compliance
 (OHSC), District Health Management Offices
 (DHMO); and National Health Commission (NHC).
- - Purchasing of services to be funded by NHI public hospitals, emergency services and National Health Laboratory Services Mobilise additional resources through Social Security alignment and State subsidy review Functional NHI fund with all identified units NHI Fund management and governance structures Population registration process

- Accreditation of private sector providers and hospitals and specialised services Mandatory prepayment for NHI services Finalise and implement Medical Schemes Act enabling complementary cover

Implementation

Funding

Pillars

Benefit