

Putting the health citizen at the centre of UHC

As healthcare systems worldwide evolve towards universal health coverage (UHC), there must be a move beyond technical policy evidence to an action plan driven by participation, collaboration and implementation, where the overarching priority remains the person receiving the healthcare service



Dr Katlego Mothudi, managing director, Board of Healthcare Funders of Southern Africa

“If we can get that mindset right across the healthcare value chain, we will move closer to achieving UHC. We’ve heard a lot about why UHC would be impossible to implement, what we cannot do, and why we cannot do some of the things. It’s time the industry pushes boundaries to look at what is possible and what can be done to implement those pockets of possibilities without having to change regulations or legislation. It’s about identifying the low-hanging fruits and kick-starting practical steps towards UHC,” says Katlego Mothudi, managing director, Board of Healthcare Funders of Southern Africa (BHF).

Pockets of success

The narrative around introducing and implementing UHC in Southern Africa has always been that it is unaffordable, and that government systems are collapsing and are not geared to delivering UHC. Yet there are pockets of success in countries such as Rwanda, which ranks as one of the most successful UHC programmes in Africa. Lessons can be learned from Ethiopia and Ghana, which have also achieved significant milestones. These examples go to show that UHC for Southern Africa and for Africa is possible, he says.

“First we need to remove the barriers that we have created in our thinking about UHC. We need to look at what can be done now, without waiting for regulatory reform, and push the boundaries of what we have deemed impossible to realise workable solutions in delivering UHC.

Changing the relationship between the health citizen and service providers

“The healthcare sector’s priority should be ensuring that healthcare delivery is more member-centric and not service provider focused. Efforts must be made towards ensuring that the end product delivered to the health citizen meets their healthcare needs,” says Mothudi.

The relationship between healthcare service providers and the health citizen has conventionally been transactional. Even with chronic health citizens, healthcare service providers have built a relationship of dependence.

According to the BHF, there is a lot that medical schemes can do, working together with governments across the region, without having to wait for regulatory reform to begin driving the implementation of UHC.

Some of the current challenges include cost escalation, reduced access and poor or non-standard quality of care. For the insured, without a doubt, medical aid contributions required to purchase healthcare are very high, and out-of-pocket payments are increasingly becoming a big challenge to the health citizen. Benefits schedules are also so complex that members don't know benefits to which they are entitled.

A common view among the insured is that while contributions are high, there aren't enough benefits to justify the costs. For the uninsured, of concern across the region is adequate access to healthcare services as well as the quality of healthcare received. Across the board, health citizens do not know what to expect from their healthcare providers, and also don't know how to measure quality care. As a result, they cannot benchmark to determine whether they are receiving the best available healthcare services or not.

Information and a multidisciplinary approach

"There needs to be adequate consultation and informed consent to empower the health citizen with appropriate information to influence their choices and compliance to the healthcare services provided to them.

"Information prioritisation must focus on empowering the health citizen; there is a need to create awareness of the drivers of costs, cost of services, to create an understanding of the impact of fraud on the health citizen, the impact of choice of care, as well as an understanding of treatment modalities.

Across the region and continent, there is inadequate accountability for the quality of healthcare. New technologies come into the country and into the region unvetted. There is a lack of standardisation of healthcare measures, which raises the question: whose interests does the healthcare sector seek to serve? If it is for the healthcare citizen, we would be more cautious about these things. A multidisciplinary approach to healthcare delivery and regulation alignment will enable a seamless implementation of universal healthcare across the continent.

"This can only be attained through industry collaboration with all the stakeholders in healthcare to truly deliver to the needs of the health citizen," says Mothudi.

Putting the healthcare citizen first, pushing the boundaries of the possible is the theme of the upcoming 19th Annual Board of Healthcare Funders of Southern Africa Conference, which will be held at Sun City, from 17-20 June 2018.