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SPOTLIGHT ON

Winner of the 2023 Titanium Young Achiever Award

p. 12 -15 Dr Vuyane Mhlomi, CEO and Co-Founder, Quro Medical

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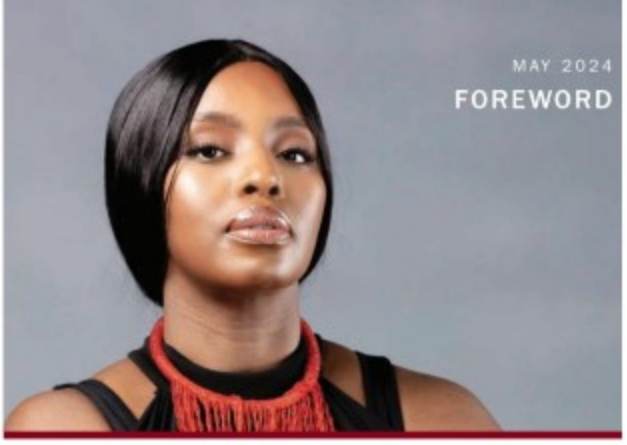

From the **EDITOR'S DESK**

Welcome to the 2024 edition of BHF360°, themed *Beyond the Liminal – Embracing the Next Generation of Healthcare*. This theme reflects our awareness of the industry's transformation and our pivotal role in shaping its future. The beauty of this moment lies in the space between what was and what's next.

Our annual magazine serves as a platform for leading industry experts to spotlight new insights and developments in the healthcare space. An array of experts, both local and international, delve into the liminal spaces of healthcare, where possibilities emerge and groundbreaking changes await as we define the future we want for our health system.

Topics under the spotlight include: an executive report by our MD, Dr Katlego Mothudi, who shares insights from various CEOs in the sector on current trends, challenges and solutions. Professor Alex van den Heever discusses managing escalating healthcare costs for future sustainability. He emphasises that sustainable private healthcare relies on covering catastrophic expenses with minimal out-of-pocket costs and keeping healthcare price increases in line with household incomes.

Other highlights include Professor Sharon Fonn on advancing health equity through social determinants, and Professor Fatima Suleman on sustainable access to rare disease medicines in developing countries.

We warmly welcome attendees to the 23rd Annual BHF Conference, themed: *Beyond Barriers; Navigating the Future for Sustainable Healthcare*. We thank our partners, sponsors, and speakers for their crucial roles in making this the premier event of the year.

Together, let's break down barriers and silos to ensure the sustainability of the future of healthcare.

We hope you find this issue an enjoyable and enlightening read.

Zola Mtshiya
Head of Stakeholder Relations and Business Development, BHF

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FROM TRANSITION to transformation

The BHF executive report on key trends, challenges and sustainable healthcare solutions in southern Africa

BY DR KATLEGO MOTHUDI

Managing Director, BHF

Under the forward-thinking theme, *'Beyond the Liminal – Embracing the Next Generation of Healthcare,'* we set the foundation for this executive report. As Managing Director of the Board of Healthcare Funders (BHF), I am privileged to connect this theme with the innovative aspirations of our 2024 conference, offering concrete insights and strategies to tackle our pivotal challenges. This report compiles insights from leaders across the spectrum of southern Africa's healthcare sector, including funders, hospitals, clinicians and the pharmaceutical industry, drawn from extensive interviews and a thorough survey.

Our approach highlights the BHF's crucial role in promoting collaboration and creating actionable insights within the healthcare ecosystem. We are committed to moving beyond the rhetoric, exploring new possibilities and facilitating the adoption of progressive ideas. By highlighting significant trends, obstacles and breakthrough solutions from key figures in healthcare, we foster a

conversation that surpasses conventional limits and charts the course for a robust, inclusive healthcare future. Join us as we journey beyond the present uncertainties to a time where access to health in southern Africa is a universal reality, not a privilege.

THE EVOLVING LANDSCAPE OF SOUTHERN AFRICAN HEALTHCARE

As the world grapples with global health challenges ranging from the impacts of climate change and rising non-communicable diseases (NCDs) to recurring epidemics, these issues cast a long shadow over healthcare systems worldwide. These major trends set the context for the specific healthcare dynamics in southern Africa, a region that mirrors these global complexities and yet displays unique traits and opportunities for innovative healthcare solutions.

In southern Africa, healthcare organisations are steering through a multifaceted landscape fraught with escalating challenges and promising opportunities. The rapid increase in the burden of disease, driven by NCDs, is forcing a critical shift towards more sustainable healthcare models, while economic volatility continues to heighten healthcare costs and reduce the affordability of care. Concurrently, there is a reinforced commitment to achieving health equity, with concerted efforts to ensure that healthcare is universally accessible. Across the region, Universal Health Coverage (UHC) is in different stages of roll-out, reflecting varying national priorities and capabilities. Changes in the South African environment are being closely watched as they usually impact the other countries. The proposed National Health Insurance (NHI), despite its controversies, offers the potential to expand healthcare access significantly in the country, if it is implemented in a pragmatic manner that leverages existing capabilities and resources in both the private and public sectors.

In the private sector, the funder market is seeing divergent trends, with notable growth in the health insurance sector alongside stagnation in traditional medical schemes. Restricted by slow or no membership growth and growing levels of utilisation, the move towards value-based care is slowly gaining momentum, as medical schemes and providers are starting to implement strategies to strengthen their contracting arrangements, control expenditure and improve health outcomes. High levels of fraud, waste and abuse in the system remain prevalent. This stagnation is particularly pronounced across the southern African region, where economic conditions have severely limited the growth of private health insurance or medical scheme coverage, making the need for innovative healthcare financing solutions even more critical.

An enhanced focus on primary healthcare, preventative care and wellness programmes, underpinned by loyalty benefits, is also pronounced. Also, the acceleration of digital healthcare post-COVID is gradually reshaping service delivery. Significant investments in artificial intelligence and predictive analytics are set to strengthen health risk management, boost patient care, and enhance operational efficiency. This era of digital transformation is marked by collaborations with local and global tech innovators and a strategic internal focus on tech integration to overhaul legacy systems and traditional practices. This complex

BOTTLENECKS AND BARRIERS

Regulatory Challenges: Inefficiencies and politicisation in regulations stall healthcare modernisation, particularly evident in South Africa's controversial NHI Bill.

Economic Pressures: Economic instability affects healthcare affordability, worsened by workforce shortages, infrastructural decay, and corruption.

Workforce and Technological Challenges: Training shortages, high emigration, and workforce burnout impact service quality. Digital health faces adoption and cybersecurity challenges.

Corporate Dynamics: Increasing corporatisation reduces care diversity and shifts focus from primary to hospital-centered services, affecting patient choice.

Dr Katlego Mothudi, Managing Director, BHF

tapestry of trends indicates a critical juncture for the region's healthcare, laden with challenges yet rich with opportunities for pioneering change.

REACTIVE RESPONSES TO EMERGING CHALLENGES

In response to the challenges facing the healthcare system, we have noted that healthcare organisations across southern Africa are taking immediate and strategic actions. They are collaborating with government and business coalitions, like Business for South Africa (BUSA), to address fiscal risks and navigate policy uncertainties, while pushing for changes that encourage the participation of the private sector, the harmonisation of regulations, the strengthening of governing agencies and the adoption of advanced technologies.

Many organisations are shifting towards integrated healthcare models that prioritise primary care and value-based approaches, and are investing heavily in digital innovations such as telemedicine, electronic health records and artificial intelligence to boost efficiency and patient outcomes. Furthermore, by improving operational efficiency through digitalisation and process reengineering, these organisations are optimising resource allocation and care quality. Collaborative efforts with multisectoral stakeholders are crucial as organisations strive to meet Universal Health Coverage goals and future-proof their position in their markets.

These are immediate individual responses to current challenges; however, a more comprehensive set of longer-term solutions are required at a systems level.

PROACTIVE SYSTEMIC RESPONSES

To create a sustainable and equitable healthcare environment in southern Africa, long-term strategic solutions are essential. These solutions need to be aimed at broadening healthcare access, enhancing system efficiency and ensuring financial sustainability.

UHC and collaboration:

- **Progressive realisation of UHC:** Expand access to care using a multi-payer system that will guarantee quality healthcare for all without financial hardship.
- **Implement the principles of UHC:** Align benefits to encourage preventative care, care coordination and the integrated management of patients with chronic diseases.
- **Progress Public-Private Partnerships (PPPs):** PPPs can unlock facilities and resources that can enhance access, as well as improve quality of care and patient satisfaction. And, while collaboration between the public and private sectors is paramount, it is often hindered by the lack of harmonious interaction among various departments such as health and social development, where discussions remain inadequate. An enabler for overcoming these challenges could be the proactive engagement of the private sector in the implementation and ownership of policies, despite these typically being the responsibility of the government.

Policy and regulation:

- Strengthen oversight and enhance the functioning, capacity and effectiveness of regulatory institutions.
- As countries within the Southern African Development Community (SADC) often follow similar healthcare trajectories, it is imperative to foster inclusivity and facilitate information and knowledge transfer across the region.
- This approach ensures that nations can learn from each other's experiences and avoid repeating past mistakes. In South Africa, relevant solutions are proposed below:
  - Align the NHI with a multi-funder framework, to allow participation of private funders alongside the NHI. Additionally, it is critical to recognise the role that employers play and the significant impact that they have on the overall system's sustainability.
  - Update these benefits to meet current health needs and economic conditions, making healthcare more affordable and less hospital-centric.
  - Implement LCBOs within the medical scheme environment to widen healthcare access across all income levels.
  - Implement its recommendations to strengthen competition and optimise the performance of the private healthcare sector.
  - Establish a risk equalisation fund and mandatory medical scheme membership to stabilise the insurance market and lower healthcare costs.

Infrastructure, workforce and technological development:

- Healthcare infrastructure enhancement: Invest in facilities and technology, particularly in underserved areas, which will ensure equitable healthcare access.
- Strengthen healthcare training: Expand training and revise practice guidelines to boost care quality and expand service capabilities
- Improve workforce planning: Formalise and enhance the collaboration between academia and healthcare funders and service providers. This should include establishing clear communication channels for feedback between the service delivery and training sectors, ensuring that training programmes are responsive to the evolving needs of the healthcare workforce.
- Digital health initiatives: Leverage telemedicine and electronic health records to improve service reach and efficiency.

Sustainability and governance:

- Incorporate Environmental, Social, and Governance (ESG) principles: Adopt ESG standards to promote resilience and position southern African healthcare systems as leaders in sustainable practice.

These strategies are designed not only to address immediate healthcare challenges but also to establish a robust foundation for a future where high-quality healthcare is universally accessible in southern Africa. By implementing these solutions, we can bridge the current gaps and pave the way for a resilient healthcare system.

CONCLUSION

This executive report highlights the challenges and opportunities in the southern African healthcare sector. As we steer beyond the transitional state of the liminal into a future ripe with potential, it becomes clear that a resilient and inclusive healthcare system is within our reach. Through collaborative efforts, strategic reforms and innovative solutions, we can carve a clear path forward. By embracing the progressive realisation of UHC, addressing regulatory inefficiencies, advancing workforce transformation, and fostering sustainable practices, we are not just meeting current needs but also laying the groundwork for future demands.

Our journey from the present uncertainties to expansive healthcare possibilities must be marked by bold, proactive and inclusive actions. The initiatives and reforms we've discussed do not merely suggest a new era but are actively creating a healthcare foundation built on innovation, equity and sustainability. As we continue to dismantle old barriers and construct new bridges, the engagement of all stakeholders becomes crucial. The BHF is proud to be a part of this transformative journey and invites you to join us in redefining what it means to provide 'Better Health for All,' establishing a healthcare environment that is equitable, sustainable and inclusive for every member of our community.

Stumbling blocks to sustainability

In our review of southern Africa's healthcare systems, several critical barriers have been identified that are significantly impeding progress towards sustainable healthcare. These barriers stifle innovation and progress in the healthcare sector. Addressing them requires focused reforms aimed at enhancing system resilience and expanding access to healthcare across southern Africa.

Regulatory challenges

At the forefront of these challenges are regulatory environments that are both inefficient and highly politicised, which are failing to support the necessary modernisations in the healthcare systems. In South Africa, this issue is exacerbated by the ambitious yet controversial NHI Bill, which is entangled in legal and public scepticism, threatening the existence of the well-established medical scheme sector and freezing crucial reforms that could otherwise enhance service delivery, such as the implementation of the Health Market Inquiry (HMI) findings and the revision of the Prescribed Minimum Benefits (PMBs).

Workforce and technological strains

Inadequate training opportunities, a lack of employment and specialist training posts, and high emigration rates, coupled with workforce burnout, threaten the quality, safety and sustainability of health services. While we are striving to transform the industry, we face significant challenges in formalising a developmental pipeline for human resources, management capacity and enterprise development, which are critical for sustained progress and innovation.

The integration of digital health technologies brings its own set of problems, including a lack of adoption at scale; interoperability and cost challenges; significant cybersecurity risks and the threat of the rapid spread of misinformation. These forces work synergistically to slow the digital transformation of healthcare organisations and hinder the strengthening of patient management.

Economic pressures and fiscal constraints

The region grapples with economic instability that exacerbates healthcare affordability and limits public health services' viability. The public healthcare systems suffer from workforce shortages and infrastructural decay, worsened by corruption and maintenance failures. These problems undermine both the sustainability of health services and public trust in the systems. This economic strain is mirrored in the private sector, particularly affecting traditional medical schemes, which are challenged by rising healthcare costs, high claims and the necessity to maintain solvency while funding mandated benefits.

In South Africa, the lack of Low-Cost Benefit Options (LCBOs) and regulated provider tariffs, together with restrictions on collective bargaining in the medical scheme environment, further strain the ability to provide more affordable products and expand membership, particularly within the lower- and middle-income markets.

Corporate dynamics and market changes

The growing corporatisation of healthcare threatens to marginalise smaller, independent practices, reducing the diversity of patient care options. While economies of scale can increase access to more standardised, cost-effective services, this shift towards larger healthcare entities and the focus on hospital-centred care rather than primary and preventive services, could further concentrate the market, reduce patient choice, disintermediate general practitioners as the gate-keepers and undermine the traditional model of community-based healthcare.

STRATEGIC POLICY FRAMEWORKS for future-ready health systems

BY KWENA JOYCE MABASA
Head of Division: Complaints Handling and Investigation, Health Professions Council of South Africa

Health systems exist in many different forms throughout the world. They all have the goal of quality healthcare that ensures better health outcomes for both individuals and communities. A health system should therefore offer a full range of uninterrupted services on an ongoing basis, in an effort to prevent and treat diseases while also enhancing the general health of the population.

In this regard, the World Health Organization (WHO) has designed an analytical framework, also known as the 'building blocks for strengthening health systems'. The framework is helpful in conceptualising and delivering equitable health services. The framework is disaggregated into six core components as follows:

- Leadership and governance
- Service delivery
- Health system financing
- Health workforce
- Health information systems
- Medical products, vaccines and technologies.

Notwithstanding this, there are real failures and inconsistencies in service delivery, especially in health systems that are not sufficiently resilient, mostly found in poor and vulnerable settings. In fact, these weaknesses may worsen the health of populations. While there are usually several factors undermining health service delivery, the lack of credible information and solid evidence are especially common.

Health systems face numerous other challenges, some rooted in the history of the systems, along with increased movement of both patients and health professionals, and advances in medical science and technology, including artificial intelligence. Policy-makers are required to take these into account when formulating or revising health policies.

Importance of strategic policy frameworks

Policy decisions at national and global levels determine the goals, objectives and processes of health systems, especially with regard to the allocation of resources and setting parameters for action. A strategic policy framework is an essential tool to guide the development and implementation of policy and further provides a comprehensive statement of goals and objectives. But given the complexity of health systems, with their many players and decision-makers, often a more comprehensive framework is required to guide coordinated action by several organisations and provide

Developing strategic policy frameworks that integrate innovation and collaboration across healthcare systems is essential for addressing evolving health challenges and enhancing patient outcomes in a transforming global health landscape.

Kwena Joyce Mabasa, Health Professions Council of South Africa

a comprehensive statement on the desired future.

Policy frameworks for future-ready health systems

The world is experiencing a health transition that affects the burden and patterns of diseases, demographic shifts and the health sector's capacity to improve health outcomes. These changes are so dramatic that they demand new forms of policy intelligence and new paradigms of strategic planning. High-income countries are not immune to these problems, as they struggle to contain costs, improve the efficiency and effectiveness of their health systems, and better comprehend and act upon the social determinants of health. High, upper-middle and lower-middle income countries are looking to re-engineer their health systems and boost the economic and social development of their populations with strategic intent.

It is crucial to develop strategic policy frameworks that can navigate these challenges and foster innovation to ensure future-ready health systems. This means more resources for health systems, but also an increased capacity to manage their transformation. There has been a noticeable rise in the number of patients with multimorbidities. It is therefore necessary to design efficient interventions that will mitigate multimorbidities as and when they occur.

Strong investment in integrating healthcare is of paramount importance. According to Dookie and Singh (2012), by integrating healthcare, the complex and demanding transformations that health systems need to respond to will be addressed. This includes implementing effective local adaptive change management strategies, developing elaborate strategic governance frameworks, and promoting collaborative architectures, processes and tools. This will bring about and facilitate change in the health system, fostering innovation and improving patient outcomes. By developing evidence-based, cost-effective and locally appropriate packages of healthcare, equitable access to essential services for all individuals will be ensured (Pawson, 2006).

It is evident that simple tools and traditional project management approaches may not be sufficient to navigate the complexity of the healthcare landscape. Instead, a comprehensive approach that includes improving the technical capacity of policy-makers, better packaging of research findings, utilisation of social networks, and establishment of fora for knowledge exchange and collaboration can facilitate the implementation of effective strategic management within health systems.

Navigating challenges in healthcare transformation

Significant investments are required to address current health challenges while healthcare systems are being transformed. Areas for investment include resource management, infrastructure development, and policies for attracting and retaining health professionals. According to Goodwin (1998), it is essential to have effective leadership and clear lines of accountability at both district and institutional levels to drive policy formulation and translation into practice, as well as to monitor the effectiveness of health interventions. This is also essential within the South African context where policy formulation is driven at a national level and implementation driven at

a provincial and district level. One key lesson learned from designing and evaluating large-scale health information technology interventions is that strategic planning is essential in accompanying systemic organisational changes associated with such programmes (Cresswell et al, 2013). Therefore, to effectively navigate these challenges and foster innovation, healthcare organisations must prioritise integrating various components of the health system, as well as the social determinants of health. (Hunter et al, 2015).

Fostering innovation in health systems

Innovation entails the successful generation and implementation of new ideas, approaches and technologies to improve healthcare delivery. It is derived from research, development and implementation. It is key to overcoming challenges, as new and innovative ways can have a potentially huge impact on how health systems tackle various issues. In the health sector, innovations can be seen in many areas, one example being the use of therapy dogs in the treatment of patients with cancer or mental health issues. This form of innovation with 'services' has shown promise and has undergone ongoing development. Alternatively, there is complex innovation through technology, such as engineering new types of medical scanning devices or the advancement of medicine. This kind of high-level innovation has the potential to have a high impact on the improved health of the population but can often be high risk and capital intensive.

To foster innovation in health systems, it is crucial to encourage collaboration among healthcare providers, researchers and industry stakeholders. This collaboration can help facilitate the development and implementation of new technologies, approaches and models of care that can improve health outcomes and enhance the patient experience. Fostering a culture of innovation within healthcare organisations is vital.

This can be achieved by promoting a learning mindset, encouraging experimentation and risk-taking, and providing resources and support for employees to explore new ideas. Furthermore, investment in research and development is essential for driving innovation in health systems. This investment should be directed towards the development of new therapies, technologies and healthcare delivery models that can address the evolving needs of patients and improve the quality of care. Lastly, it is important to create an enabling policy and regulatory environment that supports innovation in health systems. This includes streamlining regulatory processes, providing incentives for innovation, and ensuring that policies are flexible enough to adapt to advances in technology and changes in healthcare delivery models.

To effectively foster innovation, healthcare organisations must also prioritise the integration of research findings and contextual knowledge, along with the collaboration of individuals with diverse skills and experiences. By integrating these various elements and fostering a collaborative and innovative culture, health systems can adapt to the changing landscape of healthcare and effectively address the challenges they face in delivering high-quality, efficient and patient-centred care. ■

REFERENCES

Cresswell K, Bates DW, Sheikh A. (2013). Ten key considerations for the successful implementation and adoption of large-scale health information technology. https://doi.org/10.1136/amiajnl-2013-001684

Dookie S, Singh S. (2012). Primary health services at district level in South Africa: a critique of the primary health care approach. https://doi.org/10.1186/1471-2296-13-67

Goodwin, N. (1998). Leadership in the UK NHS: where are we now? https://doi.org/10.1108/02689239810225229

Hunter DJ, Erskine J, Small A, et al. (2015). Doing transformational change in the English NHS in the context of "big bang" redisorganisation. https://doi.org/10.1108/jhom-01-2014-0019

Pawson R. (2006). Evidence-based policy. https://doi.org/10.4135/9781849209120

Porter ME, Larsson S, Lee TH (2016). Standardizing patient outcomes measurement. N Engl J Med; 374(6): 504-506. https://doi.org/

In Conversation With Dr Vuyane Mhlomi

CEO and Co-Founder, Quro Medical

Tell us about your journey and where you are today?

A My journey from Khayelitsha's vibrant yet challenging streets to where I stand today is a story of resilience, hope and unwavering determination. Raised by my incredible mother on a modest disability grant after the loss of my father, I was imbued with a sense of purpose and a belief in the transformative power of education from a young age. Despite the economic, social and educational hurdles that stood in my way, I found solace and strength in my studies, which eventually led me to the University of Cape Town's medical school. My commitment to excellence was recognised as I graduated in the top three of my class with distinctions in preclinical, clinical and final clinical examinations. The degree was awarded with first-class honours, a testament to my belief that any barrier can be surmounted with hard work and determination.

My academic journey didn't stop there. The hallowed halls of the University of Oxford beckoned, offering me an unparalleled opportunity to further my studies, supported by prestigious awards like the Rhodes Scholarship and the Pershing Square Scholarship. These experiences broadened my horizons and instilled in me a global perspective on healthcare and innovation.

Today, I am deeply honoured to be considered a trailblazer in healthcare. I am at the forefront of healthcare innovation, driven by a deep-seated desire to make a tangible difference in the lives of others. My work, particularly with Quro Medical, embodies my commitment to not just advancing healthcare but reimagining it in ways that are more accessible, equitable and patient-centred. It has been challenging yet immensely rewarding, and I remain dedicated to pushing the boundaries of what is possible in healthcare and beyond.

Can you tell us about Quro Medical, the company you co-founded and of which you are CEO?

Our innovative Hospital-at-Home model revolutionises patient care by addressing the inherent challenges of traditional hospitalisation, such as elevated costs, infection risks and the overall impact on patients and their families. Quro Medical brings a full spectrum of medical services, including intravenous therapy, oxygen support, laboratory tests and medication management to the patient's home, significantly enhancing care quality and patient satisfaction. Alongside this, we offer remote patient monitoring services and a transitional care programme to bridge the gap between hospital and home, ensuring that patients receive continued and appropriate care post-discharge, which significantly diminishes the chance of hospital readmissions.

Our patients are equipped with state-of-the-art real-time monitoring devices that transmit health data. This allows our 24/7 clinical command centre to provide continuous oversight, with the patient's treating provider offering virtual clinical supervision. This seamless integration of technology and personalised care enables immediate adjustments to treatment plans. Moreover, our solution allows for early detection of health changes, with a robust EMS network ready for any urgent needs.

This integration of home-based care and technology offers a new paradigm for patient management, particularly appealing to medical schemes and healthcare professionals focused on delivering high-quality, patient-centred care. By reducing the dependency on hospital infrastructure and enhancing patient comfort and recovery in their own homes, the Hospital at Home model stands as a forward-thinking solution in modern healthcare delivery.

How do you stay on top of current trends and developments in the healthcare industry and how important do you feel it is to remain agile?

I immerse myself in a continuous learning environment to stay on top of current trends and developments in the healthcare industry. Reading is a fundamental part of my routine — not just about healthcare trends but also global current affairs. I believe you can't engage in the world's fight without a comprehensive understanding of it. Surrounding myself with incredibly smart individuals who challenge my perspectives is another strategy I employ; it's a way to ensure that I'm always exposed to fresh ideas and innovative solutions.

Engaging with healthcare leaders and pioneers who are shaping our future is crucial. I make it a point to attend conferences, participate in forums and engage myself in discussions that broaden my understanding of the healthcare landscape. These interactions are invaluable, providing insights into the challenges and opportunities that lie ahead. I'm always on the lookout for opportunities to learn from articles, studies, peers and mentors. This approach helps me stay agile and informed, ready to adapt to the dynamic nature of healthcare.

Data plays a huge role in healthcare, especially when it comes to decision- and policy-making. Are there any particular data trends you can identify that will enhance the quality and accessibility of healthcare?

In my journey with Quro Medical, I've seen first-hand the unparalleled power of data in revolutionising healthcare. Our success in using predictive analytics to foresee clinical issues before they escalate is just the beginning. This approach not only improves patient care but sets a new standard for the industry, showing what's possible when we harness data effectively.

Yet, as we delve deeper into the challenges of healthcare accessibility in our nation, it becomes clear that a change in perspective is urgently needed. The issues we face, from workforce shortages to systemic inefficiencies, are complex but not insurmountable. The variability in healthcare demands, especially highlighted by recent pandemics, calls for a system that's not just flexible but highly adaptive and responsive.

This is where the strategic use of data becomes not just useful but essential. Imagine the impact of systemic early

warning systems on our healthcare infrastructure. By detecting outbreaks early (or even anticipating them), we can act swiftly, preventing widespread disease and saving countless lives. This isn't a distant dream — it's a tangible reality within our grasp, provided we commit to comprehensively integrating data analytics into our healthcare strategies.

Moreover, data analytics offers us a crystal-clear lens to examine and improve healthcare accessibility. By identifying obstacles and predicting future needs, we can optimise our resources and workforce, ensuring that every citizen has access to the care they need when they need it.

But we can't stop there. We must continue to invest in data-driven innovations like telehealth. These solutions can extend the reach of our healthcare services, making them more inclusive and effective, particularly in underserved communities.

The path forward is clear. By embracing the power of data, we can build a healthcare system that is not only responsive to today's challenges but resilient and ready for tomorrow's uncertainties.

You have done extensive work as a researcher, notably in the field of cardiology. Please elaborate on your interest in that particular discipline and some of the areas you have focused on.

A My journey into cardiology has always been deeply personal, sparked by my mother's battle with congenital heart disease. Witnessing her strength and resilience in the face of such challenges ignited a profound desire to contribute meaningfully to this field. During a session in a hypertension clinic, the magnitude of what could be achieved through targeted research truly dawned on me. The clinic was bustling, filled with patients grappling with high blood pressure, a condition often silently laying the groundwork for more severe cardiac issues.

Around this time, I delved into studies on pre-eclampsia, a condition unique to pregnancy that significantly heightens the risk of Cardiovascular Disease (CVD) later in life for both mothers and their children.

The link between pre-eclampsia and the eventual development of CVD was clear, but the mechanisms connecting the two remained shrouded in mystery. This gap in understanding became the focal point of my curiosity.

Driven by the thought that early identification and intervention could alter the course of many lives, I embarked on research to unravel these complexities. The hypothesis was that if we could pinpoint the early indicators and underlying mechanisms of conditions like pre-eclampsia, we could potentially head off a cascade of cardiovascular complications down the line. This proactive approach to cardiac care, fuelled by a blend of personal motivation and professional dedication, guided my work in cardiovascular research with the hope of paving the way for more effective prevention and treatment strategies.

You are passionate about giving back to the community. Tell us something about the MH Foundation, which you founded and which provides scholarships to underprivileged students.

A The MH Foundation, born from my own journey out of Khayelitsha, tackles a silent crisis: the erosion of dreams among our youth in underprivileged communities. Established in June 2013, it challenges the belief that 'nothing good comes from a township' by nurturing the aspirations of underprivileged scholars.

Our focus is not merely on academic support but on broadening horizons and instilling the belief in a future filled with possibilities. We start this intervention early in high school, aiming to prepare these scholars for matriculation and a life of meaningful achievements.

Thanks to the foundation's efforts, numerous students have not only graduated from high school but have also gone on to further their studies at prestigious institutions like the University of Cape Town and the University of Witwatersrand.

This success cycle is a testament to the transformative power of mentorship and education, proving that with the right support individuals from even the most challenging backgrounds can achieve greatness. ■

BEYOND THE LIMINAL

Q How do you relate to the theme of the magazine: Beyond the Liminal - Embracing the Next Generation of Healthcare?

In alignment with the theme 'Beyond the Liminal — Embracing the Next Generation of Healthcare', my commitment through Quro Medical is to assert that the future should not merely happen to us; we must be the architects who shape it.

This perspective is not just an ideal; it's a practical approach that we implement every day.

Our work at Quro Medical is a testament to this proactive stance. We are not waiting for future advances in healthcare to come to us; we are actively creating them. In doing so, we are making healthcare more accessible, efficient and value-based. This approach ensures that healthcare's future is not only futuristic in concept but also sustainable and deeply responsive to our community's needs.

By embracing this proactive mindset, we embody the very essence of the magazine's theme. We are demonstrating that the future of healthcare is something we can shape today through innovation, determination and a deep commitment to improving lives.

At Quro Medical, we stand as a clear example that the future of healthcare is not a distant dream but a reality we build with each step we take, ensuring it is shaped by our values, vision and commitment to the well-being of every individual we serve.

THE FUTURE OF AFRICA
lies in the hands of its youngest leaders and entrepreneurs

Africa's young business leaders are crucial to the continent's prosperity, driving transformation through education and innovation.

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Recognising the critical role youth-led responses play in the global response to HIV/AIDS, in 2021 UNAIDS funded PACT, a coalition of 150 youth-led and youth-serving organisations working on HIV and sexual reproductive health to define youth-led responses within the context of HIV/AIDS elimination. This acknowledgment of youth inclusivity and engagement underscores a broader trend across organisations worldwide. Within Africa's context, the role of young leaders and entrepreneurs cannot be overstated.

As a continent with the youngest population in the world, recognising the youth's role in shaping Africa is crucial to achieving political and socioeconomic transformation. Thankfully, strides are being made to foster youth leadership and civic engagement across various development sectors.

To capitalise on the burgeoning opportunities, we, as young leaders and entrepreneurs, should reflect on how we are positioning ourselves to shape a prosperous Africa. As a young African leader and public health advocate who hopes to transform Africa's health systems to improve health outcomes, I offer some key insights.

UNDERSTANDING THE CONTEXT

Leadership and innovation require a deep understanding of the context. For example, having worked in HIV/AIDS programming across southeast Asia and Africa, I've witnessed how cultural

and socioeconomic factors shape the epidemiology of HIV/AIDS differently in each region. This understanding is vital for tailoring effective interventions and meeting the diverse needs of populations.

EDUCATION AND SKILLS DEVELOPMENT

To enable effective leadership and innovation, we are responsible for continuously learning and developing the requisite competencies. In 2023, Coursera released its annual report on Global Skills. Notably, the report highlighted the correlation between economic growth and skills proficiency.

We must remain intentional about nurturing both technical and soft skills to contribute effectively to Africa's future. Organisations such as the African Leadership Network demonstrate the transformative impact of education on grooming capable young leaders who shape African entrepreneurship and governance.

FOSTERING INNOVATION

Continued innovation in our respective ecosystems is crucial to driving African transformation. In the context of health systems strengthening, I am excited to see so many African countries innovating in healthcare to increase access to medicine and improve patient outcomes. From organised telehealth consultations in Kenya to applied precision medicine in South Africa, Africans are developing patient-centred solutions to meet patient needs.

However, it is crucial to bear in mind the remaining gaps. In Africa, we have yet to realise quality health services for all fully. Collectively, and particularly as young leaders and entrepreneurs, we must continue to fortify the culture of proactively identifying societal challenges, generating solutions and innovating.

To conclude, young leaders and entrepreneurs are catalysts for Africa's prosperity. As we navigate these uncertain, complex times, let us continue to anchor ourselves in a vision to unlock Africa's full potential. By investing in our education and skills, developing a wholesome understanding of our context and fostering innovation, we can realise this vision and chart a brighter future for this beautiful continent. ■

THE FUTURE OF MEDICINE

Anticipating the evolution of essential medicines

BY ZWELI BASHMAN
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Essential Medicines Lists (EMLs) must evolve to incorporate precision medicine and AI technologies, ensuring they align with scientific advancements and meet the needs for personalised healthcare.

Since their introduction in the 1970s, essential medicines lists (EMLs) have granted billions of people access to basic treatments. However, an exclusive focus on treating a population's most common diseases with large volumes of low-cost medicines risks the dangerous commodification of healthcare. It could also cause EMLs to fall out of step with the pace and direction of evolving science. In this age of emerging precision medicine, the compilers of EMLs must take abundant care to avoid restricting access to value-based care and stifling critical innovation.

Instead, policymakers must consider a blended approach that relies on modernised EMLs to provide for the provision of the most common treatments used in primary care, communicable disease management and some first-line therapies for highly-prevalent non-communicable diseases. However, such EMLs must never preclude access to evidence-based treatments for complex disorders, such as cancer and rare diseases, which would be more appropriately treated from more expansive formularies and with the benefit of digitally enabled and data-driven precision medicine protocols.

FROM BATTLEFIELD ESSENTIALS TO AMBITIONS OF UNIVERSAL CARE

Historians suggest the EML concept originated from the pack lists of dressings and drugs that armies had to carry to battlefields. For centuries, soldiers could rely on military medics to use basic medicines to try to save their lives and save their limbs from battle injuries. Some countries eventually started to provide common medications to their citizens during peacetime. However, it was not until 1963, when Cuba introduced the first EML for its civilian public health programmes, that the idea of offering a centrally compiled and sourced formulary of 'essential' medicines, either free or at low cost to civilians, gained traction among progressive thinkers. This was followed by the introduction of national lists of essential medicines in Tanzania (1970) and Peru (1972). In 1977, the World Health

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Organization (WHO) published the first WHO Model List of Essential Medicines, which included 212 medicines. In 1978, the Declaration of Alma Ata incorporated the provision of essential medicines as an element of primary healthcare, and essential medicines were declared fundamental for preventing and treating the diseases that affect millions of individuals across the globe.

Since then, the WHO Expert Committee on the Selection and Use of Essential Medicines has been responsible for the development and the revision of an EML every two years. The current version, updated in July 2023, contains 1200 recommendations for 591 drugs and 103 therapeutic equivalents. The complementary WHO Model List of Essential Medicines for Children was introduced in 2007 and is now in its seventh edition.

Over four and a half decades, the EML has not only expanded in size, but also in complexity and ambition. For the first decade, the focus was on supporting governments, particularly of developing countries, in expanding access to primary care. By the late 1980s, the HIV/AIDS pandemic demanded global action to expand access to antiretrovirals among marginalised populations. As a result, the second generation of EMLs emphasised treatments and protocols for communicable diseases. Since 2010, essential medicines policies have been restructured continuously to accommodate the sustainable development goal of Universal Health Coverage. This manifested as a focus on chronic noncommunicable diseases.

EVOLUTION OF ESSENTIAL MEDICINES LISTS (EMLs)

- **Origin and Growth:** Introduced in the 1970s, EMLs expanded from basic battlefields supplies to comprehensive lists guiding global healthcare policies.
- **Current Scope:** The WHO's EML now includes 1200 recommendations for 591 drugs and 103 therapeutic equivalents, adapting to include children's medications and accommodate global health needs.
- **Impact:** Historically, EMLs have facilitated access to primary care and high-volume treatments, promoting cost-effective healthcare delivery worldwide.

ERODING RATIONALE

The rationale for EMLs emerged during the 1970s and continued to feature prominently in arguments for their use, despite dramatic changes

in the wake of scientific and technological changes. Nevertheless, the WHO maintains that the designation of a limited number of medicines as 'essential' after taking national disease burden and clinical need into consideration holds three benefits:

- Improved access through streamlined procurement and distribution of quality-assured medicines,
- Support for more rational or appropriate prescribing and use, and
- Lower costs for both health care systems and for patients.

While these arguments were reasonable in earlier decades when EMLs were used to provide bulk primary care medicines and high-volume treatments for a limited number of communicable diseases, the validity of these conventional ideas cannot be accepted without scrutiny in the 2020s. This is particularly true when these notions are applied to infinitely more complex universal care models:

- Public health systems typically rely on centralised purchasing, warehousing and distribution in efforts to 'streamline' access. However, such systems do not guarantee against supply interruptions, even when combined with advanced electronic supply monitoring systems. In fact, studies suggest that while centralised procurement offers economies of scale and improved purchasing power, other health system functions such as financing and planning/budgeting benefit more from local context-specific implementation. It should also be noted that quality assurance is the primary domain of regulators rather than procurement systems.
- The notion that EMLs necessarily support 'more rational or appropriate prescribing and use' also demands reconsideration. Complex disorders, such as cancer and rare diseases, invariably demand greater diagnostic precision and prescription freedom than EMLs can accommodate. The still prohibitive cost of digitally enabled, data-driven precision medicine may preclude their broadscale use in primary care and first-line treatments, but the cost-benefit ratio is improving rapidly. Improved safety and efficacy already support their use in complex and costly treatment protocols, even though ability and willingness to pay remains more challenging.
- While economies of scale and purchasing power have been proven effective in lowering the cost of bulk medicine prices, those benefits will not necessarily apply to smaller volumes of more specialised innovative treatments. EMLs are also typically procured through tender processes that tend to preclude alternative reimbursement models that could, otherwise, significantly enhance cost effectiveness of innovative medicines.

THE NEED FOR MODERNISATION IN EMLs

- **Challenges with Traditional EMLs:** Traditional focus on high-volume, cost-effective drugs for prevalent diseases risks undermining access to innovative treatments for complex conditions like cancer or rare diseases.
- **Innovation and Precision Medicine:** Emphasising the integration of AI and precision medicine to update EMLs, allowing for personalised treatment plans based on genetic, lifestyle, and environmental factors.
- **Future Directions:** Advocating for flexible formularies that include advanced diagnostics and digital tools, ensuring EMLs evolve with scientific advancements and continue to offer effective, affordable care.

THE NEED FOR A BALANCED APPROACH THAT EMBRACES INNOVATION

EMLs have proven indispensable in enhancing access to those medicines that have been proven safe and cost effective in the prevention and treatment of highly prevalent diseases in large patient populations. Simultaneously, high cost and insufficient healthcare resources have precluded most of the global population, particularly those living in resource-restricted societies, from accessing the innovative care they need for complex disorders. However, rapidly advancing

> To incorporate new technologies and data-driven approaches, EMLs need to embrace innovation such as precision medicine using AI.

technology now promises the viability of more flexible formularies for the treatment of complex disorders, even in resource-restricted settings.

To incorporate new technologies and data-driven approaches, EMLs need to embrace innovation such as precision medicine using AI. The traditional approach of choosing medicines based on disease prevalence, efficacy and safety needs to evolve to include personalised treatments that are customised to an individual's genetic makeup, lifestyle and environment. AI can help analyse vast amounts of data and identify patterns that can inform personalised treatment plans. Additionally, EMLs can be expanded to include not only drugs but also diagnostics and digital tools that support precision medicine.

As with any new technology, the cost of precision medicine is expected to decrease over time as it becomes more widely adopted and the technology advances. Advances in genomics and other areas of precision medicine are expected to lead to more efficient and cost-effective diagnostic and treatment options. Additionally, as more data are collected and analysed through digital tools and AI, the identification of disease markers and effective therapies is expected to become more accurate and targeted, reducing the need for expensive and potentially ineffective treatments. Finally, as more individuals and healthcare systems adopt precision medicine, economies of scale are expected to drive down costs. While the cost of precision medicine may currently be higher than traditional approaches, the potential long-term benefits in terms of improved health outcomes and reduced healthcare costs make it an area of continued investment and research.

By embracing these innovations, we can provide better healthcare to individuals and populations while ensuring that treatments are both effective and affordable.

REFERENCES

Muhammad Atif, et al. Encyclopedia of Pharmacy Practice and Clinical Pharmacy, 2019. Retrieved 2024-03-08 from https://www.sciencedirect.com/topics/pharmacology-toxicology-and-pharmaceutical-science/essential-medicines

World Health Organization. WHO Model Lists of Essential Medicines. Retrieved 2024-03-08 from https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists

World Health Organization. The selection and use of essential medicines 2023. Retrieved 2024-03-08 from https://iris.who.int/bitstream/handle/10665/371291/WHO-MHP-HPS-EML-2023.01-eng.pdf?sequence=1

Jesse Copelyn. In-depth: What government is doing to reduce medicines stockouts. Spotlight, 31 October 2023. Retrieved 2024-03-08 from https://www.spotlightnsp.co.za/2023/10/31/in-depth-what-government-is-doing-to-reduce-medicines-stockouts/

Kerry A Millington, Minakshi Bhardwaj. Evidence and experience of procurement in health sector decentralisation. Liverpool School of Tropical Medicine, 2017. Retrieved 2024-03-08 from https://assets.publishing.service.gov.uk/media/59845568e5274a1707000065/108-Evidence-and-experiences-of-other-countries-health-procurement.pdf

Miriam Kasztura, Aude Richard, Nefti-Eboni Bempong, Dejan Loncar, Antoine Flahault. Cost-effectiveness of precision medicine: a scoping review. International Journal of Public Health, November 2019. Retrieved 2024-03-08 from https://pubmed.ncbi.nlm.nih.gov/31650223/#:~:text=The%20majority%20of%20studies%20concluded,to%2Dpay%20thresholds%20varied%20widely.

Kerry A Millington, Minakshi Bhardwaj. Evidence and experience of procurement in health sector decentralisation. Liverpool School of Tropical Medicine, 2017. Retrieved 2024-03-08 from https://assets.publishing.service.gov.uk/media/59845568e5274a1707000065/108-Evidence-and-experiences-of-other-countries-health-procurement.pdf

Jakub P Hlávka, Jeffrey C Yu, Dana P Goldman, Darius N Lakdawalla. The economics of alternative payment models for pharmaceuticals. European Journal for Health Economics, March 2021. Retrieved 2024-03-08 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8169601/

SHIFTING TOWARDS value-based care models

Value-based care (VBC) models, which link healthcare provider earnings to patient outcomes and quality rather than volume, are pivotal for enhancing healthcare delivery by promoting efficiency, equity, and cost-effectiveness.

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Value-based care (VBC) models represent a transformative shift in healthcare delivery that prioritise outcomes and quality over traditional Fee-For-Service (FFS) structures (Bethke, et al, 2020). VBC models tie the amount healthcare providers earn for their services to the results they deliver for their patients. These results encompass elements such as quality, equity, patient health outcomes, patient satisfaction, and cost of care. They encourage coordinated care across specialties, addressing physical, mental and social health.

Michael Porter of Harvard Business School is a leading proponent of VBC. He defines value in this context as 'patient outcomes achieved relative to the amount of money spent' (Porter, 2013). This framework emphasises maximising patient benefit while controlling costs. However, achieving this goal necessitates a shift from current healthcare delivery models largely driven by an FFS payment system, which incentivises volume over value.

SHIFTING TOWARDS VBC

The design of healthcare payment mechanisms significantly influences provider behaviour and care delivery. By creating incentives for desired changes in healthcare delivery, Alternative Reimbursement Models (ARMs) have the potential to improve the quality of care, enhance patient outcomes and promote greater efficiency. Further, while there is global consensus that ARMs adoption would incentivise VBC, widespread implementation of these models by Primary Health Care (PHC) providers remains a challenge in South African and other healthcare systems. This article investigates some of the challenges to the widespread adoption of ARMs at a PHC level.

First, let us recall that ARM is a catch-all phrase for any payment model that is not purely FFS. VBC is but one. Table 1 considers the key differences between FFS and VBC.

Table 1. Differentiating FFS and VBC models (Rajaee, 2023)

Feature	FFS	VBC
Definition	A traditional payment model where healthcare providers are reimbursed for each individual service they deliver to a patient	A payment model that focuses on achieving better health outcomes for patients and improving the value of healthcare services delivered
Reimbursement basis	Quantity of services	Quality, efficiency, effectiveness of care
Advantages	Clear structure, incentive to see more patients, treatment flexibility	Focus on outcomes, care coordination, cost savings, preventive care
Disadvantages	Overutilisation of services, unnecessary procedures, increased costs, discourages preventive care	Complexity, financial risk, outcome measurement challenges, dependence on IT

TRANSITIONING FROM FFS TO VBC

The adoption of VBC ARMs has been welcomed by many hospital groups in South Africa, with many of these groups designing and presenting their own offerings to healthcare funders. Similarly, healthcare funders have warmed to the efficiency and potential administrative simplicity of these ARMs.

Globally, well-implemented VBC initiatives have been shown to improve patient satisfaction and reduce readmission rates (Retiwalla, 2023).

Nonetheless, transitioning from traditional FFS to VBC seems to be less warmly received by PHC providers' practices. Three of the challenges to this are explored here.

1. Clear understanding:

It is crucial that all stakeholders fully understand and agree to what outcome metrics the VBC model being offered considers. In the PHC realm these measures seem not to be as clearly defined or agreed upon as they are in the hospital space. And, even when consensus is reached on which metrics matter, assigning appropriate weights becomes critical for PHC practices. Some metrics may carry more significance than others and healthcare providers may prioritise certain outcomes differently based on their practice context.

To this end, it would be of value to engage patients or patient representative platforms to garner the opinions of the ultimate beneficiaries of VBC models.

2. Complexity of the ARMs

Developing ARMs such as VBC may be complex, but inherently the designs must facilitate administrative ease for the PHC practice – otherwise adoption likelihood is reduced. Many if not all ARMs, including VBC, seek to reduce administrative burden.

The problem of complexity appears to lie more in the fact that the funding side of the market is fragmented. The multitude of third-party funders in the industry means that PHC practices inadvertently find themselves in a mixed payment model scenario where subsets of their patients are managed using different payment models.

Herein lies the true complexity of ARMs for the PHC practice.

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3. Risk and uncertainty

Many PHC practices are accustomed to traditional FFS models, even though they are administratively cumbersome. Shifting to VBC requires not only a change in the manner of healthcare delivery in the practice, but also a mindset change emphasising quality over quantity for many practitioners and their practice managers.

Unlike the less nuanced capitation ARM, VBC payments are based on performance metrics, not solely enrolled patients. Payments may thus vary depending on the outcomes achieved for care. This brings less financial certainty than the well-established FFS or capitation ARM.

Depending on the number of patients enrolled into a practice's VBC agreement, absolute risk of financial loss is low. Nonetheless, the existence of any financial risk or uncertainty in the PHC practice is likely to disincentivise adoption of the VBC model.

THE RIGHT APPROACH

"If there is more than one way of doing something, then there is no right way of doing it." - Author unknown. This is true for the approach to shifting to VBC.

The success of a novel contracting model such as VBC relies on its capacity to enhance service delivery. However, within the South African private healthcare sector, the fragmented funding landscape poses a considerable obstacle (Barr & Mazwai, 2020). PHC practices frequently receive reimbursement from multiple third-party funders, each governed by distinct benefit and incentive frameworks. This fragmentation can diminish the effectiveness of even a well-crafted contract with robust behavioural incentives, as it may only be applicable to a limited subset of a practice's patient population.

The intricate nature of value-based contracts, and the numerous issues to be negotiated, can be daunting and impede progress. The prospect of repeating these arduous and multi-faceted negotiations for each funder would seem to render the process unfeasible.

Perhaps the best approach is a combined approach, much like that taken by the Board of Healthcare Funders (BHF) itself during the COVID-19 pandemic. In 2021 the BHF, in collaboration with the Industry Technical Advisory Committee, developed an ARM tool for the healthcare sector in response to the ongoing impact of the pandemic in South Africa (Board of Healthcare Funders, 2021). This model focused on reimbursements for hospitals; however, it is the approach that is to be noted. The healthcare funding and hospital industry, regardless of fragmentation, would have implemented a single model.

A similar approach to VBC in the PHC provider realm may be what is needed to reduce the unintended complexity of VBC ARMs and foster better adoption of this model. The advantages of this approach would be that it could garner support of an acceptable industry wide view of the outcome metrics being used and it could reduce the complexity of PHC practices having to adapt to multiple models from the segmented funder environment. Over time, as trust increases and perceived risk and uncertainty abate, the complexities of a hybrid ARM could be built into this singular industry standard model in an iterative process.

REFERENCES

Barr, V., & Mazwai, O. (2020). First port of call: Developing an Outcomes-based Contract for Primary Care. Southern African Health Journal, 55-60.

Bethke, M., Guest, D., Lowry, A., Bailey, R., Fleisher, D., & Weger, J. (2020). Value based health care models in a shifting economy. London, England: Deloitte.

Board of Healthcare Funders. (2021). Alternative Reimbursement Models: A Tool for Hospital Amissions Related to Covid-19. Johannesburg, South Africa: Board of Healthcare Funders.

Porter, M. E. (2013, March). Redesigning primary care: a strategic vision to improve value by organizing around patients' needs. Health affairs, pp. 516-525.

Rajaee, L. (2023, June 07). Fee for Service vs Value Based Care: The Differences, Explained. Retrieved from Elation Health: https://www.elationhealth.com/resources/blogs/fee-for-service-vs-value-based-care-the-differences-explained

Retiwalla, R. (2023, June 28). Transitioning From Fee-For-Service To Value-Based Care: A Checklist For Healthcare Organizations. Retrieved from Productive Edge: https://www.productiveedge.com/blog/transitioning-from-fee-for-service-to-value-based-care-a-checklist-for-healthcare-organizations

PIONEERING a shift towards natural childbirth

Sizwe Hosmed has significantly lowered its Caesarean section rates, advancing safer and more cost-effective natural childbirth in South Africa.

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Medical scheme, Sizwe Hosmed, has achieved a significant milestone in providing safer and more affordable healthcare to pregnant women in South Africa. The latest Council for Medical Schemes annual report reveals that Sizwe Hosmed recorded fewer Caesarean sections (C-sections) in the quarter under review. The figure of 26.37% is significantly lower than the industry standard of 67%.

The study is an annual assessment of quality in healthcare by medical schemes. The aim of such assessments is to assist decision-makers such as trustees, managers of medical schemes, providers of healthcare and policy-makers to evaluate and improve the quality of care received by members. The health quality assessment aggregates eighteen national schemes – around 80% of South African beneficiaries.

Sizwe Hosmed, currently administered by 3Sixty Health and with more than 40 years of industry experience, is one of the top 10 medical schemes in South Africa and has close on 200 000 lives under its management.

The report further reveals that a subset of 32 neonatal admissions was drawn from a total of 328 babies born in 2023 (January to October) to find out the percentage of admissions for babies delivered vaginally compared to those delivered via C-section. Of the 32 neonatal admissions, only three (9%) were delivered via Natural Vaginal Delivery (NVD). "While it's important to consider individual circumstances when deciding between NVD and C-sections, NVD is generally considered a more beneficial option for mothers and newborns," says 3Sixty Health executive, Dumisile Gwala. "We are proud to have achieved this goal in the first quarter of 2023. The Sizwe Hosmed maternity department continues to encourage natural delivery, which enhances mother-child bonding, reduces cost and lowers the risk of complications," she adds.

The significance of this achievement is underscored by the cost of each procedure. The average length of stay for a C-section is three days with at an estimated cost of R36 183, whereas the average for a natural birth is two days with an approximate cost of R21 996.

It is common cause that abdominal surgery C-sections carry risks that are not a consideration in the case of NVD. These include risk of infection, increased blood loss, and damage to organs, all of which may contribute to the higher mortality rate associated with a C-section. Apart from physical complications, some research indicates an increased risk of emotional distress, as some individuals who give birth are more likely to report negative feelings about their birth experience and initial trouble bonding with their baby.

"We strongly believe that childbirth should be a caring, safe and easy process for everyone involved," says Gwala. "The fact that our percentage of NVDs exceeds our number of C-sections is a good indication that we are prioritising the well-being of both parents and babies. Our commitment to promoting natural deliveries goes beyond just reducing costs; it is also about fostering positive birthing experiences and empowering families to make informed choices about their care.Moreover, by advocating for natural births we are contributing to the broader effort to reduce the burden on healthcare systems and improve overall maternal and neonatal health outcomes in South Africa. Through education, support and access to quality care, we aim to continue this positive trend and ensure that every pregnancy and childbirth is met with compassion and respect."

3Sixty Chairman, Khandani Msibi, says: "In an era where healthcare innovation is paramount, Sizwe Hosmed is pioneering a shift towards natural childbirth. This approach not only champions the health and safety of mothers and newborns, but also reflects a deep commitment to making healthcare more affordable and accessible. Our focus on natural births is a testament to our belief that childbirth should be a safe, caring and positive experience for all families. As we lead in this crucial area of maternity care, we remain dedicated to enhancing maternal health and empowering families through informed choices, continuing our legacy of excellence and innovation in healthcare."

Gwala says that Sizwe Hosmed remains dedicated to advancing healthcare practices that prioritise safety, affordability and the well-being of all individuals, especially during one of life's most transformative experiences.

INNOVATING SUSTAINABLE ACCESS to rare disease medicines in developing countries

To improve health equity, it is essential to develop transparent and sustainable access models for rare disease medicines, particularly focusing on affordability in low- and middle-income countries.

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With their policies, governments try to achieve certain objectives for their population. These policy objectives differ according to countries' income levels. Middle-income-countries are faced with a dual issue: there is a need for access programmes for the large proportion of lower-income groups, but they also have an expanding middle class that demand access to more services.

High-income-countries can provide access to all medicines for their population, but increasing medicine costs are making this more difficult. This problem is exacerbated by the fact that increasingly, more and more low-income countries are evolving into lower-middle-income countries and lower middle-income countries into upper-middle-income countries.

Access To Medicines (ATM) is viewed as crucial for the right to health to be fully realised. From a human rights perspective, ATM is associated with the principles of 'equality and non-discrimination', 'transparency', 'participation' and 'accountability'. There is still an inherent connection between poverty and the achievement of the right to health, which undermines human dignity and the foundation of all human rights, particularly the rights of all people to life, health and development.

Equitable access to medical and health products, including medicines for rare diseases, is a priority worldwide. Therefore, the availability, accessibility, acceptability and affordability of these products of assured quality must be addressed to achieve the United Nations' Sustainable Development Goals – especially target 3. Universal Health Coverage is being implemented in many countries as a means to ensure that people have continuous access to high-quality essential medical and health services; secure, reli-

> "Delinking the financing of the research and development process with the eventual pricing of medicines is increasingly being looked at by funders and governments alike."

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able, affordable essential medicines and vaccines; and financial security. It is important to note, however, that ATM is an inter-sectoral, multi-stakeholder and inter-disciplinary issue, not just a health sector issue.

Fair Pricing and Sustainable R&D

There have been global developments to address the access and affordability of medicines, including those for rare diseases. The World Health Organization (WHO) developed a model essential medicines list that is reviewed every second year. In recent years, however, there has been inclusion of high-cost medicines. What is not known about this intervention is if it results in price reductions and improved access.

The WHO has looked at other interventions to address this at a global level. The WHO Fair Pricing Initiative was launched in 2017 and has been held every two years since. Member states, together with a range of stakeholders (pharmaceutical industry and civil society, among others), discuss policies with regard to affordability and transparency of medicine prices that can lead to improved access to medicines.

From the first year of the forum, debate has ensued over what constitutes a fair price for a medicine. Alternative pathways for research and development of medicines have also been debated. Delinking the financing of the research and development process with the eventual pricing of medicines is increasingly being looked at by funders and governments alike. Suleman et al, in 2020, outlined some mechanisms for this as follows: "The range of policy tools that can facilitate fair pricing falls into three broad categories: (1) 'push' mechanisms, which typically provide grants for research projects in advance; (2) 'pull' mechanisms, which provide rewards for research accomplishments at various stages of the drug development process; and (3) 'pooling' mechanisms, which facilitate access to knowledge to advance scientific progress, thereby shortening timelines and reducing development costs."

However, this intervention requires that a pool of funds be created globally and that the use of these funds should have enforceable affordability requirements clearly stated.

Initiatives for Neglected Diseases and Orphan Medicines

The Drugs for Neglected Disease Initiative was founded in 2003 to explore developing products for neglected diseases. It is an alternative, not-for-profit organisation looking at developing affordable therapies for patients with neglected conditions. The initiative has had some success (improved treatments for malaria, sleeping sickness and visceral leishmaniasis) and has a number of projects underway. The initiative works loosely with pharmaceutical companies on a platform that facilitates collaboration and communication in terms of new products in the pipeline, as well as those that are put on hold.

Within countries there are also initiatives to improve access to medicines for rare diseases. In some countries these are referred to as orphan medicines and special regulatory and funding pathways are created for them, because of their high prices and clinical uncertainty. There is still some controversy regarding these special pathways, especially as there is greater clinical uncertainty with regard to the actual magnitude of the benefit and the additional toxicities that might occur. Biogen's Alzheimer's treatment is an example. After accelerated regulatory approval in the United States, concerns were raised about the effectiveness of the treatment and the serious side-effects that occurred. The company then abandoned this product. These alternative pathways are also viewed as pulling resources and funding away from treating common conditions within a health care system, and therefore creating additional pressure on the system. The United Kingdom Cancer Drugs Fund was one such intervention that was implemented in 2011, but became unsustainable and was restructured in 2016 with a new managed care access agreement framework.

Challenges in Access and Transparency

In South Africa, section 21 of the Medicines and Related Substances Act 1965 (Act 101 of 1965) allows pre-registration access to medicines and provides an alternative access pathway. Specific permission is required from the South African Health Products Regulatory Authority (SAHPRA).

This access pathway was associated with many issues:

(1) Lack of transparency in their pricing;
(2) Exponential pricing for small patient groups due to post-importation testing and local packaging requirements;
(3) Limited compensation by insurers for these medicines; and
(4) Considerable delays in acquiring products, which can be detrimental for rare diseases.

As section 21 medicines are not subject to the single exit price policy requirements, there are opportunities for discounting and price negotiations with manufacturers. This access

pathway is sometimes preferred for small patient populations. However, the non-transparency of pricing for products imported in terms of section 21 remains an issue. How those prices are set and why they vary so much between companies and between opportunities for importation are points for discussion with national Department of Health. There is also a need for transparency with regard to the decisions that are made (viz. the approvals) so that other prescribers and patients can access the details of previous approvals.

The pharmaceutical industry has access programmes within countries or on a global level for those very rare diseases. These programmes are designed to make high-priced medicines more accessible, and to reduce financial strain on patients and payers. However, there is little transparency around these programmes. The extent or nature of the services provided are not well understood. It is therefore not possible to evaluate their value to patients or their impact within health systems. For sustainable access to cost-effective medicines, greater transparency and independent evaluation of these patient access programmes are necessary.

In conclusion, innovative and sustainable models for access to rare disease medicines in low- and middle-income countries are still being developed and evaluated for their success or unintended consequences. In the short-term, countries should look at the global initiatives, especially those by the WHO, to address the affordability of medicines for rare diseases and push for transparency in pricing strategies.

ACCESS TO MEDICINES

- **Human Rights and ATM:** Access to Medicines (ATM) is crucial for fulfilling the right to health, intertwined with principles like equality, transparency, and accountability.
- **Global Health Priorities:** Achieving equitable access to medical products is essential for meeting the UN's Sustainable Development Goals, including Universal Health Coverage.
- Neglected Diseases: The Drugs for Neglected Disease Initiative focuses on developing affordable treatments for overlooked health conditions.
- Regulatory Challenges: Special pathways like section 21 in South Africa offer pre-registration access to medicines but face issues like lack of transparency and high prices.

REFERENCES

Chattu VK, Singh B, Pattanshetty S, Reddy S. Access to medicines through global health diplomacy. Health Promot Perspect 2023; 13(1): 40-46. doi: 10.34172/hpp.2023.05. PMID: 37309432; PMCID: PMC10257564.

Perumal-Pillay VA, Suleman F. Quantitative evaluation of essential medicines lists: The South African case study. BMC Health Services Research 2016; 16 (687): 1-14. https://doi.org/10.1186/s12913-016-1937-x

World Health Organization. Fair Pricing Forum. Available at: https://whofairpricingforum.com/

Suleman F, Low M, Moon S, Morgan SG. New business models for research and development with affordability requirements are needed to achieve fair pricing of medicines. BMJ 2020; 368: l4408. doi: 10.1136/bmj.l4408.

https://dndi.org/

Dyer O. Aduhelm: Biogen abandons Alzheimer's drug after controversial approval left it unfunded by Medicare. BMJ 2024; 384: doi: https://doi.org/10.1136/bmj.q281

Chambers JD, Silver MC, Berklein FC, Cohen JT, Neumann PJ. 2020. Orphan drugs offer larger health gains but less favorable cost-effectiveness than non-orphan drugs. J Gen Intern Med; 35: 2629-2636.

https://www.england.nhs.uk/wp-content/uploads/2024/04/appraisal-and-funding-of-cancer-drugs-from-July-2016.pdf

Republic of South Africa. Medicines and Related Substances Act (Act 101 of 1965), as amended. Available at: https://www.sahpra.org.za/wp-content/uploads/2019/09/Medicines-and-Related-Substances-Act_101-of-1965_Act_GG-40869_2017-05-26.pdf

Pawson R. (2006). Evidence-based policy. https://doi.org/10.4135/9781849209120

Porter ME, Larsson S, Lee TH (2016). Standardizing patient outcomes measurement. N Engl J Med; 374(6): 504-506. https://doi.org/

CLOSING THE GAP

How digital health transforms Universal Health Coverage in Africa

Digital health technologies are significantly transforming Universal Health Coverage (UHC) in Africa by bridging access disparities and enhancing healthcare delivery through innovative solutions like mobile health and telemedicine, positioning the continent closer to achieving UHC

BY DR WULETA LEMMA
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Africa, a continent of unparalleled diversity and complexity, faces significant healthcare challenges that starkly contrast its rich culture and geography.

A collection of factors exacerbates these challenges

- a high burden of infectious diseases;
- an escalating prevalence of non-communicable diseases;
- profound healthcare access disparities between urban and rural locales.

The existing healthcare infrastructure, threatened by resource limitations and surging demands, is at a pivotal crossroads, necessitating innovative, scalable solutions to bridge these gaps.

Digital health emerges as a formidable ally in this transformative era, offering hope against these enduring challenges. This article, resonant with this year's Board of Healthcare Funders (BHF) conference theme 'Beyond the liminal – Embracing the next generation of healthcare, ' examines the opportunities digital health technology presents in revolutionising health in Africa.

Digital health technology comprises a broad spectrum of revolutionary innovations from mobile health to advanced data analytics. However, it is more than a tool; it drives significant change in the health practice and care systems. Digital health facilitates and democratises the health practice by enabling patient-centred care. Digital healthcare represents the future as envisioned by UHC [1], with digitisation making this vision more accessible and equitable. .

Digital health innovations in Africa

The digital health landscape in Africa is a dynamic ecosystem of innovation, bursting with solutions designed to mitigate the continent's health challenges.

One of the continent's most transformative platforms of digital health transformation is mHealth. mHealth applications have played a crucial role in narrowing down the healthcare accessibility divide. These applications range from simple SMS-based information services to sophisticated apps that monitor chronic conditions, deliver health education, and facilitate virtual consultations. Africa is one of the largest mobile user

continents globally, with access being available even in the most remote locations. Therefore, the mHealth application is a crucial component of the continent's digital health strategy, enabling the delivery of health services to previously hard-to-reach areas.

Telemedicine is another critical digital health platform that has redefined patient care. It has made it easier for patients in remote or less-served areas to access specialised care, including without physical presence. Digital technology has improved the use of health facilities and decongested tertiary facilities, offering more support to primary care providers from specialists.

Artificial intelligence (AI) and machine learning are revolutionising diagnostics and patient care platforms. They offer digital-based solutions that expand the scope of service providers. For example, AI-powered diagnostic solutions have expanded the scope of radiology and pathology services where specialists are in short supply. These tools analyse medical images or patient data to derive inferences, give preliminary diagnoses, prioritise patient care, and even predict disease outbreaks.

Undoubtedly, the digital technology solutions in the health sector offer comprehensive, cost-effective, and people-centric care in Africa. With the advent of new technology, the continent cannot ignore its current health status; instead, it is building the pillars for a resilient health system to manage the unbearable demands of its population growth. Interestingly, as the technologies evolve and allow an expansion of their scale, the possibility of achieving UHC in Africa's health sector will be inevitable.

The following are some case studies of the integration of digital health solutions that have indeed worked in Africa and depict the impact.

DIGITAL HEALTH INNOVATIONS IN AFRICA

- **mHealth Applications:** Using mobile technology to deliver health services, especially in remote areas, enhancing accessibility and continuous care.
- **Telemedicine:** Facilitates remote consultations and specialist care, reducing the burden on tertiary health facilities and improving primary care support.
- **AI and Machine Learning:** Advancing diagnostics and patient care with AI-powered tools that improve preliminary diagnoses, patient prioritisation, and disease outbreak predictions.

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Partnerships and collaborations

Strategic partnerships and collaborations have significantly contributed to the rise of digital health in Africa. Collaboration is a powerful engine that creates a collective whereby digital health is a whole-of-society effort that spans continents, sectors, and disciplines. It is the foundational bedrock of the digital health ecosystem that catalyses innovation, scale, and the long-term sustainability and success of health interventions.

Public-private partnerships are dynamic in this environment, blending the public sector's regulatory and policy-making capacity with the private sector's technological and efficient entitlements.

Partner collaborations have also driven the creation of scalable digital health solutions, from telemedicine to mHealth applications, tailored to meet the continent's diverse health requirements.

The partnerships have expanded international collaborations, increasing support for African digital health projects. Such collaborations unite global health organisations, non-governmental organisations, and donor agencies to strengthen the continent's digital health agenda. Funded collaborations also offer technical resources and information exchange across different partners. For example, the World Health Organization and the African Union have a long-lasting partnership to develop a continental digital health framework that informs national policy and supports enhanced regional interoperability.

Academic and research institutions are also at the core of these collaborations. Their participation guarantees that the digital health interventions are evidence-based and grounded in solid and current research. All aspects of the partnership reflect Africa's united support of digital health and global solidarity in achieving UHC, ensuring access to quality healthcare for all Africans.

Public-Private Partnerships (PPPs) are dynamic in this landscape, merging the public sector's regulatory and policy-making capabilities with the private sector's technological prowess and efficiency. Such collaborations have catalysed the development of scalable digital health solutions, from telemedicine platforms to mHealth applications, tailored to the continent's diverse healthcare needs..

Policy and regulation

The foundation of a thriving digital health ecosystem lies in robust policy and regulatory frameworks. As African countries navigate the digital health revolution, developing and implementing comprehensive national digital health strategies have become imperative. These strategies serve as blueprints, guiding the integration of digital technologies within healthcare systems while ensuring interoperability, data privacy, and system-wide efficiency.

CASE STUDIES: Digital Health Successes in Africa

Proven Solutions and Their Impact

Africa's journey towards integrating digital health solutions showcases remarkable case studies that illustrate the tangible impact of these technologies. Rwanda, Ghana, and South Africa stand out as exemplars, each with unique initiatives highlighting digital health's transformative power in improving healthcare delivery and outcomes.

Rwanda: Drones for life-saving deliveries [2]

In Rwanda, using drones in remote areas has revolutionised blood transport and essential medications for the local people. Under the partnership between the Rwanda government and Zipline company, blood and medicament delivery takes a few minutes, compared to a day or several hours without the drones. The initiative has enhanced the efficiency of medical procedures in remote clinics, saving countless lives by ensuring timely access to blood transfusions and emergency medications. It is a pioneering model that has demonstrated the possibility of using state-of-the-art technology to penetrate geographical barriers and reach people.

Ghana: Telemedicine transforming primary care [3]

The Ghana Health Service and partners' advancement of Ghana's telemedicine program has revolutionised primary care in rural communities. At the heart of the initiative is delivering remote consultations with specialists and doctors to community health workers. Telemedicine has reduced the frequency of unnecessary referrals to overwhelmed urban hospitals while bringing specialised care closer to those most in need. The telemedicine program is an example of bridging the rural-urban healthcare gap to strengthen local healthcare systems' capacity while enhancing patient outcomes.

South Africa: Empowering mothers with MomConnect [4]

Empowering mothers with MomConnect South Africa's digital health program supporting maternal health is an exemplary case. MomConnect is a mHealth program designed and launched by the National Department of Health, providing pregnant women with health information and access to care through mobile technology. With over one million subscribers, the program has helped to enhance antenatal care engagement among expectant mothers while improving health literacy, leading to better maternal and neonatal health outcomes. MomConnect is an immersive example of how integrated digital interventions can establish and strengthen the connection between healthcare systems and communities while directly impacting patient outcomes.

These case studies from Rwanda, Ghana, and South Africa illuminate digital health's diverse applications and benefits across Africa. These three cases present innovative solutions to age-long healthcare challenges and set a precedent for future digital health initiatives in Africa. They also show the importance of adaptability, partnership, and community ownership in driving meaningful change.

Three countries leading the way on this front include Ethiopia, Kenya, and Nigeria, which have formulated digital health policies considering their unique healthcare landscapes and problems. For instance, Ethiopia's Digital Health blueprint emphasises improving Ethiopia's health system by integrating digital health solutions. On the other hand, Kenya's digital health policy focuses on revolutionising the health data managerial system and making health services more accessible through an informed approach. Nigeria's digital health blueprint is more facilitative about the digital infrastructure and capacity development since human and technological resources are critical for driving digitisation agendas.

These policies are often developed through multi-players, including agencies and stakeholders from the government, health professionals and their associations, private sector players, and international partners. The strategies developed highlight the commitment of African nations to harness digital health to improve health outcomes while creating an enabling environment for innovation, human rights protection, and continuous sustainability of the digital systems.

The policies apply to all member states that take appropriate action to adapt. As more nations develop their frameworks, a coordinated approach to creating compliant, interoperable digital health systems that conform to patient-centred standards (e.g., international patient summary) and Fast Healthcare Interoperability Resources (FHIR) standard will become viable.

PARTNERSHIPS AND POLICY IN DIGITAL HEALTH

- **Strategic Partnerships:** Collaborations between public-private sectors and international bodies to scale digital health solutions tailored to Africa's needs.
- **Policy and Regulation:** National digital health strategies in countries like Ethiopia, Kenya, and Nigeria focus on improving service delivery, infrastructure, and data privacy.
- **Challenges and Solutions:** Addressing digital infrastructure gaps and literacy to enhance the scalability and effectiveness of digital health systems.

Challenges and solutions

However, despite these advancements, the full potential of digital health programs is limited by various challenges, particularly in digital Infrastructure and literacy. To achieve seamless integration and scalability of digital health, we need to address Infrastructure and internet connectivity. The potential outreach and benefits of digital health are limited by inadequate Infrastructure and poor internet connectivity. This connectivity gap restricts the scope of application of most networks in rural and remote areas.

Infrastructure and Internet connectivity: Inadequate Infrastructure and poor Internet connectivity restrain the potential outreach and benefits of digital health since the connectivity gap limits most networks' scope of application in rural and remote areas. This digital divide restricts the accessibility and impact of digital health initiatives.

Digital literacy: Another barrier is the inconsistency in digital literacy levels among healthcare providers and the broader public. This disparity affects the adoption and effective utilisation of digital health technologies.

Public-Private Partnerships (PPPs) as a solution: PPPs present ample opportunity before these barriers. Public-private partnerships are a powerful channel to address PPP shortcomings through combined private sector expertise, innovation, and resources with public sector regulatory and policy mandates to boost digital Infrastructure and create new access channels. The PRIDA[5] initiative by the African Union attempts to bridge the digital divide across the entire continent. Private partners can achieve this by developing numerous innovative solutions, from satellite

internet to mobile network expansion in the most remote areas.

Future outlook

As we look into the future, one can predict a bright future for digital health in Africa as it will reach new heights through further technology development and the joint effort of the continent to make healthcare better. Agenda 2063 [6] – The Africa We Want and Digital Transformation Strategy for Africa 2020-2030 [7], both officially articulated by the AU, paint a picture of comprehensive digitalisation that creates true UHC for everyone on the continent.

Emerging technologies such as blockchain and the Internet of Things (IoT) are set to play roles in this transformation. Blockchain will allow the safe storage of records and supply chain data, supporting and protecting supply chain integrity. Meanwhile, the Internet of Things will revolutionise chronic patient data collection. Proper integration of these technologies will require a robust regulatory system. Therefore, developing funding sources to scale these models through PPPs will be necessary.

> **"There is no doubt that the digital technology solutions in the health sector offer comprehensive, cost-effective, and people-centric care in Africa."**

The future of healthcare in Africa is undoubtedly digital. It is a future in which data analytics and AI predict health trends, personalise care delivery, and optimise health service provisions. In the future, healthcare will increasingly leverage data analytics and AI to predict health trends, personalise patient care, and optimise delivery. This is only possible through collaborative efforts from tech innovators, governments, healthcare professionals, and communities. Combined, they will overcome barriers, harness potential, and create a healthcare system that is resilient, inclusive, and responsive to the diversity of experiences of the continent's population..

Conclusion

The integration of digital health across Africa, notably enhanced by AI, marks a significant stride towards surmounting the continent's healthcare challenges. Rwanda, Ghana, and South Africa experiences are only but a few examples, showcasing how digital can transform healthcare to make it accessible and facilitative while also making it culture-appropriate for diverse populations.

With improved integration of AI-based digital health and policy-enabling frameworks, the goal of achieving UHC in Africa is achievable. However, the current infrastructure deficits, digital illiteracy, and challenges with digital health initiatives' scalability must be addressed. Governments, private sector, healthcare workers, and global partners must collaborate. They will use AI and digital health frontiers to open opportunities for a fairer, more responsive healthcare system for future generations of Africans. ■

REFERENCES

[1] https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

[2] https://www.wired.com/story/drones-have-transformed-blood-delivery-in-rwanda/

[3] Asare, A. K., Bannor, R., Yawson, R. M., & Bawole, J. N. (2023). Healthcare system innovation-the case of adoption of telemedicine in Ghana. International Journal of Business and Systems Research, 17(4), 407-441.

[4] https://www.himss.org/resources/impact-momconnect-program-south-africa-narrative-review

[5] https://prida.africa/

[6] https://au.int/en/agenda2063/overview

[7] https://au.int/en/documents/20200518/digital-transformation-strategy-africa-2020-2030

DIGITAL PATHOLOGY
Revolutionising diagnosis and beyond

BY PROFESSOR KOLEKA MLISANA
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The field of pathology plays a pivotal role in healthcare, with evidence-based clinical guidelines showing that at least 80% of strategies for establishing a diagnosis or managing disease require laboratory testing. The field is undergoing a profound digital transformation that is poised to revolutionise the way diseases are diagnosed, monitored and treated across various medical disciplines.

At the forefront of this revolution are digital health technologies, defined by the World Health Organization (WHO) as 'the application of organised knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of life'.

With such a significant reliance on pathology for disease diagnosis and management, the adoption of digital health technologies has become critical to improving healthcare outcomes. However, traditional pathology processes have often been hindered by manual, time-consuming workflows and limited access to specialised expertise. So the potential impact of this digital transformation on pathology is far-reaching and multifaceted. Digital health technologies have the power to accelerate the utilisation of test results, leading to improved health outcomes by enabling real-

time data-sharing and facilitating prompt treatment decisions.

Moreover, these technologies can significantly enhance collaboration and communication within healthcare, bridging geographical barriers and ensuring access to specialised expertise, even in underserved communities. Additionally, digital transformation in pathology can shift the focus of pathologists and other laboratory personnel towards more complex work, as routine tasks become automated. This not only optimises human resources but also allows professionals to concentrate on intricate cases, interpretations and innovations that drive the field forward.

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DIGITAL PATHOLOGY

One of the most promising digital health technologies is digital pathology, which utilises high-resolution digital scanners to create digital images of tissue slides. These digital images can be viewed, analysed, and shared electronically, enabling remote consultations and second opinions from experts located anywhere in the world. This technology not only improves diagnostic accuracy but also facilitates timely access to specialised expertise, regardless of geographic location. With the current high demands placed on histopathologists, digital pathology promises to benefit the following areas, among others:

1. Patient management, by enabling rapid case referral as well as improving access to expert opinion and advice.
2. Teaching and training, as it allows access to experts and generation of digital training resources that support the development of specialists in training.

Laboratory automation is another digital health technology revolutionising pathology workflows. Automation has been one of the greatest breakthroughs in the recent history of diagnostics laboratory sciences. Automated systems can handle various tasks, such as sample processing, analysis and results reporting, reducing the risk of human error and improving efficiency. By streamlining laboratory processes, automation replaces repetitive and laborious manual processes, enabling pathologists and laboratory personnel to focus on more complex cases and clinical interpretations.

DATA ANALYTICS

Data analytics is another critical component of digital health technologies in pathology. With the vast amount of data generated by diagnostic tests and laboratory information systems, advanced analytics tools can unlock valuable insights and patterns.

These insights can inform public health initiatives, predict disease outbreaks and identify potential therapeutic targets or biomarkers for personalised medicine.

The National Health Laboratory Service (NHLS) in South Africa continues to embrace digital health technologies across its network of laboratories, recognising their transformative potential. One such innovative solution is eLABS, a mobile application and workflow automation system that tracks activities across the specimen value chain. eLABS provides near real-time tracking and tracing of specimens from collection at healthcare facilities to registration, testing and result reporting. This digital solution strengthens the clinical-laboratory-patient interface, increasing acknowledgment of results, reducing specimen rejection rates and improving turnaround times.

Data analytics is a critical component of the NHLS's digital health technology strategy. The NHLS has leveraged its robust data backbone, spanning over 15 years of HIV and tuberculosis monitoring data, to gain valuable insights and inform public health initiatives. By implementing algorithms to overcome the lack of unique patient identifiers, the NHLS has been able to monitor priority diseases longitudinally and track treatment outcomes over time.

During the COVID-19 pandemic, the NHLS utilised its data analytics capabilities to monitor viral load trends, testing patterns, and the impact of the pandemic on essential healthcare services like cancer screening. These data-driven insights have proven invaluable in guiding pandemic response efforts and ensuring continuity of care.

KEY TECHNOLOGIES TRANSFORMING PATHOLOGY

- **Digital Pathology:** Using high-resolution scanners to create digital images of tissue slides for remote viewing and analysis, enhancing diagnostic accuracy and enabling global expert consultations.
- **Laboratory Automation:** Automates tasks such as sample processing and analysis, reducing human error and improving efficiency, allowing pathologists to focus on more complex diagnostic tasks.
- **Data Analytics:** Leverages large datasets from diagnostic tests to provide insights that inform public health decisions, predict outbreaks, and identify biomarkers for personalised medicine.

LABORATORY AUTOMATION

Laboratory automation as a transformative digital health technology is being implemented in the NHLS although still in its infancy. The NHLS has recognised the advantages of automation, such as enhancing standardisation, precision and accuracy while addressing workforce challenges. Automated systems enable consolidation and centralisation of laboratory operations, streamlining processes and protocols.

While digital health technologies in pathology offer substantial benefits, their widespread adoption faces challenges. Significant costs for hardware, software, data storage, and maintenance can be prohibitive, especially in resource-limited settings. Privacy, ethical, and regulatory issues around personal data sharing, and standardisation difficulties can impede seamless integration of these technologies. Additionally, a lack of trust in digital technology among healthcare providers and varying levels of computer and AI literacy can hinder successful adoption.

Training programmes and capacity-building initiatives are crucial to address these concerns and ensure a smooth transition to digitised pathology workflows. Fear of job losses due to automation may also contribute to resistance among laboratory personnel, necessitating clear communication and reassurance about the role of these technologies in enhancing, rather than replacing, human expertise.

Overcoming these barriers will require a coordinated effort involving stakeholders from various sectors, including healthcare providers, policymakers, technology developers and training institutions.

Strategies such as fostering collaborations and partnerships, addressing gaps in access to electricity and internet connectivity, and implementing thorough monitoring and evaluation to assess the impact of digital health technologies can help mitigate these challenges and pave the way for successful digital transformation in pathology. ■

DIGITAL HEALTH

Revolutionising Universal Health Coverage and overcoming barriers

BY AIMÉE WESSO-ROBERTS
Head of Wellness & Lifestyle Management, Medscheme

Digital health technologies are critical for advancing Universal Health Coverage in low- to middle-income countries by improving healthcare accessibility, affordability, and quality, though challenges like infrastructure and regulatory barriers must be addressed.

Universal Health Coverage (UHC) remains a critical global health objective, aiming to ensure that all individuals have access to essential health services without financial hardship. However, achieving UHC poses significant challenges, particularly in Low-to-Middle-Income Countries (LMICs) where resources are limited and healthcare infrastructure is often inadequate. This article explores the profound impact of digital health on UHC, showcasing effective technologies, evidence of their contributions and strategies to overcome key barriers to adoption.

The advent of digital health technologies has emerged as a transformative force in advancing UHC, offering innovative solutions to improve accessibility, affordability and quality of care.

- **Accessibility**: Digital health interventions have significantly expanded access to healthcare services. Telemedicine platforms, such as Sehat Kahani in Pakistan, connect patients with healthcare providers via video consultations, overcoming geographical barriers and enabling timely access to medical advice. Additionally, mobile health applications, like M-Tiba in Kenya, facilitate the delivery of essential health services and information to individuals in rural communities, enhancing healthcare accessibility.
- **Affordability**: Traditional healthcare delivery models often impose financial burdens on individuals, especially in resource-constrained settings. Digital health solutions offer cost-effective alternatives, reducing healthcare expenditures and promoting financial inclusivity. For example, Electronic Health Records (EHRs) streamline administrative processes, minimising paperwork and reducing operational costs for healthcare facilities. Moreover, mobile health interventions for maternal and child health, such as MomConnect in South Africa and mMitra in India, deliver personalised health messages and support services to pregnant women and new mothers, promoting preventive care and reducing healthcare costs.
- **Quality of care:** Digital health technologies improve the efficiency and effectiveness of healthcare service

Aimée Wesso-Roberts, Head of Wellness & Lifestyle Management, Medscheme

delivery, leading to better clinical outcomes and patient experiences. The use of mobile health tools for tuberculosis treatment supervision has resulted in higher treatment completion rates and improved patient adherence. Similarly, telemedicine platforms have been shown to enhance diagnostic accuracy, reduce waiting times and increase patient satisfaction, contributing to improved quality of care in low-resource settings.

Effective digital health technologies encompass a diverse range of tools and platforms aimed at improving healthcare delivery and outcomes. To realise the potential of digital solutions for bringing the aspirations of UHC to fruition each tool should be assessed and considered for its unique contribution.

Mobile health applications, such as CommCare and HealthWorkerConnect, equip frontline healthcare workers with digital resources for data collection, decision support and patient management. These apps facilitate community-based care delivery, strengthen health systems and enhance health outcomes.

Telemedicine platforms provided by companies like Medici, TytoCare and Allegra offer teleconsultation services, allowing patients to remotely access healthcare providers for diagnosis, treatment and follow-up care. Telemedicine has proven highly beneficial in rural and remote areas, addressing disparities in healthcare access and ensuring equitable distribution of services.

EHRs, exemplified by systems like OpenMRS and DHIS2, digitise patient health records, enabling efficient data management, interoperability and decision support. In South Africa, CareConnect HIE aims to develop a unified care record to improve access to important patient information. EHR platforms improve care coordination, enable real-time disease outbreak monitoring and support evidence-based policymaking to strengthen healthcare systems.

Wearable devices, such as the AliveCor FreeStyle Libre and Fitbit trackers, monitor vital signs, physical activity and sleep patterns, empowering individuals to track their health metrics and manage chronic conditions proactively. Smart watches have also leveraged their technology to develop a number of health monitoring features. These wearables enable remote patient monitoring, facilitate early detection of health issues and allow for personalised interventions to improve health outcomes.

HARNESSING DIGITAL HEALTH SOLUTIONS

Artificial intelligence (AI) in diagnostics, represented by tools like IDx-DR for diabetic retinopathy screening and Zebra Medical Vision for radiological imaging analysis, assists healthcare providers in early disease detection and treatment planning. AI-driven diagnostic algorithms enhance accuracy, reduce healthcare costs and improve patient outcomes, especially in resource-limited settings.

Digital health solutions have shown promising potential in advancing efforts to achieve UHC through various means. Firstly, research indicates that these interventions lead to better health outcomes and help mitigate healthcare disparities.

For instance, a randomised controlled trial conducted in Ghana demonstrated that the utilisation of mobile phone-based decision support tools among community health workers improved adherence to malaria treatment guidelines, resulting in reduced malaria-related morbidity and mortality rates.

Secondly, digital health technologies play a crucial role in enhancing access to healthcare services, especially in remote and underserved areas. Studies have illustrated that telemedicine consultations significantly decrease travel time and expenses for patients seeking specialty care in rural communities. Additionally, teleconsultations in LMICs have been found to improve access to healthcare services, lower healthcare costs and increase patient satisfaction.

Moreover, these solutions contribute to the strengthening of health systems by improving data management, healthcare delivery and resource allocation. Notably, electronic immunisation registries have been effective in boosting vaccination coverage and reducing vaccine-preventable diseases in low-resource settings. Furthermore, the implementation of mobile health interventions for maternal and child health, such as the Mobile Alliance for Maternal Action programme, has been associated with improved antenatal care attendance, skilled birth attendance and postnatal care utilisation across multiple countries.

Digital health technologies hold immense promise for transforming UHC by improving accessibility, affordability and quality of care, especially in areas with healthcare disparities. Research and real-world applications show their strong impact on health outcomes and system strengthening. Yet, to fully harness digital health, challenges like infrastructure limitations, regulatory hurdles, and resistance to change must be addressed through collaboration and targeted interventions.

By overcoming these obstacles and embracing innovation, policymakers, healthcare providers, and technology stakeholders can advance equitable and inclusive healthcare systems. ■

BARRIERS AND SOLUTIONS

While there is little doubt that digital healthcare solutions hold a lot of potential to support the achievement of UHC in LMICs, there remain barriers to the adoption of these technologies. These include limited infrastructure and connectivity, regulatory and legal challenges, and lastly, but still highly influential, resistance to change. These barriers and suggested solutions to overcome them are discussed below.

LIMITED INFRASTRUCTURE AND CONNECTIVITY

Inadequate infrastructure and limited internet connectivity pose significant barriers to the adoption of digital health technologies in LMICs. To overcome these challenges, stakeholders must invest in expanding broadband infrastructure, deploying mobile telecommunication networks and implementing solar-powered technology solutions to ensure reliable access to digital health services in remote and underserved areas.

REGULATORY AND LEGAL CHALLENGES

Fragmented regulatory frameworks, data privacy concerns and unclear legal frameworks hinder the widespread adoption of digital health solutions. Policymakers should prioritise the development of clear, standardised regulations governing digital health, encompassing issues such as data privacy, medical licensing and reimbursement policies. Collaboration between governments, industry stakeholders and regulatory bodies is essential to harmonise policies across borders and create an enabling environment for innovation.

RESISTANCE TO CHANGE

Resistance to change among healthcare professionals, patients and policymakers can impede the adoption and scale-up of digital health interventions. To address resistance to change, stakeholders must prioritise stakeholder engagement, capacity building and targeted education initiatives to build digital health literacy and foster a culture of innovation within healthcare systems. Training programmes, continuing education initiatives and peer-to-peer learning networks can equip healthcare workers with the skills and knowledge needed to effectively leverage digital technologies in their practice.

WHAT A WORLD WITHOUT **fraud, waste and abuse could look like**

BY GERDA STRYDOM
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If we progressed so far in artificial intelligence, medical technology, automation, virtual currency and biometrics in the past 20 years, just imagine where we will be 20 years from now. We can now realistically imagine a world where our children and their children are guaranteed to have quality and affordable healthcare. It might be time to imagine a world without any Fraud, Waste, and Abuse (FWA).

To dream about this paradigm shift is healthy — it's important to rethink things occasionally. In a fast-evolving field like fraud, one mustn't get locked into fixed ways of addressing problems.

Imagine a world where every aspect of healthcare delivery, from billing practices to patient care, is characterised by transparency and honesty. Such a reality would revolutionise the way we perceive and experience healthcare. It would transform the way we act in every engagement, every day. Imagine not having to possess professional scepticism, an attitude of a questioning mind and being alert to conditions that may indicate possible misstatement due to fraud or error. Such a world would be vastly different from the one we currently experience, where fraud permeates various aspects of life, from healthcare, procurement, finance and commerce to politics and relationships.

Relationships, including that of patient-provider, provider-funder and funder-patient, would be built on trust, integrity and transparency. These vested-interest relationships would ensure that South Africans receive the best healthcare.

Pressure, opportunity, and rationalisation (the well-known fraud triangle) are conditions that increase the likelihood of fraud. In a world characterised by transparency and honesty, rationalisation would not be present, directly reducing the likelihood of FWA creeping in. Without the spectre of fraudulent medical claims or counterfeit medications, individuals could trust that the care they receive is both effective and genuine. This would lead to increased patient satisfaction and better health outcomes, as patients would be more likely to adhere to treatment plans and seek timely medical attention without fear of exploitation. Healthcare providers would operate in an environment free from the pressures of fraudulent billing practices or unnecessary procedures. They could focus on delivering high-quality care, focused on outcomes and tailored to the individual needs of each patient, rather than being driven by financial incentives or the pursuit of fraudulent gains.

In addition to improving patient care, a healthcare system without fraud would lead to significant cost-savings for individuals and society as a whole. The billions of rands lost annually to healthcare FWA could be redirected towards improving access to care, investing in research, and addressing

Envisioning a healthcare system without fraud, waste, and abuse suggests a future where trust, transparency, and integrity redefine healthcare delivery, leading to better patient outcomes, cost savings, and a more equitable distribution of resources.

pressing health challenges. This would result in a more efficient and equitable allocation of healthcare resources, benefiting everyone regardless of their socio-economic status.

Society demands real-time responses – if the risk of irregular claims is eliminated, operational systems can be designed to make immediate payment as claims submitted can be trusted. There would be no need for exception management of claims highlighted in the adjudication phase or even forensic investigations to validate claims as accurate and payable. The burden on healthcare providers to validate claims in an audit would be eliminated and the burden on administrative processes reduced, resulting in efficient administration and reduced costs – resources that can be allocated to the evolving needs of patients and communities.

The impact of healthcare fraud extends beyond the borders of our country, affecting global health initiatives and humanitarian efforts. In regions plagued by healthcare fraud, international aid and development projects often fall short of their intended goals due to mismanagement and corruption.

It is challenging to provide a figure for how much healthcare FWA is costing South Africa. FWA encompasses a wide range of activities, including false claims, upcoding, inappropriate prescribing and misuse of resources, making it difficult to quantify its financial impact accurately. It is, however, widely acknowledged that FWA imposes a significant financial burden on healthcare systems globally, including in South Africa.

Fraud can only be realistically curbed when the industry unites against it. FWA prevention though proactive controls, industry collaboration, awareness among all stakeholders and powerful data analytics through AI are our best weapons right now. We should be directing significant investment into systems that proactively identify and flag potential fraud for further investigation as well as investing in resources to analyse the data and engage with healthcare providers, members and other stakeholders.

Achieving a healthcare system without fraud requires a concerted effort from all stakeholders, including policymakers, healthcare providers, insurers and patients.

Gerda Strydom, General Manager for Forensics at Medscheme

Envisioning a healthcare system without fraud offers a glimpse into a future where trust and integrity are paramount, and patient well-being is the top priority. While achieving this vision may be ambitious, the benefits for individuals, communities and society as a whole would be transformative. By working together to combat healthcare fraud, we can build a healthcare system that is truly equitable, efficient and compassionate, ensuring universal healthcare for our nation. ■

Strategies for **Equitable Health**

Improving healthcare accessibility in South Africa requires innovative approaches, partnerships, regulatory support, and a commitment to social equity. While not all changes are controllable, the medical aid industry can significantly improve the nation's healthcare by adopting these strategies, fostering inclusivity and equity, and progressing towards Universal Health Coverage (UHC).

In South Africa, a country celebrated for its rich cultural diversity and history of resilience and triumph, the healthcare system stands as a critical component in the development journey of the country. However, disparities in healthcare accessibility and quality among different socioeconomic groups remain a formidable challenge.

These challenges and inequalities in our country's healthcare system have been widely reported and explored over many years and continue to make for heated and passionate debates across the board. Although efforts are ongoing to reform the healthcare system to make it more inclusive, achieving Universal Health Coverage (UHC) remains a substantial challenge.

In the healthcare landscape, we know that medical aid schemes play a crucial role in providing healthcare coverage to over 15% of our population. However, ensuring that they are accessible across different socioeconomic backgrounds requires strategic changes and innovations.

Over the years, we have seen the barriers to advancing access to the medical aid industry worsening, ranging from a tough regulatory environment, low economic growth, Prescribed Minimum Benefits (PMBs) at cost and lack of Low-Cost Benefit Options (LCBOs) that are tailored to the needs of lower-income individuals and families. As an industry we have not yet fully implemented solutions that can tackle some of these issues and bring about meaningful and lasting change.

New ways to make life better

With all the dreadfulness of COVID-19 and the bitter taste it left in our mouths, one thing we can thank it for was that it took us out of our comfort zone and showed us different ways of working. We were all catapulted into a world of technology we did not know we needed and were exposed to new ways to make our lives better and bridge the gaps to access.

In a post-COVID world, we continue to embrace these new ways, some of which have become the norm.

Like many South Africans, our members face challenges in their everyday lives that make access to healthcare an uphill battle, despite having medical aid cover. Access is not only about affording the monthly contribution and having a membership card. Real access requires removing as many barriers as possible.

We know that sickness doesn't restrict itself to when we are within easy access of healthcare providers in our main cities and towns. Often illness strikes when we least expect it and often when in areas with limited access to healthcare provision.

Members of schemes are not immune to access challenges simply because they belong to a medical aid. In the remote and rural areas, where many of them and their beneficiaries live, they are faced with the harsh realities of our collective frail healthcare system: not enough healthcare providers to see the number of sick people on any given day, healthcare facilities that are few and far between, resulting in out-of-pocket costs, more hours on the road to get help, often having to wait long times

care Access

The Online Symptom Checker

- Provides information about reported symptoms fast
- Gives guidance on what could be done next
- Eases worries and gives peace of mind
- Offers convenience as it can be used any time or even when far from a healthcare provider.

before getting it. Sadly, we know all too well what happens when diagnosis of conditions is delayed; this inevitably leads to delayed treatment and worsening of conditions that could have been treated early with great results. Understanding our members means understanding their unique circumstances and their everyday struggles.

If sickness and disease strike anytime, anywhere and anyhow, shouldn't access to healthcare be the same?

Addressing barriers to access

In January 2024, we launched a data-free mobile platform, our answer to removing the barriers to healthcare access – a technology-driven solution designed to transform their healthcare experience.

Through this online platform, we give members access to primary healthcare services and providers, wherever they may be, with no out-of-pocket costs. The platform also gives our members access to a tool – aptly named the online Symptom Checker, which they can use when they are not feeling well. This tool asks questions about how they are feeling, e.g. when having a fever, a cough or any other symptoms. It is like having a conversation with an online friend.

When members feel unwell, accessing the Symptom Checker assists them to obtain relevant health advice and care by simply using their mobile phones. Through the application of an algorithm and artificial intelligence, guiding questions are asked as part of a triage screening module. The result of the triage screening determines the level of care that the member needs and ranges from basic advice to virtual or in-person consultations with a nurse or general practitioner where a medicine prescription can be issued, or other investigations like X-rays or blood tests requested. Furthermore, members can choose how to consult with the healthcare provider on the virtual platform.

HUGO VAN ZYL
Principal Officer: Umvuzo Health

All this is accessible to our beneficiaries from the comfort of their homes or work and, where needed, is supported by the various on-site Umvuzo Health client service teams or contact centre. This technology saves our members time and money and ensures better healthcare outcomes downstream as the barriers to seeking help sooner have largely been removed.

From the above, there is no doubt that technology and innovation have transformed healthcare delivery in South Africa. Telemedicine and mobile health applications are improving access to healthcare services and will have an even greater impact in rural and underserved areas if used well.

These technologies and others can enhance the efficiency of healthcare delivery, reduce costs and improve patient outcomes. ■

Leveraging big data and AI for

Medical schemes can significantly enhance personalised care by using big data and artificial intelligence (AI) tools to streamline complex healthcare data, predict care pathways, and automate service coordination effectively.

Healthcare is a unique form of insurance compared to others in that it is the most transactional one of them all. Take Medscheme for example; we process well over 12 million claim lines monthly. This equates to over three claim lines per beneficiary for our 3.9 million lives. No other form of insurance has this level of volume and velocity per customer. The second attribute to note is that events for each beneficiary are interlinked and need to be understood over time. Lastly, these events generally require servicing support, digital or otherwise, for the member's health journey. The combination of all these produces well over 25 million touchpoints monthly for us with trillions of permutations and combinations. These data are both structured and unstructured in character. It is therefore appropriate to declare our organisation a big data entity. It satisfies the high volume, velocity and variety attributes for big data.

To help give context to the trillion combinations I am referring to, I use a Lego analogy. According to Lego statisticians, two 2x4 (eighth button) bricks render 24 possible shape combinations. Add a third brick and that number takes off to 1060. Add three more and the Lego magic really kicks in: just six (2x4) bricks make the lucky recipient into a near billionaire of playtime possibility, with an incredible 915 103 765 combinations at their fingertips. For us and our 25 million monthly touchpoints, this implies an almost billion possibilities per member every eight months on average. In the analogy, the core premise is that all possible combinations are useful and relevant. But this is not the case in most real-world implementation scenarios. The reality is that only a few of these combinations are of value. The job at hand is to filter out the junk combinations so that only what is meaningful remains, allowing us to drive timely interventions.

What does all of this mean for the member? Simply, this is too complex to understand, let alone navigate optimally to achieve best care and service outcomes. What if I told you that AI can help with most of this headache and guide us towards a future of healthcare delivery that is truly personalised and efficient? Let me unpack this for you.

The intelligence, speed, accuracy and explainability of artificial intelligence

Through machine learning, AI helps us identify and predict patterns, trends and relationships in large data sets. We are then able to use these predictions to recommend (autonomously or human augmented) the best course of action that will lead to desired outcomes. AI enables us to identify sequence of care and service events that are likely to follow a specific event. For example, take someone who's just been to the doctor and been diagnosed with a chronic condition. Now we know that this event needs to trigger registration into a programme, automate a chronic script and renewal requirements, enable the allocation of a case manager to support the member and encourage compliance with medication, further to the recommendation of chronic medication aligned to the member's plan option.

In addition, to avoid possible out-of-pocket payments, rehabilitation at a network facility may be required if the condition causes movement problems. We are able to use AI to trigger intelli-

personalised, automated care coordination

> **All these developments create an ideal environment to deliver care and service differently going forward.**

gent coordination of care and service access for this member, and advise on how they can follow this path optimally. Let me not leave out the part that all of this is personalised to n=1.

Second, this process can be built in a way that keeps on learning and improving, all by itself. Let me explain this by simplifying the operations of one of the most sophisticated ML algorithms called artificial neural networks. The beauty of this method lies in its ability to apply something called backpropagation to continually adjust characteristics in the prediction model based on errors it observes until these errors become minimal and negligible.

The outcome here is that the model self-improves towards very high accuracy with every care and service event. So, in the example given above, this model keeps learning about all possible paths that are triggered by a health or service event and gets better and better in respect of recommending the next best action.

Historically, these models have been seen as 'black boxes' that are hard to explain and consequently hard to defend. This has now changed significantly. Researchers at MIT have introduced a groundbreaking method that harnesses the power of AI models as interpreters. By automating the explanation of intricate neural networks, this innovative approach allows for a comprehensive understanding of each computation within complex models like GPT-4. Moreover, they have introduced the 'Function Interpretation and Description' (FIND) benchmark, which sets a standard for assessing the accuracy and quality of explanations for real-world network components.

All these developments create an ideal environment to deliver care and service differently going forward. This future carries with it benefits that will improve the quality of our healthcare systems. Let's consider the three main ones that will impact medical aid administrators positively.

VUKOSI SAMBO
Head of Data Insights & AI, AfroCentric Group

Leveraging AI in Healthcare

- **Personalisation and Efficiency:** AI predicts care sequences and optimises treatment paths, tailoring services to individual needs.
- **Automated Coordination:** AI automates service delivery from diagnosis to treatment, improving patient care.
- **Decision-Making Support:** Advanced algorithms provide actionable insights, enhancing patient outcomes.
- **Cost Reduction:** AI-driven processes minimise unnecessary procedures and administrative costs.
- **Adaptive Learning:** Neural networks and machine learning models continuously evolve, increasing healthcare accuracy.
- **Model Transparency:** Innovative methodologies increase the understandability and accountability of complex AI systems.

> "Effective AI implementation in healthcare requires a comprehensive framework."

1. Automated Health Advisory™ platform capability – Accessibility enabler

The neural network model mentioned above is also one that the famous generative AI (GenAI) is largely built on. The ability to layer this capability for automated advisory for members results in both personalised and contextual timely communication. GenAI is simply a type of neural network that can generate new data similar to a given data set.

The idea is to train two neural networks, a generator and a discriminator in a game-like framework. The generator tries to fool the discriminator by generating data that are so realistic that the discriminator cannot tell them apart from real data. As the two networks play this game, they both improve over time. Eventually, the generator becomes so good that it can generate new data that are indistinguishable from the real data in the training data set.

2. Cost-effective care and service outcomes

Becoming more accurate with predicting next events and supporting this with automated advisory capability ensures optimal paths of care and service that are cost-effective (with a reduced out-of- pocket experience) and yield best health outcomes that are continually recommended and refined. This integration also provides useful insights into the relationship between care and service events. For example, we have identified that a certain segment of our membership that contributes to most of our service queries is the same segment that contributes to most of our healthcare expenditure. This insight allows us to find a holistic solution for our members' care and service needs.

3. Behavioural modification – building members of the future

Through integration with our communication engine and digital platforms, the AI-driven smart advisory enables real-time and relevant information for the member to make the next best decision. Over time this results in behavioural modification in respect of how members engage with a medical aid product – one that is truly member-centric in that it puts them at the centre, is personalised, accessible and empowers them to take ownership; most importantly, it delivers value and wellbeing for them. A win-win for all stakeholders.

In conclusion, effective AI implementation in healthcare requires a comprehensive framework covering design principles, algorithm review, data management, systems development, risk and impact, regulatory compliance, accountability, and monitoring. With all this in place, healthcare organisations will be well positioned to deliver care and service experiences aligned to evolving member needs. These are experiences that elevate the role of administrators and clinicians to be qualitative and high touch.

THE WELLNESS WAVE

Shaping a healthier and wealthier South Africa through prevention

South Africa's healthcare system is a very complex amalgamation of public and private sectors, with significant disparities in access to and quality of care. Furthermore, the country grapples with the burden of infectious diseases and a rising tide of non-communicable diseases such as diabetes, hypertension and obesity. The country's health challenges remain daunting. Yet, amidst these challenges lies an opportunity for innovation and transformation.

By prioritising health benefits that support prevention and wellness, we can empower our members to make healthier choices and reduce the burden of chronic diseases on our healthcare system. It is not just about treating illness anymore but about preventing it. Research shows that preventive healthcare – which involves averting the onset of disease – has the potential to reduce healthcare costs significantly. By integrating preventive measures and wellness programmes into the healthcare framework, South Africa can pave the way for a sustainable future. This shift is not a luxury, but a necessity that could reduce long-term healthcare costs and, more importantly, foster a healthier nation.

Preventive measures like routine screenings, vaccinations and health education programmes can play a transformative role in healthcare. By encouraging early detection, promoting healthy behaviours and addressing modifiable risk factors, we can potentially prevent or identify conditions at their earliest stages, which are most treatable and often less costly to manage. Such measures improve health outcomes and reduce the financial burden associated with treating advanced or chronic conditions.

Wellness challenges and opportunities

The WHO has highlighted the importance of implementing preventive strategies in South Africa, given the

Promoting Wellness and Preventive Health Benefits

As medical aid providers focused on member well-being, we must champion health benefits that support preventive measures and wellness programs through several strategies:

1. Communication & Education: Enhance member awareness by clearly communicating the importance of preventive care and wellness programs through regular newsletters and educational campaigns.

2. Financial Incentives: Advocate for policy changes to allow financial incentives like reduced premiums or rewards for members participating in preventive and wellness activities, motivating healthier behaviours.

3. Partnerships: Collaborate with wellness providers, community-based organisations, and healthcare professionals to expand access to diverse, quality wellness programs, creating a comprehensive approach to preventive care.

4. Data and Analytics: Use data to identify health trends and risk factors among members, enabling targeted interventions for high-risk groups and promoting wellness programs where most effective.

KEVIN ARON
Principal Officer: Medshield Medical Scheme

> Together, let us forge ahead, inspire change and build a healthier future for our members and the communities we serve.

high prevalence of HIV/AIDS, tuberculosis and non-communicable diseases.

Wellness programmes that encourage healthy lifestyles and regular health monitoring can play a crucial role in disease prevention. Wellness programmes can reduce chronic conditions' incidence and severity, leading to lower healthcare utilisation and costs over time. These programmes can include initiatives like smoking cessation, weight management and stress reduction workshops. One of the primary reasons for neglecting physical health is lack of time. People constantly rush from one task to another and do not have time to prioritise their physical health. When faced with choosing between going to the gym or meeting a work deadline, most people will choose the latter.

Add to this the mental exhaustion that comes with a busy lifestyle. When people are constantly under stress and pressure, they feel they need to focus all their energy and attention on their work or other responsibilities. As a result, they neglect the basics of physical health, such as getting enough sleep, healthy eating and exercising regularly.

For medical schemes, active engagement from members is essential, and offering incentives like premium discounts or rewards can enhance participation rates. Several South African companies and healthcare providers are leading the change in developing programmes that promote physical well-being, mental health, stress reduction, mental resilience and emotional health. Moreover, global research shows that every dollar spent on wellness programmes yields a return of $3.27 in healthcare cost savings. In South Africa, these savings are critical to alleviating financial pressures on the public healthcare system and private medical schemes.

Investing in preventive healthcare is not just a health strategy but also an economic one. By catching diseases early or preventing them altogether, we can save a substantial amount on treatment costs and lost productivity. This approach could alleviate the financial strain on our healthcare system and ensure resources are available where needed.

Craft health benefits with tomorrow's budget in mind

Medical schemes are crucial to making private healthcare more affordable for individuals. These schemes pool members' contributions to cover medical expenses and negotiate rates with healthcare providers. By leveraging their collective bargaining power, medical schemes can negotiate lower fees for services and medications. Unfortunately this is not allowed in terms of a Competition Commission ruling and the approach adopted by the Council for Medical Schemes. It helps mitigate the impact of health inflation on individual members' budgets.

However, it is essential to note that medical scheme contributions have also been subject to significant increases over the years due to rising healthcare costs. Balancing affordability while ensuring adequate coverage

The Medshield Movement

As a medical aid provider dedicated to the well-being of our members, Medshield Medical Scheme advocates and prioritises health benefits that support preventive measures and wellness programmes.

Medshield Movement is a free, all-in-one online resource centre to access and enjoy the latest exercise videos, workout programmes, meal plans, live workouts and more – everything needed to support members' journey towards better personal fitness, health and overall well-being. It hosts a variety of products, including engaging, informative articles and interactive video workout sessions. Our ClickFit workout programmes are like having access to a personal trainer from the comfort of one's home, 24/7. Access is free for Medshield members but anyone can sign up by visiting https://clickfit.co.za/.

remains challenging for consumers and medical scheme providers.

To make medical aid contributions more affordable, medical schemes need to be innovative. New ways of reimbursing healthcare providers and hospitals should be found, such as introducing value-based healthcare, where providers are paid for healthcare outcomes rather than just the activity. Such health benefits prioritising preventive measures require a multi-faceted approach, including comprehensive screenings, vaccinations and health education. Incorporating these into membership plans can ensure more comprehensive access and uptake among the population. Medical schemes can tailor similar interventions to address prevalent health concerns. The innovative ones offer wellness programmes, encouraging members to maintain their health through regular exercise, balanced diets and stress management.

As healthcare costs increase by approximately 10% annually, benefit programmes focus on prevention, identifying modifiable and non-modifiable risk factors and implementing intervention techniques to reduce the need for more advanced medical procedures. Modifiable risk behaviours include unhealthy eating habits, smoking and lack of physical activity, while non-modifiable ones include age, genetics and gender. The business environment has also influenced employees' health problems through globalisation, increased competition and changes in work organisation.

The promise of prevention

South Africa faces challenges in implementing preventive health benefits and wellness programs due to disparities in access, varying health literacy levels, and the need for robust data. Collaboration among government agencies, medical schemes, healthcare providers, and the private sector is essential to address these issues. Increased awareness and education about preventive care are crucial, especially in rural and underserved areas. Emphasising preventive measures may reduce long-term healthcare costs and improve public health outcomes, requiring strategic investments and active member engagement.

The widening gap between consumer and health inflation rates underscores the need for reforms to manage costs and ensure equitable access. Collective action from healthcare providers, policymakers, businesses, and individuals is essential to foster a culture of wellness and prevention, moving South Africa towards an affordable, sustainable healthcare system that enhances citizen well-being.

Measuring success & impact

It is essential to establish meaningful metrics and measures of success. This includes tracking participation rates in wellness programmes, analysing healthcare utilisation patterns and evaluating health outcomes over time. By analysing data on the long-term impact of preventive measures and wellness programmes, we can demonstrate the tangible benefits of reduced healthcare costs, improved member satisfaction and overall population health.

EXPLORING THE INTERPLAY BETWEEN healthcare quality and social determinants of health

First, some definitions: Healthcare quality is enigmatic to define and can mean different things to different stakeholders in the health system. In this context, I'll take it to mean people want to be healthy; if they're sick or injured they want to be treated so that their condition improves; in general people desire a long life lived in good health. This approach encapsulates the quality of the healthcare system in a broad sense, not the clinical outcome of a particular intervention.

Social determinants of health: beyond the medical model

Social Determinants of Health (SDH) are the social, environmental and economic factors that affect people's state of health. Outside of areas of conflict, which have dramatic adverse effects on health and healthcare, SDH typically include income levels, housing security, job security, food security and access to education.

Poverty and inequality: The South African health challenge

It's well known that South Africa has high levels of poverty and income inequality, which permeate all aspects of our economy and social structures. These contribute heavily to the top 10 causes of health and disability: unsafe sex, malnutrition, high body-mass index, high blood glucose, high blood pressure, tobacco use, alcohol use, air pollution, dietary risks and intimate partner violence. SDH account for between 30% and 55% of poor health outcomes.

Progress and disparity: Environmental factors affecting health

South Africa has made measurable progress on improving access to education, running water and sanita-

Source: Statistics SA National Poverty Lines, 2023

R1,558	Threshold of deprivation below which people cannot afford the minimum food and non-food requirements
R1,058	Austere threshold below which one has to choose between food and important non-food items
R1,058	Threshold of absolute deprivation. The amount of money required to purchase the minimum required daily energy intake

Social determinants such as income, housing, and education significantly impact healthcare quality in South Africa, underscoring the necessity for comprehensive care strategies that extend beyond clinical treatments to address these root causes.

50% of South Africans live on R50 a day or less

Source: Statistics SA Living Conditions Survey 2014/15, updated to 2023 terms

tion, but there remain highly significant regional disparities. This exposes large parts of our population to environmental risks, including air and water pollution leading to waterborne and airborne disease, such as cholera, typhoid and TB. Poor living conditions are associated with higher rates of mental illness, anxiety, stress, hypertension and heart disease.

Low income levels make it difficult to adopt healthy lifestyles; for example, lack of adequate food of good quality results in stunting, weakened immune systems and a rising tide of non-communicable disease. Low-income levels are also associated with higher smoking prevalence and alcohol use and abuse.

Economic growth as a panacea: more jobs, better health

The solution seems obvious – we need a stronger economy and more jobs.

More jobs will mean more tax which, if wisely spent, should improve social services and infrastructure as well as the public education and health systems. More jobs and higher incomes will mean larger household budgets to spend on better food although care would need to be taken to avoid diversion to less healthy behaviours ('vices') and consumption patterns, such as that of sweetened beverages. The local health system can contribute to job creation by favouring high-value local products over the international sourcing of the plethora of medicinal, device and equipment needs of the system.

International insights: lessons from Bangladesh

What can we learn from elsewhere? In Bangladesh, a young country with similar challenges to our own, Nobel laureate Muhammed Yunus has pioneered social entrepreneurship and large-scale job creation, unlocking human creativity and ingenuity to improve prosperity and lift people out of poverty.

The two-tier system: Understanding quality across public and private sectors

Aside from direct job creation, health system managers would do well to bear the SDH in mind when thinking about system-level quality. In the context of our current two-tier system, it's tempting to think that SDH only affect those in the public sector, but this is not the case. Our systems are intertwined and cannot be easily separated. Indeed, the public sector has a better appreciation of the importance of living

BARRY CHILDS
Group CEO, Insight

HEALTHCARE QUALITY

General well-being, effective treatment, and longevity, beyond just clinical outcomes.

INFLUENCE OF SOCIAL DETERMINANTS

Social, environmental, and economic factors, including income, education, and housing, impact 30-55% of health outcomes.

CHALLENGES AND SOLUTIONS

Economic growth through job creation and improved infrastructure is essential to enhancing health services and addressing disparities caused by social determinants.increasing healthcare accuracy.

conditions on health because of the focus on community health workers and active school health programmes. We tend to take SDH for granted in the private sector because, for the most part, medical scheme members have jobs and better access to the healthcare system, which gets them off the lower rungs of the SDH, though sometimes just barely, with little margin for safety.

Data discrepancy: Private sector blind spots

The private sector has rich data on burden of disease, treatments applied and some data on specific outcomes, but little to no data on other social aspects such as living conditions, exposure to crime, eating habits, exercise habits, smoking or alcohol use and other drivers of health.

This means private providers and funders are on the back foot when dealing with the rising burden of disease; the focus and almost all the spend is when people actually get sick, with some attention paid to prevention (more accurately termed 'early detection') through screening and checkups.

Minimum medical scheme benefits (DTPs and CDLs) are designed to provide cover for the sick; these are good solidarity-based insurance principles but do not necessarily translate into good healthcare. The incorporation of primary care into PMBs or indeed as a standalone package of services via so-called low-cost benefit options or primary health insurance products is the subject of protracted and contentious discussions.

A call for comprehensive care: beyond clinical walls

The healthcare system is not engineered to remedy adverse SDH. Private sector stakeholders should spend more effort on seeking to understand the effect of these factors and exploring mitigation strategies that operate outside the walls of the clinic or hospital if there is to be any hope of bending the ever-increasing burden of disease curve.

ADVANCING HEALTH EQUITY

by addressing social determinants of health

PROFESSOR SHARON FONN
MBBCh PhD FFCH
Visiting Professor Sahlgrenska Academy, University of Gothenburg, Sweden
Professor School of Public Health, University of the Witwatersrand, Johannesburg

The World Health Organization (WHO) defines the Social Determinants of Health (SDH) as: 'The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.' (https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1, accessed 9-4-2024). It goes on to define health inequities as 'the unfair and avoidable differences in health status seen within and between countries'. Unfair and avoidable means that actions can change the status quo.

It is easy to avoid taking responsibility for the SDH as they are huge and seem insoluble, or else are perceived as someone else's problem, like economic growth or water infrastructure. However, included in the long list of SDH is access to affordable health services of decent quality. This is something that we can do something about.

The liminal place that this issue wants to explore is that threshold from now, characterised by massive inequalities in access to and quality of care, to a future where we can decrease inequity. So what needs to be done?

I would argue that contracts and how they are formed will be central to our healthcare environment going forward. It is the oversight and governance of those contracts that will make our healthcare system affordable or not and it is the nature of the contracts that will promote quality or not.

Governance, oversight and healthcare quality

Governance is about the array of systems that exists, which together achieve a particular goal. The goal that I think serves us all, as citizens, as health providers, as healthcare managers and administrators is access to quality care for all. To take a definition from a report that will soon be released by the Academy of Science of South Africa – governance is made up of laws, rules, organisational structures that influence and manage the incentives of people who work in that system.

This applies equally to the public and private sector. The Medical Schemes Act and related regulations and the Council for Medical Schemes are good examples of laws and regulators that oversee and attempt to manage incentives in the private sector.

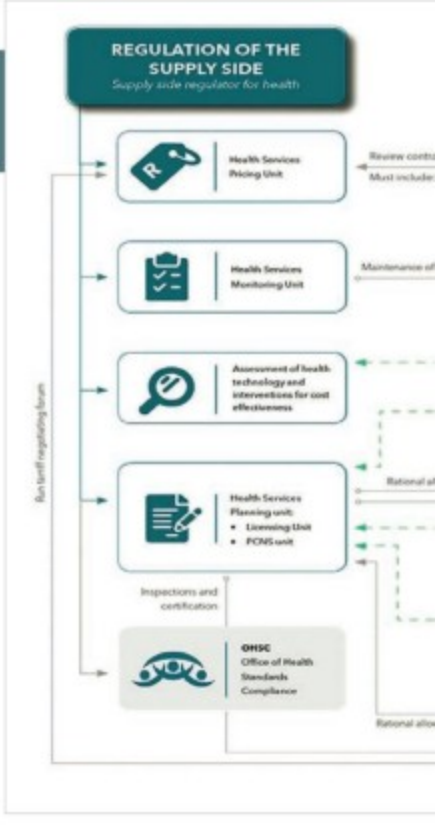
When it comes to quality it seems that the only way to achieve this is to move away from fee-for-service contracts and ensure that we have value-based contracts – i.e. contracts that take into account health outcomes. Much of this was detailed in the Health Market Inquiry recommendations.

A detailed and careful reading of the governance diagram on the right, and how various parts of the health architecture work, makes clear how a set of existing bodies would each contribute various pieces that together can promote access and better-quality care. A missing but essential coordinating structure – a supply-side regulator – was put forward that would coordinate the work of several existing bodies.

As we move into this new space it seems useful to see a future South Africa with an NHI system where public and private healthcare operate in parallel with a system of resource transfer between the two sectors that could include financial risk transfer or sharing of health professionals and/or facilities and equipment; or even where they are combined into one. It really is not worth devoting much time to the exact format as it will likely be somewhere along such a continuum. But what is essential is the governance system that oversees it.

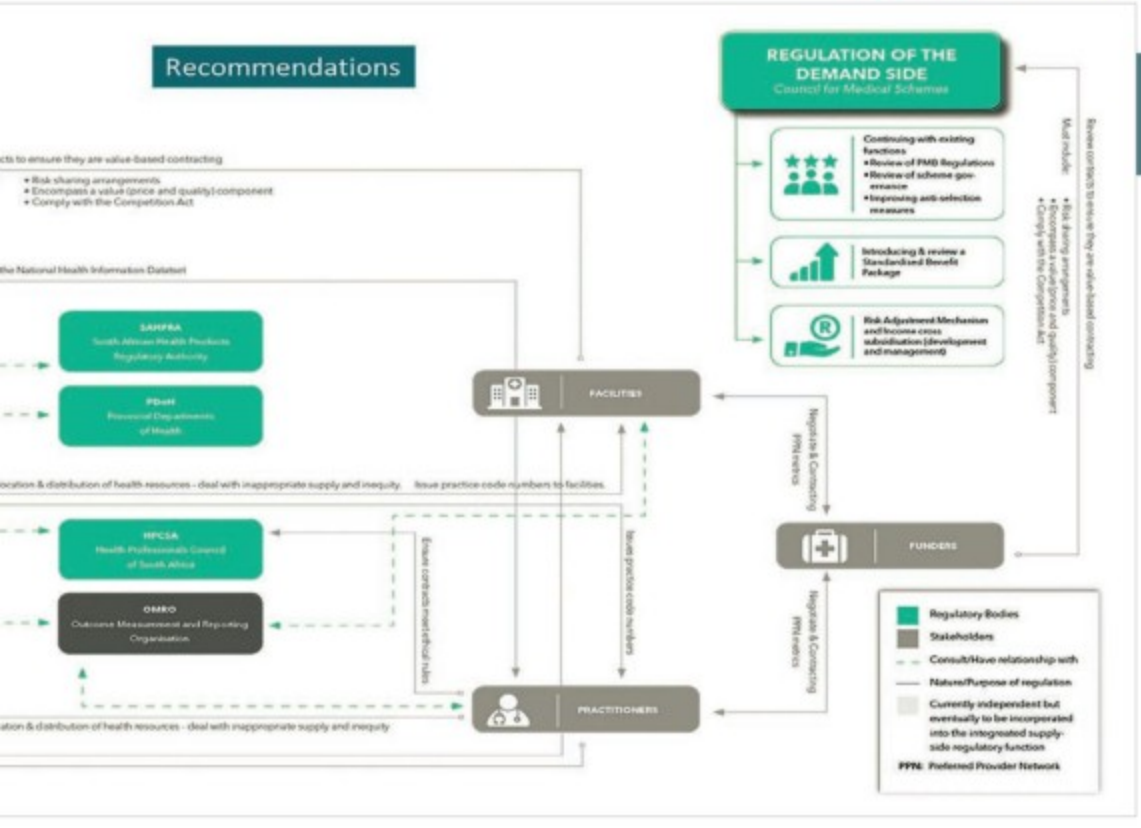
What is required is to think about the architecture of that governance system. It is important to ensure that there is the correct number of overlapping and complementary bodies in place with clearly defined roles. Roles would, for example, ensure that contracts (be they between a public purchaser and a private provider or vice versa) are value based (takes into account cost and health outcome), and that the oversight structure can and does act if agreed rules are contravened and that it is insulated from vested interests.

Here many may think that this refers to, for example, political interests or those wishing to exploit the system for personal gain. Yes, those, but not only that kind of interest. Organised specialists' groups are also interest groups that can distort contracts, as can hospital groups. All vested interests have to be guarded against in thinking through the governance architecture of our future South African health system.



Guiding principles of a governance system

There are some principles that can guide this. Firstly the performance requirements that the system or contract or person has to achieve must be clear to providers and users of care. In other words, transparency is essential. So if a preferred provider network is chosen we need to know what they are supposed to deliver and at what level of quality, as well as what those providers do that make them qualified to be in that network.



Those indicators need to be measured and made public, and there have to be consequences when those standards are not met.

Oversight bodies, too, have to be independent. Some helpful guidelines (again taken from the soon-to-be-released Academy of Science of South Africa governance report) suggest that three elements are useful to ensure a board is impartial.

- **Nomination** – separate those who can nominate from those who can appoint
- **Appointment** – separate appointment and nomination from those who can remove
- **Removal** – this cannot be undertaken by the nominators or appointers, and it is often useful to make removal a role that a single person cannot undertake alone.

Thailand. is a useful model and there are a few features of the Thai health system that make it successful:

- A solid foundation for the introduction of UHC – in particular a functional health service delivery system
- An understanding of good governance and design features to maximise accountability and protection from interference from political and vested interests
- Health technology assessment plays a central role in coverage and reimbursement decision-making
- Citizen participation.

We can learn a lot from them.

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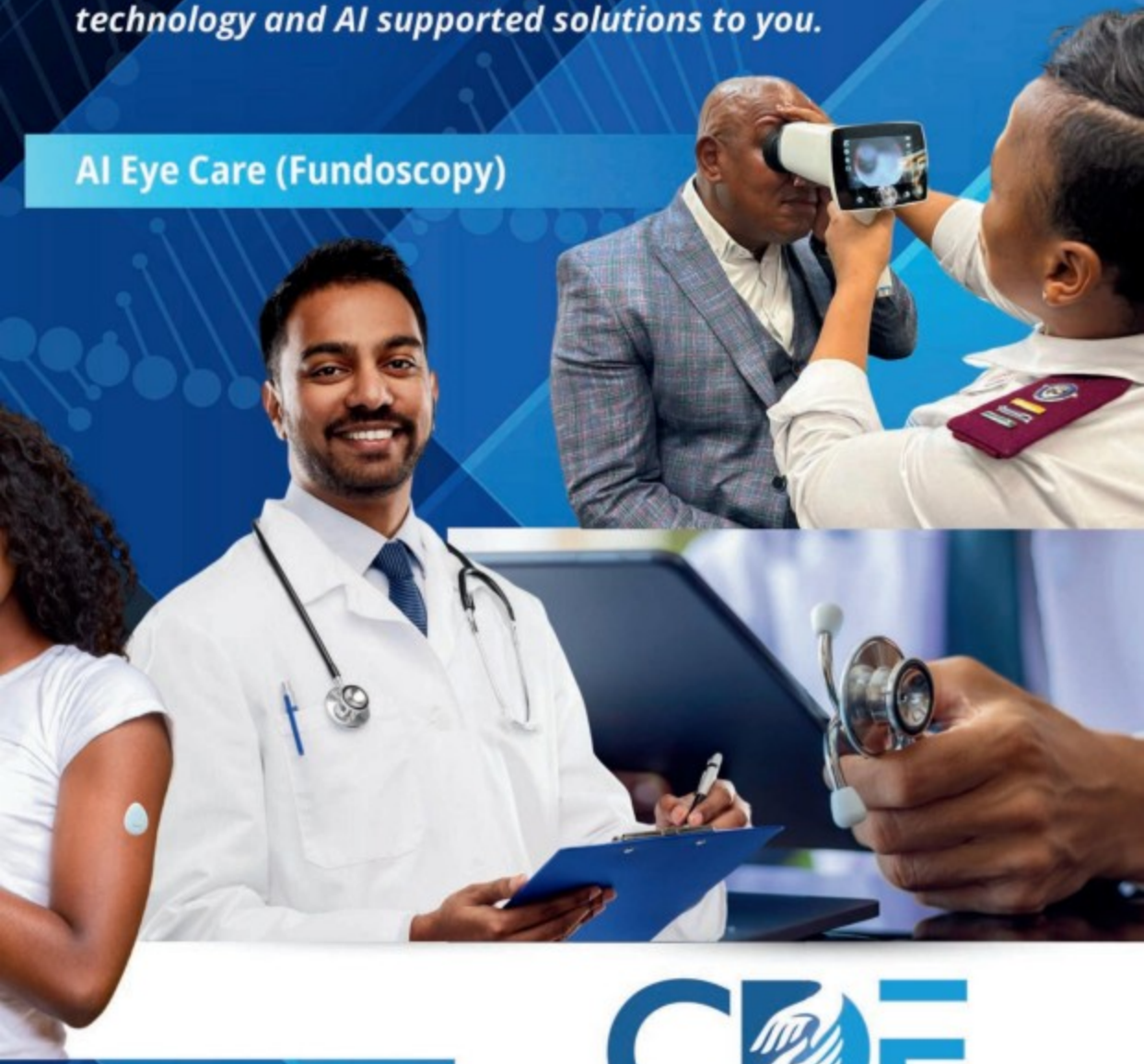

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MANAGING ESCALATING HEALTHCARE COSTS for the future sustainability of healthcare

Sustainable private healthcare in South Africa requires comprehensive coverage for catastrophic health costs with minimal out-of-pocket expenses and measures to ensure healthcare costs do not exceed household incomes.

By Professor Alex van den Heever
Chair in The Field of Social Security Systems Administration and Management Studies, Wits School of Governance

Sustainable private healthcare markets depend on two essential features: first, the coverage of catastrophic healthcare expenses must be comprehensive – with no or limited out-of-pocket (OOP) payments; second, the underlying cost of healthcare goods and services must not increase faster than household incomes.

These two features are inter-related where healthcare coverage through health insurance seeks to address cost increases by capping benefits rather than directly taking on the cost of healthcare services.

It is worth noting that this form of market conduct, typical of other forms of short-term insurance, is not driven by systemic cost increases. If permitted, it is purely a way to price insurance better than a competitor, regardless of the cost of the insured contingencies.

In markets with competing health insurers, therefore, pressures to remain competitive, irrespective of generally rising costs, typically result in the capping of benefits for high-risk groups – which include those with pre-existing medical conditions or conditions related to aging.

Where health insurers compete by capping the benefits of the less healthy, however, their incentives to substantively address the underlying cost and quality of healthcare is so diminished that it ceases to become a basis for competition altogether. The resulting absence of funder competition leads to an absence of provider competition.

The positive effects of competitive markets are not just about lowering prices and costs, however. They create space for innovation to emerge from below, from healthcare funders and providers who find new ways of doing things that top-heavy corporates often won't.

The South African legal framework for medical schemes does embody some flexibility for innovation. For instance, it allows healthcare funders to be healthcare providers – and vice versa. In theory, new methods of care provision can emerge, as can new methods of coverage or insurance. Given the right context, these should emerge organically, and together.

In contrast to what could be, the private health system, although broadly stable, has continued to both fund and provide health services using models of payment and provision that have been in place for roughly 100 years. Although technological change has introduced productive efficiencies in administration and health service provision, purchasing care essentially remains an insured system of OOP purchases.

Innovation is needed

Largely because of the dead hand of government at this juncture, however, the regulatory framework in place preserves a context that kills innovation and slows opportunities for the expansion of affordable contributory (insured) coverage.

This was the finding of the Health Market Inquiry (HMI) – which directly implicated government in failing to address the structural features of the private health system that perpetuate well-understood market failures. Such structural interventions are typically the purview of governments as private actors cannot compel adherence to the needed frameworks in the way that statutory interventions are able.

The measures needed to address the identified market failures include the introduction of two systems of industry-wide risk-pooling between medical schemes coupled with a framework to enhance product transparency.

The risk-pooling requires:

- first, that risk equalisation is implemented to ensure an even demographic playing field across the entire medical scheme system - by requiring that schemes with good risk profiles cross-subsidise those with poor risk profiles; and
- second, that a social reinsurance arrangement is implemented where high-cost claims are shared by all schemes.

Seen together, these interventions eliminate competition on criteria such as health status and demographics, enhancing imperatives to compete on provider offerings and the quality of coverage. Rather than capping benefits, competition will instead focus on complete and affordable coverage – with no hidden co-payments or balance billing.

Enhancing transparency

The enhanced transparency comes from the resulting medical scheme benefit standardisation and greater member understanding of the value offered by healthcare providers and medical schemes. While the HMI recommended a system of price regulation, the focus was on the historical fee-for-service tariffs only and recognised that prices are not the only driver of cost. A system of multilateral negotiations was, therefore, proposed to avoid imbalances in market power between funders, providers and medical scheme members where fee-for-service prices are set. Crucially, to avoid the inevitable patronage opportunities for politicians, the negotiations would be administered impartially and separately from the executive of government.

AT A GLANCE

- Comprehensive Coverage: Essential for significant health expenses with minimal personal costs.
- Cost Growth Control: Align healthcare costs with household income growth.
- Benefit Capping: Insurance markets often cap benefits to remain competitive, affecting high-risk groups.
- Incentive Issues: Competitive capping reduces incentives to address actual healthcare costs and quality.
- Market Competition: Lack of funder and provider competition stymies cost and quality improvements.
- Innovation and Flexibility: Legal frameworks allow but do not encourage significant innovation in healthcare funding and provision.
- Structural Interventions: Proposals for risk-pooling and improved product transparency to foster better competition on services rather than costs.
- Governmental Inaction: Delay in implementing Health Market Inquiry recommendations hinders progress and innovation within the private health system.

Price regulation on its own, however, cannot eliminate or compensate for demand-related incentives to supply services by healthcare providers. Only contracts that internalise price, demand and quality can address systemic cost increases without compromising coverage (where coverage is capped rather than costs) or the quality of healthcare services. But the market needs to incentivise the establishment of such contracts.

The proposed wider structural interventions were, therefore, seen as essential to incentivise innovation on all three aspects of the product market – price, demand (volume) and quality, avoiding the simple mistake of focusing only on price.

This government's mysterious failure to take forward the HMI's recommendations, however, is arguably based on a possible view that the private health system is facing imminent collapse and replacement by the proposed National Health Insurance (NHI) fund. However, as any cursory review of the medical schemes system and the proposed legislation reveals, there is no reasonable possibility that the NHI fund can replace the coverage offered by medical schemes at any point in the foreseeable future. Furthermore, there is no evidence that the system of medical schemes is inherently unstable and facing collapse.

Medical scheme coverage in South Africa plays, and will continue to play, a unique role in covering a population that is not and cannot be covered by the state. It is worth noting, furthermore, that resource allocations for provincial health services expressly exclude coverage for the medical scheme populations in their jurisdiction.

So, provinces with the largest medical scheme populations, such as Gauteng and the Western Cape, only have funds and services for their much-reduced non-medical scheme populations. This is important, as it means that if medical schemes fail to meet the healthcare coverage needs of their members, they are effectively left with no coverage at all – even if they attempt to access the fiscally constrained public health services.

Conclusion

In conclusion, the system of medical schemes is a unique social protection asset that eliminates a substantial burden from the public health system. While the system is sustainable, it is not performing as efficiently as it could – with consequences for vulnerable groups. This is largely because of the failure of the current government to implement the recommendations of multiple inquiries and official reviews over a period of 30 years – ending with the HMI. This delay has slowed private sector innovation and harmed the cost and quality of coverage available in the private health system. The question going forward, therefore, is whether the private health system should wait for sensible government to materialise or whether, instead, certain of the structural interventions proposed by the HMI should be pursued collaboratively as private initiatives. ■

STRATEGIES FOR CONTINUOUS IMPROVEMENT
Patient safety as a cornerstone of sustainable healthcare

By Jacqui Stewart
CEO, COHSASA

Ensuring patient safety is fundamental to achieving sustainable healthcare, necessitating the adoption of continuous quality improvement and accreditation strategies amid escalating healthcare challenges and systemic pressures.

Healthcare faces unprecedented challenges. The convergence of climate crises, technological vulnerabilities and the relentless march of pandemics and non-communicable diseases has placed immense strain on healthcare systems worldwide.

Consider this: the World Health Organization identified antimicrobial resistance as one of the 10 top global threats, while South Africa grappled with a 58.7% increase in deaths from major non-communicable diseases over the past two decades.

Amidst the unpredictability of hurricanes, floods, solar flares and potential EMP attacks, even the most cutting-edge medical care is vulnerable to failure. Likewise, sophisticated medical technologies, including diagnostic tools and monitoring equipment, risk compromise if they are not protected against environmental fluctuations.

Healthcare providers globally are implementing environmental, social and governance strategies to mitigate the impact of these threats. Healthcare must transform quickly to effectively navigate the accelerating advances in AI and technology. These rapid changes could potentially compromise patient safety. There must be both technological and targeted human interventions and safeguards. Then there is the thorny issue of medical error.

Doctors in South Africa do not believe that current conditions in our hospitals are conducive to patient safety. In a recent Medical Protection Society (MPS) survey of more than 660 healthcare practitioners, 91% of doctors who responded said that staff shortages pose a 'significant threat' to patient safety. Many respondents said that medication and equipment shortages also affected patient safety and this, in turn, affected their own wellbeing.

Patient safety in South Africa is a major issue. South Africa is drowning in a sea of medical negligence claims. During a pivotal session held on 27 September 2023, the Select Committee on Appropriations received comprehensive briefings from both the Department of Health (DoH) and the Auditor-General (AG) regarding the concerning state of medico-legal claims across provincial health departments.

Continuous quality improvement leading to accreditation is not a superficial fix – it's a change management process that results in behaviour change in everyday healthcare practices where staff do the right thing first time, every time.

Shockingly, the AG disclosed that the government fell short of its ambitious target to reduce the contingent liability of medicolegal cases by 80% (to under R18 billion) by 2024, with current claims soaring to R77 billion as of March last year from a baseline of R70 billion in 2018. The majority of these claims are birth-related and include brain damage, cerebral palsy, and complications of caesarean sections and non-standardised procedures.

Furthermore, the AG underscored the staggering cumulative total value of 15 148 claims lodged against the DoH during the 2021-2022 financial year, which amounts to R125.3 billion, with an overwhelming 96% attributed to medicolegal claims. All this as we see the health budget being cut.

If we are to move forward with sustainable, quality healthcare for all as envisaged under national health insurance, then one undeniable factor remains largely unexamined: the strategies that must be put in place to counter-balance all the negative environmental, social and governance variables 'out there'.

Navigating complexities

To navigate these complexities and uphold the promise of sustainable, equitable healthcare, a fundamental shift is imperative. Strategies must be embraced that not only mitigate risks but also foster a culture of continuous improvement.

One method (and there are others) is to improve the safety and quality of patient care by means of standards-based Continuous Quality Improvement (CQI) as part of an ongoing accreditation programme.

Driven by data (but not devoid of sensible human judgement) CQI is a process to ensure that patient care is consistent, sensitive to individual needs, aware of changing practices and technologies and ever watchful that disaster plans are revised, rehearsed and revised again.

During the COVID-19 pandemic, COHSASA found that the managers of a private healthcare group unanimously voiced the strong opinion that their facilities were able to withstand the rigours and demands made on hospital staff and on resources thanks to the requirements of the standards in our programme.

Simply motivating healthcare workers without a clear strategy is ineffective. A structured approach is essential. Through COHSASA's experience spanning 28 years, we've discovered that accreditation serves as a powerful incentive, fuelling quality improvement initiatives and prompting personnel to reassess their roles in delivering optimal patient care.

It is critical to empower facility staff to take ownership of the accreditation process from the outset. There must be committed leadership right from board level. Obtaining COHSASA accreditation is intentionally challenging, reflecting our commitment to excellence. As the sole healthcare

IMPROVEMENT STRATEGIES

- Implementing continuous quality improvement through accreditation to boost patient safety.
- Fostering ownership and strong leadership at all levels for effective accreditation.
- Developing systems to learn from mistakes and improve practices.
- Ensuring international standards compliance, enhancing trust and safety in healthcare.

Jacqui Stewart, Chief Executive Officer, The Council for Health Service Accreditation of Southern Africa NPC

facility-accrediting body accredited by ISQua EEA in sub-Saharan Africa, we hold ourselves to rigorous standards. Since our initial accreditation in 2002, we have to undergo an onsite survey by international surveyors every four years to maintain our status. While the journey was arduous at first, we've progressively refined our practices, making the process more manageable over time.

Continuous quality improvement leading to accreditation is not a superficial fix – it's a change management process that results in behaviour change in everyday healthcare practices where staff do the right thing first time, every time. By prioritising safety, optimising resources and fostering a culture of excellence in every part of the organisation, the team ensures that the accreditation programme is sustained and drives improvement.

Errors still happen in accredited facilities; 25 years after the publication of To Err is Human: Building a Safer Health System, we know that things can still go wrong. But accredited facilities have systems in place to reduce errors, deal with them effectively when they do occur and, importantly, learn lessons and share the learning constructively. It is essential to have a learning environment and not a punitive one. The periodic external evaluation gives assurance to patients, practitioners, management and funders that the organisation meets internationally recognised standards. Accreditation is not merely a badge of honour but a testament to unwavering commitment to continuous improvement.

If we push for continuous quality improvement and accreditation programmes to be implemented across the health system, the road towards Universal Health Coverage can be grounded in integrity and resilience. Increased access without ensuring quality services is meaningless. There must be robust quality systems in place and the external evaluation required for accreditation gives the necessary quality assurance mechanisms and underpins patient safety as a cornerstone of sustainable healthcare. ■

REFERENCES

Report-03-08-01. Non-communicable diseases: Findings from death notifications (2008-2018); StatsSA, October 2023.

Doctors take the strain from staff shortages. Juta Medical Brief, MPS Survey. https://www.medicalbrief.co.za/doctors-take-strain-from-staff-shortages/

Impact of medico-legal claims on provincial health budgets and mitigation measures. AGSA & DoH briefing (with Deputy Minister).

A VISION FOR A BETTER healthcare system in South Africa

Dr Anuschka Coovadia outlines a vision for improving South Africa's healthcare system through comprehensive reforms in public sector efficiency, strengthened private sector involvement, and enhanced intersectoral collaboration, aiming to create an accessible, efficient, and high-quality healthcare system for all citizens.

By Dr Anuschka Coovadia
Usizo Advisory Solutions

As a healthcare professional with a deep passion for improving healthcare delivery in South Africa, I believe we are at a crucial juncture. Either we will be walking deeper into an abyss from which we will never escape, or we will do 'that South African thing' – the one where we tend to pull a miracle out of a hat, but only at the very last minute. From all of the work I have done, from everyone I have been taught by, and all the lessons learnt over decades of service, I know the future of our healthcare system depends on the choices and actions we take now.

I believe that the key to achieving a better healthcare system lies in decisively and bravely addressing the fundamental issues that have plagued our country for many years. In this discursive essay, I outline a vision for a better healthcare system in South Africa, which focuses on three key areas – drastic public sector reform, progressive strengthening of the private sector and more effective intersectoral collaboration.

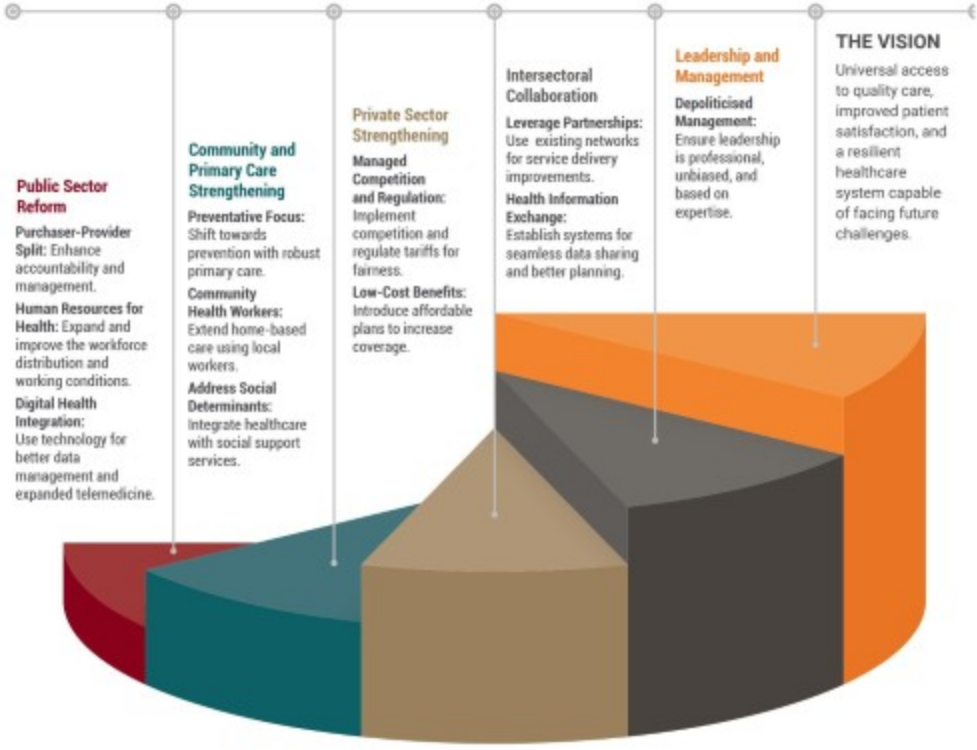
Public sector reform

The first and most critical step in building a better, more sustainable, and reliable healthcare system in South Africa is public sector reform. Our public healthcare system is already tax funded, which means that if it were more efficient, effective, and patient-centric, we would have a de facto national health system. However, it is in dire straits and desperately needs to be revitalised.

This repair requires the focus and efforts of our collective healthcare leadership. If trust and commercial barriers are overcome, the private sector could drastically impact the public system's transformation by bringing critical local platforms, systems, and resources to expedite improvements. It must encompass a wide range of improvements, starting with a purchaser-provider split to separate the payer from the provider. This will ensure better control, more professional management, competition between facilities and clinicians, enhanced patient experience and outcomes, and greater accountability.

In addition, we need to urgently address our Human Resources for Health crisis. We need to increase healthcare workforce recruitment and retention, enhance training and education, improve working conditions, and ensure an equitable distribution of clinicians across urban and rural areas to meet our population's health needs more effectively. It is a trav-

Transforming South Africa's Healthcare System



esty of justice that we have hundreds of qualified healthcare workers, in our country, who are unable to work due to bureaucratic processes and legacy thinking. We need to bring all our clinical resources back into practice. Reforms should also include skills development initiatives to ensure improvements in the quality of care and patient safety. A culture of care needs to be built, which humanises the treatment of healthcare workers and creates an enabling environment in the clinical facilities.

An integrated digital platform, which allows comprehensive data collection and analysis and has telemedicine capabilities, is needed to streamline healthcare delivery, drive operational, financial, and clinical transparency, and enhance access to healthcare services, particularly in rural areas.

Furthermore, strengthening primary and community healthcare is essential to shift the focus from treating diseases to preventing them, ultimately reducing the burden on the healthcare system. The provision of home-based care services, using community health workers, should be strengthened to provide ongoing support for patients, especially those with chronic or terminal conditions. Creating incentives for wellness and

healthier behaviours is also crucial to promote a culture of health and well-being within our communities.

Lastly, addressing the social determinants of health and integrating the provision of care with social services could create a more holistic approach to building healthier, robust, and stable communities. Community-based health education, accessible preventive services, maternal and child health programs, school-based screenings, and vaccinations; and support for socioeconomic stability through employment, empowerment, and housing initiatives, may resolve some of the underlying factors that contribute to the persistent health disparities that our people face.

Dr Anuschka Coovadia, Usizo Advisory Solutions

Private sector strengthening

In addition to public sector reform, the private sector also needs to play a critical role in the future of healthcare in South Africa. There are very deep sets of skills, systems and capabilities that exist, which are often world-class; however, the sector has failed to achieve its full potential, as it has systematically been prevented from scaling in size and scope.

Managed competition in the funding sector is necessary to ensure more efficient utilisation and allocation of resources. Easily comparable options, standardised benefits, risk adjustments, incentives for efficiency, greater transparency, and more effective regulation and oversight can fundamentally alter the value proposition of the private healthcare funding market. Regulating provider tariffs, introducing collective bargaining, and reviewing the Prescribed Minimum Benefits (PMBs) and the scheme solvency requirements could improve the sustainability of the system and lead to more South Africans being covered by the insured net. Moreover, the introduction of a low-cost benefit option to the medical scheme sector is a step toward Universal Healthcare (UHC). It will enhance accessibility for underserved populations, under the auspices of an established and well governed system.

The employed uninsured and informal sector are ripe and ready for insured cover, but they need novel products, accessible services, and appropriate models of care to meet their unique healthcare needs. Affordable premiums, consumer-friendly distribution channels, flexible payment options, coverage for occupational hazards, relevant benefits, access to a broad network of healthcare providers without stringent eligibility criteria, simplified enrolment process with minimal documentation; and increased education and awareness could drive uptake among these growing segments of the market. Improving the access, affordability, and quality of health services they consume will have a significant impact on the well-being of the largest segment of our workforce, unlocking great economic and social benefits for our country.

Larger risk pools and fewer centres of administration will also help to develop more stable funding systems and ensure that more cents in a rand are spent on healthcare services,

Good-quality primary healthcare services can quickly be provided, by tapping into the large pharmacy, clinics, and general practitioner networks, which already exist across the country.

rather than duplicative and largely undifferentiated management and administrative structures. Greater governance and alignment of benefits with the principles of UHC are imperative to ensure that all citizens have access to essential healthcare services.

The private provider sector also needs an urgent overhaul. Providers need to move away from their current fee-for-service, fragmented and demand-driven model. A provider regulator agency needs to be rapidly set up to bring oversight and coordination to the largely unwieldy market.

Quality accreditation and monitoring should be expanded to encompass a wide range of healthcare providers, promoting a culture of excellence and accountability. Adherence to predetermined tariffs and clinical pathways needs to be driven to standardise care delivery, improve cost-effectiveness and enhance patient outcomes.

Utilisation of data, analytics and reporting must also become embedded in clinical practice to facilitate evidence-based decision-making and continuous quality improvement.

The development of multidisciplinary practices, which provide ongoing and long-term management for patients with chronic conditions, needs to be progressed as these will optimise healthcare delivery. Better coordination of care, greater continuity, and a balance between the curative and preventative aspects of treatment could shift the needle on the tsunami of non-communicable diseases which we face. Utilisation of clinicians at the highest level of their credentials, supported by lower levels of trained clinical and administrative assistants, could also unlock economic benefits. By fostering collaboration among different healthcare professionals, we can create a more integrated, cost-effective, and patient-centric approach to care.

Intersectoral collaboration

Effective intersectoral collaboration is essential for a comprehensive and sustainable healthcare system. Public-private contracting could facilitate collaboration between the public and private sectors, leveraging the strengths of both to improve healthcare delivery.

Good-quality primary healthcare services can quickly be provided, by tapping into the large pharmacy, clinics, and general practitioner networks, which already exist across

AT A GLANCE

- Public Sector Reform: Focus on efficiency, effectiveness, and patient-centricity to transform the national health system.
- Human Resources Crisis: Increase recruitment, retention, and training of healthcare workers, addressing bureaucratic barriers.
- Digital Integration: Implement an integrated digital platform for data collection, analysis, and telemedicine to enhance healthcare delivery.
- Primary and Community Healthcare: Strengthen services to shift focus from disease treatment to prevention.
- Social Determinants of Health: Integrate healthcare with social services to address underlying health disparities.
- Private Sector Strengthening: Enhance the role of the private sector through managed competition and regulation improvements.
- Intersectoral Collaboration: Foster public-private partnerships to leverage strengths and improve healthcare delivery.
- Depoliticised Management: Advocate for leadership based on expertise and evidence rather than political influence.
- National Health Strategies: Establish a health information exchange, a national quality regulator, and a health technology agency.
- Cultural and Structural Change: Promote a culture of health, accountability, and patient safety through regulatory and cultural reforms.

the country. Additional public-private provider models could be sequentially rolled out to meet the needs of designated patient populations, in more specialised disciplines such as oncology and mental health. A defined referral system, interoperable technological interface, and fair contractual terms and clear lines of accountability are imperative to create a sustainable public-private partnership.

Broader access to a base level of medicines, consumables, equipment, and prosthetics through the state procurement channels may also serve to lower the cost of care, in the private sector. As an example, the existing Central Chronic Medicine Dispensing and Distribution' (CCMDD) program, which distributes and dispenses medicine from a central point for patients with stable chronic conditions, could be extended across both the public and privately funded sectors.

At a national level it is important to rapidly establish:

- A health information exchange, to enable seamless sharing of patient information, which will lead to stronger data analysis, research, and planning; better continuity of care; reduced errors and duplications; and enhanced efficiency, at a systems-level.
- An active and effective national quality regulator, to ensure that high standards of care are maintained across all healthcare facilities, promoting patient safety and satisfaction.
- A health technology agency, which is responsible for a set of evidence-based clinical treatment guidelines and formularies, used across both the public and private sectors.

Incorporating private sector entities into the health education and training system could increase the country's capacity to produce more healthcare workers and it may also help ensure that our future healthcare professionals are equipped with the most current knowledge, experience, and skills, which are necessary to meet the evolving needs of our healthcare system.

Lastly, a very exciting and important area of public-private collaboration is the development of our healthcare research and surveillance capabilities, which can significantly enhance our capacity to find our own solutions, innovate in new technologies and effectively respond to any future health crises our country may face. South Africa has made great contributions to the annals of global health in the past. It is my hope that we will continue to invest in developing our research capabilities, thereby creating opportunities for young South African medical scientists and innovators, while establishing our country as a leader on the global stage.

Did You Know...

Important issues on the table for any healthcare reform efforts

1 South Africa's public healthcare system could function as a de facto national health system if it were more efficient, effective, and patient-centric, despite currently being in dire need of revitalisation.

2 Hundreds of qualified healthcare workers in South Africa can't work due to bureaucratic processes and legacy thinking, highlighting an urgent need for reform to improve healthcare delivery and worker deployment

3 Introducing low-cost benefit options to the medical scheme sector is a strategic step toward Universal Health Care in South Africa, enhancing accessibility for underserved populations under a well-governed system.

Depoliticised management

To ensure the success of these reforms, it is imperative that the healthcare system be depoliticised and run by professionals who are trained in finance, governance, operations, supply chain, human resources, and technology management. By depoliticising the 'operational element' of the healthcare system, decisions can be made based on evidence, best practices, and the needs of the population rather than political considerations.

We need to be led by a new class of individuals, who care deeply about their conduct, the quality of their work and their contribution to our county. They need to perform their duties in a manner which is unbiased and professional, while valuing and respecting diversity amongst their colleagues and peers. Our new leaders need to have the ability to inspire and solve complex problems, while always remaining focused on the health and wellbeing of our citizens. This approach will help correct the culture, improve efficiencies, and drive greater performance from the healthcare sector, as a whole.

It's time to do 'that South African thing' once more. We need to pull a miracle out of a hat, we need to come together... we have to learn to lead again.

Conclusion

In conclusion, the vision for a better healthcare system in South Africa includes comprehensive reforms across public and private sectors, along with effective intersectoral collaboration. By prioritising public sector reform, enhancing primary and community healthcare, embracing digital health innovations, addressing social determinants, and creating wellness incentives, we can develop a more resilient and efficient healthcare system.

Strengthening the private sector through managed competition, regulating provider tariffs, and aligning governance with UHC principles will ensure all citizens have access to high-quality care. Moreover, effective collaboration between public and private sectors, supported by depoliticised management, will enhance the system's sustainability and success.

I firmly believe that with these reforms and collaborative efforts, South Africa can establish a healthcare system that is truly South African – accessible, efficient, and delivering high-quality care to all.

Unfortunately, our healthcare system has become a part of the ongoing electoral campaigning, which is serious threat to the care of the sick. It is time for us to protect the sanctums of our medical services.

We need to stop looking for unrealistic solutions and just go back to the basics of what we know – it is as simple and complicated as that!

HEALTHCARE OUTCOMES

- **Enhanced System Resilience:** Build a robust system capable of adapting to crises, supported by digital health integrations.
- **Quality and Patient-Centric Care:** Focus on humanising care for healthcare workers, standardising care pathways to improve patient outcomes.
- **Addressing Social Determinants:** Integration of healthcare with social services to tackle the root causes of health disparities.

As in our key historical moments – our peaceful transition to a democracy in 1994, hosting the 2010 Soccer World Cup, and our victory in the 2023 Rugby World Cup—it's time to do 'that South African thing' once more. We need to pull a miracle out of a hat, we need to come together, we need to have brave and honest conversations; and above all we have to learn to lead again, as active citizens who hold the 'powers that be' to account, so that the change we need is the change we get.

As a healthcare professional dedicated to the betterment of our healthcare system, I am committed to working towards this vision, speaking truth to power, promoting social justice over self-interest, and contributing to the realisation of a healthier future for all South Africans. Will you join me?

ADVANCING THE VALUE of public sector investments in strengthening South African public healthcare

By Dr Ali Hamdulay
CEO: Metropolitan Health

Private sector investments, partnerships, and generative AI are crucial for sustainable, equitable outcomes.

In the midst of popular NHI discourse in South Africa, a common thread is emerging, one that prioritises the wellbeing of a productive and engaged workforce. The key consideration is not only pivotal for the health of our population, but also holds significant implications for the broader South African economy.

By prioritising primary care, preventive measures, innovation and financial risk protection, some developing countries have already made significant strides towards reducing health disparities and improving population health. This underscores the critical role of collaborative efforts in achieving healthcare equity and sustainability.

The synergy between private-public partnerships, in the context of universal healthcare and healthcare delivery, can provide these much-needed, best-of-breed solutions to the challenges that developing countries grapple with, including limited resources and inadequate infrastructure.

Developing countries are complex and multi-faceted, yet through collaboration they often harness the innovation that is needed to address the challenges they face. We saw this in our own country during the COVID-19 pandemic, when public-private partnerships worked hand in hand to enable widespread testing and treatment. The importance of such collaboration, and what it can offer at scale, should never be overlooked. It is through this innovation and collaboration that the true vision of universal healthcare can be realised."

A key aspect of healthcare transformation will be achieved through the evolving nature and potential vested in generative artificial intelligence (AI). The 2024 World Economic Forum hosted in Davos in January placed considerable focus on the impact that AI will have in healthcare, and the benefits of leveraging AI to enhance healthcare delivery and outcomes in complex countries like South Africa.

Generative AI represents a paradigm shift in healthcare, offering huge opportunities for diagnosis, treatment and patient care. However, the potential of generative AI – extending beyond clinical practice to health system management – enables more effective member engagement, holistic wellbeing, efficient resource allocation and strategic planning.

It is imperative that policymakers, healthcare providers and technology innovators work alongside one another to seize the opportunity to realise the promise of accessible,

affordable and quality healthcare outcomes for all.

At Momentum Health Solutions, we have already witnessed the positive impact of AI on our members' overall health profiles, paving the way for enhanced wellness support and administrative efficiencies. Looking forward, we can see how generative AI will continue to improve efficiencies in administration and access to information through electronic health records that are more readily available than ever before.

Virtual healthcare will continue to grow, as it continues to offer greater access to healthcare services through our digital channels and devices. We have adopted various elements of AI across our business to maximise efficiencies and healthcare outcomes for our members, and we are excited to watch how the disruptive potential of AI will continue to enhance and pave the way to a more equitable and healthier future.

Current health systems are largely structured around the management of illness and related provision of access to healthcare, yet we've also seen various trends emerging that support a greater focus on proactive healthcare approaches and preventative care, as well as increased awareness of mental health. A pleasing and important trend to note is that overall wellness has become a clear focus for South Africans, demonstrating a positive uptick in people taking responsibility for their health, from a physical as well as a mental perspective.

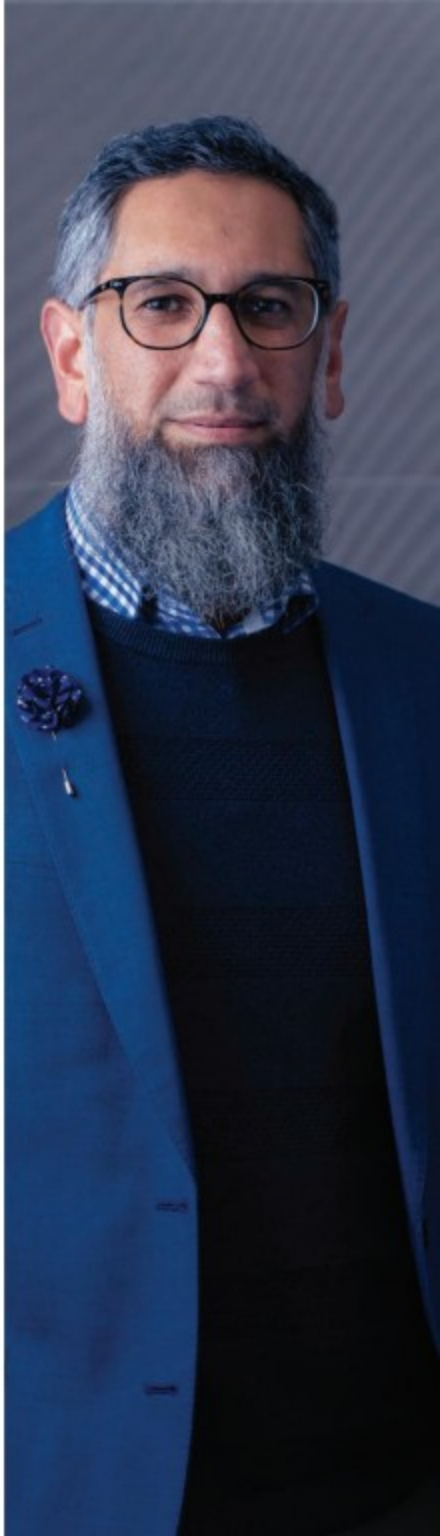
We saw this trend clearly in member interaction with our incentivised wellness programme, Multiply. Member behaviour reflected that there is a need for incentivised programmes that both advise and encourage individuals to maintain healthy lifestyles, while improving their overall wellbeing.

We believe that this much-needed focus on improving a state of health and wellness will not only alleviate the sickness burden on the proposed NHI system, but will also provide further opportunity for partnership with the private sector where these programmes exist and are already running successfully.

It is clear that South Africa's healthcare users and sector can benefit from the commitment by sector players to building a system that can deliver quality care to all. We also need a healthcare system that enables the economy by prioritising the overall health of its people.

A robust data-capturing and administration system is paramount in realising the vision of universal healthcare. This sets the scene for public-private partnership opportunities, where the skills and expertise that already exist within the private healthcare industry can be leveraged to the benefit of administering healthcare provision at scale. Through collaboration and innovation, the nation can forge a path towards a healthier, more equitable future. ■

Dr Ali Hamdulay,
CEO, Metropolitan Health



SHARED RESPONSIBILITY

The imperative of health systems strengthening for sustainable healthcare

Sustainable private healthcare in South Africa requires comprehensive coverage for catastrophic health costs with minimal out-of-pocket expenses and measures to ensure healthcare costs do not exceed household incomes.

By Dr Nivisha Parag
MBChB, MMed, FCEM(SA), CertCritCare(SA), MBA

Sustainable private healthcare markets depend on two essential features: first, the coverage of catastrophic healthcare expenses must be comprehensive – with no or limited out-of-pocket (OOP) payments; second, the underlying cost of healthcare goods and services must not increase faster than household incomes.

In an era marked by unprecedented health challenges, the call for robust, sustainable healthcare systems has never been more urgent. The COVID-19 pandemic laid bare the long prevalent vulnerabilities of healthcare systems worldwide, highlighting the critical need for comprehensive reforms and strengthened infrastructure.

In the South African context, the journey towards implementing the National Health Insurance scheme navigates a liminal space, with transition characterised by a state of ambiguity and uncertainty as the country endeavours to strengthen its health system. While this represents a significant shift towards universal healthcare coverage, aiming to address disparities in access and quality of healthcare services, amidst this transition existing healthcare structures are intersecting with envisioned reforms. Challenges such as resource allocation, infrastructure development and workforce capacity present themselves as often insurmountable hurdles to overcome. This liminality embodies both the potential for transformative change and the complexities of navigating a transition towards a more equitable healthcare system, and we must leverage opportunities for innovation, collaboration and inclusive decision-making to realise the vision of a better health system.

Let us delve into the concept of shared responsibility in healthcare and

Dr Nivisha Parag, MBChB, MMed, FCEM(SA), CertCritCare(SA), MBA

underscore the imperative of Health Systems Strengthening (HSS) for a healthier, more resilient future.

Understanding shared responsibility in healthcare

At its core, shared responsibility in healthcare entails collaboration and accountability among various stakeholders, including governments, healthcare providers, policymakers, communities and individuals. It emphasises the collective effort required to address health inequities, improve access to quality care and achieve better health outcomes for all.

In today's interconnected world, health challenges transcend borders, making collaboration essential. No single entity can tackle complex health issues alone. Instead, a coordinated approach that leverages the strengths of diverse stakeholders is imperative. Shared responsibility encourages synergy, innovation and resource optimisation to maximise the impact of healthcare interventions. In the context of HSS, the existing structures, processes and paradigms are challenged, giving rise to generous opportunities for innovation, adaptation and improvement.

The role of HSS

Central to the concept of shared responsibility is the notion of HSS. HSS focuses on enhancing the six traditional building blocks of a healthcare system: governance, financing, health workforce, service delivery, information systems, and medical products, vaccines and technologies. By bolstering these pillars, countries can effectively modify their healthcare systems.

Governance lays the foundation for effective healthcare delivery, ensuring accountability, transparency and stakeholder engagement. Strong governance structures foster trust and enable strategic decision-making to address emerging health challenges proactively.

Financing plays a pivotal role in ensuring Universal Health Coverage and financial protection for all individuals. Adequate funding, coupled with innovative financing mechanisms, enables equitable access to healthcare services without imposing catastrophic financial burdens on households.

The health workforce serves as the backbone of healthcare delivery, driving quality and patient-centred care. Investments in recruitment, training, retention and professional development are essential to address workforce shortages and enhance healthcare capacity.

Service delivery encompasses the provision of comprehensive, integrated healthcare services tailored to meet the diverse needs of populations. Strengthening primary healthcare systems, expanding access to essential services and promoting community-based care are key strategies to improve health outcomes and reduce disparities.

Information systems enable data-driven decision-making, facilitating the timely collection, analysis and dissemination of health information. Investing in digital health infrastructure and interoperable systems enhances surveillance, monitoring, and surge and response capabilities.

Access to quality medical products, vaccines and technologies is critical for effective disease prevention, diagnosis and treatment. Ensuring reliable supply chains, promoting innovation and addressing barriers to access enhance the availability and affordability of essential health commodities.

Ambiguity amidst reform creates a fertile ground for reevaluation and reimagining of existing practices and systems.

Sustainable healthcare through collaboration

Achieving sustainable healthcare requires a holistic approach that transcends traditional silos and fosters collaboration across sectors and disciplines. This collaborative ethos is essential to promote inclusivity, accountability and shared ownership of HSS efforts.

Governments play a central role in setting policies, mobilising resources and fostering multisectoral partnerships to advance public health goals. By prioritising health in national agendas and investing in HSS, governments can improve population health outcomes and promote social and economic development.

International organisations provide technical expertise, financial assistance and coordination support to strengthen health systems globally. Entities such as the Global Fund, Gavi, the Vaccine Alliance and the World Health Organization (WHO) play pivotal roles in accelerating progress towards health-related Sustainable Development Goals and countries are urged to leverage the opportunities these entities may provide.

Civil society organisations, including non-governmental organisations, community-based organisations and advocacy groups, advocate for the rights and needs of marginalised populations and hold governments and other stakeholders accountable for their commitments to health equity.

Academic institutions contribute to evidence generation, capacity building and knowledge exchange to inform policymaking and programmatic interventions. Research and innovation drive progress in healthcare delivery, enabling the development of new technologies, therapies and approaches to address evolving health challenges.

The private sector, including pharmaceutical companies, medical device manufacturers and healthcare providers, brings innovation, investment and expertise to the table. Public-private partnerships can leverage the strengths of both sectors to accelerate the development and delivery of essential health services and products.

Overcoming challenges and seizing opportunities

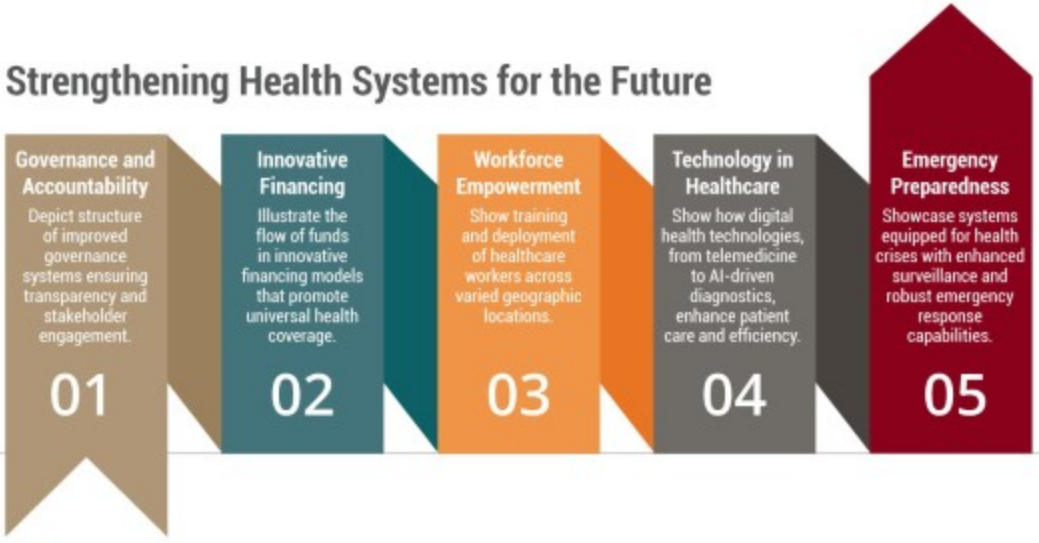
While the imperative of HSS is clear, significant challenges must be addressed to realise its full potential. These include limited funding, workforce shortages, inadequate infrastructure, fragmented governance and inequitable access to healthcare services. Addressing these challenges requires political will, sustained investment and multisectoral collaboration.

International cooperation and solidarity are essential to address global health threats and promote health equity. Enhanced collaboration between countries, regions and international organisations can improve information sharing, resource mobilisation and collective action to tackle shared health challenges.

Innovative approaches, such as digital health technologies, telemedicine and community health worker programmes, hold promise for expanding access to healthcare services, particularly in remote and underserved areas. By harnessing the power of innovation and technology, countries can overcome geographical barriers and improve health outcomes for vulnerable populations.

KEY COMPONENTS OF HEALTH SYSTEMS STRENGTHENING (HSS)

- **Governance Enhancement:** Improve accountability and strategic decision-making in healthcare delivery.
- **Financing Mechanisms:** Innovate financing to ensure equitable access and financial protection.
- **Health Workforce Development:** Focus on expanding and equipping the healthcare workforce.
- **Service Delivery Improvement:** Enhance primary care and integrate advanced technologies for better outcomes.



The ambiguity amidst reform creates a fertile ground for reevaluation and reimagining of existing practices and systems. The discomfort as old models are challenged might lead to resistance, but can also serve as a catalyst for change, prompting innovation. Healthcare providers, policymakers and communities may test new models of healthcare delivery, pilot technologies or implement novel approaches to address health disparities. This spirit of experimentation fosters much-needed learning and adaptation, paving the way for more effective healthcare systems.

Embracing the next generation of healthcare for HSS

- **Digital health transformation:** The advent of digital health technologies is forever changing healthcare service delivery, providing unprecedented opportunities to improve access, efficiency and patient outcomes. Telemedicine, remote monitoring, electronic health records and mobile health applications are transforming how healthcare services are accessed and delivered, particularly in remote and underserved areas. Embracing digital health solutions can enhance the resilience and responsiveness of healthcare systems, enabling more personalised, integrated care and empowering individuals to take charge of their health.
- **Precision medicine and personalised healthcare:** Advances in genomics, bioinformatics and data analytics are paving the way for precision medicine – an approach that tailors medical treatment and interventions to individual characteristics, including genetic makeup, lifestyle and environmental factors. By leveraging genetic and molecular insights, healthcare providers can optimise treatment efficacy, minimise adverse effects and improve patient outcomes. Embracing personalised healthcare not only enhances clinical decision-making but also promotes preventive strategies and fosters a deeper understanding of disease mechanisms.
- **Health equity and social determinants of health:** Beyond traditional medical interventions, addressing factors such as education, income, housing and access to nutritious food is critical for promoting population health and reducing disparities. Embracing a, community-centred approach to healthcare recognises the interconnectedness of social, economic and environmental factors and its importance for addressing root causes of health inequities.

- **Climate change and environmental health:** The impact of climate change on public health is evident, with rising temperatures, extreme weather events and environmental degradation posing significant threats to human health. Embracing a sustainable healthcare model involves integrating climate change mitigation and adaptation strategies into healthcare planning and delivery. From reducing carbon emissions and promoting clean energy to addressing air and water pollution, healthcare systems play a vital role in safeguarding environmental health and mitigating the impacts of climate change on vulnerable populations.

- **Resilience and preparedness for health emergencies:** The COVID-19 pandemic underscored the importance of resilience and preparedness in healthcare systems to effectively respond to health emergencies. Embracing a proactive approach to disaster preparedness involves strengthening surveillance systems, stockpiling essential medical supplies and enhancing healthcare capacity to handle surges in demand. Investing in research, training and infrastructure to address emerging infectious diseases and other health threats is essential for safeguarding public health and ensuring timely and effective responses to future crises.

By harnessing the power of each of the above, we can build resilient, people-centred healthcare systems that meet the evolving needs of populations worldwide.

A call to action

As we navigate the complexities of this era, shared responsibility and HHS are essential for building a healthier, more resilient world. Embracing collaboration, innovation, and equity allows us to overcome challenges and seize opportunities for sustainable healthcare. Together, we can develop robust, inclusive systems that ensure a healthier future for all.

Navigating the liminal space in HSS demands vision, courage, and agility. It calls for bold leadership that embraces uncertainty and drives innovation. This requires challenging the status quo, confronting vested interests, and prioritising the needs of underserved populations, with a commitment to collaboration, transparency, and accountability that ensures diverse voices are heard and valued.

Healthcare stakeholders are positioned to transcend traditional boundaries, bridge divides, and co-create a future where health is a fundamental human right for everyone. By embracing challenges and possibilities, we can catalyse a transformative shift toward more resilient, equitable, and sustainable healthcare systems that meet the evolving needs of populations worldwide.

Now is a critical time to reflect on past successes and failures, identify improvement areas, and envision a more resilient and patient-centered future. Such introspection will propel health system evolution.

As Africa leads the next generation of healthcare, the rhythm of progress resonates across the continent. From digital innovations to personalised medicine and from health equity initiatives to climate resilience efforts, Africa's healthcare future is a beacon of hope and possibility. ■

THE CALL TO ACTION

- **Shared Responsibility** Collaboration, innovation, and equity to overcome challenges and enhance healthcare sustainability.
- **Bold Leadership:** Embrace change, champion innovation, and prioritise the underserved, driving healthcare transformation.
- **Unified Approach:** Advocate for transcending traditional boundaries to build healthcare systems that are resilient, equitable, and accessible to all.

In the spirit of Ubuntu, Africa's healthcare future is a beacon of unity and inclusivity, so may the journey be filled with joy and boundless potential!

LESSONS FROM BOTSWANA

Strategic purchasing and health systems resilience

Dr Lorato Mangadi, Head of Operations: BPOMAS

Strategic purchasing in Botswana's healthcare system is pivotal for enhancing health systems resilience, improving efficiency and equity, and ensuring sustainable health financing in response to medical inflation and service demands.

With the ever-increasing medical inflation and service utilisation, the need for healthcare will always outstrip available funding, be it at government level or at levels of other health financing entities such as medical schemes. Purchasing of healthcare services therefore requires continuous research on ways to optimally and equitably utilise budgeted health funds.

In the general sense, healthcare service purchasing refers to how institutions controlling pooled health funds, e.g. ministries or departments of health, medical schemes, health insurance companies or any other health financing or funding entities, allocate such funds to healthcare providers for services rendered to healthcare service consumers.

Traditionally, large healthcare purchasing entities are known to be passive purchasers in the sense that they have little influence on the quality of service provided to consumers as well as healthcare provider performance in providing such services. In this article, emphasis is placed on strategic purchasing by medical schemes for services rendered to their members in the private healthcare system.

Strategic healthcare purchasing is a critical function of health financing, which enhances optimal attainment of health system goals through efficient use of financial resources. Purchasing of healthcare services is considered to be strategic when healthcare purchasers influence service provision and the efficiency of providing such service. In a medical scheme setting, strategic purchasing reforms typically involve improving the ways schemes make decisions about the interventions they cover, the providers they contract with and the reimbursement methods they follow in order to improve access, equity, efficiency and quality of care, as well as financial protection of members and sustainability of the fund.

Benefits of strategic purchasing

The key goal of strategic purchasing at a scheme level is to get more value out of the money spent on healthcare services, i.e. to stretch member benefits as far as possible in any one financial year. Making purchasing more strategic is integral to long-term sustainability of a medical scheme. It can serve as a lever for:

- Improving access to healthcare services
- Improving affordability of healthcare services
- Reducing fraud, waste and abuse of benefits

- Aligning incentives to improve service delivery and to drive the quality of service rendered to members
- Reducing out-of-pocket payments by members
- Enabling schemes to improve benefits and to achieve effective coverage.

In a market like Botswana, where prices of private healthcare services are not yet regulated, it is pivotal for schemes to explore ways and means of curbing health inflation and health service costs, particularly the supplier-induced demand-related costs.

Dr Lorato Mangadi, Head of Operations: BPOMAS

Strategic funding of healthcare services, which can also be viewed as strategic purchasing by schemes on behalf of their members, is deemed one of the critical ways to manage and influence healthcare costs, bearing in mind that no scheme can afford unlimited funding of benefits.

Reforms aimed at moving more towards strategic purchasing are often characterised by adding new purchasing mechanisms to existing ones. These additional mechanisms may include implementation of Designated Service Provider (DSP) networks, either at scheme level, health plan level, benefit level or health programme level. Strategic purchasing may also be achieved through alternative reimbursement models, e.g. capitation arrangemnets, global fixed fees, bundled payments etc., as opposed to the traditional fee-for-service model of paying for healthcare services. Coordination of care and value-based care models are also strategic purchasing approaches that can be pursued by schemes.

Making purchasing more strategic is a process. The design and implementation of such reforms should be well thought out and take into consideration the potential impact on all stakeholders. To that end, schemes should engage with their stakeholders when considering changes to their purchasing and reimbursement approaches in order to minimise pushback.

IN A NUTSHELL: STRATEGIC PURCHASING IN HEALTHCARE

- **Definition & Importance:** Strategic purchasing refers to the careful allocation of pooled health funds to improve efficiency, equity, and quality in healthcare delivery.
- **Goals for Medical Schemes:** Enhance access and affordability of services, reduce fraud, waste, and abuse, and improve service delivery quality.
- **Approaches Used:** Incorporation of designated service provider networks, alternative reimbursement models like capitation, and value-based care models.
- **Long-term Benefits:** Strategic purchasing drives long-term sustainability and effectiveness of medical schemes by ensuring better use of financial resources.

The connection between strategic purchasing and health systems resilience!

The World Health Organization refers to health systems resilience as the ability of health systems not only to prepare for shocks, but also to minimise the negative consequences of such disruptions, recover as quickly as possible and adapt by learning lessons from the experience to become better performing and more prepared. During a crisis, a resilient health system can effectively adapt and respond to dynamic situations, recovering from and absorbing shocks while maintaining its core functions and service to its customers and stakeholders.

Strategic purchasing is a frequently proposed approach for improving the efficiency and adaptiveness of health systems, and ultimately their resilience. Improvement of healthcare systems resilience calls for a multidisciplinary approach. Governments need to engage all stakeholders, both public and private, while medical schemes need to engage with both members and healthcare providers. It is therefore to be expected that not all stakeholders will buy into the concept, particularly those providers who might see the approach as divisive and limiting to their earning potential.

The COVID-19 pandemic shocked Botswana's health systems, both public and private, testing their adaptability and resilience to such a disruptive event. Medical schemes, which had traditionally been passive purchasers, were equally shocked by the pandemic and ill prepared for such a crisis. While the schemes attempted to respond to the pandemic, some of the approaches and interventions deployed were later found to be detrimental to the short-term sustainability of those schemes and the residual impact of such interventions are still felt today.

Post-pandemic, Botswana's medical schemes are moving more towards strategic purchasing of healthcare services on behalf of their members.

The Botswana Public Officers Medical Aid Scheme (BPOMAS), for instance, has intentionally embraced the strategic purchasing concept with the main goal being to build a highly adaptable, resilient and sustainable fund that will give value to its members in the short, medium and long term. In its new strategic plan, BPOMAS introduces DSP networks for selected benefits (e.g. chronic medicines, maternity benefits, orthopaedic surgeries, wellness benefits and oncology benefits) along with health programmes such as disease management programmes.

In conclusion, strategic purchasing is critical to health financing and has the potential to improve resilience of health systems. Resource constraints in health systems require a shift from passive to strategic purchasing. Learning from the COVID-19 pandemic, collaboration for strategic purchasing is necessary for public and private health systems and health financing entities, to build resilient and adaptive systems and entities that will be better prepared for the next pandemic. ■

HEALTH SYSTEMS RESILIENCE

- **Resilience Defined:** The ability of health systems to adapt to and recover from shocks while maintaining core functions and service quality.
- **Strategic Purchasing's Role:** A key strategy to increase the adaptiveness and efficiency of health systems, enhancing their resilience.
- **Post-Pandemic Adaptations:** After COVID-19, schemes like BPOMAS are shifting towards strategic purchasing to build adaptable, resilient systems.
- **Collaborative Efforts:** Collaboration with stakeholders is vital for effective strategic purchasing and resilience building.
- **Future Preparedness:** Strategic purchasing is essential for preparing health systems for future crises and ensuring sustainable health financing.

Sitselo Semphilo Ezulwini Private Hospital

PETER SIMELANE, Chief Executive Officer: SwaziMed

His Majesty King Mswati III opened the first private hospital in the kingdom and named it Sitselo Semphilo Ezulwini Private Hospital. He not only named the hospital but set a vision for it. In our culture a name becomes the north star of its bearer and a guide on how they should live life. Thus, our vision is to live up to the name and be indeed Sitselo Semphilo (meaning 'The bearer of life').

"It is evident that this country has reached first world status. It's good that when you walk into a hospital, you have the hope that you will indeed recover from the ailment, as opposed to doubting whether you will come out alive," he said. His Majesty also said some of the medical equipment that stole his heart includes CT scanners, Magnetic Resonance Imaging (MRI) equipment and episode microscopes. He later said that it was when he saw such equipment it dawned on him that we have arrived at first world status.

Indeed, this hospital is to be the bearer of life. This is the first private hospital referral healthcare institution in the kingdom, wholly owned by Eswatini Medical Aid Fund (Swazimed).

With a set-up cost of E400 million, including the state-of-the-art infrastructure with world-class medical equipment, "The hospital was built with the patient in mind and in accordance with international standards using the provisions of a popular regulation called R158 as a guide in its design," said Swazimed PO, Peter Simelane.

But why was the hospital needed?

Swazimed, looking at the need for efficiency in the healthcare of emaSwati, has assisted in developing private hospitals to complement government hospitals. However, the available private hospitals haven't yet become fully established in terms of delivering specialised service and, as Swazimed, we are still forced to transfer our patients to South Africa to see specialists. Most private hospitals only have general practitioners (GPs), who have limitations. According to medical laws and ethics, a GP can only monitor the recovery process for a few days, make an assessment and refer the client to a specialist. This is why we have to transfer patients to South Africa to see specialists.

To fill the gap, Swazimed decided to build this leading hospital with the much-needed equipment. This top-class service will be coupled with resident specialists. In cases where outside specialists are needed, they will be invited to practise in the hospital. This will help to cut transfer costs and enable members to get timely and efficient service.

A Special Thank You

We would like to thank Swazimed members for trusting us with their excess money, which we used to invest in building this hospital. We also appreciate the construction company for doing a great job of transforming our architectural plans and designs with precision. Our appreciation goes to suppliers, healthcare and board. Mostly, we would like to thank government and Business Eswatini (formerly the Federation of Eswatini Employees) for being key players in Swazimed, and the companies that subscribe to Swazimed.

The hospital allows for specialists in all conditions, except cancer specialists. But the hospital is still to expand, and cancer specialists will be needed. The hospital gives a chance to emaSwati who are medical experts to practise locally and not be forced to render their services to neighboring countries.

The hospital, to date, has created over 1000 jobs. This adds lustre to Swazimed 's proven track record of supporting efforts to create a sustainable and resilient health economy in Eswatini.

"We support the private and public sectors to make better use of our resources and to prioritise more comprehensive and choice care for emaSwati. With a world-class facility like Ezulwini Private Hospital, the healthcare sector will no doubt will become stronger, more efficient and better equipped to respond to the different healthcare needs of emaSwati," said the then Minister of Health, Lizzie Nkosi.

GEMS CHRONICLES

Tracing the past, embracing the present and envisioning the future

DR STANLEY MOLOABI, Principal Officer: GEMS

Since the registration of the Government Employees Medical Scheme (GEMS) in 2005, it has grown from strength to strength to become the largest restricted medical scheme in South Africa and the second-largest overall in the country.

We take great pride in having achieved this growth, not only because it is a demonstration that we are fulfilling the GEMS mandate to provide all members with equitable access to affordable and comprehensive healthcare – but because over 2.2 million South African lives are covered for their healthcare needs when they need it most.

This is also a fitting time to both reflect on and consider the future in the context of moving beyond the liminal and embracing the next-generation model of healthcare.

The journey begins

In November 2004, Cabinet approved the establishment of GEMS, and on 1 January 2005 the scheme was registered. We received our first application on the 1 December 2005 – and so the journey began.

GEMS has grown to cover over 2.2 million lives since 2005, exemplifying its commitment to universal healthcare and innovation in South Africa's healthcare sector.

Since those early days, the scheme has accumulated a wealth of resources and expertise that continue to drive the organisation to sustainability and continued improvement. Some of our key achievements to date include but are not limited to:

- A growing membership, which now stands at over 840 000 principal members and more than 2.2 million beneficiaries.
- The improved financial sustainability we have seen over the last five-year period. We grew our reserve ratio from 15.2% in 2017 to 49.0% in 2022, and in the same year achieved a 17th unqualified audit.
- The introduction of our Tanzanite One Option and Emerald Value Option that enable us to realise our commitment to universal healthcare (UHC) and its principles.
- Standardising prevention and primary healthcare benefits across all options.

Our growth and progress are further evident when considering the numerous awards of recognition we have received over the years, with one of the most prominent being the prestigious Board of Healthcare Funders' Titanium Award for advancing healthcare access in South Africa in 2022.

Navigating a present in flux

GEMS operates in a complex, highly regulated and competitive environment. At the macro level, South Africa faces significant socio-economic challenges in the form of high levels of

inequality, unemployment, potential or the threat of social upheaval due to poverty and inequality, which all put pressure on the economy that ultimately impacts the national healthcare budget allocations. Rising healthcare inflation against the backdrop of stagnant economic growth also puts pressures on families and calls for innovative product offerings.

We have continued to grow, expanding health coverage to most public sector employees despite tough economic times. We tirelessly address health inequities to rectify systemic prejudices and contribute to our transformational agenda. Over the past 17 years, we've evolved, introducing systemic reforms to enhance the scheme's cost efficiency and value, while always keeping a sharp eye on the quality of service delivery offered to our members and beneficiaries. But most importantly, we have put our members at the centre of everything we do and this has yielded positive outcomes.

We have not been shy in expressing our support for the principles of UHC and the NHI is the vehicle that will achieve this. Our focus is to demonstrate our capability and support for the NHI by building effective systems and strong strategic relationships with key stakeholders to deliver on GEMS' mandate. We also continue to focus on being an efficient healthcare funder and demonstrating GEMS' sense of corporate citizenship responsibility.

After the tipping point, looking to the future

The future of healthcare is top of mind for our scheme. Amidst national policy reforms and the increasing burden of non-communicable disease, adopting new technologies while under sustained financial pressure is the biggest challenge healthcare executives face. (www.deloitte.com)

This complexity is compounded when one considers a South African landscape that is neither ripe nor ready for these technologies and the wide digital divide. Nonetheless, we look to the future with prudent optimism. We have seen, for example, the power of preventative screening with the use of technology at various member engagements. Here, technology and healthcare have converged to empower and educate members to make small lifestyle choice changes to realise improved long-term health outcomes.

Access and affordability remain barriers that we must traverse when implementing AI technologies that our global counterparts are already applying in the healthcare space.

I feel upbeat about the journey ahead and the contribution GEMS can make towards achieving UHC. This is a collaborative and evolving undertaking where no one should be left behind – our future is shared and is a collective responsibility to which we at GEMS are committed. ■

Dr Stanley Maloabi, Principal Officer: GEMS

Shaping the path of healthcare in Zimbabwe

VULINDLELA LESTER NDLOVU, CEO, CIMAS

Cimas, Zimbabwe's largest private medical aid funder, has significantly expanded its healthcare services and collaborations, enhancing access and integrating care to improve health outcomes nationally.

Cimas, the largest private medical aid funder in Zimbabwe, was established in 1945 primarily for employees of private sector companies. The organisation's mission is to foster healthier communities through global-standard health and wellness solutions. It began offering healthcare services in 1985 with the acquisition of medical laboratories in Harare. In 1999, recognising a service gap, Cimas opened Harare's first private dialysis center, which provided critical services to both its members and the public. This was followed by the opening of the Milton Park primary care clinic in 2005, created in response to healthcare providers rejecting the medical aid card and the need to offer more options for members.

These steps marked Cimas' evolution from merely funding into full-fledged healthcare provision, pursuing an integrated healthcare model. As it continues to evolve and shape the future of healthcare in Zimbabwe, Cimas now offers a broad range of services, including dispensing and distribution of medicines, primary healthcare, mental health and wellness, diagnostics, ambulance services, optometry, dental, imaging, dialysis, and disease management. The group recently expanded its operations with the acquisition of Avenues Hospital and 35 Five Avenues Hospital.

Cimas Health Group CEO, Vulindlela Ndlovu, highlighted that Cimas has transitioned from simply managing medical aid contributions and claims to actively participating in the healthcare sector. "We are a mutual society that pools contributions with the goal of assisting in financing, wholly or in part, for our members when needed. Our strong brand and comprehensive services have made Cimas a preferred brand for individuals, families, and corporations," he stated. This expansion and integration have positioned Cimas to excel and align with global standards, enhancing the health and wellness of its members and the wider Zimbabwean population.

The cost of hospitalisation is one of the key drivers of healthcare costs globally. To this end, Cimas' acquisition of a 60% stake in Avenues Hospital represents a significant step in improving healthcare access for its members and the broader Zimbabwean community.

Ndlovu added that this move, aimed at providing top-tier medical care, involves upgrading the facility to a modern hospital equipped with state-of-the-art technology. This acquisition aligns with Cimas' commitment to integrating healthcare services and delivering value-based care. He also underscored Cimas' nationwide expansion of healthcare services, covering over 250,000 lives and employing over 1,000 people, reinforcing its position as a leader in the medical aid industry for nearly eight decades. The company's primary care facilities across the country annually serve around 400,000 individuals, offering affordable medicines and dental care.

Vulindlela Lester Ndlovu, CEO, Cimas

Collaborating with Government

Cimas has a longstanding partnership with the Zimbabwean government, working closely with the Ministry of Health and Child Care to enhance national health outcomes through various sponsorships, donations, and collaborative projects. This collaboration focuses on bolstering government efforts to elevate healthcare services and engage the community in health education and preventative care initiatives. Ndlovu pointed out Cimas' role in reducing the strain on public health systems by improving service delivery and filling critical healthcare gaps, notably during significant health crises like COVID-19 and the ongoing cholera outbreak. This partnership has played a vital role in improving access to quality healthcare and supporting infrastructure development across Zimbabwe.

Cimas is advancing integrated healthcare in Zimbabwe, extending coverage and enhancing health outcomes by implementing global health standards, as emphasised by Ndlovu. This shift towards integrated care supports broader access beyond public sector capabilities. Additionally, Cimas has adopted the International Consortium for Health Outcomes Measurement (ICHOM) standards and is making significant improvements in treating diabetes and hypertension. "We have joined hands with Nordic Healthcare Group, an ICHOM implementation partner based in Finland. Through the implementation of ICHOM, Cimas is enhancing clinical efficacy and patient focus and monitoring outcomes and costs. This enables clinic-level benchmarking, continuous improvement, and, potentially, international benchmarking in the future."

Ndlovu stressed Cimas' commitment to value-based healthcare, which is crucial for the national development of Zimbabwe's healthcare sector, setting a precedent for improved delivery and utilising data-driven insights and international partnerships to drive significant healthcare improvements. He also emphasised Cimas' commitment to transparency and continuous improvement, which positions it as a key influencer in Zimbabwe's healthcare trajectory. Cimas uses outcome measures and data visualisation tools to enhance management systems, patient interactions, and research capabilities. By resolving issues like fragmented digital systems and enhancing external collaborations, Cimas is improving health outcomes.

"During the spring of 2023, our data team worked on identifying inaccurate and missing data, with our clinical team participating in the data validation process. We were also able to collect patient-reported outcomes from our patients, with a response rate of over 80%." The diabetes visualisation dashboard has been validated and is now in use. Outcomes and costs are being benchmarked at the patient, clinician, and hospital levels. The ambition is to move towards national and international benchmarking shortly.

As the future of healthcare continues to evolve, Cimas is shaping the future of integrated health systems in Zimbabwe by fostering increased coordinated seamless care in its healthcare ecosystem. ■

QURO MEDICAL

Transforming healthcare delivery through patient-centric innovation

ZIKHO PALI, Chief Operating Officer, Quro Medical

We invite you to join us on this journey toward a patient-centric future, where innovation knows no bounds and healthcare truly becomes transformative.

In today's dynamic healthcare landscape, the shift towards patient-centric care has catalysed groundbreaking innovations. Spearheaded by Quro Medical's visionary leadership, and guided by CEO Dr Vuyane Mhlomi, the team is dedicated to reinventing traditional healthcare and pioneering solutions that bridge the gap between hospital and home healthcare, thus radically improving patient outcomes and accessibility.

The need for change in the healthcare industry is pressing, grappling with escalating medical expenses and pressures to curtail costs while maintaining quality and patient satisfaction. With hospital stays costing over R42,000 on average, and increasing due to factors like ageing populations and more non-communicable diseases, the financial and resource strain is significant. Hospitalisation not only incurs high costs but also leads to adverse clinical outcomes such as delirium in elderly patients, loss of functional status, and hospital-acquired conditions. Consequently, there is a major shift towards home healthcare delivery, addressing the unsustainable cost pressures and risks like antibiotic-resistant infections, thus relieving the burden on overtaxed hospital systems.

Systemic value through patient-centricity

Quro Medical stands out as a beacon of innovation amid significant transformations in the healthcare industry, offering virtual hospitals that present significant advantages over traditional facilities, such as increased bed capacity, enhanced patient satisfaction, and cost savings. Emphasising a patient-centric approach, Quro Medical is reshaping healthcare delivery

by prioritising patient empowerment and accessibility, which enhances care quality and strengthens patient and caregiver engagement, leading to better clinical outcomes and lower costs and readmission rates.

Quro Medical offers Africa's first technology-enabled Hospital-at-Home (HaH) solution, seamlessly integrating in-home clinical care with advanced remote patient monitoring technologies. This allows patients to receive hospital-level care in their own homes. "Our model works simply," explains Dr Mhlomi. "When referred to our HaH solution, patients get monitoring devices that transmit health data automatically to our 24/7 clinical command centre. This real-time data allows for immediate treatment adjustments and early intervention through our extensive EMS network." Quro Medical's comprehensive management of home healthcare – from pre-authorisation to daily virtual consultations and in-person visits – enhances patient care, speeds recovery, and supports sustainable healthcare delivery.

Driving efficiency through innovation

Through intuitive interfaces, personalised insights, virtual ward rounds, and seamless connectivity with a 24-hour clinical command centre, Quro Medical facilitates a shift from traditional care models to dynamic engagement in one's health journey.

The Hospital-at-Home (HaH) solution enhances efficiency by automating clinical tasks like note-taking, freeing up the multidisciplinary team to focus on providing high-quality, tailored care. This integration with existing healthcare infrastructure ensures smooth transitions and improved interoperability, optimising workflows and enhancing patient care.

Navigating regulatory challenges

In navigating the intricate regulatory landscape of healthcare, Quro Medical remains steadfast in its commitment to compliance and ethical practices. The organisation adheres strictly to the POPI Act, diligently obtaining patient consent to safeguard medical data and employing advanced encryption for security. By proactively engaging with regulatory bodies and keeping abreast of evolving compliance requirements, the organisation demonstrates its commitment to transparency and accountability.

Expanding access to healthcare

Quro Medical's vision to expand access to healthcare extends beyond technological innovation to strategic partnerships and collaborations. By forging alliances with medical aid providers and healthcare institutions, Quro Medical aims to democratise access to its services, ensuring that patients from all walks of life can benefit from its transformative solutions.

A vision for the future

As the healthcare landscape undergoes continual transformation, Quro Medical stands resolute at the forefront of innovation, driving positive change and shaping the future of healthcare in Africa. With an unwavering commitment to evidence-based patient-centric care and technological advancement, Quro Medical is not merely disrupting the status quo but redefining the boundaries of what's possible in healthcare delivery. By harnessing the power of innovation, the best of its people, collaboration and compassion, Quro Medical envisions a future where premium healthcare is accessible to all, irrespective of geography, socioeconomic status or medical history.

REDEFINING HEALTHCARE

- **Innovative Patient Care:** Pioneers solutions that integrate hospital and home care, significantly improving accessibility and outcomes.
- **Hospital-at-Home Model:** Africa's first technology-driven Hospital-at-Home service, providing patients with hospital-level care at home through advanced remote monitoring.
- **Reducing Healthcare Costs:** Shifts focus from expensive hospital stays to home-based care, decreasing financial burdens and enhancing patient satisfaction.
- **Shaping Healthcare's Future:** Leverages patient-centric innovations and technology to redefine healthcare delivery across Africa, ensuring accessibility and quality for all.

The 22nd Annual BHF Conference

CAPE TOWN ICC
14-17 MAY 2023

Convergence to a person-centric healthcare ecosystem
Leaving no health citizen behind

2023 Best Stand Winners

The categories for best stand considered those that met the following criteria: innovation and creativity, branding and brand activation, staff performance/professionalism and delegate participation/interest

Best Large Stand: GEMS

Best Medium Stand: Cape Sativa and 3Sixty Nuclear Medicine

Best Small Stand: WockHardt Hospitals

TITANIUM AWARDS
Recognising Excellence in Healthcare

2023 Award Recipients

The 8th Titanium Awards ceremony, honouring individuals and organisations that have made an impact in various areas of healthcare, took place at the 22nd Annual BHF Conference, held on 15 May 2023 in Cape Town. The Titanium Awards recognise excellence in 10 categories.

The 2023 winners were:

Titanium Lifetime Achievement Award

Callie Schäfer; NAMAF

Callie Schäfer, Principal Officer and Past President of NAMAF, was honoured for his outstanding contribution and commitment to the healthcare environment and driving change within the SADC region.

The award acknowledges and celebrates an individual who has, over several years, made outstanding and exceptional contributions to promote, grow, improve and advance the healthcare sector and the wellbeing of the society it serves.

Titanium Award for Service to Membership
Polmed (Member Service) & Bonitas (Operational Service)

The Titanium Award for Service to Membership: Open, Closed and Self-administered Medical Schemes, Administrators and Managed Care Organisations went to South African Police Service Medical Scheme (Polmed) in Category A for member service and to Bonitas Medical Fund in Category B for operational service. Exemplifying the tenets of person-centredness, this award recognises and rewards medical schemes, administrators and managed care organisations providing the best service to their members. The award celebrates industry excellence and unprecedented contributions to members by providing value for money.

Titanium Award for Excellence in Creating Access to Healthcare
Bestmed

The Titanium Award for Excellence in Creating Access to Quality Healthcare went to Bestmed. This award honours organisations driving programmes, initiatives and campaigns that create access to healthcare for communities. The award is open to all organisations in the healthcare sector, including medical schemes, administrators, pharmaceutical companies, managed care companies, small, medium and micro enterprises, healthcare professionals, and non-profit and government agencies, including social investment programmes.

Titanium Award for Best Integrated Report

Medscheme

The Titanium Award for the Best Integrated Report went to Medscheme for upholding King IV's principle 5 that states reports should enable stakeholders to make informed assessments of the company's performance as well as its short, medium and long-term prospects. The integrated report reflects the level of governance and progress made in respect of the various elements of the operating environment.

Titanium Award for Young Achiever

Dr Vuyane Mhlomi

Dr Vuyane Mhlomi walked away with the Titanium Award for Young Achiever. This award celebrates young professionals who have made a notable impact in the healthcare industry. It seeks to promote effective succession within the sector to sustain the future of the medical profession.

Titanium Award for Best Paper

Nichola Naude

The Titanium Award for Best Paper went to Nichola Naude. Her winning work is titled The Primary Healthcare Practitioner and Building Capacity for the Appropriate Level of Care. Naude's work was recognised for showcasing the need for primary healthcare and alignment thereof with the needs of health citizens.

About the Awards

Since 2014, the BHF, as the representative body for medical schemes, administrators and managed care organisations throughout southern Africa (including South Africa, Lesotho, Zimbabwe, Namibia, Botswana, Malawi and eSwatini), has used the awards to honour healthcare professionals and organisations driving programmes, initiatives and campaigns that create access to healthcare across communities. More importantly, the awards recognise and honour the top performers delivering superior service to their customers and members. The adjudication and results of the 2023 Titanium Awards were audited by independent auditors Nexias SAB&T.

CAPE TOWN ICC
4-8 MAY 2024

The 23rd Annual BHF Conference

Beyond Barriers: Navigating the Future for Sustainable Healthcare

SCAN ME
FOR THE CONFERENCE APP

Conference Programme

SUMMARY OF EVENTS

EVENT	DATES	TIMES
Exhibition Setup	4 May 2024	06:00 – 24:00
Delegate Registration	4 May 2024	14:00 – 16:30
Clinical Workshop	4 May 2024	09:00 – 15:00
Golf Challenge	4 May 2024	11:00
Governance Workshop	5 May 2024	09:00 – 15:00
Opening Ceremony	5 May 2024	17:00 – 22:00
Exhibition	5 - 8 May 2024	07:00 – 18:00
Delegate Registration	5 May 2024	07:00 – 14:30
Plenary Session	6 May 2024	08:00 – 15:00
Titanium Awards Gala Event	6 May 2024	19:00 till late
Plenary Session with Parallel workshops	7 May 2024	09:30 – 17:00
Plenary Session	8 May 2024	09:00 – 12:00
Exhibition Breakdown	8 May 2024	13:00

CPD Points

Clinical Workshop = 7 Ethics, 1 Clinical
Governance Workshop = 6 Ethics

Day 1 – 6 May = 7 Ethics
Day 2 – 7 May = 2 Clinical, 4 Ethics
Day 3 – 8 May = 3 Ethics

Saturday, 4 May 2024 | Clinical Workshop

VENUE	WESTIN HOTEL
THEME: **Healthcare professionals are at the core of shaping a person-centric health system for sustainability**	
Programme Director: Dr Stan Moloabi, BHF UHC Chairperson and Principal Officer: GEMS	
09:00 – 09:05	Setting the scene: Dr Katlego Mothudi, BHF Managing Director
09:05 – 09:50	Panel: Why health systems strengthening is everyone's business Dr Mvuyisi Mzukwa, Chairperson: SAMA; Dr Simon Strachan, CEO: SAPPF; Professor Morgan Chetty, Chairperson: IPAF; and Dr Rajesh Patel, Head of Health Systems Strengthening: BHF
09:50 – 10:20	Understanding health needs, unpacking the burden of disease trends Dr Pam Groenewald, Specialist Scientist: SAMRC
10:20 – 11:20	Sustainability of practice management • Global trends in multidisciplinary practice: Dr Pino Mavengere, CEO: Healthmetrics • Electronic health records: Dr Wuleta Lemma, Investigating Scientist/Researcher at ISCTE-Instituto Universitário de Lisboa-CEI, Portugal • Financial management for your practice: Khaya Skhosana, Founder and CEO: Carepoint Advisory
11:20 – 11:50	AI: Navigating the balance between threats and opportunities for doctors Arthur Goldstuck, Author, & Speaker
11:50 – 12:20	**TEA BREAK**
Session Facilitator: Dr Ntsiki Molefe-Osman, Senior Medical Manager, Vaccines: Pfizer	
12:20 – 12:50	Preventative healthcare – the cornerstone of healthcare delivery Professor Sipho Dlamini, Associate Professor of Medicine, Division of Infectious Diseases & HIV Medicine - Groote Schuur Hospital: UCT.
12:50 – 13:10	A funder perspective: Dr Rajesh Patel, Head of Health Systems Strengthening: BHF
13:20 – 13:50	Antibiotics – are we misusing them? Dr Tina Law, Pathologist: Microbiology, Infectious Diseases
13:50 – 14:40	**DISCUSSION: PANEL AND AUDIENCE**
14:50 – 15:20	**NETWORKING LUNCH**
Programme Director: Dr Stan Moloabi, BHF UHC Chairperson and Principal Officer: GEMS	
15:20 – 15:50	Reimbursement models for your practice Professor Shivani Ranchod, Associate Professor: UCT
15:50 – 16:00	Balancing ethics with moral responsibility in healthcare Dr Ziyanda Mgugudo-Sello: Head of Unit: Professional Services, SAMA

The BHF Clinical Workshop is kindly sponsored by Pfizer

Sunday, 5 May 2024 | Governance Workshop

VENUE	WESTIN HOTEL
THEME: Building resilience for the future sustainability of medical schemes in the region	
09:00 – 09:03	Programme Director: Dr Rajesh Patel, Head of Health Systems Strengthening: BHF
09:03 – 09:10	Setting the scene. Neo Khauoe, BHF Chairperson & Principal Officer: Polmed
09:10 – 09:40	Current state of affairs – our reality (regional perspective) Barry Childs, Joint CEO: Insight Actuaries & Consultants
09:40 – 10:10	Trustees' role in ensuring medical scheme sustainability: Succession planning for boards. Michelle Beneke, Michelle Beneke Attorneys Inc
10:10 – 10:40	Role of the trustee vs. the role of the principal officer (governance) Joe Lesejane, IoDSA, Governance Specialist & Independent Committee Member: GEMS
10:50 – 11:20	**TEA BREAK**
11:20 – 11:50	Understanding AI Arthur Goldstuck, Author & Speaker
11:50 – 12:40	AI governance: designing a human central framework for sustainable healthcare in Africa – Joint presentation Alicia Tait, Director, Group Legal Affairs, Risk and Compliance Group Information Officer, Universal Healthcare & Dr Odwa Mazwai, Managing Director: Universal Care
12:40 – 13:40	**NETWORKING LUNCH**
13:40 – 14:10	Empowering organisations in the face of regulatory challenges: Navigating regulatory power abuse David Geral, Partner: Bowmans
14:10 – 14:45	Case studies and toolkit for proactive response to top challenges impacting boards of trustees Alicia Tait, Director - Group Legal Affairs, Risk and Compliance Group Information Officer, Universal Healthcare Advocate Craig Burton-Durham, CEO: Durham & Associates
14:45 – 15:30	Risk-based solvency: Practical uses in medical schemes Paresh Prema, Branch Head: Technical and Actuarial Consulting Solutions: Alexander Forbes
15:30	Q & A | CLOSING

Sunday, 5 May 2024 | Opening Ceremony

VENUE	CTICC 2 HALL 5 AND 6
Programme Director: Zola Mtshiya, Head: Stakeholder Relations and Business Development: BHF	
17:50 – 18:10	Address by the Chairperson of BHF Neo Khauoe, BHF Chairperson & Principal Officer: Polmed
18:15 – 18:45	Official Opening Honourable Minister of Health, Dr Joe Phaahla (tbc)
18:45 – 19:20	GUEST SPEAKER: Symmetrical asymmetries: connecting the dots in a battle for healthcare sustainability - a systematic review of the myths and facts surrounding medical scheme sustainability Professor Alex van den Heever, Chair, Social Security Systems Administration and Management Studies: Wits School of Governance
19:20 – 19:45	POLITICAL ANALYSIS: Politics, elections, sustainability: Navigating the future for sustainable healthcare Justice Malala, Political Analyst & Author
	The opening ceremony is kindly sponsored by AstraZeneca's Phakamisa NCD program
20:00 – 22:30	**NETWORKING COCKTAIL FUNCTION** CTICC 2 Hall 9 and 10
	The cocktail function is kindly sponsored by AstraZeneca's Phakamisa NCD program

Monday, 6 May 2024 | Plenary Session

PLENARY SESSION 1		CTICC 2 HALL 5 AND 6
THEME: Tipping point – Building resilient health systems		
FACILITATOR	Gugulethu Mfuphi, Broadcaster, & Conference Chair; KayaBizz Host, Kaya FM-95.9	
07:00 – 07:50	TEA ON ARRIVAL	CTICC 2 EXHIBITION HALL 9 AND 10
08:05 – 08:15	CEO Insights: 'The future we want' Dr Katlego Mothudi, Managing Director: BHF	
08:15 – 08:30	OFFICIAL WELCOME Provincial Minister of Health and Wellness Western Cape, Professor Nomafrench Mbombo	
08:30 – 08:50	KEYNOTE ADDRESS Building a sustainable future: the value of high-quality health systems Dr Siri Wiig, Center Director: SHARE – Centre for Resilience in Healthcare, at the University of Stavanger (UiS), (Norway)	
08:50-09:10	NHS user experience Professor Chris Hendriksz, fractional Chief Medical Officer of RareMD Inc. (UK)	
09:10 – 09:30	Tipping scales: a glimpse into two potential trajectories for our sector Christoff Raath, Joint CEO: Insight Actuaries & Consultants	
09:40 – 10:20	NETWORKING TEA - BREAK	CTICC 2 EXHIBITION HALL 9 AND 10
PLENARY SESSION 2: INNOVATION AND CASE STUDIES		
FACILITATOR	Fezeka Nompumza, Director: BHF and Managing Executive, Clinical Risk & Advisory: Medscheme	
UHC CASE STUDIES		
10:20 – 10:40	Kenya | Dr Tim Olweny, Chairperson: Social Health Authority (SHA)	
10:40 – 11:00	Rwanda | Dr Michael Gone, Health Systems Expert	
INNOVATION CASE STUDIES		
11:00 – 11:20	Cancer Care Africa Ti Hwei How, VP, International Oncology & Market Access, AstraZeneca (Singapore)	
11:20 – 11:40	Integrating AI-based mobile fundoscopy into primary healthcare: a paradigm shift in the early detection and management of cardiovascular and neurological diseases Dr Grant Newton, Chief Executive Officer: CDE	
11:40 – 12:00	Unleashing AI's potential against healthcare fraud waste and abuse Omar Chebli, CEO of Kirontech, (UK)	
12:10 – 13:10	NETWORKING LUNCH	CTICC 2 EXHIBITION HALL 9 AND 10

Monday, 6 May 2024 | Plenary Session

PLENARY SESSION 3	PLENARY HALL 5 AND 6
THEME: Industry leadership – a roadmap to sustainable healthcare	
FACILITATOR	Moraki Mokgosana, Director: BHF and Principal Officer: BOMAID (Botswana)
13:10 – 13:30	Kanyisa Mkhize, CEO: Sanlam Corporate
13:30 – 13:50	Vuyo Mafata, Executive, Commercialisation and Strategy: Rand Mutual Assurance
13:50 – 14:10	Vulindlela Ndlovu: CEO, CIMAS (Zimbabwe)
14:10 – 14:30	Wendy Cupido, GM: Roche and Vice President: The Innovative Pharmaceutical Association South Africa
14:30 – 14:50	Dr Richard Friedland, CEO: Netcare
	Q and A

Monday, 6 May 2024 | Titanium Awards

9TH ANNUAL TITANIUM AWARDS BANQUET	HALL 5 AND 6
THEME: 'Futuristic Elegance'	
18h00 for 19h00 – 01h00	MASTER OF CEREMONIES Bongani Bingwa, Host of 702's Breakfast with Bongani Bingwa Theme: 'Futuristic elegance'
	CONFERRING OF THE AWARDS Nancy Mini
	The 9th Titanium Awards gala banquet is kindly sponsored by Insight Actuaries & Consultants

Tuesday, 7 May 2024 | Plenary Session

PLENARY SESSION 1	PLENARY HALL 5 AND 6
THEME: Integrated delivery systems – Fostering healthcare sustainability by addressing fragmentation	
FACILITATOR	Dr Vuyane Mhlomi, CEO: Quro Medical
08:00 – 09:00	**TEA ON ARRIVAL**
09:05 – 09:15	Exploring pharmacists' views and perceptions in strengthening HIV prevention and management services within community pharmacies Bronwyn Macauley, Pharmacist and Public Health Specialist
PART 1: PANEL DISCUSSION	
09:25 – 09:35	Dr Mzulungile Nodikida, CEO: SAMA
09:35 – 09:45	Professor Arthur Rantloane, Chairman: Medical & Dental Board: HPCSA
09:45 – 10:00	Vincent Tlala, Registrar and CEO: SAPC
PART 2: INTEGRATED DELIVERY SYSTEMS – CASE STUDIES	
10:20 – 10:40	HMO Case study Dr Tryphine Zulu, Chief Healthcare Officer: Platinum Health Medical Scheme
10:40 – 11:00	Revolutionising care management and care coordination for chronic care patients using AI Dr Suman Katragadda ,Global CEO: Heaps (India)
11:00 – 11:40	**TEA BREAK (EXHIBITION HALL 9 & 10)**

Tuesday, 7 May 2024 | Streams 1-3

STREAM 1 Venue: Watsonia & Bluebell 11:40 – 12:35	STREAM 2 Venue: Daisy/Freesia/Orchid 11:40 – 12:35	STREAM 3 Venue: Plenary Hall 5 and 6 11:40 – 12:35
SESSION THEME **Innovative Pharma Contracts: When do value-based arrangements work?**	**SESSION THEME** **Impact of climate change in healthcare: A navigation towards sustainable futures**	**SESSION THEME** **Regional harmony: Exploring opportunities in the African region**
FACILITATOR: Dr Fundile Nyati, Chairman and CEO: Proactive Health Solutions	FACILITATOR: Farzanah Mall, Director: Usizo Advisory Solutions	FACILITATOR: Callie Schäfer, BHF Country representative, Namibia and BHF Director
Speakers include: Ti Hwei How, Vice President International Oncology: AstraZeneca Singapore Dr Rosario Andre, Senior Medical Affairs Leader: Solid Tumors, Breast (Europe Canada)	Smart climate – health early warning system: A targeted and sustainable lifesaving initiative for pregnant individuals and newborns Vishal Brijlal, Senior Country Advisor: CHAI & Elizabeth Leonard, Associate at CHAI	Measuring what counts – regional benchmarking Charlton Murove, Head of Research: BHF
Dr Kathryn Malherbe (PHD), Director and CEO: Med Sol AI Solutions Dr Tebogo Phaleng, Head of Health Solutions: Insight Actuaries and Consultants	Occupational health in a changing climate Dr Sanjay Munnoo, Chief Business Development Officer and an Executive Committee Member: The Federated Employers Mutual Assurance Company (FEM)	Surveillance systems, pandemic preparedness by funders Dr Natalie Mayet, Deputy Director: NICD
	Sustainability in healthcare Lee Swan, Head of Sustainability: Alexander Forbes	Case Study: ZAZIBONA, Collaborative Procedure for Medicines Registration Dr Boitumelo Semete-Makokotlela, CEO: SAHPRA
Session kindly sponsored by AstraZeneca's Phakamisa NCD program	Climate change and health: Understanding the intersection and building resilience Dr Sara Touirisi, African Global Health (Morocco)	Q and A
12:35 – 13:45 | NETWORKING LUNCH (EXHIBITION HALL 9 & 10)		

Tuesday, 7 May 2024 | Streams 4-6

STREAM 4 Venue: Watsonia & Bluebell 13:45 – 14:45	STREAM 5 Venue: Freesia/Daisy/Orchid 13:45 – 14:45	STREAM 6 Venue: Plenary Hall 5 and 6 13:45 – 14:45
SESSION THEME **Integrating value-based care models for improved outcomes and long-term sustainability of healthcare**	**SESSION THEME** **Fostering sustainability through progressing person-centric health systems: innovative strategies**	**SESSION THEME** **Driving collaboration through innovative technologies to combat fraud, waste and abuse in healthcare**
FACILITATOR: Dr Anuschka Coovadia, Partner: Usizo Advisory Solutions	FACILITATOR: Dr Abongile Qamata, Lead: Alternatives to Hospitalisation at Medscheme | AfroCentric Group, and Chairperson Medical Advisors Group	FACILITATOR: Vusi Makanda, HFMU Deputy Chairperson, Manager, Fraud Management: Bonitas
An indepth analysis of value-based care models that have been implemented in the South African primary healthcare context Dr Vuyo Gqola, Chief Healthcare Officer: GEMS	Primary healthcare: The answer, or the myth to control escalating health care costs? Dr Noel Shamley, General Practitioner	Setting the scene: Dr Hleli Nhlapo, MD: Medical Schemes Division Global trends of Fraud, Waste and Abuse Roxane Ferreira, HOD: ACFE
Value-based care: The role of funders in supporting supply side re-engineering André Joseph Funders, Product Development and Health Policy Executive & Riedwaan Jabaar, Chief Executive: Renal Dialysis and Life Integrated	Mental health and anthropometric profile targeting individuals with type 2 diabetes mellitus in a private managed healthcare setting? Lovina Naidoo, Hospital Risk Manager: CAMAF	Examples of misuse and abuse: Who, why, when and how learnings from a clinical audit Professor Graham Hukins, Extraordinary Associate Professor – Research Unit: NWU
Integrating value-based care models Tienie Stander (VI Research - United Arab Emirates), Helen Miller-Janson (VI Research - South Africa)	Leveraging technology for enhanced patient-centric care: A focus on HIV telemedicine in retail pharmacies in South Africa Rudi De Koker, Public Health Specialist	Case study on collaboration: Using AI to combat FWA Julia Tloubatla, Monitoring and Analysis: FIC
Q&A Session	**Q&A Session**	**Q&A Session**
14:45 – 15:15 | TEA BREAK (EXHIBITION HALL 9 & 10)		

Tuesday, 7 May 2024 | Streams 7-8

	STREAM 7 Venue: Freesia/Daisy/Orchid	STREAM 8 Venue: Watsonia & Bluebell
SESSION THEME	Access to medicines – Sustainable delivery models that leave no one behind	Expanding access to healthcare – Innovative technologies and AI
FACILITATOR	Ruth Tamer Fields, Director: Market Access & Government Affairs: AstraZeneca	Charlton Murove, Head of Research: BHF
15:15 – 15:30	Access for rare diseases Kelly du Plessis, CEO & Founder of Rare Diseases South Africa	AI-driven health concierge: Optimisation of healthcare services for greater population impact Chanwyn Williams; Senior Manager: Integrated Data: Medscheme Holdings & Vukosi Sambo, Executive Head of Data insights: AfroCentric Group
15:30 – 15:45	Health technology assessments: How do you justify funding or not funding high-cost drugs in our environment Dr Tebogo Phaleng, Head: Health Solutions, Insight Actuaries & Consultants	Optimising post-discharge health outcomes and healthcare expenditure with AI-enabled care coordination platforms Dr Suman Katragadda, Global CEO: Heaps (India)
15:45 – 16:00	Life extension proposal for the public health institutions in South Africa. Lieutenant Colonel Precious Ncayiyana, Principal Pharmacist: 1 Military Hospital Pharmacy	
16:00 – 16:15	Q&A Session	Q&A Session
SESSION CLOSURE		
Evening at Leisure		

Wednesday, 8 May 2024 | Plenary Session

08:30 – 09:00	Networking chats – tea on arrival
09:00	PLENARY SESSION — PLENARY HALL 5 AND 6
FACILITATOR	Nomo Khumalo, BHF Director, Head of Solutions: MMI Health

SESSION THEME: Beyond barriers and beyond the perfect storm – what's next?

Session summary: This session is the highlight for all attendees, providing crucial insights into regulatory reforms shaping the future of healthcare. Panellists will explore the current policy landscape, analysing intent vs realities, and discuss necessary changes for policymakers to ensure healthcare sustainability.

PART 1: REGULATORY RESPONSE TO SUSTAINABILITY

A key focus will spotlight the regulatory responses essential for building a resilient health system capable of navigating beyond current barriers.

PANELLISTS INCLUDE

09:00 – 09:10	Vincent Tlala, Registrar & CEO: South African Pharmacy Council
09:10 – 09:20	Dr Magome Masike, Registrar: Health Professions Council of South Africa
09:20 – 09:30	Dr Thandi S Mabeba, Chairperson: Council for Medical Schemes
09:30 – 09:40	Dr Mark Blecher, Chief Director: Health and Social Development National Treasury
09:40 – 09:50	Advocate Mothibi, Head: Special Investigating Unit (SIU)
09:50 – 10:00	Yoliswa Makhasi, Director General: DPSA (TBC)
10:00 – 10:20	Dr Sandile Buthelezi: Director-General: National Department of Health
10:20 – 10:40	Q and A

PART 2: LEGAL IMPLICATIONS OF NHI

With the National Health Insurance (NHI) process advancing, legal experts have been invited to dissect its implications for the healthcare industry in South Africa.

SPEAKERS INCLUDE

10:40 – 11:10	Neil Kirby, Director: Werksmans Attorneys
11:10 – 11:40	David Geral, Partner: Bowmans
11:40 – 12:00	Q and A
12:00 – 12:15	CLOSING CEREMONY Dr Katlego Mothudi, Managing Director: BHF

The 23rd Annual BHF Conference

CAPE TOWN ICC | 4-8 MAY 2024

Sponsors, Exhibitors & Partners

3sixty GLOBAL SOLUTIONS GROUP

3Sixty Global Solutions Group (3Sixty GSG) is an integrated solutions group that offers diverse products and services in the pharmaceutical and medical aid industries.

3Sixty GSG started as a Medical Aid (Health Insurance) Administration business in South Africa providing administration and management care services to Sizwe-Hosmed, a top ten medical scheme in South Africa. 3Sixty GSG is invested in medical aid administration, biomedicine, nuclear medicine and cannabis amongst innovations it is pursuing.

Our strategy is based on the concept of "Ubuntu Medicine" derived from an African culture of care. Ubuntu is a Zulu word loosely translated as "being human" some say it means you are because I am", Human solidarity!"

TEL:+27 11 353 0355
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WEB: www.3sixtygsg.co.za

CAPE SATIVA™

Cape Sativa is a subsidiary of 3Sixty Global Solutions Group, a leading diversified business conglomerate with interests in funeral, financial, healthcare, scientific, technology and client services. Cape Sativa uses a Nano Technology Platform that makes cannabinoids more water soluble, more stable, with enhanced cellular absorption, for application in pharmaceutical, medicinal, nutraceutical, cosmeceuticals, beverages, and edibles.

The business was officially registered in 2022 and has a few pipeline products to be launched in the market. Cape Sativa aims to compete with classical pharmaceuticals by taking our products through rigorous development and clinical trials.

Cape Sativa has started the development of cannabis based pharmaceutical products, some of which are about to enter human trials for the treatments of infectious diseases including COVID and the treatment of long COVID. Cape Sativa has also advanced the development of treatments for melanoma and non-melanoma skin, cervical and ovarian cancer. Cannabis will target under explored therapeutic pathways, to the endocannabinoid system.

TEL: +27 10 593 4630
EMAIL: info@cape-sativa.com
WEB: www.cape-sativa.com

CONFERENCE SPONSORS, EXHIBITORS & PARTNERS

The CDE Healthcare Group is a Chronic Care Health Management Organisation, dedicated to improving health care consumer outcomes and driving value in the healthcare system.

For nearly three decades, CDE Healthcare Group has been at the forefront of transforming healthcare delivery. Our model emphasises specialised community-based care outside conventional hospital boundaries, ensuring that our clients have convenient access and 24/7 telephonic emergency support.

By concentrating on minimising the risks related to potential diabetes and associated cardio-metabolic complications, we provide top-tier quality care. Recognised as a reliable ally, both individuals and organisations rely on the CDE for comprehensive solutions in chronic health management. This, combined with our innovative use of advanced technology, leads to cost-effective results.

TEL: +27 11 712 6000
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WEB: www.cdediabetes.co.za

Equivex Aqua is a product of Cape Sativa, a subsidiary of 3Sixty Global Solutions Group an integrated Biotechnology and Healthcare Group. The product is manufactured through the use of a patented Nano Technology Platform that makes cannabinoids more water soluble, and more stable, with enhanced cellular absorption, for application in the beverage.

Equivex Aqua has been formulated to act as a potent antioxidant for general health and wellbeing that aids in anti-oxidation to assist with recovery from pain & inflammation, restlessness, sleeplessness, anxiousness, hangover illness, rigorous sports activities and acts as an immunomodulator.

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WEB: www.cape-sativa.com

The Government Employees Medical Scheme (GEMS) is the largest restricted medical scheme in South Africa, with over 850 000 principal members and more than 2,2 million beneficiaries. Established in 2005, GEMS opened its doors to qualifying public service employees in 2006, and has become a leader in the South African healthcare industry, setting a standard of excellence to be emulated.

To ensure and safeguard the wellbeing of its members, GEMS offers six comprehensive healthcare benefit options: Tanzanite One, Beryl, Ruby, Emerald Value, Emerald, and Onyx. Each of these options is designed to provide public service employees and their families with the best possible medical care at the most affordable rate.

Our vision is to become an excellent, sustainable, and efficient medical scheme that drives transformation in the healthcare industry, aligned with the principles of Universal Healthcare Coverage (UHC).

TEL: 0860 00 4367
EMAIL: enquiries@gems.gov.za
WEB: www.gems.gov.za

A global brand with a keen ability to build adaptable healthcare solutions, Universal maintains a firm grasp on industry forecasts and technology developments, ensuring that clients remain future-ready. Accredited as an administrator and managed care organisation, Universal offers a suite of integrated services touching the lives of nearly 11 million individuals worldwide while fulfilling the needs of major medical schemes, health plans, and corporate clients.

Universal prioritises genuine care for people in every decision. This approach enables Universal to deliver a fully integrated service aligned with international best practice. Universal's medical scheme clients are always assured of timely care and ongoing support for healthy living. Our expertise spans traditional administration, managed care, pharmacy benefit management, and real-time connectivity, fostering wellness throughout their lives.

Performance Health, now majority black-owned with significant female black ownership, is making strides with its strategic vision of delivering sustainable, appropriate healthcare services to the public sector.

Internationally, Universal's healthcare and technology experts continue to develop our digital healthcare ecosystem platform, leveraging artificial intelligence to revolutionise service delivery. //bhf.universal.co.za/

AstraZeneca is a global innovation driven biopharmaceutical company pushing the boundaries of science to deliver life-changing medicines.

Science can change our vision of the world and how we deal with the diseases that affect us. The future of treatment for many of today's diseases lies in uncovering disease mechanisms that are newly emerging or are still to be discovered. Science challenges us to push the limits of what is possible to deliver life-changing medicines for patients in Africa.

This is why we put science at the centre of everything we do.

Our commitment to improve health outcomes for African patients extends far beyond our medicines.

We offer programmes that advance patient health and access along the care continuum and provide reliable support networks.

When we see an opportunity for change we seize it and make it happen, because an opportunity no matter how small can be the start of something big.

Phakamisa v/t [phaga'mi:sa]: IsiZulu for elevate, lift, raise, uplift, upliftment.

Phakamisa is AstraZeneca's access to healthcare initiative in South Africa.

Through partnerships with multiple healthcare stakeholders we aim to improve the health outcomes for patients in South Africa and reduce the burden of non-communicable diseases on South Africa's public healthcare system. The Programme specifically addresses early detection of disease, promotion of primary prevention, and access to care.

Phakamisa is delivered through a three-pillared approach – Training, Awareness and Access – with a current focus on improving breast, prostate and lung cancer management in the public sector.

3Sixty Health is a 100% black-owned and managed medical aid administrator, offering cost-effective and innovative healthcare solutions. It is accredited by the Council for Medical Schemes to offer both administration and managed-care services..

TEL: +27 11 725 0040
WEB: www.3sixtyhealth.co.za

The AfroCentric Group is the most diversified healthcare company in Southern Africa. The Group is a majority black-owned, JSE-listed investment holding company whose entities deliver a range of healthcare products and services across three main solutions - Health Administration and Managed Care, Pharmaceutical Solutions and Corporate Solutions which now trades as Sanlam Health.

Entities within the AfroCentric Group include Activo, AfA, AfroCentric Distribution Services, AfroCentric Health, AfroCentric Technologies, AfroCentric Wellness, Allegra, Denis, EssentialMed, Klinikka, Pharmacy Direct, Scriptpharm, TCHM, Tenda Health, and Medscheme, its largest subsidiary managing 3.9 million lives (39% market share).

Medscheme is the top managed care and health administration organsation int he country, serving major medical schemes such as Bonitas, Fedhealth, GEMS and Polmed. Our Pharma Solutions provide world-class manufacturing, distribution, and marketing for pharmaceutical products. Through Sanlam Health, we address employees' holistic wellbeing, offering services from onsite primary care to health insurance products like Sanlam Gap and Primary Care.

At CompCare, we recognise that better health is a journey, not a destination. Rooted in this philosophy, we continue to move into the future with a medical scheme offering that puts true member wellness at the forefront of everything we do.

As one of the most trusted schemes on the market, our commitment to providing meaningful healthcare cover has remained unchanged throughout our proud 45-year history, with an approach to medical scheme product design that matches the dynamism of an ever-evolving member base.

From new-generation South Africans to wellness-aware corporate executives, CompCare's extensive modular offerings create a sense of freedom and engagement in personal healthcare, with affordable, digitally enabled products on the horison to strengthen the members' grasp on quality care.

Known for our innovatively packaged wellness offering for all members, CompCare walks the talk by providing members with an exceptional range of wellness benefits paid entirely from the scheme's risk pool. This encourages higher rates of preventative care while enriching the lifestyles of members..

TEL: 0861 222 777
EMAIL: compcare@universal.co.za
WEB: https://compcare.co.za/

Insight is a unique firm of hand-picked actuaries, clinicians, engineers, developers, and data scientists with a passion for problem-solving. The Insight team comprises nearly 100 actuarial, clinical, and analytical staff, and the company has almost 25 years of experience in healthcare markets. Our advanced toolset, combined with our multidisciplinary approach, enables us to provide market-leading expertise that assists clients in managing risks and developing opportunities.

The newest addition to our tool kit 'Voice of the Patient' is a comprehensive platform that measures patient experience and outcomes, the critical components required for value-based funding in the South African and Australian private health insurance market. The platform was developed in partnership with various healthcare stakeholders, including clinicians, and provides a complete articulation of the value of care from multiple data sources and internationally accredited sources.

Our recent partnership with ICHOM further illustrates the platform's credibility as well as the adoption of 'Voice of the Patient' across the markets we work in.

Momentum Metropolitan's Health business offers solutions that support and empower consumers, businesses, and medical schemes towards sustainable healthcare. Our purpose is to provide more health for more South Africans for less, delivering sustainable solutions and enabling greater universal access to healthcare for more people through our focused CSI and strong public private partnerships.

We provide services to around 3 million lives in South Africa, 420 00 lives across the rest of the African continent, and 24 million lives in other international territories. This includes servicing in excess of 187 000 lives with our health insurance solutions and providing primary healthcare for approximately 91 000 mining sector employees.

With stakeholders representing key unions and other black leadership as shareholders in our business, we ensure that the needs we identify and set out to provide solutions for are a true reflection of the people we serve.

Our clients include the largest restricted medical scheme in South Africa, one of the fastest growing open medical schemes in South Africa and several restricted schemes linked to blue-chip corporate brands and state-owned enterprises (SOEs).

Driven by our vision – Creating a World of Sustainable Healthcare – Medscheme has consistently delivered innovative medical aid administration and health risk management solutions for over four decades. We form close partnerships with our clients who include leading medical aids and large corporate companies in South Africa, Africa and internationally.

Today, Medscheme is South Africa's largest health risk management services provider and second largest medical aid administrator. We reach over three million people through our network of branches conveniently located throughout South Africa, as well as Botswana, Namibia, Swaziland, Zimbabwe and Mauritius.

Our proven combination of client-centricity and expertise is founded on excellence in corporate governance and world-class information technology. These attributes position Medscheme as the ideal business partner for corporate clients and medical aids who seek to offer quality health risk management and affordable health insurance to their members and employ

TEL: +27 11 671 2000
WEB: https://www.medscheme.com

A Legacy of Compassion and Evolution

Rand Mutual Assurance (RMA) was founded in 1894 and boasts a distinctive 130-year legacy of providing workers' compensation services. Initially created to administer compensation for miners injured on duty, RMA has expanded its scope to cater to the Mining and Metals industries in South Africa. Over time, RMA has transformed into a dynamic organisation driven by a commitment to supporting workers throughout their lifetime.

Our mission is still centred on the workers because we believe that they are the heartbeat of the economy. We are dedicated to ensuring that beneficiaries and their families receive appropriate treatment and compensation in the event of occupational illnesses or injuries sustained at work.

RMA's strategic approach signifies a pivotal transition from a product-centric organisation to a provider of comprehensive and interconnected solutions aimed at enhancing the well-being of workers. This transformation is exemplified by our wide range of value-added offerings that address gaps in COIDA coverage, along with our innovative Prevention and Rehabilitation Programmes.

TEL: 0860 222 132
WEB: www.randmutual.co.za

Redefining Healthcare Through Technology that Keeps Moving With You.

Medhold's legacy is connecting people and products through partnerships, with an uncompromising commitment to healthcare, excellent products, talented staff and innovative partners.

A supplier of world class medical devices and technology across Southern Africa. Backed by expert engineering support and ultra-reliable after sales service.

For over 30 years the Medhold has built solid partnerships to provide current products and continual excellence. Expanding together for a more sustainable future in healthcare for Southern Africa.

At the Conference we will be showcasing the Da Vinci Robot for Minimally Invasive Surgery.

Medipost, a leading pharmaceutical distribution brand in South Africa, has earned a stellar reputation by positively impacting the lives of over 1.1 million satisfied clients.

Established in 1991 as the pioneering courier pharmacy in the nation, Medipost has established itself as a cornerstone of the healthcare industry due to its unwavering commitment to quality and reliability.

With branches in Gezina, Pretoria, and Parow, Cape Town, Medipost operates with a stringent adherence to quality control measures while dispensing high volumes of medications.

Specialising in the seamless dispensing and delivery of chronic medications such as ART, TB prevention, anti-diabetics, oncology treatments, and other specialty medicines, Medipost ensures that patients across South Africa receive their vital medications promptly and efficiently, regardless of their location.

Through their dedication to providing essential healthcare services, Medipost continues to make a significant impact in the pharmaceutical sector, setting a standard for excellence and reliability in pharmaceutical distribution.

NOVARTIS

At Novartis our purpose is to reimagine medicine. Our mission is to explore and discover new and innovative ways to improve and extend people's lives.

We use science-based innovation to address some of society's most challenging healthcare issues. Our aim is to discover and develop breakthrough treatments and find new ways to deliver them to as many people as possible. Through our vision and mission, we also aim to provide a shareholder return that rewards those who invest their money, time, and ideas in our organisation.

Through innovative science and digital technologies, we create transformative treatments in areas of greatest medical need. As an innovative medicines company, we consistently rank among the world's top companies who continue to invest in research and development. Externally we aim to be a leading Patient Centric organisation, with our medicines reaching nearly 800 million patients globally, and we continue to expand our access and reach to more people globally and locally.

2CANA solutions

2Cana Solutions crafts cutting-edge software that sets industry standards, delivering high-quality, cost-effective solutions that drive customer success. Our flagship product, the Holistic Insurance Platform (HiP), allows organisations to efficiently manage life, health, and general insurance policies, adapting swiftly to market changes, ensuring compliance, and fostering innovation.

Contact us at +27 31 5833 200 or visit www.2cana.com to see how we can enhance your business.

AFSA
allergy foundation south africa

The Allergy Foundation is dedicated to raising awareness, educating the public, and supporting those with allergies. Their activities include educating about allergens and management, advocating for allergy friendly policies, providing resources and support such as allergen-free product information, support groups, and an Allergy Professional Search Tool. They also certify allergy safe products and offer professional training through live recorded masterclasses for healthcare providers

ARGON
ASSET MANAGEMENT

Argon Asset Management is an authorised financial services provider registered with the FSCA under the FAIS Act of 2002. Since 2005, Argon Asset Management, an African investment firm with global standards, has managed assets for individual and institutional investors, including Retirement Funds, Insurers, Medical Schemes, Multi Managers, and Unit Trusts. As a research-driven investment manager, we focus on medium- to long-term value and prioritise building enduring, trust-based relationships with our clients.

DRC
DENTAL RISK COMPANY
"Dentistry at work"

Dental Risk Company (DRC), a B-BBEE-Level 1 managed care organisation, provides high-quality, cost-effective dental services to over 1.3 million lives. We manage all aspects of dental care including claims, authorisations, and benefit design through a network of over 2500 dental practitioners across South Africa. Our comprehensive services include a call center, client services for escalations, and provider relations to ensure excellent dental healthcare access and flexibility in provider choice for members.

Founded in 1936 as a mutual insurer, FEM provides mandatory workmen's compensation insurance to the construction industry. The insurance, governed by the Compensation for Occupational Injuries and Diseases Act (COID Act) of 1993, offers wage replacement and medical benefits for work-related injuries or diseases. Our operations solely focus on insuring employers against liabilities under this act.

TEL: 011 3594300
EMAIL: enquiries@fema.co.za
WEB: www.fem.co.za

HEAPS is a B2B SaaS platform that leverages generative AI and machine learning to optimise care management and coordination globally, enhancing patient outcomes for hospitals and reducing costs for medical schemes. Its key products, the Chronic Care Management Module and Post Discharge Care Management Module, effectively reduce hospitalisation and re-hospitalisation rates by ensuring timely interventions. With over 5 million interactions, HEAPS has reduced hospitalisation rates by 10-15% and re-hospitalisation rates by 30-35%, increasing patient satisfaction by 25% and delivering a 4x-5x ROI to clients.

Icon Oncology is a leading provider of oncology treatment and managed care services. Since its inception, Icon Oncology Holdings and its subsidiaries, Icon Radiotherapy, Icon Chemotherapy and Icon Managed Care have pioneered the move to value-based care (VBC) in cancer treatment on the African continent. Its provider network, facilities infrastructure and VBC model bridges the gap between funders and medical practitioners, creating a patient centric environment that enhances access to cancer care. Its proprietary e-Auth® system gives cancer patients real-time access to life-saving treatment.

Hearing loss severely impairs quality of life and increases medical scheme costs, yet remains under-diagnosed due to stigma, cost, and access issues. hearConnect addresses this with our comprehensive Audiology Benefit Management services, ensuring access to quality, cost-effective treatment. We offer a network of over 350 audiology practices nationwide, home consultations via Audiology Anywhere™, and an Online Digital Hearing Screener for early detection.

WEB: www.hearconnect.co.za

The Health Professions Council of South Africa (HPCSA), established by the Health Professions Act No. 56 of 1974, governs professional activities within its scope, setting processes to protect the public and guide health professions. Along with its 12 Professional Boards, the HPCSA oversees education, training, registration, professional conduct, ethical behaviour, Continuing Professional Development, and compliance with healthcare standards. Registration under the Act is mandatory for practising any health profession recognised by the Council.

Iso Leso Optics is a well-respected national network of optometrists (over 2 500 practices) with a reputation for delivering high quality service and products. Our mission is to ensure the stability of the optometric environment for all role players. Iso Leso is a leading innovator with integrated Artificial Intelligence screening technology that allows early disease detection and monitoring as part of routine optometric practice. Our cost-effective benefit design options allow for scheme savings whilst delivering a comprehensive clinical solution.

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Mediscor PBM, Southern Africa's leading independent pharmaceutical benefit manager, manages more than 2.5 million lives and has been setting industry benchmarks with innovative solutions for 35 years. CMS-accredited, Mediscor achieves lower annual medicine cost increases (3.1% vs. industry's 6.9%). Services include real-time real-time claims processing, chronic medicine and condition management, formulary and price management, data analytics and more. Partnering with Mediscor offers custom solutions, significant savings, and clinically intelligent systems.

PPN celebrates 30 years of leading with innovative and cost-effective optical benefits. Our unique system features 400 specific codes to effectively combat fraud. We prioritise professional fees over material markups and adhere to Universal Design in benefit structures. Our advanced AI technology through Eyepath accurately identifies health conditions like Diabetes, enhancing member health management and reducing future costs. Contact us at management@ppn.co.za to learn more or schedule a presentation.

Founded in 2002, SpesNet is a BBBEE Level 4 contributor specialising in healthcare administration technology. Employing over 300 staff, including 20 clinically trained professionals and 80 IT developers, SpesNet designs and implements comprehensive systems for major healthcare providers. The company manages medical billing and administration for over 6.2 million lives and one-third of South Africa's specialist practitioners, serving clients like Life Healthcare and Netcare across both public and private sectors.

PPO Serve is a healthcare management company whose core purpose is to make healthcare affordable because it is built on a strong primary healthcare (PHC) system. We do this by helping clinicians to deliver Value Based Care (VBC) through collaborative multidisciplinary teams (MDT) that are built around the GP practice. This puts the GPs back in control of patient care and fairly remunerates them for the value they produce.

Open Diagnostics, originating from Pristem, operates a network of X-ray diagnostic centers providing affordable, high-quality services to underserved populations. Committed to the principle that everyone deserves quality healthcare, these centers are strategically located near the communities they serve, ensuring easy access to reliable X-ray services. Designed to withstand challenging environments, such as those with frequent power outages typical in South Africa, our facilities are equipped with robust X-ray equipment.

Syked is an innovative wellness platform that combines online and offline care to empower clients through their mental wellness journey. It delivers care by providing clients direct access to vetted therapists through video consultations, phone, and text support, supplemented by traditional face-to-face sessions and emergency referrals when needed. Additionally, the Syked ecosystem provides a variety of self-help tools and resources tailored to individual wellness needs.

Welo.

Welo is at the forefront of merging Technology with human touch to offer much needed access to healthcare in real time. A South African HealthTech startup operating nationwide with an array of clients in Health Insurance, Corporate and FMCG. Offering digital Doctor consultations and nurse at home services for the members of Health Insurers and Corporate employees. Our core values are quality healthcare on demand and at a convenience through our hospital at home and WeloCare offerings. Powered by Human touch, data and Innovation.

AGH
AFRICAN GLOBAL HEALTH

African Global Health (AGH), spanning from Morocco to South America, aims to redefine public health policies and foster continental solidarity. Under the leadership of Morocco's King Mohammed VI, AGH focuses on holistic health, health equity, and innovative strategies to address the global pandemic. It promotes healthcare self-reliance, strong intra-African and South-South partnerships, public-private collaborations, and the empowerment of African women in health. AGH is committed to leading health initiatives across Africa and beyond, aiming for a healthier future.

THE COUNCIL FOR HEALTH SERVICE ACCREDITATION OF SOUTHERN AFRICA
COHSASA

COHSASA enhances healthcare quality in developing countries using internationally recognised standards. As the only ISQua EEA-accredited body in sub-Saharan Africa, COHSASA has validated its healthcare and surveyor standards since 2002. Operating from Cape Town for 29 years, COHSASA has partnered with diverse facilities across Africa, issuing 708 full accreditations and 237 recognition awards. Its programs are supported by CoQIS, an online system that tracks compliance and facilitates quality improvements through real-time data and customised reports.

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India

Wockhardt Hospitals in India, a part of the renowned Wockhardt Ltd, is a global healthcare destination with facilities in 20 countries. Wockhardt operates five hospitals with 1600 beds, specialising in Cardiology, Robotics, Orthopaedics, Neurology, and more. Over the last decade, it has treated over 51,000 international patients from 91 countries. As a JCI-accredited institution, Wockhardt offers world-class care, superior medical outcomes, and patient-centric services with cutting-edge technology.

BLUU
Car Rental

BLUU Car Rental is a proudly South African company, now also operating in Namibia, with a network of locations across South Africa. We offer a wide selection of vehicles from economy cars to luxury SUVs, all equipped with the latest safety features at competitive prices. Our experienced staff ensure a seamless rental experience, with additional services like airport transfers, van rentals, and chauffeur services available. We're committed to excellence, integrity, and lasting partnerships. Contact us to experience the BLUU difference!

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A STAR ALLIANCE MEMBER

With nearly 90 years of operation, South African Airways (SAA) is Africa's most awarded Skytrax airline, connecting numerous domestic, regional, and international destinations. Based in Johannesburg, SAA offers extensive passenger and cargo services, supported by its subsidiaries SAA Technical for maintenance and Air Chefs for catering. SAA Voyager, its loyalty program, partners with 48 entities and 30 airlines, including Star Alliance, reinforcing SAA's status as a key player in South Africa's global engagement.

Southern Sun

Southern Sun is Southern Africa's leading hospitality group comprising more than 90 strategically located hotels, resorts, a wide collection of restaurants, and more than 300 conference venues and banqueting facilities in South Africa, Africa, Seychelles, and the Middle East. From functional to luxurious and from exciting to relaxing, Southern Sun offers a brand and a service to suit every traveller's needs. Discover our world, where exceptional experiences are created with passion and every day is a celebration.

ALCHEMY HEALTH TECHNOLOGIES

Alchemy Health Technologies is a top healthcare management consultancy and health data manager in South Africa, offering tailored services to stakeholders in complex regulatory environments. We provide strategic guidance across the medical schemes, health insurance, and pharmaceutical sectors, including project management, provider network development, and contract management. Our health data services cover provider directory maintenance, data warehousing, and analytics. Alchemy is a Level 1 B-BBEE company. For more information, visit www.alchemyhealth.co.za

MAG MEDICAL ADVISORS GROUP SOUTH AFRICA

MAG is an association of medically trained specialists who provide funding advice to healthcare funders. Membership is open to all qualified and duly registered (e.g., HPCSA) healthcare professionals who are employed by funders on benefit, policy, and related matters. Our goals include promoting cost-effective solutions, enhancing patient care through improved funding structures, and advocating for sustainable healthcare and universal coverage. Join us for monthly academic meetings on innovative health technology and treatments

THE WESTIN CAPE TOWN

Memorable experiences await at The Westin Cape Town, a centrally located 5-star hotel. Enjoy exclusive rooms with unique views over the V&A Waterfront, Table Mountain and the whole of Table Bay. The Westin offers 483 guest rooms and suites and the latest amenities for guests' total comfort and rejuvenation. The Heavenly Beds ensure a sound slumber for a restorative and productive stay. The Westin is a conference hotel with unmatched meeting, conference and banqueting venues offering 19 unique spaces.

CMASA
Case Manager Association of South Africa

Formed in 2009, the Case Manager Association of South Africa (CMASA) is the sole association for Case Managers in South Africa, welcoming both clinical and non-clinical professionals such as nurses, doctors, therapists, social workers, and administrative staff. CMASA offers a platform for networking, training, and development nationwide. Members gain access to international best practices, educational materials, and peer support, focusing on patient advocacy and guidance through healthcare journeys.

IPAF

IPAF is a non-profit organisation dedicated to revolutionising family healthcare by uniting leading Independent Practitioner Associations. Our coalition includes the SA Medical Contracted Community (SAMCC), the Alliance of South African Independence Practitioners Associations (ASAIPA), the SA Medical & Dental Practitioners Network (SP-Net), and NIMPA. Together, we form a powerful alliance addressing critical issues in healthcare delivery, including reducing discrepancies in costs and tackling challenges related to quality of practice.

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With over 15 years of experience in the medical and health sector, our marketing and consulting firm specialises in enhancing brand equity and value through tailored advisory services. Our client-centric approach aligns brand and business intelligence, crafting unique strategies to improve brand perception, market positioning, and client engagement for better ROI. We provide comprehensive marketing, branding, and consulting services to create competitive advantages and achieve your organisational goals.

The South African Medical Association (SAMA), established in 1927 and unified in 1998, is a non-statutory professional association for public and private sector medical practitioners. As a voluntary membership organisation, SAMA advocates for medical professionals' interests, promoting high healthcare standards in South Africa. It represents doctors at various governmental and healthcare levels, pushing for supportive policies and better healthcare outcomes. SAMA provides its members with support services and advice on medical practice, regulation, and ethics.

SAPPF was established in November 2008 to provide a representative and effective platform to support private practitioners in South Africa. SAPPF's first objective was to force the NDoH to comply with its NHRPL (later RPL) regulations and eventually joined forces with HASA and the Emergency services in a Gauteng North High Court legal challenge which was won by the Plaintiffs. SAPPF has a proven track record in dealing with many challenges, including skilful handling of three successful legal actions in respect of the RPL, PMBs and HPCSA's initial attempt to determine ethical tariffs.

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BOTSWANA

BOTSWANA'S FUNDING INDUSTRY

Navigating regulatory changes and future prospects

Botswana's funding sector adapts to regulatory shifts and eyes future prospects amid discussions on the Medical Aid Funds Bill and efforts to enhance primary healthcare.

It's been a relatively quiet year for Botswana's funding industry, with most funders preoccupied with discussions around the Medical Aid Funds Bill, which will be the equivalent of South Africa's Medical Schemes Act. To date, schemes in Botswana have been regulated by the Non-banking Financial Institutions Regulatory Authority, so by financial rather than healthcare legislation. The bill has been finalised, but despite the industry's hopes, has yet to be presented to Parliament. It will give much guidance to inform strategic business decisions as well as the operational aspects of schemes.

The second reason for its having been a quiet year is that many schemes have been focused on relooking at their administrative arrangements. Notably, the country's biggest scheme has recently appointed a new administrator who is an industry 'newbie', and has had to adjust to this.

THE YEAR IN REVIEW

The industry has, however, made collaborative progress with regard to implementing the Practice Code Numbering System (PCNS), supported by the Board of Healthcare Funders (BHF). I believe it will transform our relationship management with our service providers and look forward to our getting the regulatory approval that will give it wings, so to speak.

We are also making progress towards a corporate body to operationalise it. This project will allow the funding industry as a whole to view the provider community from a single point. It will facilitate bringing new providers on board and transacting with them.

Moraki Mokgosana , CEO: Bomaid, Botswana

BOTSWANA

It will also offer an opportunity to get a better idea of trends, such as provider behaviour, and foster collaboration as an association

The industry is also looking at legitimising its funder association as a recognisable body, but to be registered as a society by the Registrar of Societies associations need a minimum of 10 entities as members. With only four medical scheme members, Botswana's association falls far short of that threshold.

By including other entities like managed organisations and administrators, as the BHF does, it is hoped that we will come closer to meeting the 10-member requirement.

The sector is waiting with bated breath for the finalisation of the regulatory framework, further to lots of consultation, but is currently happy with the point where some commonality has been reached with regard to the direction of the industry. However, we would like to be further along and hope to progress as quickly as possible.

With regard to UHC and pricing, funders agree that sustainability of the industry requires UHC to be affordable to everyone, including the lowest demographics. However, the Competition Commission does not allow collaboration on pricing. Nonetheless, we believe there's still place for private funders in a national health insurance (NHI) environment and hope authorities will share the same sentiment. Co-existence has the potential to raise standards across the entire system. There will be challenges, but they will give us the opportunity to rethink where we create value.

Government's focus is currently on strengthening the Primary Healthcare (PHC) system, which in itself is a form of UHC, rather than eliminating private healthcare. So that gives us some confidence.

AS FOR THE FUTURE?

Botswana experienced rapid growth in the 1980s and 1990s, with lots of money spent on infrastructure, including healthcare infrastructure. A loss of skills and focus has rendered the healthcare system less robust than it was, but the infrastructure is still there and government's focus on the PHC system has the potential to be transformative. That said, it does come with the risk that potential private patients/scheme members may gravitate back towards the public sector.

Over the past 2-3 years, COVID-19 created much anxiety and confusion, but medical schemes are now putting that behind them and focusing on improving the overall wellness of all Botswana's citizens, not least through an increased focus on preventive care and the social determinants of health.

BENEFICIARIES
(of the four funds)

3.4%

361 200 (2022)
349 200 (2021)

GROSS CONTRIBUTIONS

0.8%

P2.16bn (2022)
P2.14bn (2021)

GROSS EXPENDITURE

6.1%

P2.10bn (2022)
P1.98bn (2021)

LESOTHO

LESOTHO'S fuding woes

Lesotho is addressing its healthcare challenges by seeking sustainable funding solutions and collaborative partnerships to improve the accessibility and quality of medical services.

Teboho Makoetlane, General Manager, Metropolitan Health Lesotho

Lesotho is about to celebrate the monumental opening of the Queen Elizabeth II Hospital in a month or two. It was built in 1957 as part of the protectorate benefits of Britain. Because of lack of proper maintenance and a debilitating medical skills brain drain, the facility was shutdown in 2011 leaving Maseru district citizens deeply compromised. At a national level, this deficiency of healthcare at district level had been the norm. In fact, Queen II was also serving as a referral hospital for complex cases from the minor districts, putting additional strain on the already under-resourced facility. Funded by the International Finance Corporation and backed by a private-public partnership (PPP) between the government of Lesotho (GoL), Netcare and a local consortium, the new Queen Mamohato Memorial Hospital was opened in 2011 as a national referral hospital.

The PPP ended prematurely in 2021 over irreconcilable differences. However, the GoL had already begun building a new Queen Elizabeth II Maseru District Hospital in 2018 with the financial assistance of the Chinese government.

During the COVID peak, the 425-bed PPP facility was often overwhelmed, and the introduction of the 200-bed Maseru District Hospital is a much-needed addition to the country's network of hospitals. When it opens sometime this year, a maintenance and management plan need to be put in place by government, adding to the many items fighting for the GoL's midget health purse.

Subsidised access to healthcare has become the cornerstone of the Lesotho environment through employer premium subsidies, NGOs supporting specific disease management programmes, government subsidisation of state and Christian Health Association of Lesotho (CHAL) facilities, and lastly government assistance with regard to transfers of advanced and high-cost cases to South Africa's major hospital groups. Most commendably, the CHAL has been playing a major role in providing access to primary healthcare.

Recently, however, it has been receiving a declining subsidisation to support

LESOTHO

LESOTHO'S HEALTHCARE LANDSCAPE: INSIGHTS & CHALLENGES

- **Hospital Milestone:** The imminent opening of the Queen Elizabeth II Hospital signifies progress in addressing long-standing healthcare challenges in Lesotho.
- **Public-Private Efforts:** Despite the end of a previous partnership, construction of the new Queen Elizabeth II Maseru District Hospital reflects ongoing collaborative efforts to improve healthcare infrastructure.
- **Subsidised Access:** Lesotho relies on employer subsidies, NGO support, and government assistance for healthcare access, but funding challenges threaten sustainability.
- **Call for Collaboration:** With limited medical scheme coverage and declining NGO funding, stakeholders urge innovative collaborations to enhance healthcare accessibility and sustainability.
- **Universal Coverage Path:** Exploring collaborative funding models presents opportunities to achieve universal healthcare in Lesotho.

both salaries and operations to run these facilities. This means that the current funding model is starting to show cracks and the whole ecosystem is threatened. The low-hanging fruit for the CHAL community is to open doors to medical aid customers. While this will immediately create additional revenue for CHAL hospitals, they will also have to consider creating private wings/rooms for medical aid clients.

When a key stakeholder that commands control over eight hospitals, four nursing training institutions and over 70 clinics experiences funding hurdles, both business and government need to think differently about the cost of funding healthcare. The call to action advocated for here is one that will bring the CHAL, government, private healthcare funders and business at large to one table of innovation.

In the private funding space, less than 10% of the active economic population belongs to a medical scheme. The civil society community (NGOs) targets different disease burdens, achieving amazing healthcare outcomes. Post COVID, funding sources for NGO-based health programmes have been drying up, exacerbating issues of reach and access.

Using the 2023 national budget, where health was allocated LSL3.2 billion, it could cost the government LSL132 per citizen per month to provide access to primary healthcare. Let's think about a scenario of an entry level comprehensive medical aid plan that costs LSL1500 per month with a LSL600 000 inpatient benefit and commensurate outpatient benefits. At a national level, the country would need an additional investment of LSL2.7 billion annually to afford each citizen access to this basic cover.

A question to all funders – including government, local and outside private healthcare funders, for-profit and not-for-profit – is it possible to collaborate in PPPs or another instrument to fund for greater impact? The highly celebrated PPP that Netcare was part of should really be just the first of many and should carry lessons rather than wounds for the region. It is true that Medscheme covers more lives than are reported for the Kingdom in the Sky, but if one dares to indulge in this trail of thought from a healthpreneurship point of view, a sustainable solution can emerge.

Lesotho remains a self-writing business case for creating an amazing story for healthcare – fallow ground!

ED NOTE: *This article highly simplifies the national funding problems to invite collaboration between funders and delivery organisations.* ■

MALAWI

THE PATH FORWARD for Malawi's medical scheme industry

Malawi's medical scheme industry faces economic hurdles, uncertain progress towards universal healthcare, and a lack of regulation, yet holds potential for growth through collaboration and digitisation efforts.

Like other countries in the SADC region, Malawi has its share of challenges, not least economic ones. The Malawian currency has experienced devaluations against major currencies over the past year. Inflation is high at 33%, as are interest rates at 36%. There is also a huge foreign currency availability challenge, which affects pricing in the space and payments for foreign medical services which are not available within the country.

All of this makes the medical scheme business difficult, even , as these issues have a significant impact. Members struggle to pay their contributions and hospital tariffs have increased. As such, the schemes industry finds itself in a precarious position and questions arise as to the sustainability of the sector.

When it comes to Universal Healthcare (UHC), Malawi's future remains unpredictable. Government has offered services free of charge but these services have not been up to the mark. The private providers that have sprung up to fill the gap are profit driven and this too stretches the sustainability of schemes. Uncertainty surrounds government's next steps towards UHC.

There are political issues rooted in Malawi's history that also play a role. The industry is very willing to play its part in a future UHC system and sees it coming. But right now, the 'when' is remotely uncertain.

Bright Kamanga, CEO: MedHealth, Malawi

MALAWI

CHALLENGES FACING MALAWI'S MEDICAL SCHEME INDUSTRY

- **Economic Struggles:** Malawi faces economic challenges including currency devaluations, high inflation (33%), and interest rates (36%), impacting the affordability of healthcare services.
- **Uncertainty in Universal Healthcare:** Despite government efforts to provide free healthcare services, the quality remains uncertain, and the private sector's profit-driven approach complicates the path towards UHC.
- **Out-of-Pocket Payments:** Most Malawians cannot afford out-of-pocket payments, relying on tax-funded facilities, which still face funding challenges, exacerbating the issue of healthcare accessibility.
- **Regulatory Concerns:** The lack of regulation in the medical scheme industry leads to competition instead of collaboration, hindering efforts to combat fraud and abuse. The pending Medical Aid Bill in Parliament underscores the urgent need for regulatory guidance.

OUT-OF-POCKET PAYMENTS

These remain a particular challenge as most Malawians simply can't afford them, as most don't have enough disposable income. Many rely on free facilities, which while welcome, face their own funding challenges. People feel that because these are tax-funded, that should be enough and are understandably reluctant to make extra contributions.

A recent development has seen government, which is a major employer, contracting with a private scheme to offer medical aid to civil servants. It begs the question of whether this is an indication of a slow progress towards UHC, but it's too soon to say. Many civil servants were not happy about being put on a medical aid and because joining was made voluntary, many have not joined. The lack of full buy-in speaks volumes.

TECHNOLOGY TRENDS

There is a lack of data generally with regard to accessibility and patients' needs. However, there is a trend towards digitisation of the data that does exist and this is likely to grow in the years ahead, especially hospital data, and go beyond government facilities.

CURRENT PRIORITIES

An ongoing concern is the lack of regulation of the medical scheme industry in Malawi. Every player works in their own space, and schemes compete with each other in areas where there should be collaboration, not least with regard to fraud, waste and abuse, where each player wants to 'do their own thing' instead of working together to mitigate issues to the benefit of all stakeholders, including patients. Malawi does have a Medical Aid Bill, but it's been sitting in Parliament for seven years. It needs to be approved in the interests of the whole populace. Regulations from the Ministry of Health are necessary to guide the industry with regard to payments/tariffs, for example. This is especially important in the case of so-called 'medical assistants', who are not full doctors. And yet, in the current unregulated environment, they often charge higher fees than qualified doctors.

An encouraging recent development in respect of collaboration has been the formation of an industry association comparable with Zimbabwe's AHFoZ. It's currently in the infancy stage, but is starting to shape up. The biggest challenge it faces is resistance from some players, who benefit from the current lack of regulation.

CONCLUSION

All the challenges notwithstanding, Malawi's medical scheme industry is young and vibrant – and it will grow if there is collaboration on the part of all stakeholders, not just the schemes themselves but the Ministry of Health and the general populace. If this collaboration can ensure an industry that is more regulated and organised, it will result in more meaningful service to patients at the end of the day. ■

NAMIBIA

BEYOND THE LIMINAL

Embracing the next generation of healthcare in Namibia

Namibia's private healthcare sector stands at a critical juncture, requiring urgent collaborative and innovative solutions to prevent collapse and ensure sustainable, patient-centred care for the future.

The private healthcare sector in Namibia stands at a pivotal moment, poised on the threshold either of transformation or the high risk of the collapse of medical schemes industry, something that would have devastating consequences for all stakeholders. The industry faces a multitude of challenges that demand innovative solutions to shape a sustainable and equitable future. It is at a critical juncture, where the choices made today will define the future not only of private medical aids, but also that of private healthcare/all stakeholders for generations to come.

The Namibian healthcare/medical aid industry's transition and restructuring are overdue, imminent and unavoidable. This requires innovative approaches and transformative strategies from all stakeholders to address longstanding challenges and shape the future of private healthcare in Namibia.

The main concerns remain unequal access to quality healthcare services,

Callie Schäfer, Principal Officer & Past President: Namaf

NAMIBIA

with areas either still facing significant challenges in delivering good outcomes or else ending up with an over-supply of services. This situation is compounded by high out-of-pocket expenses, which further limit access to healthcare for many Namibians and exacerbates disparities in health access and outcomes.

The gap in medical aid offerings and the expectations of healthcare professionals and provider are not aligned, leading to the shifting of increased costs to scheme members in the form of co-payments and out-of-pocket expenses, or else to an increase in the number of uninsured individuals.

Namibia's current model of healthcare financing, which is predominantly reliant on medical schemes' fee-for-service reimbursement models, faces challenges of affordability, coverage limitations and financial viability. Many funds are on the tipping point of survival, and the collapse of the industry will affect not only members but also private healthcare service providers.

While stakeholders in the healthcare industry have operated in isolation over the past decade, they can no longer afford to continue to work in silos and blame each other.

They will have to collaborate and work together to protect the private healthcare industry in Namibia. Regulators of healthcare will also have to change their views on how schemes are regulated, allowing them to make decisions to manage and bring down healthcare costs. Among other measures, this will call for:

CHALLENGES AND COLLABORATIVE SOLUTIONS

Critical Juncture for Private Healthcare

The private healthcare sector in Namibia faces a pivotal moment with the potential for transformation or collapse, emphasising the need for sustainable and equitable solutions.

Need for Collaboration

The absence of collaboration among stakeholders has led to a poor state of sustainability; effective partnerships between government and private sectors are essential for the future viability of the healthcare system.

Innovative Financing and Regulation

Adjustments in healthcare financing models and regulatory changes are required to manage healthcare costs and ensure the survival of medical aid schemes alongside government plans for essential health insurance.

SUSTAINABLE FINANCING

A complementary balance should be found between the different health sector financing models in the private and public sectors to allow private sectors and medical aid funds to continue to exist with the government's planned implementation of the 'essential health insurance' The industry will have to ensure that the public health sector realises the value that private funding and provider networks can play a role in the proposed national health reform process.

PATIENT-CENTRED CARE

A shift towards a patient-centric approach that prioritises individual needs, risks, preferences and experiences is necessary to ensure best value to all members. This can be ensured in a mutual/solidarity fund environment.

HEALTH DELIVERY INNOVATION

Exploring emerging technologies such as telemedicine, artificial intelligence and wearable devices

can enhance healthcare access, delivery and result in more cost-effective patient management. Telemedicine and other digital health solutions have an integral role to play in reshaping healthcare delivery in a more cost-effective way, rather than our relying solely on the outdated fee-for-service reimbursement delivery model.

COLLABORATIVE PARTNERSHIPS

The absence of collaboration among private healthcare stakeholders is a significant contributor to the poor state of sustainability in the medical aid industry. Collaboration between government and private sector stakeholders is necessary for a sustainable healthcare system, for both private and public healthcare transformation and to foster public-private partnerships.

If private healthcare stakeholders fail to collaborate, the government will have no alternative but to enforce change by regulatory reforms to support the transition towards a more inclusive, innovative and sustainable healthcare system. This could make universal/essential/national health coverage a threat rather than something that complements and bridges the healthcare gap by offering coverage to more and all Namibians.

Similarly, government entities, private sector stakeholders and medical aid funds have to collaborate to mobilise resources and expertise for healthcare improvement initiatives to open access for the employed, but uninsured. This will lessen the burden on the public hospitals and also raise an income stream for public health facilities that is long overdue.

CONCLUSION

The healthcare landscape in Namibia stands at a crossroads, confronting complex challenges amidst unprecedented opportunities for transformation. As private health stakeholders navigate to survive, it is imperative to prioritise inclusivity, innovation and sustainability in shaping the future of healthcare delivery. By embracing bold reforms and collaborative approaches, Namibia can chart a course towards a resilient and equitable health system. ■

INNOVATION AND PATIENT-CENTRED CARE

Patient-Centric Care

A shift towards patient-centered care is vital, focusing on individual needs and experiences to ensure value in healthcare delivery within a mutual/solidarity fund environment.

Healthcare Delivery Innovation

Adoption of emerging technologies like telemedicine, artificial intelligence, and wearable devices is crucial to enhance healthcare access and manage costs more effectively, moving away from outdated fee-for-service models.

Universal Health Coverage as an Opportunity

If private stakeholders collaborate effectively, government-implemented essential health insurance could complement and bridge healthcare gaps, extending coverage to more Namibians instead of posing a threat.

The absence of collaboration among private healthcare stakeholders is a significant contributor to the poor state of sustainability in the medical aid industry.

ZIMBABWE

NAVIGATING NEW FRONTIERS

Zimbabwe healthcare embraces innovation amid challenges

Zimbabwe's healthcare sector is embracing technological innovations to enhance patient care and operational efficiency, despite facing challenges like economic hardship, fraud, and a shortage of skilled professionals.

In Zimbabwe, like in many countries around the world, the healthcare industry has seen significant technological advances in recent years. These have transformed patient care and enhanced healthcare delivery. Innovations such as precision medicine, artificial intelligence and telehealth are revolutionising treatment approaches and have the potential to improve patient outcomes significantly. These cutting-edge advances in healthcare hold immense value for reshaping the future of the country's healthcare industry.

Medical aid societies in the country have started leveraging the rapid adoption of technology in the health sector to introduce innovative solutions for their members. These solutions are aimed at providing better access to healthcare services and improving the overall health outcomes of beneficiaries.

In one of the most recent groundbreaking developments in the country's medical aid field, BonVie Medical Aid Scheme has launched an operating system in collaboration with NMB Bank. The system enhances operational efficiencies and improves customer experience for its members. The system provides medical schemes with complete control over their data, which is essential for business growth and sustainability while enhancing services to clients.

Another locally generated solution is the introduction of a real-time claims settlement system by Tres Groupe International. The system being offered to medical aid societies seeks to provide a platform where claims are settled instantly, hence improving funder and service provider relations as well as members' access to healthcare providers.

Despite these advances and a trend towards their adoption, many digital health solutions in Zimbabwe remain quite expensive, which has made it challenging for small and medium-sized healthcare organisations to adopt them. This is due to a variety of factors, including the difficulty of setting up multiple networks within healthcare facilities, the limited and high cost of wireless connectivity options and the need for additional security measures to protect sensitive data from breaches.

CHALLENGES FACING MEDICAL SCHEMES

The other challenge faced by medical schemes in Zimbabwe is that instances of fraud, waste and abuse have been on the increase

TECHNOLOGICAL INNOVATIONS IN ZIMBABWE HEALTHCARE

- **Advanced Technologies:** Adoption of precision medicine, artificial intelligence, and telehealth is transforming healthcare delivery and patient outcomes.
- **Innovative Medical Aid Solutions:** Introduction of new systems like BonVie's operating platform and Tres Groupe's real-time claims settlement enhances operational efficiencies and patient access.
- **Digital Adoption Challenges:** High costs and infrastructural limits hinder widespread adoption of digital health solutions among smaller healthcare providers.to enhance healthcare accessibility and sustainability.

Thembelihle Mloyi-Ncube, Group Managing Director, VIVAT Health Solutions. BHF Country Representative (Zimbabwe)

and have become increasingly difficult to detect due to the emergence of well-structured syndicates that engage in serious collusion. The country has been experiencing economic difficulties, resulting in reduced disposable income for some citizens, which in turn affects their ability to afford healthcare. This scenario also reduces the number of patients seeking healthcare services.

Medical schemes have observed a serious increase in the number of chargeable activities being administered to a single patient, a development which may be attributable to low numbers of patients and possible collusion between referring practitioners and secondary practitioners. The major increases have been observed mainly in the number of laboratory tests ordered and the number of lines per prescription.

It has been observed that despite the increasing number of laboratory tests, over 91% of the tests have not confirmed any elements being tested for or resulted in any further medical intervention for the patient. This raises questions as to the necessity of the majority of these tests. Most schemes have noted a significant increase in laboratory claims, from an average of 7% in 2018 to 17% in 2023. The major changes observed were twofold. Firstly, there was an increase in the number of tests per patient from an average of 3.6 tests to an average of 6.8 test lines. Secondly the probability of a patient visiting a medical practitioner with a laboratory increased from an average of 32% to 57% between the years 2018 and 2023.

In 2023 one scheme recovered over 11% of the total annual claims from leakages resulting from fraud, waste and abuse. Of that 11%, over 53% were related to laboratory claims and over 30% were pharmacy claims.

To mitigate this, schemes have taken the responsibility of coming together, communicating with their members and healthcare service providers to address the issue of fraud and minimise it. At an industry level, schemes have taken up collective efforts through the Risk

ZIMBABWE

Management Committee to share information on service providers and members among whom fraud is rampant, and they are held accountable according to relevant policies. It is through these engagements and collaborations that schemes ensure that their members and healthcare professionals understand what kind of behaviour is considered inappropriate and the consequences that may result from such actions.

CHALLENGES AND STRATEGIC RESPONSES

- **Fraud and Abuse:** Increasing instances of medical fraud and misuse of services, prompting collective action and risk management by medical schemes.
- **Economic Impact:** Ongoing economic difficulties reduce disposable income, impacting patient affordability and reducing healthcare service demand.
- **National Health Insurance (NHI):** Government initiatives towards NHI aim to improve healthcare accessibility, complemented by public-private partnerships to bolster facility and service upgrades.
- **Professional Shortage:** Significant brain drain in the healthcare sector, with many skilled professionals emigrating for better opportunities, exacerbating the challenge of maintaining a robust healthcare system.

In a development, that is meant to boost access to universal healthcare in the country, the government of Zimbabwe is currently in the process of launching its National Health Insurance (NHI) programme, which is expected to be rolled out in July of this year. The NHI aims to make medical care more accessible and affordable to the general population.

Currently, only 10% of the country's population is covered by private health insurance, leaving the other 90% of the population vulnerable. The existing medical schemes would complement the NHI by providing cover to those who can afford it. These strides towards achieving universal access to healthcare in Zimbabwe have been complemented by the construction and upgrading of health facilities across the country through public-private partnerships.

Despite these efforts to try to improve the performance of the country's health sector, skills flight continues to plague it and slow down its growth. A shortage of skilled professionals due to a brain drain has left the country with only 3500 doctors available to serve a population of 15 million, according to the Zimbabwe Medical Association. This body has also reported that over 4000 healthcare workers left the country for better opportunities elsewhere last year.

Even though Zimbabwe trains healthcare professionals like doctors, nurses and pharmacists through its universities and other tertiary institutions, many still choose to leave for countries like Namibia, South Africa and overseas, due to a worldwide shortage of skilled workers.

As Zimbabwe's healthcare sector embraces cutting-edge technologies to enhance patient care and operational efficiency, it simultaneously grapples with economic strains, increased fraudulent activities, and a significant brain drain.

The ongoing advancements, if effectively managed and supported by collaborative efforts across sectors and rigorous regulatory reforms, promise a resilient future for the healthcare system, ensuring greater access and improved health outcomes for all Zimbabweans. ■

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https://aecimedicalaidsociety.co.za/

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www.bestmed.co.za

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www.bonitas.co.za

BP Medical Aid Society
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www.bcima.co.za

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www.cmp.co.za

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www.labour.gov.za

CompCare Medical Aid
www.compcare.co.za

Engen Medical Benefit Fund
www.engenmed.co.za

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www.fishmed.co.za

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www.gems.gov.za

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www.medscheme.co.za

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www.imperialmotusmed.co.za

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www.keyhealthmedical.co.za

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www.medipos.co.za

Medshield Medical Scheme
www.medshield.co.za

Old Mutual Staff Medical Aid Fund
www.omsmaf.co.za

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Pick n Pay Medical Aid Scheme
www.pnpms.co.za

PG Group Medical Scheme
www.pggmeds.co.za

South African Police Service Medical Scheme (POLMED)
www.polmed.co.za

Rand Mutual Assurance
www.randmutual.co.za

Rand Water Medical Scheme
www.randwater.co.za/medicalaid.php

Rhodes University Medical Scheme
www.rumed.co.za

SABC Medical Aid Scheme
www.medscheme.co.za

SAMWUMED
www.samwumed.org

SEDMED
www.sedmed.co.za

Sisonke Health Medical Scheme
www.sisonkehealth.co.za

Sizwe Hosmed Medical Scheme
www.sizwehosmed.co.za

Suremed Health Medical Aid Scheme
www.suremedhealth.co.za

TFG Medical Aid Scheme
www.tfgmedicalaidscheme.co.za

Thebemed
www.thebemed.co.za

The Federated Employers Mutual Assurance Company (FEM)
www.fem.co.za

Tiger Brands Medical Scheme
www.tbms.co.za

Transmed Medical Fund
www.transmed.co.za

Umvuzo Health
www.umvuzohealth.co.za/

Witbank Coalfields Medical Aid Scheme
www.wcmas.co.za

Wooltru Healthcare Fund
www.wooltruhealthcarefund.co.za

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www.bpomas.co.bw

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HEALTH FUNDERS LESOTHO

Mamoth Health
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Medhealth
www.medhealth.mw

HEALTH FUNDERS NAMIBIA

GEMHEALTH Medical Aid Scheme
www.gemhealthmedical.com.na

Napotel Medical Aid Fund
www.napotelmedical.com.na

Renaissance Health Medical Aid Fund
www.rmanam.com

Nammed Medical Aid Fund
www.nammed.info

HEALTH FUNDERS ZIMBABWE

Bonvie Medical Aid Scheme
www.bonvie.co.zw

Cimas Medical Aid
www.cimas.co.zw

Generation Health Medical Fund
www.generationhealth.co.zw

For the sustainability of the industry, unity is key. If you're not yet a BHF member, reach out to us and lend your voice to the cause as a member of our community.

Contact: Zola Mtshiya | Email: zolam@bhfglobal.com or call 065 819 2224

B·H·F
Board of Healthcare Funders

Our Value Proposition

1. REPRESENT MEMBER INTERESTS

- Lobby and advocate policy position on behalf of our members
- Assist members with regulatory compliance
- Provide legal advice to membership on industry issues
- Assist in containing healthcare costs
- Protect the image of the industry
- Identify and monitor trends impacting our members

2. CREATE PLATFORMS FOR MEMBER ENGAGEMENT

- Promote unity and collaboration by creating platforms that enable our members to engage with the BHF and participate in industry issues
- Create networking opportunities
- Engage and develop relationships with key stakeholders

3. DEVELOP INDUSTRY STANDARDS

- Promote best practice in the healthcare funding industry
- Promote healthcare quality
- Identify and recognise key role players in the industry

4. FACILITATE EDUCATION AND TRAINING

- Provide guidance
- Provide stewardship and facilitate thought leadership exchange on industry issues
- Enhance skills and knowledge within our membership
- Progress tracking reports on industry issues
- Promote stakeholder, consumer awareness and medical scheme member education

5. TRANSFORMATION THROUGH DEVELOPMENT

- Identify opportunities to drive transformation in the industry
- Graduate programme development

6 PROVIDE AND IDENTIFY OPPORTUNITIES

- Profile our members and our industry

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