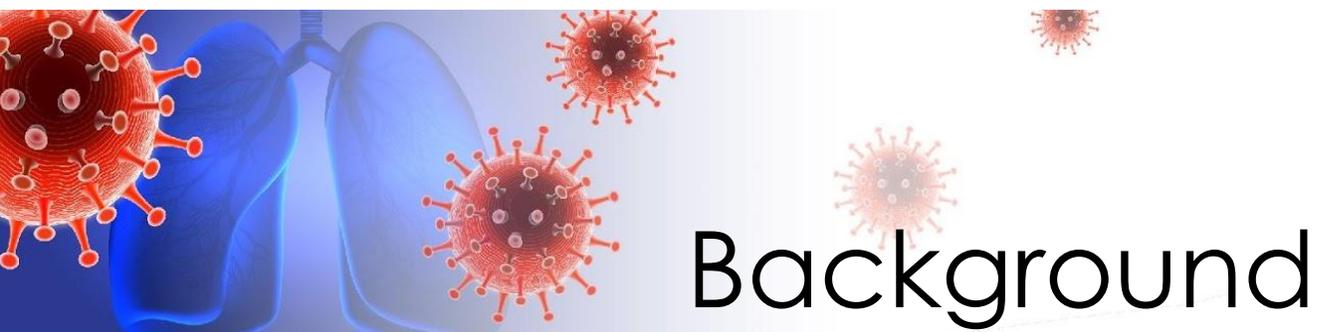


Implementing an effective and sustainable Private Public Model – a case study in Nelson Mandela Metro and OR Tambo

Dr Siphon Nyathie



Background



AQUITY Innovations and NEXT2PEOPLE were awarded the TB REACH grant to implement a Public Private Mix TB Control Program in the Nelson Mandela Metro and the OR Tambo District of the Eastern Cape. The objectives were:

- Demonstrate feasibility of outsourced private public model in South African setting for TB management;
- Implement PPM model to achieve targets on TB screening, testing, case identification, treatment initiation, and treatment completion;
- Explore and demonstrate steps for scale up.
- Explore the feasibility and practical steps for the PPM approach as a sustainable delivery model within the National Health Insurance



NHI BILL AN EQUALISER IN TERMS OF HEALTH, SAYS DHLOMO

Chairperson of Parliament's Health Portfolio Committee Dr Sibongiseni Dhlomo said that interested individuals could still make written submissions on the NHI Bill directly to Parliament until 29 November.



Broad support for NHI Bill at KZN hearings

Daily Maverick - 7 hours ago

She stressed the importance of the hearings on the NHI Bill. ... saw the NHI as the only vehicle that would enable the people of South Africa to have On 25 November 2019, the committee concluded its public hearings in the ...

National health Insurance



KwaZulu-Natal Health MEC Sibongiseni Dhlomo. Picture: KZNhealth.co.za

BUSINESSTECH

Massive tax hike needed to fund South Africa's NHI: economists

Staff Writer 25 November 2019



BUSINESS MAVERICK

Solidarity report: 'NHI will destabilise SA healthcare sector'

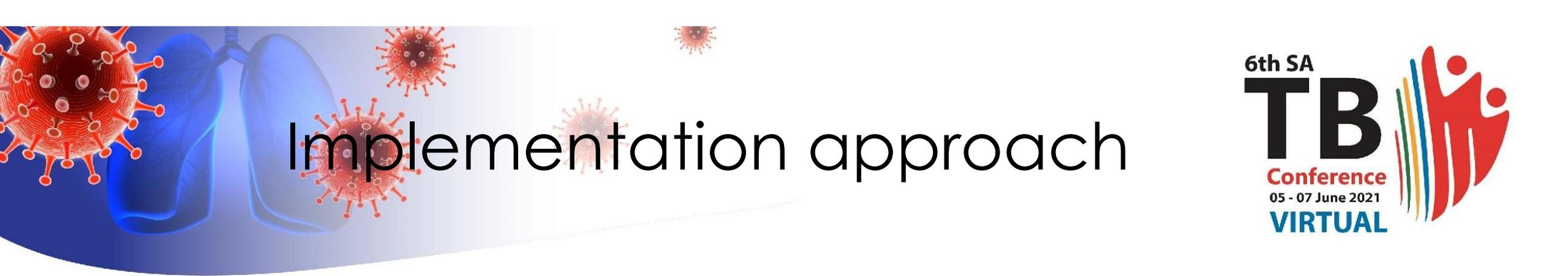
By Chanel Relief • 31 October 2019



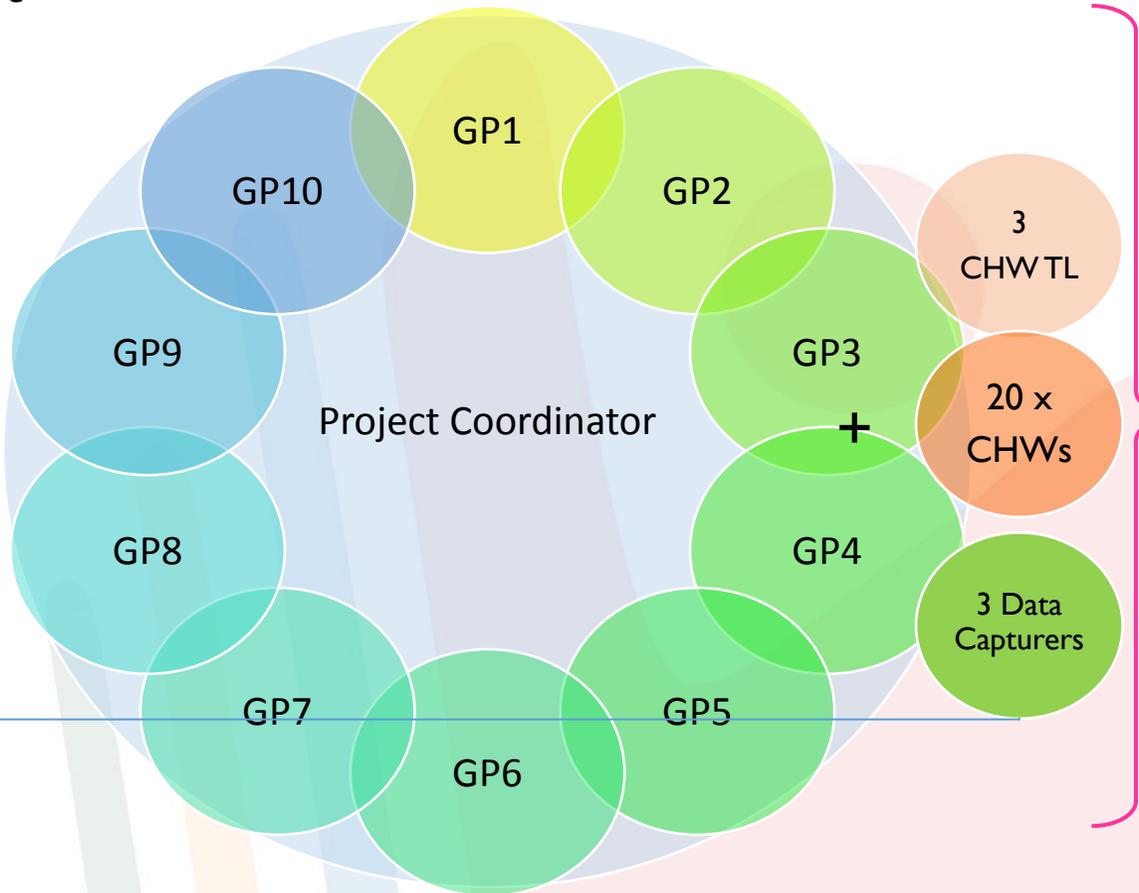
NHI revenue could fall in SOE debt blackhole

BizNews - Oct 31, 2019

In practice it will place all medical service providers in South Africa ... to the health portfolio committee on the NHI Bill in August 2019, health ...



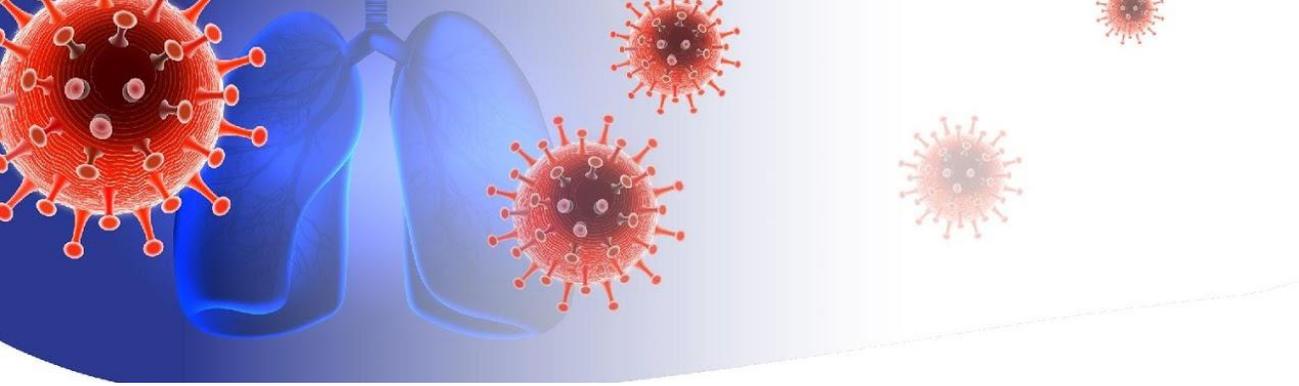
Adjunct Public health infrastructure



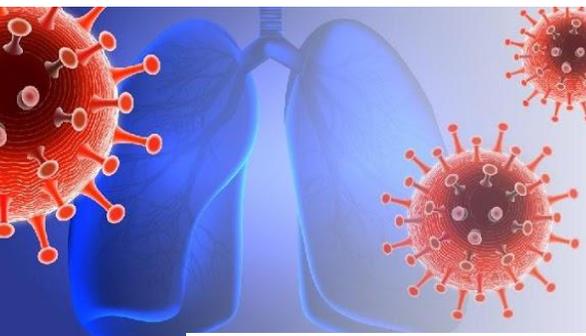
GPs were linked catchment public health facilities to facilitate

- Access to medicines
- Reporting onto government data base
- Ease of referral

Remuneration of GPs was based on NHI rates based estimated time spent on TB patients



1. Healthcare services will be delivered through certified and accredited health care providers located closest to the covered population to improve allocative efficiency, affordability and sustainability.
2. **Both models of Contracting – in and Contracting –out will be applied to manage TB.**
3. Contracted-out services will be purchased from integrated teams of providers or networks structured as multidisciplinary practices of a wide range of health care professionals such as medical practitioners, dentists, nurses, pharmacists, psychologists, audiologists, optometrists, physiotherapist, oral health practitioners and social workers amongst others.
4. Detailed clinical and treatment guidelines, which are based on available evidence about the most cost-effective interventions, will be used to guide the delivery of comprehensive health care services at appropriate levels of care.
5. All treatment guidelines including for TB will be routinely reviewed to consider the assessment and appropriateness of new technologies.
6. Clinical Peer Review Committees will employ transparent and accountable processes to mitigate the potential impact of perceived inflexibility of treatment guidelines by clinicians. This will be applicable in the management of complications and/or co-morbidities.



Service delivery model

90	90	90	90
ACTIVE CASE FINDING	SYMPTOMS SCREENING	DIAGNOSIS	TREATMENT AND FOLLOW UP



90	90	90	90
ACTIVE CASE FINDING	SYMPTOMS SCREENING	DIAGNOSIS	TREATMENT AND FOLLOW UP



Results

Indicator	Nelson Mandela Metro (Intervention - 1 sub-district)		OR Tambo District (7 sub district covered)	
	Performance (n)	Percentage	Performance (n)	Percentage
individuals screened ,	188000		162000	
Presumptive rate	18800	10%	29160	18,0%
Testing rate	186120	99%	144180	89,0%
Positivity rate	15040	8%	9720	6,0%
Treatment initiation rate	180480	96%	145800	90,0%



Discussion



- Extension of GP contracts (also nurses and CHWs) by a few hours performed within their own GP practices would go a long way to improve early TB screening, diagnosing and treatment directly within afflicted communities in a **Disease Management** and **People-centred approach** to leave no one behind.
- CHWs and linkage to Public Health Facilities allows GPs to benefit from community linkages and Public Health Facilities benefit from access to a clinician
- Operationalising NHI will probably be more feasible if they contract out and utilise interfacing agencies (not for profit) to ensure
 - Adherence to treatment guidelines
 - Continuous Medical Education by GPs
 - Reporting to government data base
 - Managing administration and finance



Conclusion



This novel approach to active case finding of presumptive TB cases showed that it is possible for the Public and Private sector to partner together towards a common goal with DoH primary care clinics supported by NHLS GeneXpert laboratories.