THE SIX (6) BUILDING BLOCKS OF A HEALTH CARE SYSTEM

According to WHO (World Health Organisation) a health care system has six (6) building blocks:

1. **Leadership and governance;**
2. **Access to essential medicines and other Commodities;**
3. **Health workforce (Human Resources)**
4. **Health systems financing**
5. **Health information systems**
6. **Health service delivery**

Declaration of Alma-Ata

International Conference on Primary Health Care, Alma- Ata, USSR, 6-12 September 1978

Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

HEALTH FOR ALL BY THE YEAR 2000

Three (3) Methods of Financing Health Care around the Globe

Forwarded

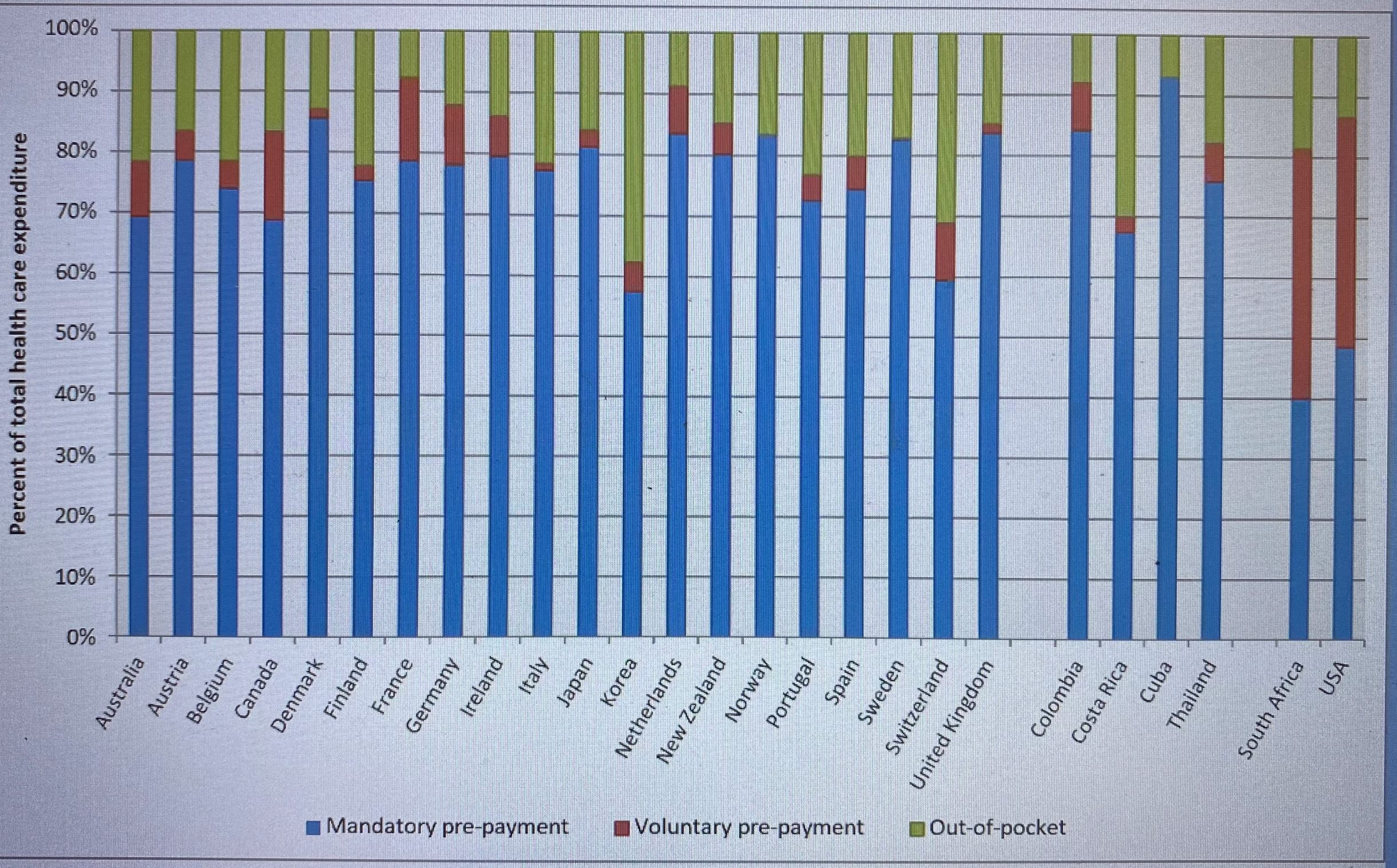
SA should ditch its American healthcare system

The rest of the world has learnt how to overcome the failings of the US healthcare system by replacing private health financing with public fina...

dailymaverick.co.za

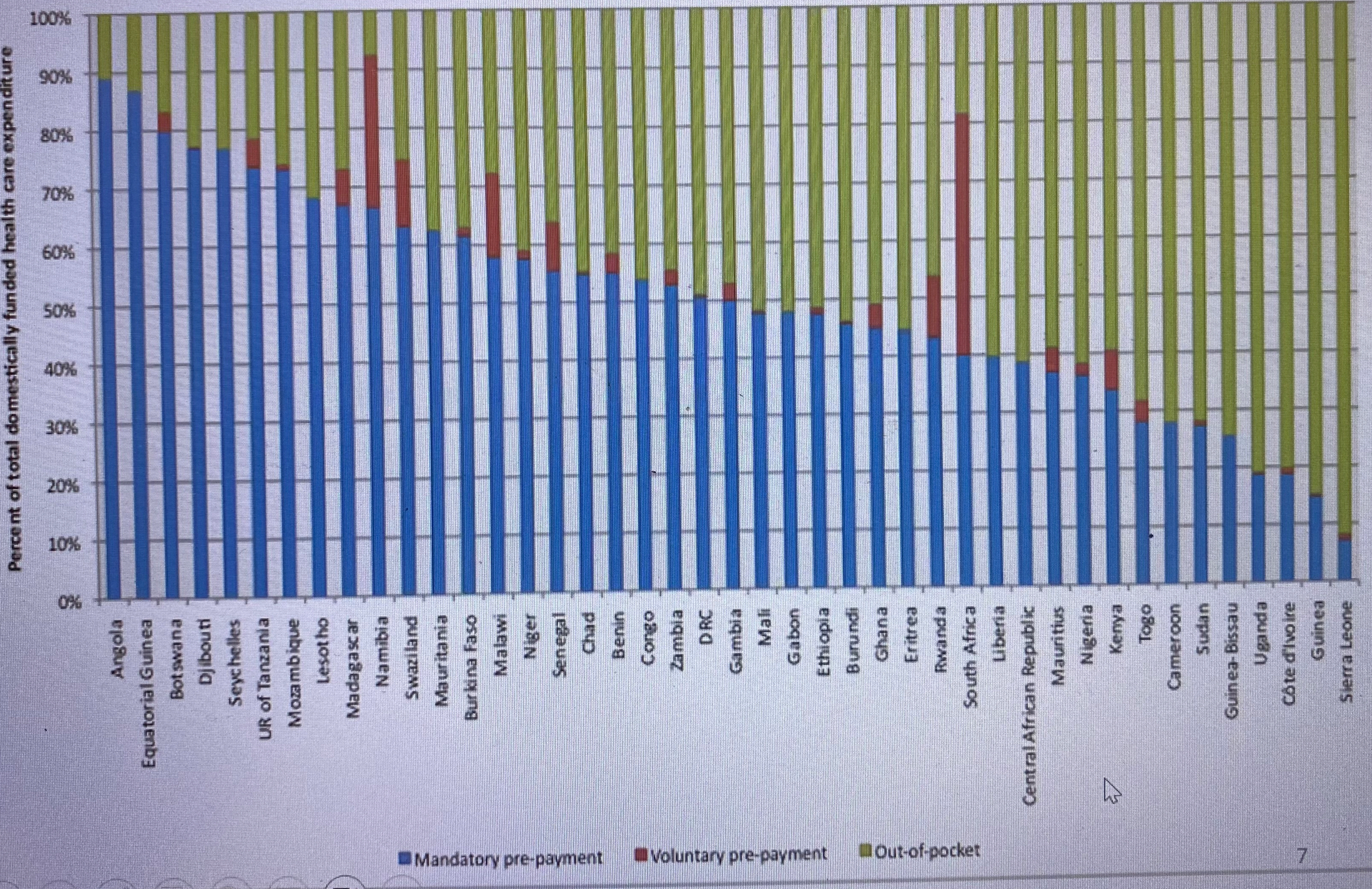
https://www.dailymaverick.co.za/article/2025-05-22

National Health Accounts dataset



WHO National Health Accounts dataset (2009 data)

Africa - Disaster in the making



WORLD HEALTH ORGANISATION (WHO) RESPONSE

(UNIVERSAL HEALTH COVERAGE)

UHC

Examples of Countries with UHC

UK - NHS (National Health Service)

- 1948
- 2nd World War Crisis

Canada – Medicare

- 1947
- 2nd World War Crisis

Thailand – UHS (Universal Coverage Scheme) or 30-Baht Scheme

- 2002
- Asian Financial Crisis of 1997

Examples of Countries with UHC Contd.

Indonesia – JKN (Jaminah Kasehata Nasional)

- Year 2014
- Asian Financial Crisis of 1997

Brazil – SUS (Sistema Unico De Saude)

- 1990
- Very extremely high Gini Coefficient, poverty level at 25%
- Now poverty level at 3.3%

China – Resocialisation of its health financing system

- 2002
- SARS Crisis (Severe Acute Respiratory Syndrome Crisis)

Examples of Countries with UHC Contd.

Mexico – Seguro Popular (Popular Insurance for everybody

- 2001
- To reduce huge health disparities

USA – Obama Care (Affordable Healthcare)

- Failed due to huge political opposition
- Huge interest groups in multipayer systems

Healthcare Financing

Recommendation from the WHO to the World:

5% of the GDP of a country to be spent on Health.

Where is South Africa?

8.5% of GDP spent on Health (presently R570 billion)

- 51% goes to 14% of the population
- 49% goes to 86% of the population

STATE SUBSIDY TO PRIVATE HEALTHCARE

1. Subsidy to Public Servants

- Teachers
- Doctors, Nurses and other healthcare workers
- Managers, including DGs, DDGs, HODs, Chief Directors, Directors, Deputy Directors and all other levels of public servants, CEOs and MDs of State Owned Enterprises and Public Entities
- The Police
- The Army
- The Judiciary
- The President, Deputy President, Members of Parliament and of Provincial Legislatures, including Ministers, Deputy Ministers, Premiers, MECs,

R70 billion

2. Tax Rebates / Credits:

R33 billion

WHEN EQUALITY IS JUST A SOUNDBITE

Selected Health Statistics, BRICS Countries

Indicator	Brazil	Russian Federation	India	China	South Africa
Total population (millions)	215.3	143.9	1442.6	1474.0	63.1
Total expenditure per capita (PPP int $)	1,625	1,600	1,100	1,700	1,700
Total expenditure on health as % of GDP	9.89	7.6	3.28	6.8	8.5
General government expenditure on health as % of total government expenditure	10.1	12	6.5	7.5	13.5
Life expectancy at Birth Males Females Both	 73.07 79.26 76.7	 69.57 79.29 74.5	 70.52 73.65 72.03	 76.18 81.52 77.0	 61.4 67.3 64.3

Indicator	Brazil	Russian Federation	India	China	South Africa
Infant mortality rate (per 1,000 live births)	12.4	4.64	25.79	8.17	27.7
Under 5 mortality (per 1,000 live births)	12.4	5.8	29.1	8.1	28
Adult mortality rates, 15-59 years (per 1,000 population)					
Male	205	391	250	142	521
Female	102	144	169	87	479
Both	154	269	212	116	496
Maternal Mortality Ration (per 100,00 live births)	55	23	97	23	119
Distribution of years of life lost by causes (%)					
Communicable	12.1	6.3	14.1	14.1	37.4
Non Communicable	34.6	53.4	31.4	43.8	24.9
Injuries	34.6	34.1	29.4	25.6	23.1
Prevalence of HIV among adults aged 15-49 (%)	0.6	1.0	0.3	0.1	12.7
Prevalence of TB (per 100,000 population)	48	47	192	61	781
Tobacco smoking 15+ (%)					
Males	22.4	39.1	19.9	48.4	41.7
Females	14.5	21.7	2.0	2.3	17.9

TOTAL MEDICAL SCHEME EXPENDITURE 2010 TO 2022

	2010		2022	
Total medical scheme spend on health	**R84.7bn**	**% of total**	**R218.4bn**	**% of total**
Hospitals	R31.1bn	**36.72%**	R77.4bn	**35.46%**
Private Hospital	**R30.8bn**	**36.36%**	**R77.4bn**	**35.46%**
Public Hospital	R281 mil	**2.6%.**	R0.3bn	**0.15%**
Specialists	R19bn	**22.43%**	R59.0bn	**27.03%**
Medicines	R14bn	**17.23%**	R33.9bn	**15.53%**
GPs	R6.2bn	**7.31%**	R11.5bn	**5.25%**
Dentist	R2.5bn	**2.95%**	R4.3bn	**1.97%**
Supplementary and Allied Health	R6.7bn	**7.9%**	R17.1bn	**8.11%**
Total Non-Healthcare Cost	R11.6bn	**13.9%**	R18.9bn	**8.65%**

Racial divide in healthcare use

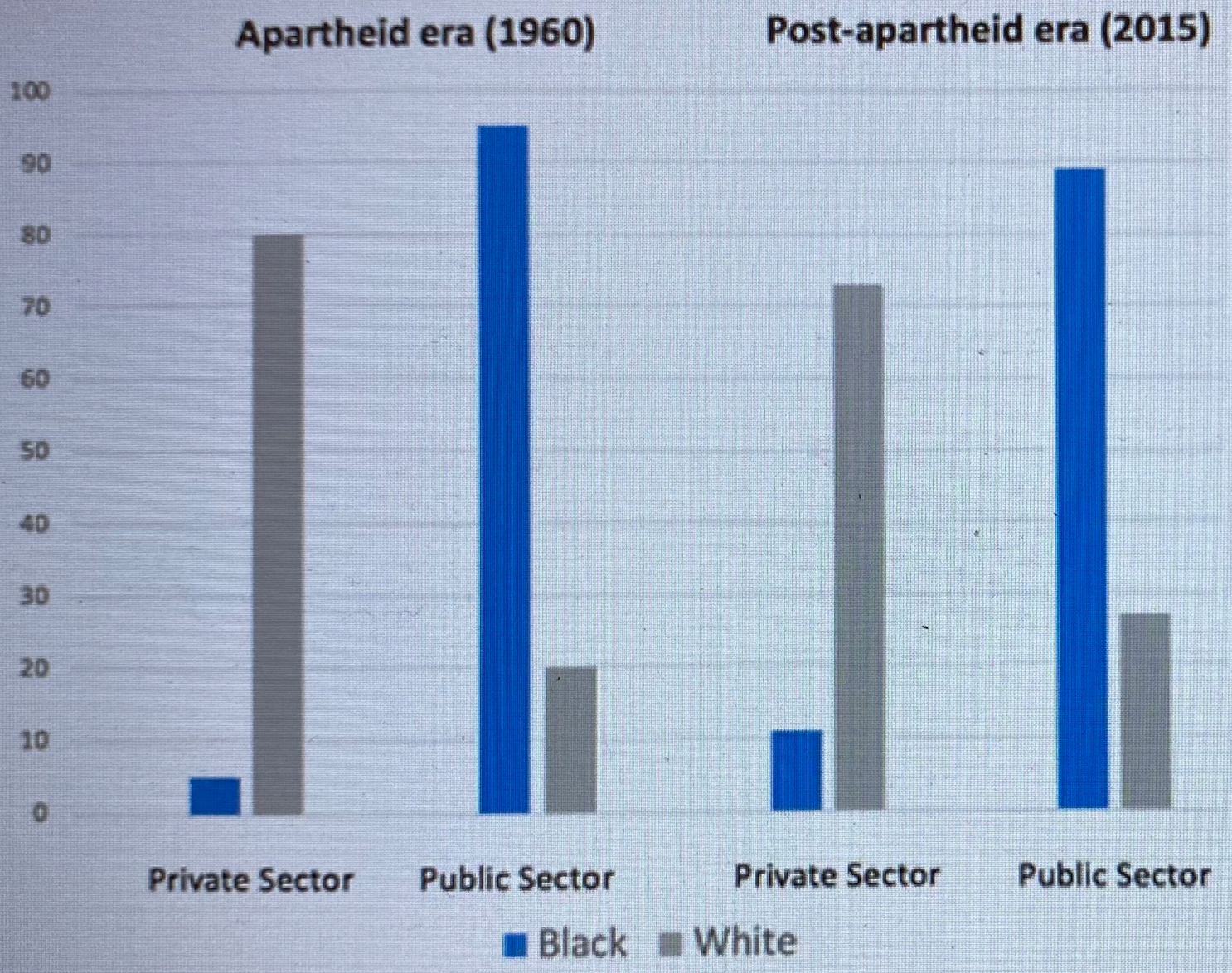


Figure 1. Private and public sector users by race

Percentage of the black and white South African population using private or public services (2017)

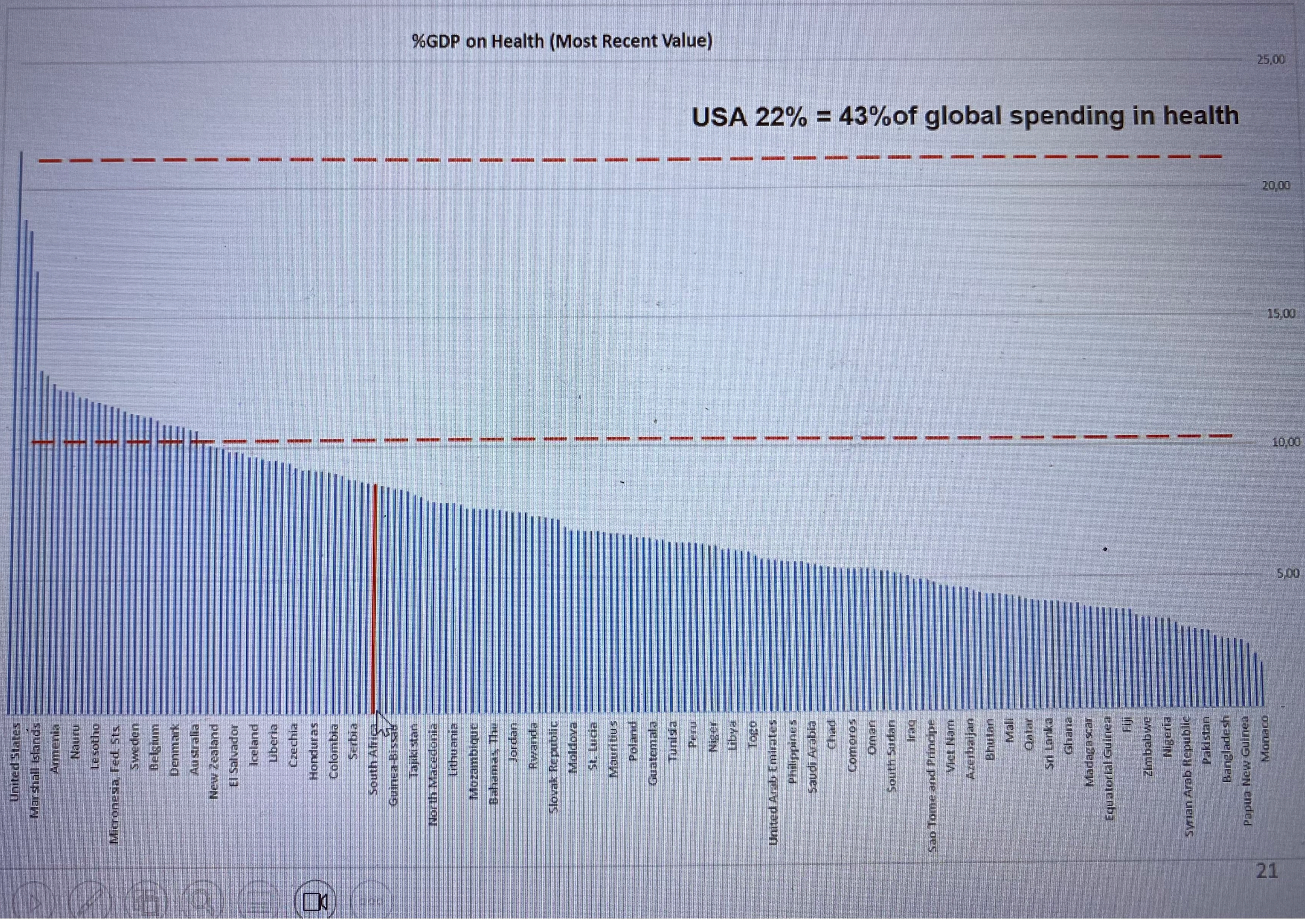
Source: *Solomon et al. A Health Care System Divided: How Apartheid's Lingering Effects Harm South African Maternal Health. McGill Journal of Global Health. 2020;9(1):27-44.*

Racial Divide Translates into:
(for over a half century of MEDICAL AIDS)

- Covers only 10% of the black population
- But covers 72% of the white population

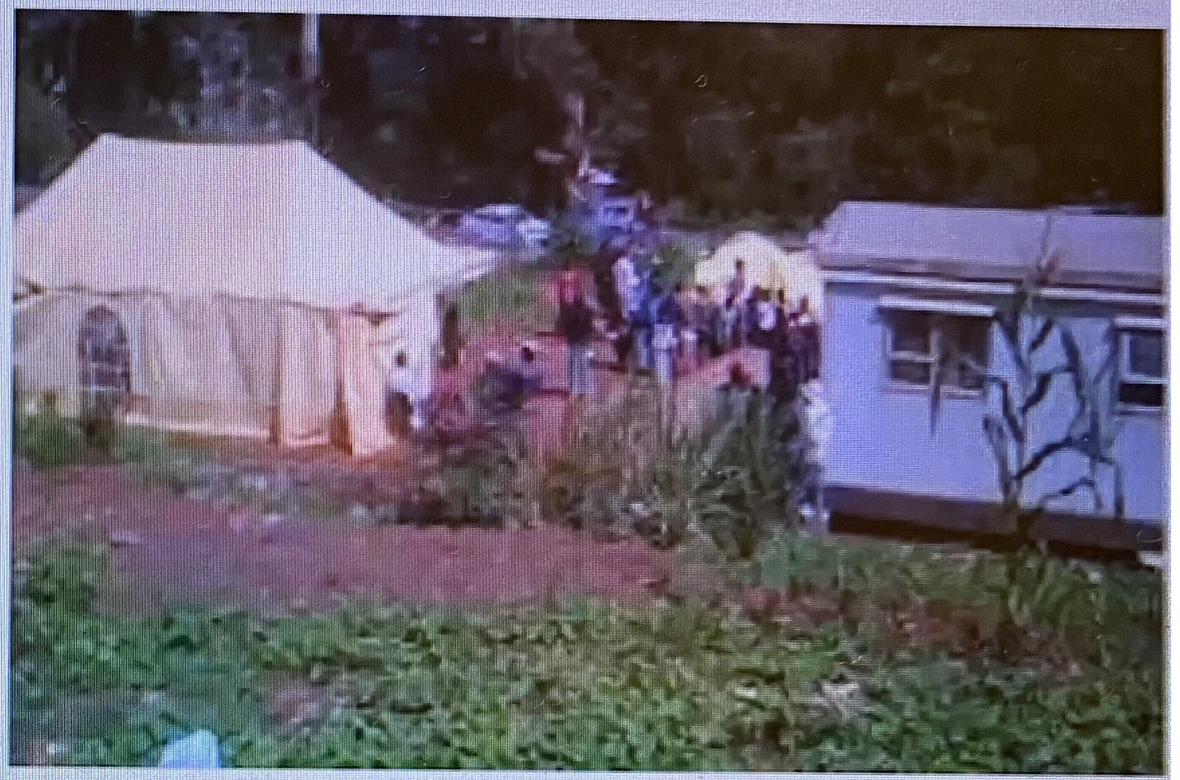
This means that 90% of the black population remains uncovered and 28% of the white population also remains uncovered

World Bank Report %GDP on Health



PUBLIC HEALTH SECTOR FACILITIES (Is there a plan to improve them?)

THE STORY OF LUSIKISIKI CLINIC

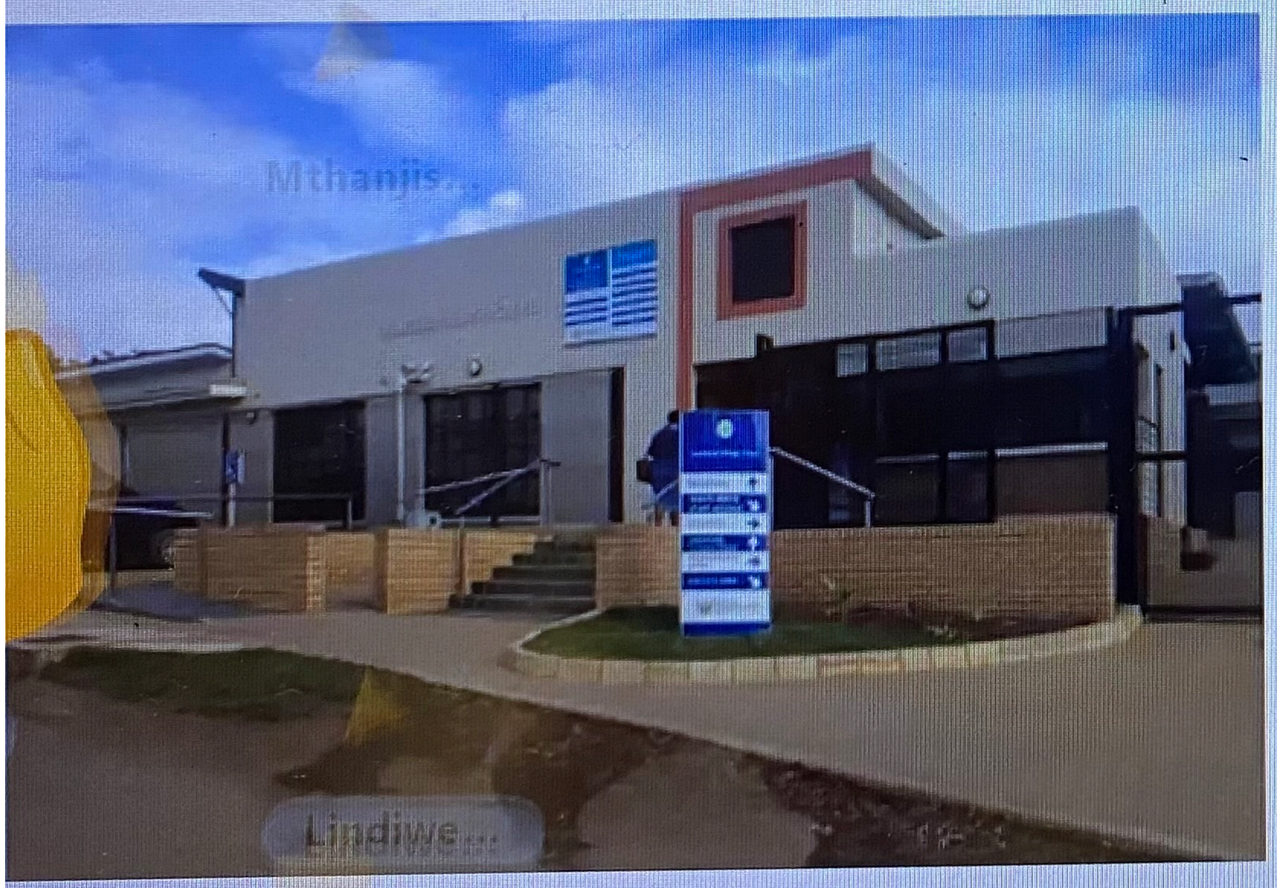


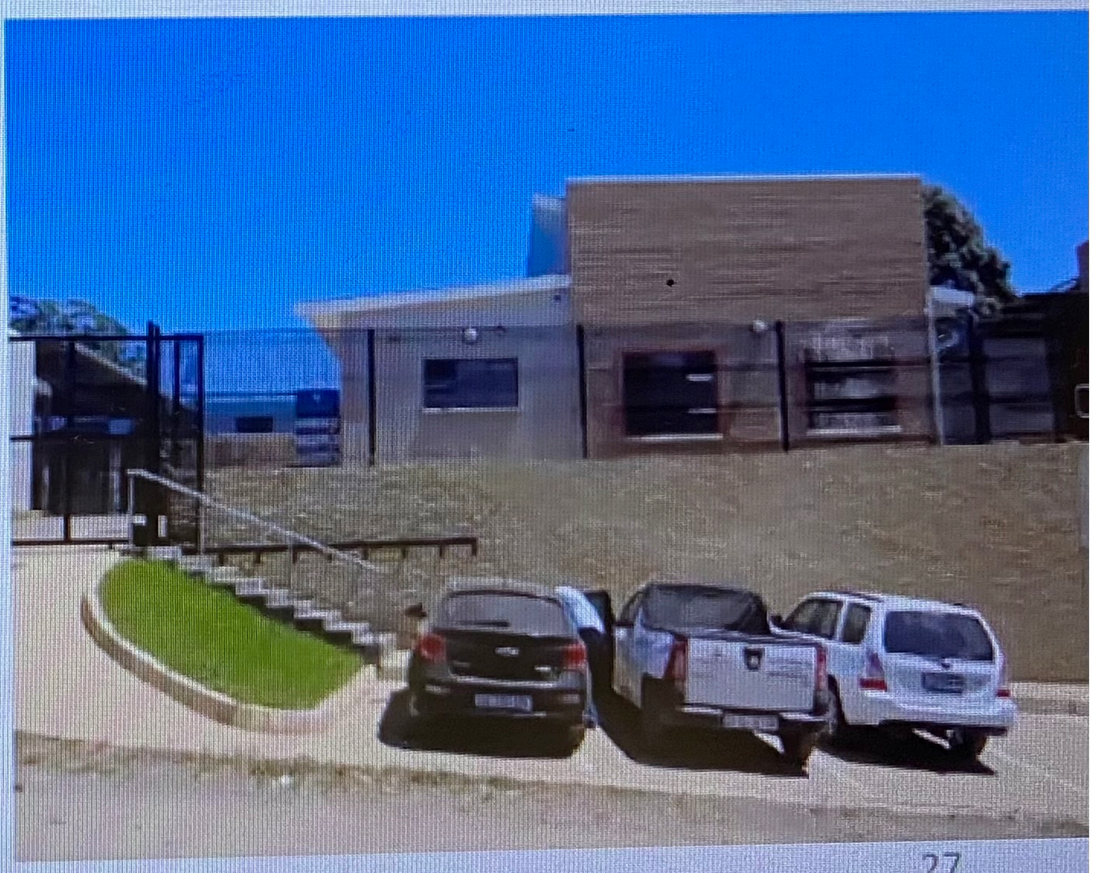
THE AFTER PICTURES

(of Lusikisiki CHC)

Lusikisiki Clinic – New Facility

Lusikisiki Clinic – New Facility


Mthanjis...
Lindiwe...



Lusikisiki Clinic – New Facilit

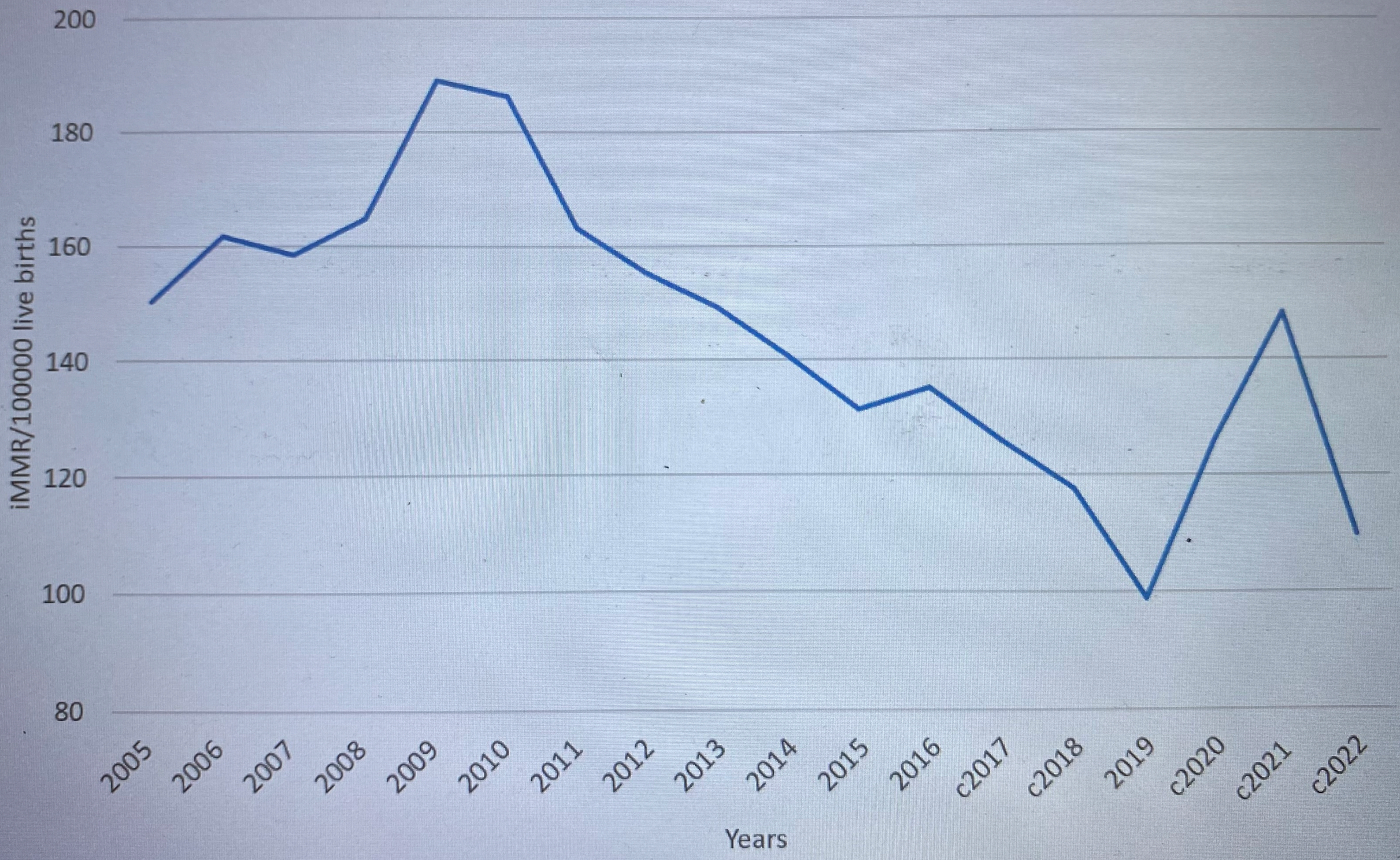
Moeti M...

Is there an example of what NHI can achieve?

Ana Dohe...

Mathabo...

Trends in iMMR in SA 2005 to 2022



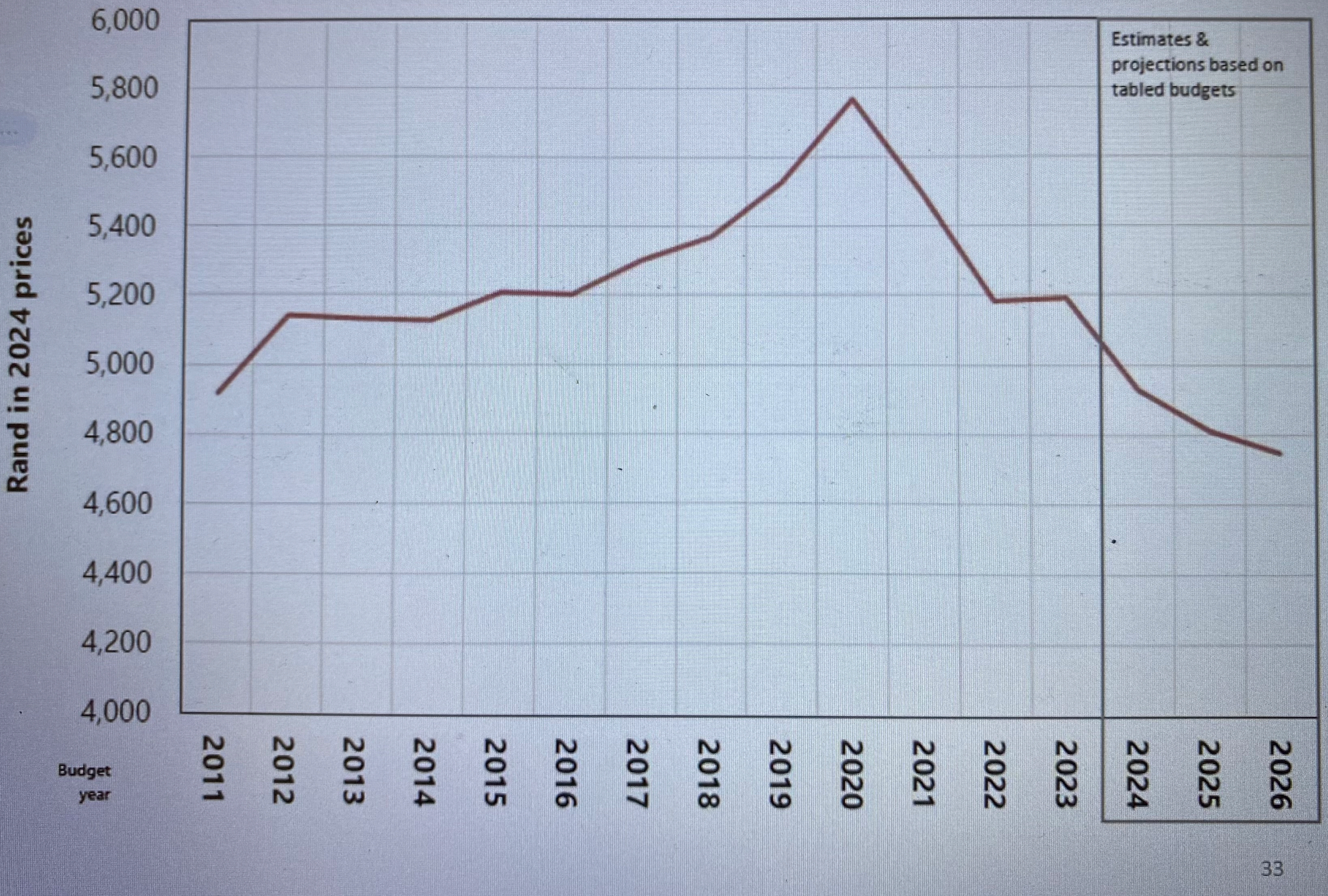
The graph depicts the NHI Type of Practice –

Massive Universal HIV/AIDS Counselling, Testing and Treatment Campaign of 2010, dramatically brought down maternal mortality in the country.

Can the Healthcare system survive the present health financing situation?

Provincial healthcare spending

Real spending per uninsured person



Arguments about cost of NHI

- Commonly claimed to be R1.3 trillion
- This widely quoted figure is said to be coming from Momentum Life
- In our meeting with Momentum Life, they denied this even officially in writing
- Section 57(1)(b) of the NHI Act:

  ”National Health Insurance must be gradually phased in, using programmatic approach **based on financial resource availability.**”

Corruption

- It is believed that NHI is a scheme that is going to be extremely corrupt
- But in the present medical schemes, corruption to the tune of R28 billion is quoted every year, but politely called collusion, leakage, inefficiency
- NHI is going to be a Section 3A Public Entity, in which all the people who feel can fight corruption strongly, will be appointed.

Terms and Proposal that are being bandied around

- Risk Equalisation Fund
- Low-Cost Benefit Options (LCBOs) (NB. Presently 71 medical aids have 311 options with massive administration fees)
- Mandatory Medical Scheme for all the people earning at a particular level, to increase number of medical aid beneficiaries from 9 million to 27 million, but South Africa has got 63 million people

END