

## **Year 6 Report (2017 activities)**

An annex of the Specific Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

---

### **Country: South Africa**

EU-Luxembourg-WHO UHC Partnership

**Date: 16 Jan 2018**

**Reporting Period: 1 Jan 2017 to 31 Dec 2017**

**Prepared by: WHO Country office**

## INTRODUCTION

**The template is structured into IV sections.**

### **Section I: Results**

We recommend completing section II prior to section I.

This section is to serve as an exhaustive listing of the results and outputs that have arisen from the UHC Partnership in 2017. Kindly relate these to Specific Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partial) completion of activities indicated in the roadmap, with activities having contributed directly or indirectly to listed results and outputs. In brief, section I puts emphasis on the results achieved; section II focuses on the activities per se. Hence our recommendation to complete section II prior to section I.

*To take an example, a result could be an improved health sector coordination (as measured or perceived by the actors), as part of an enhanced governance and leadership of the health sector by the MoH or the Government. An activity that has contributed to above-mentioned result could be holding regular meetings, or organization of the joint annual review on a regularly basis. Another example could be to get an increased share of the government budget allocated to the MoH, as a result of the elaboration and utilization of the Health Accounts (which is here considered as an activity).*

### **Section II: Activities**

This section includes four subsections pertaining to the roadmap activities.

The first subsection is a list of the activities completed or partially completed as per your country's roadmap in 2017. Please provide a more detailed overview of how activities were undertaken, including the role of the partnership, as well as key documents accomplished (finalized reports, plans, case studies etc.).

The second subsection is for information on any obstacles encountered, or changes in circumstances that affected your original plan as per the roadmap. Please also list here and report on all *additional* activities that were funded by the UHC Partnership which were not included in the original roadmap.

The third subsection serves to understand key takeaways and learning points as a result of the activities or changes this year.

The fourth and final subsection includes a summary and relevant evidence of how the programme activities or results have been communicated to the public.

### **Section III: Impact Assessment**

This section is intended to be a more in-depth exploration into one of the activities, or perhaps two to three interlinking activities that may showcase the impact of the UHC Partnership in a broader context beyond the specifics laid out in the roadmap. The purpose of this is to highlight the more intangible value of the UHC Partnership beyond the outlined metrics, and its contributions in wider scope towards universal health coverage, and should ideally include enough details to be understood by an external reader with no background knowledge of universal health coverage or the UHC Partnership.

## Section IV: Roadmap for 2018

The purpose of this section is to look forward and consider what the goals are for 2018 and how those may be reached. Please list the planned activities as well as the time frame for those activities for calendar year 2018, and relate activities to SO's and ER's (see Annex).

### SECTION I: RESULTS

#### Main results

Put here all results as set in the Logical Framework and Roadmap and link them to SO I, SO II or SO III. You may also want to relate to the overarching dimensions of universal health coverage (coverage, financial protection, quality of care, equity etc.). Explain how activities implemented have contributed to the results achieved.

We advise filling out section II prior to filling out this section. The reasoning behind is that section II is a description of the activities undertaken, while section I is for the results achieved and the key outputs from those activities. Example, a result could be an improved handling of antibiotic usage, with a key documentation as to a finalized antibiotic guideline. An activity that has contributed to above-mentioned result is holding training workshops on rational use of medicines for providers on a regularly basis.

Result-1 (SO-1): The National Health Insurance White paper has been finalized and approved by the Cabinet, Government of South Africa on 28 June 2017. This policy is a landmark and will be instrumental in fulfilling the Constitutional right to healthcare (Section 27) and provisions of the National Health Act 2003 in South Africa. NHI aims to ensure Universal Health Coverage by improving access to good quality health services for all South Africans based on their health needs, irrespective of their socioeconomic status. Most importantly, the NHI will provide financial risk protection against the rising healthcare costs. This would be done through pooling of financial resources under a single fund (called NHI Fund) and strategic purchasing of health services (preventive, promotive, curative, rehabilitative and palliative) ensuring continuum of care across health facilities. The EU-Luxemburg-WHO UHC partnership has been instrumental in supporting the National Department of Health and the Government of South Africa in effectively concluding the work of six work-streams. WHO through internal expertise and domain help developed multiple technical papers that fed into and informed the policy directions reflected in the NHI white paper.

Result-2 (SO-II): The bill on Health Promotion Levy was passed by the President of South Africa, in Dec 2017 which will result in taxing of the sugar sweetened beverages or SSB tax (Act No. 14, 2017: Rates and Monetary Amounts and Amendment of Revenue Laws Act, 2017). The SSB tax will be implemented from April 2018 and is likely not only to discourage and reduce the consumption of unhealthy foods/drinks and related preventable disease burden, but will also generate additional Government revenues that could be utilized to finance public health services. South Africa is one of the handful countries globally to have passed such law.

Result-3 (SO-II): Health Market Inquiry (HMI) established by the Competition commission, (Govt. of South Africa) to investigate the private healthcare sector has made several important recommendations to reduce the costs and make private healthcare sector more transparent; this includes revision of PMBs, health outcomes monitoring and reporting and tariff determination. The seminars and discussions continue to generate interest and implicitly point to the need for NHI system that could help reduce costs in the private sector.

WHO-OECD study on private hospital prices in South Africa, which concluded that price levels for private hospital services in South Africa are comparable to the levels observed across OECD countries, has been a major factor in augmenting such discussions at HMI. WHO has also made several written contributions and supported NDoH development of responses for the Health market enquiry

## SECTION II: ACTIVITIES

### Main activities achieved and progress made:

Please estimate **approximate percentage of achievement** for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO, potentially in collaboration with existing initiatives of UN agencies, NGOs etc.

What are some concrete and visible outputs of Partnership activities (e.g. annual review report, plans and strategies, case studies, publications)?

**Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.**

**SO I:** To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.

**ER 1:** South Africa will have updated the White Paper on National Health Insurance (NHI) through an inclusive policy dialogue process towards an increased coverage with essential health services, financial protection and health equity

<b>Roadmap Activity:</b> EU-Lux-WHO UHC Partnership provided continued technical support to guide the work of six work-streams established by the National Department of Health, Government of South Africa for development of the NHI white paper	% of completion 100%
--	-------------------------

<p><b>Activities undertaken:</b> WHO participated in the meetings of these six work streams and together with the hired consultants and domain experts finalised the development of technical reports on multiple vital aspects that fed into the final NHI White paper which was approved by the Government of South Africa in June 2017. Direct WHO contributions include:</p> <ul style="list-style-type: none"> <li>• Report on legal opinion on NHI in context of the existing acts and legislations, describing acts &amp; regulations as part of the NHI and various legislative models for guiding the NHI.</li> <li>• Proposals for priority setting, costing of essential package and resource mobilization using the Health Intervention and Technology Assessment (HiTA).</li> <li>• Report on the Contracting of providers and provider payment models especially through mechanisms such as capitation based models -</li> <li>• Mapping of the service delivery in several districts to the population dispersion and need. A geo-spatial model was developed which overlays the dispersion of population from census with the distribution of various</li> </ul>	<p><b>Key Outputs:</b> The NHI white paper finalised and approved by the Government of South Africa</p>
--	---

<p>health providers, clinics, CHS, hospitals etc. By combining this information the NHI managers should be able to identify places with low availability of health services and high need, and be able to decide on investment, HR reallocation etc. to improve the efficiency of existing resources. WHO supported the testing of this model in one district for scale-up across the country. A fully functional MS excel model and user guides were also developed</p> <ul style="list-style-type: none"> <li>• Systematic review of evidence on district health strengthening initiatives, that would inform the various policy and programmatic interventions at national, provincial and district levels</li> </ul>	
<p><b>Roadmap Activity:</b> <i>Consultative seminar with international participation after the draft NHI Bill is introduced</i></p>	<p>0 % of completion</p>
<p><b>Activities undertaken:</b>  Since the NHI white paper was approved in late June, 2017 the Government has been busy with the establishment of seven bodies and institutions to further guide NHI implementation. WHO-HQ and Country office have submitted detailed comments for consideration of the Minister of Health in this regard. WHO and NDoH have proposed to hold a high level stakeholder consultation on the NHI – to take stock of current situation and plan coordinated steps for the next phase. The WHO proposal has been welcomed by the Minister of Health and 26-27 Feb 2018 has been in principal agreed for this Consultative dialogue which is intended to involve very high level international participation-possibly including DG-WHO and President World Bank.</p>	<p><b>Key Outputs:</b>  NHI dialogue proposed for Feb 2018</p>
<p><b>Roadmap Activity:</b> <i>Provide technical support in responding to Media Reports / articles on the NHI</i></p>	<p>80 % of completion (ongoing activity)</p>
<p><b>Activities undertaken:</b> WHO has hired services of a professional media company to facilitate monitoring of the media reports – both in print and online media formats. The subscription has been extended to the officials in NDoH and has been very helpful in early identification and response to adverse media reports regarding NHI. The media monitoring has also been useful in understanding positions and perceptions of various stakeholders regarding the NHI.</p> <p>WHO also supported NDoH in assessing the perceptions of various stakeholders to develop a communication strategy for the NHI. WHO commissioned a study to Institute of Social and</p>	<p><b>Key Outputs:</b>  Media monitoring platform established</p> <p>NHI perception study concluded, and development of NHI communication strategy initiated</p>

<p>Economic Research (ISER), Rhodes University. The findings from focus group discussions with key stakeholders including the public and private providers, the beneficiaries of medical schemes and others concluded that, while respondents across all social groups endorsed the values and principles of the NHI, they had significant anxieties and fears about its implementation and the consequences for themselves about the envisaged changes to the health care system. These anxieties stemmed from a lack of substantive information on what is envisaged by the NHI. Based on these findings NDoH and WHO have initiated development of the NHI Communication strategy – in the initial phase (starting early 2018) the communication strategy will focus on spreading fundamental messages on NHI using billboards, radio and pamphlets. Later more communication modes would be explored. Such communication strategy is vital to garner public and stakeholder confidence in the health systems and financing reforms planned under NHI</p>	
<p><b>ER 2:</b> Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>	
<p><b>Roadmap Activity:</b> Development of mapping of the RPL codes for the OECD methodology for measuring hospital services prices</p>	<p>100 % of completion</p>
<p><b>Activities undertaken:</b> WHO and NDoH commissioned a study to the Insight actuaries to map the procedure coding of selected hospital admissions between the public and private procedure coding systems. They have tested the OECD methodology in public hospital (IALCH) and the definition from public sector procedures (NHRPL) on the private sector data (GEMS). The study would be beneficial in guiding the roll out of standardized coding systems to facilitate efficient and effective provider payments mechanisms under NHI</p>	<p><b>Key Outputs:</b> Technical report with RPL codes for measuring hospital prices ready</p>
<p><b>Roadmap Activity:</b> <i>Development of baseline indicators for the M&amp;E Framework for NHI towards UHC</i></p>	<p>50 % of completion</p>
<p><b>Activities undertaken:</b> WHO supported the development of NHI white-paper released in June 2017 which has identified the indicators on key domains of UHC including coverage of (a) services for health promotion and illness prevention; and (b) treatment including rehabilitation and palliative care services. Similarly for financial protection 2 key indicators have been chosen (i) the incidence of impoverishment resulting from Out-of-pocket (OOP) health payments, and (ii) the incidence of financial catastrophe from the OOP. While the global UHC monitoring report released in Dec 2017 provides an overview of South Africa- the provincial level measurement would be initiated over next years as NHI is rolled out.</p>	<p><b>Key Outputs:</b> NHI White paper approved, key indicators for measurement of UHC agreed</p>

<b>SO II:</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue	
<b>ER 3:</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.	
<b>Roadmap Activity:</b> <i>Technical support on the development of institutional arrangements options for Strategic Purchasing for the sub-district Contracting Units for PHC services</i>	100% of completion
<p><b>Activities undertaken:</b> WHO conducted the country case studies based on which the recommendations for strategic purchasing using institutional arrangements of single payer were developed in the South African context. These inputs have been considered in NHI white paper for the establishment if the NHI fund and underlying institutional arrangements at the provincial and district levels.</p> <p>WHO also developed the technical report for integration of the health information systems so that the highly transaction-intensive interactions between the multidisciplinary team of healthcare professionals, the subject of care or patient, administration personnel, medical insurers, suppliers and other stakeholders are captured using an interoperable and unified information system. This will in effect not only rationalize easy and equal access of relevant information to all stakeholders but also facilitate the quality and effectiveness of healthcare services as well as monitor provider behaviours, health outcomes and support provider payments in a transparent and efficient manner.</p> <p>WHO also supported the testing of geospatial model in one district. This model overlays the dispersion of population from census with the distribution of various health providers, clinics, CHS, hospitals etc. By combining this information the NHI managers should be able to identify places with low availability of health services and high need, and be able to decide on investment, HR reallocation etc. to improve the efficiency of existing resources. A fully functional MS excel model and user guides were developed for district managers</p>	<p><b>Key Outputs:</b> Report on country case studies for strategic purchasing, Report on integration of HIS submitted to NDoH</p>
<b>Roadmap Activity:</b> <i>Technical support on the development of implementation guidelines for capitation</i>	100% of completion
<p><b>Activities undertaken:</b> WHO commissioned a technical Report on the contracting of providers and provider payment models especially around designing the calculation formulae for capitation based models and district profiles. As a result of this, a report with broad</p>	<p><b>Key Outputs:</b> Report with conceptual framework for capitation.</p>

concepts and formulae for calculation of capitation payments in districts is available for NDoH to use in the NHI implementation	
<b>Roadmap Activity</b> <i>Technical assistance during the updating of the PMBs to create unified benefit entitlements under NHI</i>	50 % of completion
<p><b>Activities undertaken:</b> In the current System the Prescribed medical benefits are prone to corruption because as per law, the claims under PMBs must be paid by schemes in full to the practitioner for an emergency, whilst in a non-emergency situation; the member must be treated by a network doctor or face a co-payment. The PMBs can be easily abused by GPs and specialists; this includes upcoding and manipulation of claims. It is difficult to induce practitioners for PMBs at lower rates since the practitioners know that legally they will need to be paid whatever they ask for. While the updation of PMBs has not yet been initiated, the WHO submitted its technical advice to the NDoH and Health Market inquiry(Competition commission) for streamlining the PMBs. The inputs have been well appreciated and updation of the PMBs is endorsed by HMI, and the work is likely to begin soon.</p>	<p><b>Key Outputs:</b> The updation of PMBs endorsed by the HMI</p>
<b>ER 4:</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.	
<b>Roadmap Activity:</b> <i>the cross-programmatic efficiency analysis conducted in one province in SA</i>	50 % of completion
<p><b>Activities undertaken:</b> WHO has been working with NDoH, DoH of KwaZulu-Natal on Cross-Programmatic Efficiency Analysis of health programs in two districts of the province. The purpose of this overall collaboration is to work to overcome identified overlaps, duplications and misalignments in the way the HIV, TB and MNCH programmes are organized within the context of the overall health system of KwaZulu-Natal. WHO country office together with support from WHO headquarters conducted multiple missions to the province of Kwazulu Natal and undertook several consultative workshops related to the approach for improving cross programmatic efficiencies. As a result- key areas of overlaps, duplications and misalignments have been identified. A roadmap and related operational plan for interventions to address these challenges has been developed with clear project deliverables, roles of various stakeholders and the project timelines. WHO has initiated the process for recruitment of a consultant who would be based in KZN to support the project. Once implemented the project is likely to serve as a model for national and state governments on how to integrate service delivery and improve efficiencies in</p>	<p><b>Key Outputs:</b> Roadmap developed, agreements reached with the Provincial DoH</p>

flow, pooling and utilization of conditional grants under vertical programmes	
<b>Roadmap Activity:</b> <i>Technical support for Introduction of DRGs in public sector hospitals</i>	100% of completion
<b>Activities undertaken:</b> WHO on behest of NDoH commissioned a study to the Insight actuaries to map the procedure coding of selected hospital admissions between the public and private procedure coding systems. The study would be beneficial in guiding the roll out of standardized procedural coding systems and DRGs to facilitate efficient and effective provider payment mechanisms in public sector hospitals under NHI	Key Outputs: Report of Insight actuaries
<b>ER 5:</b> Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.	
<b>Roadmap Activity:</b> <i>Knowledge exchange within the partnership</i>	80 % of completion (ongoing activity)
<b>Activities undertaken:</b> Health Partner's forum has been established in South Africa that involves all the major stakeholders including development partners, diplomatic missions and UN agencies (UNICEF, UNDP, FAO amongst others) working in the areas of health and financial protection. WHO and EU are the co-chairs of this forum, which meets every quarter. WHO actively participated and led the discussions of the health partners' forum meetings throughout 2017. One key role of WHO is to update all stakeholders on the progress and key Government initiatives related to NHI. This is an immensely vital platform to bring all key health stakeholders on same plane, to exchange knowledge and to harmonize the activities.	<b>Key Outputs:</b> Convened Health partners' meetings and knowledge/ updates shared
<b>Roadmap Activity:</b> Participation in meetings organized by the Partnership, UHC2030 and other trainings	80 % of completion (ongoing activity)
<b>Activities undertaken:</b> WHO country office together with senior NDOH officials participated in multiple meetings of the UHC2030 partnership including in Brussels, Kintele/ Brazzaville. These meetings have provided a useful platform to understand the progress and challenges in different countries, as well as the priorities of the UHC partnership in shaping health policy dialogues on Universal health coverage and associated systems reforms	<b>Key Outputs:</b> Improved WHO understanding and partner coordination

<p>WHO also supported the NDoH to effectively conduct the meetings of Lancet commission on high Quality health systems in the Sustainable Development Goals era. The meeting brought together high level global experts and country policy makers to exchange knowledge and ideas. The final recommendations of the commission will serve as guiding principles for strengthening quality of health services globally and will be published in Lancet Global report in end 2018. WHO also participated in several other NHI related seminars, and advocated for the need of more equitable and efficient health systems highlighting the importance of the health systems reforms proposed under the NHI- two of the key meetings include the Board of Health Funders conference titled "Private Sector embracing Universal Healthcare", where mechanisms and need for engaging private sector on the path to UHC were deliberated, and GEMS Symposium titled 'NHI and the first steps towards universal health coverage- affordable, accessible and quality healthcare for all' that was organized by the biggest medical scheme in South Africa covering nearly 2 million Government Employees.</p>					
<p><b>SO III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>					
<p><b>ER 6:</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>					
<p><b>Roadmap Activity</b></p>	<p>% of completion</p>				
<p>Activities undertaken:</p>	<p>Key Outputs:</p>				
<p><b>Roadmap Activity</b></p>	<p>% of completion</p>				
<p>Activities undertaken:</p>	<p>Key Outputs:</p>				
<p><b>Changes in circumstances or problems encountered that affected the original plan:</b></p> <p><i>Please provide information on activities eliminated, changed, postponed or added. Please list them and provide the reasons for each of them: obstacles encountered, remedial measures taken, etc.</i></p> <p><b>Activities eliminated, changed, postponed</b></p> <table border="1" data-bbox="188 1765 1401 2018"> <thead> <tr> <th data-bbox="188 1765 496 1805">Roadmap Activity</th> <th data-bbox="496 1765 1401 1805">Reasoning to eliminate/change/postpone activity</th> </tr> </thead> <tbody> <tr> <td data-bbox="188 1805 496 2018"> <p>Consultative seminar with international participation after the draft NHI Bill is introduced</p> </td> <td data-bbox="496 1805 1401 2018"> <p>Since the NHI white paper was approved in late June, 2017 the Government was busy in the establishment of seven bodies and institutions to further guide NHI implementation. WHO-HQ and Country office have submitted detailed comments for consideration of the Minister of Health. WHO proposed to hold a high level stakeholder consultation on the</p> </td> </tr> </tbody> </table>		Roadmap Activity	Reasoning to eliminate/change/postpone activity	<p>Consultative seminar with international participation after the draft NHI Bill is introduced</p>	<p>Since the NHI white paper was approved in late June, 2017 the Government was busy in the establishment of seven bodies and institutions to further guide NHI implementation. WHO-HQ and Country office have submitted detailed comments for consideration of the Minister of Health. WHO proposed to hold a high level stakeholder consultation on the</p>
Roadmap Activity	Reasoning to eliminate/change/postpone activity				
<p>Consultative seminar with international participation after the draft NHI Bill is introduced</p>	<p>Since the NHI white paper was approved in late June, 2017 the Government was busy in the establishment of seven bodies and institutions to further guide NHI implementation. WHO-HQ and Country office have submitted detailed comments for consideration of the Minister of Health. WHO proposed to hold a high level stakeholder consultation on the</p>				

	<p>NHI – to take stock of current situation and plan coordinated steps for the next phase. The WHO proposal has been welcomed by the Minister of Health and 26-27 Feb 2018 has been in principal agreed for this Consultative dialogue which is intended to involve very high level international participation including DG-WHO and President World Bank.</p>
	<p><b>Other challenges :</b></p> <ul style="list-style-type: none"> <li>• The timing and process of the NHI work is driven by NDoH, but is often influenced by broader political and external factors. This sometimes leads to delays in WHO deliverables according to the activities planned in the Road map. However WHO tries to take every possible measure to support NDoH, while also completing roadmap related work on time</li> <li>• The major challenge this year was the WHO staff turn-over when some of the key activities were ongoing and could not be appropriately followed up- for instance few reports submitted to NHI work-streams couldn't be reviewed in-depth. The new Health System Advisor under the guidance of WR and with support from Health Economist has been fairly proactive to follow up on the key activities and reaching out to key stakeholders to forward WHO support to NDoH on NHI. As we move into the next stage of NHI, it would be vital to maintain Staff continuity as this is fundamental for institutional memory, continuity of work and most importantly in view of relationship and rapport building with various stakeholders including the NDoH, National Treasury, provincial governments, academia/domain experts, private sector and development partners.</li> </ul>

**Activities added**

<b>Added Activity 1:</b> <i>add description of an activity as to the roadmap</i>	% of completion
<i>Activities undertaken: add more detailed description of what was done, progress made against roadmap indicator/ anticipated impact; role of WHO etc.</i>	Key outputs:

## Lessons learned:

*Please describe the principal lessons learned during the last 12 months of the implementation of the UHC Partnership.*

The progress on the implementation of the NHI has been good and several important milestones were achieved- including finalisation of the NHI white paper, and its approval by the cabinet in June 2017. This is one of the major achievements for South Africa's move on the path of Universal Health Coverage, and WHO was able to contribute productively to this policy process.

It is well recognized though, that NHI represents a substantial policy shift which necessitates a massive re-organization of the current two tiered health system- the private and public sector. Whilst the Government is committed to improve the access to quality health care for all citizens through implementation of the NHI, the lack of lucid understanding and interests of different stakeholders are contributing to palpable anxiety and apprehensions. Beyond this, the current health system arrangements in South Africa represents an "extreme" by international standards, and from both a technical and political standpoint, defining pathways from the existing system to the NHI is indeed very challenging. This is the key reason that progress on NHI implementation has also been much slower than expected which subsequently led to some delays in the initiation or implementation of the key activities proposed under the EU-Lux-WHO UHC partnership roadmap for South Africa. Following are key learnings moving forward:

- The health reforms proposed under the NHI will not be possible unless all key stakeholders are on board and a greater consensus and agreement is achieved so that NDoH could lead a well-coordinated and harmonized approach in support of progress towards NHI and UHC in South Africa
- Another important aspect to consider and understand is that health financing reforms are pivotal- which are rightly the main focus of WHO and NDoH work, there is indeed also a strong need for continued support to strengthening health service delivery, service quality, governance, human resources and medicines and health technology components of the health systems. In fact, in the next phase it would be vital to also focus on these components of the health systems.
- The WHO support through the EU-Lux-UHC partnership provides immensely useful inputs to the Health system reforms under the NHI in South Africa. WHO through its internal capacities and by mobilizing additional external expertise is able to support the NDoH, which is largely feasible thanks to the funds contributed by the partnership. Moving from the policy development to actual implementation phase of the NHI it would be vital if more funds are made available with greater facilities to adapt and provide needed technical support at the national and provincial levels.

## Visibility and communication:

Please give a short overview of visibility and communication events that took place and attach evidence: scanned newspapers, pictures, brochures, etc.; also if only available in the local language. Please describe how communication of the programme results to the public has been ensured.

- Minister of Health acknowledged the technical expertise provided by WHO in calculating the cost of the NHI YouTube media here - <https://www.youtube.com/watch?v=LH90JEcCwJg>
- WHO also publishes a monthly newsletter describing the key activities, outputs and support provided on the road to UHC reforms in South Africa

## SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

### Impact assessment / results chain:

Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an "external" reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.**

Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc.) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

The EU-Luxemburg-WHO UHC partnership has been instrumental in supporting the National Department of Health and the Government of South Africa in developing the National Health Insurance (NHI) white paper, which was finally approved and gazetted on 29<sup>th</sup> June 2017. If implemented in the letter and spirit- the NHI would improve the access to quality health services for all 55 million South Africans. Under the current financing mechanisms nearly half of the total health expenditure is spent to cater to 17% (1/6th) of the population covered by 83 medical schemes. The NHI will significantly alter architecture of the country's health financing arrangements and convert the current trend of 'inverse care' and inequalities into **improved access** to essential, good quality health services for the remaining 83% population as well. Most importantly, the use of these health services will not subject the citizens to pay heavily out of pocket i.e. **no financial hardship**. This would improve **efficiencies** in

how government revenues are spent by investing more in preventive and promotive services as well as strategic purchasing of curative services, ensuring **continuum of care** across the levels of health facilities- from PHC to tertiary care and throughout the life course- from cradle to grave.

During the inception phase in 2016- WHO country office in South Africa had submitted its recommendations for the Davis Tax Committee (DTC) on Sources of revenues for National Health Insurance in South Africa including the proposal for taxing the sugar sweetened beverages. In Dec 2017, the President of South Africa passed the bill on Health Promotion Levy which will result in taxing of the sugar sweetened beverages or SSB tax (Act No. 14, 2017: Rates and Monetary Amounts and Amendment of Revenue Laws Act, 2017). South Africa is one of the handful countries globally to have passed such law. The SSB tax will be implemented from April 2018 and this government law is likely to discourage and reduce the consumption of unhealthy foods/drinks and related preventable disease burden.

## SECTION IV: ROADMAP 2018

### Roadmap/timeline for 2018:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2018. **These activities should be related to SO's/ER's and have clear timeline and indicators.**

*If applicable, we also advise you to define key milestones for each activity, to be able to report on key achievements/progress made on the road towards completion of an activity. In this regard, an 'activity' means a distinct output of the UHC Partnership program, meaningful in terms of the UHC Partnership's overall specific objectives and expected results, and constituted by a report, a document, etc. A "milestone" means control points within an activity that help to chart progress. Milestones may correspond to the completion of a key sub-activity, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point within an activity where, for example, the consortium must decide which of several options to adopt for further development.*

**SO I:** To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.

**ER 1:** Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.

**Roadmap Activity:** name the activity as to the roadmap; potentially define milestone on the road to complete this activity

Roadmap Activity 1: Consultative seminar with international participation to take stock of progress and strategize for the next phase of NHI implementation

Roadmap Activity 2: Technical support to the NHI Implementation, including work of institutions, bodies and commissions proposed to guide the process of NHI implementation

Roadmap Activity 3: Review of the legislative frameworks governing health, in the context of NHI implementation, as well as updating the NHI Bill

Roadmap Activity 4: Development of the National communication strategy for the NHI

Roadmap Activity 5: Development of the socioeconomic impact and the Business case for the NHI Bill

**ER 2:** Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

Roadmap Activity 6: Development of the National Health Accounts to track the financial resource allocation and utilization trends

Roadmap Activity 7: Technical support for strengthening Health information systems and mechanisms for monitoring the health trends,

Roadmap Activity 8: Development of the baselines for UHC indicators on coverage of essential services and financial protection
<b>SO II:</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue
<b>ER 3:</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.
Roadmap Activity 9: Technical inputs and knowledge sharing at the health policy fora for Universal Health Coverage, including financial risk protection and health equity.
Roadmap Activity 10: Support development/updating of financing, HRH and service delivery related strategies for universal coverage of populations, especially the poor and vulnerable
<b>ER 4:</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.
Roadmap Activity 11: Follow-up on the cross-programmatic efficiency analysis conducted in one province in SA
Roadmap Activity 12: Technical support for introduction and implementation of new provider payment mechanisms such as capitation and other measures that promote quality and efficiency (e.g. DRGs). This includes the work on disease conditions and interventions coding systems
<b>ER 5:</b> Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.
Roadmap Activity 13: Development of country specific user case studies for health systems strengthening and financing reforms at national and provincial levels
Roadmap Activity 14: Participation in meetings organized by the Partnership, UHC2030 and others for cross sharing of South Africa's experiences in reforms related to Governance, health financing, service delivery and systems strengthening
<b>SO III:</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.
<b>ER 6:</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

## Annex:

### Specific Objectives and Expected Results of the EU-Luxembourg- WHO Universal Health Coverage Partnership

Specific objectives (SO)	Expected Results (ER)
<p><b>SO I.</b> To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.</p>	<p><b>ER 1.</b> Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.</p> <p><b>ER 2.</b> Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p><b>SO II.</b> To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.</p>	<p><b>ER 3.</b> Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p> <p><b>ER 4.</b> Countries receiving HF support will have implemented financing reforms to facilitate UC.</p> <p><b>ER 5.</b> Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p><b>SO III.</b> To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p><b>ER 6.</b> At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>