CONFRONTING THE RIGHT TO ETHICAL AND ACCOUNTABLE QUALITY HEALTH CARE IN SOUTH AFRICA

SYNOPSIS OF THE FINDINGS AND RECOMMENDATIONS OF THE CONSENSUS REPORT OF THE SOUTH AFRICAN LANCET NATIONAL COMMISSION

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Members of the South African Lancet National Commission

The South African Lancet National Commission was launched in May 2017 to conduct a country-specific analysis on quality of care consistent with the overall aims and objectives of the Lancet Global Health Commission on High-Quality Health Systems in the sustainable development goals (SDG) Era (HQSS Commission).

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Dr Shisana does not support this synopsis of the Consensus Report.
**Introduction**

South Africa has made great strides since the end of apartheid in 1994 in improving overall population health and well-being, reflected in increased life expectancy, and reductions in mortality rates. The rights-based constitution, and other enabling legislation and policies, strong institutions and available resources provide a strong health system foundation for Universal Health Coverage (UHC).

However, South Africa’s democratic government faces significant challenges in providing high quality health care. These challenges include: the quadruple burden of disease; the racialised nature of poverty levels and unemployment rates; huge spatial inequalities; inequities among provinces, between urban and rural areas, and between the public and private health sectors; inadequate resources (human, financial and physical); poor management and governance of the health system; failures in ethical leadership, and lack of accountability.

This report reflects the consensus of a 13-member Lancet National Commission on High Quality Health Systems in South Africa. The National Commission was tasked with assessing critically the state of quality of care in the health system, and proposing evidence-based recommendations to decision-makers and practitioners on achieving a high quality health system. The full report contains the background, methods, results and recommendations of the review conducted by the National Commission, established in May 2017. In this synopsis, we highlight our definition of a high quality health system, and only report on the critical strategic issues and associated recommendations that should be prioritised for implementation.

**Defining a high quality health system**

The SA National Commission deliberated extensively on the definitions of quality and a framework that would be appropriate to the South African context. We developed a definition that emphasises an overall health systems approach to quality.
South African Lancet National Commission’s definition of a High Quality Health System

- A high quality health system achieves equitable health outcomes and a long and healthy life for all. Such a health system is:
  - Designed to prioritise health promotion and protection, the prevention, treatment and rehabilitation of conditions that constitute South Africa’s disease burden.
  - Accountable through effective leadership and governance.
  - People-centred in its approach to realising good health by facilitating patient, provider and community participation in health attainment.
  - Responsive to patient needs by providing comprehensive care in a timely, respectful and safe manner resulting in quality outcomes.
  - Adaptive to changing health needs through the collection, analysis and dissemination of information, to support decision-making and implementation.
  - Committed to equitable allocation and distribution of resources.
  - Effective in ensuring quality health service delivery to all regardless of gender, sexual orientation, socio-economic status and/or geographic location.
  - Collaborative in its interaction with partners and other sectors to address the social determinants of health for quality health outcomes.

Key diagnostic findings

The key diagnostic findings of the Commission are listed below:

**Finding 1**  Poor people, especially in rural areas and particularly those with certain health conditions such as mental illness, bear the brunt of poor quality care.

**Finding 2**  In the 2016-2017 financial year, the Auditor-General reported that litigation and claims in the public health sector amounted to more than R1.2 billion, thus placing a huge burden on the distressed health system and reducing financial resources available for health service provision. In the private health sector, the long-term average claim frequency for doctors was 27% higher in 2015 compared to 2009.
Finding 3  Notwithstanding the enabling Constitution, strong health legislation and numerous health policies that express Government’s commitment to a high quality health system, failures in ethical leadership, management and governance contribute to the poor quality of care. These failures are exacerbated by evidence of mismanagement, inefficiencies and incompetence at all levels of the health system.

Finding 4  Corruption and fraud are major threats to equitable access to quality health care.

Finding 5  The human resources for health crisis characterised by: staff shortages, inequities and mal-distribution between urban and rural areas and between the public and private health sectors; unprofessional behaviour, and poor staff motivation and performance, will undermine the achievement of high quality universal health coverage.

Finding 6  Quality of care indicators focus primarily on structure, process and outputs in both the public and private health sectors. Data quality remains a significant barrier to the assessment of health system performance on the quality of care provided.

Finding 7  Although there are numerous encouraging quality improvement initiatives in South Africa, the impact is limited because of fragmentation across health conditions, levels of care and between the public and private health sectors. This is exacerbated by suboptimal implementation of the results of quality audits, especially in the public health sector.

Recommendations

The Commission considers it a moral and ethical imperative to provide high quality Universal Health Coverage (UHC) in South Africa. The planned National Health Insurance (NHI) system provides an opportunity to achieve a transformed, high quality health system, responsive to people’s needs. However, the implementation of our recommendations will require investment, responsibility and accountability on the part of health system leaders, including politicians, managers, front-line health workers, and their representative organisations.
Recommendation 1: Design an integrated, quality improvement programme of action (POA) that covers the entire health system and all modes of health care delivery in the public, private-for-profit, and non-governmental and community-based organisations. The POA should prioritise implementation in rural and under-served areas, and in the public health sector.

i. The National Department of Health (NDoH) should provide a vision, strategic framework and detailed guidelines for the design and development of the POA. The streamlined framework and guidelines should take into account the following:
   a. South Africa’s burden of disease.
   b. Provision of safe and effective clinical care, that is respectful and responsive to the needs of both patients or communities and health care providers.
   c. The numerous disparate quality of care initiatives across the country.
   d. Key inspection findings of the Office of Health Standards Compliance (OHSC)
   e. Financial, human and other resource requirements.

ii. The National Health Council (NHC)\(^{b}\) should approve the quality framework prior to the development of the POA, and oversee the process in the entire health system.

iii. In each province, there should be an extensive consultation process to develop a provincial POA that will ultimately feed into the national POA. The consultation should include:
   a. Front-line health care providers in both the public and private health sectors, including their supervisors and managers.
   b. Community governance structures (hospital boards, community health or clinic committees).
   c. Local government.
   d. Organised labour.
   e. Academics and health experts.
   f. Patients’ rights groups.
   g. Relevant civil society organisations.
   h. Development partners.

\(^{b}\)The NHC includes the Minister of Health, Members of the Executive Council for Health, Director-General and executive managers, and Heads of Provincial Health Departments.
iv. Each provincial POA should take into account the variations in the burden of disease, health [in]equity, the state of quality of care in its health care facilities, prevention of fraud and corruption, strategies for the prevention of medical litigation, and the creation of positive practice environments that enable the provision of safe, respectful, and effective care.

v. Each provincial POA should prioritise critical interventions needed to improve quality (e.g. competencies of clinical staff, quality supervision, professional accountability), rather than contain a wish list of all possible quality improvement activities in the health system.

vi. Each provincial POA should feed into the development of the national integrated quality-improvement POA.

vii. The responsible manager in the NDoH should present the national POA to the NHC Technical Committee, prior to its presentation to the NHC and the national health consultative forum. In the design of the POA, the NDoH should use the current discourse on the NHI system, and reforms proposed by the Health Market Inquiry (HMI) as a lever to revolutionise quality of care in South Africa.

viii. The final POA (after extensive consultation) should include clear cost estimates, including additional resource requirements for its implementation. The POA should also contain financial estimates of the social and economic value that would accrue from its implementation in South Africa.

ix. The POA should have clear implementation targets and be included in the public sector health budget bid submitted to National Treasury, with prioritisation of rural areas in South Africa, and the implementation of the provisions of the Mental Health Care Act. The private sector should demonstrate resource allocation for the implementation of the POA.

x. The NHC should ensure annual monitoring of the implementation of the national POA.

Recommendation 2: Embark on a national campaign to educate patients and communities about their health rights and responsibilities.

i. The NDoH should lead a national social mobilisation campaign to increase public awareness of quality of care issues.
ii. The NDoH should design the campaign with inputs from, and partnerships with the Government Communication and Information Services (GCIS), the Presidency, South African Human Rights Commission, OHSC and civil society organisations.

iii. The campaign should focus on health rights within the context of the Bill of Rights, the responsibilities of individuals for their health, and the rights and responsibilities of health workers.

iv. The campaign should include information on the importance of disease prevention, health promotion and protection, health outcomes, health system performance (including OHSC inspection reports) and mechanisms for remedy and redress at different levels of the health system. The latter should include the importance of mutual respect between community members and health workers, communication channels, where to initiate a complaint, when to escalate a complaint, and the number of the hot line of the OHSC.

v. The communication media should include mobile phones, radio, television, social media, print, and the utilisation of existing forums where the campaign would be visible to large numbers of people, such as shopping centres, pension pay-outs, places of worship, and schools.

**Recommendation 3: Strengthen community governance structures.**

The NDoH should lead the strengthening of community governance structures such as mental health review boards, hospital boards, and community health or clinic committees.

i. Implement the provisions of the National Health Act on community participation and community governance structures.

ii. Ensure that at least one target on community governance structures is included in the annual performance plans of provincial health departments, accompanied by the allocation of appropriate resources.

iii. Implement a compendium of training materials that provide guidelines on the selection, training and functioning of community governance structures.

iv. Request development partners to provide bridging funding for training of all members of governance structures to enhance their capacity to provide oversight of quality initiatives.

v. Conduct a biennial survey on the functioning and effectiveness of the various governance structures.
Recommendation 4: Invest in, and increase the capacity of, the Office of Health Standards Compliance.

The OHSC is a quality of care regulator that is unique in a low-and middle-income country setting. We recommend the following.

i. Treasury should increase the financial resource allocation over the medium term to enable the OHSC to:
   a. Appoint additional technical experts in quality of care and information management.
   b. Expand its inspection capacity for increased coverage in the public health sector.
   c. Include the inspection of health facilities in the private sector.
   d. Implement an early warning system on quality in all health facilities in the country.

ii. The OHSC should enhance its communication capacity to enable it to share good practices across institutions and among provinces, and to encourage a culture of learning and openness, and voluntary compliance with norms and standards.

iii. The OHSC should enhance its capacity to enforce norms and standards, should a developmental approach to voluntary compliance be unsuccessful.

iv. The OHSC should be encouraged to establish partnerships with academic institutions to increase its technical capacity in the short-term.

Recommendation 5: Enhance the capacity and effectiveness of the Council for Medical Schemes to implement the recommendations of the Health Market Inquiry.

i. The appointment of a permanent registrar of the Council for Medical Schemes (CMS) should be prioritised.

ii. The registrar should lead the implementation of the recommendations of the Health Market Inquiry (HMI) to provide effective oversight of the private health insurance sector.

iii. The NDoH should hold the Board of the CMS accountable for the implementation of the recommendations of the HMI, and request regular reports and/or feedback.
**Recommendation 6: Strengthen governance, effectiveness and efficiency of the various health professions councils.**

i. The NDoH should develop a minimum set of indicators (no more than 10) to ensure that each Council meets its legislative mandate, which is to ensure ethical conduct and professional behaviour of the health professionals under their jurisdiction, and the provision of quality health care.

ii. The NDoH should ensure that the appointment of the registrar and/or boards of each Council (where relevant) is prioritised and filled without delay.

iii. Each Council should be required to conduct an annual board evaluation in line with the principles of good governance, and submit the report to the NDoH together with its annual report.

iv. Each Council should ensure that the health professionals under its jurisdiction maintain quality of care competencies, in line with the best available scientific evidence.

v. The Forum of Statutory Health Professions Councils provides an important mechanism for the NDoH to ensure accountability of the various health professions councils. The Forum should be revitalised, and appropriate resources allocated so that it can achieve its intended objectives.

**Recommendation 7: Strengthen or include a compulsory module on quality of care in both pre-service training and continuing professional development programmes of health professionals.**

i. The NDoH should mandate each health professions council to do an audit of the time allocation on quality of care in the curriculum of pre-service education programmes.

ii. Based on the results of the audit, quality of care should be integrated in all courses, and a mandatory and compulsory competency of health professionals, prior to registration.

iii. Each health professions council should also stipulate continuing professional development in quality of care, and encourage a culture of learning that rewards transparency, accountability and continuous improvement.
Recommendation 8: Invest in, and transform, human resources for health in support of a high quality health system.

i. The NDoH should use the opportunity provided by the development of the Human Resources for Health (HRH) plan for the period 2019/20-2024/25 to partner with front-line health care providers for a high quality health system, and to make health equity and quality the foundation of the new HRH plan.

ii. Finalise staffing norms and standards that are informed by the national quality POA.

iii. Quality of care improvements should be mainstreamed in the responsibility of every health worker, health manager or supervisor, regardless of setting or level of care.

iv. The NDoH should lead a complementary national social mobilisation campaign to increase health worker awareness of quality of care issues. The campaign should focus on health rights within the context of the Bill of Rights, the responsibilities of individuals for their health, and the rights and responsibilities of health workers.

v. In the public sector, health managers should be recruited based on merit and core competencies in line with the provisions of the Public Service Act (PSA), and their credentials must be screened prior to appointment.

vi. Each executive or responsible manager should be assessed in respect of values of integrity, compassion, accountability, fairness and transparency, and be required to commit to the Public Service Code of Conduct in writing. All health managers should be held accountable for their action.

vii. The NDoH should urge the Department of Public Service and Administration to develop guidelines aimed at eliminating political interference in staff appointments, including a possible amendment of the PSA to be in line with the Public Finance Management Act.

viii. A review of the performance management system and its application should be undertaken to ensure that employee performance is linked to organisational performance, employee development, and team-based performance (where appropriate). Rewards should be based on clear performance goals, including the consideration of models of team-based remuneration.

ix. Partner with frontline staff, organised labour and other staff representative organisations to ensure positive practice environments that facilitate the provision of high quality care.

x. The Public Service Commission should monitor whether appointments in the public sector are in line with existing legislation.
**Recommendation 9:** Prevent and combat fraud and corruption.

i. The NDoH should communicate a message of no tolerance to fraud and corruption in the health sector.

ii. The NDoH should draw on the expertise of the National Prosecuting Authority, the Public Service Commission, and civil society organisations to combat corruption through prevention, detection, disciplinary action, and possible prosecution.

iii. The NDoH should be provided with copies of the provincial health departments’ prevention of fraud and corruption plans (which is a legislative requirement) for discussion at the NHC.

iv. The NDoH should request provincial treasuries to monitor the implementation of the plans on the prevention of fraud and corruption in health departments.

v. All health workers should be given the number of the hotline to report fraud and/or corruption.

vi. Training for politicians in national parliament and provincial legislatures should be revitalised to instil basic knowledge on health outcomes and health system performance (including quality of care) to enable them to hold health departments accountable.

**Recommendation 10:** Develop and enforce an integrated national health system performance dashboard.

i. The NDoH should develop an initial list of performance targets that measure quality outcomes in the health system (“Health Balance Sheet”), to be expanded in the course of time.

ii. These targets should be based on existing information that is collected, rather than new information collection in both the public and private health sectors.

iii. The NDoH should prioritise analysis, interpretation and feedback of these key indicators with interrogation of variances, similar to those for financial indicators.

iv. The health information system should be strengthened and implementation of the dashboard should be appropriately staffed and resourced.

v. Managers should be trained in the use of the dashboard for decision-making and action.

vi. The dashboard should be presented and explained to governance structures, to enable effective oversight.
Conclusion

The implementation of the recommendations require strong leadership and stewardship from the NDoH. The Department should enhance its technical capacity to enable it to monitor the implementation of legislation, key policies in provincial health departments, and in regulatory entities. This could be done through appointment of new staff, re-skilling of existing staff, and/or partnerships with universities and science councils.

There is an ethical and moral imperative to implement the recommendations of the South African Lancet National Commission Report, because our communities and the many committed, hard-working health managers and health care providers deserve a high quality health system. The legislative and policy foundation for a well-performing health system is largely in place. Strong stewardship and leadership for implementation are the logical next steps to build on the global momentum for high quality universal health coverage.
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