Rural Health Advocacy Project

Just Priority-Setting in Times of Austerity

Austerity Report Launch

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Priority-setting = Unavoidable

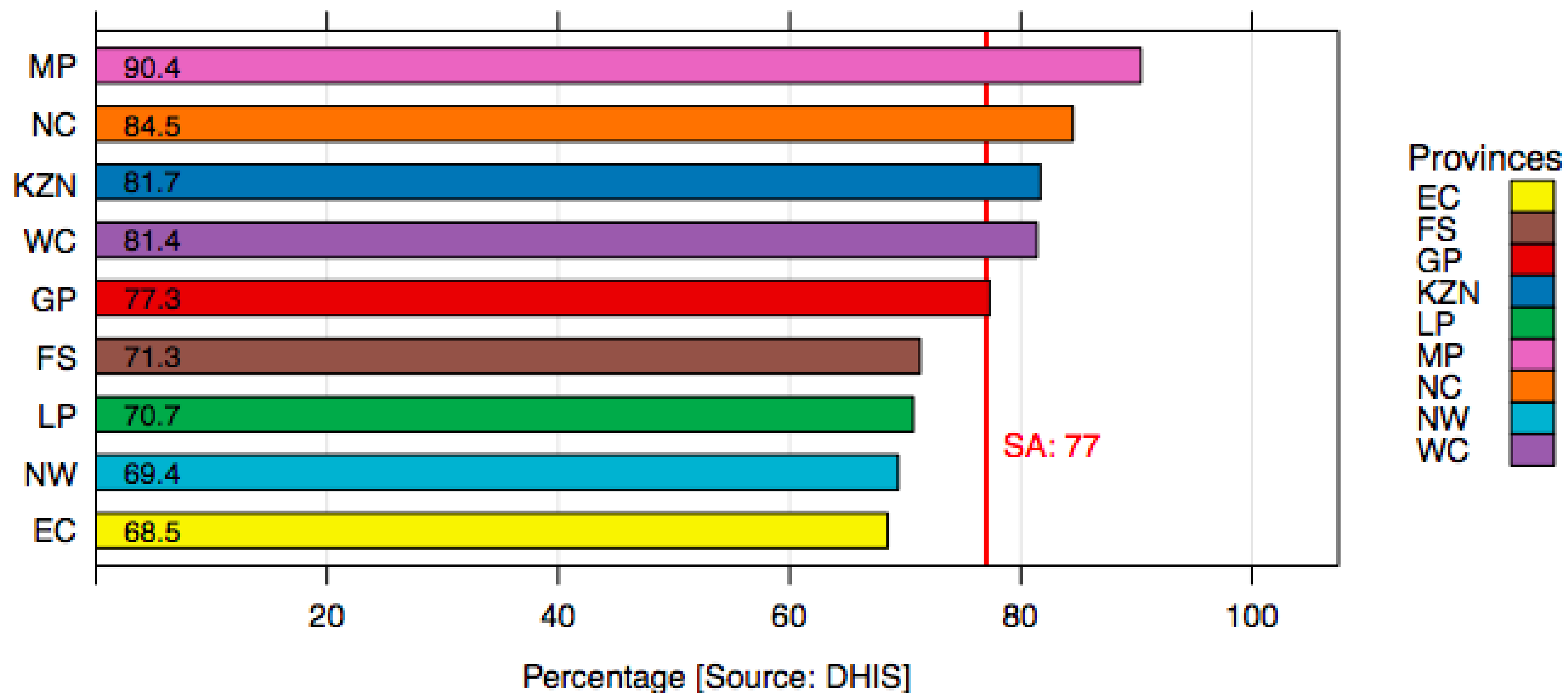
- One of the greatest ethical challenges in healthcare
- Dual scarcity
  - External: opportunity costs
  - Internal: unlimited health needs, new technologies & treatments, orphan drugs
- As a result we “ration” healthcare:
  - Tragic & complex
  - Starting off with: distinguishing between morally acceptable and unacceptable principles
- Accountability for Reasonableness

Legal & ethical answer…

- Progressive Realisation of the right to healthcare access within available resources
- Rational and reasonable
- *Equitable*
- Special attention to vulnerable groups
- In reality:

“SOME OF THESE PATIENTS (mainly patients with cancer) *FROM THE RURAL AREAS OF MBIZANA -EASTERN CAPE HAVE TO WAIT AND SLEEP LIKE THIS AT ST PATRICK'S HOSPITAL TO BE FERRIED TO NELSON MANDELA ACADEMIC HOSPITAL THE FOLLOWING DAY IN MTHATHA +/- 250 kms AWAY” - FaceBook post 2018*

DHB stats on priority services (examples)

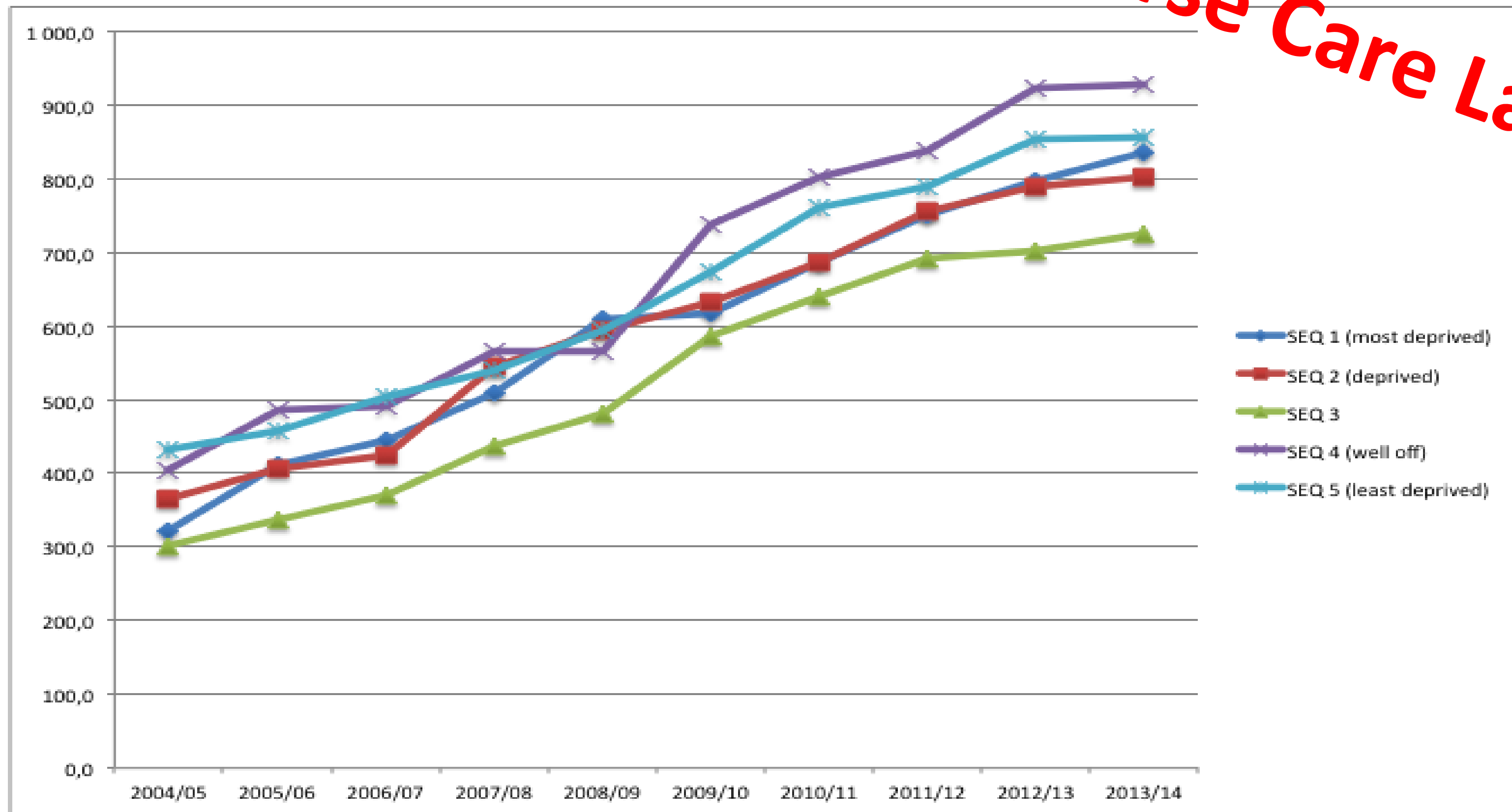


Substantive Access:

Financial
Physical
Acceptable

Infrastructure/Inequity Trap: Inequitable financing of health care

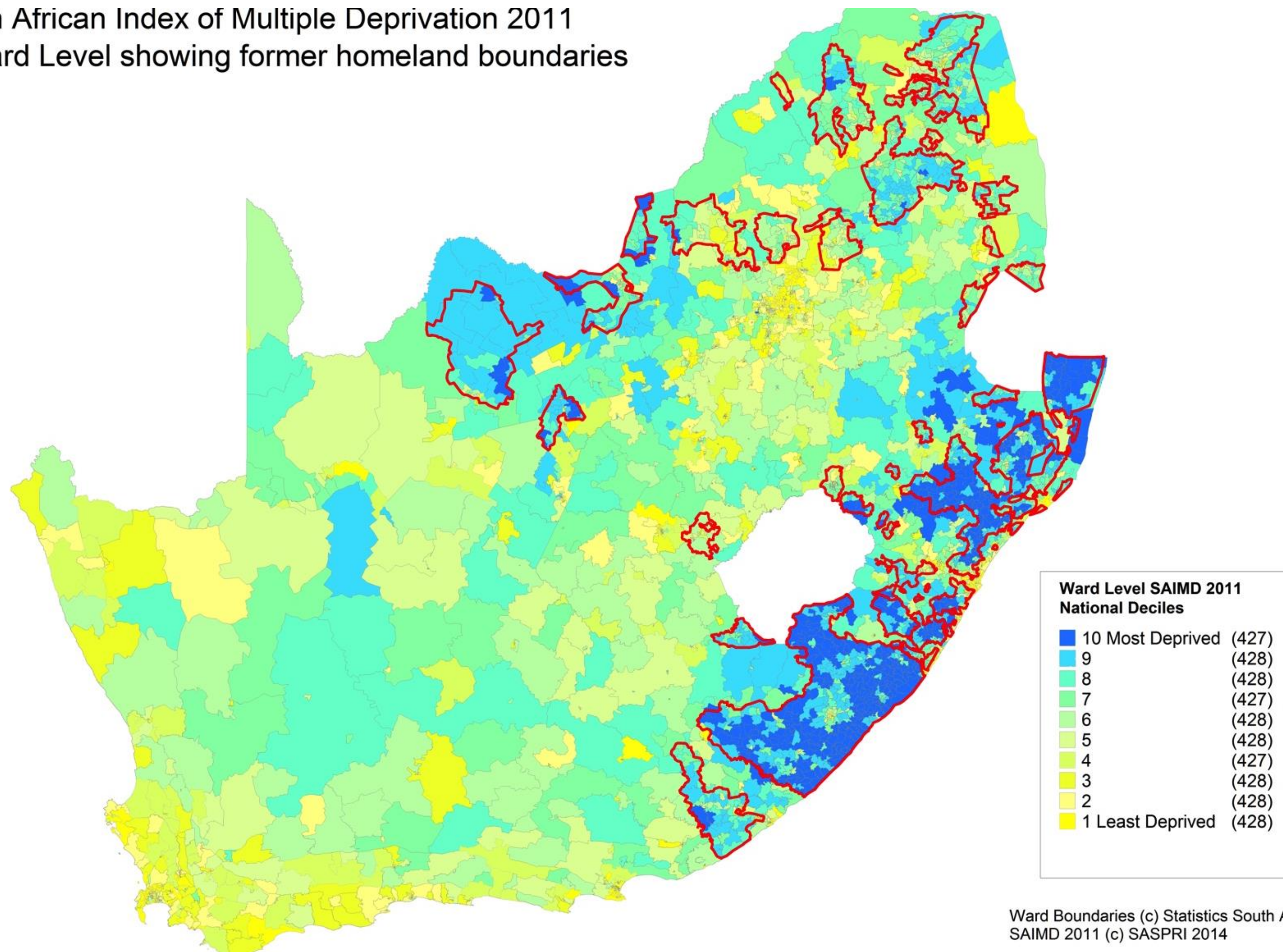
Inverse Care Law



Graph 3: Per Capita PHC expenditure by Deprivation Quintile 2004/05-2013/14

Source: RHAP, based on DHB data

Continued historical neglect > social determinants



Approaches to priority-setting

- Health maximising
  - Benefits for the greatest number of people
- Protecting the worst-off
  - *Expanding from a minimum norm for all*

An approach to ethical priority-setting: Prioritising the Worst-Off

- *Healthcare principles*
  - Eg severity of illness, preventability
- *Social justice principles*
  - Priority services must be ‘accessible’ for All
  - No unfair disadvantage due to ‘ability to pay’, ‘place of living’ etc
- *Identify priority packages*
- *Making sure these packages are available to all before expanding*

So what is just ‘priority setting?

“Making fair progress on the path to UHC” (WHO 2014)

- Categorise services into priority classes (starting with basic package)
- Make sure those services are available for all, including rural communities

Priority healthcare

"Making fair progress on the path to UHC" (WHO 2014)

Categorise services into priority classes

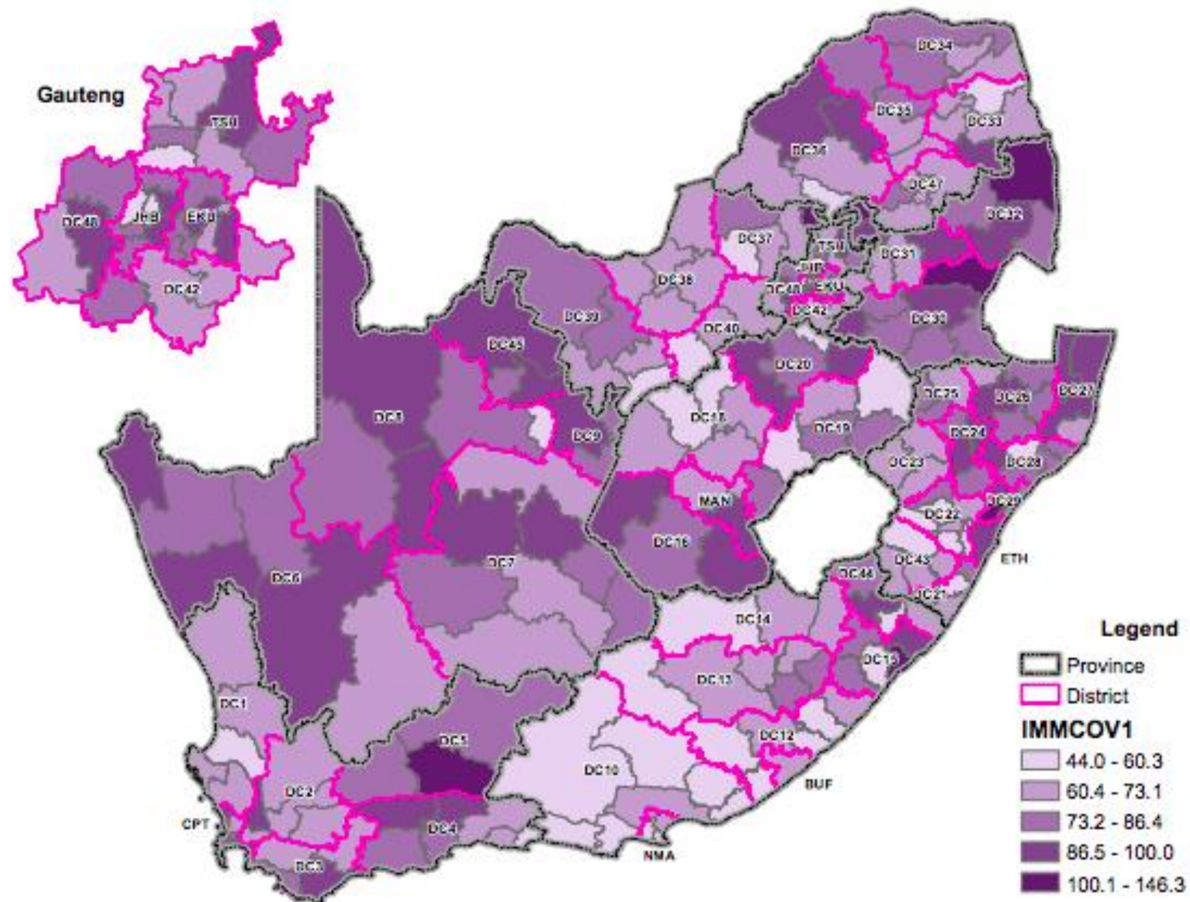
Healthcare for serious conditions (quality & quantity of life)

- Start with most cost-effective services in that priority group
- Emphasis on services for children
- Emphasis on avoidable, preventable healthcare for serious conditions
- > minimum core

- (Setting aside: Individual justice)
  - Medico-legal claims
  - Healthcare for system failures

What do we see?

Map 1: Immunisation coverage under 1 year by local municipality/sub-district, 2017/18



Source: DHIS.

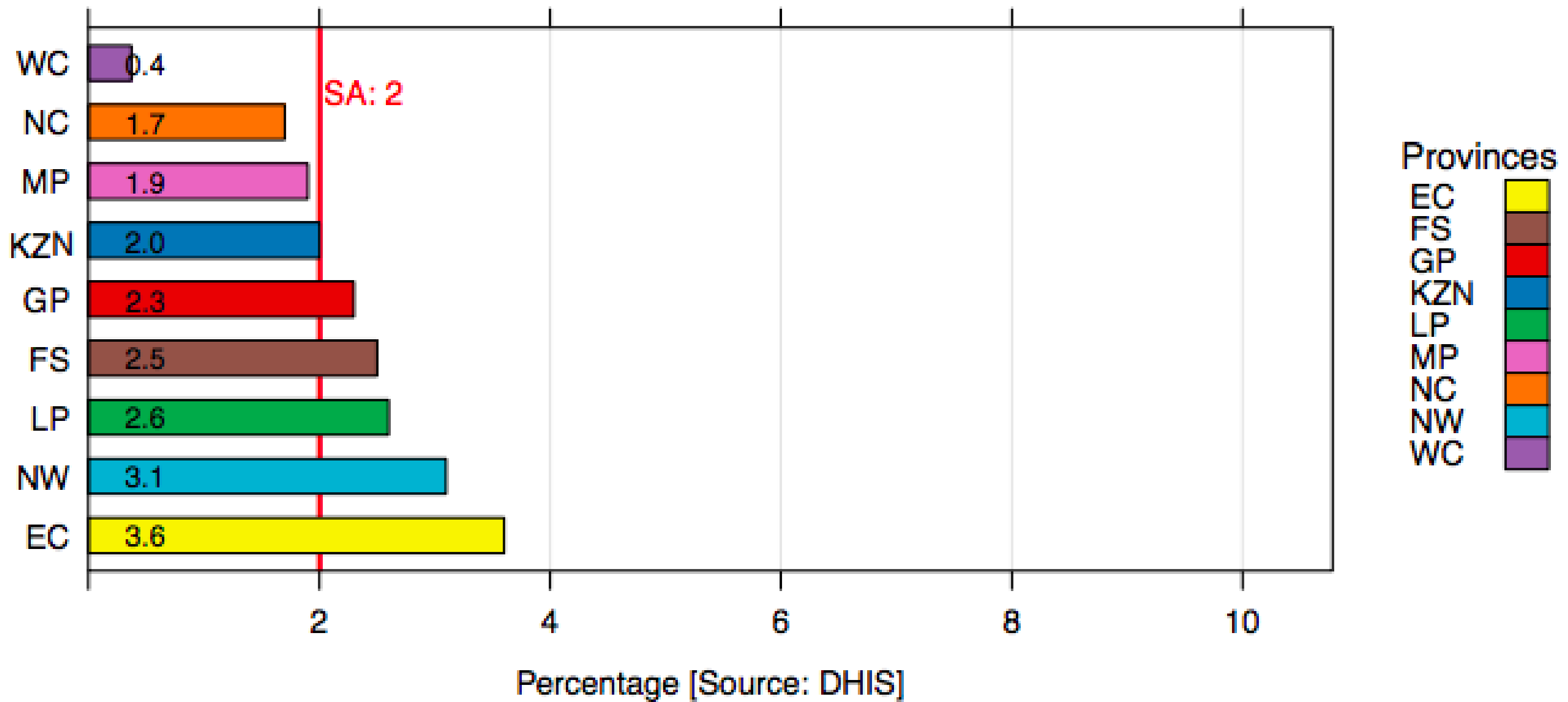


Figure 1: Child under 5 years diarrhoea case fatality rate by province, 2017/18
WC
NC
MP
KZN
GP
FS
LP
NW
EC
0.4
1.7
1.9
2.0
2.3
2.5
2.6
3.1
3.6
SA: 2
2
4
6
8
10
Percentage [Source: DHIS]
Provinces
EC
FS
GP
KZN
LP
MP
NC
NW
WC

“Unacceptable Trade-Offs”

…”expanding coverage for those with already high coverage before groups with lower coverage”

“further expansion of reproductive health services or tuberculosis detection and treatment in the big cities before expansion in rural areas”

Source: Norheim, Ole Frithjof. 2015. “Ethical Perspective: Five Unacceptable Trade-Offs on the Path to Universal Health Coverage.” *International Journal of Health Policy and Management* 4 (11):711–14.

Leaving No One Behind

- Has to start with PHC for All
- CHW Programme: Overwhelming Global Evidence of Success
  - CBS represents a very small proportion of PHC expenditure (under 4%), given the role the CBS platform is expected to play in the continuum of services (MRC, RHAP Study, 2017)
- SA CHW Programme
  - DoH: 40 000
  - MRC Investment Case: 70 000 (limited scope)
  - NDP: 700 000 CHWs (broad scope, mix of full and part-time)

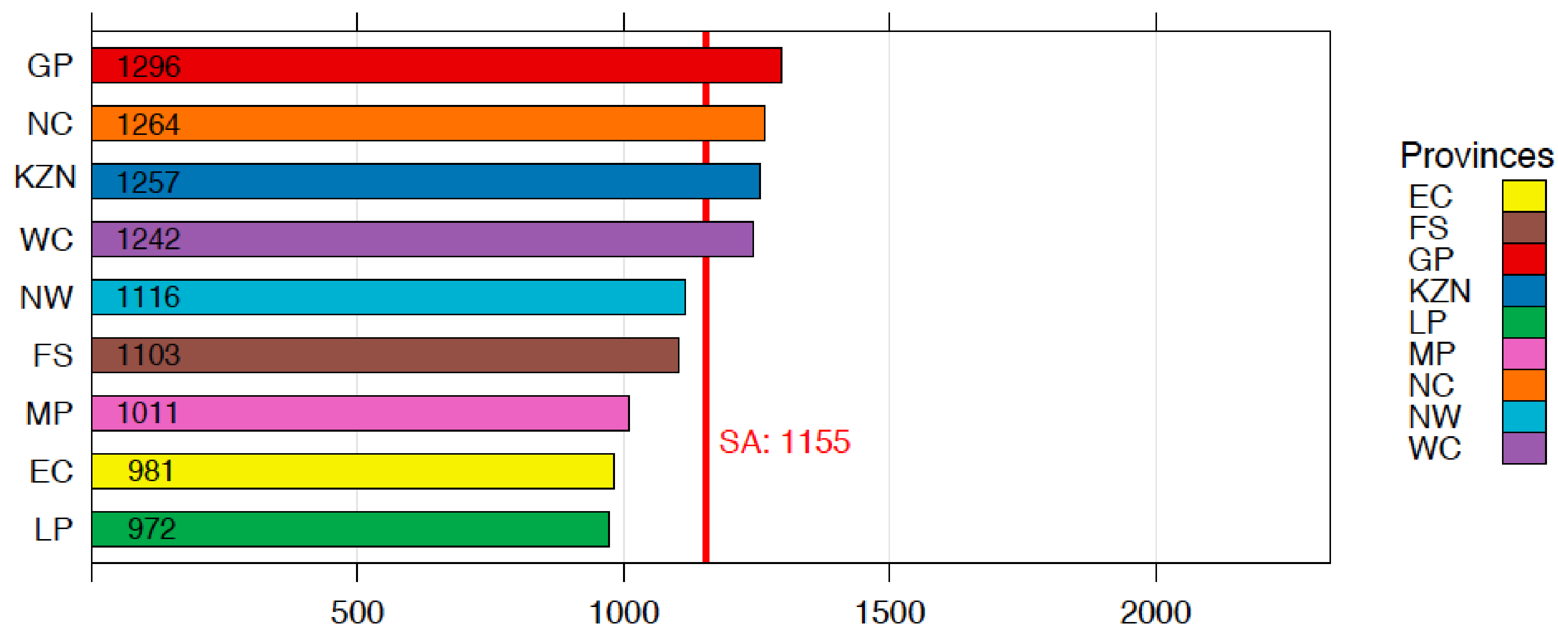
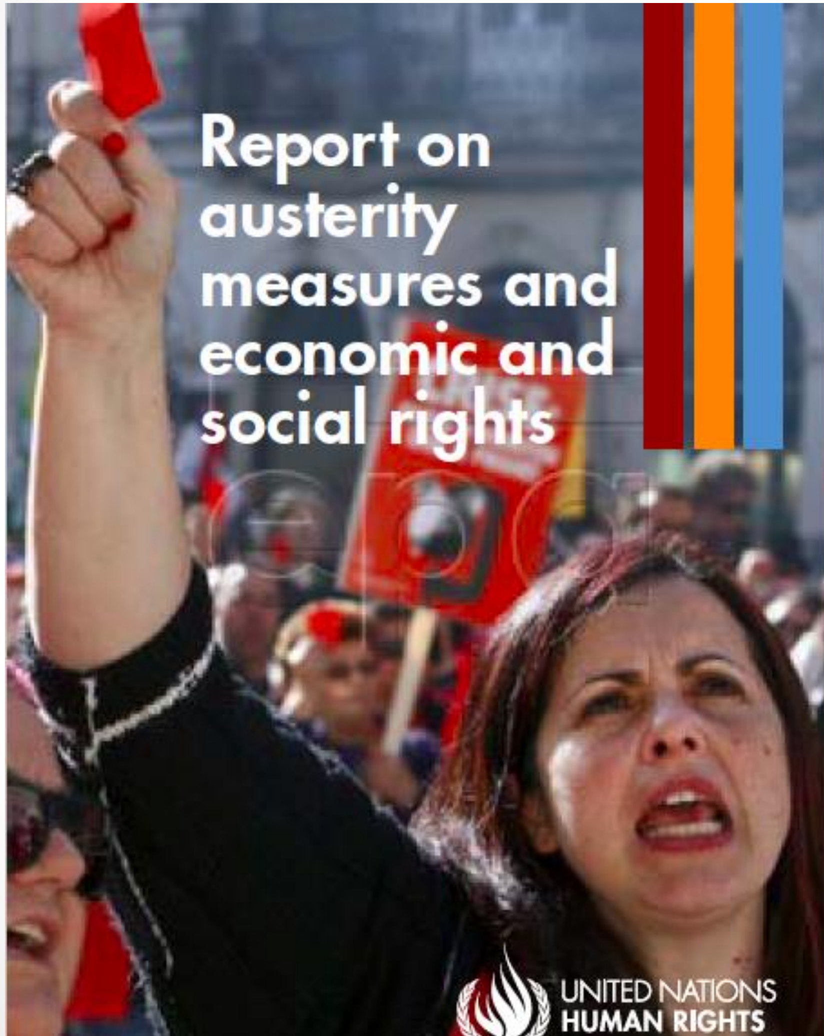


Figure 8: Provincial and local government primary health care expenditure per capita (uninsured) by province, 2017/18 (Rand – real prices)
GP
NC
KZN
WC
NW
FS
MP
EC
LP
1296
1264
1257
1242
1116
1103
1011
981
972
SA: 1155
500
1000
1500
2000
Provinces
EC
FS
GP
KZN
LP
MP
NC
NW
WC
Source: BAS, DHIS, Stats SA.

UNHRC on Regression & “Available Resources”



1. The existence of a compelling state interest must be demonstrated
2. The necessity, reasonableness, temporariness and proportionality of the austerity measures

On Regression (c'd)

3. Exhaustion of alternative and less restrictive measures
4. Non-discriminatory nature of the measures adopted
5. Protection of a minimum core content of the rights:
6. Genuine participation of affected groups and individuals

Discussion, Questions and Comments

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