

Universal Health Coverage in South Africa



Rapid response to intensification of palliative care services in South Africa (2020-2022).



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National Department of Health



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UHC and palliative care policy landscape in SA

- Universal health coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliative care) while ensuring that the use of palliative care services does not expose the user to financial hardship
- South Africa has the National Policy Framework and Strategy on Palliative Care as a guide to promote universal health for palliative patients
- Policy also advocates for easy health care access to vulnerable populations like the elderly, disabled, refugees, children and prisoners

Justice and the SA patient charter



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UHC and palliative care policy landscape in SA

- Justice ethical principal: Advocates for a just distribution of resources while balancing the rights of the individual to have the best treatment available

South African Patient Charter advocates for

- Palliative care that is affordable and effective in cases of incurable or terminal illness
- Treatment and rehabilitation services that must be known to the patient to enable patient understanding
- Receive timely emergency and health care assistance at any health care facility regardless of one`s ability to pay

How to determine PC landscape? Audits



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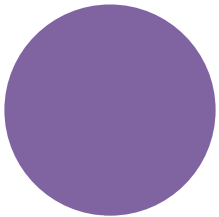
Conduct provincial audits



Communicate with provinces on audit processes and identify focal persons to be assisting with the process



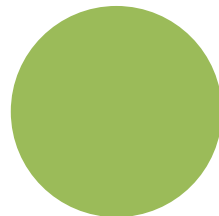
There is need to assess provincial readiness to support palliative care services



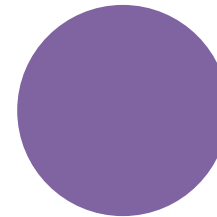
This should be enabled through conducting provincial audits which should be completed by February 2021



Audit findings should be reported to provinces and findings should be supported by DoH and stakeholders



Provinces should identify a needs assessment based on population and health care facility accessibility and resources needed to support palliative care.



Conduct audits with provincial support focal persons

Outcome is used to develop implementation plans.

Facility coverage?



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Form 1: Awareness of The NPFSPC and Availability of Palliative Care Facilities including Hospices and Step Down Facilities.

Form 1: To be completed by a designated Provincial Manager

Name of Province: <input type="text"/> Completed by: <input type="text"/> Contact details: <input type="text"/> Telephone: <input type="text"/> Email: <input type="text"/>		
Awareness of the NPFSPC by provincial level managers including for HIV and AIDS, TB, NCDs and Child Health Programmes as well as for Pharmaceutical, District and Hospital Services.		
Numbers		
Number of program managers who are aware of the NPFSPC		
Number of district managers that are aware of the NPFSPC		
Number of hospices/step down facilities providing palliative care services	Facilities	Yes/No
	Hospices – funded	Yes <input type="checkbox"/>
	If yes, select funder with X in textbox	No <input type="checkbox"/>
	Funding Department	
	DoH <input type="checkbox"/>	
	DSD <input type="checkbox"/>	
	Hospices – not funded by DoH or DSD	
	Step down facilities	Yes <input type="checkbox"/>
If yes, fill in below:	No <input type="checkbox"/>	
Numbers		
DoH facilities <input type="checkbox"/>		

Health care facility coverage, supporting palliative care

Health care facility coverage continued..

	NGOs <input type="checkbox"/>	
Number of hospices/step down facilities providing palliative care services	Facilities	
	Yes/No	
	Hospices – funded	Yes <input type="checkbox"/>
	If yes, select funder with X in textbox	No <input type="checkbox"/>
	Numbers	
	DoH <input type="checkbox"/>	
	DSD <input type="checkbox"/>	
	Yes/No	
	Hospices – not funded by DoH/DSD	
	Step down facilities	Yes <input type="checkbox"/>
	If yes, fill in below:	No <input type="checkbox"/>
	Numbers	
	DoH facilities <input type="checkbox"/>	
NGOs <input type="checkbox"/>		
Names of facilities providing palliative care services	Name of facility	

Health care facility coverage, supporting palliative care (Continued...)

Enhance capacity building: In-service training

Enhance capacity building (Inservice training)

- Endorsement of training institutes/stakeholders per province
- Promote adoption of ECHO facilitation platforms in provinces
- Adoption of the basic palliative care training in provinces



Assessment on in-service training



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Form 2: To be completed by health facilities

Select level of facility (mark with an X in the textbox):

Tertiary/Quaternary...

Regional.....

Secondary.....

District.....

Clinic (PHC/CHC) ...

Name of facility

Completed by:

Contact details:

Telephone:

Email:

Health worker Category	Level of palliative Care Training	
(only fill in those categories which apply to your facility, if category does not apply fill in N/A)	No. of staff who received in service palliative care training	Postgraduate/ Post basic training (No. of staff)
Medical doctors		
Nurses		
Social workers		
Social Auxiliary Workers		
Allied health care workers		
• Physiotherapists		
• Occupational Therapists		
• Speech therapists		
• Audiologists		
• Nutritionist/Dietician		
Pharmacists		
Pharmacy Assistants		

Enhance workforce palliative care skills

Enhance access to pain medicines



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Enhance access to pain medication

- Need to identify medicines to be monitored (Opioids)
- Agree with provinces and stakeholders on processes to monitor stock outs
- Review and monitor provincial medicines dashboard reports to ascertain medicines availability
- Outcomes should be used to inform provinces to identify and address challenges
- Access to surveillance data
- Commencement of formulation of the Clinical guideline



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PHC as a cornerstone to UHC

“ Primary health care is the cornerstone of the health system. It can help us prevent, treat and manage both infectious and noncommunicable diseases – bringing the world one step closer to universal health coverage. ”

Chris Elias

President, Bill & Melinda Gates Foundation



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Thank You



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