

Meeting the healthcare challenge – harder in the USA than here

Contributed by Leila Beltramo
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Aaron Motsoaledi is President Jacob Zuma's choice for new Health minister – he has one of the most important and complex tasks in government.

Globally the three biggest issues facing the world are the financial crisis, global warming and health. More drug resistant diseases are emerging along with dangerous viruses. Rapidly aging populations globally mean that over time the young will be burdened with paying for the very long retirements of large populations of old people.

In addition, global warming and the economic crisis have combined to ensure that the needs of the poor for clean water, better sanitation, more vaccinations for babies and drugs to combat illnesses are under threat because the funds to help have all but evaporated. Every nation needs its people to be healthy to ensure economic progress. In South Africa, the challenges are daunting. We have a public healthcare system that is in desperate need of resources. Yet, we have a private healthcare system that is world class but only available to a small, privileged part of the population. The key is to leverage skills and partner the private sector with the public sector.

While attending the World Health Care Congress in Washington DC in the United States recently I realised that we have serious challenges but in some ways those in the US are worse. * In the USA healthcare costs are 17% of gross domestic product and will rise to 25% of GDP by 2015. Chronic conditions are spiralling out of control, mostly driven by lifestyle issues and rampant obesity. South Africa leads by, for example, protecting medical aid members through the Medical Schemes Council. It monitors healthcare costs and ensures accountability. But we should learn more from the examples in Bangladesh and India. These nations have huge impoverished populations but they are quietly making affordable healthcare a reality. If we look at Bangladesh, as an example, Professor Muhammad Yunus - who won the 2006 Nobel Peace Prize - realised that mothers were arriving at the Grameen Bank, which he founded, with children who had nightblindness. The Grameen Bank helps exceptionally poor people save and create businesses. His team did some research and realised that night blindness was caused by vitamin deficiencies. And so Grameen Bank started selling vegetable seeds so that mothers could give their children fresh produce. This simple solution has seen night blindness, which was previously endemic in Bangladesh, disappear. Inspired by this, he founded Grameen Health which offers primary healthcare at US\$2 (less than R20) per family per year. Their focus is on prevention, or at least early diagnosis and cure. South Africa has also attempted a preventative approach but has been stymied by resource failures and health policy that does not always inspire. Bangladesh also had shortages of nurses, so they established more nursing colleges and are now an exporter of nurses too.

Grameen Health has perhaps been most successful in getting community buy-in. It sets up social businesses to finance clinics that are self sustained once established. Sustainability is achieved by pricing according to means. Once clinics are established shareholders get their capital plus interest but no more. They do this because it is the right thing to do; these are not profit-making enterprises. In this way, the people of Bangladesh display shared responsibility for themselves and each other. Grameen Health also uses cellphone technology to ensure cost effective care. At Healthbridge we use cellphone technology to ensure faster payments to doctors - this is but a small part of the scope that this technology allows. Remember too, that in Africa, according to the United Nations, one in three people now own a cellphone. The opportunities to transform healthcare using these is extraordinary. In India hospitals are being built at an average cost of US\$ 100,000 per bed compared to the US\$ 1 million per bed (this includes patient care facilities). Patient care is at least as good as that in US and in cases better. They have set up centres of excellence, for example, for cataract removal, a common problem here too, but in India they have found that treating high volumes of patients drives down cost and improves the quality of care, as doctors become more proficient.

Healthbridge services more than half of all South Africa's doctors, works with all the medical aids and hospitals, pathologists and radiographers so we have a good overview of the health industry. And we hope for the best possible healthcare for ourselves and our families. We hope the new Minister of Health promotes closer working relationships between private and public healthcare. It is an obligation and an honour to for us all to create a healthier South Africa. Bangladesh and India are doing it because individuals are proud of their nationality and want to make a difference to their nation. It's amazing what can be achieved after just a few years, if the red tape is removed and accountability is ensured. We can do it.

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