

02 JUNE 2023. PRETORIA. SOUTH AFRICA

LEADERSHIP CAN REFORM SOUTH AFRICA'S HEALTH SYSTEM

Dr Kate Kgasi

Clinical Analyst: Clinical Unit

k.kgasi@medicalschemes.co.za

There's no doubt that the South African health system requires reform to improve access to quality healthcare. This was the message emanating from the 2nd Presidential Health Summit held in Gauteng province, from 4-5 May 2023. At the centre of discussions was the implementation of the Universal Healthcare Coverage (UHC). To achieve this feat, leadership could play a deciding factor. This is according to a research study conducted by CMS Clinical Analyst Dr Kate Kgasi titled 'A multi-dimensional framework for implementing health system reform in South Africa.'



#Research Review

Dr Kate Kgasi spent 20 years in managed care, and medical schemes' regulatory environments. Her interests are in health system reforms and ethical leadership. Dr Kgasi holds qualifications in Doctor of Business Leadership (UNISA), Master of Business Leadership (UNISA), Master of Public Health (UNISA), BCur (MEDUNSA).



Disclaimer: This paper represents the opinions of the author and is the product of professional research. It is not meant to represent the position or opinions of the CMS, Council, Management and staff.

Physical Address:

Block A, Eco Glades 2 Office Park, 420
Witch – Hazel Avenue, Eco Park,
Centurion, 0157
Tel +27 12 431 0500

The South African health system is currently experiencing challenges which if it persists could hamper the country's ability to provide quality healthcare. According to Dr Kate Kgasi, both public and private healthcare sectors were not immune to leadership crisis affecting access to quality healthcare.

She makes an example that in the current medical schemes environment (private sector), some medical schemes members were sometimes denied access to the needed healthcare services more especially if the benefits had been depleted.

“The private sector was perceived as better resourced provider of high-quality healthcare, but research had proven that it was hospi-centric, expensive and not always of high quality” she adds.

It was common cause that the public healthcare was plagued by several factors but most typically, it was underfunded. Dr Kgasi further said that “while public healthcare policies were deemed progressive and rational, management decisions were found to sometimes not based on objective evidence and information.”

To comprehend this leadership anomaly , Dr Kgasi interviewed a senior official in a leadership position from the National Department of Health (NDOH), Chief Executive Officers (CEOs) of both public and private hospitals; Principal Officers and CEOs of medical schemes and administrators; and officials occupying leadership positions at other health entities including labour unions and associations.

Altogether, the interviewed leaders were in consensus that an efficient health system was urgently needed to achieve Universal Health Coverage (UHC).

Dr Kgasi said her research study used contingency theory of leadership as a yardstick for measuring responses. Practically, the research enquired if a leader and or a management decision making in relation to health system reform was affected by the structure, strategy and or the environment they operated in.

The findings proved interesting. Leaders agreed that at an organisational level, South Africa’s health system reform required effective and ethical leadership that could drive the country’s vision of achieving UHC. It was thus necessary to align organisational strategies and structures to improve organisational performance.

“Organisational alignment with the country’s vision of UHC was crucial at a macro-level. Internal and external environments influenced organisational performance, and these should not be overlooked,” she added.

Another crucial aspect leaders identified was the state of the public healthcare sector crippled by the lack of Information and Communication (ICT) systems.

“There is awareness among leaders regarding the importance of having advanced and reliable ICT systems with a clear communication strategy for improved health system performance,” Dr Kgasi said.

Against this background, enablers of service delivery namely financing; health information systems; health workforce; medical products, vaccines and technologies were identified by leaders as also crucial in achieving UHC.

Leaders in the private sector were more concerned about their participation in the implementation of the NHI to achieve UHC.

“In the private sector, leaders believed that government’s role in ensuring the realisation of UHC was in oversight. On the other hand, public sector leaders were of the view that the NHI as a cohesive structure, could indeed curtail administrative issues that were impeding progress in public healthcare funding and access.”

Therefore, there were mixed views that through the National Health Insurance (NHI), the country’s health system could be reformed for improved performance and access to quality healthcare.

In conclusion, the study recommended that Public-Private Partnerships were necessary to maximise the utilisation of resources within the health system and enable the realisation of UHC.

[Click here to access research](#)