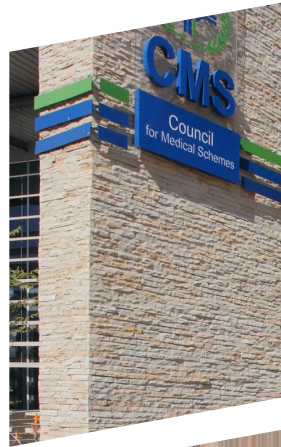

PRINCIPAL OFFICER &
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PMBs

The case of Primary Healthcare Benefits

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Contents

- ▶ Background
- ▶ Role of primary healthcare in PMBs
- ▶ Screening services
- ▶ Child immunization
- ▶ Conclusions

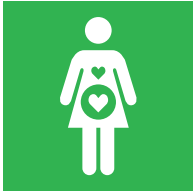
SDG Goal 3



Ensure healthy lives and promote well-being for all at all ages.

Background

Legislative requirements: Section 7 (b): Control and coordinate the functioning of medical schemes in a manner complementary to the national health policy.



TARGET 3.1 REDUCE MATERNAL MORTALITY

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.



TARGET 3.2 END ALL PREVENTABLE DEATHS UNDER 5 YEARS OF AGE

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

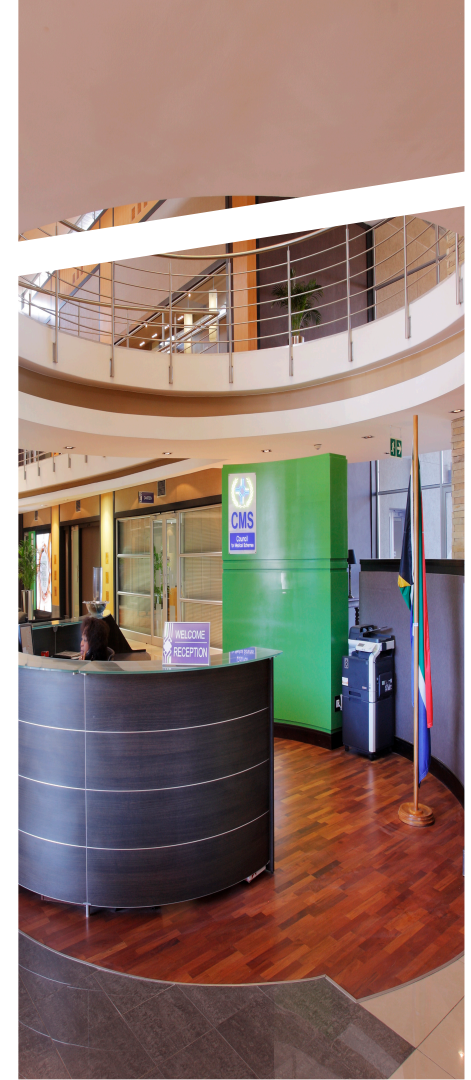


TARGET 3.8 ACHIEVE UNIVERSAL HEALTH COVERAGE

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Objectives

- ▶ The importance of PHC in health systems (public & private)
- ▶ Importance of Child and Maternal Care.
- ▶ *“Maternal, newborn and child health must remain a priority in all countries”*(WHO)
- ▶ Impact of COVID-19 on SDGs
- ▶ Immerging trends
- ▶ Key interventions



PMBs and industry sustainability

PMBs are often cited as threatening the sustainability of medical schemes!

Nearly 50% of contributions on reserves

Gross Income: R232,49 billion

Reserves: R109,76 billion

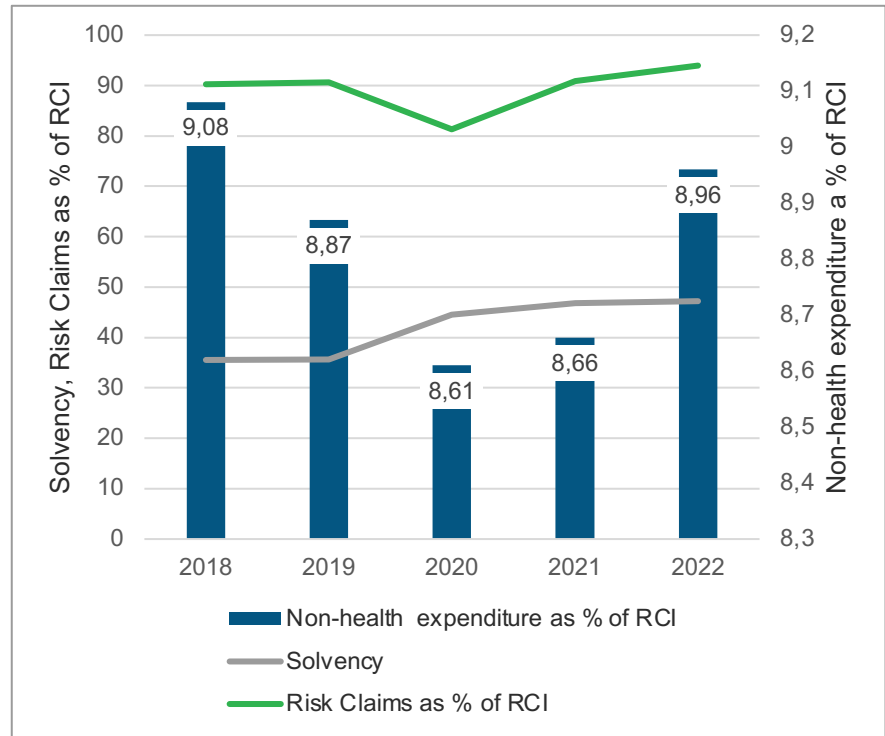
Financially sound industry, solvency,

Industry: 47%

Open schemes: 38%

Closed schemes: 59%

Upward trend in non-healthcare expenditure



PMB Expenditure

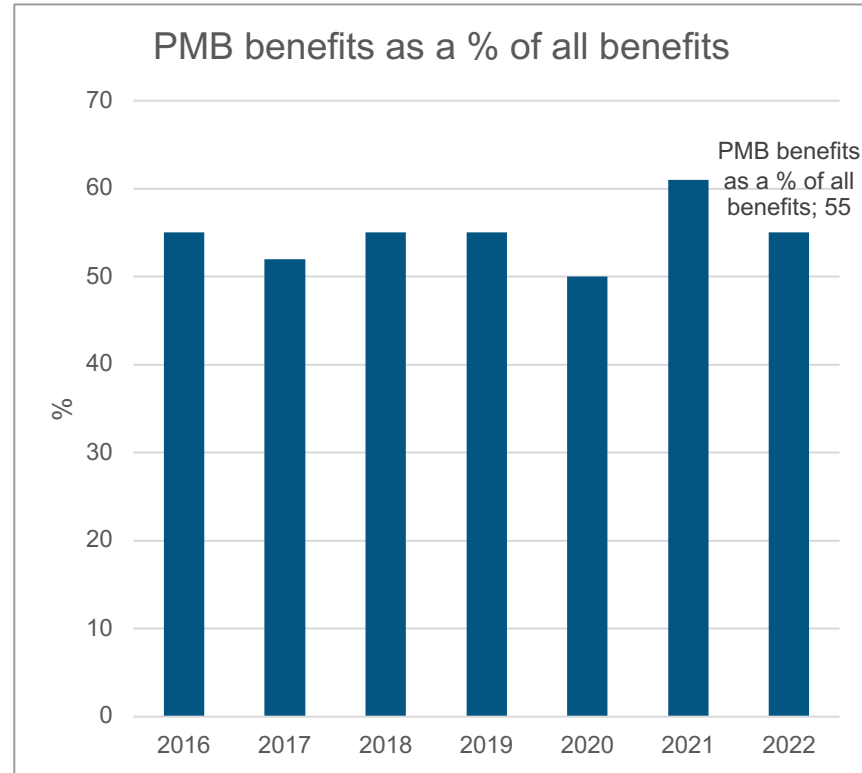
Benefits paid for PMB increased from R73.35 billion in 2016 to R113.48 billion in 2022.

COVID-19 contributed to the increase from R866.75 to R1 016 between 2020 and 2021.

The proportion of PMB benefits paid has varied between 50% to 55% from 2016 to 2022.

The amount paid per average beneficiary increased by 52.5% from 2016 to 2022, from R962.71 to R1 056.54.

Median: 55% PMBs vs 45% Non-PMB related



The role of Primary Healthcare in PMBs

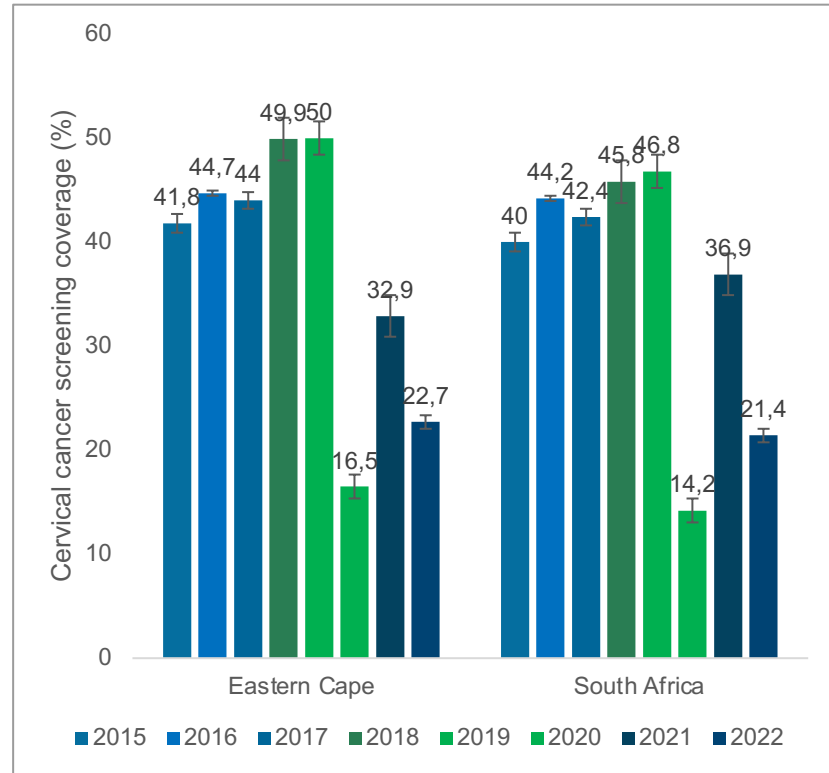
Prevention:

- ▶ Primary healthcare emphasizes preventive measures to reduce the incidence and impact of diseases and health conditions.
- ▶ This includes immunizations, health education, screening programs, and lifestyle counselling aimed at promoting healthy behaviours and reducing risk factors for various health conditions.
- ▶ Maternal Health Services Covered by PMBs
- ▶ Routine check-ups, screening tests, and counselling
- ▶ Importance of PMBs in Promoting Maternal Well-being
- ▶ Early detection and management of health concerns



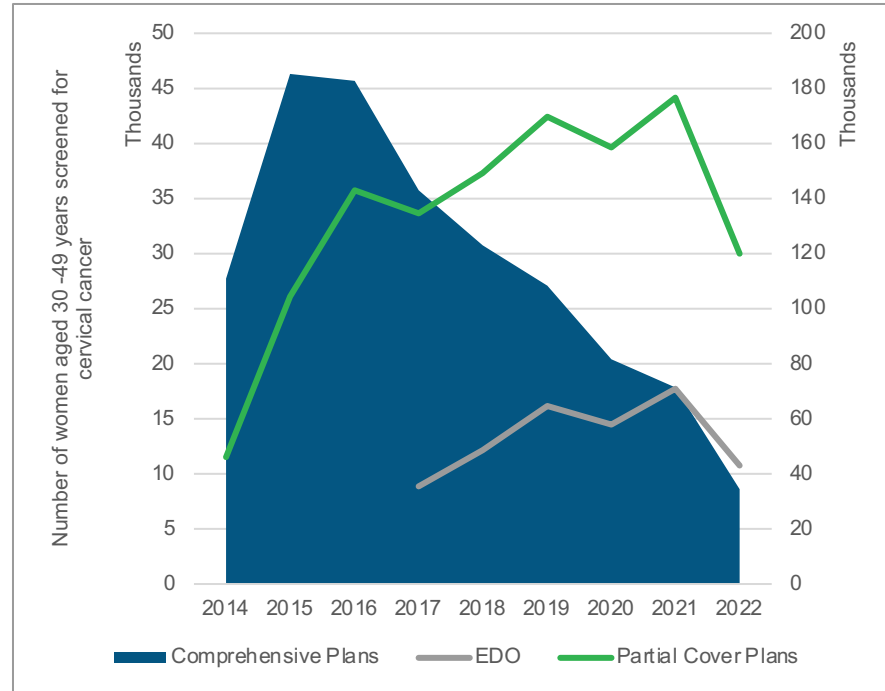
Cervical cancer screening rates

- ▶ Cervical cancer is the leading cause of cancer-related deaths and the second most commonly diagnosed cancer among women.
- ▶ For ages 25 to 49, screening should occur within 3.5 years, while for those aged 50 to 64, it should occur within 5.5 years.
- ▶ Screening coverage serves as a critical monitoring indicator for the WHO's cervical cancer elimination plan.
- ▶ Screening coverage for Eastern Cape stood at 50% in 2019, 46,8% nationally in 2019
- ▶ Significant decline and the effect of COVID-19 notable to 22,7% in 2022 for EC and 21,4% nationally
- ▶ Far below the target of 70% set by the WHO for 2030.
- ▶ The substantial decrease in screening rates from 2020 to 2022 may potentially hurt the number of related deaths.



Cervical cancer screening: Large scheme (Large Cx) case study

- ▶ Target population (women aged 30 - 49 years)
- ▶ % of Industry: 26%
- ▶ Weighted average age: 40 years
- ▶ Possible migration from comprehensive plans to other
- ▶ No. of women: 363 480
- ▶ No. screened: 75 213 (Excl EDOs = 64 428)
- ▶ Proportion screened: 21% (18%): 2022
- ▶ Lower and declining screening rates
- ▶ Need to re-invest in preventative care



Childcare Immunization

Possible vaccines are typically not covered

(0 years and older) OPV (Oral Polio Vaccine)

(14- 24 weeks) Rotavirus

(6 weeks) Rotavirus

(1-15 years) Hepatitis A

(0-1 year) BCG (Bacillus Calmette-Gurein)

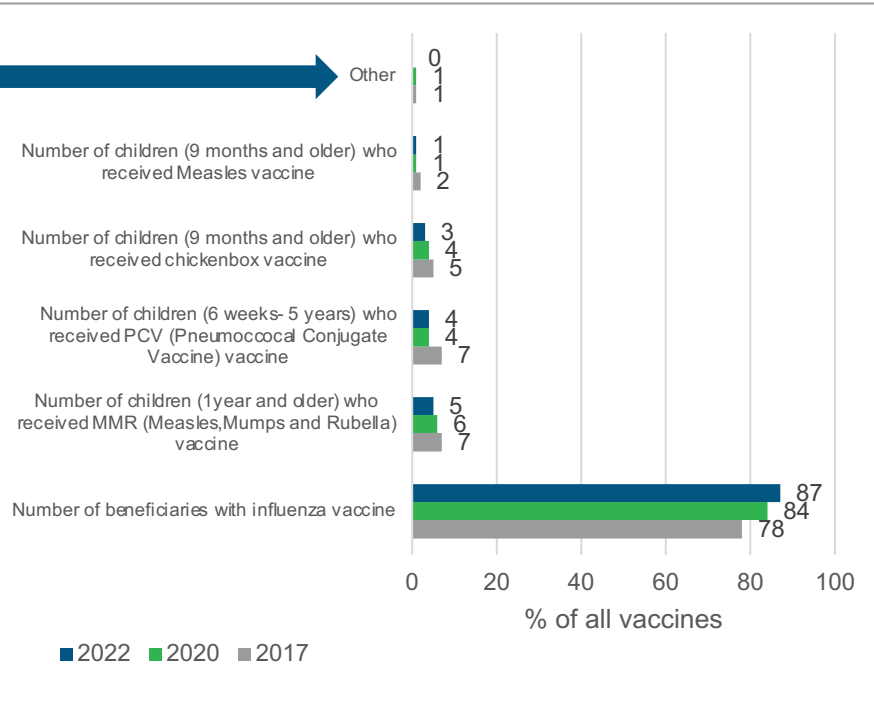
(6 years and older) Td (Tetanus, Diptheria)

(6 weeks - 9 weeks) first Dtap (Diptheria, Tetanus, pertussis)

(14 weeks - 18 weeks) third DTap

(10 weeks - 13 weeks) second DTap

(6 - 18 weeks) Quadrivalent



Oral Polio Vaccine: a large Cx case study

The vaccine helps to protect individuals from contracting polio and contributes to global efforts to eradicate the disease.

The cost of preventing diseases through immunization is much lower than treating the illnesses and managing their long-term consequences

They should get one dose at each of the following ages:

- 2 months old,
- 4 months old,
- 6 - 18 months old, and
- 4 - 6 years old.

SDG Target 3. b: Development assistance and vaccine coverage: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases

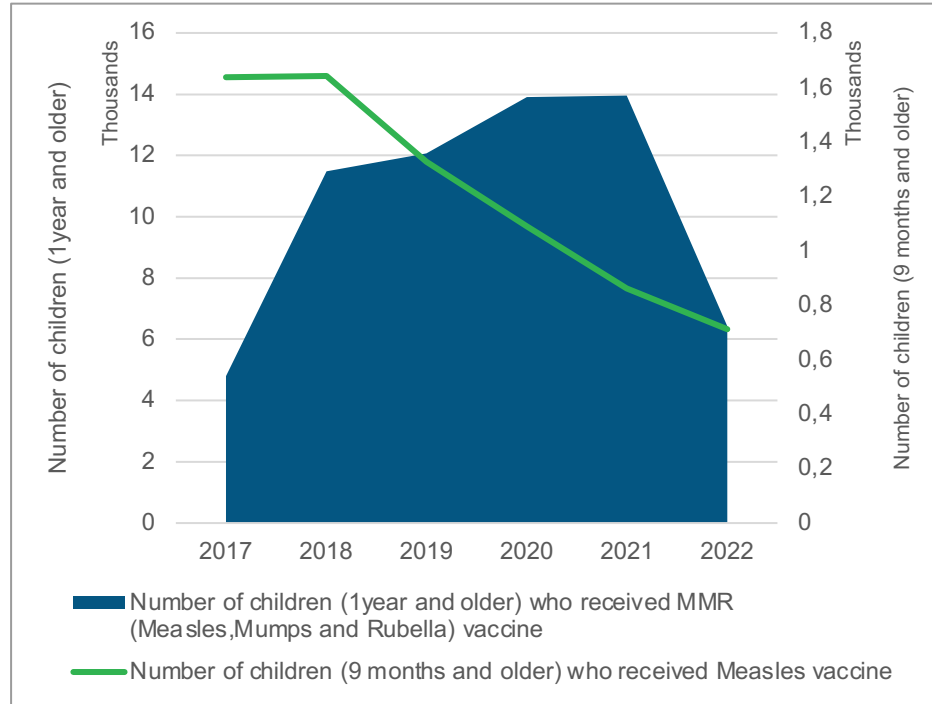
	2017	2018	2019	2020	2021	2022
Number of children (0 years and older) who received OPV (Oral Polio Vaccine) vaccine	180	448	606	454	286	188
Number of children (< 5 years)					223 928	
Number of children (< 9 years)					444 756	
Number of children (< 5 years) per 10000					8	
Number of children (< 9 years) per 10000					4	

Live vaccines	Non-live vaccines
BCG	DTaP (and Tdap)
Oral polio	<i>Haemophilus influenzae b</i>
Rotavirus	Inactivated polio
Measles (or MMR)	Inactivated polio
Varicella	Hepatitis B
Zoster	Pneumococcal
	Influenza (injectable)

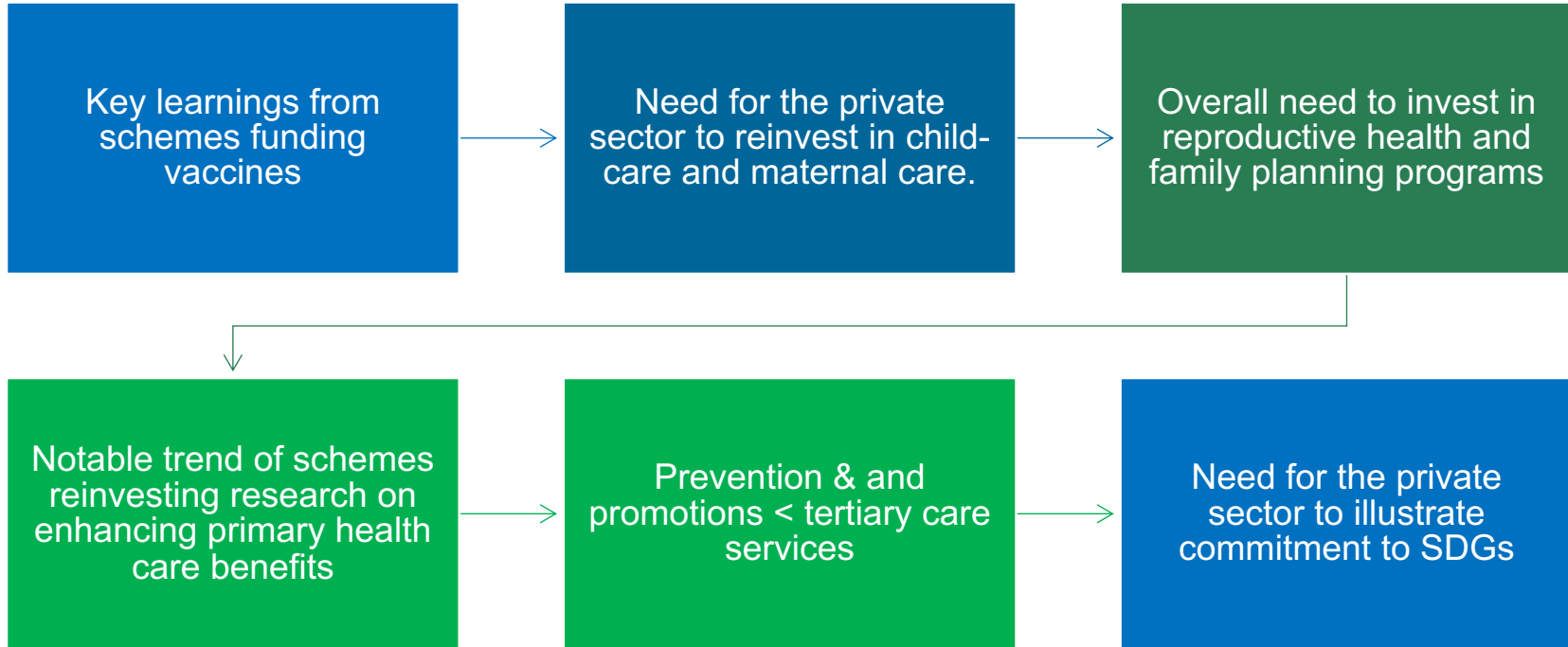


MMR (Measles, Mumps and Rubella) vaccine (Large Cx scheme: 2022)

- ▶ Count of kids < 1 year: 64 513
- ▶ No: Children who received MMR
- ▶ Kids < 1 year: 6 420
- ▶ More than 50% decline
- ▶ Kids < 9 year: 712
- ▶ Nearly 20% decline
- ▶ Coverage 1 (< 1): 9,9%
- ▶ Coverage 2 (<9): 1,1%



Conclusion





There is no better investment of time and money than in the life of a child. They are the future...

- Alma Powell

Thank you!

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