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**The Open Society for South Africa**

THIRTEENTH ISSUE DECEMBER 2009

**QUARTERLY**

**roundtable**

**STRATEGIC HEALTH REFORM**

Presenters: Tebogo Phadu (ANC Policy Desk) &  
Alex van den Heever (Independent Health Analyst)

### Chair: Francis Antonie

**Francis Antonie** is the Director of the Helen Suzman Foundation. He is a graduate of Wits, Leicester and Exeter Universities. He was awarded the Helen Suzman Chevening Fellowship by the UK Foreign Office in 1994. From 1996 to 2006 he was senior economist at Standard Bank; thereafter he was Director of the Graduate School of Public Development and Management at Wits University. He is the founding Managing Director of Strauss & Co.

### Presenters: Alex van den Heever and Tebogo Phadu

**Alex van den Heever** is an economist, with a masters degree from the University of Cape Town, with twenty years experience in public policy, health policy, social security policy, and public finance. His experience includes working for the Department of Finance, the Industrial Development Corporation, the Centre for Health Policy, the Gauteng Department of Health and the Council for Medical Schemes. He has participated in the various policy processes including inter alia: consultant to the Melamet Commission of Inquiry, member of the technical task team developing the Medium-term Expenditure Framework for government, member of the technical task team that developed the Medical Schemes Act, and member of the Taylor Committee of Inquiry.

**Tebogo Phadu** is the policy research co-ordinator for the African National Congress (ANC). He has been involved in policy research for the in various areas and positions for the ANC from 1995. He has also been centrally involved in developing the health policy positions for NEHAWU and the ANC over the past two years.

### Dr Trevor R Terblanche (MB,ChB, UCT) (SAMA)

**Trevor Terblanche** was born and grew up in in the Eastern Cape. He qualified as a doctor in 1981 and his post-internship was spent working in paediatrics at Livingstone hospital, Port Elizabeth. For the next twenty years, he was a general practitioner.

Terblanche has an Advanced Management Diploma from the Foundation for Professional Development; he has served as an executive member of National Medical and Dental Association Eastern Cape; Chair of South African Medical Association and served on the boards of the General Practitioner Private Practice Committee, SAMA. He has been an Exco member of The Health Policy Committee of SAMA, and an executive member of the Society of General and Family Practitioners and the National Convention on Dispensing. He has in addition served as Executive Officer for the Clinical and Hospital Risk-Manager for Ecipa Managed Healthcare from 2006 to 2009.

In 2009, Terblanche joined SAMA as its Secretary-General. He has a keen interest in dismantling silo's and dislodging hardened managerial positions in general, and particularly in Health

**Hein van Eck**  
(Medi Clinic)

Hein van Eck is a healthcare actuary and General Manager, Health Policy at Medi-Clinic Southern Africa, an international private hospital group with facilities in South Africa, Namibia, Switzerland and the United Arab Emirates (Dubai). He completed his secondary education in East London and thereafter studied actuarial science at the University of Stellenbosch and the Institute of Actuaries in London.

Hein started his career as an actuarial consultant with Sanlam in the field of employee benefits. In 2000, he transferred to Sanlam Health where he was employed as an actuarial consultant to medical schemes. During 2002, Medscheme bought Sanlam Health and Hein subsequently performed a similar role, but to a larger client base. He then moved into the position of Network Contract Manager at Medscheme in 2004, where he focused on provider contracting, including private hospitals. In October 2005, he took up the position of Research and Development Manager at Medi-Clinic where he was involved with new initiatives, including Alternative Reimbursement models. Hein has also been involved in industry matters such as the compilation of Hospital Association of South Africa's Private Hospital Review 2008 and 2009. He is a member of both HASA's National Health Reference Price List and National Health Insurance Sub-committees which deals with appropriate costing models for determining tariffs for the industry and healthcare reform issues respectively.

Since January 2009 he has been responsible for Health Policy at Medi-Clinic, with specific focus on National Health Insurance.

**Dr Jonathan Broomberg** (MBBCh, Wits;  
BA Oxon; MSc London, PHD London)  
(Discovery Health)

Jonathan Broomberg is Deputy CEO of Discovery Health. He qualified in medicine at the University of the Witwatersrand in South Africa, and subsequently obtained an MSc and PHD in health economics from the University of London and Oxford. He has spent most of his professional career working in health economics and finance, both in the public and private sectors, and in South Africa and abroad. In 1994, he co-chaired the Committee of Inquiry appointed by the Minister of Health to propose reforms to the funding and delivery of health care in South Africa. In 2005, he coordinated the Low Income Medical Schemes investigation on behalf of the Ministerial Task Team on Social Health Insurance. He is also active in international public health, and served as a member of the Technical Review Panel of the Global Fund to fight AIDS, TB and Malaria for five years, including two years as Chair. He currently serves on the Board of the Alliance for Health Systems and Policy Research, based at the World Health Organisation in Geneva.

**Dr Chris Archer**  
(SA Private Practice Forum)

Chris Archer was born in Johannesburg but grew up and was educated in the former Rhodesia. He studied medicine at UCT and after his housemanship he spent 4 years serving as a medical officer in the Rhodesian Army before entering private practice in Harare. In 1983 he returned to South Africa and to Groote Schuur Hospital to train as an Obstetrician and Gynaecologist. In 1990, he entered private practice as a specialist in Johannesburg.

During his tenure as a registrar, Archer was a founding member and representative of the Junior Hospital Doctors Association of the South African Medical Association (SAMA) – JUDASA – and in 1994 became the South African Society of Obstetricians and Gynaecologists (SASOG) representative on the Specialist Private Practice Committee (SPPC) of SAMA and served in that capacity until the SPPC became the SAPPF in January this year.

He has been the CEO of the South African Private Practitioners Forum (SAPPF) since its inception and is also the CEO of the Gynaecology Management Group (GMG) and currently the Vice Chairman of the Netcare Park Lane Hospital Physicians Advisory Group.

**Professor Joe Veriava**  
(Wits School of Medicine)

Professor Joe Veriava

## South African Health Sector: Some Headline Figures

### Comparative Data

Physicians (ie medical graduates) per 1000 people, selected countries 2002-2007	
Chile	1.1
Hungary	3
South Africa	0.8
Turkey	1.6
Germany	3.4
UK	2.2
US	2.3

Source: SA Institute of Race Relations South Africa Survey 2008/2009

### Health Expenditure, selected countries, 2006

	Total health expenditure as a proportion of GDP	Public health expenditure as a proportion of total health expenditure	Out of pocket expenditure as a proportion of total private expenditure	Per capita health expenditure (PPP\$)
Chile	5.3%	52.7%	54.8%	1 290
Hungary	8.3%	70.9%	77.6%	2 761
South Africa	8.1%	37.7%	17.5%	1 100
Turkey	4.8%	72.5%	84.2%	866
Germany	10.6%	76.9%	57.1%	5 210
UK	8.2%	87.3%	91.7%	4 259
United States	15.3%	23.5%	23.5%	6 719

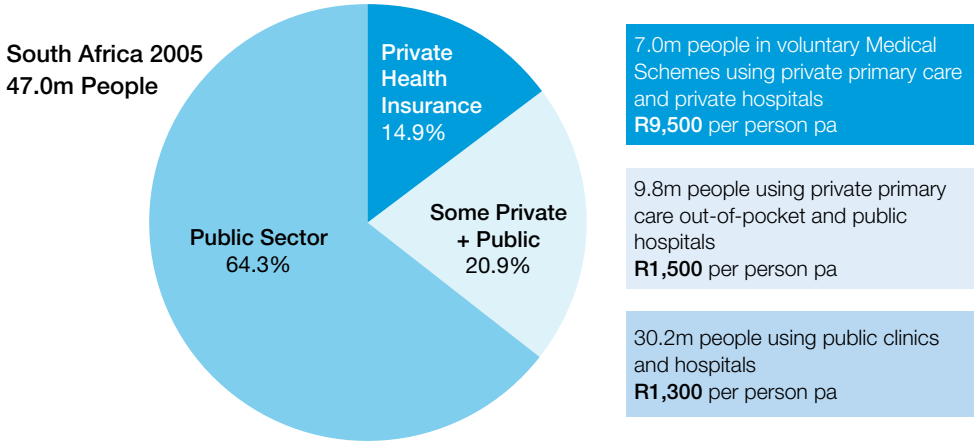
Source: SAIRR South Africa Survey 2008/2009

### Tax Revenue and business tax as a percentage of GDP, selected countries (2007)

Chile	21.5%
Hungary	21.5%
South Africa	29.1%
Turkey	18.5%
Germany	11.8%
United Kingdom	28%
United States	12.2%

Source: SAIRR South Africa Survey 2008-2009

**SA Macro Economic Profile**



Taxable income group*	Number of taxpayers	
	2003 - 95.1% assessed	2006 - 71% assessed
0-123 000	1 924 662	1 382 675
120 001 - 500 000	787 186	1 133 273
500 001 - 750 000	27 269	43 714
750 001 - 1 000 000	9 093	13 888
1 000 001 - 2 000 000	8 573	12 261
2 000 001 - 5 000 000	2 221	2 817
5 000 000 +	368	420
<b>Total</b>	<b>3 352 190</b>	<b>3 215 192</b>

Source: SAIRR South Africa Survey 2008/2009

## Employment Profile

Economically active population 2009 (including discouraged work seekers)	19 012 000
Employment 2009 (all occupations)	13 369 000
Employment formal	8 334 000
Employment informal*	4 356 000
Unemployment 2009 (wide definition)**	5 642 000
Unemployment rate (wide definition)	29.7%

\* Identifies persons who are in precarious employment situations; persons not entitled to basic benefits eg pension, medical aid, contributions, no written contract of employment.  
 \*\* Term employed by the SAIRR to include discouraged work seekers.

Source: SAIRR South Africa Survey 2008/2009

## Health Data

Public sector doctors by province (2008)	
Eastern Cape	1 157
Free State	609
Gauteng	2 196
KwaZulu Natal	3 044
Limpopo	883
Mpumalanga	567
North West	498
Northern Cape	275
Western Cape	1 418
South Africa	10 653

Source: Health Systems Trust in SAIRR South Africa Survey 2008/2009

Number of public sector professional nurses by province (2008)	
Eastern Cape	7 386
Free State	2 485
Gauteng	7 663
KwaZulu Natal	11 973
Limpopo	6 471
Mpumalanga	3 184
North West	2 862
Northern Cape	1 193
Western Cape	4 615
South Africa	47 834

Source: Health Systems Trust in SAIRR South Africa Survey 2008/2009

Public sector people-to-doctor and people-to-nurse ratios by province	P-Doctor	P-Nurse
Eastern Cape	5 687 : 1	891 : 1
Free State	4 725 : 1	1 158 : 1
Gauteng	4 757 : 1	1 363 : 1
KwaZulu Natal	3 320 : 1	844 : 1
Limpopo	5 974 : 1	815 : 1
Mpumalanga	5 549 : 1	1 128 : 1
North West	6 878 : 1	1 197 : 1
Northern Cape	4 094 : 1	944 : 1
Western Cape	3 710 : 1	1 140 : 1
South Africa	4 570 : 1	1 018 : 1

Source: Health Systems Trust in SAIRR South Africa Survey 2008/2009

Medical Aid beneficiaries 2004-2007	As proportion of population
Eastern Cape	8.8%
Free State	11.5%
Gauteng	29.3%
KwaZulu Natal	11.7%
Limpopo	5.9%
Mpumalanga	14.0%
North West	11.4%
Northern Cape	14.1%
Western Cape	26.6%
South Africa	15.6%

Source: Health System's Trust in SAIRR South Africa Survey 2008/2009

Tuberculosis (reported cases - TB & Pulmonary TB)	
2000	150 696
2007	353 879
% increase	134.80%

Source: SAIRR South Africa Survey 2008/2009

HIVAIDS			
Present number of HIV infections (2009)	High	5 728 711	ASSA 2003
	Low	5 700 000	UNAIDS
Total HIV infection rate (2008)		10.90%	HSRC
HIV infection rate by 2025	High	18%	Metropolitan
	Low	7%	Metropolitan
Life expectancy at birth in 2026	High	51	ASSA2003
	Low	59	Metropolitan
Adults with AIDS not on ART (2009)		470 379	ASSA2003
Children with AIDS not on ART (2009)		26 391	
Aids deaths as a proportion of total deaths	High	57.20%	Metropolitan (2005)
	Low	48.50%	ASSA2003

Population segments living with HIV/Aids	
Adults (20-64)	5 186 072
Women (child bearing 15-49)	2 970 696
Youth (15-24)	1 026 109
Children (0-14)	341 495
Total	5 728 711*
% of population	11.70%

\* The figures do not add up as the categories overlap

Projected prevalence rate	2008	2015
	11.60%	12%

Source: SAIRR South Africa Survey 2008/2009