

Re-examining the relationship between transport and health care in light of the NHI



Taurai Mubaiwa Pr Arch
Health Infrastructure Planner:
North West Health Department
mubaiwat@gmail.com



Dr Mathetha Mokonyama Pr Eng
Competence Area Manager:
Transport Systems and Operations
CSIR Built Environment
mmokonyama@csir.co.za

OVERVIEW

The Minister of Health, Dr Aaron Motsoaledi, is quoted by the media to have said that it will become compulsory for every South African to belong to the envisaged National Health Insurance (NHI). Skeptical as some are, this development ushers in a new paradigm for healthcare provision in the country, with prospects of improving the quality of healthcare for all. Notwithstanding the importance of physical healthcare facilities and systems, transport is one of the critical factors for the successful implementation of the NHI. This article identifies opportunities for research and development towards eradicating transport challenges that prevent access to healthcare.

INTRODUCTION

Globally, the awareness of the relationship between health and transport is increasing exponentially (Mindel 2017). Some of the relationships under increased scrutiny include the relationship between health and transport-induced pollution, obesity, injury, disease control, climate change, fitness, and access. It would appear that failure to explicitly consider population health requirements in transport planning is increasingly unjustifiable, and may actually be amounting to professional negligence. The NHI, however, presents an

opportunity to identify transport-related requirements to support healthcare access.

The article makes preliminary recommendations on how transport and healthcare should interface, based on NHI literature observations around the world in selected BRICS and OECD countries, namely South Africa, India, the Russian Federation, Britain, United States of America, Turkey, Canada and Australia. For South Africa, in particular, the review is further justified by the findings of the Human Rights Commission of South Africa Inquiry Report (HRC 2007) on accessibility to healthcare services, which states that access to healthcare services in the country, especially for the poor, is severely constrained by expensive, inadequate or non-existent transport services. This is an even bigger problem where patients with chronic diseases require regular travel to healthcare facilities.

ABOUT THE NATIONAL HEALTH INSURANCE

The South African Cabinet approved the NHI White Paper in June 2017. The White Paper makes way for the establishment of legislation to implement the NHI in order to realise the ideals of universal health coverage. The NHI will finance

comprehensive healthcare access, with the aim of eliminating financial risk for all South Africans, especially for the most vulnerable persons and households in the population.

According to the White Paper, the NHI aims to eliminate healthcare fragmentation, as well as ensure technical and allocative efficiencies in how funds are collected, pooled and used to purchase services, the goal being to “create a single, publicly owned and administered strategic purchaser that will actively purchase healthcare services on behalf of the entire population from suitably accredited public and private providers.”

Given that transport is acknowledged by the Human Rights Commission as one of the fundamental stumbling blocks for healthcare access, how should the NHI implementation be structured to address this impediment? Currently the White Paper makes the following provision: “NHI healthcare benefits will be portable throughout the country. Mobile health services will be organised within a Contracting Unit for Primary Health Care (CUP). The contracting of accredited private providers will be prioritised with the aim of ameliorating geographical access challenges. While assuring a continuum of care, communities, vulnerable groups and those domiciled in rural areas may still experience limited access as a result of topography and unaffordable transport costs. NHI will provide coverage for planned transportation in times of need, and for the elderly and people with disabilities in rural and topographically inaccessible localities.”

However, how this will be achieved is not clear.

LITERATURE ON NON-EMERGENCY TRANSPORT

Globally, there is some literature on accessibility to healthcare, including the



**The Minister of Health,
Dr Aaron Motsoaledi**

significant initiatives by the World Health Organisation (WHO) as reflected in its Health Systems Transformation Agenda of 2003. However, most of the discussions are primarily focused on measuring health-care systems' performance to address the disparities and inequalities in health systems, as based on health outcomes, rather than reviewing contextual factors fundamental to accessibility to healthcare (WHO 2003), including the role that innovative initiatives to provision of non-emergency patient transport plays on accessibility to healthcare.

Through the review of literature we found that non-emergency transport services are not directly covered within the national health insurances of South Africa, India, the Russian Federation and Turkey. Countries such as the United States, Canada, Australia and Britain have made provision within their broad national health insurances and social services programmes to cater for non-emergency patient transport.

The British national health insurance makes a direct prescription of a framework for non-emergency patient transport in its national health insurance. For countries such as the United States, Canada and Australia, the discourse on non-emergency patient transport has been brought to the fore and efforts are under way to improve patient mobility, as reflected in the discussions on the Impact of the Affordable Care Act on non-emergency Medical Transport (Garrity & McGehee 2014; Chisholm-Smith 2014). Non-emergency transport reportedly remains at the core of transport planning in New South Wales, Australia.

We nonetheless conclude from the review of literature that there appears to be a scarcity of literature on transport planning with specific consideration of non-emergency transport. The extreme consequence of these unmet transport needs, particularly for vulnerable people, is increased morbidity and mortality rates, among other things (Wallace *et al* 2005; Wilkem 2012; Atuyo 2014). Many of the approaches used by other countries are context-specific and may not be transferable to South Africa. The onus is therefore on South Africa to develop appropriate solutions for this problem.

RESEARCH OPPORTUNITIES

The NHI presents opportunities for improved public transport service design.

However, prior to the actual design of services, more research is needed to guide such designs. We therefore identify the following research opportunities as urgent:

- How should the disciplines of transport planning and health practitioners work together for improved design of transport networks and associated services?
- What are the typology of needs for different patient treatment types, and how should transport services be designed to cater for these needs?
- How much would it cost the NHI to explicitly cater for non-emergency transport?
- Should non-emergency transport be incorporated in South Africa's transport subsidy policy or should different payment mechanisms be used?
- How should service providers for non-emergency transport services be contracted?
- NHI promotes the use of health facilities closest to where patients live. However, specialised healthcare services are not always readily available in close proximity. How should the uneven spatial distribution of specialised services be taken into account by NHI?
- How should the sustainability of non-emergency transport provision under NHI be measured?

In the longer term, methods of incorporating healthcare in the spatial transformation agenda should receive priority.

CONCLUSIONS AND THE WAY FORWARD

The NHI White Paper rightfully recognises that health is a basic service which should be provided universally and equitably, irrespective of patients' socio-economic background. Transport still remains one of the critical stumbling blocks to healthcare access, especially for the majority of South Africans who cannot afford additional travel cost to health facilities. However, the NHI White Paper makes provision to improve this situation. How this should be done, however, is a subject for further research.

Prospectively, transport planning in municipalities must become deliberate in how it incorporates healthcare access. Continued silence regarding transport plans on this matter can no longer be justified.

REFERENCES

The list of references is available from the authors. □

Scrape silts in dams lined with Hyson Cells



The only system that can take these vehicle loads and remain waterproof



3D BubbleLock is sacrificial plastic formwork used to cast interlocking, flexible, concrete block paving and liners in situ with the formwork remaining embedded in the structure as perfectly fitting jointing.

Sandwiched bitumen layer for 100% waterproofing

Steep walls = smaller footprint

YouTube PowerPoints and video clips

 **HYSON CELLS®**

Tel +27 (0) 11 957 2478

Fax +27 (0) 86 504 4738

Cell +27 (0) 83 565 7111

info@hysoncells.co.za

www.hysoncells.co.za