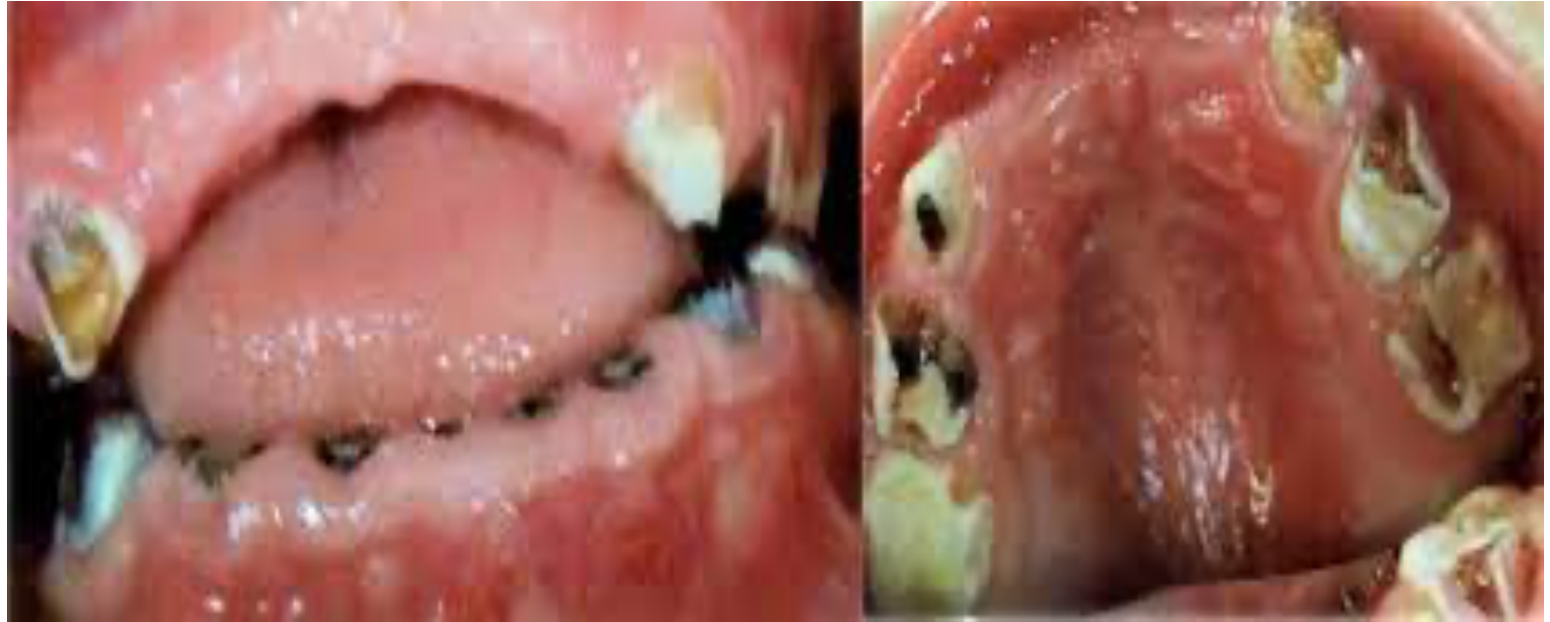


NATIONAL HEALTH INSURANCE BILL

AFRICAN CHILD



Presented on behalf of Oral health and Dental schools

Prof MS Nemutandani

Head of Dental School- Wits University

Chair of Dental Deans : Africa.

Oral Health Team in South Africa

Oral Clinicians

- Oral hygienists:
- Dental Therapists:
- Dentists
 - 6 specialists
 - Orthodontists
 - Oral medicine and periodontists
 - Public oral health specialist
 - Oral pathologists
 - Prosthodontists
 - Maxillo facial surgeons

Non clinicians

- Dental nurses:
- Dental technicians(1050): 7%-A;
80%-W

Dental schools

- Sefako Makgatho Health Sciences University: Prof S. Hendricks
 - Dentists, Dental therapists, Oral hygienists
- University of Pretoria: Prof SL Shangase
 - Dentists, Oral hygienists
- University of the Witwatersrand : Prof MS Nemutandani
 - Dentists, Oral hygienists
- University of the Western Cape. : Prof N Myburg
 - Dentists, Oral hygienists
- University of Kwazulu- Natal : Dr A Muslim
 - Dental therapists, Oral hygienists

Universities of Technology: Non clinicians

- Tswane University technology: Dental Nurses , dental technicians
- Central University of Technology : Dental Nurses , dental technicians
- Cape Pen. University technology: Dental Nurses, dental technicians
- Durban University of Technology: Dental Nurses , dental technicians

NB: We are concerned about low number of dental technicians allowed to register by SADTC and 100% failure rate of black students .

Oral health and dental Deans

Supports the National Health Insurance and believe that:

- Oral health services will have better funding under NHI
- Our people will have access to oral health services
- The legacy of African child growing and experiencing toothache, pains and removal of teeth will end.
- Our senior citizens suffer indigestions of food, cannot chew food because they cannot afford false teeth /artificial prosthesis
- Former whites Universities should be forced through funding system to train dental therapists
- Posts must be created for middle level oral health workers

PRIMARY ORAL HEALTH CARE HUMAN RESOURCES IN PROVINCES 2019.

PROVINCE	DENTAL THERAPISTS	ORAL HYGIENISTS	DENTAL ASSISTANTS	TOTAL	CHC's
EC	5	16	82	103	40
FS	1	6	48	55	10
GAUTENG	30	38	211	279	38
KZN	52	32	166	250	19
LIMPOPO	54	53	189	296	26
MPUMALANGA	13	8	61	82	51
NORTHERN CAPE	3	1	34	38	28
NORTH WEST	14	6	62	82	48
WESTERN CAPE	2	41	78	121	19
TOTAL	174	201	931	1306	279

We further advocate that

- The National Health Insurance (NHI) should **be the only funding mechanism** for health in the Republic.
 - **replaces** all other funding mechanisms for health.
 - **takes over** from Medical Schemes
- This committee must repeal the Medical Schemes Act in its entirety.
- NHI should focus on **funding and contracting matters**

Proposals

- **Section 25** requires Benefit Advisory Committee.
- a) Instead of having all heads of Medical School have one representative of Medical Schools, One representative of Dental Schools, One Representative of Nursing Schools, One representative of Pharmacy Schools, and other Health programs.
- b) Instead of having nine provincial health representatives, have one representative from National Health Council or a member Technical Advisory Council for National Health Council (TAC).
- c) Instead of having two hospital Association representatives, have one representative from Hospital Associations and a Representative for Primary Health Care Services and Community Health Services.
- **Section 27** requires Stakeholders Advisory Committee
- This committee is mainly composed of Statutory Councils. It will be significant that oral health Voice is represented at the HPCSA and SADTC

- **Duties of the fund**
- 5 (1) (d) “Enter into contractsbase on health care needs of users”
- **INPUT:** the contract with service provider must be based on **type of services** that must be provided e.g. Primary, secondary etc. This categorization is much defined than “health care needs of users” which are many and variant.

Functions of the Fund

- **6.1 (a)** “must employ suitably qualified persons.....in accordance with organisational structureafter consultation with Minister and the Minister of Finance.”
- **INPUT: Employment of Fund staff:** Only the Board and executive must have a final say in the employment of staff of the Fund.
- **Organisational structure:** The Minister of Health and Minister of Finance must only be consulted in the Organisational Structure establishment or changes.
- **6.1 (h)** “may purchase health care service.....that are of a **reasonable quality.**”
- **INPUT:** The reasonable quality is extremely subjective, therefore it must an **“evidence based**

- **10 (1)** “The fund must reimburse health care providers.....rendered to the eligible users.
- **INPUT:** There must be a way for users to confirm that they did receive the service claimed to have been done so that service providers do not claim for services they did not perform.
- **25 BENEFITS ADVISORY COMMITTEE**
- 25 .2 (a) “All heads of medical schools in the country”
- **INPUT: No,** only one head of medical school and must represent the input of all medical schools. Include Head of Nursing school representing all nursing schools, head of Pharmacy School representing all pharmacy schools and representatives of other health programs, e,g, Homeopaths, Oral Health, physiotherapist etc

- **26. STAKEHOLDERS ADVISORY COMMITTEE**

- **INPUT:** we propose an inclusion of oral health person in the stakeholders under Section 1 (d) and (e).

- **27 HEALTH BENEFITS PRICING COMMITTEE**

- **INPUT:** we propose to have a representative in this committee to look at the pricing of oral health services.

- **28. TECHNICAL COMMITTEE**

- **INPUT:** This is the place where we propose an inclusion of oral health practitioner.

THANK YOU

