**NATIONAL ASSEMBLY**

**FOR WRITTEN REPLY**

**QUESTION NO. 3862 (Oral 728 transferred)**

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**(INTERNAL QUESTION PAPER NO. 42)**

**Ms N N Chirwa (EFF) to ask the Minister of Health:**

In view of the decrease in the number of ideal and high clinics over the past year due to a lack of leadership from him and his department that has resulted in a failure to ensure infrastructural renewal and capacity, (a) what will happen to healthcare facilities that do not reach the standards required by the National Health Insurance for accreditation and (b) who will cover the cost of medical care in the specified facilities in the private and public sector?

**NW4802E**

**REPLY:**

We are not aware of any designation of a ‘high clinic’ so we cannot respond to any assertion in this regard.

The National Health Insurance Bill makes provision for accreditation of service providers and for the Fund to conclude a legally binding contract with a health establishment certified by the Office of Health Standards Compliance and with any other prescribed health care service provider that satisfies requirements provided for in the Bill.

* Establishments will be required to obtain certification as compliant with a set of prescribed standards by the Office of Health Standards Compliance
* Individual providers (professionals) will be required to have proof of registration by a recognised statutory health professional council
* Providers will be required to:
	+ deliver a minimum required range of personal health care services
	+ allocate appropriate health care professionals to deliver the health care that they are accredited to provide
	+ adhere to treatment protocols and guidelines, including prescribing medicines and procuring health products from the Formulary
	+ adhere to health care referral pathways
	+ submit information to the national health information system to ensure portability and continuity of health care services and performance monitoring and evaluation; and
	+ adhere to the national pricing regimen for services delivered
1. The implementation of National Health Insurance will be a process over several years and budget cycles as contemplated in the transitional provisions. Engaging providers that will be paid by the Fund will evolve in accordance with guidelines and services specified by the Minister in consultation with the National Health Council and the Fund, and published in the Gazette from time to time as required.

All healthcare facilities (providers), both public and private, including those that do not, at the outset, reach the standards required by the National Health Insurance Fund for either standards compliance or accreditation will be part of quality improvement programmes, such as the Ideal Clinic Programme, that will allow them time to effect the necessary improvements. The phases and processes for the required improvements will be outlined in the Gazetted guidelines once the law is enacted.

1. The NHI Fund which will be established once the Bill is enacted will cover the cost of “medical care in the specified facilities in the private and public sectors”.

Clause 41 provides the framework for payment of health care service providers (mechanisms of payment) and clause 49 with the source of income. Over time as benefits are included, or amended as technology evolves, the Fund will manage the sole risk pool for everyone and will purchase the services from all available accredited providers in both public and private sectors.

END.