Interview with Dr Anban Pillay, Exeecutive Director, Department of Health South Africa

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Dr Pillay, South Africa recently became a member of BRICS. With this distinction, we need to improve our healthcare outcomes relative to other BRICS countries.

All countries have challenges with their healthcare system, including BRICS countries. Many of them have been able to design interventions that addressed these problems, for example, Brazil had a number of challenges in the healthcare system. Nevertheless, they have been successful in addressing these matters and improve their healthcare outcomes.

The South African government is currently in the process of a major health sector reform which aims at achieving universal access to good quality health care for all South Africans. Could you share with our readers the road map to 2025 for the implementation of the National Health Insurance (NHI)?

Firstly, we will have the public health system which faces a range of challenges relating to service delivery. The plan is to improve the issues relating to waiting times, cleanliness, attitudes of staff and infection control. Our focus is to improve the system so that when the NHI is ready, even those

who are in the private market can use the public health system and be confident about it.

Once this phase is complete, we will introduce the funding of the NHI. South Africans will be paying taxes and the government will create a fund out of it. Through that fund, we will contract private and public providers, patients will access services and these services will be paid through the fund.

The middle class in South Africa is still a little tiny. It seems demanding to ask the population to pay extra tax. Do you hope this will change by 2020?

Our costing had taken account of the worst case scenario. To assess what is the country's capacity to finance the NHI, we have looked at what the government is currently spending on healthcare as well as how much South Africans are spending on private medical insurance. Combining these two funding streams allows us to achieve efficiency in our purchasing.

Let us keep in mind that there are over one hundred medical schemes in South Africa trying to individually buy services on behalf of their members – it is not very efficient. Through the NHI, we can achieve economies of scale.

The South Africans are not going to be worse off as tax payers. The money they currently pay for private health insurance will be redirected into the fund, to ultimately buy the same services. On the tax deduction, they see a change in their pay slips from a medical scheme contribution deduction to a NHI contribution. We are concerned that households should not pay more for their healthcare compared to their current contribution.

This is the first time that the International Generic Pharmaceutical Conference (IGPA) is organized in South Africa. What do you expect from this event and how do you see the share of generics evolving in the future?

We would like to see this generic industry in South Africa getting stronger. The National Association of Pharmaceutical Manufacturers (NAPM) has not been as strong as it could be, therefore I would hope that the strategies from the other international associations will rub off onto the NAPM so that they can get stronger.

Consumers, prescribers and pharmacists, do not understand that generics are the same as originators. There is a lot that the NAPM can gain from the other associations.

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