

Abstract

Background. The South African government is implementing National Health Insurance (NHI) as a monopsony health care financing mechanism to drive the country towards universal health coverage. Strategic purchasing, with separation of funder, purchaser and provider, underpins this initiative. The NHI plans contracting units for primary healthcare services (CUPS) to function as either independent sub-district purchasers or public providers and District Health Management Offices to support and monitor these CUPS. This decentralised operational unit of PHC, the heartbeat of NHI, is critical to the success of NHI. The views of district-level managers, who are responsible for these units, are fundamental to this NHI implementation. This qualitative study aimed to explore district and sub-district managerial views on NHI and their role in its implementation.

Methods. Purposive sampling was used to identify key respondents from a major urban district in Gauteng, South Africa, for participation in in-depth interviews. This study used framework analysis methodology within MaxQDA software.

Results. Three main themes were identified: managerial engagement in NHI policy development (with two sub-themes), managerial views on NHI (with three sub-themes) and perceptions of current NHI implementation (with six sub-themes). The managers viewed NHI as a social and moral imperative but lacked clarity and insight into the NHI Bill as well as the associated implementation strategies. The majority of respondents had not had the opportunity to engage in NHI policy formulation. Managers cited several pitfalls in current organisational operations. The respondents felt that national and provincial governments continue to function in a detached and rigid top-down hierarchy. Managers highlighted the need for their inclusion in NHI policy formulation and training and development for them to oversee the implementation strategies.

Conclusion. It appears that managers are not adequately capacitated to implement NHI mechanisms such as strategic purchasing. NHI policy implementation appears to function in a rigid top-down hierarchy that excludes key stakeholders in the NHI implementation strategy. The findings of this study suggest an inadequate decentralisation of healthcare governance within the public sector necessary to attain UHC. District managers need to be engaged and capacitated to operationalise the planned decentralised purchasing-provision function of the DHS within the NHI Bill.

Keywords:

Universal Health Coverage, National Health Insurance, Managerial Capacity, Qualitative research, Decentralised governance, Primary care.