Semi-rural community pharmacists’ perceptions of their future role in the National Health Insurance

Simbongile Patrick Pambuka
Submitted in partial fulfilment of the requirements for the degree of the Masters of Arts in Health and Welfare Management in the Faculty of Health Science at the Nelson Mandela Metropolitan University

Abstract

The healthcare system in South Africa is currently characterised by distinctly different public and private sectors. The public sector services approximately 84% of the population while the private sector services the smaller portion, 16% of the population. However, the expenditure in both the private and public sectors is almost the same, with approximately five times more being spent per capita in the private sector than in the public sector. The South African healthcare system is therefore unbalanced with respect to expenditure per capita resulting in inequitable access to and quality of health services. In particular, the public sector is very under-resourced relative to the population and disease burden that it serves.

In order to address the inequities inherent in the current two-tiered system, the South African government is in the process of introducing a National Health Insurance (NHI). The NHI will provide a means of pooling all healthcare funding, thereby providing a means of cross subsidisation of the public sector. Funding contributions will be linked to an individual’s ability-to-pay and benefits will be determined by an individual’s need for care.

It has been suggested that within an NHI system, private pharmacies may be contracted through service agreements to provide both chronic and acute medicines. However, there are currently no policies that have been developed specifying the roles and functions of pharmacists in the NHI, and in a re-engineered Primary Health Care system. Furthermore, research suggests that the majority of pharmacists do not believe that the NHI is a suitable means to address South Africa’s healthcare problems and many do not agree with the principles behind it.

This study used a qualitative approach in order to provide a comprehensive exploration of the attitudes and perceptions of community pharmacists in the semi-rural Eastern Cape towards the NHI as well as their future role and function within it.

Conclusion

The primary aim of this study was to determine the perceptions and attitudes of community pharmacists in semi-rural Eastern Cape, towards the NHI and their future role and function within it.

The literature showed that there is an imbalance in the current healthcare system with the public sector having a shortage of pharmacists, especially in rural areas. The participants’ perceptions of the public sector indicated that this imbalance is being experienced by healthcare practitioners and, more specifically, pharmacists. They acknowledged that the public sector is understaffed and that healthcare practitioners in the public sector are overworked. Furthermore, they recognised that community pharmacists serving the public sector, particularly at a primary healthcare level, would be able to assist in addressing the problem, particularly if they were correctly remunerated and supported by the Department of Health in this.

The White Paper (DOH, 2017) stated that the NHI will in addition to public sector provision of healthcare, accredit and contract with private retail pharmacies based on need to ensure equitable access to medicines and related pharmaceutical products.
Throughout the research, the pharmacists interviewed in the study shared their perceptions of their possible future role when NHI is implemented. Their statements indicated that there is a role that pharmacists can play in contributing to the successful implementation of NHI. According to ICPA (2011) the NHI model depends on the primary health care system and one of its main objectives is improved access to healthcare for all. Furthermore, the involvement of pharmacists, especially community pharmacists, will be critical to achieving the NHI objectives. In semi-rural and rural areas, there is limited access to healthcare, and therefore, community pharmacists in semi-rural areas could contribute positively towards improving access to healthcare for all. From this, it can be concluded that for the successful implementation of the NHI, a private public partnership is necessary to achieve the goals and aims of the NHI accordingly.

**Study limitations**

The main limitation in the study was that the sample size was small due to the in-depth interviews that were conducted since the research was qualitative. Therefore the findings of this research cannot be extrapolated to represent the perceptions of all community pharmacists in South Africa of the future role in the national health insurance. However, they do provide important insights into what is possible within an NHI.

**Recommendations**

**Recommendations for practice**

Pharmacists perceive themselves as having a role in the future NHI — however, they will need to be very pro-active in bringing this into being. I would recommend that they start at both a local level by communicating and collaborating with District level PHC projects and programmes. Although at a higher national level pharmaceutical organisations such as the PSSA and ICPA have given comment and entered into discussions with government, this needs to be maintained and driven to ensure that community pharmacy does not get excluded from an NHI role.

**Recommendations for research**

Pharmacists do have a future role in the NHI in South Africa. Unfortunately, there is not sufficient researched data available in South Africa regarding the pharmacist’s role in NHI. Future research, for example, including community pharmacists in pilot studies, should be conducted to determine the role and functions of community pharmacists in the national health insurance.