



SOUTH AFRICAN RENAL SOCIETY

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28 November 2019

South African Renal Society submission for NHI

Respected parliamentary portfolio committee

The South African Renal society (SARS) would like to respectfully table its submission and comment on the proposed new NHI bill.

Who are we?

SA Renal Society is a national society representing medical doctors who care for patients with kidney disease. These are primarily nephrologists but also include other specialist physicians who care for patients with kidney disease.

Background on kidney disease in South Africa

Kidney disease is on the rise in South Africa, driven by the dual epidemics of HIV disease and non-communicable diseases. Hypertension and diabetes are the commonest causes of kidney disease and are becoming increasingly prevalent in our country. End stage kidney disease can result from these and several other conditions and is also expected to continue to rise in prevalence unless measures are taken to prevent this.

The Global Burden of Disease Study 2013 estimated 956,200 deaths worldwide were directly attributable to CKD in 2013, which represents a 134.6% increase from 1990.

Worldwide, an estimated 1.9 million ESRD patients were on renal replacement therapy in 2010. Medical costs for the treatment of CKD and ESRD are enormous and represent an immense financial burden to families and society. For example, overall USA Medicare expenditures for CKD and renal replacement therapy in 2010 were 41 and 33 billion US dollars, respectively, accounting for 24% of the total Medicare budget in the USA.

Concepts of NHI

As a society we strongly support universal access to comprehensive healthcare. We believe that every person should have the security of knowing that they will be cared for and have their

dignity preserved when they are sick. Furthermore, we believe that a comprehensive programme which includes health education, improvement of living circumstances and promotion of healthy behaviour can significantly reduce the burden of disease in our country. The health of our population has an impact on our country's economy, productivity, happiness, peace and security.

The concept of a central funding model to achieve universal cover has been implemented in other countries with mixed success. There are serious problems in our public health sector at present. The sector has been undermined by decades of mismanagement and corruption. Staff at many facilities are demotivated. Patient experiences reflect this, and outcomes are infrequently if ever reported. Restricted access to dialysis in the Public Sector based on lack of facilities and funding leaves an estimated 200-300 end stage kidney disease patients per month nationally without life supporting therapy in the form of dialysis and results in ongoing loss of lives.

Healthcare administrators and policy makers must improve the above issues. Simply changing the funding model does not address this. The bill and the white paper are lacking details to address the above. The improvements required in infrastructure, funding and management in the public sector must be thorough, but careful and rational to avoid unintended loss of lives.

Issues specific to renal replacement therapy provision (RRT)

In South Africa - because of the cost of renal replacement therapy - rationing of treatment has been practiced. This has been compounded by the failure to increase resources in the state sector. While the population of South Africa and the inflation corrected per capita GDP has increased significantly since 1994 - the actual access to renal replacement therapy in the public sector has declined. This means that an increasing number of patients are sent home to die. This indignity is aggravated by the lack of access to supportive and palliative services to allow relief of often severe symptoms. The current system - having failed to cure or definitively treat patients is not even fulfilling the basic role of lessening suffering.

South Africa has significantly fewer people accessing renal replacement therapy than many countries with similar economics. An expected prevalence of dialysis in South Africa would be approximately 800 persons per million population. Currently in South Africa the figure sits around 170 persons per million. This means that many people who need care are denied the same.

At present most patients who access renal replacement therapy do so in the private sector. It remains an expensive but life sustaining therapy. The growth of dialysis and the survival of patients in this group has been greatly improved by the inclusion of kidney failure as a Prescribed Minimum Benefit (PMB) condition. This has led to the development of a basket of services available to these patients - much of which was negotiated with the SA Renal Society by various funders. This basket reduces out of pocket expenses and promotes cost efficient management.

The way forward

We believe that nephrologists, together with policy makers, healthcare funders and patient groups should work together to define universal unrestricted access to renal replacement therapy for patients with kidney disease. A focus on education and screening as well as effective treatments for patients at risk of kidney disease may eventually reduce the increasing burden we face. However, kidney failure in many instances is not a preventable condition. Progression to end stage kidney disease/failure could be slowed down/halted, but not entirely avoided. The focus of the NHI regulations should be on improving currently severely limited access to dialysis and transplantation therapies in both public and private sectors. The majority of patients receiving life-saving dialysis therapy are in the private sector. The public sector is lacking facilities and will

need decades to develop needed capacity. Public-private partnerships and the utilisation of all available services is mandatory to save the lives of renal failure patients. We believe that NHI should lead to an increase in available services. Any restriction of access to dialysis for the 12,000 patients (most of whom are medical aid patients) currently undergoing therapy according to the recently published renal registry data, might cause a significant public backlash against the NHI. Continued inability to access RRT for the vast majority of South Africans, based on inefficiencies in the public sector threaten the lives of future generations. The lack of funding and facilities could be overcome by efficient management and cost-saving measures, rather than the currently used rationing criteria for entry to RRT programs. Such criteria are not based on any medical, ethical or legal evidence. We foresee this area as a potential critical benchmark for the proposed package of services included in NHI. We believe that our society should achieve a progressive realization of rights. Should the NHI implementation result in the reduction of access to renal care or even maintain the current status quo, this would represent a major policy failure.

Our members and our society are open for engagement and we would like to offer our advice, encouragement and support as we work together to improve the health and wellbeing of all our people.

Kind Regards

A handwritten signature in black ink, appearing to read 'G Paget', written in a cursive style.

Prof Graham Paget

President, the South African Renal Society, on behalf of the SARS Executive Committee