Political Leadership in South Africa: (A) National Health Insurance (B) HIV/AIDS

Scholarly Report submitted in partial fulfillment of the MD Degree at Harvard Medical School

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Collaborators, with Affiliations:

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    - Senior Case Writer, Global Health Delivery Project at Harvard University.
2. Julie Rosenberg, MPH
    - Director of Research and Publications for the Global Health Delivery Project at Harvard University.
3. Chris Desmond, PhD
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4. Rebecca Weintraub, MD
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    - GHD undergraduate intern

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In 2009, when Jacob Zuma was elected President of South, he selected Aaron Motsoaledi as Minister of Health. Motsoaledi was a medical doctor and former provincial education minister. While Motsoaledi faced many new challenges in his position, two stood out: scaling up the national HIV/AIDS response and developing and implementing a national health insurance (NHI) scheme to improve the equity, efficiency, and quality of health care.

Motsoaledi has been commended for South Africa's success in transforming its national HIV response. Under his leadership, the country made major strides in increasing access to antiretroviral (ARV) treatment and HIV prevention programming. The development and implementation of the NHI has struggled to gain momentum, however, with long delays in sharing proposed policies and unifying diverse stakeholders.

The two papers explore the question of political leadership in South Africa under Aaron Motsoaledi by examining the cases of HIV/AIDS policy and NHI development. The cases teach students about the importance of strategic communication, consensus building, and stakeholder engagement when developing health policies that involve many parties and have dramatic impacts on the health system at large. The case gives students insight into the complexities involved in passing large-scale health reform and the decisions Minister Motsoaledi and his staff made in bringing forth NHI and HIV/AIDS national policies and programming.

1. A document that explains:
   (a) Your own intellectual contribution to the project: Explain the role you played in design, execution, analysis, and writing. If you wrote a whole section of the manuscript, indicate that. If you worked on a collaborative project, identify clearly both your role and the roles of others who contributed to the paper. Include the citation for your published work.

This was a collaborative project involving several members of the Global Health Delivery Project (GHD) staff. Before writing the case, Julie Rosenberg served in the primary role in preparing and training me on the method of writing a case study. More specifically, Julie oriented me in writing and thinking in the style of the Harvard Business School case method and GHD teaching case method. During this time, I was provided with electronic training materials and had regular virtual meetings and mentoring sessions with Julie. Additionally, she connected me with previous case writers who were able to give me advice and tips on how best to write a teaching case.

Before traveling to South Africa to do field work, Patrick Brooks, a GHD associate, and I performed extensive background research on the history of South Africa, including the period of British and Dutch colonization and the period of Apartheid, in addition to building a general profile of the South African health system, including governance, health infrastructure and human resources. Patrick and I also performed an extensive literature review on HIV/AIDS programming and NHI policy formation in South Africa. During this period, I helped guide Patrick Brooks as he aided me in data collection and formed organized outlines of each subject area. Throughout this process, we received regular feedback from Julie Rosenberg, who edited and supervised completion of each draft.

Using information from the background research Patrick and I collected, Chris Desmond and I formed a list of contacts that we later interviewed while performing field research in South Africa. I set up these interviews in the weeks preceding the trip via formal invitations by email and phone calls to South Africa. During this period, I prepared interview guides with mentoring and feedback from Chris Desmond and Julie Rosenberg.

I traveled to South Africa for approximately three weeks in January 2015 with our collaborator Chris Desmond, and collected primary data for our case in the form of 15-20

recorded in-person 45 minute to 2 hour interviews. During this process, we interviewed a wide variety of stakeholders, members of parliament, and members of government ministries, NGO workers, physicians, private health sector managers, and academics.

Upon returning from South Africa, GHD members Patrick Brooks, Jessica Ludvigsen, and Ty Aderhold assisted me in transcribing interviews. A professional transcription service was also used for minority of interviews. I spent the next several weeks coding data into an outline to be used for writing the module note. Julie Rosenberg edited multiple drafts and guided me on how to prepare the outline. Using the completed outline with guidance from Rebecca Weintraub and Julie Rosenberg, I wrote a module note comparing Motsoaledi's leadership strategies in combating the HIV/AIDS epidemic and developing and implementing NHI policy in South Africa. Over a two month period, Julie Rosenberg and Rebecca Weintraub edited several drafts of the module note. When the module note was near completion, Chris Desmond edited the module note for consistency and accuracy. Additionally, several GHD team members read and commented on the paper. The finished module note was taught in the Harvard Ministerial Leadership Forum, a joint initiative between the Harvard School of Public Health and the Harvard Kennedy School of Government. This initiative gathers Ministers of Health and Finance from many different countries for an annual course on political leadership and management.

The module note served as a primer for the two teaching cases written on NHI and HIV/AIDS. After the module note was completed, I assisted Amy Madore, the senior case writer at the Global Health Delivery Project at Harvard University, who was not part of the initial field research team, in transforming the contents of the module note into two teaching cases. For the teaching cases, under the guidance of Amy Madore and Julie Rosenberg, I helped build a detailed case outline for each case, and populated the case outlines with coded data from the interviews I had conducted in the field. I also worked with Amy Madore, Julie Rosenberg, and Rebecca Weintraub to develop the main teaching points for the two teaching cases. Amy and I collaborated in writing large portions of the background section for the teaching case. In addition, I aided Amy in writing main sections of the teaching case and assisted in editing the main sections of both teaching cases alongside Julie Rosenberg, Chris Desmond, and Rebecca Weintraub. I also created a number of exhibits for both cases and provided citations for facts and statistics cited in the case that were not gathered from interview data. Other GHD team members

were also involved in making exhibits. Julie Rosenberg, Rebecca Weintraub, and Chris Desmond served as editors for the paper. Julie Rosenberg served as the chief editor, providing feedback and editing for each draft, while Rebecca Weintraub edited major revisions of each paper. Chris Desmond checked the case studies for accuracy and consistency.

(b) Provide an introduction/background of your work. Describe gaps that your paper helps to fill as well as the clinical, research, and policy (if applicable) implications of your work.

(a) Political Leadership in South Africa: National Health Insurance

The task of implementing a national health insurance (NHI) scheme available to all South Africans was a politically controversial issue long before Minister Motsoaledi took office. In the last 10 years of apartheid, once the Blacks were allowed to use the public health system, a two-tier public/private health care system developed. The public health system was funded through general taxation, and the private medical system—which served mainly White South Africans and offered the highest quality care—was largely financed by private medical insurance schemes. The private health sector received 56% of total health care expenditure while serving 23% of the population. By the end of apartheid, the private sector employed more than 60% of health care workers in the country. The public health sector struggled to provide care in overcrowded, underfunded, understaffed health facilities.

In the mid-1990s and early 2000s, discussions on addressing the two-tier system focused on NHI versus social health insurance. NHI proposals outlined a single-payer pooled insurance fund financed by taxpayers that would entitle all South Africans to benefits—purchasing health care from both the private and public sector. Social health insurance proposals centered on a multi-payer scheme with a benefits package limited to taxpayers and the formally employed, with plans for gradual expansion to the entire population.

Plans for NHI unraveled as key stakeholders disagreed on whether it was financially and politically feasible. Critics concerned with the affordability of NHI suggested the formally employed sector would face too large a tax burden. Other critics were concerned with the inflexibility of NHI, that doctors could only work for the government, and consumers would not be able to purchase additional health insurance coverage. As a result, social health insurance became the preferred option. Multiple social health insurance proposals were put forth between 1995 and 2002. Ultimately, none were implemented due to discordance about technical details.

Calls for a national health insurance plan were renewed at the 2007 African National Congress (ANC) political convention. A resolution was taken in support of a NHI policy, and President Zuma adopted NHI as a key component of the ANC campaign platform.

This teaching case follows the development and implementation of Minister Motsoaledi's national health insurance (NHI) policy in South Africa two years after ANC calls for NHI are renewed in 2007. The case explores Motsoaledi's strategies in re-engineering primary care delivery, overhauling health care infrastructure in the public sector, and developing a centrally-administered universal health care system. The cases teach students about the importance of strategic communication, consensus building, and stakeholder engagement when developing NHI policies that involve many parties and have dramatic impacts on the health system at large. The case gives students insight into the complexities involved in passing large-scale health reform and the decisions Minister Motsoaledi and his staff made in bringing forth NHI policies and programming.

(b) Political Leadership in South Africa: HIV/AIDS

The first case of AIDS was diagnosed in South Africa in 1983. Prevalence steadily increased to 13.2% in 1999. From 1999 to 2008, President Mbeki's stance on HIV left South Africa with a generalized epidemic and the largest population of people living with HIV in the world at 6.1 million (19.1% prevalence). Although the government and NGO partners launched large-scale HIV prevention programs, including condom distribution programs, President Mbeki and his Minister of Health obstructed ARV treatment efforts; instead, they promoted treatment with traditional African foods (garlic, lemon, beetroot). Their policies have been implicated in the AIDS-related deaths of over 300,000 South Africans during what became termed "the denialism era." Moreover, there was minimal infrastructure in place for ARV service delivery. The international scientific community harshly criticized South African HIV policies. In 2006, more than 80 international experts, including Nobel Prize laureates and leading academics from the US, UK, and France, signed a letter to President Mbeki that called South Africa's HIV policies "disastrous and pseudo-scientific" and asked for the resignation of the South African Minister of Health, labeling her an "embarrassment to the South African government." In 2008, only 40% of patients meeting WHO eligibility criteria for ARV treatment were receiving ARVs.

When Motsoaledi took office in 2009, addressing HIV/AIDS was deemed a priority; it had the potential to instill confidence in the newly elected government and repair South Africa's reputation internationally. With input from civil society, academics, and other experts, Motsoaledi

developed a multipronged approach—including leveraging new sources of financing, reducing ARV prices, accelerating HIV counseling and testing programs, and adding a new voluntary medical circumcision program. In addition, he implemented policies that increased the number of health providers able to administer treatment and made it easier for facilities to get accredited to provide. He widely shared his overarching aim to provide ARV to 80% of the population with CD4 counts below 200 by 2011.

The teaching case provides readers and policy makers with insight into how Minister Motsoaledi and his team utilized domestic and international resources to expand ARV treatment and surpass ambitious HIV prevention goals. The case highlights Motsoaledi's leadership and management strategies in achieving these goals, with a specific emphasis on his communication tactics and his planning and implementation decisions. The case has implications for students and policymakers interested in understanding political leadership in the context of developing and implementing wide-scale health policies that have large implications for the health system at large.

(c) Include the link to and citation for your published work at the end of the report.

1. Madore A, Yousif H, Rosenberg J, Desmond C, Weintraub R. Political Leadership in South Africa: National Health Insurance. *Glob Health Deliv Proj Harv Univ Cases Glob Health Deliv*. 2016;(GHD-032):1-40. https://cb.hbsp.harvard.edu/cbmp/product/GHD032-PDF-ENG http://www.ghdonline.org/cases/political-leadership-in-south-africa-national-heal/
2. Madore A, Yousif H, Rosenberg J, Desmond C, Weintraub R. Political Leadership in South Africa: HIV. *Glob Health Deliv Proj Harv Univ Cases Glob Health Deliv*. 2016;(GHD-033):1-33. https://cb.hbsp.harvard.edu/cbmp/product/GHD033-PDF-ENG http://www.ghdonline.org/cases/political-leadership-in-south-africa-hiv/