Getting back to where it all started – the patient

How has the private healthcare environment in South Africa (or the USA for that matter) moved so far away from the majority of patients most needing it – and how does it return to the core values of affordability, caring, equity and access? The Board of Healthcare Funders conference grappled with these difficult questions at the end of July and in early August this year in the chilly shadow of Cathkin Peak in the Drakensberg – a fitting metaphor for the looming reality of National Health Insurance (NHI). Frank admissions were made about ‘over-commercialisation’ and harsh words were spoken to government by closed medical scheme unions, but no one had a tailor-made, one-size-fits-all template for correcting the regulatory chaos in private healthcare or fixing the cynical tender-prenurial (the national health minister’s own words) state healthcare sector. The one memorable ray of hope that shone into the Champagne Sports Resort venue as the sun set on the final day was a stated mutual willingness to make NHI work via an urging from BHF leaders to members to ‘get on board’ and deal with this new behemoth-on-the-block, or poor maternal outcomes

South Africa has no reason to congratulate itself on its performance regarding maternal and perinatal outcomes. No improvement in health outcomes for the past 12 years has been shown by the National Department of Health, regarding maternal and perinatal outcomes. The Saving Mothers reports and others have regularly linked this technology as the initial, routine, point-of-care (POC) diagnostic tool for testing for HIV, CD4, TB, etc. is to provide same-day results, hasten treatment initiation, and avoid loss to follow-up. Placing Xpert at POC resulted in increased case detection, same-day initiation in over 80% of new cases, and knowledge of the Mycobacterium tuberculosis strain’s susceptibility to rifampicin on the day treatment is started. Unanticipated benefits included that clinic staff were enthusiastic about same-day results, clinicians valued the ability to rapidly assess rifampicin resistance, and clinic staff requested a TB test for themselves when symptomatic. The motivation for POC technology for testing for HIV, CD4, TB, etc. is to provide same-day results, hasten treatment initiation, and avoid loss to follow-up. Placing Xpert at POC resulted in increased case detection, same-day initiation in over 80% of new cases, and knowledge of the Mycobacterium tuberculosis strain’s susceptibility to rifampicin on the day treatment is started. Unanticipated benefits included that clinic staff were enthusiastic about same-day results, clinicians valued the ability to rapidly assess rifampicin resistance, and clinic staff requested a TB test for themselves when symptomatic. The infrastructure, instrument and human resource requirements for POC positioning of Xpert exceeded expectations. Programmes will therefore need to carefully weigh the benefits against infrastructure and human resource needs when deciding on a POC or laboratory policy for implementation of Xpert MTB/RIF.

Point-of-care diagnosis of TB

Those of us brought up in the era of guinea pig inoculation to diagnose tuberculosis (TB) have watched with appreciation the advances in these diagnoses. The World Health Organization has recently endorsed Xpert MTB/RIF (Xpert) as a first-line diagnostic test for all TB suspects at an NGO-operated primary care clinic with a high HIV and TB burden.7

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