

Governance of health facilities in South Africa

Section 27 of the Constitution of the Republic of South Africa (SA) states, *'everyone has a right to have access to health care services'* and puts an obligation to the state to *'take reasonable legislative measures within its available resources, to achieve the progressive realisation'* of this right.^[1] This requires developing a comprehensive governance system for SA health services.

Governance of health services ensures the protection and promotion of the health of the people served by a public or private organisation. It refers to the system of structures, processes and policies that guide decision-making, oversight and accountability within a health facility, such as a primary healthcare clinic, general practice or hospital, as well as within healthcare organisations, such as a district health service or managed health care organisation. Effective governance is essential for ensuring the delivery of high-quality patient care, mitigation of risks, maintaining financial sustainability and compliance with regulatory requirements. The concept of governance in health could not be reserved for the chief executive officers and senior management team. Governance dilemmas in health are often complex, involve many stakeholder groups and rarely have a clear solution for the problems encountered on a daily basis.^[2] Key components of effective governance could be grouped into clinical governance, data governance and corporate governance (Fig. 1).

First, clinical governance ensures accountability for the continual improvement of service quality provided by health facilities and preserves high standards of care by fostering an environment that promotes excellence in clinical care.^[3,4] This is in line with the mandate of the Office of Health Standard Compliance (OHSC) in SA, which identified clinical governance as one of the seven domains of national core standards.^[5] By implementing robust clinical governance frameworks under OHSC, health facilities are expected to enhance clinical outcomes, build trust with patients and strengthen the healthcare system as a whole.

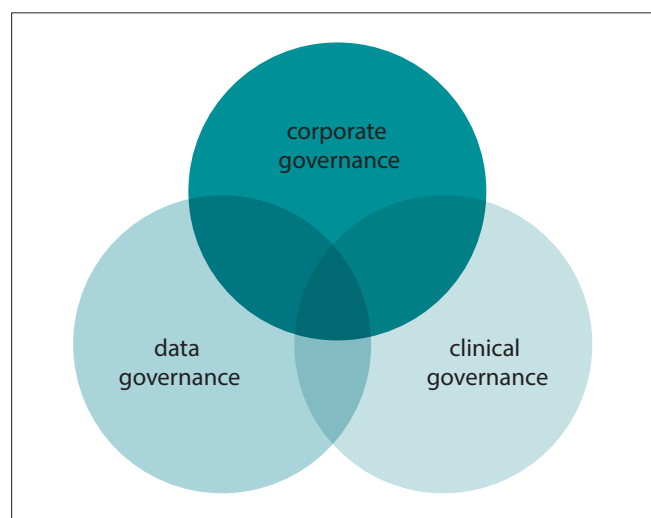


Fig. 1. Governance in health systems.

Second, data governance in health offers a comprehensive approach to managing health data throughout its lifecycle. This approach optimises organisational capabilities to effectively manage, protect and maintain data, thereby improving decision-making processes.^[6] The stewardship role of data governance in SA is assigned to the National Department of Health (NDoH).^[7] In addition, the Auditor-General of SA is constitutionally mandated to oversee accountability and governance in the public sector through auditing financial and performance (health) data.^[8] Besides that, several related legislative documents and policies exist for data governance in the public sector.^[9] In the private sector, the Council of Medical Schemes (CMS) was allocated the responsibility of collecting and disseminating information on private health care.^[10,11] However, there is limited evidence concerning integrated data governance in SA and there should have been greater collaboration between the NDoH and other role players in facilitating the integration of different information sub-systems in the public and private sectors.^[12]

Third, corporate governance in health ensures that healthcare providers adopt a patient-centred approach to care, prioritise patient safety and ensure that all stakeholders are involved in the decision-making process. However, health care is highly complex, with multiple stakeholders involved, including health professionals, managers, patients, insurers and regulators. Therefore, 'Leadership and Corporate Governance' is incorporated as one of the seven domains of national core standards in SA.^[5] However, despite repeated efforts over the last three decades to transform the health systems since 1997, the fragmentation of corporate governance in the health sector in SA remains a challenge.

The success of the impending National Health Insurance Fund in SA would require optimal governance of the participating health facilities both in the public and private sectors in the three areas mentioned above and could not be restricted to merely disbursement of funds. Its implementation would require a robust governance system that would deliver millions of services provided by thousands of health professionals to hundreds of thousands of ill patients using complicated equipment, procedures and processes. We can do much better in enhancing governance of the existing health systems in SA such that health outcomes are continuously improved for its citizens.

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