

Effective use of alternative funding models to increase access to dialysis in South Africa

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Abstract

The cost of dialysis is a key factor preventing access to renal replacement therapy (RRT), and strategies need to be identified to make renal (RRT) or dialysis more accessible and cost-effective for most South Africans who rely on the under-resourced public sector (Malatji et al., 2019).

The primary objective of this research was to investigate how alternative funding models and interventions can be used to increase access to RRT for patients dependent on the public sector to access their healthcare needs.

The study was conducted using qualitative research method which used focus groups in-depth interviews, conducted online or personally. The target population was funding institutions or treatment centres that treat or fund Stage 5 chronic kidney disease (CKD) patients undergoing dialysis treatment in South Africa. The target sample which comprised of 12-15 treatment centres or funding institutions was selected using non-probability sampling methods, but 7 participants were in the end interviewed due to saturation being reached. The data was analysed using thematic analysis methods to identify recurring patterns, themes, or categories that need to be explored.

The research participants' demographics consisted of 6 treatment centre participants with one funding organization in the form of a non-governmental organization (NGO). Geographical location coverage was from Gauteng, North-West, Limpopo, Western Cape, and Mpumalanga.

The research found that funding for RRT in different provinces varies in availability and type, with diverse models included being private grants, self-funding, NGO support, private initiatives, government assistance, and mixed funding approaches. The research further found commonality across all current funding model being that they are limited in capacity, sustainability and inadequate to meet the needs of renal patients, leave many patients unable to afford RRT, leading to poor health outcomes and premature death.

Supervisors: Prof Elmi Muller and Prof Razeen Davids