Jenny Perold, South Africa Funding CI: Hearing against the odds

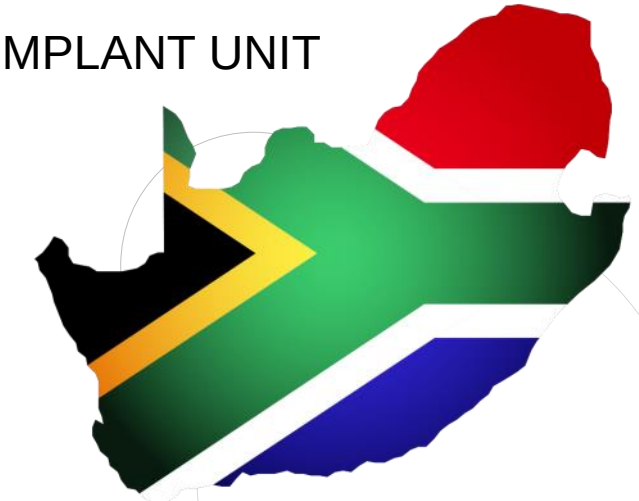
- Jenny has over 30 years experience in Cochlear implantation and is the Coordinator of the Tygerberg Hospital, Stellenbosch University Cochlear Implant Unit.
- She is the co-chairperson of the South African Cochlear Implant Group.

FUNDING OF COCHLEAR IMPLANTS IN SOUTH AFRICA: HEARING AGAINST THE ODDS

JENNY PEROLD

TYGERBERG HOSPITAL-STELLENBOSCH UNIVERSITY COCHLEAR IMPLANT UNIT

29 SEPTEMBER 2021



POVERTY AND UNEMPLOYMENT

34.4% unemployed
(expanded definition 44.4%)

44% young people (15-34y) unemployed,
not in education / training and
unlikely to find regular work

Estimated 3 million people lost jobs due to Covid and lockdowns

Worse in rural areas

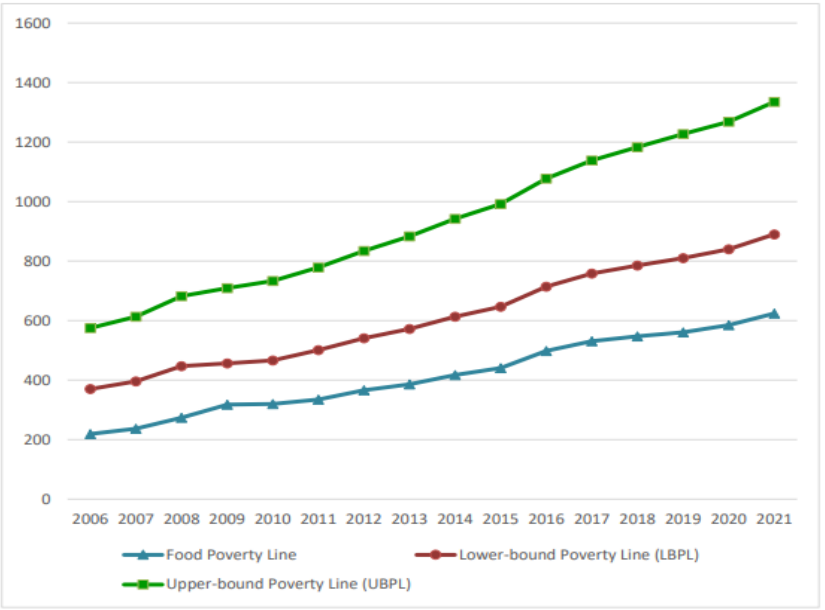
Where does this leave a "deaf" jobseeker?

POVERTY AND UNEMPLOYMENT

23.4% live below food poverty line

51.1% live below upper-bound poverty line

Figure 1: Inflation-adjusted national poverty lines, 2006 to 2021 (per person per month in rands)



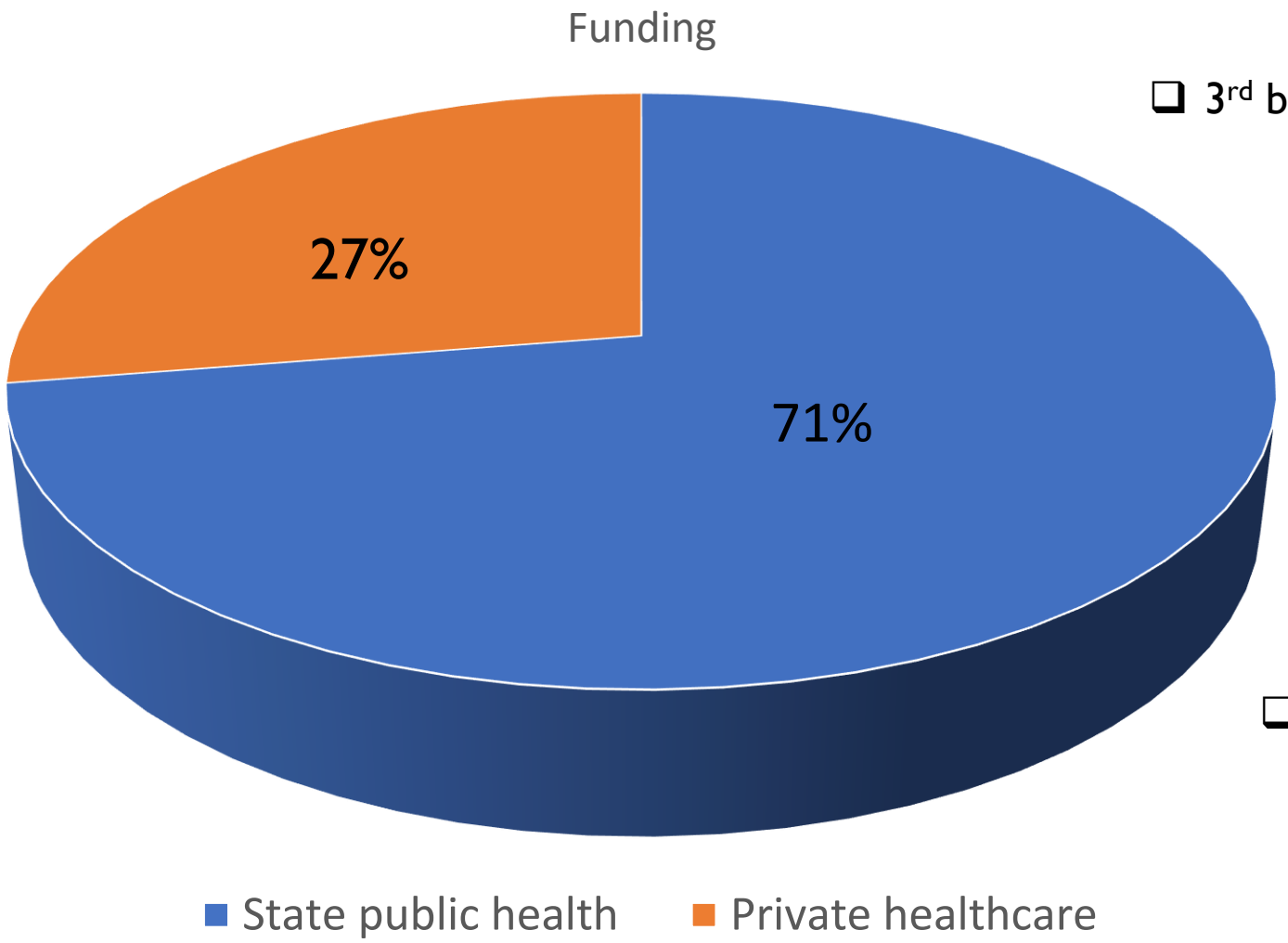
Children:

- 21.3% < 15y do not live with their parents
- 62% children multidimensionally poor (StatsSA 2020)

Children and hearing loss:

- 2011 census 3.6% children >5y are deaf
- Average age identification of hearing loss between 22 - 44.5m (Le Roux, 2015)
- Western Cape: of children identified with hearing loss, over ½ had profound hearing loss (Kuschke, 2020)

PRIORITISATION OF HEALTHCARE NEEDS



- 3rd biggest expenditure of state budget on health
- Tuberculosis is the leading cause of death
- HIV 7th leading cause of death
- SA has biggest HIV pandemic in the world
- 70% of people living with HIV are on ARVs

Selection of candidates for C

This background has necessitated an expansion of the usual considerations for selection of patients for CI, particularly in the state sector

Considerations for selection criteria (especially state patients)

ADULTS:

- **skill to enable re-entry to workforce**
- **motivated to be gainfully employed**
- access to rehabilitation program

CHILDREN:

- adequate family support
- **parent/s be employed**
- accessible, appropriate educational and audiological facilities (1 oral school for deaf in SA)

- HIV: Not a contraindication for referral (undetectable viral load)
- TB: Patients must be sputum and culture negative for 2 consecutive tests.

- The ability to financially maintain the device (lifelong: repairs, replacements, insurance)

History of cochlear implantation in South Africa

- CI established in SA in 1986 : 1st CI performed at Tygerberg Hospital Cochlear Implant Unit (Cape Town) (Dr Derrick Wagenfeld and Lida Müller)
- ± 3 300 surgeries have been performed (± 2 700 recipients)

- 12 programmes have developed in SA
- Audiologists required to do Health Profession Council of SA Short Course Additional Training in Cochlear Implants
- 51 LSL therapists, 3 AV therapists

- South African Cochlear Implant Group (SACIG) 1998
- www.sacig.org.za

SOUTH AFRICAN COCHLEAR IMPLANT GROUP
SUID - AFRIKAANSE KOGLEERE INPLANTINGSGROEP

- Quality Standards based on international guidelines

FUNDING COCHLEAR IMPLANTATION

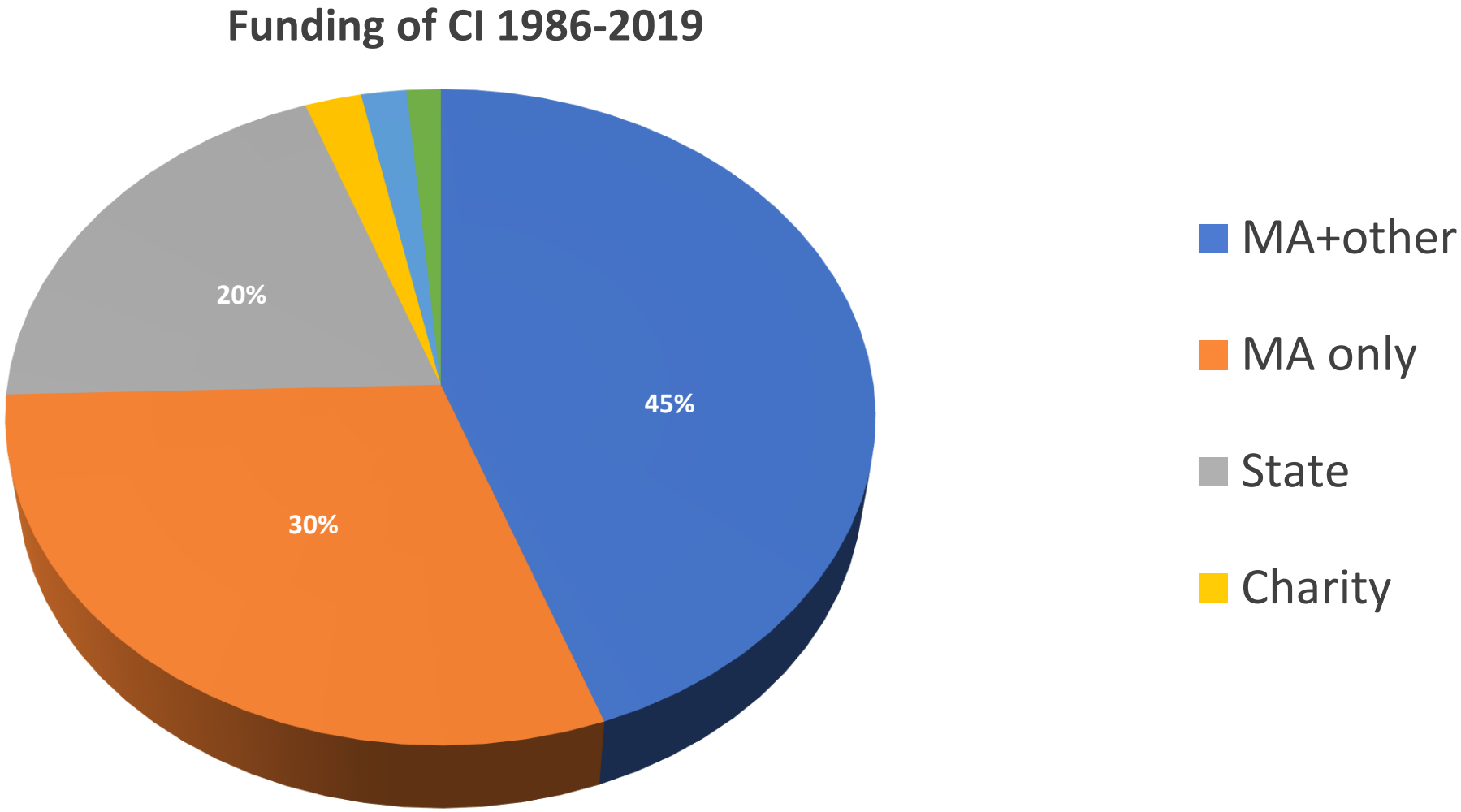
- **Private** sector (majority) – varied levels of cover for CI according to the specific plan, do not usually include repairs and parts (self funded)

- **State** – varied levels of support in 6 of the 12 programmes
- Funding implant systems only
- Funding of implant systems + limited # upgrades
- Funding of implant systems, some upgrades and some maintenance (2 of 12)

- Charity organisations and Foundations to assist patients with their own fundraising efforts (e.g. Hear Always Foundation Trust)

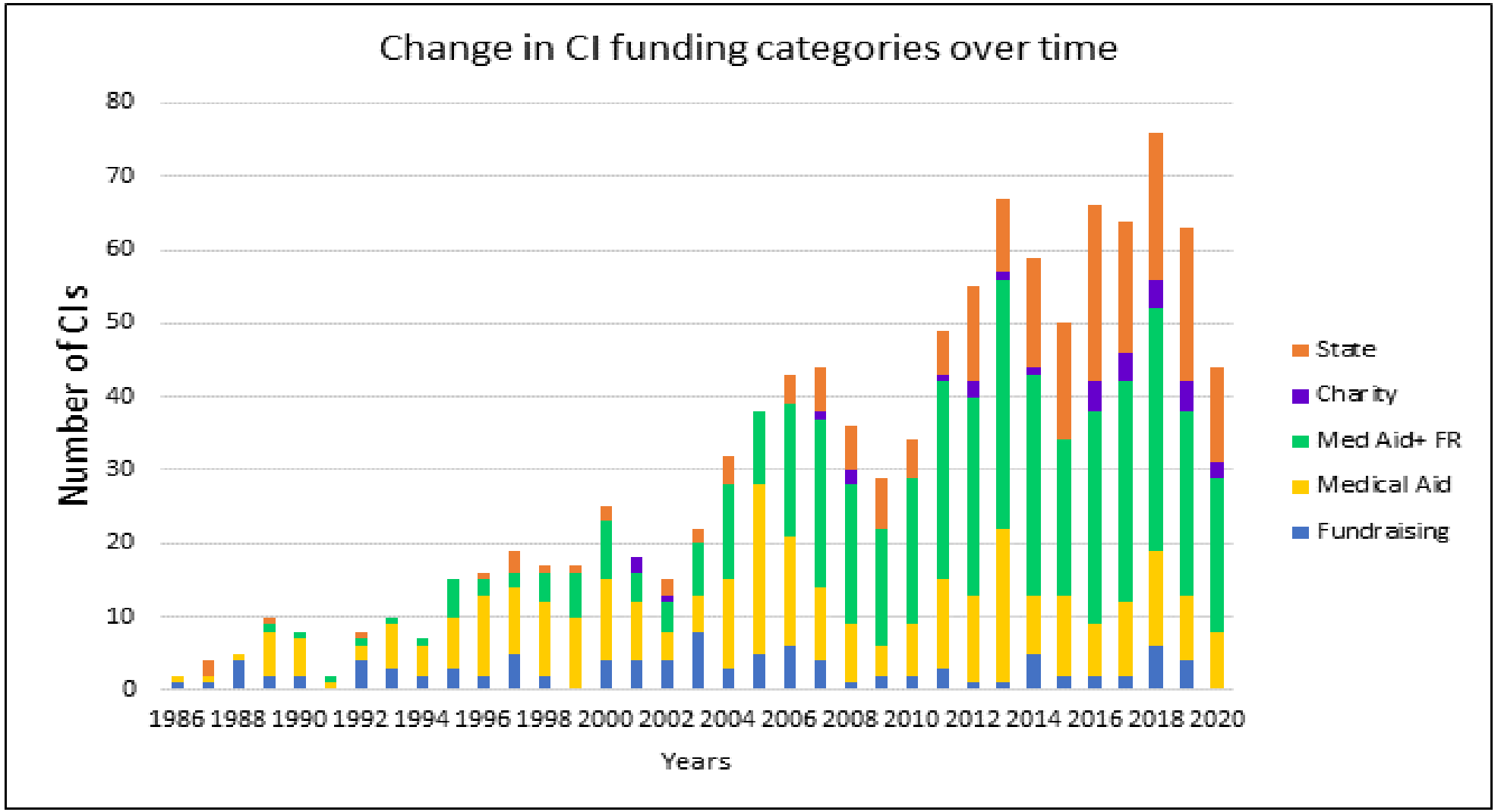
HAFT
hear always foundation trust

Funding of CI systems in SA (Bhamjee, 2021)



FUNDING

(TYGERBERG HOSPITAL-STELLENBOSCH UNIVERSITY CIU)



(Müller, 2021)

TH-US CIU

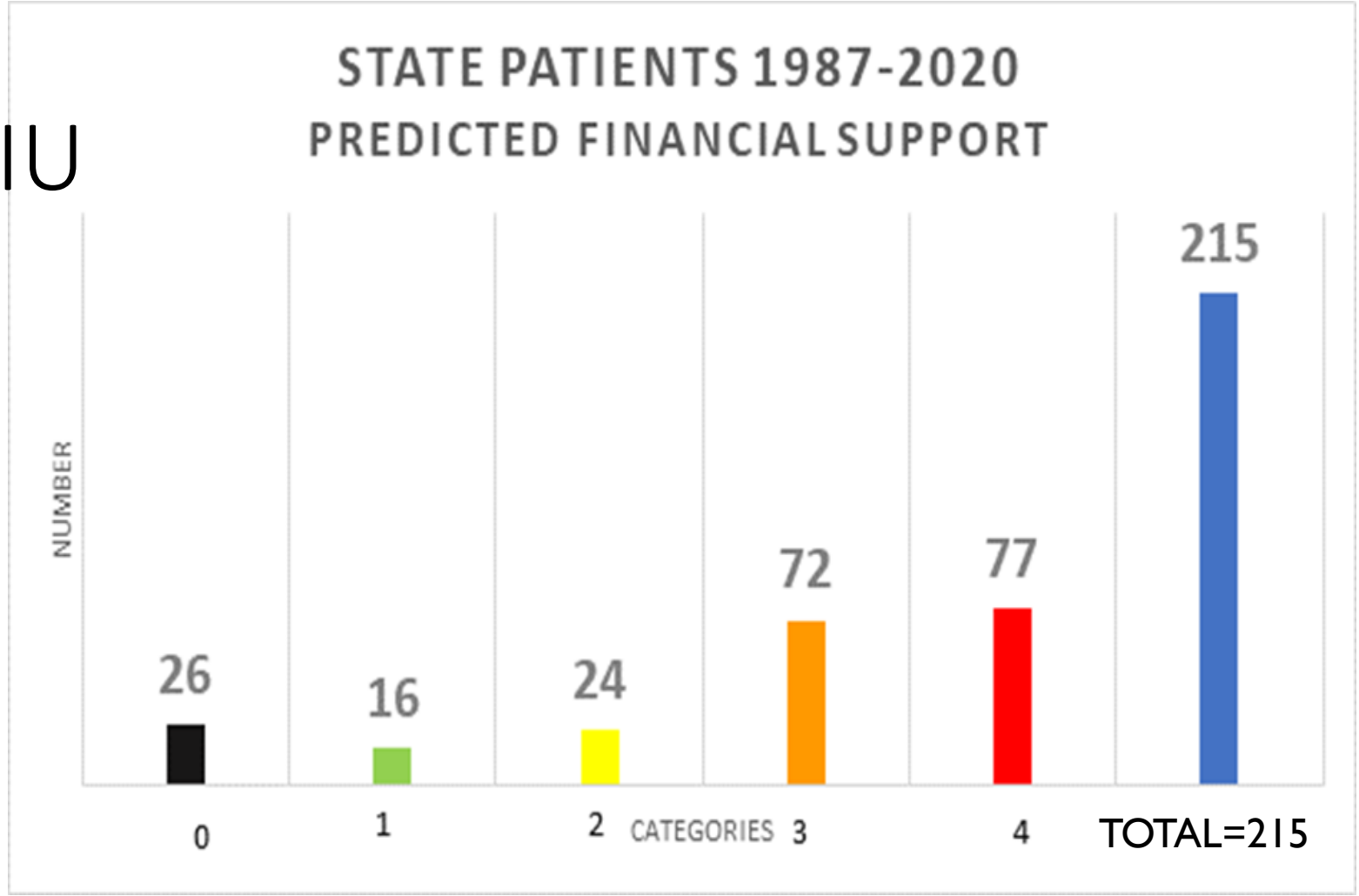


Figure 8. Predicted state financial support of the 215 state patients form 1987 – 2020

0 = Recipients that were transferred to other programs or are deceased.

1 = Recipients no longer dependent on state support for maintenance of their device/s.

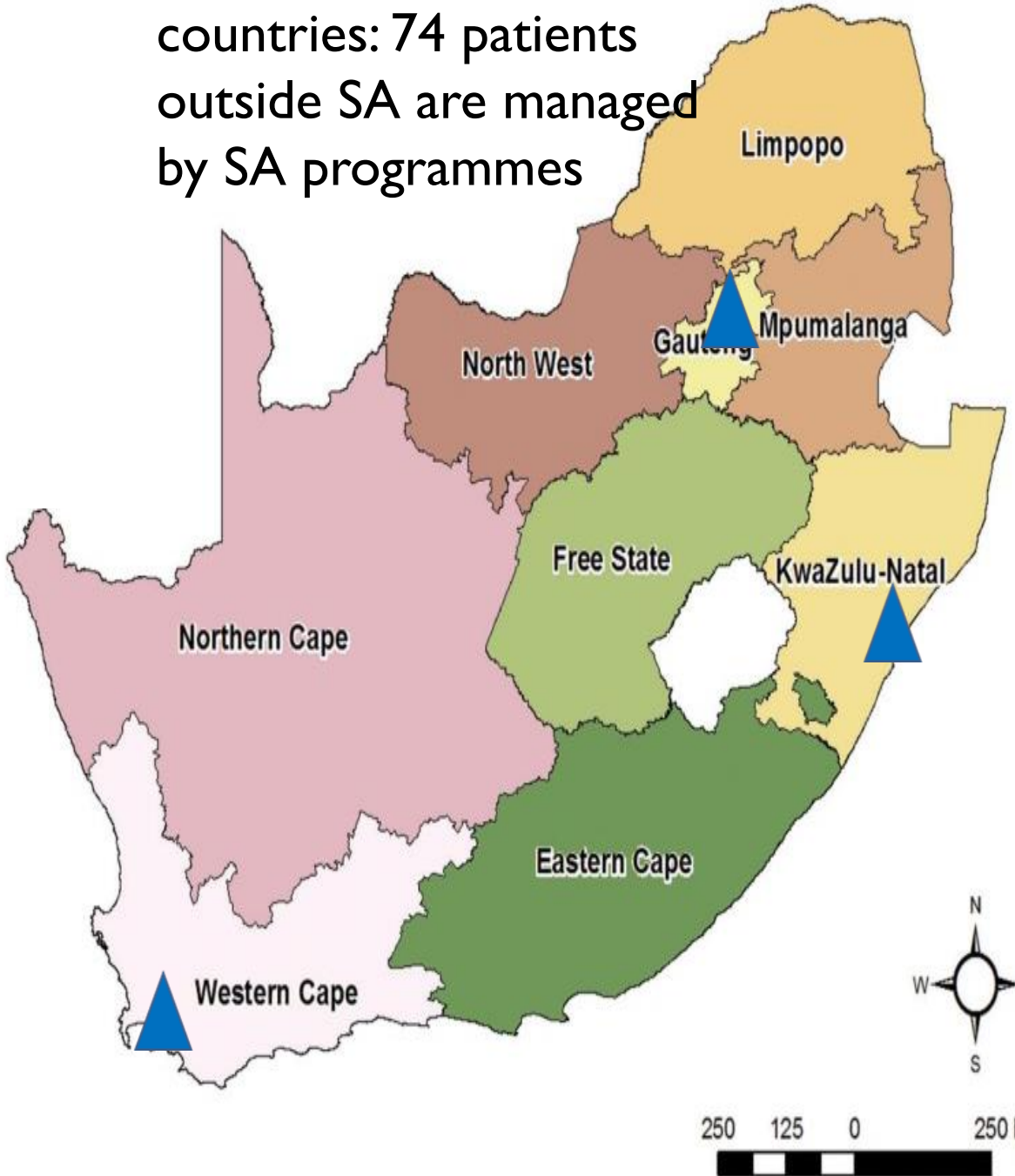
2 = Recipients dependent on state funding for the upgrade of the sound processor only.

3 = Recipients dependent on the upgrade and repair of their sound processors.

4 =Recipients fully depended on state support for spares, repairs and upgrades.

Müller, 2021

CI in other African countries: 74 patients outside SA are managed by SA programmes



Biggest challenges for funding

- Allocation of healthcare resources (private and state)
- Unemployment and poverty
- Government level awareness and prioritisation of hearing healthcare, including NBHS

- Keeping patients “on the air”, especially ”state” patients
- Patients paying “out of pocket” for mapping, parts, rehabilitation
- The tough job of appropriate patient selection

- Ongoing communication to funders about cost effectiveness – a good spend with fewer landing up on social grant system, higher employment and educational levels

What have we done to increase funding and awareness?

- Inclusion of funders in national meetings and conferences
- SACIG conference 2019: invited private and state funders to present on their funding models - a session on “funding” and cost effectiveness
- CI teams gained insights into the challenges faced by funders
- Funders understood more about cost effectiveness and that CI is a “good spend”
- Resulted in (slightly) increased allocation of funds (private and state)

- Annual newsletter of patient stories provided to funders (the good story)
- Meetings and communication with funders
- NPOs established by some programmes (e.g. www.hearus.org.za is TH-SU CIU charity)
- Fundraising efforts and activities supported (no professional fundraising organisations)
- **Rely on donations of parts from patients who upgrade (“pay it forward”)**

hearus
A SOUTH AFRICAN COCHLEAR IMPLANT ASSOCIATION

Despite the odds, we are a dedicated and passionate group of HCPs in this incredible field of cochlear implantation and are making these modern-day miracles come to reality in people’s lives