JENNY PEROLD, SOUTH AFRICA

CI FUNDING CHALLENGES

Jenny is Coordinator and Chief Audiologist: Cochlear Implant Programme, Speech Therapy & Audiology Department
Tygerberg Hospital, South Africa.

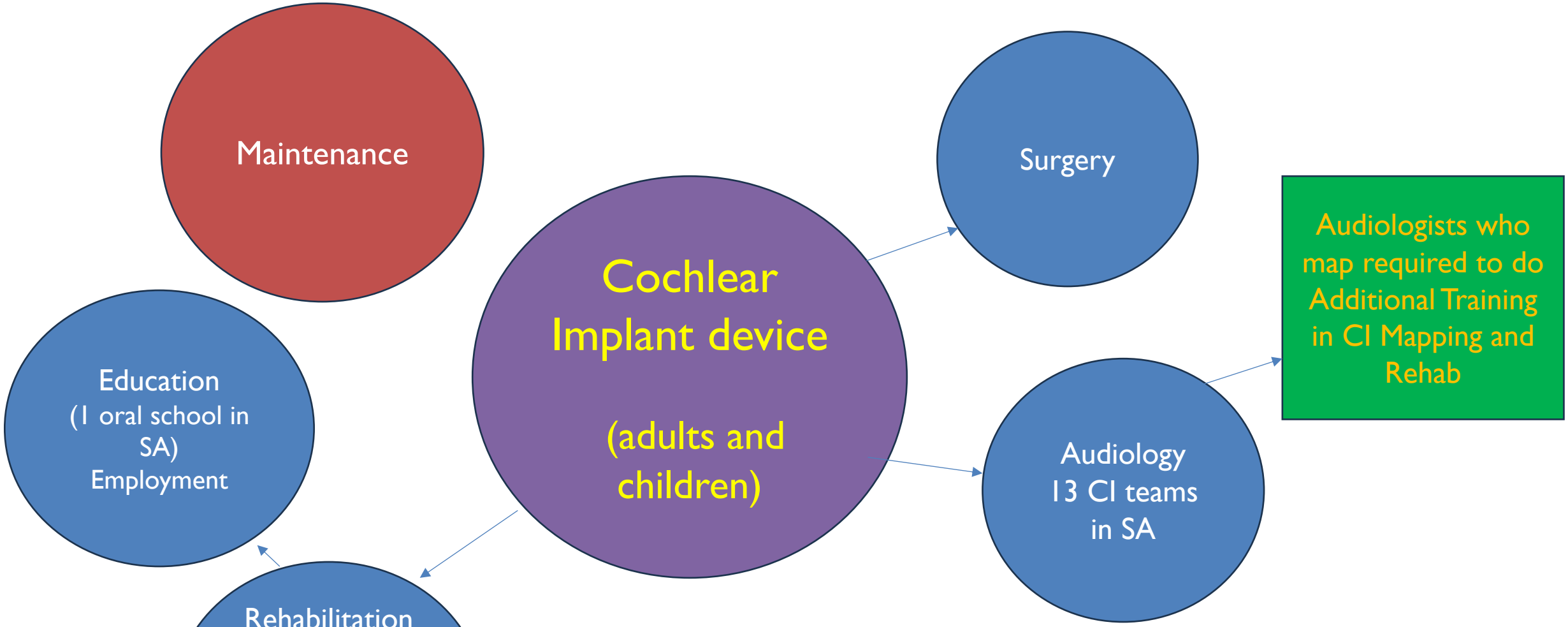
She is used to the challenges of running a CI programme there.

FUNDING COCHLEAR IMPLANTATION AND SERVICES IN SOUTH AFRICA

JENNY PEROLD

TYGERBERG HOSPITAL-STELLENBOSCH UNIVERSITY COCHLEAR IMPLANT PROGRAMME

26 SEPTEMBER 2024



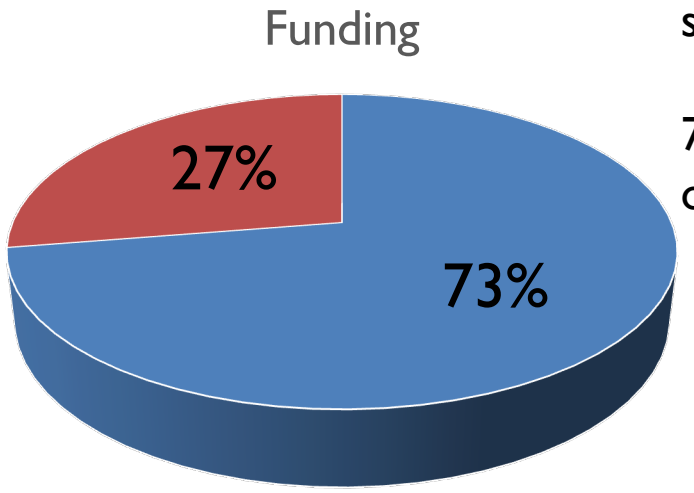
Each of these areas of need (e.g., services, device, infrastructure, funding, inclusion, recognition) require sustained, passionate and dedicated attention (action) by CI HCPs and advocates

HEALTHCARE PRIORITIES WITHIN SA CONTEXT

- Poverty 18m (26%) living in extreme poverty, 45% on social grants
- Unemployment (33.5%:

  60.8% 18-25y; 41.7 25-43y)
- Crime rate ranks 1st in Africa

- Healthcare challenges (priorities)
- Two-tiered (state and private sectors)

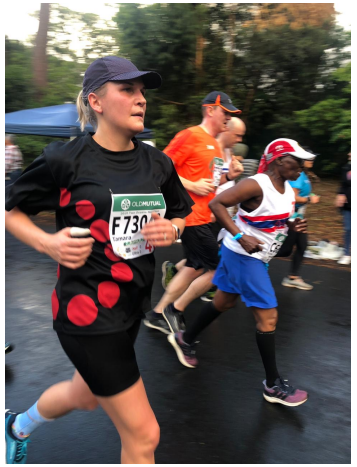


Highest expenditure in state sector TB and HIV

70% of population with HIV on ARVs

FUNDING COCHLEAR IMPLANTATION

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



- **State** – varied levels of support in 6 of the 13 programmes
- Funding implant systems only
- Funding of implant systems + limited # upgrades
- Funding of implant systems, some upgrades and some maintenance (2 of 13)

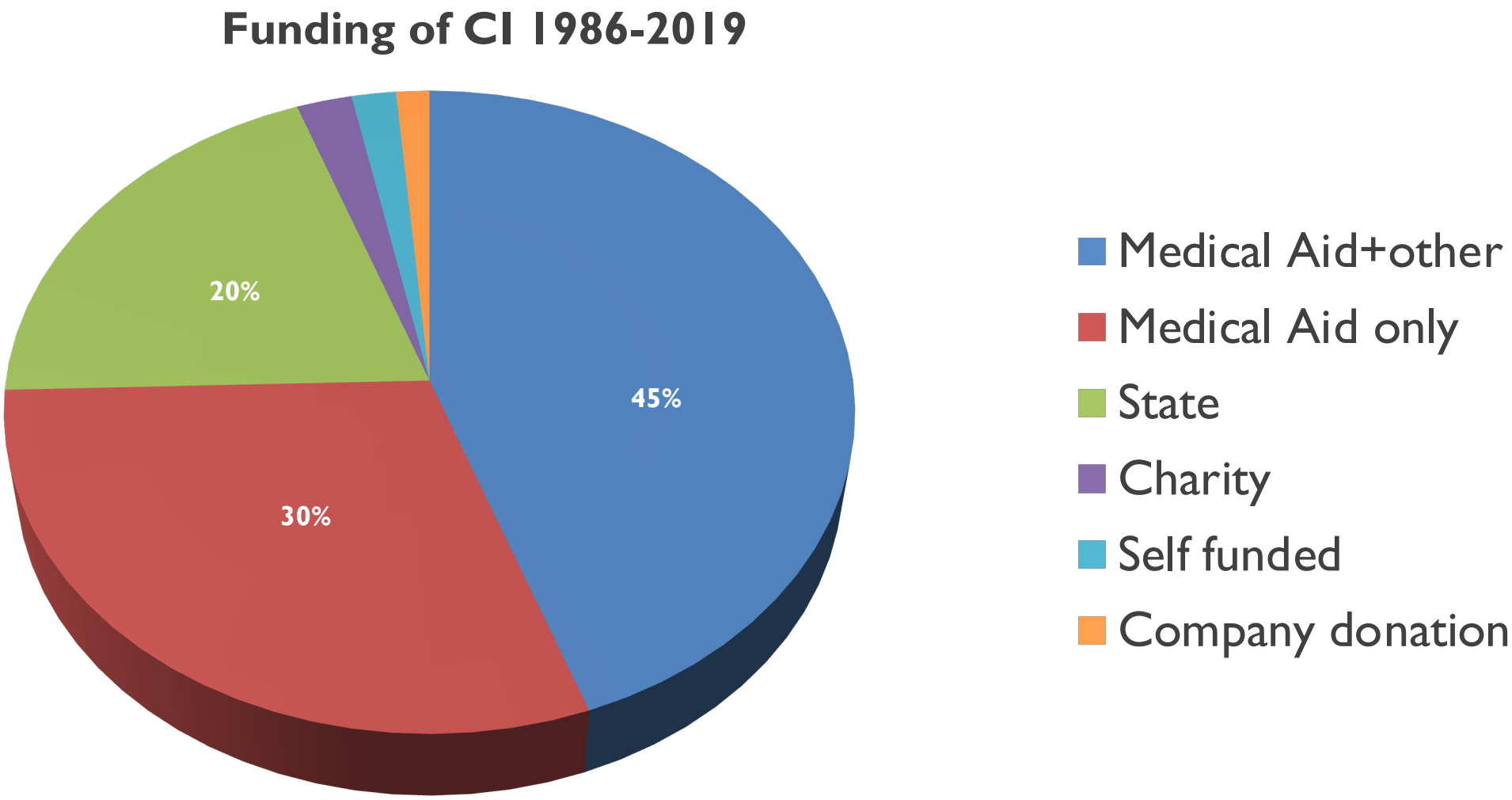
- **Charity organisations** and Foundations to assist patients with **fundraising** (e.g. Hear Always Foundation Trust, HearUs, Foundation for children with hearing loss, Netcare Foundation)

HEARINGLOSS.ORG.ZA

hearUs

HAFT
hear always foundation trust

Funding of CI systems in SA (Bhamjee, 2021)



Selection of candidates for CI

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 / desire to enable re-entry to workforce**
- access to CI services

CHILDREN:

- age
- adequate family support and commitment
- parent/s employed (financially able)
- accessible, appropriate educational and audiological facilities (1 oral school for deaf)

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

- Since 1986 ±4000 recipients (4 million deaf in SA, 600 000 SASL users)

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 responsibility of appropriate patient selection

- Ongoing communication to funders about cost effectiveness – a good spend (“spend to save”) with fewer landing up on social grant system, higher employment (tax revenue) and improved educational levels

What have we /can be done to increase funding and awareness?

- Inclusion of funders in national meetings and conferences, ongoing communication
- SACIG conference 2019, 2024: invited private and state funders to **present on their funding** models - **sessions 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 increased allocation of funds (private and state) and more awareness

- Annual newsletter of patient stories provided to funders (the good story)
- Meetings and communications with funders and public awareness
- Donations, appeals (radio), fundraisers
- Rely on donations of parts from patients who upgrade ("pay it forward")

Is “hearing / access to sound” not a basic human right?

- "as a deaf woman with a cochlear implant, I represent a community that often goes unheard".

- "I am here to prove that, despite being differently-abled, it has not affected me in terms of what I am capable of".

- "I aspire to eventually help provide cochlear implants to those who cannot afford it and give the same gift my community has given me"

- "Teach the included how to be inclusive towards the excluded"