

Lessons learned from an Electronic Public Consultation in the South African Health Sector

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Abstract

Building an equitable health system is a cornerstone of the World Health Organization's (WHO) health system building block framework. Public participation in any such reform process facilitates successful implementation. South Africa has embarked on major reform in health policy that aims at redressing inequity and enabling all the citizens' equal access to efficient and quality health services. Globally, there are major shifts taking place in health care provision to achieve universal health coverage. In 2011, the South African Department of Health released a Green Paper outlining its vision for implementing a National Health Insurance (NHI). The NHI wants to improve the service provision and promote equity and efficiency to ensure that all South Africans have access to affordable quality health care services. The population is the key element of a health system. Public participation is important to raise public awareness, consult the public and promote major programs of change. Electronic public consultations via mobile phones and social media platforms are a useful method of enabling policy makers to respond to the current needs of the population, to guide the implementation process, and to close the gaps between the everyday lived reality of public health consumers and the intended health policy reform. Our research paper aims to analyse the problem and result issues in undergoing electronic public consultations in a developing country. It demonstrates the impact that Information and Communication Technology (ICT) can have on social and economic development goals as well as raising awareness in important health systems initiatives.

Keywords

Social media, mHealth, public consultation, eHealth, WHO building blocks, ICT4D

1 Introduction

The explosive growth of mobile phone access and use in South Africa as in the rest of the world enables people from almost all income groups to communicate and access information. In all countries the use of mobile phones has facilitated business, social interaction as well as public services.

According to Spence and Smith communication and networking via ICT supports economic, social as well as political transformation (Spence & Smith 2010). Depending on mobile penetration and adaption research studies prove that mobile phones have an impact on GDP (Gross Domestic Product) and productivity growth (Gruber & Koutroumpis 2011). Even though Aker and Mbiti point out that the empirical evidence is still very limited and hence it is required to carefully evaluate the impact of mobile phone development projects (Aker & Mbiti 2010).

MHealth, as a subgroup of eHealth that applies mobile computing and communication technologies in health care and public health, is a rapidly expanding area of research and practice. According to the WHO, developing countries are interested in mHealth as a complementary strategy for strengthening health systems and achieving the health-related Millennium Development Goals (MDGs (WHO 2011). Heeks points out that in ICT4D 2.0 M-development needs to find ways to provide relevant services to the growing mobile phone user base (Heeks 2008). According to the WHO mHealth is applied in maternal and child health, and in programs to reduce the burden of diseases linked with poverty (e.g. HIV/AIDS, malaria, and tuberculosis). In areas where infrastructure and resources are often lacking, mHealth initiatives are beginning to provide a range of services (WHO 2011).

Health systems worldwide are under increasing pressure to perform under multiple health challenges, chronic staff shortages, and limited budgets, all of which makes choosing interventions difficult (WHO 2011). Therefore any health initiative needs a public foundation to give policy-makers, administrators, and other actors a base for their decisions. Building an equitable health system is a cornerstone of the WHO health system building block framework. Public participation in any such reform process facilitates successful implementation. South Africa has embarked on a major reform in health policy that aims at redressing inequity and enabling all the citizens' equal access to efficient and quality health services. Globally, there are major shifts taking place in health care provision to achieve universal health coverage. In 2011, the South African Department of Health released a Green Paper outlining its vision for implementing a National Health Insurance (NHI). The Green Paper seeks public consultations and comments to be shaped and released as a White Paper.

Public consultation is a process by which the public's input on matters affecting them is sought (Abelson, Forest, Eyles, Casebeer, & Mackean 2004). It aims to improve efficiency, transparency, and public involvement in large scale projects and policies. E-participation is a hybrid a various technologies. Macintosh and Whyte proposed a framework to evaluate e-participation initiatives. This framework can be subdivided in democratic criteria (representation, transparency, community control, greater inclusiveness, etc.), project criteria (engaging with wider audience, cost effective analysis, providing feedback to citizens, etc.), and socio-technical criteria (relevance, social acceptability, usability etc.) (Macintosh & Whyte 2008).

This paper explores the methodological approach and result issues in doing an electronic consultation on a public policy in the South African health system. In the literature review our paper introduces electronic consultation and eParticipation in general and in the health sector in particular. It proceeds with the discussion of social media in electronic consultation with a focus on Mxit. The methodology is addressed followed by the research findings. We conclude discussing the results in the light of social development, health systems and the role of social media in eParticipation.

2 Literature Review

2.1 eHealth and mHealth

The WHO defines eHealth as “the cost-effective and secure use of Information and Communication Technologies in support of health and health-related fields, including healthcare services, health surveillance, health literature, and health education, knowledge and research” (WHO 2011). MHealth makes use of mobile technology application for the above fields and can be seen as a component of eHealth. Mobile applications can lower the costs for healthcare, improve healthcare quality and strengthen prevention. Main goals are

- the improvement and quality of care,
- support the supply chain management of medical products,
- improvement of the efficiency of human resources (medical and administrative) in the health care sector,
- capturing and monitoring of diseases and public health problems in large populations and
- to ensure social accountability by establishing feedback loops that individuals can use to provide feedback on government service, doctors and care workers.
- Finally, mHealth services can also strengthen healthcare education and awareness (Qiang, Yamamichi, Hausman, Altman & Unit 2011)

The WHO defines mHealth “as medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices.” (WHO 2011:6) In their survey (completed by 114 member states) WHO reported health initiatives in the following areas:

- Health call centers (59%),
- Emergency toll-free telephone services (55%),
- Managing emergencies and disasters (54%), and
- Mobile telemedicine (49%)

The above applications were the most frequently reported. Least frequently seen was the use of mHealth in health survey (2%) surveillance (26%), raising public awareness (23%) and decision support systems (19%) (WHO 2011).

2.2 Electronic Consultation/eParticipation in the Health Sector

Participation of “the governed in their government is, in theory, the cornerstone of democracy – a revered idea that is vigorously applauded by virtually everyone” (Arnstein 1969:216). Public consultation/participation can be understood as a process of engaging with individuals/citizens through information, consultation and direct involvement into the affairs of the local, provincial or national government. In this context, public participation must be seen as an interaction between the various governments and their citizens having the overall aim of better decisions affecting the people’s life. A widely-used definition defines public participation as “the process by which public concerns, needs and values are incorporated into governmental and corporate decision making” (Creighton 2005:7). As the public feels more and more disconnected from their government and representatives, eparticipation becomes a feasible approach to remedy this situation.

In South Africa public consultations constitute a civil right in terms of the South African Constitution (Nyati 2008) that according to Mitton et al., may enable enhanced

understanding of complex policy changes and can be used to highlight (Mitton et al. 2009), precisely, the gaps between lived reality and proposed policy (e.g., Catt & Murphy 2003; and Contandriopoulos 2004).

If ITC is embedded in the processes of public consultation/participation often the term eParticipation is used. Tambouris et al. describe eParticipation as: “efforts to broaden and deepen political participation by enabling citizens to connect with one another and with their elected representatives and governments, using Information and Communication Technologies (ICT)” (Tambouris et al. 2007:9).

The process of electronic consultation can be subdivided into notification, consultation, and participation processes. The notification process is a key building block of the rule of law. It involves a one-way form of passive communication in which the public plays a passive role. It can be a first step in a consultation process, but it is not mandatory that a consultation process follows. In the consultation process itself the opinions of the interested and affected groups are sought. It is defined as a two way flow of information that determines problem identification, evaluates existing regulations and gathers information to facilitate the drafting of higher quality regulations. It can take the form of a one-stage process or a continuing dialogue (Rodrigo & Andrés Amo 2006). In the participation process the active involvement of interest groups is the main focus. Participation is meant to facilitate implementation, improve compliance, consensus and political support (Abelson, Forest, Eyles, Casebeer, & Mackean 2004). Stakeholders are offered a role by the government in regulatory development or the implementation process (Rodrigo & Andrés Amo 2006). Different tools may be used for public consultations (Abelson, et al. 1982), such as informal consultation in the described campaign, circulation of regulatory proposals for public comment, public notice-and-comment, public hearing, and advisory bodies (Catt & Murphy 2003).

Up to now only a few electronic public consultations related to health policies have been published. One was carried out in the Republic of Bulgaria in 2007 by their Ministry of Health (Kyprianou 2007). Bulgarian citizens were invited to express their opinions on the issues raised in the EU Green Paper “Towards a Europe free from tobacco smoke: policy options at EU levels”. Even Bulgarians living abroad participated. Four questions were asked but the majority who voted electronically preferred to respond to the first question only which the media announcement focused on: “a total ban on smoking in public spaces or a ban with exemptions”. Most of the other three questions were left without answers and showed a low response rate. The paper states that 328 letters were received during the consultation period, but no numbers were given for the number of people who voted electronically.

Other studies are investigating electronic communication platforms for public consultations including recommendations to shape future public consultations (e.g., Borins 2002; Culver & Howe 2004; Finney 1999; Godard, Marshall, & Laberge 2007; Halseth & Booth 2003; and Mitton, Smith, Peacock, Evoy, & Abelson 2009). Public consultations are becoming more accepted in order to achieve greater involvement of the public in a policy setting of official bodies (Bowling, Rowe, & McKee 2013) and to establish a dialogue with the public (Godard, Marshall, & Laberge 2007).

Halseth and Booth outline the generally low awareness levels of respondents of public consultation processes. There is a need to access timely, relevant and readable information throughout the course of the process in order to keep participants and the

public as up-to-date as possible. The internet with electronic consultation could serve as a tool to achieve that. Finally, the process itself, including mandates, participants and decision-making powers must be made clear and transparent for the public (Halseth & Booth 2003). Governments have not been very active in seeking citizens' input over the internet, whereas the internet is developing and changing rapidly (Borins 2002) and it has become widely accepted by the public as a tool for everyday life.

Another electronic consultation was carried out in the United Kingdom regarding genetic testing (Finney 1999). At that time the media coverage was disappointing. The researchers emphasized that electronic consultation was cost-effective and could create awareness of the constraints in communities under which advisory committees' work.

Electronic consultations can be classified in top-down approaches initiated by the government and in bottom up initiatives from the public. Our study elaborates on a bottom-up approach by a Peoples Health Movement. Although a lot of resources such as external funds, financial, technical and human resources are put into those projects, very little effort has been made so far to evaluate consultations (Macintosh & Whyte 2008).

South Africa has a wide penetration of cell phone usage. Therefore cell phone usage could serve as a tool to engage in electronic publication processes. Especially electronic consultation show advantages to liaise with the public, especially in countries with vast landscapes and a socio economic disadvantaged population. Electronic consultations can reach out to these areas that are not easily accessible for consultations processes. An explorative qualitative approach was chosen to visualise the public view of a profound national health reform.

2.3 Social Interaction Technologies such as Mxit

Social media can be understood as complex social networks using web based technologies and systems allowing individuals and organisations to share, co-create, exchange and modify user-generated content via interactive platforms (Kietzmann, Hermkens, McCarthy, & Silvestre 2011). The most used social media platforms in South Africa are Facebook, Mxit and Twitter. A survey from World Wide Worx (2014) shows that in 2014 the number of South African users per social media platform was as follows: Twitter was 5.5 million; Facebook was 9.4 million, and Mxit was just over 6 million. At the time of the study the advantage of Mxit was that it could be used on ordinary cell phones without smartphone functions.

Mxit is a South African mobile social network with the majority of users located in South Africa. In Mxit 213,750,000.000 messages are sent per year, with 750,000,000 per day. The main user groups are 13-17 years of age (25%), 18-24 years (49%), 25-34 years (17%) and over 35 years 10%. The gender distribution of users in all age groups is males 54% and females 46% but vary depending on age group. The main users are located in the province of Gauteng (61, 5%) and in the Western Cape (19%). The race stratification of Mxit users is 54% Black, 26% Coloured, 13% White and 7% Asian/Indian. Mxit is network-independent and uses internet protocol to exchange messages. Fees are charged based on the data which is transferred. For the described public consultation campaign it was free of charge for Vodacom, a major service provider with a 58 percent share of the South African market (www.superbrands.com 2013).

According to Chigona et al., mobile platforms providing social interaction technology (SIT) applications are ideal for regions with low internet and computer penetration such as South

Africa. They have analysed the use and perceptions of Mobile Instant Messaging (MIM) amongst the youth in South Africa (Chigona, Chigona, Ngqokela, & Mpofu 2009). In depth interviews revealed that Mxit is used for social networking and becomes part of its users' lives (Francke & Weideman 2007). In their survey on the role of social media in healthcare Moorhead, et al. identified six overarching uses:

- interactions with others,
- more available, shared, and tailored information,
- accessibility and widened access to health information,
- peer/social/emotional support,
- public health surveillance, and
- the potential to influence health policy (Moorhead, et al. 2013).

Our research addresses the last of these fields. It discusses the approach and results of using a social media platform (Mxit) for raising awareness in an important health systems initiatives and consulting the people on a planned health system reform in an eParticipation approach.

3 Research Question and Methods

South Africa has a high coverage of mobile phone user. Even in rural areas almost every person has access to a mobile phone (Pyeper 2013). Due to this high coverage, an electronic public consultation via Mxit was chosen using mobile devices. This public electronic consultation was initiated to raise awareness and facilitate the incorporation of the public's health needs and concerns into the bill. To ensure the understanding of the participants, short advocacy messages were sent to inform them about the purpose of the consultation and the use of the obtained information to shape the NHI health policy reform (Department of Health 2011). By taking the survey, the participants agreed that their anonymised comments are used for analysis. Data collection and data analysis were handled separately to ensure anonymisation so that obtained answers could not be traced back to senders.

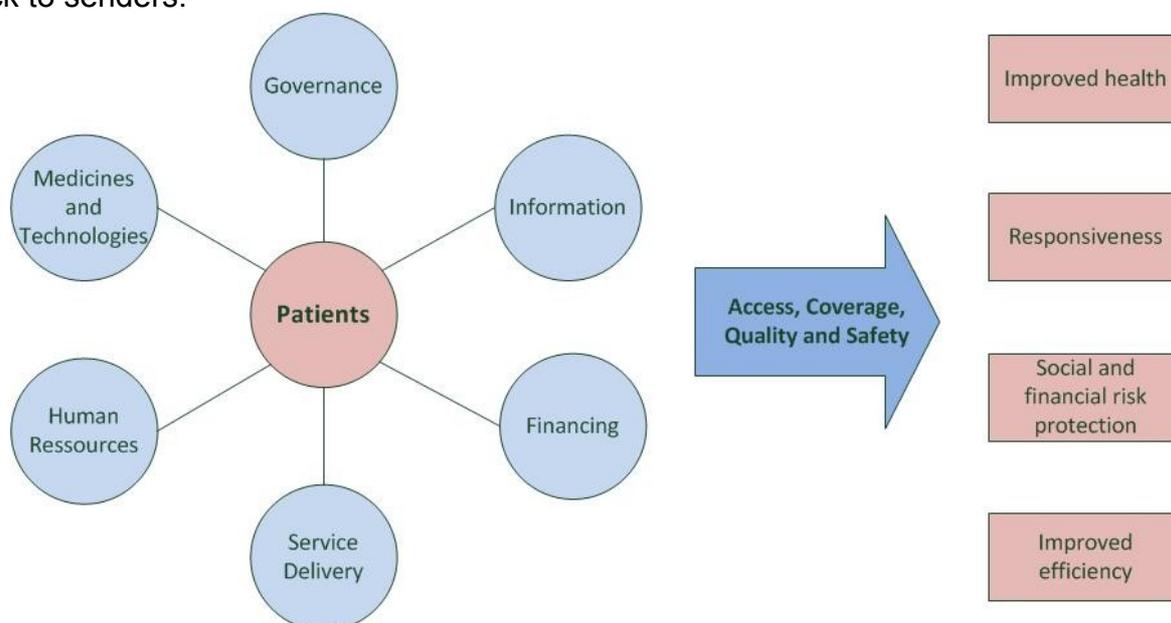


Figure 1. The six WHO building blocks of a health system (WHO 2007)

The survey was analysed under the following research questions:

- What are the experiences and perceptions of health care users in South Africa?
- How would health care users like to see the system improved under the NHI?
- What are the strengths and weaknesses of the WHO building blocks in the light of the obtained answers of the public consultation?

The World Health Organization (WHO) six health building blocks (Figure 1) were selected as a conceptual framework (WHO 2007) and were used as a lens for the analyses of the identified themes as well as for discussion of the results.



Figure 2. Advertisement for participation in public consultation

Different e-technologies and platforms were applied to advertise and collect comments from the public. These included Mxit, a website (www.sanhi.org.za) and mobile site, SMSs, Facebook and email. The Green Paper was made available on a website to raise awareness and stimulate the public feedback. Mxit donated free advertising for the NHI consultation. An advertisement was sent to 60,000 Mxit users (Figure 2). 900 participants opted to participate by using Mxit, while 582 participants submitted answers to the six questions.

The survey was carried out between 30 November 2011 and 24 December 2011. After that date all platforms were closed. In total, 582 people participated in the survey by submitting answers to the six questions.

The following six questions were asked:

- (1) The South African Constitutions protects the right to health for all people living in South Africa. Free access to health care is your right! [Health Service Delivery]
- (2) Do you spend hours waiting in line at the clinic every month? South Africa's public hospitals/clinics need more staff, for example, nurses, doctors and pharmacists. [Health Workforce]
- (3) Prevention is cheaper than treatment! The SA government must provide more health promotion and illness prevention education! [Health Information]
- (4) Please give suggestions on how you would like health care services in your community to be improved through the NHI? [Medicine and Technology]
- (5) In SA, over 85% of the population relies on public health care, while only 15% can afford private health care. Yet each sector has almost the same amount of money. [Health care financing]

(6) Corruption is a major problem everywhere! How can we prevent corruption from being happening in the NHI? [Leadership and Governance]

A qualitative analysis (Miles & Huberman 1994; Elo & Kyngäs 2008; and Ryan, Bernard, & Russell 2000) was performed on the responses. Messages were ‘cleaned’ by deleting space holders and re-allocating the answers to the appropriate questions where necessary. Replies were coded until a saturation of themes was reached and no new topics emerged. The qualitative data took the form of phrases, but were mainly embedded in free-flowing text. Analysis of free-flowing text requires methods that reduce the text to codes (Ryan, Bernard, & Russell 2000). Codes were analyzed by using NVivo as a qualitative data analysis tool and these were mapped to both NHI themes and the framework of the WHO building blocks (Figure 1). Table 1 displays how many answers were retrieved for each question and ranks the major themes of the survey users.

Question	Building Block and related question	Obtained Answers	Ranking of Major Themes
1	Service delivery: SA constitution right to free health care	522	1 Good quality of health care provision 2 Equal health care for all 2 Treated with respect and dignity 3 Trust in government
2	Workforce: waiting times hospitals and shortage of staff	534	1 Waiting time too long 1 Improve attitude of staff 2 Improve training of staff
3	Information: prevention is cheaper than treatment	496	1 Information campaigns 2 Affordability of prevention 3 Better education of people
4	Medicine and Technology: suggestions for improvement	516	1 Improved infrastructure 1 Improved staff performance 2 Accessibility of health care providers
5	Financing: public versus private health care	494	1 Allocation of funds for public health care 2 Quality of public versus private health care 2 Affordability of health care
6	Leadership and governance: Corruption	524	1 Prevention, law enforcement 2 Request for reduction of corruption 3 Introduction of ethical standards for health care professionals 3 Emphasis on right job qualification

Table 1. Semi quantitative Analysis (Weimann & Stuttford 2014)

4 Results of the Research Study

The results are linked to the WHO six building blocks of a health system. The consumers' perspectives are analyzed according to whether the claims of health care users are included in the NHI scheme (Department of Health 2011) as planned and if these demands are addressed in the WHO building blocks (WHO, 2007). In the following the main results are summarized. A more detailed discussion provides Weimann and Stuttford (Weimann & Stuttford 2014).

4.1 Health service delivery

According to the WHO health service delivery is defined as the delivery and management of safe and quality health services. Resources should be efficiently used and not wasted (WHO 2010). The NHI provides a leadership concept to address the existing inequalities and poor health outcomes in the country as stated by health care consumers in the survey. "Some clinics are dirty and people also suffer from all those germs". "As South Africans we need to get the right treatment to stay alive.", "Government must improve health condition in rural areas". The survey leads the respondents to the matter of human rights, so that some responses read: "I have a right for healthy living", or "a healthy country equals to a healthy economy, more jobs are created and less poverty". Comments such as "the right of health care must be provided by public institutions and not by private ones" expressed the view that government is responsible for providing health care for free without charging service fees. Critical voices raise the concern: "What is a right when you are treated with no respect and humanity".

Accountability involves enforcement, such as the imposition of sanctions, the provision of rewards for performance, performance around the actual supply of services, evaluation and monitoring of performance, and financing to ensure that adequate resources are available to deliver essential services (WHO 2010). The WHO suggests two indicators for measuring governance: rule-based and outcome-based (WHO 2007). The health care users would appreciate the future implementation of outcome-based indicators, although such indicators are not outlined in the NHI. Health care consumers criticise the weak law enforcement and quality control they have experienced. There is a strong demand from the public for better outcome-based rules, monitoring and surveillance.

4.2 Health Workforce

The workforce is defined as "people engaged in actions whose primary intent is to enhance health" (WHO 2007). In the survey health consumers were asked about waiting times in hospitals and the staffing level of the health workforce.

The analysis of responses showed that the attitude and training of the health workforce as well as the waiting time are major concerns. The attitude of employees regarding their workplace environment relates to the emotions, level of satisfaction and their overall outlook. It is often directly related to a high or low level of morale in the workplace. Respondents targeted different disciplines: administration, doctors, and nurses. The responses express the desire for a more patient-orientated service. A good health outcome is largely dependent on the knowledge, motivation, and skills of the health care workforce (Van Olmen, et al. 2010 and Nelson, et al. 2008), while data support the view that there is a connection between the number of health professionals relative to patients and health outcomes. According to the survey, health care users experience long waiting times in public hospitals, but not in private ones. They state that private hospitals have more health professionals available, that they are better trained, better paid, and better motivated to care for people. The importance of waiting times for the health care consumers is underscored by the following two quotes: "In public sector patients wait over 12 hours", "I never spend less than 4 hours in a clinic".

According to the NHI guidelines, managers should be allocated in the centralised public health care system the necessary authority to achieve planned objectives and should also be held accountable for overall performance and results (Department of Health 2011). Patients report a lack of management and supervision: "Supervise nurses [to stop] long

tea breaks", "Improve treatment performance by better training". The respondents complain about insufficient supervision and lack of action taken. In addition, they report waste of resources. The attitude of the staff is addressed in the Green Paper of the NHI, where it is portrayed as less service- and patient-orientated that is desirable (Department of Health 2011). Responses in this study, too, indicate that the level of care is perceived as not centered on the patient's needs: it is not effective, and is not timeous. In the relevant WHO building block, high quality health services are mentioned, centered on the patient's need and given in a timely fashion (WHO 2010). The way to achieve this is proposed by indicators, mainly related to the amount of available human resources. However, the means of improving interdisciplinary work relations are not elaborated. A more holistic approach to enhanced collaboration between different actors (Swanson, et al. 2010) could be helpful in strengthening and improving the health system in South Africa.

4.3 Health information

Analysis revealed a number of concerns regarding Health information: affordability, government, the need for a better information policy ("People have less knowledge about prevention). The youth also is a matter of concern ("Most of the youth is illiterate", "Teenagers do not use condoms"). For people coming from a lower socioeconomic background, resources for obtaining information are scarce. Consequently, they have to rely on whatever information is provided by the municipality, the government or by the media. Health care users should have access to reliable, usable, understandable, and comparative data and information (WHO 2007). They should be informed about health risks so as to avoid contracting diseases. A mhealth approach could be implemented as measure for improved information policy for the public health care user. A sound and reliable information policy to support and educate patients is a milestone to establish efficient decision making among the population (WHO 2010). The communication and dissemination of information are crucial for an effective prevention campaign. According to the NHI Green Paper prevention campaigns for non-communicable diseases are mainly driven by four risk factors: smoking, alcohol, poor diet, and lack of exercise. Yet multiple other burdens exist (Bradshaw, et al. 2003), that need to be dealt with to improve overall health (Amalberti, Auroy, Berwick, & Barach 2005). Prevention campaigns are associated with various obstacles in South Africa, such as vast rural areas that have poor communication links and a high rate of illiteracy (Achmat & Simcock 2007).

4.4 Medicine and technology

The responses revealed the demand for connecting primary and secondary health care, recognizing intersectorial health care, and special care. They envisage health care through the life course with improved accessibility, besides hospitals' diverse health care settings, and improvements in existing services, as in "ambulances must better work together and be better organized".

They requested the scaling up of services and medication. Even inter-sectorial cooperation between public and private health care providers was suggested to achieve a better quality of care. The maintenance of hospitals and "cleaner hospitals" are frequently mentioned together with the demand for a broad scaling-up initiative of health care facilities.

Responses focus on existing clinics ("Better care and longer opening hours"), mobile clinics ("Providing everywhere mobile clinics") as well as new facilities. Access barriers emerge as another topic: "People in rural areas are not taken care of", "There is no clinic close to them and there is a lack of water and electricity", "A basic health care facility

should be in every community". These demands refer to the need for capacity enhancement (Swanson, et al. 2010). The answers highlight the difficulty the population experience in gaining access to an adequately equipped health care provider able to cope with their medical needs. According to our survey, the availability and accessibility of health care facilities for public health consumers must be improved.

Most of the public health care consumers' requests are taken up in the NHI and the WHO building blocks. Under the question "suggestions" people asked for better access to basic medicines and adequate equipment. Also requested were additional service provisions such as mobile ambulances and better logistics, for example, for the management of ambulance vehicles.

A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies (WHO 2010). The requirements and indicators are outlined in the WHO building blocks. Underpinned by the answers of the respondents, the current SA public health system does not offer equitable access to medical products, vaccines, and technologies. As the data were anonymised, we cannot obtain information about where people report better service quality. But the answers demonstrate that both a lack and uneven distribution of resources appear in rural areas in comparison to urban settlements.

4.5 Health care financing

The mismatch of resources between private and public sectors is addressed in the question regarding health care financing; it is also elaborated in the Green Paper of the NHI: "In SA, over 85% of the populations rely on public health care, while only 15% can afford private health care. Yet each sector has almost the same amount of money to spend!"

The consumers surveyed for this study describe the purpose of public health care as follows: "Public health care is important for poor people who cannot afford private health care." Responses touched on matters of affordability ("A lot of people cannot afford health care"), equality ("If the quality of the health care would be equal, no private health care would be needed"), and funding ("money for the public sector should be reallocated"). The service quality of private health care is regarded as superior to public health care ("People that can afford private health care get better services and are treated better", "Public healthcare has always been a mockery to us because of its poor standards.").

The implementation of the NHI should achieve universal coverage, aiming to allow health care users the access to affordable health care services (WHO 2010; WHO 2007; National Health Insurance (NHI) Summit 2012). A country wide survey in South Africa that examined household expenditures in relation to out-of-pocket payments showed a regressive profile: the lower the family income, the higher is the possibility of experiencing catastrophic household expenditures (McIntyre & Thiede 2007; and Cleary, Birch, Chimbindi, Silal, & McIntyre 2013). The NHI Green paper provides an overview of how the new health system will be financed in the near future and funds allocated according to need.

According to the WHO, health financing refers to the "function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people [. . .] to ensure that all individuals have access to effective public health and personal care." (WHO 2000) In line with the WHO's guidelines, co-payments or out-of-pocket payments will be abolished with the NHI. The WHO suggests equity through receiving exemptions or subsidised services and medicines (WHO 2007). This should

allow people to use needed services without experiencing impoverishment, a method characterised as financial risk protection. Pooled funds are needed where the rich cross-subsidize the poor, and the healthy subsidize the sick population. The respondents target this topic in the following quotes: "Those who can afford more, should pay more."

4.6 Leadership and Governance

The WHO, defining the role of the government and the relationship of other actors in order to protect the public interest, describes it as stewardship. The existence of strategic political frameworks in combination with effective oversight and accountability are requested (WHO 2007; 2010). Corruption can impede the delivery of effective and high quality health care to the people who would benefit most (Ensor & Duran-Moreno 2002). The World Bank defines corruption as "the abuse of public office for private gain".

Health care consumers were asked how to prevent corruption in the health system and their responses raised concerns regarding the corruption they are experiencing. They said, for instance, "Reduction of corruption is necessary". Participants proposed solutions to address this problem. Ethical standards should be implemented: "Corruption is unethical. Honesty should be made a value." "People in high positions must be honest." In order to achieve such ethical standards, the "right qualifications and experiences" of those working in the health care sector were deemed to be essential. This implies that protocols around hiring staff should be improved. According to the study's results, a new ethical approach for those employed in the health care sector should be introduced, with its stated values demonstrating a high standard of ethical commitment. Some respondents comment that the current state of the health system mirrors the corruption taking place in government: "Hire qualified people and not politicians", "Hire people who know the job and are not your relatives...in this corrupt system of government". A lack of trust in government emerged, thus indicating that it is believed that a change in society would have to take place (Tutu 2012; and Rothstein 2013) before major improvements would happen in the public health care sector.

The Green Paper of the NHI does not explicitly address corruption and consequently there are no measures described to deal with it. The reforms of governance, the autonomy of hospital management as well as overall and individual accountability are mentioned, but outlines on how to provide more efficient supervision of staff and management are missing. Ethical values might be included in the final bill, but it is vital to also incorporate means to reduce corruption, improve surveillance, and to hold individuals to account since corruption is regarded by consumers as a serious problem in the South African health system.

5 Conclusions

Our research results highlights the role eParticipation can play in the social development of a society (Heeks 2008). Social media such as Mxit accessed via mobile phones are valuable tools for public consultation on political issues such as the intended health care reform. Specifically these media allow the "bottom of the pyramid" to take part in transformational processes. The results illuminate the gaps between every day's lived reality of health care consumers and the intended health policy reform (Mitton, Smith, Peacock, Evoy, & Abelson 2009; Contandriopoulos 2004; and Catt & Murphy 2003). Findings may be used by policy-makers to fine-tune policy implementation and to fill gaps

between public concerns and policy reform. It was found that service users identify service delivery, training of health professionals and accessibility of health care providers as important issues to be addressed by the NHI. Enhanced monitoring and improved staff performance were requested by the participants. These findings are in line with the NHI planned reform and the WHO building blocks. In addition, respondents identified corruption in the health system as a major problem. It was suggested that a code of ethics and values for health care professionals is raised to deal specifically with corruption – an issue absent from the NHI and WHO building blocks. The analysis of a public consultation shows that service users' concerns are targeted in the NHI. However, policy makers have to take into account that corruption and a code of ethics for health care professionals are public concerns. A lack of information or access to relevant information was observable in our study ("What is NHI?"), indicating the need for a well-functioning information system in health care (WHO 2007).

Our results in the health system field demonstrate that social media can become a strategic feature in the participation of citizens in governmental initiatives of public interest (Chance & Deshpande 2009).

In an electronic consultation a qualitative research approach is often more suitable than a quantitative research approach, specifically because the sampling process is more difficult. A large sampling size must be targeted to have a critical response rate. In addition, if the researchers like in our case had no influence to shape the questions of the public consultation as they were not part of the campaign team, a qualitative approach offers more possibility in analyzing the data under a specific framework. We have handled these data as a real world challenge facing limited time and resources combined with the necessity to address a current problem (Robson 2011).

As mentioned before the survey data might not be representative of the South African population as Mxit is mainly used by a young population (average 15 to 35 years) with a different race stratification than the South African population (e.g. higher amount of coloured people (26% Coloureds as Mxit users vs 8.9% of the total population). Besides, we have no insight of the amount of the different races that participated in this survey. Bhutta points out that even with disproportionate samples their responses preserved key correlations found in standard surveys e.g. by Gallup (Bhutta 2012). Judging from the received answers, most of the respondents were public health care consumers as they reported their own experiences with the public and sometimes private health care system in an urban or rural setting. In our case it was possible to get a good insight into the view of public health care consumers. Due to the high penetration of mobile phone in South Africa it is feasible to consult people through an electronic consultation process, and consequently use ICT to include them in the discussion of an important social issue. The more frequent use of electronic surveys could be established it as a useful tool engaging citizens to actively participate in the public governance process.

In summary the lessons we have learnt from the conduction of an e-consultation regarding a nationwide health care policy:

- One of the first steps in an electronic public participation process, an analysis of the current social media that is mostly in use had to be carried out. At the time of the study Mxit was one of the most popular social media network. Currently Facebook is the most popular social network in South Africa, followed by You Tube and Twitter (www.worldwideworx.com).

- A supporting team and platform provider is mandatory to carry out public eParticipation as it is time and human resource consuming.
- When you embark on implementing major changes of an existing system such as a national health policy reform, you need to have the buy-in from the majority of citizens being affected. This can be facilitated by engaging them in an e-consultation process.
- To obtain a representative response, the larger community needs to be addressed. In our survey two million requests were sent through emailing lists, Mxit, SMS and “please call me” message. 900 participants showed interest in participating, while 585 participants sent comments to the six questions via SMS.
- Results of public participation processes should be published to enhance the response of the public to participation processes in future consultations.
- An evaluation process of a public e-participation should become a cornerstone and common practice.
- Electronic consultations are a useful and feasible tool to embark on public consultation processes, especially in developing countries with a wide cell phone penetration.

6 References

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