

Does South Africa need National Health Insurance?

Lorraine Osman

There's been a lot of hype in the media about National Health Insurance (NHI). As healthcare professionals, we need to understand what this means, and what led to the discussions about NHI.

Begin at the beginning

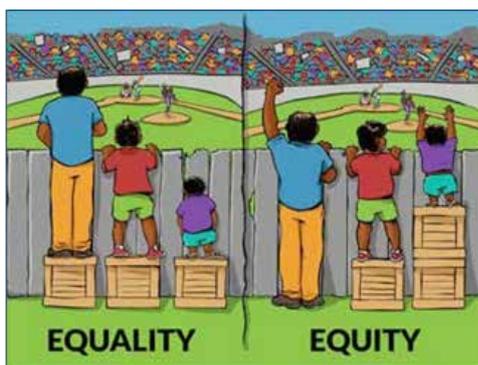
We don't want to rehash what history tells us, but we must acknowledge that pre-1994, South African policies bred discrimination in many ways – racial, gender and income differences are some of the factors that influenced the type and quality of health care that was available to people in this country.

The healthcare system at that stage was fragmented, and largely focused on the private sector. It was also based on curing health problems, not on preventing them. Public sector facilities for the majority of the population were inadequate and inequitable.

Let's deal with the word "equitable" before looking at changes that have been made.

We often think that we should have equality. In many cases, this is true if we are to eradicate discrimination against people.

The word "equitable" however has a different meaning. It means that the way in which people are treated must be fair and just.



Interaction Institute for Social Change. Artist: Angus Maguire

The best illustration of this is found in the preceding diagram.

We can see three people wanting to watch a game over a wall. Their height differences are obvious – clearly the person in the blue shirt is an adult man, while the other two are children of different ages. If they were to stand against the fence, only the man would be tall enough to see the game.

If three boxes were available, and they were given equally to each of the three to stand on, the younger child would still not be tall enough to see over the fence. If the three boxes were given equitably, in order to be fair to each of the spectators, it is logical that the man's box should be added to that of the younger child. All three are then able to watch the game easily.

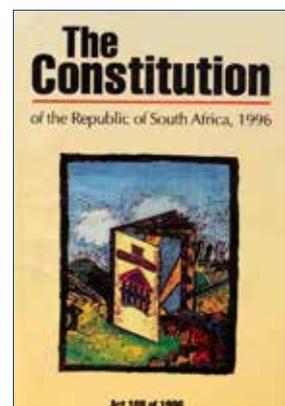
Post-1994

Post-1994, the health system faced many challenges, not all of which have been resolved during the past 24 years. In May 1994, the National Health Plan was published. It recognised that health care cannot be viewed in isolation from other activities. Socio-economic development, education and housing also impact on health and healthcare issues.

The National Health Plan also identified the need for attention to primary healthcare services and mentioned that the country should work towards a unified national health system which would co-ordinate all aspects of health care in both the private and the public sectors.

Human rights and the Constitution

In 1996, the Constitution of the Republic of South Africa was adopted. This is the supreme law of the Republic. The laws of the country and the way we do things are guided by the Constitution.



(Source: <https://www.sahistory.org.za/topic/south-african-constitution-1996>)

Arguably the most important part of the Constitution, as it affects everyone living in South Africa, is the Bill of Rights. Twenty-seven rights are listed, including equality, dignity and life. From a health care point of view, section 27 underpins the rights that people have to health care, food, water and social security.

It says:

Section 27.

- (1) Everyone has the right to have access to
1. healthcare services, including reproductive health care;
 2. sufficient food and water; and
 3. social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- (3) No one may be refused emergency medical treatment.

Barriers to access to health care

It is therefore obvious that the country needs to ensure access to health care. In the private sector, access is generally much easier than in the public sector, especially if a person belongs to a medical scheme. The Minister of Health recently said that only 16% of South Africans belong to a medical scheme.

Even taking into account that people who are employed but are without a medical scheme may pay for some of their healthcare needs themselves, the vast majority of South Africans are dependent on the public sector to provide services.

This is not without complications. Although efforts to improve public sector facilities have been under the spotlight, there are many reports of inadequate facilities. This is however not the only factor. The distance of clinics from where people live and work is often seen as a barrier to access, as is the fact that in most cases, there are long waiting times. For many people, even free services come at a cost – they may need to sacrifice a day's pay, and also to spend money on transport.

The problem is not unique to South Africa. In December 2017, the World Health Organization and the World Bank published a report titled "Tracking universal health coverage: 2017 Global Monitoring Report". It stated that at least half the world's population still lacks access to essential health services.

Universal Health Coverage

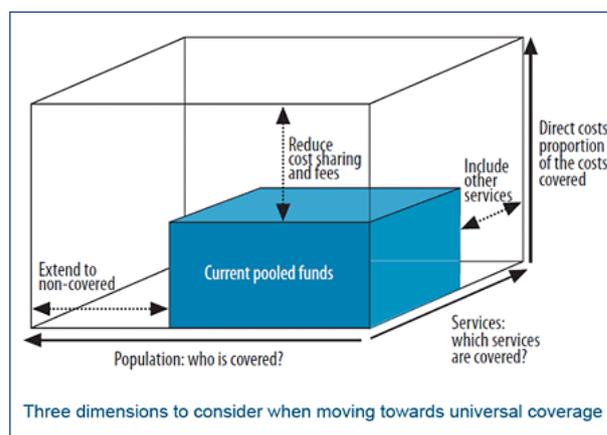
For many years, the World Health Organization and other healthcare organisations have been speaking about the necessity to provide universal health coverage to all people.

This became important to the United Nations General Assembly as well, which in 2015 adopted health as one of its 17 Sustainable Development Goals (STGs). The measurement of its success was linked to 13 health targets, including universal health coverage.

What does this mean? The concept is simple – everyone, irrespective of their living conditions, should receive the health services they need, without any financial hardship. The implementation is complex, particularly in a resource-poor country. It may seem impossible to achieve, but South Africa is committed to doing everything possible to work towards achieving this goal.

The dimensions of Universal Health Coverage

The World Health Organization identified three aspects which are important, and which need to be expanded to cover all people.



(Source: http://www.who.int/health_financing/strategy/dimensions/en/)

The population

Who currently has access to health services? On 11 September 2018, the South African population was estimated at 56 427 141 people, with an increase in numbers by 1 659 people a day. Clearly, with our current resources unable to supply health care to all people, massive effort is needed if we are to be able to provide services to those who currently receive little or no health care.

The services

Which services are currently offered? Do we still focus on curative services or have we expanded disease prevention and management sufficiently to meet our needs?

Direct costs

To what extent is the patient responsible for paying all costs? Is there a mechanism by which cost sharing and fees can be reduced?

The key to success – the primary healthcare system

One of the first steps to be taken to improve healthcare services was to recognise the importance of placing a greater focus on primary healthcare services. Although hospital care is critical in many cases, there are actions that can be taken in order to improve the health status of the population before it gets to the stage that someone needs to be hospitalised.

It has long been agreed that the best way to manage health is to prevent illness. For example, vaccines have prevented the spread of many life-threatening infections, and many diseases can be managed by preventative measures, early detection and treatment. In particular, there has recently been much attention paid to the non-communicable diseases which are influenced by lifestyle.

Where does NHI come into the picture?

The National Health Insurance Bill is currently out for public comment. When finalised, it will become an Act of Parliament, and will determine future actions.

South Africa has been speaking about NHI for some years. In 2012, a five-year programme began to assess the quality of healthcare facilities in ten districts of the country. The results of these inspection audits will help the Ministry of Health to identify aspects affecting service delivery that require attention.

The long-term intention is that no matter which facility the patient goes to, the services will be appropriate and of high quality. It will clearly take some years to ensure that the difficulties identified are addressed across the country.

The next phase is to investigate funding options. The intention to make the service affordable, and preferably free, to the patient means that money must be paid into a central fund, the NHI fund. At this stage, there is a lot of discussion about the fact that the private sector, represented by patients belonging to medical schemes, spends roughly the same amount of money every year as the government spends on the approximately 84% of people who do not belong to medical schemes.

Where does that leave us?

The journey to universal healthcare coverage in this country, paid for by the NHI fund, is a difficult and complicated one. There are so many aspects that still need to be explored and finalised. We do not know what the final picture is going to look like.

So what do we do? Sit back and wait while things happen in the background? Or is there something we can do in the meantime?

At this stage, the most important thing we can do is to manage the quality of the services we offer. So while the government uses the policies to develop both law and plans for the future, in our own practice settings, we can make sure that the services we offer to the patients we serve are appropriate, correctly performed and add to the patients' wellbeing.

For more information

- <https://www.sahistory.org.za/archive/national-health-plan-south-africa>
- <https://www.phasa.org.za/the-implementation-of-phc-re-engineering-in-south-africa/>
- http://www.who.int/social_determinants/tools/multimedia/alma_ata/en/
- Tracking universal health coverage: 2017 global monitoring report. World Health Organization and International Bank for Reconstruction and Development / The World Bank; 2017. Licence: CC BY-NC-SA 3.0 IGO.
- <http://www.who.int/en/news-room/detail/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>
- http://www.who.int/health_financing/strategy/dimensions/en/
- https://countrysometers.info/en/South_Africa#population_2018
- <https://www.mm3admin.co.za/documents/docmanager/f447b607-3c8f-4eb7-8da4-11bca747079f/00090701.pdf>