

# NHI needs to start delivering now

 By [Nicci Botha](#)

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South Africa can't wait for the final National Health Insurance (NHI) system in 2026 to start delivering on universal health coverage, but needs to start implementing projects and programmes that will make a real difference in people's lives now. And this can't be done without cooperation between the public and private health sectors.



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This was the overarching message in a high-level panel discussion of chief executives from the private healthcare sector at the Hospital Association of South Africa (Hasa) conference currently underway at the Cape Town International Centre.

## White paper is not enough

“NHI, in principle is the right thing to do, but implementation is the key,” said Vishal Brijlal, National Department of Health (DoH) advisor on NHI. “We have a white paper, but that is not enough. The policy needs to be followed by planning, implementation, and cooperation.

“We can't just wake up on 1 April 2026 and hope by some miracle that NHI will be in place. The question is where do we start? With those who don't have cover or those who do?”

On the burning question of how NHI would be funded, Brijjal added that there was no clear answer on the mechanism.

He outlined the DoH's priority programmes, including maternal health, cancer screenings and diagnosing and treating cervical, breast and paediatric cancer, school health, and care for the elderly and the disabled, and mental health screening.

## **Healthcare of a decent quality**

Dr Jonathan Broomberg, CEO of Discovery Health, said the basic principle of universal coverage is access to healthcare of decent quality, and that this right was being denied to many South Africans. "There are literally hundreds of variations of universal coverage, and each system has to evolve to address current realities in the country the system is being implemented. The danger is we continue to have theoretical debates and do not do what we need. We are out of time and cannot afford to lose this opportunity. We need to focus on what we can do today to benefit people, rather than some idealised NHI endpoint."

All efforts to build a sustainable society would stumble without a strong and sustainable healthcare system – and the South African system is "incredibly" unequal, but that the widespread knowledge gained from local private hospitals international operations are invaluable to South African healthcare reform, said Dr Richard Friedland, Netcare Group chief executive officer. He cited the case study of Netcare's United Kingdom group reducing cataract treatments from more than a day to mere hours, using mobile clinics and doctors with extensive experience in this procedure.

## **Trust deficit**

However, there is a trust deficit which hinders between the private and public sectors, said Broomberg.

Koert Pretorius, CEO of Mediclinic Southern Africa agreed, saying: "There is better trust at provincial level." He explained that the weekend surgeries initiative, where the private sector provides its spare capacity to help clear the backlog of public sector procedures, such as cataract operations and tonsillectomies, was already working.

He added his company had conducted research into what he termed the middle market of uninsured people. This group earned between R6,400 and R16,000 (representing about seven million of the national population), had a high incidence of non-communicable diseases, and are willing to pay up to R350 per month for primary care. This group could be covered for 45-50 conditions at this price, which could represent 85% of basic healthcare needs.

Here, private sector could offer its spare capacity to the public sector and treat a percentage of prioritised cases at a lower cost.

## **Training**

Another obstacle that needs to be addressed is the chronic shortage of healthcare professionals, which affects both sectors. "We need a proper HR audit for a better understanding of the shortage," said Pretorius.

"The nursing backlog could be cleared in eight years if the private sector was given more capacity for training," said Friedland. He suggested that the regulations stating that doctors can't be employed or trained by the private sector needed to be reviewed.

Pretorius concluded that South Africa won't ever achieve universal coverage without the private sector.

## **ABOUT NICCI BOTHA**

Nicci Botha has been wordsmithing for more than 20 years, covering just about every subject under the sun and then some. She's strung together words on sustainable development, maritime matters, mining, marketing, medical, lifestyle... and that elixir of life - chocolate. Nicci has worked for local and international media houses including Primedia, Caxton, Lloyd's and Reuters. Her new passion is digital media.

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