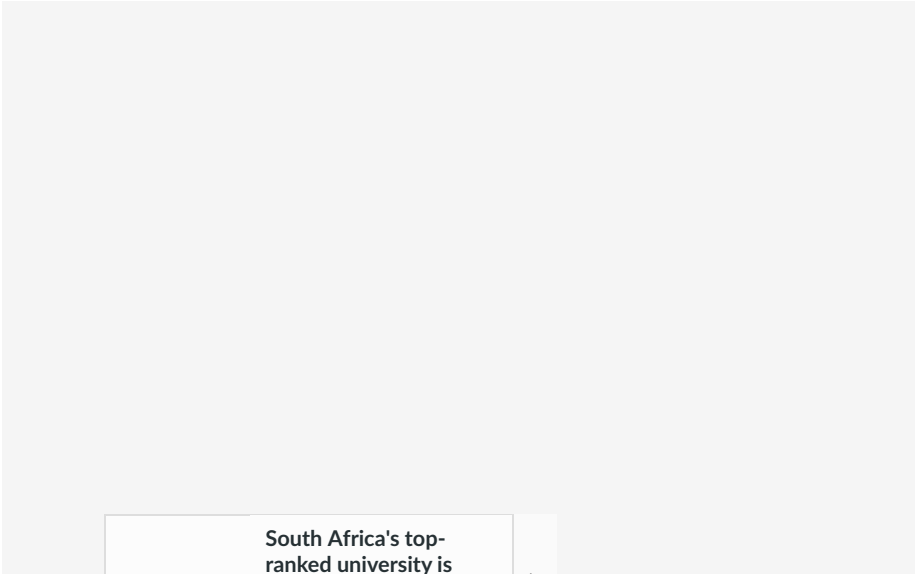


Here’s how private medical aids could work with the new NHI in South Africa

Staff Writer

8 July 2022



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W Africa continue to sound alarms (NHI) plans, some operators in

The question hanging in the air around the NHI is what the project means for private medical aids in South Africa, and whether or not there is scope for them to even exists under such a scheme.

The objective of the NHI is to provide universal access to quality health care for all South Africans as enshrined in the constitution. However, Section 33 of the NHI Bill states that medical schemes may only provide cover that “constitutes complementary or top-up cover and that does not overlap with the personal health care service benefits purchased by the National Health Insurance Fund on behalf of users”.

The bill does make provision for private schemes to provide gap cover, but section 33 has otherwise been widely interpreted to mean that private medical schemes that are not gap cover, will cease to operate, with members covered by those schemes being required to use the NHI.

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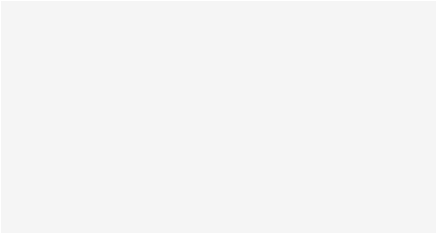
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According to Alan Fritz, acting principal officer of Medshield Medical Scheme, the fears around medical schemes ceasing to exist in an NHI world are misplaced.

He said that the NHI will not bring about the end of private healthcare in South Africa and that medical aids will adopt new models to co-exist with the NHI by **contributing to different minimum benefit packages**.

“If one looks at Canada, the UK, Australia and Europe’s largely Social Health, it indicates that national health systems can co-exist with private health, and can be complementary in providing access to quality healthcare,” he said.

“The NHI framework places the state as a central purchaser of primary care and funds it through a single source of some kind of taxation model.

“Private health in South Africa has shown its capability, and more so during the Covid pandemic. The state, in its quest to implement a national health framework, can rely on the private sector for systems, healthcare professionals, management and administration skills to implement universal healthcare at a primary level with family practitioners as gatekeepers.”

He said that, through the NHI, the state can rely on the private sector for different benefits packages, like optometry, pharmaceutical, preventative screening, and other supportive infrastructure to deliver services.

“It is certainly not the end of private health, and the model of co-existence is a debate where Medshield is making its voice count. Our position is to contribute to the development of the NHI minimum benefit package,” he said.

Doubts remain

As the debate around the NHI has raged on, a clearer picture has developed of where the various stakeholders sit.

The government, through the National Department of Health, is adamant that the scheme is moving ahead, and has doubled and tripled down its intentions to

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unify the South African healthcare sector.

While the health department and National Treasury have not been clear on how the entire scheme will be financed – with [various taxes being mooted as the most likely source of funding](#) – key players like health deputy director-general Nicholas Crisp have not backed down from the scheme in any measure.

This, despite the government's own findings that the [public healthcare sector has been found wanting](#).

The private sector, meanwhile, has been more reticent to take an aggressive stance against the scheme. In fact, most responses to the NHI have been in favour of universal healthcare in principle – medical aids, healthcare providers and medical professionals all agree that more healthcare services should be made available to more people.

However, a [recent survey conducted by professional services firm PwC](#) highlights the key problem: the sector does not believe that the NHI will improve health outcomes in South Africa, and there is no public trust in a government-run healthcare system.

This is underlined by reports about the lack of skills needed to properly execute the scheme, particularly specialists who almost exclusively operate out of the private sector. This is exacerbated by other feedback from private healthcare professionals who have expressed intent to [simply leave the country](#) and seek employment elsewhere should the scheme come into effect.

From the government's side, it has acknowledged the massive skills shortage in the sector, but has not put out any plan to counter this – other than to broadly say it will do [‘something’](#).

According to PwC, all of the respondents to its survey support the model and intent of NHI, however, the need for clarity around the coverage and range of benefits, governance structures, the risk of corruption, healthcare workers' capacity, and the impact of these factors on the ability of the NHI to deliver universal healthcare is also shared.

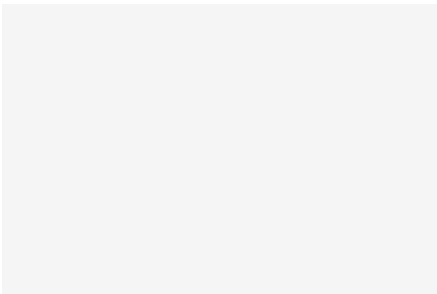
Shirley Machaba, PwC South Africa chief executive officer, said: “In a time when the global pandemic has highlighted the need for equitable, quality healthcare for all South Africans, it is imperative that we join hands to collaborate on building a healthcare system that benefits society as a whole.”

Read: [South Africans feel the new NHI will not improve healthcare – and worry about the end of private medical aids](#)

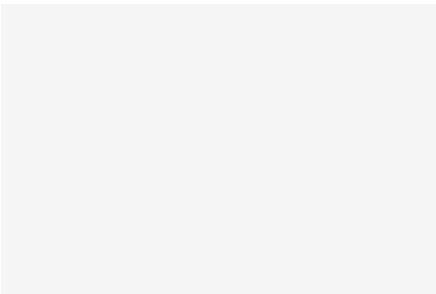
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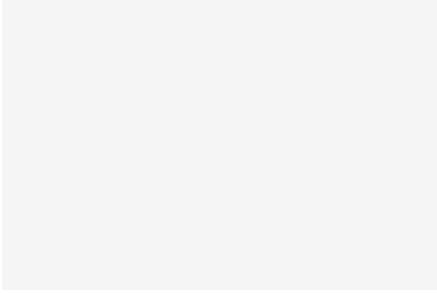
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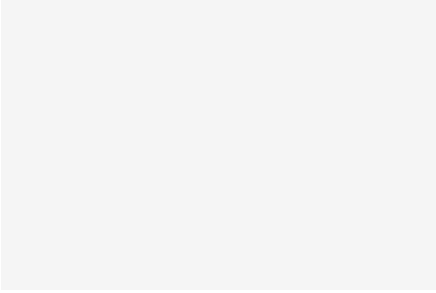
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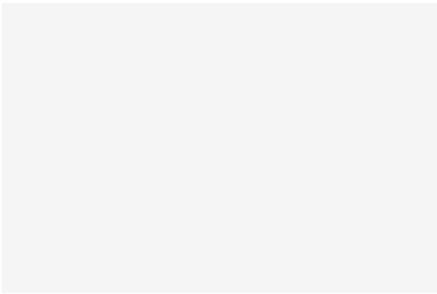


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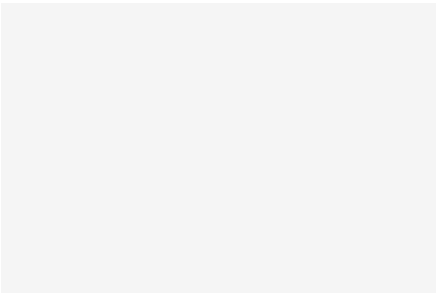


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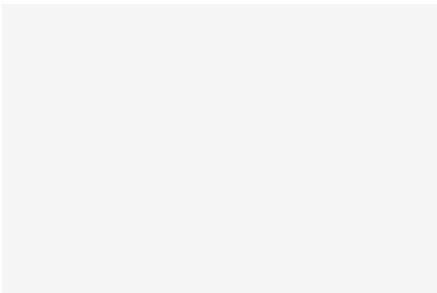
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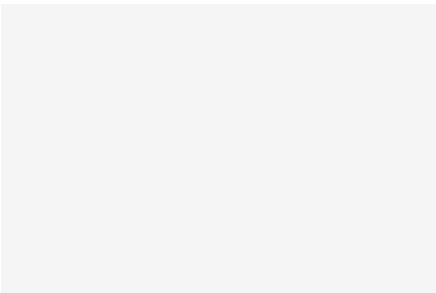
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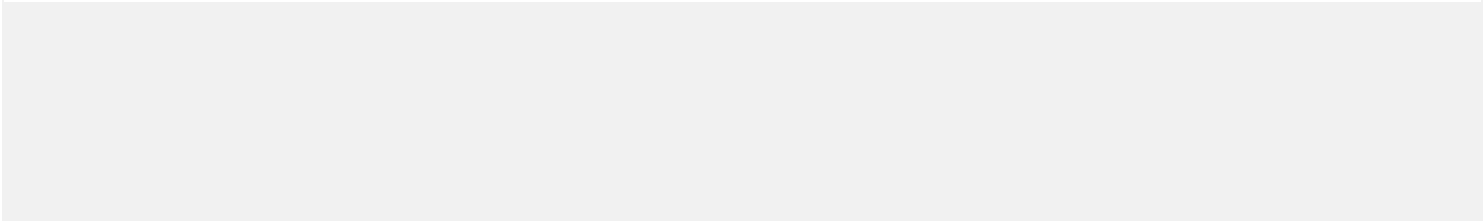


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