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Ramaphosa allies warm to new NHI compromise option, but Motsoaledi and others aren't buying it

City Press

Dawie Boonzaaier



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Health Minister Aaron Motsoaledi isn't sold on the NHI compromise plan.

Tebogo Letsie

NEWS

A compromise proposal that offers a possible way out of the National Health Insurance (NHI) maze is gaining support among allies of President Cyril Ramaphosa.

Proponents of the middle-ground option, presented by the **Hospital Association of SA** (Hasa) this week, believe it will mean better healthcare for the poor, without strangling private medical funds.

The plan includes, among other benefits, that all workers in the formal sector have some form of medical insurance

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ANC, especially from senior members close to Ramaphosa.

However, there is still a significant faction in the party that remains unyieldingly committed to establishing an NHI system, including Minister of Health Aaron Motsoaledi. Nicholas Crisp, head of the **NHI** in the department of health, told the publication this week that the Hasa plan is “ineffective to the extreme”.

Nevertheless, some senior ANC members believe that the compromise option can prevent the plan for universal healthcare from getting bogged down in a swamp of relentless legal battles. The NHI plans have also cost the ANC support, especially among the black middle class.

“The middle-ground option will give us a chance to show our members, who have been alienated by the NHI, that we do not want to take away their healthcare,” said one government source, a member of the ANC’s national executive committee, when asked for comment. The source, who is not authorised to speak to the media about the NHI, commented on condition of anonymity.

Richard Friedland, outgoing CEO of Netcare and one of the drafters of the plan, said he planned to meet with officials from the presidency and the Treasury about it within the next few weeks. According to the plan, the government will be able to spend an estimated 52% more per patient in the public sector without the current budget of the department of health needing to grow.

“The government can then spend more on infrastructure, relieve the burden on doctors and fill critical positions,” says Friedland.

Hasa’s presentation points out that South Africa has a shortage of about 27 000 nurses, while only 5 900 new nurses are trained each year.

Moreover, Friedland says, this is not a new proposal, but it was already identified in the ANC’s health plan of 1994 as a solution to provide better healthcare for more people.

It is even included in the Medical Schemes Act of 1998, but the regulations regarding mandatory medical coverage were never enacted.

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Friedland further points out that mandatory medical coverage has already been successfully implemented in countries such as France, Germany, Belgium and the Czech Republic.

About 60% of African countries also have some form of mandatory medical coverage, while countries such as Japan and South Korea have used it to ensure universal healthcare.

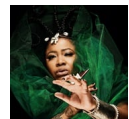
The NHI issue has long been a political thorn in the side of the **ANC**.

Before the signing of the NHI Act on 15 May, the party’s support was on an upward curve

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The signing of the law on 15 May halted this growth in its tracks, with the ANC's support falling from 45.9% to 40% within a few days. The party ultimately received only 40.2% of the vote in the election. After the election, the review of the NHI was one of the prerequisites of the ANC's largest coalition partner, the DA, when it joined the government of national unity.

In his state of the nation address, Ramaphosa admitted that the resources of the "public and private sectors" would have to be relied on to "provide healthcare for all South Africans".

Since then, however, Motsoaledi has repeatedly indicated that he wants to persist with the NHI in its current form.

The minister said at an international pharmaceutical conference in Cape Town last week that warnings about the potentially disastrous consequences of the NHI are mere scare tactics and compared it to the "black peril" tactic of the apartheid years.

"Older South Africans have seen this kind of strategy before. We thought those times were over, but, unfortunately, the need for equality in healthcare brings the strategy to the fore again," he said.

The publication has learnt that Motsoaledi's rhetoric has caused discomfort in parts of his own party, partly because it could cause tension with coalition partners such as the DA, IFP and Freedom Front Plus.

The chance that Motsoaledi's department will voluntarily embrace the Hasa proposal appears slim. Crisp says several countries are currently moving away from similar arrangements because they have proven to be ineffective.

Friedland, however, says the fact remains that the NHI is currently unaffordable.

The health department says it could cost an additional R200 billion, on top of the current budget of R271 billion, to implement it, Busa [Business Unity SA] believes it will cost an additional R500 billion, while other organisations believe it could cost more than R1 trillion extra to establish it.

"The only way the government can then achieve this is by radically increasing taxes – corporate tax by 75% and personal income tax by more than 30%."

Friedland says everyone in South Africa wants universal healthcare, but it must be done sustainably.

According to Theuns du Buisson, an economic researcher affiliated with the Solidarity Research Institute, the Hasa proposal is an "easier, cheaper and more effective" way to achieve universal healthcare.

"It now just depends on the political will, which Motsoaledi clearly does not have."

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Only 15% of South Africans contribute to a medical fund, and it is essential to increase this pool. This is what the Hospital Association of SA (Hasa) says in its plan for sustainable universal healthcare, which was introduced last week.

According to the plan, all South Africans who are formally employed must be required to have some form of medical insurance. Hasa calculates that only 9.2 million of South Africa's population of 63 million people belong to a medical fund, while a total of 53.8 million (85%) have to rely on public healthcare.

Voting Booth

The appointment of Chief Justice Mandisa Maya, who started her role on 1 September, is a reminder of the significance of celebrating Women's Month in August. However, there is still a long road ahead to ensure women's equality and safety in SA. Which area should govt prioritise to help women?

- ☐ Harsh law on GBV
- ☐ Emphasise education
- ☐ Tackle unemployment
- ☐ All the above

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If 11.5 million formal workers (with an average of 2.4 dependants each) are required to get medical insurance, Hasa believes that the number of people with medical insurance can be increased to 27.5 million, or 46% of the population.

This will significantly reduce the burden on the public health system.

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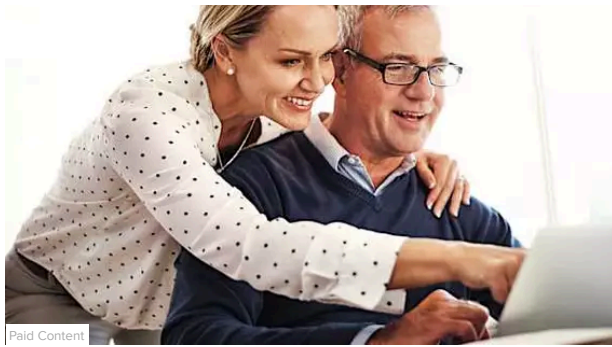
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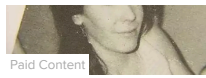




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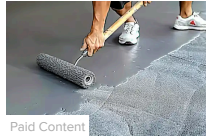
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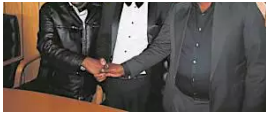
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