

## *'Health is not about deep pockets'*

INVESTING in a strong primary healthcare system, eliminating fragmentation and containing hospital prices are some of the key lessons that the national Health Department can draw on from other developing countries as it prepares for the rollout of the National Health Insurance (NHI) scheme. Speaking at the opening of the National Consultative Health Forum's NHI conference yesterday, Organisation for Economic Co-operation and Development economist Ankit Kumar said SA could learn a few lessons from South Korea, which achieved universal coverage for the entire population in just 12 years. In the 30 or so years since South Korea started reforms towards NHI its GDP was six times what it was in 1970 and life expectancy had increased by 20 years to 80 years, on average. South Koreans achieved this by starting the rollout of health insurance with the informal labour market before gradually expanding coverage to the formal labour market. When NHI was first started there, few services were offered and patients were paying "very high" out-of-pocket costs, but as the government prioritised expanding coverage and consolidated the 409 healthcare funds into a single fund, out-of-pocket payments decreased and more services were being offered, said Kumar. Dr Joe Kutzin, the World Health Organisation's adviser for health system financing in the European region, said fragmentation posed a serious risk towards attaining universal coverage. Poor people in the US had access to Medicaid, a health programme for low-income families, but a pitfall was that poor people were often subjected to "second class" healthcare because doctors complained that they were losing money from paying patients. Health Minister Aaron Motsoaledi said the NHI would work in the country only if the quality of healthcare was improved dramatically and if the cost of private healthcare was addressed. He said present access to healthcare was made difficult by fragmentation. He said that post-apartheid, SA woke up with two healthcare systems not based on one's skin colour, but based on the depth of one's pocket and whether one had medical aid. Questions such as whether doctors and service providers operating within the NHI should also consult with private medical aid patients as well as ways of dealing with governance and corruption are set to be debated at the two-day conference. Motsoaledi reiterated his call for the establishment of a pricing commission to tackle uncontrolled commercialism and the exorbitant cost of private healthcare. He said the two posed a threat to the successful implementation of NHI.

Meanwhile, first cohort of students who completed the Bachelor of Clinical Medical practice degree are due to graduate from Wits University today, to enter the health service as part of a new cadre of health professionals known as clinical associates. The university said the graduates were similar to physician assistants in the US and clinical officers in East Africa. They will work primarily at district hospitals under the supervision of doctors and provide medical services ranging from conducting routine patient consultations and performing common procedures, to providing emergency care for acute conditions and managing chronic diseases. Wits launched the three-year degree in 2009, with an initial intake of 25 students; 23 of them 12 from Gauteng and 11 from North West - were funded by, the national Department of Health.