

## *White Paper on NHI imminent*

GOVERNMENT'S White Paper on the National Health Insurance initiative is expected to be published imminently, providing more detail on exactly how the project will be implemented; yet the reality is that the scale of the project is so vast it will be impossible to have it completed in the short term. This is according to Graham Anderson, principal officer at Profmed, the medical scheme that caters exclusively for graduate professionals, who says issues such as the severe shortage of medical practitioners raised by the South African Medical Association is just one area that needs to be addressed. He said that currently South Africa did not have the human capital - doctors, nurses or medical specialists - to meet the public sector's needs and this was not something that could be addressed in the next 14 years. Anderson said one of the key contributors to ensuring that NHI or any form of healthcare system in South Africa was workable, was a renewed focus on the importance of training. He said that up until recently, South Africa trained some of the best doctors and nurses in the world and should be aiming to get back to this level of expertise. Anderson said NHI was such a complex proposal that what was most likely to happen was that the current public healthcare system would simply be improved over the next 10 to 15 years, providing better healthcare to the lower income population. He added that it was unlikely that the country would be able to afford a universal healthcare system within the planned 14-year timeframe as the proposal currently stood, but some form of social health system was desperately required. Anderson said the current condition of state hospitals was diabolical, with equipment and facilities such as scanners, lifts and boilers having broken down. As a result, the quality of healthcare being provided had been significantly compromised and even some low-income earners, who could not afford private healthcare, were starting to pay to see private doctors as they refused to go to a state hospital. He said that whether South Africa should be implementing a universal healthcare system was debatable, as this would be extremely difficult to implement. However, as this had already been decided as the right option, collaboration was needed to make it work as well as it could. He said it was critical to have a functional social healthcare system and if state hospitals could at least be taken out of disrepair then this would provide a good starting point. Anderson also said that while there were concerns over the future of private medical schemes in light of NHI, it was essential for the success of the public healthcare system for both public and private to co-exist. He said there was a very good and well-run private healthcare system in South Africa and while many people might disagree, it was also reasonably affordable. In a submission to the government, he added, the Board of Healthcare Funders (BHF) had also offered to provide resources from the private sector to assist in the introduction of NHI and it was this kind of collaboration that would be essential to its eventual success. Anderson said there was no simple solution to fixing the healthcare system; it was a combination of social and political answers. However, it would be crucial to have all stakeholders buy into the process and work together to achieve a common goal.

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