

Minister gears up for NHI battle

HEALTH Minister Dr Aaron Motsoaledi is gearing up for several court battles as he aims to regulate certain aspects of the food and other private sector industries driving poor health. The Health Minister was speaking at the opening plenary of the People's Health Assembly (PHA), a five-day international meeting taking place under the umbrella of the People's Health Movement (PHM). Motsoaledi said South Africa would face legal opposition similar to that experienced by US President Obama as he tried to implement a health plan that would see 50-million people in "one of the world's superpowers" access proper and universal healthcare. In a veiled reference to some players in the private healthcare sector, Motsoaledi said South Africa had a similar pattern emerging and as plans for National Health Insurance (NHI) were finalised he knew they were going to take the Health Department to court. There was also an expectation that certain players in the alcohol and food industry would challenge moves to regulate them. Motsoaledi was frank in acknowledging that SA had "levels of mortality that we are not proud of" but while the country was attempting to achieve the targets of better health for the poor, there had to be an understanding that the current health system had not been designed for the poor. He said new healthcare systems that were useful to the poor were urgently needed. In South Africa, only 16 percent of the population is guaranteed access to health via the private sector. Motsoaledi said when people wanted to legally challenge the implementation of an equitable health system in South Africa, the US and rest of the world, it was a clear indication that the health system was designed for the rich and the powerful. Motsoaledi said social movements such as the PHM would become increasingly critical stakeholders as governments attempted to implement equitable, universal health systems around the world, but faced opposition as the same time. He said the PHM had members around the world and was working hard to bring voices from communities affected by poor health to the global platform. Motsoaledi said he was working hard to build the foundations for the NHI, which included among others improving the availability of drugs, developing well-trained health workers and re-engineering the primary healthcare system. At an earlier press conference international public health expert and convenor of the PHA Professor David Sanders said South Africa had health outcomes that reflected mortality rates three times higher than countries with much less wealth. Countries such as Brazil, Costa Rica, Thailand and "once a basket case" Bangladesh were doing much better. Thailand had an under-five mortality rate that was one fifth of South Africa, despite being much poorer. Sanders warned that despite PHM's support for NHI, it would not work unless some key criteria were met:

- Proper funding of the NHI by Treasury (the 10 NHI pilot sites have been given a paltry R11-million each);
- Remedying of key inequalities specifically when dealing with buying services from the private sector, which would for example have very little impact in an area such as Mt Frere in the Eastern Cape where there are no private healthcare providers;
- Training more healthcare providers and making sure that those who do work are equitably distributed so the poor benefit. Brazil, one of the countries South Africa is looking to for healthcare models, invested heavily in the training of health workers, building 26 state schools of public health.