

Something is rotten in SA hospitals... NHI will fix it

WHEN one looks at the health of the people of this country, it is immediately clear that there is something rotten in the state of South Africa. Overall health is poor, but especially for the mass of the population. And what is truly disgusting - and I choose that word carefully - is the fact that alongside the appalling state of health of the majority there is a well-off, privileged group who enjoy "first-world" health. As a regular visitor to this wonderful country, what makes me both despairing and angry, is the lack of concern by the well-off for those less fortunate. In terms of health and healthcare, apartheid is alive and well. It is in many ways a tough task for an economist to try to talk ethics. Perhaps not. There are limits to what any society can spend on health and healthcare and that is true of all countries whether rich like the US or a middle-income country like South Africa. Deciding how best to use whatever resources are available to save lives and reduce pain and suffering has to have ethical dimensions. How to squeeze as much health as possible out of the healthcare budget? How to be fair in reaching out to all sections of the South African community? How to develop housing and education services and the other so-called "social determinants of health" which will support the formal health services in boosting population health in a fair way? These are truly ethical choices. The Green Paper on NHI presented many disturbing statistics. It reported for example that about half the healthcare expenditure goes to 16 percent of the population; the other half to 84 percent of the population - and that 84 percent has many more health problems. This cannot be efficient; it is most certainly not equitable. This is what the NHI is addressing. I am aware that there are great concerns about the public sector and how the quality of care needs to be improved.

Health service management in nearly all countries is a problem and South Africa is no exception. That needs to change and my suggestion would be to start with one of the big teaching hospitals and bring that up to speed in terms of quality of care and efficient management and management systems to act as a major demonstration project showing just what the public sector is capable of. That can then be emulated across the country. That will need substantial funding but to do this under the banner of the planned pilot studies would be money well spent. The inefficiency of the private sector is just as great - but different. Quality of care is higher, but all too expensive. The rising costs in this sector in recent years cannot be sustained and need to be controlled. There is a need for some governmental investigatory body to be established to determine where all that money is going. It cannot be justified in health terms. It is however when we move from efficiency to equity that the ethical issues hit hard. In terms of fairness, what currently exists in healthcare in this country is obscene. There is no other suitable word. What is yet more obscene however are the efforts from some quarters to try to defend the status quo. It is fairness that must be the watchword in future South African healthcare.

To end however I want to draw attention to another major influence on health in this country and that is the rising inequality of incomes. South Africa is now one of the most unequal societies on the planet and more unequal than in 1994. Yet we have very clear international evidence that not just poverty, but inequality are major killers. Unequal societies have poorer health than more equal ones. Last year I heard Emeritus Archbishop Desmond Tutu speak in Cape Town and he posed the question: "What did we struggle for?" It is a question not just in the context of NHI and health, but in the wider setting of this society that needs to be addressed. One thing surely that the struggles were for was much greater fairness with respect to health. That, the NHI can bring.

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