

### *Carrots, not sticks, for NHI*

HEALTH Minister Aaron Motsoaledi's plans for National Health Insurance (NHI) appear to have hit their first economic reality. That reality is people are not willing to work for the state if they can get a better wage elsewhere. Especially when they are skilled people. But instead of getting to grips with the question why doctors are not willing to join the NHI pilot scheme, Motsoaledi has rather lashed out at them for being interested only in money. As if that will somehow change the situation in which he finds himself. Until Motsoaledi and the Department of Health start trying to understand why doctors do not want to sign up, his efforts to get the NHI up and running will continue to flounder. The fact that 96 private sector doctors did agree to work in the NHI pilot districts, though well short of the target of 600 doctors that were required, shows there is at least some interest in working for the NHI. The real problem, according to the doctors, is that the department has failed to understand their financial needs. They say the current hourly rate proposed by the government would, after various expenses, actually leave them out of pocket. R1.2bn has been allocated by the Treasury to the department to pay for private general practitioners to work for government clinics in poor, understaffed areas. A not insignificant sum. But given the low uptake, Motsoaledi has to go back to the drawing board. He needs to ensure that the money allocated is used in such a way as to make it attractive to work for the state. But that is not the only thing stopping doctors. The poor working facilities and conditions at many of the public-sector clinics are also a deterrent. Plus the fact that many are in rural areas. At least Motsoaledi has acknowledged the problem and is working on ways to fix those matters. What he needs to do now is engage with the doctors to understand their financial constraints and what it is that they need in order for them to devote some of their time to the state. Imposing a unilateral wage is not going to work. Of course all is not lost. This is a pilot phase and teething problems were to be expected. But trying to pin blame for the low uptake of positions on the private sector doctors is not the way to resolve the issue.

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