

NHI road map lies in public-private fusion

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THE period for public comment on the National Health Insurance (NHI) white paper has closed, and the arguments for and against the proposed overhaul of the healthcare system are clear.

Some argue that the NHI will be too expensive and cumbersome to finance and administer, and that it is based on outdated and false projections and assumptions. Others say the scheme is the only way to ensure equity for all in healthcare.

There have been predictions that doctors will leave the country if the scheme is implemented, that the burden of disease will crush the NHI as currently described, and even that the insurance will become just another tenderpreneur frenzy.

In response, Health Minister Aaron Motsoaledi calls these criticisms "misinformation, distortions, hyperbole, Afro-pessimism, insults, and attacks", while asserting that the NHI is not an attack on the private health-care system nor on the middle class.

The pragmatic reality about the concerns raised is that they are backed by motivations and should, therefore, not be ignored. It would be prudent to duly consider each argument and at least interrogate the facts and motivations for each in an atmosphere of mutual learning and collaboration.

In this spirit, the Hospital Association of SA's submission on the white paper comprises three expert reports: an examination of the costs suggested in the paper; a scrutiny of the legal and constitutional issues it raises; and a review of lessons from across the world of the role of private medical insurance, which is contrasted with the white paper stipulations. In each, significant challenges have been uncovered through research and a robust appraisal of the proposals.

To seriously tackle such a project with anything less than the most rigorous approach is to embrace risk unnecessarily. Similarly, to ignore the inequities of the health-care system is to harden against the fact that accessible, affordable, and quality healthcare is not as available to many South Africans as it should be.

For this reason, the Hospital Association of SA makes several concurrent recommendations to increase access to quality healthcare in the short and medium term.

First, we simply must take urgent action to increase the numbers of health-care professionals in SA. No health-care system can offer adequate healthcare to all with just six doctors per 10,000 people. The global average is 15.

The few doctors we have are overburdened, resulting in tragedies such as the case in which a young intern, evidently so tired after an extended shift at work, fell asleep at the wheel of her car and lost her life.

To ensure the availability of more doctors, we need increased training capacity; this is where the private sector can play a crucial role. But establishing private medical training institutions requires a broad, sector-wide buy-in from a range of role players.

There is a template we can follow: India has retained medical students who might otherwise have studied abroad and been lost to the country's health-care system. Moreover, private medical schools are common internationally and, as a rule, provide high-quality education.

We can follow two avenues: allow the establishment and accreditation of private medical colleges, and encourage greater participation by private hospitals and specialists in the clinical training of undergraduate students at SA's public universities.

Second, everyone involved in health-care delivery should collaborate on strengthening healthcare in general, and the public sector in particular. In our submission, we recommend the establishment of a forum drawn from the public and private sector whose leaders can collaborate on a road map of actions, such as aligning legislation, creating study and work groups, and forging agreements to second expert personnel and skills.

An agreement to collaborate can lead to better leveraging of private sector expertise — from supply chain management to information technology to hospital management — and capacity.

It is perhaps more efficient to use existing spare capacity in the private sector than for the public sector to invest in bricks-and-mortar buildings. A further major area of collaboration could be standardising quality care measurements across the system.

Getting universal healthcare coverage off the ground in SA is going to be a considerable undertaking — all the more reason to take time to get it right at the outset.

But, there are ways we can go about, immediately improving healthcare delivery — with or without the NHI. It is time we all roll up our sleeves, work together, and start doing what needs to be done.

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