Quality healthcare should be the top priority

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In the second part of the series on NHI Health Minister tells the Independent Group's Kathu Mamaila that budgetary constraints cannot be the reason to delay the implementation of the NHI because quality healthcare supersedes all other human needs

According to the Finance Minister, the country has serious budgetary constraints: budget deficit of R149-billion, debt has risen to R2.2-trillion or 50,7 percent of the GDP and R169-billion is required to service the annual interest of the government debt. Given this gloomy economic outlook, is it not prudent to delay the implementation of the NHI?

The answer is no, and a big no for that matter. Other basic human needs such as water, shelter, sanitation and even food, for that matter, are useless if you are dead. The primary focus must be to keep you alive. The provision of quality healthcare should supersede all other needs because it is about the sustaining life. We cannot afford to delay the implementation of the NHI. In fact, when the economic situation in any country is gloomy, that is the time citizens need access to good quality affordable healthcare more than ever before. NHI is intended to provide just that. NHI is not a luxury that can be delayed due to economic circumstances. It is a necessity that is needed to rescue people, especially during tough economic times. Otherwise the majority of people will succumb to their ailments due to their weakened economic status, which will worsen the country's economic situation even further. The UK implemented the National Health Service in 1948 and was driven by the hardships brought by the World War II, which had ended three years earlier. Due to the world war, the British people were poor, unemployed and sick. That is when they needed it. The same as the Japanese, who implemented it in 1961 to boost economic growth also ravaged by World War II. No economy ever grows when the health system is not improved for the majority of the people and no health system improves when the overwhelming majority of its citizens are outside the major funding mechanism of the country health system. In September 2015, 267 eminent economists from 44 countries signed the Economists Declaration on Universal Health Coverage (UHC), which concluded that the economic returns on investing on UHC were more than 10 times the costs.

Minister, you have spoken about the state subsidising private healthcare to the tune of R46-billion. Can you elaborate on this?

Yes, I can certainly elaborate. The total subsidy is actually R46,7-billion. One of the abnormalities in the present health system which NHI seeks to correct, is that health is a condition of employment through medical schemes. This is wrong, because section 27 of the Constitution says health is a right, not a condition of employment. GEMS members are subsidised for R17,7-billion. Non-GEMS members

are subsidised for R1,8-billion. State-owned Enterprise (SOE) employees are subsidised for R7,2-billion. Note that the subsidy of Non-GEMS members is for Members of Parliament and Judges - very highly paid members of society, but they are heavily subsidised for R1,8-billion. SOE workers are the highest paid members of society. Some of SOE's top executives earn more than five times what the President of the country earns, but they are also heavily subsidised for R7,2-billion. GEMS members are also the crème-de-la crème of society. It is nurses, doctors, teachers and other senior public servants. They also get these subsidies. The total subsidy is R26,7-billion. Then come tax credits. Every single person in South Africa who is on a medical aid, employed in the public sector or private sector, gets tax credits at the end of the tax year. The total credits in the last tax year was R20-billion. Add R26,7-billion to R20-billion and you have R46,7 billion.

According to the Finance Minister, the medical tax credit is in line for a reduction in future as part of financing the NHI. What is your understanding of this statement?

It has always been our position in the White Paper on NHI. Paragraphs 308, 309 and 400 make it clear that we cannot continue with subsidies and tax credits. They perpetuate inequality and deny the majority of people in our country access to good quality care and financial risk protection when they utilise health services. We want the tax credits to establish the NHI fund as a transitional mechanism to start funding those who are outside the system of medical aids, the overwhelming majority of whom are blacks, women, children, adolescents, people with disabilities, elderly, mentally ill people and school kids. These are the people who need healthcare more than all other groups, but they are the ones who are outside the major healthcare financing mechanisms of our country.

According to Treasury, further details of the funding model of the NHI will be released in October this year. What are some of the proposals on the table for discussions?

Any government anywhere in the world funds government programmes for the benefit of citizens mainly through tax, surcharges, special levies or special contributions from certain members of the society. This will also be the case with NHI, as is the case with universal health coverage in any country.

Recently you and Deputy President Cyril Ramaphosa opened an ideal clinic as part of the implementation of the NHI. What is the difference between an ordinary clinic and the ideal clinic?

Paragraph 2 of the NHI White Paper states that NHI is a significant policy shift that will necessitate a massive re-organisation of the healthcare system, both public and private. In re-organising the public health system, we declared that the heartbeat of the healthcare system under NHI will be primary healthcare (PHC). This means a health system characterised by three main attributes: prevention of diseases; promotion of health; and, entry to the healthcare system through clinics and GPs or other

private primary healthcare providers. It will be imperative that the clinics (PHC facilities) must be in pristine condition for this purpose. They must be efficient, effective and attractive for our people. People must have a pleasant and unforgettable experience after utilising services in our clinics. Such clinics must have good infrastructure (physical condition and space, essential equipment, information and communication tools, adequate staff, adequate medicine and supplies (with a modern stock surveillance system). It uses applicable clinical policies, protocols and guidelines, as well as stakeholder support to ensure the provision of quality health services to the community. This type of clinic is called an Ideal Clinic.

Are there other ideal health centres in other parts of the country? If yes, how many of them have been completed and how many of them are under construction?

Yes, at present, there are 800 clinics all over the country that qualify as ideal clinics, especially in the NHI pilot districts where the implementation started in April 2015. When we started in April 2015, not a single clinic, zero, qualified as ideal. In 2013 we built the framework of what this ideal clinic must look like and tested it in 10 clinics in the NHI pilot districts. We took the framework into the Operation Phakisa Ideal Clinic Lab in 2014 to develop the roll-out plan. There are 700 clinics in the 10 NHI pilot districts. Presently more than 60 percent of them are at various stages of infrastructure replacement, backlog maintenance and refurbishment in order to be in line for Ideal Clinic status.

What have been the lessons from the pilot projects?

We have learnt a lot of things. We have screened three million school kids in the poorest schools (quintile 1 and 2 schools) for physical barriers to learning ie eyesight, hearing and oral hygiene/speech. We have learnt that at least a third of them have either of these three problems. We have contracted GP's to do work in public clinics and learnt that the picture is not complete unless we contract other primary healthcare providers like physiotherapists, audiologists, speech therapists, optometrists, oral hygienists etc.

We have started installing a very modern patient health record system, moving towards a paperless system. We learnt that in some clinics we cannot implement the system without first improving infrastructure. Hence, we have completed the audit and finished bills of quantities towards infrastructure improvement as reflected above. We have implemented the special district specialist teams and learnt that such a system has immense potential to reduce mortalities, especially maternal and child mortalities. In one district, we piloted by removing Cuban-trained doctors from hospitals and placing them in clinics and the maternal mortality dropped more than in the other districts

The pilot ideal clinic in Secunda was donated by Sasol. Is this part of the grand plan to involve the private sector to be part of the implementation of the NHI?

The private sector has always been part of provision of health in our country. In NHI, we want the citizens of South Africa to utilise resources in both the public and the private sector. NHI is a mode of cooperation and equalisation rather than the present situation whereby only 16 percent of the population can utilise a huge amount of resources in the private sector while the masses cannot. It has always been our intention to involve the private sector and the Secunda clinic is by no means an isolated incident. There are many more donated by the private sector and this will be ongoing.

The NHI has specific targets to address the human capital requirements for its successful implementation. Can you share progress in this regard?

Let me start by pointing out that there is a huge shortage of human resources for health all over the world, with sub-Saharan Africa branded a crisis region in this regard. We have tried to resolve this in several ways. We have expanded the Cuban training programme from 80 students per annum to about 700 students per annum over a three-year period. We presently have 3 000 medical students in Cuba. We have asked the universities to try their best to admit as many medical students as they possibly can. Wits University started in 2011 by taking 40 extra students for which we paid them extra money above their normal subsidies. Other universities have followed. We have even opened the ninth medical school of the country, which is under the University of Limpopo. Together with the private sector in health, we have established a Public Health Enhancement Fund and through it we have now 70 medical students from the poorest areas of the country who are pursuing their studies paid for by this money contributed by the private sector. We are far advanced in refurbishing ten nursing colleges to implement the new curriculum for nurses.

What are you doing to mobilise communities to support NHI?

I have addressed a number of communities about NHI. I have addressed civic structures such as SANCO and outlined to them what they can do in communities to encourage them to understand and support NHI. Every clinic must have a clinic committee and every hospital must have a hospital board. These boards and committees will become the mouth and ears of communities under NHI.

What are the critical stages to implement the NHI?

Critical stages are the following: Finalising the White Paper, which we did and are waiting to send it to cabinet so that it can be released to parliament. Passing the NHI act after submitting a bill to Parliament. Establishing an NHI fund as a transitional fund as mentioned during the budget speech of the Minister of Finance. Starting to reduce the number of medical schemes by merging them and

abolishing many options that exist under many schemes eg. everybody working for the state must be under GEMS and all under the same option.

What are some of the highlights of the NHI that you can point out to silence doubting Thomases that this plan is actually on course?

The highlights are shown by the work done in the pilot districts and will become even more visible when we have established the NHI fund to start funding what we have learnt during piloting. When people attend the clinics that are already ideal clinics, they realise the merits of NHI. When people visit a clinic and find a doctor there for the first time in their lives they will realise that NHI is meant to improve their lives.

Kathu Mamaila: Cape Times & The Star