

## **EDITORIAL: Physician, heal your myopia**

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### ***Minister Motsoaledi has been long on promise, short on detail and inconsistent in his position***

Health Minister Aaron Motsoaledi appears determined to show delegates to the ANC policy conference in June that he's made progress in implementing National Health Insurance (NHI). But what his latest position is on this game-changing policy remains anyone's guess.

The noble goal of NHI is to provide everyone with health services that are free at the point of delivery, but so far, the minister has been long on promise, short on detail and inconsistent in his position.

One moment he and his director-general are signalling a softer and more rational approach to medical schemes than the NHI white paper's hard-line view that they should be relegated to merely providing complementary cover. The next he's standing up in Parliament and fending off an attack from trade union federation Cosatu by insisting he hasn't sold out to the private sector.

The minister may be struggling to find common ground with Cosatu on NHI, but in one area, they are bizarrely united: both parties readily turn to illogical rhetoric when politics demands it. Cosatu's formal position is that there should be no private sector involvement in NHI, everyone must use the same services and medical schemes must be scrapped.

Quite how Cosatu's leadership is going to sell this to the rank and file of its member unions remains a mystery, since public servants enjoy among the country's most generous medical scheme subsidies: in the last three-year wage agreement, trade unions secured a massive 28% increase in medical scheme subsidies for state employees, along with annual increases at the medical inflation, a rate unheard of in the private sector because it is always several percentage points higher than consumer price inflation.

As for the minister, he regularly casts private healthcare and medical schemes as the villains responsible for the ills confronting the public sector. To listen to him in Parliament this week, the long queues, dilapidated buildings and medicine shortages that plague so many state hospitals have nothing to do with political appointments, weak management and poor governance, but are all down to lack of money. This is nonsense.

Even within existing budget constraints, it is possible to provide a reasonable level of service, as the Western Cape health department shows: it is far from perfect, but it is by and large well managed, consistently gets clean audits and has the lowest maternal mortality ratio in the country.

The minister also seems to think that if wage earners are prepared to hand over some of their hard-earned cash to medical schemes to fund their future medical expenses, they would be willing to hand that same money over to the state in taxes to pay for the NHI.

But that isn't going to happen without a fight unless he rebuilds public confidence in the state's hospitals and clinics. If the situation in KwaZulu-Natal is anything to go by, the minister has a formidable task on his hands: doctors and activists have sounded the alarm over a critical lack of equipment and medicines, coupled with life-threatening staff shortages.

In a similarly illogical vein, the minister argues that the tax credits given to medical scheme members essentially divert public funds into the private sector. But this is rubbish. Those rebates go to taxpayers who help pay for the public health system but don't use it. These tax breaks were introduced by the government to encourage more people to belong to medical schemes, so they don't end up having to sell their homes if a medical catastrophe strikes, not to fleece the state.

The minister has always been refreshingly frank and honest when he talks about the country's HIV/AIDS epidemic. What a pity he cannot do the same when it comes to NHI.

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