

## **NHI - Our new centre of gravity**

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A CARDIOLOGIST at Steve Biko Academic Hospital recently phoned me to share his frustration of how the fragmentation and commercialisation of our healthcare system is leading to the premature deaths of poor people. The heart specialist related a tragic story of a domestic worker who was rushed to a Pretoria private hospital after she had suffered a heart attack. On arrival at the hospital, the hospital staff discovered that she had no medical aid. They decided to alert the Steve Biko Hospital, which is a public hospital, that she would be transferred there because they could not treat her without a medical aid or a cash deposit of R100 000. The cardiologist pleaded with them to give her metalyse injection to stabilise her before transferring her to Steve Biko. The private clinic staff flatly refused, arguing that the patient would not afford to pay for the metalyse which they said would cost R15 000. The domestic worker was transferred without getting any emergency assistance. Sadly, she was certified dead on arrival.

When the ANC adopted the policy of universal health coverage, which we call the National Health Insurance (NHI), the ruling party wanted to avoid the tragedies similar to the one suffered by this domestic worker. The simple truth is that health is the ultimate dividend of freedom and democracy. In other words, all other benefits of freedom such as free housing or free water, or social grants are meaningless if you are dead. It is precisely for this reason that the ANC-led government is unwavering in its push for the full implementation of the NHI. The objective of the NHI is to ensure that we provide quality healthcare to everybody without regard to economic status. The NHI will work like the medical aid system, but with a major difference. Unlike medical aid, the NHI seeks to provide medical cover to all. It does not exclude people according to their economic status. It treats people according to their health needs and not according to how rich they are. There is a wrong narrative that the whole notion is to destroy private healthcare in the country. This is not true. What we are doing is to establish one publicly controlled fund to purchase services for all South Africans without discrimination in both public and private healthcare.

Some critics have argued that we should leave the private healthcare system alone and concentrate our efforts on improving the quality of healthcare in the public sector. This argument is fundamentally flawed. It is impossible to improve the public health system without tempering the private healthcare system. The main problem with our healthcare system is the unfair and immoral distribution of resources to address the health needs of the population. We are spending too much money on too few people.

To simplify this point, one has to appreciate the following facts. According to the World Health Organisation, a country should spend five percent of its GDP on health to achieve quality healthcare. South Africa is already spending just over 8,5 percent of its GDP on health. But 4,4 percent of the GDP is spent on 16 percent of the population. These are people who have medical aid. The rest of the 84 percent have to be covered by the remaining 4,1 percent that is not used by those who have medical aid. This is the crux of the matter. South Africa is said to be the most unequal society in the world. Nothing exposes that fact than our health system. This is what we must stop. There is a lot of confusion about what NHI is and how it will work. Sadly, most of the critics of the NHI attack the plan without any basic understanding of it. As I have stated, the real problem is not that South Africa does not have sufficient funds to cater to all our health needs.

The real issue is that we spend too much money on the rich and the middle-class who have medical aid. One of the proposals we will be making is with regard to emergency medical services. Many South Africans have died on our roads, with ambulances leaving them to bleed to death because they are not on any medical aid or they do not have cash. The Constitution, in Section 27, sub-section 3, clearly states that nobody may be refused emergency medical treatment.

If South Africans respect the Constitution, they must accept that we will make a proposal whereby all ambulances, both in the public and private sector, will have a common branding and will use a common telephone number. This will ensure that when you call an ambulance, the one closest to where you are will be the one that comes to your rescue. There are people who have vowed to oppose this but we will stand our ground because the Constitution quite clear. However, it should be clear that the NHI is not just a moral issue. In implementing the NHI, we are delivering on a constitutional obligation. The NHI is not about ideology. It is not socialist-inspired, not that there is anything fundamentally wrong with socialism. Some of the countries that have implemented universal health coverage include Britain, Canada and Ghana. Surely these countries are not socialist.

In Britain, all governments whether Labour or Conservative have maintained the NHS, which is their version of the NHI. Some people have argued that the NHS in Britain is not working well and question why we are adopting a system that has problems. They cite the fact that there are longer waiting periods for some hospital operations to be performed. They conveniently forget to state that they are comparing the healthcare system in Britain to the private healthcare system in South Africa. The system in Britain covers everybody while the private healthcare in South Africa only caters for 16 percent of the population. The NHI is also an imperative for economic growth. If we are serious about radical economic transformation, the NHI is our vehicle to make that a reality.

This is backed by the findings made by The Elders, which is a group of independent leaders brought together by the late former President Nelson Mandela in 2007. The group, led by former United Nations secretary-general, Kofi Annan, made this finding: “Universal Health Coverage also generates other benefits to societies far beyond the health sector. For example, it stimulates economic growth, facilitates educational gains, empowers women and reduces poverty associated with health costs.” Furthermore, in September 2015, 267 eminent economists from 44 countries signed a declaration on Universal Health Coverage which concluded that the economic returns of investing on

UHC were more than 10 times the costs. NHI is the way to go. Dr Tedros Adhanom Ghebreyesus, the newly elected director of the World Health Organisation said in his acceptance speech that while the WHO promised health for all in 1948, half of the population still does not have access to universal health coverage. He said: “I think it is time to walk the talk and the whole world is asking for that - health as a rights issue, an end in itself, and also health as a means to development. All roads should lead to universal health coverage, and it should be the centre of gravity of our movement.”

Ultimately, we want to ensure that nobody suffers a similar fate that caused the death of that Pretoria-based domestic worker. We have no option but to move with speed to ensure that all South Africans have access to quality healthcare regardless of their social or economic standing.

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