

National Health Insurance approved and gazetted

30 June 2017

Everyone will contribute to the NHI, and no-one will be turned away based on their financial status.

The National Health Insurance (NHI) white paper will finally be gazetted today (Friday, 30 June 2017) after being approved by Cabinet last week.

Health Minister Aaron Motsoaledi announced on Thursday at a press conference in Pretoria that plans were still under way to use tax credits on medical aids, that add up to R20 billion per year, to fund initial priority areas of the NHI.

Some people will be upset

These priority areas include dental care, spectacles, hearing aids and speech therapists for school-going children who suffer from physical barriers to learning. The Department of Health conducted an audit of about 3.2 million children and found approximately 500 000, disproportionately from poorer schools, suffered from one or more of these barriers.

“We need to massively reorganise the health system... [And this] will upset some,” he said.

He said that tax rebates, given to medical scheme members annually, serve to make the rich even richer and need to be used to assist the poor. He said his office had had negotiations with National Treasury on the earmarking of these rebates since former Finance Minister Pravin Gordhan suggested they be used for the NHI in his February budget speech.

“The ball is now in the Treasury’s court,” said Motsoaledi.

Along with substantive changes to legislation, he said that, under the NHI, teaching hospitals would become more autonomous and report directly to the National Department instead of the current provincial system.

No one will be turned away

Last week he told Health-e News these intuitions are “national treasures” and should be given the power to spend on what they need without having to deal with budget and bureaucratic restrictions.

According to the Health Ministry the NHI is, by definition, a “health financing system that pools funds to provide access to quality health care services to all South Africans, based on their health needs and irrespective of their socio-economic status”.

He said it would function like a big medical scheme, but that it would be different because everyone would have to contribute and no-one could be turned away based on their financial status.

"People in medical aids are stratified. The higher your position is, the higher your salary is, the better health package you are given," he said. "But that type of system cannot be allowed. Because high blood pressure is high blood pressure [regardless]."

He lamented the fact that 80% of the country's specialists serve the private sector where only 16 percent of the population have access to care. The state also shoulders the entire tuberculosis treatment and care burden, despite it being South Africa's number one infectious disease killer.

"Some think we are driven by ideology, but we are driven by simple facts like this," he said. "It's wrong and the whole world knows it's wrong."

By - Health-e News.