

Health plan critics spread toxic untruths

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Describing the work of countless experts and health professionals as a fantasy is a deliberate plan to rubbish the NHI plan

In the run-up to the launch of the white paper on National Health Insurance (NHI), Health Minister Aaron Motsoaledi warned us in the department that we should ready ourselves for a war. He reminded us of the early 1990s after the release of Nelson Mandela, saying the process of ushering in democracy produced three categories of people.

The first group were those who celebrated the change because they believed their aspirations for a nonracial democracy would finally be realised. The second category were those sitting on the fence. They had fears about their future, but were prepared to be convinced if the new political dispensation would accommodate them and produce a just system.

The last group were the ultraconservatives, who were bent on retaining the status quo. This group thrived on white fears.

While the broader media has generally adopted an open attitude to NHI, engaging constructively on the matter, a small group appears to be ideologically opposed to universal health coverage.

The department has avoided tackling those who oppose the plan on public platforms. We have always believed that debate on NHI will help to clarify the complex matter of rolling out coverage in our country.

However, certain untruths cannot be left unchallenged. An article in Business Day (Backlog of mine worker claims weighs on fund, July 5) betrayed a lack of balance and a bias against the NHI plan.

"The fact that the department is still struggling to get the CCOD (Compensation Commission for Occupational Diseases) to provide workers with an efficient compensation fund has broader implications, as it raises questions about its capacity to oversee the ambitious National Health Insurance (NHI) Fund."

That article was not tagged as an opinion piece, which would allow the writer to express her personal feelings. It appeared to be a news article, which is guided by a reporting code of sticking to the facts and not including subjective views. If the writer was not expressing her view, how does one explain the use of the word "ambitious"?

Furthermore, when she said it raised questions about the department's capacity to oversee the NHI, who was raising these questions? She was obviously declaring her bias against the NHI.

If one tries to follow common logic, it is difficult to understand why the problems around the CCOD have any bearing on the effective implementation of NHI. In another article (Minister's universal healthcare plan a wan fantasy lacking robust detail, July 3), the writer's opposition to NHI is laid bare for all to see. In the article, the reporter writes: "The entire policy is riddled with proposals [that are] divorced from reality."

It is this statement that has no relation to reality. Describing the work of countless experts and health professionals as a fantasy is not just an unfortunate choice of words, but a deliberate plan to rubbish the NHI plan.

The article concludes: "Perhaps the most worrying aspect of the white paper is that it contains no honest acknowledgement of the reasons for the long queues, dilapidated buildings and shoddy care that characterises so many public health facilities.... Bolting a new financing mechanism on top of a fundamentally rotten system is not going to deliver a better deal for patients."

This is deliberate misinformation. The minister has not only fully and publicly acknowledged the problems in health facilities, but we are implementing the NHI plan precisely to ensure that we deal with these.

There is no denying that at the core of the crisis in our healthcare system is the unequal distribution of resources towards provision. We cannot allow apartheid planning in health to continue.

We have to stop the allocation of 4.4% of the GDP to serving only 16% of the population, while only 4.1% of the GDP serves the rest of the population (84%).

We are doing this because the current system is not sustainable. It is immoral, unjust and unconstitutional. We have articulated a vision that says we will provide quality healthcare to all South Africans regardless of their economic status. It is a pledge we shall honour despite vitriolic attacks by people who seek to retain the current situation, which favours the rich and condemns the poor to premature deaths.

Yes, we may be accused of lacking detail, but what will be the value of public consultations if all the finer details have been adopted? We are committed to get buy-in from all stakeholders because the NHI is for all South Africans and not just a section of the population.

By - Popo Maja

- *Maja is head of communication at the Department of Health.*