Motsoaledi replies to physician's NHI criticism

Dr Aaron Motsoaledi: Mail & Guardian, 7 February 2014

I HAVE been asked by the Mail & Guardian to respond to an open letter written by Dr Chris Archer, chief executive of the South African Private Practitioners' Forum (SAPPF). My very first reaction was to ignore this letter, because it comes from an individual who pretends to be supporting universal access to healthcare, yet is rubbishing it. But I realised that there are many myths and serious misconceptions in Archer's letter that could mislead readers. I therefore deemed it important to put things in perspective. First and foremost, I have no war to wage against the private healthcare sector, as Archer is suggesting. I do, however, have every right to wage war against exorbitant fees in the healthcare system. Any Health Minister worth their salt would not sit back and watch when healthcare becomes unaffordable. After all, it's my duty to protect South Africa's citizens and I will speak out loudly against any practice that may threaten their health and wellbeing - as I did in January this year in relation to a few individuals in the pharmaceutical industry. Secondly, universal health coverage or National Health Insurance (NHI) is definitely a revolution. When it was implemented in the United Kingdom in 1948, it was dubbed the biggest revolution that happened in the UK after the World War II. Those who are averse to revolutions: it is their problem, not mine. Archer is accusing me of being disingenuous with my audiences when I inform them about universal healthcare coverage. He claims that I am "painting a picture and creating an aura of hope that simply cannot be - unless that is, one ignores and disregards the realities of South Africa's budgetary and human resource constraints". In other words, in order not to be accused of being disingenuous, and to be in line with what he calls "the realities of South Africa's budgetary and human resources constraints", I must tell my audiences that there is no hope for South Africans. In simple language, he wants me to tell South Africans that the reason that most people's healthcare needs are not met by our healthcare financing system is an inevitable law of nature and nobody can do anything about it. I beg to differ. To back his spurious argument, Archer then goes on to crunch some numbers to prove that everything we are proposing in the NHI is impossible. This doctor boastfully writes that he is trying to assist me with calculations of health expenditures in various countries. Looking at the numbers and figures quoted by Archer, and the logic he uses to arrive at a conclusion, I personally arrive at two possibilities. The first is that Archer is the one who is being disingenuous: in his quoting of figures he is deliberately omitting crucial information that would help readers to draw their own conclusions, in order to support his spurious argument. The second possibility is that he is simply ignorant. Either way, he doesn't qualify to assist me. In fact, he’s the one who needs assistance, and I am hereby gladly providing it to him.

When comparing countries' health expenditures, you first need to establish their gross domestic products (GDPs), their total per capita expenditure and the cost of living in each country. Archer compares the health costs of the United States, the United Kingdom, Australia and South Africa, but what he fails to point out is that the GDP of the US is $16-trillion (21.9 percent of the global economy), that of the UK is $2-trillion and Australia's $961-billion (2.1 percent of the global economy), whereas South Africa's GDP is only $576-billion (0.5 percent of the global economy). The total per capita expenditure on health in the US is $51 000, that of the UK is $36 000, and in Australia it is $41 000. In South Africa it is $11 000. In simple terms, the American and Australian economies are respectively 95 and 21 times the size of South Africa's economy respectively. Using Archer's own figures, one can calculate that Americans spend only 6.6 times a person a year more on health than the South African private health sector - regardless of the fact that the US economy is a massive 95 times bigger than that of South Africa's. It is also noteworthy to point out that Americans themselves regard their healthcare expenditure as exorbitant and unaffordable. They actually want it changed. US President Barack Obama has stepped in and came up with the Affordable Healthcare Act (Obamacare).

Yet some Americans deemed it fit to force the total shutdown of the US government last year in an attempt to stop Obama from implementing these reforms. I hope Archer and his ilk are not going to attempt anything similar in our country. At any rate, they don't have the capacity.

This doctor alleges that I have consistently shied away from the service packages to be offered under the NHI - and of course his examples of these so-called packages contain hip and knee replacements as well as lens implants. Dr Archer, universal healthcare does not consist of a series of packages. You are still living 36 years in the past. What is your definition of health? Let me help you. If you listened properly to my NHI presentations, you would recall that I have consistently emphasised that the heartbeat of the NHI system is going to be primary healthcare - efforts that focus on prevention and a treatment protocol that starts at the lowest level, with referral systems upwards and downwards. Have you heard of the Alma Ata Declaration adopted by the World Health Organisation (WHO) in 1978? You were already an intern when it was adopted, doctor. You should know about it. Let me remind you: "Health is not just the absence of disease or infirmity, but it is a state of good physical, mental and social wellbeing …" Based on the Alma Ata Declaration, the NHI is not going to be just about isolated service packages that you accuse me of deliberately hiding. The NHI is going to be a total overhaul of the entire healthcare system. According to the WHO, in reference to South Africa, it will be "an equaliser between the rich and the poor".

Your claims that my views are emotive, and that they will prejudice the independence of the Competition Commission's market inquiry into private health sector costs undermine the integrity of the commission. You originally wrote your letter on December 3, 2013 - long before the panel members of the inquiry were announced last week. Now that you know who they are, do you still hold the view that they will be influenced by any single individual's views? Lastly, you imply that medical schemes are going to collapse because of the NHI, leading to retirement or the emigration of people. It seems as though you're not informed about the current financial health of the medical aid schemes. Alternatively, you are ignoring the facts in order to mislead people. Medical aid schemes are already in serious financial trouble.

Over the past decade, schemes have been increasing premiums above the consumer price index while at the same time reducing benefits to members. As a practising doctor who has patients with medical aid, you should know this! Some medical schemes have collapsed over the past decade. In 2001, there were a total of 145 medical aid schemes in South Africa. Today we are left with only 93. It is not due to the NHI, but rather to exorbitant costs, that some medical schemes became unsustainable. I reject your call for a conference with representatives of the private sector - it is opportunistic. It implies that I have never met with the private healthcare roleplayers. Let me remind you that I am the one who, as far back as 2009, has been inviting private healthcare organisations to my office to discuss costs. Some of them reminded me that they will not come because the Competition Commission rules do not allow them to discuss prices in a formal meeting. You do not seem to know about this. Is it because you actually don't represent the private healthcare sector as you seem to be claiming? I doubt that they asked you to speak on their behalf. If they did, they've committed a strategic and fundamental blunder. It is instructive that two weeks ago we were dealing with some rogue elements in the pharmaceutical industry. Today it is you purporting to represent the private healthcare sectors! Where will this end? In conclusion, the Competition Commission's market inquiry into the cost of the private healthcare sector has been launched and will soon start its work. Let us participate in this process and stop confusing the public with uninformed data and inaccurate analyses.

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