

NHI White Paper: Day 8

This is the eighth in a series of daily analysis pieces of the NHI White Paper that will be sent to SAPPF- and HealthMan Members. Different aspects of the NHI will be analysed on a daily basis, which will help to assist providers in understanding how the NHI initiative will impact the private provider and their practice, as well as the impact on their own access to healthcare. Some broader economic impacts will also be included on occasion.

Extract from the White Paper

The NHI healthcare services will not be based on a negative or positive list nor on a PMBs type of package.

NHI priority setting will be through explicit guarantees using gate keeping at PHC level, a clearly articulated referral system, the use of clinical guidelines and protocols and HTA on the process of priority setting.

Critical Analysis

Not having a specific defined basket of services makes it massively difficult to do a costing on the NHI project.

Until such time as a costing is done, South Africa will not know whether we can actually afford the NHI system.

Ireland launched a Universal Health Insurance White Paper in 2014.

After a comprehensive costing exercise was done, it was determined that Ireland could not afford this model.

They are currently seeking alternatives.

South Africa should also urgently do a costing on the NHI model before any further work is done on implementation.

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