

NHI White Paper: Day 20

This is the twentieth 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

NHI will integrate all sources of funding into a unified health financing pool that caters for the needs of the population.

NHI will be established as a single fund that is publicly administered and publicly owned.

Critical Analysis

The Private Sector is currently administering half of the proposed NHI budget in the Private Healthcare Sector. In order to administrate an NHI fund, private capacity would, at most have to double, but will probably require a much smaller increase in size to manage this administrative burden.

The closest government structure to NHI is the Compensation Fund, which pays out a hundred times less than the proposed NHI budget annually. Government capacity in this space would therefore need to be increased by up to 100 times to administrate the NHI Fund publicly.

Other government institutions such as ESKOM, SASSA and many more are an indication that the government does not have the governance capacity for an institution of that size.

It would make sense for an NHI fund to be privately administered by current medical scheme administrators.

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