

## **Leaked document shows the scary future of NHI and medical aids**

– **BusinessTech 27 November 2018**

A recently [leaked](#) version of the revised NHI Bill states that medical schemes will only be allowed to cover services not offered through the NHI (which at this point have yet to be disclosed).

Treasury has voiced its concern in a letter directed towards Dr Olive Shisana—the Presidency’s adviser on NHI—where it argued in favour of removing this section from the draft.

This debacle has created unnecessary tension between government stakeholders who should be working towards a common cause, according to Dr Nicholas Burger, healthcare consultant at Frost & Sullivan

“The government’s intent to deflate the role of private medical schemes will have major repercussions as reimbursement avenues for private practitioners and other service providers will be further constrained,” said Burger.

Furthermore, this move prevents consumers from seeking private insurance for all services, he said.

This will inevitably result in a string of legal battles between government and the private sector, further delaying progress in improving the ailing public sector and implementing the NHI (or some form of Universal Health Coverage system).

Other areas where the Department of Health has contradicted itself in relation to the previous version approved by the minister of finance include its desire to regulate provincial health budgets, rendering regional departments incapable of independently operating their own healthcare systems, he said.

“Should the NHI Bill fail to address several pain points highlighted by the general public, key opinion leaders, and private healthcare stakeholders, the nation will lose (more) faith in the government’s promise to collaborate to offer a high-quality, comprehensive healthcare service to all South Africans,” said Burger.

“Investments into the private sector could take a dive and the already disgruntled private healthcare workforce may be pushed closer to leaving our shores in search of a more stable work environment,” said Burger.

Burger added that the government’s push to finalise the new NHI Bill and its subsequent lack of correspondence with the Treasury may be linked to its desire to garner votes in the 2019 general election.

However, South Africa’s public healthcare sector is ill-equipped to provide medical services to all 56 million South Africans, even if it is successful in securing partnerships with certain private players.

According to a recent report released by the Office of Health Standards Compliance (OHSC), 308 healthcare facilities were non-compliant (scores between 40-49%) and 224 facilities were critically non-compliant (scores below 40%) with the standards set forth in the Compliance Judgement Framework, representing approximately 76% of all facilities assessed by the OHSC.

This snapshot of the state of public health facilities in South Africa should sound the alarm bells for proponents of the NHI.

The nation’s public healthcare workforce also requires substantial reinforcement with numerous provincial departments lacking personnel, including specialists, said Burger.

“The regulatory framework inhibiting access to telemedicine solutions is currently under scrutiny, which may compensate for the lack of healthcare professionals and specialist physicians across South Africa, particularly in rural districts.

“The government is also encouraged to embrace other digital health solutions—such as a comprehensive electronic health record (EHR) database—to address inefficiencies within the public health sector.”

---