

## **NHI – Incorrect statistics used to motivate proposed health system changes**

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Paragraph 77 of the NHI White Paper states that “The main contributor to inequity in health care is the existence of a two-tier healthcare system where the rich pool their health care funds and resources separately from the poor. These inequities have also resulted in mal-distribution of key health professionals between the public and private health sectors”. This statement is fundamentally and factually flawed and there is also no evidence provided in the White Paper to substantiate such a claim. Yet, massive changes to the South African Healthcare system are proposed, based on this.

Research published by Econex in 2013<sup>[1]</sup>, which was also used in the Department of Health Human Resources for Health South Africa 2012/2013- 2016/17 publication, refers (Table 1). In their research, Econex indicates that between 28% and 38% of residents in South Africa utilise private healthcare. 16% of these are members of medical schemes and the rest utilise the private sector by Out of Pocket expenditure. So the 16% of the population that belong to medical schemes do NOT constitute the entire private sector and should not be used to indicate imbalances in human resource distribution. Numbers for nurses indicate that 62% of nurses work in the Public sector. It was important to not assume automatically that every nurse registered with the HPCSA, who is not working for government, is employed in the private sector. This mistake is often made and leads to a disproportionate number of nurses being assumed to work in the private sector, when in fact, some of these have left the country or are no longer practicing. Many nurses also work for mining companies’ clinics, non-governmental organisations (NGOs), non-profit organisation (NPOs) or retail pharmacy clinics – also providing care to the poor, while not being employed by the DOH. When it comes to General Practitioners, 63% of GPs are shown to work in the public sector. Looking at the number of Hospital beds, 71.5% of beds are in the public sector. Finally, when one looks at specialists, it can be seen that 41% of specialists work in the public sector, with 59% of Specialists working in the private sector.

**Table 1: Distribution of Healthcare Resources Between Private and Public Sector<sup>1</sup>**

|                           | <b>Public Sector</b> | <b>Private Sector</b> |
|---------------------------|----------------------|-----------------------|
| Utilisation by Population | 62-72%               | 28-38%                |
| Nurses                    | 62%                  | 38%                   |
| General Practitioners     | 63%                  | 37%                   |
| Specialists               | 41%                  | 59%                   |
| Hospital Beds             | 86 774 (71.5%)       | 34 572 (28.5%)        |

It is also important to note that the DOH is currently driving a Primary Health Care focus and there is thus a shortage of available, funded posts for specialists in Government. If these specialists were not

accommodated in the private sector, they would have been forced to leave the country and would have been lost to the population.

If one looks at 62%-72% of the population being served in the public sector, the distribution of personnel and beds are actually representative of the number of people utilising the services, with the exception of specialists. It is concerning that the DOH is ignoring its own human resource data in the NHI policy papers to try and justify radical changes to the healthcare system in South Africa in the form of the NHI.

*Dr Johann Serfontein is a Senior Healthcare consultant at HealthMan and member of the Free Market Foundation Health Policy Unit*

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[\[1\]](#) Econex. 2013 "The South African Private Healthcare Sector: Role and Contribution to the Economy".

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