

Informed citizens must mobilise for universal healthcare that works

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THE National Health Insurance (NHI) scheme has received scathing criticism from free market fundamentalists, conservative think tanks, corporate bodies and medical professionals with vested interests in private healthcare. We share their concerns about the state's ability to administer a large NHI Fund under the current administration.

Many, if not most, current public sector facilities are poorly managed in respect of medicines supply and financial accounting. The NHI will require competent, rigorous, open and accountable management and administration at all levels. The potential for corruption is great. The Free Market Foundation's Leon Louw and Jasson Urbach (Business Day January 21 & May 11 2016) argue that the private sector and the market are the keys to achieving universal Healthcare (UHC) and reducing the costs of medicines. John Kane-Berman (SA Institute of Race Relations) calls Dr Motsoaledi "mad", saying "medical professionals will leave the country in droves". The South African Private Practitioners' Forum proposes a new fund, the Private Health Access Fund, to pay private providers for healthcare services for the poor and indigent, who would get a "smaller basket of benefits". They provide no evidence to support their claims. **[Analysts note: This quote does not appear anywhere in the SAPPF proposal. The proposal originally appears in the SAPPF White Paper response, available elsewhere on the nhisa.co.za site, with supporting evidence]** Our health indicators are far worse than many countries with lower levels of GDP. Our massive quadruple burden of disease rooted in inequality and poverty - will not lighten until the causative "upstream" social and economic factors (such as poor sanitation and housing, unemployment, environmental pollution, underpaid or dangerous working conditions, and an obesogenic food environment) are addressed effectively.

Meanwhile, our combined healthcare resources are not meeting our health service needs. The private sector is increasingly unaffordable despite state support for example, through tax relief on medical scheme contributions. It is also extremely inefficient, serving less than 20 percent of the population with almost half the money spent on healthcare. While some public facilities are world class, many perform poorly. The workforce is overworked and demoralised. Long shifts expose junior doctors to enormous risk: witness the recent tragic car crash that killed 25-year-old Dr Ilne Markwat when she fell asleep at the wheel after a 30-hour shift at the Paarl Hospital. Yet, public sector outcomes are substantial. With a budget equivalent to private sector spending, it carried the overwhelming share of our disease burden through the worst years of the HIV crisis in a macro-economic climate of strict fiscal austerity under the neoliberal Growth, Employment and Redistribution macro-economic policy. Its "clients" are the sickest 80-plus percent of the population with the greatest healthcare needs - those

for whom the private health sector is essentially irrelevant. It has implemented the largest antiretroviral programme to the world, with more than 20-million people tested and 3.4-million are now on antiretroviral treatment. The direct result was a rapid improvement in population health as shown, for example, by an increase in life expectancy from 56.5 years in 2009 to 60 in 2012. However, the public sector is at a critical level of dysfunction. Can enlarging the private sector provide healthcare for all? There is overwhelming evidence that UHC, funded publicly through tax and administered by a single payer, improves population health. It has become a central goal in health globally. The Lancet of September 8 2012 contains several scientific papers showing that UHC improves population health. Pooled public funding and mandatory membership of a single prepaid system is key. A more recent study of 89 low-and middle-income countries found that increasing domestic tax revenues is integral to achieving UHC. A World Health Organisation symposium found that low-income regions can achieve universal systems through comprehensive, mainly publicly funded health systems. Reliance on public-private partnerships tended to benefit the rich disproportionately reducing efficacy and access, and created groups with strong vested interests in the status quo. Prospects for UHC in South Africa appear bleak. On the one hand, the state seems unable to make rapid progress towards reducing inequality, addressing the social causes of ill-health and establishing an equitable health system. On the other, powerful vested interests in lucrative private healthcare are using this state weakness to lobby for a system that, as empirical evidence shows, cannot work. This situation calls for active and informed citizenship on a massive scale to mobilise for health. The People's Health Movement, Section27 and the Treatment Action Campaign (TAC) is hosting a National Health Assembly of civil society. Provincial Assemblies in all nine provinces have paved the way. Our aim is to develop a broad social movement in civil society to campaign for the right to health for all. The central role that the TAC played in bringing sense to our approach to the HIV/AIDS pandemic showed how citizen action can bring about change from below.

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