

NHI 'simply unworkable'

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If the government kept on making promises of free high-quality healthcare for all under the banner of the national health insurance it could find itself facing protests similar to those sparked by #FeesMustFall calls.

The SA Institute of Race Relations's Anthea Jeffries said the NHI plans, deemed unaffordable by the government's own estimations and concerns, could contribute to a ratings downgrade in December.

Jeffries was speaking at a briefing on alternatives to the NHI, planned to come into effect in 2025. NHI is aimed at ensuring everyone has free and quality healthcare.

The NHI policy document foresees the end of private medical aids, which will be replaced instead by a single, state-administered medical fund. The move will also result in doctors and physiotherapists being instructed where to work.

Health Minister Aaron Motsoaledi has acknowledged that the majority of state hospitals and clinics are not yet at the standard they need to be for NHI.

And if the economy grows at just 3.5% a year between now and 2025, by the government's own estimations, the state will be R79-billion short to fund the NHI.

In addition, only 16% of state facilities passed NHI standards after they were inspected by the Office of Health Standards Compliance, which looked at staff attitudes, waiting times and infection control.

Werskman's medical attorney Neil Kirby said the government might have to downscale its plans and promises.

Jeffries said the current debate about improving healthcare centred on two things: either the NHI or the current system. She said the debate had to be widened from two different options. Other alternatives should be looked at.

"It's not one or the other."

She suggested allowing low-income individuals to access private care through a medical aid for the poor that the government stopped weeks before its planned launch.

At the end of last year, the Council for Medical Schemes approved low-cost medical aid options priced between R180 and R245. Medical aids confirmed at the time they had prepared these options and spent money on research, actuarial modelling and advertising before it was stopped.

The government's decision prevented an additional 15 million people being able to access private care, said Jeffries.

Another alternative, said Jefferies, was that the very poor should be given vouchers they could use in state or private-sector hospitals.

She also quoted the SA Specialists Forum's plan to improve healthcare.

The forum argues that working people earning a salary at a particular level should be made to join a medical scheme.

If this happened, medical aid premiums could drop by 20%.

But the forum argues that instead of dropping premiums, the money generated be used to help lower-income earners join a medical scheme or access better care.

By KATHARINE CHILD - Timeslive