

Free education and healthcare for poor, same side of the coin

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THE Department of Health will invest R17-billion over the next three years into upgrading public clinics to “workable” levels, in line with a broader preparation for introducing the National Health Insurance (NHI) system. The government has concluded an investigation into the amount required to upgrade the clinics into facilities capable of delivering services to their communities. This figure is insufficient for high-level services, but would hopefully provide key medication and the infrastructure medical staff demand. NHI and the #FeesMustFall campaigns are the same side of the coin, rather than diametrically opposed initiatives. While the world economic systems are divided into communism or socialism and capitalism, education and healthcare are the two indisputable issues in which the state has to provide the resources. Many people criticising NHI are the same who are wholeheartedly supporting the #FeesMustFall campaign without recognising the link between the two. Education ministries provide bursaries for the poor who cannot afford to further their studies, but the healthcare system helps only the rich.

If there is to be equity, specifically free education for the poor at tertiary level, there must be free medical assistance for the poor as well. Medical aids are nothing more than prepayments for future medical demands, because nothing in life is free. An article published in the medical journal, *The Lancet*, indicates the world is on the brink of the third medical transition - essentially change that affects populations rather than individuals. The first was the introduction of clean water and sanitation in the 18th century; the second was widespread vaccination policies in the 20th century and now the focus is on universal healthcare financing that would ensure every citizen has access to equitable healthcare based on their health requirement and not their socio-economic status. Universal health coverage is an issue incorporated in the UN Sustainable Development Goals. The myths about NHI ignore that it is a system that pools capital to allow every citizen access to good-quality healthcare - a concept that medical aid schemes already employ. SA does not have a debate about the quality of healthcare, since the reality is that the depth of the pocket determines the level of care. We need to serve citizens in line with international conventions. Globally, issues such as Brexit and the US presidential race have highlighted the extent to which the world’s poor are demanding their time in the sun and the globe’s rich are resisting the change.

The NHI is not calling for private healthcare to be closed down to introduce a poor public health system that is corrupt, inefficient and unable to deliver, but SA must recognise the current private healthcare system is expensive in global terms. Currently, while 16 percent of the population belong to medical aid schemes, a Competition Commission inquiry into the private healthcare system has identified that

only 10 percent of citizens can afford to use it. In 2015, for the first time the World Economic Forum in Davos invited health ministers to the annual discussions, recognising the link between economic growth and health. We now know you cannot have sound economic growth without a good healthcare system.

That means you cannot end poverty, unemployment and inequality with poor healthcare systems - and the recent Ebola scare demonstrated how if one country has poor healthcare, the whole world can be affected. The government has invested R4.5-billion in developing a health information system that ensures patient records are universally accessible. While the system is not yet functional, the state has been working with the Council for Scientific and Industrial Research and is confident of an outcome soon.

By Aaron Motsoaledi in Business Day