

Widening private health access outpaces NHI progress

As the president prepares to sign the National Health Insurance (NHI) Bill into law, millions of South Africans are anxious that the promises of improved healthcare will not materialise.



Source: [Pixabay](#)

“Relegating the necessary private healthcare reform as secondary to a NHI that will take decades to implement, will mean that the situation is likely to create significant uncertainty before it gets better,” cautions Craig Comrie, chairperson of the Health Funders Association (HFA).

“This uncertainty will create greater problems regarding resource constraints in both the public and private sectors as highly skilled healthcare specialists seek certainty in attractive global destinations eager to boost their own countries health assets.”

“There is a very long way to go towards building confidence in the public health system and the State’s capacity to effectively manage a single pool of funds as envisaged in the NHI Bill,” he says.

“Currently, state clinics and hospitals are overwhelmed, struggling to deliver the most basic care, often inadvertently risking lives. If private healthcare can no longer alleviate at least some pressure on the public system, the NHI’s promised reforms will not be realised.

“The emotive political rhetoric around NHI recently does not consider the transformative power of shifting more people to private healthcare, thereby improving access to quality healthcare and resource allocation, which weigh heavily on public facilities and those reliant on them,” Comrie says.

“In collaboration with private health funding infrastructure already in place, South Africa could be so much closer to raising the standard of healthcare for millions more people while easing the burden on public hospitals and clinics during the preparation for providing NHI services.

“The ongoing delay in finalising Low Cost Benefit Options [LCBO] is denying at least 2.5 million people currently wholly reliant on public healthcare the opportunity to access more accessible private health services, and their rights in healthcare should be protected under the Medical Schemes Act.”

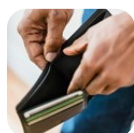
NHI exclusion: Stakeholder concerns

As a major stakeholder in South African health resource distribution, the Health Funders Association (HFA) is a professional body representing medical schemes and almost half the national medical aid membership.

According to Comrie, if the NHI Bill were enacted by the President with Section 33, which precludes private health funding involvement, it would have devastating consequences.

“Such a move would erode the current world-class private healthcare system and further threaten the country's already stretched healthcare provider base,” he says.

“Medical practitioners themselves have indicated they would no longer feel comfortable remaining in a country where they are effectively employed by the state without the option of servicing patients privately.



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Katja Hamilton 20 Feb 2024



“The practicalities of catering to so many people in a single healthcare system that will inevitably be under-resourced for a country with our extensive needs suggest that NHI protocols to access health may include nurses as a first point of call before being able to access doctors, who in turn will be overwhelmed and have little time for patients individually.

“Under such pressure, healthcare en masse will likely resemble a factory assembly line with little time for quality healthcare measurements,” asserts Comrie.

Scheme members subsidise public health

The HFA points out that depending on the number of dependents, medical-scheme members contribute more each year to South Africa's public health purse than the value of healthcare benefits the State budgets for each person, while medical scheme members do not draw on any significant public-health resources, which they are entitled to.

“At present, medical-scheme members are already subsidising someone else in need to benefit from the resources they may have used in public health facilities.

“The debate around removing the tax rebate should be considered next to the fact that private healthcare contributes significant VAT to the Fiscus, and this could also be lost should medical schemes be relegated to a smaller share of the market.

“Removing the medical scheme tax rebate would punish these individuals and their families, equivalent to squeezing the life out of the goose that lays the golden egg to feed a public health system already stretched to breaking point.

“Progress towards Universal Health Coverage does not need to wait until NHI is eventually operational. Medical schemes are mutual associations operating on a not-for-profit basis, and private health funders can help raise the standard of healthcare for a significant proportion of South Africans much sooner than NHI can become a practical reality.”



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The HFA asserts that with relatively minor changes relative to the mammoth NHI project, including regular Prescribed Minimum Benefit reviews and finalisation of the LCBO framework, progress towards the goals of UHC could be made.

“More than half of medical-scheme members have a combined monthly household income below R30,000, and we see the opportunity to increase the affordability of private health cover and offer greater freedom of choice in healthcare so that every employed person has this security,” Comrie says.

“Should it become necessary, the HFA will challenge the constitutionality of the NHI Bill and fight for the freedom of all South Africans to access healthcare privately. Our members’ collective expertise and experience continue to demonstrate the need for a rational approach to elevating the standard of healthcare for all.”

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