

## **NHI here to fix nothing**

The unhealthy state of healthcare in the country was recently brought to the fore in two articles published in Daily Maverick.

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*In a recent article in Daily Maverick titled "[Finally, the National Health Insurance is here – to fix nothing](#)" he did not hold back when airing his views on the controversial plans to heal the fragile and highly fragmented state of healthcare provision in South Africa.*

Having read through the Bill that was published late last week, I am now certain that the National Health Insurance is a profoundly terrible solution for a problem we do not have; which is to say that if we actually did have real challenges concerning access to healthcare, the NHI would have been a grossly inadequate and just downright bad proposition.

Believe it or not, South Africa, in theory and in practice, actually has universal health coverage. The National Health Act, in its current form and shape, guarantees access to healthcare for all; it provides free primary healthcare for every citizen, sets conditions for free health services in district and tertiary hospitals, stipulates strict conditions under which a patient may not be turned away, even when presenting at a private hospital, and defines the framework for a means test to bill those who can afford in the public sector setting what is termed "*Kuthiwa ukukhokhela i-file*", an amount that ranges from R42 to R65.

To appreciate the openness and coverage of our access to healthcare, you only need to visit our wards and theatres, and count the number of foreign nationals that are admitted in our public hospitals. While it might be a mission for a foreign-born child to find space in our public schools, this is definitely not the case with healthcare. Heck, part of the reason South Africa is ranked number one on the continent as a preferred destination for medical tourism is precisely because of our accessibility.

**So it really baffles me how we ever got to this point where for almost a decade we have been led down a path in a search for a solution to a problem we don't have.**

When we are told we have found the panacea, it turns out to be really bad and we are now glad that we actually don't have the problem.

Our real problem is the quality of the healthcare to which we are being granted such generous universal access.

We are granted access to a progressively collapsing public healthcare system, which is under-staffed, under resourced and has debilitating infrastructure. We have access to a healthcare system that does not qualify to be called a system, lacks standardisation of processes and procedures, has poor quality assurance across the board, and is riddled with financial mismanagement and procurement irregularities that amount to unaccounted billions and massive fruitless expenditure. We have a problem of poor leadership and gross incapacitation from national, to province, to district. We further have a private health sector that is extremely overpriced, disproportionately resourced, largely unregulated and heavily distorts the doctor-to-patient ratios in our country.

*That is our problem!*

*He then provides a four point plan to fix the current problems and concludes:*

We really do not need the NHI, certainly not its current form and shape. The only time we need the NHI is when Minister Aaron Motsoaledi is looking for a PR exercise that will deflect attention from his incompetency, which has brought public healthcare to its knees.

*In a related article in Daily Maverick titled [National Health Insurance: It's not just about the money](#), Kerry Cullinan writes:*

Poor management of every aspect of public health – finances, human resources, procurement and maintenance – is one of the biggest weaknesses of the sector. More money in the system will not remedy this. It will simply provide incompetent and corrupt managers with bigger budgets to burn.

Parliament summoned provincial health MECs to the House and MPs wanted answers after receiving a report from the Office of Health Standards Compliance that only five of the 696 health facilities it had inspected during 2015/16 had reached the required level. Some of the MECs' admissions about their provinces were scary.

The Free State reports that 400 cancer patients are waiting for radiation treatment. The province has two radiation machines but one is broken, so it is trying to lease another.

Medico-legal claims are off the charts in some provinces, many involving children who have suffered permanent brain damage. Lawyers have jumped onto this as an avenue to riches. **David Motau, head of health in the Free State, said his department had uncovered a "scam" whereby its employees were shifting through patients' files to try to identify negligence cases for lawyers.**

But many of these cases are legitimate and payouts are cannibalising health budgets. Mpumalanga reports an "estimated liability" of R7.6-billion, while the Free State is facing claims worth R2-billion. Even tiny Northern Cape faces claims amounting to R1.4-billion.

But a stable house cannot be built on broken foundations. Unless the government is able to systematically turn around the longstanding failures related to management, **its attempt to force a merger between the public and private sector could well drive more doctors and specialists out of the country and further compromise our health.**