



DENOSA

INPUTS ON THE NHI BILL TO THE PARLIAMENTARY PORTFOLIO COMMITTEE ON HEALTH



INTRODUCTION

- ❖ DENOSA welcomes the release of the National Health Insurance (As introduced in the National Assembly (proposed section 76); explanatory summary of Bill and prior notice of its introduction published in Government Gazette No. 42598 of 26 July 2019), and the areas of the input outlined.
- ❖ DENOSA supports the NHI bill in terms of its intended objectives and align with all who will fight corrupt tendencies within the fund.
- ❖ DENOSA recognizes the fact that it took countries longer than they envisaged to phase in Universal Health Coverage, with SA not an exception in terms of where we are in implementation.
- ❖ We will highlight the various areas in the bill that seem problematic and provide alternative proposals to strengthen the bill.

INTRODUCTION

INCLUDE THE FOLLOWING DEFINITIONS:

❖ “National Health Insurance”

The above definition is missing in the Bill. It is important for the name of the Bill to be explained for citizens to understand and have a common understanding of what the name means.

❖ “Complementary health benefit services” means health benefits that are not covered by the NHI fund.

The Bill must specifically detail what those benefits are said to be to ensure that the fund covers to a large extent benefits required by the user. This is to ensure that the user benefits as much as possible from an increased quality of life.

❖ “Universal health coverage” as defined by WHO be included:

The main purpose of the Act is to make practical and pursue Universal Healthcare Coverage the goal of which seeks to ensure that all people obtain the health services they need without risking financial hardship from unaffordable out-of-pocket payments (WHO Bulletin, 2013).

INTRODUCTION

CHAPTER 1: PURPOSE AND THE APPLICATION OF THE ACT

❖ Application of the Act

- **Section 3. (1)** This Act applies to all health establishments, excluding military health services and Establishments.
- **Comment:** Evidence shows that the private health sector is well funded through private schemes while the public sector is depleted with resources but service most of the population of the country. We agree that the act should be applied as stated, however due to several factors such as corruption and fraud and user preference the funds should not be channelled to the already capacitated sector.
- **Proposal:** We propose a clear regulation on implementation
- **Rationale:** Resource and capacitate public health establishments in order for it be compliant, but as well compete equally or above the private sector in terms of providing service, that is affordable, safe and of quality.

POPULATION COVERAGE

❖ SECTION 4(A) IDENTIFIES WHO WILL BE COVERED BY THE FUND AND SUBSECTION 2 (A) READ THUS:” AN ASYLUM SEEKER OR ILLEGAL FOREIGNER IS ONLY ENTITLED TO

(a) Emergency medical services.

(b) Services for notifiable conditions of public health concern

- **Comment:** Chapter 1 subsection (3) states that, “if any conflict, relating to the matter dealt in this Act, arises between the Act and the provision of any other law, except this Constitution and the Public Finance Management Act or any Act, expressly amending this Act, the provision of this Act prevails” and Chapter 2 sec27 of the Constitution states that “Everyone has the right to have access to – (a) health care services, including reproductive health”.
- **DENOSA proposed** a thorough and intense legal intervention and consultation in beefing up the arguments.

INTRODUCTION

SUBSECTION (2) “AN ASYLUM SEEKER OR ILLEGAL FOREIGNER IS ONLY ENTITLED TO-

- (a) emergency medical services; and
- (b) services for notifiable conditions of public health concern.

Comment: For this subsection to find manifestation, what mechanisms will be used to identify the illegal foreigners for registration and processes to gather information\ data about them for them to be catered for services and bearing in mind the planning and sustainability of the Fund? It is also noted that if this is not clarified, it opens a door for corruption which has crippled this country in both the Department of Health and Department of Home Affairs.

Proposal: There must be proactive measures put in place for this matter and DENOSA understand and appreciate that SA has entered in many International treaties that bind the country but the SA Government has to also strengthen International laws to be able to govern and protect all persons living in this country.

COMMENT: The section uses word interchangeably. For instance section (2) refers to illegal foreigners and (3) to illegal migrants.

PROPOSAL: If these words means one and the same thing, consider to use one word, if they mean different things provide their definitions as it is not provided for both words in the definition section.

Rational: Utilization of the same word provide a clear understanding and eliminates confusion

HEALTH CARE SERVICES COVERAGE

- ❖ **Section 7(2(a))** a user must receive the health care services that he or she is entitled to under the Act from the health care service provider or health establishment at which the user had registered for the purpose of receiving those services.
- **Comment:** The underlined part of the section is not realistic and it appears that it limits people to confined spaces. Therefore the notion that a user must subscribe to one provider entirely may frustrate citizens and it is tantamount to impede on the individual's right to access to health care and freedom of movement and residence as prescribed in the bill of rights section (21 & 27) of the Constitution of the Republic of South Africa.
- **Proposal:** We propose a provision that addresses issues of mobility and easy transfer of patient and sharing of patient information by service providers. We further propose that the electronic health information system should be improved and working at the time of implementation so that health providers can easily access patient's records without patient having to struggle.
- **Rational:** The system should be user friendly and easy for both the user and the provider.

COST COVERAGE – SECTION 8.2.1

- ❖ **Section 8(2) of the Bill**, which it is likely to open a can of worms and provide a window of opportunity for voluntary medical schemes to pay for services that will be offered by the NHI service. This is likely to disintegrate further the ideal of having a single purchaser model of healthcare service which the country has been longing for, for years.
- **Proposal and Rational:** We suggest heavily that this part be removed as it may challenge the intended goals of the Funds.
- ❖ **Section 8 subsection (2) (c)** reads “thus seeks services that are not deemed medically necessary by the Benefits Advisory Committee”.
- **Proposal:** stipulate services that are not medically necessary.
- **Rationale:** This will clear the ambiguity of what is not medically necessary and people will be aware of those for curtailing complains to the appeal Tribunal.

CHAPTER 4: BOARD OF FUNDS

- ❖ **IN THIS CHAPTER** DENOSA noted that the **Minister is responsible for establishment of the Board, has the ability to dissolve the Board, and appoints the CEO, responsible for stewardship of the Fund and the Fund must, moreover, account to the Minister for the performance of its functions and the exercise of its powers and the board must support the Minister in fulfilling his or her obligations under section 3 of the National Health Act.**
- **Comment:** Huge contributor to the failures in the public health system at present is the blurring of lines between politics and the administration.
- **Proposal:** There is a need to establish structures and systems of governance that protect the fund from this risk.

CONSTITUTION AND COMPOSITION OF BOARD

Section 10-18 stipulates conditions under which the board shall be composed, powers and functions, remuneration and procedures, however excluded dissolution of the board. In particular when it fails to deliver on its mandate as prescribed.

Proposal: We propose a system that enables the board to be dissolved or fired and those powers to be given to the Minister responsible.

Rational: If this is excluded in the Act we may experience challenges in the future if we have to deal with matters mentioned above.

Section 13(5) a board member is appointed for the term not exceeding five years, which is renewable only once, and must

(b) have appropriate technical expertise, skills and knowledge or experience in health care service financing, health economics, public health planning, monitoring and evaluation, law, actuarial science, information technology, and communication.

Comment: The skills listed exclude labour as part of the board. We are of the view that the board should be inclusive and diverse and include all people of our society.

CHAPTER 5: CHIEF EXECUTIVE COMMITTEE

- ❖ **SECTION 20 (2) (E)** that reads “establishment of an Investigating Unit within the national office of the Fund for the purpose of-
 - (i) Investigating complaints of fraud, corruption, other criminal activity, unethical business practices and abuse relating to any matter affecting the fund or users of the Fund...
 - **Proposal:** In light of the corruption and poor governance at public entities there is a lack of detail with respect to how the fund will tackle elements of corruption. There should be a detailed process outlined, in the regulation that will be operationalizing the Act.

ADVISORY COMMITTEES ESTABLISHED BY THE MINISTER

Benefits Advisory Committee

- ❖ Section 25(2) the membership of the Benefits Advisory Committee, appointed by the Minister must consist of persons with technical expertise in medicine, public health, health economics, epidemiology, and the rights of patients, and one member must represent the Minister
- **Proposal:** We propose that the member of nursing fraternity and labour be included in the benefits advisory committee.
- **Rational:** We need diversified committee as well as broad expertise of all skills and knowledge to inform the benefits. Further nurses are a huge workforce that take care of patients in private and public sector therefore they have extreme knowledge and skills. The labour movement represent the majority of workers in the country who uses public service and they have knowledge and skills required to advice.

TRANSITIONAL ARRANGEMENTS

- ❖ Section 57.(1) (a) proposes a two phased implementation
 - From publishing the green paper in August of 2011, to the beginning of the first of the three phases in 2012, there was progress, i.e. public comments, setting human resource strategy, Cabinet approval of National Health Amendment Bill, reclassification of health institutions, Pilot districts approval, inclusion in the budget vote, etc.
 - The second phase was mute 2017 - 2022
 - **Proposal:** All that was suppose to be covered during the period under review be fulfilled by end 2022
 - **Rational:** (2) (a) (i) We are nowhere near strengthening the health systems to meet the minimum standards required as set out. Nursing carde was realigned but lacks regulation and Amendmend of the Nursing Act, as well as the review of the Nursing Strategy which expired in 2017.
- (3) (b) Training of the workforce has since dropped which is not in tandem with the Primary Healthcare reengineering. Nurse production has dropped significantly with one intake per annum. Several nursing colleges are closed with those remaining not accredited to offer new qualifications



THANK YOU

