Oral Submission to Parliament on the NHI Bill

8th of February 2022

Health for All Now!

People's Health Movement

South Africa

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Who are we?

The South African Chapter of the global People's Health Movement (PHM)

Started in South Africa in 2003

A national network of over 10 000

- Grassroots health activists,
- Community Health Workers,
- Health Committee members,
- Public Sector Health Professionals,
- Civil society organizations and
- Academics

Operate with a small secretariat supporting active volunteers

What we do

- Vaccine Literacy training for over 1200 people: mainly
  - Community Health Workers,
  - Health Committee members
  - Communities leaders across the country

- Health advocacy
  - Support the TRIPS waiver
  - Liquor Bill

- South African People's Health University
- Food gardens and access to healthy food
- Support CHW as agents of change through training
- Support community participation in the health system

NHI Education workshops

Some of our trained partners have made submission to the NHI Bill. (WPF and Klipfontein Sub)

SSoweto, Khayelitsha, Tulbugh, Jan Kempdorp, Mthatha, and Mahikeng

over 500 Community leaders, CHW’s etc trained on NHI Bill

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What we believe in together

AND IN ORDER TO—

- achieve the progressive realisation of the right of access to quality personal health care services;
- make progress towards achieving Universal Health Coverage;
- ensure financial protection from the costs of health care and provide access to quality health care services by pooling public revenue in order to actively and strategically purchase health care services based on the principles of universality and social solidarity;
- create a single framework throughout the Republic for the public funding and public purchasing of health care services, medicines, health goods and health related products, and to eliminate the fragmentation of health care funding in the Republic;
- promote sustainable, equitable, appropriate, efficient and effective public funding for the purchasing of health care services and the procurement of medicines, health goods and health related products from service providers within the context of the national health system; and
- ensure continuity and portability of financing and services throughout the Republic,

BE IT THEREFORE ENACTED by the Parliament of the Republic of South Africa, as follows:—

PHM values

- Social justice & Social solidarity
- Everyone has a Right to Health
- Equity
- Health as a public good
- People over profit
- Strong Public health system

Values PHM believes in are the values the NHI Bill tries to achieve

What we like about the NHI Bill

- It is It establishes the NHI fund as a **single payer** for health care
- It clarifies the need to make healthcare **free at the point of delivery**
- It proposes progressive reallocation of funds from **medical scheme tax credits towards funding the NHI**
- It promotes the establishment of a **national health system** that encompasses private & public providers as specified in the National Health Act.
- It demonstrates a commitment to access to **health care as a right**.

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Areas of Concern - Context

The South African health crisis has been present for decades:

- **large disease burden** due to unequal access to goods & services necessary for good health (SDH)
- **fragmented, inequitable health services:** private-public, urban-rural
- those who **need the most health care have the least access** to it
- **poor governance and accountability** across state sectors & in the private sector

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Areas of concern - Overview

- Lack of detail about upgrading the public health sector
- The possibility of exacerbating inequality
- Failure to distinguish between Primary Health Care and Primary Care
- Lack of adequate mechanisms for civil society engagement and no accountability in the NHI committee structures
- Lack of emphasis on capacitating the Public Health System through a pro-public NHI
- The possibility that “Universal Health Coverage” could be reinterpreted corporate private health care industry to facilitate profiteering from the NHI Fund
- The narrow focus on UHC potentially weakening action on the social determinants of health
- The level of control over the NHI Fund vested in the Minister of Health

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1. Fixing the public sector

Successful NHI requires well-functioning public health care system

20+ years of public sector austerity, understaffing of many public and rural health care facilities makes accreditation unlikely

Office of Health Standards Compliance (OHSC)'s most recent report shows a small fraction of public health facilities surveyed meet required norms & standards for certification.

Resulting in

- private facilities more likely to get accreditation; and
- accreditation will be overwhelmingly urban-based accreditation,
- increasing both urban-rural and private-public inequality.

As it stands now people in some areas will **NOT have access to NHI-funded health care** at all.

INSTEAD - we must therefore:

Fix and upgrade the broken public sector to enable NHI accreditation

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2. Risk of exacerbating and entrenching inequality

- **Spatial inequality**
  - Uneven geographic distribution of clinics makes registration difficult for rural populations, the elderly and disabled people
- **Unequal distribution of funding for public vs. private providers**
  - Poor infrastructure makes it difficult to register as a designated provider
  - Difficult for public facilities to register as designated provider without upgrades/investment in facilities, thereby limiting the share of NHI funds going public facilities
- **Inequality within the health workforce**
  - Without an explicit commitment to regularising the work of community health workers, the NHI will not address the poor wages and insecure conditions of service of these workers who are the “footsoldiers” of the PHC system
- **Unequal decision-making powers**
  - NHI decision-making arrangements marginalise civil society organisations and risk further marginalising public participation and oversight in health governance at national level

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3. The Bill confuses Primary Health Care with Primary Care

- **Primary Care (PC) is about the provision of excellent and appropriate health care services to everyone.**
  - Equitable access to quality health care is essential but **insufficient for promoting people's health**.
  - The NHI Bill seeks to provide these services through **Universal Health Coverage** (UHC).
  - However, even the best health services **can not address the root causes** of ill health.

- **Primary Health Care is a broad, developmental approach to health that goes beyond the health system**
  - PHC emphasises compressive services by the health sector, **but also addresses the factors that cause poor health**
  - PHC relies on collaborative action **across state sectors** to deal with the **root causes** of ill health & reduce the **burden of disease** — the health system, and therefore the NHI, can't do this on its own
  - PHC emphasises **meaningful community participation in issues related to health** (including in the planning, provision and evaluation of health services).
  - PHC recognises that Health for All is unachievable within the unfair current global economic order that entrenches inequality within and between countries.

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4. Democratising NHI Structures

- **Participation** is a key element of the Right to Health
- **The NHI Act provides for limited inclusion** of civil society and the public in NHI decision-making.
- Participation in the **Stakeholder Advisory Committee** is insufficient to ensure adequate community voice.
- Stakeholder consultation should not become a **rubber stamping process.**
- The participatory structures of the NHA (**clinical committees, hospital boards, DHCs, PHCs**) have no place in the NHI Act.
- Explicit processes to identify and manage conflicts of interest, financial or otherwise.

5. Building and capacitating the Public Health System through a pro-public NHI

Evidence:

only a publicly funded and publicly administered health system can sustainable, reliably and equitably deliver health care to populations most at need.

Danger for NHI

powerful private hospital groups to benefit from NHI contracts and resources which could have been used to upgrade and staff public facilities to fulfil the same functions

Recommendations

- NHI should use it's purchasing power to specifically and consciously capacitate the public sector
- Any private hospital contracts should only be entered into temporarily, and with public sector capacitation as a key principle.
    - Eg skills transfer to public sector workers & ensuring that the private contracts are not entered into if a public facility is able to perform the same service.
- Private hospital providers should be measured against their ability to constructively interface with and capacitate the public health sector as a criteria against which their future eligibility for NHI contracting is measured.

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6. The Bill is not clear on its interpretation of Universal Health Coverage

UHC implies that

- all people and communities have ready access to the promotive, preventive, curative, rehabilitative and palliative health services they need (equitable access)
- that the services are of sufficient quality (effective); and
- that the use of these services does not expose them to financial hardship (affordable) (WHO 2018).

This is in line with the founding principle in the Constitution that "all citizens are equally entitled to the rights, privileges and benefits of citizenship."

The Bill states clearly in "Addressing the barriers to access" under 'Structural challenges to the health system' in "Schedule: Repeal and Amendment of Legislation Affected by Act":

"health care should be seen as a social investment and not be subject to trading as a commodity. The universal health coverage system is a reflection of the kind of society we wish to live in: one based on the values of social solidarity, equity, justice and fairness."[2.4; p 48]

6. **The Bill is not clear on its interpretation of Universal Health Coverage**

In the Bill, achieving UHC will require <u>public financing based on social solidarity</u>

A substantial body of empirical evidence favours this approach

However, **powerful vested interests** in the corporate private sector **contest this meaning of UHC**:

- they resist single-payer in favour of scheme-based insurance models with voluntary prepayment
- such schemes discriminate against the poor, particularly when they favour the rich, as they do in South Africa
- they also create groups with vested interests that will resist any future attempts to promote equity

Therefore, **incremental approaches are unlikely to work**: powerful groups will oppose future changes

To realise its objectives of universality, equity and social solidarity, attempts to achieve UHC must, from the start, address the needs of the entire population and the whole health system (Kutzin)

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7. A narrow focus on UHC may weaken action on the social determinants of health: (PHC and prevention)

There is a risk that the state will narrow its focus to UHC (SDG 3.8) and neglect the importance of dealing with the root causes of ill health through intersectoral action to address unequal access to the social determinants of health.

These include the elimination of poverty (SDG 1), adequate food and nutrition (SDG 2), quality education (SDG 4), gender equality (SDG 5), water and sanitation (SDG 6), the reduction of inequality (SDG 10), promotion of environmentally responsible consumption and production patterns (SDG 12), and mitigation of climate change (SDG 13). While some of these goals rely on other sectors, the state has shown little evidence of its ability to promote intersectoral action.

This calls for all state sectors to be involved, **BUT**

unless leadership for intersectoral action emerges from the Presidency, the DoH must assume leadership and advocate for this

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Conclusion

NHI in its current form represents an alternative *funding model* for healthcare in South Africa.

For this funding model to result in a new *health system* which is based on the principles of Primary Health Care; is equitable, delivers quality care and is community focused will require a much broader reimagining of our interventions in the social determinants of health and our health services.

To build this vision of health and healthcare in South Africa will require the involvement of a broad range of role players from community health committees and social movements to clinicians, academics and public health specialists.

To made this vision reality we call on stopping austerity budgeting for Health – health is a socio-economic investment and not a cost to society.

We call for a transparent, democratic and accountable process as we collectively embark on constructing this new vision for health in South Africa.

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