

IMATU COMMENTS ON NHI WHITE PAPER

2 June, 2016

On Tuesday, IMATU submitted comments to the Department of Health (NDOH) regarding the draft white paper on National Health Insurance (NHI), published for public comment on 11 December 2015.

“IMATU agrees that access to quality healthcare is a right that must be enjoyed by everyone. Currently the provision of healthcare is not equitable and not all people have access to quality healthcare. While we support attempts by the Department to create a more inclusive society, IMATU believes freedom of choice should be respected, quality of healthcare must not be allowed to deteriorate and no additional taxes should be imposed on already overburdened taxpayers in order to fund the NHI,” explained Deputy General Secretary: Legal and Research, Craig Adams.

In its submission, IMATU highlighted a number of problems with the white paper proposals including the following:

- Restrictions on freedom of choice; if you like your doctor you can only keep your doctor if he/she is accredited and contracted by the NHI. This aspect of the NHI may be unconstitutional.
- The proposed funding requirements may lead to tax increases. The current economic climate may make it difficult for NHI to be funded.
- The NDOH should first fix problems in public sector healthcare and bring down costs of private healthcare before commencing the NHI.
- Public healthcare facilities are not ready for the NHI. There is still no clarity on how the private sector will be involved. Private healthcare is becoming more and more unaffordable and urgent intervention is required in both sectors.
- The future role of medical schemes are unclear. It may be unconstitutional to take them out of business but measures should be put in place to restrict premium increases (which are higher than inflation) and deal with the limitation and gradual erosion of benefits. Medical schemes should be allowed to remain alongside the NHI as a safety valve in case the NHI fails to get off the ground or function effectively.
- International experience shows that countries with similar NHI systems are finding it difficult to maintain it. The white paper’s comparisons with other countries where NHI has worked are also flawed as these countries have different socio economic circumstances.

“We support the idea of social solidarity, provided that it is achieved without a decline in the quality of healthcare, freedom of choice or an upsurge in financial burdens on the taxpayer. We welcome the NHI’s proposed re-engineering and expansion of primary healthcare to 4000 municipal wards. Local government can become the custodian of primary healthcare and improve service delivery to our people,” said Adams.

Due to the concerns highlighted in its submission, IMATU cannot, at this stage, fully and unconditionally support the white paper proposals. The NDOH must however, be commended for trying to tackle problems in public healthcare while simultaneously addressing the aggressively increasing costs of private healthcare. As part of a parallel process, IMATU will also participate in the Competition Commission’s market inquiry into the private health care, once the Commission’s provisional report and recommendations are released later this year.

IMATU remains fully committed to work with the NDOH to further discuss constructive approaches to addressing problems preventing provision of, or access to, quality healthcare for all South Africans.

by Anja Muller-Deibicht