

The Times

NHI will be good for the poor

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The key research document used for the ANC's national health insurance policy — prepared by the Health Economics Unit at the University of Cape Town — shows that 36% of the country's health benefits were spent on a group with 10% of its health needs, while 12.5% of benefits went to the sickest group, with 25% of the health needs.

Professor Di McIntyre, director of the unit, said: "The poorest are sitting with the major burden of ill health — many don't even go for treatment because of the cost of transport or the risk of losing income — and yet they get the least care.

"Under our constitution, and within our compassionate society, that can't go on; this is a human right we're talking about. In the best health systems around the world, the model is that people should contribute according to their ability to pay, and people should benefit according to their need. That's what this is about."

McIntyre said "many" middle-class citizens would find their national health insurance contributions cheaper than their current medical schemes, but said that "the richest will definitely pay more".

ANC task team head Dr Olive Shisana said South Africans who paid more under the new system would be "investing" in their own long-term wealth and health by helping create a healthier workforce, and preventing the spread of infectious disease.

"People tend not to think this way: 'If someone else is unable to get care and has got a communicable disease, I'm going to get that disease one day, even if I have my own health insurance, but if I make sure they get proper care then I'm safe,' " she said.

"The people who are already debating this, before the policy is released, they say, 'There is inequity — but don't touch me or my resources; leave what I have as it is,' which is a pity."

Shisana said she would be glad to cancel her own "too-expensive" medical scheme and queue up under the new system, because "actually, there is a lot of unhappiness about medical schemes and wastefulness, where people go to doctors for a cold".

Jonathan Broomberg, general manager for strategy at Discovery Health, said the private sector was "extremely keen to partner with the government to reduce inequities and improve the quality and accessibility of the healthcare system" — but that members were "concerned" about the funding of the plan.

"This is all speculative at this point, but it's clear that, unfortunately, equal care cannot be achieved overnight — South Africa would need 126000 more doctors, and over 300000 more nurses to provide similar ratios to those used in the private sector at present," he said.

"To provide a comprehensive package of care to the whole population would require such high additional taxes that it will have a very negative impact on job creation.

“It should also be remembered that the five million people who pay for medical schemes are already making a significant contribution to the funding of the public health system, and that the money these people pay for their medical scheme premiums is their own private money.” — Rowan Philp

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