



HEALTHCARE IN SOUTH AFRICA

- a new dimension

Part 2

Part 2 of the exclusive and comprehensive *HMR Africa* reports covering pertinent presentations delivered at this year's BHF Southern African Conference held at Sun City from 30 August to 2 September 2009 – a special feature presented by *HMR Africa* on behalf of the BHF, its exhibitors and sponsors.

NHI coming: accept and embrace the challenge!



Prof Gavin Mooney on a direct video link from Australia

An NHI can help to build a fairer, more united society. And this better, more decent society cannot be built overnight, just as an NHI cannot be created in just a year or two.

"It will take time," Prof Gavin Mooney, health economist and honorary professor at the University of Cape Town and the University of Sydney, Australia, advised BHF Delegates in his presentation video streamed from Australia.

Discussing the Australian experience with the introduction of its NHI (Medicare), Mooney said there was a lot of scaremongering about what it would cost and how long it would take to be implemented: "I believe this is also happening in South Africa. The BHF should state that it is unhappy with the scaremongering, such as the intention to implement NHI within five years. But I must admit I would be worried about 10."

"The public sector," he said, "needs to have a major injection of funds, management must be improved and confidence restored in the services provided. The middle classes need to recognise that a reinvigorated public health service is in their interests - in the interests of their health and, with all other South Africans, in the interests of building a better, decent South African society.

The principles of a national health insurance (NHI) are simple - access to healthcare for all and everyone pitch-

ing in to pay for everyone: "But the politics," said the Australian-based health economist, "is where it gets murky as the various stakeholders show just what stakes they hold. The private schemes are worried about their future, and whether they have a future. They have existed in a market where competition has failed. They have grown fat and inefficient, their costs have escalated and the benefits they provide have shrunk.

"Members of the schemes," Mooney continued, "legitimately moan and groan as their premiums soar and their coverage is squeezed. South Africans tell me that they continue to pay exorbitant premiums not because they think they are good value for money. No, they are afraid of the alternative - that the quality of care in the public sector is low. In principle the idea of a just system for all is appealing. In practice the quality of some care (but not all) in the public sector is low. So what would I do? I would probably opt for private care. End of the argument? No. We all have private interests but we are all also members of a broader society."

Before ending his presentation, Mooney quoted Nye Bevan, the founder of the British National Health Service, who wrote: "Society becomes more wholesome, more serene and spiritually healthier if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves but all their fellows have access, when ill, to the best that medical skill can provide."

Concluding, Mooney said: "The NHI is coming. Accept and embrace the challenge!"

