

Dr Zweli Mkhize responds to public comments regarding NHI

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The minister of health, Dr Zweli Mkhize, has noted reports in which various stakeholders have made public comments regarding the National Health Insurance Bill.

“We would like to encourage all interested parties that have constructive comments on the National Health Insurance Bill to engage with the consultation process that parliament has undertaken in provinces. It is important to bear in mind that the review and amendments to the bill will now be managed by parliament. We welcome all constructive dialogue from all stakeholders as we pursue our United Nations commitment to implement Universal Health Coverage for all South Africans by 2030 and we remain committed to the resolutions undertaken by the Presidential Health Compact and Quality Improvement Plan,” he said.

The National Health Insurance Bill proposes a funding mechanism that will achieve universal health coverage as a section 3A public entity.

South Africa has over 150 Section 3A national public entities and hundreds more in the provincial sphere that are run efficiently and with integrity.

The powers, privileges and consequence management set out in typical section 3A entities are no different to what is being proposed in the NHI Bill.

There is a high index of confidence in section 3A entities as they have set a precedent of good governance and accountability.

Emanating from the Health Compact, the department has already implemented, and is seeing phenomenal results from, the Public Health Infrastructure Refurbishment Programme and the Health Sector Anti-Corruption Forum, which has already detected and prosecuted in instances of fraud and corruption within the private and public sectors.

“Further, our human resource capital has been boosted by various strategies such as the increase in numbers of doctors trained, the Presidential Stimulus Package which has allowed for the funding of more posts and the protection and retention of departmental savings to be redirected towards human resources for health. These are a few examples of governments efforts in ensuring that the system will be capacitated for the National Health Insurance by the time it is implemented,” he continued.

Medical practitioners, institutions and the general public should be proud of being partners with government as they have successfully fought some of the toughest epidemics of the age.

“We are well on the path to controlling the HIV/ Aids epidemics with districts following one another at an impressive rate in achieving the UNAIDS 90-90-90 targets. We have also substantially reduced under five mortality rates, maternal mortality rates and infant mortality rates. Protein energy malnutrition and large gastroenteritis wards are now almost phenomena of the past. For what we have been able to achieve together, there is no doubt that we can achieve the next major advancement of the medical age- universal health coverage- through the National Health Insurance,” he added.

Medical practitioners, along with all stakeholders, will continue to be engaged through consultation processes held by parliament through which any concerns and suggestions about the NHI Bill can be raised.

“We urge interest groups to appreciate the limitations of surveys, especially where there is a response bias, and not generalise the findings of such results in a unscientific manner. We understand these sentiments are guided by the fear of the unknown; however we reassure doctors and other medical practitioners like nurses and pharmacists, who form the backbone of service delivery under the NHI, that the law will be passed as reflected by the will of the people through a democratic process,” concluded Dr Mkhize.