Public must work with not against private sector to make NHI a reality – IOL 30 October 2020

By Paul Cox

Covid-19 has proven itself as a good trial run for the makings of a universal healthcare system, a glaring case study for why South Africa so desperately needs NHI. It is a success story, but not from an outcomes perspective, rather because it has exposed many weaknesses inherent in our collective healthcare infrastructure.

Central to this is that the pandemic has failed to foster a better understanding between South Africa's public private partnerships (PPPs). The outcomes speak for themselves, highlighting many gaps between the public and private sectors in areas such as resource management, data modelling and communication. It is safe to say we are a long way off our goal. And in the current economic landscape, with funding at national level no longer available (many question if it ever was), without private sector's direct involvement, NHI appears to be financially out of reach.

Even so, Covid-19 has and will further expose the inequality of society. South Africa's Gini coefficient continues to prove the need for multiple solutions to fix our broken economic environment. It is therefore critical for public and private sectors to join forces and resources and to cohesively build the framework for a sustainable and affordable universal health care system.

How can NHI be realistically deployed?

To do this, a deeper recognition of the flaws and a more earnest and sustainable commitment to fixing them is required from both sides. Medical insurance providers and private practitioners should be more proactive in supporting the concept of NHI. Similarly, the government must give reassurances in the form of incentives to the private sector and those currently reliant on it, to avoid a brain drain of medical professionals offshore.

One size doesn't fit all

It would be a positive outcome if NHI, medical aid and medical insurance could co-exist as complementary solutions. Evidence of this are the fee agreements put in place between state and private hospital groups, private funding of Covid-19 tests, as well as app and IT development that were accelerated during the pandemic, including free virtual consultations to the public.

Do more than just talk

While the government talks about engaging with the private sector, my experience as a member of the insurance advisory committee for the Council of Medical Schemes reveals little or no engagement to date. The government should request input from private entities and follow through in terms of what those entities could provide. There are so many good ideas being generated by the private sector. These range from telemedicine to virtual doctor networks, from using nurses on the front line to using clinics as screening facilities.

One need only look to South African health app Signapps which recently won a R66 million tender to service Britain's National Health Service (NHS)[1]. Its aim is to streamline communication in hospitals, and it was developed and funded by SA's Department of Trade and Industry. Yet it is not being widely deployed in local state hospitals - a blatant example of ongoing misalignment between public and private sectors.

Move away from fee for service

NHI and future service delivery models should move away from fee for service. Doctors should be paid according to the number of patients under their care and it is in their best interest to keep them happy and out of their consulting rooms. Instead of only being paid for when a patient is sick, they should be incentivised to keep the citizens of South Africa healthy.

Access to healthcare is a human right and no one person should be allowed to use it as a commodity. We cannot grow as a nation if quality healthcare is only available to a few that can afford it. We as the private sector should embrace this reality and jointly with the government look to rectify our past mistakes, building up co-operation and trust until PPPs become grooved in as a default way of doing business.

Paul Cox is the Managing Director of EssentialMED