

COVID-19 will permanently change SA's healthcare landscape

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While the COVID-19 outbreak is going to require massive healthcare resources to deal with, and stretch the health system to breaking point, it may well amount to positive industry changes in the long run. The COVID-19 outbreak has already done more in two weeks to acquire public sector patient access to private facilities than 10 years of National Health Insurance (NHI) planning and pilot projects have done. This is a clear indicator that political will was the lacking element in making progress with NHI. Between the recent credit downgrade by Moody's and the economic decimation following in the path of the worldwide COVID-19 epidemic, any NHI plans have now pretty much been scuppered for the next decade. The South African government's lending costs and interest payments will increase by as much as 50% due to the downgrade, leaving a fiscal hole that leaves no hope for a tax funded NHI.

The current crisis has shown that it is possible for government to negotiate access to beds and facilities in the private sector, without a massive overhaul of the entire healthcare sector. It has also shown the willingness of the private sector to step up and treat public patients when called upon. These interim agreements during the time of COVID-19 may well become permanent arrangements between government and the private sector to ensure continued access. The precedent is now set, and all that is required is sorting out the specifics around the access and the payment mechanisms thereof. Hospitals can allocate a certain portion of their capacity to admit state patients, at discounted rates to government. It is not impossible to imagine that healthcare practitioners would also willingly donate an hour or two of their day to tend to state patient who are admitted to private facilities in such an arrangement. The current crisis has shown the willingness of healthcare professionals to become involved in charitable patient care, despite the risk of infection posed to themselves. Even the Regulator has stepped up to change ethical rules on telemedicine in an unprecedented display of efficiency in the face of crisis.

This crisis has pulled players in the private sector together, responding to a crisis of epic proportions. While the crisis is immediate in nature, the long-term state of public healthcare is also in crisis. The immediacy thereof has not been as palpable or visible, and therefore a response has been slow. The government focus on an NHI policy, which cannot be described as anything but pie-in-the-sky thinking, has also not helped the situation. Perhaps now, the doors have been opened for discussion between government and the private sector to achieve

universal healthcare within our lifetime, without a complete overhaul of the entire system, as proposed by the NHI Bill.

It is unfortunate that the same exponential infection rates that are visible worldwide are also playing themselves out in South Africa. The difference is that the South African curve must almost be split into two. The first curve is of the affluent that travelled to Europe and came back with virus, spreading it amongst their own community. This spread has now been curtailed and the curve flattened, mostly by overseas travellers all having returned, and the affluent community at large sticking to the government lockdown in their spacious properties with ample supplies and access to medicine and healthcare. The second curve is the concerning one. The poor communities, housed in townships around the country, are now starting to show isolated positive tests. This will probably lead to the same exponential infection rates exhibited worldwide, amongst a community which is extremely vulnerable to the disease- those with poor nutritional- and health status, and reliant on public healthcare. This community does not have access to indoor space to weather out a lockdown, jobs which can be done remotely, or reserve finances to buy supplies in bulk. It leaves little option but to venture outside on a regular basis, in order to survive. This social situation will inevitably lead to the replication of the infection curves experienced in Italy, amongst this highly vulnerable community. In three weeks, barring a miracle, it is likely that the healthcare system will become swamped with these patients. As the old-, the immune-compromised-, and those with underlying diseases start getting infected, they will require healthcare services at a massive scale, in a state system that is under strain at the best of times. I am sure the private system will pitch in where it can to try and stem the flood-tide. That is when our real battle against COVID-19 will begin- the communal battle for survival of the most vulnerable in our society. For once, I hope I am wrong about the situation and that government will miraculously manage to avert this impending catastrophe. Good luck to us all.