

South Africa's National Health Insurance revisited: "Quo vadis"? ("Whither goest thou?")

By the time you receive this copy of the *South African Family Practice* journal, South Africa's National Health Insurance (NHI) pilot project would have completed 24 months of implementation. The first status report by Matsoso and Fryatt was published in May 2013.¹ In my previous editorial on the pilot project, I provided a synopsis of the objectives, progress and challenges, and concluded with positive data on the satisfaction index of patients on the usage of the public health service.²

It is time to ask a follow-up question about the project. South Africa's NHI: "Quo vadis?" The phrase "Quo vadis?" is a Latin phrase which literally means: "Where are you going?" or more precisely, "Whither goest thou?" The NHI white paper, which includes its financing implications, was announced by the Finance Minister, Pravin Gordhan, in his 2014/2015 budget speech, and is expected to be tabled in cabinet; hopefully after the May 2014 elections. The finance minister stressed that the 14-year NHI implementation is premised on improvements in public sector health delivery and on reducing the high cost of private health care.³ NHI funding is via two conditional grants, namely the nationally managed "national health grant" and the provincially managed "national health insurance grant". He further explained that a total of R18.1 billion had been budgeted over the next three years (2014-2016) for the infrastructure component of the two grants. What was not explained lies in the detail of the budgetary allocation.

On 5 March 2014, the Health Minister, Dr Aaron Motsoaledi, briefed the parliamentary committee on grant allocations, and provided a progress report on the NHI. He said that the main concern of the Department of Health was the development of affordable health care, and that the manner to do this had not been defined. A solution was still being sought. He stressed that there was a flawed understanding by the public that the NHI was meant to be a medical aid for everyone. In his submission, he expressed that the NHI's purpose was to reduce the incidence of catastrophic healthcare expenditure for ordinary citizens.⁴ After a closer look at the minister's progress report, I identified the following accomplishments:

- All 11 pilot districts have district clinical specialist teams (DCSTs), comprising at least three of the seven expected members per team (42.9%).
- The number of school health teams totalled 106.
- Ninety-six general practitioners (GPs) out of an expected 600 have been contracted nationally (16%).
- Five hundred and sixty-eight of the 1976 ward-based outreach teams have been registered (28.7%).
- A number of key health indicators have demonstrated downward trends (between 2010/2011 and 2013/2014), in respect of the incidence of severe malnutrition in children

aged five years and younger, and in-patient death rates for children of the same age.

It is apparent that some progress has been made in the 11 NHI pilot districts. However, the pace is relatively slow so it will be some time before the average patient will be able to experience its full impact. It is disappointing that many private GPs have not embraced the NHI in great numbers, and the contributory factors to this apathy need to be established. Nathan and Rautenbach identified certain risks with regard to implementation of DCSTs, namely:⁵

- The failure to retain heads of clinical units (HOCUs) in DCSTs may bring about human resource and financial imbalances within the public health system.
- HOCUs will ultimately perform their commuted overtime duties in district facilities if the regional or tertiary hospital is too far away from their district-based location.
- HOCUs (the family physician excepted) will be restricted in their scope of practice, especially in rural districts, resulting in a loss of skills.
- The pool of existing practising clinical specialists will be diminished by the promotion of 52 specialists in each category in the DCST to HOCU posts.

So where is the South Africa's NHI going? It appears to be moving against a tide of pessimism in terms of its ability to address present healthcare inequalities. More dialogue is crucial between the Department of Health, healthcare practitioners and private health funders to allay fears and search for innovative ways to reduce healthcare expenditure for ordinary South African citizens. South Africa's NHI will only become a reality when we all move in the same direction to make health care affordable and universally accessible to individuals and families through their full participation, and at a cost that the country can afford.

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