

Collaboration is key to sustainably transforming South Africa's healthcare system

By [Damian McHugh](#)

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The current and ongoing energy crisis in the country has once again demonstrated the resilience that South Africans have; we are solutions driven - businesses and individuals alike 'make a plan' to ensure that we can effectively function during load shedding. We are a nation that is used to stepping up where we need to create public private partnerships to ensure a sustainable service: private education and security, among others, are all examples of this.



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Healthcare is another one. As a country, we have almost [nine million members](#) on private healthcare schemes. This equates to about 15% of the population who are not placing a burden on what is already a highly constrained public healthcare system, and not forming part of the backlog in accessing primary healthcare.

Our current percentage of GDP spent on healthcare in South Africa – [9%](#) – is equitable to that of many first world countries, including Australia, Denmark, Finland, Portugal and New Zealand. Our social-economic make-up, market dynamics, and demographics however are not comparable. Our healthcare provision for the vast majority of our country's citizens is inadequate, with rapidly declining healthcare worker numbers, load shedding, funding and numerous other factors all negatively impacting the system.

This is the same system though, that with the planned introduction of the current draft NHI plan, will have to service all South Africans – all [60 million](#) of us.

Healthcare is a fundamental right for all. But for us to create and implement a national health system to enable this, we must be mindful of the current constraints and ensure that we move forward in a positive manner.

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Primary and secondary care

The debate of complementary versus supplementary care is at the foundation of the current NHI debate. If the NHI were to be introduced tomorrow, we would all have access to primary complementary healthcare – funded through taxing and other mechanisms. This access would be compulsory for South Africans and mean that no private medical funds could be used for primary healthcare - medical schemes would be prohibited from providing such and would have to adapt their offering.

Private medical healthcare would, however, remain in place in a new format, servicing only secondary or specialist healthcare needs until such time as the next phase of the NHI rolls out.

The motivation for universal healthcare is sound. We need a more equitable, robust healthcare system with better access to quality treatment and outcomes. Not just for those in the formal sector that can afford private healthcare. The concern is that the trust deficit that exists between government, business and the wider population is at an all time high. Past experiences with Eskom and SAA bring into question the rationality of another national system. So, the key consideration is in how we can implement it.

Phased approach

Introducing primary universal healthcare for unemployed South Africans or those who need access to it, funded by a health tax, makes sense. This could be introduced in a phased approach, with government demonstrating its ability to drive meaningful change and creating pockets of excellence to show that sustainable transformation in the healthcare sector is possible.

Secondary care could then be introduced to the same group following the successful and sustained roll out of primary healthcare.

While we roll out improved access and quality healthcare to the unemployed or informal sectors, the private sector can assist by ensuring the formally employed are covered by current private healthcare solutions. Thus, alleviating some burden on the state and allowing limited resources to be used more efficiently for those currently uncovered. This suggestion is only an interim step to ensure that the system is tested and delivers improved outcomes.

We believe the current private system should be combined, but to do so immediately puts unnecessary pressure on the NHI in its interim stage. By altering the phases of rollout, it gives us a chance to test, adapt and prove that our universal healthcare vision works. As we prove the concept, we take the next steps.



Combining forces for one goal

The reason why this rollout plan could work better is that it enables private and public working for the same outcome, and we build trust that the system works and improve the trust gap between our citizens and the health system we want to create. In addition, we potentially don't lose critical experienced resources from our health economy and, unlike our power challenges, we prevent the disastrous concept of health shedding.

In addition, creating local purpose-driven partnerships is key to driving the same positive intent and required skills to uniquely solve for a better future for our society, by improving our healthcare industry. That was the driving force behind Momentum Health Solutions' partnership with major labour unions, the National Education, Health and Allied Workers' Union (NEHAWU) Investment Holdings (NIH), the investment company of NEHAWU, the Police and Prisons Civil Rights Union (POPCRU) Group of Companies (PGC), the investment company of POPCRU, as well as individual business leaders in the health industry.

The ability to work together to create more health for more people for less is essential.

Universal health care is a critical consideration for us all. Having access to quality healthcare is a cornerstone to building a healthier economy – a mentally and physically healthy population ensures less burden on the state and on private companies. And having safe, stable, and sustainable healthcare facilities not only provides for our own people, but also attracts foreign direct investment as companies view access to quality healthcare as a key consideration.

Transforming healthcare in South Africa requires a collective commitment – but with that commitment we will see tangible results in improving the health of our society and the productivity of our nation.

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