

The zemblanity* of the NHI

*the inevitable discovery of what we would rather not know

SADJ November 2019, Vol. 74 No. 10 p525 - p526

KC Makhubele



Many members will have acquired a clock from the Association in the past 12 months or so. It is a wall clock with blue lettering on a white plastic backing and "SADA" appears prominently at the centre.

Intriguingly the second hand is twisted in a corkscrew configuration. Some may say that is an indication of the convolutions of time, and indeed, we are facing just such a convulsion when we consider the National Health Insurance Bill.

The Association has responded to the Bill by submitting to the Portfolio Committee of Health a 40-page document detailing the many problematical aspects which have been identified. At the outset the Association affirms adherence to the definition of "Health" adopted by the World Health Organisation ...that "health is a basic human right". We therefore do support all efforts to promote optimal health, including Oral Health in South Africa. We fully support the principles of Universal Health Coverage and access to quality health care for all South Africans.

It may then be viewed as paradoxical that the Portfolio Committee will be faced with the decided opinion that SADA is very concerned about how effectively the NHI will be implemented by the Government. The intention of the NHI is surely to provide access to quality health care for all South Africans. The SADA decision has not been taken lightly for it is based on an exhaustive study of the National Health Insurance Bill, leading to the detailed submission. That document is available to all members.

We also are very concerned that the Oral Health profession seems to have been left out in the main, yet this profession plays an integral role at all levels of oral health. It is an established fact supported by a wealth of research that there is a strong association between the health of your mouth and that of the rest of your body.

Periodontal disease is a risk factor for development of conditions such as heart and blood circulatory systems diseases, type 2 diabetes, low birth weights of babies,



osteoporosis, lung disease such as pneumonia and chronic obstructive pulmonary disease (COPD), digestive system disease such as gastric cancer and ulcers.

The NHI would therefore be making a mistake if the oral health profession were to be left out or not given the prominence it deserves.

The word "paradoxical" has been used ...and perhaps that is a vehicle which may assist in focussing on particular problems and dilemmas associated with the proposed legislation. Consider some of the problematical situations presented by the Bill, not necessarily in any particular order.

Paradox one

The provisions of the Bill envision controls over health providers regarding where they may practice, what fees they may charge, what treatment protocols they must follow, what diagnostic tests, medicines, medical devices and healthcare technologies they are permitted to use.

Faced with such restrictive control, many are likely to emigrate, paradoxically depriving the NHI of the very skills on which the scheme will depend.

Paradox two

Planning for the introduction of a National Health Insurance scheme has been active over the last ten years.

Khomi C Makhubele: Chief Executive Officer, SADA

The declared intention is “in order to achieve sustainable and affordable universal access to quality health care services”. But, paradoxically, there has been no costing of the model since the inception of the scheme.

True, the National Treasury is now preparing a financing paper which is expected to detail how much the scheme will cost and how it will be funded. Yet both the President and the Health Minister have stated that the NHI will be implemented regardless of costs.

Paradox three

There have been eleven pilot projects to test the concepts of the proposed NHI. The outcomes of those projects are certainly not encouraging and paradoxically it appears that the lessons learnt have not influenced current planning. Computers were sent to outlying clinics without internet access, treatment needs for children were not met, infrastructure was incomplete.

Paradox four

The proposed Health Care Benefit Pricing Committee is authorised to not only purchase services but also to set the price determination for those services. Hence the Committee will, paradoxically, be both a purchaser and arbiter of prices at the same time. Inevitably a bias may be expected so the Committee will save funds for the NHI... but providers could find themselves losing fair income.

Paradox five

In appointing the Board of the Fund, the Minister will establish an ad hoc Advisory Panel which will interview candidates and make recommendations to the Minister, who will confirm the appointments. Paradoxically the Minister may dissolve the Board “on cause shown” and replace Board members for a period of three months, hence enabling a structure entirely to his/her discretion.

Paradox six

The Board of the Fund is described as independent... in the 2018 White paper the Board was accountable to Parliament. Paradoxically the Bill now provides for accountability to be to the Minister, extending his/her powers considerably. The Minister will appoint virtually every position of importance in the vast network of public sector health departments and institutions.

Paradox seven

Despite the importance of health care professionals to the scheme, paradoxically the professions are not well represented on the various committees, rendering superficial the discussion on such critical items as evidence-based health care. In particular, the Bill makes no mention of any representation by clinical practitioners on the Health Care Benefit Pricing Committee, a most relevant omission.

Paradox eight

The NHI Bill is designed to include not only those of the community who have inadequate healthcare cover, but paradoxically may force the registration of people who already have cover through private contributions to a Medical Aid Society.

Paradox nine

All service providers will be paid the same rate irrespective of seniority, experience or ability. Paradoxically therefore a first-year graduate will receive the same remuneration as an experienced service provider, perhaps even one who taught him/her!

Paradox ten

The NHI Bill seeks to prevent even those who can afford the costs from using their Medical Aid cover, paradoxically increasing the financial and service demands on the NHI, draining the very resources required for those most in need.

In drawing attention to these and other discrepancies and problems, the Association is not dismissing the principles espoused in the objectives of the NHI scheme... to provide Universal Health Coverage. The Association believes that a supreme collective effort is required by all parties to secure improvement and equity in healthcare in South Africa. The clock is ticking, the second hand remains convoluted and we must untwist the future.

The Journal appoints a new Editorial Assistant

SADJ November 2019, Vol. 74 No. 10 p527

Mr Madumetja (“Dumi”) Marius Ngoepe is our new Editorial Assistant, appointed on 15th November after having served a three month probation after the departure of Noko Mojele, his predecessor in the post.

Dumi has already proven his commitment and enthusiasm as he has embarked on a vigorous routine of establishing prompt and accurate communication. Indeed this is a prime objective he holds... to introduce a system whereby authors and reviewers have ready access to the papers and can track progress towards publication. To the post he brings background qualifications in a Diploma in Information Technology with a special emphasis on Network Architecture ...skills which he will develop and rely upon in his contributions to the Journal.

Many members will know Dumi, a familiar tall figure at Head Office as an Office Assistant (and Congresses where company car driver) and at Congresses where he was to be found at all hours and busy with virtually any task which needed attention. A most willing contributor and team player.

Dumi describes himself as ambitious and goal driven... the Journal will benefit from these attributes of our latest member of the Journal congregation. Welcome Dumi!



A promotional banner for the Dental & Oral Health Congress and Exhibition. The top left features the SADA logo (a blue starburst) and the text "DENTAL & ORAL HEALTH CONGRESS AND EXHIBITION" in blue. Below this, a dark blue bar contains the dates "28 - 30 AUGUST 2020" and the location "Emperors Palace Convention Centre, Johannesburg". The main body of the banner has a background image of the Emperors Palace Convention Centre at dusk, with palm trees and a fountain in the foreground. Large white text reads "SEE YOU NEXT YEAR!" followed by "At EMPERORS PALACE Convention Centre, Johannesburg" and "28 - 30 AUGUST 2020". On the right side, there is a large red ribbon graphic with a circular seal that says "SAVE THE DATE!" in white capital letters.