

Summary of Health Issues in South Africa

Period 22/01/2016 – 01/02/2016

THE COST IMPLICATION OF THE PLANNED NHI SCHEME-PLANNED FOR INTRODUCTION IN 2025

Upon closer scrutiny it would appear that the cost of such above mentioned scheme would cost more than the country's entire tax collection, based on certain calculations. This raises serious doubts on the viability of this prospective plan.

The Minister of Health, however opinions that private health care runs on raised cost and should not be taken into account when used to determine the costs of public healthcare. The Minister went on to cite that he was unaware of which part of the Constitution indicated that we should have exploitive medical schemes in place. Certain comments were raised by various parties to this comment.

The Competition Commission inquiry resulted in an opinion that it would be better to make private health insurance mandatory to those able to afford such and improve public healthcare for those that cannot. Most low and middle-income countries were not capable of sustaining a NHI from the general taxation of the citizens, and that no government should become liable for the healthcare of an entire nation. The plan in South Africa is to be a central fund made up of contributions by all South Africans, possible tax increases, alternatively VAT or perhaps a combination of the two.. Critics believe that unless aspects such as corruption are resolved and addressed

REFERENCE:-MIA MALAN & AMY GREEN: MAIL AND GAURDIAN, 22 Januaury2016

CRITISISM OF THE NHI AND THE ROLE OF THE JUDICIARY

Section 27 of the Constitution of the Republic of South Africa enshrines:

-I) (a) health care services, including reproductive care;

3) no one maybe refused emergency medical care

The Minister of Health is unshakable, the courts must directly enforce The Bill of Rights, as was seen in the case of *Soobramonev vs Minister of Health*, the right to access is paramount to managing resources. Legal arguments will without doubt arise.

REFERENCE: - COMMENT CAPE TIMES, 26TH JANUARY 2016

IS HEALTHCARE A SOCIAL DEVELOPMENT?

It can be argued that if 84 % of the population have no choice, one cannot say there is a choice, as such we all want the right to choose, and most certainly one would be able to insure themselves and buy top up cover in addition to that, this falling outside the NHI cover and would be for your own account. It would appear the medical Schemes Act would change in order to bring into line the various health plans which are not controlled by the same rules as the medical aids.

The answer is no. You will always be allowed to insure yourself against risk. Medical aids will not be stopped.

THE LIMITATION OF PRIVATE HEALTHCARE

A hierarchy exists in the medical world. Part of the initial NHI problem was that only General Practitioners were involved, thereby depriving a child with the right to an audiologist, speech therapist or optometrists. Neither the private nor the public services should be discriminatory. Finances should not be a factor. Financial risk protection should be obtained by means of pre-payment. Both services should be bought for the benefit of all citizens. In order to achieve this excessive pricing of private healthcare, it must be lowered and the standards of public healthcare should be improved.

Accordingly, central hospitals should be not considered provincial due to the fact that they are national assets, in the same breath it is suggested they should be semi-autonomous. A variety of financial factors exist that have an impact on the level of services and the problems that arise in trying to sort these out fairly. The media is full of complaints, but that is not a legal remedy, such which is sort to provide the public with the services promised by the NHI. Price setting has been addressed by the courts, but such was forced to withdraw, being considered "irrational". The Court ruled on appeal to go back and address the issues again. Leaving the conclusion that the Competition Commission must remove its ruling seems to be the obvious solution.

IS THE 2025 GOAL FOR THE IMPLEMENTATION VIABLE?

The biggest challenge will be the Constitution, if such says no to the NHI it is undeterminable how long this could take considering it has been a work in progress since 2009.

REFERENCE:-JANET SMITH: CAPE TIMES, 26TH JANUARY 2016

THE PROPOSED MEDICLINIC MERGER/AL-NOOR

The Competition Commission has concluded that, due to the fact that the Abu Dhabi based Al- Noor centres and clinics had no interest in the Mediclinic group in South Africa, Al-Noor had no employees in South Africa, there could be no competition nor public interest as foreseen in the Competition Act, such merger to be approved without any conditions.

REFERENCE: DANE MCDONALD: FIN24, 27TH JANUARY 2016

REGULATION OF TRADITIONAL HEALERS IN SOUTH AFRICA

Currently there are 200 000 traditional healers in South Africa, following traditional African beliefs. Most operate without any interference from the government. In 2014 The Traditional Health Practitioners Act was passed to bring organisation and regulation into the affairs of these healers. In 2015 extra rules were published to regulate this legislation. Public comment was called for. The healers have seen these in a negative light believing they are unrealistic and impractical.

The Act has subsequently created an interim council to aid with a workable system.

This specifically allows the ability to specialise in different areas, for example: - a diviner, a herbalist, a student, a traditional birth assistant, a traditional tutor, a traditional surgeon.

The implication of the introduction of such is all will have to be registered at the council and pay a registration fee for a practising certificate. Such is only possible should the practitioner meet with certain requirements, one of them being a South African citizen, good character references and proof of qualifications. This control will enable the man on the street a form of protection. The added responsibilities require additional care, possibly being expensive and time consuming. Although training is a pre requisite, however when and where this would take place is yet to be determined. The cost to register at this R500-00.

This arena is fraught with many difficulties of teaching/learning materials requests to produce copies, inflicting serious implications for intellectual property rights. Each area of training has different requirements when it comes to training.

At the end of the training period, which varies from field to field, a log book is to be produced for the council. This now overlaps into South African Employment laws which state an employee must produce a medical certificate if absent from the workplace for a period of longer than two days. Failing to provide such could result in the employee not being paid for the period of absence. Prior to this council, employers were not obliged to accept such certificate. This has now changed and employers must now accept such certificate.

REFERNCE;-RENEE STREET & CHRISTA RAUTENBACH: THE CONVERSATION, 27TH
JANUAURY 2016

MEETING OF HEALTH MINISTER WITH HEALTH PROFESSIONS COUNCIL OF SA

Certain media reports implying that the HPCSA was not taking head of the team appointed by the Health Minister, was not the reason for the meeting held between the two parties, instead it was an apparent call for a complete revamp of the HPCSA, being seen as “defunct, riddled with mismanagement” . Certain senior ranking staff were to be brought to book by means of disciplinary action, including the head of legal services. The South African Medical Association expressed worries about non-compliance by the HPCSA and failure to aid change amounted to “extreme arrogance”

This report aimed at the termination of employment of several officials who did not resign, and thought that to be arrogant and a lack of honour, not to do the recommendations of the report.

A new president Dr Kgosi Letlape was requested to show the leadership required and if such did not succeed, the Minister should suspend the entire structure and appoint an interim management team to get the place in order.

References:

1. *VUYO MKHIZE;*
THE STAR,
28th JANUARY 2016
2. *LISA ISAACCS;*
CAPE TIMES;
28th JANUARY 2016