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**FACULTY OF INFORMATICS AND DESIGN**

## Individual Consent for Research Participation

# Title of the study: An Information Technology Readiness Assessment framework for the South African National Health Insurance

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**Name of supervisor:** Prof Tiko Iyamu

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**Purpose of the Study:** The aim of this research is to develop a framework that can be used to assess the readiness of the implementation of the National Health Insurance (NHI) system, from an ICT perspective, in South Africa. The objectives are as follows: (i) to examine and understand the factors that could influence the implementation of the NHI system in the communities of South Africa; (ii) to examine how the NHI system can be implemented in the communities of country; (iii) to understand the current state of the implementation of the NHI system.

**Participation:** My participants will consist essentially of participants of the medical aid organization and the people from the communities of South Africa.

**Confidentiality:** I have received assurance from the researcher that the information I will share will remain strictly confidential unless noted below. I understand that the contents will be used only for purpose of this research study which is to develop a framework to assess the readiness of the implementation of the National Health Insurance in South Africa and that my confidentiality will be protected by assigning codes to all participants.

**Anonymity** will be protected in the following manner (unless noted below). Participants real names will not be used instead codes will be used.

**Conservation of data:** The data collected will be kept in a secure manner. Only the researcher, supervisor and the institution will have access to data collected.

**Voluntary Participation**: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will destroyed

**Additional consent:** I make the following stipulations (please tick as appropriate):

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| --- | --- | --- | --- | --- |
|  | **In thesis** | **In research publications** | **Both** | **Neither** |
| My image may be used: |  |  |  |  |
| My name may be used: |  |  |  |  |
| My exact words may be used: |  |  |  |  |
| Any other (stipulate): |  |  |  |  |

**Acceptance:** I, (print name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

agree to participate in the above research study conducted by Nomawethu Tungela of the Faculty of Informatics and Design, Department of Information Technology at the Cape Peninsula University of Technology,which research is under the supervision of Prof Tiko Iyamu.

If I have any questions about the study, I may contact the researcher or the supervisor. If I have any questions regarding the ethical conduct of this study, I may contact the secretary of the Faculty Research Ethics Committee at 021 469 1012, or email naidoove@cput.ac.za.

Participant's signature: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher's signature: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethical Clearance**

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**Interview Guidelines**

**Community members**

1. Can you please share your understanding of the NHI with me?
2. What do you think of it (NHI)?
3. In your view, do you think that it would work?
	1. Why do you think so? Please give me some examples.
4. What are some of the challenges that NHI would have in your area?
	1. Why do you think so?
	2. How do you think those challenges can be addressed?
5. What do your friends and family think of the NHI?
6. Why do you think that they think so?
7. How do those challenges affect you?
8. In your view, what can be done to eliminate those challenges?
9. Is there anything that I might have forgotten that you would like to add?

**Organisation**

1. Can you please share your understanding of the NHI with me?
2. What do you think of it (NHI)?
3. In your view, do you think that it would work?
	1. Why do you think so? Please give me some examples.
4. What are some of the challenges that NHI would have in your area?
	1. Why do you think so?
	2. How do you think those challenges can be addressed?
5. What does your organisation think of the NHI?
	1. Why do you think that they think so?
6. Does your organisation think that the NHI would work?
	1. Why does your organization think so?
7. What do your colleagues think of the NHI?
	1. Why do you think that they think so?
8. How do those challenges affect you?
9. In your view, what can be done to eliminate those challenges?
10. Do you your organisation have system to support NHI?
	1. What challenges do you think such system will encounter?
	2. Why do you think so?
	3. How would such challenges be addressed?
11. How do you think the NHI will affect your current services to your clients?
	1. Why do you think so?
12. How do you think the NHI will affect your current systems?
	1. Why do you think so?
13. Is there anything that I might have forgotten that you would like to add?

**Semi structured Interviews**

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**What is your understanding of the National health insurance?**

The National Health Insurance is an insurance fund that is set up to create healthcare for everybody universal healthcare in South Africa for all level. It doesn’t matter if the person is employed or not employed or can afford or cannot afford.

**In your view what do you think of the NHI?**

I think universal healthcare is necessary for any country and for every place and it needs to be. Universal healthcare should be the goal to be implemented as soon as possible in any country. I think there’s lots of gaps in the information for NHI. What is going to cost, exactly what healthcare packages are going to be made available under NHI. How it’s going to interact with the private healthcare. Because at this stage the NHI draft legislation says that private healthcare will in essence disappear because medical aids won’t be allowed to provide the same benefits as the NHI is providing. And I think that’s flawed. I think that we need a mix of private and public healthcare and that those two systems need to work together seamlessly to create universal access to healthcare.

**In your view, do you think that the National Health Insurance will work here in South Africa?**

Not in the current format that they are proposing.

**What is the current format that you are referring to?**

The format that the draft legislation suggest is that the medical aids and private healthcare will in for all intents and purposes disappear. There is very little information as to what the NHI will cost. There is very little information on what the healthcare benefits package is, that the NHI will provide. So the way that they are proposing it just the guidelines in which they are proposing it, I don’t think it will work.

**When you say little information what do you mean sir?**

There is no budget for NHI. And when you ask Doctor Aaron Motsoaledi what is the budget for NHI he says that’s treasury’s problem. When you ask him where the money will come from he says that the treasury’s problem. When you ask what’s the specific benefit packages are, nobody can tell you. What will the mother and child, what will the maternity benefit package would look like, will it be GP driven, will it be gynecologist specialist driven, will it contract with private facilities, will it all be in state facilities, where is the staffing is going come from that is required, human resources that is required from NHI. So, there is very little of that information available at this stage.

**In your view why do you think that because they have little information do so it difficult what is going to ha**

Yes, if there is no information we can’t say what the budget is. What is going to cost. And what the benefit packages are. There is no way to evaluate whether it can be successful or not.

**In your view when it is successful how will it look like. Or what can it do for it to be successful?**

What should the end goal be, that’s a difficult one. Because it depends on the resources that are available you know. The healthcare that the country can provide is directly related to the amount of resources that it has available. Money, staff all of that within the healthcare sector. Now at the end of the day we want access for healthcare for everybody in South Africa. There has to be primary healthcare for everybody. But at what level do you pack the tertiary? Does that include heart transplants? Does it include treatment for people who does have smoked the whole life? Where do you pack that treatment? And where do you say well this is the benefit package? And its dependent on the resources that you have available. At the end of the day we want to see that any person that becomes sick and it’s not because they smoked their whole life, not of their own making must have access to healthcare. They must be able to go to hospital and get helped. But at this stage we can’t do that in South Africa and because of the resources I don’t know how long it’s going take to get there.

**Ok, when you say primary resources what do you mean?**

We looking at things like mother and child care. Inoculations, basic inoculations. Basic child healthcare that you get through school healthcare programs. The primary healthcare level of care throughout the community that builds on the health communities that creates healthy communities going forward.

**In your view what do you think would be the challenges of the NHI in our country?**

Funding, number one is funding. How is it going to be funded? Number two I think the big problem is resources. Is there enough clinics, hospitals and staff members to be able to provide the services to the people out there? And I think number three is descent strong leadership at ground level. Hospital management, facility management, provincial level, municipal level and provincial level management and implementation that’s done the correct way.

**When you say descent leadership can you just explain to me what do you mean by that?**

If you read a report from the nationalhealth trust that was done a few years ago there was something like 30% of state hospitals management that didn’t have matric. So that’s the problem you need to get in. A system like a hospital is a very complex system to manage. There’s lots of facets that you need to look at. You have to look at the personnel management. You have to look at infrastructure management. You have to look at the logistics of getting your medication and everything into the hospital. You’ve got to make sure like your services like your laundry, your catering runs very well. So you can’t put somebody into a position like that that has not got management qualification and experience. They don’t necessarily have to be a clinical person but they have to have management and experience and background to be able to maintain and run such a complex unit. And then obviously the one thing that we all talking about is the corruption. You got to ensure that the corruption is completely rooted out. Even more so in healthcare because well you can’t really compare it, but healthcare for me I’m passionate about healthcare. When you stealing money from Eskom that’s one thing. When you stealing money from healthcare budget, you stealing people’s healthcare away. You know for me that’s more serious. Corruption is bad but for me healthcare it’s even more serious than just a normal corruption. That’s my personal view of it. Think that management skill and the implementation. NHI is not a bad policy. NHI is not a bad thing. I’m not against NHI. I’m not against universal healthcare. I’m against trying to put something in place that you haven’t thought through what funding is going to be and where is going to come from. You don’t know what the benefit packages are going to be or how they going to be constructed. You trying to break something down that it is still to an extent working, which is the private healthcare sector. So you can’t have this big disparity between state and private. But you not going to get state right by breaking down private. It’s not going to work. So I think the biggest challenges are implementation, and descent management at ground level, funding, what’s the benefit packages are going to be and corruption.

**How can those challenges be addressed in your view?**

I think what needs to happen is instead of private and government healthcare services standing in different corners and pointing fingers at each other they need to be put together and say how do we solve this problem. But if you look at the amount of representation of private healthcare. On the different committees within the NHI structure its actually very little and very few. There needs to be better representation. And it needs to be a national collective effort between all departments in government to pull this off. Because it doesn’t just depend on that Department of Health. It depends on Treasury. It depends on Department of Home Affairs to stop people coming in as how can I call it, as medical tourists because they can’t get care in their country they come and use our care. Which is, which I understand it’s a problem but it shouldn’t be our problem you know what I mean. We’ve already got constrained resources. Department of Public Works for the creation of clinics, the building of clinics. The maintenance of clinics and hospitals and all that infrastructure. Treasury you know. All different departments within government needs to sit around the table and say how do we solve this problem? It needs to be a collective effort. It can’t just be the Department of Health on its own you know.

**Ok, why in your view do you think that if you can more people on the private sector to be on the leadership of this NHI could change things around? Because you said there’s little leadership or if I can say stakeholders from the private side that are involved in the NHI?**

Because there is lot of capacity that has not being used within the private facilities that can be used to help state patients.

**When you say capacity what do you mean?**

Theatre time, beds. Hospital beds that are available. Theatre time that is available. Nursing staff sometimes sitting in theatre and there isn’t enough work for them. That could be the two entities can work together and say how do we solve this problem together instead of fighting and saying oh but you doing this, you doing that and you not doing this, you not doing that. To sit around the table and say alright let’s stop fighting. Let’s see how we can solve this problem together. So I don’t think by just getting private people in its going to save government. That’s not what I’m saying. What I’m saying is it needs to be a collective response. Everybody that involved in healthcare, private healthcare includes the suppliers of equipment. The suppliers of drugs. All of these things when we force the prices of anti-retro virus down, we gained so much more access and we could treat a lot more people. Why can’t we sit around the table and say but what are you prepared to do. How can we solve this problem? How can we move, all move forward and solve the problem for the country? Not oh! You only treating sixteen million people and we have to treat the other fourteen million with the same amount of money. Its private money. It’s my after tax money. You can’t come and take it. You would have to increase taxes. So I can do with my money what I want, I can buy a car. I can buy a healthcare. If you say to me I can’t go to that doctor or I can’t belong to that medical aid. Doesn’t that infringer my constitutional rights? So but I’m not saying that private is going to save government not at all. What I’m saying is everybody needs to work together to solve this problem. Everybody.

**Referring now to the organization, do you think that the NHI as an organization would work?**

The way that is currently being proposed in the draft, NHI bill. No I don’t. I don’t think that the answer is to create one big pool of money and then try and pay everybody out of that. I think that opens it up for inefficiencies. The road accident fund is not working. The IOD fund is not working. The work compensation fund is not working to the extent that it should. So, I don’t believe creating one big pot of money will solve all the problems. I think that healthcare should be devolved to provisional level and provinces must solve the problems for that province. Because each province is unique in its own right as well. I mean the western cape versus the northern cape there’s big differences. The one needs to subsidies the other one. Cause if the Northern Cape has to work only on its tax payers and its income it will never survive. But I think that you need to devolve healthcare to provisional level. Now they talking about centralizing and the management of all the academic hospitals. It can’t work because Charlotte Maxeke hospital in Joburg is very different from Groote Schuur or from Tygerberg down in Cape Town. They are two very different facilities.

**Why do you think they are different?**

I think there’s different disease profiles. There’s different ways of it working. And there’s different pressures on the hospital. I mean how many people, six million people in Gauteng alone and it’s a province that they are small you know that hospital has a lot different pressure on it than these hospitals have down here you know.

**So when you say pressure what do you mean sir?**

Just the amount of people that it has to look after and the amount of pressure on it from people needing service.

**So do you think there more people they have the more they are strained to provide services. Is that what you are saying?**

Ja to a certain extent. The more the demand the more difficult is it going to be to provide that service. Because your hospital is only that size.

**What do you think your colleagues think of the National Health Insurance?**

Basically everybody feels the same about it. There is too little information and its bound to fail in the way that its currently being proposed.

**Why do you all have the same views with regards to the National Health Insurance?**

Ha ha, it’s the fact of the matter I don’t know. That’s the information that’s coming along. That’s the information that is available.

**Can it be that you sharing information as it comes?**

No no the guys lot of people are making independent assessments of the situation. A lot of people are making independent assessments of the situation looking at it and saying well in this format it cannot work.

**When you say format what do you mean”?**

The form how it has been proposed in the proposed bill. In the proposed NHI bill.

**These challenges that the NHI have as an organization how do you think that they can be minimized?**

Yes, as I said earlier I think all different sectors within the healthcare. Private and state pharmaceuticals, equipment suppliers, consumable suppliers, private hospitals all of them. Everybody needs to sit around the table and say listen this is the challenges we see. This is the challenges we see how can we help each other. And the second thing is that there needs to be a huge inter-departmental project within government as well where as I said earlier treasury, home affairs everybody is involved in saying how can we solve this problem. Because it’s a complex problem. It’s not just waver magic. It’s the problem every country in the world is struggling with. It’s the problem which England with its NHS is struggling with. They don’t have enough money for NHS in England. They have got less than ten percent unemployment rate. We’ve got nearly thirty percent unemployment rate here you know. We’ve got to find a solution that will work. But for South Africa we need universal healthcare if everybody is not a discussion. That’s not a discussion. Everybody needs to have access to healthcare. everybody. Whether you can afford it or not. Whether you one years older, whether you it doesn’t matter. Everybody needs to have access to healthcare. But how we going to do that?

**So you saying its only department of health that is involved with the NHI?**

The feeling that I get is not enough. I can’t say to you it is exactly that. But the feeling I get when you look at the reports that are coming from the different. From government and you look at the NHI bill there isn’t enough input from other departments I believe.

**Does your organization have a system that can support the NHI should it be implemented going forward?**

I think there certain, there’s a role that we can play in helping to implement NHI. I think there’s a role we can play on sharing the knowledge and experience we have with the NHI committee and to help them. Once again we don’t know how it’s going to look like so it’s a bit difficult to answer. But I think that there is definitely sharing of knowledge that can take place and assistance that can be given. How can we track patients, how do we code for, with ICD10’s and CD4’s and all these things? Track patients, code patients and keep track of that patient over a period of time. So that we have comprehensive healthcare. So the comprehensive healthcare can be given to that member.

**If you say you can play that role does it mean the public sector doesn’t have that skill, enough skilled people that understand how to the role that you will be playing, how to do that?**

Look at this stage the public sector does not use the ICD10 coding system. You know the ICD10 coding system? It’s an international for diagnosis. Each diagnosis, high blood pressure it has got a code ICD10, that diagnosis code and we look at the CPT4 code which is the procedure. If I take the ICD10 code and the procedure code, I can create a history for that patient. I can take that information, I can put it in the computer and I can pull reports that this patient has got high blood pressure. They have been to the doctor five times. Twice the diagnosis was four high blood pressure flue and the other time was for a toe. If I’ve got that history of the patient to work with. And I have got access to that history. I can have better healthcare outcomes. Because I don’t get treated in a new way every single time. The government system for patients is totally paper based. You’ve got a file in a hospital in Durban I think its paperless. That’s one facility I know. But your patient’s health record is in a file at this hospital. And if I go to another hospital, I can’t access that information.

**So you mean that if now they can have the system so that they can be able now to track patient’s records.**

Track patients. They can build a history. A health history for that patient

**Can you please explain to me what is this procedure that you say you work with?**

You have the ICD10 code, that is the diagnosis code and then you the CPT4 code which is the procedure. The procedure says what did the doctor do. So I go to hospital I’ve broken my leg. The ICD10 code will say broken leg. The doctor will then put a piney. There will be a CPT code for that, CPT code for that procedure you put in a pin. Okay, so if I look at that procedure. So if I then I’m in another hospital and that same patient comes to me. I can go to internet system, put in your ID number and there’s a database that says thirteen years ago you had a broken led at Albert Luthuli hospital but now I’m at Charlotte Maxeke. Ok, then I can give better treatment or I can walk in to the hospital and they can look and they can see oh! I have a leg problem. Then they can treat me better. So, I believe there’s a lot of cross pollination that can happen.

**Does that mean that the public healthcare doesn’t have the procedures that they follow? Or is just that it’s not centralized?**

They don’t follow the procedures and it’s not centralized procedures

**Why do you think so?**

Because they use different IT systems and. Each province uses different IT system

**What do you mean by the IT system?**

Capturing patient data, or capturing any of the relevant data on. It’s the one system doesn’t talk. The one provinces system doesn’t talk to other provinces system.

**Why do you think their system doesn’t talk to each other?**

Because each province goes and buys its own system and they do the research on their own. So, there is a centralization required to say listen everybody let’s use this IT program. And everybody uses the same IT program. Then the program can talk to each other. But if I use the program that was written in England and you use a program that was written in America talk to each other.

**So why is it important to have program that are centralized that are talking to each other?**

Because then I can go to any hospital in Gauteng have an operation treatment. And if I walk into a hospital in western cape they can look up what was done in and what my history was in a hospital in Gauteng. They don’t have to redo tests. They don’t have to ask the questions again. They can get that clinical data from the hospital directly which is on the centralized database.

**What do you think the NHI will affect the current services that are provided to the clients?**

So, it will have a huge impact because the NHI at this stage the way the bills are written it hasn’t been passed to parliament. But the way those bill is written is as if medical aids will not be able to provide any service that is already been provided by the NHI. So, if the NHI say we cover you for the heart attack. Medical aid pays for you for the heart attack. They can only pay for cosmetic surgery for instance. So it will have a big effect. And it will have a big impact on the medical aids cause all their intensive purposes. There will be only one or two big ones left. There’s going to be very few people that will afford that will pay for cosmetic surgery if insurance. Because its selective, it’s not something you need. It’s something you want to do, so I rather save my money. Why would I invest in a medical insurance or ill rather invest in a savings plan?

**Why do you think that a lot of people would or a lot of medical aid organization would be minimized?**

Why, because the NHI will provide the majority of services that the medical aids are providing now on the current bill.

**So that would now affect the medical aids?**

Yes, and they will close down

**Do you think that the NHI will affect your current system as medical aids?**

Yes, definitely. As it is currently proposed. Yes.

**So all these challenges how can they be addressed. Like now the challenges that you as an organization are facing because of the bill that is proposed by department of health. How can this be addressed now so that it doesn’t affect the private sector?**

There are sections of the bill that will have to be completely taken out of the bill so that it doesn’t affect the private healthcare sector. I don’t think that the system is as healthy. The current system, the private state system healthcare system. I don’t think it can continue for a long time as it is working now. So it needs to be revamped but it needs to be done in a manner and in a process in a dialog, where we sit around the table and say right what is the call. Do we want to improve healthcare? How can we do that? We can bring in low cost medical aids which will make more people pay for medical aid and decrease the burden on the state services. so let’s bring through the enabling legislation to allow for low cost medical aids. Because low, what effectively happens now is legislation prohibits low cost medical aids. So you can’t start the low cost medical aid right now because the legislation is written in such a way that it won’t work, it can’t work.

**Why is that?**

So, what the legislation currently says is that you have to cover the two hundred and seventy prescribed medical aid benefit in full. As soon as you working out to cover those two hundred and seventy prescribed minimum benefits your contribution that you have to make on a medical aid is over a thousand rand a month immediately. You can’t say well let’s start a medical aid where you can go to your GP, you can go for glasses. You can get some blood test done. You can get all x-rays done. You can’t do that medical aid because the law says the medical aid has to cover for PMB’s. So, the law doesn’t allow us to start a low cost medical aid.

**Why do you think they are doing that, they don’t allow to start a low cost medical aid?**

I think it was the way that the legislation medical schemes were originally. I don’t think that they foresaw that they will have the impact that it currently has. And then it was about two or three years ago when private, when medical aids tried to institute low cost medical aid schemes but it was stopped by government because they said that will interfere with the NHI plans. I don’t see how. You see there is disparities. Now if we can create a medical aid plan for between two hundred and fifty to three hundred a month where you can go to the GP. You can get glasses, x-rays and all those things you’ll. Immediately there will be a lot of employers that will help their staff. Because you also know that the challenges as an employee he needs to go and find medical help they are out for the whole day in the clinic. And if they lucky they can get to the clinic. If an employer can pay two hundred and fifty or three hundred a month and that means that his staff member is not away for the whole day when they need to go to the clinic. They don’t need to be off for the day when they need to go and fetch their medication. They will pay it. But the problem is we sitting and we are not solving those type of problems. So low cost medical aid could make a significant impact. Other things that can make a significant impact is but you can’t happen to understand that. Is zero rating vat on healthcare.

**What do you mean by that?**

You take vat out of healthcare completely. You don’t pay vat on medical equipment. You don’t pay vat on your healthcare bill. On your hospital standard you have to pay vat nothing. It doesn’t bring down the cost of healthcare. But it will take away income from government. So there is a lot of mechanisms. Indirect taxes, you can bring an indirect tax in where you can say for every one rand the cellphone company makes they must give you ten cents towards healthcare in South Africa. It’s called indirect tax. And that is the to go to healthcare.

**So is all of these views been expressed maybe to?**

It does get expressed. It’s get expressed through feedback to the NHI bill but unfortunately as I say is the standoff. Government will say ja but private just wants to make money. And private say but your NHI is not going to work. So not getting around the same table and say right how do we make this work right let’s get this thing solved.

**So do you think whose call is it now to each other so that they can sit down around the table and express all of this?**

I think it must be something driven by the ministry of health and supported by the presidency. The ministry of health need to say ok let everybody get together and sit around the table and let’s talk about this thing. Let’s talk about the different ideas we have. Let’s talk about things and getting them go forward. But if you look at the problems we having in our healthcare system. A public healthcare system right now that’s not being addressed.

**What are these problems?**

Esidimeni, nobody is going to jail. That hasn’t been addressed. There hasn’t been a court case about it. Why not? One hundred and forty people died. They starved to death. That’s one of the biggest we have on our countries history. Hundred and forty-four people starved to death. They didn’t get shot on anything. They starved. And they were mental health patients who couldn’t help themselves. That is criminal. We know about the hospitals where the government has paid for the hospital where it hasn’t been built or built but for six years. Those type of things they just not being addressed. They just not being sorted out. So huh, there needs to be that action taken. And that needs to be sorted out before you can say we want to pull all the money together and pay for everything from the central fund. How you going to do that. If you can’t even do the basics right now.

**Ja I remember even before you mentioned corruption but now how can all these things been addressed, how can they been addressed and minimized?**

Accountability. Accountability by government, by ministry of health. Mahlangu, why is she still in Gauteng government? She killed those people. Why Mhlongwe, why is he still walking around? Why haven’t they, if we start holding people responsible and accountable for what they do. Things will come right very quickly. You send people to jail. And I’m not only just talking about government politicians. Why isn’t this guy from Steinhoff in jail? Why isn’t he in jail? Everybody must be held accountable and there must be consequences for your actions. Doesn’t matter who you are. If you are a doctor or a nurse, and you don’t do your job private or state. There needs to be consequences. And as soon as people realize there’s consequences they start doing their jobs. But there haven’t been consequences. Because nothing is happening to them. You can do what you want, you could walk away. That’s the challenge we face.

**Is there anything that I might have forgotten in our discussion that you need to raise maybe?**

Not that I can think of at the moment. I hope I helped. I know I sound negative about it but it’s not about being negative. It is about you know getting it to work. Because everybody deserves to have access to healthcare. Everybody. But we got to all sit down and say how can we make this happen collectively. Society, all the government departments, all the role-players in healthcare whether its private or state it doesn’t matter. We all need to pull it together. We need to fix this. Because it’s not fair, I can sit at the office when my child gets sick. I get in the car and I drive to the hospital. They immediately see a specialist they get help. Somebody sitting in Khayelitsha their child gets sick they have to walk or get taxi money to try and get to the clinic. Then they sit there for five or six hours it’s not fair. That’s not how it should be.

**So you think it’s more also on the people that are using public facilities. They are more affected?**

Ja, they are affected. They are the ones that are affected the most yes. Because generally the person who is on private healthcare has got his own car or they can afford their own car. So they get in the car, take your child drive to doctor. Take yourself to the doctor you know. While the person that is dependent on the public system has many more challenges. They need to overcome before they can access healthcare.

**And some of those challenges are?**

Transport, waiting lines, waiting times, poor attitude from staff that is overworked and demotivated. Lack of medication that might be, lack of doctors and nurses that are available. You know so all of those things are challenges they have to overcome. And they don’t necessary have the means to overcome. It’s sad, it’s very sad.

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**Can you please share with me what is your understanding of the National Insurance?**

So, my understanding is that obviously it will be health insurance for South Africans and you as a tax payer will obviously you know it will be compulsory that you will have to pay towards it. And basically the government or the National Health insurance will be sort of the sole supplier of sort of health. And obviously I’m not sure how privacy that comes into it and what their restrictions are. I’m not too clear about that but basically is everyone will be in a way obliged to have health insurance by you know government.

**What do you think of the National Health Insurance?**

I must say besides obviously what was published initially obviously there was quite a lot of negativity towards it because of you know the impact that it will have on our industry. Because once health insurance you know obviously everybody will be obliged and depending on the cost of it, you won’t be able to have a private insurance. Or you could still have private insurance but then again you know depends on what the cost would be. So what a cost as a tax payer. But also the cost of you know medical schemes as a whole because if everybody will be forced to take National Health Insurance and you know also depending on the segment of the market we cover. We not that such a big medical aid but you know it does have an impact and then you know it will actually mean closure of a lot of schemes. And I guess a lot of small to medium schemes.

**So in your view do you think that the implementation of National Health Insurance would work here in South Africa?**

It’s very difficult to say. I think you know as government becomes very clear about it. If I look at you know just the demographics of you know how many million South Africans do pay. You know obviously tax and who would contribute to that. And also depending on you know if, I think the big question is where the funding will come from? Where the funding will come from, if it will be just solely on the tax payer or it will be coming from vat as well? And then also, you looking at the small percentage of those who will be contributing to it. And then you know also be covering the masses. I think for our country and you know the split between private and public. I think the biggest challenge is obviously the private healthcare where its currently is, and the public healthcare. And there is quite a big gap between the two.

**What do you mean by gap?**

You know basically for the services that are produced at high cost at private healthcare and whereas at the public healthcare I think similar services obviously can be done but you know the cost, you know. For instance, if we look at and this is probably the rate at what we are currently paying private practitioners in this country over the last say ten or even more years. The fees for private healthcare has grown so much and there is no control over it. Control over what the doctor can charge. Because each medical aid or medical scheme basically states what their rates is for what they will pay for a specific fee for a service consultation or you know procedure. And I think what will happen is that the National Health Insurance either have to employ all these doctors but they will have to be able to match them at that specific rate or you would have that a lot of those doctors will go out of the country if they are not matching to what they already currently consulting at. So I think that for me is quite a big challenge. Just looking at it from outside. You’ve got this split between private cost and services provider against what is currently at the public.

**Are you saying that the medical aid schemes charge according to own, they have their own way of charging?**

No, what happened couple of years and in the early 2000’s is that there was no national rate that medical schemes use. So each doctor charged against that specific medical aid rate. And it was basically fee fall. And I think it was 2006 where it actually changed where the national health rate didn’t exist anymore you know or came to an end. So what every scheme basically did was it basically just add a percentage of you know what the CPI would be and they would calculate a rate. So every year they will add 5, 6 or 7 % to that fee every year. So each scheme was doing that but every scheme did their own calculation based on that. So it also depended on how your scheme in a way work profitable. I won’t say profitable but in a way how you manage your scheme the prior year to be able to see what you would be able to cover the next year. Or if you have the big loss the previous year and you have to re-incorporate funds. So, a lot of the schemes have sort of different rates. There is no structured rate. If you go to the doctor your consultation fee is R200. And besides the differences in the fees some of the doctors and specialist have where they don’t charge the normal fee. They are 3, 4 or even 6 times the medical aid rate. So you have such exorbitant rates of specialist. So in the market today there is fees. There is no structure at the moment. And I guess you know when the NHI comes into place it will bring structure in. But, you now at what cost will it be of losing you know a lot of skill and so that’s where I see they might be a few obviously problems coming in. Or you know there are some huge concerns about it. Because we see, we get claims coming in for doctors that are basically charged for fees that they feel they are entitled to. We pay up to a point depending on the option or the cover that the member is on. And if it’s a PMB case obviously the scheme won’t have to pay, if it’s like an emergency, life threatening situation where the doctor had to perform the member didn’t have any saving. Then we will pay you now the full cost basically. And those are quite exuberant fee. So, it really depends on you know how government will basically set it up of. Making sure that you know all the stakeholders in this will in a way be covered. But I guess and I’m not sure but I mean the provider will also be employed by NHI or government, I guess.

**You mentioned that maybe the implementation of the NHI, the structure that the government will put in would mean that the government would lose some skill. Why do you think so?**

I think the government loose skill because doctors you know there is such a great demand overseas. And it seems like you know with a lot of expertise nowadays. I mean we’ve seen this report that you can go to any other country, you know basically deploy your skill there and you get paid much more than what you are paid here. So, if there is quite great demand overseas for doctors you now, they might be easily you know be able to go overseas. Because if they and depending on how government will employ them. If they are for instance have to work less than what they currently earning. Then you know, it’s going to be difficult for them to stay in the country and say ok we will continue doing what we doing. And obviously the private sector, if more you know people are forced to make use of NHI then obviously doctors will then have to consult with if they are privately, still privately they will have to consult with NHI, with government. So, I think you know and there is really the gap between private and public that’s has been grown so much over the years. And obviously its apartheid you know that is the reason why we sit where we actually at the moment. And I think it’s just that. I think with nurses in anyway was also a quite problem number of years ago where a lot of nurses were going overseas and obviously government also sort of increase their salaries to make sure that they sort of meet the demands. Just that how they will be able to do that with doctors and other you know practitioners.

**So do you think that the doctors will go overseas because of what they will be getting with the implementation of the NHI, is that what you are saying?**

Yes, I’m thinking that you know because depending on if government will be able to match you know their salaries, what they are currently earning in the private sector. Then it will have a ripple effect of what will cost the taxpayer here. So, but if government say this is what we are going to do saying you know we will only be able to pay you this amount then a lot of doctors will rather say I will rather work overseas. If depending, you know looking at what government will offer them.

**Just to take you step back, you mentioned that there is a gap between the private and the public and the services that are provided between both. What do you mean about services?**

So, at the moment the fees that are actually charged you know from a public hospital point of view versus a private hospital point of view there is quite a gap between the two. Medication as well and there shouldn’t be the case because medication should be the same between public and private. But I think probably services and obviously the level of services. I think that’s probably also and you know if we look at our government or the health system currently you know profitable in a way I’m using term of profitable but not that you know they trying to gain a profit. But are they in a way able to subsidize them. Not subsidize what’s the word I’m looking for, okay you know able to sustain themselves for instance the current health system. I’m not sure about that you know if they are able to do that right now. No, no. You always hear that so much money is going towards health or education and they are always increasing. But if you for instance compare the two between the public hospital and a private hospital to see are they in a way profitable or not. And it also determines for government going forward are the current model working? Are they basing NHI in the same model going forward?

**You’ve mentioned some challenges like losing skills, doctors not interested if the NHI might cut down their working hours? What are some of the challenges do you think that would rise due to the implementation of the NHI in your area?**

In my specific area. I live in Bellville I don’t foresee that there would be a problem but because I leave in Boston, Karl Bremer is there, Tygerberg is there but for people that live outside the urban areas there could be a problem. Which means that new hospitals need to be built. There need to be new infrastructure. I think for us living in the city where there is Karl Bremer, there is Tygerberg, Groote Schuur as well and basically those two hospitals are actually run where you know universities are connected to it. I don’t think you will lose a lot of skill into it. I think you know because of the private sector currently that’s available. People rather use the private sector because of the backlog of the public sector. If that were to change, that everybody you know would need to go to the public sector, then you know it will just make it even worse than it currently is. So, there is a bit concern you know. There is quite a concern about that. And if you also you know I think that’s probably one of the biggest challenges for other countries as well like in the UK with NHS you know. They are now making use of public sector to clear sort of their backlog of patients to be able to assist them because of their current backlog of treating patients for like your operations. So, I think that’s probably also a big concern of would the public sector be able to cope? So it really depends on the mechanisms that they would be able to put in place to ensure that.

**So do you think the public sector has a lot of backlog with the way they are structured?**

At the moment I actually not sure as we obviously make use of the private healthcare. I’m not too aware. If I hear from family using the public sector, for instance my uncles and sort of aunts and parents they are not able to make use of a lot of services in the public sector. You know if they come to the certain age they are not sort of the primary focus. It seems like in the public sector they are algorithms to who are taking care of and who are not taking care of. It seems that they are not sort of geared to be able to treat all the masses.

**Why do you think that?**

I think its resources is one issue obviously. There’s not enough resources.

**When you say resources you mean?**

Staff and skill. And also probably basically enough materials and stuff you know in hospitals. So it could be that they are but I think one of the biggest challenges are resource, staff, nurses and doctors.

**But why would they lack resources like staff? You’ve mentioned earlier that they changed the way they pay nurses now to make them not to leave the country.**

Yes, for instance if I take for instance nurses obviously they work a certain way. I’ve got my sister in law who works at Tygerberg hospital. You constantly hear how they are sort of under staff. How they have to work some of the conditions. And so you get the idea, and then also a lot of doctors also doctors coming in just new doctors doing their here, the long hours they have to work you know. And you just get the idea that they are short staffed. I mean if you look at the amount of hours they need to work a day or even just have to fit in a week which is quite a lot. That’s why I think you know that there are really shortages.

**In your view what do you think your organization the medical scheme thinks of the National Health Insurance?**

Yes, as I said in the beginning it means that you know if the taxpayer is going to be burden with this particular funding of National Health Insurance they won’t be able to have private healthcare which in actual fact means that they won’t buy our products. They won’t belong to our medical scheme. So, first of all there will be forced to go obviously to make use of NHI. And that means that you know it will have a direct impact into our existence. People won’t get to buy our products because they will be forced to make use of it. And that would either mean that you know there would be lesser and lesser medical schemes.

**I just want to understand when you say they will have to be burdened to take the NHI what do you mean?**

Depending on what the cost would be for you know the taxpayer. If you for instance, at the moment if you look at medical aid what they cost. I mean the entry level say will be a R1000. So, if they will have to pay you know will it be R100 or will it more will it be based in your income? So depending on your incoming would it be a certain percentage? So it all depends on what it will cost government to make this obviously really feasible in a way to be able to run it. But it depends on also to what it will cost the taxpayer. And that will they still be able to afford private healthcare or not? So that will be able to, if it’s a R100 that you have to pay towards it. Yes, you will probably pay your R100. So then you can probably still be able to fund your own private. But if it’s going to become more you know. It just depends on will people still afford it.

**Do you think it will be more? I’m just thinking now because they said NHI is to make access to healthcare for everybody. So I’m just thinking if do you think it will be a high cost because not everyone is working so how are they going to deal now with the people that are not working, that are already in a medical aid because they can’t afford to pay for medical aid?**

You see everybody at the moment already have a right to go to a public hospital. Even if I have medical aid I still have the right to go to the public hospital and demand service because I’m a taxpayer. Even if I’m not a taxpayer because I’m a South African citizen I can go to any hospital if I need for instance emergency treatment or just basically treatment. And it depends on if that hospital is able to provide that treatment. I mean at the moment what they trying to do is making sure that they give private or for instance primary healthcare. But also, I mean operation can be done. But I think what government is obviously trying to do is to nationalize it and to make sure you know that they create a pool so that everybody can have much more you know, much more than they currently are able to offer but also in the same way taking from the private sector and moving it to the public sector. Because that’s the effect that have on.

**So they will take money from the private?**

No, what I’m saying is that you know what they will be doing is services. I think you know the private sector will still operate in a way and depending if people can afford it to pay either through a medical aid or you know directly. But what obviously government is trying to do is for people to belong to NHI so that they will be able to create a pool so that everybody can be able to make use of it.

**Your organization do you think that the NHI would work, as an organization now?**

Yes, I think you know because in other countries it hasn’t worked. I think people have a lot of negative confrontations to it. Looking at it currently you know, and there are obviously a lot of hospitals that are currently on operation. They don’t work as smooth as they should or function as well as they should. So, one just thinks you know if government are not able to do or to run it well with the current system. How are they going to be able to do it with NHI you know? I’m not sure what their rating of the current system or is it currently not working and then that’s why they want to start with NHI. But that’s just my personal opinion.

**In your view what would be the ideal working system for the public?**

I think what the ideal would be is that they should bring in structure you know for certain services. I think that’s where it was lost. Where the private industry or the doctors you know are able to make their own prices to what they want. I think that’s where we’ve lost it. I think with prescribed minimum benefits (PMB) when they came the idea I think was good in a way that people shouldn’t be burden to pay for fees if its PMB and these are the set conditions that they should be to be able to get treatment. But the private sector in a way use that loophole and inflated their fees and I think that’s also the difference between sort of fee structure between the two where government has lost it. So, they would definitely have to bring in structure to say everybody charge the same fee. For instance, there is not that you can charge a different fee for the service because you know the treatment that you have to provide won’t be different any other doctor. Depends on their expertise but still you know so I think that’s one of the things that government will have to do is to say if that is the fee structure you can’t charging double than it should be. And if they bring in that structure at least you are able to be able to plan for that. But because there is no fee structure everything is just that cost the private sector will be able to set their own fee. And not just the doctors but the hospitals as well. Private clinics as well you know and so there has been a lot of inflation in that.

**In your organization with your colleagues what do you think they think of the NHI?**

I think, you know a lot of people think that it won’t necessary work. One has to see you know. And I think the big concern is obviously where the funding of it will come. I think that’s probably the biggest concern. And yes I think that’s basically the biggest concern. I don’t think of any other you know. I think government will you know have to obviously you know plan well for this to make it work. And I understand it has been coming also now a few years now that there has been talks about it. So, I think it’s just some sort of uncertainty around how the actual model will work and really giving sort of really clear lines about all of it will give people a much more assurance, not just assurance but just knowing that this might work if this is how it’s going to be done. But because it’s not that clear, I think the people have a lot of concerns, they just hear stories and you know.

**Why do you think that government is not coming up clear to people as to what is going to happen or what is their plan in terms of the implementation of NHI?**

I’m not sure. Ha ha ha. I think yes I’m not sure, it’s really difficult.

**But now do you think if there were funds somewhere your colleagues would think that the NHI would it work. Is it only funding that could make it work?**

I think it’s the model itself. I think of how you run it basically.

**Can you give me an example of what you mean?**

So, basically you generate funds for it and obviously and making sure that its run properly. I think it’s just it might also be just a way and also where corruption came in with the last few years in government. It is just that you know people are losing trust in the government you know because they want to nationalize the health insurance and well it is just that. More money will be going to government but you know they are not the best at running it properly. If you look at you know lot of the state owned even the parastatals as well is that you know they are just losing the money and not providing the services that needs to be provided and obviously giving back to the people. I think that’s probably also you know why people are so negative about it. Because you know looking at giving the money to government it’s probably goint to end up in somebody else’s pocket. So, but you know if things turn around as there seems to be now it might just be that it would work. If corruption is sort of cleared out and the money really goes back to the people it could work. It might just take a number of years (laughing).

**With these challenges that you have just mentioned, how does that affect you in your organization like as an IT manager. How does all of this affect you?**

I think in a way it will obviously mean that you know I will have to be able to work somewhere else but it doesn’t mean for me to work for the government you know. Although yes I won’t be able to work directly with the private industry. Because it might be there would be a lot of other schemes or other guys with the same skills will be without a job. But it also depends in government will there be positions you know to then go and work for government itself. So, it just depends on what would be the outcome of it.

**Also in your view what do you think it can be done to eliminate the challenges that are already there? Like you’ve mentioned that people are insecure maybe to pay for the National Health Insurance because now the government hasn’t proven them correct.**

I think the current system, what they are currently running is they have to try and make sure that they run that properly and really get confidence you know from the people that they can do it. And you know if the current hospital surround properly they effective you know will give people confidence that yes they can do it. They are using the money correctly and they are getting services back. I think that’s probably where they need to start. And then secondly is also try and bring in structure in the industry to say you know I mean the competition commission is there enough and they have in a couple of years ago have started to do an investigation into private healthcare. But they need to be really strong on the private healthcare and say this is obviously not fair in rendering certain services and really to protect in a way the consumer and really say you know these are exuberant fees you are not allowed to charge them or you know really bringing in structure. And also to use the laws as well you know in a way to be able to curb it I would say.

**What do you mean by using law?**

I think putting laws in place you know. If for instance, if there should be a set fee for it they need to really worked on the medical schemes act or you know act applicable to private healthcare and say these are certain laws that you need to abide to in a real way as to being fair to all you know. To the practitioner as well as to the member or the patient as well. So I would think not just from one point. To really looking at it from the holistic point of view, is to try and cover it from all areas.

**Who must bring the laws in?**

I think government should make sure that all the laws would be able to cover all you know and to make it. I don’t say you know change the laws and make NHI work. But I’m saying as an industry to see for instance how the two markets has grown apart from each other and really put in a structure just in place and saying you know you are not allowed to do that or this or the other. Just to make sure that there is sort of protection for patient as well as for the practitioner. And also I mean there’s corruption in the private sector as well. And also that government should be hard on that you know where there is fraud you know those people are brought to book and that it’s not just overlooked.

**So do you think by putting in more law would eliminate the corruption?**

I would think so but I mean also enforcing those laws are quite important as well. Making sure you know that the laws are just not there but people can really see that if you break that specific laws you will see the force of government coming against you.

**I hear you feel strongly about putting structure on the new system that the government want to implement, why is structure for you very important, why is it very important for you?**

Because you know the reason why that is important is that the competition is not really good for the consumer you know. If you really need to go to the specialist, you have to pay their specific rate. Ok you can go to any other specialist but they might be that they are too busy or you know or not able to see you. But I think there should be sort of fair competition in a way. I think and also I think because of PMB that came into play you know since the early 2000’s it is also that you know there is sort of loop hole that practitioners can just charge whatever they like. That has also had quite an impact on the market you know on basic, on fees and medical expenses because they can charge whatever they want and the schemes just have to pay. So, I would say you know there should be structure in place you know that everybody can’t just charge what they want to, there should be a structure in place.

**So what is the impact of these schemes charging their own amount. What is the impact of that?**

You mean of doctors charging their own amount. I think with doctors charging their own amounts for in the case of PMB is we have seen that a lot of doctors have changed their rates you know just to be able to charge more than what they entitled to charge. Because there is no set bar they charge whatever the amount they want to. It’s not regulated and because why it has such an impact particular on the private industry or the healthcare industry is that you know they have to fork out and pay. So what has been happening over the years is that the contributions have been increasing for people belonging to schemes to be able to cover the expenses that they have.

**Does your organization have a system in place so that it can deal with NHI? The implementation of the NHI, do you have a system?**

I would say yes. Well work quite closely with council. We every quarter and then annually as well we submit files to them. We have, they started a project a couple of years ago but didn’t carry through with it where they wanted to put up a particular system in place where they will get sort of monthly or daily files from the scheme. Where they will be able to see who belongs to a scheme and what the movement is in the market. We are quite open for that you know. So, I’m not sure what the requirements would be you know from NHI but I mean we are quite open to any sort of change. Because what are currently happening you know just between the different medical schemes is that people would resign from one scheme and they will go to another scheme. What in effect will happen with the NHI is that people will just obviously cancel their medical aid scheme and just making use of the private, of the public system. And if that sort of requirement from the NHI to be able to state you know which members belong to you. Then the scheme is in a position to be able to do that. Am I answering your question or.

**I would think that like you’ve mentioned that you would have a system where if the NHI is implemented this is what we would do that type of system. So what are the challenges that you think you would encounter with that system should the NHI be implemented**?

No, I think we will encounter any challenges. Because I say we are with the council for medical schemes we give them every quarter, annually we provide files to them and they publish a report in each year. Even with SARS as well we provide to them as well reports of you know who are the members that belong to our medical scheme. What are their contributions? What are their expenses of what they have to pay out of their own pocket? So and we do that twice a year, we provide them files and so we don’t have any, there shouldn’t be any issues or any problems with us being able to switch you know or provide data or files to NHI.

**Do you think that the NHI would affect now your current clients in your system, should it be implemented?**

Yes, as I said it depends on the cost. But you know if people see that they will be able to get a service from government you know and if what they currently have in place would work for them they would cancel the medical aid. Because if everybody is contributing to it you know or tax payers, or if it comes from vat would contribute to that funding and they will be able to cover for that. If people see that they are getting the services, then they don’t need to go to the private sector they don’t need their medical aid. So that will have an impact on us but it depends on you know if they will be able to get a service elsewhere. Because people currently make use of medical schemes to be able to go to a private hospital or to make use of a private doctor. And I think that’s probably if they have the choice of making use of the public sector they won’t be continuing paying their medical aid.

**But now with the short skill or short staff on the public sector do you think that they would want to do that? Whereas on this side, on the private you book an appointment with the doctor, you meet with your doctor that time instead of waiting the whole day.**

So if they are not going to get the service from them they will make use of medical aid to make sure that they have insurance cover to be able to assist them you know if they have to go to the hospital or need just the primary healthcare.

**Do you think that the NHI I’m asking it again will affect your current system?**

Yes, I would think so.

**Why do you think so?**

So you referring to the whole company? Where we are currently and I’m just looking at sort of bulk of people belonging to our scheme. You know we don’t do income base; our products are not based on income. So it’s difficult to say but what we’ve been seeing in the market over the last sort of 5 years. We introduced new products which the one cost less than a thousand and the other just above the thousand rand. And we’ve never catered for that market. Just because you know it was becoming so expensive to cover PMB’s and to be able to cater for PMB’s for the risk involving in PMB’s. So we’ve never catered but the last couple of years we’ve opened the market. And there are a lot of people that you know are buying you know make use of that specific product. And we seeing that you know because of the economy that is really struggling you know lot of job losses and people that are currently making use of private healthcare really you get that you know people make use of private healthcare, one because they can still afford it. And the other reason would be that you know they really need it. So they either have chronic condition or you know their health are not that good. They might be elderly so they really need to belong to a medical scheme. If and the last two products that we are using, you know are people coming on and wanting just that specific product. So if government are going to introduce you know or for instance are going to tax them on something else you know for NHI. Then it’s sort of taking the money out of them they will be paying for two. So they will be saying no I don’t want, just they use NHI. And, I think when and I’m not saying people are not paying. People are contributing to the public healthcare at the moment but I think if people are going to specifically be taxed on that they might get and say you know they specifically pay for this so they are titled to make use of that service. So the increase on the public sector might be more because people are saying they are paying for but they are not getting the service. So I do think people are going to go away from the private sector and going to government will have definitely an impact on us. So and its really just seeing at what people are buying at the moment and they are the bear minimum. And the economy that is not really good, doing very well you know. They really going to make sure you know they get the best of their pennies with going to the public healthcare.

**Is there anything that maybe we didn’t touch that maybe you want to raise. It would be maybe with the systems that you are working on currently the impact that it will have with the new implementation of the NHI? If there would be any effect**

No I don’t think so. I think you know with the way it will depend to where the hub will be for the NHI you know maybe in Pretoria or here. Nowadays with the internet of things you are so easily be able to swap information between the two entities and data nowadays much more accessible and in different format. So I don’t think there will really be an issues. I just depends I think maybe on government side they will obviously need to invest in the best technology to be able to communicate with various entities. So I doubt that there will be issues related to work. I think you know with the private sector everybody is sort of so split in between. You’ve got small schemes and different schemes and then you have sort of the big four you know. Your Discover and Bonnitas. I think they have resources that they have available and how to structure their products you know. They have quite a big advantage of you know how to structure their products but also how to cover for their members in the same. With NHI as well I think government has the information because all the schemes provide information to government. So, they have a lot of I think information and resources. Should I say information available to be able to you know meet sort of meet the need of you know the people in a way. If you just look at you know just purely information,

**What do you mean by information?**

Information means basically you are this age, you are 40 years old. These are some of your chronic conditions. These are some of the operations that you went for. And just really I mean Artificial Intelligence; will you be able to see the health status of the whole country for instance. And how one can use the information to your advantage. For instance, us as a scheme, we are a small segment of it. The biggest schemes are able to do it. But if you think of government its self if they are able to use all of that information to ask their patients and really be able to tap into sort of newer technologies to really be ahead of and it’s really just the basics of somebody going for a checkup, checking their blood pressure, checking their sugar. Really knowing what their status are of their health and being able to also cater for those people you know for their specific health. For instance, if its heart issues or if it is the basic you know this is what we should do. And I’m not saying that they are not currently doing that. But I’m just thinking that they will be able to enforce much more things you know. Thinking that people we don’t have such a big issue in that particular area or that area.

**So you think if government can work with the private then they can use the information that you have to be able to provide better services.**

Yes, and also when you go to the doctor. You go to the doctor; your file is at the doctor. You go and do blood test and then that test is there. You know such a lot of medical information that is sort of all over the place and not at one place. I think that is also what we lacking as an industry as well is that a lot of medical records or certain patterns that we can pick up of from patients are sort of all over the place but we are really not working together to be able to use all that information to be able to take care of a specific patient you know or similar patients.

**Does the private sector use technology to keep patients records and everything?**

Yes, we really see a lot of movement going towards that with regards to that where people are currently use certain devices. So they will use the glucose monitor or for instance they would use the blood pressure but it would be devices that either patients have to buy or some of the schemes might be able to provide to much more of the health risk patients. So to be able to see and what you also hear about more is wearable tech for instance, devices in your clothing or devices planted in where you know you will be able to get certain information about a patient. And we’ve also seen a lot of companies doing presentations just in certain devices that are on the market that a scheme can use for their high risk patients and being able to prevent like a heart attack or certain major events that will cost scheme millions. So I think with information and in a way as also as how other countries are running it. For instance, and I’m not familiar but I guess America are quite ahead of how they are gathering information and trying to use that information to the advantage. And that’s what we also need to do.

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**I just want to know if you can share your understanding of NHI with me**

Right, well it’s going to be a universal healthcare for all South Africans and it’s going to greatly empower and assist more, the financially disadvantaged people. The people of our country that are in poverty stricken and hopefully your service is going to provide improved services because at the moment there are so many people that cannot afford medical aid. And they are at messy of the state. And the state has not got the capabilities or the services and we are really hoping that NHI will be able to roll out a program that will be able to give our people the standard of healthcare that they all deserve as a South African.

**Why do you think that the state is not capable of providing the services to the people?**

Alright, lack of resources.

**What do you mean by resources?**

The hospitals are, lot of hospitals do not have the required equipment. The government doesn’t have the money to ensure that the hospitals are have got the equipment to be able to service our people.

**Why do you think that the government doesn’t have money to purchase equipment?**

Because the state capture and corruption is playing a large role in that. And money that was set aside or budgeted through the last let’s just say 8 years or 9 years or so for tenders and everything else to bring our hospitals, our state hospitals, our state facilities, our clinics up to date never materialized. We’ve got lack of doctors, lack of nurses. The expertise you need with regards to the care givers is almost non-existent. The working conditions of our caregivers especially the nurses they play a huge role. They are so challenged by just trying to do their job because of lack of operational infrastructure that can help them to do their job. That they are also emotionally and mentally demotivated. Because a lot of them and I mean I’m talking out of experience because of someone that I had to help recently where at our Groote, at our Tygerberg hospital the nurse spoke to me she said “I wish I could help you. This elderly lady is lying with a big sore like that. We don’t have the staff that can go and turn her. There is not enough staff. We are drowning here. The people don’t know who to touch first. She’s lying with a big hole in her back, we can’t help her. We don’t have access to the correct medications. I wish I could help you and I wish I could say something to you. But I can only do, we can only do what we doing and it’s not our best but this is how it is”. The staff on that specific day, the nursing staff are walking on the corridors, they drinking cans of coke. They are eating chocolates. Everyone just taking their time because the whole system is so eroded that people have just lost hope, the caregivers.

**So I was going to ask now you just mentioned that there is lack of staff. But then the staff is walking on the corridors, not helping people**

Because it’s almost like they have given up, the staff are so emotionally drained and so feeling used and abused by the system. That is like you know we just do what we can do and we are so overwhelmed by everything. And you know when you become so overwhelmed and there are so many people to help and you can’t help. And people are on your case. When you lying in hospital it’s a very emotional thing for me, when I’m lying in hospital. And I expect someone to help me and I’m looking at you the nurse perhaps that’s got all the knowledge you need to look cos I’m putting my health in your hands. But you know for a fact I’m looking at you my dear but I can’t help you because there is 20 other people or 30 other people that I also need to help. So you know what I’ll just go on lunch for what is worth and when I come back we’ll just do the same. That is the almost the brokenness and the hopelessness that I sort of perceive from my experience.

**What do you think it’s causing all of this problems to the public sector? What is the cause, what is the root of all of this that is happening there? Of the lack of nurses**

I believe and its only my personal opinion and I’m just talking my opinion. I’m talking just not judgmental no nothing but I believe that government did not ensure and proactively plan the way forward with regards to improving the infrastructure of hospitals. There’s no, there’s never been any plans in place. And once again the people that are being put in the positions to make the decisions are not experienced enough to make the right decisions. And it’s unfortunate that a lot, and I mean look here there is a lot of experienced people out there. But they were definitely people in possessions that didn’t, that didn’t sort of have a foresight to know that we’ve got to think long term. We can’t just do something now. We’ve got to think about if we do this now how is it going to impact long term, so there’s a lot of almost disjunction if I can call it. Like fragmentation within the whole sort of policy and the plan that should have been kept, that people should have been kept up to date with as we went forward and you know as our life circumstances changes and as things were changing in our country. All of these things should have robustly been implemented and the processes should have been put into place or maintained but that all felt on the way side.

**When you say processes what do you mean?**

With regards to how are we going to make sure that our hospitals are able to service the amount of people that it needs to service. How are we going to, where are going to build more hospitals? We need more hospitals. Let’s look at the statistics how many people at the present hospital to make our country and to give our country what they deserve. What are our long term plans and it seems to me and I’m just the normal no one on the street that there were no long term strategies or plans to ensure that the growth in the infrastructure and with regards to our own hospitals system and ensuring that our people receive the medical attention they need? It seems to me that there were on the back bone there were a lot of other things happening and that was put on the back bone and the people are suffering because of it, people are suffering.

**I hear you mentioned lack of infrastructure, can you explain to me the infrastructure you are talking about?**

Well, once again it all sort of comes down to money. That money that’s no longer there. Because you know how the infrastructure is, what operational processes are we going to put in place to make sure that we can drive this animal? How can we drive this animal? And we’ve got to think that we need this, we need and we have to put money aside for this. We’ve got to put money aside for researching in medicine for instance. We’ve got to put money aside for training, for robust training of professionals that can service the industry. I mean where are all these people that we are going to need when we eventually maybe do have our infrastructure correct? How are we going to roll out all these different implementation segments when we don’t have maybe the resources to do it. And that includes people, and it includes the whole spectrum of people you know. So when I talk about the infrastructure I’m talking about not just the building but everything that happens inside that building that’s conducive to ensuring that our people have got adequate healthcare. There’s enough people that can do it. There’s enough money to be able to ensure that there’s appliances and all other things that are needed and just ensuring that as life and circumstances change that they are able to almost preamp that things are going to be happening. And make sure that they apply it timeously within our healthcare processes and this whole infrastructure that I’m referring to. And not waiting until something hectically happens and now we going to try and make a plan. But now the good example, how many people that die, how many young mothers from the low income brackets? How many young women are dying of cancer because they lying all day at home and they not receiving cancer treatment because we don’t have the machines and we don’t have enough caregivers and we don’t have enough the medication. So and I mean these are young women that have their whole life ahead of them, that are dying because they can’t get access to oncology treatment. Because state is just not able to provide it for them. And that’s just one area.

**So you are saying what we see today is because there wasn’t plan had before, a long time plan.**

Yes, there was no pre-planning. I mean what else, you know. There was no pre-planning and I mean I only know what I know from research and reading up and everything else. But my point is, there was no planning. If you look at the state of hospitals. If you go to the hospitals and you look at what most of our hospitals look like. I mean I was in Wynberg hospital. My father died in Wynberg hospital because he left his medical aid and he didn’t tell me. So when he became ill he went to Victoria hospital in Wynberg. I nearly fainted, I could not believe what I saw when I walked in there when I had to go and see him. It took them about 11 hours to just admit him. About 11 hours just to admit him. There are people who were sitting and lying on the floor and I had to trample over people that were just waiting for someone to still see them. My father where he was the staff, they were wonderful. They did as much as what they could I would forever be grateful to them. But my point is there was, the floor looked like there was, someone else have been there before him. There was I don’t know if it was excrement, or whether it was blood or whether if someone has vomited. That was and these ladies, these nurses are running around and you just get this hard feeling of most of these people are just going to die. Because it’s just and I mean surely our government, I’m talking about the people in power. I’m not giving them a name. I’m saying the people in power knew all of this stuff. They knew all of this but nothing was done until we were in crisis stage and then the people started reacting and everyone voicing their opinion and now and obviously promises have been made now for certain reasons. But at the end of the day the states clearly show that our healthcare system, our state run healthcare system has grossly failed its people due to lack of planning that time already. And now it’s almost out of control. I asked myself how are we going to implement NHI? How are we going to do it?

**So do you think that they didn’t plan about the NHI. The government didn’t plan?**

Look yes, government is planning to improve things. But I don’t believe that government have asked the right people the right questions with regards to how. How is it and going really deep into all this almost the actuarial kind of deep stuff that you need to go into? Because it’s easy to say we are g toing to do this, we are going to open this. There is, it is a major mammoth task that is going to cost a lot of money. But money is not going to fix it. It’s the human resource aspect as well and the whole system is so fragmented and so dilapidated at the moment and so broken. It’s almost like you would actually think let’s just demolish the whole thing and start again. Because you don’t want to build on what’s already been damaged because it’s just, it will be better just start new vision. So it comes from the lack of foresight and planning initially.

**In your view do you think that now having said all of that. Do you think that NHI would work?**

I believe that NHI would eventually work but it’s not going to happen in, it’s not going to happen in my life time and I’m 52. It’s not going to work. I don’t, I hope to see a certain level of small piece of the roll out that is making a difference. But it’s going to take, it’s not going to take just one decade. It’s going to take more than one decade for us to maybe start seeing significant results. And you know what at the end of the day I love, I love this country. And I love my people every single one of them. And it’s just terrible to see how our people are suffering because of not having the fundamental basic of their right, their human right. And that’s descent good healthcare. And I’m talking about it in the greatest. I mean there are clinics that are doing wonderfully. But they are small little packets. I’m talking about, let’s just talk about it in its entirety. I mean you belong to a medical aid, you pay 2 or 3 K for it but you walk into the hospital and you feel like king. You feel like you are royalty when you walk in there. Why can’t all our people experience that? Why in this day and age, in this century, in 2019? Why can our people that are not on medical aid not say something similar? Why did they have to feel they at mercy of state and they going to most probably they don’t know when they going to come out? That’s if they ever get seen. So that’s and I know I’m emotional feeling about it but that’s the way I feel. It was possible, it could have been possible. There was enough money.

**So is it money that could make it possible to work?**

Money plays a big role. Obviously the resources that also and the expertise and all of that counts. But money makes the world go around. I can have all the qualification and all the knowledge but if I don’t have the money to implement that knowledge then I’ve got a problem. So ja and its squealy. How lack of progress in the healthcare arena at the door of a system or a government that neglected to ensure that the healthcare in this country got priority.

**You keep referring to a system, what do you mean by a system?**

It’s actually a lack of a system. Actually and its actually lack of the system, that is the system. The system is the lack of the system in a sense of no foresight, no pre-planning, no responsible, no one taking responsibility and being held accountable to make sure that our healthcare environment, our healthcare system and infrastructure gets the necessary attention it deserves because it is critically necessary as part of quality of life in this country.

**Sorry, who’s supposed to look at that the government or the department of health? Who’s supposed to look at making sure that there is system running for the healthcare in South Africa?**

For my personal perspective it is a, it goes hand in hand. So the government will employ, they elect the ministers and those ministers have a certain responsibility. And those ministers are accountable, should be held accountable and should feel accountable for knowing that because they got to know their job. And they got to know that they need to report back and have or get people in the know to submit reports so that they can look at the state of affairs as they are now. Let’s just talk about 10 years down the line to look at the state of affairs the minister of that time. What we going to do about it, what projects are we going to start implementing? What strategy are we going implement so that we can actually start reaching our milestones? And so to me it is a responsibility of our government and the ministers that our government has appointed to ensure that those areas of our constitution if I can call that or departments are protected and looked after. And ja. I mean the staff at some of the hospitals yoh! They are so, they feel so disgruntled and they don’t get paid properly. I mean it breaks the person down. It breaks your whole down, the whole fiber of your being gets affected. You working in an environment where there’s a lot of emotion, you as a caregiver it’s a calling. It’s a calling it’s not a job. It’s a calling to be a caregiver your hands are tied, like this one nurse told me “my hands are tied”. And it’s my sole is broken because of it.

**I’ll take you a step back. I remember you spoke about people that are not skilled that are being placed in the position. Do you think that is the reason why now the state of the healthcare is in this position?**

That plays a huge role yes. I would proudly say that that plays a huge role. It is a highly complex kind of an environment and you need to have the correct skills to be able to see the big picture, see the full picture in its totality. And you need to ensure that the decisions are made around that full picture for everything to fall into place and work. So yes it is a lack of skills

**In you are what are some of the challenges? I know you’ve mentioned infrastructure. what are some of the challenges that would affect your area with the implementation of the NHI?**

So, I do believe that the two can run in parallel, that I do believe. And I do believe that the NHI can learn a lot form the medical scheme industry. There would be I do believe, because a lot of people that are on medical aid today just cannot afford it. They would rather not put food on the table than not pay their medical aid, because they are frightened of their children maybe needing to be hospitalized etc. So those families, those individuals that are struggling to put food on the table now might out of desperation then leave the medical aid pool in the hopes that they will be able to access adequate services from state. So I do believe that is one of the sort of areas where it could affect us, loss of member she other you know with NHI obviously we also have to look this is all my personal. This is not the organization, this is me. You know they would sort of also look at the impact or how the department of health views the place of medical aids within the whole universal healthcare if I can call it or whether they feeling that the pools that medical aid have in other words the finance pools do they you know the Department of Health feeling that these pools be incorporated into one universal healthcare system. Although I believe in that instance there will be huge court battles because obviously its member funds it doesn’t belong to the scheme. Its member’s funds and they have the say in regards to what happens to their funds. But be that as it may, it could be that that could be something that can impact on medical aids, that could impact on jobs. I don’t envision that happening once again in my life time because I don’t believe that people that are on medical aid have faith at the moment in any other system other that well just close our eyes and continue to pay our medical aid because at least we know we are safe. So, but ja so I think those are the sort of things where does the Department of Health NHI fitting into the biggest scheme of things?

**And in your view how can these challenges being addressed now? The ones where the Department of Health doesn’t see eye to eye with the medical aid schemes. And the effect that the implementation of the NHI would have on the private sector. How can all of that be addressed?**

Look for now if I sort of read what I read in the media. The whole plan regarding the NHI it’s almost like no one actually knows exactly what they wanting kind of things. No specific plan well I suppose plan has been put into place. And but I do believe that a lot of consultation has to still take place in an impartial manner where the Department of Health will get together with the stakeholders within the medical scheme industry. And they sat down and actually talked about, about what this implementation whether whatever draft that’s in, what it looks like there’s a lot of unclear aspects of it. There is also a lot of incorrect perception by the Department of Health with regards to how the reserves of scheme are used. The fact that there is no medical aid in this country at this moment that’s making a, but you can’t make a profit on a medical aid don’t make a profit, but they are not seeing a surplus. The contributions that are coming in every single medical aid in this country, the contributions that are coming in are not covering the claims that are coming in. So, the only way that schemes can sustain themselves financially is to try and protect their reserves as much as possible. They then take those reserves and they invest it. To try and get a return on those reserves because if they were not trying to protect the member’s money which is in a reserve and use that money to get an increase of investment to cover the difference between the contributions coming in and the claims that’s having been paid. No scheme is going to survive. And what I have noticed from the reports if you read what the ministers are saying now that medical aids are sitting with these huge pots of money that is so untrue because if it wasn’t for medical aids and that’s why people see the medical aid as grudge purchase. No one wants medical aid, I don’t want to pay the huge premium that I’m paying every month, I don’t want to because I’m not in my mind, and in your mind and the next person’s mind we not getting value for money because the medical aid says no most of the time to so much stuff. And we feel done in, but the reason it’s done that way it’s to protect your money and my money and everyone else’s money of the member in that pot so that their money can be taken and be invested to bring in extra income to pay out the huge loss that the schemes are making because of claims. Claims being more than the contributions. And that’s the area of the businesses that when I read in the newspaper that the Department of Health is not seeing that picture. They just see that medical aids have got money and it’s for the no and what would you know what been said. So I believe that we as industry and our colleagues in the health department this plan needs to thresh out 100% correctly. They need to and more actuarial financing focus needs to be placed on this implementation plan for them to actually see the bigger picture of how much it’s going to cost. Because that’s another problem is that the figures that the Department of Health are quoting as the amount that it’s going to take to build this new system is so far understated.

**Why is it that its understated, its less? Why are they quoting like that what do you think is the reason for that?**

Because I don’t think that they have actuarial gotten the correct information and they have taken the whole, they haven’t taken enough of the dynamics into account which is affecting the figures they coming out with, that’s what.

**Can that be the reason because they haven’t sat down with the stakeholders to get more information on what is really happening, like on the private?**

Yes, I think that a lot more has to go into it. A lot more dialogue and discussions has to go into it and I mean we will never know how much has taken place. But you can’t just come in and want to build this pipe dream without having the actual experience which is out there for them to actually see well how much of this pipe dream and how are we going to actually, how are going to make this work kind of thing.

**I remember you said that they haven’t met with the stakeholders. There is no clear plan, why do you think there is no clear plan from the government side of how is this NHI is going to be rolled out?**

Because I don’t believe that their interpretation is 100% correct. That’s where and I mean once again I can be wrong. My opinion is that the interpretation is not correct and that it’s also causing a huge area of contention.

**When you say interpretation what do you mean?**

You’ve got to actually unpack this whole healthcare dynamic, this whole healthcare basket. It’s got to be carefully unpacked. And you got to sift through each and every segment of it. And you going to see with each and every segment number one where it fits in, how it impacts on the next thing and how that impact actually rolls into impacting other things the dominating effect. And if you don’t have a clear insight because we working in a very volatile environment. I mean healthcare cost a lot of money. We also working in an environment where you don’t know when someone is going to get sick and when they are not going to get sick. And when they going to be involved in a major operation, are they going to cost 10 million rand because of something happened? So all of those sort of you know they have to be a real solid plan and all the variables have to be brought in, to be taken into account as well. I mean and medicine research and standard protocol with regards to what is standard. What is accepted good standard or level of care if you have this disease. What is the standard the accepted level of care standard with regards to that? All those have to be taken into consideration, there’s a very big picture and I don’t believe that at the moment that people have got the correct perception and they are putting things together and they are missing a lot of vital information.

**Ok, in your organization what do you think that your colleagues think of NHI?**

They think it’s a pipe dream, they don’t believe it. They don’t believe that anything significant is going to be happening anytime soon. And they in my opinion they believe it’s going to be a lot of failure for people. There’s going to be a lot of failure, there’s going to be a lot of failures before success.

**Why do they think like that?**

Because they feel that and this is just from me talking to a couple my colleagues. Because they haven’t seen anything that’s made them feel that they can trust or expect anything different at this stage. And I mean it’s terrible to say you know you can only place your trust and your confidence in something that you’ve experienced in a positive light. So if, if I haven’t experienced anything positive how can I put my trust in it? And that unfortunately in health in the state healthcare arena that is how people perceive it, they are scared. They are scared of going to hospital I mean and once again I’m talking to myself I had to go to a day hospital for a day procedure the other day. I walked in there and I felt like I was a celebrity. Oh! My goodness and people were just all around me and asking me what could we bring you for lunch? And could we get you this or that? Just let me quickly take your temperature, could I wipe you there’s a little bit of sweat in your brow. Are comfortable, could we get you another pillow?

**So you saying that the public lack that type of service?**

Yes, well and I don’t say they need that kind of service but what I’m saying is the majority of people that I’ve spoken to do not have faith in the system because they have never ever experienced, their experience of state healthcare is been of a nature that they haven’t they are not able to put their faith if you ask me why.

**So in their view what could be done so that they can have trust on the system, what could be done?**

I think that once the powers that be can give the South African people the sense of comfort that they’re in control when it comes our healthcare then maybe then. But at the moment everyone is running around and no one knows where and what and they all running around like chickens without a head because there’s no control. I believe when whoever might be I don’t know who it would be but when they can say to us as South Africans that x, y and z is happening. Go out there and experience it for yourself this is our plan; this is why we have this plan. How did we get to this plan we took x, y and z and we took all of this into account and we’ve tested it against, we’ve benchmarked it against what’s happening out in the medical aid industry? And here is the solid plan and you can start experiencing it now, you can go now. If I go now into a hospital, now as a medical aid member I’m going to experience it. Now if I want to go to whatever clinic, whatever and they tell me you’ve experienced it I can guarantee you that because our plans are in place Then I think people can have trust on the system.

**When the government piloted the NHI because I’m sure they have started with piloting, weren’t they looking at that looking at implementing it and then looking at ways to solve the problems that the pilot would come up with? So wasn’t that done?**

That was done but it was incorrectly done. Because I’m sorry their interpretation of what needs to be done is very incorrect and once again I’m talking for myself. I like the enthusiasm it’s wonderful, enthusiasm. But the reality of it is that it is very flawed. And how do you get people to change their mind when they have already decided that this is how it is? This is their stand on it. This is what they have decided, this is how they have seen it and so on. How do you get people to take a step back and say you know what I’m going to get this person an opportunity to explain their side? I’m going to and not just bulldoze and rush into things because that is basically what we also been doing. We rush into things in this country and then we don’t realize and then afterwards we want to fix things. Why should we have to always said that “oh we going to do better next time, we learnt from these mistakes at the detriment of the people of this country? Why do we always have to settle for that? Why can’t we just do our homework the first time and even if it takes longer and we get it right so we don’t have to say sorry and start from the beginning, and people are suffering while we doing it?

**So it goes back to the lack of planning?**

Ja, there’s almost like a, it’s almost like a trend in our country. That’s you know, our government need to first fail before they can succeed, lack of planning.

**As an organization now what do you think, I now we’ve said a lot but what the organization now, not your views not your colleagues as an organization what do you think of NHI? Do you think it will work?**

If its driven properly from the beginning and carefully and its well thought out, and its well-researched. And the people in the know could take it one step at a time. I do believe that it can eventually work. Financially that’s a huge huddle but government needs to decide how and where the money is going to come from. It’s their responsibility. But if it’s done right from the start, if we get the building blocks that form the foundation right it can work. That is how we feel as an organization. But if you going to build it on a wonky or a broken foundation it aint going to work.

**And what are these building blocks that you looking at?**

Once again its insight, its research and gaining the insight from the right people and placing maybe personal views outside of what needs to happen with regards to getting our healthcare system up and running. And being open to hearing the facts about how it really is. As opposed to people having preconceived ideas. Ja, I don’t know, I don’t know where someone like yourself actually start. Because I mean it’s almost like you desperately want to get into the heads of people so that you can really almost walk in their shoes and try to apply certain principles. It’s not just having a conversation with people, it’s actually really getting into their heads and try to gain some clarity and something that can move you forward in the right direction. Cause it’s a huge, it’s a huge I must say I have a lot of respect for you, it’s awesome.

**Ok with all these challenges how does they affect you now as an organization, as an individual?**

At this stage it doesn’t affect us, the challenges with regards to NHI maybe being a threat to a medical aid? No it doesn’t affect me at all and I don’t think it will affect us at this stage because at this moment in time medical aids have a role to play. A huge role to play and I don’t think that there’s any organization, the medical aid organization that just, that would just accept without a battle. Any sort of threat to the life of the medical aid unless NHI has got something that can really and truly justify putting a taking away an essential service to its people without knowing that they got something that can replace it and to the same extent or close. I don’t think there’s any, so I don’t see NHI being a threat. I do believe that NHI and medical aids can work together. I do believe that there can be some synergy where medical aids can be relieved of this huge burden of costs it builds. I do believe that I mean medical aids are being, they are being milked by hospitals. They are being milked by specialists and I believe that there is a role that NHI can play that could have a huge benefit to medical aids with regards to what medical aids are responsible for, what NHI is responsible for that could really and truly be to the benefit of

**Can you give me an example of that?**

There could, well it could help with the regulation or with the regulation with lowering costs for instance. Where at the moment there is this huge where the medical aid schemes are carrying this huge burden of having to pay every single thing and the doctors and everyone else knows. I mean you and I have got no control. I mean the doctors and the hospitals can charge whatever they want. The medical aid has just to pay, and at the end of the day us as members of the medical aid scheme we actually the ones pulling the shortest part of the stick. So I’m saying that with collaboration between the universal healthcare and the medical aids could help and alleviate and even cause some competition in the sense of where hospitals are going to have to realize well if you are not prepared to relook or renegotiate cheaper rates we have got other avenues that we can use. Or in collaboration with NHI and the medical aid there’s some kind of regulatory framework that’s placed in the market and to a certain extent ease the burden that regarding cost. Or once again that medical aids can send certain members to state and the medical aids can pay state instead of private hospitals for instance. And in that way force the private hospital as well look here you want to come to the party we’ve got an infrastructure here, state infrastructure that we quite happy to send our members to, we will pay them what they deserve. So there is a lot of collaboration that we can have.

**Ok so are you saying that the private hospitals doctors are charging their own prices?**

Yes, and especially the service providers. The doctors and the specialists they charge their own prices.

**And the government, the Department of Health is not looking at that. There’s no regulation as to how they charge people?**

Look, I most of the way I understand it is in the state at this stage that majority of the people aregettingtheir services for free. So what I’m saying is if the medical aids can collaborate with NHI and say to NHI well you know what we will use your facilities just like we will use anyone else’s. We will negotiate rates, we will use your service providers, we will negotiate set rate and to the doctors that are there that are overcharging either you come to the party or we go a route that we find is credible and we happy with the services. The other thing that you’ve got to think about is obviously you say one thing and the other thing happens but then you also got to think of the whole thing of people leaving the country. Because the moment you start interfering with their income, I’m talking about doctors and whatever then they immigrate you know. And once again that shows you exactly what I’m saying that you sit and you can have a conversation and something can sound quite nice but the something out of the blue get hit by something else and that’s what happens because everyone is leaving the country because those doctors don’t want to work for less. They don’t want to work for state who’s not going to be paying them. So they’ll just go to Australia, we’ll go to Canada and live their lives there.

**So you think that if the doctors would be paid less they would think of leaving the country, and then now there is no doctors to service now the people?**

That is once again let’s go back to planning, state planning our government should have been ensuring that we are bringing, taking the youth and using. And there should be programs and university bursary or whatever and they should have been saying all those years ago we need to start training up our own doctors. We need to start training our people like take people from the communities, take people from wherever and we need to start training them up so that they can carry our legacy forward in the next 2 or 3 or 4, we are going to into our third decade now. Let’s just start training our people up. They will be working for the state and they will be servicing the state sector so that when these people maybe want to leave here maybe because they are feeling they are not going to be getting better salaries at least we know that we’ve got people that’s emerging and will be constantly emerging because every year someone else comes and the next year another one comes in. So we going to have a constant flow of resources that can help and that will sustain our universal, our state healthcare. But it didn’t happen, it only started happening recently. Because believe you me I don’t think that I mean I can tell you now, when you start messing with professional’s money they immigrate bottom line.

**Wow! I just want to know now in your view as an organization do you have a system that is in place that can be able to support the implementation of the NHI should it be implemented?**

I cannot answer that question because a person first needs to know what NHI would need before you can say whether it could fit into any systems. So yes, that’s a very difficult question to answer the fact that we would want to and we would embrace assisting for sure that goes without a moment of doubt, without any hesitancy. But knowing whether we could its impossible to say because we don’t have enough information to base an answer on. Let me ask you this, what type what support?

**The clients that you have and the finances because we know that according to their draft they were talking about, NHI was talking about pulling funds from the private from the medical aid**.

Alright, no. you must remember now that all medical aids according to the medical schemes act none of the money. None of the money the way medical schemes make, I’m talking about medical schemes I’m not talking about the administrators and lots of the people that provide service. I’m talking about the medical aid itself, so the medical aid survives solely on the contributions that are coming. They are not allowed to claim tax; they are not allowed to claim vat. The money that comes in belongs to the members. Every single cent belongs to its members. And our mandate according to the medical aid schemes act is to solely apply that money to pay the claims and obviously to pay the salaries of the people that are servicing those members. So it is against the law for any medical scheme to take any amount of money from its members without full disclosure and without their permission which they will never ever give us because the law states that the money that’s lying in the reserves belong to its members. And if for instance we have to shut our doors all of the money that is in the trust has to be given to every single member, every single cent that is in that trust has to be given back to its members. No one else can touch that money because it doesn’t belong to the scheme it belongs to each and every one of us that paid a contribution. So in that way that answer I can tell you it’s legally impossible to take money from a scheme and put it into that would be a whole legislated legal process. You must remember that what person in their right mind I mean let’s just be honest. What person in their right mind they have been struggling for years to pay their medical aid? Old people who are on pension that are just managing to pay, who, what person in their right mind is going to say you can take my money?

**Do you think that the NHI would affect I know I’ve asked this question again would affect the system that you have in place should it be implemented?**

Look yes, it would affect it but I can’t say that it’s that feeling of oh no! what’s going to happen? That is not the way I have perceive it. I perceive it you know in a sense of it will affect those that decide to cancel. It will affect us from the cancellation perspective. I won’t affect the way we service our clients. Because the way we service our client is all based on making sure when the phone rings you pick up that phone and you really truly make that person feel that they are totally safe in your hands. They can just relax it doesn’t matter what’s wrong with them will. We will organize that you get to hospital, we will organize to pay this and that., we will get the authorization. So no, I think that the pool will get smaller, that does pose a problem the risk in the sense of the smaller the membership the greater the risk of money running out. Because that’s just how it works. So that will definitely be something that will affect the scheme. But once again its almost and if you asking me and I think to a great extent it’s almost like there will be some effects and which might be negative as well but its ok we don’t have to worry about it now because my goodness I mean it’s not going to happen in a very long time. You know it’s almost that kind of false perhaps not false I don’t know but it’s that kind of thinking in the sense that what’s the probability of it happening, it’s so small, I mean so small. It’s going to take years to build that credibility, it’s going to take years to change people’s mindsets with regards to rather be on a medical aid so it’s alright.

**Even on the side of health saying that they will force every person in South Africa to belong to it. So you think that people will still be hesitant to?**

Yes, because people are going to rather say you know what it’s going to cost me however money, small amount whatever its going to be and I don’t know what the tariffs going to be but let’s just say I don’t know let’s just say ok they are going to take R10 a month off my salary. I pay that R10 and ill still keep my medical aid because you know what at this stage I know I’m ok.

**Is there anything that we’ve missed out we didn’t touch with regard to the NHI, medical aid schemes?**

No, I just don’t well something that’s very interesting to me for someone like yourself where do you start, where do you start looking for small little pieces as a foundation to start? Do you go to ministers, do you go to Department of Health, do you just go and talk to people? How do you start, there has been so much going on but it’s almost like, there is stuff going on but it’s actually going nowhere? And it’s not reaching the point where sort of you know, where do you start and know ok here is where I’m going to start? This is a sure start and I know I’m not going to be sort of having to redirect to a totally different point just drop what I’m doing now. How do you do it?

**Ok for me my study is also guided with time, so I didn’t look at it in that angle where I will meet with the ministers because it will take longer for me to collect data. So that is where I view it on the point because I know that the medical aids will be affected with the implementation of the NHI. I don’t know how but I know there will be an effect on their side. So that is why I came in that angle and also to the community members because I’m looking at I know that people that are working that are able to pay medical aid they don’t feel the same as the people that can’t pay for medical aid, that are staying in townships. So I went and met community members as well to try and understand what do they think of the NHI and will the implementation of it will it help them with the current situation that they are at with the hospitals like we’ve mentioned and everything. So that is just where I’m coming from.**

**KT\_01**

**Can you please share your understanding of the NHI with me?**

Alright, thank you, good morning, well my understanding of the NHI system is very little because I heard about it from people that were talking about it. Those were students that I study with and then I didn’t listen to it much because it’s something that I do not know and that I didn’t even hear about it from the news because I don’t usually listen to news. So uh, by hearing from what they were saying I heard that it’s a good thing because we suffer from the townships. We don’t get help the way we would like. It gets full and you’ll find out that even though you wait there the whole day you don’t get the help that you need. Maybe they postpone the date and ask you to come another time yet you are sick now you need help now. So, I think it’s going to help us because somehow it’s going to help people like to have a lot of places to help people as there are many of us.

**What do you think of it (NHI), the way you understand it?**

I think it’s the right thing like the government has done a good thing by NHI because it’s going to help people. Like it’s going to help people like myself from the poor backgrounds because not all of us can afford right services. So I think it’s a right thing that government has considered.

**What do you mean by saying it’s going to help people, can you please give me an example of how you think it’s going to help people?**

Well, I think like because there’s many of us in the townships and all of us are depended in one place, like clinic. We depended in one clinic. All of us are going to one clinic that has surrounded us or else a hospital. So I think that if ever the government is implementing this service then it’s going to help in as many as we are, we will be able to get help in a short period of time. So it’s going to speed up the services.

**When you say you will get help in a short period of time what do you mean?**

I mean, like we won’t have to queue like the way we queue at the moment because a person will receive help. Like according to my understanding I believe that somehow they will add more doctors in the clinics. Like add in the number of doctors available currently. Because you find out that there is only one doctor which will assist the whole group of people. So by implementing this, increase the number of doctors that are there, that will help us to speed the service delivery so that we don’t all of us queue for one person or even end up postponing the appointment for another day.

**With the understanding that you have of it (NHI) do you think it will work here in South Africa and even the community that you are in, do you think that it would work?**

Yes, I think it will work because it’s the right thing and it’s something to help the situation we are in now. You see, like you see that it’s getting full people are sick and they don’t receive the right help the way they want. So with it I think it’s going to work by doing that to people.

**Can you give me any example that you can share with me that you think it (NHI) will help the community, thinking of the way you normally receive the healthcare services? When its implemented how do you think it will help you? Please give me an example from the experience you got when visited the healthcare facility.**

Well I think once its implemented they won’t postpone days. Because I once went to the clinic having my problem. They said, they just gave me an ointment and they said I must come back. I think they gave me about two weeks, I skipped about two weeks and I was told to come back and ended up being helped on the third week. So I think with it assistance will be quick. Because I don’t understand why they postponed me that time because I needed help that time and then I found out that I’m not the only person received that treatment where they ask you to come back while you are sick and tell you that they will help you in a certain time. If they implement it now, it will provide assistance for people to be helped at the time when they need help and not asked to wait. Because somehow the person can die during that waiting period because they don’t give you what you want instead they make you to wait and you don’t know why they make you to wait. It will minimise people getting sick and also for people not to pay out of the pocket. Because for me that time I decided to go and see a private doctor because at first I went to the clinic. So I thought if I don’t get help now there is no point for me to wait because I’m sick now. So I ended up going to the private doctor. So people won’t be wasting money they don’t have, you see.

**Why do you think that the wait, like you’ve mentioned that they take time and also you have to wait? Why do you think that to be asked to wait is the problem?**

Well, because they don’t explain to you why they ask you to wait. For me they never explained, they just told me to wait for a certain time. So I then decided that I need help now cos I feel the pain now so I don’t understand why they make me to wait. Maybe them because of their knowledge they understand why they said I must wait but as for me I didn’t know so I think it will help. Like, you will go see the doctor maybe he/she will explain to you why. Somehow you will have clarity as to why you will wait and you will know whether to go or not to go to the private doctor that you may consider. You won’t be forced to try a private doctor because you are not happy with the help you received first.

**What are some of the challenges in your community that you think this new system that the government is going to implement will suffer? Like when they implement the NHI system, what could be the challenges that may rise within the community?**

So far I don’t see any challenges, no I don’t see any challenges. I see that its helpful. I don’t see that it will be a challenge, because it is just a solution to me the way I see it.

**Why do you think it won’t have any challenges?**

Because it’s something to help us moss.

**Ok, so because it’s going to help don’t you think that there will be any challenges in the community?**

Maybe it will be a challenge to the people who uses private hospitals you see, or private services. Maybe to them it will be a challenge because they will feel like we are crowding their places because they are used to be alone or anything like that. But for us people that is going to help, I don’t see why it’s a problem.

**Why do you think it will trouble because now everyone will get the same assistance, without any difference?**

Like, I think it will trouble them because we as people we are a lot because when you choose private you run away from lot of people and you want speedy service. It will trouble them because they will think that we are going to be a lot of people and have to queue again or what. They will have those fears; of which they are not sure if that will happen for real.

**So on the challenges that you have just mentioned now, how do you think they can be addressed?**

I think it’s supposed maybe; but there is already like to have people that are specific like for. Like for certain days they will say it’s for mothers with new born babies. I think they already implemented that way and I think they can arrange again that for certain day certain people will come. I don’t know. Like I’m not sure about doctors I mean nurses that are there. Because you find out that sometimes you are waiting and the nurses are on tea. So I think maybe if they can put a lot of nurses, a lot of healthcare staff just to help so that when others are on tea time there is no just to have many people so that when the others are on tea time there is nothing will show that other people are on tea time. Because when you go on tea time there will be someone substituting you, who is there to help you.

**What does your friends or family members think of the NHI system?**

Well I think if they can hear about it they will be excited about it because all of us experience the problem in the public services, like in hospitals and also the clinics so I think they will be very happy about it. So far I don’t think they know about it, they are just like me. They are not really clear about it.

**What do you think it’s the reason that they don’t know?**

I don’t know, maybe it is because we don’t listen to the TV or news. Because other important things are normally broadcasted in news. Maybe it is because we don’t listen to the news, not having interest in other things.

**What do you think the government can do? Like you’ve mentioned that you also heard about it from other people. What can government do to make more people to be aware of the NHI system that is implementing?**

I think government needs to increase the way they advertise it, like the way the share it. They mustn’t only put pamphlets in clinics and hospitals. They must put pamphlets in other places like shops. In places where there is a lot of people so that people can just grab a paper and read. That way they can know about it. Because not everyone always goes to hospital but they can put it in shops and other places such as schools so that people can be aware.

**You’ve mentioned that your friends or family members you think they will be excited about the NHI system. Why do you think they will be excited?**

Because, now I think they won’t receive the same service they used to receive. Like the queue, they won’t have to queue like those long queues again. And there won’t be any postponements of appointments without knowing the reason. Saying you must wait, what if you pass away. So like everything somehow will be clarified.

**These challenges that you have mentioned how do you think they affect you? The challenges of healthcare sector?**

I think they affect me firstly financially. Because when you don’t have money you go to public service because it’s free. And then when you find out that you don’t get any help there and you need it urgently, you will end up paying on the private. And the private is costly. And then also, it cost your time because you spend your time in the clinic waiting and only to find out that you are waiting for something, like you are just wasting your time because you come back with nothing you see. So it affects us. It makes you think if you get sick next time you don’t see a point of going to the clinic because you won’t get the help that you need. So you will consider maybe to go and buy medicine that will cost you.

**Why you do you have a problem with that time you spend in the queue? why is it a problem with you?**

Because I don’t do just one thing in a day. When you are a person you plan what you will do. So now if you will go and be at the clinic for a long time, your day just get spoiled just like that. Everything you’ve planned won’t happen the way you wanted.

**Ok, in your view what can be done to eliminate all these challenges or maybe eliminate the challenges you have mentioned like waiting on the queue for long?**

I think government can employ a lot of nurses if need be. And also they can open new clinics and hospitals public so that people don’t all go into one place. They can open other ones again because the number of people increase every day. So they must consider how they are going to help with the increase of people. Because we don’t stay as we are but they only stay having one clinic. Our number increases every now and again.

**Why do you think that increase of staff will assist in minimizing these challenges? Increase of staff like nurses and doctors in clinics?**

Because if you increase staff that means a lot of people won’t have to queue. They will go to different door which will speed the service instead of waiting for one person who writes long and doing everything.

**Is there anything else that you might think that can assist to eliminate these challenges? Something else maybe that can be done maybe.**

Well I think even the people because we have a tendency where if you go to the clinic and they give you a medicine and then they tell you how to take it. And the minute you wake up and feel fresh you then decide not to finish that medicine. Even when it was clearly mentioned that you must finish. I think people will help when they are given a medication to use it and finish it the way it was given to you. So that you don’t go to the clinic again for the same thing over and over again.

**Do you know of people like that when they are given a medication they don’t drink and finish it and end up getting sick again and go to the hospital again for the same thing?**

Yes, I myself have done that. I used to get stomach cramps. And when I woke up feeling ok then I would decide not to take the medication again. So I think if ever I used to take all my tablets that time, the pains would go away and not going back and forth to the clinic.

**Is there anything that you would want to add that I have missed out concerning the NHI and the healthcare services as a whole?**

No, no. not at all.

**KT\_02**

**Can you please share your understanding of the National Health Insurance system with me?**

I’m assuming that National Health Insurance is about your local clinics and then how health. Ok, how your local clinics operate in terms of your area of location. How the treatment, how they manage their patients? How they go about doing things medically in terms of that so that’s what I think it’s about.

**Ok can you please give me maybe just an example on what do you mean about how do they manage the clinics or patients, can you give me just an example?**

maybe how they document, clients I mean patients documentation in terms of their files, how long they can be able to access their files cos sometimes that’s an issue finding patients files and the time as well, how long it takes for each person to be helped.

**So, basically what do you think of the NHI system that the government is going to implement?**

I think it’s going to be a lot of help because I’m sure the facilities are going to be better advanced and, services maybe quicker as well. Hopefully employ more staff in terms of nurses and doctors so that healthcare could be more efficient to us patients going to the actual clinics.

**When you say more efficient what do you mean, in what way maybe?**

Easy accessible, maybe medicines can be easily accessible. I think you can go there anytime and find what we need and not them hassling to find different medications for the community we are in. So, I think it’s going to be helpful.

**So in your view do you think it’s going to work like in the areas that we are in, do you think it’s going to work? Is it going to achieve its purpose that it has been implemented for?**

I think so, I think it would work if they continue doing what they said they will go to do hopefully it would work. It’s going to be a huge improvement to the clinic as well. To see something happening. I think it could work.

**Ok so in your understanding what is it that they going to do as they implement the NHI system?**

Whatever they choose they do I just hope it will be beneficial to the community and the patients going there to the healthcare system. And whichever way they going to implement it has to be for the benefit of the community. So, I think if they maybe they come with thorough research of where to plot the dots in terms of the community, then it could, it could work.

**I hear you mention benefit, can you please give me an example what do you mean by benefiting the community, in what way maybe just an example so that I can understand?**

 Ok I think better healthcare and better services as well. I think being able to access healthcare stuff at all times and not having hassles in terms of communities not having the necessary products so to accommodate the community. So hopefully they will have resources that any other clinic, or privileged clinic that they could be able to have access to. Because I’m sure they know, there there’s a difference in terms of the privileged areas and the non. hopefully they fill that gap in terms of being able to bridge that gap to privileged and non-privileged in all fairness in terms of healthcare.

**I hear you saying better healthcare, can you please paint a picture for me for better healthcare? What does better healthcare mean to you?**

Better healthcare for me means having an access to these healthcare products. Being able to accommodate the communities in terms of the healthcare. And being able to have more staff, more trained staff. What else, oh! proper clean services in terms of the clinics. Because health is very important I think. And I also feel like ja just that’s about it. That’s about it.

**You’ve mentioned that you think the NHI system would work, so why do you think it will work? Can you explain to me why and maybe give me some examples why do you think for the government to implement the NHI system it will work?**

I think for the fact that they want to implement something they could see that there is a need. There was a problem so, they are trying to fix the problem. So I think that it could be very beneficial. And it could work with, obviously hard work and determination coming from them as well. Being able to, to assist the communities in the way that they should. And communicate with the community as to what they, they, they need. And what could improve as well so that they could be able to accommodate the customers, I mean sorry the patients feel like they need to, to improve so I think ja it could work if they work with the community or that certain community it could be a success.

**Why is it important for you that the services are beneficial to the community members?**

Ooh! I feel like it’s important because healthcare it’s for people right. People need proper healthcare and people they need to be feel like little bit safe. They need to be healthy, they need to be sick free. So I think it’s very important for it to be beneficial to the community and there’s lots of diseases and unhealthy things that might happen in the area so we try to just avoid that by having better medical things as well. So we also help like for them to just assist man. And the community is obviously going to try to help in terms of how, they going to help in terms of what they could from their side not just the government doing and also them playing part in terms of the government to improve the better healthcare of the community that they going to be living in.

**Can you please give me an examples, maybe an example now seeing that you feel like this NHI system can work that the government is going to implement in the community?**

Ok be beneficial, how is it going to be beneficial. I think with the better everything in terms of having access to all these stuff that I’ve mentioned, medicine and all these that could be improved.

**Knowing how the services are at the moment say now they implement the NHI system like in your view what is going to change, giving an example of that?**

Ok, what is going to change. What is going to change. Ok, I think the community will be more open and actually go to the clinics without any hesitations of anything. And know that they will find everything they are looking for or there, in terms of the clinic. They will be more comfortable to go to the clinic and I feel like you know some people are just afraid to go to the clinics for certain reasons. I think like, if they make it more a free type of friendly environment where you can go there anytime. And not go there and feel like people are going to say certain things and behaving a certain way. I think by that community members will be able to go freely to do whatever they want to the clinic and just get the services that they want without any type of weird manners or treatment from the clinic. So, ja I think that.

**Do you have any family members of friends that maybe don’t like to go to the clinics because they are afraid of maybe the environment? Do you know of people like that?**

Ja I do, I do I do. And I think most people go there because of the ill-treatment that they get. Cos they go there you expecting someone to understand what you going through and not someone when you get there who’s going to start judging you on what you came there for. And I hope it’s going to change so that it’s going to be hopefully a place that is free for one to go without being judged or harmed or be leaving there with low self-esteem of why did I go there and having that mentality of I’m not going to go to that clinic because I’ve received such treatment. So I hope it could improve in that way as well find more trained and more understanding type of an environment as well.

**When you say ill treatment what do you mean by that?**

I mean that by, basically sometimes the nurses aren’t that fairly with some of the type of age group when you go there for certain things. Because I always hear complaints of mostly like teenage pregnancies like maybe they go there and they start getting these. They get shouted at for no certain reasons. And I feel like that’s not fair you know cos I think everyone deserves to be treated fairly and in an appropriate manner regardless of the situation they are there for. So, I feel like if that could improve as well it could be very beneficial and chances are many people. They could have a high number of people going to the certain community rather than going to another clinic but there is the one that is accessible to them at that point in time. So, I think if that could also improve like so cool.

**So in your view what do you think are some of the challenges that could affect the implementation of the NHI system in your area?**

I think first thing that I can think of I think its safety. Maybe they think that the number of. Maybe they could be break ins or something like be a challenge. Or maybe people are comfortable with what they already have so they don’t want any change. They can’t really adapt to change. And changes would be, maybe not maybe they do implement but they are not really focusing on the core main points that the community wants you know. They think they might know but they don’t really know so that might also prevent the community members not going to the clinic because of those reasons. I think that’s going to be the most thing that I could think of now at the moment.

**Why do you think that these challenges like you mentioned safety can you brief me more, why do you think that these challenges can prevent the government safety for an example?**

I think safety could be an issue cos there’s some people who could do bad to it maybe try to steal things just in the clinic just to, for their own beneficial reasons. Or maybe they can’t or maybe it’s not intentional. Maybe they can’t afford, ja its free. Maybe they can’t really have access to certain things. So they might lead to do other things. So, I guess maybe that. I think most people it’s just corruption from those people who just want to do bad. Otherwise, I don’t it’s going to be more of an issue because people need these services. so, ja

**How do you think that these challenges can be addresses or like how do you think that they can be minimize these challenges you’ve just mentioned?**

I think they could have some sort of awareness before they even implement this. Like that community know how important it is for them to have the facility. Inform them, try to just keep the clinic safe as possible. Try to just put go through put alarm systems, bob wires, fences everything they work so that it could just try to minimize any type of safety precaution that could occur. So, I think that awareness I feel like it’s the most important one. Getting the community know that. Know this is the necessity for you guys and we are trying to improve the healthcare system in your area so let’s just try not to ruin it and just not being in place. I think, yes that’s awareness is very important.

**This awareness how does you think that the government should convey it or let the community members know about the awareness?**

I think the government should actually go to the communities themselves, the people should go to communities themselves and talk to the communities at large. They should go there by themselves and let them know whether it will be like they will call a meeting to a certain area. Call them and inform them ask them questions and ask them if they want to ask questions or that they must be aware of this and not try to just push it away because it’s for community members and assume it’s just there and that’s done. They must also, the government must also participate and go there to the actual community and speak to them personally and just make them aware of the precautions and safeties of the clinic. So, ja I think that’s important for them to go there actually no communicating either way by just communicate face to face with them. Yes, I think that’s important.

**Why is that communication very important to you?**

I think it’s very important because now we need that understanding and without understanding, without communication there will be no understanding. There will be those who are misinterpreted and others who might not understand certain things. So we need to communicate to them and explain to them what certain things actually mean. So I feel like communication is very important because now without communication there’s just this break down wall that just can’t. And when things go wrong it could be that there was lack of communication. Because once you lack communication the community will be like this like, they going to start complaining that nothing was communicated to us. So I feel like communication is really key for them to just have to communicate and let them know and explain to them what they don’t understand and listen to their grievances, listen to what they have to say.

**In your view what do you think your family and friends think of the NHI system?**

Honestly I have no idea what they think. I haven’t really talked to them about it. I’m not sure if they even aware of it. So yes, most probably if they knew about it they will be all for it. They will most probably have an idea.

**Why do you think that maybe they are not aware of it? What could be the reason for that?**

I think that also leads to communication as well. The government also needs to communicate with the community like being able to be vocal about this so that everyone could be aware of what is going to happen to the clinics since they are in the central in their community. So I think its communication more they don’t really communicate in a way that. Or maybe it could because the members aren’t really interested so to know what is happening. They just go for what they see. So I think that could be either of the situations.

**In your view what do you think could be the ways that government can better communicate with the community members? Or what ways they can use to communicate new implementation within the community?**

Ok, like I said they should go there personally not I’m not saying all the time but just go there once in a blue moon so that they just see the environment, see the community members by themselves. And also we have social media as well. Social media is huge everyone is using social media. So, they can use their platform in terms of social media to communicate and spread the word of mouth also helps that could be very beneficial that could actually help. Ja, I think that about it.

**So, having the challenges that you have mentioned how do they affect you or maybe your family members?**

It affects me because now I am not aware. You don’t hear about the things that are happening you know. And in terms of security, my goodness if anything could happen now the clinic must shut down for investigation so that’s going to affect us as the community because where we going to go. Chances are other clinics are very far or you don’t have transport money to go to these thingies. So that could be like a really, really a setback for us in terms of community cos anyone could get sick anytime and we need that medical assistance whenever we need it. So I think that those challenges and they also should implement how a community should work with them as well not just be one sided. It could be two sided as well. So they just need to ask the community what they could actually help to help them to make those things a success operating the way that it should.

**In your view what do you think it can be done to eliminate any challenges any challenges that can affect the implementation of this new system the NHI?**

I don’t think there could be anything they could actually eliminate. I think they should try and prevent ok not really just try and find ways to actually minimize the chances of that happening. I don’t think they could actually really, really prevent it. I think they should just find ways to try for these incidents to not give them a chance for them to happen. Prevent the chances of these things from happening. Preventing measures are very need, they really need to be implemented. Like just trying to find ways to prevent certain things to not happen, you know.

**Do you perhaps think of any ways to prevent like you’ve mentioned community members not willing to adapt to change? Seeing that the government will implement the NHI maybe the community members won’t want that change**.

Maybe I feel like communication is key there as well. They need to communicate as to why they are doing it. How is it going to be beneficial to the community as well? And also, just some aren’t really used to change and some be able to the government should be able to explain to them why they, they thought it was a necessity for them to implement the NHI, ja. So I feel like if they communicate and make them aware of why they doing this NHI yes, so that they can get a better understanding of why they going to implement this and why they should let them go ahead to do it. Maybe they will have a better understanding of why they need to implement it you know so they can things better understanding of it. Cos I’m sure those who aren’t really used to change are not well aware of how it could be beneficial to them. So that’s why they not really familiar with the change. So if they know how it will benefit them, it will be most probably very helpful as well.

**So with everything that we have discussed so far is there anything that maybe you think that I might have forgotten to include? Or is there anything that you would like to add with regards to this implementation of the NHI system?**

No, I’m all good.

**KT\_03**

**Can you please share your understanding of the NHI with me?**

NHI, there is nothing I understand about the NHI

**Ok there’s nothing that you understand about the NHI**

But I hear it’s about health and insurance

**So when you think what is it about as you’ve mentioned that you’ve heard it’s about health and insurance?**

In my understanding I can say it’s about an insurance about health of people that are impacted by the NHI. Or it’s about protecting people’s health. I can say to briefly answer your question.

**In your understanding do you know how it’s going to work this National Health Insurance?**

I do not have an understanding but what I can put on the table is that tax payers are going to contribute money for the implementation of the NHI.

Is that something you think will happen or something you know that they are going to contribute money?

**How are they going to contribute?**

I think since they are being taxed in their salaries, I think that tax money will be used. Because government deduct tax and that tax will be used to boost the NHI.

**In your thinking, your understanding or the way you see things what is the level of service that we get from our townships compared to people in the urban areas?**

The way I see it and with my understanding since I stay in the township, township services are very poor. First of all, in the township we are overpopulated. With our number in the township we are overpopulated. So the law that we have here in South Africa states that you cannot use the clinic in the urban areas while staying in the township because when you get to the clinic to make a folder they will ask for your address. So if your address says Khayelitsha but you are in town, they will tell you that there is a Khayelitsha health clinic or if you stay in Crossroad, they will tell you there is a Crossroad clinic. Whereas in the township we are overpopulated because we have very small houses and at the back of the houses there are people renting. There are shacks and even the foreigners stay in townships they are renting in our townships. So when we get to the clinics it’s very full and the service is very poor and slow. But when you go to urban areas or places for white people population is not as big as ours. Their clinics are big and spacious and the service is faster as their patients are not as much as the ones in the townships.

**From what you have just told me that there is a difference between services provided in urban and peri-urban areas where the clinics will refer you to the ones in your area, poor service. So with the implementation of the National Health Insurance what difference do you think it’s going to bring regarding the challenges that you have mentioned?**

In my thinking I think it’s going to make a huge difference especially in townships. Especially if the NHI is going to build more clinics in townships or it will improve the existing facilities by expanding. For an example in a clinic if there could be more wards more than the ones we have currently. Also if they can employ more nurses so that the nurses can be able to accommodate the number of patients so on and so forth. Because sometimes you find out that the patients in the township clinics are over the number of workers like nurses and also the doctors are less for the patients. Whereas in the urban areas is the different story and something that I have noticed in the township since I have my grandmother whom I stay with in my house from the Eastern Cape that I normally accompany her to the clinic. So my grandmother had a problem of blood not blood per se but heart. So they collect blood from her at Groote Schuur every month and they check if it’s thick or low. The blood is collected at Groote Schuur but the collection of pills is in Crossroad because that is the closest clinic to her. When I do the comparison between the two in Crossroad clinic it either the manager there is someone there who is doing work for two people. Maybe an HR something and also he is the one setting up have you ever noticed in clinics that there is someone working with schedule. He will know that per day people that has an appointments are 100 based on so much staff. I think in township clinics there is a person doing work that can be done by two people. There is no one specific for that schedule whereas in Groote Schuur when I go there, there’s a lot of patients even there but they manage them in a right way because there is a person who is employed specifically for that job. It’s not a receptionist, it’s not a doctor or nurse. If you are a doctor, you are just a doctor and if you are nurse, you are just a nurse and then he is based on the schedule to say today so and so will come work in the morning other during the day and others late for their shift. Whereas in Crossroads I don’t think there is that person specifically. He is there but doing other work so that also affect the service to be poor in my view.

**When you think do you think that as the government going to implement the NHI is it going to work in our communities?**

I think it’s going to have an impact; it will have a difference that is positive but the way I see they need to also check the structure in our townships that who is doing what in the clinic. They must compare with the clinic in urban areas or maybe the hospital in the urban areas. They must check if rules and positions are the same because the way I see it I feel that in the township people are multi-tasking I’m not sure whether they get paid double or they are being overworked by doing two jobs and get paid for one. These campaigns or new development they can come but if the structure is not being looked at they are not going to work as effectively as they should.

**Ok in your view what are some of the challenges in the community that can affect the implementation of the National Health Insurance? You’ve mentioned structure and the staff that is overworked like nurses who are doing two jobs at once, in your view what else can be a challenge?**

Another challenge and it’s an old challenge in the townships if this new development is going to include like the increase like the clinic has twenty rooms the clinic in the township. If they are going to expand and build more rooms with new technology in terms of computers, if they put more equipment in that clinic other thing that can affect is crime because it’s a township. So whatever development they make being the expansion of rooms or installation of new technology it will need security for those new developments because it’s a township. That’s where unemployment is very high, that’s where crime is high, that’s where poverty is high so I will say it’s crime.

**Ok in your view how can these challenges like you’ve mentioned crime how can they be addressed so that they can be minimized?**

The way I think they can minimize crime is firstly by reducing unemployment because if there could be more job opportunities crime can be minimized. Because these people doing crime are the ones that are not working, the ones that are in poverty. So by doing crime people are making means to live. They see someone working and think you are their milk and honey because you have money cos you are working. If that person can get a job whether that job is not a professional, jobs like carpentry or plumbing. And then there are graduates in the townships that are not working so them as well as for them they are even more dangerous the way I see it. Because they don’t work having the education. For me if I am an IT graduate, I know the IT work but I am not working when you compare me with the person doing IT work at Standard Bank, that person has a salary, he’s secured and he’s safe and there is no need for him to do crime. But for me I can do fraud, I can switch off cameras from a certain building because I am a graduate with education but I am at home. So I think job opportunities decreases a lot of problems in communities or societies because once I start working I stop thinking about crime and fraud. Because I’m out of that bracket of unemployment and poverty. Because now I’m occupied I have a job, I have a salary. I’m thinking ahead, I’m thinking of the future. I spend what I have whereas when I don’t have money and unemployed I think about things I don’t have.

**What do you think your friends or your family members think of the NHI, do they know it?**

My friends are diverse, I think some they know about it and some I think they have no idea. Same as my family.

**So the ones that they don’t know about it what do you think is the reason for them not to know as it’s something that people speak about?**

The ones that don’t know it’s because they don’t care sometimes. Sometimes not watching the news, sometimes they are not informed. They don’t have resources to go to internet and see what’s happening around. So that could be the main reason for not knowing what’s happening.

**So in your view what do you think can be done to eliminate the challenges of people not having enough resources to get information or else because people are unable to get information that are supposed to get because the NHI is for everyone but there are people who don’t even know if it exists and they don’t know anything about it. What do you think it can be fixed that when something is meant for the community all the community members should be made aware of it?**

It’s going back to education. People or community must go back to school. Because when you are educated whether you are working or not you always want to be informed of what is happening. So the minute you lack basic education you don’t care about things like new developments because they are not relevant to you even though they are important sometimes. So I think problems or challenges in the townships starts with education followed by employment going to crime and gets worse like that.

**Is there anything you would like to add from what we’ve talked about, maybe something I forgot to mention regarding the National Health Insurance, it’s challenges and the ways they can be minimized?**

Something I can add is that for the people that are involved in this development maybe they can run more campaigns in townships. They can have stalls same as what people from the Department of Health normally have. They go to each township and have stalls for HIV & AIDS testing and educate people about this new development and how it’s going to help them and also how much it’s going to cost them stuff like that. Because not everyone has access to the internet, not everyone has access to DSTV, not everyone has access of TV. So if there could be campaigns that could address people especially over weekends when everyone is available. That can boost that everyone is aware of what is happening.

KT\_04

**Can you please share your understanding of NHI system with me? What do you know about the NHI system?**

I don’t know much about it but err, basically generally that is insurance with regards to health. so ja I haven’t heard so much about it.

**Ok you said its insurance, is it insurance like in your understanding like the medical aid schemes that we have or**?

Ja like security in that sense.

**Ok what do you think of the of the NHI? What do you think of it as a system that need to be implemented?**

I think It’s a good system which the government is about to implement. Of course there are positives and negatives as to whether to consider implementing it that he must take into consideration before implementing it but it’s a good system to consider. If I were a government I will also implement it.

**Ok why do you think it is a good system?**

 National health security we know that there are many issues regarding the health. You have your insurances; you have your medical aids so if there is not security or insurance put into it people might lose their money. People might be robbed so ja there are a lot of things that we need to take into consideration and ensure that people’s health is secured.

**When you say insurance what do you mean?**

Insurance is security, safety. Insurance as in ja being secured, being secured. I will say insurance I mean to be insured is to be secured security, safety.

**In your view do you think that it will work here in South Africa?**

Ah! That’s a mouthful. Why wouldn’t it work? If it worked in other countries, it can also work here. So it’s just a case of just putting systems in place which are correct looking at disadvantages and advantages and putting a system that will work for it but it can work just depends on those systems that are put into place. And there must be an analysis done, there must be a lot of investigation done as well as testing if it works before in fact implementing it. Because we don’t want to lose lot of money implementing something that won’t work. Maybe along the way it will just not work so it will be just a waste of time as well as money.

**Ok you’ve mentioned system, what type of systems do you think they need to be in place?**

Ah! There are a lot of systems that are, they can consider the we can consider or whoever the government may consider. It depends what the government is comfortable with.

**Ok can you please give me some examples maybe of the systems or the analysis that they must do before they implement, can you please give me some examples?**

What can I think of? Make use of IT, make use of IT, Technology. Make use of, why am I saying IT because we living in a world that is technologically involving so if we use IT, it will make things easier for them. And these people are trained in terms of analyzing all these things as well as. Ja I think IT is mostly thee system that the government should use in implementing this insurance. Because the people with enough knowledge in that they know these things and they know which software and hardware to utilize as well as the disadvantages and advantages. So using them might be will be a good move.

**Ok in your view what is this IT you are talking about in healthcare? How can it be used? When you say that they can use IT like how? Can you give me maybe some examples in health how can they make use of IT?**

I just forgot the systems that there are in the health but there are systems they can use in there in the health but I just forgot these systems.

**Any example or maybe a scenario that you can give me? I just want to understand more. Is it maybe the way they do thing is that the system you are referring to?**

Let’s say the person is sick and they want to be assisted in terms of insurance getting medicines and so forth to ensure that that does happen and fairly and that the money is not overspent.

**Ok what are some of the challenges that NHI system would have in your area Khayelitsha that you can think of?**

Challenges, acceptance I would say.

**When you say acceptance what do you mean?**

People would be scared to actually risk accept the new system of which they do not know, they do not understand. Say before it is implemented then people must be educated, they must be made alert of that type of system. Like you can hold seminars before they implement it to make them aware of the system in place. Because those people they live in those environments some of them they don’t even watch the news, some of them they don’t even bother reading the newspapers so on and so forth. Seminars just to make sure that people are aware of those systems in place and affordability as well.

**You’ve mentioned acceptance that some of the people maybe will not accept why do you think that people may not accept?**

It’s a system that is new. Some people they are actually fine with the old system so they will not accept this new system because they have fears of maybe is it really genuine is it really legit. So that will actually be the issue around acceptance of that particular system.

**Ok the workshop, you’ve mentioned workshop why do you think it’s important for people to be given workshops so that they know?**

Ja you get the feel as to whether these people actually do they want this system? Do they want to be part of it? So you will have after you’ve done the workshop then you will get feedback in the attendance. Then you will get the feedback whether did they like or maybe are they interested in this new system, upcoming system. What is their then you will have questionnaires after you’ve actually done the workshop. Just to get the feedback that would be patterned for the implementation of the. So you get that the questionnaires and so forth and so forth. They can also help you as the government going to implement this. That can also help you. So I’m saying prior implementation have these workshops or seminars in the communities to get the feel of how do people feel about this new system. Get them involved before law the legislation is actually implemented. It first goes to the green paper first then the white paper. Before you can implement anything just make sure the people are involved in the implementation. So ja.

**So in your view how do you think that those challenges can be addressed like the acceptance, providing more information to the people? How do you think any of those challenges can be addressed?**

Firstly, accepting that there are challenges like that would bring away that there are challenges like that. Then coming will alternatives sometimes will alternatives sometimes you might not have alternatives or maybe any measure in place you must just be aware of those challenges. Is it going to be accepted by people, why? What must I do to make sure? But sometimes you want this system, you want to implement it whether they going to accept or not along the way they are going to accept it anyway. Because you as government at the end of the day you have to think about the countries good. But what is the country without people? So I think what would work is to working with the people. Working with the people ensuring that you reach consensus. When I mean people I’m not meaning everyone but those people in authorities. They are the ones, as the government you have people you are putting in place in communities, you have your municipalities you have everywhere. So you utilize them and make sure they reach into communities. Because the government will not go by himself and talk to people but those people in power.

**Ok what do you think your friends and family will think of the NHI system their understanding of the system what would they think about the NHI system?**

I don’t think they are aware. I don’t think they are aware.

**Ok, all of them like your friends your family everyone you know?**

Uh! Very few of my friends know but most of them they do not know. Family no they don’t know.

**Why do you think they don’t know or few of them know, what could be the reason?**

They are not interested in those things of what government implements or not. They, they are not aware it goes to what I’ve said earlier on that you need to make people aware. You need to actually have seminars and so forth because some people they don’t even watch news, they don’t even bother listen to the radio news, they don’t bother reading or buying any newspapers. They just watch the soapies and soccer so that’s all.

**But now if they don’t know and they are not aware how is that going to affect them seeing that the NHI system will be implemented? So how is it now going to affect them in your view?**

Its National Health Insurance, so when it is implemented it is going to affect them because we all need, we have the right to health. Everyone does have a right to health. So one way or the other people in a way they get sick they need the health facilities. So to ensure that their right is met and to ensure that that is done lawfully, they need the National Health Insurance. To ensure that there are no insecurities, there are no fraud in place and so forth. The National Health Insurance is important in that regard. So, it will affect them because it is, it includes health. It includes health so, yes I’ll say so. It includes health and everyone is entitled to health and this system is there to ensure that their health facilities are ensured.

**Ok, in your view what do you think it can be done to eliminate now the challenges those people will face with the implementation of the NHI system? What can be done to eliminate the challenges?**

To ensure that the system is up and running that’s the to ensure that the system is up and running. And to ensure that everyone is aware of the system and also to ensure that it is affordable.

**When you say that to ensure that the system is up and running what do you mean?**

Because the system can be there but nonfunctional, it can be there but it’s not functioning just there by a name. We’ve seen that to other systems who have come and fade being implemented by the government. So it needs to be there and it must function. Because implementing a system involves a lot of work so there are people that are working to ensure that the system is running, is implemented but when it is implemented the government needs to make that it is running.

**Ok can you please give me a picture or an example of a system that is running? Can you just give me an example like for instance on this health insurance for you what can be a type of a system that is like functioning, that is running like can you give me an example?**

It needs to meet its aims. It needs to serve its people and it needs to, the standard, the goal, the vision behind it must be fulfilled. And it must I’m emphasizing this it must serve the people. So we are implementing the National Health Insurance so to ensure the health or to ensure that the health of the people is ensured. It’s imperative and that is the most important thing behind the National Health Insurance. Maybe the government is saying, saw that there was a gap in the health insurance because there are insurances maybe that are in place but so that it’s important that to implement this one because there is a gap maybe in the insurance of the health of the people.

**Ok and more especially like now to people that stay in Khayelitsha where you are staying which way a working system can because we know how in Khayelitsha so to you which way that can make you see that for real the system is working for example the NHI system?**

I’ll say once in a while you just allocate someone to check to go check in the clinics because that’s where people mostly their medical records. There must be something to check medical records and check if this thing is really working. Put those people in authorities allocate those people to check and ensure that really the system is working. Ja say around the clinics there check because that’s the only way you wouldn’t go door to door checking people what they do. So you must go to the clinics that’s where you going to find people.

**From what we have discussed so far do you think that I have missed or forgotten anything that you would like to add with regard to the NHI, the implementation of it and also the readiness of government to implement it? is there may be anything that you would like to add?**

Aahh! No.

**Semi structured Interviews – Radio Programme**

**RP\_01**

**Date and time: 13 June 2018, 09:07 AM**

**Host Presenter (HP): 1**

**Calls: 5**

**Messages: 5**

**Respondent: 1**

**HP: Our top story today cabinet has approved the long awaited National Health Insurance bill. This brings government closer to implementing legislation that is aimed at the provision of universal health. The bill however did not provide any details about how NHI will be financed. The cabinet approval of the NHI comes at the back of the health minister Aaron Motsoaledi’s admission that the countries healthcare system is under stress due in part to the burden of disease and the lack of management skills which such a state of affairs. Can the implementation of the NHI rescue the countries healthcare system from the brink of collapse? How is it going to be funded? Professor Alex van den Heever is the chair of social security systems administration and management studies at Wits school of governance. He is here with me to unpack the NHI bill whether it is going to work. What is it? What is national health insurance? And how is it going to help those who cannot afford best healthcare in South Africa become part of an inclusive healthcare system in the country? That’s the question that will be asking him. But first let’s listen to the health minister Dr Aaron Motsoaledi talking about this NHI and how it will assist those who are excluded from this healthcare system in South Africa? And how it’s going to bring them into the system and how it’s going to assist them?**

**On the line DR Aaron Motsoaledi**: NHI is the healthcare financing system designed to pull funds to afford access to good quality healthcare services for all South Africans in terms of their health needs regardless of their socio-economic status. That definition is exactly what medical aids are doing except that there are two very notable differences which makes medical aids and NHI look like chop and chase if I may say that. The first notable difference is the word all. We are saying we are pulling funds for all South Africans, whereas in medical aids we are pulling funds for a selected few, the cream of the crop. Usually those people who have got some form of income, not only income but some descent income. Now in NHI we say all South Africans because its universal health coverage. The second notable difference is the word regardless of your socio-economic status. Remember, in medical aids scheme even though you belong to the same scheme but you are still stratified according to your income. If you are employed at the higher level, you earn more money, you have got a bigger subsidy and you have got a bigger package, a better package for healthcare. If you are employed at the lower lever, you earn the lower salary and you get the lower subsidy and you get the lower package of healthcare. What we call Obamacare is the universal health coverage for United States because Americans, most of them have got private health insurance. But president Obama noted that twenty (20) million Americans and mostly these are poor black Americans. Twenty million of them could not afford that system and President Barrack Obama found a way through which the state within its resources can bring them into such a system. That’s basically what we will be doing in South Africa.

**HP:** **Professor you were listening to the minister. But first just your understanding of what NHI is, can you try and unpack it for us please?**

**Respondent**: Ja, I think this has been a problem in this discussion. Because people talk about NHI as if everybody understands or knows what it is. And there isn’t any single version of National Health Insurance. There are multiple ways of designing universal health coverage. This specific proposal involves establishing a central fund at the national level of government and buying services from the public and the private sector. That’s you know a simplest degree as I can reflect the idea. Simple as that idea is, it’s an extraordinarily difficult to approach to implement it given the fact that we are already have very substantial public sector that operates differently. So, operating the system, the provincial government at the moment do receive a budget from government and the minister was indicating that NHI is a pooling system. Well, we already have a pooling system. The pooling system is the tax system. The tax system raises the funds so it funds the provinces. And the provinces at the moment aren’t performing not because of inadequate funds but because of a major failure of governance within the system. So I think the question really is what is understood as the problem that is being proposed to be solved by this particular proposal.

**HP: Before we get there. Who is it aim at, meaning who are the beneficiaries? We know that it aims to provide healthcare to everyone that is free at the point of delivery. It will be financed such that the health and wealthy or healthy and wealthy will subsidized the poor and sick. But how?**

**Respondent**: They already do. This is actually a confusing part of the model. If you are looking at a country like Ruanda or Zambia or Malawi you’d find out that there is a large group of people who effectively aren’t covered at all. They don’t have access to state services, they don’t have access to private services because they don’t have money incomes. So when you introduce a universal coverage model in those countries, you are actually expanding your system in order to accommodate a group of people that have no cover. That’s not the case in South Africa. South Africa actually has a subsidized public system that already covers people. Its tax funded. And what is really being proposed in NHI model is not to increase coverage for that group, but actually to bring people on medical schemes into state coverage. That’s the proposal and its make no sense because in fact you bringing in a group that is already subsidizing the system to the same extent it would even if they were brought in, there’s no change in the subsidy regime.

**HP: So, in other words from a Layman’s point of view can I understand it to be bringing down private healthcare little bit and upping the public healthcare so that there is a point of equilibrium where they meet?**

**Respondent**: Well, what its actually saying is that the group that already has coverage in the medical scheme system must be brought in to the state system. So, what is actually saying is everybody must have the same coverage with the same subsidy and that’s NHI it doesn’t make sense. If you were in as I said in another country Ghana, Ruanda, Zambia you’d be expanding, you’d be increasing taxes in order to fund an uncovered group. South Africa spends 4.1% of GDP already on the state system which is high by developing countries standards. What its spends is too much in the private sector but that group is covered. The public sector group is covered, everybody is covered. Review

**HP: So, Prof why would I then take up a medical aid if the NHI is going to assist me? I mean it will discourage me from taking up a medical aid.**

**Respondent:** Well, that is discouraging from taking it up now, because essentially the system will be no different. Essentially you will have the state as an option. Theoretically after paying for the state now it means tested. If you are above certain income. One of the reasons you have a medical scheme is that regardless of whether you use the public sector or the private sector you will have to pay out of pocket for your hospital base services. In the state, a higher income person or person on medical scheme is required to pay the full cost of public sector services. So, theoretically it could create the environment of circled NHI instantaneously by removing the means test. The question is, if tomorrow you hear that the state was free for everybody regardless of whether you are on medical scheme, will you drop your medical scheme cover?

**HP: Ok, so how does it alter the provisional, the current healthcare system in the country. I mean where you have those who can afford to take up medical aid and go to the private hospital and get best healthcare than those who cannot will be subjected to public healthcare often challenged by under staffing, long hour, shortage of medicine and so on and so on. How does the NHI alter all that?**

**Respondent:** Well, NHI doesn’t actually alter any of that. So, what it basically just saying is that everybody come into one system. At least one system that’s contracted by a structure and agency that is established you know at the national level of government. Nothing else really changes. So if there is under staffing in the current system caused by difficulties within the governance problems within the way the public system is managed. The NHI proposals make no suggestion as to how to deal with those problems at all. The extra money that comes in if any extra money came in, if taxes were increased it will barely cover the group that was forced to come in. So there is no additional money. So it’s also important to remember that the people who are on medical schemes are paying the taxes that fund the public system and they are not using the public system. Which actually increases the cross subsidy.

**HP: But Professor, I mean by its very nature and by its very structure our healthcare system provides and perpetuates inequalities because the poor will remain excluded from the best care, healthcare and the rich and those who have will be exposed to best healthcare in the country.**

**Respondent**: Firstly, there is no reason why our public system isn’t offering the best healthcare. There’s no reason other than substantial.

**HP**: **The reality is that right now the system is under stress**

**Respondent**: It’s under stress because couple of reasons. One is being systematic corruption. The other reason is that you have through governance failures who have systematic moonlighting. So your public sector staff are actually working in the private sector, nurses and doctors who shouldn’t be. That’s not being managed by the hospitals, or by the provincial government or by the national government. They haven’t created the single law to stops this. They haven’t even analyzed it, its analyzed by the researchers outside of the state. There is not even a single policy document on that and that results in queues because the doctors are basically running their private practices instead of running their public practices. And the nurses are causing surgery to shut down because they are moonlighting in the private sector surgeries and in their ICUs. So, that’s one side of the problem and then the other reason is substantial budget increase. If we go from period like 2000 up until now there has been about hundred and ten, twenty percent real increase in expanded in the public health system. A huge increase but when you look at the data, what you see is that most of that increase is been taken up by exorbitant salary increases. So, there have been huge salary increases that actually crowded out the possibility of government improving the staff ratios. So, there’s often an argument that stated that the private sector is losing staff to the public sector. Well, the problem is they lose staff who are employed full time by the public sector because the system is not managed and they also can’t afford to employ people because they actually squanded the money on salary increases. So, you’ve got this huge, most of our huge budget increase for the state are actually being squanded. It used to be that we spend about 3.4% to 3.5% of GDP to the public sector, it’s now 4.1% to GDP. That’s a very big increase.

**Caller #1**: Hi good morning. I understand what the professor is saying it actually make sense. But why don’t we try this National Health Insurance? Why can’t we have insurance for everyone? Because you right, only the rich benefit from what’s happening right now, you know. I work in government, I work in a pharmacy and I see the shortages, the out of stock medications and so forth. So, if we try and nationalize and try to have one pool where everyone can pull from to better the lives of everyone. Because at the rate we going we only have proper healthcare for the rich of which its wrong.

**Caller #2**: Thank you so much for taking my call. And I think it is proper for us to understand what is going on. Number one, let me just say I am a medical doctor and I have been working all my life in public service here in Nelspruit. It’s important for us to understand exactly what is going on. The problem is not the private or public issue. The problem is the massive looting of the resources that they are supposed to be handled in the public families. A lot of money was pumped into the public service to revitalize; would you believe? After the revitalization everything it’s even worse because most of the money that was supposed to be used to revitalize hospital went down the drain because of looting, massive looting. Now if you really want to have a good healthcare system you need to destroy the private healthcare system? You don’t need to destroy the private. You only need to make the public better than what it is now. South Africa is spending a huge amount of money on the public services healthcare system, a huge amount but almost all the amount is going down the drain because of looting and corruption.

**SMS #1**: This is South Africa, big up to NHI for particularly the majority of indigenous Africans.

**SMS #2**:Obama care was abandoned because it was unsustainable even where the rich the poor relation is much better than ours. This is sharing poverty not wealth.

**SMS #3**: I don’t have the luxury of medical aid but to me it’s unfair to us the heavily taxed 16% with medical aid to further subsidies and carrying the South Africa’s health.

**Caller #3**: Hello, good morning. How are you? Ja, I think the people who are making the healthcare not working is the private system. So, I want to give an example, in 1996 I believe we were more than 50 of us we went to work in Namibia. And because of the weather there everybody got flu, because now there were, in the sea. But now what happened when we go to the hospital, that hospital the Namibians there is no hospital for the rich, there is no hospital for the poor. The ladies who works in the kitchen were hired by the company they made sure that he has got access to the medical aid, that is the first thing they do so they controlled. If you go to their hospital, hospital of the Namibians there is no hospital for the rich and the poor its 100%. Then, the next thing which I want to say is.

**HP: But you must consider the population there as well. The population in Namibia is also a factor here.**

**Caller #3**: Ok but now let’s go to the UK. UK net care went to UK, so it could not penetrate the system of the UK in healthcare. So, by last year it came back. Because now in UK their healthcare system is so good. Everybody in UK if you are there you have got access to medical healthcare. So, if you can check what I am saying and but now the main thing is our own private health system they are making the system not to work. The government was supposed after initiating it, to ensure each and everybody if you are employed like what they do with the pension on your payslip, they have the medical aid there. Everything must be there so that everybody contributes to the national health. I mean it’s not the choice but now they made it to be a choice, when it is a choice the private now feels threatened.

**Respondent**: Ok firstly just to explain something about Obamacare. Obamacare wasn’t introduced to incorporate lower income groups into coverage. The gap in coverage in the United states was at the lower and they got what it’s called Medicare which is where they provide means for lower income groups. They get free access to healthcare then you got free access, you’ve got full coverage for people over the age of 65. So you’ve got a group who are essentially above certain income level and be under the age of 65 who tend to be covered if they are employed in a company and others who are individuals and the gap in coverage was what was called individual cover. So, Obamacare was about introducing what’s called individual mandate and what it did there was try to remove all the obstacles to people who are above the certain income who find it difficult because of discrimination by health insurance to access the system. So, the subsidy system created access to individual cover. So, the Obamacare has absolutely nothing to do with the conditions in South Africa. So that’s the first issue, so I think the second is why not try NHI? The problem is, the system that we have now is not working because we haven’t actually focused on addressing the things that are not working and focused on the solution that has nothing to do with them. So, for instance why do we have these problems within the state? Let’s look at the salary increases, the costs that have gone up faster than the budget allocation. That has been something that national government has controlled. National government is in charge of that decision not the provinces. National government has been on the bargaining council made these decisions in particular ways that have imposed unfunded mandates on the provinces causing financial distress. That’s the one aspect. The corruption that has been mentioned is very much a feature of the public health system in South Africa and it’s not addressed in provinces like Mpumalanga and Nelspruit. You know, in North west, in Free state, in kwaZulu Natal and so on. It’s a very difficult process now for the Gauteng department of health to address what has happened since 2006. These are issues that require systematic change in the way in which the system is governed. Nothing has been done since, since the current minister came into office to actually address those. So for ten years nothing has been done.

**HP: At face value Professor this is a good system, why so much complication? I mean the free market foundation believes that it is neither necessary nor appropriate for government to provide free healthcare for all because doing so is not a particularly good use of a scarce taxed resources they argue. Having tax payers funding healthcare for those who can’t afford it is one thing but to insist on interfering in the arrangements of those who can afford it is counterproductive and unnecessary. I guess they support your view**

**Respondent**: Well, I don’t necessarily agree with the free market foundations possession on health system. Firstly, I think that public system should be free for all. It’s not, it’s means tested. So, higher income groups for instance you would have to pay full cost of public sector services. They would charge you. So, if you had major medical treatment the bill could cost you million rand for using the public sector but for somebody who is below a certain income threshold would pay nothing. So it is a subsidized system that particular means test is questionable. The so, I think the state system should be free but the issue of whether or not people should belong to medical schemes and whether if somebody is on a medical scheme whether they should receive the state subsidy. I think isn’t appropriate question. I think that they should receive state subsidy. It’s actually not a problem for them not to use the public services because if those services are available for people who have no access to income and money.

**HP: How is it going to be funded though?**

**Respondent**: It not going to, first of all what they have proposed in the white paper and previous papers was to increase taxes by about 3% of GDP in order to fund them. Now taking into account that the public health system already cost 4.1% of GDP and to raise taxes by 3% of GDP is a substantial increase in general taxes. Even if you increase tax rates to claw in about 3% of GDP to try to you’ve probably have gone over the limit of what government can raise from general taxes. So saying it won’t mean that it could happen. That’s what they have proposed it’s not going to happen that’s why there is no financing arrangement. No discussion on how in fact would be this kind of change in expenditure in South Africa because there is no way to switch the money. The people are spending for themselves on their private healthcare coverage, to take that money away from people and put it into the state system, there’s no mechanism for doing it and so it’s not going to happen.

**Caller #4**: Hi Prof, I just want to ask the Prof one question. What do you make of a situation where there are people who are profiting out of it, like big corporate like our Medi-clinics, Netcare? Is this the same question as you know having a lot of resources where you only need few or the elite are served. Why don’t you use the same model that is used in the same private care to come in into the public sector to address our distress system? Thank you.

**Caller #5**: Good morning. I’m Ms. Wilson, I worked in the health services for about 37 years. First of all, about the NHI I don’t think it is going to work. Funding, where is the funding going to come from? One gentlemen mentioned about the UK that it is working very well. The UK national health system is not working. First of all, every worker in the UK contributes to the national insurance fund and also there are very long waiting list for instance for surgery patients can wait to three to four years for surgery. Another thing we are actually one of the highest taxed countries in the world. If you look at the tax and few levies and things like that. The other thing yes, is its easy for people to say you know tax the wealthy and you know poor. But how much more are you going to tax the people, the so called wealthy? If somebody worked hard the rest of their lives and they earning, they owning 2 cars and a house are they wealthy now? It’s actually unfair. The other thing also somebody was saying well equalize the health system, make it the same as private. I tell you that we have one of the best health systems in the world. We, we compared like we for instance trauma even the academic America, the UK. But all that has been destroyed. Our health system now, the whole health system throughout the country it is nonfunctional. There is no equipment, the buildings are falling apart. The ICU’s are not functioning. So how are going to run your national health system?

**SMS #4:** I am an NHI contracted doctor working for the third month without salary, one of many. I’d rather work in my private than have to deal with non-payment issues.

**SMS #5**: The NHI system is much more than just about financial contributions. It’s about increasing and improving access to primary healthcare at district level. The NHI will introduce primary health outreach teams who are nurses that visit households, schools etc. to provide primary healthcare to reduce the burden on health facilities. There is a lot more where it comes from.

**Respondent**: Ok, firstly the primary healthcare system does need to be introduced. It has got nothing to do with National Health Insurance. We do need to implement district health authority regime and decentralize system for delivering primary care. It needs to go much further than having outreach teams. And, we already have a very substantial sector and with massively increase the funding on primary care in South Africa, it’s very limited effect overall healthcare. So that is nothing to do with NHI, it has got to do with the budget you allocate and the way in which you design your authority. In terms of the issue about the UK system. Just to note UK is like seven times South Africa’s capital GDP. What you can do with tax funding is very different to what South Africa can do. And the system goes together with the levels of funding that you can have. South Africa’s system derived from how in fact how the relationship between income earners and state is organized within a low capital GDP country. I think just on the problem of the private sector being sort of overfunded or overpriced. The private sector is egregiously overpriced. There are people gauging the people on medical schemes because of the way which the system is organized. Now, whose responsible for regulating that? The problem is larger been caused by the way in which the state has regulated the private health system. And since 2003 not a single piece of legislation has been introduced to fix structurally how the private sector operates. The private sector is way overpriced. We should be taking 2% of GDP out of South Africa’s health expenditure in the private sector. Not assuming that you can actually switch that money which you can’t. The issue is the provinces regulate the hospitals. Netcare went in to the UK to own the largest hospital group in the UK and its withdrawing because it has financing difficulties in accessing that particular system. That’s got nothing to do with the dynamics in South Africa. In South Africa the problem is providers have a lot of control over the amount of money they earn in the private sector and the medical schemes and the way they are organized means they have the limited incentives to manage those funds effectively. Government has done nothing and that’s where some of the issues need to be addressed in the future.

**RP\_02**

**Date and time: 13 August 2019, 09:07 AM**

**Host Presenter (HP): 1**

**Calls: 3**

**Respondent: 1**

**Audio clip: 1**

**HP: Doctor Crisp thanks for joining us. Good morning. So let’s try and understand. Let’s take it from the top. In fact, this is what we should have done. We’ve spoken to quite a number of people. We had an interview yesterday, we had an interview on Friday as well with different people. Of course you will hear clip form some of them.**

**HP: What is the National Health Insurance and what does it aim to achieve?**

**Respondent**: Ja, thank you very much Bongi, I also heard lots of conflicting reports and some quite misleading reports. It’s essentially this is not something that is new, it’s something that has been in a pipeline for some time. People have seen the green paper and the white paper. We also know that many countries are busy with serious health factor reforms. Here in South Africa what we are trying to do is to get universal healthcare that is prepaid so that nobody has to suffer when they got some form of illness. We don’t plan when we going to be ill and so what the National Health Insurance plans to do is to have a single organization that is paying for the services and multiple number of providers both public and private service people in getting GP’s in primary healthcare, the government clinics in primary healthcare. And also the hospitals, the private hospitals will all play a very important role on delivering services to everybody. But not as fragmented as we have it now. Because I think everybody is aware of an ailing public health system and very expensive and quite complicated and almost imploding private health sector. So both of them are in trouble and they both need a serious facelift. And what the NHI aims to do is to bring all the countries resources together for all the inhabitants of our country.

**HP: Ok, so that is what it hopes to achieve. So, by 2026 as I understand it one may no longer be able to have comprehensive medical aid but to have, will have the National Health Insurance as the comprehensive cover. No individual comprehensive covers with medical aids and private health?**

**Respondent**: Well, we could speculate about the numbers and the dates. And we know that in the bill there were targets that were set but the objective is that we have a situation where everybody has registered on one national system and to do that they obviously already recognized by home affairs as being somebody in South Africa either the citizens or legally here. They go to a primary healthcare facility or a GP and they register either near to their place of work or to their residence. And that becomes a primary point at which they enter the health system. So our hope is that, what will happen is that it will form a relationship with their local health provider. And the local health provider is then responsible for referring. And if they need more sophisticated, more complicated healthcare and obviously more expensive healthcare. And once the public start to get confidence and trust and that they know where they can go and they know they are going get health services. They will systematically realize that there is no point in having a separate financing arrangement because the services are being paid for. Whether that takes a year or two or five or whatever. There’s a question of how quickly we can roll out the various organizational requirements and the operations, the IT systems and so forth. So, a lot of work has been done over the last five or even ten years to prepare some of these and consult with players of these elements of the health service but now it’s time that we actually form the draft, forms, finalize the packages, finalize the operating procedures and put the system in place. So that’s where we going to focus on in the coming first of all six months to get the official office in place. And then the people in that office to start putting these systems in play. So obviously you don’t implement a massive reform like this in a short space of time. You don’t do the whole country all at the same time at every single level because its complicated. There’s huge goodwill despite what we hearing in media and people who are negative about the National Health Insurance. The goodwill is enormous and particularly the providers. The vast bulk of providers are aware that they are still going to have a road and nothing is going to change they will be able to see a large number of patients.

**HP: Ok, so again let’s get some more ABC’s here clarified. So there will be a single administrator? Does this mean that this is going to be kind of like a state run medical scheme where all South Africans will be members irrespective of whether you are able to contribute or not you will come a member, if you poor for instance you will still get you know a good medical care because somebody else would have paid for it?**

**Respondent**: Technically it’s not a medical aid scheme and it doesn’t behave like a medical scheme does but I think the public might find it easier to understand it like that. But the current money that is spent on the public sector plus some other sources of funds which are not usually recognized by the public like the road accident fund, the tax credits which everybody is talking about that, the regulance medical scheme members and few other sources would be the feed primary that will come to the funding of course and it’s from there that the public healthcare will be paid. So it’s not this similar to how people experience their medical scheme except that they are not choosing packages and having to go to brokers to try and explain to them what they are and aren’t getting covered for and then trying to second guess what happens if I really get ill. Am I getting from the public-private sector when I don’t have money. All that uncertainty around where you going get care and how much care you going to get will be removed with the rollout of the services that are ran by the NHI.

**HP: Ja, so what happens to the doctors, GP’s and all of them? Will there be a regulated fee that they must charge, a universal fee because then if there is one main contributor and administrator surely you can’t have somebody else charging four hundred rand for consultation, somebody else charging a thousand rand? So it needs to be uniform?**

**Respondent**: ok, so the bill provides for a whole lot of options. Some of which are going to be quite quick to implement and others are going take time to design and two they will be unique from one part of the country to the other. And that’s the other thing that we need to understand is that if you are in rural Limpopo, and running around near Sikololo somewhere and that’s your home ground. Or if you’re in upmarket Sandton the implications for the GP’s in those environment is technically the same but the implementation is obviously going to have to be different. What will happen is that the GP’s are encouraged to join to be accredited as part of the group of primary healthcare providers together with the public facilities. So in a city they will include the Metropolitan, the Metro health services and the state run clinics and so forth and arrange of other providers who will be brought in over time. So basically anybody who works in the primary care environment in that geographical area. And that’s the initial group of people who will be contracted by the NHI to provide care to a particular segment of population. There are two ways of running this in the bill. The one is through a capitation arrangement, I don’t want to get into technical details about it because it can get complicated. But essentially it means that for the desired outcome that group, that GP and group of people will get a fixed amount of money and then on top of that they will charge according to events outcome. So instead of paying fee for service where you get an itemized bill now, you will be able to pay what we call a diagnostic related group or there is other way of structuring these event payments or single payments. And so, they are still going to get paid for the work that they do but you quite right then over time those who participated on the scheme are not going be able to just charge whatever they feel like.

**HP: What happens to the private health sector Doctor Crisp? What happens to those who can afford and who would want to stay in the private sector? Do you also suck them in to the new system now or they have a choice of continuing private?**

**Respondent**: Ok, thanks Bongi. Let’s understand the private sector is not the group neither the people who are regular patients to the private sector nor the private sector has providers. So that private sector is composed of GP’s, and is composed of private hospitals and the whole range of private service providers and I presume that is the services that we are asking. Will the public just be able to go to them? Yes, they will. Public and somebody who is the medical aid scheme member at the moment for the next three years they are not going to perceive a huge difference as their providers that they are familiar with getting services from them will begin to be accredited with the NHI. Once they are accrediting that means that the services that they have agreed they are going to deliver with the state will be available to anybody that the public sector refers for caring those facilities. So, you may find somebody who let me pick an example because is easier for people to understand like that. You may find a patient at the moment lives somewhere in fourways and they go to their private GP but they get their care at Life Fourways hospital for instance. They will continue to do that but now they also going to start to experience that they are in the hospital with patients who are being referred out of facilities in Diepsloot. At the moment those people have to go to either Charlotte Maxeke or they got to go to Krugersdorp or they got to Pretoria to get hospital care when they need care on their own primary healthcare. So the idea is to make sure that everybody has access to the full capacity on all the resources of the country. And how that’s organized as I said will differ quite a lot from where you are in the country. Very different from the deep rural area to a suburban area. But that gives you an idea of the kind of the experience people will have. Of course what the act is encouraging is where a woman is pregnant at the moment somebody on a medical aid might go direct to an obstetrician and gynecologist for antenatal care and for checkups. Might get five or six or eight or even more ultrasound. And might be told on the day of the booking she’s going to have a caesarian section on x date, nine months from now. Now that’s not encouraged, that’s bad healthcare. It’s over servicing, it’s not good for the mother. It’s not good for the baby and its plain clinical evidence that is just outright poor healthcare. Now in the new system that person will go to their GP if they choose to use the NHI process which for most of us will be the most likely thing we will do. You will start off with your GP, the GP will then find that if it’s a normal delivery there is no need to go and have all these ultrasound and specialist consultation. And may well be no need for the caesarian section. And only if there’s a complication or a particular clinical reason will that person have a caesarian section.

**Caller #1**: Morning Bongi and the guest. Just a quick comment. Look what I do not understand about the NHI. Ok, the government actually think we cannot think for ourselves. Like we paying tax, as a tax payer I can decide to go to government to get help because I am a tax payer. And I decided that you know what let me maybe reduce the burden of myself, let me pay let’s take private healthcare. It is my choice but why would they want now if they want to continue with the NHI its fine. But why did they want to take let’s say part of the money that the companies contribute and then they say they are going to rise a certain some sort of gain so that they can fund the project. It’s a good project but why can’t they fund it with the current taxes that we are paying? That’s the only thing that I do not understand with the whole thing. It feels like it’s just a rip off or saying that as the citizens we cannot pay for ourselves so they need to do everything for us. We do not need that to be honest.

**Caller #2**: Good morning Bongi, good morning to your guest. Bongi I have got two questions. I have got a medical aid now for the last sixty years and when I do go to my GP for a chest x-ray or kidney or something like that. Within two days I’m in my private hospital having my chest or kidney x-ray’s or something like that. But now I’ve got friends that got no medical aid. They got to wait up from six to eight months before they can get a booking into a state hospital. And another thing Bongi, what bubbles my mind is I suggested it to somebody in the show sometime last year. You know my day to day savings runs up to sometimes twelve thousand rand a month, twelve thousand a year I still got left over because I don’t abuse my medical aid. I don’t go to the doctor for anything. So, that contribution I got in the kiki (my day to day) is eleven, twelve thousand that’s get carried over. So, when the private medical aid increases your medical aid I can’t see why with my permission they can’t take out of my kiki and charge me the ten percent increase. Instead of me pay another ten percent out of my pocket. I’m sitting now with eleven thousand rand. Now December is close by I carry out eleven thousand. Do you know I had another nine thousand in January? What happens to all that money that is lying there?

**Caller #3**: Good morning Bongi. I just want to ask your guest if this new system is being rolled out. What guarantee has it got that it’s going to work if looking back at the track record of government up to now. There’s not one single department or thing that is working. Everything is a mess up in this country. And secondly, I think this is just a scheme for socialist communist government just to get rid of the private sector so that there is no comparison. So people won’t know what is good medicine, what is bad medicine. And thirdly, if they want to run out a thing like this why don’t take out of the hands of government, destroy the Department of Health. Take that budget and other money give it to the private sector. Give the hospitals, give the clinics to the private sector so that they can serve the people of this country on a credible way.

**HP: So, Doctor Crisp couple of questions for you. Why take away the choice and where people would want to direct their money. If I want to stay with the medical aid, why that choice is taken away from me? And the savings, day to day savings I know that I will have this amount of money at the end of the year and it gets carried over. What will happen with the new scheme? Guarantees that it will work looking at the track record of government, is another caller here. And this is a socialist communist plan to get rid of the private sector and so on, and so on.**

**Respondent**: Let’s start with the last question from your caller from Mpumalanga about the politics of this. There are at least fifty countries around the world who are busy implementing some form of universal healthcare using either National Health Insurance and various mixes of the way that they purchase and provide their services. The fact of the matter is there is no country in the world that has a health system that isn’t in trouble and doesn’t need some form of reform. If you speak to citizens from any country, there are problems with it. The problem is the public get used to a particular thing and they believe that what they are getting is good health. Even in our private health sector we often get to believe that we are getting good healthcare but sometimes you are getting excess test, over servicing, procedures that you don’t need. We have by far the highest caesarian section rates in the world. We have the highest rates in the world in our private sector. So we are not necessary getting good healthcare cos we getting lots of healthcare. So, reorganizing the health services to make everybody, everybody all providers not splitting and saying some have, some don’t have. And whether the government track record and so forth well that’s why people are free from coming back from retirement because we really need to fix our country now. So I don’t believe, this has nothing to do whether you have one political aspiration or different one. Your caller who spoken to you on being sixty years on the medical aid and the savings. Well he might be lucky they didn’t have some catastrophic event that cost him two million rand. That it happens and then you end up whether you had savings or you didn’t have savings you end up actually with nothing. You run up all your money. And then the private sector puts you in an ambulance and transfer you to the public sector anyway. So, it’s not, you might be lucky to a point. I might be healthy today but tomorrow I might be in a motor vehicle accident or be diagnosed with some catastrophic illness that I need long term in very expensive care. So, you know to take case samples of one and say that he’s happy the way his things were. Its fine but in the greatest we do need to have more sustainable health service than that level of risk. And that brings us to the question of Godfrey from Limpopo, the objective is not to take away people. It’s not to say to somebody look I’m taking away your medical aid and we are not going to give you the right to purchase healthcare. What the state is saying with the National Health Insurance and the bill, it says you will be given access to free access at the point of care to a wide range of clinical services. The moment its huge but the services you are able to get even in the public sector. You may wait because the resources are not all available. Seventy-five percent of our specialist are in the private healthcare. So it’s very difficult for the public health services to provide the kind of specialist care in hospitals that is required for such a small number of specialist. If that total resources available and all the theatres in the private sector are available. And the state is able to purchase from both the public and the private sector through this new arrangement then I think Godfrey will find that he doesn’t need to purchase. It will be his choice that he doesn’t even want to purchase anything, any private care or top up. And that is what we would like, the kind of confidence we would like to build over the years.

**HP: I would like for you Doctor Crisp to listen to Professor Alex van den Heever who is the chair of social security systems administration and management studies at Wits University and Wits school of government. He says that NHI may turn into another vehicle vulnerable to state capture and will not address the current challenges facing our health system. Just take a listen**.

**Voice clip**: I think it’s important to understand that our existing health system technically provides universal coverage. That doesn’t mean that it’s a well working, well-functioning efficient health service. It’s not. And the question is where the current system is failing have we understood why it is failing? And has this bill got anything to do with correcting our current universal coverage model? And that’s where I have huge concern that I don’t actually see this bill addressing any fundamental problem in our current health system. Its potentially leaving them all in place and attempting to take on a potentially corrupt institution that is not going to achieve great deal in our life time. So, when you want to achieve the objective of coherent sustainable universal health coverage you have to look at the specific reforms that get you that. You have to look at the mechanisms. So the NHI proposal as it stands now is a mechanism not an objective. So the question is, will it meet the objective of the universal health coverage? It won’t. This approach as it stands, stands to potentially degrades the system further. And I’ll clarify why, in most health systems around the world the universal health coverage model involves decentralized systems of what’s called purchasing organizing healthcare the actual delivery. The equitable part of healthcare is how you distribute resources, how much you tax, how much you subsidize everybody’s cover. That is very often centralized and that’s logical. We technically already centralized quite a lot of our health expenditure already through taxes. We already raise over 4.1 to 4.2 % of GDP for public healthcare. That is already a centralized allocation. The idea of having that central is ok. But having the purchasing function operating from Pretoria makes no sense.

**HP: And that’s Professor Alex van den Heever. I don’t know how you respond to this Doctor Crisp but two things stand out for me. The questions that he’s asking is have we understood what is not working with the systems? We do have universal health coverage already but do we understand why it is not working? Decentralization also is what he’s talking about because in the NHI that is envisage right now the state will buy medicines for everyone.**

**Respondent**: Well Bongi, well Alex and I know each other very well, we’ve worked together in so many projects and I’m familiar with his concerns. And some of his concerns are valid and are concerns that we also engaging on as we now seek to implement. But he’s also a member provides a lot of input to the health enquiry to the private sector. If you ask him questions like that he’ll tell you there is such big problems in the private sector. And there are so many challenges that should be rectified there as well. So I would like us to really have a discussion about the whole health sector. And not about whether the private sector this or the public sector that or whatever. How can the two sectors work more closely together? So the criticism it’s not going to be in the implementation of everything is purchased of an office in Pretoria. My task in the ministry at the moment and I’ve recently joined is to assist to set up an office to implement the National Health Insurance. There are no ways that there is even contemplate that everything will be administered from one office. The bill provides for regional offices. There’s provision made for district health management offices, contracting units for primary healthcare and exactly how we use these various decentralized entities to make sure that they are able to first of all to organize the health services in the way that we integrate as a private and a public capacity in a geographical area for all the people, not for those who can or can’t pay but everybody in that area. And then we make sure that the providers can claim against work that has an outcome not just an input. And not an itemized bill. And how we structure that to pay them appropriate because of the care they provided. I know that the devil is in the detail, we all aware of that and I hope that Alex will come to the party to help us to implement the right way of doing things on the ground. The bill provides a lot of flexibility with delegation of functions. But what it tries to do is to say we can’t be a federal state, we can’t be a dichotomy of public empower, we can’t be true nations, we can’t be apartheid because of economy. We have to be one nation, working towards one goal with everybody has health. And we must invest on our health so that those people who lives in this country can contribute to the economy. So while we might share some of Alex’s concerns, I think it’s our job to put our heads together and find ways to implement the solution to the problem together and not try and compete or try and break down one part of the system and believe that its going solve the problems of the other one. We need to work to get solutions together.