

Script begins

Mia Malan 00:00

On this episode of Health Beat, we look at the hopes and fears surrounding South Africa's national health insurance scheme.

Nicholas Crisp 00:25

We have many resources in this country but they're not accessible to the majority of people. And the question we're trying to address with national health insurance is how we achieve universal health coverage.

Sasha Stevenson 00:38

There's a lot of frustration amongst healthcare workers about the fact that they don't feel that they've been consulted sufficiently. Health workers don't feel that they've really been able to influence the policymaking.

Mia Malan 00:51

You're with Bhekisisa's Health Beat, I'm Mia Malan, thanks for joining us.

Mia Malan 00:55

In late May, Parliament's health portfolio committee adopted the national health insurance bill making only small changes. It's been called South Africa's chosen route to universal health coverage. The goal of the NHI is to provide free quality health care for all South Africans, as enshrined in our Constitution. But our government struggles to provide citizens with many things in the Constitution, not least clean water. Even those who laude universal access to health care, doubt that the state has the ability to put this principle into practice. Later in the show, the head of the NHI Dr. Nicholas Crisp, defends the scheme as the only logical way out for public health. While Sasha Stevenson, head of health at section 27 says the plan lacks implementation details and health workers have not been consulted enough. In our feature, journalists Mohale Moloji and Yolanda Mdzeke visit two breast cancer patients, one using the public and the other the private sector. Let's see the difference.

Mohale Moloji 02:10

As the sun rises in orange farm south of Johannesburg, Porsche and junk when he gets ready to see a doctor at Charlotte Maxeke Academic Hospital 45 kilometres away

Mohale Moloji 02:29

she was diagnosed with cancer in 2020 After discovering a lump

Portia Njangwini 02:35

The night before. So when I touched the breast, I felt that I had a big lump. On my left side.

Mohale Moloi 02:43

The gravity of the situation hit Portia when she saw a nurse for a checkup on her pregnancy.

Portia Njangwini 02:49

So she felt a lump and said no, this might be serious, I need to go to hospital.

Mohale Moloi 02:57

The results weren't good.

Portia Njangwini 02:59

I went back after two weeks to get the results. Then, that's when I was told that I've got breast cancer stage three. The doctors told me that I need to terminate the pregnancy. Me being pregnant at that time, it meant I was feeding the cancer every day. That's why it was so aggressive.

Mohale Moloi 03:22

She decided to go through with the chemo and keep the baby.

Portia Njangwini 03:26

And then they took the tumour out, and they had to cut the right breast just to resize it to this one. So after all that, I finished my chemotherapy then I was sent to Charlotte Maxeke for radiation. I have been waiting for 10 months for radiation, which I might go soon. That's why they said wait for a year or more

Mohale Moloi 04:00

The head of Radiation Oncology at Charlotte Maxeke, Doctor Duvern Ramiah, says it's not just breast cancer patients who have to wait.

Duvern Ramiah 04:09

So sometimes the breast cancer waiting lists can go up to sort of 12 months to 18 months. And the prostate cancer waiting list is sitting somewhere around about five years at the moment.

Mohale Moloi 04:20

The wait is because of staff shortages.

Duvern Ramiah 04:23

And that process involves radiation oncologist, a radio or a radiotherapist and a medical physicist. Now the issue in Charlotte [Maxeke] is that we don't have enough of any of those three professionals to treat the number of patients that come in. And

if you don't have an adequate amount of staff doing it, then you don't have enough radiotherapy plans being churned out of your department and you can't actually fill all the slots in your machine and that's where the issue actually lies now.

Mohale Moloi 04:52

The problem with waiting too long for radiation is that it increases the chance of your cancer returning.

Duvern Ramiah 04:58

It's a very, very tough conversation to have with patients and it's probably one of the reasons why a lot of radiation oncologists, for example, don't like working at a place like Charlotte because you get involved in conversations that are difficult for you to have with patients. As a radiation oncologist. If you see a patient and decide that they need radiotherapy, you obviously want to get them treated, right. That's, that's what you've done. That's what you've been trained to do. And obviously, if there is an issue, in terms of the resources available to you, you've then got to explain to your patient that you can't, you know, you need treatment, but we can't actually do it for you now, because of various issues.

Mohale Moloi 05:39

Over at Netcare's Milpark hospital just three kilometres away, we find Dr. Carol Benn, who works at the Breast Care Centre. She used to work part time in the breast cancer department of a public hospital

Carol Benn 05:52

But I want to put on the table that private isn't better than government. Each group has its own set of problems. The sadness is it's the people who are suffering for something that can be so well managed. So I do think that having some form of sensible national health, but it has to be managed properly, every person has to be performance managed.

Mohale Moloi 06:18

Louise Turner works with Dr. Benn She's a breast cancer survivor. And even though she was on medical aid when she was diagnosed, it wasn't smooth sailing.

Louise Turner 06:27

When I started, they were aware I'd been diagnosed and needed treatment, but the medical aid excluded me for a pre existing condition for a year.

Mohale Moloi 06:36

So she had to use public healthcare. In her experience, the difference in care often comes down to attitudes and access.

Louise Turner 06:44

Unless there is a change in the attitude of our government, our conditions, the hospitals, people cannot access services. Where you stay, what you earn, what your demographic is, what your bank balances, etc should not make a difference to accessing care.

Mohale Moloji 07:06

Portia remembers feeling nauseous travelling back home to Orange Farm on public transport after treatment.

Portia Njangwini 07:13

The sad part is going back after taking chemotherapy, it's not easy, because you are not okay. You need someone.

Mohale Moloji 07:24

She's anxious to be declared cancer free, along with 1000s of other people on waiting lists across the country.

Mia Malan 07:52

That's how public and private health services currently compare. The question is can the NHI close this gap? Here's how the scheme will work.

Mohale Moloji 08:02

NHI will be like a giant state medical aid. It'll buy health services from both government and private health facilities. But at a set price. The NHI fund will be created to pay for services, but the government doesn't have nearly enough money. Currently, the public health sector services about 85% of our population, only 15% of people in South Africa can afford medical aid that pays for private health care. But the amount of money spent on the 15% using private health care and the 85% using government hospitals and clinics is the same. The government says it needs the premiums people pay to their medical aid schemes. So our NHI bill says medical aids in their current form will be illegal. Medical schemes won't be allowed to pay for the same services that the NHI provides. Only top up services will be allowed. Some experts say this goes against the Constitution.

Alex van den Heever 09:09

The prohibition on medical scheme coverage is very unlikely to succeed because it is protected right in terms of the Bill of Rights. If somebody wants to be protected by this form of cover, they can take them to court, it's very likely that there will be multiple parties who challenge that particular feature of the bill.

Mohale Moloji 09:29

The medical aid industry says it has a right to exist, at the very least to help the NHI process payments.

Katlego Mothudi 09:37

This has been a structure for many decades and schemes have got the necessary expertise. They've got the systems and processes. They have been used and have been refined over time.

Mohale Moloi 09:49

As the bill stands right now. However, only the state will be allowed to administer NHI funds. The National Assembly passed the bill in June. The next step is for the National Council of provinces to adopt it.

Mia Malan 10:24

Joining me to speak about the imminent health reforms are the head of the NHI at the health department, Dr. Nicholas Crisp, and Sasha Stevenson from the public interest law centre Section 27. Nicholas, thanks for making the time to speak to us today. Earlier in the programme, we heard the story of a breast cancer patient who has been waiting for almost a year for radiation treatment. And activists say that some people die while they wait for treatment. If this was your brother or sister, wouldn't you be worried?

Nicholas Crisp 11:00

Sure, we are worried for every patient, whether it's a family member, or whether it's a member of the public, it's not acceptable. And that's exactly why we need to reform the way we deliver health care. We have many resources in this country, but they're not accessible to the majority of people. And the question that we're trying to address with national health insurance is how we achieve universal health coverage.

Mia Malan 11:23

That may be true, but money alone is not going to solve everything. And trust in the government is really at an all time low. And during COVID Your department had a huge corruption scandal with a digital vibes communications contract. Why should we trust you now to use an even bigger budget? Honestly?

Nicholas Crisp 11:47

Yeah. So look, I think that we need to be absolutely honest and say corruption is never acceptable and defrauding of systems and theft is never acceptable. And so when we design the structures and the way in which we execute the health system, we must make sure that the risk identification is there, and that the checks and balances are in place so that these kinds of things don't happen.

Mia Malan 12:09

So what kind of systems will you have in place?

Nicholas Crisp 12:13

So the first thing is to identify those risks, to try and design them out of what you are doing, and where you can't design them out to identify them, flag them with your systems, and then address them when they arise. But you can definitely minimise the number of risks and amount of corruption and fraud by simplifying the system. And that's why this very simplified, single approach, single model is far preferable to the very complicated health system we have now.

Mia Malan 12:43

Sasha, you are from civil society, and you've been monitoring the NHI for a long time. Do you think a simplified system is going to protect us against corruption?

Sasha Stevenson 12:55

Well, I think firstly, it's possibly more simple than the current two tiered system that we have. But NHI is far from a simple system. It's a system of contracting. It's a system that pools all of the funds in order to theoretically get the best deal. And so that's good, but what it requires is that health facilities and health providers contract with a friend, and with contracting, as Nicholas says, comes a lot of risk. And so we do need to put in place the mechanisms that can mitigate that risk. And that can not just deal with corruption when it happens, but prevent it from happening in the first place. So there's not a lot of detail in the bill on what those systems are going to look like. So we need to make sure that everybody from users of the healthcare system, civil society, journalists, and government officials know exactly what's going on so that there are plenty of eyes on the very, very many contracts that are going to be involved in any kind of national health insurance system.

Mia Malan 14:00

And are you satisfied that there is enough built into the bowl to involve all those sectors?

Sasha Stevenson 14:07

There are various advisory committees that are established that are meant to advise the National Health Fund on what kind of benefits should be allowed, and what kind of payment mechanisms there should be. And those structures don't include health service users, they don't include people from civil society. I think that's a mistake.

Mia Malan 14:30

Now, as a journalist, when I go to health facilities, I definitely get the impression that health workers really don't understand what the NHI will look like. Do you think they've been consulted enough for this bill?

Sasha Stevenson 14:43

There's a lot of frustration amongst healthcare workers about the fact that they don't feel that they've been consulted sufficiently. Health workers don't feel that they've really been able to influence policymaking and I think a lot of them are feeling

frustrated by that. If we want them to implement what is really going to be an enormous change to the health system, we need to make sure that they're heard. And we need to make sure not just because we want to keep them happy, but really, because we want a system change to actually happen.

Mia Malan 15:15

Nicholas, how are you gonna give the health workers a voice?

Nicholas Crisp 15:19

So I don't disagree at again, that we should be consulting people how we do it, it can't be everybody talks to the national department, you've got to be talking to the provincial department, you've got to be talking to the people in the hospitals, in the clinics, in the GP practices in their pharmacies. And we just gotta keep doing it again, and again, and again, and putting out materials and listening and then adapting the material so that people find it more understandable. My biggest concern is actually the public and the patient. Because I haven't found one single person that I talked to who actually understands their medical aid now, who actually understands how the public sector does or doesn't accommodate them, if that's the service they use.

Mia Malan 16:05

Talking about medical aid Sasha, one of the things that private healthcare uses, even though they may not perfectly understand the medical aides that are very upset about the NHI bill, suggesting that their medical aids of a current form will effectively be banned. Do you think that's fair?

Sasha Stevenson 16:25

I don't know whether it's fair or not, I think what we need to focus on is the fact that as everyone knows, we have a ridiculous health system, we have a system that caters to different people in a dramatically different way. We allocate resources really badly, it's clear that we need some kind of change in the health system. And as you say, what the bill says is, medical aides will only be able to cover complimentary services. So things that aren't covered by national health insurance, it's really difficult to know what at this point, the complaint is, because we don't know what national health insurance is going to cover.

Mia Malan 17:06

So if the NHI bill becomes law tomorrow, in the short term, what will people get in the first year?

Nicholas Crisp 17:14

So individuals won't feel anything in the first year. Nothing. They will at the moment, there are some people who are benefiting from some of the conditional grants, improving aspects of that system strengthening in the public sector.

Mia Malan 17:28

And medical aids to go? Is it 10 years? Is it 15 years, what's your estimation?

Nicholas Crisp 17:33

So my estimation, so what I see is that 76 Medical schemes is not sustainable. There are big ones, and there are small ones, and some are very small. And the risk pools are ridiculously small. I see a realignment of medical schemes over this period, where you end up with a far smaller number, fewer packages, so less complicated choices, and one compulsory package, where everybody knows, this is what I know I'm gonna get for for this price that is negotiated and fixed between all of us: the state, the Council for medical schemes with the Competition Commission, and the medical schemes. That's what I would hope we would start to see in the short term. And when I talk short term, I'm not talking a year or two years I'm talking within the next five years.

Mia Malan 18:26

Sasha, one of the constant criticisms against the NHI is that people, many critics say that it's not going to be quality health care. It's just going to be free, bad health care. Do you think that's fair?

Sasha Stevenson 18:40

I think that's going to be a big challenge of the department in the next decade is making sure public health facilities can be contracted by the fund. And the fund isn't just contracting private health facilities only that are able to meet the norms and standards.

Mia Malan 18:56

And there's been lots of legal threats to prevent the NHI from happening. One from within the medical aid industry, do you think there's a high chance for such court cases to be successful?

Sasha Stevenson 19:13

It's really difficult to say before the court cases have been brought. We don't know at this stage what the grounds will be for any of the litigation that has been threatened. So I wouldn't, I wouldn't want to speculate. I think there is a, you know, a significant chance that there will be various cases that will be brought. And there's a likelihood that that will hold up elements of the rollout of NHI should that happen. While you can't entirely prevent legal challenges at all. There's certainly I think more that government can do and it goes back to what you were saying about health workers and communicating with health workers to assuage some of the fears that lead to litigation to be clearer on some of the details, so that the various interest groups who are who are threatening litigation understand clearly what the risks to them are, what

the potential opportunities for them are, and can decide whether or not they want to litigate.

Mia Malan 20:27

Sasha Stevenson from Section 27 and Nicholas Crisp from the health department. Thanks very much for making the time to speak to us today.

Sasha Stevenson 20:35

Thank you very much.

Nicholas Crisp 20:35

Thanks. Thanks.

Mia Malan 20:38

That's our programme for today. We hope you found it interesting. Goodbye.

Credits

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