

35 critical points revealing potential pitfalls of the NHI Bill in its current form

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Mr KC Makhubele – CEO, South African Dental Association

President Cyril Ramaphosa in his state of the nation address indicated that he was looking for the pen – a strong signal that he will sign the NHI Bill into an Act of Parliament.

The National Council of Provinces (NCOP) voted in favour of the NHI Bill on November 29 2023. As the NCOP Select Committee on Health and Social Services moves forward with the NHI Bill, its recent decision to adopt the bill without amendments signals a setback for the private healthcare sector. Despite the sector's hopes for MPs to reconsider certain provisions, the bill is now one step closer to final approval by the NCOP.

The impending vote, scheduled for next week, raises concerns, particularly as the bill proposes substantial reforms to South Africa's healthcare system, emphasising a single NHI fund to procure services on behalf of eligible patients while diminishing the role of medical schemes. However, this development has not been without criticism, with the South African Dental Association (SADA) expressing disappointment that its submissions have seemingly gone unheard. In the face of the bill's progression, it becomes crucial to examine 35 key points highlighting why the current form of the NHI Bill may face challenges and potential shortcomings which are organised into five groups.

Group 1: Financial and Operational Challenges

South Africa lacks the physical and financial capacity to sustain the current NHI model.

Increased taxes on a shrinking tax base will likely trigger mass emigration of taxpayers, reducing funding.

NHI implementation may lead to a significant exodus of healthcare professionals, exacerbating challenges. The OHSC struggles to inspect and accredit facilities promptly, hindering the accreditation of healthcare providers. Only Western Cape and Gauteng have scored sufficiently for accreditation under the NHI, leaving other areas underserved.

Group 2: Governance and Powers

The NHI grants the health minister extensive powers, risking an overreach into day-to-day fund operations.

Unvetted powers in the bill allow the health minister to make impactful health regulations without proper oversight.

Provisionally declared unconstitutional Certificates of Need (CONs), relied upon by the NHI, complicate the placement of service providers.

Lack of transparency in addressing skills shortages, particularly in remote areas, poses a significant challenge. NHI registration online overlooks millions without access to electricity, water and the internet, creating inequities.



Group 3: Operational Inefficiencies and Impact on Healthcare

Insufficient feasibility studies post-Covid-19 regarding the financial impact of the NHI are a notable concern.

Centralisation under the NHI leads to a disconnect between government spheres, and worsening shortages in supplies. The bill removes day-to-day hospital administration from provinces, violating the constitutional framework.

District Health Management offices strip provincial powers unconstitutionally, lacking feasibility studies.

Centralisation impedes OHSC targets, necessitating a move towards decentralisation for improved efficiency.

Underfunded hospitals face shortages exacerbated by the NHI, affecting infrastructure, equipment and staffing.

Group 4: Patient Access and Rights

NHI does not address critical skills shortages or the chaotic placement of community service personnel. Fixed NHI Bill timeline dates are inaccurate and defunct, hindering effective implementation.

Referral pathways strain the system and may impede quick access to specific healthcare interventions.

Treatment protocols under the NHI may hinder the effective treatment of certain conditions and patients.

Maladministration of the NHI Fund could lead to a surge in medico-legal claims, impacting the health industry.

Group 5: Social and Ethical Considerations

NHI assumes the ability of poor individuals to travel for registration, dissuading people from seeking medical attention.

Lack of consideration for EMS equipment shortages in rural areas jeopardises timely access to medical services.

Public healthcare standards are already low, and the NHI may further abuse patients' rights to quality healthcare. No separation of powers within the fund can result in denied services and impact the success of appeals.

The bill aims to eventually remove medical aids, limiting individuals' right to choose healthcare and associations.

Group 6: Systemic Risks and Lack of Clarity

Erosion of the private health sector and well-functioning public facilities may strain the current system.

NHI violations of constitutional rights to employment for health practitioners and doctors raise concerns.

The exclusion of asylum seekers despite constitutional provisions in the NHI Bill is a notable ethical lapse.

Poor definition of emergencies and lack of clarity on medical necessity in the NHI pose risks to patient care.

The lack of information on covered procedures and healthcare products raises uncertainties about NHI coverage.

Group 7: Organisational and Financial Integrity

The fund's alleged autonomy is questionable, and its functions may be unachievable from the start.

Pooling funds makes the NHI vulnerable to theft and corruption, amplifying current supply chain mismanagement. Lack of external audit and risk procedures increases the risk of corruption and looting.

Uncertainty about the NHI's sharing of information and potential breaches of the Popi Act add to concerns.

NOTICE OF POSTPONEMENT OF THE SOUTH AFRICAN DENTAL ASSOCIATION (SADA) 2022 ANNUAL GENERAL MEETING

The SADA FYE 2022 Annual General Meeting (AGM), previously set for 25 April 2024, is postponed due to finalisation of the auditing procedures. The majority of the work has been finalised, but the last parts are only being finalised in early April 2024. A new date will be communicated soon. We apologize for any inconvenience.

Dr N Osman

SADA Board of Directors

2 April 2024



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