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Press Release

NHI should be built on the support of the middle class

The two richest South Africans have the same wealth as 50% of their fellow, but poorer, South Africans.

Faced with this level of income disparity, it is clear that what we are facing is a deep rooted crisis and, for Professor Robert van Niekerk, Director of the Institute of Social and Economic Research at Rhodes University, an ameliorative approach to public policy which focuses on poverty has failed as it has not met the polarising consequences of inequality.

Within this framework, as Dr Adam Wagstaff, research manager in the Development Research group at the World Bank pointed out, most people have access to some sort of health coverage. The big difference is that for the poor, out of pocket payments for healthcare account for a sizeable portion of household expenditure.

They were speaking on the first day of the 17th annual Board of Healthcare Funders (BHF) conference, currently underway in Cape Town.

Professor van Niekerk believes that “the starting point of NHI has to be societal will.

“The middle class in particular must be convinced of the value of the ‘big idea’ presented by a national health care service (NHS) that draws the middle-class, working-class and poor into a single system of quality healthcare provision. The real driver must surely be the institutionalisation of social solidarity through an NHS, and investment in universal healthcare as a shared public good.”

Professor van Niekerk points to the UK’s NHS as an example of a system which, at the time it was instituted, was a vital building block for re-building the nation after the ravages of the Second World War.

This service (it is not insurance, he insists as the main funding mechanism will be centrally collected taxes) is what will usher in a new kind of South African “Good Society”.

“The architecture of the wider society is starting to fragment. We have to take the path of social solidarity in order to survive as a nation.”

“There is a much bigger picture. If we look at the healthcare spending in countries like Cuba, South Africa and Norway, we see that they are about the same, but the outcomes are totally different. Resourcing is not the problem. The catalyst for success is societal will to envision a new way of citizens living together and sharing resources for the common societal good.”

Dr Sarah Barber, WHO representative in South Africa, agreed.

“There is a strong political, ethical and technical justification for universal healthcare coverage,” she said. “Well designed healthcare reforms can have a major, positive economic impact, and the private sector has a vital role to play in strengthening the healthcare system and innovating to address inefficiencies for quality and health.”

-ENDS-



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Contact Magna Carta: Deanna Bessick; 073 620 4694; deanna.bessick@magna-carta.co.za