

2009-2011

*Snapshot of the
current media
environment*

ANALYSIS

MEDIA COVERAGE OF THE NATIONAL HEALTH INSURANCE (2009-2011)



health

Department
Health
REPUBLIC OF SOUTH AFRICA

Analysis of NHI media coverage 2009-2011 by: Stakeholder Communications in the Office of the Director-General | By Charity Bhengu

ANALYSIS OF PRINT MEDIA COVERAGE OF THE NATIONAL HEALTH INSURANCE (NHI) DEBATE - 2009-2011

1. Introduction:

As part of a broader preparatory effort for the introduction of the National Health Insurance (NHI) in South Africa, the Office of the Director-General of the Department of Health has put together a snapshot of the coverage of the NHI debate since 2009-2011, to understand the ***dominant media and stakeholder environment*** within which this alternative health financing system will have to be introduced and implemented.

This document is based on 136 print news clippings of health sector stakeholder and general opinion on the national health insurance option for South Africa.

It questions the choice of headlines and preferred news angles to highlight ***media bias and agenda-setting*** (Table 1 and Table 2), and make assumptions on their likely effects on ***public perception*** (Table 3).

Agenda-setting theory states that the news media have a large influence on audiences in terms of what stories to consider newsworthy and how much prominence and space to give them. Agenda-setting theory's main postulate is salience transfer. Salience transfer is the ability of the news media to transfer issues of importance from their news media agendas to public agendas, to focus our attention and influence our perceptions of what are the most important issues of the day. This ability to influence the salience of topics on the public agenda has come to be called the agenda setting role of the news media – and translates to media bias – which can be illustrated by the tone of headlines and preferred sources.

2. Dominant environment:

The release of the ANC discussion document on NHI in June 2009 attracted widespread media attention. Cynical and damaging remarks have dominated the National Health Insurance (NHI) debate so far, by:

- *Dr Jonathan Broomberg, Discovery Health;*
- *Dr Alex van den Heever, economist in public policy, health & social security;*
- *Professor Steven F Koch of economics at the University of Pretoria*
- *Deputy chief executive Dr Frans Cronje, SA Institute of Race Relations,;*
- *Dr Nicola Theron, director and economist at Econex economics consultancy;*
- *Dr Leanard Gentle, International Labour Research and Information Group;*
- *Professor Renfrew Christie; Economist and Dean of Research at the University of the WC*
- *Dr Neil Kirby, head of Werksmans Attorneys pharmaceutical & life science practice*

Sceptics and cynics have cited hypotheses on why the NHI will not become reality in South Africa – highlighting problems in the public health sector, financial sustainability of the NHI and whether we are able to achieve an integrated health system or destined to continue to have a fragmented health system. Their opinion has sworn **fear and confusion** (Table 3).

Sceptics are concerned about - the source of finance, human capital, revenue and the future role of the private sector, and whether a universal system would be a wise and realistic solution to the ills of the healthcare system, and have called for more transparency to ensure that the process of change is handled in a way that results in the greatest possible benefit.

The ANC has reassured big business that the NHI will mean opportunities for business. The Minister of Health Dr Aaron Motsoaledi has also emphasized that government has no intention of destroying the private health care sector.

Media bias has also been visible in the coverage of the NHI debate. *Media bias* refers to the bias of journalists and media owners in their selection of which events and stories are reported and how they are covered. Media bias has been noticed through selection of headlines and sources that advocate the interest of the private sector. Since owners and editors determine content, a **conservative political orientation** would be expected. For example, articles on the views of the ruling party are shorter in length compared to those of stakeholders– which are longer and cynical with obscene headlines that exaggerate the current environment.

The response of the **opposition** Democratic Alliance has been antagonistic in attacking the NHI. Some **journalists** have taken sides – that of the private sector and opposition. The response of the **alliance** SACP has been aggressive and firm in defense of the NHI. There has been **conspicuous silence** from the other political parties and very **little participation** by trade unions and civil society, but COSATU and SACP have taken up the NHI as something to go to battle over.

The debate has been dominated by health funders, medical schemes, academics/researchers, professional associations and medical schemes. Their dominant voice has largely influenced public and media perception.

Structure of the document

The document opens with excerpts from the Minister of Health Dr Aaron Motsoaledi's statements (Table 1) followed by stakeholder opinion (Table 2) and public response (Table 3) – comprising a total of 136 print news stories and opinion articles.

Table 1: Coverage of the Minister's statements

Findings:

- Statements highlight the current expensive, curative and unsustainable health system
- Solutions are offered – an overhaul of the current health financing system
- Reporters emphasizes government as responsible for the problems of our health care system.
- Media coverage appears to be largely sympathetic, particularly towards the private sector
- Media coverage is less consistent in its criticism of the insurance industry
- Preferred spokespeople in the stories are from the private health care sector
- Media bias is visible – in their choice of sources and presentation of the NHI debate

Table 2: Coverage of stakeholder opinion

Findings:

- Stakeholder opinion is characterized by fear of the unknown and loss of revenue
- Recommendations are offered to remain important role players in the NHI scheme
- Reporters emphasize government as responsible for the problems of our health care system.
- Media coverage appears to be largely sympathetic, particularly toward the private sector
- Media coverage is less consistent in its criticism of the insurance industry
- Preferred spokespeople in the stories, are from the private health care sector
- Media bias is visible – in their choice of sources and presentation of the NHI debate

Table 3: Coverage of public opinion

Findings:

- Public opinion is influenced by the dominant voice of the private sector
- Recommendations are characterized by ignorance and confusion
- Reporters emphasize government as responsible for the problems of our health care system.
- Media coverage appears to be largely sympathetic, particularly toward the private sector
- Media is less consistent in its criticism of the insurance industry
- Preferred spokespeople in stories are from the private health care sector
- Media bias is visible – in their choice of headlines and presentation of the NHI debate

This is not an in-depth analysis but a snapshot of the current communication environment.

Table 1 – Minister’s public statements on NHI and how they were received by the public – 2009-2011

Date	Statement	NHI context	Headline
12 June 2009	We welcome all forms of engagement, as long as they contribute towards building our country and not destroy it. We have absolutely no intention of destroying anything at all. What the NHI will obviously and unapologetically destroy is the present inhuman scenario.		Build don’t destroy
30 June 2009	One of the proposals in the NHI is taxing all employed South Africans in order to create universal access to health care. It is this part of covering the poor and the unemployed that is bringing discomfort and unprecedented anger in the minds of the enemies of NHI		Govt health system primitive
19/10/10	In the development of the NHI, we have identified key issues as being critical in improving the quality of health care– <ul style="list-style-type: none"> • cleanliness, • safety, • long queues, • drug stock, • lack of accountability, • culture of mediocrity, • staff moral/attitudes, • erosion of professional ethics 		Minister suggests watchdog to regulate NHI compliance
29/10/10 News24	At present 14% (7 mil) of South Africans have membership to proper medical aid schemes, while 86% (42 mil) cannot afford to.		All about NHI
29/10/10 Citizen	We will put in massive investment – it will be more than what the country spent during the Fifa World Cup. The revitalization is part of the programme needed to in preparation for the NHI.		All about NHI

Table 2: EXPERT OPINION

CONVINCING	SUPPORTIVE	CONSTRUCTIVE	SCEPTICAL	COMBATIVE
22	30	11	40	10

= 136

Date	Author	Publication	Headline	Opinion
20 March 2009	BHF: Managing Director Dr H Zokufa	BHF website	BHF position statement on NHI	Universal coverage will be achieved via an incremental process. Medical schemes should be an integral part of the NHI solution.
23 March 2009	Khosie Thom, writer	Money Web	Medical schemes back NHI for the wrong reasons	Whose interest are they serving anyway? BHF is centrally placed between government and providers; hence it will work more closely with healthcare providers towards attaining a model in which the private sector plays an integral role under NHI.
20 April 2009	BESTmed chief executive Dries la Grange	SAPA	Possible new tax for NHI	The tax that medical fund members current enjoy could also come to an end and that the extra tax revenue could go to the national health coffer. It could take up to three years to get the new tax system in place and then use the available funds to get the NHI up and running.
	David Sanders, director School of Public Health at the University of Western Cape			South Africans lived with 'a myth that the private health system is great' – in fact it is inefficient and overpriced and often left medical aid subscribers to pay out of their own pocket as their benefits dried up.

28 April 2009	public health expert professor Heather McLeod	Fin24	Prof: Make health report public	It is important to put this debate into the public domain so that we can discuss and comment on what is really going to happen."
June 2009	SAMA	NewAge	The debate needs more time	We believe any debate should be given adequate time and we support and will robustly participate in such a debate on NHI. Without consensus and a buy-in from all on how to achieve universal access to health care, any system will be doomed to failure
June 2009	Frost & Sullivan's healthcare analyst Lizelle Wentzel	Fin24	Concerns about economy lead to NHI scepticism	Sceptics of the proposed NHI have been concerned about two major issues: the source of finance and human capital. At the moment, South Africa doesn't have enough of either. The industry's concerns are not founded in a desire to derail change, but rather to ensure that the process of change is handled in a way that results in the greatest possible benefit. Vitally, clear plans for how the NHI will be funded and how the current skills base will support it must be provided before anything else
01 June 2009	Dr Jonathan Broomberg is the Head of Strategy and Risk Management at Discovery Health	Health-e online publication	Fix state hospitals before introducing NHI	Hardly a day goes by without South Africa's beleaguered health services hitting the headlines. Many of the stories speak of neglect and poor health care.
02 June 2009	Dr Jonathan Broomberg is the Head of Strategy and Risk Management at Discovery Health	Health-e online publication	'Bring the NHI debate into the public domain'	We are at the beginning of a critically important health policy debate. How this debate progresses, and its final results, will impact on our healthcare system, and our economy, for decades to come. As we engage in that debate, we believe that the principles outlined above provide an important platform for rational debate, which will hopefully lead to a beneficial outcome for all South Africans
08 June 2009	Gavin Mooney, health economist, Australia	Health-e online publication	SA healthcare in desperate need of reform – health economist	An NHI will cost more but not a fortune. All in all with an NHI I estimate, South African health care costs would go up by maybe 15-20%.

08 June 2009	ANC's Jesse Duarte		ANC slams health plan reports	We will transform healthcare in South Africa and will not be deterred by narrow interest groups and individuals bent on undermining the introduction of NHI before its work is made public,"
09 June 2009	Alex van den Heever is a specialist economist in public policy, health and social security.	Health-e online publication	What's wrong with this debate?	Fifteen years of failing to address the systemic challenges facing the health of the country lends itself to over compensation in the form of the grand gesture. If NHI is considered for South Africa, there needs to be some evident benefit to an insurance-based funding approach over conventional public sector budgeting and planning.
10 June 2009	DA's Mike Waters	SAPA	Health plan is 'anti-poor'	ANC is seeking to avoid scrutiny of proposals drafted by an ideologically-skewed task team by trying, unsuccessfully, to sneak legislation which lays the foundation for the NHI through Parliament. As always, the poor will be hardest hit, because the NHI does nothing to address the crisis in public healthcare.
13 June 2009	Pat Sidley, guest writer	Business Day	Private hospitals take cautious approach	South Africa's private hospital industry is not about to rush its local businesses offshore in the face of the probable introduction of a National Health Insurance (NHI) system.
	Kurt Worrall-Clare, the CEO of the Hospital Association of South Africa, the industry body			It is necessary for reform in the health care sector to take place. About eight million people belong to medical schemes, while more than 40 million rely on public health facilities. I would suggest that one of the alternatives available to the public health system would be to use private hospitals to train registrars for public hospitals. In the past, the government has not wanted to use private healthcare to help train doctors, nurses and other healthcare professionals.

14 June 2009	ANC's Zweli Mkhize	Health-e online publication	NHI to cure the system	It has been generally accepted that the revitalisation of all hospitals, improvement of the remuneration packages of the healthcare workers and transformation and capacity building of management is a prerequisite for the NHI. This means that there is need for tremendous investment into the public health services. Hence the President announced that this revitalisation of public health institutions requires a public-private partnership. We will introduce the NHI in a phased and incremental manner. In order to initiate the NHI, the urgent rehabilitation of public hospitals will be undertaken through Public-Private Partnerships.
15 June 2009	Dr Sats Pillay, chairman of the Association of Surgeons in South Africa	The Star	First fix our state hospitals	The Department of Health must get its hospitals running properly before taking on its ambitious five-year plan to set up a R100 billion National Health Insurance (NHI) scheme
	Surgicom chairman Dr Jan Mook			The government had made a huge commitment to implement the system that has taken Britain 22 years to establish. The state health sector is in a lot of trouble and before you can think about this you need to rectify the health sector. Countries with health insurance, like Canada, had five percent unemployment and 95 percent of its citizens were taxpayers. However South Africa had high employment and an income tax base of about 10 percent.
	Former South African Medical Association chairman Dr Kgosi Letlape, who now heads the Tshepang Trust			The NHI is "a good idea" but the government had not been bold enough in establishing the system sooner. The current health care system, which separated the rich in the private sector from a public health sector, had become a euphemism for the poor, was a legacy of apartheid. Seven percent of black people were on medical aid while 42 million people had to rely on the public health sector.

	Professor Denise White, chairwoman of the South African Medical Association which represents public and private sector doctors			We are committed to engaging with stakeholders around NHI and we are committed to preserving that which is good and excellent in both of these systems. But one must be careful to not throw out the baby with the bath water in looking at it in only an ideological way. We have excellent doctors in both the public and private sectors. Public health has been chronically underfunded and there has been an absolute deterioration of the health care system - it requires a massive uplifting of that system before one could implement an NHI that could cope. There are plans to inject cash and revitalise hospitals, but there is no quick fix
	DA's Mike Waters			Quality management in public hospitals is problematic. They have employed people as CEOs of public hospitals without having the necessary skills and there are massive inefficiencies and a waste of taxpayers' money - and they have not held these CEOs accountable. There are no monitoring standards
	IFP leader Dr Mangosuthu Buthelezi			IFP endorses the NHI, but we are concerned that funding would come from taxpayers and called for privatisation of state assets.
17 June 2009	Di McIntyre	Health-e news online publication	Implications for South African System	South Africa's proposed health system reform is very much in line with prevailing international consensus. Precise design of different elements of the health care financing system
17 June 2009	SACP's Blade Nzimande	Politicsweb on line publication	Two-tier system discriminates	Proponents of the NHI seem to see the private health sector as the root of all problems, and many of the proposals seem aimed at damaging private health care, rather than improving the public system...the fact is, while the private health care system can certainly be improved and made more efficient, it is an effective, high quality, self-sustaining system, funded by the voluntary contributions of the public.. It is of utmost importance that we mobilize popular actions and opinion in support of the introduction of the NHI in order to discredit and defeat attempts to yet again manufacture 'public opinion' against a system that stands to benefit the overwhelming majority of our people.

18 June 2009	DA's Helen Zille	Health-e online publication	Zille enters NHI debate	Everybody is agreed about one thing on South Africa's health care system: it needs drastic improvement. It degrades our society when the poor and the sick are unable to get decent medical treatment. Reform of our health system must aim at correcting the failures in public health and spreading wider the successes in private health – unfortunately the ANC's proposed NHI would do neither.
21 June 2009	Lucy Gilson is a Professor of Health Policy and Systems at the University of Cape Town	Health-e online publication	Trust in health system key to NHI success	To live in a society that fears using health care for any reason is clearly to live in an unjust society; it is a mark of shame. Any moves towards NHI must, therefore, be accompanied by wide-ranging and coordinated action to strengthen the software of the health system.
22 June 2009	Ray Hartley, guest writer	ANC Today	ANC explains National Health Insurance	We are aware of the debates in the media which are obviously not based on facts because no details of such plan have been officially announced by government. The debates are not only ill-informed but are also highly speculative. We are also aware that the debates are coming from a few individuals from specific sectors of the private sector, who have vested interests in maintaining the status quo in which the majority of our people continue to struggle in accessing quality health care - a Constitutional and a basic Human Right. Accusing the Task Team of pursuing an ideological agenda robs the country of a balanced debate in search of a lasting solution which a strictly market oriented approach cannot solve. We need to acknowledge the role of each of the sectors but seek a solution to correct the shortcomings. For that we require a sober and evidence-based debate, not an alarmist and confrontational discourse that currently characterises the debate in media
28 June 2010	SA Institute of Race Relations, deputy chief executive Frans Cronje	Fin24	SAIRR warns of health insurance	It would be problematic to introduce the scheme at a time when evidence suggested that the public healthcare sector was in disarray,

30 June 2009	HSRC's Olive Shisana		Removing formal barriers to access	There is a move all over the world for countries to transform the financing of health care systems to ensure that all citizens can access quality health care and remove the financial barrier to access. NHI is certainly a means to an end. It is a form of social security that provides people with access to much needed and quality health services, and with financial protection through a health financing system based on the social solidarity principle.
30 June 2009	HRSC's Olive Shisana	Health-e online publication	Financing of health care systems	NHI systems around the world seek to ensure that the resource pool is large enough to avoid any form of co-payments.
10 July 2009	Neil Kirby, Director	Moonstonei nfo website	National Health Insurance Scheme: what we have and what may be	The advent of NHI is nothing new in larger wealthier democracies. The question really is whether or not such a system of healthcare is a good fit for South Africa. Does the advent of NHI promise anything different from that with which we are already saddled? Is it a gift horse?
27 July 2009	Economist and dean of Research at the University of the Western Cape, Professor Renfrew Christie	Fin24	NHI plan needs more thought	If actuarial scientists run the numbers and appropriate feasibility studies are carried out on the public and private health sectors, the conclusion would be that the NHI is not a feasible option for South Africa.
31 July 2009	chairperson of the BHF's Regulatory Policy Committee Clarence Mini	Fin24	Pay up for more health cover	It is a matter of choice. the proposed top-up cover to be offered by medical schemes would not be as expensive as current medical aid costs, and that it was meant for consumers who were sceptical about the NHI. The cover will also be needed by patients who want services over and above those offered by the NHI.
03 August 2009	Marthie Momberg, independent communications consultant	Health-e online publication	NHI: The need for a value-driven, inclusive process	We are currently challenged and have the opportunity to rise beyond our egos and our fights, beyond what is "right" and "wrong" and find an approach – and a solution – that reflect the reality we choose for ourselves

12 August 2009	UNAIDS Michel Sidibe	Mail & Guardian	Better management is key	South Africa first needs to reform its public health system to make sure it can support national health insurance in the long run. Management issues are central. It's important to better manage and have monitoring systems in place
14 Aug 2009	Professor Steven F Koch of economics at the University of Pretoria	Business Day	National Health Insurance deserves better treatment	There is only one reason why healthcare costs, whether in SA or US or anywhere else, exceed the rate of inflation. Quite simply, the majority of people would prefer to live longer, rather than die sooner. In other words, they are willing to pay to live, and willing to pay to pay quite a bit. Call it selfish if you want but companies such as medical aid schemes and pharmaceuticals merely respond to their customers' desires. The fundamental point is that resources are scarce and people want to live – if we do not ration healthcare by raising its prices, it will have to be rationed in some other way. Health Minister needs reminding that a health system cannot survive promising anything and everything to anyone, regardless of cost.
18 Aug 2009	Jessie Duarte, ANC	SAPA	NHI to solve medical aid woes	The ANC shares the view that the medical aid industry has consistently failed to control the cost of healthcare and has been unable to address efficiencies and equity in the private sector. Only through NHI will we overcome the present inequitable and fragmented two-tier healthcare system, by pooling healthcare funds into a single one. The key lasting solution lies not only in addressing the needs of the 40 million uninsured, but also the millions who are currently insured or underinsured by the medical schemes. It is precisely the current problems associated with the medical schemes that the ANC has embarked on a policy process to ensure that South Africa re-organise the manner in which healthcare is financed, by introducing the NHI.

25 Aug 2009	Mike Waters, DA	Media24	Govt silent on NHI	Government will make public its long-promised proposals for a National Health Insurance (NHI) scheme as soon as these are ready, the health department said on Tuesday – not at this stage. the government to provide more information on its NHI proposals.
31 Aug 2008/9	Zwelinzima Vavi, COSATU	SAPA	NHI needs proper funding	To achieve a universal, comprehensive, free national health care system, founded on the primary health care approach, requires a well-funded and well resourced funded public health system. With 8,5% GDP spent on health in 2006 (about R135bn) South Africa has enough resources to provide health care to everyone, what is required is the redistribution of these resources, from the minority of the population to the majority.
01 Sept 2009	Econex	NHI Note	NHI returns to centre stage	The introduction of mandatory insurance (as it appears the South African NHI will be) in itself presents implementation challenges. The rationing of healthcare within an NHI system is an important aspect in the South African context
02 Sept 2009	Council for Medical Schemes CEO Patrick Matshidze	Media24	NHI poses med scheme questions	We are aware that there is a proposal for a major overhaul of the entire healthcare system. The two systems (public and private) have to merge into one. Job losses, it is something that we are mindful of.
02 Sept 2009	UCT	Media24	NHI means quality	The majority of the country's health funding should flow through the national health insurance (NHI) to ensure more equal access to health care.

03 Sept 2009	Joe Seoloane, curator of the Pro Sano Medical Scheme	SAPA	NHI must cover all	It will provide comprehensive cover to ensure access, quality and affordability due to the pooling of resources and economics of scale to negotiate better rates for members. It is public knowledge that the private health care sector has not managed to significantly increase cover to most South Africans. Coverage has been mainly tied to employment as without the employer's subsidy most members will not afford the cover that they currently enjoy. The current social solidarity principle in the regulations would still apply to afford members' right to care but also protect medical schemes against anti-selection behaviour. The increase in membership into the insured market would bring focus and efficiency in the system and hopefully bring down costs to an affordable level even for top up options.
03 Sept 2009	BHF MD Dr H Zokufa	Business Day	State sets tight deadline for national health plan law	Government is busy preparing a submission on the NHI in consultation with our colleagues in the Cabinet and relevant government departments towards eventual approval by the Cabinet. Once approved, the document will be released for public debate and consultations. They have made it clear that the private sector should not think it has plenty of time, or room for tricks to try to get around this new policy
13 Sept 2009	Alex van der Heever, an independent health economist	Fin24	NHI will hit taxpayers hard	The effect of the additional tax burden on the economy is still to be properly investigated.
14 Sept 2009	SAMA	Health-e	Ambitious NHI timeline leaves little space for public comment	Government leaves virtually no space for public comment. The public will have very little time to comment on the proposed National Health Insurance (NHI) scheme, as it will only see the official plan in November.
08 Oct 2010	Olive Shisana, chairperson of the ministerial advisory committee	SAPA	Shisana: NHI tax deductions to start soon	Every single South African is going to be making a contribution

	Jonathan Broomberg, CEO Discovery Health	SAPA	New NHI approach cheered	We also strongly support the approach if giving healthcare providers the choice of whether or not to participate in the system, as well as the fact that consumers will be free to continue to purchase medical scheme cover as they have done in the past.
	Biren Valodia, chief marketing office of MediClinic			MCSA wishes to contribute positively to the development of a model that will address existing challenges such as the shortage of doctors and nurses in the country,
15 Oct 2009	- Theron and Erasmus are economists at Econex, an economics consultancy.	Business Day	The National Health Insurance	RECENT pronouncements on the estimated costs of implementing a national health insurance (NHI) scheme for SA have again sparked debate about whether the country can afford such a system. The question is not whether we need an NHI-type system or not – clearly this country needs equitable access to quality healthcare. But there must be no doubt that an NHI-type system will be expensive, and if quality differences persist, people will still choose to pay for private insurance in addition to the mandatory NHI tax.
19 Oct 2009	Steven F Koch,	Business Day	NHI deserve better treatment	Universal NHI is not necessarily a bad thing, but the least we could do is acknowledge some of the gaping holes in the discussion, and work toward filling them. The fundamental point is that resources are scarce and people want to live – if we do not ration healthcare by raising its prices, it will have to be rationed in some other way.
21 Oct 2009	Jassen Urbach, Free Market Foundation	Health-e	NHI is a boost to health?	No longer will private health care providers focus only on curative care, but will also begin to provide comprehensive care to reduce disease burden among patients served by the facility.

Nov 2009	Leanard Gentle, International Labour Research and Information Group	Health-e	Is it a break from free market neoliberal model?	Underlying all the optimism about the NHI seems to be an assumption about the government of President Jacob Zuma - that it really marks a move away from GEAR and neoliberalism. Activists will have to debate whether this optimism is based on their actual experience over the last few months. One key question which activists may want to debate is: who are the beneficiaries of the current health system? The private monopolies like Netcare, Medi-Clinic, the medical aid schemes and the pharmaceutical companies. The system has made them rich beyond their wildest dreams. They look at the NHI as another vehicle to enrich themselves further. Why do any of the current proposals around the NHI not address the issue of limiting their power?
06 Nov 2009	Kurt Worrall-Clare of the Hospital Association	Fin24	NHI: Govt turns to experts	The inclusion of many economic and financial experts is an indication of the seriousness accorded to the NHI's financial sustainability.
12 Nov. 2009	UNAIDS Michel Sidibe	Development Works website	The implications of National Health Insurance (NHI) in South Africa	Clearly, if South Africa is to launch the NHI, it will be necessary to tailor it to the country's needs and, should it be successful, it will present a model for building stronger public-private partnerships. The process of formalizing the NHI should focus on issues of equity, redistribution of opportunity and social justice. If it does not, this will foster the development of a parallel system and a breakdown in the system
24 Nov 2009	Ramphela is the Chairman of Circle Capital	Health-e online publication	Unity is our best shot at a healthy future for all	NHI is not a panacea for our complex problems. We must go beyond that and make sure our people have the infrastructure to provide the basics that support wellbeing.

2010	Di McIntyre, UCT	Health-e	Tilting the power balance	While the public health sector in SA has been drained of financial and human resources, the private health sector has seen massive increases in funding. But, for the vision of the NHI to be fulfilled, it is critical that the services that South Africans will be entitled to under the NHI are seen to be of acceptable quality.
2010	Heidi Kruger, BHF	Health-e	Finding a model that will suit South Africa	The question will be whether medical schemes compete with insurance companies or whether the current principles of social solidarity will remain, offering some protection to schemes. Whatever the ultimate model, the progressive realization of universal coverage will accelerate a much needed reorganization of the current healthcare system into one which is hopefully more affordable, equitable and accessible than the current one
25 Jan 2010	Frost & Sullivan healthcare analyst Lizelle Wentzel	Fin24	NI could cripple private sector	A lack of transparency as to how the system will work has caused speculation and assumptions being made by various role players in order to forecast the impact of the changes on their businesses. the NHI will have a significant effect on the fortunes of most players in the South African market, including hospital groups, medical schemes and medical device vendors
15 Feb 2010	Economist Alex van den Heever	Business Day	National health plan 'may cost extra R244bn'	ANC NHI proposals are "not technically feasible at all. The major problem (with the ANC's model) is that it's an insurance-based entitlement. It's the wrong model for SA. Resources should rather be directed to improving the public health system where you plan and budget for services. - http://www.businessday.co.za/articles/Content.aspx?id=93681

16 Feb 2010	DA's Mike Waters	Health-e news online publication	State intervention not what the doc ordered	<p>The ANC's NHI proposal is based on the assumption that intensifying and extending the government's reach over health care, through the creation of more government bureaucracies, and reducing the role of the private sector, will lead to better health care.</p>
29 April 2010	Dr Nicola Theron, director of Econex	Fin24	NHI too costly for SA - study	<p>The National Health Insurance Scheme (NHIS) proposed by government may cost up to R216bn,</p>
	Dr Norman Mabasa, chairperson of the SA Medical Association (Sama			<p>There needed to be a move away from an "obsessive focus on NHIS costs and timelines. It's the details and not timelines that should drive the pace. 23-pieces of legislation would need to be amended before the implementation of an NHIS.</p>
	Tony Twine, senior economist and director of Econometrix			<p>Even an additional 5% of gross domestic product added to existing government health care spend would render a NHIS very expensive. NHI is doable - we just can't do everything in a day. A progressive phased introduction will allow resources to be deployed economically. Free choice of provider may not be feasible."</p>
03 August 2010	SAMA	The New Age	The Debate needs more time	<p>We believe any debate should be given adequate time. Without consensus and a buy-in from all on how to achieve universal access to health care, any system will be doomed to failure.</p>

03 Aug 2010	Marthie Momberg, UCT	Health-e	Need for value-driven inclusive process	Social transformation, even when embodied by the delivery of a single system, entails a process, and <i>the</i> way in which the process is conducted has a significant influence on how the delivery of a new system is implemented, managed and perceived. In other words, what we're working towards, doesn't only lie in the future. We have to work on <i>creating this new reality throughout the process</i> . If we want an emotionally mature democracy, we've got to live it. This is not only the task of government officials – it pertains to the thoughts, feelings, behaviour and language of every citizen even though we have different ways to view reality.
01 Sept 2010	Econex	Econex website	National Health Insurance returns to centre stage	The most important issue from an economic perspective is the cost of such a scheme, especially under an assumption of universal access. The introduction of mandatory insurance (as it appears the South African NHI will be) in itself presents implementation challenges.
02 Sept 2010	Verashni Pillay, guest writer	Mail & Guardian	ANC aims to implement NHI in 2012	Critics have slammed the affordability of the plan, but the proposal says that the NHI will cost less than public and private health-sector spending combined. Spending on the NHI would roughly match what is currently spent on healthcare. http://mg.co.za/article/2010-09-21-anc-aims-to-implement-nhi-in-2012
21 Sept 2010	ANC's Dr Zweli Mkhize	SAPA	ANC wants to implement NHI in 2012	Membership to the NHI would be compulsory for the whole population but the public can choose whether to continue with voluntary medical scheme cover,"
22 Sept 2010	Steven Grootes, 702 senior reporter	Daily Maverick	ANC NGC : Something called NHI this way comes	There are times when politicians make big promises...The National Health Insurance (NHI) is the premier example of such a promise. The NHI is going to create a huge, massive, stupendous pot of money. It's going to take a Sars-like administration to run it, although the ANC reckons only 3% of the money it brings in will go on administration. The potential for just bungling the entire thing is even bigger and more worrying.

22 Sept 2010	Sam Mkhokeli	Mail & Guardian	ANC unveils 'pragmatic' national health plan	Allowing private hospitals the choice of remaining so is expected to be a relief to private health operators that were uncertain of their future role. It was initially feared that all private health operators would be forced to be part of the insurance that will combine public and private institutions. Private hospitals could choose to remain private if they wanted to, however, they would forfeit the right to be funded from the state.
30 Sept 2010	Prof Di McIntyre	Health-e online publication	A call for frank public debate	We need honest debate which is stripped of party political interests. Instead of saying that health system change is unaffordable, let's focus on how we can achieve a sustainable, integrated health system that benefits all.
01 Oct 2010	Di McIntyre	Cape Times	Building national health system for all	How do we achieve a healthy nation?
02 Oct 2010	Sheree Bega	Saturday Star	Courage is lacking in vision of healthcare for all	The lack of accountability in the public health sector means that we will pay more for equally poor results.
03 Oct 2010	Tshidi Pholoana letter	City Press	NHI intentions are good – but VAT will hit the pr	NHI is a great idea but don't raise VAT to pay for it because the poor will suffer
14 Oct 2010	Peter Bruce, Editor's column	Business Day	Editor's note	Centralise and socialize the creation, management and deployment of health services and to privatise all the hospitals.

04 Oct 2010	Louis Reynolds, David Sanders, Sarnne Durham on behalf of the Civil Society NHI Campaign	Idasa website	The Civil Society NHI Campaign supports the introduction of a National Health Insurance	The Civil Society NHI Campaign welcomes the fact that the implementation of a National Health Insurance featured prominently on the agenda of the 2010 National General Council of the African National Congress and the governing party's commitment to establishing a free and equitable national health system based on the core principles of the right to health, social solidarity and universal coverage in health care. Such a proposal should be welcomed by all in South Africa.
05 Oct 2010	Les Crusoe, guest writer	The Star	NHI a ploy to get more gravy in the trough	NHI is a ploy to get hands on resources of private healthcare system
05 Oct 2010	Guest columnist Douglas Ramaphosa, Bytes Healthcare Solutions	Business Day	Working together to make the NHI succeed	We should all work to make it the best it can be. Private healthcare sector can teach the public sector a lot in terms of IT systems for health management and in general management. NHI reliant individuals will use the public sector while those that continue with medical aid will use the private sector.
06 Oct 2010	Marine Erasmus of Econex	Business Day	ANC figures on number of doctors for NHI distorted	The ANC's estimate of the public/private split of doctor number is not convincing.
06 Oct 2010	UCT health economics Unit	Business Day	Raising taxes to pay for NHI premature	Before the government considers raising taxes to pay for national health insurance (NHI), it should meet its own promise to allocate 15% of its budget to health Spending on the NHI would roughly match what is currently spent on healthcare
06 Oct 2010	Brendan Boyle, Editor's notes	The Times	NHI cheapest in long run	The state spend on healthcare would need to rise from 4% of GDP to 6,4%. NHI funding will also entail a substantial increase in public spending and may increase income among to earners from 41% to 45% - based on Di MacIntyre's report

07 Oct 2010	AM Levin, guest writer	The Star	Let the people speak on health insurance	A national referendum should be held so citizens can express their opinion
07 Oct 2010	Nastasya Tay, contributing writer	Business Day	Hospitals to be vetted for NHI	There's a need for strong leadership, economic reform and concrete targets for improvement in healthcare.
08 Oct 2010	Elroy Paulus, Black Sash Advocacy Programme Manager	Health-e online publication	Healthcare is a moral obligation	If there is a fundamental reason NHI is needed in South Africa, it is to jump-start the idea that basic healthcare is a moral obligation rather than a financial opportunity. There is an urgent need to develop an effective way of eliciting public opinions on health policies so that "what the people want" can be fed into the policy development process at an early stage.
08 Oct 2010	Richard Becker, guest writer	The Times	Why wait for NHI to clean up?	Until hospitals are run properly NHI will be just another rip off
08 Oct 2010	Kenosi Mosalaka, guest writer	The Star	Don't charge us for NHI – improve care	The NHI proposal doesn't talk enough about how the system will be improved
08 Oct 2010	Lukhona Mnguni, guest writers	Sowetan	Fix problems first before starting NHI	It is the quality of healthcare that is a problem. Will NHI give poor people access to private healthcare? NHI is unnecessary and economically dangerous.
09 Oct 2010	DG of health Ms MP Matsoso	doh.gov.za website	Limping on 'cockeye limbs'	For almost 2 decades now, our health system has been limping along on what I would call 'cockeye limbs', in that we have over the years carried on with a health system that is so imbalanced and inherently iniquitous. Together we must do more to improve the performance of the health system in the interim as well as in the long run
09 Oct 2010	Gay Davis, guest writer	The Star	Shisana backtracks on NHI taxation pronouncement	Misquoted on a statement that the taxpayers would start paying for the R11bn needed to kick start NHI in less than two years.

10 Oct 2010	Anso Thom, Health-e news service	Health-e news service	Minister suggests watchdog to regulate NHI compliance	Plans to appoint a regulatory body that will ensure that hospitals comply with set requirements to be accredited as suitable facilities under the proposed National Health Insurance. The Department has roped in advice from other countries that have implemented the NHI system.
11 Oct 2010	SAMA	Sasom website	NHI looks set to cure at least one ill – hypochondria	The new universal healthcare system may affect you in many ways. It is clear the benefits will be very different to what medical scheme members have been used to
11 Oct 2010	John Kane-Berman, CEO of the SA Institute of Race Relations	Business Day	More money will not cure the ills of the public healthcare sector	NHI proposals are hostile towards the private health sector. Concerns about focus being on equality and social solidarity rather than on standards of healthcare to be provided, veto increase in VAT to fund NHI, fears of money going into a single pool disbursed by a single payer and worries about tenderpreneurship and lack of accountability
12 Oct 2010	Robert Blind, guest writer	The Citizen	NHI is just another wallet stuffing exercise	NHI is only there to hoodwink' the gullible public and enrich ANC leaders. All major industrialized nations with socialist leanings have burned their finders with the NHI. NHI will follow the Road Accident Fund's route – only to enrich a few.
12 Oct 2010	Peter Delonno, guest writer	Business Report	Fevered exchange mar medical conference	Debate challenge is its inability to accept opposing views by those advocating the plan. Still two wrongs don't make a right and surely a conference of doctors should observe different protocols to the ANC Youth League.
13 Oct 2010	Hein van Eck, Medi-Clinic	Health-e news online publication	Healthcare reform: Is the private sector a stumbling block for equity?	The focus on healthcare reform, improved delivery of care and increased equity is a positive development for South Africa. Whatever the structure of the final government NHI plan, we should start with the highest level of equity we can afford and focus on increasing that over time.

15 Oct 2010	Econex economic consultant Nicole Theron and Marine Erasmus	Business Day	Great cost but little benefit even to state patients	The figure of R11bn for NHI in 2012 seems reasonable but what will it be for and how much will this amount increase to by 2025? NHI can only work if extra expenditure is efficiently allocated, if there are proper reporting mechanisms and sufficient financial oversight. If the number of health professionals is increased and if quality improves dramatically.
17 Oct 2010	Annabel Bishop, Investec Bank	Business Times	New health insurance to cost taxpayers	Worried that no matter how much money is spent, it cannot solve problems of poor administration and financial overseeing.
17 Oct 2010	Sanchia Temkin guest writer	Business Day	A dormant volcano ready to explode	Concerned about tax implications and the effect they will have on business in the coming year.
19 Oct 2010	Gareth Stokes, guest writer		NH will happen	The duality of the system will probably link back to affordability. We expect significant change in the structure and nature of the benefits offered by medical schemes, probably along the lines of hospital and dread-disease cover.
19 Oct 2010	Former Chief Executive of the National Health System in the United Kingdom, Lord Nigel Crisp	Health-e news online publication	Minister suggests watchdog to regulate NHI compliance	UK has changed a number of things to get the health system right. We used to get a number of complaints from people about having to sleep one night in hospital before receiving attention. So, we brought five hospitals together, we asked them to decide what one thing was needed to improve it. They all took little practical steps to change things around. Some changed staff, and some allowed nurses to order X-rays. To cut down the process, change the system a bit: A patient would be seen by a most senior nurse before being allowed further, as opposed to waiting in the line only to be passed down to another person.

25 Oct 2010	Jack Bloom, DA	The Citizen	Our growth is health	Recommended lessons from the French health system which according to the WHO is among the best in the world.
30 October 2010	Civil Society NHI Campaign including trade unions – Cosatu, , HIV & AIDS lobby groups – TAC, People’s Health Movement, Conference of the Democratic Left	Business Day	Plea for details of health insurance plan	The release of the ANC discussion document on NHI is a good step towards opening the debate up to the public, and call on the government and ANC to provide more details on the proposed national health insurance. It is impossible to make informed comment without knowing more.. The insurance scheme must be informed by a wide public debate. We reiterate our cal for this committee to conduct its work in an open and transparent manner. There is scope to increase taxes to pay for the scheme instead of raising VAT levels.
30 Oct 2010	South African Medical Association (SAMA) Dr Norman Mabasa	Business Day	Plea for details of health insurance plan	We welcome the release of the ANC discussion document. A process that to date has been essentially secretive has in part been opened up. We caution against rushing into the plan. Let’s deliberate, and ensure that whatever decision is taken reflects buy-in from all.
10 Nov. 2010	Dr Olive Shisana	Sgfp website	Ruling party’s dominant role in developing the system	Health policy proposal of this proportion needed a political mandate from the start through to implementation. NHI would bring integration between the public and private sectors where funding would be different but providers shared

19 Nov 2010	Lee-Ann du Toit, the chief marketing officer at Momentum Medical Scheme Administrators	Mail & Guardian	NHI will happen	The NHI is unlikely to be implemented with a "big bang" approach, meaning the infrastructure and human resources required to provide the intended levels of care will emerge only over a period of years. People should still join a medical scheme. - wouldn't wait on government medical cover either: "
09 Dec. 2010	HPM	Health Policy Monitor	Public vs Private insurance	The issue of public versus private insurance can often be contentious. Countries instituting health care reforms in the last two decades have employed mixtures of public and private health care that build on existing health systems.
18 Jan 2011	Bernie Clark, head of health and risk, Alexander Forbes Financial Service	Business Day	Keep medical schemes healthy while we wait for the NHI	The frenzy surrounding SA's National Health Insurance (NHI) debate has largely frozen out other discussion on what could or should be happening in the meantime in the medical schemes industry to make private healthcare sustainable and more affordable. Even with the NHI, medical schemes will still need to remain relevant and financially robust in order to provide a private alternative to the single-payer system envisaged
02 Feb 2011	By Cobus Venter, Nicola Theron and Marine Erasmus, Econex	fnb website	Does the ANC's National Health Insurance really matter?	Providing fully comprehensive healthcare to all in a society must surely rate as a worthy aspiration that no sane person could dispute, but it is much harder to achieve in reality. The provision of free universal quality healthcare is arguably the most complicated and expensive task that any government can undertake. It cannot be entered into lightly as reversing such decisions has proven to be almost impossible.
16 Feb 2011	DA's Mike Waters	Health-e	State intervention: not what the doc ordered	The ANC's record on managing bureaucracies is poor. But even if we to make the assumption that the new bureaucracy will be well managed, we also need to ask whether it is in fact the system that South Africa needs

12 March 2011	SAMA	SAMA website	Ambitious Spending	Ambitious spending in an attempt to create jobs and fund the proposed National Health Insurance (NHI) scheme will have consequences. If government is not able to cover the costs out of revenue collection, it will be forced to borrow the funds
	SAMA	SAMA website	Will it benefit all	The cost of servicing debt would have been even higher if the agencies had downgraded the sovereign credit status because investors would charge a higher risk premium on loans.
23 May 2011	Health economist, Alex van den Heever of the University of Witwatersrand	Business day	National scheme prompts healthy debate	Does South Africa need National Health Insurance? And are the reasons for moving ahead with it the right ones. We need to ask the question 'what's wrong?', and ensure that treatment fits the Diagnosis.
29 May 2011	Economist and Dean of Research and at the University of the Western Cape Professor Renfrew Christie	Health-e online publication	Rush job on NHI?	Is it feasible or a rich country's solution? Inequities in the health system, which has resulted in the private sector monopolizing resources disproportionately, need to be addressed.
	Malcolm Kahn, chairman of Fedhealth			The process needs to be phased in over several years with key issues the substantial upgrading of public sector hospitals, the training of more doctors, nurses and ... staff, and exploring new avenues of funding.
18 June 2011	DA Helen Zille	Health-e news on line publication	Zille enters NHI debate	Everybody is agreed about one thing on South Africa's health care system: it needs drastic improvement. It is disgraceful that life expectancy is now lower than it was under apartheid. Reform of our health system must aim at correcting the failures in public health and spreading wider the successes in private health.

09 July 2011	Dr Anton Rijnen, CEO of Medihelp	Mail & Guardian	NHI rollout next year set to change landscape	The amalgamation trend is set to continue, transforming the healthcare landscape into fewer, larger schemes and service providers. This will put increasing pressure on the smaller schemes, which could find it difficult to negotiate for more affordable products and services. Ultimately, the NHI will be judged on its service delivery
12 July 2011	Neil Kirby, director and Health, Pharmaceutical & Life Sciences Practice Area head at Werksmans Attorneys	The Times	South Africa: National Health Scheme: "More Definitive Details Needed"	We must be certain that we have our eyes fixed on the goal - efficacious and quality healthcare - and not just the promise of it. This formula is already in place, in a micro-cosmism form, in the substance of the Government Employees Medical Scheme (GEMS) which, due to its membership and affiliation to the public service, is "a model of the NHIS,"
22 July 2011	Alex van den Heever from the University of the Witwatersrand's School of Public & Development Management	Mail & Guardian	Behind the proposals	Tax increases could force lower-income medical aid members to drop their private cover entirely.
13 July 2011	Mariné Erasmus, an economist at Econex,	Business Day	Cabinet set to approve NHI policy document	The private sector will be looking for signals about its future role, while consumers and employers are anxious to know if they will pay more taxes. Since the NHI will be phased in over the next 14 years, we do not expect the entire system to be finalised
26 July 2011	Fikile Majola is general secretary of the National Education Health and Allied Workers Union	The New Age	Health insurance will benefit the poor	We do agree with the minister that the oligopoly of Netcare, Medi-Clinic and Life Healthcare are a threat to the realisation of healthcare as a citizenship right and a human right in South Africa – and not a commodity. When the white paper on National Health Insurance (NHI) is released, those who are hell bent on maintaining the immoral legacy of oppression – as in many areas of our socioeconomic reality – will pose as “independent health economists” and attack a transformation effort aimed at redressing injustices in healthcare.

	Cosatu			<p>We are appalled by the state of healthcare in South Africa. Private healthcare continues to take the lion's share of health resources while serving fewer than 20% of the population...At the other end is a poorly resourced and over-burdened public healthcare system, which caters for the poor. It is against this background that we will work hard to ensure the creation of a National Health Insurance Scheme.</p>
	SACP			<p>The SACP, together with progressive health unions, health NGOs, and other mass formations, will in the coming weeks be embarking on a massive mobilisation and education campaign in support of the NHI and in the process exposing the hypocrisy and greediness of private capitalist health providers wherever they are, both inside and outside our own movement and government.</p>
10 Aug 2011	Health Minister	The Times	Health tax only way to fund NHI scheme	<p>The highly-anticipated National Health Insurance scheme moves a step closer to reality when it comes before cabinet today: "We believe it's the final time. I feel very relieved because it is long overdue. People have been waiting. People will have to read for themselves and it will start a big public discourse. I don't see any other way in which government systems can be financed no person can opt out of [NHI]."</p>
	Health Minister	The New Age	Details of NHI to be released	<p>South Africans will know for the first time how the government is planning to introduce the National Health Insurance (NHI) scheme. Detail on how the NHI would be implemented were expected to be released after Wednesday's cabinet meeting</p>

	Jimmy Manyi, GCIS CEO	Eye Witness News (702)	NHI to be tabled before Cabinet	The NHI policy documents could be unveiled on Thursday if they are accepted at the Cabinet sitting. They were rejected twice because of fears that the country could not afford the scheme. The National Health Insurance (NHI) policy document will be discussed by Cabinet [on Wednesday], and all indications are that the department has done all the necessary changes to enable the cabinet to approve the document.”	
	Black Sash, Programme Manager Elroy Paulus	Advocacy Manager	Health-e	Finally NHI details this week	There has been very little public engagement on the principles that should inform healthcare reform.

Table 3: Coverage of public opinion

DATE	HEADLINE	PUBLIC OPINION
29 April 2011	NHI is too costly for South Africa – study (fin24)	<p>Not enough money - There is simply not enough money available, income tax is nearly maxed-out and VAT can only be increased by that much.</p> <p>Brother's keeper - Social responsibility is a tool used by politicians to get elected. The choice if we want to be our brother's keeper should be ours to make, - it should be voluntary.</p> <p>Too ambitious- This could ultimately be an effective solution to the lack of health care that many individuals experience. EVERY individual will need to make a significant contribution to the scheme, and currently only a small minority can do this. The RAF is a "good" example of the hurdles that first need to be overcome before there can be any real talks of a NHIS. For now it should only remain a pie in the sky...</p> <p>You are NOT TELLING the WHOLE STORY!!! NHI in UK, NZ and OZ are all the same. You have no choice of which doctor to see, you can't see a specialist unless the doctor you are forced to see thinks you should be referred to a specialist. It is a stupid system at best.</p> <p>Human rights - Please explain how it is a human right to have health care?? You have a right to your life and your civil liberties - that's it! The rest you need to achieve for yourself. This is the simplest way to look at it, if it costs money it's not a human right!</p> <p>Soundbite - NHI is a soundbite used by the ANC to get elected - nothing more, nothing less</p> <p>National healthcare systems around the world all face the same problem, it becomes impossible to fund properly.</p> <p>I lived in Australia for 10 years. All citizens qualify for free MedicalAid. While it is not a perfect system, hospitals are world-leading, I can go to the dentist, optometrist, and GP, which I don't pay for, and medicine is subsidised. The system works because of an honest, competent, educated civil service. Simple. http://www.fin24.com/Economy/NHI-too-costly-for-SA-study-20100429</p>

eNQUIRY ON NHI

REF/ DATE	ORGANISATION	PERSON	eNQUIRY	FEEDBACK
En03 02/08	Medical Chronicle	René Bosman Senior Journalist Medical Chronicle Office: +27 12 567 6512 Fax: +86 567 5555 Mobile: +27 82 454 6363 E-mail: rene@wilbury.co.za	Would you please clarify the following issue - in Beeld newspaper last week there were letters from established specialists (by that I mean older specialists) who expressed concern about what they called the minister's plan to 'force' specialists to do community services in order to facilitate the implementation of the NHI. Is this true? If not, can you please explain what the minister did in fact say about the issue? Did he perhaps refer to specialists who have just completed their specialisation? I am writing an article about the issue and would appreciate it if you could respond to my query as soon as possible. My deadline is tomorrow.	Enquiry forwarded to Dr Thulare for response. Missed newspaper deadline
eN02/ 20/07	Medical Chronicle	René Bosman 012 567 6512 Fo86 567 5555/0 82 454 6363 E-mail: rene@wilbury.co.za	Yes or no on the question whether or not the Whitepaper will serve before Cabinet when the next sitting starts.	"We are not privy to dates on NHI. Documents are served in Cabinet. Please re-direct your question to the Cabinet Secretariat at the Presidency. They are best positioned to answer your question." - <i>Dr A Thulare</i>
eN01/ 08/07	SABC news research	Hlela Ntsepe,SABC News Researcher 011 714 9111/ 5321, 011 714 2179 Mobile +27 (0)734684398 ntsepeh@sabc.co.za	May I please have the latest information on NHI:Exact implementation date; How far are the preparation plans ; And all the other information you might have on this issue	"The work on the NHI is still ongoing and will be finalised in due course. The Department of Health is not in a position to indicate the exact implementation date or provide further details on the preparatory work as all deliberations regarding this are part of the Cabinet process and hence are accordingly classified until such a time that an appropriate decision and announcement is made." - <i>Dr A Thulare</i>

MEDIA INTERVIEW REQUESTS

Organisation	Person to do interview	Subject
GCIS: Public Sector Magazine	Minister of Health Dr Aaron Motsoaledi	NHI - overview
GCIS: Vukuzenzele	DG of health Ms Precious Matsoso	Health financing system overhaul

3. Conclusion

More than 50% of the print media articles on NHI are *bias* and unbalanced with carefully selected sources to tell one-side of the preferred news angle – mostly to attack the NHI.

Example: NHI could cripple private sector: this story is based on the opinion of one person without seeking counter views to balance the story.

More than 50% of the print media articles on NHI are *misleading* in that the headlines are disconnected from the article. Media interpretation is often not on point judging by their eye-catching headlines which sometimes have nothing to do with the rest of the story.

Example is this headline: “NHI poses med scheme questions”. This headline has produced a much different meaning to what the author had intended.

The opinion on NHI is characterized by ***fear of the unknown*** and the media appears to be sympathetic towards the private sector.

Change of heart about NHI has also been observed in the latest news articles – from “*NHI will not work*” to a discussion about “*it’s form and the future role of the private sector*”.

4. Recommendations

- We need to develop editorial articles to address all concerns about NHI.
- We need to track and respond to all misguided views about NHI.
- We need to win media’s support and sympathy.