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## NHI IS A POSITIVE DEVELOPMENT FOR THE COUNTRY

Last week the National Assembly passed the National Health Insurance (NHI) bill, paving the way for the implementation of universal healthcare coverage in the country. The bill is expected to be tabled and passed by the National Council of Provinces (NCOP) soon before it is signed into law by the country's president.



The ruling party, largely because of its record of corruption and mismanagement, has lost moral authority and legitimacy to such an extent that virtually everything they propose, an average person is suspicious and believes that they are up to their usual mischief.

For the record, the NHI is a good initiative. Period. Those who are opposed to the NHI argue that the

NHI is a socialist inspired system that will bankrupt the national fiscus. Anyway, there is nothing wrong with socialism. In fact, telling millions of victims of capitalism that a system is socialist inspired might just be a motivation to the people to embrace the system. NHI is a health-care system with compassion. There are many countries around the globe that are capitalist to the core that have implemented NHI. These include the United Kingdom, Canada and Scandinavian countries.

But what is the NHI and how does it work? The NHI is anchored on the principle that nobody should be denied medical care because of his or her poor economic status. NHI wants all people without regard to race, gender or class to be able to access quality healthcare. Under NHI, healthcare will be free at a point of service. Patients will be able to access healthcare in both public and private healthcare facilities. South Africa is the most unequal society in the world. Nothing exposes this inequality than the healthcare system in the country. The country has the best medical facilities, most of which are in the private sector. However, the public sector, which serves the majority of the people, is in tatters. Patients in public hospitals are forced to sleep on the floor, newly born babies are placed in card boxes because there are not enough incubators and there is a critical shortage of health professionals, especially medical doctors.

Many of the hospitals are old and dilapidated. Underfunding of the healthcare service has made a bad situation worse as old infrastructure is collapsing.



The situation in the private hospitals and clinics is the exact opposite. These facilities are well kept. They are clean. Patients are treated like hotel guests. They generally get quality healthcare. Patients, including Heads of States, from other countries come into the country to access the quality healthcare in South Africa. The problem is that the quality healthcare that is located in the private sector is only accessible to just less than 15% of the population who have medical aids. The rest of the population has to rely on the public healthcare system which is largely dysfunctional.

Afraid that Sandton clinic or Rosebank clinic will become another Chris Hani Baragwanath or another Helen Joseph or All Saints or Tshilidzini, the ruling class is mobilising society to rebel against the NHI. The argument that is being advanced is that the government should first sort out the public healthcare system before it can interfere in the running of the private health care system that is running effectively and “efficiently.”

The opponents of the NHI argue that the government will destroy the quality of service in the private sector by forcing the private sector to treat

and admit everybody, including the poor who are not on medical aid schemes. They argue that just like in education where the State declared that education is free in poor areas, it was free but nonexistent. They believe health will suffer the same fate. Everybody will be allowed to go to a private hospital, but the problem of overcrowding and the shortage of beds will be transferred from Thembisa Hospital to Carstenhof Clinic. The crude argument is the one made by Cecil Frances Alexander in his poem – All things bright and beautiful. Alexander wrote:

The rich man in his castle, The poor man  
at his gate. God made them high and low-  
ly, And ordered their estate.

The NHI wants to disrupt this logic of class differentiation in the provision of health care. The ruling class, who include the public servants have medical aid. This class would rather retain the exclusive use of private healthcare and not be bothered by fixing the ailing public healthcare system. After all, they do not use it. They can afford to shout from their position of health comfort that the government should first improve the quality of healthcare in the public service and that people will vote through their feet.

The members of the middle class who are opposed to the NHI are being less than honest. The majority of the people on medical aid know that as their funds in the medical aid schemes get exhausted as early as June for consultations. They then collude with their doctors to be admitted so that the medical aids can bear the costs. The profit motive in the provision of healthcare has seen unnecessary procedures. For example, virtually all women on medical aid schemes no longer give birth naturally but have to undergo cesarean operation to deliver. The reason is that doctors make more money through these operations.

Of course, the devil is in the detail. How will this grand plan be funded? The health department is

proposing the establishment of a single fund that will purchase healthcare in both public and private. In other words, the plan is to merge all medical aid contributions into a single fund and establish a fund similar to the medical aid, but which will cover everybody, whether they contribute to the fund or not.

This way, if beds in Thembisa hospital are full, patients can be transferred to Carstenhof clinic without paying a cent.



But given the huge gap between the quality of service in the public and in the private sector, it stands to reason that the movement will be towards the private hospitals. People will flock to the private hospitals. And when they do this, the government will be channelling public resources into private entities. This may undermine the good intentions of the NHI.

For the NHI to work, the subsidisation of the private healthcare facilities by the State should not be allowed. Ultimately, the State should build quality hospitals and clinics throughout the country. But above all, these should be well resourced by health professionals who embrace the spirit and ethos of Batho Pele.

A key pillar in the rolling out of the NHI is primary healthcare. A special focus will be placed on preventing diseases as opposed to curing them. This model, which has been extremely effective in

Cuba, elevates the role of the local clinic. Clinics are resourced with doctors, and they also have community health workers who go out and provide healthcare.

The NHI is a positive development in delivering on the constitutional mandate of ensuring healthcare to all. However, those opposed to it cite the cases of poor governance, the collapsing Eskom, SAA and other State-owned entities as proof that the government cannot run anything properly. This argument cannot be sustained. Yes, the government should improve its record of delivering service and if it fails, the electorate should use the vote to remove it. We cannot afford to put cold water on noble policy shifts simply because we do not trust the government to be effective and efficient.

## THE CRISIS OF REFUGEES

June 20 marks World Refugee Day. On this day there is some special focus on refugees in the mainstream media. After a few heart-rending of the struggles of refugees in different parts of the world, the story is pushed away from the front pages of newspapers.

While the problem of refugees exists globally. Currently the country that is the largest source of refugees is Ukraine. According to UNHCR, since the war broke out in Ukraine, about 6 million Ukrainians were internally displaced, in addition to further 5.7 million people who were forced to flee the country.

The refugee crisis is also acute on the African continent. In the north of the continent, hundreds of thousands of migrants are caught while trying to smuggle themselves into Europe. Last year alone, 105 000 migrants from Libya reached Italy in search of a better life. By March this year, 17 600 immigrants had survived the hostile elements in the Mediterranean Sea to reach Italy on small boats. The Italian government estimates

that by the end of the year 680 000 immigrants from Libya would reach Italy.

Millions of Afrikan refugees also flee the continent via the Red Sea to Saudi Arabia. Over the past five years, Saudi Arabia has deported more than half a million Ethiopian immigrants.

In Southern Africa, there are 9.1 million forcibly displaced people. Of this figure, 6.6 million are internally displaced by conflict. About one million of them were classified as refugees.



The war in Sudan has caused untold suffering on the civilian population, forcing millions to leave their homes and thousands to seek refuge in neighbouring countries.

While academics can distinguish between refugees and migrants, pontificating that while all refugees are migrants not all migrants are refugees, further stating that refugees are those forced to **flee their countries** because of war or persecution for religious or sexual orientation, the truth is that no person would just leave his country without any real cause. While for refugees safety is their primary concern, hunger is the main driver for migrants to leave their home countries and seek a better life in another country. That is why

the trend is for migrants to go to countries with better economic prospects.

Instead of the European countries and the United States to just tighten their migration policies to prevent immigration into their countries, they should also look at the root causes of the problem.

The root cause of the migration of Afrikans to the western countries is the arrested economic development of Afrika and the continued plunder and exploitation of Afrikan countries by the western powers. Western countries have also destabilized many Afrikan countries such as Libya, Democratic Republic of Congo, Angola, Mali and Sudan.

Just to illustrate the point, Libya was an economic success story under its leader Colonel Muamar Gaddafi. When Gaddafi resolved that his oil should be sold in gold and not be exchanged with the US dollar, which is just paper money, the US moved swiftly to remove him from power, engineering his assassination. What followed was anarchy and the collapse of the economy and the political system that had kept Libya stable and successful for more than four decades. Libyans are now forced to become refugees in other countries.

But if we accept the obvious, the destabilisation of Afrika by western powers is deliberate and that it serves their long-term economic interests, we should then not expect them to offer solutions that will stabilise Afrika and pave a way for its economic prosperity. The task of getting Afrika out of its economic crisis requires visionary Afrikan leaders. Once these emerge and champion the vision of great leaders such as Kwame Nkrumah, Thomas Sankara, Julius Nyerere, Bantu Biko and others the problem of Afrikan migrants and refugees will be something of the past.