

MEDIA RELEASE PSA disappointed by President's impending signing of controversial NHI Bill

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The Public Servants Association (PSA) is disappointed by President Cyril Ramaphosa's intention to sign the *National Health Insurance (NHI) Bill* into law on 15 May 2024 in the absence of critical matters being addressed.

The PSA supports government's efforts to address the inequality of the healthcare system to cover the vulnerable. The NHI in its current form will, however, present more challenges than solutions. Universal health coverage is a noble ideal, which the PSA supports. The PSA subscribes to the World Health Organization's definition of universal health coverage whereby all people must have "access to the full range of quality health services they need, when and where they need them, without financial hardship". The PSA previously requested the President to delay signing the *NHI Bill* into law until there is clarity regarding the funding model. The PSA supports the public-private dual system for healthcare in the country. The public sector plays a crucial role in providing essential primary healthcare services, and collaborating with the private sector can bring additional resources, expertise, and efficiency to the healthcare system.

The funding model presented by the Department of Health lacks sustainability. It disproportionately burdens the working class who are already struggling to make ends meet amidst the high cost of living. Government's plan to increase value-added tax and income tax to offset the NHI deficit raises serious concern. Not only are these tax hikes likely to be insufficient to cover the costs of the NHI, but will also place additional strain on overburdened workers, consumers by further diminishing their purchasing power and exacerbating financial hardships, especially for public servants.

The PSA's support is, however, not oblivious to the shortcomings of the current *NHI Bill* and the challenges that beset the public healthcare system. In its current form, the *Bill* cannot be a solution to the woes of public healthcare. Much still needs to be done for NHI intentions and objectives to be meaningful for the ordinary people it is meant to benefit. The rehabilitation of public healthcare facilities must be of priority. Public hospitals experience major challenges, conditions of service have become untenable, facilities are understaffed, and practitioners are frustrated by an inadequate supply of medicine and poor maintenance of medical equipment. Patients endure long queues for hospital beds or sleep on floors.

In its current form, the *Bill* is far from addressing these challenges. Systemic issues in the healthcare system relating to the lack of accountability and governance, poor management and inefficiencies should be prioritised to effect meaningful reform of the sector. Without the rehabilitation of public health facilities, the NHI will fail to deliver and will only offer theoretical rather than meaningful access to healthcare.

The PSA further supports a public health system that promotes merit over patronage. The appointment of hospital staff, including managers, should be based on merit, qualifications, and experience. Appropriate management across all levels of the healthcare system is crucial for successful reform of the system. Gambling with lives,

including children, through appointment of unqualified and inexperienced people must end for NHI objectives to be realised. A performance-based management system must be fostered to encourage accountability in the system.

In addition, and equally important, are strategies to improve the morale of healthcare workers. This should include, amongst others, affirmation of their value through incentives.

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