



**Western Cape  
Government**

**BETTER TOGETHER.**

# **A SUMMARY OF THE NHI BILL**

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# THE NEED FOR REFORM

1. Health is basic human right
2. Reform is a matter of social justice
3. Unequal society
4. Vulnerable insufficiently protected
5. Quality and patient experience in public sector not optimal
6. Cost in private sector excessive and package is getting smaller.



# What does the NHI Bill do in its 11 Chapters

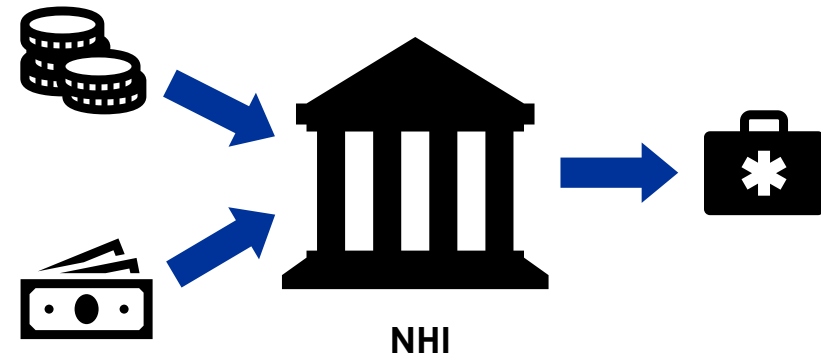
1. Establish the (NHI Fund) (Schedule 3A SOE)
2. Indicate Fund duties, functions and powers.
3. Establish NHI Fund Board.
4. WHO will have WHAT benefits (note asylum seekers and illegal foreigners)
5. Fund will contract obo citizens
6. Mechanisms to limit undesirable practices.
7. Remove most powers from provinces



NHI

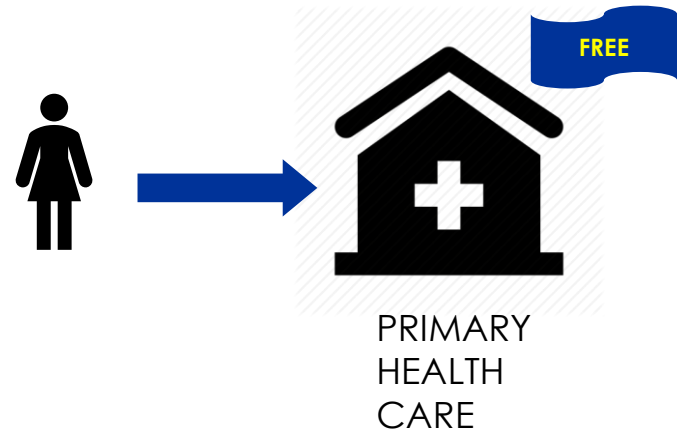
# The NHI Bill – WHO can benefit?

1. The fund will be a single purchaser and single payer of health care services.
2. The fund will purchase services on behalf of SA citizens; permanent residents; refugees; inmates and specific categories of foreign nationals.
3. Asylum seeker or illegal migrants will have access to emergency medical services, and basic health services for children.



# NHI- Access to Healthcare

- Free at the point of entry.
- Must enter at the PHC level, and follow referral pathways.
- Not all treatment will be funded
- No clarity yet about what will be in the package



# The Board and CEO of the NHI fund

1. 11 Board Members (exclude civil society)

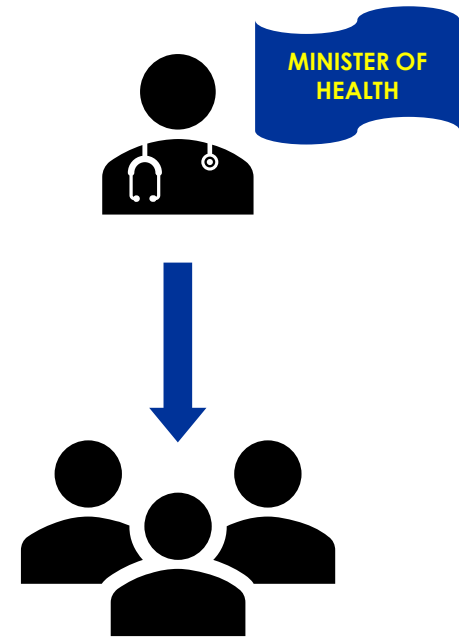
2. Board Appointed by Minister

3. Board chair appointed by Minister

4. CEO appointed by the Minister

5. Minister takes all decisions related to

rights of users



# NHI- the role of medical schemes

**Medical Schemes will exist.**

**Restrictions of what will be funded.**



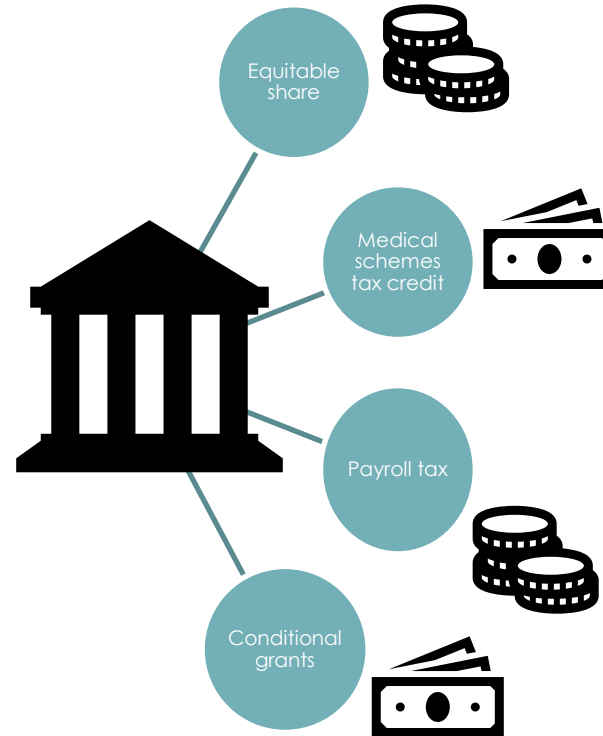
MEDICAL SCHEMES





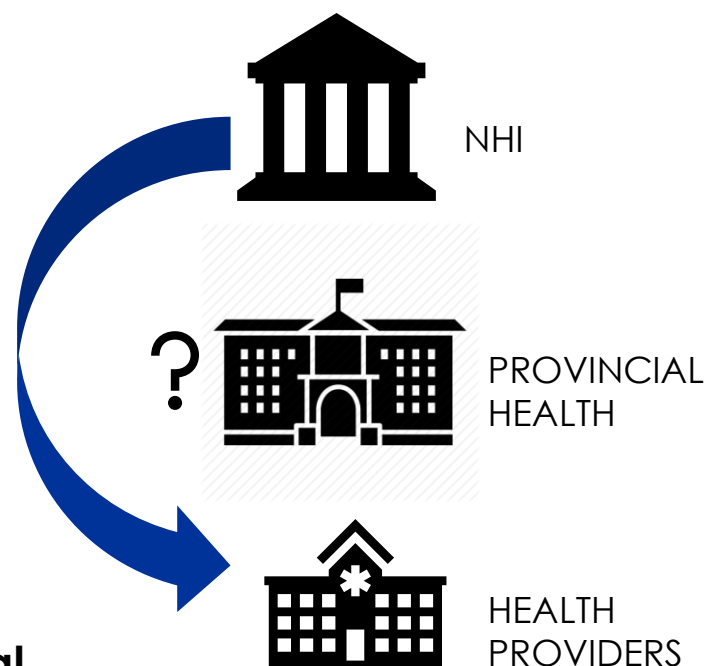
# NHI- Income sources as stated in the NHI Bill

1. Principle of mandatory prepayments
2. General tax
3. Health funds currently with the province
4. Medical scheme tax credits.
5. A payroll tax.
6. Government funds from Treasury.



# NHI Bill- Role of the provinces

- EMS and FPS
- Health Promotion
- Environmental Health
- Disasters.
- Maintain infrastructure
- MAY delegate certain functions



## Importantly

1. **GSH and TBH will report directly to the National Department of Health.**
2. **Province do not fund its districts or hospitals; NHI fund contracts directly**

# Health care system changes

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- 1. 10 Central Hospitals report directly to national minister**
- 2. 52 Health districts in the country report directly to minister**
- 3. Added national functions**
  1. Planning (people and health service)
  2. Contracts for health products
  3. Assist district offices to do Community participation
  4. Handle complaints
- 4. Removed health service delivery from provinces**
- 5. All planning for the country done from national level**
- 6. All service entities will be contracted from a national level**

# Conclusion



# Concluding remarks

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- 1. The NHI Bill put Health in the spotlight**
- 2. There is an opportunity to**
  - a. Co-create a more responsive health system
  - b. Create spaces for conversation to share ideas and influence
  - c. Test work-able solutions
  - d. Intentionally Strengthen the health system and its leadership
- 3. Financing conversations should be guided by Treasury**
- 4. Health system design (from the bottom up) and accountability should influence financing approaches**
- 5. There is more than one way to achieve the goals of UHC**

# Proposal

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- 1. Massive reform – CAUTION; LEARN**
- 2. Focus on UHC**
- 3. Strengthen National and Provincial Stewardship roles**
- 4. Strengthen Health system in each province**
- 5. Strengthen leadership & accountability**
- 6. Build strong partnerships and trusting relationships**
- 7. Include civil society**
- 8. Influence social determinants of health**
- 9. Increase public health sector funding**

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Thank you