

We demand a People's NHI where

community **P**articipation is central

and **E**quity is fundamental

and a **O**ne payer system finances care

in a **P**ro Public Health System

So **L**ets's Mobilise for an

NHI for **E**veryone and everywhere,

based on **S**ocial Solidarity and Universality

NHI!

You can join the People's NHI Campaign:

- Dial *134*1994*333# (it's free)
- SMS 'NHI' to 31660 (standard cost SMS)
- Visit <http://bit.ly/2r22TnI>
- Or send a PCM to 066 040 9017



THE PEOPLE'S HEALTH MOVEMENT



PHM-South Africa was started in 2003 by a small group of health activists, and launched in 2007 with its Right to Health Campaign. PHM-SA is a chapter of the global PHM.

PHM believes that health is a state of complete mental, physical and social well-being, and not just the absence of disease. We see health as a fundamental human right and a public good.

Health requires that we enjoy personal dignity and social solidarity, live in healthy environments, and have fair access to the goods and services necessary for good health. We also need access to good health care without experiencing financial hardship.

<http://phm-sa.org/about/phm-sa/>



NATIONAL HEALTH INSURANCE



The National Health Insurance (NHI) is the key health policy of the South African government

This pamphlet summarises the NHI and some key implementation challenges



WHY A NATIONAL HEALTH INSURANCE?

A 2009 Government Gazette outlines the reasons and principles of the proposed NHI:

- We all have a Constitutional right to affordable quality health care services
- The State is responsible for the progressive realisation of this right through Universal Health Cover
- Health services must be funded in an equitable manner that promotes social solidarity



Under Apartheid 'race' dictated which health facilities we could use. In the post-apartheid era, access is determined by wealth and social class.

OUR NATIONAL HEALTH CRISIS

Twenty four years into our democracy we face a major health crisis.

Our health as a nation is worse than all countries of similar wealth, and many poorer countries. But why?

Too many women and babies die around the time of giving birth, and young children sicken and die of diarrhoea and pneumonia. People die in their youth from injuries in car crashes and interpersonal violence; others die of heart disease, strokes and diabetes as the result of poor diets and stress related to lack of jobs and poverty.

And, when they get sick, they have to use a health system that is dysfunctional, fragmented, and deeply inequitable. The 15 or so percent of the population who can afford medical schemes and are the most healthy have easy access to health care in the private sector. The less wealthy 85% — who have the most health problems — depend on a relatively inaccessible public health sector.

Such inequity is incompatible with our Bill of Rights.

Our health system should provide everyone with good, equitable health care through Universal Health Cover, and builds social solidarity.

WILL A PEOPLE'S NHI GIVE US AN EQUITABLE PEOPLE'S HEALTH SYSTEM?

FINANCING THE NHI NEEDS POOLED RESOURCES

TO CONSULT THE PEOPLE the government released the NHI Green Paper in 2011. Many organisations submitted comments by the deadline. But it took 6 years before the White Paper was released in 2017.

THE GREEN & WHITE PAPERS said tax would be collected for a National Health Insurance Fund (NHIF) to buy universal health care for all from accredited public and private providers. High-income people would pay a bigger share of their income into the NHIF than low income people. Poor people would not have to pay into it at all. But they would still have the same rights to the health care they need as the rich.

NOBODY WOULD PAY DIRECTLY for care. The NHIF pays. And, as a single payer, NHIF makes it easier for the government to choose and pay for the the services that people need most.

PUBLIC HEALTH EXPERTS AND CIVIL SOCIETY committed to Health for All supported this strongly.

BUT ORGANISATIONS WITH VESTED INTERESTS in profit-driven health services oppose the single payer system. They include private hospital groupings, medical schemes, big drug companies, some specialist doctors. They are very powerful and appear to have persuaded the government to adopt a 5-tier payment mechanism.

SEVEN NHI IMPLEMENTATION STRUCTURES have been set up. One of them is to advise on 5 funding streams for different sections of the population ranging from the unemployed & public sector workers to people working for big companies. This will perpetuate inequity and negate the fundamental principles of the NHI.

