

Gap between policy and membership

Is NHI really what unionists want?

The adoption of National Health Insurance (NHI) is supported by the Congress of South African Trade Unions (Cosatu) but do its members wholeheartedly support the idea?

Katherine Joynt and **Mariane Tsoeu** interviewed some union leaders and members in the public sector to get their views.

The proposal of National Health Insurance (NHI) for South Africa has sparked much debate. Some say that the NHI will create high quality health care for all. The deputy CEO of the Institute of Race Relations sums it up well, saying that NHI will put all health-care services and all public and private health-care money in one big pot. All South Africans, regardless of class, will be able to access health services.

Although the NHI proposal is in the drafting process and finer details of how the system will work and be funded are not yet public, there is fierce debate over NHI. Cosatu is opposed to private health care because it believes health should not be used to make profit. Private medical aid schemes however argue that they should remain part of the health system and administer parts of NHI.

The introduction of NHI originally came from N ehwu (National Education Health & Allied Workers Union). A 2006 N ehwu study scrutinised public health institutes and found 45 000 vacant posts unfilled, poor remuneration, deteriorating medical equipment and facilities, poor security in hospitals, a brain drain of nurses and doctors and that

micromanagement from MECs limited decisions CEOs could make.

Based on this study and N ehwu's argument that South Africa 'cannot afford the status quo, where there is two-tier system of public and private health care', Cosatu proposed national health insurance. The ANC embraced the idea and it was adopted after its conference in Polokwane in 2007. The ANC put together a task team which is drafting an NHI proposal.

N ehwu and Samwu (South African Municipal Workers Union) say that there is no opposition from the union movement to the NHI and that all fears have been debated and put aside. However, interviews with the leadership and membership show that some issues have not been settled.

NHI MEDIA COVERAGE

So far the media have portrayed NHI negatively. Yet according to N ehwu and Samwu, it is premature to do so. The Samwu media and communications officer indicated that the NHI proposal has not been released for public hearing nor subjected to public debate, so most of what the media says is based on speculation or on leaked drafts of an incomplete plan.

A N ehwu education officer argued that 'people with deeper pockets have the power to misinform and cause unnecessary panic. The main reason for the negative media is because health is big business and a multibillion industry and those in the industry stand to lose a lot of money, so they are fuelling the negative media regarding NHI.'

Some unionists also speculate that newspapers were paid by private medical aid schemes to write articles that discredit NHI before the proposal has been released and that ANC members have been approached by medical aid schemes to become board members in order to stall the process.

Samwu's media and communications officer argued that the negative media coverage is also linked to a lack of understanding over the implementation of NHI. Unfortunately, as one unionist pointed out, labour does not have enough resources to counter the arguments in the media. In order to counter the negative coverage, Cosatu is running an awareness campaign and educating its members about the benefits of NHI.

MANAGEMENT AND FINANCING

One of the biggest debates about NHI concerns management and financing. The public is concerned that government will not be able to effectively manage NHI given that it has failed to improve public hospitals which are in a crippling state of disrepair.

As one N ehwu shop steward stated, 'Public hospitals nowadays are equal to definite death. In some cases, when one goes to a particular hospital, we know that person is not coming back alive. NHI will be of no use if the hospitals are what they are today. Why are they (government) pushing us to death? Do MPs use public hospitals? If they do not, who must go there?'

One N ehwu member suggested that a better solution than NHI would be for government to fix public hospitals, allow NHI and medical aids to co-exist, subsidise lower paid workers for their medical aid and standardise or regulate medical aid schemes and pharmacy prices. This way the two-tier system would stay but government would build on it.

While Samwu admits that capacity for management within government is a real fear, it maintains that under NHI there will be adequate capacity drawn from the wealth of experience and knowledge in the sector. N ehwu leadership has mixed feelings about the ability of government leadership to successfully manage NHI, but believes this has solutions.

'Management in government needs to be transformed. The skills audit is seriously needed for DGs (director generals) who are politically appointed and because the public service is full of dead wood. Managers in the public service cannot manage their budget.. The state needs to

transform. We are not obsessed with implementing NHI immediately, but correctly. We cannot afford mistakes. We have made the Task Team aware of this. The team is looking at countering mismanagement in the public service. We are hopeful. Public consultations will also serve to further refine the document.'

The implementation of NHI is expected to happen in conjunction with uplifting public hospitals. President Zuma's 2009 State of the Nation address said that NHI would be introduced in a 'phased and incremental manner' and that 'urgent rehabilitation of public hospitals will be undertaken through Public-Private Partnerships (PPPs)'.

Reportedly, Discovery medical aid wishes to assist government in the management of NHI. Yet N ehwu is against PPPs, stating, 'NHI is part and parcel of a developmental state. PPPs are against our ideology. It has to be managed by the state. Discovery will want to hijack the whole project.. it will be easy to

co-opt people from the inside.'

Although they have no official position on the matter, Samwu said that they would advise the government to be wary of collaboration with the private sector for fear that it would delay NHI.

The financing of NHI is also contested.

Government spends as much money on private as it does on public health care, even though the private sector serves about 7.5 million people and the public sector 41 million. Also, some medical aid members are not covered all year round so their medical aid runs out and they are forced to use the public sector, further increasing numbers served by the public sector.

Some media sources claim that they have confidential drafts which state that NHI funding will come from taxes with compulsory contributions from employers and employees. N ehwu leadership does not believe that increased taxes will supplement NHI because



A hospital in Nyanga – "NHI will be of no use if hospitals are what they are today."

there is enough money within government if funds are not misappropriated.

When we asked union members if they were willing to pay more taxes to NHI, one said he would not mind: '... if there is proper control over corruption. At the moment there is no control at all, people loot government funds. There has to be real punishment for this, but our justice system is not good enough to punish people with power.'

GEMS

Discussing NHI with public sector union members invariably leads to a discussion about GEMS (Government Employees Medical Scheme). Originally driven by Nkhawu, GEMS started in January 2005 for government to give its employees access to affordable health care. Currently GEMS is the second largest medical aid scheme after Discovery.

Some Nkhawu members believe that NHI will be similar to the dysfunctional GEMS: 'I know about GEMS which is a similar medical aid scheme you are talking about... When they introduced GEMS it was to address the needs of the lowest paid worker who cannot afford private medical aid. GEMS is not like other expensive medical aids, as it has categories depending on what one can afford. But we are having serious problems with it'

Problems with GEMS include that 'the salary you earn determines which category you will be in', meaning that members cannot choose their benefit option.

One union member who belongs to the Emerald category which costs over R800 per month believes that he is not getting value for money. His medical aid benefits run out after his fourth visit to a doctor in a year and GEMS refuses

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to cover anything that they do not consider 'an emergency'. In addition, he has to phone GEMS for authorisation before he can access health care which differs from the convenient procedures that private schemes offer.

Government employees who joined the civil service after 2005 are encouraged to join GEMS. However, it is rumoured that government will force all employees to join and will stop subsidies for other medical aid schemes. Those who wish to leave GEMS are not allowed to: '... they (union) said it is impossible for any of us to leave GEMS. They said that if there are problems they must be fixed instead of anyone leaving.'

Members and stewards who we interviewed said that they favour the two tier-system that currently exists and would not like to have one system controlled by government. They argued that under NHI government will monopolise health and there will be no choice but to use government medical aid or pay cash.

The failure of GEMS has made public servants sceptical that NHI could work. As one shop steward said, 'It is a lie to say it will work. GEMS was supposed to set an example that government can do something that is appropriate but they are failing. None of the union members I know will favour such a system by government'.

GEMS was a platform for government to prove that it can manage a health insurance scheme well enough to extend it to all yet it seems to be failing.

Other analysts argue that government's capacity is the main problem. As the deputy CEO of the Institute of Race Relations indicates, 'the people that want to run, administer and design NHI are the same people who run the Post Office, the Department of Home Affairs and the South African Police, and if you don't have the two critical ingredients - the funding to run it or the management track record to run it, it's going to be an unmitigated disaster for the country.'

IN SUMMARY

The public health sector is already overloaded, poorly managed and underfunded while the private sector is well-resourced yet expensive and dominated by profit-driven medical aid schemes. GEMS is disappointing, capacity in government to provide health insurance for the whole country remains questionable and the use of PPPs can lead to more corruption. While Cosatu unions fully support NHI, debates within unions over how NHI will work are on-going. LB

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