



Northern Cape
Provincial Legislature

**PORTFOLIO COMMITTEE
ON HEALTH AND SOCIAL
DEVELOPMENT**

Private Bag X5066
Kimberley 8300
Nobengula Extension
Galeshewe
Kimberley 8300

Fax: Admin (053) 839 8094
Tel: (053) 839 8083

Honourable EZ Njadu
Chairperson – Select Committee on Health and Social Services

NEGOTIATING MANDATE

Name of the Bill: **National Health Insurance Bill**

Number of the Bill: **[B11B-2019]**

Date of deliberation:

Vote of the Legislature: **The Committee Supports the National Health Insurance Bill [B11B-2019]**

A handwritten signature in black ink, appearing to read 'S. Tities', written over a horizontal line.

Signature:
Hon S Tities
Chairperson

Date: 2023 -11- 03



NEGOTIATING MANDATE FOR THE NATIONAL HEALTH INSURANCE BILL [B11B-2019]

(Section 76 Bills)

1. INTRODUCTION

The Chairperson of the Portfolio Committee on Health and Social Development, Hon S Tities, tables the Committee's Negotiating mandate on the **National Health Insurance Bill [B11B-2019]** as adopted by the Portfolio Committee on **03 November 2023**.

2. PROCESS FOLLOWED

- 2.1 The Speaker of the Northern Cape Provincial Legislature referred the **National Health Insurance Bill [B11B-2019]** to the Portfolio Committee on Health and Social Development, on **13 June 2023**.
- 2.2 The Portfolio Committee received a briefing on the Bill on **21 September 2023**, from the Northern Cape's Permanent Delegate to the NCOP, Hon D Christians. A representative from the National Department of Health made a presentation on the Bill.
- 2.3 Portfolio Committee resolved at the meeting of **21 September 2023**, to conduct Public Hearings on the Bill in all five districts in the province. An Advert was developed for placement on Institutional social media platforms (*NCPL Website, Facebook, Twitter and Instagram*), to solicit views of communities and stakeholders with regard to the **National Health Insurance Bill [B11B-2019]**. Furthermore, a newspaper advert and article was featured in Roma Nna newspaper in Frances Baard. A live broadcast was aired on Namakwa FM reaching 200-300 radius geographical area in the Namakwa district.
- 2.4 A Public hearing was conducted on **29 September 2023** in **Kimberley**. On **18 October 2023**, public hearings were conducted in **Springbok** and **Kuruman**. Public hearings were also conducted in **Upington** and **De Aar** on **19 October 2023**.
- 2.5 At all these hearings, the public engaged with the Members of the Provincial Legislature in respect of the Bill. Both written and oral submissions were called for.
- 2.6 On **03 November 2023**, the Portfolio Committee on Health and Social Development deliberated and considered the **National Health Insurance Bill [B11B-2019]**

3. COMMENTS /CONCERNS RAISED BY THE PUBLIC

3.1 The following should be considered in relation to the Bill:

- The proposed legislation is welcomed and would bring improvement to the current challenges that health facilities are faced with.
- That the Country does not have the funding to implement the National Health Insurance;
- The NHI was not successful in other countries, so there's no guarantee that it would be a success in South Africa;
- Currently most Health facilities are struggling to do proper record keeping, therefore it will not be in position to properly implement and maintain the NHI;
- The impact of the NHI should not limit medical schemes holders. Individuals should be allowed to belong to medical schemes if it's their choice;
- With the high number of Unemployment, especially amongst the youth, and the slow economic growth, it's not clear how government would be able to afford NHI;
- The bill does not address the services that is rendered by Community Health Workers;
- The bill does not ensure that the members of the Board is excluded from cadre deployment, therefore the Trade unions must also be onboard;
- The fact that this legislation includes Asylum seekers and illegal foreigners poses a challenges with the already overburdened health facilities in the country;
- How the National Health Insurance Bill would improve the existing challenges such as poor infrastructure and overcrowding at especially Primary health care centres.
- The tax implication on the currently burdened tax payers that would be expected to pay higher taxes in the future. The high number of unemployment of the youth which is the potential future taxpayers.
- Regarding the solutions of the shortages of Medical practitioners/Nurses/Doctors, medical equipment, ambulances, and medication at health facilities;
- With the current high levels of corruption in the country, how would the Minister ensure that corruption is prevented in light of the powers that is given to the Minister.
- On the timeframe when Government would fix the appalling public health system that is falling apart, (*in terms of infrastructure*) before the NHI would be implemented. Unless government wants a total collapse of the entire health system;
- Access to health facilities is a challenges as these facilities are too far from communities that needs the services especially in rural areas;
- The bill must be implemented soon and not unnecessarily delayed, so that universal access to health care can be received by all citizens.

4. WRITTEN INPUT/S ON THE BILL

Written submission/s were received the following Institutions/Individuals below and would be submitted as Annexures A to G:

- a. Board of Healthcare Funders (BHF)
- b. Momentum Health Solutions
- c. Health Funders Association
- d. Sarah Charlies – Deputy Chairperson: Clinical Board of Vosburg Clinic (Pixley ka Seme)
- e. SACP in Okiep - (Namakwa)
- f. Lifeline Northern Cape
- g. AfriForum

5. KEY DETERMINED PRINCIPLES

The Public hearings held by the Portfolio Committee was successful.

NB: The Portfolio Committee recommends that all the issues raised by the attendees should be taken into consideration. The majority of the people who attended the Public hearings supported the Bill.

6. PORTFOLIO COMMITTEE POSITION ON THE BILL

The Committee acknowledged the written submissions received (*Annexures A-G*) and hereby recommends that these submissions be considered by the Select Committee on Health and Social Services during its Negotiating Mandate stage.

After due deliberation, the Portfolio Committee on Health and Social Development **supports** the Bill.

7. COMMITTEE ADOPTION OF THE BILL

The Committee adopted this Negotiating Mandate duly signed by the Chairperson of the Committee.

The Committee recommends to the House to mandate the Permanent Delegates to participate in deliberations at the negotiating stage and to **support** the Bill.



Hon S Tities
Chairperson: PC on Health
and Social Development

2023 -11- 03

Date:

Clinic Boord

Sarah Charlies
Clinic

Deputy Chairperson of Vosburg
Contactnr. 0632454660

By Vosburgkliniek maak ons gebruik van gure diens-
lewingsfunksies. Hierdie gebou word deur 'n gebore-
komiitee besit en is nie op standaard nie dit het as
gevolg dat ons "underperformed" reports kry. "Underperforming"
is soos 'n "babatjie wat in badwater weggegooi word. Huidig-
lik is Vosburgkliniek "understaff", werkers is uitgebrand,
moeg en gefrustreerd. Morele waardes, respek, menslikheid
inspirasie (geestelik en moreel) is 'n nood. Die veranderinge
in die aanvulling of "handvat" van die grondwet in die
"gelyke gesondheidsorgdienste vir almal en geen rasse
diskriminasie kan net sterker en beter berorder en
geimplimenteer word in die Departement Gesondheid.
Ons as Vosburg staatspasiente, verbruikers van staats
medikasie en EMS dienste waardeur u onbaatsen-
tige denkw vermoëns om staats + privaat pasiente dies-
felde hoe kwaliteit gesondheidsdienste te gee. Onsho-
dislojaliteit en ongewenste houdings van personeel e
geneeshere sal dringend aandag kry. 'n Gesonde ligging
moet 'n gesonde gees huisves. Wellness programs is nodig
ons kliniek om die moraal van ons werkers tot die
beste van hul vermoëns te ontwikkel. Gee ons 'n
mensse (huidiglik werkbaar by Vosburgkliniek) die geleen-
heid om hulleself te ontwikkel, want 'n 22jarige jong
is vir ± 5 jr op 'n EPWP program / HDW waarom haar
help om verpleging, administrasie (huidiglik vakante
te vul nie. Anthea Kilani het met 'n Baccalaureus
toelating haar matriek geslaag. Vir die 2de keer s
sy blindheid soos vanmore in die 02 (19.10.2023,

Maak stres en depression ons generasie doodmaak?
Nepotisme is in die Departement Gesondheid, Onderwys,
SAPS, Local Government asof dit Covid pandemie is.
As "inconsistency of address" fraudulent actions "high-
light wat van nepotisme in EMS, ens.

Die fasiliteit in Vosburg het nie 'n lykshuis wat operate
nie, want dit was nie op standaard volgens Health Inspecto-
tor nie en is vir jare gesluit. Credurende die dag is
daar geen sekuriteitswagte. Afwesigheid van die professies
dra daartoe by dat die standaard van die kliniekkolles
afneem. Monitor die headcounting met alle erns.

Empower ons jeugdiges met hulp in die rigting van
verpleging. Nie almal van hulle is bereid vir online
applications nie. Ons sit vir 'n klomp jare met "waar daar
'n rokie is is daar 'n ruwtjie". Investigate asb polisioners
van pasiënte? Hulle verlooperodes? Waarom ons matikulante vir
onderwysassistentie aanhou om huiheid en afwesigheid te
bevorder en nie ons kinders beurse te gee vir onderwys nie.

SACP

Speaking notes_ National Health Insurance (NHI) bill

(September 2023)

For many years the South African Communist Party (SACP), with the support of the Alliance, and the broader movement, has been the forefront struggle for a National Health Insurance (NHI) that will be publicly funded and publicly administered to ensure good and comprehensive health care for all people, and will be free at the point of use.

This Speakers Notes, explains why need NHI to overcome the current two-tiered and unequal healthcare system in South Africa, with the majority of resources benefiting the profit-driven private sector and small section of the population, while the majority of the population relies on under-funded (and under-resourced) public healthcare. This leads to health inequalities, where wealthier individuals have better health outcomes compared to the poor. The NHI is supported by the SACP as a response to address these problems by treating healthcare as a constitutional right, ensuring universality of healthcare, promoting social solidarity, and establishing a single publicly administered NHI Fund.

The public sector should be the backbone of the NHI, and efforts should be made to strengthen it, protect the NHI Fund from abuse and corruption, and improve accountability and transparency. The funding for NHI is deemed affordable and will be implemented in phases. The opposition to NHI, mainly from the private health industry, is seen as an attempt to maintain the current unequal system. The support for NHI is also call to prioritize health over profit and to oppose austerity/ budget cuts on healthcare affecting the poor and workers.

In this country we have a two-tiered and an extremely unequal health care system, with the majority of resources benefiting the profit-driven private sector and small section of the population, while the majority of the population relies on under-funded (and under-resourced) public healthcare. In other words, the bulk of health care resources we have in this country are not brought together, but pooled apart and ultimately benefit the profit driven forces in the private health sector and a minority of the population, majority whom are relatively wealthy.

It is not morally right for access to health care to be depended on market-driven health care system which commands health care resources.

It is therefore not surprising that health outcomes of our country reflects this reality - if you are wealthy or rich you are more likely to live longer and live healthy life than when you are poor. The burden of diseases remain high and affect the workers and poor majority most.

Therefore is not the question of “ tackling the public health problem first and private health sector later”, but confronting the entire health system. Let us be clear, we need NHI to tackle many problems affecting the public hospitals, clinics, validity of doctors and nurses.

The causes of the health inequalities in our country are rooted in the existing capitalist-dominated economic system, with its extreme levels of income and wealth inequality resulting in poverty, and prioritises profits first before the people.

As the SACP, we say this this must change, our people deserve better.

This is why we support the NHI Bill now before parliament.

Principles guiding the SACP support for NHI

Through the National Health Insurance (NHI) we want to change the way we fund health care so that the bulk of the health care resources are used for the good health of all people, not just the minority. This will ultimately end huge inequalities in health care.

We support NHI Bill because it is founded on core progressive principles of:

- **Treating health care as a constitutional right, not a commodity** – meaning access to health care services cannot depend on whether you have money or not to “purchase” them.
- **Universality of health care** - meaning health care are will be comprehensive and available for all people, with primary health care as its solid foundation.
- **Social solidarity**, which requires the rich or wealthy contributing more to fund NHI, through progressive taxes and finally,
- **A single and publicly administered NHI Fund** – which will be established in law, and accountable to the people, not outsourced to profit takers.

These core principles of NHI are also one of the key reasons why we do not support the proposals that want to entrench the dominance of medical schemes in our health care system whose role feeds into profit-driven health system and privatisation of health care. NHI Bill is not supporting such proposals, makes it clear that medical schemes should be play a less role in our lives, and should not be allowed to provide services covered by NHI.

Strengthen and not weaken the public health sector!

The public sector (not the private sector) should be backbone of the NHI. But it will be a public health sector that has more resources - well funded and with sufficient doctors, nurses, community-health workers and health facilities (clinics and hospitals).

Which is why we say, **Down with budgets cuts on the workers and the poor! Down with austerity!**

We also say the proposed NHI Fund **must be protected from abuse and corruption** and ensure that there is no space for looters of public resources. This include the need to strengthen accountability and improve transparency in the workings of the NHI Fund, particularly and ensure appropriate persons are employed in its governance and management structures.

These looters of public resources, however, include those calling for outsourcing of the NHI Fund administration to private companies, in the name of “social compacts and “economic empowerment”. Parliament must reject such proposals.

To those who say “where will money come from to fund NHI?” and went on to say “NHI is not affordable”, we say this:

- **Studies show that NHI will cost less for South Africans that we currently spend as a country.** Our country as a whole (not just government) spend about 8.5% of its Gross Domestic Product on health, today nearly R600 billion. And that is a lot of money more than any country in Africa, and more than enough to provide good health care to everyone. The problem is that these resources, as we said above, are not equitably distributed and highly fragmentary, making funding for health care today unsustainable. *Through NHI we seek to pool them into a single NHI fund, which will have capacity to redistribute equitably and benefit all people at a reasonable cost.*
- **The NHI Bill clearly stipulates where sources for funding NHI will come from,** and including introduction of new progressive taxes and it is more likely that those who pay medical aid, will pay less under NHI than they pay now for medical aid.
- **NHI is affordable and will be implemented in phases. Implementation and allocation of NHI resources is not an once-off event** - it will be phased over a period of years as has been done in many other countries.

The SACP says Hands Off NHI!

Over the past 15 years, the forces that want to profit from health care needs of South Africans have been campaigning to undermine the introduction of National Health Insurance (NHI). They include some companies and prominent persons in the private health industry – including those in the medical insurance sector.

Many of the proposals they submitted to parliament on NHI Bill, seek to maintain and expand the present unequal system, simply because they stand to benefit from the current system.

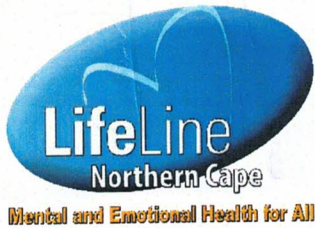
To this day, forces opposed to NHI have not been able to provide any credible and detailed proposal on how we should, as South Africans, work towards ending health inequalities and provide good and universal health care for all South Africans!

Together, we must defeat them. NHI will happen, whether they like it or not.

LET US PUT HEALTH BEFORE PROFIT!

LET US OPPOSE BUDGET CUTS ON HEALTH CARE AFFECTING THE POOR AND WORKERS.

LET US TAKE FORWARD THE STRUGGLE FOR NHI!



LifeLine Northern Cape

PHYSICAL ADDRESS

1 Lynch Road
Homestead
Kimberley, 8301

POSTAL ADDRESS

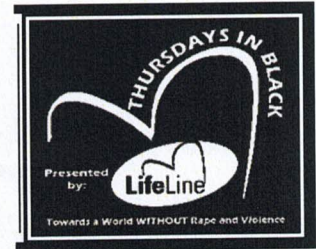
P.O. Box 93
Kimberley, 8300

Tel: 053 050 1067

Cell: 060 711 2217

Email: info@lifelinenc.org.za
Facebook: LifeLine Northern Cape

PBO 9300 499 61
NPO 132-311
VAT Ref 484 027 9451



LIFELINE NORTHERN CAPE SUBMISSION ON THE NATIONAL HEALTH INSURANCE BILL

Baseline Remarks:

The current health system in our country has failed dismally for the longest time during the democratic South Africa. We have had numerous reports and articles about poor health care services, patients sleeping on hospital floors because there are no beds, newborn babies put the in boxes because there is no incubators. The sad reality is the government has not only failed patients or beneficiaries, but they have also failed staff at health care facilities and hospitals.

What we need is for the current health system to be improved, fully resourced in all spheres and not something new introduced that would be at no help to the general South Africa like the current healthcare system. The health needs of south Africans far exceed the capacity of the health care system.

According to the 2020 Global Healthcare Index, South Africa is ranked 49th out of 89 countries in terms of health care but is one of the most expensive in the world.

Concerns

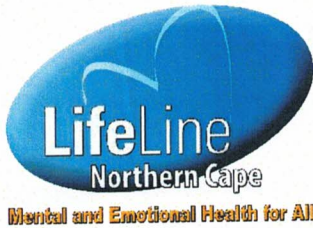
1. We as citizens of this country whether we pay tax or not would have to entrust politicians with managing these funds. The politicians of this country do not have a very good track record managing finances in this country as millions get lost in the system every year.
2. The working class would have to make a bigger tax contribution to an already high tax rate. This will affect financial freedom of the already burdened South African working class.
3. It is almost guaranteed that this programme would not be properly implemented like everything else politicians does in this country and will lead to job loses and closing of businesses in the private sector.
4. Access to health services is already a huge problem in the country. This is due to shortage of professional staff, insufficient number of beds in facilities, frequent stock-outs of medication.
5. Sourcing cheap medication does not translate into better or adequate quality of medication – funds allocated into purchasing medication by government is used for other things

Powers of fund

11.1.d Who will authorise such transactions and what will happen with profits made from these investments?

11.1.g&i The government purchases cheaper options sacrificing quality for quantity. Does this mean that

LifeLine Northern Cape



PHYSICAL ADDRESS

1 Lynch Road
Homestead
Kimberley, 8301

POSTAL ADDRESS

P.O. Box 93
Kimberley, 8300

Tel: 053 050 1067

Cell: 060 711 2217

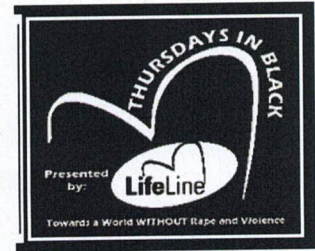
Email: info@lifelinenc.org.za

Facebook: LifeLine Northern Cape

PBO 9300 499 61

NPO 132-311

VAT Ref 484 027 9451



those who can afford quality and prefer quality would have to utilize what the government has purchased and made available?

Establishment of board

14.1 Political deployment strategies – the General public would not have any inputs on the management of this fund as they would not form part of the board.

The C.E.O of this board will be appointed by the Minister upon approval by the cabinet (ALL POLITICIANS) private sector not included.

No independent oversight is envisaged for the NHI and all power is concentrated in the Minister. Given the well-known negative consequences in South African state-owned entities of a lack of governance, little accountability and widespread financial mismanagement, this is not acceptable. The poor oversight by Government of state-owned entities in general is confirmed beyond doubt by the most recent Auditor-General's report on national and provincial audit outcomes.

Role of medical schemes

Businesses might close down which would lead to job losses in a country that has a unemployment rate of (32.9%) among the highest in the world according to STATS SA report 2022.

It is illogical to expect patients to fund the NHI through increased taxes, but then at the same time to remove their freedom of choice if they want to continue to use private medical aid for their needs, to be funded from their personal after-tax income. A logical approach would be to allow private medical schemes to continue to operate. If, as envisaged by Government, the NHI offers quality services at no cost to the patient, demand for private medical schemes will rapidly decrease, until they become redundant. However, Government is not willing to give the patient the choice, which is difficult to understand

Addressing Barriers To Access

More clarity on point 2.2.4 and 2.2.5

Chapter 2 (5) Registration as users

"A person who is eligible to receive health care services in accordance with section 4 (e) must register as a user with the fund at an accredited health care service provider or health establishment."

Does this imply that persons who are excluded from cover under the NHI are intended to be effectively deprived to state-funded healthcare services whilst the NHI intends to provide universal health care as stated in the constitution?

Prudent financial management to eliminate financial mismanagement

The 29years of the democratic dispensation has been full of corruption and financial mismanagement – what measures will be put in place to ensure that the rampant corruption does not occur? Recent example is the COVID 19 funds that were mismanaged with no accountability and consequences.

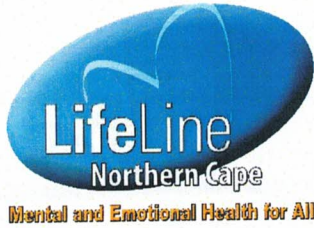
Quality health services



Stop Gender-based Violence Toll-free: 0800-150-150 | AIDS Helpline Toll-free: 08000-123-322 | Trauma Counselling Share-call: 0861-322-322

Director: Mrs BE Harker | Email: manager@lifelinenc.org.za

LifeLine Northern Cape



PHYSICAL ADDRESS

1 Lynch Road
Homestead
Kimberley, 8301

POSTAL ADDRESS

P.O. Box 93
Kimberley, 8300

Tel: 053 050 1067

Cell: 060 711 2217

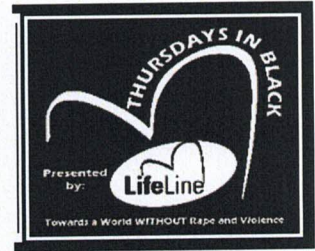
Email: info@lifelinenc.org.za

Facebook: LifeLine Northern Cape

PBO 9300 499 61

NPO 132-311

VAT Ref 484 027 9451



How will Government through the NHI ensure quality health care given the current strain and overwhelmed health care services in the country and the Northern Cape e.g. understaffing, adequate resources, emergency medical vehicles and medication?

A large, stylized handwritten signature in black ink, located in the bottom right corner of the page.

18 October 2023

This submission is delivered on behalf of AfriForum and our 313000+ members. The NHI Bill should be rejected in its entirety.

AfriForum has reviewed the Bill as it was Gazetted on the 8th of August 2019 and Amended by the National Assembly and has found it to be to the detriment of healthcare provision in South Africa, if implemented.

AfriForum's objections to the Bill are based on several key concerns, including:

- How unrealistic it is: the government does not have the financial resources to support the NHI scheme, as admitted by the Minister of Finances himself. Neither does the Department of Health possess over the necessary healthcare infrastructure
- Excessive powers to the Minister of Health: the NHI Bill contain too many clauses which allow the Minister to make arbitrary decisions regarding healthcare provision.
- Alack of details: the Bill does not contain enough information on when and how the NHI will be implemented, what it will cost, and who will staff it.
- Brain Drain: AfriForum warns that the scheme will drive healthcare professionals out of the country.
- The political motivation of the Bill: the NHI proposal is clearly more about politics and ideology than about improving healthcare for the poorest and most vulnerable people.
- Alternative Systems: Instead of a government-controlled system, AfriForum suggests that a mix of public and private healthcare will be more effective. The focus should be on deregulation which will promote healthcare entrepreneurship and create job opportunities. Community-based healthcare solutions stand a better chance of improving healthcare provision than centralised decision making.
- Economic Growth First: the government should focus on economic growth and on solving the problems in the existing healthcare system rather than on rolling out a program like the NHI. The money that would have been spent on the NHI, will be much better spent if used to repair and improve existing public hospitals, which are failing.
- Constitutional infringements: The Bill and the scheme it represents infringes a variety of constitutional rights, including the right to healthcare and the right to freedom of trade, occupation, and profession.

The NHI will be an expensive disaster that doesn't actually improve healthcare for South Africans. The vast majority of the available research and analysis indicates that the NHI will be a costly and destructive failure. We therefore urge the National Council of Provinces to reject the Bill before it leads to devastation of healthcare in South Africa.