# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1466**

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**(INTERNAL QUESTION PAPER NO. 15)**

**Ms N N Chirwa (EFF) to ask the Minister of Health:**

In light of the fact that his department has reiterated its stance and position on the National Health Insurance being a gateway to clear the way for universal healthcare coverage in the Republic, and noting that numerous remote areas in rural township and informal settlement areas do not have adequate exposure to both public and most private healthcare facilities, how does his department intend to develop healthcare coverage and access in remote areas without a fair and cosmopolitan spread of healthcare facilities? **NW1694E**

**REPLY:**

National Health Insurance (NHI) describes a totally reformed health system that strives to achieve equity in provision of services. The objective it to achieve Universal Health Coverage where every person gets the health care that they need, when they need it, where they need it and without incurring any financial hardship. NHI is designed to redress some of the worst inequities that characterize the South African health system. These inequities continue to significantly affect the most vulnerable, poor sections of our society, especially those that reside in rural, far-flung areas that continue to struggle to access and utilize needed health services.

It is because many communities, both remote areas and those who live in townships and informal settlements of urban areas, have poor access to health services that we need the NHI.

As the Bill provides for the NHI Fund will be mandated to use strategic purchasing to develop healthcare coverage and access that is equitable. This includes purchasing services from private providers whose facilities are in close proximity to communities that can presently not use those services. It also means changing the way that services are paid for so that providers find it more attractive to move to areas that are presently inhospitable to them because there is no advantage over working in an established urban community.

The introduction of capitation payments and contracting units for PHC will systematically shift resources to communities where resources are presently well below average and are unacceptable. Using a single set of benefits and common formulary the system will reduce overheads and duplications and make more of the existing funds available for services rather than administration and profit-taking.

These provisions are clear in the NHI Bill which has reached the point of the vote in the National Assembly.

The National and Provincial Departments of Health continue to implement a number of interventions directed at maintaining existing infrastructure (clinics, hospitals, CHCs, etc.); refurbishments as well as the commissioning of new ones to address quality and related challenges, with a strong focus on facilities located in mainly rural and disadvantaged areas.

The National Department of Health embarked on the development of a Health Integrated Portfolio System (HIPS) or previously known as the Ten-Year Infrastructure Plan. The system utilised Geographic Information System (GIS), topographical data, locations of current and future planned facilities, demographics and the road networks, to determine accessibility gaps. Projects identified via the gaps will be prioritised and executed as per the normal health infrastructure planning and delivery cycles. This will provide an objective tool to prioritise investments in Health Infrastructure. The first draft of the tool is already expected within the 2023/2024 financial year and will be utilised to guide allocation of funds hence forth. Further to the above the Department is focusing on addressing maintenance, refurbishment, upgrades, and/or replacements as well as new infrastructure in remote rural areas and informal settlements in preparation for the implementation of NHI.

END.