



SOLIDARITY
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Healthcare workers' knowledge, insight and opinion of the proposed National Health Insurance (NHI)

Nicolien Welthagen

Research Psychologist: SRI

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Overview

This research report pertains to the research conducted by the Solidarity Research Institute (SRI), in July 2023, following three prior studies conducted in July 2018, October 2019, and August 2021. The research involved Solidarity members, in particular those who are members of Solidarity's professional network for the medical sector.

BACKGROUND: The National Health Insurance (NHI) is a matter that significantly affects healthcare practitioners and the general public. As part of Solidarity's continued opposition to the implementation of the NHI, the Solidarity Movement is involved in ongoing input and commentary on the NHI.

OBJECTIVES: The primary aim of this research was to evaluate healthcare workers' perspectives, knowledge, and capacity to accommodate the NHI.

METHOD: The research follows a mixed qualitative/quantitative research methodology, and the sample can be considered a non-random convenience sample. Atlas, SPSS, and Excel were used for data analysis. This report encompasses the research conducted by the Solidarity Research Institute (SRI) in August 2023 (N=104) and three previous studies conducted in, July 2018 (n=311), October 2019 (n=651) and August 2021 (n=448). A broad range of medical professions were covered.

RESULTS: The findings of the 2023 study corroborate, confirm, and deepen the findings of the 2018, 2019, and 2021 studies. The findings indicate substantial mistrust and resistance towards the government's plans for implementing and managing the NHI. According to the results of this report, respondents do not believe that the NHI will enhance the healthcare system and service delivery, nor do they trust that the government or the Department of Health have the capability to successfully implement and manage the NHI. In their view, the implementation of the NHI could destabilize healthcare in South Africa and undermine the quality and high-standard service already provided by the private sector.

CONCLUSION: The inferences of this research indicate substantial scepticism and opposition concerning the government's intentions to establish and manage the NHI. As per this report's outcomes, respondents remain unconvinced that the NHI will enhance the healthcare system, improve service delivery or provide equal access to quality healthcare in South Africa for all its citizens. Furthermore, there is a lack of faith in the government and the Department of Health's capabilities to effectively execute and oversee the NHI. Respondents argue that the NHI's implementation could potentially destabilize healthcare in South Africa and undermine the superior quality services currently delivered by the private sector. Given the prevalent mistrust and cynicism, as well as very low levels of endorsement and support for the NHI among healthcare workers, it is an

exceedingly costly project likely to face significant challenges. Solidarity strongly opposes the establishment of the NHI and the centralisation of South Africa's healthcare system.

I submit this research report in support of the applicant's position, which seeks to address the concerns arising from the NHI's proposed implementation and its potential ramifications on the healthcare sector in South Africa.

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Introduction

The NHI is a matter that significantly impacts healthcare practitioners and the broader public. The government contends that quality healthcare is currently accessible and affordable solely for affluent individuals, while those of lesser means encounter barriers to accessing similar services and high-quality care. The NHI proposes to establish a centrally regulated national health fund that endeavours to provide essential healthcare and universal coverage to all South Africans, thereby promoting health equity. This health fund envisions the State as the principal purchaser of healthcare services within South Africa, financed, in all likelihood, through contributions from taxpayers and other Treasury means, not yet clarified. The phased implementation plan for the NHI extends until 2026.⁶

The NHI Fund achieved approval from the Portfolio Committee on Health in May 2023, and subsequently obtained endorsement by the majority of the National Assembly in June 2023. The NHI legislative proposals are currently undergoing deliberation within the National Council of Provinces (NCOP). The bill shall then proceed to the nine Provincial Legislatures, each of which is obligated to initiate a public consultation process. Should the NCOP ratify the bill without modifications, it shall be presented to President Cyril Ramaphosa for final authorization into law.⁷

Full implementation of the NHI necessitates a comprehensive, sanctioned budget from the National Treasury, which is yet to be formulated. The most recent annual budget announcement, presented by the Minister of Finance in February 2023, did not incorporate specifics regarding NHI funding.⁴

Substantial uncertainties and inquiries persist regarding the mechanisms of funding and structure for comprehensive medical coverage. Additionally, questions arise concerning the medical conditions to be covered and their extents, the monthly contributions expected from taxpayers, the fate of existing medical funds, and the frameworks and contractual relationships with healthcare practitioners.

Solidarity, in its capacity as an advocacy organization and labour union, conducted extensive surveys among healthcare workers across South Africa. The aim of these surveys was to ascertain the level of awareness among healthcare professionals about the proposed NHI, gauge their opinions on the matter, assess their readiness to adapt to the proposed changes, and determine their level of preparedness in aligning with the objectives of the NHI. By undertaking these surveys, Solidarity seeks to gain clearer insights and strategic understanding, thereby enabling informed support and protection of its members and fellow South Africans in light of the forthcoming developments, tied to the NHI.

Methodology

This study employed a descriptive survey methodology, utilizing a blended approach of both quantitative and qualitative design and data processing methods, thus manifesting a mixed-methods design. It can be characterized as an exploratory study that sought to probe and comprehend the prevailing views of healthcare workers regarding the NHI.

A non-random convenience sample was utilized by inviting healthcare practitioners to participate in the study. A total of 1 514 respondents contributed to the body of research across the four distinct studies conducted between 2018 and 2023. These studies collectively represent a comprehensive data set, unveiling insights that demonstrate remarkable consistency across the five-year span under investigation. It is pertinent to note that the same questionnaire was consistently administered throughout all three iterations, with the exception that the 2021 questionnaire incorporated supplementary inquiries concerning the government's management of the Covid Pandemic and the vaccination campaign.

To navigate the intricacies of data analysis, a suite of robust tools was employed. Specifically, the qualitative data analysis was facilitated through the utilization of the ATLAS program, enabling a nuanced and detailed examination of content. The quantitative data, on the other hand, was meticulously processed with the aid of the IBM SPSS (Statistical Package for the Social Sciences). This holistic approach to data analysis contributed to a comprehensive understanding of the research findings.

Throughout the course of analysis, it is important to underscore that the findings derived from all four studies mutually reinforced one another, thereby bolstering the credibility and reliability of the outcomes. The constancy of results over this sequential span serves as a testament to the robustness of the research's underpinning methodology and the stability of the conclusions drawn.

The margin of error (MOE) was calculated for the four surveys conducted over a five-year period with a combined sample size of 1514 participants. By calculating the MOE at a 95% confidence level, this research seeks to shed light on the precision of results obtained from survey data.

In survey-based research, the margin of error is a pivotal parameter that quantifies the degree of uncertainty associated with sample-based estimates. The significance of the MOE is evident in its ability to provide researchers and policymakers with a clearer understanding of the range within which a population parameter is likely to lie and if a sample result is a true reflection of the population.

Using the formula for MOE, which accounts for the standard deviation, sample size, and chosen confidence level of 95%, the margin of error for the sample is 0.038¹. This implies that the range around each survey's reported estimates—such as means or proportions—is expected to encompass the true population parameter with 95%

¹ The MOE for each study independently was calculated: 2018 (0,084); 2019 (0,062); 2021 (0,072) and 2023 (0,11)

confidence. In other words, the actual population value is likely to lie within ± 0.038 units of the reported survey results.

The small MOE of 0.038 underscores the reliability of the methodology and the accuracy and credibility of the study outcomes. Stakeholders can have confidence that the survey results are credible, and that informed decisions can be made based on this information.

This detailed explanation of the research methodology and data analysis serves to fortify the foundations upon which the research findings are presented and advocated. The thorough approach undertaken underscores the meticulousness with which the research was conducted, thereby lending credence to its pertinence within the context of the legal proceedings.

Results

Demography

This section pertains to the demographic profile and professional distribution of respondents, as disclosed through the course of the study in question. Respondents were required to provide details concerning their gender, age, area of expertise, and the province within which they are employed.

The survey included participation from both genders, with women constituting the majority at 55.4%, and men accounting for 44.5% of the respondents. A substantial portion of the participants, comprising 76%, are aged 41 years or above, indicating a significant presence of experienced practitioners. Geographically, half of the respondents (50%) are residing in Gauteng, while 20% are situated in the Western Cape.

In terms of professional specialisation, the study provides a diverse array of medical practitioners. Notably, 30% of respondents identify as general practitioners, and 23% are medical specialists. Nursing staff constitutes 11% of the respondents, with the remaining 29% encompassing a diverse range of medical fields, classifiable under the "other" category, reflecting a comprehensive compilation of varied medical personnel, including dentists, dental hygienists, psychologists, psychiatrists, radiologists, radiographers, optometrists, dietitians, paramedics, medical scientists, physiotherapists and audiologists.

The workplaces of the respondents further illuminate the spectrum of healthcare settings. A majority of respondents are affiliated with private practices, comprising 44% of the sample. Private hospitals employ 22% of respondents, whereas 13% are engaged in state hospitals. A subset of 7% operates within private clinics, embodying a broad distribution of practice environments.

This comprehensive elucidation of the demographic composition and professional distribution of respondents serves to accentuate the diverse and substantial nature of the sample under consideration.

Knowledge of the NHI

The Green Paper (August 2011) on the NHI, the NHI White Paper (December 2015) as well as the revised NHI White Paper in June 2017, the NHI Bill, which legislates for the formation of the NHI Fund, in 2018 and the NHI Bill (2023) (<https://www.health.gov.za/nhi/>) are characterised by vagueness and dearth of substantive details concerning the scope, mechanics and execution of the NHI^{3,12}. It accentuates the comprehensive contemplation,

strategic planning, and implementation efforts that are yet to be undertaken before the anticipated conclusion in 2026 – the early stipulated date for the full implementation of the NHI.

The participants were questioned about their general understanding of the NHI. The following discussion outlines the findings pertaining to respondents' awareness levels concerning the NHI as well as the trajectory of awareness levels among healthcare professionals over the five-year period pertaining to the study.

A discernible trend is observable in the data, revealing that healthcare workers have, over the past five years, exhibited a heightened level of awareness concerning the NHI. The data indicates that a substantial proportion of respondents, specifically 79.4%, possess a well-informed understanding of the NHI. This statistic presents a notable contrast when compared to the figures from the years 2018 (54.4%), 2019 (67%), and 2021 (59.1%), where the percentages of those demonstrating sufficient or commendable knowledge of the NHI were notably lower.

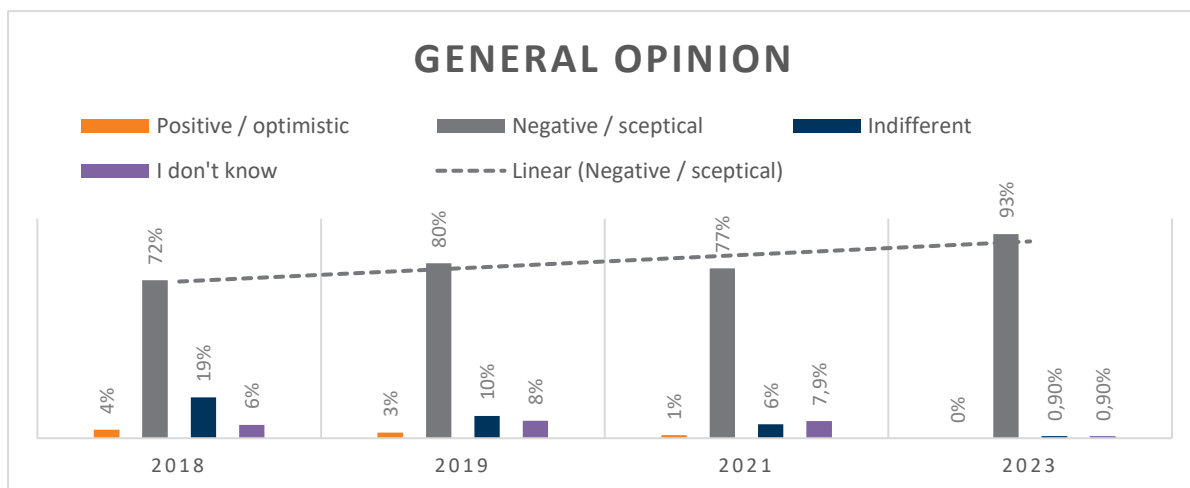
Evolution of respondents' perceptions regarding the NHI

This part of the report outlines the research findings pertaining to shifts in respondents' perceptions regarding the NHI across the timeline encompassing the years 2018, 2019, 2021, and 2023. These findings have been astutely analysed to detect trends in perception over the stipulated five-year duration.

A discernible trend emerges from the data, indicating that the majority of respondents have progressively adopted a more negative and sceptical outlook toward the NHI during the course of the five-year period. This shift is demonstrated by a noteworthy 21% surge in negativity observed from the initial year of 2018 to 2023.

This presentation of research results encapsulates the evolving sentiment of respondents regarding the NHI. Graphical data in Figure 1, underscores a marked increase in scepticism and negativity established over the aforementioned timeframe.

Figure 1 Perception regarding the NHI



Views on the implementation of the NHI

The ensuing discussion encapsulate the discerned apprehensions and sentiments expressed by respondents with respect to the implementation of the NHI.

Nearly the entirety of respondents, specifically 99.0%, demonstrate deep-seated concerns regarding the government's competence in administering and managing the NHI. A further 94% of respondents have profound concerns over the government's capacity to execute timely and effective remuneration to healthcare practitioners.

The impending administration and oversight of funds, alongside decision-making prerogatives, lie squarely within the scope of the government. Respondents' viewpoints are heavily influenced by perceived instances of mismanagement, deficient administration, and the years-long regression witnessed within existing state hospitals, clinics and other state institutions, exemplified by entities such as Eskom, SAA, Denel and the SABC. As an illustration, Maroela Media¹ reported in July 2023 that, within the year 2022 alone, inadequate infection control measures and substandard hygiene led to infections contracted by 7,457 patients in Gauteng state hospitals.

The scope and complexity of the NHI, servicing a populace exceeding 60,6 million individuals while overseeing manifold contracts and operations, magnifies the concerns expressed. Peirru Marx, Solidarity's medical sector coordinator (Personal interview, August 22, 2023), emphasizes not only apprehensions about anticipated mismanagement and corruption but also a palpable anxiety surrounding the enterprise.

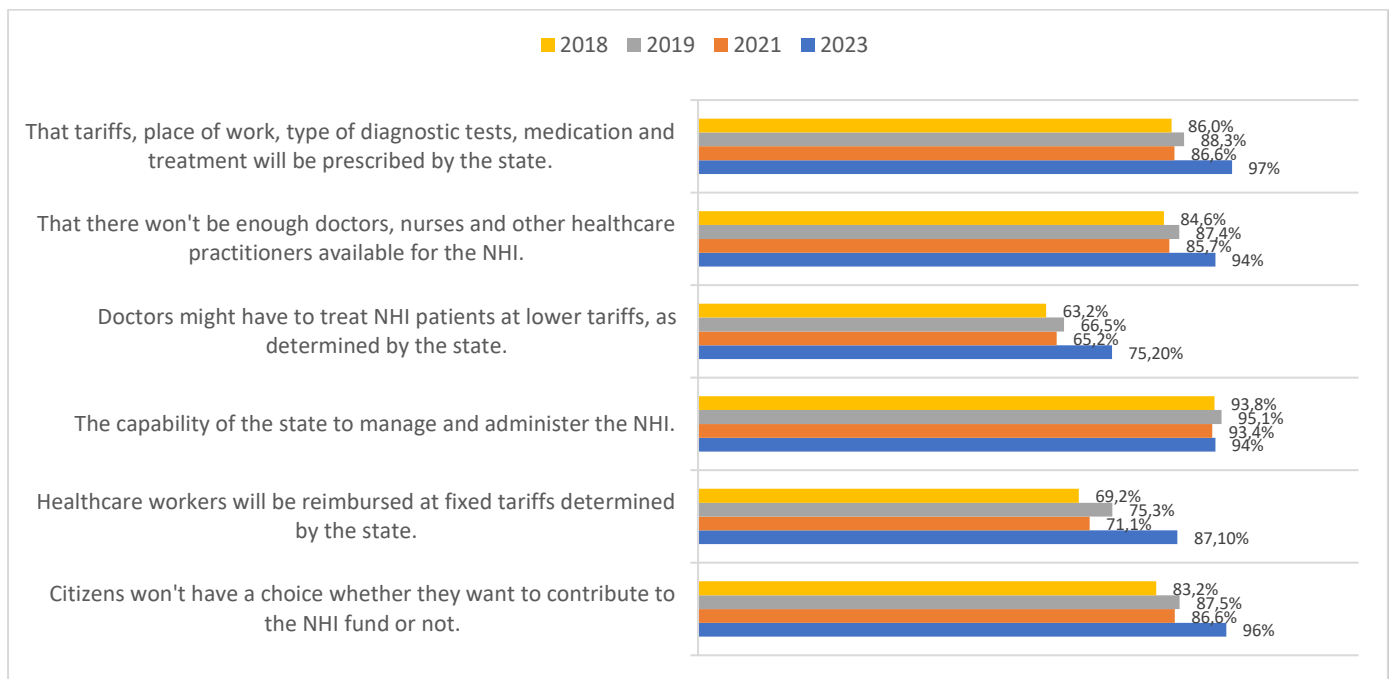
A significant majority, or 97%, of respondents hold intense concerns regarding the government's capability to stipulate and enforce rates, workplace locations, nature of diagnostic tests and categories of medication and treatment. The comprehensive state oversight empowers the government to regulate consultation fees, determine requisite equipment and medication, prescribe diagnostic tests and delineate workplaces for medical practitioners.

A notable proportion, 94%, of respondents is gravely concerned about shortages in healthcare service providers. An overwhelming consensus, 96.9%, express profound reservations about the centralization of healthcare authority under the watch of the Minister of Health. This centralized authority extends its power over all healthcare institutions within South Africa, encompassing the private sector as well.

The NHI will be mandatory for all citizens and legal immigrants. The majority of respondents (96%) are deeply concerned about this. In conjunction with this, the overarching apprehension looms that centralizing healthcare authority inherently translates to control over the entire spectrum of healthcare establishments within South Africa, spanning both the public and private domains.

A discernible pattern emerges (figure 2), revealing an average escalation of 12.8% among respondents who have evolved into holding deep-seated concerns over varying facets of the NHI during the elapsed five-year span.

Figure 2 Apprehensions and sentiments pertaining to the NHI.



Impact on healthcare workers and the public.

While a significant proportion of 58.4% of respondents, acknowledge the steep cost and unaffordability of medical funds for the majority of South Africans, a profound 94% express a resolute conviction that the NHI's enactment could prompt private healthcare practitioners to depart from South Africa. Equally noteworthy is the sentiment held by 94% of respondents, steadfastly believing that the successful implementation of the NHI is improbable. Additionally, 89% share the conviction that the NHI carries the potential to destabilise the existing healthcare infrastructure in South Africa.

Evidencing the perception of stakeholder engagement, only a mere 3% of respondents believe that the government has satisfactorily consulted with stakeholders and accorded them an opportunity to contribute to the design and planning of the NHI.

Furthermore, a prevailing opinion among respondents, totalling 93%, is that the NHI will not foster improvements in service delivery and overall healthcare standards within South Africa. The sentiment that all citizens will enjoy access to affordable, high-quality healthcare under the NHI is endorsed by a mere 2.9% of participants.

Within the context of the proposed subsidy-based system, 84% of respondents express reservations, asserting that the proposed system lacks fairness and equality. A notable 68.7% of respondents dispute the assertion that healthcare workers possess the requisite resilience, adaptability, and ingenuity necessary to navigate the novel demands that the NHI would introduce.

The willingness to engage collaboratively with the government in forging a sustainable NHI finds support from just 18.8% of respondents. Merely 1.9% express readiness to travel or work in alignment with state-dictated requisites. While 36% agree that everyone has the right to the same healthcare regardless of their financial contribution, 38% express non-concurring sentiments.

This portrayal of respondents' perspectives serves to underscore the multifaceted array of viewpoints surrounding the proposed NHI, encapsulating the concerns, doubts and convictions held by healthcare professionals within South Africa.

Views on emigration, and professional autonomy

The ensuing discussion captures pertinent research findings concerning the outcomes of National Health Insurance (NHI) pilot projects, and the collective concerns raised by healthcare professionals as well as healthcare workers' perspectives on emigration.

The implementation of NHI pilot projects³ across 11 health districts in South Africa between 2012 and 2017 merits scrutiny. These endeavours incurred a cost of approximately R4 billion, yet the conclusive results revealed a lack of noticeable enhancement in healthcare services. This can be attributed to deficient infrastructure, insufficient equipment, unfilled positions, a shortage of healthcare personnel, and inadequate financial management and planning. A focused study encompassing 55 out of 75 medical practitioners across 17 clinics probed their post-pilot project experiences. The study revealed that over 60% of respondents doubted the NHI's capacity to elevate service quality, with most expressing reluctance to function within the NHI framework.

A specific NHI pilot project conducted at a Gauteng-based hospital⁵ identified shortcomings including equipment shortages, dilapidated infrastructure, inadequate NHI-trained healthcare personnel and a lack of present-day medical technology. These deficiencies, together with the insufficiency to address patient needs and modern medical advancements, collectively cast suspicion on the viability of NHI implementation.

Four central factors⁸ emerge as potential destabilizing agents for the South African healthcare sector:

- Shortages of specialized personnel, doctors, nurses and healthcare workers.
- NHI's financial management.
- Procurement and equitable distribution of medical supplies and equipment.
- Maintenance of critical infrastructure and equipment.

The media has prominently featured accounts of scarcity in well-trained healthcare professionals, physicians, specialists and equipment. Unattended infrastructure and equipment maintenance coupled with negligence claims⁹ amounting to substantial sums of R105,8 billion (2021), which have been brought against the State within the public healthcare domain. While certain claims allege corruption, the overarching consequence is impaired service delivery, particularly if this trend persists.

The foundation upon which the NHI rests is fraught with uncertainty. The fundamental inquiry arises: Under the NHI paradigm, by whom will medical practitioners be employed? An unresolved question looms—shall all be engaged by the NHI or compelled to enter into contracts with the government?

Pertaining to the query regarding respondents' inclination towards emigration, it is noteworthy that 19% of respondents (20.8% in 2019 and 13.7% in 2021) acknowledged their initiation of emigration processes. Moreover, an additional 47% of respondents (41.6% in 2019 and 35.9% in 2021) indicated their intent to commence emigration endeavours once the NHI is established.

Evidently, a comprehensive 90.9% of respondents contend that medical professionals should have the autonomy to operate within private practices, exercising their prerogative to determine the nature and scope of their work. The consensus resonates with the sentiment that political influence should not encroach upon their professional choices.

The qualitative responses gathered from the survey substantiate the conviction that healthcare practitioners seek the liberty to opt for their employment environment and patients, free from political interference or prescription. Their stance is founded on the conviction of the inherent right to choose. Several cited remarks, endorse this perspective:

- *Doctors, like all citizens, must have the freedom to choose their workplace, their hours, and their working conditions. We are not the State's plaything.*
- *It is a doctor's own choice for whom he wants to work. Either private or for the state.*
- *A doctor should be able to choose for whom he wants to work. For himself or as an employee in a private institution or even for the State.*
- *A doctor should be able to choose for whom he wants to work. For himself or as an employee in a private institution or even for the State.*

Preparedness to accommodate NHI objectives

The forthcoming implementation of the NHI mandates uniform healthcare provision across medical practices, clinics and hospitals, free of patient payments or co-payments for services. It is anticipated that this transition will profoundly impact the private medical sector, potentially yielding adverse ramifications for the broader economy of South Africa.²

The prevailing sentiment among respondents indicates a considerable gap in their preparedness to align with NHI objectives. While 38% of respondents possess requisite knowledge and competencies pertaining to fundamental healthcare, and 41% exhibit aptitude in community healthcare, the availability of apt administrative

knowledge and skills is claimed by a mere 8.7%. Similarly, a mere 3.8% contend that they potentially possess the necessary infrastructure to support NHI requirements. Notably, respondents unanimously refute the availability of sufficient time to accommodate NHI demands, and only a marginal 1% anticipate adequate administrative personnel to support the transition. A modest 15% embrace some measure of willingness to accept reduced tariffs, or a partial reduction thereof.

The pervasive uncertainty prevailing among respondents is indicative of their dilemma in evaluating their present state of readiness to align with NHI objectives. The overarching lack of lucidity concerning the anticipated impact of the NHI on medical practices, clinics and hospitals contributes significantly to the prevailing doubt.

Comments

The respondents were asked to provide comments and suggestions in the questionnaire. Through qualitative content analysis of the respondents' verbatim text responses, themes emerged from the data, which are discussed below in order of importance. The discussion captures the profound apprehensions expressed by respondents regarding the NHI, with a specific focus on concerns surrounding corruption and the fact that they view the NHI as unfeasible and that its implementation needs to be halted at all cost.

Theme 1 Corruption

The foremost apprehension voiced by respondents pertains to the omnipresent shadow of corruption. The respondents conclusively hold the conviction that the NHI is ripe for the escalation of corruption. This lack of faith in the government's capacity to establish and administer the NHI ethically and dependably is unequivocal. Corruption emerges as the principal stumbling block attributed to the NHI's viability, notably exacerbated by its prevalence within every state-controlled entity.

The respondents' resounding consensus is that corruption will infiltrate the NHI system, with potential misuse, misallocation and self-enrichment by government officials. This perception is rooted in the respondents' assessment of the government's inclination to exploit government funds for self-serving motives.

The respondents contend that corruption lies at the crux of the impending NHI's potential downfall, with far-reaching financial repercussions. This prediction suggests that the NHI is set to evolve into a demanding financial burden for both the South African populace and taxpayers. The connection between corruption and the envisaged NHI system, as perceived by the respondents, is undeniably held as the enabler for the initiative's anticipated failure.

The depiction herein explains the overarching concerns of corruption, producing scepticism and a palpable absence of trust in the government's stewardship of the NHI. The respondents' viewpoints thus underscore the significant negative legal and practical ramifications implicit in the apprehensions held towards the forthcoming NHI system:

- *I can't even trust the government with a pothole. Everything in the NHI will look like every dilapidated state clinic within months, rotting and stolen.*
- *The State doesn't have the finances, capacity, expertise, and/or honesty for something of this magnitude. It's just another avenue for corruption.*
- *Just another scheme for the corrupt government to get their claws on a large pool of money!*
- *It's a new form of discrimination and money theft.*
- *NHI is a monstrosity and just another cash-cow for corrupt politicians and government officials!*
- *Everything the State is involved in collapses due to corruption, incompetence, and political agendas. ESKOM, SABC, Denel, SAA, to name a few examples.*
- *The NHI is just another way for the government to steal money and completely cripple the private sector. They don't care about any citizen's access to medical help.*
- *As a healthcare worker with passion and love for the profession, one wishes that all in our country would be granted equal medical treatment, free from financial restraints. If we lived in a corruption-free country, I would have voted yes for NHI. But this plan that's been concocted is solely designed to fill the pockets of a few individuals in high positions while the country's medical services infrastructure suffers. The mere fact that state hospitals and clinics are in the deplorable condition they are in is an indicator of what lies ahead for ALL medical institutions in the country if NHI were to be realized. Competent medical personnel will immigrate, as well as professional individuals who contribute to taxes in a country that doesn't want to be trapped in corruption and a failing medical system.*
- *Many medical specialists = many politicians = serving Mammon. Who lives in the biggest houses and drives monstrously large vehicles, e.g. even within the State. At least private hospitals are well organized, adequately resourced, and have quick turnover (no waiting lists).*
- *BEE and one-sided 'African' racism must also be favoured or promoted in this system (through future legislation). Create deep and repetitive issues.*
- *It won't work in this communist country. Only more corruption will follow.*
- *It's going to be a mess... Steal, steal, steal.*

Theme 2 The NHI cannot work.

The following results summarises the profound reservations conveyed by respondents. Their perspectives, provide a comprehensive view of apprehensions pertaining to feasibility, sustainability and the potential repercussions of the envisaged NHI system.

Predominantly, the respondents adopt a firm belief in the implausibility of the proposed NHI. Beyond the pervasive concerns over corruption, the lack of essential factors such as funding, skilled personnel, robust infrastructure, and expertise surface as primary deterrents. The respondents further advance the argument that the financial onus carried by a limited segment of taxpayers, contrasted with a substantial proportion contributing minimally or not at all, renders the NHI financially untenable. A contention uniformly advanced is that this proposed model of national healthcare, albeit somewhat functional in First World nations, cannot be viably transferred to a Third World country like South Africa. Their perspective is underscored by their lack of faith in the effective management of the existing state-controlled healthcare entities.

An envisaged consequence of the NHI, as perceived by the respondents, is its potential to undermine the private healthcare domain, thereby compromising the existing quality of private medical services. It is their assertion that the public healthcare system as it existed before 1994 could not be maintained up to now. The prevailing state of public hospital- and clinic infrastructure, marred by questionable quality, provokes scepticism regarding the government's capacity to deliver high-grade healthcare services on a nationwide scale. The respondents contend that the aspiration of universal quality healthcare, provided at no cost, appears unattainable in their assessment. Furthermore, the respondents maintain that the proposed NHI is fundamentally flawed and destined for failure, rendering it an exercise in futility:

- *The NHI is ill-conceived and politically driven.*
- *NHI is a vile idea.*
- *Medical funds are expensive. But I don't see any potential for State healthcare. The black population is TOO LARGE. Just look how long people have to wait for surgeries. Look how deteriorated state hospitals become. No, we'd rather move to Orania, build hospitals there. Or get land here or somewhere for us... Most white people are already depressed about ESKOM and poor general services. What future waits for our only 2 grandchildren? Please, give attention to the justice system and Safety and Police Force.*
- *I feel that it's unfair that the working person not only has to care for their own family but with the NHI, we won't just have to contribute to the health of other unemployed individuals, but it will also mean bringing home a smaller salary! It's ridiculous!*
- *Orthotics and prosthetic field will collapse. The government can't supply prosthetics at this stage, how will the backlog look then.*
- *Doomed to failure.*
- *State hospitals, with a few exceptions, have unacceptable standards. We are not a progressive population and have no competent officials. The ANC shouldn't compare us to European socialist success stories.*
- *The implementation of National Health Insurance (NHI) will not work in South Africa!*
- *State healthcare is mismanaged, and facilities are poor. The State can't effectively execute their mandate regarding service provision. A privatization model for services needs to be created. There are examples of this in, for instance, America.*
- *I am deeply concerned. Not only as a practitioner but more as a patient. I refuse to hand over my care and access to treatment to the government.*

Theme 3 Fight the NHI

The respondents believe that everything possible must be done to fight the NHI at every feasible level.

- *Nationalization of private businesses (medical practices, insurance, private hospitals, pharmaceutical companies) must be fought in court, as other private sectors will be nationalized thereafter.*
- *Stop the madness!*
- *Fight it as far as possible!*

Comment from Solidarity's professional network for the medical sector

This part of the report serves to summarize the relevant insights gathered through an interview conducted with the sector coordinator and two representatives from Solidarity's medical sector network (Personal interview, August 22, 2023). These representatives, have extensive knowledge and experience in the healthcare domain and have been instrumental in engaging with healthcare workers across diverse settings, comprising state institutions, private practices and private entities.

The observations made by the aforementioned representatives, during their meetings and communication with healthcare professionals, underscore several pivotal points, which are presented herewith:

- a. The medical sector is bearing witness to a notable surge in healthcare workers affiliating with Solidarity's professional network. This surge stems from the pressing necessity for a structured, proficient and reliable entity capable of initiating legal actions and other measures to counteract the NHI.
- b. An evolving awareness is noticeable, wherein there is a growing realisation that proactive opposition against the NHI is imperative for its prevention.
- c. Healthcare practitioners routinely grapple with corruption, deterioration and mismanagement prevalent within the public healthcare system. Instances of critical staff shortages, patients deprived of essential medications due to unavailability, extended waits for necessary medical devices such as hearing aids and obstacles to relatively straightforward medical procedures like glaucoma surgery, due to a shortage of specialists.
- d. Healthcare workers within state hospitals and clinics operate under strenuous conditions characterised by inadequate functional equipment and severe staff deficiencies.
- e. Healthcare workers are seriously concerned about the government's ability and competence to manage the NHI. Trust in the government has eroded to the extent that they believe the government has

made no effort to improve the current public healthcare system and that ANC corruption and incompetence have destroyed the system. While South Africa has a public healthcare system, it is neither maintained nor upgraded. Despite the widely recognised decline and appeals to address it, nothing has been done for years. How can an entirely new system be sustained without corruption, mismanagement, waste, and neglect?

f. The scepticism surrounding the NHI is augmented by the absence of earnest undertakings to rectify the existing public healthcare system. This absence of action, coupled with perceptions of political agenda prioritisation over genuine healthcare concerns, intensifies doubts regarding the viability of the NHI.

g. Healthcare workers are not just afraid but now also anxious, realising that the NHI will not work and worrying about the care their patients will receive, as well as the future of their own professions and practices. They state that it is their patients' constitutional right to expect good healthcare. They want to know if the NHI can provide access to quality healthcare for everyone, if there will be sufficient medical supplies, if facilities will be clean and well-equipped, and if there will be enough experienced and skilled work force.

h. An important trend among healthcare workers, particularly those nearing retirement, is a contemplation of practice cessation. Additionally, a segment of healthcare workers is contemplating alternative professional pursuits due to apprehensions about the viability of operating under the NHI.

i. Specialists are particularly concerned about their role in the initial phase where the NHI will focus on community health. For example, how would a plastic surgeon obtain their certificate of need and register their practice if their services are not needed in the initial phase of the NHI?

j. Healthcare practitioners, including doctors and specialists, are concerned about the government prescribing treatment protocols, diagnostic protocols, and treatment schedules. They fear the bureaucratic red tape to get approval for diagnosing or treating patients with unique or rare medical conditions or needing scarce medication.

k. In the confusion over the detailed planning, rollout timelines, and costs of the NHI, specialists, doctors and nurses are increasingly considering options for their future. Many prefer to make plans ahead of the NHI implementation. More and more are exploring the option of possibly emigrating. For example, healthcare workers from South Africa are exempt from recertification in Canada¹⁰, as they have qualified as South African doctors and nurses.

l. Medical professionals advocate for the refurbishment of the existing public healthcare system as a more pragmatic alternative, free from undue political interference and corruption.

Discussion and conclusion

The conclusion captures the fundamental views and opinions extracted from healthcare practitioners participating in this research study. The viewpoints articulated here serve as a testament to the prevailing sentiments of healthcare professionals and the profound implications these views bear on the implementation of the proposed NHI.

The NHI Bill, as it stands, is beset with constitutional challenges, legislative insufficiencies, and clauses deemed impracticable and unattainable. Of paramount importance, healthcare practitioners harbor a notable lack of support for its impending implementation.

The comprehensiveness of healthcare practitioners across a myriad of healthcare domains who engaged in this research lends credence to the verifiability and consistency of the findings across successive studies conducted in the years 2018, 2019, 2021 and 2023. These findings collectively reiterate themes of pessimism and opposition towards the proposed NHI, underscoring the strength of the sentiments expressed.

The unequivocal opposition of healthcare workers within South Africa is unambiguous. The opposition is characterised by concerns about various facets of the proposed NHI, spanning from its foundational principles to its operational modalities.

The trajectory of knowledge evolution and awareness among the respondents vis-à-vis different dimensions of the NHI reflects noteworthy trends. The proportion of respondents affirming their knowledge about the NHI has grown progressively over time. In 2018, 2019, and 2021, the collective average of respondents claiming to be well-informed stood at 60.2%. This figure ascended to 79.4% in the 2023 survey.

Similarly, respondents' attitudes towards the NHI have followed an identifiable trajectory towards heightened scepticism and negativity over time. Over 90% of respondents hold grave reservations about the government's competence to oversee and administer the NHI. An overwhelming consensus among respondents is that the potential impact of the NHI on healthcare workers' careers, South Africa's healthcare system and public healthcare quality is a source of considerable concern.

Almost everyone (97%) is seriously concerned and sceptical about state intervention and centralisation of decision-making in terms of the State prescribing their rates, protocols and work location, and that these measures can be enforced. They are further concerned that their own choices regarding treatment, patient load and medication can be restricted and that they and their patients won't have a choice about whether to belong to or contribute to the NHI.

The threat of emigration looms large, with 19% of respondents already initiating steps towards departure and 47% contemplating emigration upon NHI implementation. Furthermore, only a mere 18.8% are willing to collaborating with the government to formulate a sustainable NHI and a mere 1.9% are open to adhering to the State's prescribed mandates regarding work arrangements.

The predominant convictions among respondents underscore a lack of confidence in the NHI's efficacy and feasibility. A mere 2% believe in the NHI's successful implementation, while an alarming 89.3% (79% in 2021) believes that the NHI has the potential to destabilise South Africa's healthcare system. Most (92.3%), (78% in 2021) also believe that the NHI will not improve service delivery or the current healthcare sector. The prevailing opinions also cast doubt on the NHI's capacity to improve service delivery or enhance the current healthcare sector, with only 2.8% endorsing the notion of universally accessible, quality healthcare under the NHI.

While some respondents do possess the requisite infrastructure, administrative expertise, professional competencies and support staff to adapt to the NHI's objectives, a resounding 97.2% (41% in 2021) express reluctance to accept government-prescribed lower rates.

The commentary provided by respondents underscores their scepticism regarding the NHI's viability. A lack of confidence in the government's governance and the Department of Health's efficiency, coupled with concerns about corruption and the substantial financial burden, permeate the feedback. The potential impact on South Africa's economy, taxpayers and healthcare quality serves as a focal point of anxiety.

Notwithstanding the evident objections, pilot project failures, and extensive criticism, the government persists in the NHI's implementation. Pertinent suggestions and observations are seemingly overlooked, raising questions about the government's responsiveness to practical concerns in favour of ideologically driven agendas. Against the backdrop of an already vulnerable healthcare system and a wavering economy, the government's approach towards NHI planning is deemed reckless and irresponsible.

Healthcare workers do not support the implementation of the NHI and Solidarity strongly criticises and opposes the nationalisation and State interference and control over South Africa's healthcare system.

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