

Motsoaledi urges pvt hospitals to play ball

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South Africa cannot afford to shy away from the uncomfortable truth that poor regulatory control of private healthcare and weak financing was punishing the poor, Health minister Dr Aaron Motsoaledi told a meeting of private hospitals yesterday.

Speaking at the opening of the annual Hospital Association of South Africa (HASA) conference, Motsoaledi continued to articulate his determination to regulate private healthcare costs as one of the many steps needed to achieve Universal Healthcare Coverage (UHC) or a National Health Insurance (NHI) system as it has become known.

Motsoaledi pointed out that many developed countries were troubled by similar issues, including the United States where he commented that the Obamacare health plan could determine the outcome of the presidential elections.

I am profoundly aware of the fact that regulation is a swear word and seen as interference by the State, but we cannot continue on this risky path. It is a risk that could mature into a crisis in which the State will be accused of poor stewardship.

We want to work with you under the stewardship of the state, he told the meeting.

We must talk about regulation, but this does not mean we are against markets, but rather actively for health, he added.

Commenting on the theme of the HASA meeting, *Policy Practice Progress* the minister said the gathering would not do the theme justice if it did not come up with a clear stand on the issue of regulation and health financing.

On the challenge of scarce human resources, Motsoaledi warned: If we don't come together to solve the issue of human capital, we will both perish.

I trust we are reading from the same page to find solutions.

The minister said he was growing accustomed to being of ~~an~~ always attacking private healthcare when I speak.

However, he quipped that UHC should not be seen ~~as~~ a beauty contest between the private and public healthcare sector.

~~It~~ is about how we work together and I want to add that I have major concerns about the quality of care in the public sector, ~~+~~ Motsoaledi conceded.

He said there were problems that required attention, but pointed out that in 2009 Government had conceded, ~~our~~ HIV programme had gone wrong.

~~We~~ put up a massive turnaround strategy, but we had to first openly accept we had a problem.

Motsoaledi said the issue of the pricing of healthcare was a ~~big~~ concern.

~~I~~ do not know of any health minister in the world that is not worried about the cost of healthcare, ~~+~~ he said.

Health economist Dr Ravindra Rannan-Eliya pointed out that although it would be tough for South Africa, many Asian countries who now have UHC, achieved it while they were in a similar income ranges as is presently the case in this country.

He said achieving UHC was about solidarity, equity and the need for collective action and collective use of services, but that is was a decision each country had to take on its own accord.

He pointed out that the cost of healthcare in South Africa was high and that the country had a serious problem of cost control in the medical scheme market. ~~You~~ have some of the highest levels of private insurance spending in the world, ~~+~~ said Rannan-Eliya, who is also the Director for the Institute for Health Policy in Colombo, Sri Lanka.

He said none of the classical routes to UHC fit South Africa and that healthcare providers would need large financial incentives to join a National Health Insurance (NHI) system as touted by South Africa.

He added that South Africa would not achieve NHI or what is described in other parts of the world as UHC in the next five to 10 years and that there had to be some degree of state intervention to control the private healthcare market coupled with an improved public sector.

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