

## **Media Statement**

To: Editors and Health Journalists  
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Health Minister Dr Zweli Mkhize response to “DA seeks urgent legal opinion on Constitutionality of crippling NHI Bill’

As Minister I welcome the current debate on the introduction of National Health insurance. We will be noting all the views and comments made by all citizens as a healthy contribution in reshaping the system that is being introduced to serve all South Africans and ensure Universal Health coverage for ALL South Africans.

Naturally the NHI will be welcomed by many as a way to resolve unequal access to health care while there will be those who will be skeptical for various reasons. We reiterate that NHI will benefit all, ensure equitable access to health services, by promoting pooling of resources and ensure social solidarity in which there is cross subsidisation of the sick by the healthy, the poorer by the richer and the older by the younger. This is in line with global trend in both developed and underdeveloped economies.

We have taken note of the criticism of the bill by the DA leader, Mmusi Maimane. However as Minister I reject his claims as unfounded and an effort to preserve the inequitable access to health services which, typical of that political party, is promoting the preservation of the privileges for a minority.

No government should allow the perpetuation of the levels of inequality that currently exist in the country especially in terms of access to health care. The DA only cares about the privileged few. The NHI will not harm the poor, on the contrary, it is the DA policies which promote a two tier unequal system that is a danger to South Africans.

The policies the DA set out will only serve to further entrench and deepen the current unjust status quo inherited from apartheid, continue to fragment the health care system, drive the costs of health care up and altogether encourage private monopoly consolidation at the expense of taxpayer’s money. It is disingenuous to believe their proposed plans could deliver Universal Health Coverage.

For the longest time in memory, the DA was opposed to any changes in healthcare that introduced reforms in private health care and medical aid schemes, including opposition to reviewing medical tax credits, which the DA now supports. The DA has realized their preservation of privileges at the expense of the majority is unsustainable, they now concede that such changes are inevitable. Taken in totality, DA proposals will be inadequate to address the fundamental reforms that our health care system requires.

Despite the rejection by the DA, many South Africans welcome the NHI. Many citizens are concerned about the poor state of health care in the country, which is quite justifiable. The government acknowledges these weaknesses.

As Minister, I am committed to the improvement of the health service, by elimination of staff shortage, ensuring uninterrupted supply of medication, reduction of long patient queues in clinics and hospitals, improving quality of services, improving management and leadership of institutions as well as upgrading decaying infrastructure and introducing appropriate technology.

I am acutely aware and sensitive to the issue of corruption and inefficiency- I wish to assure Citizens that I share their concerns and remain committed to uprooting corruption and inefficiency before it happens, or through swift consequence management as it happens.

The DA is welcome to take the bill to the constitutional court as they threaten. I am absolutely not concerned about this threat.

I need to assure the public that this bill has been subjected to scrutiny by various constitutional experts and the state Law adviser has issued certification to confirm the constitutionality of the bill. I have certification dated October and January 2018 and another dated March 2019. The opinion the DA seeks has already been sought. Parliament is at liberty to seek their own legal advice if needed.

The bill makes no effort to take away the concurrent powers of the provinces which are protected by the constitution. Provinces will continue to have concurrent powers in management of health services under NHI. These powers and roles will be subject of discussions between national and provincial government in line with the health reforms. After all, the current powers of provinces were developed through consultations between national and provincial leaders that led to the promulgation of the National Health Act. The same process will be followed. Changing legislation is not unconstitutional. Changing circumstances will always ensure that the laws evolve to suit the needs of the country at each stage. Section 146 of the constitution guides us where there is no proper alignment between national and provincial legislation.

The NHI will be introduced in phases that will allow all role players to adapt to the changes both in public and private sector, in line with the social compact signed with President Ramaphosa recently with various stake holders.

The current cost implications are carried in the existing allocations which have been made public. Due to many variables some future costs will be made public when they become available. However, the NHI will be implemented in a responsible manner that the country will afford.

The NHI as a schedule 3 state entity has less powers, more limited than the other entities such as Eskom. Thus strong oversight will ensure good governance and transparency will ensure continuous public scrutiny over its financial activities as such an entity receives funds from the discus and is not permitted to take risks and participate in speculative and unsecured borrowing and lending.

Maimane has further made wild and unfounded claims that must be rejected with contempt. He claims that the NHI will lead to nationalization of health care which will be fragmented, removing the choice of health care providers for citizens and adding tax burden to South Africans.

Clearly he has not studied the bill properly to understand the fallacy of his claims.

Patients will still be able to register their preferred health care provider under the NHI. Private practices, pharmacies and hospitals will NOT be nationalized. Those who wish to serve as providers for the NHI will apply for accreditation and the NHI will reserve the right to procure services from private providers as well as the public sector facilities. In the current phase, discussions are advanced to enlist private family practitioners to support the NHI. Their positive response is overwhelming.

Whilst the NHI will depend on the revenue derived from the fiscus, National Treasury's progressive taxation policies are decided on carefully after analyzing the tax burden and ensure the best interest for South Africans. The DA claims are an attempt to agitate the fear of the unknown.

NHI will ensure one health system for one country with national and provincial departments cooperating in a coordinated manner. What DA is trying to achieve is to behave as though one province can be administered as an independent state. We invite the DA to make inputs in the current national process as they are represented in government. I assure them that the consultative process is a genuine effort to shape the best system for our country.

Developed economies have demonstrated that NHI contributes to a healthy population that is able to realize its potential. This human capital development leads to economic growth. NHI systems are not an expense- they are a national capital investment that shows consistent evidence of yielding impressive return on investment in the long term.

The Implementation of the NHI shall proceed!

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**For more information, please contact**

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