

https://dspace.org/

Stakeholder Alignment Among Healthcare Providers in the National Health Insurance (NHI) Implementation Plan

Maifala, Paballo

2025
University of the Witwatersrand, Johannesburg
https://hdl.handle.net/10539/50161
Maifala, Paballo. (2025). Stakeholder Alignment Among Healthcare Providers in the National Health Insurance (NHI) Implementation Plan [Master`s dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/50161

Downloaded from a DSpace repository. https://dspace.org/

Stakeholder Alignment Among Healthcare Providers in the National Health Insurance (NHI) Implementation Plan

By:

Paballo Maifala

Student number: 833900

Supervisor: Dr P Mavengere

30 June 2025

MBA Part Time 2023/2025

Faculty of Commerce, Law and Management

Table of Contents

Table of Contents 1

I. Abstract 3

II. Definition of terms 4

1 Introduction 6

1.1 Statement of Purpose 6

1.2 Background 6

1.3 Problem Statement 8

1.4 Research Objectives: 9

1.5 Research questions: 9

1.6 Rationale of the study 9

1.7 Delimitations of the study 10

1.8 Assumptions 10

2 Literature Review 11

2.1 Theoretical Frameworks 11

2.2 Key stakeholders 13

2.3 Challenges to alignment 14

2.4 Strategies for enhancing alignment 15

2.5 Comparative Analysis: South Africa and the United Kingdom's NHI Implementation 15

3 Research Methodology 16

3.1 Introduction 16

3.2 Research design 16

3.2.1 Sampling method 17

3.2.2 Research Instrument 17

3.2.3 Data analysis strategies and interpretation 19

3.2.4 Limitations 19

3.2.5 Quality Assurance 20

3.2.6 Ethical Considerations 20

4 Research Findings and discussions 21

4.1 Research Findings 21

4.2 Thematic Analysis Key themes 22

4.2.1 General NHI Impact and Expectations 22
4.2.2 Financial and Economic Implications 24
4.2.3 Quality of Care and Patient Experience 24
4.2.4 Human Resources and Workforce 24
4.2.5 Stakeholder Alignment, Collaboration, and Communication 25
4.2.6 Regulatory and Operational Preparedness 26
4.3 Discussion 27
4.3.1 Discussion of findings 27
4.3.2 Global Lessons and Common Challenges in NHI Implementation in Developing Countries 30
4.3.3 Insights from Other African Nations' Experiences 31
5 Conclusions and recommendations 32
5.1 Conclusion 32
5.2 Recommendations 33
5.3 Future Research 34
6 Annexures and Appendix 35
6.1 Annexure A 35
6.2 Annexure B 37
6.3 Appendix 1 39
7 References 40

I. Abstract

This research investigated the critical factors influencing stakeholder alignment among healthcare providers in South Africa's National Health Insurance (NHI) implementation plan. The study addressed the pervasive scepticism and resistance within the private healthcare sector, driven by financial uncertainties, a lack of clear communication, and distrust in the government's capacity to manage the large-scale health initiative effectively. Through a qualitative exploratory design, utilising semi-structured interviews with private sector stakeholders including private sector specialists, private sector nurses, and hospital operational management, the study uncovered key concerns including inadequate public healthcare infrastructure, potential financial losses for private entities due to unclear remuneration models, and the risk of exacerbating existing human resource shortages. The findings highlighted a demand for transparent funding mechanisms, genuine and inclusive stakeholder consultation, and demonstrable improvements in public healthcare services as prerequisites for successful NHI rollout. The research concludes with actionable policy recommendations, emphasising the need for strengthened public-private collaboration, and robust public education campaigns to foster trust and achieve universal health coverage in South Africa.

II. Definition of terms

1. **Brain Drain:** Also known as Human Capital Flight. This describes the emigration of highly skilled and educated individuals from one country to another, often for better opportunities, resulting in a loss of critical expertise for the originating country.
2. **Healthcare Professional (HCP)**: Any individual trained and licensed to provide medical or health-related services, such as doctors, nurses, and pharmacists.
3. **Low- and Middle-Income Countries (LMIC):** These are countries classified by the World Bank based on their Gross National Income (GNI) per capita, typically facing significant socio-economic and health development challenges.
4. **Medical Aid Schemes:** A form of health insurance, regulated by the Medical Schemes Act, designed to provide financial cover for healthcare costs. Members of these schemes pay a monthly contribution and in return, the scheme will pay for a portion or fully pay for the member's healthcare needs, such as medical expenses related to doctor's visits, hospital stays, surgery, medication, dental work and other medical treatments. These schemes operate as non-profit organisations, pooling the contributions of their members to manage healthcare expenses and provide benefits.
5. **Member Checking:** A qualitative research technique where data, analyses, or interpretations are taken back to research participants (members) for their feedback to ensure accuracy and trustworthiness of the findings.
6. **National Health Insurance (NHI):** A centralised, national insurance fund, designed to pool funds from which the government will buy quality healthcare services from healthcare providers in both private and public sectors. All eligible South Africans will be able to use these services for their health needs, regardless of their socio-economic status.
7. **National Health Insurance Scheme (NHIS):** A general term referring to a national programme, often government-led, that aims to provide health insurance coverage to a country's population, as seen in various countries.
8. **National Health Service (NHS):** The publicly funded healthcare systems in the United Kingdom, providing comprehensive healthcare to all legal residents free at the point of use.
9. **National Hospital Insurance Fund (NHIF):** A specific type of national health fund in Kenya, that primarily focuses on providing inpatient medical benefits to its members, usually through contributions.

10. **Social Health Insurance (SHI):** This is a healthcare system where money for health services comes from required payments (usually from workers and their employers) into a shared fund.
11. **Stakeholder Alignment:** The systematic process of harmonising the varied goals, interests, and expectations of all individuals or groups who have a vested interest in a project, initiative, or organisation, ensuring they collaborate effectively towards shared objectives.
12. **Stakeholder Mapping**: The process of identifying, analysing, and categorising individuals or groups who have an interest in or could be impacted by a project or initiative, based on their level of influence and interest.
13. **Universal Health Coverage (UHC):** All people have access to the full range of quality health services they require, when and where they need them, without financial hardship. It covers the whole spectrum of essential health services.
14. **World Health Organization (WHO):** A specialized agency of the United Nations responsible for international public health, providing global leadership, setting health standards, and offering technical support to countries. It is dedicated to connecting nations to promote health, ensure global safety and serve vulnerable populations to ultimately obtain the highest level of health for all.

Stakeholder Alignment Among Healthcare Providers in the National Health Insurance (NHI) Implementation Plan

1 Introduction

1.1 Statement of Purpose

This research aimed to investigate the factors influencing stakeholder alignment among healthcare providers in the context of the National Health Insurance (NHI) implementation plan in South Africa. By examining the diverse interests, concerns, and perspectives of healthcare providers, this study sought to identify potential challenges, opportunities and develop recommendations for enhancing collaboration and ensuring the successful implementation of NHI. The expected outcomes of this research included identifying specific factors that facilitate or hinder collaboration, gaining in-depth insights into the unique concerns and perspectives of different healthcare providers, and proposing solid strategies to improve communication, build trust, and foster a shared understanding of NHI goals. The findings of this research intended to inform the development and refinement of NHI policies and strategies, enabling policymakers to make informed decisions addressing the concerns of all stakeholders and maximising the potential for successful NHI implementation. By improving stakeholder alignment, this research strived to contribute to strengthening the overall health system in South Africa, leading to better health outcomes for all.

1.2 Background

South Africa faces a significant challenge with a widening gap in healthcare access between the rich and the poor (Deghaye et al., 2014). This leaves the most vulnerable populations without adequate access to essential healthcare services. A healthy population is crucial for a country's success (Watkins, 2017). NHI aims to address this by providing universal access to quality healthcare services (Department of Health, 2017). This initiative aims to bridge the gap between the public and private sectors by pooling financial resources and strategically purchasing services from both public and private providers and establishing mechanisms for everyone to access specific categories of care within the private sector (Department of Health, 2017). A primary objective is strengthening the public healthcare sector through infrastructure improvements, better management, and addressing human resource needs (National Department of Health, 2024).

To ensure the successful implementation of NHI, it is crucial to foster stakeholder alignment. Stakeholder alignment is the process of ensuring that the interests, goals, and expectations of all relevant parties are synchronised with an organisation's mission and objectives (Brereton, 2023). In the context of NHI, this involves actively engaging and communicating with stakeholders to cultivate mutually beneficial relationships and achieve shared outcomes. This includes ensuring that various stakeholders, including government agencies, healthcare providers, patients, medical aid administrators, pharmaceutical companies, and labour unions, have a shared understanding and commitment to the NHI goals and objectives. When stakeholders are aligned, they are more likely to contribute their expertise, resources, and networks to the success of the NHI initiative (Varvasovszky & Brugha, 2000). This alignment can lead to enhanced productivity, innovation, and overall operational efficiency (Brereton, 2023).

Health reforms often falter due to stakeholder misalignment, driven by clashing objectives, power imbalances, and communication breakdowns. For example, efforts to implement Universal Health Coverage (UHC) can face resistance from finance ministries prioritising fiscal cuts and private providers focused on profit, exacerbated by insufficient government funding or weak regulatory frameworks. Similarly, digital health initiatives struggle with clinician buy-in and synergism issues due to misaligned priorities between hospitals and users, often compounded by inadequate funding or restrictive data privacy laws.

The NHI envisions a collaborative role for both the private and public healthcare sectors in achieving UHC (Department of Health, 2017). While the public sector will be strengthened and serve as the backbone of service delivery, the private sector will continue to play a crucial redefined, role. The public sector will focus on providing comprehensive primary healthcare, preventative services and specialised care, particularly in underserved areas. Private providers will contract with the NHI fund to provide services based on mutual quality standards and tariffs (Department of Health, 2017). This allows NHI to leverage existing private sector capacity and expertise, potentially reducing waiting times and expanding access to specialised care.

1.3 Problem Statement

South Africa's healthcare system has significant challenges. These issues are heightened by inequality, overburdened public facilities, coupled with a growing population and increasing disease burden (Department of Health, 2017). Despite offering higher standards in certain areas, private healthcare remains inaccessible to most of the population in South Africa, leading to a dual healthcare system with distinct differences in equality, quality and efficiency (Department of Health, 2017). NHI was created to address these healthcare issues by providing UHC to all South Africans, regardless of their income (Department of Health, 2017).

The successful implementation of the NHI in South Africa is highly dependent on effective stakeholder alignment (Patel & Khan, 2023). The problem is that there is a lack of cooperation and consensus among key stakeholders (Masemola et al., 2025). This can hinder the progress and undermine the effectiveness of the NHI. Conflicting interests, communication gaps, misinformation and a lack of trust can all contribute to these challenges (Smith & Jones, 2020). Various stakeholders, such as government agencies, healthcare providers, and medical aid scheme administrators, may have competing priorities that conflict with the collective goals of the NHI. For example, government may focus on cost containment, while private healthcare providers might prioritise maintaining profitability. Clear, timely communication is necessary to ensure all parties are informed about developments and expectations to prevent miscommunication. Previous experiences with policy implementations and a lack of transparency may have fostered scepticism among stakeholders regarding government intentions, making the collaboration more challenging.

Investigating how conflicting interests, communication gaps and misinformation affect alignment will provide insight into the forces at play. This could also be essential in fostering a collaborative environment and inform strategies to ensure equitable representation and participation. The aim of this study is to address these challenges and promote stakeholder alignment, with a strategic approach to stakeholder engagement. This includes identifying and involving all relevant stakeholders, building trust and cooperation, facilitating dialogue and negotiation, ensuring equitable representation, and monitoring and evaluating progress (Section27, 2021). By effectively addressing stakeholder alignment, it is possible to create a more favourable environment for the successful implementation of the NHI (Passchier, 2017).

1.4 Research Objectives:

- To determine the key factors that influence stakeholder alignment in the NHI implementation plan.
- To identify strategies that can be implemented to ensure equitable representation of all stakeholders.
- To promote effective communication and collaboration among stakeholders.

1.5 Research questions:

- What are the key factors influencing stakeholder alignment in the NHI implementation process?
- What strategies can be implemented to ensure equitable representation of all stakeholders?
- How can effective communication and collaboration be promoted among stakeholders?

1.6 Rationale of the study

To ensure the successful implementation of the NHI, it is crucial to foster stakeholder alignment. By understanding the factors that influence stakeholder alignment, we can identify and address potential challenges, such as resistance and opposition. This will help to create a more cohesive healthcare system that delivers better outcomes for patients and ensures the long-term sustainability of the NHI. For this research to be successful, efficient project management, regular monitoring and evaluation is required to complete the study within the limited timeframe.

Due to strict time constraints, this study adopted a focused approach, primarily engaging with private sector stakeholders within specific categories of the health sector. While a broader representation of all healthcare stakeholders would have been ideal for a holistic view, the limited timeframe required a pragmatic narrowing of the study's focus. The research prioritized in-depth engagement with key private entities whose perspectives were deemed most critical to the immediate objectives of the study, understanding that not every stakeholder's perspective in the South African health system would be captured.

1.7 Delimitations of the study

There were several delimitations to this study. We primarily focused on private sector stakeholders in specific categories in the health sector, and our geographical reach was limited to certain provinces based on participant availability. The findings only covered the preparatory phase of the NHI implementation, furthermore this study might not have covered the different and complex aspects of stakeholder relationships. The focus on the private sector stemmed from its unfamiliarity with serving large, underprivileged populations as compared to the public sector. This potentially overlooked the challenges faced by the public sector. While focusing on the private sector offered valuable insights, it was important to acknowledge that the public sector would likely continue to play a significant role in NHI. Additionally, regional variations and the long-term dynamics of NHI implementation may not be fully captured. To address these limitations, future research could expand its scope and incorporate qualitative methods.

1.8 Assumptions

This study assumed that information and decision-making processes would be transparent and accessible to all stakeholders and that stakeholders would make informed decisions based on self-interest and cost-benefit analysis. Additionally, it assumed that despite the potential benefits of NHI in concept, there might be resistance from some stakeholders possibly due to concerns and expectations about the initiative.

2 Literature Review

Stakeholder alignment is the process of ensuring that the interests, goals, and expectations of all relevant parties are synchronised with an organisation's mission and objectives (Freeman, 1984). To ensure the successful implementation of NHI, it is crucial to foster stakeholder alignment. This involves ensuring that various stakeholders, including have a shared understanding and commitment to the NHI goals and objectives. Stakeholder alignment will ensure equitable healthcare for all.

This literature review examined the critical role of stakeholder alignment in the successful implementation of the NHI systems. By exploring the diverse interests and concerns of key stakeholders, identifying potential challenges to alignment, and examining strategies for enhancing collaboration, this review aimed to contribute to a deeper understanding of the factors that influence the success or failure of NHI reforms. This review was organised into four main sections: Theoretical Frameworks, Key Stakeholders and their interests, Challenges to Alignment, and Strategies for Enhancing Alignment. By providing a comprehensive overview of these topics, this review intended to offer valuable insights for policymakers, healthcare providers, and other stakeholders involved in the NHI implementation process.

2.1 Theoretical Frameworks

Stakeholder theory, primarily developed by R. E Freeman in 1984, is a management and business ethics framework. It argues that businesses have a responsibility to consider and balance the interests and concerns of various stakeholders who can affect or are affected by the organisation's activities (Freeman, 1984). These stakeholders typically include employees, customers, suppliers, local communities and government entities. Key concepts include interdependence, legitimacy and urgency (Freeman, 1984). In the context of NHI implementation, stakeholder theory highlights the need to identify key stakeholders and understand their interests, figure 1. Analysing the interests and concerns of each stakeholder group allows policymakers to better understand the potential challenges and opportunities for the NHI implementation (Clarkson, 1995). It also highlights the importance of building positive relationships with stakeholders through open and transparent communication and collaboration. Furthermore, stakeholder theory can assist identify and manage potential conflicts among stakeholder group by understanding the underlying interests and concerns of each group. This makes it possible to find mutually beneficial solutions (Clarkson, 1995).

By applying this theory, policymakers can create a more inclusive and effective healthcare system that meets the needs and expectations of all stakeholders (Mitchell et al., 1997). NHI implementation in South Africa represents a monumental systemic transformation within the nation's healthcare landscape. To effectively navigate such a complex and multifaceted change, a robust theoretical framework is invaluable. Kotter's 8-Step Change Model, developed by Dr John Kotter in 1996, provides a widely recognised and structured approach to leading successful organisational change (Kotter, 1996). By applying this model in figure 2, we can systematically analyse the critical phases, identify key stakeholders, anticipate challenges, and strategise for the successful adoption and embedding of the NHI, ensuring a comprehensive understanding of its implementation journey.

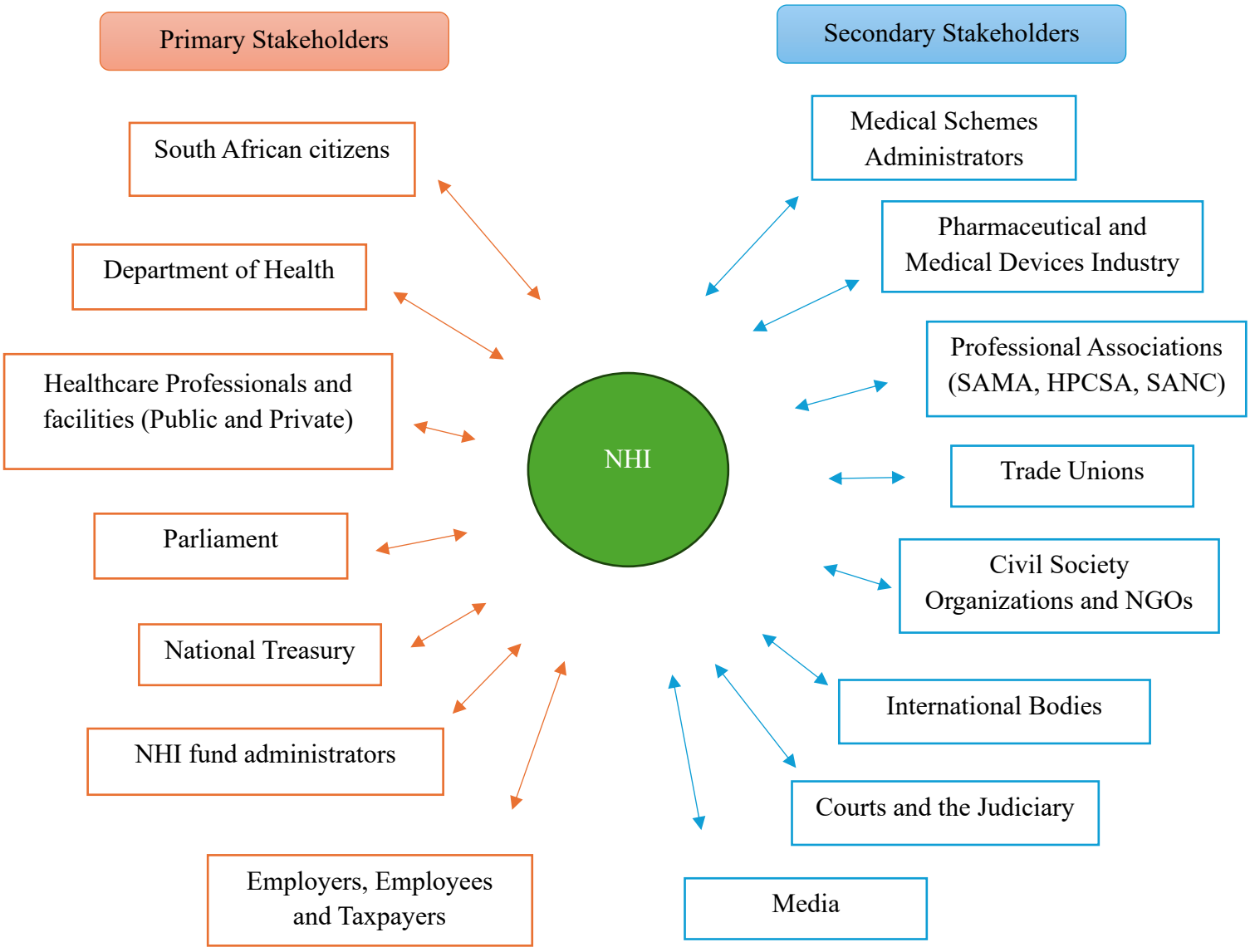

Figure 1: NHI Stakeholder Theory Framework adapted for the NHI

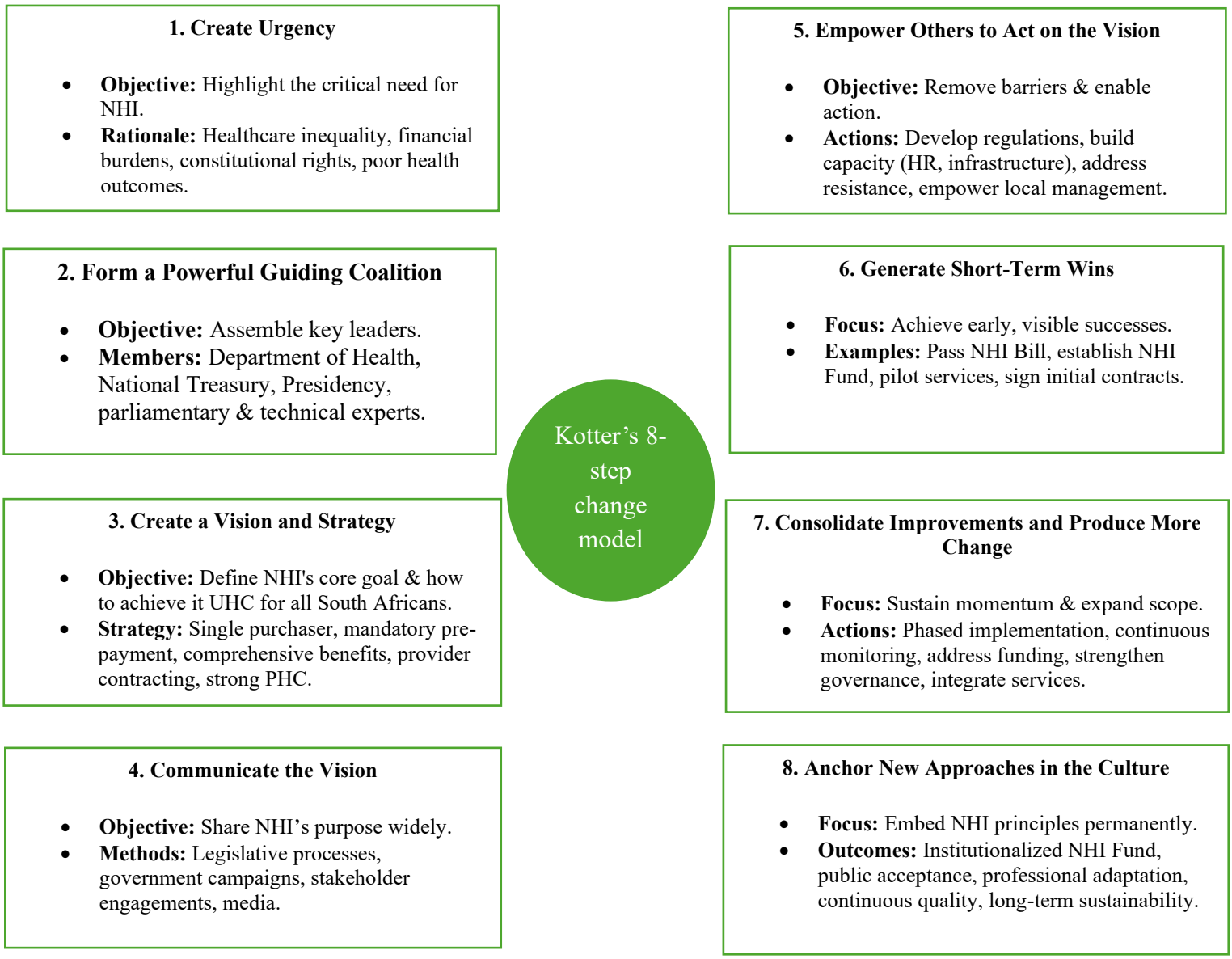

Figure 2: Kotter's 8-step change model for the implementation of NHI

2.2 Key stakeholders

Key stakeholders involved in NHI implementation include government agencies, healthcare professionals, patients, medical aid scheme administrators, pharmaceutical companies, and labour unions. Healthcare professionals (HCPs) includes both public and private sector general practitioners, specialists, nurses and other healthcare professionals. Each stakeholder group has distinct interests and concerns that can influence their alignment or misalignment to NHI. Government agencies include the Department of Health, National Treasury and the National Council of Provinces.

Various stakeholders have concerns about the NHI implementation. For example, even though government agencies are generally supportive of the NHI, there may be concerns about the administrative challenges, undefined future roles and financial implications of the implementation. HCPs may have different concerns about the contractual implications, reimbursement rates, workload and the impact of the NHI on their existing practices. Patients may have concerns about access to care, waiting times and the quality of services to be provided by the NHI. Medical aid schemes are likely to struggle as South Africa transitions to a single-payer NHI system. Their primary concern centres on their continued relevance and role within the healthcare landscape. Recognising and understanding the diverse interests and concerns of these stakeholder groups is essential for building consensus and ensuring the successful implementation of NHI.

2.3 Challenges to alignment

One of the major challenges to achieving stakeholder alignment in NHI implementation is the presence of competing interests among various stakeholder groups (Patel & Khan, 2023). These competing interests can undermine collaboration and consensus-building, leading to conflicts and resistance (Singh et al., 2024). For example, the government may prioritise cost-saving measures, while healthcare providers seek to maintain or increase revenue. Patients may demand greater access to healthcare services, while insurers prioritise cost-control measures. Addressing these competing interests is essential for achieving stakeholder alignment and ensuring the successful implementation of the NHI.

Effective communication is crucial for building trust and understanding among stakeholders involved in NHI implementation (Lewin, 2021). Communication breakdowns and misunderstandings can hinder progress and undermine the success of the initiative. If stakeholders are not provided with clear and timely information about NHI policies, decisions, and progress, it can lead to confusion, suspicion, and mistrust. Misunderstandings can arise due to differences in language, cultural background, or technical knowledge (World Health Organisation, 2023). To address these challenges, it is essential to establish clear and open communication channels, use appropriate language and terminology, and ensure that all stakeholders are adequately informed. Additionally, building trust and fostering a culture of transparency can help to prevent communication breakdowns and misunderstandings.

2.4 Strategies for enhancing alignment

Engaging stakeholders is essential for the successful implementation of NHI (Mokoena & Naidoo, 2024). Policymakers can utilise a range of strategies to foster active participation and collaboration. Building trust, gathering valuable input, and ensuring alignment with the needs and priorities of various groups are crucial components of effective stakeholder engagement (World Health Organisation, 2023). Collaborative governance mechanisms, public consultations, community engagement, social media outreach and stakeholder mapping are all essential strategies of a successful stakeholder engagement process (Smith & Jones, 2020).

2.5 Comparative Analysis: South Africa and the United Kingdom's NHI Implementation

The United Kingdom's National Health Service (NHS) is often cited as a model for universal healthcare systems. Established in 1948, the NHS provides comprehensive healthcare services to all UK residents, funded primarily through general taxation (Department of Health and Social Care, 2023). In the context of the NHS, government leadership, provider remuneration, and patient engagement are key factors influencing stakeholder alignment. The government's central role in shaping NHS policies and priorities has provided a sense of direction, while the salary-based remuneration system has helped to align provider interests with broader goals (Department of Health and Social Care, 2023). Although there have been criticisms regarding patient engagement, the NHS has made strides in involving patients in decision-making processes through the Patient and Public Involvement (PPI), Patient Representative Groups (PRGs) and Patient Information and Advice Services (PIAS) (NHS England, 2023).

The NHS has faced several implementation challenges since its establishment. Funding shortages have led to waiting lists and rationing of certain treatments (King's Fund, 2023). Critics have also raised concerns about the NHS's efficiency and bureaucracy, citing high administrative costs and delays in patient care. Additionally, the quality and availability of healthcare services can vary significantly across different regions of the UK, contributing to inequalities in access to care.

By learning from the experiences of the NHS and other UHC insurance funds, South Africa can improve its chances of successfully implementing NHI. While both countries have recognised the importance of strong government leadership and stakeholder engagement, South Africa has faced challenges in achieving broad-based alignment due to concerns about private healthcare providers and government control. In contrast, the NHS has a long history of stakeholder involvement. Governance structures also differ, with South Africa's NHI governed by a complex network of agencies and the NHS governed by a centralised structure. Both countries rely primarily on general taxation for funding. Key lessons include building a strong public mandate, establishing a centralised governance framework, securing long-term funding, adopting effective practices from the NHS, and addressing regional disparities. By considering these factors, South Africa can create a more equitable and sustainable healthcare system for its citizens.

3 Research Methodology

3.1 Introduction

In order to understand the perspectives, experiences and concerns of stakeholders involved in the NHI implementation process, this study made use of qualitative techniques. This involved collecting and analysing non-numerical data, such as interviews, reports and viewpoints. Corbin & Strauss (2014) emphasised the importance of qualitative research for exploring complex social phenomena. By collecting and analysing non-numerical data and exploring the underlying reasons and motivations behind stakeholder attitudes and behaviours, we identified emerging themes and patterns that informed our understanding of the challenges and opportunities related to stakeholder alignment. To ensure the validity of the analysis and provide a robust understanding of private healthcare professionals' perspectives and experiences, this study intended to employ strategies such as member checking, peer review, triangulation, and theoretical saturation.

3.2 Research design

This study utilised an exploratory qualitative research design. Given the unimplemented nature of the NHI, this exploratory approach was essential to generate insights and develop a deeper understanding of stakeholder perspectives and values. The general qualitative design was suited for exploring and gaining insights into human experiences.

3.2.1 Sampling method

To ensure a representative sample of stakeholders, this study utilised a combination of purposive and quota sampling techniques (Creswell, 2014). Purposive sampling was used to select key stakeholders based on their relevance and expertise in the NHI implementation process. It allowed a focus on stakeholders who had direct experience and knowledge of the NHI, ensuring that relevant and informative data was obtained. Quota sampling was used to ensure that specific groups of stakeholders were adequately represented. By combining these sampling methods, the study aimed to obtain a diverse and representative sample of stakeholders that would provide valuable insights into their perspectives and experiences. Focusing on medical specialists, nurses, and operations managers at private hospitals was a strategic decision for understanding stakeholder alignment in NHI implementation. These stakeholders played a significant role in healthcare delivery, had direct interests in NHI, were involved in the daily operations, and could offer valuable expertise and resources.

3.2.2 Research Instrument

This study focused on a group of 16 private healthcare stakeholders, seen in table 1, spread specifically across medical specialists, nurses and operations managers at private hospitals. Figure 3 represents the chosen stakeholders for this study. A series of semi-structured interviews were conducted with these stakeholders. Semi-structured interviews allowed for predetermined open-ended questions and probing follow up questions. These interviews sought to provide valuable insights into the perspectives, concerns and priorities of various stakeholders involved in the NHI process. The researcher developed a clear interview guide and acquired basic interview skills through training, to ensure objectivity and reliability. This research aimed to capture a comprehensive understanding of the challenges, opportunities and potential areas for improvement in promoting collaboration and consensus among these diverse groups. Referencing Annexure A, the interview structure comprised an initial set of 5 general questions for all participants. This was then segmented into 6 to 8 specific questions designed for each distinct private healthcare stakeholder group.

Another instrument that was used to assist the semi-structured interview was stakeholder mapping. This was a valuable tool for identifying and analysing the key representatives from the selected pool in the private healthcare sectors, involved in the NHI implementation process. By understanding the interest and perspectives of different stakeholders, policymakers could develop strategies to engage and collaborate with them effectively.

Private Sector Stakeholders	**Private sector specialists**	**Private hospital management**	**Private Sector Nurses**
Quantity	Six	Three	Seven

Table 1: Private Sector Stakeholders utilised in the study

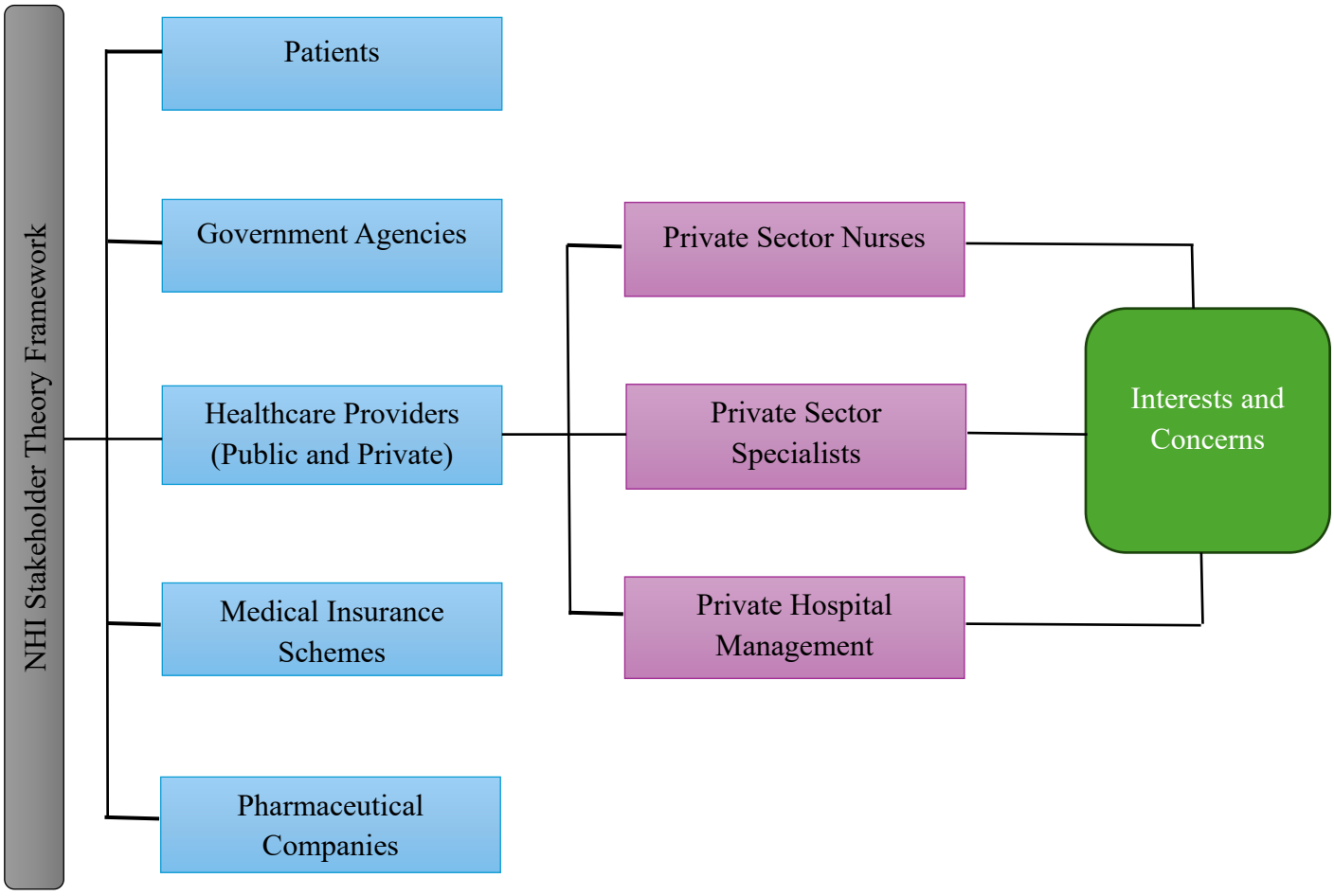

Figure 3: Stakeholder map of stakeholders used in this study

3.2.3 Data analysis strategies and interpretation

Thematic analysis was the qualitative data analysis technique that was used in this study. It involved identifying, analysing, and interpreting patterns or themes within the data. It was particularly useful for understanding the perspectives, experiences, and concerns of stakeholders involved in the NHI implementation process. Through thematic analysis, the research questions concerning the NHI implementation plan were manually categorised into several key themes by linking the similarity of the questions to the formulated themes. While thematic analysis offered flexibility, interpretation and the ability to generate new insights (Braun & Clarke, 2006), it was important to be aware of potential challenges such as subjectivity, overlapping themes, and data saturation. To minimise these challenges, researchers were reflexive about their own biases, used hierarchical coding and theoretical frameworks, and continued analysing data until theoretical saturation was reached. Challenges were addressed by using strategies such as triangulation and researcher reflexivity, ensuring that the findings accurately represented stakeholder perspectives. (Braun & Clarke, 2006). Member checking was not utilised, as participants had limited availability for the study.

Data saturation and theme triangulation were crucial for ensuring the rigor of thematic analysis. Data saturation was achieved when no new themes or insights emerge from the data, indicating that sufficient data has been collected (Webster, 2024). This could be assessed through ongoing analysis and by comparing findings across different data sources and participants (Fusch et al., 2015). Theme triangulation involved comparing and contrasting themes identified by different researchers or through different data sources (e.g., interviews, documents) to ensure the identified themes were robust and not limited to a single perspective or data source (Fusch et al., 2015). By employing these strategies, the researcher enhanced the credibility and trustworthiness of their findings.

3.2.4 Limitations

This study was subject to certain limitations, including the possibility of a limited and underrepresented sample due to resource constraints and difficulty in accessing certain stakeholders. Additionally, there was a risk of stakeholders providing socially desirable answers rather than their true views and a time limitation to conduct the study. To mitigate time constraints in this research study, the researcher had clear objectives, an efficient research design, effective data management, strong time management skills, adequate resources, and flexible planning.

3.2.5 Quality Assurance

To enhance the reliability and external validity of this study, the researcher implemented standardised procedures for data collection and analysis, ensuring consistency across participants and the researcher. These standardised procedures included developing a detailed interview guide with consistent opening/closing statements and pre-determined questions, a systematic transcription process, an audit trail and researcher reflexivity to ensure consistency and enhance the credibility of findings across participants and the researcher. Additionally, the researcher conducted the study in multiple settings, such as different regions and healthcare facilities, to test the robustness of our findings across various contexts. By ensuring a representative sample of stakeholders and conducting the study in multiple settings, the researcher aimed to increase the generalisability of our results.

3.2.6 Ethical Considerations

To conduct this research on this prominent topic, ethical considerations were prioritised. This involved ensuring informed consent from all participants, ensuring that they fully understood the study's purpose, their voluntary participation, and their right to withdraw at any time. Confidentiality and anonymity were rigorously maintained by protecting their identities and ensuring that their shared information would not be linked back to them in any dissemination of findings. All responses were stored on the secure Google cloud storage where only the researcher holds access. Sensitive questioning techniques were used to ensure participants were comfortable when responding to the questions. The study upheld transparency and integrity, ensuring accurate representation of participant views and adhering to all relevant ethical guidelines and approvals. By following these guidelines, ethical and reliable research was conducted, while protecting the privacy and well-being of participants.

4 Research Findings and discussions

4.1 Research Findings

The current state of South Africa's healthcare system presents significant challenges, notably a widening gap in healthcare access between the rich and the poor, leaving vulnerable populations without adequate essential medical services (Deghaye et al., 2014). NHI aims to address this by providing universal access to quality healthcare services for all South Africans, irrespective of their income (National Department of Health, 2024). However, the successful implementation of NHI is highly dependent on effective stakeholder alignment. The core problem lies in a lack of cooperation and consensus among key stakeholders, which can hinder progress and undermine the effectiveness of the NHI. This research aimed to investigate the factors influencing stakeholder alignment among healthcare providers within the NHI implementation plan, specifically addressing key factors, strategies for equitable representation, and methods to promote effective communication and collaboration. By examining diverse interests and concerns, this research looks to identify challenges and opportunities and ultimately develop recommendations for enhanced collaboration to ensure a successful NHI rollout.

Through thematic analysis, the research questions concerning the NHI implementation plan were categorised into several key themes. These themes collectively highlight shared concerns, expectations, and areas of impact among private sector specialists, nurses, and hospital operational management. Table 2 illustrates the key focus areas of the themes. These themes include: General NHI Impact and Expectations, is designed to capture initial reactions and overall anticipated changes; Financial and Economic Implications, examines the critical financial sustainability and profitability aspects for private healthcare providers; Quality of Care and Patient Experience, ensures that the focus remains on the impact on service delivery and patient well-being; Human Resources and Workforce, highlights the crucial element of staffing and its challenges; Stakeholder Alignment, Collaboration, and Communication, emphasises the importance of unified efforts and effective dialogue among all parties involved; and Regulatory and Operational Preparedness, addresses the practical readiness of the private sector for the NHI framework. See Annexure B for a deeper analysis.

Theme	Key Focus Areas
1. General NHI Impact and Expectations	Broad concerns, anticipated effects on practice, income, and overall organisational changes.
2. Financial and Economic Implications	Competition, cost control, profitability, financial viability of private hospitals, risk management, and remuneration for nurses.
3. Quality of Care and Patient Experience	Anticipated effects on patient experience, quality of care, and continuity of care.
4. Human Resources and Workforce	Changes in workload, staffing levels, staff retention, and recruitment plans.
5. Stakeholder Alignment, Collaboration and Communication	Commitment, public-private sector collaboration, decision-making, communication, ongoing engagement, and organizational goal alignment.
6. Regulatory and Operational Preparedness	Concerns about the regulatory framework, infrastructure investments, and anticipated major operational changes for hospitals.

Table 2: Themes and key focus areas

4.2 Thematic Analysis Key themes

The responses are analysed under the themes as follows:

4.2.1 General NHI Impact and Expectations

Concerns and expectations regarding the NHI were varied but generally leaned towards caution and scepticism. All groups expressed strong apprehension about the state of public healthcare infrastructure, staffing, and resources at the time, asserting that these issues had to be addressed before NHI implementation. A prevalent concern was the lack of public education about the NHI, which led to misconceptions about free access to private hospitals. Private Hospital Management viewed the NHI as a good concept in theory for universal healthcare but had significant financial concerns, including funding distribution, taxpayer impact, and private facility compensation.

The anticipated impact on practice and income and the financial sustainability of the organisation varied among the stakeholder groups. Private Hospital Management foresaw "financial losses" from treating public patients who depended on NHI payouts. They emphasised the necessity of clear funding models and compensation structures to ensure financial viability. They were also concerned about the challenges in maintaining competitiveness. Private Sector Specialists anticipated a significant negative impact on their income, potentially putting them "out of business" due to an inability to bill patients and cover overheads as stated by the participants. They also anticipated that private healthcare would continue to survive due to patient choice, even with increased chaos and charges. Nurses were generally uncertain about the income impact. Some believed it would not change, while others expected potentially lower remuneration compared to their current private sector earnings. They also worried about the financial sustainability of private hospitals if medical aids became less relevant and private income decreased, potentially impacting their own salaries and job security.

Significant challenges and opportunities under the NHI were clearly identified. Private Hospital Management anticipated difficulties in maintaining cash flow due to potentially delayed government payments, potential overworking of staff, compromised quality of care, and difficulties in managing patient influx while maintaining appropriate patient-to-nurse ratios. Opportunities were seen in opening doors to the public sector and reaching a wider community, especially for private day hospitals due to their cost-effectiveness. Private Sector Specialists faced challenges with the "lack of clarity" on NHI execution, particularly the funding model and specialist remuneration. Opportunities were perceived in supporting the government to improve health systems by increasing access to healthcare. Some specialists saw growth opportunities if NHI was implemented correctly, particularly in also expanding their reach and gaining more diverse medical experience. Nurses anticipated challenges like "overflowing hospitals and potential staff shortages".

The priorities for the private stakeholder group participants were distinct. Both Private Hospital Management and Private Sector Specialists prioritised the importance of government first strengthening primary healthcare then gradually moving up the hierarchy of care. Many strongly advocated for fixing existing public healthcare infrastructure and addressing basic needs as a prerequisite to proceeding with NHI. Some specialists expressed a strong desire for the NHI to never be implemented. Nurses prioritised the standardisation of public hospitals to match private hospital standards before NHI implementation.

4.2.2 Financial and Economic Implications

The financial and economic implications of NHI were a major concern for private healthcare stakeholders. Competition within the healthcare profession was uncertain, with some specialists fearing a “loss of doctors” if they opted out of NHI, while others suggested that performance-based agreements could foster healthy competition that benefits patients. Private Hospital Management planned to remain competitive through advanced technology, knowledgeable staff, and competitive remuneration to attract and retain employees. Risk management strategies for cost control included adhering to strict budgeting, seeking clear agreements on patient capacity, continuous review of patient influx and staffing and leveraging the cost-effectiveness of private day hospitals for quicker patient recovery. Some private hospitals were even “pursuing legal action” due to a lack of confidence in the system. Nurses were particularly worried about their remuneration and benefits under NHI, highlighting money as a significant motivator for their commitment and retention.

4.2.3 Quality of Care and Patient Experience

The anticipated effect of the NHI on patient experience and quality of care in the private healthcare sector was a point of concern and debate. Private Hospital Management expressed concern that the quality of care might decline if staff became overworked due to increased patient volume. Nurses generally believed that the quality of care in private hospitals would not change, with one stating “Quality should not change under NHI”, as they were committed to providing standardised, high-quality, patient-centred care regardless of the patient’s background or ability to pay. However, some nurses worried that an influx of patients and potential understaffing could compromise the quality of care, emphasising that providing quality care required adequate staffing and resources. Concerns also existed about the continuity of care for patients transitioning between public and private sectors, partly due to language barriers and differences in patient backgrounds.

4.2.4 Human Resources and Workforce

Concerns about changes in workload and staffing levels due to NHI implementation were widespread. Private Hospital Management anticipated an increased workload and potential staff retention issues if nurses perceived no difference in benefits between private and public sectors. They also projected the need for additional staff and training if patient influx increased significantly. Nurses unanimously expressed concerns about increased workload

and potential understaffing and questioned whether the government would provide more staff to accommodate the influx of patients. To address current human resources challenges, Private Hospital Management already invested in training employees and tried to align remuneration and benefits with competitors to retain staff. They recognised that a significant influx of patients would necessitate reviewing and adjusting their staffing model to accommodate the additional workload and ensure safe practices. Some nurses believed that better remuneration would be a key factor in retaining nurses in South Africa.

4.2.5 Stakeholder Alignment, Collaboration, and Communication

Commitment and alignment with the NHI were crucial concerns for various stakeholders. Private Hospital Management's commitment hinged on having a clear blueprint, black and white documentation, and agreements regarding patient capacity and transfers. Another manager emphasised their inherent commitment as a healthcare service provider focused on quality care, accessibility and continuous improvement, which aligned with NHI's goals. For Private Sector Specialists, inclusivity in decision-making, direct consultation, and fair compensation for services rendered were crucial. Some specialists were even pursuing legal action due to a perceived lack of their involvement in decision-making. Nurses primarily viewed improved remuneration as the key guarantee for their commitment.

Envisioned collaboration between the public and private sectors varied. Private Hospital Management saw collaboration in their current practice of stabilising unfunded patients before transferring them to government facilities and expressed concern about how this would change under NHI, particularly regarding who would pay for initial stabilisation. They also acknowledged the need for private hospitals to remain competitive with other private entities. Private Sector Specialists believed collaboration should have happened earlier, stating that "it should have happened 30 years ago", allowing private facilities to assist public hospitals with backlogs, provided they were compensated for their services. They envisioned a partnership where private expertise and resources supplemented public services, with fair compensation for facility use. Some specialists were open to collaboration, if it was mutually beneficial and ensured quality care. They emphasised the current mutual need between sectors for equipment and specialised care that government might not be able to afford. Nurses, however, primarily focused on the fact that patients would be treated the same in private settings regardless of their origin.

Regarding decision-making processes, Private Hospital Management suggested regular follow-up and feedback meetings to ensure stakeholder updates and accountability. They also believed obtaining buy-in from key stakeholders, especially specialists, was crucial for successful implementation. Private Sector Specialists criticised the "one-sided authoritative decision making" and advocated for genuine consultations with various stakeholders to understand concerns. Communication channels were generally perceived as lacking and insufficient. Private Hospital Management indicated discussions at their head office, but direct communication at the hospital level was lacking. Private Sector Specialists broadly agreed that communication and consultative processes had been insufficient or rushed. Nurses largely reported learning about the NHI from the news, the Minister of Health, social media, and brief meetings, with a "general lack of direct communication or transparency" from their hospitals. Strategies for ongoing stakeholder engagement emphasised consultative and all-inclusive processes to gain buy-in and synergy.

4.2.6 Regulatory and Operational Preparedness

Concerns surrounding the NHI's regulatory framework and its potential impact on the private sector were evident. Private Hospital Management expressed worries about complying with Department of Health inspections and maintaining updated infrastructure to accommodate all patients. Private Sector Specialists, while generally unfamiliar with the regulatory details, acknowledged the high cost of private healthcare and the need for regulation to protect patients. They also emphasised the lack of clarity on how independent practitioners would be regulated and compensated.

Regarding infrastructure investments, approaches varied. One Private Hospital Manager indicated continuous updates and investments in advanced equipment and employee training, while another explicitly stated no current investments due to a lack of belief in the system. Private hospitals anticipate major changes by expecting a significant increase in government patients. This influx will heavily impact their operations, requiring them to constantly review staffing models and maintenance schedules. Private Sector Specialists feared mass backlogs, a decline in care quality and demotivated doctors by unclear remuneration.

4.3 Discussion

The thematic analysis of perspectives from private sector specialists, private sector nurses, and private hospital operational management regarding the NHI implementation in South Africa, provided critical insights into stakeholder alignment within this transformative healthcare reform. The research aimed to investigate factors influencing stakeholder alignment among healthcare providers within the NHI implementation plan, specifically addressing key factors, strategies for equitable representation, and methods to promote effective communication and collaboration. The thematic analysis of the findings revealed significant apprehension among private sector specialists, private sector nurses, and private hospital operational management regarding the NHI implementation.

4.3.1 Discussion of findings

The findings regarding the NHI in South Africa revealed a prevalent sense of caution and scepticism among various healthcare stakeholders, including private hospital management, private sector specialists, and private sector nurses. The meaning of these findings pointed to several critical areas. While the concept of universal healthcare is theoretically supported, a dominant theme that existed across all groups was the strong apprehension regarding the current state of public healthcare, which was a major impediment to successful NHI implementation. Stakeholders believe that these must be addressed before the execution of NHI. This suggested a fundamental lack of trust in the government's capacity to manage such a significant service without first rectifying existing deficiencies. For example, one private hospital manager expressed concerns about long queues and delays in patient care in government hospitals, questioning if "it is due to a shortage of staff or medication". Another stated, "the state of public sector is shameless, especially in terms of the infrastructure".

Despite the South African Government's efforts to clarify the NHI through their nationwide public hearings, a prevalent concern was also the insufficient public education about the NHI, leading to misconceptions about its nature, operation and free access to private hospitals. Personal experiences of the government's shortfalls profoundly shape participant perspectives, often overriding factual information they may or may not possess. Many people mistakenly believe the NHI will directly manage healthcare institutions, including staffing, maintenance, and daily functions. This fundamental misunderstanding highlights a critical

communication gap that contributes to public uncertainty and potential misuse of resources if not addressed. The National Department of Health (2024) stated that the NHI is a national health fund and is designed to operate like a universal medical aid. Its purpose is to pool resources to finance healthcare services (Parliament of South Africa, 2023), enabling any patient to receive treatment from any accredited institution without out-of-pocket payments at the point of service. The fund will cover these costs, ensuring access to care (Parliament of South Africa, 2023).

The analysis revealed that financial concerns were a paramount impediment to stakeholder alignment regarding the NHI, leading Private Hospital Management to halt investments and consider legal action, stating that they are “not even doing anything” in terms of investment because they “don’t believe in the system”. Private sector specialists echoed these concerns, fearing a “loss of independence and business” due to unclear remuneration models, though some express willingness to assist if compensated. This indicated a significant perceived threat to their economic sustainability. Nurses, while committed to quality care, were concerned about potentially lower remuneration and job security.

The findings indicated that while private hospitals and nurses were deeply committed to providing “standardised, high-quality, patient-centred care,” this core commitment is perceived to be significantly challenged by the anticipated changes under NHI. Private hospital management and nurses expressed concern that an increased workload and potential understaffing, “could negatively impact the quality of care” and lead to a decline in standards. Stakeholders feared a loss of patients and doctors if quality is compromised, and nurses questioned whether private hospitals would retain access to necessary resources to uphold existing standards without government assistance. Regarding patient experience, while public sector patients are expected to welcome private treatment, private patients with existing medical aid might experience negative impacts, including potential dilution of the value of their private healthcare.

All stakeholder groups anticipated a significant increase in workload under the NHI, with private hospital management foreseeing a “huge effect” that necessitates constant review and adjustment of staffing models. The existing shortage of nurses in the public sector was acknowledged, and a key question was whether the government will adequately provide additional staff to accommodate the anticipated influx of patients into the private sector. Remuneration was consistently highlighted as a critical factor for staff retention, with nurses explicitly stating that money was a significant motivator and that many are already leaving South Africa for better pay abroad. Private hospital management recognised the substantial risk of staff retention issues if nurses perceived no meaningful difference in benefits between working in the private and public sectors under the NHI.

Stakeholders widely perceived the current communication and consultation efforts surrounding the NHI as inadequate due to a general lack of direct communication. Private sector specialists expressed strong criticism of the decision-making processes, feeling that critical decisions were being made “about their business” without their meaningful input. Some even believed that there was a predetermined outcome for the NHI, suggesting that discussions were not genuinely aimed at listening to diverse perspectives but rather at convincing stakeholders of a pre-established government agenda. This directly impacts stakeholder alignment by fostering distrust and resistance.

For commitment and alignment, stakeholders demanded “clarity and a clear plan” from the government, emphasising transparency in funding mechanisms, remuneration structures and operational details. Private sector specialists assertively demanded “inclusivity in decision-making” and authentic consultations with various stakeholders to thoroughly understand and address their concerns. Private hospital management also highlighted the critical need for “buy-in from the doctors or specialists,” recognising them as major stakeholders whose support is essential for the successful delivery of services under the NHI framework (See Appendix 1). Traditionally, medical specialists provided care only after a patient was referred by their general practitioner (GP). However, specialists are now increasingly serving as patients’ first point of contact. For example, it has become common for patients to directly consult a gynaecologist or a paediatrician without first obtaining a referral from a GP. This evolving practice presents a potential challenge within the healthcare system, as it could complicate efforts to manage costs and establish clear, efficient referral pathways, which the NHI aims to address.

A significant hurdle for the successful implementation of the NHI was the pervasive issue of corruption in South Africa (Transparency International, 2024). Many stakeholders expressed profound concern and weariness regarding the governance of the NHI, primarily due to existing perceptions of widespread corruption within government institutions. This distrust stemmed from numerous reported instances of a lack of adequate service delivery and a consistent low ranking on global corruption perception indices (Transparency International, 2024). This led to fears that the financial resources allocated to the NHI could be vulnerable to mismanagement, fraud, and illicit enrichment, thereby undermining the very goal of universal healthcare access.

The future positioning and specific responsibilities of regulative authorities within South Africa's evolving healthcare landscape remained a point of significant ambiguity. This lack of clarity was particularly pertinent given the impending changes brought by the NHI. Although the NHI is not intended to directly abolish existing medical aid schemes, their role is set to undergo a substantial transformation once the new system is fully operational (Parliament of South Africa, 2023). While individuals will retain the choice to continue with their current medical aid plans, these schemes will primarily adapt to offer complementary coverage for healthcare services that are not reimbursed by the NHI Fund (Parliament of South Africa, 2023), thereby shifting their market focus and operational model. This dynamic redefinition of roles necessitates a clearer understanding of how regulative bodies will oversee both the NHI and the redefined private medical aid sector.

4.3.2 Global Lessons and Common Challenges in NHI Implementation in Developing Countries

The data suggested that South Africa's experience mimics common themes observed globally, reinforcing the notion that successful UHC implementation is complex and multifaceted (Mkhwanazi, 2024). The concerns articulated by South African stakeholders regarding NHI implementation closely mirror common challenges observed in low-and middle-income countries (LMICs) pursuing UHC (Nirwan, 2021). These include pervasive financial constraints, such as apprehensions about sustainability, unclear funding models, and potential reliance on increased taxpayer contributions, consistent with LMICs struggling with high expenditures and inefficient financing (Darrudi et al., 2022). Significant infrastructure and resource gaps were also a universal challenge, with South African stakeholders emphasising the need to improve public healthcare infrastructure, a problem that is seen in countries like Nigeria, where inadequate and deteriorating facilities hinder UHC (Khunou et al., 2022).

Human resource shortages, increased workload, and the risk of a brain drain of healthcare professionals in South Africa are widely documented across Africa, where critical shortages and uneven distribution impede progress towards UHC (Nirwan, 2021). Challenges in South Africa's NHI governance and stakeholder engagement, stemming from one-sided decisions and limited consultation, mirror those in countries like Ghana, which has struggled with poor stakeholder involvement and ineffective governance (Africa Centres for Disease Control and Prevention, 2025). The observed lack of public understanding and misconceptions about the NHI in South Africa represent a common barrier seen in Kenya, where a lack of knowledge was a critical impediment to integrating the informal sector into social health insurance schemes.

4.3.3 Insights from Other African Nations' Experiences

Experiences from other African nations such as Ghana and Kenya offered valuable insights for South Africa's NHI implementation. Ghana's National Health Insurance Scheme (NHIS) has been in operation for over 15 years. It has successfully expanded access to healthcare, especially for vulnerable and impoverished populations (Christmals & Owusu, 2020). However, its implementation has not been without significant challenges, including poor coverage, poor quality of care, corruption and ineffective governance, poor stakeholder participation, lack of clarity on policies, intense political influence, and poor financing (Umeh, 2018). These challenges are not unique to Ghana and are often seen in the South African healthcare system. South Africa should learn from the experiences of Ghana to enhance its own NHI rollout (Christmals & Owusu, 2020).

Kenya's National Hospital Insurance Fund (NHIF) has encountered difficulties in achieving high uptake within the informal sector. This is largely attributed to premiums being perceived as unaffordable and the imposing of penalties for missed payments, which have led to membership drop-outs (Nyamande et al., 2024). This highlights the critical importance of designing clear and specific approaches to financing and implementing flexible contribution mechanisms that are sensitive to the economic realities of diverse populations (Wang et al., 2020).

5 Conclusions and recommendations

5.1 Conclusion

While a commendable scheme aimed at achieving UHC and redressing historical inequities, the NHI initiative in South Africa faces formidable challenges rooted in the persistent scepticism of private healthcare stakeholders. This research, through thematic analysis of perspectives from private hospital management, private sector specialists, and private sector nurses, revealed that the success of the NHI hinges critically on addressing stakeholders' concerns regarding pervasive financial uncertainties, the current state of public healthcare infrastructure, and significant communication and governance gaps. This directly reflects the initial problem statement's emphasis on the lack of cooperation and consensus among key stakeholders, driven by conflicting interests, communication gaps, misinformation, and distrust.

The findings underscore that financial viability remains a crucial concern, with fears of revenue loss, delayed government payments, and unclear remuneration models driving resistance and even legal action from the private sector. A fundamental lack of trust in the government's capacity to manage a large-scale health system is evident, with stakeholders consistently demanding visible and substantial improvements in public healthcare infrastructure and resources as a prerequisite for NHI implementation. The perceived absence of genuine, inclusive consultation and transparent communication has alienated key stakeholders, fostering distrust and a defensive stance rather than collaborative engagement.

Moreover, the analysis highlights a significant risk of exacerbating existing human resource shortages, fuelled by fears of increased workload and potential brain drain if competitive remuneration is not guaranteed. These challenges resonate with global experiences in LIMCs pursuing UHC, emphasising the need for specific, adaptive, and inclusive strategies. The NHI's transition from an aspirational policy to a tangible reality depends on the government's ability to foster transparency, genuine collaboration, and demonstrable improvements in foundational healthcare services, to build the trust and buy-in essential for a unified, high-quality healthcare system for all South Africans.

5.2 Recommendations

Genuine stakeholder engagement is crucial, requiring a truly consultative and inclusive decision-making process that actively incorporates feedback from all stakeholders. This is a short-to-medium term recommendation, as consistent engagement is an ongoing process, but initial structures and processes can be established relatively quickly. Proactive strategies are needed to address human resource concerns, including comprehensive workforce planning, recruitment, training, and retention through competitive remuneration and improved working conditions. These are primarily medium-to-long term recommendations, as building a robust healthcare workforce takes significant time and sustained effort. Additionally, piloting well-defined public-private collaboration models can serve as a testing ground for operational integration and payment mechanisms. Intensifying public education campaigns to clarify NHI objectives and establishing independent regulatory oversight are vital steps to build trust, dispel misconceptions, and ensure accountability within the system. Public education can be initiated in the short term, while establishing robust independent regulatory oversight is a medium-term goal.

Based on the comprehensive analysis of stakeholder perspectives and global experiences, several actionable policy recommendations are essential for a more effective and sustainable NHI implementation. It is imperative to prioritise the strengthening of the public healthcare sector through immediate, transparent, and measurable reforms in infrastructure, staffing, and resource availability. This is a short-to-medium term priority, as immediate reforms are needed, but comprehensive strengthening will be ongoing. The government also needs to focus on crucial, often overlooked, details to strengthen primary healthcare. This includes providing qualified adequate staff and transportation to primary healthcare institutions in rural or remote areas. They should ensure these facilities are well-equipped with essential medical and infrastructure equipment, such as appropriate adequate seating, to meet basic patient needs. These are largely short-to-medium term practical steps that can be implemented to address immediate gaps. Concurrently, the government must develop a clear and transparent funding model, detailing how the NHI will be financed, how private practitioners and hospitals will be remunerated, and establish robust mechanisms for timely payments, while also addressing concerns about taxpayer burden and defining the scope of covered services. Developing a clear funding model is a short-to-medium term necessity for transparent and effective implementation.

Moreover, to ensure the financial sustainability of UHC, global experiences suggest adopting a hybrid scheme of general taxation with Social Health Insurance (SHI), which can also incorporate complementary or supplementary private insurance to address concerns about both universal access and the private sector's financial viability within a unified system (Khunou et al., 2022). This approach offers a workable and sustainable solution for financing healthcare. The successful involvement of private healthcare providers is crucial for extending coverage to underserved populations (Khunou et al., 2022). It is recommended that private providers are thoroughly informed about accreditation processes, ensuring these processes should not be burdensome. These recommendations concerning the hybrid financing model and comprehensive private sector integration are long term strategic shifts, as they involve significant systemic changes and legislative frameworks.

5.3 Future Research

This study offers critical insights into stakeholder perspectives on NHI implementation and acknowledges its delimitations, which in turn suggest several avenues for future research. The current research primarily focused on private sector healthcare professionals within specific departments and a limited geographical scope. Future studies could broaden this by including the public sector healthcare professionals and medical aid scheme administrators' perspectives to provide a more holistic view of challenges and opportunities across the entire healthcare system. Expanding the geographical scope to a wider range of provinces would help capture regional variations and unique local factors influencing NHI implementation. Future research should also explore innovative financing assessing their effectiveness in diverse health systems. Concurrently, investigating practical implementation tools such as digital platforms for data and monitoring or robust accountability frameworks, could provide crucial insights for policymakers aiming to ensure sustainable and equitable healthcare access, especially in resource-constrained environments.

Additionally, given that this study predominantly employed qualitative methods to explore underlying reasons and motivations, future research could integrate quantitative methods to measure the prevalence and scale of identified concerns, such as the financial impact on private practices or the extent of human resource shortages. This mixed-methods approach would offer a more comprehensive understanding of the complexities of stakeholder relationships.

6 Annexures and Appendix

6.1 Annexure A

Interview questions for Private Sector Specialists, Nurses and Hospital Operational Management

Topic: Stakeholder Alignment Among Healthcare Providers in the National Health Insurance (NHI) Implementation Plan

General questions:

1. What are your concerns and expectations regarding the NHI?
2. How do you believe the NHI will impact your practice and income?
3. What are the potential challenges and opportunities for you under the NHI?
4. What are your priorities for the NHI implementation process?
5. How do you anticipate NHI will affect the financial sustainability of your organisation?

Private Sector Specialists

1. How do you anticipate the NHI will affect competition within the private healthcare market? Additionally, how would you be affected?
2. What concerns do you have regarding the regulatory framework for the NHI and its potential impact on the private sector?
3. What strategies are you considering to address cost control and ensure profitability in the NHI environment?
4. How do you envision collaboration between the public and private sectors in the implementation of the NHI?
5. What would guarantee your commitment and alignment with NHI?
6. How can decision-making processes be designed to ensure that all stakeholders have a meaningful voice?

Private Sector Nurses

1. How do you anticipate the NHI will affect the patient experience in the private healthcare sector?
2. Are you concerned about changes in workload or staffing levels due to the NHI implementation?
3. How do you see the NHI impacting the quality of care provided in the private sector? Additionally, how would the NHI affect the quality of your work?
4. What concerns do you have regarding the continuity of care for patients transitioning between public and private sectors?
5. What is your understanding and what are your concerns with the remuneration and benefits for nurses under the NHI?
6. What would guarantee your commitment and alignment with NHI?
7. What communication channels are currently in place to facilitate dialogue and information sharing about the NHI among stakeholders?

Private Hospital Management

1. What investments are you making to ensure your hospital's infrastructure is aligned with NHI requirements?
2. How do you assess the financial viability of private hospitals in the NHI environment?
3. How do you plan to address potential challenges related to human resources, such as staff retention and recruitment?
4. What other changes are you anticipating would have major consequences for your hospital?
5. How are you managing the risks associated with the NHI implementation, such as potential financial losses or regulatory changes?
6. What would guarantee your commitment and alignment with NHI?
7. To what extent do you believe your organisation's goals and objectives would align with the NHI?
8. What strategies can be employed to ensure your ongoing stakeholder engagement and participation in the NHI implementation process?

6.2 Annexure B

Thematic analysis themes

Through thematic analysis, the research questions can be grouped into several key themes related to the NHI implementation plan. These themes highlight common concerns, expectations, and areas of impact across private sector specialists, nurses, and hospital operational management.

Thematic grouping of the research questions:

1. General NHI Impact and Expectations:

- Concerns and expectations regarding the NHI.
- Anticipated impact on practice and income.
- Potential challenges and opportunities under the NHI.
- Priorities for the NHI implementation process.
- Anticipated effect on the financial sustainability of the organisation.

2. Financial and Economic Implications:

- Impact on competition within the private healthcare market.
- Strategies to address cost control and ensure profitability in the NHI environment.
- Financial viability of private hospitals in the NHI environment.
- Managing risks associated with NHI implementation, such as potential financial losses.
- Concerns with the remuneration and benefits for nurses under the NHI.

3. Quality of Care and Patient Experience:

- Anticipated effect on the patient experience in the private healthcare sector.
- Impact on the quality of care provided in the private sector.
- Effect on the quality of nurses' work.

- Concerns regarding the continuity of care for patients transitioning between public and private sectors.

4. Human Resources and Workforce:

- Concerns about changes in workload or staffing levels due to NHI implementation.
- Plans to address potential challenges related to human resources, such as staff retention and recruitment.

5. Stakeholder Alignment, Collaboration, and Communication:

- Factors guaranteeing commitment and alignment with NHI (asked to Private Sector Specialists, Nurses, and Private Hospital Management).
- Envisioned collaboration between the public and private sectors in the implementation of the NHI.
- How decision-making processes can be designed to ensure all stakeholders have a meaningful voice.
- Communication channels currently in place to facilitate dialogue and information sharing about the NHI among stakeholders.
- Strategies to ensure ongoing stakeholder engagement and participation in the NHI implementation process.
- Extent to which the organisation's goals and objectives would align with the NHI.

6. Regulatory and Operational Preparedness:

- Concerns regarding the regulatory framework for the NHI and its potential impact on the private sector.
- Investments being made to ensure hospital infrastructure is aligned with NHI requirements.
- Other anticipated changes that would have major consequences for hospitals.

6.3 Appendix 1

Stakeholder Group	Key Requirements for Commitment
Private Sector Specialists	- Inclusive decision-making and genuine consultation. - Fair compensation. - Well-resourced public facilities. - Retention of professional autonomy and patient choice.
Private Sector Nurses	- Improved remuneration and job security. - Continuous communication and consultation. - Improved working conditions.
Private Hospital Management	- Clear blueprint and agreements. - Transparent and timely compensation. - Buy-in from key stakeholders. - Public understanding of benefits.

Table 3: Private sector Stakeholder Requirements for NHI Commitment

7 References

Africa Centres for Disease Control and Prevention. (2025). The Africa CDC Strategy for Health Workforce Development 2023–2030. https://africacdc.org/wp-content/uploads/2025/05/PDF_-Human-Resources-for-Health-in-Africa-Long-feature.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brereton, J. (2023). The Importance of Stakeholder Alignment: Achieving Organizational Success. Launchnotes. https://www.launchnotes.com/blog/the-importance-of-stakeholder-alignment-achieving-organizational-success

Christmals, C. D., & Owusu, A. Y. (2020). Implementation of the National Health Insurance Scheme (NHIS) in Ghana: Lessons for South Africa and Low- and Middle-Income Countries. Risk Management and Healthcare Policy, 13, 1879–1904. https://doi.org/10.2147/RMHP.S245615

Clarkson, M. B. E. (1995). A stakeholder framework for analyzing and evaluating corporate social performance. Academy of Management Review, 20(1), 92–117. https://doi.org/10.2307/258888

Corbin, J., & Strauss, A. (2014). Basics of qualitative research: Techniques and procedures for developing grounded theory (4th ed.). SAGE Publications.

Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). SAGE Publications.

Darrudi, A., Ketabchi Khoonsari, M., & Tajvar, M. (2022). Challenges to achieving universal health coverage throughout the world: A systematic review. Journal of Preventive Medicine and Public Health, 55(2), 164–176.

Deghaye, N., McKenzie, T., & Chirawu, P. (2012). Inequality in South Africa: A two part document on the current understanding & dimensions of inequality in health, gender and livelihoods.

Department of Health and Social Care. (2023). NHS England: Annual Report and Accounts 2022 to 2023. https://www.england.nhs.uk/publications/annual-report/

Department of Health, South Africa. (2017). National Health Insurance: A Framework for Universal Health Coverage in South Africa. https://www.launchnotes.com/blog/the-importance-of-stakeholder-alignment-achieving-organizational-success

Freeman, R. E. (1984). Strategic management: A stakeholder approach. Pitman.

Fusch, Patricia & Ness, Lawrence. (2015). Are We There Yet? Data Saturation in Qualitative Research. Qualitative Report. 20. 1408-1416. 10.46743/2160-3715/2015.2281.

Khunou, M. M., Maleka, D. M., & Koto, M. M. (2022). Stakeholder perceptions on the proposed National Health Insurance in South Africa: A systematic review. Frontiers in Public Health, 10, Article 918188. https://doi.org/10.3389/fpubh.2022.918188

Kotter, J. P. (1996). Leading Change. Harvard Business School Press.

Lewin, S. (2021). Stakeholder engagement in health systems strengthening: A guide for policymakers. World Health Organization.

Masemola, J. M., Magobe, V. L., Phiri, L. J., Dlamini, A. Z., & Modiba, M. C. (2025). Digital pulse: Social media reaction to South Africa's National Health Insurance implementation. African Journal of Primary Health Care & Family Medicine, 17(1), 4997.

Mitchell, R. K., Agle, B. R., & Wood, D. J. (1997). Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. Academy of Management Review, 22(4), 853–886. https://doi.org/10.5465/amr.1997.9711022105

Mokoena, S. V., & Naidoo, P. (2024). Factors that hamper the effective implementation of the building blocks for National Health Insurance in South Africa. SA Pharmaceutical Journal, 91(3), 45–51. https://doi.org/10.36303/sapj.0156

National Department of Health (South Africa). (2024). National Health Insurance (NHI). Retrieved from https://www.health.gov.za/nhi/

National Health Laboratory Service, South Africa. (2023). Annual Report. Oxfam.

Nirwan, M. S. (2021). Universal health coverage in developing countries: Barriers and strategic reforms. Journal of Health Literacy and Qualitative Research, 1(2), 99–112.

Nyamande, F., Khubone, T., Dlamini, S. Z., Naidoo, R. K., & Maphumulo, W. D. (2024). Facilitators and barriers to the implementation of the National Health Insurance in South

Africa: a systematic review. BMJ Open, 14(12), e085903. https://doi.org/10.1136/bmjopen-2024-085903

Parliament of South Africa. (2023). National Health Insurance Act 20 of 2023. Government Gazette, 49830.

Passchier, R. V. (2017). Exploring the barriers to implementing National Health Insurance in South Africa: The people's perspective. South African Medical Journal, 107(10), 836.

Patel, M., & Khan, S. (2023). The role of stakeholder engagement in successful healthcare reforms. International Journal of Health Policy and Management, 12(3), 25-35.

Section27. (2021). Health reform – Perspectives and proposals (Report). Section27.

Singh, P., Versfeld, M., & Rees, A. (2024). The NHI Act: A flawed execution of a laudable idea. Webber Wentzel Attorneys.

Smith, J., & Jones, A. (2020). Stakeholder engagement in healthcare reform: Lessons from international experience. Health Policy and Planning, 35(1), 1-10.

The King's Fund. (2023). Public satisfaction with the NHS and social care in 2023. World Health Organisation. https://www.kingsfund.org.uk/insight-and-analysis/reports/public-satisfaction-nhs-social-care-2023

Thompson, C., & Greenhalgh, T. (2017). Health policy and management: A reader. Routledge.

Transparency International. (2024). Corruption Perception Index. Retrieved from https://www.transparency.org/en/countries/south-africa.

Umeh, C. A. (2018). Challenges toward achieving universal health coverage in Ghana, Kenya, Nigeria, and Tanzania. International Journal of Health Planning and Management, 33(4), e794–e805.

Varvasovszky, Z., & Brugha, R. (2000). A stakeholder analysis. Health Policy and Planning, 15(3), 338–345.

Wang, H., Fu, C. X., & Yip, W. (2020). Design and implementation of health financing schemes for informal sector workers: A systematic review. Social Science & Medicine, 244, 112671.

Watkins, D. A., Jamison, D. T., Mills, T., et al. (2017). Universal Health Coverage and Essential Packages of Care. In D. T. Jamison, H. Gelband, S. Horton, et al. (Eds.), Disease Control Priorities: Improving Health and Reducing Poverty (3rd ed., Chapter 3). Washington, DC: The International Bank for Reconstruction and Development / The World Bank.

Webster, W. (2024). What is data saturation in qualitative research? Qualtrics. https://www.qualtrics.com/articles/strategy-research/data-saturation-in-qualitative-research/

World Health Organization. (2023). World Health Statistics 2023: South Africa.