Perceptions of health care professionals on the feasibility of NHI in the current South African context

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ABSTRACT

The research aimed to investigate the perceptions of health care professionals on the feasibility of a National Health Insurance (NHI) policy in the current South African context. This is motivated by the country's government plan to introduce a single health care system that is able to provide quality, affordable, and accessible health care services to all citizens, regardless of their socioeconomic status. Listed as one of the programmes for implementation on the country's National Development Plan (NDP), the NHI is expected to be rolled out to South African citizens by the end of 2026. The study considered different countries that have introduced universal health coverage by use of the NHI, extrapolating key lessons and considerations that can be applied by South Africa for this context, with a specific focus on the views and perceptions of healthcare professionals on the feasibility of such a programme and the uncovering of any undocumented concerns and fears about the NHI.

The study employed a qualitative approach, interviewing sixteen health care professionals through open-ended questions. Participants were all based and placed in Ekurhuleni and employed at the public hospitals in the area. This specific sample was chosen because of the volume of patients they see and the challenges regarding resources they face. Most healthcare professionals believe the NHI is not feasible in South Africa. They expressed concern over the required political prowess for implementation and the lack of trust in current governmental structures to ensure the successful running of such a state-owned entity. The participants also mentioned that the current planning for the NHI excludes the voices of healthcare professionals, who will be some of the major stakeholders on the ground. Therefore further fuelling the scepticism on the positive rollout of such a programme.

The key recommendation from the research is that the country's government must involve all stakeholders to ensure the success of the NHI. Additionally, it is presented that there be mandatory cross-subsidization for the elderly and value-added tax for the unemployed. Lastly, it is presented that the government should focus on improving the public sector and its readiness for such a rollout before emphasizing time frames.

KEYWORDS. National Health Insurance (NHI), public health sector, Universal health coverage (UHC), National Development Plan (NDP 2030).

DEDICATION

I would like to dedicate this research report to my family, wife, and three children, who showed me unwavering support and understanding during the most challenging yet exciting time of my life. I would like to thank God for the wisdom and the favour He gave me, allowing me to enroll in the prestigious MBA Wits Business School and see through the process to the end. I would like to extend my gratitude to the Department of Health for allowing me to interview their staff. I would like to dedicate this research report to every healthcare professional who participated in the interviews, sacrificing their time for my research.

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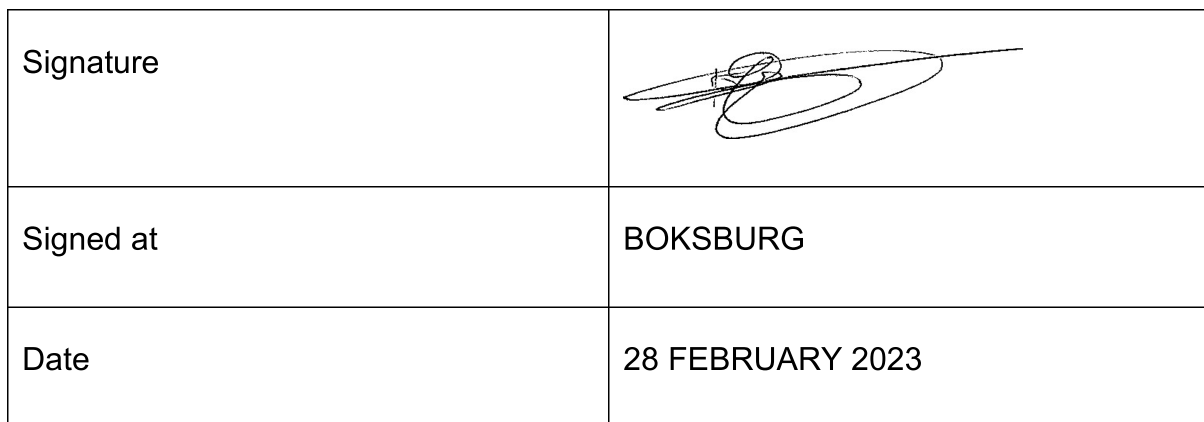
I would also like to acknowledge the contribution and knowledge gained from my lecturers throughout my studies, which served as the foundation for my research article preparation.

DECLARATION

I, Khulekani Freedom Shezi, declare that this research report is my own work except as indicated in the references and acknowledgements. It is submitted in partial fulfilment of the requirements for the degree of Master of Business Administration at the University of Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in this or any other university.



Signature	
Signed at	BOKSBURG
Date	28 FEBRUARY 2023

LIST OF ABBREVIATIONS

WHO	World Health Organisation
UHC	Universal Health Coverage
NHI	National Health Insurance
NHIS	National Health Insurance Scheme
DOH	Department of Health
ANC	African National Congress
NDP	National Development Plan
GP	General Practitioner
OSD	Occupational Specific Dispensation

TABLE OF CONTENTS

ABSTRACT 2
DEDICATION 3
ACKNOWLEDGEMENTS 4
DECLARATION 5
LIST OF ABBREVIATIONS 6
TABLE OF CONTENTS 7
CHAPTER ONE: INTRODUCTION 9
1.1. The context of the study 11
1.2. Problem statement 13
1.3. The purpose of the study 14
1.4. Research objectives 14
1.4.1 Primary objectives 14
1.4.2 Secondary objectives 15
1.5. Research Questions 15
1.6. Delimitation of the study 15
1.7. Significance of the study 16
1.8. Structure of the research 16
CHAPTER TWO: 17
LITERATURE REVIEW 17
2.1 Introduction 17
2.2. Universal Health Coverage 20
2.3. Overview of NHI in South Africa 21
2.4. Challenges of NHI in South Africa 22
2.5. Theoretical framework 25
CHAPTER THREE: RESEARCH METHODOLOGY 27
3.1. Introduction 27
3.2. Research design 27
3.3. Population 28
3.4. Data collection technique and instrument 28
3.5. Sampling and participation 28
3.6. Sample size 29
3.7. Data collection 29

3.8. Credibility and Trustworthiness 29
3.9. Data analysis 30
3.10. Ethical consideration 31
3.12. Conclusion 31
CHAPTER FOUR: RESULTS 33
4.1. Introduction 33
4.2. Sample 33
4.3. Demographics 33
4.3.1. Employment status of the participants 34
4.3.2. Key areas of discussion 35
4.4. The NHI's Contribution or impact on public hospitals in South Africa. 36
4.5. Briefing of health care professionals on NHI progress 36
4.6. The readiness of the public sector for the NHI rollout. 37
4.7. Financing of the NHI 37
4.8. Sustainability of the NHI 38
4.9 Summary of findings 38
CHAPTER FIVE: DISCUSSION 40
5.1. Introduction 40
5.2 Discussion of Themes 40
5.3 Contribution of the NHI to the South African health sector 41
5.4 Sustainability of the NHI 43
5.5 The financing of the NHI 46
5.6. The public sector’s readiness for the NHI rollout 47
6.1 Conclusion 48
6.2 Limitations of the Study 49
6.3 Recommendations for Policy Making 49
6.4 Restructuring of health care system towards NHI 49
6.5. Recommendations for future studies 50
REFERENCES 51

CHAPTER ONE: INTRODUCTION

The National Health Insurance (NHI) is a funding model used to pool funds through revenue collection, purchasing, and provision of health care for all citizens (Reich, 2016). The NHI is a funding model used by certain countries to fund universal health coverage (UHC), which is a very complex and universal health coverage system aimed at providing quality health care for all citizens regardless of their socioeconomic status; it has been referred to as a universal access system (Maeda, 2016). The World Health Organisation (WHO), motivated by protecting citizens from financial bankruptcy, coined the term or the concept of universal health coverage. This was achieved by countries formulating a financial model that will ensure that citizens do not pay for health care directly from their pockets (Reich, 2016). It is the recommendation of the WHO that the monetary collections focus on sharing risks and minimise unnecessary risks for families (Giovanella, 2020).

The South African government announced through a Green Paper on the 12th of August 2011, their vision of restructuring the South African health sector through the introduction of the NHI, done to achieve national health insurance which would further achieve universal health coverage. NHI seeks to provide equal access to the best health care for all citizens regardless of their socioeconomic status. The NHI bill was passed in the national parliament in 2019 and has been open to the public for consultation and support (Michel & Tediosi, 2020). The NHI further seeks to redress the inequalities in the country that were inherited from the apartheid government, where the majority of black South Africans were denied access to decent health care. At the same time, 10% of the population enjoyed the best health care, while 80% relied on public health care. Before 1994, there were 8.4% of beds per thousand for white patients, while black patients had 4.2% of beds per thousand. Another devastating statistic is that 80% of the medical specialists work in the private sector, while the public sector only has 20% of the country's specialists (Fusheini, 2017).

Most public hospitals in South Africa have poor management, a lack of skilled personnel, and a medication shortage. The shortage of clinicians and limited funds to maintain efficient clinical services remains the most frustrating factor for healthcare professionals (Sekhejane, 2013). Most public hospitals are in a regrettable state

because of the lack of infrastructure maintenance and poor funding, in addition to the exhausted and discouraged clinicians. The survey performed by the Occupational Health Standards Compliance (OHSC) in 2018 found that 62% of public hospitals were non-compliant. The South African health sector has been divided into two, with the private sector having more resources but only accessible to a few. The main reason behind this is the exorbitant private sector pricing that leaves most of the population unable to afford it (Fusheini, 2017).

The set-up of the South African health sector contradicts the promises made in the country's Bill of Rights. Recently, there has been a deterioration in the state of the public sector's health infrastructure, with more and more cases of corruption being reported and poor supply chain management leading to a shortage of medication and other essentials for the daily running of the hospitals (Wesso, 2014). Healthcare professionals have risked their careers working with limited resources and no available platform from the government to hear their concerns and recommendations for what could better improve the health sector.(Wesso, 2014).

The government presented the National Development Plan (NDP) 2030 to redress the gap between the costly private and underperforming public sectors. The NHI bill was passed in 2019 and accepted as the only way quality health care can be accessible to everyone (NDP 2030, 2022). The vision of the document was to eliminate inequalities and eradicate poverty, creating a better South Africa for all by 2030. The vision of the NDP is based on creating a health system that will work for everyone with a positive health outcome at the centre of it. It has four specific missions:

- To increase the life expectancy of all citizens to 70 years.
- To promote a healthy lifestyle and the generation.
- To achieve an infant mortality rate of less than 20 deaths per thousand live births.

These objectives are in line with the health challenges which were facing the country: HIV/ AIDS and related illnesses such as tuberculosis and sexually transmitted diseases, maternal and child deaths, lifestyle diseases (non-communicable) such as hypertension and diabetes, and lastly, violence or trauma injuries (NDP 2030, 2022).

The Minister of Health, Dr. Joe Phaahla, announced that public hospitals have a shortage of more than 1300 medical doctors and a shortage of 10 000 nurses. (Maqhina, 2022). The challenges the minister specified speak to the frustrations and demoralizing factors that have led many doctors and nurses to leave the country due to the heavy workload. As a result, the planning for NHI rollout without the voice of healthcare professionals as key and primary stakeholders has raised many concerns (Fusheini & Egles, 2017).

1.1. The context of the study

Universal Health Coverage (UHC), has been welcomed by many countries both in and across the globe and most of these countries introduced the UHC during a time of the crisis. The reason behind this strategy is that it creates an opportunity for the leading government to gain support from the stakeholders who would generally oppose it. The first concept of social insurance was introduced by Germany in 1883 during the financial crisis. Social insurance is a mandatory social contribution from the labour force, employees, employers, and family members and was regarded as the Bismarck Ian type. European countries such as the United Kingdom introduced universal health coverage in 1948, Portugal in 1974, Italy in 1978, and Spain introduced it in 1986. All these European countries adopted a Bismarck Ian type of coverage, where social contributions for all employees and employers become mandatory (Giovanella 2020).

A study by Japanese researchers working with the World Bank that focused on eleven countries that have the UHC implemented uncovered the challenges and solutions common amongst these countries, regardless of their progress and economic state (Reich & Harris, 2016). The countries that were part of the study were: Bangladesh, Brazil, Ethiopia, France, Ghana, Indonesia, Japan, Peru, Thailand, Turkey, and Vietnam. The study focused on three key areas meant to determine the sustainability of the UHC: the political economy, the political process for the adoption of expansion, and lastly, the health financing policies that would enhance the health coverage (Reich & Maeda 2016).

The findings showed that political commitment is essential in the roll out of such universal coverage successfully. Countries like France used taxes for the financing of the cover, while Ghana and Brazil went for value-added tax with social security

contributions. Countries such as Thailand, Turkey, Japan, and Vietnam opted for a high -priority budget (Reich & Maeda, 2016). On the other hand, Ethiopia, Indonesia, Peru, and Bangladesh used flexible and varying budgets for health coverage. The lesson learnt by the Japanese from this study was that countries must not wait for a perfect and convenient economic climate to start universal health coverage. This is evident in Ethiopia, Bangladesh, Peru, and Indonesia. The other lesson learnt by Japan and the World Bank is that if there are many opposing voices to the implementation of the UHC, and that indeed, times of crisis might be the perfect opportunity to get support from those opposing stakeholders. Another notable finding was that countries used different options to raise revenue for health coverage. These lessons are critical for a country such as South Africa to learn from, understanding which models are likely to result in the successful rollout of such a coverage system in the (Reich & Maeda, 2016).

As has been previously stated, the NHI is a funding model used to pool funds through revenue collection, purchasing, and provision of health care for all citizens. The NHI utilises a billing system where funds will be pooled from one central point, thus creating universal health coverage (Sekhejane, 2013). The NHI aims to be affordable and comprehensive, available to all citizens and covering all their health needs. The journey to the roll out of this comprehensive insurance plan has been estimated to take 15 years since the NDP 2030 vision was introduced in 2012. The main challenges identified and damaging to implementation are the state of the public hospitals and the shifting of many clinicians from the public sector to the private sector (Fusheini & Egles, 2017). Additionally, the budgetary constraints of the public sector make it difficult to retain scarce skills such as doctors, nurses, pharmacists, and physiotherapists and as a result, the sector continuously recruits these professionals (Labonte, 2015).

Regardless of this stipulated timeline given back in 2012, little progress has been made to realise this objective. Minister Joe Phahlaa announced that there is no need to budget for the NHI since little progress has been made and as a result, the budget that was allocated to the NHI has not been fully utilised (Maqhina, 2022). Additionally, the private sector has been resisting the NHI, commenting that the economic growth

of the country has stunted, with only 1% in growth registered over the past few years. The unemployment rate has also been growing and now sits at 34% (Maqhina, 2022).

The study seeks to understand the perception of health care professionals on the feasibility of NHI in the current South African context. This study is more relevant because there was no consultation from healthcare professionals when the insurance plan meant to govern their sector was drafted and instituted.(Gaqavu & Mash, 2019).

1.2. Problem statement

The planning of the NHI through the White Paper in 2011, covering all the phases put in place by the government - was all done without the perspective and input of healthcare professionals (Ataguba, 2012). A system that aims to transform the entire healthcare industry requires insights and a buy-in from the primary stakeholders to ensure a seamless rollout when the time happens. While the NHI can resolve the country's two-tiered health system, without inclusivity and consultation from the right parties, it remains a dream (Ataguba, 2012).

Another glaring challenge is that NHI implementation has made no progress from its inception in 2012. This lack of progress could also be attributed to the exclusion of health workers from the discussions, who are primary stakeholders and contributors to the success of the national plan be the exclusion from the debate and discussion of key players in reforming the country's health sector. The perceptions of health care professionals can serve as a foundation through which the government can build on. Previous studies on NHI focused on the financing model and the role of general practitioners working in the private sector. A study on the healthcare professionals working in public hospitals dealing with 80% of the population with limited resources has never been done (Gaqavu & Mash, 2019).

NHI in South Africa has been marked with controversy and doubts from many private stakeholders. This is informed by the current state of the economy and the challenges that the country is facing. There are perceptions that the introduction of NHI, if run by the government, will collapse the private health care sector. The contrary view opposing these fears is that many people in South Africa cannot afford medical aid due to the failing economy and an ever-growing unemployment rate. NHI then comes

as an antidote to the South African health sector, which is unequal, serving as a reflection of South African history (Michel & Tediosi, 2020).

1.3. The purpose of the study

The NHI has worked in some countries as universal health coverage and failed in others. The research will uncover the perceptions of many healthcare professionals and understand their concerns, fears, and also ascertain if there is any hope that the NHI will work in South Africa. The nature of the research is qualitative as it seeks to explore the perceptions of health care professionals on NHI in the current South African context.

The health care professionals were interviewed through open-ended questionnaire to answer the derived research questions, which will served as the basis for the recommendations output for the project. The focus was on public sector healthcare professionals working in Ekurhuleni's regional hospitals, chosen because of the number of patients they serve and the number of hospitals within the catchment area. Ekurhuleni hospitals cater to patients from their catchment areas, as well patients from other provinces, and also those traveling from neighbouring countries. Additionally, most of the hospitals in Ekurhuleni are old with poor infrastructure and have been prioritised for revamping.

1.4. Research objectives

1.4.1 Primary objectives

This research explores the perspective of healthcare professionals on the feasibility of NHI in the current South African context. Healthcare professionals in public hospitals face day-to-day challenges due to limited resources. When NHI was introduced by the then Minister of Health, Dr. Aaron Motsoaledi, through the Green paper in 2011, it brought hope to many healthcare professionals working in public hospitals. They were assured of a resuscitation of infrastructure, addition of resources to public hospitals, and meeting the expectations of citizens. However, the planning of NHI excluded these very healthcare professionals (NDP 2030, 2011).

1.4.2 Secondary objectives

On the back of this primary objective, the following secondary objectives have been derived:

1. To determine how the proposed sources of NHI funding will affect the successful implementation.

2. To determine whether government's role as payer and provider in the NHI will improve access to universal health care.
3. To determine how the government is preparing public hospitals for the NHI rollout.

1.5. Research Questions

As per the research objectives, the following questions were derived as the research questions:

1.How will the proposed sources of NHI funding impact NHI implementation?

2. Will the government be able to improve access to universal health care while playing the role of a payer and provider?

3. Is the government preparing public hospitals for NHI roll out?

1.6. Delimitation of the study

This research focuses on the perspective of healthcare professionals on the feasibility of NHI in the current South African context. The participating healthcare professionals were public servants, nurses, and doctors working in Johannesburg public hospitals. The focus on Johannesburg was chosen due to the qualitative nature of the research and the need to study general perspectives of healthcare professionals. Gauteng has

the highest number of public hospitals in the country (Stats SA, 2017). The participants chosen for this study were enough to provide a realistic and accurate reflection of the healthcare professionals’ perspective on the NHI in South Africa.

1.7. Significance of the study

The research will play a pivotal role in assisting the National Department of Health, which is the custodian of the NHI implementation, to obtain healthcare professionals' views on the bill in question. It is essential to have the perspective of healthcare professionals in the public sector, as they are critical players in transforming the public sector. The research is motivated by the government's announcements on social platforms regarding the progress made in NHI implementation. As this process unfolds, one wonders if the main stakeholders tasked with taking care of a failing, challenged system are kept updated and whether they have participated in the whole process or have been left out of the discussion table (Gaqavu & Mash, 2019).

Some of the obstacles that may have arisen in the rollout and implementation of the NHI could be due to the exclusion of healthcare professionals from the discussions. However, their perspective may also serve as a solution and provide a broader view of the state of public hospitals. The findings of this research will be of great value to other NHI researchers and the Department of Health itself.(Gaqavu & Mash, 2019).

1.8. Structure of the research

To this end, the report has six chapters. Following this introductory chapter, Chapter 2 provides a literature review covering the problem, past studies, and the theoretical framework of the study undertaken. Chapter 3 discusses the research strategy, design, procedures, reliability and validity measures, as well as the limitations of the study. Chapter 4 and 5 respectively present and discuss the findings, to interrogate the research questions, while Chapter 6 summarises and concludes the research study.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The current state of the South African health sector reflects its foundation and legacy, which were based on the apartheid era of race, ethnicity, and regional segregation, resulting in a poor and unequal health sector where most citizens could not access healthcare (Wesso, 2014). The Khoi-San people, who were the original inhabitants of South Africa, treated diseases using traditional herbs and other home remedies. When white settlers arrived in 1652, they also widely used this form of medicine (Delobelle, 2013). However, it took almost a century before the first hospitals were introduced. The settlers were already importing medicine from Europe to treat common ailments using district surgeons who were not adequately trained (Delobelle, 2013).

In 1755, the outbreak of smallpox prompted the establishment of the first two hospitals in South Africa. The increasing burden of diseases, including malaria and tropical diseases, was the driving force behind the need for more medical facilities (Wesso, 2014). As colonial rule took hold, Britain's influence led to the establishment of the Supreme Medical Committee in 1807 to address health issues across the colonies. In 1877, nurse training began in South Africa, marking a significant milestone in the development of the healthcare sector. A few years later, in 1883, the Public Health Act was introduced (Wesso, 2014).

The discovery of gold and diamonds in South Africa had a positive impact on the health sector. As more people migrated to the cities, there was a rapid increase in the number of hospitals being built to cater for their health needs. However, this also led to a rise in disease burden, especially in overcrowded black-populated areas. Unfortunately, the government neglected the rural black communities when it came to healthcare provision. As a result, churches and missionary buildings were the only available source of care for these communities, as they were able to build hospitals in these rural areas (Fusheini, 2017).

During that time, the government's healthcare developments closely resembled those in Britain. The Public Health Act of 1919 proposed the idea of introducing healthcare that would accommodate both white and African people without any payments. The provinces were given control of the hospitals, while the municipalities controlled the clinics to promote and focus on preventative measures (Fusheini, 2017).

However, the passing of the Land Act in 1913 had dire consequences for the healthcare of Black people, as it forced 85 percent of them to be relocated to just 13 percent of the land in the country. This was part of a design of a racial segregation system, leading to the outbreak of diseases like syphilis, tuberculosis, and other infectious diseases among the Black population for the next eighty years (Fusheini, 2017).

As more economic opportunities arose, a mass migration from rural areas to the cities occurred, which brought about health challenges and a rise in disease burden. In response, the Loram committee was formed and in 1928 recommended training black doctors to address health challenges in black communities. However, the government chose to ignore these recommendations (Fusheini, 2017). In 1940, the Department of Public Health pushed for the creation of a segregated system where Black people would have separate health services from whites, resulting in the establishment of native health and medical services.(Fusheini, 2017).

There has long been a need in South Africa for a national health service, and in 1945, the Gluckman commission proposed the creation of a South African health sector focused on primary healthcare for all citizens. This form of preventative care was intended to ensure that all citizens had equal access to healthcare. The commission also investigated four main challenges facing the South African health sector: a shortage of essential hospital resources, such as beds and professional health workers; an overemphasis on curative care rather than preventative medicine; and the government's lack of coordination of the mine, missionary, and private hospitals.(Delobelle, 2013).

The assessments made to identify challenges in the health sector were crucial for paving the way towards the creation of a National Health Service in South Africa. However, all progress came to a halt in 1948 when the Nationalist party took over the

government. The lack of funding and political will led to a decline in the restructuring of the South African health sector. Under the new government, the homelands lacked financial support to implement primary healthcare, causing health services in the Bantustan community to deteriorate due to the lack of funds and support from the national government (Fusheini, 2017).

The challenges faced by the South African health sector led to increased maternal mortality as many people in rural areas had limited access to roads and transportation. Moreover, poorly trained staff, lack of necessary equipment, and overcrowding exacerbated the situation. The shortage of doctors also worsened, with the vacancy rate for doctors reaching 70% in 1981 (Fusheini, 2017). The doctor-patient ratio was also severely impaired, with only two doctors available for every 20,000 to 30,000 people in the black community, while for whites, the ratio was 875 patients to one doctor (Sekhejane, 2013). In urban areas, there were 109 black patients for one available hospital bed, and in rural areas, the ratio was 191 black patients for one bed. These challenges resulted in several unnecessary deaths and required urgent intervention from the state to restructure the health sector to serve the people effectively (Fusheini, 2017).

When examining Japan, which implemented universal health coverage in 1961, it can be seen that a system that consists of an employee-based and community-based structure is called the social health system (Ikegami, 2011). The Japanese government passed the UHC bill in 1922, and continued to work on it until 2003, when complete coverage with a one percent co-payment for certain services was accomplished. Japan modeled their system after Germany's employee and social-based system. The community-based or social-based system depends on enforcing cross-subsidization of elderly individuals (Ikegami, 2011).

France implemented a social-based healthcare system in 1945, similar to Japan and Germany (Nay, 2016). The system aimed to provide equal access to healthcare for all citizens. Since then, France has continually improved its health insurance program, with the latest changes made in 2015. The country's healthcare system is funded through contributions from both employers and employees, making it one of the most affordable systems (Nay, 2016).

2.2. Universal Health Coverage

Universal Health Coverage (UHC) aims to provide all citizens with equal access to the best healthcare in the country, regardless of their socioeconomic status. To fund universal coverage, countries often adopt a NHI system that pools funds from various sources. This system helps protect citizens from becoming bankrupt due to medical bills. When introducing universal coverage, countries like Canada considered three critical elements: the population size that needs coverage, the cost of covering that population, and the range of services they can provide (Michel & Tediosi, 2020).

When a government intends to introduce NHI, it must consider trade-offs and ensure policies can adjust and cater to the health system's needs (Michel & Tediosi, 2020). The countries that have successfully initiated and developed universal health coverage often did so when the economy was unstable, which galvanized support from all stakeholders, as private healthcare was not an option for most citizens (Bletcher, 2020). NHI protects low-income individuals and families from the financial burden of healthcare costs, ensuring they have access to necessary medical services (Bletcher, 2020).

The previous chapter covered the history of the South African health sector, starting from the construction of the first two hospitals in 1755, up to the introduction of the Public Health Act in 1919. The chapter also delved into the initial introduction of the NHI in South Africa, which did not receive support from the apartheid government. Additionally, the chapter reviewed the government's current efforts to introduce the NHI and the subsequent stages, which culminated in the passing of the NHI bill in parliament. The historical background provides an opportunity to recognize the progress made while also acknowledging the work that needs to be done for NHI to be effectively implemented and sustainable (Delobelle, 2013).

This chapter will further provide an overview of the NHI in the South African context and the challenges it faces in the current environment. The feasibility of NHI is also addressed in this chapter.

2.3. Overview of NHI in South Africa

The South African health sector has been reflective of the country's socioeconomic status, with high poverty rates and significant inequality (Passchier, 2017). Despite being a democracy, resources and opportunities are often only accessible to a few while the majority of South Africans struggle to access them. The health sector is divided into public and private sectors, with the former often criticized for being inefficient, suffering from maladministration, and providing poor patient care (Passchier, 2017).

The new government inherited a health system that provided substandard care to most of the population while catering to the needs of a privileged minority (Fusheini, 2017). The public health care system was designed in such a way that most citizens had limited access to hospitals and care facilities, while the privileged few enjoyed quality health care. The ANC government, through its mandate as outlined in the freedom charter, sought to address these challenges and reform the system to correct inequalities and provide better access to quality health care (Fusheini, 2017).

The first step towards improving the public healthcare system in South Africa was to build more clinics that could provide primary healthcare services (Maqhina, 2020). Since 1994, around 700 local clinics have been established in the country to provide preventative care to people in townships and to offer easy access to healthcare services that were previously unavailable to many communities, especially in rural areas (Maqhina, 2020). However, these interventions were not enough to turn around the public healthcare sector. Maternal and child mortality rates remained high, the spread of HIV/AIDS continued to increase, and the quality of healthcare remained poor (Fusheini, 2017).

In 2003, the WHO proposed that countries introduce a more affordable, cost-effective, and accessible universal health coverage system to their residents using a single pool of funding (Michel & Tediosi, 2020). This proposal was accepted by many countries, including South Africa, as it aligns with the bill of rights and the National Health Act. The UHC ensures that all citizens in the country have equal access to quality healthcare, regardless of their affordability and socioeconomic class (Michel & Tediosi, 2020). However, many who have attempted to use this healthcare system are

concerned about the funding concept and the government's ability to sustain it. While funds accommodate both the public and private sectors, the funding mainly comes from the public. In 2010, the WHO reported on financing universal health coverage and identified three financing systems (Fusheini, 2017):

1. Revenue collection
2. Pooling
3. Purchasing.

Financing systems are critical to protecting citizens' finances and ensuring inclusivity (Kutzin, 2013). Over 50 countries worldwide have implemented universal health coverage, providing their citizens with access to quality healthcare systems. In the South African context, it is clear that most people cannot afford quality healthcare due to the high pricing in the private sector (Kutzin, 2013).

2.4. Challenges of NHI in South Africa

UHC could be a solution to the challenges faced by the South African health system, given the country's stagnant economic growth, which has only been growing by 1% for the past five years and has even been declared a junk state by Moody’s ratings in 2021. The high unemployment rate of 34% and widespread poverty further compound the challenges faced by the healthcare system. These economic conditions have made it necessary for the government to fast track the implementation of NHI (Bletcher, 2020).

To introduce NHI, the World Health Organization (WHO) has provided a set of criteria that countries must follow. These criteria focus on the following building blocks:

- Finance to support healthcare
- Governance
- Human capital
- Procurement and supply of medical products
- Technology
- Research and information
- Service delivery

These building blocks serve as a standard for building a resilient, value-based, and people-centered healthcare system. The South African government must adhere to these criteria and embrace the same values through policymaking to achieve universal health coverage (WHO, 2015).

The White Paper introduced by the Department of Health in 2015 aimed to move South Africa towards the NHI and identified critical components for its success, including universal access, mandatory prepayment of health services, comprehensive coverage, protection of financial risk of the population, and single funder-single payer (Atagua & McIntyre 2012). However, looking at the current state of South Africa and its readiness to enrol in universal health coverage and following the six building blocks from the WHO, it becomes clear that the country is not ready (Sekhejane, 2013). The issues are multifactorial, ranging from health financing, where different scholars believe that the country can afford the NHI, but corruption and the misuse of funds might hinder its implementation. Without systems in place to control and monitor the flow of funds, the NHI might become another statistic of corruption (Sekhejane, 2013).

One of the major challenges facing the South African health sector is leadership and good governance. Many public hospitals suffer from poor management and administration, leading to inefficient delivery of healthcare services (Fusheini, 2017). Another concern regarding the NHI is that it may lead to the collapse of the private healthcare sector. Additionally, the distribution of resources across provinces is uneven, with many rural and small towns having limited access to healthcare professionals and hospitals (Fusheini, 2017). The legacy of apartheid has contributed to this uneven distribution of resources, which has resulted in healthcare workers in rural areas experiencing professional burnout due to high workloads, while their colleagues in cities and the private sector have access to better resources and more support (Gaqavu & Mash, 2019).

In order to avoid discrepancies, it is necessary to balance resources and infrastructure between rural and urban areas, as well as the public and private sectors before the implementation of NHI. The high percentage of doctors in the private sector compared to the public sector indicates the demoralization of public sector healthcare

professionals. This has led to a large number of healthcare professionals leaving the country for better opportunities abroad. Countries such as England, Canada, and Saudi Arabia have recruited and taken many of these professionals (Nay, 2016). According to the World Health Organisation, South Africa has the highest number of doctors working abroad (Labonte, 2015).

The survey looked into the migration of South African doctors between the periods 1994 to 2007 and showed that remuneration was the main push factor. However, the government introduced Occupation Specific Dispensation (OSD), which improved salaries for doctors and all health care workers. This becomes a retention strategy to a certain extent in the public sector. The challenges around poor infrastructure, lack of tools for trade, and government policies were still not addressed. The second survey, conducted between 2009 and 2015, showed a decline in the migration of health care workers (Labonte, 2015).

Some of the reasons cited by those who were still migrating included the state of the economy and uncertainties regarding political stability in the country. For those leaving the private sector, there were concerns about the future of the sector once the NHI is introduced, while those in the public sector cited poor work conditions (Labonte, 2016). Shockingly, it was discovered that the government had no database of healthcare workers leaving the country from 1994 until 2007 (Labonte, 2015). This lack of data became a concern when a MEC of health in 2015 announced that they needed ten times more doctors for NHI to be effectively implemented. To date, there is no clear strategy to address the issues raised by healthcare workers leaving the country, and the government has no retention strategy in place.

There has been considerable interest among South African and international scholars in researching the feasibility of financing a health system like the NHI in South Africa (Den Heever, 2012). In a January 2012 article, den Heever examined the financial feasibility and reviewed the NHI proposal for South Africa. He argued that the proposed financing system by the government would require a tax increase of 5% of GDP (Den Heever, 2012). This means that public taxpayers, who currently pay an average of 20.4% in taxes, would see that rate double to 41.2%. The proposed financing model would lead to an unprecedented tax increase for the country, unlike any ever paid by a developing country. The author further contended that this form of

financing did not take into account the macroeconomic impact of a 5% increase in taxation, which, when combined with current taxing levels, would effectively bring the tax rate to 8% (den Heever, 2012).

The proposed 8% taxation from GDP will have a negative impact on both businesses and individuals' disposable income (Heever, 2012). The author criticizes the government's costing strategy, which involves a "*SARS-like centralised purchaser*", a system that even advanced countries like Taiwan and South Korea do not practice. Doubts arise over the feasibility and sustainability of financing the NHI using taxable income, and the government's survey on the matter is also questionable (den Heever, 2012).

Several authors have raised concerns about the South African government's ability to establish a self-sustaining financing system that can effectively implement the NHI. In a study conducted by Ataguba and Akazili (2010) on healthcare financing in South Africa, the authors argue that the funding for NHI will largely come from the rich through taxes, while those earning less or belonging to the middle class will be taxed based on their affordability. However, the benefits of healthcare depend on an individual's contribution. The study highlights that the rich only constitute 20% of the population and will continue to enjoy the benefits they received in the current setup of private hospitals, as per the proposed policy (Ojo, 2010).

The researcher undertook a study to investigate the perceptions of healthcare professionals regarding the feasibility of implementing national health insurance in the current South African context. The study aimed at understanding how healthcare professionals in the public sector, perceive the NHI and to further establish, if they have been given an opportunity to participate in the preparations of NHI roll out.

2.5. Theoretical framework

The theoretical framework of this study is based on a thorough literature review, a well-articulated problem statement, and carefully crafted research questions. The

hypothesis is that the lack of stakeholder involvement in the planning of NHI has hindered its progress, and the inclusion of healthcare professionals and their perspectives can help to fast track the implementation of the NHI. This theoretical framework is grounded in previous research, which has shown that general practitioners were not consulted in the planning of the NHI (Gaqavu & Mash, 2019).

The study seeks to explore the perspectives of healthcare professionals in the public sector regarding the feasibility of the NHI. The researcher believes that their views will contribute significantly to the literature and help to identify the gaps that have led to the delay in implementing the NHI. The perceptions of healthcare professionals on the readiness of the country to implement NHI, and to further understand their concerns and fears as primary advocates of patient care would help in assessing the prognosis of NHI in the current South African context (Gaqavu & Mash, 2019).

Conclusion

The theoretical framework and the aim of this study has a neutral view and seek to understand the role and the level of participation of every stakeholder in shaping the health sector of a country that has vast difference in historical background of its citizens.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter provides an overview of the methodology employed in the research, including the study type, research design, data sampling approach, and data analysis techniques. The instruments used in the research and the reliability and consistency of the data are also discussed. Additionally, the chapter delves into the study's delimitations and the population under investigation. The study used the interpretive paradigm qualitative research while using open-ended questionnaire.

3.2. Research design

Interpretive paradigm

The researcher chose interpretive paradigm because of its character suitable for a qualitative study. The interpretive paradigm does not depend on the numerical aspect of analysis to arrive at a conclusion (Gichuru, 2017).It further does not explain or define the dependent or independent variables, however it seeks to understand the phenomena using perspectives of the participants (Gichuru,2017). Interpretive paradigm is phenomenological because it integrates people perspectives based on their interpretation of the object of the study (Clark, 2021).

The research followed an interpretive qualitative research method because it aimed to explore the perspectives of healthcare professionals, understanding their views on NHI. Qualitative research is suitable for acquiring participants' points of view and experiences on the NHI. The research delved deeper into understanding and gaining insights into the participants' experiences using open-ended questionnaire. The open-ended questionnaire allowed participants to expand and speak their views openly without restrictions (Clark, 2021).

The research design method used in this study was a interpretive paradigm qualitative method. This approach was chosen because the research aims to explore the perspectives of healthcare professionals working in public health facilities on the feasibility of the NHI. The qualitative method is suitable for gaining an in-depth understanding of the participants' experiences and views on the topic (Noble & Smith,

2015). The interpretive research paradigm seeks to integrate the perspectives of participants as it relates to their beliefs to understand reality (Gichuru, 2017).

3.3. Population

The population for this research includes medical doctors, nurses, and clinical support and therapeutic services such as physiotherapists and occupational therapists, who work in the public sector. The research aimed to focus on the perspectives of healthcare workers regarding the feasibility of the NHI in the South African context. The researcher included all different categories of healthcare workers to gain a comprehensive understanding of the views of healthcare professionals across all levels.

3.4. Data collection technique and instrument

Data collection for this research was carried out through the use of open-ended questionnaire. These questionnaires were designed to allow participants to answer questions in a flexible manner while providing explanations and expanding on their responses. The data collected from the questionnaires was mainly recorded manually on paper.

3.5. Sampling and participation

Convenience sampling was used to collect data as it allowed the researcher to select participants based on their availability. Healthcare professionals have busy schedules, making it difficult to target a specific group. The hospital staff were informed of the research, and doctors and nurses were approached from each department to participate in the study. The research was conducted in two public hospitals in Gauteng, Thelle Mogoerane Regional Hospital and Tambo Memorial Hospital. The selection of these hospitals was based on their size and historical background, with Tambo Memorial Hospital being one of the oldest and busiest hospitals in Gauteng. The study proposal was approved by the provincial Department of Health before conducting the research.

3.6. Sample size

There were 16 healthcare professionals, who were able to participate in the study. Although the researcher aimed to reach at least 20 participants, many were unable to participate due to the high workload in public hospitals. However, the number of participants did not compromise the validity and reliability of the research, and it still provided a comprehensive overview of the perspectives of healthcare workers in the public sector (Noble & Smith, 2015).

3.7. Data collection

Data collection was done through an open-ended questionnaire. The open-ended questions allowed participants to answer at their convenience, and the researcher could adapt to their responses. Open-ended questions are flexible and allow for a more comprehensive understanding of participants' perspectives (Bhat, 2019).

3.8. Credibility and Trustworthiness

Sixteen healthcare professionals from the public sector volunteered to participate in the research, knowing that no incentives would be given for their participation. Before being issued with an open-ended questionnaire, they were provided with confidentiality and consent forms. These healthcare workers were willing to share their perspectives and views in this research. Copies of the open-ended questions will be kept safe for record-keeping purposes and future reference. The interpretive and thin verbatim was used to acquire experiences and perspectives from the healthcare workers, as suggested by Noble and Smith (2015). The questions were based on the analysis of previous studies. Additionally, for credibility's sake, the researcher followed a clear and correct description to ensure that the research meets the acceptable standards of a reliable qualitative research study (Noble & Smith, 2015).

3.9. Data analysis

The researcher chose thematic analysis as the analysis tool for this research due to its flexibility and relevance when analysing qualitative data, as stated by Caulfield (2022). Thematic analysis is suitable for identifying patterns and themes in the data, and it allows for an in-depth exploration of participants' experiences and perspectives (Caulfield, (2022). The six steps process followed are outlined below:

1. ***Familiarize yourself with the data***: This involves reading through the responses provided by the participants and gaining a broad understanding of the content.
2. ***Coding:*** This step involves identifying and highlighting key ideas or concepts from the responses. This can be done by manually highlighting or annotating the text or by using software to assist in the process.
3. ***Theme generation:*** After coding, the researcher will look for patterns or commonalities in the coded responses to identify themes. Themes are overarching ideas that emerge from the data and capture the essence of what the participants are saying.
4. ***Reviewing themes***: Once themes have been identified, they are reviewed to ensure they accurately reflect the data and that they are distinct and meaningful.
5. ***Defining themes:*** The researcher will define each theme by describing its content and providing examples from the data.
6. ***Write-up:*** Finally, the researcher will write up the results, which typically includes a description of the themes, supporting quotes or examples from the data, and a discussion of the implications of the findings.

Three codes were generated after analysing the response of participants

- NHI will empower public hospitals.
- Maladministration of funds for NHI
- Public sector not ready for NHI

3.10. Ethical consideration

Before administering the semi-structured questionnaire, participants were informed of their rights and guaranteed privacy and confidentiality. The consent form was read to them, and they were required to sign both the researcher and participant copies. Personal information, including names, was not asked for or used to comply with the POPI act and ethics policy.

The Wits University ethics committee granted ethics clearance, and clearance to conduct interviews in the health department was granted by the head office and the chief executive officers of the hospitals. Ethical considerations were observed to maintain academic integrity and validate the authenticity of the research (Bhandari, 2020).

3.11. Limitations of the study

The study focused on the healthcare professionals based at Ekurhuleni. The researcher only focused on the surrounding hospitals. The nature of the study, which is a qualitative study, required a small sample to establish the perspective of healthcare professionals working in government hospitals

3.12. Conclusion

The topic of the research required a qualitative methodology to explore the perspectives of healthcare professionals. The research design considered the research philosophy and the inductive approach due to the exploratory nature of the study's open-ended questions. The methodology also employed a thematic analysis of the data collected using an open-ended questionnaire. The section also covered essential aspects such as sampling and participation, data collection, population, and sample size limitations. The researcher highlighted the research's value, consistency, and authenticity, and ethical considerations were observed, and limitations were

acknowledged. Overall, the methodology section provided a clear and concise description of the research approach and its limitations.

CHAPTER FOUR: RESULTS

4.1. Introduction

In summary, the research aimed to investigate the perspectives of healthcare professionals in the public sector regarding the feasibility of implementing the NHI in South Africa. The data collection process involved using an open-ended questionnaire. The methodology employed was interpretive paradigm qualitative, using thematic analysis to analyse the data collected. The findings discussed in this chapter will be used to make recommendations for improving the current health system and implementing the NHI effectively. The conclusion of the chapter will summarise the findings and their implications for the future of healthcare in South Africa.

4.2. Sample

The report is based on a sample of 16 healthcare professionals who volunteered to participate in the interviews. All participants are employed by the Gauteng Health Department and work at Tambo Memorial Hospital in Ekurhuleni. Prior to participating in the study, participants were provided with consent forms to ensure their voluntary participation and to guarantee confidentiality. Names and identifying information were not used to protect the anonymity of participants.

4.3. Demographics

It is important to note that all 16 participants were African, with two originally from other African countries. In terms of gender distribution, 60% of participants were African women, while the remaining 40% were African men. The reason for this distribution is the current employment equity policies of the health department, which aim to increase the representation of previously disadvantaged Black individuals in the workforce.

Table 1: The research participants' demographics

Variable	Categories	Frequency	Percentages	Cum. Percentage
Gender	Male	11	69 %	
	Female	5	31 %	
Age	35-44	4	25 %	
	45-54	6	37.5 %	
	55-64	6	37.5 %	

4.3.1. Employment status of the participants

On average, the participants who volunteered to take part in the research had worked in the public sector for more than ten years. One participant indicated that they had been working for the department for thirty years, while six participants had been employed for over a decade. The remaining nine participants had an average of seven years of work experience. The number of years of work experience among the participants helped the researcher gain insight into their level of experience and fully understand the challenges the department is facing. It further helped assess their input as a representation of healthcare professionals in the public sector. Their answers became more reliable due to the depth of their experience in the department.

Table 2: Employment status

Age range	Tota l	Duration employed	Total	Status of employment	Total
35-45	4	2- 5	2	Permanent	16
45- 55	6	5-15	10	Sessional	0
55- 65	6	15-30	4	Contractual	0

4.3.2. Key areas of discussion

The researcher interviewed sixteen participants, although the original intention was to gather responses from twenty healthcare professionals. The questionnaire consisted of ten questions related to the NHI. The open-ended questions allowed participants to provide their answers freely and flexibly.

While all ten questions were important, five of them provided participants with an unrestricted opportunity to express their views in detail. These questions were explored thoroughly and will be discussed further in this chapter.

The questions can be highlighted as follows:

1. What is your understanding on NHI and what are your expectations?
2. What are your views on NHI and its impact on patient care in public hospitals?
3. What do you think will be the benefit of NHI in the current South African context?
4. What is your opinion on the sustainability of NHI funding model?
5. How do you think the medical aid holders will respond to the implementation of NHI?
6. What is your take on the state of readiness of public health facilities for NHI?
7. What do you think will be the role of medical schemes in NHI?

8. What do you think is the role of healthcare professionals on NHI implementation?
9. How do you think NHI will be funded?
10. What do you think about the department of health's level of communication with healthcare professionals on NHI?

4.4. The NHI's Contribution or impact on public hospitals in South Africa.

All the participants answered this question, and nine out of sixteen said yes, it will positively affect the country's health sector. Respondent A further emphasised that *"equality to health care will depend on empowering public facilities that have been under-resourced while carrying the load of serving 80 % of the population*". The other participants answered, "*It will contribute positively by promoting the health delivery standards in the public sector; however, it will take from the merits of the private sector."*

Of the sixteen participants who were interviewed, only three said no. One participant explained that "*there is much corruption from the government officials; there is a high probability of maladministration of funds. These concerns emanate from most state-owned enterprises that collapsed due to corruption and maladministration".*

The remaining four participants were unsure whether NHI would benefit the South African Health Sector. Two of these participants stated concerns about implementation and timing, and the other participant explained that the government had offered great plans but failed to execute them correctly.

4.5. Briefing of health care professionals on NHI progress

The question on whether the Department of Health had a reasonable communication with healthcare professionals on NHI, the sixteen participants answered with three stating that they had received some form of briefing through other platforms rather than the provincial or national Health Department. The other thirteen participants

indicated that the department of health had never briefed them, and they stated that they were mainly in the dark on the progress and implementation timeline of the NHI.

4.6. The readiness of the public sector for the NHI rollout.

All participants answered the question about the readiness of the public sector for the rollout of the NHI, and they all answered no. Multiple reasons followed the overwhelming response of the public sector being unprepared for the NHI. All participants provided reasons for why they thought the public sector was not ready for the NHI, ranging from a general shortage of doctors and staff to high patient volumes. Some participants were concerned about the lack of implementation and the absence of preparation at the hospital level. Most participants pointed out one or two reasons, while others explained their concerns in detail.

The other participant further explained that "*there is a huge gap between services in the public sector and the private sector. Infrastructure, supply chain, and human resource management must be improved significantly in the public sector before the two systems are merged".* His biggest concern was the lack of preparation of the public sector for the NHI.

4.7. Financing of the NHI

Participants gave different answers and showed different understandings of how the NHI will be financed. Most participants said it would be financed through taxes, while some believed the government would look for donations from the private sector to fund the bill. One participant could explain further, stating that "*it will be financed in two separate systems, the private health insurance which will be based on the contributions from a percentage of incomes from those working*." The other contribution will come from the government through subsidies initially given to the private sector. These subsidies will cover children and older adults. Some participants believed that financing of the NHI would come from the public sector, which would be enforced by the government using legislation. Others had no idea of how the NHI would be financed.

The different views and understanding became a part of the previous question, which was about the briefing of health care professionals by the department of health on the

NHI. Fourteen participants were unsure but answered what they thought instead of a knowledge-based answer.

4.8. Sustainability of the NHI

On the question of whether the NHI will be sustainable, eleven participants said that NHI would not be sustainable. Most reasons given for this answer were that the country is not in a good financial state to fund the NHI. One participant said, "*The high unemployment rate, with few working classes, will make it difficult to subsidise so many people*." One participant said he has no idea, not even knowing if any feasibility studies and risk assessments have been done.

Four participants said that NHI would be sustainable; however, they raised concerns about the government's capability to manage it.

4.9 Summary of findings

The open-ended questionnaire offered the following summary of findings, which will serve as a focus of discussions:

- The majority of healthcare professionals do not have a complete understanding of NHI.
- Most healthcare professionals believe that NHI will contribute positively to South African health care, despite concerns about the government's management competency.
- Healthcare professionals do not get a briefing on the progress of the NHI from the Department of Health.
- The participants believe that the public sector is not ready for NHI.
- Most healthcare workers do not believe that NHI will be sustainable.
- Healthcare workers have concerns and fears about NHI and the possibility of collapsing private health care through NHI.

Themes generated from the answers provided by the participants

- **Poor infrastructure of public hospitals**
  Most public hospitals have dilapidated infrastructure compromising the level of care. Poor infrastructure affects tools of trade such as medical equipment. It further exposes patients to infections.
- **No political will to implement the NHI**
  The government through NDP 2030 wished to see NHI being implemented by 2030, and up to so far little progress has been made due to lack of political will.
- **Poor administration of funds**
  Most participants showed concern that the health sector will collapse like all other SOEs due to maladministration of funds. NHI might be the list of the failed government programmes.

-**The economic state of the country**
Some participants felt that the state might struggle to sustain NHI.
High unemployment rate and weak economy are the contributing factors.

Conclusion

The results based on the participants on the study show that health care professionals believe that if the external stakeholder can administer NHI, it will benefit the citizens. There is a belief that the challenges facing the public sector will be addressed through NHI funding. There is a concern of what will be coming of private sector if NHI funds are misused.

CHAPTER FIVE: DISCUSSION

5.1. Introduction

This chapter aims to discuss the research results and the answers provided by the sixteen participants who participated in the open-ended questionnaire. The objective is to compare the findings of this research with the literature review. Additionally, previous studies on the NHI will be analysed and compared with the results of this research. The NHI is a response to the Bill of Rights, which emphasizes that access to quality healthcare, is a right for all citizens. However, the public sector currently faces challenges such as infrastructure, human resources, equipment, and tools of the trade, which prevent it from fulfilling this human right. The private sector can only accommodate 20% of the population and is not sustainable in the long-term, as the majority of the middle and low socioeconomic classes cannot afford medical aid. Therefore, this chapter will also examine the shortcomings and challenges of the NHI and its implementation.

The main objective of the study was to analyse the perceptions of healthcare professionals on the feasibility of NHI in the current South African context. The main objective was achieved by reading the previous literature and developing specific objectives. The secondary objective was to establish how NHI would contribute to the South African health sector through the perceptions of healthcare professionals working in the public sector. Research questions were derived based on this research objective and are discussed below.

5.2 Discussion of Themes

Most healthcare professionals believe that poor infrastructure of public hospitals, shortage of staff, lack of equipment, lack of political will, poor administration of funds by government officials, and the current economic state of the country are the main reasons why the NHI might not be feasible in the current state of the country. These themes are discussed further in the subsections below. The change that comes with NHI require competent leadership, integrity and transparency in the management of funds. The phases of NHI implementation has not been inclusive of all stakeholders, and as a result, healthcare professionals are sceptical on the success of NHI.

5.3 Contribution of the NHI to the South African health sector

This section will address the secondary objective one, which was: *to establish how NHI will contribute to the South African health sector from the perspective of healthcare professionals working in public hospitals*. The question asked was: *how do you think NHI will contribute to the South African health sector?*

Most healthcare workers believed that NHI would have a positive impact on the South African health sector. About 68% of the participants answered "yes" to the question, with a greater emphasis on improving the situation of most South Africans living in poverty. One respondent stated, "*NHI will provide an opportunity for the public health sector to develop systems, infrastructure, and resources compared to the private sector*." In examining the inequalities in the country resulting from racial discrimination and the denial of access to quality healthcare, economic opportunities, and land for other races (Sekhejane, 2013), the current South African system has been undergoing transformation since 1994 when various commissions of inquiry were introduced.

In 2011, the Green Paper was introduced as a step towards implementing a NHI scheme, which aims to address the past injustices of the healthcare system in South Africa. Lack of access to quality healthcare is a violation of human rights, and the NHI is intended to restore that right for most South Africans. Currently, public hospitals serve 84% of the population but are underfunded, less skilled, and overburdened by disease (Fusheini, 2017).

The NHI seeks to transform the public sector while making private sector services accessible to more people. The department hopes that the NHI will create a level playing field for the public sector to access more financial resources to address infrastructure, human resources, equipment, and skilled personnel challenges. The current economic state of the country has made it difficult for the middle class to afford medical aid, resulting in a decline in the number of people able to afford medical aid. This increases the demand for quality, accessible healthcare for all, as even the

private sector is not sustainable in the long term due to increasing premium costs and the high cost of living (Fusheini, 2017).

Since 2015, the government has been piloting district hospitals and re-engineering primary healthcare to improve efficiency and provide better healthcare for all. However, many people have expressed dissatisfaction with the level of care received at clinics due to staff shortages and a lack of medication. To address this issue, the government has subsidized general practitioners to see primary healthcare patients. Although this initiative is still at the pilot stage, it aims to provide patients with access to preventative, acute illness treatment, and rehabilitation services.(Sekhejane,2013)

The pilot studies were initiated in 2011 after the passing of the Green Paper, which aimed to provide universal health coverage for all South Africans. However, some challenges require urgent intervention before the rollout of NHI. According to research conducted in 2020, a significant portion of the public sector's problems is behavioural. Patients receiving healthcare from the public sector have complained of staff attitude, lack of professionalism, and poor clinician service. Addressing these fundamental issues at the facility level is crucial for the successful implementation of NHI (Michel & Tediosi, 2020).

The abovementioned behavioural issues were not examined when NHI was introduced as a concept. Customer care is critical when merging two systems at opposite ends regarding services. The government has not thoroughly looked into strategies to recruit and attract healthcare professionals leaving the country and those choosing only to work privately. Another crippling factor to the country's economy is the poor patient outcomes for those with HIV/AIDS and tuberculosis. High maternal and neonatal mortality rates and the surge of non-communicable diseases are new challenges facing the country. These comorbidities reduce the workforce and indirectly affect the economy, as many people suffer from these conditions (Labonte, 2015).

The NHI intends to alleviate the burden of diseases and improve health outcomes so that people can participate in the economy of the country. The assumption is that people will be more productive at work when they are healthy. However, several obstacles or challenges might hinder the objective of having NHI in South Africa by 2025. These include:

- The reluctance of medical schemes to be part of NHI
- High unemployment rate
- Lack of trust in the public sector
- Lack of available funds to sponsor NHI
- Corruption in government officials.

These are some of the obstacles in the NHI scheme, which will stall the plans of rolling out NHI until these challenges are addressed.

5.4 Sustainability of the NHI

This section will address secondary objective two, which was: to *determine the sustainability of NHI in the current South African context according to the healthcare professionals working in the public sector*, the question asked was: *do you think, in your opinion, that NHI will be sustainable?*

In the open-ended questionnaire, most participants believed that NHI would not be sustainable and different reasons were given. Most concerns come from the model of funding NHI and the current economic state of the country. A participant from the questionnaire said*, "NHI can be sustainable only if it is not managed by government but by an independent health insurance company which will hold everyone responsible for a financial contribution to the insurance, accountable including government.*" Despite South Africa spending 9.11% of its GDP on health, which is higher than most countries in Africa and the world, the country's health system still lags behind, according to 2019 statistics (Michel & Tediosi, 2020). This expenditure is higher than most countries in Africa and the globe, yet some countries have better health systems than South Africa. The added value tax, which the government proposes as a form of pooling funds, will only add more burden to the already struggling middle class (Nevondwe & Odeku, 2017).

The sustainability of NHI depends mainly on financing and maintenance. The World Health Organization (WHO) states that for a country to achieve a sustainable NHI model, it must have an average emerging market employment ratio of 56% (Michel & Tediosi, 2020). However, South Africa's employment rate is only 39%, well below the required standard. The country's population is 60.1 million, with only 15.765 million fully employed, resulting in an unemployment rate of 32.9% (Trade Economics, 2022).

The sustainability of NHI is heavily dependent on financing and maintenance, and the World Health Organization (WHO) has identified three essential components for a sustainable NHI scheme: revenue collection or raising, pooling funds and purchasing, and providing services. According to the WHO, for a country to achieve a sustainable NHI, it must have an average emerging market employment ratio of 56%. However, South Africa's employment rate in 2021 was only 39%, significantly below the required standards. With a population of 60.1 million, only 15.8 million people are fully employed, and the unemployment rate is at 32.9 percent (Trade Economics, 2022).

These three essential components are critical in laying a foundation for a successful NHI and achieving critical goals of quality service delivery, good governance, creating resources, and provision. While the WHO has provided guidelines for implementing a sustainable NHI scheme, the success of NHI in South Africa depends heavily on the government's ability to address funding, staffing, and infrastructure challenges (Reich, 2016).

Healthcare professionals were not adequately briefed by the Department of Health, leading to a lack of understanding about NHI financing. South Africa has adopted a funding system similar to Korea and Thailand, based on general taxes (Blecher, 2020). Revenue collection is crucial for introducing NHI and involves determining the form and method of fundraising. It is the first essential step and determines the success or failure of the NHI scheme. The second step is pooling funds, which refers to managing and accumulating funds over time to share health risks and protect individuals from unforeseen health expenditures. Purchasing involves moving funds from the purchasing authority to healthcare service providers and is managed by contract administrators. Provision entails creating a platform for delivering services, which requires a solid budget. In 2012, the government allocated a budget in the form of a grant to follow the phases identified by the NHI Green Paper over 15 years. The first phase, which aimed at creating piloting health systems, ran from 2012 to 2016, and the first budget was allocated to meet the financial needs of this phase (Blecher, 2020).

The second phase of NHI implementation in South Africa took place from 2017 to 2022. During this time, the focus was on legal aspects and further institutionalizing NHI, as well as contracting primary health care. General practitioners were contracted to work in public clinics, and a pilot study involving eleven district clinics was conducted

during phase one. This initiative led to the re-engineering of primary health care, and in 2019, the NHI Bill was passed in parliament.

However, the previously estimated cost of NHI through the White Paper projected a R72 billion shortfall for the scheme by 2025 and 2026, assuming that the economy would grow annually by 3.5%. The current reality is that the economy has been growing by only one percent for the past four years, and the country has experienced low economic growth for the past six years. As of quarter three in 2022, the national debt is 4.608 trillion and is expected to rise even further. The interest payment for this debt is higher than the budget allocated for public health, presenting a significant challenge to the sustainability of the NHI scheme (Bletcher, 2020)

Upon analysing these statistics, it is evident that the shortfall projected by the White Paper is more significant than originally anticipated. Furthermore, there has been a lack of progress from phase one to phase two, with over a decade spent on policymaking and six years wasted on unfruitful piloting. The ineffectiveness of the piloting at the district level is attributed to the suboptimal utilization of the budget allocated for the phases. While the government had widened the scope of the NHI budget to include health facility renovations and non-personal and personal services, an additional R4.2 billion was added in 2018 to expedite the NHI implementation process, but the desired aims were not achieved. The restructuring of the public sector has not been initiated, and there has been no active communication between the health department and healthcare professionals (Bletcher, 2020).

Based on the current state of NHI implementation in South Africa, it appears that minimal progress has been made towards phase three, which is scheduled to be implemented in 2026. Critical financial modelling steps, such as the revitalisation of public sector infrastructure, have not been fully implemented. Furthermore, the lack of progress in adhering to the World Health Organisation's guidelines for sustainable NHI makes it challenging to view the NHI scheme in South Africa as a sustainable one (Bletcher, 2020).

5.5 The financing of the NHI

The below portion will discuss the secondary objective three, which was: *to determine how the NHI will be financed in South Africa.* The question asked was: *how do you think NHI will be financed?*

Most healthcare professionals interviewed did not have a briefing on how NHI will be financed. One respondent said, "*It will be financed through general taxes, and those working will pay that extra tax"* while other respondents said they did not know.

Previous literature shows that the African national congress (ANC) debated and came up with the proposed form of the NHI funding in 2007 at their congress (Ataguba, 2010). The current health financing in South Africa is disproportional and does not provide quality health care for most poor citizens. The proposed system seeks to provide social solidarity to achieve developmental milestone goals. It is supposed to be a prepayment system and pool funds while protecting the financial risks of everyone. The government gazette proposed pooling funds from a single unit and forming a national health insurance fund (NHIF). The funds will come from general tax revenue, namely direct and indirect. Furthermore, it will be a mandatory levy for all South Africans. Even though the pooling of funding will be of a dual nature, the primary source of revenue will be general taxes from the employed and the employer. The indirect tax form will also cover the poor and the unemployed through value-added tax (VAT), e.g., fuel levies (Atagu, 2010). The option of using medical schemes will continue to be there. However, people who want access to extra services not covered by NHIF must pay extra medical aid.

5.6. The public sector's readiness for the NHI rollout

Healthcare professionals who participated in the interviews overwhelmingly said the public sector is not ready for NHI rollout. One respondent further explained, *"Majority of health sector facilities do not comply with the Office of health standards compliance and occupational safety standards (OHSC). The infrastructure is old and dilapidated, with no maintenance plans in place. There is a gross shortage of relevant, appropriate healthcare professionals, outdated patient health information systems, no appropriate health human resource plan concerning population size, and no political will in turning around the public health sector's infrastructure*". This respondent articulated all the overall views of participants reflecting how the healthcare professionals feel about the state of public hospitals. A case study done on the state of public hospitals governance and management in South African hospitals by Fusheini (2017), showed a lack of governance and leadership in the management of public hospitals.

The culture of crisis management with no operational, strategic planning, monitoring, and evaluation results from the current state of the public hospitals (Fusheini, 2017). There is also a culture of command and control from the hierarchy in the department, depriving an opportunity for innovation and creating better systems to deliver quality health care in public hospitals. Another study by Wesso (2014) further confirms the lack of patient satisfaction with the current public hospitals. The study focused on the perceived quality of healthcare services and patient satisfaction in South African public hospitals.

The study revealed poor patient satisfaction with the services, no empathy, the services are not patient-centered, with no sense of urgency (Wesso, 2014). These findings revealed that the challenge in public hospitals is not only with infrastructure but further confirms the views of healthcare professionals who participated in the interviews that the public sector is not ready for the NHI rollout.

CHAPTER SIX: CONCLUSIONS & RECOMMENDATIONS

The research was conducted to understand the perceptions of healthcare professionals regarding the feasibility of NHI in the current South African context. The motivation behind this study was to gain insight into their views on NHI. The problem statement addressed the challenges of NHI and how they affect healthcare professionals. Given their crucial role in providing healthcare, it is important to consider the views of healthcare professionals in the planning and success of NHI. Unfortunately, the government has neglected to include healthcare professionals in the planning process and left them out of the discussion table.

6.1 Conclusion

National Health Insurance (NHI) remains the only solution to the currently unsustainable two-tiered healthcare system that does not meet the needs of the majority of South Africa's population. It is the only hope for decent, affordable quality healthcare for those who cannot afford private healthcare. Many countries in Africa and abroad, including those with struggling economies, have successfully achieved decent quality healthcare for their citizens through universal health coverage.

NHI is the only funding model that can be used to revitalise dilapidated public hospital infrastructure, which is essential to meet the criteria for NHI accreditation. The transformation of the healthcare system in South Africa has been aspired to since 1945, but the lack of political will has forestalled the required progress. NHI provides the opportunity to correct the injustices of the past by creating a healthcare system that will restore dignity and respect for citizens. The objectives of NHI, the Bill of Rights, and the National Health Act have been stipulated by the World Health Organisation. Despite this emphasis in the paper, practical steps and clear plans to achieve NHI are still lacking. Only through good governance, rather than a focus on deadlines, with the active involvement of primary stakeholders, will progress be made in realizing NHI.

6.2 Limitations of the Study

The study aimed at exploring the views of healthcare professionals on the feasibility of NHI in the current South African context. The researcher only focused on the public hospital at Ekurhuleni.

6.3 Recommendations for Policy Making

During the questionnaire, participants expressed their concerns about the lack of communication from the health department and the absence of active leadership in resolving the problems facing the public sector. These challenges include poor infrastructure, lack of resources, staff shortages, and inadequate equipment. The participants' concerns led them to conclude that NHI would not be feasible in the current state of the country. This view is reflective of the opinions held by many healthcare workers in the public sector. The gap between the two-tiered systems is seen as too significant to be resolved in the current state of governance and economy in the country.

6.4 Restructuring of health care system towards NHI

To lay the foundation for a successful healthcare system, the two-tiered system must be defragmented. Currently, one tier is highly resourced, serving less than 20% of the population, while the other is less resourced, serving more than 80% of the population. The government needs to demonstrate political will and actively manage the prepayment system in a mandatory, rather than voluntary, approach (Tediosi & Egger, 2020).

Pooling of funds must be decisive to minimize risks and create cross-subsidization. A mix of public and private providers is required for a sustainable system. Cost efficiency can be achieved through economies of scale and effective purchasing methods. Regular consultation and updates with healthcare professionals as primary stakeholders are necessary (Tediosi & Egger, 2020).

There must be more focus on direction and reasonable progress rather than emphasizing the timeframe. A well-coordinated and properly planned project is more

likely to succeed than a timeframe-based project. The rollout of NHI must be extended until all relevant stakeholders are part of the planning, and due diligence has been done.

Competent leadership is crucial to managing healthcare transformation and creating a culture of inclusivity. Emphasizing good leadership is more important than a budget-oriented approach. Countries like Ghana and Thailand, which have smaller budgets than South Africa, have more successful healthcare systems. Therefore, the country must prioritize decent quality healthcare for all citizens as prescribed by the Bill of Rights and make some trade-offs. Stricter regulation of the private sector, including not allowing the building of new private hospitals and monitoring annual premium pricing for medical aid schemes, will be critical (Blecher, 2020).

6.5. Recommendations for future studies

There is an opportunity to study the views of the public sector and include medical schemes as stakeholders in future studies. The National Department of Health, being the key stakeholder of NHI at the national level, could also be interviewed in future studies. Additionally, conducting a study that focuses on rural provinces would be beneficial for the future.

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