



Universal Healthcare Access for South Africa

COMPARATIVE SUMMARY OF PROPOSALS

Healthcare access in South Africa

– a consensus proposal on a set of achievable strategic healthcare reforms to enable the constitutional entitlement for universal access to all necessary healthcare for all who live in South Africa

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March 2025

SUMMARY TABLE OF THE UNIVERSAL HEALTHCARE ACCESS FOR SOUTH AFRICA (UHAC) PROPOSALS COMPARED TO THE STATUS QUO AND THE NATIONAL HEALTH INSURANCE (NHI)

Aspect	Current South African Health System (status quo)	UHAC Proposals	NHI Proposals
Governance	Politically influenced, with resulting weak leadership structures.	Decentralised governance with independent supervisory boards for hospitals and district health authorities.	Centralised governance under the NHI Fund with political appointments into all key leadership positions.
Primary Care	Fragmented and inefficient, with long wait times and stockouts.	Autonomous district health authorities to ensure localised accountability and improve primary care services.	Remains fragmented, with reliance on a centralised structure with no localised accountability.
Hospital Services	Overcrowded, poorly equipped, and plagued by poor leadership.	Autonomous hospitals with revenue retention and better governance frameworks that allow for public/private integration.	Centralised control without clear plans for addressing existing inefficiencies. Implies that centralised purchasing approaches will resolve governance failures.
Healthcare Workforce	Lack of strategic planning and execution, with training challenges.	Governance reforms for workforce planning, training, and financing.	Unclear focus on workforce development.

Aspect	Current South African Health System (status quo)	UHAC Proposals	NHI Proposals
Critical Care Services	Inadequate framework for universal access to emergency and critical care services.	National framework for universal critical care access integrating the public and private systems of financing and provision.	No clear framework provided for critical care services.
Equity and Access	Polarised between public (free but underfunded) and private (costly).	Focus on equity through targeted subsidies and improved governance to prioritise low-income groups.	Aims for universal access but fails to provide a feasible pathway to achieve equity.
Funding Mechanism	Mix of general taxes and private medical schemes.	Tax-funded free services for the poor and contributory insurance for higher-income households.	Places the entire UHC burden on tax-finances by excluding the private contributory system.
Private Sector Role	Operates largely independently with no strategic integration into a system of UHC.	Strategic integration into UHC through regulation of the private sector achieved through strategic subsidies, mandatory minimum benefits, open enrolment, community rating, mandatory participation, risk equalisation and social reinsurance.	Marginalised under the centralised NHI structure.

Aspect	Current South African Health System (status quo)	UHAC Proposals	NHI Proposals
Role of Provincial Government	Responsible for health services but hindered by corruption, inefficiency, and weak capacity.	Provinces retain authority but with improved governance frameworks and autonomy for facilities increasing responsiveness to local communities.	Provincial role diminished/eliminated, with most authority centralised under the NHI Fund.
Equity and Pooling	Constrained and inefficient income and risk pooling, with inequities between public and private systems.	Separates pooling (national) from purchasing (local), ensuring equity and efficiency through targeted income and risk-adjusted cross-subsidies.	Centralised pooling exclusively through the tax system under the NHI Fund but with limited mechanisms to address inequities effectively.
Essential Benefit Regimes	Public sector provides basic care, private schemes offer prescribed minimum benefits (PMBs) with no formal and independent process to determine either.	Unified essential benefit packages for public and private systems, aligned with financial sustainability determined through a well-governed independent inclusive process.	Unclear centralised and politicised benefit determination, risking misalignment with fiscal and operational realities, conflicted determinations and equity failures.
Free Services at Point of Service	Available in public sector but undermined by poor service quality and accessibility issues, with the private sector accessing Prescribed Minimum Benefits.	Free services for income-compromised households with improved governance and service quality, with mandatory medical scheme benefits covered without co-payment.	Universal free services at the point of care, financed through general taxation and state-determined service provision.

Aspect	Current South African Health System (status quo)	UHAC Proposals	NHI Proposals
Cost Control in the Private Sector	Minimal government oversight, leading to rising costs and inefficiencies.	Risk equalisation, social reinsurance, multilateral tariff negotiations, and standard benefit packages control costs and perverse incentives to over-service.	Focus on centralised purchasing without addressing systemic inefficiencies in cost structures or the feasibility of a universal scheme.
Implementation Feasibility	Incremental changes and limited strategic vision.	Scalable and pragmatic reforms aligned with fiscal constraints and the capabilities of the state and the health system.	Ambitious but lacks feasibility and alignment with the existing system or the capabilities of the state.
Accountability	Weak, with high corruption levels in public sector governance.	Independent supervisory structures to depoliticise healthcare management.	Weak, with centralised accountability (i.e. far from the served communities) under the NHI Fund with the existing politicised approach retained.

SUMMARY OF CENTRAL STRENGTHS OF UHAC PROPOSALS

Governance Reforms:

- UHAC addresses governance failures by separating political influence from healthcare management through independent supervisory boards.
- This would improve accountability, reduce corruption, and enhance service delivery efficiency.

Equity and Pooling:

- By separating income and risk pooling at the national level and localising purchasing functions, the UHAC framework ensures equitable distribution of resources.
- Targeted subsidies for low-income groups prioritise those most in need while allowing higher-income groups to contribute through regulated contributory schemes.

Integration of Public and Private Systems:

- The UHAC framework leverages the private sector's capacity through mechanisms like risk equalisation, social reinsurance, and standardised benefits.
- This integration reduces the burden on public resources and improves overall system efficiency.

Scalable and Sustainable:

- UHAC builds on existing systems incrementally, avoiding the systemic disruptions that a complete overhaul (as proposed by the NHI) might cause.
- Its mixed funding model (general taxes and contributory systems) aligns with South Africa's fiscal constraints, ensuring long-term sustainability.

Cost Control:

- The UHAC approach introduces multilateral tariff negotiations, independent regulation, and competitive alternatives to address rising costs in the private sector.
- These measures are more nuanced and targeted than the NHI's reliance on centralised purchasing.

COMPARISON OF THE UHAC PROPOSALS WITH THE CURRENT SYSTEM

- The current system is polarised, with an underperforming public sector and an expensive private sector.
- UHAC addresses these issues by improving governance in the public system and regulating the private system for cost efficiency and equity.
- The NHI does not materially depart from the weaknesses of the current system but instead centralises control without resolving fundamental problems.

WHY DO THE NHI PROPOSALS NOT DEPART MATERIALLY FROM THE STATUS QUO?

Centralisation Risks:

- The NHI's centralised governance structure diminishes provincial and local decision-making, potentially exacerbating inefficiencies and corruption.
- A single centralised fund is prone to mismanagement and lacks agility in responding to local needs.

Lack of Fiscal Feasibility:

- The NHI relies heavily on tax-based funding without incorporating contributory mechanisms, making it financially unsustainable, particularly in South Africa's constrained fiscal environment.

Ineffective Integration:

- The NHI marginalises the private sector instead of integrating it into a cohesive system. This risks alienating a significant source of healthcare capacity and innovation.

Ambiguity in Implementation:

- The NHI proposals lack clear strategies for addressing existing systemic failures in the public sector, such as poor governance, corruption, and inefficiencies.

CONCLUSION

The UHAC proposals provide a balanced, feasible, and sustainable pathway to achieving universal health coverage in South Africa. They align equity and efficiency objectives, improve governance, and integrate public and private systems. While the NHI aims for UHC, its design and implementation challenges make it less likely to succeed without significant revisions.

FOR FURTHER INFORMATION OR TO REQUEST INTERVIEWS, PLEASE CONTACT:

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ABOUT THE UHAC

The Universal Healthcare Access Coalition (UHAC) represents a collaboration of national healthcare organisations and healthcare professionals. The coalition is committed to fostering strategic dialogue and actionable solutions for South Africa's healthcare system, ensuring quality, accessibility, and equity for all.

THE UHA COALITION SIGNATORIES **34 REPRESENTATIVE ORGANISATIONS**

South African Medical Association (Founding Member)

Progressive Health Forum (Founding Member)

South African Private Practitioners Forum (Founding Member)

Radiological Society of South Africa (Founding Member)

Association of Palliative Care Centres

Association of Plastic Reconstructive and Aesthetic Surgeons of South Africa

Board of Healthcare Funders

Chiropractic Association of South Africa

Clinical Psychology Forum

CPC/Qualicare

Day Hospital Association of South Africa

Emergency Medicine Society of South Africa

ENT Society of South Africa

Faculty of Consulting Physicians of South Africa

Iso Leso Optics

Izandla Consulting Physiotherapists

National Pathology Group

Ophthalmological Society of South Africa

Paediatrician Management Group

Podiatry Association of South Africa

Psychiatry Management Group

Society of Medical Laboratory Technology of South Africa

Society of Radiographers of South Africa
South African Association of Audiologists
South African Dental Association
South African Gastroenterology Society
South African Optometric Association
South African Orthopaedic Association
South African Society of Anaesthesiologists
South African Society of Obstetricians and Gynaecologists
South African Urological Association
Surgicom
The South African-Speech-Language-Hearing Association
Universal Healthcare