THE NATIONAL HEALTH INSURANCE AND TRADITIONAL HEALING IN SOUTH AFRICA

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In the proposed National Health Insurance system, the dominant view is that South Africa has a two-tier healthcare system – one private and the other public. The author challenges this view and presents data to show that significant numbers of South Africans use traditional healing methods for treatment for a range of conditions. She argues that the exclusion of the third tier traditional healing in NHI should be reconsidered.

South Africa's population is estimated to be 51 million with varied cultural beliefs which affect illness attributions and treatment. Economically, although South Africa is classified as an upper middle income country, it has the highest level of inequality in the world with a GINI coefficient of 0.70. The poorest fifth of the population account for 2% of the country's income and consumption, and the richest fifth for 72% (Rowe and Moodley, 2013).

The challenges of providing healthcare in South Africa have been well documented given the quadruple burden of diseases that are being experienced with the simultaneous occurrence of epidemic infections such as HIV/AIDS and tuberculosis, increases in non -communicable diseases such as diabetes and cancer as well as the sequelae of injury and violence (Mayosi, Flisher, Laloo, Sitas, Tollman, and Bradshaw,2009).

An example of the magnitude and the scope of one common condition,the HIV/AIDs epidemic, is evident in terms of the following statistics: South Africa has the highest rates of HIV infections worldwide. An estimated 7 million people were reported to be living with HIV in 2015, with an adult prevalence of 19.2 % and reported figures of 380 000 new HIV infections with 48 % of adults reported being on antiretroviral treatment for the year 2015 (www.avert.org). The costs incurred in the diagnoses and management of HIV/AIDS thus has a significant impact on the availability of funding for other medical conditions. Massive migration both internally within South Africa from rural to urban areas, from other parts of Africa and the world, together with shortages of healthcare professionals such as doctors and nurses, all impact on the quality and quantityof health services delivered (Karodia and Soni, 2015).

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THE SOUTH AFRICAN BIOMEDICAL SYSTEM

Within this context, South Africa is described as having a pluralistic, transitional health care system. This two-tiered health care system has separate public and private streams. The public or government led sector, funded by general taxation,is based on a district health systems model. This approach emphasizes primary health care. 68% of the population depend entirely on the public health sector, spending approximately R1 900 per person each year. Only about 16% of the population can afford private medical aid cover or insurance, often with a monthly contribution from their employers, yet this portion of the population accounts for up to 45% of the total national health expenditure. Another 16% of the population rely on the public sector for hospital care but use the private sector for primary care, paying out of their own pockets, with total spending about R2500 per person. In 2010 premiums for private health insurance and direct payments to health providers (about a third of which are not reimbursed) were estimated to cost approximately R11 000 each year.The private sector also enjoys a much more favourable health care provider to patient ratio. Additionally, 70% of all doctors and most specialists only work in the private sector, while the remaining 30% serve the public sector. (Keeton,2010; Rowe and Moodley, 2013). However, private healthcare costs are escalating and given the poor economic outlook with rising costs of living,increasing numbers of people are leaving the private medical aid schemes to use public healthcare services (Karodia and Soni, 2015) adding to the pressure experienced by these services with their limited resources.

THE NATIONAL HEALTH INSURANCE SCHEME

In an attempt to address these inequities, the South African government has developed the National Health Insurance (NHI) plan whose goals are to: provide universal coverage for all South Africans;to pool risks and funds;to improve negotiations with providers for supply of services and rational payment levels with quality assurance;to create one public fund with adequate reserves and funds for high-cost care;to promote efficient and effective service delivery in both public and private sectors and to assure continuity and portability of national health insurance within the country (Keeton, 2010). This does not come without its costs which are estimated to be approximately R128 billion (2012). It is envisaged that the costs will, however, far outweigh the amount and may in fact total R216 billion per annum. It has been suggested that the usage pressures and capacity constraints are likely to place the system under enormous stress. The NHI is to be phased in over a 14 year period commencing in 2012 (Keeton, 2010).

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While the healthcare system in South Africa is seen as having a two tiered system costing 8 % of its GDP with 4.1 % being spent on the private sector (www. health-e.org.za), this only takes into account the money spent on western-style bio-medical treatments.While the principles of the NHI are based on, amongst others,that of appropriateness (new and innovative health service delivery models which take into account local contexts, acceptability and is tailored to respond to local needs),the NHI has not reported on what role, if any, traditional healers will play in this new plan (Kirby 2016).

TRADITIONAL MEDICINE AND TRADITIONAL HEALERS

Traditional Medicine has been recognized by the World Health Organization (WHO) as "the sum total of the knowledge , skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis , improvement or treatment of physical and mental illnesses (WHO 2002). These indigenous belief systems about illness etiologies and ways of treatment should be taken into account in order to provide effective healthcare.

Traditional healers in South Africa were marginalized by the previous colonial (as far back as 1891 in KwaZulu Natal) and apartheid governments. In 1953 the Medical Association of South Africa declared that alternative therapies were unscientific and illegal. Successive governments during the apartheid era enacted various laws such as the Witchcraft Suppression Act of 1957 and its amendment in 1970 (Tugendhaft, 2010) which prohibited the use of certain traditional healing practices, as it was erroneously understood that illness and diseases were historically embedded in superstition and witchcraft (Abdullahi 2011). It was only in post-apartheid democratic South Africa that formal policies legitimizing traditional healers were formulated, culminating in the Traditional Health Practitioners Act of 2007. The Traditional Health Practitioners Act 35 of 2004, identifies 4 categories

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of traditional health practitioners as follows: traditional surgeons (iingcibi), traditional birth attendants (ababelikisi), herbalists (iinyanga or izinyanga) and diviners (izangoma or sangoma) and recommends regulatory frameworks regarding their services, training, registration and conduct (Hassim, Heywood, Berger, 2007).

THE USE OF TRADITIONAL HEALERS IN SOUTH AFRICA

Estimates of the number of traditional healers in South Africa range from 190 000 (Gqaleni et al., 2007) to between 300 000 to 350 000 (Lidell et al., 2005). Regarding the use of traditional healers by South Africans, different rates are reported by various researchers ranging from 11.7% (Nene 2014) to 84 % (Gqaleni et al., 2007). Surveys show a significant portion of the population opt for medical pluralism with estimates of 41.49 % of respondents (both students and professionals and blue collar workers) preferring to use both western and traditional methods of healing (Nene 2014).

This substantial number of primarily Black South Africans use the services of traditional healers for both medical and other problems suggesting a robust and widespread consumer –supplier relationship encompassing medical conditions as well as factors such as bewitchment and ancestral wrath.Researchers have found, for example, that in the past year, 14 % of people with epilepsy consulted a traditional healer while 67 % reported use of both a traditional healer and western biomedicine for the treatment of epilepsy (Wagner et al., 2016).Thus, resolution and management of such conditions would require other non-western medical treatments which traditional healers provide.

That the majority of traditional healers are unregistered and, in some cases, may be operating as "quacks" and fake healers (Steyn and Visser, 2012; Abdullahi, 2011) who engage in disreputable and unethical conduct (Richter, 2003), appears not to deter individuals from using their services which are openly advertised (Steyn and Visser, 2012). In fact a recent CNN report "Inside Africa" televised in February 2017, addressed the issue of traditional healing in South Africa, interviewing a western trained medical doctor who is also a traditional healer.

THE ECONOMICS OF TRADITIONAL HEALING

Wagner et al. (2016) found that the median amount charged for treatment of epilepsy by traditional healers was US$52.36 and ranged from US$34.90 to $87.26 paid for in cash by all but one patient (who reported that he was told to pay only if cured).As far back as 2010, the costs of cleansing treatments for HIV ranged from R200.00 to R2800.00 (Walwyn and Maitshotlo 2010). With a mean salary of R5 445 for Black South Africans (who make up the majority using traditional healers) this amounts to a considerable part of income being spent on traditional healing (see www. businesstech. co.za). It is estimated that more than two thirds of the poorest South Africans pay almost 10 percent of their household expenses on traditional healers (Nxumalo et al., 2011).

The use of herbs in traditional medicines is widespread. It is estimated that the women from rural areas make up 74% of harvesters of traditional medicine and that their involvement in this trade is an important means of livelihood (Mander et al.,2007). They are thus suppliers of "pharmacopeia" to traditional healers.Some municipalities such as that of eThekweni (Durban Metro) have established specific herb and traditional medicine markets and have also bought milling machines to assist vendors to grind these herbs. This indicates the level of acceptance of these healing practices and the support that municipalities are prepared to offer for traditional healing methods. (Mander et al.,2007).The income of healers,which is usually in cash,is significant. It is estimated that traditional medicine contributes almost R3 billion to the economy. On average, traditional medicine is used 4.8 times per year predominantly by Black South Africans (Mander et al., 2007).

Traditional healing is thus a part of the private sector healthcare system. The distinguishing feature is that clients pay in cash for these services. Since payment is borne entirely by the client it is not "subsidised" healthcare as is the case in western-style biomedical care in clinics and hospitals in the public sector. Furthermore, while traditional healers are permitted to provide sick certificates for their clients, these are often not accepted by all employers (Mbatha,et al.,2012) which further disadvantages them. ››

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Traditional healing appeals primarily to large numbers of Black South Africans as it is rooted in indigenous belief systems and culture. It currently operates as a private sector healthcare service, in what can be described as a third tier, non -western healthcare system in South Africa. This counters the dominant view that South Africa has a two tier health system. Policy makers would do well to acknowledge this third tier and look at ways of integrating it in the NHI.

In its 1994 National Health Plan, the ANC outlined its reform of the healthcare system to address the "social and economic injustices and to redress the harmful effects of apartheid healthcare services"(ANC National Health Plan, p1).While there are several issues in traditional healing practices that require investigation, the NHI should consider ways in which it can be used to be part of addressing the apartheid legacy in health care. There is no mention of the role of traditional healing as a treatment modality in the NHI White Paper of 10 December 2015 (Kirby, 2016). This suggests a bias towards adopting a solely western based biomedical system in the provision of healthcare to South Africans.The exclusion of traditional healing services from the NHI, despite these now being legally recognized and regulated,could be seen as a lack of support for large numbers of South Africans who wish to use these culturally relevant healthcare practices. Such exclusion may well become a challenge to the constitutionally guaranteed right to fair access to healthcare.

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