

Post Covid 19 Health Finance and Health Insurance Paradox!

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Abstract:- This paper provides an insight as to how the health finance and health insurance in Southern Africa should work. It highlights the health finance paradox in Africa post COVID 19 Pandemics. This paper hinges its analysis on Musgrave (1959) theory X and Y of health finance and health insurance. Southern African health care system, infrastructures and finance systems are inadequate and are financed by out-of pocket systems which are very rudimentary and inadequate especially for the poor majority comprising of more than 70% of the population in the region. Benchmarking on the Obama health care systems, the German Bismarck systems, or the British Cap system it was highlighted that Africa need to come up with health finance reform systems. In light with the COVID 19 pandemics, it was highlighted that health systems does not have adequate infrastructure, it does not have adequate emergency and response systems, does not have adequate health promotion and information systems. In response it is suggested that Southern Africa nations need a robust public health care infrastructure, proper legal framework, and responsive systems to address infectious diseases outbreak such as COVID 19, Ebola, and Cholera among others. In addition a multi-stakeholders approach involving the central government, local government, NGOs, private sector organisations in ensuring health financing and health care system to enhance accessibility and availability. In conclusion, it was observed that African nations need to undertake urgent health care reforms, strengthening primary health care systems, improving health infrastructure. Expand health information systems and enhancing capacity building on its human resources workforce and at times ensure that reserve army of health employees is maintained.

I. INTRODUCTION

Uwaezuoke (2022) provided that COVID 19 pandemic highlighted health finances problems associated with Africa. This is considered as health finance paradox. One can question who should finance health. Is it individuals, is it the state, or both. Musgrave (1959) in assessing what other

scholars considered as who should finance medical insurance introduced what is known as theory X and Y of health insurance. Musgrave (1959) considering theory Y argued that individuals are responsible for their health and can cause problems to themselves and should finance their own health. According to Musgrave Y people would take exception to that claiming people determine their own health by the lifestyle they lead? Musgrave consider that Y's people do smoking, eating, drinking, safe sex, and career choice all as determinants of health that consumers can change. So basically, the argument is whether people are responsible for their own health. Thus in this respect the private individuals should consider having health insurance covers and finance their own health. In addition this theory suggests that choice of work can affect health issues. Thus organisations should be involved in providing medical health insurance. Thus the Bismarck's German medical health scheme should be considered. Thus companies should also be involved in health medical insurance. In this respect individual should finance their health insurance as they are responsible for their health problems because of their behaviours, eating habit and way of life.

II. DISCUSSION

According to Musgrave, X people argued that health and disease occur randomly. Those who are sick are not at fault for their disease, and should therefore be helped (subsidized). Thus COVID 19 proposed that people are not responsible for their health and as a results health finance and health insurance should be provided by the state through taxation.

In some cases like in COVID 19, not everyone has done anything wrong. Millions died of COVID 19 not because they did anything wrong. Was it wrong to be where they were and associated with who ever had been to COVID 19 affected regions. It is assumed that COVID 19 started in China and only rich Africans could travel to China and Europe and brought the health problem. Equally, diseases like cholera and other contagious diseases killed many people in Africa. COVID 19 brought to light thousand health care issues and health care financing in Africa. Thus

health care and health insurance paradox in Africa was brought to light. This paradox is who should finance health care insurance. One responsible for his or her own health, irresponsible person driving at high speed, having multiple un-protected sex, or not putting on safety belt and require assistance from responsible citizens. Someone very responsible, wearing safety belt, being faithful to one faithful and healthy partner but ill health still exists. Then who should finance the health for the responsible or irresponsible persons?

Strasser, Kam and Regalado (2016) assessing the rural health care proposed that access to health care and health service is known to be critical on development of any country in this world. Strasser, Kam and Regalado (2016) proposed that health care and health finance should be shared by all stakeholders who include individuals, private organisations and the state. Economic theory propose that sick people bring with them economic cost because sick people cannot work and some family members cannot go to work as they spend time looking after the sick. COVID 19 pandemic has brought to light that many African nations lack adequate health infrastructure and expose the poor and majority to health problems. African leaders when sick would avoid getting treatment in home countries and left the poor to suffer alone, while they sought medical assistance in foreign lands. However during COVID 19 pandemic, none was allowed to sick medication in foreign land and exposed both the poor and the rich and the politicians to the same problem. Thus everyone needs the same health care services and same infrastructure. It revealed the need for health infrastructure, health finance and health care. Thus COVID 19 Pandemic revealed that many African nations lack adequate health care financing systems and that the poor who cannot have access to health insurance are the ones who are most vulnerable to health challenges and can be in great need for viable health care systems. The great question raised is who should finance medical care in Africa. Thus Americans have come up with the Obama health care system in response to such challenge. In Africa we have a question as to who should finance health and what system should be used to finance health system in Botswana and Zimbabwe and other African nations.

Finance health in Africa is very complex and multifaceted. It is very complex and varies by nations. On a general note all governments are responsible for providing health services to their citizens. However many African nations lack necessary infrastructure and health systems to provide adequate health care services as in Europe. It is observed that African pay health medical expenses out of pockets which significantly affect their financial burden. Health insurance coverage in Zimbabwe, Zambia and South Africa is considered to have low coverage of less than 10% of the population covered. Thus the elite class and their families and the majority who are actually involved in production are not covered. This suggests the need for comprehensive health care system in Africa which can be financed by both the state out of taxation and other stakeholder which can include individual and the organisations. Should Southern African use British health

system, the Bismarck German system, and the American Obama health care system?

In thinking about health, Musgrave (1959) proposed that “theory X says that health is by its very nature random. Diseases are random, some people just get sick and others don’t. Accidents are random, that is what an accident is by definition. Longevity is random. Some people are lucky and live longer and others are not as fortunate”. In line with this thinking, we can say that Africa need to consider coming up with up-to date medical health systems, with proper and adequate infrastructure, trained and well paid medical employees. Drags and medical health finance schemes. COVID 19, Cholera outbreak in Africa, as what was reported in Zimbabwe Herald newspaper of 16 November 2013. The Mkoba Teacher’s College has closed its operations as a result of diarrhoea outbreak which had over 160 cases reported in two days. The national health systems need to be robust and up-to date to allow the nations to respond to such unintentional health issues.

Musgrave (1959) proposed that Theory Y assumed that “health is determined by people’s action and genetics. Diseases are anything but random. It is determined by choices about smoking, drinking, diet, weight, sex and other controllable causes”. Musgrave (1959) further proposed that “Accidents are not random but occupational choices, decisions to ride a motorcycle, wearing seat belts, drinking and driving are all examples of how we determine our own accidents rates. Longevity is a result of these factors and genetics. In the future, knowing our genetic predisposition to diseases will allow us to avoid those activities that hold potential harm”. Thus whilst health can be financed by the state through public taxation and infrastructure put by the state, individuals must be made accountable and pay for their health.

Musgrave's public finance theory provides a useful framework for understanding the role of government finance in healthcare, particularly in light of the COVID 19 pandemic. COVID 19 pandemic has highlighted the need for governments to allocate finance to health care systems in Africa. Thus government should ensure that health care services are accessible, affordable and of good quality to all citizens regardless of the level of income and status in the society.

The Paradox is: should government allocate public funds used to finance public health to those who are not responsible as proposed by theory X or should government only finance public health who are responsible. Also should government and public not support and finance health services to those who are unlucky and poor.

III. CONCLUSION

In conclusion COVID 19 provides insights on robust public health infrastructure, legal framework and systems to respond to infectious disease outbreak at all the times. Lesson and insight from the COVID 19 challenges highlights the need for African nations to ensure that health

finance, health infrastructures and health institutions are not adequate in Africa. Health finance, health infrastructure and health insurance Paradox in Africa is a complex issue that requires a multi-faceted solution. Individuals, private organisation and the state all have a role to play in financing healthcare in Africa, and the burden of healthcare financing should be shared among all stakeholders. Good Governance should ensure health finance, health care and health services are accessible to all in Africa.

RECOMMENDATIONS

In line with this insight, Zimbabwe, Zambia, South Africa and all other less developed nations need to have health reforms to address the challenges of outbreaks like COVID 19, cholera and many other infectious diseases. A robust health care system is basic requirement in all nations as proposed and highlighted by the COVID 19 pandemic.

- COVID 19 has highlighted the need for African countries to strengthen the primary health care systems in developed nations. Health care systems should be in a position to allow early warnings of contagious diseases. This can boost preventions and enhance sustainable health care outcomes.
- COVID 19 Exposed nations that they have inadequate health infrastructure. This means that the less developed nations need to improve their health infrastructure to allow better response to challenges such as COVID 19, Cholera outbreaks among others. This means hospitals, clinics, medical laboratories, mobile clinics, ambulances and other infrastructure need to improve to enhance robust responses to diseases outbreaks.
- COVID 19 highlighted the need for accurate and timely health information and allow for effective and accurate decision making. These means nations are recommended to have accurate health data base which requires availability of modern and improved health information systems. This means that government, private stakeholders, NGOs should all have access to such information.
- The Pandemic highlighted that African nations lack the capacity in terms of skills availability and response strategies. This means that nations need to enhance human resources capacity and should have a reserve army in terms of medical care workers. Thus health care training, recruitment and retention strategies should be considered and used in line with the available public health information systems.
- Obama care response to such problem in America, introduced the Affordable care Act. This is a health care reform which aims to expand and improves access to health care through regulations and taxation. The Obama health care act aims to ensure that every American has access to affordable health insurance. This leads to improved quality of health and reduction in the government spending on health. Thus this pandemic has exposed how vulnerable many countries of the world are in terms of health finance. All nations need to strengthen the medical health care insurance and access to insurance in the country.

- Public and private partnership should be enhanced in order to improve health care infrastructure and capacity, improve information sharing and all expansion access to health care systems.
- Final COVID 19 pandemic has revealed that health care systems in Africa cannot respond to external shocks. Thus nations need to expand investment in disaster management and preparedness with proper contingency plans for outbreaks.
- COVID 19 and health finance, health care system in Africa has revealed the need for improvements in health finance, health infrastructure and health care systems across Africa. Strengthening medical insurance, emergency recovery plans, increase in health infrastructure and resilient systems are alternative to a proper health care. Thus health care reforms which should allow Africa learning from the Affordable health care systems (Obama health care system) the Bismarck system, the united Kingdom and many more can be used as appropriate Benchmark to be used and followed in Africa.

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