AMJ Australasian Medical Journal [AMJ 2017;10(1):24–29]

The South African traditional health practitioner as a beneficiary of and provider to medical funds and schemes through the traditional health practitioners Act (Act No 22, 2007): A present-day perspective

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RESEARCH

Please cite this paper as: Louw G, Duvenhage A. The South African traditional health practitioner as a beneficiary of and provider to medical funds and schemes through the traditional health practitioners Act (Act No 22, 2007): A present-day perspective. AMJ 2017;10(1):24–29.
https://doi.org/10.21767/AMJ.2017.2733

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ABSTRACT

Background

Payments to traditional health practitioners for services rendered from medical funds and schemes, as envisaged by the Traditional Health Practitioners Act (Act No 22, 2007), is controversial and a point of contention. Such policy was followed before in South Africa in the 1990s when some funds and schemes offered limited alternative healthcare benefits for members consulting traditional healers.

Aims

The study aimed to offer a contemporary view of the South African traditional health practitioner as a provider to and beneficiary of the medical funds and schemes through the Traditional Health Practitioners Act (No 22, 2007).

Methods

This is an exploratory and descriptive study that makes use of an historical approach by means of investigation and a literature review. The emphasis is on using current documentation like articles, books and newspapers as primary sources to reflect on the South African traditional health practitioner as a provider to and beneficiary of the medical schemes and funds through the Traditional Health Practitioners Act (No 22, 2007). The findings are offered in narrative form.

Results

It seems as if the South African authorities completely misunderstand the future implications of the Traditional Health Practitioners Act (No 22, 2007) on healthcare. This is specifically true when it comes to the right to claim from medical funds and schemes for services rendered by traditional health practitioners and the possible extra costs for these medical schemes and funds.

Conclusion

The implications of Section 42(2) of the Traditional Health Practitioners Act (No 22, 2007) which aims to set up a claiming process for traditional health practitioners, seems to be very problematic. The fact that Act No 22 (2007) has not been enacted properly nine years after its promulgation has put a halt on the professionalization of traditional healers until 2015. This also affected their status as a beneficiary of and service provider to the various medical funds and schemes. At present there seems to be no clear and justified reason why the South African traditional health practitioner cannot be accepted as a beneficiary of and provider in the medical insurance industry.

Key Words

Caregiver, impact, medical fund and scheme, muti, redistribution, under-educated

What this study adds:

1. What is known about this subject?

The right of the traditional healer to claim from medical funds and schemes has been a prominent point of discussion since the 1990s.

2. What new information is offered in this study?

Various viewpoints are synthesized to put the matter in perspective.

3. What are the implications for research, policy, or practice?

An in-depth investigation on the real number of traditional healers is necessary, as well as an enquiry into whether they are at a level of professionalism that warrants recognition as a beneficiary of and service provider to the medical funds and schemes.

Background

The entrance of the traditional healer onto the South African healthcare scene as a health provider in 2007 with the promulgation of Traditional Health Practitioners Act (Act No 22, 2007) was and is contentious. Controversy not only centres on the traditional healer's lack of formal training in medicine, but also his various new rights as a health professional in the established health sector. One such new right is to claim for services rendered to patients from medical funds and schemes.

The aim of this study is to offer a contemporary view on the South African traditional health practitioner as a beneficiary of and provider to the medical funds and schemes through the Traditional Health Practitioners Act (No 22, 2007).

Method

The research was done by means of a literature review. This method entails formulating a view based on the evidence presented in the literature. This approach is used in modern historical research centring on topics about which there is little information. The databases used were EBSCOHost, Sabinet online and various contemporary sources like newspapers and reports for the period 2007 to 2016, articles from 1982 to 2016, books for the period 1990 to 2013 and government documents for the period 1997 to 2013. These sources were consulted to offer a view on the present-day South African traditional health practitioner as a possible beneficiary-provider of the medical funds and schemes through the Traditional Health Practitioners Act (No 22, 2007). The findings are presented in narrative form.[1,2]

Results

Payment by medical funds and schemes to traditional health practitioners for services rendered, as envisaged by Section 42(2) of the Traditional Health Practitioners Act (Act No 22, 2007), is controversial. Such a policy was followed in the 1990s when some funds and schemes offered limited alternative healthcare benefits for those members who consult traditional healers, but this stopped with the implementation of the Medical Schemes Act of 1998 (Act No 131). It seems that there is a strong demand for medical funds and schemes to recognize traditional health practitioners since they were statutory recognized in 2007 as a healthcare professional in South Africa. This time, the demand seems much greater and it is in part founded on the resolutions of the Traditional Health Practitioners Act (No 22, 2007).

The right to be a beneficiary of and a provider to medical funds and schemes was one of the main driving forces behind efforts to regulate traditional healthcare since 1994 in South Africa. This inclusion of traditional healers as health practitioners in the formal healthcare system of the country can have consequences for the healthcare sector, the budgets and funding of medical funds and schemes and the various other regulated health practitioners' income.[3–11]

First, it will be difficult to guide an alleged number of approximately 200,000 traditional healers, most of them unschooled in terms of technology use and practice management, to claim from funds and schemes.[6] Furthermore, the cost for medical funds and schemes to accommodate traditional healers as health service providers and the cost in time input to realize it, can be enormous. An acknowledged and calculative system must be developed to recognize traditional healers' treatment procedures in terms of an ICD-10 code (International Statistical Classification of Diseases and Related Health Problems). The untested pre-modern medical products that they use as part of their treatments will be problematic to recognize in terms of a PMB (Prescribed Minimum Benefits) package.[3–10]

Second, there are various subtypes of traditional healers outside the official descriptions of the Traditional Health Practitioners Act (No 22, 2007): These subtypes of traditional healthcare abilities, experience, functions and the different needs of clients are worlds apart. Not all these subtypes are accepted as healthcare practitioners in terms of Act No 22 (2007).[12–27] There is also the problem that traditional healers are often spiritual caregivers and priests, people outside the established health fraternity of South Africa.[6]

Governmental agencies themselves acknowledge that medical aid recognition, as enjoyed by modern health practitioners, would be difficult to establish traditional healers in terms of an ICD-code classification: No groundwork has ever be done to establish systematic approaches of these different types of traditional healers. From government's viewpoint there is a long way to go towards standardizing the traditional healers' services, specializations and tariffs.[12–27]

Third, medical funds and schemes are limited in their funding: To add a new group of healthcare practitioners that allegedly number approximately 200,000, namely the traditional health practitioners,[6] while members of funds and schemes are already burdened, will be very challenging. In 2013, more than 88 100 members of the two biggest medical funds in South Africa resigned because they could not afford fee increases.[28] Various other reports confirm financial strain on members, leading to a high number of resignations.[29,30]

At the moment there are more or less 260,000 regulated health practitioners registered with various professional bodies in South Africa.[4,5] If 200,000 traditional healers[6,24,31] are all registered in terms of the Traditional Health Practitioners Act (No 2, 2007) and enter the medical funding system, an enormous redistribution in income, away from the regulated health practitioners, can possibly follow.

Even if these future possible pay-outs to the traditional healers are only limited to the minimum package of medical benefits (PMB) applicable on evidence-based medicine, the financial impact can be still immense. The fact is that, with the formal recognition of traditional healers as healthcare practitioners by the Traditional Health Practitioners Act (No 22, 2007), medical aids will be forced legally to pay traditional health practitioners in some way for services rendered. In future, medical aids and employers can only question the medical certificates of non-registered traditional health practitioners. The right to issue legitimized sick notes by the traditional health practitioner, in compliance with Section 23(2) of the Basic Conditions of Employment Act (Act No 75 of 1997), can also have a dramatic negative financial impact on employers and the work environment of South Africa.[6,28–37]

Fourth, the recognition of traditional healers as providers of healthcare for the purposes of the medical funds and schemes can result in a massive exodus of well-trained health practitioners (especially medical doctors and specialists) as a result of a decline in income. Indeed, the effect on the health sector and healthcare development can be disastrous and irrepairable.[3–10]

Fifth, the impression is that the inclusion of the traditional health practitioner as a formal provider with medical aids and their regulation of the field in terms of the traditional Health Practitioners Act (No 22, 2007), is more political driven than requested or required by the traditional healers themselves. Many traditional healers themselves take a dim view of formal recognition, especially when it comes to medical aid schemes paying for patients. This is reflected in the following remark of Mr. Sazi Mhlongo[23,par2], president of the Traditional Healers Organization (THO),[35] an organization which boasts to have 350,000 members: "Such payment would be convenient for patients but inconvenient for us traditional healers, and we want to be paid in cash when we burn our *imphepho* (muti for invoking the ancestors). Now, without cash, how will we be able to communicate with our ancestors? Besides, since some medical aid schemes are fakes, we would be giving our services for *mahala*".

Discussion

The traditional health practitioner's right to can claim for health services rendered in the same way as the medical doctor in South Africa is clearly out of sync with many African countries. Many African countries do not support traditional healing to the extent what South Africa tries to do with the Traditional Health Practitioners Act (No22) since 2007. A report of the World Health Organization (WHO) on 44 African countries shows that only 64 per cent (25 countries) had some form of legal statute regarding traditional medicine.[37] In these cases alternative/complementary/supplementary medicines, which are of a much higher standard than traditional products, are also classified as traditional medicine.[37] This mix-up seems to lead to an overestimation of the number of traditional healers (in South Africa an alleged 200,000 and more)[6,24,31] and the need that the public has for them. The statutory recognition of traditional healers in South Africa in 2007 was founded on these misleading numbers.[6,24,31] The claim was that the public is in need of their services. Diminished numbers can impact negatively on their future right to be beneficiaries of and providers of medical funds and schemes, not only in the 44 African countries included in the WHO report, but also in South Africa.[37] The national policies on traditional medicines found in these 44 countries have not always even been implemented, diminishing not only the importance and prominence of it as a favoured healthcare medicine, but challenging also the opinion about traditional healers as distinguished health practitioners with

significant numbers of clients. The South African traditional health practitioners also do not escape these negative outcomes. This put their legal rights to claim from medical aids, as the established medical doctors are allowed, in serious doubt. It also makes a comparison between the two types of healers, regarding their rights to claim from medical aids, impossible.[37]

It is further clear that the South African traditional health practitioners' treatment procedures and pre-modern medical products do not meet the requirements of the present-day ICD-10 code or a PMB package. Their inclusion as beneficiaries of and providers to medical funds and schemes will be a problematic process that will result in massive losses in income for the medical funds and schemes, the members of the funds and schemes, the other regulated health service providers and employers. It seems very problematic to accommodate the traditional healers as a health service provider in the present South African medical funding and scheme network.[3–10,12–27]

Their inclusion in the medical funds and schemes provider network can, as said, limit the income of the already established healthcare providers, which will make general healthcare more expensive. A shortfall in income for the established healthcare practitioners can lead to an exodus of skilled health practitioners out of South Africa, creating a shortage that can make modern, scientific healthcare even more expensive and unavailable in South Africa.[3–10,12–27]

Notwithstanding the above critical opinions and viewpoints on the traditional healers as beneficiaries of and providers to medical funds and schemes, there are also strong opinions and viewpoints supporting their recognition as such.

First, the members of medical aids pay for their benefits. The undoubtedly have the right to choice, also with regard to the kind of healthcare they want and the kind of practitioners offering these services. Indeed, such a choice is a constitutional right. If the policy-making body of the various South African medical aids, the South African Council of Medical Schemes (SACMS) argues that the traditional health practitioner is untrained and a non-medical or non-essential service provider, it is in conflict with the traditional healer's statutory status as a health practitioner in terms of the Traditional Health Practitioners Act (No 22) (2007).[12–27]

Second, the situation of the traditional healers is not unique, but is part of a broader practice of discrimination and prejudice against certain healthcare providers by the medical insurance industry of South Africa. These lock-outs seem to be centring on profit-making by the medical insurance industry and not the so called under-standard trainings of health practitioners as argued by the industry. These arbitrary exclusions need urgent attention. For example, psychologists in the categories counselling, education and industrial psychology, all of whom are healthcare professionals registered with the Health Professional Council of South Africa (HPCSA) since 1974, are still (after 42 years) also denied the right to be a beneficiary or provider.[38–40]

This discrimination and exclusion of certain categories of psychologists was forced by interpretations of the legislation on Medical Funds and Schemes by the South African Council of Medical Schemes (SACMS), the guidelines issued in this regard by the SAMCS to its various members in the medical insurance industry and the guidelines issued by Professional Board of Psychology (PBP) in terms of the regulations relevant to different categories of psychologists as promulgated by the Minister of Health in 2011. Even after some of psychologists started legal action in the South African Higher Court against SACMS, the HPCSA and the PBP and made presentations to the South African Human Rights Commission (SAHRC) of professional discrimination against them in terms of the South African Constitution, this restriction is still valid in 2016. Even an order of court, issued in 2016 as a direct outcome of above legal action by the psychologists, is prolonging this unsatisfactory situation until 2018 before it will be revised.[38–41]

At the moment it is primarily the SACMS's rulings and guidelines that are preventing the traditional health practitioners from becoming part of the medical insurance industry's network. It seems unavoidable for the traditional healing group, if they are still excluded as beneficiaries and providers, not to follow a legal approach to solve their dilemma. The above-mentioned legal action by the psychologists was a very expensive exercise without any immediate solution or assurance of a definite income and position within the medical insurance industry network of the country. It was also a time-consuming process.[38–41]

The obtaining of status as beneficiaries and providers of medical aids by the traditional health practitioners seems to be going an up-hill struggle. The immediate question at this stage for the traditional health practitioners must be: if the psychologists were with a good case unsuccessful in their agitation, why would the traditional health practitioners,

more or less in the same situation of exclusion for a long period, be successful?

To become beneficiaries of or providers to the traditional health practitioners inside the South African medical network it seems that traditional healers, as individuals and as a group, would have to be extraordinarily creative, strategic and constructive in their planning and actions. They will also have to be very patient about the time needed to realize their dream. The odds are stacked against them at this stage.[40,41]

Strength and limitations

This study is a first to focus on possible problems related to the acknowledgement of traditional health practitioners as beneficiaries and providers in terms of the Traditional Health Practitioners Act (No 22, 2007). It also focussed on the exclusion of traditional healers from medical aids.

There is a lack of information on the true number of traditional healers, selling figures of their pre-modern medical products and consultation services. In addition, the medical aids do not have a clear stance on traditional healers as official healthcare providers in terms of the act. These factors limit the conclusion.

Conclusion

The traditional health practitioner's right to claim for services rendered from medical funds and schemes seems to be a very complicated and evasive issue at this stage.[4,5,8–10,20]

Depending on immediate constructive discussions and actions guided by the prescribed legalisations on the matter, like the Traditional Health Practitioners Act (No 22, 2007), the Medical Schemes Act (No 31, 19), the other complimentary healthcare laws that manage the other regulated healthcare professions and a positive attitude from the SACMS, the statutory introduction of the traditional health practitioner in 2007 can be very negative for the South African healthcare sector, the regulated healthcare professionals and the incoming traditional health practitioners themselves.[8,10,14,15,20,31]

The exclusion of the traditional health practitioners as beneficiaries or service providers by the medical funds and schemes is understandable in terms of the traditional healers own failure to make a constructive effort to professionalize since 2007 with the promulgation of Act No 22 (2007). 2015 at last saw the start-up of the effort to register traditional health practitioners and the statutory publication of some guidelines on training and education.[20]

However, there is no justification, either for the SACMS specifically or the medical insurance industry in general, to exclude bluntly further the traditional health practitioners as beneficiaries and providers.[4,5,8,10]

It is time for an in-depth investigation into the South African medical insurance industry's criteria for the acceptance or rejection of beneficiaries or providers. The industry's present and future financial viability and ability to service its members' interests effectively should also be examined. The way in which traditional health practitioners can be accommodated successfully as beneficiaries and providers within the medical network needs immediate attention. This thorny issue has been very successfully bypassed since 2007 by the medical insurance industry and the various official bodies overseeing healthcare in South Africa. It should now be addressed urgently.

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PEER REVIEW

Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

FUNDING

None