Public engagement in the development of the National Health Insurance: a study involving patients from a central hospital in South Africa.

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Abstract

Background The National Health Insurance (NHI) is a proposed health policy in South Africa that aims to change the structure of the health system. Public involvement in the legislation development process is a constitutional requirement in South Africa. Patients are key stakeholders in health policy processes and should to be engaged in NHI policy processes. In order for patients to be engaged, they need to be provided with relevant information and an opportunity to be involved in the policy-making process.

Methods This was cross-sectional study. Two hundred and forty-four patients from the follow-up clinics at the Department of Internal Medicine, Charlotte Maxeke Johannesburg Academic Hospital in the Gauteng Province, South Africa. The patients were interviewed using a structured interview process, using a questionnaire. Descriptive statistics and logistic regression analyses were run.

Results The majority (79.51%) of the participants were not aware of the proposed National Health Insurance (NHI) in South Africa even though the NHI policy process commenced in 2011. Most of the participants (86%) who were aware of the NHI responded that they had not been provided with an opportunity to be involved in the policy-making process of the NHI. The odds of awareness were higher for male (OR: 2.08, 95% CI: 1.11 – 3.9, p value: 0.02) than female participants. The odds of awareness were higher for White (OR: 2.36, 95% CI: 1.06 – 5.26, p value: 0.04) and Indian (OR: 2.76, 95% CI: 0.10 – 7.60, p value: 0.05) participants when compared to Black participants. The odds of awareness were higher for retired (OR: 3.13, 95% CI: 1.35 – 7.25, p value: 0.008) than unemployed participants.

Conclusions The South African Department of Health cannot claim that they have met the constitutional requirement to involve the public in the setting of this study, since majority of the patients in this study were not aware of the NHI. This requirement is essential to the validity of the NHI policy process. Without the awareness and information about the NHI, patients are not equipped and cannot be
involved in the NHI policy process in a meaningful way.

Introduction

The South African National Health Insurance (NHI) is health legislation that is under development. It aims to ensure health equity through universal health coverage, and to address the burden of diseases in South Africa\(^1\). The NHI will achieve this through transforming the structure and the financing model of the South African healthcare system and it is set to be implemented in phases over 14 years\(^1-3\). In August 2019, the NHI Bill was tabled in the Parliament of South Africa and stakeholders were invited to submit comments\(^4\). The NHI Bill was preceded by the NHI Green Paper in 2011, NHI White Paper in 2015 and the NHI Policy in 2017\(^1,5-7\).

Public involvement in the law making process is a constitutional requirement in South Africa. Sections 59 (1)(a), 72 (1)(a) and 118 (1)(a) of the Constitution stipulate that the National Assembly and the National Council of Provinces (NCOP), the two houses of the Parliament of South Africa, together with the provincial legislatures must involve the public in legislative processes\(^8\). Public involvement is in consonant with the representative and participatory elements that the South African democracy is founded on\(^8\).

The World Health Organisation (WHO) has identified key stakeholders of the health policy making process and they include government and private sectors, community groups and importantly, patients\(^9\). These stakeholders ought to be engaged at the different stages of the policy process\(^8,9\).

Patient engagement is “to promote and support active patient and public involvement in health and healthcare and to strengthen their influence on healthcare decisions, at both the individual and collective levels” (pp.223)\(^10\). Patient engagement occurs at three
levels: micro-engagement which is involvement and decision-making at the individual and clinical level; meso-engagement which is decision-making at the organizational level and macro-engagement which is patient involvement in policy decision-making at the district, national and international levels\textsuperscript{10-12}. Patient engagement in the NHI is a type of macro-engagement. Patients engagement at all levels is important because each level health decisions have a direct impact on their health and well-being. Patients can be engaged at individually or directly and indirectly, through designated representatives.

Patient engagement enhances patient dignity and autonomy, which is important for patient activation, i.e., the patient’s ability to have an active role in their health. This has a positive influences health outcomes and experiences of patients in the health system\textsuperscript{13}. The Ottawa Charter for Health Promotion recognizes that engagement empowers communities and patients to have a sense of ownership over their health lives\textsuperscript{14}.

Raboshakga proposed a two-step reasonableness approach to fulfil the constitutional requirement of public involvement\textsuperscript{15}:

1. The public needs to be equipped with the relevant information on the policy or legislation and must be aware of their right to be involved in the policy making process. This promotes public awareness in the legislative process, prior to involvement.

2. An opportunity needs to be provided for interested members of the public to be involved in a meaningful and effective way\textsuperscript{15}.

The essential elements of this approach include receiving information, awareness of the right to be involved, galvanizing public interest and providing an opportunity for the public to be involved\textsuperscript{15}. 

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It was reported in the NHI White Paper that there were 150 written submissions made and more than 60 000 citizens were engaged through national and provincial roadshows during the development of the NHI Green and White Papers. Citizens are invited to make submissions and comments, directly or through representatives, on a policy document when they are released, however other measures to provide opportunities for engagement with stakeholders such as patients and the lay public to our knowledge have not been undertaken since the NHI White Paper. Six hundred thousand citizens at a national engagement level is only a small percentage of the South African adult population of 40.7 million people and it is unclear who was engaged during these campaigns and whether this engagement was effective. With the elements of Raboshakga’s two-step approach as a background, the aim of this study was to investigate whether patients, as key stakeholders, from follow up clinics in the Department of Internal Medicine, Charlotte Maxeke Academic Hospital were aware of the NHI and whether they had been engaged in the NHI policy making process.

Methods

This study was cross sectional and quantitative, utilizing structured interviews and was comprised of descriptive and comparative analyses.

Study setting and sampling procedure

The study participants were patients from rheumatology, pulmonology and nephrology follow-up clinics at the Department of Internal Medicine, CMJAH. CMJAH is a central teaching hospital in the Gauteng Province and receives referrals from regional and tertiary hospitals in and around the city of Johannesburg. Data was collected from 244 participants. The sample size was calculated using the StatCalc EpilInfo software. An 80% proportion of awareness was used for the calculation, based on a previous public
awareness study on NHI in South Africa\textsuperscript{18}. A 5\% margin of error, with a confidence interval of 95\% and an estimated population size of 20 000 patients per annum who access the medical services in the Department of Internal Medicine of CMJAH, was used. Convenient sampling was used to recruit patients while they attended the follow-up clinics. They were individually approached and recruited. They were enrolled into the study after obtaining written informed consent. Participants of all races and both males and females were enrolled. All participants were 18 years and older in order to be involved in the study. Participants were excluded from the study if they were under the age of 18 years and could not communicate in English, isiZulu and/or isiXhosa as the researcher was fluent in these languages only.

**Data collection and instrument**

The questionnaire had close-ended questions and comprised of a demographic component, questions on awareness on the NHI and involvement in the NHI policy making process. The awareness and questions were drawn from a questionnaire that was developed by the National Department of Health of South Africa that was used in another similar study\textsuperscript{18}. Prior to the collection of data, a pre-test of the questionnaire was conducted, where 10 participants were interviewed at the same study site, to determine feasibility of the study. As a result of the pre-test, the questionnaire was amended to ensure appropriateness of the demographic variables and to improve the flow of the interview process. Data was collected between months of July and October 2017. Demographic data collected included age, sex, race, employment status and education level. The questionnaire included twelve questions, with three answer options for each question. Participants who were aware of the NHI were taken through all twelve questions and those who were not aware of the NHI were not asked questions 2 – 10 (Figure 1).
After the interview all participants received an information booklet on the NHI developed by the National Department of Health of South Africa as part of information sharing\textsuperscript{19}.

\textbf{Data management and analyses}

In order to safeguard the confidentiality of information obtained from the participants the data were coded to ensure anonymity and was coded onto an excel spreadsheet. Descriptive statistics for the demographic variables and the questionnaire answers were used for analysis. A Shapiro-Wilk test for normality was run for the age variable. Univariate and multivariate logistic regression tests were conducted, to compare statistical differences between the demographic variables and the awareness of the NHI. STATA\textsuperscript{®} software version 14 (College Station, TX: StataCorp LLC) was used to run the statistical analyses.

\textbf{Ethical considerations}

Ethics approval to conduct this study was obtained from the Human Research Ethics Committee (Medical) (HREC) at the University of the Witwatersrand. The clearance number is: M1704105. In parallel with ethics approval from the HREC, permission to conduct the study was obtained from the CMJAH Clinical Director and the clinical head of Department of the Internal Medicine.

\textbf{Results}

\textbf{Demographics}

The age range of the participants was between 18 and 82 years and the mean age was 41.49 years ± 15.2 (mean ± SD). The age was normally distributed. There were more female participants in this study (Table 1). Most of the participants were Black followed by White, Coloured, Indian and Other race groups (Table 1). Half of the participants were unemployed although of working age and 13.93\% of the participants were retired. A total
of 36.07% participants were categorised as employed, both formally and semi-employed. This included participants who were informally and part-time employed. The majority of participants had received secondary education and over one-third of the participants had received tertiary education. (Table 1).

**Table 1: Participants’ Demographics.**

| Variables            | Frequency (n) | Percentage (%) |
|----------------------|---------------|----------------|
| Sex                  |               |                |
| Male                 | 97            | 39.75          |
| Female               | 147           | 60.25          |
| Race                 |               |                |
| Black                | 166           | 68.03          |
| White                | 36            | 14.75          |
| Coloured             | 18            | 7.38           |
| Indian               | 19            | 7.79           |
| Other                | 5             | 2.05           |
| Employment status    |               |                |
| Employed             | 76            | 31.15          |
| Semi-employed        | 12            | 4.92           |
| Unemployed           | 122           | 50.00          |
| Retired              | 34            | 13.93          |
| Education level      |               |                |
| No education         | 1             | 0.41           |
| Primary              | 13            | 5.33           |
| Secondary            | 137           | 56.15          |
| Tertiary             | 93            | 38.11          |

**Awareness on the NHI**

A minority of the participants, 20.49% (n=50) of the participants responding that they had heard about the NHI. Of those who were aware of the NHI (a total of 20.49%), 19.67% participants replied that they had heard about the NHI before they were provided with a brief description on the NHI. Less than a percent of the participants replied that they had heard about the NHI after the brief description was provided to them.

Table 2 depicts the results of the participants who replied yes to question 1: “Have you heard about the South African National Health Insurance (NHI)?”, with and without the description on the NHI. Of the 20.49%, 68% of the participants knew that the NHI would
change the South African Healthcare sector. The fact that medical expenses would be covered by the NHI was known by 58%, and 62% of the participants knew that the expenses would be paid for from the national budget. Sixty-four percent of the participants were aware that all citizens would have the same access to medical assistance through the NHI. However, 50% of these participants were not aware if both the employed and unemployed would receive the same access to medical services, with 36% responding ‘no’ and 14% responding ‘I do not know’. Most of the participants (76%) were aware that the NHI has been under discussion for many years and 60% had been provided with information about the NHI.

Table 2: Questionnaire depicting results from questions 2 – 9, which were applicable to those who had heard about the NHI. Total frequency (n) = 50.

| Questions                                                                 | Yes (%) (n) | No (%) (n) |
|---------------------------------------------------------------------------|-------------|------------|
| 2. Will the NHI change the South African Healthcare sector?               | 68 (34)     | 18         |
| 3. Will the NHI pay for medical expenses?                                | 58 (29)     | 18         |
| 4. Will the NHI be paid for from South African national budget?          | 62 (31)     | 14         |
| 5. Will everyone have the same access to medical assistance through the NHI? | 64 (32)     | 28         |
| 6. Will both the employed and unemployed access healthcare through NHI?  | 50 (25)     | 36         |
| 7. Has the NHI policy been under discussion for many years?              | 76 (38)     | 4 (7)      |
| 8. Have you been provided with information about NHI?                    | 60 (30)     | 40         |
| 9. Can you participate/ be involved in the NHI policy discussions?       | 62 (31)     | 38         |
| 10. Have you received an opportunity to participate/ be involved in the NHI policy discussions? | 14 (7)      | 86         |
**Involvement in the NHI policy development**

Participants were asked if they had received an opportunity to be involved in the NHI policy making process. Of the participants that had heard about the NHI (20.49%, n=50), 62% of the participants knew that they could participate in NHI policy discussion, however 86% responded that they had not received an opportunity to participate in policy discussion about the NHI. All the participants (n=244) were asked if they would be interested to participate in NHI policy discussions and 84.43% of the participants said that they would be interested in being involved in policy making process. The majority of participants (91.39%) knew that they had a right to be involved in policy making process.

**Binary logistic regression**

In order to run the logistic regression changes had to be made to the data categories. The semi-employed and employed categories were combined into one category: ‘employed’. There was one participant who had no education and this data did not run in the logistic regression and this category was removed. Therefore, employment status and education levels had three categories each for these analyses instead of the four as on the questionnaire.

The simple binary logistic regression showed that demographic variables that were significant predictors of awareness on the NHI were sex, race and employment status (Table 3). The odds of awareness on the NHI were 2.08 times greater among males compared to females. Compared to Black participants, the odds of awareness on the NHI were 2.36 times and 2.76 times greater in the White and Indian participants respectively. In addition, the odds of awareness on the NHI among the retired were 3.13 times greater compared to participants who were unemployed.

When adjusting for sex, race, employment status and education level, the odds of awareness on the NHI were less among participants who were between the ages of 20-29.
years when compared to participants who were younger than 20 years old (18 – 19 years) (Table 4). The odds of awareness of sex, race and employment status variables decreased when adjusting for the confounding variables respectively, when compared to the simple binary logistic regression. While the odds of awareness in relation to and education level increased, however this was not statistically significant (Table 4). When adjusting for age, sex, race and employment status the odds of awareness on the NHI of participants with tertiary education increased from 2.5 times greater in the simple binary analysis to 3.51 times greater when compared to participants with primary education, however this was not statistically significant (Table 4).

Table 3: Simple binary analysis between demographic categories and the awareness of the NHI.

| Variables         | Odds Ratio | 95% Confidence Interval (CI) | p-value |
|-------------------|------------|------------------------------|---------|
| Age (years)       |            |                              |         |
| <20 (base)        | 1          |                              |         |
| 20 – 29           | 0.21       | 0.02 - 1.49                  | 0.12    |
| 30 – 39           | 0.73       | 0.13 - 4.12                  | 0.72    |
| 40 – 49           | 0.60       | 0.10 - 3.40                  | 0.56    |
| >50               | 2.13       | 0.41 - 11.0                  | 0.37    |
| Sex               |            |                              |         |
| Male              | 2.08       | 1.11 - 3.9                   | 0.02*   |
| Female (base)     | 1          |                              |         |
| Race              |            |                              |         |
| Black (base)      | 1          |                              |         |
| White             | 2.36       | 1.06 - 5.26                  | 0.04*   |
| Coloured          | 0.28       | 0.04 - 2.17                  | 0.22    |
| Indians           | 2.76       | 0.10 - 7.60                  | 0.05*   |
| Other             | 1.18       | 0.13 - 10.96                 | 0.884   |
| Employment status |            |                              |         |
| Unemployed (base) | 1          |                              |         |
| Employed          | 1.07       | 0.52 - 2.19                  | 0.86    |
| Retired           | 3.13       | 1.35 - 7.25                  | 0.008*  |
| Education level   |            |                              |         |
| Primary (base)    | 1          |                              |         |
| Secondary         | 0.90       | 0.18 - 4.31                  | 0.90    |
| Tertiary          | 2.50       | 0.52 - 12.0                  | 0.26    |

*: p<0.05 therefore statistically significant
Table 4: Adjusted binary analysis between demographic categories and the awareness on the NHI.

| Variables               | Odds Ratio | 95% Confidence Interval (CI) | p-value |
|-------------------------|------------|-------------------------------|---------|
| Age (years)             |            |                               |         |
| <20 (base)              | 1          |                               |         |
| 20 – 29                 | 0.12       | 0.02 - 1.03                   | 0.01*   |
| 30 – 39                 | 0.60       | 0.09 - 4.0                    | 0       |
| 40 – 49                 | 0.50       | 0.07 - 3.54                   | 0       |
| >50                     | 1.67       | 0.26 - 11.02                  | 0       |
| Sex                     |            |                               |         |
| Males                   | 1.62       | 0.79 - 3.33                   | 0       |
| Females (base)          | 1          |                               |         |
| Race                    |            |                               |         |
| Black (base)            | 1          |                               |         |
| White                   | 1.24       | 0.46 - 3.35                   | 0       |
| Coloured                | 0.19       | 0.02 - 1.61                   | 0       |
| Indians                 | 1.40       | 0.42 - 4.63                   | 0       |
| Other                   | 0.95       | 0.08 - 11.71                  |         |
| Employment status       |            |                               |         |
| Unemployed (base)       | 1          |                               |         |
| Employed                | 0.88       | 0.38 - 2.04                   | 0       |
| Retired                 | 1.14       | 0.37 - 3.46                   | 0       |
| Education level         |            |                               |         |
| Primary (base)          | 1          |                               |         |
| Secondary               | 0.96       | 0.18 - 5.0                    |         |
| Tertiary                | 3.51       | 0.66 - 18.65                  | 0       |

Base = 1

*: p<0.05 therefore statistically significant

Discussion

When the present study was conducted at the Department of Internal Medicine of CMJAH, the NHI policy process had already reached three steps; the NHI Green Paper, NHI White Paper and the NHI Policy, which preceded the tabling of the NHI Bill at the South African Parliament5–7. At each step of the policy process, the South African National and Provincial Health Department had the responsibility to ensure that awareness and
involvement in the NHI policy processes were initiated and promoted.

The finding that majority of the participants of the present study were not aware of the NHI was unanticipated, because that the NHI policy process commenced in 2011 and this study was conducted 6 years later. The finding that the awareness levels of the NHI were low in the present study was also inconsistent with a similar paper by by Setswe, et al. found a much higher proportion, of 80.3%, of their participants were aware of the NHI. This awareness percentage is virtually the inverse of what the present study found. The study by Setswe, et al. was conducted in three provinces in South Africa, with a combination of participants from rural, peri-urban and urban areas. Some of the participants in this study were from a NHI pilot site (Edendale Hospital in Umgungundlovu district). Even though awareness on the NHI was high in the study by Setswe et al., the majority of participants had limited understanding of important concepts of health insurance. The difference in the awareness levels can be attributed to the difference in the sample population involved when compared to the present study. This research focused on patients only and was conducted in a central hospital department, which is situated in an urban area only, which is not a NHI pilot site.

Raboshakga (2015) indicated that awareness of rights and stimulating public interest is are both essential in ensuring that the public is involved in the policy making process. In the present study, most of the participants knew that they have a right to be involved in the policy making process of the NHI. This finding is contrary to what was found in study conducted in a Tanzanian district, wherein the community members did not participate in the policy discussions because they were not aware that they had a right to be involved in policy decision-making.

Although the patients in the present study were aware of their right to be involved in the
policy making process of the NHI, in order for the right to be involved in policy making to be realised, there ought to be fair opportunity for patients to be involved in the policy making process, which the majority of the participants in the present study were not. Pateman (2012) found that even though citizens may not be au fait with the technicalities of health policies they are still interested in being involved\textsuperscript{21}. This is important since health policies affect their lives directly\textsuperscript{21}. Pateman’s findings are consistent with the findings of this study because a majority of participants were interested in being involved in the policy making process.

The patients in the present study were aware of their right to be involved in the policy making process of the NHI and they were interested in being involved in this process, however, only a minority (2.87\%) had received an opportunity to be involved NHI policy process. The questionnaire did not have a follow-up question to establish what the involvement of those who had received an opportunity to be involved entailed. Further research needs to be done to investigate the procedures followed during health policy engagement in the South African setting and similar settings to establish if the processes are representative and whether these procedures result in meaningful and effective engagement.

The sex variable was a significant predictor, with the odds of awareness were higher for males participants. Females are considered to be more active users of the health system compared to males\textsuperscript{22}. Race was also a significant predictor of awareness of the NHI, with White and Indian participants having higher odds of awareness on the NHI than Black participants, even though most users of the public health system and population in South Africa are Black citizens\textsuperscript{7}. Much like the male participants, this indicates that White and Indian participants had access to information about the NHI, the sources of information
that has influenced this result, are not known since the study did not have a follow-up question on sources of information.

It is an interesting finding that unemployed participants were 3 times less likely to be aware of the NHI than retired participants. The NHI would benefit and be of interest to both categories. The retired participants may need to use the system more than unemployed participants of working age because of their age and chronic illness. However, unemployed participants would need to access the public health system as well because they do not have an alternative for health care. Unemployed and Black participants should be aware of the NHI, given their reliance of the public health system. Education is identified as a domain of public health action and promotes health equity.

Education plays an important role in the levels of awareness of the NHI, with the odds of awareness of those who had tertiary education being more than those who had primary education only. The odds of awareness of those with tertiary education compared to primary education were the highest in the multivariate analysis, even though not statistically significant. Literature has shown that there is a directly proportional relationship between education level and awareness. The higher the education level, the more likely citizens are to have access to information and therefore have the ability to be involved in policy discussions. A similar study on the awareness, knowledge and perceptions on the NHI found that the levels of support of the NHI were associated with the level of education, with higher education levels being associated with increased levels of awareness and support for the NHI. The education level results in the present study are limited by the sample size, and further research could be pursued to study the relationship education level of patients and the awareness on the NHI.
**Limitations**

This study is not generalizable to all patients, because of the potential bias of the sampling methodology of convenience sampling. The follow-up clinics were chosen specifically because patients who continuously use the health facility’s follow-up clinics ought be aware of any developments in the health system over time. Three clinics were chosen instead of one, to allow spread of the participant pool, given the sampling methodology. In addition, language was a limitation because the researcher who conducted the interviews was only fluent in English, isiXhosa and isiZulu and the questionnaire was not officially translated into isiZulu and isiXhosa.

**Conclusion**

The South African National and Provincial Departments of Health of the NHI went on roadshows and consultative processes towards the development of the NHI Green Paper and NHI White Paper. Thereafter, draft or policy papers were open for the public commentary, which has been an ongoing process. Public commentary is an essential step to the legislative process and public involvement in South Africa. In order for stakeholders, specifically patients, to engage in the NHI policy process, either directly or through a representative, they need to be awareness of NHI. When patient stakeholders are equipped with information and provided with an opportunity to be involved in the NHI policy making process, they can influence the decision that will have a direct or indirect impact of their health. Most of the participants in this study were not aware of the NHI and therefore were not equipped with the information necessary to have the ability to be involved in the policy making process. It cannot be claimed that the constitutional requirement to involve the public in the policy making process of the NHI has been met in this setting.

The South African National and Provincial Departments of Health must continuously raise
more awareness on the NHI and engage key stakeholders such as patients in order to meet the constitutional requirement of public involvement. When a constitutional requirement is not met, the validity of the policy process that has been undertaken is compromised. The NHI policy process must reflect the participatory elements that the South African democracy is founded on, before the NHI is promulgated and implemented. A specific focus on previously disadvantaged groups and communities is important in the policy making process of the NHI to ensure representation of all stakeholders.

List Of Abbreviations

Charlotte Maxeke Johannesburg Academic Hospital: CMJAH

Human Research Ethics Committee (Medical): HREC

National Council of Provinces (NCOP)

National Health Insurance: NHI

Question: Q

World Health Organization: WHO

Declarations

**Ethics approval and consent to participate**

Ethics approval to conduct this research was obtained from the Human Research Ethics Committee (Medical) at the University of the Witwatersrand. The ethics application was approved on the 9th of June 2017. The clearance certificate number is M1704105. Written informed consent was obtained from all participant in this research prior to the interview.

**Consent for Publication**

Not applicable

**Availability of data and materials**

Dataset used or analysed is available from corresponding author.
Competing interests
None.

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Authors’ contribution
LT contributed to the conception and planning of the research, collected and analysed the data and prepared the manuscript.
AD contributed significantly to the conception and the design of the research and commented on drafts of the manuscript. This paper is drawn from LT Masters research project and AD supervised the research.
The manuscript was approved by both authors.

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Disclaimer
Some of the results of this paper are different from those from the original Masters research project because the demographic variables were re-categorized for the logistic regression analyses (univariate and multivariate) when preparing for this paper.

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Study Questionnaire

Demographic information

Participant: ..........

Age: ........
Sex: Male□ Female□
Race: Black □ White□ Coloured□ Indian□ Other□
Employment status: Employed□ Semi-employed □ Unemployed□ Retired □
Education Level: No education □ Primary □ Secondary □ Tertiary □

Questionnaire
| Questions                                                                 | Yes | No |
|--------------------------------------------------------------------------|-----|----|
| 1. Have you heard about the South African National Health Insurance (NHI)? | 1   | 2  |
| 2. Will the NHI change the South African Healthcare sector?               |     |    |
| 3. Will the NHI pay for medical expenses?                                |     |    |
| 4. Will the NHI be paid for from South African national budget?           |     |    |
| 5. Will everyone have the same access to medical assistance through the NHI? |     |    |
| 6. Will both the employed and unemployed access healthcare through NHI?   |     |    |
| 7. Has the NHI policy been under discussion for many years?              |     |    |
| 8. Have you been provided with information about NHI?                    |     |    |
| 9. Can you participate/be involved in the NHI policy discussions?         |     |    |
| 10. Have you received an opportunity to participate/be involved in the NHI policy discussions? |     |    |
| 11. Would you be interested to participate/be involved in the NHI policy discussions? |     |    |
| 12. Do you have a right to participate/be involved in the policy making process? |     |    |

*1: Participant replied “Yes” without a description. 2 Participant replied “Yes” after a description.*

**Figures**
Figure 1

Figure depicting the structure and process of the interview.

Figure 2

Questionnaire depicting results from questions 2 – 9, which were applicable to those who had heard about the NHI. Total frequency (n) = 50. Key: Q is Question.

Refer to questionnaire for the questions.
Supplementary Files

This is a list of supplementary files associated with the primary manuscript. Click to download.

Supplementary Files.pdf