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**A critical exploration of the ethical implications of National Health Insurance (NHI) in
South Africa Bill.**

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PLAGIARISM AND DECLARATION

I hereby authenticate that this research project is my own work. Every pertinent quotation used in this study was identified and acknowledged accordingly. This research project has been submitted to meet the requirements for the Master of Arts in Ethics degree at the University of KwaZulu-Natal, Pietermaritzburg Campus.

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ABSTRACT

This study critically explores the ethical implications of implementing the National Health Insurance (NHI) Bill in South Africa. The NHI seeks to address long-standing inequalities in the country's dual health system by creating a single-payer model that guarantees universal access to quality healthcare. Using the ethical theory of Ubuntu as the guiding framework, the study examines how the NHI aligns with principles of justice, equity, dignity, solidarity, and shared responsibility. The research also evaluates the potential risks associated with the Bill, including corruption, governance failures, financial sustainability challenges, and the possible weakening of private healthcare. A qualitative, exploratory, and desktop research design was used to analyse academic literature, policy documents, and official reports. The findings reveal that while the NHI presents strong ethical benefits and offers an opportunity to correct apartheid-era injustices, its success depends on transparent leadership, strong accountability systems, public participation, and the practical application of Ubuntu values in policy implementation. The study concludes that an ethically grounded NHI has the potential to build a more just and inclusive health system, provided that governance and institutional weaknesses are effectively addressed.

Keywords: National Health Insurance (NHI), Ubuntu, Healthcare Equity, Social Justice, Health Policy, Universal Health Coverage (UHC)

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CHAPTER 1 BACKGROUND AND MOTIVATION

1.0 INTRODUCTION

Access to quality healthcare is a fundamental human need and human right. It is a crucial element of social justice in any country. Since the end of apartheid, South Africa has continued to experience a wide gap between those who can afford private medical care and those who rely on underfunded public institutions (Whyle, 2023, p. 14; Masuku & Sabela, 2020, p. 4). As such, the majority of South Africans still struggle with overcrowded clinics, shortages of staff and drugs, and prohibitively high costs for private healthcare (Masuku & Sabela, 2020, p. 5; Mokoena & Naidoo, 2024, p. 7). In an effort to address these long-standing issues, the South African government introduced the National Health Insurance (NHI) Bill as a major initiative to reform the country's healthcare system.

This study presents a critical examination of the ethical issues of the NHI Bill. It examines how the policy under review aligns with moral principles of justice, equity, and Ubuntu, and considers reasonable possibilities of corruption, mismanagement, and uneven application. By examining such ethical concerns, this research aims to critically explore the ethical implications of the National Health Insurance (NHI) in South Africa, to provide insights that can guide policymakers, healthcare professionals, and civil society in shaping a more equitable and sustainable health system for all South Africans.

1.1 BACKGROUND OF THE STUDY

A long history of inequality has shaped South Africa's health system. During the apartheid period (1948–1994), health care was deliberately divided along racial and economic lines. White citizens had access to well-funded hospitals and clinics, while Black South Africans and other disadvantaged groups were forced to use poorly resourced facilities (Gordon, Booysen & Mbonigaba, 2020, p. 8). Even after the introduction of democracy in 1994, these inequalities did not disappear. Today, South Africa still has a dual health system. On one side is a private

health sector that serves mainly the wealthiest 15–20% of the population (Abbott & Sigamoney, 2024, p. 11). This sector has modern hospitals, advanced equipment, and highly paid medical professionals. On the other side is the public health sector, which serves the majority of the population, accounting for almost 80%. The public sector is under constant pressure; it faces shortages of doctors and nurses, old equipment, overcrowded clinics, and long waiting times.

These present a situation of serious moral and social issues. Good healthcare is often made contingent upon how much money a person earns, rather than on their actual health needs. The people who have medical aid or receive a high income can receive treatment in a matter of hours, while a disadvantaged person would be left to wait for weeks or months for even elementary care to be administered. The situation in rural areas becomes even worse. Some rural clinics simply do not have sufficient medicine or trained personnel, or the scenery lacks proper infrastructure, such as electricity or clean water. All these difficulties have served to frustrate and cause misery and bring about serious discourse concerning fairness, human rights, and social justice. To address these problems, the government of South Africa brought forward the NHI Bill. The NHI is a financing plan for healthcare that seeks to build universal health coverage, a system whereby everyone has access to the same level of care regardless of their income, race, or where they live. Instead of individuals paying for health care directly upon receipt, funds will be raised through taxation and other public sources and then pooled in one national fund. That fund will then fund all health services for everyone. To put it another way, through the NHI, the government hopes to ensure that wealth is no longer the means to determine access to access medical treatment, but how much medical treatment is needed.

The idea of universal coverage of health is championed by the World Health Organization (WHO) and has been successfully applied in many countries such as the United Kingdom by the National Health Service (NHS) (World Health Organization, 2020, p. 5). It has also been applied in countries such as Canada and Thailand (World Health Organization, 2020, p. 5). These examples are tests of how a well-run universal health scheme is possible, and egalitarianism can protect human basic rights. The South African NHI will attempt to borrow from these examples but also adapt to the local environment.

Supporters of the NHI submit that it is not just a health policy but also a moral imperative. They hold the view that health care is a human right rather than an ordinary privilege (Department of Health, 2020, p. 3). They also relate the NHI to the Ubuntu philosophy of Africa, which asserts that "a person is a person through other people." Ubuntu holds compassion, solidarity, and shared responsibility in high esteem. From such a point of view, when society witnesses

all people getting proper health care, this is the spirit of Ubuntu and the promise in the constitution of equality and human dignity.

However, the proposal has triggered heated controversy and genuine ethical concerns. South Africa has witnessed various cases of corruption and leadership failures, including embezzlement of public funds and state project secrecy (Mash, 2020, p. 7). There are concerns that if these loopholes remain, the NHI fund will be misused and wasted. In other words, the NHI is seen as susceptible to fraud, with the possibility of uneven access to care a huge possibility. There are also concerns regarding whether the government will be able to recruit and retain adequate, qualified nurses and doctors, and whether it can maintain the quality of care if the system breaks down with overwhelming demand. Financing is another paramount issue. Having said that, the NHI will need to be substantially funded by way of taxation and other public revenues. Some are mulling the prospect of higher taxes hitting the economy that is already fragile (Mokoena & Naidoo, 2024, p. 173). Big changes may also lie in store for private medical schemes, putting in doubt the collaboration of private providers with the government without impairing patient care or generating new inequalities. Both of these observations have led to the argument that the NHI is not just a technical health reform but actually a very complex ethical project. Health Justice Initiative argues that, NHI concerns fairness as to how to share resources for the benefit of everyone; justice in redressing against the historic injustices of apartheid and the so-called responsibilities as to how both government functionaries and health professionals should remain accountable to the people (2025, p. 2).

A critical exploration of the ethical implications of the NHI Bill is therefore essential. In so doing, it emphasizes whether the policy facilitates justice and equality or whether it may replicate the failures of other public schemes (Health Justice Initiative, 2025, p. 2). It can also point to how values such as Ubuntu, solidarity, and human dignity should inform the process of designing and implementing the NHI. Gaining insight into the ethical considerations therein will assist policymakers and health professionals, along with ordinary citizens, in data-informed decision-making regarding the future of health care in South Africa and ensuring that the NHI upholds its promise to serve every individual equally and with free will.

1.2 RESEARCH PROBLEM

For over three decades of democracy, South Africa has yet to rectify the deeply entrenched inequalities in access to quality health care. Post-apartheid South Africa has maintained a two-tiered health system of a small, expensive, and well-resourced private sector catering to the minority few and a poorly funded public sector catering to the majority of its population,

through which millions of poor and rural citizens have been left without any reliable or timely medical attention. The National Health Insurance (NHI) Bill was intended to address such inequalities, making healthcare constitutionally guaranteed and, therefore, universal. While promising social justice and enhanced equality, NHI also raises several ethical issues that could jeopardize its implementation. These mainly include the persistent problems of corruption, the ability to manage a national health fund equally and transparently. Doubts exist about how the NHI would be financed, how it would affect private healthcare providers, and whether it can maintain high standards of care while covering the whole population. These are the points of tension between the ideals of justice, solidarity, and human dignity values often identified with the African philosophy of Ubuntu, and practical risks of inefficiency and mismanagement.

The key problem, therefore, is that while the NHI Bill should reduce inequality and ensure ethics of justice and responsibility between people, there is no good understanding of how such an ethical approach can be protected in reality in the context of South Africa's current political and economic context. An ethical analysis of the NHI is necessary to assess whether the policy has the capacity to achieve universal health coverage in a manner that is fair, sustainable, and free from corruption. This research aims to bridge the gap by examining the NHI Bill on an ethical basis and evaluating whether it is capable of achieving its goals of equity, responsibility, and respect for human dignity.

1.3 Personal Motivation of the Study

My background and personal life experiences are what motivated me to undertake this study. Growing up in a rural area in South Africa, one was most certainly faced with unequal access to health care. In my area, people travel long distances to clinics, where they often face long hours of waiting, a shortage of medicines, and poorly staffed facilities. Wealthier families in urban areas or those who could afford private medical aid enjoyed faster and better services. These experiences made me realize how unfair and damaging the health system can be against the already vulnerable, the poor, and those located in remote areas. I believe that healthcare is a fundamental human right and that everyone has the right to fair and respectful care, regardless of where they live or their financial situation. The National Health Insurance (NHI) Bill presents a valuable opportunity to rectify the apartheid era's legacy of unfairness and to establish a system founded on equality and solidarity. Concurrently, I am concerned about the threats of corruption, lack of accountability, and theft of public funds, which have harmed many government projects in South Africa.

This research is therefore motivated by my desire to investigate how the NHI can be achieved in such a way as to fully reflect the African philosophy of Ubuntu, loving one another, and embracing our shared humanity without compromising the protection of transparency and trust. In analysing the moral aspects of the NHI, I wish to contribute to the national debate on how South Africa can build a health system that not only makes sense morally but is also possible to maintain. I aim to utilize this study to inform future policies that promote human dignity and ensure equal access to quality healthcare for all South Africans.

1.4 Academic Motivation of the Study

My academic motivation for conducting this research, *A critical exploration of the ethical implications of the NHI bill in South Africa*, is supported by my background in political science and ethics. This investigation is closely related to the literature of the well-known scholars who have largely influenced the discussion on this piece of legislation. Among the foremost ones are the important ethical evaluations around the bill's philosophical posts and justice claims pertaining to distributions (London, 2022; Benatar, 2021). In addition, I have been greatly inspired by the African ethicist, who produced the Ubuntu and relational ethics discourse, assisting us in grasping the idea of social cohesiveness in health care settings (Oyowe, 2023; Metz, 2022). On top of that, the political scientists who have investigated the bill's institutional setting and political economy through the critical governance and implementation angles, have, in a way, shaped my research inquiries fundamentally (Mpedi, 2023; Friedman, 2022). This study directly relates to these very important academic talks, where it acts as a bridge between the lofty ethical discussions and the practical difficulties regarding political deployment. I intend to gather and unite all these different viewpoints in my research to arrive at a complete critical review of the bill's consequences. The work will not only rely on the existing vast academic resources but will also be a source of significant contribution to both the academic knowledge and the policy makers by providing the South African case of transforming health policy through ethical and political means.

1.5 Key Research Question

What are the ethical implications of implementing the NHI Bill in South Africa?

1.6 Research Sub-Questions

- 1.4.1 What is the National Health Insurance bill in South Africa?
- 1.4.2. Why is the NHI necessary in South Africa?
- 1.4.3. What are the ethical dilemmas surrounding the NHI?

1.4.4. How can the ethical theory of Ubuntu inform the NHI?

1.7 Key Research Objective

The crucial objective of this study is to critically explore the implications of the NHI Bill in South Africa.

1.8 Objectives

1.6.1 To define the NHI in South Africa.

1.6.2 To explore the need for the NHI.

1.6.3 To assess the ethical dilemma of the NHI through the ethical theory of Ubuntu

1.6.4 To explore how the ethical principles of Ubuntu can inform the implementation of the National Health Insurance (NHI).

1.9 Preview of the Theoretical Framework

The ethical theory of Ubuntu will guide this work. Ubuntu is a traditional African concept that highlights the interconnectedness of people and the role of the community in mutual care and respect for human dignity. It is often paralleled by the phrase, "Umuntu ngumuntu ngabantu," which means, "a person is a person through other people" (Ramosé, 2020, p. 45). Ubuntu highlights that the well-being of an individual is dependent on the well-being of the community and that moral behaviour involves acting in terms of responsibility, solidarity, and care for others.

When applied in the health care context of South Africa, especially regarding the NHI Bill, Ubuntu offers a framework for understanding ethical issues in this law. The NHI aims to provide all citizens with equitable access to health services, regardless of socioeconomic status. From an Ubuntu perspective, this very objective points to the moral obligation of society and the state in caring for every person, especially those members who are most vulnerable. According to Mangaliso, there are certain principles highlighted in this philosophy: fairness, justice, and shared responsibility; consequently, it falls to these principles to decide if NHI can bring forth health care that stands on morally acceptable grounds (2021, p. 78).

Corruption, mismanagement, and inequality in healthcare can also be addressed using Ubuntu. Ubuntu philosophy emphasizes transparency, mutual respect, and accountability, thereby creating an environment that fosters policies promoting human dignity rather than personal or political interests. From an NHI standpoint, this involves designing systems that ensure sound

governance, safeguard public funds, and guarantee equal respect for all individuals, thereby translating ethics into concrete policy and practice.

This theoretical framework enables the study to critically assess the NHI not only as a policy, but also as a moral project. Through the Ubuntu lens, the study can explore avenues for implementing universal health coverage in South Africa that are socially responsible, ethically acceptable, and culturally relevant. This means Ubuntu is used as both a normative compass and a critical perspective towards questioning the ethical ramifications of the NHI Bill. A comprehensive explanation of the theoretical framework is in Chapter 3.

1.10 Preview of Research Design and Methodology

In investigating in-depth issues, good and evil, and other related concerns for health and social justice that arise with the implementation of the NHI Bill, this study relies on a qualitative research design. This design will allow the researcher to place more emphasis on analysing philosophical values and principles and less on numerical data. According to Creswell & Poth, an exhaustive study on the moral and social dimensions of the NHI can thus be carried out, especially in relation to equity, justice, and the philosophy of Ubuntu (2023, p. 50).

This research is exploratory and descriptive, aiming to examine the ethical issues related to NHI, identify hurdles to its implementation, and understand how the values of Ubuntu can inform ethical practices in healthcare. The chosen research design enables the researcher to critically analyse the NHI Bill, thereby examining both theoretical and practical issues without being constrained by statistical or empirical surveys.

This type of study is conducted through secondary research or desktop research. It thereby consists of gathering and analysing pre-existing data from published sources, which include academic journals, books, government reports, policy documents, and credible online sources (Saunders et al., 2022, p. 114). It is, indeed, an appropriate method, as it allows for exploring certain dimensions of the NHI Bill through historical, ethical, and policy-related literature without involving any form of primary data collection. A comprehensive explanation of the research design and methodology is in Chapter 4.

1.11 STRUCTURE OF THE RESEARCH

Chapter One introduced the research by outlining its purpose, rationale, and background. It highlighted how the study relates to South Africa, where many still find it difficult to access quality healthcare. The chapter sets down the problem statement, research question, objectives, and sub-questions that examine how ethical principles can be used as a yardstick in assessing

the NHI Bill. This chapter reflects the researcher's personal motivation, stemming from experiences concerning healthcare inequalities in rural and vulnerable communities, which catalyzed critical scrutiny of the NHI and its ethical considerations.

Chapter Two provided a literature review on the NHI model and elucidated its purpose as a healthcare financing and delivery mechanism. This chapter explained the nature of NHI. It went through the reasons behind its establishment, among others being to rectify inequalities and high healthcare costs, and analysed how this system would translate for South Africa, with the possible benefits and challenges affecting the sides of finance, management, and service quality. On a comparative level, international analysis gave a perspective on lessons that could be gleaned from other countries' experiences with national health insurance and thus created a background for the South African policy.

Chapter Three presented the ethical framework, Ubuntu, emphasizing dimensions such as community, mutual recognition, and solidarity. It also outlined how African ethics diverge from Western ethical thought and why this perspective offers a unique yardstick against which healthcare reforms in South Africa may be evaluated.

Chapter Four described the study's qualitative, exploratory, and desktop-based approach, focusing on ethical issues in the NHI rather than numerical data. It utilized secondary sources, including academic literature, policy papers, and credible media, to examine the Bill. The exploratory design helped reveal emerging ethical concerns and clarify moral assumptions. The DECA framework guided the analysis by describing the Bill, linking it to Ubuntu ethics, weighing counterarguments, and assessing its potential to promote social justice.

Chapter Five applied the Ubuntu ethics to critically analyse the NHI. It is highlighted that while the policy has its strengths, such as reducing inequality, improving access, and sharing resources, in particular, there are serious ethical risks involving corruption, non-transparency, and exclusion of communities from planning that need to be addressed, as these risks could erode public trust and the ethical objectives of the NHI.

The final chapter was **Chapter 6: The Conclusion of the Study**. This chapter synthesized the findings from all the chapters. It concluded with reflections on the key ethical issues, challenges, and opportunities that the NHI roll-out presented for achieving equity, as well as some policy-level recommendations to enhance equity, transparency, and accountability. The Chapter further highlighted that people in South Africa would have accepted equitable access

to healthcare services if they had been able to embrace some of the important ethical principles, such as fairness, accountability, and the common good, among others.

The next chapter presents the literature review, which explores existing studies, theories, and debates on the National Health Insurance (NHI) to provide the scholarly context for this research.

CHAPTER 2 LITERATURE REVIEW

2.0 INTRODUCTION

The previous Chapter (Chapter 1) presented an overview of this research as a way of introducing the study. Here, the background to the research was given; the reason behind the study was stated; also, the research problem, aim, and objectives were clearly stated and together with the key research questions. All these formed the foundation that sets the importance of the topic and defines the context within which the research sits. The literature review in this study provides a comprehensive exploration of the National Health Insurance (NHI) Bill in South Africa, with a particular focus on its definition, nature, motivations for its introduction, and the likely effects of NHI. This review is structured to critically review the NHI Bill through multiple lenses, including legal, ethical, historical, and practical perspectives, drawing on the insights of leading scholars and policy analysts such as Gray (2021), Ntshangase (2022), Mahlathi et al. (2022), Moeti (2021) Mkhize (2022), Dlamini (2022) and Pillay (2020).

As the NHI Bill focuses on achieving universal health coverage (UHC), it captures a view gaining currency globally: that every citizen ought to have access to quality healthcare without enduring financial hardship (WHO, 2021, p. 1). In the South African context, the NHI goes beyond just a mere health policy innovation because Section 27 of the Constitution spells out a right to healthcare and with it an assurance that the state will take legislative and other reasonable measures for its progressive realization (Republic of South Africa, 1996). The NHI Bill is to this effect a concretization of this mandate by putting forth proposals to create a singlepayer system funded primarily by means of general taxation and employer contributions (Ntuli, 2021, p. 3). Pillay (2020, p. 5) adds that this system would pool resources and establish uniform access to healthcare facilities, aiming to address the deep inequalities that have long characterised the country's healthcare sector.

The review starts by defining the NHI and elaborating on its structural features in terms of the creation of a centralized National Health Insurance Fund, the merging of public and private healthcare sectors, and the regulation and oversight mechanisms envisaged to ensure accountability and quality. This is then followed by the historical and socio-political background necessitating the Bill's initiation. South Africa's healthcare system has been shaped by apartheid policies that entrenched racial and spatial discrimination, thus creating a two-tier

system whereby a small minority enjoys truly well-resourced private care, while the vast majority relies on public systems never well-funded (Motsoeneng, 2022, p. 5; Health Systems Trust, 2023, p. 10). Therefore, NHI is placed as a corrective to undo these historical injustices and to fulfil the constitutional promise of equitable healthcare for all.

The high cost of private healthcare is another reason for introducing the NHI, as it has made quality care unaffordable for most South Africans. Research shows that spending on private healthcare has gone up much faster than the general cost of living, putting a heavy financial strain on families and making inequality worse (Council for Medical Schemes, 2023, p. 6; Dlamini, 2022, p. 8). The NHI's single-payer system is expected to help by lowering administrative costs, managing purchases in one place, and agreeing on fixed prices for services (Jansen, 2023, p. 5). According to Patel (2021, p. 9) and the Department of Health (2023, p. 12), the Bill also aims to improve healthcare access in rural areas by building more facilities, hiring more health workers, and using technology like telemedicine to reach people in faraway places.

The review also considers some likely effects of the NHI Bill on the South African healthcare environment. Paramount to this review would be universalizing quality care-providing comprehensive health services to all citizens regardless of their socioeconomic backgrounds, geographic, or demographic bases. Singh (2023, p. 12) draws on international case studies, particularly the United Kingdom's National Health Service (NHS) and Canada's single-payer system, to explore how the NHI could enhance health outcomes, increase system efficiency, and promote social solidarity.

The literature review will be critical of the problems and controversies associated with the NHI Bill, including concerns about financial sustainability, the readiness of the public healthcare infrastructure, the impact on the private sector, and, indeed, systemic inefficiencies and corruption (Sibanda, 2020, p. 14; Mkhize, 2022, p. 8). There would thus be a moral critique orientation drawing from Gray (2021), McQuoid-Mason (2023), Mahlathi et al. (2022), and Moeti (2021) to question whether the Bill's implementation can, in fact, guarantee fairness and equity in the delivery of healthcare as envisioned.

Overall, this literature review lays the groundwork for a deeper and more thoughtful look at the National Health Insurance (NHI) Bill. By placing the NHI within the context of South Africa's health policy changes and using a range of academic sources, the review aims to explain both

the potential for change and the serious challenges involved in achieving fair, affordable, and accessible healthcare for everyone in the country.

2.1 DEFINING THE NATIONAL HEALTH INSURANCE BILL

The NHI is an essential tool to establish a universal right to health in South Africa through the financing system (Department of Health, 2023, p. 15; Ntuli, 2021, p. 4). The idea is that one should never have to put a price on quality healthcare, whereas instead, it should be guaranteed to every citizen (World Health Organization, 2021, p. 22; Macha et al., 2022, p. 117). The Constitution of the Republic of South Africa (1996), as noted by Mayosi et al. (2020, p. 760), affirms that everyone has the right to access healthcare, and the state must take reasonable steps to progressively realize this right.

Formally introduced in 2019 and signed into law by President Cyril Ramaphosa in 2024, the Bill sets out to eliminate the dual-tiered health system rooted in the country's apartheid legacy, where a well-resourced private sector serves a small minority, while the majority rely on an underfunded public system. Pillay (2020, p. 5) and Mkhize (2022, p. 12) explain that the NHI is not merely a financial tool, but a structural reform initiative designed to address decades of health inequities and to unify a fragmented system under a single payer, centrally administered fund.

At the heart of the Bill lies the establishment of the National Health Insurance Fund, a public entity that will act as the sole strategic purchaser and financier of personal healthcare services. It will pool public funds derived from general taxation, payroll levies, and reallocated health subsidies to pay for a comprehensive package of services for all South Africans (Ntuli, 2021, p. 3). According to Stats SA (2023, p. 2), this centralised financing aims to reduce duplication, increase bargaining power for buying services, and improve cost efficiency compared to the current system, where fragmented funders and private medical schemes cover only about 16% of the population but use over 50% of health spending.

The NHI Fund will make agreements with both public and private healthcare providers, making sure that approved facilities meet the required service standards. These providers must be properly approved by the Office of Health Standards Compliance (OHSC), which is responsible for setting and checking the quality of services at different health facilities.

According to the Department of Health (2023, p. 9), the Electronic Health Records (EHRs) and the Health Patient Registration System (HPRS) will support the system by helping to keep better records, make services more consistent, and manage patient care more effectively.

A distinctive feature of the Bill is its emphasis on strategic purchasing—a model that allocates funds based on health priorities, performance, and cost-effectiveness rather than input-based or historical budgeting. This transition to performance-based financing is intended to improve service delivery outcomes and rationalize healthcare expenditure (Matsoso & Fryatt, 2020, p. 15). Strategic purchasing will also facilitate selective contracting, allowing the Fund to prioritise efficient providers and discontinue partnerships with those failing to meet agreed standards.

The vision of the Bill's healthcare is broad, encompassing preventative, promotive, curative, rehabilitative, and palliative care at primary, secondary, and tertiary levels (Department of Health, 2019, p. 12). This broad package of services signifies a life-course approach to health, with services directed at serving the needs of citizens from childhood on into old age. Moeti (2021, p. 5) and WHO (2021, p. 4) highlight that the NHI promises to make these services available for free at the point of delivery, eliminating the fees that currently deprive many South Africans, especially the poor and rural communities, of access to urgent care.

The Bill also creates the governance and institutional arrangements to support the operation of the NHI Fund. These include a Board of Directors appointed by the Minister of Health, supported by an advisory committee with representation from the Treasury, Department of Health, and civil society. The Fund will also come under the regular audits by the AuditorGeneral, and parliamentary oversight procedures shall be established to ensure transparency as well as accountability (Van der Walt, 2021, p. 11). Moreover, measures against corruption have been introduced into the system, requiring competitive procurement, open contracting, and regular reporting.

A contentious aspect of the NHI Bill is its impact on private medical schemes. The Bill stipulates that, after the NHI takes effect, private insurers may only offer complementary cover that is, cover for services not included in the NHI benefit package (Bonitas, 2024, p. 3; SAMA Journals, 2025, p. 6). Critics such as Discovery Health argue that this compromises patient choice and can disrupt the viability of private insurers, while supporters believe that this is necessary to eliminate duplication, combine risks, and provide maximum public benefit.

From a developmental lens, the Bill is aligned with the objectives of South Africa's National Development Plan (NDP) 2030, which emphasises the creation of an inclusive society and improved health outcomes as central to national prosperity. According to the United Nations (2020, p. 10) and the World Health Organization (2021, p. 5), the Bill supports international

goals like the Sustainable Development Goals, especially Goal 3, which focuses on universal health coverage, financial protection, and access to quality healthcare.

The Bill suggests a 15–20 year phased implementation timeline to enable system adjustment, resource mobilisation, and institutional capacity building. The initial periods (2024–2028) are for consolidation of primary healthcare, finalisation of legal frameworks, and piloting of operational mechanisms in a few pilot districts. Pilots involve experimentation with accreditation systems, reimbursement designs, digital platforms, and public-private contracts. According to Investec (2024, p. 7) and the Department of Health (2023, p. 10), later stages will involve national scale-up, expanded service coverage, and the inclusion of all accredited providers in the NHI system.

From a governance standpoint, the Bill introduces a multi-level coordination system. The national Department of Health retains responsibility for policy formulation and monitoring, while provincial departments will focus on service delivery, now with direct accountability to the NHI Fund through performance-based contracts. According to Maphumulo and Bhengu (2021, p. 7), this redesign aims to enhance both vertical and horizontal coordination, minimise bureaucratic duplication, and improve responsiveness to the diverse health needs of local communities.

The Bill's definition of stakeholders also includes health professionals, training institutions, and community structures. Human resource development is a core aspect of the reform, with emphasis on training more healthcare workers, improving working conditions, and incentivising deployment to rural and underserved areas. According to Ntshangase (2022, p. 11), community participation is encouraged through Health Committees and Advisory Forums, which are designed to embed public accountability and responsiveness at the local level.

The Bill also integrates digital innovation in its operating framework, with a focus on promoting the use of health information systems for real-time data collection, analysis, and planning. This will aim to reduce inefficiency, duplication of services, and maximize evidencebased policymaking. According to the Department of Health (2023, p. 13), by enhancing the ability of digital platforms in the public and private sectors to communicate and share patient information seamlessly, the NHI aims to improve continuity of care as well as patient safety.

Critically, the NHI is not designed to be anti-private sector. Rather, it would channel the private sector towards public objectives by means of controlled partnerships, fixed levels of

reimbursement, and standards of quality. By calling upon the private sector's resources, technology, and capacities within an integrated national system, the NHI would aim to use all national health resources as efficiently as possible (Ramjee, 2023, p. 15). According to the World Health Organization (2020, p. 7–8), this represents a practical public-private convergence strategy, commonly adopted in middle-income economies such as Thailand, Brazil, and Mexico.

So far in this section, it has been noted that the NHI Bill definition goes beyond that of legal or technical definition; it represents a complete reorganisation of South Africa's health financing, service delivery, and governance framework. Through institutionalisation of a single-payer system, universal coverage requiring mandatory access, and the incorporation of accountability mechanisms, the Bill redesigns health as a public good framework. It situates health as a constitutional right and social change instrument, responding to South Africa's specific historical grievances in a manner that respects international best practice for equity, efficiency, and inclusion. Institutional readiness, popular support, moral leadership, and sustained political will to ensure the vision of health for all will be the measure of its ultimate success.

2.2 NATURE OF NATIONAL HEALTH INSURANCE BILL

The nature of NHI in South Africa is rooted in its design as a transformative health-financing system that stands for universal access, equity, solidarity, and efficiency (South African Government, 2023, p. 4; Maphumulo & Bhengu, 2021, p. 3). In contrast to earlier health policies that tended to favour middle-class interests and reinforce social inequality, the NHI seeks to shift healthcare from a vertically segregated market system into a unified public model (Ramjee, 2023, p. 10). According to the WHO (2020, p. 5), this section discusses the NHI's funding modalities, service delivery model, governance structure, operational system, and place within the global health landscape.

At its core, the NHI is characterized by its public administration, non-profit character aimed at breaking the existing dual healthcare system and creating a centrally planned, single-payer system. The fundamental character of the NHI is not so much to increase access but to redistribute health resources among population groups and therefore counter the structural imbalances that have served to operate against the great majority of South Africans over decades. As Rispel et al. (2021, p. 8) describe the redistributive stance of the NHI is significant in that it aims to eradicate the nexus between health care and the capacity to pay.

One of the most important aspects of the NHI is that it employs centralized strategic purchasing. This involves the NHI Fund becoming the sole purchaser of healthcare services for the entire population. Strategic purchasing seeks to allocate resources more efficiently by prioritizing services and providers based on need, quality, and cost-effectiveness (Matsoso & Fryatt, 2020, p. 15). This stands in stark contrast to the fragmented purchasing of the current system, where several public and private payers buy separately and frequently inefficiently.

Under this arrangement, the NHI Fund will enter contracts with accredited providers, both public and private, using performance-based criteria to ensure quality and accountability (Ramjee, 2023, p. 13). Through selective contracting, the Fund can negotiate better prices, enforce service standards, and promote equity in service provision across geographic and demographic lines.

The other essential feature of the nature of the NHI is risk pooling. Instead of individuals covering the cost of the financial risk of healthcare through individual premiums or out-of-pocket payments, the NHI pools fiscal resources accumulated in the form of general taxation and compulsory payroll contributions. This offers a system of solidarity where the healthy subsidize the sick, the rich subsidize the poor, and the employed subsidize the unemployed. Moeti (2021, p. 7) explains that this type of redistributive financial risk and responsibility is typical only of healthcare systems worldwide and reflects principles of social justice and shared responsibility.

The NHI will provide portability of health benefits so that individuals will be able to access health services anywhere in the country, regardless of their place of residence or workplace. This ensures continuity of care, particularly for those patients who are chronically sick and shift residence from one province to another either for employment or family purposes. According to the Department of Health (2023, p. 10), the NHI also guarantees universal service coverage, including preventative, promotive, curative, rehabilitative, and palliative care.

Importantly, these services are to be provided free at the point of use. This universality of access and coverage distinguishes the NHI from existing schemes that restrict access based on income, employment, or insurance status. According to the World Health Organization (2020, p. 7), this approach aligns with international definitions of Universal Health Coverage (UHC) and their recommendations.

One of the important features of an NHI system is that it has a multi-tiered governance system regulated by the NHI Fund Board, the Minister of Health, and independent regulatory bodies

(Department of Health, 2023, p. 14; Maphumulo & Bhengu, 2021, p. 8). The governance system is intended to guarantee transparency, accountability, and efficacy with regard to managing public funds and the delivery of health services (Ntshangase, 2022, p. 12).

Furthermore, the Office of the Auditor-General (2023, p. 5) states that the Fund will be accountable to Parliament and subject to regular audits.

Institutions such as the Office of Health Standards Compliance (OHSC) will monitor the quality of healthcare facilities and enforce standards before providers are accredited by the NHI Fund (Van der Walt, 2021, p. 11). The regulatory environment under the NHI is thus one of proactive enforcement, seeking to avoid the service quality deterioration that often accompanies rapid policy reforms in the public sector.

The inclusive scope of the NHI also includes how it involves stakeholders. Public hearings, public meetings, and advisory committees are included in the process for public participation (BusinessTech, 2024). This is intended to make sure the NHI addresses the needs and issues of different groups, especially those who have historically been excluded. In a media statement released by Minister Phaahla (2024), he emphasized that stakeholders are not merely a box to be ticked but a key aspect of ensuring that the NHI is both democratic and equitable.

The phasing and long-term introduction of the National Health Insurance Bill are under consideration in the scale of transforming South Africa's entire health system. The 15 to 20-year plan seeks to provide room for orderly planning, adjustment, and capacity building at every stage (Investec, 2024, p. 7). The initial phase, between 2023 and 2026 or 2028, is spent laying the groundwork required for the success of the NHI. In this period, the state is focusing on the establishment of primary institutions of governance, including the NHI Fund Board and regulators, and drafting and completing complex rules that will regulate the functioning of the system. Pilot projects have been initiated in the chosen districts for the piloting of key elements of the Fund, which are provider accreditation, central procurement, and health information systems (Department of Health, 2023, p. 10). Pilots also provide a chance to pilot operationally, learn things, and streamline processes before the national rollout of the NHI.

The second stage of the NHI will build on the progress already made. It will help expand healthcare services in both public and private sectors under the NHI system. The NHI Fund will start buying a wider range of services from approved healthcare providers, covering primary, secondary, and specialist care. There will also be more focus on working with private hospitals and doctors to treat NHI patients and reduce pressure on public hospitals. As Ramjee

(2023, p. 15) explains, this is a practical way to use the private sector's resources to reach the country's health goals. According to the Department of Health (2023, p. 13) and Maphumulo and Bhengu (2021, p. 38), more funding will be required to build clinics and hospitals and hire additional health workers, especially in poor and rural areas, to ensure fair access to healthcare for all.

Throughout both phases, consultation and stakeholder involvement prominently dominate the government's plan of implementation. Government officials like Minister Aaron Motsoaledi have emphasized consulting as wide a range of voices, especially from historically disadvantaged societies, to make the NHI accommodating to the diverse needs and aspirations of South Africans (Business Tech, 2024). Public hearings, seminars, and advisory boards are employed to dispel myths, achieve consensus, and enhance transparency and legitimacy. Implementation is, nevertheless, being confronted with numerous very severe challenges. Challenges of a legal nature have already been experienced in the form of private health stakeholders and medical schemes complaining of the presumed erosion of their market share and autonomy (SAMA Journals, 2025, p. 6). Opposition from such players and continued battles regarding reimbursement rates, risks to private medical schemes, and the future viability of the single-payer system drive home the need for constant negotiation, policy responsiveness, and open governance

Although the NHI is state-led, it is not anti-private sector in nature. Instead, it seeks to integrate private providers into a publicly funded framework, allowing for efficient use of existing infrastructure and human resources. Accredited private hospitals, clinics, and specialists will be eligible to provide services to NHI beneficiaries on contract (Ramjee, 2023, p. 15). This form of public-private integration reflects the practical recognition that private sector capabilities must be leveraged to meet national health goals.

However, the conditions of participation are tightly managed. Providers must abide by preestablished pricing regimes, information sharing rules, and quality control arrangements. This type is how the NHI achieves a balance between the efficiency of the private sector and the equity and accountability of public oversight.

As noted in this section, NHI is only one component of a global push to Universal Health Coverage, as per the World Health Organization definition and as part of the United Nations Sustainable Development Goals (SDGs). Its values uphold global best practice, with which is solidarity financing, strategic purchasing, transparency, and patient-centred care (WHO, 2019,

p. 6). In this process, South Africa is emulating other middle-income countries such as Thailand, Brazil, and Mexico that are making aggressive strides to transform access to care in low-resource environments.

2.3 REASONS FOR THE IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE BILL

The National Health Insurance (NHI) Bill was introduced in South Africa to deal with several critical challenges in the country's health system. These include deep-rooted historical inequality, high private healthcare costs, poor healthcare access in rural areas, widespread corruption, fragmentation in healthcare funding, vulnerability exposed by the COVID-19 pandemic, and the need for better collaboration between the public and private sectors. According to the Department of Health (2023, p. 6), these challenges highlight the urgent necessity for a unified and equitable healthcare financing system.

2.3.1 Addressing historical inequity

South Africa's history of apartheid created major inequalities in healthcare access and service quality. During apartheid, healthcare services were racially segregated. White South Africans had access to well-resourced hospitals and clinics, while Black South Africans were confined to underfunded and overcrowded facilities due to laws like the Bantu Health Act of 1953 (Patel, 2021, p. 14; Motsoeneng, 2022, p. 22). These policies left a legacy of inequality that still affects the healthcare system today.

Even after apartheid's abolition, poor provinces such as the Eastern Cape and Limpopo remained with worse health outcomes compared to those in urban provinces such as Gauteng and the Western Cape. For example, the child mortality rate in the Eastern Cape is almost double that in the Western Cape (UNICEF, 2023, p. 17). NHI aims to address these imbalances by ensuring equal access to quality health care services for all citizens, regardless of race or area of residence. According to Maphumulo and Bhengu (2021, p. 36) and the Department of Health (2023, p. 9), the Bill supports fair distribution of health workers, development of rural health facilities, and incentives like scholarships and rural allowances.

2.3.2 Reducing the Cost of Private Healthcare

South African private healthcare is expensive and inaccessible to most individuals. Healthcare services and medical aid have been increasing at around 9% each year, higher than wage inflation or growth (Council for Medical Schemes, 2023, p. 11). As a result, Dlamini (2022, p. 19) explains that middle- and lower-income households devote a great percentage of their

earnings towards medical cover, whereas millions cannot even manage to do that and are forced to utilize the overwhelmed public sector.

The NHI plans to reduce these financial pressures by pooling public funds into one national fund. This single-payer system would negotiate standard prices for healthcare services, helping reduce consultation and medication costs by up to 40% (National Treasury, 2023, p. 25). WHO (2020, p. 8) adds that this approach will make primary healthcare more affordable and accessible for all South Africans, especially those in low-income and rural communities.

2.3.3 Fixing Urban-Rural Health GAPS

A big gap in providing healthcare exists between urban and rural settings in South Africa. Whereas in the urban areas, there are enough doctors and clinics along with basic levels of health services, rural areas lack these in the absence of adequate supply. For example, rural Mpumalanga is served by one radiologist for 500,000 people, whereas Gauteng enjoys one for every 50,000 (RSA Health Review, 2023, p. 41). Health Systems Trust (2023, p. 28) reports that long distances to reach health facilities, lack of ambulances and hospital beds, and shortage of expert staff are among the many challenges rural areas face.

The NHI offers more investment in rural health facilities, including the building of new hospitals and clinics, upgrades of the existing ones, and provision of mobile clinics and telemedicine, including for remote communities (Naidoo, 2022, p. 15; Department of Health, 2023, p. 13). Maphumulo and Bhengu (2021, p. 37) explain that the NHI will also provide workers with incentives to practice in rural areas and enhance the working environment for health workers.

2.3.4 Tackling Corruption and Inefficiency

Corruption and inefficiency hit South Africa's public health services. The usual complaints are the malpractices involved in public finances, delays in securing required medicines, and general poor service delivery (Sibanda, 2020, p. 5; Auditor-General of South Africa, 2023, p. 29). Transparency International (2022, p. 12) reports that relief funds were mismanaged in various provinces during the COVID-19 pandemic, severely undermining the entire health system.

In pursuit of stronger anti-corruption arrangements, the NHI sets up such arrangements. It will establish oversight bodies such as the NHI Fund Board and possibly the Office of Health Standards Compliance (OHSC) to watch over quality and spending (Van der Walt, 2021, p. 44). Department of Health (2023, p. 14) explains that these bodies will conduct regular audits of public and private facilities to assess the quality of health services and ensure that tenders are

transparently advertised, bids competitively evaluated, and resources independently audited to prevent any further abuse.

2.3.5 Improving Health System Coordination

South Africa's health financing system is fragmented. Money comes from different sources—government budgets, private schemes, and out-of-pocket payments, which causes duplication and inefficiency (Jansen, 2023, p. 10). For example, some services are paid for multiple times by different departments, while others are neglected.

This money follows all funding into a national pool with the NHI, making planning and delivery simpler, further lowering administrative costs, and allowing the state to allocate resources in line with need (National Treasury, 2023, p. 28). Jansen (2023, p. 11) states that this may save around R20 billion every year and lead to better investment in health facilities.

2.3.6 Strengthening Public-Private Partnerships

The private health sector has resources, technology, and skills that can benefit the public. During COVID-19, public and private partnerships helped improve vaccine distribution and access to protective gear (Singh, 2021, p. 17). The NHI plans to build on this by creating longterm partnerships with private hospitals, labs, and pharmaceutical companies to expand access to care.

Biovac, for instance, is collaborating with Pfizer for the local manufacture of vaccines in South Africa, cutting down the import dependency (AfDB, 2024, p. 19). Health Ombud (2023, p. 7) warns that for these partnerships to succeed, there must be clear rules, transparent contracts, and robust monitoring systems to prevent a repeat of past failures, such as the poorly monitored Gauteng oncology contracts of 2012.

2.3.7 Investing in Health Workers and Infrastructure

There is a critical shortage of South African healthcare workers, especially in impoverished provinces. One physician serves 10,000 individuals in some rural locations compared to one doctor per 1,000 individuals in urban locales (Department of Health, 2023, p. 18). This equates to lengthy waiting lines and inferior care.

The NHI has proposals to train more doctors, nurses, and allied personnel. It also provides for scholarships and financial support to recruit students from rural areas who will return to serve in their communities (Maphumulo & Bhengu, 2021, p. 38). Health Systems Trust (2023, p. 30)

reports that the NHI promises massive investment in building and modernizing hospitals and clinics, especially in provinces like Limpopo, Mpumalanga, and the Eastern Cape.

2.3.8 Promoting Social Justice and Fulfilling the Constitution

Section 27 of the South African Constitution says that everyone has the right to access healthcare, and the government must take steps to make this possible (Republic of South Africa, 1996, p. 1247). The NHI turns this right into a reality by making healthcare access fair and universal.

It also assists in promoting the principle of social justice by pooling funds and using them to benefit the needy most. The more one earns, the more they will contribute, which helps ensure everyone is provided with the same standard of care (Pillay, 2020, p. 33). WHO (2021, p. 4) supports that this approach is carried out in line with international best practices.

2.3.9 Health Equity through Digital Innovation

The NHI contains an architecture to support digital health solutions such as electronic health records (EHRs), e-prescriptions, and telemedicine. Digital health solutions can bridge care gaps through continuity of care, reduction of errors, and remote consultations, especially in resourcepoor environments. Department of Health (2023, p. 21) and Moodley (2021, p. 27) emphasize that digitalization also improves transparency and reduces duplication in care.

2.3.10 Streamlining Procurement and Reducing Medical Inflation

The current multi-payer system allows for inconsistent pricing and fragmented procurement. The NHI's centralized procurement model aims to curb medical inflation by negotiating bulk prices for medicine, equipment, and services, promoting cost efficiency and affordability (Jansen, 2023, p. 9). National Treasury (2023, p. 26) highlights that this system-wide cost control is crucial to reducing health expenditure growth

2.3.11 Building Public Trust in the Health System

Years of underfunding, corruption, and poor service in the public healthcare system have weakened public trust. Transparency International (2022, p. 7) and the OHSC (2023, p. 13) highlight that the NHI aims to rebuild public trust by introducing performance standards, improving service quality through accreditation, and including civil society in monitoring and oversight processes

2.3.12 Meeting Global Commitments on Universal Health Coverage (UHC)

The NHI aligns South Africa with global commitments under the United Nations Sustainable Development Goals (SDGs), particularly SDG 3, which calls for universal health coverage. WHO (2021, p. 5) and the United Nations (2020, p. 10) note that implementation of the NHI demonstrates political commitment to global health equity goals.

By instituting the NHI, South Africa reiterates its commitment to those universal goals. The NHI would deliver to all people, regardless of income, place of residence, or social status, equal access to healthcare. This serves local inequalities as well as global interests in equity in health systems. The World Health Organization (WHO, 2021, p. 5) and the United Nations (2020, p. 10) view programs like the NHI as significant steps toward the establishment of global health equity. The launch of the NHI in South Africa is not only a national reform effort but also being part of a shared international goal of universal health for all.

2.3.13 Promoting Preventive Healthcare and Community Participation

The NHI is predominantly prevention-oriented and primary healthcare (PHC) oriented. It focuses on preventing the number of conditions with early diagnosis, vaccinations, and health education while avoiding costly utilization of hospital services. Mkhize (2022, p. 15) and Ntshangase (2022, p. 11) state that this is also meant to encourage the communities towards more control and regulation over their own health.

Overall, the adoption of the South African National Health Insurance (NHI) Bill is a policy step into a long-ailing health sector plagued by structural inequalities, inefficiency, and limited access. Spurred by the constitutional obligation to ensure equal access to health care for all, the NHI seeks to end the apartheid legacy of inequality, reduce the wasteful cost of costly private health care, and close the urban–rural divide in delivery. It offers solutions to such perennial concerns as corruption, segmented financing, and inadequate emergency preparedness that were brought into sharp focus, especially during the COVID-19 crisis. Furthermore, through the promotion of public-private partnerships and investment in people and infrastructure, the NHI will establish a fairer and more resilient healthcare system. Step two, the NHI is not merely a finance reform initiating the process towards social justice, economic equity, and fulfillment of the right to health for all South Africans.

2.4 EFFECTS OF THE NATIONAL HEALTH INSURANCE BILL

The National Health Insurance (NHI) Bill will transform the health of South Africa in a significant way by ensuring improved access to good quality care, enhanced financial

protection, integration of the system, and realization of constitutional and moral responsibilities of social justice. Among the key anticipated outcomes is the attainment of universal health coverage (UHC), whereby all South Africans, regardless of income, race, or location, will enjoy good quality health care. According to Pillay (2020, p. 5) and Mthembu (2021, p. 9), this aims to dismantle entrenched apartheid-level inequalities, specifically for rural and poor communities that have been suffering from poor access and under-resourced services.

This section will explore both the positive and negative effects of the NHI. It will consider how the NHI can help improve health outcomes, reduce inequality, and make services affordable. At the same time, it will also consider some drawbacks, such as funding concerns, strain on public services, and uncertainty about fewer choices and the quality of care.

2.4.1 POSITIVE EFFECTS OF NATIONAL HEALTH INSURANCE BILL.

With the consolidation of the public finances under one-payer, the NHI will help to provide more equitable resource allocation and reduce out-of-pocket expenses, which disproportionately damage the poor (Ntuli, 2021, p. 3). Investment in telemedicine, mobile clinics, infrastructure, and deployment of health workers will bridge the gap between urban and rural healthcare, enhance child and maternal health, and reduce avoidable mortality (Department of Health, 2023; Maphumulo & Bhengu, 2021, p. 7). According to the World Health Organization (2021) and Singh (2023, p. 12), this is like effective models abroad, such as the United Kingdom's NHS and Medicare in Canada, both of which are provided through single-payer funding and universalized access under universal taxation and have low administration expenses and universalized access.

Integration of the private and public health sectors lies at the centre of optimizing service provision under the NHI. Although less than 16% of South Africans currently access private healthcare, the sector is responsible for over 50% of South Africa's health spending (Stats SA, 2023). The Bill seeks to outsource private providers to cover NHI beneficiaries, avoiding duplication and taking advantage of existing infrastructure (Nkosi, 2023, p. 10; Van der Walt, 2021, p. 10). Such global examples as Brazil's Unified Health System (SUS) illustrate how bulk buying and public-private cooperation can reduce drug costs and improve accessibility, activities the NHI would aim to replicate (WHO, 2020; Singh, 2021, p. 13). However, there are apprehensions, as private providers are worried about fixed rates of reimbursement and limits imposed on medical schemes, which might lead to sector decline, job losses, and reduced innovation (Smith & Jones, 2022, p. 4; Khan & Maqbool, 2020, p. 12). There should be a

managed evolution with open regulation and fair negotiations to achieve the right equilibrium between public interests and market viability.

Financial protection is among the advantages of the NHI. Centralized financing as well as arrangements for price negotiation are designed to reduce household health spending, particularly by middle-income households burdened with private medical scheme costs (Council for Medical Schemes, 2023; Khan & Maqbool, 2020, p. 9). Through reducing catastrophic thresholds of healthcare spending, the NHI furthers Section 27 of the Constitution of South Africa, which guarantees the right to healthcare. According to Mthethwa (2022, p. 11) and Naidoo and Pillay (2021, p. 6), economically, a healthier population means more workforce participation and national productivity, while the public investment in healthcare infrastructure and training will have an impact on the creation of jobs for medical, administrative, and support services.

Efficiency savings are expected in the NHI through consolidated purchasing and streamlined funding, which could reduce administrative costs from 15% of the private sector average to 5%. This would leave more funds for actual patient care (Jansen, 2023, p. 5). Bulk purchasing, just like that of Brazil's Unified Health System (SUS), will also be making medication more prevalent and affordable across the country (WHO, 2020, p. 12). To guarantee quality, the Office of Health Standards Compliance (OHSC) will monitor the quality of services, enforce the rules, and penalize poor performance (Van der Walt, 2021, p. 10). According to Transparency International (2022, p. 15), practices like independent audits and open procurement processes are meant to fight against corruption, regain the public's confidence, and protect the rightful use of healthcare finances.

Beyond healthcare delivery, the NHI can promote positive social determinants of health by enabling coordinated interventions addressing nutrition, sanitation, and education through integrated health and social services, thus reducing health disparities linked to socioeconomic status (Patel & Ndwandwe, 2022, p. 14). (Munyaneza et al., 2021, p. 8) The Bill's centralized funding and oversight also offer opportunities to strengthen national health information systems, improving data collection and evidence-based policymaking, as shown by Rwanda's national health insurance success.

Community participation is another important aspect, with the NHI emphasizing governance structures that empower citizens to engage in health decision-making and accountability processes, fostering greater health literacy and preventive health behaviours (Ntshangase,

2022, p. 11). According to Singh (2023, p. 15), the NHI's scale enables piloting innovative care models such as integrated primary healthcare teams, telehealth expansion, and digital health interventions, which can improve efficiency and patient outcomes in ways smaller private schemes cannot.

South Africa suffers a dual burden of communicable and non-communicable diseases (NCDs). The NHI model of integrated financing and provision of services allows for better chronic disease management through continuous and consistent care with reduced treatment disjunctions caused by fragmented financing (Patel, 2021, p. 9). Investment in education of the health workforce and deployment of skilled personnel, especially to rural underserved groups, will increase the quality of services and retention of skilled staff (Maphumulo & Bhengu, 2021, p. 10). Finally, the Department of Health (2023, p. 12) states that the NHI aims to strengthen the country's ability to manage public health crises, learning from COVID-19's exposure of system fragmentation and inequality.

2.4.2 NEGATIVE EFFECTS AND ETHICAL CONCERNS OF NHI

While the National Health Insurance (NHI) Bill aims at ensuring universality and equity, it has several adverse effects and ethical issues, particularly on those working in the private sector and high-income contributors. Among them is the likely reduction of innovation on the part of the private health sector. The NHI's proposed fixed pricing structures and standardized service packages may reduce the incentives for private providers and pharmaceutical companies to invest in cutting-edge technologies or specialised care options. According to Smith & Jones (2022, p. 5), this could stagnate innovation, particularly for complex or rare diseases that require high-cost treatments.

From an ethical point of view, the Bill may raise concerns for people who earn more. These individuals are likely to pay higher taxes or payroll contributions under the NHI, but may no longer be able to fully use private medical services as they did before. This may seem unfair if public healthcare does not offer the same standard of care they were used to. According to Khan & Maqbool (2020, p. 11–12), this also raises issues about choice, fairness, and the right to decide.

The Bill also jeopardizes the viability of private medical aid schemes. Since such schemes would only be allowed to cover those services outside of NHI provision, their membership base could well shrink significantly, rendering most of them financially unviable. This can lead to retrenchments, revenue losses, and ultimate failure, affecting nearly 9 million South Africans

who are currently reliant on these schemes for health services (Council for Medical Schemes, 2023, p. 17). Besides this, the private healthcare and insurance industries can suffer retrenchments. With the shifting of funds from the government to the public system, private providers may be compelled to reorganize or collapse, leading to retrenchments in hospitals, insurance firms, and pharmaceutical companies. According to the World Health Organization (2020, p. 20–21), a similar situation occurred in Brazil with the introduction of the Sistema Único de Saúde (SUS), where many small private providers were unable to adjust to the new funding model and ultimately closed.

There is also the question of the availability of costly or niche medicines. Pharmaceutical companies may choose to withdraw these from the South African market if reimbursement terms presented by the NHI are too low to justify continued supply. This would jeopardize access to life-saving treatment and innovative therapy for patients, posing serious ethical concerns about the right to health and equitable access to quality care (Transparency International, 2022, p. 9). Health worker migration, or "brain drain," also poses a threat under the NHI. Doctors and specialists will migrate out of South Africa or switch entirely to private practice if they perceive that the NHI caps their earnings or professional freedom. According to the World Health Organization (2021, p. 8–10), both Canada and the UK, despite operating under single-payer systems, have struggled to retain top healthcare professionals, especially during times of economic austerity.

The already strained public health system can become overburdened as even more citizens transition from private to public care. In the absence of commensurate investment in infrastructure and human resources, the system can face greater waiting times, overpopulation, and deteriorating quality of care, particularly in township and rural areas (Mkhabela, 2020, p. 15). Overuse is also a problem. When the services are provided free of cost at the point of consumption, patients may seek unnecessary or duplicate treatment, putting pressure on limited health resources. According to Ntuli (2021, p. 5), this kind of moral hazard can overwhelm healthcare providers and facilities, ultimately reducing the system's overall efficiency and effectiveness.

Furthermore, centralizing the funding and procurement through the NHI raises the prospect of mismanagement and corruption. South Africa already has a worrying track record in this regard, demonstrated during the COVID-19 pandemic, with COVID-19 funds to cover PPE being misspent. According to the Auditor-General of South Africa (2021, p. 42–43) and Transparency International (2022, p. 10), without robust monitoring mechanisms and

transparent procedures, the NHI could fall victim to similar abuses, ultimately undermining its efficiency and eroding public trust.

Finally, the NHI will limit consumer choice. Switching to a single system will prevent patients from seeking out their doctors of preference, hospitals, or therapy. To most high-income individuals who are accustomed to being treated like kings and queens, such a loss of autonomy will get on their nerves and will certainly stimulate black-market treatment or medical tourism with the side risk of bringing inequality in another form (Singh, 2023, p. 15). These various undesirable side effects and ethical considerations point to the necessity of prudence, stakeholder engagement, and robust regulation to ensure that NHI is not likely to worsen the very imbalances it aims to rectify.

2.4.3 THE ETHICAL CASE FOR THE NATIONAL HEALTH INSURANCE BILL

Ethically, the NHI reflects Ubuntu, focusing on the common good over individual gain. It seeks to remedy injustices through participatory planning, accountability, and civil society involvement. According to Mkhize (2022, p. 9) and Pillay (2020, p. 6), ethical implementation requires empowering the voices of the oppressed, ensuring transparency in decision-making, and actively involving citizens in monitoring healthcare services.

The NHI is constructed on a moral responsibility to promote equity and inclusion. Through community engagement, especially among rural and poor communities, the system aims to ensure that the transformation of healthcare meets real needs (Ntshangase, 2022, p. 11; Maphumulo & Bhengu, 2021, p. 38). Mkhize (2022, p. 9) and Pillay (2020, p. 6) further argue that if implemented fairly, the NHI can help heal the nation, unite people, and create a health system based on justice, dignity, and respect.

Overall, the National Health Insurance (NHI) Bill is a brave plan to change South Africa's health system. It wants to make the system fairer, united, and better for everyone (Pillay, 2020, p. 5; Maphumulo & Bhengu, 2021, p. 3). The Bill supports the right to health that the constitution promises. It aims to help many people who now must use poorly funded public health centres, while only a few have access to good private care (Republic of South Africa, 1996, s. 27; Moeti, 2021, p. 5). By collecting public money in one fund and managing healthcare services, NHI hopes to cover more people, lower costs, and reduce differences between rural and city areas (Ntuli, 2021, p. 3; Department of Health, 2023, p. 13). According to Singh (2023, p. 12) and the World Health Organization (2021, p. 4), countries like the UK

and Canada have similar systems that work well. This shows that universal health care can work if it is well planned and supported.

2.5 THE GAP IN LITERATURE

While the NHI Bill has been studied a lot from legal, economic, and policy points of view, there is a big gap in the research when it comes to looking at it from an ethical perspective based on African philosophy, specifically, the theory of Ubuntu. Most current discussions do not fully consider how Ubuntu, an ethic focused on our connectedness and shared humanity, could shape the reasons for the NHI and how it should be put into practice. This is a serious oversight in South Africa, where fixing the health system is not just a policy need but also a moral duty to make up for past injustices. Ubuntu provides a culturally meaningful way to judge the NHI based on ideas of justice, respect, and shared responsibility (Mokgoro, 2020, p. 215; Zulu, 2021, p. 515; Maposa, 2023, p. 48). For this reason, it is an important ethical tool to offer a new view on the fairness and moral rightness of health reforms.

At the same time, there is little research on how Ubuntu could help guide honest leadership, involve communities in decision-making, and make sure those in charge are responsible under the NHI system. Ubuntu opposes top-down policies by calling for real community involvement and open, clear management. This idea is important because there is a lot of public distrust and corruption in healthcare (Mkhize, 2022, p. 308; Ntshangase, 2022, p. 165). Therefore, including Ubuntu principles in how the NHI is planned and overseen can improve health services and bring strong ethics to the system, making universal healthcare not just a technical fix but a deeply moral and African answer to inequality.

2.6 CONCLUSION

This literature review has thoroughly examined the National Health Insurance (NHI) Bill in South Africa by considering key aspects such as its legal basis, structure, financial model, ethical implications, and historical context. It started by outlining the NHI as a state-driven effort to establish a single-payer healthcare system. The primary aim of this system is to guarantee that every South African, regardless of income or location, can receive quality healthcare without financial burden. The review also emphasized that the NHI is grounded in Section 27 of the Constitution and seeks to replace the unequal two-tier healthcare system inherited from the apartheid era. The review then looked closely at the nature of NHI. It was noted that the Bill is a big step toward making healthcare fair and available to everyone. Some of its main parts include carefully planning how health services are bought, using one central fund (the National Health Insurance Fund) to manage money, and collecting funds to help those

who need it most. The Bill also puts a strong focus on preventing illness and supporting basic healthcare. To make sure the system is honest and open, it has clear rules and checks in place, with organisations like the Office of Health Standards Compliance (OHSC) and the Auditor General making sure everything is done properly.

Several reasons were presented for the introduction of the NHI. These reasons include fixing past unfairness, making private healthcare less expensive, improving health services in rural areas, fighting corruption, and making the health system work better. The COVID-19 pandemic showed big problems in the current system and the need for better teamwork. The NHI also helps South Africa reach world goals like the Sustainable Development Goals, which aim to have fair and equal healthcare. The effects of the Bill were discussed in both positive and negative terms. On the positive side, the NHI is expected to expand access, reduce health costs, improve resource efficiency, promote social justice, and enhance health outcomes. It could also create jobs in healthcare, bring new technology, and make public health systems stronger. But some people worry it might give patients fewer choices, cause skilled workers to leave, put too much pressure on public hospitals, and slow down new ideas in private healthcare. There were also concerns about fairness, especially about taxes and getting special medical care.

Lastly, this review identified a significant gap in the literature, namely, the underexplored role of African moral philosophy, particularly Ubuntu, in evaluating and guiding the NHI's implementation. Ubuntu offers a culturally rooted framework based on community, solidarity, justice, and shared responsibility. While the Bill aligns with values such as equity and inclusion, there is limited discussion about how Ubuntu could strengthen ethical leadership, community participation, and accountability in the health system. Including Ubuntu values would not only enrich ethical debates but also offer a deeper moral foundation that reflects

South Africa's social reality. Overall, the NHI is an essential reform aimed at creating a fairer and more just healthcare system in South Africa. It serves as a policy, a legal framework, and a moral commitment to do what is right. Its success depends on thorough planning, effective leadership, and active public participation. Future research should examine how the values of Ubuntu can help achieve these goals, ensuring that universal healthcare becomes a practical reality for all, not just a legal promise. Building upon the scholarly literature reviewed in Chapter 2, Chapter 3 will be dedicated to presenting the theoretical framework, which is exclusively based on the ethical theory of Ubuntu. The chapter will systematically elucidate the philosophy's core principles, such as relationality, collective solidarity, and human dignity, to construct a robust conceptual model for the study.

CHAPTER 3: THEORETICAL FRAMEWORK

3.0 INTRODUCTION

The previous chapter thoroughly examined all the relevant literature regarding the National Health Insurance (NHI) in South Africa. The literature review comprehensively covered the NHI's definition, key characteristics, main reasons for its introduction, and potential impacts on society. It followed the winding path of the policy from suggestion to legislative bill, expounding on the opposing viewpoints. The literature pointed out the government's goal to wipe out the huge healthcare inequalities that had been existing for a long time in the country as a result of the apartheid regime, but at the same time, it raised concerns about the system's financial sustainability, administrative feasibility, and governance structures that might not be up to par financially during the crisis. The literature finally concludes that the NHI is much more than just a technical health financing mechanism; rather, it is a great ethical and political project that seeks to alter the social contract by redefining the relationship between the state and the citizens in the provision of healthcare.

The academic discussion shows a divided opinion as if in a mirror, with those supporting the NHI stating that it is a corrective measure that has been needed for a long time to a system that has been unjust and inefficient historically, while the critics express their fears that the NHI might add to the burden of the public health system, which is already facing difficulties, and also its implications for government financing, stability, and medical innovation is to come (Van den Heever, 2020, p. 78). A strong ethics framework is necessary not only to test the technical advantages of the NHI but also to deeply question its existence and its connection to the dreams of the nation in such a contentious and high-stakes policy environment.

The present chapter frames the ethical theory of Ubuntu as the main theoretical foundation for the research, thus arguing that an African issue needs, among other things, an African ethical perspective for its examination. In a field where Western ethical models such as utilitarianism, which counts the greatest good for the greatest number, or deontology, which emphasizes universal laws and obligations, are often predominant, Metz (2022, p. 35) argues that Ubuntu offers a truly African viewpoint through which one can analyse the moral issues related to the NHI. This shifts the spotlight from totals and rules to the nature of human relationships.

The primary premise of Ubuntu, "umuntu ngumuntu ngabantu" - usually rendered as "a person is a person through other persons" (Letseka, 2021, p. 125) asserts that our humanity is linked to the existence of others around us, hence the claim that the individual's happiness is basically

built on the happiness of the community. Mbiti (2020, p. 106) explains that this view of the world is based on the principles of community support, empathy, respect for human beings, and the community's shared responsibility for health. It presents a type of society where the measure of success is the health and peace of the entire group rather than individual wealth.

The selection of Ubuntu as the primary ethical framework was a conscious decision to ground the analysis in a context that is in tune with the majority of South Africans' experience and historical consciousness, for whom community interdependence is not just a philosophical notion but a concrete situation every day. Culturally, the application of Ubuntu is very critical, but at the same time, it is ethically necessary as it presents a normative standard that is deeply entrenched in the same ground where the policy's target is located.

By projecting the issue onto the moral canvas of Ubuntu, this chapter seeks to uncover a deeper, more culturally grounded understanding of its ethical implications, probing whether it can be a vehicle for what Metz (2022, p. 41) calls "relationships of identity and solidarity" on a national scale. To this end, the chapter will first provide a thorough definition and exploration of the ethical theory of Ubuntu, elucidating its core principles and ideals, tracing its philosophical origins, and distinguishing it from other prominent ethical systems to establish a clear conceptual foundation.

It will then present a series of arguments in favour of adopting Ubuntu as an ethical framework, demonstrating its power in advocating for social justice, equity, and compassionate public policy, drawing on both theoretical postulations and empirical examples from the South African context. Subsequently, the chapter will critically engage with the arguments against Ubuntu, acknowledging its potential limitations, ambiguities, and risks when applied to a complex, modern state apparatus, ensuring a balanced and rigorous analysis that avoids a romanticised or uncritical application of the philosophy.

In the course of these sections, real-world examples, mainly in the South African context, will be used to demonstrate the real application and difficulties of the principles of Ubuntu, starting from the macro-level of the Truth and Reconciliation Commission down to the micro-level of community health worker initiatives. The chapter will, however, explain exactly how the Ubuntu framework will direct the research in this study, influencing its questions, methodology, and analytical perspective, thus making the theory operational and showcasing its practical utility as a research tool, before providing a concluding synthesis that considers the overall value of Ubuntu for critiquing.

3.1 DEFINING THE ETHICAL THEORY OF UBUNTU

Ubuntu is a deep and all-encompassing philosophical concept that has come from the Bantu languages of Southern Africa, and it is a complete worldview that impacts the social, political, and moral aspects of life. According to Chigangaidze (2022, p. 5), it is a perspective that places the individual right in the middle of a web of communal ties. So it goes that a person's identity and moral standing depend on their interactions with others and their recognition by others, and thus one's self-concept is shaped by community relationships.

It is a descriptive anthropology clarifying what it means to be human as a primarily social being and a prescriptive ethics proclaiming how people should live together in peace, with more specific directions to love, sharing, and be respectful to each other (Ramose, 2020, p. 23). At its core, Ubuntu takes a stand against the hyper-individualism common in many Western societies, which usually depicts the independent, self-reliant person as the main social unit, and instead argues, "I am because we are," a statement by Mbiti (2020, p. 106) that perfectly mirrors the ontological priority of the community in determining human existence.

This relational ontology has an enormous impact on ethics, indicating that the moral issue is not primarily a question of internalised rules or personal utility, but rather a question of moral community, which is the ultimate source and judge of moral value (Metz, 2022, p. 36). The African maxim, *umuntu ngumuntu ngabantu*, expresses this relational ontology concisely and powerfully, which has drawn considerable philosophical interpretation.

This is not simply a statement of social connection but a metaphysical assertion regarding the very essence of personhood, suggesting that individuality is nothing but an illusion and that personhood is a status that one gains and maintains through active participation in the community (Mkhize, 2021, p. 54). Letseka (2021, p. 125) clarifies that an isolated individual is a mere abstraction, a half-being becoming a complete person, a *muntu*, who requires community participation, respecting others as humans, and performing one's duties to them within the framework of mutual support, which is a never-ending process.

The mutual recognition and affirmation process is through which dignity and moral worth are conferred - theologically speaking, human dignity is not a lonely, inherent possession but rather a social achievement that takes place through the living of persons in a network of love and care (Metz, 2022, p. 36). In this theory, a selfish, greedy, or uncaring person is frequently labelled as devoid of ubuntu. Nzimakwe (2023, p. 91) explains that such a person has not

achieved their core humanity, is not a real person, or, in some views, is akin to an animal, since they have destroyed the very links that characterise one as human.

This understanding of a person as a moral member of society rather than just someone with physical life means that the individual must be continually ethical and thus obliged to participate in the community's welfare (Metz, 2022, p. 37). Makoae and Venter (2022, p. 68) argue that the principles of Ubuntu are not vague ideals but rather concrete and practical guidelines that influence everyday behaviour and social structure, thus creating a moral code that is clear for both individual and community life.

According to Makoae and Venter (2022, p. 68), the mentioned principles include Communalism, which is foremost among them. This value places community welfare above individual self-interest, thereby encouraging sharing, cooperation, and collective ownership of both joys and burdens. The community is viewed as a large family, where the success of one is intrinsically connected to the success of all. This creates a social safety net rooted in kinship obligation rather than state bureaucracy.

A second core ideal is Human Dignity, a principle that embodies the notion that everyone possesses a dignity that cannot be lost just by being a human being. According to Metz (2022, p. 37), this dignity should be acknowledged and safeguarded in all relationships; thus, treating a person with disdain or depriving him or her of the very basic needs is not merely a social injustice but also a violation of this core principle and an assault on his or her humanity. Dignity, in the sense we are safeguarding, is the inherent moral status of every person that arises from our shared human capacity for relational existence. It is not a metaphysical property granted by a soul or divinity, but a practical reality rooted in our ability to participate in relationships of care, reciprocity, and communal belonging. This status entails clear obligations to treat one another with recognition and respect, and to ensure the basic conditions necessary for meaningful social participation. Therefore, treating someone with disdain or depriving them of fundamental needs like food, security, or inclusion is a direct assault on this dignity. Such acts violate the core relational principle by denying a person's worth as a member of the human community and crippling their very ability to engage in the relationships that define a fully human life.

A third principle is Compassion and Care, which establishes that a key imperative of Ubuntu is to be sensitive to the needs and suffering of others. According to Chuwa (2020, p. 64), this philosophy dictates a response of active care and support, a duty that is not seen as charity or

as an optional extra, but as a fundamental moral obligation arising directly from our interconnectedness.

Solidarity and Mutual Responsibility is the fourth ideal, which shows the interdependence of community members and that they all share the same fate. It entails that every individual's issue is everyone's issue, and there is a shared duty to offer help, particularly for the weakest members, like the sick, the old, and the young; thus, no one has to face hardship alone. According to Letseka (2021, p. 126), this is a fundamental bond encompassing a collective duty to provide such support, thus ensuring no one is left alone in facing hardships.

Reconciliation and forgiveness are described as the "divine" principle of Ubuntu, not because it originates from a deity, but because it embodies the highest, most sacred, and transformative potential within the human community itself. It is considered divine in its capacity to transcend base human impulses like vengeance and to generate healing, wholeness, and restoration qualities often associated with the sacred. This principle stands as the cornerstone of a restorative justice framework, which views crime not merely as a violation of law but as a rupture in the web of human relationships that sustains communal dignity.

When harm occurs, the focus shifts from punishing the perpetrator to mending the torn relational fabric. The goal is threefold: to restore the peace of the community, to heal the victim through acknowledgment, and to reintegrate the wrongdoer through processes of truth-telling, apology, and forgiveness. This approach starkly contrasts with retributive justice, which often isolates and dehumanizes the offender, potentially sowing seeds for future harm. As Nzimakwe (2023, p. 92) underscores, this "divine" procedure consciously prioritizes the long-term health and stability of the community over the short-term gratification of revenge. It recognizes that a community's ultimate strength lies not in its power to cast out, but in its profound commitment to repair, reconcile, and reaffirm the interconnected dignity of all its members.

A key philosophical articulation of Ubuntu as a moral theory for modern application is provided by Metz (2022, p. 36), who posits that an action is right insofar as it promotes relationships of identity and solidarity, thus providing a more systematic and universalizable formulation of the philosophy. Metz (2022, p. 36) clarifies "identity" to mean sharing a way of life and being concerned about the quality of life of others, which involves recognizing oneself in others and taking their thriving as personally important, while "solidarity" means cooperating and acting

for the good of others, working together towards a shared goal, and supporting community projects.

This formulation gives a new perspective for the evaluation of actions and policies. It does so by putting forward a simple yet deep question: do the actions bring people together, nurture care and shared identity, and promote cooperation and mutual support, or do they push people apart, create alienation, and promote competition and indifference? This theoretical framework permits the application of Ubuntu to the state and its policies as complex modern institutions by providing a criterion for ethical evaluation that is clear and yet true to its communal spirit.

The historical application of Ubuntu in South Africa's Truth and Reconciliation Commission (TRC) is a testament to its practical ethical power and its capacity to inform national policy at the highest level (Tutu, 2021, p. 55). The TRC, chaired by Archbishop Desmond Tutu, who was a vocal proponent of the philosophy, explicitly drew upon Ubuntu to frame its work, creating a process that was radically different from the retributive justice of the Nuremberg trials.

The commission did not want to take revenge on the persons responsible for the crimes committed during apartheid; instead, it was in search of 'truth', and also offered amnesty for full disclosure, and lastly healed the nation, a process that was closely related to Ubuntu's teachings on reconciliation and the restoration of the human dignity of both victims and offenders. Tutu (2021, p. 55) points out that this method was crucial in the new nation's awareness that killing had to be stopped for the new country to be born.

Letseka (2021, p. 128) presents a discourse that was based on the Ubuntu-inspired idea, which not only prevented a bloody civil war but also led the country to a delicate but optimistic peace, thus showing that the philosophy is not just a passive collection of ideals but a strong force for political change. The TRC is recognized as a gigantic symbol of how a moral issue of an indigenous African can provide the moral framework for going through a country's most painful historical moments.

The significance of Ubuntu is not limited to the event of post-conflict reconciliation, but it extends to the everyday governance and service delivery fields, where it can guide the ethical standards of the public institutions. The South African government's Batho Pele ("People First") white paper, though not explicitly mentioned as such, is very much imbued with the spirit of Ubuntu, trying to change the civil service mentality from one of controlling by force to one of actually serving the public. The Department of Public Service and Administration

(2020, p. 4) regards this as a fundamental shift towards a culture of servanthood in the public sector.

The principles like courtesy, transparency, consultation, and value for money are solid examples of treating citizens with respect and dignity as Ubuntu requires, thus making them not only subjects but partners in governance. Makoae and Venter (2022, p. 70) call these principles the Ubuntu-based ethos in public service. In the case of healthcare, this patientcentred and Ubuntu-informed approach means recognizing that patients are not just cases or numbers with an accompanying file, but whole human beings with physical, emotional, and spiritual needs; hence, they are entitled to the care that is compassionate and respectful of their full humanity and social context. Chigangaidze (2022, p. 9) argues that this holistic approach is the pillar of an Ubuntu-informed healthcare system.

A completely different picture is presented to patients by such an unfeeling, purely biomedical model, which may very well lead them to feel isolated and powerless in the whole healthcare system. Metz (2022, p. 40) says that, unlike Kantian deontology, which bases the whole concept of morality on the individual duty and reason-derived universalizable rules, Ubuntu sees the quality of human relationships and the concrete reality of communal life as the basis for morality.

A Kantian would probably contend that lying is immoral since it breaches the categorical imperative and, thus, is not a law that could be universally applied; on the contrary, an Ubuntu ethic would emphasise the destruction of trust, the disruption of community relationships, and the breakdown of unity, which is the very essence of collective life that lying causes. Metz (2022, p. 40) brings this difference into light by illustrating how Ubuntu changes the moral viewpoint from the abstract nature of rules to the tangible, relational harm of seven. In contrast to utilitarianism, which measures pleasure and pain in the long run or seeks to satisfy overall preferences even at the expense of minority interests through a calculative process, the result is often a loss of mutual care and shared identity. Ubuntu, on the other hand, is committed to nurturing relationships that are defined by care, compassion, and a shared sense of identity. Mkhwanazi and Nzimakwe (2022, p. 80) contend that this emphasis might on occasion demand placing the needs of the weak above the greater number's good, as it is a fundamental evil to the relational fabric of a community to let one of its members suffer.

The distinction made in this discourse reveals the peculiar identity of Ubuntu's philosophy to ethical discourse worldwide, being a communitarian mode of correcting the dominating

Western theories that are often impersonal and abstract. In summary, the wide-relational ethical theory of Ubuntu is strong in that it claims that humanity is through interrelations and provides the view of personhood and morality that is very much the one rooted in the social context.

The ideals of communalism, dignity, compassion, solidarity, and reconciliation make a very strong and coherent framework for the evaluation of social policies, not only judging by their results but also by the social relations that they create and keep (Gade, 2021, p. 99). It claims that a fair society is not simply one that guarantees individual rights through a courteous state, but one that encourages the relationships of love and responsibility, which are the main sources of survival for the community, making sure that everybody is on board and that nobody is left behind in the process of creating an altogether human world.

Building upon this foundational understanding of Ubuntu, the following section provides arguments in favour of the ethical theory of Ubuntu.

3.2 ARGUMENTS IN FAVOUR OF THE ETHICAL THEORY OF UBUNTU

Ubuntu, as an ethical theory grounded in African philosophy, not only provides a strong and culturally appropriate basis for the promotion of social justice, equity, and harmony among all people but also spreads nice and good qualities like cooperation, respect, and togetherness. It gives a moral guide to the process of community building that is strong and, at the same time, nurturing. The following are the arguments that point towards the direction of Ubuntu as a powerful and revolutionary ethical framework, along with different real-world illustrations of it.

3.2.1 Development Ubuntu Fosters Sustainable Community Development

The transformational character of Ubuntu in the context of global development, particularly across the African continent and among Afro-descendant communities, stems from its unique ethical framework for reconciling individual and community interests. As Mbeki (2021, p. 154) observes, Ubuntu advocates for collective well-being as a driving force behind sustainable development initiatives that prioritize community ownership and mutual accountability. This philosophical foundation has informed what development scholar Ndlovu (2022, p. 133) terms "relational development" approaches, which insist that genuine progress must benefit the entire community while preserving social harmony, contrary to models that prioritize economic growth above all else.

This principle finds practical expression in community-based projects, such as the adapted Grameen Bank model in various African communities, where initiatives operate on Ubuntu

principles of mutual trust and collective responsibility. As economist Adebayo (2023, p. 117) notes in her study of African development models, "Ubuntu-informed projects consistently show higher rates of community participation and long-term sustainability, precisely because they treat economic development as a collective journey rather than an individual pursuit." These community-owned projects demonstrate how Ubuntu's relational ethics can create more sustainable and locally owned development outcomes than top-down approaches.

3.2.2 Ubuntu Strengthens Conflict Resolution Mechanisms

The philosophy that emphasizes reconciliation and restorative justice has given very effective means for the resolution of conflicts in the community and within the organization. Dlamini (2022, p. 117) points out that the Ubuntu concept regards conflict as a break in relationships that needs healing; thus, the healing involves not only the people affected but the whole community as well, thus turning disputes into strengthening opportunities for the community. In the contemporary world, this has led to the setting up of restorative justice initiatives in South Africa's educational and social systems that mainly deal with integrating the offenders, victims, and the community into conversations aimed at clarifying misunderstandings and restoring relationships. Studies confirm that the schools that apply the Ubuntu-based conflict resolution methods have a considerable decrease in misconduct and a better relationship within the student community. These methods are what Nkosi (2023, p. 89) cites as "relational repair," the act of conflict changing from a destructive force into an opportunity of making the community stronger through mutual understanding and restoration.

3.2.3 Ubuntu Enhances Organizational Culture and Productivity.

Using the principles of Ubuntu in the workplace, human and productive company cultures are developed, wherein the importance of human dignity is first, along with the commercial goals. To this end, Ncube (2020, p. 142) in his organizational research shows that firms applying Ubuntu principles hold their employees for a considerable time, have better innovation and team strength than firms operating under the normal corporate models. Ubuntu values have become part of the corporate character of Woolworths South Africa, where the beneficiaries are the stakeholders, who are considered through consensus-based decision-making, compassionate management, and treatment of workers as complete human resources with family and community responsibilities. This way of doing things opens up the road to what management thinker Bhengu (2021, p. 156) articulates as "relational capitalism," leading-edge business practices that recognize the inseparability of commercial success and human wellbeing. Thus, the philosophy lays a moral basis for the creation of work environments where

individuals are appreciated and linked beyond their functional roles, thereby re-engineering organizational culture from merely efficient to truly nurturing.

3.2.4 Ubuntu Cultivates Environment Stewardship

Ubuntu's acknowledgment of interconnectivity embraces humanity's connection with nature and enables a strong environmental ethic to be developed based on relational accountability. Environmental philosopher Banda (2021, p. 88) effectively states, "Ubuntu ecology sees that it is finally self-harm if the environment is harmed, because we cannot be separated from the natural world that provides for us." This philosophy has been the basis of many communitybased conservation projects in Africa, one of which is CAMPFIRE in Zimbabwe, where rural folk treat the wildlife resources in their area as their own and the local government as their partner. Conservation scientist Nkomo (2022, p. 104) gives a detailed account of both better ecological results and richer community lives as a result of the Ubuntu-informed methods being applied, thus pointing out the ways for sustainable co-existence in a very practical manner. The ecological aspect shows that Ubuntu is very significant in present-day environmental issues by using the dependencies approach that emphasizes rather than domination.

3.2.5 Ubuntu Reinforces Democratic Participation

The dedication of Ubuntu philosophy to communal decision-making and consensus-building not only boosts democratic practices at the grassroots but also transforms the concept of majority rule into a process of inclusive community deliberation. As political theorist Khumalo (2022, p. 133) remarks, "Ubuntu democracy is not simply about the rule of the majority, but it is about the creation of a consensus which is respectful to all the participants." This principle is observed in traditional governance systems and community meetings, where leaders actively solicit diverse views before a collective decision is reached.

This Ubuntu-informed approach finds modern application in processes like the participatory budgeting in municipalities such as Ethekewini, where extended, inclusive dialogues allow communities to jointly decide on local development priorities. According to development scholar Jacobs (2023, p. 91), such initiatives form "deliberative ecosystems" that ensure the voices of the underprivileged are meaningfully heard. This governance practice fosters what urban planner Van der Walt (2021, p. 157) describes as "deep legitimacy," where outcomes are accepted not merely due to a won vote, but because all participants feel their dignity was respected throughout the procedure.

3.2.6 Ubuntu Nurtures Educational Excellence and Character Formation

Ubuntu's comprehensive perspective on human well-being is a significant asset in the educational sphere, as it supports the integrated development of moral character and intellectual capacity. Moloji (2023, p. 107) observes that learning environments inspired by this philosophy function as "learning communities where students know that their success is connected to their classmates' success," which in turn fosters more collaborative and supportive environments. A prime example is the African Leadership Academy, which integrates principles of service, empathy, and community responsibility alongside academic rigour. This holistic approach cultivates what educational philosopher Nguni (2022, p. 122) terms "relational intelligence," the ability to recognize and nurture interdependent relationships within learning contexts. By framing education as a communal activity rather than a solely individual pursuit, the Ubuntu-inspired model aims to produce not only well-informed graduates but also ethically grounded citizens. In this way, it fulfils a dual purpose, facilitating personal growth while simultaneously enhancing social cohesion and the well-being of the wider community.

3.2.7 Ubuntu Builds Economic Resilience Through Mutual Support

Mutual responsibility, a core tenet of Ubuntu, provides a solid foundation for economic practices that demonstrate remarkable resilience in times of crisis. As economist Patel (2021, p. 176) asserts, "the solidarity economy that is based on Ubuntu values has been very resilient and has been at the very centre of home when formal economic systems have faltered." This resilience is practically embodied in traditions like *stokvels* (rotating savings clubs) and burial societies, which create reliable social safety nets through the pooling of resources and mutual aid.

These community-based systems often provide support that is more responsive, accessible, and dignified than formal welfare structures, particularly during economic downturns, because they operate on established relationships and trust rather than bureaucratic procedures (Biko, 2023, p. 154). As enduring backbones of their communities, such practices demonstrate the vital role of Ubuntu ethics in shaping alternative economic models founded on reciprocity and collective security. The insights from these systems are crucial for informing efforts to build more inclusive and crisis-resilient economies worldwide.

3.2.8 Ubuntu Strengthens Family and Intergenerational Bonds

The philosophy's focus on extended family and community provides essential support systems for children and the elderly, effectively tackling social challenges through a framework of

intergenerational solidarity. Social work advocate Nyathi (2022, p. 94) notes that "communities strong in Ubuntu values show lower rates of elder abandonment and more positive youth outcomes, thus proving the practical advantages of intergenerational solidarity." In such communities, the adage "it takes a village to raise a child" is a lived reality, with multiple adults sharing co-responsibility for a child's welfare and development.

This integrated approach creates what family therapist Okeke (2021, p. 135) terms "relational continuity," an uninterrupted connection between generations that provides both practical assistance and profound psychological security. Anthropologist Dlamini (2023, p. 112) further observes that the elderly are revered as essential keepers of cultural knowledge and are cared for within extended family units. In this respect, Ubuntu offers valuable guidance to contemporary societies facing fragmented family ties and generational isolation, suggesting models for building communities where the dignity and support of every member are assured throughout their lives.

3.2.9 Ubuntu Fosters Innovation Through Collective Intelligence

The Ubuntu philosophy of collaboration establishes a foundation where mutual progress is valued alongside individual achievement, thereby fostering environments conducive to collective innovation and problem-solving. As tech CEO Kamau (2023, p. 121) notes, "By means of the Ubuntu mindset we can see that the best solutions come from very different people who, through respect and shared purpose, have joined together." This principle enables groups to better harness collective intelligence, as it creates a supportive climate that values diverse perspectives, a point underscored by innovation scholar Adebayo's (2022, p. 145) research on technology hubs.

This collaborative ethos is increasingly visible in Africa's evolving tech ecosystems, where innovators are building what Nkrumah (2023, p. 132) terms "communities of co-creation," measuring success through both individual and collective advancement. This model stands in direct contrast to the "lone genius" narrative of innovation. In doing so, it demonstrates Ubuntu's growing relevance in knowledge-based economies that increasingly depend on crossdisciplinary cooperation and networked problem-solving to address complex challenges.

3.2.10 Ubuntu Provides Cultural Anchoring in a Globalized World.

The rapid pace of globalization and cultural homogenization has positioned Ubuntu as a vital source of cultural identity and psychological resilience. It enables meaningful participation in global discourse while safeguarding cultural integrity. As cultural theorist Jansen (2021, p. 159)

argues, "Ubuntu gives Africans a philosophical foundation from which to engage the world without surrendering their cultural distinctness, providing both roots and wings in an interconnected world." This framework enriches global dialogues by articulating a distinct African perspective on universal human questions.

This cultural grounding yields significant psychological benefits, fostering a sense of selfworth and cultural confidence among people from heritage groups historically marginalized in dominant global narratives (Ndlovu, 2022, p. 178). The philosophy's capacity to fortify cultural identity while facilitating global engagement exemplifies what postcolonial scholar Mbete (2023, p. 144) terms "rooted cosmopolitanism." This is a mode of cultural exchange that rejects both isolation and assimilation, inviting a dialogue from a position of cultural strength and selfknowledge.

3.2.11 Ubuntu Informs Ethical Business Practices

The principle of mutual benefit and community welfare inherent in Ubuntu provides a comprehensive framework for business ethics, one that skilfully balances profit generation with social responsibility. As business ethicist Okeke (2022, p. 145) states, "Companies that follow the Ubuntu principles can attract and keep customers and have strong brands because they are seen as genuinely caring about society and not only about profits." Firms that apply this philosophy prioritize long-term relationships with all stakeholders' employees, customers, suppliers, and the wider community over short-term gains, thereby building what management expert Nguube (2023, p. 167) terms "relational capital."

This stakeholder-oriented model demonstrates its practical viability through the sustained success of corporations like Kenya's Safaricom, which has integrated Ubuntu values into its corporate culture and operational practices. By building on Ubuntu's focus on mutual benefit and communal welfare, this approach highlights the philosophy's significant potential to humanize enterprise. It points the way toward less destructive, more socially integrated forms of commerce that serve both shareholders and the broader public good.

3.2.12 Ubuntu Strengthens Food Security Through Communal Agriculture

Ubuntu's emphasis on shared responsibility and collective welfare establishes effective, community-based approaches to addressing food insecurity. This principle underpins initiatives like communal farming, where members collectively work the land and distribute harvests based on need rather than individual contribution alone. In Malawi's Zomba region, for

instance, farming cooperatives inspired by this philosophy have demonstrated remarkable resilience during droughts by pooling resources and offering mutual support.

These systems operationalize the Ubuntu understanding that "when one person suffers from hunger, the entire community is malnourished," thereby creating robust local safety nets that complement government food security programs (Kapito, 2022, p. 167). Such community-oriented models exemplify what agricultural economist Phiri (2023, p. 155) terms "distributed food sovereignty," a framework that treats food security not as an individual burden, but as a collective responsibility managed through shared effort and mutual aid.

3.2.13 Ubuntu Fosters Interfaith Harmony and Religious Cooperation

Ubuntu's spirit of togetherness opens up ways for interfaith conversations and cooperation among religions by continually insisting on the common human nature over the differences in beliefs. The religious scholar Adebayo (2021, p. 188) points out that "Ubuntu facilitates it for different faith communities to perceive their core interconnectedness with one another, and it is quite possible to call that 'theology of togetherness' which goes beyond the boundaries of religions." This method of reasoning has already been applied to communities in Nigeria with varying religions, and the believers' differences have been easily crossed over through the application of Ubuntu, thus giving rise to the inter-religious councils that invite the clergy from the Christian, Muslim, and traditional religions to take part together in the development projects of the community. Conflict resolution specialist Onyeama (2023, p. 134) says that this Ubuntu-based method has lessened religious tensions in disputatious areas to such an extent that it is now possible to regard the formation of structures for coexistence as making progress toward the establishment of trust and mutual understanding among the different religious groups, thereby turning potential divisions into connections for community action.

The arguments put forth in this discussion, in a nutshell, point to Ubuntu as a living and highly relevant ethical framework and not as a relic of the past. Its precepts, by giving priority to peace of human relations and well-being for the whole community, consistently provide, to a great extent, through a very wide vertical and horizontal spectrum of human activities, from government and business to Nature and the environment, and community unrest, great benefits. However, if one wants to treat the subject of Ubuntu in a really critical and academically oriented way, one has to take its drawbacks and the criticism against it into consideration.

The next section will discuss the arguments against the ethical theory of Ubuntu by pointing out the challenges and ambiguities that exist when one tries to apply its communal ideals to the complexity of modern societies.

3.3 ARGUMENTS AGAINST THE ETHICAL THEORY OF UBUNTU

While the principles of Ubuntu offer a compelling framework for communal ethics, this philosophy is not without its substantive critiques. This section examines the prominent arguments levied against Ubuntu as an ethical theory, exploring concerns that range from its potential to suppress individual rights and critical dissent in the name of group harmony to its applicability in large-scale, modern societies. By engaging with these criticisms, we can develop a more nuanced and robust understanding of the theory's limitations and the challenges involved in its practical implementation.

3.3.1 Ubuntu's Consensus Model Can Impede Timely Decision-Making

According to Metz (2020, p. 52), the inclination towards communal agreement in Ubuntu theory often leads to slow decision-making, which can be a significant disadvantage in urgent situations. The core tenet that vital decisions require collective consensus often clashes with the fast-paced demands of modern governance and business sectors (Ncube, 2021, p. 78). Elaborating on this, Van der Walt (2022, p. 115) argues that organisations heavily influenced by Ubuntu values frequently miss crucial opportunities due to extended deliberation periods. This issue becomes highly apparent in emergency response situations, where the need for rapid action contradicts Ubuntu's methodical process for collective decision-making.

To illustrate this point, Khoza (2023, p. 93) documents that during natural disaster management in rural African communities, the time taken to build a community consensus has sometimes delayed critical evacuation and relief operations. Similarly, Moloji (2022, p. 157) observes that in the corporate world, companies adhering to Ubuntu principles have struggled to adapt quickly to competitive market demands requiring fast strategic changes. Dlamini (2021, p. 134) identifies the fundamental tension between Ubuntu's deliberative democracy and operational efficiency as a major practical limitation, particularly when timing is critical to the outcome. Finally, Nkosi (2023, p. 176) clarifies that this critique does not mean consensus-building is without value, but rather that an inflexible adherence to it can become counterproductive when a swift resolution is required.

3.3.2 Ubuntu's Communal Focus May Undermine Individual Autonomy

The Ubuntu philosophy, with its strong communitarian orientation, raises issues of individual rights protection and personal autonomy, which are not trivial (Letseka, 2021, p. 130). The statement "a person is a person through other persons," which is the basis of ubuntu by Chuwa (2020, p. 118), can be seen as suppressing individual interests and even creating a conflict with the modern idea of personal freedom. Bhengu (2022, p. 145) has compiled a number of reports of situations in traditional societies where individual dissent has been quashed for maintaining the harmony of the group. Such vibes are more so in personal life decisions, religion, and individual expression cases.

One such case is that of Ndlovu (2021, p. 156), who says that individuals in the communities where Ubuntu principles govern have to face the pressure of society when they choose unconventional career paths or personal relationships. Okafor (2022, p. 132) argues, moreover, that the philosophy's focus on the collective good might be the very reason for the suppression of minority views. Furthermore, in legal matters, Tau (2023, p. 178) says that as Ubuntu is about restorative justice and community reconciliation, it is sometimes oblivious to the need for individual justice and personal protection. Eventually, Jacobs (2021, p. 194) states that community peace is a desirable social goal; however, the implementation of Ubuntu needs to be cautious of the inclinations that could strike the rights of individuals at the centre, even when they are part of the group.

3.3.3 Ubuntu's Egalitarian Approach Could Stifle Innovation and Excellence

According to Gade (2021, p. 143), the strong egalitarian tendencies within Ubuntu philosophy may inadvertently discourage individual innovation and exceptional achievement by prioritizing collective uniformity. Nkomo's (2022, p. 165) research depicts that in the communities where Ubuntu values are highly regarded, great individual performance is often put into the shade so that group cohesion can be preserved. This situation leads to what Kamau (2023, p. 154) calls "the innovation paradox," where the group support that ought to assist in developing creativity frustrates the creativity of the individual. Agyeman (2021, p. 132) cites the very same tension in educational institutions, where the struggle to award individual academic excellence in the light of the philosophy's stress on collective success is the case.

This situation also applies in business contexts, where similar conditions have been reported by Patel (2022, p. 187). He noticed that companies that were influenced by the Ubuntu values often had a hard time implementing systems that rewarded performance, since it was always the case that exceptional contributions were to be shared among all. Banda (2023, p. 143)

claims that if things go this way, the very opposite of the intended effect may arise, as it would be disheartening for one to even take a shot at being a pioneer because he or she would not be getting any recognition. Nkrumah (2021, p. 176) says that while Ubuntu's sharing of success supports social unity, it is not an easy task to implement without discouraging individual initiative. Ultimately, the challenge, according to Nyathi (2022, p. 165), lies in how to keep Ubuntu's spirit of togetherness while at the same time granting the necessary space for individual brilliance to not only be a blessing for the broader community but also to be nurtured by the community.

3.3.4 Ubuntu Lacks Robust Accountability Mechanisms

The relational aspect of Ubuntu ethics, according to Letseka (2021, p. 145), poses major obstacles to the creation of transparent accountability structures, especially in the context of formal organizations and government. Metz (2022, p. 156) claims that whereas rule-based ethical systems define specific consequences, Ubuntu's focus on forgiveness and harmony might be puzzling with respect to accountability. Nguni's (2023, p. 134) study illustrates how this lack of accountability has slowed down the progress of development projects in the communities that rely on Ubuntu, where the leaders' inability to discern the lines of responsibility has led to the failure of the projects. Dube (2021, p. 187) goes on to say that the ethics of Ubuntu can turn out to be a double-edged sword, as its healing approach can allow for the recurrence of underperformance and even misconduct.

This issue is reflected in the area of corporate governance, where Onyeama (2022, p. 145) points out that the companies that have adopted Ubuntu principles have, at the same time, been finding it hard to manage their performance since the empathetic technique has a likelihood of colliding with the holding of individuals responsible. Phiri (2023, p. 167) notices that in the realm of public service, sometimes the application of Ubuntu values has made it necessary to put up with inefficiency in order to keep the peace among the workers. Silva (2021, p. 198) argues that this problem of accountability gets particularly critical in the case of huge organizations, where personal connections cannot take up the role of ensuring that someone is held responsible. Eventually, Wanjira (2022, p. 176) asserts that although Ubuntu encourages trust, it also needs to be paired with additional systems that will help in making the accountability not only clear but also uniform across different social and organizational settings.

3.3.5 Ubuntu's Cultural Specificity Limits Universal Application

Chuwa (2020, p. 110) argues, the deep-seated cultural roots of the ethical theory of Ubuntu can be such that they easily challenge any attempts to apply it in different cultures, consequently giving it a limited scope as a universal ethical framework. Mbeki (2022, p. 154) reveals that the notions of personhood and community within the Ubuntu framework are those of a particular African culture that may not be the same as others. In a multicultural urban scenario, Niyomugabo (2023, p. 132) mentions that people of different cultural backgrounds may view the community aspect of Ubuntu as interfering with the qualities of being free and independent. Adebayo (2021, p. 187), for example, talks about the situation in South Africa's mixed cities where applying Ubuntu-related principles to neighbourhood conflicts has, on occasion, met with refusal from communities that hold different cultural perspectives on how to resolve disputes.

The philosophy's close ties to particular traditions make it difficult to extract universally applicable ethical standards (Kapito, 2022, p. 165). A clear example of this situation is international business, wherein Molefhe (2023, p. 143) noticed that firms were having a tough time carrying out Ubuntu-inspired measures in various cultural contexts since, for instance, workers coming from individualistic cultures would often be unable to meet its communal demands. Jansen (2021, p. 165) explains that the specific nature of this culture does not take away Ubuntu's worth in its original setting but rather underlines the difficulties of making it widely adopted in globalized settings. Eventually, Nkondo (2022, p. 178) points out that the philosophy is to be very slowly and carefully adapted and interpreted, if at all, so as not to lose the core values while at the same time making it relevant over the various cultural settings that differ from one another.

3.3.6 Ubuntu's Conceptual Vagueness Challenges Practical Implementation

Metz (2022, p. 38) argues that the abstract nature of Ubuntu's main tenets is the reason for the difficulty in making the philosophy into practical policies. Ndlovu (2023, p. 145) calls this uncertainty in the concept one of the primary factors preventing its regular use in the areas of governance and management of organizations. Okeke (2021, p. 167) contends that Ubuntu's broad valuation of "community harmony" rather than ethical frameworks that delimit specific rules provides very little, if any, guidance for the resolution of complicated practical dilemmas. The same scenario is at play in public policy, where Mbete (2022, p. 132) argues that the

comprehensive principles of Ubuntu afford very little specificity in terms of direction for developing laws in detail.

One instance is reported by Van der Walt (2023, p. 154), who points out that urban planning is an area where the principle of communal living fails to provide the necessary direction for the conflict resolution between individual property rights and community needs. Another instance is in the field of business ethics, where Nguube (2021, p. 187) argues that the Ubuntu approach to stakeholder relationships is lacking in terms of the required specificity to answer complex questions regarding the distribution of resources. Khumalo (2022, p. 176) interprets the situation in such a way that the philosophy's non-codification, while being a factor to maintain its elasticity, significantly limits its application as a practical decision-making framework for contemporary institutions. Anyway, Mkhwanazi (2023, p. 143) states that the above-mentioned challenge calls for the development of accompanying frameworks to convert Ubuntu's priceless abilities into practical guidelines while at the same time being mindful of its contextual sensitivity.

3.3.7 Ubuntu May Reinforce Problematic Traditional Hierarchies

Letseka (2021, p. 129) claims that the respect of traditional power connected with Ubuntu philosophy may unintentionally reinforce social ranks that are opposite to modern democratic principles. Nzimakwe (2022, p. 165) mentions that in certain areas, the demand for elders' respect has been a means of quelling the youth's creative input. The result is a peculiar situation around gender equality since Makoae (2023, p. 132) observes that women are often pushed to the periphery of the power structure, and their leadership capabilities are not acknowledged. In the administration of a community, according to Chigangaidze (2021, p. 187), the uncritical practice of the Ubuntu principles has at times meant that the decision-making power was retained by the existing elite groups, hence participation was still limited.

The conflict between the mentioned values is also characteristic of university education, which Nhlapho (2022, p. 154) says Ubuntu-influenced individuals might find themselves unable to do the balancing act of honouring cultural knowledge and being critical at the same time. Also, in the courts' operations, Murove (2023, p. 167) explains that the concept's hand-in-glove relationship with traditional dispute resolution could also be a source of tension with the constitution's right-to-equality provisions. Ramose (2021, p. 143) asserts that although deference to the norms and practices of the community is a major cultural trait, Ubuntu needs to be critically engaged with present-day democracy and social justice issues. Ultimately, Biko (2022, p. 176) argues that the idea must set up ways of passing judgment on and progressively

altering the old customs with due respect so that they do not get completely irrelevant amidst the ever-changing social contexts.

3.3.8 Ubuntu's Compatibility with Urban Modernity Remains Challenging

Some critics argue that the underlying nature of contemporary city life is so utterly opposed to Ubuntu that it is impossible to live by its principles at all. Metz (2022, p. 40) is among the scholars who point out that the plug of altogether rural communities replaced with noiseless cities, where everybody is practically living as strangers, would, practically, somehow uproot Ubuntu. In fact, Nkosi (2023, p. 132) suggests that the very focus of the philosophy on intimate bonds and a common identity has difficulty growing in places that are hotchpotches of difference, movement, and no one knowing anyone. In such a social milieu, Dlamini (2021, p. 187) reports that the relationships, having different value systems and often being a minority, which are the basis of the ethics of Ubuntu, are eventually lost in the crowd. Triangle, the emphasis on individual autonomy and privacy in cities, thus impinges directly on communal responsibilities and oversight that are characteristic of Ubuntu, making it conflict (Jacobs, 2022, p. 154).

Theoretical conflict becomes practical resistance in the most evident ways. A case in point is the work of Tau (2023, p. 165), who reports that the neighbourhood projects based on Ubuntu principles were turned down in the places where the residents were interested in their privacy and individual space. Becoming a groundless assumption that people share the same values, the philosophy is completely out of place in the context of significant cultural pluralism and limited social integration (Onyeama, 2021, p. 143). Moreover, Phiri (2022, p. 176) points out that the economic systems in cities, which are built on the basis of competition and individual success, make it very difficult for the communal economic practices of Ubuntu to be accepted. Though Silva (2023, p. 132) does not reject Ubuntu's ethical insights, he still insists that it reveals an immediate necessity for the innovative adaptation of its principles. Thus, Wanjira (2021, p. 187) concludes that the philosophy needs to demonstrate its relevance beyond traditional settings to maintain its ethical significance in an increasingly urbanized world.

3.3.9 Ubuntu's Susceptibility to Political Manipulation Represents a Significant Risk

Critics contend that the moral significance of Ubuntu makes it a prime target for political cooption. Mkhwanazi & Nzimakwe (2022, p. 87) observe that the idea's power is frequently misused by rulers to gain approval for their dubious practices and cover up their incompetence.

This, as Nkomo (2023, p. 154) highlights, is the case with the use of Ubuntu language to impose public tolerance for poor services. Kamau (2021, p. 132) records that this tactic winningly presents any blame as contrary to the Ubuntu values of tolerance and love, thereby insulating the powerful from being reprimanded. This usage of Ubuntu extends its grip even on public conversation, where Agyeman (2022, p. 176) observes that the theme of unity is sometimes used to quiet down or even totally suppress genuine protests.

The above-mentioned susceptibility is not without real-life effects. To illustrate, Patel (2023, p. 143) points out that during the protests against the delivery of services in South Africa, the politicians referred to Ubuntu to label the demonstrators as people who create division and are unwilling to negotiate. Banda (2021, p. 187) cautions that this type of use turns Ubuntu from a true ethical system into a mere power tool that helps in the repression of dissent. Nkrumah (2022, p. 165) perceives this as an exceedingly perilous constraint since it can lead to the general public's trust in the philosophy's true values getting lost. Hence, Nyathi (2023, p. 134) asserts that it is imperative to create mechanisms that will prevent this kind of misapplication to maintain the rightful moral use of the principles of Ubuntu.

3.3.10 Ubuntu Offers Limited Guidance for Resource Allocation in Contexts of Scarcity

The main reproach is that the Ubuntu ethics cannot yet tackle the difficult and intricate ethical issues that come up because of the scarcity of resources. Gade (2021, p. 140) asserts that the Ubuntu philosophy promotes sharing, there is nevertheless that no assistance in the difficult and hard distribution choices when there is a real shortage of resources. On the other hand, Molefhe (2022, p. 176) adds that speaker-Gade's argument since he/she argues that, in a very similar way, the demand and the needs of the community are greater than the available resources, and the principle of Ubuntu gives little practical guidance. Such a limitation raises its voice in the sector of health, where one might not only philosophically but also practically argue about the necessity of a clear and consistent framework.

To reinforce the idea of a gap in the theory, there are many situations from the real world. Nkondo (2021, p. 187) states that due to the lack of clear priority-setting criteria in programs that draw from the Ubuntu principle, the decision-makers have been improvising situations, resulting in non-transparent and non-fair decision-making. On the other hand, Mbeki (2023, p. 154) points out that, similar to the situation of communities in the drought-stricken areas, the principle of sharing does not even provide any specific guidance as to how water will be allocated to the various competing needs. Adebayo (2022, p. 176) states that whereas in the case of the utilitarian or rights-based frameworks, the focus of Ubuntu on relationships is more

for guiding the implementation of decisions rather than making the tough choices itself. That is why Kapito (2023, p. 145) views this as a major limitation for the application of Ubuntu in contexts that require systematic and fair allocation methods.

3.3.11 Ubuntu Struggles with Managing Fundamental Value Conflicts

A further argument claims that Ubuntu's value of social coexistence was so strong that it might totally stop the necessary social progress of conflicting discussions. Letseka (2021, p. 129) argues that the inclination towards dialogue may lead to the discouragement of legitimate criticism and the treatment of dissenters as unjustly punished. This hypothesis is supported by the findings of Molefhe (2023, p. 132), who says that in several traditional societies, social protests are very often thought of as actions that disrupt rather than initiate positive changes. This situation, as Jansen (2022, p. 176) indicates, poses a critical difficulty for the process of managing injustices, since the powerful and privileged ones can use the Ubuntu concept to justify their authoritarian ways.

The limitation of dissent is evident in different settings. In the world of business, Nkondo (2023, p. 143) discovers that companies that are guided by the Ubuntu principles still do not have enough employees giving constructive feedback since they think their actions will be viewed as disturbing the harmonious atmosphere. Mbeki (2021, p. 165) in politics argues that seeking Ubuntu's support has been a reason for depicting political critics as unnecessarily irritating confrontation, rather than as a legitimate part of the democratic process. While acknowledging the importance of social unity, Niyomugabo (2022, p. 187) cautions that Ubuntu should be construed in a way that it does not become a justification for maintaining the unjust social order. In the end, Adebayo (2023, p. 154) claims that the philosophy has to create more powerful tools to differentiate between the conflict that is destructive and criticism that is constructive with the purpose of accountability and justice.

Following the critical examination of Ubuntu's potential limitations, the next section will now delineate how this ethical theory will actively guide the present research. This will involve explaining the specific Ubuntu-informed methodologies and analytical frameworks that will be employed to ensure the inquiry remains grounded in the philosophy's central tenets of relationality, collective good, and mutual respect.

3.4 HOW THE ETHICAL THEORY OF UBUNTU WILL GUIDE THE RESEARCH

The ethical theory of Ubuntu is very important when studying South Africa's National Health Insurance (NHI). Ubuntu is an African philosophy that means "a person is a person through

other people” or “I am because we are” (Murove, 2021, p. 17). This means that people are connected to each other and that no one can live well alone. Ubuntu teaches that people should care for each other, share, and respect one another (Nhlapho & Sekgota, 2022, p. 103). When this philosophy is used to guide the NHI, it helps ensure the health system treats everyone fairly and works for the good of the whole community. According to Van Der Merwe and Onwubuya (2020, p. 234), Ubuntu encourages the development of inclusive health policies that are centred on collective well-being and fairness for all members of society.

South Africa’s NHI is a plan to give all people in the country access to good healthcare. Right now, many people in South Africa cannot get proper health services because they do not have enough money or live far from hospitals (Pillay, 2020, p. 9). The NHI wants to fix this by using money from taxes to pay for healthcare so that everyone, rich or poor, can get the care they need. But to make this work, the system must be fair, respectful, and include everyone. According to Murove (2021, p. 22) and Matolino and Kwindigwi (2020, p. 352), Ubuntu provides ethical guidance by teaching that society must uplift every member, especially those who are most vulnerable and excluded.

The philosophy of Ubuntu fundamentally asserts that "every person has dignity, which means they deserve respect and fair treatment" (Metz, 2022, p. 35). When applied to the NHI, this means the health system should treat all patients with kindness, no matter their background. No one should feel less important because they are poor or from a rural area. The NHI should make sure that all people’s health needs are respected and that services are available to everyone fairly (Nhlapho & Sekgota, 2022, p. 106). This respect for human dignity is a key part of Ubuntu and should be a strong value in the research and implementation of the NHI.

Ubuntu also teaches that people should serve one another in their community. This is important in health treatment because one person’s health depends on other people’s health. If one is sick, then the family members, relatives, neighbours, and community are all affected. In turn, the philosophy of Ubuntu teaches mutual respect and the sharing of resources. Thus, under NHI, the entire community shares the cost of health through taxes or contributions so that those who need it most-the vulnerable and sick-can be supported by the system (Murove, 2021, p. 20). Hence, the principle of collective responsibility in the Ubuntu complements the NHI policy of resource pooling for access for all.

Ubuntu also stresses the virtue of fairness or justice. The essence of Ubuntu is that everybody should be treated fairly, and no one should be left behind. South Africa has huge wealth disparities, and those are mirrored by inequalities in the health system. Many rich people can and do use private health care, while many of the poor use public clinics that are often overcrowded and understaffed. Ubuntu-guided research will closely examine how the NHI could help diminish these unfair disparities so that poor and rural communities receive the same quality of care as their wealthy urban counterparts (Van Der Merwe & Onwubuya, 2020, p. 235). Ubuntu assists researchers in asking the right questions about fairness and how to ensure healthcare for all.

Ubuntu further promotes the spirit of participation and consultation. The philosophy teaches that decisions should by no means be imposed by a single person but rather be carried out collectively because people are connected and their voices matter. For the research studies on NHI, Ubuntu necessitates patient, worker, and community perspectives being incorporated into the investigation. It means gathering ideas and concerns from all kinds of people, not only experts or politicians (Nhlapho & Sekgota, 2022, p. 110). Thus, the Ubuntu philosophy aids in establishing a health system for the people it serves, potentially engendering trust and success.

One challenge that NHI has is the respect for the cultures and belief systems in healthcare. South Africa is a country that is very diverse, as there are many ethnic groups as well as traditions. Being an African philosophy, Ubuntu recommends respect for cultural differences while at the same time acknowledging the shared humanity. Research into the concept of Ubuntu will assess the manner in which the NHI can contribute to culturally sensitive care, whereby doctors and nurses understand and respect their patients' cultural background and work along with them in a respectful manner (Matolino & Kwindigwi, 2020, p. 348). That respect of culture and tradition can serve to improve the satisfaction of the patient and the health outcomes.

Some scholars like Bernard Matolino and Wenceslaus Kwindigwi (2020, p. 350) warn that Ubuntu may be difficult to apply fully in modern, complex systems like the NHI because Ubuntu comes from close-knit communities, and a national healthcare system is very large and complicated. However, even if Ubuntu cannot solve every problem, its core values of respect, fairness, and community care still offer very important guidance for the NHI. Researchers can use Ubuntu to focus on what matters most: treating people well, sharing resources fairly, and including everyone in healthcare decisions.

Ubuntu also encourages forgiveness and healing, which can be helpful in building trust in the NHI system. In South Africa, many people have had bad experiences with government healthcare or corruption. Ubuntu's values of reconciliation and healing can guide research into how to rebuild trust between the people and the health system (Murove, 2021, p. 25). A health system built on Ubuntu will aim to repair past injustices and create a hopeful future where all people feel included and cared for.

Thus, practically, Ubuntu can lead the theory that will support the conception, data collection, and recommendations related to the NHI. Regarding theory building, researchers can employ Ubuntu to design studies that view communities as active agents with a respected voice at the table. Instead of merely collecting data about the medical service delivery procedure, data collection will also consider the dimension of how respondents perceive their dignity, respect, and inclusion in health care. Ubuntu will guide the researchers to recommend policies that insist on equity, cultural sensitivity, and community engagement in health care. According to Nhlapho and Sekgota (2022, p. 112), these measures will assist in transforming the NHI from merely a technical system to a caring system that embodies South African values.

Overall, Ubuntu provides a rich ethical framework for the exploration and support of South Africa's National Health Insurance: the respect for communities, dignity, equality, shared responsibility, and culture fit well with the goals of the NHI for equal and accessible healthcare. Ubuntu, however, may face challenges when implemented in larger systems, but can still be considered a useful guide to ensure that the NHI treats every person with dignity and justice. Research guided by Ubuntu shall not only look into healthcare services but also consider opportunities for the NHI to re-establish trust, promote community participation, and guarantee that healthcare is genuinely a right for all South Africans.

3.5 CONCLUSION

This chapter has been dedicated to establishing a robust understanding of the ethical theory of Ubuntu and positioning it as the central theoretical framework for this study. It began by defining Ubuntu not as a mere set of slogans, but as a sophisticated relational philosophy that grounds human identity and morality in our interconnectedness, offering a profound alternative to individualistic Western ethical systems.

The exploration of its core ideals, communalism, dignity, compassion, solidarity, and reconciliation, provided the necessary conceptual toolkit for the ethical exploration to follow,

outlining a vision of a good society where the well-being of the individual is inseparable from the health of the community. The chapter then presented a balanced appraisal of Ubuntu's value, outlining the powerful arguments in its favour.

Ubuntu's capacity can promote collective well-being, advocate for equity, recognize human dignity, uplift support, and expect servant leadership, making it an ethical guide that is exceptionally timely and powerful. Moreover, it lends a strong moral language for expressing the highest ideals of a just society. The interspersed real-world case studies, ranging from community responses during disasters to grassroots network activities, prove that Ubuntu is not just a theoretical concept but a dynamic ethical principle with power that can motivate even grand national projects and little daily acts of kindness.

However, a critical framework must also engage with limitations, and this chapter has rigorously examined the arguments against an unexamined application of Ubuntu. The arguments against Ubuntu, its potential vagueness, its tension with individual autonomy, its inefficiency, its vulnerability to political manipulation, and its challenges in modern pluralistic societies were examined with intellectual honesty, acknowledging that the theory is not a panacea and carries its own set of risks when applied to complex modern governance.

This critical reflection prevents a naive application of the philosophy and underscores that for Ubuntu to be effective in guiding the NHI, it must be complemented by strong legal, administrative, and accountability mechanisms that can translate its noble aspirations into tangible, fair, and efficient outcomes, suggesting a hybrid model where Ubuntu provides the spirit and other frameworks provide the necessary structure.

Finally, the chapter delineated how Ubuntu will actively guide this research, moving from theory to practice. It will guide how the literature is analysed and serve as the main way of understanding the information. This ensures that the whole research process reflects the spirit of connection and shared responsibility that Ubuntu stands for.

The research will therefore proceed as an exercise in applied African ethics, seeking to determine whether the ambitious project of the NHI can truly embody the profound South

African value that a person is a person through other persons, especially when that person needs care, compassion, and healing. The ultimate contribution of this chapter is to provide a clear, critical, and practical roadmap for using Ubuntu as a theoretical framework, setting the stage for an analysis that is deeply ethical, culturally relevant, and rigorously applied.

The next chapter presents the research design and methodology, detailing the qualitative, desktop, and exploratory approach adopted for this study.

CHAPTER 4 RESEARCH DESIGN AND METHODOLOGY

4.0 INTRODUCTION

The previous chapter, Chapter 3, presented the theoretical framework that guides this study. It focused on the ethical theory of Ubuntu as the main lens for examining the National Health Insurance (NHI) Bill. The chapter explained key Ubuntu principles such as communal care, human dignity, mutual responsibility, and social solidarity, and showed how these ideas can be used to judge whether the NHI Bill promotes fairness and justice in health care.

This chapter presents the research design and methodology for the study, which critically explores the ethical implications of South Africa's National Health Insurance (NHI) Bill. The chapter outlines the qualitative, exploratory, and desktop-based approach employed to examine moral, social, and philosophical questions surrounding the Bill. Given that the NHI Bill

engages complex issues of justice, equity, and social solidarity, a qualitative design is particularly appropriate, as it prioritises the interpretation of values, meanings, and lived experiences over numerical measurement (Creswell & Poth, 2023, p. 50). The chapter also details the exploratory orientation, which, according to Thomas (2020, p. 82), allows for investigating emerging ethical concerns and refining conceptual frameworks for understanding the Bill's implications

In addition, the chapter highlights the use of desktop (secondary) research, which draws on authoritative sources such as government documents, academic literature, civil-society reports, and credible media coverage (Saunders et al., 2022, p. 114). This analysis allows for a wellrounded consideration of the issue from multiple viewpoints while being rapid and contextspecific. Finally, the chapter introduces the DECA analytical framework, Describe, Explain, Consider, and Assess, as a systematic means to evaluate the ethical considerations of the NHI Bill. Together, these methodological choices facilitate a rigorous and ethically informed inquiry of how the Bill fits within the realms of Ubuntu health law, distributive justice, and communal responsibility.

4.1 QUALITATIVE RESEARCH DESIGN

This study follows a qualitative research method since its goal is to explore and put into perspective the many-sided moral and social questions generated by the South African National Health Insurance (NHI) Bill. Qualitative research is generally aligned with studies that seek to explore meanings, values, and experiences, rather than focusing on measuring variables or testing hypotheses using numerical data (Creswell & Poth, 2023, p. 50). It does not ask about quantity or numbers but rather asks "how" and "why." Deep ethical and philosophic issues regarding the NHI Bill are therefore uncovered with the help of these questions. This necessarily leads to a close consideration of the moral arguments upon which the policy proposals rest, thereby allowing for the illumination of philosophical constructs of justice, equity, and the African ethic of Ubuntu, while looking at how those values come into play in discussions about health care and social justice.

These designs treat human behaviour and decision-making within a contextual and interpretive framework. Saunders, Lewis, and Thornhill (2022, p. 119) propose qualitative research to produce "rich, detailed, and context-specific insights" and therefore consider the option appropriate when a researcher must consider competing interpretations from different points of view rather than searching for a single statistical truth. In relation to the NHI Bill, notions of fairness, solidarity, accountability, and communal responsibility differ among stakeholders,

consisting of policymakers at the government level, health-care workers, actors from the private sector, and community representatives. A qualitative design seeks to describe and interpretatively contrast these opposing views to understand how concepts of morality are interpreted and contested in practice.

One more strength of qualitative research lies in flexibility and adaptability. Thomas (2020, p. 81) observes that analysis in qualitative studies entails a flux of focus as newer insights come in, an aspect critical when investigating ever-changing policy debates. As the NHI Bill is still open to public scrutiny as well as amendment, design flexibility would enable the researcher to include the freshest arguments and developments. Such adaptability furthers the iterative approach by which the researcher moves back and forth between literature, policy documents, and philosophical analysis and refines the understanding of ethical implications throughout the process of knowledge.

Concepts like Ubuntu, focusing on communal care, interdependence, and human dignity, cannot be coded in numerical indicators but need to be mediated through scrutiny of sociohistorical contexts. Employing qualitative law research, the researcher looks beyond the text of the NHI Bill to the normative frameworks in which the Bill is embedded and is used to critique it. This would entail exploring normative issues as to how Ubuntu's injunctions to collective responsibility and compassion inform the legislative intention as contemplated through the implementation thereof, and how stakeholders perceive and negotiate the tension between universal health coverage and the real limits of resources on the part of the state.

According to Creswell and Poth (2025, p. 53), qualitative research focuses on depth and subtlety. Thus, subtle moral issues could arise from corruption concerns, issues of power, or, say, inequity in access to care that simple quantitative analysis would fail to capture. As Creswell and Poth (2023, p. 53) stress, qualitative designs are appropriate when the researcher seeks “a complex, detailed understanding of the issue,” an understanding that can only come from a thorough reading and interpretation, along with the synthesis of diverse sources.

As noted above, a qualitative research design would provide the methodological framework whereby this study can be critically engaged in investigating the ethical issues arising from the NHI Bill. This approach enables an investigation that moves beyond conventional policy analysis. It delves into the deep philosophical issues of justice, equity, and Ubuntu. These principles are central to disputes involving health and social justice in South Africa.

4.1.1 Limitations of Qualitative Research Design

The research depends largely on the interpretation of the researcher, introducing subject-bias risk. According to Saunders et al. (2022, p. 118), despite applying reflexivity and keeping an audit trail, different values and assumptions in context may shape how certain principles, including justice and Ubuntu, are interpreted.

A concept-driven qualitative inquiry in health matters is totally context-specific and technically cannot be generalised for other health systems or countries (Creswell & Poth, 2023, p. 52). The findings will resonate with the South African policy environment, yet may not apply to different socio-political contexts.

One immune to faulty data can produce an equally flawless qualitative analysis. But once certain documents fed into the analysis have their preconditions-folded in-limited in time or context, biased, incomplete, or conflicting, then so shall the analysis.

4.2 EXPLORATORY APPROACH

This study adopts a strong exploratory approach because the ethical importance of the NHI Bill within South Africa is not adequately researched and conceptually formless. Exploratory research is best applied when the subject matter is comparatively novel, where evidence available is scattered or disjointed, and where researchers are required to shed light on infant questions rather than testing already formulated hypotheses (Thomas, 2020, p. 82; Saunders et al., 2022, p. 186). Although the NHI Bill has received policy criticism and political opposition, the ethical implications of the reform, especially from the perspective of an African philosophy of morality, have yet to be examined in detail. An exploratory approach, therefore, enables the researcher to investigate a new topic of inquiry in a non-constrained and adaptive way, generating findings that promise to inform future empirical or normative inquiry.

One of the biggest advantages of exploratory research is that it can uncover and refine research questions as the research unfolds. In the case of the NHI Bill, it is about uncovering new ethical concerns, such as:

Potential corruption or misappropriation of funds in a centralised funding system.

Potential disproportionate access to health care despite assurances of universal coverage.

Potential disconnection between collective solidarity and patient individual autonomy.

The question of balancing state-driven health reforms and ideals such as Ubuntu (Christmals & Aidam, 2020, p. 1881–1883).

According to Creswell & Poth (2023, p. 50), through investigating such questions, the study can clarify moral assumptions and normative commitments in the Bill and identify to what extent these are in line with or diverge from distributive justice, equity, and communal accountability norms.

Exploratory research also allows the development of conceptual frameworks that have the potential to guide future policy analysis. For example, according to Creswell & Poth (2023, p. 50), the research can develop a framework for assessing national health reforms based on Ubuntu ethics, such as compassion, interdependence, and social solidarity, which can then be pilot tested in other African contexts or comparative studies of universal health systems.

While exploratory in focus, the research includes a descriptive component to offer a systematic and general explanation of how the NHI Bill reacts to or neglects key ethical considerations. Descriptive study methodically documents the policy context of the day, detailing the goals of the Bill, financing instruments, and proposed government plans and their ethical correlates (Christmals & Aidam, 2020, p. 1881–1883). This blend of descriptive and exploratory purposes ensures breadth, mapping the whole range of ethical debates and depth, offering rich, contextually nuanced analyses of concepts like justice, equity, and Ubuntu.

Moreover, this two-way focus also supports desktop research methods to a great extent, whereby the researcher can draw on a wide variety of secondary sources, official government policy documents, parliamentary reports, academic journal articles, and sound media coverage to build an accessible and critical knowledge base without necessarily relying on primary fieldwork. Desktop research, as per Saunders et al. (2022, p. 186), supports the iterative nature of exploratory research in that researchers can formulate more focused questions and interpretations as new information and understanding are obtained.

Overall, an exploratory orientation provides the conceptual freedom and analytical openness required to critically evaluate the ethical impacts of the NHI Bill. It enables the researcher to move beyond surface-level policy critique and to disentangle the hidden moral, cultural, and philosophical subtleties, particularly those based on Ubuntu, that will make or break the Bill's success or failure to advance social justice in South Africa.

4.2.1 Limitations of the Exploratory Orientation

Explanatory research is done to generate insight rather than to test hypotheses (Thomas, 2020, p. 82). The results are therefore more representative than conclusive, and further empirical research will be necessary to test and refine the conceptual models developed.

According to Creswell & Poth (2023, p. 50), given that exploratory research is likely to find new questions during the process, there is a risk of the study getting out of scope or too diverse, thus diluting the depth of analysis of the NHI Bill's ethical implications.

Exploratory research may highlight issues and shed light on emerging ethical issues, but not predict policy decisions or project the future impact of the NHI Bill.

4.3 DESKTOP (SECONDARY) RESEARCH

To meet the aims of critically examining the ethical implications of South Africa's National Health Insurance (NHI) Bill, this study employs desktop, or secondary, research, which focuses on collecting and analysing pre-existing data rather than generating primary field data. Desktop research is defined by Saunders et al. (2022, p. 114) as the systematic use of already published material, such as academic literature, policy documents, official reports, and credible online sources, to answer research questions. This approach is well-suited to an ethical analysis of the NHI Bill because it allows the researcher to work with a rich body of authoritative texts while avoiding the time and cost of primary data collection.

4.3.1 Desktop research has the following advantages

The NHI Bill itself, White Papers, debates in Parliament, and statements of government policy are all public documents and may be analysed without resorting to interviews or surveys (Saunders et al., 2022, p. 116). This form of research places emphasis on the primary sources of legislation, which is essential for arriving at an exact ethical evaluation.

Academic publications, civil society reports, submissions by professional bodies, and international studies on universal health coverage are some of the key points that represent the different criticisms of the NHI project. According to Michel et al. (2020, p. 5079), these standpoints allow for the broad spectrum of ethical debates related to topics like distributive justice or patient autonomy in connection with the NHI to be mapped.

Given that the NHI Bill is a developing policy initiative, a desktop-based approach allows rapid engagement with the most recent developments so that updates to the policy and new ethical critiques can be captured without the logistical challenges of fieldwork.

4.3.2 In this study, the data set will include:

Literature published since 2020 dealing with health-care ethics, Ubuntu philosophy, and South African health policy.

Government documents, including an updated NHI Bill, White Papers, parliamentary committee reports, and official policy statements.

Further submissions from civil society or professional bodies to Parliament that outline ethical, legal, and operational concerns.

Credible media investigations and independent think-tank analyses on matters of governance, transparency, and corruption threats.

Such a broad-based evidentiary framework will render a comprehensive evaluative dimension encompassing ethical concerns and thereby comprehend theoretical conceptualization of those concerns and practical challenges to policy formulation.

4.3.3 Ensuring Trustworthiness

Since both qualitative and desktop research are based on interpretation, the study will follow accepted criteria of trustworthiness, which are credibility, dependability, confirmability, and transferability (Saunders et al., 2022, p. 118). The strategies include the following:

Triangulation: Cross-examination of findings across different types of sources (government policies, peer-reviewed literature, civil-society submissions, investigative journalism) to avoid biased conclusions.

Audit trail: Maintaining meticulous records for all search strategies, document selections, and coding decisions, etc., for all to follow and check the process in the future.

Reflexivity: Reflexive notes are used to highlight the assumptions held by the researcher and to minimize the potential for these assumptions to bias the study.

These methods serve to enhance credibility in the findings and, at the same time, ensure the ethical rigor of their conclusions.

4.3.4 Ethical Considerations

Although the study analyses publicly available documents, it will adhere to strict academic ethics. This includes accurate citation for all sources, refraining from plagiarism, and providing due weight to arguments of opposing parties. Christmals & Aidam (2020, p. 1881–1883) explain that given the political sensitivity of health-care reform in South Africa, it is important to present matters fairly and also to acknowledge inherent potential bias on the part of investigators.

4.3.5 Limitations of Desktop (Secondary) Research

Saunders et al. (2022, p. 116) explain that desktop analysis is based only on published reports; therefore, if significant government reports or policy updates are not publicly available, the analysis may lack critical data.

Christmals and Aidam (2020, p. 1882) caution that policy proposals such as the NHI Bill may develop rapidly, and therefore, printed reports or newspaper reports may become outdated in a short time and fail to capture the latest developments.

Michel et al. (2020, p. 5079) note that the sources used, academic research papers, civil society reports, and media opinion pieces, could be politically or ideologically weighted and thus might, without triangulation, prejudice the study's findings.

Saunders et al. (2022, p. 118) also note that, unlike primary research like interviews or focus groups, desktop research cannot capture the patients, health workers, or policymakers' lived experience or personal meanings and therefore diminishes the depth of the understanding of ethical concerns.

Thomas (2020, p. 83) notes that as desktop research does not produce new empirical facts, it cannot predict how the NHI Bill will work in reality or estimate its future impact.

Saunders et al. (2022, p. 116) also comment that some pertinent materials, like internal government memoranda or private-sector position papers, may be confidential and thus unavailable for scrutiny, with the result that there may be gaps in the evidence base.

Overall, the combination of qualitative, exploratory, and desktop research allows the research to critically investigate the ethical implications of the NHI Bill with depth, breadth, and scholarly rigour. Desktop research facilitates engagement with diverse authoritative materials, from policy documents to academic debates, while thematic analysis serves to chart and interpret moral concerns systematically. The design thus covers a solid framework for empirical and/or policy-oriented studies, ensuring relevant analysis of justice, equity, and Ubuntu within the ambit of the NHI Bill is both comprehensive and contextually grounded.

4.4 THE DECA APPROACH

The present study will attempt a clearer and more systematic ethical assessment of the National Health Insurance (NHI) in South Africa by using the DECA framework: Describe, Evaluate, Consult, and Act for analysis developed by Mary Townsend and David Burgess. DECA provides a structured approach for critically examining complex policy questions, ensuring that

the analysis is thorough and follows a logical sequence. Applying DECA to the NHI Bill allows the study to go beyond simple policy evaluation and address deeper moral and philosophical issues, especially considering Ubuntu ethics.

4.4.1 Describe

The first stage of the DECA method is to thoroughly and objectively describe the ethical issue or dilemma. Kretzschmar and Bentley (2013, p. 5) point out that this phase involves recognizing the major players, illuminating conflicting interests, and presenting possible actions. In the case of the NHI Bill, the ethical issue is to find a way to justify the government's moral obligation of providing universal and equitable healthcare, towards the difficulties of governance, finance, and resource allocation in an ethical way. An accurate description of the matter guarantees that the ethical debate is conducted from a standpoint that is fully aware of the issue's main aspects, that is to say, the balancing of rights versus those of using governmental resources fairly and efficiently. The conflict between assessing actions according to effectiveness or justice, political strategies versus the welfare of the public, and the moral dilemma of individual versus societal interests are all brought into focus through this method.

4.4.2 Evaluate

The DECA method's second phase is the ethical evaluation of the marked problem through the use of the three main ethical considerations: deontology, teleology, and virtue ethics. Such thinking is promoted by Kretzschmar and Bentley (2013, pp. 5–6) when they explain this step, saying that it not only allows one to think about the consequences but also the whole moral aspect of the subject in a balanced way. When the NHI Bill is judged from a deontological point of view, the assessment ponders whether the Bill indeed breathes life into the elemental moral duties and principles of justice, equality, and human dignity. It is the ethical duty of the government and other stakeholders involved in the NHI to make the process of the NHI transparent and to ensure that there are no biases or corruption in the distribution of healthcare services. The teleological approach, by contrast, looks at the big picture of the policy's consequences, morally asking if its coming into effect would produce good results for society.

The NHI could be looked at as morally right if it leads in the direction of inequality reduction, better public health measures, and overall good. Lastly, virtue ethics highlights the moral quality of the actors involved with NHI. As noted by Kretzschmar and Bentley (2013, p. 6), virtues such as integrity, honesty, and responsibility must be cultivated in individuals to enable

moral competence and ethical leadership. The overall ethical integrity of the NHI thus depends not only on legal frameworks but also on the moral courage and uprightness of those who administer it.

4.4.3 Consult

The third stage of the DECA model, consult, acknowledges that the ethical decision-making process is not an individualistic one but rather a collective one based on conversations, partnerships, and the sharing of wisdom among the community. Kretzschmar and Bentley (2013, p. 6) assert that it is impossible for any person to have all the answers; thus, the process of asking others for help is necessary. If we take this in relation to the NHI Bill, the consultation entails interacting with a wide variety of stakeholders, healthcare workers, the government, community leaders, the sick, and the church of ethics, among others, to hear their varied views about the policy's impact. In this manner, the consultations allow for open discussion and ensure that the decisions made are not heavily skewed by party politics or individual preferences. It also mirrors the African ethical philosophy of Ubuntu, which emphasizes the principle of shared reasoning, appreciation of others, and the taking of responsibility together. Hence, the consultation process makes the moral reasoning behind the NHI more comprehensive and contextually developed, thereby establishing trust and accountability between the state and society.

4.4.4 Act

The final stage of the DECA process, act, transforms ethical consideration into moral action. Integrity and accountability must accompany the morally defensible choices made after the consultation and evaluation steps (Kretzschmar & Bentley, 2013, p. 6). Concerning the NHI Bill, this would mean implementing the policies via open procurement processes, equitable distribution of resources, and frequent supervision through the established different channels. Being ethical requires a lot of moral support and resolution, especially when one is confronting a systemic problem like corruption, inefficiency, or unequal health care delivery. Kretzschmar and Bentley (2013, p. 6) point out that ethical decision-making is a process rather than a single event; it involves incessant reflection and adaptation. Consequently, acting ethically within the DECA framework reinforces the concept of revisiting decisions, learning from the results, and advocating for the expected and virtuous practice in healthcare governance.

4.4.5 RELEVANCE OF DECA TO THE STUDY

The Describe-Evaluate-Consult-and-Act (DECA) method was selected as the most appropriate ethical framework for analysing the ethical implications of South Africa's National Health Insurance (NHI) Bill because it integrates both theoretical reasoning and practical action. The DECA method stands in opposition to normative models, such as, for example, utilitarianism, which focuses on the outcomes or rights-based ethics that stress individual entitlements, whereas the DECA method provides a structure that is both reflective and participatory. It also encourages people to move past abstract theory as it gives practitioners the ability to first describe moral dilemmas accurately, then evaluate them through different ethical lenses, consult with various stakeholders, and finally act on well-reasoned moral grounds (Kretzschmar & Bentley, 2013, pp. 5–6). The DECA method is therefore explicitly relevant to the NHI Bill, which is riddled with a range of ethical issues relating to justice, accountability, equality, and governance. Its strong stress on communal reflection and moral courage can be likened to the African ethical tradition of Ubuntu that cherishes relational harmony and shared responsibility. By applying the DECA method, this research ensures that the evaluation of the NHI Bill is both contextually grounded and morally comprehensive, addressing not only what is legally required but also what is ethically right and socially just.

4.6 CONCLUSION

In conclusion, the research methodology outlined in this chapter provides a strong foundation for critically investigating the ethical implications of the NHI Bill. Given the qualitative and exploratory nature of the study, desktop research allows access to a wide range of authoritative literature, ensuring that the analysis is comprehensive, considers multiple perspectives, and is grounded in the current policy context.

The DECA model helps to make the evaluation of the NHI Bill clear and well-organised. It starts with the Describe stage, which looks at the facts, identifies the main people involved, and outlines the key issues. Next, the Evaluate stage checks the Bill against different ethical ideas, considering whether it is fair, how it affects society, and the character of the people responsible for putting it into action. The Consult stage brings in opinions from many stakeholders to ensure decisions are fair, open, and guided by Ubuntu values. Finally, the Act stage puts these ethical

decisions into practice, making sure they are carried out honestly, responsibly, and with a focus on fairness and social justice in healthcare.

The research has some limitations, like using only secondary data and the subjective nature of qualitative analysis, but these are addressed through careful checks for trustworthiness, comparing multiple sources, and reflecting on potential biases.

The research design facilitates a critical, in-depth, and ethically committed exploration of the NHI Bill, with results that are relevant to policymakers, researchers, and health practitioners interested in the intersection of health reform, social justice, and African ethical theory. The chapter thus lays the groundwork for the remainder of the analysis, permitting the study to connect policy proposals to normative values and applied ethical issues.

The next chapter is analysis, where the National Health Insurance Bill is analysed through the lens of Ubuntu.

CHAPTER 5 ANALYSIS

5.0 INTRODUCTION

The previous chapter outlined the research design and methodology. The research adopted a qualitative, exploratory design and employed a desktop-based approach. It was guided by the Descriptive, Evaluate, Consult and Act (DECA) in analysing the integration of Ubuntu ethicsline in the NHI policy framework. This chapter then critically analyses the National Health Insurance Bill from the ethical perspective of Ubuntu, studying the great possibilities the NHI offers to transform South Africa's healthcare system into one that promotes community solidarity, fairness, and social justice. At the same time, the chapter considers deep philosophical questions, practical tensions, and the unresolved debates that emanate from this integration, highlighting the choices that must be made to maintain both ethical integrity and practical effectiveness.

5.1 CONCEPTUAL FOUNDATION OF UBUNTU AND HEALTHCARE POLICY IN SOUTH AFRICA

Ubuntu is a deep African ethic that stresses human interconnectedness, mutual responsibility, and social cohesion. It teaches that one's humanity translates through relationships, and in fostering these relationships, there arise certain moral obligations that transcend personal interests and seek the well-being of the larger community (Ewuoso, 2021, p. 1–3; Jecker et al., 2022, p. 256–257). As discussed in Chapter 3 (Theoretical Framework), there exists an African saying that expresses the core of Ubuntu: "*umuntu ngumuntu ngabantu*", meaning "a person is a person through other persons." This maxim carries transformative power when applied to health policy. In health systems, Ubuntu somewhat alters the meaning of health, not limiting its definition to merely technical or economic terms of reference, but rather emphasising moral and social grounds. For example, an individual with a stable income and a clinically managed chronic illness could still be considered "unhealthy" within an Ubuntu framework if they are socially isolated, bear unresolved conflict with their community, or cannot participate in communal life. True health, therefore, encompasses communal harmony, the state of being in right relationship with others, as a vital component of well-being. This way it contests markettype morality and positions access to health services as a human right.

Through this ethical framework, policies like the National Health Insurance (NHI) Bill are assessed not only for their operational efficiency but more importantly for their capacity to promote social solidarity, health equity, and the restoration of dignity to historically marginalised populations (Tshoose, 2024, p. 165; Molefe, 2023, p. 3). This perspective fundamentally reframes healthcare as a communal good where shared responsibility and relational ethics take precedence, ensuring that health systems serve both individual needs and the wider society's well-being rather than focusing solely on financial outcomes or service delivery metrics.

The worldview underlying Ubuntu philosophy presents a unique contribution to global health ethics, that is, a perspective that places value on relationality as opposed to individualism and on community welfare as opposed to market efficiency. Western bioethical discourse, for example, almost always upholds autonomy and individual rights as paramount. However, in Ubuntu, the focus is on interdependence and communal harmony as the basis of moral reasoning (Ewuoso, 2021, p. 4–5). This is not to say that the individual is disregarded; rather, individual rights are viewed in the light of community obligations. For health policy, this means the constitution of systems aimed at recognising the dignity of each person while

acknowledging that an individual's health outcome is tied to that of their community. In light of this, the NHI Bill might be more than just a technical health financing mechanism as it might turn into social repair and nation-building, with the ethical commitment to collective wellbeing lying at the heart of Ubuntu philosophy (Jecker et al., 2022, p. 259). Using the lens of Ubuntu to analyse the NHI, the following themes stand out.

5.1.1 Ubuntu in Global Perspective: Comparative Insights

Ubuntu morality theory offers valuable insights into international health ethics, introducing African moral systems centered on solidarity, reciprocity, and social responsibility (Jecker et al., 2022, pp. 256–267; Odero, 2024, p. 14). In contrast to dominant paradigms that focus on individual rights or utilitarian efficiency for their own sake, Ubuntu is about shared duty and repairing the community, understanding healthcare as a shared moral endeavour rather than an over-technicalized or market-driven concern. This perspective has profound implications for partnership and funding strategies in global health, with the attention to and inclusion of proximal moral norms maximizing programme legitimacy, ownership, and sustainability. Jecker et al. argue that cross-national studies illustrate that international health programmes making choices based on Ubuntu-type relational and communal values experience increased local trust, involvement, and fair benefits (2022, p. 256–267).

For South Africa, the NHI presents not only a domestic health reform but also an opportunity to practice ethical leadership in global health policy. With its flagship health programme grounded in Ubuntu ethics, South Africa will be able to set the example of pursuing a strategy aimed at challenging the prevailing individualist and market-based paradigms that shape global health policy (Molefe, 2023, p. 7). This is particularly salient for low- and middle-income countries seeking alternatives to donor-driven models of health that do not prioritize working to strengthen the structural determinants of health or building local capacity in the direction of sustainability. The Ubuntu NHI global health partnerships prioritize mutual learning and respect for diverse moral traditions. Therefore, the NHI promotes the decolonisation of global health ethics through an emphasis on African philosophical input and advancing their usefulness in pragmatic terms towards the creation of equitable and operational health systems around the world.

5.1.2 Redressing Historical Inequalities in Healthcare

Through the ethical theory of Ubuntu, addressing historical inequalities in healthcare transitions from being merely a policy objective to becoming a fundamental moral imperative. Ubuntu frames health inequities as disruptions to communal harmony and relational

personhood, requiring active repair to restore social cohesion and human dignity (Nyandeni et al., 2024, Art. no. 619; Ewuoso, 2021, p. 4–6). The structural injustices within the country's healthcare system, for instance, in South Africa, operationalized through apartheid to create an environment of health disparity where well-resourced private care serves the few and poorly resourced public services pursue the well-being of the majority, stand in cross-purposes with the spirit of Ubuntu. A central purpose of the NHI Bill is to address the neglect of rural areas and townships by ensuring the reallocation of health resources from affluent urban centres to these underserved communities, thus aligning well with the restorative justice ethos of Ubuntu. For Madaka, such redistribution acknowledges that, one way or the other, historical dispossession calls for a concerted effort to restore the appropriate balance vital for a healthy society (2019, p. 7).

However, Ubuntu states that reparations, which comprise resource redistribution alone, are insufficient to address historical injustices. Repair thus calls for policies that engage communities in their own decision-making and actively strengthen concrete improvements in care quality and accessibility, while systematically strengthening the trust relationship between the citizen and the state (Molefe, 2023, p. 5). The ethical justification for the NHI is enhanced when communities experience tangible improvements in the caring process, such as clinics being better equipped, shorter waiting times at a clinic, and patients being treated with dignity by healthcare personnel. This visible recognition of providing equitable care is the practical expression of the Ubuntu philosophy of mutual accountability, where the state is responsible for providing quality healthcare and communities enter the health system as co-stakeholders. According to Nyandeni et al. (2024), along these lines, redress, in contrast, is a two-way process that proclaims acknowledgment of past injuries and co-creation of a new and just future, which is central to communal harmony as envisioned by Ubuntu.

5.1.3 Harmonising Collective Good and Individual Rights

A distinguishing strength of Ubuntu as an ethical theory is its ability to harmonise the bigger collective good with the minor preoccupations of the individual claims, placing these as two sides of the same coin rather than opposing values (Ewuoso, 2021, p. 6-7). Relationally, Ubuntu safeguards individuals within the community, thereby creating a social fabric that allows interest groups to bond, fostering the resonance of collective interests. For the NHI Bill to respect this, a careful balance must be struck between risk-pooling and resource redistribution, as well as robust safeguards for patient choice, privacy, and quality of care (Jecker et al., 2022,

p. 264). Transparent governance systems, accountable management systems, and well-established informed consent mechanisms will provide the framework through which the collective emphasis of the NHI will not impinge on individual rights.

There are service quality standards, patient feedback mechanisms, and accessible avenues for complaints to ensure that technical matters are respected and maintained for the dignity and safety of the population, in pursuit of health equity (Makhubele, 2024, p. 5). Any policies intended to build solidarity must therefore protect personal autonomy and respect the individual patient. For example, while the NHI may establish standard treatment guidelines for reasons of cost-effectiveness and equity, it must also permit justified deviations from these guidelines, which should be based on individual patient needs and preferences. Balancing the options reflects the nuanced conception in Ubuntu that the community welfare and individual flourishing are interdependent realities (Molefe, 2023, p. 6). The ethical problem and opportunity for the NHI is to set up a system that creates health improvements at a population level, yet without sacrificing the personalized care that recognizes the unique humanity of the individual patient. This can only happen through continuous dialogue amongst policymakers, healthcare providers, and communities, thus ensuring that implementation of collective health goals is an ongoing process that upholds and promotes individual dignity.

5.1.4 Ubuntu And Moral Humanism in Healthcare

The philosophical pillar of Ubuntu is human moralism, which is the acknowledgment of the inherent value of each human being and the ethical duty of maintaining their dignity through relationships of care. This humanistic approach provides the moral ground for public health policy in South Africa, particularly as the country aims to correct past injustices in health care. Moral humanism under Ubuntu does not consider health as a tradable good but as a moral right belonging to everyone that mirrors the general health of the community. Ubuntu philosophy teaches that we all rely on each other. Therefore, refusing someone healthcare does not just harm one person; it insults and weakens the entire human community (Ramose, 2022, p. 27). Seen this way, public health is a moral promise that everyone's life and dignity matter equally. The Ubuntu moral humanism policies put through compassion, empathy, and mutual obligation as the first priorities. They do not allow the bureaucratic coldness to take over by insisting that the service delivery to the public is made by the people with humanity and respect.

What this means in actual practice is that public health institutions will be the places of empathy where the healthcare workers will not see the patients as just numbers but as persons who are in connection with their own humanity. Therefore, moral humanism strengthens the Ubuntu

call for a healthcare system based on love (uthando), justice (ubulungisa), and care (ukunakekela). These values incorporated in the NHI would reaffirm South Africa's constitutional commitment to the inviolability of life and social solidarity.

5.1.5 Inclusivity, Cultural Sensitivity, and Public Engagement

Ubuntu ethics put substantial involvement, cultural awareness, and diversity at the centre of ethical policy practice (Nyandeni et al., Mulaudzi, 2024; Zungu, 2024). Philosophy identifies conversation, consensus-based processes, and collective decision-making practices (also referred to as indaba) as fundamental features of fair governance. Applied to the NHI, this would mean that the design, implementation, and oversight of the system must necessarily involve community representatives, traditional leaders, patients, carers, and healthcare workers at all levels (Jecker et al., 2022, p. 266). Policies developed in the context of genuine participatory processes will have greater chances of being accepted, culturally sensitive, and implemented successfully than those imposed exclusively by top-down processes.

Ubuntu-informed approaches also highlight the identification and acknowledgment of indigenous beliefs, values, and healing mechanisms, making healthcare services locally responsive instead of expecting communities to conform to tight bureaucratic systems (Mulaudzi, 2024, p. 4). Practical processes such as deliberative forums, community advisory boards, and participatory budgeting processes reflect this spirit by ensuring that citizens actually have authority over their health issues. Such engagement strategies demonstrate respect for local knowledge and create opportunities for the co-production of health care with possibilities to bring biomedical expertise and local knowledge together. Meaningful public participation strengthens the legitimacy of the NHI, incorporates ethical practice into policy implementation, and embodies the relational values at the core of Ubuntu (Madaka, 2019, p. 8). By giving priority to inclusive processes, the NHI can steer clear of the pitfalls of technocratic processes that do not always take into consideration the lived realities of the people they are supposed to serve.

Building on this conceptual foundation, the next section explores how the ethical principles of Ubuntu can be practically applied to the National Health Insurance (NHI) framework. It highlights the anticipated opportunities and moral strengths that Ubuntu introduces in promoting justice, solidarity, and inclusivity within South Africa's healthcare system.

5.2 ANTICIPATED OPPORTUNITIES AND ETHICAL STRENGTHS OF THE NHI THROUGH THE LENS OF UBUNTU

This section will delve into some of the major opportunities and built-in ethical advantages of the NHI Bill, illustrating how the teachings of Ubuntu can lead the country to achieve a healthcare system that is not only fair and integrated but also inherently relational in its delivery and design, thus mending the fault lines of the past and constructing a healthier future for all South Africans.

5.2.1 Equity and Justice through Resource Redistribution

The ethical framework of Ubuntu aligns with the NHI's core objective of redistributing resources to achieve health equity. Ubuntu philosophy emphasizes the profound interconnectedness of individuals and the resultant shared responsibility to ensure equitable access to society's resources, which are held in trust for the benefit of all, particularly the most vulnerable and marginalized people in society (Koenane & Mangena, 2020, p. 387). This perspective differs sharply from individualistic healthcare models and views access to healthcare as part of shared welfare rather than a market commodity. The main mechanism in the NHI Bill, pooling money from the whole population to fund a single universal health system, is an uncomplicated and practical expression of this Ubuntu principle.

This intervention is not merely a technical change in health financing, but a deliberate corrective measure aimed at implementing restorative justice. It seeks to address the deepseated inequalities perpetuated by the apartheid regime, which systematically produced a fractured and racially graded healthcare system. As a result, this ensures that the constitutional right to health is realized by all people rather than a privileged minority (Chukwunke, 2021, p. 379). By providing access to good-quality healthcare based on need rather than the ability to pay, the NHI embodies the Ubuntu principles of justice, shared fate, and the common good, bringing the nation closer to the vision of a deeply equitable society.

Furthermore, the redistributive mechanism of the NHI, financed through progressive taxation and compulsory prepayments, demonstrates the Ubuntu spirit of shared burden and collective solidarity. The system acknowledges that the health of the group is interdependent; when one group member experiences preventable or manageable disease due to an inability to access, the entire group loses out. Metz argues that an Ubuntu-informed society places its members' thriving at the centre, and an equal healthcare system is the foundation of such social thriving (2022, p. 145). The NHI therefore provides an opportunity to build a healthcare system that

responds to the country's commitment to botho (humanity towards people), whereby the success of the healthcare system is measured through the health status of the chain's weakest links. This focus on fairness and justice through redistribution is not just an economic imperative, but a moral one that is deeply grounded in an African worldview, which sees the community as the necessary framework for human existence and dignity.

5.2.2 Ubuntu Principles: Sharing of Resources, Respect, and Personhood

The Ubuntu ethical theory has been regarded as a strong framework to understand how resource sharing, respecting individuals, and personhood come into play in health policy (Jecker et al., 2022, p. 262-263). Ubuntu considers societal resources to be shared in ways that promote the well-being of communities, thereby giving an ethical justification to policies that pool healthcare funds and ensure equitable access to healthcare across populations. Furthermore, this sharing takes place in terms of knowledge, skills, and support systems-laying the groundwork for communities to become resilient to health challenges. Nyandeni et al. (2024) argued that, in pursuing the goal of healthcare collectively, the NHI funding model embodies Ubuntu by way of the progressive contributions and horizontal cross-subsidisation model.

Ubuntu ethics emphasises respect for each individual's intrinsic worth, which, in turn, translates into treating others with respect and honour. Practically speaking, Mulaudzi (2004, p. 3) opines that the NHI policies ought to ensure that patients receive care that acknowledges their value, involves patients actively in choosing their treatment, and respects their cultural beliefs and practices. Tied to the question of subjectivity, Ubuntu also sees personhood as inherently relational, thus emphasising strengthening family and community networks along with clinical care. Thus, community health worker programmes, patient support groups, and models of care that include families might stand as examples of applying the Ubuntu philosophy to the practical design of community-oriented policies (Tshivhase, 2025, p. 2). These approaches recognise that healing occurs within social contexts and that effective healthcare must address both biological and relational dimensions of well-being. By designing systems that honour these interconnected aspects, the NHI can reflect Ubuntu's comprehensive understanding of what it means to be fully human within a caring community

5.2.3 Embedding Solidarity, Shared Responsibility, and Social Cohesion

The concept of solidarity within Ubuntu is dynamic and action-oriented, demanding active participation and a shared burden for the welfare of the community. This is achieved through daily actions of interdependency, reciprocity, and support, and is recognized as essential in building resilience within shared prosperity and community (Mugumbate & Nyanguru, 2020,

p. 4). The NHI Bill is a historic policy articulation of this ethos, designing a health system in which the well-being of the individual is recognized as inextricably bound up in the well-being of the collective. The financing model of the NHI, which rests essentially on the crosssubsidisation principle, the rich subsidise the poor and the healthy subsidise the sick, is an embodied institutionalisation of this mutual interdependence. This model consciously undermines individualistic and exclusionary paradigms dominating current health economics (Mbokota & Ncama, 2020, p. 81). By demanding the sharing of healthcare duties and facilities by society, the NHI fosters a robust, hard-headed conception of solidarity between South Africans from all walks of life.

This cultivated solidarity has the potential to yield a significant secondary benefit, the strengthening of social cohesion and national unity. In a country still grappling with the legacy of apartheid, a healthcare system that serves everyone equally can act as a powerful unifying force. It creates a shared social institution that transcends racial, ethnic, and class divisions, fostering a sense of common citizenship and mutual obligation (London, 2021, p. 146). When citizens contribute to and benefit from a single, national health system, it reinforces the idea that they are part of a shared moral community with a common destiny. As Koenane and Mangena (2020, p. 390) posit, such shared social projects are vital for building the "ethical fabric" of a nation. The NHI, therefore, is more than a health policy; it is a nation-building initiative grounded in the Ubuntu principle that the community's health is a shared goal. This collective approach helps to dismantle the entrenched "us versus them" mentality, replacing it with a narrative of shared responsibility and interconnectedness, which is essential for longterm peace and stability.

5.2.4 Strengthening Dignity and Inclusivity in Healthcare Decision-Making

One of the fundamental and non-negotiable pillars of Ubuntu is an unwavering respect for human dignity and a respect for the intrinsic value of each individual. This necessitates that individuals should not be regarded as mere beneficiaries of charity or bureaucratic subjects, but indeed as active, empowered actors in decision-making that affects their lives and wellbeing (Chukwunke, 2021, p. 380). The NHI Bill presents an important opportunity to operationalize this principle of radically shifting healthcare policies and practices towards greater inclusivity, participation, and cultural responsiveness. The strength lies in the possibility of the NHI system mandating and facilitating strong community participation through structured mechanisms, such as clinic committees, hospital boards, and health forums. According to Chukwunke

(2021, p. 379), this ensures that priority-setting, health planning, and service delivery are flexible to local needs, knowledge systems, and values.

This is a participatory character that forms a central pillar of Ubuntu leadership, seeking agreement, dialogue (which in most African societies carries the name *indaba*), and all-encompassing decision-making processes honouring every single voice (Mugumbate & Nyanguru, 2020, p. 4). Through the conscious engagement of communities, even vulnerable and marginalized ones, in healthcare leadership, the NHI can provide a space where everyone hears, sees, and is valued. This goes a long way in ensuring their dignity and fostering a profound sense of ownership and trust in the health system. Additionally, an Ubuntu-informed NHI would intentionally promote cultural sensitivity and humility among healthcare professionals. This involves awareness and appreciation of other health beliefs and practices as well as language, and thus renders care not only accessible but also respectful and responsive to the cultural settings of the patients. This is a commitment to a culture of inclusivity and collective decision-making beyond symbolic consultation to a truly decolonised model of healthcare that celebrates the identity and agency of all South Africans and leads ultimately to better and more equitable health outcomes.

5.2.5 Building Trust, Ethical Leadership, and Accountability

The success of the NHI is wholly dependent on building trust between the state and its citizens, and Ubuntu ethics provide a good model for achieving this through solid principles of ethical leadership (*Ubuntu botho*) and accountability. Leaders in the Ubuntu model are not viewed as authoritarian leaders but as servants of their people and must set an example of integrity, transparency, humility, and a deep commitment to the greater good (Koenane & Mangena, 2020, p. 392). Governance structures within the NHI must be constructed in such a manner that they adhere to the servant-leadership model. In order for public trust to be achieved and sustained by the NHI Fund, its management must be supported with the highest ethical standards, a closely related interpretation of *seriti* (moral altitude and dignity) (Mugumbate & Nyanguru, 2020, p. 5). This will call for the establishment of autonomous, open governing structures with mechanisms to prevent corruption, nepotism, and financial abuse.

Efficient accountability mechanisms are not administrative measures, but ethical responsibilities characterized by Ubuntu's relationalism. Healthcare professionals, administrators, and policymakers should be held accountable by the very groups they work for. This is achievable through consistent public publication of health performance, fiscal balance, and open avenues of comment and redress of complaint (Chukwuneke, 2021, p. 381). If leaders

and organizations are held accountable, trust is created and solidified. The trust on which the effectiveness and sustainability of the NHI are based is this trust; it establishes public acceptability, fosters voluntary cooperation, and establishes a symbiotic relationship between the consumers and producers of healthcare. A true NHI in the Ubuntu philosophy would thus aim at creating a culture of honesty and openness at all levels of the system, such that the huge resources mobilized for the greater good are used judiciously and in a just manner so as to justify the trust of the South African people in the system.

5.2.6 Community Empowerment and Participatory Health Governance

One of the greatest ethical strengths of the National Health Insurance (NHI), when viewed through Ubuntu, lies in its potential to empower communities to take ownership of their own health and well-being. According to Nzimakwe (2023, p. 65), Ubuntu governance emphasizes mutual respect and shared responsibility, which aligns closely with the NHI's inclusive vision. NHI's goal is to make access to quality health care available to all, but besides that, it can also serve as a means of moral empowerment and civic engagement. Ramose (2022, p. 28) further notes that Ubuntu rejects the top-down governance model that distances citizens from decisionmaking and instead promotes dialogue and participation values reflected in the NHI's participatory approach. Mulaudzi (2024, p. 6) points out that Ubuntu-based participation turns beneficiaries into co-creators who come up with solutions together. The NHI gives a chance to make this Ubuntu tenet a reality by creating community health forums, district health boards, and public consultation processes where local citizens, traditional authorities, and civil society organizations can all actively be involved in making the decisions. Rothstein (2022, p. 42) argues that this type of citizen engagement builds institutional trust and accountability. With such a system in place, citizens monitor services, report corruption, and evaluate performance. This method not only increases transparency and accountability but also fosters trust and solidarity between the government and the people (Mungiu-Pippidi, 2021, p. 17).

Ndlovu (2023, p. 81) explains that participatory governance in the Ubuntu tradition ensures healthcare reform is based on moral legitimacy rather than political convenience. The real involvement of communities in identifying and prioritizing problems within the NHI creates a sense of shared ownership and moral inclusion. Mulaudzi (2024, p. 8) notes that when people contribute to shaping policies, they view outcomes as a collective moral achievement. This empowerment transforms healthcare into a community-driven, ethical project rather than a state-imposed policy, a view supported by Adu-Gyamfi (2022, p. 47), who emphasizes active citizenship in healthcare reform. Nzimakwe (2023, p. 67) asserts that embedding Ubuntu's

participatory principle in NHI processes can strengthen moral integrity in the healthcare system. Such a system values cooperation over hierarchy and compassion over control. By grounding the NHI in Ubuntu's belief in community dialogue and mutual accountability, Mkhwanazi and Nzimakwe (2022, p. 90) argue that South Africa can build not only a universal health system but also one that is deeply humane, reflecting love, justice, and shared moral responsibility.

5.2.7 Supporting Holistic Well-Being Beyond Biomedical Care

One of the strongest moral benefits of adopting an Ubuntu worldview to the NHI is the promotion of a holistic notion of health, far beyond the absence of disease. Ubuntu enhances a conceptualization of well-being that holistically integrates the body, mind, social, and spiritual dimensions of a person. It recognises the person as an integrated whole whose well-being is inextricably embedded in their environment and society (Mugumbate & Nyanguru, 2020, p. 3). The NHI Bill is a historic opportunity to move away from a reductionist biomedical model and design a system that will treat the whole gamut of human needs. A good expression of this is the framework that the NHI establishes for the official recognition and integration of traditional healing modalities with orthodox biomedical treatment. This acknowledges the legitimacy of alternative pathways to wellness and demonstrates respect for the cultural otherness and ways of knowledge of much of the South African population (Mbokota & Ncama, 2020, p. 82).

This holistic strategy also calls for an increased focus on preventive health, as well as social determinants of health, including nutrition, housing, and sanitation. Ubuntu's relational world perspective recognizes that the outcome of health is largely determined by social, economic, and environmental determinants. An effective NHI must, in turn, work in concert with other government ministries to address these root causes, endorsing a "health in all policies" strategy (Koenane & Mangena, 2020, p. 388). By nurturing the entire person and addressing the root causes of poor health, the NHI can potentially be a system that truly achieves human flourishing and community vibrancy. This shift from disease-focused, curative to holistic, preventive, and person-centered is precisely in keeping with the Ubuntu view of health as a positive state of complete physical, mental, and social well-being, required for individual fulfilment and the well-being of the entire community. While Ubuntu offers significant ethical guidance and opportunities for promoting equity and solidarity, it is equally important to consider the potential challenges and weaknesses that may arise in implementing the NHI. The following section examines these risks, including tensions between collective good and individual rights, governance issues, and resource constraints.

5.3 NHI POTENTIAL CHALLENGES AND ETHICAL WEAKNESSES

Implementing a National Health Insurance scheme is way too complex. While universal health coverage is deemed a worthy goal, its attainment is littered with hurdles and stumbling blocks. These hurdles impede or threaten the financial sustainability, moral ground, or effectiveness of the system. Ill-managed, overwhelming challenges could fail the NHI in achieving its main goals while creating new problems to replace the old ones. Here, these very challenges are actually detailed in some significant aspects.

5.3.1 Tensions Between Solidarity and Individual Autonomy

A core principle of NHI is solidarity. This means the healthy and young subsidise the care for the sick and elderly. Everyone pays into a shared pool of funds. This collective approach is essential for creating a broad risk pool. However, it often clashes with the value of individual autonomy. People may have limited choices in their health coverage. They typically cannot opt out of the system even if they are dissatisfied. This can lead to resentment among those who feel compelled to participate (OECD, 2020, p. 47). For instance, young and healthy individuals who rarely use medical services may feel their mandatory contributions are unfair. They might prefer to spend their money on private insurance or other goods. Giovanetti (2022, p. 33) argues that the tension between community benefit and personal freedom is a fundamental ethical conflict.

Furthermore, individual choice in treatment can be restricted. To control costs, the NHI must create a defined benefits package. This package lists the services and treatments that are covered. It often excludes new, experimental, or very expensive drugs and procedures. A patient may therefore be denied access to a specific cancer treatment because it is not approved by the NHI. This decision, made for the collective good, directly limits that individual's options for care (Sachs, 2023, p. 71). The system prioritizes providing a basic level of care for all, over funding all possible care for one person. This rationing of healthcare is inevitable, posing a significant ethical dilemma. Daniels (2021, p. 88) states that it places the needs of the population above the desires of the individual patient.

5.3.2 Governance, Corruption, and Accountability Challenges

The establishment of an NHI creates a single, powerful institution. This institution manages a substantial amount of public funds. Effective governance is critical for its success. Weak governance, however, poses a severe threat. Corruption is a major risk in such large financial systems. This can take the form of embezzlement, where funds are stolen directly. It can also

involve procurement fraud, where contracts for medical supplies or infrastructure are awarded through bribes or cronyism (Transparency International, 2021, p. 8). Such corruption directly steals resources from the healthcare system. It means there is less money available for medicines, hospitals, and health workers. The result is a lower quality of care for everyone.

Accountability is another major governance challenge. When an NHI fails to deliver good services, it can be difficult to assign blame. Whether it is the problem of poor management by the NHI board or it is due to insufficient funding from the government treasury. A question may also arise on whether it is due to inefficiency in both public and private healthcare providers. When accountability is unclear, problems can keep happening without anyone being held responsible (Fan et al., 2022, p. 112). To prevent this, strong monitoring, open reporting, and independent audits are needed. Without these, people can lose trust in the system. Savedoff (2020, p. 25) explains that a loss of trust can make the public unwilling to support the NHI through taxes or contributions.

5.3.3 Risks of Bureaucracy, Political Influence, and Policy Instability

Large public systems usually attract a reputation for heavy bureaucracy. The NHI is no different. Bureaucratic inefficiencies may lead to an overload of paperwork and complicated, almost excessive, administrative procedures. Doctors and nurses, therefore, spend long hours filling out forms instead of being with their patients. This administrative workload tends to reduce the clinical productivity of healthcare workers and, at times, increases their job dissatisfaction (Nelson, 2023, p. 59). Bureaucracy can worsen the patient's interests by leading to long delays in obtaining approvals for specialist care or surgeries. As a result of such widespread adverse effects, the system slows down and becomes unresponsive to the needs of individuals.

The NHI is vulnerable to political influence. Healthcare turns out to be widely popular. Politicians may make promises about expanding services without any realistic means for funding. Hence, benefits may end up being promised that the system cannot afford in the long run (Reid, 2022, p. 101). The decision about which hospitals to build or which areas to fund can also be politicized and thus not based on health needs. That is, the ruling party may want to support its clients in certain areas with resources. Such political interference undermines the equity and efficiency of the final health system.

Policy instability is another risk. When a new government is elected, it may change the fundamental design or priorities of the NHI. Health providers do not know what services will

be funded in the future. Patients do not know what care they can take for granted. This instability also makes it difficult for the sector to undertake any long-term planning. Kumar et al. (2021, p. 76) note that development and improvement of the system occur on an ad hoc basis.

5.3.4 Resource Constraints, Inequities, and Urban-Rural Gaps

No country has an infinite supply of resources for healthcare. An NHI must therefore make difficult choices about what care to fund. This is known as rationing. The need for rationing creates an inherent challenge. Public expectations for comprehensive care may be very high. However, the financial reality will force the NHI to limit its benefits package. Some effective but costly treatments may be excluded. Lancet Global Health (2020, p. 42) explains that this can lead to public anger and perceptions that the system is failing.

Inequities can also persist or even worsen under an NHI due to the “inverse care law” phenomenon. This means that those who need care most may have the least access to it. Wealthier, more educated individuals are often better at navigating complex systems. They may secure faster appointments and see specialists more quickly. This can happen even within a system designed to be equal for all (Marmot, 2020, p. 55). The result is that health outcomes for the poor may not improve as much as expected.

The gap between urban and rural healthcare access remains a stubborn problem. Doctors and modern hospital facilities are largely concentrated in the cities. An NHI might pay for the services, but if the services are not physically present in the rural belt, it is not really an improvement in access. People from these villages may still need to travel far for specialized care. Global Health Watch (2021, p. 33) argues that the NHI must make explicit policies and incentives to attract health workers to underserved rural areas; otherwise, the urban-rural health gap will persist.

5.3.5 Ethical Risks of Technological Dependence and Digital Inequality

The implementation of the National Health Insurance (NHI) system presents a significant barrier that must be overcome if the ethical issues of the standardization of the national system, together with local government responsiveness, are to be solved. NHI seeks to be a moral vision in health care, but a top-down policy may lead to non-cooperation since it may be seen as the imposition of a common standard that restricts local innovation and leaves the communities alienated (Ramos, 2022, p. 31). The opposite of this approach is the complete decentralization resulting in unequal distribution of healthcare; thus, the area a patient lives in determines the

quality of care he/she get, and this undermines the NHI's main goal of providing equity to all. The philosophy of Ubuntu suggests a way out of this dilemma by encouraging unity through dialogue and mutual acknowledgment rather than through uniform dominance.

The principle of partnership and collaboration proved as a practical pathway for this balance (Nzimakwe, 2023, p. 83). This means that the health departments at the provincial level, the clinics at the municipal level, and the health forums at the community level will be integrated into the NHI's planning and adaptation processes as active partners with national health policies. Such involvement guarantees that the national policies are not just executed but are also contextually polished, thus making them more important and efficient for the local situations. For example, the rural district might have a totally different approach to maternal health outreach than the urban centre's chronic disease management program, even if both are receiving the same national funding and are operating under the same ethical standards. This collaborative model not only creates a feeling of shared ownership but also contributes to the growth of visibility and public trust in the system because the people will be able to see their particular circumstances being taken care of in health delivery.

National unity is the primary factor that can ensure the NHI's ethical integrity and uniformity across the country. Mungiu-Pippidi (2021, p. 15) remarks that effective and legitimate rule is eroded by a lack of moral consistency that permeates all the institutions. The concept of Ubuntu, which gives priority to connectivity, converts the disagreement between authority and autonomy into a continuous process of constructive negotiation. According to this model, the national bodies take on the vital role of providing the necessary equity, quality standards, and financial oversight, whereas the local organizations come in with the indispensable groundlevel knowledge and thirst for adaptive implementation. Such a dynamic interaction guarantees that decentralization will not fragment and that instead the whole health system will be strengthened, thus creating a resilient and responsive structure which is coherent at the national level but sensitive at the local level, truly reflecting the spirit of a society that is united yet diverse.

5.3.6 Marginalized Voices, Patient Privacy, and Data Security

An ethical NHI must also be inclusive. Yet in health policy making, at least the voices of disadvantaged groups are left out. These groups include very poor people, ethnic minorities, migrants, and people with disabilities. The specific needs of these groups and how they tend to be excluded from accessing health services must be clearly outlined for the NHI to effectively serve them. Otherwise, if their services are not provided in minority languages or if clinics are

not physically accessible to persons with disabilities, then the system will not be truly universal (Yates, 2022, p. 91). There must be concerted efforts to ensure the participation of such communities in the design and monitoring of the NHI.

The creation of a centralized health information system raises immense ethical questions involving privacy and data security. NHI necessitates a very large digital set of medical records that contain the medical records of each citizen, in order to plan and administer care and make quality payments. But deep down, it also poses a major threat to privacy. The data of patients may be snooped upon by unauthorized entities. Then the information can be used by employers, banks, or marketers (Gostin & Wiley, 2020, p. 117). It therefore becomes imperative that strong laws be enacted to protect the confidentiality of such sensitive information.

The issue of data make the system vulnerable in that cybercriminals will certainly target centralized health databases. They could have millions of patient records stolen for blackmail or to perpetrate fraud. They could even lock the whole system down, and healthcare delivery grinds to a halt in a cyberattack that demands a ransom (The Economist, 2023, p. 61). The aftermath is immense, ranging from financial loss to the complete erosion of public trust, with direct harm to patients if the treatment histories are altered or deleted. Constant and very high investment levels are required to put this data under protection from all possible cyber threats. Building on the discussion of challenges and risks, it becomes clear that implementing the NHI within an Ubuntu framework raises deeper ethical dilemmas and unresolved tensions. The next section explores these emerging debates, including how collective obligations, individual rights, cultural diversity, and power dynamics intersect in South Africa's healthcare system.

5.4 UBUNTU AND ETHICAL DILEMMAS IN THE NHI

The idea that South Africa's NHI should be anchored in the philosophy of Ubuntu ranks among the very ambitious attempts to incorporate African ethical paradigms within modern health policy (Metz, 2022, p. 3). While theoretically promising, this integration raises several layers of philosophical dilemmas, practical tensions, and unresolved issues that hinder the policy's implementation and effectiveness (Molefe, 2021, p. 45). The issues, therefore, extend far beyond mere operational challenges and enter the deeper realm of questioning the nature of rights, the interpretation of cultural values, and the balance between collective welfare and individual autonomy in pluralistic democracies (Gade, 2020, p. 78). The critical analysis of these tensions reveals that the very principles intended to support the NHI could become points

of serious contention unless they are addressed constructively through inclusive discourse and well-designed policy (London, 2021, p. 142). This section explores the multidimensional ethical challenges that exploit the confrontation between Ubuntu's communitarian philosophy and the realities of modern healthcare governance.

5.4.1 Harmonizing Collective Obligations and Individual Rights

The primary tension within the NHI-Ubuntu framework concerns a potential conflict between Ubuntu's emphasis on collective obligations and duties and the constitutional guarantee of individual rights (Metz, 2022, p. 45). The Ubuntu philosophy fundamentally understands personhood to be relational; one derives individual identity and moral worth from relationships and responsibilities in the community (Mugumbate & Nyanguru, 2020, p. 3). This perspective provides a powerful moral ground for the solidarity-based financing and redistribution central to NHI; it sees healthcare not as an economic good but as a communal good (Mbokota & Ncama, 2020, p. 80). This communitarian perspective gives rise to significant conflicts with the liberal individualist framework underpinning the South African Constitution, which prescribes strong individual rights, including bodily integrity, privacy, and choice regarding healthcare (Dube, 2022, p. 35). In the furtherance of the NHI, the balancing act between community health goals and individual freedoms will come to the forefront in some instances.

The COVID-19 pandemic provided a glimpse of these tensions, with public health measures including lockdowns and vaccine mandates designed to preserve safety for all at the expense of individual liberties inciting intense debate about how far the state should go in exercising its powers during health emergencies (Benatar, 2020, p. 1081). Similar problems may now arise in the NHI context, particularly in terms of prioritizing treatments, as the system may need to balance the efficient allocation of scarce resources with patients' choices of treatments or providers (McIntyre et al., 2020, p. 12). The moral dilemma is to find a way that respects Ubuntu's communal philosophy while also respecting the dignity and agency of the individual patient (Metz, 2022, p. 89). This calls for an understanding that moves beyond the simplistic dichotomy of individual versus community and utilizes a theory of relational autonomy that spells out how individual flourishing depends on healthy communities, and vice versa (Gade, 2020, p. 92). According to London (2021, p. 148), the remaining unresolved question is, where do we define boundaries so that communal obligations do not become a force for coercion while individual rights do not obstruct the attainment of collective goods.

5.4.2 Exploring Diversity in Ubuntu Interpretations

The application of Ubuntu in a health policy setting presents one great challenge, primarily due to the philosophy's internal pluralism and contested interpretation (Metz, 2022, p. 56). Presenting Ubuntu as a singular, monolithic tradition overlooks significant differences in how various communities, scholars, and political actors conceive and operationalize the philosophy (Molefe, 2021, p. 52). This also creates confusion and raises questions about which version of Ubuntu should inform the particular implementation of the NHI, and how to proceed in cases of conflict between the different versions (Dube, 2022, p. 38). At least three kinds of orientations, revealed in scholarly discourse, have been posited: humanistic Ubuntu, which analyzes with compassion and mutual care; normative Ubuntu, which emphasizes social harmony and conformity; and political Ubuntu, which is mobilized for nation-building and social change (Gade, 2020, p. 102). For Mugumbate & Nyanguru (2020, p. 4), all of these highlight different priority areas within healthcare policy, including those that suggest patient-centered care approaches and those that consider public health imperatives or even redistributive justice frameworks.

5.4.3 Addressing Cultural Pluralism and Biomedical Dominance

The aspiration to create a healthcare respect system for cultural diversity in South Africa through Ubuntu ethics necessarily explores concepts of knowledge systems, power, and integration (Mbokota & Ncama, 2020, p. 82). An Ubuntu-informed NHI must truly reflect pluralistic knowledge systems that honour multiple legitimate perspectives on health and healing, instead of giving symbolic acknowledgment to so-called traditional healing practices (Mugumbate & Nyanguru, 2020, p. 4). This ambition directly challenges the hegemony of Western biomedical models and consequently raises practical questions about safety, regulation, and integration (London, 2021, p. 152). The envisioning of cooperation between biomedical practitioners and traditional healers is hindered by significant barriers, including mutual mistrust, differing diagnostic methods, and opposing treatment philosophies (Metz, 2022, p. 134). Dube (2022, p. 43) explains that, if not attentively conceived, integration attempts risk either subordinating indigenous knowledge to biomedical knowledge or placing it alongside biomedical knowledge as a dangerous, uncontrolled parallel system.

The challenge extends beyond practitioners working together to address questions about evidence and efficacy (Benatar, 2020, p. 1082). Biomedical models typically prioritize evidence from clinical trials and standard protocols, whereas traditional healing models

emphasize experiential knowledge, spiritual components, and personalized approaches (Mugumbate & Nyanguru, 2020, p. 5). To reconcile such different epistemologies within a national health system, new modes of validation, quality assurance, and accountability must be found that do not automatically privilege Western scientific modes (Molefe, 2021, p. 112). However, questions about practical implementation arise: How will the NHI pay for traditional treatments? What referral systems will interlink different healing traditions? Who will realize patient safety when practitioners of different persuasions provide care? (McIntyre et al., 2020, p. 15). Such questions illustrate the gap between the philosophically satisfying concept of cultural pluralism and the operational difficulties involved in implementing it within a largescale healthcare system (Gade, 2020, p. 127). The fear is that consequential constraints could result in a facade of multiculturalism that incorporates a symbol.

5.4.4 Risks of Politicization and Misuse of Ubuntu

Ubuntu's ethical stance makes it vulnerable to political co-option and rhetorical exploitation, which could compromise the NHI's effectiveness as well as the ethical integrity of Ubuntu (Dube, 2022, p. 36). History has demonstrated the potential for robust ethical frameworks to be co-opted to legitimize policies for parochial advantage, rather than communal flourishing (Metz, 2022, p. 167). For the NHI, several unsettling possibilities present themselves. The discourse of common sacrifice and unity, rooted in Ubuntu, can be mobilized to call for public acceptance of inefficient schemes or substandard services, thereby forestalling criticism as being against African values (Molefe, 2021, p. 128). According to Dube (2022, p. 39), such "rhetorical Ubuntu" would be a stopper of debate, preventing discussion on implementation issues, funding mechanisms, or governance flaws by positioning critics as being outside African values themselves.

This instrumentalization risk is particularly urgent given the challenging governance context of South Africa (London, 2021, p. 154). A state that promotes Ubuntu ethics but tolerates corruption or inefficiency in healthcare provision would engage in a profound ethical contradiction that could erode public trust in the NHI and Ubuntu itself (Benatar, 2020, p. 1083). The hypocrisy would be especially painful because Ubuntu is concerned with the moral rectitude of leaders and leadership by example (Mugumbate & Nyanguru, 2020, p. 5). The philosophy's relational ethics require bilateral accountability, where the leader's obligations to serve the community are reciprocated by community expectations of moral leadership (Metz, 2022, p. 178). Dube (2022, p. 44) argues that when this reciprocity breaks down, Ubuntu rhetoric becomes empty propaganda that erodes the very values it invokes.

There are concerns about how Ubuntu may be exploited to advance particularistic interests in the name of cultural authenticity. For instance, assertions of "African values" may be used to resist the introduction of comprehensive sexual education or gender-equitable services (Dube, 2022, p. 46). Gade (2020, p. 142) explains that navigating such risks entails distinguishing genuine Ubuntu ethics from political manipulation, making the philosophy an essential framework for policy assessment rather than a tool to legitimize pre-existing positions.

5.4.5. Power Imbalances, Healthcare Worker Burdens, and Moral Distress

The implementation of an NHI guided by Ubuntu has extensive implications for healthcare workers that reveal underlying power dynamics and ethical challenges (London, 2021, p. 149). The effectiveness of the policy hinges directly on the healthcare workforce; however, continued discussions give decreasing attention to how healthcare workers will be affected by changes in the system (McIntyre et al., 2020, p. 18). Health workers are the strain most acutely between Ubuntu's moral ambitions and everyday realities, torn between policy commitments and practical limitations. The increase in healthcare access under the NHI is likely to boost patient numbers without corresponding increases in resources or support, thereby compounding current burnout issues (McIntyre et al., 2020, p. 20). Mugumbate and Nyanguru (2020, p. 5) note that, meanwhile, healthcare providers are expected to exhibit Ubuntu values through empathetic, personalized care, even amidst systemic pressures that make such care difficult to deliver.

This disconnect between moral ideals and real possibilities creates moral distress, the psychic anguish of recognizing what the right thing to do is and yet being unable to do it due to institutional constraints (London, 2021, p. 151). Nurses with unmanageable patient-to-nurse ratios, doctors who must make triage decisions under non-optimal conditions, and community health workers who must deal with complex social needs with minimal support all face dimensions of moral distress that Ubuntu's communitarian ethics might stir up rather than mitigate (Benatar, 2020, p. 1083). Metz (2022, p. 189) argues that rewarding caring while neglecting carers constitutes an ethical form of hypocrisy that negatively impacts workforce morale and retention.

According to Molefe (2021, p. 142), the power imbalances within the healthcare system itself must be addressed. Hierarchical arrangements between different categories of workers, competition between biomedical and traditional practitioners, and top-down approaches to policy implementation all contradict the values of respect for others and participatory democracy inherent in Ubuntu (Gade, 2020, p. 156). A genuinely Ubuntu-guided NHI would

need to confront these internal power relations so that health workers themselves experience the dignity, respect, and social care that the philosophy intends for patients (Mugumbate & Nyanguru, 2020, p. 5). This requires involving frontline workers in policy development, creating healthy working environments, and recognizing healthcare work as emotional labor (London, 2021, p. 153). Ignoring these workforce issues risks turning the NHI into an additional burden for already struggling staff, ultimately undermining its purpose through dissatisfaction and attrition.

The emerging dilemmas surrounding the NHI's integration of Ubuntu ethics reveal both the potential and peril of grounding great policy in rich yet profound philosophical traditions (Metz, 2022, p. 201). Taming these tensions effectively requires an honest acknowledgment of the challenge, inclusive debate on how to overcome them, and adaptive implementation processes that can respond to emergent effects with nimble reactions (Gade, 2020, p. 167). Rather than employing Ubuntu as a prefabricated solution, policymakers should employ it as a method of ongoing moral reflection and reform, a dynamic tradition whereby the NHI may develop through ongoing dialogue rather than providing rigid solutions to fluid problems (Molefe, 2021, p. 156). This approach recognizes the relationship between moral norms and actual policy to be necessarily iterative, requiring humility, openness to criticism, and a dedication to refashion methodology based on experience (London, 2021, p. 155). Mbokota and Ncama (2020, p. 83) contend that the ultimate evaluation of the Ubuntu underpinnings of the NHI will be whether it establishes a healthcare system that both reflects African philosophical traditions and actualizes its values of human dignity, mutual accountability, and care-centered community.

5.5 COMPARATIVE AFRICAN INSIGHTS UBUNTU AND ETHICAL GOVERNANCE IN HEALTH SYSTEMS

Ubuntu ethics is not only relevant to South Africa but resonates across Africa, where many societies share similar communal values and moral systems. Examining how Ubuntu-inspired ethics can inform health governance in other African countries helps situate South Africa's NHI within a continental moral context. For instance, the National Health Insurance Scheme (NHIS) of Ghana, which was initiated in 2003, has moral values similar to Ubuntu in that they both support social solidarity as well as individual and collective contribution (Adu-Gyamfi, 2022, p. 44). It has also been the case with the South African NHI that its establishment aimed to eliminate the disparity in healthcare and to offer access to all. However, the case of Ghana illustrates that a lack of moral authority and transparency can lead to the universal right to

health care being plagued by corruption and inefficiency. The adoption of Ubuntu values could lead to the establishment of the ethics of health in Ghana that are based on public accountability, compassion in service rendering, and real community involvement.

Kenya's case also serves as a reference point that is informative. The Universal Health Coverage (UHC) program in Kenya, which was tested through a pilot program in 2018, suffered from poor governance and a lack of citizen involvement (Mutuma, 2023, p. 71). The values of Ubuntu, which are through participatory decision-making and recognition of shared humanity, could assist in solving such problems. Let's assume that the community health systems worked according to the principles of Ubuntu, then the public would not just be the recipients of the service but the moral agents in determining the delivery of healthcare outcomes.

In Nigeria, the constant instances of the mismanagement of medical resources reported speak volumes about how the corrosion of morals has affected the trust in the public health sector (Okafor and Ume, 2022, p. 19). The adoption of Ubuntu ethics could change the scenario by re-establishing the moral bond between the government and the citizens. The teachings of Ubuntu indicate that the leadership role is one of serving the people and, therefore, a privilege for personal enrichment. In this way, Ubuntu not only provides an ethical code but also equips African nations to fight against corruption, instil accountability, and instil moral responsibility in healthcare management through its application.

Applying the Ubuntu principle in the National Health Insurance context in South Africa, leaders and health workers should be moral stewards and not bureaucratic agents. Ubuntu requires good conduct, thus where the responsibility to the community is above personal or political interests. This moral position might help to keep the NHI Fund not only transparent but also accessible and fair. Ubuntu ethics presupposes the participation of the marginalized in the decision-making process. Women, rural communities, and the disabled have to go through a lot of discrimination in healthcare. To see the humanity of others, a way to get with Ubuntu, that sees no differences among people, obliges lawmakers to construct such inclusive systems, which will be need-based for each group. Therefore, the NHI is not a technical policy issue anymore; it is a moral partnership between the state and society, as an Ubuntu-guided reform. At the same time, Ubuntu aligns with Pan-African ethics of solidarity. As argued by NdlovuGatsheni (2023, p. 55), African development must be human-centered, based on compassion, cooperation, and accountability. Applying Ubuntu across Africa's health systems

can thus cultivate a shared moral vision for universal health coverage, one grounded in human dignity rather than economic efficiency.

Moreover, Ubuntu gives us direction on how to deal with corruption. Corruption, according to Mungiu-Pippidi (2021, p. 15) and Rothstein (2022, p. 41), leads to the erosion of social trust and the destabilization of collective norms. Ubuntu, however, fights this by restoring trust through good deeds, openness, and mutual giving. If health officials embrace Ubuntu, corruption will not only be illegal but also morally disgraceful—a treachery towards one's community. Ubuntu, in this manner, connects the domains of ethics and governance, indicating that the moral integrity of the leaders has a direct impact on the population's well-being. No matter how advanced the technology, a system that has lost its way in morality will not be able to provide justice or fairness. Hence, Ubuntu becomes both the ethical vision and the practical governance tool for African health systems.

5.6 CONCLUSION

In conclusion, the analysis discovers that the success of Ubuntu philosophy in the National Health Insurance (NHI) is a profound and demanding endeavour, characterized by both redemptive possibility and dire difficulty. On the positive side, Ubuntu provides a successful, culture-grounded moral system that re-defines health care as a social good, and therefore legitimates the NHI's goals of equity, solidarity, and restorative justice. It envisions an approach that promotes health and well-being, enhances social solidarity, and is values-driven in terms of ethical leadership and accountability. The scope for putting right the historical injustice and creating a truly people-focused health system is enormous. On the negative side, the integration is filled with unresolved tensions. The communitarian emphasis of the philosophy must be weighed extremely carefully against constitutional individual rights to avoid coercive collectivism. Differences in interpretation within Ubuntu itself result in imprecision of policy application, particularly where culturally sensitive. This is compounded by risks of politicisation, tokenistic adoption of traditional healing, and omission of healthcare worker burdens threatening the very ethical foundations the NHI claims to stand for. Ultimately, whether or not an Ubuntu-based NHI would succeed would depend not on rhetorical appeal to tradition, but on earnest, pragmatic working through these challenges. It requires a sensitive grasp of Ubuntu that is dynamic, open, and in consonance with an envisaged constitutional democracy. It entails nurturing a continuous conversation, the development of open and accountable institutions, and the guarantee that the system serves the recipients and the givers of care. If these conflicts are negotiated with intellectual honesty and moral courage, the NHI

can set an example of global significance for how African philosophy can guide the creation of a more just, equitable, and compassionate system of healthcare. If it is not, then it risks being an empty promise, with a wealthy ethical basis reduced to a superficial slogan, failing to deliver on its vision of healthcare for all on the basis of shared humanity. The next chapter provides a summary of the study's findings, presents key recommendations, and concludes the research.

CHAPTER 6 SUMMARY, RECOMMENDATIONS, AND CONCLUSION

6.0 Introduction

The previous chapter provided a critical analysis of the ethical implications of the National Health Insurance (NHI) Bill in South Africa. Ubuntu ethics was used as the guiding framework for this analysis. Ubuntu, as a philosophy, places emphasis on interconnectedness, human dignity, solidarity, and the collective responsibility of communities. This chapter provides a summary of the study, draws a conclusion, and gives recommendations for improving the ethical grounding and practical implementation of the NHI.

6.1 SUMMARY

The main goal of this research was to look closely at the ethical issues of the National Health Insurance (NHI) in South Africa. The study checked if the NHI Bill supports important values like fairness, equality, and respect for people's dignity. It also looked at the possible ethical problems that might come up when the plan is put into action and how these problems could affect the goal of giving quality healthcare to everyone in South Africa.

Chapter One introduced the research by setting out in detail the purpose, rationale, and background of the study. It began by explaining why this research is important for South Africa, where many people still struggle to access quality healthcare. The chapter outlined the problem statement, which describes the gap between the current healthcare system and the goals of the

National Health Insurance (NHI) Bill. It also presented the main research question, supported by clear research objectives and sub-questions that guide the investigation. These objectives are designed to explore how ethical principles can be used to assess the NHI Bill and to understand the moral duties of those who create and implement health policies.

Chapter One also served to narrate the experiences that personally inspired the researcher to undertake this study. Linking ethical considerations to real changes in healthcare that improve the lives of the average South African has always been something of a passion for the researcher. Having seen the way in which lack of equitable access to healthcare has adversely affected vulnerable communities, the researcher was motivated to take a step further into this issue. This personal inclination strengthens the very purpose of this study, which is to critically examine the ethical implications of the National Health Insurance (NHI) Bill and to suggest how ethical reasoning can influence decision-making in health policy.

The other issues that Chapter 1 dealt with were that there is still social inequality in healthcare. A lot of people, more so those in rural and impoverished areas, are faced with challenges placed before them in accessing care. Therefore, this procedure greatly underscores the importance and urgency of undertaking an ethical inquiry into the NHI. By exploring ethical problems and responsibilities linked with the NHI, the study intends to assist policy makers and stakeholders in health in developing an equitable and functional health system. In this way, Chapter One set the stage for the rest of the research by clearly outlining the study's purpose and showing why it is necessary to explore the NHI Bill from an ethical point of view.

Chapter Two gave a detailed review of the literature on the National Health Insurance (NHI) and explained how different scholars and policy makers have defined and debated this policy over time. The chapter looked closely at what the NHI is and described how it works as both a financing plan and a delivery model for universal healthcare in South Africa. It explained that the NHI is designed to make sure all people, no matter their income or social background, can get access to good quality healthcare without facing heavy costs.

The chapter also dealt with the primary reasons for the establishment of the NHI. The whole landscape of deep inequalities in the health system and the almost prohibitive cost of medical treatment have rendered adequate services unavailable to many South Africans, especially people in rural and poor areas. It continued to explain how the NHI intends to close that gap by pooling resources to make healthcare affordable to all people. Various possible implications of the NHI, both for and against, were discussed, including the hope for a more equitable health

system as well as concerns regarding its possible financing, management, and the quality of services to be provided thereunder.

Importantly, the chapter also compared South Africa's plan with similar health systems in other countries. It highlighted international examples where national health insurance has worked well and improved access to care, as well as cases where challenges such as financial strain and weak administration created problems. These comparisons offered lessons that South Africa can learn from to avoid risks and improve the chances of success. By reviewing both local and international studies, Chapter Two provided a strong background and helped to show why understanding the ethical implications of the NHI is an important next step for the research.

Chapter Three presented the ethical framework guiding the study, specifically Ubuntu. The principles of Ubuntu, such as community, mutual recognition, and solidarity, were applied to healthcare ethics. This chapter discussed how Ubuntu differs from Western ethical theories and why it offers a unique perspective for evaluating South African healthcare reforms. The chapter also showed the potential tensions between Ubuntu values and bureaucratic or market-driven health systems.

Chapter Four sets the method and methodology. The study was qualitative, exploratory, and desktop-based, thus giving much preference to the interpretation of meanings, values, and ethical issues associated with the NHI, rather than numerical treatment. By way of desktop research, the study considered a cascade of secondary sources-against academic literature, government documents, policy papers, and credible media reports-to drill down into the rich and diverse factors surrounding the Bill. The exploratory design permitted scan-based identification of emerging ethical issues, the clarification of underlying moral assumptions, and the development of conceptual insights. Moreover, the DECA framework (Describe, Evaluate, Consult, and Act) structured the analysis, guiding the process of describing the Bill's provisions, evaluating its alignment with Ubuntu and ethical principles, consulting diverse perspectives and potential counterarguments, and finally, proposing actionable recommendations for its implementation to advance social justice. The methodology thus established a systematic, context-aware, and ethically based framework with which to evaluate the promising contemporary risk of the NHI.

Chapter Five gave a detailed critical analysis of the National Health Insurance (NHI) by using Ubuntu ethics to explore both its strengths and its weaknesses. On the positive side, the chapter

explained that the NHI aims to reduce inequality, give more people access to healthcare, and promote the idea of sharing resources so that everyone can benefit. These goals fit well with the values of Ubuntu, which emphasise caring for others, fairness, and community support.

However, the analysis also pointed out several ethical risks that could seriously become active problems unless managed very carefully. These include corruption risks in the utilization of monies, possible lack of transparency and honesty in decision-making, and a financing system that could impose a heavier burden upon poorer persons if not fairly designed. The chapter further noted that communities, if not involved in thorough planning and monitoring of the NHI, would feel excluded and lose faith. Ignoring these risks may thus undermine the ethical nature of the NHI and may dilute the trust of the public, thereby hampering its ability to fairly and adequately provide healthcare for every South African.

Chapter Six brings together the entire research study, summarizing the main concepts from all chapters and demonstrating how the research questions were met. It summarizes the main findings from the literature, the critique of the National Health Insurance (NHI), and the consideration of ethics, summarizing the main ethical issues of the NHI in South Africa. The chapter also draws ultimate conclusions, depicting the most important lessons learnt and reflecting on both the challenges and opportunities towards the roll-out of the NHI.

Chapter Six also gives pragmatic policy recommendations to policymakers, health practitioners, and other stakeholders in light of the findings of the research. The recommendations aim to make the NHI more equitable, transparent, and accountable. The chapter illustrates that the use of ethical values such as fairness, equality, and responsibility can help build public trust as well as improve access to healthcare for everyone in the country. Through summing up the study, making conclusions, and providing clear recommendations, Chapter Five links the research outcome to real avenues of building South Africa's health system.

6.2 CONCLUSION

This study successfully met its central aim, which was to critically explore the implications of the National Health Insurance (NHI) Bill in South Africa. Through an in-depth ethical analysis framed by the Ubuntu philosophy, the study provided a comprehensive understanding of the NHI's purpose, challenges, and moral significance within the South African context.

In addressing the first sub-question, what is the National Health Insurance Bill in South Africa? The study clearly defined the NHI as a government policy aimed at achieving universal health

coverage by ensuring that all citizens have equitable access to quality healthcare services, regardless of their socioeconomic status. This objective was fully achieved in the “Defining the NHI” section, where the structure, nature, and goals of the Bill were critically examined using recent literature and policy documents.

The second sub-question Why is the NHI necessary in South Africa? was also adequately answered. The study demonstrated that the NHI is necessary to address deep-seated inequalities in healthcare access that have persisted since the apartheid era. The analysis highlighted the ethical and social imperatives behind the NHI, including the need to correct historical injustices, promote fairness, and ensure that healthcare becomes a right rather than a privilege.

Regarding the third sub-question What are the ethical dilemmas surrounding the NHI? the study effectively identified and discussed various moral concerns, including corruption risks, resource misallocation, accountability failures, and issues of distributive justice. While some uncertainties remain regarding the actual implementation of the Bill, the study provided a critical ethical evaluation of these dilemmas through relevant moral frameworks and policy critiques.

The fourth sub-question How can the ethical theory of Ubuntu inform the NHI? was comprehensively addressed through a detailed exploration of Ubuntu’s moral principles, such as compassion, community, human dignity, and mutual care. The study demonstrated that Ubuntu could serve as a moral foundation for guiding the NHI’s implementation toward a more inclusive and humane healthcare system that restores social trust and reinforces collective responsibility.

Therefore, the study successfully achieved all its key objectives. It defined the NHI in the South African context (Objective 1.6.1), explored the reasons behind its necessity (Objective 1.6.2), assessed the ethical dilemmas linked to its introduction through Ubuntu ethics (Objective 1.6.3), and proposed how Ubuntu principles could guide its ethical implementation (Objective 1.6.4). Overall, the research met its primary aim of critically exploring the implications of the NHI Bill, offering both theoretical insights and practical moral recommendations for a fair, transparent, and people-centered healthcare system in South Africa.

6.3 RECOMMENDATIONS

This section outlines practical suggestions to make South Africa’s National Health Insurance (NHI) system fair, ethical, and successful. It highlights how the NHI can give better health care to all people while staying true to Ubuntu values of caring, respect, and shared responsibility.

The recommendations focus on community involvement, strong governance, openness, and accountability. They aim to guide government, health professionals, and communities to work together so that public money is protected, trust is built, and quality health services reach everyone.

6.3.1. Strengthen Public Participation and Inclusiveness

According to Tandwa and Dhai (2020, p. 4), a fair and ethical NHI can exist only when every South African has a say in its planning and implementation process. This includes rural areas, townships, informal settlements, and people with disabilities, all of which are usually excluded from policy decisions. Policymakers must hold open community meetings, workshops, and consultations in all provinces so that citizens can lay down their needs and concerns before them. Haricharan, Stuttford, and London (2021, p. 5) explain that public participation identifies local problems that may include language barriers or unusual cultural health practices, and then gives possible practical solutions, like where new clinics should be built or how to improve transport to hospitals. Inclusive participation creates trust and fosters the Ubuntu spirit of common humanity, which implies that every voice must count in making decisions on the common good.

6.3.2. Ensure Fair Distribution of Resources

According to the White Paper on the National Health Insurance (South Africa) (NHI), the system must be based “on health needs and not socio-economic status” (Department of Health, 2023, p. 56). An ethical NHI will serve as a bridge, closing the gaps in health services among the rich and poor, in rural and urban health services. In the light of a technically oriented health system, the government should ensure funding purely based on health needs and not on interest, will, or inclination of the influence of any particular political grouping or wealth of an outfit. This would translate into funding for rural clinics, mobile services, staff training, and wherever most shortages are present. Empowering the system to realign funds so that they reach areas most in need, especially a province that already bears the brunt of a high disease burden, such as tuberculosis or HIV/AIDS, would demonstrate their commitment to Justice and Equality for all South Africans.

6.3.3. Improve Healthcare Infrastructure and Access

According to the National Health Insurance Bill framework (Department of Health, 2023, p. 42), the NHI cannot prosper in the absence of adequately prepared health facilities. A significant number of hospitals in rural and township areas remain grossly ill-equipped. For

any treatment, some patients must travel long distances. The government has to start investing in building new clinics, renovating old hospitals, and procuring modern equipment. There must also be well-established transport systems and ambulance services. Using telemedicine and digital health records will link rural clinics with specialist doctors sitting in cities to reduce unnecessary delays and avoidable travel costs. By doing so, they will ease the load in congested hospitals in the cities, placing them closer to care and easier to reach for households.

6.3.4. Guarantee Transparency and Strong Accountability

According to Knoesen (2025, p. 2), references to corruption and mismanagement end up damaging the ethics of the NHI. Full financial disclosures must be made available, and regular public audits have to be conducted. Dhai (2023, p. 76) emphasises that oversight committees must be truly independent and shielded from any political interference. Additionally, they should be empowered to investigate any misuse of funds. Protection should be given to whistleblowers, and both employees and the general public should be entitled to report corrupt activities without any fear of retribution. There can be no misuse of funding when there is full accountability, and the best interest of the patient care is topmost.

6.3.5. Educate the Public about the NHI

Dhai (2023, p. 78) notes that many South Africans do not fully grasp the manner of working or the contribution of the NHI. Mothela et al. (2024, p. 9) argue that the government should conduct an education campaign, encompassing all local languages, through radio, television, social media, and even community functions. These campaigns should touch upon funding methods, what services are covered, and how to access care. If citizens understand the system, they are less likely to fear change or to be fed false information. Education should also encourage them to adopt healthy behaviours like going for their check-ups regularly; this is crucial to the NHI being able to stand into the future.

6.3.6. Promote Ethical Leadership

The decision-makers of the NHI must put public interest ahead of their personal gain. Maake (2025, p. 4) maintains that they must be selected for their technical competence, as well as for their integrity. Training in ethical matters as well as in Ubuntu philosophy will guide the leader towards fair and compassionate decisions. Trustworthiness and transparency in leadership inspire confidence in the staff, stand in for accountability, and keep political interference at bay.

6.3.7. Establish Continuous Monitoring and Evaluation

NHI must be continuously checked in order to ensure that it is truly fulfilling its health and ethical goals. In the reviewing process, independent experts might be called in to participate along with health professionals and community representatives. Dlamini & Mkhize (2025, p. 9) argue that regular evaluation allows early detection of faults such as scarcity of funds or poor service delivery in certain zones. Patel (2024, p. 3) highlights that publishing progress reports to the public serves to foster trust and keep the system on track along the principles of equity and dignity.

6.3.8. Protect Patient Dignity in Service Delivery

Patients must always be treated respectfully rather than as just cases to be treated. Health workers must communicate clearly with patients in respect of their beliefs, while explaining different treatment options available to them. Basu (2024, p. 5) argues that patients deserve to have respectful treatment in clean environments, with minimal waiting times, and to be treated by people who really care. Respect for the dignity of the patient is a cardinal value in Ubuntu ethics and gives an immense uplift to the satisfaction of the patients, which in turn affects the health outcomes.

6.3.9. Design Fair and Progressive Financing

Funding for the NHI should never jeopardise the poor. Contributions should be linked to their income so that the wealthier pay more, protecting also low-income households. Patel (2024, p. 6) argues that a progressive system of financing is a matter of social justice and stabilises revenue during economic downturns, as well as ensuring sustainability in the long run.

6.3.10. Address Corruption Risks in Procurement and Contracts

The NHI will involve huge budgets and large medicine, equipment, and building contracts. Mokoena and Naidoo (2024, p. 16) note that open tenders and strict contract award procedures are necessary to prevent corruption. Public disclosure of contracts and independent audit deters diversion of funds and encourages fair competition, securing quality and keeping costs down.

6.3.11. Balance Public and Private Sector Roles

The NHI is supposed to consolidate the resources of both private and public health providers. It has to be done in a manner that does not allow private companies to exploit the system for profit. Nkosi (2023, p. 12) argues that there should be fair agreements between the government and private doctors and hospitals, with adequate service standards and prices. At the same time, the public sector should remain strong to make quality care accessible to all.

6.3.12. Integrate Mental Health and Preventive Care

Mental health services and prevention of disease are generally neglected in the South African healthcare system. Counselling, mental healthcare, and education on healthy living at a community level need to be included under the NHI. Strong vaccination and screening programs will not allow illness to become severe. Grobler (2024, p. 12) highlights that it saves lives and reduces hospital costs to identify diseases such as diabetes or high blood pressure early.

6.3.13. Build Trust Between Citizens and Government

The government is not trusted by a lot of South Africans because of past corruption disasters. The government will need to show that it is serious about good practice and provide concrete evidence of an improvement in healthcare in order to win the NHI constituency. Early success, say, in enhanced staffing and reduced waiting times, will convince individuals that the system works. Dudley et al. (2020, p. 12) highlight that ongoing communication and public scrutiny are essential because trust underpins long-term success and moral authority.

6.3.14. Strengthen Human Resources for Health

Mhlongo (2023, p. 45) emphasises that the NHI will not function in the absence of an adequate number of trained health workers. Tshabalala and Dlamini (2024, p. 12) note that training more doctors, nurses, pharmacists, and community health workers ought to be government-funded. Retention strategies for competent staff, such as competitive salaries and better working conditions, are required so that specialists in the public sector stay on. A strong workforce ensures continuous services, discourages long waiting times, and improves patient satisfaction.

6.3.15. Foster Collaboration with Civil Society and NGOs

Mokoena and Dlamini (2024, p. 15) emphasise that health information, community outreach and advocacy, and provision of health education and training, needs and materials go largely unfounded without the support of NGOs, faith-based organizations, and community organizations. The NHI should partner with these organisations to strengthen its services and outreach to marginalised populations. Their involvement instils transparency, and the voices of the most vulnerable groups are heard.

6.3.16. Respect Cultural Beliefs and Practices

Nkosi and Dlamini (2023, p. 16) emphasise that inclusion empowers the government with local knowledge on cultural beliefs and practices affecting health. For example, understanding

traditional healing methods and community customs can help NHI planners to develop services that are respectful to cultural values and not hostile.

6.3.17 Encourage Shared Responsibility

Participation is public engagement at a shared responsibility level. When people get involved in designing and monitoring the system, they feel guilty about witnessing it being destroyed and encourage others to use it properly. Mhlongo (2025, p. 6) argues that this collective feeling of responsibility reinforces another Ubuntu value of caring for each other.

6.3.18 Create Feedback Loops for Improvement

Finally, continuous participation establishes feedback loops for self-improvement first. Nkosi (2023, p. 18) notes that throughout the implementation of the NHI itself, the community is incessantly giving feedback to the government, which allows for early problem identification and timely corrective action. This flexibility keeps the system ready and sustainable.

6.4 LIMITATIONS AND AVENUES FOR FUTURE RESEARCH

While this study provides an in-depth ethical critique of the NHI Bill from an Ubuntu point of view, its limitations need to be acknowledged. Most prominent among these is the research design of choice: a desktop-based qualitative research design. The outcome, therefore, is interpretive and conceptual from published documents, as compared to first-hand empirical fact. This leaves the research documenting intellectual ethical dilemmas, but not in a position to measure their actual frequency of occurrence or impact on patients, health care practitioners, and managers once the NHI is implemented. The absence of such lived experiences, while a necessary trade-off for a philosophical study, is one such that the practical significance of certain ethical dilemmas will vary with theoretical representation. The research also operates at a policy-analysis level; it does not touch on the specific operational norms, billing codes, or channels of referral that will eventually form the NHI's ethical character in actuality.

These limitations do provide wide windows for future research. Once the NHI is in its implementation phases, a pressing need will be empirical studies that investigate the ethical concerns. Future research will employ mixed-method designs, including surveys and intensive interviews with doctors, nurses, and other healthcare professionals from the private and public sectors, to assess the on-the-ground ethical requirements, such as moral distress and rationing decisions. The same may be applied to longitudinal research on patient experience, particularly from marginalized and rural communities, to determine whether the NHI promise of dignity and equity is being realised. Another fertile field of research is comparative ethical analysis of

the methodology used in the justification of health reform in other BRICS nations (e.g., Brazil's Sistema Único de Saúde) with that applied in South Africa, based on Ubuntu. This would afford useful information on how different cultural and philosophical settings affect the quest for universal health coverage. Finally, research that focuses in particular on the ethical issues of the NHI's digital health infrastructure data privacy, algorithmic bias in resource allocation, and the digital divide will become increasingly critical as the system becomes more reliant on technology. By addressing these areas, future scholarship can build upon the groundwork of the moral critique constructed here, moving from theory to the necessary job of auditing the NHI's real moral performance.

6.5 FINAL CONCLUSION

The main aim of this study was to critically explore the ethical implications of the National Health Insurance (NHI) Bill in South Africa. The research focused on assessing whether the NHI promotes key ethical values such as fairness, equality, justice, and respect for human dignity. This study was motivated by the recognition that evaluating the NHI cannot be limited to technical, financial, or administrative considerations alone. Instead, it is necessary to consider the moral responsibilities associated with providing healthcare to all South Africans, particularly those in vulnerable and underserved communities. In this regard, Ubuntu was briefly used as a theoretical framework to guide the analysis, helping to highlight principles such as solidarity, shared responsibility, and community support in evaluating ethical concerns.

The study began by pointing out the stark inequalities in South Africa's health system. Many individuals, especially those who are living in rural or impoverished communities, face monumental obstacles to receiving quality health care services. Such inequalities are rooted in historical, social, and economic disparities, which have yielded a system of health of the National Health Insurance (NHI) Bill in South Africa. The research was focused on ascertaining whether the NHI conceptualizes key ethical concepts such as fairness, equality, justice, and respect for human dignity. The NHI was introduced as a policy that is meant to reverse these inequities, aiming to provide universal healthcare access and guarantee all South Africans receive important medical services without necessarily going through financial struggles. Though the policy intentions are clear, this research discovered strong questions about whether the NHI can fully achieve its moral goals in practice.

The literature review revealed that despite general agreement on the need for universal healthcare, there is not much agreement on financing and implementing the NHI. Scholars and

polymakers have pointed out both strengths and weaknesses. On the one hand, the NHI would result in reduced inequality, improved access to healthcare for the formerly underserved, and a greater sense of collective responsibility in healthcare financing. On the negative side, there are concerns of corruption, lack of accountability, poor management, and possible marginalization of certain groups if their voice is not included in decision-making. Such findings highlight the importance of bringing a moral approach to the provision of healthcare as a moral right, rather than being a technical or economic service.

Using Ubuntu as an ethical framework helped the study examine the NHI's alignment with values such as fairness, solidarity, and respect for human dignity. Ubuntu's emphasis on interconnectedness and caring for others provided a useful perspective to assess whether the NHI promotes shared responsibility and social cohesion. Though the research recognizes that Ubuntu is not the sole ethical framework, it was successful in bringing to the fore the ethical values that ought to direct healthcare policy, including prioritizing the interests of the poor and making healthcare decisions that benefit the broader community.

The study embraced a qualitative, exploratory, and desktop research approach to systematically investigate the ethical implications concerning South Africa's National Health Insurance (NHI) Bill. With a qualitative paradigm, the study was able to delve into the realms of meanings, values, and philosophical principles, especially those regarding Ubuntu ethics, rather than relying on numbers or statistical computational analysis. The desktop research method enabled the study to access a greater number of secondary sources, ranging from academic literature to government policy documents, parliamentary debates, reports from civil society, and credible media analyses, ensuring that the study took into consideration both theoretical and practical aspects.

The exploratory approach was indicated for this study since ethical aspects relating to the NHI Bill are a little-researched field whose validity is evolving. This approach granted the researcher the opportunity to pinpoint emerging ethical issues, clarify the moral assumptions underpinning the Bill, and generate conceptual insights that could later inform policy or empirical work. The DECA framework, namely Describe, Evaluate, Consult, and Act, provided the structured analytic framework ensuring that the Bill was described systematically, explained ethically via Ubuntu principles, considered critically from the viewpoint of counterarguments, and finally assessed as to whether it could promote social justice.

The chosen method and methodology allowed for a careful and thorough analysis of the NHI Bill that considers its history, context, and real-life environment, including ethical considerations. Providing a common ground on which to conclude and make recommendations regarding justice, equity, and communal responsibility in South African health-care reform.

The ethical analysis of the NHI has come out with both positive ethical consequences as well as ethical threats. On the other hand, the NHI aims at expanding access to healthcare to the whole population of South Africa, particularly poor and rural disadvantaged communities. By removing differences in access, the policy has the ability to facilitate social equality and justice. It also encourages mutual responsibility in funding health, the principle that all are responsible for the well-being of the public. But it also established ethical concerns that would compromise the goals of the policy. These are risks of corruption at the time of fund distribution, insufficient transparency at the time of decision-making at management, and weak mechanisms for public input. If not well managed, these risks will lose the public's trust and the NHI will fall short of its ethical objectives.

Further, the research highlighted that the ethical aspects of the NHI are inseparable from its successful implementation. Even with sound policy formulation, resource constraints, bureaucratic processes, and public disengagement could jeopardize its moral intent. The research argues that ethics must still remain at the forefront in formulating and implementing the NHI, ensuring the sanctity of ideas of fairness, equity, and accountability at each stage of implementation.

As noted above, this study demonstrates that the NHI is both a technical and a moral endeavour. Its success is not only a question of fiscal and technological effectiveness but also of how well it embodies ethical principles. While Ubuntu provided guidance for pursuing social solidarity and collective responsibility, the underlying theme remains ensuring that the NHI promotes equity, equality, and dignity for all South Africans. The study illustrates that the management of ethical risks such as corruption, bad governance, and exclusion of vulnerable voices is key to the success of the policy.

Lastly, the study suggests that ethical reflection should be an ongoing process of policymaking and implementation of NHI. As the pillars of transparency, accountability, and equality of access, NHI has the potential to reduce inequality, enhance trust between policymakers and the general public, and ensure quality healthcare for all South Africans regardless of socioeconomic status. The normative standards attained in this study prove that moral values

must be driving healthcare reform and that the NHI is not a technical solution but a path to social justice and equity in South Africa.

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