

## SOUTH AFRICA Health System in 2020



The [Department of Health \(DoH\)](#) derives its mandate from the [National Health Act of 2003](#), which requires that the department provides a framework for a structured and uniform health system for South Africa. The Act sets out the responsibilities of the three levels of government in the provision of health services.

The DoH contributes directly to the realisation of Outcome 2 (a long and healthy life for all South Africans) of government's 2014-2019 Medium Term Strategic Framework.

In line with the vision of the [National Development Plan](#) (NDP) of ensuring a long and healthy life for all South Africans, the department focuses on sustainably expanding HIV and AIDS and tuberculosis (TB) treatment and prevention, revitalising public healthcare facilities, and ensuring the provision of specialised tertiary hospital services.

The Bill of Rights in Section 27 of the Constitution of the Republic of South Africa of 1996 states unequivocally that access to healthcare is a basic human right.

Provincial health departments are mandated to provide healthcare services, while the role of the national department is to formulate policy, and coordinate and support provincial departments in fulfilling their mandates.

## **PUBLIC HEALTHCARE FACILITIES**

[Statistics South Africa's](#) (Stats SA) General Household Survey (GHS) of 2018 shows that nationally, 71,5% of households said that they would first go to public clinics, hospitals or other public institutions, while 27,1% of households said that they would first consult a private doctor, private clinic or hospital.

Only 0,7% of responding households said that they would first go to a traditional healer. The use of public health facilities was least common in Western Cape (56,1%), Free State (63,5%) and Gauteng (63,9%), and most common in Limpopo (86,1%), Eastern Cape (79,8%) and KwaZulu-Natal (79,0%).

Users of private healthcare facilities seemed to be more satisfied with those facilities than users of public healthcare facilities across all provinces. Whereas 97,6% of users were satisfied or somewhat satisfied with private facilities (92,6% were very satisfied), only 80,3% of users of public healthcare facilities were somewhat satisfied or very satisfied.

Only 53,8% of individuals that used public healthcare facilities were very satisfied. Of those that used private healthcare facilities, households in Mpumalanga were most likely to be 'very satisfied' (95,8%) followed by households in Eastern Cape (95,5%), Western Cape (93,7%) and Gauteng (93,2%). Households in Limpopo (72,1%) were most likely to be very satisfied with public healthcare facilities while those in North West (40,3%) were least likely to be very satisfied.

## **PREVENTING AND TREATING COMMUNICABLE AND NON-COMMUNICABLE DISEASES**

Combating HIV and AIDS remains a priority of government. The department is committed to the 90/90/90 targets of the Joint United Nations Programme on HIV and AIDS: ensuring that 90% of people living with HIV are diagnosed, 90% of those diagnosed are initiated on antiretroviral treatment, and 90% of those initiated on treatment have suppressed viral loads.

The department is expected to increase the number of people receiving antiretroviral treatment from 4.3 million in October 2018 to seven million in 2021/22, and to fund HIV prevention interventions such as HIV counselling and testing, condom distribution and medical male circumcision. TB is the leading underlying cause of death in South Africa and government aims to coordinate national interventions against this disease by improving its detection, treatment coverage and treatment success rate.

The department aims to eliminate malaria in South Africa by 2023/24 by scaling up cost-effective interventions for malaria prevention, surveillance, diagnosis and treatment. In June 2019, government launched the Human Rights Plan, which has a clear roadmap on how to address human rights violations for people infected and affected by HIV and TB, and for vulnerable and marginalised populations. The aim of the plan is to eradicate the stigma and discrimination associated with HIV and TB, and to call out the prejudice that has fuelled it.

In recognition of the pivotal role community health workers play in ensuring access to primary healthcare services in South Africa's most vulnerable communities, the community outreach services component was created in 2018/19. The aim of this component include harmonising and standardising the training, performance monitoring and remuneration of community health workers.

## **LIFE EXPECTANCY**

By 2019 life expectancy at birth is estimated at 61,5 years for males and 67,7 years for females. The infant mortality rate (IMR) has declined from an estimated 56,5 infant deaths per 1 000 live births in 2002 to 22,1 infant deaths per 1 000 live births in 2019. Similarly, the under-five mortality rate (U5MR) declined from 79,0 child deaths per 1 000 live births to 28,5 child deaths per 1 000 live births between 2002 and 2019. The decline in the percentage of AIDS-related deaths since 2007 can be attributed to the increase in the roll-out of antiretroviral therapy (ART) over time.

The national roll-out of ART began in 2005 with a target of one service point in each of the 53 districts of South Africa at the time (later reduced to 52 districts). The estimated number of AIDS-related deaths declined consistently since 2007 from 267 417 to 126 805 AIDS-related deaths in 2019.

Access to ART has changed significantly over time, altering the pattern of mortality over time. It has extended the lifespan of many in South Africa, who would have otherwise died at an earlier age, as evidenced in the decline of AIDS-related deaths post-2006.

For 2019, an estimated 13,5% of the total population is HIV positive. Over a fifth of South African women in their reproductive ages (15-49 years) are HIV positive. HIV prevalence among the youth aged 15-24 has remained fairly stable over time. The total number of persons living with HIV in South Africa increased from an estimated 4,64 million in 2002 to 7,97 million by 2019.

## **Equitable access to tertiary healthcare services**

Tertiary healthcare services are highly specialised, hospitalbased services that require strong national coordination due to their unequal distribution across South Africa. As a result, many patients receive care in neighbouring provinces if the services they require are not available in their home province. The DoH subsidises the country's 29 tertiary hospitals through the national tertiary services grant to ensure that provincial departments that treat patients from other provinces are adequately funded for this. It funds medical specialists, equipment, and advanced medical investigation and treatment according to approved service specifications.

## **NATIONAL HEALTH INSURANCE (NHI)**

The NHI aims to ensure that all citizens and residents of South Africa, irrespective of socioeconomic status, have access to good-quality health services provided by both the public and private sectors, thereby eradicating financial barriers to health care access. The

NDP envisions a health system that works for everyone, produces positive health outcomes and is accessible to all.

By 2030, the NDP expected South Africa to have, among other things, raised the life expectancy of South Africans to at least 70 years; produced a generation of under-20s that is largely free of HIV; achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-five mortality rate of less than 30 per thousand; achieved a significant shift in equity, efficiency and quality of health service provision. Potential benefits from the NHI Fund would include:

- treatment for schoolchildren with physical barriers to learning such as eyesight, hearing, speech and oral health;
- free ante-natal care in the form of eight visits to a doctor to each of the 1,2 million women who fall pregnant annually. Family planning, breast and cervical cancer screening and where appropriate, treatment, will be provided;
- better services for mental health users, such as screening;
- assistive devices for the elderly like spectacles, hearing aids and wheelchairs.

## **MEDICAL SCHEMES**

Between 2002 and 2018, the percentage of individuals covered by a medical aid scheme increased marginally from 15,9% to 17,1% in 2016 before declining to 16,4% in 2018, according to Stats SA's GHS of 2018. During this period, the number of individuals who were covered by a medical aid scheme increased from 7,3 million to 9,4 million persons.

More than one-fifth (22,6%) of South African households had at least one member who belonged to a medical aid scheme.

Approximately one-quarter (24,0%) of individuals in metros were members of medical aid schemes, exceeding the national average of 16,4%. Membership was most common in Tshwane (29,6%) and the City of Cape Town (27,7%), while the lowest membership was measured in Nelson Mandela Bay (20,6%) and eThekweni (20,7%).

A total of 72,9% of white individuals were members of a medical aid scheme compared to just over one-half (52,0%) of Indian/Asian individuals. By comparison, only 9,9% of black Africans were covered by a medical aid scheme. By September 2019, there were over 80 medical schemes in South Africa, with over eight million beneficiaries.

## HEALTH ENTITIES

- The Compensation Commissioner for Occupational Diseases in Mines and Works is mandated to compensate workers and ex-workers in controlled mines and works for occupational diseases of the cardiorespiratory organs and reimburse for loss of earnings incurred during TB treatment.
- The [Council for Medical Schemes\(link is external\)](#) is a regulatory authority responsible for overseeing the medical schemes industry in South Africa. Its functions include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private healthcare and advising the Minister of Health on any matter concerning medical schemes.
- The [Office of Health Standards Compliance\(link is external\)](#) is mandated to monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the national health system; and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.
- The [South African Medical Research Council\(link is external\)](#) is mandated to promote the improvement of health and quality of life through research development and technology transfer. Research and innovation are primarily conducted through council funded research units located within the council and in higher education institutions.
- The [National Health Laboratory Service\(link is external\)](#) is mandated to support the DoH by providing costeffective diagnostic laboratory services to all state clinics and hospitals. It also provides health science training and education, and supports health research. It is the largest diagnostic pathology service in South Africa, servicing more than 80% of the population, through a national network of 268 laboratories. Its specialised divisions include the National Institute for Communicable Diseases, the National Institute for Occupational Health, the National Cancer Registry and the South African Vaccine Producers as its subsidiary.
- The [South African Health Products Regulatory Authority\(link is external\)](#) was established in April 2017 as a public entity responsible for the regulation of medicines, medical devices and radiation control. These functions were previously performed by the Medicines Control Council.
- The [Health Professions Council of South Africa\(link is external\)](#) guides and regulates the health professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards.

- The [South African Nursing Council\(link is external\)](#) sets and maintains standards of nursing education and practice in South Africa. It is an autonomous, financially independent, statutory body.
- The [South African Pharmacy Council\(link is external\)](#) is an independent, self-funded, statutory body mandated to regulate the pharmacy profession in the country with powers to register pharmacy professionals and pharmacies, control of pharmaceutical education, and ensuring good pharmacy practice.
- The [South African Dental Technicians Council\(link is external\)](#) is a regulatory body responsible for regulating the Dental Technology profession in South Africa.
- The [Allied Health Professions Council of South Africa\(link is external\)](#) controls all allied health professions, which include Ayurveda, Chinese Medicine and Acupuncture, Chiropractic, Homeopathy, Naturopathy, Osteopathy, Phytotherapy, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb.
- The Interim Traditional Health Practitioners Council gives traditional health practitioners registered with it the authority to issue medical certificates in line with the provisions of the [Basic Conditions of Employment Act of 1997](#).

Source: [Official Guide to South Africa](#)