

# South Africa

A paper produced by DFID's Health Systems Resource Centre for the UK Department for International Development

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The Republic of South Africa occupies a substantial part of Africa south of the Tropic of Capricorn. It has a population of about 43 million people, 77 per cent of who are black, 11 per cent white, nine per cent mixed race and three per cent of Asian descent. It is comprised of nine provincial governments. South Africa is a middle-income country with exceptionally high levels of poverty and inequality. Forty six per cent of the population live in rural areas.



## Introduction

From the early 1960s due to its apartheid policies, South Africa became increasingly isolated from the rest of the world. With the collapse of the Rand in 1989, repeal of the apartheid laws started, culminating in the free elections of 1994. The African National Congress (ANC) won a decisive victory and Nelson Mandela became the first President of the Republic of South Africa. Under the ANC, the liberalisation process has continued and the new constitution enshrines the right to freedom from discrimination on grounds of race, religion, sex, sexual orientation or disability.

The elections in 1994 were tarnished by some political violence. In contrast the election in 1999 was relatively peaceful. Nelson Mandela stood down and the new ANC leader, Thabo Mbeki, became the country's second black President.

Despite the progress made in the first five years of the Republic, the country still faces enormous problems. In his inaugural speech, President Mbeki identified four crippling problems: crime, HIV/AIDS, poverty and unemployment. Recent speeches by the President in which he has questioned the link between HIV and AIDS, have been very controversial.

Public services in South Africa are under-skilled and over-staffed and much public spending is unproductive. There is little prospect of significant early impact on poverty without progress on the Government's growth and redistribution objectives, but the external economic environment and internal structural problems have combined to slow growth almost to a standstill.

## Poverty

Fifty per cent of the population is defined as poor, using a South African poverty line equivalent to about \$2.40 per person per day. Poverty is mainly rural, with 72 per cent of the poor living in rural areas. About 70 per cent of the rural population are poor. Poverty is most severe in those provinces containing the former homelands. Over 30 per cent of the population is unemployed.

South Africa is a very unequal society with a Gini Index of 59.3<sup>1</sup>. Whilst some progress has been made in improving housing conditions many people still live in inadequate

<sup>1</sup> Source: The World Development Report 2000/01, World Bank, based on figures from 1993-94. The Gini Index measures the extent to which the distribution of income among individuals or households within an economy deviates from a perfectly equal distribution. A Gini Index of zero would represent perfect equality, and an index of 100 would imply perfect inequality.

circumstances. One third of the population do not have access to safe drinking water. This figure doubles in rural areas where nearly half of all households are without sewage facilities. About 30 per cent of the adult population are not literate. Although the education budget is large compared with other similar countries, the system remains weak.

Poor people suffer from greater ill health due to multiple factors such as inadequate housing, nutrition, water supply, and sanitation, as well as stress, loss of dignity and self-esteem. The poor also have major problems in accessing appropriate health care through the geographic positioning of health care services, and through the lack of ostensibly 'free' services. Once poor people enter the health system, they are more likely to receive sub-standard medical care compared to those in the middle-classes (De Villiers, 1995).

The removal of the authoritarian state in South Africa has brought both political and social freedoms, but has also increased commercial opportunity without all the necessary changes in the regulatory and legal framework. As a consequence organised crime has filled the gap. Unemployment and poverty fuel the crime rate.

The Government's response to the challenges of unemployment and poverty is contained in the Growth, Employment and Redistribution (GEAR) policy<sup>2</sup> and in the establishment of several institutions to protect human rights. The Constitution is the country's major human rights policy.

At the end of 1995 the National Progressive Primary Health Care Network (NPPHCN) began a campaign promoting 'health rights' as 'human rights'. Its aim was to increase awareness and deepen understanding of health rights and responsibilities. The third phase of this campaign was conducted in 1998, and 1999 was spent popularising the 'health charter'.

## HIV/AIDS

At the end of 1998, it was estimated that 4.2 million people were infected with HIV in South Africa. A growing percentage of these are babies and young children, and an estimated 420,000 children are orphaned as a result of AIDS.

The virus is a relatively new arrival, with its spread hastened by the opening up of the post-apartheid economy to greater trade and migration flows from the north. In its earliest stages, HIV in South Africa was commonest among white homosexual men. It is now predominately found among black heterosexual men and women.

New HIV infections are rising at an alarming rate, and in some provinces this represents a huge

challenge for the health services. Across the country 22.4 per cent of pregnant women are HIV positive. There is a huge variation between the provinces: in Natal Province the figure is 32 per cent and in the Western Cape it is 7.1 per cent. Some hospitals are now estimating that up to 35 per cent of beds are occupied by people with HIV-related infection. For example, tuberculosis (TB) is growing, with high mortality among poor women and children.

## Key health indicators

The following is a selection of some of the more important indicators.

Indicator	Value
Total fertility rate	2.9 3.3*
Teenage fertility rate (1998)	13.2
Literacy rate (1996)	65.8*
Households with piped water (1996)	61.9%
Infant mortality rate per 1000 births(1998)	45.4 59*
Under 5 mortality per (1998) 1000 live births	59.4 Males: 98* females: 76
Maternal mortality ratio per 100,000 live births (1998)	150 230*
Reported cases of TB per 100,000 (1998)	169
Reported cases of malaria per 100,000 (1998)	160
Immunisation coverage of children 12-23 months (1998)	63.4%
Women who receive antenatal care (1998)	94.2%
Women 15-45 who use contraceptives (1998)	62.1%
Clinics with family planning services per week day (1998)	83%

Source: Figures from 5th Annual South African Health Review 1999, published in February 2000;

\* figures from the World Health Report, 1999, WHO

On average about 20 per cent of children under five years old are malnourished (this figure will be much higher for the poor). Nearly 40 per cent of pregnant women are anaemic.

While average per capita health expenditure is high for South Africa, there are big differences

<sup>2</sup> The GEAR policy contains a fundamental anti-poverty strategy.

between the health of the rich and the poor. This is not surprising given the large differential in per capita household health expenditure between different income quintiles as shown in the following table.

Annual per capita household health expenditure US\$ by quintile (poorer to richer)

Q1	Q2	Q3	Q4	Q5	Ratio Q5/Q1
6	10	19	21	280	47:1

Source: Makinen 2000. Survey figures from the mid 1990's

## Health service structure and provision

At the end of apartheid the health service was biased towards secondary and tertiary care. It was doctor orientated with resources and access to services heavily weighted towards the white minority. The challenge has been to refocus the service towards an equitable and primary care orientated service.

An early vision was the creation of the district health system offering a package of primary care provided by a district health authority. Unfortunately, making progress on this objective has been challenging although recent government reorganisation seems to be having some impact.

With regard to the distribution of health sector personnel, disparities often occur between the urban and historically better funded provinces and those that are predominately rural. Figures from the South African Health Review 1999 show that 2.8 doctors per 10,000 people work in public service in Western Cape whereas in Northern Province there are only 0.94 doctors in the public sector per 10,000 people. Furthermore, higher private sector wages have led to an outflow of qualified personnel, often increasing the work burden for those remaining. An additional concern is the migration of qualified personnel to other countries.

Whilst there are policies in place to address many of the difficulties faced, an underlying challenge is to develop governmental managerial and technical capacity for implementing policy initiatives, particularly in disadvantaged areas. Some progress has been made in strengthening management capacity and delegating decision making to lower levels. However, responding to the needs of the disadvantaged black majority population through affirmative action, together with widespread changes to senior health management personnel at both national and provincial level, means that this process will take time.

A Choice on Termination of Pregnancy Act was passed in 1997 and since then there has been a

steady increase in the number of terminations. A survey in 1998 of 294 clinics and 84 regional and district hospitals provides information about the service delivery and indicates the variations that exist between provinces and between rural and urban facilities. While 100 per cent of clinics in the Northern Cape have all TB drugs available this is true for only 20 per cent of clinics in the Northern Province. HIV testing is available in less than half of the clinics in the Eastern Cape, North West, KwaZulu-Natal and Northern provinces.

## Private/public partnership

The private sector has grown in the last ten years because of a widely perceived reduction in the quality of public services which encourages those who can afford it to use the private sector.

The quality of private health care is not universally high. While 63 per cent of patients with sexually transmitted infections use the private sector, a study shows that at most only 30 per cent of private doctors are giving effective treatment for sexually transmitted infections (STIs).

A significant number of people, including the poor, seek primary care services from the private sector. Whilst the figures are open to some debate, there is no doubt about the important role played by the private sector, the need for its regulation and for the education of the public.

Partnership between the private and public sector was recognised as a policy objective in the White Paper for the Transformation of the Health System in South Africa and is again discussed in a draft policy framework on 'Public/private partnerships in the health sector' issued in 1999.

## Health sector financing

Expenditure on health care by government (one third of total health care expenditure) at about US\$100 per person per year greatly exceeds the recommended level of the World Bank. Despite this relatively high level of expenditure for a middle income country many South Africans suffer from chronic diseases.

Provincial government determines how much of the provincial budget allocated nationally should be spent on health. Fiscal federalism, which was introduced in 1997, has slowed and, in some instances, reversed the considerable progress that was made during 1995/6 and 1996/7 in equalising the allocation of resources.

## DFID involvement

The purpose of DFID's support to the health sector is to enable more people to have better access to health care. In order to achieve and sustain improvements to the health of poor people using limited resources, health policy-makers and health

care practitioners need to develop new approaches to the organisation, financing and management of health care systems. DFID South Africa is working in partnership with the Department of Health to extend the coverage of basic health services by making the necessary knowledge available and accessible to key health professionals. The strategy includes exploring the potential for regional interaction. Since the opening of an office in Pretoria in 1993, DFID South Africa's support for the sector has increased from one modest NGO initiative to a portfolio of more than 20 programmes, with a total commitment approaching £30 million. The intention is to reduce the relatively large project portfolio to two new programmes: support to HIV/AIDS/TB initiatives and Transformation of Health Services (THS) with target starting dates before the end of 2001. Existing projects (many of which are ending) fall within these two programmes as follows:

- **HIV/AIDS/TB**
  - National AIDS resource centre
  - Contraceptive social marketing
  - Provincial reproductive health
  - National reproductive health
  - STD/HIV in mineworkers
  - Abortion care
  - TB control programme
- **THS**
  - M&OD national
  - M&OD provincial
  - Transport management
  - Know How fund
  - Community based primary health care (PHC)
  - Community based mental health

## Role of other development agencies

DFID contributes significant support to the health sector through a number of programmes implemented by UN agencies, specifically WHO, UNFPA and UNICEF. These include:

- Support for the essential drugs programme (SADAP), through WHO, aimed at introducing an essential drugs list to facilitate the adoption of standard diagnosis and treatment practices
- Strengthening the national TB control programme initially in 15 pilot districts through the implementation of appropriate community based treatment programmes (through WHO)

- Support for more effective reproductive health services for adolescents in North West, Northern Cape and Northern Province, as part of PHC services (through UNFPA)
- Introduction of integrated management of childhood diseases to enable more effective treatment to be provided for commonly occurring childhood illnesses (through UNICEF)

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