



PERSISTENT INEQUALITIES IN HEALTHCARE ACCESS IN SOUTH AFRICA

Research Profile



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Healthcare access in South Africa remains deeply inequitable, shaped by structural, economic, policy, and socio-cultural barriers. The country’s dual public-private healthcare system significantly contributes to these disparities, with resources concentrated mainly in private facilities that serve a minority, leaving public institutions overburdened and under-resourced [1]. This imbalance is further exacerbated by the rising demand for public healthcare services as the South African population grows; more South Africans are now reliant on the public sector, as evidenced by a shift from 64% of the population in 2005 to 74% in 2022, depicted in **Figures 1 and 2 below**. This increased dependence intensifies strain on the public system, which struggles to meet the demand, particularly in rural areas where healthcare facilities are often scarce [2].

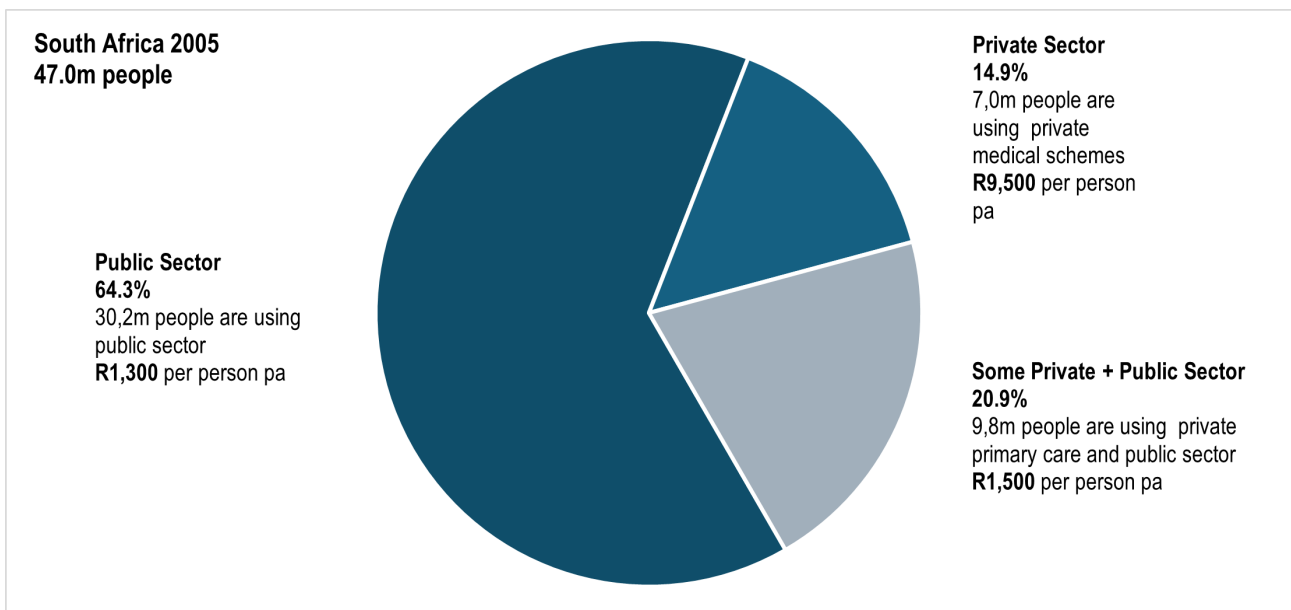


Figure 1: Proportion of beneficiaries using health services by sector- South Africa- 2005

Source: McLeod [3]

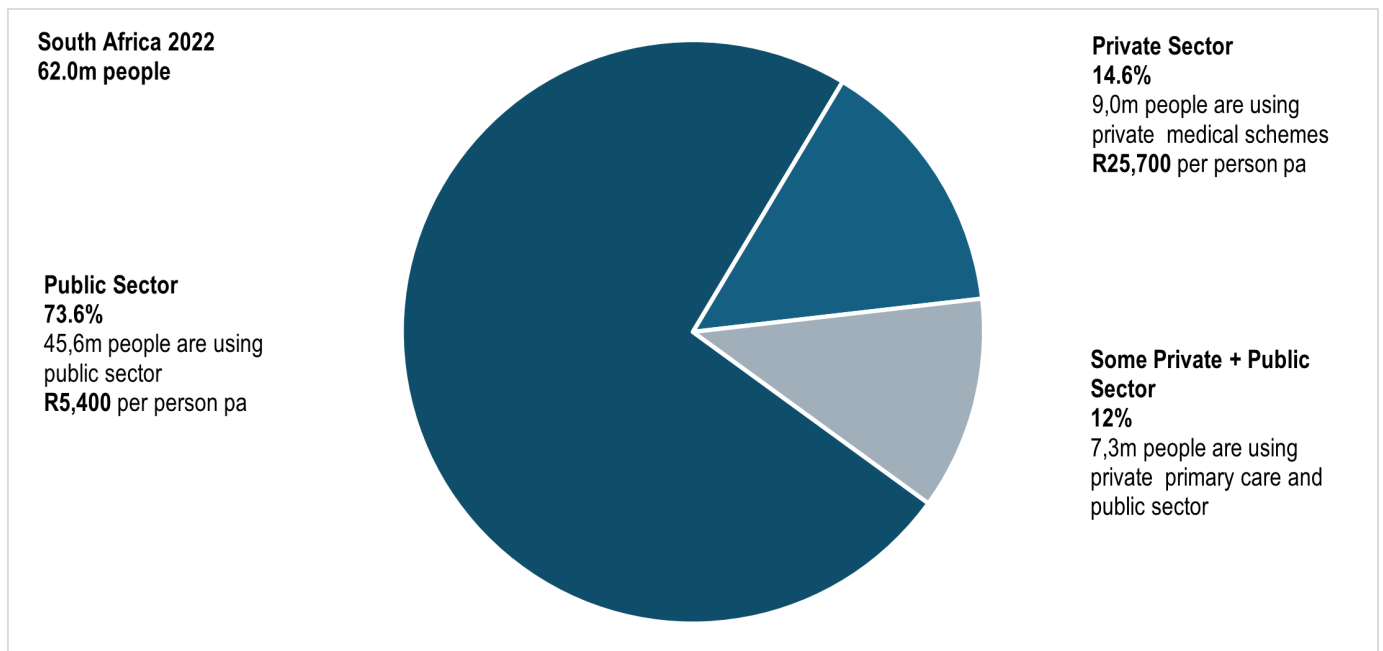


Figure 2: Proportion of beneficiaries using health services by sector- South Africa- 2022

Source: National Treasury, StatsSA [4-5].

The percentage of individuals utilising private healthcare has declined to under 15% relative to population growth, highlighting the increasing strain on public resources [5]. The median number of medical scheme members utilising public hospitals annually is approximately 85,000 beneficiaries, with an annual median expenditure of R322 million from 2015 to 2023 (excluding 2021 and 2022) [6]. This represents about 1% of the population covered by medical schemes (private health insurance) utilising public hospitals [7]. As more individuals turn to public healthcare, the pressure on state facilities escalates, often leading to delays in treatment due to extended wait times, as experienced by many South Africans.

Economic inequalities deepen this disparity in healthcare access; high-income disparities mean only a minority of the population can afford private healthcare, while the majority rely on public services that are already overburdened [1-3, 8-9]. The gap is also apparent in resource allocation, as a significant share of healthcare providers serves the minority insured by medical schemes, complicating the public sector's ability to meet requirements and exacerbating levels of inequity. Research demonstrates that most medical specialists mainly practice in the private sector; the 2019 PERCEPT study highlighted that the national number of medical specialists 16.5 per 100 000 lives; however, the discrepancies are significant, showing 7 medical specialists per 100 000 lives in the public sector, with 69 per 100 000 lives in the private sector.

The graph below highlights medical specialists with significant differences (Figure 3) [10]. From the specialists that practice in the public health sector, a proportion (approximately 35%) may have private practices through the remunerative work outside the Public Service (RWOPS) programme, resulting in even less time, energy and resources being committed to assisting patients in public [10]. The public healthcare system is pressured to meet the majority's needs, highlighting the pressing demand for comprehensive reforms.

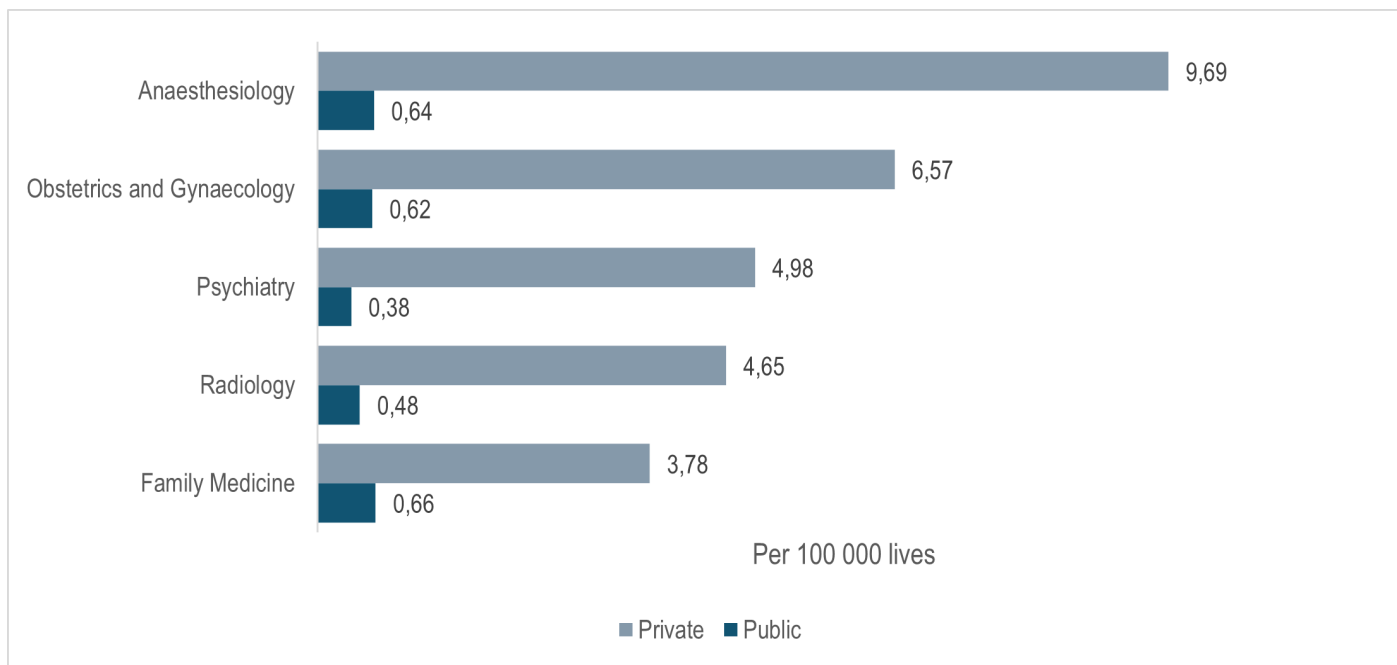


Figure 3: Distribution of medical specialists by sector-South Africa.

Source: Adapted from Wishnia et al.[10]

The National Health Insurance (NHI) in South Africa aims to address significant disparities in healthcare access by providing universal healthcare coverage. In May 2024, resident Cyril Ramaphosa enacted the NHI Act in South Africa, marking an essential advancement in healthcare reform to rectify existing discrepancies [11]. The implementation of the NHI is scheduled to occur in multiple phases, each designed to progressively enhance coverage and fortify healthcare service delivery within the public sector [12-13]. This incremental implementation seeks to improve healthcare accessibility for the majority dependent on public services, lessening the pressure on state institutions, which are becoming increasingly overburdened as more South Africans transition from private to public healthcare. Addressing the structural and financial obstacles impeding equal healthcare access in South Africa is crucial as the NHI is implemented.

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