

HEALTHCARE

# System is not collapsing: Is SA getting healthier?

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IT IS COMMON knowledge that on the whole, South Africans do not have faith in government's capacity to adequately manage the public healthcare system. In fact, public perception is that the healthcare system is falling to pieces and that authorities have been proven incapable of providing quality healthcare.

According to the IPSOS Government Performance Barometer (2023), of the 43% of South Africans who thought the government was doing an acceptable job, only 16% voted 'very well'. Conversely, of the 55% who believed government was not performing adequately, a healthy 32% voted 'not at all well'.

And make no mistake, these nagging concerns are not without merit. Statista produces an annual "Health and Health Systems Index" of countries worldwide. In 2023, of the 167 countries measured, South Africa ranked a lowly 129th, being outperformed by many of its African counterparts – including Algeria (70th), Kenya (114th), Rwanda (116th) and Malawi (121st). South Africa is only ranked 19th in Africa overall.

However, according to the World Health Organization's 'Universal Healthcare (UHC) Service Coverage Index', South Africa's index score was 0.71 out of a possible 1 in 2021. This is slightly above the world average of 0.68 and considerably above the African average of 0.44. This marked a significant increase of 0.28 points out of 1 over the last two decades, from 0.43 in 2000 to 0.71 in 2021.

Using these two indexes as the

yardstick, it is fair to say that the quality of healthcare in South Africa falls far short of the world standards, but access to healthcare is marginally better than the world average.

The question is, in looking at public perception versus actual health provision indicators and the trends since the start of South Africa's new democracy, are the perceptions and data realities in sync? The simple answer is no. Despite the negative public sentiment, the data tells us that since 1994, the authorities have both qualitatively and quantitatively improved healthcare in South Africa.

Qualitative improvements in the delivery of the healthcare system are demonstrated by the bettering of people's health and mortality, and quantitative improvements are demonstrated by the bettering of resources made available to implement the country's healthcare system. And both show that the country has systematically become a healthier place in which to live.

In terms of maternal health, in the last two decades alone, the rate of still births has declined by 22%. The infant and under-five mortality rates have also declined by a massive 56% and 58.9% respectively.

There have been significant improvements in the treatment of disease. For example, the tuberculosis (TB) prevalence rate has improved by around 19% and the total number of new HIV infections per year has more than halved since 2009.

The mortality rate in South Africa suffered a serious setback over the period 1994 to 2008, with the HIV/AIDS pandemic ravaging the nation. In 1994 the number of deaths per one

thousand of the population was 8.6, rising sharply and peaking at 13.9 in 2008. Since then, following the mass roll-out of healthcare interventions, it has steadily declined and stood at 8.8 in 2020. It again showed a marginal regression over the period 2020 to 2022 by rising to around 11 per one thousand of the population – the impact of the Covid-19 pandemic. The UN, however, projects that the death rate will improve by the end of this year (2024) to just over 9.

The data related to life expectancy, on the other hand, tells a different and more positive story. In 2002, the life expectancy of a South African by birth was 55.5 years. This has improved by 13.2% since then, increasing to 62.8 years in 2022. Quantitatively, improvements have been seen in resourcing and efficiencies. In 1996/7, the amount spent by the state on healthcare per citizen amounted to around R2882 in present day value, which has ballooned to around R4082 per citizen in 2024.

The number of doctors in the public healthcare system rose sharply by 93% from 2002–2022. The people to public doctor ratio came down sharply, with an improvement of 28%. The people to public nurse ration has improved by a weighty 119%. In 1998 there were 123 755 nurses in the public healthcare system, which increased to 271 047 in 2022. In 2002 there were 340 people per nurse, which reduced to 244 in 2022. Indeed, across most healthcare professions the people to healthcare professional ratio has, as in the public doctor and nurses ratios, shown significant improvements.

In terms of efficiencies, there was

a marginal improvement in the in-patient hospital bed utilisation rate in South African public and private hospitals, reducing by around 6% from 2015–2022. Over the last five years alone, the percentage of children receiving their prescribed vaccinations rose from 76.6% in 2018, to 87.6 in 2022. Over the same period, the number of people requiring ART who received the treatment increased from 91.2% to 95%.

Readers are cautioned not to conclude that public healthcare in South Africa is in a good space and that the authorities have the luxury to rest on their laurels. The more complex, nuanced answer to perception versus data, is that, although public healthcare in South Africa has seen significant improvements since 1994, it still has some way to go before standards comply with acceptable international benchmarks. Therefore, this is not a nod and a free pass to the health authorities, but rather contextualisation of the real, and not perceived, public healthcare environment in South Africa. The aim is to assist policymakers in their planning going forward, and to provide perspective to the general public. It does not suggest that all is well and good in the public healthcare system in South Africa; it does provide reassurance that the system is not collapsing.

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*Swanepoel is the chief executive officer of the Inclusive Society Institute. This article draws on the contents of the Institute's recently published occasional paper 'Is South Africa getting healthier? The divide between perception and data-driven evidence'.*