

# A Tale of Two Tiers: Inequality in South Africa's Health Care System

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As a medical student and a native South African, a recent trip “home” sparked my interest in the local health care system. I discovered a two-tiered system that exposes the class inequality that continues to linger after the demise of the Apartheid regime. This vast disparity is severely impeding accessibility and quality of care in South Africa's medical system.

Universal health care is the basis of South Africa's public sector. The public branch provides free basic health care for every citizen who cannot afford medical aid (health insurance) or does not receive medical aid through employment.<sup>1</sup> Government employees and government-related groups are also served by the public system. This translates into a staggering 80% (about 35 million people) of the population.<sup>1</sup> Public health care is primarily accessed in clinics within townships and at public hospitals.<sup>1</sup> Again, quality of care varies with location. Public teaching hospitals in the major cities offer good service but struggle with the overwhelming demand.<sup>1</sup> Rural hospitals contend with poor building conditions, broken equipment and even scarcer resources, which severely impede service.<sup>1</sup>

The private health care system is a different story. It serves the remaining 20% (seven million people) of the population, but it utilizes the majority of the resources and technology available within the country.<sup>1</sup> Private sector hospitals are tertiary care centers that offer specialist services.<sup>1</sup> This is in contrast to the public hospitals and clinics, which are limited to acute and primary care services. Furthermore, physicians and other medical staff are drawn to the private sector by better facilities and better wages.<sup>1</sup> This leaves the public sector with over-worked and under-compensated health care professionals.

These factors combine to create a public health care system that does not – and cannot – provide the same quality of care as the private health care system. Complicating this problem is the relatively limited access to health information in poor and remote

areas of the country. Thus, many people in these areas may rely on traditional healers. Many people with mental health issues may also seek these alternative services as opposed to modern methods.<sup>2</sup> Furthermore, traditional concepts can be incorporated into the training of modern health workers, providing care to patients with psychiatric issues. Currently, evidence suggests that traditional concepts regarding mental health need to be incorporated into the training of modern health workers providing care to patients with psychiatric issues.<sup>2</sup> Increased collaboration between traditional and modern medicine could greatly benefit a large portion of the population. Recognizing this opportunity, the Department of Health in South Africa has trained some traditional healers to provide primary health care.<sup>1</sup> This represents an important alliance – one that will hopefully improve health care accessibility in areas with dire need.

Reducing the great disparity between the quality of care in the public and private sectors is one of South Africa's greatest challenges. Encouragingly, it seems the

government is starting to make equal-access health services a greater priority. Hopefully, South Africa will continue to develop and expand upon their current programs, in order to realize the ideals of universal health care. Needless to say, this beautiful country has overcome incredible obstacles in the past in the name of freedom and equality. It is my sincerest belief that they are up for this challenge as well. ♡

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## REFERENCES

1. Kautzky K, Tollman SM. A perspective on primary health care in South Africa. In: Barron P, Roma-Reardon J, editors. South african health review 2008. Durban: Health Systems Trust; 2008. URL:[http://www.hst.org.za/uploads/files/chap2\\_08.pdf](http://www.hst.org.za/uploads/files/chap2_08.pdf)
2. Lutgei E, Friedmani I, Mbathai T. A review of health research in South Africa from 1994 to 2007. In: Barron P, Roma-Reardon J, editors. South african health review 2008. Durban: Health Systems Trust; 2008. URL: [http://www.hst.org.za/uploads/files/chap14\\_08.pdf](http://www.hst.org.za/uploads/files/chap14_08.pdf)

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