



Apartheid's Health System

PACSA FACTSHEET

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"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

World Health Organisation Constitution.

Health for all by the year 2000.

"Governments have a responsibility for their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organisations and the whole world community in the coming decade should be the attainment by all people of the world by the year 2000 of a level health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice."

Declaration issued after an international health conference held in Alma Ata (USSR) in September 1978.

Health Care in South Africa.

"The health sector reflects the inequalities found at all levels in the country and the poorest primary care is provided to those with the least political power... Much of the shortfall in primary care can be explained by racial politics as reflected in the segregation and fragmentation of the health services. What is needed is a single national structure responsible for the planning, co-ordination and implementation of health care.

Cedric de Beer, Community Health - Wits University.

1 Inequalities

The Mass Democratic Movement chose hospitals reserved for whites as the first target in its recent non-violent campaign because racial inequality is the foundation on which South Africa's segregated system, including its health services, exists. Dr. M Price of the National Medical and Dental Association (NAMDA) said this inequality is manifest in nearly all the main indicators of health, and cites life expectancy, infant mortality and immunisation coverage as some of them.

1.1 Health Indicators.

Group	Life expectancy	Infant mortality	Child mortality
		Deaths/1000 live births 0-12 months	0-4 years as % of total mortality
African	62	94-124	23.8
Indian	67	16	8.0
'Coloured'	62	41	19.0
White	72	9	2.6

1.2 Health Expenditure-1987

White: R597; 'Coloured': R340; Indian: R356;
African - Urban: R138; African -H/Lands: R88.

The first four figures are taken from a paper given by Prof. Rob Dorrington (UCT) at a health conference held in September 1989.

A breakdown of the per capita health expenditure of each 'homeland' is:

Bop/swana	Ciskei	T/kei	Venda	Gaz	Kang	Kwan	KZ	Leb	QwaQwa
57	112	53	60	125	57	114	114	111	84

1.3 Hospital Beds

In 1987 there were 882 hospitals in South Africa ('Homelands' incl.). Of these 531 are public hospitals which contained 140 476 beds (i.e 86.5% of the total). 51 hospitals are private but receive State assistance.

The majority of the beds are officially allocated on a racial basis. The national average bed to population ratio is 4.6 per 1000; however in white South Africa excluding the 'independent' homelands the ratio is 6.5 per 1000. The figures for Indian and 'Coloured' persons are 2.8 and 1.6 respectively.

The figures for the various 'homelands' are as follows:

Bop/swana	Ciskei	T/kei	Venda	Gaz	Kang	Kwan	KZ	Leb	QwaQwa
3.4	4.4	2.5	3.7	4.3	2.5	2.1	2.5	2.5	1.2

In a reply to a question in parliament the Minister of National Health stated that there were wards in State administered hospitals that were under-utilised and in others that were over-crowded but declined to elaborate saying 'the information is not readily available'.

1.4 Hospitals-Daily Expenditure

Addington-Durban (White):	R180	R K Khan-Durban (Indian)	R77
Greys-P/Maritzburg (White):	R170	General-JHB (White)	R209
King Edward-Durban (Black):	R88	Baragwanath-JHB (Black)	R45
Clairwood-Durban (Black):	R37	Coronation-JHB ('Col')	R84

1.5 Prestige Hospitals

The building of such hospitals in Johannesburg, Cape Town and Pietermaritzburg (the new Greys hospital-cost: R60 million plus) represents gross misallocation of resources. Smaller not bigger hospitals are required not only on the edge of the cities but also in the rural areas. The majority of doctors work in the urban areas and only about 6% practise in the rural areas, where almost half the population lives.

1.6 Doctors

The average number of doctors per 10000 population in South Africa (excl. the 'homelands') is 7.2 while the average in the 'Homelands' is 1.2 ranging from 0.2 to 3.7.

2 Fragmentation of health care.

South Africa has at least 14 health authorities, 14 Ministers of Health, as well as deputy ministers and assistants. These ministers include the Minister of National Health and Population Development, three "own affairs" ministers in Parliament and those in the 'homelands'. This creates a top heavy and expensive bureaucracy and leads to unnecessary duplication and inadequate coordination of services.

An example of the nonsensical nature of the situation can be shown by looking at the Northern Transvaal region: there are four or five homeland areas that intermingle - it is completely impossible to separate rationally or geographically. Nevertheless they are "independent" administratively, according to homeland policy. People living in Lebowa can literally walk across the road to a clinic in Gazankulu because it is closer than the Lebowa clinic. This creates a problem for the staff at this and other clinics and hospitals because they cannot do follow-up visits in another "country".

Wastage on duplicated services: Calculations by a Democratic Party researcher - James Selfe - indicated that at least R800m was wasted each year on running separate health services and this figure covered only the expenses entailed in providing separate facilities for each race!

