

Healthcare study says 'black provinces still worse off'

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The seal and flag of South Africa. Credit: April Killingsworth

In post-apartheid South Africa health inequalities still persist with the richest provinces, where the largest concentrations of white people live, receiving more government funded healthcare than the poorest provinces, according to a new study.

In 2007, Northern Cape had twice as many doctors and more than four times as many hospitals per head of [population](#) than the poorest province of Limpopo, according to research led by Dr. David Stuckler of Oxford University. Northern Cape received the most government funding per head of population at US \$168 per capita compared with US \$101 in Limpopo. The research paper, published in the [American Journal of Public Health](#), argues that President Nelson Mandela's ambitions to address historical inequalities in the health system are far from being

realised.

According to the authors, a combination of policy changes in the late 1990s has created a cycle where the provinces with the greatest health needs still continue to attract the least government health spending, whereas those provinces that have historically had the best healthcare continue to attract the most government funding. "This situation has become self-perpetuating," says the study. "Inequalities in health care are not only historical; they also appear to influence ongoing allocations."

"Health system capacity, measured by the numbers of doctors and hospitals, emerged as a significant driver of inequalities in health spending," says the paper. It also finds that places with existing private hospitals attracted more health funding but the same was not true for existing public hospitals.

The paper's authors write: "This cycle appears to have created an infrastructure-inequality trap, in which capacity determines new funds, thus widening existing inequalities in health care infrastructure."

The researchers have calculated that from 2002 to 2007 a province that had twice as many hospitals per person as another province but was otherwise equivalent would have attracted 24 per cent more health funding. In the same period it would also have gained 13 per cent more doctors and 27 per cent more hospitals than its peer province.

Pro-poor policies, such as weighting in favor of historically poorer provinces in the government funding formula, is "insufficient to counteract historical inequalities or to prevent them from worsening further," says the study. The total health spending formula for the provinces applies a weight of no more than three per cent to provinces that are historically disadvantaged.

The study also argues that a government spending formula introduced in the late 1990s did not take into account high levels of disease or greatest need. Provinces with the highest rate of diseases like HIV or AIDS had to rely on conditional health grants.

Lead author Dr. David Stuckler, from the Department of Sociology at the University of Oxford, said: "There was great optimism that the end of apartheid in South Africa would tackle profound inequalities in health. However, when you look at the data the situation has, in many respects, not changed much. Our study found that part of the problem owes to longstanding shortages of [doctors](#), clinics and infrastructure, making it impossible to address adequately the health needs of deprived black populations."

Provided by Oxford University

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