

South Africa's health: departing for a better future?



Not since the first democratic elections in 1994 has there been so much hope and expectation for a better health system, with improved health outcomes for all, in South Africa. The country is at an important crossroads. The new government under President Jacob Zuma has inherited a massive task to improve health and health care for about 49 million South Africans, and to provide a lead and example for other countries in sub-Saharan Africa. The challenges are great. Morale of doctors and other health workers is at an all-time low. Strikes are threatening to damage an already stretched public health system. And health outcomes are widely disproportionate to spending, which was sizeable during the years of relative economic stability.

Yet it is important to remember that this is a country that has had only 15 years of democracy. There is a diverse population with an oppressive history of colonisation and apartheid, which in itself has had important effects on social determinants of health.¹ During these past 15 years, there have been remarkable achievements: poverty reduction, new housing, sanitation and electricity, and the emergence of an affluent black middle-class. There have also been remarkable failures. The worst have been in the health sector, led by the utterly incomprehensible reluctance of Thabo Mbeki to acknowledge the importance of the HIV epidemic for his country and the ludicrous approach of his Health Minister Manto Tshabalala-Msimang. These failures to address HIV/AIDS early on and decisively have had far-reaching consequences for prevention and availability of treatment for HIV, for maternal, newborn, and child health, for the South African workforce, including health workers, and for overall economic productivity.²⁻⁴ In his book *The Mbeki Legacy*, Brian Pottinger, a former editor and publisher of the *South African Sunday Times*, describes Mbeki's term as President of South Africa as a story "fraught with contradictions".⁵

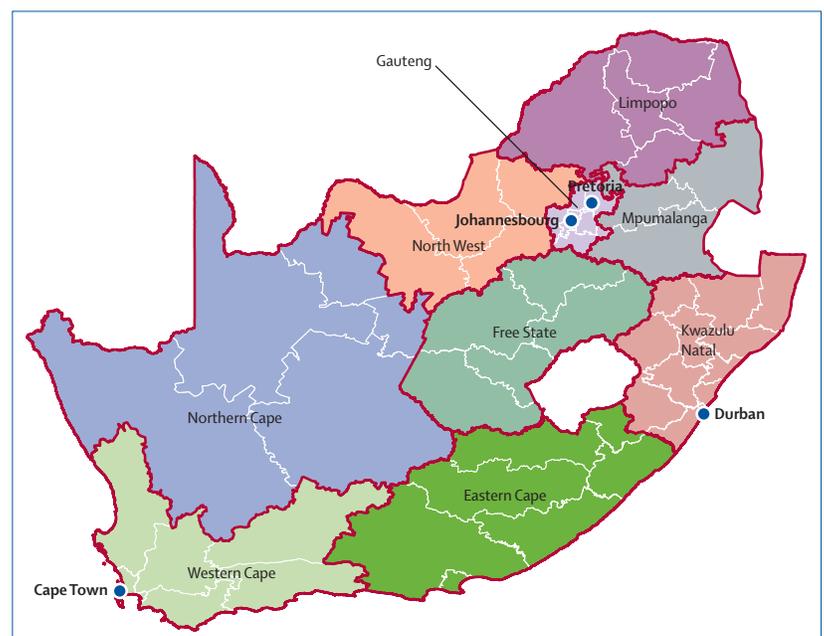
Nowhere is this more apparent than in the health sector. South Africa spends more on health than does any other African country—8.7% of its gross domestic product, just slightly less than Sweden (8.9%) and more than Hungary (7.8%), according to World Bank figures from *World Development Indicators 2008*.⁶ Yet it is one of only 12 countries in which mortality for children younger than 5 years has actually increased since 1990. Despite an active, innovative, and internationally respected

research community⁷ (especially in the fields of infectious diseases⁴ and violence and injury prevention),⁸ translation of evidence into local policies is hampered by ineffective leadership, inexperienced and unaccountable managers, and a weak health system. The effects of comprehensive antitobacco legislation, with potentially wide-reaching consequences for chronic diseases,⁹ is in stark contrast with the failure to acknowledge and tackle alcohol as an increasingly important factor, not only for chronic disease but also for the current, extremely high, burden of violence and injury.^{8,10}

The Lancet has worked with a group of South African researchers, physicians, and public health specialists over the past 2 years to publish a Series of five papers, which provide a detailed assessment of South Africa's health system,¹ the status of maternal, newborn, and child health,² its HIV and tuberculosis burden,⁴ the rising importance of chronic non-communicable diseases,⁹ and the effect of violence and injury in the population.⁸ Each of these papers highlights successes and failures, and suggests solutions and priorities for a way forward. In the sixth and final paper,¹¹ the authors summarise urgent action points for the South African Government; for universities, training institutions, health councils, and researchers; and for civil society. They give a stark warning about what will happen to South Africa's

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health system and its people if the government were to continue on its previous path. We hope that this Series and the accompanying comments^{7,12-15} will serve as the basis for serious discussion and ultimately decisive action to improve health outcomes for South Africans.

It is encouraging that the new Health Minister, Aaron Motsoaledi, a physician with long experience in provincial politics, touched on many of these fundamental issues in his budget speech on June 30.¹⁶ He will need to show financial and political commitment in the face of the international economic crisis¹² and additional destabilising effects, such as an H1N1 epidemic and the effects of climate change. A strong, stable, and equitable South African health system with tangible outcomes should be the most important legacy of this new government.

Three new strategies are needed to form the basis for change. First, to establish a dedicated and strengthened—in skills and numbers—health workforce for the public sector. Second, to ensure sustainable and equitable access to health services for all through the introduction of an affordable national health insurance system. And third, to give leadership and managerial positions to those who are most competent and who are not afraid of being held accountable. There is no place for corruption, nepotism, or misguided political correctness. Only after these changes have been implemented can the real work begin and the current downward trajectory be reversed.

The South African people have shown extraordinary resilience during difficult times. The current leaders have survived apartheid, and often imprisonment, to fight for the future of their country. Civil society, with its strong voice, has brought about many important changes in health.¹³ South Africa is a young democracy with pride and hope, and above all with high expectations for a fair, equitable, and peaceful society. Its people deserve a healthy future.

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- 1 Coovadia H, Jewkes R, Barron P, Sanders D, McIntyre D. The health and health system of South Africa: historical roots of current public health challenges. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)60951-X.
- 2 Chopra M, Daviaud E, Pattinson B, Fonn S, Lawn JE. Saving the lives of South Africa's mothers, babies, and children: can the health system deliver? *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)61123-5.
- 3 Bradshaw D, Chopra M, Kerber K, et al. Every death counts: use of mortality audit data for decision making to save the lives of mothers, babies, and children in South Africa. *Lancet* 2008; **371**: 1294–304.
- 4 Abdool Karim SS, Churchyard GJ, Abdool Karim Q, Lawn SD. HIV infection and tuberculosis in South Africa: an urgent need to escalate the public health response. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)60916-8.
- 5 Pottinger B. *The Mbeki legacy*. Capetown: Zebra Press 2008.
- 6 World Bank. 2008 world development indicators. Washington DC: World Bank, 2008.
- 7 Gevers W. Clinical research in South Africa: a core asset under pressure. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)61119-3.
- 8 Seedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. Violence and injuries in South Africa: prioritising an agenda for prevention. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)60948-X.
- 9 Mayosi BM, Flisher AJ, Lalloo UG, Sitas F, Tollman SM, Bradshaw D. The burden of non-communicable diseases in South Africa. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)61087-4.
- 10 Jewkes R, Sikweyiya Y, Morrell R, Dunkle K. Understanding men's health and use of violence: interface of rape and HIV in South Africa. June, 2009. http://www.mrc.ac.za/gender/men_exec_smry.pdf (accessed July 8, 2009).
- 11 Chopra M, Lawn J, Sanders D, et al, for *The Lancet* South Africa team. Achieving the health Millennium Development Goals for South Africa: challenges and priorities. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)61122-3.
- 12 Mooney G, Gilson L. The economic situation in South Africa and health inequities. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)61125-9.
- 13 Geffen N. Beyond HAART: scientists and activists need to work together. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)61260-5.
- 14 Peltzer K. Traditional health practitioners in South Africa. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)61261-7.
- 15 Sewankambo N, Katamba A. Health systems in Africa: learning from South Africa. *Lancet* 2009; published online August 25. DOI:10.1016/S0140-6736(09)61244-7.
- 16 Department of Health. Budget speech of Honourable Dr. A. Motsoaledi, MP, Minister of Health, delivered to the National Assembly, Parliament of The Republic of South Africa. June 30, 2009. <http://www.doh.gov.za/docs/sp/sp0630-f.html> (accessed July 5, 2009).