

A civil society view of health care in South Africa

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SECTION27





HEALTHCARE SERVICES, FOOD, WATER AND SOCIAL SECURITY

Section 27.

(1) Everyone has the right to have access to

(a) healthcare services, including reproductive healthcare;

(b) sufficient food and water; and

(c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.

(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.

(3) No one may be refused emergency medical treatment.

- Skewed funding
 - Medical scheme coverage 15.5% with annual per capita medical aid tax credit of R4512
 - 53 million people using public sector, with per capita expenditure under R4000
 - Costs in the private sector continue to rise (7% - 10% increase in cost of medical aid in 2026)
 - Budgets in the public health sector remain stagnant in real terms



The waiting game. Healthcare users waiting at Ermelo Town Clinic in Mpumalanga.
PHOTO: Rian Horn/Ritshidze



- **Skewed spending**

- Expenditure is skewed towards in-patient/hospital care (eg 86% mental health spending on in-patient care in public sector; estimated 65% in private sector)
- 5 psychiatrists per 100 000 in the private sector vs one per 300 000 in the public sector
- Wide inter-provincial variation in expenditure

(District Health Barometer 2024/24)

- **Skewed/bad health system outcomes**

- 82% of public health facilities report critical staff shortages
- Paper filing systems in 90% of Mangaung facilities and 69% of Johannesburg facilities cause delays
- Increasing denial of service

(Ritshidze National State of Health, December 2025)

- (This despite 80% of assessed clinics achieving “ideal clinic” status; 91% of inspected facilities found by the OHSC to be compliant)

- **And health outcomes**

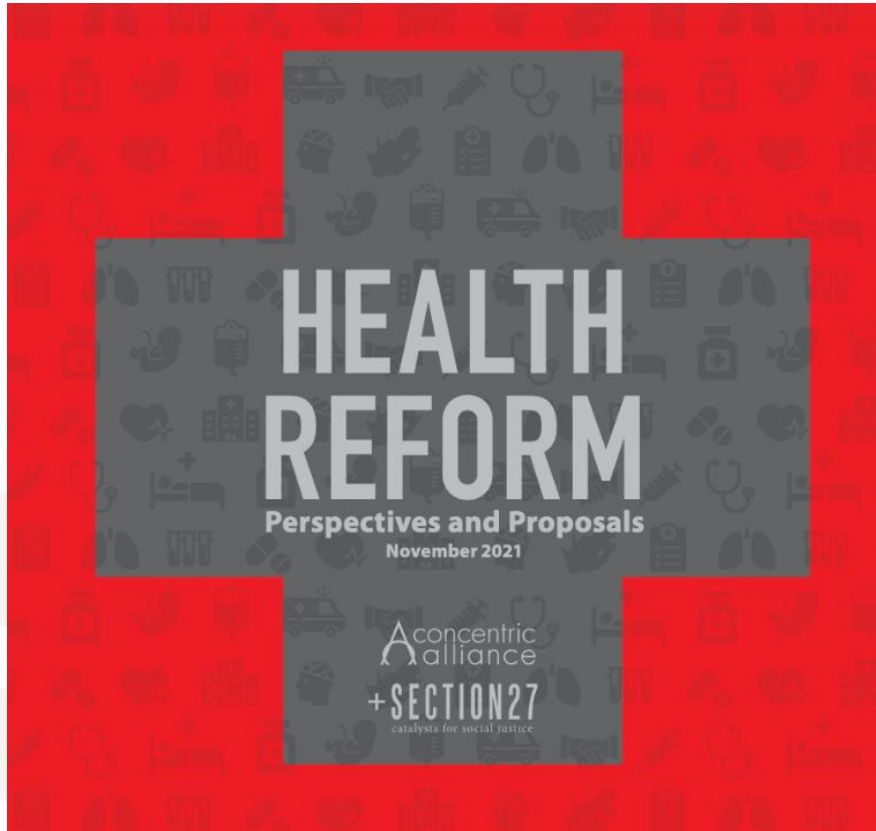
- OR Tambo has almost double the national early neonatal death in facility rate
- Insufficient publicly available health outcomes monitoring in private

Reform stagnation

- **NHI Act signed into law 2024**
 - Not in force
 - Draft Regulations (not in force) 2025
 - “Preparatory work” ongoing but with persistent and significant underspending on NHI conditional grant
- **Competition Commission’s Health Market Inquiry 2014 – 2019**
 - Right to access to health care services foundations
 - Private health sector “neither efficient nor competitive”
 - Recommendations on SSR (capacity planning, licensing and costs), multilateral pricing, scheme simplification and standard benefit options, transparency on outcomes – none implemented
 - Draft Regulations in 2025 but then withdrawn



What needs to be done?



- Lack of progress is a regulatory failure but that's not all
- Need to organise and demand change
- Change demanded has to go beyond narrow interests
- What steps are possible now? What can the industry do to reduce prices and make quality private care available to more people?

<https://section27.org.za/2021/12/health-systems-reform-perspectives-and-proposals/>

SA's cancer story: From the intensity of the rugby field to a Golden Arrow bus ride home on which one does not cry



Thank You!

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catalysts for social justice