

# 3. Health

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Public healthcare plays a significant role in the functioning of the Gauteng City-Region and the well-being of its residents. According to the Gauteng Provincial Government budget for 2016/17, the health sector has the second largest share of budgeted expenditure at 36%, or R37,4 billion, and hospital patient fees contribute 10% of provincial own revenue. Local government in Gauteng also devotes many hundreds of millions of Rands to primary health care services, with the metropolitan municipalities in particular continuing to run local clinics.

This brief unpacks some initial insights into the ways in which Gauteng residents access and experience healthcare facilities.

## Accessing public healthcare

According to the 2015 Quality of Life (QoL) survey 37% of respondents contacted or visited a government department in the three months before the interview. This equates to approximately 3,2 million adults. An overwhelming majority of these – 71% – interacted with either a clinic, hospital or other healthcare facility. Public healthcare facilities are therefore an important contact point between residents and government, one which undoubtedly also influences residents' perception of government more generally.

As Figure 1 shows, public healthcare facilities remain the cornerstone of health provision in Gauteng. 60% of respondents say they usually go for healthcare at a public facility, only marginally down from 62% in 2013. The percentage of respondents who say they usually use private healthcare is also down, from 28% in 2013 to 22% in the current survey.

What is up is the percentage of those who use both public and private facilities, from 6% in 2013 to 9% now, and those who don't usually need healthcare, from 4% to 7%.

The limited use of traditional and spiritual healers (1% each) is insignificant, further highlighting the salience of public healthcare facilities.

The healthcare service that residents typically access is partly a reflection of whether they have medical aid or medical insurance cover. A majority of respondents (69%) indicated that they do not have medical insurance (Figure 2), although this was a decline in the proportion

without cover, down from 73% in 2013. However, concerning fault lines appear when medical insurance coverage, and correspondingly the access to private healthcare, is disaggregated by population group (Figure 3). 82% of African respondents do not have medical insurance compared to the 21% of white respondents. Correspondingly, only 11% of African respondents make use of private healthcare facilities, compared to 68% of white respondents.

Figure 4 shows the geographic distribution of respondents without medical insurance. Poorer and more peripheral municipalities have a relatively higher proportion of respondents without cover. This suggests that unequal access to top quality healthcare compounds other dimensions of socio-economic and spatial inequality across the province. But from another perspective it highlights the vital role that good public healthcare has to play in balancing unequal access in poorer parts of the province.

## Satisfaction with healthcare facilities

Generally, 72% of respondents are satisfied (either 'very satisfied' or 'satisfied') with the care they receive at the facilities they usually use. Figure 5 shows how satisfaction varies across different healthcare types. Those who usually go to a traditional healer are least satisfied at only 49%. There is a notable – though understandable – disparity between levels of satisfaction with public healthcare facilities (at 65%) and private healthcare facilities (at 92%).

Although Gauteng residents are generally satisfied with public healthcare facilities, disparities do occur between municipalities (Figure 6) and within municipalities (Figure 7). Interestingly, satisfaction levels with public healthcare is lower in Johannesburg and Tshwane than it is in some of the local municipalities on the periphery, perhaps reflecting which sphere of government manages primary health care facilities in different parts of the province.

Also notable is that Figure 7, which maps satisfaction by ward, shows an arc of very satisfied wards in Ekurhuleni. The map also suggests that in general township residents are less satisfied with public healthcare than residents in more affluent suburban areas. This could be attributed to the quality of service at particular public healthcare facilities.

### Healthcare facility choices

The 2015 Quality of Life survey provides a simultaneously complex and interesting perspective on why respondents choose the healthcare facilities that they use.

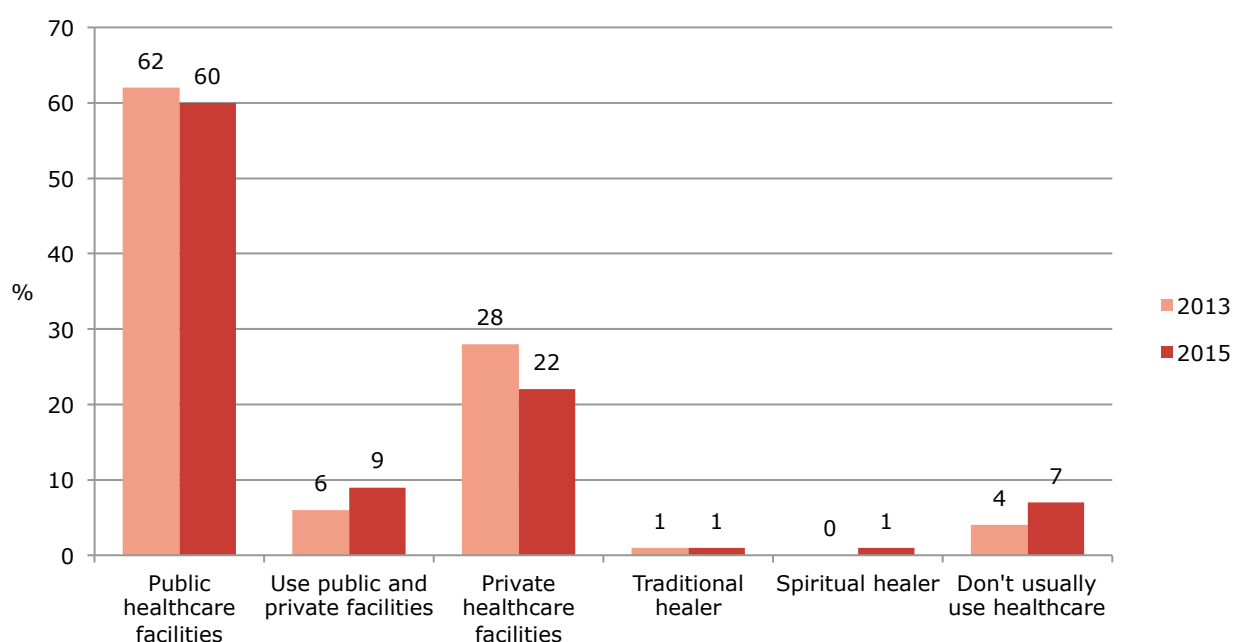
On the one hand Figure 8 shows that many respondents choose to avoid public healthcare facilities due to perceptions or experiences of lower quality of care (38%) or simply because they have medical aid which allows them access to private healthcare facilities (31%). On the other, there are respondents who use public health care facilities even though they have medical aid. Asked why, 34% indicated that the public facility provides the best treatment available, and 26% said the cost of private treatment was too high (Figure 9). It is therefore clear that a perception of poor care in public facilities does not hold in all scenarios.

### Health problems

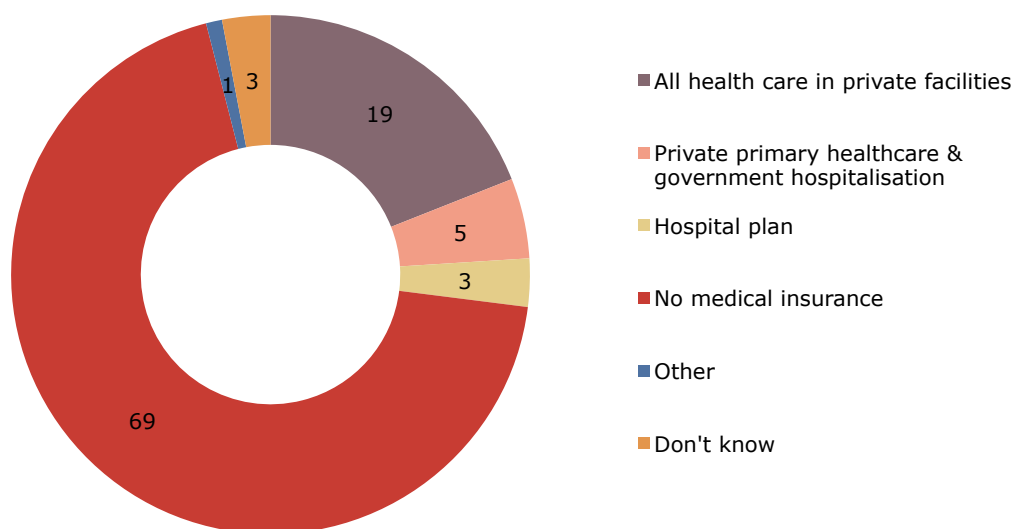
The 2015 QoL asked respondents whether they or any other member of their household had had any of a range of medical conditions. As shown in Figure 10, the most prevalent self-reported health problems affecting Gauteng residents are hypertension (15%) and diabetes (11%).

On the whole, Gauteng respondents seem relatively healthy. 92% said their health status was excellent or good in the four weeks prior to the interview. That said, 29% reported that their health status 'always' or 'some of the time' prevented them from doing daily work, and 27% said their health status 'always' or 'some of the time' prevented them from taking part in social activities.

On the positive side, only 5% of respondents reported that they, or a member of their household, had failed to look for healthcare in the last 12 months when they needed it.



**Figure 1: Where do you usually go for medical care?** The majority of respondents (60%) usually go to public healthcare facilities, followed by 22% of respondents who usually make use of private healthcare facilities. Very few respondents use traditional or spiritual healers (1% each).

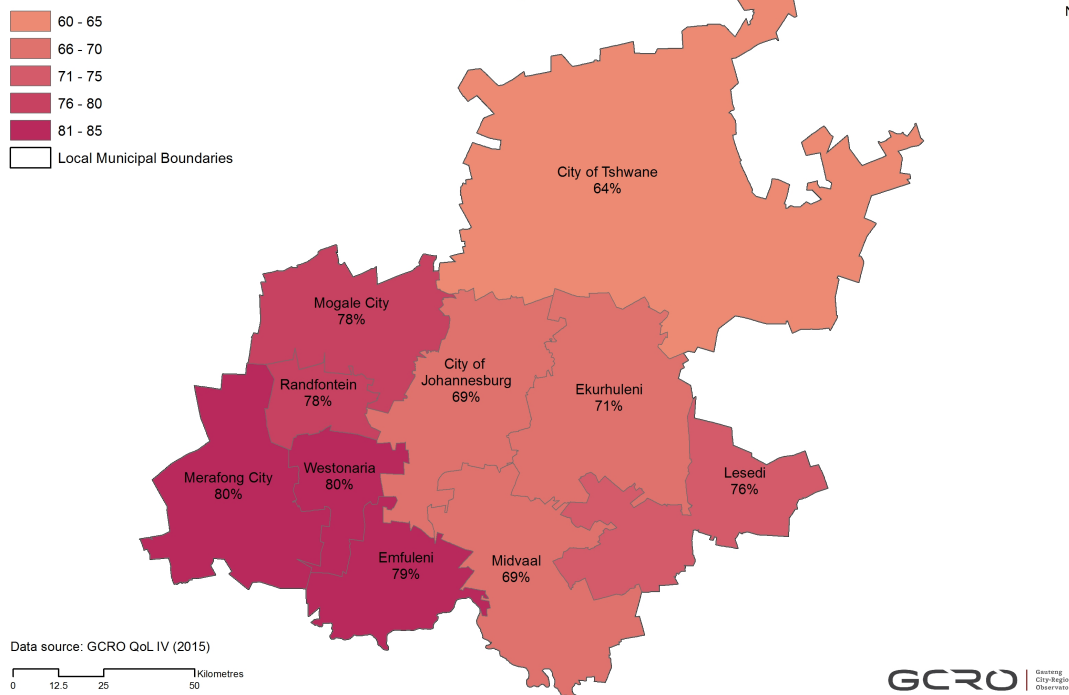


**Figure 2: Type of medical insurance.** The overwhelming majority (69%) of respondents do not have medical aid while the second largest proportion of respondents receive all healthcare in private facilities (19%).

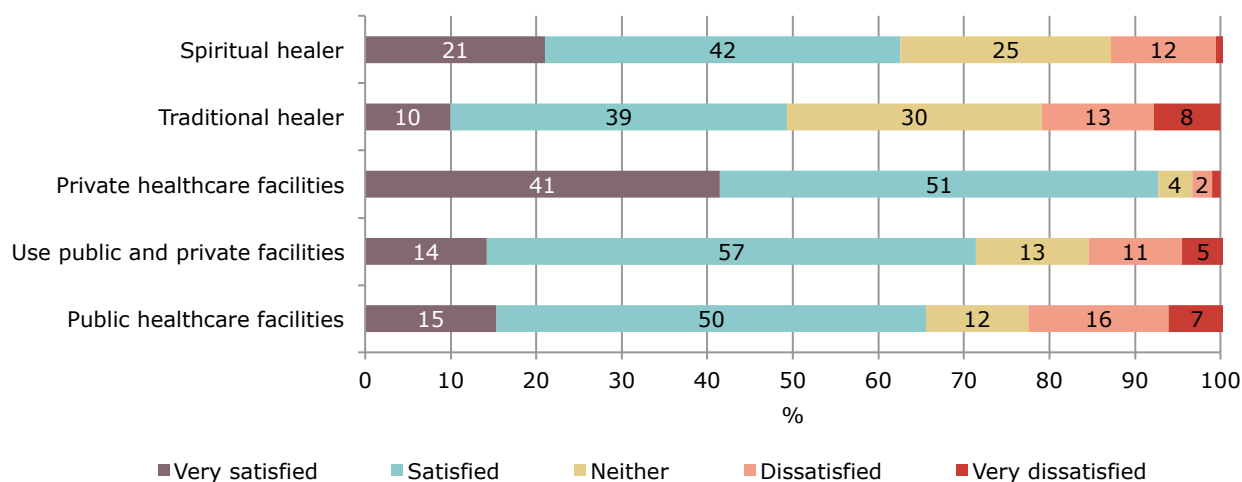
|              | Where do you usually go for medical care? (%) | Are you personally covered by medical aid / insurance? (%) |
|--------------|---|--|
|              | Private healthcare facilities                 | No medical insurance                                       |
| African      | 11  | 82   |
| Coloured     | 19  | 64   |
| Indian/Asian | 51  | 32   |
| White        | 68  | 21   |

**Figure 3: How do access to medical cover and private healthcare differ (by race)?**

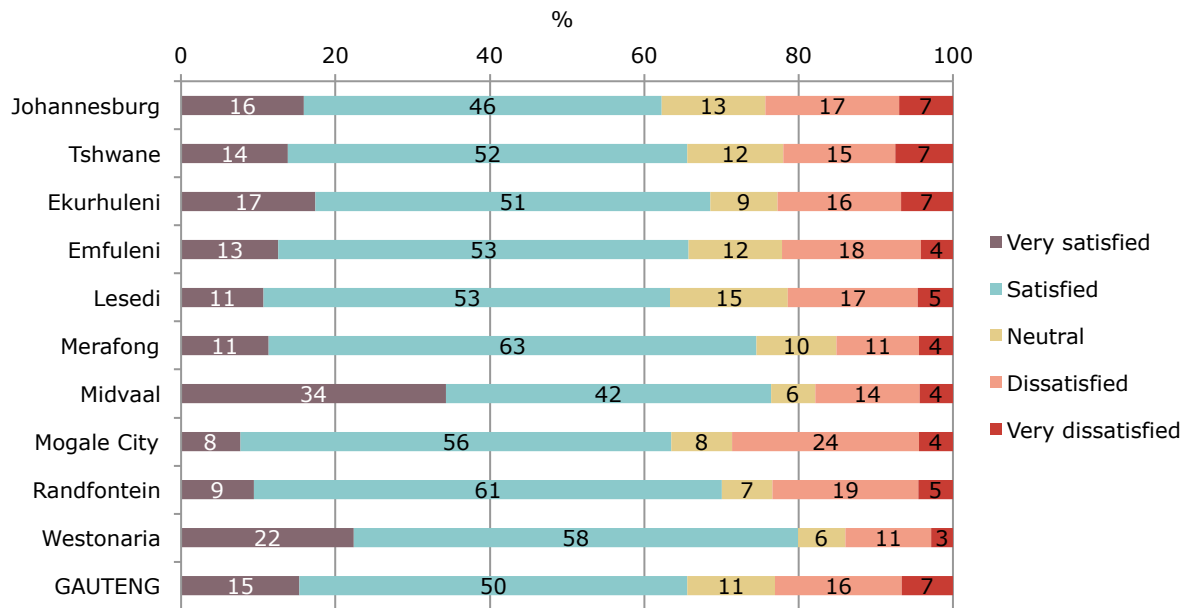
% Respondents without medical insurance in Gauteng



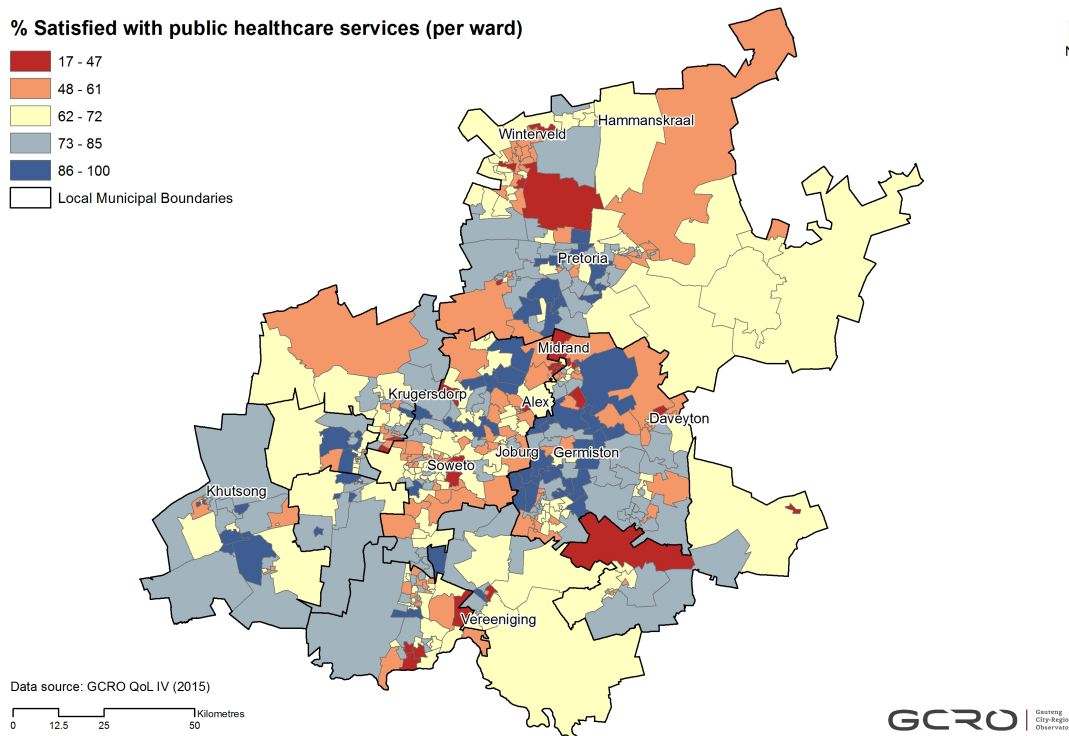
**Figure 4: The spatial distribution of respondents without medical insurance.** The map shows the spatial distribution of respondents without medical insurance, mapped as a proportion of all the respondents interviewed in each municipality. The City of Tshwane (64%) has the smallest proportion of respondents without medical insurance while the largest proportions of respondents without medical insurance are located in Merafong and Westonaria (both 80%).



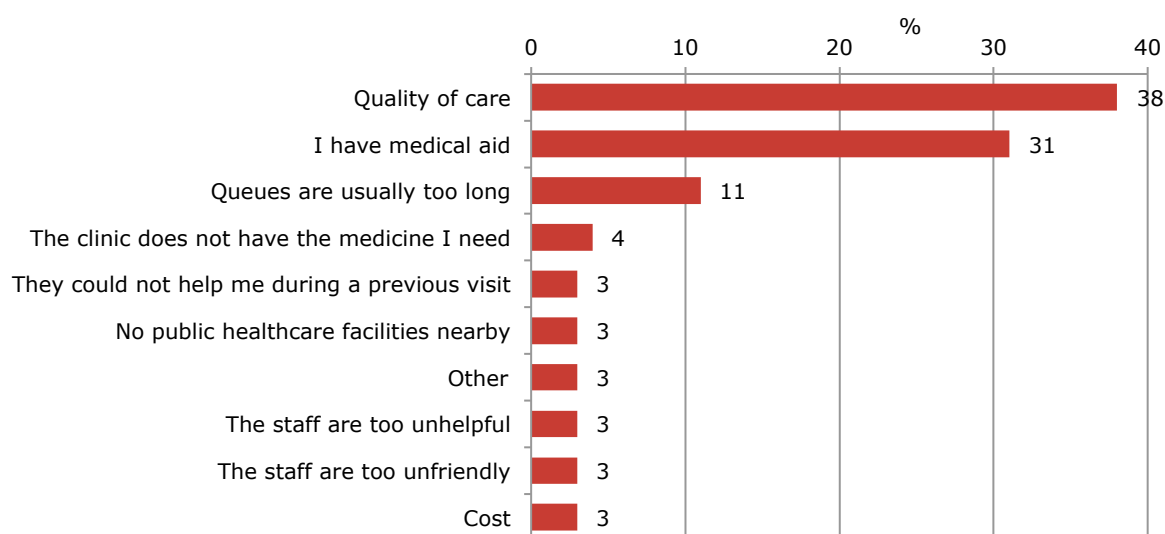
**Figure 5: Satisfaction with the healthcare facility usually used.** Of the respondents who usually use public healthcare, 65% of respondents are satisfied (either 'very satisfied' or 'satisfied') with the care they received, while 92% of respondents that usually make use of private healthcare are satisfied. Satisfaction with traditional healers (49%) is the lowest.



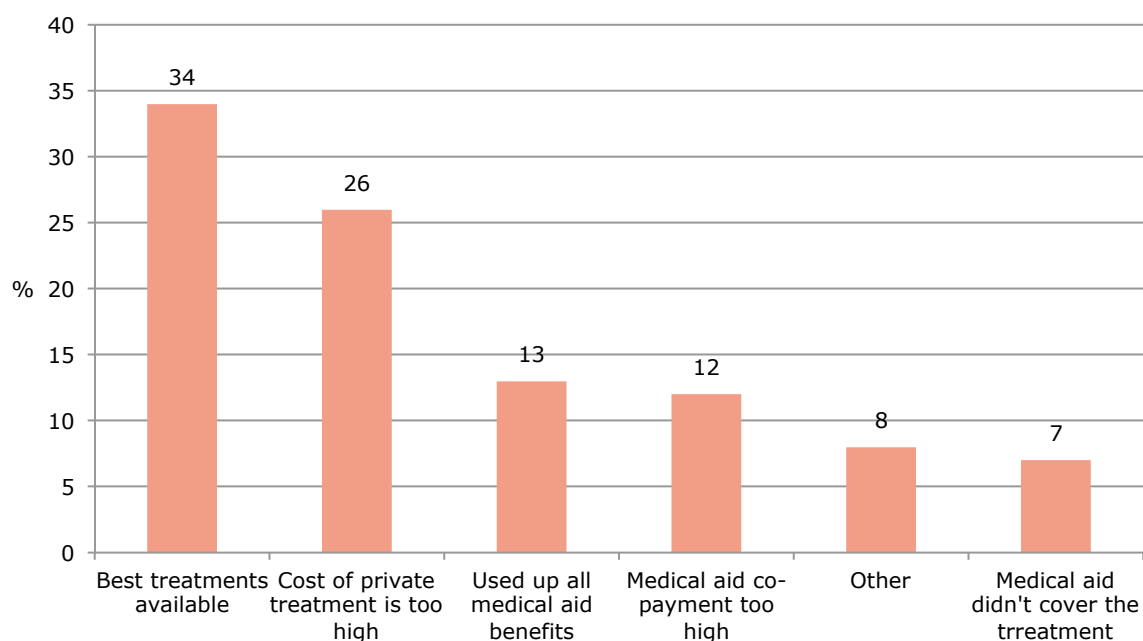
**Figure 6: Satisfaction with public healthcare facilities across municipalities in Gauteng.** Satisfaction with public healthcare facilities vary by municipality with lower levels of satisfaction in Johannesburg (62%) and Mogale City (64%) compared to higher levels of satisfaction in Midvaal (76%) and Westonaria (80%).



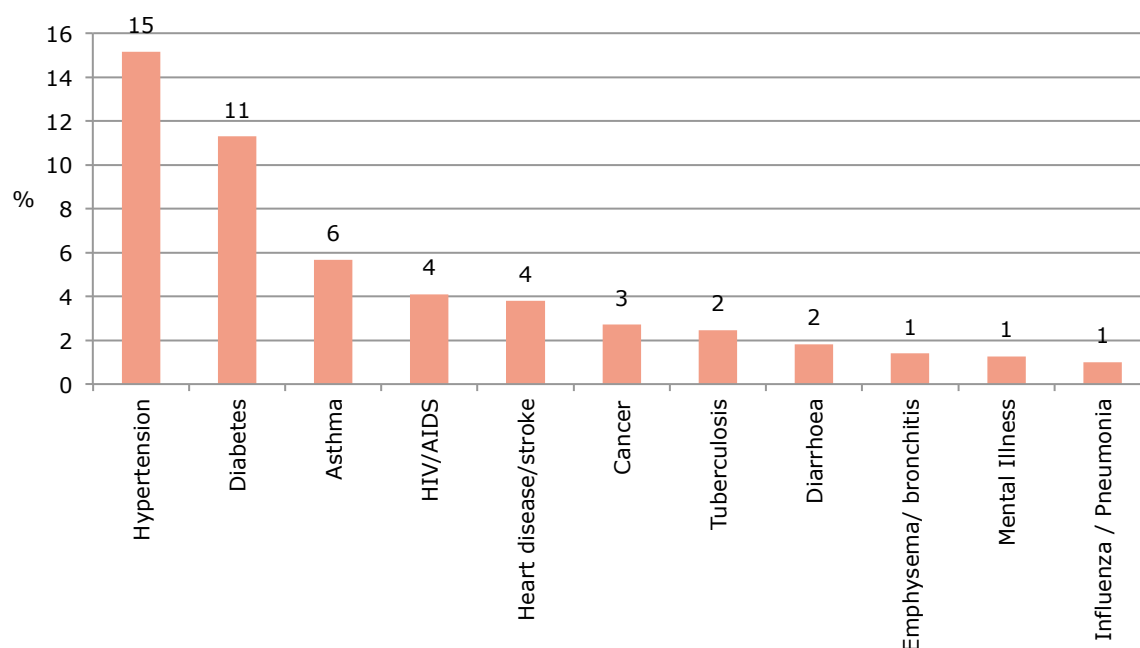
**Figure 7: Satisfaction with public healthcare services by ward.** Residents across the different wards who usually use public healthcare facilities are generally satisfied. However, residents in places, particularly townships, like Tembisa, Soshanguve and Alexandra are much less satisfied with the healthcare services they receive compared to suburban areas such as Kempton Park, Centurion and Sandton.



**Figure 8: Reasons for not using public healthcare facilities.** In most cases, respondents who do not use public healthcare facilities avoid them due to the perceived low quality of care (38%) or because they have medical aid (31%). Other reasons, including availability of medication, cost, capacity and efficiency are less common (less than 5%).



**Figure 9: Reasons for using public healthcare facilities despite having medical aid.** 34% of respondents with medical aid that use public healthcare facilities do so because they find public healthcare facilities to provide the best treatment available. 26% of these respondents make use of public healthcare facilities because the cost of private healthcare facilities is too high. Other reasons, such as various medical aid limitations, are much less common (less than 15%).



**Figure 10: Most prevalent health problems in Gauteng.** Hypertension (15%) and diabetes (11%) are the most prevalent health problems in Gauteng, indicated here as a percentage of respondents who experienced it as a problem in the last year. Note that respondents were allowed multiple mentions and that 58% of respondents selected the 'none of the above' option, suggesting that a variety of other health problems also affect respondents' quality of life.

#### OTHER RECENT RESEARCH IN THIS THEME:

- Hungry City-Region (2016 forthcoming) by Caryn Abrahams, GCRO Occasional Paper
- Clusters of dissatisfaction with local government performance (January 2016) by Dr Koech Cheruiyot et al., GCRO Map of the Month
- Quality of Life 2013 City Benchmarking Report (2015) by all GCRO staff, GCRO Research Report
- The GCRO Barometer (2014) by Darlington Mushongera, GCRO Interactive website