**Primary health care delivery in post-apartheid South Africa: Exploring the equity-enhancing contributions of the public sector**

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Background: Prior to 1994, South Africa’s health system was divided along racial lines. Post 1994, the South African health system was developed into a two-tiered system divided along socio-economic lines. Since the emergence of democracy in the last two decades in South Africa, considerable effort has gone into redressing the socio-economic and health care inequalities, which characterised the Apartheid regime. Specifically, the South African government has embarked on a variety of policies and reforms to reverse the discriminatory practices that pervaded all aspects of life before 1994. Policy interventions have targeted reductions in socio-economic inequalities in various capacities, and, by extension, these policies have also applied to the health care system: fiscal redistribution targeted at health, education, social protection sectors; abolition of user fees at the primary health care (PHC) level in 1994; extension of PHC policy to all users in relatively poorer households in 1996; and ongoing discussions related to universal health care coverage through a yet-to-be-fully-implemented national health insurance (NHI), among others.

Aim and objectives: This study sets out to explore the indirect contributions of the various public policies and reforms targeted at reducing inequity in health care access over the second decade of post-apartheid South Africa. Specifically, the contributions were linked to changes in social factors which are often targets of policy decisions.

Methods: Data come from information collected on social determinants of health (SDH) and on public versus private health care access in the 2004 and 2014 questionnaires of the South African General Household Surveys (GHSs), nationally representative surveys. A decomposition of change in a concentration index method was employed to unravel the contributions of the public sector to equity in access to health care over the studied time period.

Key findings: Overall, the results show an improvement in access to health care over the post- apartheid period, especially for the previously disadvantaged population groups; with a widening preference for private health care in the event of illness. However, differences in rural/urban location and educational attainment contribute largely to inequalities in access to health care.

Main conclusions: While progress has been made in improving access to primary health care in post-apartheid South Africa, policies tailored towards increasing access in rural areas and among the uneducated could further prove beneficial in reducing inequalities of access to health care.