Horizontal inequity and inequality in healthcare utilisation in South Africa: A longitudinal analysis using the National Income Dynamic Survey (NIDS)

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Background: The distribution of healthcare based on need rather than socioeconomic status has become an inherent object for health systems in both developed and developing countries. Sustainable Development Goal (SDG) three urges the achievement of equitable, quality, affordable healthcare coverage for all. Therefore, this paper examines the degree of horizontal inequity in healthcare utilisation in South Africa and the major drivers of inequality.

Data: The National Income Dynamic Survey (NIDS) is the first of its kind in South Africa. The biennial study is a nationally representative panel survey intended to track the same individuals over time. To date four waves are available in the public domain. The survey intended to follow trends and patterns in health, economic, institutional and social characteristics of the population.

Method: Concentration indices for absolute healthcare use and utilisation given need, while controlling for non-need and socioeconomic factors were calculated to measure horizontal inequity (HI) using a probit regression model. In addition, absolute concentration indices were decomposed to determine the major contributors to inequality in healthcare utilisation.

Findings: There was a significant increase in pro-rich horizontal inequity (HI = 0.064, p0.001) between wave 1 (2008) and wave 4 (2014) (HI = 0.083, p0.001) for consultations in the past 12 months. Distinct horizontal inequity patterns were found for private and public consultations over time. Horizontal inequity to the advantage of the wealthy for private consultations and the poor for public consultations. From the decomposition analysis, non-need and socioeconomic factors such as medical aid, wealth, education and employments were the major drivers of inequality.

Conclusion: Sufficient evidence was found for the existence of horizontal inequity, increasing over time for overall utilisation and persistent for private/public consultations. Furthermore, in order for South Africa to keep in line with international policy goals and objectives, underlying influential factors such as the mechanisms of healthcare financing have to be addressed in order to narrow the degree of horizontal inequity within the health system.

Keywords: utilisation, healthcare, horizontal inequity, longitudinal, South Africa