**Socio-economic related inequities in health care system in South Africa: Implications for achieving Sustainable Development Goals.**

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 Abstract

South African’s health care system, like most other developing and emerging economies, is still characterised by inequity in access to health care services. While most middle- to high-income population groups utilise private health services for better and quality health care services, members of the poorest population at most seek treatment at public health facility or do not even seek treatment at all because they cannot afford it. In order to redress some of the damaging impacts of the apartheid regime and address some income-related differences in the utilisation of health care services, the South African government launched a series of post-apartheid health system reforms and restructuring which include Primary Health Care reforms and re-engineering. This paper therefore broadly examines the post-apartheid trends overtime in the demand for formal health care services across various socio-demographic factors including age, gender, race, province of residence and metropolitan status in South Africa. Focus was on the association of socio-economic status related characteristics and the utilisation of public healthcare versus private healthcare services. The study uses population-weighted General Household Surveys (GHS) covering the years 2002-2014 to model an individual’s decision to either utilise public or private health services when ill and the distribution of public and private health facilities’ utilisation across socio-economic groups. Trends are presented using both descriptive and inferential statistics. Among the observed results, the trends show a steady growth in the utilisation of public and private health facilities, with public health facility recording a higher utilisation rate. Both public and private health facility utilisation peaked in 2009/2010. Individuals within age groups 0-6 years, above 46 years, African/Blacks, females, unmarried/singles, less educated and urban dwellers would prefer to seek treatment when ill in public health facilities. The probability of utilising public health facilities increased among the poorest population. On the overall, the South African population appears more segregated in using public health facilities across socio-economic groups. This could be linked, in part, with some of the some outstanding differences in quality and service delivery that are yet to be fully addressed. In order to achieve the universal health care coverage, the government need to understand and integrate the demand-side acceptability issues into policy decision making.