

WIKIPEDIA – **Healthcare in South Africa**

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Introductory observations

Note: Of course, it is not the intension that the author(s) accommodates or integrates all comments and recommendations raised in the review. Rather, the main purpose of the review is to provide wider background information, to enrich the article with additional insights relevant to the topic, and to secure greater balance, coherence and logic in argumentation and presentation.

Important: Although a large number and wide spectrum of additional literature sources relevant to specific topics are cited to assist the author(s), there are especially **four sources** spanning the entire field covered by the article and which could be deemed as essential references:

1. Van Rensburg HCJ (Ed.)

2012. *Health and health care in South Africa*. 2nd Edition (2012). Pretoria: Van Schaik Publishers. ISBN: 978 0 627 03013 0.

This book consists of 12 elaborate chapters – written by different experts on specific aspects of South African health and healthcare. It is also available in e-Book format at: Kalahari.net

2. Harrison D

2010. *An overview of health and health care in South Africa 1994-2010: priorities, progress and prospects for new gains*. Discussion document on *Health in South Africa 1994-2010*. National Health Leaders' Retreat, Muldersdrift, 24-26 January.

3. Delobelle P

2013. The health system in South Africa. Historical perspectives and current challenges. In: Wolhuter CC (Ed.). *South Africa in focus: Economic, political and social issues*. Nova Science Publications. Chapter 9: 159-295. ISBN: 978 1 62618 582 1.

4. South African Health Review, since 1995 annually or biannually published by the Health Systems Trust on the state and developments in health and healthcare in South Africa. Each edition covers a wide spectrum of topics, many relevant to this article. Available at: [URL:http://www.hst.org.za/publications/south-african-health-review](http://www.hst.org.za/publications/south-african-health-review)

Critical comments and general recommendations

(1) **Emphasize the core themes and issues directly relating to healthcare - not themes and issues secondary or peripheral to healthcare proper,**

In my opinion the focus of the article is too often on **peripheral, less important or secondary themes and issues**, rather than on those **core themes and issues of central importance for HEALTHCARE in South Africa**. This is probably the result of the particular process of selection of the consulted literature and authors. Too often this selection leans on **less known** and **less significant sources of information**, which do not provide for a thorough truly balanced picture. It appears that the author(s) often selected the literature and authors rather haphazardly (or suffice with **what is at hand** and **easily available**) and without a serious attempt to search the field with a view to identify and use **more important** or **more authoritative** sources of information on a particular theme or issue.

In the course of this review, it is thus my intention, **firstly**, to indicate or identify crucial literature that would bring greater balance to the article, and **secondly**, to indicate where the author(s) deviates from the central theme of the article, namely **healthcare in South Africa**. I trust that the author(s) will pay heed to the proposed literature on particular themes and/or issues.

To illustrate the second point: the space and elaborate attention given to **water** and **sanitation** are not really in line with the main theme of the article, namely **healthcare**. Although the natural and man-made environments harbour important determinants of or often pose serious challenges to the **health of populations**, it is not correct to deal with them **as if they form part of the healthcare (system)** of the country; they are rather part of the **health-enabling** or **health-crippling environments**, but certainly **not part of healthcare** as such. In this regard, the **image of the water reservoir** is somewhat out of place in the context it is used – it does not represent **healthcare** proper.

See my later recommendations on the section dealing with INFRASTRUCTURE.

(2) Do not mix healthcare and (population) health (i.e. with health status)

In my judgement, it is important to clearly differentiate at the very beginning between **HEALTHCARE** on the one hand (i.e. those institutions, facilities and personnel that deliver or supply health care to the population), and, on the other hand, the **HEALTH OF THE POPULATION** (including the health status and health and disease profiles of the population – i.e. the needs and demands of the population for care). In its current form, the article does not draw a clear line between these two components of the larger health system (i.e. the **supply** and **demand** sides). As a result, the article haphazardly mixes the two components (health care and population health) and freely jumps from one to the other. In the end it does not present a clear picture of healthcare in South Africa. Note also, **HIVcare** and **HIV/AIDSdisease** are two quite different phenomena/topics, and the same applies to **maternal care** and **maternal mortality**. Though they are closely linked, both cannot be summarily included under the rubric of healthcare; they reflect distinct angles of approach.

See also my later recommendations on the section dealing with HEALTH STATUS.

Key literature sources to consult:

*** Van Rensburg HCJ**

2012. National health care systems: structure, dynamics and types. In: Van Rensburg HCJ (Ed.) 2012. *Health and health care in South Africa*. Pretoria: Van Schaik Publishers: Chapter 1: 1-60. ISBN: 978 0 627 03013 0.

Additional literature:

Van Rensburg HCJ, Heunis JC

2013. Towards greater equality and equity: Introducing health and environment. Introduction to Part 4. In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD, (Eds) 2013. *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press: 469-484. ISBN: 978 0 7969 2422 3

Review of Wikipedia Articles

The review is meant to facilitate further improvement of Wikipedia articles. Suggestions about the quality of a Wikipedia articles can be found at

http://en.wikipedia.org/wiki/Wikipedia:Featured_article_criteria.

Please send your review in pdf and .doc format to Marta Pucciarelli: pucciarelli.marta@gmail.com.

Name of the reviewer	Prof Dingie (HCJ) van Rensburg
Affiliation	Centre for Health Systems Research & Development University of the Free State South Africa
Title of the article	Healthcare in South Africa

1. Quality of the Summary

Is the summary of the article a complete, thorough, and concise introduction to the topic? How do you think the summary could be improved? Which meaningful data are missing? Is there something that you find too much detailed for a general overview of the topic?

Question 1: Is the summary of the article a complete, thorough, and concise introduction to the topic?

Except for a very short paragraph, there is virtually no summary of the content of the article which could serve as a complete, thorough and concise introduction of the article.

Note: My suggestion is that a **meaningful Introduction** be construed for the article.

Questions 2/3: How do you think the summary could be improved? Which meaningful data are missing?

In my opinion, the summary (and **introduction**) could do three things; collectively these could become quite a substantial part of the article, though some contents could also be used as part of the main body of the article.

The **three paragraphs below** give ample indication of what is missing in the **Introduction** to the article (as well as in the larger **body** of the article). Broadly, these paragraphs have to do with a **broader context** for the topic: **healthcare in South Africa**.

(1) Understand the history/development of healthcare in South Africa

Briefly sketch the main historical periods in the evolution of present-day healthcare in South Africa and the main transitions that occurred in the course of time.

Before the mid-1600s, the only healthcare in existence in "South Africa" was that of the different indigenous peoples populating the country. Since the mid-1600s, European settlers and colonists gradually introduced the then prevailing Western healthcare to the country which, in time, dominated the healthcare scene, while marginalising, and even illegalising indigenous forms of healthcare and their practitioners. Healthcare in South Africa thus increasingly assumed a **Eurocentric face** and Western-scientific healthcare became the official system of care. However, African/indigenous healthcare systems, until this day, continued to serve large sections of the population, due to preference, but also as a result of the absence and inaccessibility of Western-type healthcare for certain populations and areas. The prolonged colonial and apartheid regimes maintained and aggravated this structural split in South African healthcare: **Western-allopathic vis-à-vis African traditional healthcare (ethno-medicine)**. Since 1994, the democratic government took firm steps to legally recognise and regulate African traditional healthcare and its practitioners. However, this deep divide in the healthcare system continues, with little collaboration between and integration of the two care traditions.

Key literature sources to consult:

* Van Rensburg HCJ

2012. A history of health and health care in South Africa – 1652-1994. In: Van Rensburg HCJ (Ed.) 2012. *Health and health care in South Africa*. Pretoria: Van Schaik Publishers: 61-120. ISBN: 978 0 627 03013 0.

* Van Rensburg HCJ, Engelbrecht MC

2012. Transformation of the South African health system – post-1994. In: Van Rensburg HCJ (Ed.) 2012. *Health and health care in South Africa*. Pretoria: Van Schaik Publishers: 121-188. ISBN: 978 0 627 03013 0.

* Delobelle P

2013. The health system in South Africa. Historical perspectives and current challenge. In: Wolhuter CC (Ed.). *South Africa in focus: Economic, political and social issues*. Nova Science Publications. Chapter 9: 159-295. ISBN: 978 1 62618 582 1.

* Van Rensburg HCJ, Heunis JC

2013: Towards greater equality and equity: Introducing health and environment. In *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Edited by Hagg G, Nyamnjoh FC, with Jansen JD, Pillay U. Cape Town: HSRC Press; 2013:469-484.

Additional literature:

Burrows EH

1958. *A history of medicine in South Africa up to the end of the nineteenth century*. Cape Town: AA Balkema.

Coovadia H, Jewkes R, Barron P, Sanders D, McIntyre D

2009. The health and health system of South Africa: historical roots of current public health challenges. *The Lancet* 374: 817-834.

Harrison D

2010. *An overview of health and health care in South Africa 1994-2010: priorities, progress and prospects for new gains*. Discussion document on *Health is South Africa 1994-2010*. National Health Leaders' Retreat, Muldersdrift, 24-26 January

(2) Recognize and attend to the pluralistic nature and composition of healthcare in South Africa

To present a balanced view of healthcare in South Africa, the author(s) needs to give a snapshot of the main characteristics or components of South African healthcare, i.e. an overview of the pluralistic composition of South African healthcare.

When thinking of healthcare in South Africa, one tends to consider only the **(a) Western-type of healthcare** (i.e. the official, conventional, scientific, biomedical, allopathic healthcare) and wrongly presume that this is the only modality of healthcare or the sole healthcare system in existence. This is far from the truth. Though this form of healthcare gradually dominated other forms of healthcare and thus became the official healthcare system of the country, large numbers of Africans still resort to **(b) African systems of healthcare**, so-called African traditional healthcare or African ethno-medicine – i.e. indigenous forms of healthcare practised by an array of African traditional healers or practitioners (at a time estimated at around 300 000) including, among others, sangomas/diviners, herbalists, faith healers, who use a variety of diagnostic and treatment means, media and practices. Fact is that large numbers of black South Africans use these practitioners, albeit that they often operate and being consulted parallel with conventional, Western-type healthcare. **(c)** In addition to African traditional healthcare, significant numbers of South Africans also – and increasingly so – seek healthcare from an array of legally recognized and organized practitioners offering a number of **complementary and alternative modalities of healthcare** (among others, homoeopathy, osteopathy, chiropractic, naturopathy reflexology, iridology, chiropractic, etc.), also being practised side by side with or in addition to biomedicine/allopathic health

care. **(d)** Likewise notable sections of the South African population rely on **Indian** (Ayurvedic, Unani) and **Chinese** (acupuncture) traditions of medicine and healthcare.

Key literature sources to consult:

*** Pretorius E.**

2012. Complementary and alternative, and traditional health care in South Africa. In Van Rensburg HCJ (Ed) 2012. *Health and health care in South Africa*. Pretoria/CapeTown: Van Schaik Publishers. Chapter 11:593-652. ISBN: 978 0 627 03013 0.

*** Edwards SD**

1986. Traditional and modern medicine in South Africa: a research study. *Social Science and Medicine* 22(11): 1273-1276.

*** Hopa M, Simbayi LC, Du Toit CD**

1998. Perceptions on integration of traditional and Western healing in the new South Africa. *South African Journal of Psychology* 28(1): 8-14.

Additional literature:

Alternative and complementary medicine general resource guide

2002. A note on terminology. <http://www.amfoundation.org/geninfo.htm>

Good CM, Hunter JM, Katz SH & Katz SS

1979. The interface of dual systems of health care in the developing world: toward health policy initiatives in Africa. *Social Science and Medicine* 13D(3): 141-154.

WHO (World Health Organization)

2000. *Promoting the role of traditional medicine in health systems: a strategy for the African region 2001-2010*. Harare: WHO Regional Office for Africa.

WHO (World Health Organization)

2002. *WHO Traditional medicine strategy 2002-2005*. Geneva: WHO.

(3) Deal specifically and thoroughly with the public/private divide in South African healthcare

Within the official system of healthcare (Western-type, scientific or conventional medicine), the long-standing divide between the **public** and **private sectors of healthcare** also need to be highlighted. Not only because they are important components of the national healthcare system, but also because the divide is a major source of problems and constraints in the health system. The **public health sector** (by far the largest component) is state-run, state-provided and state-funded by general tax money, and servicing about 75-80% of the total population. In contrast, the **private health sector** (specifically for-profit healthcare) is either financed directly (out-of-pocket) by patients or indirectly (through membership contributions via medical schemes), and servicing about 15-20% of the population, while employing by far the majority of healthcare professionals (except professional nurses). This creates a highly unequal and inequitable healthcare system, both in terms of the quantity and the quality of healthcare provisioning flowing respectively to public (state-dependent) and private (medically insured) patients. As part of the private sector, there is also a smaller not-for-profit healthcare component (provided by donor agencies, NGOs, FBOs, etc.).

Note: the current "**introductory**" piece of the article does fit into this broader background.

Key literature sources to consult:

*** Van Rensburg HCJ, Engelbrecht MC**

2012. Transformation of the South African health system - post-1994. In: Van Rensburg HCJ (Ed.) 2012. *Health and health care in South Africa*. Pretoria: Van Schaik Publishers: Chapter 3: 121-188. ISBN: 978 0 627 03013 0.

*** Van Rensburg HCJ**

2012. A history of health and health care in South Africa - 1652-1994. In: Van Rensburg HCJ

(Ed.) 2012. *Health and health care in South Africa*. Pretoria: Van Schaik Publishers: Chapter 2: 61-120. ISBN: 978 0 627 03013 0.

* **Van Rensburg HCJ, Heunis JC**

2013: Towards greater equality and equity: Introducing health and environment. In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD (Eds). *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press; 2013:469-484.

* **Delobelle P**

2013. The health system in South Africa. Historical perspectives and current challenge. In: Wolhuter CC (Ed.). *South Africa in focus: Economic, political and social issues*. Nova Science Publications. Chapter 9: 159-295. ISBN: 978 1 62618 582 1.

* **McIntyre, DE, Doherty, JE, Ataguba JE**

2012. Health care financing and expenditure – post-1994 progress and remaining challenges In: HCJ Van Rensburg (Ed) *Health and health care in South Africa*. Pretoria: Van Schaik:433-482.

* **Shisana O**

2012. Is National Health Insurance the solution for South Africa's inequitable healthcare system? In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD (Eds). *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press; 2013:517-535.

Additional literature:

Ataguba JE, McIntyre D

2012. Who benefits from health services in South Africa? *Health Econ Policy Law* 2012, 8(1): 21-46.

Ataguba JE, McIntyre D

2012 Paying for and receiving benefits from health services in South Africa: is this equitable? *Health Policy Planning* 27(Suppl 1):i35-i45.

Coovadia H, Jewkes R, Barron P, Sanders D, McIntyre D

2009. The health and health system of South Africa: historical roots of current public health challenges. *The Lancet* 374: 817-834.

McIntyre D

2010. National health insurance: proving a vocabulary for public engagement. In: Health Systems Trust. *South African Health Review 2010*. Durban: Health Systems Trust: 145-156.

McIntyre D, Van den Heever A

2007. Mandatory health insurance. In: *South African Health Review 2007*. Durban, Health Systems Trust: 71-87.

2. Structure and style (and **content**) of the article

Is the article properly presenting the topic for a general public? Does the article provide a complete and easy-to-navigate structure? Which paragraph would you add, unify or split into different parts? Please provide a list of suggestions. Is the article well written and understandable at a high school level?

Question 1: Is the article properly presenting the topic for a general public?

I am not convinced that the article in its present form conveys to a general public a balanced picture of the central topic, namely **healthcare in South Africa**.

Amid the diverse forms and traditions of healthcare described above under **1. Quality of the Summary**, the article leans strongly towards a **Euro- or Western-centric approach** to healthcare in South Africa, and for that reason, and wrongly so, bluntly ignores the aforementioned **non-Western and non-allopathic forms and traditions of healthcare**. These traditions indeed comprise large numbers of practitioners serving their own clientele; also large and growing numbers of clients/patients consult these practitioners, albeit that it often means parallel consultation of Western healthcare practitioners. This shortfall could be rectified or balanced by pertinently attending to the

series of suggestions made above: **See 1. Quality of the Summary.**

Question 2: Does the article provide a complete and easy-to-navigate structure?

I also believe that the article does not provide a **complete, balanced and easy-to-navigate structure of healthcare in South Africa**. To make it easy-to-negotiate the **main sections** and **several paragraphs** need revision and rearrangement, and so also the content in the sections and in several paragraphs.

Firstly, and again, a clear distinction should be made between **healthcare in South Africa** and **the health of the South African population**. The two themes should not be haphazardly mixed or used interchangeably. The thrust of this article should be primarily about **healthcare in South Africa** (i.e. those policies, programmes, institutions, facilities and personnel mediating and delivering healthcare to the population), not primarily about health status, morbidity and mortality in the population. To honour this differentiation, the headings of two main sections of the article need to be carefully reconsidered and, also the contents need to be refocused and rearranged in order to closer align with **healthcare**. As main section headings, I recommend that they be changed to:

1 Healthcare provisioning - infrastructure and financing (instead of **1 Health infrastructure**)

and

2 Major healthcare challenges (instead of **2 Health status**)

1 Healthcare provisioning - infrastructure and financing (instead of **1 Health infrastructure**)

The current heading, **1 Health Infrastructure**, needs reconsideration, because as a heading, it does not logically represent the diverse content of the 5 subheadings/paragraphs (**1.2 to 1.5**) given under it. Have all these to do with infrastructure? Certainly not. Therefore, it seems necessary that a more inclusive or umbrella section heading be used, something like the proposed **Healthcare provisioning - infrastructure and financing**, which is more inclusive of the entire span of content presented.

Secondly, when there is a paragraph on **Hospitals** (instead I suggest: **Hospitals and hospital care**), it is only logical that there also need to be a separate paragraph on **1.2 PHC** (I suggest: **Primary healthcare and PHC facilities**). After all, **PHC facilities** (PHC clinics and community health centres) constitute the bulk of healthcare provided to the

majority of the population (the state-dependent population) and thus need to carry appropriate weight. Keep also in mind that **private hospitals** constitute a big industry in South Africa operating alongside public hospitals and serving their own (self-paying) clientele. Pertinent reference to this type/category of hospitals is thus essential.

- In respect of the suggested paragraph on **1.1 Hospitals: hospitals and hospital care, consult Chapter 10** (Hospitals and hospital reform in South Africa) by:

* **JC Heunis, AP Janse van Rensburg** (In: HCJ van Rensburg Ed. *Health and healthcare in South Africa* 2012:535-591).

This chapter provides a thorough analysis of the numbers, types of hospitals and post-1994 hospital reforms in South Africa.

- In respect of a suggested paragraph on **1.2 Primary healthcare (PHC): facilities and programmes Consult:**

* **Dennill K, Rendall-Mkosi** 2012. *Primary health care in Southern Africa: A comprehensive approach*. Cape Town: Oxford University Press.

and

- **Chapter 9** (Primary health care: nature and state in South Africa) by:

* **MC Engelbrecht, HCJ van Rensburg** (In: HCJ van Rensburg Ed. *Health and healthcare in South Africa* 2012:483-534).

This chapter provides a thorough analysis of the nature, numbers and types of PHC services in South Africa.

Thirdly, logically the paragraph **1.3 HIV/AIDS antiretroviral treatment** does not belong under **infrastructure**. It should rather be moved to **Section 2**, and combined with paragraph **2.2 HIV/AIDS**, perhaps under a more comprehensive heading. The heading makes it quite clear that the emphasis is on **healthcare** (treatment programmes), not on the **disease condition** *per se*. The author(s) should thus stick to this differentiation. Correctly, the comprehensive *Operational Plan of 2003*, the *National Strategic Plan for 2007-2011*, (and the subsequent *Plan for 2012-2017?*), the struggle to obtain more affordable drugs, and shortfalls in the treatment of the HIV-infected, all explicitly emphasise the essential **healthcare** focus in the current **paragraph 1.3**. What I miss in this paragraph are the far reaching implications that the HIV/AIDS epidemic has had/are still having on healthcare and the healthcare system in terms of the **escalated need for healthcare**, the introduction of **novel models of healthcare** and **new cadres of health carers** (personnel), especially CHWs (lay counsellors, home-based carers, etc.).

Map/diagram: Instead of the current Africa map, a more interesting **map/diagram** for the paragraph on **HIV/AIDS** – to bring the issue closer and more detailed to South Africa – could be **a map for South Africa** with indication of the vast differences in the **HIV-infection rate per province**.

Fourthly, the current paragraph on **1.4 National Health Insurance** could hardly resort under **Infrastructure**. Contentwise, it has to do with *Healthcare policy, Healthcare financing and Reorganization of healthcare financing and delivery* (**See** my later comments on the **National Health Insurance Plan**). However, as a paragraph it would fit in under the suggested, more inclusive heading of **1 Healthcare provisioning - infrastructure and financing**.

Likewise, the current paragraph on **1.2 UPFS** could also fit into this broader section under the heading of **Healthcare provisioning - infrastructure and financing**, as it deals directly with healthcare financing.

However, at the same time, do not forget to also refer to **private healthcare financing** in this context, i.e. direct payments (out-of-pocket) by patients or indirect payments for service delivery via a variety of third parties (medical schemes).

Consult: Chapter 8 (Health care financing and expenditure - post-1994 progress and remaining challenges) by:

* **Mcintyre, DE, Doherty JE, Ataguba JE** 2012. In: HCJ Van Rensburg (Ed) *Health and health care in South Africa*. 2012:433-482).

Fifthly, the current extensive paragraph **1.5 Water supply and sanitation** would better fit in this section under a heading such as: **Environmental health OR Public health**, following on the paragraphs on **Hospitals** and on **PHC**. It is clear that the current paragraph (**1.5 Water supply and sanitation**) is not directly and primarily a case for **healthcare**, but rather addresses **external, environmental determinants** impinging on the health of the population. More directly related to the core topic of the article, these could as subparagraphs be dealt with under a more inclusive heading on **1.5 Environmental/public health and environmental/public health measures**, with a subparagraph on **water supply and sanitation**, along with other potential environmental/public health issues and interventions, such as **pollution**. Thus, specific **healthcare-related measures** (apart from broader/general environmental health measures) to contain and address these environmental factors on the health status of the population need to be the focus of attention.

Consult: Chapter 4 (The health, environment and development nexus in South Africa) by:

* **AJ Pelsler** (In: HCJ van Rensburg Ed. *Health and healthcare in South Africa* 2012:189-236).

In line with these observations, the question: Is the **image of the water reservoir** really appropriate? I do not think so.

2 Major healthcare challenges (instead of **2 Health status**)

For reasons of logic, the current section heading **2 Health status** is also not a true reflection of all the content presented under it. As emphasised previously, this entire section (with its 6 subparagraphs) primarily deals with various aspects of **population health**, i.e. with aspects **not** directly linked to **healthcare**. For purposes of this article – under its umbrella title of **healthcare** – the link of the six paragraphs to **South African healthcare** should, in each case, primarily and directly speak to **healthcare**, rather than health status or disease. At least, the contents of each of the paragraphs should preferably be linked to its concomitant healthcare component(s). I therefore suggest the umbrella heading **2 Major healthcare challenges in South Africa** for this section.

See below (under **Major healthcare challenges in South Africa: wide spectrum of diseases and deaths**) my suggestions for *clearer distinction* and *greater coherence* in this regard.

Question 3: Which paragraph would you add, unify or split into different parts?

What I would prefer to be **added, split or unified** into different or additional sections or paragraphs clearly transpire from the comments and suggestions above.

Question 3: What need to be added?

In my mind, brief paragraphs/parts on the following topics need to be accommodated in the body of the article (either as **new additions** or in **rearranged format**).

TO BE ADDED somewhere in the body of the article: (1) Healthcare, health policy and health legislation in South Africa

The form and direction of healthcare are shaped and steered by related health policies and legislation, i.e. to implement and extend protective and redistributive guidelines and measures with a view to protect people from health risks, to improve and secure their health and well-being, and ultimately to ensure access to care and universal health coverage. In South Africa, such policies and legislation changed significantly over time. During the previous century – and as successive governments rose to power – health policy and legislation underwent marked changes as governments changed their priorities and strategies for healthcare delivery. The main challenges – historically and currently – have always been to provide appropriate, sufficient and equitable healthcare – and more pertinently to deal with the issues of unequal distribution and allocation of health resources and the differential provision and inequitable access to healthcare, either for the wealthy and the poor, or for the different races/populations, and for urban and rural dwellers.

Amid these efforts, health policies and health legislation of successive governments tended to either favour/introduce **privatization of healthcare** (free-market healthcare with emphasis on individual responsibility for own health and care) or the **socialization of healthcare** (state-provided healthcare holding government responsible for health and care). Prior to the apartheid era, i.e. during the 1930s and 1940s the government of the day took dedicated steps to introduce state-provided or socialised healthcare (a National Health Service), which was also ardently pursued by worker and liberation movements, as was reflected in the *Freedom Charter*, and after 1994, by the ANC government proper.

During the 50 years of apartheid (1948-1994) healthcare was visibly organised along racial lines. Separate race-based administrations, professional bodies, and healthcare services/facilities were instituted. Especially the wealthy, white and urban populations were favoured, while the majority of the non-white populations were grossly neglected, particularly those living in rural and peri-urban areas. These exclusionary and discriminatory policies and practices during apartheid rendered South Africa an '*extreme example of inequity*' in every sphere of life, including health care (Kale 1995: 1119); left post-apartheid South Africa with a health system that was '*profoundly and explicitly inequitable*' (Stuckler et al. 2011: 170), and characterised by unjust distribution of resources and unequal capabilities and rights (Rispel et al. 2009).

The transition to democracy in 1994, introduced an array of new healthcare policies and legislation intended to eradicate inequalities and inequities in healthcare, and to secure greater access to healthcare for the entire population. In particular the introduction of **free healthcare policies** and **district-based PHC** had indeed rendered healthcare more accessible and equitable, especially for deprived and vulnerable groups. However, the deep divide between the private and the public healthcare sectors (respectively serving different clienteles and financed from different sources) continued to provide healthcare in markedly unequal and inequitable ways (as far as quantity and quality are concerned) – in the order of 20% *vis-à-vis* 80% of the population; or alternatively, 55% *vis-à-vis* 45% of financial flows.

Lately, the present government's initiative to introduce the NHI Plan (**National Health Insurance Plan**) is a continuation and extension of previous intensions in this direction. The aim of NHI is to overhaul the entire health care system (especially the way healthcare is financed). This means the creation of a NHI Fund through which healthcare would be financed. NHI also implies that the delivery of health care would be drastically reorganised and delivered in three streams, with strong emphasis on re-engineered district-based PHC and ward-based community outreach. It is foreseen that NHI would ultimately secure universal access to healthcare for all South Africans through a unified healthcare system.

Key literature sources to consult:

*** Delobelle P**

2013. The health system in South Africa. Historical perspectives and current challenge. In: Wolhuter CC (Ed.). *South Africa in focus: Economic, political and social issues*. Nova Science Publications. Chapter 9: 159-295. ISBN: 978 1 62618 582 1.

*** McIntyre DE, Doherty JE, Ataguba JE**

2012 Health care financing and expenditure – post-1994 progress and remaining challenges. In: Van Rensburg HCJ (Ed.) 2012. *Health and health care in South Africa*. Pretoria: Van Schaik Publishers: Chapter 8: 433-482.

*** Republic of South Africa**

2011. *National Health Insurance in South Africa*. (Policy Paper). (Government Gazette 34532, 12 August 2011). Pretoria: Government Printer

*** Shisana O**

2013. Is National Health Insurance the solution for South Africa's inequitable healthcare system? In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD (Eds). *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press: Chapter 17: 517-535.

*** Van Rensburg HCJ, Engelbrecht MC**

2012. Transformation of the South African health system – post-1994. In: HCJ Van Rensburg (Ed.) *Health and health care in South Africa*. Pretoria: Van Schaik: Chapter 3: 121-188.

*** Van Rensburg HCJ, Heunis JC**

2013: Towards greater equality and equity: Introducing health and environment. In: In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD (Eds). *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press: 469-484.

Additional literature:

Baker P

2010. From apartheid to neoliberalism: health equity in post-apartheid South Africa. *International Journal of Health Services* 40(1): 79-95.

Dennill K, Rendall-Mkosi

2012. *Primary health care in Southern Africa: A comprehensive approach*. Cape Town: Oxford University Press.

Engelbrecht MC, Van Rensburg HCJ

2012. Primary health care: nature and state in South Africa. In: Van Rensburg HCJ (Ed.) 2012. *Health and health care in South Africa*. Pretoria: Van Schaik Publishers: 483-534.

Kale R

1995. Impressions of health in the new South Africa: a period of convalescence. *British Medical Journal* 310: 1119-1121.

McIntyre D

2010. National health insurance: proving a vocabulary for public engagement. In: Health Systems Trust. *South African Health Review 2010*. Durban: Health Systems Trust: 145-156.

McIntyre D, Van den Heever A

2007. Mandatory health insurance. In Health Systems Trust. *South African Health Review 2007*. Durban, Health Systems Trust: 71-87

Rispel LC, Palha de Sousa CAD, Molomo BG

2009. Can social inclusion policies reduce health inequalities in sub-Saharan Africa? A rapid policy appraisal. *Journal of Health, Population and Nutrition* 27(4):492-504.

Stuckler D, Basu S, McKee M

(2011) Health care capacity and allocations among South Africa's provinces: infrastructure-inequality traps after the end of Apartheid. *American Journal of Public Health* 101(1): 165-172.

Question 3: What need to be added?

TO BE ADDED somewhere in the body of the article: (2) Human resources for health (HRH) and the health professions

Any healthcare system of any kind comprises personnel or staff of various nature who activate health care and render health services, be it traditional healers or allopathic health practitioners. Over centuries Western, scientific healthcare increasingly differentiate and specialise. These trends lead to the gradual development and differentiation of the health professions (separating the scopes of the individual professions and their specific scopes of practice, such as those for doctors, nurses, dentists, pharmacists, psychologists) and a variety of allied health professions (physiotherapists, occupational and dental therapists), as well as auxiliary or mid-level health workers linked to particular health professions.

South Africa's total package of healthcare is delivered by large numbers of these professionals, in a variety of **public** (state-provided) and **private** (private-for-profit and private-not-for-profit) **healthcare settings** (hospital, clinics, solo- and group practices). However, serious inequalities present in the distribution of these professionals between rural and urban areas, and between the favoured well-resourced private (catering for a small minority of the private population who either directly or indirectly pay for health care via medical schemes) and the under-resourced public sector catering for the majority of state-dependent patients, often resulting in grave over- and under-provision of healthcare, inequitable access to healthcare, and differential quantity and quality of healthcare to the public and private clienteles. Additional complicating factors regarding the human resources for health situation in South Africa is the loss of health professionals to developed countries, as well as their migration out of rural areas and to urban areas resulting in overconcentration in the latter.

To stem the shortages of health professionals and human resources, South Africa has over the years implemented several strategies to address staffing shortages and unequal distribution along private/public and urban/rural lines. Important among these measures are compulsory community service for all health professionals on completing their training, and specifically deploying those to under-resourced areas and healthcare facilities; the introduction of community health workers; the importation of health professionals from other countries, etc. Likewise affirmative policies have been implemented in the recruitment and training of health professionals to better balance race and gender inequalities and maldistribution.

Key literature sources to consult:

*** Van Rensburg HCJ**

2014. South Africa's protracted struggle for equal distribution and equitable access – still not there. *Human Resources for Health* 2014, 12: 26 (1-16). DOI: 10.1186/1478-4491-12-26. URL: <http://www.human-resources-health.com/content/12/1/26>

*** Van Rensburg HCJ, Heunis JC, Steyn F**

2012. Human resources for health and the health professions in South Africa. In: Van Rensburg HCJ (Ed.) 2012. *Health and health care in South Africa*. Pretoria: Van Schaik Publishers: Chapter 7: 361-431.

*** Delobelle P**

2013. The health system in South Africa. Historical perspectives and current challenge. In: Wolhuter CC (Ed.). *South Africa in focus: Economic, political and social issues*. Nova Science Publications. Chapter 9: 159-295. ISBN: 978 1 62618 582 1.

*** George G, Quinlan T, Reardon C**

(2009) *Human resources for health: a needs and gap analysis of HRH in South Africa*. Durban: Health Economics and HIV & AIDS Research Division, University of KwaZulu-Natal.

*** Strachan B, Zabow T, Van der Spuy ZM**

2011. More doctors and dentists are needed in South Africa. *S Afr Med J* 2011, 101:523-528.

Additional literature:

Dal Poz MR, Dreesch N, Van Rensburg D

2008: Redefining HIV/AIDS care delivery in the face of human resource scarcity. In: Whiteside A, Ghaziani A Zuniga JM Eds). *A decade of HAART. The development and global impact of Highly Active Antiretroviral Therapy*. Edited by New York: Oxford University Press; 2008:477-495

Lloyd B, Sanders D, Lehmann U

2010. Human resource requirements for National Health Insurance. In: *South African health Review 2010*. Durban: Health Systems Trust: 171-177.

Mukherjee JS, Eustache FE

2007: Community health workers as cornerstone for integrating HIV and primary health care. *AIDS Care* 2007, 19(Suppl 1): S73-S82.

Schneider H, Lehmann U

2010: Lay health workers and HIV programmes: implications for health systems. *AIDS Care* 2010, 22(Suppl 1): 60-67.

Venter F

2013. HIV treatment in South Africa: The challenges of an increasingly successful antiretroviral programme. In: *South African Health Review 2012/13*. Durban: Health Systems Trust: 37-47.

WHO (World Health Organization)

2007. HIV/AIDS Programme. Strengthening health services to fight HIV/AIDS. Taking stock. Task shifting to tackle health worker shortages. [http://www.who.int/healthsystems/task_shifting_booklet.pdf2007. WHO/HSS/2007.03]

Question 3: What need to be added? AND What need to be unified?

(3) TO BE ADDED or TO BE UNIFIED: (3) Major healthcare challenges in South Africa: wide spectrum of diseases and deaths

In my opinion the article could benefit from a brief, systematic and coherent outlining of the major threats to the health of South Africans – i.e. the **major healthcare challenges**. Though there are small paragraphs on this theme, these are presented in a rather scattered and incoherent manner. Bear in mind, the health of the South African population constitutes the main driver and challenge, even the *raison d'etre* of the South African healthcare system – without diseases and deaths, no healthcare – and thus shapes the form, focus and dynamics of healthcare in the country. This is a changing challenge as the health needs and demands of the South Africans population (as defined by its morbidity/disease and mortality/death profiles) constantly change as new diseases and causes of death emerge. Of particular note regarding healthcare delivery in South Africa is that healthcare has become even more complex due to multiple disease burdens evolving. It is thus important to closely align **healthcare responses** to threats to **population health**.

As a **first step**, my **first recommendation** under this rubric is **to unify all the scattered paragraphs** dealing with diseases or ill-health under one inclusive heading or umbrella – **Major healthcare challenges** – thus linking these directly to healthcare.

As a **second step**, I recommend that these healthcare challenges/diseases be dealt with under either of two recently coined classification frameworks – both capture the entire spectrum of major healthcare challenges, respectively as follows:

(A) The “**colliding epidemics**”, including the (1) **explosive HIV and TB epidemics**; (2) the **high and growing burden of chronic illnesses**; (3) **mental health disorders, injury and violence-related deaths**; and (4) the **silent epidemic of maternal, neonatal and child mortality**.

OR

(B) The “**quadruple burden of disease**”, comprising the simultaneous burden of (1) **diseases and conditions related to HIV/AIDS**; (2) **diseases of inequality, poverty and underdevelopment**; (3) **chronic diseases or diseases of transition**; and (4) a persistently high fatality rate from **injury and other external causes**

Of course, this diversity of diseases/ill-health places quite divergent and escalating

demands on healthcare services.

Consult:

* **Bradshaw D, Pillay-Van Wyk V, Laubscher R, Nojilana B, Groenewald P, Nannan N, Metcalf C**

2010. *Cause of death statistics for South Africa: challenges and possibilities for improvement*. Cape Town: Burden of Disease Research Unit, MRC.

* **Chopra M, Lawn JE, Sanders D, Barron P, Abdool Karim SS, Bradshaw D, Jewkes R, Abdool Karim Q, Flisher AJ, Mayosi BM, Tollman SM, Churchyard GJ & Coovadia H**

2009. Achieving the health Millennium Development Goals for South Africa: challenges and priorities. *The Lancet* 2009 374: 1023-31.

* **Harrison D**

2010. *An overview of health and health care in South Africa 1994-2010: priorities, progress and prospects for new gains*. Discussion document on *Health in South Africa 1994-2010*. National Health Leaders' Retreat, Muldersdrift, 24-26 January.

* **Redelinghuys N**

2012. Health, morbidity and mortality: the health status of the South African population. In: HCJ Van Rensburg (Ed.) *Health and health care in South Africa*. Pretoria: Van Schaik. Chapter 5: 237-292.

As a **third step**, I then recommend that some of the most prominent diseases be dealt with under the two umbrella headings (each time linked to the applicable **healthcare** interventions and programmes):

(A) Communicable diseases: HIV/AIDS, TB. HIV/AIDS and other communicable or infectious diseases

The magnitude of the **HIV/AIDS epidemic** is reflected in soaring infection and prevalence rates and escalating deaths. To deal with the epidemic, the massive prevention and treatment strategies regarding HIV/AIDS have been launched in South Africa – unknown in human history. Furthermore, new models of care and novel cadres of health carers have been introduced to attend to escalating needs and demands resulting from HIV/AIDS, among these community health workers (including the array of home-based carers, lay health workers, lay counsellors, etc.).

In addition to HIV/AIDS, and nowadays closely intertwined with it, is the escalating **TB epidemic** in the country. A particular healthcare challenge is the reciprocal co-infection at stake. In the case of HIV, a high percentage (around 70%) of infected people is co-infected with TB. In turn, an equally huge proportion (around 70%) of TB-infected people is also HIV-infected. This steeply multiply the healthcare challenges necessary for the control of the two separate epidemics and even more amid the emergence of the TB-HIV/AIDS-co-

epidemic.

In addition, an array of other communicable and infectious diseases is of importance to healthcare in South Africa.

Key literature sources to consult:

*** Heunis JC, Wouters E, Kigozi NG**

2012. HIV, AIDS and tuberculosis in South Africa: trends, challenges and responses In: HCJ Van Rensburg Ed.) *Health and health care in South Africa*. Pretoria: Van Schaik: Chapter 6: 293-360.

*** Harrison D**

2010. *An overview of health and health care in South Africa 1994-2010: priorities, progress and prospects for new gains*. Discussion document on *Health in South Africa 1994-2010*. National Health Leaders' Retreat, Muldersdrift, 24-26 January.

*** Redelinghuys N**

2012. Health, morbidity and mortality: the health status of the South African population. In: HCJ Van Rensburg (Ed.) *Health and health care in South Africa*. Pretoria: Van Schaik: Chapter 5: 237-292.

*** Setswe G, Zuma K**

2013. HIV, AIDS and tuberculosis epidemics in South Africa: Overview of responses. In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD (Eds). *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press. Chapter 16. 485-516.

*** Venter F**

2013: HIV treatment in South Africa: The challenges of an increasingly successful antiretroviral programme. In: Health Systems Trust *South African Health Review 2012/13*. Durban: Health Systems Trust; 2013: 37-47.

(B) Non-communicable diseases (NCDs)

The healthcare challenges in South Africa are not limited to communicable diseases. Non-communicable diseases also pose major and growing threats to the health of the population, and thus also require suitable responses of healthcare, which obviously renders the healthcare scene in South Africa extremely diverse and much complicated. The fact is that the incidence and prevalence of **NCDs**, i.e. diseases of lifestyle and transition (chronic degenerative diseases) are high and soaring, especially ill-health and deaths caused by cardiovascular diseases, chronic respiratory conditions, cancers of various sites, diabetes mellitus, etc.

Current healthcare strategies or interventions include: changes of dietary patterns, strict regulation of smoking behaviour/anti-smoking campaigns, anti-alcohol advertising, regulation of salt content/salt consumption of food products, and campaigns to change

behavioural patterns and to promote healthy lifestyles. Two strategic plans of the Department of Health are of note: the *Mental Health Strategy* and the *NCD Strategy*, both to be part of an integrated health care model with the district-PHC as the vehicle to realise these strategies.

Key literature sources to consult:

*** Bradshaw D, Pillay-Van Wyk V, Laubscher R, Nojilana B, Groenewald P, Nannan N, Metcalf C**

2010. *Cause of death statistics for South Africa: challenges and possibilities for improvement*. Cape Town: Burden of Disease Research Unit, MRC.

*** Harrison D**

2010. *An overview of health and health care in South Africa 1994-2010: priorities, progress and prospects for new gains*. Discussion document on *Health in South Africa 1994-2010*. National Health Leaders' Retreat, Muldersdrift, 24-26 January.

*** Redelinghuys N**

2012. Health, morbidity and mortality: the health status of the South African population. In: HCJ Van Rensburg (Ed.) *Health and health care in South Africa*. Pretoria: Van Schaik. Chapter 5 Chapter 5: 237-292.

*** The Interacademy Medical Panel (IAMP) and Academy of Science of South Africa (ASSAf)**

2013. Proceedings Report. *Changing patterns of non-communicable diseases*. The Interacademy Medical Panel Conference, Johannesburg, 14-15 August 2013.

Suggestions: With reference to the current **six paragraphs** under section **2 Health status** (consider my suggestion above to change the section heading to **2 Major healthcare challenges in South Africa: wide spectrum of diseases and deaths**) the following general observations and recommendations apply:

- In these paragraphs the **focus of contents** and **argumentation** should remain on or clearly shift to **healthcare** – i.e. to **healthcare interventions, healthcare programmes** and **healthcare resources** addressing any of the major healthcare challenges.
- The **figures cited** on the various conditions (**HIV/AIDS, other infectious/communicable diseases, malnutrition, mental health, maternal and child healthcare**) dealt with in each of the paragraphs need to be updated and as far as possible most recent figures used.
- The **Millennium Development Goals** (MDGs) – and South Africa's poor performance relative towards achieving these (even non-progress or deterioration) – are quite revealing an need to be dealt with in this section as it apply to all the conditions addressed.

Consult: Chopra et al. 2009: 2; Day & Gray 2010: 211-214; Rispel & Hunter 2013: 536-556; Van Rensburg & Engelbrecht 2012:175-177).

- Keep the **space allocated to each of the paragraphs in balance** – equal space to

each paragraph to avoid unbalanced representation. After all they are all major challenges to healthcare in South Africa.

- The following specific observations with regard to the contents of the six paragraphs might be useful (the literature cited below provides ample materials for upgrading these paragraphs):
 - **Life expectancy - note:** the huge **gender** and **race** differences in life expectancy, the **marked fall** in life expectancy caused by the HIV/AIDS epidemic, and the **slow recovery** to previous levels in recent years.
 - **HIV/AIDS -note:** the close link between HIV/AIDS and TB (tuberculosis), so much so that there is increasing reference to the **dual TB-HIV/AIDS epidemic**, the **co-epidemic**: very high proportions of HIV-infected people also infected with TB, and *vice versa*: high percentages of TB sufferers also HIV-infected.
 - **Other infectious diseases - note:** the array of infectious or communicable diseases, mostly diseases of poverty.
 - **ADD: Non-communicable diseases - note:** the soaring incidence and prevalence of diseases of life-style or transition.
 - **Malnutrition - note:** do not haphazardly jump from one topic to another.
 - **Mental health - note:** more clarification on the nature and prevalence of mental health, violence and trauma.

Note also: In terms of space allocation, mental health carries disproportional emphasis relative to the other conditions.

Note: Is the term “*native population*” appropriate? I do not think so; it is seldom, if ever used.
 - **Maternal and child healthcare - note:** look specifically to the status and trends of these as dealt with in South Africa’s progress (or lack of progress) towards the MDGs.

Key literature sources to consult:

*** Bradshaw D**

2008. Determinants of health and their trends. In: Health Systems Trust. *South African Health Review 2008*. Durban: Health Systems Trust

*** Bradshaw D, Pillay-Van Wyk V, Laubscher R, Nojilana B, Groenewald P, Nannan N, Metcalf C**

2010. *Cause of death statistics for South Africa: challenges and possibilities for improvement*. Cape Town: Burden of Disease Research Unit, MRC.

*** Chopra M, Lawn JE, Sanders D, Barron P, Abdool Karim SS, Bradshaw D, Jewkes R, Abdool Karim Q, Flisher AJ, Mayosi BM, Tollman SM, Churchyard GJ, Coovadia H**

2009. Achieving the health Millennium Development Goals for South Africa: challenges and priorities. *The Lancet* 2009 374: 1023-1031.

*** Day C, Gray A**

2010. Health and related indicators. Durban: Health Systems Trust 2010: 211-353.

*** Day C, Gray A**

2013/14. Health and related indicators. Durban: Health Systems Trust 2014: 201-346.

*** Harrison D**

2010. *An overview of health and health care in South Africa 1994-2010: priorities, progress and prospects for new gains*. Discussion document on *Health in South Africa 1994-2010*. National Health Leaders' Retreat, Muldersdrift, 24-26 January.

*** Heunis JC, Wouters E, Kigozi NG**

2012. HIV, AIDS and tuberculosis in South Africa: trends, challenges. In: HCJ Van Rensburg (Ed.) *Health and health care in South Africa*. Pretoria: Van Schaik: Chapter 6:293-360.

*** Redelinghuys N**

2012. Health, morbidity and mortality: the health status of the South African population. In: HCJ Van Rensburg (Ed.) *Health and health care in South Africa*. Pretoria: Van Schaik: Chapter 5:237-292.

*** Rispel L, Hunter J**

2013. The Millennium Development Goals and healthcare reforms in South Africa: Progress and challenges. In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD (Eds). *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press. Chapter 18: 536-556.

*** Setswe G, Zuma K**

2013. HIV, AIDS and tuberculosis epidemics in South Africa: Overview of responses. In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD (Eds). *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press. Chapter 16. 485-516.

Additional literature:

Bradshaw D, Norman R, Lewin S, Joubert J, Schneider M, Nannan N, Groenewald P, Laubscher R, Matzopolous R, Nojilana B, Pieterse D, Steyn K, Vos T and the South African Comparative Risk Assessment Collaboration Group

2007. Strengthening public health in South Africa: building a stronger evidence base for improving the health of the nation. *South African Medical Journal* 97(8): 643-649.

and responses In: HCJ Van Rensburg Ed.) *Health and health care in South Africa*. Pretoria: Van Schaik: Chapter 6.

Rispel LC, Kibua TN

2011. Whither the MDGs? Stewardship for health In Kenya, Nigeria and South Africa. Kondlo K, Ejiogu C (Eds) 2011: *Africa focus: governance in the 20th century*. Cape Town: HSRC Press: 240-258.

Schneider M, Bradshaw D, Steyn K, Norman R, Laubscher R

2009. Poverty and non-communicable diseases in South Africa. *Scandinavian Journal of Public*

Setswe G, Zuma K

2013. HIV, AIDS and tuberculosis epidemics in South Africa: Overview and responses. In: Pillay U, Hagg G, Nyamnjoh FC, with Jansen JD (Eds). *State of the Nation: South Africa 2012-2013. Addressing inequality and poverty*. Cape Town: HSRC Press; 2013: 485-516.

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2013: HIV treatment in South Africa: The challenges of an increasingly successful antiretroviral programme. In: Health Systems Trust *South African Health Review 2012/13*. Durban: Health Systems Trust; 2013: 37-47.

WHO (World Health Organization)

2008. *The top ten causes of death. Fact sheet 310*. <http://www.who.org>

WHO (World Health Organization)

2009. *Global risks: mortality and burden of disease attributable to selected major risks*. Geneva: WHO.

WHO (World Health Organization)

2011. *Millennium Development Goals: progress towards the health-related Millennium Development Goals. Fact Sheet 290* (May 2011).

Question 4: Is the article well written and understandable at a high school level?

I am not convinced that the article is **well written** and **understandable** for readers at a high school level? It may even be confusing due to all the aforementioned comments, especially the **lack of a logic flow of argumentation**, the **mixing of the materials**, and not strictly and primarily sticking to the analysis of **healthcare in South Africa**.

The article jumps incoherently to indirectly related topics, especially, population health, environmental factors in health, health status, and specific diseases. These are themes that indeed indirectly relate to healthcare, but the author(s) does not indicate these as such. A strict distinction between **healthcare** and **population health** must be throughout maintained in the presentation and in the accompanying argumentation.

3. Content

Is the article comprehensive of major facts related to the topic? Is the article adequately placing the subject in context? What does it miss? Please provide a list of topics you think should be included in the article (suggestions must be related to bibliography). Do you find that some arguments are not meaningful or representative of the topic for a general public. What should be deleted? Please explain why.

2/2

In the previous sections of this review of the article I have already comprehensively commented and recommended on all the questions above, i.e.:

Question 1: Is the article comprehensive of major facts related to the topic?

Not sufficiently, with important or key facts not addressed.

Question 2: Is the article adequately placing the subject in context?

No, a broader context is almost entirely missing. See my comments on **introduction** and **context**.

Question 3: What does it miss?

What the article misses, is – in my opinion – elaborately explained under **1. Quality of the Summary** and **2. Structure and style of the article**.

Please provide a list of topics you think should be included in the article (suggestions must be related to bibliography).

Elaborate lists of key sources are given at appropriate places on sections/materials that “**should be**” included, deleted and unified in the article.

Questions 4/5: Do you find that some arguments are not meaningful or representative of the topic for a general public. What should be deleted? Please explain why.

In answering these questions, I provided elaborate arguments and explanations at the appropriate places in the previous sections: **1. Quality of the Summary** and **2. Structure and style of the article**. These equally apply to **3. Content**.

4. International and local dimension

Is the article neutral (it presents general and acknowledged views fairly and without bias)? Is the article representative of the international dimension and consolidated research about the topic? If applicable, does the article feature examples from all over the world (no localisms)? Please draft a list of what is missing with related references.

Question 1: Is the article neutral (it presents general and acknowledged views fairly and without bias)?

My response to this question would be to leave this to the judgement of the author herself/himself/themselves, after carefully weighing my comments on the entire article. Keep especially in mind that Western-type healthcare is not the sole modality in South African healthcare (a **Eurocentric** approach or view).

Question 2: Is the article representative of the international dimension and consolidated research about the topic?

In my opinion, the article specifically focuses on South African healthcare – it represents a **country-specific** focus and analysis. However, the themes addressed in the article and the way in which these are addressed, are in line with international methods and practices in analysing healthcare and healthcare systems.

Question 3: Does the article feature examples from all over the world?

Being a country-specific analysis, examples from all over the world are in this case not really expected and applicable. However, internationally recognised concepts and frames of reference are appropriately used in the article.

5. References (essential to allow the articles to be improved)

Is the list of publications comprehensive and updated? Does it list the fundamental monographs and papers? Please provide primary/generic and secondary/original resources which need to be included and suggest the list of publications which should be removed.

Question 1: *Is the list of publications comprehensive and updated?*

In response to this question: the list of consulted publications is not comprehensive and updated, and in many cases do not include more representative and more authoritative publications.

Note: During the course of my review, I indicated a number of shortfalls. I thus repeatedly recommended a large variety of related literature references which the author(s) could, and in many cases, needs to consult for more insights on the topic, for better balance and coherence in the analysis and argumentation, and for correct and updated facts and figures.

Question 2: *Does it list the fundamental monographs and papers?*

As a result of the aforementioned, the list of references used by the author(s) does not include many of the more important publications on the broader topic of **healthcare in South Africa**. Many more insights could be generated, better organization of the materials broad about, and more balanced argumentation reached in the article by consulting and integrating some of the or key references/publications/literature cited in the course of my review.

Note: I did provide extensive lists of primary/original and secondary sources linked to the general structure and contents of the article, as well as to particular sections and paragraphs of the article. To enhance the quality and representativeness of the article, the author(s) could/even should consult and include at least some of these in the article.

Note: A meaningful **Conclusion** would neatly round-off the article.

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