

The state of Health in the City of Johannesburg

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Public healthcare plays a significant role in the functioning of the City of Johannesburg and its residents.

The City devotes many hundreds of millions of Rands to primary health care services and into the running of local clinics.

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

HIGHLIGHTS

A majority (58%) of the residents of Johannesburg make use of public healthcare facilities



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Accessing 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. 58% 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 21% in the current survey.

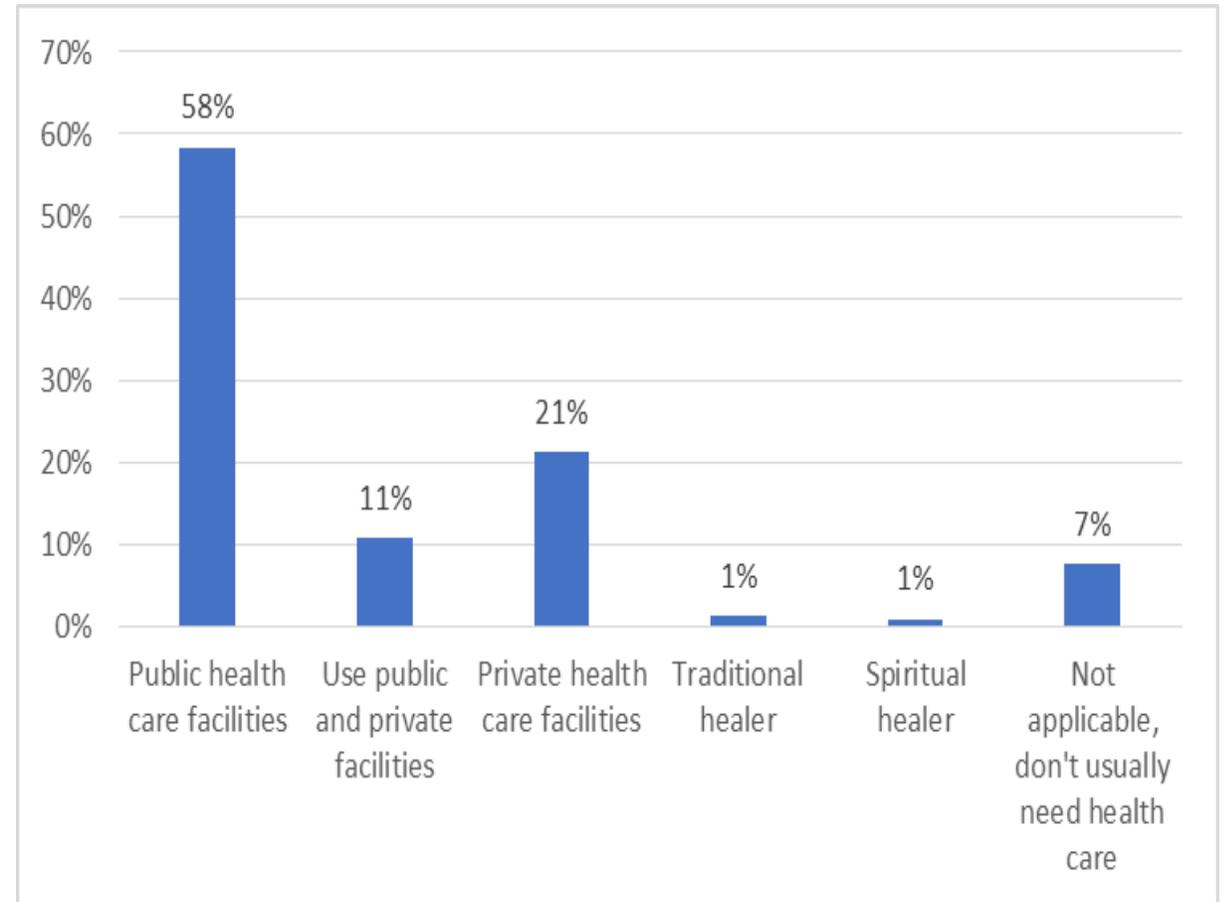


Figure 1: Where do you usually go for medical care? The majority of respondents (58%) usually go to public healthcare facilities, followed by 21% of the respondents who usually make use of private healthcare facilities. Very few respondents use traditional or spiritual healers (1% each)

What is up is the percentage of those who use both public and private facilities, from 6% in 2013 to 10% 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.

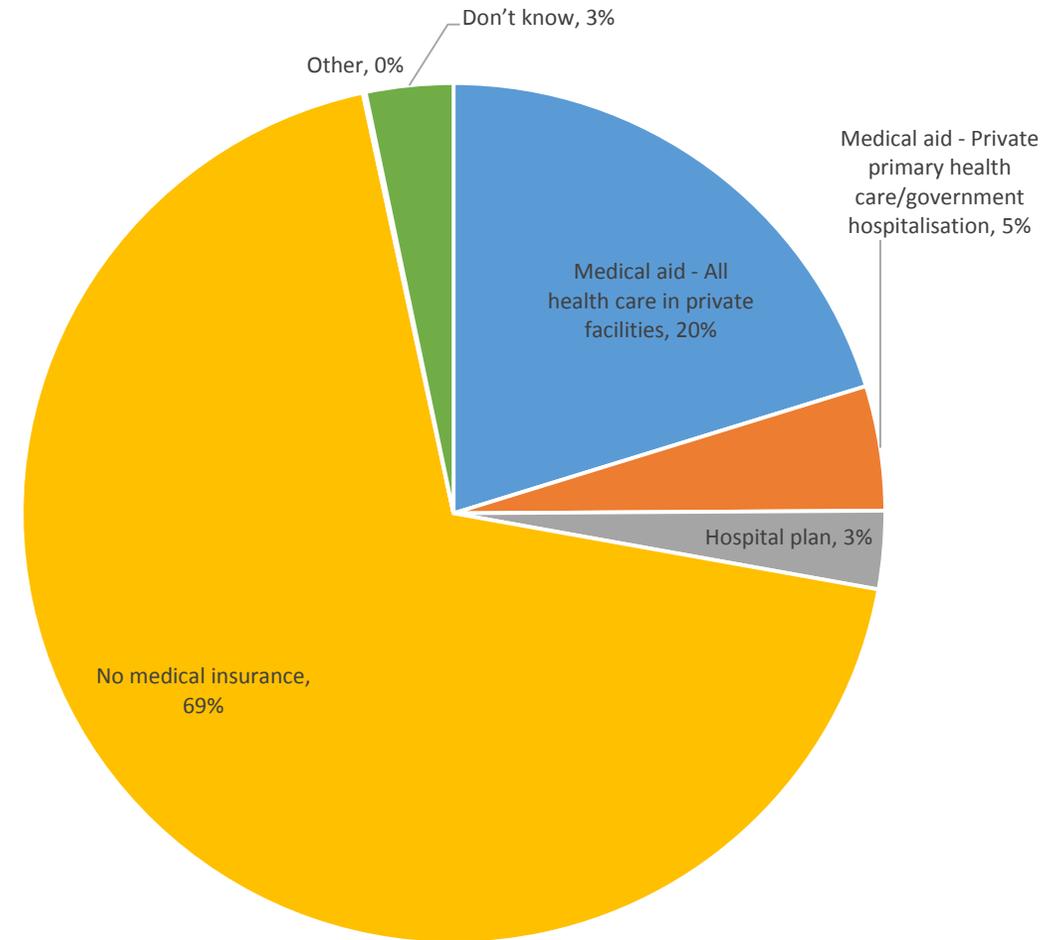
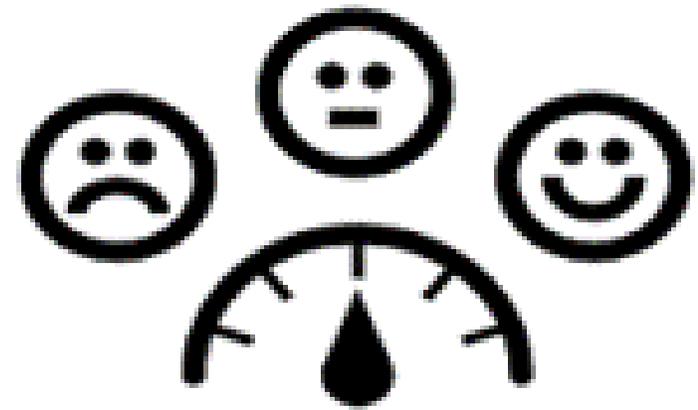


Figure 2: Type of medical insurance. The overwhelming majority (69%) of the respondents do not have medical aid while the second largest of the respondents receive all healthcare in private facilities (20%)

Satisfaction with healthcare services

Generally, 70% of respondents are satisfied (either 'very satisfied' or 'satisfied') with the care they receive at the facilities they usually use. Although Joburg residents are generally satisfied with public healthcare facilities, disparities do occur between municipalities and within municipalities. 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.



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 3** 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 (28%).

On the other, there are respondents who use public health care facilities even though they have medical aid. Asked why, 28% indicated that the public facility provides the best treatment available, and 27% said the cost of private treatment was too high (**Figure 4**). It is therefore clear that a perception of poor care in public facilities does not hold in all scenarios.

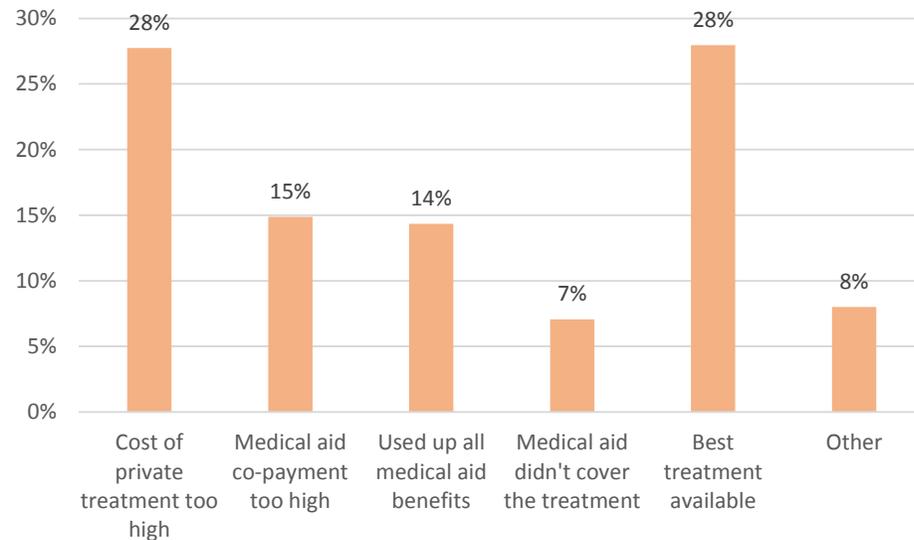


Figure 4: Reasons for using public healthcare facilities despite having medical aid. 28% of respondents with medical aid use the public healthcare facilities because they find public healthcare faculties to provide the best treatment available. Similarly, 28% of the respondents indicated that they also used public healthcare because the cost of private healthcare was too high. Other reasons, such as various medical aid limitations, are much less common (less than 15%)

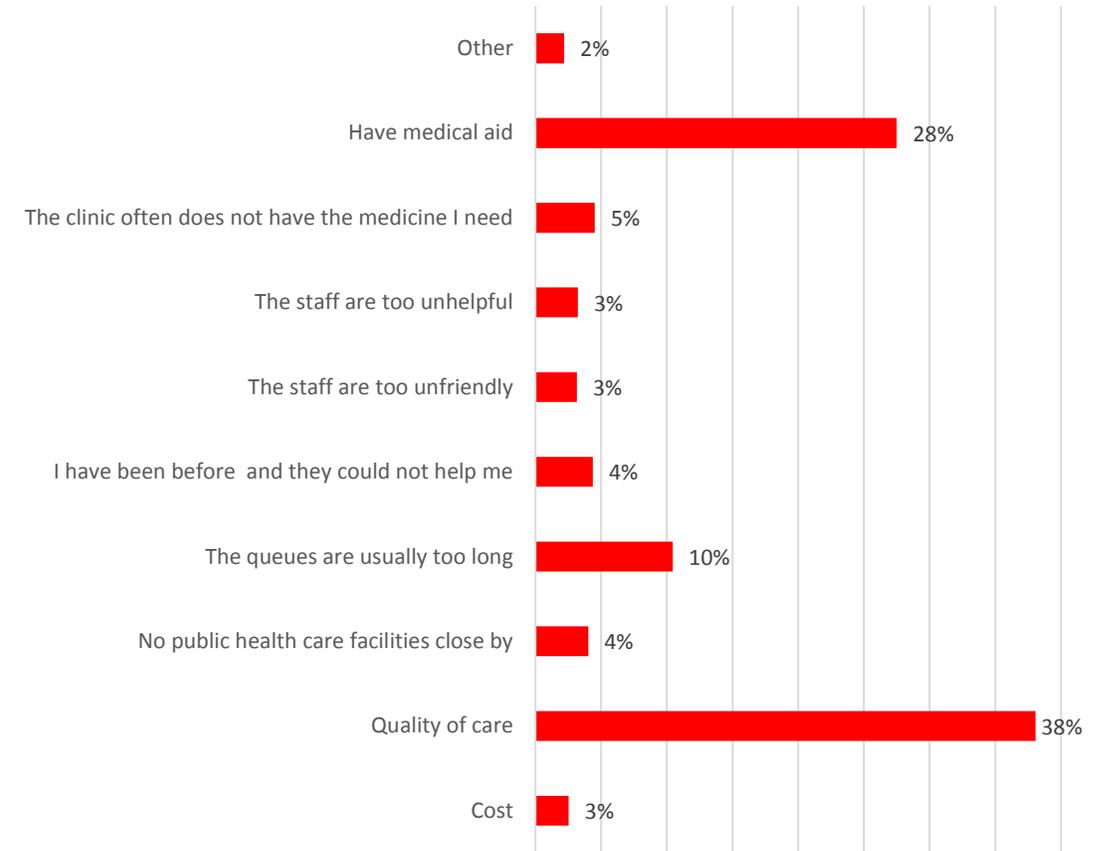


Figure 3: Reasons for not using public healthcare facilities. In most cases, respondents who do not use public healthcare facilities avoid them due to the perceived low quality of care (38%) or because they have medical aid (28%). Other reasons, including the availability of medication, cost, capacity and efficiency are less common (less than 5%)

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 5**, the most prevalent self-reported health problems affecting Joburg residents are hypertension (13%) , influenza/pneumonia (12%) and diabetes (11%).



On the whole, Joburg respondents seem relatively healthy. 92% said their health status was excellent or good in the four weeks prior to the interview. That said, 30% reported that their health status 'always' or 'some of the time' prevented them from doing daily work, and 28% 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.

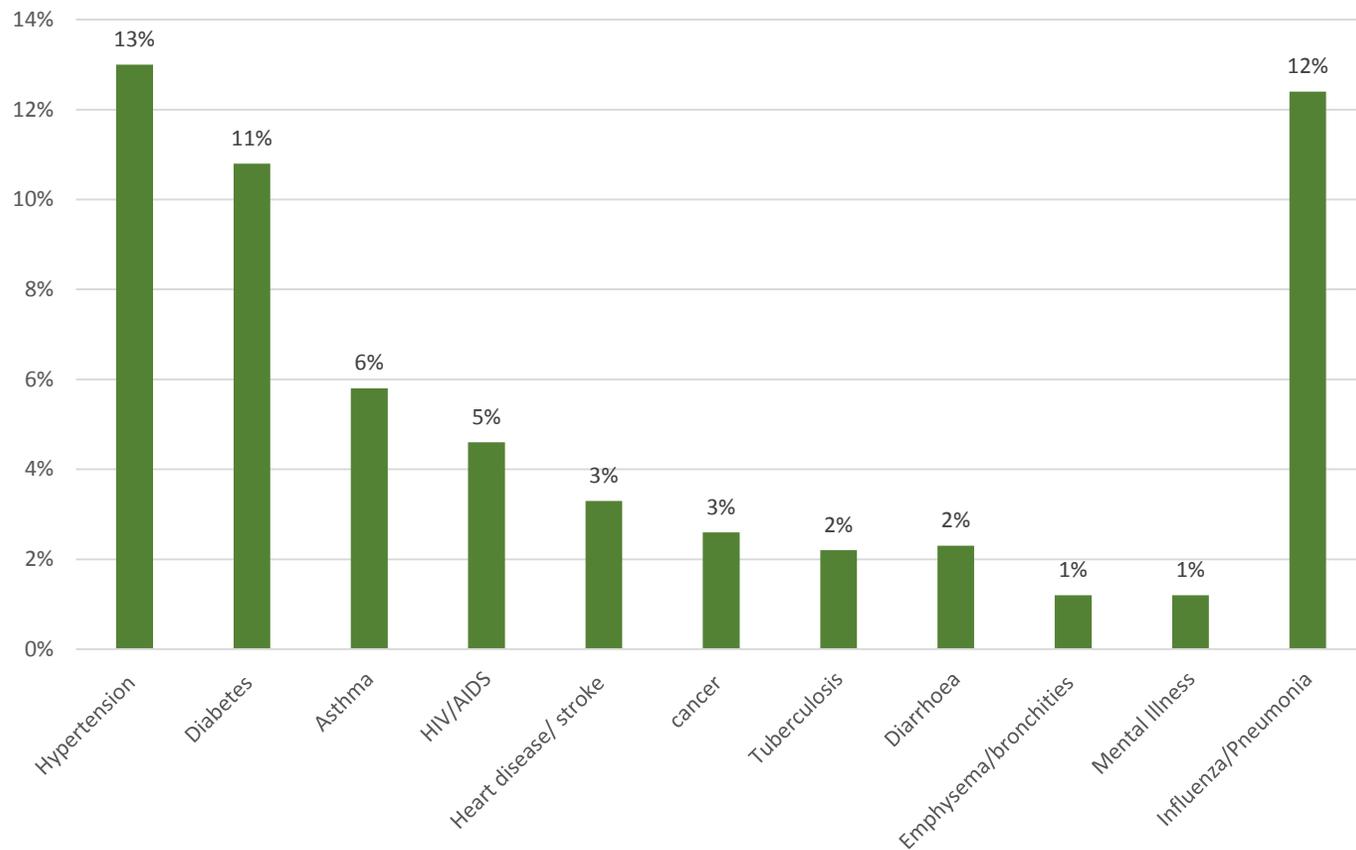


Figure 5: Most prevalent problems in the City of Johannesburg. Hypertension (13%), Influenza/pneumonia (12%) and Diabetes (11%) are the most prevalent health problems in Joburg, indicates here as the percentage of respondents who experienced it as a problem in the last year. Note that the respondents were allowed multiple mentions and that 59% of the respondents selected the none of the above option, suggesting that a variety of other health problems also affect respondents' quality of life.



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