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COVID-19 placed a spotlight on stark inequities in health and social systems

The COVID-19 pandemic has yet again placed an unrelenting spotlight on the stark inequities in the South African health and social systems. Around 84% of South Africans are dependent on the public healthcare sector with around 16% making use of the private health sector.

Associate Professor Lydia Cairncross, the head of the Breast and Endocrine Surgery Unit at the University of Cape Town's (UCT) Faculty of Health Sciences and Groote Schuur Hospital, said facing a pandemic with a fragmented and unequal health system will only exacerbate existing inequalities.

"We need one health system to effectively implement a strategy to contain a virus that crosses social boundaries. The public-private divide prevents this.

"An equitable health system organised on the principles of social solidarity and equality is one in which an unemployed health worker from Khayelitsha would have the same access to quality care (including high care and intensive care) as a chief executive officer of a major conglomeration," she shared.

In an ideal system, Cairncross said health should be viewed as a public good and access to the health system should be free at the point of service.

"The health system should be publicly funded and publicly managed and grounded in the principles of primary healthcare which means that you start off at a community level with community health workers and health promoters as your first connection between the health system and communities. And it means a move away from a purely curative approach to a preventative one," she added.

Cairncross, a fierce defender of health and human rights, is also a member of the People's Health Movement of South Africa (PHM-SA). Her advocacy work around the pandemic has been focused on mobilising communities to campaign for a just response to COVID-19.

"I think COVID-19 has shown us that the link between communities and the health system needs to be strengthened. To prevent COVID-19 spread, we needed deep and trusted roots

in all communities so that the early messages of prevention (and now the message of vaccination) could be delivered quickly and supported effectively," she said.

"This means having health promoters and community health workers who are recognised, respected and integrated into the health system."

With the support of PHM-SA, Cairncross initiated small-group, face-to-face, COVID-19 training workshops in various communities including Gugulethu, Khayelitsha, Nyanga, Blikkiesdorp, Tulbagh and Manenberg.

"We wanted to set up the workshops to teach communities how to meet safely in the presence of the virus," she explained.

Cairncross believes that more people should engage with "the stark reality of the South Africa we live in" as this will generate a deeper and more nuanced understanding of why people behave in a certain way.

"We have an extremely active engaged citizenry. People are intelligent and innovative and creative. So, if they're not doing the things that public health officials think they should be doing, there's probably a good reason. And if we don't understand what those reasons are, we're not going to get through this pandemic safely."

She said that the factors that determine whether we are sick or healthy begin way before we actually present with disease.

"If you think of something like childhood diarrhoea, this is directly linked to nutrition and to the quality of water that children drink. If you think of measles, this is linked to access to primary care facilities and vaccination. If you think of diabetes and hypertension, this is connected to access to and knowledge of good nutrition, and the ability to exercise in safe neighbourhoods.

"So, if we just fix the health system, we are intervening too late to make a tangible difference to the health of all the people in the country and beyond. And we can only do so much as doctors, but if we don't have housing, water, education, and good food, we will never be able to close the tap on the illnesses that people get."



Associate Professor Lydia Cairncross

Photo: Je'nine May/UCT

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