PREFACE

The South African public healthcare system has undergone fundamental changes since 1994. There is a solid constitutional and legislative policy framework in place that guarantees the right to access to public healthcare. It insists that public services are provided to citizens in an equitable and efficient manner. Studies have shown that difficulties remain in the public sector's ability to implement public healthcare policies because of a lack of qualified healthcare workers and healthcare infrastructure.

However, it is argued that South Africa's system of public healthcare is complex. It comprises of different governance structures; government departments; tiers; and with different levels of care across levels of government, between urban and rural areas and in the private or public sector. For example: the National Department of Health is responsible for developing national health policy and overseeing implementation. Three tiers of hospitals exist (namely tertiary, regional, and district); a primary healthcare system (at local government level through primary healthcare facilities responsible for preventive and curative services); and a private health system (consisting of general practitioners and private hospitals, with care in the private hospitals mostly funded through medical schemes). These different permutations have implications for coordinating governance and monitoring policy implementation. It complicates the governance process.

More than 80% of South Africa's population depend on public healthcare. Yet, patients struggle to access care, particularly in the rural areas. Although South Africa has developed a robust system of social security which includes disability, care dependency and old-age grants, substantial barriers remain in receiving care even in the context of free PHC in the public health sector. For instance, greater access barriers are experienced by rural communities compared to urban communities, including distance, time and cost of accessing health services including emergency transport.

Weaknesses in training, support, supervision and of appropriate leadership to manage underperformance in the public health sector are additional issues of concern. Another major challenge for the public health service, according to the ANCs National Health Plan for South Africa (1994) is the human resource crisis, especially at community and primary healthcare levels in the public health sector, with a lack of health personnel in rural areas. Moreover, deficiencies in stewardship, leadership, quality of care, inefficient management, and an absence of managerial oversight and accountability further thwart any real progress. Other challenges include a health sector that is under-resourced, failure amongst political leaders to sustain the system, issues of remuneration, ageing infrastructure and the HIV/AIDS epidemic create immense demand on South Africa's public healthcare system.

The Department of Health has developed a number of policy documents and programmes that govern the provision of healthcare, (such as the Patients' Rights Charter, The Health Sector Strategic Framework 2014-2019, The National Health Act (61 of 2003); the White Paper for the Transformation of the Health Sector in South Africa (released in April 1997), and most recently the White Paper for National Health Insurance released in December 2015. The underlying premise is that the manner in which such public policies and programmes are implemented and managed, is a matter of governance.