

Bezawit Tekola  
Health Care Challenges in South Africa  
Cape Town, South Africa-March 2008  
Spring 2008 Scholarship report

March 1<sup>st</sup>, 2008 my flight landed in Cape Town, South Africa. As the plane slowly taxied to the gate, I remember looking out the window wondering what to expect from this trip. All I had were images of the scenic snapshots of nature I saw in my guide book. I was unaware of the wealth of knowledge and experience I was about to gain over the next month, starting the minute I stepped foot on South African soil.

As a fourth year medical student, I knew I wanted to take full advantage of my last year as a student and observer. Thus, I applied and received a scholarship to go to Cape Town, South Africa with Child and Family Health International. For as long as I could remember I have had a curiosity with South Africa, a country rich in diverse history. It is a middle income country on a continent of primarily third world countries. I wondered how it set itself apart, and how it gained its wealth. During the month I spent in Cape Town, I learned so much about the country and its people, past and present. I was particularly interested in the health care system of a second world since I was trained to become a physician in the first world, the United States, and born and raised in a third world.

According to the World Health Organization, South Africa is a country with a total population of 48,282,000 people of various backgrounds including European, Asian, and of course African ancestry. One of the first things that struck me on this trip was the amount of diversity in the country. I immediately realized that I was looking at an entirely different social structure and demographics, where racial, gender and provincial disparities are the leading challenges. Just like much of the Sub-Saharan Africa, HIV/AIDS and TB are the leading health challenges in South Africa. Through this CFHI program, I had the opportunity to see how the South African healthcare system has dealt with this and various other types of public health crisis.

Although South Africa is classified as a middle-income country and spends about 8.7% (WHO 2007) of its gross domestic product on health care, the majority of the South African population has inadequate access to basic services, such as health, clean water and basic sanitation. The health system in South Africa is structured as a "District Health System" (DHS) where the district, defined as a geographical area with boundaries and a defined set of population, provides health care under one governance/umbrella. Thus, the Local Authority provides preventative health (including TB, HIV, and STIs), and the Provincial Administration of the Western Cape provides the curative and rehabilitative care. This system prevents the duplication of services and misuse of resources. Other advantages to such services include accessibility, affordability, and decreased waiting time. Also, with the district health system, it is easier to control the budget.

During my stay in South Africa, I was able to observe how the District Health System operates. The first two weeks I spent working at one District hospital called Victoria Hospital. It is a secondary teaching hospital and falls under the Provincial Health Department and the University of Cape Town. It is located in the southern suburbs of Cape Town serving as drainage for all the Community Health Centers that fall under its jurisdiction. Victoria has 158 inpatient beds and serves about 47,000 patients per year, 50% of which are uninsured. This experience was interesting in that I was able to observe how the residents, faculty and other staff operate. To my surprise this experience was very similar to that of

US inner city hospitals. I observed the lack of some resources. However, it was not nearly as poor or lacking as I anticipated.

On my First day there I wrote:

*“[Victoria] hospital was all new to me but also very familiar. We conducted rounds in the morning and followed up on plans in the afternoon. Today alone I saw an MI, afib, COPD, PE, and multiple HIV/TB patients. I really felt like I was in an inner city in the US if it wasn't for all the HIV/TB cases. Victoria was very clean and well organized...definitely not what I expected to see on my first day in South Africa”*

The 2<sup>nd</sup> half of my visit was spent in GF Jooste Hospital which is another secondary teaching hospital that serves another district, Manenburg area. I truly enjoyed this experience because it was a drastically different environment. Here, there was a much larger black African patient population, which is apparently the poorest group of people. It is here that I learned about the large racial disparity that still exists in South Africa. At GF Jooste, I worked mostly in the casualty department and in the Infectious Disease/HIV clinic. The HIV clinic was very busy and very interesting in that I learned the most about HIV/AIDS, and its many co-morbidities that I would otherwise have never seen in the US.

From my experiences at these two hospitals as well as discussions with our local coordinators, the most pressing challenges of health care in South Africa include despair about HIV/AIDS and government reluctance to establish treatment guidelines, lack of basic infrastructure (relatively speaking) and rising costs especially in the private sector. To my surprise, South Africa has also become a target for drug traffickers and gang lords. The country has climbing rates of MVAs, gunshot wounds, and stabbings. The violence, in addition to the growing problem of HIV/AIDS, as well as TB, seems to be overburdening the public health care system.

Overall, I took away three lessons from my experiences in Cape Town, South Africa.

1. International comparison of health care systems is very difficult and possibly even dangerous because different challenges require different solutions.
2. HIV/AIDS is a global problem targeting the poorest and the economically and socially disadvantaged worldwide including the wealthy nations, where the poor within these states are affected.
3. Sometimes we have to take ourselves out of our element to truly appreciate where we are in our careers as well as our lives.

The best experiences in life are those that leave you asking more questions. As for me, my initial question of expectations as I landed in Cape Town was replaced with a multitude of other questions about life, politics, and health care. One eminent question I carry with me as a result of my South African experience is: As healthcare providers, should we focus more energy addressing the issue of poverty in order to address the health care of society?



The famous Table Mountain



One of the townships as we drove through Cape Town

What a contrast from the Townships! This is Clifton beach area the more affluent part of Cape Town



Marion (the local coordinator), Avril (the director), and I



Me and My South African Family