

# ERSA Research Brief

---

## **Free public healthcare does not remove inequality of healthcare access**

Despite the availability in South Africa of free public health care for young children, sick children in poor households are less likely to receive medical treatment than those from more well-off households.

In “Dynamic Health Care Decisions and Child Health in South Africa” (ERSA Working Paper No. 142), Olufunke Alaba and Steven Koch examine the behavioural pathways followed by adult caregivers in seeking healthcare for their young children. They conclude that income levels remain a key determinant in the decision to seek medical help. In its current form, then, public health policy does not do enough to mitigate health inequality among young children.

One possibility is that transport costs are too onerous for these households, in which case mobile clinics and subsidised transport could be policy solutions.

Additionally, Alaba and Koch find that delays in caregivers’ decision to have ill children treated increases the probability that the – ultimately – severely ill children will be taken to private healthcare facilities. This, they argue, indicates that delayed healthcare could lead to unfavourable household expenditure shocks and points to a number of possible policy interventions.

One is to use education to work towards reducing the delay in taking sick children for medical help, given that delays could result in poorer health outcomes. Another is to examine why caregivers take severely ill children to private facilities. If the reason is a lack of faith in the quality of public healthcare, the quality and responsiveness of the public healthcare system must be improved.

## **Detailed data and a dynamic pathway model**

Alaba and Koch’s research incorporates the severity of illness and various household resource and structure constraints facing caregivers, and is based on detailed World Health Survey data collected in South Africa in 2002. Complete data was available for 332 households.

The analysis follows the sequence of likely decisions, from the detection of illness in children under six, the decision to find treatment, the timing of this treatment – whether within 24 hours, or delayed – to the type of facility sought for treatment. Unlike the static formulation employed in similar research models, this dynamic pathway model allows for conditionality, whereby decisions at one level influence the outcome at subsequent levels.

Only 15% of the children in the sample are covered by health insurance. Two-thirds of the children covered in this data set were ill during the observation period; nearly two-thirds live with their biological parents and in nearly two-thirds of the cases the head of the household is married.

Of the children who fell ill, about a fifth were not treated; just over half were treated immediately and the rest were treated after a delay of at least 24 hours. The majority of children received treatment from a public health facility.

While the findings suggest that income levels are a determinant of the likelihood of seeking treatment for ill children, the immediacy of treatment is not strongly influenced by household income or the availability of insurance cover. Instead, whether a sick child is taken to a healthcare facility within 24 hours of the detection of illness is associated with the number of observed symptoms and the availability of additional household members who can take over household responsibilities.