Progress and Challenges in Achieving SDG 3 in South Africa

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Abstract- The article aims to examine the extent of achievement of sustainable development goal (SDG) 3 (focus) in the context of South Africa (focus).It is an important topic to explore as globally countries struggled to achieve the millennium development goals (MDGs) and then advanced the goals under SDGs to be realized by 2030. As time progresses, an assessment is required to investigate what the level of performance of SDGs is and challenges requiring strategies as a way forward. The article uses a qualitative research approach to gather information. The information was compiled through document review and thereafter through document analysis the information was reviewed and assessed. The findings show that the country has implemented a national health insurance (NHI) policy to deal with health-related issues, however the achievement of SDG 3 is not fully realized. The reasons could be that the country is still struggling with social, economic, political challenges such as poverty and unemployment, hence people are not in financially comfortable situations to assess adequate health services and benefits. The article offers suggestions to improve the situation.

Keywords – Health, Qualitative, South Africa, Sustainable development goal 3, wellness.

I. INTRODUCTION

South Africa has a longstanding desire to address historic public health challenges that continue to affect its current efforts to achieve Sustainable Development Goal number three, ensuring healthy lives and promotingwell-being for all at all ages. The evolving socio-economic challenges in South Africa today necessitate policies in pursuit of universal health coverage, as the challenges of health inequalities have persisted for close to a century now (Whyle& Olivier, 2023). Three decades ago, the government prioritiseddecentralised primary health care service provision specifically to address the inherited apartheid inequalities, thereby necessitating a revamp of the health sector architecture (Hlafa et al., 2019). In recent years, the ruling African National Congress (ANC) has intensified this vision through enacting and pushing for the implementation of the National Health Insurance (NHI). NHI policy aspires to specifically address questions of equity in health through tackling the persisting yet profound disparities that exist in the dual public and private sector health systems (Naidoo, 2012). Thus, the National Health Insurance Bill represents one of the boldest post-apartheid steps that has a bearing on the possibility of South Africa addressing current bottlenecks that have a negative bearing on the country's ability to achieve or at least drift closer to meet SDG 3 targets. This legislative step establishes a progressive framework for universal health coverage in the country (Solanki et al., 2024)(Naidoo et al., 2024).

The underpinning framework is progressive in that it directly feeds into the global aspirational vision of Universal Health Coverage. This global health priority, which is gaining international momentum, just like the NHI, seeks to ensure that all individuals have access to the health services they need without suffering financial hardship (Naidoo et al., 2023). Thus, South Africa's approach to achieving UHC is through this national health insurance program, whose strategy involves creating a single funding pool, which is primarily financed through a mandatory prepayment mechanism like taxes, which standardises the purchase of healthcare packages(Whyle& Olivier, 2023;Masuku & Sabela, 2020). The proposed purchasing model brings checks and balances in the healthcare sector through separating the roles of funding partners, service consumers(purchasers), and service providers, thereby enhancing efficiency and accountability within the healthcare system (Murphy & Moosa, 2021).

There is optimism among the majority of South Africans that this decentralised governance model will usher in the desired equitable health architecture, particularly at the district health system level, a critical health delivery structure to achieve successful and sustained implementation of universal healthcare services (Fusheini& Eyles, 2016;Murphy & Moosa, 2021). The district health system represents the primary vehicle for delivering services in South Africa as

it is designed to take health services to the people (Fusheini& Eyles, 2016). However, this District Health System structure has not realised its full functionality in delivering equitable and quality primary healthcare services due to challenges such as contested policy inconsistencies, resource limitations, and fragmented service delivery (Tshabalala &Rispel, 2023). While the proposed National Health Insurance system ushers new hope to restructure and address some of the bottlenecks through enhanced coordination and standardised care delivery across different healthcare providers, its implementation already faces hurdles with resistance from the private sector and some political players within the government of national unity (Tshabalala &Rispel, 2023). The complexities of navigating varied governance priorities for multi-stakeholders to an important service like health makes it difficult for cross-government coordination across multiple spheres of government and political contestations over limited resources.

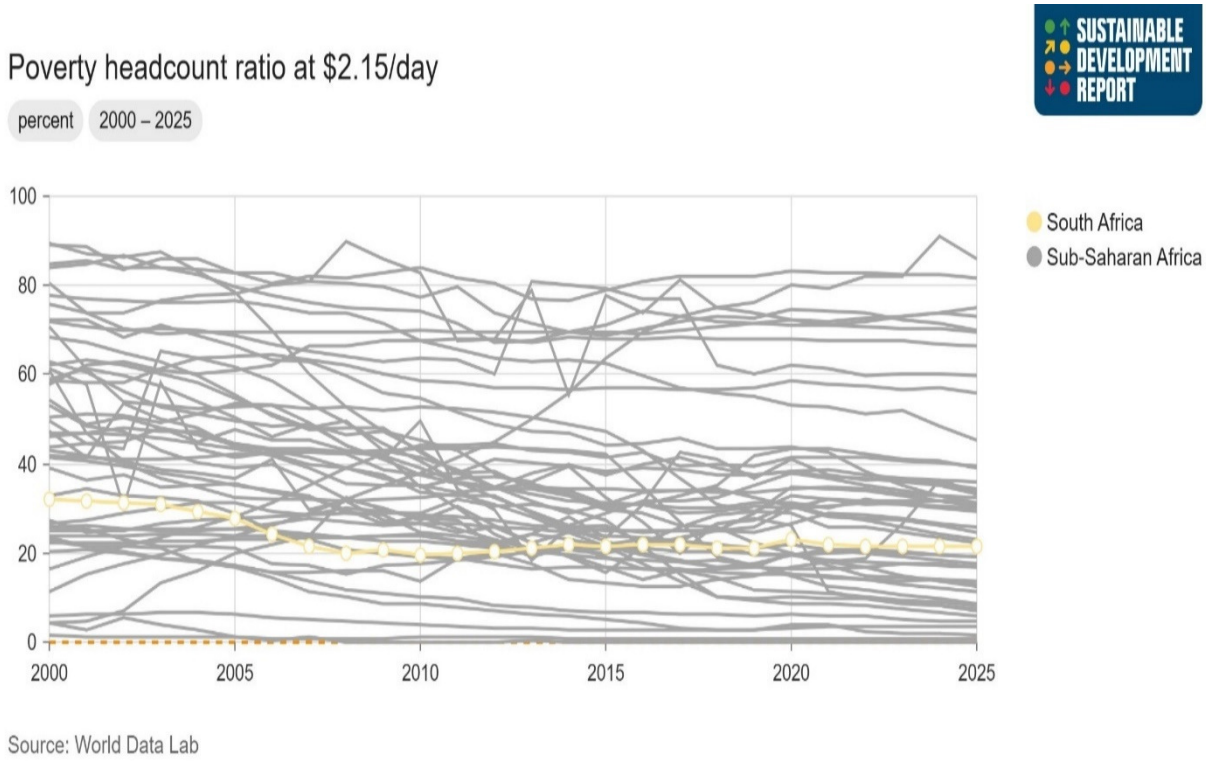
The study adopted a qualitative research approach as "it emphasises the careful and detailed description of social practice" (Sibanda 2015:45, in Nyikadzino & Vyas-Doorgapersad 2020:235; Mothabi & Vyas-Doorgapersad 2022:367). Document review, which is the process of gathering, examining, and interpreting records and documents that satisfy specific requirements to draw research conclusions, was used to generate the data (Tight 2019:2; Soga, 2022:49).Document analysis, which is the examination of institutional documents and/or records with the goal of extracting specific output that addresses stated research questions, was then used to review the information (Frey 2018:1: Soga, 2022: 52).

The rest of the paper is organized as follows. SDG 3 in South African context is explained in section II. Discussion and results are presented in section III. Concluding remarks are given in section IV.

II. SDG 3 IN SOUTH AFRICAN CONTEXT

Notwithstanding the efforts by the South Africa's Department of Health and its partners to improve healthcare access and equity, the country continues to grapple with substantial socio-economic differences that impact negatively on healthcare access and utilisation(Gordon et al., 2020). These disparities show up in different forms with varied health outcomes and access to quality care, with more unmitigated impacts on vulnerable populations who experience more obstacles to access the public health system (Manji et al., 2023). Figure 1 shows the poverty levels in the country linked to the economic status of households.

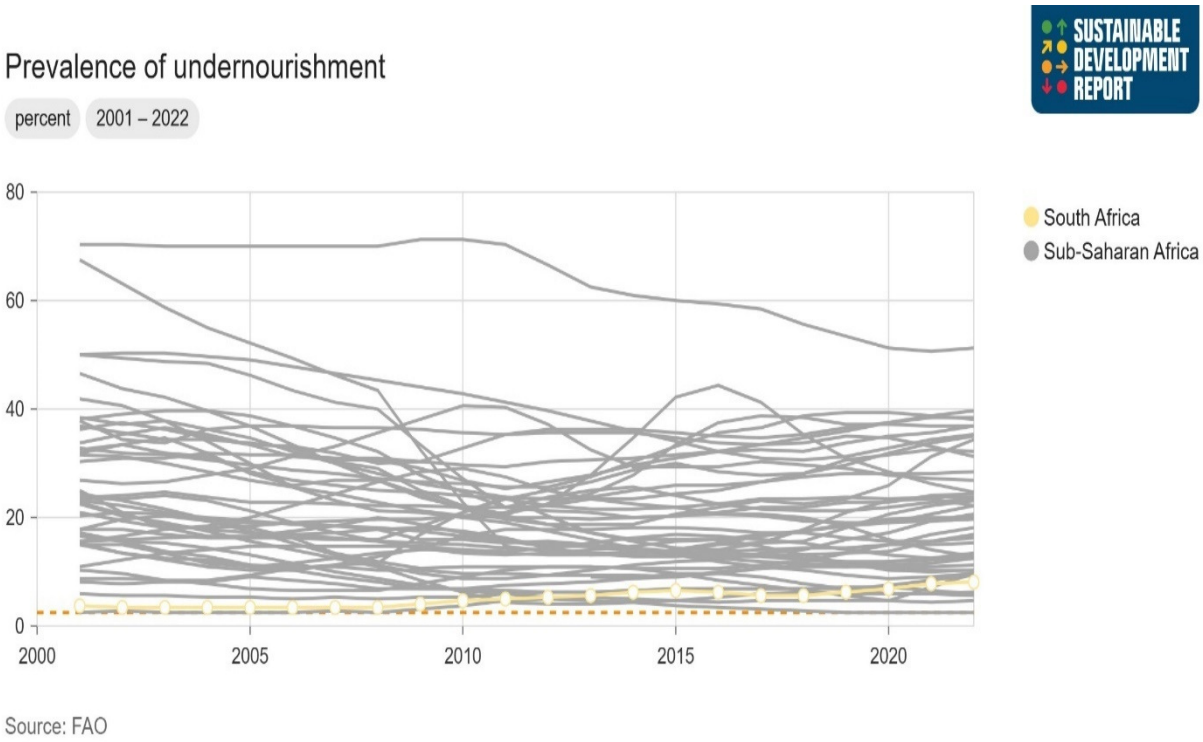
Figure 1: Poverty headcount ration at $2.15/day



Source: Sustainable Development Report (formerly the SDG Index & Dashboards) 2025

It is important to consider that poverty can be linked to hunger causing lack of nutrition and nourishment, see Figure 2.

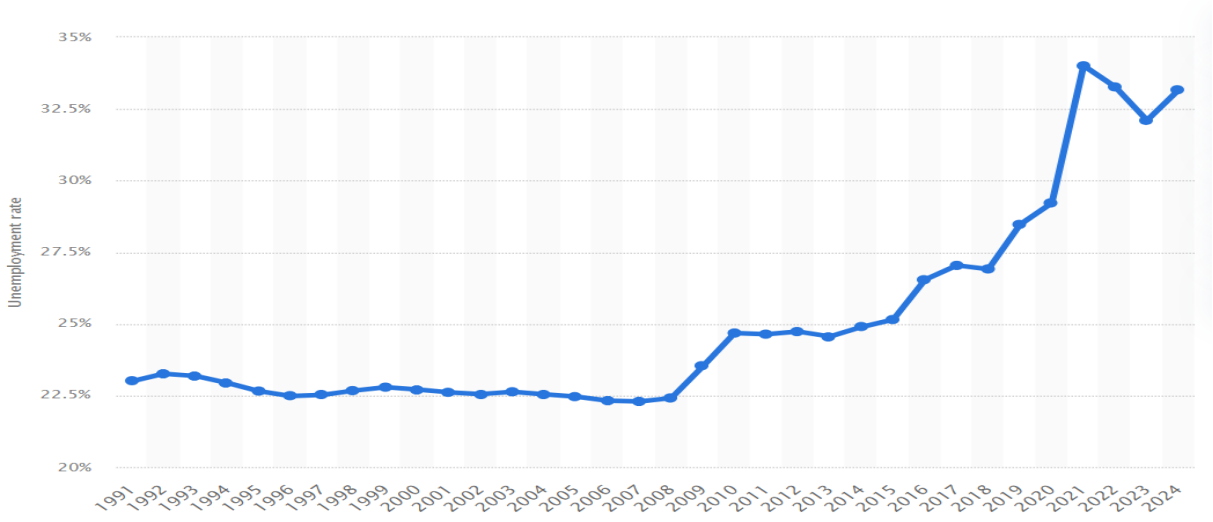
Figure 2: Prevalence of undernourishment



Source: Sustainable Development Report (formerly the SDG Index & Dashboards), 2025

Poverty and hunger may also be the result of unemployment in the country, see Figure 3.

Figure 3:Unemployment rate in South Africa from 1991 to 2024



Source: Statista, 2025.

Recent evidence confirms that more than half of the South African population experiences poverty, a factor that directly contributes to health disparities across different regions (Dlamini &Mbonigaba, 2024). Thus economic stratification has direct implications on how south Africa progresses towards achieving SDG 3, with vulnerable groups frequently encountering barriers to adequate healthcare access and essential services (Karamagi et al., 2023). The pervasive and structural poverty and inequality in South Africa is worsened by pandemics like the COVID -19 which compounded these challenges, making it more difficult for many to afford necessary healthcare and nutritious food (Omotayo & Ogunniyi, 2024). Furthermore, South Africa's quadruple burden of high prevalence of non-communicable diseases, communicable diseases like HIV/AIDS and tuberculosis, maternal and child mortality, and injuries disproportionately impact on the government's ability to effectively meet the health needs of the diverse population (Roomaney et al., 2022).

This unique and complex epidemiological profile, which impact heavily on South Africa's dreams towards achieving SDG 3 has significant effects on the country's development trajectory due to the premature mortality rates among the poor youths from both communicable and non-communicable diseases, a situation that underscores the urgent need for targeted and equitable health interventions (Roomaney et al., 2022;Norheim et al., 2014). This intricate health landscape calls for a critical reappraisal of current strategies and considerations for renewed and innovative approaches to achieve the ambitious targets set by SDG 3, particularly in ensuring healthy lives and promoting well-being for all at all ages (Das et al., 2021;Oladosu et al., 2023). At the centre of these renewed efforts is ensuring a well-functioning health system, particularly one supported by an effective and continuous referral system at all spheres and levels of the health delivery system ensuring equitable access to care across all levels of the healthcare hierarchy (Matolengwe et al., 2024). Lessons from high-income countries may be significant to demonstrate that robust chronic disease management not only reduces costs but also aligns with a preventative, long-term model of care (Lebina et al., 2020; Mercer et al., 2019). The future publications may include global case studies for South Africa to learn valuable lessons to adopt successful health-related interventions. For South Africa, considering the adoption of a diagonal approach linking vertical disease programs with broader system strengthening—may offer a practical pathway to reorient its health sector toward equity, resilience, and sustainability (Maimela et al., 2015; Isaacs et al., 2014).

III. DISCUSSIONAND RESULT

The South African high multi-morbidity prevalence linked to high HIV burden and the growing incidence of non-communicable diseases complicates treatment and resource allocation in a country increasingly experiencing employment and economic challenges (Roomaney et al., 2022)(Roomaney et al., 2023). Statistically, approximately 30% of individuals in low- and middle-income countries, including South Africa, live with multimorbidity; however, a significant knowledge gap persists regarding its specific patterns and implications within these contexts, as most research originates from high-income countries (Roomaney et al., 2023). In South Africa, despite being a pressing issue, multimorbidity is often unmanaged in an environment where chronic illnesses are rampant and increasing, with life-altering events *like obesity*, stroke, diabetes, and heart disease affecting many (Louw et al., 2023). The prevalence of multimorbidity is becoming more worrying and impacts the possibility of achieving SDG 3 as its impact is encroaching in previously safe populations like youths (Roomaney et al., 2022). Recent studies in South Africa affirm this worrying multimorbidity trend indicating a significant association with factors such as older age, lower socioeconomic status, and non-adherence to medication regimens (Mkhwanazi et al., 2023). The coexistence of two or more chronic conditions is estimated to be 45.3% nationally with individuals aged 15 and older living with multimorbidity, with the Eastern Cape showing the highest prevalence at 52.1%, and Limpopo the lowest at 35.6% (Hazell et al., 2025).

In view of the ballooning multimorbidity crisis in South Africa, there is a substantial shortage of qualified healthcare professionals, particularly in rural and underserved areas, which severely impacts the capacity to deliver comprehensive and quality care (Akindele &Useh, 2021). For example, citing the 2022 national Census statistics, the Minister of Health indicated that the Doctor-to-Patient Ratio is at 1:2 230 which translates to 4.484 doctors per 10 000 population. Likewise, the Nurse-to-Patient Ratio: 1:762 translating to 13.123 nurses per 10 000 population (National Assembly Question 198, 6 February 2025). These doctor- patient statistics reveal a concerning disparity compared to global averages, highlighting the urgent need for increased investment in health professional training and retention (Roomaney et al., 2022). This deficit in human resources compromises the effective management of complex health conditions, including multimorbidity, further exacerbating health inequalities and hindering progress towards SDG 3 (Roomaney et al., 2022;Wang et al., 2019). The complexity of managing multimorbidity, requires qualified and motivated staff to manage complex combinations of cardiometabolic conditions, HIV, and mental health disorders as it places an additional strain on an already stretched healthcare workforce (Chang et al., 2019).

The deficiency in infrastructure and equipment, alongside insufficient support from line managers, contributes to widespread patient dissatisfaction and long waiting times, further hindering the effectiveness of primary healthcare services (Muthelo et al., 2021) . In South Africa, the public health system is often the first and only point of care for millions. Yet for many, the experience of seeking help is marked not by healing, but by frustration. Long queues, rushed consultations, and under-resourced facilities have left patients feeling unheard and underserved.

While national data on dissatisfaction rates remain patchy, the stories are consistent. A study analysing household survey data from 2009 to 2016 found that although satisfaction levels have improved modestly, long waiting times continue to dominate complaints (Ntunta, 2019). For patients in rural clinics or overcrowded urban hospitals, the wait can stretch for hours sometimes without being seen at all. The Health Ombudsperson's 2025 report on facilities in the Northern Cape provides insights into the stark picture: care described as "unsupervised, unstructured, non-standardised, unsafe, and altogether substandard" (Pretorius &Verryn, 2025). These are not just bureaucratic failures, they are moments where lives hang in balance, and dignity is lost.

To address these gaps, the Department of Health has mandated Patient Experience of Care (PEC) surveys across all public health establishments. These surveys aim to capture what patients feel about the care they receive whether they felt safe, respected, and listened to (Department of Health, 2017). But measuring experience is only the first step. Real change demands action: better staffing, respectful communication, and systems that treat patients as partners, not numbers.

As South Africa moves toward implementing National Health Insurance (NHI), rebuilding trust in public health institutions is not optional but foundational. Patients deserve care that is timely, compassionate, and worthy of their faith. These surveys assess service acceptability, safety, and responsiveness, aligning with SDG Target 3.8 on universal health coverage and quality of care (Department of Health, 2017). However, experts argue that current facility scoring systems make it "almost impossible" for institutions to pass without structural reform and culture change. This indicates a critical need for enhanced governmental investment in primary healthcare and the implementation of strategies to retain the rural health workforce (Chotchoungchatchai et al., 2020). In summary, these systemic failures in infrastructure and human resources significantly undermine South Africa's ability to achieve the health-related targets of SDG 3, particularly those about universal health coverage and access to essential medicines and services (Malakoane et al., 2020;Mhlongo &Lutge, 2021;Muthelo et al., 2021).

Another factor is the socio-economic factors, such as high unemployment, poverty, and income inequality, directly correlate with poorer health outcomes, limiting access to nutritious food, safe housing, and consistent healthcare services (Anyangwe& Mtonga, 2007). Such discrepancies, disparities, discrimination, exclusion, all may lead to excluding communities that are financially not viable. To provide inclusivity in the health care system, the government tries to focus on primary healthcare provisions and strategise to the reengineering and restructuring of health sector with an aim to offer marginalised community members access to medical facilities, services and resources(Hlafa et al., 2019). The reality however still shows that the health system is fragmented as people still feel excluded due to their social and economic conditions to utilise the health related goals and benefits (refer to (Tshabalala andRispel (2023) andNaidoo et al. (2023). These challenges demand the health care strategists and policymakers to establish policies dealing with such demographics to ensure equal access of health services to every resident of the country ((Brauns & Stanton, 2015;Tshabalala &Rispel, 2023) to ensure the achievement of SDG 3.

Approximately 80% of visual impairment cases are preventable or curable, yet a lack of equipment and insufficient optometry posts, especially in rural areas, severely hinder the provision of comprehensive optometric services and exacerbate the country's burden of avoidable blindness (Maake & Moodley, 2018). Consequently, this points to a significant policy-to-implementation gap, wherein progressive health policies are promulgated but encounter substantial obstacles in their practical application within the public health system (Ned et al., 2017;Sithole, 2016).

In addition to rural and marginalised people, gender inequality also can be considered as a challenge to the health sector and realisation of SDG 3. Within the household context, women may face violence that may affect their physical, mental and psychological wellness, and may struggle to receive appropriate health services due to gender-based disparities and inequalities in the public health systems (refer to Shabalala & Campbell, 2023). Women, children who are migrants may face challenges to receive support form health organisations as they may be considered as socially excluded, pressure on the health system and hencestruggle to receive adequate care from health-based institutions (refer to Chirau et al., 2024;White &Rispel, 2021). Such scenarios demand policymakers amend their documents, including a non-discriminatory clauseemphasising the social inclusion of all.

A situation such as medical-based discrimination can create a substantial barrier to healthcare access for migrants, leading to adverse health outcomes and undermining public health efforts more broadly (Crush &Tawodzera, 2011;Vanyoro, 2019). Denying a TB migrant patient does not only affect the individual but creates a

community problem that undermines the national efforts to prevent its spread with potential development of drug-resistant forms of TB.

IV.CONCLUSION

Ensuring healthy lives and promoting well-being for individuals of all ages is the goal of SDG 3. Those in good health can perform at their best. One's physical and mental health influences the physical and mental health of those around them and defines the kind of life one can lead. The health and happiness of South Africans are essential to both the country's social advancement and economic success.

The process for accomplishing the Sustainable Development Goals (SDGs) is intricate and multidimensional, requiring the cooperation of several sectors, industries, and stakeholders. Therefore, understanding the challenges of each SDG, targets and indicators is crucial to developing a customized strategy linking to development goals.

Finally, addressing the structural socio-economic fundamentals that constrain access to healthy lifestyles by the majority is central to achieving SDG 3 targets and indicator milestones. The implementation of the NHI with full support from across the political, business and societal levels provides a golden opportunity to reverse the negative effects of apartheid policies in the health sector.

SDG 3 includes wellbeing. Future publications will focus on this subject, establishing a connection between wellbeing and corporate productivity. This is justified by the fact that promoting employee well-being is advantageous to the business and its constituents. It is the responsibility of an organisation to ensure that human resources are considered in all facets of its operations, ensuring all employees to participate in organsiationalprogrammes/practices to feel inclusive and valued.

Having a well-being strategy that works can help the organization. Those who take part in wellness programs usually remain with the organization. This method facilitates the retention of a talent pool that has already been trained for their role. Wellness programs should be a basic perk provided to employees, but most businesses do not have them in place. Employees should know that educating them about wellbeing is essential.

It is quite unlikely that there won't be disagreements and arguments if many employees bring a lot of challenges to work. The components of employee wellbeing will be examined in future articles to achieve SDG 3 in the workplace.

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