



STATE CAPTURE
AND BEYOND

ACCESS TO HEALTH CARE



State Capture and Beyond

Rights to Health and Healthcare

December 2025

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Background

The State Capture and Beyond (SCAB) project is a collaboration between Brot für die Welt (Bread for the World [BfdW]), the Human Rights Media Trust (HRMT), and the Legal Resources Centre (LRC) and is co-funded by the European Union (EU). The purpose of SCAB is to address corruption in South Africa based on the recommendations from the [Commission of Inquiry into State Capture \(CISC\)](#). To do this, it is bringing together Civil Society Organisations (CSO) and Community Based Organisations (CBO). The outcome is to create a national movement against corruption to help individuals understand, demand, and achieve their rights. Addressing the deep wound of corruption directly helps the wound to scab over and heal.

[Brot für die Welt](#) is the largest Protestant non-governmental development and human rights organisation in Germany. Active in almost 90 countries with more than 60 years of experience, it aims to empower poor and marginalised groups to improve their living conditions. This organisation has a long history of working with the EU and has coordinated many projects across South Africa. For SCAB, BfdW brings a wealth of experience with worldwide connections and partners, making it the perfect fit in the role of coordinating and monitoring the project.

The [Human Rights Media Trust](#), a non-profit organisation founded in 2004, partners with social justice initiatives to operate throughout South Africa. HRMT focuses on media, non-extractive filmmaking methods, and social impact campaigns to amplify calls for justice while promoting a culture of democracy. HRMT disseminates information through innovative media use and creative narratives to empower marginalised community voices.

The [Legal Resources Centre](#), founded in 1979, is a non-profit human rights law organisation with offices in Johannesburg, Cape Town, Durban, and Makhanda. The LRC actively defends the Constitution and rule of law in South Africa, encompassing diverse areas of the law: land, housing, health, education, equality, and socio-political rights. With a long history of providing legal services, the LRC has a deep understanding of human rights law and has developed longstanding alliances with grassroots movements.

Summary

South African healthcare follows a two-tier system of heavily subsidised public healthcare and expensive but well-equipped private care. The quality of care that individuals receive depends heavily on their wealth and their ability to afford medical care. Because fewer than 20% of South Africans can afford medical aid or upfront private costs, the vast majority rely on public care for all their healthcare needs. However, factors such as maladministration, inaction, and corruption sap the public health system of the funding it needs for staff, facilities, equipment, and medicines. This leaves South Africa in the difficult position where private care is high-quality, while public care is burdened by long wait times and resource constraints.

Section 27 of the Constitution recognises access to healthcare as a right for all persons residing in the country. This includes the right that no one may be refused emergency care, but also constrains the right of access to healthcare within available resources. The Constitution places a higher obligation on the state when caring for children and pregnant women, while not depriving prisoners of healthcare. The right to healthcare is recognised in international law, which requires member states to recognise a right of access to healthcare, including mental health services, with a particular focus on children.

The National Health Act 61 of 2003 (“NHA”) is the primary legislation that gives effect to the right to healthcare as enshrined in the Constitution. It defines the roles of the national, provincial, and local governments and establishes a framework for care. The NHA places specific emphasis on informed consent, requiring that patients be fully informed about treatments and be able to make their own decisions. The NHA also requires healthcare institutions to provide emergency care, disseminate information, provide confidentiality, and include complaint processes. The NHA is supported by the Medicines and Related Substances Act 101 of 1965, the Choice on Termination of Pregnancy Act 92 of 1996, the Sterilisation Act 44 of 1998, and the Mental Health Care Act 17 of 2002, which focus on specific aspects of healthcare. The Children’s Act 38 of 2005 is also relevant, as it contains provisions on the provision of healthcare to children.

Case law has played an important role in South African law by interpreting statutes and developing the law. Through *Soobramoney v Minister of Health KwaZulu-Natal*¹, the Constitutional Court defined emergency care. The *Soobramoney* case, along with *Government of the Republic of South Africa and Others v Grootboom and Others*² and *Minister of Health and*

*Others v Treatment Action Campaign and Others*³, have defined what progressive realisation entails. In these cases, the Constitutional Court recognised that resources may constrain what individuals can demand of the state, but that the state should continually strive to fulfil socio-economic rights within its available resources, whilst ensuring that financial and other obstacles are reduced over time. The Court also emphasise the importance of fulfilling the rights of groups who cannot care for themselves, including children, individuals with mental illnesses, and people who are incarcerated or detained.

While legislation imposes a duty on the state to improve the quality of care, failures due to maladministration, inaction, and corruption drain essential resources. This can have a particularly harmful effect on healthcare providers, who are the public face of the healthcare system. The lack of funding and effective management leaves healthcare facilities understaffed, forcing staff to work long and gruelling hours, which leads to burnout. This not only degrades the quality of care but also leads to brain drain, as healthcare providers migrate to other countries or to private practice for better pay, hours, and opportunities for advancement. Despite being vastly understaffed, the public health care system faces a paradox: an oversupply of healthcare providers that it cannot afford to hire. In desperation, some doctors are willing to work without pay to specialise, as the public system is the only body permitted to train specialists. The deterioration in the quality of care among overworked healthcare providers also increases the risk of litigation, which compounds the problem by promoting defensive medicine practices.

Maladministration of the healthcare system also creates problems for individuals seeking care, with potentially devastating consequences. The lack of funds reduces the number of specialists available and can make it difficult for patients to access appropriate care. The staff shortage also significantly increases wait times, and delays can become life-threatening when patients require urgent care. Even when patients are seen by healthcare providers, shortages of essential supplies may occur. Healthcare providers sometimes lack the medications, medical supplies, water, or food to treat patients effectively. Healthcare facilities are often poorly maintained or equipped, with broken toilets, a shortage of beds, or damaged diagnostic equipment. Some healthcare facilities have had to shut down or close sections due to resource shortages. This leaves public patients, in particular, especially vulnerable and receiving low-quality care.

When challenges arise in public and private care, there are methods to enhance accountability. There are steps that anyone can take to improve accountability, from simple fault reports to voting for a change in leadership. Following these steps and keeping notes

also enables the creation of a docket of information that can serve as valuable evidence in court cases, presentations to government officials, or media coverage.

- **Gather Information.** Government bodies, including the Department of Health, provinces, and municipalities, maintain public websites that host useful information, including contact details, available programs, and reports on various topics. Civil society organisations are also a valuable source of information that aims to help the public. If information is missing, it may be requested under the Promotion of Access to Information Act 2 of 2000.
- **Report Directly.** A good starting point is to use government-provided online systems, email addresses, and hotlines to report problems. Most hospitals, particularly those in private care, have dedicated websites that include complaint and reporting mechanisms.
- **Escalate Communication.** If there is no response to a direct report of a problem, escalate by communicating with managers in higher roles or politicians, such as ward councillors.
- **Take Part in Local Government.** There are legal obligations on the government to encourage public participation, including public meetings and consulting with communities.
- **Use Social Media.** Posting about problems with health care quality, health care availability, service delivery, and other government issues on social media can be a powerful way to raise public awareness.
- **Blow the Whistle.** Blowing the whistle can be dangerous, but it is sometimes the only way for others, including those with authority, to learn about a problem.
- **Get Organised.** Joining or founding a community-based organisation can be a powerful tool for change, as it pools resources and raises awareness.
- **Write Submissions.** Writing directly to the national or provincial assemblies can draw the government's attention to municipalities that are failing in their duties.
- **Create Petitions.** A petition, signed by supporters and endorsed by a National Assembly member, can show widespread interest in finding solutions.
- **Inspire News Articles.** Writing news reports for publication or contacting journalists to request they cover specific topics can raise awareness.
- **Take Part in Protests.** A group protest, which is protected by the Constitution, demonstrates solidarity and powerfully draws attention to health care issues.
- **Start Litigation.** While expensive and requiring legal expertise, litigation can be a potent tool for demanding the right to access adequate health care.

- Vote. In a democracy, voting is the most powerful tool for holding the government accountable. Voting in national and local elections provides valuable opportunities to replace government officials.

Using one or more of these methods helps increase accountability. Every method is valuable; therefore, it is possible to make a difference through even a small action. These methods should enable all people, regardless of their resources or time, to contribute to improving accountability. All residents of South Africa have the right to access healthcare; therefore, it is important to hold the government accountable for upholding this right.



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**CHRIS HANI
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GAUTENG PROVINCE
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REPUBLIC OF SOUTH AFRICA



Introduction

Despite tuberculosis (TB) being a curable disease, over half a million South Africans died from TB between 2015 and 2023.⁴ Poverty-linked diseases, including TB, remain a significant challenge throughout South Africa, as wealth often determines the quality of care. In essence, South Africa has a two-tier system: expensive, high-quality private care and under-resourced, income-based, subsidised universal public care. However, the enduring effects of Apartheid continue to divide wealth along racial lines. Maladministration, inaction, and corruption exacerbate this divide by depriving the public healthcare system of the funding necessary for its functioning. Public hospitals lack sufficient medical professionals, face crumbling facilities, and lack essential supplies and equipment. This failure to ensure the delivery of quality healthcare as a right for all residents in South Africa leaves many individuals struggling and necessitates urgent action.

Healthcare is a fundamental human need and a basic human right under both the Constitution and international law. Healthcare is a crucial foundation that enables individuals to live productive and meaningful lives from infancy to hospice care. Poor health prevents people from participating in social, educational, economic, or even political activities that help to give life meaning and promote development. Healthcare as a right is also an important step towards equality, as it helps minimise disparities and ensures that all people can access available opportunities. Unfortunately, healthcare was not always a right afforded to all those who reside in South Africa; the Apartheid government used healthcare as a tool to forward their aims of racial separation.

While the Apartheid government had an excellent healthcare system for the white population, distinct racial divisions led to the profoundly unequal provision of care. In areas designated for blacks, there was one doctor for every 15,000 people, but there was one doctor for every 1,700 people in white areas.⁵ Heavy fragmentation of the system also created distinct differences between the care for black populations in rural and urban areas. Urban blacks, the vast majority working for white employers, generally received better care. The Apartheid government wanted to protect their trained, skilled workers while also preventing the spread of disease to protect the white population.⁶

Healthcare funding in “Bantustan” homelands was used to manipulate outcomes, allocating more funding to reward collaboration or reducing it to promote independent development. Healthcare services were also prohibited from crossing homeland borders or responding to cross-border crises. Healthcare was a tool for the government’s aims rather than a human

right afforded to all South Africans. These disparities, unfortunately, continue to echo in post-Apartheid South Africa.

The Constitution provides a blanket right to healthcare and intentionally presents a distinct break from the Apartheid system. This right purposefully extends to everyone, not just citizens or certain racial groups. While there has been progress in expanding universal access to healthcare, the public healthcare system remains far from capable of providing effective care. Almost everyone who can afford to obtain health insurance moves to private care; this creates a two-tier healthcare system stratified by wealth. There are just over 3,000 public clinics and 470 public hospitals that provide care to more than 80% of South Africa's 64 million people, compared with 1,500 private clinics and 260 private hospitals that serve the remaining 20%. The difference in quality is most evident through the ratio of one public health doctor per 2,457 people, compared with one private-sector doctor per 429–571 people.

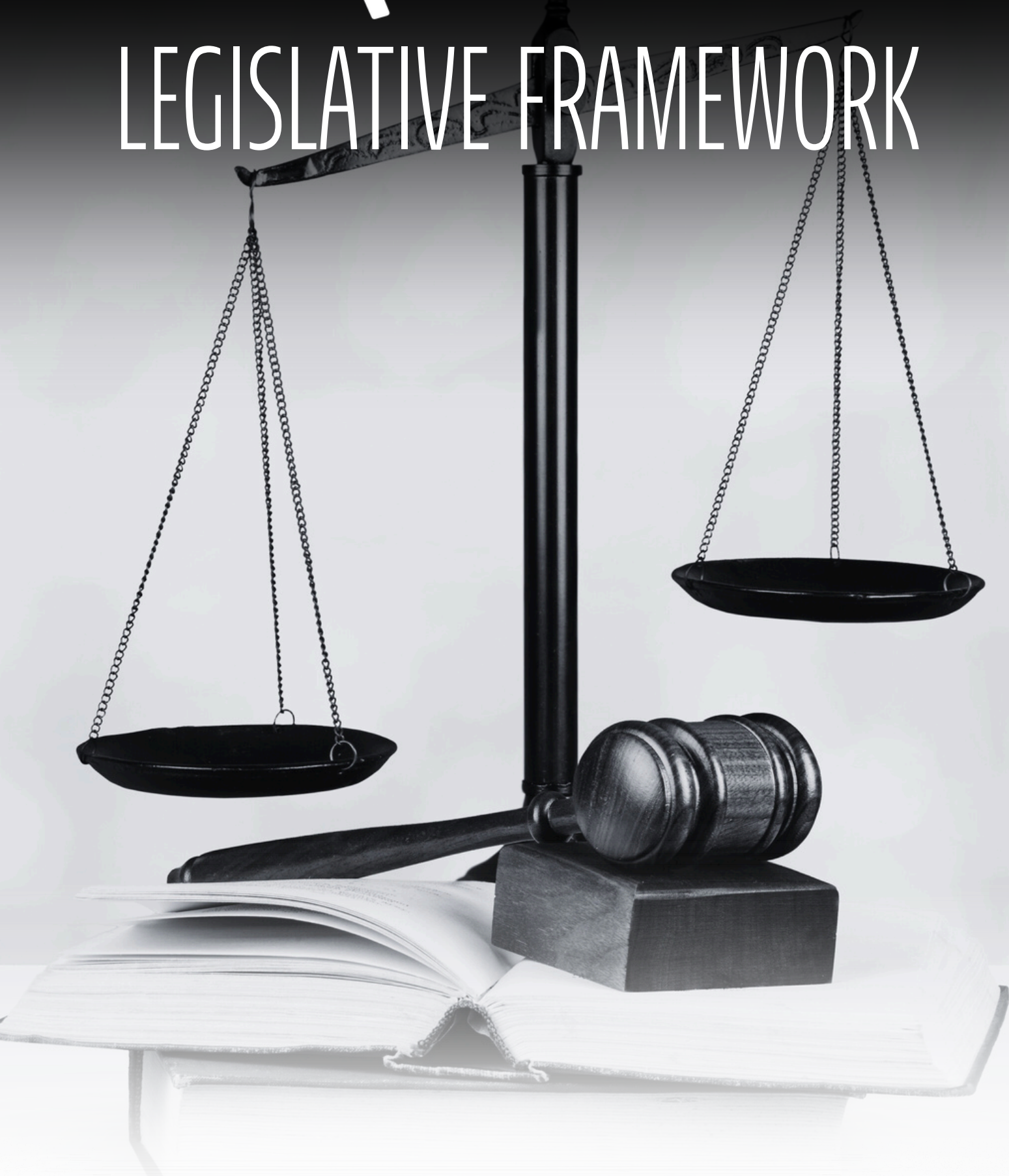
The two-tier healthcare system is exacerbated by the incredible strain caused by maladministration and corruption. Manipulated tenders, such as those at Tembisa Hospital, have cost public hospitals billions of rands.⁷ This form of corruption consumes the funding necessary to build facilities, purchase equipment, and adequately staff the system with trained professionals. Medical professionals providing care must work longer hours to cover staff shortages and may lack access to necessary equipment or be required to use alternative medications to address shortages.⁸ This poor treatment led to 12,745 doctors and 58,897 nurses leaving public healthcare facilities between 2013 and 2025. An average of 5,900 resignations take place per year.⁹ Together, these factors affect the quality of care patients receive, with longer wait times, medication shortages, and fatigued staff being more likely to make dangerous mistakes.

Since mistakes in the healthcare system have devastating effects, including lifelong suffering and death, the utmost care is necessary. The government has a duty to reduce corruption, maladministration, and inaction to ensure that funds are spent properly. The billions of Rand misused and stolen could have been used to hire staff, build medical infrastructure, purchase equipment, and increase the supply of medicines. If the government is not willing to make this change itself, then it falls on civil society, communities, and individuals to identify the problems and hold the government accountable.



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LEGISLATIVE FRAMEWORK



Legislative Framework

International Law

Healthcare is critically important to the functioning and survival of communities. Without effective healthcare, individuals are much less able to participate in regular activities necessary for a productive and fulfilling life. It is therefore not surprising that international law repeatedly recognises healthcare as a fundamental human right. There are multiple international documents, both binding and non-binding, that compel member states to include the right to health care in their national legislation. South Africa is a member of both the United Nations (UN) and the African Union (AU). Both organisations include provisions related to the right of access to healthcare.

Table 1: Relevant International Documents from the UN and AU

Title	Date	Provision	Analysis
Universal Declaration of Human Rights	1948	Article 25	Identifies the rights to health and well-being as requiring a right to medical care. It also identifies mothers and children as requiring special care.
International Covenant on Economic, Social and Cultural Rights	1966	Article 12	Recognises a right to both physical and mental health. It identifies risk areas, including infant mortality, the environment, epidemics, and access to care, as necessary considerations.
African Charter on Human and Peoples Rights	1981	Article 16	Provides that every individual has the right to enjoy the highest attainable standard of physical and mental health. Requires states to take steps to ensure people have access to medical attention.
Convention on the Rights of the Child (CRC)	1989	Article 24	Recognises a general right to health. Imposes an obligation to ensure no child is deprived of his or her right of access to health care services.
The African Charter on the Rights and the Welfare of the Child	2007	Article 14	Recognises health as a human right. Lists measures for states to undertake to fulfil this right, including a right of access to essential medicine.

The Constitution

The South African Constitution presents a distinct break from the Apartheid and colonial past, as it provides the right of access to health care. Section 27 states that:

27. (1) Everyone has the right to have access to—
 - (a) health care services, including reproductive health care;
 - (b) sufficient food and water; and
 - (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- (3) No one may be refused emergency medical treatment.

The Constitution imposes additional obligations to provide healthcare to children and detained persons who cannot seek care themselves. Section 28(1)(c) on children's rights states that, "Every child has the right to basic nutrition, shelter, basic health care services and social services." This provides an additional layer of protection for children, prioritising their best interests. In Section 35(2)(e), prisoners are guaranteed conditions of detention that are consistent with human dignity, including access to medical treatment.

The right to healthcare has both immediate and progressive aspects. The immediate right includes that there should be no unfair discrimination in accessing healthcare, especially for children and pregnant mothers. All healthcare facilities, whether public or private, are also obligated to provide emergency medical treatment.

This does not mean that all individuals will immediately have access to the highest-quality care. Progressive realisation aims to narrow the gap between public and private care by requiring the state to improve access and quality of healthcare. Progressive realisation is constrained by the state's resources for funding healthcare system improvements. However, the state is also obliged to organise its resources in a way that ensures adequate healthcare provision and lower financial barriers.

Statutes

The [National Health Act 61 of 2003](#) (NHA) is the primary legislation that gives effect to the right of access to healthcare. This Act defines the roles of national, provincial, and local governments in establishing the framework for the delivery of healthcare services. It places an obligation on the Minister of Health, “to protect, promote, improve and maintain the health of the population.”¹⁰ Chapter Two of the NHA is important in identifying patients’ rights:

- *Emergency Treatment.* Section 5, matching section 27(3) of the Constitution, provides that no healthcare provider, health worker, or health establishment may refuse to provide emergency medical treatment. This requires stabilising a person in need of urgent care before payment is required.
- *Informed Consent.* Healthcare providers are required under section 6 to provide care users with medical information, including health status, treatment options and alternatives, costs, and risks. With some exceptions, sections 7 and 8 require care users to consent to treatment and to participate in decisions about their care. This affords care users autonomy while ensuring they are informed before making decisions.
- *Dissemination of Information.* The NHA, in Section 12, requires provincial departments, districts, and municipalities to provide comprehensive and appropriate information on the services provided by healthcare facilities. This includes information about rights, types of services, timetables, and complaint procedures.
- *Confidentiality.* Effective healthcare requires keeping records; however, there is also a duty on healthcare providers to keep that information confidential. The NHA in sections 13, 14, 15, 16, and 17 identifies the obligation to keep, who can access and share, and measures required for protecting records.
- *Complaints.* Section 18 provides care users with the right to lodge complaints about the treatment they received at a healthcare facility. This requires executive and municipal councils to create complaint procedures and share this information with care users.

The [Children’s Act 38 of 2005](#) relates to section 28 of the Constitution, which provides the overarching framework governing the rights, care, protection, and well-being of children. This includes the right of every child to basic healthcare services.¹¹ Similar to the NHA, the Children’s Act requires that children be provided with information about their health, their health status, and treatment options in an accessible format. When it comes to consent, a legal guardian should consent for a child under 12 years, but children over 12 years who

demonstrate sufficient maturity may consent to medical treatment. Section 45(4) confirms that the High Court is the upper guardian of all children, affording them special care when their guardians are absent or otherwise unable to provide care.

Along with the overarching statutes related to healthcare, there are several statutes related to specific aspects of healthcare provision:

- [Medicines and Related Substances Act 101 of 1965](#). This Act establishes a Medicines Control Council, now the South African Health Products Regulatory Authority (SAHPRA). This provides for the registration, control, and regulation of medicines and related substances for human and animal use.
- [Choice on Termination of Pregnancy Act 92 of 1996](#). The Act stipulates that informed consent of the pregnant woman is necessary when terminating a pregnancy. It then allows termination of pregnancy on any grounds during the first 12 weeks, on grounds listed in 2(1)(b) between 13 and 20 weeks, and after 20 weeks only on serious medical grounds after consultation with a medical practitioner.
- [Sterilisation Act 44 of 1998](#). This Act allows individuals over 18 years of age who can consent to choose to be sterilised. Consent must be informed, with the procedure, risks, and consequences explained in advance.
- [Mental Health Care Act 17 of 2002](#). This Act guides the care, treatment, and rehabilitation of persons with mental health illnesses. It outlines different procedures for admitting persons with mental health illnesses based on whether they can consent and are being admitted voluntarily.

Case Law

The courts, through case law, have helped shape healthcare policy in South Africa. Case law plays an important role in interpreting legislative provisions and ensuring that laws align with the rights guaranteed in the Constitution. The courts have interpreted and developed healthcare law in several important areas. This includes the right of access to emergency care, the progressive realisation of healthcare within available resources, and healthcare for vulnerable groups.

Access to Emergency Care

Time can be of the essence for providing emergency care, as patients in need of urgent care are at risk of severe complications that include death. The Constitution supports this in section 27(3), where “no one may be refused emergency medical treatment.” The NHA establishes the basic framework for access to healthcare through the creation of a public health system. In section 5, the NHA provides that no healthcare provider, health worker, or health establishment may refuse to provide emergency medical treatment. What the legislation does not provide, however, is a definition of emergency medical treatment. The definition of emergency care was tested in the Constitutional Court in *Soobramoney v Minister of Health KwaZulu-Natal* (1998).¹²

Mr Soobramoney was a diabetic diagnosed with irreversible kidney failure, and he required regular dialysis treatments to remain alive. Addington Hospital, a state hospital with a limited number of dialysis machines, refused to admit Soobramoney to its dialysis program. The hospital was prioritising dialysis machines for patients with curable conditions or those eligible for transplantation. The Constitutional Court held that dialysis treatment for Soobramoney was not an emergency, notwithstanding that the required care was urgent. The court identified that an emergency is an immediate, sudden situation rather than an ongoing one, and is often unexpected.¹³ In such situations, healthcare providers and institutions cannot refuse care if they can provide emergency treatment.

Progressive Realisation Within Available Resources

Section 27(2) of the Constitution provides that the state should use reasonable measures to progressively realise the right of access to healthcare within its available resources. Case law has helped define the state’s obligation to progressively realise rights. *Soobramoney v Minister of Health KwaZulu-Natal* (1998), identified limits to the care the state could provide. While the state should aim to provide healthcare to all who need it, it is unreasonable to expect it to achieve this goal overnight.¹⁴ If resources are limited, such as the availability of dialysis machines, it may be reasonable to deny access to care.

Government of the Republic of South Africa and Others v Grootboom and Others more precisely defined “progressive realisation” and “availability of resources”. *Grootboom* centred on whether the local government had a duty to provide temporary housing for evicted families as part of the right to access housing. The court held that progressive realisation means that the state cannot always realise rights immediately, but should take steps to work towards

their realisation. The state should facilitate realisation by carefully examining its resources and processes to develop plans that address financial and administrative hurdles. The availability of resources can limit these rights, as a state cannot “do more than its available resources permit,” but the state should allocate resources to support the realisation of its programmes.¹⁵

Minister of Health and Others v Treatment Action Campaign and Others (2002) (TAC) identified that the state has an obligation to improve access when resources are available. *TAC* centred on the government restricting access to lifesaving Nevirapine that could prevent mother-to-child HIV transmission. The state was testing the medication in only a few areas, despite its having already proven effective and affordable. The court held that the state was unreasonable in restricting access to the medication and should make it widely available. *TAC* highlights that when resources are available, such as affordable medications, the state fails in its duties if it does not use them in the progressive realisation of rights.¹⁶ Progressive realisation, therefore, requires the state to regularly monitor and develop plans to improve access to healthcare, rather than invoking resource constraints as an excuse.

Access to Healthcare for Vulnerable Groups

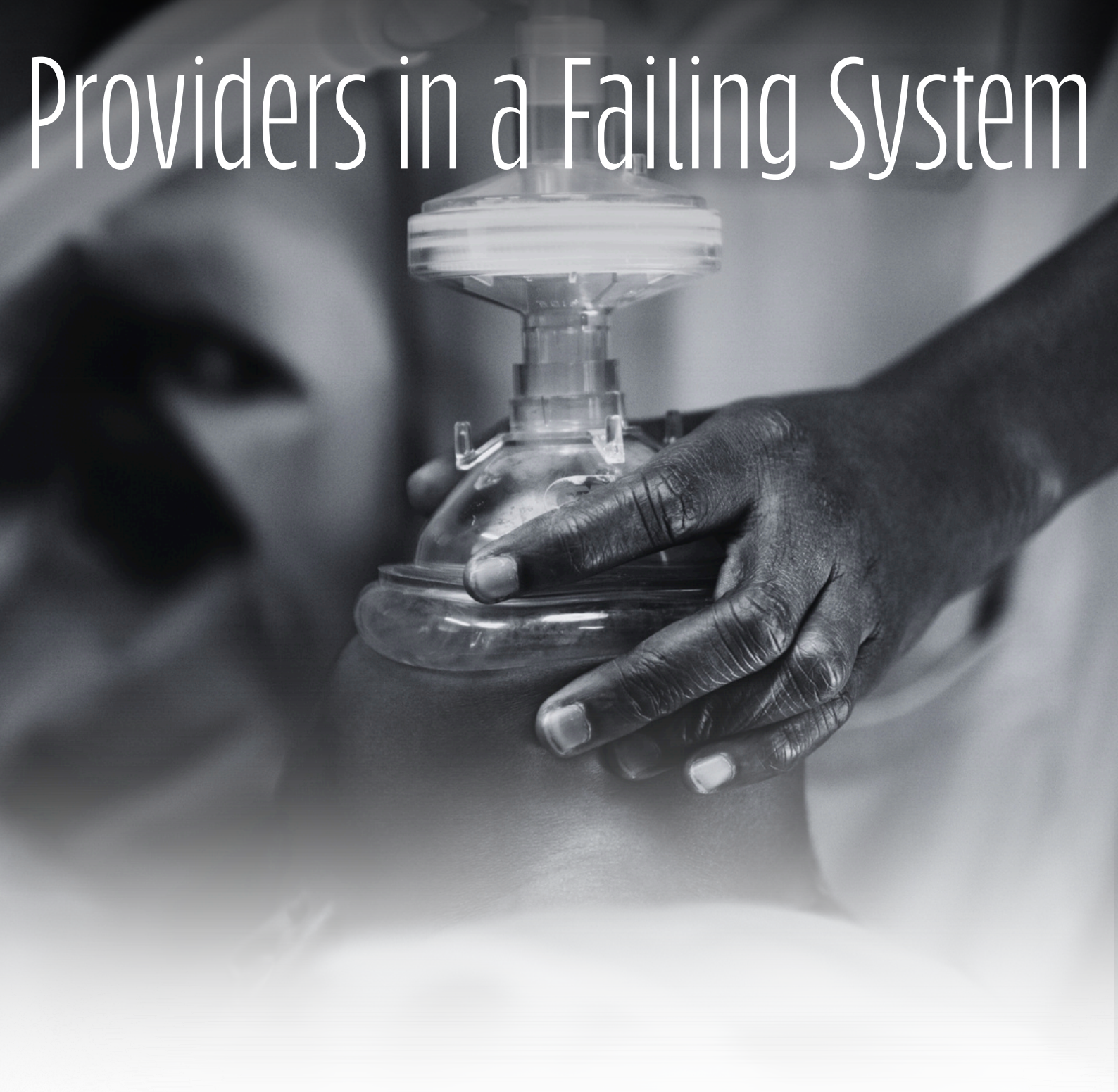
Several groups of people cannot care for themselves and require the state to provide extra care or protection. This includes children in need of care and protection, adults who are mentally ill or have severe intellectual disabilities, and those detained by the state. In such situations, the state has an obligation to provide care that vulnerable groups cannot obtain independently.

Those whom the state arrests or detains lose all autonomy, thereby imposing a positive obligation on the state to provide for their basic needs, including healthcare. In *Van Biljon and others v Minister of Correctional Services and others (1997)*,¹⁷ prison inmates diagnosed with HIV requested anti-viral therapy on medical grounds. The Constitutional Court found that prisoners were entitled to adequate medical treatment at the expense of the state, which should account for prisoners being an at-risk population. Determining what is adequate depends on both medical necessity and the state's capacity to afford.¹⁸ In *N and Others v Government of Republic of South Africa and Others (No 1)*,¹⁹ inmates with HIV/AIDS were struggling to access anti-retroviral treatment. The court found that adequate medical treatment for detained persons must be timeous, requiring correctional centres to remove restrictions and provide access to medical treatment.

Special care is also necessary for persons with mental health illnesses, as they may temporarily or permanently become unable to consent. In situations where people who are mentally ill present a danger to themselves or others, it can become necessary to impose involuntary admission. This is a serious deprivation of rights, so it must be done with the utmost care. *Makana People's Centre v Minister of Health and Others (2023)*²⁰ challenged the Constitutionality of provisions within the Mental Health Care Act related to involuntary admission. While the Constitutional Court found the Act's provisions to be constitutionally valid, it emphasised the importance of independence because of how involuntary admission deprives users of mental healthcare of their freedom. Regular reviews of the mental health status of the user are necessary to ensure the involuntary admission is for as short a period as possible.



Overburdened Healthcare Providers in a Failing System



Overburdened Healthcare Providers in a Failing System

Healthcare providers, including doctors, nurses, and allied health professionals, are the frontline of service delivery in the healthcare sector. They are the public-facing component of the healthcare system that assists care seekers, but they are also employees and agents of the system. It is worthwhile to separate healthcare providers from the politically appointed leadership. While some individual healthcare providers may be negligent or corrupt, many problems stem from a system that faces significant challenges. They bear the brunt of the anger for what should, under acceptable standards and circumstances, be preventable problems. However, much of that anger is misdirected and should instead be directed at government-appointed leaders of public health departments and facilities. Maladministration poses significant challenges for healthcare providers, compromising the quality of care. Public healthcare currently faces a shortage of human resources, poor resource management, and a lack of opportunities for specialisation.

The brain drain phenomenon, exacerbated by maladministration, contributes to a shortage of experienced staff necessary for an effective healthcare system. Brain drain occurs when skilled or educated professionals migrate to other countries or to the private sector, and it is common across all healthcare disciplines. The system experiences substantial brain drain as 12,745 doctors and 58,897 nurses left public healthcare facilities between 2013 and 2025, an average of 5,900 resignations a year.²¹ This exacerbates an estimated shortage of 26,000-62,000 nurses, which is expected to increase to nearly 150,000 by 2030 if retirement and brain drain continue to outpace education.²² Concerningly, government maladministration and corruption play a significant role in the push factors causing brain drain. Contributing push factors include infrastructure problems, crime, lack of employment and advancement opportunities, poor working conditions or low pay, and political corruption and instability.²³ It is maladministration that syphons funds for pay and development, while cadre deployment appoints leaders for loyalty rather than for skill or experience to manage employees effectively.

The healthcare worker shortage is linked to burnout in the public healthcare sector. Burnout is a state of exhaustion from constant physical, emotional, and mental strain in the workplace.²⁴

Healthcare is a human service profession that can be physically and mentally taxing, with high emotional stakes, and, when coupled with often excessively long work hours, it places healthcare workers at increased risk of burnout. Workload reductions, sufficient rest breaks,

and improved supervisory and peer support are among the main measures to prevent burnout; however, these measures all require adequate staffing levels.²⁵ Individuals affected by burnout typically feel depleted of energy, experience increased mental distance or negativity toward work, and are less able to work effectively. This can be damaging to mental health as employees experiencing burnout are more likely to experience depression, become anxious, abuse substances, and contemplate suicide.²⁶ Ultimately, burnout in healthcare reduces the quality of care, as healthcare workers are less able to relate to patients and more likely to make errors.

Maladministration plays a significant role in burnout, as it depletes funds necessary for adequate staffing of healthcare providers and management. There are significant losses in hospital and healthcare budgets, such as over R2 billion stolen from Tembisa Hospital through fraudulent and corrupt tenders.²⁷ At a total annual cost of approximately R1.2 million per qualified medical officer, the R2 billion stolen from a single hospital could have funded posts for 825 doctors reported as unemployed in 2023 for two years.²⁸ Understaffing problems extend beyond doctors: there are only approximately 6,350 nationally registered dentists, of whom approximately 2,000 work in public care, serving 80% of South Africa's population of 62 million.²⁹ Such a severe shortage means that dentists in public health can provide only the cheapest and fastest care; tooth extraction is often the only publicly available oral healthcare, rather than restorative or preventive treatments.

The lack of funding available to employ staff creates problems beyond burnout for the current employees. On the one hand, the lack of funded posts creates a paradox in which there is an oversupply of trained healthcare providers despite understaffed institutions. Healthcare institutions often struggle to provide adequate care, shutting down sections or delaying operations due to insufficient staffing.³⁰ Despite a clear shortage of staff, there are an estimated 1,800 doctors, more than 20,000 nurses, and thousands more allied health professionals who are unemployed or seeking employment.³¹

Engaging these healthcare providers would help alleviate, though not entirely resolve, staffing shortages in health institutions. On the other hand, specialisation posts have become intensely competitive as many posts are frozen due to a lack of funding. Specialising in South Africa requires working in public-sector registrar positions and training doctors to enter advanced fields such as surgery, cardiology, oncology, or psychiatry. Due to high demand, public healthcare institutions are increasingly using supernumerary (unpaid) specialisation posts.³²

Supernumerary posts either discriminate by excluding the poor or require doctors to moonlight to afford necessities.

A further challenge for healthcare providers and institutions is that the serious and fatal consequences of medical negligence often give rise to medicolegal claims. The cost of payouts for medicolegal claims is staggering, with over R6.1 billion paid out between 2019 and 2023.³³ Meanwhile, medical negligence is entirely avoidable in ideal situations with proven safety procedures in place, such as multiple checks to avoid medication errors. However, healthcare providers in South African public healthcare facilities are not working under ideal conditions. The underlying causes of many errors are linked to maladministration and corruption, which deplete the resources necessary for high-quality care. For instance, brain drain creates shortages of both skills and staff in public care, leaving those who remain overworked and lacking effective mentors and leaders.³⁴ Burnout and overwork leave healthcare providers too fatigued to concentrate, increasing the risk of errors. The lack of medications, diagnostic tools, and treatment devices can also increase wait times, leading to adverse outcomes for patients who require urgent care. Properly managed healthcare institutions with sufficient budgets would reduce or eliminate these underlying causes.

Litigation related to medical negligence, along with the associated financial costs and consequences for care seekers, also affects the well-being of healthcare providers. Litigation can place immense strain on medical providers that increases stress and anxiety, adding to the feelings of burnout. Witnessing the consequences of mistakes can be traumatic, leading to second victim syndrome, where the provider feels guilt, shame, grief, compassion, and depression.³⁵ Litigation also erodes trust in healthcare providers and consumes substantial time and attention, thereby reducing their capacity to provide quality care. This can also lead to a change in practice, in which providers adopt a defensive approach, seeking to minimise the risk of litigation by ordering unnecessary tests and avoiding high-risk procedures.³⁶ It is not uncommon for healthcare providers to suffer from depression, insomnia, substance abuse, suicidal thoughts and self-harm as a result of mistakes in practice and the litigation that can follow.

The challenges healthcare providers face due to maladministration lead to worrying knock-on effects that significantly reduce the quality of public care. Mentally, emotionally, and physically drained healthcare providers are prone to mistakes, increasing the likelihood of malpractice litigation in a vicious cycle of expensive defensive medicine. These problems contribute to the perception of a failing system that does not care about healthcare



providers; this, in turn, fosters brain drain, as many providers leave for foreign jobs. Mismanagement, maladministration, and corruption are central to the problems. Poor and malicious management practices siphon resources from staffing facilities, undermining opportunities and depriving them of necessary resources. Addressing maladministration within the healthcare system is therefore vital to improving the quality of care provided and to making the profession more attractive.



The Harms of Maladministration on Access to Healthcare

The Harms of Maladministration on Access to Healthcare

Inaction, maladministration, and corruption impose severe strain on healthcare providers and medical institutions, resulting in crippling financial losses and poor leadership. These together worsen the quality of care that the public health sector can provide to care seekers, despite the best efforts of healthcare providers. Poor quality care can result in significant and often irreversible harm, up to and including death. This makes it particularly important to hold the government accountable for these management failures to ensure that the quality of care meets an acceptable standard. There are several key areas where maladministration and corruption particularly affect the quality of care that care seekers receive. These are discussed below.

Fewer Specialist Services

There is a trend toward fewer specialist posts in the public health care sector, with posts frozen due to purported funding constraints. Specialists are a vital component of the healthcare system as their expertise is essential for treating complex medical conditions. Specialists undergo years of training to earn their speciality, making them more knowledgeable in diagnosing and treating patients with specific complaints. Fraud and corruption play a significant role in the shortage of specialists by reducing funds available for training and retaining specialists.³⁷ Specialists also require specific resources and equipment, such as radiology laboratories, which are often missing, inadequate, or poorly maintained. This is especially true in rural areas where the shortage of specialists is especially acute.

The lack of funding for specialist posts in public healthcare results in a steady decline in the quality-of-care patients receive. This shortage places greater strain on available specialists, leading to burnout and longer wait times. Patients may also have to travel long distances to institutions with specialist facilities and staff, which can have serious consequences. When specialists are unavailable, healthcare providers in other fields may be required to provide care despite lacking the requisite knowledge. Such was the case for Modutwane, who was misdiagnosed with type 2 diabetes when she had type 1 diabetes. The eye hospital she attended lacked an endocrinology department to manage patients with diabetes effectively.³⁸ This was the start of a long ordeal spanning several hospitals, where she suffered continued mismanagement and neglect from staff who lacked the resources, knowledge, and time to care for her properly.

Increased Wait Times

Maladministration and corruption in the public healthcare system deplete the finances necessary to employ sufficient staff. A shortage of healthcare providers burdens staff, degrades the quality of care, and increases patients' wait times. Nurses, doctors, and allied healthcare providers have limited capacity to care for patients due to time constraints. When the number of patients exceeds the available staff's working hours in a day, some patients are forced to wait. For example, there is only one cardiologist in public healthcare in KwaZulu-Natal who sees over 60 patients per day. To prioritise urgent patients, healthcare institutions use triage to determine which patients require the most immediate care. Triage is a complex, judgment-based process that occurs before a full diagnosis, making it especially susceptible to error. If an institution is particularly overburdened, triage staff may ask patients perceived as having the least urgent needs to go home and return on subsequent days.³⁹

Unfortunately, waiting for care can have devastating consequences as many conditions require timely interventions to minimise harm. There is a substantial backlog of patients requiring care, including an estimated 34000 patients awaiting surgery in Gauteng.⁴⁰ Cataract surgery to improve vision can have waiting times of up to 1 year, leaving patients struggling to see and complete everyday tasks or earn an income. If patients require urgent care, waiting can also lead to rapid deterioration of health. Care provided early can help prevent deterioration, but patients often must wait until they are in critical condition, when they may suffer lifelong harm or even risk death. While waiting for care, patients are also crowding healthcare institutions, increasing the burden on healthcare staff and making it harder to treat the most critical cases. Decreasing wait times by ensuring that healthcare institutions are sufficiently staffed and equipped would therefore improve the quality and timeliness of care.

A Lack of Essential Supplies

Public healthcare facilities often lack essential supplies necessary to provide adequate care, worsening the quality of care while leading to fatal delays in urgent surgery. Effective care requires a variety of medical supplies, including many single-use items, such as gauze, bandages, syringes, and medications. There is also a need for specialist medical diagnostic and treatment equipment that requires regular maintenance. Public healthcare institutions, whose budgets are wasted by poor management and corruption, often lack essential

supplies and equipment. This leads to situations in which healthcare providers must make do with what is available, despite its inadequacy, with horrifying results. One new mother suffered excruciating pain after a C-section delivery of her child, later discovering that the cause was related to the use of duct tape to dress the wound, resulting in an infection.⁴¹ Cases of medical negligence are preventable by having properly equipped hospitals.

The lack of essential supplies and equipment links to maladministration and outright corruption. Tenders awarded to companies that have not been properly vetted can leave the public health system without essential equipment. A critical lifesaving resource is oxygen, as a steady supply of oxygen during surgery and emergency care can help prevent organ damage, brain injury, and death. In 2025, a forensic investigation found that an R836 million oxygen plant tender, intended to install oxygen plants in 55 state hospitals, was largely awarded to a fraudulent company.⁴² Tender fraud diverts state funds needed to operate healthcare institutions effectively, leaving state hospitals without critical oxygen plants. There is also a need to carefully review smaller procurement contracts, as these may be involved in fraud. A fraudulent procurement network at Tembisa Hospital looted more than R2 billion across thousands of purchase orders, thereby evading detection. Preventing corruption in procurement would ensure hospitals have essential supplies to improve the quality of care and reduce waiting times.

Inadequate Healthcare Facilities

Public healthcare institutions continually struggle with deteriorating, ill-maintained facilities that are insufficient to provide adequate care. One particular concern is clinics and hospitals that lack effective infrastructure for a steady supply of water and electricity. Water is essential for effective sanitation practices, whereas electricity is necessary to operate equipment, maintain lighting, and prepare food for patients. These facilities should also have backup supplies, such as generators and water tanks, but these are sometimes missing or inadequate. Properly maintaining the pipes and backups is essential for effective care. Alongside these basics, another concern is the poor maintenance of advanced facilities and their equipment. Poor maintenance of facilities is a management concern, and problems in these areas often stem from mismanagement, incompetence, or indifference of hospital administrators.

Problems with maintenance and infrastructure can have devastating consequences for patients in desperate need of care. Rahima Moosa Mother and Child Hospital made headlines in 2022 when management dysfunction led to infrastructure failures and a fear of

an increase in preventable deaths.⁴³ Due to management failures, this busy maternity and neonatal service faced water-supply challenges, lacked a functioning CT scanner, and lacked a 24-hour blood bank and laboratory services.⁴⁴ Renovations to address the hospital's problems began only in August 2025, years after the reported problems.⁴⁵ One doctor wrote an open letter to the Gauteng Health Department directly linking poor infrastructure and maintenance to hospital administrators who were indifferent to repeated complaints.⁴⁶ This risked patients' lives through intentional maladministration, negligence, and indifference by both local and provincial administrators.

It is against this background that the National Health Insurance Act No 20 of 2023 (NHI Act) has become law, although it is not yet in force. It introduces the notion of Universal Health Coverage (UHC) in South Africa. The provision of UHC aims to leverage economies of scale to assist the state in purchasing healthcare services from both the public and private healthcare sectors. It aims to alleviate pressure on the public healthcare system while ensuring greater equality in access to healthcare services across the country. Its constitutionality has been challenged by the South African Medical Association NPC in case no 2025-045340 in the High Court of South Africa, Gauteng Division, Pretoria. The Treatment Action Campaign, whilst unequivocally supporting UHC, has intervened as amicus and brought to the fore its concerns about the NHI Act. In its founding affidavit, TAC General Secretary Anele Yawa states that the TAC has limited its final submission to three matters: the uncertain and overlapping roles of different spheres of government and structures created by the NHI Bill; the weak governance structure of the NHI Fund Board; and the regression in coverage for migrants.



STATE CAPTURE
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Holding The Government Accountable

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Holding the Government Accountable

A first step in holding the government accountable for providing adequate healthcare is to gather information to understand the people involved, their legal rights, and the available processes. Using this information, accountability can begin with simple reporting mechanisms, such as hotlines, email addresses, or online reporting systems, thereby giving the government an opportunity to correct itself. If there is no response, or a poor one, there is scope to escalate by contacting councillors, creating petitions, protesting, and sharing information. Reporting and escalation systems enable the creation of records to justify escalating to more powerful methods that are difficult to ignore. It is always important to track interactions with the government, such as taking screenshots and recording tracking numbers, to create a record. Records of interactions can be powerful in demonstrating the history and in building a persuasive case to convince others to join the action.

Accessing Further Information

Effectively holding the government accountable requires knowing which problems to report, to whom to report them, and how to report them. Transparency is enshrined in Section 217 of the Constitution and further detailed in the Promotion of Access to Information Act 2 of 2000 (PAIA), which recognises it as one of the core values of government. This transparency requires making information freely available and accessible, for example, by maintaining government websites and issuing regular reports. It can also be useful to access civil society websites, as they often create guides and explainers that help with understanding processes. When details are difficult to access, there are legal processes under PAIA to request access to information.

Government Websites

A good starting point for finding information is government websites, as legal transparency requirements mandate disclosure. When facing healthcare-related challenges, a starting point is the Department of Health website: <https://www.health.gov.za/>. The Website provides useful links on the home page, including the provincial health departments, public health entities, professional health councils, and services. While the website appears to be up to date, the organisation and display could be improved to make information easier to find and understand. The documents section, for instance, displays only lists of downloadable documents, without explanations or summaries.

Municipalities also play an important role in public health and healthcare. While municipalities do not provide direct healthcare services, they should support health through maintaining infrastructure and the supply of basic services. Therefore, municipal websites, when well-maintained, serve as important points of contact and can provide valuable information. A useful website on municipalities, including links to municipal websites, is <https://municipalities.co.za/>. Through this website, users can either search for or use the map to locate specific municipalities. Selecting a municipality opens an “Overview” tab that provides information about the selected municipality. The tabs at the top of the page, under the municipality name, link to pages that provide additional information, including how to contact municipalities, financial documents, employment, services, and management. In the “contacts” section, there is a link to each municipality’s website.

Each government website is distinct, so it may be necessary to review the sections carefully to locate relevant information. If resources are missing or incomplete, it may be necessary to request additional information from the relevant government department. This could be achieved by asking them to update the website or by making a more formal PAIA request.

Civil Society Organisations

Civil society organisations (CSOs) are non-profit groups that operate independently of government and the private sector and can be valuable sources of information. CSOs focus on social action with a wide range of social, cultural, and philanthropic goals depending on the type of organisation. There are many types of CSO, including community groups, non-government organisations (NGOs), faith-based organisations, professional associations, and labour unions. As such, many CSOs focus on health, healthcare, and health-related services.

CSOs are a valuable resource for individuals with health-related questions or who need assistance accessing healthcare. Some CSOs specialise in healthcare in various aspects, such as the right of access to healthcare and the right to an environment free from harm. These organisations can provide valuable information and even legal support. Some of the CSOs that provide useful resources include:

- [Treatment Action Campaign](#) (TAC)
- [Section27](#)
- [People's Health Movement South Africa \(PHM-SA\)](#)
- [Save the Children South Africa](#)
- [Healthy Living Alliance](#) (HEALA)

- [Learning Network for Health and Human Rights](#)

The websites of these organisations provide information relevant to healthcare and to improving knowledge of rights. CSOs often focus on education by hosting workshops for those interested in advocacy or wanting further knowledge of their rights. Contacting CSOs directly can also be a useful method for obtaining specific, relevant advice or for learning where to find the correct information.

PAIA Requests

The Promotion of [Access to Information Act 2 of 2000](#) (PAIA) gives individuals the right to access information held by the state or private bodies upon request. This Act increases transparency in South Africa by developing the Constitutional right of access to information.⁴⁷ While most information should be publicly available, information could be missing or difficult to find. When information is not freely available, including from the Department of Health, hospitals, clinics, or healthcare companies, individuals can use standard forms and methods under PAIA to request it.

When using a PAIA application to request information, the first step is to determine the institution type and the requested information. To draft the application, first locate the PAIA manuals, which should be available on the relevant department or government websites. These manuals are guides required under PAIA that provide details on procedures and contact persons, such as the body's Information Officer. The Information Regulator Form 2 is the standard application document, <https://inforegulator.org.za/wp-content/uploads/2020/07/InfoRegSA-PAIA-Form02-Reg7.pdf>. A PAIA application may be subject to a fee, which should be set out in the body's PAIA manual. After submitting the application to the Information Officer of the relevant body, a response should be received within 30 days, with a maximum extension of another 30 days if the body issues a notice. If the body refuses the request for information or fails to respond within 30 days, an appeal of the decision is possible. For more precise information, see the South African Human Rights Commission (SAHRC) guide at https://www.gov.za/sites/default/files/gcis_documents/SAHRC-PAIA-guide2014.pdf.

Reporting Problems and Advocacy Methods

Dedicated Hotlines

Call centre	Description	Telephone number	E-mail
Presidential hotline	The public may use this toll-free hotline when all attempts to obtain assistance from a government department, province, municipality, or state agency have failed.	17737 Fax: 086 681 0987 / 012 323 8246	president@po.gov.za
GCIS Information Centre	The Government Communication and Information System (GCIS) is a central repository for information. GCIS provides information and can link or refer individuals to the relevant departments.	012 314 2211	info@gcis.gov.za
National Anti-Corruption Forum (NACF)	NACF serves as a forum for discussing corruption challenges and advising the government. The NACF hosts a corruption reporting hotline.	0800 701 701	
Crime Stop	This hotline allows anonymous crime reporting. Typically, crimes should be reported to the relevant police station rather than via the hotline.	08600 10111 My SAPS App *134*10111#	http://www.saps.gov.za/_dynamicModules/internetsite/crimestop.asp
Department of Health	If environmental problems affect health, individuals can contact the Department of Health to report concerns or request information.	0800 012 322	info@health.gov.za
Public Protector RSA	The Public Protector is an oversight body that investigates, reports on, and can remedy government maladministration. This must be a complaint against an organ of state and only after attempting other avenues to resolve the complaint.	0800 112040	registration2@pprotect.org

Hotlines can be a useful starting point for reporting or for obtaining more information about the topic or relevant contacts. Several hotlines are available for individuals to contact, depending on the nature of the problem. This includes maintaining multiple tiers of hotlines that facilitate escalation, such as the presidential hotline, which is invoked when other

government bodies fail to act. It is also possible to contact municipalities directly, especially if there are problems with service delivery. A website that helps users find municipality-specific websites is <https://municipalities.co.za/>, which allows users to search or use a map to locate a municipality and provides specific details about the municipality, including contact methods.

Hotlines, emails, and online reporting tools can provide reference numbers and traceable details that allow for creating a record of interactions. Keeping a record of interactions is very useful for documenting the problem's history when escalating and demanding action. However, the likelihood of reporting alone being an effective solution depends on several factors, such as leadership or the area. This can make escalation vitally important when there is a failure to act on problems.

Escalating Through Direct Contact

If the reporting systems fail to solve the problem, it becomes necessary to escalate communication through direct contact. The aim is to contact the next person in the chain of authority until someone acts, or until it becomes necessary to take other actions. For public hospitals, this would involve first contacting the hospital manager, then escalating to the provincial health department, and finally to the national Department of Health. For private hospitals, the complaint may first be submitted to the Hospital Association of South Africa (HASA) and then escalated to either [the Office of Health Standards Compliance](#) (OHSC) or the [Health Professions Council of South Africa](#) (HPCSA). If internal complaints do not resolve the problem, it becomes necessary to contact government organisations. Government organisations focused on rights include the [South African Human Rights Commission](#) (SAHRC), the [Public Protector](#), and the [Environmental Management Inspectorate](#) (Green Scorpions).

It is also useful to contact the local government, as it is responsible for service delivery and administration at the local level. For the local government, a useful website is <https://municipalities.co.za/>, which can help with finding contact information. Through this website, users can either search for or use the map to locate specific municipalities. Selecting a municipality opens an "Overview" tab that provides information about the selected municipality. The tabs at the top of the page, beneath the municipality name, link to pages that provide additional useful information. This includes a "contacts" tab that provides contact details for the municipality, including the address, phone number, website, and further numbers for specific departments.



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Figure 1: Screen Capture of the <https://municipalities.co.za/> Website

Another useful website for reporting problems and faults is www.fixlocal.org.za. This website, although still in its early stages of development, provides guidance on how to report, by location, information such as email addresses and call centre numbers for municipalities. It also provides guidance on how to escalate when reports alone have not resolved the problem. This guidance ranges from locating a ward councillor to creating community action groups.

When interacting with local government, a first step in escalating is messaging local councillors, who are elected representatives. Cooperative Government and Traditional Affairs (CoGTA) recommend contacting local councillors with questions or requests.⁴⁸ To assist with this, the South African Local Government Association (SALGA) provides contact details for local councils: <https://www.salga.org.za/Municipalities%20MCD.html>. CoGTA recommends submitting written questions or requests at least ten days before council meetings. However, it is also possible to contact council members directly via email or phone to ask questions or make requests. This is one of the immediate methods of informing the government and getting commitments to address problems. If local councillors cannot help, then contact the provincial government (<https://provincialgovernment.co.za/>) or the national government (<https://nationalgovernment.co.za/>).

Public Meetings

Attending public meetings is an effective way to communicate, obtain information, and connect with others facing similar challenges. Public meetings are an important component of transparency, as required by several pieces of legislation. For instance, local municipalities have a legal duty to hold public meetings to consult with communities. The Local Government: Municipal Systems Act 32 of 2000, in section 4(2)(e), identifies that this consultation should include, “(i) the level, quality, range and impact of municipal services provided by the municipality, either directly or through another service provider; and (ii) the available options for service delivery.” This is further strengthened by section 17(2)(c) of the Act that requires “public meetings and hearings by the municipal council and other political structures and political office bearers of the municipality, when appropriate.”

Attending public meetings provides an opportunity for community members to make their voices heard. They form part of the mechanisms that municipalities should establish, in accordance with legal requirements, to increase public participation. However, consultation and public participation do not necessarily mean councils have to follow community suggestions or even consensus. Some municipalities post updates on when public meetings will take place on their websites, but not all municipalities maintain effective websites. Therefore, it may be important to contact or visit the municipalities to inquire about the next meeting date.

Social Media

Social media platforms, including Facebook, X (formerly Twitter), Instagram, and others, can be effective at disseminating messages to large audiences. However, social media platforms are indirect communication channels with limited protections. It can be useful to report faults on social media to raise awareness of problems and help prompt government or company action. There is sometimes the possibility of a rapid response, as company or government departments may maintain active social media accounts that provide feedback and additional details. Companies, in particular, want to avoid negative publicity, which can make social media a powerful channel for complaints or faults.

On the other hand, social media platforms are not suitable for whistleblowing to spread fraud and corruption allegations. It can be dangerous to report instances of corruption, especially if they involve money, using social media, as it allows for tracking. There are still

relatively few protections for whistleblowers in South African law. Therefore, it is often best to report corruption from the safety of anonymity.

Whistleblowing

Whistleblowing involves reporting corruption to an authority that can investigate and pursue action against corrupt individuals. Whistleblowing is vital to addressing corruption, as it is nearly impossible to act against corruption without knowledge or evidence of its existence. However, it is also extremely dangerous to blow the whistle on corruption, as it can lead to retaliation with threats to personal safety and job security. South Africa provides some legal protection to whistleblowers under the Protected Disclosures Act 26 of 2000. While it is a good start for employer-employee relationships, this Act has serious flaws that can leave whistleblowers lacking the protection they need and deserve.⁴⁹ These flaws are discussed further in the SCAB video, "[How to Blow the Whistle](#)," also available on the films section of the SCAB website, <https://beyondstatecapture.org.za/films/>. Only if someone takes careful safety precautions while having conviction should they consider blowing the whistle.

One of the most important safety precautions for whistleblowing is maintaining anonymity. This can extend to creating a new email address without identifying details and using a Virtual Private Network (VPN).⁵⁰ PowerLaw Africa, a CSO focused on media rights and protection, provides a useful guide on online safety: <https://powerlaw.africa/wp-content/uploads/2025/10/251022-MMA-Safeguarding-the-Frontlines-Toolkit-2025-FINAL.pdf>. Several government hotlines are listed on the government website as secure and anonymous: <https://www.gov.za/anti-corruption/hotlines>. If uncomfortable approaching the government, another option is to report corruption to civil society organisations that specialise in corruption. It is also possible to blow the whistle to news outlets, but this makes the topic public. Therefore, going to news outlets is not usually the best starting point. Since being unknown is the best protection, it is not advisable to blow the whistle using social media.

Civil Society Groups

Another great method when whistleblowing or reporting problems is to contact Civil Society groups, some of which specialise in addressing corruption. These organisations typically have procedures to keep whistleblowers' information confidential, thereby protecting them from retaliation. They are also valuable sources of advice and information on whistleblowing safely. These include:

- [The Corruption Watch whistleblower platform](#)
- [Whistleblower House](#)
- [The Organisation Opposing Tax Abuse \(OUTA\)](#)
- [Open Democracy Advice Centre](#)
- [Platform to Protect Whistleblowers in Africa \(PPLAAF\)](#)
- [Office for Witness Protection](#)

News Media

Blowing the whistle to the news media can be an effective means of reporting corruption, but it entails significant risks. News media can rapidly and widely disseminate information about corruption, raising awareness and prompting responses. Journalists, depending on their experience, would have contacts and knowledge to turn tip-offs into powerful news stories that grab attention. Journalists even search for and find additional facts that help strengthen the case. However, going to the news media entails making the information public, which creates personal risks. Even when a journalist is careful, there remains a risk that the whistleblower's identity will become public. If identifying information is used to locate the whistleblower, it may cause serious harm, ranging from workplace harassment to threats on their life. Therefore, considerable care is required when whistleblowing to the news media.

Written Submissions to the Government

The easiest and often least effective method of getting an opinion heard by those in power is to submit a government document. Addressing a complaint or representation to the president, parliament, the council of provinces, or local government allows the presentation of pressing issues. There is always the possibility that people with the authority to act simply do not know the challenges, and a letter will therefore be a useful tool to clarify them. However, letters are easily overlooked, as the government has no duty to read every public comment. If the letter does not have the desired effect, it is important to escalate to more powerful communication channels. A letter or public comment is a great starting point, and it is useful to keep a record of these comments to demonstrate the use of different methods.

The South African Constitution provides for public involvement in lawmaking, oversight, and other parliamentary processes. South Africa's democratic system not only enables citizens to elect their representatives but also allows them to have a say in matters that affect them.⁵¹ Local government also has an obligation to hear complaints following the Local Government:

Municipal Systems Act, where section 17(2)(a) provides that local government must receive, process, and consider complaints lodged by members of the local community. However, consideration of complaints does not necessarily mean that local government must act on them.

Petitions

Petitions are a relatively low-cost way for large groups to make their voices heard. It involves a request or demand on someone in power for a specific intervention. Signatures from other people on the petition can increase its support. The Constitution guarantees the right to present petitions in section 17, which extends to all spheres of government. Sections 56(d) and 69(d) of the Constitution, read with the Rules of the National Council of Provinces and National Assembly, provide for the National Assembly and the National Council of Provinces to receive petitions. Section 115(d) of the Constitution requires provincial legislatures to receive petitions. The Local Government: Municipal Systems Act section 17(2)(a) requires local governments to receive, process, and consider petitions.

When creating petitions, the starting point is to define a clear goal or purpose, identifying what the petition aims to achieve. Second, create a petition document that complies with the applicable legislative requirements and includes the purpose, an explanation, contact details, and space for signatures. The next step is to gather signatures by identifying people who share the petition's goal. This can include large gatherings, popular meeting places, social media, news or even door-to-door to request that people join a petition. Another popular method is to have an online petition, such as on <https://www.change.org/t/south-africa-en-gb>. The final step is to present the petition with the demand. The approach depends on the level of government addressed by the petition.

- National petitions to parliament are submitted by Members of Parliament (MPs), which means they require the support of an MP, and should follow the parliamentary procedure, as outlined in <https://www.parliament.gov.za/petitions>.
- National Council of Provinces (NCOP) petitions do not require the support of an MP or member of the NCOP.
- Provincial legislature petitions have separate methods depending on the province, governed by separate provincial statutes. The URL address, <https://provincialgovernment.co.za/units/type/3/legislatures>, provides links to the websites of the nine provincial legislatures.

- Local government level petitions depend on the municipalities, but the Municipal Systems Act does require municipalities to have processes in place for petitions. Local government websites should provide more information about petitions or include contact details for queries. A useful website for finding local government websites is <https://municipalities.co.za/>.

Joining or Creating Organisations

When acting alone is not enough to gain attention, consider joining or creating a citizen organisation to strengthen advocacy efforts. Citizen organisations enable groups to work together to represent community interests, leveraging many hands and minds toward a common goal. There are many citizen organisations, including more formalised civil society non-government organisations and grassroots community organisations. These organisations have shown success in organising public action through protests, petitions, articles, submissions to government, and even litigation.

Civil Society Organisations (CSOs) and Community-Based Organisations (CBOs) play a vital role in holding government accountable. Groups of people have more authority, resources, and experience than a single individual. These groups can more visibly articulate the needs and desires of community members, thereby promoting government action. These groups provide support for any problems individuals face. CSOs and CBOs, therefore, also have the role of disseminating information and presenting collective demands to the government.

Protest Action

When polite requests and reports fail to elicit action, protests become necessary to draw attention to a problem. Protests, in the form of gatherings, demonstrations, and strikes, can be powerful means of communicating problems and demands that are difficult to ignore. Section 17 of the Constitution protects the right to assemble, demonstrate, picket, and petition, provided that the actions are peaceful and unarmed. Protests are intended to be disruptive and can become dangerous when there is a conflict between the right to protest and other rights, such as when protesters block access to a public building or space. Therefore, it is important to follow the legal steps to ensure the protest is lawful and safe for protesters.

The Regulation of Gatherings Act 205 of 1993 regulates protest actions and applies only to gatherings in public places with 15 or more people.⁵² For protests, there is no need to ask

for permission. However, it is necessary for the convenor to provide notification at least seven (7) days before the protest to the responsible officer, a person appointed by the local authority, for a protest of more than 15 people.⁵³ The convenor is the person who organises the protest, whether independently or as a representative of an organisation. With a reasonable explanation, the convenor may give less than seven days' notice at the earliest opportunity. However, providing less than 48 hours' notice may result in the responsible officer prohibiting the gathering. Protests without notice are illegal and lack protection. Municipalities have notice templates that should be available at their municipal offices or online; these may vary slightly. However, these notices usually require the convenor's details, the organisation's name, the purpose of the gathering, the date and duration, the venue, and the anticipated number of attendees.

Newspaper Articles

Writing articles for newspapers or community websites can be very effective at spreading awareness. While it is possible to write articles alone and submit them to news websites for publication, this is much easier when working in a group. Working in groups on opinion and reporting pieces facilitates brainstorming, improves accuracy through diverse perspectives, and supports editing. For reporting, a clear record of events is particularly useful, as presenting a chain of events with supporting evidence is compelling. This is part of the reason it is necessary to track all reference numbers and contact attempts.

Reporting on community events to the news media can also help create an awareness campaign. For instance, it can help to issue a notice or invite news media representatives to participate in other actions, including petitions, protests, and litigation. The more awareness a community raises about a problem, the more likely it is to receive government support and prompt action.

Litigation

When all else fails, or when there is a serious infringement of legally protected or Constitutional rights, going to court is a valuable tool in the fight for justice. Litigation is not an effective first choice for asserting rights, as it is prohibitively expensive and very slow. The cost of litigation depends on the extent of legal expertise required at each stage. Courts throughout South Africa are also flooded with cases, and it can take years for non-urgent matters to reach a judge or magistrate. Accordingly, courts recommend first attempting

other methods, such as mediation, to resolve a conflict and may refuse to accept a case in which applicants have not attempted those methods.

If litigation becomes necessary, public law and civil society organisations can provide support. Legal specialist civil society organisations, including the Legal Resources Centre, Section27, Corruption Watch, and ProBono.Org, provide free legal assistance. University-based law clinics can also be a valuable source of free support for those in need. These organisations provide a variety of specialist legal services, including education, advice, and litigation. The type of legal support required can determine whether these organisations can provide assistance. Even when a legal clinic cannot assist with litigation, it can provide legal advice or refer individuals to other sources of legal support.

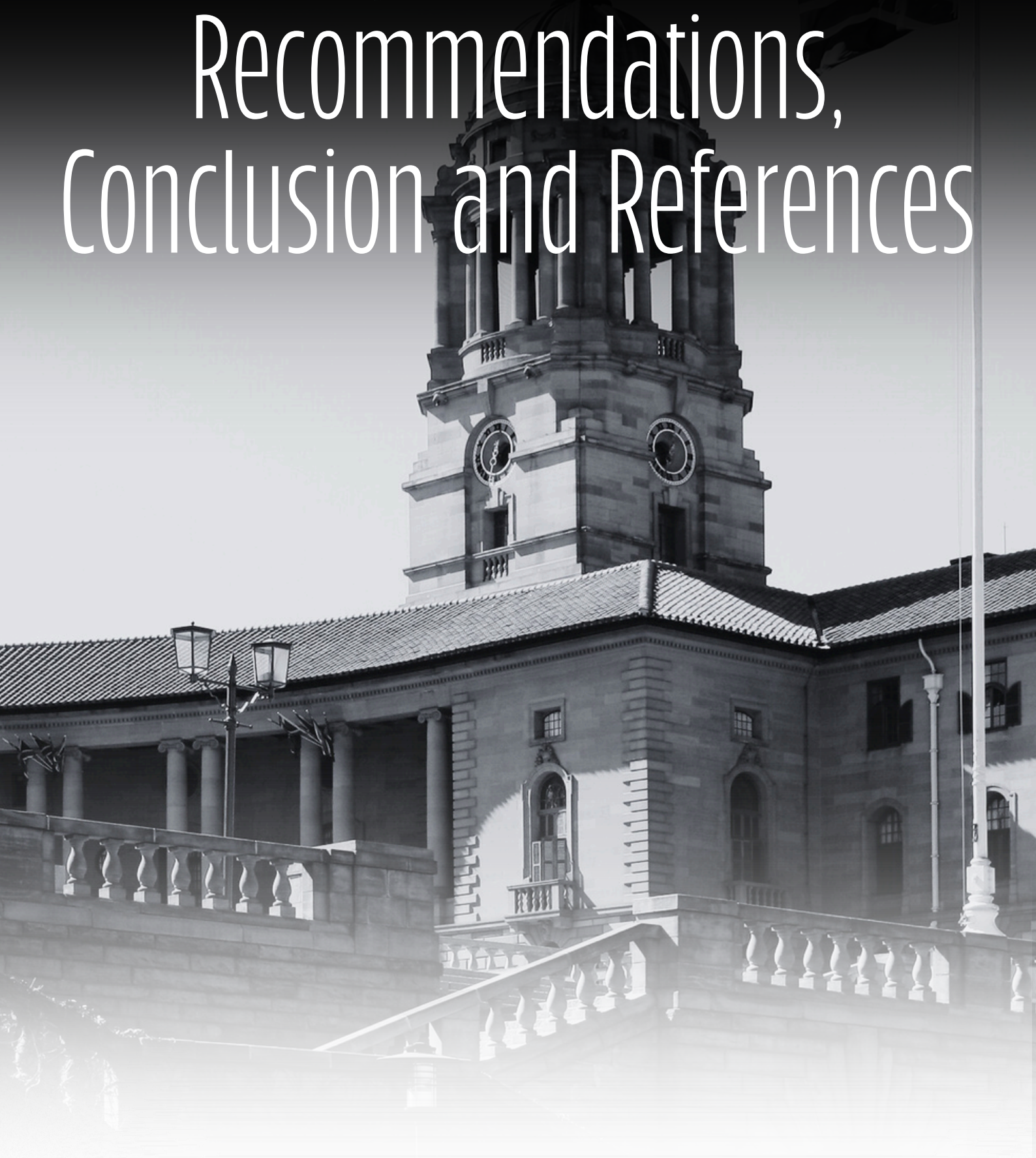
Voting

Voting is arguably the most effective means of driving change and ensuring accountability in a democratic state. Democracy has flaws, but its greatest strength is its capacity to effect peaceful change through the ballot box. If citizens disapprove of how the government is governing the country, they can use their vote to change it. When government leaders believe they will lose elections because of their actions, they are more likely to focus on supporting the voters who put them in power. Although it may seem that a single vote counts for little, small changes accumulate quickly, as evidenced by the formation of the Government of National Unity (GNU) following the 2024 elections, in which no party won a majority. Voter apathy, in which citizens abstain from voting because they perceive voting as futile, is one of the greatest obstacles to addressing problems in government.

In addition to national elections, voting can be especially effective for local elections. While it can take tens or hundreds of thousands of votes for a party to gain a seat on the National Assembly, which has a maximum of 400 seats, it can take just a few thousand votes to change who wins a local government ward. Each ward appoints a councillor to sit on the governing council for a local government municipality. This means that it is much easier to achieve direct representation in a local election. There are also many examples of small, local parties that obtain seats in local governments. Even if these parties do not secure a majority to govern the municipality, having seats at the table positions them to raise local concerns. The Independent Electoral Commission (IEC) provides an online guide for how to contest municipal elections <https://www.elections.org.za/pw/Parties-And-Candidates/How-To-Contest-Municipal-Elections>.



Recommendations, Conclusion and References



Recommendations

The South African public healthcare system faces severe challenges related to management and adequate staffing. Due to maladministration and corruption, healthcare providers are struggling in poorly supplied, maintained, and staffed clinics and hospitals. This pressure leads to burnout and brain drain, as staff leave for better-paid, better-supported roles in the private sector or abroad. This requires significant changes to how healthcare is led, managed, and supported across all levels of government. This does not necessarily require additional legislation but rather the political will to enforce consequences and work towards a vision of a better healthcare system.

1: Improve governance and administration of the public health system

- Focus on administrative appointments that emphasise ethics, merit, skill, and experience to promote oversight, accountability, and employee retention.
- Improve accountability by identifying and communicating clear goals, performing regular financial checks, evaluating performance, and strengthening accountability structures.
- Enforce consequences consistently for maladministration, indifference, negligence, and corruption while protecting whistleblowers.
- Develop fit-for-purpose systems around human resources, procurement, and health information to support managers and leaders.
- Improve transparency by sharing information and regularly updating online resources.

2: Ensure adequate staffing and employee retention

- Improve working conditions by training management to be supportive, reducing workload, ensuring safety, upgrading facilities, and increasing salaries.
- Provide incentives that could include housing, salaries, and upgraded facilities to entice healthcare providers to work in underserved areas.
- Ensure that there are clear avenues for personal development and career growth of healthcare employees, including sufficient specialisation posts.
- Promote the mental health of healthcare providers to reduce burnout, address trauma, and prevent harassment and workplace bullying.

3: Increase the quality of patient care

- Staff healthcare institutions adequately to reduce waiting times and allow for providing urgent care timeously.
- Train staff adequately to improve attitudes.
- Ensure that there are sufficient support and maintenance staff so that facilities are clean and safe.
- Implement e-health and telemedicine systems to improve access to care for those who cannot access clinics easily.
- Promote having a variety of healthcare providers, including allied health, to provide a better variety of care that also increases access to preventative care.

4: Maintain infrastructure and effective supply chains

- Develop and maintain specialist services of healthcare institutions so that critical facilities are available to provide effective care.
- Invest in infrastructure maintenance around healthcare institutions so that they have the necessary water, electricity, and transportation access.
- Implement regular checks and transparency for procurement systems to prevent costly irregular expenditure and fraud.
- Develop effective supply chains for essential medicines, vaccines, and medical products to ensure a consistent supply.

Promoting employment and retention would help address staffing shortages in healthcare facilities. Adequate staffing would likely reduce burnout and brain drain by encouraging employees to return to public care. Improving working conditions and ensuring adequate staffing would significantly enhance the quality of care. However, this requires sustained efforts to combat corruption to achieve a functional administrative staff of capable, ethical public servants. Towards this aim, it would be important to promote civil society groups and advocacy structures that ensure the government is accountable in its role of providing adequate public healthcare.

Conclusion

Healthcare is a fundamental right enshrined in section 27 of the Constitution, which enables all people to live healthy and meaningful lives. To provide healthcare, South Africa has a two-tier system: high-quality but expensive private care and under-resourced public care, subsidised to serve the vast majority of the population. Some challenges of this system stem back to the apartheid government that used healthcare as a tool for its segregationist aims. The fully democratic government made significant strides in expanding healthcare access and improving equity. However, corruption and mismanagement have significantly reduced the quality of public healthcare.

Maladministration, poor leadership, and corruption are common in the healthcare system and degrade the quality-of-care patients can expect. These siphon funds away from healthcare providers, leaving them exhausted and more likely to make errors. This contributes to brain drain, as challenges in public healthcare leave healthcare providers without support or opportunities to advance, making higher pay and prospects in private care or foreign jurisdictions highly compelling. Ultimately, it is the patients who suffer by not being able to find the care they may need while waiting extremely long times in unsanitary conditions.

The government's failures to prevent corruption and to improve healthcare administration make advocacy especially important. While not all individuals in South Africa can become full-time activists, there are easier ways to engage in advocacy, such as reporting, advocacy escalation, and voting. These advocacy methods enable individuals to hold government accountable, to the extent they have time and resources. Many small actions, such as simply reporting healthcare failures, have significant potential to show the government what South Africans consider important and to prompt change.

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STATE CAPTURE AND BEYOND

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