

Reviving Preventive Medicine as a clinical specialty in South Africa

The global life expectancy fell by 1.8 years to 71.4 years (back to 2012 levels), and healthy life expectancy dropped by 1.5 years to 61.9 years – time lost not just in years but in vitality – following the aftermath of the COVID-19 pandemic.^[1] During the peak of the global health crisis in 2021, non-communicable diseases (NCD) accounted for ~43 million deaths (roughly 75% of non-pandemic deaths), with 18 million of these occurring in individuals under 70%, the burden of which was carried by low- and middle-income countries (LMIC's) at approximately 82%.^[2]

South Africa's (SA) health system continues to wrestle with an entrenched quadruple burden of disease – NCDs, communicable diseases (CDs), maternal and child health (MCH) challenges and injuries.^[3,4] This burden is amplified by socio-economic inequities, cultural determinants, and systemic inefficiencies.^[4,5] The overwhelming emphasis on curative and hospital-centered care as reflected by national healthcare expenditure trends between the primary healthcare (PHC) programme and hospital systems,^[6] has left significant gaps in prevention, risk reduction and system-wide resilience. Public health PHC programme expenditure was reported to be R5.15 bn in 2022/23, while hospital systems allocation grew from R22.64 bn in 2022/23, to a projected R24.76bn for the 2025/26 financial year. Against this backdrop, it is both timely and urgent to reactivate Preventive Medicine as a recognised clinical specialty in SA, especially in the context of achieving universal health coverage (UHC). No country in the world has achieved this without changing the focus of the health system toward preventive health care.

The case for revitalising this specialty rests on two undeniable trends. First, according to STATSSA 2020 data, NCDs now account for more than half of all deaths nationally,^[7] while HIV/TB co-infection rates remain the highest in the world.^[8] This dual crisis undermines SA's progress towards Sustainable Development Goal 3, which emphasises health promotion and universal access to preventive services. Second, the COVID-19 pandemic exposed structural weaknesses in prevention capacity,^[9] underscoring the need for clinical leadership that bridges public health principles and direct patient care.

Preventive Medicine, as practiced internationally, offers this bridge. In Canada^[10] and the United States,^[11] structured residency and board-certification pathways have produced specialists who lead in outbreak control, chronic disease prevention and system-level quality improvement. India's well-established residency programme in preventive and social medicine^[12] similarly illustrates how clinical and population-health competencies can be aligned. SA, however, has left its Preventive Medicine specialty dormant, despite its recognition by the Health Professions Council of South Africa (HPCSA) and SA universities. The HPCSA has also recognised Preventive Medicine as one of the core competencies for undergraduate students in clinical associate, dentistry and medical teaching and learning programmes in SA.^[13]

Reactivation of the specialty would create a cadre of clinicians with dual expertise: individualised preventive care – through risk stratification, lifestyle medicine, functional and integrative medicine, precision medicine, travel medicine and behavioural interventions – and contextual preventive practice in specialised domains such as aviation, maritime, climate, disaster and humanitarian medicine. These competencies are not abstract; they respond directly to SA's pressing health realities, from the obesity epidemic to climate-driven disasters and their clinical presentations across primary and secondary care platforms. Anecdotally, such preventive medical services already exist in multiple healthcare settings and within industry to meet context-specific needs. However, they operate within a health system that has yet to recognise their essential role and function across the full prevention spectrum (primary, secondary and tertiary), which is necessary to leverage them and build capacity for proactive, responsive, and agile healthcare delivery solutions.

The expected benefits of a cohesively defined and functionally coordinated preventive medical cadre within the SA healthcare system are substantial. Evidence indicates that structured preventive interventions reduce healthcare costs by avoiding hospitalisations, improve equity by targeting vulnerable populations, and strengthen system resilience against epidemics and chronic disease burdens alike.^[14] Beyond technical efficiency, preventive medicine specialists would serve as leaders in surveillance, data-driven service planning, and governance of evidence-based policies, including value-based care interventions and models that increase the uptake, quality and impact of preventive care service delivery across public and private healthcare sectors.

The pathway forward is clear: the Department of Health must create a preventive medicine task force to make this health service shift a sustainable reality. This should be asported by the HPCSA through the formal reactivation of the Preventive Medicine as a specialty. Furthermore, universities responsible for specialist medical training should expand competency-based training programmes; while health authorities establish formal specialist posts at sub-district, district and provincial levels. Only then can preventive medicine specialists serve as meaningful architects of a health system designed to forestall disease- not merely respond to it.

SA cannot afford to neglect prevention any longer. To build a resilient, equitable, and sustainable health system, it must embrace Preventive Medicine as a cornerstone of future care especially in the era of National Health Insurance.

D Basu
T Maimela
H Volmink

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