



# Transforming Social Policy to Tackle Inequality: Health, Education and Social Protection in Mauritius, South Africa and Zambia

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## Executive Summary

Since independence, Mauritius, South Africa and Zambia have expanded social policies, increasing access to healthcare, education and income support. Yet deep disparities persist in quality, equity and delivery. Mauritius has achieved broad access to public services, though service quality varies by region. Zambia has boosted girls' primary school enrolment and expanded cash transfer programmes, but limited follow-through and land tenure systems that favour men continue to disadvantage women. South Africa has widened school entry through no-fee schools in poorer areas, yet stark disparities remain compared to better-resourced schools. Employment patterns still strongly reflect race and geography.

This policy brief draws on research from the Gender Equitable and Transformative Post-COVID-19 Social Policy in Africa project (GETSPA), combining interviews with a systematic literature review. It examines the evolution of social security, education, health and labour policies in the three countries since independence, identifying both

achievements and enduring challenges. Key achievements include universal health care, gender mainstreaming in policy frameworks, and notable improvements in education. However, progress is uneven. In South Africa, the legacy of systemic racism, underfunding and slow policy implementation continues to hinder equitable service delivery. A commitment to both universality and equity is essential for transformative change in Mauritius, South Africa, and Zambia. Therefore, we recommend that policymakers:

- Target funding to the sectors and communities facing the largest gaps; guarantee universal access to quality education, health care, and social protection;
- Invest in childcare infrastructure and services; and
- Provide sustained business and financial support to women, particularly in the service sector and informal economy.

## Introduction

Social policy in post-independence African states has evolved in distinct phases, mirroring broader development trends. At its core, social policy aims to reduce risk and vulnerability, encompassing collective interventions that directly shape social welfare, institutions, and relations. These interventions are implemented not only by the state,

but also by the private sector, voluntary organisations and informal networks, all working to support communities. Transformative social policy offers a broader vision for society, addressing roles that extend beyond service delivery to include production, redistribution, protection, social cohesion and nation-building.

These roles must be grounded in equality and social solidarity to be truly effective.

The impact and trajectory of social policies differ across countries. Since independence, Mauritius, South Africa, and Zambia have pursued varied approaches at different times. Policy priorities and funding models have shifted—in some periods, states retreated in favour of market-led provision; in others, they expanded free services and widened eligibility. These choices have shaped not only *who* receives services, but also *how* good those services are and *how fairly* they are distributed.

For example, Mauritius has earned global recognition for its rapid economic growth, high living standards, and reputation as both a “Mauritius Miracle” and an “African success story.” On the other hand, South Africa, despite being the continent’s second-largest economy, has faced strong criticism for failing to meaningfully reduce racial inequality. And while Zambia has made progress in advancing gender equality in policy, persistent weaknesses in implementation continue to undermine potential gains.

This policy brief examines the dynamics of social policy in Mauritius, South Africa, and Zambia with a particular focus on social protection, education, health and labour policies. The aim is to highlight both the opportunities and the urgent need for a transformative approach that delivers equitable and sustainable outcomes.

## What Social Policies Do We Have?

### Mauritius

Mauritius has developed a welfare state that addresses the basic needs of all population groups through redistributive policies with transformative impacts on both society and the economy. This approach has supported socio-economic development and maintained social harmony. Notably, Mauritius spends less than 5% of its public budget and only 0.2% of its Gross National Product (GNP) on defence, thus freeing resources for social programmes. The Mauritius Government provides universal services such as free medical care, free education, and universal non-contributory pensions. It also gives targeted support in the form of social welfare assistance, free transport for pensioners and students, social security benefits for vulnerable groups as well as moderate rent, subsidised social

housing, and subsidies on staple foods (rice, flour, bread) and cooking gas.

### Zambia

In the post-independence era, Zambia’s government took a more active role in education, aligning the system with national development needs. Discrimination based on race, colour and sex, which was prevalent under colonial rule, has declined, though linguistic discrimination, where communities are separated by language, remains an issue. Progress has been made on gender equality in education: Under Vision 2030 and the Sustainable Development Goals, Zambia increased girls’ enrolment at the primary level, achieving a gender parity index of 1.03 in 2020 (up from 1.00 in 2017). This means that for every 100 boys enrolled in Grade 1, there were 103 girls, signaling a slight advantage in girls’ access at entry level.

### South Africa

South Africa has implemented free education in many parts of the country through its “no-fee schools” policy. These schools are concentrated in poorer provinces. In the Eastern Cape, over 56% of learners attend quintile 1 and 2 no-fee schools (the poorest categories). In contrast, only 14.5% of learners in the Western Cape and 21.9% in Gauteng—both higher-income provinces—attend no-fee schools, highlighting persistent geographic disparities.

## Social Policies on Health

### Mauritius

Mauritius operates a health system based on universal health coverage, with 27% of GDP allocated to health care in 2018-2019. All medical consultations, treatments, and medicines are provided free of charge in public hospitals and health centres. This model has contributed to notable public health improvements, including longer life expectancy, better maternal and child health, effective control of infectious diseases, and a successful population control programme. A key outcome has been a fall in the infant mortality rate from 63.8 per 1,000 live births in 1972 to 25.6 in 1983, and further to 11.6 in 2017.

## South Africa

South Africa's healthcare system has been shaped and constrained by its history of racial segregation. The Public Health Act of 1919 entrenched two enduring structural challenges: a three-tier governance structure (national, provincial and municipal) that fragmented public health responsibilities and a dual public-private system that encouraged the growth of a market-driven health sector alongside under-resourced public provision.

Inequality was further deepened by the Public Health Amendment Act 57 of 1935, which extended healthcare to Black South Africans through a Native Medical Service marked by severe disparities in staffing and service quality. These policies prioritised the welfare of the white minority, marginalising the majority Black population. This inequitable legacy continues to affect access and outcomes in the health sector today.

## Zambia

Zambia's health sector has recorded significant progress since independence, largely due to targeted government investments aimed at reducing inequities:

- Government hospitals increased from 19 in 1964 to 42 in 1990.
- Rural health centres expanded from 187 in 1964 to 661 in 1990.

The government also adopted the Primary Health Care policy which prioritised services for rural communities and improved rural access, but unintentionally widened disparities by giving less attention to urban populations.

## Social Policies Targeting Social Protection, Labour and Gender

### Mauritius

The Mauritian government has implemented measures to cushion vulnerable groups from economic hardship, including a subsistence grant of Rs 5,100 for informal sector workers. These interventions have helped prevent poverty and social disempowerment. Economic reforms under the International Monetary Fund (IMF) stabilisation programme (1984) focused on demand management and reduced the national budget deficit from 14% to 7.3% of GDP as well as the current account deficit from 16% to 2.6% of GDP. This fiscal stability freed

resources for broader socio-economic programmes, including social protection initiatives.

## Zambia

Zambia introduced a donor-funded Social Cash Transfer (SCT) programme in 2003. Efforts to scale it up met political resistance, with minimal expansion until 2008 under President Rupiah Banda. Significant progress came under the Patriotic Front (PF) government of President Michael Sata, which implemented major social protection reforms: The PF government increased SCT funding by 700% and expanded coverage from 19 to 31 districts. It also launched the National Social Protection Policy.

On gender equality, the Gender Equity and Equality Act No. 22 of 2015 strengthened legal protections against discrimination and aimed to empower women in public and private life. However, structural barriers remain. For example, 94% of land is owned by men under customary law, perpetuating gendered economic inequality.

## South Africa

South Africa has sought to address workplace gender inequality through amendments to the Employment Equity Act (EEA) of 1998, introducing a clause on "equal pay for work of equal value" to tackle the persistent gender pay gap. While this represents a step forward in legal protection, enforcement and structural change remain challenges.

## Challenges to Transformative Social Policy

### Mauritius

Structural Adjustment Programmes (SAPs) reduced the national budget deficit but widened social inequalities. Policies under export-oriented industrialisation—particularly in Export Processing Zones (EPZs)—failed to create targeted employment opportunities for women, as unemployment was seen primarily as a male issue. Labour laws in the EPZ sector, such as the Industrial Relations Act of 1973, suppressed strikes and kept labour costs low. Even though the policy of universal healthcare is lauded, it faces criticism over substandard treatment and cases of medical negligence, prompting many to seek costly private care. This trend reflects dissatisfaction with the quality of public services despite their universal availability.

## Zambia

Persistent gender inequality in Zambia is reinforced by colonial-era stereotypes of men as breadwinners and women as housewives, affecting women's employment and economic participation. Although the government has committed to gender equality, most ministries lack the financial, institutional, and technical capacity to implement programmes effectively. Underfunding is worsened by dependence on copper mining, which is vulnerable to global price fluctuations.

## South Africa

While the “no-fee schools” policy expanded access in South Africa, these schools remain **severely** underfunded compared with wealthier institutions, which are still attended predominantly by white and Indian children. During COVID-19 lockdowns, affluent schools shifted smoothly to online learning, while poorly resourced schools, which largely served Black and Coloured learners, were left technologically excluded.

Also, income disparities are still stark. For example, GNI per capita is nearly \$35,000 for men compared with just under \$16,000 for women. Gender inequality is compounded by race among Black Africans, with men almost 15% more likely to be employed than women. In the informal sector, wages average US\$203/month, compared with US\$715/month in the formal economy, further reinforcing the gender pay gap. The COVID-19 pandemic caused a 40% loss in employment, with long-term negative impacts on women's labour market participation.

## Cross-Cutting Issues

- **Gender-based violence** remains a critical issue. Mauritius ranked 78th out of 162 countries in the 2019 UNDP Gender Inequality Index, which measures inequalities in reproductive health, empowerment, and economic activity.
- **Weak gender mainstreaming** is a shared challenge. In South Africa, poor implementation undermines progress; in Zambia, funding and capacity gaps persist.
- **Failure of policymakers** in all three countries to link women's poor labour market position with children's poverty or to design social policies that enable parents—particularly mothers—to combine paid work with family responsibilities.

## Conclusion and Recommendations

Achieving a **transformative social policy environment** is a critical goal for any nation. It demands coordinated action to ensure equal participation of women and men in decision-making at all levels, while strengthening agency, voice, and influence in institutions.

### 1. Strengthen constituency building

Sustainable change must be driven by organised, mobilised communities with a clear reform agenda. In South Africa, for example, despite a vibrant social movement the absence of a **Bargaining Agenda for Gender (BAG)** after independence has limited progress toward gender-equitable and transformative policies. BAG is needed across countries to drive gender equitable and transformative social policies.

### 2. Invest in childcare infrastructure

Women of working and childbearing age remain disproportionately affected by labour market inequalities; a gap widened by the COVID-19 pandemic. Public investment in childcare would reduce household financial burdens, facilitate women's re-entry into the workforce, and support unpaid caregivers.

### 3. Design gender-responsive stimulus packages

Women are concentrated in the service and informal sectors, both severely impacted by the pandemic. Recovery packages must be tailored to these sectors to ensure women have equitable access to financial support, training, and business opportunities.

### 4. Adopt a universal, quality-driven approach to social policy

Universal access to high-quality education, health care, social security, and care services is the most effective path to long-term social and economic dividends. Policymakers should replace fragmented, piecemeal interventions with comprehensive systems and reframe spending on education and health as strategic investments in national development.

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