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ABSTRACT

Name: Robynne Connell

Major: Business Administration, with an emphasis in Marketing

**BRIDGING THE GAP BETWEEN HEALTHCARE AND NON-PROFITS: A COMPARATIVE ANALYSIS OF
THE IMPLEMENTATION AND ROLE OF PEDIATRIC CANCER NON-PROFIT ORGANIZATIONS IN THE
UNITED STATES AND SOUTH AFRICA**

Dr. Aimee Wheaton

Thesis Advisor

Dr. Emily Stones

Thesis Reader and Co-Advisor

The main focus of this thesis is to provide an in-depth comparative analysis of the current medical models and non-profit models implemented in the United States and South Africa for pediatric cancer patients. The first four chapters will examine the medical and non-profit sector separately in each country. The purpose of these chapters is to give the reader a brief, yet comprehensive understanding of the circumstances involving the healthcare units and non-profit sectors in both countries. After examining these sectors separately, the final chapter aims to integrate both countries' models to establish a common ground between healthcare non-profits in the United States and South Africa. The goal of this thesis is to offer solutions on how South Africa can enrich and further develop their pediatric cancer non-profit sector by shadowing the policies and campaigns used by American pediatric cancer non-profits.

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ANALYSIS OF THE IMPLEMENTATION AND ROLE OF PEDIATRIC CANCER NON-PROFIT
ORGANIZATIONS IN THE UNITED STATES AND SOUTH AFRICA**

**A thesis submitted to
Regis College
The Honors Program
in partial fulfillment of the requirements
for Graduation with Honors**

by

Robynne Connell

April 2015

APPROVAL PAGE

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Preface

About a year ago, I worked for a start-up fitness event company that hosted a national women's mud run in over fifteen cities across the country. As a part of the company's mission, it supported a local non-profit that looked for ways to help children with cancer live happier lives. This particular non-profit provided financial support to help families pay off medical bills and also found ways to fulfill wishes of young cancer patients. The fitness company I worked for partnered up with this non-profit by donating a certain percentage of each participant's registration fees to the non-profit. After hosting only eight out of the fifteen events, the fitness company had donated a lump sum of \$17,000 to this pediatric cancer non-profit.

Even though I was employed as the marketing and customer service intern, the aspect I took from my experience was not the analytics or the campaigning behind the company's brand; instead, I took away something much more. I took away the faces and the smiles from these young, beautiful children that were battling a disease that brought them underserved pain and endless doubts about the longevity of their lives. I grew to see that the life we live on this earth is much more than trying to make as much money as we possibly can. The life that we live should be about sharing what we have with those who do not have the same opportunities or luxuries. I knew that I wanted to share my vision and my faith in humanity with those around me; and so, I made a goal for myself: within the next five years, I would like to start my own pediatric cancer non-profit in my home country, South Africa.

My original plan for my thesis was to draw up an extensive business plan for my non-profit. It would have included everything from a mission and vision statement to a SWOT analysis to financial inflows and outflows and so on. However, when I started researching how I wanted to implement this non-profit and what aspects I wanted to include, I began to diverge from my original intention. I gradually began to realize that starting a pediatric non-profit in South Africa posed other complications that never crossed my mind. This thesis no longer offers a business plan to start a non-profit, but instead integrates my original intentions by offering solutions to future and present non-profits throughout the nation. The intent of this thesis is to provide South African healthcare non-profits with some food for thought that can benefit each of them. By doing so, the hope is to provide an opportunity for non-profits to help people with an illness, not necessarily to market the illness itself.

Acknowledgements

Foremost, I would like to express my utmost gratitude to my advisor, Dr. Aimee Wheaton for the continuous support and guidance throughout my thesis process. Her worldly outlook and infinite enthusiasm has truly given me the foundation to reaching one of my life goals. Thank you for your patience, expertise, and encouragement throughout the last year of writing my thesis. I could not have completed this thesis process without her continuously pushing me along the way.

Besides my advisor, I would also like to sincerely thank my reader, Dr. Emily Stones, for providing insightful comments and critiques throughout my writing process. Her love and expertise on the non-profit world has truly widened my perceptions and has challenged me to explore areas in the philanthropic world I never considered before.

A great thank you also goes out to Dr. Howe and Martin Garner for directing us along the way and for making this lengthy process manageable. Thank you for keeping our heads above the water and continuously motivating us to push towards the finish line.

Last, but certainly not least, I would like to thank my parents as well as the rest of my family and friends for continuously sticking by my side and supporting me throughout my endeavors. The opportunities I have today would not have been possible without each of you by my side every step of the way.

Introduction

When you first think about the combination of healthcare and non-profits in a country like South Africa, what are the first words that come to mind? HIV/AIDS. Tuberculosis. Malaria. These are the three precedent illnesses that our brains automatically associate with this region of the world. According the World Health Organization (WHO), approximately 19% of the country's population is HIV positive (2013). There is also a high burden of tuberculosis with an estimated incidence of 960 per 100,000 population (WHO, 2008) and the number of malaria cases in 2007 was approximately 8,000 (WHO, 2008). Due to the shockingly high rates of infection, these three illnesses are the central focus of South African healthcare because they cause thousands of deaths every year.

But what about the other illnesses that cause thousands of deaths each year? Why are these not regarded as matters of extreme importance in South Africa? The main reason why we do not hear much about other illness in these types of regions is because there is a ranking of supremacy among illnesses. HIV/AIDS, TB, and malaria are regarded as the three most important and detrimental illnesses in the country simply because of the high numbers and statistics associated with the illnesses. Other illnesses, such as cancer, become somewhat inferior to these precedent illnesses because they do not measure up to the incidence rates have of these other illnesses. Less numbers simply means less of a matter of significance in South Africa. An illness such as cancer seems to fall into somewhat of a negligent

category of healthcare importance. Little funding and even less attention is allotted towards cancer research and cancer patients because most of the public's eye is directed towards other precedent illnesses.

This thesis takes an unconventional route of analyzing the healthcare model in South Africa by 1) directing its attention directly towards a less precedent illness, specifically pediatric cancer, and 2) by exploring the healthcare sector through the lens of a healthcare non-profit organization. By doing so, this thesis hopes to increase the awareness and status of superiority of pediatric cancer support in South Africa. It aims to draw the country's attention towards the needs of the inferior illnesses through the country's non-profit sector. In hopes to increase awareness, it is valuable to take a closer look at a country where pediatric cancer is considered as a matter of great significance. This report will use the United States as the primary paradigm for pediatric cancer support.

This thesis begins by providing a comparative analysis of the healthcare and non-profit sector in the United States and in South Africa. The first two chapters will concentrate on the current healthcare models implemented in both countries. The healthcare sector in the United States will assess the ongoing debate of whether the US ranks among one of the best healthcare treatment or one of the worst. This section offers the reader both sides of the debate and aims to clarify how important healthcare is to the country's well being as well as to the people. This section also briefly takes a closer look at cancer care provided in the United States. As one of the

world's leading cancer providers, the United States sets a reputable example of how cancer care should be available in any country.

The following section transitions over to the healthcare sector in South Africa. This section highlights the uneven divide between the public and private healthcare units in South Africa. This section illustrates how different the healthcare sector really is in a less developed country, such as South Africa. This purpose of this section is not to criticize the current healthcare model implemented; rather, it hopes to show the reader why there is such a desperate need for healthcare support and development in South Africa.

The next two chapters shift gears completely as they primarily focus on the current status of the non-profit sector in both countries, with a special emphasis on the pediatric cancer non-profit sector. The section on the non-profit sector in the United States addresses the roles of non-profits and assesses why particular pediatric non-profits implemented in the United States have been so successful. The following section takes a closer at the non-profit sector in South Africa. Again, this section shows the contrasting conditions associated with the non-profit sector and underlines the limitations South Africa faces when starting pediatric cancer non-profits.

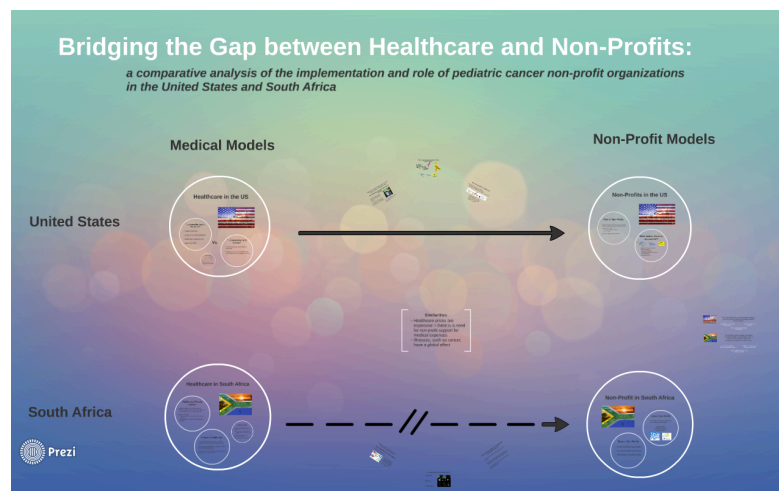
The purpose of these four chapters is to give the reader a comprehensive and transparent understanding of the current status of both the healthcare unit and non-profit sector in both countries. I wanted readers from South Africa as well as the

United States to understand the big picture. These four chapters give an overall background context on what is currently happening in the non-profit and healthcare sector in both countries.

After examining these sections as separate entities, the final chapter aims to integrate the concepts explored in all four chapters in hopes to establish a common ground between healthcare non-profits in South Africa and the United States. This section looks for avenues that have proven to be successful in the United States and compares these to what is being done in South Africa. The goal of this thesis is to present solutions on how South Africa can enrich and further develop their healthcare non-profit sector by shadowing the policies and campaigns used by American pediatric cancer non-profits.

Below is a visual representation of my overall thesis. If you would like to view more, please visit:

http://prezi.com/1ar8qphg0zye/?utm_campaign=share&utm_medium=copy



Healthcare in the United States

The healthcare sector in the United States has been subject to a great debate over the past decade. On the one hand, enthusiasts claim that the United States healthcare is among the best healthcare systems in the world. The presence of world-renown medical professionals, first-class medical facilities, top ranked medical schools, and vast opportunities for medical research places the United States as one of the top healthcare providers in the world (Top University, 2014). Opponents argue that the healthcare sector is far from the best and is, in fact, in great need of improvement. They claim that the healthcare unit is rather “fragmented” and “corrupt” due to the inflated prices and falsely publicized value for money (Chua, 2006). Critics claim that these underlying factors deteriorate its global book value ranking. This ongoing debate continues to challenge the American people’s opinions on the current status of the healthcare sector.

Best Healthcare? Or Worst Healthcare?

Advocates of the healthcare sector reason that the United States maintains a stable and accommodating system that primarily caters for anyone in need of medical attention. According to the Emergency and Treatment Labor Act (EMTLA) passed by Congress in 1986, both private and public hospitals are prohibited by law to deny medical treatment to a patient that comes through their doors. This law allows healthcare to be accessible to anyone in need of medical attention regardless

of class, race, gender, sexuality, economic standing, etc. All patients subject to any illness or accident are protected under the law to receive necessary treatment.

The United States also designates a substantial portion of government spending to medical research and other medical funding programs throughout the country. According to the World Bank Organization, the United States allocates approximately 18% of the country's GDP to the healthcare sector (2014). To put this figure into perspective, other countries spend on average about 8.6% on healthcare expenditures (Chua, 2006). The United States spends more than double the amount of GDP on healthcare when compared to other first-world countries. This substantial portion of GDP funds areas such as medical research, drug testing, technological improvements, maintenance and improvement of medical facilities, etc.

In addition, several other aspects rank the United States' healthcare as one of the best in the world. First, the United States maintains an abundant percentage of highly qualified healthcare professionals throughout the nation. According to the World Bank Organization, the United States has an average of 2.5 healthcare physicians per 1,000 people (2011). To put this ratio into perspective, South Africa only has 0.8 healthcare physicians per 1,000 people (WBO, 2011). The United States has, again, more than double the concentration of medical professionals to population size when compared to other countries. Having a sufficient ratio of healthcare professionals to population is a key factor in establishing the efficiency

and effectiveness of a country's healthcare sector. The better the ratio, the better ranking of healthcare services provided.

Additionally, the United States hosts several of the world's best-ranked medical institutions. The United States produces six out of the top ten best medical schools in the world (Top University, 2014). These universities include University of California, San Francisco (9), Yale University (7), John Hopkins University (6), UCLA (5), Stanford University (4), and Harvard University (which is not only ranked No. 1 in the United States, but also ranked No. 1 in the world). These universities not only deliver top-class doctors and medical researchers at the end of their four-year programs, but they also employ some best medical professors in the world. They share their experience and knowledge with their students to inspire each of them to diversify and strengthen the U.S. medical field. These universities gain their prestigious reputations from the contributions, discoveries, and medical advances they add to the global medical sphere as well as the highly intensive and integrative medical courses offered.

The United States also contributes an ample number of medical school graduates to the medical field each year. In 2013, the United States produced about 17,500 medical school graduates across the nation (Kaiser Family Foundation, 2013). Compared to previous years, this statistic continuously increases per year mainly because of two reasons. First, more colleges are adding medical programs onto their course curriculum, which increases the number of medical schools

students are eligible to apply to. Second, the existing U.S. medical schools are accepting a higher number of students annually to their medical programs. In 2002-2003, the first-year enrollment to medical high intuitions located throughout the country was 16,488. Predictions for the upcoming years reveal that there will be close to 21,434 entering medical students by 2015 (AAMC, 2014). An increase in the acceptance rate of first-year students entails larger medical classes, which will eventually produce a larger percentage of physicians entering the medical field. The more healthcare professionals available, the stronger the healthcare sector will be.

On the opposing end, critics claim that the United States healthcare sector is “fragmented” and “corrupt”. The main concern is that the United States spends too much money on healthcare. According the World Bank, approximately 18% of the United States GDP per year is allocated towards healthcare (WorldBank.org). Other countries spend, on average, 8.6% of their nation’s GDP towards healthcare (Chua, 2006). The United States spends almost double the amount of funds on healthcare than most other countries.

However, this significant surplus on healthcare spending does not necessarily mean that the quality of healthcare is better in the United States and worse in other countries. The amount of GDP designated towards healthcare does not determine the quality of care; rather, it gives the public a better perspective on the resources available for healthcare in a particular country. As mentioned previously, the United States has a sufficient number of medical facilities, medical

professionals, and research funds, which ranks the U.S. as one of the most resourceful and medically inclined nations in the world.

Studies have shown that the United States spends an excess amount of funds on certain areas of the medical field, such as healthcare surcharges, medications, doctors' fees, and outpatient costs (Ford, 2013). Raised prices in these categories leads to inflated prices of overall healthcare for all Americans. However, would America hold the same ranking as a global healthcare leader if these prices were different?

Perhaps not. The raised prices of healthcare fees have given the country the infrastructure and resources necessary to become a healthcare leader. Perhaps the inflated prices of healthcare have led to the discoveries and innovations doctors have been working on. Perhaps the inflated prices have encouraged more students to study medicine and to become influential doctors. Perhaps the inflated prices have contributed to the abundant amount of medical facilities available for the general public and medical programs available for university students.

The debate over the best vs. the worst healthcare remains ongoing. Which ever side you favor, it is evident that the United States has made progress with medical treatment and has provided easier access to medical care, especially for patients suffering with cancer.

Cancer Care in the United States

When it comes to conducting medical research or treating patients with terminal illness, the United States takes the lead. According to medical experts, “the U.S. cancer care system is arguably the world’s best” (ASCO, 2014). The resources available to conduct research on cancer and the desire to find a cure for cancer drive a large portion the nation’s medical research capital. Doctors and medical researchers in the United States have the resources to perform in-depth studies on trying to find the answers to what causes cancer, what can be done to prevent cancer, and potentially ways to cure this horrible illness. In fact, “cancer accounts for approximately 5% of overall national healthcare expenditures” (Tangka et. al., 2013). This means that the United States has specifically designated a substantial portion of the country’s healthcare expenditures directly to cancer research, which leaves much room for experimentation and other research methods.

The United States has been able to grasp a better understanding of the molecular basis of cancer and their abundant funds have given oncologists access to new imaging capabilities, detection and diagnosis methods, drugs, surgical techniques and radiation delivery systems (ASCO, 2014). The United States uses these resources to develop new cancer therapies and other cancer treatments that the rest of the world adopts at a later stage. “Because of these advances, two thirds of Americans now live at least 5 years after a cancer diagnosis, as compared to only half in the 1970s” (ASCO, 2014). These new discoveries and advancements have improved the cancer care in the United States dramatically.

However, these luxuries also come a costly price. The desire to develop new cancer therapies and to conduct more research on potentially finding a cure for cancer have consequently caused the price of cancer care to increase significantly. First-class medical facilities and technically advanced equipment are essential for any research or treatment needed to help patients with cancer. As of 2011, the average cost of cancer treatment in the United States was about \$7285.000 per person (IFAD, 2010). When you compare this cost to a less medically enhanced country, such as South Africa, these rates seem almost incomprehensible. One study conducted in South Africa found that the average cost of cancer treatment in South Africa was approximately \$819.00 per person (IFAD, 2010). This study showed that the United States charges almost nine times than what a less developed country, like South Africa, charges for their cancer treatment. This is mainly due to the medical equipment, medical facilities, and treatment method used to treat American cancer patients.

Even though there is much controversy over whether the cost of cancer treatment is worth it (similar to the price for value healthcare debate), the United States still remains one of the most proactive and medically enhanced countries throughout the world. Study after study is conducted in hopes to find the answers to the cancer malady. Even if they come as small progressions, every bit of research acts as one step closer to preventing this illness from taking the lives of thousands.

Healthcare in South Africa

Now let's take a look at the healthcare sector in South Africa. Below are two hypothetical situations that highlight the differences in healthcare treatment in the public and private healthcare sectors. Unlike the United States, there is a great unequal divide between the quality of healthcare provided in South Africa.

Hypothetical situation #1

Graham is a twenty-seven year old white male, who works as a full-time chartered accountant at PricewaterhouseCoopers LLP, an internationally operated accounting firm. He lives in an upscale studio apartment near the V&A Waterfront in Cape Town, South Africa. Graham has done extremely well for himself in the accounting world and earns a good salary. For the most part, Graham lives a comfortable life. He goes for daily surfs, takes weekend getaways, and socializes with his friends at some of the trendiest bars in Cape Town.

One day, Graham has an accident on his surfboard and consequently breaks his leg. His friends rush him to the hospital, but Graham insists to be taken to a private hospital because he has no intention of receiving second-rate treatment from the closest public hospital. Within twenty minutes, he arrives and he is admitted into the emergency care unit, where he will shortly be seen by one of the best orthopedic doctors in the nation. Graham is informed that he will need surgery to repair his broken leg and he consents to go ahead with any medical treatment

needed. He goes into surgery within the same hour and everything goes successfully. He is discharged from the hospital 24 hours later and returns to his comfy apartment to begin his recovery.

Hypothetical situation #2:

Kabelo is a twenty-seven year old black male, who works on a wheat farm in rural Kwazulu-Natal. He lives on the farm with his birth mother, two sisters, and three nephews in a small shack built from cast iron sheets. Kabelo works highly intensive ten-hour days, six days a week and earns minimum wage. Even though he worries about making ends meet at the end of the month, Kabelo lives a happy, simple life surrounded by his family and local community.

One day, Kabelo slips on a puddle of water in his kitchen that was left from the massive rainstorm the night before and subsequently breaks his leg. Kabelo is in an immense amount of pain and knows that he needs to be taken to the hospital as soon as possible to take some painkillers and to get treated.

Because Kabelo earns minimum wage, he has no choice but to be taken to the closest public hospital. After two hours of travelling in a cramped old taxi bus, Kabelo finally arrives at the closest hospital. He wobbles into the emergency room and has to wait over three hours in the waiting room before he is admitted. While waiting patiently on the hospital bed after being admitted, he notices that there are only four nurses on staff and sees only one doctor treating patients in the care unit.

The doctor finally sees Kabelo and he is informed that he is going to need immediate surgery on his leg if he wants to use it again. Kabelo wants his leg to be fixed as soon as possible, but remains hesitant because he is worried about the cost of the surgery. After much deliberation, Kabelo finally decides to go ahead with the surgery.

Because of the extreme shortage of both nurses and doctors available to treat the large quantity of patients, Kabelo only goes into surgery eight hours later. He returns back to his home 48 hours after he initially left his home for the hospital. Kabelo not only has to worry about recovering quickly so he doesn't lose his job, but he now also has to find additional work to help pay for his medical bills.

Both of these hypothetical situations are extremely common in South Africa. Sadly, the healthcare in South Africa is greatly segregated between economic classes. The wealthy, more privileged population of South Africa is able to receive top-quality healthcare from private hospitals located in the urban areas. The poor, less privileged population cannot afford the prices of this type of healthcare and may not be near a private medical clinic, and therefore are forced to go to public hospitals to receive medical treatment. Because of this inequality, the healthcare sector in South Africa ranges greatly from providing some of the best healthcare services to providing very basic, second-rate medical services.

Overall Healthcare in South Africa

Similar to the United States healthcare system, South Africa provides a wide variety of healthcare services ranging anywhere from treating a simple injury, such as a broken wrist, to supplying treatment for patients with life threatening illnesses, such as HIV/AIDS and cancer. In fact, South Africa holds the title for the first nation in the world to perform the first heart transplant in 1967.

However, South Africa's health standards prove to be considerably worse than those in other lower income countries (Coovadia et al., 2009). If you ask any South African to sum up the healthcare quality, you will get a wide range of responses based on the person you ask. Some may say that they have received top-quality healthcare and have experienced no problems receiving this treatment. Others may share stories that make people doubtful or unwilling to visit hospitals because of the lack of expertise or the inadequate treatment they received during their time of illness. Most of the success stories you hear about the healthcare system originate from the private healthcare sector due to first-class facilities and first-class medical treatment, whereas the undesirable stories arise from the public healthcare sector where medical facilities and treatment fail to meet premier standards.

There are three main reasons why there is such an inequality of healthcare standards in South Africa and why the healthcare sector falls short of producing top-class healthcare requirements:

- The private healthcare retains a higher reputation than the public healthcare sector due to greater and higher quality resources.
- The access to healthcare services in South Africa is extremely limited.
- There is an immense shortage of healthcare professionals in South Africa.

The following sections will delve more into how these three factors have shaped the quality of healthcare in South Africa.

Public Sector vs. Private Sector

The healthcare system in South Africa is distinctly separated into two main sectors: public and private. Most of the news and media regard the healthcare sector as unacceptable inequalities due to this apparent disproportion (Wadee et al., 2003). It is inequitable because the private sector noticeably surpasses the public healthcare sector with regards to medical resources, number of healthcare professionals, and availability of government subsidies. Critics claim that this inequity of healthcare services is an aftereffect of South Africa's notorious and segregated past. Coovadia et. al. explains that "before 1994, political, economic, and land restriction policies structured society according to race, gender, and age-biased hierarchies, which greatly influenced the organization of social life, access to basic resources for health, and health services" (2009).

During the apartheid era, lower-income races (specifically the black South Africans) were subject to extremely poor public healthcare services, while more affluent white South Africans received private services. Almost twenty years later,

South Africa's post apartheid culture has shown little improvement. The healthcare system still remains poor and fragmented.

The private healthcare sector in South Africa attends to approximately 15% of the population (Sanders, 2006). This small percentage of the population predominantly consists of the 'white' population or other higher-income households located in urban areas. Even though this sector only administers to 15% of the population, the private healthcare sector receives roughly 60% of the health care resources, both financial and human, present throughout the country (Sanders, 2006).

Why is this so? Why does the minority receive more than half of the nation's healthcare resources? Where does this surplus of financial resources come from? Various corporations, especially those in the mining industry, as well as other private businesses generously donate and invest in the private healthcare sector. According to the article "The health and health system of South Africa: historical roots of current public health challenges", the growth of the private health sector was largely stimulated by this surplus of corporate capital (Coovadia et al., 2009).

The public healthcare sector in South Africa serves the remaining 85% of the population, of which over 50% of the population lives in poverty (Sanders, 2006). Therefore, the public healthcare sector caters for those who live in poverty-like conditions primarily in the rural areas. The public health care sector is subsidized by the government, which makes medical treatment significantly cheaper than the

private sector. The average person receiving private healthcare will pay about R9500 (\$1170) out of pocket per year, whereas the average person receiving public healthcare will pay less than R1300 (\$160) for healthcare services that year (McIntyre, 2007). These approximate figures show that private health care is almost *seven* times more expensive than public health care.

South Africans living in poverty cannot afford to pay excessive rates for healthcare services when they are, figuratively speaking, 'scraping the bottom of the barrel' to make ends meet every month. Due to the high percentage of poverty existing in South Africa, the majority of the population uses the public healthcare system. High quantities of patients in a low-income class cannot sustain the public healthcare system very well, and thus the public healthcare sector has established a very poor reputation.

Sanders remarks that the public healthcare sector in South Africa is underfunded, understaffed, and under-resourced (2006). There is simply not enough money, medical professionals, and medical facilities to provide first-class medical services for the large masses of poverty stricken patients. These conditions not only fashion a poor reputation, but they also make it challenging for improvements within the public healthcare sector.

Shortage of Healthcare Professionals

Another unfortunate health circumstance South Africa faces is the extreme shortage of health care professionals in both the private and public sectors.

According to a 2006 study conducted by the World Health Organization (WHO), South Africa surprisingly exceeded the minimum ratio of 20 medical practitioners and 120 nurses respectively per 100,000 people (George et al., 2012). However, with respect to the economic classification of South Africa, the ratio of available healthcare professionals to the population size falls extremely short of the expected numbers.

According to the World Bank, South Africa is classified as a middle-income country. This country classification of economic status should have a general ratio of 180 doctors per 100,000 people (George et al., 2012). South Africa's current healthcare professional ratio fails to meet this requirement and it is, in fact, a lot closer to the expected ratio of a low-income country.

What does this mean for the country's healthcare status? An extreme shortage of healthcare professionals in a middle-income country leads a decrease in incentive for people to study medicine and work for the healthcare sector, longer waits in hospitals, and higher employee turnover rates.

South Africa's healthcare sector has a "skewed distribution of human resources between the public and private health care sectors and between rural and urban areas" (George et al., 2012). The majority of highly qualified doctors chose to work under the private healthcare sector because there is a vast opportunity for growth in both reputation and wealth. This results in a very small percentage of qualified doctors working in the public sector.

Due to the fragmented medical sectors discussed earlier, the doctor-to-population ratio is much higher in the public healthcare sector than the private healthcare sector. Certain provinces, such as Limpopo and Mpumalanga, are dominantly rural and reflect a higher poverty rate. Subsequently, people living in these provinces receive poorly skilled medical treatment, as there is an extreme shortage of medical facilities and doctors throughout the region. The more wealthy provinces, such as Gauteng and Western Cape, have considerably more of a variety of healthcare professionals mainly because the major, wealthy cities in South Africa are located in these provinces. These cities host some of the wealthiest companies and households in South Africa and these regions offer more choices and higher qualified professions in the private healthcare sector.

Another concerning factor with regards to South Africa's healthcare professionals is the inconsistency of skills and expertise throughout the medical field. The proficiencies of doctors and nurses can range anywhere from professional and accurate to incompetent and apathetic. Where does this inconsistency stem from?

Many researchers have found that it derives from diverse educational backgrounds and skills learned from different institutions. During South Africa's apartheid era, white South Africa students who wanted to pursue a medical degree mostly attended University of Cape Town (Coovadia et al., 2009). Their medical program was among the best and produced some of the finest medical doctors in the

nation. However, the black students were not allowed to attend University of Cape Town due to laws implemented by the color of their skin. They had to attend University of Natal Medical School, which had an established medical program but not to the same standard and superiority as the University of Cape Town (Coovadia et al., 2009). This racial disparity caused little standardization in healthcare education, which has been an underlying factor of the country's standard of healthcare.

To this day, there is a great deviation of healthcare education from university to university. University of Cape Town still proves to be one of the best for medicine; but other rural universities lack the resources and professors to produce the same quality of medical professionals. In Coovadia et al.'s study of South Africa's history and healthcare, he explains that "from 1994, the health sector in South Africa has been affected by a legacy of misdistribution of staff and poor skills of many health personnel" (Coovadia et al., 2009). In other words, the well-educated medical students whom obtain degrees from first-class institutions, such as University of Cape Town, tend to practice medicine in the urban areas whereas the students who get trained at the under-resourced universities tend to practice medicine in the rural areas. This inconsistency in education and expertise due to racial and economical segregation greatly impact the healthcare quality in the South Africa.

Another factor contributing to the shortage of healthcare professionals in South Africa is the high frequency rates of brain drain happening each year. Brain

drain is a term used to describe when highly educated and qualified working professionals (ex. doctors) immigrate to other countries to enrich their wealth and work opportunities elsewhere. With regards to South Africa, many working professionals leave the country due to government/political instability, risky economic fluctuation, and safety concerns. In 2006, the WHO estimated that “approximately 37% of South African doctors and 7% of nurses have moved out of South Africa” (WHO, 2006). A more recent study conducted in 2009 found that South Africa loses approximately 17% of their qualified health care professionals *each year* to other countries, particularly Australia, Canada, England and the United States (Makoni, 2009). This excessive decreasing rate of healthcare professionals only exacerbates the shortage of healthcare professionals in South Africa.

Limited Access to Healthcare Services

In addition to the shortage of healthcare professionals, sick patients in South Africa also have difficulty receiving medical attention due to limited access to healthcare services around the country. Many of the healthcare facilities located in the rural areas are fairly spread out and require a decent amount of travel time to get to.

A study conducted in South Africa found that the “average travel time to a facility was 30.7 minutes, but almost twice as long for the poorest (38.2 minutes) than the richest (20.2 minutes)” (Harris et al., 2011). This study showed that the rural population takes, on average, forty minutes to travel to the “closest” medical

facility, which may or may not even be a hospital but a medical clinic that provides limited services. Most of the rural population in South Africa also uses public transport, or possibly travels by foot, to places the need to go. It may take them forty minutes to travel via a bus to get to the closest medical facility, but it could take them several hours to get to the closest medical facility if public transportation is not available at that time.

Furthermore, if the patient needs additional medical treatment that is not offered at the closest medical facility, they may have to travel even further to receive treatment at a hospital. This not only takes up a lot of time, it also involves a lot of unexpected medical and travel expenses that the poor do not have. These unaffordable travel and medical costs as well as their incapability to take time off work have resulted in sick patients delaying their medical treatment, which worsens their existing health condition. As you can see, these distortions in medical resource allocation throughout South Africa have subsequently degraded the country's objective of providing a sufficient healthcare system for the rural population.

Cancer Care in South Africa

Aside from exploring the operations of the healthcare sector, it is also important to look at the illnesses treated by the healthcare sector. The healthcare sector in South Africa is exceptionally occupied with treating medical patients who are suffering from more prioritized illnesses. The greatest causes of death throughout Africa are due to HIV/AIDS, tuberculosis, and malaria. A significant

portion of the medical funds and resources throughout South Africa are delegated for helping these specific illnesses. Most of these funds go towards finding cures, creating prevention programs, and providing medical treatment for those patients who suffer with these illnesses.

However, there is still a large portion of deaths caused by diseases other than HIV/AIDS, tuberculosis, and malaria in South Africa. Cancer ranks as one of these illnesses. “Globally, cancer kills more people than TB, AIDS, and Malaria combined” (CANSA, 2014). Even though cancer is the number one ‘killer’ in the world, cancer in South Africa is not regarded as an illness of national priority. “Cancer continues to receive low public health priority in Africa, largely because of limited resources and other pressing public health problems” (American Cancer Society, 2011). Unlike the United States, cancer care and treatment lacks attention and prominence due to the high demand of medical attention needed for other illnesses of greater priority.

Because there are three main illnesses that claim a high healthcare priority status, cancer research in South Africa is extremely low and under budget. According to Dr. Albrecht’s case study on South Africa’s Cancer Research Environment, cancer research “only receives 10 US cents per head per year, whereas the US spends \$14.41 (144 times)...more than South Africa” (Albrecht, 2006). As previously mentioned, the United States is one of the world’s leading nations to help finding a cure for cancer. This shows you how little funding is

designated towards cancer research when you compare the United States funding to South Africa's funding of 10 US center per head.

The lack of cancer attention and priority in South Africa has also caused an under-reporting of cancer patients. South Africa is unable to disclose to the general public an accurate number of patients currently suffering with cancer. This is because there is a severe lack of hospital records and cancer registries available for statistical data to be collected. Cancer patients are treated at medical facilities, but the medical staff is negligent to report and update their registries regarding cancer patients because of lack of training or incompetent staff on duty. This inadequacy of medical records was noticed when the death rate of cancer patients exceeded the current reported number of patients suffering with cancer. Between the year 1999 and 2000, there was approximately 54,507 cases of cancer patients that were not reported due to inadequate medical records found at hospitals (Albrecht, 2006). This statistic exemplifies how inaccurate South Africa's medical records for cancer patients is, considering that the death rate caused by cancer is about 200% more than the cancer incidence figures (Albrecht, 2006). This means that the number of people suffering with cancer in South Africa is regrettably unknown.

Sadly, the majority of the general population is not aware that the reports of cancer patients are significantly under-estimated. This infers that they are also not aware that the cancer situation in South Africa calls for greater attention. These findings also derive from cancer on a broad spectrum; finding on pediatric cancer

are little to none, which proves that pediatric cancer calls for even more attention. Programs and cancer organizations around the world, such as Make-A-Wish Foundation and St. Baldricks, have been implemented to raise funds and to create more awareness about cancer in the United States, but South Africa has yet to reach the same level of development.

Non-profit sector in the United States

Whether it be aiding community development or lending a helping hand to those living in less fortunate environments, we live in a world surrounded by infinite help provided by non-profits. The non-profit world simply aims to better the lives of others, provide relief for those suffering, searches for ways to preserve our environment and wildlife, and creates opportunities to learn, to discover, and to educate those about the current affairs happening in our world today. The primary goal of a non-profit should be finding opportunities and solutions to solve the issues that we are faced with everyday as a nation.

When you look at the non-profit sector on a global scale, the United States is one of the leading countries to offer non-profit organization aid. “Approximately 1.44 million nonprofits were registered with the Internal Revenue Service (IRS) in 2012, and increase of 8.6% from 2002” (McKeever and Pettijohn, 2014). As one can see, the non-profit sector in the United States is continuously expanding and growing at a steady rate as new non-profits are being born and existing ones are gaining vigor. Beside the 1.44 million registered non-profits, there is still a large portion of non-registered non-profit organizations operating in the United States; and so, the total number of non-profit organizations operating in the United States is unknown (McKeever and Pettijohn, 2014).

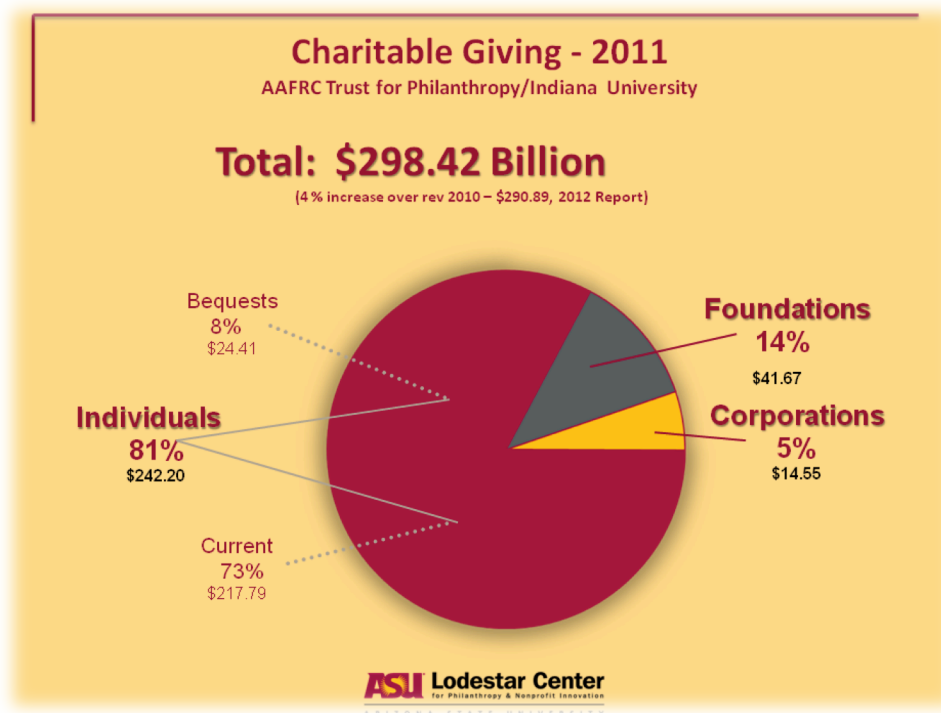
Role of the non-profit sector

The non-profit sector in the United States fulfills three main roles. First and foremost, non-profits ultimately aim to provide services that help, conserve, protect, or raise awareness for areas that lack the attention they desperately need in our society. Non-profits are actively present throughout the world. They are not limited to helping only desperately poor countries and they do not only originate in economically wealthy countries; non-profits are unique because they can be a part of any economically standing nation, as they are an incremental step to creating a more stable and supportive culture. “Modern societies, whatever their politics, have found it necessary to make special provisions to protect individuals against the vagaries of economic misfortune, old age and disability; to secure basic human rights; to preserve and promote cherished social and cultural values; and to provide institutional vehicles through which individuals can join together to bring important matters to public attention and voice their support for policies they favor and oppose” (Salamon et. al., 2012). The role of non-profits is universal. No matter where one resides, there is always an opportunity to serve and support others in need. In simple terms, non-profits build multiple avenues for social capital.

Secondly, the non-profit sector contributes to a significant portion of the country's GDP and economic development in the United States. “The non-profit sector contributed an estimated \$887.3 billion to the US economy, composing 5.4 percent of the country's gross domestic product (GDP)” (McKeever et. al., 2014). Even though 5.4% may seem like a small percentage, it plays a significant role in

stimulating the economy on a national level. Without the non-profit sector, the U.S. would be without \$887.3 billion worth of economic activity a year, which would have a great impact on the country's overall GDP.

Where does this significant amount of funding come from? Most of the money that stimulates the non-profit industry comes from private donations. If you look at the pie chart below, you will notice that 81% of non-profit funding comes directly from individuals (ASU, 2012). The remaining 19% of funding comes from foundations and other corporations.



Adapted from: <https://lodestar.asu.edu/nonprofit-assistance/ask-the-nonprofit-specialists/frequently-asked-questions/nonprofit-resource-development>

The healthcare sector in the United States makes a valuable contribution to the economic activity of all non-profit organizations. “As of 2012, there are 30,394 healthcare-orientated nonprofits operating in the United States, which equates to about 10.6% of all non-profits. It was reported that healthcare-orientated non-profits accumulated approximately \$148.8 billion in revenue in 2012, which makes up about 9% of all revenue accumulated from all registered non-profits” (McKeever et. al., 2014).

Even though the non-profit sector makes up a profitable portion of the country’s GDP today, this deems to not be the case two decades ago. The profitable percentages of the non-profit sector were significantly less than what the statistics show today. During the 1990s and into the early 2000s, there was a significant boom in the number of non-profits in the United States. The following excerpt from SagPub’s article, “Overview of the Nonprofit Sector” explains why:

“The growth of the nonprofit sector is attributable to a variety of forces, including the trend that began in the 1980s toward the devolution of federal programs to state and local governments and outsourcing of the provision of many services to nonprofits by governments at all levels. Also contributing to the growth of nonprofits was the booming economy of the 1990s, which gave rise to an 81% increase in the number of foundations created by wealthy individuals and a doubling of foundation assets, making more money available to fund nonprofit programs (Gose, 2005). And, some argue, the growth of nonprofits has been fueled by a reawakening of the spirit of public service among the current generation of Americans. The requirement of community service for graduation from high school has exposed a generation of young people to the idea of volunteering. Events such as September 11, 2001, the 2004 tsunami in South Asia, and Hurricane Katrina in 2005 have called the nation’s attention to human needs and the role of nonprofit organizations in helping alleviate human suffering” (SagePub, 2008).

These historical events led to a change of perception for the general public, which over time lead to a newfound desire to change the world on a global scale. The boom of non-profits in the 1990s was simply because the economy distributed more wealth among individuals and these individuals were willing to offer this extra money and time to help the less fortunate. Non-profits altered the perception of volunteering or donating from being an obligation to becoming more of an aspiration.

Thirdly, non-profits have continuously stimulated the economy by opening up extra doors for employment opportunities in the United States. Every year, the non-profit sector offers millions of jobs varying from management to operational to marketing to development positions. “U.S. nonprofit establishments employed nearly 10.7 million paid workers in 2010. This accounts for 10.1% of our nation’s total private employment and that makes the U.S.

nonprofit workforce the third largest among U.S. industries, behind only retail trade and manufacturing” (Salamon et. al., 2012). Three main non-profit fields contribute to over three-quarters (about 84%) of the jobs provided by non-profits. These three main fields, ranked from highest to lowest, are healthcare, education, and social assistance (Salamon et. al., 2012).

FIGURE 1

Employment in the nonprofit sector vs. selected industries, 2010



*50 states and DC

Source: Authors' estimates based on data drawn from the U.S. Bureau of Labor Statistics' Quarterly Census of Employment and Wages.

The healthcare field is by far the largest employer within the non-profit sector; it provides about 57% of all non-profit jobs in the U.S. (Salamon et. al., 2012). Most of the jobs offered in the healthcare sector employ people to work in hospitals, nursing homes, and other healthcare clinical settings. This portion of employment rates also includes the jobs employed by people working for the non-profit organizations that provide outpatient services and support services to people suffering with illness.

The non-profit sector continues to show an exponential growth in supplying jobs, even when the economy takes a turn for the worse. Data collected between 2007 and 2009 (which was the peak of the last recession) revealed that “non-profit employment actually grew by 2.6% during the first year of the recession, and 1.2% during the second year of the recession, for an average annual increase of 1.9%” (Salamon et. al., 2012). The recession had little impact on the employment rates of the non-profit sector, which suggests that the non-profit sector has somewhat of a resilient nature. This may be because:

1. A large majority of the non-profit sector mainly focuses on providing services, rather than producing profitable goods. Because of this distinct difference, “non-profits are active in a variety of services that tend to be shielded from the normal pressures of the business cycle” (Salamon et. al., 2012). A normal business cycle predicts fluctuation during both recession drops and expansion peak periods, as these trends are highly dependable on

the trends and growth of the market. Fortunately, non-profits do not experience the same magnitude of fluctuation because the services that they provide are endlessly in high demand.

2. The non-profit sector is eligible for receiving funding and grants from the government. Because of this additional stable base of financial inflow, they will not be affected as much by the fluctuations of countries' recession compared to a for-profit business.
3. Non-profits provide services subject to demographic and social trends. For example, many non-profits provide services and relief for demographics such as "the aging population and female participation in the labor force" (Salamon et. al., 2012). These specific types of demographics appear to be pressing matters of importance in today's society and will always have a high rate of demand, which consequently heightens the overall demand for non-profits in general. Because these concerns have become more of a priority in today's society, people are more open and more willing to make non-profits a part of their lives, whether it's in the form of making donations or offering their time.

Cancer non-profits in the United States

There are thousands of non-profits supporting cancer research and looking for additional ways to help support those who suffer with this horrible disease.

These non-profits range anywhere from breast cancer to prostate cancer to lung

cancer to pediatric cancer and so on. There are various different types of cancer non-profits currently operating in the U.S. The following section will be focusing specifically on pediatric cancer foundations because this thesis aims to analyze and offer recommendations for the pediatric cancer non-profit sector.

There are three main non-profits that we will take a brief glance at concerning pediatric cancer support. These foundations have become nationally recognized by specializing in providing funds and additional help for pediatric cancer patients in the United States. These organizations are St. Baldrick's Foundation, Make-A-Wish Foundation, and Alex's Lemonade Stand Foundation.

St. Baldrick's Foundation

St. Baldrick's Foundation was founded in 1999. Three men, by the names of Tim Kenny, John Bender, and Enda McDonnell, were brainstorming how to support childhood cancer from a business perspective and came up with the concept of shaving their heads for donations. In 2000, they hosted their first event on St. Patrick's Day and shaved 19 heads and raised over \$104,000 in donations for childhood cancer research. Because of the unexpected success of their first event, the three founders decided to turn this into an annual event, which quickly spread from state-to-state. Since then, the United States firefighters, police force and military groups have joined the cause and have become an influential part of the

company's presence. As of 2012, St. Baldrick's reached its \$100 million milestone by shaving thousands of heads each year for donations. ¹

Make-A-Wish Foundation

Make-A-Wish Foundation was founded in 1980 after a U.S. Customs Officer, Tommy Austin, granted a little boy by the name of Christopher Greicius one last wish before he passed from leukemia. Christopher always dreamed about becoming an officer, but he was unsure if he ever would. He knew that his time on this earth was limited due to his illness. In hopes to fulfill this little boy's dream, Austin along with his supervisors organized a day in the life of a police officer for Christopher. He received a helicopter ride, a personalized uniform, and an honorary induction service that granted Christopher a member of the Arizona Department of Public Safety. Since Christopher's story, people from across the nation have made millions of generous donations to the foundation. As of 2013, Make-A-Wish Foundation has granted more than 226,000 wishes to children affected with cancer in hopes to provide them with "the hope, the strength, and the joy of experiencing their one heartfelt wish" (Make-A-Wish Foundation, 2014). ²

Alex's Lemonade Stand Foundation

Alex's Lemonade Stand Foundation was founded in 2000 by a little girl who had a big vision and even a bigger heart. Alex Scott was born in 1996 and was

¹ For more information, please visit: <http://www.stbaldricks.org/history>

² For more information, please visit: <http://wish.org/about-us/our-story/how-it-started>

diagnosed with neuroblastoma, a unique form of childhood cancer before her first birthday. Alex's parents received heartbreaking news when the doctors told them that if Alex survived, she would have limited and possibly no mobility in her legs for the rest of her life; but Alex refused to accept the doctor's prediction. Against her odds, Alex found a way to fight back. She learned how to crawl again and eventually learned how to walk, despite her illness. In 2000, Alex received a stem cell transplant and told her mom that she wanted to start a lemonade stand after she recovered to help raise money to "help other kids, like they helped me". Sadly, Alex passed away four years later, but during those four years Alex and her family raised over \$1 million to help find a cure for neuroblastoma simply through her lemonade stands.

In 2005, Alex's parents decided to keep her young, vibrant spirit alive by starting Alex's Lemonade Stand Foundation. Since Alex's first lemonade stand in 2000, the foundation has raised over \$100 million dollars to donate to research projects involving childhood cancer, to support programs for families and children suffering with cancer, and to create more local resources for those who have been affected by this horrible disease. ³

What makes these non-profits so successful?

These three non-profits have made a remarkable name for themselves in the non-profit sector in the U.S. They have received significant media attention for the

³ For more information, please visit: <http://www.alexlemonade.org/about/who-we-are>

services and support they have provided. All three foundations started off as a small idea to help an individual suffering with cancer and have matured into organizations that have positively affected the lives of millions. How did they do it? What is the key to success in the pediatric cancer non-profit sector?

First, all of these non-profits originated from a personal story. The founders of these organizations either knew a young cancer patient personally and wanted to find ways to relive the pain they were experiencing or they simply had an innate, prevailing desire to find ways to help young kids suffering with this horrible disease. Whatever the original story may have been, all these foundations had a personal, deep connection with the underlying cause of the non-profit. They all had a personal yearning to help young children with cancer live happier lives. Their initial intentions for the non-profit did not necessarily stem from a business model to maximize profit. The main mission was to raise funds and awareness for young kids who needed all the support and love they could possibly get.

Second, most of these non-profits have received a remarkable amount of positive media attention for the impact they have made on millions of lives. They have been featured on local news segments, news articles, national events, and popular TV programs, such as *The Oprah Show* and *The Today Show*. The media attention received does not only cover what the foundation is about or what the foundation does, but it also features specific individuals that have been positively affected by the organization. If you want a successful non-profit, you have to

establish a personal connection with the people you are aiming to help. Success in non-profits is not necessarily about the quantitative or the statistical results of helping people; it should be focused on the qualitative outcomes of establishing connections with the people you are helping.

Third, all of these non-profits have established relations with corporations or other well-known organizations. St Baldrick's Foundation has made local connections with firefighters, police force, and military groups as well as making corporate connections with Kraft Foods and U.S.A. Beverages Inc. Make-A-Wish Foundation has established several connections with some of the biggest corporations in the country, such as Disney, Macy's, Delta, and Subaru. Alex's Lemonade Stand Foundation has also inaugurated corporate connections with Volvo, Toys R Us, Red Robin Gourmet Burgers, and other local food places. All three non-profits have prospered because of their connections and sponsorships with these well-known corporations and organizations.

In today's society, corporations have the power and the connections to boost non-profit organizations presence in the media world. Corporate connections not only contribute to the foundation's income stream, but they also provide the non-profit with additional means of marketing. It is reputedly and economically beneficial for corporations to establish partnerships with non-profits because it attests that the business holds an ethical nature. These partnerships act as a dual advantage for both the corporation and the nonprofit: consumers identify the

corporation as a constructive power because they are actively helping and contributing to a worldly issue that needs attention. On the other hand, the non-profit receives additional financial resources as well as opportunities to boost its footprint in the non-profit world.

Fourth, all these non-profit organizations have created an effective and user-friendly social media and online presence. They have easy to navigate websites that include an adequate amount of information regarding their organization and what services they provide. They have also created an admirable social media presence on Facebook, Instagram, Twitter, Google+, and other social media websites. Make-A-Wish Foundation has excelled in this area remarkably by achieving over 600,000 likes on Facebook and over 180,000 followers on Twitter.

Establishing a digital footprint on social media sites has become an incremental part of any business model to create a successful business. Social media is an extremely valuable tool of communication in today's age, especially with the various accessible forms of communicating through our smart phones, laptops and tablets. If a news announcement or update needs to be released, the easiest and most effective way of spreading the word is through social media because our generation is constantly connected to Facebook, Twitter, Instagram, etc. Our smart phones and tablets allow us to receive notifications almost immediately, which keeps us up-to-date on a permanent basis.

Fifth, all these non-profit organizations have a sufficient number of resources for volunteer help. They host fundraisers, hold support groups, create care packages, and offer several additional opportunities for volunteers to take part in. These organizations attract their volunteers through advertising on volunteer friendly websites, posting on social media websites as well as their own website, and offer the volunteers some type of compensation for designating their time to help out a good cause. Some organizations offer small incentives, such as a complimentary t-shirt, but these small gestures add to the experience of helping the organization and act as a way to say thank you.

Another important factor for attracting and keeping volunteers is doing everything possible to make sure the volunteers are enjoying themselves. If the volunteers enjoy their experience with the non-profit, they will be more likely to spread the word for a need for volunteers to anyone they know. A word-of-mouth recommendation is, at times, more valuable than any other type of recommendation because people tend to trust a personal reference more than a suggestion made on a website. If a non-profit can establish a happy, pleasant experience for one volunteer, they can ultimately promote the same type of connection with potential volunteers.

Finally, all of these non-profits offer an educational tour when visiting their website. Their main websites feature statistics and additional information regarding the current status of the pediatric cancer in the U.S. Most of these organizations have conducted their own research studies to gather both quantitative and

qualitative data regarding pediatric cancer. This is an extremely useful tool when promoting the importance of any non-profit. It clearly explains the critical need for help that underlies the non-profits' mission and vision.

It is also a useful tool because the existing research fund for pediatric cancer in the U.S. is extremely underfunded and under-resourced, when compared to other types of cancer non-profits. According to the St. Baldrick's Foundation's research (2014), "less than 4% of the U.S. National Cancer Institute's cancer research budget is allocated to childhood cancer." This means that the remaining 96% of cancer research funds is distributed directly to adult forms of cancer, which are different to childhood forms of cancer. Most of the cancer research funds go to causes such as breast cancer, lung cancer, prostate cancer, and colorectal cancer. These four types of cancer have the highest rates of diagnosis and they are more common in adults than they are in children. Cancers that are most common in children are leukemia, brain cancer, neuroblastoma, lymphoma, bone cancer, etc. These specific types of cancer have much lower rates of diagnosis, which is why they receive much less funding.

To conclude, the non-profit sector in the United States is a model of success as well as a field for potential growth, especially in the pediatric cancer sector. Many factors that U.S. non-profits excel in, such as personal connections, media attention, corporate relations, social media presence, volunteer help, and educational development, have played a key role in enriching the presence of a non-profit. The

non-profits that capitalize on these factors have shown to be national successes simply because they have mastered the balance between effectively providing relief/aid for the less fortunate and establishing and maturing a personal relationship with both the root of the cause and those who want to offer their time and money to help. Non-profits have also made advances on a national, economic scale by significantly contributing to the United States GDP and by providing an abundance of new employment opportunities.

Non-Profit Sector in South Africa

Over the past decade, the non-profit sector in South Africa has boomed remarkably. Records show that South Africa had little non-profit existence during the apartheid era due to a detrimental separation of power and the unjust practices of the country. After the democratic elections in 1994, the non-profit sector gained popularity as it became more integrated into the country's culture and operations. The developing presence of the non-profit sector "form[ed] a part of a vast and diverse group of civil society organizations that have fundamentally contributed to the shaping of modern south Africa" (Swilling and Russell, 2002). Non-profits not only stimulated the country's economy, but they were a way to unite the privileged population and the less fortunate. The wealthier population (mostly the white population during that time) now had a newly found desire to give up their valued time and money to help those that did not have the same opportunities, the same financial status, or the same health status as themselves. Some claim that non-profits acted as a gateway to creating a more equal, a more just South Africa. Similar to the United States, non-profits in South Africa also build multiple avenues for social capital.

Current Scope of the Non-Profit Sector in South Africa

There are three main types of non-profit organizations present in South Africa: community based organizations, non-governmental organizations, and internationally based non-profit organizations. These types of non-profits can range

anywhere from assisting a limited amount of people in a small rural community to providing aid for millions of people around the world. All three types of non-profits exist within South Africa.

The first classification of non-profits is small community-based organizations (CBOs). These types of organizations are organized at “grassroots level and led by local members of the community” (Moshabela et. al., 2013). Due to the small scope of most CBOs, they can only service a small population; but they maintain a reputable standing within the local community it serves simply because they already have established trustworthy community connections. CBOs also make up the largest portion of non-profit service providers throughout country. Swilling and Russell (2002) estimated that between a third and a half of all NPOs in South Africa fall under the classification of a CBO. This is possibly because South Africa is a nation built on community dependence. Most South Africans identify themselves with the people they are surrounded by and the environment they live in. If you live in South Africa, especially in the rural communities, it is guaranteed that everyone knows you and you know everyone. Community connections are resilient and perpetual. South Africans are known to live with each other, instead of living beside each other.

The second classification of non-profits is the larger non-governmental organizations (NGOs) that operate at a provincial or national level. NGOs maintain a higher standing compared to CBOs because they “have a long history of service

delivery and a sound service delivery infrastructure” (Moshabela et. al., 2013). Most NGOs attain a notorious status over time throughout the country because they have access to a larger budget due to their eligibility for state funding. These types of organizations have the financial resources to market and advertise to the public about what services they provide. They can publicize the work they have done within the local communities they serve more easily than CBOs. NGOs also have a larger pool of volunteers and full-time employees as well as having an active management staff on-site.

Despite the larger financial resources available for registered NGOs, their success is also contingent on the connections made with the smaller, local CBOs. Many of the NGOs within South Africa sub-contract with the CBOs operating in the small communities or in rural regions located in the country (Patel, 2012). They supply these smaller organizations with leadership mentors as well as financial investments to help start up and produce effective management skills for the organization. These connections with the CBOs are crucially valuable for the success of any NGO because “the CBOs are the direct access to grassroots communities” (Patel, 2012). The CBOs act as the gateways for the larger NGOs to establish personal connections with the people of the local communities they are trying to assist.

The third classification of non-profits in South Africa refers to the non-profits that have an international presence. These internationally operated organizations

look to solve issues that have a global impact or that affect millions of lives around the world. Some of the well-known international non-profits that operate in South Africa include the Red Cross Society, the Worldwide Fund for Nature, and Habitat for Humanity. Most of these well-known non-profit organizations have been remarkably successful and have lucratively modeled how a non-profit works in culturally diverse environments. Through inter-cultural relations and adaption of policies and procedures, these non-profits have won the hearts of millions. These international non-profits have also had a solid foundation because they retain a substantial financial budget and a large network of employees and volunteers.

The current scope of the non-profit sector in South Africa appears to be unclear and somewhat incomplete. It is challenging to establish the definite number of non-profits currently operating in South Africa because there is very limited research conducted on the current non-profit sector in South Africa. This is due to an inadequate data collection of registered non-profits.

In two cases studies (Moshabela et. al., 2013 and van Pletzen et. al., 2013), researchers were surprised when their results exceeded the number of non-profits originally predicted to be included in the study. They devised their procedures with regards to the number of non-profits registered in South Africa; but when they began their study, the researchers recorded most of their data from unregistered non-profits operating in the local communities. How did they find these small non-profits? They unexpectedly crossed paths with them while travelling through the

local area. In fact, many of these CBOs do not have registration certificates for their organization, as this process is costly and is an elaborate and timely process to go through. Most of these CBOs are low budget organizations that cannot afford the fees and they do not have the patience or time to go through the registration process that is required for setting up a registered non-profit.

These unregistered CBOs also tend to target the local, smaller communities located in the rural areas and they find their funds and volunteer help from the local members of the community. They reason that it is not financially worth it to expand their presence elsewhere because they already have established a familiar connection with the people in the area they targeting. However, if organizations do not have a registered certificate, they “are not recognized as official structures and cannot apply for financial support” (Moshabela et. al., 2013). This is a weighty disadvantage that CBOs have to find ways to overcome because they subject themselves to limited funds, skills, and human capital that would be available to them if they were classified as a registered non-profit. This means that these CBOs have to acquire other means of collecting financial resources for their operations and they have to establish a unique competitive advantage to set themselves up for success.

Size and Delegation of the Non-Profit Sector

Due to a significant lack of data collection on the existing registered non-profits in South Africa, the last data collection on the size and delegation of the non-

profit sector was taken in 2002 by two researchers, Mark Swilling and Bev Russell. Research showed that about 40% of the non-profits were engaged in either the culture and recreation sector or the development and housing sector (Swilling and Russell, 2002). About 11.8% of registered non-profits were engaged in religion, 6.9% in advocacy and politics, and only 6.6% in health (Swilling and Russell, 2002). The remaining portion of the non-profit sector was primarily designated to the delivery of social services and other miscellaneous causes, such as education/research, environment, and business. Please refer to the table below for more specific statistics on the non-profit sector in South Africa.

Table 9: Number of NPOs and percentage of total by sector (weighted)

	Number of NPOs	Percentage of total
Culture and recreation	20 587	20.8
Education and research	5 730	5.8
Health	6 517	6.6
Social services	22 755	23.0
Environment	3 396	3.4
Development and housing	20 382	20.6
Advocacy and politics	6 800	6.9
Philanthropic intermediaries and voluntarism promotion	310	0.3
International	212	0.2
Religion	11 706	11.8
Business and professional associations, unions	525	0.5
Total	98 920	100.0

Table adapted from: Swilling, Mark, and Bev Russell. "The size and scope of the non-profit sector in South Africa". *Graduate School of Public and Development Management, University of the Witwatersrand*. 2002.

**Note: It is important to consider that this data was collected in 2002. As previously mentioned, the non-profit sector has expanded greatly in the past decade and some of these statistics may appear to be outdated. The current and up-to-date statistics of the non-profit sector in South Africa may be much higher as of 2015.*

It is also important to put these numbers into perspective by comparing South Africa's non-profit statistics to those of a first-world country. If compared to the non-profit sector in the United States, it is clear that South Africa greatly lacks NPOs. If you compare the ratio of the United States population size to the number of non-profit organizations, South Africa's ratio shows a significant lack of existing NPOs in general. The shortage of non-profits may also imply that there is an inadequacy in the operations of past non-profits. This may be a result of "service delivery failures including under-funding of welfare services, policy, leadership and institutional inadequacies" (Patel, 2012). South Africa's history as well as current status of economic and political presence unfortunately has led to the insufficient ratio of population size to NPO presence.

Even though the NPO sector proves to be somewhat inadequate, South Africa has immense potential to boost their philanthropic appeal. "While the state in South Africa may be conceived of as playing a leading role in social development as both a financier, regulator and direct service provider, it also works in partnership with other factors in society who are not simply delivery vehicles but also contribute to development in many other ways through providing additional resource flows, knowledge of local contexts, giving a voice to poor and marginalized groups, providing greater flexibility in service delivery and responsiveness and enhancing state capability" (Patel, 2012). With the right mix of leadership, innovative ideas, and appropriate execution, South Africa can convey a stronger voice to the people who live in less fortunate situations.

Cancer Non-Profit Sector

The possibilities and opportunities for growth in the non-profit sector in South Africa are endless, especially in the healthcare sector. As discussed earlier, the current healthcare sector in South Africa calls for much attention. The polarization of healthcare standards currently present between the wealthy population and the marginalized population fashion a disparity of inequality. However, this distinct disparity creates a leeway for improvement, which non-profits can potentially fill.

The healthcare non-profit sector in South Africa attempts to fill this gap. Non-profit organizations relating to healthcare can range anywhere from HIV/AIDS to Tuberculosis to Malaria to cancer. Because there is such an enormity of death rates associated with HIV/AIDS, Tuberculosis, and malaria, non-profits working in these areas receive an abundant amount of resources in hopes to lessen these extensive death rates.

Cancer, on the other hand, is a completely different situation. This sector does not receive the same amount of attention and thus, the resources allocated to the cancer non-profit sector simply do not compare to those allocated for HIV/AIDS, Tuberculosis, and malaria. In fact, there is very little research available on other types of healthcare related non-profits, especially on cancer. How can this be if cancer proves to be the number two cause of death in the world?

Pletzen, a higher-education healthcare researcher in South Africa, found that “the health-related NPO sector in South Africa, an in particular its regional

characteristics and partnership networks, has been under-researched” (2013). Finding statistics and research specifically related to the cancer non-profit sector proves to be an endless search, if not almost impossible. This is primarily because most of the research conducted and printed regarding non-profits focus on HIV/AIDS, Tuberculosis, and malaria as these illnesses receive the most publicity and call for help in South Africa.

To put matters into perspective a little more, the pediatric cancer sector is one the areas that receives the least funding out of existing cancer funding. This means that when you look at the healthcare non-profit sector as a whole, pediatric cancer funding seems like a piece of straw in a hay barrel. After doing some research related to the pediatric cancer NPO sector, it was distressing that there are **only two** key pediatric oncology nonprofits currently operating within South Africa. Both of these foundations are well-known throughout the country as they are operated locally, but there is still a desperate call for additional research and funding help these young children with cancer pay off their medical bills.

The first and most well known pediatric oncology non-profit in South Africa is Childhood Cancer Foundation South Africa (CHOC). CHOC was founded in 1979 by a group of parents in Johannesburg, Gauteng. Its main mission is “to contribute to the well-being of children with cancer and life-threatening blood disorders as well as their families” (CHOC, 2012). CHOC offers awareness programs, patient and family support groups, and raises money for young patients with cancer as well as

for cancer research. Since it was founded, CHOC has expanded to the Eastern Cape, Free State, greater Johannesburg, Kwa-Zulu Natal, greater Pretoria, and Western Cape regions. ⁴

Another registered pediatric cancer non-profit currently operating in South Africa is Reach for a Dream Foundation. Reach for a Dream Foundation was founded in 1991 after the present day founder, Owen Parnell, granted a little boy who suffered with pediatric cancer a birthday celebration to ride on a pony and a motorcycle (Reach for a Dream Foundation, 2014). This non-profit organization mirrors the business model as the renowned, Make-A-Wish Foundation based in the United States. Both of these foundations look for opportunities to grant children who suffer with life-threatening illnesses any wish of their choice. These organizations believe wishes have the incredible power to give these children hope and the power to fight against these diseases. Reach for a Dream Foundation seeks to “fulfill the dreams of children of any race, colour and creed between the ages of 3 and 18 faced with a life-threatening illness” in South Africa (Reach for a Dream Foundation, 2014).

Even though these life-changing non-profits exist in South Africa, there still seems to be a lack in need and support for pediatric oncology. Thousands of children in South Africa are infected and die each day from cancer related causes and yet, the nation seems to regard this as insignificant when compared to other precedent

⁴ For more information, please visit: <http://www.choc.org.za>

illnesses. Sadly, there seems to be a disconnect between the children suffering with cancer and the need to help them through the support of a non-profit. But why is this? What triggers this prominent disconnect of healthcare need and non-profit help in South Africa? What is the United States doing differently to produce three of the most successful non-profits in the nation that support pediatric cancer? These underlying questions will be further drawn out in the next section, "Bridging the Gap".

Bridging the Gap between Healthcare and Non-Profit

After looking at the healthcare and non-profit sector separately in both the United States and South Africa, we can see that the two countries are functioning according to very different contexts.

- The United States proves to have excellent healthcare facilities that provide equal, high-quality healthcare for all Americans, but it is subject to great controversy due to the inflated and unaffordable prices of healthcare services.
- South Africa offers a distinctly unequal standard of healthcare services to the public based on if you received public or private healthcare.
- The United States has an integrative and constructive non-profit sector that aims to support those who are ill. It has also greatly stimulated the country's economy and provided numerous employment opportunities for the American population.
- South Africa has several limitations in the healthcare non-profit sector, which is consequently impeding progression and success for organizations.

This thesis not only offers an in-depth comparative analysis, but it also seeks out solutions for implementing successful healthcare non-profits in South Africa.

With the help of this comparative analysis, we can more easily determine why healthcare non-profits in the United States are much more prosperous than healthcare non-profits in South Africa.

If we refer back to the diagram presented in the introduction, we can get the overall picture of this thesis. On the left side, you get the different medical models implemented by the two countries. This side accounts for the individuals that are sick and are seeking support/help from communities. On the right hand side, you get the current status of the implemented healthcare non-profit in both countries. This side accounts for the people who want to help the people who are sick. But how are these two related? How are the right side and the left side linked? What ultimately connects these the people who are sick to the people who want to help?

The underlying premise of this thesis is to determine what elements bridge the gap between the people who are sick and the people who want to help the sick. The fundamental key of any healthcare non-profit is establishing this link between the healthcare unit and the non-profit sector. The following section looks at how the United States has produced prosperous pediatric cancer non-profits by effectively bridging this gap. It also assesses why South Africa lacks the affluent support for pediatric cancer non-profits and how this relates to the gap between healthcare and non-profits.

Differences

Despite the need for cancer non-profits, each country has a different approach as to how a healthcare non-profit delivers the services and support they provide to the sick patients. Factors, such as the role of social work and advocacy, the perceived need for help, and the perception of ill patients by the public, are

managed differently in both countries. The different implementations of these factors have led to either a connect or a disconnect between the healthcare unit and the non-profit sector. The significance of this connection will determine how a non-profit operates within the country and will also indicate how successful the healthcare non-profit will be in the long term. The following section provides an analysis of the relationship between the healthcare sector and non-profit organizations in both countries with regards to these three factors.

Social Work and Advocacy

Within the United States lies an important employment sector of social work and advocacy. According to the International Federation of Social Workers, social work is “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing” (2015).

Social work as well as advocacy has become an incremental part of American society throughout the past few decades and has helped shape the American way of life.

Because social work has played such a significant role in the American culture, universities across the nation now offer degrees specifically designed for social work. This degree aims to mold the mindset of an individual wanting to help others who are going through tough times and prepares these students for the situations they may encounter while helping others. Most of the careers involving social work today require some kind of educational background and expertise in how to build trustworthy relationships with those in need.

Because the United States has incorporated social work into the academic and professional setting, there is an abundance of social workers looking for endless opportunities to help. The healthcare sector is one of the main industries that social workers look to service. Healthcare social workers seek patients that are dealing with diseases or are in desperate need of medical attention and look for ways to provide them with extra care and support for them to live happier lives. Social workers and advocates look for positive change. Their ultimate goal is to improve outcomes for a group of survivors and to achieve a better quality of life (McGoldrick et. al., 2008).

The role of social workers and advocates in the United States is a key factor in linking the healthcare sector with the non-profit sector. Social workers and advocates work with both sides of the diagram: they work with groups of cancer patients and survivors as well as the organizations/charities working to support

cancer patients. Therefore, social workers and advocates act as a gateway for linking the sick to those who want to help.



Social workers and advocates in the healthcare sector seek patients who need help and find different avenues to help them in any possible way they can. McGoldrick et. al. explains, "advocates seek change. Advocacy for teenagers/adolescents and young adults with cancer provides them with a *voice*, and a means to bring about recognition of their condition" (2008). Social workers are extremely important in the non-profit sector because they link the non-profits directly to the patients they desperately want to help and give these patients a stronger voice and identity, which will be discussed in the following sections. Due to the integration of social work in philanthropic efforts, social workers and advocates have given the non-profit world a reason to help and a reason to continue to grow into a prosperous organization to help better the lives of those who need it.

South Africa, on the other hand, has a different situation. Social work and advocacy are not yet an incremental part of society. There is a great lack of social workers in the country. This is because of three main reasons.

First, South African universities do not have an academic path to pursue social work like the American universities do. Most of the students who attend

university take the traditional route and study professions such as engineering, medical, teaching, business, law, etc. Social work is not an academic option when deciding what to study in higher education setting. Therefore, it would make sense why there is a great lack of social workers if there is no academic foundation for social work in the country.

Because there is an absence of academic structure for social work for South Africans, most of the social workers that are currently helping in South Africa are employed by international organizations, especially American non-profits. These organizations fly their workers from their home country to South Africa to do social work. There are not many local South African social workers or advocates currently working in the country, which can be a great drawback. A lack of local social workers and advocates leads to a lack in grassroots connections with the local people of the country. These grassroots connections play a key role in forming personal connections with the local communities and if South Africa does not have these connections, the country is missing a key factor in establishing a personal connection.

Finally, the social workers that actively promote social change in South Africa look for ways to help those suffering with HIV/AIDS, tuberculosis, and malaria. These three illnesses receive much more attention because they are the leading causes of death within the region. (This conflicting need for cancer attention because of precedent illnesses will be discussed further in the following section.)

Given the lack of social workers present and the shift of attention by other illnesses, South Africa critically lacks social workers within the cancer sector. As previously mentioned, these positions play a critical role in establishing the link between the healthcare unit and non-profit sector; and if there is an absence of social work within the cancer sector, like there is in South Africa, there is a disconnect between the need of healthcare and the role of non-profits.

Perceived Need to Help

Another difference in the approaches of healthcare non-profits is the perceived need to help pediatric cancer. Because of other major cancer campaigns, such as Susan G. Komen, the American public is well aware that cancer is a global concern that needs lots of support and financing. This campaign, in particular, has successfully highlighted how cancer directly or indirectly affects each of us and they have forced us to question how we ought to deal with the gravity of this illness. Even though Susan G. Komen draws attention to breast cancer, this campaign set the precedent for other cancer awareness programs in the United States. This campaign has become a national legacy. It has captured the nation's attention and opened the doors for other cancer campaigns, especially pediatric cancer.

Non-profit organizations for pediatric cancer in the United States have followed Susan G. Komen's footsteps by creating national campaigns that help raise awareness of the realities of pediatric cancer. Pediatric cancer campaigns have

adopted a similar marketing scheme by trademarking a yellow ribbon in support of pediatric cancer. By following Susan G. Komen's model, pediatric cancer has captured the attention of the American public and has established a deep desire to support pediatric cancer, especially through the help of non-profits.

On the contrary, South Africa lacks this perceived need for pediatric cancer because of the precedence of other illnesses. Most of the well-known and registered healthcare non-profits in South Africa are related to support and awareness of HIV/AIDS, tuberculosis, and malaria. These three illnesses are the primary causes of death and other illness-related complications in this region of the world. Thousands of people are infected and die from these illnesses each day due to the lack of treatment, lack of education, and high rates of infection. Because these illnesses cause great concern in South Africa, most of the health related non-profits center around these illness. They aim to slow down the rates of infection and death by creating awareness programs, raise funds for medical treatments for those already infected, or create ways of preventing the illnesses from spreading. Hundreds of non-profits are implemented in South Africa to specifically help decrease the impact of these potentially terminal illnesses.

When most of the countries' attention and international aid is concentrated on these three illnesses, there is a little room for attention to be drawn to other illnesses, such as pediatric cancer. When the words 'healthcare support' are mentioned, the nation's mindset automatically filters to thinking about HIV/AIDS,

tuberculosis, and malaria. Rarely do you get someone who will consider ‘pediatric cancer’. This mindset unfortunately leads to a lack of perceived need to help pediatric cancer, which leads to lack of need to support pediatric cancer non-profits.

Perception of Ill Patients by the Public

The final and most distinct difference between South Africa and the United States is the perception of ill patients by the public eye. The media possess the incredible power to shape the mindset of the public eye by the pictures they use and the words they say. One matter of importance can be perceived in a completely different light to another person simply because they may have seen or read a different article featuring the same issue. The same occurs with how the media portrays those who have an illness.

When you see a campaign for pediatric cancer in the United States, you normally see a picture of a bald-headed child with the biggest smile imaginable. Take a look at the flyer below for Make-A-Wish Foundation.



Image adapted from: <https://www.facebook.com/makeawish>

What are some of the first things you notice? You see a little bald boy named Chase. We instantly associate Chase with cancer because we notice his baldhead. His innocent smile, sparkling eyes, and pictures with his loving family melt our hearts. The snippet from his story captures our attention and we feel a connection forming.

What we see in this poster is Chase's *voice* and *identity*. We get a feel for his personal story and we see his life through a few pictures and a few simple words. The key factor that pediatric cancer non-profits in the United States utilize to win the heart of the public is through the *voice* of a cancer patient. How? It's simple. When we get flyers or brochures about pediatric cancer non-profits, we read the stories of individuals that overcame this horrible disease. We see the pain in their eyes. We feel the distresses of an endless war. We hear the discomfort in their voice. We see their story.

Pediatric cancer non-profits in the United States use this voice to interact with the public. Many non-profits have adopted this theory of a voice for the past seventy years. "By the 1940s, childhood cancer had been identified, and cancer-related organizations began integrating the *voices*, images, and stories of young sufferers into their annual campaigns" (Krueger, 2007). This theory of voice has led to many successful and life-changing pediatric non-profits throughout the past seventy years.

Highlighting the voice of the patient has also given the patient an *identity*. For example, when we think about pediatric cancer we may automatically think about Chase. We see cancer in human form, not just as a subject, which strengthens the connection of a supporter with the cause. Siino explains, "...people can form strong bonds with a non-profit, which we refer to as *identity*. People who have strong identities related to a non-profit donate more money and also talk up the non-profit to other people more often" (2004).

By giving patients with cancer a voice and an identity, these pediatric cancer non-profits have ideally personified cancer. This personification of cancer allows us to see the humanity associated with an illness. The voice and identity personalizes the illness and enables the public to perceive a person suffering with cancer as a whole person, rather than a depiction of the illness itself.

This compliments the success of a non-profit because when we think about pediatric cancer, we revisit these stories. We begin to feel the emotions we felt the first time while hearing the story and we chose to support this cause because we can empathize with the illness. The feeling of empathy we get after reading these stories links us, the public, directly to the illness through the support of non-profits; and as Siino mentioned before, if we are able to develop strong connections with these non-profits, we are more likely to support them.

South Africa, on the other hand, adopted a different style of marketing for their pediatric cancer non-profits. When you see campaigns for any type of illness,

not just pediatric cancer, you are bombarded with statistics and facts associated with that illness. People see large numbers and chose to support the campaign because they are overwhelmed with feelings of pity and sentimentalism. Take a look at this campaign for pediatric cancer by CANSA.

WARNING SIGNS FOR CHILDHOOD CANCER
Under 15 years

Continued, unexplained weight loss
Headaches, often with vomiting - early night/early morning
Increased swelling or pain in bones, joints, back, legs
Lump/mass in abdomen, neck, chest, pelvis, armpits
Development of excessive bruising, bleeding, rash

These symptoms may be caused by other health problems but if one or more of these symptoms persist, consult your doctor without delay

Constant infections
A whitish colour behind the pupil
Nausea which persists or vomiting without nausea
Constant tiredness or noticeable paleness
Eye or vision changes - occur suddenly and persists
Recurrent fevers of unknown origin

CANSA TLC OFFERS

- Emotional support & friendship
- Accommodation for parents or guardians at CANSA TLC Nosis Lodge in Pretoria & live-in facilities at the TLC Pediatric Oncology ward in Polokwane
- Prosthetic support
- Skills training & development
- Support to siblings & parents of children affected by cancer as well as children affected by the cancer of a parent/guardian
- Awareness of childhood cancers & early detection

Free calls from a landline
0800 22 66 22
www.cansa.org.za

CANSA
RESEARCH • EDUCATE • SUPPORT

CANSA-TLC Group
CANSA Theme Living with Cancer Group

Image adapted from: <http://www.shavathon.org.za/2014/02/28/celebrating-birthdays-at-cansa-tlc/>

What do you notice? We see lots of text heavy content mainly focusing on facts or statistics associated with pediatric cancer in South Africa. What we do not see is the face of a pediatric cancer patient and we do not see the story behind the illness.

South Africa tends to focus their healthcare campaigns on the quantitative data behind the illness. Non-profit organizations aim to capture the public's attention by publicizing huge, daunting numbers in their campaigns in hopes to gain their support through sympathy, rather than empathy. The people of South Africa

pity those who are subject these distressing numbers and chose to support the cause to help reduce the enormity of the illness.

Pediatric cancer non-profits lack the identity, voice, and empathy aspects that the American non-profits possess. South Africans do not hear the *voice* of the people suffering with these illnesses and therefore we are incapable of empathizing with the illness, which leads them directly to feeling of pity and sentimentalism. The personal connection to patients suffering with cancer is non-existent and consequently, the patients needing the help are perceived as the disease itself, rather than an individual with this disease. The statistical data and facts associated with the illness eliminate the humanity of the illness. The public cannot establish a personal connection with sick patients through numbers, which leads to another reason why healthcare non-profits in South Africa lack the support of the public.

The Underlying Element of Success of a Pediatric Cancer Non-Profit

After doing an in-depth analysis of the relationship between the healthcare unit and the non-profit sector in both countries, we can see a big difference in the success of pediatric non-profits. This thesis aims to determine the underlying cause of difference with regards to the success of these pediatric cancer non-profits. Ultimately, this thesis aims to identify what makes or breaks the relationship between the healthcare unit and the non-profit sector for pediatric cancer patients.

As previously discussed, the United States has an outstandingly reputable success rate of non-profits that support kids suffering with cancer. Make-A-Wish Foundation, St. Baldricks, and Alex's Lemonade Stand Foundation are only a few examples of how non-profits have become national successes. The key element that creates a successful pediatric cancer non-profit is the link between the healthcare unit and the non-profit sector. The United States demonstrates an enduring connection between these two sectors because of (1) abundance of social work and advocacy, (2) the great need to support pediatric cancer, and (3) the media gives these sick patients a voice and identity, which enables the public to see them as a whole person, instead of an illness.

On the contrary, South Africa struggles to provide adequate backing for pediatric cancer non-profits. Only two non-profits currently exist in the country to provide support for kids suffering with this horrible disease and still, these non-profits are looking endlessly for ways to boost their impact. The significant lack of support for pediatric cancer non-profits in South Africa is due to the distinct disconnect between the healthcare unit and the non-profit sector. Unlike the United States, South Africa greatly lacks in all the areas that have fabricated success for pediatric cancer non-profits in the United States. Unfortunately, South Africa has (1) an insufficient number of social workers helping the pediatric cancer sector, (2) focuses its healthcare needs on other precedent illnesses, and (3) treats sick patients as a quantitative parts an illness.

In order to establish successful healthcare non-profits, South Africa needs to bridge the gap between these two sectors. It is important to establish a common ground because the people who want to help the ill need to build a connection with the people who are ill. What South Africa desperately needs is to establish academic programs and a more diverse platform of employment opportunities for social workers and advocates. It is essential for a country that has unequal healthcare services, such as South Africa, to employ healthcare social workers. These people can work with young kids suffering with cancer and build a more intimate personal relationship with them and offer them the help they so greatly need.

Another aspect South Africa needs to strengthen is the need for pediatric cancer help. Hospitals, healthcare organizations, doctors, nurses, and people in the local community need to stress the importance of helping other illnesses, especially pediatric cancer. Campaigns and awareness programs should be set up at schools, universities, and national events in light of kids with cancer. It has come to the time where South Africa needs to redistribute their healthcare mindset away HIV/AIDS, tuberculosis, and malaria. Most of the people in the nation already know about these illnesses. It is important for the nation to draw their attention towards illness, such as pediatric cancer, as this illness can be terminal as well.

The final key to bridging the gap is giving the pediatric cancer patients a voice and identity in South Africa. One of the main reasons why pediatric cancer non-profits get so much support in the United States is because the people

supporting the non-profits feel like they have a personal connection with the cause itself. Giving a patient a voice makes the illness more human, which makes it easier for people to relate to. South Africa needs to give these sick children a voice and let them establish a personal connection with the people of South Africa. These children deserve to be seen as individuals and not as a ratio of 1 to a million other sick patients. The public needs to hear the personal stories of these children and need to be able to feel the emotions that come along with cancer. It is much more beneficial for both the patient and the non-profit if the public support the cause out of empathy, instead out of pity or sentimentalism.

Conclusion

In essence, this thesis provides a comparative analysis of the healthcare and non-profit sector in the United States and South Africa. The goal of this thesis was to determine the key elements of how a healthcare non-profit, specifically a pediatric cancer non-profit, achieves success in providing endless support and help to the patients suffering with this terrible illness.

The United States has proven to have a successful pediatric cancer non-profit sector because they have established a valuable link between the healthcare unit and non-profit sector. They developed this connection through (1) the help of healthcare social workers and advocates, (2) publicizing a need for pediatric cancer support, and (3) giving the ill a voice and identity to share their story with the public and to show that they are not the illness, but individuals with an illness.

South Africa, on the other hand, lacks in providing successful pediatric non-profit sector. The key difference between South Africa and the United States is that South Africa has a distinct disconnect between the healthcare unit and the non-profit sector. Similar to the United States, South Africa has the patients who need help on the one side and has the people who want to help on other side; but they have not been able to bridge the gap between these two. This is mainly due to (1) the lack in social workers, (2) the lack in perceived need to support pediatric cancer patients, and (3) the lack in giving these young children the voice to speak to the public. Because Africa is so densely populated with illnesses, the public sees these

illnesses in numbers instead of seeing them as people. The African mindset is shaped to see the magnitude of illness, where they should be seeing the humanity of these illnesses.

Ultimately, this thesis has identified three main obstructing elements preventing the pediatric cancer non-profit sector in South Africa to provide the support and aid they desperately aim to do; and as a result, this thesis offers solutions as to how South Africa can bridge the gap between the healthcare unit and the non-profit sector to establish a successful pediatric cancer non-profit organization.

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