National Health Accounts Estimates for South Africa

Towards National Health Insurance and the 2030 National Development Plan

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and healthy life for all South Africans

2030 NDP

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Message by the Director-General of Health, South Africa

I formally institutionalised the National Health Accounts (NHA) project in August 2014 as an exercise to track health resources in the health sector. The South African Total Health Expenditure (THE) for the 2013/2014 financial year, calculated using the System of Health Accounts (SHA) 2011 framework was R309 148 billion. Of the latter, current health expenditure amounted to R301 774 billion and gross capital formation of R7 374 billion. This is the first exercise of calculating NHA estimates using the new System of Health Accounts (SHA) 2011 Framework. The South African National Health Accounts (SANHA) report provides information on health spending by the public sector, private sector, households and donors, which will inform government and other stakeholders on health systems management and resource allocation.

The 2013/2014 NHA estimates were calculated by the technical task force, consisting of various national Department of Health experts, World Health Organization (WHO) Country Office, Statistics South Africa (Stats SA), National Treasury and experts from the Council for Medical Schemes (CMS). The task force is lead by the Chief Director: Provincial Financial Management Support, who is the NHA Project Manager. The day-to-day work of the NHA projects is assigned the NHA core team consisting of the NHA Coordinator, WHO Country Office Health Economist and a Data Compiler. To oversee the task force work, I appointed the steering committee, under Ian van der Merwe and Dondo Mogajane, Chief Financial Officer (CFO): Health and Deputy Director-General (DDG): Public Finance, National Treasury, respectively. I acknowledge the important roles of Valerie Rennie, Thulile Zondi (for Dr Gail Andrews), Dr Mark Blecher and Aparna Kollipara who made time to attend steering committee meetings.

South Africa has a two-tiered health system of public and private providers who offer different services to different sections of the population. National Health Accounts reflect this in the sources of revenues of the financing schemes, where the public expenditures stem from government revenues , namely, taxes and subsidies, while private revenues are sourced from medical schemes payments and households out-of-pocket (OOP) payments.

With regards to healthcare spending, nearly half of all resources (48 per cent or R146 270 million) was spent by private providers, mostly by private hospitals (R75 180 million). The government and donors purchase negligible amount of services from private providers and it is only medical aid schemes and households who purchase these services. Public providers on the other hand (43 per cent, R129 684,201 million) are funded predominantly by government with donor funding being the second source of funds for them. The out of pocket expenditures within public providers is very low, due to the Uniform Patient Fee Schedule (UPFS) regulation, which requires patient classification according to the means test and most public patients are indigent patients, receiving social grants.

The expenditures on governance and stewardship of the health system is relatively low (six per cent of current health expenditure (CHE)) but hides the difference between the government and the medical aid schemes where the share is higher (eight per cent versus five per cent). Governance of the whole health sector is an important function of the health system and in the planned reform as described by the National Health Insurance (NHI) White Paper, strengthening the public sector governance and the expenditures thereof seems as a necessary step for success of the health reform.

The historical existence of two parallel health systems in South Africa has undermined efforts to date to address inefficiency of the health sector and to improve health outcomes relative to spending. The fourteen-year phased implementation of NHI in South Africa is a key policy reform to address this structural inequity in South Africa and create a single unified health system. It is informed by the National Development Plan (NDP) and driven through a primary healthcare (PHC) re-engineering approach. It is my hope that policy makers, healthcare planners and stakeholders would make full use of the SANHA report and its data as key reference on health expenditures for decision-making, healthcare planning and dialogue to inform this policy rollout and build an even better future generation.

MP MATSOSO
DIRECTOR-GENERAL: HEALTH
DATE: 02-03-2018

Message from the NHA chairperson, South Africa

The terms of reference that established the NHA Steering Committee state that it should make a recommendation to the director-general to publish the South African NHA estimates and report. It should also steer the development of the NHA and oversee the technical work during the process.

I am pleased to report that for NHA round 1 we were able to complete calculating NHA estimates for 2013/2014 according to the SHA 2011 Framework, and herein recommend these to the DG for publication. This would not have been possible without the technical task team lead by Hadley Nevhutalu, and the technical support from the WHO Country Office. Our NHA project was supported financially by the WHO and Global Fund. I would like to thank these multilateral organisations for funding the project.

The steering committee has requested the task team to update the NHA estimates for the public sector to 2014/2015 and 2015/2016 in the near future with the aim of making it more relevant and nearer to the current financial year. We are facilitating collaboration between the NHA core team, Chief Directorate: NHI and Chief Directorate: Health Information, Research, Monitoring and Evaluation within the national Department of Health to calculate beneficiary dimensions of age, gender, disease and health function in public health.

Round 2 NHA estimates relates to the period 2014/2015 to 2017/2018 and service providers have been appointed or are in the process of appointment to give capacity to the national and provincial health departments going forward. I would like to thank the Global Fund - Fight against HIV/AIDS, TB and Malaria for funding the project , again showing confidence in our work. I look forward to ongoing support from the steering committee and guidance from the DG until completion of round 2 in 2019.

IAN VAN DER MERWE
NHA CHAIRPERSON
DATE: 26-02-2018

Message by the National Health Accounts Project Manager, South Africa

In calculating the SANHA estimates for 2013/2014, the Technical Task Force decided on 15 dimensions or classifications. These included the main three dimensions, namely, healthcare financing, healthcare provisions and healthcare function. The other core NHA dimensions for the financing, provision and beneficiary interfaces were also considered. The multidisciplinary task force consists of national Department of Health experts from the Chief Directorate: Provincial Financial Management Support; , Chief Directorate: Health Information, Research, Monitoring and Evaluation;, Chief Directorate: Strategic Planning; Chief Directorate: Sector Wide Procurement, and the Chief Directorate: NHI, as well as experts from the WHO, National Treasury, Stats SA and CMS. The day-to-day work of the NHA project was done by the NHA core team made up of officials from the Chief Directorate: Provincial Financial Management Support and the WHO Country Office.

The steering committee is the governance structure that oversees the work of the task force and recommends NHA estimates to the DG. It advised the task force to do desktop analysis of existing South African datasets to calculate NHA estimates. Four consultants were engaged to do the estimation, namely, Health Economics and HIV/AIDS Research Division (HEARD); Ernst & Young; Deloitte Consulting; and Insight Actuaries and Consultants. The consultants calculated NHA estimates using the SHA 2011 Framework for provincial departments of health, CMS expenditure data, OOP expenditure data and classification of diseases, age and gender expenditure data, respectively.

I would like to thank the WHO Country Office for funding some of the contracts and technical assistance throughout the project. A methodology for estimation of data on health expenditures has now been developed in South Africa, hence the production of this report. With the availability of better quality data and inputs, it is more feasible for us to produce health expenditure analyses and output tables with more details to cater for the complex needs of a high middle-income economy as ours.

I hope you find this information useful as a guide to dialogue on health expenditure, decision making and planning for healthcare service improvements and quality healthcare.

HADLEY NEVHUTALU
NHA PROJECT MANAGER: SOUTH AFRICA
DATE: 23-02-2018

Acknowledgements

This work is based on the contributions of many experts in South Africa and abroad. Data collection and mapping was funded and support by the WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria and was conducted by the University of KwaZulu-Natal, HEARD; Deloitte & Touche South Africa; Ernst & Young South Africa, Insight Actuaries and Consultants, as well as the members of the NHA core team at the national Department of Health – Mongi Jokozela, Tshifhiwa Sinwamali, Banele Kunene and Xolisa Magwentsu. Data was provided by vast groups of data holders, special thanks goes to National Treasury representatives – Jonatan Davèn and Mark Blecher; CMS - Anton De Villiers, Nondumiso Khumalo and Kgotsofatso Phaswana; the Directorate: Revenue Management; the Chief Directorate: Health Information, Research, Monitoring and Evaluation; and many others. WHO contracted other analysis on methodology for measuring expenditures by age/gender/disease developed by BroadReach. Technical support was provided by Tomas Roubal and Darwin Young from WHO. The analysis was done by Mongi Jokozela, Shivani Ramjee, John Ashmore and Tomas Roubal. A special thanks to Jeanne-Marie Tucker from Clinton Health Access Initiative for the final review to this document.

All figures reported for South Africa are from the Global Health Expenditure Database as well as from the recent estimation of the NHA based on the SHA 2011 Framework, unless otherwise indicated.

The authors would like to thank Hadley Nevhutalu for his leadership during the process of estimating the NHA expenditures, representatives of the provinces who participated in the training and validations sessions, WHO for providing technical assistance, Global Fund to Fight AIDS, Tuberculosis and Malaria for funding this activity and other experts with whom the NHA team has consulted during the process. The guidance provided by the steering committee, especially from the co-chairs Ian van der Merwe and Dondo Mogajane was extremely helpful in assisting us to focus and the feedback provided by the technical task force members of the NHA added much experience and input into the health accounts production process.

List of acronyms

APT	Annual Planning Tool
ASR	Annual Statutory Returns
BAS	Basic Accounting System
CFO	Chief Financial Officer
CHAI	Clinton Health Access Initiative
CHE	Current Health Expenditure
CMS	Council for Medical Schemes
DBE	Department of Basic Education
DCS	Department of Correctional Services
DDG	Deputy Director-General
DG	Director-General
DHIS	District Health Information System
FA	Financing Agents
FP	Factors for Healthcare Provision
FS	Revenues of Healthcare Financing
FSIR	Institutional Units Providing Revenues to Financing Schemes
GDP	Gross Domestic Product
GGHE	General Government Health Expenditure
HAPT	Health Production Tool
HC	Healthcare Functions
HEARD	Health Economics and HIV/AIDS Research Division
HF	Healthcare Financing Schemes
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HK	Capital Health Expenditure
HP	Healthcare Provisions
IES	Income and Expenditure Survey
IMR	Infant Mortality Rate
LCS	Living Conditions Survey
MHSC	Mine Health and Safety Council
MMR	Maternal Mortality Ratio
NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHA	National Health Accounts
NHI	National Health Insurance
NSDA	Negotiated Service Delivery Agreement
NT	National Treasury
OOP	Out-of-pocket
PEPFAR	President's Emergency Plan for AIDS Relief
PFMS	Provincial Financial Management Support
RAF	Road Accident Fund
SANHA	South African National Health Accounts
SCoA	Standard Chart of Accounts
SHA 2011	System of Health Accounts 2011 Framework
Stats SA	Statistics South Africa
THE	Total Health Expenditure
UHC	Universal Health Coverage
UKZN	University of KwaZulu-Natal
UPFS	Uniform Patient Fee Schedule
VHI	Voluntary Health Insurance
WHO	World Health Organization

1. Introduction

1.1 South African National Health Accounts

National Health Accounts (NHA) estimates reflect expenditures incurred in the consumption of healthcare goods and services in a country in a given year. They include public, private, households and donor spending. NHAs describe the sources of finance and financing schemes through which the funds flow, providers that provide healthcare and functions through which such providers deliver healthcare goods and services. Health accounts provide a systemic description of the financial flows related to the consumption, provision and financing of healthcare according to the three main dimensions/categories of the health accounting system.

In order to calculate the South African National Health Accounts (SANHA) for 2013, a national health classification system was developed to be consistent with the System of Health Accounts 2011 (SHA 2011) Framework of the WHO. The SHA is an internationally accepted methodology for summarising, describing and analysing financial flows of a health system. It is based on the SHA 1.0 framework which describes healthcare and long-term care expenditure by way of a tri-axial relationship - what is consumed has been provided and financed[1]. The SANHA classification was developed based on the tri-axial approach with three main dimensions of healthcare functions (HC), healthcare provision (HP) and healthcare financing schemes (HF). The South African guideline or manual was developed after consultation with various experts to be consistent with the basic principles of the SHA 2011 manual. It was given the go-ahead by the Steering Committee of the NHA for approval by the Director- General: Health. In interpreting the SANHA estimates of 2013, it is recommended to consider the attached compilation guidelines for public health, private healthcare, out-of-pocket and donor funding expenditures.

In total, 15 dimensions are used to calculate the NHA estimates for South Africa. The prepared data was then mapped using the Health Production Tool (HAPT)[2] software to reproduce the expenditure tables. These tables serve as the final output of the NHA, presented as two-by-two or even two-by-three dimensions.

1.2. Background

1.2.1 Health and socioeconomic status

South Africa is an upper middle income country with a Gross Domestic Product (GDP) of $360.6 billion and a population of 52.98 million in 2013. The GDP per capita of the same year was $6617,91. It is the second largest economy in Africa, after Nigeria. Despite this, South Africa is burdened by a relatively high rate of poverty and unemployment, as well as income and wealth inequality. In 2013, unemployment stood at 25.3 per cent and the poverty headcount was 20.2 per cent, while the latest Gini coefficient, which measures inequality was 0.63 per cent in 2009[3]. Moreover, despite dedicating a total of 8.6 per cent of the GDP to health expenditure in 2007, until recently South Africans could only expect to live, on average, to the age of 51 to 55 years (National Treasury, 2008).

South Africa faces a quadruple burden of disease, namely, HIV/AIDS and related diseases such as tuberculosis and sexually transmitted infections; maternal and child mortality; non-communicable diseases mainly related to lifestyle; and violence, injuries and trauma (NDP, 2011). To address the challenges facing the country the National Development Plan - 2030 as a policy document was adopted in December 2012. It outlines the vision and priorities of the country, which include eliminating poverty, reducing inequality and accelerating inclusive economic growth by 2030.

1.2.2 Healthcare system

Since the political transition in 1994, much effort has been invested in improving health outcomes by making public healthcare more accessible to the poor. In terms of accessibility and affordability -free care for pregnant mothers and children under six years in 1994; free primary healthcare for all was introduced in 1996; and since 1994 the primary healthcare facility network has been expanded, with more than 1 300 clinics built or upgraded. To improve equity, budget allocations have been shifted towards historically poorly endowed provinces and, within provinces, particularly to primary healthcare[4].
The current health ministry came into office in 2009 and continued in improving access and affordability of healthcare to all South Africans. The health sector's Negotiated Service Delivery Agreement (NSDA) was signed in October 2010 and served as the strategic framework to address the burden of disease, strengthening

[1]SHA 2011 Manual, pg 11
[2]HAPT is a software of the World Health Organisation (WHO) which is based on SQL and helps generates NHA according to SHA 2011 framework
[3]Statistics South Africa - Poverty Trend Report 2014 and HSRC review-november 2014
[4]Ronelle Burger, South Africa's health system - What are the gaps?

of the health system, especially the re-engineering of primary healthcare (National Department of Health Strategic Plan 2015). By 2013 the health outcomes had improved. For example, life expectancy at birth increased from 57.1 years in 2008 to 62.2 years in 2013. On the other hand, the infant mortality rate (IMR) dropped from 57,8 per 1 000 live births in 2001 to 34,4 per 1 000 in 2014; while the maternal mortality ratio (MMR) declined from 310 per 100 000 live births in 2008 to 269 per 100 000 in 2013 (Stats SA mid-year population estimates, 2014).

Despite the improvement in epidemiological statistics, the South African health system has not achieved the desired NSDA goals. The flagship programme of the current administration is to implement the NHI policy, which seeks to integrate the historically fragmented health financing system and build a single, unified health system that can address issues of equity, social solidarity and move the country towards universal health coverage (UHC). The NHI Green Paper (August 2011) outlined the gradual three-phased implementation approach for the NHI over a 14-year period. Through the NHI and other policy interventions, the South African Government hopes to implement the NDP's nine long-term goals. Five of these relate to improving the health and well-being of the population and four deal with health system strengthening.

The NHA aims to assist in measuring progress towards government's NHI policy that aims to reduce inequality of service provision between public and private sectors and expand UHC and the multi-sector NDP.

1.3 History of NHA in South Africa

The institutionalisation of the National Health Accounts in South Africa took place in August 2014 when the DG signed a letter of commitment to the WHO Country Office in South Africa. According to the letter, South Africa agreed to produce yearly NHA estimates, starting with the first NHA estimates after two years, i.e. 2016. The DG then appointed two governance structures, namely, the steering committee and the technical task force. The former is headed by the CFO, who is the chairperson of the NHA in South Africa, and its main function is to make recommendations to the DG to publish the SANHA estimates and report. The latter's main objective is to prepare and consent on the SANHA estimates on national, provincial and district level; and private health expenditure, including non-governmental organisation (NGO) funding. The technical task force's main objectives are to review analytical approaches, assess results and interpret and make recommendations to the steering committee for approval. The task force is chaired by the NHA Project Manager, who is the Chief Director: Provincial Financial Management Support (PFMS).

Prior to the institutionalisation of NHA in 2014, NHA estimates were calculated by the Directorate: Health Financial Planning and Economics and submitted to the WHO Afro Region and headquarters as part of compliance with the WHO. In 2009 the Health Expenditure Review of the South African Private Healthcare Sector from 2003 to 2006 report was published by the national Department of Health. The report was commissioned by the department and presented results on private healthcare expenditure with some discussion of NHA dimensions. In May 2014 Dr Markus Schneider, a German expert on NHA commissioned by the WHO Country Office published the South African System of Health Accounts (SASHA) - data inventory and compilation guide which served as a stepping stone for the SANHA estimation and report.

2. Methodologies and data collection

2.1 SANHA approach overview

This document presents South Africa's first estimation of health expenditure according to the new international classification of System of Health Accounts 2011 (SHA 2011). This methodology differs from the previous health expenditure estimates as presented in the NHA mainly in separating CHE and capital health expenditure (HK) from the previously reported total health expenditure (THE).

NHA use a 'triaxial' approach that tracks expenditure by financing schemes (the 'financing interface'), providers (the 'provision interface') and functions (the 'consumer health interface'). This minimises the chances of double counting while maximising possible policy-relevant analysis.

Within this framework, NHA allows spending to be tracked and cross-tabulated across fifteen dimensions/ classifications selected for South Africa, which are as follows:

- three main dimensions of SHA
  - healthcare functions (HC) - What health service was consumed
  - healthcare providers (HP) - Who provided the care
  - healthcare financing schemes (HF) -How was this money managed
- additional dimensions
  - factors of healthcare provision (FP) - Resources required to produce service
  - revenues of healthcare financing (FS) - How was this money financed
  - institutional units providing revenue to financing schemes (FSIR) - Who provided the money
  - financing agents (FA) - Who managed the money
  - capital account (HK) - The type of assets health providers have acquired
- classification of beneficiaries
  - diseases, age, gender, sub-national government
- specific for South Africa
  - non-negotiables, strategic planning and risk pool

Due to its scope and the depth, the SANHA is expected to present vast information on healthcare expenditures in South Africa, which will generate interest from many health sector stakeholders. With the phased implementation of the NHI, NHA estimates will assist to inform the policy process, monitoring and evaluation. Beneficiary dimensions of age, gender, disease and region (province or district) are calculated to provide higher levels of detail and comparison on health expenditures. While the South African-specific dimensions have been included to address policy specific needs of the national Department of Health and the health insurance industry.

2.2 Expenditure data sources

There are four main holders of expenditure data relevant for the NHA in South Africa. These are the National Treasury , the national Department of Health, the CMS and Stats SA. The Annual Planning Tool (APT). which was obtained from the Clinton Health Access Initiative (CHAI), was used to calculate donor funding expenditure. Other health expenditure data include commercial employers (e.g. mines, car manufactures, etc.), NGOs and private health companies that are not regulated by the CMS. These were used to a very limited extent in calculating the NHA estimates for the 2013/2014 financial year. Data collected can be classified into two broad categories, namely public health expenditure plus donor funds and private expenditure, including out-of-pocket expenditure.

2.2.1 Public expenditure

National Treasury uses the Basics Accounting System (BAS) database to track financial flow in the public sector. Data on public expenditure is organised according to the Standard Chart of Accounts (SCoA) system, which uses a coding structure that comprises of seven segments which are fund, item, regional, asset, responsibility, project and objective segment respectively. It was possible to extract this information for both the national Department of Health and the nine provincial health departments, down to sub-national level and align it with the SHA 2011 codes. National Treasury's BAS data is prepared in the form of Vulindlela CVS files and is available to registered users of the Vulindlela database.

The Health Economics and HIV/AIDS Research Division (HEARD) of the University of KwaZulu-Natal (UKZN) was contracted by the WHO - South Africa to map the 2013/2014 financial year expenditure for the nine provincial health departments to SHA 2011 using BAS as the main data source. This mapping was presented to the WHO South Africa and the national Department of Health as a final product on 19 February 2016. The HEARD report presents the detailed methodology, including preparation of the data to be suitable for mapping into the HAPT software.

The national Department of Health and other national departments' data were mapped by the NHA core team. For this round the Department of Basic Education (DBE), the Department of Correctional Services (DCS) and the Department of Defence and Military Veterans were considered. Other health spending departments such as the departments of mineral resources, social development and cooperative governance were not considered. These departments have financing units for healthcare, including facilities for healthcare provision, which are reported in the BAS. The NHA core team has prepared a report on public healthcare expenditure with respect to public entities, for this round of the NHA, only the Road Accident Fund (RAF) health expenditure was considered. The Compensation Commissioner and the Mine Health and Safety Council (MHSC) will be considered in the next NHA rounds because of the lack of data.

2.2.2 Private expenditure

Private financing of healthcare in South Africa can be categorised as medical aid schemes and out-of-pocket expenditure for this round of the NHA. The majority of private healthcare expenditure is through medical aid schemes and captured at an individual or claim level on a day-to-day basis and aggregated quarterly and annually by the CMS. This data is therefore significantly more granular than that available in the public sector and includes healthcare function and beneficiaries of the service. Meanwhile, the aggregated data of the CMS was used to calculate mainly the financing dimensions and healthcare provision by the private sector. The Annual Statutory Returns (ASR) database and extended annexures of the CMS were used by Ernst & Young, who was contracted to calculate medical schemes expenditure for the 2013/2014 financial year. Ernst & Young prepared a methodology and report National Department of Health: Mapping of Medical Scheme Expenditure to the national Department of Health in September 2016.
Insight Actuaries and Consultants (IAC) was contracted by the national Department of Health to calculate NHA estimates for 2013/2014 by age, gender and diseases in the private sector and to a lesser extent in public health. A detailed methodology was presented to the national Department of Health, titled National Health Accounts: Disaggregation of Health Expenditure by Disease on 15 November 2016.
OOP expenditure data was sourced from Stats SA survey data and triangulated with the CMS data and data from the Directorate: Revenue Management in the national Department of Health for the private and public sectors respectively. The Income and Expenditure Survey (IES) 2010/2011 and Living Conditions Survey (LCS) 2008/2009 were selected by the contracted vendor, Deloitte Consulting who produced a report on Mapping and Estimation of Out-of-Pocket Expenditure for the National Health Accounts in November 2016.

2.2.3 Donor funding

South Africa is one of the few African countries who does not depend heavily on donor funding for public health. The APT exercise by CHAI was funded through direct budget support and external funding, and totalled R7 79 billion for the financial year 2013/2014. This comprises of 2,6 per cent of current health expenditure. As stated earlier, the NHA core team analysed donor funding from the APT and calculated NHA estimates as per the Donor Funding Report 2013/2014 .

Table 1 summarises the data collection and mapping for the NHA 2013/2014.

Table 1: Data collection and mapping for the NHA 2013/2014

Data mapped	Source	Mapping done by
Public		
National Department of Health	BAS	National Department of Health
Provincial health departments	BAS	HEARD
National departments and public entities	BAS	National Department of Health
Age, gender	Investigated but not possible	Insight
Disease	Investigated but not possible	Insight
Private		
Medical scheme (HP and HF)	CMS ASR	Ernst & Young
Medical scheme (HC)	Claims	Insight
Age, gender	Claims	Insight
Disease	Claims	Insight
Out of Pocket	Stats SA IES 2011/2012 and LCS 2008/2009	Deloitte
Donor		

3. General NHA findings

3.1 Summary of key NHA estimates for the 2013/2014 financial year

During this first round of the NHA THE amounted to R 309 148 billion. The SHA 2011 Framework distinguishes between CHE and HK, which was calculated for public health only. HK for the private sector will be the subject of the next NHA rounds.

Capital spending by the public sector was R 7 374 million in 2013/2014 or 2.3 per cent of THE. Most of the capital spending (68 per cent) is on machinery and equipment (ambulances, information and communication technology, medical technologies and machinery) equally by national (R3 500 million) and provincial departments of health (R1 500 million). Investment into infrastructure is mainly funded through and by provincial departments of health. CHE for public health only, for this round amounted to R 301 774 million or 9.2 per cent of THE. An analysis of THE in South Africa is presented in **Table 2.**

Table 2: Summary of key NHA findings

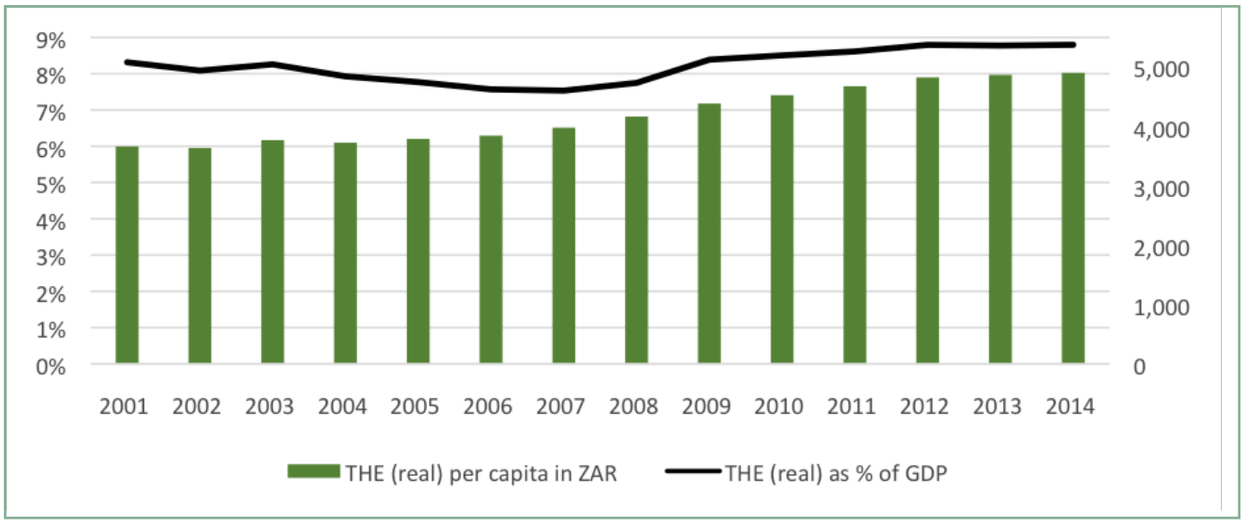
General NHA indicators	2013/2014
Total population (million)	52,98
Total GDP (ZAR million)	3 539 792
Total GDP (USD billion)	350,6 billion
Total Health Expenditure (THE) - R million	309 148
THE per capita - ZAR	5 835
THE as % of GDP	8.7%
Government Health Expenditure as % of total government expenditure	12%
Financing schemes of CHE (R million)	
General government	129 684
Medical schemes	140 548
Out-of-pocket	23 586
Rest of the world	7 686
Public and private health expenditure proportion of CHE	
Public health expenditure	43%
Private health expenditure	47%
Provider distribution of CHE	
Hospitals	51%
Clinics and other out-patient centres	23%
Providers of preventive care	2%
Providers of ancillary services	5%
Other	19%
Function distribution of CHE	
Inpatient	41%
Outpatient	28%
Pharmaceutical sales and medicine	11%
Preventive care and public health programmes	5%
Health policy and regulation	6%
Other	9%
Provincial distribution of CHE	
Eastern Cape	9%
Free State	5%
Gauteng	33%
KwaZulu-Natal	17%
Limpopo	6%
Mpumalanga	6%
Northern Cape	3%
North West	4%
Western Cape	14%
Other	0.01%

3.2 An analysis of health expenditure

The two-tier health system in South Africa is starkly revealed by private financing as a percentage of CHE at 47 per cent as opposed to the share of public health at 43 per cent. THE as a percentage of GDP for 2013/2014 was 8.7 per cent, while THE per capita was R5 835. The ratio of THE to GDP provides an indication of the contribution of health to the economy and the average number should always be interpreted together with evidence of the level of inequity in who benefits from these resources. A trend analysis of the ratio of CHE to GDP and health expenditure per person will be presented in the next NHA rounds. Meanwhile, General Government Health Expenditure (GGHE), which comprised of provincial health departments and the eight metropolitan municipalities, the national Department of Health and other national departments, totalled R 129 684 million. The largest share of GGHE is controlled by provincial health departments, which spent R119 785 million from equitable share and R21 216 million as conditional grants (92 per cent of GGHE).

South Africa is one of the few African upper-middle income countries that has a well developed private sector. South Africa does not depend on, or qualify for large donor funding. For the 2013/2014 financial year, donor funding amounted to R 7 686 million, which is 2.5 per cent of CHE. Figure 1 shows the THE for 2007 to 2014.

Figure 1: Trend for Total Health Expenditure, 2007-2014 (ZAR million and percent GDP)



3.3 International comparison

Table 3 compares total health spending and public health spending of selected African and other middle-income countries. Of the seven countries listed below, Morocco and Nigeria are lower-middle-income economies, while the rest are upper-middle income countries.

Table 3: Total health expenditure and public spending in selected countries, 2013

	Health expenditure per capita (USD)	Total health expenditure as % of GDP	Public health expenditure as % of THE	Public health expenditure as % of GDP	Life expectancy at birth
South Africa	**570**	**8.7**	**43**	**4.2**	**60**
Botswana	385	5.4	59	3.2	64
Namibia	499	8.9	60	5.4	68
Nigeria	118	3.7	25	0.9	55
Morocco	190	5.9	34	2.0	71
Brazil	947	8.3	46	3.8	75
Malaysia	456	4.2	55	2.3	74

In 2014, South Africa spent 8.8 per cent of the GDP on health, but had one of the lowest outcomes as reflected by a life expectancy at birth of 60 years. Countries that dedicate far less resources on health had better outcomes as shown by life expectancy of more than 70 years for Morocco, Brazil and Malaysia. Government health expenditure as percentage of the THE at 43 per cent is lower than some upper-middle income countries. Public health expenditure as proportion of GDP is relatively high at 4.2 per cent compared to other countries.

3.4 Expenditure by financing schemes (HF)

Financing schemes in the South African health system have four categories, namely, government, voluntary health insurance, household OOP payments and donor funding. HF describes financing arrangements available in a health system of a country and how much money is handled by each. South Africa relies significantly on voluntary health insurance (VHI), which combines medical schemes, employer-funded healthcare and for-profit health insurance, at 47 per cent of CHE. The share of OOP is relatively low, around eight per cent of current health expenditures. OOP expenditure was R 22 753 billion in 2013/2014. OOP expenditure is well-known to represent barriers to access healthcare because such spending add a burden to disposable income in some healthcare consumers. Figure 2 shows the shares of HF in the 2013/2014 financial year.

Figure 2: Spending of financing schemes (HF) in R billion

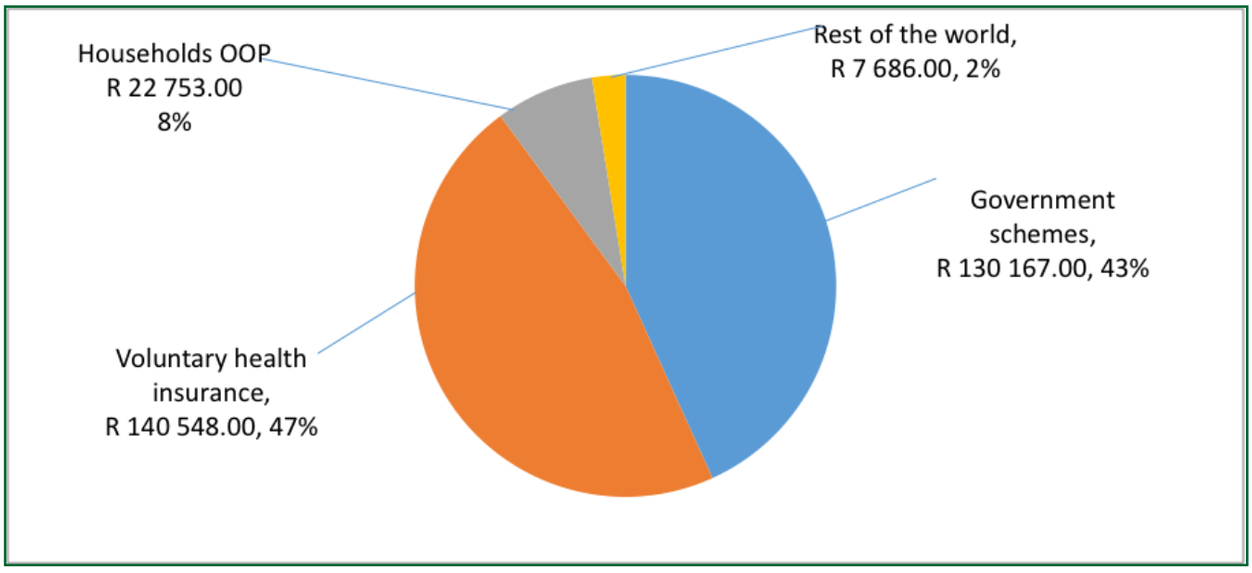


Table 4: Detailed distribution of CHE by financing scheme classification

Code	Financing scheme	Expenditure in R mil	Percentage (%)
HF.1.1.1	Central government schemes	26 848	8.9
HF.1.1.2.1	Provincial government	98 569	32.7
HF.1.1.2.nec	Metropolitan municipalities	3 187	1.1
HF.1.1.nec	Road Accident Fund	1 080	0.4
HF.2.1.2.2	Other complementary/supplementary insurance	1 780	0.6
HF.2.1.2.2.1	Restricted medical aid schemes	58 976	19.5
HF.2.1.2.2.2	Open medical aid schemes	76 579	25.4
HF.2.1.nec	Medical insurance	3 275	1.1
HF.3.1	Out-of-pocket excluding cost-sharing	15 081	5.0
HF.3.2.1	OOP with cost sharing with government schemes	1 103	0.4
HF.3.2.2	OOP with cost sharing with voluntary insurance schemes	7 672	2.5
HF.4	Rest of the world financing schemes (non-resident)	7 684	2.5
Total		**301 744**	**100**

HF.1.1.1 Central government schemes

These are national departments that incur health expenditure, and in certain instance render health services, to selected sections of the population. The national Department of Health, through conditional grants and vertical programmes, spent R22 367 billion. The Department of Basic Education's expenditure was R210 468 million, the Department of Correctional Services through its health programmes spent R626 264 million and the health spending of the Department of Defence and Military Veterans was R3 644 million. The sources of the expenditure stem from government domestic revenues.

HF.1.1.1.2 Provincial government scheme

Provincial departments of health manage funds from provincial treasuries in the form of equitable share allocations by National Treasury, conditional grants from the national Department of Health and other national departments and intra-budgetary donor funds. Over 76 per cent of health spending in the public sector takes place through provincial governments schemes.

HF.1.1.2.nec Other State/regional/local government scheme

In 2013/2014 there were eight metropolitan municipalities that managed funds to deliver healthcare, mainly primary healthcare, environmental health and preventative health services. The data for the expenditure was sourced from National Treasury and careful attention was given to ensure that there was no double counting. The local government schemes spent around R3 187 million on health in 2013/2014.

HF.1.1.nec Unspecified government scheme

The RAF is a government scheme intended for motor vehicle accident claims. RAF pays claims to both public and private healthcare providers. The expenditure is mainly for acute curative care and rehabilitative care of accident victims. The RAF incurred R1 080 million in health expenditure in 2013/2014.

HF.2.1.2.2.1 Restricted medical aid schemes

Restricted medical aid schemes are permitted by law to have eligibility criteria (where possible criteria are constrained), such as employer, professional grouping or union. VHI medical schemes contribute the largest proportion of private health expenditure at 47 per cent of CHE. Expenditure of restricted medical aid schemes was R58 976 million, of which R3 358 was from savings accounts by households, the rest from the risk pool. Most of the revenue of restricted medical aid schemes stem from the government (R30 078 million, mostly for the government employees of these medical schemes), followed by pre-payments by individuals (R25 949 million) and private employers (R2 949 million).

HF.2.1.2.2.2 Open medical aid schemes

Open medical aid schemes are expected to subscribe to the provisions of open enrolment where medical schemes are not allowed to choose their membership based on risk factors such as age and/or health status. Open enrolment seeks to protect members from unfair discrimination and promotes cross-subsidisation between young and healthy, and old and sick. The Medical Schemes Act. 1998 (Act 131 of 1998) protects medical schemes from adverse selection by allowing medical schemes to apply waiting periods and late joiner penalties.

As shown in Table 5, open medical schemes spent slightly more than restricted schemes at R76 579 million. Savings accounts represent 10 per cent of this expenditure (R8 006 million), the rest is spent from the risk pool. Voluntary pre-payments from individuals (R41 353 million) and private employers (R24 505 million) are the main sources of this expenditure, followed by government subsidies in the form of tax credits to the beneficiaries (R10 721 million).

HF.3.1 Out-of-pocket, excluding cost-sharing

Data to calculate OOP excluding cost sharing was sourced from the IES and LCS of Stats SA. These are informal payments to healthcare providers, where there is no cost shared with either VHI or government. OOP without cost sharing made up over 63 per cent of OOP (R15 081 million). This implies a heavier burden of health financing source by households and a need for stricter regulatory measures to protect this population against catastrophic health expenditure. The NHI proposes a solution in this respect.

HF.3.2.1 Cost sharing with government schemes

These are for health services procured from government health facilities or on behalf of government. Data for cost sharing with government was triangulated with national Department of Health patients revenue data. It is widely thought that cost sharing with government is understated due to sub-optimal patient invoicing. For this study OOP cost sharing with government schemes amounted to five per cent of OOP.

HF.3.2.2 Cost sharing with voluntary insurance schemes

The CMS annual statutory returns provides information/data on cost sharing with VHI. These OOP estimates are understated because patients on medical schemes do not report expenses that have been declined by medical schemes or are not part of their benefit packages. Cost sharing with voluntary insurance schemes as a proportion of OOP was 32 per cent.

HF.4 Rest of the world financing schemes (non resident)

Extra-budgetary donor funds made up 2.5 per cent of CHE, of which the American President's Emergency Plan for AIDS Relief (PEPFAR) contributed to 94 per cent of the total donor funding.

Table 5: Financing schemes and their revenues (HF x FS)

	Revenues of health care financing	**FS.1**	FS.1.1	FS.1.2	FS.1.3	**FS.2**	**FS.5**	FS.5.1	FS.5.2	FS.6.1	**FS.7**	**All FS**
Financing schemes	*Rand (ZAR), Million*	**Transfers from government domestic revenue**	Internal transfers and grants	Transfers by government on behalf of specific groups	Subsidies	**Transfers distributed by government from foreign origin**	**Voluntary prepayment**	Voluntary prepayment from individuals	Voluntary prepayment from employers	Other revenues from households	**Direct foreign transfers**	
HF.1	**Government schemes**	**129,680**	**128,600**	**1,080**		**4**						129,684
HF.1.1.1	Central government schemes	**26,844**	26,844			**4**						26,848
HF.1.1.2.1	Provincial government	**98,569**	98,569									98,569
HF.1.1.2.nec	Other State/regional/local government schemes	**3,187**	3,187									3,187
	RAF	**1,080**		1,080								1,080
HF.2	**Voluntary health care payment schemes**	**40,799**	**21,821**		**18,978**		**99,749**	**70,577**	**29,172**			140,548
HF.2.1.2.2.1	Restricted medical aid schemes	**30,078**	21,821		8,257		**28,898**	25,949	2,949			58,976
HF.2.1.2.2.2	Open medical aid schemes	**10,721**			10,721		**65,858**	41,353	24,505			76,579
HF.2.1.nec	For profit insurance schemes						**3,275**	3,275				3,275
HF.3	**Household out-of-pocket payment**									**23,856**		23,856
HF.3.1	Out-of-pocket excluding cost-sharing									15,081		15,081
HF.3.2.1	Cost sharing with government									1,103		1,103
HF.3.2.2	Cost sharing with medical aid schemes									7,672		7,672
HF.3.2.2.1	Cost sharing with restricted schemes									2,444		2,444
HF.3.2.2.2	Cost sharing with open schemes									5,228		5,228
HF.4	**Rest of the world**										**7,686**	7,686
All HF		170,479	150,421	1,080	18,978	4	99,749	70,577	29,172	23,856	7,686	301,774

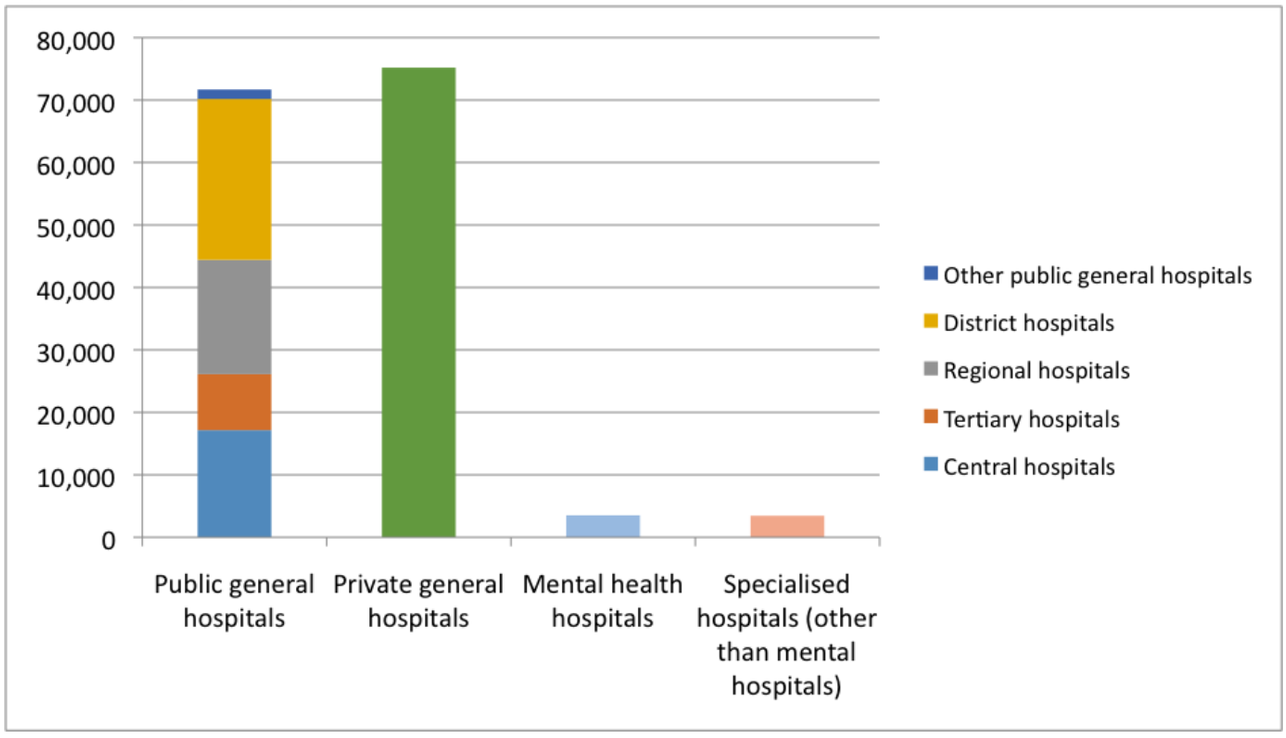
3.5 Expenditure by health provider (HP)

Table 6: Current health expenditure by provider

SHA 2011 code	Healthcare provider	Expenditure in R mil	Percentage(%)
HP.1	Hospitals	153 832	51
HP.1.1.1	Public general hospitals	71 701	24
HP.1.1.1.1	Central hospitals	17 151	6
HP.1.1.1.2	Tertiary hospitals	8 966	3
HP.1.1.1.3	Regional hospitals	18 303	6
HP.1.1.1.4	District hospitals	25 755	9
HP.1.1.1.nec	Other public general hospitals	1 512	1
HP.1.1.2	Private general hospitals	75 180	25
HP.1.2	Mental health hospitals	3 512	1
HP.1.3	Specialised hospitals (other than mental hospitals)	3 443	1
HP.1.3.1.1	TB hospitals	1 248	0.4
HP.1.3.1.nec	Other public specialised hospitals	1 589	1
HP.1.3.2	Private specialised hospitals	607	0.2
HP.2	Residential long-term care facilities	185	0.06
HP.3	Providers of ambulatory healthcare	70 102	23
HP.3.1	Medical practice	17 463	6
HP.3.2	Dental practice	5 212	2
HP.3.2.2	Private dental practice	5 197	2
HP.3.3	Other healthcare practitioners	9 363	3
HP.3.4	Ambulatory healthcare centres	37 690	12
HP.3.4.9.1	Public all other ambulatory centres	36 546	12
HP.3.5	Providers of home healthcare services	374	0.12
HP.4	Providers of ancillary services	15 932	5
HP.5	Retailers and other providers of medical goods	30 680	10
HP.5.1	Pharmacies	8 407	3
HP.6	Providers of preventive care	5 822	2
HP.7	Providers of healthcare system administration and financing	18 704	6
HP.7.3	Private health insurance administration agencies	11 935	4
HP.8	Rest of economy	837	0.3
HP.nec	Unspecified healthcare providers (n.e.c.)	5 649	2
	Total	301 774	100

Healthcare providers are institutions and organisations that deliver healthcare goods and services as either a primary or secondary activity. As indicated in Table 6, hospitals consume over 51 per cent of CHE. Providers of ambulatory care follow at 23 per cent, in third place are retailers and other providers of medical goods at 10 per cent, followed by providers of healthcare system administration and financing at six per cent, providers of ancillary services at five per cent, providers of preventive care at two per cent and the remaining 2.3 per cent for rest of economy and unspecified healthcare providers.

Figure 3: Hospitals expenditure



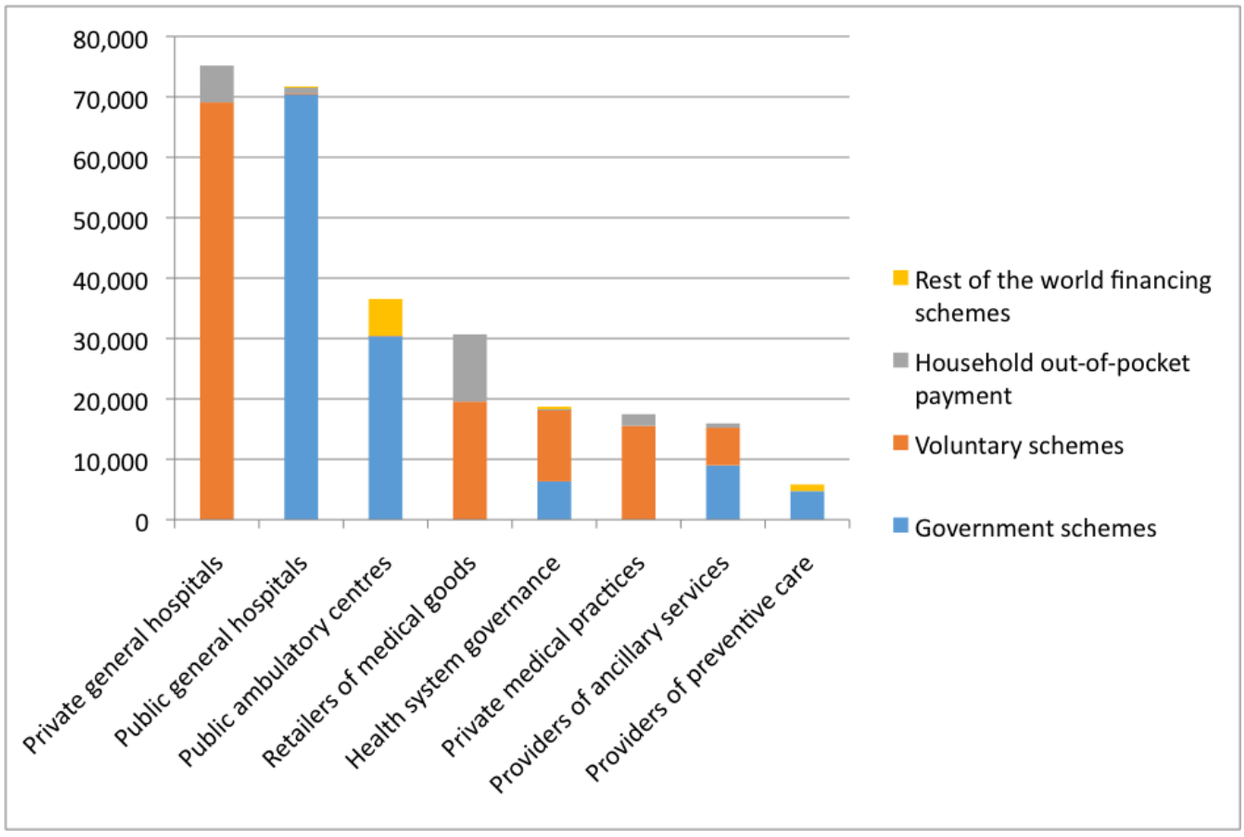
The hospital share can further be classified into public general hospitals at 47 per cent of hospital expenditure and private general hospitals who make up 49 per cent of hospital spending. In the South African context, public general hospitals are classified as central (24 per cent), tertiary (13 per cent), regional (26 per cent) and district (36 per cent) of total public hospital spending.

Mental health hospitals accounted for two per cent, while specialised hospitals (other than mental hospitals) consumed a further two per cent of hospital spending. Of the latter, 36 per cent was TB hospital expenditure.

Out-patient public ambulatory healthcare providers in the form of community health centres and clinics accounted for over 12per cent and medical practices consumed six per cent of CHE. Providers of healthcare system administration and financing, include national Department of Health policy making and regulation expenditure, and to a limited extent, in provinces at two per cent, however the majority of this expenditure is incurred by private health insurance administration agencies at a cost of four per cent.

We can look into which financing scheme are funding which providers. Figure 4 shows that government schemes are primarily funding the public providers such as public hospitals, clinics and community health centres, while the voluntary health insurances (medical schemes), together with household out-of-pocket payments, fund private hospitals, private ambulatory centres and retailers of medical goods (pharmacies). Providers of preventative care are solely funded by the government and donors.

Figure 4: Provider expenditure from financing scheme



Public versus private providers in South Africa are depicted in Table 7.

Table 7: Financing sources and public/private providers

Rand (ZAR), million	Private providers	Public providers	Other providers	Governance and stewardship	
HF.1 Government schemes	26	122 022	1 290	6 345	129 684
HF.2 Voluntary healthcare schemes	123 523	98	4 993	11 935	140 548
HF.3 Household out-of-pocket payment	22 699	1 108	48	1	23 856
HF.4 Rest of the world financing schemes	22	6 973	269	423	7 686
	146 270	130 201	6 599	18 704	301 774

In South Africa nearly half of all resources (48 per cent or R146 270 million) are spent by private providers, mostly on private hospitals (R75 180 million). The government or donors purchase a negligible amount of services from private providers. It is primarily medical aid schemes and households that purchase services from private providers. Such dichotomy of two parallel systems is very rare and will be a driver of overall inefficiency in the health sector and disparities in access to health services.

Public providers on the other hand (43 per cent, R130 201 million) are funded predominantly by government with donor funding being the second source of funds. The households out-of-pocket expenditure within public providers is very low, mainly due to the UPFS regulation.

The expenditure on governance and stewardship of the health system is relatively low (six per cent of CHE) but hides the difference between the government and the medical aid schemes where the share is higher (eight per cent versus five per cent). Governance of the whole health sector is an important function of the health system and in the planned reform as described by the NHI White Paper, strengthening the public sector governance is a necessary step for success of the health reform.

3.6 Expenditure by health function (HC)

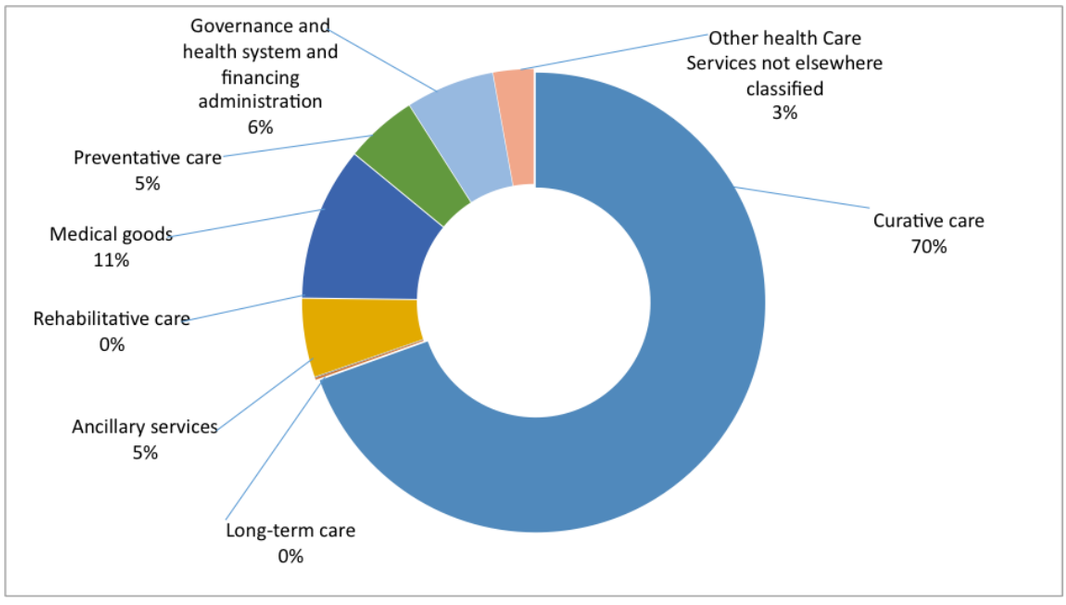
Healthcare functions describe the purpose or functional uses of the health expenditure. SANHA classification distinguishes curative, rehabilitative, long-term and preventative care from the outpatient functions of medical goods and ancillary care. Table 8 shows the healthcare functions of the SASHA, which is based on the SHA 2011 Framework.

Table 8: Current health expenditure by function

Code	Healthcare function	Expenditure in R mil	Percentage (%)
HC.1	Curative care	209 745	69.5
HC.1.1	Inpatient curative care	122 921	58.6
HC.1.3	Outpatient curative care	84 312	40.2
HC.2	Rehabilitative care	382	0.13
HC.3	Long-term care	222	0.07
HC.4	Ancillary services	16 582	8.5
HC.4.1	Laboratory services	7 368	44.4
HC.4.2	Imaging services	3 318	20
HC.4.3	Patient transportation	5 550	33.5
HC.5	Medical goods	32 416	10.7
HC.5.1	Pharmaceuticals and other non-medical durable goods	24 887	76.8
HP.5.2	Therapeutic appliances and other medical goods	2 077	6.4
HC.6	Preventative care	15 182	5
HC.7	Governance and health system and financing administration	18 703	6.2
HC.9	Other healthcare services not elsewhere classified	8 542	2.83
	Total	301 774	100

The South African health system is curative and hospicentric with 69.5 per cent expenditure on curative care (of which 58.6 per cent was inpatient hospital care), followed by expenditure on medical goods at 10.7 per cent. Pharmaceutical make up over 76.8 per cent of the latter. The third expenditure component is ancillary services at 8.5 per cent, fourth is governance and health system administration and financing at 6.2 per cent; which is followed by preventative care at five per cent . Other healthcare services consumed the least at 2.83 per cent.

Figure 5: Distribution of CHE by function (%) in 2013/2014



A closer look at inpatient versus outpatient care in the main HC classifications, shows that R124 598 million is consumed for inpatient care, against R84 442 million outpatient care for curative, rehabilitative and long-term care. To calculate inpatient care, day care and home-based care was added to outpatient care. Due to lack of patient level data, especially in the public sector, split rules were used to estimate HC dimensions using patient utilisation data. Further details of the splits applied are provided in National Health Accounts: Disaggregation of Health Expenditure by Disease.

Table 9: Expenditure by function

Health care providers	Health care functions	HC.1	HC.1.1	HC.1.3	HC.2	HC.3	HC.4	HC.5	HC.6	HC.6.2	HC.7	HC.9	All HC
	Rand (ZAR), Million	Curative care	Inpatient curative care	Outpatient curative care	Rehabilitative care	Long-term care	Ancillary services	Medical goods	Preventive care	Immunisation programmes	Governance, and health system and	Other health care services	
HP.1	**Hospitals**	**148,939**	**121,802**	**25,906**	**205**	**17**	**0**		**138**	**55**		**4,564**	153,862
HP.1.1.1	Public general hospitals	**100,104**	77,402	22,496	**57**	**0**			**138**	55			100,299
HP.1.1.2	Private general hospitals	**71,244**	68,407	2,825	**22**	**12**	**0**	**0**	**34**	0			71,311
HP.1.2	Mental health hospitals	**3,511**	3,231	267	**0**	**0**							3,512
HP.1.3	Specialised hospitals	**3,312**	2,487	796	**126**	**5**			**0**	0			3,443
HP.2	**Residential long-term care facilities**	**132**	**126**	**6**	**14**	**40**							185
HP.3	**Providers of ambulatory health care**	**59,472**	**645**	**57,549**	**19**	**165**	**983**	**1,807**	**7,655**	**2,340**			70,102
HP.3.1	Medical practices	**16,524**		16,509			**921**	**18**					17,463
HP.3.2	Dental practice	**5,211**		5,204		**1**		**0**					5,212
HP.3.3	Other health care practitioners	**7,512**		6,434			**62**	**1,789**					9,363
HP.3.4.9.1	Public all other ambulatory centres	**29,182**	644	28,524	**6**	**4**			**7,355**	2,228			36,548
HP.3.5	Providers of home health care services	**174**		110	**11**	**160**			**30**	11			374
HP.4	**Providers of ancillary services**	**279**		**279**	**19**		**15,599**		**35**				15,932
HP.5	**Retailers of medical goods**	**25**	**20**	**5**	**0**	**0**		**30,609**				**47**	30,680
HP.6	**Providers of preventive care**	**648**	**79**	**568**					**5,174**	**185**			5,822
HP.7	**Administration and financing**	**0**	**0**	**0**	**0**		**0**		**2**	**0**	**18,703**		18,704
HP.8	**Rest of economy**	**251**	**251**		**125**				**461**				837
HP.nec	**Unspecified health care providers**								**1,718**			**3,931**	5,649
All HP		209,745	122,921	84,312	382	222	16,582	32,416	15,182	2,580	18,703	8,542	301,774

3.7 Health expenditure by province (SNL)

The National Health Act, 2003 (Act 61 of 2003) sets out the structure of the national, provincial and district healthcare system. It creates the regulatory and policy framework for the delivery of healthcare services by the different spheres of government. Of the total government healthcare financing schemes , (HF.1) provinces managed over 96 per cent as financial agents (FA.1.2). Despite the concurrent functions on healthcare delivery, provinces are primarily responsible for almost all public health services. The district health system, based on the primary healthcare (PHC) approach is the ultimate gold standard the national Department of Health seeks to attain. There are nine provincial health departments that act as financing agents to finance the services produced in its own institutions, purchase services from providers owned by other entities and reimburse the cost of services to the patients who first pay the bill directly to the providers.

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Table 10: NHA estimates for provinces in 2013/2014

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	South Africa
Total population	6 620 137	2 753 142	12 728 438	10 456 907	5 517 968	4 127 970	1 162 914	3 597 589	6 016 926	52 981 991
GDP (R mil)	272 714	179 776	1 194 144	565 226	256 896	269 863	71 142	239 0	485 545	3 534 326
CHE (R mil)	26 023	14 288	100 455	50 878	17 507	17 664	10 366	12 538	41 159	290 878
Government healthcare financing scheme	16 205	7 006	27 917	26 930	12 364	7 335	2 878	8 405	15 176	124 217
Voluntary healthcare payment schemes + OOP	9 037	6 861	71 018	22 097	4 522	9 644	7 227	3 614	25 391	159 412
Public hospital expenditure	9 050	5 237	18 487	17 004	6 911	4 193	1 406	4 051	9 480	75 819
Private hospital expenditure	3 936	3 274	34 683	11 299	1 887	4 612	3 715	1 535	11 885	76 826
Medical practices	1 160	736	7 488	2 403	677	1 166	908	323	2 603	17 464
Public all other ambulatory centres	5 580	1 454	5 890	6 922	3 592	2 820	1 114	3 004	3 733	34 109
Private pharmacies	347	392	4 263	716	112	475	78	228	1 797	8 408

Figure 6: Comparison of CHE, public health financing and private health spending in 2013/2014

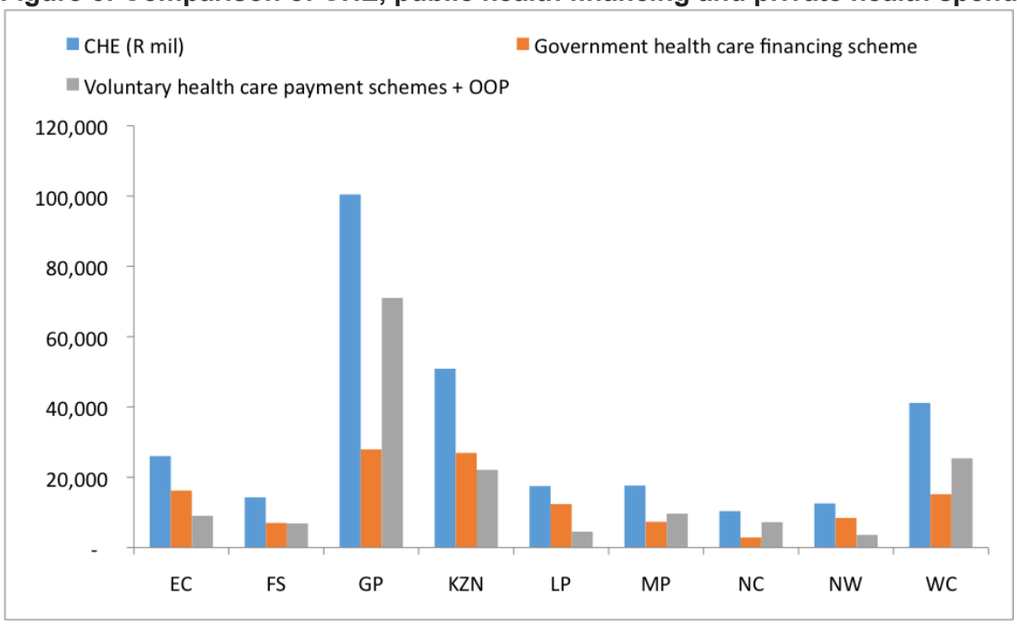
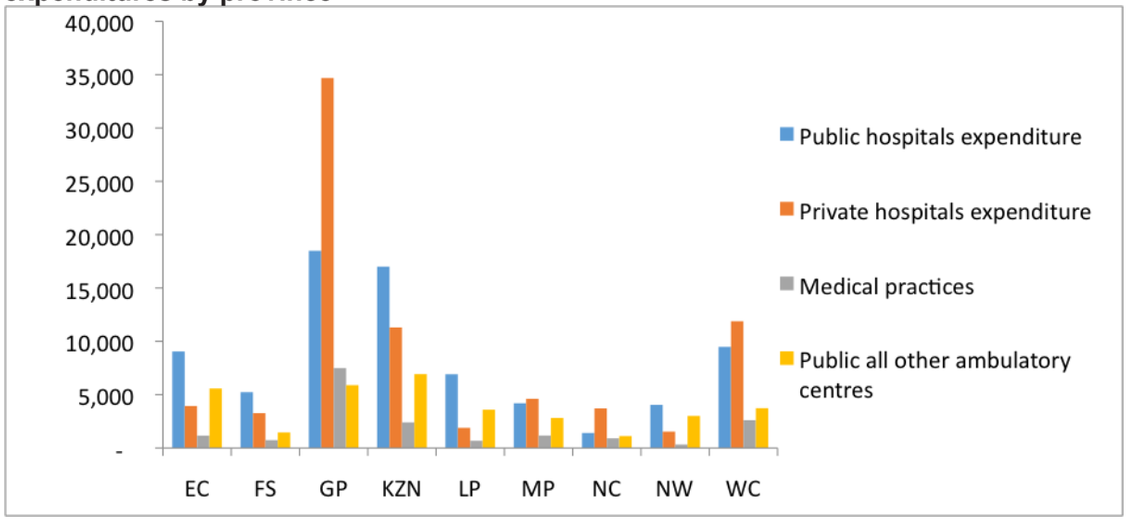


Figure 6 compares CHE, government expenditure and private healthcare expenditure by province in 2013/2014. Excluding expenditure that could not be allocated to provinces, 96 per cent of CHE was allocated to all nine provinces. Of these, Gauteng incurred the highest expenditure, followed by KwaZulu-Natal and in the third place Western Cape. Gauteng is the smallest by size, but the most populous and richest province in South Africa while KwaZulu-Natal has the second largest population. Most of the differences in the spending volume in these three provinces versus the rest can be attributed to the population size, development of private sector and market concentration of private healthcare services within the metropolitan areas. The concentration of central and tertiary hospitals and the number of medical scheme members in these more developed provinces accounts for the large CHE in Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape.

Figure 7: Public versus private hospitals and medical practices versus pubic ambulatory centres expenditures by province

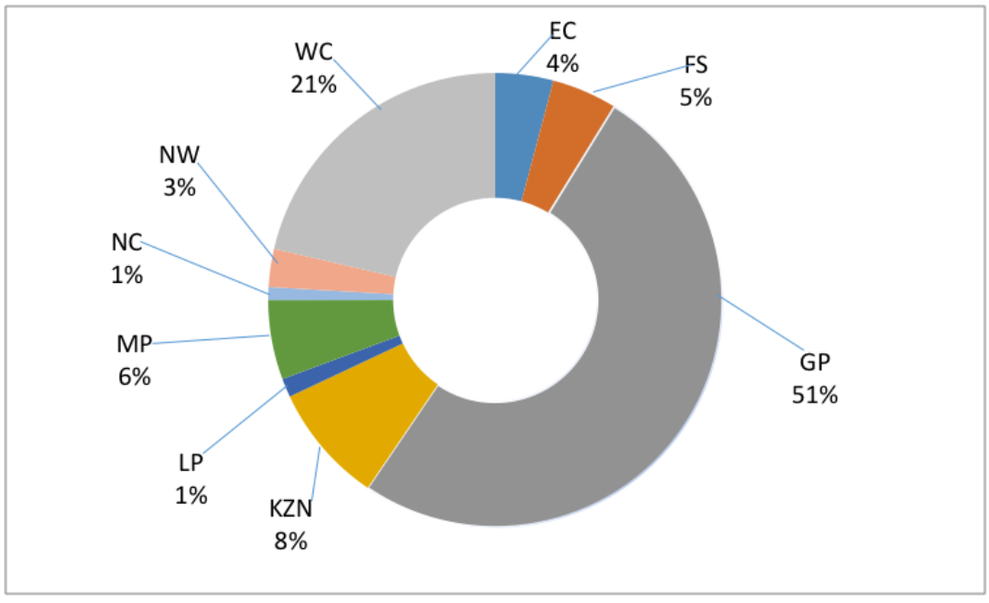


A comparison of hospital and outpatient expenditure by province is depicted in **Figure 7.** Public hospital spending follows the trend of the population and development status of the province. It is also influenced by the concentration of central and tertiary hospitals per province. Gauteng had the highest spending at R18 487 m, followed by KwaZulu-Natal at R17 004 m and in third place Western Cape at R9 408 m. These three provinces consumed over 46 per cent of public hospitals expenditure in 2013/2014. With respect to the private hospitals, Gauteng alone spent almost 50 per cent because of the concentration of private healthcare in the metropoles of Johannesburg, Tshwane and Ekurhuleni. These services are highly concentrated around Cape Town and eThekwini municipalities. The presence of mines in Mpumalanga and Northern Cape has increased private hospital expenditure relative to public hospitals to R4 612m and R3 715m.

Outpatient public and private health expenditures follow a similar trend to inpatient hospital-based care. It is only in Gauteng where private medical practice expenditure (R7 488m) exceeds public ambulatory centres (R5 890m).

Spending at private pharmacies by province follows the trend of private healthcare. More than half of the expenditure is consumed in Gauteng and another quarter in the Western Cape.

Figure 8: Estimates of pharmaceutical health expenditure 2013/2014



Factors of provision are inputs used in the provision of healthcare, and include labour, capital, materials and external services used. Owing to the unavailability of data in the private sector, capital expenditures and factor of provision were calculated only for the public sector. However, a comparison of compensation of employees and materials and services used in the public sector per province is presented in **Table 11.**

3.8 Health expenditure by district

The analysis of district expenditure is work in progress by the NHA core team and the technical task force, owing to data limitations for both public and private healthcare. The steering committee and the director-general had requested health expenditure disaggregated by district, and this has been possible for the public sector with a number of assumptions and split rules applied. Table 11 presents a summary of the preliminary analysis of health expenditure by district.

Table 11: Public expenditures by district, provider, function and factor of provision

Prov-ince	District	Total expendi-ture per districtR million	Healthcare provider		Healthcare function		Factors of provision	
			District hospital	Public clinics and CHCs	Curative care	Preventive care	Compensation of employees	Materials and services
EC	Alfred Nzo	861	526	172	681	67	666	162
	Amathole	1 417	603	550	1 041	183	1 041	297
	Buffalo City Metropolitan	2 405	388	520	2 161	170	1 812	500
	Cacadu	1 172	500	207	968	62	699	331
	Chris Hani	1 690	658	569	1 345	177	1 343	318
	Joe Gqabi	626	404	182	538	57	508	113
	Nelson Mandela Metropolitan	2 786	270	629	2 462	167	1 706	878
	Oliver Tambo	2 820	683	954	2 387	275	2 098	635
	Other	2 429	91	1 796	1 122	422	794	1 446
FS	Fezile Dabi	698	297	143	630	51	556	138
	Lejweleputswa	788	287	188	706	60	637	147
	Mangaung Metropolitan	2 988	451	282	2 824	81	2 322	655
	Xhariep	223	132	81	188	30	187	32
	Other	2 308	990	760	1 615	276	1 377	786
GP	City of Johannesburg Metropolitan	11 813	446	1652	9 101	1 477	6 368	4 404
	City of Tshwane Metropolitan	7 320	938	889	6 287	634	4 783	2 252
	Ekurhuleni Metropolitan	4 927	303	1 121	3 722	634	3 287	1 243
	Sedibeng	1 433	320	314	1 053	283	1 021	361
	West Rand	1 860	406	377	1 451	293	1 046	744
	Other	563	2	1 538	238	247	437	57
KZN	Amajuba	557	64	189	284	66	352	197
	eThekwini Metropolitan	3 680	541	1723	2 772	472	2 046	1 592
	Harry Gwala	920	409	279	646	89	579	333
	iLembe	953	275	340	636	128	659	282
	Ugu	1 363	512	504	963	167	901	451
	uMgungundlovu	1 441	463	538	985	175	951	480
	uMkhanyakude	1 401	731	364	1 043	179	1 018	374
	uMzinyathi	1 150	613	278	868	94	809	328
	uThukela	877	278	307	589	109	581	287
	uThungulu	1 448	596	455	1 066	161	992	447
	Zululand	1 465	724	460	1 120	153	1 044	408
	Other	11 675	0	1 485	10 824	78	8 697	2 664
LP	Capricorn	2 473	892	760	1 888	235	1 340	954
	Mopani	1 897	727	585	1 641	156	1 563	301
	Sekhukhune	1 586	620	398	1 387	99	1 366	181
	Vhembe	2 220	987	698	1 876	164	1 944	239
	Waterberg	1 132	557	189	989	65	941	171
	Other	3 054	261	963	2 160	127	1 797	1 193
MP	Ehlanzeni	2 829	1 525	733	2 492	185	2 311	390
	Gert Sibande	1 302	910	376	1 178	98	1 182	95
	Nkangala	1 833	627	358	1 240	92	1 185	185
	Other	2 878	163	1 353	1 111	111	854	832
NC	Frances Baard	223	19	70	77	21	15	182
	John Taolo	75	30	33	54	9	2	68
	Namakwa	68	22	29	43	8	4	54
	Pixley ka Seme	98	22	43	57	12	4	83
	ZF Mgcawu	150	72	53	112	15	3	133
	Other	2 265	415	886	1 732	226	1 809	408

NW	Bojanala Platinum	1 161	341	604	782	164	831	316
	Dr Kenneth Kaunda	748	114	339	426	114	469	264
	Dr Ruth Segomotsi Mompati	816	275	362	536	99	548	264
	Ngaka Modiri Molema	1 167	315	558	771	172	834	322
	Other	4 514	432	1 140	3 243	861	2 463	1 980
WC	Cape Winelands	708	164	391	549	8	452	227
	Central Karoo	185	94	38	129	22	125	52
	City of Cape Town Metropolitan	5 583	1 484	2 308	3 803	394	2 818	1 797
	Eden	734	334	243	568	46	481	222
	Overberg	374	164	124	283	13	246	109
	Western Coast	507	276	133	400	17	337	148
	Other	7 085	1	497	6 792	44	4 879	1 996
SA	Public health	125 722	25 744	34 110	98 635	11 094	80 022	36 508

District level estimates for the public sector are presented in Table 11 and are further disaggregated according to healthcare provider, healthcare function and factors of provision. The users of the NHA estimates for public district expenditures should apply caution as the assumption made at this time is that people consume health services at facilities in the district in which they reside. In conjunction with population statistics, utilisation rates and medical aid beneficiary statistics, the information can be used for analytic purposes. In addition, 29 per cent of district health expenditure could not be apportioned to a specific district in a province (this is more severe in some provinces). In the future NHA estimates, district health expenditure will need further investigation to support the District Health System Policy, which is part of the NHI.

Table 12: Current health expenditure by provider in provinces in South Africa

	Sub-National Level	**SNL.1**	SNL.2.1	SNL.2.	SNL.2.3	SNL.2.4	SNL.2.5	SNL.2.	SNL.2.	SNL.2.	SNL.2.9	**All SNL**
Health care providers	*Rand (ZAR), Million*	National	ec Eastern Cape Province	fs Free State Province	gp Gauteng Province	kz KwaZulu-Natal Province	lp Limpopo Province	mp Mpumalanga Province	nc Northern Cape Province	nw North West Province	wc Western Cape Province	
HP.1	Hospitals	1,204	12,987	8,511	53,175	28,304	8,799	8,805	5,122	5,587	21,366	153,862
HP.1.1.1	Public general hospitals	1,204	8,307	4,965	16,695	16,017	6,911	4,040	1,405	4,043	7,789	71,379
HP.1.1.1.1	Central hospitals		628	1,266	8,561	2,704				0	3,991	17,151
HP.1.1.1.2	Tertiary hospitals		1,163	672	2,169	1,347	1,397	803	806	564	46	8,966
HP.1.1.1.3	Regional hospitals		2,394	869	3,550	6,754	1,471	12	18	2,001	1,234	18,303
HP.1.1.1.4	District hospitals		4,123	2,158	2,415	5,211	4,043	3,226	581	1,478	2,518	25,755
HP.1.1.2	Private general hospitals NEW		3,864	3,207	33,987	11,235	1,869	4,565	3,625	1,515	11,650	75,517
HP.1.2.1	Public mental health hospitals		347	271	863	605		30	1	7	685	2,810
HP.1.2.2	Private mental health hospitals		52	38	404	14	8	32	29	12	114	702
HP.1.3.1.1	TB Hospitals		349		144	366		123	0	0	266	1,248
HP.1.3.1.nec	Other Public specialised hospitals		47		785	16				0	741	1,589
HP.1.3.2	Private specialised hospitals		20	29	292	50	10	15	61	8	121	607
HP.2	Residential long-term care facilities		0	0	130	20	0	0	0	0	34	185
HP.3	Providers of ambulatory health care	2,454	7,686	2,788	19,834	12,265	4,927	4,809	2,755	3,593	8,993	70,102
HP.3.2.2	Private dental practice		255	212	2,569	477	130	258	184	76	1,035	5,197
HP.3.3.2	Private other health practitioners		659	376	3,805	1,323	373	556	509	188	1,573	9,363
HP.3.4.2	Ambulatory mental health and substance abuse					964						964
HP.3.4.9.1.1	Health Post		111		0	6			1			118
HP.3.4.9.1.2	Mobile		3	8	0	314	71	47	1			444
HP.3.4.9.1.4	Clinic		3,228	917	1,835	3,498	2,074	771	498	41	1,047	13,909
HP.3.4.9.1.5	Community Day Centre				0	6					852	857
HP.3.4.9.1.6	Community Health Centre		1,568	168	2,239	1,324	901	1,434	403	2,512	762	11,311

Table 12: Current health expenditure by provider in provinces in South Africa

HP.1.3.1.nec	Other Public specialised hospitals		47		785	16				0	741	1,589
HP.1.3.2	Private specialised hospitals		20	29	292	50	10	15	61	8	121	607
HP.2	Residential long-term care facilities		0	0	130	20	0	0	0	0	34	185
HP.3	Providers of ambulatory health care	2,454	7,686	2,788	19,834	12,265	4,927	4,809	2,755	3,593	8,993	70,102
HP.3.2.2	Private dental practice		255	212	2,569	477	130	258	184	76	1,035	5,197
HP.3.3.2	Private other health practitioners		659	376	3,805	1,323	373	556	509	188	1,573	9,363
HP.3.4.2	Ambulatory mental health and substance abuse					964						964
HP.3.4.9.1.1	Health Post		111		0	6			1			118
HP.3.4.9.1.2	Mobile		3	8	0	314	71	47	1			444
HP.3.4.9.1.4	Clinic		3,228	917	1,835	3,498	2,074	771	498	41	1,047	13,909
HP.3.4.9.1.5	Community Day Centre				0	6					852	857
HP.3.4.9.1.6	Community Health Centre		1,568	168	2,239	1,324	901	1,434	403	2,512	762	11,311
HP.3.4.9.1.7	Specialised health centre					15					132	146
HP.3.4.9.1.ne	Other Public all other ambulatory centres	2,438	666	362	1,817	1,745	547	567	211	450	940	9,743
HP.3.5	Providers of home health care services		4	3	27	136	152	3	37	1	12	374
HP.4	Providers of ancillary services		1,805	549	5,136	2,739	1,031	940	663	653	2,415	15,932
HP.4.1.1	Public patient transportation and emergency rescue		749	9	1,343	1,060	522	245	191	283	883	5,285
HP.4.2	Medical and diagnostic laboratories		628	263	676	605	325	232	101	230	566	3,627
HP.4.9	Other providers of ancillary services		428	243	3,112	918	184	461	346	140	966	6,798
HP.5	Retailers and Other providers of medical goods		1,857	1,494	13,271	4,069	905	1,821	1,294	678	5,291	30,680
HP.5.1.2	Private pharmacies		347	392	4,263	716	112	475	78	228	1,797	8,407
HP.5.9	All Other miscellaneous sellers and Other suppliers of		1,506	1,070	8,849	3,335	790	1,345	1,207	439	3,419	21,959
HP.6	Providers of preventive care		353	238	2,558	475	913	156	76	669	385	5,822
HP.7	Providers of health care system governance	1,564	1,238	666	6,153	2,870	884	1,062	405	1,274	2,589	18,704
HP.7.1	Government health administration agencies	1,564	575	242	522	1,261	579	346	166	644	766	6,665
HP.7.3	Private health insurance administration agencies		663	424	5,631	1,504	305	716	239	630	1,823	11,935
HP.8	Rest of economy	32	96	40	198	135	47	70	51	50	85	837
HP.nec	Unspecified health care providers (n.e.c.)	5,606	1	1	1	1	1	2		36	1	5,649
All HP		10,861	26,023	14,288	100,455	50,878	17,507	17,664	10,366	12,538	41,159	301,774

Table 13: Government schemes (HF.1) health expenditures by function (HC) in provinces

	Sub-National Level	SNL.1	SNL.2	SNL.2.1	SNL.2.2	SNL.2.3	SNL.2.4	SNL.2.5	SNL.2.6	SNL.2.7	SNL.2.8	SNL.2.9
Health care functions	*Rand (ZAR), Million*	National	Provincial	ec Eastern Cape Province	fs Free State Province	gp Gauteng Province	kz KwaZulu-Natal Province	lp Limpopo Province	mp Mpumalanga Province	nc Northern Cape Province	nw North West Province	wc Western Cape Province
HC.1	**Curative care**	**3,654**	**98,604**	**12,664**	**5,963**	**21,850**	**21,795**	**9,941**	**6,020**	**2,074**	**5,758**	**12,523**
HC.1.1	Inpatient curative care	**857**	**52,857**	6,567	3,510	12,439	11,922	5,000	2,470	961	2,827	7,145
HC.1.2	Day curative care		**252**	4	7	192	5	1	31	0	1	10
HC.1.3	Outpatient curative care	**2,797**	**45,331**	6,093	2,446	9,202	9,856	4,939	3,394	1,102	2,929	5,369
HC.2	**Rehabilitative care**	**5**	**229**	**12**	**6**	**34**	**74**	**3**	**10**	**20**	**50**	**13**
HC.3	**Long-term care (health)**		**210**	**0**			**15**	**149**	**1**	**11**		**34**
HC.4	**Ancillary services**		**8,868**	**1,375**	**299**	**1,943**	**1,813**	**846**	**473**	**315**	**509**	**1,296**
HC.6	**Preventive care**	**17**	**11,105**	**1,578**	**497**	**3,568**	**1,871**	**846**	**486**	**292**	**1,410**	**543**
HC.6.2	Immunisation programmes		**2,579**	465	108	549	619	300	149	89	299	1
HC.7	**Governance, and health system and financing administration**	**1,141**	**5,202**	**575**	**242**	**522**	**1,363**	**579**	**346**	**166**	**644**	**766**
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	**614**	**35**								**35**	

4. NHA findings by diseases

The current NHA round took a bold step to calculate expenditure by diseases for both the public and private sector. The National Health Accounts: Disaggregation of Health Expenditure by Disease report prepared by Insight Actuaries and Consultants provided a detailed methodology of the data used, split rules applied and assumptions. For public health, a preliminary analysis of expenditure by disease is presented. Further work on this work stream will be investigated in the future. Expenditure by age and gender, as well as healthcare functions formed part of the diseases investigation.

Table 14 : Expenditure by disease in South Africa

Code	Classification of diseases/conditions	Expenditure R mil	Percentage (%)
DIS.1	Infectious and parasitic diseases	40 148	13
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	21 516	
DIS.1.2	Tuberculosis (TB)	1 152	
DIS.1.7	Vaccine-preventable diseases	859	
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	16 620	
DIS.2	**Reproductive health**	**15 689**	**5**
DIS.2.1	Maternal conditions	99	
DIS.2.3	Contraceptive management (family planning)	131	
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	15 458	
DIS.3	**Nutritional deficiencies**	**1 558**	**1**
DIS.4	**Non-communicable diseases**	**36 571**	**12**
DIS.4.2	Endocrine and metabolic disorders	531	
DIS.4.3	Cardiovascular diseases	961	
DIS.4.4	Mental and behavioural disorders and neurological conditions	2 553	
DIS.4.nec	Other and unspecified non-communicable diseases (n.e.c.)	32 526	
DIS.5	**Injuries**	**6 858**	**2**
DIS.6	**Non-disease specific**	**28 095**	**9**
DIS.nec	**Other and unspecified diseases/conditions (n.e.c.)**	**172 856**	**57**
All DIS		**301 774**	**100**

Table 14 demonstrates the extent of further investigation of the classification by disease required as evidenced by 57 per cent DIS.nec (other and unspecified diseases/conditions). Moreover, in each of the diseases dimensions, the unspecified proportion is quite large, demonstrating a need for further investigation.

Table 15: Expenditure by diseases for government financing scheme

Code	Classification of diseases/conditions	Expenditure R mil	Percentage (%)
DIS.1.1	HIV/AIDS and other sexually transmitted diseases (STDs)	15 407	12
DIS.1.2	Tuberculosis (TB)	1 124	1
DIS.1.7	Vaccine preventable diseases	857	1
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	6	0
DIS.2	Reproductive health	131	0
DIS.3	Nutritional deficiencies	4	0
DIS.4	Non-communicable diseases	1 287	1
DIS.6	Non-disease specific	13 801	11
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	96 659	75
All DIS for HF.1		**129 277**	**100**

In contrast, Table 15 shows public sector disease expenditure. This data is based on a small sample of Inkosi Albert Luthuli Central Hospital, Free State Medikredit data, Broadreach PHC data and District Health Information System (DHIS) utilisation data. The end result is DIS.nec (other and unspecified diseases/conditions) at R96 659m or 75 per cent of government expenditure by disease. On the other hand, private sector disease expenditure is more detailed as it is based on patient level claims data.

With regards to the private sector, the data used was more detailed claims data. However, Table 16 shows that 40 per cent of disease expenditure is unspecified. This is a challenge that needs further investigation in the next NHA rounds.

Table 16: Private sector expenditure by diseases

Code	Classification of diseases / conditions	Expenditure R mil	Percentage (%)
DIS.1	Infectious and parasitic diseases	15 702	11
DIS.1.1	HIV/AIDS and other sexually transmitted diseases (STDs)	336	0
DIS.1.2	Tuberculosis (TB)	25	0
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	15 341	11
DIS.2	Reproductive health	15 180	11
DIS.3	Nutritional deficiencies	1 427	1
DIS.4	Non-communicable diseases	32 053	23
DIS.4.2	Endocrine and metabolic disorders	361	0
DIS.4.3	Cardiovascular diseases	771	1
DIS.4.4	Mental and behavioural disorders and neurological conditions	1 068	1
DIS.4.nec	Other and unspecified non-communicable diseases (n.e.c.)	29 853	22
DIS.5	Injuries	6 719	5
DIS.6	Non-disease specific	11 954	9
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	54 239	40
All DIS		137 273	100

5. Conclusions and recommendations

- The total health expenditure in South Africa stood at ZAR 309 billion, or 8.8 per cent of GDP in 2014. Current health expenditure was estimated at ZAR 301 billion.
- The public and private sectors in South Africa are currently around the same size in terms of the monies they control, however, significant subsidies are provided by government to the voluntary health insurance schemes (24 per cent of government's financing of healthcare), which could be reduced significantly and earmarked for NHI or healthcare use. Government is the largest funder of healthcare overall (R171 billion) providing around 57 per cent of revenue for health services in South Africa.
- Of the R140 548m expenditure by VHI, 29 per cent is provided by government in the form of internal transfers and grants and direct subsidies. Employers and households provided 50 per cent and 21 per cent respectively of VHI funds.
- Public sector financing in South Africa is primarily administered by provincial government administrations (77 per cent), while significant resources flow through conditional grants (e.g. for tertiary hospitals, HIV and NHI), which the national Department of Health controls (21 per cent). Close coordination will thus be needed with provincial administrations to implement NHI.

- Out-of-pocket expenditure in South Africa amounted to eight per cent of CHE, of which 63 per cent is OOP excluding cost-sharing, five per cent is cost-sharing with government and 32 per cent is cost sharing with voluntary insurance schemes. They are mostly spent on pharmaceuticals.
- Services are highly curative and hospicentric in South Africa, with almost 85 per cent of healthcare services being provided for inpatient and outpatient services across sectors. Fifty per cent of all expenditure is in hospitals and preventative expenditure is low. Geographically, the medical aid sector in particular is inequitably concentrated in Gauteng, Western Cape and KwaZulu-Natal – the most urbanised provinces.
- Despite the lack of complete data, expenditure by diseases follows the quadruple burden of disease, with infectious and parasitic diseases at 13 per cent and in second place non-communicable diseases at 12 per cent. The worrying factor is that 57 per cent of expenditure for the current round could not be mapped to a disease dimension.
- NHAs can help South Africa to track progress against its goals of UHC and the NDP, and provide standardised measurements that are comparable across countries, time and shifting policy priorities.
- Improvements in future NHAs should include more accurate OOP expenditure estimates at provincial level, better mapping of expenditure by disease in the public sector, more detail at district level for all expenditure, and estimates of private capital expenditure that include the private sector providers.
- Updates for later fiscal years should yield more insight into the healthcare system in South Africa in terms of providers, financing and beneficiaries/function.

Continue efforts for institutionalising the NHA: The national Department of Health and its partners have invested time and resources in producing the first round of NHA estimates. Active participation by governance structures of the NHA will improve its results and benefits to the health system. The collaboration with National Treasury and the Council for Medical Schemes was good and needs to be maintained. Other major stakeholders such as Statistics South Africa, the Chief Directorate: Health Information, Research, Monitoring and Evaluation and the Chief Directorate: NHI within the national Department of Health need to be more actively involved in developing the next round NHA estimates. The NHA core team should be capacitated to improve the methods and systems for mapping and analysing data, expand to cover relevant diseases, and implement the ICD-10 in future rounds. Moreover, it is crucial to have all NHA-related employees financed through the national Department of Health budget to ensure better sustainability.

ADDITIONAL TABLES

Table A.1: Health care financing scheme by Revenues of Health care financing schemes

FS.1.1	Revenues of health care financing schemes FS.1.2	FS.1				FS.2	FS.5			FS.6		FS.7	All FS
		FS.1.3			FS.5.1	FS.5.2		FS.6.1					
Financing schemes	*Rand (ZAR), Million*	**Transfers from government domestic revenue (allocated to health purposes)**	Internal transfers and grants	Transfers by government on behalf of specific groups	Subsidies	**Transfers distributed by government from foreign origin**	**Voluntary prepayment**	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	**Other domestic revenues n.e.c.**	Other revenues from households n.e.c.	**Direct foreign transfers**	
HF.1 Government schemes and compulsory contributory health care financing schemes		**129 680**	**128 600**	**1 080**		**4**							129 684
HF.1.1 Government schemes		**129 680**	125 413	1 080	0	**4**	**0**	0	0	**0**	0	**0**	129 684
HF.1.1.1 Central government schemes		**26 844**	26 844			**4**							26 848
HF.1.1.2 State/regional/local government schemes		**101 756**	101 756										101 756
HF.1.1.2.1 Provincial government		**98 569**	98 569										98 569
HF.1.1.2 .nec Other State/regional/local government schemes		**3 187**	3 187										3 187
HF.1.1.nec Unspecified government schemes (n.e.c.)		**1 080**		1 080									1 080
HF.2 Voluntary health care payment schemes		**40 799**	**21 821**		**18 978**		**99 749**	**70 577**	**29 172**				140 548
HF.2.1 Voluntary health insurance schemes		**40 799**	21 821		18 978		**99 749**	70 577	29 172				140 548
HF.2.1.2 Complementary/supplementary insurance schemes		**40 799**	21 821		18 978		**96 474**	67 302	29 172				137 273
HF.2.1.2.2 Other complementary/supplementary insurance		**40 799**	21 821		18 978		**96 474**	67 302	29 172				137 273
HF.2.1.2.2.1 Restricted medical aid schemes		**30 078**	21 821		8 257		**28 898**	25 949	2 949				58 976
HF.2.1.2.2.2 Open medical aid schemes		**10 721**			10 721		**65 858**	41 353	24 505				76 579
HF.2.1.nec Unspecified voluntary health insurance schemes (n.e.c.)							**3 275**	3 275					3 275
HF.3 Household out-of-pocket payment										**23 856**	**23 856**		23 856
HF.3.1 Out-of-pocket excluding cost-sharing										**15 081**	15 081		15 081
HF.3.2 Cost sharing with third-party payers										**8 775**	8 775		8 775
HF.3.2.1 Cost sharing with government schemes and compulsory contributory health insurance schemes										**1 103**	1 103		1 103
HF.3.2.2 Cost sharing with voluntary insurance schemes										**7 672**	7 672		7 672
HF.3.2.2.1 Cost sharing with restricted voluntary insurance schemes										**2 444**	2 444		2 444
HF.3.2.2.2 Cost sharing with open voluntary insurance schemes										**5 228**	5 228		5 228
HF.4 Rest of the world financing schemes (non-resident)												**7 686**	7 686
HF.4.2 Voluntary schemes (non-resident)												**7 686**	7 686
HF.4.2.2 Other schemes (non-resident)												**7 686**	7 686
HF.4.2.2.2 Foreign development agencies schemes												**7 686**	7 686
All HF		170 479	150 421	1 080	18 978	4	99 749	70 577	29 172	23 856	23 856	7 686	301 774

Table A.2: Health care financing scheme by Revenues of Health care financing schemes

Financing schemes	Institutional units providing revenues to financing schemes	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	All FS.RI
	Rand (ZAR), Million	Government	Corporations	Households	Rest of the world	
HF.1 Government schemes and compulsory contributory health care financing schemes		**129 680**			**4**	129 684
HF.1.1 Government schemes		**129 680**			**4**	129 684
HF.1.1.1 Central government schemes		**26 844**			**4**	26 848
HF.1.1.2	State/regional/local government schemes	**101 756**				101 756
	HF.1.1.2.1 Provincial government	**98 569**				98 569
	HF.1.1.2.nec Other State/regional/local government schemes	**3 187**				3 187
HF.1.1.nec Unspecified government schemes (n.e.c.)		**1 080**				1 080
HF.2 Voluntary health care payment schemes		**41 288**	**28 683**	**70 577**		140 548
HF.2.1 Voluntary health insurance schemes		**41 288**	**28 683**	**70 577**		140 548
HF.2.1. Complementary/supplementary insurance schemes		**41 288**	**28 683**	**67 302**		137 273
	HF.2.1.2.2 Other complementary/supplementary insurance	**41 288**	**28 683**	**67 302**		137 273
	HF.2.1.2.2.1 Restricted medical aid schemes	**30 567**	**2 459**	**25 949**		58 976
	HF.2.1.2.2.2 Open medical aid schemes	**10 721**	**24 505**	**41 353**		76 579
HF.2.1.nec Unspecified voluntary health insurance schemes (n.e.c.)				**3 275**		3 275
HF.3 Household out-of-pocket payment				**23 856**		23 856
HF.3.1 Out-of-pocket excluding cost-sharing				**15 081**		15 081
HF.3.2 Cost sharing with third-party payers				**8 775**		8 775
HF.3.2.1 Cost sharing with government schemes and compulsory contributory health insurance schemes				**1 103**		1 103
HF.3.2.2 Cost sharing with voluntary insurance schemes				**7 672**		7 672
	HF.3.2.2.1 Cost sharing with restricted voluntary insurance schemes			**2 444**		2 444
	HF.3.2.2.2 Cost sharing with open voluntary insurance schemes			**5 228**		5 228
HF.4 Rest of the world financing schemes (non-resident)					**7 686**	7 686
HF.4.2 Voluntary schemes (non-resident)					**7 686**	7 686
HF.4.2.2	Other schemes (non-resident)				**7 686**	7 686
	HF.4.2.2.2 Foreign development agencies schemes				**7 686**	7 686
All HF		170 968	28 683	94 433	7 690	301 774

Table A.3: Health care financing scheme by Financing agents

		FA.1							FA.2				FA.3	FA.4	FA.5	All FA
			FA.1.1			FA.1.2				FA.2.1	FA.2.2	FA.2.nec				
	Financing agents			FA.1.1.1	FA.1.1.2		FA.1.2.1	FA.1.2.2								
Financing schemes	*Rand (ZAR), Million*	**General government**	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	State/Regional/Local government	Provincial Department of Health	Municipalities and metros government	**Insurance corporations**	Commercial insurance companies	Mutual and other non-profit insurance organisations	Unspecified insurance corporations (n.e.c.)	**Corporations (Other than insurance corporations) (part of HF.R1.1.2)**	**Non-profit institutions serving households (NPISH)**	**Households**	
HF.1 Government schemes and compulsory contributory health care financing schemes		**128 604**	**5 632**	**1 152**	**4 481**	**122 971**	**119 785**	**3 187**	**1 080**	**0**	**0**	**1 080**				129 684
HF.1.1 Government schemes		**128 604**	5 632	1 152	4 481	122 971	119 785	3 187	**1 080**			1 080				129 684
	HF.1.1.1 Central government scheme	**26 848**	5 632	1 151	4 481	21 216	21 216									26 848
	HF.1.1.2 State/regional/local government schemes	**101 756**	1	1		101 755	98 568	3 187								101 756
	HF.1.1.2.1 Provincial government	**98 569**	1	1		98 568	98 568									98 569
	HF.1.1.2.nec Other State/regional/local government schemes	**3 187**				3 187		3 187								3 187
	HF.1.1.nec Unspecified government schemes (n.e.c.)								**1 080**			1 080				1 080
HF.2 Voluntary health care payment schemes									**127 465**	**3 275**	**124 191**		**1 718**		**11 365**	140 548
HF.2.1 Voluntary health insurance schemes									**127 465**	3 275	124 191		**1 718**		**11 365**	140 548
	HF.2.1.2 Complementary/supplementary insurance schemes								**124 191**		124 191		**1 718**		**11 365**	137 273
	HF.2.1.2.2 Other complementary/supplementary insurance								**124 191**		124 191		**1 718**		**11 365**	137 273
	HF.2.1.2.2.1 Restricted medical aid schemes								**55 618**		55 618				**3 358**	58 976
	HF.2.1.2.2.2 Open medical aid schemes								**68 573**		68 573				**8 006**	76 579
	HF.2.1.nec Unspecified voluntary health insurance schemes (n.e.c.)								**3 275**	3 275						3 275
HF.3 Household out-of-pocket payment															**23 856**	23 856
HF.3.1 Out-of-pocket excluding cost-sharing															**15 081**	15 081
HF.3.2 Cost sharing with third-party payers															**8 775**	8 775
HF.3.2.1 Cost sharing with government schemes and compulsory contributory health insurance schemes															**1 103**	1 103
HF.3.2.2 Cost sharing with voluntary insurance schemes															**7 672**	7 672
HF.3.2.2.1 Cost sharing with restricted voluntary insurance schemes															**2 444**	2 444
HF.3.2.2.2 Cost sharing with open voluntary insurance schemes															**5 228**	5 228
HF.4 Rest of the world financing schemes (non-resident)		**2**	**2**	**2**										**7 684**		7 686
HF.4.2 Voluntary schemes (non-resident)		**2**	2	2										**7 684**		7 686
HF.4.2.2 Other schemes (non-resident)		**2**	2	2										**7 684**		7 686
HF.4.2.2.2 Foreign development agencies schemes		**2**	2	2										**7 684**		7 686
All HF		128 606	5 635	1 154	4 481	122 971	119 785	3 187	128 545	3 275	124 191	1 080	1 718	7 684	35 221	301 774

Table A.4: Health care financing scheme by Province

Financing schemes	Sub-National Level	SNL.1	SNL.2											All SNL
SNL.2.1	SNL.2.3 SNL.2.4	SNL.2.5	SNL.2.6	SNL.2.7	SNL.2.8	SNL.2.9	SNL.2 .nec							
SNL.2.2 *Rand (ZAR), Million* **National** **Provincial** ec Eastern Cape Province	fs Free State Province gp Gauteng Province	kz KwaZulu-Natal Province	lp Limpopo Province	mp Mpumalanga Province	nc Northern Cape Province	nw North West Province	wc Western Cape Province	Other Provincial						
HF.1 Government schemes and compulsory contributory health care financing schemes		**5 431**	**124 253**	**16 205**	**7 006**	**27 917**	**26 930**	**12 364**	**7 335**	**2 878**	**8 405**	**15 176**	**35**	129 684
HF.1.1 Government schemes		**5 431**	**124 253**	16 205	7 006	27 917	26 930	12 364	7 335	2 878	8 405	15 176	35	129 684
HF.1.1.1 Central government schemes		**4 817**	**22 031**	2 355	1 708	6 619	4 493	1 239	1 072	671	1 776	2 066	33	26 848
HF.1.1.2 State/regional/local government schemes			**101 756**	13 820	5 250	21 157	22 381	11 102	6 250	2 195	6 613	12 986	2	101 756
HF.1.1.2.1 Provincial government			**98 569**	13 644	5 240	19 182	22 019	11 102	6 250	2 195	6 613	12 322	2	98 569
HF.1.1.2.nec Other State/regional/local government schemes			**3 187**	176	10	1 974	362					664		3 187
HF.1.1.nec Unspecified government schemes (n.e.c.)		**614**	**466**	30	48	141	57	23	14	13	16	124	0	1 080
HF.2 Voluntary health care payment schemes		**4 993**	**135 555**	**8 067**	**5 726**	**60 143**	**19 473**	**4 013**	**8 090**	**2 989**	**6 663**	**20 390**		140 548
HF.2.1 Voluntary health insurance schemes		**4 993**	**135 555**	8 067	5 726	60 143	19 473	4 013	8 090	2 989	6 663	20 390		140 548
HF.2.1.2 Complementary/supplementary insurance schemes		**1 718**	**135 555**	8 067	5 726	60 143	19 473	4 013	8 090	2 989	6 663	20 390		137 273
HF.2.1.2.2 Other complementary/supplementary insurance		**1 718**	**135 555**	8 067	5 726	60 143	19 473	4 013	8 090	2 989	6 663	20 390		137 273
HF.2.1.2.2.1 Restricted medical aid schemes			**58 976**	4 375	3 085	18 787	12 775	2 368	3 476	1 422	3 498	9 190		58 976
HF.2.1.2.2.2 Open medical aid schemes			**76 579**	3 692	2 641	41 357	6 698	1 645	4 614	1 567	3 165	11 201		76 579
HF.2.1.nec Unspecified voluntary health insurance schemes (n.e.c.)		**3 275**												3 275
HF.3 Household out-of-pocket payment			**23 856**	**970**	**1 135**	**10 875**	**2 624**	**508**	**1 554**	**564**	**625**	**5 001**	**0**	23 856
HF.3.1 Out-of-pocket excluding cost-sharing			**15 081**	499	747	7 024	1 545	218	1 043	165	443	3 398		15 081
HF.3.2 Cost sharing with third-party payers			**8 775**	471	387	3 851	1 079	290	512	400	182	1 603	0	8 775
HF.3.2.1 Cost sharing with government schemes and compulsory contributory health insurance schemes			**1 103**	69	101	341	121	57	43	32	40	299	0	1 103
HF.3.2.2 Cost sharing with voluntary insurance schemes			**7 672**	402	286	3 511	957	234	468	368	143	1 303		7 672
HF.3.2.2.1 Cost sharing with restricted voluntary insurance schemes			**2 444**	141	116	796	513	100	154	143	51	431		2 444
HF.3.2.2.2 Cost sharing with open voluntary insurance schemes			**5 228**	261	170	2 714	445	133	315	225	92	873		5 228
HF.4 Rest of the world financing schemes (non-resident)		**437**	**7 249**	**781**	**421**	**1 520**	**1 851**	**621**	**684**	**261**	**519**	**591**		7 686
HF.4.2 Voluntary schemes (non-resident)		**437**	**7 249**	781	421	1 520	1 851	621	684	261	519	591		7 686
All HF		10 861	290 913	26 023	14 288	100 455	50 878	17 507	17 664	6 692	16 213	41 159	35	301 774

Table A.5: Health care providers by Health care functions

HC.1.2 / HC.1.3	Health care functions / HC.1.4	HC.1					HC.2	HC.3	HC.4	HC.5	HC.6	HC.7	HC.9	All HC
		HC.1.nec												
Health care providers	*Rand (ZAR), Million*	**Curative care**	Day curative care	Outpatient curative care	Home-based curative care	Unspecified curative care (n.e.c.)	**Rehabilitative care**	**Long-term care (health)**	**Ancillary services (non-specified by function)**	**Medical goods (non-specified by function)**	**Preventive care**	**Governance, and health system and financing administration**	**Other health care services not elsewhere classified (n.e.c.)**	
HP.1 Hospitals		**148 939**	**259**	**25 906**	**1**	**971**	**205**	**17**	**0**		**138**		**4 564**	153 862
HP.1.1 General hospitals		**141 143**	218	24 842	1	971	**78**	**12**	**0**		**138**		**4 564**	145 935
HP.1.2 Mental health hospitals		**3 511**	13	267			**0**	**0**						3 512
HP.1.3 Specialised hospitals (Other than mental health hospitals)		**3 312**	28	796			**126**	**5**			**0**			3 443
HP.1.3.1.1 TB Hospitals		**1 248**	12	419			**0**	**0**			**0**			1 248
HP.1.3.1.nec Other Public specialised hospitals		**1 584**	16	264			**0**	**5**			**0**			1 589
HP.1.3.2 Private specialised hospitals		**480**		113			**126**	**0**						607
HP.2 Residential long-term care facilities		**132**		**6**			**14**	**40**						185
HP.2.1 Long-term nursing care facilities		**129**		5			**7**	**40**						176
HP.2.1.1 Public long-term nursing care facilities		**129**		5			**5**	**37**						171
HP.2.1.2 Private long-term nursing care facilities							**2**	**3**						5
HP.2.2 Mental health and substance abuse facilities		**3**		1			**7**							9
HP.2.2.1 Public mental health and substance abuse facilities							**6**							6
HP.2.2.2 Private mental health and substance abuse facilities		**3**		1			**1**							4
HP.3 Providers of ambulatory health care		**59 472**	**1 086**	**57 549**	**73**	**119**	**19**	**165**	**983**	**1 807**	**7 655**			70 102
HP.3.1 Medical practices		**16 524**	15	16 509					**921**	**18**				17 463
HP.3.3 Other health care practitioners		**7 512**	963	6 434		115			**62**	**1 789**				9 363
HP.3.4 Ambulatory health care centres		**30 052**	101	29 293	10	4	**8**	**4**			**7 625**			37 690
HP.3.4.9.1 Public all other ambulatory centres		**29 182**	0	28 524	10	4	**6**	**4**			**7 355**			36 548
HP.3.5 Providers of home health care services		**174**		110	64		**11**	**160**			**30**			374
HP.4 Providers of ancillary services		**279**		**279**			**19**		**15 599**		**35**			15 932

Table A.5: Health care providers by Health care functions

	HP.4.1 Providers of patient transportation and emergency rescue	**81**		81					**5 180**		**35**			5 296
	HP.4.2 Medical and diagnostic laboratories								**3 627**					3 627
	HP.4.3 Mortuaries								**212**					212
	HP.4.9 Other providers of ancillary services	**198**		198			**19**		**6 581**					6 798
HP.5 Retailers and Other providers of medical goods		**25**		**5**			**0**	**0**		**30 609**			**47**	30 680
	HP.5.1 Pharmacies									**8 360**			**47**	8 407
	HP.5.1.2 Private pharmacies									**8 360**			**47**	8 407
	HP.5.2 Retail sellers and Other suppliers of durable medical goods and medical appliances									**315**				315
	HP.5.9 All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods	**25**		5			**0**	**0**		**21 935**				21 959
HP.6 Providers of preventive care		**648**	**1**	**568**	**0**	**0**					**5 174**			5 822
	HP.6.1 Public providers of preventative care	**648**	1	568	0	0					**4 319**			4 967
	HP.6.2 Private providers of preventative care										**19**			19
	HP.6.nec Other Providers of preventive care										**837**			837
HP.7 Providers of health care system administration and financing		**0**		**0**	**0**		**0**		**0**		**2**	**18 703**		18 704
	HP.7.1 Government health administration agencies	**0**		0	0		**0**		**0**		**2**	**6 664**		6 665
	HP.7.1.1 Government health administration agency	**0**		0	0		**0**		**0**		**2**	**6 663**		6 665
	HP.7.1.2 Council for medical schemes											**0**		0
	HP.7.1.nec Other Health administration agencies											**0**		0
	HP.7.3 Private health insurance administration agencies											**11 935**		11 935
	HP.7.9 Other administration agencies											**104**		104
HP.8 Rest of economy		**251**					**125**				**461**			837
	HP.8.2 All Other industries as secondary providers of health care	**251**					**125**				**461**			837
	HP.8.2.1 Schools										**210**			210
	HP.8.2.2 Prisons	**251**					**125**				**251**			626
HP.nec **Unspecified health care providers (n.e.c.)**											**1 718**		**3 931**	5 649
All HP		209 745	1 346	84 312	75	1 091	382	222	16 582	32 416	15 182	18 703	8 542	301 774

Table A.6: Age by Province for Voluntary health care schemes

				Sub-National Level	SNL.1	SNL.2										All SNL
				SNL.2.1 SNL.2.2												
				SNL.2.3	SNL.2.4	SNL.2.5	SNL.2.6	SNL.2.7	SNL.2.8	SNL.2.9						
Age				*Rand (ZAR), Million*	National	Provincial	Eastern Cape Province	Free State Province	Gauteng Province	KwaZulu-Natal Province	Limpopo Province	Mpumalanga Province	Northern Cape Province	North West Province	Western Cape Province	
AGE.1 < 5 years						**5 977**	**351**	**198**	**2 741**	**858**	**191**	**389**	**263**	**84**	**903**	5 977
	AGE.1.necOther < 5 years					**5 977**	351	198	2 741	858	191	389	263	84	903	5 977
AGE.2 ≥ 5 years					**1 718**	**117 643**	**7 053**	**5 104**	**51 772**	**17 111**	**3 518**	**6 986**	**6 162**	**2 275**	**17 664**	119 361
	AGE.2.1		5-19			**8 577**	593	338	3 560	1 421	275	514	407	142	1 327	8 577
		AGE.2.1.1	5-9			**2 551**	189	100	978	491	98	171	134	40	351	2 551
		AGE.2.1.2	10-14			**2 600**	173	105	1 100	435	76	147	122	41	403	2 600
		AGE.2.1.3	15-19			**3 426**	232	134	1 482	495	101	196	152	61	573	3 426
	AGE.2.2		20-44			**38 944**	2 582	1 849	15 271	7 048	1 431	2 845	2 349	757	4 813	38 944
		AGE.2.2.1	20-24			**4 284**	281	171	1 938	629	134	265	192	72	602	4 284
		AGE.2.2.2	25-29			**7 354**	566	334	2 831	1 286	317	539	443	131	908	7 354
		AGE.2.2.3	30-34			**8 781**	641	440	3 117	1 745	369	715	575	185	995	8 781
		AGE.2.2.4	35-39			**9 198**	540	417	3 701	1 671	326	688	568	172	1 114	9 198
		AGE.2.2.5	40-44			**9 326**	553	487	3 683	1 716	285	637	571	198	1 195	9 326
	AGE.2.3		45-64			**41 039**	2 430	1 958	17 803	5 868	1 044	2 512	2 382	866	6 175	41 039
		AGE.2.3.1	45-49			**10 445**	616	538	4 169	1 770	290	663	693	240	1 466	10 445
		AGE.2.3.2	50-54			**10 261**	611	494	4 460	1 490	259	640	594	218	1 496	10 261
		AGE.2.3.3	55-59			**10 044**	634	492	4 229	1 392	245	658	607	225	1 562	10 044
		AGE.2.3.4	60-64			**10 289**	569	434	4 945	1 216	249	552	488	184	1 650	10 289
	AGE.2.4		65-84			**28 652**	1 426	947	14 926	2 737	753	1 098	1 006	494	5 264	28 652
		AGE.2.4.1	65-69			**9 337**	458	362	4 670	1 079	231	421	370	187	1 559	9 337
		AGE.2.4.2	70-74			**9 107**	400	276	4 925	836	188	303	299	150	1 731	9 107
		AGE.2.4.3	75-79			**5 902**	352	171	3 072	472	184	186	175	84	1 205	5 902
		AGE.2.4.4	80-84			**4 306**	216	138	2 259	350	150	188	163	72	770	4 306
	AGE.2.5		85+			**431**	21	12	212	37	14	18	17	15	85	431
	AGE.2.nec		Other ≥ 5 years		**1 718**											1 718
AGE.nec Other and unspecified age (n.e.c.)					**3 275**	**11 935**	**663**	**424**	**5 631**	**1 504**	**305**	**716**	**239**	**630**	**1 823**	15 210
All AGE					4 993	135 555	8 067	5 726	60 143	19 473	4 013	8 090	6 663	2 989	20 390	140 548

Table A.7: Gross Capital Formation by Financing agents

		Financing agents	FA.1						FA.4	All FA
		FA.1.1			FA.1.2					
			FA.1.1.1	FA.1.1.2		FA.1.2.1				
Capital Account		Rand (ZAR), Million	General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	State/Regional/Local government	Provincial Department of Health	Non-profit institutions serving households (NPISH)	
HK.1	**Gross capital formation**		**7 372**	**5 395**	**5 270**	**125**	**1 977**	**1 977**	**2**	7 374
HK.1.1 Gross fixed capital formation			**7 372**	5 395	5 270	125	1 977	1 977	**2**	7 374
	HK.1.1.1 Infrastructure		**2 359**	1 856	1 856	0	503	503	**2**	2 361
		HK.1.1.1.1 Residential and non-residential buildings	**2 152**	1 649	1 649	0	503	503	**2**	2 154
		HK.1.1.1.2 Other structures	**207**	207	207					207
	HK.1.1.2 Machinery and equipment		**5 013**	3 538	3 413	125	1 474	1 474		5 013
		HK.1.1.2.1 Medical equipment	**1 573**	1 567	1 565	2	6	6		1 573
		HK.1.1.2.2 Transport equipment	**2 068**	1 120	1 086	34	948	948		2 068
		HK.1.1.2.3 ICT equipment		654	644	10	424	424		1 078
		HK.1.1.2.4 Machinery and equipment n.e.c.	**294**	198	119	79	96	96		294
	HK.1.1.3 Intellectual property products		**0**	0	0	0				0
		HK.1.1.3.2 Intellectual property products n.e.c.	**0**	0	0	0				0
HK.nec Unspecified gross capital formation (n.e.c.)			**0**	0		0				0
All HK			7 372	5 395	5 270	125	1 977	1 977	2	7 374

Table A.8: Gross Capital Formation by Health care providers

Capital Account		Health care providers	HP.1 Hospitals	HP.2 Residential long-term care facilities	HP.3 Providers of ambulatory health care	HP.4 Providers of ancillary services	HP.5 Retailers and Other providers of medical goods	HP.6 Providers of preventive care	HP.7 Providers of health care system administration and financing	HP.8 Rest of economy	HP.nec Unspecified health care providers (n.e.c.)	All HP
		Rand (ZAR), Million										
HK.1	**Gross capital formation**		**3 600**	**3**	**1 031**	**204**	**78**	**13**	**2 324**	**119**	**1**	7 374
HK.1.1 Gross fixed capital formation			**3 600**	**3**	**1 031**	**204**	**78**	**13**	**2 324**	**119**	**1**	7 374
	HK.1.1.1 Infrastructure		**1 017**	**2**	**246**	**6**		**1**	**1 089**			2 361
		HK.1.1.1.1 Residential and non-residential buildings	**925**	**2**	**246**	**6**		**1**	**974**			2 154
		HK.1.1.1.2 Other structures	**92**						**115**			207
	HK.1.1.2 Machinery and equipment		**2 583**	**1**	**785**	**198**	**78**	**12**	**1 235**	**119**	**1**	5 013
		HK.1.1.2.1Medical equipment	**1 216**	**0**	**185**	**136**	**0**	**5**	**31**	**0**	**0**	1 573
		HK.1.1.2.2 Transport equipment	**1 200**		**569**	**49**		**1**	**225**	**25**		2 068
		HK.1.1.2.3 ICT equipment	**135**		**15**	**13**		**0**	**914**	**0**		1 078
		HK.1.1.2.4 Machinery and equipment n.e.c.	**33**	**0**	**16**	**0**	**78**	**6**	**65**	**94**	**0**	294
	HK.1.1.3 Intellectual property products				**0**				**0**			0
		HK.1.1.3.2 Intellectual property products n.e.c.			**0**				**0**			0
HK.nec Unspecified gross capital formation (n.e.c.)					**0**							0
All HK			3 600	3	1 031	204	78	13	2 324	119	1	7 374

Table A.9: Health care functions by Health care providers

Health care functions		Health care providers	HP.1						HP.2	HP.3						HP.4	HP.5	HP.7	HP.nec	All HP
			HP.1.1			HP.1.2	HP.1.3			HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5						
				HP.1.1.1	HP.1.1.2															
		Rand (ZAR), Million	Hospitals	General hospitals	Public general hospitals	Private general hospitals	Mental health hospitals	Specialised hospitals (Other than mental health hospitals)	Residential long-term care facilities	Providers of ambulatory health care	Medical practices	Dental practice	Other health care practitioners	Ambulatory health care centres	Providers of home health care services	Providers of ancillary services	Retailers and Other providers of medical goods	Providers of health care system administration and financing	Unspecified health care providers (n.e.c.)	
HC.1	**Curative care**		**70 322**	**69 158**	**28 823**	**40 335**	**696**	**468**	**2**	**24 812**	**14 599**	**3 694**	**6 354**	**95**	**70**	**190**	**3**			95 329
	HC.1.1	Inpatient curative care	**67 858**	66 915	28 821	38 094	586	356	**1**	**0**				0						67 860
	HC.1.2	Day curative care	**10**	10		10				**1 072**	15		961	95						1 082
	HC.1.3	Outpatient curative care	**2 453**	2 233	2	2 231	109	111	**1**	**23 697**	14 583	3 694	5 393		26	**190**	**3**			26 344
	HC.1.4	Home-based curative care								**44**					44					44
HC.2	**Rehabilitative care**		**146**	**21**		**21**	**0**	**125**												146
HC.3	**Long-term care (health)**		**12**	**12**		**12**	**0**	**0**												12
HC.4	**Ancillary services (non-specified by function)**									**980**	**921**		**59**			**6 035**				7 015
	HC.4.1	Laboratory services								**229**	229					**3 248**				3 477
	HC.4.2	Imaging services								**751**	692		59			**2 417**				3 168
	HC.4.3	Patient transportation														**370**				370
HC.5	**Medical goods (non-specified by function)**									**1 598**	**18**	**0**	**1 581**				**19 520**			21 118
	HC.5.1	Pharmaceuticals and Other medical non-durable goods															**19 516**			19 516
	HC.5.2	Therapeutic appliances and Other medical goods								**1 598**	18	0	1 581				**4**			1 602
HC.6	**Preventive care**																		**1 718**	1 718
	HC.6.1	Information, education and counseling (IEC) programmes																	**1 718**	1 718
HC.7	**Governance, and health system and financing administration**																	**11 935**		11 935
	HC.7.2	Administration of health financing																**11 935**		11 935
HC.9	**Other health care services not elsewhere classified (n.e.c.)**																		**3 275**	3 275
All HC			70 480	69 191	28 823	40 367	696	593	2	27 391	15 537	3 694	7 994	95	70	6 225	19 523	11 935	4 993	140 548

Table A.10: Sub-national level by Health care provision

		Factors of health care provision	FP.1				FP.3								FP.4	FP.5			FP.nec	All FP
			FP.1.1	FP.1.2	FP.1.3		FP.3.1	FP.3.2			FP.3.3	FP.3.4	FP.3.nec			FP.5.1	FP.5.2			
									FP.3.2.1	FP.3.2.2										
Sub-National Level		*Rand (ZAR), Million*	**Compensation of employees**	Wages and salaries	Social contributions	All Other costs related to employees	**Materials and services used**	Health care services	Health care goods	Pharmaceuticals	Other health care goods	Non-health care services	Non-health care goods	Other materials and services used (n.e.c.)	**Consumption of fixed capital**	**Other items of spending on inputs**	Taxes	Other items of spending	**Unspecified factors of health care provision (n.e.c.)**	
SNL.1	**National**		**3 344**	**2 991**	**74**	**280**	**1 493**	**320**	**585**	**456**	**130**	**208**	**380**	**0**	**0**	**403**		**403**	**5 007**	10 247
SNL.2	**Provincial**		**82 957**	**72 976**	**8 413**	**1 568**	**47 293**	**6 453**	**25 885**	**20 850**	**5 035**	**10 883**	**3 730**	**342**		**5 757**	**95**	**5 663**	**154 905**	290 913
	SNL.2.1	ec Eastern Cape Province	**10 724**	9 375	1 320	28	**5 106**	699	1 996	1 447	550	1 885	381	145		**860**		860	**9 333**	26 023
	SNL.2.2	fs Free State Province	**5 161**	4 477	646	38	**2 235**	333	1 309	988	320	440	153	0		**421**		421	**6 471**	14 288
	SNL.2.3	gp Gauteng Province	**17 190**	15 106	1 965	119	**14 439**	1 701	9 480	7 817	1 663	2 434	811	13		**1 502**		1 502	**67 324**	100 455
	SNL.2.4	kz KwaZulu-Natal Province	**18 717**	16 386	1 401	930	**8 833**	858	5 232	4 767	465	1 425	1 170	149		**923**	56	867	**22 404**	50 878
	SNL.2.5	lp Limpopo Province	**8 996**	7 798	1 081	117	**3 193**	784	1 179	1 006	173	1 040	190			**131**		131	**5 186**	17 507
	SNL.2.6	mp Mpumalanga Province	**5 571**	5 355	96	120	**2 024**	273	1 265	925	340	228	258			**688**		688	**9 381**	17 664
	SNL.2.7	nc Northern Cape Province	**1 859**	1 604	215	40	**1 069**	167	446	320	125	363	94	0		**129**		129	**3 018**	6 076
	SNL.2.8	nw North West Province	**5 173**	4 427	605	141	**3 422**	293	1 241	895	345	1 691	182	16		**261**		261	**7 973**	16 829
	SNL.2.9	wc Western Cape Province	**9 551**	8 445	1 072	34	**6 951**	1 335	3 738	2 684	1 054	1 369	489	20		**842**	38	803	**23 815**	41 159
	SNL.2.nec	Other Provincial	**14**	2	11	1	**21**	11	0		0	9	1			**0**		0		35
All SNL			86 302	75 967	8 486	1 848	48 787	6 772	26 470	21 306	5 164	11 092	4 110	343	0	6 160	95	6 065	160 526	301 774

Table A.11: Classification of diseases expenditure for all health care schemes

Code	Classification of diseases / conditions	Expenditure R mil	Percentage
DIS.1	Infectious and parasitic diseases	40 148	13%
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	21 516	
DIS.1.2	Tuberculosis (TB)	1 152	
DIS.1.7	Vaccine preventable diseases	859	
DIS.1.nec	Other a nd unspecified infectious and parasitic diseases (n.e.c.)	16 620	
DIS.2	Reproductive health	15 689	5%
DIS.2.1	Maternal conditions	99	
DIS.2.3	Contraceptive management (family planning)	131	
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	15 458	
DIS.3	Nutritional deficiencies	1 558	1%
DIS.4	Non communicable diseases	36 571	12%
DIS.4.2	Endocrine and metabolic disorders	531	
DIS.4.3	Cardiovascular diseases	961	
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	2 553	
DIS.4.nec	Other and unspecified non communicable diseases (n.e.c.)	32 526	
DIS.5	Injuries	6 858	2%
DIS.6	Non-disease specific	28 095	9%
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	172 856	57%
All DIS		301 774	100%

Table 1.12: Classification of diseases expenditure for Voluntary health care insurance scheme

Code	Classification of diseases / conditions	Expenditure R mil	Percentage
DIS.1	Infectious and parasitic diseases	15 702	11%
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	336	0%
DIS.1.2	Tuberculosis (TB)	25	0%
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	15 341	11%
DIS.2	Reproductive health	15 180	11%
DIS.3	Nutritional deficiencies	1 427	1%
DIS.4	Non communicable diseases	32 053	23%
DIS.4.2	Endocrine and metabolic disorders	361	0%
DIS.4.3	Cardiovascular diseases	771	1%
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	1 068	1%
DIS.4.nec	Other and unspecified non communicable diseases (n.e.c.)	29 853	22%
DIS.5	Injuries	6 719	5%
DIS.6	Non-disease specific	11 954	9%
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	54 239	40%
All DIS		137 273	100%

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