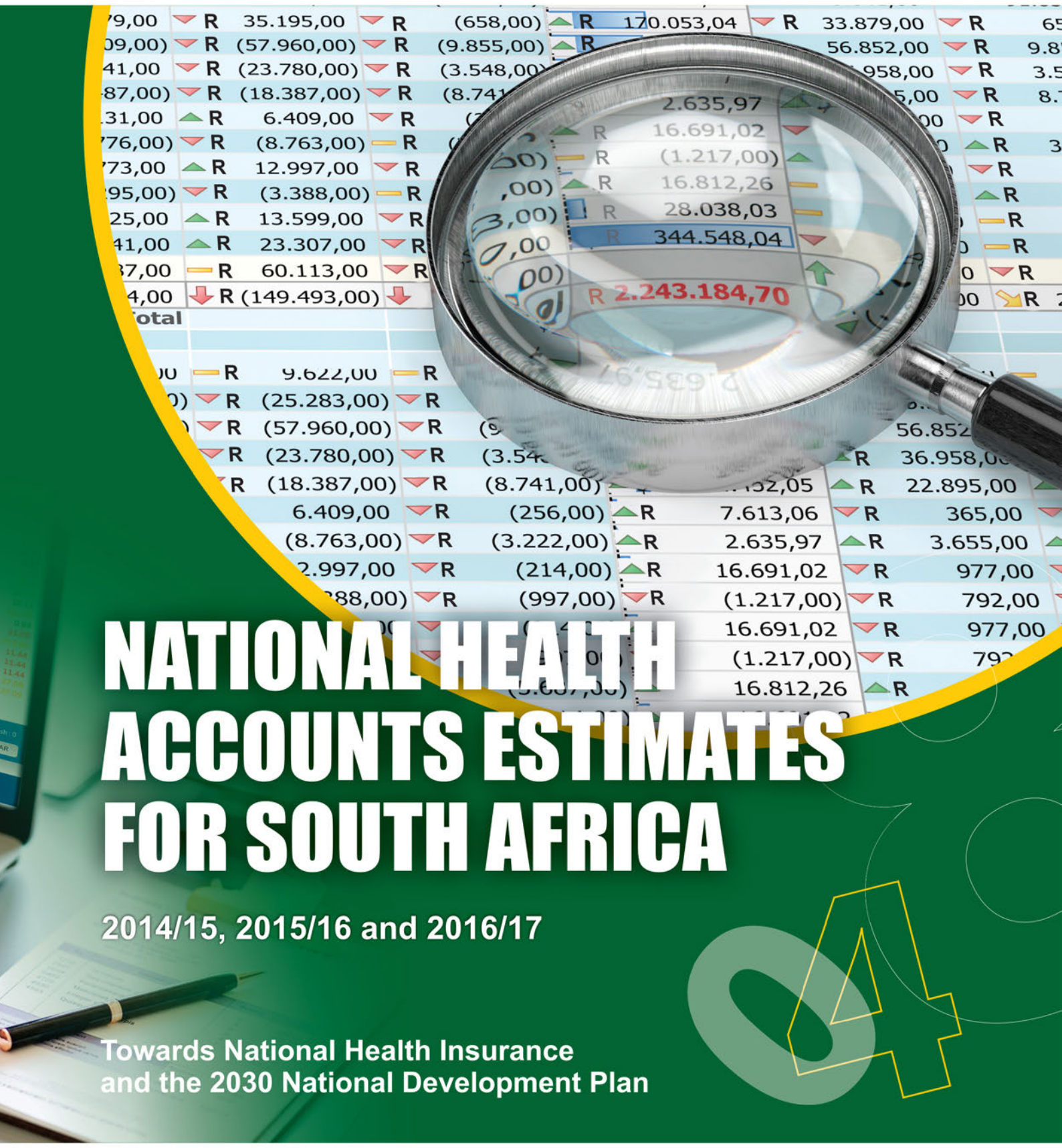


NATIONAL HEALTH ACCOUNTS ESTIMATES FOR SOUTH AFRICA

2014/15, 2015/16 and 2016/17

Towards National Health Insurance
and the 2030 National Development Plan

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

National Health Accounts Estimates for South Africa

2014/15, 2015/16 & 2016/17

Recommended Citation: National Department of Health. October 2021.
National Health Accounts Estimates for South Africa 2014/15, 2015/16 and 2016/17
Towards National Health Insurance and the 2030 National Development Plan.
Pretoria, South Africa.

List of Figures

List of Tables

Contents

Message by the Director-General of Health, South Africa

My predecessor, Ms MP Matsoso formally institutionalised the National Health Accounts (NHA) project in August 2014. The first South African National Health Accounts (SANHA), covering the financial year 2013/2014 and calculated using the System of Health Accounts (SHA) 2011 framework, was published in March 2018. Total health expenditure (THE) for the 2013/14 financial year amounted to R309,148 billion, of which current health expenditure (CHE) amounted to R301,774 billion and gross capital formation totalled R7,374 billion.

This second SANHA report covers 2014/15, 2015/16 and 2016/17. It provides information on health spending by the public sector, private sector, households and donors that will inform government and other stakeholders on health services management and resource allocation. The estimates provided in this report were calculated by the Technical Task Force (TTF) consisting of various experts from the National Department of Health (NDoH), the World Health Organization (WHO), National Treasury and the Council for Medical Schemes (CMS). The TTF is led by the Chief Director: Provincial Financial Management Support, who is the Project Manager. The day-to-day work of the project is conducted by the NHA core team made up of the NHA Coordinator, Data Coordinator, WHO Health Economist and CMS Senior Researcher. To oversee and guide the work of the NHA, we have a steering committee that was chaired by Ian van der Merwe, the NDoH Chief Financial Officer. I would like to thank Mark Blecher from National Treasury and Michael Willie from CMS who always made time to attend steering committee meetings.

The existence of two parallel health systems in South Africa has undermined efforts to address inefficiency in spending and improve health outcomes. The NHI and the National Development Plan are key policy reforms that seek to create a unified health system that is based on the Primary Healthcare approach to address inefficiencies of the dual health system as depicted by the SANHA estimates for Round 2. It is my hope that policymakers, healthcare planners and other stakeholders will make full use of this second SANHA report as a key reference on health expenditures for decision making, healthcare planning and dialogue.

Nicholas Crisp

NICHOLAS CRISP
ACTING DIRECTOR GENERAL: HEALTH
DATE: 15th October 2021

Message from the National Health Accounts Chairperson, South Africa

The Round 2 NHA estimates and report for South Africa have been completed and it is my pleasure to recommend these for publication to the Director-General on behalf of the Steering Committee. The terms of reference of the NHA Steering Committee state that it should recommend the NHA estimates and report to the Director-General, to also steer the development of the NHA and oversee the technical work during the process.

I, Ian van der Merwe would like to thank the TTF, led by Hadley Nevhutalu, and the WHO Country Office for their technical support. I extend my sincere gratitude to The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) and WHO, which supported the NHA project financially. I thank all members of the Steering Committee who made valuable inputs to the project.

Despite a delay in the publication of this report, I am confident that the streamlined methodology will speed up the production of Round 3 NHA estimates and bring these nearer to the current financial year. As implementation of the NHI gains momentum, I hope our collaboration with the NHI and Health Information Chief Directorates will enable the NHA core team to improve the precision with which they calculate gender, age, disease and healthcare functions in the public sector. It may be possible to calculate Round 3 estimates for 2017/18 to 2019/20 with limited additional capacity from consultants, especially if current NDoH NHA project personnel are retained.

We remain highly indebted to The Global Fund for funding the project and one of our posts. I would also like to thank the provincial departments of health for assigning the NHA coordinators and ambassadors to assist in validating in the Basic Accounting System.

I thank the Steering Committee for their ongoing support and the Director General for guidance, and I look forward to the beginning of Round 3 in 2021.

HADLEY NEVHUTALU
ACTING CHIEF FINANCIAL OFFICER
DATE: 15 October 2021

Message from the National Health Accounts Project Manager, South Africa

The 15 dimensions inherited from the SANHA 2013/14 estimates have been retained for the Round 2 estimates covering 2014/15, 2015/16 and 2016/17. Initially, the 2017/18 financial year was included in the planning of Round 2; however, due to the CMS data cut-off points, 2017/18 calculations have been shifted to Round 3. In addition, the analysis of all the 15 classifications was not possible. The Non-Negotiables, Strategic Plan and Risk categories were calculated, but are not reported here.

The Round 2 estimates were calculated by a multi-disciplinary team of experts from the NDoH, National Treasury, Statistics South Africa, CMS and WHO that made up the TTF. The day-to-day work of the project was performed by the NHA core team consisting of Mongi Jokozela, Pallav Bhatt, Matome Mokganya and Carrie-Anne Cairncross. The TTF, chaired by the Project Manager, reviewed the NHA estimates produced by the core team.

The Steering Committee oversees the work of the TTF and recommends NHA estimates to the Director General for approval to publish. Due to the movement of executive managers in the past few years, these are the first estimates to be recommended to the Director General by the current Steering Committee.

I would like to extend my gratitude to both the TTF and Steering Committee for their insights and their commitment to the project. In Round 2, two consultants were engaged, namely the Health Economics and HIV/AIDS Research Division (HEARD) of the University of KwaZulu-Natal and Percept Actuaries and Consultants. An NHA expert, Daniel Osei from WHO Head Office, also assisted the NHA core team with reviewing and refining the estimates provided by the consultants.

I would like to thank The Global Fund for funding the NHA project and WHO for funding certain contractual work and technical assistance throughout the project. The methodology developed in Round 1 has now been streamlined to automate the production of NHA estimates. Round 3 will also see an improved approach to the beneficiary dimensions, factors of provision and capital formation in the private sector. To enable thorough dissemination of the NHA tables and results, an interactive dashboard will be explored. This dashboard will serve as a mechanism for evidence-based decision-making at all levels of management and among researchers. I hope this report provides a useful basis for dialogue on health expenditure, decision-making and healthcare service planning.

HADLEY NEVHUTALU
NHA PROJECT MANAGER: SOUTH AFRICA
DATE: 15 October 2021

Acknowledgements

The foundations for this work were laid when the first NHA report, National Health Accounts Estimates for South Africa 2013/14, was published in South Africa in March 2018. A number of experts from South Africa and abroad made valuable contributions. Data collection and mapping was funded and supported by The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the WHO. The University of KwaZulu-Natal's HEARD and Percept Actuaries and Consultants, assisted by Insight Actuaries & Consultants, conducted the mapping for public healthcare and private healthcare, respectively. Daniel Osei, an NHA expert from WHO, provided high-level advice and guidance to the NHA core team.

Mongi Jokozela, Matome Mokganya and Carrie-Anne Cairncross constituted the NHA core team at the NDoH which was given technical support by Pallav Bhatt, the Health Economist from the WHO Country Office. Other members of the NHA TTF provided comments on the draft tables and data supplied to NDoH, especially National Treasury's Jonatan Davén.

Data was provided by various data holders in South Africa. Special thanks goes to the CMS, specifically Michael Willie and Carrie-Anne Cairncross both from CMS; Jonatan Davén of National Treasury; and Nomvula Nobiya of Statistics South Africa.

WHO Country Office contracted Anuschka Coovadia to compile an analysis of the Round 2 NHA estimates in the form of a report. The whole NHA core team and Dr Rajesh Narwal (Coordinator Health Systems: WHO) reviewed the report. Clarity Global copyedited the report and Business Print was contracted to print the report.

The authors would like to thank Hadley Nevhutalu for his leadership in the process of estimating NHA expenditures, WHO for providing technical support, and The Global Fund for funding the project. We are grateful for the guidance provided by the Steering Committee, particularly in the face of challenges such as the COVID-19 pandemic.

All figures reported for South Africa are from the Global Health Expenditure Database and the SANHA Report 2013/14.

List of acronyms and abbreviations

ASR	Annual Statutory Returns
BRICS	Brazil, Russian Federation, India, China and South Africa
CHE	Current Health Expenditure
CMS	Council for Medical Schemes
DG	Director-General
DIS	Disease Classification
FA	Financing Agent
FS.IR	Institutional Units Providing Revenue to Financing Schemes
FP	Factors of Healthcare Provision
GDP	Gross Domestic Product
HAPT	Health Accounts Production Tool
HC	Healthcare Functions
HF	Healthcare Financing
HK	Capital Health Expenditure
HP	Healthcare Provision
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
NDoH	National Department of Health
NHA	National Health Accounts
NHI	National Health Insurance
NPISH	Non-profit Institutions Serving Households
NSDA	Negotiated Service Delivery Agreement
OECD	Organisation for Economic Co-operation and Development
PPP	Purchasing Power Parity
SADC	Southern African Development Community
SHA 2011	System of Health Accounts 2011 Framework
SNL	Sub-national Level
Stats SA	Statistics South Africa
THE	Total Health Expenditure
WHO	World Health Organization

1. Introduction

1.1 South African National Health Accounts

The estimates of the National Health Accounts (NHA) retrospectively reflect expenditures incurred in the consumption of healthcare goods and services in a country each year. They include public health, private health, households and donor spending. The NHA describe the sources of funds and the financing schemes through which the funds flow, as well as healthcare providers and the functions through which they deliver healthcare goods and services.

The NHA are key for monitoring health spending across multiple streams, regardless of the entity or institution that financed and managed that spending. They allow health administrators to learn from past expenditure trends and improve planning and allocation of resources throughout the system, thereby increasing efficiency and accountability. The system generates consistent and comprehensive data on health spending in a country, which in turn can contribute to evidence-based policymaking. Within this system, countries can track changes in policy priorities and understand if the introduction of reforms and new programmes resulted in changes in health resources allocation and expenditure.

In 2014, South Africa made a commitment to produce the NHA every two years. The Director-General appointed two governance structures to oversee the process, namely, the steering committee and the TTF. The 2013/14 NHA, which was released on 2 March 2018, was the first report for the country. It was calculated using the System of Health Accounts framework (SHA 2011) and was published under the stewardship of the National Department of Health (NDoH), with technical support provided by the World Health Organization (WHO) and financial assistance from The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund). The report focused on three core areas: healthcare financing, provision and function. The Health Accounts Production Tool (HAPT) was used to map the data in line with the SHA 2011 framework and generate the expenditure tables.

This second South African NHA (SANHA) report presents estimates for 2014/15, 2015/16 and 2016/17. Over the last two years, the NDoH, with support from the WHO country office and Council for Medical Schemes (CMS), conducted the data collection, validation, collation and analysis for this report. Many consultations were held with key stakeholders during the process. The NHA is a useful measure of the state of healthcare financing in South Africa to inform policymaking, including the implementation of the National Health Insurance (NHI) scheme. It is particularly useful for informing discussions and decisions relating to the distribution and consumption of scarce national resources.

The 2014/15, 2015/16 and 2016/17 NHA estimates were calculated using the same methodology used for the 2013/14 estimates, with some improvements detailed in Section 2. The SHA 2011, as a subset of the country's System of National Accounts, is the methodology that is international best practice for summarising, describing and analysing the financial flows of a health system. The SANHA was developed using the three main dimensions of healthcare functions (HC), healthcare provision (HP) and healthcare financing (HF) schemes.

1.2 Background

1.2.1 Health and socioeconomic status

South Africa is an upper-middle-income country that had a population of 54,57 million in 2014, 55,40 million in 2015 and 56,25 million in 2016. Its gross domestic product (GDP) per capita in

those years was R55 065, R56 839 and R57 952 respectively. South Africa is the second largest economy in Africa after Nigeria. Despite this, it is burdened by relatively high rates of poverty, unemployment, and income and wealth inequality. In 2014, the unemployment rate was at 24,9 per cent. This increased to 25,1 per cent and 26,56 per cent in 2015 and 2016 respectively, while the percentage of those living in extreme poverty was 25,2 per cent according to the most recent household expenditure survey (Living Conditions Survey 2014/15). The Gini coefficient of household income per capita, which is used to measure the level of inequality, was 0,6. This puts South Africa among the top five most unequal countries in the world.[1]

1.2.2 Healthcare system

Since South Africa's political transition in 1994, much effort has been invested in improving health outcomes by making public healthcare more accessible to the poor. Free care for pregnant mothers and children under six years was introduced in 1994 and free primary healthcare for all was introduced in 1996. Since 1994, the network of primary healthcare facilities 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.[2]

The Negotiated Service Delivery Agreement (NSDA) for the health sector was signed in October 2010 and served as the strategic framework to address the burden of disease and strengthen the health system, especially through re-engineering of primary healthcare (National Department of Health Strategic Plan 2015). By 2016, South African health outcomes had improved. Life expectancy in the country increased from 57,1 years for both males and females in 2008 to 65,1 years for females and 59,7 for males. The infant mortality rate was estimated at 33,7 per 1 000 live births – a drop from 57,8 per 1 000 live births in 2001. The pregnancy-related mortality ratio was 536 per 100 000 live births. For every 1 000 live births, about five women died during pregnancy or within two months of childbirth.[3] According to the Maternal Health Indicators, the use of maternal healthcare increased significantly between 1998 and 2016.[4]

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 and social solidarity and move the country towards universal health coverage. The NHI Green Paper (August 2011) and later the White Papers and NHI Bill outlined a three-phased implementation approach for the NHI till 2025. Through the NHI and other policy interventions, the South African government hopes to implement the National Development Plan's nine long-term goals. Five of these relate to improving the health and well-being of the population and four deal with strengthening the health system.

The NHA aims to assist with measuring progress towards government's NHI policy implementation. The goal of the policy is to reduce inequality of service provision in the public and private sectors and expand universal health coverage.

Over the last few decades, South Africa has achieved some positive gains in core health indicators. However, its performance is still relatively weak compared to similar sized economies.

---

1 Statistics South Africa (Stats SA), *Poverty Trends Report 2014. HSRC Review* – November 2014.
2 Ronelle Burger, "South Africa's health system: What are the gaps?"
3 Stats SA, "Mid-year population estimates, 30/07/2017".
4 *Maternal Health Indicators: Further Analysis of the 1998 and 2016 South Africa Demographic and Health Surveys* (2003).

These weaknesses can be attributed to gross inequities in the allocation of healthcare resources between the public and private sectors, core structural and systemic challenges in the delivery of health services, the quadruple burden of disease[5] that exists and the other legacies of the Apartheid era. Healthcare expenditure in the public and private sector is evenly distributed, but the private health system only serves about 16 per cent of the population (2016).[6] In the public health sector, systems need to be strengthened and resourcing needs to be improved. Meanwhile, the private health sector has faced a range of challenges, including stagnating membership growth, reduced affordability, and rising costs of services and out-of-pocket payments for members.

The healthcare system is presided over by the NDoH, led by The Honourable Minister Joe Phaahla. The NDoH's vision is to create "a long and healthy life for all South Africans" and its mission is "to improve health status through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability." Service delivery is the core mandate of the provincial health authorities, with emphasis on capacitating front line management in district teams.

In order to increase access and improve affordability and the quality of care, South Africa is moving towards providing universal health coverage through the NHI. The NDoH is mandated to provide stewardship in the implementation of the NHI, in accordance with the 2019 National Health Insurance Bill. The National Development Plan through the NHI aims to increase life expectancy to at least 66,6 years by 2025 and to 70 years by 2030, bringing South Africa more in line with other middle-income countries. By implementing the NHI and strengthening health systems according to the principles of social solidarity, cross-subsidisation and equity, the NDoH aims to progressively provide universal health coverage, so that citizens are protected from financial risk when they seek health care.[7]

[5] South Africa's quadruple burden of disease comprises communicable diseases such as HIV/AIDS and TB; maternal and child mortality; non-communicable diseases such as hypertension and cardiovascular disease, diabetes, cancer, mental illnesses and chronic lung diseases like asthma; and injury and trauma.

[6] "Share of medical aid scheme members in South Africa 2018, by population group", Statista Research Department, 9 Dec 2020.

[7] NDoH, *Strategic Plan*, 2020/21 – 2024/25.

2. Methodologies and Data Collection

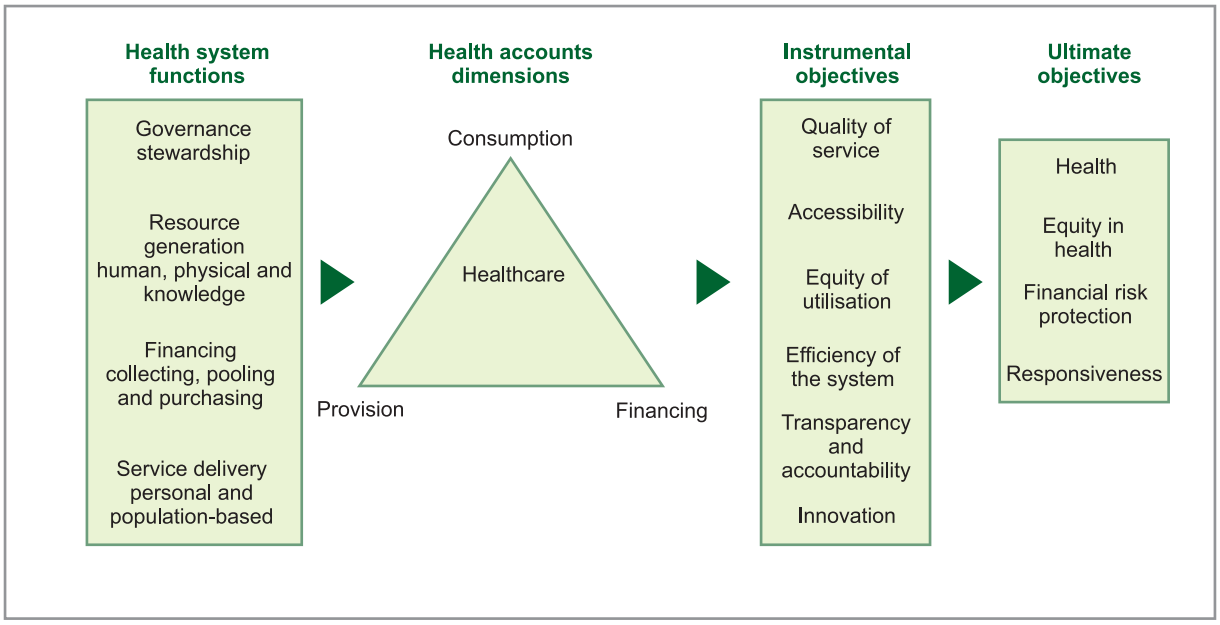
2.1 South Africa's approach to National Health Accounts

This report presents South Africa's estimation of national health expenditure, as per the globally adopted international classification of the SHA 2011, which has been designed to answer the following three questions:

1. What healthcare goods and services are consumed by a country?
2. Which providers deliver these goods and services?
3. Which financing scheme pays for them?

South Africa's healthcare expenditure for 2014/15, 2015/16 and 2016/17 is presented here as the current health expenditure (CHE) and capital health expenditure (HK).

Figure 1: The linkage between framework of health systems and national health accounts



Source: Adapted from WHO (2000).

Figure 1 illustrates the link between the health system functions, NHA and objectives of a health system. The role of NHA is to guide policymakers on how to achieve the critical objectives of a health system by allocating resources efficiently to improve the performance of all functions within the system.

NHA estimates a country's health expenditure by HF (financing), HP (provision) and HC (consumption). They generate consistent and comprehensive data on health spending in a country, which in turn can contribute to evidence-based policymaking.[8] Within the SHA framework, NHA allows spending to be tracked and cross-tabulated across various dimensions, as follows:

1. HF schemes
2. Financing agents (FA)
3. Revenues of healthcare financing (FS)

[8] Health Accounts Methodology, https://www.who.int/health-accounts/methodology, 2020.

4. Institutional units providing revenue to financing schemes (FS.IR)
5. HP
6. HC
7. Factors of healthcare provision (FP)
8. Beneficiaries (age, gender and disease classification)
9. Sub-national (SNL)
10. Capital accounts (HK)

For an in-depth review of the NHA, detailed tables and cross-tables of the above dimensions are provided in the annexures to this report.

2.2 Methodology and data sources

The HAPT version 4.0.0.6, developed by WHO and a partner organisation, was used to map the sourced data and produce NHA estimates for this report. The Health Accounts Analysis Tool version 3.0.0.0 was used to generate graphic analysis of certain dimensions. As a part of the institutionalisation of NHA in South Africa, a detailed methodology was developed through a series of consultations with representatives from provincial health departments, technical experts, academics, CMS and consulting firms. The Health Economics and Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Research Division (HEARD) of the University of KwaZulu-Natal and Percept Actuaries and Consultants (Percept) were engaged to generate preliminary estimates of the public and private health sectors, respectively. The core team and a technical expert from the WHO reviewed the estimates submitted by the two agencies. The NHA core team then organised many workshops with provinces and the technical expert to streamline the data and convert it into HAPT-compatible files, which were imported into the software.

In order to improve the production of NHA estimates for future rounds, a coded program was developed in Statistical Analysis Software.[9] The program will convert the raw data from the Basic Accounting System of National Treasury into HAPT-compatible files. In addition, thousands of records were reviewed to assign appropriate codes under different dimensions. The sub-sections below provide more detail on the data sources and process for developing estimates on various components.

2.2.1 Public health expenditure

Public sector financial data is captured in the Basic Accounting System at National Treasury. This data was obtained by the NHA core team. The data for the NDoH, provincial departments of health and other national departments (including the Department of Basic Education, the Department of Correctional Services and the Department of Defence and Military Veterans) were obtained from National Treasury while data for the Road Accident Fund and the Compensation for Occupational Injuries and Diseases Fund were accessed from their official websites. The government's contributions towards subsidies and internal transfers were obtained from the South African Revenue Service.

HEARD was contracted to develop initial coding and conduct analysis of health facility data to determine rules for splitting hospital and health facility expenditure. Split rules were used wherever necessary based on detailed analysis of data from representative health facilities at different levels of care. Split rules from the previous round were used wherever adequate

[9] https://www.sas.com/en_za/home.html

information was not available. Detailed methodology for coding of Basic Accounting System data is available in the additional methodologies document, which can be accessed on the NDoH website.

2.2.2 Voluntary health insurance

The key source of healthcare expenditure data for the medical schemes is CMS's Annual Statutory Returns (ASR). The CMS publishes the data from both restricted and open medical schemes every year. A methodology was developed by Ernst & Young for the first round of the NHA to map the ASR dataset and extended annexures of the CMS to the NHA. Drawing on that methodology, a program was developed by WHO using MS Excel and Software for Statistics and Data Science to generate HAPT-compatible files for importing in the tool.

The coding of CMS data was reviewed by the NHA core team and an appropriate coding system and mapping technique developed. The summarised expenditure by discipline code, disease, age, gender and type of scheme was obtained from CMS and coded using the agreed methodology. Non-health expenditure of medical schemes was mapped to the administration of health systems and analysed separately. Employer contributions towards medical scheme premiums for employees were also received from South African Revenue Service's annual report. Data for internal transfers (subsidies) from the government was used to identify the financing of the private sector. Age, gender and disease split rules were applied using the methodology designed by Percept, based on claims-level data from representative medical schemes.Private health insurance data (gap cover) from short- and long-term insurance schemes was accessed from the Financial Sector Conduct Authority's website in order to capture private expenditure on incidents such as accidents and injuries covered by these policies.

2.2.3 Out-of-pocket

Out-of-pocket expenditure was estimated using two sources, namely the Living Conditions Survey 2014/15[10] and the CMS data. The Living Conditions Survey data was triangulated with the data from the Revenue Services Directorate of the NDoH for estimating out-of-pocket cost-sharing with government. The CMS data was used to estimate the out-of-pocket cost-sharing with medical schemes.

2.2.4 Donor funding

Donor funding estimates were obtained from the large donors United States Agency for International Development, the European Union and The Global Fund from published data on their official websites. These donors provide more than 90 per cent of the total donor funding. The intra-budget finances routed through the government system was taken from the Basic Accounting System at National Treasury.

2.3 Limitations

This report has a few limitations due to non-availability of data. The NHA team encountered the following challenges:

- **Coding of public sector data:** There is misalignment between NHA and public sector coding, creating challenges while programming in Statistical Analysis Software. Addressing these issues required focused validation with provinces.
- **Inadequate information or data to allocate health expenditures by healthcare function in the public sector:** There was inadequate information on costing in public

[10] Stats SA, *Living Conditions Survey 2014-2015.*

facilities. This information could help in creating apportionment rules for allocating funding according to disease, age, gender and healthcare function. We relied on data from very few hospitals and from the Global Burden of Disease to create allocation keys.

- **The quality of medical records and International Classification of Diseases coding** presented limitations, particularly in the public sector where most patients were marked as follow-up visits. This makes it more difficult to identify the patient mix in health facilities.
- **Determination of trade in health:** South Africa receives many patients from outside its borders seeking healthcare. Some of these patients have appropriate legal documentation but others do not. Due to unavailable information on the number of patients receiving services from public and private health facilities in the country, it is difficult to determine how much of the country's health services are directed to citizens of other countries.
- **Data available with CMS** relating to various disease conditions and groups of disease are not aligned with NHA classification. It is therefore difficult to code information from CMS data on disease. This has been addressed by including disease grouping specifications to the CMS ASR.
- **Healthcare data from employers, non-profit organisations, and mining clinics and hospitals** are also important sources of healthcare expenditure data. Data from these sources were not collected in the second round of the NHA, but it is planned to collect this data for the next rounds.
- **Underestimation of out-of-pocket expenditure:** There is a risk of recall bias in the Living Conditions Survey, which is used for estimating out-of-pocket expenditure without cost-sharing, as these expenditures refer to the one month of recall only. Healthcare expenditure that falls outside this period (which may be the case for most in-patient care requiring high expenditure) is not reported, resulting in underestimation of out-of-pocket expenditure. Out-of-pocket figures reported to CMS are also underestimated because medical scheme members do not report all their expenditures to medical schemes.

Despite these limitations, the NHA estimates provide a very good overview of health expenditures in South Africa. The NHA core team is working with various stakeholders to overcome these limitations in the subsequent round of the NHA.

3. National health accounts findings

3.1 Summary of key National Health Accounts estimates for 2014/15, 2015/16 and 2016/17

During the period under study, the South African population grew at a rate of 2 per cent per annum, as shown in Table 1. The total health expenditure (THE) increased at an average rate of 8.7 per cent per annum from R332,02 billion in 2014/15, to R365,03 billion in 2015/16 and R392,56 billion in 2016/17. CHE over the three-year period increased from R324,41 billion in 2014/15 to R355,11 billion in 2015/16 and R383,14 billion in 2016/17, while the gross capital formation fluctuated from R7,603 billion in 2014/15 to R9,913 billion in 2015/16 and R9,422 billion in 2016/17.

In terms of the three axes of the health accounts – consumption, financing and provision – the two-tiered health system in South Africa shows a clear distinction between the public and private sectors. Government health schemes managed just over 46 per cent of total health expenditure at R150,71 billion (2014/15), R165,93 billion in 2015/16 and R178,53 billion in 2016/17. On the other hand, the private sector managed R154,33 billion in 2014/15, R167,654 billion in 2015/16 and R181,633 billion in 2016/17. With respect to provision, hospitals provided 45,8 per cent, 45,6 per cent and 45,8 per cent in 2014/15, 2015/16 and 2016/17, respectively, of which public hospitals accounted for just over 24 per cent while private hospitals accounted for 20,2 per cent. HCs constituted over 65 per cent over the period, while preventive care amounted to 4,4 per cent in 2014/15, increasing to 7,4 per cent in 2015/16 and 7,9 per cent in 2016/17.

Table 1: Summary of key National Health Accounts indicators for 2014/15, 2015/16 and 2016/17

2014/15	2015/16	2016/17	
54,47	55,40	56.25	Population (Million)
R3,866	R4,127	R4,433	Gross Domestic Product (GDP) (ZAR billion)
R332,02	R365.03	R392.56	Total Health Expenditure (THE) (ZAR billion)
8,59%	8,84%	8,86%	Total Health Expenditure (THE) as % of GDP
R324.41	R355,11	R383.14	Current Health Expenditure (CHE) (ZAR billion)
6,083.71	R6,588.31	R6,978.63	Per Capita Total Health Expenditure (ZAR)
5,944.46	R6,409.25	R6,811.13	Per Capital Current Health Expenditure (ZAR)
4,87%	5,16%	5,12%	General Government Health Expenditure (GGHE) as % of GDP
14,52%	15,45%	14,95%	General Government Health Expenditure (GGHE) as % of Total Government Expenditure (GGE)
24%	27%	28%	General Government spending on Primary Health Care
55,73%	57,22%	56,81%	Government Health Expenditure as % of CHE
42,26%	40,79%	40,95%	Private Health Expenditure (Inc. OOPs) as % of CHE
5,68%	5,75%	5,81%	Out-of-Pocket (OOPs) as % of CHE*
2,01%	1,99%	2,24%	External Funding as % of CHE
66,67%	65,75%	63,82%	Curative Health Services as % of CHE

*OOP may be underestimated due to limitation of Living Condition Survey 2014/15

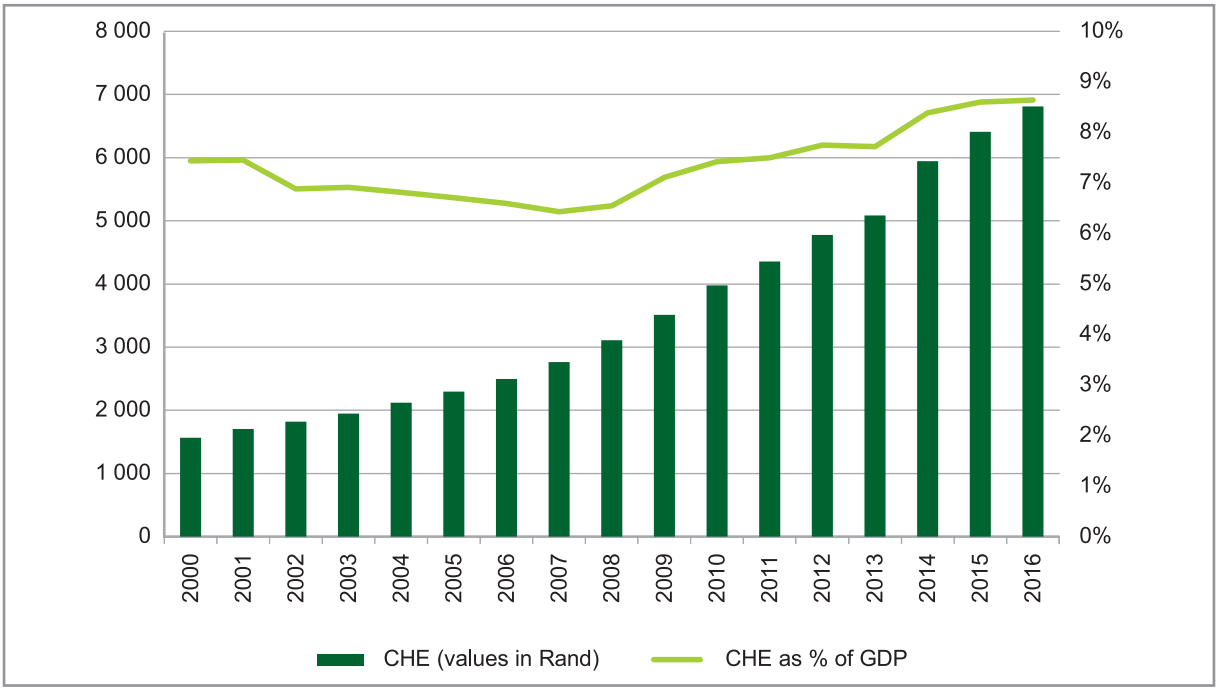
Table 1 reveals that South Africa was spending 8,59 per cent, 8,84 per cent and 8,86 per cent of GDP on healthcare in 2014/15, 2015/16 and 2016/17. This spending is on par with many Organisation for Economic Co-operation and Development (OECD) countries. However, the private health sector (medical schemes and out-of-pocket expenditure) contributes more than 40 per cent to the CHE, which is mostly attributed to medical schemes, listed as Not for Profit Voluntary Health Insurance Scheme under the SHA framework, catering to about 15,73 per cent of the total population (8,85 million).[11] South Africa is spending around 14,95 per cent of total government expenditure on healthcare, which is close to the 15 per cent benchmark as agreed by WHO member states in the Abuja Declaration. Furthermore, South Africa spent more than 60 per cent per year on curative health services.

According to the World Bank, upper-middle-income countries spent on average 33,02 per cent, 32,68 per cent and 33,29 per cent in 2014, 2015 and 2016 respectively on out-of-pocket expenditure as a percentage of CHE.[12] In contrast, South Africa's out-of-pocket expenditure as a percentage of CHE was less than 6 per cent on average for the above-mentioned years. In order to fully understand this differential, a comparative analysis needs to be conducted on the methodology followed by other upper-middle-income countries in calculating out-of-pocket expenditure. According to WHO, sub-Saharan African countries receive the largest amount of donor funding. Within this group, South Africa receives the least donor funding, which accounts for 2 per cent of THE for the period under review.

3.2 An analysis of health expenditure

Figure 2 shows that THE as a percentage of GDP is reported at 8,59 per cent, 8,84 per cent and 8,86 per cent for the three-year period under review. For the same years, CHE per capita was R5 994, R6 409 and R6 811. The ratio of THE to GDP provides an indication of how much the health sector contributes to the economy. This indicator should be interpreted by looking at the evidence-based level of inequality in South Africa in terms of who benefits from health resources.

Figure 2: Time series of CHE in South Africa 2000–2016



[11] CMS Annual Report for 2016/17.
[12] World Bank, https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=XT

Figure 2, which shows CHE to GDP as a time series from 2000 to 2016, a steady linear increase of CHE is observed over time. The increased allocation to the health sector from 2008 continued until 2013/14. In recent years, growth in resource allocation to the health sector stagnated at 8.8 per cent.

Figure 3 shows that, institutionally, 98 per cent of healthcare funding in South Africa is through domestic funding, consistently per year. The funding from foreign sources has remained at 2 per cent. Government has been the key source of healthcare funding over the years under review. Voluntary payment, followed by government and voluntary private payment, have been the key financial arrangements for people to have access to healthcare services.

Figure 3: An overview of health financing in South Africa

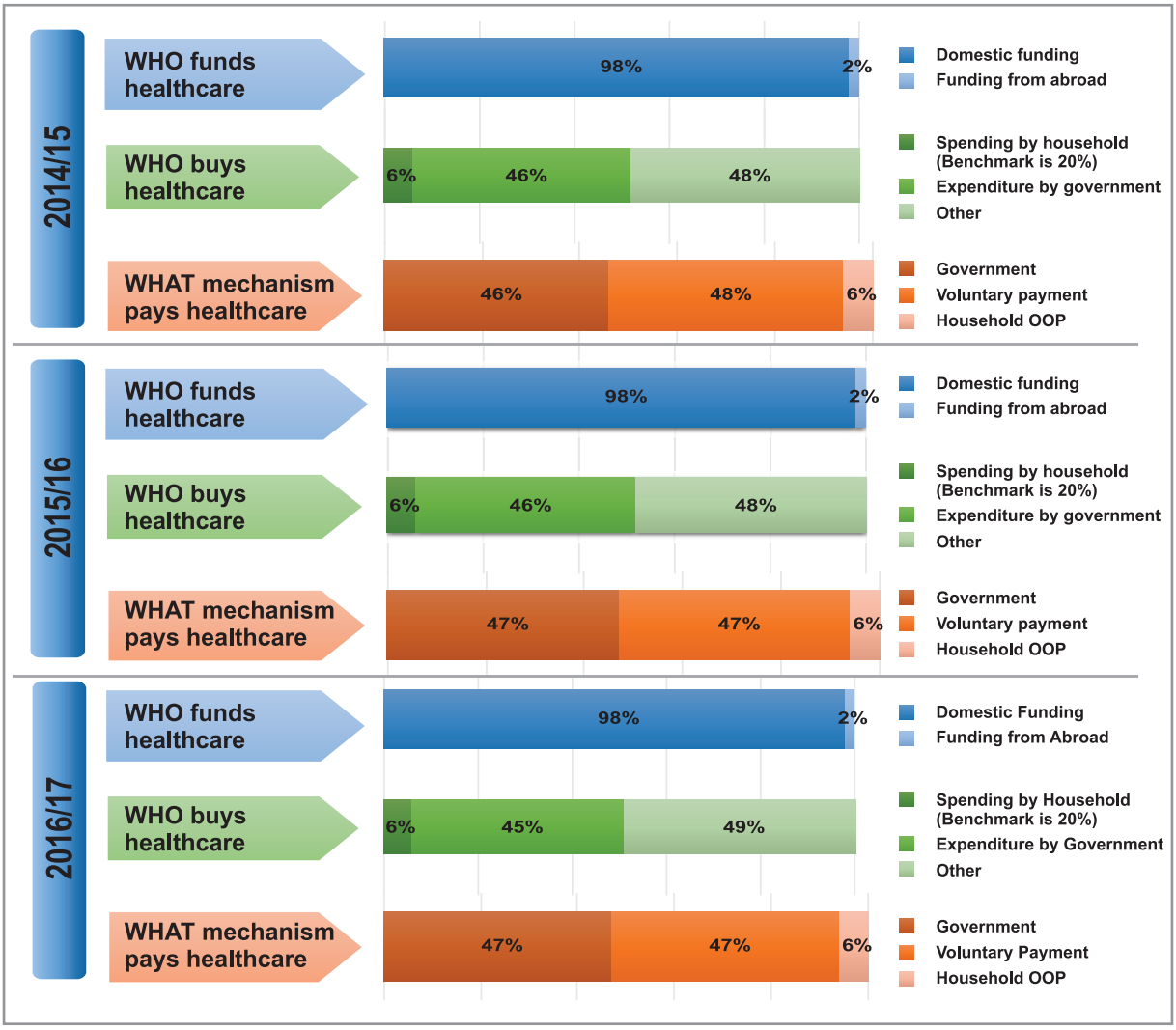
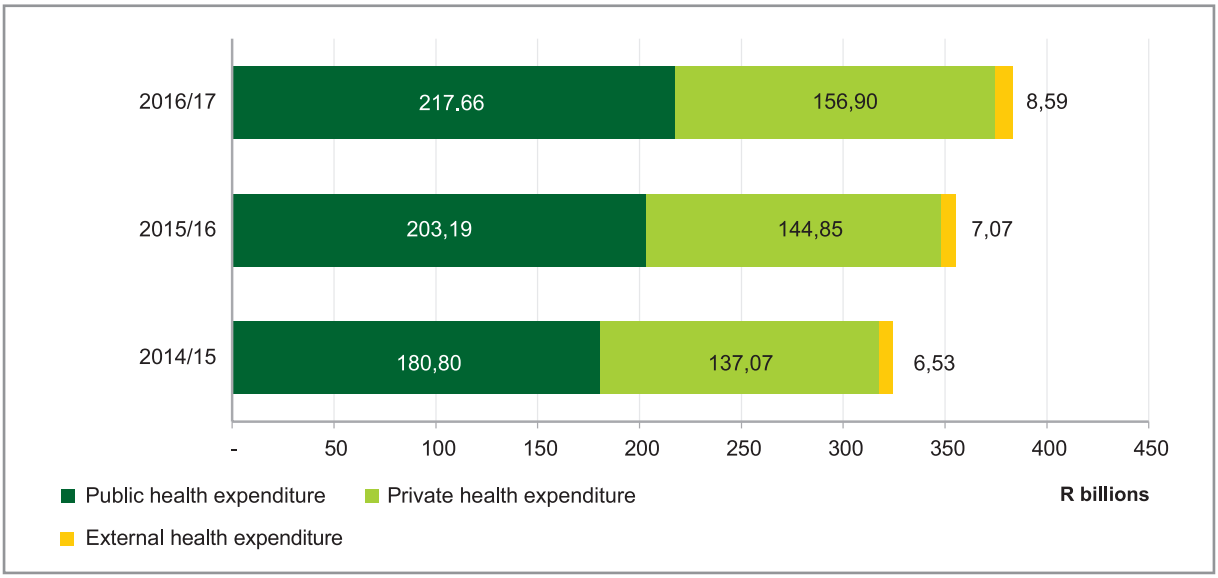


Figure 4 shows that the public health sector contributed 55,73 per cent, 57,22 per cent and 56,81 per cent to CHE in 2014/15, 2015/16 and 2016/17 respectively. This is a marginal increase from the 56,4 per cent reported in 2013/2014. Private health expenditure remained unchanged at 40,95 per cent of CHE in 2016/17.

Figure 4: The distribution of CHE over the three-year period



3.3 International comparison

South Africa is an upper-middle-income country, with a relatively low life expectancy compared to other BRICS countries (Brazil, the Russian Federation, India and China) and Botswana, as shown in Figure 5. The average life expectancy at birth is 62,5 years for males and 68,5 years for females; and the infant mortality rate is estimated to be 23,6 per 1 000 live births. The overall HIV prevalence rate is about 13 per cent, with around 7,8 million people living with HIV.[13]

Figure 5: Average life expectancy of selected African and BRICS countries[14]

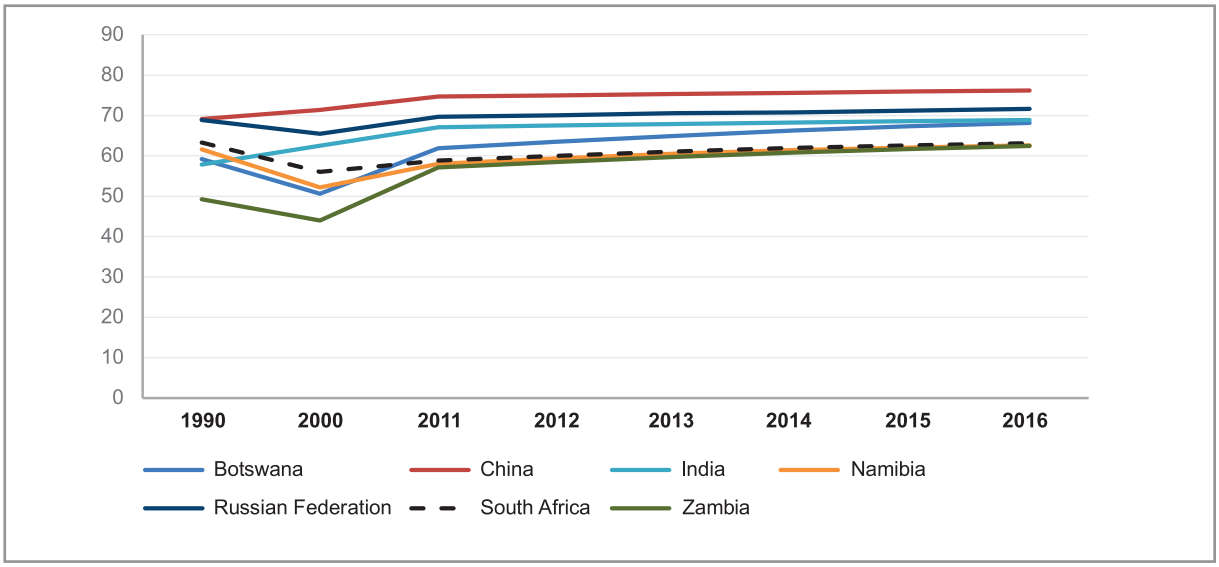


Figure 6 shows a global comparison of health expenditure. South Africa's CHE is similar to that of neighbouring countries such as Botswana and Namibia and comparable to that of Brazil and Russian Federation but it is much higher than that of India and China. South Africa has a low CHE per capita compared to OECD countries.

[13] Stats SA Mid-year estimate, 2020, Statistical Release 0302, http://www.statssa.gov.za/publications/P0302/P03022020.pdf

[14] Worldbank.org, 2017.

Figures 5 and 6 show that there is an inverse relationship between the health expenditure per capita and life expectancy in countries such as India and China. The comparison of per capita health expenditure at PPP between South Africa and other countries reveals that although South Africa is spending in line with Southern African Development Community (SADC) nations, Brazil and the Russian Federation, its health expenditure per capita at PPP is much lower than the average of OECD countries shown in Figure 6.

However, in terms of spending by the public and private health sectors, as shown above in Figure 4, it is evident that almost 40 per cent of health expenditure in South Africa is through the private health sector, which only covers about 16 per cent of the population.[15]

Figure 6: CHE per capita in SADC, BRICS and OECD countries

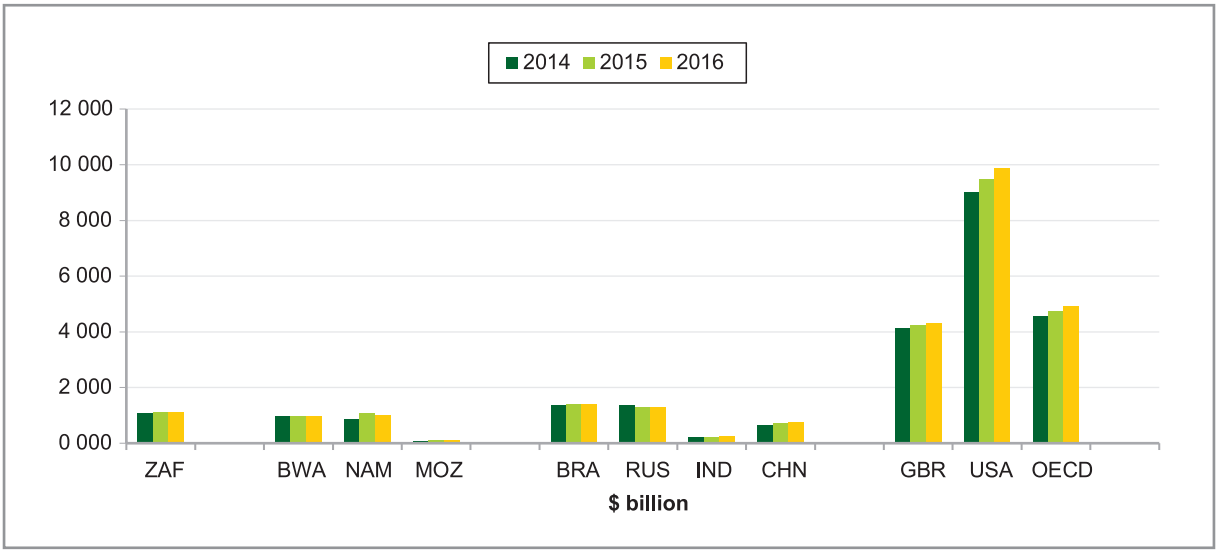


Table 2 shows the comparison between total health spending and public health spending of SADC, BRICS and OECD countries.

Table 2: Total health spending and life expectancy of selected countries, 2017

	Healthcare expenditure per-capita (US$) PPP	CHE as % of GDP	Public health expenditure as % of CHE	Public health expenditure as % of GDP	OOP expenditure as % CHE	Life expectancy at birth
South Africa	**1,090.09**	**8,11%**	**53,65%**	**4,35%**	**7,77%**	**63,54**
Botswana	1,091.05	6,14%	75,66%	4,64%	2,99%	68,81
Namibia	920.46	8,29%	46,50%	3,86%	7,80%	63,02
Nigeria	221.11	3,76%	14,18%	0,53%	77,23%	53,95
Zambia	179.86	4,40%	40,35%	1,77%	12,05%	63,04
Brazil	1,482.53	9,47%	41,88%	3,97%	27,46%	75,46
Russia	1,389.35	5,34%	57,09%	3,05%	40,49%	72,43
India	253.42	3,54%	27,13%	0,96%	62,40%	69,17
China	837.77	5,15%	56,67%	2,92%	36,05%	76,47

[15] CMS Annual Report 2016/17

4. Current account health expenditure by different classifications

This section analyses the health expenditure categorised into three main dimensions. It describes the financing arrangements available in a health system and how much of the funds are handled by each financing agent. The implementation of universal health coverage implies that there is a greater reliance on pre-funded healthcare as opposed to out-of-pocket payments. This is to ensure that citizens are protected against financial devastation associated with illness and injuries. There are four key financing schemes for healthcare in South Africa:

- government schemes
- voluntary healthcare payment schemes
- out-of-pocket
- donor funding.

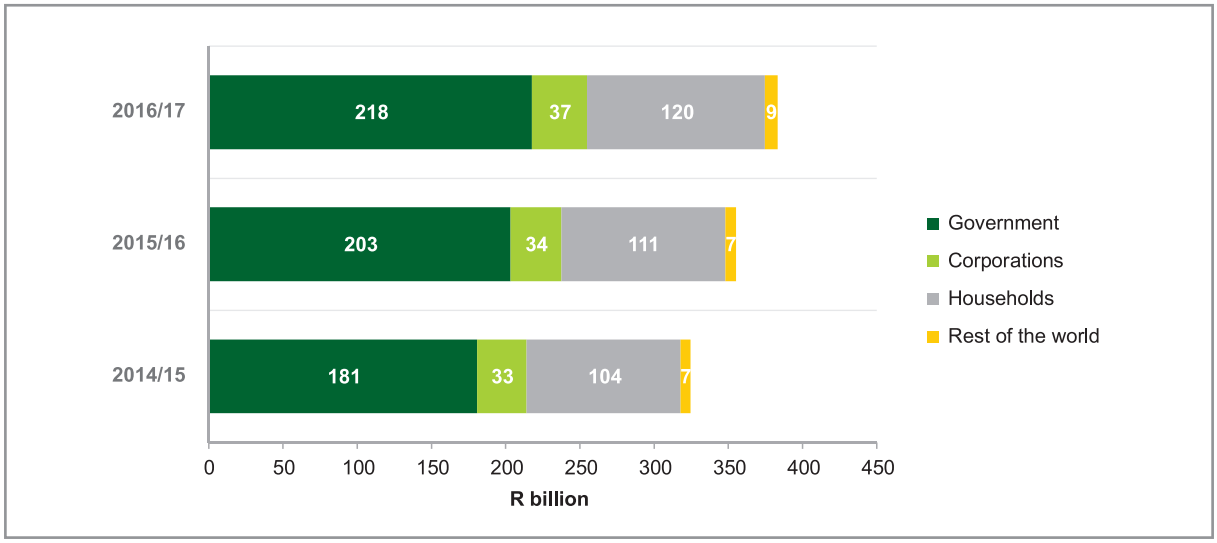
The two predominant sources are government schemes and voluntary healthcare payment schemes, which include medical schemes, employer-funded healthcare and health insurances.

4.1 Health expenditure by health financing mechanisms (FS.RI/FA/HF/FS)

4.1.1 Who is paying for healthcare? (FS.RI)

Figure 7 shows that the majority of healthcare is paid for by government, which contributed R218 billion (57 per cent), R203 billion (57 per cent) and R181 billion (56 per cent) in 2014/15, 2015/16 and 2016/17 respectively to THE. Households contributed R120 billion (31 per cent), R111 billion (31 per cent) and R104 billion (32 per cent) for the same respective years, while private corporations contributed R37 billion (10 per cent), R34 billion (10 per cent) and R33 billion (10 per cent). The share of donor funding (rest of the world) in the overall funding of the healthcare system is minimal, amounting to R9 billion (2 per cent), R7 billion (2 per cent) and R7 billion (2 per cent) for the years in question. This means that South Africa's health system is highly reliant on public funding, which has significantly increased over time.

Figure 7: Health expenditure by the institutional units providing revenue to financing schemes

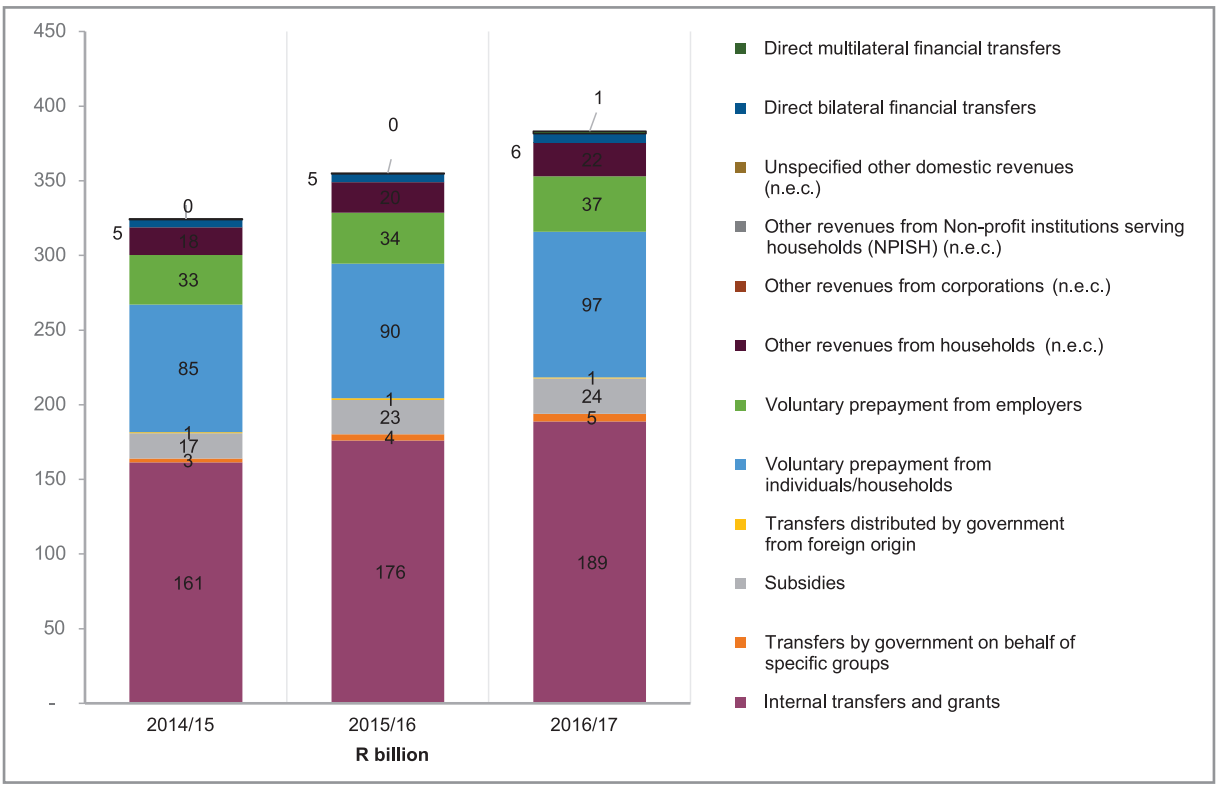


4.1.2 What are the sources of revenue for health expenditure? (FS)

Figure 8 shows that the majority of health expenditure is generated through tax revenue and transferred to provinces and local government in the form of conditional grants, equitable share and other means of internal transfer. Internal transfers and grants accounted for R189 billion, R176 billion and R161 billion in 2014/15, 2015/16 and 2016/17 respectively.

Another major source of revenue for health expenditure is voluntary prepayment by individuals in the form of medical aid and other health insurance. In 2016/17, voluntary prepayment by individuals amounted to R97 billion, followed by employers' contributions towards medical schemes, out-of-pocket payments and government subsidies on medical scheme premiums, respectively amounting to R37 billion, R22 billion and R24 billion. Expenditure for the other years is shown in Figure 8.

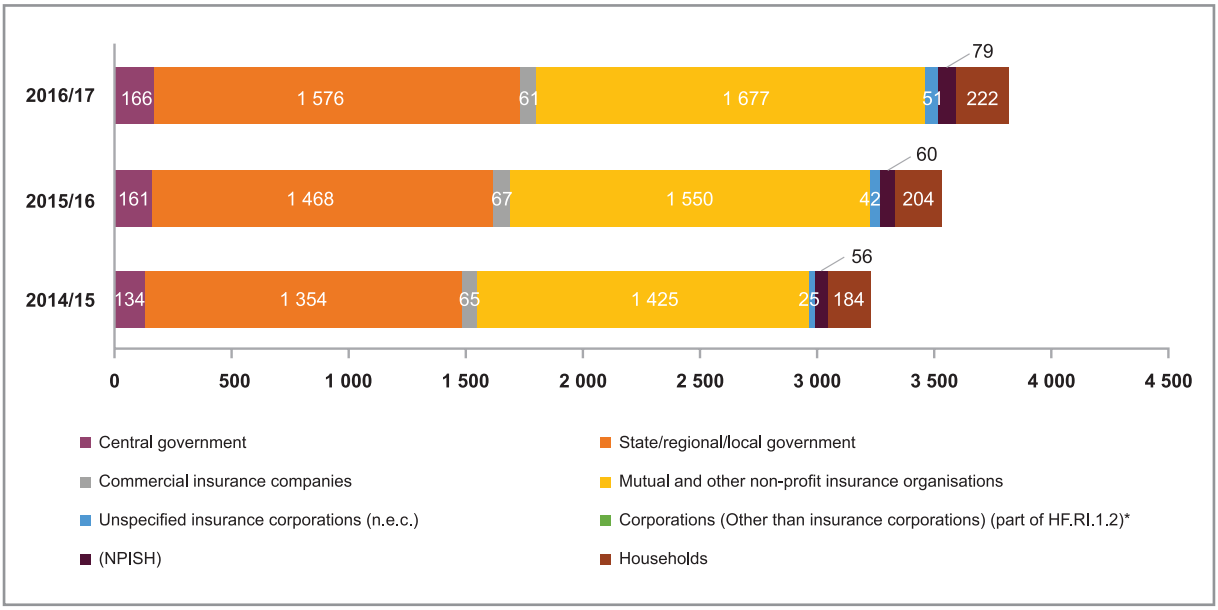
Figure 8: Health expenditure by the revenues of healthcare financing schemes



4.1.3 Bodies responsible for managing the funds and paying for healthcare services (FA)

FAs are the bodies responsible for managing the funds and paying for healthcare services. Figure 9 shows the financing provision by the institutional units that manage health financing schemes. The government sector funds the majority of healthcare provisioning. This sector is made up of central government (NDoH and other governmental departments) and local government (provincial departments of health), which amounted to R148 billion, R163 billion and R174 billion in 2014/15, 2015/16 and 2016/17 respectively. In the private health sector, the majority of funds is managed by medical schemes. Medical schemes are not-for-profit agencies offering medical cover to individuals based on membership. A more detailed table on health FAs is provided in Annexure 2a.

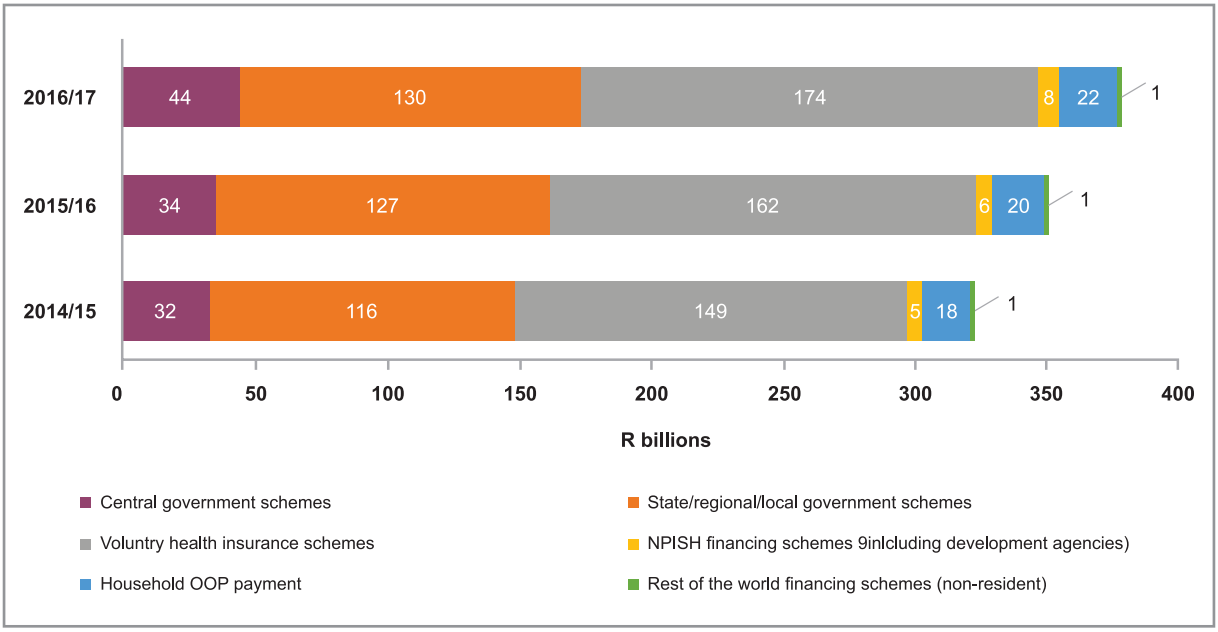
Figure 9: Health expenditure by the institutional units that manage health financing schemes



4.1.4 The distribution of health expenditure by the financing schemes

Figure 10 shows the distribution of health expenditure by various components of South Africa's health financial system that channel revenues inside the boundary of the health accounts. The figure shows that the majority of government schemes are at provincial level, which is largely through equitable share from budgetary allocation (voted funds). In the private health sector, voluntary health insurance schemes mostly fund healthcare goods and services. Furthermore, the distribution of voluntary health insurance scheme shows that R98,5 billion is through open medical schemes, R69,1 billion is through restricted medical schemes and R6,09 billion is spent through private medical insurance, which largely comprises gap cover. A detailed distribution of this classification is available in Annexure 2b.

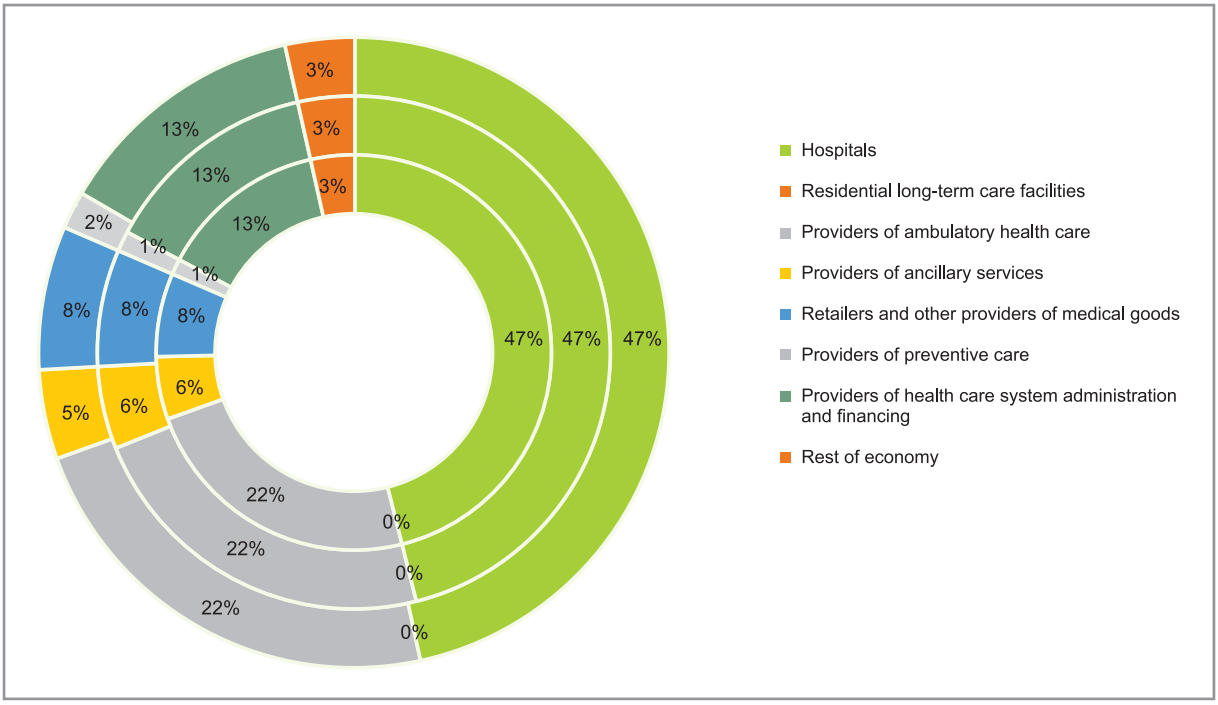
Figure 10: Health expenditure by health financing schemes



4.2 Health expenditure by the provider of healthcare services

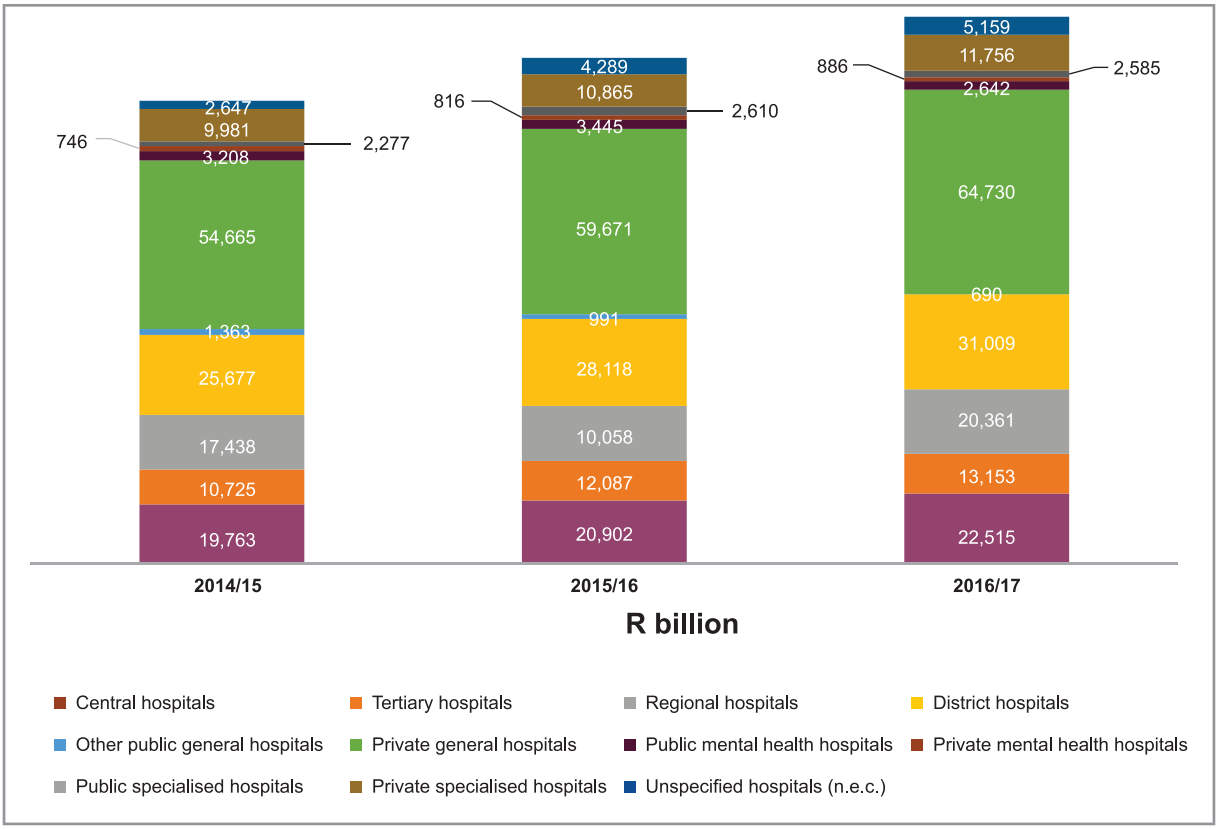
HP are institutions and organisations that deliver healthcare goods and services. Figure 11 illustrates the hospi-centric nature of the South African healthcare system. The graph depicts the expenditure in three years. The inner circle represents 2014/15 while the middle circle represents 2015/16 and 2016/17 is represented by the outer circle. This format is repeated in subsequent figures of this kind. Hospitals contribute 46 per cent to overall health expenditure, while 21 per cent can be attributed to the providers of ambulatory care, which includes clinics, community health centres, health posts and mobile clinics. The administration of healthcare services, including the public health sector and the private health sector, accounts for 12 per cent of THE. About 8 per cent of CHE is attributed to medicines, healthcare products and medical diagnostics.

Figure 11: Expenditure by providers



Further analysis of hospitals based on Figure 12 reveals that R31,18 billion and R22,51 billion was allocated to the 240 district hospitals and the nine central hospitals respectively. This means that the central hospitals are the biggest drivers of public health expenditure. Private hospitals account for R64,73 billion, largely catering to people covered by medical aids. A detailed table on healthcare providers is provided in Annexure 2c.

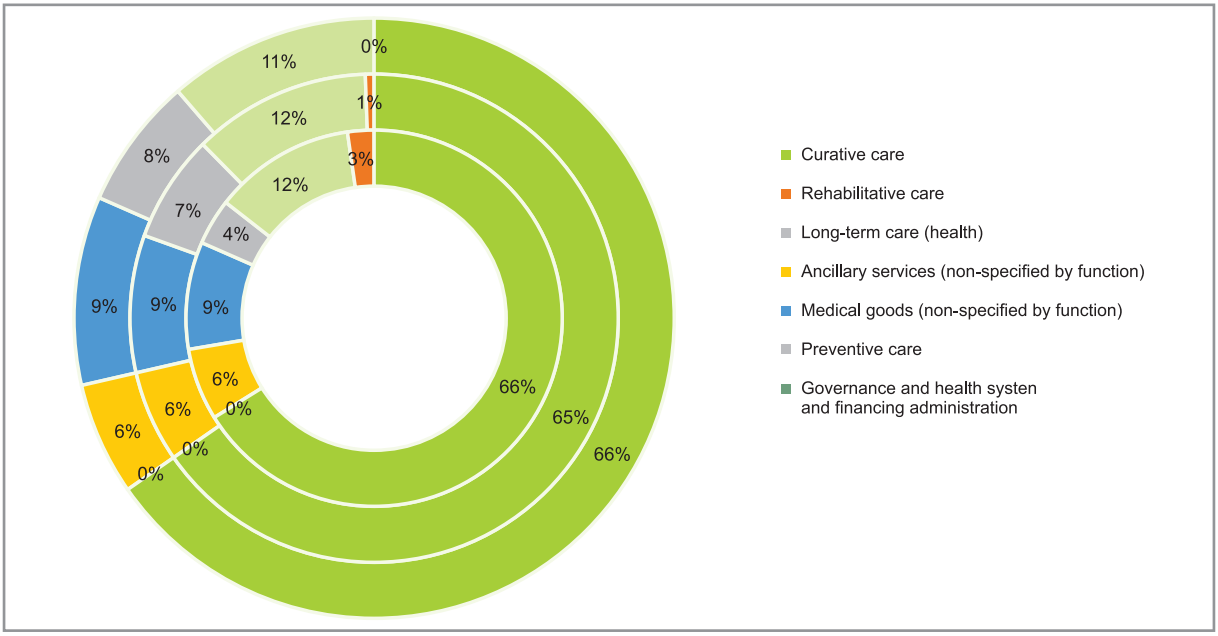
Figure 12: Hospital expenditure



4.3 Health expenditure by healthcare functions

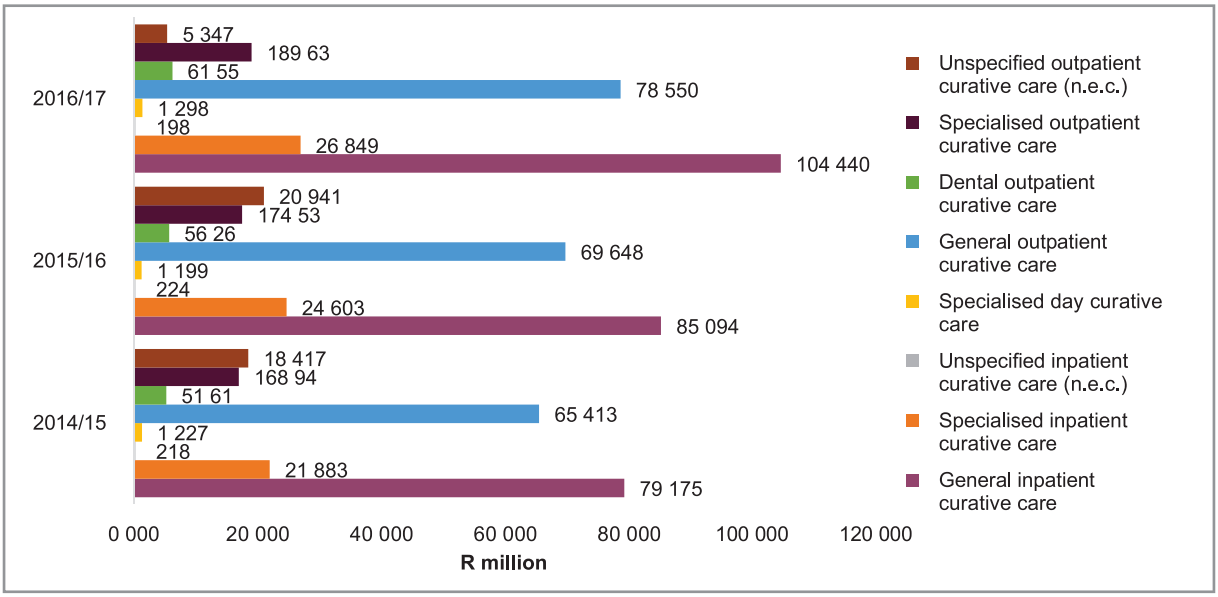
HCs describe the purpose of functional uses of the health expenditure. SANHA classifies this expenditure by curative, rehabilitative, long-term and preventive care as well as governance and health system administration, medical goods and ancillary services. Figure 13 illustrates the HCs over the period under review. Curative services were estimated to be 66 per cent, 65 per cent and 65 per cent in 2014/15, 2015/16 and 2016/17 respectively, whereas preventive care hovered around 8 per cent in the second round of the NHA.

Figure 13: Expenditure by healthcare functions



The expenditure by HC is shown in Annexure 2d, which outlines the type of care and services consumed. According to Figure 14, inpatient curative care amounted to R101,276 billion, R109,922 billion and R131,487 billion in 2014/15, 2015/16 and 2016/17 respectively, while outpatient curative care was estimated to be R105,885 bmillion, R113,667 billion and R109,016 billion for the same years. This indicates that most of the health expenditure was allocated to formal admission to hospitals, rather than day-to-day healthcare. Only R8,941 billion of the curative care remained unspecified due to a lack of granular data on HCs, especially in public health facilities.

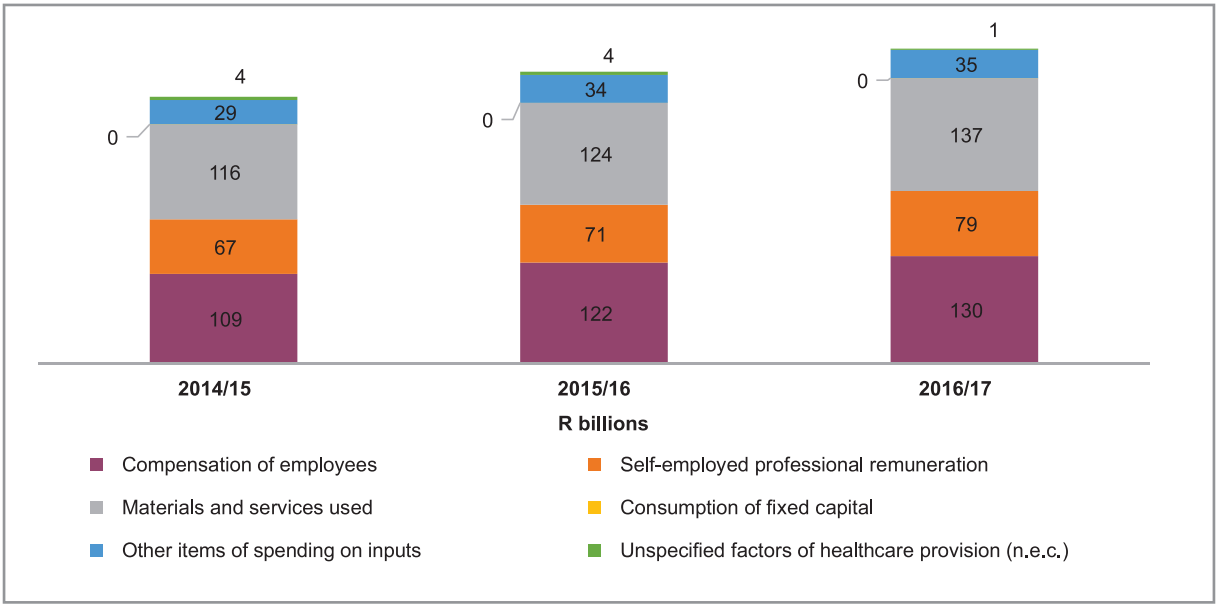
Figure 14: Comparison between inpatient and outpatient care



4.4 Health expenditure by factors of healthcare provision

The FP are defined as inputs used in the provision of healthcare goods and services, and include labour, capital, materials and services used. An attempt was made to include FP for the private health sector. However, due to the ambiguous fee structure in the private health sector, this was not possible. Figure 15 shows expenditure by FP classification for all three years.

Figure 15: Health expenditure by inputs in the process of healthcare provision



The public health sector spent more on compensation of employees, and materials and services used. The other forms of spending on inputs appear to have increased over the three-year period; this also applies to self-employed professional remuneration. Remuneration to the health workforce accounts for 54,7 per cent of THE, while healthcare services (including diagnostic and imaging services) account for 10,7 per cent. Pharmaceuticals accounted for 11,9 per cent of total current expenditure. Non-healthcare goods and services, including other items of spending, accounted for 16,9 per cent of CHE in 2016/17. Detailed expenditure on various items for all three years is provided in Table 3.

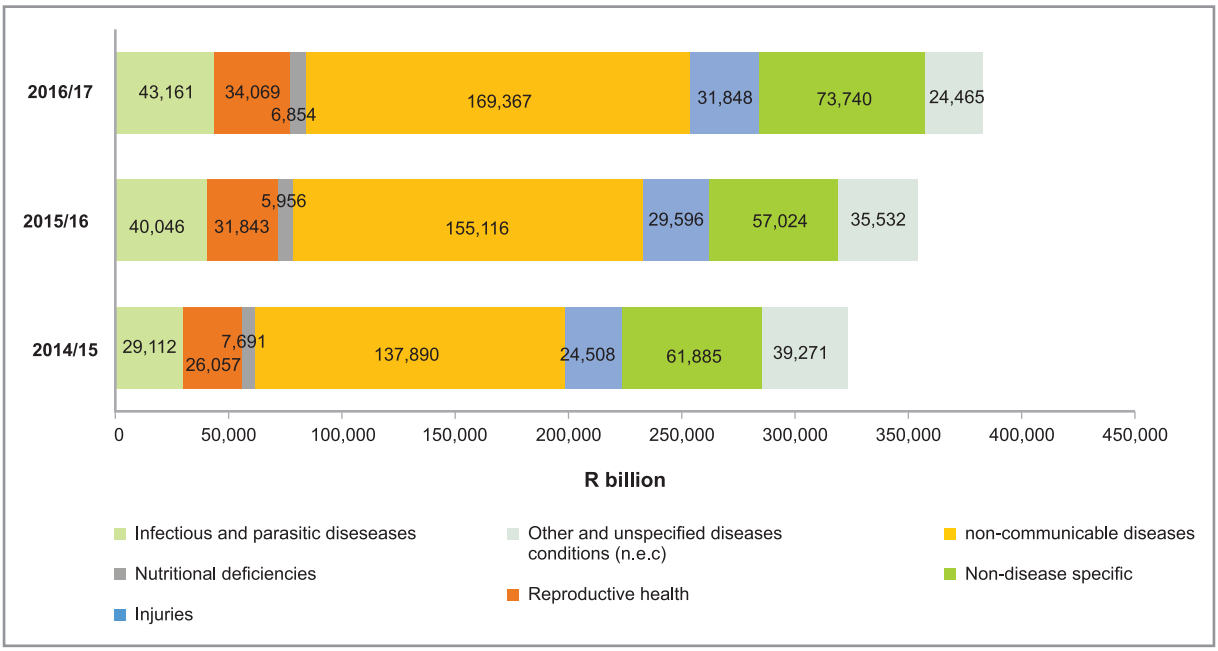
Table 3: The distribution of expenditure by factors of healthcare provision, R million

FS code	Description	2014/15	201516	2016/17
FP	**Factors of healthcare provision**	324 415	355 113	383 142
FP.1	**Compensation of employees**	108 534	122 292	130 434
FP.1.1	Wages and salaries	95 495	107 458	114 123
FP.1.2	Social contributions	11 901	13 368	14 662
FP.1.3	All other costs related to employees	1 139	1 466	1 649
FP.2	**Self-employed professional remuneration**	66 539	70 730	79 438
FP.3	**Materials and services used**	115 850	124 070	137 218
FP.3.1	Healthcare services	35 495	37 882	41 033
FP.3.1.1	Laboratory and imaging services	20 032	21 634	23 057
FP.3.1.nec	Other healthcare services	15 464	16 248	17 977
FP.3.2	Healthcare goods	56 382	59 503	66 072
FP.3.2.1	Pharmaceuticals	39 839	42 948	45 596
FP.3.2.1.4	Vaccines	1 481	1 580	1 893
FP.3.2.1.5	Contraceptives	585	448	558
FP.3.2.1.nec	Other pharmaceuticals (n.e.c.)	34 413	36 367	38 631
FP.3.2.2	Other healthcare goods	16 543	16 555	20 476
FP.3.3	Non-healthcare services	17 564	19 731	21 476
FP.3.4	Non-healthcare goods	3 978	4 753	6 477
FP.3.nec	Other materials and services used (n.e.c.)	2 431	2 202	2 160
FP.4	**Consumption of fixed capital**	184	105	116
FP.5	**Other items of spending on inputs**	29 321	33 601	34 519
FP.nec	Unspecified factors of healthcare provision (n.e.c.)	3 988	4 315	1 417

4.5 Health expenditure by disease, age and gender

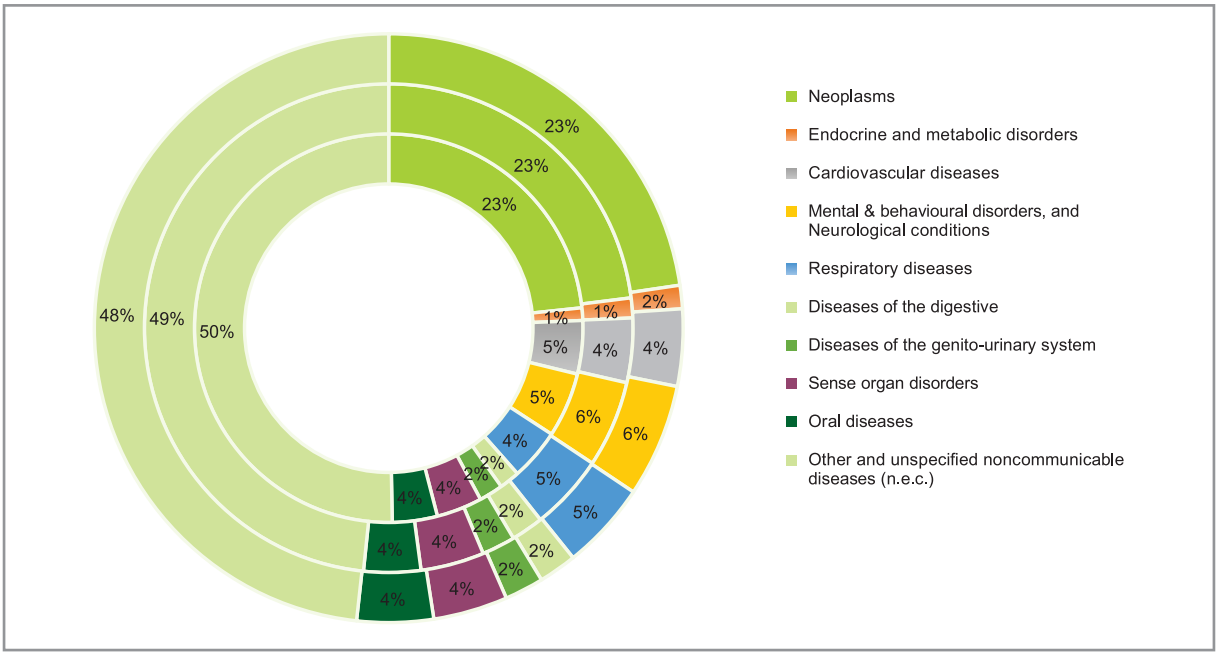
Figure 16 depicts the expenditure on various diseases. Non-communicable diseases are the biggest drivers of cost in the health sector, and increased from R137 billion in 2014/15 to R169 billion in 2016/17. The expenditure on reproductive health is estimated to have increased from R26 billion to R31 billion and R34 billion for the period under review, while the infectious disease expenditure is estimated to have increased from R29 billion to R40 billion and R43 billion over the period. The infectious disease classification is largely attributed to the management of HIV/AIDS and tuberculosis. The management of injuries also appears to have followed an increasing trend over the period, with expenditure of R24 billion, R29 billion and R31 billion per year.

Figure 16: Expenditure by disease classification



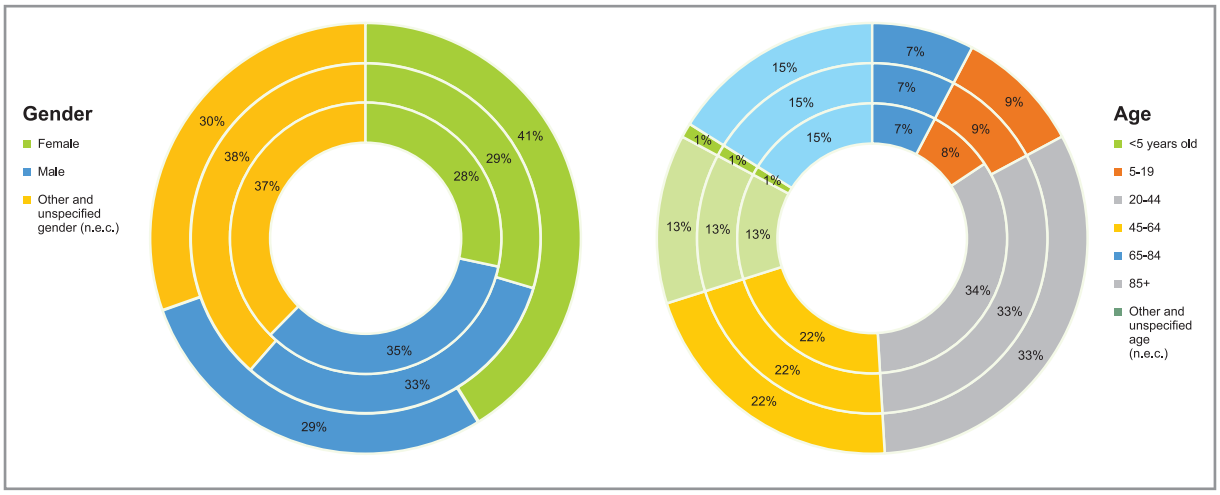
Close to 50% of non-communicable diseases are classified as "other and unspecified diseases/ conditions" due to the limited available disease classification in public health sector data. The second highest cost driver is neoplasms, followed by endocrine and metabolic disorders, followed by other chronic conditions such as mental and behavioural disorders, cardiovascular disease and respiratory disease.

Figure 17: Distribution of health expenditure by non-communicable disease



The distribution of age and gender is presented in Figure 18. Close to 40 per cent of CHE was consumed by the 20–44 year age group, followed by 21% for the 45–64 age group. Given the lack of available data on age in the public health sector, 15% of the age expenditure was allocated to "unspecified". Females consumed more health resources than males due to the differential in health-seeking behaviour. Similar to the age distribution, 15% of expenditure for gender was "unspecified". A more robust estimate of beneficiary dimensions will be attempted in next rounds of the NHA.

Figure 18: Health expenditure by age and gender



4.6 Sub-national level analysis

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. The district health system is the ultimate gold standard the NDoH seeks to achieve, wherein districts will be responsible for the purchase and delivery of healthcare. There are nine provincial departments of health that act as FAs to finance services produced by their own institutions, purchase services from HPs owned by other entities and reimburse the costs of services to patients who pay the bill directly to providers. Urban and populous provinces and districts consume most of the healthcare resources.

Figure 19: Provincial distribution of healthcare expenditure

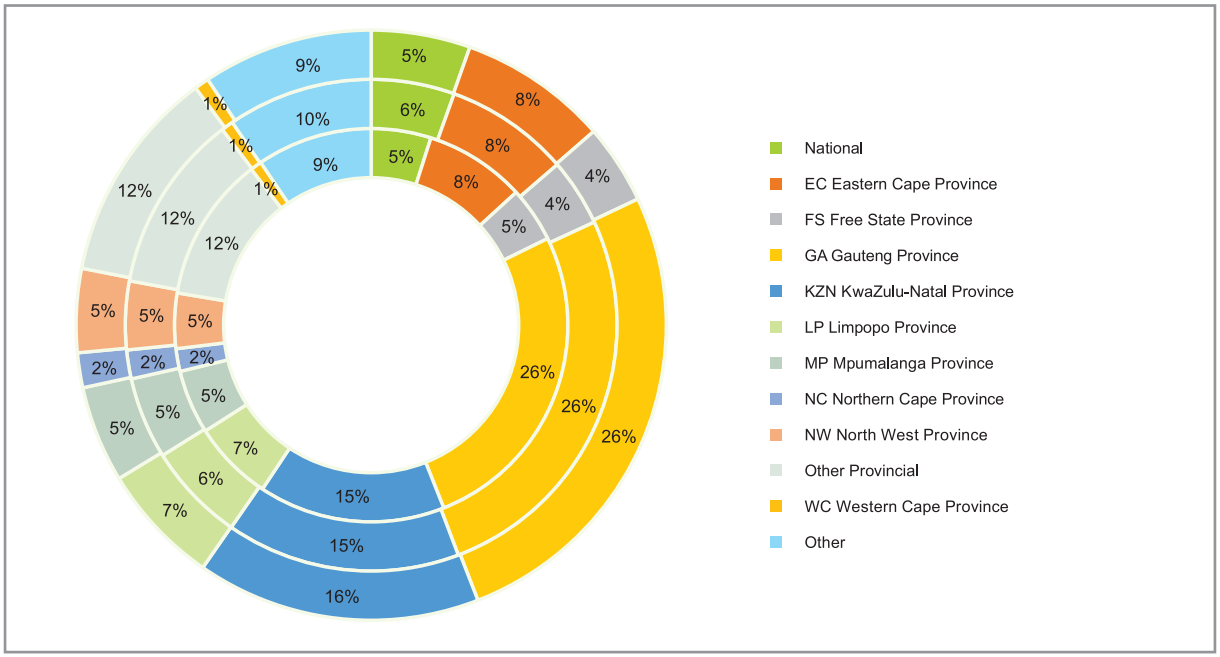


Figure 19 shows that close to 53 per cent of CHE was consumed by Gauteng (26,34 per cent), KwaZulu-Natal (15,55 per cent) and Western Cape (11,77 per cent) in 2016/17. Due to the lack of granular data, more than 10 per cent of expenditure could not be assigned to any province or national department.

Table 4: Healthcare expenditure per capita at provincial level

Provinces	2014/15 (Rand per capita)	2015/16 (Rand per capita)	2016/17 (Rand per capita)
Eastern Cape	4,049,16	4,368,58	4,687,59
Free State	5,229,49	5,572,65	5,881,69
Gauteng Province	6,364,32	6,756,71	7,110,16
KwaZulu-Natal	4,658,13	5,064,85	5,459,29
Limpopo	3,766,36	3,986,41	4,366,63
Mapumalanga	4,017,20	4,422,26	4,628,65
Northern Cape	5,099,15	5,610,39	6,009,99
North West	3,983,18	4,247,73	4,588,41
Western Cape	6,240,26	6,586,49	6,967,92
South Africa	**5,944,46**	**6,409,25**	**6,811,13**

Table 4 shows the per-capita expenditure for the three-year period. Nationally, the nominal per capita expenditure increased from R5,944 in 2014/15 to R6,811 in 2016/17. Northern Cape has a higher expenditure per capita because the population size is smaller than provinces such as Kwazulu-Natal, Limpopo, Mpumalanga, North West and the Free State. There is a higher proportion of expenditure per capita in Gauteng and the Western Cape due a higher concentration of the private health sector.

Table 5: Comparison of health expenditure per capita in public and private health sectors

Provinces	Public sector (Rand per capita)			Private sector (Rand per capita)		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
Eastern Cape	2,777	2,984	3,160	13,794	15,417	16,815
Free State	3,091	3,241	3,329	16,730	18,399	19,777
Gauteng Province	3,156	3,342	3,481	15,195	16,351	17,188
KwaZulu-Natal	3,114	3,408	3,650	14,457	15,946	17,134
Limpopo	2,630	2,749	3,030	15,506	17,485	18,570
Mapumalanga	2,244	2,533	2,557	13,775	15,199	16,866
Northern Cape	3,155	3,510	3,735	14,061	15,611	17,079
North West	2,339	2,481	2,671	13,402	14,751	16,625
Western Cape	3,542	3,680	3,857	15,153	16,389	17,572
National average	**3,252**	**3,495**	**3,677**	**17,188**	**18,825**	**20,141**

Table 5 shows the distribution of expenditure per capita across the public and private health sectors. More expenditure was incurred in the private health sector over the three-year period. Gauteng and the Western Cape have the highest expenditures in both public and private sectors, while the Eastern Cape and North West have the lowest expenditure per capita in the private health sector.

4.7 Capital account

The capital account of the SHA is made up of gross fixed capital formation, changes in inventories and acquisitions less disposables. Gross fixed capital formation includes assets that providers acquire and can be used for more than a year and are not durable, such as hospital buildings,

ambulances, computer equipment, and diagnostic and therapeutic equipment. As a follow-up to the previous NHA report, capital health expenditure for the private sector was not calculated because there is no separation of the tariff for operating versus capital costs. As a result, the claims expenditure taken from the CMS is inclusive of the capital spend by hospital groups.

Figure 20: Gross fixed capital formation expenditure of the public health sector

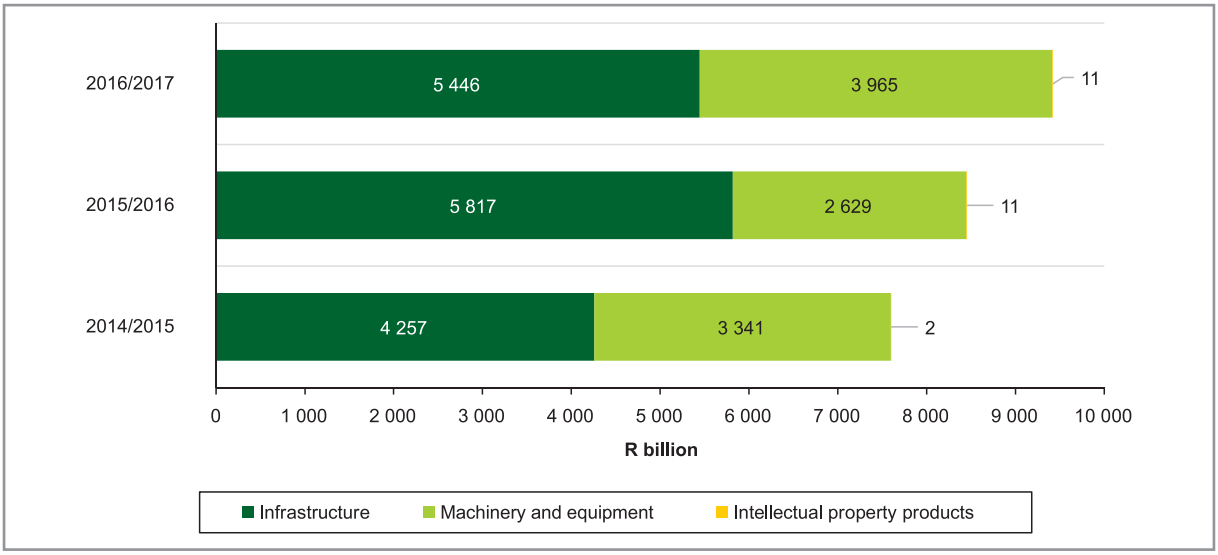


Figure 20 provides an overview of the assets acquired by the government across the financial years under review. A large amount of capital investment is towards infrastructure, followed by machinery and equipment. The capital expenditure compared to CHE is much lower in all three years of Round 2.

Table 6: Gross fixed capital formation, R million

HK Code	Description	2014/15	2015/16	2016/17
HK	**Gross fixed capital formation**	**7 603**	**9 913**	**9 422**
HK.1	**Gross capital formation**	**7 603**	**9 913**	**9 422**
HK.1.1	Gross fixed capital formation	7 600	8 457	9 422
HK.1.1.1	Infrastructure	4 257	5 817	5 446
HK.1.1.1.1	Residential and non-residential buildings	4 232	5 765	5 446
HK.1.1.1.2	Other structures	25	51	0
HK.1.1.2	Machinery and equipment	3 341	2 629	3 965
HK.1.1.2.1	Medical equipment	919	1 375	2 808
HK.1.1.2.2	Transport equipment	859	711	660
HK.1.1.2.3	ICT equipment	233	226	140
HK.1.1.2.4	Machinery and equipment (n.e.c.)	1 330	317	358
HK.1.1.3	Intellectual property products	2	11	11
HK.1.1.3.1	Computer software and databases	2	11	11
HK.1.2	**Changes in inventories**		**1 316**	
HK.1.nec	Unspecified gross capital formation (n.e.c.)	3	140	

5. Conclusions and recommendations

- The THE in South Africa was R332,02 billion in 2014/15, R365,03 billion in 2015/16 and R392,56 billion in 2016/17). This amounted to 8,59 per cent, 8,84 per cent and 8,86 per cent of the GDP for those respective years.
- Government schemes and voluntary health insurance control almost equal funds at around 46 per cent of CHE in each year. However, government as a financial institution providing revenue to financing schemes accounted for R180,8 billion (2014/15), R203,2 billion (2015/16) and R217,7 billion (2016/17) of CHE in the respective years. This translates to 55,7 per cent, 57,2 per cent and 56,7 per cent over the three-year period. This means that almost 60 per cent of healthcare funding in South Africa is provided by the government.
- Public financing in South Africa is primarily administered by the provincial governments. Although provinces manage just over 41 per cent of the HF, they make financing arrangements for raising revenue, pooling/managing resources and purchasing services for 90 per cent of the government financing agents. The central government, through instruments such as conditional grants, administered 4,1 per cent, 4,5 per cent and 4,3 per cent for 2014/15, 2015/16 and 2016/17 respectively. The current arrangement may pose challenges to the NHI funding model.
- Out-of-pocket expenditure amounted to 5,7 per cent of CHE in 2014/15 and 5,8 per cent in the second and third years. Of this, 30 per cent is out-of-pocket expenditure excluding cost-sharing and 70 per cent is cost-sharing with third-party payers. Cost-sharing with government schemes makes up 7 per cent of the cost-sharing with third-party payers, while 63 per cent is cost-sharing with voluntary insurance schemes. Data need to be improved on out-of-pocket expenditure and the impoverishment due to healthcare expenditures in line with the Sustainable Development Goals indicator 3.8.2. It is recommended that data on these areas be included in existing surveys by Stats SA based on the recall period for at least one year on inpatient costs and assessing services foregone .
- In terms of HFs, over 66 per cent was spent on curative care. Preventive care amounted to only 4,4 per cent of CHE in 2014/15, increased to 7,4 per cent in 2015/16 and went up slightly to 7,9 per cent in 2016/17. On the other hand, administrative services accounted for 12 per cent of CHE. More still needs to be done to shift spending towards integrated people-centred primary healthcare and health promotion and prevention.
- Services are hospi-centric, with 46 per cent of all expenditure taking place in hospitals, while ambulatory healthcare amounted to just over 21 per cent of CHE for the three years under review. Schools, prisons and other secondary healthcare providers such as pharmacies made up only 3 per cent of all the providers for all the years. In terms of the primary healthcare approach, and better value for money, healthcare should be community-based and preventive in nature. This will involve working closely with other sectors that have an impact on health: for instance, the education sector to improve health literacy and promote better nutrition, and the urban and rural development sector to improve water and sanitation, create spaces for exercise, develop infrastructure to encourage cycling and walking, minimise hazards, and improve waste management.
- Expenditure by diseases follows the quadruple burden of diseases. For example, in 2016/17, expenditure on infectious and parasitic diseases was 11,3 per cent, reproductive health was 9 per cent, non-communicable diseases was 43,7 per cent and injuries was 8,3 per cent. An improvement can be observed expenditure on unspecified diseases/ conditions (n.e.c.) to 10 per cent of CHE in 2016/17 from the 57 per cent of 2013/14 of the first-round estimates. Demographic shifts and the increase in the burden of non-

communicable diseases underscore the need for investment in preventive approaches and a greater focus on non-communicable diseases.

- The data gaps and challenges with accessing standardised health sector financing data necessitate that the NHA are further strengthened. This requires establishing institutional mechanisms for data sharing between ministries and agencies, generating additional data where gaps exist, strengthening the NHA core team within the NDOH, and, most importantly, increasing the use of the NHA to inform the development of health policies and strategies.
- It is proposed that a detailed study be conducted to improve estimates on disease and HCs. In Round 1, a study was conducted by BroadReach Healthcare on clinics to calculate the expenditures by diseases, age and gender. Additional data was obtained from the District Health Information System, Inkosi Albert Luthuli Central Hospital and MediKredit Integrated Healthcare Solutions (Pty) Ltd to calculate the beneficiary dimensions of age, gender and disease for the public health sector. Any study that is undertaken to address this gap needs to complement the overall NHI objective of improving the quality of healthcare in public hospitals.
- The development of an interactive dashboard is proposed to improve the utility of the NHA at national, provincial and district level. Such a dashboard would complement the WHO's existing Global Health Expenditure Database. Moreover, changes proposed for the HAPT may include reporting data customised for individual countries. Access to the dashboard by different levels of government will enhance evidence-based policymaking.
- A survey of donors, non-governmental organisations and private firms using a representative sample is proposed to allow better tracking of donor funding. The Basic Accounting System provides adequate information on intra-budget donors. However, the extra-budget donors both externally and domestically may likely have been underestimated in both the first and second study. To calculate health expenditures by non-governmental organisations and private firms, a representative sample study may be the ideal approach considering their number and the numerical contribution to healthcare expenditure.
- The way forward for the NHA project is to maintain collaboration with the CMS, National Treasury and WHO, and to include more directorates within NDoH such as the District Health Information System, NHI and Hospital services. To ensure the project remains sustainable and effective, the NHA core team within the NDoH needs to be capacitated technically and numerically in terms of human recourses.

Additional Tables

Annexure – 2a Health Financing Agent (FA), R million

FA code	Description	2014/15	2015/16	2016/17
FA	**Financing agents**	324 415	355 113	383 142
FA.1	**General government**	148 817	162 857	174 177
FA.1.1	Central government	13 414	16 099	16 560
FA.1.1.1	Ministry of Health	3 433	5 375	5 368
FA.1.1.2	Other ministries and public units (belonging to central government)	9 981	10 724	11 192
FA.1.2	State/Regional/Local government	135 403	146 757	157 617
FA.1.2.1	Provincial Department of Health	130 766	143 027	153 514
FA.1.2.2	Municipalities and metros	4 637	3 730	4 103
FA.2	**Insurance corporations**	151 534	165 876	178 854
FA.2.1	Commercial insurance companies	6 511	6 709	6 096
FA.2.2	Mutual and other non-profit insurance organisations	142 486	154 987	167 674
FA.2.nec	Unspecified insurance corporations (n.e.c.)	2 537	4 180	5 084
FA.4	**NPISH**	5 635	5 958	7 863

Annexure – 2b Health Financing Schemes (HF), R million

HF code	Description	2014/15	2015/16	2016/17
HF	**Financing schemes**	324 415	355 113	383 142
HF.1	**Government schemes and compulsory contributory healthcare financing schemes**	150 710	165 926	178 529
HF.1.1	**Government schemes**	150 710	165 926	178 529
HF.1.1.1	Central government schemes	32 162	34 267	43 640
HF.1.1.2	State/Regional/Local government schemes	116 012	127 479	129 805
HF.1.1.2.1	Provincial government	111 375	123 749	125 702
HF.1.1.2.nec	Other state/Regional/Local government schemes	4 637	3 730	4 103
HF.1.1.nec	Unspecified government schemes (n.e.c.)	2 537	4 180	5 084
HF.2	**Voluntary healthcare payment schemes**	154 327	167 654	181 633
HF.2.1	Voluntary health insurance schemes	148 997	161 696	173 771
HF.2.1.2	Complementary/Supplementary insurance schemes	142 486	154 987	167 674
HF.2.1.2.2	Other complementary/supplementary insurance	142 486	154 987	167 674
HF.2.1.2.2.1	Restricted medical aid schemes	58 527	63 767	69 140
HF.2.1.2.2.2	Open medical aid schemes	83 959	91 220	98 534
HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)	6 511	6 709	6 096
HF.2.2	NPISH financing schemes (including development agencies)	5,330	5 958	7 863
HF.3	**Household OOP payment**	18 430	20 422	22 248
HF.3.1	OOP excluding cost-sharing	5 459	5 888	6 322
HF.3.2	Cost sharing with third-party payers	12 971	14 534	15 926
HF.4	**Rest of the world financing schemes (non-resident)**	948	1 111	732

Annexure – 2c Healthcare Provider (HP), R million

HP code	Description	2014/15 R	2015/16 R	2016/17 R
HP	**Healthcare providers**	324 415	355 113	383 142
HP.1	**Hospitals**	148 489	161 851	175 485
HP.1.1	General hospitals	129 630	139 827	152 457
HP.1.1.1	Public general hospitals	74 965	80 156	87 727
HP.1.1.1.1	Central hospitals	19 763	20 902	22 515
HP.1.1.1.2	Tertiary hospitals	10 725	12 087	13 153
HP.1.1.1.3	Regional hospitals	17 438	18 058	20 361
HP.1.1.1.4	District hospitals	25 677	28 118	31 009
HP.1.1.1.nec	Other public general hospitals	1 363	991	690
HP.1.1.2	Private general hospitals	54 665	59 671	64 730
HP.1.2	Mental health hospitals	3 954	4 261	3 527
HP.1.3	Specialised hospitals (other than mental health hospitals)	12 258	13 475	14 341
HP.1.3.1	Public specialised hospitals	2 277	2 610	2 585
HP.1.3.2	Private specialised hospitals	9 981	10 865	11 756
HP.1.nec	Unspecified hospitals (n.e.c.)	2 647	4 289	5 159
HP.2	**Residential long-term care facilities**	606	678	755
HP.3	**Providers of ambulatory healthcare**	69 855	75 132	81 428
HP.3.1	Medical practices	25 094	27 492	29 737
HP.3.2	Dental practice	9 285	10 123	11 013
HP.3.3	Other healthcare practitioners	4 902	5 384	5 808
HP.3.4	Ambulatory healthcare centres	30 287	31 852	34 588
HP.3.4.9.1	Public all other ambulatory centres	28 420	30 549	33 174
HP.3.4.9.nec	Other all other ambulatory centres	673		
HP.3.5	Providers of home healthcare services	29	38	66
HP.3.nec	Unspecified providers of ambulatory healthcare (n.e.c.)	258	243	216
HP.4	**Providers of ancillary services**	18 296	20 026	21 015

HP code	Description	2014/15 R	2015/16 R	2016/17 R
HP.4.1	Providers of patient transportation and emergency rescue	4 538	4 947	5 507
HP.4.2	Medical and diagnostic laboratories	12 968	14 357	14 726
HP.4.9	Other providers of ancillary services	790	722	781
HP.5	**Retailers and other providers of medical goods**	26 177	28 470	30 523
HP.5.1	Pharmacies	25 971	28 284	30 320
HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances	149	162	176
HP.5.9	All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods	57	25	26
HP.6	**Providers of preventive care**	3 814	4 175	7 156
HP.7	**Providers of healthcare system administration and financing**	41 373	46 337	47 770
HP.7.1	Government health administration agencies	25 345	28 771	29 363
HP.7.3	Private health insurance administration agencies	14 240	15 331	15 893
HP.7.9	Other administration agencies	1 788	2 235	2 514
HP.8	**Rest of economy**	9 993	11 018	11 202
HP.8.2	All other industries as secondary providers of healthcare	9 993	11 018	11 202
HP.8.2.1	Schools	5 701	5 925	6 320
HP.8.2.2	Prisons	659	816	914
HP.8.2.nec	Other all other industries as secondary providers of healthcare	3 633	4 277	3 968
HP.nec	Unspecified healthcare providers (n.e.c.)	5 812	7 425	7 808

Annexure – 2d Healthcare functions, R million

HC code	Description	2014/15	2015/16	2016/17
HC	**Healthcare functions**	324 415	355 113	383 142
HC.1	**Curative care**	214 336	231 937	250 853
HC.1.1	Inpatient curative care	101 276	109 922	131 487
HC.1.2	Day curative care	1 227	1 199	1 298
HC.1.3	Outpatient curative care	105 885	113 667	109 016
HC.1.4	Home-based curative care	68	42	112
HC.1.nec	Unspecified curative care (n.e.c.)	5 881	7 107	8 941
HC.2	**Rehabilitative care**	879	954	1 137
HC.3	**Long-term care (health)**	122	459	307
HC.4	**Ancillary services (non-specified by function)**	18 790	20 799	22 200
HC.4.1	Laboratory services	10 527	11 172	11 738
HC.4.2	Imaging services	3 534	3 873	4 187
HC.4.3	Patient transportation	4 538	4 947	5 437
HC.4.nec	Unspecified ancillary services (n.e.c.)	191	807	838
HC.5	**Medical goods (non-specified by function)**	29 656	31 043	34 629
HC.6	**Preventive care**	14 174	26 427	30 172
HC.7	**Governance, and health system and financing admin.**	38 726	41 838	42 102
HC.9	**Other healthcare services not elsewhere classified (n.e.c.)**	7 732	1 657	1 742

Annexure – 2e Disease classification (DIS), R million

DIS code	Description	2014/15	2015/16	2016/17
DIS	Classification of diseases/conditions	324 415	355 113	383 142
DIS.1	Infectious and parasitic diseases	29 112	40 046	43 161
DIS.1.2	TB	3 399	3 637	3 531
DIS.1.3	Malaria			79
DIS.1.6	Neglected tropical diseases			151
DIS.1.7	Vaccine preventable diseases		3 076	4 662
DIS.1.nec	Other and unspecified infectious and parasitic diseases	3 544	3 713	4 428
DIS.2	**Reproductive health**	26 057	31 843	34 069
DIS.3	**Nutritional deficiencies**	5 691	5 956	6 854
DIS.4	Non-communicable diseases	137 890	155 116	169 367
DIS.4.1	Neoplasms	32 162	35 703	38 387
DIS.4.2	Endocrine and metabolic disorders	1 439	2 039	2 174
DIS.4.3	Cardiovascular diseases	6 114	6 608	7 165
DIS.4.4	Mental & behavioural disorders, and neurological conditions	7 426	8 889	10 519
DIS.4.5	Respiratory diseases	5 911	7 785	8199
DIS.4.6	Diseases of the digestive system	2 345	3 312	3 536
DIS.4.7	Diseases of the genitourinary system	2 752	3 427	3 629
DIS.4.8	Sense organ disorders	5 237	6 517	6 925
DIS.4.9	Oral diseases	5 166	5 844	7 108
DIS.4.nec	Other and unspecified non-communicable diseases (n.e.c.)	69 339	74 992	81 724
DIS.5	**Injuries**	24 508	29 596	31 484
DIS.6	**Non-disease specific**	61 885	57 024	73 740
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	39 271	35 532	24 465

Annexure 2F - Subnational classification

SNL code	Description	2014/15 R million	2015/16 R million	2016/17 R million
SNL	**Sub-national Level**	324 415	355 113	383 142
SNL.1	**National**	15 951	19 473	20 811
SNL.1.1	NDoH	3 977	4 568	4 535
SNL.1.2	CS	652	816	914
SNL.1.3	DBE	5 152	5 917	6 309
SNL.1.4	DDMV	3 633	3 992	3 968
SNL.1.nec	Other national	2 537	4 180	5 084
SNL.2	**Provincial**	277 673	301 718	326 558
SNL.2.1	EC province	26 864	29 068	31 288
SNL.2.1.1	Alfred Nzo District Municipality	965	978	1 051
SNL.2.1.2	Amathole District Municipality	1 419	1 432	1 602
SNL.2.1.3	Buffalo City Metropolitan Municipality	2 468	2 715	2 835
SNL.2.1.4	Cacadu District Municipality	1 326	1 286	1 437
SNL.2.1.5	Chris Hani District Municipality	1 750	1 874	1 966
SNL.2.1.6	Joe Gqabi District Municipality	695	705	750
SNL.2.1.7	Nelson Mandela Bay Municipality	2 676	2 956	3 124
SNL.2.1.8	Oliver Tambo District Municipality	2 904	3 266	3 448
SNL.2.1.nec	Other EC province	12 661	13 858	15 075
SNL.2.2	**FS province**	14 731	15 783	16 750
SNL.2.2.1	Fezile Dabi District Municipality	722	773	804
SNL.2.2.2	Lejweleputswa District Municipality	819	866	914
SNL.2.2.3	Mangaung Metropolitan Municipality	3 085	3 203	3 357
SNL.2.2.4	Thabo Mofutsanyane District Municipality	1 173	1 267	1 323
SNL.2.2.5	Xhariep District Municipality	243	254	288
SNL.2.2.nec	Other FS province	8 690	9 421	10 064

SNL code	Description	2014/15 R million	2015/16 R million	2016/17 R million
SNL.2.3	**GP**	85 135	92 756	100 148
SNL.2.3.1	City of Johannesburg Metropolitan Municipality	11 927	13 541	14 041
SNL.2.3.2	City of Tshwane Metropolitan Municipality	7 819	9 151	9 905
SNL.2.3.3	Ekurhuleni Metropolitan Municipality	4 767	5 469	5 964
SNL.2.3.4	Sedibeng District Municipality	1 725	1 923	2 125
SNL.2.3.5	West Rand District Municipality	2 107	2 389	2 506
SNL.2.3.nec	Other GP	56 790	60 283	65 607
SNL.2.4	**KZN province**	49 781	54 706	59 595
SNL.2.4.1	Amajuba District Municipality	1 271	1 428	1 499
SNL.2.4.10	Uthungulu District Municipality	2 330	2 635	2 775
SNL.2.4.11	Zululand District Municipality	1 693	1 813	1 906
SNL.2.4.2	eThekwini Metropolitan Municipality	9 603	8 498	9 012
SNL.2.4.3	Harry Gwala District Municipality	1 093	1 163	1 250
SNL.2.4.4	iLembe District Municipality	1 329	1 496	1 590
SNL.2.4.5	Ugu District Municipality	1 868	2 058	2 175
SNL.2.4.6	uMgungundlovu District Municipality	3 773	4 118	4 283
SNL.2.4.7	uMkhanyakude District Municipality	1 494	1 654	1 777
SNL.2.4.8	uMzinyathi District Municipality	1 203	1 310	1 493
SNL.2.4.9	uThukela District Municipality	1 276	1 429	1 578
SNL.2.4.nec	Other KZN province	22 849	27 105	30 258
SNL.2.5	**Limpopo Province**	21 536	23 015	25 454
SNL.2.5.1	Capricorn District Municipality	4 448	3 658	3 810
SNL.2.5.2	Mopani District Municipality	1 750	2 244	2 090
SNL.2.5.3	Sekhukhune District Municipality	2 061	1 876	2 409
SNL.2.5.4	Vhembe District Municipality	2 555	2 819	3 124
SNL.2.5.5	Waterberg District Municipality	1 285	1 389	1 509
SNL.2.5.nec	Other LP	9 438	11 029	12513

SNL code	Description	2014/15 R million	2015/16 R million	2016/17 R million
SNL.2.6	**Mpumalanga Province**	17 055	19 070	20 269
SNL.2.6.1	Ehlanzeni District Municipality	3 243	3 574	3 889
SNL.2.6.2	Gert Sibande District Municipality	1 618	1 893	1 985
SNL.2.6.3	Nkangala District Municipality	1 605	1 891	1 954
SNL.2.6.nec	Other MP	10 589	11 713	12 441
SNL.2.7	**Northern Cape province**	6 052	6 743	7 317
SNL.2.7.1	Frances Baard District Municipality	1 362	1 723	1 605
SNL.2.7.2	John Taolo Gaetsewe District Municipality	347	384	367
SNL.2.7.3	Namakwa District Municipality	266	297	189
SNL.2.7.4	Pixley ka Seme District Municipality	339	397	574
SNL.2.7.5	Zwelentlanga Fatman Mgcawu District Municipality	285	417	986
SNL.2.7.nec	Other NC province	3 452	3 525	3 596
SNL.2.8	**North West province**	14 735	15 992	17 583
SNL.2.8.1	Bojanala Platinum District Municipality	1 717	1 770	1 912
SNL.2.8.2	Dr Kenneth Kaunda District Municipality	1 955	2 015	2 150
SNL.2.8.3	Dr Ruth Segomotsi Mompati District Municipality	933	921	989
SNL.2.8.4	Ngaka Modiri Molema District Municipality	1 683	1 620	1 699
SNL.2.8.nec	Other NW province	8 447	9 666	10 832
SNL.2.9	**Western Cape province**	38 747	41 749	45 087
SNL.2.9.1	Cape Winelands District Municipality	1 474	1 591	1 741
SNL.2.9.2	Central Karoo District Municipality	210	221	232
SNL.2.9.3	City of Cape Town Metropolitan Municipality	12 394	13 459	14 343
SNL.2.9.4	Eden District Municipality	1 212	1 293	1 406
SNL.2.9.5	Overberg District Municipality	412	452	492
SNL.2.9.6	West Coast District Municipality	578	648	718
SNL.2.9.nec	Other WC province	22 467	24 086	26 155
SNL.2.nec	Other provincial	3 036	2 835	3 067
SNL.9	**Other**	30 791	33 922	35 773

2014/15 Cross-mapping tables of health expenditure

Cross Table 1—HF x FS

	FS revenues of healthcare financing schemes	FS.1	FS.2	FS.5	FS.6	FS.7	FS TOTAL
HF schemes		Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Voluntary prepayment	Other domestic revenues n.e.c.	Direct foreign transfers	All FS
HF.1	**Government schemes and compulsory contributory healthcare financing schemes**	150 454	257		0		150 710
HF.1.1	Government schemes	150 454	257		0		150 710
HF.1.1.1	Central government schemes	31 905	257				32 162
HF.1.1.2	State/Regional/Local government schemes	116 012			0		116 012
HF.1.1.2.1	Provincial government	111 375			0		111 375
HF.2	**Voluntary healthcare payment schemes**	30 344	643	118 653	0	4 687	154 327
HF.2.1	Voluntary health insurance schemes	30 344		118 653			148 997
HF.2.1.2	Complementary/supplementary insurance schemes	30 344		112 142			142 486
HF.2.1.2.2	Other complementary/supplementary insurance	30 344		112 142			142 486
HF.2.1.2.2.1	Restricted medical aid schemes	20 374		38 153			58 527
HF.2.1.2.2.2	Open medical aid schemes	9 970		73 988			83 959
HF.2.2	NPISH HF (including development agencies)	0	643		0	4 687	5 330
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)				0		0
HF.2.2.2	Resident foreign agencies schemes	0	643			4 687	5 330
HF.3	**Household OOP payment**				18 430		18 430
HF.3.1	OOP excluding cost-sharing				5 459		5 459
HF.3.2	Cost sharing with third-party payers				12 971		12 971

	FS revenues of healthcare financing schemes	FS.1	FS.2	FS.5	FS.6	FS.7	FS TOTAL
HF.3.2.1	Cost sharing with government schemes and compulsory contributory health insurance schemes				967		967
HF.3.2.2	Cost sharing with voluntary insurance schemes				12 004		12 004
HF.3.2.2.nec	Other cost sharing with voluntary insurance schemes				12 004		12 004
HF.4	**Rest of the world financing schemes (non-resident)**					948	948
	All HF	**180 798**	**900**	**118 653**	**18 430**	**5 635**	**324 415**

Cross Table 2 –HF x FA

FA Financing agents	FA.1	FA.2	FA.4	FA.5	FA. TOTAL
HF schemes (R million)	General government	Insurance corporations	NPISH	Households	All FA
HF.1 Government schemes and compulsory contributory healthcare financing schemes	148 174	2 537			150 710
HF.1.1 Government schemes	148 174	2 537			150 710
HF.1.1.1 Central government schemes	32 162				32 162
HF.1.1.2 State/Regional/Local government schemes	116 012				116 012
HF.2 Voluntary healthcare payment schemes	643	148 997	4 687		154 327
HF.2.1 Voluntary health insurance schemes		148 997			148 997
HF.2.1.2 Complementary/Supplementary insurance schemes		142 486			142 486
HF.2.1.2.2 Other complementary/supplementary insurance		142 486			142 486
HF.2.1.2.2.1 Restricted medical aid schemes		58 527			58 527
HF.2.1.2.2.2 Open medical aid schemes		83 959			83 959
HF.2.2 NPISH financing schemes (including development agencies)	643		4 687		5 330
HF.2.2.1 NPISH financing schemes (excluding HF.2.2.2)	0				0
HF.2.2.2 Resident foreign agencies schemes	643		4 687		5 330
HF.3 Household OOP payment				18 430	18 430
HF.3.1 OOP excluding cost-sharing				5 459	5 459
HF.3.2 Cost sharing with third-party payers				12 971	12 971
HF.3.2.1 Cost sharing with government schemes and compulsory contributory health insurance schemes				967	967
HF.3.2.2 Cost sharing with voluntary insurance				12 004	12 004
HF.4 Rest of the world financing schemes (non-resident)			948		948
HF.TOTAL	**148 817**	**151 534**	**5 635**	**18 430**	**324 415**

Cross Table 3—HP x HF

	HF schemes	HF.1	HF.2	HF.3	HF.4	HF TOTAL
HP	(R million)	Government schemes and compulsory contributory healthcare financing schemes	Voluntary healthcare payment schemes	Household OOP payment	Rest of the world financing schemes (non-resident)	All HF
HP.1	**Hospitals**	**81 598**	**63 804**	**3 087**		**148 489**
HP.1.1	General hospitals	73 576	53 044	3 010		129 630
HP.1.1.1	Public general hospitals	73 576	950	439		74 965
HP.1.1.1.1	Central hospitals	19 763				19 763
HP.1.1.1.2	Tertiary hospitals	10 699		26		10 725
HP.1.1.1.3	Regional hospitals	17 438				17 438
HP.1.1.1.4	District hospitals	25 677				25 677
HP.1.1.1.nec	Other public general hospitals		950	413		1 363
HP.1.1.2	Private general hospitals		52 095	2 571		54 665
HP.1.2	Mental health hospitals	3 208	722	24		3 954
HP.1.2.1	Public mental health hospitals	3 208				3 208
HP.1.2.2	Private mental health hospitals		722	24		746
HP.1.3	Specialised hospitals (other than mental health hospitals)	2 277	9 978	3		12 258
HP.1.3.1	Public specialised hospitals	2 277				2 277
HP.1.3.2	Private specialised hospitals		9 978	3		9 981
HP.1.nec	Unspecified hospitals (n.e.c.)	2 537	61	50		2 647
HP.2	**Residential long-term care facilities**	275	309	23		606
HP.3	**Providers of ambulatory healthcare**	27 351	31 297	10 956	251	69 855
HP.3.1	Medical practices		20 168	4 926		25 094
HP.3.2	Dental practice	0	8 181	1 104		9 285

	HF schemes	HF.1	HF.2	HF.3	HF.4	HF TOTAL
HP	(R million)	Government schemes and compulsory contributory healthcare financing schemes	Voluntary healthcare payment schemes	Household OOP payment	Rest of the world financing schemes (non-resident)	All HF
HP.3.3	Other healthcare practitioners		2	4,900		4 902
HP.3.4	Ambulatory healthcare centres	27 315	2 946	26		30 287
HP.3.5	**Providers of home healthcare services**	29				29
HP.3.nec	Unspecified providers of ambulatory healthcare (n.e.c.)	7			251	258
HP.4	Providers of ancillary services	5 104	11 951	1 241		18 296
HP.4.1	Providers of patient transportation and emergency rescue	3 891	623	23		4 538
HP.4.2	Medical and diagnostic laboratories	535	11 327	1 106		12 968
HP.4.9	Other providers of ancillary services	678		112		790
HP.5	**Retailers and other providers of medical goods**	1 419	21 600	3 124	34	26 177
HP.6	**Providers of preventive care**	261	2 890		663	3 814
HP.7	**Providers of healthcare system administration and financing**	24 702	16 671			41 373
HP.7.1	Government health administration agencies	24 702	643			25 345
HP.7.3	Private health insurance administration agencies		14 240			14 240
HP.7.9	Other administration agencies		1 788			1 788
HP.8	**Rest of economy**	9 986	8			9 993
HP.nec	Unspecified healthcare providers (n.e.c.)	15	5 797			5 812
HP.TOTAL	**All HP**	**150 710**	**154 327**	**18 430**	**948**	**324 415**

Cross Table 4—HP X FP

FP Factors of health care provision	FP.1	FP.2	FP.3	FP.4	FP.5	FP.TOTAL
HP Health care providers - million	Compensation of employees	Self-employed professional remuneration	Materials and services used	Consumption of fixed capital	Other items of spending on inputs	All FP
HP.1 Hospital	71 023	30 833	41 025	53	3 630	148 489
HP.1.1 General hospitals	66 514	18 882	38 851		3 541	129 630
HP.1.1.1 Public general hospitals	55 334	106	18 638		750	74 965
HP.1.1.1.1 Central hospitals	13 830		5 823		110	19 763
HP.1.1.1.2 Tertiary hospitals	7 836		2 824		39	10 725
HP.1.1.1.3 Regional hospitals	13 132		4 143		163	17 438
HP.1.1.1.4 District hospitals	20 318		5 068		291	25 677
HP.1.1.2 Private general hospitals	11 180	18 776	20 212		2 791	54 665
HP.1.2 Mental health hospitals	2 885	244	743		51	3 954
HP.1.2.1 Public mental health hospitals	2 713		487		8	3 208
HP.1.2.2 Private mental health hospitals	172	244	256		43	746
HP.1.3 Specialised hospitals (Other than mental health hospitals	1 406	9 911	927		10	12 258
HP.1.3.1 Public specialised hospitals	1 376		891		10	2 277
HP.1.3.1.1 TB Hospitals	955		367		0	1 322
HP.1.3.2 Private specialised hospitals	31	9 911	36			9 981
HP.2 Residential long-term care facilities	236	181	153		11	606
HP.2.1 Long-term nursing care facilities	191	118	86		0	395
HP.2.1.1 Public long-term nursing care facilities	190		85		0	275
HP.2.1.2 Private long-term nursing care facilities	1	118	1		0	120
HP.2.2 Mental health and substance abuse facilities	44	63	66		11	208
HP.2.2.2 Private mental health and substance abuse facilities	44	63	66		11	208
HP.2.9 Other residential long-term care facilities	1	1	1		0	3

FP Factors of health care provision	FP.1	FP.2	FP.3	FP.4	FP.5	FP.TOTAL
HP.2.9.2 Private other residential long-term care facilities	1	1	1		0	3
HP.3 Providers of ambulatory health care	19 676	35 524	13 239	131	1 161	69 855
HP.3.1 Medical practices	1	24 099	994		0	25 094
HP.3.2 Dental practice	0	9 187	97			9 285
HP.3.2.1 Public dental practice	0		0			0
HP.3.2.2 Private dental practice	9 187	97			9 285	
HP.3.4 Ambulatory health care centres	19 666	584	8 644	131	1 138	30 287
HP.3.4.2 Ambulatory mental health and substance abuse centres	23	33	35		6	98
HP.3.4.3 Free-standing ambulatory surgery centres	187	551	278		47	1 097
HP.3.4.9 All Other ambulatory centres	19 456		8 331	131	1 085	29 092
HP.3.4.9.1 Public all other ambulatory centres	19 293		8 015	131	918	28 420
HP.4 Providers of ancillary services	2 812		14 719		423	18 296
HP.4.1 Providers of patient transportation and emergency rescue	2 573		1 551		413	4 538
HP.4.2 Medical and diagnostic laboratories	70		12 881		10	12 968
HP.4.9 Other providers of ancillary services	169		287		0	790
HP.5 Retailers and Other providers of medical goods	157		26 016		4	26 177
HP.5.1 Pharmacies	155		25 813		4	25 971
HP.5.1.1 Public pharmacies	155		1 375		4	1 533
HP.5.1.2 Private pharmacies			24 438			24 438
HP.5.2 Retail sellers and other suppliers of durable medical goods and medical appliances	2		147		0	149
HP.6 Providers of preventive care	189		3 609		16	3 814
HP.6.1 Public providers of preventative care	173		47		15	234

FP Factors of health care provision	FP.1	FP.2	FP.3	FP.4	FP.5	FP.TOTAL
HP.6.2 Private providers of preventative care			2 600			2 600
HP.7 Providers of health care system administration and financing	10 897		11 791		18 363	41 373
HP.7.1 Government health administration agencies	10 339		11 088		3 918	25 345
HP.7.1.1 Government health administration agency	10 339		11 088		3 918	25 345
HP.8 Rest of economy	3 534		746		5 713	9 993
HP.TOTAL	**108 534**	**66 539**	**115 850**	**184**	**29 321**	**324 415**

Cross Table 5—DIS X FS.RI

FS.RI Institutional units providing revenues to financing schemes DIS Classification of diseases / conditions - million	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	FS.RI.TOTAL All FS.RI
DIS.1 Infectious and parasitic diseases	21 953	574	1 791		4 794	29 112
DIS.1.1 HIV/AIDS and Other STDs	14 300				4 793	19 094
DIS.1.2 Tuberculosis (TB)	3 399				0	3 399
DIS.1.7 Vaccine preventable diseases	3 075				1	3 076
DIS.2 Reproductive health	10 976	3 649	11 243		189	26 057
DIS.2.1 Maternal conditions	7 046	2 855	8 660		189	18 750
DIS.2.2 Perinatal conditions	1 073	301	914			2 289
DIS.2.3 Contraceptive management (family planning)	2 463	81	244		0	2 788
DIS.2. Unspecified reproductive health conditions (n.e.c.)	393	412	1 424			2 229
DIS.3 Nutritional deficiencies	5 548	31	112		0	5 691
DIS.4 Noncommunicable diseases	47 591	22 103	68 196		0	137 890
DIS.4.1 Neoplasms	11 188	5 251	15 722		0	32 162
DIS.4.2 Endocrine and metabolic disorder	1 439					1 439
DIS.4.3 Cardiovascular disease	1 151	1 261	3 702		0	6 114
DIS.4.4 Mental & behavioural disorders and Neurological conditions	4 981	575	1 870		0	7 426
DIS.4.5 Respiratory diseases	5 827	26	58		0	5 911
DIS.4.6 Diseases of the digestive system	2 269	22	54			2 345
DIS.4.7 Diseases of the genitourinary system	2 161	155	436			2 752
DIS.4.8 Sense organ disorder	2 791	442	2 005		0	5 237
DIS.4.9 Oral diseases	928	931	3 307			5 166
DIS.5 Injuries	14 929	2 355	7 223		0	24 508
DIS.6 Non-disease specific	48 590	3 174	8 819	0	1 302	61 885
DIS.nec Other and unspecified diseases/conditions (n.e.c.)	31 210	1 310	6 501		250	39 271
DIS.TOTAL All DIS	**180 797**	**33 197**	**103 886**	**0**	**6 535**	**324 415**

Cross Table 7—HC x HP, R million

HP	HP.1	HP.2	HP.3	HP.4	HP.5	HP.6	HP.7	HP.8	HP.TOTAL
HC functions	Hospitals	Residential long-term care facilities	Providers of ambulatory health care	Providers of ancillary services	Retailers and other providers of medical goods	Providers of preventive care	Providers of healthcare system administration and financing	Rest of economy	All HP
HC.1 Curative care	159 395	22	60 841	3 543	359	3	678	2 437	231 937
HC.1.1 Inpatient curative care	99 276	22	5 255	3 543	143	0	180	1 502	109 922
HC.1.1.1 General inpatient curative care	81 129	2	3 643		140	0	180	0	85 094
HC.1.1.2 Specialised inpatient curative care	17 923	20	1 612	3 543	3			1 502	24 603
HC.1.2 Day curative care	310		888						1 199
HC.1.2.2 Specialised day curative care	310		888						1 199
HC.1.3 Outpatient curative care	58 371	0	54 656		215	3	270	119	113 667
HC.1.3.1 General outpatient curative care	55 062	0	13 986		210	0	270	119	69 648
HC.1.3.2 Dental outpatient curative care	7		5 619						5 626
HC.1.3.3 Specialised outpatient curative care	3 302	0	14 145		6				17 453
HC.1.4 Home-based curative care			42						42
HC.2 Rehabilitative care	8	213	732						954
HC.2.1 Inpatient rehabilitative care	8	211	102						322

HP	HP.1	HP.2	HP.3	HP.4	HP.5	HP.6	HP.7	HP.8	HP.TOTAL
HC.2.2 Day rehabilitative care			79						79
HC.2.3 Outpatient rehabilitative care		2	443						445
HC.2.4 Home-based rehabilitative care			108						108
HC.3 Long-term care (health)		433	16			6	4		459
HC.3.1 Inpatient long-term care (health)		148	16				4		169
HC.3.3 Outpatient long-term care (health)		3							3
HC.3.4 Home-based long-term care (health)		127				6			132
HC.4 Ancillary services (non-specified by function)	1 828	1	837	16 465	0	0	1 668		20 799
HC.4.1 Laboratory services	1 828	1	837	6 838	0	0	1668		11 172
HC.4.2 Imaging services				3 873					3 873
HC.4.3 Patient transportation				4 947					4 947
HC.5 Medical goods (non-specified by function)	0		3 975	18	26 916			134	31 043
HC.5.1 Pharmaceuticals and other medical non-durable goods	0		3 859	18	26 763				30 640
HC.5.2 Therapeutic appliances and other medical goods			116		153				269
HC.6 Preventive care	541	6	8 731	0	1 196	4 166	2 611	7 852	26 427

HP	HP.1	HP.2	HP.3	HP.4	HP.5	HP.6	HP.7	HP.8	HP.TOTAL
HC.6.1 Information, education and counselling (IEC) programmes			21			396		214	631
HC.6.2 Immunisation programmes	133		927	0	327	112	315		1,815
HC.6.3 Early disease detection programmes						445			445
HC.6.5 Epidemiological surveillance and risk and disease control programmes	407	6	284		869	381	2,263		4 663
HC.7 Governance, and health system and financing administration	79	3					41 375	300	41 838
HC.7.1 Governance and health system administration	79	3					26 044	300	26 507
HC.7.1.1 Planning and management	79	3					24 721		24 883
HC.7.1.2 M&E							61		61
HC.7.1.3 Procurement and supply management							38		38
HC.7.2 Administration of health financing							15 331		15 331
HC.TOTAL	**161 851**	**678**	**75 132**	**20026**	**28 470**	**4 175**	**46 337**	**11 018**	**355 113**

2015/16 Cross-mapping tables of health expenditure

Cross Table 1—HF X FS

FS Revenues of health care financing schemes	FS.1	FS.2	FS.5	FS.6	FS.7	FS.TOTAL
HF Financing schemes R million	Transfers from government domestic revenue	Transfers distributed by government from foreign origin	Voluntary prepayment	Other domestic revenues n.e.c.	Direct foreign transfers	All FS
HF.1 Government schemes and compulsory contributory health care financing schemes	165 926			0		165 926
HF.1.1 Government schemes	165 926			0		165 926
HF.1.1.1 Central government schemes	34 267					34 267
HF.1.1.2 State/regional/local government schemes	127 479			0		127 479
HF.2 Voluntary health care payment schemes	37 268		124 428		5 958	167 654
HF.2.1 Voluntary health insurance schemes	37 268		124 428			161 696
HF.2.1.2 Complementary/supplementary insurance schemes	37 268		117 719			154 987
HF.2.1.2.2 Other complementary/supplementary insurance	37 268		117 719			154 987
HF.2.1.2.2.1 Restricted medical aid schemes	23 726		40 041			63 767
HF.2.1.2.2.2 Open medical aid schemes						
HF.2.2 NPISH financing schemes (including development agencies)	13 542		77 678			91 220
HF.2.2.2 Resident foreign agencies schemes					5 958	5 958
HF.3 Household out-of-pocket payment				20 422		20 422
HF.3.1 Out-of-pocket excluding cost-sharing				5 888		5 888
HF.3.2 Cost sharing with third-party payers				14 534		14 534
HF.3.2.1 Cost sharing with government schemes and compulsory contributory health insurance schemes				1 041		1 041
HF.3.2.2 Cost sharing with voluntary insurance schemes				13 493		13 493
HF.4 Rest of the world financing schemes (non-resident)		1 111				1 111
HF.TOTAL All HF	**203 194**	**1 111**	**124 428**	**20 422**	**5 958**	**355 113**

Cross Table 2—HF X FA

FA Financing agents	FA.1	FA.2	FA.3	FA.4	FA.5	FA.TOTAL
HF Financing schemes R million	General government	Insurance corporations	Corporations (Other than insurance corporations)	Non-profit institutions serving households	Households	All FA
HF.1 Government schemes and compulsory contributory health care financing schemes	161 746	4 180	0			165 926
HF.1.1 Government schemes	161 746	4 180	0			165 926
HF.1.1.1 Central government schemes	34 267					34 267
HF.1.1.2 State/regional/local government schemes	127 479		0			127 479
HF.1.1.2.1 Provincial government	123 749		0			123 749
HF.2 Voluntary health care payment schemes		161 696		5 958		167 654
HF.2.1 Voluntary health insurance schemes		161 696				161 696
HF.2.1.2 Complementary/supplementary insurance schemes		154 987				154 987
HF.2.1.2.2 Other complementary/supplementary insurance		154 987				154 987
HF.2.1.2.2.1 Restricted medical aid schemes		63 767				63 767
HF.2.1.2.2.2 Open medical aid schemes		91 220				91 220
HF.2.2 NPISH financing schemes (including agencies)				5 958		5 958
HF.2.2.2 Resident foreign agencies schemes				5 958		5 958
HF.3 Household out-of-pocket payment					20 422	20 422
HF.3.1 Out-of-pocket excluding cost-sharing					5 888	5 888
HF.3.2 Cost sharing with third-party payers					14 534	14 534
HF.3.2.1 Cost sharing with government schemes and					1 041	1 041
HF.3.2.2 Cost sharing with voluntary insurance schemes					13 493	13 493
HF.4 Rest of the world financing schemes (non-resident)	1 111					1 111
HF.4.2 Voluntary schemes (non-resident)	1 111					1 111
HF.4.2.2 Other schemes (non-resident)	1 111					1 111
HF.4.2.2.2 Foreign development agencies schemes	1 111					1 111
HF.TOTAL All HF	**162 857**	**165 876**	**0**	**5 958**	**20 422**	**355 113**

Cross Table 3—HP X HF

HF schemes	HF.1	HF.2	HF.3	HF.4	HF.TOTAL
HP - (R in Million)	**Government schemes and compulsory contributory health care financing schemes**	**Voluntary health care payment schemes**	**Household out-of-pocket payment**	**Rest of the world financing schemes (non-resident)**	**All HF**
HP.1 Hospitals	89 445	68 911	3 496		161 851
HP.1.1 General hospitals	79 209	57 197	3 421		139 827
HP.1.1.1 Public general hospitals	79 209	485	462		80 156
HP.1.1.1.1 Central hospitals	20 902				20 902
HP.1.1.1.2 Tertiary hospitals	12 062		25		12 087
HP.1.1.1.3 Regional hospitals	18 058				18 058
HP.1.1.1.4 District hospitals	27 831	287			28 118
HP.1.1.2 Private general hospitals		56 712	2 959		59 671
HP.1.2 Mental health hospitals	3 445	786	30		4 261
HP.1.2.1 Public mental health hospitals	3 445				3 445
HP.1.2.2 Private mental health hospitals		786	30		816
HP.1.3 Specialised hospitals (other than mental health hospitals)	2 610	10 862	3		13 475
HP.1.3.1 Public specialised hospitals	2 610				2 610
HP.1.3.1.1 TB hospitals	1 909				1 909
HP.1.3.2 Private specialised hospitals		10 862	3		10 865
HP.1.nec Unspecified hospitals (n.e.c.)	4 180	66	42		4 289
HP.2 Residential long-term care facilities	310	336	32		678
HP.2.1 Long-term nursing care facilities	310	131			441
HP.2.2 Mental health and substance abuse facilities		202	32		234
HP.2.9 Other residential long-term care facilities		3			3

HF schemes	HF.1	HF.2	HF.3	HF.4	HF.TOTAL
HP.3 Providers of ambulatory healthcare	29 147	33 821	12 164		75 132
HP.3.1 Providers of ambulatory healthcare		21 957	5 535		27 492
HP.3.2 Dental practice	0	8 906	1 216		10 123
HP.3.3 Other healthcare practitioners		2	5 382		5 384
HP.3.4 Ambulatory healthcare centres	28 865	2 956	31		31852
HP.3.4.9 All other ambulatory centres	28 865	1 684			30 549
HP.3.4.9.1 Public all other ambulatory centres	28 865	1 684			30 549
HP.3.5 Providers of home healthcare services	38				38
HP.4 Providers of ancillary services	5 637	13 029	1 360		20 026
HP.4.1 Providers of patient transportation and emergency rescue	4 244	679	24		4 947
HP.4.2 Medical and diagnostic laboratories	793	12 351	1 214		14 357
HP.4.9 Other providers of ancillary services	601		122		722
HP.5 Retailers and other providers of medical goods	1 585	23 514	3 371		28 470
HP.5.1 Pharmacies	1 576	23 514	3 193		28 284
HP.5.9 All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods			25		25
HP.6 Providers of preventive care	160	4 015			4 175
HP.6.1 Public providers of preventative care	160	739			899
HP.6.2 Private providers of preventative care		2 831			2 831
HP.6.nec Other Providers of preventive care		445			445
HP.7 Providers of healthcare system administration and financing	27 825	17 566		946	46 337
HP.7.1 Government health administration agencies	27 825			946	28 771
HP.7.1.1 Government health administration agency	27 825			946	28 771
HP.8 Rest of economy	11 018				11 018
HP.TOTAL	**165 926**	**167 654**	**20 422**	**1 111**	**355 113**

Cross Table 4—HC X HP

HF financing schemes		HF.1	HF.2	HF.3	HF.4	HF.TOTAL
HC Health care functions - million		Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	All HF
HC.1	**Curative care**	110 405	110 501	11 031		231 937
HC.1.1	Inpatient curative care	36 658	69 948	3 316		109 922
HC.1.2	Day curative care		857	341		1 199
HC.1.3	Outpatient curative care	72 690	34 974	6 003		113 667
HC.1.4	Home-based curative care		42			42
HC.2	**Rehabilitative care**		310	644		954
HC.2.1	Inpatient rehabilitative care		304	18		322
HC.2.2	Day rehabilitative care			79		79
HC.2.3	Outpatient rehabilitative care		6	439		445
HC.2.4	Home-based rehabilitative care			108		108
HC.3	**Long-term care (health)**	327	133			459
HC.3.1	Inpatient long-term care (health)	165	3			169
HC.3.3	Outpatient long-term care (health)		3			3
HC.3.4	Home-based long-term care (health)	6	127			132
HC.4	**Ancillary services (non-specified by function)**	9 971	9 486	1 341		20 799
HC.4.1	Laboratory services	5 127	5 356	689		11 172
HC.4.2	Imaging services		3 402	471		3 873
HC.4.3	Patient transportation	4 244	679	24		4 947
HC.5	**Medical goods (non-specified by function)**	164	23 514	7 364		31 043
HC.5.1	Pharmaceuticals and Other medical non-durable goods	31	23 514	7 095		30 640
HC.5.2	Therapeutic appliances and Other medical goods	0		269		269

HF financing schemes		HF.1	HF.2	HF.3	HF.4	HF.TOTAL
HC.6	**Preventive care**	19 179	7 018	42	188	26 427
HC.6.1	Information, education and counselling (IEC) programmes	214	396	21		631
HC.6.2	Immunisation programmes	1 815				1 815
HC.6.3	Early disease detection programmes		445			445
HC.6.5	Epidemiological surveillance and risk and disease control programmes	1 318	3 345			4 663
HC.7	**Governance, and health system and financing administration**	25 584	15 331		923	41 838
HC.7.1	**Governance and Health system administration**	25 584			923	26 507
HC.TOTAL	**All HC**	**165 926**	**167 654**	**20 422**	**1 111**	**355 113**

Cross Table 6—DIS X FS.RI

FS.RI Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	FS.RI.TOTAL
DIS Classification of diseases / conditions - million		Government	Corporations	Households	Rest of the world	All FS.RI
DIS.1	**Infectious and parasitic diseases**	33 233	594	1 800	4 420	40 046
DIS.1.1	HIV/AIDS and other sexually transmitted diseases (STDs)	23 776	0		4 259	28 035
DIS.1.2	Tuberculosis (TB)	3 476	0		161	3 637
DIS.1.7	Vaccine preventable diseases	4 662	0			4 662
DIS.2	**Reproductive health**	16 387	3 775	11 437	243	31 843
DIS.2.1	Maternal conditions	10 464	2 954	8 736	243	22 398
DIS.2.2	Perinatal conditions	1 422	312	922		2 656
DIS.2.3	Contraceptive management (family planning)	4 006	83	246		4 335
DIS.3	**Nutritional deficiencies**	5 807	32	117	0	5 956
DIS.4	**Non-communicable diseases**	62 470	22 867	69 778		155 116
DIS.4.1	Neoplasms	14 370	5 433	15 900		35 703
DIS.4.2	Endocrine and metabolic disorders	2 039	0			2 039
DIS.4.3	Cardiovascular diseases	1 531	1 305	3 773		6 608
DIS.4.3.1	Hypertensive diseases	38	0			38
DIS.4.4	Mental & behavioural disorders and neurological conditions	6 347	595	1 947		8 889
DIS.4.5	Respiratory diseases	7 695	26	64		7 785
DIS.4.6	Diseases of the digestive system	3 232	22	57		3 312
DIS.4.7	Diseases of the genitourinary system	2 798	161	468		3 427
DIS.4.8	Sense organ disorders	3 708	457	2 353		6 517
DIS.4.9	Oral diseases	1 133	963	3 748		5 844
DIS.5	**Injuries**	19 666	2 437	7 494		29 596
DIS.6	**Non-disease specific**	44 199	3 233	7 187	2 405	57 024
DIS. TOTAL	**All DIS**	**203 194**	**34 294**	**110 557**	**7 069**	**355 113**

2016/17 Cross-mapping tables of health expenditure

Cross Table 1—HF X FS

FS Revenues of health care financing schemes		FS.1	FS.2	FS.5	FS.6	FS.7	FS.TOTAL
HF Financing schemes - million		Transfers from government domestic revenue	Transfers distributed by government from foreign origin	Voluntary prepayment	Other domestic revenues n.e.c.	Direct foreign transfers	All FS
HF.1	**Government schemes and compulsory contributory health care financing schemes**	178 527			2		178 529
HF.1.1	Government schemes	178 527			2		178 529
HF.1.1.1	Central government schemes	43 640					43 640
HF.1.1.2	State/regional/local government schemes	129 803			2		129 805
HF.2	**Voluntary health care payment schemes**	39 126	0	134 644	2	7 860	181 633
HF.2.1	Voluntary health insurance schemes	39 126		134 644			173 771
HF.2.1.2	Complementary/supplementary insurance schemes	39 126		128 548			167 674
HF.2.1.2.2	Other complementary/supplementary insurance	39 126		128 548			167 674
HF.2.2	NPISH financing schemes (including agencies)		0		2	7 860	7 863
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)				2	0	2
HF.2.2.2	Resident foreign agencies schemes		0			7 860	7 861
HF.3	**Household out-of-pocket payment**				22 248		22 248
HF.3.1	Out-of-pocket excluding cost-sharing				6 322		6 322
HF.3.2	Cost sharing with third-party payers				15 926		15 926
HF.3.2.1	Cost sharing with government schemes and compulsory contributory health insurance schemes				1 117		1 117
HF.3.2.2	Cost sharing with voluntary insurance schemes				14 810		14 810
HF.4	**Rest of the world financing schemes (non-resident)**		732				732
HF.TOTAL All HF		**217 653**	**732**	**134 644**	**22 252**	**7 860**	**383 142**

Cross Table 2—HF X FA

FA Financing agents		FA.1	FA.2	FA.4	FA.5	FA.TOTAL
HF Financing schemes - million		General government	Insurance corporations	Non-profit institutions serving households	Households	All FA
HF.1	**Government schemes and compulsory contributory health care financing schemes**	173 445	5 084			178 529
HF.1.1	Government schemes	173 445	5 084			178 529
HF.1.1.1	Central government schemes	43 640				43 640
HF.1.1.2	State/regional/local government schemes	129 805				129 805
HF.2	**Voluntary health care payment schemes**		173 771	7 863		181 633
HF.2.1	Voluntary health insurance schemes		173 771			173 771
HF.2.1.2	Complementary/supplementary insurance schemes		167 674			167 674
HF.2.1.2.2	Other complementary/supplementary insurance		167 674			167 674
HF.2.2	NPISH financing schemes (including development agencies)			7 863		7 863
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)			2		2
HF.2.2.2	Resident foreign agencies schemes			7 861		7 861
HF.3	**Household out-of-pocket payment**				22 248	22 248
HF.3.1	Out-of-pocket excluding cost-sharing				6 322	6 322
HF.3.2	Cost sharing with third-party payers				15 926	15 926
HF.3.2.1	Cost sharing with government schemes and compulsory contributory health insurance schemes				1 117	1 117
HF.3.2.2	Cost sharing with voluntary insurance schemes				14 810	14 810
HF.4	**Rest of the world financing schemes (non-resident)**	732				732
HF.TOTAL All HF		**174 177**	**178 854**	**7 863**	**22 248**	**383 142**

Cross Table 3—HP X HF

HF Financing schemes		HF.1	HF.2	HF.3	HF.4	HF.TOTAL
HP Health care providers - million		Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	All HF
HP.1	**Hospitals**	96 999	74 567	3 918		175 485
HP.1.1	General hospitals	86 688	61 894	3 875		152 457
HP.1.1.1	Public general hospitals	86 688	537	501		87 727
HP.1.1.1.1	Central hospitals	22 515				22 515
HP.1.1.1.2	Tertiary hospitals	13 127		26		13 153
HP.1.1.1.3	Regional hospitals	20 361				20 361
HP.1.1.1.4	District hospitals	30 686	323			31 009
HP.1.1.2	Private general hospitals		61 357	3 373		64 730
HP.1.2	Mental health hospitals	2 642	850	35		3 527
HP.1.2.1	Public mental health hospitals	2 642				2 642
HP.1.2.2	Private mental health hospitals		850	35		886
HP.1.3	Specialised hospitals (Other than mental health hospitals)	2 585	11 752	4		14 341
HP.1.3.1	Public specialised hospitals	2 585				2 585
HP.1.3.1.1	TB Hospitals	1 287				1 287
HP.1.3.2	Private specialised hospitals		11 752	4		11 756
HP.2	**Residential long-term care facilities**	354	364	36		755
HP.2.1	Long-term nursing care facilities	354	142			496
HP.2.1.1	Public long-term nursing care facilities	354				354
HP.2.1.2	Private long-term nursing care facilities		142			142
HP.2.2	Mental health and substance abuse facilities		219	36		255

HF Financing schemes		HF.1	HF.2	HF.3	HF.4	HF.TOTAL
HP.2.2.2	Private mental health and substance abuse facilities		219	36		255
HP.2.9	Other residential long-term care facilities		4			4
HP.2.9.2	Private other residential long-term care facilities		4			4
HP.3	**Providers of ambulatory health care**	31 692	36 571	13 166		81 428
HP.3.1	Medical practices		23 755	5 982		29 737
HP.3.2	Dental practice	36	9 636	1 341		11 013
HP.3.2.1	Public dental practice	36				36
HP.3.2.2	Private dental practice		9 636	1 341		10 977
HP.3.3	Other health care practitioners		2	5 806		5 808
HP.3.3.1	Public other health practitioners			16		16
HP.3.3.2	Private other health practitioners		2	5 790		5 792
HP.3.4	Ambulatory health care centres	31 587	2 964	38		34 588
HP.3.4.2	Ambulatory mental health and substance abuse centres		115			115
HP.3.4.2.2	Private ambulatory mental health and substance abuse centres		115			115
HP.3.4.3	Free-standing ambulatory surgery centres		1 261	38		1 299
HP.3.4.3.1	Public free-standing ambulatory surgery centres			0		0
HP.3.4.3.2	Private free-standing ambulatory surgery centres		1 261	37		1 298
HP.3.4.9	All Other ambulatory centres	31 587	1 588			33 174
HP.3.5	Providers of home health care services	66				66
HP.3.5.1	Public providers of home health services	66				66
HP.4	**Providers of ancillary services**	5 407	14 100	1 508		21 015
HP.4.1	Providers of patient transportation and emergency rescue	4 749	734	24		5 507
HP.4.1.1	Public patient transportation and emergency rescue	4 749		3		4 752
HP.4.1.2	Private patient transportation and emergency rescue		734	21		755
HP.4.2	Medical and diagnostic laboratories	19	13 366	1 342		14 726
HP.4.2.1	Public medical and diagnostic laboratories	19	91	4		114
HP.4.2.2	Private medical and diagnostic laboratories		13 275	1 337		14 612
HP.4.9	Other providers of ancillary services	639		142		781

HF Financing schemes		HF.1	HF.2	HF.3	HF.4	HF.TOTAL
HP.4.9.1	Public other providers of ancillary services	639		91		731
HP.4.9.2	Private other providers of ancillary services			51		51
HP.5	**Retailers and Other providers of medical goods**	1 461	25 440	3 621		30 523
HP.5.1	Pharmacies	1 450	25 440	3 431		30 320
HP.5.1.1	Public pharmacies	1 450		141		1 590
HP.5.1.2	Private pharmacies		25 440	3 290		28 730
HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances	12		164		176
HP.5.2.1	Public retail sellers of durable medical goods and medical appliances	12		1		13
HP.5.2.2	Private retail sellers of durable medical goods and medical appliances			163		163
HP.5.9	All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods			26		26
HP.5.9.1	Public other sellers of durable medical goods and medical appliances			5		5
HP.6	**Providers of preventive care**	1 552	5 605			7 156
HP.6.1	Public providers of preventative care	1 251	895			2 146
HP.6.2	Private providers of preventative care		3 063			3 063
HP.7	**Providers of health care system administration and financing**	28 887	18 409		474	47 770
HP.7.1	Government health administration agencies	28 887	2		474	29 363
HP.7.1.1	Government health administration agency	28 887	2		474	29 363
HP.7.3	Private health insurance administration agencies		15 893			15 893
HP.7.9	Other administration agencies		2 514			2 514
HP.8	**Rest of economy**	11 202				11 202
HP.TOTAL	**All HP**	**178 529**	**181 633**	**22 248**	**732**	**383 142**

Cross Table 5—HC X HP

HP Health care providers		HP.1	HP.2	HP.3	HP.4	HP.5	HP.6	HP.7	HP.8	HP. TOTAL
HC Health care functions - million		Hospitals	Residential long-term care facilities	Providers of ambulatory health care	Providers of ancillary services	Retailers and Other providers of medical goods	Providers of preventive care	Providers of health care system administration and financing	Rest of economy	All HP
HC.1	Curative care	173 158	24	64 329	3 833	12	315	164	4 465	250 853
HC.1.1	Inpatient curative care	120 349	24	5 632	3 833	4			1 644	131 487
HC.1.2	Day curative care	333		965						1 298
HC.1.3	Outpatient curative care	50 935		57 620		7	315		119	109 016
HC.1.4	Home-based curative care			112						112
HC.1.nec	Unspecified curative care (n.e.c.)	1 542						164	2 701	8 941
HC.2	Rehabilitative care	9	423	705						1 137
HC.3	Long-term care (health)		307							307
HC.4	Ancillary services (non-specified by function)	1 810	0	507	17 079	0	94	2 709		22 200
HC.4.1	Laboratory services	1 810	0	507	6 618	0	94	2 709		11 738
HC.4.2	Imaging services				4 187					4 187
HC.4.3	Patient transportation				5 437					5 437
HC.4.nec	Unspecified ancillary services (n.e.c.)				838					838
HC.5	Medical goods (non-specified by function)	2		4 291	28	30 305		3		34 629

HP Health care providers		HP.1	HP.2	HP.3	HP.4	HP.5	HP.6	HP.7	HP.8	HP. TOTAL
HC.5.1	Pharmaceuticals and Other medical non-durable goods	2		4 148	24	30 141				34 315
HC.5.1.1	Prescribed medicines	2		4 148	24	28 033				32 206
HC.5.1.2	Over-the-counter medicines					2 039				2 039
HC.5.1.3	Other medical non-durable goods					69				69
HC.5.2	Therapeutic appliances and Other medical goods			144	3	164		3		314
HC.5.2.2	Hearing aids			26						26
HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)			118	3			3		125
HC.5.2.9	All Other medical durables including medical technical devices					164				164
HC.6	Preventive care	506	0	11 596	74	205	6 747	3 050	6 320	30 172
HC.6.1	Information education and counselling (IEC) programmes	1		25			446	2	230	703
HC.6.1.2	Nutrition IEC programmes	1		25				2		27
HC.6.1.3	Safe sex IEC programmes						446			446

HP Health care providers		HP.1	HP.2	HP.3	HP.4	HP.5	HP.6	HP.7	HP.8	HP. TOTAL
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)								230	230
HC.6.2	Immunisation programmes	182	0	1 153	65	205	50	111		1 766
HC.6.3	Early disease detection programmes						500			500
HC.6.5	Epidemiological surveillance and risk and disease control programmes	323		52	10		1 340	2 819		5 080
HC.6.nec	Unspecified preventive care (n.e.c.)			10 365			4 412	119	6 090	22 123
HC.7	Governance and health system and financing administration							41 844	182	42 102
HC.7.1	Governance and Health system administration							25 951	182	26 209
HC.7.2	Administration of health financing							15 893		15 893
HC.9	Other health care services not elsewhere classified (n.e.c.)								235	1 742
HC.TOTAL	**All HC**	**175 485**	**755**	**81 428**	**21 015**	**30 523**	**7 156**	**47 770**	**11 202**	**383 142**

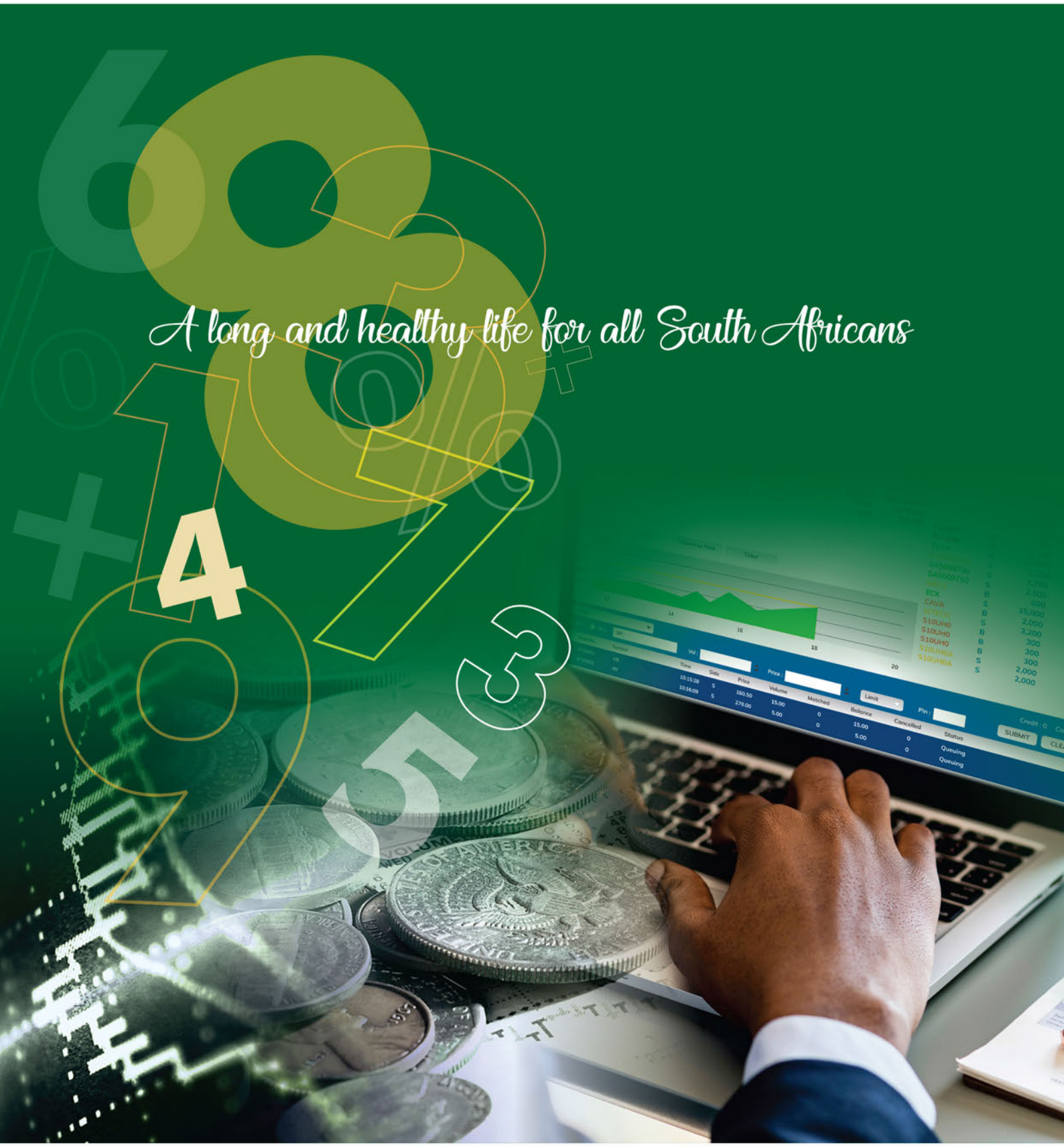
Cross Table 6—HP X FP

FP Factors of health care provision		FP.1	FP.2	FP.3	FP.4	FP.5	FP.TOTAL
HP Health care providers - million		Compensation of employees	Self-employed professional remuneration	Materials and services used	Consumption of fixed capital	Other items of spending on inputs	All FP
HP.1	**Hospitals**	85 617	36 588	47 485		5 051	175 485
HP.1.1	General hospitals	79 981	22 862	44 255		4 679	152 457
HP.1.1.1	Public general hospitals	66 375	132	19 818		1 281	87 727
HP.1.1.2	Private general hospitals	13 606	22 730	24 437		3 397	64 730
HP.1.2	Mental health hospitals	2 378	299	779		63	3 527
HP.1.2.1	Public mental health hospitals	2 167		465		10	2 642
HP.1.2.2	Private mental health hospitals	211	299	314		53	886
HP.1.3	Specialised (Other than mental health)	2 030	11 688	620		3	14 341
HP.1.3.1	Public specialised hospitals	2 021		563		1	2 585
HP.1.3.1.1	TB Hospitals	957		330		0	1 287
HP.1.3.2	Private specialised hospitals	9	11 688	56		2	11 756
HP.2	**Residential long-term care facilities**	343	226	166		17	755
HP.2.1	Long-term nursing care facilities	281	139	75		2	496
HP.2.1.1	Public long-term nursing care facilities	280		73		1	354
HP.2.1.2	Private long-term nursing care facilities	1	139	2		0	142
HP.2.2	Mental health and substance abuse facilities	61	86	90		15	255
HP.2.2.2	Private mental health and substance abuse	61	86	90		15	255
HP.2.9	Other residential long-term care facilities	1	1	1		0	4
HP.2.9.2	Private other residential long-term care	1	1	1		0	4
HP.3	**Providers of ambulatory health care**	22 447	42 128	15 479	116	1 175	81 428
HP.3.1	Medical practices	9	28 606	1 119		2	29 737
HP.3.1.1	Offices of general medical practitioners	1	12 190	485		0	12 677
HP.3.1.1.1	Public offices of general medical practitioners		57				57
HP.3.1.1.2	Private offices of general medical practitioners	1	12 133	485		0	12 620

FP Factors of health care provision		FP.1	FP.2	FP.3	FP.4	FP.5	FP.TOTAL
HP.3.1.2	Offices of mental medical specialists		78	0			78
HP.3.1.2.2	Private offices of mental medical specialists		78	0			78
HP.3.1.3	Offices of medical specialists (Other than mental medical specialists)		16 326	622			16 948
HP.3.1.3.2	Private offices of medical specialists (other than mental medical specialists)		16 326	622			16 948
HP.3.2	Dental practice	32	10 862	119		0	11 013
HP.3.2.1	Public dental practice	32		4		0	36
HP.3.2.2	Private dental practice		10 862	115			10 977
HP.3.3	Other health care practitioners		1 960	3 848			5 808
HP.3.4	Ambulatory health care centres	22 397	700	10 167	116	1 124	34 588
HP.3.4.9	All other ambulatory centres	22 141		9 785	116	1 060	33 174
HP.3.4.9.1	Public all other ambulatory centres	22 141		9 785	116	1 060	33 174
HP.3.5	Providers of home health care services	8		12		46	66
HP.3.5.1	Public providers of home health services	8		12		46	66
HP.4	Providers of ancillary services	3 784		17 081		140	21 015
HP.4.1	Providers of patient transportation and emergency rescue	3 472		1 909		126	5 507
HP.4.2	Medical and diagnostic laboratories	33		14 669		15	14 726
HP.4.9	Other providers of ancillary services	279		502		0	781
HP.5	Retailers and other providers of medical goods	185		30 297		40	30 523
HP.5.1	Pharmacies	174		30 106		40	30 320
HP.6	Providers of preventive care	830		5 320		910	7 156
HP.6.1	Public providers of preventative care	486		1 407		253	2 146
HP.6.2	Private providers of preventative care			3 063			3 063
HP.7	Providers of health care administration / financing	12 487		14 388		20 427	47 770
HP.7.1	Government health administration agencies	11 680		13 446		4 238	29 363
HP.8	Rest of economy	4 043		867		6 291	11 202
HP.TOTAL	**All HP**	**130 434**	**79 438**	**137 218**	**116**	**34 519**	**383 142**

Cross Table 8—DIS X FA

FA Financing agents		FA.1	FA.2	FA.4	FA.5	FA.TOTAL
DIS Classification of diseases / conditions - million		General government	Insurance corporations	Non-profit institutions serving households	Households	All FA
DIS.1	**Infectious and parasitic diseases**	34 074	3 127	5 711	249	43 161
DIS.1.1	HIV/AIDS and other STDs	25 024		5 710		30 734
DIS.1.2	Tuberculosis (TB)	3 531				3 531
DIS.1.3	Malaria	79				79
DIS.1.6	Neglected tropical diseases	151				151
DIS.1.7	Vaccine preventable diseases	4 237		0		4 237
DIS.2	**Reproductive health**	12 339	19 753	273	1 704	34 069
DIS.2.1	Maternal conditions	7 538	15 549	273	1 047	24 408
DIS.2.2	Perinatal conditions	1 098	1 641		111	2 850
DIS.2.3	Contraceptive management (family planning)	3 691	439		30	4 160
DIS.3	**Nutritional deficiencies**	6 648	170		37	6 854
DIS.4	**Noncommunicable diseases**	38 998	119 122		11 247	169 367
DIS.4.1	Neoplasms	8 144	28 389		1 854	38 387
DIS.4.2	Endocrine and metabolic disorders	2 174				2 174
DIS.4.3	Cardiovascular diseases	35	6 638		491	7 165
DIS.4.4	Mental and behavioural disorders and neurological conditions	7 074	2 940		505	10 519
DIS.4.5	Respiratory diseases	8 083	103		14	8 199
DIS.4.6	Diseases of the digestive system	3 435	87		14	3 536
DIS.4.7	Diseases of the genitourinary system	2 777	739		112	3 629
DIS.4.8	Sense organ disorders	3 310	2 176		1 439	6 925
DIS.4.9	Oral diseases	744	4 895		1 469	7 108
DIS.5	**Injuries**	14 758	15 239		1 488	31 484
DIS.6	**Non-disease specific**	57 546	14 311	1 879	4	73 740
DIS.TOTAL	**All DIS**	**174 177**	**178 854**	**7 863**	**22 248**	**383 142**


A long and healthy life for all South Africans