Review

Health and related indicators 2022

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Background

This chapter aims to provide a repository of data, focusing on the national and provincial levels, that describes the broad status of the South African health system (socio-demographic indicators and determinants and health status indicators, as well as health service indicators). It examines the available health information data sources in South Africa, with a particular focus on whether they have been strengthened during and after the acute phase of the COVID-19 pandemic. The broader context for this chapter lies in the desire to see the lessons learned from the COVID-19 pandemic translated into systemic changes that advance the reform of South Africa's fragmented health services and hasten the attainment of effective and sustainable universal health coverage.

Methods

Data were sourced primarily from national routine data sources, but also captured from major surveys and global reports. Using monthly routine data sources, the difference between expected and actual routine measures were calculated and expected trends were forecast. These graphs enabled the depiction of the changes that occurred pre- and post-COVID in South Africa for key health indicators.

Conclusions

Progress is discernible, but there is also evidence of back-sliding, of a revision to previous positions, and therefore a need to refocus attention on important lessons, lest they be lost.

Recommendations

Strong health information systems should be the foundation on which evidence-based decisions can be made to support strong governance and leadership, where human resources for health are also supported and healthcare funding is prioritised.

Introduction

The *South African Health Review 2022* focuses on the response, mitigation, recovery, and health-systems-strengthening strategies employed to rebuild the health system in South Africa in the wake of the COVID-19 pandemic. Information systems form a key health-systems building block. The World Health Organization (WHO) has described a well-functioning health-information system as "one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status".[1] This chapter examines the available health-information data sources in South Africa, with a particular focus on whether they have strengthened during and after the acute phase of the COVID-19 pandemic.

An upcoming book written by Dr Jonathan Kennedy, entitled *Pathogenesis: How Germs Made History*, examines the role of eight pathogens in shaping global history. Kennedy has been quoted as saying: "We're living in a golden age for microbes. Population densities are increasing, people are moving more quickly around the world, the climate is changing. We've seen the emergence not just of COVID-19, but of HIV/AIDS, Zika, Dengue fever, SARS and Ebola. It seems now that we won't be able to conquer infectious diseases. Rather, we're going to have to learn to deal with the new diseases that periodically arrive to threaten us."[2] There are indications that the world is starting to 'live with' SARS-CoV-2, the novel coronavirus responsible for COVID-19. However, whether

Box 1. Key new or updated health data sources, 2022

International	South African
• World Health Statistics 2022 • Human Development Report 2021/2022 • World Malaria Report 2022 • Global Fund Results Report 2021 • Global Tuberculosis Report 2022 • The State of the World's Children 2021 • Mental State of the World Report 2021 • The State of Air Quality and Health Impacts in Africa 2022 • Joint United Nations Programme on HIV and AIDS (UNAIDS) Update 2022 • Global COVID-19 data repositories and dashboards • Global Cancer Incidence, Mortality and Prevalence (GLOBOCAN) 2020 • International Diabetes Federation (IDF) Diabetes Atlas 2021	• Web-based District Health Information System (webDHIS) • Tier.Net, now incorporating the Electronic TB Register • Electronic Drug-Resistant TB Register (EDRWeb) • Stats SA Mid-year population estimates 2022 • Stats SA General Household Survey (GHS) 2021 • Stats SA Labour Force Surveys up to the 4th quarter of 2022 • Recorded live births 2020 & 2021 • National Treasury health expenditure data • Personnel Administration System (PERSAL) • Thembisa v4.5 HIV and AIDS model • South African Community Epidemiology Network on Drug Use (SACENDU) • Council for Medical Schemes Annual Report 2021/22 • Blue Drop Progress Report 2022 • Rapid Mortality and Surveillance Report 2019 & 2020 • Surveillance data, surveillance bulletins and other reports issued by the National Institute for Communicable Diseases (NICD)

global and national health systems will be left more resilient, better resourced and more agile, or whether they will regress to the state of fragmentation and vulnerability exposed in 2020, remains to be seen.

The immediate signals are less than convincing. Health-information systems created under pandemic pressures are being allowed to close, are being defunded, or are simply becoming less timely and less effective. The lessons of this pandemic are at risk of being lost, even before the pandemic has formally been declared over. In a 2022 commentary, Pillay et al. pointed out that the post-COVID-19 recovery effort not only aims to ensure that services recover to "2019 levels at least", but "to use the lessons from the COVID-19 response to radically transform the SA health system".[3]

Data Sources

Box 1 shows the key new or updated sources relied on at both international and national level. Specific references and the current indicator definitions are provided in the data tables in the chapter. Many of the indicators have been normalised using population denominators. Routine data were obtained from web-based District Health Information System (WebDHIS), covering especially the 2021/22 financial year, which ran from April 2021 to March 2022. In a number of the sections below, the difference between expected and actual routine measures has been depicted graphically. The expected trends have been forecast using the Holt-Winters method.[4,5]

As highlighted in previous editions of the *Review*, caution is warranted when using data that are presented for several years. As data may be drawn from multiple sources, care should be taken in assessing trends and changes over time. Differences in methodology and data presentation may make comparisons challenging. Data from regular surveys may also not be comparable over time. In some cases, revised data for a historical time series may be released, for example with the Statistics South Africa General Household Surveys. This may result in different values being published than in previous editions of the *Review*. When using time-series data, the most recent revisions should be obtained from the online database and not from previous printed editions of this chapter.

1. Demographic indicators

There has been a lot of speculation about the impact that the COVID-19 pandemic will have on demographic trends, particularly because population ageing is driven by fertility and mortality trends. In European and other Western countries, data suggest that births had fallen sharply by the end of 2020.[6] This finding is consistent with responses to pandemics in the past, where a sharp decline in births has typically been followed by gradual increases in births and then a 'baby boom'. However, previous pandemics have also been characterised by high mortality among younger people and those of childbearing age. COVID-related deaths have been more prevalent in the older population, therefore the motivation for high birth rates to replace those who have died is not there. More than anything, the disruption of maternal health services, particularly a lack of contraception in low- and middle-income countries (LMICs) due to lockdowns, and interruptions to health services and supplies, could have inadvertently led to as many as 1.4 million unintended pregnancies.[7]

South Africa has the highest proportion of elderly people among countries in the African region.[8] Although population ageing is still in its early stages in the country, the proportion of persons aged 60 years and older is increasing over time, as shown in the South African national population pyramid (Figure 1). This will ultimately have implications for the health system overall as it will intensify the disease burden related to multiple chronic conditions.[9] Consequently, programmes and policies to

address this ageing population should be prioritised as older adults have different health needs to a younger population. In addition, the country's quadruple burden of communicable and non-communicable diseases also manifests in high levels of unhealthy ageing.[9]

The total population in South Africa is estimated to have increased from 60.1 million in 2021 to 60.6 million people in 2022, with females still accounting for 51.1% of the population (Table 1). South Africa's expected national Census could not be completed in 2021 because of the COVID-19 pandemic. The Census was postponed to 2022, and has been completed. However, the 2022 mid-year estimates do not take account of the Census data, as these figures will only be released later in 2023. The estimates are therefore continuations of the projections from the 2011 Census. As estimated, the province with the highest share of the country's population remains Gauteng (26.6%, 16.1 million people), while the smallest share of the population is still found in the Northern Cape (2.2%, 1.31 million people). The population density has also increased in Gauteng, from 870 to 886 people per square kilometre.[11] The 2022 Census may well present data showing even more marked internal migration, with populations in more rural provinces, depleted by migration, moving to the economic hubs of Gauteng and the Western Cape. Such changes in population will have major implications for the allocation of funds from the fiscus, in the form of the equitable share formula.

COVID-19 mortality rates dramatically increased the crude death rate in South Africa within just a year from 8.7 deaths per 1000 population in 2000 to 11.5 per 1000 population in 2021. However, in 2022 the modelled crude death rate decreased slightly to 11.0, which could be signalling a recovery post-COVID.[11]

The Council for Medical Schemes (CMS)[20] and the most recent General Household Survey[18] reported on the number of medical scheme beneficiaries in 2021. According to the CMS, the number of beneficiaries covered by medical schemes increased by 0.5% between 2020 and 2021; however, overall, both estimates indicated a greater increase in the number of public sector-dependent (uninsured) population.

Table 2 and Table 3 show the webDHIS 2021/22 population estimates per 5-year age band per province, and the population estimates under 1 year of age by district, respectively. Table 4 shows the total and uninsured national, provincial and district population estimates.

2. Socio-economic and environmental risk factors

As expected, COVID-19 exacerbated pre-existing poverty and inequalities on a global scale. As much as it was a health crisis, it also disrupted livelihoods and exposed societal weaknesses, which ultimately intensified the impact of the pandemic. As one of the most unequal countries in the world, South Africa experienced a widening gap between the rich and the poor during the pandemic. The poor were hardest hit after many lost their jobs and had their income reduced. From an economic perspective, the pandemic led to a sharp 7% decline in the country's Gross Domestic Product (GDP) in 2020, and a rise in unemployment rates. When comparing unemployment rates in the fourth quarters of the period from 2020 to 2022, unemployment was highest in 2021 at 35.3%. Unemployment does appear to be easing, as total employment increased by 1.4 million people between the fourth quarters of 2021 and 2022.[21]

An interesting phenomenon of the COVID-19 lockdowns was how blue skies appeared in some of the world's most polluted areas due to reduced industrial activity and fewer cars on the roads.[22] This was a temporary fix, however, as air pollution continues to be one of the leading and most direct environmental threats to human health. Pollution is linked to increased susceptibility to respiratory infections, including COVID-19. Furthermore, long-term exposures to air pollution have been linked to increased risk of illness and death from chronic diseases such as stroke, lung cancer, ischaemic heart disease, chronic obstructive pulmonary disease (COPD), type 2 diabetes[23,24] and even stillbirths.[25] The State of Air Quality and Health Impacts in Africa report summarised data on air pollution exposures and associated health impacts in Africa using data from the Global Burden of Disease (GBD) project. South Africa has some of the highest levels of air pollution in the world, and was one of the five countries whose data were analysed in the report, in addition to Egypt, Ghana, Kenya and the Democratic Republic of Congo. The report estimated that in 2019, the death rate linked to household and ambient air pollution in South Africa was 44.6 (35.4-53.8) per 100 000 people per year. Figure 2 shows the percentage of cause-specific deaths linked to air pollution, with estimates being highest for COPD and diabetes in South Africa.[23] The latest data from the Air Quality Life Index (AQLI) illustrates that permanently reducing global air pollution to meet the WHO's guideline would add 2.2 years onto average life expectancy globally, and 1.5 years for South Africa specifically. However, in order for that to happen, strategies that reduce exposure and vulnerability to air pollution need to be developed to reduce the burden on public health.[22,24]

The 2021/22 Human Development Report developed a COVID-19-adjusted human development index (HDI) quantifying the complexity of the crisis from a multi-dimensional view.[26] Interestingly, South Africa's human development rank (HDR) improved from 115 in 2019 to 102 in 2020, while the HDI remained relatively constant in 2019 (0.736), 2020 (0.727), and 2021 (0.713), as illustrated in Table 5. The countries with the highest HDI ranking were Norway, Iceland and Switzerland. Coincidentally, these three countries were also ranked among the top 10 happiest in the world according to the 2023 World Happiness Report.[27] South Africa was ranked 85th among 109 countries between 2020 and 2022. The happiness scores were determined based on six key variables: GDP per capita, social support, healthy life expectancy,

Table 1. Demographic indicators by province, 2020-2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Ageing index	2021	both sexes mid-year	21,6	25,1	23,2	23,0	17,7	18,6	18,6	23,8	20,6	28,2	a
	2022	both sexes mid-year	22,1	25,3	23,5	23,5	17,6	18,8	19,7	24,1	20,8	29,4	b
Annual population growth rate	2021	both sexes mid-year	1,0										a
	2022	both sexes mid-year	1,1										b
Crude death rate (deaths per 1 000 population)	2020	both sexes all ages mid-year	8,7										c
	2021	both sexes mid-year	11,5										a
	2022	both sexes all ages mid-year	11,0										b
Live birth occurrences registered	2020	vital registration total	1 003 307	114 881	46 265	228 299	205 781	132 893	95 898	23 540	57 979	97 771	d
	2021	vital registration total	1 087 526	129 381	52 260	247 378	223 712	137 780	104 061	27 980	61 605	103 368	e
Population	2021	both sexes all ages mid-year	60 142 979	6 676 590	2 932 441	15 810 388	11 513 575	5 926 724	4 743 584	1 303 047	4 122 854	7 113 776	a
		both sexes all ages Stats SA 2019-30 FinYr total	60 354 419	6 544 060	3 004 609	15 874 780	11 738 948	5 959 813	4 745 703	4 176 475	1 269 273	7 040 757	f
		female all ages mid-year	30 754 931										a
		male all ages mid-year	29 388 047										a
	2022	both sexes all ages Stats SA 2019-30 FinYr total	61 220 537	6 551 888	3 020 662	16 271 412	11 847 316	6 004 534	4 815 440	4 242 620	1 283 976	7 182 690	f
		both sexes mid-year	60 604 992	6 676 691	2 921 611	16 098 571	11 538 325	5 941 439	4 720 497	1 308 734	4 186 984	7 212 142	b
		female mid-year	30 980 110										b
		male mid-year	29 624 882										b
Population % by province	2021	both sexes all ages mid-year	100,0	11,1	4,9	26,3	19,1	9,9	7,9	2,2	6,9	11,8	a
	2022	both sexes mid-year	100,0	11,0	4,8	26,6	19,0	9,8	7,8	2,2	6,9	11,9	b
Population density	2021	mid-year	49,3	39,5	22,6	869,8	122,0	47,1	62,0	3,5	39,3	54,9	a
	2022	mid-year	49,6	39,5	22,5	885,6	122,3	47,2	61,7	3,5	39,9	55,7	b
Population under 1 year	2021/ 22	both sexes under 1 year DHIS	1 139 382	130 901	50 371	263 761	255 744	124 972	96 828	25 739	81 115	109 951	g
Public sector dependent (uninsured) population	2020	both sexes all ages GHS	49 798 387	5 955 518	2 501 372	11 873 601	10 005 297	5 339 978	4 145 892	1 051 559	3 450 829	5 399 356	h
		both sexes all ages non med schemes	51 256 046	6 012 497	2 535 990	12 375 348	10 223 911	5 454 669	4 192 033	1 121 438	3 666 797	5 727 477	i
	2021	both sexes all ages GHS	50 847 588	5 968 962	2 445 388	12 234 914	10 326 801	5 454 241	4 290 932	1 052 222	3 546 375	5 502 864	j
		non med scheme	51 599 090	6 209 323	2 804 747	9 820 128	9 922 960	5 644 367	4 437 267	1 282 559	3 977 635	6 130 321	k
Total fertility rate	**2022**	**both sexes mid-year**	**2,3**	**2,9**	**2,3**	**1,8**	**2,5**	**3,0**	**2,3**	**2,6**	**2,5**	**2,0**	**b**

Reference notes

a Stats SA MYE 2021.[12]
b Stats SA MYE 2022.[11]
c Stats SA MYE 2020.[13]

d Recorded Live Births 2020.[14]
e Recorded Live Births 2021.[15]
f Pop Est 2019-30.
g webDHIS.[10]
h Stats SA GHS 2019.[16]
i Medical Schemes 2020-21.[17]
j GHS 2021.[18]
k Medical Schemes 2021-22.[19]

Definitions

- Population [Number]: Total number of people. Projected population figures are based on various projection models attempting to quantify the expected effects of HIV and AIDS on population growth.
- Adolescent fertility rate (per 1 000 girls aged 15-19 years) [per 1 000 girls aged 15-19 years]: Annual number of births to women aged 15-19 years per 1 000 women in that age group. Also referred to as the age-specific fertility rate for women aged 15-19 years.
- Ageing index [Number]: Ratio of the number of people 65+ to the number under 15 years, i.e. a value of 16 means there are 16 people aged 65 and over for every 100 under 15 years of age. Calculated as ([65+/0-14]*100).
- Annual population growth rate [Percentage]: The rate at which the population is increasing or decreasing in a given year expressed as a percentage of the base population size. It takes into consideration all the components of population growth, namely births, deaths and migration.
- Crude death rate (deaths per 1 000 population) [per 1 000 population]: Number of deaths in a year per 1 000 population.
- Live birth occurrences registered [Number]: The number of live birth occurrences registered.
- Population % by province [Percentage]: Proportion of South African population in each province (calculated from population per province and population for whole of South Africa).
- Population density [people per km^2]: The number of people per square kilometre.
- Population under 1 year [Number]: Population under 1 year of age.
- Public sector dependent (uninsured) population [Number]: This is an adjustment of the total population to the number assumed to be dependent on services in the public health sector based on medical scheme (health insurance) coverage. It is calculated by subtracting the number of people with medical scheme cover (determined from medical scheme membership reports, or surveys indicating percentage of population on medical schemes) from the total population.
- Total fertility rate [Number]: The average number of children that a woman gives birth to in her lifetime, assuming that the prevailing rates remain unchanged.

Table 2. National and provincial population estimates by age group, 2022

Data Age group	EC	FS	GP	KZ	LP	MP	NC	NW	WC	ZA
00-04 years	672 324	255 736	1 312 439	1 254 648	640 842	474 862	126 615	401 940	559 465	5 698 871
05-09 years	742 073	275 225	1 269 176	1 206 334	683 923	464 812	122 417	403 240	580 581	5 747 781
10-14 years	754 831	286 436	1 232 104	1 184 767	672 127	468 020	120 660	407 962	587 345	5 714 252
15-19 years	641 423	261 710	1 172 725	1 054 280	560 776	417 641	111 696	359 788	547 677	5 127 716
20-24 years	446 362	226 710	1 361 696	942 756	438 857	379 056	95 907	308 020	544 816	4 744 180
25-29 years	448 862	234 559	1 676 705	1 007 870	459 359	415 475	102 623	340 336	627 099	5 312 888
30-34 years	509 302	255 819	1 765 548	1 037 819	503 828	449 514	115 352	383 469	684 309	5 704 960
35-39 years	477 079	237 118	1 551 317	922 228	467 497	415 064	109 589	359 327	651 745	5 190 964
40-44 years	376 074	185 817	1 204 748	691 506	373 113	318 885	86 589	288 422	524 513	4 049 667
45-49 years	316 706	154 270	958 401	556 498	302 871	250 403	70 290	234 740	437 730	3 281 909
50-54 years	272 493	133 078	766 418	444 613	242 391	199 836	59 743	192 645	384 670	2 695 887
55-59 years	247 062	115 550	631 025	384 910	207 573	166 681	50 210	162 607	329 427	2 295 045
60-64 years	228 979	96 863	518 950	322 761	170 566	129 856	42 317	134 595	268 461	1 913 348
65-69 years	189 870	78 534	395 579	254 007	139 852	101 388	34 838	100 365	201 474	1 495 907
70-74 years	140 214	57 013	274 282	192 803	104 293	71 045	25 762	67 595	144 581	1 077 588
75-79 years	98 996	35 341	164 093	123 743	65 202	41 869	17 194	44 547	94 417	685 402
80+ years	148 765	30 699	106 946	101 622	91 372	50 653	19 006	41 681	75 211	665 955
Total	6 711 415	2 920 478	16 362 152	11 683 165	6 124 442	4 815 060	1 310 808	4 231 279	7 243 521	61 402 320

Source: webDHIS Pop Est 2000-30.

freedom to make life choices, generosity, and freedom from corruption. One of the central findings of the report was that the quality of social context, particularly the extent to which people trusted the government and the extent to which they trusted the compassion of their peers, supported their happiness before and during the pandemic, and likely after the pandemic too.

In 2022, the Department of Water and Sanitation released the first Blue Drop Progress Report since 2015, reporting on the current status and risk trends of municipal potable water-treatment facilities.[29] A total of 144 water service authorities, comprising 1 186 water-supply systems in South Africa, were assessed to calculate the Blue Drop Risk Rating (BDRR). Overall, the National BDRR profile for the country was summarised as follows:

- 48% of water-supply systems were found to be in the low-risk category,
- 18% were in the medium-risk category,
- 11% were in the high-risk category, and
- 23% were in the critical-risk category.

The Green Drop Report, which was also released in 2022, focused on the state of wastewater treatment plants.[35] The report covered audits of 995 wastewater networks and treatment works, operated by 144 water-service authorities (850 systems), 12 Department of Public Works operations (115 systems), and five private- and state-owned organisations (30 systems). Only 23 systems scored 90% or more, with most rural municipalities struggling to score more than 50%. A total of 334 (39%) of the municipal wastewater systems were identified to be in a critical state in 2021. Overall, the assessed risk deteriorated between 2013 and 2021.

Safe and readily available water is important for public health as contaminated water and poor sanitation are linked to transmission of gastrointestinal diseases such as cholera. During COVID-19, access to clean water was considered critical in the prevention of transmission. Water assessments should be conducted more frequently to ensure that systems and strategies are in place to reduce the risk to the people supplied by these two critical systems.

3. Disability

South Africans with disabilities were greatly and uniquely affected by COVID-19. They were at greater risk of poor outcomes from the disease; lockdown periods reduced their access to routine health care and rehabilitation services; and efforts to mitigate the pandemic led to adverse social impacts in this group.[36] This situation was not unique to South Africa. The International Disability Alliance urged policy makers to make those living with disabilities a priority during the vaccination roll-out to prevent them from being left further behind, having to struggle with disproportionate loss of lives and livelihoods, inability to access healthcare services, and disconnection from the general population.[37] In November 2022, the National Department of Women, Youth and Persons with Disabilities released a report on the impact of COVID-19 on persons with disabilities in South Africa, which stated that the rights of many persons with disabilities were either denied or limited during the pandemic, even though there were a few positive stories and experiences shared by some. With regard to health-related issues, the report highlighted that persons living with disabilities experienced difficulties with adhering to the mandatory COVID-19 guidelines such as social distancing and wearing of personal protective equipment (PPE), and accessing health care, therapy, medication, specialist care and assistive devices. Figure 3 shows that provision of assistive devices dropped substantially in 2020.[38]

It has been found that people with disabilities are more likely to be older, female, poorer, and to have additional comorbidities than their able peers.[36] As of 2021, more women were classified as disabled (4.9%) than men (4.1%).[18] Living with disabilities leads to challenges in all aspects of life, including access to healthcare services, aids or devices, medication and support (for example, when caregivers are infected with COVID-19). These impacts are exacerbated in local and middle-income countries (LMICs), which often face additional challenges of corruption, political instability, lack of suitable transportation, and a general negative attitude to those living with disability, and to disability overall.[39] Table 6 shows how the provision of assistive devices slowed down in 2020/21, particularly for spectacles. However, there was a steady improvement in the 2021/22 financial year, in some instances even returning to pre-pandemic levels.

The COVID-19 pandemic has highlighted the need for strategies to better reach the 15% of the population living with disabilities worldwide.[36]

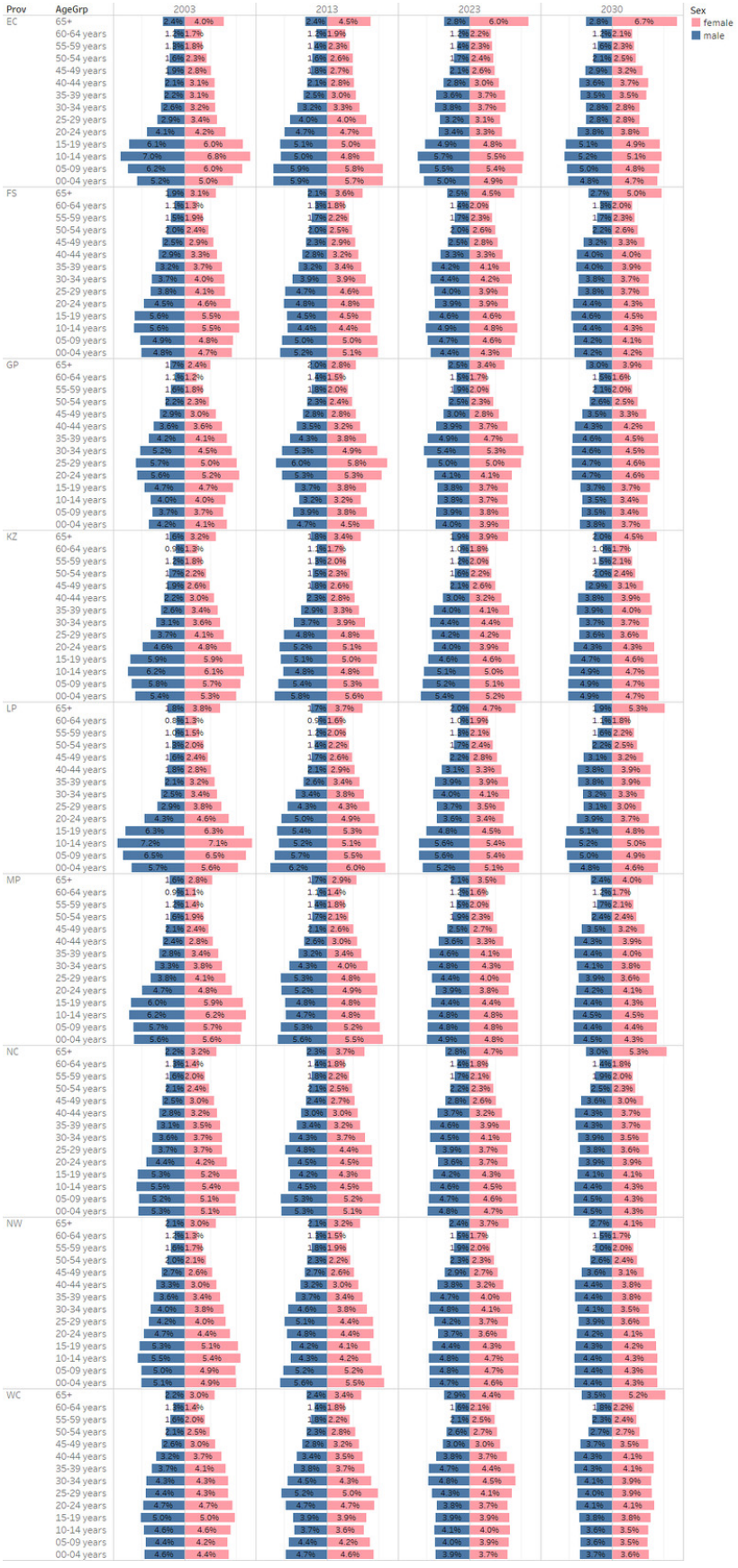
4. Nutrition

The COVID-19 pandemic had various impacts on nutrition globally, ranging from disruptions in food-supply chains and decreased food security and affordability, to increased risk of obesity, and changes in eating habits and breastfeeding of babies.[40]

COVID-19 had a significant impact on the ability of mothers to breastfeed their babies due to fears of transmission.[41] This led to a reduction in breastfeeding rates, as shown in Table 7, and an increased risk of malnutrition in infants. This reduction in breastfeeding appears to be persisting in South Africa across most provinces, except for Gauteng and the Western Cape where the rates of exclusive breastfeeding in infants remained fairly stable.

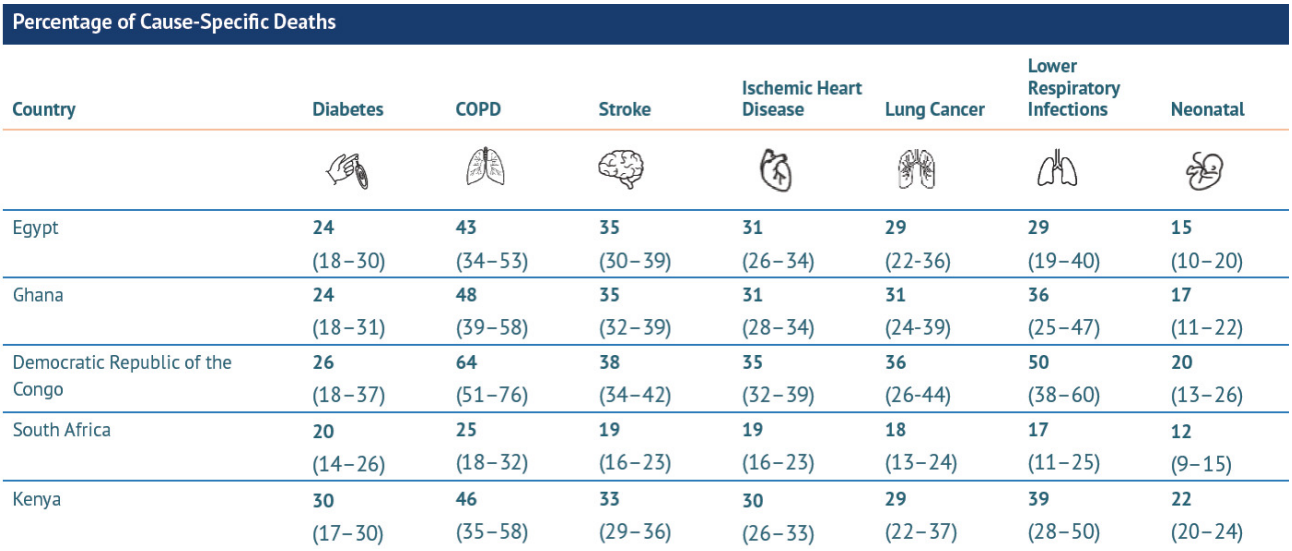
Vitamin A is vital to child health and immune function and programmes to control vitamin A deficiency contribute to a child's chances of survival, reduce severity of childhood illnesses, and lead to overall reduction in child morbidity and mortality.[42] As such, it was alarming to note the huge reduction in vitamin A doses administered in the country between 2019/20 and 2020/21, from 5.3 million to 3.9 million (Table 7). Administration of vitamin A has recovered somewhat, with the vitamin A dose

Figure 1. Population pyramid by province, 2003-2030



Source: webDHIS-NDoH 2000-2030 population time series[10] (received August 2020).

Figure 2. Percentage of cause-specific deaths linked to air pollution in five focus countries in Africa, 2019



Source: SoGA-Africa.[23]

coverage having increased from a low of 49.5% in 2020/21 to 60.3% 2021/22.

5. Health status indicators

5.1. Mortality

The 2022 edition of the World Health Organization's World Health Statistics included an estimate of global mortality attributable to COVID-19, as of 20 April of that year.[32] The WHO noted that although available data pointed to more than 4.7 million of the total of 6.2 million reported deaths having occurred in the Americas and European regions, mortality data in many countries were incomplete. One significant statistic, which was widely reported, was the estimate of excess mortality, which is defined as "the difference in the total number of deaths in a crisis compared to those expected under normal conditions". Between January 2020 and December 2021, the full death toll associated directly and indirectly with the COVID-19 pandemic was approximately 14.9 million, exceeding the 5.4 million COVID-19 deaths by 9.5 million. Of these, 4.5 million excess deaths were estimated to have occurred in 2020, the balance of 10.4 million in 2021. The WHO pointed out that 10 countries, in which 35% of the global population resided, accounted for almost 70% of excess deaths worldwide. More than half of the excess deaths (53%) were estimated to have occurred in lower-middle-income countries, and more than a quarter (28%) in upper-middle-income countries. An attempt to estimate excess deaths, taking into account countries with incomplete data, came to a figure of 14.83 million excess deaths globally in the same 24-month period.[43]

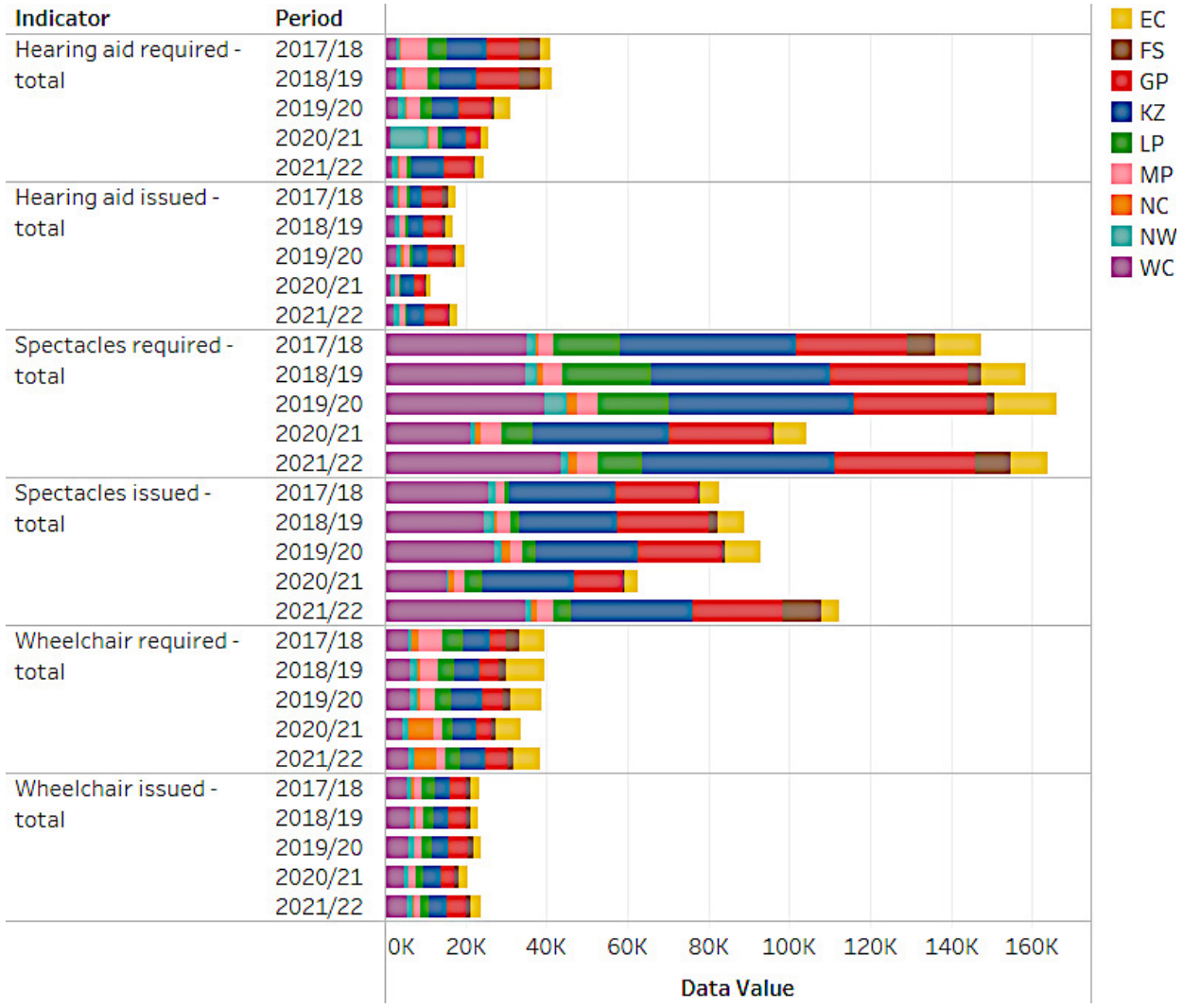
In South Africa, the excess death reports[44] generated by the South African Medical Research Council (SAMRC) were watched closely. Figure 4 and Table 8 show that a total of 339 146 excess deaths were estimated between May 2020 and December 2022. The close correlation between excess deaths and the first four 'waves' of COVID-19 is immediately evident, as is the more diffuse picture associated with the Omicron variant in 2022. The weekly excess-deaths reports were discontinued after December 2022. The SAMRC now reports on weekly number of deaths in South Africa on a monthly basis, the most recent being for February 2023. The revised reporting is only at national level, disaggregated by age groups and natural and unnatural causes.

Table 9 shows the life expectancy at birth for both sexes had dropped from 65.4 years in 2020 to 62 years in South Africa at the height of the COVID-19 pandemic in 2021. However, there was a slight recovery in 2022 and it increased to 62.8 for both sexes according to the Statistics South Africa mid-year population estimates.

5.2. Infectious diseases

Despite the impact of COVID-19, the number of malaria cases and deaths remained stable across the world without any major setbacks in malaria testing, prevention, and treatment services as countries intensified their efforts in their fight against malaria.[48] Globally, the 2022 World Malaria report reported an estimated 619 000 deaths in 2021 compared to 625 000 in 2020 when the pandemic first hit, and 568 000 deaths pre-pandemic in 2019. Although the number of malaria cases continued to rise between 2020 and 2021, they rose at a slower rate than between 2019 and 2020. When looking at cases and deaths in the WHO African Region (Figure 5), which accounted for 95% of cases and 96% of deaths globally, there is an evident spike in both incidence and mortality rates in 2020, with reductions in both measures in 2021.

Figure 3. Number of assistive devices required per province, 2017/18 - 2021/22



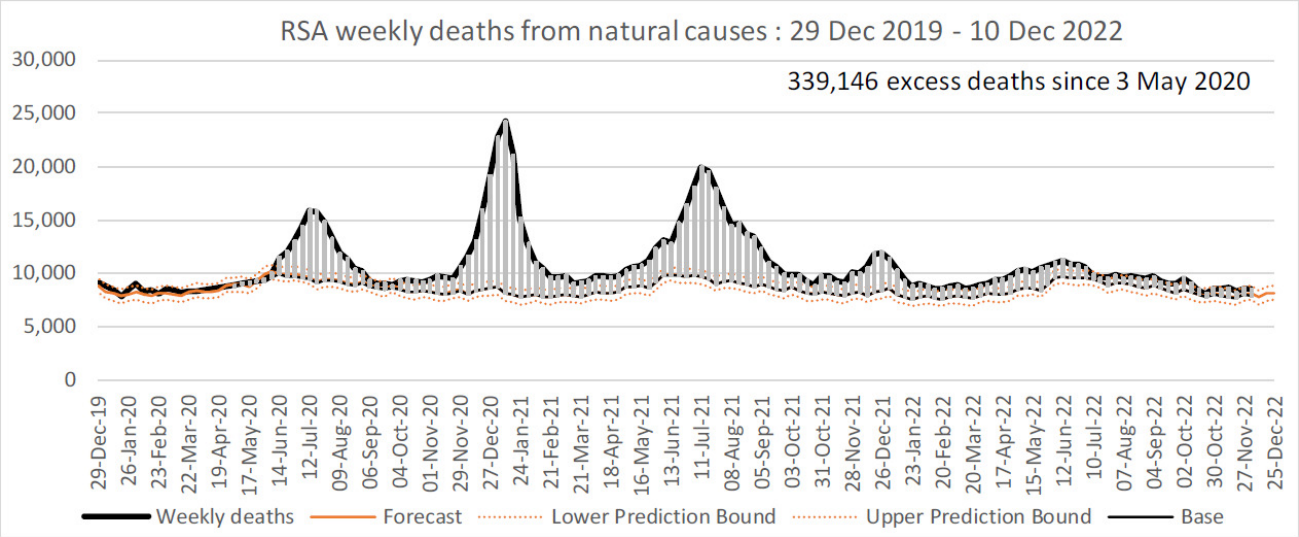
Source: webDHIS.[10]

South Africa was one of the countries that continued to make progress towards the elimination of malaria by 2025, with a 33.7% reduction in cases in 2021 compared to 2020. However, these figures could have been confounded by the reduction in testing due to limited movement during the lockdown periods when mobile clinics were unable to carry out testing and case investigations at community level. Furthermore, the country also recorded the highest increase in unclassified cases (one-third of total cases) over the past three years.[48] A total of 4 109 malaria cases and 34 malaria deaths (Table 10) were reported by the National Department of Health (NDoH) from January 2022 to October 2022. In South Africa, malaria is classified as a category one Notifiable Medical Condition (MNC) that must be reported within 24 hours of diagnosis via written or electronic communication.[49]

At the beginning of 2022, the WHO and United Nations International Children's Emergency Fund (UNICEF) reported an alarming increase in measles cases worldwide, with a 79% increase in the first two months of 2022 compared to the same period in the previous year. Health officials linked this surge in measles with the drop in vaccinations after the pandemic, as 23 million children missed out on all basic vaccinations in 2020. This represents the highest number of missed doses since 2009. COVID-19 disrupted childhood vaccinations as parents were apprehensive about taking their children to health facilities for fear of exposing them to COVID-19, and healthcare workers were reassigned to manage COVID-19 and moved away from doing routine vaccinations.[50]

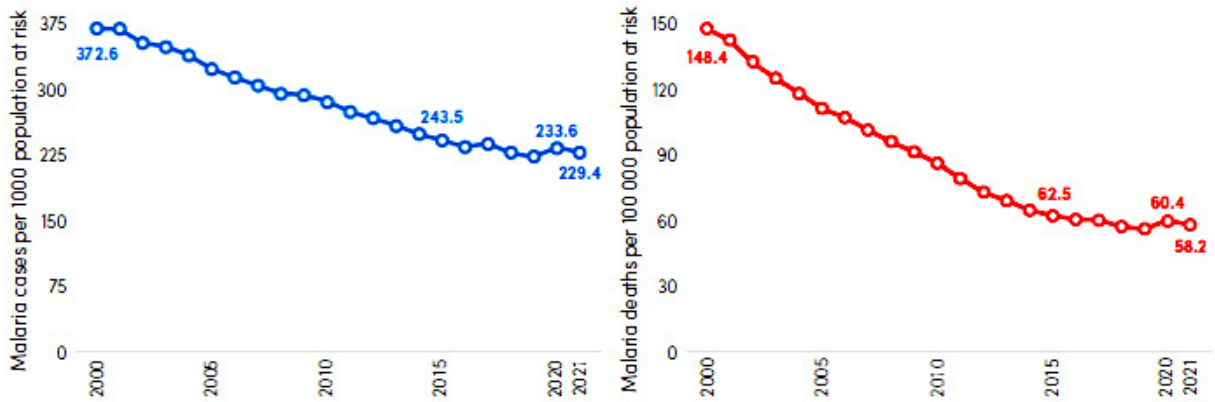
South Africa also experienced a measles outbreak in October 2022. A total of 665 laboratory-confirmed measles cases were reported between 11 October 2022 and 24 February 2023 (Table 10) by the National Institute for Communicable Diseases (NICD). Although cases were reported across the country, outbreaks were declared in all provinces except the Eastern Cape. An outbreak is only declared once there are three or more classified laboratory measles cases reported within 30 days of onset of the disease. The most affected age groups were 5-9-year-olds (41% of cases), 1-4-year-olds (25% of cases) and 10-14-year-olds (20% of cases). In response to the outbreak, the NDoH initiated a national measles vaccina-

Figure 4. Weekly deaths (all causes) in South Africa, 29 December 2019 - 10 December 2022



Source: SA MRC.[44]

Figure 5. Malaria case incidence and mortality rates in the WHO African region, 2000-2021



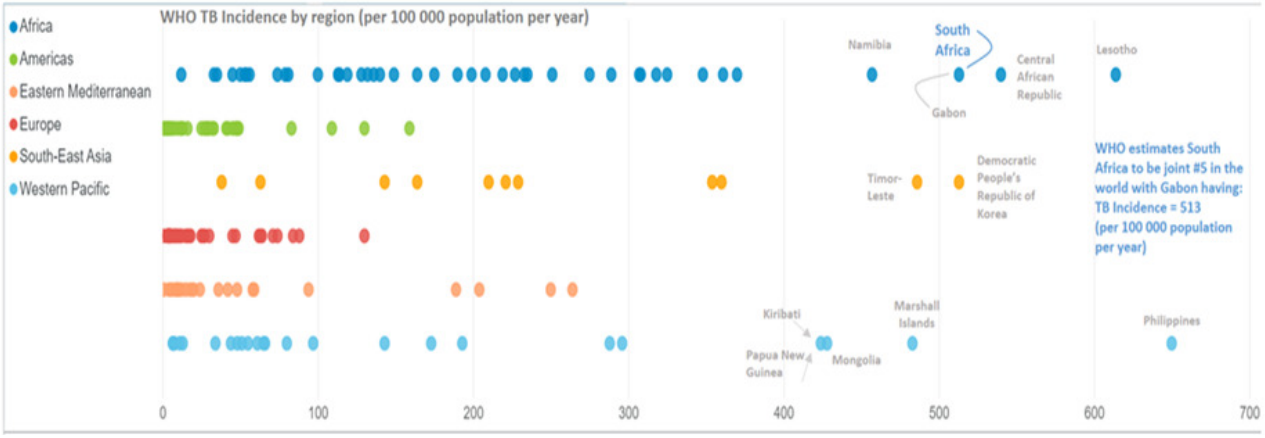
Source: WHO estimates.[48]

tion campaign for children aged between 6 months and 14 years, with the aim of limiting the outbreak. Health officials have been conducting vaccinations at schools, day-care centres and city clinics as part of the campaign to curb further spread of the outbreak.[51]

5.3. Tuberculosis

Until the COVID-19 pandemic occurred, tuberculosis (TB) was one of the leading causes of death among the infectious diseases.[53] According to the 2022 Global Tuberculosis Report, COVID-19 had a large impact on TB services globally.[54] Worldwide, progress towards reducing TB disease burden slowed drastically, halted, and in some cases reversed, due to the pandemic.[55] In South Africa, TB resources were redirected to address the demands posed by the pandemic.[56] This redirection of resources affected the screening, diagnosis and treatment of TB, and slowed the progress made in the TB programme. South Africa is still among the five countries in the world with the highest TB incidence (Figure 6), although the situation has improved from 988 cases per 100 000 population per year in 2015 to 513/100 000 in 2021. South Africa is thus well on its way to reaching one of the 2025 End TB Milestones, namely a 50% reduction in TB incidence.[57] However, the country needs to effectively implement the TB Recovery Plan, jointly developed by the National Department of Health and the TB Think Tank.[55] Key to this effort is the concept of Targeted Universal Testing for TB (TUTT). Four key aims of the Plan are to reduce the number of undiagnosed people with TB, strengthen linkages to care, improve retention in care, and improve access to TB preventive treatment.

Figure 6. WHO global TB incidence by region (per 100 000 population per year), 2021



Source: WHO Global Health Observatory[28]

According to WHO estimations,[57] 304 000 people in South Africa developed TB in 2021, of whom only 181 699 were diagnosed and started on treatment. TB-related deaths were estimated at 55 000 in 2021, with 33 000 of those having a TB/HIV co-infection due to the high double burden of HIV and TB in South Africa, and people living with HIV being at higher risk of contracting TB. Based on local routine monitoring (Table 11), the number of newly diagnosed drug-sensitive TB patients decreased from a peak of 222 569 pre-COVID (April 2019 - March 2020) to 158 764 (April 2020 - March 2021), which represented a (-29%) decline in new TB diagnosis, reversing the progress that had been made in the TB programme. The public health facilities heeded the call to action by integrating COVID-19 services and TB services, among other evidence-based interventions, which resulted in the number of new diagnoses growing in the following financial year, to 195 640 (April 2021 - March 2022). This represents an 84% recovery towards the 2019 financial year TB diagnosis and treatment numbers.

Table 11 provides a breakdown of declines per province, showing a decline in TB diagnosis and treatment in all provinces during the 2020/21 financial year and some recovery in TB diagnosis and treatment the following financial year. However, none of the provinces have managed to reach TB diagnosis and treatment numbers to the level prior to COVID-19 (April 2019 - March 2020).

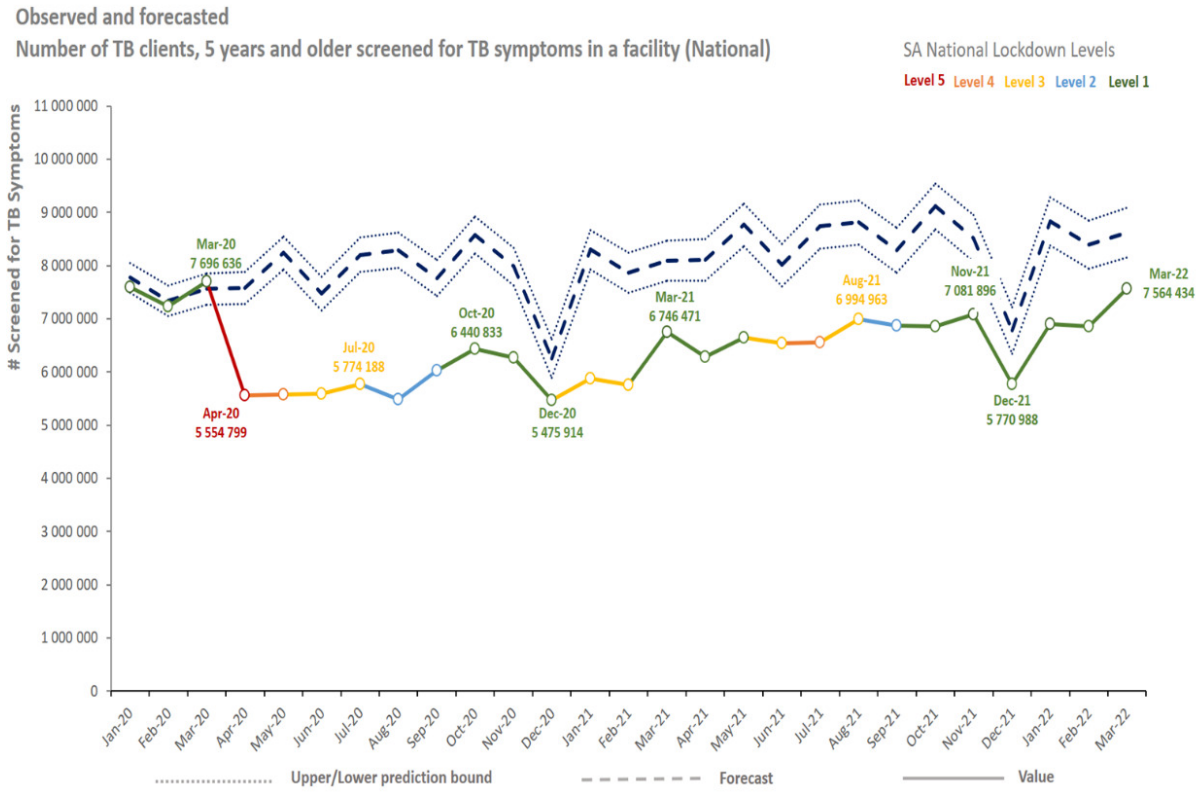
Figure 7 (national) and Figure 8 (provincial) show the impact of COVID-19 and the subsequent lockdown conditions on TB screening. Slow recovery from the initial lockdown restrictions (depicted in red) can be observed, with TB screening numbers not making a full recovery to pre-COVID TB screening figures.

The NDoH developed a National TB Recovery Plan[58] with the aim of closing the gaps created by COVID-19, and leveraging good practices born from the response to COVID-19. Phase 1 (preparatory period) of the plan took place between January 2022 and June 2022, and Phase 2 (implementation period) began in July 2022 and ended in March 2023. The Plan outlined the following:

- Finding undiagnosed people with TB through evidence-based interventions that scaled up community TB screening.[55]
- The Targeted Universal TB Testing (TUTT) approach was strengthened. This offered, among other services, TB testing to people at high risk of contracting TB regardless of symptoms, as the National TB Prevalence Survey[59] suggested that a large number of patients who develop TB present as asymptomatic.
- Use of other technologies was scaled up, with a shorter turnaround time (TAT) for results compared to GeneXpert Ultra testing kits, which have a 48-hour TAT. These TB investigation tools will not replace GeneXpert Ultra testing, but will rather work alongside it. The TB diagnostic tools include, among others, the urine Lipoarabinomannan (LAM) screening (±25-minute TAT), digital X-rays (±20-minute TAT) and mobile self-screening applications. The latter proved to be effective in increasing COVID-19 screening coverage at a time of scarce human resources.
- There was also an explicit effort to increase the focus on men, in response to the National TB Prevalence Survey[59] which showed a higher prevalence of TB in males than females.
- The recovery plan included strengthening of health systems that (i) support the TB programme, (ii) link people to TB care, and (iii) keep people in TB care through adherence counselling, hospital referrals to primary health care facilities, scale-up of shortened (6-month) multi-drug-resistant (MDR)-TB treatment regimens, 4-month paediatric treatment regimens for children, and strengthened tracer teams.

Figure 9 and Figure 10 show the impact of COVID-19 on TB diagnosis and treatment, with monthly data (24

Figure 7. Number of clients 5 years and older screened for TB symptoms in a facility (national), January 2020 - March 2022



Source: webDHIS[10]

months) displayed in relation to South African national lockdown levels from January 2020 to March 2022.

Drug-resistant (DR) TB was also negatively affected. There was a –32% decline in the number of people provided with treatment for rifampicin-resistant TB (RR-TB), while the number of people receiving MDR-TB treatment declined from 8 815 pre-COVID-19 to 6 016 in 2020/21, with a partial recovery to 7 005 (+16%) during 2021/22 (Table 12).

Figure 11 shows that preventive therapy for children under 5 years (shown in light blue) declined in performance consistently over the 2019-2022 period. This is particularly concerning as TB is very difficult to diagnose in children under 5 years, as the children are unable to articulate their symptoms, and parents find it challenging, or are sometimes unaware of, the changes to take note of in their children that would indicate the presence of TB. As such, TB in children under 5 years of age must become an explicit area of focus for TB programmes in South Africa. Gastric washout is the most commonly used procedure to diagnose TB in children under 5 years of age; however, it is a very invasive procedure that makes parents reluctant to provide consent, among other factors. A few clinical research initiatives have attempted to solve this challenge. However, data indicate that these types of research initiatives need to be prioritised and invested in so that there can be accelerated learning and calibration, and treatment can be rolled out as soon as possible to this high-TB-risk population subset.

5.4. HIV and AIDS

Figure 12 shows that by March 2022, the number of HIV tests performed nationally appeared to have recovered to pre-pandemic levels. However, the impact of the COVID-19 pandemic on HIV response should not be under-estimated as the figures for March 2022 were lower than what was forecasted. Figure 13 shows the same trend for most provinces with the exception of the Northern and Western Cape and Limpopo where HIV testing numbers had reached the estimated forecasted levels for March 2022. Figure 14 to Figure 16 graphically illustrate the impact on treatment initiations and retention in care. In a high HIV and TB burden setting, COVID-19 has been associated with high mortality among people living with HIV.[60] A divergence is noted in the antiretroviral effective coverage figures between the modelled Thembisa 4.5 estimates and the routine coverage from webDHIS (Table 13), which could be the result of the momentum lost during the COVID-19 period.

The UNAIDS summary page on South Africa[68] shows data for 2021, in the middle of the pandemic. Although new infections continued to decline, the rate at which HIV-related deaths were declining, slowed. These statistics provide the backdrop to the recently launched National Strategic Plan (NSP) for HIV, TB and STIs 2023-2028.[69] Emphasis in the NSP 2023-2028 has been described as follows: "to provide innovative, people- and communities-centred interventions and multi-sectoral approaches to reduce the barriers and enhance access to equitable HIV, TB and STI prevention and treatment services". This intent is closely aligned with the Global AIDS Strategy 2021-2026.[70] However, policy objectives on paper do not translate easily into actionable interventions in the clinical setting. This was demonstrated in a cluster randomised controlled study conducted in 40 rural clinics in South Africa.[71] Attempts to integrate HIV and TB services, with a quality-improvement component, failed to show an impact on mortality in HIV-TB co-infected patients. Even in sub-populations that have been the target of concerted effort over many years, such as pregnant women, reaching the third of the 95-95-95 targets has proven challenging.[72] Table 19 shows the medical male circumcision (MMC) rates fluctuated between 2019/20 and 2021/22 which could have been the effect of some variations among the provinces where MMC rates went up quite drastically particularly between 2019/20 and 2020/21.

5.5. COVID-19

As the COVID-19 disease burden in South Africa and globally has reduced, so the frequency with which COVID-19 statistics are reported has dropped considerably. Although the dedicated COVID-19 website (https://sacoronavirus.co.za/) remains operative, it no longer gives daily statistics. Instead, the weekly COVID-19 reports now have to be accessed via the National Institute for Communicable Diseases (NICD) website (https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/). Most tellingly, the Daily Hospital Surveillance (DATCOV) reporting system is no longer functioning. This system had been highlighted as a prime example of collaboration between the public and private sectors, with 100% of all hospitals in each sector contributing data. The weekly DATCOV site only provides data until December 2022, and includes this note: "Please note: the DATCOV system ended at the end of December 2022 and COVID-19 hospitalisation data will be collected via the Notifiable Medical Conditions surveillance system from January 2023. These weekly COVID-19 hospitalisation reports have been discontinued from 31 December 2022." Without weekly reporting, it is uncertain whether the COVID-19 hospitalisations are being consistently reported via the notifiable medical conditions (NMC) system. How many ambulatory cases are reported as NMCs is also uncertain. The rolling total on the South African coronavirus website showed 4 055 656 COVID-19 cases on 3 April 2023 and 102 595 deaths.

The weekly testing summary also ceased, from the end of March 2023 (epidemiological week 12 of 2023). The final report showed that 12 180 Polymerase Chain Reaction (PCR) tests were conducted in the week to 25 March 2022, bringing the cumulative national total to 21 577 962 since 1 March 2020.[73] Interpreting the PCR percentage testing positive was no longer simple, as testing strategies varied between provinces. For example, settings in which all antigen-positive tests were confirmed by PCR would bias the statistic.

Although optional booster vaccinations are now accessible for all adults, uptake of COVID-19 vaccinations has slowed dramatically. Figures 18-20 show the vaccination statistics as at 20 February 2023. In March 2023, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) revised its guidance.[74] Additional booster doses were not recommended for healthy adults (those under the age of 50-60 years without comorbidities) and children and adolescents with comorbidities. Booster vaccination was still recommended for those at higher risk, namely older adults, younger adults with significant comorbidities (e.g. diabetes and heart disease), people with immune-compromised conditions (e.g. people living with HIV and transplant recipients; including children aged 6 months and older), pregnant persons, and frontline health workers. Children 5-11 years old at risk of severe disease became eligible for a primary course of vaccination from the end of February 2023.[75]

5.6. Maternal and reproductive health

It has been found that during all pandemics, public focus shifts to preserving life, with less attention given to women, children, and reproductive health.[76] The number of antenatal visits declined in all provinces during level 5 of the South African lockdown in 2020-2022 as illustrated in Figure 21 and Figure 22. All the provinces showed a significant increase in number of antenatal visits as lockdown levels lowered. All provinces, except for the Free State, experienced a drop in number of visits. This drop continued into the 2021/22 year, except in the Eastern Cape, where visits improved compared with the previous year, from 68.2% in 2020/21 to 81.2% in 2021/22. All provinces noted a reduction in the number of contraceptives methods prescribed (measured by the couple year protection rate) during lockdown levels 4 and 5; however, contraceptive prescription went back to usual as lockdown levels decreased (Figure 23 and Figure 24). All provinces showed an improvement in the couple year protection rate, except Gauteng, which declined from 44.9% in 2020/21 to 37.8% in 2021/22, and the Northern Cape which declined from 50.9% in 2020/21 to 46.8% in 2021/22 as shown in Table 14.

The crisis-management approach to the pandemic, which included lockdowns, school closures, and travel restrictions, placed women and adolescent girls at risk of having their rights violated, resulting in early pregnancy, gender-based violence, and lack of access to reproductive health services. The webDHIS figures in Table 14 show that deliveries by adolescents between the ages of

10 and 19 years increased across all provinces in 2021/22 compared to 2018/19. These findings underscore the importance of policies and programmes that provide life-skills training, financial literacy, support, and safe spaces for adolescent girls and women.[80] There was also a significant increase in the maternal mortality ratio (MMR) in 2020/21 as noted in Table 14 where the MMR ranged from 178.8 in the Free State to 80.6 in the Northern Cape. This again points to the damaging effects of COVID-19 on maternal health.

There was a huge drop in cervical screening coverage between 2019/20 and 2021/21 due to COVID-19 and its effect on the national screening coverage programme. Cervical screening coverage rates were already low nationally at 46.8% and had still not recovered in 2021/22 (36.9%) yet cervical cancer is the second leading cause of cancer death among women following breast cancer.[81]

5.7. Child health

The global under-5-year mortality rate dropped to 37 deaths per 1 000 live births in 2020, but children in the African Region continued to have the highest mortality rates worldwide.[32]

Under-5 mortality (U5MR) continues to be one of the most challenging public health issues in LMICs, mainly due to poor dwelling units, poor access to breastfeeding, and the circumstances of birth, more specifically multiple births as these children are more likely to die than singleton children[82] The leading causes of under-5 mortality are neonatal causes, diarrhoea, and pneumonia or lower respiratory tract infections, despite there being a high immunisation coverage rate and a decreasing occurrence of malnutrition.[83] COVID-19 has resulted in a setback in achieving reduced deaths from infections and maternal and child health conditions that would have been possible by the year 2035. COVID-19 disrupted childhood vaccination programmes due to lockdowns, and redirected spending towards emergencies, including the procurement of COVID-19 vaccines.[84]

The monthly webDHIS figures (Figure 25 and Figure 26) indicate that immunisation coverage has stayed stable in the country, with a slight increase across all provinces except for North West in 2021/22. This could be due to the levels of lockdown having been gradually lifted at the time. The incidence of pneumonia cases decreased during higher levels of lockdown, driven in part by reduced care-seeking behaviours and patients only presenting for severe cases (Figure 27 and Figure 28). Figure 29 and Figure 30 show that cases of diarrhoea and dehydration also declined during higher levels of lockdown and increased slightly as restrictions were eased.

5.8. Non-communicable diseases

In 2022 the NDoH published the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2022-2027[87] to fast-track their response towards the prevention and control of non-communicable diseases (NCDs), risk factors and mental conditions. This was also in recognition of the gaps that COVID-19 exposed in the delivery of NCD services as mortality and hospitalisation rates were much higher for those living with NCDs (both known and unknown) and among obese people in the country.[88] The NSP proposed a cascade-based strategy similar to the 90-90-90 approach for HIV and AIDS, and TB. The proposed 90-60-50 cascade states that:

- 90% of all people over 18 will know whether or not they have raised blood pressure and/or raised blood glucose.
- 60% of people with raised blood pressure or blood glucose will receive intervention.
- 50% of people receiving interventions are controlled.[87]

NCD policies require increasingly efficient implementation as the attributable burden for diabetes mellitus is growing. For example, improved surveillance of risk factors, including physical activity, is crucial to improving NCD detection and response.[89] A high mortality burden attributable to high systolic blood pressure underscores the need for improved care for hypertension and cardiovascular diseases, particularly stroke, to prevent morbidity and mortality.[90]

As mentioned before, South Africa's population is ageing and those living with HIV are living longer due to the successful uptake of antiretroviral therapy (ART), which means that the NCD burden on the country will also increase as old age is a risk factor for developing an NCD. In 2022, Percept Actuaries & Consultants quantified the burden of NCDs in South Africa using datasets that included the General Household Survey, the National Income Dynamics Study (NiDS), the South Africa Demographic and Health Survey (2016/17), cause-of-death records, Council for Medical Schemes data, underwriting from insurers, National Health Accounts, and webDHIS data. Some key findings from the briefs were:

- South African males were 1.38 times more likely than females to have diabetes. Among the medical scheme population, the odds of being male with hypertension were 1.17 times higher than the odds of being female with hypertension.
- Objective measures of diabetes showed high prevalence of undiagnosed or poorly managed diabetes. Only 30% of men and women with diabetes reported that they had previously been diagnosed with diabetes.
- Uncontrolled diabetes increased the risk of death among hospitalised COVID-19 patients; the risk of death was exacerbated in elderly males, and those who had co-morbidities such as hypertension, clotting disorders, cardiovascular disease and obesity.[91]

Data on NCDs continues to be difficult to find though, as NCDs are not notifiable medical conditions (NMC). However, there has been an improvement in this regard as cancer registries are being strengthened. Table 16

Table 4. Population estimates: modelled estimates for medical schemes coverage and uninsured population national, provincial and district, 2019-2023

		Total Population (DHIS Pop Est 2000-30)					Med schemes coverage (Insight Actuaries model 2019)	Uninsured Calculated				
		2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
Country	ZA	58979654	59797656	60604086	61402320	62197960	15,4	49896787	50588817	51271057	51946363	52619474
Province	EC	6711899	6713318	6714789	6711415	6709060	9,8	6054133	6055413	6056740	6053696	6051572
	FS	2890007	2900278	2910130	2920478	2930982	13,5	2499856	2508740	2517262	2526213	2535299
	GP	15268630	15635579	15997809	16362152	16723636	24,6	11512547	11789227	12062348	12337063	12609622
	KZ	11319610	11441785	11563182	11683165	11801471	11,2	10051814	10160305	10268106	10374651	10479706
	LP	5993527	6039032	6084467	6124442	6165877	7,2	5561993	5604222	5646385	5683482	5721934
	MP	4609880	4680103	4748543	4815060	4880047	12,5	4033645	4095090	4154975	4213178	4270041
	NC	1267621	1282813	1297034	1310808	1324275	15,1	1076210	1089108	1101182	1112876	1124309
	NW	4043350	4107283	4169094	4231279	4293016	11,9	3562191	3618516	3672972	3727757	3782147
	WC	6875130	6997465	7119038	7243521	7369596	20,1	5493229	5590975	5688111	5787573	5888307
District	BUF	799711	798388	796759	794314	791614	22,4	620576	619549	618285	616388	614292
	CPT	4510747	4598783	4686530	4776492	4867548	22,2	3509361	3577853	3646120	3716111	3786952
	DC1	455676	463390	471043	478958	487115	17,3	376844	383224	389553	396098	402844
	DC2	925999	942232	958398	974747	991117	16,4	774135	787706	801221	814888	828574
	DC3	294278	299764	305203	310662	316173	16,4	246016	250603	§§	259713	264321
	DC4	614134	618954	623516	628217	633013	16,5	512802	516827	520636	524561	528566
	DC5	74296	74342	74348	74445	74630	12,5	65009	65049	65055	65139	65301
	DC6	113937	114035	114077	114245	114367	17,5	93998	94079	94114	94252	94353
	DC7	204290	206326	208167	209912	211609	13,1	177528	179297	180897	182414	183888
	DC8	273681	278104	282362	286400	290296	15,8	230439	234164	237749	241149	244429
	DC9	410232	414190	417771	421181	424540	15,7	345826	349162	352181	355056	357887
	DC10	478448	480810	483024	484665	486523	8,8	436345	438499	440518	442014	443709
	DC12	804398	795781	787417	778884	770438	4,3	769809	761562	753558	745392	737309
	DC13	741095	731081	721434	712004	702218	4,9	704781	695258	686084	677116	667809
	DC14	344401	342580	340685	338445	336219	5,0	327181	325451	323651	321523	319408

		Total Population (DHIS Pop Est 2000-30)					Med schemes coverage (Insight Actuaries model 2019)	Uninsured Calculated				
		2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
	DC15	1 508 997	1 524 972	1 541 080	1 555 812	1 571 532	4,2	1 445 619	1 460 923	1 476 355	1 490 468	1 505 528
	DC16	126 989	127 071	127 119	127 251	127 471	10,5	113 655	113 729	113 772	113 890	114 087
	DC18	642 629	643 043	643 503	644 397	645 123	12,0	565 514	565 878	566 283	567 069	567 708
	DC19	755 188	755 842	756 396	757 178	758 118	9,2	685 711	686 305	686 808	687 518	688 371
	DC20	504 155	505 057	505 879	506 744	507 595	13,2	437 607	438 389	439 103	439 854	440 592
	DC21	804 993	816 195	827 384	838 645	850 311	7,1	747 838	758 245	768 640	779 101	789 939
	DC22	1 123 554	1 137 023	1 150 285	1 163 352	1 177 092	11,0	999 963	1 011 950	1 023 754	1 035 383	1 047 612
	DC23	704 433	706 771	708 994	711 516	714 070	6,4	659 349	661 538	663 618	665 979	668 370
	DC24	557 752	563 568	569 454	575 760	582 409	5,4	527 633	533 135	538 703	544 669	550 959
	DC25	558 701	565 495	572 008	577 873	583 415	7,4	517 357	523 648	529 679	535 110	540 242
	DC26	858 938	863 111	867 237	872 128	877 196	5,2	814 273	818 229	822 141	826 777	831 582
	DC27	671 378	676 068	680 655	685 592	690 192	5,0	637 809	642 265	646 622	651 312	655 682
	DC28	960 065	964 828	969 742	975 004	980 188	8,7	876 539	880 888	885 374	890 179	894 912
	DC29	671 846	680 361	688 960	696 590	703 372	8,6	614 067	621 850	629 709	636 683	642 882
	DC30	1 218 483	1 240 644	1 262 612	1 283 719	1 304 284	13,1	1 058 862	1 078 120	1 097 210	1 115 552	1 133 423
	DC31	1 580 378	1 613 205	1 645 648	1 677 409	1 708 843	14,8	1 346 482	1 374 451	1 402 092	1 429 152	1 455 934
	DC32	1 811 019	1 826 254	1 840 283	1 853 932	1 866 920	10,2	1 626 295	1 639 976	1 652 574	1 664 831	1 676 494
	DC33	1 209 120	1 218 016	1 226 939	1 234 474	1 241 931	6,8	1 126 900	1 135 191	1 143 507	1 150 530	1 157 480
	DC34	1 460 085	1 474 045	1 488 161	1 501 251	1 514 770	6,6	1 363 719	1 376 758	1 389 942	1 402 168	1 414 795
	DC35	1 344 562	1 349 214	1 353 845	1 357 666	1 361 654	8,3	1 232 963	1 237 229	1 241 476	1 244 980	1 248 637
	DC36	763 309	769 853	776 172	781 264	786 231	9,1	693 848	699 796	705 540	710 169	714 684
	DC37	1 884 307	1 929 057	1 972 917	2 015 765	2 058 230	14,0	1 620 504	1 658 989	1 696 709	1 733 558	1 770 078
	DC38	901 629	906 601	910 841	916 394	922 575	9,7	814 171	818 661	822 489	827 504	833 085
	DC39	470 086	471 910	473 588	475 637	477 280	7,3	435 770	437 461	439 016	440 915	442 439
	DC40	787 328	799 715	811 748	823 483	834 931	12,8	686 550	697 351	707 844	718 077	728 060
	DC42	960 427	963 811	966 230	968 999	972 188	20,8	760 658	763 338	765 254	767 447	769 973
	DC43	503 616	506 908	510 113	513 778	517 618	5,6	475 414	478 521	481 547	485 006	488 631

		Total Population (DHIS Pop Est 2000-30)					Med schemes coverage (Insight Actuaries model 2019)	Uninsured Calculated				
		2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
	DC44	826587	828210	830067	831112	832500	3,8	795177	796738	798524	799530	800865
	DC45	265481	270158	274657	279070	283463	13,9	228579	232606	236480	240279	244062
	DC47	1216451	1227904	1239350	1249787	1261291	5,6	1148330	1159141	1169946	1179799	1190659
	DC48	943535	956893	969545	982753	996636	24,1	716143	726282	735885	745910	756447
	EKU	3910546	3996528	4080699	4165110	4250640	23,8	2979836	3045354	3109493	3173814	3238988
	ETH	3904334	3961457	4018350	4072927	4125608	18,9	3166415	3212742	3258882	3303144	3345868
	JHB	5781281	5951077	6121322	6295072	6465812	22,2	4497837	4629938	4762389	4897566	5030402
	MAN	861046	869265	877233	884908	892675	20,0	688837	695412	701786	707926	714140
	NMA	1208262	1211496	1214323	1216179	1218016	20,4	961777	964351	966601	968078	969541
	TSH	3672841	3767270	3860013	3950218	4038360	30,6	2548952	2614485	2678849	2741451	2802622

Table 5. Socio-economic indicators by province, 2019-2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)	2019	WHO	74,9										a
		WHO COPD	5,2										a
		WHO Ischeamic heart disease	15,3										a
		WHO Lower respiratory infections	20,7										a
		WHO Stroke	10,2										a
		WHO Trachea, bronchus, lung cancers	2,9										a
		SOGA	44,6										b
Drinking Water System (Blue Drop) Performance Rating	2021	Blue Drop Low risk	48,0	51,9	37,7	82,8	48,0	35,6	58,9	46,7	12,2	85,0	c
		Blue Drop Medium risk	18,0	23,5	15,6	10,3	18,1	18,4	20,5	22,1	17,1	7,9	c
		Blue Drop High risk	11,0	11,2	19,5	3,4	7,4	21,8	8,0	11,6	17,7	3,1	c
		Blue Drop Critical risk	23,0	13,4	27,3	3,4	26,5	24,1	12,5	19,6	53,0	3,9	c
Education level: percentage of population with no schooling	2021	both sexes 20 years and older GHS	3,2	4,6	2,6	1,0	4,4	7,1	6,3	3,2	3,9	0,7	d
Human development index (high value = best)	2019	both sexes all ages HDR	0,71										e
	2020	both sexes all ages HDR	0,73										f
	2021	both sexes all ages HDR	0,7										f
Human development index rank (1= best)	2019	both sexes all ages HDR	115										e
	2020	both sexes all ages HDR	102										f
Percentage of households by type of housing	2021	both sexes GHS Formal	83,6	72,4	82,6	81,6	85,7	96,3	89,8	86,8	80,5	82,2	d
		both sexes GHS Informal	11,7	5,4	15,4	17,0	5,0	2,9	7,1	12,3	19,1	17,3	d

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		both sexes GHS Traditional	4,2	21,6	2,0	0,1	9,3	0,7	3,1	0,5	0,4	0,1	d
Percentage of households using electricity for cooking	2021	GHS	77,7	77,7	87,2	77,4	82,3	64,5	71,4	83,0	78,8	80,5	d
Percentage of households with access to improved sanitation	2019	GHS	82,1	87,6	82,3	90,0	80,9	63,4	63,7	83,9	68,8	94,5	g
	2020	GHS	83,2	92,7	85,8	90,5	81,2	58,7	64,4	86,9	78,3	93,9	d
	2021	GHS	84,1	91,7	86,3	91,8	84,5	58,5	63,2	87,4	77,8	94,8	d
Percentage of households with access to piped water	2020	GHS	89,1	72,1	93,3	98,0	86,9	71,3	87,9	91,8	87,3	98,5	d
	2021	GHS	88,7	71,0	93,6	98,4	87,0	69,4	86,2	90,9	83,4	99,4	d
Percentage of households with telephone (telephone in dwelling or cell phone)	2021	GHS	97,8	97,4	98,0	98,4	96,7	95,4	98,9	97,6	99,2	98,5	d
Percentage of population with primary reliance on clean fuels	2019	WHO	86,0										h
	2020	WHO	87,0										i
Unemployment rate (official definition)	2020 Q4	both sexes 15-64 years LFS	32,5	47,9	33,4	34,1	29,6	27,3	33,0	28,7	33,3	22,5	j
	2021 Q4	both sexes 15-64 years LFS	35,3	45,0	36,7	36,6	32,4	33,9	39,7	25,0	33,8	28,0	k
	2022 Q4	both sexes 15-64 years LFS	32,7	42,1	22,1	34,0	31,4	31,8	36,1	22,1	37,0	22,5	l
Air pollution level in cities (particulate matter [PM])	2020	AQLI PM2.5	20,3										m
Wastewater systems (Green Drop) Performance Rating	2021	Green Drop	37,0	51,0	26,0	68,0	68,0	29,0	49,0	41,0	30,0	84,0	n
		Green Drop Critical risk	39,0	39,0	67,0	15,0	14,0	78,0	43,0	76,0	69,0	11,0	n

Reference notes

a Global Health Observatory.[28]
b SOGA Africa 2021.[23]
c Blue Drop 2022.[29]
d GHS 2021.[18]
e HDR 2020.[30]
f HDR 2022.[26]
g Stats SA GHS 2019.[16]
h World Health Statistics 2021.[31]

i World Health Statistics 2022.[32]
j Labour Force Survey Q4 2020.[33]
k Labour Force Survey Q4 2021.[34]
l Labour Force Survey Q4 2022.[21]
m Air Quality Life Index 2022.[22]
n Green Drop 2022.[35]

Definitions

- Drinking Water System (Blue Drop) Performance Rating [Percentage]: Composite score measuring compliance of water suppliers with water quality management requirements. Includes microbiological, chemical and physical compliance criteria.
- Education level: percentage of population with no schooling [Percentage]: Percentage of people in a given age group who have received a particular level of education.
- Human development index (high value = best) [Number]: The HDI is a summary measure of human development. It measures the average achievements in a country in three basic dimensions of human development:
- Human development index rank (1 = best) [Number]: Rank from 1 to end given to each country according to value of HDI.
- Percentage of households by type of housing [Percentage]: Percentage of households that are categorised as formal, informal, traditional or other.
- Percentage of households using electricity for cooking [Percentage]: Percentage of households using electricity as their main energy source for cooking.
- Percentage of households with access to improved sanitation [Percentage]: Percentage of households using improved sanitation facilities (including flush to piped sewer system, flush to septic tank, flush/pour flush to pit, flush/pour flush to elsewhere).
- Percentage of households with access to piped water [Percentage]: Includes households with piped water in dwelling, piped water inside yard or piped water on a community stand (<200m away or further).
- Percentage of households with telephone (telephone in dwelling or cell phone) [Percentage]: Percentage of households with a telephone in the dwelling or a cellular telephone.
- Percentage of population with primary reliance on clean fuels [Percentage]: Percentage of population with primary reliance on clean fuels.
- Unemployment rate (official definition) [Percentage]: The official definition of the unemployed is that they are those people within the economically active population (aged 15-65) who:
  (a) did not have a job or business during the 7 days prior to the interview,
  (b) want to work and are available to work within two weeks of the interview, and
  (c) have taken active steps to look for work or to start some form of self-employment in the 4 weeks prior to the interview.
- Wastewater systems (Green Drop) Performance Rating [Percentage]: Composite score measuring compliance of wastewater management requirements.

shows the cancer incidence rate in South Africa for 2020, as reported by the National Cancer Registry (NCR) by cancer type. The most prevalent cancers in the country are prostate, breast, cervical, lung and colorectal. Figure 31 illustrates the age-standardised incidence rates among males and females for cancers with the highest incidence in the country.

According to the International Disability Alliance's report[37] on COVID-19 and diabetes, diabetes was a strong risk factor for adverse COVID-19 outcomes; individuals with diabetes were more likely to be hospitalised or die as a result of COVID-19 infections than those not living with the disease. The International Diabetes Federation (IDF) 2021 Atlas[92] estimated that South Africa has the highest number of people living with diabetes in Africa, with an estimate of 4.2 million people in 2021. Twelve years ago, in 2011, this figure was estimated at just 1.9 million. According to routine data collected in the web-DHIS between 2020/21 and 2021/22, there were noticeable drops in the number of new diabetes and hypertension treatment clients in the public sector. This was another indication of potential under-screening and under-diagnosing due to disruptions to health services caused by COVID-19 (Table 16).

COVID-19 highlighted increasing concern around mental health, both globally and locally. The second annual Mental State of the World Report[93] noted that mental wellbeing showed a greater decline in 2020 (8%) than in 2021 (3%). This correlates with the stringent COVID-19 measures taken by governments when the pandemic started, and directly correlates with the number of cases and deaths per million.[93] The report further noted that the pandemic had the greatest effect on the mental wellbeing of younger generations worldwide, with 44% of 18-24-year-olds considered in the 'Distressed' or 'Struggling' range compared with only 7% of those aged 65 years and older. The Mental Health Quotient (MHQ) assessment "captures a comprehensive spectrum of emotional, social and cognitive attributes encompassing both problems (or symptoms) across 10 different mental health disorders (as defined by the DSM-5), as well as positive mental attributes. An aggregate mental wellbeing score based on these aspects (the MHQ) positions individuals on a spectrum from Distressed to Thriving." South Africa and the UK had the lowest MHQ (a score of 46) among the 34 countries included in the assessment; according to the scale, this score was in the 'Enduring' range (Figure 32). Furthermore, South Africa stood out among all the other countries as the percentage of 'Distressed' or 'Struggling' increased by 8% from 28.55% in 2020 to 36% in 2021. Such indicators demonstrate the increasing need for comprehensive mental health action plans, and mental health programmes and services in the country.

5.9. Injuries and risk behaviours

In 2022, the Global Burden of Disease (GBD) alcohol group estimated the population-level risks of alcohol consumption by amount, geography, age, sex, and year. They recommended the development of tailored guidelines and recommendations on alcohol consumption by age and across regions due to the fact that existing low consumption thresholds were actually too high for younger populations. Additionally, the publication noted that young adult males are the highest consumers of alcohol globally, and interventions targeting them should be prioritised to minimise loss of health due to alcohol consumption.[94]

Research by the Alcohol Harms Reduction programme forecasts a marked reduction in alcohol-related health costs if legislative interventions increase the price of alcohol through minimum unit pricing, and if the availability of liquor is reduced by regulating outlet trading hours[95]

In South Africa, alcohol remains an important contributor to the overall disease burden, ranking fifth in terms of deaths and disability-adjusted life years (DALYs).[96] In 2021, most alcohol and drug treatment and rehabilitation centres re-opened following closures during the height of the COVID-19 pandemic. The most recent report from the South African Community Epidemiology Network on Drug Use (SACENDU) covered both periods in 2021 (January-June, and July-December). It reported an increased number of admissions for alcohol and other drugs (AODs) in the second half of the year, from 10 938 (across 85 centres/programmes) to 15 704 (across 78 treatment centres/programmes) as shown in Table 17. There was a higher number of people seeking treatment for alcohol in the Western Cape and Gauteng, and a decline of 21% for such admissions in KwaZulu-Natal. Cannabis was the main drug of use among admissions aged 20 years and younger (Table 17).[97]

6. Health service indicators

6.1. Health facilities

Figures 33 and 34 show the overall impact of the COVID-19 pandemic on health facility workload. Despite the direct workload associated with confirmed COVID-19 cases, the overall number of patient-day equivalents was below the predicted level until March 2022, as was in-patient bed utilisation (Figure 35 and Figure 36).

The national bed utilisation rate (BUR) during the COVID-19 period dropped from 72.4% in 2019/20 to 60.7% but the average length of stay (ALOS) remained at 4 days. The inpatient crude death rate increased from 4.6% to 5.7% indicating that although less patients were admitted during the time, more patients probably died as a result of COVID-19. By contrast, primary health care (PHC) utilisation recovered to predicted levels over the same period, as shown in Figure 37 and Figure 38.

Figure 39 to Figure 40, along with Table 18, show that the PHC utilisation rate for children under five is also on a steady recovery to pre-COVID levels in most provinces with the exception of the Northern Cape which had a PHC utilisation rate of 4.3 in 2019/20 and has only increased to 2.7 in 2021/22. Table 18 also illustrates how the total PHC headcount between 2019/20 and 2020/21 declined which resulted in less patients being seen

by doctors and PHC professional nurses. This confirms the lack of essential services rendered to clients. The PHC headcount had still remained lower in the country in 2022 with only 101 393 994 people visiting PHCs compared to 2019 where it was estimated at close to 120 million people.

6.2. Health personnel

The health personnel data provided in Table 19 and Table 20 only reflect those working in the public sector. The COVID-19 pandemic underscored the interrelatedness of the public and private health sectors, and enabled cross-sector service provision in one limited sense. The national COVID-19 vaccination programme was able to draw on the capacity of both sectors to deliver vaccine doses, regardless of insurance status. Changes to the reimbursement processes in early 2023 have reduced access to services in the private sector, with vaccine administration costs no longer reimbursed for uninsured persons.[103]

Lack of human resources for health remains a constant feature of many health systems, even in more well-resourced settings. A Global Burden of Disease (GBD) 2019 mapping exercise set targets of 20.7 physicians per 10 000 population, 70.6 nurses and midwives, 8.2 dentistry personnel, and 9.4 pharmaceutical personnel, in order to reach a universal health coverage index of 80 out of 100.[105] On this basis, the 2019 global health workforce was estimated to be missing 6.4 million physicians, 30.6 million nurses and midwives, 3.3 million dentistry personnel, and 2.9 million pharmaceutical personnel. Not surprisingly, the lowest health worker densities were recorded in sub-Saharan Africa, south Asia, North Africa and the Middle East. There was a noticeable increase in the medical doctors professional nurses, enrolled nurses, nursing assistants and pharmacists per 100 000 uninsured population between March 2020 and March 2021 as more professionals were appointed to work during the COVID-19 pandemic. The numbers, however, declined in March 2022 to be in line with March 2020 levels.

6.3. Health financing

As shown in Table 21, medical scheme coverage has continued to decline as a percentage of the total population. The Council for Medical Schemes' 2021 Industry Report noted a further minor consolidation in the number of medical schemes.[19] In 2021, there were 75 registered medical schemes, of which 57 were restricted and 18 open. This was almost half the number of schemes operating in the year 2000 (144 schemes, 97 restricted, 47 open). In 2021, the medical schemes disbursed a total of R205.3 billion in benefits, representing a 15.3% increase from 2020. The average amount paid per beneficiary per annum was R23 060.79. Although it is difficult to compare the expenditure patterns with those ordinarily reported for the public sector (as shown in Table 21), the following headline amounts are striking: medical schemes spent 35.7% of their overall disbursements (from risk and savings) on hospital services, 28.1% on specialists, and 16.1% on medicine dispensed outside of hospitals (by pharmacies and dispensing practitioners). Total hospital expenditure increased by 18.7% between 2020 and 2021 as illustrated in Table 22, with almost all benefits (92%) being paid to private hospitals. Year-on-year, medicines expenditure outside of hospitals increased by 9.2%. In the public sector, normalised expenditure on primary health care and district health services expenditure was distinctly higher in 2020/21 in real terms compared with the previous and following financial years; expenditure per headcount increased by almost 50% nationally in 2020/21. This was the result of the drop of the PHC headcount from almost 120 million in 2019/20 to 95 million in 2020/21 and also the drops in the BUR/OPD headcount and PDE in those periods (Figure 41 and Table 23).

7. Conclusion

While the world and South Africa are still in the early post-COVID era, there is already a global (and national) focus on learning lessons from the pandemic in order to build a more resilient health system that can be responsive to unexpected shocks. Strong health-information systems should be the foundation on which evidence-based decisions can be made in order to support strong governance and leadership, where human resources for health are also supported and healthcare funding is prioritised. However, there is also an understandable tendency to revert to the status quo ante to recover lost ground and reinstate systems that were compromised. This is particularly true in a setting of extreme fiscal constraint, where health systems in the public sector are being asked to accept real declines in funding and the private sector continues to face unaffordable increases in medical scheme subscription costs for a stagnant and aging risk pool. Where health-information systems that bridged the divide between the public and private sectors lose funding, the previous fragmentation is re-imposed. Lessons learned risk being lost, despite the lip-service paid to post-pandemic preparedness and response frameworks.

Table 6. Disability indicators by province, 2019/20 - 2021/22

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Cataract surgery - total	2019/20	both sexes all ages DHIS	58808	2971	7592	12454	19781	3483	1730	776	2440	7581	a
	2020/21	both sexes all ages DHIS	19108	362	313	4339	9660	1427		601	166	2240	a
	2021/22	both sexes all ages DHIS	38388	1552	1880	8385	16767	3063		463	1155	5123	a
Cataract surgery rate	2019/20	both sexes DHIS	1022,0	404,9	2628,0	879,1	1754,0	586,5	380,9	630,8	606,4	1133,0	a
	2020/21	both sexes DHIS	262,9	48,9	106,0	296,3	819,1	232,8	0,0	488,3	41,1	333,4	a
	2021/22	both sexes DHIS	633,4	231,1	646,0	524,1	1450,0	503,4		357,0	277,0	719,6	a
Hearing aid issued - total	2019/20	both sexes all ages DHIS	19890	2223	680	6418	3663	641	1630	430	1314	2891	a
	2020/21	both sexes all ages DHIS	11489	1281	270	2794	3102	373	1041	164	916	1548	a
	2021/22	both sexes all ages DHIS	17794	1576	437	5924	4374	467	1288	218	1187	2323	a
Hearing aid issued adult 19 years and older	2020/21	both sexes DHIS	9531	1093	160	2463	2433	293	941	118	722	1308	a
	2021/22	both sexes DHIS	14481	1222	251	5130	3249	376	1107	155	1042	1949	a
Hearing aid issued adult 19 years and older rate	2020/21	both sexes DHIS	41,9	72,2	124,0	80,9	47,6	36,9	42,6	52,0	8,6	99,2	a
	2021/22	both sexes DHIS	71,2	71,4	137,2	78,5	53,5	31,4	68,1	54,0	103,4	113,8	a
Hearing aid issued child 0-18 years	2020/21	both sexes DHIS	1958	188	110	331	669	80	100	46	194	240	a
	2021/22	both sexes DHIS	3313	354	186	794	1125	91	181	63	145	374	a
Hearing aid issued child 0-18 years rate	2020/21	both sexes DHIS	66,8	53,6	323,5	73,9	76,7	58,8	45,7	107,0	37,0	79,2	a
	2021/22	both sexes DHIS	77,6	64,8	357,7	79,3	63,1	51,7	88,7	76,8	109,8	127,6	a
Hearing aid required - total	2019/20	both sexes all ages DHIS	30943	3754	730	7988	6827	2884	3301	432	1715	3312	a
	2020/21	both sexes DHIS	25672	1864	163	3493	5985	931	2429	270	8915	1622	a
	2021/22	both sexes all ages DHIS	24606	2258	235	7538	7860	1372	1829	369	1140	2005	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Hearing aid required adult 19 years and older	2020/21	both sexes DHIS	22 741	1 513	129	3 045	5 113	795	2 210	227	8 390	1 319	a
	2021/22	both sexes DHIS	20 338	1 712	183	6 537	6 078	1 196	1 625	287	1 008	1 712	a
Hearing aid required child 0-18 years	2020/21	both sexes DHIS	2 931	351	34	448	872	136	219	43	525	303	a
	2021/22	both sexes DHIS	4 268	546	52	1 001	1 782	176	204	82	132	293	a
Hearing aids issued rate	2019/20	both sexes all ages DHIS	64,3	59,2	93,2	80,3	53,7	22,2	49,4	99,5	76,6	87,3	a
	2020/21	both sexes DHIS	44,8	68,7	165,6	80,0	51,8	40,1	42,9	60,7	10,3	95,4	a
	2021/22	both sexes DHIS	72,3	69,8	186,0	78,6	55,6	34,0	70,4	59,1	104,1	115,9	a
Prevalence of disability	2021	both sexes 5+ years GHS	4,5	4,8	4,9	3,1	5,5	5,2	3,8	7,1	4,6	4,9	b
		female 5+ years GHS	4,9										b
		male 5+ years GHS	4,1										b
Spectacles issued - total	2019/20	both sexes all ages DHIS	93 086	8 964	727	20 818	25 229	3 179	3 247	1 852	2 077	26 993	a
	2020/21	both sexes all ages DHIS	62 739	3 500	394	11 845	23 026	4 363	2 547	1 201	395	15 468	a
	2021/22	both sexes all ages DHIS	112 249	4 206	9 573	22 339	29 958	4 462	3 970	1 413	1 710	34 618	a
Spectacles issued rate	2019/20	both sexes all ages DHIS	56,0	57,3	44,3	63,0	55,4	18,2	63,7	65,6	38,6	68,3	a
	2020/21	both sexes all ages DHIS	60,2	44,5	61,8	46,3	68,7	55,4	52,7	73,3	46,1	72,3	a
	2021/22	both sexes all ages DHIS	68,5	46,8	109,1	64,3	62,7	40,7	77,3	67,9	98,2	79,2	a
Spectacles issued to an adult - total	2020/21	both sexes DHIS	56 913	3 340	361	10 561	19 652	4 034	2 334	1 173	374	15 084	a
	2021/22	both sexes DHIS	98 553	3 844	9 172	18 934	25 338	3 968	3 311	1 357	1 522	31 107	a
Spectacles issued to an adult rate	2020/21	both sexes DHIS	61,5	56,3	71,8	44,7	70,7	56,9	50,9	74,0	49,1	73,0	a
	2021/22	both sexes DHIS	69,9	49,3	134,8	65,6	63,1	41,5	78,8	67,6	98,0	77,7	a
Spectacles issued to child - total	2020/21	both sexes DHIS	5 826	160	33	1 284	3 374	329	213	28	21	384	a
	2021/22	both sexes DHIS	13 696	362	401	3 405	4 620	494	659	56	188	3 511	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Spectacles issued to child rate	2020/21	both sexes DHIS	49,7	8,3	24,4	64,6	58,8	41,4	84,2	52,8	22,1	51,8	a
	2021/22	both sexes DHIS	59,6	30,4	20,3	57,8	60,4	35,1	70,6	76,7	99,5	95,9	a
Spectacles required - total	2019/20	both sexes all ages DHIS	166220	15637	1641	33068	45567	17467	5101	2823	5379	39537	a
	2020/21	both sexes all ages DHIS	104250	7869	638	25611	33518	7882	4837	1638	857	21400	a
	2021/22	both sexes all ages DHIS	163908	8980	8778	34741	47778	10965	5137	2080	1742	43707	a
Spectacles required by an adult - total	2020/21	both sexes DHIS	92518	5932	503	23622	27784	7088	4584	1585	762	20658	a
	2021/22	both sexes DHIS	140935	7790	6806	28845	40128	9557	4203	2007	1553	40046	a
Spectacles required by child - total	2020/21	both sexes DHIS	11732	1937	135	1989	5734	794	253	53	95	742	a
	2021/22	both sexes DHIS	22973	1190	1972	5896	7650	1408	934	73	189	3661	a
Wheelchair issued - total	2019/20	both sexes all ages DHIS	23611	1792	1271	4643	4155	2614	1720	241	1183	5992	a
	2020/21	both sexes all ages DHIS	20646	2351	1123	3149	4346	2041	1776	56	1066	4738	a
	2021/22	both sexes all ages DHIS	23653	2298	1242	4706	4537	2076	1651	309	1176	5658	a
Wheelchair issued adult 19 years and older	2020/21	both sexes DHIS	18035	2031	905	2758	3710	1826	1543	45	953	4264	a
	2021/22	both sexes DHIS	19956	1719	1029	4066	3676	1872	1374	246	1025	4949	a
Wheelchair issued adult 19 years and older rate	2020/21	both sexes DHIS	62,10	39,10	87,40	91,50	76,90	81,30	94,40	0,81	65,60	104,00	a
	2021/22	both sexes DHIS	61,50	31,30	88,60	86,80	73,00	62,10	78,90	5,00	72,90	99,90	a
Wheelchair issued child 0-18 years	2020/21	both sexes DHIS	2611	320	218	391	636	215	233	11	113	474	a
	2021/22	both sexes DHIS	3697	579	213	640	861	204	277	63	151	709	a
Wheelchair issued child 0-18 years rate	2020/21	both sexes DHIS	58,9	41,9	137,1	74,5	52,2	86,0	54,8	1,8	87,6	136,2	a
	2021/22	both sexes DHIS	62,5	62,1	61,7	70,0	67,2	54,3	66,0	11,6	101,3	74,6	a
Wheelchair required - total	2019/20	both sexes all ages DHIS	38898	7725	1763	5288	7777	3945	3590	626	1855	6329	a
	2020/21	both sexes DHIS	33485	5957	1195	3539	6043	2496	2060	6167	1581	4447	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2021/22	both sexes all ages DHIS	38 366	6 433	1 506	5 599	6 318	3 389	2 162	5 502	1 555	5 902	a
Wheelchair required adult 19 years and older	2020/21	both sexes DHIS	29 052	5 193	1 036	3 014	4 825	2 246	1 635	5 552	1 452	4 099	a
	2021/22	both sexes DHIS	32 452	5 500	1 161	4 685	5 036	3 013	1 742	4 957	1 406	4 952	a
Wheelchair required child 0-18 years	2020/21	both sexes DHIS	4 433	764	159	525	1 218	250	425	615	129	348	a
	2021/22	both sexes DHIS	5 914	933	345	914	1 282	376	420	545	149	950	a
Wheelchairs issued rate	2019/20	both sexes all ages DHIS	60,7	23,2	72,1	87,8	53,4	66,3	47,9	38,5	63,8	94,7	a
	2020/21	both sexes DHIS	61,7	39,5	94,0	89,0	71,9	81,8	86,2	0,9	67,4	106,5	a
	2021/22	both sexes DHIS	61,7	35,7	82,5	84,1	71,8	61,3	76,4	5,6	75,6	95,9	a

Reference notes

a webDHIS.[10]

b GHS 2021.[18]

Definitions

- Cataract surgery - total [Number]: Number of eyes on which cataract surgery was performed.
- Hearing aid issued - total [Number]: All hearing aids issued to patients.
- Hearing aid issued adult 19 years and older [Number]: All hearing aids issued to adults 19 years and older.
- Hearing aid issued child 0-18 years [Number]: All hearing aids issued to children 0 to 18 years.
- Hearing aid required - total [Number]: All hearing aids required.
- Hearing aid required adult 19 years and older [Number]: All hearing aids required by adults 19 years and older.
- Hearing aid required child 0-18 years [Number]: All hearing aids required by children 0-18 years.
- Spectacles issued - total [Number]: Number of spectacles issued to patients.
- Spectacles issued to an adult - total [Number]: Number of spectacles issued to clients aged 19 years and older.
- Spectacles issued to child - total [Number]: Number of spectacles issued to clients aged 7-18 years of age.
- Spectacles required - total [Number]: Number of new spectacles (ordered) required for clients.
- Spectacles required by an adult - total [Number]: Spectacles (ordered) required for clients aged 19 years and above.
- Spectacles required by child - total [Number]: Spectacles (ordered) required for clients aged 7-18 years of age.
- Wheelchairs issued - total [Number]: All wheelchairs issued to a client in need of a wheelchair.
- Wheelchair issued adult 19 years and older [Number]: All wheelchairs issued to adults 19 years and older
- Wheelchair issued child 0-18 years [Number]: All wheelchairs issued to children 0-18 years.
- Wheelchair required - total [Number]: All wheelchair requests received at the facility.
- Wheelchair required adult 19 years and older [Number]: All wheelchair requests received at the facility for adults 19 years and older.
- Wheelchair required child 0-18 years [Number]: All wheelchair requests received at the facility for children 0-18 years.
- Cataract surgery rate [per 1 million]: Clients who had cataract surgery per 1 million uninsured population.
- Hearing aid issued adult 19 years and older rate [Percentage]: Hearing aids issued as a proportion of the applications for hearing aids received for adults 19 years and older.
- Hearing aid issued child 0-18 years rate [Percentage]: Hearing aids issued as a proportion of the applications for hearing aids received for children 0-18 years.
- Hearing aids issued rate [Percentage]: Hearing aids issued as a proportion of the applications for hearing aids received.
- Prevalence of disability [Percentage]: Percentage of people reporting moderate to severe disability in a survey where disability is defined as a limitation in one or more activities of daily living (seeing, hearing, communication, moving, getting around, daily life activities, learning, intellectual and emotional).
- Spectacles issued rate [Percentage]: Spectacles issued as a % of the applications received.

- Spectacles issued to an adult rate [Percentage]: Spectacles issued to adults aged 19 years and above as a proportion of the applications received in adults aged 19 years and above (required).
- Spectacles issued to child rate [Percentage]: Spectacles issued to children age 7-18 years as a proportion of the applications received in children 7-18 years of age (required).
- Wheelchair issued adult 19 years and older rate [Percentage]: Wheelchairs issued as a proportion of the applications for wheelchairs received for adults 19 years and older.
- Wheelchair issued child 0-18 years rate [Percentage]: Wheelchairs issued as a proportion of the applications for wheelchairs received for children 0-18 years.
- Wheelchairs issued rate [Percentage]: Wheelchairs issued as a proportion of the applications for wheelchairs received.

Table 7. Nutrition indicators by province, 2019-2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate	2019/20	both sexes DHIS	48,8	48,2	53,6	45,7	56,5	40,3	51,9	55,9	59,7	39,7	a
	2020/21	both sexes DHIS	45,9	45,2	46,4	45,2	56,7	38,1	43,0	52,7	41,6	37,6	a
	2021/22	both sexes DHIS	44,4	43,2	43,8	46,7	56,3	32,7	38,8	49,0	33,2	40,3	a
Overweight	2020	both sexes Under 5 years WHO	12,9										b
Stunting	2020	both sexes WHO	23,2										b
Vitamin A dose 12-59 months	2019/20	both sexes DHIS	5 302 353	772 904	226 520	1 067 632	1 455 506	496 909	466 125	80 536	265 752	470 469	a
	2020/21	both sexes DHIS	3 898 515	540 386	198 276	850 985	898 699	409 577	345 116	69 451	209 734	376 291	a
	2021/22	both sexes DHIS	4 428 184	577 730	203 706	982 671	1 030 246	439 413	400 232	73 845	271 654	448 687	a
Vitamin A dose 12-59 months coverage	2019/20	both sexes DHIS	56,6	58,1	52,1	52,7	68,2	46,5	65,6	48,4	41,6	53,9	a
	2020/21	both sexes DHIS	49,5	49,1	48,1	47,4	60,6	43,6	51,1	47,6	37,9	44,0	a
	2021/22	both sexes DHIS	60,3	63,7	55,7	57,1	78,2	49,5	57,9	42,5	50,9	51,4	a

Reference notes

a webDHIS.[10]

b World Health Statistics 2022.[32]

Definitions

- Vitamin A dose 12-59 months [Number]: Vitamin A dose given to a child, preferably every six months from 12 to 59 months.
- Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate [Percentage]: Infants exclusively breastfed at 14 weeks as a proportion of the DTaP-IPV-Hib-HBV 3rd dose vaccination. Take note that DTaP-IPV-Hib-HBV 3rd dose (Hexavalent) was implemented in 2015 to include the HepB dose.
- Obesity [Percentage]: Percentage of people with a body mass index (BMI) (body mass in kg divided by the square of the height in m) equal to or more than 30kg/m^2.
- Overweight [Percentage]: Children: Proportion of children with weight for height over 2 standard deviations from the norm (reference population median). Adults: Percentage of people with body mass index (BMI) of 25-29.9 kg/m^2. BMI is weight in kg divided by the square of height in m.
- Stunting [Percentage]: Proportion of children with height for age under 2 standard deviations from the norm (reference population median).
- Vitamin A dose 12-59 months coverage [Percentage]: Proportion of children 12-59 months who received vitamin A 200 000 units, preferably every six months. The denominator is therefore the target population 1-4 years multiplied by 2.

Table 9. Mortality indicators by province, 2018 - 2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Adult mortality (45q15 - probability of dying between 15-60 years of age)	2018	both sexes RMS	31,0										a
		female RMS	25,0										a
		male RMS	37,0										a
	2019	both sexes RMS	29,0										b
		female RMS	24,0										b
		male RMS	35,0										b
	2020	both sexes RMS	31,0										b
		female RMS	26,0										b
		male RMS	36,0										b
Healthy life expectancy (HALE)	2019	both sexes WHO	56,2										c
			56,2										d
		female WHO	57,7										c
			57,7										d
		male WHO	54,6										c
			54,6										d
Life expectancy at birth	2020	both sexes mid-year	65,4										e
		both sexes RMS	64,7										b
		female mid-year	68,5										f
		female mid-year without HIV/AIDS	71,3										f
		female RMS	67,2										b
		female UNICEF	68,0										g
		male mid-year	62,5										f
		male mid-year without HIV/AIDS	64,6										f
		male RMS	62,2										b
	2021	HDR	62,3										h

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		both sexes mid-year	62,0										i
		female mid-year	64,6										i
		male mid-year	59,3										i
	2022	both sexes mid-year	62,8										e
		female mid-year	65,6										e
		male mid-year	60,0										e

Reference notes

a RMS 2018.[45]
b RMS 2019 & 2021.[46]
c World Health Statistics 2021.[31]
d World Health Statistics 2022.[32]
e Stats SA MYE 2022.[11]
f Stats SA MYE 2020.[13]
g SWChildren 2021.[47]
h HDR 2022.[26]
i Stats SA MYE 2021.[12]

Definitions

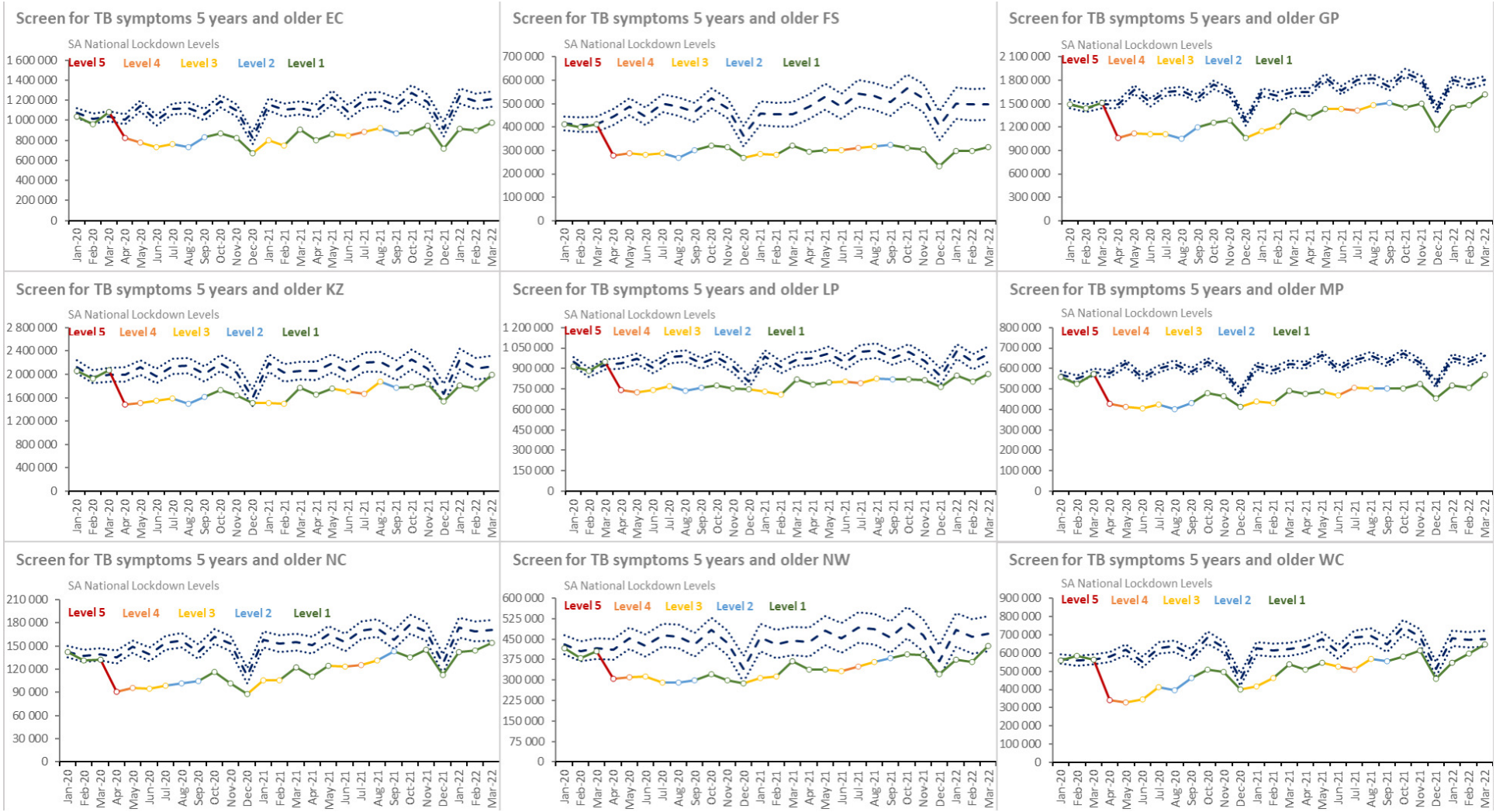
- Adult mortality (45q15 - probability of dying between 15-60 years of age) [Percentage]: The probability of dying between 15 and 60 years of age (percentage of 15-year-olds who die before their 60th birthday).
- Healthy life expectancy (HALE) [Years]: Healthy life expectancy or health-adjusted life expectancy is based on life expectancy at birth but includes an adjustment for time spent in poor health. It is most easily understood as the equivalent number of years in full health that a newborn can expect to live based on current rates of ill-health and mortality.
- Life expectancy at birth [Years]: The average number of additional years a person could expect to live if current mortality trends were to continue for the rest of that person's life.

Table 10. Infectious disease indicators by province, 2018 - 2023

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Reported cases of malaria	2020	both sexes all ages WHO	4463										a
	2021	both sexes all ages DOH surveillance	4300										b
		both sexes all ages WHO	2958										a
	2022	both sexes all ages DOH surveillance	4109										b
Reported cases of measles	2018	WHO	52,0										c
	2022/23	NICD lab diagnosed	665	4	24	90	15	232	100	5	185	10	d
Reported deaths from malaria	2020	both sexes all ages WHO	38										a
	2021	both sexes all ages DOH surveillance	49										b
		both sexes all ages WHO	56										a
	2022	both sexes all ages DOH surveillance	34										b

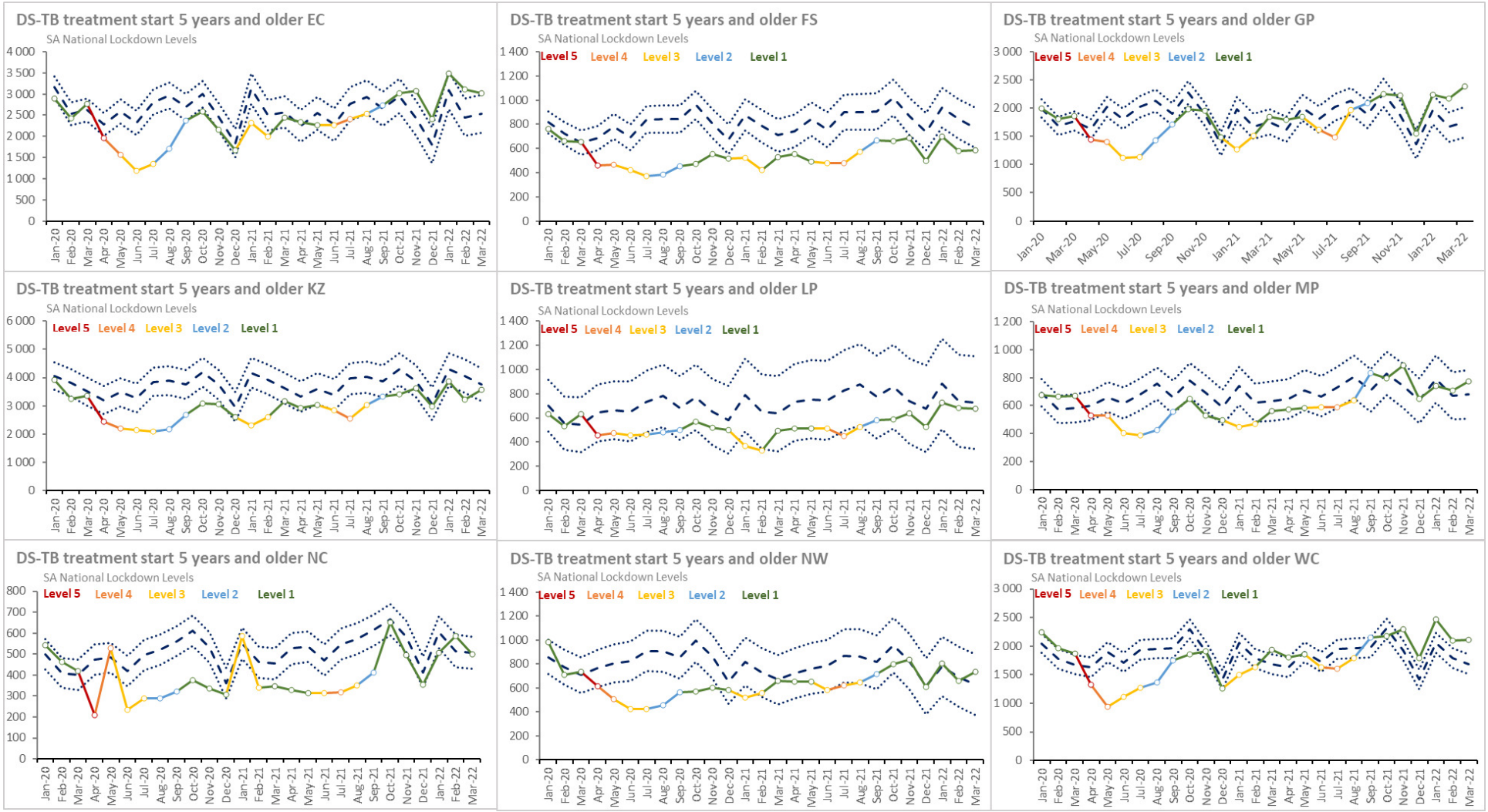
Reference notes
a World Malaria 2022.[48]
b NICD Communique Dec 2022.[49]
c WHO Measles.[28]
d NICD Outbreak report 2023.[52]

Figure 8. Number of clients 5 years and older screened for TB in a facility by province, January 2020 - March 2022



Source: webDHIS[10]

Figure 10. Drug-sensitive TB treatment started by persons 5 years and older, by province, January 2020 - March 2022



Source: webDHIS[10]

Table 12. TB indicators by province, 2019 - 2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
All DS TB patients in cohort	2019	both sexes DHIS	220171	42453	10994	31394	51296	10601	12146	7215	13153	40919	a
	2020	both sexes DHIS	165624	32873	7803	22310	37584	8204	8979	5616	9748	32507	a
	2021	both sexes DHIS	121883	25561	5569	15658	27188	5190	6007	4119	6945	25646	a
Case detection rate (all forms)	2020	both sexes Global TB	58										b
	2021	both sexes Global TB	57										b
DS TB patients who completed treatment or were cured	2018	both sexes all ages DHIS	174583	30909	8633	27955	41577	9221	10479	3720	7553	34536	a
	2019	both sexes DHIS	176032	33474	8520	26340	42449	8289	9823	5409	10334	31394	a
	2020	both sexes DHIS	130598	25697	5824	18387	31184	6377	7233	3844	7708	24344	a
Incidence of TB (all types) (per 100000)	2019	both sexes WHO	615										c
	2020	both sexes WHO	554										d
		both sexes Global TB	562										b
	2021	both sexes Global TB	513										b
Screen for TB symptoms 5 years and older	2019/20	both sexes DHIS	88341637	11911051	4997501	17309676	23697914	10873851	6544049	1569752	4881165	6556678	a
	2020/21	both sexes DHIS	70565171	9493199	3546481	14079732	19132526	9023591	5270205	1236609	3752773	5030055	a
	2021/22	both sexes DHIS	80942655	10532623	3607012	17268185	21143838	9727357	6018633	1593266	4385597	6666144	a
Screen for TB symptoms under 5 years	2019/20	both sexes DHIS	17647545	2154997	926337	3204481	4514276	2584786	1547206	291499	938084	1485879	a
	2020/21	both sexes DHIS	13189701	1715142	650304	2468495	3384940	1876971	1137773	219538	657298	1079240	a
	2021/22	both sexes DHIS	15632660	1977308	716311	3010670	3776483	2231014	1386491	286590	834127	1413666	a
TB child under 5 years start on treatment rate	2019/20	DHIS	11,3	9,6	4,5	15,0	11,1	7,6	3,5	11,6	10,1	40,7	a
	2020/21	DHIS	93,2	99,5	103,7	80,0	92,4	62,9	122,3	70,1	108,7	99,2	a
	2021/22	DHIS	94,8	79,6	65,6	98,7	101,8	105,7	87,6	114,4	108,9	96,5	a
TB client 5 years and older start on treatment rate	2019/20	DHIS	97,0	98,3	97,6	95,5	99,0	98,8	101,1	99,5	99,9	90,0	a
	2020/21	DHIS	94,8	93,0	93,2	93,4	96,4	96,2	96,0	99,8	95,3	90,3	a
	2021/22	DHIS	93,4	92,7	90,6	94,8	94,8	97,2	93,4	87,9	95,3	91,4	a
TB DS client lost to follow up rate	2019	both sexes DHIS	12,6	13,8	10,8	8,5	10,0	9,6	10,5	18,8	12,4	18,6	a
	2020	both sexes DHIS	12,0	13,3	11,6	7,9	8,4	7,7	8,4	22,1	10,0	18,8	a
	2021	both sexes DHIS	13,0	14,5	14,3	7,5	9,1	7,1	7,0	25,2	7,8	20,7	a
TB DS death rate	2019	both sexes DHIS	7,4	7,5	10,6	7,4	7,5	12,5	9,0	7,3	9,5	3,9	a
	2020	both sexes DHIS	8,3	7,7	12,5	9,2	8,0	13,7	10,4	8,4	10,3	5,2	a
	2021	both sexes DHIS	8,3	8,0	13,4	9,5	8,1	13,3	9,6	8,6	9,1	5,2	a
TB DS treatment success rate	2019	both sexes DHIS	79,3	77,9	77,3	83,6	81,9	77,2	80,0	72,6	77,6	76,5	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2020	both sexes DHIS	78,9	78,2	74,6	82,4	83,0	77,7	80,6	68,4	79,1	74,9	a
	2021	both sexes DHIS	77,9	76,6	71,3	82,5	82,1	78,9	82,8	64,9	82,1	73,0	a
TB MDR client death rate	2019	both sexes DHIS	16,6	18,6	26,7	18,4	13,4	24,3	20,9	13,7	16,8	13,3	a
	2020	both sexes DHIS	17,5	19,2	26,6	19,1	16,0	17,8	20,0	20,1	16,6	13,6	a
TB MDR client loss to follow up rate	2019	both sexes DHIS	15,2	16,5	10,7	15,3	13,2	8,1	6,6	21,5	10,7	22,8	a
	2020	both sexes DHIS	16,5	16,8	11,2	16,9	13,9	11,7	9,4	16,0	9,4	25,5	a
TB MDR treatment success rate	2019	both sexes EDRWeb	60,7	60,4	59,1	58,7	66,0	55,8	66,3	60,3	65,4	51,6	a
	2020	both sexes DHIS	60,8	60,1	56,1	60,5	66,1	64,3	68,5	61,2	65,8	51,3	a
TB symptom 5 years and older screened in facility rate	2019/20	both sexes DHIS	88,6	85,7	110,1	98,1	99,7	95,3	87,1	68,9	76,6	53,4	a
	2020/21	both sexes DHIS	87,6	85,7	85,9	98,9	98,3	88,9	86,1	65,2	70,9	61,9	a
	2021/22	both sexes DHIS	95,8	90,6	89,3	111,4	104,9	95,2	95,7	80,1	80,0	72,5	a
TB symptom child under 5 years screened in facility rate	2019/20	both sexes DHIS	87,6	85,4	109,5	87,3	98,2	88,0	90,5	64,8	70,3	71,5	a
	2020/21	both sexes DHIS	88,9	91,8	95,8	90,7	101,4	83,9	94,7	69,1	65,4	73,9	a
	2021/22	both sexes DHIS	92,6	95,5	97,7	95,8	100,9	88,2	96,1	83,3	74,3	80,6	a
TB XDR client death rate	2019	both sexes DHIS	19,1	19,7	35,7	27,6	10,4	50,0	31,3	14,3	0,0	17,7	a
	2020	both sexes DHIS	16,5	19,2	0,0	17,4	13,7	0,0	16,7	21,4		5,9	a
TB XDR client loss to follow up rate	2019	both sexes DHIS	12,1	10,9	7,1	6,9	11,7	0,0	12,5	28,6	0,0	16,1	a
	2020	both sexes DHIS	17,8	19,2	25,0	8,7	15,7	0,0	33,3	28,6		11,8	a
TB XDR started on treatment	2019	both sexes DHIS	461	239	14	29	77	2	16	21	1	62	a
	2020	both sexes DHIS	315	182	4	23	51	1	6	14	0	34	a
TB XDR successfully complete treatment	2019	both sexes DHIS	284	152	7	18	58	1	7	10	1	30	a
	2020	both sexes DHIS	169	94	0	14	28	0	3	6	0	24	a
TB XDR treatment success rate	2019	both sexes EDRWeb	49,9	52,1	46,2	51,7	55,8	50,0	25,0	47,6	0,0	41,9	a
	2020	both sexes DHIS	53,7	51,6	0,0	60,9	54,9	0,0	50,0	42,9		70,6	a

Reference notes

a webDHIS.[10]

b Global TB Report 2022.[54]

c World Health Statistics 2021.[31]

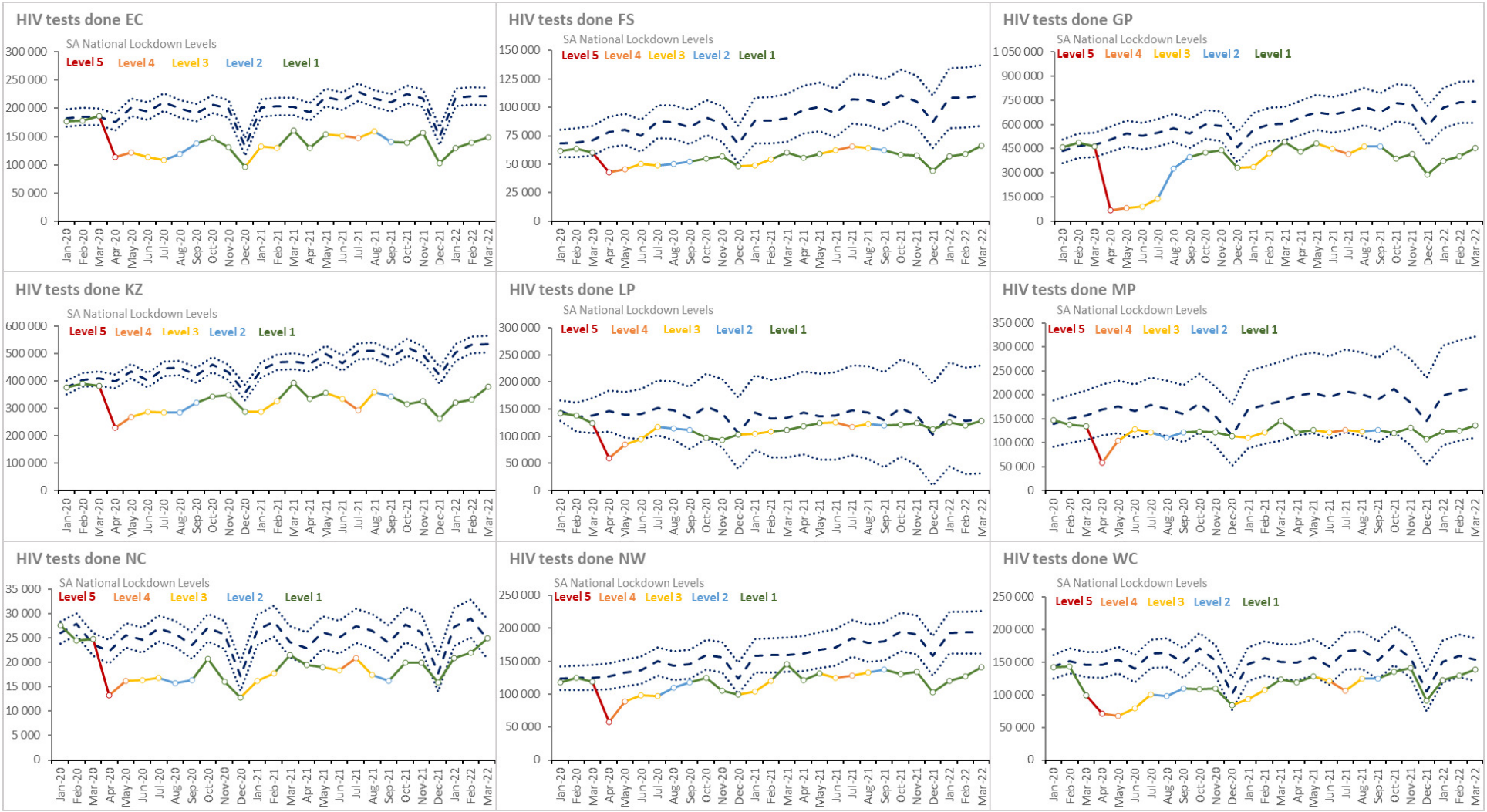
d World Health Statistics 2022.[32]

Definitions

- All DS TB patients in cohort [Number].
- DS TB patients who completed treatment or were cured [Number].
- Screen for TB symptoms 5 years and older [Number]: Clients 5 years and older who were screened in health facilities for TB symptoms using the standard TB screening tool as per National TB Guideline.
- Screen for TB symptoms under 5 years [Number]: Children under 5 years who were screened in health facilities for TB symptoms using the standard TB screening tool as per National TB Guideline.
- TB XDR started on treatment [Number]: Number of XDR-TB patients who started treatment.
- TB XDR successfully complete treatment [Number]: Extensive Drug Resistant TB (XDR-TB) clients successfully treated at the end of the treatment.

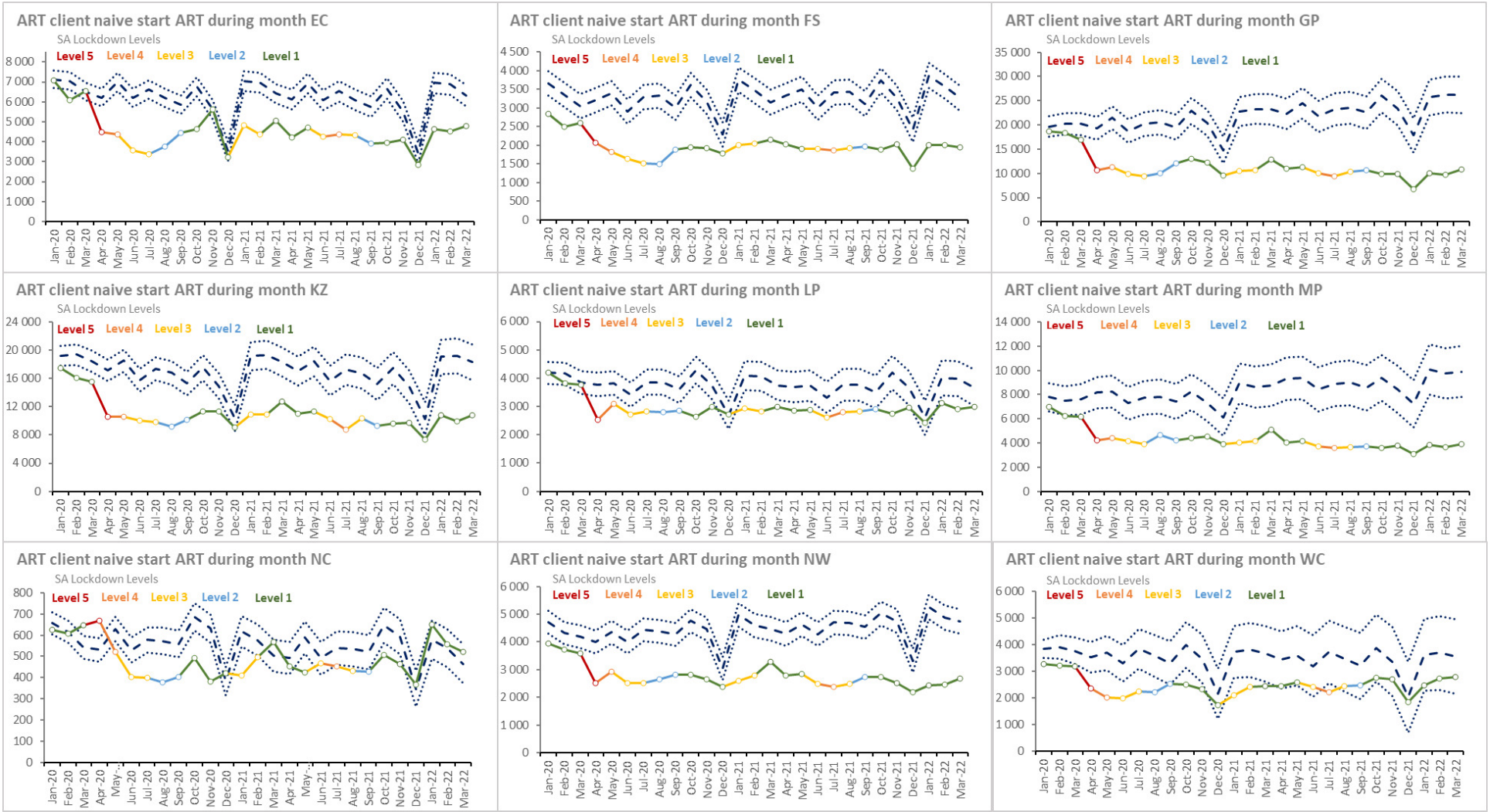
- TB child under 5 years start on treatment rate [Percentage]: TB client under 5 years started on treatment as a proportion of ALL symptomatic children under 5 years.
- TB client 5 years and older start on treatment rate [Percentage]: TB client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive.
- TB DS client lost to follow-up rate [Percentage]: The percentage of TB clients (all types of TB) who defaulted treatment.
- TB DS death rate [Percentage]: The percentage of TB clients (all types of TB registered in ETR.net) who died.
- TB DS treatment success rate [Percentage]: The percentage of TB clients (all types registered in ETR.net) cured plus those who completed treatment.
- TB MDR client death rate [Percentage]: The percentage of TB clients (MDR TB) who died.
- TB MDR client loss to follow-up rate [Percentage]: The percentage of TB clients (MDR TB) who are lost to follow-up.
- TB MDR treatment success rate [Percentage]: The percentage of TB clients (MDR TB) cured plus those who completed treatment.
- TB symptom child under 5 years screened in facility rate [Percentage]: Children under 5 years screened for TB symptoms as a proportion of PHC headcount under 5 years.
- TB XDR client death rate [Percentage]: The percentage of TB clients (XDR TB) who died.
- TB XDR client loss to follow-up rate [Percentage]: The percentage of TB clients (XDR TB) who are lost to follow-up.
- TB XDR treatment success rate [Percentage]: TB XDR clients successfully complete treatment as a proportion of TB XDR clients started on treatment.

Figure 13. HIV tests per province, January 2020 - March 2022



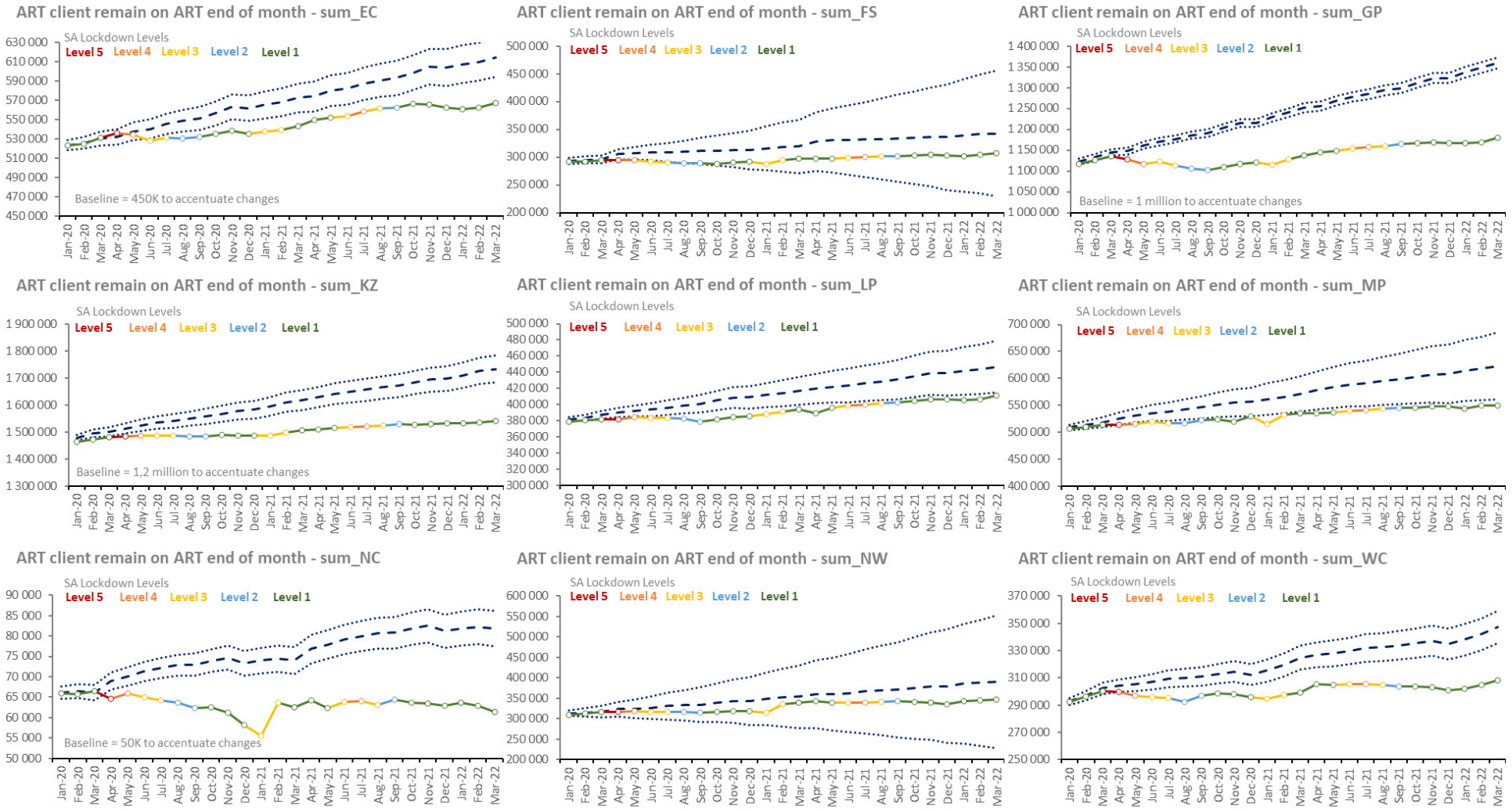
Source: webDHIS[10]

Figure 15. ART client start ART during month by province, January 2020 - March 2022



Source: webDHIS[10]

Figure 17. ART client remain on ART by province, January 2020 - March 2022



Source: webDHIS[10]

Table 13. HIV and AIDS indicators by province, 2018- 2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Adult living with HIV	2020 Q1	both sexes 15+ years NDoH-Thembisa	7174336	808940	403021	1866419	1950240	461625	668118	79737	501315	434921	a
	2021 Q1	both sexes 15+ years NDoH-Thembisa	7157513	820796	396195	1752754	1854967	567873	683117	101051	498164	482596	a
	2022 Q1	both sexes 15+ years NDoH-Thembisa	7518945	833869	389880	1836580	1911616	664333	717174	103808	514813	546872	a
Child living with HIV	2020 Q1	both sexes 0-14 years NDoH-Thembisa	326567	42576	19529	58700	100371	27699	35720	4862	23536	13574	a
	2021 Q1	both sexes 0-14 years NDoH-Thembisa	268935	36519	17079	48685	73354	27081	26420	5854	18756	15187	a
	2022 Q1	both sexes 0-14 years NDoH-Thembisa	270599	32056	14767	49277	75076	30986	31336	4428	18645	14028	a
Total living with HIV	2020 Q1	both sexes all ages NDoH-Thembisa	7500903	851516	422550	1925119	2050611	489324	703838	84599	524851	448495	a
	2021 Q1	both sexes all ages NDoH-Thembisa	7426448	857315	413274	1801439	1928321	594954	709537	106905	516920	497783	a
	2022 Q1	both sexes all ages NDoH-Thembisa	7789544	865925	404647	1885857	1986692	695319	748510	108236	533458	560900	a
People living with HIV (PLHIV)	2020	both sexes 0-14 years Global Report	310000										b
		both sexes all ages Global Report	7800000										b
		both sexes all ages mid-year	7800000										c
		both sexes all ages Thembisa 4.4	7892070	863517	404619	1878400	1985710	692685	746915	107814	532097	556517	d
		both sexes ILO in labour force	4887632										e
		female 15 + years Global Report	4800000										b
		female ILO in labour force	2607391										e
		male 15+ years Global Report	2700000										b

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		male ILO in labour force	2 280 241										e
	2021	both sexes all ages Thembisa 4.4	8 008 080	874 329	405 266	1 910 980	1 992 300	704 108	754 254	109 608	538 115	574 861	d
	2022	both sexes all ages Thembisa 4.5	7 975 940	900 332	415 029	1 849 650	2 034 810	706 564	752 696	112 561	544 074	586 425	f
Percentage of people living with HIV (PLHIV) who know their status (1st 90)	2019	both sexes all ages Global Report	92,0										g
		female 15+ years Global Report	94,0										g
		male 15+ years Global Report	91,0										g
	2020	both sexes 0-14 years Global Report	75,0										b
		both sexes all ages Global Report	92,0										b
		female 15+ years Global Report	94,0										b
		male 15 years Global Report	91,0										b
HIV prevalence (age 15-49)	2020	both sexes 15-49 years mid-year	18,7										c
		female 15-49 years mid-year	23,0										c
	2021	both sexes mid-year	19,5										h
	2022	both sexes mid-year	19,6										i
HIV prevalence (total population)	2020	both sexes all ages mid-year	13,0										c
		both sexes all ages Thembisa 4.3	13,2	13,7	15,0	12,4	17,9	10,8	15,9	9,9	13,8	7,6	j
		both sexes all ages Thembisa 4.4	13,4	13,3	14,0	12,0	17,6	11,9	15,6	9,6	13,3	8,1	d
		both sexes ILO in labour force	23,9										e
		female ILO in labour	30,2										e

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		force											
		male ILO in labour force	19,3										e
	2021	both sexes all ages Thembisa 4.4	13,4	13,4	14,0	12,0	17,5	12,0	15,5	9,7	13,2	8,2	d
		both sexes mid-year	13,7										h
	2022	both sexes all ages Thembisa 4.5	13,5	14,1	14,7	11,8	18,1	12,0	15,8	10,1	13,6	8,4	f
		both sexes mid-year	13,9										i
Adult ART Total	2020 Q1	both sexes 15+ years DHIS	4866047	511867	282727	1109761	1436613	366875	498211	61567	305498	292928	a
	2021 Q1	both sexes 15+ years DHIS	4981934	526288	288816	1115574	1467110	381963	520366	58798	331156	291863	a
	2022 Q1	both sexes 15+ years DHIS	5148692	551615	298996	1160906	1506479	399243	534821	57815	338111	300706	a
Child ART Total	2020 Q1	both sexes 0-14 years DHIS	148396	18849	10151	23425	44482	13755	16394	4015	9295	8030	a
	2021 Q1	both sexes 0-14 years DHIS	135459	17284	8204	21088	41226	12372	15602	3673	8516	7494	a
	2022 Q1	both sexes 0-14 years DHIS	123135	16224	7401	19191	35473	11638	14726	3511	7669	7302	a
Number of patients receiving ART	2020	both sexes all ages Thembisa 4.3	5286810	559312	297082	1181960	1465490	404000	493116	72224	315454	334966	j
		both sexes all ages Thembisa 4.4	4976670	565489	299766	1175690	1522030	405754	539588	69361	334696	315474	d
	2020 Q1	both sexes all ages DHIS	5014443	530716	292878	1133186	1481095	380630	514605	65582	314793	300958	a
	2021	both sexes all ages Thembisa 4.4	5240800	590495	306668	1219410	1557130	426306	562597	72965	349713	334444	d
	2021 Q1	both sexes all ages DHIS	5111503	542488	295260	1136123	1508568	394362	533347	62383	339532	299440	a
	2022	both sexes all ages Thembisa 4.5	5631460	592901	315868	1249670	1583250	437523	562923	70949	359946	336590	f
	2022 Q1	both sexes all ages DHIS	5271827	567839	306397	1180097	1541952	410881	549547	61326	345780	308008	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Total Clients remaining on ART at the end of the month	Mar 2020	both sexes all ages DHIS	5 020 308	531 135	294 215	1 134 719	1 481 679	381 733	514 347	66 439	315 571	300 470	a
	Mar 2021	both sexes all ages DHIS	5 117 541	543 572	296 971	1 136 662	1 508 336	394 335	536 165	62 471	339 672	299 357	a
	Mar 2022	both sexes 15+ years DHIS	5 271 827	567 839	306 397	1 180 097	1 541 952	410 881	549 547	61 326	345 780	308 008	a
Antiretroviral coverage (2nd 90)	2020	both sexes 0-14 years Global Report	47,0										b
		both sexes all ages GBD	72,8										k
		both sexes all ages Global Report	72,0										b
		both sexes all ages Thembisa 4.3	68,4	61,7	67,4	61,8	71,4	64,5	65,3	64,0	57,7	64,4	j
		both sexes all ages Thembisa 4.4	71,9	71,4	80,2	68,1	81,3	64,8	78,3	70,5	68,7	62,3	d
		female 15+ years Global Report	78,0										b
		male 15 years Global Report	63,0										b
	2021	both sexes all ages Thembisa 4.4	73,7	73,3	81,5	69,6	82,5	66,6	80,4	72,8	70,7	64,0	d
	2022	both sexes all ages Thembisa 4.5	75,0	71,3	80,9	72,2	81,1	67,9	79,2	69,1	70,9	62,4	f
Clients remaining on ART rate	Mar 2020	both sexes all ages DHIS	66,9	62,4	69,4	58,9	72,2	77,8	73,1	77,5	59,9	67,1	a
	Mar 2021	both sexes all ages DHIS	68,9	63,4	71,9	63,1	78,2	66,3	75,6	58,4	65,7	60,1	a
	Mar 2022	both sexes all ages DHIS	67,7	65,6	75,7	62,6	77,6	59,1	73,4	56,7	64,8	54,9	a
Antiretroviral effective coverage	2020	both sexes all ages Thembisa 4.3	63,3	56,0	63,5	55,3	67,6	57,6	60,2	58,4	52,9	60,6	j
		both sexes all ages Thembisa 4.4	66,4	65,5	74,1	62,6	76,7	58,6	72,2	64,4	62,9	56,7	d
	2020	both sexes 0-14 years	18,7	19,1	17,4	18,8	21,2	19,1	20,2	13,9	17,5		a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	Q1	DHIS-Tier											
		both sexes 15+ years DHIS-Tier	41,8	37,8	39,9	41,6	49,0	53,6	52,5	17,8	37,7		a
		both sexes all ages DHIS-Tier	40,8	36,8	38,8	40,9	47,6	51,6	50,8	17,6	36,8		a
	2021	both sexes all ages Thembisa 4.4	68,3	67,6	75,7	63,8	78,2	60,6	74,6	66,6	65,0	58,2	d
	2021 Q1	both sexes all ages DHIS-Tier	45,5	39,9	43,9	45,0	52,6	44,2	50,3	22,5	43,5	32,6	a
	2022	both sexes all ages Thembisa 4.5	70,6	65,9	76,1	67,6	77,8	61,9	74,8	63,1	66,2	57,4	f
	2022 Q1	both sexes all ages DHIS-Tier	45,1	40,0	49,9	45,3	56,0	36,5	50,6	21,5	43,8	20,0	a
Adult with viral load suppressed rate 12 months	2020 Q1	both sexes 15+ years DHIS	88,1	86,8	89,7	87,6	90,6	86,5	86,2	83,6	85,5		a
	2021 Q1	both sexes 15+ years DHIS	88,6	88,6	89,3	88,7	89,1	88,3	88,3	83,3	86,5	90,3	a
	2022 Q1	both sexes 15+ years DHIS	88,9	86,7	92,8	91,3	90,5	79,9	87,7	85,0	84,3	91,6	a
Child with viral load suppressed rate 12 months	2020 Q1	both sexes 0-14 years DHIS	63,9	62,9	64,3	64,3	68,8	51,5	60,9	75,2	65,3		a
	2021 Q1	both sexes 0-14 years DHIS	65,3	62,3	72,5	65,2	53,1	68,4	64,0	69,8	68,0	64,5	a
	2022 Q1	both sexes 0-14 years DHIS	60,7	63,2	61,4	63,2	55,8	62,3	53,1		59,4	69,3	a
ART client viral load suppressed rate (VLS)	2020 Q1	both sexes all ages DHIS-Tier	87,5	85,9	89,0	87,1	89,9	85,3	85,5	83,2	84,9		a
	2021 Q1	both sexes all ages DHIS	88,0	87,8	89,1	88,3	88,5	87,3	87,7	81,5	86,1	88,6	a
	2022 Q1	both sexes all ages DHIS	88,0	86,0	92,0	91,0	90,0	79,0	87,0	84,0	84,0	91,0	a
HIV viral load suppression (3rd 90)	2020	both sexes 0-14 years Global Report	33,0										b
		both sexes all ages Global Report	66,0										b

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		both sexes all ages Thembisa 4.3	92,5	90,6	94,1	89,4	94,6	89,3	92,3	91,2	91,7	94,2	j
		both sexes all ages Thembisa 4.4	59,6	57,1	68,8	55,4	71,0	51,0	64,3	57,7	56,2	52,7	d
		female 15+ years Global Report	72,0										b
		male 15 years Global Report	58,0										b
	2021	both sexes all ages Thembisa 4.4	62,8	60,8	71,5	58,2	73,7	54,4	68,2	61,2	59,7	55,1	d
	2022	both sexes all ages Thembisa 4.5	64,0	57,4	70,6	60,7	72,2	53,9	67,6	55,8	60,0	53,6	f
Infant PCR test positive around 10 weeks rate	2018/19	both sexes DHIS	0,7	1,0	0,7	0,7	0,6	0,7	0,9	1,4	0,9	0,3	a
	2019/20	both sexes DHIS	0,7	0,9	0,5	0,7	0,5	0,7	0,9	1,3	0,9	0,3	a
	2020/21	both sexes DHIS	0,6	0,7	0,5	0,7	0,4	0,7	0,6	1,0	0,7	0,3	a
Adult living with HIV viral load done 12m	2020 Q1	both sexes 15+ years DHIS-Tier	3403846	352021	179121	886716	1055123	286134	406715	16964	221052		a
	2021 Q1	both sexes 15+ years DHIS	3734509	377554	198456	898715	1111108	292891	396112	27698	255405	176570	a
	2022 Q1	both sexes 15+ years DHIS	3899389	391707	214659	924923	1210061	312055	425359	27427	273492	119706	a
Adult living with HIV viral load suppressed (VLS) 12m	2020 Q1	both sexes 15+ years DHIS	2999406	305530	160656	776624	955434	247396	350673	14188	188905		a
	2021 Q1	both sexes 15+ years DHIS	3317696	334432	178051	799532	992743	258942	350454	23238	220859	159445	a
	2022 Q1	both sexes 15+ years DHIS	3464855	339499	199254	844446	1095505	249401	373072	23306	230668	109704	a
Adult remaining on ART at end of the month - total	Mar 2020	both sexes 15+ years DHIS	4872515	512268	284952	1111128	1437205	367756	497964	62524	306262	292456	a
	Mar 2021	both sexes 15+ years DHIS	4980854	526288	288767	1115574	1467110	381963	519335	58798	331156	291863	a
	Mar	both sexes 15+ years	5148692	551615	298996	1160906	1506479	399243	534821	57815	338111	300706	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2022	DHIS											
Antenatal client initiated on ART rate	2019/20	female DHIS	96,2	95,3	98,4	97,2	98,4	95,2	98,8	93,4	98,1	80,2	a
	2020/21	female DHIS	94,9	91,8	98,1	98,6	98,9	96,8	96,6	88,6	93,2	67,9	a
	2021/22	female DHIS	95,0	90,4	97,7	99,3	98,9	98,0	97,6	90,4	90,3	68,5	a
Antenatal client start on ART	2019/20	female DHIS	94440	10536	4126	25746	21207	9871	10526	1563	6020	4845	a
	2020/21	female DHIS	82021	8893	3451	22662	18524	8853	9450	1389	4993	3806	a
	2021/22	female DHIS	68045	7827	3173	17969	16121	7358	7041	1210	4090	3256	a
Child living with HIV viral load done 12m	2020 Q1	both sexes 0-14 years DHIS-Tier	95581	12927	5290	17137	30907	10262	11865	898	6295		a
	2021 Q1	both sexes 0-14 years DHIS	93422	11737	4852	16731	31182	7988	9986	1186	5526	4234	a
	2022 Q1	both sexes 0-14 years DHIS	84890	10748	4293	14590	27318	8134	10702	180	5445	3480	a
Child living with HIV viral load suppressed (VLS) 12m	2020 Q1	both sexes 0-14 years DHIS	61099	8127	3400	11021	21255	5284	7227	675	4110		a
	2021 Q1	both sexes 0-14 years DHIS	61022	7309	3520	10916	21329	4243	6387	828	3760	2730	a
	2022 Q1	both sexes 0-14 years DHIS	51530	6790	2634	9224	17022	4535	5679		3235	2411	a
Child under 15 years remaining on ART at end of the month - total	2021 Q1	both sexes 0-14 years DHIS	136687	17284	8204	21088	41226	12372	16830	3673	8516	7494	a
	Mar 2020	both sexes 0-14 years DHIS	147793	18867	9263	23591	44474	13977	16383	3915	9309	8014	a
	Mar 2022	both sexes 0-14 years DHIS	123135	16224	7401	19191	35473	11638	14726	3511	7669	7302	a
HIV testing coverage	2020	both sexes 15+ years Thembisa 4.3	77,7	74,0	73,1	75,9	79,0	75,1	74,6	75,1	76,7	76,2	j
		both sexes 15+ years Thembisa 4.4	77,7	75,7	75,4	79,0	80,9	76,4	77,0	76,5	79,2	78,1	d

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2021	both sexes 15+ years Thembisa 4.4	78,2	76,5	75,8	79,2	81,7	77,1	77,6	77,0	79,7	78,6	d
	2022	both sexes 15+ years Thembisa 4.5	82,9	79,9	75,5	83,8	86,2	78,4	77,8	77,7	82,5	82,4	f
Infant 1st PCR test positive at birth rate	2019/20	both sexes DHIS	0,6	0,5	0,4	0,5	0,3	0,6	1,0	0,4	1,3	0,8	a
	2020/21	both sexes DHIS	0,5	0,5	0,3	0,6	0,4	0,5	0,8	0,6	0,6	0,8	a
	2021/22	both sexes DHIS	0,4	0,4	0,1	0,5	0,3	0,5	0,3	0,8	0,5	0,8	a
Medical male circumcision 15 years and older rate	2019/20	DHIS	46,4	59,5	32,2	38,3	47,6	24,4	52,5	51,6	61,1	71,2	a
	2020/21	DHIS	59,1	88,6	73,5	38,9	79,2	85,9	67,4	59,8	94,5	91,2	a
	2021/22	DHIS	55,8	79,3	50,3	38,5	60,1	78,7	68,6	40,5	84,3	92,5	a
Percentage of deaths due to AIDS	2020	both sexes all ages mid-year	15,4										c
	2021	both sexes all ages mid-year	12,2										h
Total living with HIV viral load done 12m	2020 Q1	both sexes all ages DHIS-Tier	3 499 427	364 948	184 411	903 853	1 086 030	296 396	418 580	17 862	227 347		a
	2021 Q1	both sexes all ages DHIS-Tier	3 448 279	363 218	178 204	842 785	1 045 472	282 163	360 744	21 816	243 727	110 150	a
	2022 Q1	both sexes all ages DHIS	3 984 279	402 455	218 952	939 513	1 237 379	320 189	436 061	27 607	278 937	123 186	a
Total living with HIV viral load suppressed 12m	2020 Q1	both sexes all ages DHIS	3 060 505	313 657	164 056	787 645	976 689	252 680	357 900	14 863	193 015		a
	2021 Q1	both sexes all ages DHIS	3 035 283	318 804	158 778	744 538	925 390	246 225	316 453	17 781	209 772	97 542	a
	2022 Q1	both sexes all ages DHIS	3 516 385	346 289	201 888	853 670	1 112 527	253 936	378 751	23 306	233 903	112 115	a

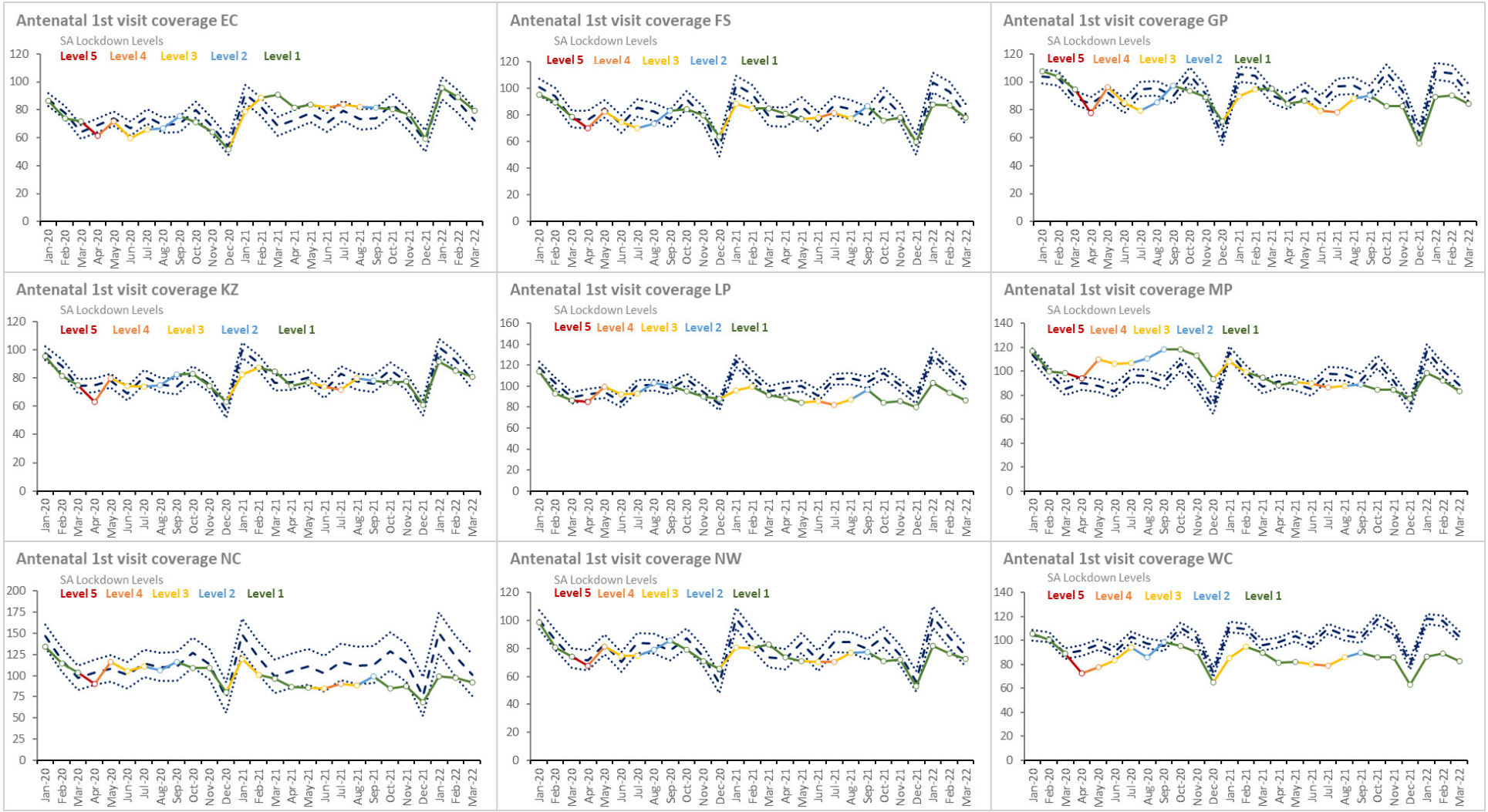
Reference notes
a webDHIS.[10]
b UNAIDS 2021.[61]
c Stats SA MYE 2020.[13]
d Thembisa v4.4.[62]

e HIV and work 2018[63]
f Thembisa v4.5.[64]
g UNAIDS Data 2020.[65]
h Stats SA MYE 2021.[12]
i Stats SA MYE 2022.[11]
j .Thembisa v4.3.[66]
k GBD 2017 HIV.[67]

Definitions

- Adult ART Total [Number].:
- Adult living with HIV [Number]: Estimated number of adults (15+ years) living with HIV.
- Adult living with HIV viral load done 12m [Number].
- Adult living with HIV viral load suppressed (VLS) 12m [Number]: ART client with suppressed viral load (VLS) of under 400 copies per millilitre (cps/mL).
- Adult remaining on ART at end of the month - total [Number].
- ART Adult client viral load done (VLD) [Number].
- ART Child client viral load done (VLD) [Number].
- Child ART Total [Number].
- Child living with HIV [Number]: Estimated number of children (0-14 years) living with HIV.
- Child living with HIV viral load done 12m [Number].
- Child living with HIV viral load suppressed (VLS) 12m [Number]: ART client with suppressed viral load (VLS) of under 400 copies per millilitre (cps/mL).
- Number of patients receiving ART [Number]: Number of patients receiving ART.
- People living with HIV (PLHIV) [Number]: The number of people who are HIV-positive.
- Total clients remaining on ART at the end of the month [Number].
- Total living with HIV [Number]: The estimated number of people who are HIV-positive.
- Total living with HIV viral load done 12m [Number].
- Total living with HIV viral load suppressed 12m [Number]: ART client with suppressed viral load (VLS) of under 400 copies per millilitre (cps/mL) at 12 months.
- Adult with viral load suppressed rate 12 months [Percentage]: Proportion of ART clients with viral load suppressed at different time intervals. This indicates the population level immunological impact of clients on ART.
- Antenatal client initiated on ART rate [Percentage]: Antenatal clients on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART.
- Antiretroviral coverage (2nd 90) [Percentage]: The number of patients receiving ART, divided by the number needing treatment. The denominator has changed over time, due to changes in treatment guidelines affecting the criteria for treatment eligibility. The latest definition is that all HIV-infected patients should be on ART. This indicator is also one of the 90-90-90 global targets for AIDS (UNAIDS).
- Antiretroviral effective coverage [Percentage]: Proportion of HIV-positive people on ART and virally suppressed. Any implausible values (>100) capped at 100, zero or missing values set to 1.
- ART client viral load suppressed rate (VLS) [Percentage]: ART viral load suppressed - total as a proportion of ART viral load done
- Child with viral load suppressed rate 12 months [Percentage]: Proportion of ART clients with viral load suppressed at different time intervals. This indicates the population level immunological impact of clients on ART.
- Clients remaining on ART rate [Percentage]: Percentage of estimated people living with HIV who remain on ART. (Routine data equivalent for antiretroviral coverage).
- HIV prevalence (age 15-49) [Percentage]: Percentage of population (age 15-49) estimated to be HIV-positive.
- HIV prevalence (total population) [Percentage]: Percentage of population estimated to be HIV-positive.
- HIV testing coverage [Percentage]: Percentage of target population who have been tested for HIV.
- HIV viral load suppression (3rd 90) [Percentage]: Percentage of people on ART who are virologically suppressed (VL level ≤1 000 copies/mL). This indicator is also one of the 90-90-90 global targets for AIDS (UNAIDS).
- Infant 1st PCR test positive at birth rate [Percentage]: Infants tested PCR positive for the first time at birth as proportion of infants PCR tested at birth.
- Medical male circumcision 15 years and older rate [Percentage]: Medical male circumcisions performed 15 years and older as a proportion of total medical male circumcisions performed.
- Percentage of deaths due to AIDS [Percentage]: Percentage of total deaths attributed to AIDS related causes.
- Percentage of people living with HIV (PLHIV) who know their status (1st 90) [Percentage]: Percentage of people living with HIV who know their HIV status. This indicator is also one of the 90-90-90 global targets for AIDS (UNAIDS).

Figure 22. Antenatal 1st visit coverage per province, January 2020 – March 2022

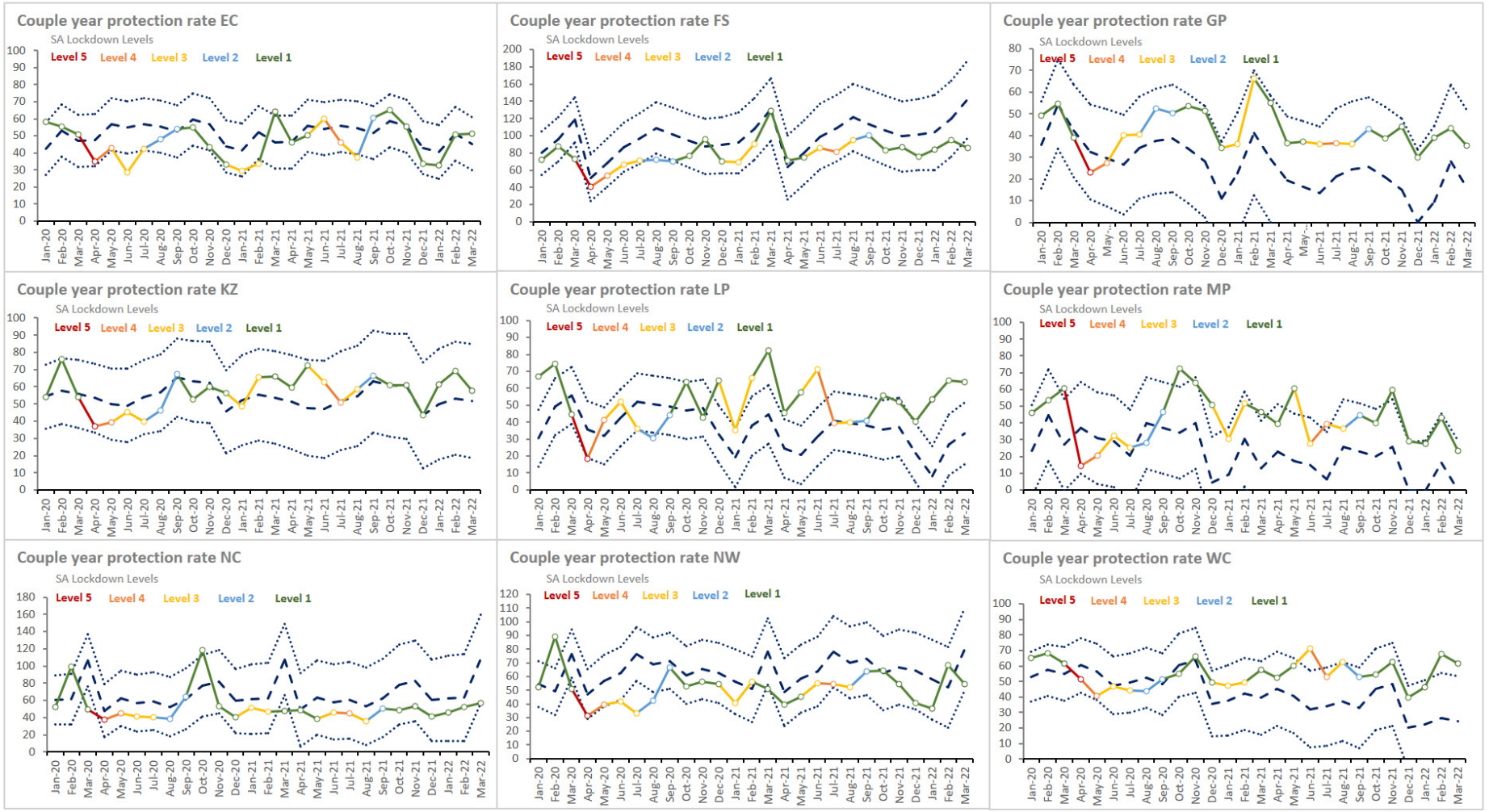


Source: webDHIS[10]

Table 3. Population estimates under 1 year of age by district, 2022/23

Province	District	Female under 1 year	Male under 1 year	Population under 1
EC	BUF: Buffalo City MM	5382	5523	10905
	DC10: Sarah Baartman DM	3587	3622	7209
	DC12 : Amathole DM	7308	7535	14843
	DC13: C Hani DM	6628	6815	13443
	DC14: Joe Gqabi DM	3081	3133	6214
	DC15: OR Tambo DM	19849	20403	40252
	DC44: A Nzo DM	10992	11181	22173
	NMA : N Mandela Bay MM	8078	8095	16173
FS	DC16: Xhariep DM	1268	1287	2555
	DC18: Lejweleputswa DM	5325	5328	10653
	DC19: T Mofutsanyana DM	7232	7336	14568
	DC20: Fezile Dabi DM	4021	4078	8099
	MAN : Mangaung MM	7092	7389	14481
GP	DC42: Sedibeng DM	7298	7556	14854
	DC48: West Rand DM	7410	7706	15116
	EKU : City of Ekurhuleni MM	34209	34970	69179
	JHB : Johannesburg MM	48794	49799	98593
	TSH : Tshwane MM	31681	32573	64254
KZ	DC21: Ugu DM	9322	9446	18768
	DC22: uMgungundlovu DM	11349	11575	22924
	DC23: uThukela DM	8324	8626	16950
	DC24: uMzinyathi DM	7835	8165	16000
	DC25: Amajuba DM	6343	6555	12898
	DC26: Zululand DM	11007	11400	22407
	DC27: uMkhanyakude DM	8805	8941	17746
	DC28: King Cetshwayo DM	11216	11552	22768
	DC29: iLembe DM	7699	7856	15555
	DC43: Harry Gwala DM	6243	6374	12617
	ETH : eThekwini MM	37009	38396	75405
LP	DC33: Mopani DM	12416	12951	25367
	DC34: Vhembe DM	14902	15513	30415
	DC35: Capricorn DM	13361	13909	27270
	DC36: Waterberg DM	6623	6863	13486
	DC47: Sekhukhune DM	14107	14653	28760
MP	DC30: G Sibande DM	12643	12883	25526
	DC31: Nkangala DM	14498	14931	29429
	DC32: Ehlanzeni DM	19827	20302	40129
NC	DC6 : Namakwa DM	928	916	1844
	DC7 : Pixley Ka Seme DM	2090	2141	4231
	DC8 : ZF Mgcawu DM	2548	2524	5072

Figure 24. Couple year protection rate per province, January 2020 – March 2022



Source: webDHIS[10]

Table 14. Maternal health indicators by province, 2018- 2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Antenatal 1st visit before 20 weeks rate	2019/20	female DHIS	69,7	62,5	66,6	66,5	74,5	69,0	77,4	65,0	70,9	71,9	a
	2020/21	female DHIS	67,9	62,5	61,3	63,3	74,6	66,8	74,9	58,6	68,0	70,6	a
	2021/22	female DHIS	68,9	63,0	60,5	66,8	74,2	66,7	74,3	56,3	70,1	72,6	a
Antenatal 1st visit coverage	2019/20	female DHIS	83,1	68,7	79,3	90,2	75,0	90,7	92,7	105,6	77,7	91,1	a
	2020/21	female DHIS	83,9	68,2	78,5	88,3	76,3	93,9	107,4	109,9	76,4	86,7	a
	2021/22	female DHIS	81,5	81,2	78,9	82,5	77,3	88,0	87,6	88,6	72,1	82,6	a
Cervical cancer screening coverage	2019/20	female DHIS	46,8	50,0	46,0	42,2	55,9	33,3	57,9	32,0	55,9	41,8	a
	2020/21	female DHIS	27,8	31,5	29,5	17,8	40,5	21,5	41,3	13,9	25,7	28,0	a
	2021/22	female DHIS	36,9	32,9	35,2	31,4	56,8	25,1	42,7	15,3	22,8	40,0	a
Couple year protection rate	2019/20	DHIS	54,5	55,2	78,9	43,7	56,5	55,3	48,2	56,6	62,4	64,5	a
	2020/21	DHIS	49,8	41,0	74,9	44,9	51,5	46,9	39,8	50,9	48,0	50,5	a
	2021/22	DHIS	50,3	49,0	84,7	37,8	60,3	51,9	39,2	46,8	52,3	56,9	a
Delivery 10-14 years in facility	2019/20	female DHIS	3870	671	192	631	704	447	618	134	149	324	a
	2021/22	female 10-14 years DHIS	3963	627	147	549	993	518	419	101	216	393	a
Delivery 10-19 years in facility	2018/19	DHIS	124628	17167	5779	14920	35471	16587	11819	4041	7857	10987	a
	2021/22	female 10-19 years DHIS	139361	18960	6647	20877	35820	18070	14425	3976	9424	11162	a
Delivery 15-19 years in facility	2019/20	female DHIS	127028	17211	6054	15251	35467	18363	11786	3870	7922	11104	a
	2021/22	female 15-19 years DHIS	135398	18333	6500	20328	34827	17552	14006	3875	9208	10769	a
Delivery by Caesarean section rate	2019	female med schemes	77,5										b
	2019/20	female DHIS	29,0	30,9	31,8	31,2	33,7	21,4	22,4	21,5	25,0	29,9	a
	2020/21	female DHIS	27,8	31,7	30,4	30,3	35,3	23,1	21,0	23,9	24,1	30,0	a
	2021/22	female DHIS	29,6	32,3	32,3	30,6	36,4	23,2	20,3	22,2	23,4	30,9	a
Delivery by Caesarean section rate (district hospitals)	2019/20	female DHIS District Hospital	24,7	25,4	14,9	27,5	28,2	22,5	21,2	15,5	29,8	27,2	a
	2020/21	female DHIS District Hospital	24,4	25,5	13,9	30,7	29,1	24,8	20,2	19,9	28,9	27,0	a
	2021/22	female DHIS District Hospital	25,9	25,9	14,0	33,2	29,3	24,4	20,4	15,7	28,6	28,5	a
Delivery in 10 to 19 years in facility rate	2019/20	female DHIS	13,2	16,7	12,7	7,5	16,3	14,1	14,9	18,4	13,1	11,1	a
	2020/21	female DHIS	14,3	17,1	13,1	8,9	16,5	13,8	15,5	19,3	14,0	10,8	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2021/22	female DHIS	13,7	17,4	13,3	9,1	16,6	13,5	15,8	17,6	15,0	11,2	a
Delivery in facility rate	2019/20	female DHIS	79,3	61,4	87,5	75,2	78,4	94,9	88,1	98,4	72,9	89,5	a
	2020/21	female DHIS	82,1	62,4	85,9	82,7	76,0	100,6	97,8	92,1	74,6	90,6	a
	2021/22	female DHIS	83,3	77,8	92,7	81,5	79,0	100,2	88,2	82,0	72,6	84,6	a
Early neonatal death in facility rate	2019/20	both sexes DHIS	9,6	10,0	11,9	9,3	8,7	12,5	9,6	13,1	9,5	6,5	a
	2020/21	both sexes DHIS	9,7	10,4	11,9	9,6	9,4	10,6	10,3	11,5	10,8	6,5	a
	2021/22	both sexes 0 DHIS	10,0	10,3	12,6	10,5	9,8	10,7	10,5	10,3	11,1	6,1	a
Female condoms distributed	2018/19	DHIS	17 658 915	2 579 661	1 218 303	3 760 346	3 397 759	1 737 808	1 951 650	333 100	782 888	1 897 400	a
	2019/20	DHIS	16 562 153	1 775 000	1 397 300	4 867 267	2 804 576	1 982 950	1 231 300	248 950	773 910	1 480 900	a
	2021/22	DHIS	17 487 705	2 089 400	1 421 800	5 228 585	3 813 200	738 500	1 997 762	113 700	931 858	1 152 900	a
Live birth under 2500g in facility rate	2019/20	both sexes DHIS	12,9	14,1	14,2	13,9	11,7	10,6	11,6	18,9	13,6	13,9	a
	2020/21	both sexes DHIS	13,2	13,6	14,4	13,0	11,8	10,7	11,5	16,7	13,3	13,6	a
	2021/22	both sexes 0 DHIS	13,2	14,3	14,8	14,0	12,3	10,6	12,0	18,2	14,0	14,4	a
Male condom distribution coverage	2019/20	DHIS	32,1	34,7	52,3	25,1	30,1	35,5	32,8	28,9	38,7	33,2	a
	2020/21	DHIS	26,5	22,3	50,9	26,3	26,6	27,5	23,9	23,8	27,4	21,4	a
	2021/22	DHIS	26,1	22,4	56,1	21,1	29,0	28,3	19,1	20,9	28,1	27,3	a
Male condoms distributed	2019/20	DHIS	646 587 444	78 817 157	53 246 000	135 857 486	108 503 920	67 818 200	51 749 400	12 959 400	55 579 921	82 055 960	a
	2020/21	DHIS	542 144 989	51 122 509	52 248 000	146 303 254	96 529 200	53 325 900	38 316 000	10 825 929	39 841 971	53 632 226	a
	2021/22	DHIS	545 372 354	45 839 588	55 352 800	129 075 303	106 967 000	52 862 900	31 364 066	9 518 000	42 361 097	72 031 600	a
Maternal mortality in facility ratio	2019/20	female DHIS	88,0	108,2	116,2	102,9	76,9	97,8	67,1	109,9	88,0	43,6	a
	2020/21	female DHIS	120,9	146,2	178,8	118,7	123,9	120,1	108,3	80,6	124,6	83,9	a
	2021/22	female DHIS	119,1	114,6	156,5	129,3	100,6	134,6	130,0	157,5	129,9	75,1	a
Mother postnatal visit within 6 days rate	2019/20	female DHIS	80,1	69,0	80,5	85,5	76,1	104,2	70,9	68,6	93,2	60,1	a
	2020/21	female DHIS	76,6	71,2	79,9	75,0	76,2	94,7	73,9	66,8	94,9	53,7	a
	2021/22	female DHIS	78,6	78,6	76,6	74,7	79,3	95,2	74,2	61,1	102,6	57,1	a
Neonatal death in facility rate	2019/20	both sexes DHIS	11,9	12,3	15,6	12,4	10,9	14,3	11,2	15,5	11,5	8,2	a
	2020/21	both sexes DHIS	12,6	13,1	16,0	13,2	12,1	12,7	12,7	13,8	13,9	8,3	a
	2021/22	both sexes DHIS	13,1	13,2	15,9	14,3	13,0	13,2	12,9	12,9	14,6	7,7	a
Neonatal mortality rate (NMR) (deaths <28 days old per 1 000 live births)	2018	both sexes WHO	11,0										c
		both sexes RMS	11,0										d
	2019	both sexes WHO	11,0										e
		both sexes GBD	20,7										f

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2020	both sexes WHO	11,0										g
		RMS	12,0										h
Perinatal death in facility rate	2019/20	both sexes DHIS	29,1	29,0	35,4	27,9	29,7	31,7	28,2	36,8	31,0	22,9	a
	2020/21	both sexes DHIS	29,8	31,3	38,7	29,1	32,7	30,9	13,3	33,9	33,9	24,6	a
	2021/22	both sexes DHIS	30,8	30,3	38,6	29,5	32,3	29,5	31,1	43,6	33,2	24,1	a
Perinatal mortality rate (stillbirths plus deaths <8 days old per 1 000 total births)	2018/19	both sexes DHIS	30,1	28,3	39,9	28,6	30,8	31,7	30,2	34,3	30,6	25,6	a
	2019/20	both sexes DHIS	25,0	18,8	32,7	24,3	24,5	32,0	26,5	37,9	23,9	21,7	a
	2021/22	both sexes DHIS	27,2	25,4	38,1	25,4	27,3	31,1	29,0	38,0	24,8	21,6	a
Stillbirth in facility rate	2019/20	both sexes DHIS	19,7	19,2	23,8	18,8	21,2	19,5	18,8	24,0	21,7	16,5	a
	2020/21	both sexes DHIS	19,9	21,1	27,1	19,7	23,6	20,5	3,0	22,6	23,4	18,3	a
	2021/22	both sexes DHIS	21,0	20,1	26,3	19,2	22,8	19,0	20,8	33,6	22,4	18,1	a
Teenage pregnancy	2021	female 14-19 years GHS	2,7										i
ToPs (Terminations of Pregnancy)	2019/20	DHIS	124 446	12 597	7 776	23 048	27 441	14 960	8 127	1 497	9 806	19 194	a
	2020/21	DHIS	103 350	9 696	6 888	22 832	21 754	13 660	2 494	1 454	8 367	16 205	a
	2021/22	DHIS	120 144	13 107	7 837	26 427	24 204	14 408	6 706	1 816	9 222	16 417	a

References

a webDHIS.[10]
b Medical Schemes 2019-20.[77]
c World Health Statistics 2020.[78]
d RMS 2018.[45]
e World Health Statistics 2021.[31]
f GBD 2021 Child Health.[79]
g World Health Statistics 2022.[32]
h RMS 2019 & 2021.[46]
i GHS 2021.[18]

Definitions

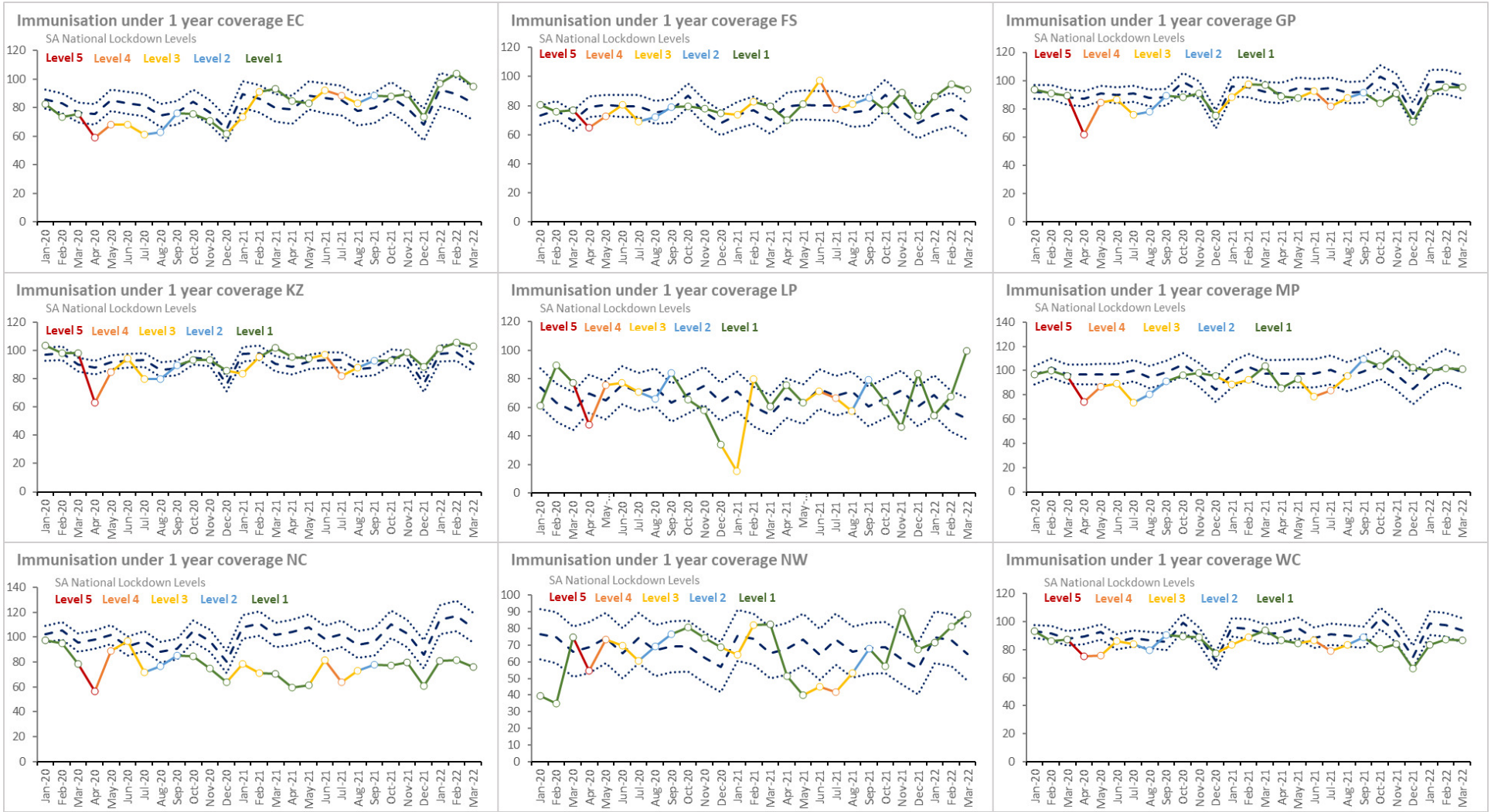
- Delivery 10-14 years in facility [Number]: Delivery where the mother is 10-14 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff.
- Delivery 10-19 years in facility [Number]: Delivery where the mother is 10-19 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff.
- Delivery 15-19 years in facility [Number]: Delivery where the mother is 15-19 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff.
- Female condoms distributed [Number]: Female condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).
- Male condoms distributed [Number]: Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).
- Maternal death in facility [Number]: Maternal death is death occurring during pregnancy, childbirth and puerperium within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and the cause of death (obstetric and non-obstetric).
- Still birth in facility [Number]: Still born infants delivered in a health facility.
- ToPs (Terminations of Pregnancy) [Number]: The number of terminations of pregnancy.
- Antenatal 1st visit before 20 weeks rate [Percentage]: Women who have a booking visit (first visit) before they are 20 weeks (about half way) into their pregnancy as a proportion of all antenatal 1st visits.
- Antenatal 1st visit coverage [Percentage]: The proportion of pregnant women coming for at least one antenatal visit.
- Cervical cancer screening coverage [Percentage of target women]: Cervical smears in women 30 years and older as a proportion of the female population 30 years and older. 80% of these women should be screened for cervical cancer every 10 years and 20% must be screened every 3 years, which should be included in the denominator because it is estimated that 20% of women 30 years and older are HIV-positive.

- Couple year protection rate [Percentage]: Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 years.
- Delivery by Caesarean section rate (district hospitals) [Percentage]: Caesarean section deliveries, expressed as the proportion of total deliveries in facility
- Delivery in 10 to 19 years in facility rate [Percentage]: Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities.
- Delivery in facility rate [Percentage]: Deliveries in health facilities as proportion of expected deliveries in the population.
- Early neonatal death in facility rate [per 1 000 live births]: Early neonatal deaths per 1 000 infants who were born alive in health facilities.
- Live birth under 2 500g in facility rate [Percentage]: Percentage of live births under 2 500g.
- Male condom distribution coverage [Condoms per male 15+]: Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).
- Maternal mortality in facility ratio [per 100 000 live births]: Women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy, per 100 000 live births, and where the death occurs in a health facility.
- Mother postnatal visit within 6 days rate [Percentage]: Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities.
- Neonatal death in facility rate [per 1 000 live births]: Infants 0-28 days who died during their stay in the facility per 1000 live births in facility.
- Neonatal mortality in facility rate [per 1 000 live births]: Inpatient deaths within the first 28 days of life per 1 000 estimated live births. Estimated live births in population is calculated by multiplying estimated population under 1 year by 1.03 to compensate for infant mortality.
- Neonatal mortality rate (NMR) (deaths <28 days old per 1 000 live births) [per 1 000 live births]: Number of deaths within the first 28 days of life, in a year, per 1 000 live births during that year. Also called Neonatal Death Rate (NDR).
- Perinatal death in facility rate [per 1 000 total births]: Still births and deaths in facility under 7 days of life (Early Neonatal Death) per 1 000 births
- Perinatal mortality rate (stillbirths plus deaths <8 days old per 1 000 total births) [per 1 000 total births]: The number of perinatal deaths per 1 000 births. The perinatal period starts at the beginning of foetal viability (28 weeks' gestation or 1 000g) and ends at the end of the 7th day after delivery. Perinatal deaths are the sum of stillbirths plus early neonatal deaths. These are divided by total births (live births plus stillbirths).
- Stillbirth in facility rate [per 1 000 births]: Stillbirths in facility per 1 000 total births in a facility.
- Teenage pregnancy [Percentage]: Percentage of women aged 15-19 who are mothers or who have ever been pregnant.

Province	District	Female under 1 year	Male under 1 year	Population under 1
	DC9 : Frances Baard DM	3963	4083	8046
	DC45: JT Gaetsewe DM	3025	3062	6087
NW	DC37: Bojanala Platinum DM	17818	18060	35878
	DC38: NM Molema DM	8620	8682	17302
	DC39: RS Mompati DM	5929	6105	12034
	DC40: Dr K Kaunda DM	7683	7754	15437
WC	CPT : Cape Town MM	34900	36470	71370
	DC1 : West Coast DM	3847	3929	7776
	DC2 : Cape Winelands DM	7848	8167	16015
	DC3 : Overberg DM	2583	2749	5332
	DC4 : Garden Route DM	4989	5202	10191
	DC5 : Central Karoo DM	578	594	1172
Total		**560113**	**575658**	**1135771**

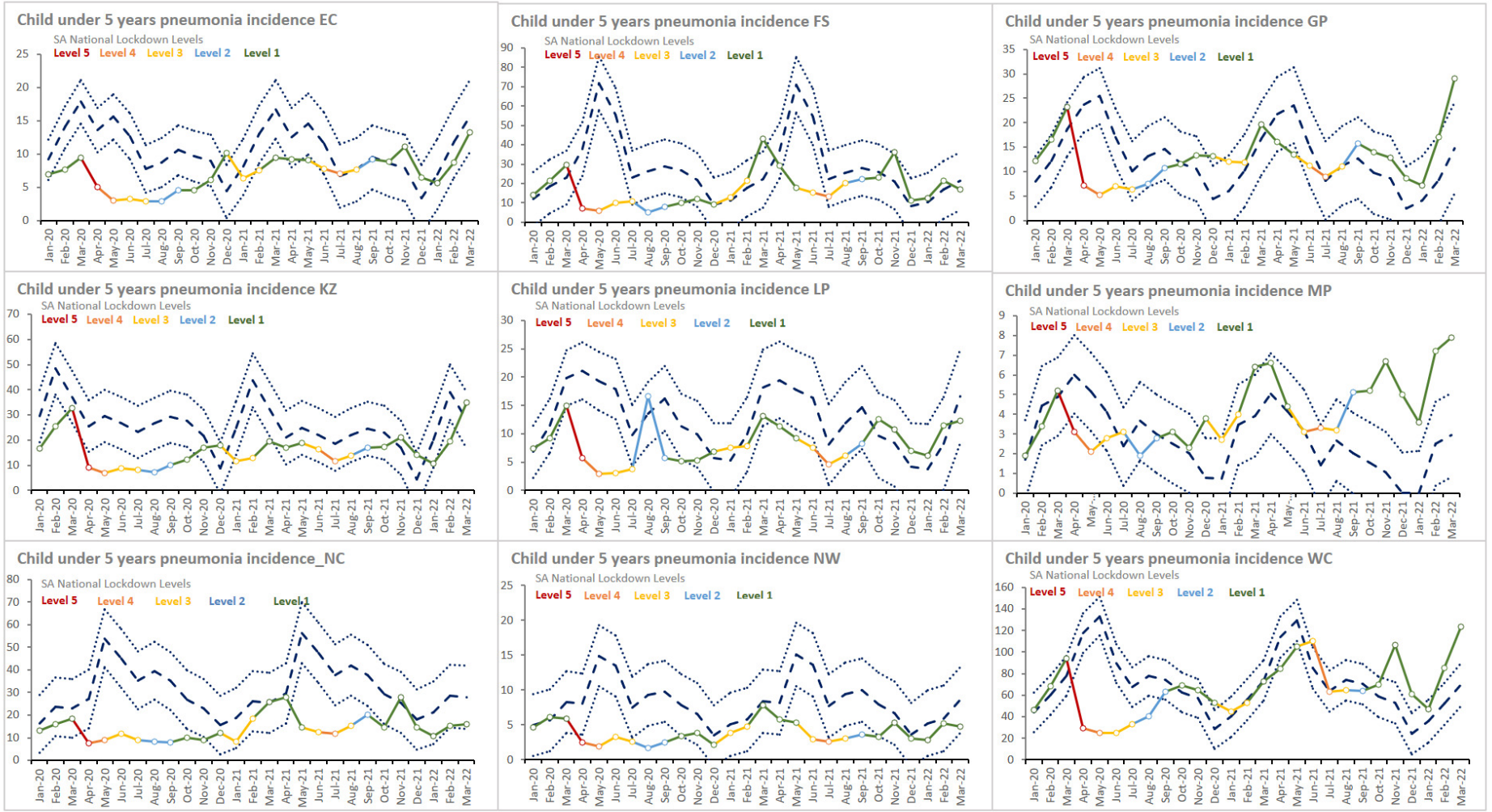
Source: webDHIS[10]

Figure 26. Immunisation under 1 year coverage by province, January 2020 - March 2022



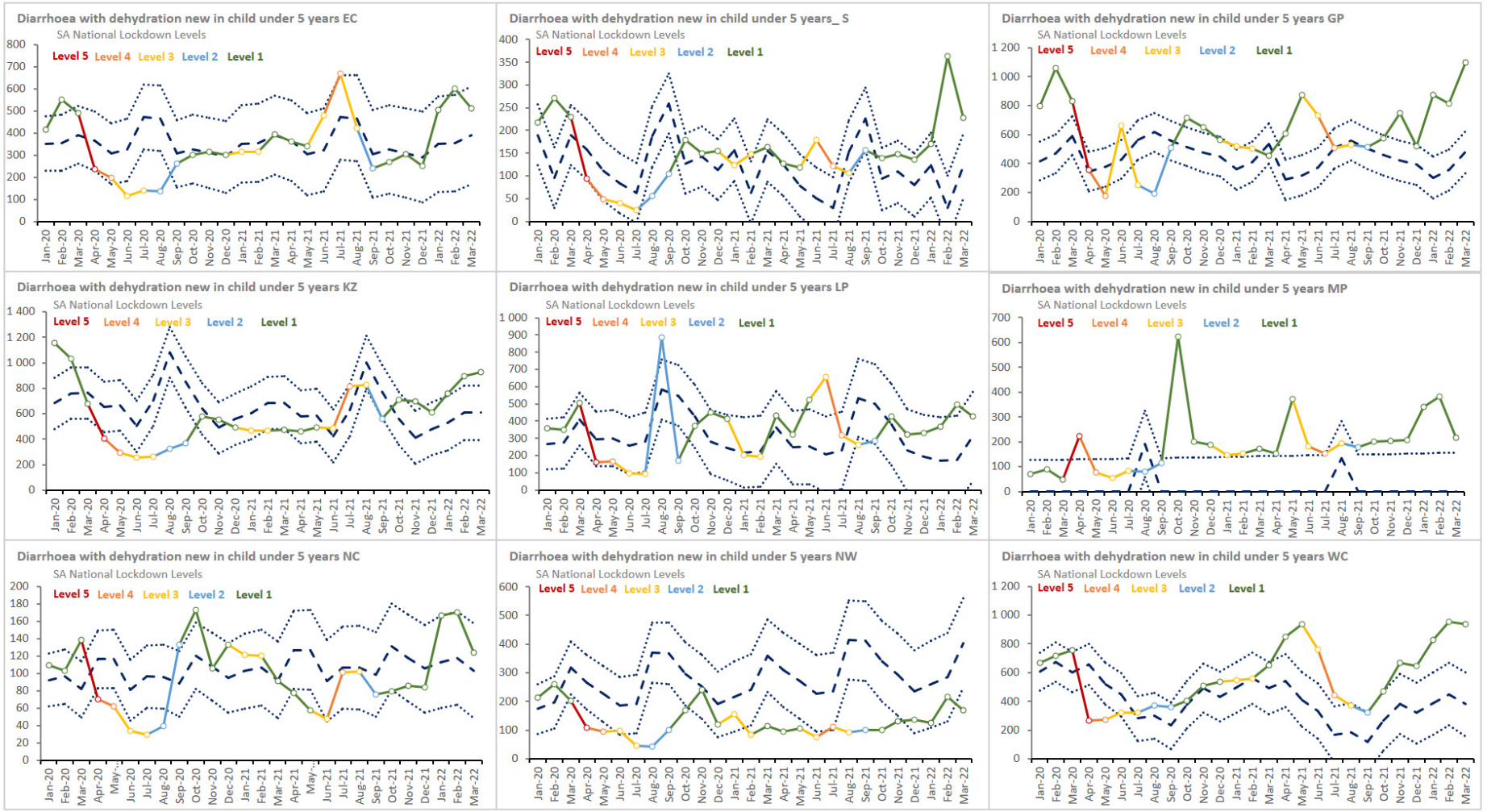
Source: webDHIS[10]

Figure 28. Child under 5 years pneumonia incidence per province, January 2020 - March 2022



Source: webDHIS[10]

Figure 30. Diarrhoea with dehydration in child under 5 years incidence, per province, January 2020 - March 2022



Source: webDHIS[10]

Table 15. Child health indicators by province, 2018- 2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
BCG coverage	2020	UNICEF	86,0										a
	2021	both sexes WHO/ UNICEF	86,0										b
	2020/21	both sexes DHIS	88,4	68,0	93,2	102,5	73,0	93,2	98,7	106,7	65,3	94,9	c
	2021/22	both sexes DHIS	87,6	84,6	96,1	95,0	83,7	93,5	84,7	88,3	55,6	97,2	c
Child under 5 years diarrhoea with dehydration incidence	2018/19	both sexes DHIS	7,1	4,9	9,2	5,9	7,9	8,0	2,7	8,5	5,6	14,0	c
	2019/20	both sexes DHIS	7,0	6,5	8,7	5,8	8,0	6,9	1,3	9,4	6,4	11,9	c
	2021/22	both sexes DHIS	7,3	7,2	7,7	6,4	6,6	7,3	5,9	9,3	3,6	14,6	c
Child under 5 years pneumonia incidence	2019/20	both sexes DHIS	23,6	10,3	32,2	16,8	28,9	14,2	4,0	27,7	8,4	80,8	c
	2020/21	both sexes DHIS	12,6	5,5	13,1	10,5	11,6	5,8	3,3	12,3	3,4	48,1	c
	2021/22	both sexes DHIS	19,1	8,7	19,9	13,7	17,6	8,9	5,1	16,7	4,0	82,0	c
Child under 5 years severe acute malnutrition incidence	2019/20	both sexes DHIS	1,9	0,8	5,9	1,5	1,9	1,1	0,8	8,3	4,3	1,7	c
	2020/21	both sexes DHIS	1,5	1,3	4,1	1,1	1,3	1,5	0,7	5,6	2,1	1,0	c
	2021/22	both sexes DHIS	2,0	2,0	5,5	1,6	1,6	2,2	1,0	6,1	2,7	1,3	c
Diarrhoea case fatality under 5 years rate	2019/20	both sexes DHIS	1,8	2,8	0,9	1,7	1,7	2,8	2,1	1,5	2,8	0,2	c
	2020/21	both sexes DHIS	2,6	4,0	2,7	2,7	2,6	3,8	2,5	2,3	2,7	0,2	c
	2021/22	both sexes DHIS	1,8	3,4	2,3	1,8	1,8	2,4	1,9	2,1	2,3	0,3	c
DTaP-IPV-Hib-HBV 3rd dose coverage	2019/20	both sexes DHIS	84,5	69,8	83,0	90,3	82,3	93,3	90,9	100,5	62,3	96,1	c
	2020/21	both sexes DHIS	82,7	67,2	79,8	90,2	78,6	79,0	95,7	93,7	72,9	98,3	c
	2021/22	both sexes DHIS	87,6	87,1	86,2	88,0	83,9	105,6	90,7	80,9	64,1	92,5	c
DTaP-IPV-Hib-HBV 4th dose coverage	2018/19	both sexes DHIS	65,5	56,2	61,3	67,9	68,2	66,5	67,1	74,7	55,8	71,8	c
	2019/20	both sexes DHIS	65,5	59,4	63,8	68,2	65,6	65,9	70,5	78,1	47,3	75,7	c
	2021/22	both sexes DHIS	69,5	69,3	70,2	69,9	71,3	72,9	66,2	62,4	49,0	80,0	c
DTP3 coverage	2020	both sexes WHO	84,0										d
	2021	both sexes WHO/ UNICEF	86,0										b

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Immunisation under 1 year coverage	2019/20	both sexes DHIS	83,5	76,0	77,4	86,9	91,4	73,6	96,6	89,0	63,0	84,9	c
	2020/21	both sexes DHIS	79,5	69,5	75,9	85,0	86,4	60,6	91,5	79,9	71,2	85,0	c
	2021/22	both sexes DHIS	85,5	88,7	83,6	88,0	94,8	69,2	97,3	72,8	62,8	83,2	c
Infant mortality rate (deaths under 1 year per 1 000 live births)	2019	RMS	27,0										e
	2020	both sexes <1 year mid-year	23,6										f
		RMS	21,0										e
	2021	both sexes mid-year	24,1										g
Measles 1st dose under 1 year coverage	2020	UNICEF	84,0										a
	2021	both sexes WHO/ UNICEF	87,0										b
	2020/21	both sexes DHIS	85,9	69,3	83,6	88,3	79,0	89,4	96,3	93,9	73,8	99,3	c
	2021/22	both sexes under 1 year DHIS	88,5	88,1	89,6	88,8	84,0	95,6	97,8	81,8	73,5	94,5	c
Measles 2nd dose coverage	2020	WHO/UNICEF	76,0										h
	2021	both sexes WHO/ UNICEF	82,0										b
	2020/21	both sexes DHIS	76,4	66,7	73,3	77,8	80,6	76,3	84,2	83,5	65,0	80,6	c
	2021/22	both sexes DHIS	84,0	83,3	77,5	83,2	91,3	83,2	91,6	72,2	71,5	79,2	c
Number of under-5 deaths	2019	GBD	38 500										i
		UNICEF	41 000										a
OPV 1st dose coverage	2020	UNICEF	84,0										a
	2021/22	both sexes DHIS	72,7	88,7	88,7	77,5	77,7	87,8	80,3	81,1	69,5		c
Orphanhood	2021	both sexes <18 years GHS double	2,4	3,9	3,0	1,5	3,2	2,4	1,9	1,6	0,8	1,7	c
		both sexes <18 years GHS maternal	2,2	2,3	2,7	1,6	2,8	2,1	3,1	2,9	2,6	0,9	c
		both sexes <18 years GHS paternal	7,0	9,0	8,0	5,8	7,6	5,3	7,4	4,6	8,8	6,2	c

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
PCV 3rd dose coverage	2020	both sexes WHO	83,0										d
	2021	both sexes WHO/ UNICEF	87,0										b
	2020/21	both sexes DHIS	82,3	70,4	77,6	86,9	86,8	73,5	91,9	86,3	75,6	91,7	c
	2021/22	both sexes DHIS	89,6	89,6	83,9	88,5	95,2	94,1	95,8	76,0	69,1	89,2	c
Pneumonia case fatality under 5 years rate	2020/21	both sexes DHIS	2,1	3,3	3,1	2,3	2,3	4,2	5,3	2,1	3,2	0,2	c
	2021/22	both sexes DHIS	1,7	3,3	3,2	1,5	2,2	2,3	2,2	3,0	2,3	0,2	c
Pneumonia death under 5 years	2019/20	both sexes DHIS	806	139	44	116	192	154	66	24	42	29	c
	2020/21	both sexes DHIS	621	98	26	98	148	109	74	16	32	20	c
	2021/22	both sexes DHIS	690	117	44	98	196	89	36	40	44	26	c
RV 2nd dose coverage	2020	UNICEF	83,0										a
	2021	both sexes WHO/ UNICEF	85,0										b
	2020/21	both sexes DHIS	83,2	67,4	78,7	91,4	77,5	71,2	97,7	93,1	76,4	95,3	c
	2021/22	both sexes DHIS	86,7	87,2	87,7	88,7	83,3	92,7	92,7	80,5	69,9	90,4	c
Severe acute malnutrition case fatality under 5 years rate	2019/20	both sexes DHIS	7,8	9,9	6,0	6,4	7,6	7,9	10,6	4,7	11,8	1,5	c
	2020/21	both sexes DHIS	7,3	8,6	3,2	7,7	10,5	8,0	16,0	5,0	4,9	2,2	c
	2021/22	both sexes under 5 years DHIS	7,9	9,7	8,6	7,7	10,4	6,2	10,9	5,9	6,6	2,4	c
Under 5 mortality rate (deaths under 5 years per 1 000 live births)	2020	both sexes WHO	32,0										b
		both sexes mid-year	34,1										f
		RMS	28,0										e
	2021	both sexes mid-year	30,8										g
Vaccine expenditure per population under 1 year	2019/20	all programs real 2021/22 prices	2 376	3 182	2 387	2 843	2 400	2 196	2 550	731	1 103	1 586	j
	2020/21	all programs real 2021/22 prices	2 522	2 695	3 197	2 785	2 694	2 528	2 642	184	1 907	1 860	j
	2021/22	all programs real	2 399	2 740	2 482	2 591	2 421	2 338	2 632	122	2 666	1 641	j

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		2021/22 prices											

Reference notes

a SWChildren 2021.[47]
b Immunization 2022.[85]
c webDHIS.[10]
d World Health Statistics 2022.[32]
e RMS 2019 & 2021.[46]
f Stats SA MYE 2020.[13]
g Stats SA MYE 2021.[12]
h Immunization 2021.[86]
i GBD 2021 Child Health.[79]

Definitions

- Number of under-5 deaths [Number]: The estimated number of deaths in children younger than 5 years.
- Pneumonia death under 5 years [Number]: A child under 5 years who died in a health facility where pneumonia was documented as the main cause of death
- BCG coverage [Percentage]: The proportion of expected live born babies that received BCG under 1 year of age (note: usually given immediately after birth).
- Child mortality (deaths between 1-4 years per 1 000 live births) [per 1 000 live births]: The number of children aged 12 months to 5 years (i.e. to the end of the 4th year) who die in a year, per 1 000 live births.
- Child under 5 years diarrhoea with dehydration incidence [Cases per 1 000 children]: Children under 5 years newly diagnosed with diarrhoea with dehydration per 1 000 children under 5 years in the population.
- Child under 5 years pneumonia incidence [Cases per 1 000 children]: Children under 5 years newly diagnosed with pneumonia per 1 000 children under 5 years in the population.
- Child under 5 years severe acute malnutrition incidence [Cases per 1 000 children]: Children under 5 years newly diagnosed with severe acute malnutrition per 1 000 children under 5 years in the population.
- Diarrhoea case fatality under 5 years rate [Percentage]: Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities.
- Diarrhoea incidence under 5 years [Cases per 1 000 children]: Children with diarrhoea per 1 000 children in the catchment population. Diarrhoea is formally defined as 3 or more watery stools in 24 hours, but any episode diagnosed and/or treated as diarrhoea after an interview with the adult accompanying the child.
- DTaP-IPV-Hib-HBV 3rd dose coverage [Percentage]: Children under 1 year who received DTaP-IPV-Hib-HBV 3rd dose, normally at 14 weeks as a proportion of population under 1 year. Both Pentaxim and Hexavalent will form part of the numerator to ensure accurate coverage of historical data.
- DTaP-IPV-Hib-HBV 4th dose coverage [Percentage]: Children under 2 years who received DTaP-IPV-Hib-HBV 4th dose, normally at 18 months as a proportion of the 1 year population. Both Pentaxim and Hexavalent will form part of the numerator to ensure accurate coverage of historical data.
- DTP3 coverage [Percentage]: The proportion of children who received their third DTP doses (normally at 14 weeks).
- Immunisation under 1 year coverage [Percentage]: The proportion of all children in the target area under one year who complete their primary course of immunisation. A Primary Course includes BCG, OPV 1, 2 & 3, DTP-Hib 1, 2 & 3, HepB 1, 2 & 3, and 1st measles (usually at 9 months).
- Infant mortality rate (deaths under 1 year per 1 000 live births) [per 1 000 live births]: The number of children less than one year old who die in a year, per 1 000 live births during that year.
- Measles 1st dose under 1 year coverage [Percentage]: Children under 1 year who received measles 1st dose, as a proportion of population under 1 year.
- Measles 1st to 2nd drop-out rate [Percentage]: The percentage of children who dropped out between the first and the second dose of the measles vaccine.
- Measles 2nd dose coverage [Percentage]: Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.
- OPV 1st dose coverage [Percentage]: The proportion of children under 1 immunised with OPV dose 1.
- Orphanhood [Percentage]: Proportion of children under 18 years whose biological mother, biological father or both parents have died.
- PCV 3rd dose coverage [Percentage]: Children under 1 year who received PCV 3rd dose, normally at 9 months as a proportion of population under 1 year.
- Percentage of children under 5 years of age with suspected pneumonia taken to a health facility [Percentage]: Percentage of children under 5 years of age with suspected pneumonia (cough and difficult breathing NOT due to a problem in the chest and a blocked nose) in the two weeks preceding the survey taken to an appropriate health facility or provider.
- Pneumonia case fatality under 5 years rate [Percentage]: Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities.
- Post-neonatal mortality rate (deaths 28-365 days age per 1 000 live births) [per 1 000 live births]: Number of deaths occurring between 28 and 365 days after birth per 1 000 live births in the same period.
- RV 2nd dose coverage [Percentage]: Children under 1 year who received RV 2nd dose as a proportion of children under 1 year.
- Severe acute malnutrition case fatality under 5 years rate [Percentage]: Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities.
- Under 5 mortality rate (deaths under 5 years per 1 000 live births) [per 1 000 live births]: The number of children under 5 years who die in a year, per 1 000 live births during the year. It is a combination of the infant mortality rate, plus the age 1-4 mortality rate.
- Vaccine expenditure per population under 1 year [Rand per population U1 (real prices)]: Provincial expenditure on vaccines per population under 1 year.

Table 16. Non-communicable disease indicators by province, 2019 - 2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Diabetes client treatment new 18 - 44 years	2020/21	both sexes DHIS	259093	45278	3076	44351	9835	90762	27866	4137	30251	3537	a
	2021/22	both sexes DHIS	187508	22584	2305	39389	9410	85658	10535	4837	9246	3544	a
Diabetes client treatment new 45 years and older	2020/21	both sexes DHIS	207372	29533	4451	42830	14607	61984	24236	3298	17863	8570	a
	2021/22	both sexes DHIS	151682	16137	3630	37524	16883	45315	12105	2102	9143	8843	a
Diabetes new client 18 years and older detection rate	2020/21	both sexes DHIS	1,2	1,8	0,4	0,8	0,3	4,1	1,7	0,9	1,8	0,2	a
	2021/22	both sexes DHIS	0,8	0,9	0,3	0,7	0,4	3,5	0,7	0,8	0,7	0,2	a
Diabetes prevalence	2021	both sexes 20-79 years Diabetes Atlas	11,3										b
Hypertension client treatment new 18-44 years	2020/21	both sexes DHIS	258695	29824	5509	34966	32821	98682	32678	4273	12282	7660	a
	2021/22	both sexes DHIS	189992	20156	4935	29891	34250	69786	11607	3518	7580	8269	a
Hypertension client treatment new 45 years and older	2020/21	both sexes DHIS	274116	33934	11341	61379	21811	63485	35112	8014	18139	20901	a
	2021/22	both sexes DHIS	222870	22422	9208	61842	24707	44469	20105	8734	9902	21481	a
Hypertension new client 18 years and older detection rate	2020/21	both sexes DHIS	1,30	1,50	0,90	0,90	0,80	4,40	2,20	1,50	1,10	0,60	a
	2021/22	both sexes DHIS	1,00	1,00	0,70	0,80	0,80	3,00	1,00	1,40	0,60	0,60	a
Mental disorders treatment rate new	2020/21	both sexes DHIS	0,14	0,06	0,18	0,22	0,04	0,47	0,06	0,05	0,03		a
	2021/22	both sexes DHIS	0,06	0,07	0,03	0,06	0,05	0,20	0,02	0,06	0,01		a
Mental Health Quotient	2021	MHQ	46,0										c
Mental health separation rate	2019/20	DHIS	2,8	2,2	10,5	1,2	2,5	2,1	1,3	1,6	1,7	3,5	a
	2021/22	both sexes DHIS	3,8	2,4	20,1	1,9	2,3	2,4	1,7	1,5	1,9	4,3	a
Mortality between 30-70 years from cardiovascular, cancer, diabetes or chronic respiratory disease	2019	both sexes WHO	24,1										d
Suicide mortality rate (per 100 000 population)	2019	both sexes WHO	23,5										d
Cancer incidence rate, by type of cancer (per 100 000 population)	2020	both sexes age-standardised NCR all cancers	209,5										e
		both sexes age-standardised NCR bladder	4,3										e
		both sexes age-standardised NCR breast	52,6										e
		both sexes age-standardised NCR cervix	35,3										e
		both sexes age-standardised NCR colorectal	14,6										e

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		both sexes age-standardised NCR Corpus uteri	8,0										e
		both sexes age-standardised NCR karposi sarcoma	6,1										e
		both sexes age-standardised NCR Liver	4,8										e
		both sexes age-standardised NCR lung	18,3										e
		both sexes age-standardised NCR Ovary	5,1										e
		both sexes age-standardised NCR prostate	68,3										e
		female age-standardised NCR all cancers	194,2										e
		male age-standardised NCR all cancers	242,1										e

Reference notes

a webDHIS.[10]
b IDF Diabetes Atlas 2021.[92]
c MHQ 2021.[93]
d World Health Statistics 2022.[32]
e GLOBOCAN 2020.[81]

Definitions

- The MHQ provides an aggregate metric of wellbeing. An aggregate mental wellbeing score based on these aspects (the MHQ) positions individuals on a spectrum from Distressed to Thriving. The positive range of the scale represents the spectrum of normal functioning, and is a 200-point scale calibrated to a mean of 100 based on pre-pandemic responses in 2019, similar to the IQ scale. The negative range of the scale represents mental wellbeing scores associated with a negative impact on the ability to function and is associated with clinical level risks and challenges mental wellbeing (the MHQ) as well as multiple dimensional views.
- Diabetes client treatment new 18-44 years [Number]: Newly diagnosed clients 18-44 years with a fasting blood glucose of >7mmol/L or random blood glucose >11.1mol/L.
- Diabetes client treatment new 45 years and older [Number]: Newly diagnosed clients 45 years and older with a fasting blood glucose of >7mmol/L or random blood glucose >11.1mol/L.
- Diabetes prevalence [Percentage]: Percentage of people with diabetes.
- Hypertension client treatment new 18-44 years [Number]: Total number of new hypertension clients 18 - 44 years put on treatment.
- Hypertension client treatment new 45 years and older [Number]: Total number of new hypertension clients 45 years and older put on treatment.
- Age-standardised prevalence of non-raised blood pressure (index) [Scale 0-100]: Percentage of population 15 years and older with non-raised blood pressure, regardless of treatment status, age-standardised (Census 2011 population).
- Diabetes new client 18 years and older detection rate [Percentage]: Newly diagnosed clients 18 years and older with a fasting blood glucose of >7mmol/L or random blood glucose >11.1mol/L. initiated on treatment.
- Diabetes new client 40 years and older detection rate [Percentage]: Newly diagnosed clients with a fasting blood glucose of >7mmol/L or random blood glucose >11.1mol/L initiated on treatment.
- Hypertension new client 18 years and older detection rate [Percentage]: Newly diagnosed clients, >18 years, with a BP >140/90mmHg.
- Mental disorders treatment rate new [Percentage]: Clients treated for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use) as a proportion of total PHC headcount.
- Mental health admission rate [Percentage]: Proportion of clients admitted/separated for mental health problems. Inpatient separations are the total of day clients, inpatient discharges, inpatient deaths and inpatient transfers out.
- Mental health separation rate [Percentage]: Proportion of clients admitted for mental health problems. Inpatient separations is the total of inpatient discharges, inpatient deaths and inpatient transfers out.
- Mortality between 30-70 years from cardiovascular, cancer, diabetes or chronic respiratory disease [Percentage]: Unconditional probability of dying between exact ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease.
- Suicide mortality rate (per 100 000 population) [per 100 000 population]: Suicide rate per 100 000 population in a specified period (age-standardised).
- Cancer incidence rate, by type of cancer (per 100 000 population) [per 100 000 population]: Number of new cancers of a specific site/type occurring per 100 000 population.

Table 17. Injury and risk behaviour indicators by province, 2018 -2021

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Mortality rate attributed to unintentional poisoning (per 100 000 population)	2019	both sexes WHO	1,7										a
Mortality rate due to homicides (per 100 000 population)	2018	both sexes SAPS	35,8										b
	2019	both sexes WHO	35,9										a
Road accident fatalities	2020	both sexes all ages RTMC	9 969	1 336	647	1 855	2 031	1 161	1 046	265	720	908	c
Road accident fatalities per 100 000 population	2018	both sexes all ages RTMC	22,3	25	33	17	22	27	29	28	25	16	d
	2019	both sexes WHO	22,2										a
		both sexes all ages RTMC	21,3	23,8	29,5	16,2	20,5	25,7	29,1	30,1	21,2	17,1	d
Prevalence of smoking	2020	both sexes 15 years and older WHO	20,3										a
Total alcohol per capita (age 15+ years) consumption (litres per year)	2019	both sexes WHO	9,5										a
Primary drug of abuse as % of all drugs of abuse	Jan-Jun 2021	both sexes <20 years SACENDU alcohol		12,0		10,8	8,2					9,5	e
		both sexes <20 years SACENDU cannabis		44,0		39,3	52,5					23,2	e
		both sexes <20 years SACENDU cocaine		4,0		3,2	1,9					0,4	e
		both sexes <20 years SACENDU heroin		0,0		22,2	19,6					18,3	e
		both sexes <20 years SACENDU mandrax		2,0		2,5	1,9					7,2	e
		both sexes <20 years SACENDU methamphetamine		14,0		12,7	8,2					39,5	e
	Jul-Dec 2021	both sexes <20 years SACENDU alcohol		3,3		4,1	1,5					2,8	e

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		both sexes <20 years SACENDU cannabis		58,2		49,0	56,9					84,3	e
		both sexes <20 years SACENDU cocaine				0,6	8,4					0,2	e
		both sexes <20 years SACENDU heroin				16,1	14,1					0,6	e
		both sexes <20 years SACENDU mandrax				1,5	1,1					2,1	e
		both sexes <20 years SACENDU methamphetamine		38,5		21,7	10,7					8,5	e

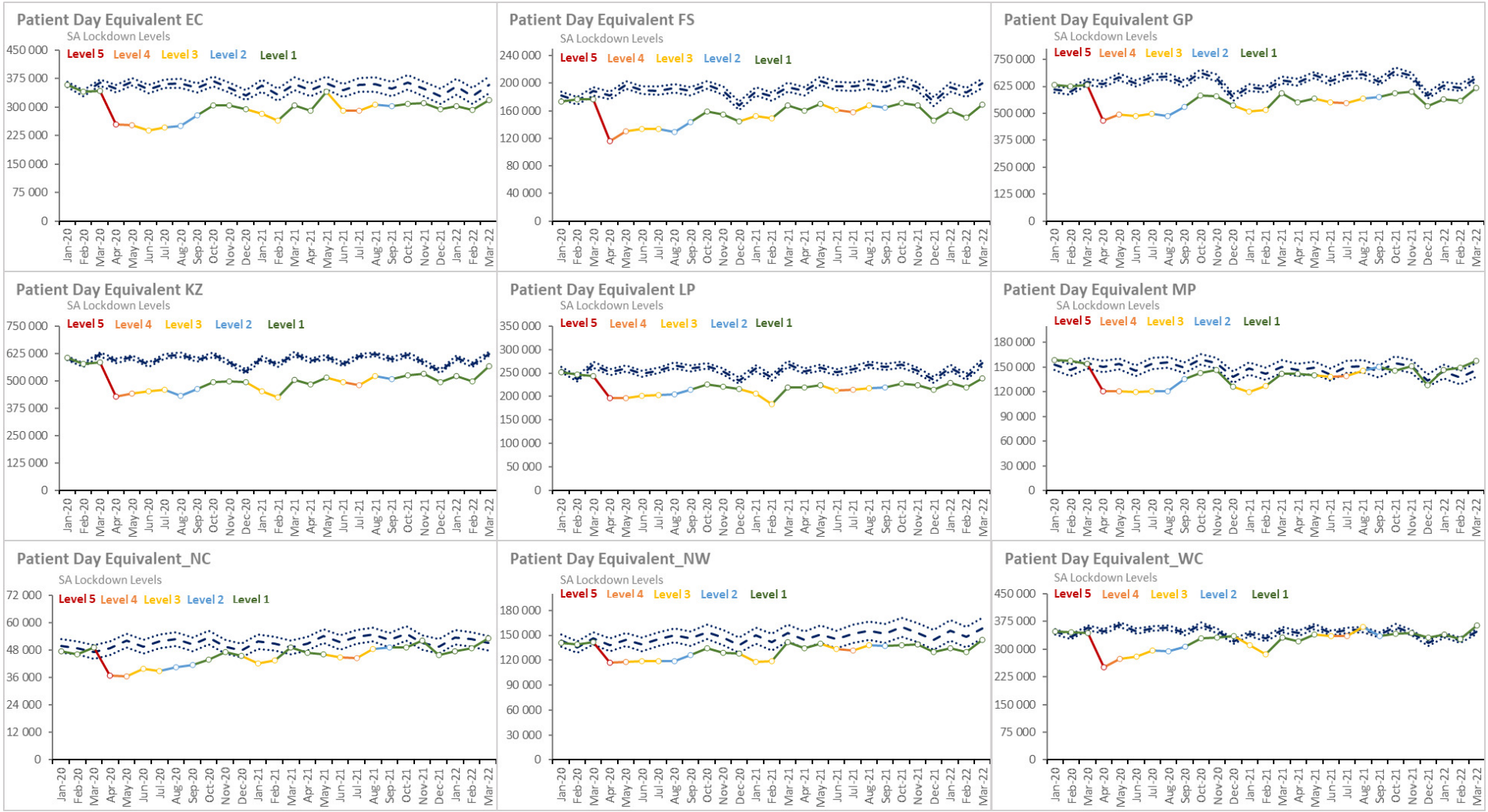
Reference notes

a World Health Statistics 2022.[32]
b SDG SA Report 2019.[98]
c Road Traffic Report 2020.[99]
d Road Traffic Report 2019.[100]
e SACENDU Phase 51.[97]

Definitions

- Road accident fatalities [Number]: Number of people killed during or immediately after a crash, or death within 30 days after a crash happened as a direct result of such crash.
- Mortality rate attributed to unintentional poisoning (per 100 000 population) [per 100 000]:
- Mortality rate due to homicides (per 100 000 population) [per 100 000]
- Road accident fatalities per 100 000 population [per 100 000 population]: Number of fatalities due to road accidents per 100 000 population. WHO Core indicator is mortality rate from road traffic injuries (per 100 000 population) defined as: Number of road traffic fatal injury deaths per 100 000 population (age-standardised).
- Prevalence of smoking [Percentage]: Proportion of population who currently smoke.
- Primary drug of abuse as % of all drugs of abuse [Percentage]: Percentage breakdown of the primary drug of abuse reported by patients admitted to treatment centres that are part of the SACENDU sentinel surveillance system.

Figure 34. Patient-day equivalent by province, January 2020 – March 2022



Source: webDHIS[10]

Table 11. TB diagnosis, year-on-year breakdown (provincial and national), 2019 - 2022

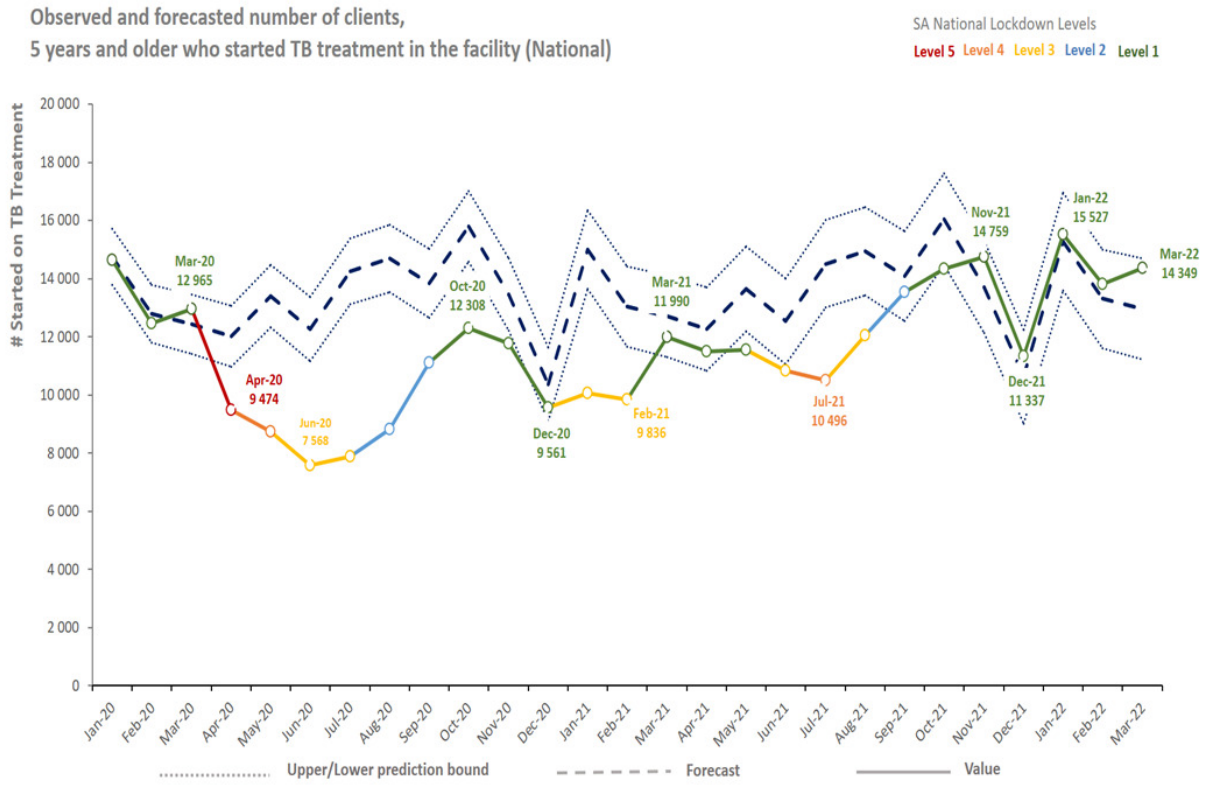
TB Diagnosis Year-on-Year Breakdown

Financial Year

FY19 (Pre-COVID) Apr 2019- Mar 2020		FY20 Apr 2020- Mar 2021		FY21 Apr 2021- Mar 2022		Net Effect		% Recovery towards FY19	
Observed Number (% Change)		Observed Number (% Change)		Observed Number (% Change)		FY20 vs FY 21 (% Change)		Below 80% 80% - 89% Above 90%	
EC	41 985	EC	30 930 (-26%)	EC	39 669 (28%)	EC	(+02%)	EC	39 669/41 985 (94%)
FS	11 011	FS	7 265 (-34%)	FS	8 464 (17%)	FS	(-17%)	FS	8 464/11 011 (77%)
GP	31 304	GP	21 933 (-30%)	GP	26 278 (20%)	GP	(-10%)	GP	26 278/31 304 (84%)
KZ	52 558	KZ	37 876 (-28%)	KZ	45 653 (21%)	KZ	(-07%)	KZ	45 653/42 558 (87%)
LP	11 785	LP	8 169 (-31%)	LP	9 638 (18%)	LP	(-13%)	LP	9 638/11 785 (82%)
MP	12 135	MP	8 507 (-30%)	MP	10 861 (28%)	MP	(-02%)	MP	10 861/12 135 (90%)
NC	6 776	NC	4 903 (-28%)	NC	5 971 (22%)	NC	(-06%)	NC	5 971/6 776 (88%)
NW	13 928	NW	8 988 (-35%)	NW	10 550 (17%)	NW	(-18%)	NW	10 550/13 928 (76%)
WC	41 087	WC	30 193 (-27%)	WC	38 556 (28%)	WC	(+01%)	WC	38 556/41 087 (94%)
ZA	222 569	ZA	158 764 (-29%)	ZA	195 640 (23%)	ZA	(-06%)	ZA	195 640/222 569 (88%)

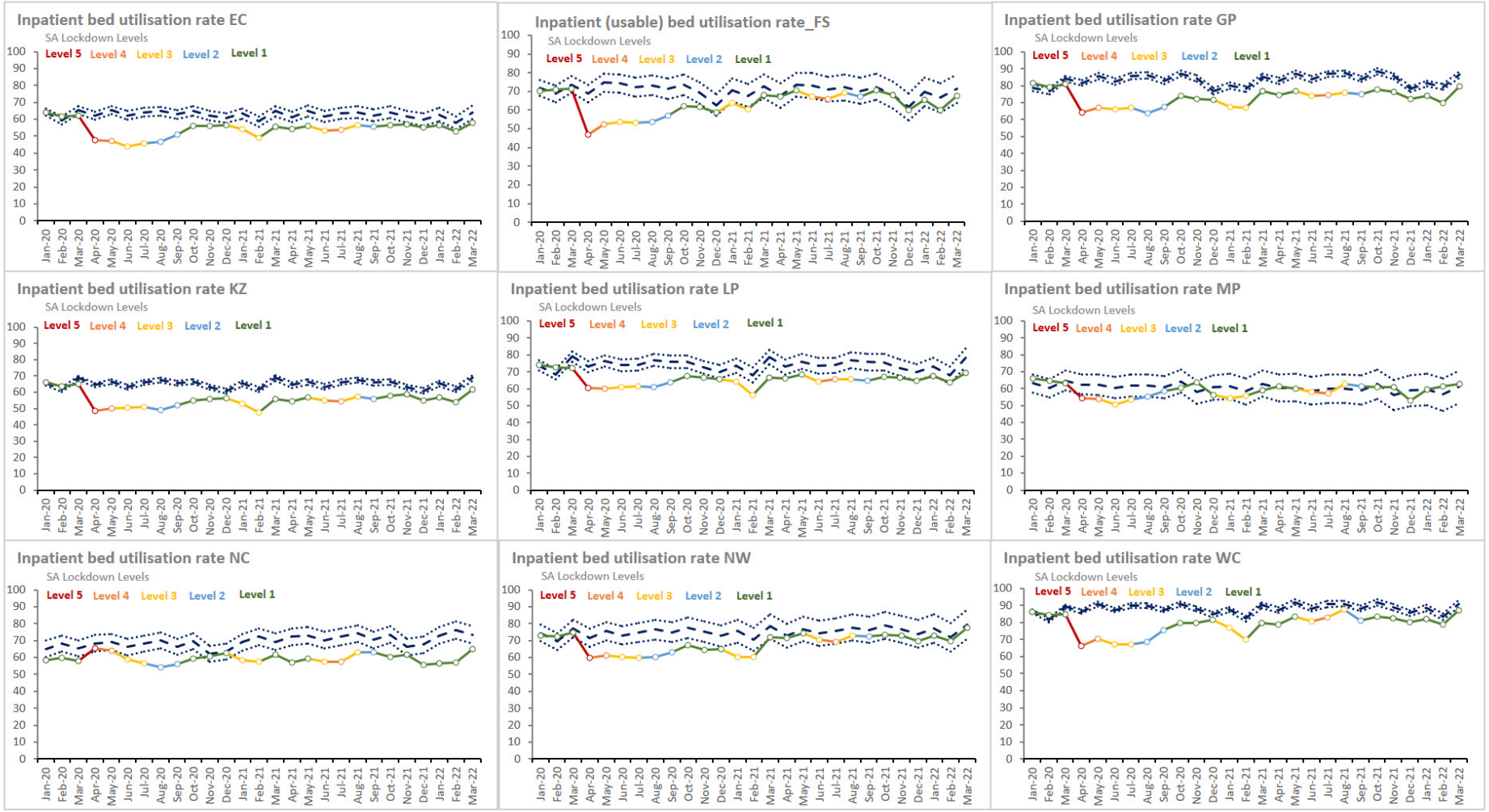
Source: webDHIS.[10]

Figure 9. TB clients 5 years and older who started treatment in facility (national), January 2020 - March 2022



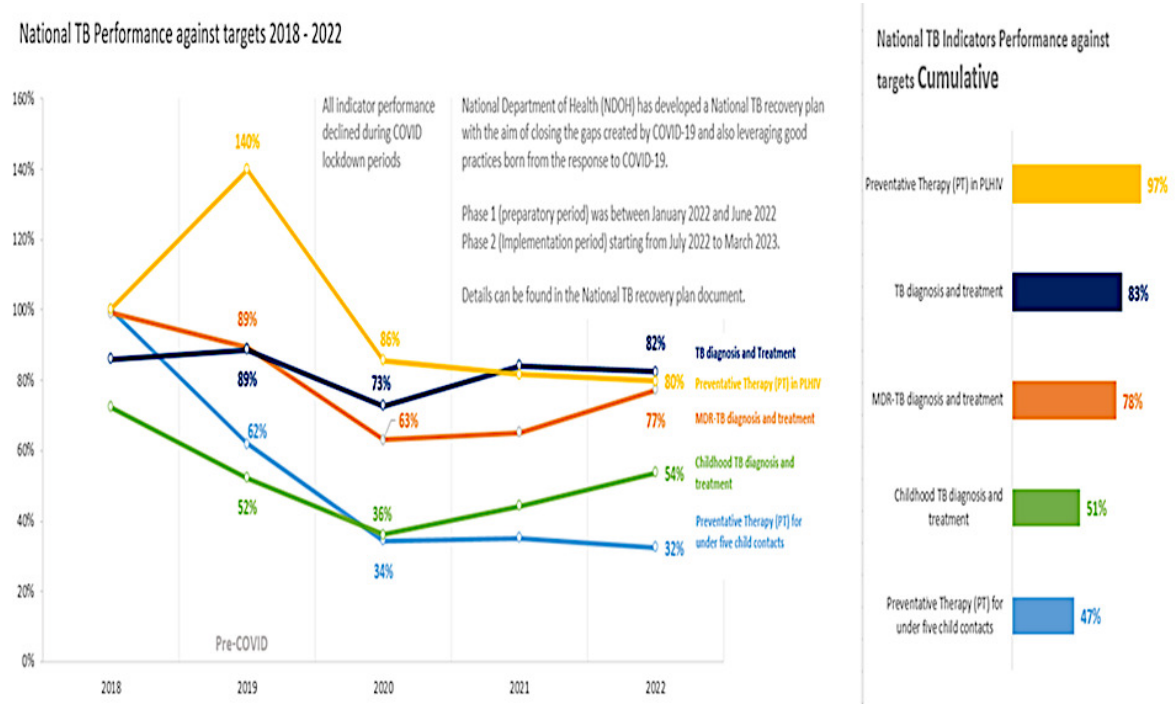
Source: webDHIS[10]

Figure 36. Inpatient bed utilisation rate by province, January 2020 – March 2022



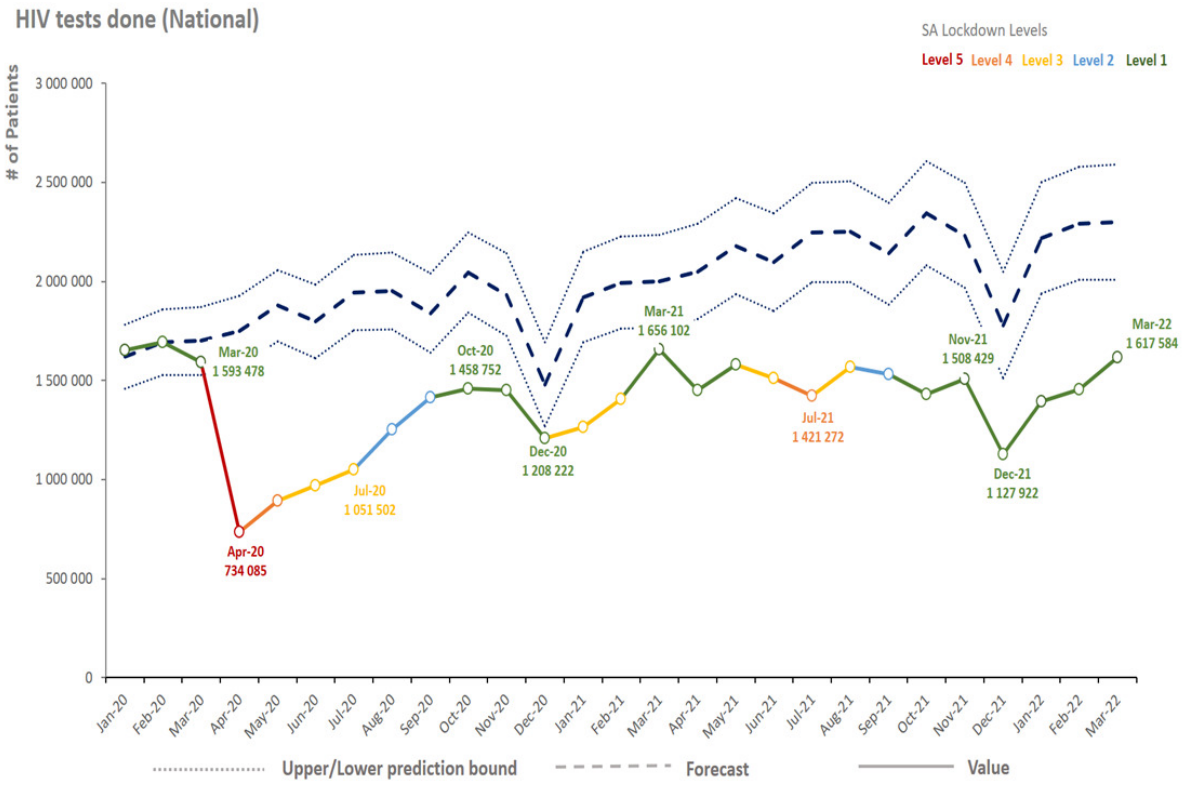
Source: webDHIS[10]

Figure 11. National TB performance against targets, 2018-2022



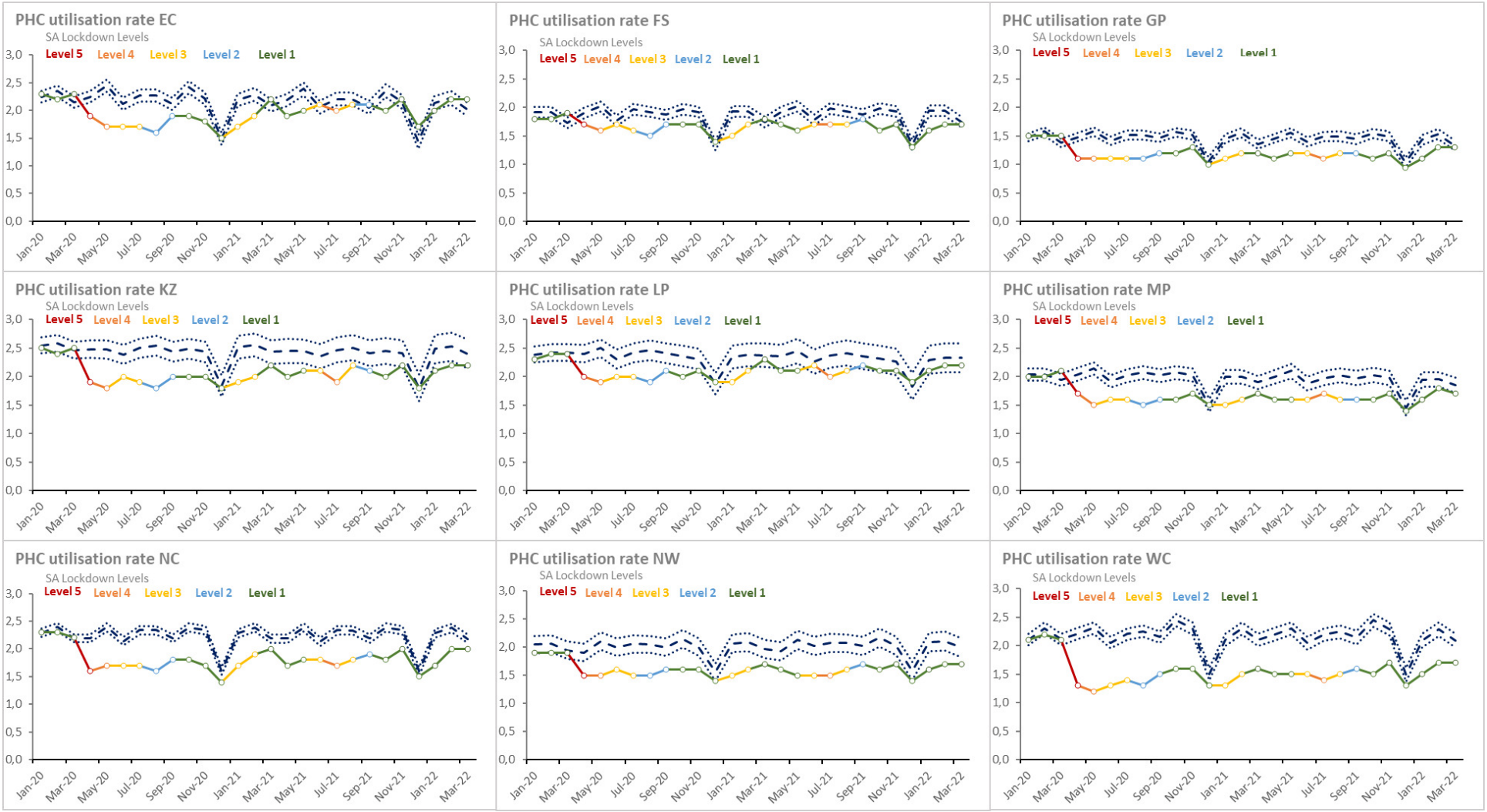
Source: webDHIS[10]

Figure 12. HIV tests done (national), January 2020 - March 2022



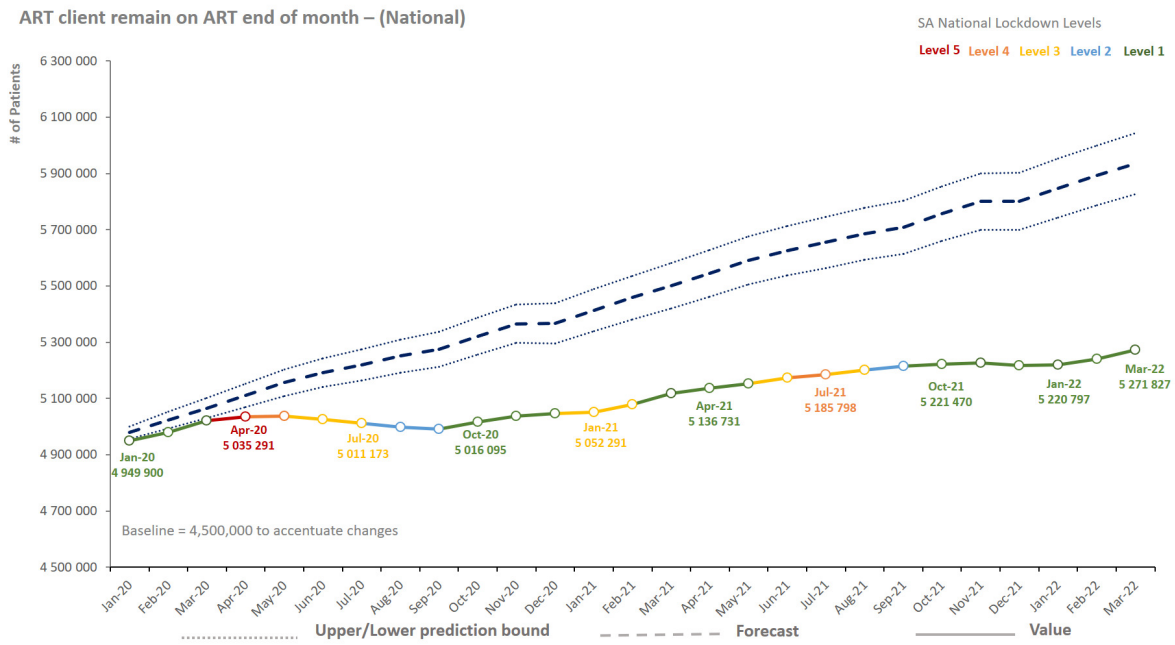
Source: webDHIS[10]

Figure 38. PHC utilisation rate by province, January 2020 – March 2022



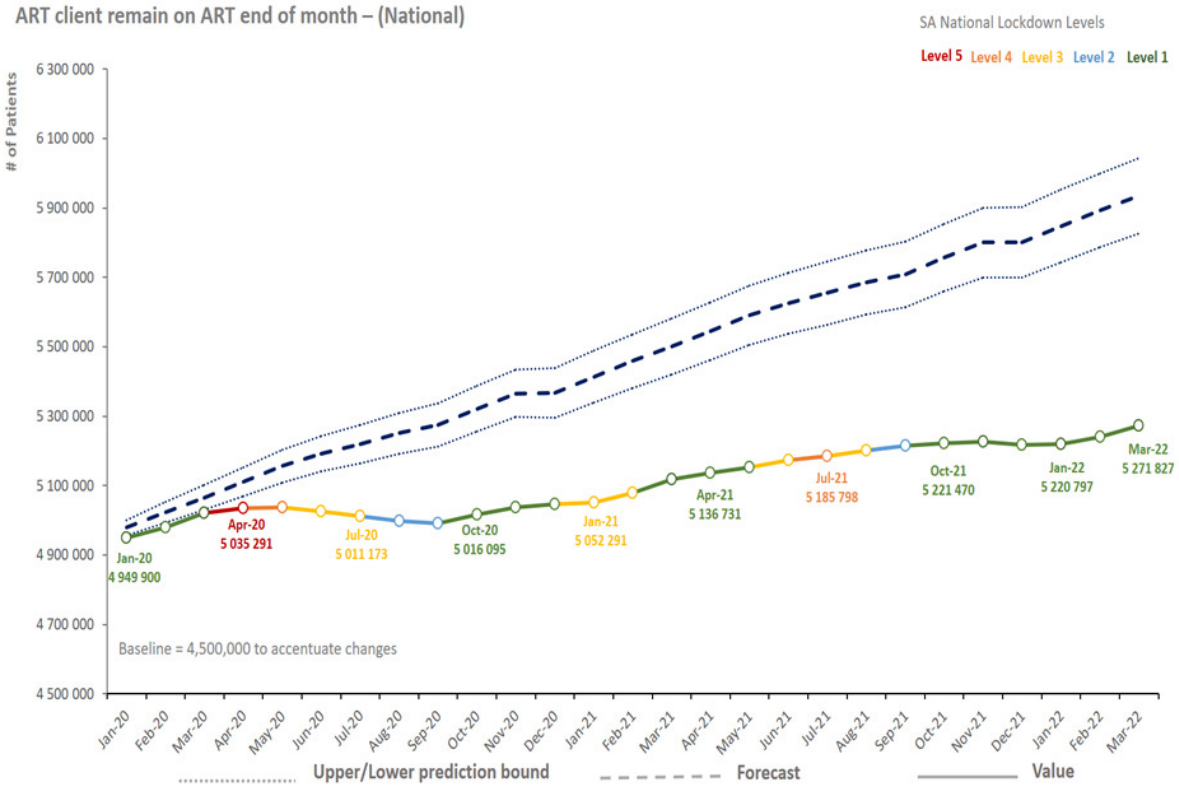
Source: webDHIS[10]

Figure 14. ART client start ART during month (national), January 2020 - March 2022



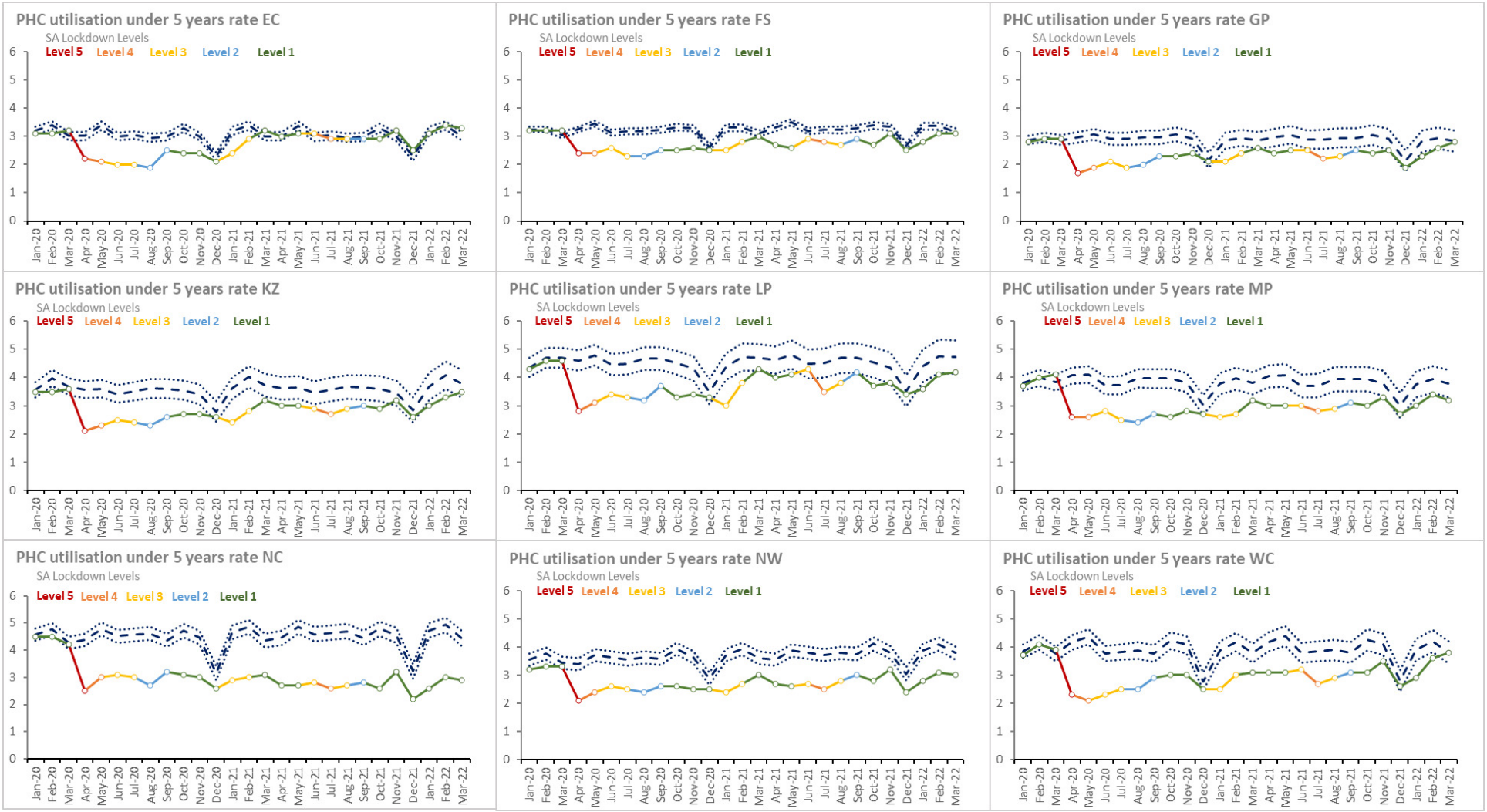
Source: webDHIS[10]

Figure 16. ART client remain on ART (national), January 2020 - March 2022



Source: webDHIS[10]

Figure 40. PHC utilisation under 5 years rate by province, January 2020 – March 2022



Source: webDHIS[10]

Table 18. Health services indicators by province, 2019 -2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Average length of stay - total	2019/20	DHIS	6,1	6,8	5,6	6,7	6,6	5,3	4,5	5,1	6,8	5,3	a
	2020/21	DHIS	5,9	6,3	5,7	6,9	6,3	5,1	4,2	5,2	6,0	5,6	a
	2021/22	DHIS	6,1	6,4	5,9	7,0	6,4	5,3	4,5	5,4	6,3	5,6	a
Average length of stay (district hospitals)	2019/20	DHIS	4,2	4,6	3,3	4,2	5,2	4,2	4,1	3,5	4,3	3,4	a
	2020/21	DHIS	4,1	4,4	3,0	4,3	4,9	4,0	3,9	3,0	4,0	3,5	a
	2021/22	DHIS	4,2	4,5	3,2	4,4	5,0	4,0	4,0	3,1	4,3	3,6	a
Complaints resolution rate	2019/20	DHIS	90,1	89,1	87,5	88,4	93,1	87,9	88,6	61,5	90,7		a
	2020/21	DHIS	89,3	89,4	89,5	85,4	93,7	92,0	85,6	83,5	95,4		a
	2021/22	DHIS	90,2	88,8	83,4	87,1	94,7	91,2	85,2		92,8		a
Complaints resolution rate within 25 working days	2019/20	DHIS	96,8	97,2	98,1	96,5	96,0	97,8	95,8	87,5	99,0		a
	2020/21	DHIS	95,1	97,6	91,4	96,2	95,1	97,7	96,4	89,1	97,5		a
	2021/22	DHIS	94,6	95,0	89,0	94,5	93,5	97,1	95,4		98,7		a
Death registration coverage	2018	both sexes 15 years and older vital registration	96,0										b
Inpatient bed utilisation rate - total	2019/20	DHIS	72,4	64,0	72,4	82,0	65,0	74,2	63,6	61,7	73,8	86,9	a
	2020/21	DHIS	60,7	50,8	57,1	70,7	51,9	63,1	57,4	62,0	63,6	73,7	a
	2021/22	DHIS	65,9	55,4	66,6	75,0	56,5	66,2	59,8	59,4	72,2	82,2	a
Inpatient bed utilisation rate (district hospitals)	2019/20	DHIS	64,8	54,5	57,7	70,2	59,2	72,9	67,0	53,6	62,8	90,4	a
	2020/21	DHIS	53,6	42,2	47,0	59,9	47,6	60,9	57,0	48,8	52,7	78,5	a
	2021/22	DHIS	57,3	46,0	51,5	63,7	50,2	62,6	58,7	43,4	59,3	90,0	a
Inpatient crude death rate	2019/20	both sexes DHIS	4,6	5,8	4,1	5,0	4,6	4,8	4,6	5,2	5,5	2,9	a
	2020/21	both sexes DHIS	5,7	7,7	5,4	6,3	5,8	5,2	4,7	5,8	5,8	4,2	a
	2021/22	both sexes DHIS	5,3	6,4	5,2	6,1	5,0	5,2	4,9	6,6	5,8	4,1	a
Inpatient deaths - total	2019/20	both sexes DHIS	179 752	27 472	12 904	40 064	35 920	19 216	11 922	4 306	10 134	17 814	a
	2020/21	both sexes DHIS	188 814	30 103	13 068	41 296	37 118	18 340	11 642	3 950	10 802	22 495	a
	2021/22	both sexes DHIS	187 531	27 206	13 829	42 653	33 879	18 500	11 912	4 914	10 964	23 674	a
International Health Regulations (IHR) core capacity index	2019	WHO	70,0										c
	2020	WHO	79,0										d
	2021	both sexes WHO	68,0										e
Number of beds	Mar 2022	DHIS District Hospital	30 904	6 040	1 600	2 806	4 265	3 006	8 297	588	1 235	3 067	a
		DHIS National Central Hospital	10 356	576	603	5 956	846					2 375	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
		DHIS Provincial Tertiary Hospital	10194	1772	588	2254	1586	1016	799	661	1236	282	a
		DHIS Regional Hospital	19820	2082	1230	4734	6824	1561	877	227	847	1438	a
		DHIS Specialised Psychiatric Hospital	10105	1286	760	1524	2447	969		178	1114	1827	a
		DHIS Specialised TB Hospital	2997	1143			321	89	417	44		983	a
		DHIS public sector	88556	13186	6525	17836	7900	5099	20897	1895	4432	10786	a
Number of health facilities	Mar 2022	DHIS District Hospital	251	65	25	12	39	30	23	11	13	33	a
		DHIS Central/Tertiary Hospital	27	4	2	7	4	2	2	1	2	3	a
		DHIS PHC fixed facilities	3505	776	220	373	618	482	295	162	312	267	a
		DHIS Regional Hospital	48	5	4	9	13	5	3	1	3	5	a
		DHIS Other hospitals	63	751	212	340	610	460	243	131	268	205	a
OHH headcount under 5 years coverage	2019/20	DHIS	86,8	67,1	53,8	60,6	160,3	84,1	54,6	126,0	138,7	0,0	a
	2020/21	DHIS	69,7	35,2	39,8	52,3	118,3	100,2	27,5	82,2	51,4	120,7	a
	2021/22	DHIS	95,0	48,5	74,2	67,6	145,3	117,9	63,1	74,1	72,7	134,3	a
OPD new client not referred rate	2019/20	DHIS	46,5	50,0	57,4	30,6	48,2	65,4	56,5	64,9	38,2	11,3	a
	2020/21	DHIS	47,0	49,0	50,9	24,9	48,5	61,1	58,1	63,7	49,6	17,4	a
	2021/22	DHIS	39,5	26,0	44,4	30,0	48,6	59,5	54,8	64,1	56,6	16,1	a
OPD new client not referred rate (district hospitals)	2019/20	DHIS	60,0	63,7	66,1	66,8	52,1	71,8	64,3	70,8	57,8	9,6	a
	2020/21	DHIS	57,5	62,2	59,2	66,4	55,0	69,3	63,0	65,4	53,6	15,5	a
	2021/22	DHIS	47,0	24,5	53,0	64,6	57,1	69,8	63,4	64,2	58,6	20,3	a
Patient Day Equivalent	2019/20	DHIS	32461949	4295480	2172659	7521238	7100648	3010254	1869054	579169	1676989	4236460	a
		DHIS District Hospital	10933666	1715092	550806	1031431	2579960	1757156	1213878	200939	428439	1455965	a
	2020/21	DHIS	26607840	3276297	1708744	6360779	5539302	2493263	1579260	509518	1511852	3628823	a
		DHIS District Hospital	8969900	1345068	457235	855601	2085569	1442600	997636	163152	395338	1227700	a
	2021/22	DHIS	29679714	4083839	1946643	6834424	6139074	2659570	1733190	577039	1630542	4075393	a
		DHIS District Hospital	10292018	1940468	485871	983355	2263705	1515641	1083171	177088	427167	1415552	a
PHC doctor clinical work load	2019/20	DHIS	22,0	21,0	16,2	23,9	20,5	25,3	18,2	17,3	11,4	25,8	a
	2020/21	DHIS	15,2	13,9	18,9	10,3	17,8	20,5	15,3	11,7	10,4	18,0	a
	2021/22	DHIS	12,6	15,9	18,5	7,9	15,0	12,6	15,5	14,2	10,2	20,7	a
PHC heacount total	2019/20	both sexes all ages DHIS	119747336	16420094	5303035	21309158	28353937	14347755	9220716	2728252	7714952	14349437	a
	2020/21	both sexes all ages DHIS	95346987	12950671	4809591	16963951	22809881	12389041	7319603	2214000	6300025	9590224	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2021/22	both sexes all ages DHIS	101 393 994	13 692 661	4 771 693	18 647 814	23 906 112	12 752 688	7 734 010	2 333 065	6 605 539	10 950 412	a
PHC headcount 5 years and older	2019/20	both sexes DHIS	99 703 955	13 898 719	4 540 511	17 648 204	23 767 046	11 407 847	7 514 391	2 279 773	6 374 431	12 273 033	a
	2020/21	both sexes DHIS	80 516 387	11 081 913	4 130 819	14 243 014	19 470 124	10 151 654	6 117 585	1 896 206	5 295 661	8 129 411	a
	2021/22	both sexes DHIS	84 511 186	11 622 030	4 038 494	15 504 806	20 163 058	10 222 814	6 291 455	1 989 014	5 483 454	9 196 061	a
PHC headcount under 5 years	2019/20	both sexes DHIS	20 149 466	2 524 151	845 825	3 672 144	4 598 365	2 936 295	1 710 321	449 974	1 333 974	2 078 417	a
	2020/21	both sexes DHIS	14 830 600	1 868 758	678 772	2 720 937	3 339 757	2 237 387	1 202 018	317 794	1 004 364	1 460 813	a
	2021/22	both sexes DHIS	16 882 808	2 070 631	733 199	3 143 008	3 743 054	2 529 874	1 442 555	344 051	1 122 085	1 754 351	a
PHC professional nurse clinical work load	2019/20	DHIS	25,9	29,1	26,5	25,3	31,6	21,6	32,0	20,7	17,8	22,4	a
	2020/21	DHIS	20,5	23,7	23,2	18,7	26,2	18,0	27,2	15,6	14,9	17,2	a
	2021/22	DHIS	21,9	25,4	23,4	18,3	27,3	19,4	30,4	17,2	16,3	19,4	a
PHC utilisation rate	2019/20	DHIS	2,0	2,2	1,8	1,5	2,4	2,4	2,0	2,2	1,9	2,2	a
	2020/21	DHIS	1,6	1,7	1,6	1,2	1,9	2,0	1,6	1,8	1,6	1,4	a
	2021/22	DHIS	1,7	2,0	1,6	1,2	2,1	2,1	1,6	1,8	1,6	1,5	a
PHC utilisation rate under 5 years	2019/20	DHIS	3,4	3,0	3,1	2,9	3,5	4,4	3,9	4,3	3,4	3,8	a
	2020/21	DHIS	2,6	2,7	2,6	2,1	2,7	3,4	2,6	2,5	2,5	2,6	a
	2021/22	DHIS	3,0	3,0	2,8	2,4	3,0	3,9	3,0	2,7	2,8	3,1	a
Universal health coverage: service coverage index	2021	GBD 2016 scaled	49,4										f
	2022	GBD 2016 scaled	50,5										f

Reference notes

a webDHIS.[10]
b Stats SA Causes of Death 2018.[101]
c World Health Statistics 2020.[78]
d World Health Statistics 2021.[31]
e World Health Statistics 2022.[32]
f GBD 2016 SDGs.[102]

Definitions

- Inpatient deaths - total [Number]: An inpatient death is a death recorded against an admitted inpatient, including the death of a patient admitted earlier on the same day. The total is specialities plus all others that do not appear on the identified specialities.
- Number of beds [Number]: Total number of beds in health facility.
- Number of health facilities [Number].
- Patient Day Equivalent [Number]: The sum of Inpatient days total x 1, Day patient total x 0.5, and OPD/Emergency total headcount x 0.3333333.
- PHC headcount total [Number].
- PHC headcount 5 years and older [Number].
- PHC headcount under 5 years [Number]: All individual clients not yet reached five years (60 months) seen for Primary Health Care services at a facility.
- Average length of stay - total [Days]: The average number of patient days that an admitted patient spends in hospital before separation.
- Average length of stay (district hospitals) [Days]: The average number of patient days that an admitted patient spends in hospital before separation.
- Complaints resolution rate [Percentage]: Complaints resolved as a proportion of complaints received.
- Complaints resolution rate within 25 working days [Percentage]: Complaints resolved within 25 working days as a proportion of all complaints resolved.
- Death registration coverage [Percentage]: Percentage of deaths that are registered (with age and sex).

- Inpatient bed utilisation rate - total [Percentage]: A measure of the average number of beds that are occupied - expressed as the proportion of all available bed days, which is calculated as the number of actual beds multiplied by the average number of days in a month (30.42).
- Inpatient bed utilisation rate (district hospitals) [Percentage]: A measure of the average number of beds that are occupied - expressed as the proportion of all available bed days, which is calculated as the number of actual beds multiplied by the average number of days in a month (30.42).
- Inpatient crude death rate [Percentage]: Proportion of admitted clients/separations who died during hospital stay. Inpatient separations is the total of day clients, inpatient discharges, inpatient deaths and inpatient transfer outs.
- International Health Regulations (IHR) core capacity index [Percentage]: Percentage of attributes of 13 core capacities that have been attained at a specific point in time. The 13 core capacities are: (1) National legislation, policy and financing; (2) Coordination and National Focal Point communications; (3) Surveillance; (4) Response; (5) Preparedness; (6) Risk communication; (7) Human resources; (8) Laboratory; (9) Points of entry; (10) Zoonotic events; (11) Food safety; (12) Chemical events; (13) Radio-nuclear emergencies.
- OPD new client not referred rate [Percentage]: New OPD clients not referred as a proportion of OPD new clients – total.
- PHC doctor clinical work load [Clients per doctor per day]: Average number of clients seen per doctor per clinical work day. This includes doctors employed in the public and private sector.
- PHC professional nurse clinical work load [Clients per nurse per day]: Average number of clients seen per professional nurse per professional nurse clinical work day.
- PHC utilisation rate [Average number of visits per person]: Average number of PHC visits per person per year in the population.
- PHC utilisation rate under 5 years [Average number of visits per person under 5 years]: Average number of PHC visits per year per person under 5 years of age in the population.
- Universal health coverage: service coverage index [Scale 0-100]: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population). Calculated as the geometric mean of the index score for each of the 4 categories of the index.

Table 19. Number of health personnel practising in the public sector by province, 2020 - 2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Number of clinical associates	**2020 Mar**	both sexes public sector	393	113	17	35	111	10	75	2	30		a
	2021 Mar	both sexes public sector	436	107	13	104	99	9	70	3	31		a
	2022 Mar	both sexes public sector	413	95	13	115	87	8	65	3	27		a
Number of CS clinical psychologists	**2020 Mar**	both sexes public sector	66	3	3	39	7	3	0	1	3	7	a
	2021 Mar	both sexes public sector	54	1	3	28	4	2	3	1	5	7	a
	2022 Mar	both sexes public sector	69	3	2	34	14	2	2	2	3	7	a
Number of CS dentists	**2020 Mar**	both sexes public sector	197	21	27	15	46	14	16	15	27	16	a
	2021 Mar	both sexes public sector	179	21	21	30	36	7	16	15	17	16	a
	2022 Mar	both sexes public sector	173	18	24	15	36	15	13	15	22	15	a
Number of CS dieticians	**2020 Mar**	both sexes public sector	227	20	23	54	35	18	24	14	31	8	a
	2021 Mar	both sexes public sector	211	15	24	50	38	11	21	14	32	6	a
	2022 Mar	both sexes public sector	191	14	18	53	35	7	18	13	27	6	a
Number of CS doctors	**2020 Mar**	both sexes public sector	1 527	160	62	253	252	165	209	76	149	201	a
	2021 Mar	both sexes public sector	1 700	169	105	287	269	158	235	75	190	212	a
	2022 Mar	both sexes public sector	2 137	219	94	417	391	220	303	97	194	202	a
Number of CS environmental health practitioners	**2020 Mar**	both sexes public sector	182	3	23	43	4	47	15	13	34		a
	2021 Mar	both sexes public sector	103	1	5	24	3	30	14	8	18		a
	2022 Mar	both sexes public sector	195	3	20	39	7	49	21	12	44		a
Number of CS nurses	**2020 Mar**	both sexes public sector	3 109	642	120	628	479	108	340	100	326	366	a
	2021 Mar	both sexes public sector	2 245	79	77	926	203	28	231	87	254	360	a
	2022 Mar	both sexes public sector	3 249	584	172	750	493	261	245	57	328	359	a
Number of CS occupational therapists	**2020 Mar**	both sexes public sector	289	36	25	74	65	13	26	22	14	14	a
	2021 Mar	both sexes public sector	327	43	26	86	65	6	37	22	28	14	a
	2022 Mar	both sexes public sector	404	45	28	160	69	11	31	23	25	12	a
Number of CS pharmacists	**2020 Mar**	both sexes public sector	612	66	45	91	134	67	48	40	83	38	a
	2021 Mar	both sexes public sector	653	68	48	92	149	65	51	46	96	38	a
	2022 Mar	both sexes public sector	636	71	72	80	150	70	49	36	66	42	a
Number of CS physiotherapists	**2020 Mar**	both sexes public sector	352	35	29	94	73	8	36	24	29	24	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2021 Mar	both sexes public sector	383	41	29	95	72	17	35	29	42	23	a
	2022 Mar	both sexes public sector	323	54	23	24	89	16	27	26	38	26	a
Number of CS radiographers	**2020 Mar**	both sexes public sector	367	29	17	94	81	24	34	14	37	37	a
	2021 Mar	both sexes public sector	364	24	13	107	83	19	37	17	28	36	a
	2022 Mar	both sexes public sector	355	30	15	113	78	21	33	15	14	36	a
Number of CS speech therapists	**2020 Mar**	both sexes public sector	247	18	8	61	70	12	40	10	20	8	a
	2021 Mar	both sexes public sector	252	18	9	63	65	13	39	14	23	8	a
	2022 Mar	both sexes public sector	229	20	15	25	73	9	38	13	31	5	a
Number of dental practitioners	**2020 Mar**	both sexes public sector	1 044	145	50	242	103	168	88	23	56	169	a
	2021 Mar	both sexes public sector	1 009	149	48	229	106	164	79	25	59	150	a
	2022 Mar	both sexes public sector	1 006	146	45	228	108	159	78	26	61	155	a
Number of dental specialists	**2020 Mar**	both sexes public sector	152	1	1	113		2	1	1		33	a
	2021 Mar	both sexes public sector	126	1	1	89	1	4	1	1		28	a
	2022 Mar	both sexes public sector	128		1	88	1	4	1	1		32	a
Number of dental therapists	**2020 Mar**	both sexes public sector	359	18	1	42	100	132	26	24	14	2	a
	2021 Mar	both sexes public sector	358	18	1	45	96	130	28	24	14	2	a
	2022 Mar	both sexes public sector	355	18	1	45	94	127	30	24	14	2	a
Number of enrolled nurses	**2020 Mar**	both sexes public sector	29 638	3 321	1 033	7 188	8 939	3 591	1 639	238	962	2 727	a
	2021 Mar	both sexes public sector	32 191	4 145	1 224	7 961	9 710	3 195	1 467	268	1 267	2 954	a
	2022 Mar	both sexes public sector	31 775	3 502	1 231	7 810	10 016	3 151	1 548	253	1 225	3 039	a
Number of enrolled nurses registered	**2020**	both sexes all ages SANC	61 028	5 347	2 069	15 331	21 233	5 155	2 594	376	2 955	5 968	b
	2021	both sexes all ages SANC	56 484	4 922	1 922	14 124	19 831	4 729	2 306	350	2 724	5 576	b
	2022	both sexes all ages SANC	52 334	4 480	1 759	12 975	18 681	4 386	1 915	329	2 536	5 273	b
Number of environmental health practitioners	**2020 Mar**	both sexes public sector	362	20	50	98	82	26	45	11	30		a
	2021 Mar	both sexes public sector	448	30	52	131	75	25	45	12	78		a
	2022 Mar	both sexes public sector	521	20	92	151	73	30	47	21	87		a
Number of medical practitioners	**2020 Mar**	both sexes public sector	15 474	1 906	637	3 749	3 725	1 224	895	337	876	2 125	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2021 Mar	both sexes public sector	17017	1993	734	4331	4017	1311	964	375	1018	2274	a
	2022 Mar	both sexes public sector	17413	2071	758	4569	4011	1337	1001	362	1080	2224	a
Number of medical researchers	**2020 Mar**	both sexes public sector	33	2	2	14	5	2		1		7	a
	2021 Mar	both sexes public sector	32	2	2	16	5	1		1		5	a
	2022 Mar	both sexes public sector	128	4		16	90	9	1	1		7	a
Number of medical specialists	**2020 Mar**	both sexes public sector	4835	228	317	1850	837	77	72	45	152	1257	a
	2021 Mar	both sexes public sector	4770	231	314	1826	850	84	64	42	140	1219	a
	2022 Mar	both sexes public sector	4745	225	334	1866	812	84	64	39	150	1171	a
Number of nursing assistants	**2020 Mar**	both sexes public sector	33600	5395	2023	6431	5840	4623	1477	822	2768	4221	a
	2021 Mar	both sexes public sector	36278	6114	2250	7347	5636	4454	2020	892	3138	4427	a
	2022 Mar	both sexes public sector	35453	5251	2308	7409	5527	4478	2116	862	3182	4320	a
Number of nursing assistants registered	**2020**	both sexes all ages SANC	65179	6778	2788	16740	12571	9880	3729	937	4336	7420	b
	2021	both sexes all ages SANC	63539	6519	2720	16409	12299	9718	3719	885	4180	7090	b
	2022	both sexes all ages SANC	61561	6143	2621	15955	11930	9550	3660	840	4034	6828	b
Number of occupational therapists	**2020 Mar**	both sexes public sector	1003	117	50	205	126	207	68	32	48	150	a
	2021 Mar	both sexes public sector	1084	127	53	247	147	201	69	32	55	153	a
	2022 Mar	both sexes public sector	1101	120	53	288	149	193	69	30	47	152	a
Number of optometrists and opticians	**2020 Mar**	both sexes public sector	255	8	5	55	60	111	7	2	5	2	a
	2021 Mar	both sexes public sector	256	6	5	54	65	111	7	2	5	1	a
	2022 Mar	both sexes public sector	257	6	6	57	63	109	7	2	5	2	a
Number of pharmacists	**2020 Mar**	both sexes public sector	5337	865	315	1169	813	520	304	103	259	989	a
	2021 Mar	both sexes public sector	5543	912	331	1251	818	521	332	114	264	1000	a
	2022 Mar	both sexes public sector	5777	887	406	1280	851	583	355	104	284	1027	a
Number of physiotherapists	**2020 Mar**	both sexes public sector	1110	147	48	194	244	158	76	31	71	141	a
	2021 Mar	both sexes public sector	1239	155	51	245	280	159	78	31	80	160	a
	2022 Mar	both sexes public sector	1225	144	53	250	274	164	79	31	70	160	a
Number of professional nurses	**2020 Mar**	both sexes public sector	70437	11091	2104	14001	16772	9109	5799	1491	4846	5224	a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2021 Mar	both sexes public sector	76485	11672	2498	15527	18699	9201	6234	1588	5394	5672	a
	2022 Mar	both sexes public sector	76293	10953	2676	16323	18827	8778	6270	1511	5369	5586	a
Number of professional nurses registered	**2020**	both sexes all ages SANC	154024	16620	8267	40200	35470	13457	8647	2382	10780	18201	b
	2021	both sexes all ages SANC	156392	16661	8398	41183	35807	13659	8889	2383	10947	18465	b
	2022	both sexes all ages SANC	157152	16643	8412	41761	35569	13701	9156	2379	11017	18514	b
Number of psychologists	**2020 Mar**	both sexes public sector	637	67	27	191	61	120	32	15	43	81	a
	2021 Mar	both sexes public sector	705	69	30	224	74	115	48	16	49	80	a
	2022 Mar	both sexes public sector	780	65	29	243	94	132	48	16	48	105	a
Number of pupil auxiliary nurses registered	**2020**	both sexes all ages SANC	1921	357	76	881	275	21	39	115	60	97	b
	2021	both sexes all ages SANC	1156	204	71	443	166	11	21	112	48	80	b
	2022	both sexes all ages SANC	1456	251	76	647	163	16	21	112	59	111	b
Number of pupil nurses registered	**2020**	both sexes all ages SANC	2579	179	78	1243	723	64	51	0	60	181	b
	2021	both sexes all ages SANC	1513	94	59	719	420	52	35		6	128	b
	2022	both sexes all ages SANC	1468	78	58	714	399	52	33		6	128	b
Number of radiographers	**2020 Mar**	both sexes public sector	2716	375	147	650	600	198	119	74	113	440	a
	2021 Mar	both sexes public sector	2882	397	160	737	611	201	121	77	124	454	a
	2022 Mar	both sexes public sector	3034	382	178	878	609	216	125	73	125	448	a
Number of speech therapists and audiologists	**2020 Mar**	both sexes public sector	502	47	9	131	92	69	39	15	27	73	a
	2021 Mar	both sexes public sector	600	57	10	161	146	64	43	15	31	73	a
	2022 Mar	both sexes public sector	617	53	11	161	152	72	44	16	31	77	a
Number of student nurses	**2020 Mar**	both sexes public sector	2765			1593	458	155	552		7		a
	2021 Mar	both sexes public sector	1712			691	472	134	414		1		a
	2022 Mar	both sexes public sector	968			43	537	19	366		3		a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Number of student nurses registered	**2020**	both sexes all ages SANC	19 084	3 962	1 350	4 434	2 431	1 509	578	264	1 825	2 731	b
	2021	both sexes all ages SANC	15 469	3 324	1 068	3 695	1 942	1 147	399	183	1 624	2 087	b
	2022	both sexes all ages SANC	14 836	3 011	1 034	3 507	1 993	1 066	489	167	1 542	2 027	b

Reference notes
a PERSAL.[104]

Table 20. Health personnel per 100 000 uninsured population by province, 2020 - 2022

Indicator	Period	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Clinical Associates per 100 000 population	**2020 Mar**	0,8	1,9	0,7	0,3	1,1	0,2	1,8	0,2	0,8		a
	2021 Mar	0,9	1,8	0,5	0,9	1,0	0,2	1,7	0,3	0,8		a
	2022 Mar	0,8	1,6	0,5	0,9	0,8	0,1	1,5	0,3	0,7		a
Density of dentistry personnel (per 10 000 population)	**2012-2020**	1,1										b
Density of midwifery personnel (per 10 000 population)	**2012-2020**	49,7										b
Density of pharmaceutical personnel (per 10 000 population)	**2012-2020**	2,7										b
Density of physicans (per 10 000 population)	**2010-2018**	9,1										b
	2012-2020	7,9										b
Dental practitioners per 100 000 population	**2020 Mar**	2,5	2,7	3,1	2,2	1,5	3,2	2,5	3,5	2,3	3,3	a
	2021 Mar	2,3	2,8	2,7	2,1	1,4	3,0	2,3	3,6	2,1	2,9	a
	2022 Mar	1,9	2,7	2,7	2,0	1,4	3,1	2,2	3,7	2,2	2,6	a
Dental specialists per 100 000 population	**2020 Mar**	0,3	0,0	0,0	1,0		0,0	0,0	0,1		0,6	a
	2021 Mar	0,3	0,0	0,0	0,7	0,0	0,1	0,0	0,1		0,5	a
	2022 Mar	0,2		0,0	0,7	0,0	0,1	0,0	0,1		0,6	a
Dental therapists per 100 000 population	**2020 Mar**	0,7	0,3	0,0	0,4	1,0	2,4	0,6	2,2	0,4	0,0	a
	2021 Mar	0,7	0,3	0,0	0,4	0,9	2,3	0,7	2,2	0,4	0,0	a
	2022 Mar	0,7	0,3	0,0	0,4	0,9	2,2	0,7	2,2	0,4	0,0	a
Enrolled nurses per 100 000 population	**2020 Mar**	58,6	54,8	41,2	61,0	88,0	64,1	40,0	21,9	26,6	48,8	a
	2021 Mar	62,8	68,4	48,6	66,0	94,6	56,6	35,3	24,3	34,5	51,9	a
	2022 Mar	61,2	57,8	48,7	63,3	96,5	55,4	36,7	22,7	32,9	52,5	a
Environmental health practitioners per 100 000 population	**2020 Mar**	1,1	0,4	2,9	1,2	0,9	1,3	1,5	2,2	1,8		a
	2021 Mar	1,1	0,5	2,3	1,3	0,8	1,0	1,4	1,8	2,6		a
	2022 Mar	0,4	0,4	4,4	1,5	0,8	1,4	1,6	3,0	3,5		a

Indicator	Period	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Medical practitioners per 100 000 population	**2020 Mar**	33,6	34,1	27,9	33,9	39,1	24,8	27,0	37,9	28,3	41,6	a
	2021 Mar	36,5	35,7	33,3	38,3	41,7	26,0	28,9	40,9	32,9	43,7	a
	2022 Mar	32,6	36,1	32,9	39,7	41,7	27,4	28,0	41,2	33,3	41,7	a
Medical researchers per 100 000 population	**2020 Mar**	0,1	0,0	0,1	0,1	0,1	0,0		0,1		0,1	a
	2021 Mar	0,1	0,0	0,1	0,1	0,1	0,0		0,1		0,1	a
	2022 Mar	0,1	0,0		0,1	0,0	0,0		0,1		0,1	a
Medical specialists per 100 000 population	**2020 Mar**	9,6	3,8	12,6	15,7	8,2	1,4	1,8	4,1	4,2	22,5	a
	2021 Mar	9,3	3,8	12,5	15,1	8,3	1,5	1,5	3,8	3,8	21,4	a
	2022 Mar	9,2	3,7	13,4	15,1	7,9	1,5	1,5	3,5	4,0	20,3	a
Nursing assistants per 100 000 population	**2020 Mar**	66,4	89,1	80,6	54,6	57,5	82,5	36,1	75,5	76,5	75,5	a
	2021 Mar	70,8	100,9	89,4	60,9	54,9	78,9	48,6	81,0	85,4	77,8	a
	2022 Mar	68,2	86,7	91,4	60,1	53,3	78,8	50,2	77,5	85,4	74,6	a
Occupational therapists per 100 000 population	**2020 Mar**	2,6	2,5	3,0	2,4	1,9	3,9	2,3	5,0	1,7	2,9	a
	2021 Mar	2,8	2,8	3,1	2,8	2,1	3,7	2,6	4,9	2,3	2,9	a
	2022 Mar	2,1	2,7	3,2	3,6	2,1	3,6	2,4	4,8	1,9	2,8	a
Optometrists per 100 000 population	**2020 Mar**	0,5	0,1	0,2	0,5	0,6	2,0	0,2	0,2	0,1	0,0	a
	2021 Mar	0,5	0,1	0,2	0,5	0,6	2,0	0,2	0,2	0,1	0,0	a
	2022 Mar	0,5	0,1	0,2	0,5	0,6	1,9	0,2	0,2	0,1	0,0	a
Pharmacists per 100 000 population	**2020 Mar**	11,8	15,4	14,4	10,7	9,3	10,5	8,6	13,1	9,5	18,4	a
	2021 Mar	12,1	16,2	15,1	11,1	9,4	10,4	9,2	14,5	9,8	18,2	a
	2022 Mar	11,1	15,8	18,9	11,0	9,6	11,5	9,6	12,6	9,4	18,5	a
Physiotherapists per 100 000 population	**2020 Mar**	2,9	3,0	3,1	2,4	3,1	3,0	2,7	5,1	2,8	3,0	a
	2021 Mar	3,2	3,2	3,2	2,8	3,4	3,1	2,7	5,4	3,3	3,2	a
	2022 Mar	2,4	3,3	3,0	2,2	3,5	3,2	2,5	5,1	2,9	3,2	a
Professional nurses per 100 000 population	**2020 Mar**	145,4	193,8	88,7	124,1	169,8	164,5	149,9	146,1	142,9	100,0	a
	2021 Mar	153,6	194,0	102,3	136,4	184,1	163,4	155,6	152,1	153,8	106,0	a

Indicator	Period	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2022 Mar	146,9	190,6	112,7	138,4	186,2	159,0	154,6	140,9	152,8	102,7	a
Psychologists per 100 000 population	**2020 Mar**	1,4	1,2	1,2	2,0	0,7	2,2	0,8	1,5	1,3	1,6	a
	2021 Mar	1,5	1,2	1,3	2,1	0,8	2,1	1,2	1,5	1,5	1,5	a
	2022 Mar	1,5	1,1	1,2	2,2	1,0	2,4	1,2	1,6	1,4	1,9	a
Radiographers per 100 000 population	**2020 Mar**	6,1	6,7	6,5	6,3	6,7	4,0	3,7	8,1	4,1	8,5	a
	2021 Mar	6,3	7,0	6,9	7,0	6,8	3,9	3,8	8,5	4,1	8,6	a
	2022 Mar	5,7	6,6	7,0	8,0	6,6	3,6	3,7	7,8	4,2	8,4	a
Speech therapists and audiologists per 100 000 population	**2020 Mar**	1,5	1,1	0,7	1,6	1,6	1,4	1,9	2,3	1,3	1,4	a
	2021 Mar	1,7	1,2	0,8	1,9	2,1	1,4	2,0	2,6	1,5	1,4	a
	2022 Mar	1,2	1,2	1,0	1,5	2,2	1,4	1,9	2,6	1,7	1,4	a
Student nurses per 100 000 population	**2020 Mar**	5,5			13,5	4,5	2,8	13,5		0,2		a
	2021 Mar	3,3			5,7	4,6	2,4	10,0		0,0		a
	2022 Mar	1,9			0,3	5,2	0,3	8,7		0,1		a

Reference notes

a PERSAL.[104]

b World Health Statistics 2022.[32]

Definitions

- Indicators are calculated as the number of the specified cadre of health professional per 100 000 uninsured population, as calculated using the webDHIS 2000-30 population time series and the Insight Actuaries modelled estimates for medical schemes coverage at district level circa 2018.

Table 21. Trends in overall provincial and local government health expenditure by programme (Rand million, nominal prices), 2012/13 - 2021/22

Rand million	Financial Year									
Prog	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
1. Administration	3019	3578	3599	4313	4462	4690	5129	5368	8799	7596
2. District Health Services	53586	57991	64181	69854	76540	83671	90978	98688	109448	115084
3. Emergency Health Services	5079	5352	5556	6025	6435	7380	7671	8394	8660	8791
4. Provincial Hospital Services	27741	26420	28694	29576	29675	32262	34275	36609	37623	39134
5. Central Hospital Services	18822	23559	25804	29529	33736	37437	41120	44608	47516	47227
6. Health Sciences and Training	3755	4039	4248	4529	5107	4916	5037	5115	4796	4792
7. Health Care Support Services	1640	1877	1322	2834	1796	1806	4661	2301	3469	3073
8. Health Facilities Management	8967	7895	7491	8514	8316	8651	9014	9844	11526	10433
Local government expenditure	2859	2869	3389	3730	4103	4199	4858	4828	5392	5158
Other	4		-			-	-	-	-	- 14
Grand Total	**125473**	**133581**	**144283**	**158903**	**170171**	**185013**	**202744**	**215755**	**237229**	**241273**

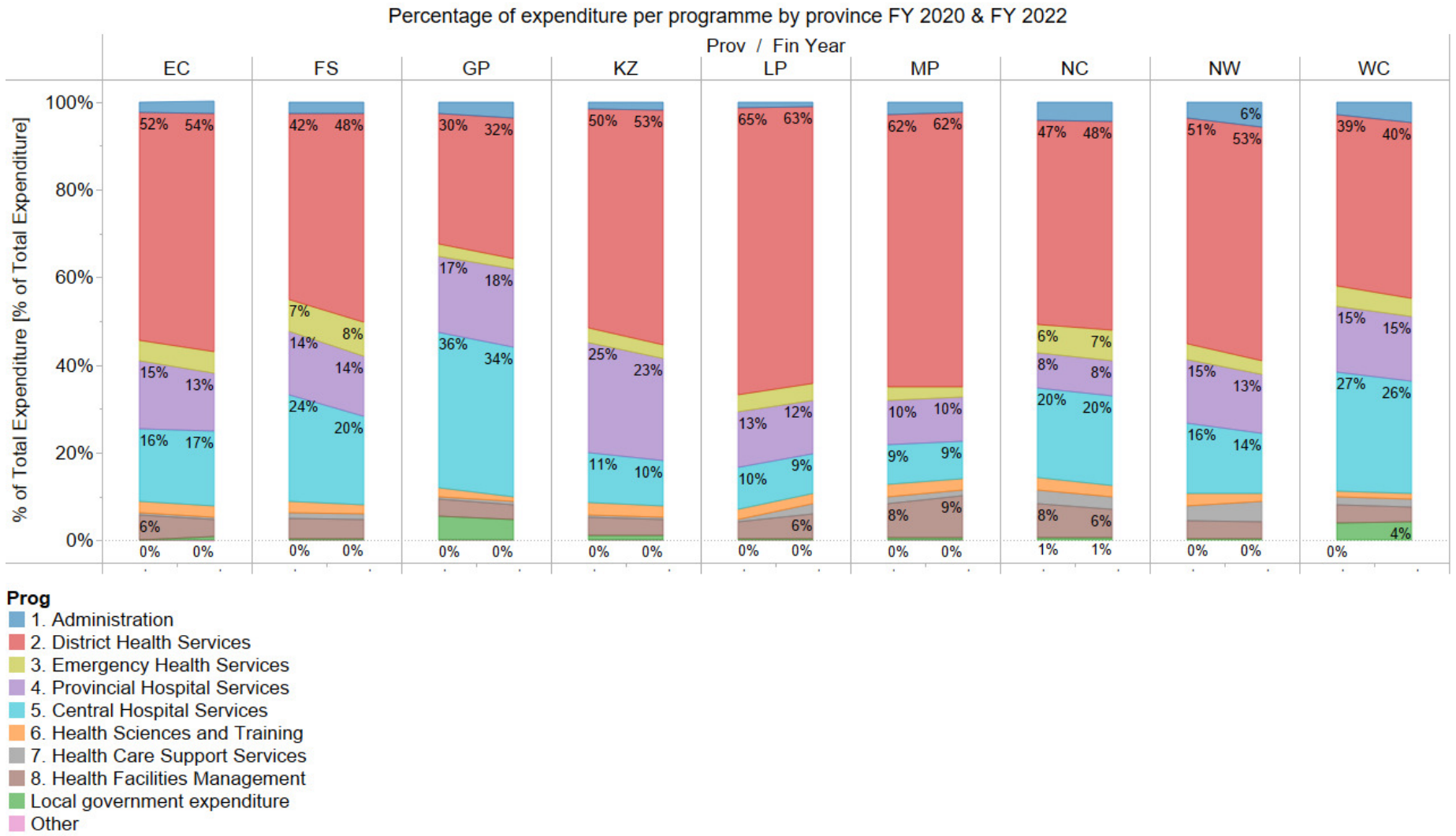
Source: National Treasury databases.[106]
Note: 'Other' includes any other expenditure not indicated as being allocated to any of the above budget programmes.

Table 22. Provincial and local government health expenditure per province by programme (Rand million), 2021/22

Rand million	Financial Year 2021/22									
Programme	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC
1. Administration	7596	770	324	2173	1040	285	421	260	907	1414
2. District Health Services	115084	15109	5834	19251	27363	14488	10347	2828	8216	11647
3. Emergency Health Services	8791	1354	960	1432	1597	904	422	407	475	1240
4. Provincial Hospital Services	39134	3740	1665	10697	11801	2771	1643	470	2076	4270
5. Central Hospital Services	47227	4698	2477	20332	5355	2108	1438	1212	2106	7501
6. Health Sciences and Training	4792	775	261	707	1362	499	409	153	282	344
7. Health Care Support Services	3073	113	157	389	169	569	240	175	714	546
8. Health Facilities Management	10433	1088	534	2068	1942	1285	1567	380	610	959
Local government expenditure	5158	245	47	2801	538	89	111	34	55	1238
Total	**241287**	**27891**	**12260**	**59850**	**51168**	**22999**	**16598**	**5921**	**15442**	**29160**

Source: National Treasury databases.[106]

Figure 41. Percentage of expenditure per programme by province, 2020/21 compared to 2021/22



Source: National Treasury databases.[106]

Table 23. Health financing indicators by province, 2019 - 2022

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
Claims ratio	2019	both sexes all ages med schemes	90,6										a
	2020	both sexes all ages med schemes	81,4										b
	2021	both sexes all ages med schemes	90,9										c
Expenditure per patient day equivalent (district hospitals)	2019/20	BAS real 2021/22 prices	3319	3324	3174	3807	3373	3491	3040	3352	3832	2805	d
	2020/21	BAS real 2021/22 prices	4017	4388	3492	4776	4145	3984	3592	4170	4324	3347	d
	2021/22	BAS real 2021/22 prices	3450	2730	3194	4250	3903	3725	3325	3756	3840	2884	d
Medical scheme beneficiaries	2019	both sexes med schemes	8990106	653755	390841	3598421	1265694	460369	550360	177151	476557	1333363	a
	2020	both sexes all ages med schemes	8895152	664509	396758	3436286	1290329	456321	555404	181845	472351	1387206	c
	2021	both sexes all ages med schemes	8938872	660064	400721	3496871	1274134	468362	556393	193501	469846	1384260	c
Medical scheme coverage	2019	both sexes all ages GHS	17,2	10,8	14,7	24,9	13,1	9,9	12,6	19,3	16,3	24,1	e
		both sexes all ages med schemes	15,1	7,0	4,0	40,0	14,0	5,0	6,0	2,0	6,0	15,0	a
	2020	both sexes all ages med schemes	14,8	7,0	4,0	39,0	15,0	5,0	6,0	2,0	5,0	16,0	b
	2021	both sexes all ages GHS	16,1	10,6	16,3	24,0	10,5	8,2	9,1	19,6	15,3	23,7	f
		med schemes	14,9	7,0	4,0	39,0	14,0	5,0	6,0	2,0	5,0	15,0	c
Medical scheme coverage (ave)	2018	both sexes all ages GHS model	15,4	9,8	13,5	24,6	11,2	7,2	12,5	15,1	11,9	20,1	g
Pensioner ratio	2019	both sexes med schemes	8,6										a
		female med schemes	9,5										a
		male med schemes	7,6										a

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
	2020	both sexes all ages med schemes	8,9										b
	2021	both sexes med schemes	9,0										b
		female med schemes	10,0										c
		male med schemes	7,8										c
Proportion of population with large household expenditures on health as a share of total household expenditure or income	2010-2018	both sexes WHO >10%	1,4										h
		both sexes WHO >25%	0,1										h
	2012-2020	both sexes WHO >10%	1,0										i
		both sexes WHO >25%	0,1										i
Provincial & LG District Health Services expenditure per capita (uninsured)	2019/20	BAS real 2021/22 prices	2 154	2 331	1 981	1 693	2 393	2 602	2 328	2 402	1 887	2 112	d
	2020/21	BAS real 2021/22 prices	2 228	2 530	2 278	1 773	2 462	2 542	2 252	2 366	1 986	2 206	d
	2021/22	BAS real 2021/22 prices	2 102	2 321	2 171	1 480	2 485	2 410	2 341	2 414	2 094	1 928	d
Provincial & LG PHC expenditure per capita (uninsured)	2019/20	BAS real 2021/22 prices	1 328	1 241	1 245	1 311	1 534	1 172	1 276	1 476	1 290	1 316	d
	2020/21	BAS real 2021/22 prices	1 407	1 361	1 585	1 372	1 668	1 193	1 252	1 466	1 223	1 410	d
	2021/22	BAS real 2021/22 prices	1 286	1 265	1 494	1 045	1 708	1 154	1 247	1 481	1 229	1 125	d
Provincial & LG PHC expenditure per PHC headcount	2019/20	BAS real 2021/22 prices	552	458	576	707	543	455	558	582	595	503	d
	2020/21	BAS real 2021/22 prices	745	637	824	953	742	540	700	721	701	821	d
	2021/22	BAS real 2021/22 prices	648	560	785	676	732	511	670	699	682	583	d
Total net official development assistance to medical research and	2018	both sexes WHO	2,6										h
	2019	WHO	1,9										j

Indicator	Period	Sex|Age|Series|Cat	SA	EC	FS	GP	KZ	LP	MP	NC	NW	WC	Ref
basic health sectors per capita (US$), by recipient country	2020	both sexes WHO	0,8										i

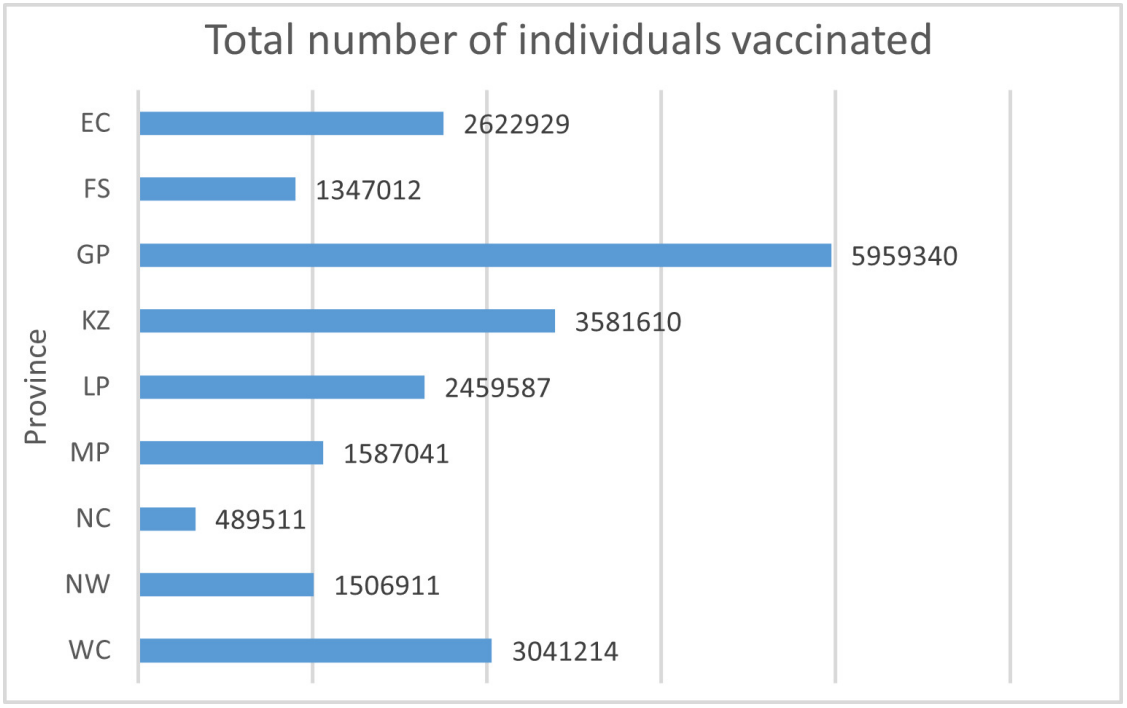
Reference notes

a Medical Schemes 2019-20.[77]
b Medical Schemes 2020-21.[17]
c Medical Schemes 2021-22.[19]
d National Treasury.[106]
e Stats SA GHS 2019.[16]
f Stats SA GHS 2021.[18]
g Insight Med Schemes 2019.[107]
h World Health Statistics 2020.[78]
i World Health Statistics 2022.[32]
j World Health Statistics 2021.[31]

Definitions

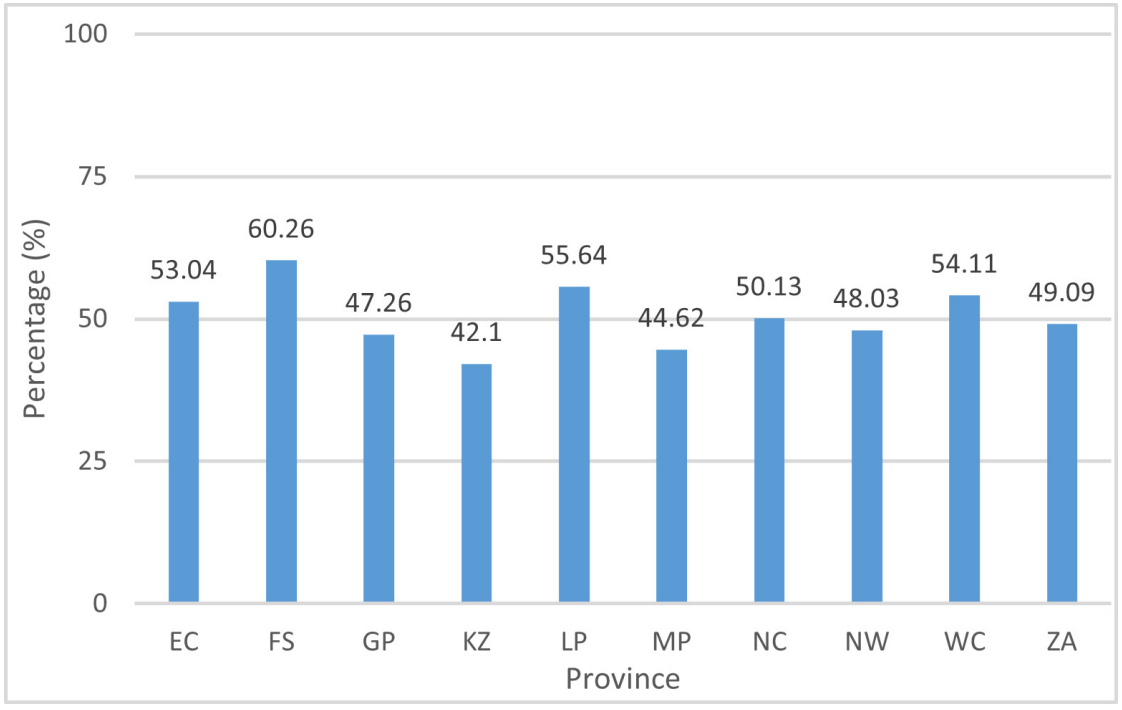
- Claims ratio [Percentage]: Proportion of member contributions that has been utilised for the payment of benefits claimed by members of medical schemes, as opposed to allocation of contributions for non-health benefits and the building of reserves.
- Expenditure per patient day equivalent (district hospitals) [Rand (real prices)]: Average cost per patient per day seen in a hospital (expressed as Rand per patient day equivalent).
- Medical scheme beneficiaries [Number]: Number of medical scheme beneficiaries, as reported by the Medical Schemes Council.
- Medical scheme coverage (ave) [Percentage]: Percentage of population who have medical scheme insurance.
- Medical scheme coverage [Percentage]: Proportion of population covered by medical schemes.
- Pensioner ratio [Percentage]: Proportion of members of medical schemes who are 65 years or older, in registered medical schemes.
- Proportion of population with large household expenditures on health as a share of total household expenditure or income [Percentage]: Proportion of population (%) with total household expenditures on health >10% and >25% of total household expenditure or income
- Provincial & LG District Health Services expenditure per capita (uninsured) [Rand (real prices)]: Provincial expenditure on District Health Services (all sub-programmes except 2.8 Coroner services) plus net local government expenditure on PHC per uninsured population.
- Provincial & LG PHC expenditure per capita (uninsured) [Rand (real prices)]: Provincial expenditure on sub-programmes of DHS (2.2 - 2.7) plus net local government expenditure on PHC per uninsured population.
- Provincial & LG PHC expenditure per PHC headcount [Rand (real prices)]: Provincial expenditure on sub-programmes of DHS (2.2 - 2.7) plus net local government expenditure on PHC divided by PHC headcount from webDHIS.

Figure 18. Total number of individuals vaccinated, by province, 20 February 2023



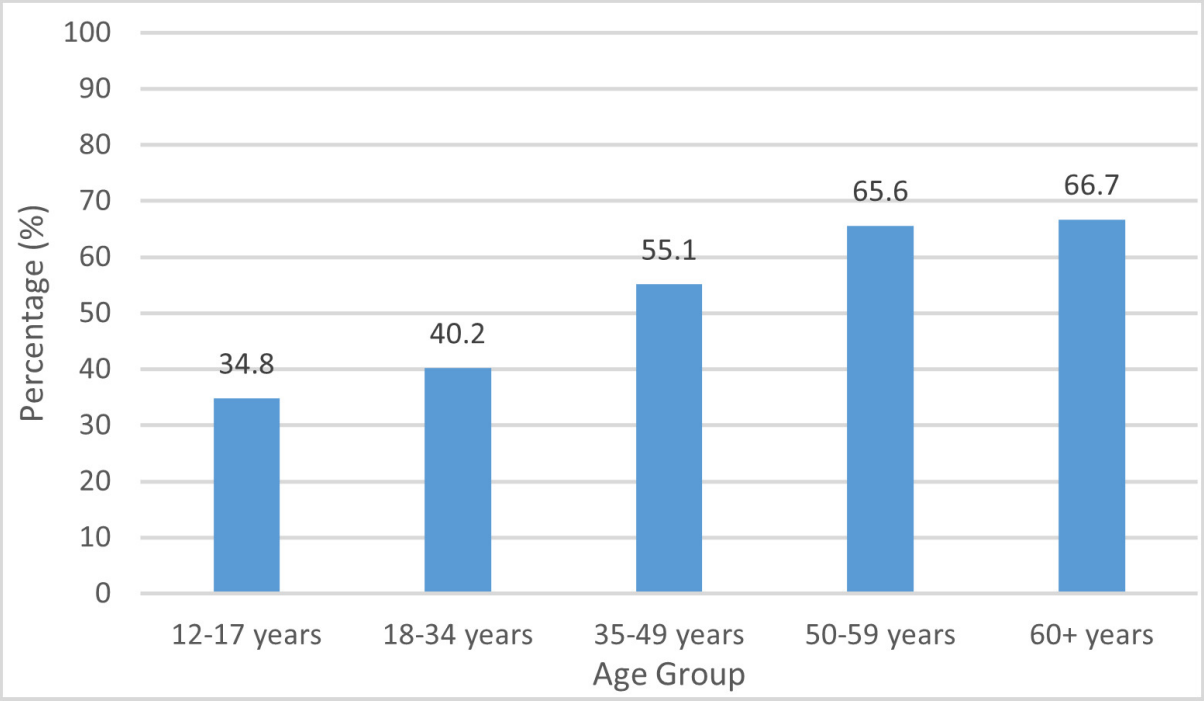
Source: https://sacoronavirus.co.za

Figure 19. Individuals vaccinated as % of the population, 20 February 2023



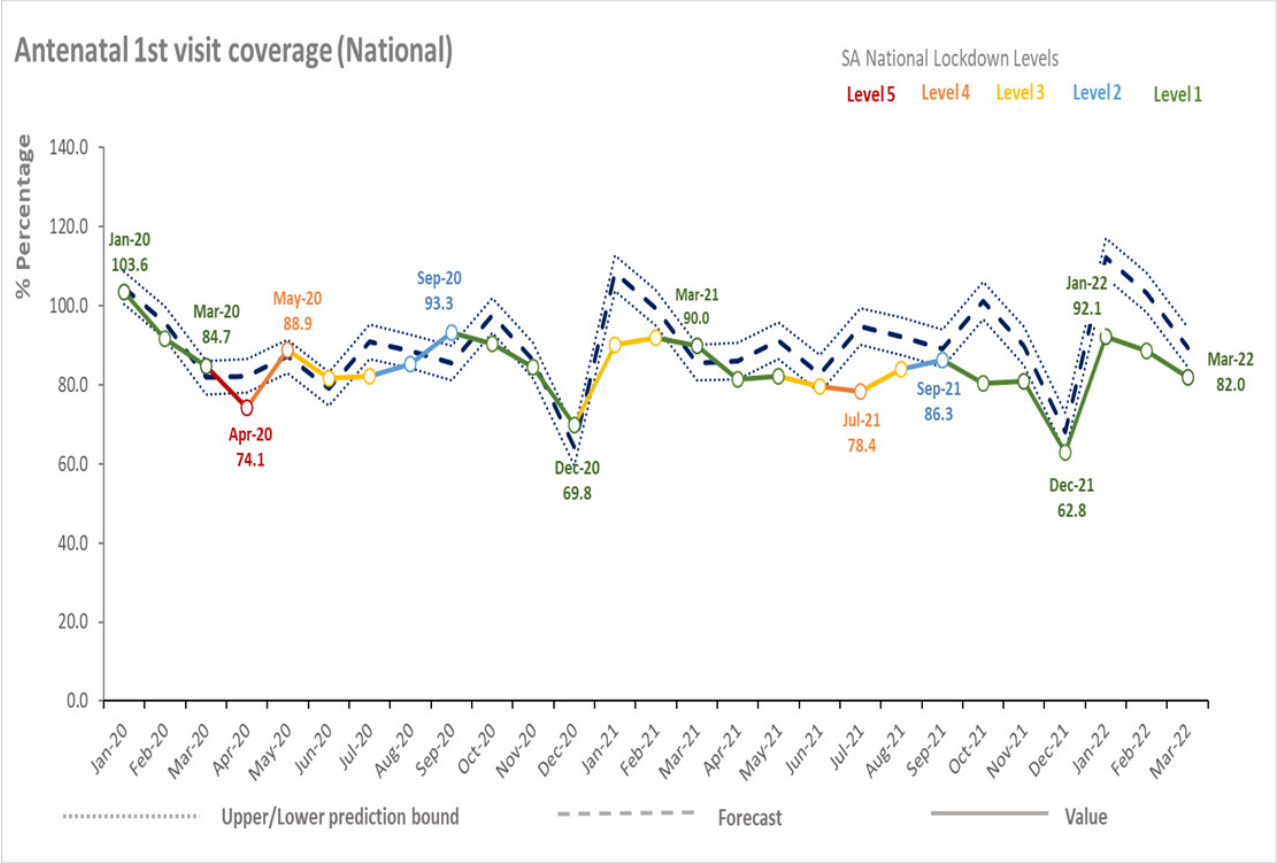
Source: https://sacoronavirus.co.za

Figure 20. Individuals vaccinated as % of the population by age group, 20 February 2023



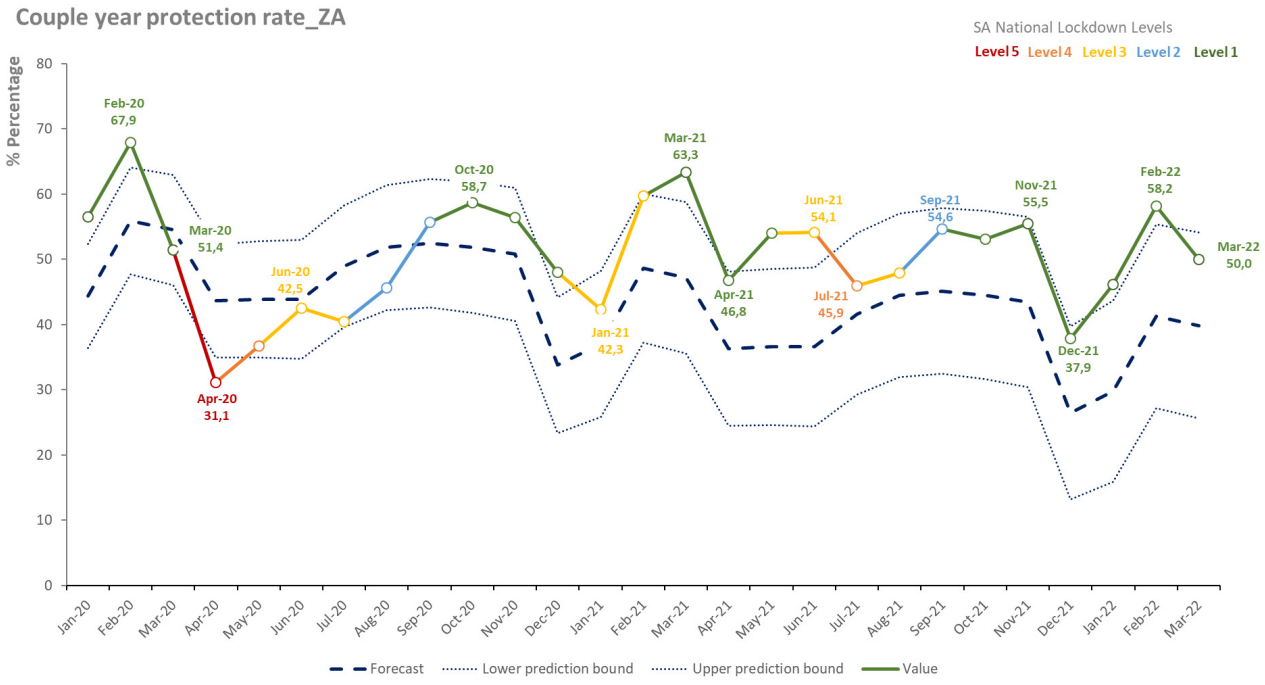
Source: https://sacoronavirus.co.za.

Figure 21. Antenatal 1st visit coverage (national), January 2020 - March 2022



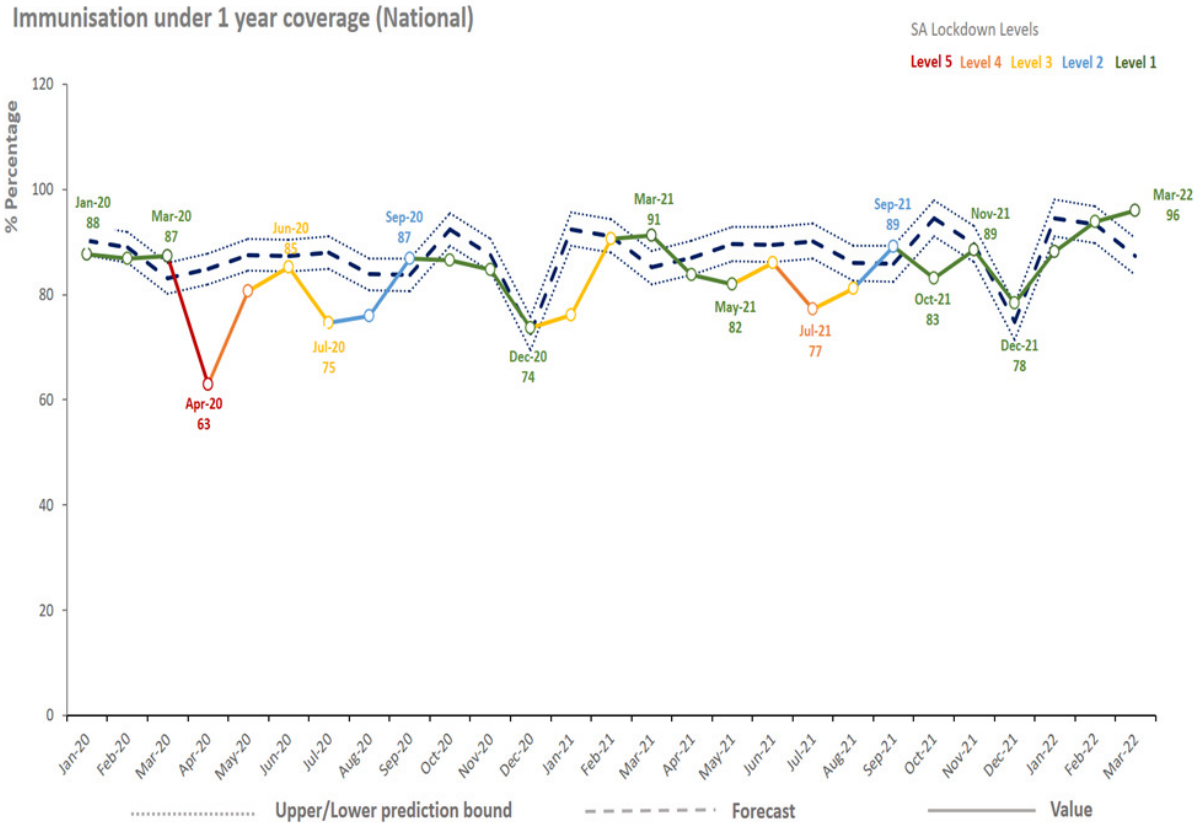
Source: webDHIS[10]

Figure 23. Couple year protection rate (national), January 2020 - March 2022



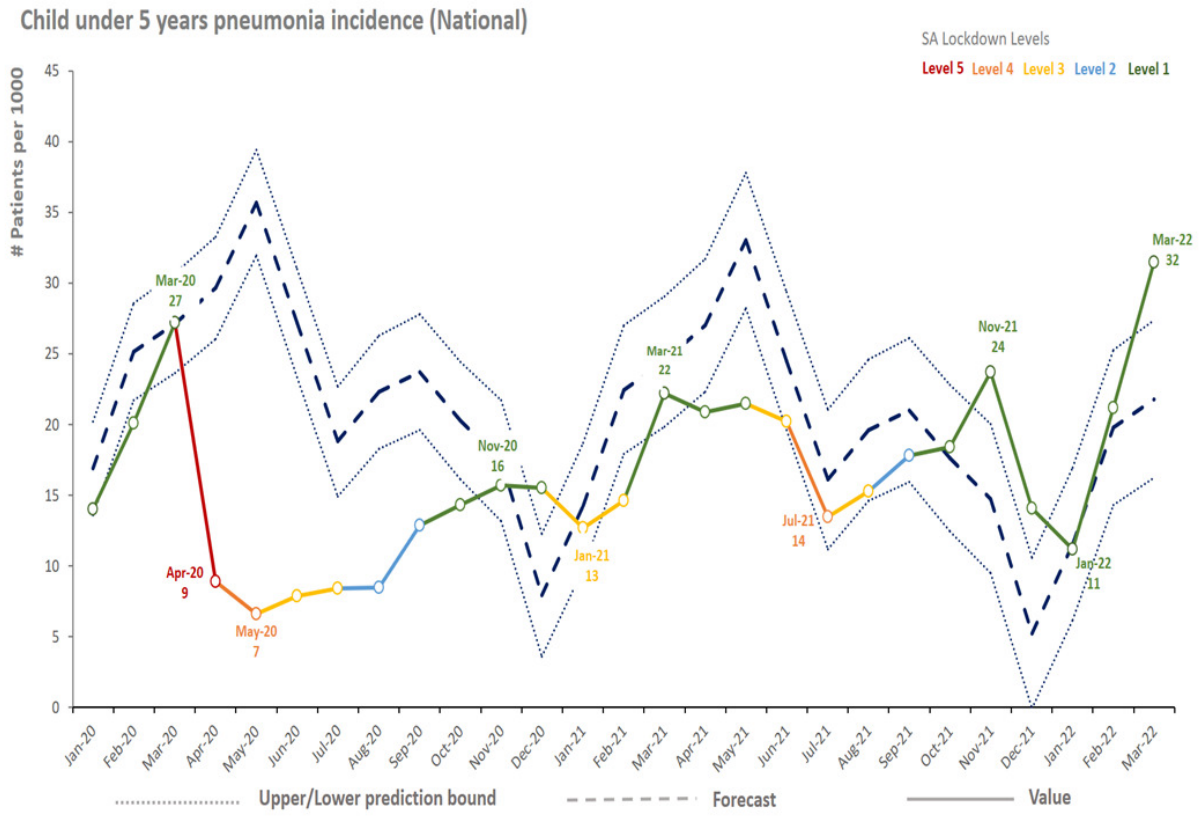
Source: webDHIS[10]

Figure 25. Immunisation under 1 year coverage (national), January 2020 - March 2023



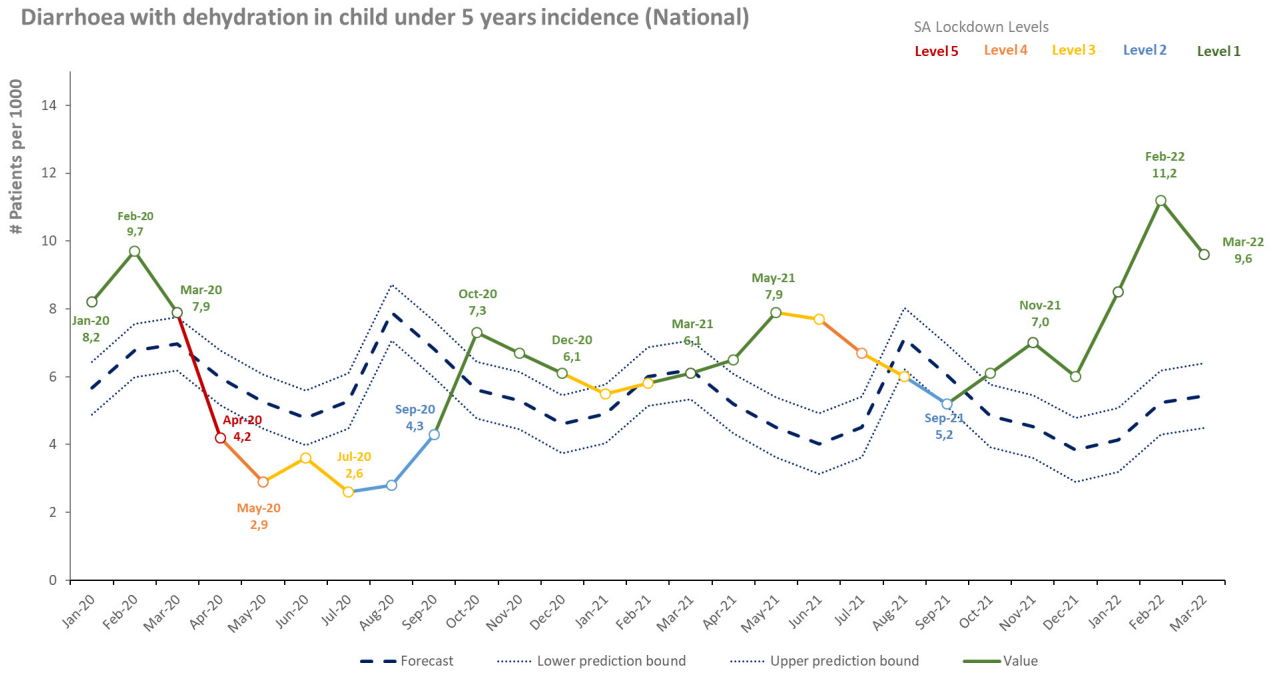
Source: webDHIS[10]

Figure 27. Child under 5 years pneumonia incidence (national), January 2020 - March 2022



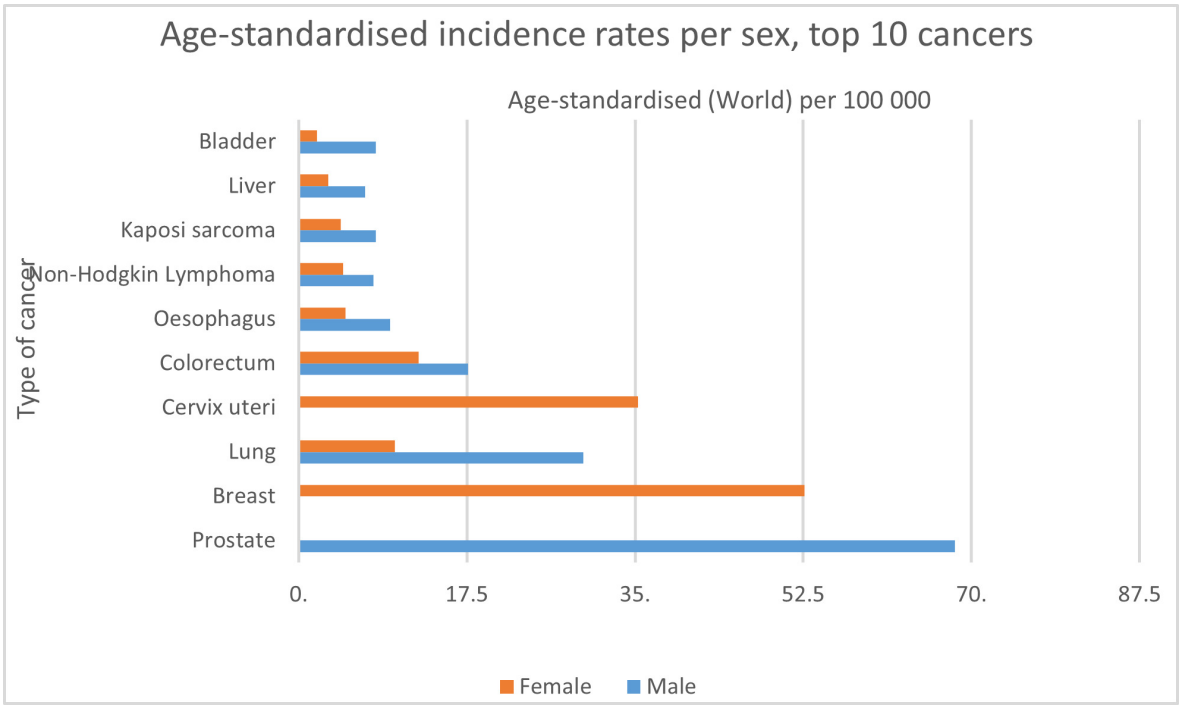
Source: webDHIS[10]

Figure 29. Diarrhoea with dehydration in child under 5 years incidence (national), January 2020 - March 2022



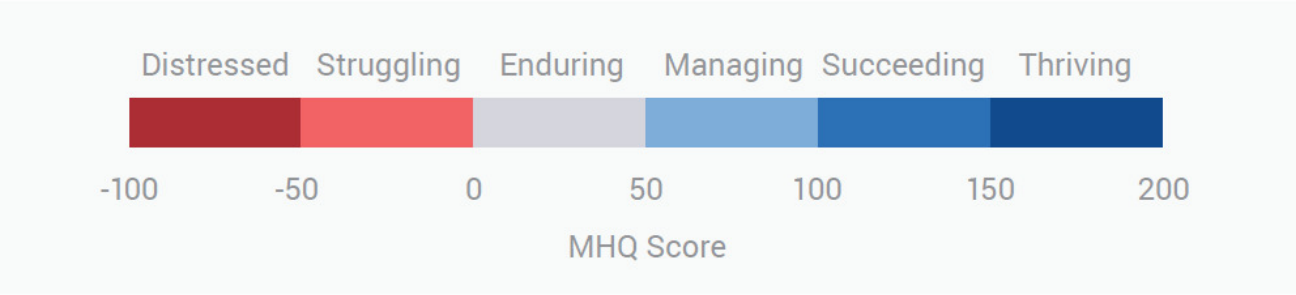
Source: webDHIS[10]

Figure 31. Age-standardised (world) incidence rates per sex for highest-incidence cancers in South Africa, 2020



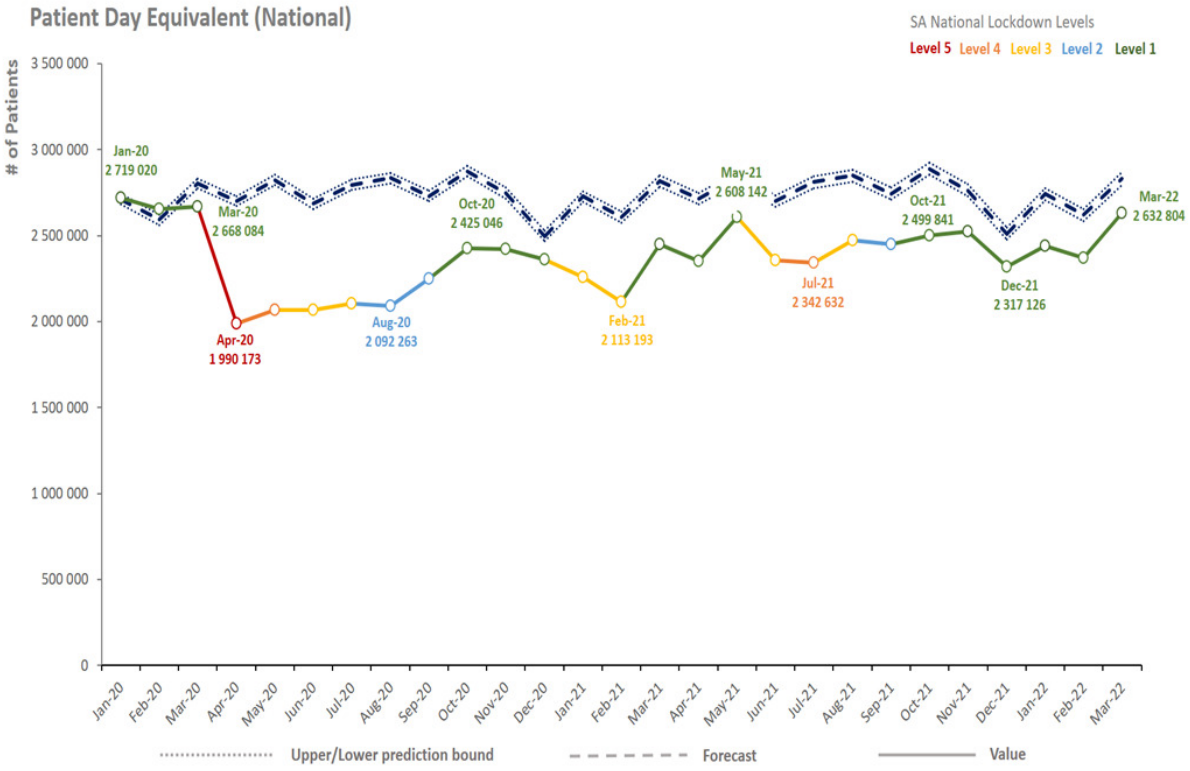
Source: Globocan, 2020.[81]

Figure 32. Mental Health Quotient assessment score range



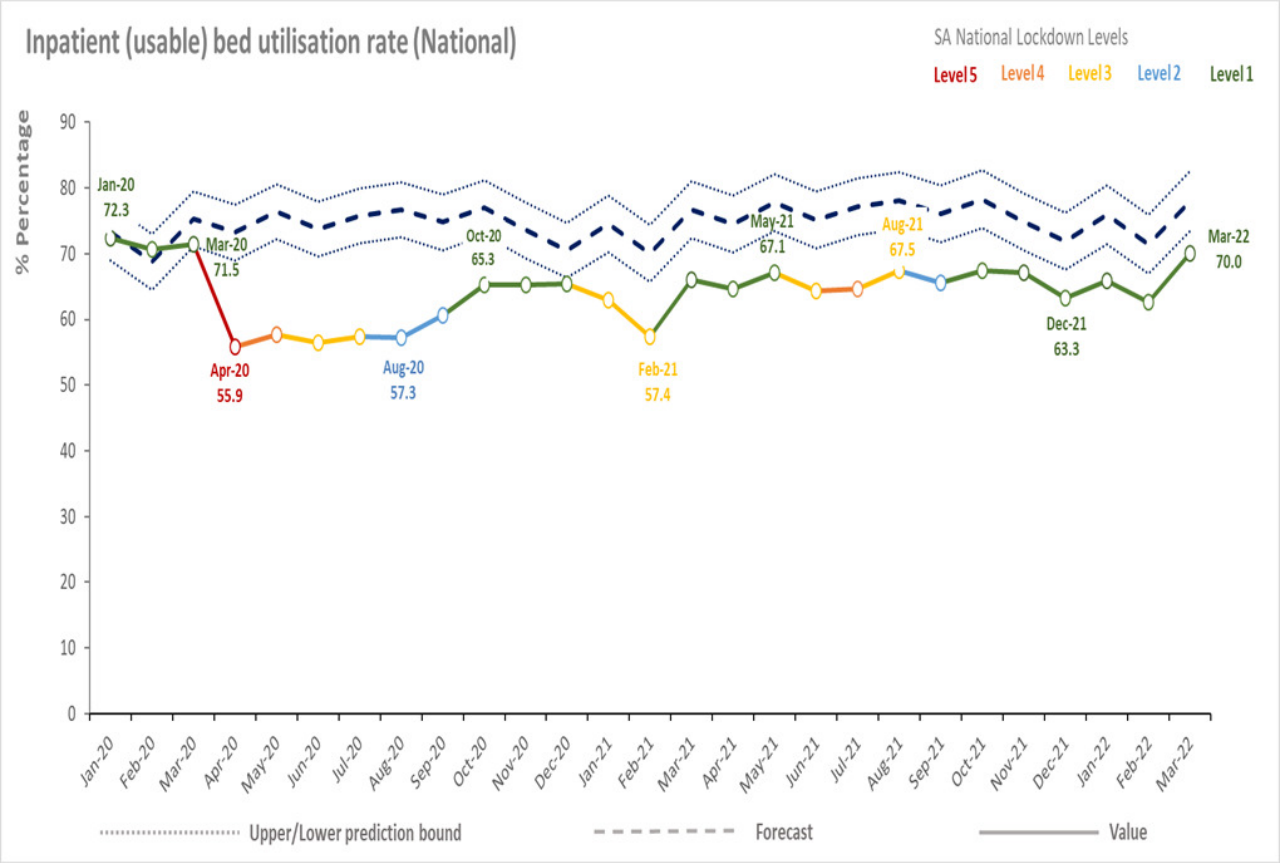
Source: Mental Health Million Project, 2022[93]

Figure 33. Patient-day equivalent (national), January 2020 – March 2022



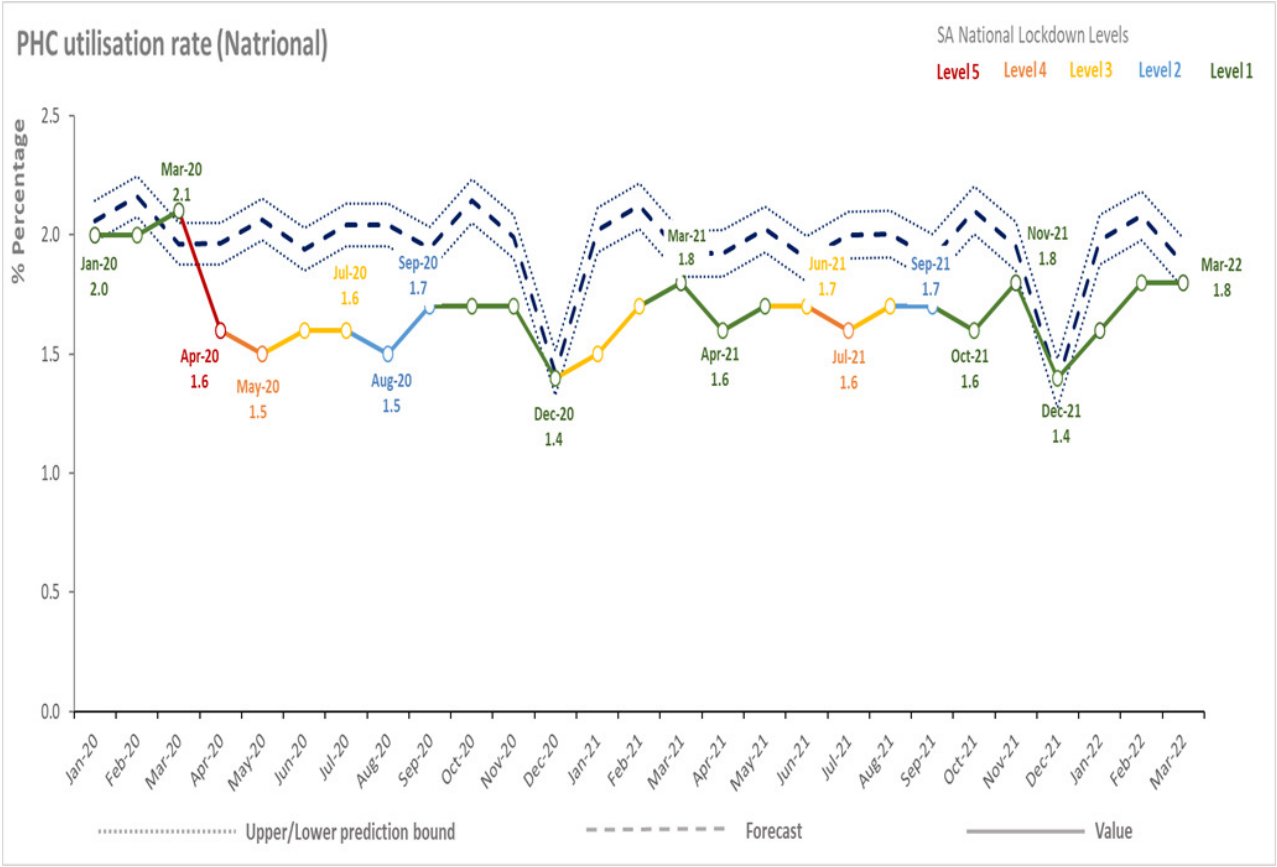
Source: webDHIS[10]

Figure 35. Inpatient bed utilisation rate (national), January 2020 – March 2022



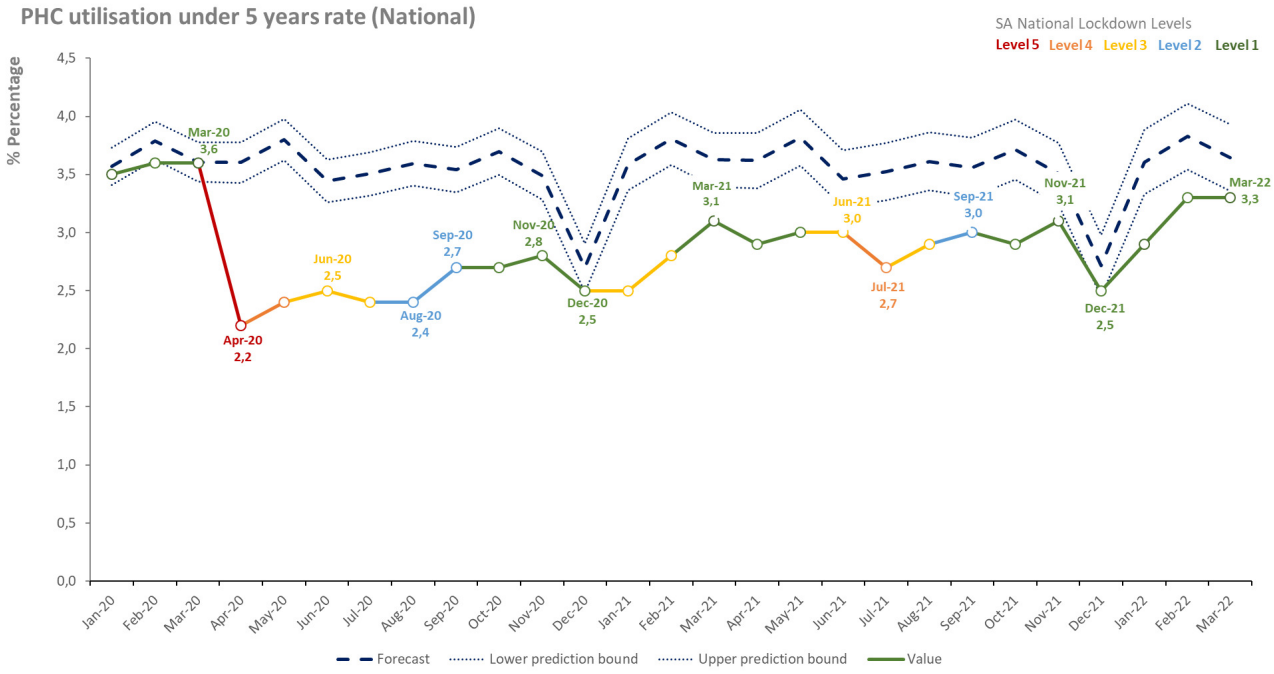
Source: webDHIS[10]

Figure 37. PHC utilisation rate (national), January 2020 – March 2022



Source: webDHIS[10]

Figure 39. PHC utilisation under 5 years rate (national), January 2020 – March 2022



Source: webDHIS[10]

Table 8. Number of excess natural deaths by province relative to revised predicted numbers, 2022

Region	Period	Excess deaths vs base	Excess deaths per 100 000 population	Age standardised excess deaths per 100 000
South Africa	3 May 20 - 10 Dec 22	339 146	570	570
Eastern Cape	31 May 20 - 10 Dec 22	59 139	899	724
Free State	21 Jun 20 - 10 Dec 22	19 502	670	670
Gauteng	7 Jun 20 - 10 Dec 22	66 564	427	469
KwaZulu-Natal	7 Jun 20 - 10 Dec 22	70 009	612	704
Limpopo	21 Jun 20 - 10 Dec 22	37 990	643	563
Mpumalanga	21 Jun 20 - 10 Dec 22	26 013	541	583
Northern Cape	28 Jun 20 - 10 Dec 22	10 338	883	826
North West	28 Jun 20 - 10 Dec 22	18 330	455	467
Western Cape	3 May 20 - 10 Dec 22	31 260	443	390

Source: SA MRC.[44]

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