stats sa

Department:
Statistics South Africa
REPUBLIC OF SOUTH AFRICA

Household expenditure on health in South Africa: Findings from the Income and Expenditure Survey, 2022/23

Embargoed until:
26 March 2026
10H00

This report is based on information collected by the Income and Expenditure Survey conducted between November 2022 and November 2023

Report number: 03-10-33

Statistics South Africa
Risenga Maluleke
Statistician-General

Dipalopalo tsa Aforikaborwa • Dipalopalo tsa Aforika Borwa • Ezazibalo zaseNingizimu Afrika • Tshitatistika Afrika Tshipembe • Tinhlayo Afrika-Dzonga
Statistieke Suid-Afrika • Dipalopalo tša Aforika Borwa • Telubalo zaseNingizimu Afrika • EzeeNkcukacha maNani zoMzantsi Afrika • Iimbalobalo zeSewula Afrika

IMPROVING LIVES THROUGH DATA ECOSYSTEMS

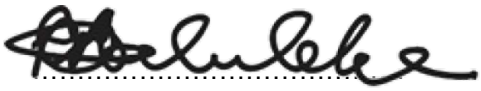
2030 NDP

Preface

The Health Statistics Directorate of Statistics South Africa produces thematic health reports as part of a regular series of reports published annually by Stats SA. The current thematic report focuses on household health expenditure collected through the Income and Expenditure Survey (IES) conducted between 2022 and 2023.

The report presents information on medical aid coverage and household contribution towards medical aid. It also covers the type of health services used by households and the of out-of-pocket expenditure on those health services.

Findings of this report provide insight into the health spending patterns in South Africa. The information will assist programme managers in the planning of health-related programmes and inform policy making in the health systems of South Africa.



Risenga Maluleke
Statistician-General

Contents

Preface 2
List of figures 5
List of abbreviations and acronyms 6
Concepts and Definitions 7
Executive summary 9
Chapter 1: Introduction and Background 10
1.1. Introduction 10
1.2. Background 12
1.3. Budget and Expenditure on Health in South Africa 14
1.4. Scope of the report 15
1.5. Limitations of the survey 16
Chapter 2: Data sources, analysis and objectives 17
2.1. Source of data 17
2.2. Data editing and analysis 17
2.3. Objectives of the report 18
Chapter 3: Medical aid coverage 19
3.1. Overall medical aid coverage 19
3.2. No medical aid coverage 20
3.2.1. No medical aid coverage by population group 20
3.2.2. No medical aid coverage by province 21
3.3. Population covered by medical aid coverage 22
3.3.1. Medical aid coverage by sex 22
3.3.2. Distribution of medical aid coverage by age group 23
3.3.3. Distribution of medical aid coverage within each age group 24
3.3.4. Distribution of medical aid coverage by age group and population group 25
3.3.5. Distribution of medical aid coverage by population group 26
3.3.6. Medical aid coverage by settlement type 27
3.3.7. Medical aid coverage by province 28
3.4. Household contribution to medical aid 29
3.4.1. Household contribution to medical aid by sex of household head 30
3.4.2. Annual average of household contribution by sex 30
3.4.3. Household contribution to medical aid by population group 31
3.4.4. Annual average contribution by population group 31
3.4.5. Household contribution to medical aid by settlement type 32
3.4.6. Annual average contribution by settlement type 32
3.4.7. Household contribution to medical aid by province 33
3.4.8. Annual average contribution by province 33

Chapter 4: Out of pocket household expenditure 34
4.1. Household expenses on health 34
4.1.1. Health expenditure by sex of head of household 35
4.1.2. Annual average household expenditure by sex of household head 35
4.1.3. Health expenditure by population group of household head 36
4.1.4. Annual average by population group of household head 36
4.1.5. Health expenditure by settlement type 37
4.1.6. Annual average household health expenditure by settlement type 37
4.1.7. Health expenditure by province 38
4.1.8. Annual average household health expenditure by province 39
4.2. Out-of-pocket expenditure by Quintiles 40
4.3. Out-of-pocket expenditure by poverty lines 40
4.4. Out of pocket expenditure among medical aid coverage 41
Chapter 5: Usual place of health care and expenditure on health services 42
5.1. Usual place of health care among people with medical aid 43
5.2. Main categories of health services 43
5.3. Major categories of health services by province 44
5.4. Household expenditure by types of health services 45
5.4.1. Outpatient care services 45
5.4.2. Outpatient dental services 45
5.4.3. Inpatient care services 46
5.4.4. Assistive products 46
5.4.5. Medicines, vaccines and other pharmaceutical preparations 47
5.4.6. Patient emergency transportation services and emergency rescue 47
5.4.7. Medical products 48
5.4.8. Other preventive care services 48
5.5. Types of health services by quintiles 49
5.6. Households' affordability of prescribed medication 50
Concluding remarks 51
Appendices 53
References 67

List of figures

Figure 3.1: Medical aid coverage in South Africa 19
Figure 3.2: No medical aid coverage population group 20
Figure 3.3: Percentage distribution of individuals not covered by medical aid by province 21
Figure 3.4: Medical aid coverage by sex 22
Figure 3.5: Percentage distribution of medical aid coverage by age group 23
Figure 3.6: Distribution of medical aid coverage within each age group 24
Table 3.1: Medical aid coverage in South Africa 25
Figure 3.7: Distribution of medical aid coverage by population group 26
Figure 3.8: Medical aid coverage by settlement type 27
Figure 3.9: Medical aid coverage by province 28
Figure 3.10: Household contribution towards medical aid by sex of household head 30
Figure 3.10a: Annual average household contribution towards medical aid by sex of household head 30
Figure 3.11: Household contribution to medical aid by population group of household head 31
Figure 3.11a: Annual average household expenditure towards medical aid by population group of household head 31
Figure 3.12: Household contribution to medical aid by settlement type 32
Figure 3.12a: Annual average household expenditure towards medical aid by settlement type 32
Figure 3.13: Household contribution towards medical aid by province 33
Figure 3.13a: Annual average household contribution towards medical aid by province 33
Figure 4.1: Total household health expenditure by sex of household head 35
Figure 4.1a: Annual average household health expenditure by sex of household head 35
Figure 4.2: Total household health expenditure by population group of household head 36
Figure 4.2a: Annual average household health expenditure by population group of household head 36
Figure 4.3: Total household health consumption expenditure by settlement type 37
Figure 4.3a: Annual average household health expenditure by settlement type 37
Figure 4.4: Total household health expenditure by province 38
Figure 4.4a: Annual average household health expenditure by province 39
Figure 4.5: Out of pocket among those covered and not covered by medical aid 41
Figure 5.1: Usual place of health care by sector 42
Figure 5.1a: Usual place of health care by types of health facilities 42
Figure 5.2: Usual place of health among those covered by medical aid 43
Figure 5.3: Major categories of types of health services 43
Figure 5.4: Major categories of health services by province 44
Figure 5.5: Types of health services by quintiles 49

List of abbreviations and acronyms

Abbreviation	Full name
CDC	Centre for Disease Control
CMS	Council for Medical Schemes
GDP	Gross Domestic Product
GGHE	General Government Expenditure on Health
ICS	Integrated Care Systems
IES	Income and Expenditure Survey
NDoH	National Department of Health
NDP	National Development Goals
NHA	National Health Accounts
NHI	National Health Insurance
NPC	National Planning Commission
OECD	Organisation for Economic Cooperation and Development
OOP	Out of Pocket
SAS	Statistical Analysis Software
SDG	Sustainable Development Goals
UN	United Nations
UNSD	United Nations Statistics Division
WHO	World Health Organisation

Concepts and Definitions

Ancillary services

Medical services or supplies that are not provided by acute care hospitals, doctors or health care professionals.

Budget expenditure

Expenditure of goods and services acquired, and privately used by household members, including imputed values for items produced and consumed by households.

Curative care

Treatment and therapy provided to improve or eliminate symptoms or cure a disease. Treatment that is meant to cure an illness or disease with the goal of a full recovery that includes an acceptable quality of life. Curative care comprises health care contacts during which the principal intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and /or complication of an illness and /or injury that could threaten life or normal function.

Gross domestic product

Total value of goods and services produced within the geographic boundaries of a country for a specified period.

Head of household

Person recognised as such by the household. Usually the main decision-maker or the person who owns or rents the dwelling, or the person who is the main breadwinner. The head can be either male and female.

Household

A group of people who live together at least four nights a week, eat together and share resources or a single person who lives alone.

Inpatient care

Health service provided in a health care facility (hospital, nursing home) and requiring an overnight (or more days) stay with medical supervision. With inpatient care, you will normally have to stay in hospital overnight to receive medical treatment. The length of time you remain in the medical facility will depend on your healthcare needs and can range from one night to a few weeks. Inpatient medical services are usually used to treat more serious health conditions and perform complex procedures, such as transplants or bypass surgery, where you're likely to require constant monitoring and care from medical staff, as well as the use of more medical equipment.

Lower bound poverty line

An austere monetary threshold below which individuals are choosing between sufficient food to reach the minimum daily energy requirement and essential non-food items (such as clothing, housing, transportation, etc) due to limited resources. Calculation includes the cost of basic food (that is the food poverty line) and the average non-food spending of households whose total expenditure is near the food poverty line.

Medical aid contribution

Money contributed by the household towards medical aid and/ or provident schemes. It also includes subscriptions and premiums in connection with health insurance/medical insurance and hospital plan.

National Health Account

Sources of funds, and financial schemes through which the funds flow. It also includes health care providers and the functions through which they deliver health care goods and services.

Non- poor household

Population or households living above a designated poverty line.

Outpatient care

Health service can be undertaken in facilities like primary care centres or healthcare clinics and emergency rooms of the hospitals. It typically involves services such as general or specialist consultations, checkups or small routine procedures. Outpatient care is also normally used to treat less serious or complex conditions than inpatient care.

Out-of-pocket (OOP) payments

Expenditures paid by a patient where neither public nor private insurance cover the full cost of the health goods or services. Households' out-of-pocket expenditure is regarded a financing scheme. Its distinguishing characteristics is that it is a direct payment for the services from the household primary income or savings. The payment is made by the user at the time of the use of service. Included are cost-sharing and informal payments (both in cash and kind).

Poor household

Population or households living below a designated poverty line.

Quintile

Is a statistical term for dividing a ranked dataset into five equal parts, with each part (or "quintile") representing 20% of the data, used to understand distribution, especially for things like income or population data, showing where different segments fall, from the lowest 20% (first quintile) to the highest 20% (fifth quintile).

Rehabilitative services

Medical and remedial services recommended by a physician or other Licensed Practitioner of the Healing Arts, within this scope of their practice under state law, for maximum reduction of physical or mental disability and restoration of a patient to his best possible functional level. Simply put, it encompasses most, if not all, of the treatment that is provided in any of the ICS services.

Executive summary

Information on households' health expenditure collected by the Income and Expenditure Survey highlights the following key findings:

Households in South Africa spent a total amount of R103,5 billion towards medical aid during the survey period. Only 14,1% of the population in South Africa was covered by medical aid, while 84% were not covered. The age group 20-24 years were the least covered by medical aid. Coverage by population group show that the black African population group aged 0-54 years recorded a higher medical aid coverage which decreases at older age groups (75-79 years). The white population group had the highest medical aid coverage among those aged 60+. Provincial distribution show that a higher medical aid coverage was recorded in Western Cape (23,8%), Gauteng (19,6%), Northern Cape (14,3%) and Free State (14,0%) while Limpopo (7,3%) and Mpumalanga (8,4%) were the least covered by medical aid.

Information on household contribution towards medical aid showed that even though male headed households were less covered by medical aid, they contributed twice as much as female headed households (R71,8 billion vs R31,7 billion). On average, male headed households contributed R27 662 compared to the contribution from female headed households (R20 875). The white population group contributed more to medical aid than other groups (R48,1 billion), followed by households from the black African population group (R40,4 billion). Even though black African households had second highest contribution towards medical than other population groups, their average contribution was the lowest than other population groups (R18 561).

Although households in urban settlements contributed more to medical aid than other settlements, their annual average towards medical aid was lower than households in farm settlement. Provincially, Gauteng recorded a higher contribution to medical aid (R36,1 billion) while Northern Cape contributed less than other provinces (R1,8 billion).

Households in South Africa spent an out-of-pocket amount of R31,5 billion on health, with an average of R1 481 per household (equivalent to 1% of the total household expenditure). The most used health services were in the categories of medicines and health products and on outpatient care services. Households in South Africa spent R11,2 billion on medicines (R5,0 billion with prescription and R4,5 billion without prescription). Am amount of R3,5 billion was also spent on assistive products for seeing and on outpatient curative and rehabilitative services (R3,2 billion).

Chapter 1: Introduction and Background

1.1. Introduction

Household expenditure on health is the total amount of money spent on health-related activities (including public and private spending on healthcare services, prevention, promotion, and administration). It includes all medical care services, rehabilitation, community health, with the primary objective of improving health (WHO, 2015).

Health is defined as "a state of complete physical, mental, and positive social well-being in all aspects of a person's life and not just the absence of diseases (WHO,1948). Health expenditure refers to all expenditure incurred towards the provision of health services, family planning activities, nutrition activities and emergency aid designated for health, but it excludes the provision of drinking water and sanitation specifically related to health (WHO, 2006).

Health financing is a crucial component of the health systems, captured through the National Health Accounts (NHA), which provides a large set of indicators based on information about expenditure collected within internationally recognized framework (World Health Organisation, 2020). In South Africa, estimates of the National Health Accounts (NHA) reflect retrospective expenditure incurred in the consumption of healthcare goods and services. This includes public and private health, households and donor spending (National Department of Health, 2021). The NHA reflects a synthesis of financing and spending flows recorded in a health system's operation, from sources of funds and agents to the distribution of funds between service providers and functions of the health system.

The OECD, (2024) considers health spending as the final consumption of health care goods and services including personal health care (such as curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (such as prevention and public health services as well as health administration).

Since 2000, advancements were observed on both pillars of universal health coverage, expanding health service coverage and reducing financial hardships (WHO, 2025). Financial hardship is viewed as the difficulties households experience when expensive healthcare payments force reduction in spending on necessities like food, housing, or education (UNSD, 2025). Financial hardships induced by out-of-pocket (OOP) health spending also deters efforts to eradicate poverty and reduce inequalities between and within countries (UNSD, 2025).

Studies on levels of out-of-pocket expenditure (OOP) note the key issue with the OOP concept is the level at which household expenditure on health is regarded as catastrophic. Catastrophic health expenditure (CHE) is when OOP medical expenses are high reaching 10-40% of a household's non-subsistence income, leading the households to sacrifice basic needs, exhausting selling assets, savings, and or even forcing the family into poverty (Burger R & Christian C; 2018). This is the level at which OOP health expenditure negatively impacts expenditure patterns and budget (Babiker et al, 2018). In more severe cases households may be forced sell assets to finance health costs (Xu et al, 2003a).

In South Africa, it is driven by high out-of-pocket payments for chronic diseases (TB, HIV, and diabetes) and transportation (to access health care facilities) (Hongoro et al, 2025).

1.2. Background

Globally, hospital care spending (37,2%) made up the largest share of personal health care expenditure, followed by spending on physician and clinical services (24,1%), prescription drugs (11,5%), nursing care facilities and continuing care retirement communities (5,4%), dental services (4,5%), and home health care (3,5%) in 2019 (CDC, 2024). All other types of expenditures, such as other health, residential, and personal care; durable medical equipment; and other nondurable medical products, contributed 13,8% of personal health care spending (CDC, 2024).

Total expenditure is an indicator is defined as the level of total expenditure on health expressed as a percentage of GDP, where GDP is the value of all final goods and services produced within a population each year (World Health Organisation, 2025). Clark, (2025) contends that government expenditure in Sub-Saharan Africa was around 21.4% as a percentage of GDP in 2023, with inefficiencies in public spending impacting sectors like education, infrastructure, and health, leading to losses and reduced life expectancy. South Africa's Gross Domestic Product (GDP) at market prices in 2023 was estimated at R6.97 trillion, representing an increase of R342 billion from 2022. Expenditure for prescription drugs, nursing care facilities and continuing care retirement communities, and dental services was lower in 2019 compared to 2009, while the percentage share for hospital care, physician and clinical services, and home health care was higher in 2019 than in 2009 (CDC, 2024).

In 2015, South Africa along with other UN members adopted the United Nations Sustainable Development Goals (SDG) (WHO, 2023). The aim of SDG 3's is to: "Ensure healthy lives and promote well-being for all at all ages". Important indicators here are life expectancy as well as child and maternal mortality.

The target appropriate for SDG 3 is Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. The indicator relevant for this report is indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income (https://unstats.un.org/sdgs/indicators/indicators-list/). It aims to encourage countries to achieve universal health coverage and consistently reduce the out-of-pocket expenditure interpreted as catastrophic health expenditure.

Four of the nine long-term health goals in the National Development Plan (NDP): Vision 2030 deal with aspects of strengthening health services, while the other five relate to improving the health and well-being of the South African population.

The South African government though the National Department of Health (NDoH) made a commitment to produce the NHA every 2 years as mandated by the National Health Act (2003) which requires a framework for a structured health system (National Department of Health, 2021). It aims to improve the population health by preventing illness and diseases and promote healthy lifestyle by consistently improving the health care delivery system (National Department of Health, 2021).

Public health systems in South Africa face severe strain from a quadruple disease burden and increasing demand, leading to long waits and reliance on private spending. Economic inequality occurs when high costs hinder access to essential care, even where public spending has become more "pro-poor," a "vicious cycle" persists (de Villiers K, 2021). Government pays for the health facilities that assist the poor and it also provide tax subsidies for medical scheme contributions used by the wealthier families, who use private doctors and hospitals. This has the effect of locking out the poor who cannot afford many health professionals and facilities in the private sector (www.hst.org.za).

1.3. Budget and Expenditure on Health in South Africa

Public health sector

South Africa's healthcare system runs with a dual-budget structure: the public sector (serving about 84% of the population) with 49-50% of the budget, while the private sector, serving about 16% population with 50% of the budget (National Treasury, 2025). Total health expenditure in 2022 was R542 billion, with the 2024/25 public health budget already facing austerity measures. It had an estimated R272 billion budgets for 2024/25, increasing to R329 billion by 2027/28. While overall health spending is about 8%–9% of GDP (National Treasury, 2025).

General public services were the most expensive health care service, accounting for R565.2 billion of government spending in 2021/2022. Over the medium term, total consolidated spending is expected to increase nominally, from R2.4 trillion in 2024/25 to R2.6 trillion in 2026/27.

Government spending is heavily focused on provincial transfers, with an estimated R192.3 billion budgeted for the health department over the 2023-2026 MTEF period. Over 90% of the national health budget (approx. R173.9 billion) is transferred to provincial departments through conditional grants for HIV/AIDS, facility maintenance, and hospital services. Public hospitals remain heavily subsidized, ranging from R200–R500 per night for residents. The 2025/26 budget prioritizes personnel (R28.9 billion for 9,300 healthcare workers) and NHI advancement (R9.9 billion). District health services received roughly half the budget, focusing heavily on HIV/AIDS (R75.6 billion over the medium term) [www.gcis.gov.za>files>docs>yearbook)].

Private health sector

South Africa spends a higher share of its total health expenditures on private voluntary health insurance (41,8%) than any country globally of an average of 6,3%, serving 16% of the population. This is equivalent to 3,7% of South Africa's GDP (OECD and WHO, 2020). It spent R2,2 trillion in the 2021/2022 fiscal year, which was an increase from R2.1 billion in 2020/2021.

The private health sector in South Africa is primarily funded by private medical schemes and out-of-pocket payments. Even though it serves a small percentage of the population, it consumes over 50% of the total health expenditure, with daily hospital rates ranging from R3,000–R10,000 per night, excluding specialists and medicine. The inequality is seen as about 50% of the private sector caters only 16% of the population holding private insurance. The proposed National Health Insurance (NHI) aims to centralize funding and bridge the gap between private and public care but faces funding constraints (https://www.health.gov.za/nhi).

1.4. Scope of the report

The focal point of the report is on medical aid coverage, medical aid contribution towards medical aid by household (contribution by the employer is excluded) and expenditure on health. Information on medical aid coverage was collected at the individual (person) level. In contrast, information on medical aid contribution and expenditure on health was collected at the household level for the twelve months preceding the survey period. This means that all household members reported the total amount of health-related expenses incurred by the household during the twelve months prior to the survey period.

The outline of the report will cover the following chapters:

Chapter Number and Name	Contents
Chapter 1: Introduction, background, budget & expenditure and limitations	Outlines the introduction, background, concepts and definitions; the scope of the report and limitations of the survey.
Chapter 2: Source of data, analysis and objectives of the report	Describes the source of data used, data editing and analysis; and the objectives of the report
Chapter 3: Medical aid	Presents medical aid coverage and household contribution towards medical aid and no medical aid
Chapter 4: Out-of-pocket health expenditure	Entails overall out of pocket household health expenditure
Chapter 5: Types of health Services	Highlights the usual place of health care and the types of health services used

1.5. Limitations of the survey

The Income and Expenditure Survey (IES) collected information on all household income and expenditure, with health expenditure forming part of the overall expenditure reported by households. However, some variables are collected as grouped categories rather than as individual items or units. For example, masks are recorded under the broader category of prevention and protective devices. Consequently, the analysis cannot be disaggregated to the specific item or unit level for certain variables.

In addition, the question on medical aid coverage is limited to determining whether each individual household member is covered by medical aid. The survey does not collect information on which household member is responsible for paying medical aid contributions on behalf of other members. As a result, it is not possible to analyse the financial responsibility for medical aid payments within households.

Chapter 2: Data sources, analysis and objectives

The chapter presents information on the data source, data editing and analysis, and objectives of this thematic health report.

2.1. Source of data

Data used in this report is based on responses from households for expenditure on health incurred between 7th November 2022 to 26th November 2023. The IES is a household-based survey that collects information all acquisitions, consumption, spending and income earned by household members living in South Africa. The survey methodology is expanded in report no. 03-10-30 www.statssa.gov.za

Three main data collection approaches were used: namely, the acquisition, payment and consumption approaches. The acquisition approach included the total value of goods and services acquired, and the payment approach considered the total payment made for all goods and services, used when data was collected on expenditure of services such as health goods and services.

Questions used to compile information in this report were extracted from Module 4, Section 25 of the IES questionnaire. An extract of the medical aid and health expenditure questions is attached **(Appendix M).**

2.2. Data editing and analysis

The monetary values presented in this report are estimates for the survey year period 2022/23 and should be interpreted accordingly.

The survey used electronic survey instrument to collect data with built-in edit checks for each question during the development of the questionnaire. The checks were developed and tested before the start of data collection for the purpose of identifying logical, consistency and out-of-range errors.

The editing done after data collection was minimal but Statistical Analysis Software (SAS) was still used to develop data edit programmes to verify the collected data by focusing on identifying missing, inconsistencies and out-of-range records.

The report contains descriptive statistical analysis disaggregated by sex, population group, settlement type and province. The following descriptive statistical tools were used:

- Frequencies
- Percentages
- Means/averages
- Tables
- Charts

Medical aid coverage is analysed at an individual (person level) while medical aid contribution and expenditure on health are analysed at a household level. Disaggregation at household level is done using the characteristics or demographic information of the household head.

2.3. Objectives of the report

The focal point of the report is on medical aid coverage, medical aid contribution towards medical aid by household (contribution by the employer is excluded) and expenditure on health services based on the following objectives:

- Highlights medical aid coverage in the country
- Outlines households' contribution towards medical aid
- Presents out of pocket household health expenditure
- Describes the usual place of health care and types of services acquired by households

Chapter 3: Medical aid coverage

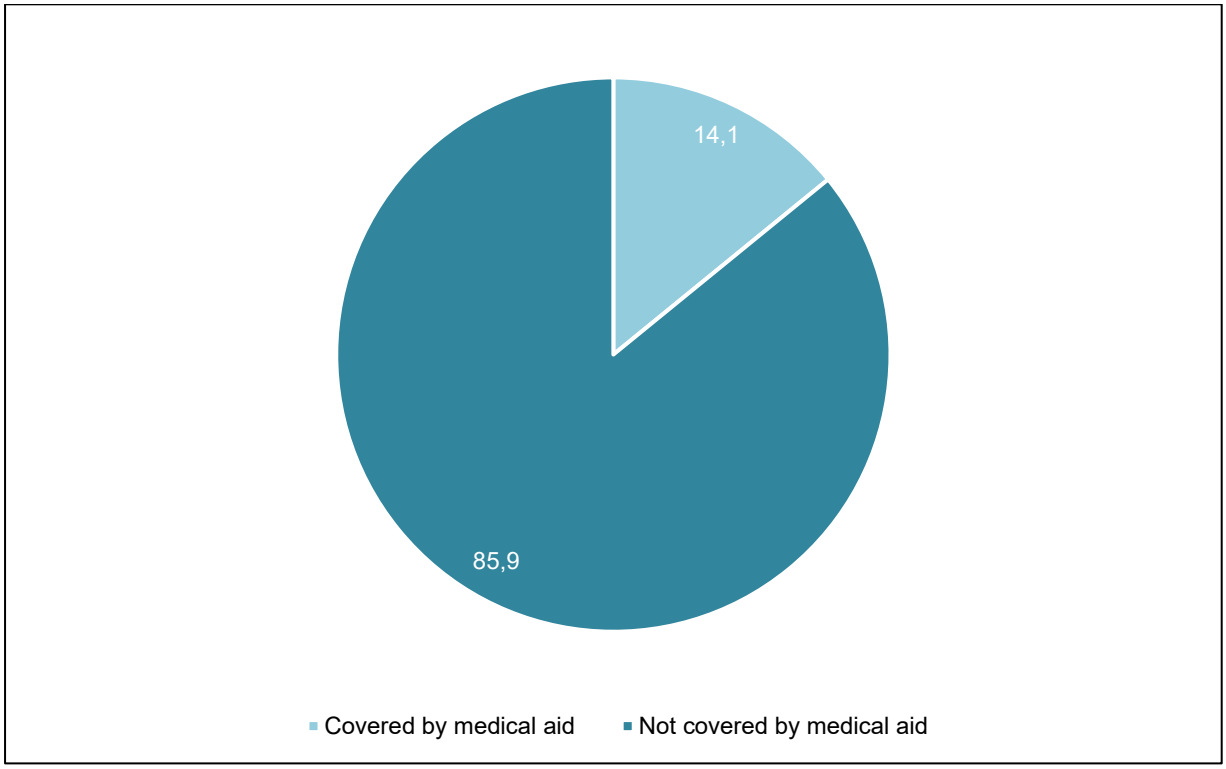
This chapter presents information on medical aid coverage and includes analysis of population covered and those without medical aid coverage. It also provides analysis on household contribution towards medical aid, analysed by age group, sex, population group, settlement type and province.

South Africa has several medical aid schemes, medical benefit schemes and provident schemes, governed by the Council for Medical Schemes (CMS). The CMS is a statutory body established by the Medical Schemes Act, 1988 (Act No. 131 of 1998) to provide regulatory supervision of private health financing through medical schemes. According to the Act, it is mandatory for all medical schemes to be registered with the Council (CMS, 2012).

3.1. Overall medical aid coverage

This section presents information on medical aid coverage collected at an individual (person) level. Figure 3.1 indicates that only 14,1% of the population in South Africa are covered by medical aid. Majority of the population (85,9%) are not covered by medical aid.

Figure 3.1: Medical aid coverage in South Africa



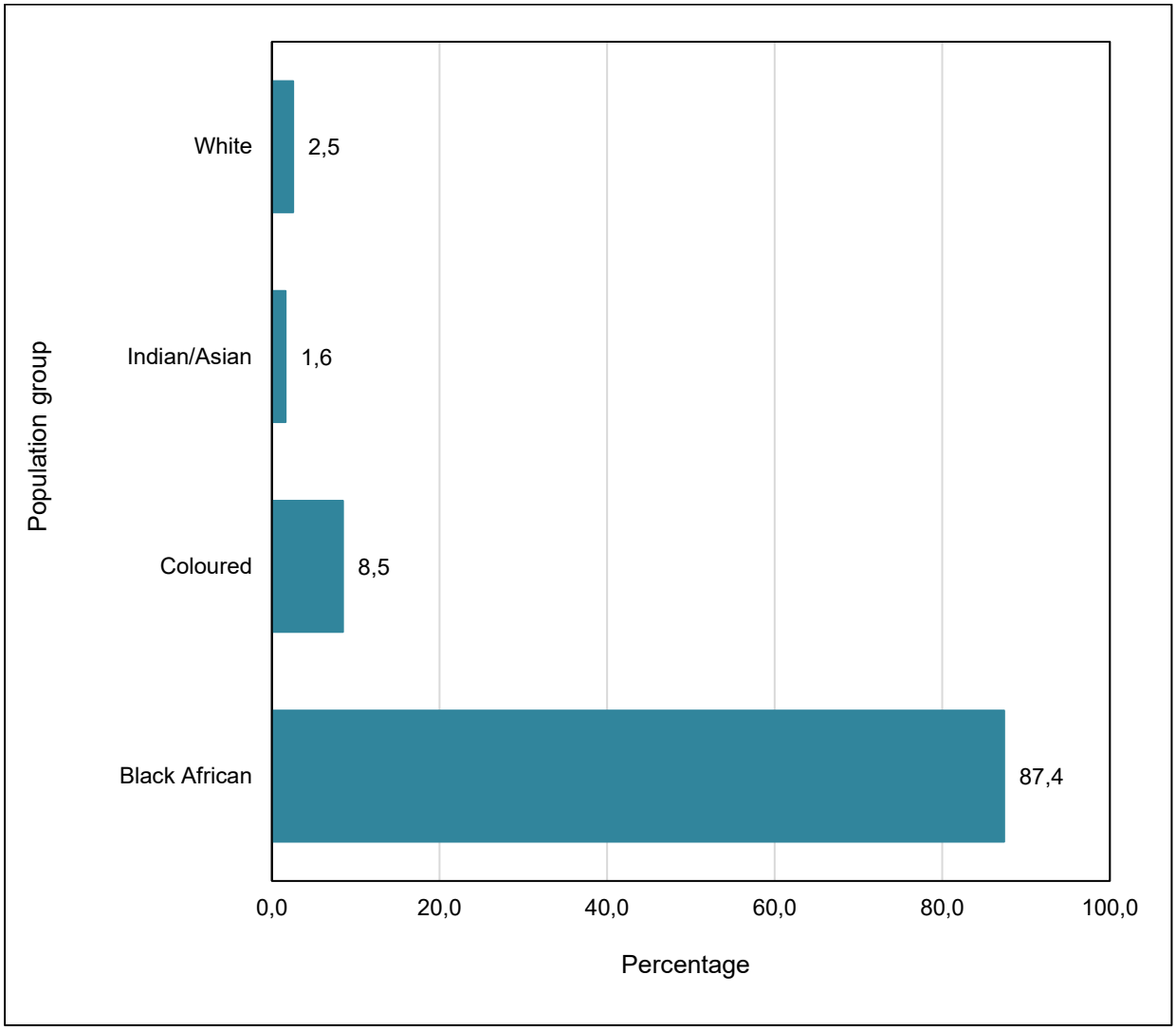
3.2. Population not covered by medical aid

In Section 3.1 it was shown that 85,9% of the population does not have medical aid coverage. This section presents information of the population the not covered by medical aid, looking at population group and province.

3.2.1. No medical aid coverage by population group

This section presents information on individuals who are not covered by medical aid by population group. Results in Figure 3.2 show that 87,4% of individuals from the black African population group did not have medical aids, followed by 8,5% from the Coloured population group. Individuals from the White and the Indian/Asian population groups were mostly covered by medical aid as shown by low figures of no medical aid coverage (2,5% and 1,6%, respectively).

Figure 3.2: No medical aid coverage population group

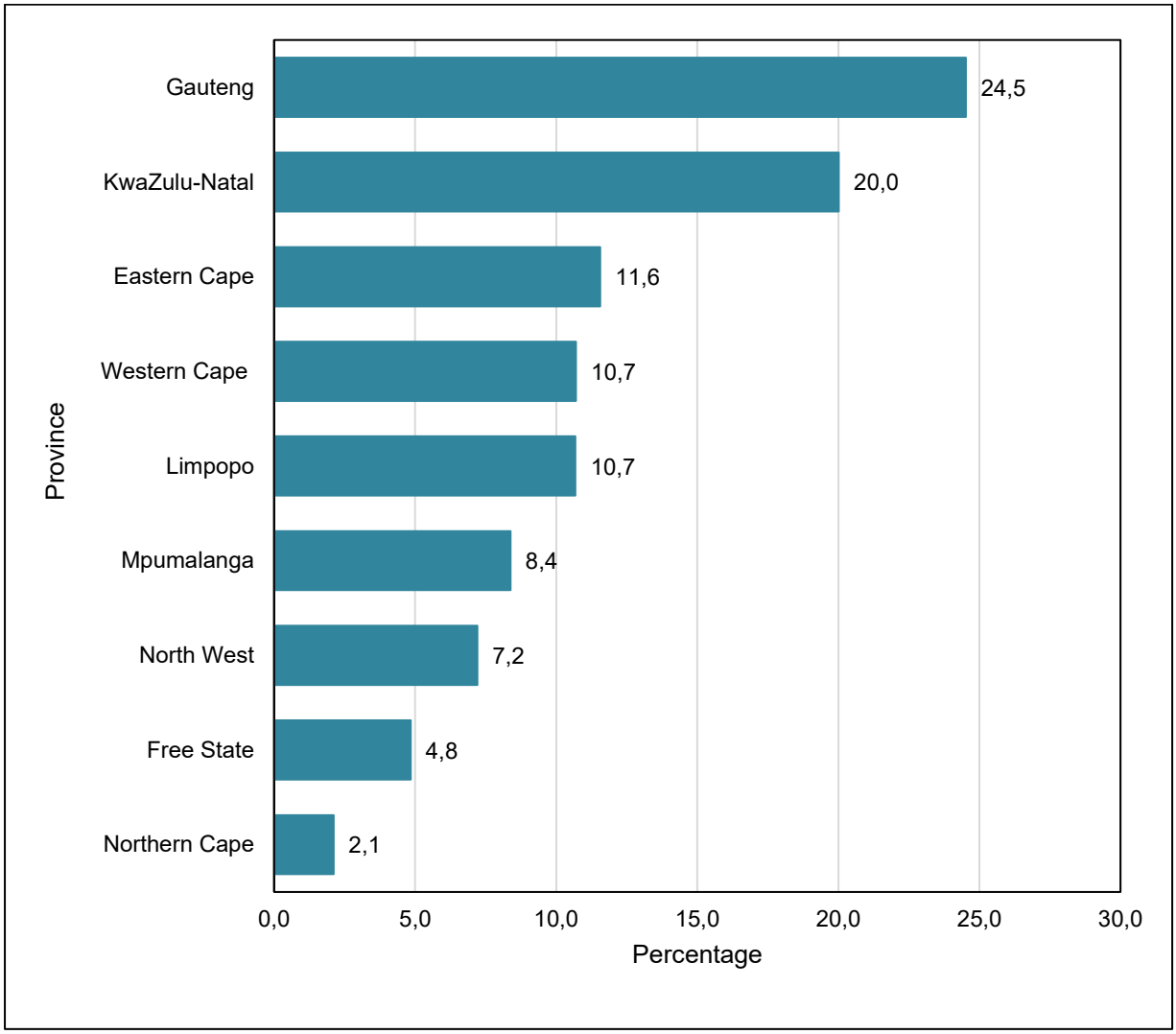


3.2.2. No medical aid coverage by province

Figure 3.3 presents information on individuals not covered by medical aid by province. Results show that Gauteng had the largest proportion without medical aid coverage at 24,5%, followed by KwaZulu-Natal at 20,0%. Provinces that recorded proportions below 20% but above 10% were: Eastern Cape (11,6%), Western Cape (10,7%) and Limpopo (10,7%).

The remaining provinces recorded percentages less than 10%, namely: Mpumalanga (8,4%), North West (7,2%), Free State (4,8%) and lastly Northern Cape at 2,1% of no medical aid coverage.

Figure 3.3: Percentage distribution of individuals not covered by medical aid by province



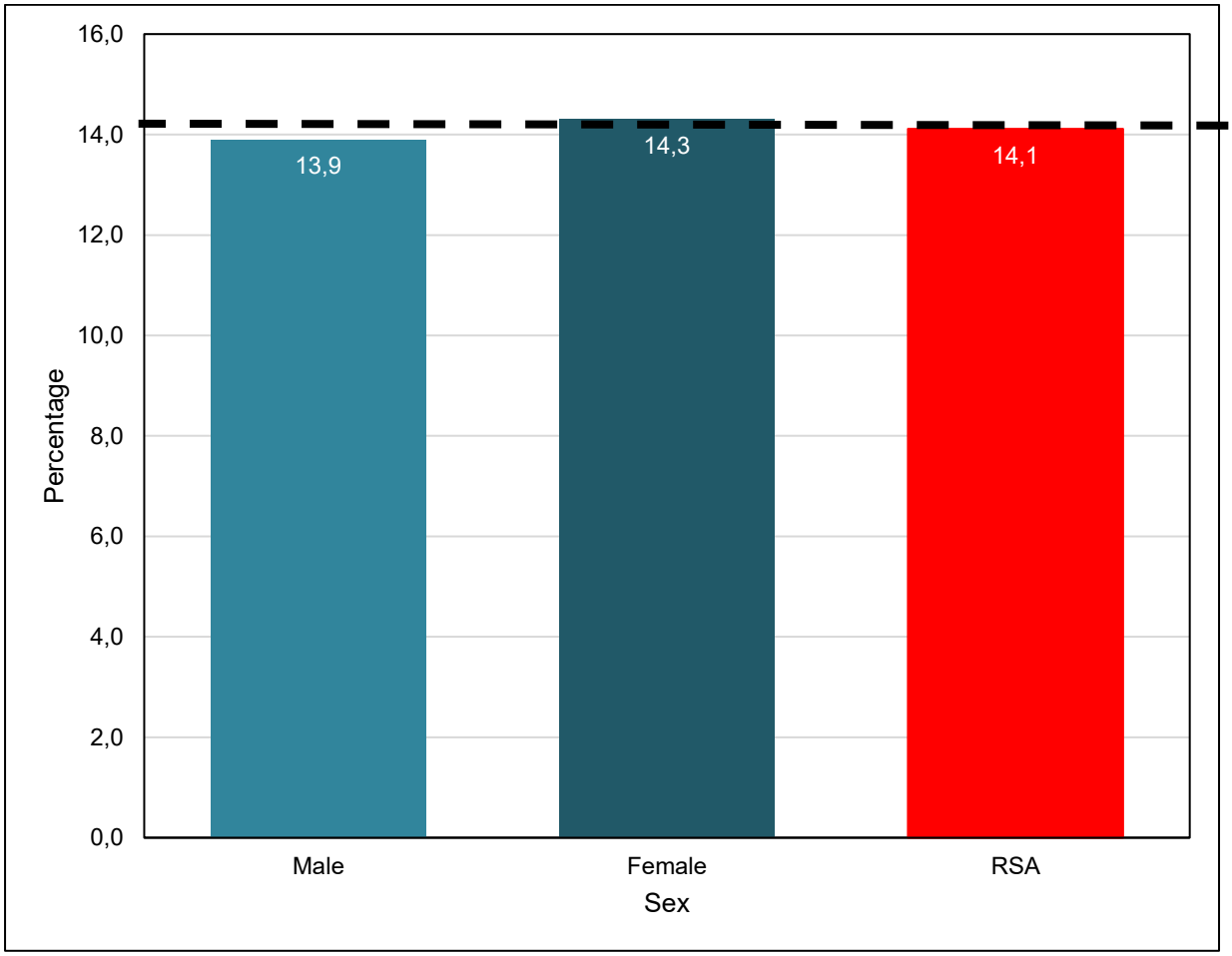
3.3. Population covered by medical aid

This sub-section presents information of the population that is covered by medical aid (14,1%), analysed by sex, age group and population group, settlement type and province.

3.3.1. Medical aid coverage by sex

Figure 3.4 presents medical aid coverage by sex. Results indicate slightly more females 14,3% covered by medical aid than males 13,9%. Findings suggest minimal sex disparity in medical aid coverage, with both sexes having similar access to medical aid.

Figure 3.4: Medical aid coverage by sex

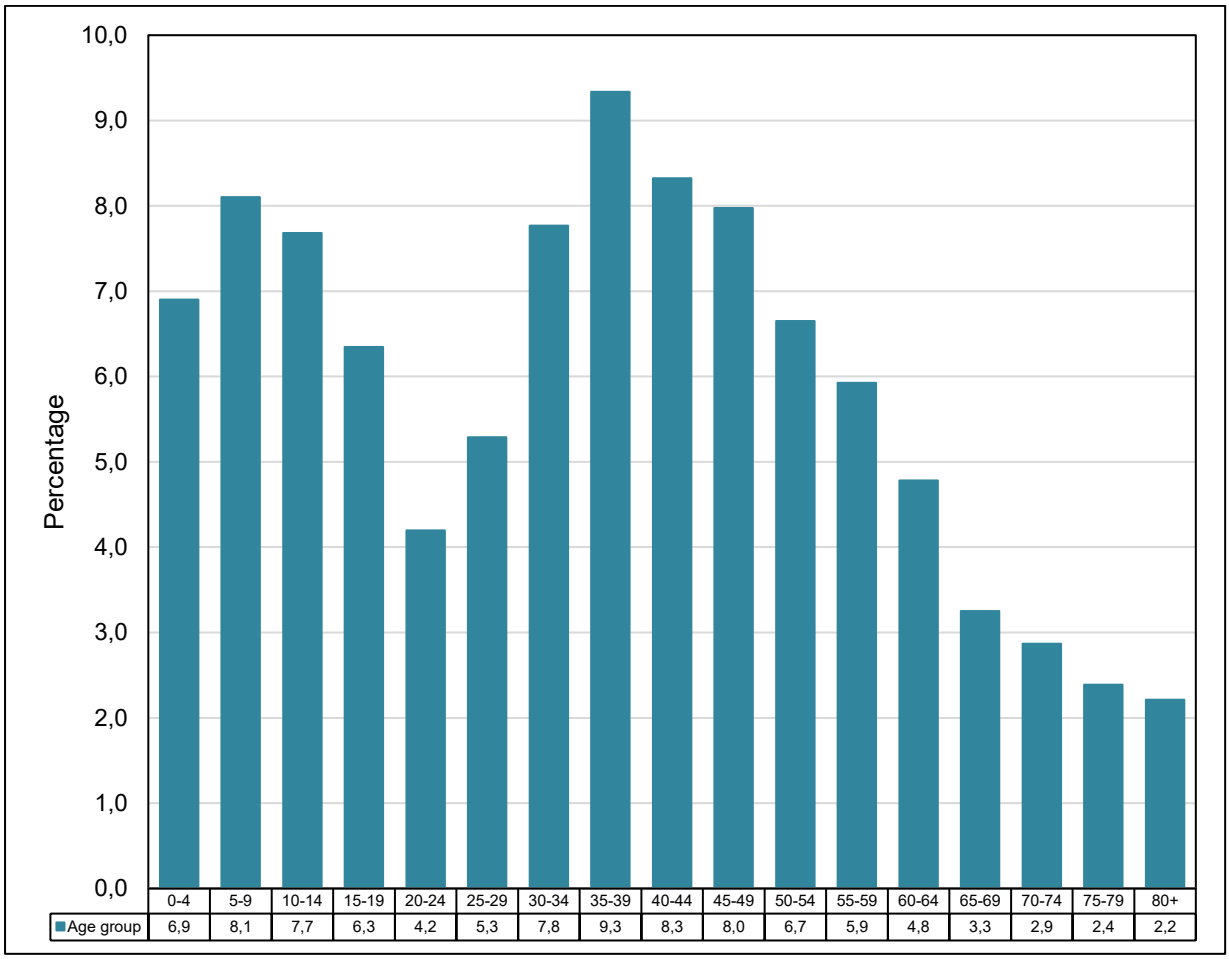


3.3.2. Distribution of medical aid coverage by age group

Figure 3.5 illustrates the percentage distribution of medical aid coverage by age group. The highest proportions of medical aid coverage were among those aged 35-39 years at 9,3%, followed by those in the 40-44 age group (8,3%) and those in the age group 5-9 years (8,1%). The lowest proportions were among those aged 80+ (2,2%) and aged 75-75 years (2,4%).

Results also show that medical aid coverage was lower among those aged 20-24 years (4,2%). The least covered age group was among the elderly: 65-69 years (3,3%), 70-74 years (2,9%), 75-79 years (2,4%) and 80+ (2,2%).

Figure 3.5: Percentage distribution of medical aid coverage by age group



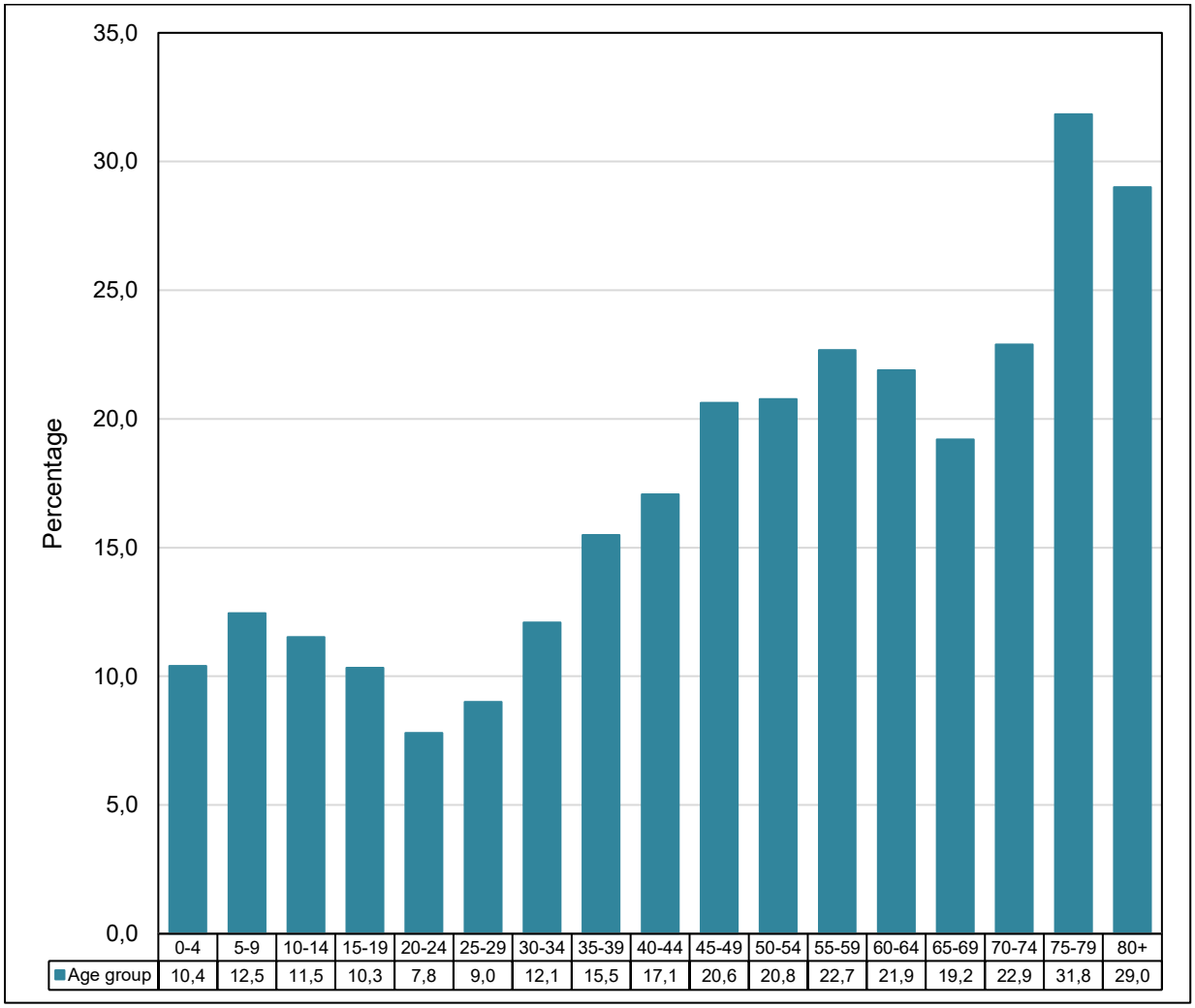
Age group	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
	6,9	8,1	7,7	6,3	4,2	5,3	7,8	9,3	8,3	8,0	6,7	5,9	4,8	3,3	2,9	2,4	2,2

3.3.3. Distribution of medical aid coverage within each age group

Figure 3.6 show medical aid coverage within each age group. Overall, coverage was higher for individuals 70 years and above. Medical aid coverage was highest in the age group 75–79 years (31,8%), followed by those aged 80 years and above at 29,0%. Coverage from the age of 20 years and above increased with age.

The lowest levels of medical aid coverage were recorded among young adults aged 20–24 years and 25–29 years (7,8% and 9,0%, respectively). All ages below 34 years had medical aid coverage below the national average of 14,1%.

Figure 3.6: Distribution of medical aid coverage within each age group



3.3.4. Distribution of medical aid coverage by age group and population group

The pattern observed in Figures 3.4 and 3.5 are explained by the information presented in Table 3.1. Medical aid coverage by analysed by age group and population group shows that the black African population group had highest proportions of medical aid age between groups 0-4 years and 50-54 years (41,2% to 56,7%). In contrast, the White population group had highest proportions from age of 55 years and above ranging from 41,6% to 88,3%, increasing to the older years.

The Coloured and Indian/Asian population groups had the lowest proportions of those covered by medical aid across all age groups. The Indian/Asian population group recorded the lowest proportion from the age group 0-4 years to 65-69 years (3,6% to 6,7%), thereafter the Coloured population group recorded lowest proportions.

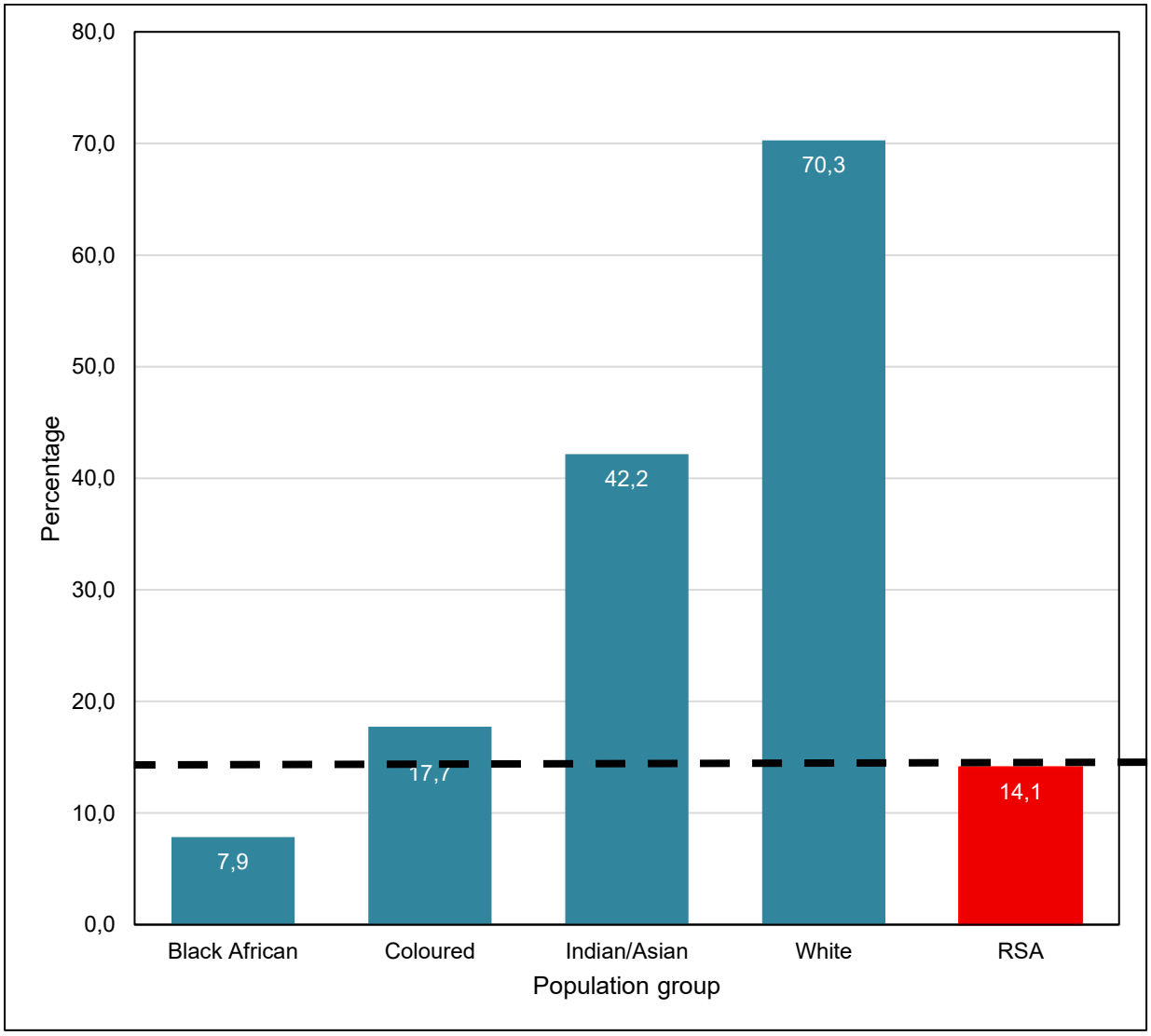
Table 3.1: Medical aid coverage in South Africa

Age	Black African	Coloured	Indian /Asian	White	Total	Black African	Coloured	Indian /Asian	White	Total
0-4	56,7	12,3	3,6	27,4	100,0	328 541	71 400	20 793	158 986	579 719
5-9	58,6	13,1	6,9	21,4	100,0	398 746	89 290	46 992	145 286	680 313
10-14	52,9	13,2	7,7	26,1	100,0	341 456	85 284	49 799	168 692	645 231
15-19	52,7	10,9	5,7	30,6	100,0	280 874	58 308	30 556	163 142	532 880
20-24	41,6	13,3	9,4	35,8	100,0	146 493	46 700	33 088	126 068	352 348
35-29	44,6	13,1	6,3	35,9	100,0	198 035	58 385	28 106	159 528	444 054
30-34	50,6	11,7	8,8	29,0	100,0	329 782	76 339	57 122	189 120	652 362
35-39	58,9	11,9	4,9	24,4	100,0	461 820	93 219	38 164	190 988	784 190
40-44	53,1	10,6	9,3	27,1	100,0	370 840	74 276	64 719	189 203	699 038
45-49	47,1	10,8	9,6	32,6	100,0	315 472	72 186	64 082	218 049	669 788
50-54	41,2	12,6	7,4	38,7	100,0	230 125	70 516	41 567	216 393	558 601
55-59	38,7	10,0	9,7	41,6	100,0	192 813	49 566	48 487	206 803	497 669
60-64	30,2	10,0	7,2	52,7	100,0	121 155	40 018	28 965	211 504	401 642
65-69	15,8	6,9	6,7	70,6	100,0	43 172	18 832	18 310	192 658	272 972
70-74	11,0	6,5	7,3	75,2	100,0	26 399	15 721	17 557	181 395	241 071
75-79	4,5	4,7	5,1	85,8	100,0	9 001	9 423	10 148	172 125	200 697
80+	6,2	2,4	3,1	88,3	100,0	11 445	4 500	5 707	164 141	185 793

3.3.5. Distribution of medical aid coverage by population group

This sub-section presents information on medical aid coverage by population group. It is observed that almost 70% of the White population group were covered by the medical aid, followed by the Indian/Asian population group at 42,2% and the Coloured population group at 17,7%. The black African population group covered by medical aid were 7,9% and below the national average.

Figure 3.7: Distribution of medical aid coverage by population group

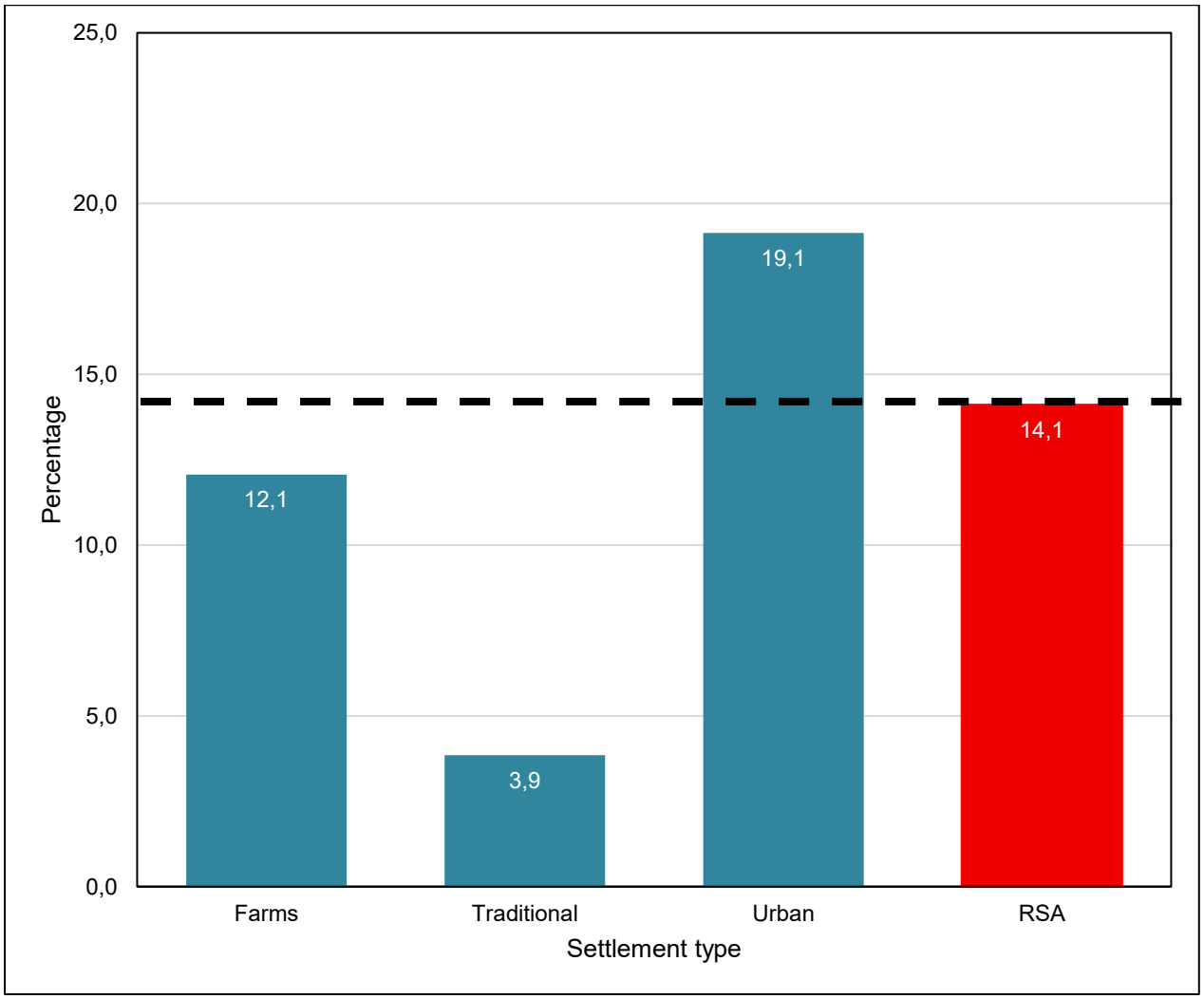


3.3.6. Medical aid coverage by settlement type

This sub-section presents information on medical aid coverage by settlement type (residing in either rural, urban or farm type of setting). Results in Figure 3.8 show that households in urban settlements had more medical aid coverage than households from other settlement types.

Households in urban settlements recorded 19,1%, which was above the national percentage of South Africa (14,1%), followed by those in farm settlement (12,1%) and those in traditional settlements recording the lowest coverage at 3,9% (the only settlement recording below 10%). Residents from the farms and traditional settlements recorded percentages below the national average of 14,1%.

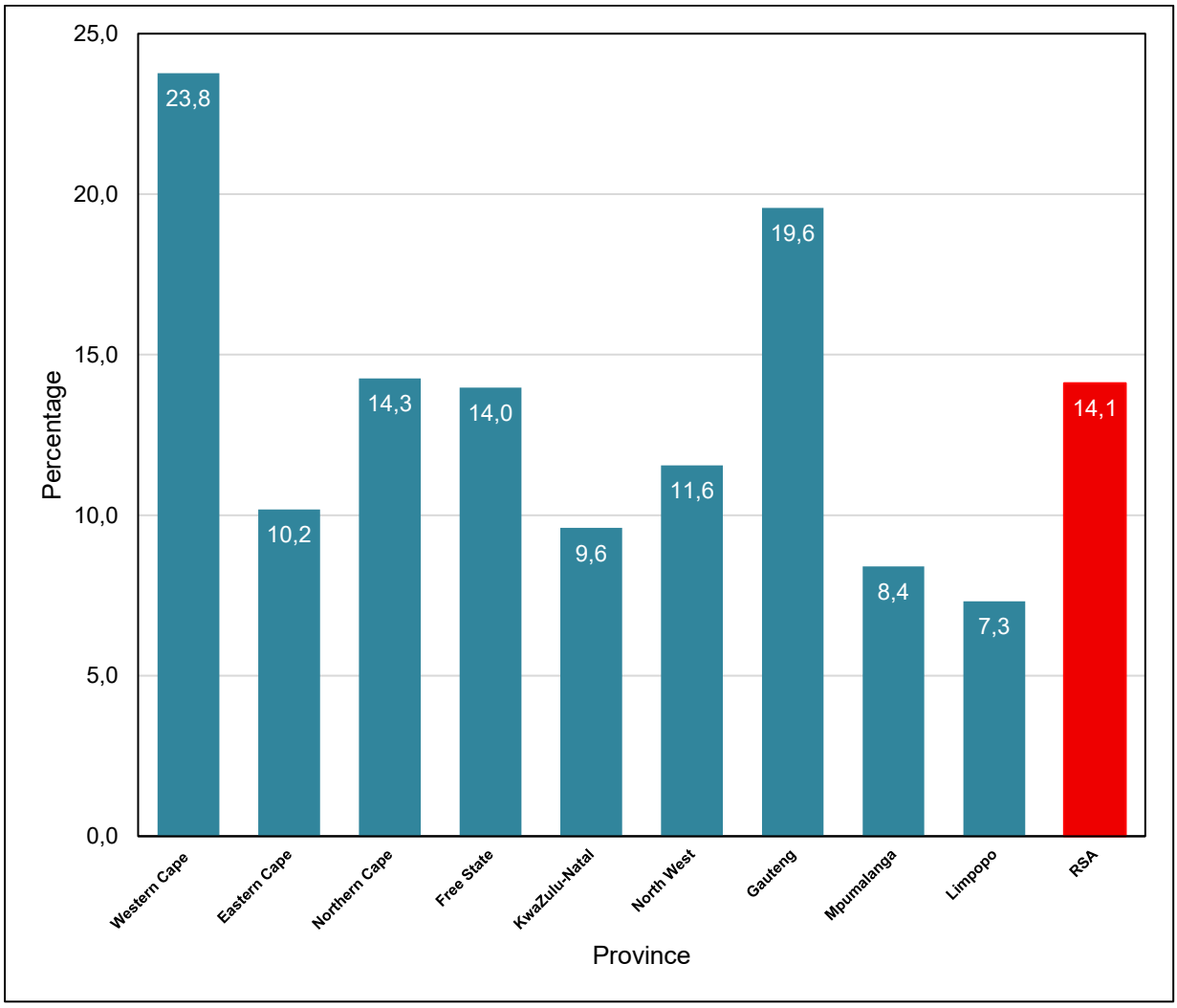
Figure 3.8: Medical aid coverage by settlement type



3.3.7. Medical aid coverage by province

Figure 3.9 presents information on medical aid coverage by province. All provinces recorded percentages below the national average except for the Western Cape (23,8%), Gauteng (19,6%), Northern Cape (14,3%) and Free State at 14,0% (almost at national level). The least medical aid coverage was recorded in Limpopo (7,3%), followed by Mpumalanga (8,4%). These two provinces along with KwaZulu-Natal (9,1%) recorded medical aid coverage below 10%.

Figure 3.9: Medical aid coverage by province



3.4. Household contribution to medical aid

This section presents information on the amount households contributed towards the medical aid. Contribution in this instance refers to the money paid by the households towards medical aid and or provident schemes. It also includes subscriptions and premiums in connection with health insurance/medical insurance and hospital plan. Information on household contribution towards medical aid and expenditure on health.

Households' contribution to medical aid is part of the broader household division expenditure and income on insurance and financial services. Results show that households contributed an amount of R285 764 billion, which is 9,3% of the total household expenditure towards insurance and financial services. Of the R285 764 billion spent on insurance and financial services, R103,5 billion or 36,2% was contribution towards medical aid in South Africa between 2022 and 2023, at an average of R25 157.

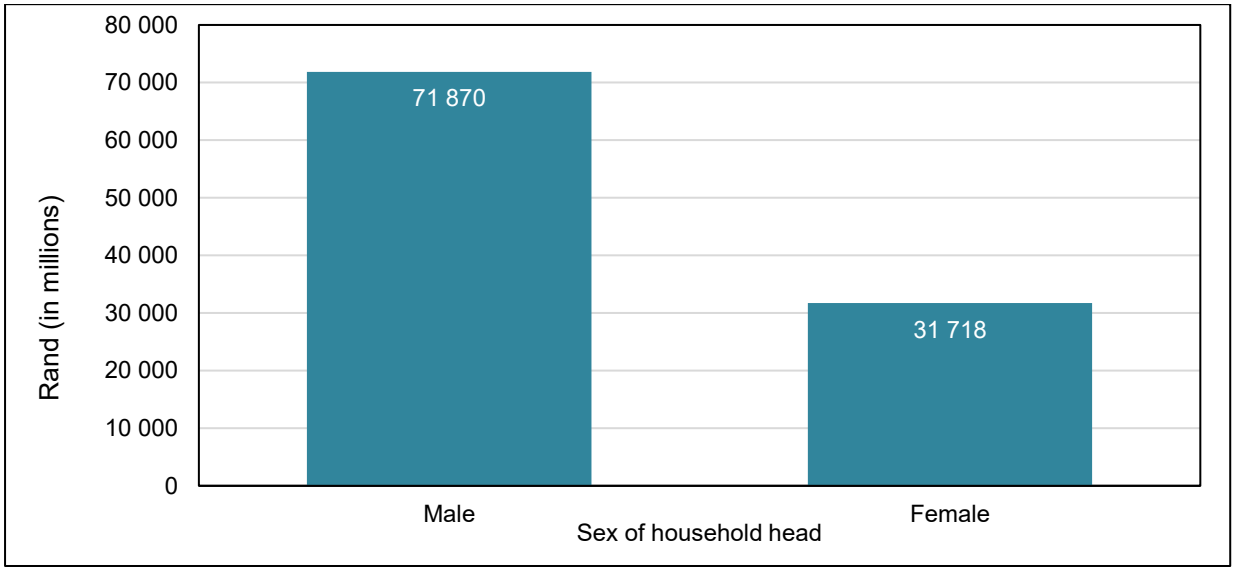
Table 3.2: households consumption expenditure by division expenditure and income

Division Expenditure	Rand		Percentage contribution
	Total (in millions)	Average	
Housing, water, electricity, gas and other fuels	1 060 223	49 816	34,7
Food and non-alcoholic beverages	498 972	23 445	16,3
Transport	466 726	21 930	15,3
Insurance and financial services	**285 764**	**13 427**	**9,3**
Clothing and footwear	153 145	7 196	5,0
Information and communication	137 453	6 458	4,5
Furnishings, household equipment and routine household maintenance	126 127	5 926	4,1
Personal care, social protection and miscellaneous goods	89 762	4 218	2,9
Restaurants and accommodation services	82 774	3 889	2,7
Alcoholic beverages, tobacco and narcotics	42 981	2 020	1,4
Education services	43 045	2 023	1,4
Recreation, sport and culture	39 647	1 863	1,3
Health	31 528	1 481	1,0
Total consumption expenditure	3 058 153	143 691	100,0
Total income	4 349 334	204 359	100,0

3.4.1. Household contribution to medical aid by sex of household head

This sub-section presents information on household contribution towards medical aid by sex of the household head. Figure 3.10 show that households headed by males contributed two times more than households headed by females towards medical aid (R71,8 billion and R31,7 billion, respectively).

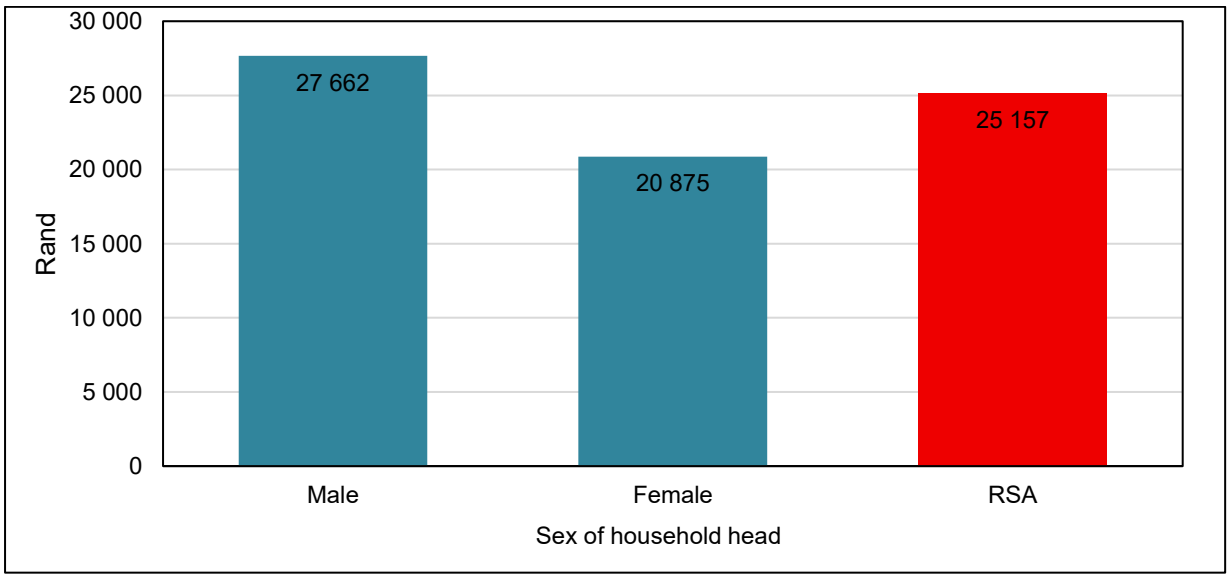
Figure 3.10: Household contribution towards medical aid by sex of household head



3.4.2. Annual average of household contribution by sex

The annual average household expenditure is presented in Figure 3.10a. It is shown that male-headed households contributed an average of R27 662 towards medical aid, while female-headed households contributed R20 872 on average.

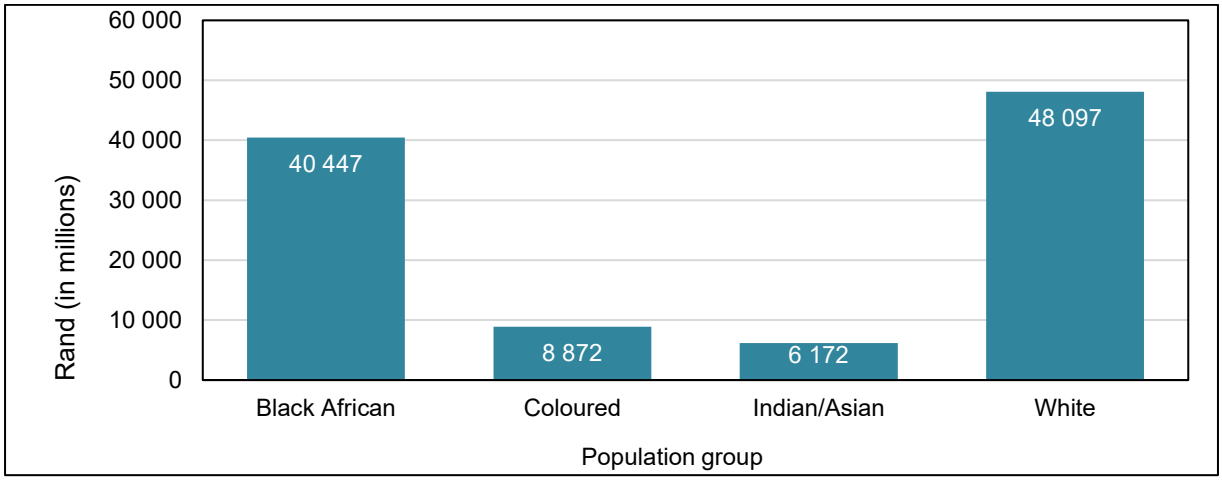
Figure 3.10a: Annual average household contribution towards medical aid by sex of household head



3.4.3. Household contribution to medical aid by population group

Figure 3.11. presents information on household contribution towards medical aid by population group of household head. It is observed that the White-headed households contributed about R48,1 billion towards medical aid, the highest across all population groups. The black African population group are the second-largest contributors to medical aid, contributing approximately R40,4 billion.

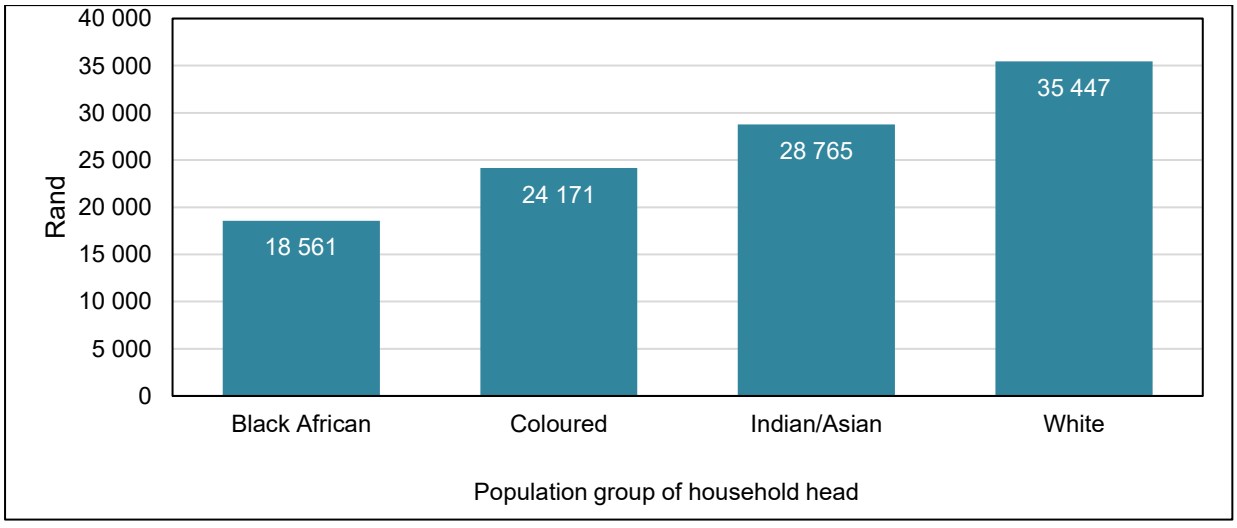
Figure 3.11: Household contribution to medical aid by population group of household head



3.4.4. Annual average contribution by population group

Figure 3.11a shows average household contribution towards medical aid by population group. It is observed that White-headed households contributed an average of R35 447 towards medical aid and health insurance, followed by Indian/Asian households at R28 765. The results also show that even though black African headed households were the second largest contributors to medical aid expenditure, on average, they contributed the least to medical aid than any other population group at R18 561

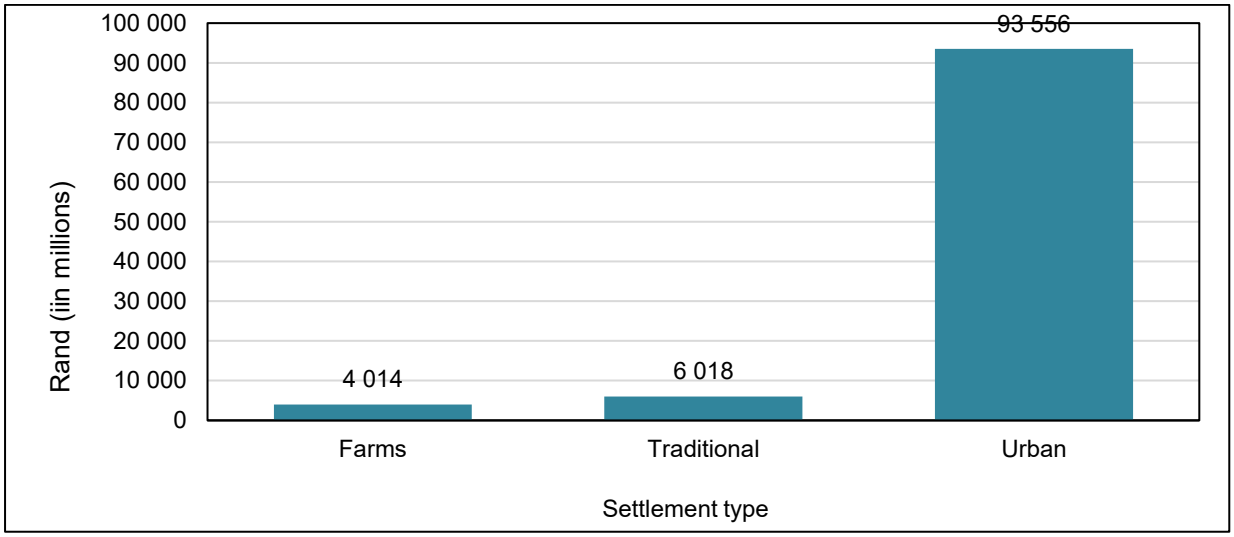
Figure 3.11a: Annual average household expenditure towards medical aid by population group of household head



3.4.5. Household contribution to medical aid by settlement type

This sub-section presents information that household head contributed towards medical aid by settlement type. Households in urban settlements contributed R93,5 billion towards medical aid (90,3%), with the remaining settlement types constituting about 10%. Households in traditional settlement contributed R6 billion and households in the farm settlement contributing R4 billion towards medical aid.

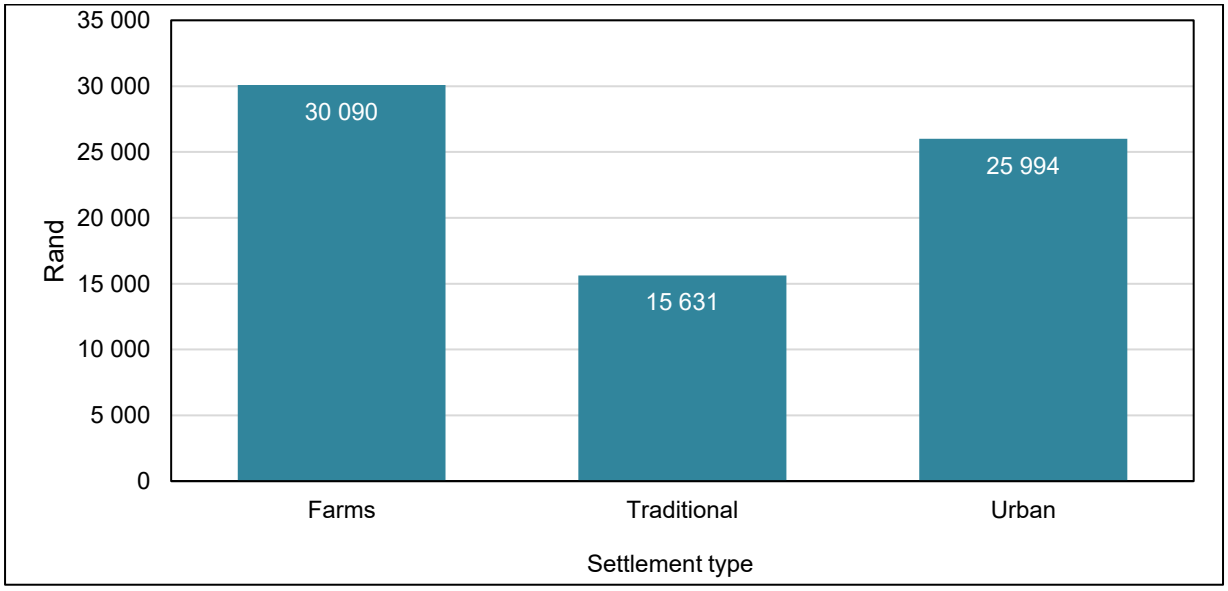
Figure 3.12: Household contribution to medical aid by settlement type



3.4.6. Annual average contribution by settlement type

Figure 3.12a shows average household expenditure on health by settlement type. Households in farm settlement contributed an average of R30 090 towards medical aid, followed by households in urban settlement which contributed R25 994. Households in traditional settlements contributed R15 631.

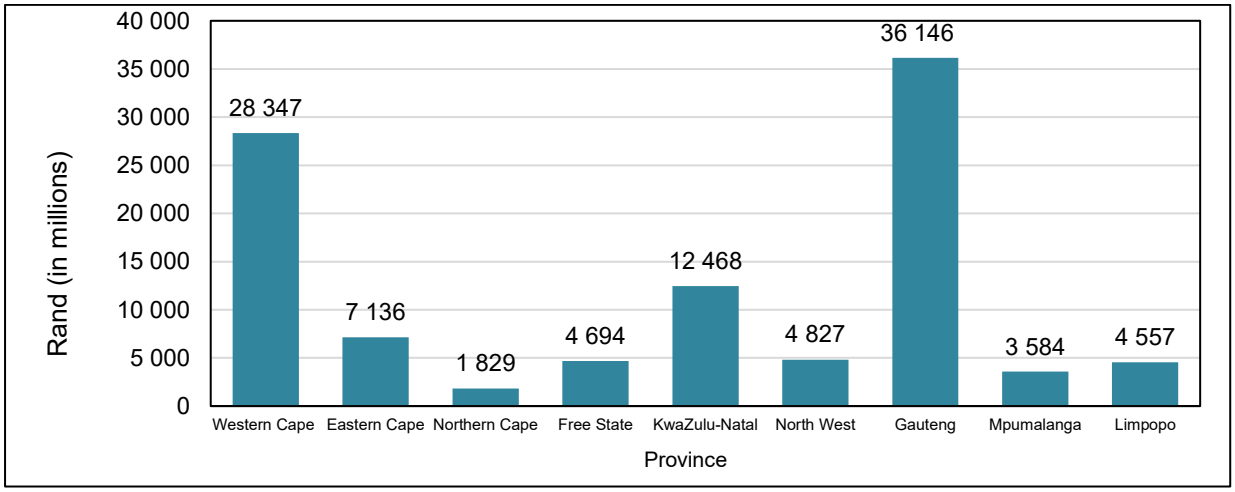
Figure 3.12a: Annual average household expenditure towards medical aid by settlement type



3.4.7. Household contribution to medical aid by province

Figure 3.13 below depicts households' contribution towards medical aid by province. Households in Gauteng contributed R36,1 billion in total towards medical aid, followed by households in Western Cape (R28,3 billion) and KwaZulu-Natal (R12,4 billion). Households in Northern Cape contributed the least towards medical aid (R1,8 billion).

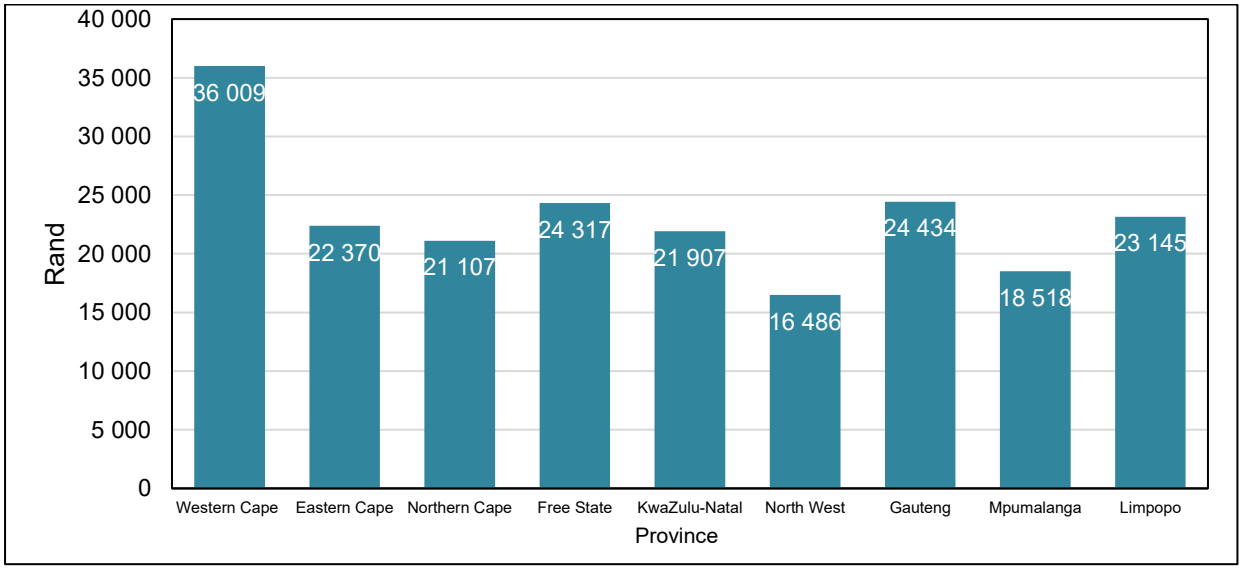
Figure 3.13: Household contribution towards medical aid by province



3.4.8. Annual average contribution by province

Figure 3.13a shows annual average household expenditure towards medical aid by province. On average, households in Western Cape (R36 009), Gauteng (R24 434) and Free State (R24 317) contributed higher than other provinces. North West contributed the least towards medical aid on average (R16 486), followed by Mpumalanga at R18 518.

Figure 3.13a: Annual average household contribution towards medical aid by province



Chapter 4: Out of pocket household expenditure

This chapter presents information on households' out-of-pocket expenditure on health services. It highlights the total amount paid by households and the annual average household expenditure on health services. These payments include out-of-pocket expenditure such as medicines, out-patient care services, in-patient care services and other health services.

4.1. Household expenses on health

The section presents results of household expenditure on health for medical services not covered by medical aid. Nationally, households in South Africa paid an overall amount of R31,5 billion on health services and medical requisites constituting 1% of the total household expenditure (Table 4.1). Average household out of pocket expenditure on health services and medical requisites was at R1 481.

Table 4.1: Overall distribution of out-of-pocket household expenditure

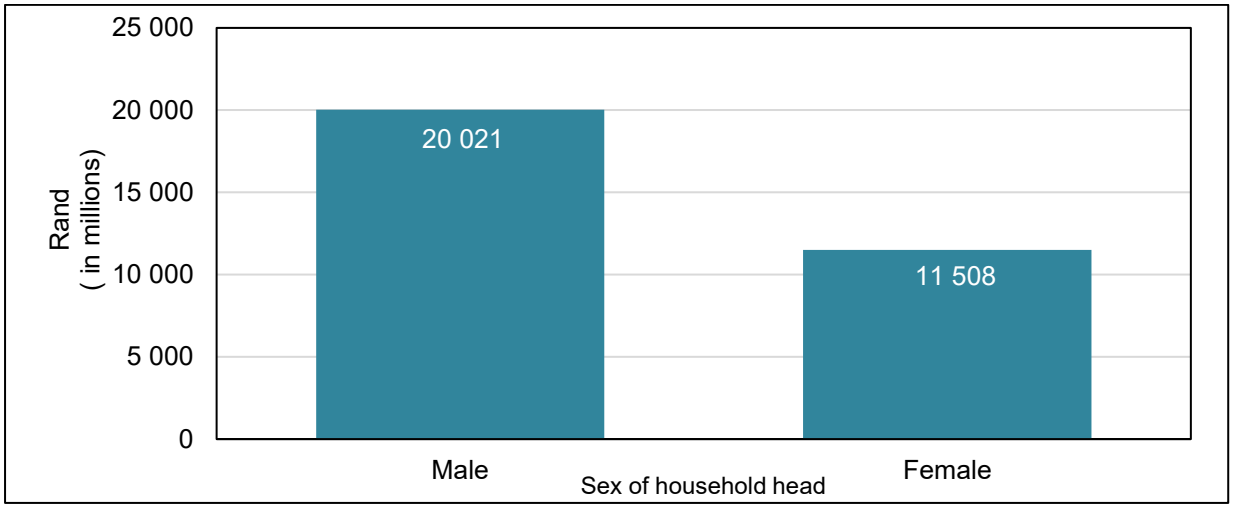
Division expenditure	Rand		Percentage contribution
	Total *(in millions)*	Average	
Housing, water, electricity, gas and other fuels	1 060 223	49 816	34,7
Food and non-alcoholic beverages	498 972	23 445	16,3
Transport	466 726	21 930	15,3
Insurance and financial services	285 764	13 427	9,3
Clothing and footwear	153 145	7 196	5,0
Information and communication	137 453	6 458	4,5
Furnishings, household equipment and routine household maintenance	126 127	5 926	4,1
Personal care, social protection and miscellaneous goods	89 762	4 218	2,9
Restaurants and accommodation services	82 774	3 889	2,7
Alcoholic beverages, tobacco and narcotics	42 981	2 020	1,4
Education services	43 045	2 023	1,4
Recreation, sport and culture	39 647	1 863	1,3
Health	**31 528**	**1 481**	**1,0**
Total consumption expenditure	**3 058 153**	**143 691**	**100,0**
Total income	**4 349 334**	**204 359**	**100,0**

Source: Income and Expenditure of Households, 2022/23

4.1.1. Health expenditure by sex of head of household

Figure 4.1 presents information on household expenditure on health services and medical requisites by sex of household head. Results show that from the R31,5 billion that households paid from their pockets, male headed households spent almost twice more (R20 billion) than female headed households (R11,5 billion).

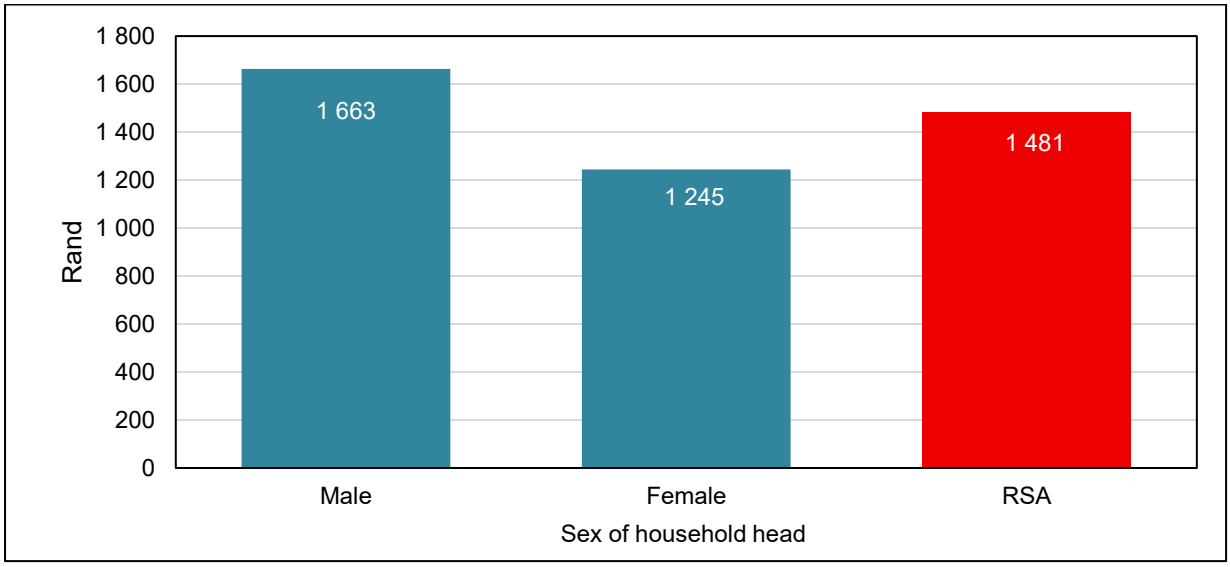
Figure 4.1: Total household health expenditure by sex of household head



4.1.2. Annual average household expenditure by sex of household head

Figure 4.1a below presents information on the annual average household expenditure by sex of the household head. On average, male headed households spent R1 663, compared to female headed households at R1 245. Male headed household recorded a figure above the national figure while female headed households recorded below the national figure of R1 481.

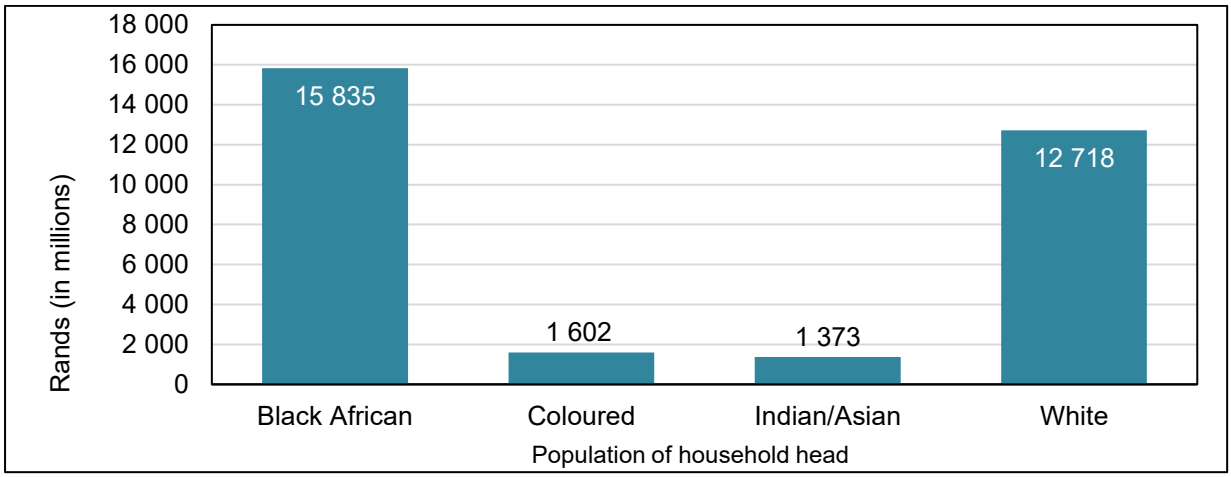
Figure 4.1a: Annual average household health expenditure by sex of household head



4.1.3. Health expenditure by population group of household head

Information on household health expenditure by population group of the household head is shown in Figure 4.2. Results show that of the R31,5 billion, households headed by the black/Africans spent more on health than other population groups at R15,8 billion, followed by White-headed household at R12,7 billion. Coloured (R1,6 billion) and Indian/Asian (R1,3 billion) headed households had less expenditure on health.

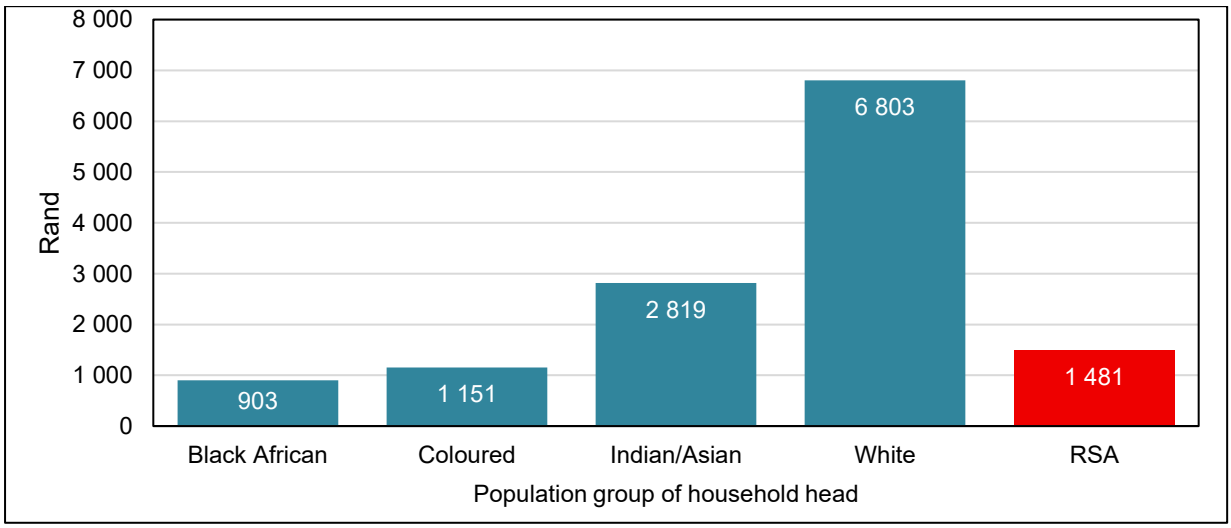
Figure 4.2: Total household health expenditure by population group of household head



4.1.4. Annual average by population group of household head

Average household expenditure by population group of the household head on health services in shown in Figure 4.2a. White headed households recorded higher annual average expenditure of R6 803 above other population groups, followed by the Indian/Asian headed households with R2 819. Coloured headed households spent R1 151 on average from the coloured population group, while black Africa headed households recording the lowest annual average at R903.

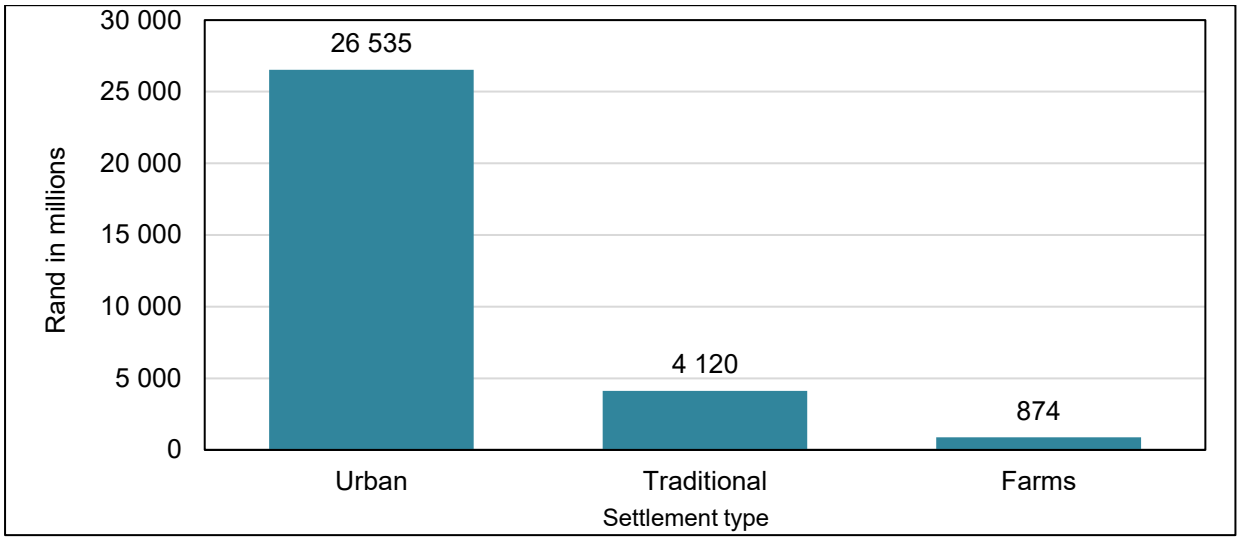
Figure 4.2a: Annual average household health expenditure by population group of household head



4.1.5. Health expenditure by settlement type

Information on household health expenditure by settlement type is shown in Figure 4.3. Results indicate that from the R31,5 billion, households in urban areas spent more on health at R26,5 billion, while those in traditional settlement recorded R4,1 billion and households in the farm settlement spending less than R1 billion (874 million).

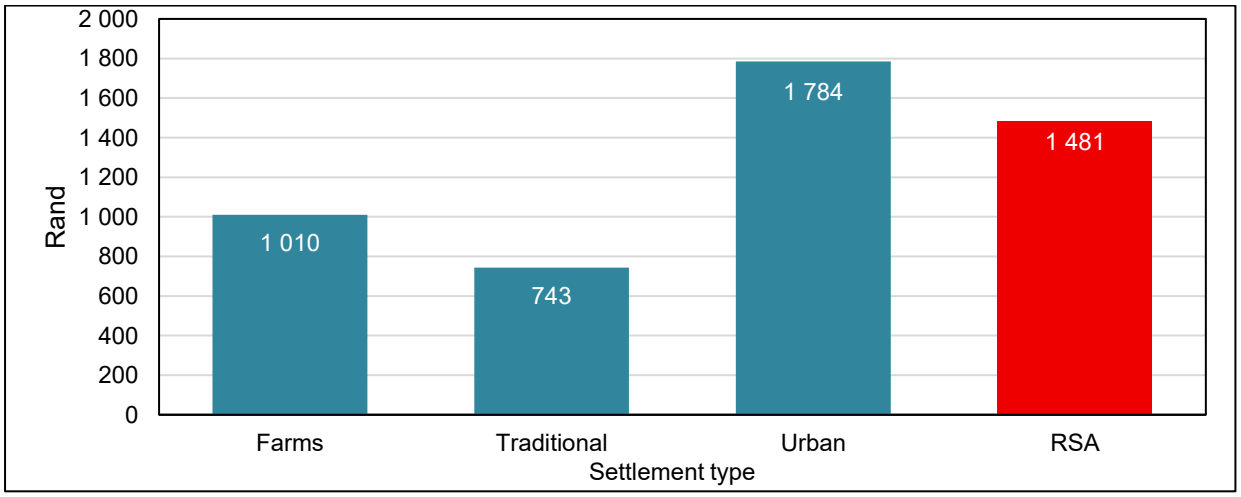
Figure 4.3: Total household health consumption expenditure by settlement type



4.1.6. Annual average household health expenditure by settlement type

Figure 4.3a below presents information on the annual average household expenditure by settlement type. On average, households in urban settlement recorded a higher annual average on health expenditure above other settlement types (R1 784) and was the only settlement type to record figures above the national average of R1 482. It was followed by households in farms at R1 010, while households in the traditional settlements spending less on health at R743 on average.

Figure 4.3a: Annual average household health expenditure by settlement type

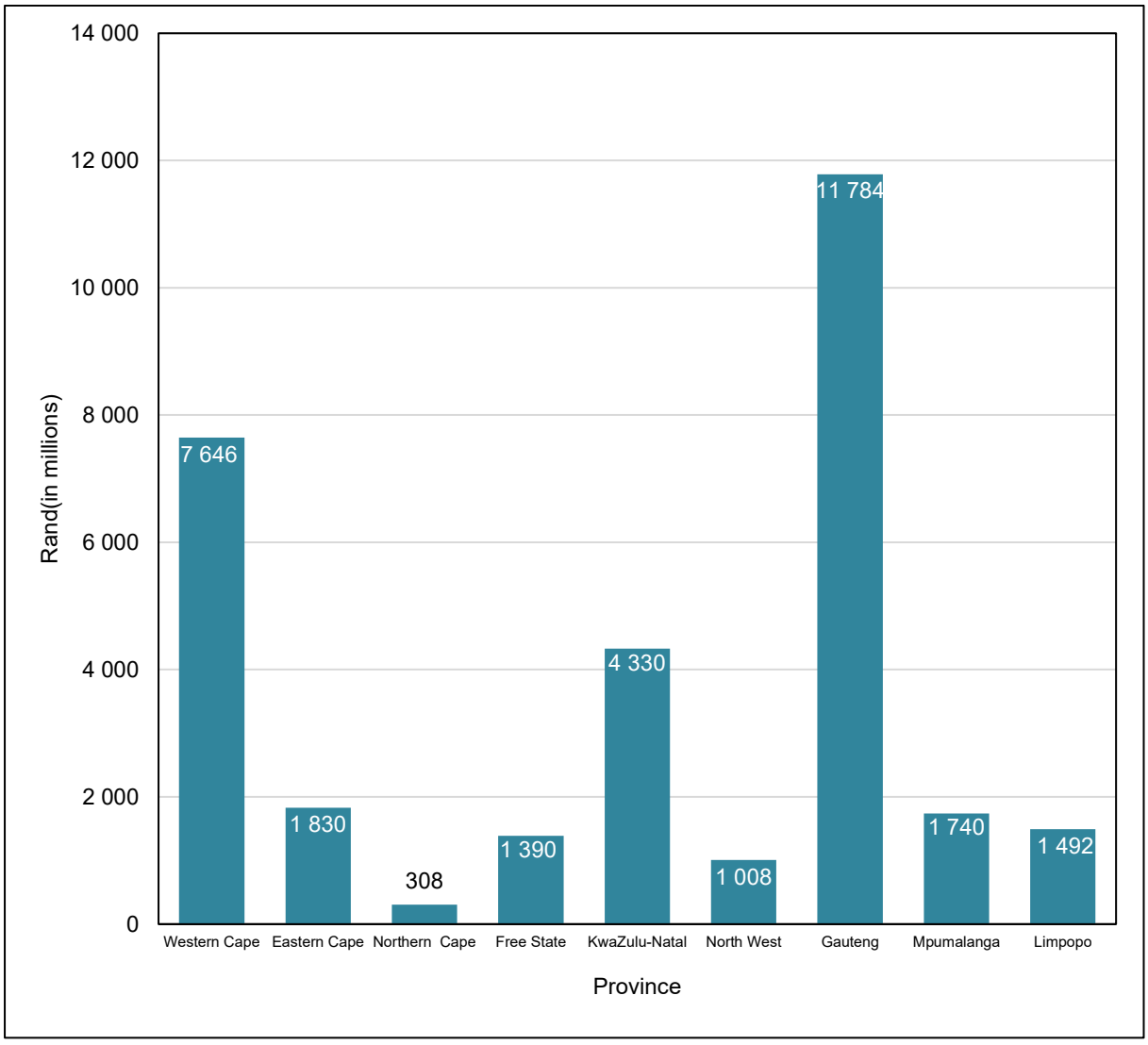


4.1.7. Health expenditure by province

This section presents information on household health expenditure in millions by province. Figure 4.4 presents information on household health expenditure by province of the residence. Results show that from the R31,5 billion spent nationally, Gauteng spent the most on health at R11,7 billion, followed by Western Cape at R7,6 billion and KwaZulu-Natal recording R4,3 billion. They were the only provinces with (National Treasury, 2025) health expenditure above R2 billion.

All other remaining provinces recorded expenditure around R1 billion each, namely: Eastern Cape (R1,8 billion), Free State (R1,3 billion), North West (R1 billion), Mpumalanga (R1,7 billion) and Limpopo (R1,4 billion). Northern Cape was the only province with expenditure below a billion (R308 million).

Figure 4.4: Total household health expenditure by province

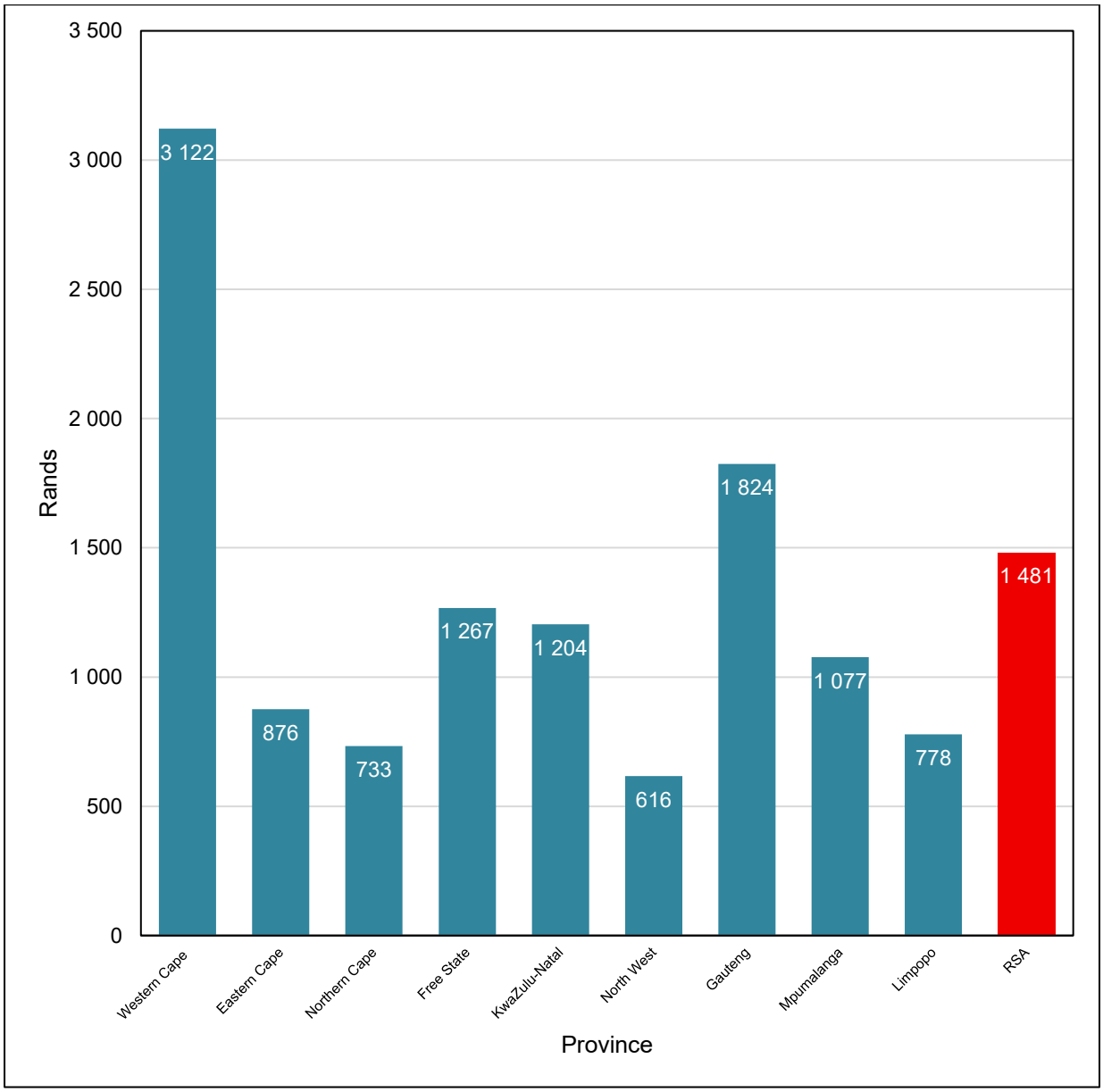


4.1.8. Annual average household health expenditure by province

Figure 4.4a below presents information on annual average household expenditure by province. The highest annual average was recorded in Western Cape at R3 122, followed by Gauteng (R1 824). They were the only provinces that recorded figures above the national average of R1 481.

Less expenditure on health was reported in North West (R616) while Northern Cape and Limpopo were the second lowest spending provinces at R733 and R778, respectively.

Figure 4.4a: Annual average household health expenditure by province



4.2. Out-of-pocket expenditure by Quintiles

This section presents information on the out-of-pocket expenditure on health by per capita consumption expenditure. Results show that households in Quintile 5 (quintiles are explained under concepts and definition on page 5) spent more money out-of-pocket on health (R22,5 billion) and was the only expenditure above the R20 billion mark (71,3% of the total health expenditure), with the other remaining quintiles spending less than R5 billion. Households in Quintile 4 were in second position spending R4,3 billion out of their pockets, while households in Quintiles 3 and 2 had health expenditure of R2,5 billion and R1,4 billion, respectively to acquire health needs. The lowest expenditure was in Quintile 1 where households spent only R674 million on health. Results on average expenditure show that households in Quintile 5 spent R5 285, followed by those in quintile 4 with R1 031. Households in the remaining three quintiles spent less than a R1 000 on average (R590 for Q3, R342 for Q2 and R158 for Q1).

Table 4.2: Total and annual average consumption on health by per capita consumption expenditure

Expenditure quintile	Rand	
	Total (in millions)	Average
Quintile 1	674	158
Quintile 2	1 457	342
Quintile 3	2 513	590
Quintile 4	4 386	1 031
Quintile 5	22 499	5 285
Total	**31 529**	**1 481**

4.3. Out-of-pocket expenditure by poverty lines

This section presents information on health expenditure by lower bound poverty lines (Poverty lines are explained under Concepts and Definitions on Page 5). Results show that poor households spent less towards health (R1,5 billion) during the survey period with an average expenditure of R316. Non-poor households spent much more money towards health at R30 billion, an amount almost equivalent to the national expenditure of R31,5 billion during the survey period, with an average of R1 828.

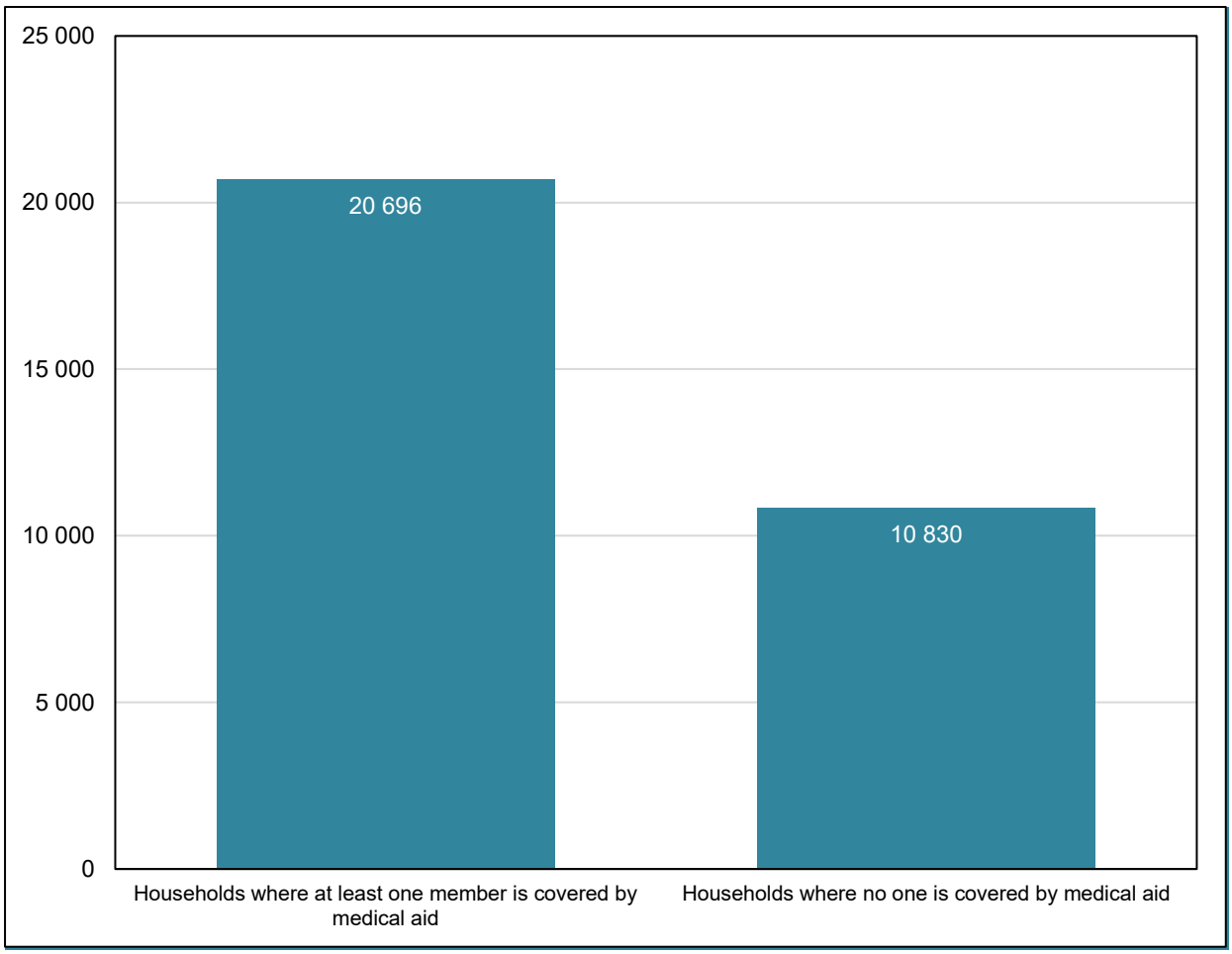
Table 4.3: Total and annual average consumption on health by lower bound poverty lines

Lower bound poverty line	Rand	
	Total (in millions)	Average
Non-poor	29 991	1 828
Poor	1 538	316
RSA	**31 529**	**1 481**

4.4. Out of pocket expenditure among medical aid coverage

Figure 4.5 presents information on out of pocket by medical aid coverage (covered or not covered). Results show that having at least one member covered by medical aid made households to spent more as compared with households with no member covered by medical aid. Households with at least one member covered spent about R20,7 billion on health services compared to households with no member covered (R10,8 billion).

Figure 4.5: Out of pocket among those covered and not covered by medical aid



Chapter 5: Usual place of health care and expenditure on health services

This chapter presents information on usual place of heath care and health expenditure by types of health services households acquired and paid for out of their pockets.

Figure 5.1 below presents information on the health care facility usually used by households for health care. Results show that majority usually go to the public health sector (71,6%) compared to the private health sector (26,4%). Public sector clinics were the most preferred public health sector at 65,7% (See Figure 5.1a), followed by those using private doctors or specialists at 14,7%. The remaining institutions recorded percentages below 10%. The least used health care facilities were private hospitals (1,8%) and private clinics (1,4%).

Figure 5.1: Usual place of health care by sector

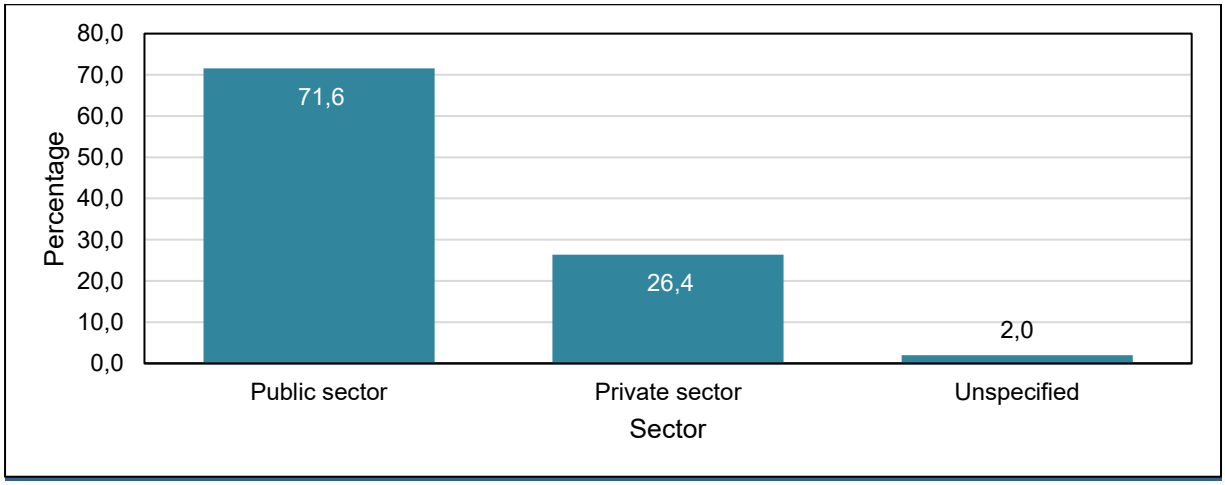
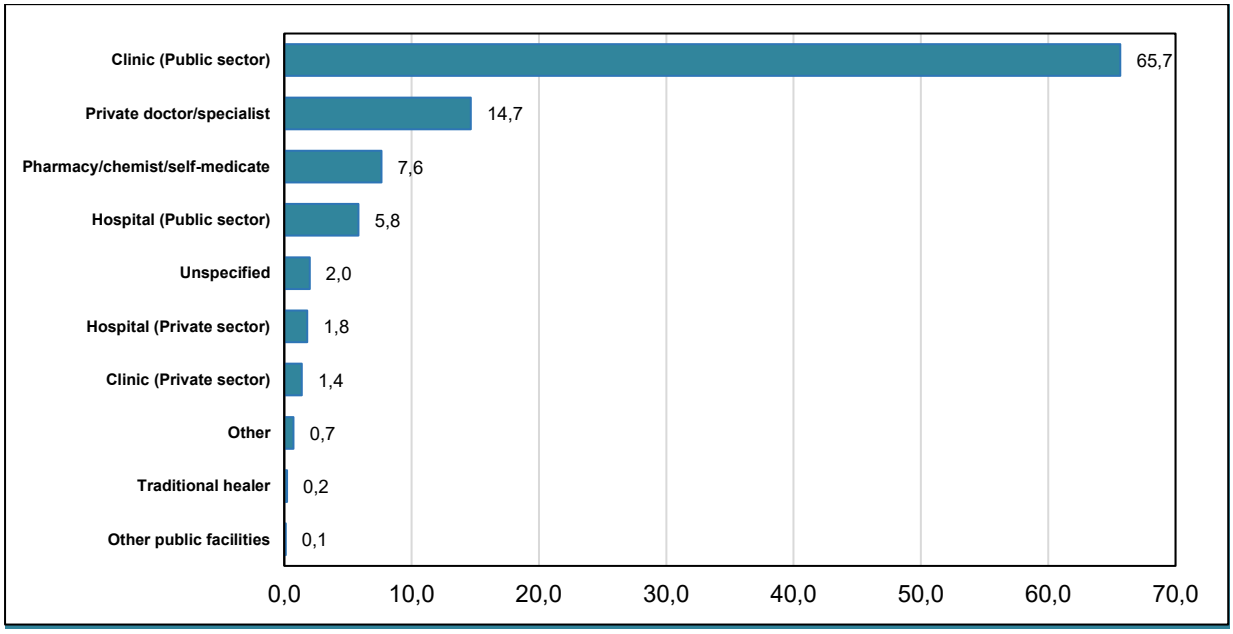


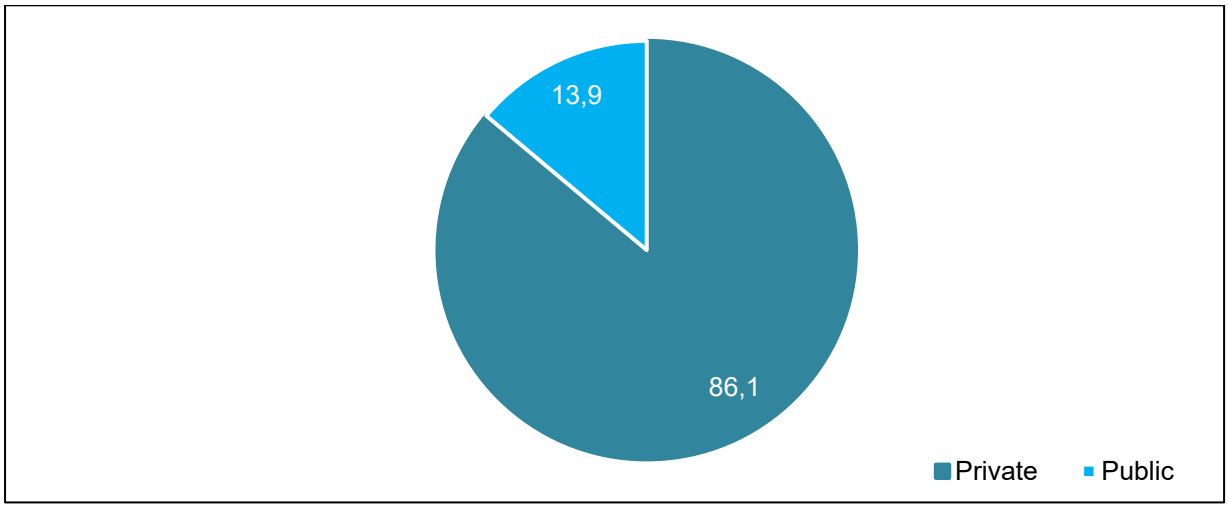
Figure 5.1a: Usual place of health care by types of health facilities



5.1. Usual place of health care among people with medical aid

This section presents information on individuals who are covered by medical aid analysed by the kind of place they usually go to for health care. Results in Figure 5.2 show that 13,9% of individuals with medical aid usually go to the public health sector when they needed health care, with the majority of 86,1% of the population with medical aid using private sector for health care.

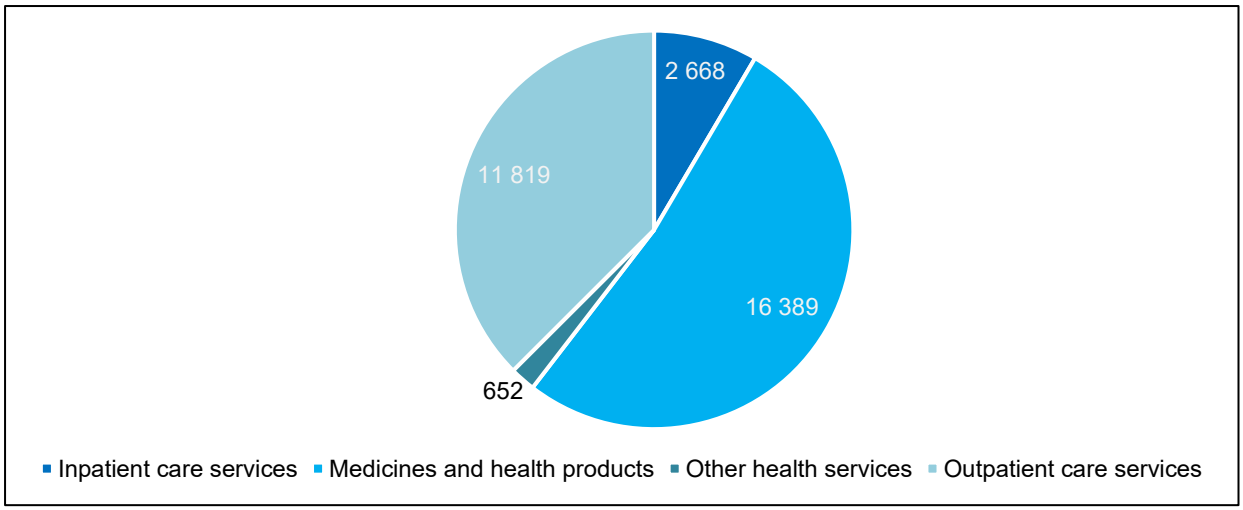
Figure 5.2: Usual place of health among those covered by medical aid



5.2. Main categories of health services

This section presents information on health expenditure of major categories of health services that households acquired and paid out of their pockets. Results show that the most used health services households spent money on were medicines and health products (R16,3 billion) followed by out-patient care services (R11,8 billion). In-patient care services accounted for R2,7 billion of household health expenditure while other health services recorded less than R1 billion (R652 million).

Figure 5.3: Major categories of types of health services



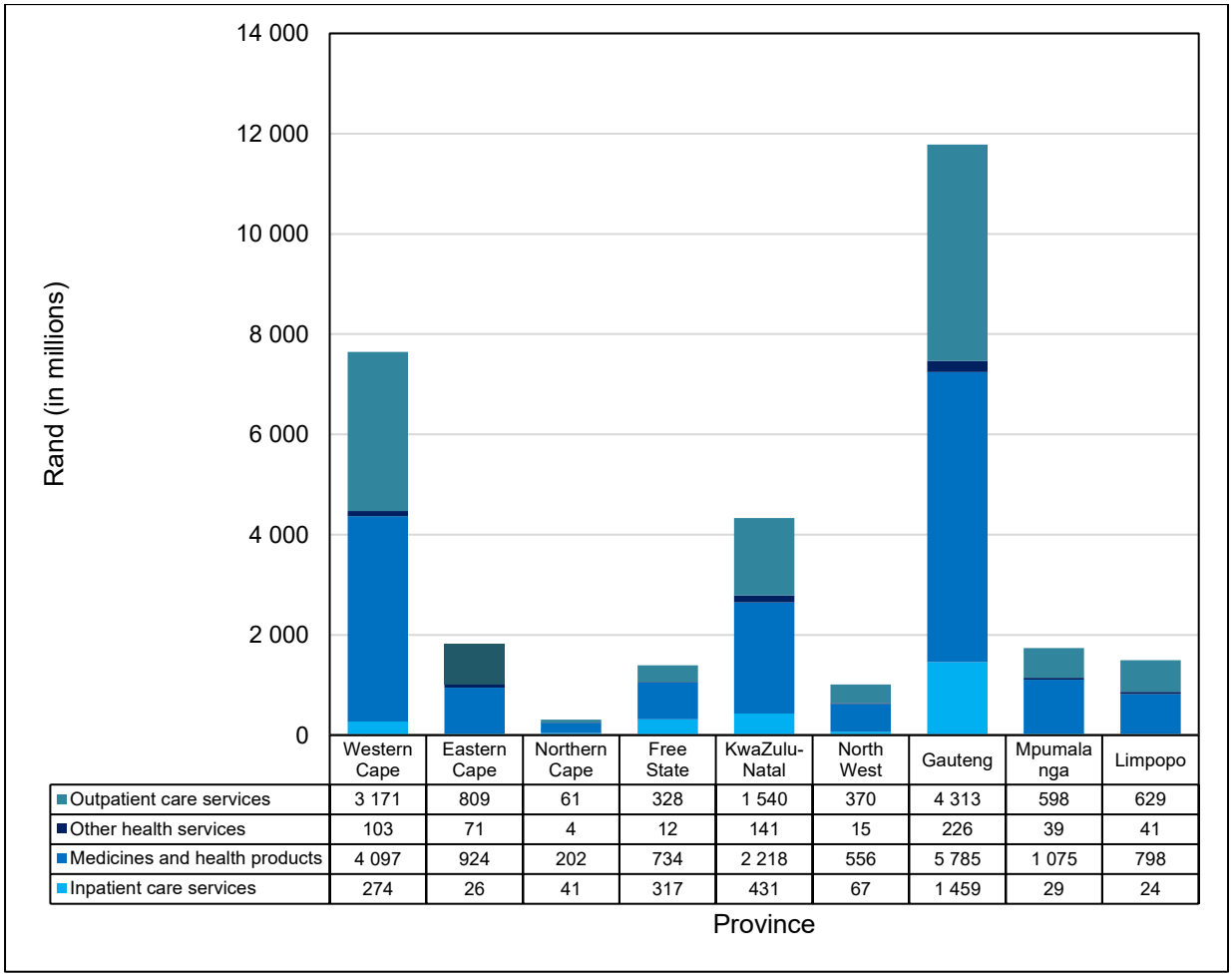
5.3. Major categories of health services by province

This section present information of out-of-pocket expenditure on medicines and health care products, out-patients care services, in-patient care services and other health services acquired by households analysed by province.

Results in Figure 5.4 show consistent health expenditure patterns across all provinces with more money spent on medicines and health products, followed by out-patient services, in-patient care services and the least on other health services.

Households in Gauteng recorded a higher household's expenditure on medicines and other health products (R5,7 billion), while households in Western Cape paid R4,1 billion towards these services. Western Cape and Gauteng households (R3,1 billion and R4,3 billion, respectively) paid more on outpatient care services, with households in Northern Cape paying less. The lowest spending province for services related to inpatient care service were observed in Eastern Cape (R26 million) and Mpumalanga (R29 million), with households in Gauteng spending more at R1,4 billion on inpatient care service, the highest of all provinces.

Figure 5.4: Major categories of health services by province



	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo
Outpatient care services	3 171	809	61	328	1 540	370	4 313	598	629
Other health services	103	71	4	12	141	15	226	39	41
Medicines and health products	4 097	924	202	734	2 218	556	5 785	1 075	798
Inpatient care services	274	26	41	317	431	67	1 459	29	24

5.4. Household expenditure by types of health services

This section presents information on expenditure of types of health services within the major categories mentioned above (medicines and health care products, out-patients care services, in-patient care services and other health services).

5.4.1. Outpatient care services

Table 5.1. shows results on outpatient care services divided into curative and rehabilitative services (e.g., services by general practitioners without admission in hospital ward) and long-term care services (e.g., home based-care institutions). Households in South Africa spent more on curative and rehabilitative services (R3,2 billion) than on long-term care services (R409 million).

Table 5.1: Outpatient care services

Outpatient care services (S)	Rand (in millions)
Outpatient curative and rehabilitative services (S)	3 228
Outpatient long-term care services (S)	409
Total	**3 637**

5.4.2. Outpatient dental services

This sub-section presents information on outpatient dental services divided into dental preventative services (e.g., routine check-ups) and other outpatient dental services. Results show both dental preventative and other outpatient dental services (e.g., tooth extractions, braces) accounted to almost the same amount (both at R1,7 billion).

Table 5.2: Outpatient dental care services

Outpatient dental services (S)	Rand (in millions)
Dental preventive services (S)	1 715
Other outpatient dental services (S)	1 797
Total	**3 511**

5.4.3. Inpatient care services

This sub-section presents information on inpatient care services divided into curative and rehabilitative services (e.g., overnight stay in ward) and long-term care services (e.g., medical retirement homes for the elderly). Results show that the highest amount spent by household was R1,5 billion on curative and rehabilitative services while R1,1 billion was spent on long-term care services.

Table 5.3: Inpatient care services

Inpatient care services	Rand (in millions)
Inpatient curative and rehabilitative services (S)	1 525
Inpatient long-term care services (S)	1 143
Total	**2 668**

5.4.4. Assistive products

Table 5.4 below shows assistive devices divided into assistive products for hearing (e.g., hearing aids), assistive products for mobility and daily living (e.g., wheelchairs, walkers) and communication and assistive products for vision (e.g., spectacles, contact lenses).

Results show that household spent most on assistive products for vision at R3,5 billion, and less money spent on assistive products for hearing (R430 million), while R217 million was spent on Assistive products for mobility and daily living.

Table 5.4: Assistive devices

Assistive products (D)	Rand (in millions)
Assistive products for hearing and communication (D)	430
Assistive products for mobility and daily living (D)	217
Assistive products for vision (D)	3 512
Total	**4 160**

5.4.5. Medicines, vaccines and other pharmaceutical preparations

This sub-section presents information amounts spent on medicines, vaccines and other pharmaceutical preparations divided into: medicines, vaccines and other pharmaceutical preparations with and without prescription; and service fees for medicines, vaccines and other pharmaceutical preparations (e.g., levies).

Results show that the categories for medicines with or without prescription accounted for almost equal amounts (R5 billion with prescription and R4,5 billion without prescription). Service fees for medicines, vaccines and other pharmaceutical preparations accounted for only R777 million.

Table 5.5: Medicines, vaccines and other pharmaceutical preparations

Medicines, vaccines and other pharmaceutical preparations	Rand (in millions)
Medicines, vaccines and other pharmaceutical preparations purchased with prescription	4 951
Medicines, vaccines and other pharmaceutical preparations purchased without prescription	4 509
Service fees for medicines, vaccines and other pharmaceutical preparations	777
Total	**10 237**

5.4.6. Patient emergency transportation services and emergency rescue

This sub-section presents information on transport services that households acquired and paid for (e.g. ambulances). Households spent R106 million on patient emergency transportation services and emergency rescue.

Table 5.6: Patient emergency transportation services and emergency rescue

Patient emergency transportation services and emergency rescue (S)	Rand (in millions)
Patient emergency transportation services and emergency rescue (S)	106

5.4.7. Medical products

This sub-section presents information on medical products such as medical diagnostic products (e.g., HIV kits, pregnancy kits), prevention and protective devices (e.g., condoms, contraceptive devices) and treatment device for personal use (e.g, humidifiers, inhalers).

Results in Table 5.7 below show that households spent more on prevention and protective devices (R533 million), followed by expenditure on treatment device for personal use (R252 million), expenses on medical diagnostic products were at R133 million.

Table 5.7: Medical products

Medical products	Rand (in millions)
Medical diagnostic products	133
Prevention and protective devices	533
Treatment device for personal use	252
Total	**918**

5.4.8. Other preventive care services

This sub-section presents information on preventative care services divided into: immunization services (e.g., vaccines for maternal and childcare and travel and tourism); other preventive services (e.g., counselling, family planning) and diagnostic imaging services and medical laboratory services. Other preventive services (R4,3 billion) while immunisation only contributed R306 million to the out-of-pocket health expenditure. Table 5.8 also shows R547 million was spent on diagnostic imaging services and medical laboratory services (S) (e.g. ambulances).

Table 5.8: Other preventive care services

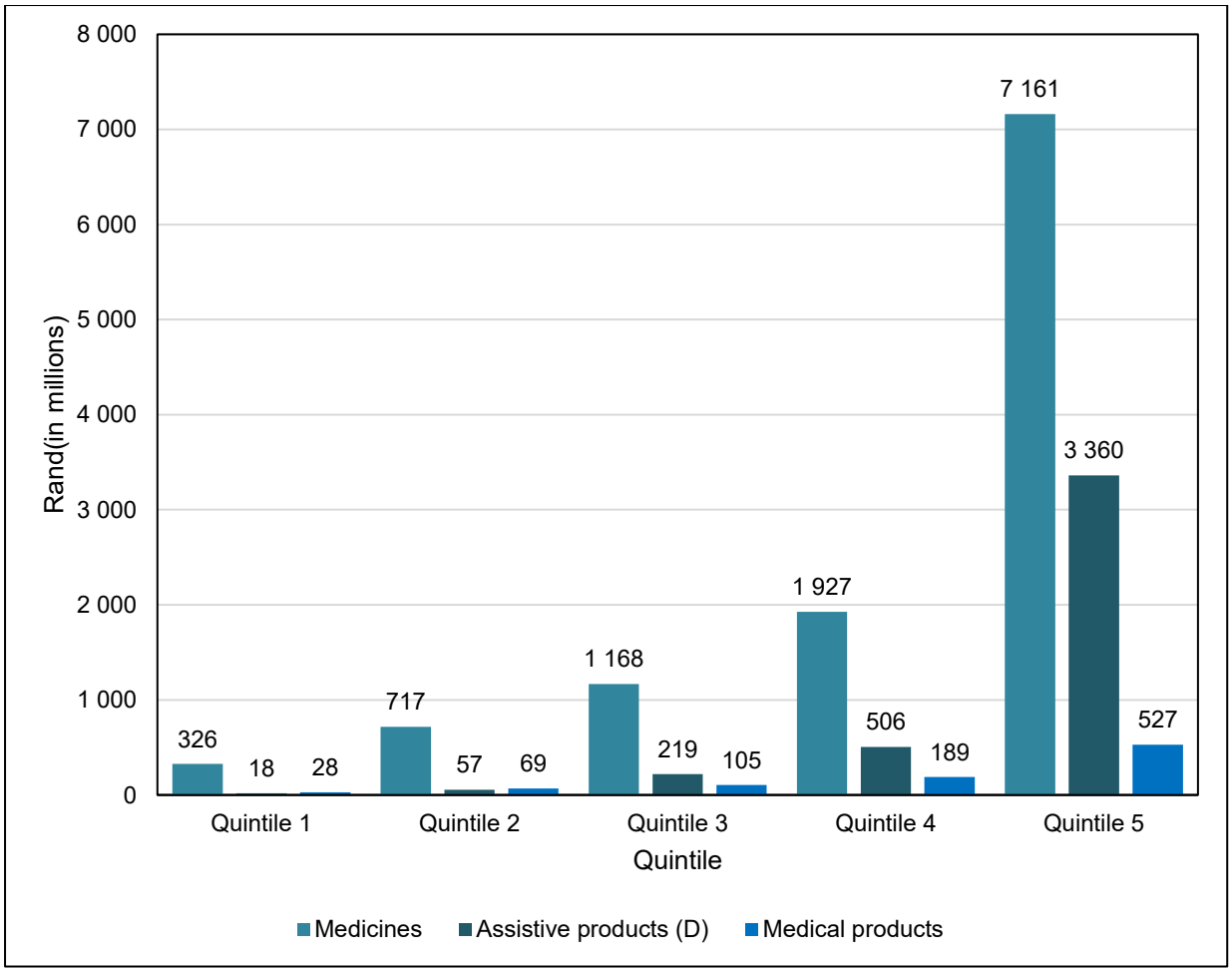
Preventive care services (S)	Rand (in millions)
Immunization services (S)	306
Other preventive services (S)	4 365
Diagnostic imaging services and medical laboratory services (S)	547
Total	**4 671**

5.5. Types of health services by quintiles

This section presents information on type of health services acquired and paid for by households from their pockets analysed by quintiles. Results show that the most common health services acquired by households across all quintiles were medicines, followed by assistive products. Households in Quintile 5 paid more towards medicines (R7,2 billion), followed by R3,4 billion paid towards assistive devices and R527 million for medical products by households in this quintile.

Households in Quintile 4 spent R1,9 billion towards medicines, followed R506 million paid towards assistive devices. Almost R1,2 billion was spent on medicine by households in Quintile 3 and R219 million for assistive devices. Expenditure in the remaining quintiles should be interpreted with caution as cases were few to analyse further.

Figure 5.5: Types of health services by quintiles



5.6. Households' affordability of prescribed medication

This section presents information on the affordability of prescribed medicines, the question on affordability was asked as follows: "During the 12 months prior to the survey period, was there any medication prescribed, which the household could not buy because the household due to lack of money?" Results show that 87,1% of households could afford to pay for the prescribed medication they needed with only 9,6% who could not afford to pay what was prescribed for them.

Table 5.9: Households affordability of prescribed medication

Medication affordability	Number	Percentage
Could not afford	2 052 856	9.6
Could afford	18 540 818	87.1
Don't know/unspecified	689 150	3.2
Total	**21 282 824**	**100.0**

Concluding remarks

Access to affordable health care and essential medicines is one of the key deliverables expressed in the *SDG Target 3.8 of the United Nations 2030 agenda,* which specifically require countries to*: "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all*" by 2030. The South African government invested extensive on resources towards the health care system, as seen from increasing budget and expenditure on health. Research has shown that health insurance coverage protects against catastrophic expenditures, which contributes to the well-being of households (Babiker et al, 2018).

The fragmented nature of the South African health system noted in research, with more than 50% of expenditure located in the private sector, which serves only 16% of the population (Surender R, 2015). Results from the report confirm that only 14% of the population were covered by medical aid, and that households pay more from their pockets to acquire health services needed. Households spent about R31,5 billion in total and R1 480 on average per households on health services.

The overall distribution of medical aid coverage by age group shows that age groups 20-24 and 25-29 years were the least covered by medical aid. Although the percentage distribution of medical aid coverage among the elderly was lower than other age groups, medical aid coverage calculated in and within age groups show that it was higher among 75+ years. The black African population group were mostly covered between age groups 0-4 years to age group 55-59 years while the White population group had highest proportions in older ages. Western Cape had the highest medical aid coverage at 23,8%, followed by Gauteng at 19,6% while only 7,3% of the population in Limpopo were covered by medical aid.

Results also show that households in South Africa contributed a total of R103,5 billion towards medical aid. Although male headed households had lower medical aid coverage (12,7%), they contributed twice as much as female headed households at R71,8 billion vs R27,6 billion. The white population group contributed more to medical aid than other groups (R48,1 billion), followed in second position by households from the black African population group (R40,4 billion). Black African households contributed more than other population groups towards medical aid, however, their annual average contribution to medical aid was lowest when compared to other population groups (R18 561). The same pattern was observed among urban households; their contribution was highest while their annual average contribution towards medical was the least.

Households in Gauteng (R36 billion) and Western Cape (R28,3 billion) contributed more to medical aid, with the least contribution from households in Northern Cape (R1,8 billion). Even though Western Cape was ranked second in terms of medical aid contributions, on average, households in Western Cape contributed more than other provinces (R36 009) while North West contributed the least at (R16 486).

Results on out-of-pocket expenditure show that households in South Africa spent 1% on health from the total household expenditure. Male headed households spent more on health expenses than the female headed households. Households from the black African population group (R15,8 billion) spent more on health than other population groups, followed by households from the white population group (R12,7 billion). However, on average, households from the black African population group recorded the lowest health expenditure (R903). Health expenditure by province shows that households in Gauteng (R11,7 billion) had more out of pocket expenditure than other provinces, while households in Western Cape had higher average expenditure on health than other provinces (R3 122).

The types of service acquired by households were medicines and health products, followed by outpatient care services, and inpatient care services. Households in South Africa spent R11,2 billion on medicines (R5,0 billion with prescription and R4,5 billion without prescription) and R4 billion on assistive devices (R3,5 billion on assistive products for vision, assistive products for hearing (R430 million) and assistive products for mobility and daily living (R217 million). Expenditure on outpatient curative and rehabilitative services was R3,2 billion while long-term care services accounted for R409 million. Service fees for medicines, vaccines and other pharmaceutical preparations accounted for only R777 million.

Households spent less on the following health services: Outpatient long-term care services, Assistive products for hearing and communication, Assistive products for mobility and daily living, Service fees for medicines, vaccines and other pharmaceutical preparations, Patient emergency transportation services and emergency rescue and Diagnostic imaging services and medical laboratory services, Medical diagnostic products, Prevention and protective devices, Treatment device for personal use and Immunization services.

This is a reason for a proposed NHI, geared towards alleviating these costs, but the public health system is burdened by budget constraints and staffing challenges, while public healthcare institutions report a critical shortage of doctors, nurses while many qualified healthcare professionals remain unemployed.

Appendices

Coefficient of variation

It is more useful in many situations to assess the size of the standard error relative to the magnitude of the characteristic being measured (the standard error is defined as the square root of the variance). The coefficient of variation (cv) provides such a measure. It is the ratio of the standard error of the survey estimate to the value of the estimate itself expressed as a percentage. It is very useful in comparing the precision of several different survey estimates, where their sizes or scales differ from one another. Coefficient of variation (CV) is a measure of the relative size of error defined as 100 X (standard error / estimated value).

P-value of an estimate of change

The p-value corresponding to an estimate of change is the probability of observing a value larger than the observed value under the hypothesis that there is no real change. If the p-value 0,05, the difference is not significant.

Figure CV Thresholds

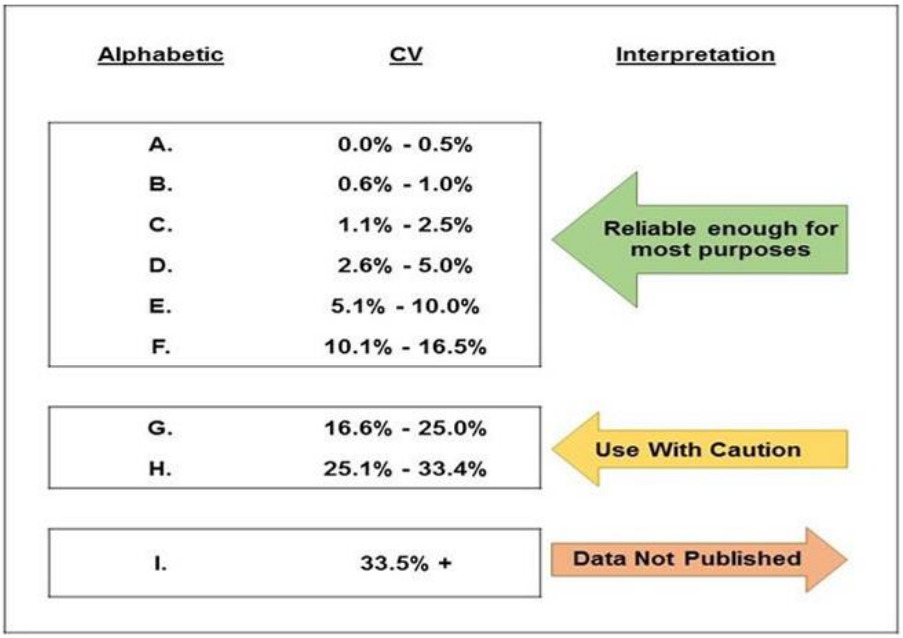


Table A: Measure of precision for medical aid

Medical aid	Weighted Frequency	Percent	Standard error of percent	95% Confidence Limits		CV for percent	Design effect
Yes	8 398 368	13,7	0,2	13,4	14,1	1,3*	1,9
No	51 109 567	83,5	0,2	83,1	83,9	0,2*	1,9
Don`t know	1 696 867	2,8	0,1	2,6	2,9	3,0*	1,8

* Indicates 0% to 16,5% Coefficient of Variation for reliable enough statistics

** Indicates 16,6% to 33,4% Coefficient of Variation for statistics that should be used with caution

*** Indicates Coefficient of Variation greater than 33,5%

Appendix A: Overall medical aid coverage

Medical aid coverage	Number	Percentage
Covered by medical aid	8 398 368	14,1
Not covered by medical aid	51 109 567	85,9
Sub-total	59 507 935	100,0
Unknown	1 696 867	
Total	61 212 368	

Appendix B: Medical aid covered by age

Age	Medical aid coverage			
	Medical aid	No medical aid	Don`t know/unspecified	Total
0-4	579 719	4 995 429	140 129	5 715 277
5-9	680 313	4 781 677	115 467	5 577 457
10-14	645 231	4 953 722	123 282	5 722 235
15-19	532 880	4 623 754	127 398	5 284 032
20-24	352 348	4 163 712	152 156	4 668 217
35-29	444 054	4 488 153	159 094	5 091 301
30-34	652 362	4 743 130	157 339	5 552 830
35-39	784 190	4 277 034	190 994	5 252 218
40-44	699 038	3 397 548	104 200	4 200 786
45-49	669 788	2 578 540	113 603	3 361 931
50-54	558 601	2 131 314	73 673	2 763 587
55-59	497 669	1 697 310	92 209	2 287 188
60-64	401 642	1 432 754	50 836	1 885 231
65-69	272 972	1 148 668	44 883	1 466 522
70-74	241 071	812 181	14 943	1 068 195
75-79	200 697	429 711	21 611	652 020
80+	185 793	454 931	15 053	655 777
Total	8 398 368	51 110 000	1 696 867	61 204 804

Appendix C: Medical aid coverage by sex

Sex	Medical aid	No medical aid	Don`t know/unspecified	Total
Male	4 040 626	25 020 000	863 468	29 930 000
Female	4 357 742	26 090 000	833 398	31 280 000
Total	8 398 368	51 110 000	1 696 867	61 212 368

Appendix D: Medical aid coverage by population group

Population group	Covered by medical aid	Not covered by medical aid	Don`t know/unspecified	Total
Black African	3 806 167	44 660 000	1 156 524	49 620 000
Coloured	933 960	4 331 250	126 597	5 391 807
Indian/Asian	604 161	829 079	134 076	1 567 316
White	3 054 080	1 291 589	279 670	4 625 339
Total	8 398 368	51 110 000	1 696 867	61 212 368

Appendix E: Medical aid coverage by settlement type

	Covered by medical aid	Not covered by medical aid	Don`t know/unspecified	Total
Farms	280 920	2 047 155	55 252	2 383 327
Traditional	712 277	17 780 000	247 667	18 739 944
Urban	7 405 171	31 280 000	1 393 947	40 079 118
Total	8 398 368	51 110 000	1 696 867	61 205 235

Appendix F: Medical aid coverage by province

Province	Covered by medical aid	Not covered by medical aid	Don`t know/unspecified	Total
Western Cape	1 705 569	5 469 297	138 372	7 313 238
Eastern Cape	669 496	5 906 044	95 822	6 671 362
Northern Cape	179 469	1 079 222	61 175	1 319 865
Free State	401 715	2 473 487	54 885	2 930 087
KwaZulu-Natal	1 087 219	10 230 000	309 379	11 630 000
North West	480 952	3 681 497	73 130	4 235 579
Gauteng	3 050 013	12 530 000	785 775	16 370 000
Mpumalanga	392 992	4 281 471	93 837	4 768 301
Limpopo	430 943	5 458 501	84 492	5 973 936
RSA	8 398 368	51 110 000	1 696 867	61 212 368

Appendix G: Number of Households, total and annual average household health (Out of pocket) expenditure by sex

Sex	Total number of households	Rand	
		Total (in millions)	Average
Male	12 038134	20 021	1 663
Female	9 244690	11 508	1 245
Total	21 282824	**31 529**	1 481

Appendix H: Number of Households, total and annual average household health (Out of pocket) expenditure by population group

Population group	Total number of households	Rand	
		Total (in millions)	Average
Black African	17 534 251	15 835	903
Coloured	1 391 912	1 602	1 151
Indian/Asian	487 238	1 373	2 819
White	1 869 423	12 718	6 803
Total	21 282 824	31 529	1 481

Appendix I: Number of Households, total and annual average household health (Out of pocket) expenditure by settlement type

Settlement type	Total number of households	Rand	
		Total (in millions)	Average
Farms	864 937	874	1 010
Traditional	5 546 448	4 120	743
Urban	14 871 439	26 535	1 784
Total	21 282 824	31 529	1 481

Appendix J: Number of Households, total and annual average household health (Out of pocket) expenditure by province

Province	Total number of households	Rand	
		Total (in millions)	Average
Western Cape	2 449 121	7 646	3 122
Eastern Cape	2 089 589	1 830	876
Northern Cape	420 035	308	733
Free State	1 096 917	1 390	1 267
KwaZulu-Natal	3 597 376	4 330	1 204
North West	1 635 805	1 008	616
Gauteng	6 460 153	11 784	1 824
Mpumalanga	1 615 727	1 740	1 077
Limpopo	1 918 101	1 492	778
Total	21 282 824	31 529	1 481

Appendix K: Number and percentage of the population by usual place of health care

Institution	Number	Percentage
Hospital (Public sector)	3 567 372	5,8
Clinic (Public sector)	40 190 271	65,7
Other public facilities	64 976	0,1
Hospital (Private sector)	1 109 701	1,8
Clinic (Private sector)	843 218	1,4
Private doctor/specialist	8 967 417	14,7
Traditional healer	126 280	0,2
Pharmacy/chemist/self-medicate	4 669 022	7,6
Other	444 070	0,7
Unspecified	1 222 476	2,0
Total	**61 204 802**	**100,0**

Appendix L: Number of the type of health services acquired

Type of Service	Number
Medicines, vaccines and other pharmaceutical preparations purchased **with prescription**	4 951
Medicines, vaccines and other pharmaceutical preparations purchased **without prescription**	4 509
Other preventive service (e,g, pre or post-natal care services	4 365
Assistive products for vision (e.g., eye glasses)	3 512
Outpatient curative and rehabilitative services (e.g, consultation without overnight stay)	3 228
Other outpatient dental services (e.g, braces)	1 797
Dental preventive services (e.g., routine check-up)	1 715
Inpatient curative and rehabilitative services (e.g., service with overnight stay)	1 525
Inpatient long-term care services (e,g, hospice)	1 143
Service fees for medicines, vaccines and other pharmaceutical preparations (e,g, levies)	777
Diagnostic imaging services and medical laboratory services (e.g., x-rays)	547
Prevention and protective devices (e,g, masks)	533
Assistive products for hearing and communication (e.g., hearing aids)	430
Outpatient long-term care services (e.g., home-based care)	409
Immunization services (e.g., child vaccines)	306
Treatment device for personal use (e.g., humidifiers)	252
Assistive products for mobility and daily living (e.g., wheelchair)	217
Medical diagnostic products (e.g. thermometers)	133
Patient emergency transportation service and emergency (e.g., ambulance)	106

Appendix M: Extract of the questionnaire

MODULE 4: EXPENDITURE ON HEALTH, INCOME, INDIVIDUAL HEALTH AND MORTALITY

E MOD3RC.InList(11,12)

MODULE 4: EXPENDITURE ON HEALTH, INCOME, INDIVIDUAL HEALTH AND MORTALITY

SECTION 25: EXPENDITURE ON HEALTH. READ OUT: NOW I AM GOING TO ASK QUESTIONS ON EXPENDITURE FOR HEALTH. ASK FOR ALL HOUSEHOLD MEMBERS.

MODULE 4: EXPENDITURE ON HEALTH, INCOME, INDIVIDUAL HEALTH AND MORTALITY / SECTION 25: EXPENDITURE ON HEALTH. READ OUT: NOW I AM GOING TO ASK QUESTIONS ON EXPENDITURE FOR HEALTH. ASK FOR ALL HOUSEHOLD MEMBERS.

Roster: MEDICAL AID AND HEALTH INSURANCE COVERAGE - %ROSTERTITLE%

generated by list question FIRSTNAME

HealthExpenditure

E Four_by_Four==1

25.1: Is %rostertitle% covered by medical aid? I Exclude health/medical insurance and hospital plan.	SINGLE-SELECT EOH_ACOVERED 01 ○ YES 02 ○ NO 03 ○ DON'T KNOW
25.2: Is %rostertitle% covered by any health/medical insurance or hospital plans?	SINGLE-SELECT EOH_HEALTH 01 ○ YES 02 ○ NO 03 ○ DO NOT KNOW

MODULE 4: EXPENDITURE ON HEALTH, INCOME, INDIVIDUAL HEALTH AND MORTALITY / SECTION 25: EXPENDITURE ON HEALTH. READ OUT: NOW I AM GOING TO ASK QUESTIONS ON EXPENDITURE FOR HEALTH. ASK FOR ALL HOUSEHOLD MEMBERS.

HEALTH EXPENDITURE

STATIC TEXT

25.3: SUBSCRIPTIONS AND PREMIUMS, HEALTH SERVICES AND MEDICAL REQUISITES DURING THE 12 MONTHS PRIOR (FROM %recall_4% to %recall_4_1%)TO THE SURVEY PERIOD. Ask for all household members.

STATIC TEXT

25.3.1: Subscriptions and premiums in connection with medical aid schemes and/or provident schemes

a. Contribution by household E HealthExpenditure.Any(x=>x.EOH_ACOVERED==1) V1 self.InRange(0,300000) M1 Value out of range	NUMERIC: INTEGER EOH_EXP_AHHMEM_MED ----------
b. Contribution by employer E HealthExpenditure.Any(x=>x.EOH_ACOVERED==1) V1 self.InRange(0,400000) M1 Value out of range	NUMERIC: INTEGER EOH_BEMPLOY_MED ----------

STATIC TEXT

25.3.2: Subscriptions and premiums in connection with health insurance/medical insurance and hospital plan (not provided in Q25.3.1)

a. Paid by household member

E HealthExpenditure.Any(x=>x.EOH_HEALTH==1)
V1 self.InRange(0,300000)
M1 Value out of range

NUMERIC: INTEGER EOH_EXP_AHHMEM_INS

b. Contribution by employer

E HealthExpenditure.Any(x=>x.EOH_HEALTH==1)
V1 self.InRange(0,400000)
M1 Value out of range

NUMERIC: INTEGER EOH_EXP_BEMPLOYER_INS

25.3.3: During the month prior to the survey period, was there any medication acquired by any one within the household?

SINGLE-SELECT EOH_MEDS

01 O YES
02 O NO
03 O DON'T KNOW

STATIC TEXT

25.4.2: Medication and medical services not paid for by medical aid, medical benefit scheme or provident scheme

STATIC TEXT

Medical and/or surgical services

a. Out-patient curative and rehabilitative services

I Outpatient medical services provided by general practitioners and medical specialists without an over night stay, including all health products needed to deliver outpatient services.
V1 self.InRange(0,80000)
M1 Out of range

NUMERIC: INTEGER EOH_EXP_A1OUTCUR

b. Out-patient long-term care services

I Outpatient long-term care services for disease control (e.g. services of medical day care centres, medical care services for the elderly and people with disabilities, home based long term care hospit
And 275 other symbols [63]
V1 self.InRange(0,80000)
M1 Out of range

NUMERIC: INTEGER EOH_EXP_B1OUTLONG

d. In-hospital (In-patient long-term care services)

NUMERIC: INTEGER — EOH_EXP_D1INLONG

I Record all amounts that were NOT paid for by medical aid. In-patient long-term care services for overnight stay (e.g. services of inpatient care hospices, medical retirement home for the elderly, med
And 383 other symbols [65]

V1 `self.InRange(0,350000)`

M1 Out of range

25.4.3: Consultations of traditional/spiritual healers

NUMERIC: INTEGER — EOH_EXP_A2CON

V1 `self.InRange(0,40000)`

M1 Out of range

25.4.4: Dental preventive service

NUMERIC: INTEGER — EOH_EXP_BDEN

I Dental preventive services (routine preventative dental check-up)

V1 `self.InRange(0,200000)`

M1 Out of range

25.4.5: Other outpatient dental services

NUMERIC: INTEGER — EOH_EXP_COTHDEN

I Other outpatient dental services (e.g. Tooth extractions, braces, tooth inlays/fillings, tooth crown, service of the dentist for aesthetic reasons, etc.)

V1 `self.InRange(0,200000)`

M1 Out of range

25.4.6: Diagnostic imaging services and medical laboratory services

NUMERIC: INTEGER — EOH_EXP_DLABS

I Record all amounts that were NOT paid for by medical aid. Diagnostic imaging services and medical laboratory services (e.g. blood tests, urine tests, CT scans, MRI, sonography, X-rays and radiation f
And 46 other symbols [66]

V1 `self.InRange(0,50000)`

M1 Out of range

25.4.7: Assistive products for vision

NUMERIC: INTEGER — EOH_EXP_EASSISTVIS

I Assistive product for vision (e.g. spectacles, including contact lenses, white canes, etc.)

V1 `self.InRange(0,45000)`

M1 Out of range

25.4.8: Assistive products for hearing and communication

NUMERIC: INTEGER — EOH_EXP_FASSISTHEA

I Assistive products for hearing and communication (e.g. hearing aids, including cleaning, adjustment and batteries if not separately identifiable from the product)

V1 `self.InRange(0,45000)`

M1 Out of range

25.4.9: Assistive products for mobility and daily living

NUMERIC: INTEGER — EOH_EXP_GASSISTMOB

I Assistive products for mobility and daily living (e.g.prostheses/artificial legs, walking frame, crutches, wheelchair, walkers and walking sticks, spinal belt and bruises, chairs for shower/bath/toile
And 8 other symbols [67]

V1 `self.InRange(0,45000)`

M1 Out of range

25.4.10: Repair, rental and maintenance of medical and assistive products.

NUMERIC: INTEGER — EOH_EXP_HREPASSIST

I Rental of medical and assistive products (e.g. rental of medical alarms for in-house use, etc.)

V1 `self.InRange(0,45000)`

M1 Out of range

25.4.11: Medical dignostic products

NUMERIC: INTEGER EOH_EXP_IDIAGNOST

I Diagnostic equipment for self test or over-the-counter sale for person al use outside a health facility/institution (ue.g. pregnancy test kit, HIV t est kit, glucose meters, baby scale, thermometers, gl
And 94 other symbols [68]

V1 `self.InRange(0,50000)`

M1 Out of range

25.4.12: Prevention and protective devices

NUMERIC: INTEGER EOH_EXP_JPREVENTION

I Prevention and protective products/devices (e.g. Condoms, mechanica l contraceptive devices [loop, implant, patches,etc.] mask, medicinal st ockings/socks, medical cloves, mosquito nets,etc.)

V1 `self.InRange(0,50000)`

M1 Out of range

25.4.13: Treatment device for personal use

NUMERIC: INTEGER EOH_EXP_KTREATMENT

I Treatment device for personal use (e.g. Inhalers, syringes, humidifiers, nebulizers, first aid kits and bandages, ice packs, etc.)

V1 `self.InRange(0,50000)`

M1 Out of range

25.4.14: Immunization services

NUMERIC: INTEGER EOH_EXP_LIMMUN

I Immunization services (e.g. measles, polio, influenza, yellow fever, chi cken pox, travel and tourism vaccinations, immunisation/vaccination s ervices for maternal and child care, etc.)

V1 `self.InRange(0,50000)`

M1 Out of range

25.4.15: Other preventative services

NUMERIC: INTEGER EOH_EXP_MOTHPREV

I Other preventive services (family planning, counselling, pre/post natal care services, child growth and development services, screening and d iagnostic tests, laboratory and imaging services (e.g. mamm
And 13 other symbols [69]

V1 `self.InRange(0,50000)`

M1 Out of range

25.4.16: Patient emergency transportation serv ices and emergency rescue

NUMERIC: INTEGER EOH_EXP_NNONHOSP

I Record all amounts that were NOT paid for by medical aid. Patient eme rgency transportation services and emergency rescue (e.g. ambulance services, individual transportation by airplane and vehicles f
And 75 other symbols [70]

V1 `self.InRange(0,50000)`

M1 Out of range

STATIC TEXT

25.4.17: Medication and pharmacy fees

1. Medication, vaccines and other pharmacueu tical preparations purchased with prescription

NUMERIC: INTEGER EOH_EXP_01MED

I Medicines, vaccines and other pharmaceutical preparations purchase d with prescription (all medicines, including extemporaneous ointment s, syrups, capsules, vaccines, hormones, oral contraceptives, vit
And 150 other symbols [71]

V1 `self.InRange(0,120000)`

M1 Out of range

2. Dispensing and other service fees (e.g. levies , etc.) I Record all amounts that were NOT paid for by medical aid. Service fee s to dispense medicines charged by the pharmacists. V1 self.InRange(0,70000) M1 Out of range	NUMERIC: INTEGER ----------	EOH_EXP_02DISP
3. Medication, vaccines and other pharmacueu tical preparations purchased without prescripti on I Medicines, vaccines and other pharmaceutical preparations purchase d without prescription (all medicines, including extemporaneous (unscr ipted) ointments, syrups, capsules, vaccines, oral contraceptiv And 88 other symbols [72] V1 self.InRange(0,130000) M1 Out of range	NUMERIC: INTEGER ----------	EOH_EXP_03MED
4. Herbal medication and traditional herbs/spir itual medicines (include holy water, anointing o il, etc.) I Herbal medicines and homeopathic products (e.g milk thistle, herbal t raditional medicine, aloe vera plant, spiritual medicines, herbal teas, et c.) V1 self.InRange(0,30000) M1 Out of range	NUMERIC: INTEGER ----------	EOH_EXP_04TRAD

5.2: Is there a place that you usually go to when you need health care?	SINGLE-SELECT 01 O YES 02 O NO	INH_PLACE

5.3: What kind of place do you usually go to wh en you need health care? E INH_PLACE==1	SINGLE-SELECT 01 O HOSPITAL (PUBLIC SECTOR) 02 O CLINIC (PUBLIC SECTOR) 03 O OTHER IN PUBLIC SECTOR 04 O HOSPITAL (PRIVATE SECTOR) 05 O CLINIC (PRIVATE SECTOR) 06 O PRIVATE DOCTOR/SPECIALIS T (CONSULTING ROOM) 07 O TRADITIONAL HEALER (CON SULTING ROOM) 08 O PHARMACY/CHEMIST/SELF- MEDICATION 09 O OTHER IN PRIVATE SECTOR	INH_KIND

References

Burger R, and Christian C. 2018. Access to Health Care in Post-Apartheid South Africa: Availability, Affordability, Acceptability. Health Economics, Policy and Law. 2018; X: 1-13

D. Clark. 2025. Ratio of government expenditure to Gross Domestic Product (GDP) in Sub-Saharan Africa.

De Villiers K. 2021. Bridging the health inequality gap: An examination of South Africa's social innovation in health landscape. Infectious Diseases of Poverty (2021) 10-19.

Hongoro, JD; Kegne, AP; Peer N; Nguyen,K, Bobrow, K and Alaba, A. 2025. Economic burden of HIV and Hypertension Care Among MOPHADHIV Trial Participants: Patients Costs and Determinants of Out-of-Pockets Expenditure in South Africa.

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

Statistics South Africa. 2025. Income and Expenditure of households 2022/2023. Pretoria

World Health Organisation. 2025. Tracking universal health coverage: 2025 Global Monitoring Report.

World Health Organization. 2006. The world health report 2006. Working together for health, 2006. World Health Organization.

World Health Organisation. 1948. Summary Reports on Proceedings Minutes and Final Acts of the International Health Conference held in the New York from 19 June to 22 July 1946. World Health Organization.