

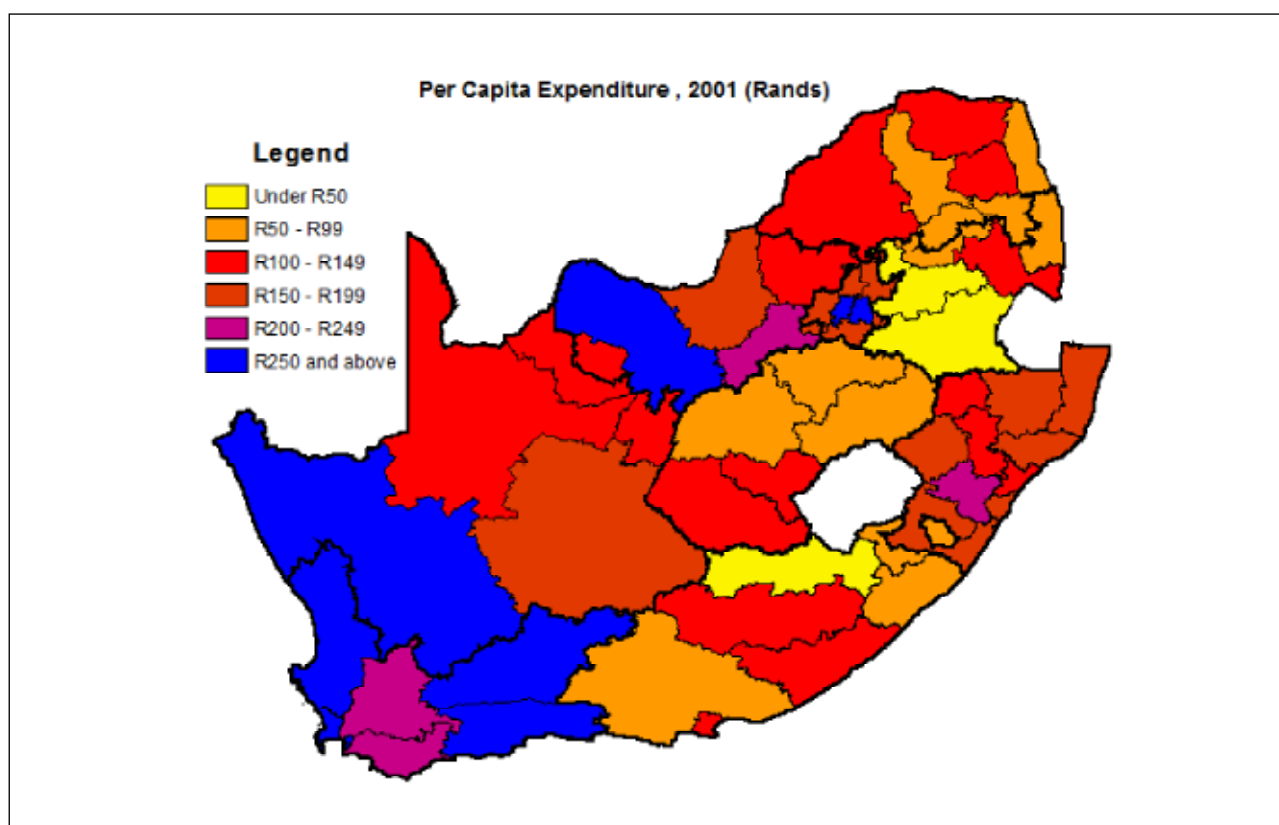
# THE DISTRICT HEALTH INDICATORS

## 1. INPUT INDICATORS

### 1.1 Per Capita Expenditure on Health<sup>5</sup>

Per capita expenditure measures the total amount spent by each district on each person in the district without medical aid cover. It provides a tool to assess whether resources are being equitably distributed across the districts. The information used here refers to expenditure by health districts on non-hospital PHC in 2001,<sup>6</sup> which is the only year for which this indicator is available across all districts.<sup>7</sup> In some provinces, notably the Eastern Cape and KwaZulu-Natal, hospitals provided a significant amount of PHC. However, this should not have affected the trends. The average per capita expenditure on non-hospital PHC in South Africa in 2001 was R168.

Map 2: Per Capita Expenditure in South Africa by Health District, 2001

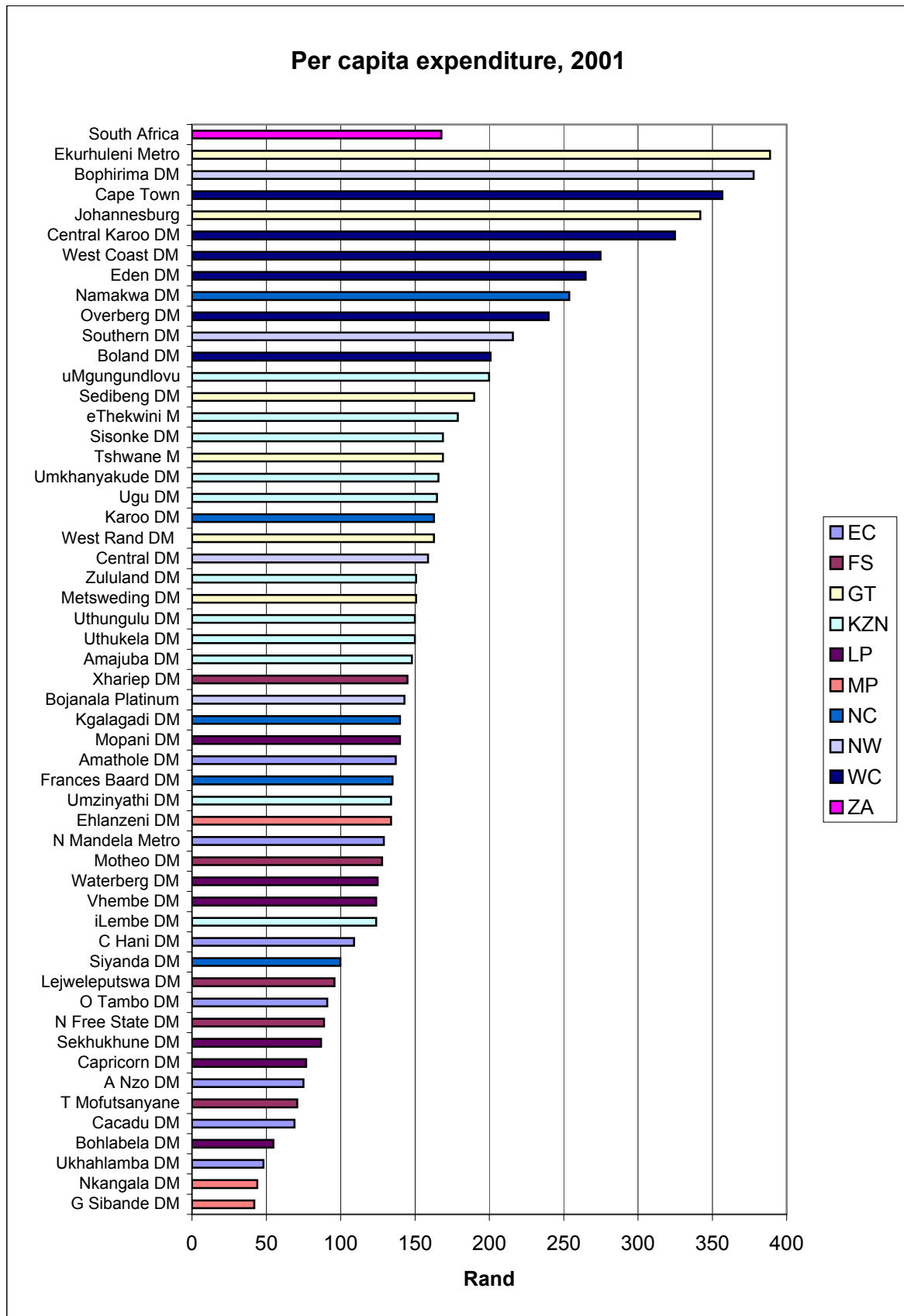


5 The per capita expenditure, although calculated for 2001 is in 2003 Rand values.

6 Blecher M, Thomas S, Health care financing. In: Ijumba P, Day C, Ntuli A, editors. South African Health Review 2003/04, Durban: Health Systems Trust; 2004.

7 It is hoped that the annual district plans, which all districts are required to complete in terms of the 2003 Health Act, will result in this indicator being available from 2006.

**Figure 2: Per Capita Expenditure by District, 2001<sup>8</sup>**



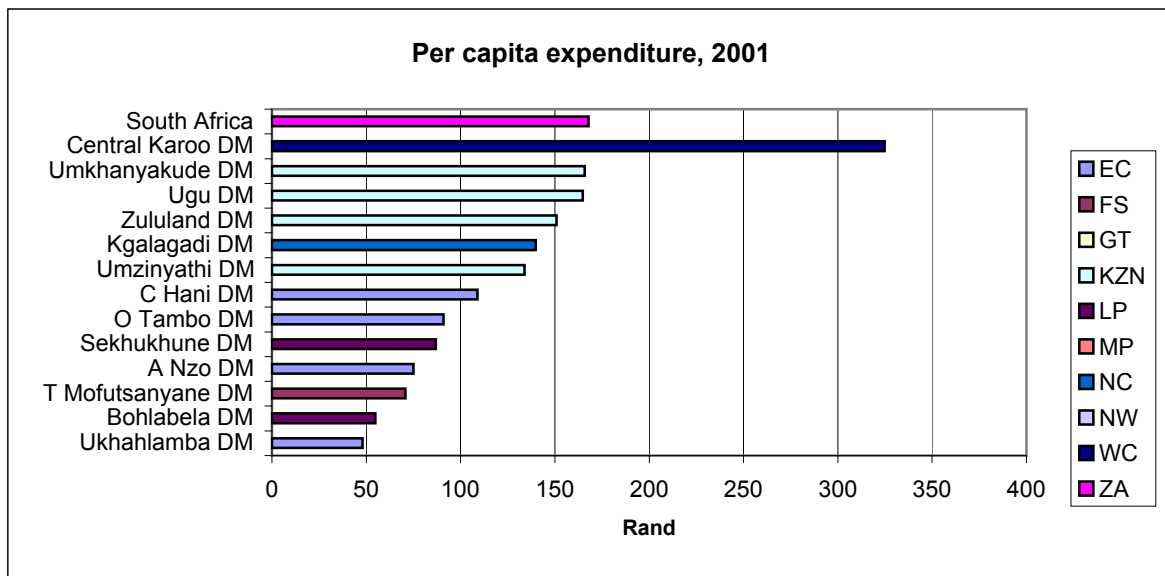
<sup>8</sup> The per capita expenditure, although calculated for 2001 is in 2003 Rand values.

**District View:**

In the map and graph, the variation in health expenditure on non-hospital PHC per capita across the districts is illustrated. There is a nine fold difference between the district with the highest expenditure, Ekurhuleni Metro (GT) with a R389 per capita spend, and the lowest, Gert Sibande (MP) with R42 per capita. One of the principles of the District Health System is to improve equity and this large difference suggests that more attention needs to be paid to this principle in addressing these imbalances in the financing of non-hospital PHC.

In general the graph indicates that the most needy districts are getting the least funding and those districts that are more advantaged are getting more resources. This is illustrated by the fact that three of the five districts with an expenditure of over R300 per person are metros.

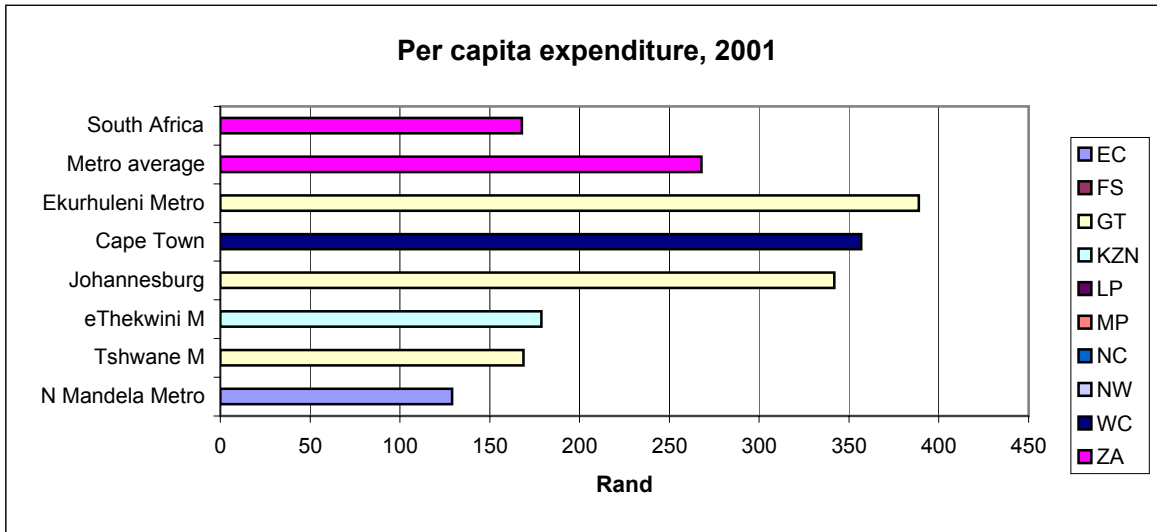
**Figure 3: Per Capita Expenditure across the Rural Nodes, 2001**



**Rural Nodes:**

As illustrated in the graph, all the rural node districts, except for the Central Karoo (WC), have an expenditure below the SA average. The Central Karoo has the highest expenditure (R325). It is double that of the rural node with the second highest expenditure (Umkhanyakude). It appears that in KwaZulu-Natal the principle of equity is being achieved, as the four rural nodes in KwaZulu-Natal are closely clustered around the SA average. Given the limited infrastructure in many of these districts it is concerning to note that nearly half the districts have an expenditure of less than R100.

**Figure 4: Per Capita Expenditure by Metro District, 2001**



**Metro View:**

The expenditure per capita varies threefold from R389 per person in Ekurhuleni (GT) to R129 per person in the Nelson Mandela Metropole (EC). The Nelson Mandela Metropole is the only metro which has an expenditure less than the national average.

**Provincial View:**

As can be seen in the graph below, the expenditure per capita in the Western Cape is four and a half times that of Mpumalanga. Although there has been a significant narrowing of the gap in the total health expenditure between the provinces since 1994, this has not translated in a narrowing of the gap in expenditure on primary health care. Clearly, in Mpumalanga and other provinces more funds need to be moved from hospitals into PHC.

**Figure 5: Per Capita Expenditure by Province, 2001**

