15 Gauteng Province

Sedibeng District Municipality

Sedibeng is situated in Gauteng province. With a population of 800 819 it has the lowest population density (210.1 people per km^2) in the province and a medical scheme coverage of 19.4%.

The PHC per capita expenditure decreased from R731 in 2010/11 to R708 in 2011/12 but is higher than the national average of R684. The total district per capita expenditure was R1 075, slightly higher than the provincial average of R1 006. The PHC expenditure per headcount was R235, a decrease from R277 in 2010/11. The proportion of district expenditure on PHC was 66.1%, while 4.1% was spent on district management. The proportion of district expenditure on district hospitals was 29.7%.

The PHC fixed facility supervisory rate was 94.4%, well above the national average of 74.1% and the provincial average of 86.2%. The PHC utilisation rate increased from 2.1 in 2010/11 to 2.4 visits per person per year in 2011/12. The PHC utilisation rate under 5 years was 4.0 visits per child, slightly lower than the national average of 4.7.

The district had 0.5 district hospital beds per 1 000 population. The bed utilisation was 69.5%, a decrease from 74.5% in 2010/11. The average length of stay was 3.5 days, on a par with the provincial average but lower than the national average of 4.3 days. The average expenditure per PDE increased from R1 821 in 2010/11 to R1 881 in 2011/12.

The diarrhoeal incidence under 5 years was 47.6 per 1 000 children. The mortality rate among children under 5 years due to diarrhoea with dehydration was 4.9%, a noteworthy decrease from 14.6% in 2010/11. The vitamin A coverage in children aged 12 to 59 months was 51.6%, higher than the national average of 43.4%.

The stillbirth rate was 25.7 per 1 000 births, the highest in the province, while the early neonatal death rate was 9.8 per 1 000 live births. The facility under-1 mortality rate decreased slightly from 8.1% in 2010/11 to 7.6% in 2011/12. The facility under-5 mortality rate was 3.3%, slightly below the national rate of 4.3%.

The immunisation coverage under 1 year increased from 110.2% in 2010/11 to 120.8% 2011/12 – although immunisation rates above 100% suggest dubious data quality or incorrect catchment population figures. Similarly, the pneumococcal vaccine 3rd dose increased from 100.5% to 101.6%, the rotavirus 2nd dose coverage increased from 95.7% to 107.9% and the measles 1st dose under 1 year coverage from 104.9% to 120.5%. The measles 1st to 2nd dose drop-out rate unfortunately also increased from 12.9% in 2010/11 to 22.7% in 2011/12 and was well above the national average of 15.4% in 2011/12.

The Caesarean section rate was 23.3%. The proportion of deliveries in facilities to women under 18 years was 6%, lower than the national average of 8.1%. The facility maternal mortality ratio (MMR) reflected in the DHIS was 160.3 per 100 000 live births, the second highest in the province and well above the provincial average of 123.3. The 2010 MMR from the National Committee on the Confidential Enquiries into Maternal Deaths data was 196.1 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 38.3%, slightly below the national rate of 40.2%. Cervical cancer screening coverage decreased annually over four years from 50.6% in 2007/08 to 32.8% in 2011/12, which is below both provincial (44.9%) and national (55%) averages. The couple year protection rate was 34.6%. The male condom distribution rate was 11.2 condoms per male 15 years and older, the highest in the province but below the national average of 15.8.

The TB two-month smear conversion rate decreased from 68% in 2010 to 63.4% in 2011, the lowest in the province. The new smear-positive TB cure rate in 2010 was the lowest in the province at 50.8%. The new smear-positive TB defaulter rate in 2010 was 6.9%.

The antenatal client HIV 1st test rate was the second highest in the province at 94.9%; although still below the national average of 98%. Antenatal client HIV 1st test positive rate was 24.6% and higher than the national (20.6%) average. The antenatal client HIV prevalence in facility routine data decreased from 40.0% in 2010/11 to 31.1% in 2011/12, which is in line with the 2010 HIV Antenatal Sero-prevalence Survey value of 30.1%. The antenatal client initiated on HAART rate of 81.5% is significantly higher than the 54.8% in 2010/11.

The uptake rate of baby PCR tests around 6 weeks was 88.7%, an improvement on 81.9% in 2010/11. The percentage of babies that tested PCR-positive 6 weeks after birth was 2.9%, a marked decrease from 11.5% in 2007/08. Data from the National Health Laboratory Services (NHLS) shows that the early infant HIV diagnosis coverage increased from 43.2% in 2010/11 to 61.1% in 2011/12. The proportion of infants who were HIV-positive under two months according to the NHLS was 2.8%, closely matching the routine DHIS data. The rate of HIV-positive infants initiated on HAART under 18 months decreased from 62.8% in 2010/11 to 47.8% in 2011/12.

The hypertension detection rate has remained stable at 0.3% since 2006/07. The mental health case load was 1.6%, slightly above the national average of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Sedibeng's 2009

quality of death certification was relatively poor with 26.2% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 6.6% of deaths were assigned to 'ill-defined' causes and 19.6% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (38.2%), followed by non-communicable diseases (33.2%). HIV and TB (18.8%) ranked third whilst the lowest proportion (9.7%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): GP – DC42: Sedibeng District Municipality

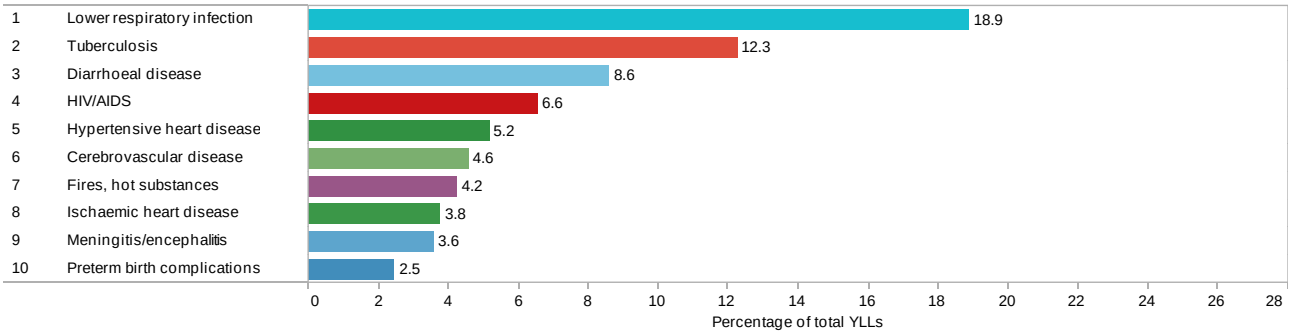


Figure 2: Annual indicators for district: Sedibeng: DC42

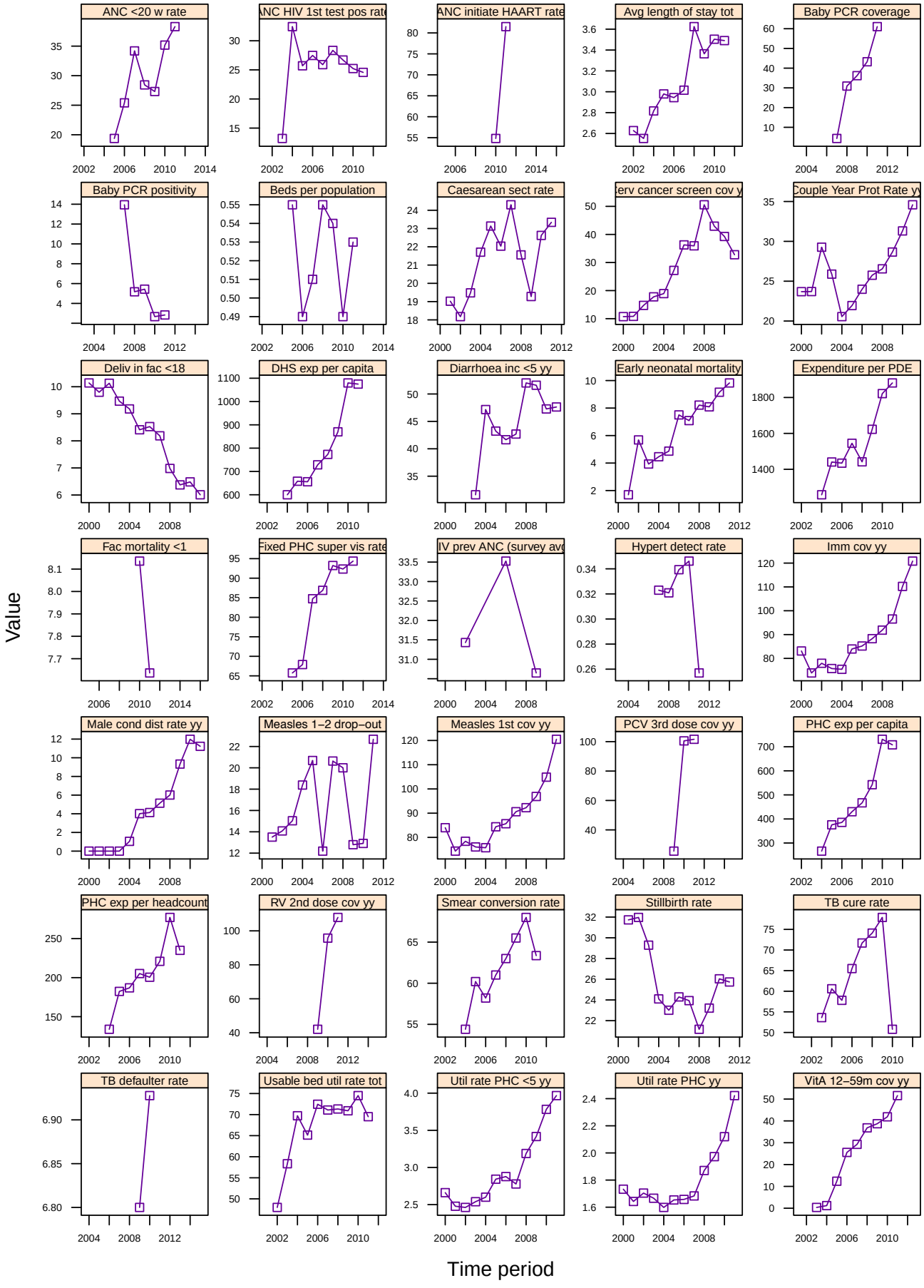
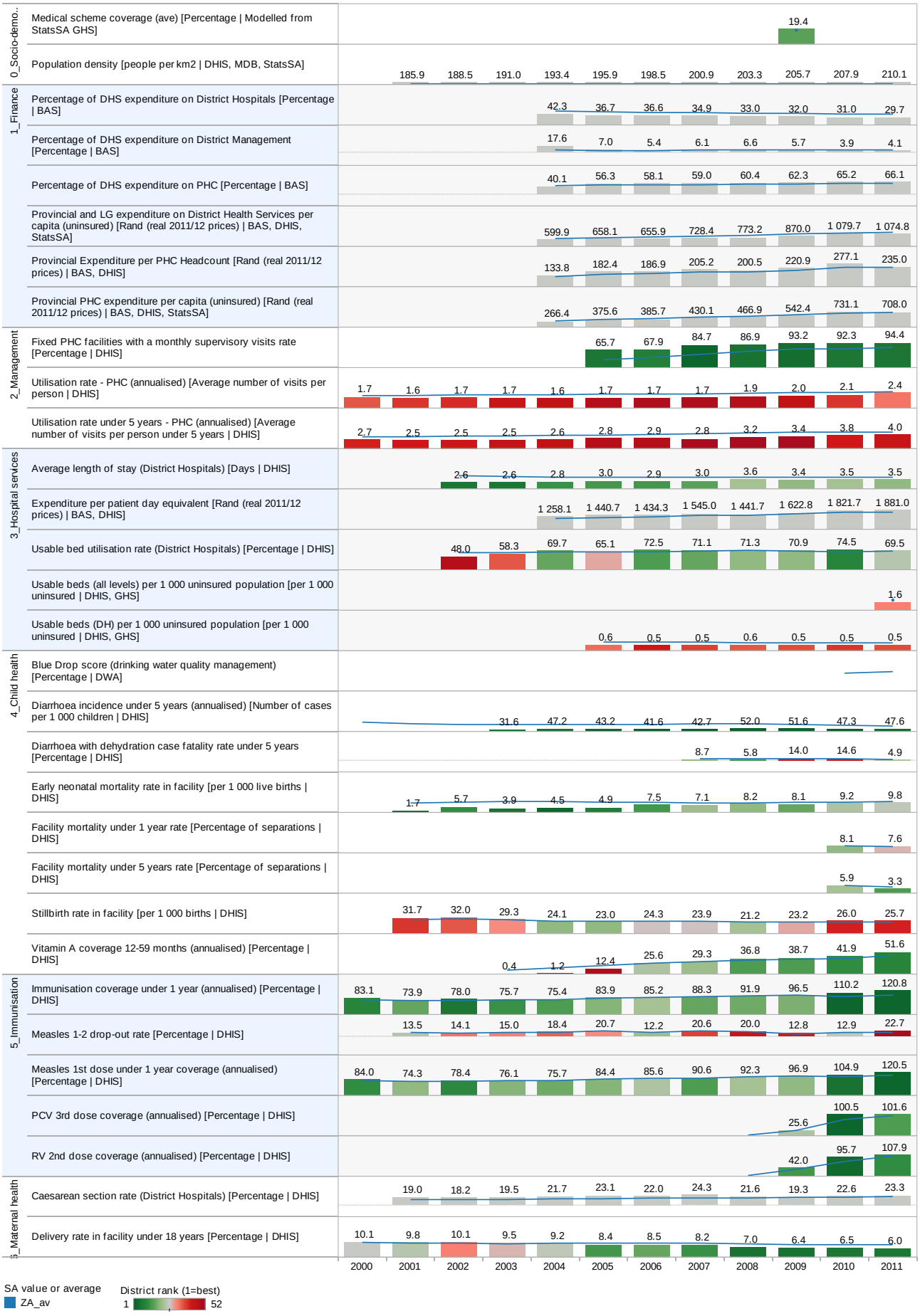
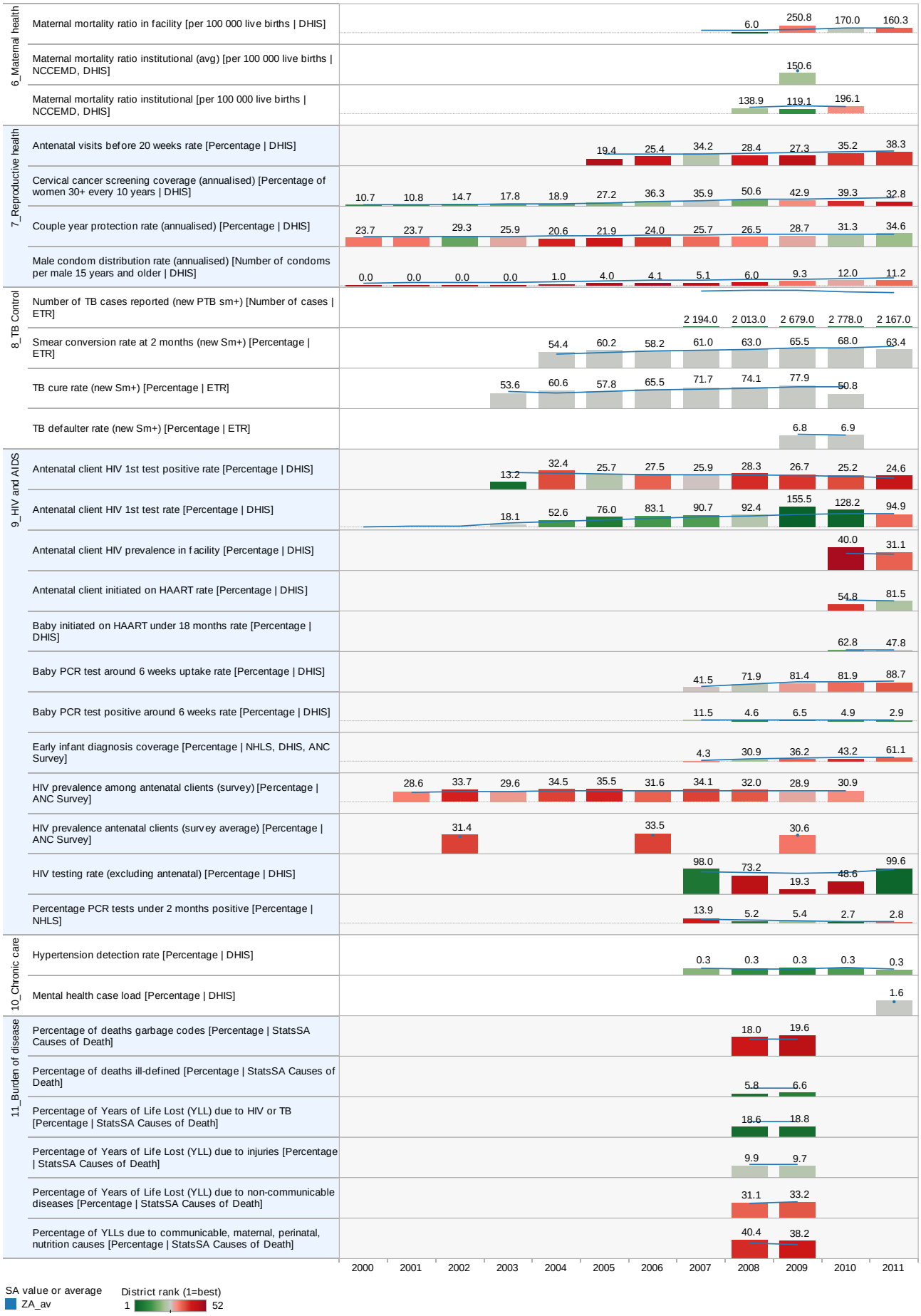


Figure 3: District page: GP – DC42: Sedibeng District Municipality




6_Maternal health
Maternal mortality ratio in facility [per 100 000 live births | DHIS]
6.0 250.8 170.0 160.3
Maternal mortality ratio institutional (avg) [per 100 000 live births | NCCEMD, DHIS]
150.6
Maternal mortality ratio institutional [per 100 000 live births | NCCEMD, DHIS]
138.9 119.1 196.1
7_Reproductive health
Antenatal visits before 20 weeks rate [Percentage | DHIS]
19.4 25.4 34.2 28.4 27.3 35.2 38.3
Cervical cancer screening coverage (annualised) [Percentage of women 30+ every 10 years | DHIS]
10.7 10.8 14.7 17.8 18.9 27.2 36.3 35.9 50.6 42.9 39.3 32.8
Couple year protection rate (annualised) [Percentage | DHIS]
23.7 23.7 29.3 25.9 20.6 21.9 24.0 25.7 26.5 28.7 31.3 34.6
Male condom distribution rate (annualised) [Number of condoms per male 15 years and older | DHIS]
0.0 0.0 0.0 0.0 1.0 4.0 4.1 5.1 6.0 9.3 12.0 11.2
8_TB Control
Number of TB cases reported (new PTB sm+) [Number of cases | ETR]
2 194.0 2 013.0 2 679.0 2 778.0 2 167.0
Smear conversion rate at 2 months (new Sm+) [Percentage | ETR]
54.4 60.2 58.2 61.0 63.0 65.5 68.0 63.4
TB cure rate (new Sm+) [Percentage | ETR]
53.6 60.6 57.8 65.5 71.7 74.1 77.9 50.8
TB defaulter rate (new Sm+) [Percentage | ETR]
6.8 6.9
9_HIV and AIDS
Antenatal client HIV 1st test positive rate [Percentage | DHIS]
13.2 32.4 25.7 27.5 25.9 28.3 26.7 25.2 24.6
Antenatal client HIV 1st test rate [Percentage | DHIS]
18.1 52.6 76.0 83.1 90.7 92.4 155.5 128.2 94.9
Antenatal client HIV prevalence in facility [Percentage | DHIS]
40.0 31.1
Antenatal client initiated on HAART rate [Percentage | DHIS]
54.8 81.5
Baby initiated on HAART under 18 months rate [Percentage | DHIS]
62.8 47.8
Baby PCR test around 6 weeks uptake rate [Percentage | DHIS]
41.5 71.9 81.4 81.9 88.7
Baby PCR test positive around 6 weeks rate [Percentage | DHIS]
11.5 4.6 6.5 4.9 2.9
Early infant diagnosis coverage [Percentage | NHLS, DHIS, ANC Survey]
4.3 30.9 36.2 43.2 61.1
HIV prevalence among antenatal clients (survey) [Percentage | ANC Survey]
28.6 33.7 29.6 34.5 35.5 31.6 34.1 32.0 28.9 30.9
HIV prevalence antenatal clients (survey average) [Percentage | ANC Survey]
31.4 33.5 30.6
HIV testing rate (excluding antenatal) [Percentage | DHIS]
98.0 73.2 19.3 48.6 99.6
Percentage PCR tests under 2 months positive [Percentage | NHLS]
13.9 5.2 5.4 2.7 2.8
10_Chronic care
Hypertension detection rate [Percentage | DHIS]
0.3 0.3 0.3 0.3 0.3
Mental health case load [Percentage | DHIS]
1.6
11_Burden of disease
Percentage of deaths garbage codes [Percentage | StatsSA Causes of Death]
18.0 19.6
Percentage of deaths ill-defined [Percentage | StatsSA Causes of Death]
5.8 6.6
Percentage of Years of Life Lost (YLL) due to HIV or TB [Percentage | StatsSA Causes of Death]
18.6 18.8
Percentage of Years of Life Lost (YLL) due to injuries [Percentage | StatsSA Causes of Death]
9.9 9.7
Percentage of Years of Life Lost (YLL) due to non-communicable diseases [Percentage | StatsSA Causes of Death]
31.1 33.2
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage | StatsSA Causes of Death]
40.4 38.2
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011
SA value or average
ZA_av
District rank (1=best)
1
52

West Rand District Municipality

West Rand district is located on the south western edge of Gauteng. The district has a population of 921 607 with a population density of 225.5 people per km^2. The proportion of the population with medical aid coverage is 24.4%.

The PHC per capita expenditure increased from R598 in 2010/11 to R697 in 2011/12, the lowest in the province but higher than the national figure of R684. The district expenditure per capita increased from R1 053 in 2010/11 to R1 167 in 2011/12, higher than the provincial value of R1 006. The PHC expenditure per headcount was R267, an increase from R252 in 2010/11. The proportion of district expenditure on PHC was 58.6%, while 8.7% was spent on district management and 32.6% on district hospital services.

The PHC fixed facility supervisory rate increased encouragingly from 62.1% in 2010/11 to 80.9% in 2011/12, which is well above the national rate of 74.1%. The PHC utilisation rate increased from 1.8 visits per person per year in 2010/11 to 2.0 in 2011/12, which is still lower than the national rate of 2.5 visits. The PHC utilisation rate under 5 years was 4.0 visits per child, also lower than the national rate of 4.7.

The district has 0.6 district hospital beds per 1 000 population. The bed utilisation rate was 66.0% with an average length of stay of 4.3 days. The expenditure per PDE of R2 143 was the highest in the province.

The diarrhoeal incidence under 5 years decreased from 60.8 per 1 000 children in 2010/11 to 55.6 in 2011/12, well below the national figure of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration decreased from 7.3% in 2010/11 to 1.9% in 2011/12 and was well below the national rate of 4.6%. The vitamin A coverage in children aged 12 to 59 months was 48.9%, a pleasing increase from 37.5% in 2010/11.

The stillbirth rate was 17.5 per 1 000 births – the lowest in the province and lower than the national rate of 22.5. The early neonatal death rate was 6.4 per 1 000 live births, also the lowest in the province and lower than the national rate of 10.2. The under-1 facility mortality rate decreased from 8.7% in 2010/11 to 7.1% in 2011/12, while the under-5 facility mortality rate also decreased from 6.0% to 4.4% in the same period.

The immunisation coverage under 1 year increased from 98.5% in 2010/11 to 103.3% in 2011/12, the pneumococcal vaccine 3rd dose coverage from 94.2% to 102.8%, the rotavirus 2nd dose coverage from 92.5% to 97.9% and the measles 1st dose under 1 year coverage from 98.7% to 104.6%.[a] The measles 1st to 2nd dose drop-out rate was 12.8%, the lowest in the province and lower than the national rate of 15.4%.

The Caesarean section rate increased from 16.4% in 2010/11 to 19.7% in 2011/12. The proportion of deliveries in facility to women under 18 years dropped from 6.1% in 2010/11 to 5.7% in 2011/2012, the fourth lowest rate nationally. The maternal mortality ratio (MMR) recorded in the DHIS was 129.7 per 100 000 live births, a drastic increase from 26.3 in 2010/11.[b] The 2010 MMR from the National Committee on the Confidential Enquiries into Maternal Deaths data was 184.3 per 100 000 live births.

The rate of antenatal visits before 20 weeks improved from 32.1% in 2010/11 to 40.4% in 2011/12 – the highest in the province. The cervical cancer screening coverage was 43.4%, an increase from 35.7% in 2010/11. The couple year protection rate increased steadily over the past six years from 15.6% in 2005/06 to 27.1% in 2011/12. Despite the improvement, this is below the national rate of 32.7%. The male condom distribution rate was 11.0 condoms per male 15 years and older.

The TB two-month smear conversion rate increased from 79.8% in 2010 to 85.0% in 2011. The new smear-positive TB cure rate in 2010 is the second highest in the province at 81.8%, while the new smear-positive TB defaulter rate was 2.8%, the lowest in the province.

The antenatal client HIV 1st test rate was 101.9%.[c] The antenatal client HIV 1st test positivity rate was 26.3% – the highest in the province and above the national rate of 20.6%. The antenatal client HIV prevalence (routine data) increased from 28.4% in 2010/11 to 34.2% in 2011/12, also the highest in the province and in line with the 2010 Antenatal Sero-prevalence Survey data with a HIV prevalence rate of 33.2%. The rate of antenatal clients initiated on HAART was 83.4%, a significant improvement on the 56.7% of 2010/11 and also the highest in the province and above the national rate of 80.4%.

The uptake rate of babies PCR tested around 6 weeks was 81.3%, an increase from 75.3% in 2010/11. The proportion of babies that tested PCR-positive six weeks after birth was 2.8%, the lowest in the province and below the national value of 4.0%. According to the National Health Laboratory Services data the early infant HIV diagnosis coverage was 63.6%. The NHLS data also reflected that the proportion of infants who were HIV-positive under two months was 2.9%, which is in line with the routine data. The rate of HIV-positive babies under 18 months initiated on HAART unfortunately decreased from 92.9% in 2010/11 to 70.4%.

The hypertension detection rate was 0.2%. The mental health case load was 1.5% of the total case load.

a These coverage rates of greater than 100% may be due to poor data quality or an underestimation of the under-1 population.

b The huge increase may be due to poor data quality.

c A rate of more than 100% indicates poor quality of data.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. West Rand's 2009 quality of death certification was relatively poor, with 34.1% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 18.2% of deaths were assigned to 'ill-defined' causes and 15.9% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (38.9%), followed by non-communicable diseases (26.7%). HIV and TB (22.6%) ranked third whilst the lowest proportion (11.8%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): GP – DC48: West Rand District Municipality

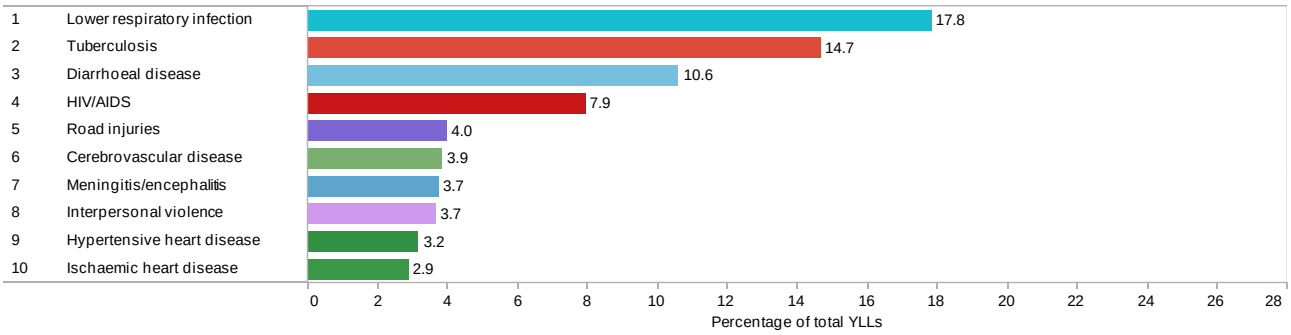


Figure 2: Annual indicators for district: West Rand: DC48

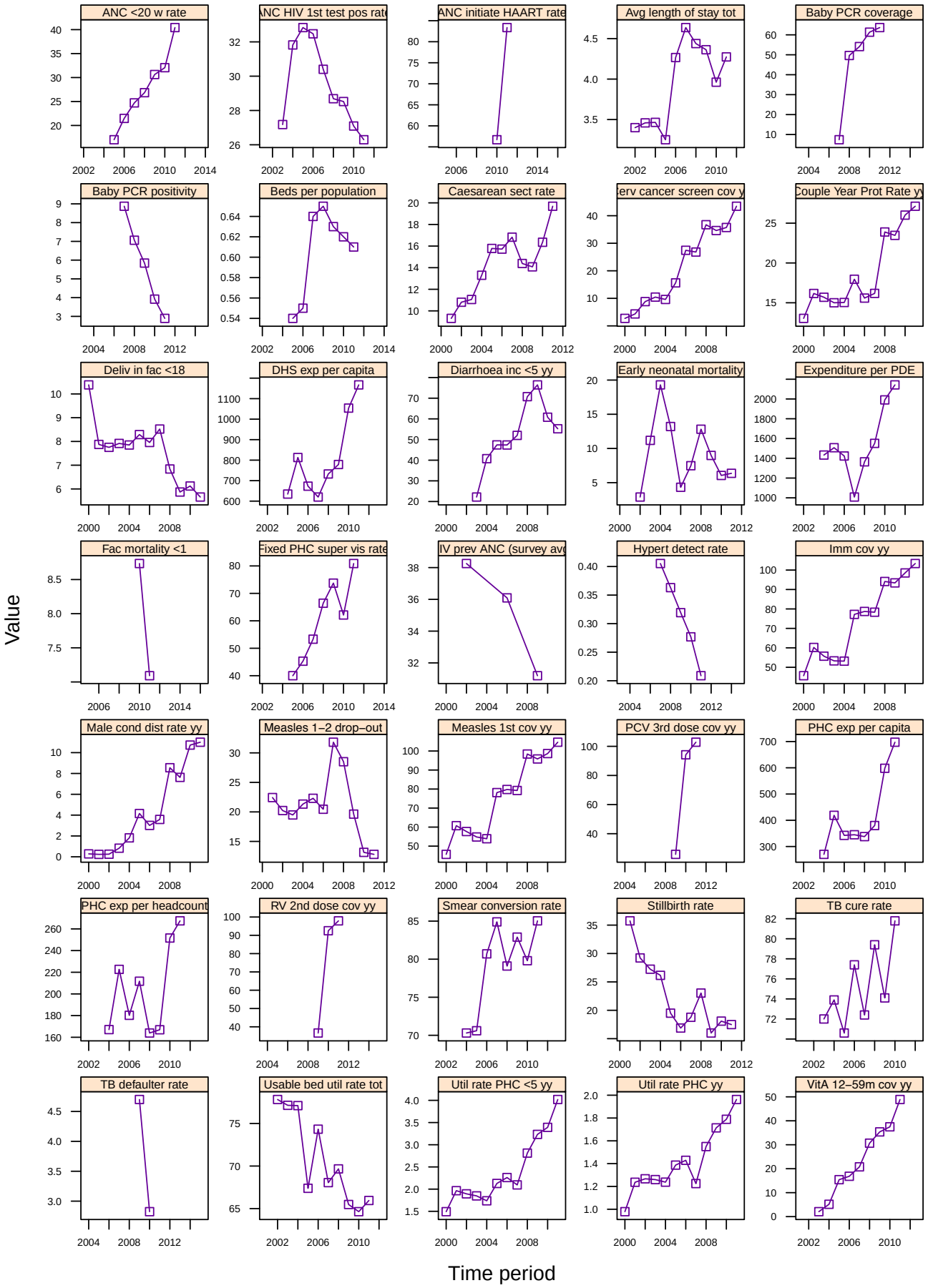
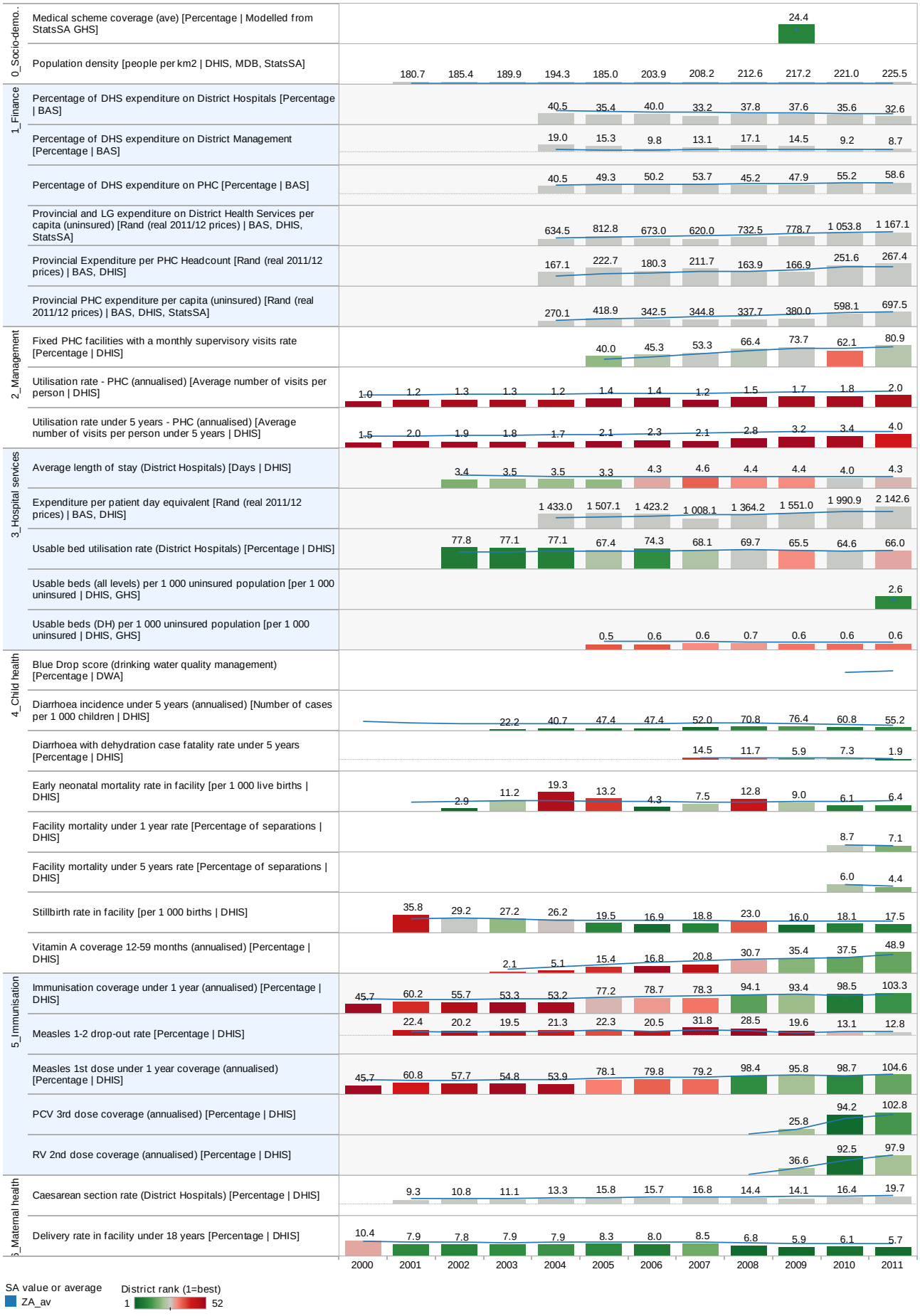
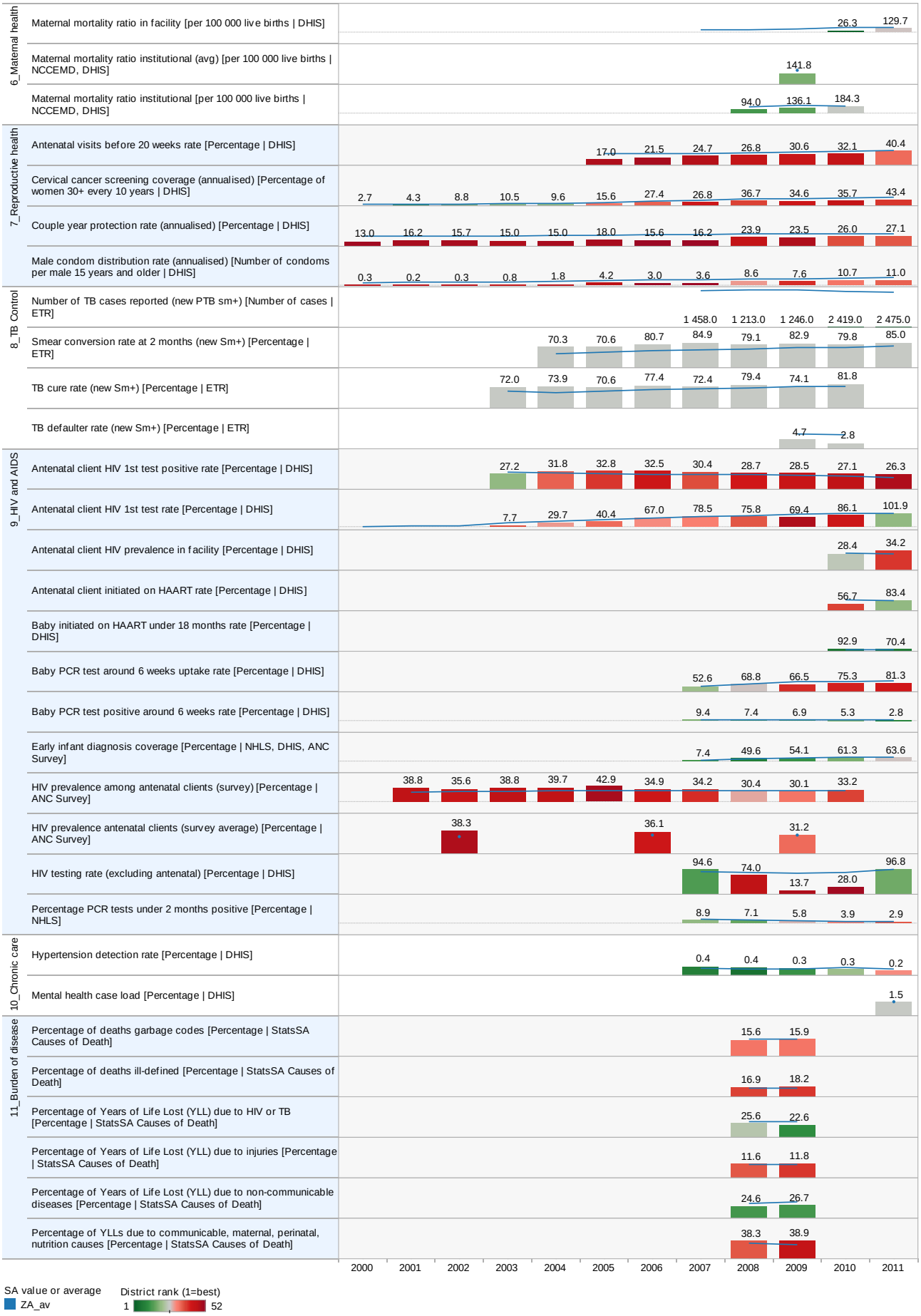


Figure 3: District page: GP – DC48: West Rand District Municipality




6_Maternal health
Maternal mortality ratio in facility [per 100 000 live births | DHIS]
26.3
129.7
Maternal mortality ratio institutional (avg) [per 100 000 live births | NCCEMD, DHIS]
141.8
Maternal mortality ratio institutional [per 100 000 live births | NCCEMD, DHIS]
94.0
136.1
184.3
7_Reproductive health
Antenatal visits before 20 weeks rate [Percentage | DHIS]
17.0
21.5
24.7
26.8
30.6
32.1
40.4
Cervical cancer screening coverage (annualised) [Percentage of women 30+ every 10 years | DHIS]
2.7
4.3
8.8
10.5
9.6
15.6
27.4
26.8
36.7
34.6
35.7
43.4
Couple year protection rate (annualised) [Percentage | DHIS]
13.0
16.2
15.7
15.0
15.0
18.0
15.6
16.2
23.9
23.5
26.0
27.1
Male condom distribution rate (annualised) [Number of condoms per male 15 years and older | DHIS]
0.3
0.2
0.3
0.8
1.8
4.2
3.0
3.6
8.6
7.6
10.7
11.0
8_TB Control
Number of TB cases reported (new PTB sm+) [Number of cases | ETR]
1 458.0
1 213.0
1 246.0
2 419.0
2 475.0
Smear conversion rate at 2 months (new Sm+) [Percentage | ETR]
70.3
70.6
80.7
84.9
79.1
82.9
79.8
85.0
TB cure rate (new Sm+) [Percentage | ETR]
72.0
73.9
70.6
77.4
72.4
79.4
74.1
81.8
TB defaulter rate (new Sm+) [Percentage | ETR]
4.7
2.8
9_HIV and AIDS
Antenatal client HIV 1st test positive rate [Percentage | DHIS]
27.2
31.8
32.8
32.5
30.4
28.7
28.5
27.1
26.3
Antenatal client HIV 1st test rate [Percentage | DHIS]
7.7
29.7
40.4
67.0
78.5
75.8
69.4
86.1
101.9
Antenatal client HIV prevalence in facility [Percentage | DHIS]
28.4
34.2
Antenatal client initiated on HAART rate [Percentage | DHIS]
56.7
83.4
Baby initiated on HAART under 18 months rate [Percentage | DHIS]
92.9
70.4
Baby PCR test around 6 weeks uptake rate [Percentage | DHIS]
52.6
68.8
66.5
75.3
81.3
Baby PCR test positive around 6 weeks rate [Percentage | DHIS]
9.4
7.4
6.9
5.3
2.8
Early infant diagnosis coverage [Percentage | NHLS, DHIS, ANC Survey]
7.4
49.6
54.1
61.3
63.6
HIV prevalence among antenatal clients (survey) [Percentage | ANC Survey]
38.8
35.6
38.8
39.7
42.9
34.9
34.2
30.4
30.1
33.2
HIV prevalence antenatal clients (survey average) [Percentage | ANC Survey]
38.3
36.1
31.2
HIV testing rate (excluding antenatal) [Percentage | DHIS]
94.6
74.0
13.7
28.0
96.8
Percentage PCR tests under 2 months positive [Percentage | NHLS]
8.9
7.1
5.8
3.9
2.9
10_Chronic care
Hypertension detection rate [Percentage | DHIS]
0.4
0.4
0.3
0.3
0.2
Mental health case load [Percentage | DHIS]
1.5
11_Burden of disease
Percentage of deaths garbage codes [Percentage | StatsSA Causes of Death]
15.6
15.9
Percentage of deaths ill-defined [Percentage | StatsSA Causes of Death]
16.9
18.2
Percentage of Years of Life Lost (YLL) due to HIV or TB [Percentage | StatsSA Causes of Death]
25.6
22.6
Percentage of Years of Life Lost (YLL) due to injuries [Percentage | StatsSA Causes of Death]
11.6
11.8
Percentage of Years of Life Lost (YLL) due to non-communicable diseases [Percentage | StatsSA Causes of Death]
24.6
26.7
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage | StatsSA Causes of Death]
38.3
38.9
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
SA value or average
ZA_av
District rank (1=best)
1
52

Ekurhuleni Metropolitan Municipality

Ekurhuleni metropolitan district in Gauteng province has a population of 2 918 453 at a population density of 1 477 people per km^2, making the district one of the most densely populated areas in the province and the country. The proportion of the population with medical aid coverage is 25.5%.

PHC per capita expenditure remained constant at R701 over 2010/11 and 2011/12, slightly higher than the national average of R684. District expenditure per capita was R811, the lowest both in the province and nationally. The PHC expenditure per headcount was R273, a decrease from R313 in 2010/11. The proportion of district expenditure on PHC was 79.7%, the second highest in the province and well above the national figure of 55.4%. The proportion of district expenditure on district management was 9.4%, the highest in the province and above the national average of 5.5%. The proportion spent on district hospital services, however, is the second lowest provincially and nationally at 10.9%.

The PHC fixed facility supervisory rate was 95.8%, the highest in the province and well above the national rate of 74.1%. The PHC utilisation was 1.9 visits per person per year in 2011/12 – the second lowest rate in the province and third lowest nationally. The PHC utilisation rate under 5 years was 4.3 visits per child per year.

The metro has only 0.1 district hospital beds per 1 000 population, the lowest nationally but resulting from Ekurhuleni having only one district hospital. The bed utilisation rate was 80.4%, an increase from 71.7% in 2010/11. The average length of stay was 2.7 days, the lowest in the province and well below the national average of 4.3 days. There was a 10% decrease in expenditure per patient day equivalent (PDE) from R2 121 in 2010/11 to R1 915 in 2011/12, although this still remains notably higher than the national expenditure of R1 653.

The diarrhoeal incidence under 5 years decreased from 60.6 per 1 000 children in 2010/11 to 50.6 in 2011/12, well below the national incidence of 95.9. The mortality rate among children under 5 years due to diarrhoea with dehydration was 4.4%. The vitamin A coverage in children aged 12 to 59 months was 50.0%.

The stillbirth rate was 23.7 per 1 000 births, the second highest in the province. The early neonatal death rate increased from 8.6 per 1 000 live births in 2010/11 to 10.5 in 2011/12, the highest in the province and higher than the national average of 10.2 per 1 000 live births. Although the under-1 facility mortality rate decreased from 17.6% in 2010/11 to 12% in 2011/12, it is still the highest in the province. Conversely, the under-5 facility mortality rate was the lowest in the province at 1.8% in 2011/12, significantly lower than the national rate of 4.3%.

The immunisation coverage under 1 year was 107.6%. The pneumococcal vaccine 3rd dose coverage increased from 83.4% in 2010/11 to 105.5% in 2011/12, the rotavirus 2nd dose coverage from 90.4% to 110.5%, and the measles 1st dose under 1 year coverage from 108.2% to 112.3%.[a] The measles 1st to 2nd dose drop-out rate increased from 15% in 2010/11 to 18.3% in 2011/12, which is above the national average of 15.4%.

The Caesarean section rate decreased from 20.5% in 2010/11 to 18.8% in 2011/12, the lowest in the province.[b] The proportion of deliveries in facilities to women under 18 years was 5.5% and the lowest level nationally. The maternal mortality ratio (MMR) recorded in the DHIS was 202.0 per 100 000 live births in 2011/12. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 151.1 per 100 000 live births.

The rate of antenatal visits before 20 weeks improved from 28.3% in 2010/11 to 33.4% in 2011/12 but is still below the national rate of 40.2%. The cervical cancer screening coverage dropped from 59.3% in 2010/11 to 47.1% in 2011/12. The couple year protection rate was 26.2%. The male condom distribution rate was 6.2 condoms per male per year aged 15 and older. This rate has been relatively constant, varying between 5.5 and 6.2 since 2006/07, but is well below the national rate of 15.8.

The TB two-month smear conversion rate in 2011 was 85.4%. In 2010 the new smear-positive TB cure rate was 85.1% and the new smear-positive TB defaulter rate 2.8%.

The antenatal client HIV 1st test rate of 79.2% was the lowest in the province and lower than the national rate of 98.0%. The antenatal client HIV 1st test positivity rate decreased from 28% in 2010/11 to 24.5% in 2011/12, but is still above the national average of 20.6%. Antenatal client HIV prevalence (routine data) decreased from 31% in 2010/11 to 25.6% in 2011/12. The 2010 HIV Antenatal Sero-prevalence Survey data had a prevalence rate of 33.8%. The rate of antenatal clients initiated on HAART of 82.7% is the second highest in the province.

The uptake rate (routine data) of babies PCR tested around 6 weeks was 87.4%, a decrease from 91.9% in 2010/11. The proportion of babies that tested PCR-positive six weeks after birth decreased from 6.6% in 2010/11 to 3.3% in 2011/12. Data from the National Health Laboratory Services showed that the early infant HIV diagnosis coverage was 63.6% and the proportion of infants who were HIV-positive under two months was 2.5%. The rate of HIV-positive babies under 18 months

a A more than 100% coverage may be due to poor data quality or an underestimation of the under-1 population.

b There is only one district hospital in the province, most Caesarean sections done at regional and central hospitals.

initiated on HAART increased from 48.5% in 2010/11 to 50.1% in 2011/12. This is, however, below the provincial and national rates of 54.0% and 54.4% respectively.

The hypertension detection rate dropped from 0.5% in 2010/11 to 0.3% in 2011/12, on a par with the province and national rates. The mental health case load was 1.6% of the total case load, above the national average of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Ekurhuleni's 2009 quality of death certification was relatively poor, with 36.0% of the certificates submitted not being useful for public health analysis. This is above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 18.5% of deaths were assigned to 'ill-defined' causes and 17.5% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions) (35.3%), followed by non-communicable diseases (29.4%). HIV and TB (24.8%) ranked third whilst the lowest proportion (10.5%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): GP – EKU: Ekurhuleni Metropolitan Municipality

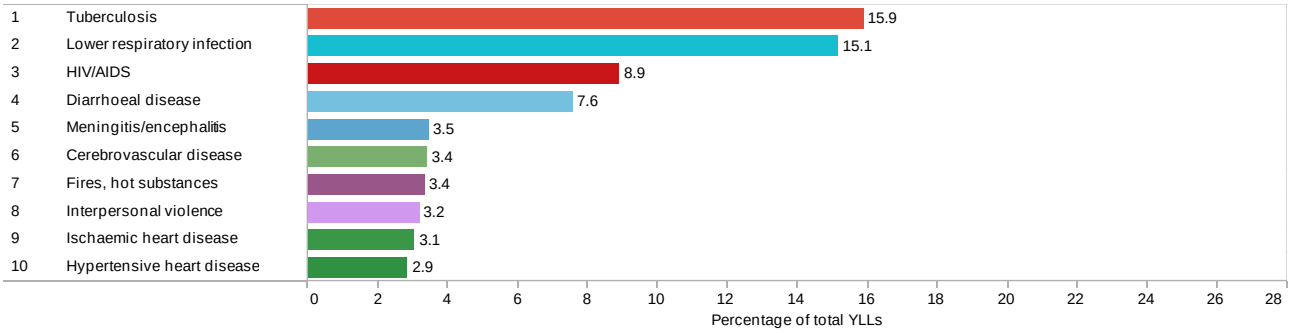


Figure 2: Annual indicators for district: Ekurhuleni: EKU

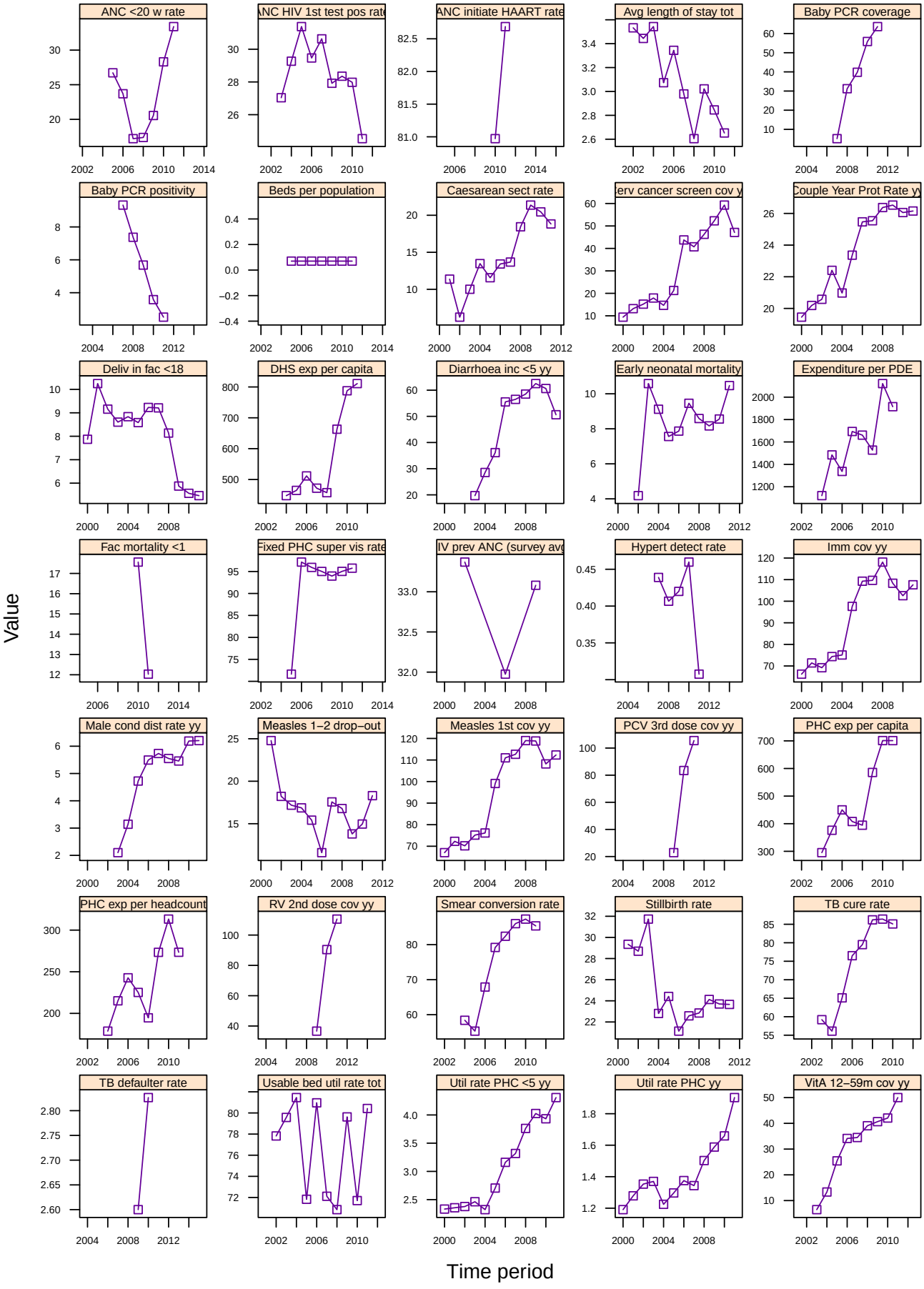
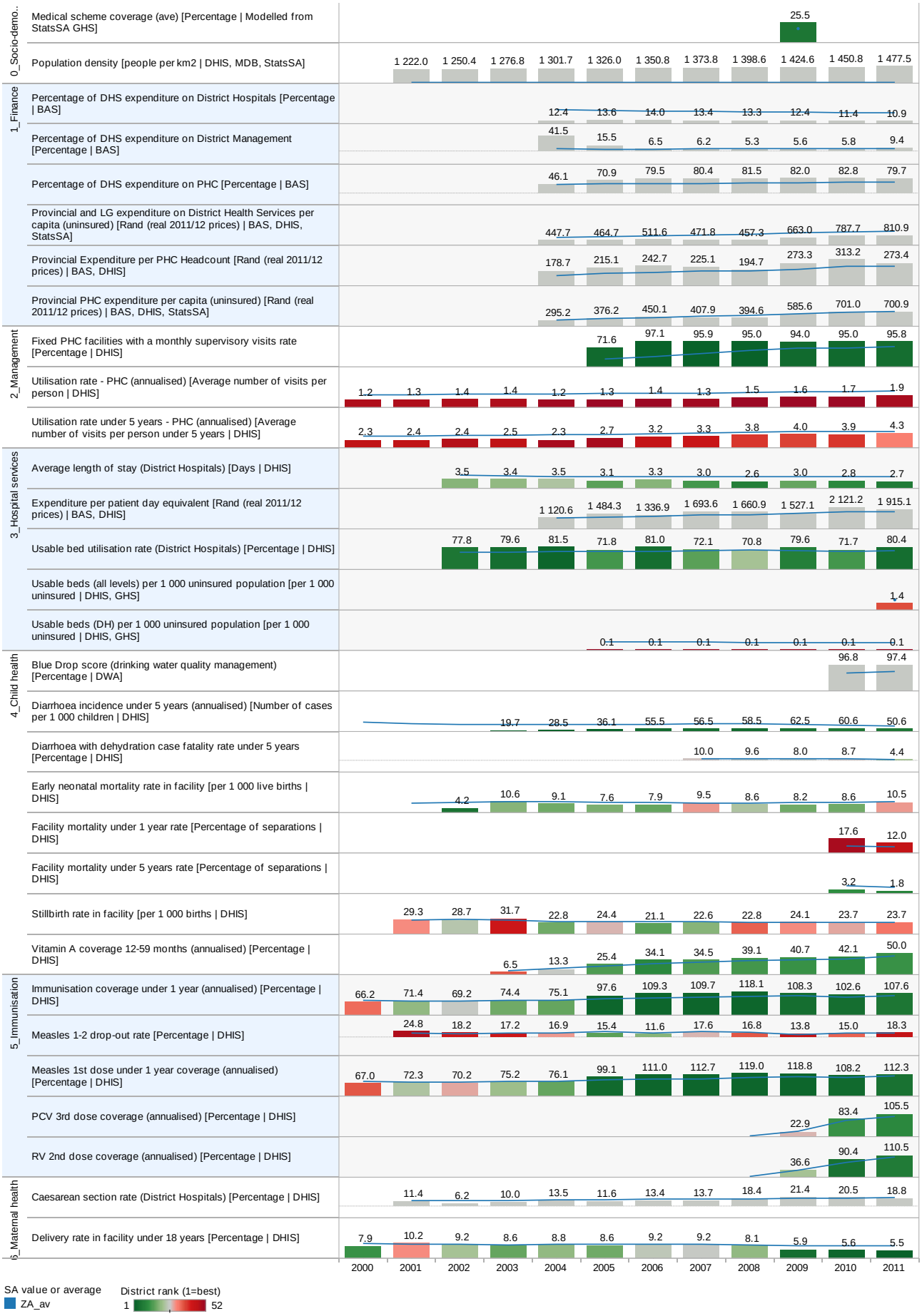
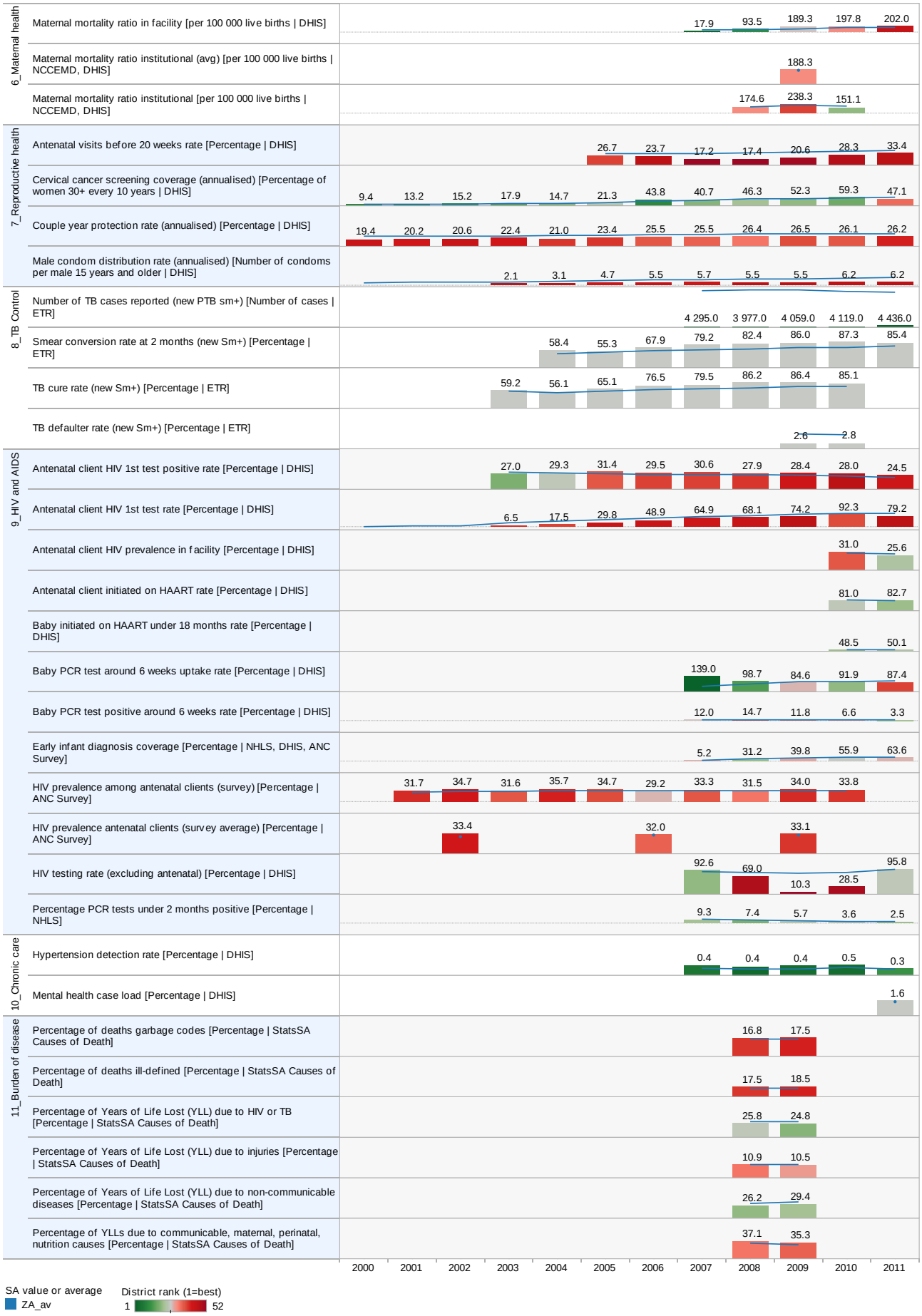


Figure 3: District page: GP – EKU: Ekurhuleni Metropolitan Municipality




6_Maternal health
Maternal mortality ratio in facility [per 100 000 live births | DHIS]
17.9 93.5 189.3 197.8 202.0
Maternal mortality ratio institutional (avg) [per 100 000 live births | NCCEMD, DHIS]
188.3
Maternal mortality ratio institutional [per 100 000 live births | NCCEMD, DHIS]
174.6 238.3 151.1
7_Reproductive health
Antenatal visits before 20 weeks rate [Percentage | DHIS]
26.7 23.7 17.2 17.4 20.6 28.3 33.4
Cervical cancer screening coverage (annualised) [Percentage of women 30+ every 10 years | DHIS]
9.4 13.2 15.2 17.9 14.7 21.3 43.8 40.7 46.3 52.3 59.3 47.1
Couple year protection rate (annualised) [Percentage | DHIS]
19.4 20.2 20.6 22.4 21.0 23.4 25.5 25.5 26.4 26.5 26.1 26.2
Male condom distribution rate (annualised) [Number of condoms per male 15 years and older | DHIS]
2.1 3.1 4.7 5.5 5.7 5.5 5.5 6.2 6.2
8_TB Control
Number of TB cases reported (new PTB sm+) [Number of cases | ETR]
4 295.0 3 977.0 4 059.0 4 119.0 4 436.0
Smear conversion rate at 2 months (new Sm+) [Percentage | ETR]
58.4 55.3 67.9 79.2 82.4 86.0 87.3 85.4
TB cure rate (new Sm+) [Percentage | ETR]
59.2 56.1 65.1 76.5 79.5 86.2 86.4 85.1
TB defaulter rate (new Sm+) [Percentage | ETR]
2.6 2.8
9_HIV and AIDS
Antenatal client HIV 1st test positive rate [Percentage | DHIS]
27.0 29.3 31.4 29.5 30.6 27.9 28.4 28.0 24.5
Antenatal client HIV 1st test rate [Percentage | DHIS]
6.5 17.5 29.8 48.9 64.9 68.1 74.2 92.3 79.2
Antenatal client HIV prevalence in facility [Percentage | DHIS]
31.0 25.6
Antenatal client initiated on HAART rate [Percentage | DHIS]
81.0 82.7
Baby initiated on HAART under 18 months rate [Percentage | DHIS]
48.5 50.1
Baby PCR test around 6 weeks uptake rate [Percentage | DHIS]
139.0 98.7 84.6 91.9 87.4
Baby PCR test positive around 6 weeks rate [Percentage | DHIS]
12.0 14.7 11.8 6.6 3.3
Early infant diagnosis coverage [Percentage | NHLS, DHIS, ANC Survey]
5.2 31.2 39.8 55.9 63.6
HIV prevalence among antenatal clients (survey) [Percentage | ANC Survey]
31.7 34.7 31.6 35.7 34.7 29.2 33.3 31.5 34.0 33.8
HIV prevalence antenatal clients (survey average) [Percentage | ANC Survey]
33.4 32.0 33.1
HIV testing rate (excluding antenatal) [Percentage | DHIS]
92.6 69.0 10.3 28.5 95.8
Percentage PCR tests under 2 months positive [Percentage | NHLS]
9.3 7.4 5.7 3.6 2.5
10_Chronic care
Hypertension detection rate [Percentage | DHIS]
0.4 0.4 0.4 0.5 0.3
Mental health case load [Percentage | DHIS]
1.6
11_Burden of disease
Percentage of deaths garbage codes [Percentage | StatsSA Causes of Death]
16.8 17.5
Percentage of deaths ill-defined [Percentage | StatsSA Causes of Death]
17.5 18.5
Percentage of Years of Life Lost (YLL) due to HIV or TB [Percentage | StatsSA Causes of Death]
25.8 24.8
Percentage of Years of Life Lost (YLL) due to injuries [Percentage | StatsSA Causes of Death]
10.9 10.5
Percentage of Years of Life Lost (YLL) due to non-communicable diseases [Percentage | StatsSA Causes of Death]
26.2 29.4
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage | StatsSA Causes of Death]
37.1 35.3
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011
SA value or average
ZA_av
District rank (1=best)
1
52

City of Johannesburg Metropolitan Municipality

Johannesburg metropolitan district in Gauteng province has a total population of 3 812 959, the highest of the province's six districts. The population density of 2 288 people per km^2 ranks the metro as having the highest population density in the country. A quarter (25.0%) of the population has medical aid coverage.

The PHC expenditure per capita of R782 is the second highest in the province. The district per capita expenditure of R851 was lower than the provincial expenditure of R1 006. The PHC expenditure per headcount was R285. Since there is only one district hospital in the metro, the proportion of the district budget spent on district hospital services was a low 6.2%. The proportion spent on district management decreased over the past three years from 11.2% in 2008/09 to 3.2% in 2011/12. The proportion of district expenditure on PHC was 90.6% – the highest in the province and also reflecting the presence of mainly higher level hospitals.

Although the PHC fixed facility supervisory rate increased by 4.3 percentage points to 75.5%, it is still the lowest in the province. It is, however, above the national rate of 74.1%. The PHC utilisation rate was 2.1 visits per person per year, while the under-5 PHC utilisation rate was 4.3 visits per child per year.

Johannesburg's low ratio of district hospital beds at 0.1 beds per 1 000 population is to be expected. The bed utilisation rate was 57.4%, a decrease of 7.3 percentage points from 2010/11. The average length of stay was 3.8 days, which is higher than the provincial average of 3.5 days. The expenditure per PDE in 2011/12 was R1 690, which decreased from R1 831 in 2010/11 and is lower than the provincial figure of R2 014.

The diarrhoeal incidence under 5 years decreased from 84.3 per 1 000 children in 2010/11 to 69.6 in 2011/12, but still remains the highest in the province. The mortality rate amongst children under 5 years due to diarrhoea with dehydration was 5.7%, the second highest in the province. Vitamin A coverage for children aged to 12 to 59 months was 56.6%, which is higher than the national coverage of 43.4%.

The stillbirth rate increased from 13.6 per 1 000 births in 2010/11 to 18.5 in 2011/12. The early neonatal mortality rate decreased from 11.5 per 1 000 live births to 10.1 for the same period. There was an almost three-fold decrease in the under-1 facility mortality rate from 14.0% in 2010/11 to 4.9% in 2011/12, while the under-5 facility mortality rate was a low 1.8%.

Immunisation coverage under 1 year was 125%.[a] The pneumococcal vaccine 3rd dose coverage was 122%, the rotavirus 2nd dose coverage 130.5% and the measles 1st dose coverage 130.0%. The measles 1st to 2nd dose drop-out rate decreased modestly from 19.2% in 2010/11 to a still high 17.4% in 2011/12.

The Caesarean section rate increased from 29% in 2010/11 to 34.1% in 2011/12, the highest in the province and seriously above the national average of 19.9%. The proportion of deliveries in facility to women under 18 years was 5.5%. The maternal mortality ratio (MMR) recorded in the DHIS was 68 per 100 000 live births, the lowest in the province. The MMR from the 2010 National Committee on Confidential Enquiries into Maternal Deaths data was 128.9 per 100 000 live births – also the lowest in the province.

The rate of antenatal visits before 20 weeks was 28.4%, which is the lowest in the province and ranks the metro third lowest in the country. The cervical cancer screening coverage of 49.6% reflects an unfortunate decrease from 57.4% in 2010/11, yet it is the highest in the province although still below the national average of 55%. The couple year protection rate remained stable at 26.2%. The male condom distribution rate was the second lowest in the province at 7.1 condoms per year per male aged 15 and older. This is less than half of the national rate of 15.8 condoms.

The TB two-month smear conversion rate increased slightly from 78.8% in 2010 to 80.7% in 2011, which brings it closer to the provincial average of 81.9%. The new smear-positive TB cure rate improved from 78.8% in 2009 to 81.5% in 2010, while the new smear-positive TB defaulter rate dropped from 7.3% to 6.5% in the same period.

The antenatal client HIV 1st test rate decreased from 102.3%[b] in 2010/11 to a more realistic 87.3% in 2011/12. In the same period the antenatal client HIV 1st test positivity rate dropped by 3 percentage points to 21.8%. The antenatal client HIV prevalence (from routine data) was 25.3%, a drop from 31.0% in 2010/11. The 2010 Antenatal Sero-prevalence Survey data recorded an HIV prevalence rate of 29.6%. The rate of antenatal clients initiated on HAART increased notably from 48.3% in 2010/11 to 77.7% in 2011/12, but this is still lower than the 80.5% provincial rate.

The uptake rate of babies PCR tested around 6 weeks at 105.9%[c] is the highest in the province and above the national average of 92.8%. The proportion of babies that tested PCR-positive six weeks after birth was 3.1%, a pleasing drop from 5.4% in 2011/12. Data from the National Health Laboratory Services showed a decrease in the early infant HIV diagnosis coverage from 84.7% to 81.0% between 2010/11 and 2011/12 and the proportion of infants who were HIV-positive under

a Coverage rates exceeding 100% may be due to poor data quality or an underestimation of the under-1 population.

b A rate exceeding 100% is an indication of poor data quality.

c The indicator definition is "Babies PCR tested 6 weeks after birth as a proportion of live births to HIV-positive women".

two months was 2.4%. The rate of HIV-positive babies under 18 months initiated on HAART increased from 30.1% in 2010/11 to 44.8% in 2011/12, but is still the lowest in the province.

The hypertension detection rate has remained constant over the past two years at 0.4%, the highest in the province and the fourth highest in the country. The 2011/12 mental health case load was also the highest in the province at 2.0% of the total case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Johannesburg's 2009 quality of death certification was poor, with 38.3% of the certificates submitted not being useful for public health analysis. This is well above the South African mean of 30.2% and a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 18.9% of deaths were assigned to 'ill-defined' causes and 19.4% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (37.4%), followed by communicable diseases (together with maternal, perinatal and nutritional conditions) (27.1%). HIV and TB (23.7%) ranked third whilst the lowest proportion (11.7%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): GP – JHB: Johannesburg Metropolitan Municipality

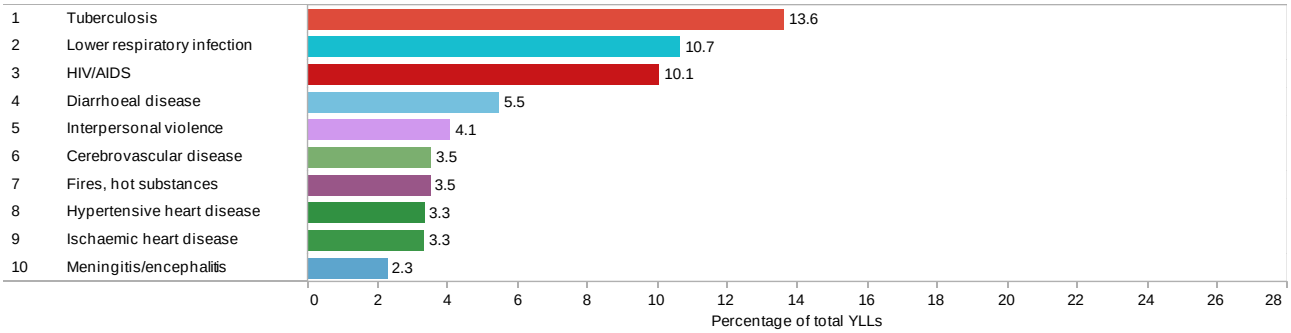


Figure 2: Annual indicators for district: Johannesburg: JHB

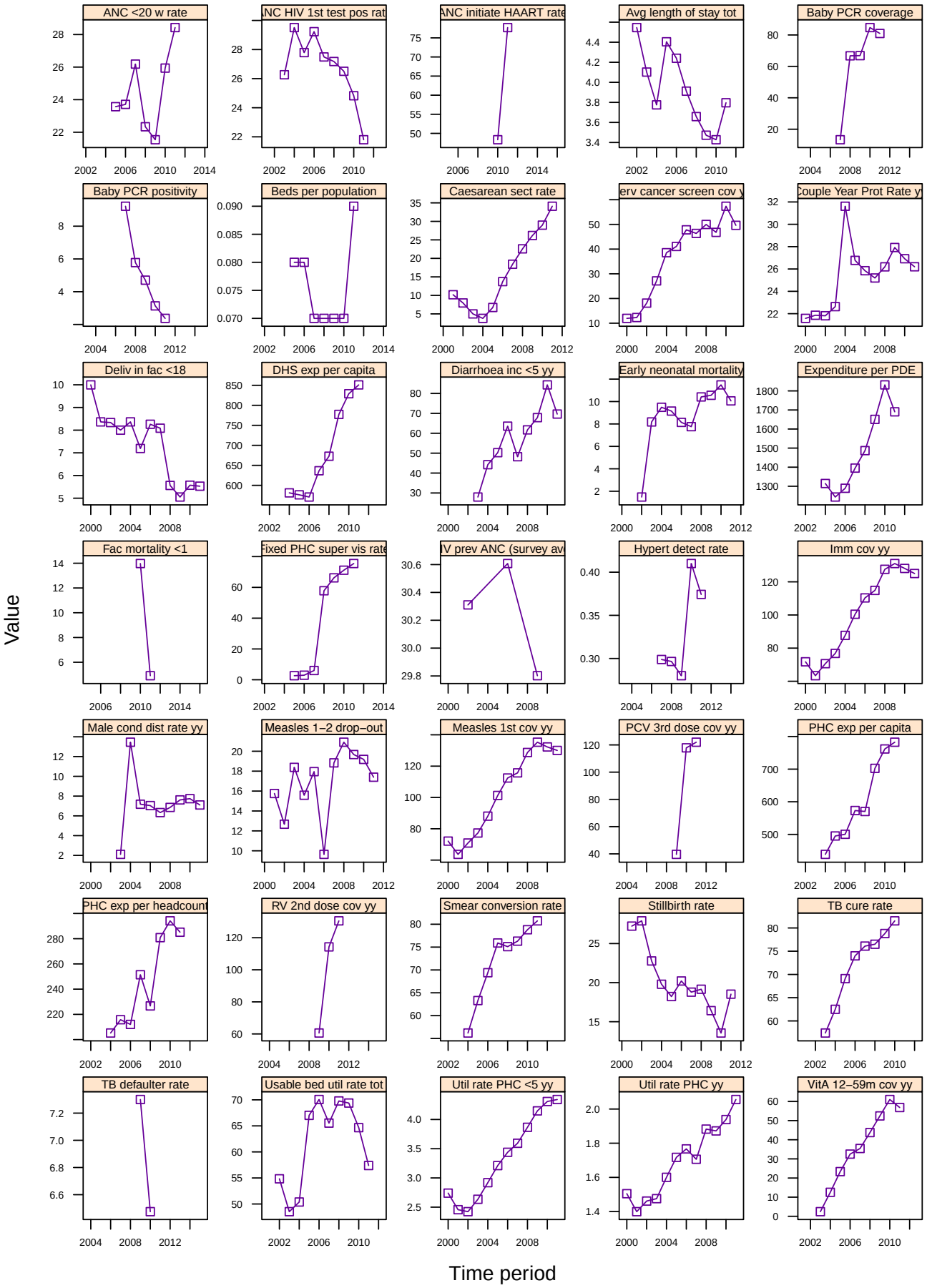
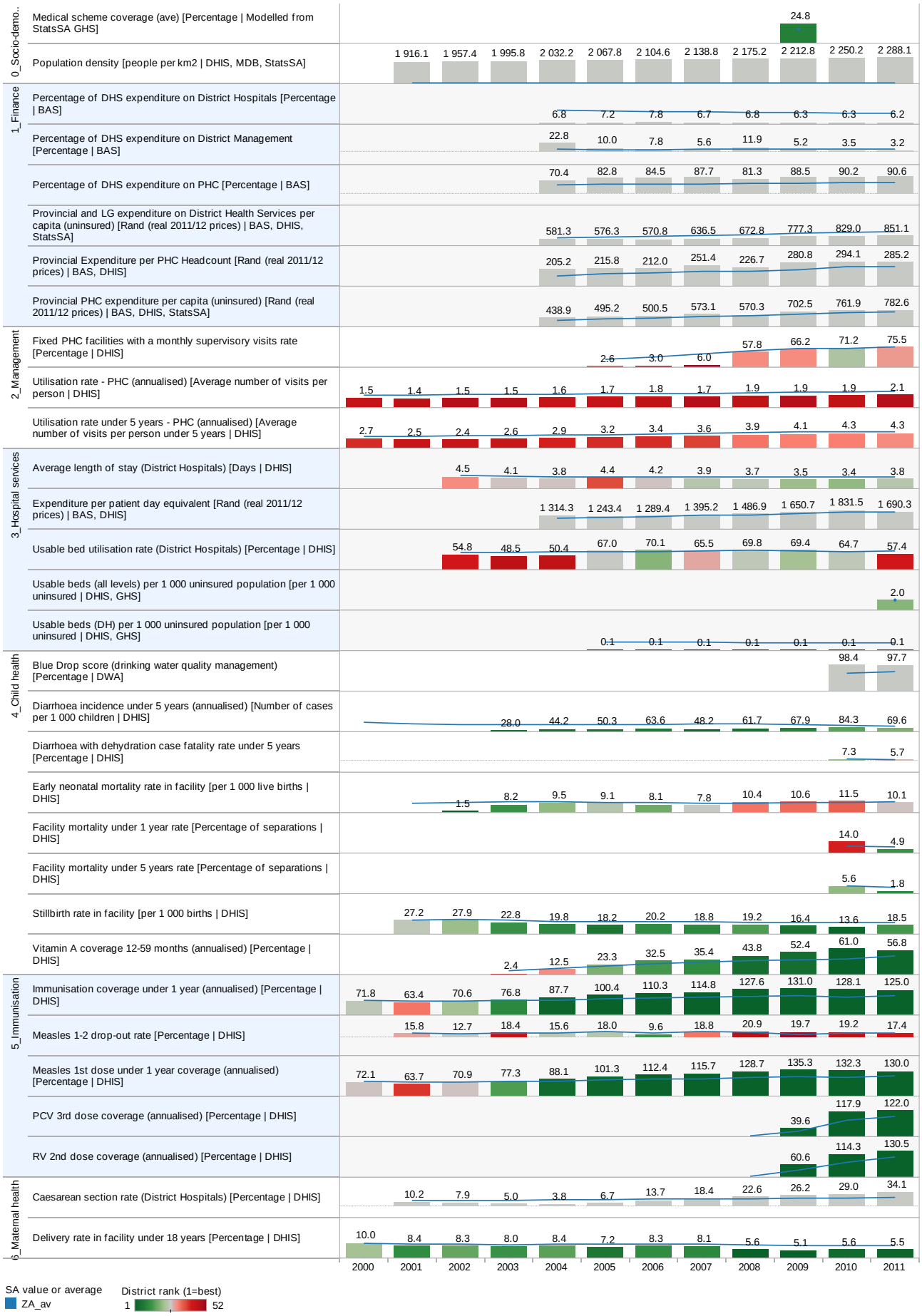
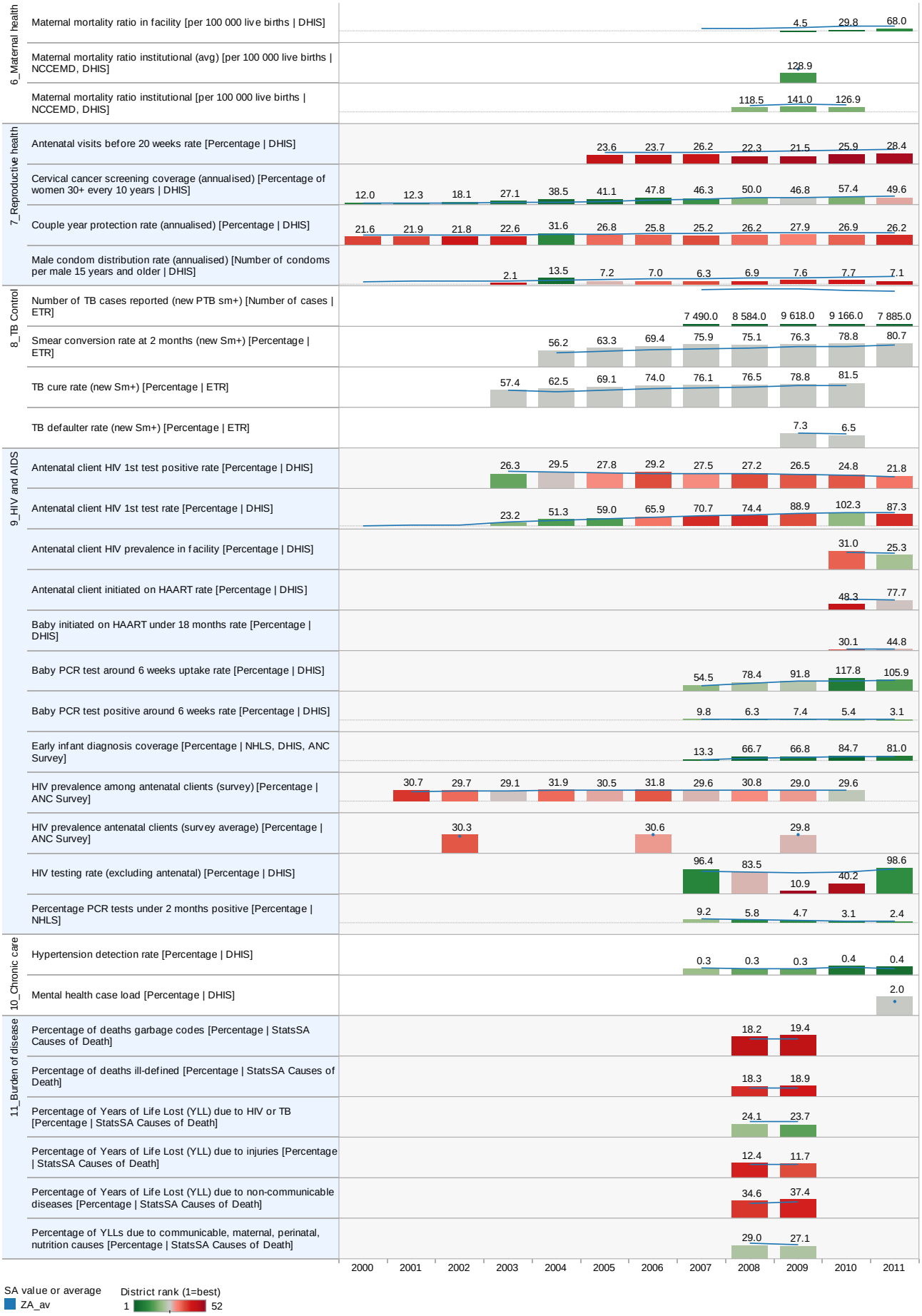


Figure 3: District page: GP – JHB: Johannesburg Metropolitan Municipality




6_Maternal health
Maternal mortality ratio in facility [per 100 000 live births | DHIS]
4.5 29.8 68.0
Maternal mortality ratio institutional (avg) [per 100 000 live births | NCCEMD, DHIS]
128.9
Maternal mortality ratio institutional [per 100 000 live births | NCCEMD, DHIS]
118.5 141.0 126.9
7_Reproductive health
Antenatal visits before 20 weeks rate [Percentage | DHIS]
23.6 23.7 26.2 22.3 21.5 25.9 28.4
Cervical cancer screening coverage (annualised) [Percentage of women 30+ every 10 years | DHIS]
12.0 12.3 18.1 27.1 38.5 41.1 47.8 46.3 50.0 46.8 57.4 49.6
Couple year protection rate (annualised) [Percentage | DHIS]
21.6 21.9 21.8 22.6 31.6 26.8 25.8 25.2 26.2 27.9 26.9 26.2
Male condom distribution rate (annualised) [Number of condoms per male 15 years and older | DHIS]
2.1 13.5 7.2 7.0 6.3 6.9 7.6 7.7 7.1
8_TB Control
Number of TB cases reported (new PTB sm+) [Number of cases | ETR]
7 490.0 8 584.0 9 618.0 9 166.0 7 885.0
Smear conversion rate at 2 months (new Sm+) [Percentage | ETR]
56.2 63.3 69.4 75.9 75.1 76.3 78.8 80.7
TB cure rate (new Sm+) [Percentage | ETR]
57.4 62.5 69.1 74.0 76.1 76.5 78.8 81.5
TB defaulter rate (new Sm+) [Percentage | ETR]
7.3 6.5
9_HIV and AIDS
Antenatal client HIV 1st test positive rate [Percentage | DHIS]
26.3 29.5 27.8 29.2 27.5 27.2 26.5 24.8 21.8
Antenatal client HIV 1st test rate [Percentage | DHIS]
23.2 51.3 59.0 65.9 70.7 74.4 88.9 102.3 87.3
Antenatal client HIV prevalence in facility [Percentage | DHIS]
31.0 25.3
Antenatal client initiated on HAART rate [Percentage | DHIS]
48.3 77.7
Baby initiated on HAART under 18 months rate [Percentage | DHIS]
30.1 44.8
Baby PCR test around 6 weeks uptake rate [Percentage | DHIS]
54.5 78.4 91.8 117.8 105.9
Baby PCR test positive around 6 weeks rate [Percentage | DHIS]
9.8 6.3 7.4 5.4 3.1
Early infant diagnosis coverage [Percentage | NHLS, DHIS, ANC Survey]
13.3 66.7 66.8 84.7 81.0
HIV prevalence among antenatal clients (survey) [Percentage | ANC Survey]
30.7 29.7 29.1 31.9 30.5 31.8 29.6 30.8 29.0 29.6
HIV prevalence antenatal clients (survey average) [Percentage | ANC Survey]
30.3 30.6 29.8
HIV testing rate (excluding antenatal) [Percentage | DHIS]
96.4 83.5 10.9 40.2 98.6
Percentage PCR tests under 2 months positive [Percentage | NHLS]
9.2 5.8 4.7 3.1 2.4
10_Chronic care
Hypertension detection rate [Percentage | DHIS]
0.3 0.3 0.3 0.4 0.4
Mental health case load [Percentage | DHIS]
2.0
11_Burden of disease
Percentage of deaths garbage codes [Percentage | StatsSA Causes of Death]
18.2 19.4
Percentage of deaths ill-defined [Percentage | StatsSA Causes of Death]
18.3 18.9
Percentage of Years of Life Lost (YLL) due to HIV or TB [Percentage | StatsSA Causes of Death]
24.1 23.7
Percentage of Years of Life Lost (YLL) due to injuries [Percentage | StatsSA Causes of Death]
12.4 11.7
Percentage of Years of Life Lost (YLL) due to non-communicable diseases [Percentage | StatsSA Causes of Death]
34.6 37.4
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage | StatsSA Causes of Death]
29.0 27.1
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011
SA value or average
ZA_av
District rank (1=best)
1
52

City of Tshwane Metropolitan Municipality

Tshwane metropolitan district in Gauteng has a total population of 2 749 795 at a population density of 428.3 people per km^2, ranking it as having the sixth highest population density in the country. The proportion of the population with medical aid coverage is 33.2%, which is the highest in the province.

The PHC expenditure per capita increased from R711 in 2010/11 to R841, which is the highest in the province. The district expenditure of R1 396 per capita is higher than the provincial figure of R1 006. The PHC expenditure per headcount was R300 and is also higher than the provincial figure. The proportion of district expenditure on district hospital services was 36.6%, with 6.8% spent on district management and 56.5% on PHC.

The PHC fixed facility supervisory rate remained high at 91.4%, higher than both the provincial and national rates of 86.2% and 74.1% respectively. The PHC utilisation rate was 1.9 visits per person per year, which is overall lower than the provincial and national rates of 2.0 and 2.5 visits per person respectively. The PHC utilisation rate under 5 years was 3.8 visits per child, the lowest in the province and below the national rate of 4.7 visits per child.

Tshwane has 0.7 district hospital beds per 1 000 population and the bed utilisation rate was 63.3%, an increase of 6.4 percentage points from 2010/11. The average length of stay was 3.3 days, with expenditure per PDE of R2 094.

The diarrhoeal incidence under 5 years was the lowest in the province at 43.7 per 1 000 children and third lowest in the country. The mortality rate among children under 5 years due to diarrhoea with dehydration was 5.8%, the highest in the province. The vitamin A coverage for children aged to 12 to 59 months was the lowest in the province at 31.1%, and lower than the national rate of 43.4%.

The stillbirth rate decreased from 24.7 per 1 000 births in 2009/10 to 21.7 in 2011/12. The early neonatal mortality rate however increased from 7.7 per 1 000 live births to 9.6 in the same period. There was a significant decrease in the under-1 facility mortality rate from 17.3% in 2010/11 to 3.3% in 2011/12. The under-5 facility mortality rate was 3.7%.

The immunisation coverage under 1 year was 109.8%[a] and the pneumococcal vaccine 3rd dose coverage 74.7%. The rotavirus 2nd dose coverage increased from 71.3% in 2010/11 to 94.1% in 2011/12 and the measles 1st dose coverage from 91.4% to 95.2%. The measles 1st to 2nd dose drop-out rate increased from 21% to a high 27.7% in the same period, the highest in the province and well above the national rate of 15.4%.

The Caesarean section rate increased from 17.7% in 2010/11 to 20.8% in 2011/12. The proportion of deliveries in facility to women under 18 years has remained relatively stable over the last three years and was 5.6% in 2011/12. The maternal mortality ratio (MMR) recorded in the DHIS was 95.5 per 100 000 live births, the second lowest in the province and below the national ratio of 144.9. The MMR from the 2010 National Committee on Confidential Enquiries into Maternal Deaths data was 129.4 per 100 000 live births.

The rate of antenatal visits before 20 weeks showed an overall improvement from 38.6% in 2010/11 to 43.4% in 2011/12. For the same period there was a decrease in the cervical cancer screening coverage from 43.5% to 40.1% and in the couple year protection rate from 24.2% to 23.4%. The male condom distribution rate also dropped from 9.4 condoms per male per year aged 15 and older in 2010/11 to 8.8 in 2011/12, which is, nevertheless, above the provincial average of 7.9.

The TB two-month smear conversion rate for 2011 was 87.6%. The new smear-positive TB cure rate for 2010 was 75.1% and the new smear-positive TB defaulter rate 7.9%.

The antenatal client HIV 1st test rate decreased from 96.9% in 2010/11 to 81.9% in 2011/12. The antenatal client HIV 1st test positivity rate dropped from 21.0% to 19.4% in the same period, which is the lowest in the province. The antenatal client HIV prevalence (routine data) was 22.5%, lower than the 2010 Antenatal Sero-prevalence Survey HIV prevalence rate of 26.5%. The rate of antenatal clients initiated on HAART increased pleasingly from 62.5% in 2010/11 to 79.5% in 2011/12, although this is still less than the provincial and national rates of 80.5% and 80.4% respectively.

The uptake rate of babies PCR tested around 6 weeks was 90.7%, a 6.5 percentage point increase from 84.2% in 2010/11. The proportion of babies that tested PCR-positive six weeks after birth was 8.0%, the highest in the province and well above the national rate of 4.0%. Data from the National Health Laboratory Services showed an increase from 56.9% in 2010/11 to 62.5% in 2011/12 in the early infant HIV diagnosis coverage, while the proportion of infants who were HIV-positive under two months was 2.2%. The rate of HIV-positive babies under 18 months initiated on HAART decreased from 94.0% in 2010/11 to 75.6% in 2011/12, a rate which is still the highest in the province despite the drop.

The hypertension detection rate was 0.2%, a decrease from 0.4% in 2010/11. The mental health case load was 1.8% of the total case load, the highest in the province and above the national value of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Tshwane's 2009 quality of death certification was relatively poor, with 28.5% of the certificates submitted not being useful for public health

a A coverage rate of greater than 100% may be due to poor data quality or an underestimation of the under-1 population.

analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 5.5% of deaths were assigned to 'ill-defined' causes and 23.0% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (40.6%), followed by communicable diseases (together with maternal, perinatal and nutritional conditions) (25.7%). HIV and TB (21.4%) ranked third whilst the lowest proportion (12.4%) of YLLs was due to injuries.

Figure 1: Leading causes of Years of Life Lost (YLLs): GP – TSH: Tshwane Metropolitan Municipality

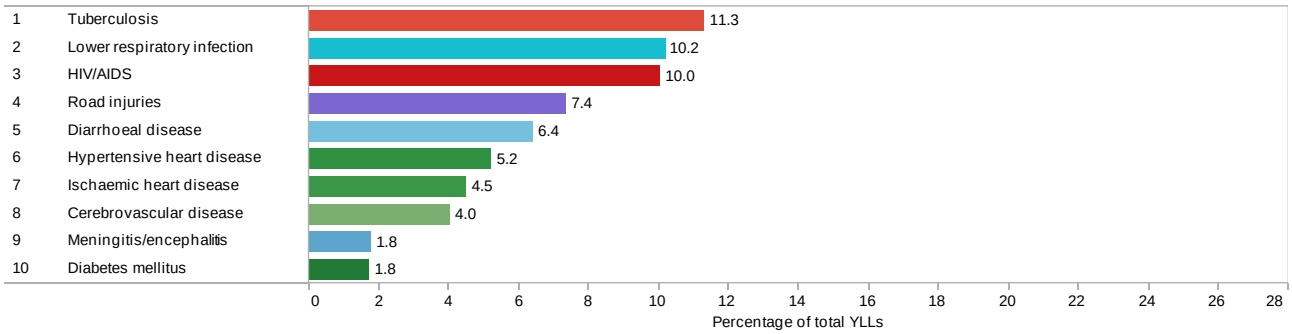


Figure 2: Annual indicators for district: Tshwane: TSH

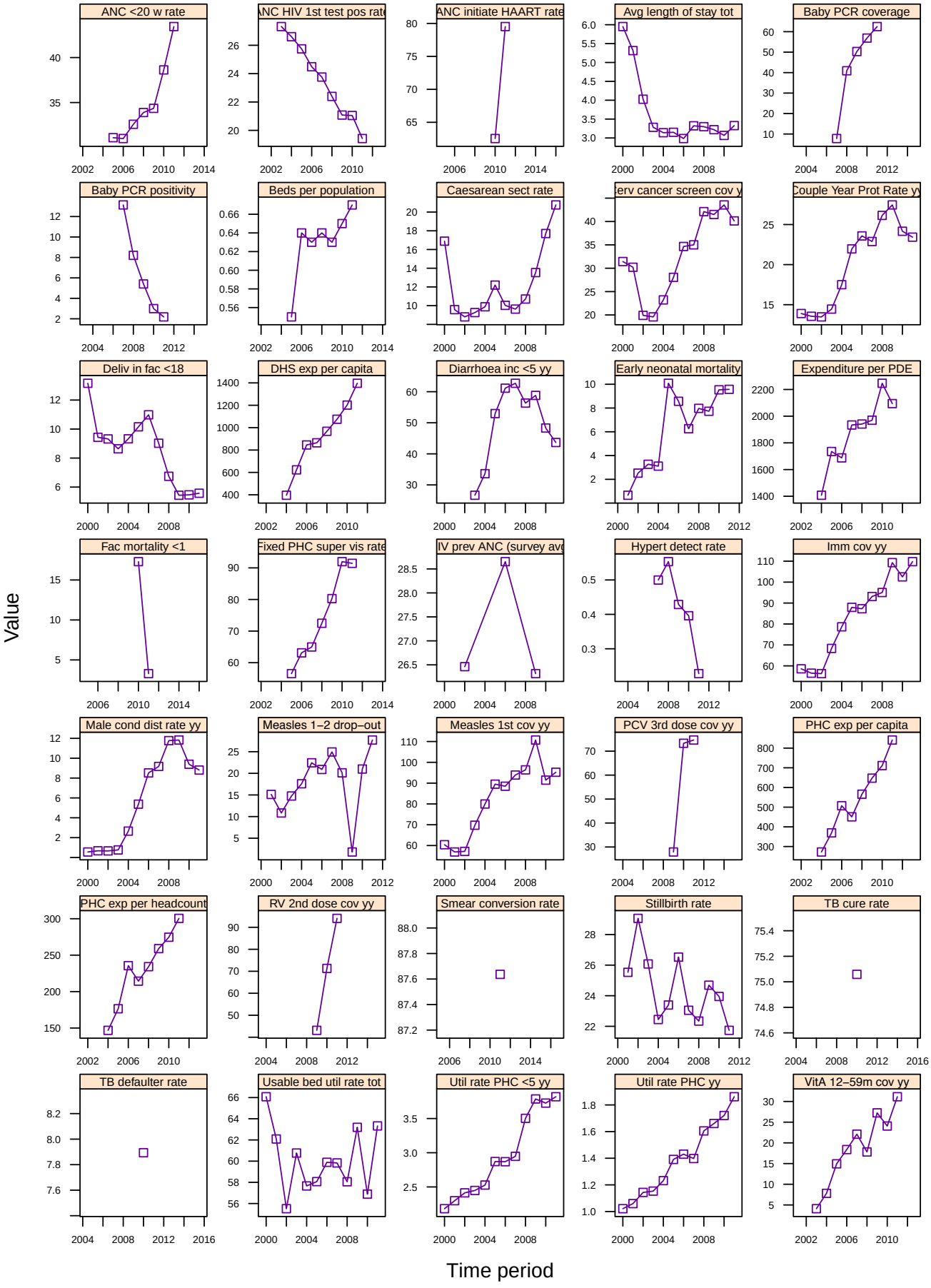
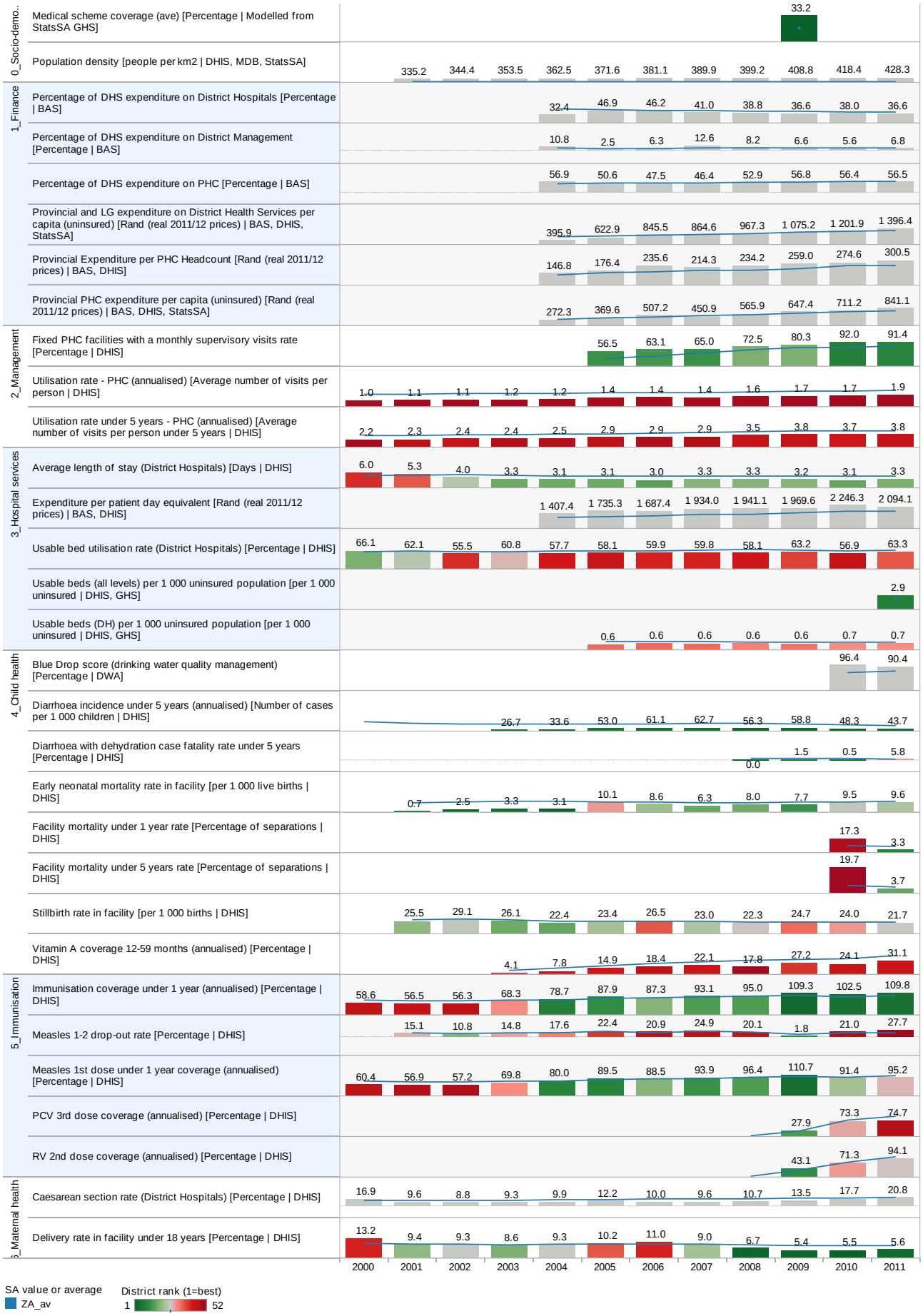
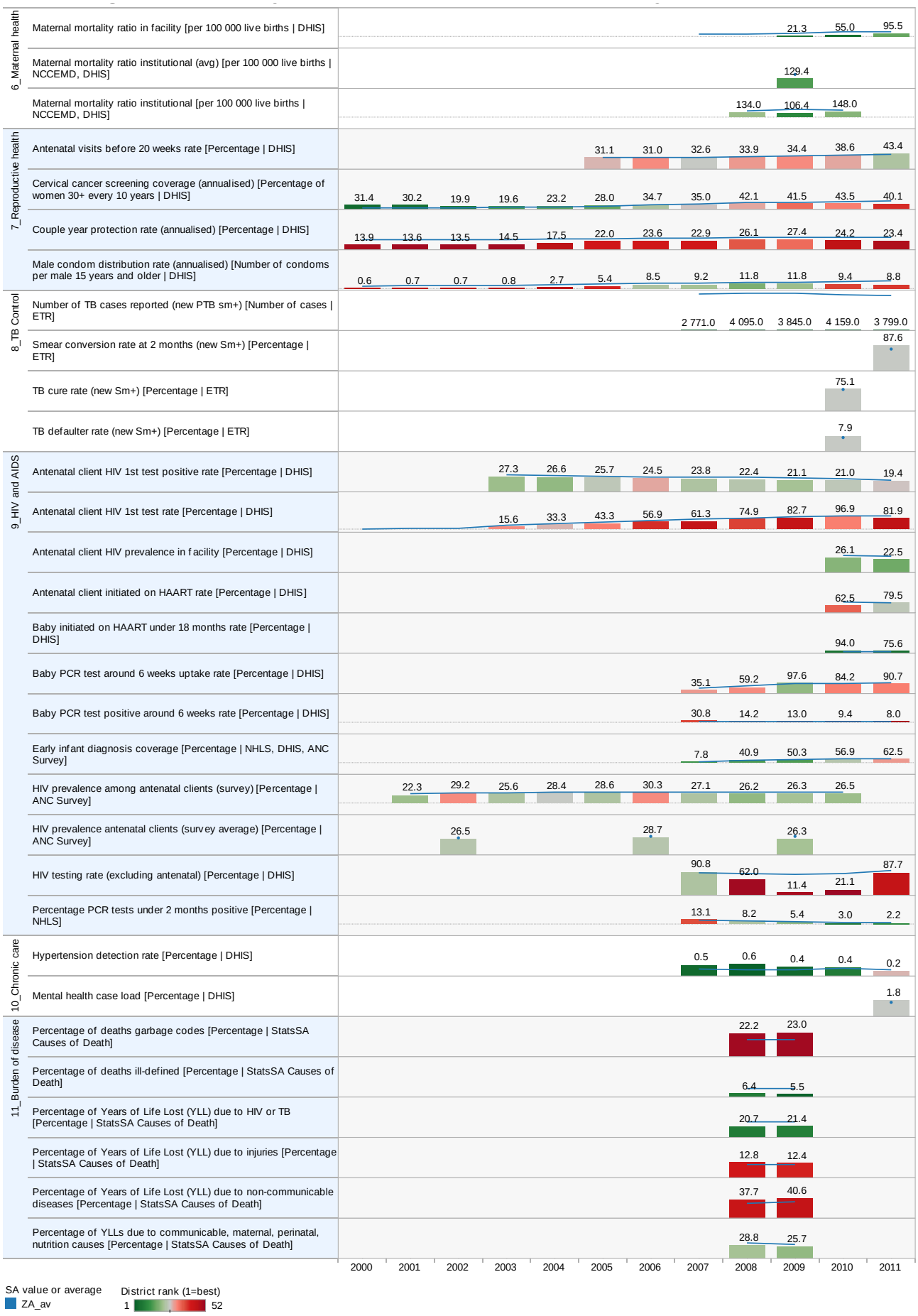


Figure 3: District page: GP – TSH: Tshwane Metropolitan Municipality




6_Maternal health
Maternal mortality ratio in facility [per 100 000 live births | DHIS]
21.3 55.0 95.5
Maternal mortality ratio institutional (avg) [per 100 000 live births | NCCEMD, DHIS]
129.4
Maternal mortality ratio institutional [per 100 000 live births | NCCEMD, DHIS]
134.0 106.4 148.0
7_Reproductive health
Antenatal visits before 20 weeks rate [Percentage | DHIS]
31.1 31.0 32.6 33.9 34.4 38.6 43.4
Cervical cancer screening coverage (annualised) [Percentage of women 30+ every 10 years | DHIS]
31.4 30.2 19.9 19.6 23.2 28.0 34.7 35.0 42.1 41.5 43.5 40.1
Couple year protection rate (annualised) [Percentage | DHIS]
13.9 13.6 13.5 14.5 17.5 22.0 23.6 22.9 26.1 27.4 24.2 23.4
Male condom distribution rate (annualised) [Number of condoms per male 15 years and older | DHIS]
0.6 0.7 0.7 0.8 2.7 5.4 8.5 9.2 11.8 11.8 9.4 8.8
8_TB Control
Number of TB cases reported (new PTB sm+) [Number of cases | ETR]
2 771.0 4 095.0 3 845.0 4 159.0 3 799.0
Smear conversion rate at 2 months (new Sm+) [Percentage | ETR]
87.6
TB cure rate (new Sm+) [Percentage | ETR]
75.1
TB defaulter rate (new Sm+) [Percentage | ETR]
7.9
9_HIV and AIDS
Antenatal client HIV 1st test positive rate [Percentage | DHIS]
27.3 26.6 25.7 24.5 23.8 22.4 21.1 21.0 19.4
Antenatal client HIV 1st test rate [Percentage | DHIS]
15.6 33.3 43.3 56.9 61.3 74.9 82.7 96.9 81.9
Antenatal client HIV prevalence in facility [Percentage | DHIS]
26.1 22.5
Antenatal client initiated on HAART rate [Percentage | DHIS]
62.5 79.5
Baby initiated on HAART under 18 months rate [Percentage | DHIS]
94.0 75.6
Baby PCR test around 6 weeks uptake rate [Percentage | DHIS]
35.1 59.2 97.6 84.2 90.7
Baby PCR test positive around 6 weeks rate [Percentage | DHIS]
30.8 14.2 13.0 9.4 8.0
Early infant diagnosis coverage [Percentage | NHLS, DHIS, ANC Survey]
7.8 40.9 50.3 56.9 62.5
HIV prevalence among antenatal clients (survey) [Percentage | ANC Survey]
22.3 29.2 25.6 28.4 28.6 30.3 27.1 26.2 26.3 26.5
HIV prevalence antenatal clients (survey average) [Percentage | ANC Survey]
26.5 28.7 26.3
HIV testing rate (excluding antenatal) [Percentage | DHIS]
90.8 62.0 11.4 21.1 87.7
Percentage PCR tests under 2 months positive [Percentage | NHLS]
13.1 8.2 5.4 3.0 2.2
10_Chronic care
Hypertension detection rate [Percentage | DHIS]
0.5 0.6 0.4 0.4 0.2
Mental health case load [Percentage | DHIS]
1.8
11_Burden of disease
Percentage of deaths garbage codes [Percentage | StatsSA Causes of Death]
22.2 23.0
Percentage of deaths ill-defined [Percentage | StatsSA Causes of Death]
6.4 5.5
Percentage of Years of Life Lost (YLL) due to HIV or TB [Percentage | StatsSA Causes of Death]
20.7 21.4
Percentage of Years of Life Lost (YLL) due to injuries [Percentage | StatsSA Causes of Death]
12.8 12.4
Percentage of Years of Life Lost (YLL) due to non-communicable diseases [Percentage | StatsSA Causes of Death]
37.7 40.6
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [Percentage | StatsSA Causes of Death]
28.8 25.7
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011
SA value or average
ZA_av
District rank (1=best)
1 52