12 Gauteng Province

Sedibeng District Municipality (DC42)

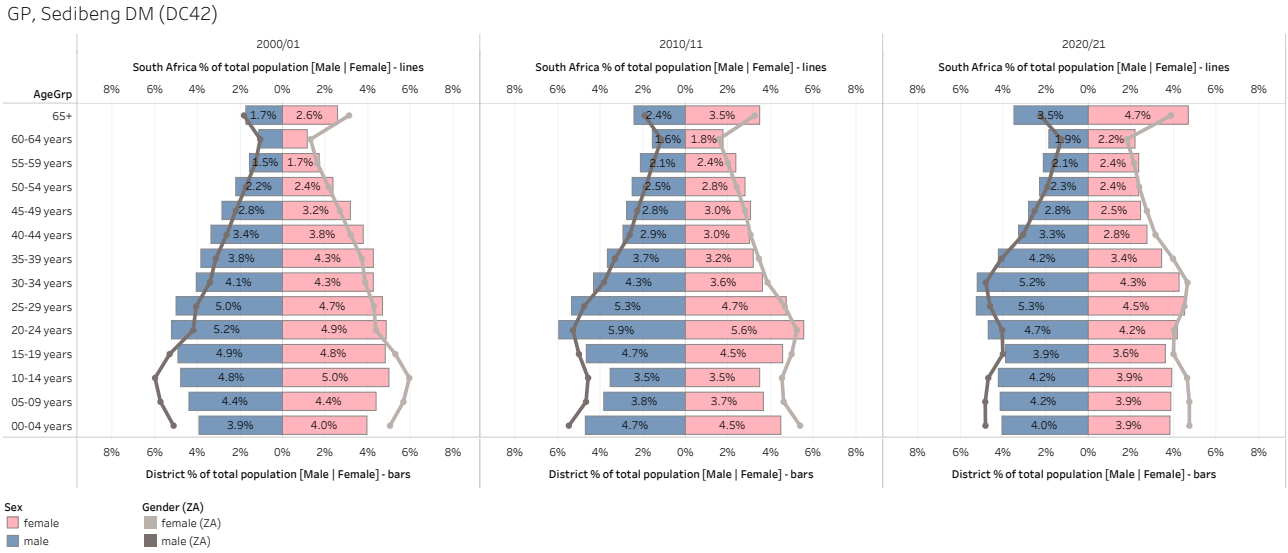
The Sedibeng District Municipality[a] is a Category C municipality situated on the southern tip of the Gauteng Province and it comprises the Emfuleni, Lesedi and Midvaal Local Municipalities.

Cities/Towns: De Deur/Walkerville, Devon, Eikenhof, Evaton, Heidelberg, Meyerton, Nigel, Sebokeng, Vaal Marina, Vaal Oewer, Vanderbijlpark, Vereeniging, Vischkuil

Area: 4 173km^2

Population (2019)[b]: 995 666

District percentage population by age-gender group compared to South Africa



Burden of disease profile

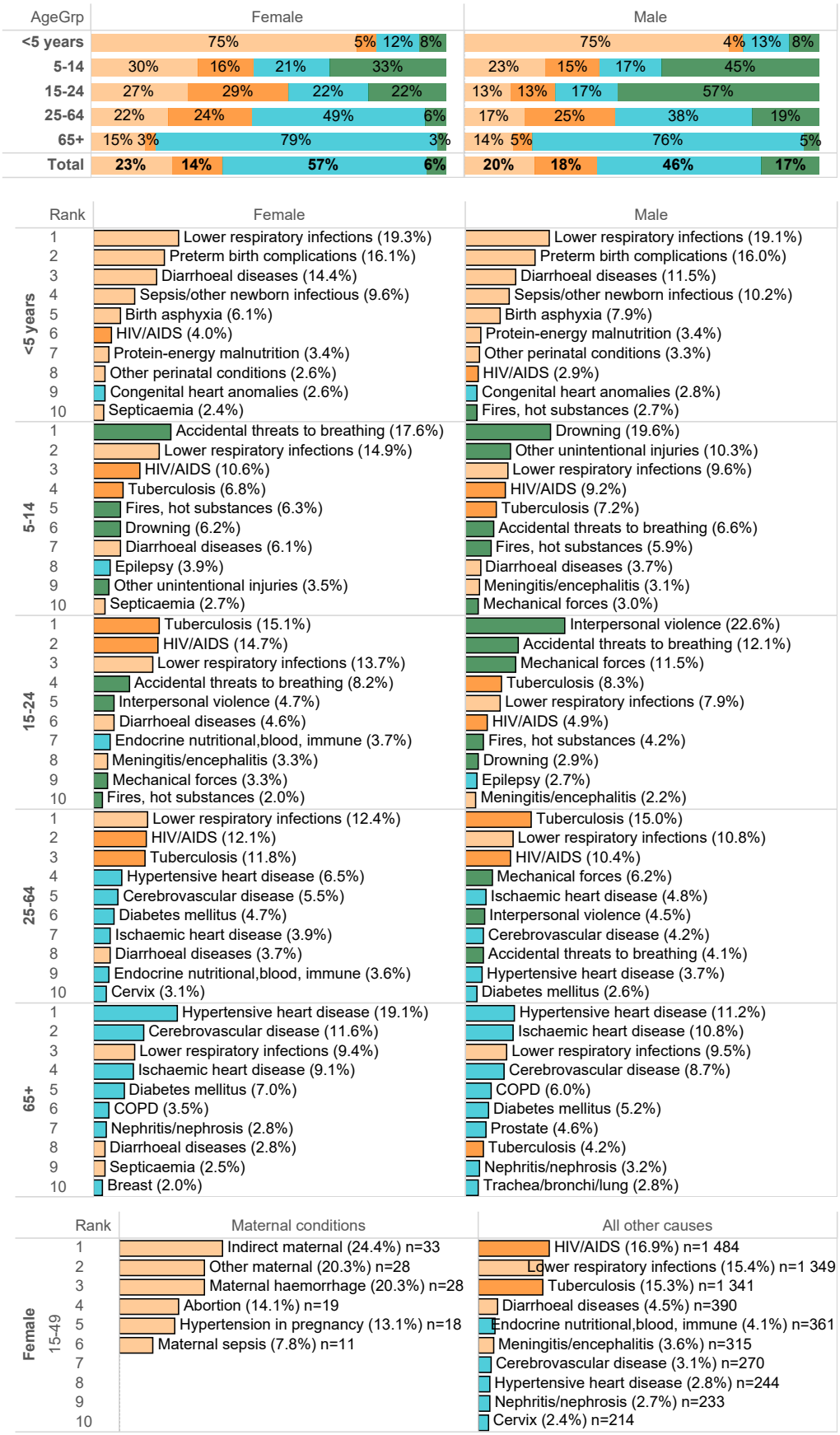
For the percentage of deaths by broad cause, deaths are classified into four groups, namely: (i) injuries; (ii) non-communicable diseases; (iii) HIV and TB; and (iv) communicable diseases together with maternal, perinatal and nutritional conditions. Data are given by gender and age group for the period 2012–2017. The second part of the graph shows the 10 leading single causes of death within each age group and by gender for 2012–2017.

a Available from: https://municipalities.co.za/overview/114/sedibeng-district-municipality.

b Mid-year Population Estimates 2019, Stats SA.

Percentage of deaths by broad cause and leading causes, 2012–2017

GP, Sedibeng DM: DC42, 2012 - 2017



Percentage of deaths by broad causes and single leading causes

Broadcause

- Injury
- NCD
- HIV and TB
- Comm_mat_peri_nut

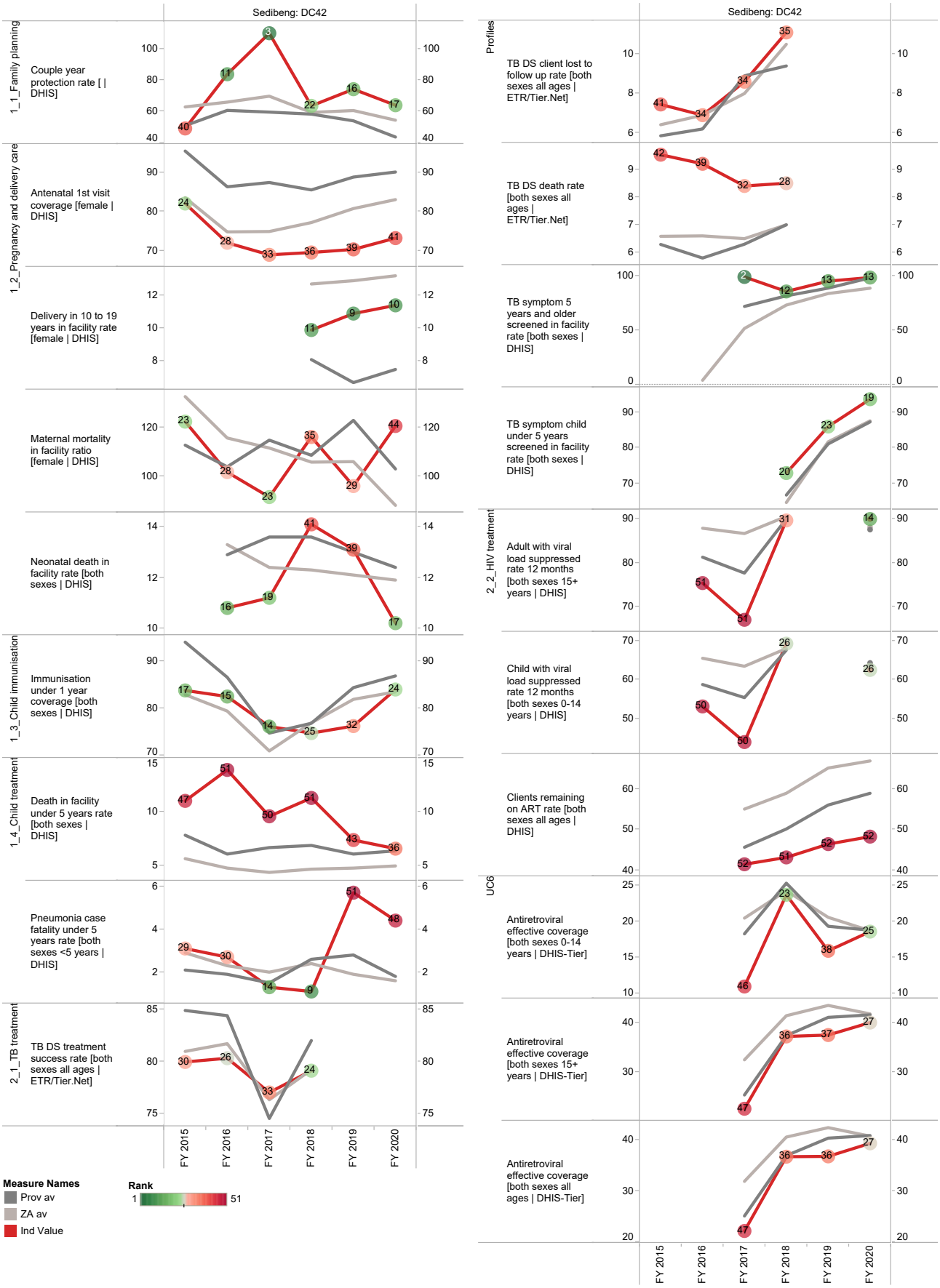
Prov, District

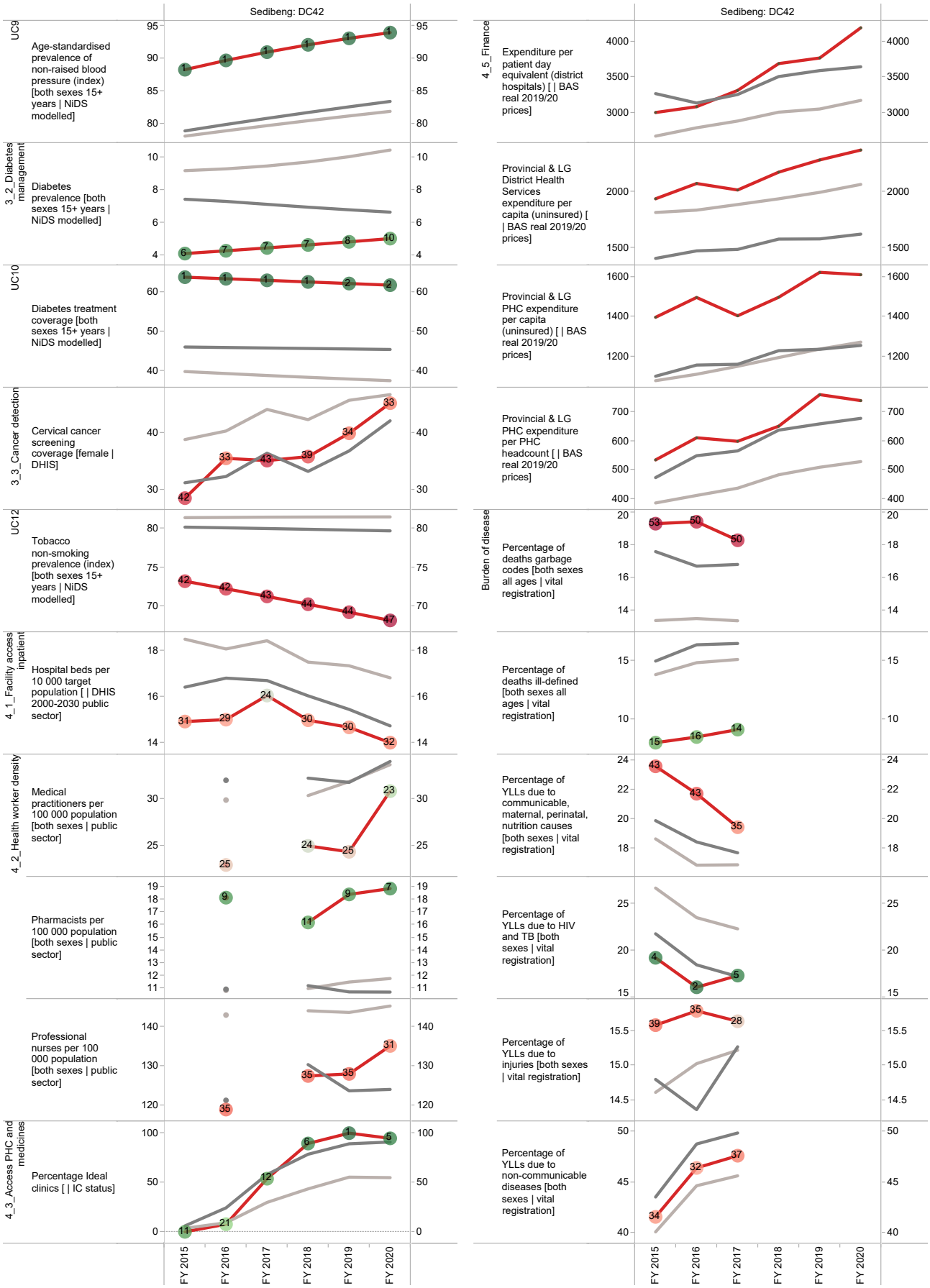
GP, Sedibeng DM: DC42

☐ Show history

Percentages are shown according to all the deaths within the age/gender category of each box, although only the leading 10 causes are displayed.

Annual trends, 2015/16–2019/20




Sedibeng: DC42
UC9
Age-standardised prevalence of non-raised blood pressure (index) [both sexes 15+ years | NiDS modelled]
3_2_Diabetes management
Diabetes prevalence [both sexes 15+ years | NiDS modelled]
UC10
Diabetes treatment coverage [both sexes 15+ years | NiDS modelled]
3_3_Cancer detection
Cervical cancer screening coverage [female | DHIS]
UC12
Tobacco non-smoking prevalence (index) [both sexes 15+ years | NiDS modelled]
4_1_Facility access inpatient
Hospital beds per 10 000 target population [| DHIS 2000-2030 public sector]
4_2_Health worker density
Medical practitioners per 100 000 population [both sexes | public sector]
Pharmacists per 100 000 population [both sexes | public sector]
Professional nurses per 100 000 population [both sexes | public sector]
4_3_Access PHC and medicines
Percentage Ideal clinics [| IC status]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020
Sedibeng: DC42
4_5_Finance
Expenditure per patient day equivalent (district hospitals) [| BAS real 2019/20 prices]
Provincial & LG District Health Services expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per PHC headcount [| BAS real 2019/20 prices]
Burden of disease
Percentage of deaths garbage codes [both sexes all ages | vital registration]
Percentage of deaths ill-defined [both sexes all ages | vital registration]
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [both sexes | vital registration]
Percentage of YLLs due to HIV and TB [both sexes | vital registration]
Percentage of YLLs due to injuries [both sexes | vital registration]
Percentage of YLLs due to non-communicable diseases [both sexes | vital registration]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020

West Rand District Municipality (DC48)

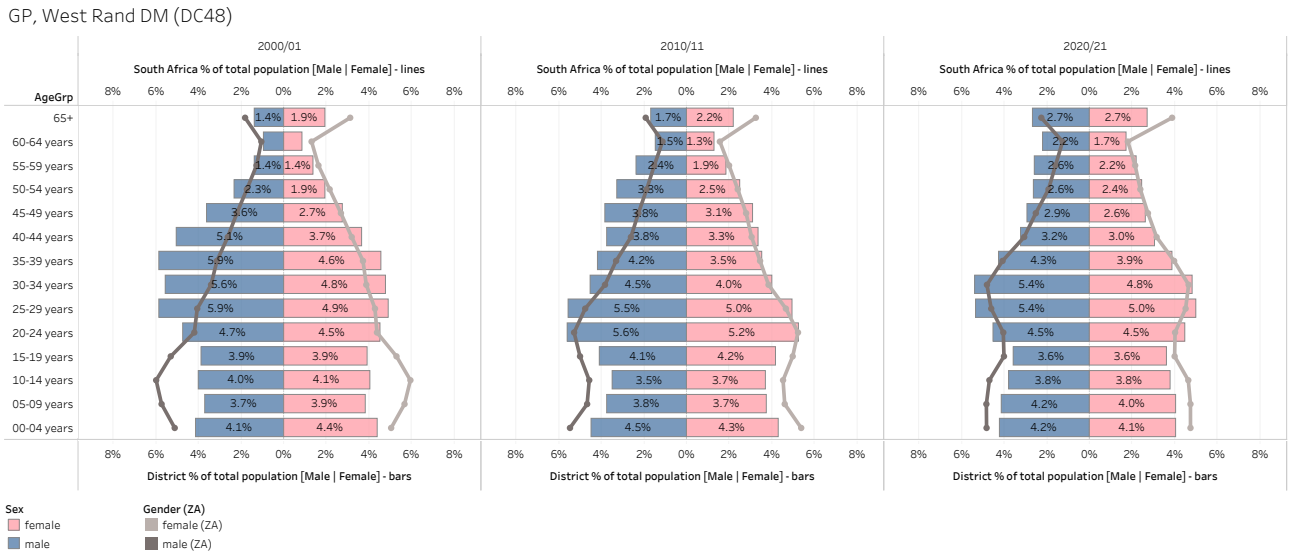
The West Rand District Municipality[c] is a Category C municipality located in the west of the Gauteng Province. It comprises three local municipalities: Merafong, Mogale and Rand West Cities.

Cities/Towns: Carletonville, Fochville, Krugersdorp, Magaliesburg, Muldersdrift, Randfontein, Wedela, Westonaria

Area: 4 087km^2

Population (2019)[d]: 890 241

District percentage population by age-gender group compared to South Africa



Burden of disease profile

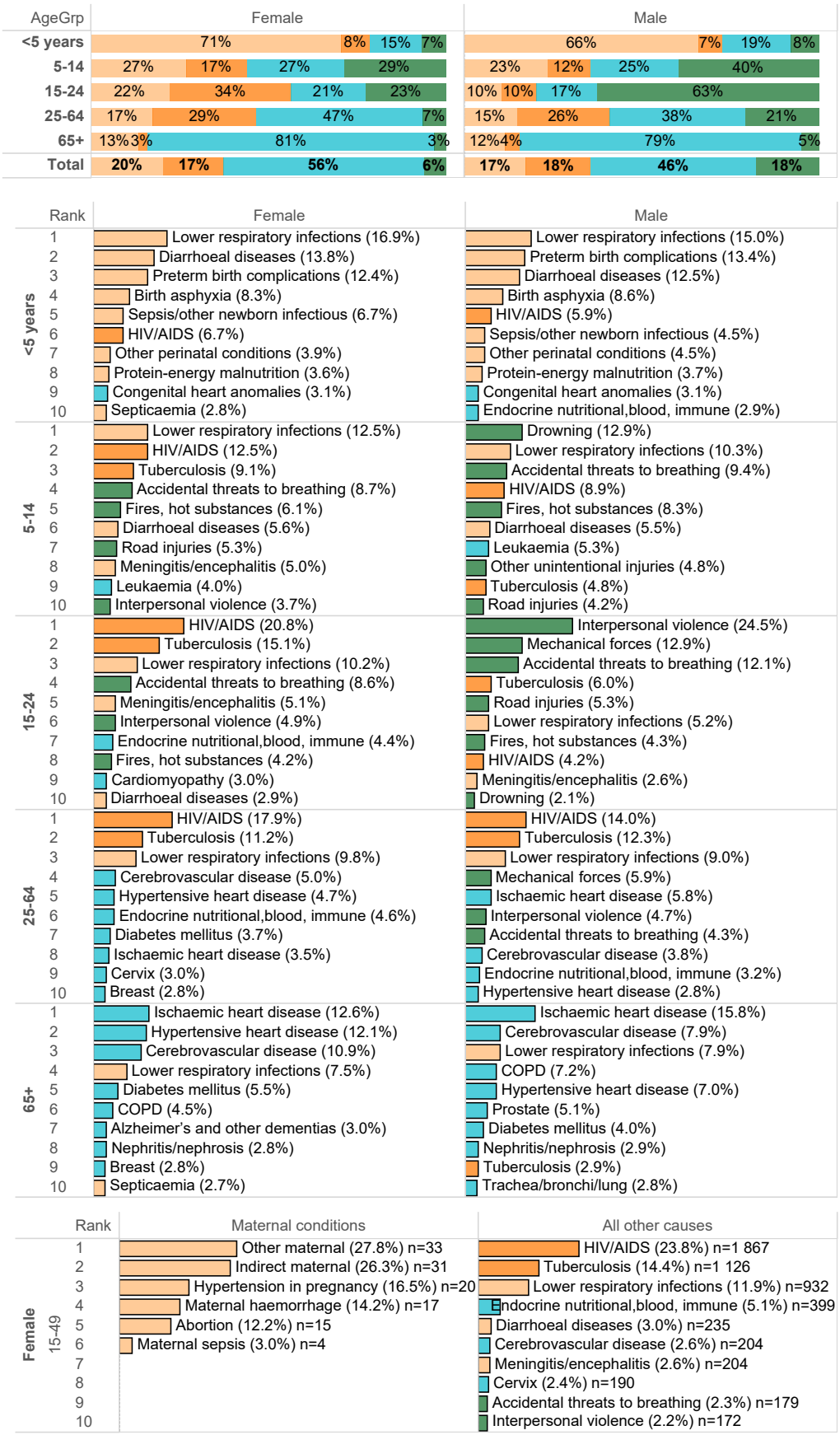
For the percentage of deaths by broad cause, deaths are classified into four groups, namely: (i) injuries; (ii) non-communicable diseases; (iii) HIV and TB; and (iv) communicable diseases together with maternal, perinatal and nutritional conditions. Data are given by gender and age group for the period 2012–2017. The second part of the graph shows the 10 leading single causes of death within each age group and by gender for 2012–2017.

c Available from: https://municipalities.co.za/overview/115/west-rand-district-municipality.

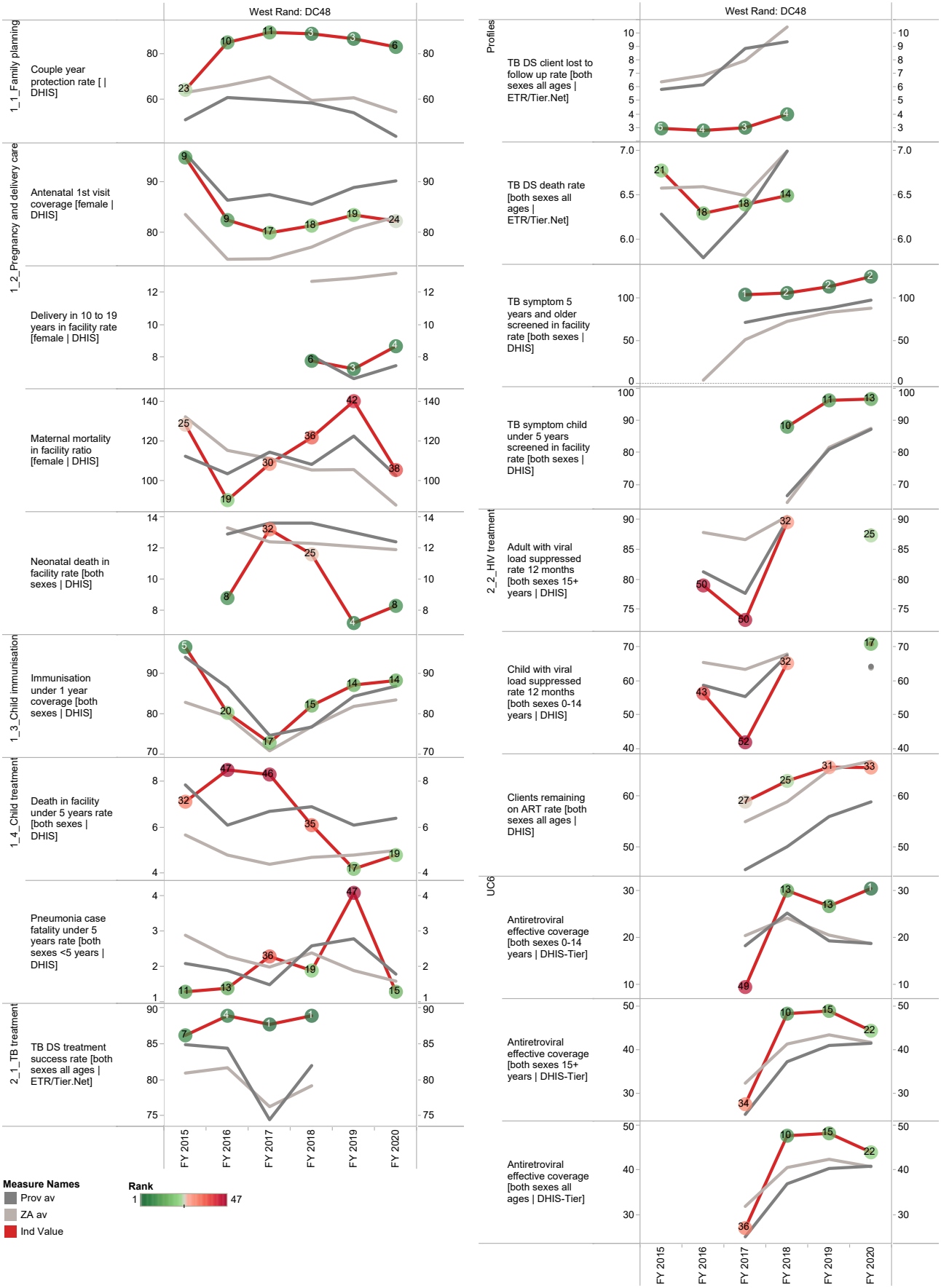
d Mid-year Population Estimates 2019, Stats SA.

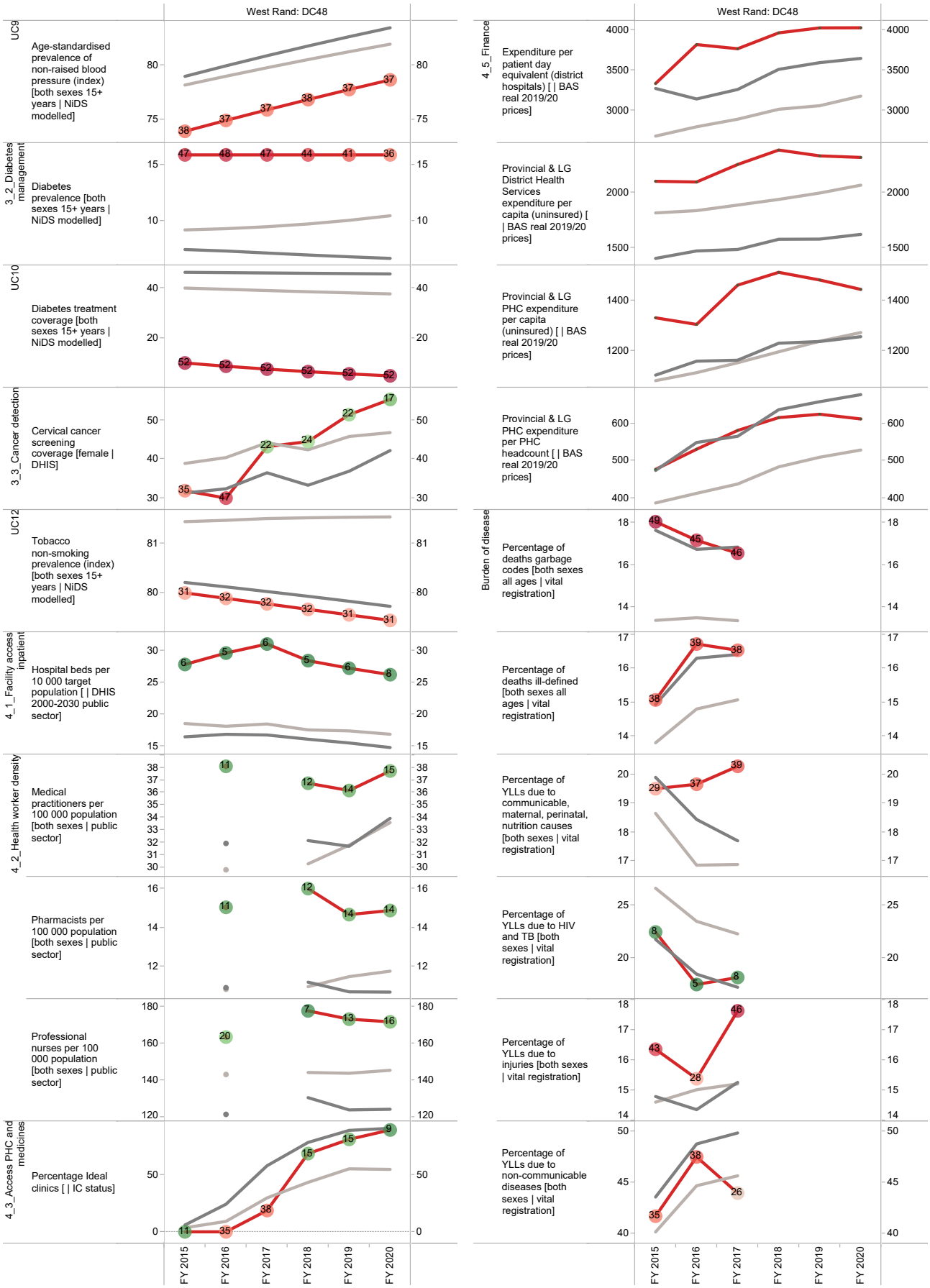
Percentage of deaths by broad cause and leading causes, 2012–2017

GP, West Rand DM: DC48, 2012 - 2017



Annual trends, 2015/16–2019/20




West Rand: DC48
UC9
Age-standardised prevalence of non-raised blood pressure (index) [both sexes 15+ years | NiDS modelled]
3_2_Diabetes management
Diabetes prevalence [both sexes 15+ years | NiDS modelled]
UC10
Diabetes treatment coverage [both sexes 15+ years | NiDS modelled]
3_3_Cancer detection
Cervical cancer screening coverage [female | DHIS]
UC12
Tobacco non-smoking prevalence (index) [both sexes 15+ years | NiDS modelled]
4_1_Facility access inpatient
Hospital beds per 10 000 target population [| DHIS 2000-2030 public sector]
4_2_Health worker density
Medical practitioners per 100 000 population [both sexes | public sector]
Pharmacists per 100 000 population [both sexes | public sector]
Professional nurses per 100 000 population [both sexes | public sector]
4_3_Access PHC and medicines
Percentage Ideal clinics [| IC status]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020
West Rand: DC48
4_5_Finance
Expenditure per patient day equivalent (district hospitals) [| BAS real 2019/20 prices]
Provincial & LG District Health Services expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per PHC headcount [| BAS real 2019/20 prices]
Burden of disease
Percentage of deaths garbage codes [both sexes all ages | vital registration]
Percentage of deaths ill-defined [both sexes all ages | vital registration]
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [both sexes | vital registration]
Percentage of YLLs due to HIV and TB [both sexes | vital registration]
Percentage of YLLs due to injuries [both sexes | vital registration]
Percentage of YLLs due to non-communicable diseases [both sexes | vital registration]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020

Ekurhuleni Metropolitan Municipality (EKU)

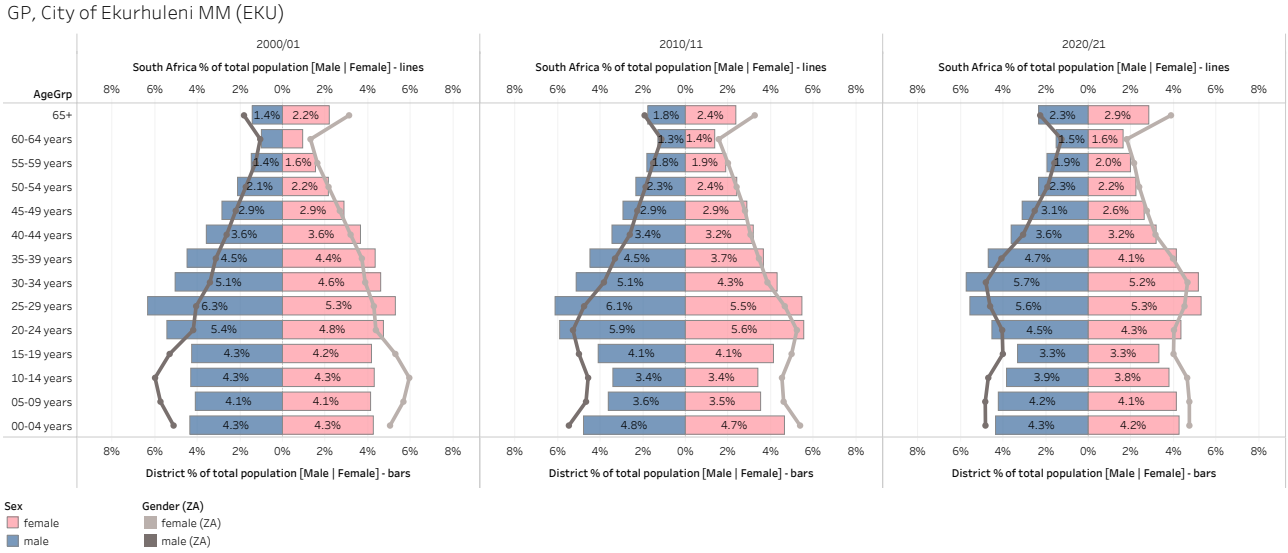
The City of Ekurhuleni Metropolitan Municipality[e] is a Category A municipality in Gauteng Province. The former administrations of the nine towns in the former East Rand were amalgamated into the metropolitan municipality, along with the Khayalami Metropolitan Council and the Eastern Gauteng Services Council. It is one of the most densely populated areas in the province, and in the country. It comprises six health sub-districts, namely: Ekurhuleni East 1 and East 2, Ekurhuleni North 1 and North 2, and Ekurhuleni South 1 and South 2.

Cities/Towns: Alberton, Bedfordview, Benoni, Birchleigh, Boksburg, Brakpan, Clayville, Daveyton, Dunnottar, Edenvale, Geduld, Germiston, Katlehong, Kempton Park, Kwa-Thema, Machenzieville, Nigel, Olifantsfontein, Springs, Tembisa, Tokoza, Vosloorus, Vorsterkroon

Area: 1 975km^2

Population (2019)[f]: 3 609 252

District percentage population by age-gender group compared to South Africa



Burden of disease profile

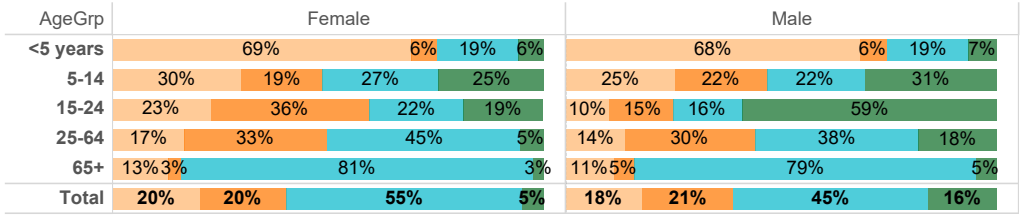
For the percentage of deaths by broad cause, deaths are classified into four groups, namely: (i) injuries; (ii) non-communicable diseases; (iii) HIV and TB; and (iv) communicable diseases together with maternal, perinatal and nutritional conditions. Data are given by gender and age group for the period 2012–2017. The second part of the graph shows the 10 leading single causes of death within each age group and by gender for 2012–2017.

e Available from: https://municipalities.co.za/overview/4/city-of-ekurhuleni-metropolitan-municipality.

f Mid-year Population Estimates 2019, Stats SA.

Percentage of deaths by broad cause and leading causes, 2012–2017

GP, City of Ekurhuleni MM: EKU, 2012 - 2017



Percentage of deaths by broad causes and single leading causes

Broadcause
- Injury
- NCD
- HIV and TB
- Comm_mat_peri_nut

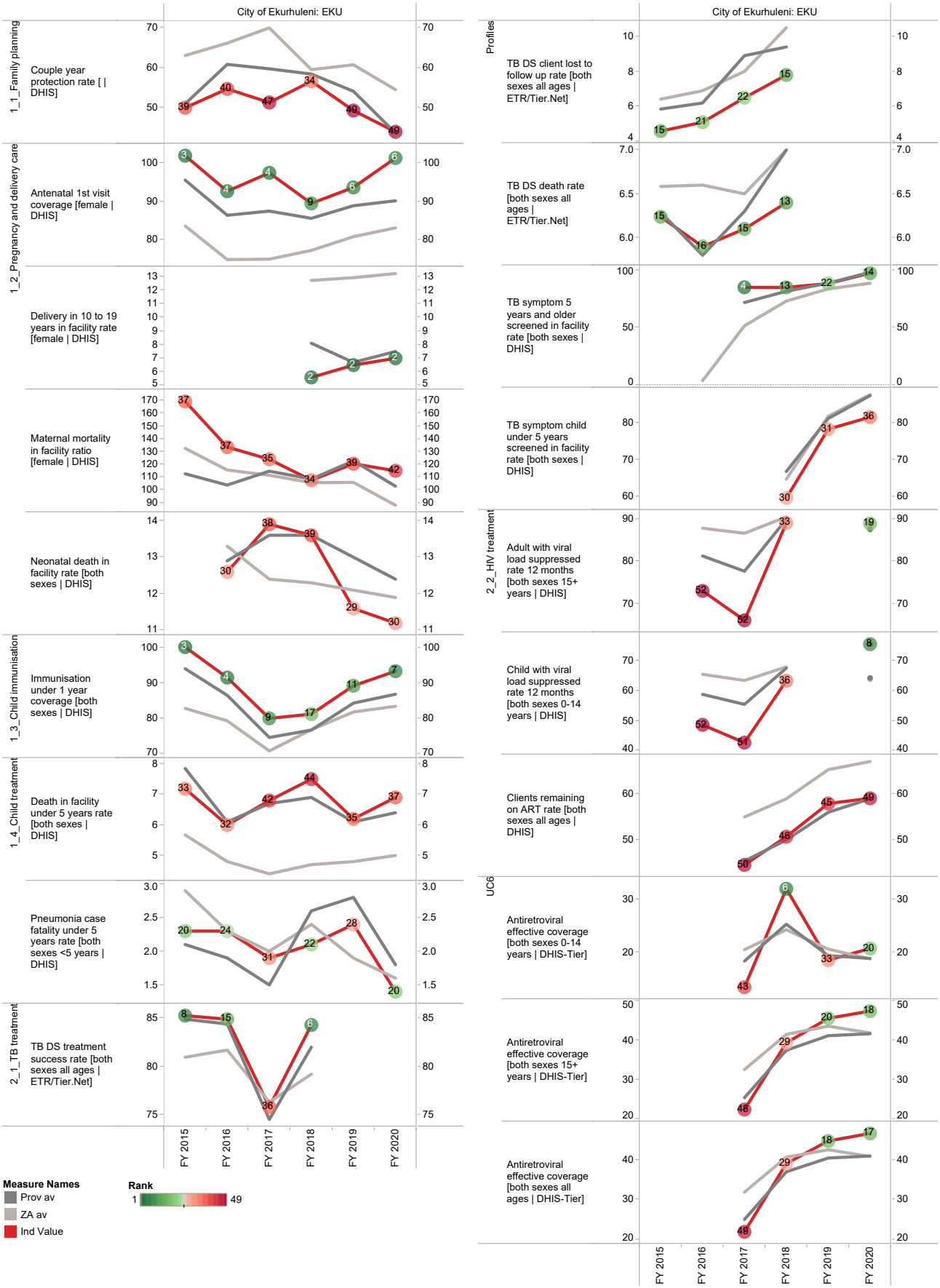
Prov, District
GP, City of Ekurhuleni MM: EK..
Show history

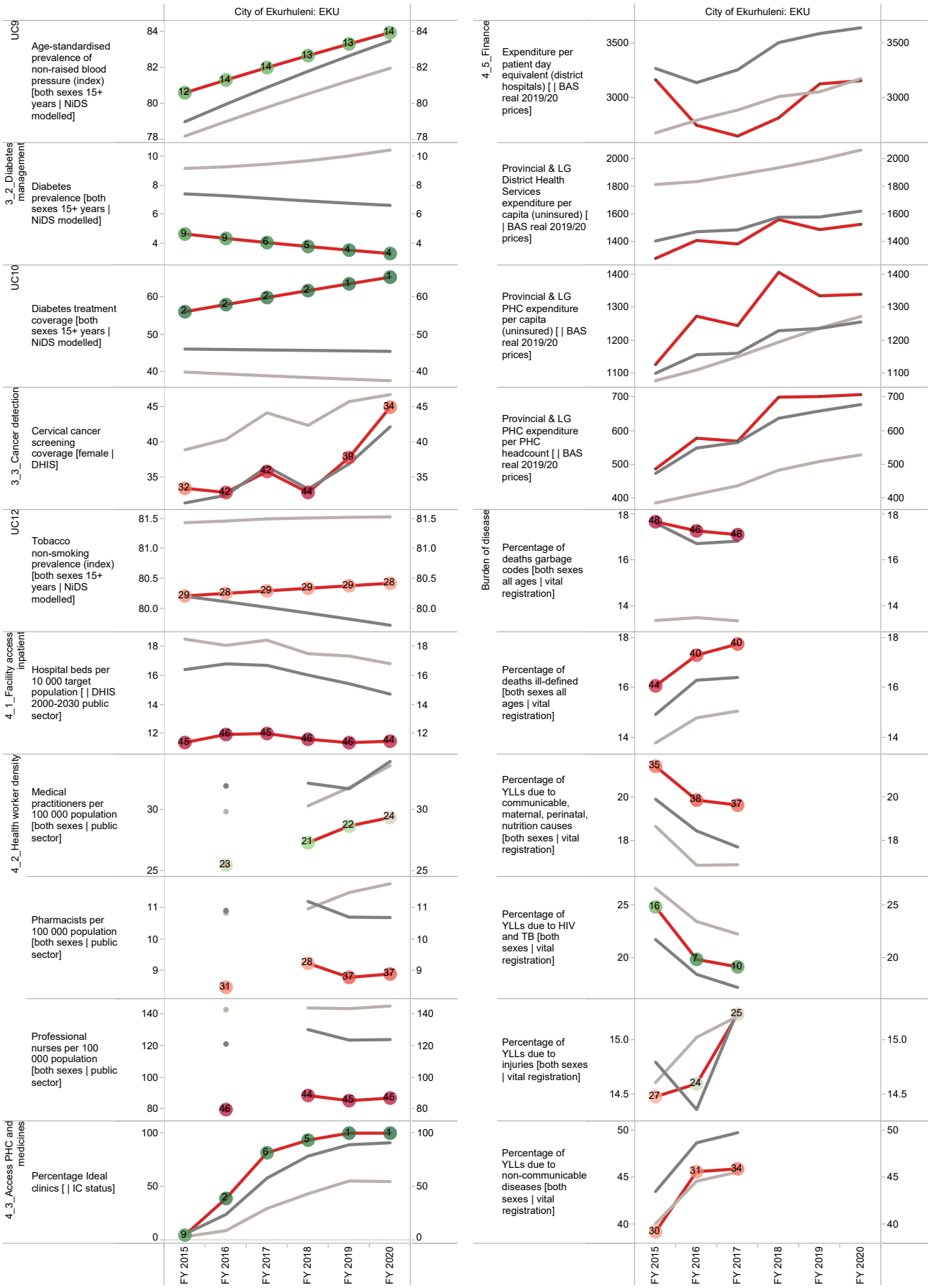
Percentages are shown according to all the deaths within the age/gender category of each box, although only the leading 10 causes are displayed.

	Rank	Female	Male
<5 years	1	Preterm birth complications (18.9%)	Preterm birth complications (18.6%)
	2	Lower respiratory infections (14.4%)	Lower respiratory infections (13.5%)
	3	Diarrhoeal diseases (9.6%)	Diarrhoeal diseases (9.3%)
	4	Birth asphyxia (7.6%)	Birth asphyxia (8.8%)
	5	Sepsis/other newborn infectious (6.7%)	Sepsis/other newborn infectious (6.5%)
	6	Other respiratory (5.1%)	HIV/AIDS (4.3%)
	7	HIV/AIDS (4.2%)	Other respiratory (4.2%)
	8	Septicaemia (3.4%)	Septicaemia (3.6%)
	9	Protein-energy malnutrition (3.2%)	Congenital heart anomalies (3.0%)
	10	Congenital heart anomalies (2.9%)	Other perinatal conditions (2.8%)
5-14	1	Lower respiratory infections (12.1%)	HIV/AIDS (13.6%)
	2	HIV/AIDS (10.8%)	Drowning (11.3%)
	3	Tuberculosis (9.1%)	Lower respiratory infections (9.3%)
	4	Diarrhoeal diseases (6.0%)	Tuberculosis (8.9%)
	5	Drowning (4.9%)	Fires, hot substances (6.0%)
	6	Meningitis/encephalitis (4.2%)	Accidental threats to breathing (6.0%)
	7	Other unintentional injuries (4.1%)	Diarrhoeal diseases (5.3%)
	8	Accidental threats to breathing (4.1%)	Other unintentional injuries (3.2%)
	9	Fires, hot substances (3.3%)	Endocrine nutritional,blood, immune (2.7%)
	10	Other respiratory (3.1%)	Meningitis/encephalitis (2.7%)
15-24	1	HIV/AIDS (21.4%)	Mechanical forces (18.5%)
	2	Tuberculosis (15.6%)	Interpersonal violence (17.3%)
	3	Lower respiratory infections (9.4%)	Accidental threats to breathing (14.7%)
	4	Accidental threats to breathing (6.7%)	Tuberculosis (7.8%)
	5	Meningitis/encephalitis (4.2%)	HIV/AIDS (7.5%)
	6	Endocrine nutritional,blood, immune (3.6%)	Lower respiratory infections (4.9%)
	7	Diarrhoeal diseases (3.6%)	Fires, hot substances (4.5%)
	8	Mechanical forces (3.4%)	Meningitis/encephalitis (2.4%)
	9	Fires, hot substances (2.5%)	Endocrine nutritional,blood, immune (1.8%)
	10	Interpersonal violence (2.5%)	Road injuries (1.7%)
25-64	1	HIV/AIDS (19.9%)	HIV/AIDS (15.9%)
	2	Tuberculosis (12.8%)	Tuberculosis (14.1%)
	3	Lower respiratory infections (8.4%)	Lower respiratory infections (7.9%)
	4	Cerebrovascular disease (5.0%)	Mechanical forces (7.5%)
	5	Hypertensive heart disease (4.5%)	Ischaemic heart disease (4.8%)
	6	Endocrine nutritional,blood, immune (4.0%)	Cerebrovascular disease (4.4%)
	7	Diabetes mellitus (3.7%)	Interpersonal violence (3.5%)
	8	Ischaemic heart disease (3.2%)	Accidental threats to breathing (3.5%)
	9	Cervix (2.8%)	Diabetes mellitus (2.7%)
	10	Diarrhoeal diseases (2.7%)	Hypertensive heart disease (2.6%)
65+	1	Hypertensive heart disease (12.4%)	Ischaemic heart disease (12.5%)
	2	Cerebrovascular disease (12.1%)	Cerebrovascular disease (8.9%)
	3	Ischaemic heart disease (9.8%)	COPD (7.6%)
	4	Lower respiratory infections (7.5%)	Lower respiratory infections (7.5%)
	5	Diabetes mellitus (6.7%)	Hypertensive heart disease (6.3%)
	6	COPD (5.8%)	Prostate (5.4%)
	7	Nephritis/nephrosis (3.0%)	Diabetes mellitus (5.1%)
	8	Septicaemia (2.8%)	Nephritis/nephrosis (3.4%)
	9	Alzheimer's and other dementias (2.7%)	Tuberculosis (3.2%)
	10	Endocrine nutritional,blood, immune (2.5%)	Trachea/bronchi/lung (2.9%)

	Rank	Maternal conditions	All other causes
Female 15-49	1	Indirect maternal (29.0%) n=142	HIV/AIDS (26.1%) n=6 444
	2	Other maternal (27.0%) n=132	Tuberculosis (16.6%) n=4 103
	3	Hypertension in pregnancy (13.7%) n=67	Lower respiratory infections (9.6%) n=2 379
	4	Abortion (12.9%) n=63	Endocrine nutritional,blood, immune (4.4%) n=1 088
	5	Maternal haemorrhage (12.3%) n=60	Meningitis/encephalitis (3.3%) n=812
	6	Maternal sepsis (5.0%) n=25	Diarrhoeal diseases (3.1%) n=766
	7		Cerebrovascular disease (2.8%) n=679
	8		Cervix (2.2%) n=539
	9		Mechanical forces (2.0%) n=493
	10		Accidental threats to breathing (1.9%) n=468

Annual trends, 2015/16–2019/20




City of Ekurhuleni: EKU
UC9
Age-standardised prevalence of non-raised blood pressure (index) [both sexes 15+ years | NiDS modelled]
3_2_Diabetes management
Diabetes prevalence [both sexes 15+ years | NiDS modelled]
UC10
Diabetes treatment coverage [both sexes 15+ years | NiDS modelled]
3_3_Cancer detection
Cervical cancer screening coverage [female | DHIS]
UC12
Tobacco non-smoking prevalence (index) [both sexes 15+ years | NiDS modelled]
4_1_Facility access inpatient
Hospital beds per 10 000 target population [| DHIS 2000-2030 public sector]
4_2_Health worker density
Medical practitioners per 100 000 population [both sexes | public sector]
Pharmacists per 100 000 population [both sexes | public sector]
Professional nurses per 100 000 population [both sexes | public sector]
4_3_Access PHC and medicines
Percentage Ideal clinics [| IC status]
City of Ekurhuleni: EKU
4_5_Finance
Expenditure per patient day equivalent (district hospitals) [| BAS real 2019/20 prices]
Provincial & LG District Health Services expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per PHC headcount [| BAS real 2019/20 prices]
Burden of disease
Percentage of deaths garbage codes [both sexes all ages | vital registration]
Percentage of deaths ill-defined [both sexes all ages | vital registration]
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [both sexes | vital registration]
Percentage of YLLs due to HIV and TB [both sexes | vital registration]
Percentage of YLLs due to injuries [both sexes | vital registration]
Percentage of YLLs due to non-communicable diseases [both sexes | vital registration]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020

Johannesburg Metropolitan Municipality (JHB)

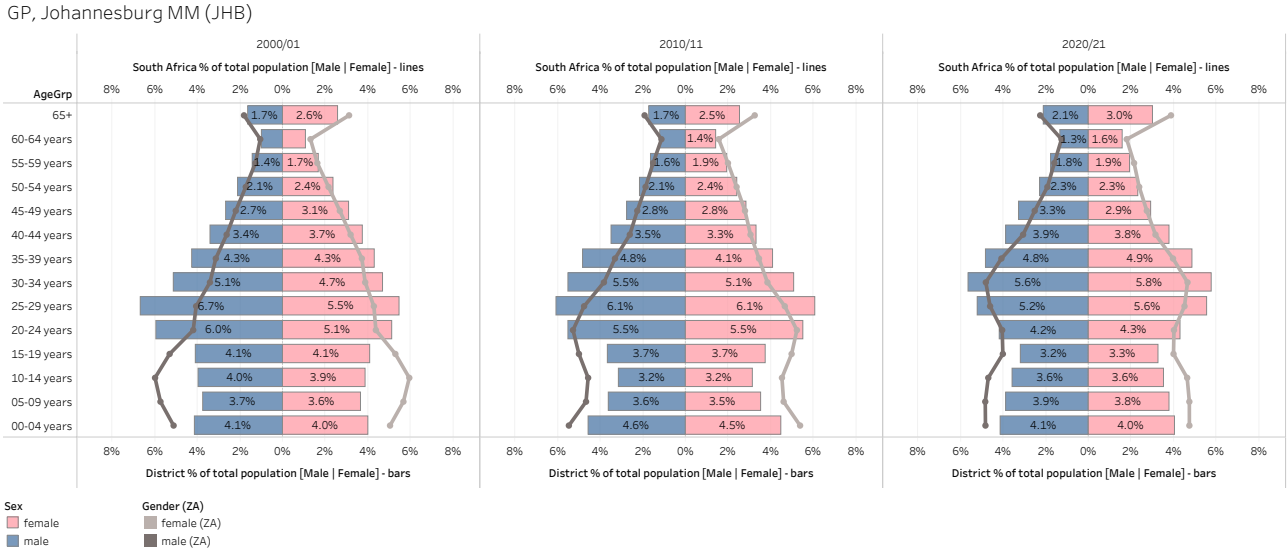
The City of Johannesburg Metropolitan Municipality[g] is a Category A municipality in Gauteng Province. Johannesburg is the most advanced commercial city in Africa and the engine-room of the South African and regional economy. It is divided into seven health sub-districts, named Johannesburg Sub-district A to Johannesburg Sub-district G.

Cities/Towns: Alexandra, Diepkloof, Diepsloot, Ennerdale, Johannesburg, Johannesburg South, Lawley, Lenasia, Lenasia South, Meadowlands East, Meadowlands West, Midrand, Orange Farm, Pimville, Randburg, Roodepoort, Sandton, Soweto

Area: 1 645km^2

Population (2019)[h]: 5 316 210

District percentage population by age-gender group compared to South Africa



Burden of disease profile

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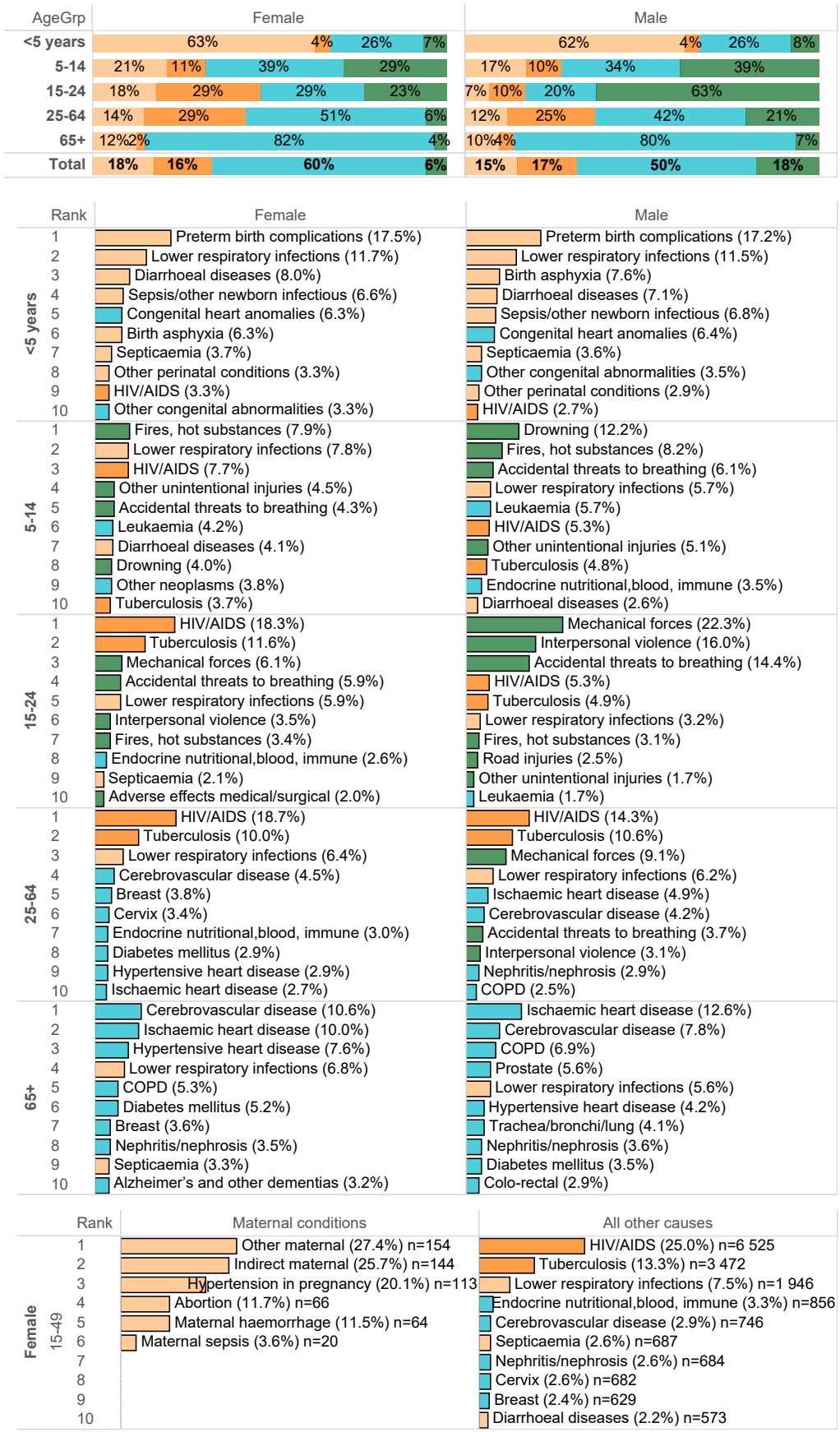
g Available from: https://municipalities.co.za/overview/2/city-of-johannesburg-metropolitan-municipality.

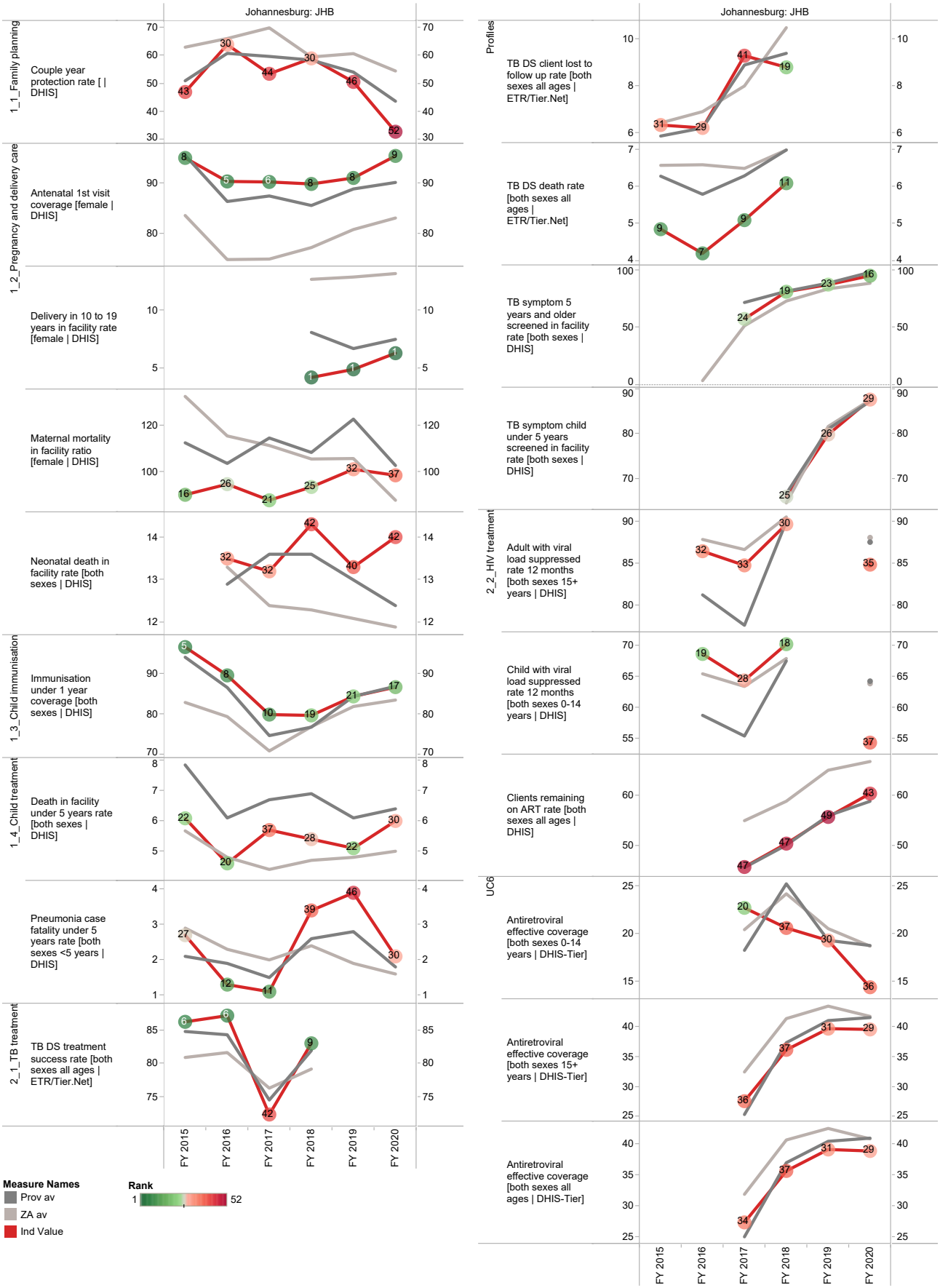
h Mid-year Population Estimates 2019, Stats SA.

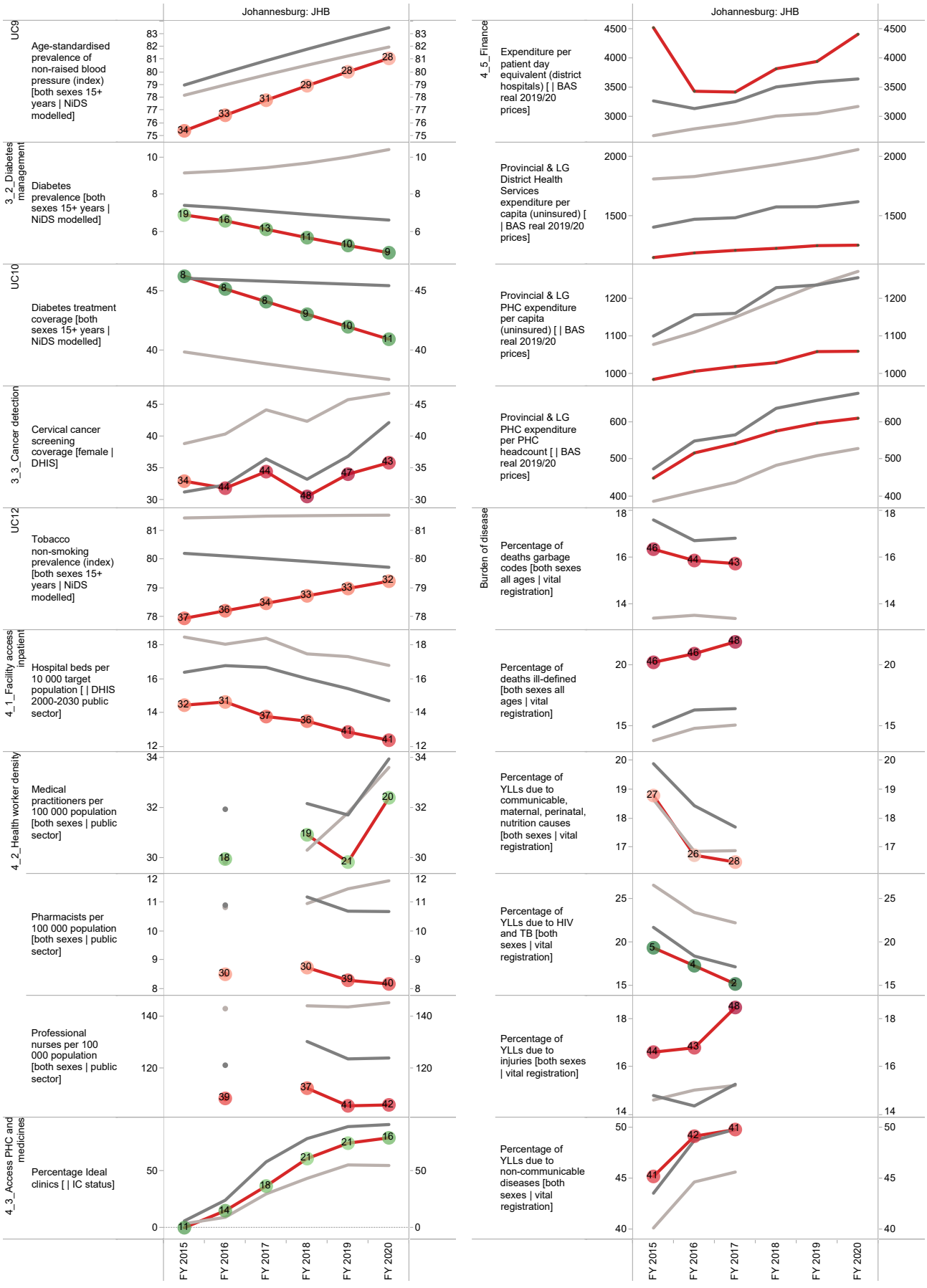
Percentage of deaths by broad cause and leading causes, 2012–2017

GP, Johannesburg MM: JHB, 2012 - 2017



Annual trends, 2015/16–2019/20




Johannesburg: JHB
UC9
Age-standardised prevalence of non-raised blood pressure (index) [both sexes 15+ years | NiDS modelled]
3_2_Diabetes management
Diabetes prevalence [both sexes 15+ years | NiDS modelled]
UC10
Diabetes treatment coverage [both sexes 15+ years | NiDS modelled]
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Cervical cancer screening coverage [female | DHIS]
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Tobacco non-smoking prevalence (index) [both sexes 15+ years | NiDS modelled]
4_1_Facility access inpatient
Hospital beds per 10 000 target population [| DHIS 2000-2030 public sector]
4_2_Health worker density
Medical practitioners per 100 000 population [both sexes | public sector]
Pharmacists per 100 000 population [both sexes | public sector]
Professional nurses per 100 000 population [both sexes | public sector]
4_3_Access PHC and medicines
Percentage Ideal clinics [| IC status]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020
Johannesburg: JHB
4_5_Finance
Expenditure per patient day equivalent (district hospitals) [| BAS real 2019/20 prices]
Provincial & LG District Health Services expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per PHC headcount [| BAS real 2019/20 prices]
Burden of disease
Percentage of deaths garbage codes [both sexes all ages | vital registration]
Percentage of deaths ill-defined [both sexes all ages | vital registration]
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [both sexes | vital registration]
Percentage of YLLs due to HIV and TB [both sexes | vital registration]
Percentage of YLLs due to injuries [both sexes | vital registration]
Percentage of YLLs due to non-communicable diseases [both sexes | vital registration]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020

Tshwane Metropolitan Municipality (TSH)

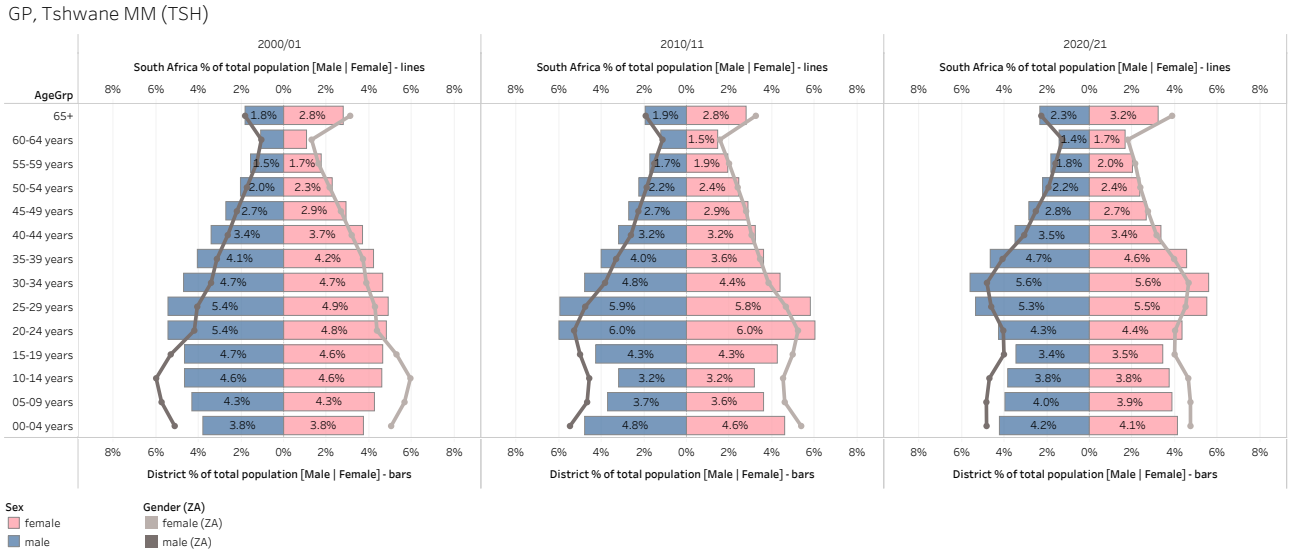
The City of Tshwane Metropolitan Municipality[i] is a Category A municipality situated in the Gauteng Province. Tshwane is the single-largest metropolitan municipality in the country. It comprises seven health sub-districts, named Tshwane Health Sub-district 1 to Tshwane Health Sub-district 7.

Cities/Towns: Akasia, Atteridgeville, Bronkhorstspruit, Centurion, Cullinan, Ekangala, Ga-Rankuwa, Garsfontein, Hammanskraal, Irene, Kudube, Mabopane, Mamelodi, Pretoria, Pretoria North, Rayton, Refilwe, Roodeplaat, Soshanguve, Temba, Winterveldt

Area: 6 298km^2

Population (2019)[j]: 3 549 978

District percentage population by age-gender group compared to South Africa



Burden of disease profile

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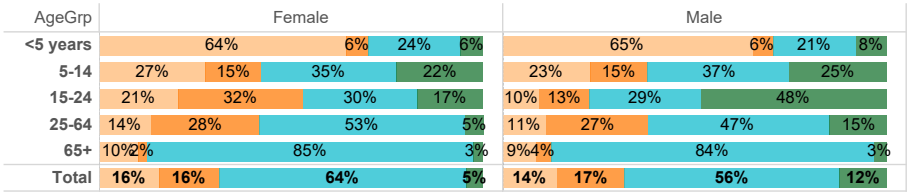
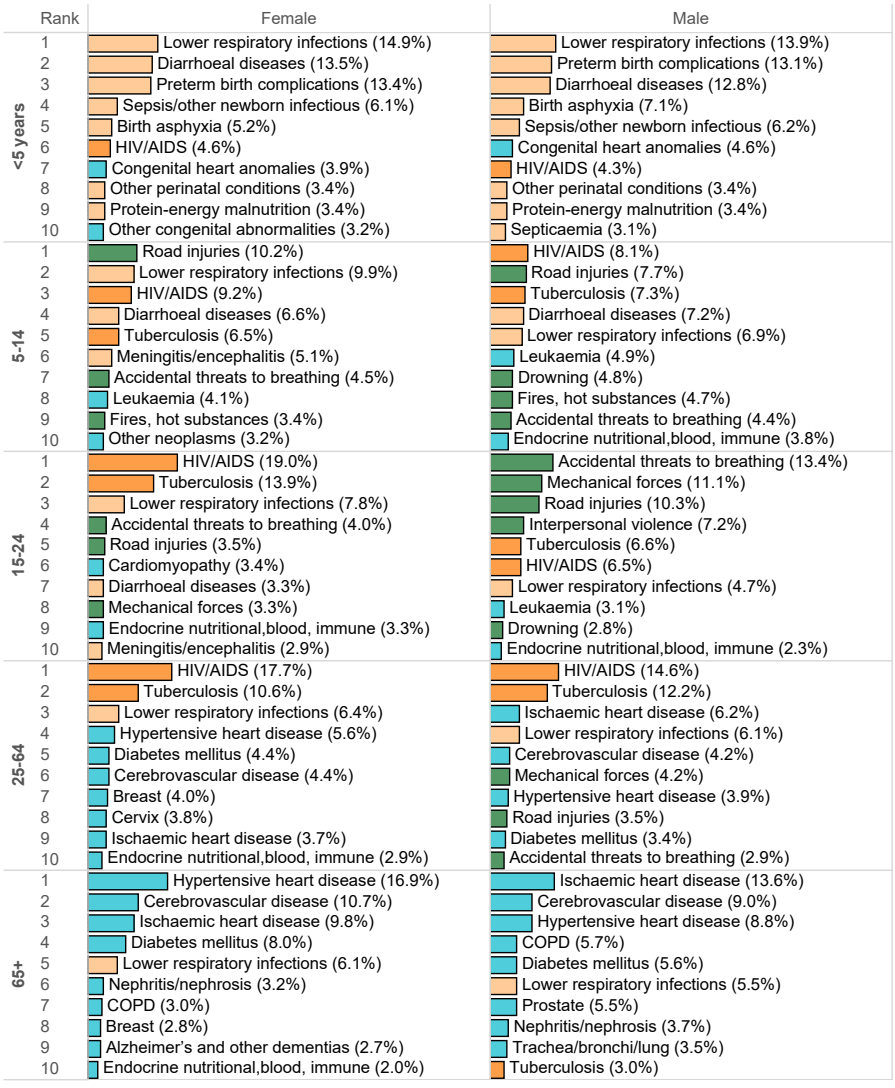
i Available from: https://municipalities.co.za/overview/3/city-of-tshwane-metropolitan-municipality.

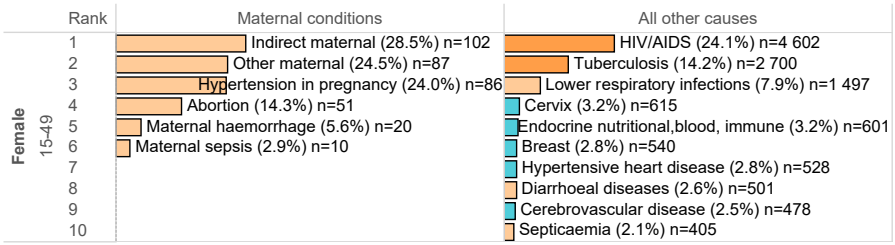
j Mid-Year Population Estimates 2019, Stats SA.

Percentage of deaths by broad cause and leading causes, 2012–2017

GP, Tshwane MM: TSH, 2012 - 2017







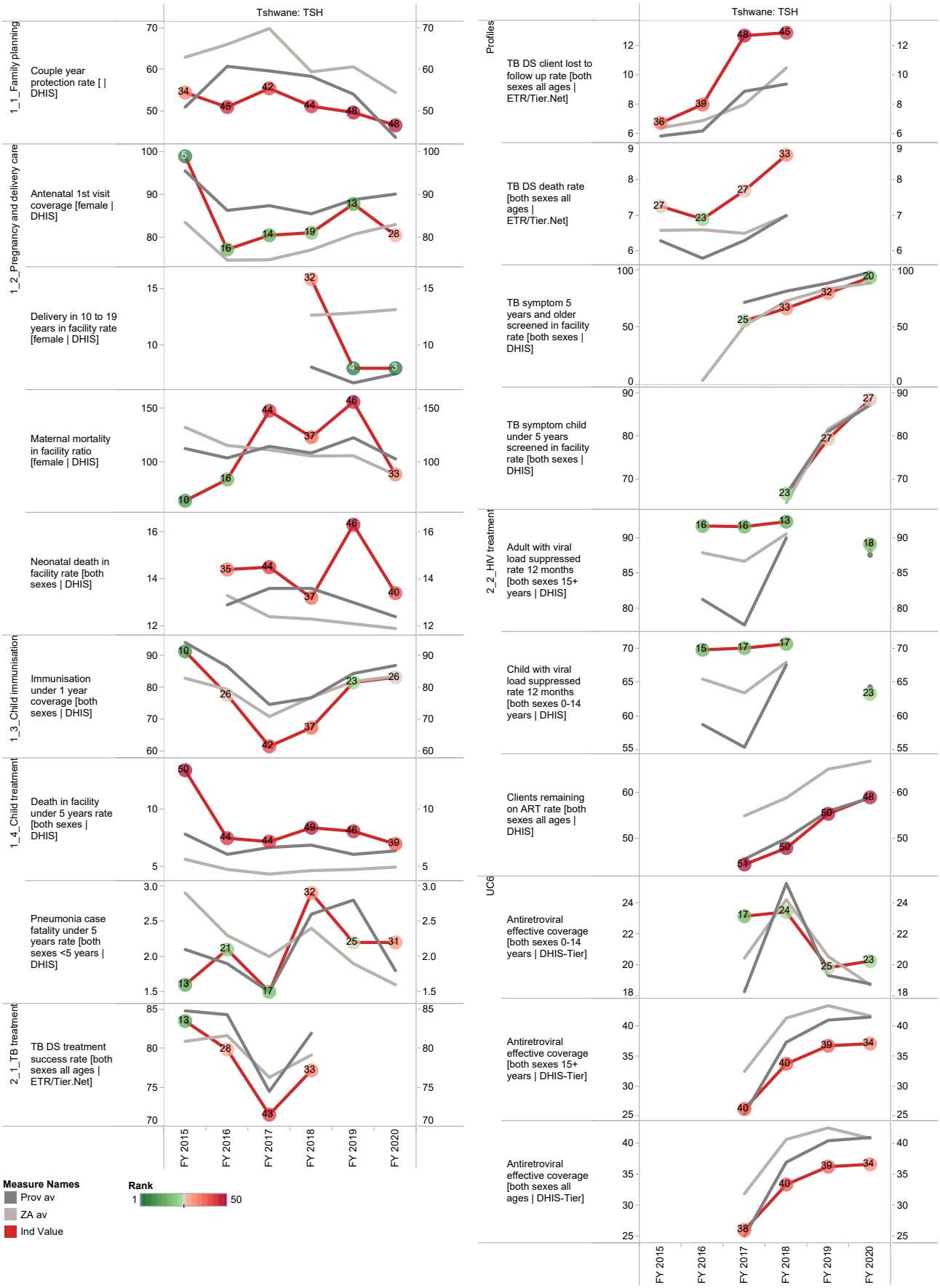
Percentage of deaths by broad causes and single leading causes

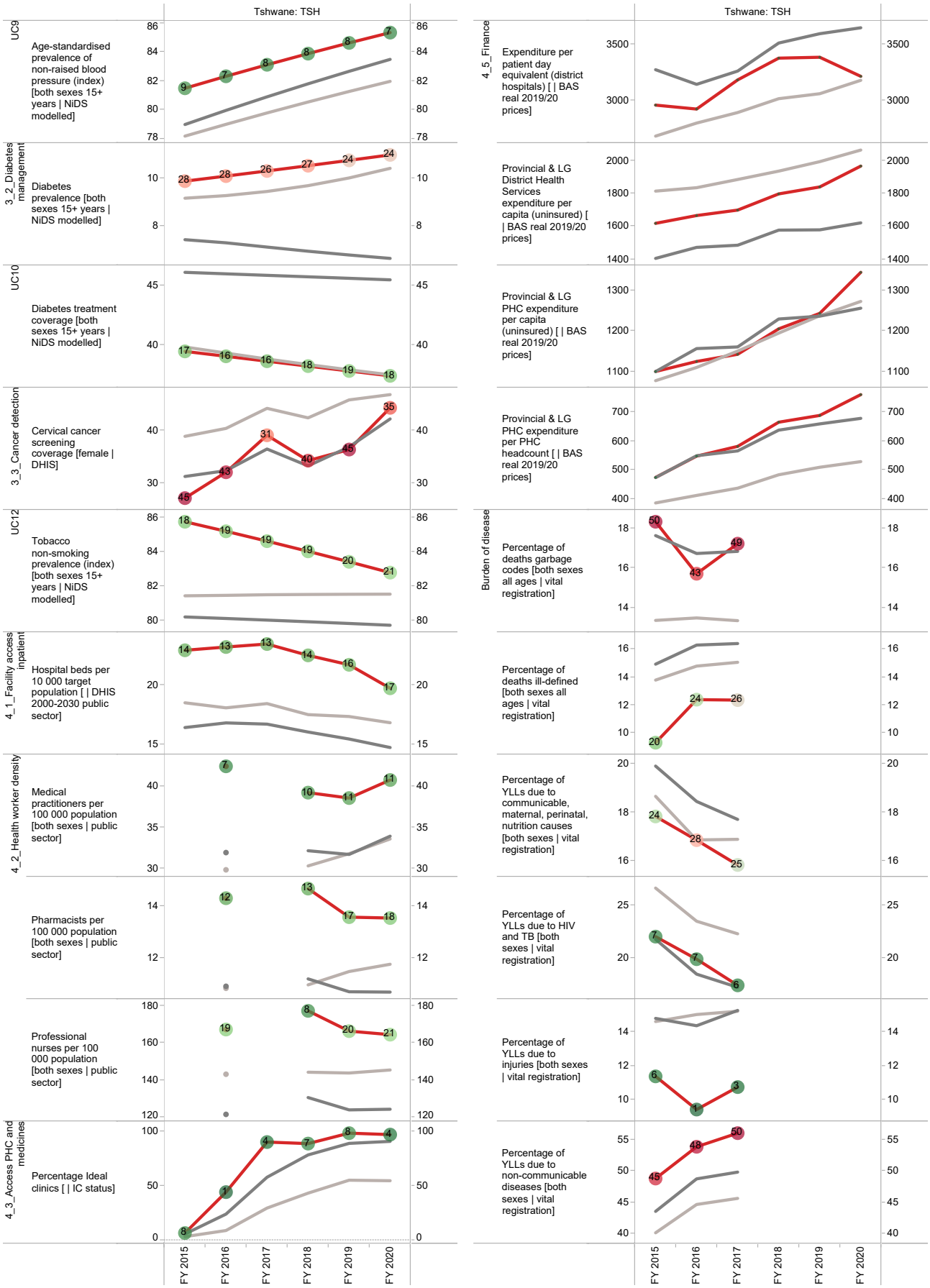
Broadcause
- Injury
- NCD
- HIV and TB
- Comm_mat_peri_nut

Prov, District
GP, Tshwane MM: TSH
Show history

Percentages are shown according to all the deaths within the age/gender category of each box, although only the leading 10 causes are displayed.

Annual trends, 2015/16–2019/20




Tshwane: TSH
UC9
Age-standardised prevalence of non-raised blood pressure (index) [both sexes 15+ years | NiDS modelled]
3_2_Diabetes management
Diabetes prevalence [both sexes 15+ years | NiDS modelled]
UC10
Diabetes treatment coverage [both sexes 15+ years | NiDS modelled]
3_3_Cancer detection
Cervical cancer screening coverage [female | DHIS]
UC12
Tobacco non-smoking prevalence (index) [both sexes 15+ years | NiDS modelled]
4_1_Facility access inpatient
Hospital beds per 10 000 target population [| DHIS 2000-2030 public sector]
4_2_Health worker density
Medical practitioners per 100 000 population [both sexes | public sector]
Pharmacists per 100 000 population [both sexes | public sector]
Professional nurses per 100 000 population [both sexes | public sector]
4_3_Access PHC and medicines
Percentage Ideal clinics [| IC status]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020
Tshwane: TSH
4_5_Finance
Expenditure per patient day equivalent (district hospitals) [| BAS real 2019/20 prices]
Provincial & LG District Health Services expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per capita (uninsured) [| BAS real 2019/20 prices]
Provincial & LG PHC expenditure per PHC headcount [| BAS real 2019/20 prices]
Burden of disease
Percentage of deaths garbage codes [both sexes all ages | vital registration]
Percentage of deaths ill-defined [both sexes all ages | vital registration]
Percentage of YLLs due to communicable, maternal, perinatal, nutrition causes [both sexes | vital registration]
Percentage of YLLs due to HIV and TB [both sexes | vital registration]
Percentage of YLLs due to injuries [both sexes | vital registration]
Percentage of YLLs due to non-communicable diseases [both sexes | vital registration]
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
FY 2020