REPORT OVERVIEW


**SOME KEY QUESTIONS THE REPORT WILL HELP YOU TO ANSWER:**

**For the South African Population Demographics Section:**
- What is the South African population’s age, race and gender distribution in 2017?

**For the Global and South African Burden of Disease Section:**
- What is the burden of disease globally and in South Africa?
- What are the key underlying natural causes of death in South Africa?
- What are the Global and South African health indicators (mortality, life expectancy and fertility rates)?
- What are some of the major chronic diseases affecting us at both a global and a South African level?

**For the Department of Health and Healthcare Policy Section:**
- What is South Africa’s National Development Plan for 2030?
- What is the National Strategic Plan on HIV, STI’s and TB for 2017-2022?
- What is the latest on the National Health Insurance (per government gazette 30 June 2017)?
For the Healthcare Practitioner Overview section:
- What is the distribution of South African healthcare practitioners provincially?
- What are the distribution of healthcare practitioners in the public versus the private sector of South Africa?

For the Hospitals and Clinics section:
- What is the provincial distribution of private hospitals and clinics in South Africa?
- What is the provincial distribution of public hospitals and clinics in South Africa?
- What is the market share of private hospital beds, by hospital network?

For the Medical Aid section:
- What is the proportion of population covered by medical aid schemes in South Africa?
- What are the top 3 South African medical aid administrators’ share in the market?
- What is the age and gender distribution of medical aid beneficiaries?

For the Pharmaceutical Services Sector section:
- What is the provincial breakdown of pharmaceutical services in South Africa?
- What is the total number of retail pharmacies in South Africa, by pharmacy group?
- Who are the key retail players in the SA pharmaceutical industry?
- What are the strengths, weaknesses, opportunities and threats within the pharmaceutical market?
137 page report filled with detailed charts, graphs, tables and insights
Noncommunicable diseases (i.e. chronic diseases) continue their rise in the rankings of the top 10 leading causes of disease and death in South Africa with Diabetes mellitus having moved into 2nd position in 2015.

- Noncommunicable diseases currently account for 60% of the ten leading underlying causes of death in South Africa. The leading noncommunicable cause of death in South Africa is Diabetes mellitus accounting for 25,070 deaths in 2015, followed by cerebrovascular diseases (22,879) and other forms of heart disease (22,215) as illustrated by the adjacent graph.

- The continued rise in noncommunicable diseases has been fueled by the ageing population group of 65 years and above. Diabetes mellitus was the leading cause of death for those aged 65 and older, accounting for 9.1% of deaths among people within this age group.

- Ischaemic heart diseases, which is the leading underlying cause of death globally, was the 10th leading underlying cause of death in South Africa in 2015.

Source: Statssa

Image Source: Indianexpress
Budget 2017: Health Highlights

- The Department of Health has been allocated R187.5 billion.
- An additional R885 million has been added to support the implementation of the universal test-and-treat policy for HIV.
- R600 million has been set aside for the commissioning of the new Nelson Mandela Children’s Hospital.
- Provincial hospital services will be R32.3 billion of the overall health budget.
- Negotiations continue on the Sugar Tax, which will be implemented later this year.
- Over the next three years, R606bn will be spent on health, with R59.5bn to be spent on the HIV/AIDS conditional grant.

National Health Insurance Implications

- Government is committed to achieving universal health coverage.
- National Health Insurance, which has not been given much attention in recent policy announcements, will be moving to a new phase, funded by a National Health Insurance Fund.
- Discussions and preparation for this will take place this year, and policy proposals could include an adjustment to medical aid tax credits. More details will be published in the MTBPS in October 2017.
New Treatments, Research and Medical Advancements

- Great strides have been made in developing new treatments. Two drugs, Liraglutide and Empagliflozin, have shown life-saving benefits of reduced cardiovascular risk and a favourable side-effect profile.

- Other drugs from these classes (Incretins and SGLT2 inhibitors) help manage diabetes effectively but have yet to show cardiovascular benefits. These newer agents also reduce weight and lower the risk of hypoglycemia as a side effect.

- New oral agents such as DPP 4 inhibitors, combined with existing treatments such as Metformin, allow for minimal to no risk of hypoglycemia. This makes them ideal for prescription by nurses at primary health clinics as first and second line treatments.

- A cell-based diabetes treatment has been developed by scientists which could potentially eliminate the need for those with the condition to inject insulin.

- This therapy involves a capsule of genetically engineered cells implanted under the skin that automatically release insulin as required.

- Scientists hope to obtain a clinical trial licence to test the technology in patients by 2018. If successful, the treatment would be relevant for all type 1 diabetes patients, as well as those cases of type 2 diabetes that require insulin injections.
In 2017, the greatest proportion of Medical Practitioners (56%) were General Practitioners.

Of all Medical Practitioners, 6% are Anaesthetists, while 4% are Gynaecologists and Obstetricians.
The largest percentage of Medical Practitioners (36%) were situated in the Gauteng province, followed by 20% in the Western Cape. Only 1% are situated in the Northern Cape.

The largest percentage of General Practitioners (35%) were in Gauteng, followed by 18% in the Western Cape and 16% in KwaZulu-Natal.

Source: Medpages (Access Date 25 June 2017)

Image Source: Pixabay
Dis-Chem is SA’s second largest retail pharmacy chain, with a turnover increase of 15.3% and with like-for-like turnover increasing by 9.1% in 2017.

- Dis-Chem’s gross profit increased by 19.4% to R4.2 billion for the 2017 financial year, with the 2017 gross profit margin at 24.4% and the 2016 margin at 23.4%.

- This increase in gross profit is mainly due to better trade terms with suppliers, while the Group also continued to increase market shares across their core categories.

- Turnover growth for the Group was a result of a maturing store base and the addition of 11 stores in the current year, resulting in 108 stores as at February 2017.

- Dis-Chem estimates that at least 18 stores are expected to open during the financial year ending 28 February 2018.

- Dis-Chem is opting for the franchise route in order to accelerate expansion plans and double their footprint, whilst also mirroring Clicks’ loyalty program as its primary customer retention strategy.

- Despite the strong start to the new financial year, it is expected that the weak consumer spending environment will continue in 2017, with the ongoing political uncertainty, low economic growth and increase in taxes constraining consumers.
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