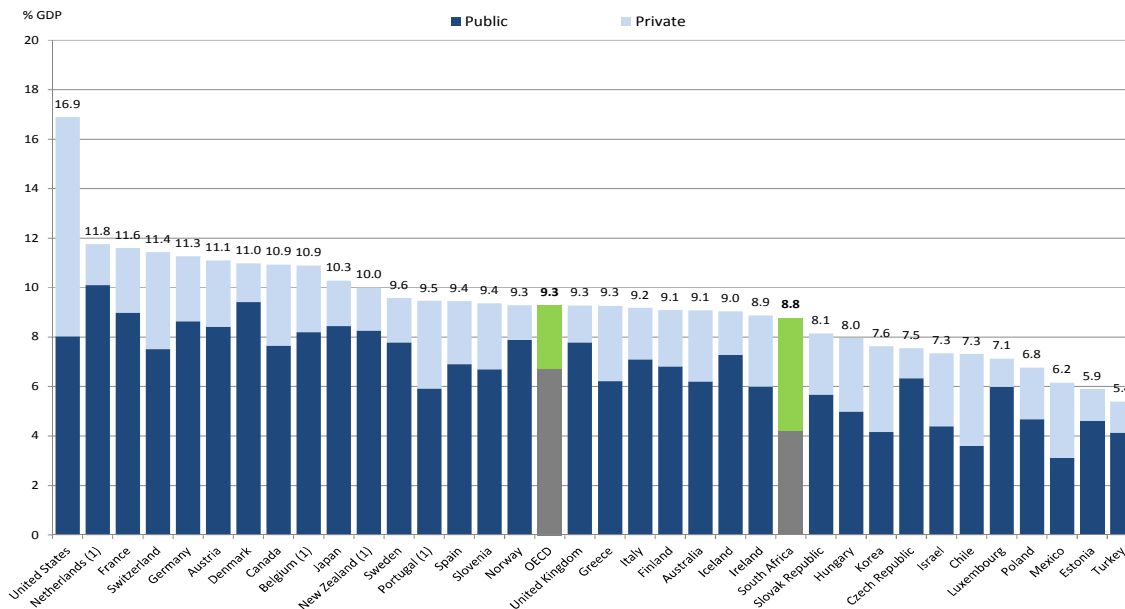


OECD Health Statistics 2014

How does South Africa compare?

Total health spending accounted for 8.8% of GDP in **South Africa** in 2012, slightly below the OECD average of 9.3%. Health spending as a share of GDP among OECD countries is highest in the United States which spent 16.9% of its GDP on health in 2012.

Health expenditure as a share of GDP, South Africa and OECD countries, 2012 or latest year

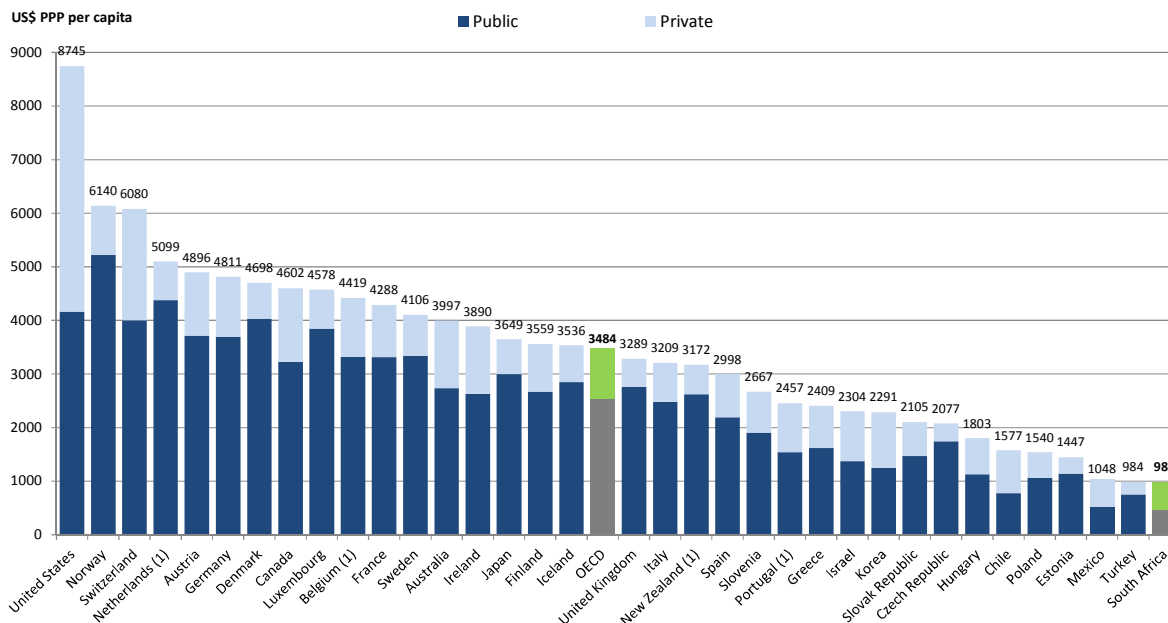


1. Total expenditure excluding capital expenditure.

Source: OECD Health Statistics 2014; WHO Global Health Expenditure Database

Health spending tends to rise with incomes, and generally countries with higher GDP per capita also tend to spend more on health. It is not surprising, therefore, that **South Africa** ranks below the OECD average in terms of health expenditure per capita, with spending of 982 USD in 2012 (calculated based on purchasing power parity), compared with an OECD average of 3484 USD.

Health expenditure per capita, South Africa and OECD countries, 2012 or latest year



1. Total expenditure excluding capital expenditure.

Source: OECD Health Statistics 2014; WHO Global Health Expenditure Database

The public sector is the main source of health funding in nearly all OECD countries. In **South Africa**, 48% of health spending was funded by public sources in 2012, much lower than the average of 72% in OECD countries. The public share of health spending in **South Africa** is around the level of the United States (48%), Chile (49%) and Mexico (51%), the three OECD countries with the lowest share of public spending. But in the United States, private health insurance accounts for most private spending which is not the case in South Africa.

Health care resources and activities

In 2012, **South Africa** had only 0.7 physicians per 1000 population, well below the OECD average of 3.2. There were also only 1.1 nurses per 1000 population in **South Africa** in 2012, compared with an OECD average of 8.8.

About 70% only of children in **South Africa** were vaccinated against diphtheria, tetanus and pertussis (DTP) and measles in 2012, which is less than the coverage in most OECD countries which is close to 100%.

Health status and risk factors

Life expectancy in all OECD countries has increased over the past two decades, with the average rising from 74.8 years in 1990 to 80.2 years in 2012. By contrast, life expectancy at birth in **South Africa** fell sharply during this period, going down from 62.2 years in 1990 to 56.1 years in 2012. This decrease in life expectancy is primarily due to the epidemic of HIV/AIDS.

The infant mortality rate in all OECD countries has decreased over the past two decades, with the average falling from 10.9 deaths per 1000 live births in 1990 to 4.0 in 2012. In **South Africa**, it has remained fairly stable, at a much higher rate (33.3 deaths per 1000 live births in 2012). The HIV/AIDS epidemic is one of the main reasons for the persistence of high infant mortality rates in **South Africa**. According to UNICEF, 50% of HIV positive infants die of HIV-related diseases by their second birthday.

The proportion of regular smokers among adults has shown a marked decline over the past two decades in many countries. The smoking rate in **South Africa** was 14% in 2009 (latest year available), which is much lower than the OECD average of 21% in 2012. However, there is a large gender gap in smoking rates in **South Africa**, with 24% of South African men smoking in 2009 compared with only 8% of South African women.

More information on **OECD Health Statistics 2014** is available at www.oecd.org/health/healthdata. For more information on OECD's work on **South Africa**, please visit www.oecd.org/southafrica.
