PCNS REPORT FACILITIES 2021 2022

B·H·F
Board of Healthcare Funders

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EXECUTIVE SUMMARY

The first part of the practice code numbering system (PCNS) report focused on health service providers (HSPs). This second part focuses on facilities. It shows trends in the number of facilities on the PCNS, including distribution of facilities by population, distribution of facilities by province and changes in facilities.

Like the first report, the study includes facilities on the PCNS from 2021 to 2022 from four different countries: South Africa, Namibia, Zimbabwe and Lesotho. For the purposes of this report, incorporated practices and pharmacies are also considered facilities.

Lesotho had no active day clinics on the PCNS in both 2021 and 2022. Namibia and South Africa experienced an increase in the number of active day clinics from 2021 to 2022. South Africa had the highest number compared to other countries. Namibia had 6.81 and 7.08 day clinics per million population in 2021 and 2022, respectively. This was the highest compared to the other countries. Day clinics registering in South Africa increased from only eight in 2021 to nine in 2022. South Africa was the only country to experience deregistration of day clinics in 2022.

The number of active private hospitals increased across the four countries. Lesotho, with a 11.1% increase (from 9 to 10), reported the highest increase from 2021 to 2022. The proportion of private hospitals per million population in Zimbabwe was highest – 12.02 in 2021 and 13.12 in 2022.

Lesotho and South Africa had the lowest density of private hospitals per million population in 2021 and 2022, respectively. There was an increase in the registration of private hospitals in Zimbabwe and South Africa from 2021 to 2022. Lesotho and Namibia experienced no deregistration of private hospitals in 2022.

Namibia, with a 5.3% increase in the number of active provincial facilities, saw the highest percentage increase from 2021 to 2022. Namibia also had the highest number of provincial facilities per million population in both 2021 and 2022. The number of provincial facilities registering and deregistering in Namibia declined by 59.8% and 23.6%, respectively.

Annexure 1 lists the disciplines and how they have been classified for the purposes of this report. The detailed results at the discipline level may be found on the BHF Live portal. The link to this portal is https://www.bhfportal.co.za/bhfglobal/

1| INTRODUCTION

1.1 Background

Deaths from non-communicable diseases in Africa are expected to increase at a higher rate than on any other continent (Naik and Kaneda, 2015). This suggests that the utilisation of health facilities in Africa will increase significantly. A health facility is the whole or part of a structure/location managed and owned by the public health sector or private sector, designed and operated to provide healthcare services (Visser *et al*, 2013).

Health facilities in the private sector are utilised by 18% of the population in Namibia (Christians, 2020)in part, is due to the country's high income inequality. Access to healthcare is comparably good with 76% of the population living within a 10km radius of a healthcare facility. Yet, Namibia faces many challenges related to the provision of patient-centred primary health care (PHC). In South Africa, only 16% of the population has access to medical aid schemes (National Department of Health, 2014). A study by ECONEX (2013) estimates that approximately 28-38% of the South African population accounts for over 50% of total healthcare expenditure in private healthcare. This is significantly higher than the 16% of the population with access to medical schemes, the difference being funded by health insurance policies and out-of-pocket (OOP) payments. Maphumulo and Bhengu (2019) confirmed this when they highlighted that uninsured individuals access the private sector through OOP expenditure because of the increased demand for quality healthcare services.

1.2 Health facilities on the PCNS

The establishment of health facilities can be a protracted and expensive process. When applying for a health facility practice number at the PCNS department, applicants need to have the relevant documents and meet the required standards. The documents required depend on the type of facility. For example, for day clinics and private hospitals, the documents required are:

- Certified copy of the owner or appointed proxy's identity document
- Certified copy of the license (R158/187) from the Provincial Department of Health
- Copy of company registrations from the Registrar of Companies as per the proprietor/managing company listed on the R158/187 license for the institution
- Proof of payment of PCNS application and inspection fees.

For a provincial hospital, the documents required are:

- Certified copy of CEO's identity document
- Declaration form signed by the CEO
- An original letter, including letterhead and the head of departments (HOD) signature, from the Provincial Department of Health. The letter must include the number of beds in the facility, level of the facility, the type of specialty it falls under and its operating hours.

The PCNS department does a thorough vetting process to ensure that all facilities are legitimate and meet the requirements set by the multiple regulators concerned and as previously agreed with the Hospital Association of South Africa (HASA). HASA represents the vast majority of hospital groups in South Africa. After all the required standards are met, the applicant is issued with a practice number. Without a practice number, the facility will not be able to be reimbursed by medical schemes in the region. Practice numbers enable medical schemes to verify the authenticity of a facility/service provider. They also assure medical schemes that due diligence has been undertaken by the PCNS department and other regulatory bodies.

1.3 Prioritising health facilities

Certain health facilities have a low priority in developing countries (World Health Organization, 2003). For example, in Namibia, there is no budget allocated to mental health and there are no disability benefits for those with mental disorders (World Health Organization, 2005). In Lesotho, more than 30% of individuals are subject to unsafe practices due to lack of healthcare facilities in the rural areas and the high cost of healthcare services (World Bank, 2018c).

A study by Hayward and Hofer (2001) shows that 22.7% of deaths in the USA are the result of a lack of optimal patient care. Lack of optimal care is mainly an issue in the public sector. According to Young (2016) and Dunjwa (2016), public healthcare facilities have multiple limitations such as poorly maintained infrastructure, poor waste management, poor maintenance of equipment, inadequate prevention practices and poor disease control.

Decentralisation of healthcare services needs to be strengthened to improve the quality of the service offered in the public sector. Alves et al (2013) highlight that decentralisation in developing countries strengthened the capacity of local organisations to negotiate with central government structures for increased resource allocation to previously neglected groups. Decentralisation of health facilities has been shown to have a positive outcome in developing countries (Alves et al, op cit).

1.4 Density of health facilities

Africa has 10 hospital beds per 10 000 population while Europe has 63 per 10 000 population (World Health Organization, 2009). This suggests that there is overcrowding in health facilities in Africa. Overcrowding of facilities affects the quality of service received by patients (Maphumulo and Bhengu, 2019) reduced delays in care delivery, improvement in efficiency, increased market share and lower cost. Decline in quality health care has caused the public to lose trust in the healthcare system in South Africa.

OBJECTIVES: The purpose of this study was to identify challenges that are being incurred in practice that compromise quality in the healthcare sector, including strategies employed by government to improve the quality of health delivery.

METHOD: Literature search included the following computer-assisted databases and bibliographies: Medline (Medical Literature Online. Overcrowding is mostly seen in the rural areas, which are mainly serviced by public facilities (Veld & Van De Voorde, 2014).

However, urban areas are experiencing overcrowding lately too (Oladipo, 2014). Health facilities in urban areas were historically designed for existing populations; however, there has been an increase in the population moving to cities (Kon & Lackan, 2008). This increase in urban populations translates to higher utilisation of health facilities and results in overcrowding. With overcrowding occurring in both urban and rural areas, it is essential to measure and monitor the number of health facilities in a region for future planning.

This report shows the number and distribution of facilities registered on the PCNS. There is some missing public sector data applicable to facilities not registered on PCNS; therefore the figures do not reflect the total number of health facilities.

2|METHODS

This report is a descriptive cross-section analysis. The study population comprises the facilities registered on the PCNS from 2021 to 2022. The data were solely quantitative and were analysed using STATA 15.1. Some of the summary statistics found in STATA were imported to Microsoft Excel for creating tables and graphs to illustrate the descriptive statistics.

To calculate the number of facilities per million population in South Africa, we used figures from Stats SA to determine the population in 2021 and 2022. For Lesotho, Namibia and Zimbabwe, we used figures from Worldometer to calculate their populations.

3|LIMITATIONS

PCNS numbers are used by HSPs to claim from medical schemes. There are some HSPs in practice who do not need to claim from schemes. These do not need to be registered on the PCNS database; therefore, the actual number of health facilities is unknown.

The PCNS does not keep an updated schedule of the services available at each health facility registered. This is only available at the time of application. Having an updated schedule of services available at each facility would be useful for health resource planning, i.e. we could monitor the number of hospital beds at each level of care. During the initial stages of the COVID-19 pandemic we needed to know how many ICU beds were available in each geographical region.

The pandemic might have affected the number of registrations of facilities. The PCNS department does not collect the reasons for deregistration of facilities; therefore this report does not list these reasons.

4 |FACILITIES BY COUNTRY

4.1 DISCIPLINES BY COUNTRY

This section summarises active facilities by discipline in each country.

4.1.1 Lesotho

Figure 1 shows the distribution of facilities by discipline in Lesotho during 2022. There were 118 active facilities in 2022, up from 105 in 2021. Most of them (75%) were pharmacy services.

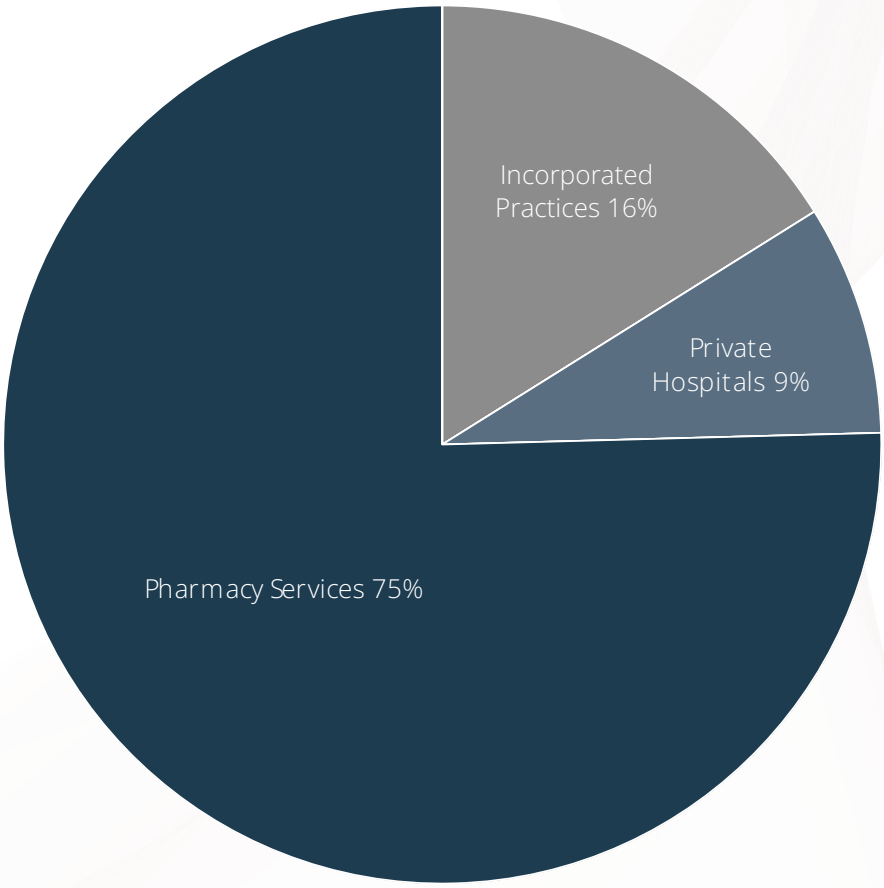

Figure 1: Percentage of disciplines in Lesotho

4.1.2 Namibia

Figure 2 shows the distribution of facilities by discipline in Namibia during 2022. There were 894 active facilities in 2022, up from 864 in 2021. Most of them (59%) were incorporated practices.

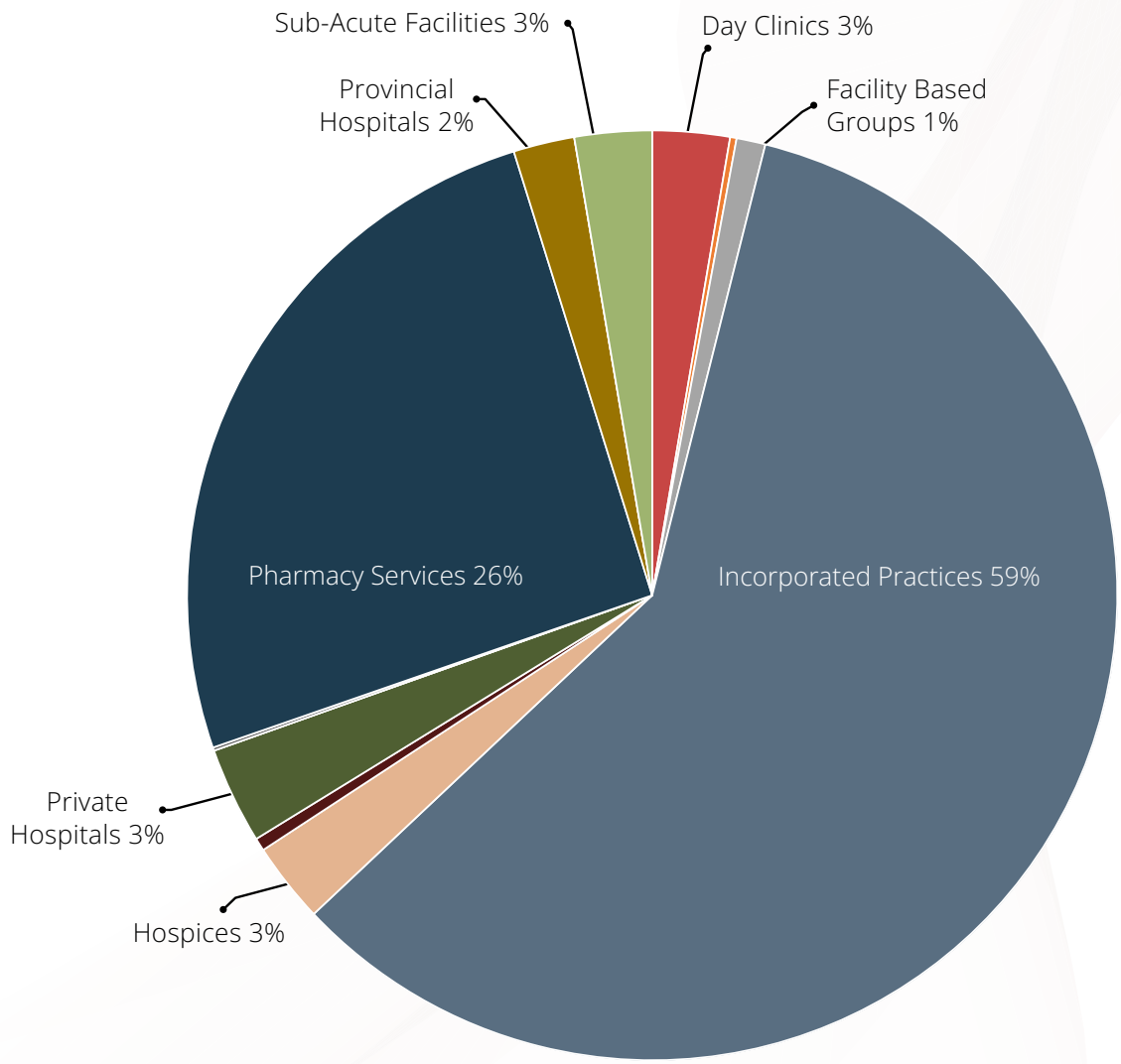

Figure 2: Percentage of disciplines in Namibia

4.1.3 Zimbabwe

Figure 3 shows the distribution of facilities by discipline in Zimbabwe during 2022. There were 1 145 active facilities in 2022, up from 1 106 in 2021. Most of them (63%) were pharmacy services.

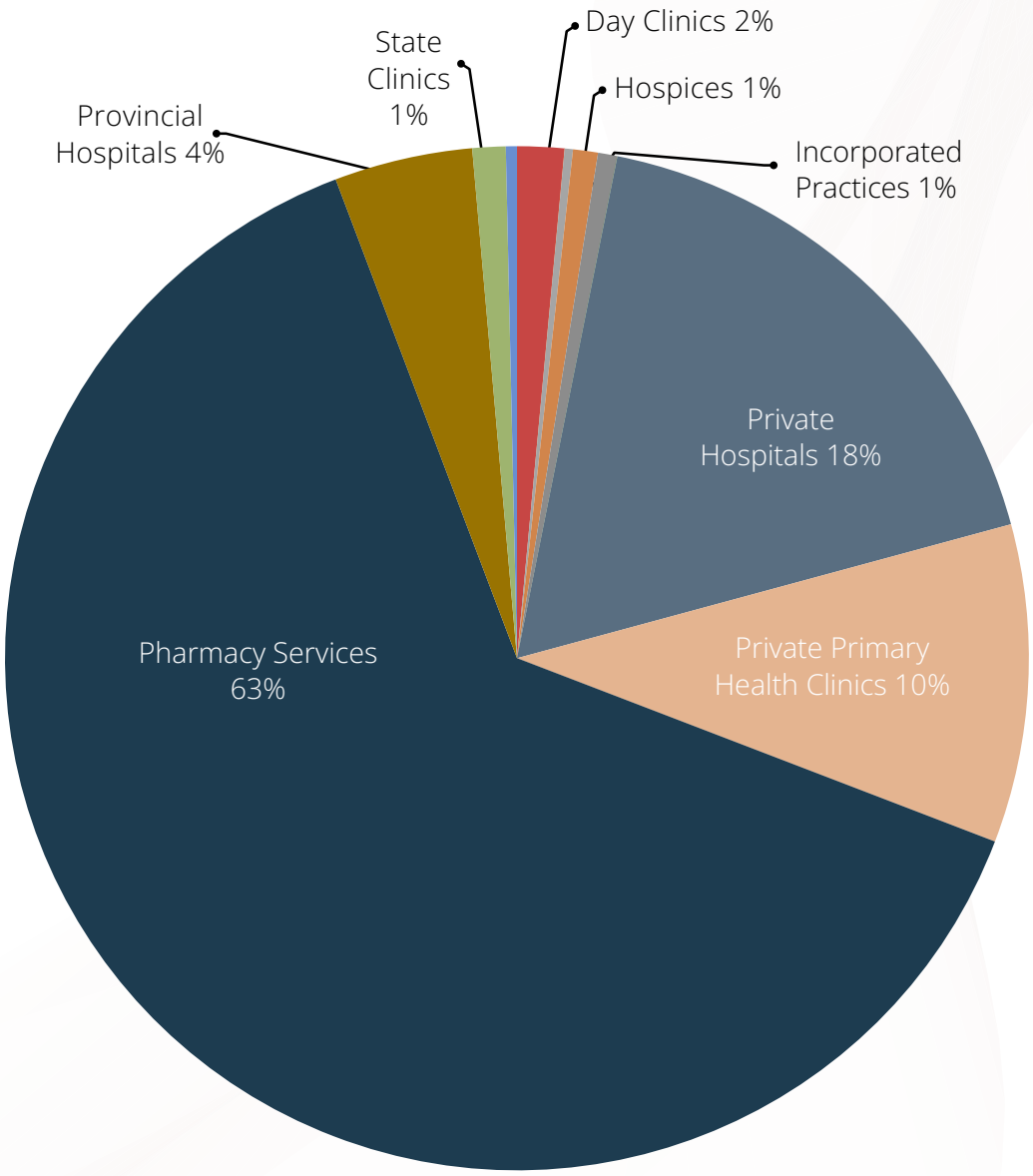

Figure 3: Percentage of disciplines in Zimbabwe

4.1.4 South Africa

Figure 4 shows the distribution of facilities by discipline in South Africa during 2022. There were 12 456 active facilities in 2022, up from 11 736 in 2021. Most of them (56%) were incorporated practices.

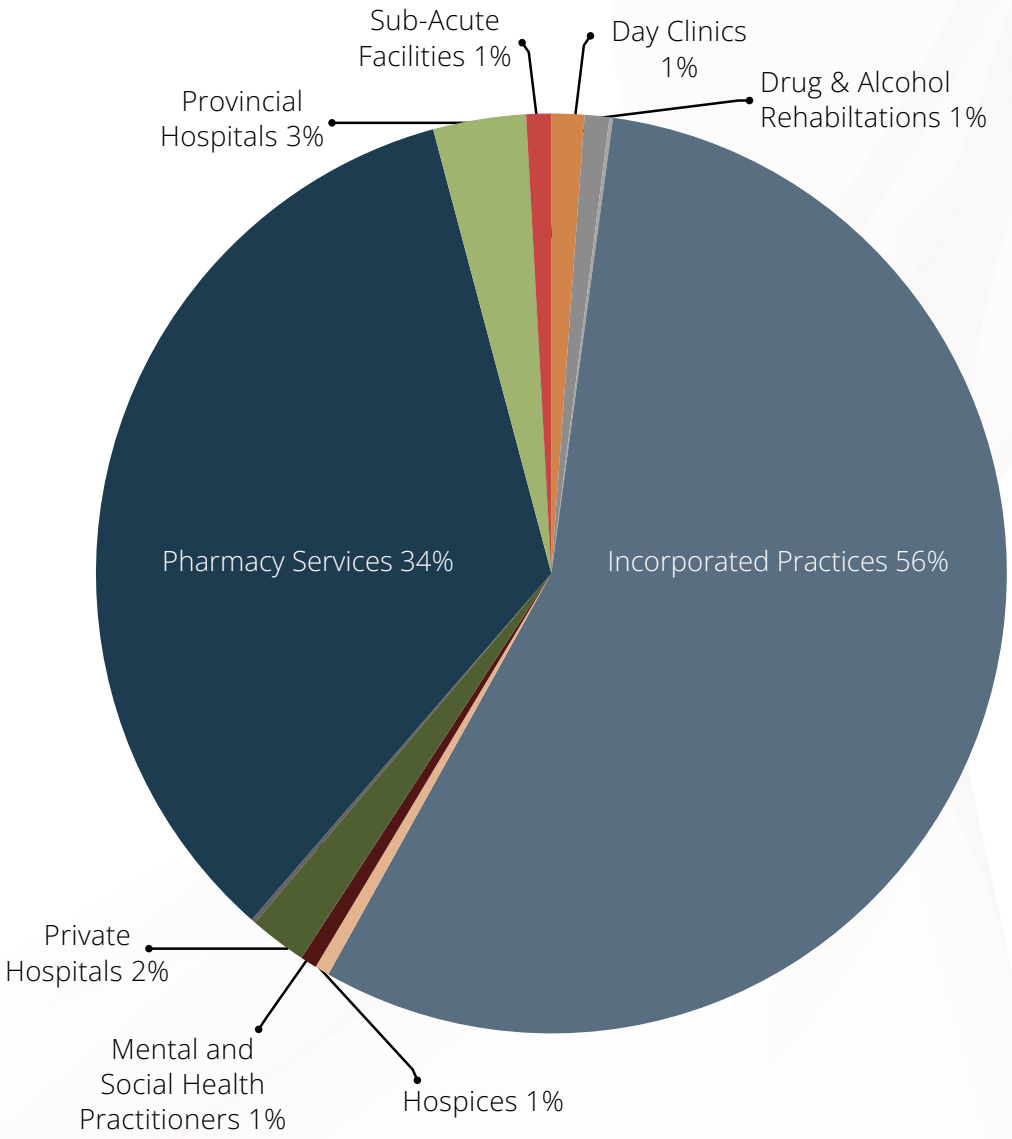

Figure 4: Percentage of disciplines in South Africa

4.2 FACILITY PROFILES BY COUNTRY

4.2.1 Active facilities per country

There was an increase in the number of active facilities in all the countries from 2021 to 2022, with Lesotho experiencing the highest increase of 12.4%. The number of active facilities per million population in Lesotho increased by 13.7% to 52.35 in 2022 from 46.02 in 2021 – this was the highest increase compared to other countries. Table 1 shows the number of active facilities and the number of facilities per million population in each country from 2021 to 2022.

	ACTIVE FACILITIES			FACILITIES PER MILLION POPULATION		
	2021	**2022**	**% Change**	**2021**	**2022**	**% Change**
Lesotho	105	118	12.4%	46.02	52.35	13.7%
Namibia	864	894	3.5%	341.48	359.17	5.2%
Zimbabwe	1 106	1 145	3.5%	69.15	73.07	5.7%
South Africa	11 736	12 456	6.1%	195.13	208.91	7.1%

Table 1: Number of active facilities per country

4.2.2 Change in number of active facilities per country

Table 2 shows the change in number of active facilities by country in 2021 and 2022. All the countries experienced a decline in the number of facilities registering, except South Africa. South Africa saw an increase from 817 to 1 038 in this period. Deregistration in South Africa also increased significantly from 2021 to 2022.

CHANGES IN NUMBER OF FACILITIES						
	Registration			**Deregistration**		
	2021	2022	% Change	2021	2022	% Change
Lesotho	21	14	-33.3%	1	-	-
Namibia	30	28	-6.7%	-	-	-
Zimbabwe	94	39	-58.5%	-	2	-
South Africa	817	1 038	27.1%	467	2 018	332.1%

Table 2: Changes in number of facilities per country

5|FACILITIES BY DISCIPLINE

5.1 FACILITIES

Facilities are defined as any location where healthcare services are provided and include clinics, emergency care centres, rehabilitation centres and hospitals.

5.1.1 DAY CLINICS

The PCNS defines a day clinic/unattached operating theatre unit (or outpatient clinic or ambulatory care clinic) as a healthcare facility primarily focused on the care of outpatients. Day clinics can be privately operated or publicly managed and funded. They typically cover the primary healthcare needs of populations in local communities, in contrast to larger hospitals which offer specialised treatments and admit inpatients for overnight stays.

5.1.1.1 Active day clinics per country

Namibia saw the highest increase in active day clinics from 2021 to 2022 – 4.3%. The number of active day clinics in Zimbabwe remained unchanged from 2021 to 2022. Table 3 summarises the number of active day clinics per country.

	ACTIVE DAY CLINICS		
	2021	**2022**	**% Change**
Lesotho	0	0	-
Namibia	23	24	4.3%
Zimbabwe	17	17	-
South Africa	140	145	3.6%

Table 3: Number of active day clinics per country in 2021 and 2022

5.1.1.2 Day clinics per country per million population

Figure 5 highlights the number of day clinics per country per million population in 2021 and 2022. Namibia had the highest number compared to other countries in both 2021 and 2022. Zimbabwe had the lowest number - less than 1.2 for both 2021 and 2022.

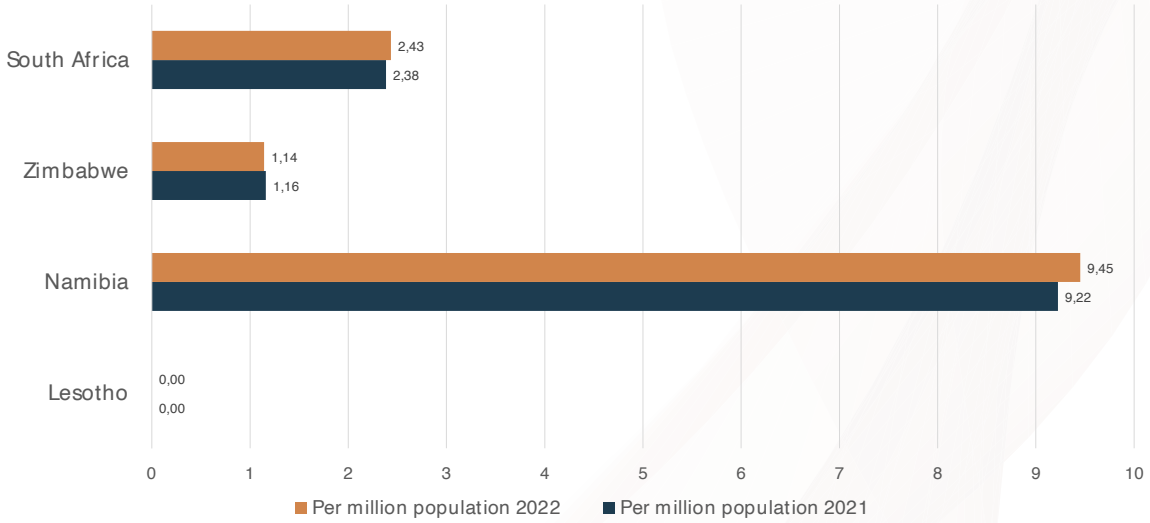

Figure 5: Number of day clinics per million population

5.1.1.3 Changes in number of day clinics per country

Table 4 shows the changes in number of day clinics by country. Lesotho and Zimbabwe saw no registration of day clinics in 2022. Namibia only had one day clinic register in each year reported on. Only South Africa reported deregistration of day clinics in both 2021 and 2022.

CHANGES IN NUMBER OF DAY CLINICS						
	Registration			Deregistration		
	2021	2022	% Change	2021	2022	% Change
Lesotho	0	0	-	0	0	-
Namibia	1	1	-	0	0	-
Zimbabwe	1	0	-	0	0	-
South Africa	8	9	12.5%	4	9	125%

Table 4: Changes in number of day clinics per country in 2021 and 2022

5.1.1.4 Active day clinics in South Africa

Figure 6 highlights the distribution of active day clinics by province in South Africa during 2022. The number of active day clinics in 2021 and 2022 was 140 and 145, respectively. This translates to a 3.6% increase. Gauteng, KwaZulu-Natal and the Western Cape accounted for 123 or approximately 85% of day clinics in 2022.

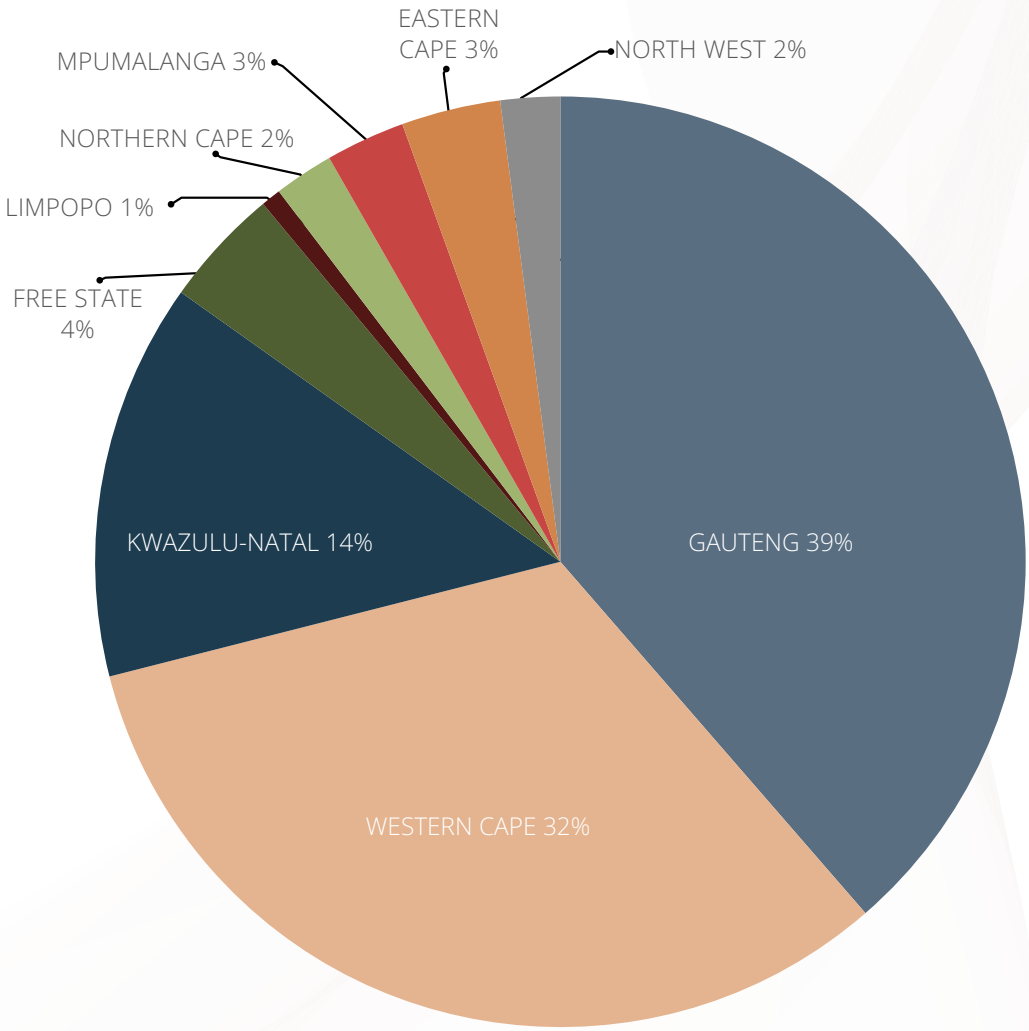

Figure 6: Distribution of active day clinics in South Africa by province during 2022

5.1.1.5 Day clinics per million population in South Africa

The average number of day clinics per million population in South Africa increased from 2.38 in 2021 to 2.43 in 2022. The number in the Western Cape was highest compared to other provinces in 2021 (6.72) and 2022 (6.71). This was followed by the Gauteng, with day clinics per million population of 3.82 and 3.62 in 2021 and 2022, respectively. Figure 7 shows the number of day clinics per million population in 2021 and 2022.

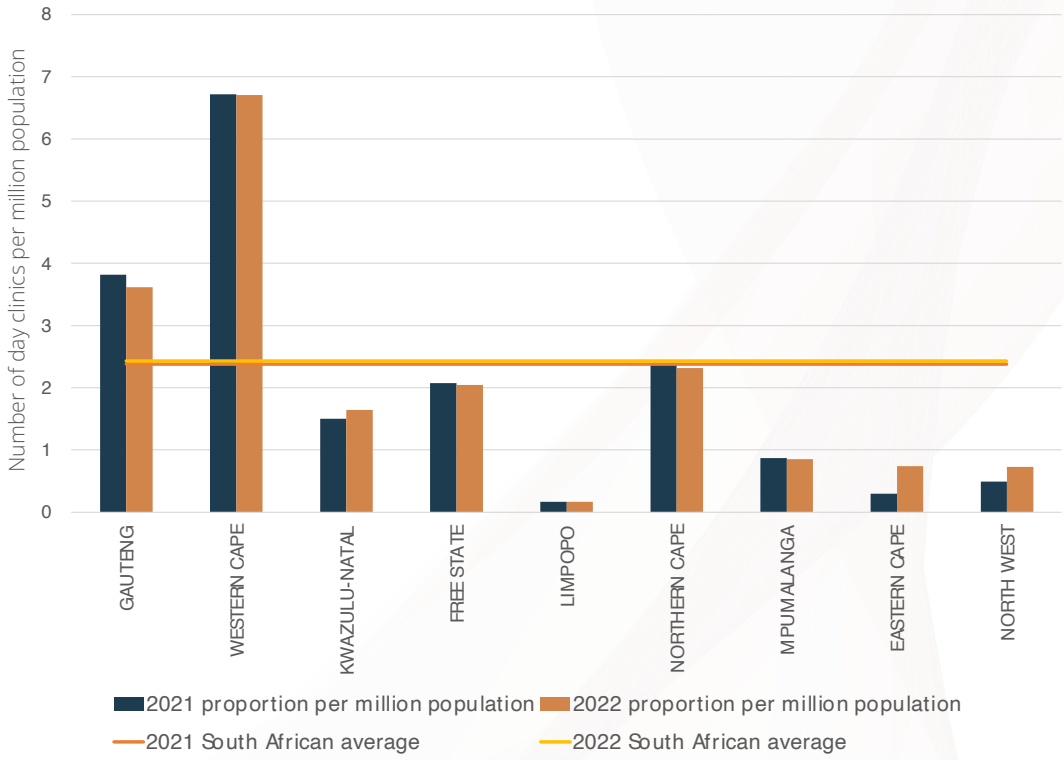

Figure 7: Number of day clinics per million population in South Africa

5.1.2 PRIVATE HOSPITALS

The PCNS defines a private hospital as a hospital owned by a for-profit company or a non-profit organisation and privately funded through payment for medical services by patients themselves, by insurers, governments through national health insurance schemes or by foreign embassies.

5.1.2.1 Active private hospitals per country

South Africa had the highest number of active private hospitals compared to the other countries in both 2021 and 2022. All countries included in the report (except South Africa) saw an increase from 2021 to 2022, with Lesotho having the highest increase of 11.1%. Table 5 shows the number of active private hospitals in 2021 and 2022.

	ACTIVE PRIVATE HOSPITALS		
	2021	**2022**	**% Change**
Lesotho	9	10	11.1%
Namibia	28	30	7.1%
Zimbabwe	183	202	10.4%
South Africa	254	253	-0.4%

Table 5: Number of active private hospitals in 2021 and 2022

5.1.2.2 Private hospitals per country per million population

Figure 8 illustrates the number of private hospitals per million population in 2021 and 2022. All countries included in the report saw an increase from 2021 to 2022, except South Africa. The number of private hospitals in Zimbabwe per million population was higher than in other countries for both 2021 and 2022. Lesotho had the lowest number of private hospitals (4.23) per million population in 2021. In 2022, it was South Africa with 4.32 per million population.

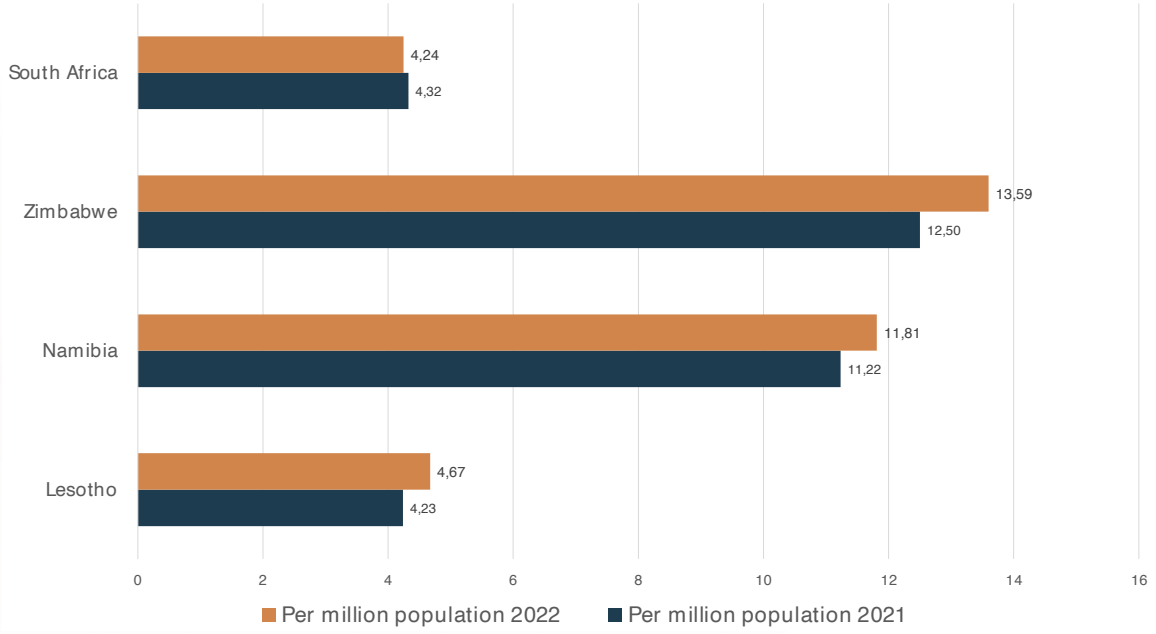

Figure 8: Number of private hospitals per million population

5.1.2.3 Changes in number of private hospitals per country

Table 6 highlights the changes in number of private hospitals per country. Namibia was the only country to experience a decline in registration of private hospitals – from three in 2021 to two in 2022. The number of private hospitals deregistering in South Africa decreased from seven in 2021 to four in 2022.

CHANGES IN NUMBER OF PRIVATE HOSPITALS						
	Registration			Deregistration		
	2021	2022	% Change	2021	2022	% Change
Lesotho	0	1	-	0	0	-
Namibia	3	2	-33.3%	0	0	-
Zimbabwe	6	19	216.7%	0	1	-
South Africa	2	6	200.0%	7	4	-42.9%

Table 6: Changes in number of private hospitals per country in 2021 and 2022

5.1.2.4 Active private hospitals in South Africa

The number of active private hospitals in South Africa decreased slightly from 254 to 253 from 2021 to 2022. Gauteng and the Western Cape had 124 or 49% of active private hospitals in 2022. The Northern Cape had the lowest number – nine in 2022. Figure 9 shows the distribution of active private hospitals by province in South Africa during 2022.

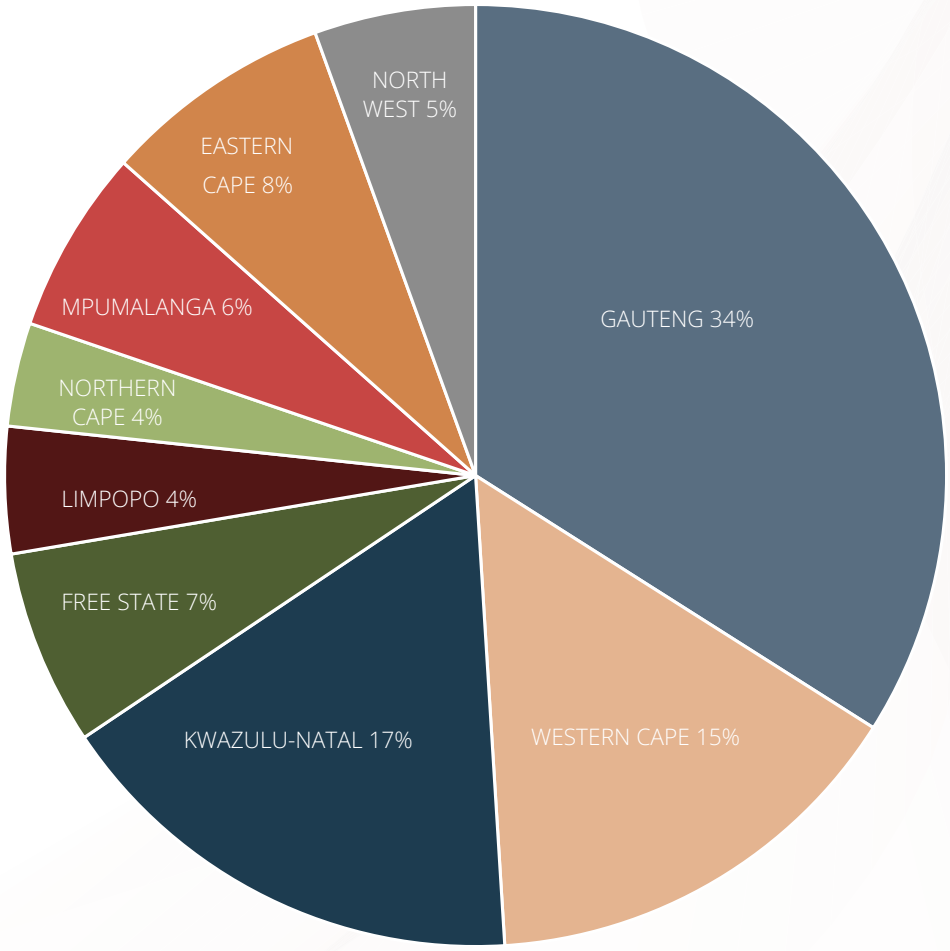

Figure 9: Distribution of active private hospitals in South Africa by province during 2022

5.1.2.5 Private hospitals per million population in South Africa

Figure 10 shows the number of active private hospitals per million population in 2021 and 2022. Private hospitals per million population decreased from 4.32 in 2021 to 4.24 in 2022 in South Africa. The Northern Cape had the highest proportion of private hospitals per million population – 7.12 in 2021 and 6.96 in 2022. Limpopo had the lowest density in 2021 and 2022.

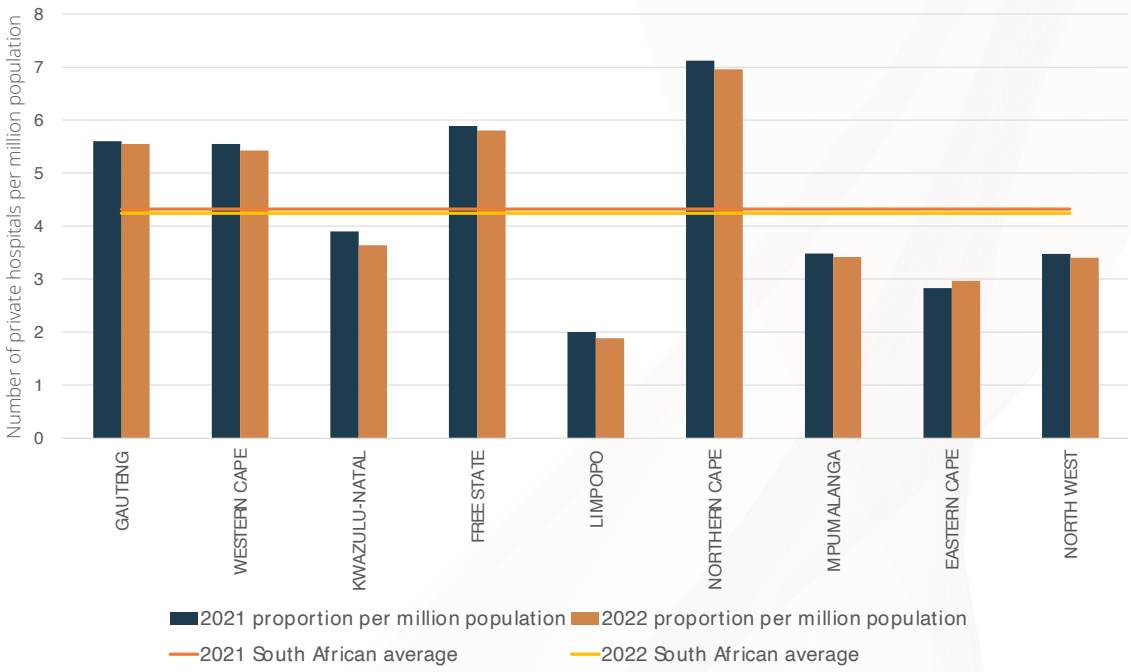

Figure 10: Number of active private hospitals in South Africa per province

5.1.3 PROVINCIAL HOSPITALS

A provincial hospital or government hospital is a hospital owned by a government and that receives government funding. In some countries, this type of hospital provides medical care free of charge, the cost of which is covered by government reimbursement.

5.1.3.1 Active provincial hospitals per country

Table 7 highlights the number of active provincial hospitals per country in 2021 and 2022. The number in South Africa decreased marginally from 2021 to 2022. Active provincial hospitals in Zimbabwe remained unchanged in the same period.

	ACTIVE PROVINCIAL HOSPITALS		
	2021	**2022**	**% Change**
Lesotho	0	0	-
Namibia	19	20	5.3%
Zimbabwe	50	50	-
South Africa	410	412	0.5%

Table 7: Number of active provincial hospitals per country in 2021 and 2022

5.1.3.2 Provincial hospitals per country per million population

In 2021 and 2022, Namibia had the highest number of provincial hospitals per million population compared to the other countries - they increased from 7.22 in 2021 to 7.48 in 2022. This was followed by South Africa with 7.03 and 6.89 in 2021 and 2022, respectively. Figure 11 highlights the number of provincial hospitals per country per million population in 2021 and 2022.

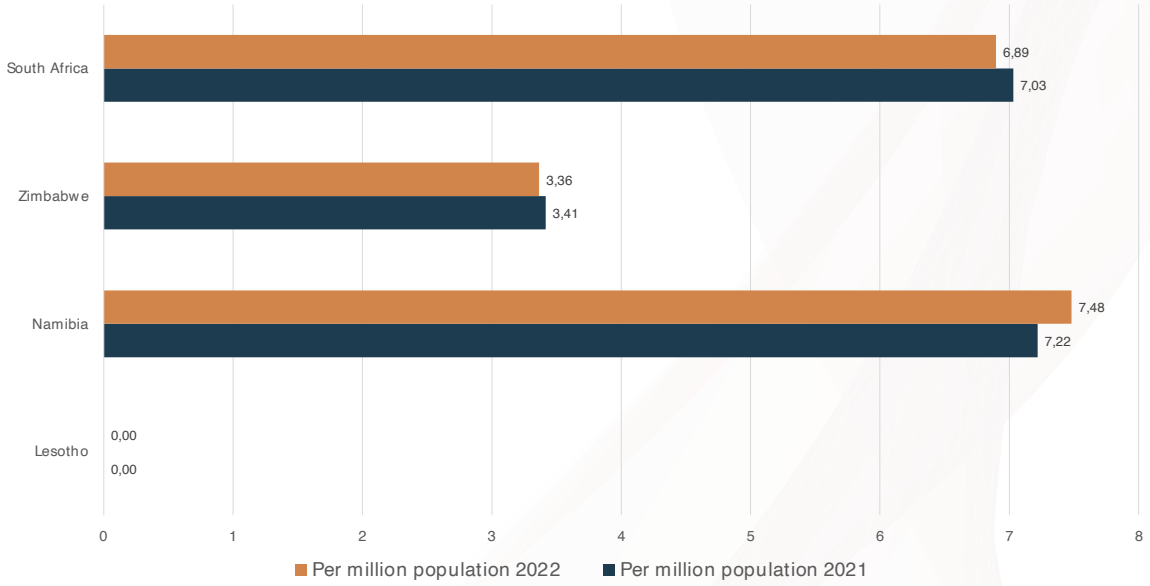

Figure 11: Number of provincial hospitals per million population

5.1.3.3 Changes in number of provincial hospitals per country

All four countries saw no new registrations in 2022. Deregistration of provincial hospitals occurred only South Africa, one each for 2021 and 2022. Table 8 highlights the changes in number of provincial hospitals per country in 2021 and 2022.

CHANGES IN NUMBER OF PROVINCIAL HOSPITALS						
	Registration			Deregistration		
	2021	2022	% Change	2021	2022	% Change
Lesotho	0	0	-	0	0	-
Namibia	1	0	-	0	0	-
Zimbabwe	0	0	-	0	0	-
South Africa	0	0	-	1	1	-

Table 8: Changes in number of provincial hospitals per country in 2021 and 2022

5.1.3.4 Active provincial hospitals in South Africa

Figure 12 shows the distribution of active provincial hospitals by province in South Africa during 2022. Of the 411 active provincial hospitals, 87 or 21% were in the Eastern Cape - this was the highest number compared to other provinces. Similar numbers were observed in 2021.

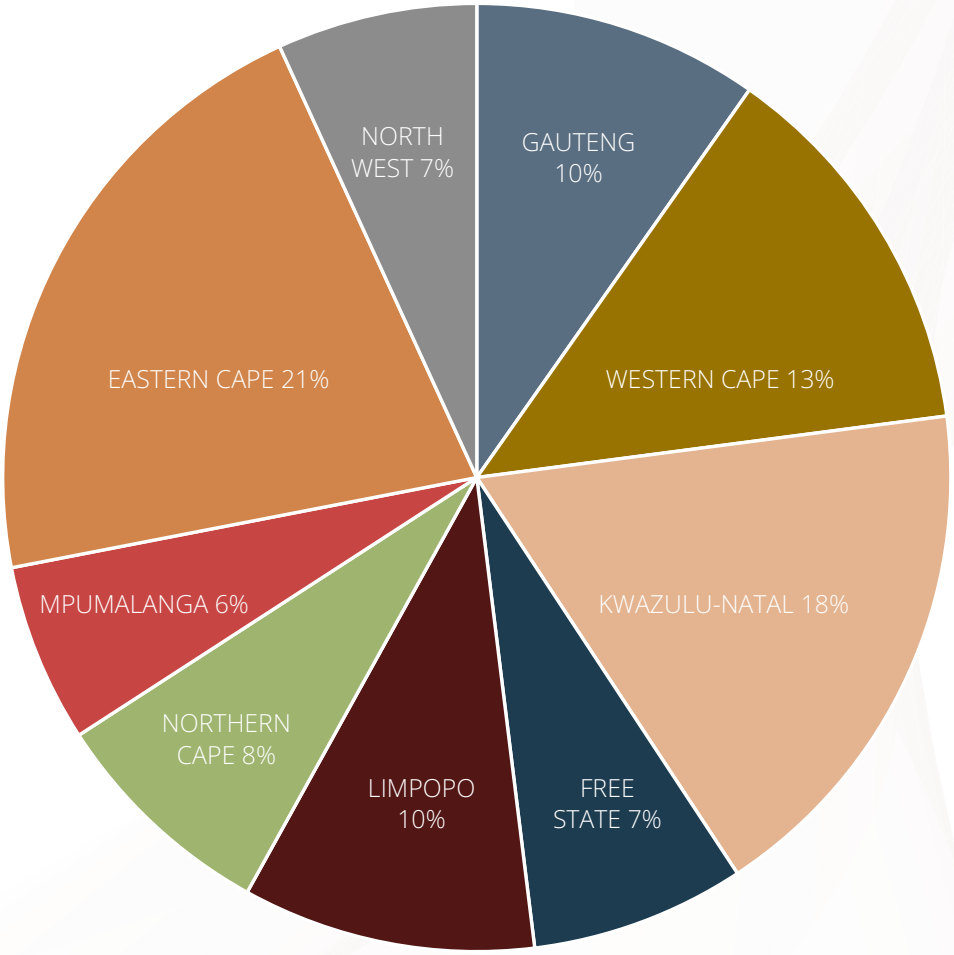

Figure 12: Distribution of active provincial hospitals in South Africa by province during 2022

5.1.3.5 Provincial hospitals per million population in South Africa

The average number of provincial hospitals per million population on the PCNS decreased slightly in South Africa from 2021 to 2022. The number of provincial hospitals per million population was 7.03 and 6.89 in 2021 and 2022, respectively. The Northern Cape had the highest number of provincial hospitals per million population compared to other provinces - 25.32 in 2021 and 24.75 in 2022.

Gauteng reported the lowest number of provincial hospitals per million population in both 2021 and 2022 – fewer than three in both years. The low number of provincial hospitals in Gauteng can lead to overcrowding of patients in these hospitals. This is because Gauteng is the province experiencing the largest influx of individuals seeking better job opportunities and healthcare in South Africa (Ngobeni ***et al***, 2020). Figure 13 shows the number of provincial hospitals per million population in 2021 and 2022.

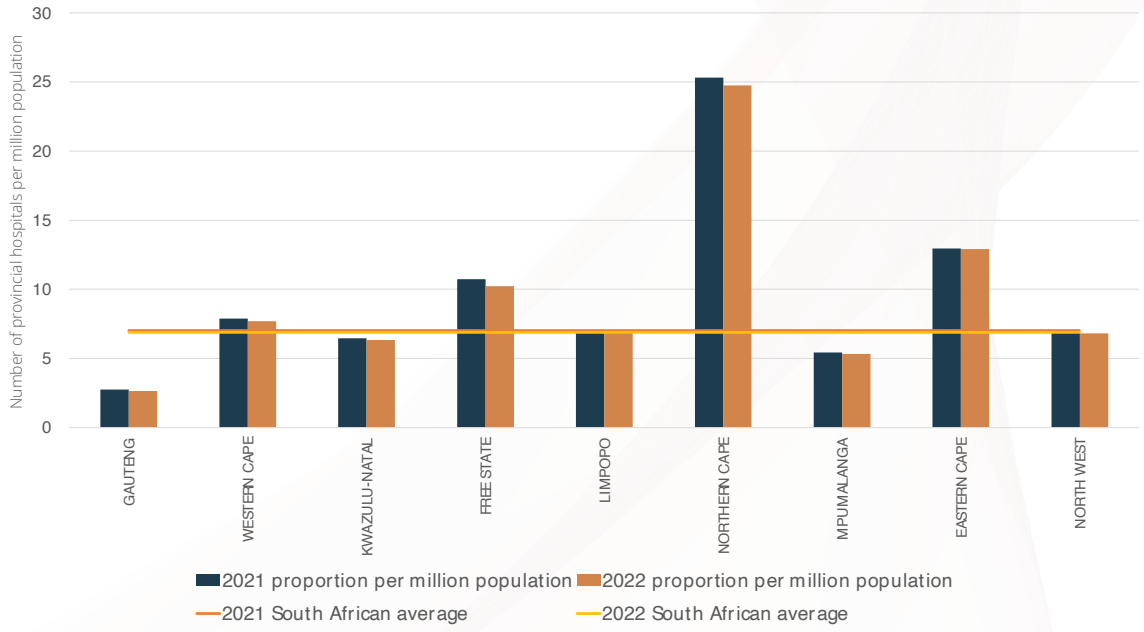

Figure 13: Number of active provincial hospitals in South Africa

6|CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

The report shows an increase in private hospitals in all the countries included, except South Africa where the number declined slightly. The number of private hospitals registering was higher than the number deregistering in all countries in 2022. The number of day clinics in South Africa increased from 2021 to 2022. However, some provinces still have a very low number of day clinics.

The number of facilities is a concern for the countries included in this report. The low number of registrations of facilities might be because of the set-up costs and administration associated with facilities. The low number of facilities may lead to overcrowding of established facilities and this tends to affect the quality of service received. In this report, the density of each discipline per million population was less than 15 in both 2021 and 2022.

6.2 RECOMMENDATIONS

As mentioned, when comparing the number of hospital beds per population in Europe and Africa, it is evident that there is a suboptimal number of hospital beds in Africa. This is also the case with regard to the number of hospitals per million population. It is essential that there be more innovative approaches to the establishment of facilities. These innovative approaches should be easy to implement and lead to an increase in the number of new facilities.

These approaches should also include strategies to increase the number of specific health facilities. Certain health facilities, e.g. for mental health and drug rehabilitation, are non-existent in some countries. This is a concern as individuals with mental health and drug problems should be prioritised.

In a country like South Africa where health facilities per million population are higher than in the other countries, the unequal distribution of facilities per province is a concern. Health authorities can reduce the unequal distribution of facilities by subsidising individuals who open health facilities in certain provinces or areas. They can also offer monetary incentives.

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8|ANNEXURE: DISCIPLINES AND GROUPING

DISCIPLINE CODE	SUBDISCIPLINE CODE	DISCIPLINE DESCRIPTION	SUBDISCIPLINE DESCRIPTION	PROFESSIONAL GROUP
3	000	Accredited Blood and Blood Product Couriers		Blood Product Services
118	001	Advanced Life Support Staff	Paramedic	Blood Product Services
118	002	Advanced Life Support Staff	ECP	Blood Product Services
9	001	Ambulance Services	Basic Life Support Service	Day Clinics
9	002	Ambulance Services	Intermediate Life Support Service	Day Clinics
9	003	Ambulance Services	Advance Life Support Service	Device and Material Suppliers
9	004	Ambulance Services	Provincial Ambulance Service	Device and Material Suppliers
9	005	Ambulance Services	Emergency Care Support Services (Namibia only)	Device and Material Suppliers
9	000	Ambulance Services - Advanced	(Zimbabwe)	Device and Material Suppliers
13	000	Ambulance Services - Basic		Device and Material Suppliers
11	000	Ambulance Services - Intermediate		Device and Material Suppliers
77	000	Approved U O T U / Day clinics		Device and Material Suppliers
116	001	Basic Life Support Staff	Basic Ambulance Assistant	Device and Material Suppliers
78	000	Blood Transfusions and Related Services		Device and Material Suppliers
90	000	Clinical Services		Device and Material Suppliers
90	001	Clinical Services	Oxygen Supplier	Device and Material Suppliers
90	002	Clinical Services	Wheelchair Supplier	Device and Material Suppliers
90	003	Clinical Services	Ear & Voice Prosthetic Supplier	Device and Material Suppliers
90	004	Clinical Services	Eye Prosthetic Supplier	Device and Material Suppliers
90	005	Clinical Services	Breast Prosthetic Supplier	Device and Material Suppliers

90	006	Clinical Services	Cardiac Prosthetic Supplier	Device and Material Suppliers
90	007	Clinical Services	Stomal/Appliances Supplier	Device and Material Suppliers
90	008	Clinical Services	Medical General Supplier	Drug & Alcohol Rehabilitation
90	009	Clinical Services	FAMSA (Family and Marriage Counselling)	Drug & Alcohol Rehabilitation
90	010	Clinical Services	Employer Primary Care Facilities (Namibia Only)	Emergency Services
90	011	Clinical Services	Oncology Units (Not Owned by Hospital)	Emergency Services
90	012	Clinical Services	Namibia Clinics	Emergency Services
90	013	Clinical Services	Diabetes Appliances	Emergency Services
90	014	Clinical Services	Compression Bandaging & Bone Healing System	Emergency Services
90	015	Clinical Services	Parenteral Nutrition (TPN) - Homecare	Emergency Services
90	016	Clinical Services	Orthopaedic prosthetic supplier (Zimbabwe Only)	Emergency Services
47	000	Drug & Alcohol Rehab	(Department of Health)	Emergency Services
47	001	Drug & Alcohol Rehab	(Welfare)	Emergency Services
119	001	Emergency Care Technicians	Namibia Only	Emergency Services
35	000	Emergency Medicine Independent Practice Specialist		Emergency Services
212	000	Government Ancillary Services	(Zimbabwe)	Emergency Services
202	000	Government Hospital	(Zimbabwe)	Emergency Services
79	000	Hospices		Emergency Services
79	001	Hospices	SA Cancer Associations	Emergency Services
203	000	Industrial/Commercial/ Private Clinics	(Zimbabwe)	Hospices
204	000	Infectious Disease Hospital	(Zimbabwe)	Hospices
117	001	Intermediate Life Support Staff	Ambulance Emergency Assistant	Mental and Social Health Practitioners
117	002	Intermediate Life Support Staff	ECT	Mental and Social Health Practitioners
37	001	Medical technology	Blood Transfusion Technology	Pharmacy Services
55	000	Mental Health Institutions		Pharmacy Services

55	001	Mental Health Institutions	Day Clinic (NAMAF only)	Private Hospitals
207	000	Mission Hospitals	(Zimbabwe)	Private Hospitals
208	000	Municipal/ Rural Council Clinics	(Zimbabwe)	Private Hospitals
60	000	Pharmacies		Private Hospitals
60	001	Pharmacies	Consultant Pharmacy	Private Hospitals
57	007	Private Hospital	Namibian Rural Health Centres	Private Hospitals
57	008	Private Hospital (Lesotho)	-ICU + Theatre	Private Hospitals
57	000	Private Hospitals ('A' - Status)		Private Hospitals
57	001	Private Hospitals ('A' - Status)	+ICU +Theatre Less than 100 beds	Private Hospitals
57	002	Private Hospitals ('A' - Status)	-ICU +Theatre	Private Hospitals
57	003	Private Hospitals ('A' - Status)	+ICU -Theatre	Private Hospitals
57	004	Private Hospitals ('A' - Status)	-ICU -Theatre	Private Hospitals
57	005	Private Hospitals ('A' - Status)	+Theatre Maternity only	Private Hospitals
57	006	Private Hospitals ('A' - Status)	-Theatre Maternity only	Private Primary Health Clinics
57	100	Private Hospitals ('A' - Status)	Mine Hospitals	Private Primary Health Clinics
57	200	Private Hospitals ('A' - Status)	State-subsidised	Private Rehab Hospitals
57	300	Private Hospitals ('A' - Status)	Acute Oncology	Provincial Hospitals
58	000	Private Hospitals ('B' - Status)		Provincial Hospitals
59	000	Private Rehab Hospital (Acute)		Provincial Hospitals
56	000	Provincial Hospitals		Provincial Hospitals
56	001	Provincial Hospitals	District Hospital	Provincial Hospitals
56	002	Provincial Hospitals	Regional Hospital	Provincial Hospitals
56	003	Provincial Hospitals	Tertiary/Academic Hospital	Provincial Hospitals
56	004	Provincial Hospitals	DOH Oral Healthcare Centre	Provincial Hospitals
56	009	Provincial Hospitals	Primary Care	Provincial Hospitals
56	010	Provincial Hospitals	DOH Orthotics & Prosthetics Centre	Provincial Hospitals
56	011	Provincial Hospitals	Central Hospital	Provincial Hospitals

56	012	Provincial Hospitals	Specialised Hospital	Provincial Hospitals
56	013	Provincial Hospitals	Small District Hospital	Provincial Hospitals
56	014	Provincial Hospitals	Medium District Hospital	Provincial Hospitals
56	015	Provincial Hospitals	Large District Hospital	Provincial Hospitals
49	000	Sub-Acute Facility		State Clinics
49	001	Sub-Acute Facility	General Care	State Clinics
49	002	Sub-Acute Facility	Psychiatry	Sub-Acute Facilities
49	003	Sub-Acute Facility	Physical Rehab	Sub-Acute Facilities
49	004	Sub-Acute Facility	All Services	Sub-Acute Facilities
49	005	Sub-Acute Facility	Postnatal Unit	Sub-Acute Facilities
49	007	Sub-Acute Facility	Rehab/Postnatal	Sub-Acute Facilities
49	008	Sub-Acute Facility	Specialised Psychiatric Unit Only	Sub-Acute Facilities
49	006	Sub-Acute Facility	Psychiatric/Postnatal	Sub-Acute Facilities
76	000	Unattached Operating Theatres/Day Clinics		Sub-Acute Facilities
211	000	Zimbabwe Red Cross Society	(Zimbabwe)	Sub-Acute Facilities

PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

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