Interim Results Presentation

For 6 months ended 31 March 2013

www.lifehealthcare.co.za

Agenda

Michael Flemming
CEO

Roger Hogarth
CFO

Michael Flemming
CEO

SA : Overview

Group Review

- Tougher market conditions:
  - SA Economy
  - Slower growth of new private medical scheme members
  - Rand weakening
- Seen an increase in the proportion of medical over surgical cases:
  - A negative impact on revenue
  - A positive impact on Ebitda margin
- Volumes impacted by:
  - Public holidays at the end of March
  - Reduction in self pay volumes

Highlights

Group Review

Growth

- SA growth:
  - PPD volume growth 1.5%
  - Additional beds 80
  - Extension of Life Esidimeni and new LOH contracts

Efficiency

- Occupancy 69%
- Normalised Ebitda margin 27.4%
- Group DSO 32 days

Sustainability

- Continued improvement in clinical outcomes
- Reduction in average HAI rate
- Focus on training of specialised nurses
- Reduction in carbon footprint

SA : H1 PPD Growth

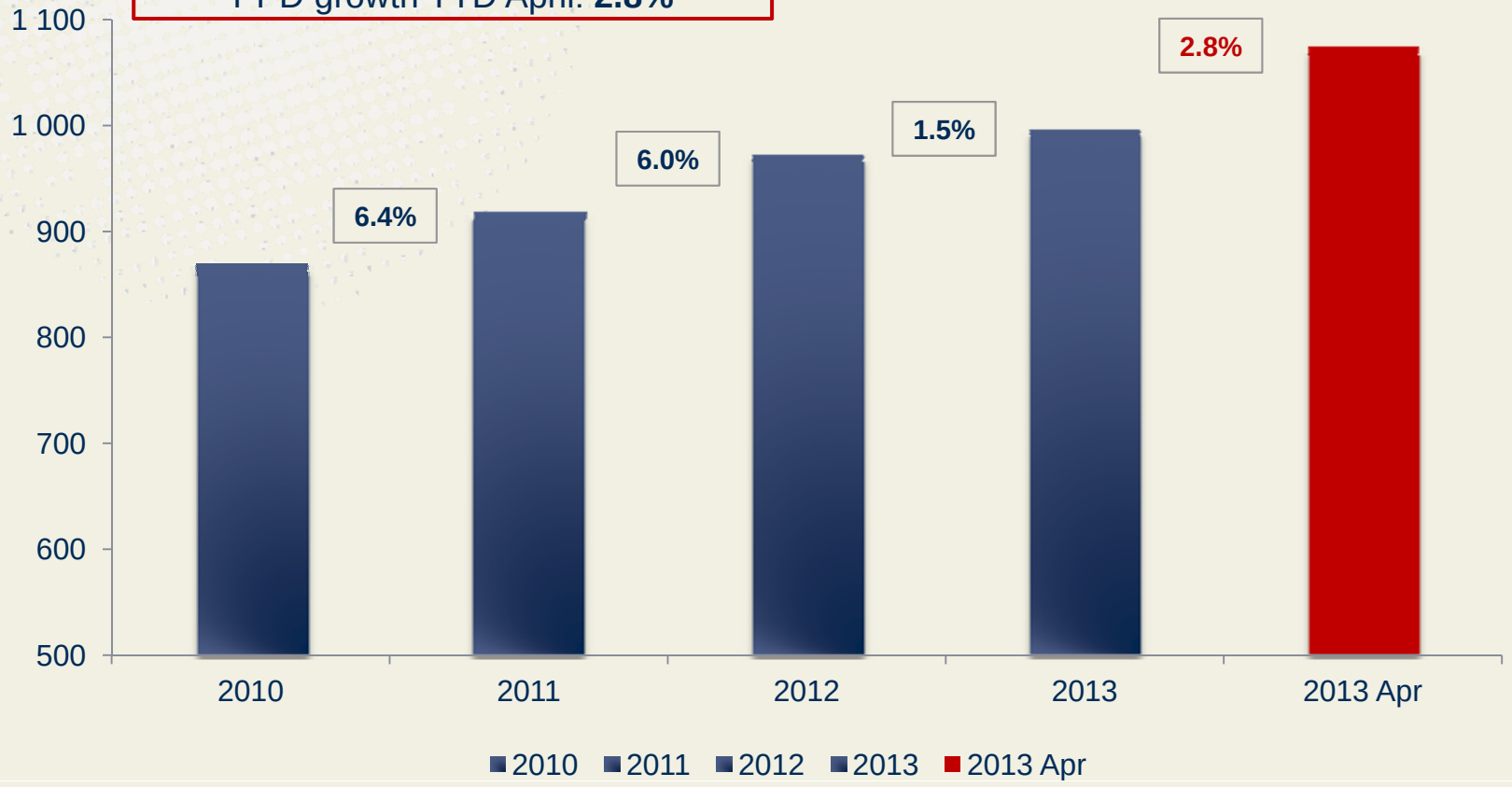
Group Review

PPD CAGR: 4.6%

SA : PPD Growth: YTD April 2013

Group Review

Measuring PPD growth YTD April removes impact of March public holidays.
PPD growth YTD April: **2.8%**



SA : Bed Growth – Acute care

Group Review

Category	Total 2010 - 2012	New beds H1 2013	2013 beds WIP	2013-2015 Approved *
Capacity expansion at existing facilities	420	60	178	342
New facilities	219		94	150
Acquisitions	269		-	-
Total	**908**	**60**	**272**	**492**

- Acute Hospitals:
  - Strong pipeline of new beds – predominantly brownfield
  - Commencing the 94 bed Hilton hospital project

*Approved : received Health department licence approval but have not yet commenced building

SA : Bed Growth – New Lines of Business

Group Review

Category	Total 2010 - 2012	New beds H1 2013	2013 WIP	2013-2015 Approved *
New lines of business	254	20	0	25
Total	**254**	**20**	**0**	**25**

- New Lines of Business:
  - Mental Health / Acute Rehabilitation:
    - Continued strong performance
    - 20% increase in PPDs - driven primarily by additional mental health beds
  - Focus on expanding mental health and acute rehabilitation in 4 geographic areas. In process of applying for licences (circa 300 beds)

SA : Growth - Other

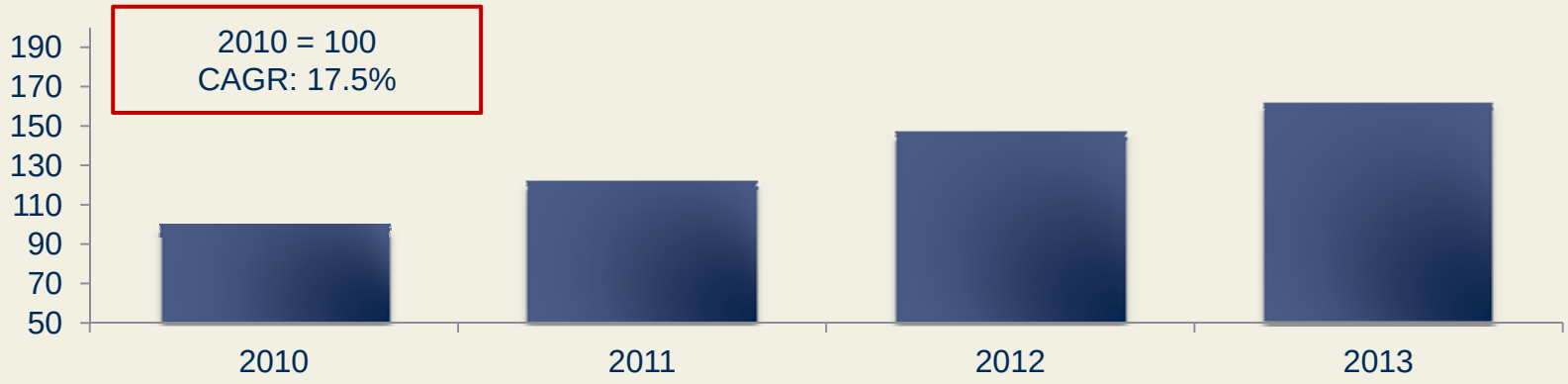
Group Review

- Renal Dialysis:
  - Chronic renal dialysis:
    - R2,500/chronic patient day (circa)
      - 97 chronic stations operational (87 September 2012)
      - 49 chronic stations in development
  - Acute renal dialysis:
    - R3,000/acute patient day (circa)
    - Acute renal dialysis now in 14 hospitals
- Oncology
  - Oncology for Western Cape approved. Commence 4th Q 2013
- Affordable Maternity Product
  - Pilot to commence in June. Focus on affordable pricing, targeting a market segment of 18 000 deliveries that are currently delivering in the public sector

SA : Growth – Healthcare Services

Group Review

- Healthcare Services:
  - Life Esidimeni:
    - Stable performance
    - Two existing contracts renewed for a further 5 years:
      - Conradie (WC): 220 beds
      - Shiluvana Care Centre (Limpopo): 160 beds with potential to add 40 paediatric beds
  - Life Occupational Health:
    - Continued strong growth
    - Signing a new large mining contract



H1 LOH revenue growth

SA : Efficiency

Group Review

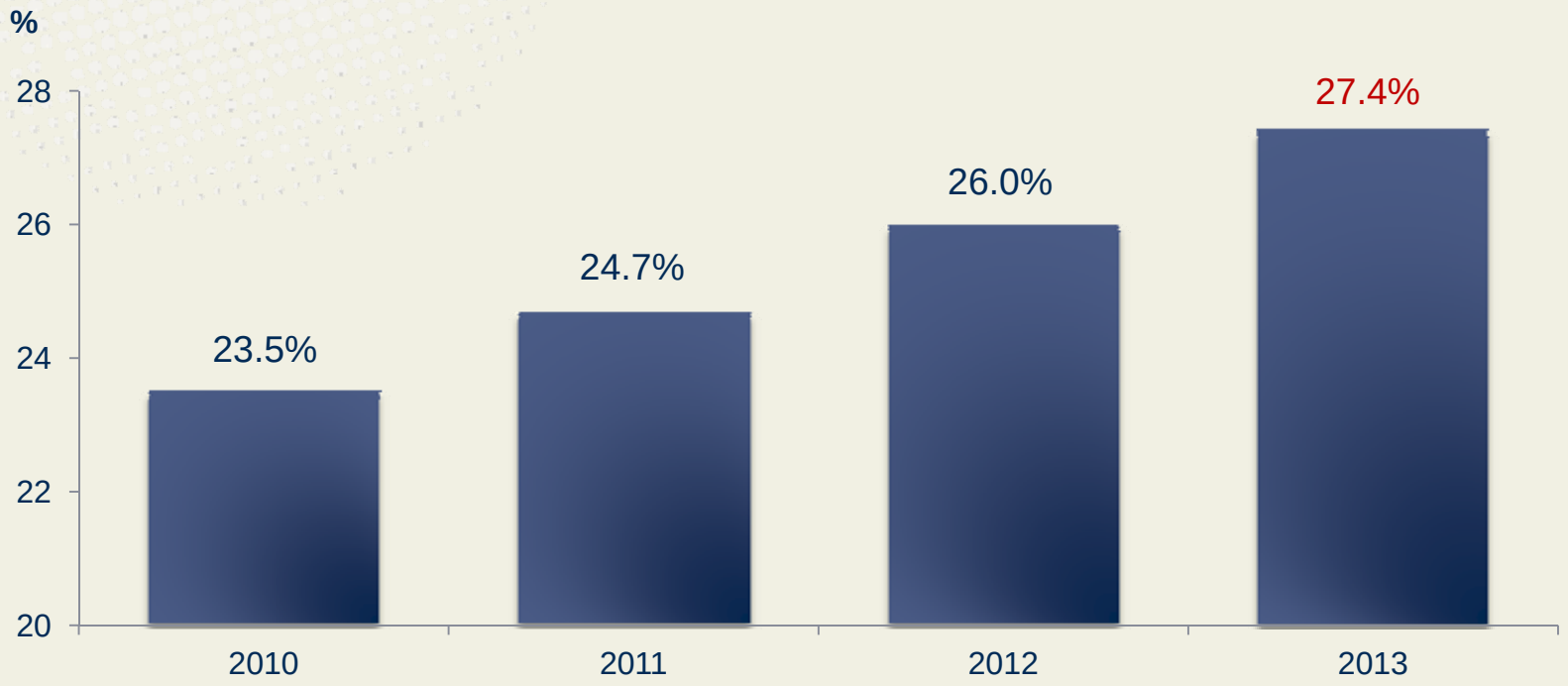
- 2013 - more challenging environment:
  - Inflationary pressures – salaries, overheads, utilities
  - Weakening of the Rand (R/$ 7.64 – 9.25 from 01/04/12 to 31/03/13)

- Requires a more stringent focus on:
  - Cost of sales procurement and product mix efficiencies
  - High occupancy of beds
  - Driving administrative efficiency through the Impilo system:
  - Good working capital management
  - Cautious capital investment

SA : Efficiency - Ebitda Margin

Group Review

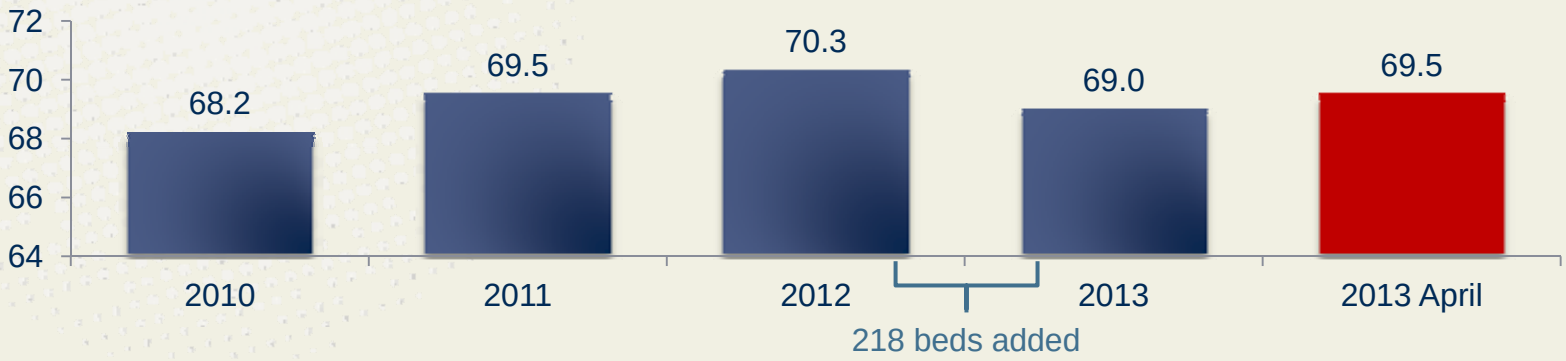
- Case mix change: positive margin impact
- Strong management of consumables procurement
- Continued management of overheads and administrative costs



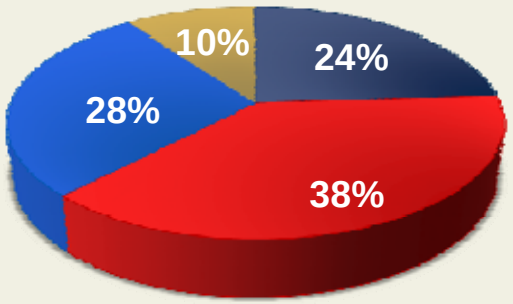
SA : Efficiency - Effective use of assets

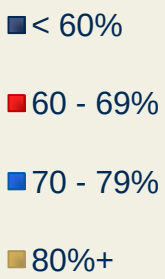
Group Review

Measuring Occupancy YTD April removes impact of March public holidays.
Occupancy YTD April: **69.5%**

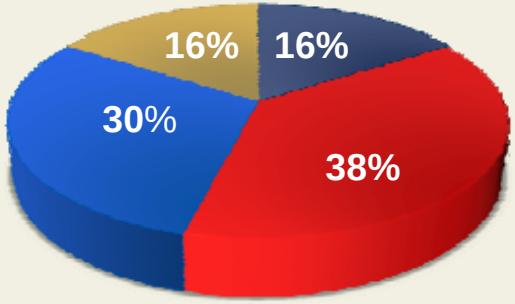


2010: H1 Bed Occupancy Split





2013: H1 Bed Occupancy Split

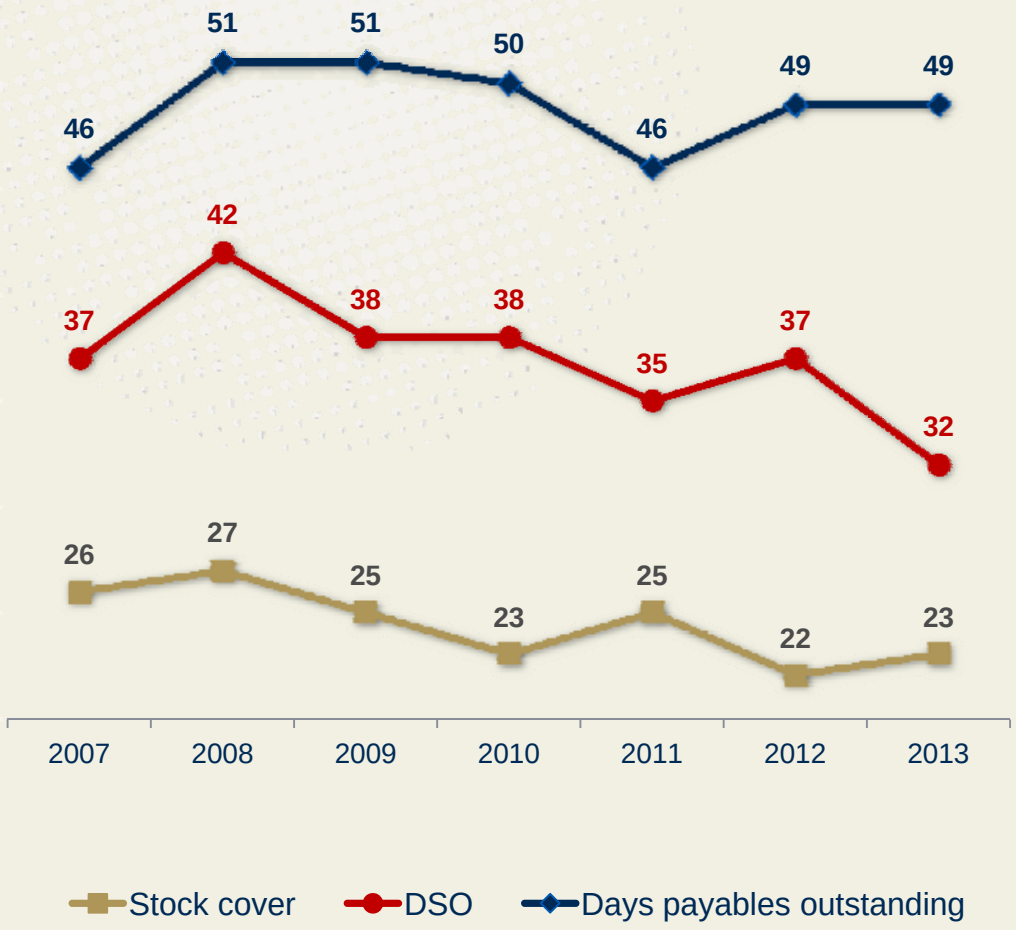


Occupancy above 70%: **38%**

Occupancy above 70%: **46%**

SA : Efficiency - Working capital management

Group Review



- Excellent improvement in DSO:
  - Total DSO:
    32 days (2012: 37)
  - Hospital DSO:
    30 days (2012: 34 days)
  - Hospital DSO excluding COID:
    26 days (2012: 30 days)
  - Improvement in government related debt

SA : Efficiency - Programs

Group Review

- Pathology - Blood Gas tests in ICU
  - Rolling out in-house delivery of blood gas pathology tests in ICUs
  - Share financial benefits with medical schemes
  - Positive contribution to Ebitda
- Central Laundry:
  - In-house laundry process underway for Inland region, covering:
    - 28 hospitals
    - 4,100 beds
  - Operational in 1st quarter 2014
- Centralised credit services
  - Centralisation of Inland Credit services bringing operational efficiencies and cost savings

SA : Efficiency - Programs

Group Review

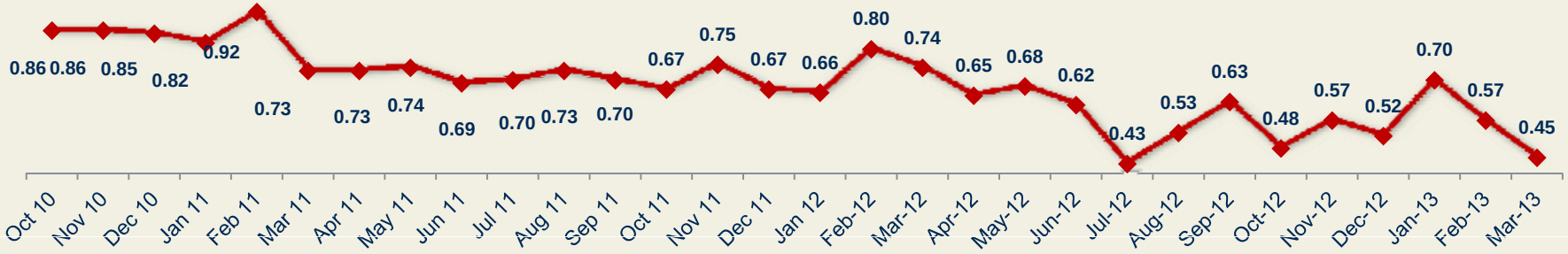
- Systems driven efficiency through Impilo
  - Focus on driving standardisation, reduction in administrative costs & economies of scale:
    - Product management & formularies, inventory management & pharmacy dispensing
    - Re-engineering of stock control, billing and credit risk
- Environment:
  - Water & electricity:
    - 8% saving targeted in electricity and water through introduction of group wide online metering system, providing real-time actual consumption data
    - Further 10% saving on electricity through specific efficiency projects such as heat pumps, LED lighting and autoclave heat recovery.
    - 10% saving on water consumption targeted through reclaiming of autoclave water into grey water systems
  - Waste:
    - 80% reduction in medical waste via introduction of hydroclave technology
    - Introduce paper, plastic and glass recycling across all hospitals by 2015

SA : Sustainability – Quality: Measuring clinical outcomes

Group Review

Measure	Outcome Mar 2013	Outcome Mar 2012	Standard
Net promoter score	**96.2%**	95.5%	
Patient incident rate	**3.26**	4.04	Per 1,000 PPDs
VAP (Ventilator Associated Pneumonias)	**4.02**	4.81	Per 1,000 VAP days
SSI (Surgical Site Infections)	**0.65**	0.96	Per 1,000 theatre cases
CLABSI (Central Line Associated Blood Stream Infections)	**0.82**	1.16	Per 1,000 central line days
CAUTI (Catheter-related Urinary Tract Infections)	**0.59**	0.83	Per 1,000 catheter days

HAI Rate per 1,000 PPD's



SA : Sustainability – Quality: Improving clinical outcomes

Group Review

HAI

Continued improved compliance to bundles and HAI protocols

AMI

Continued compliance to AMI protocol in both Heart and referral hospitals

Pulmonary Embolism

Improved screening, prophylaxis and treatment

Acute Rehab

FIM / FAM best practice protocols

Neo-natal outcomes

Vermont Oxford network protocols

Anti-microbial stewardship

Rolling out the anti-microbial stewardship program

Mental Health

Implementing MHQ14 outcomes measurement system

Joint Replacement

Patient Reported Outcome Measures (PROMS)

In process

Implemented

SA : Sustainability

Group Review

- Skills development:
  - Training 1 158 nurses in SA through the Life College of Learning
  - LHC/Max Healthcare nursing academy established - pipeline of 80 specialised nurses per annum from 2014 – aim to fill a skills gap as well as transfer skills
- Competition Commission (CC) has announced a market inquiry into the private health sector:
  - Thorough inquiry into the factors that drive industry costs
  - Factual basis upon which to make recommendations
  - Expected timing: 18 – 24 months from start of investigation
  - An opportunity to factually demonstrate industry cost drivers
- NHI:
  - 11 pilot districts - starting process of primary care contracting – payment via DOH
  - No interaction yet with private hospitals

India : Max Healthcare Bed Growth

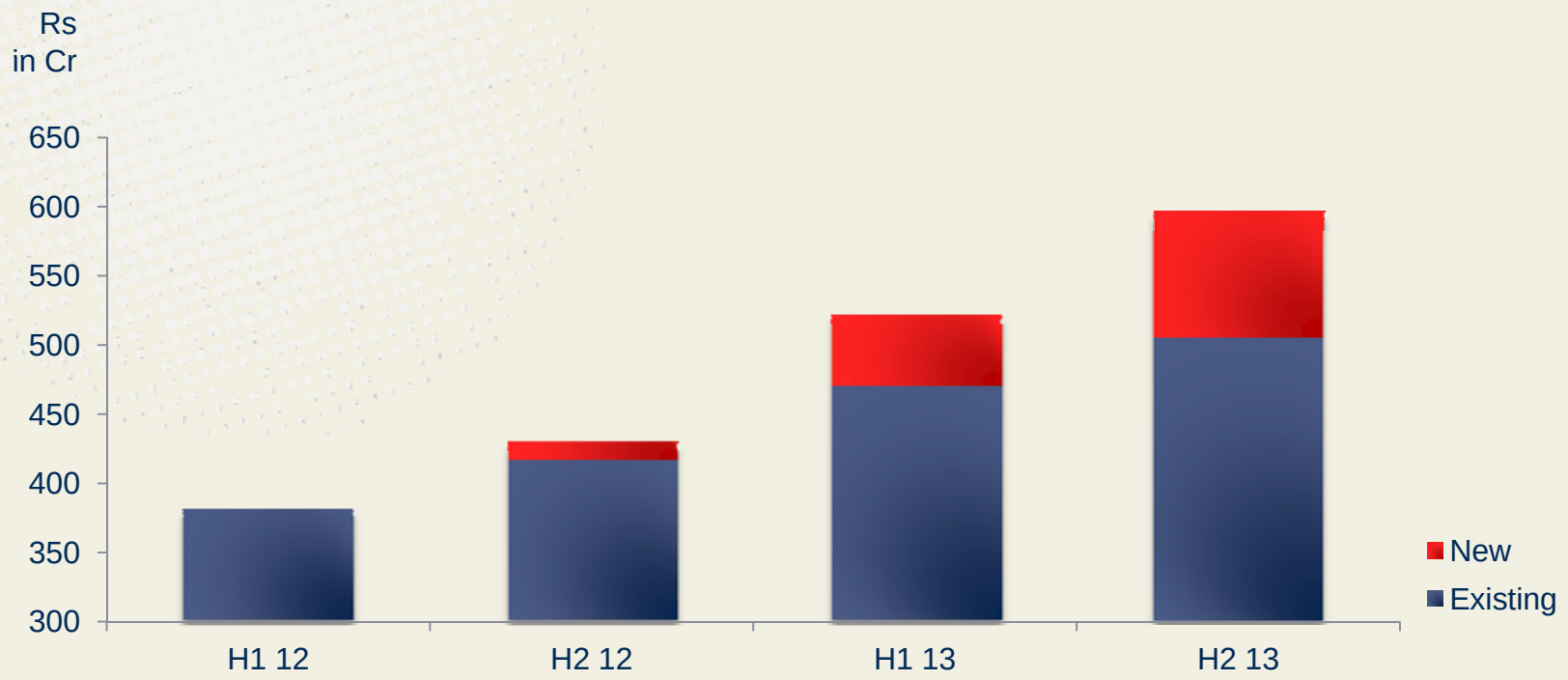
Group Review

Unit	Bed Capacity	Operational beds Mar 2013	Operational beds Sept 2012	Start date
Existing Hospitals:	**1 080**	**1 011**	**1 014**	
New Hospitals:				
Shalimar Bagh	**288**	**126**	**78**	Nov 2011
Mohali	**204**	**102**	**95**	Dec 2011
Bathinda	**205**	**70**	**83**	Dec 2011
Dehradun	**201**	**70**	**48**	May 2012
Total new	**898**	**368**	**304**	
Combined total	**1,943**	**1 379**	**1,318**	

564 beds still to become operational

India : Max Healthcare Growth - Revenue

Group Review



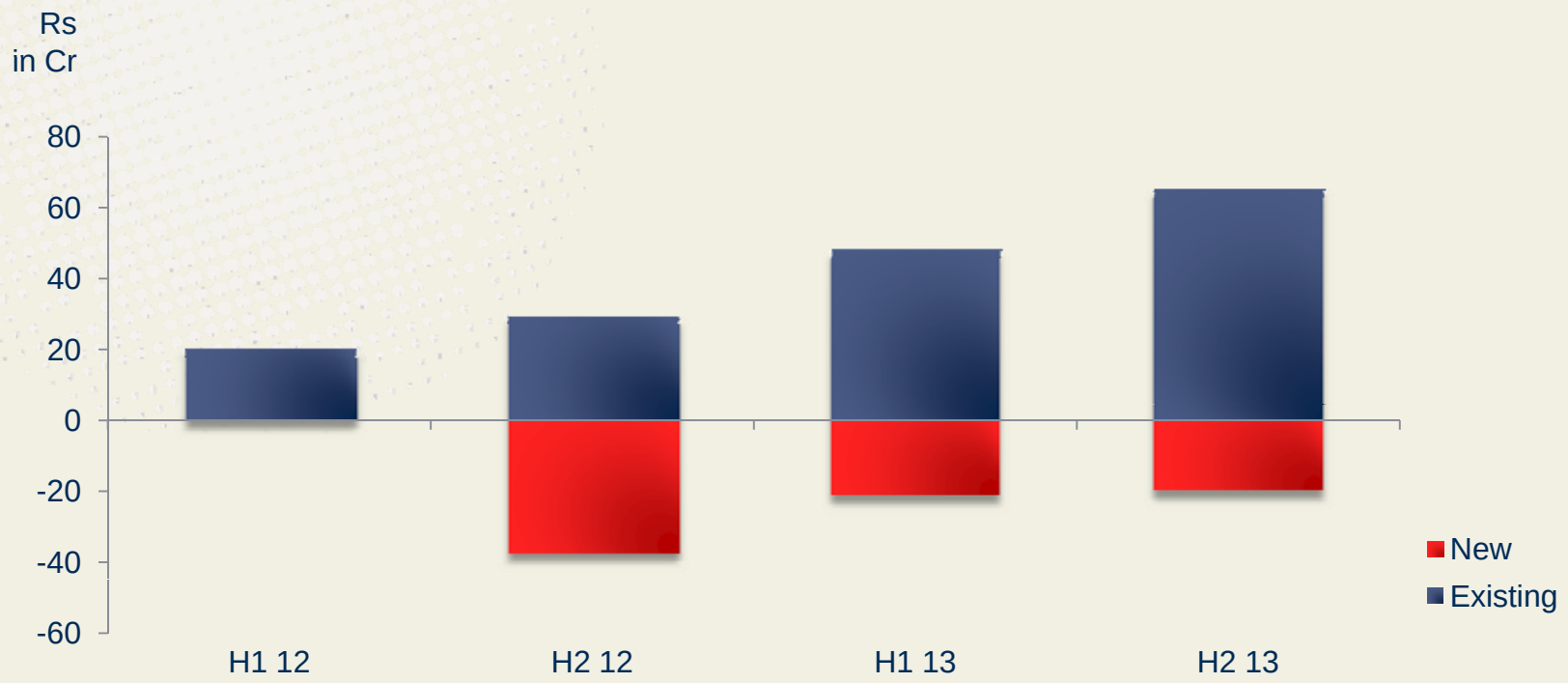
Comment

- Good revenue growth in both existing and new hospitals
- 56% increase in revenue between H2 2013 and H1 2012

Financial year end: March

India : Max Healthcare Growth - Ebitda

Group Review



Comment

- Good Ebitda improvement at Existing hospital level
- Ebitda losses decreasing in new hospitals
- 129% increase in Ebitda between H2 2013 and H1 2012

Financial year end: March

Financial Review

Roger Hogarth
CFO

Highlights

Financial Review

Revenue Growth	Good normalised EPS growth	Strong cash generation	Increased dividend
+ 7.0%	**+14.5%**	**+ 24.2%**	**To 54 cps**

Revenue	+7.0%	to	R5 638m
Operating profit	+12.7%	to	R1 361m
Profit before tax	+12.7%	to	R1 300m
EPS	+ 14.8%	to	76.1 cents
HEPS	+19.8%	to	76.4 cents
Normalised EPS	+14.5%	to	71.3 cents
Dividend	+20.0%	to	54.0 cps

Normalised earnings exclude non-trading related items such as profit/loss on disposal of businesses and PPE, impairment of intangibles and retirement fund surpluses/deficits.

Financial results

Financial Review

	Mar 2013	Mar 2012	%
Revenue	**5 638**	5 271	7.0%
Normalised Ebitda	**1 547**	1 370	12.9%
Normalised Ebitda margin	**27.4%**	26.0%	

Comment

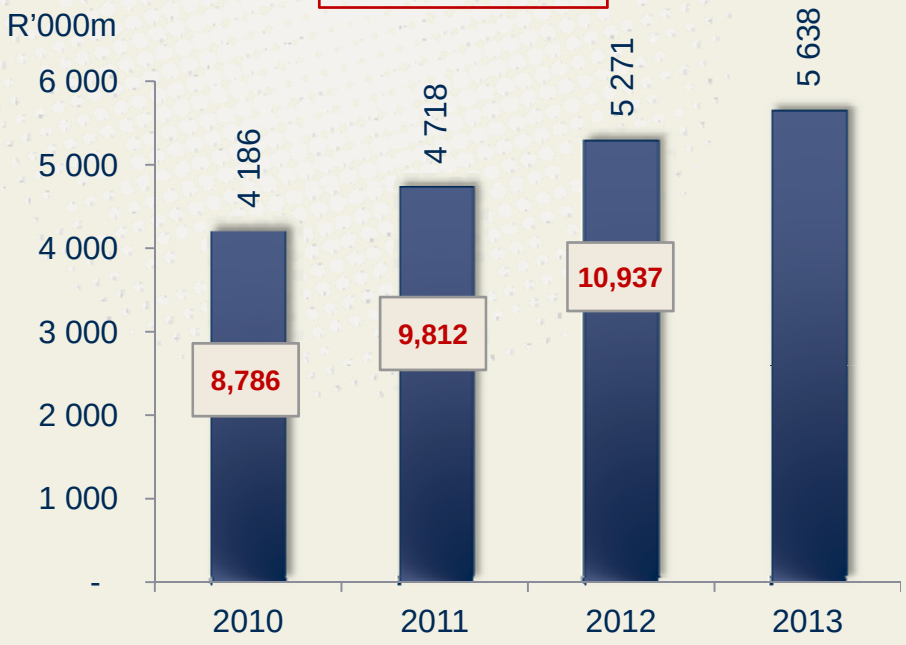
- Revenue growth in hospitals:
  - 1.5% increase in PPDs (paid patient days)
  - 5.0% revenue/ppd increase
  - Continued strong growth of medical cases - dilutes revenue/ppd (1.5%)
  - Impact of March public holidays
- Normalised Ebitda margin:
  - Positive impact on Ebitda margin due to growth in medical cases
  - Good management of procurement and overheads
  - Continue to leverage efficiencies across the group

Four year review – 6 months to March

Financial Review

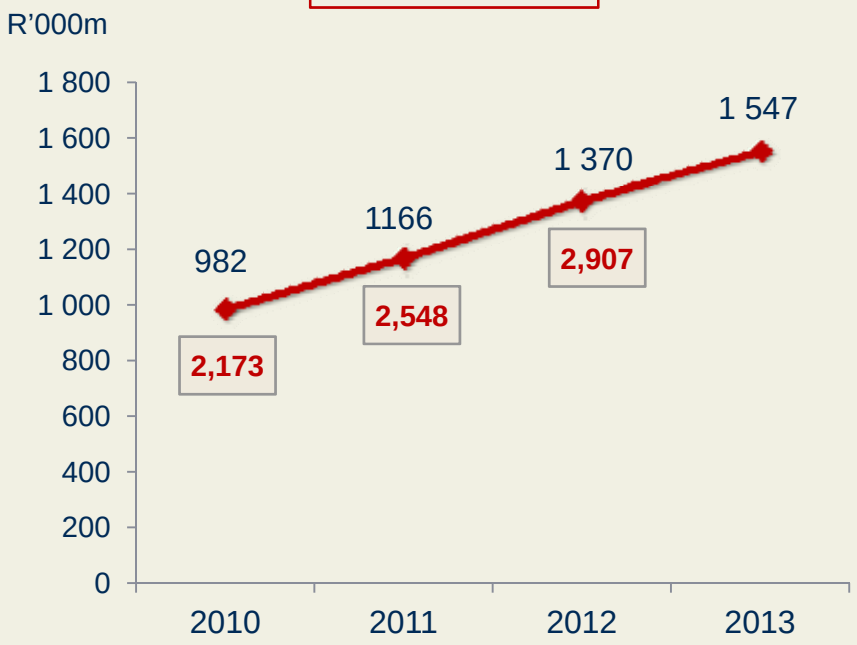
Revenue

CAGR : 10.4%



Normalised Ebitda

CAGR : 16.4%



Full year numbers

- Historical revenue generated in 1st half: 48% of total revenue
- Historical normalised Ebitda generated in 1st half: 46% of total normalised Ebitda

Financial results

Financial Review

	Mar 2013	Mar 2012	%
Revenue	**5 638**	5 271	7.0%
Normalised Ebitda	**1 547**	1 370	12.9%
Normalised Ebitda margin	**27.4%**	26.0%	
Operating profit	**1 361**	1 208	12.7%
Associates	**25**	47	
Attributable earnings	**790**	690	14.5%

Comment

- Max Healthcare included from February 2012
- STC replaced by with holding tax 1 April 2012

Non-controlling interest	Mar 2013	Mar 2012
Before STC	**136**	127
STC	**0**	(9)
Post STC	**136**	118

Attributable earnings is defined as earnings attributable to ordinary shareholders

Financial results

Financial Review

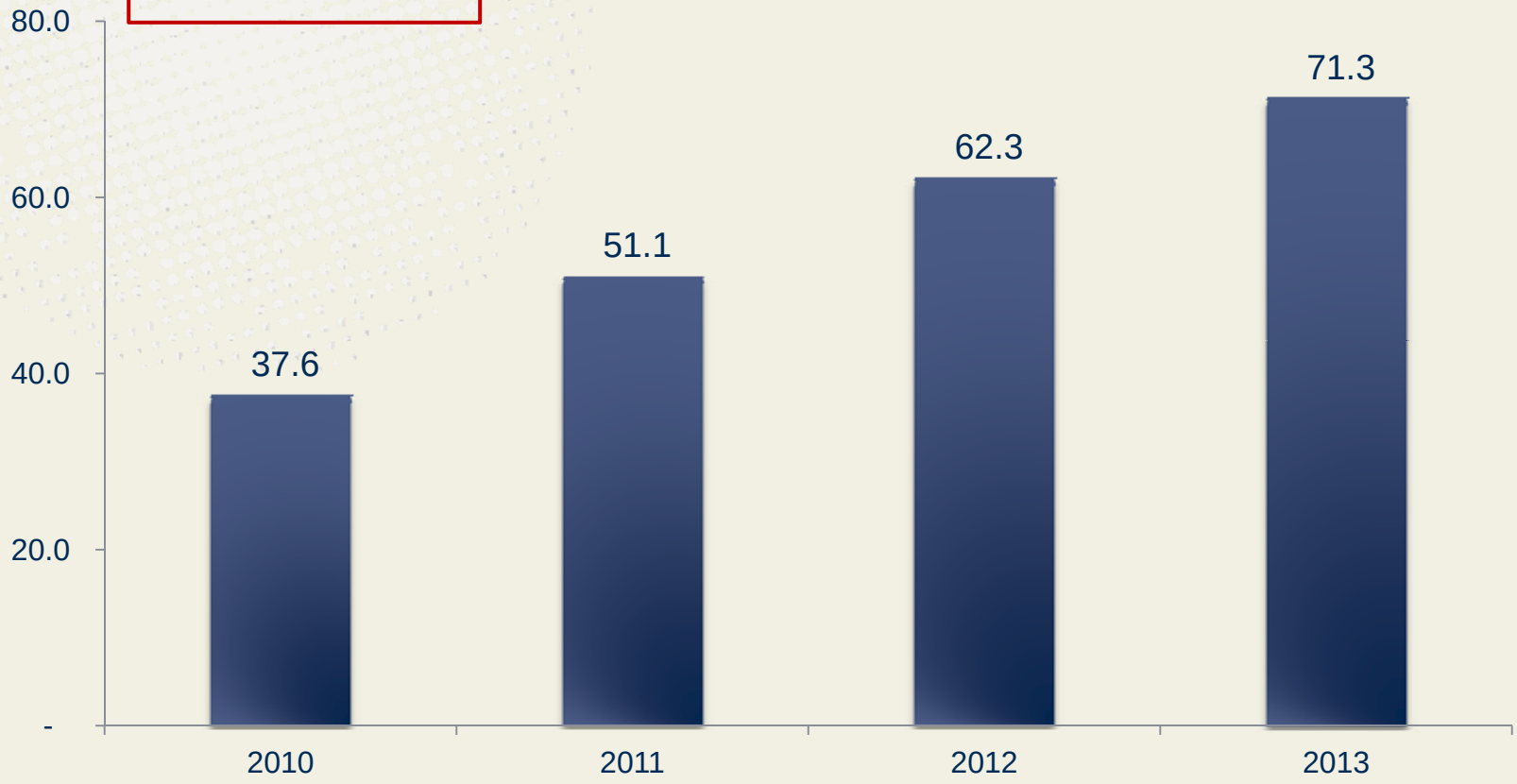
	Mar 2013	Mar 2012	%
EPS	**76.1**	66.3	**14.8%**
• Loss on de-recognition of finance lease / Profit on disposal of business / gain on re-measuring of fair value	0.3	(2.5)	
HEPS	**76.4**	63.8	**19.8%**
• Retirement funds	(3.5)	(1.5)	
• Gain on de-recognition of finance lease liability	(1.6)		
Normalised EPS	**71.3**	62.3	**14.5%**
Normalised EPS – excl. impact of MHC	**75.3**	63.4	**18.8%**

Financial results

Financial Review

CAGR: 23.8%

Normalised EPS



Financial results - Segmental review

Financial Review

	Mar 2013	Mar 2012	%
Revenue	**5 638**	5 271	7.0%
Hospital division	**5 226**	4 905	6.5%
Healthcare services	**410**	365	12.3%
Other	**2**	1	

Comment

- Good increase in healthcare services revenue based on improved performance from both Life Esidimeni and Life Occupational Health

Financial result - Segmental review

Financial Review

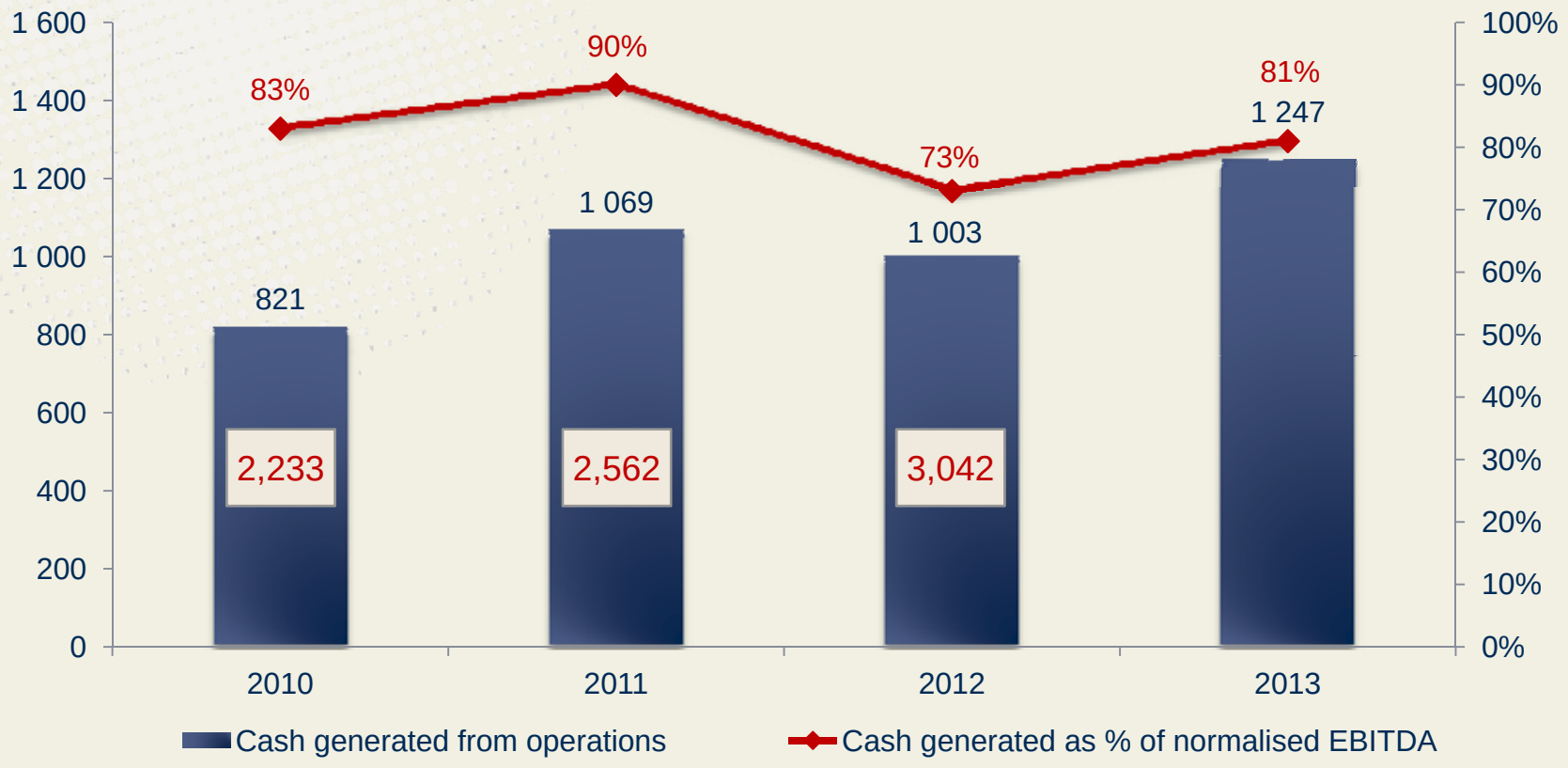
	Mar 2013	Mar 2012	%
Revenue	**5 638**	5 271	7.0%
Hospital division	5 226	4 905	6.5%
Healthcare services	410	365	12.3%
Other	2	1	
Operating profit before amortisation, profit on disposals and impairment of intangible assets	**1 371**	1 211	13.2%
Hospital division	1 224	1 040	17.7%
Healthcare services	83	71	16.9%
Other*	64	100	(36.0%)

Comment

* Streamlining of property structures and internal rental charges. Hospital division, excluding all property rentals, increased by 10.7%

Cash generated vs normalised EBITDA (H1)

Financial Review



Full year numbers – Cash generated

Summarised statement of financial position

Assets

Financial Review

	Mar 2013	Sept 2012	Mar 2012
Non-current assets	**7 881**	**7 771**	**7 582**
PPE	4 144	4 010	3 791
Intangibles	2 131	2 181	2 242
Other	1 606	1 580	1 549
Current assets (excl. cash)	**1 403**	**1 239**	**1 558**
Cash	**249**	**246**	**213**
Total assets	**9 533**	**9 256**	**9 353**

Comment

- Non-current assets: Other includes Max Healthcare
- Own 84% of registered beds

Summarised statement of financial position

Equity and liabilities

Financial Review

	Mar 2013	Sept 2012	Mar 2012
Total shareholders equity	**5 090**	**4 878**	**4 507**
Non-current liabilities	**2 269**	**2 445**	**2 685**
Interest bearing borrowings	1 797	1 929	2 213
Other non-current liabilities	472	516	472
Current liabilities	**2 174**	**1 933**	**2 161**
Total equity and liabilities	**9 533**	**9 256**	**9 353**
Net debt (as per covenants)	2 497	2 205	2 759
Net debt to normalised Ebitda (covenant 3 x)	**0.80**	**0.73**	**0.97**

Comment

- Max Healthcare acquisition financed through R820 million in five year redeemable preference shares
- Finance cost (R24m) for preference shares
- Preference shares are included in interest bearing borrowings

Dividend

Financial Review

Distributions	Cents/share	Rand	% of Normalised EBITDA	Cover*
Interim 2010	23	R240 million	24.4%	1.77
Final 2010	29	R302 million	25.4%	2.04
Total 2010	52	R542 million	24.9%	1.92
Interim 2011	31	R323 million	27.7%	1.78
Final 2011	54	R562 million	40.7%	1.34
Total 2011	85	R885 million	34.7%	1.50
Interim 2012	45	R469 million	34.2%	1.47
Final 2012	60	R625 million	40.7%	1.34
Total 2012	105	R1 094 million	37.6%	1.39
Interim 2013	**54**	**R563 million**	**36.4%**	**1.39**

* Cover calculated on normalised EPS excluding amortisation

Future Guidance

Michael Flemming
CEO

SA : Future Guidance

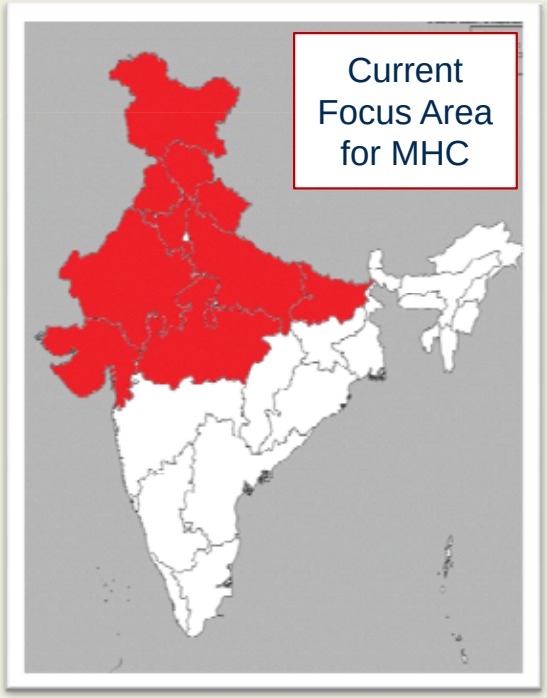
Future Guidance

- Growth:
  - Hospitals:
    - Strong pipeline of bed growth:
      - WIP beds : 272 beds
      - Licensed approved beds : 517 beds
      - Applications pending: 752 beds
  - New Lines of business:
    - Establishment of mental health and acute rehab facilities in major centres
    - Renal Dialysis: continue chronic and acute roll-out
  - Healthcare Services:
    - Stable growth from Life Esidimeni
    - Continued good growth from Life Occupational Health
- Efficiency:
  - Focus on:
    - cost of sales management
    - completion of planned Impilo modules
    - driving administrative efficiency

SA : Future Guidance

Future Guidance

- Max Healthcare:
  - Operationalisation of un-utilised beds in new facilities
  - Continue to implement efficiency programs:
    - improve occupancy and Ebitda margin
  - Planning and commencing next phase of growth:
    - New Max hospitals in tier 1 cities in NE India
      - Greenfield builds
      - Hospital property acquisitions and refurbishments
    - Stand alone specialist COE in Delhi
    - Home Care services
  - Potential shareholding equalisation event in 2014
- Africa:
  - Reviewing assets in Nigeria, Ghana & Kenya
- International:
  - Continue to look for opportunities across acute care, mental health, acute rehabilitation, occupational health that add value, have group synergies



Interim Results Presentation

For 6 months ended 31 March 2013

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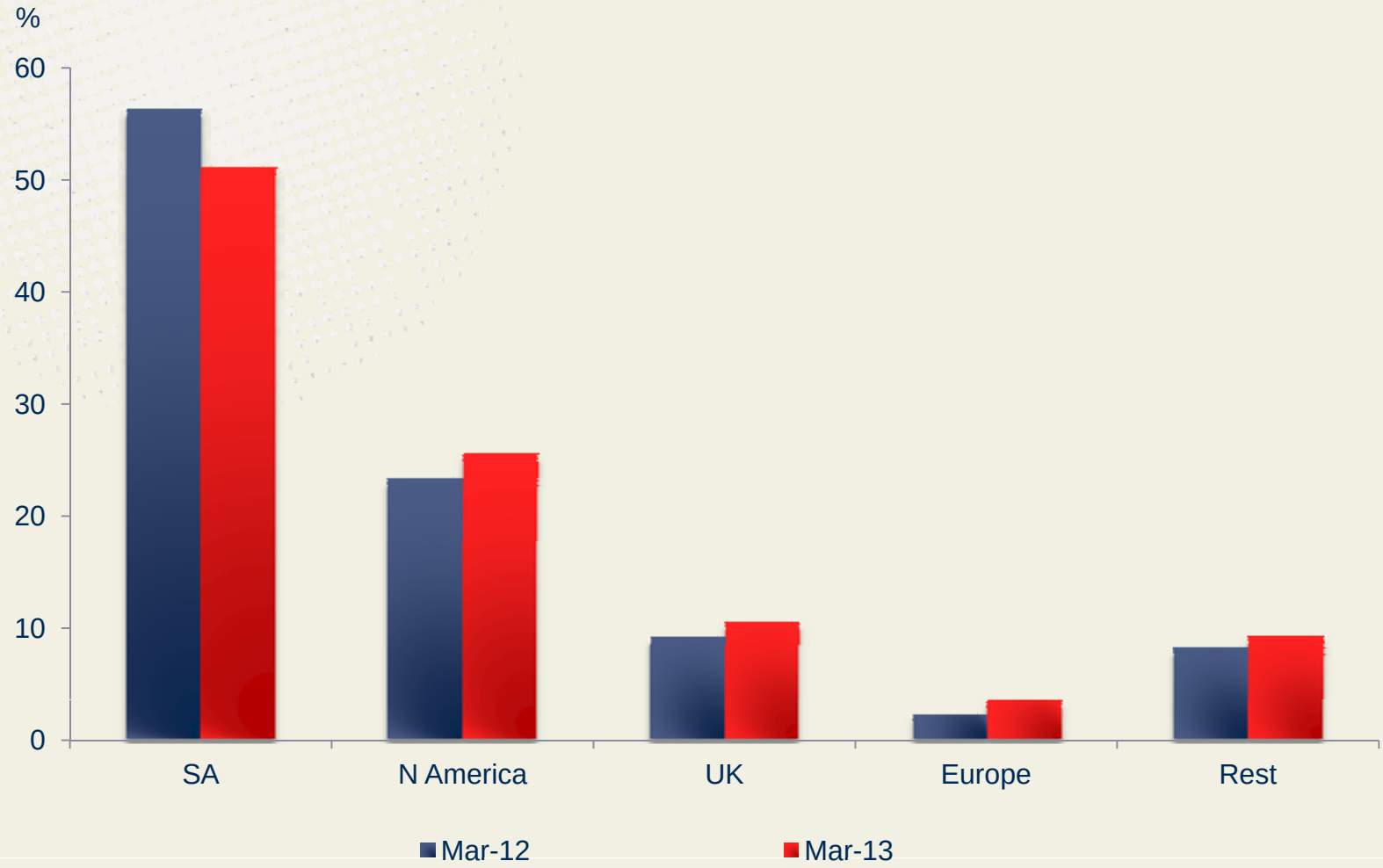
Appendix

Shareholding

Appendix



Glossary of terms

Appendix

AMI	Acute myocardial infarction	HEPS	Headline earnings per share
AMS	Antimicrobial stewardship	ICU	Intensive care unit
Approved	Received Health department licence approval. Have not commenced building	MHQ 14	Mental Healthcare questionnaire 14
ARM	Alternative reimbursement model	NHI	National Health Insurance
CAUTI	Catheter-related urinary tract infections	Normalised Ebitda	Earnings before interest, depreciation and amortisation (defined as operating profit plus depreciation, amortisation of intangibles, impairment of goodwill as well as excluding profit/loss on disposal of business/property and surplus/deficits on retirement benefits)
CC	Competition Commission	NPS	Net promoter score
CLABSI	Central line associated bloodstream infections	LOH	Life Occupational Healthcare
COE	Centre of excellence	PPD	Paid patient day
COID	Compensation for occupational injuries and diseases	PROMS	Patient reported outcomes measures
DSO	Days sales outstanding	SSI	Surgical site infections
EBITDA	Earnings before interest, depreciation and amortisation	STC	Secondary tax on companies
FIM/FAM	Functional Independence measure Functional assessment measure	VAP	Ventilator associated pneumonia
HAI	Health associated infections	WIP	Work in progress

Life Healthcare
History

Appendix

Phase	Time Period	Event
Creation	1983	• Afrox acquired Ammed group – 4 hospitals
Phase 1 growth	1985 - 1998	• Acquisition of 14 additional individual hospitals • Acquisition of PE Hospital group (5 hospitals), including 1st mental health unit • Built The Glynnwood and Empangeni hospitals • Purchase of Gaborone Hospital • Started Occupational Health business • Opened 1st acute rehabilitation unit
Listing	1999	• Merged with Presmed in a reverse listing and changed name to Afrox Healthcare Ltd • Started management of Lifecare (now Life Esidimeni)
Phase 2 growth	2000 - 2004	• Acquired 55% of Lifecare • Acquisition of 3 additional independent hospitals • Acquisition of Amahosp group (4 hospitals) • Launched renal dialysis • Built Roseacres and Humansdorp hospitals • Launched UK project – PHG JV

Life Healthcare
History

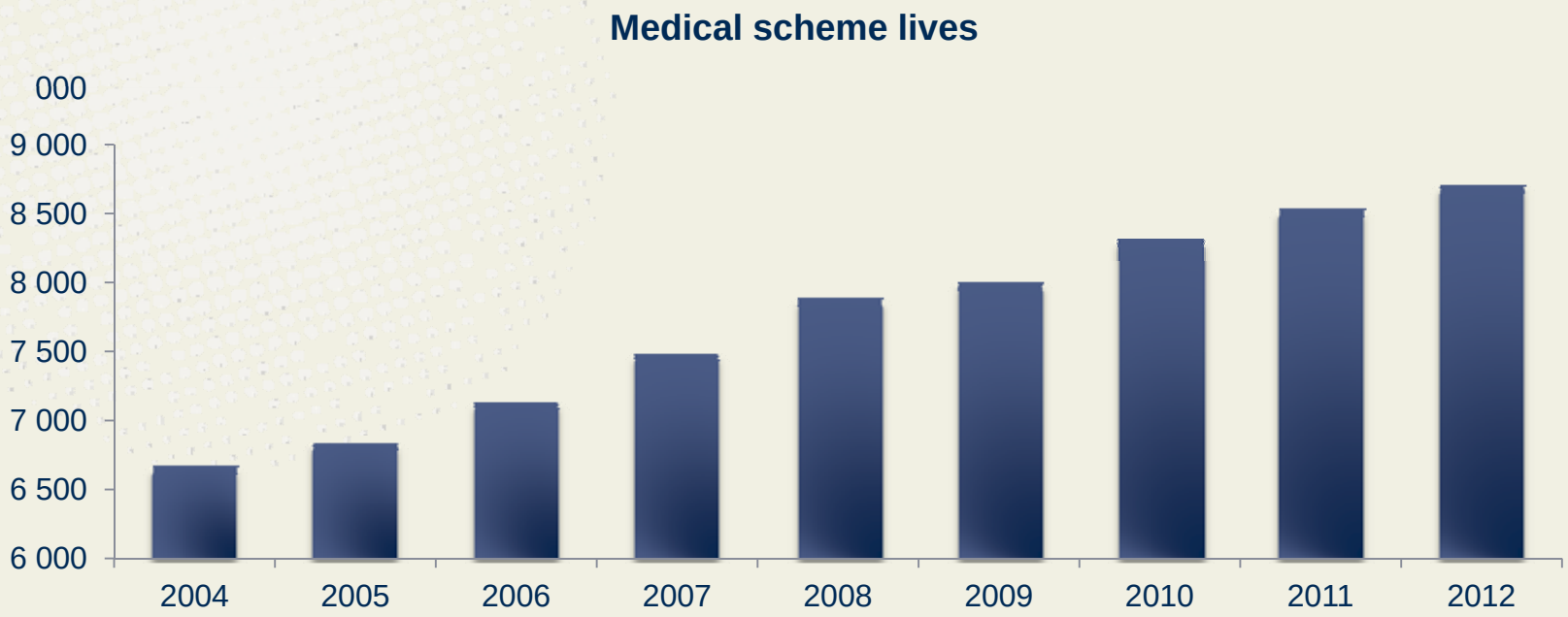
Appendix

Phase	Time Period	Event
De-listing and phase 3 growth	2005 - 2009	• Delisted Afrox Healthcare • Established Life Healthcare • Acquired remaining stake in Life Esidimeni • Sold 50% share in PHG JV • Built Life Fourways • Built Life Cosmos
Re-listing and phase 4 growth	2010 -	• Re-listed as Life Healthcare Group Holdings Ltd • Built Life Orthopaedic hospital • Built Life Beacon Bay • Acquired Life Bay View Private hospital • Opened Life Glynnview, Life St Josephs and Life Poortview mental health units • Opened Life Vincent Pallotti acute rehabilitation • Built Life Piet Retief hospital • Acquired a 26% share in Max Healthcare Institute (MHC) • Added over 1,000 beds between 2010 and 2012

Private healthcare insurance Industry

Growth in members

Appendix



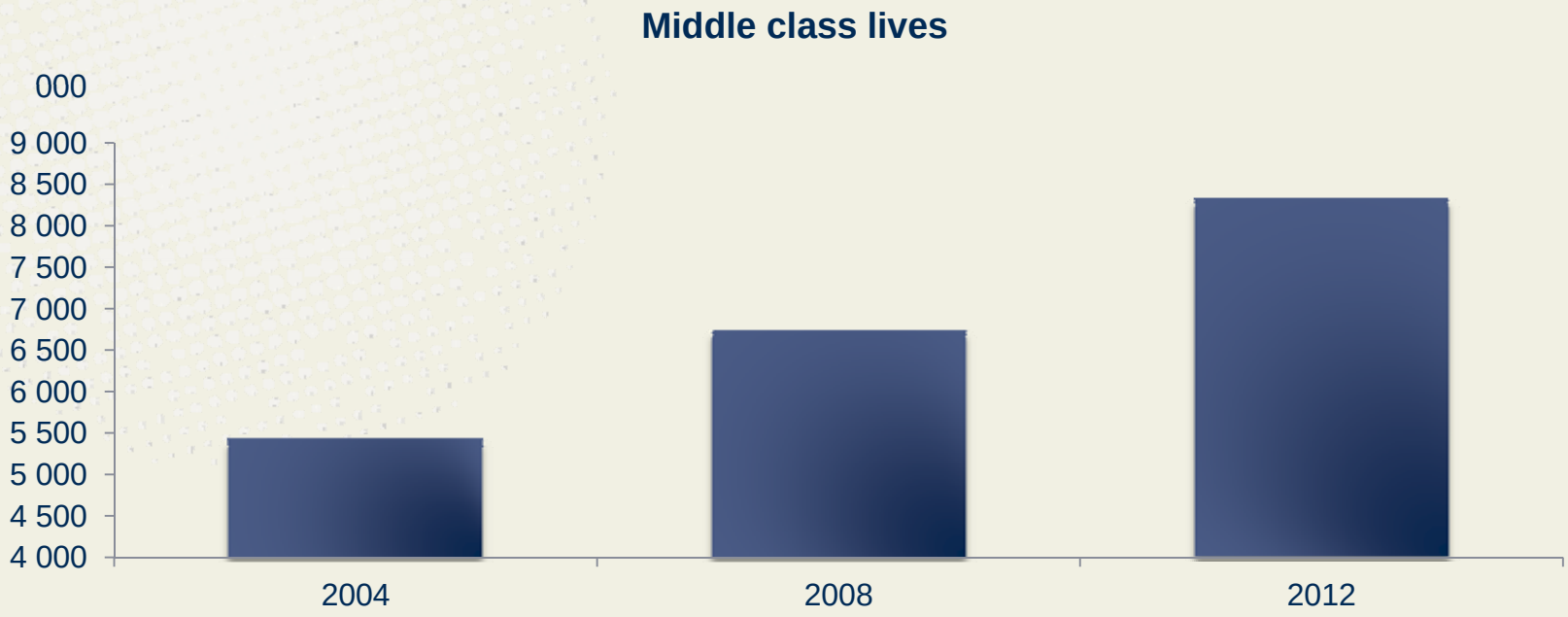
Comment

- Strong growth in covered lives since 2004
- Benefitting from growth in middle class
- Big impact from GEMs and low income schemes (scheme options) such as Keycare and Boncap
- 2012 number an estimate

Source: Council of Medical Schemes

Growth in Middle Class

Appendix



Comment

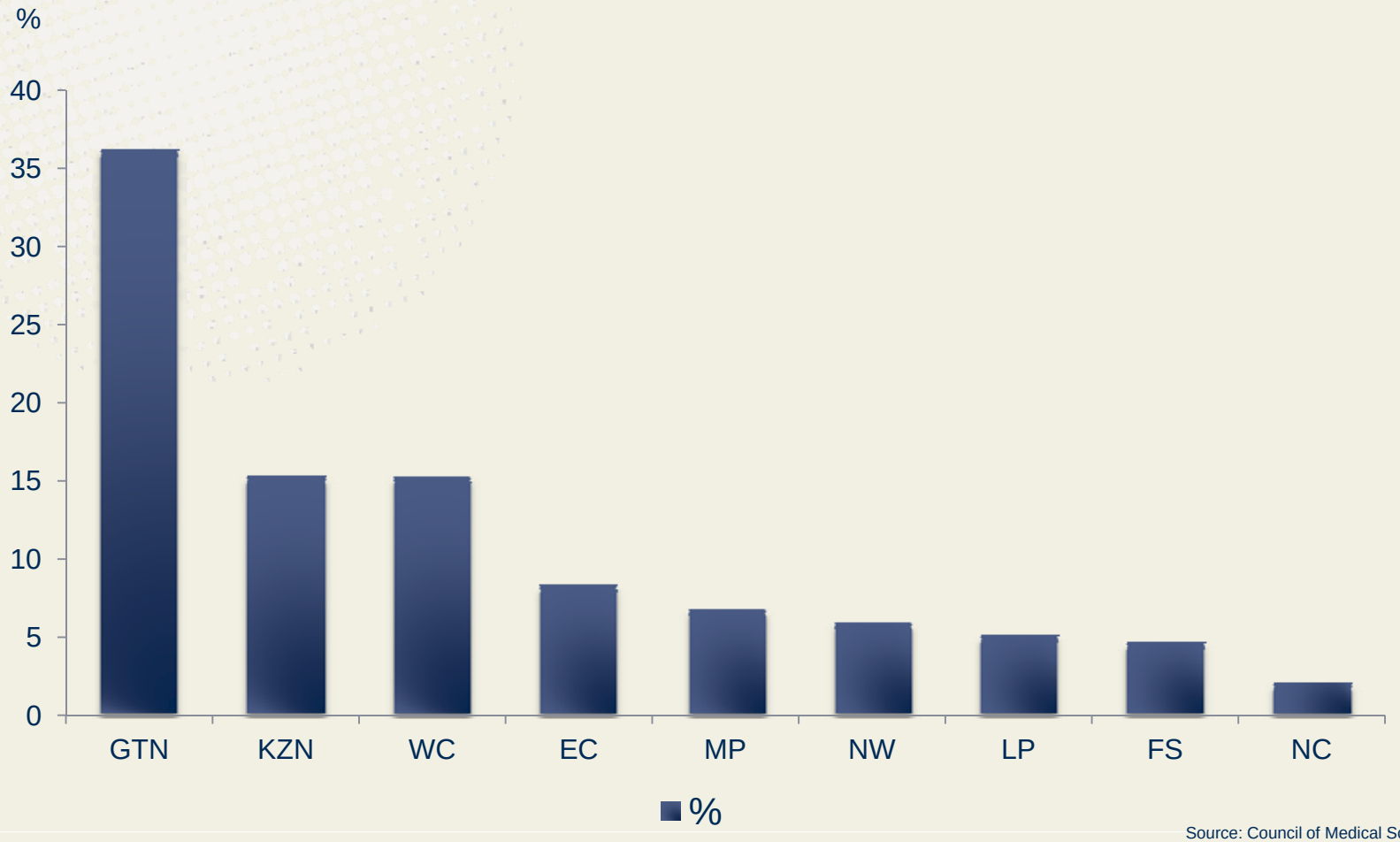
- Middle class defined as an adult living in a household with income between R16,000 and R50,000 per month
- 54% growth since 2004
- Driven by strong growth in black middle class (142% increase)

Source: UCT Unilever Institute of Strategic Marketing

Private healthcare insurance Industry

Geographic distribution of members

Appendix



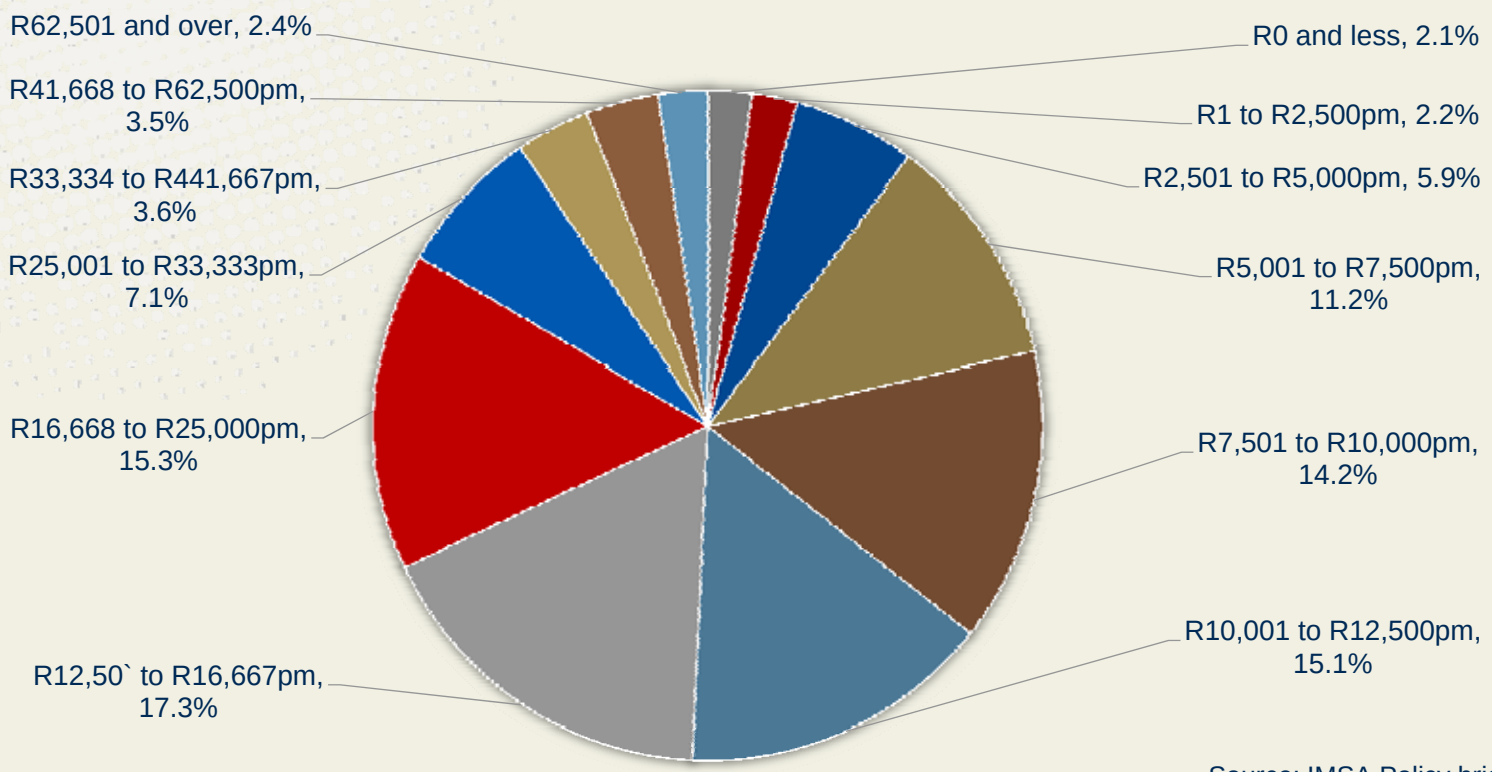
Source: Council of Medical Schemes

Private healthcare insurance Industry

Earnings breakdown of members

Appendix

Individual taxpayers using medical expenses deduction in 2009



Source: IMSA Policy brief 21

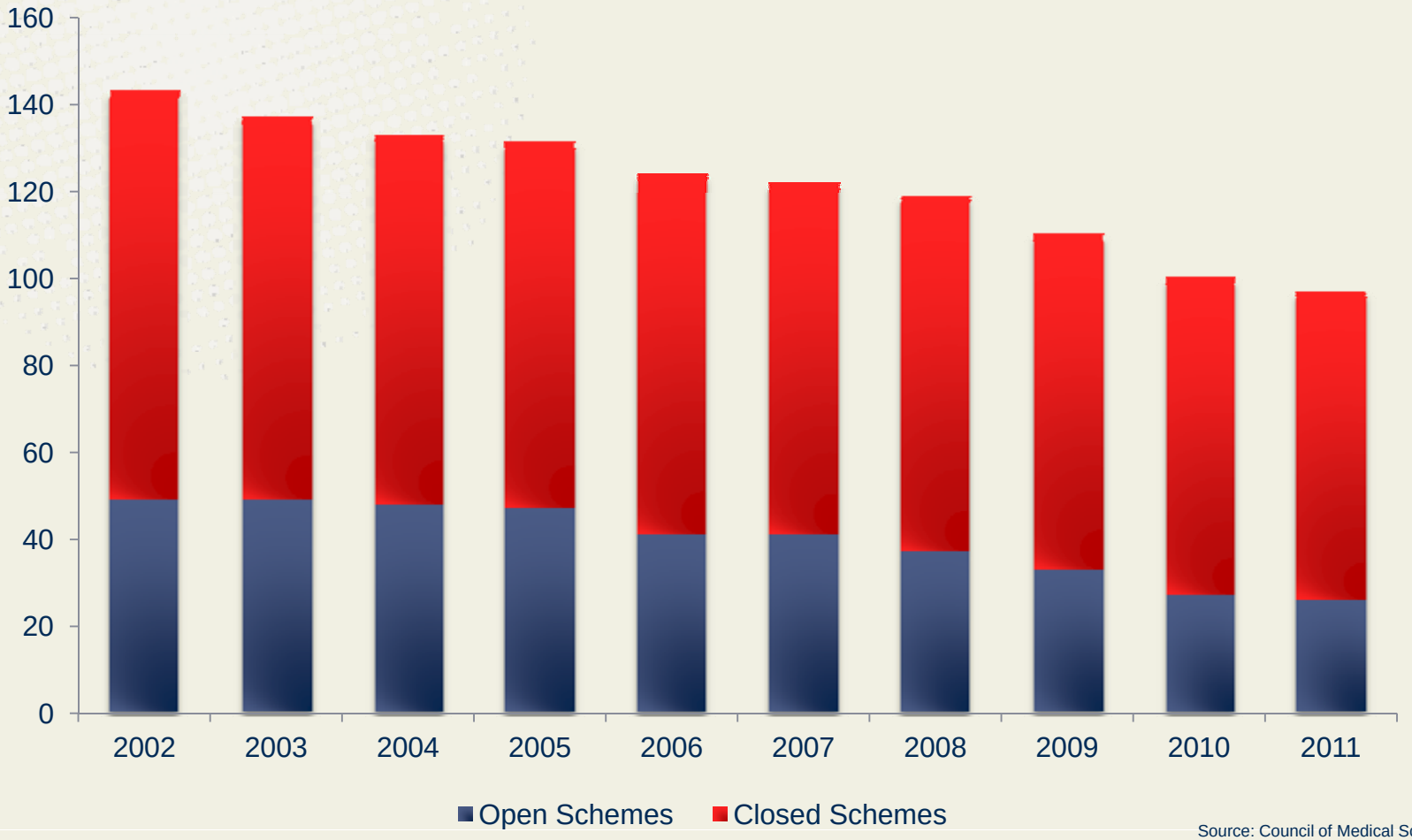
Comment

- Little over half of all members using tax deduction earn under R12,500 per month

Private healthcare insurance Industry

Consolidation of medical schemes

Appendix

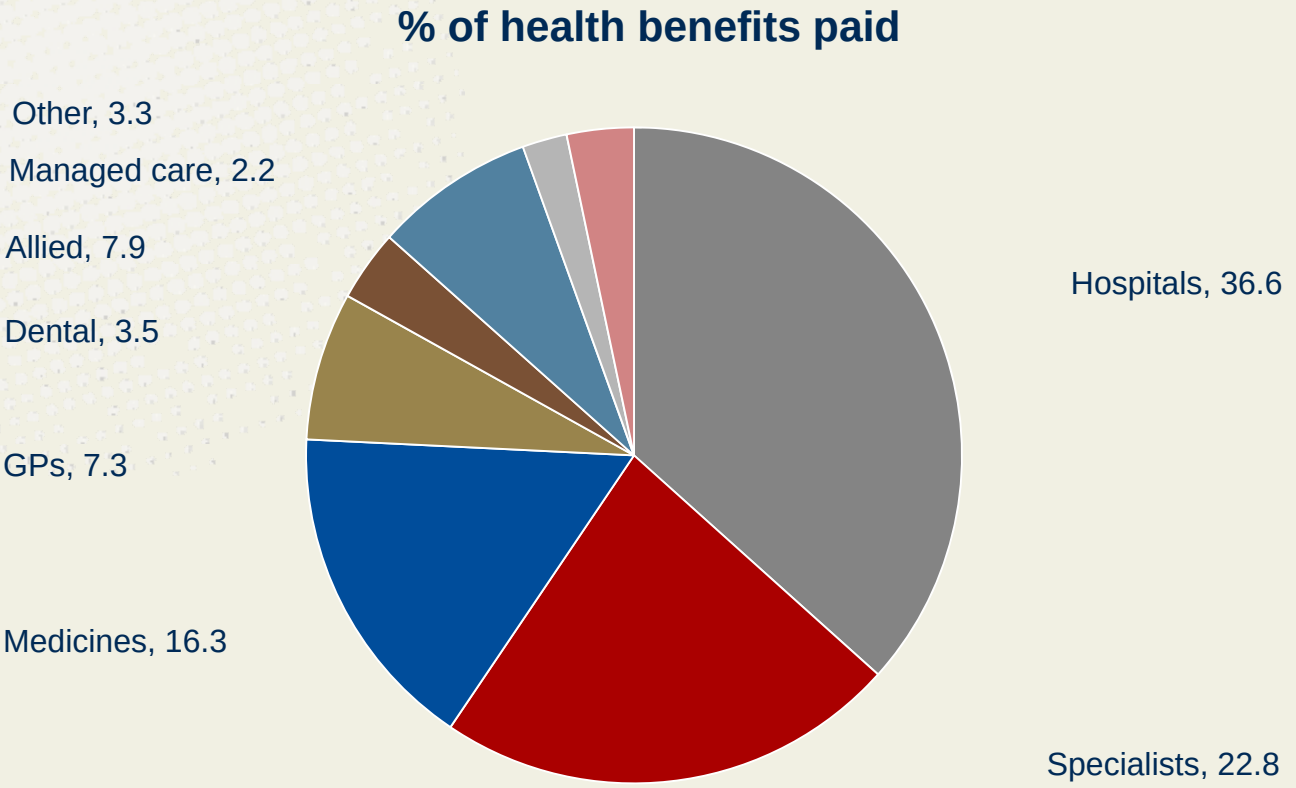


Source: Council of Medical Schemes

Private healthcare insurance Industry

Health benefits paid in 2011

Appendix



Comment

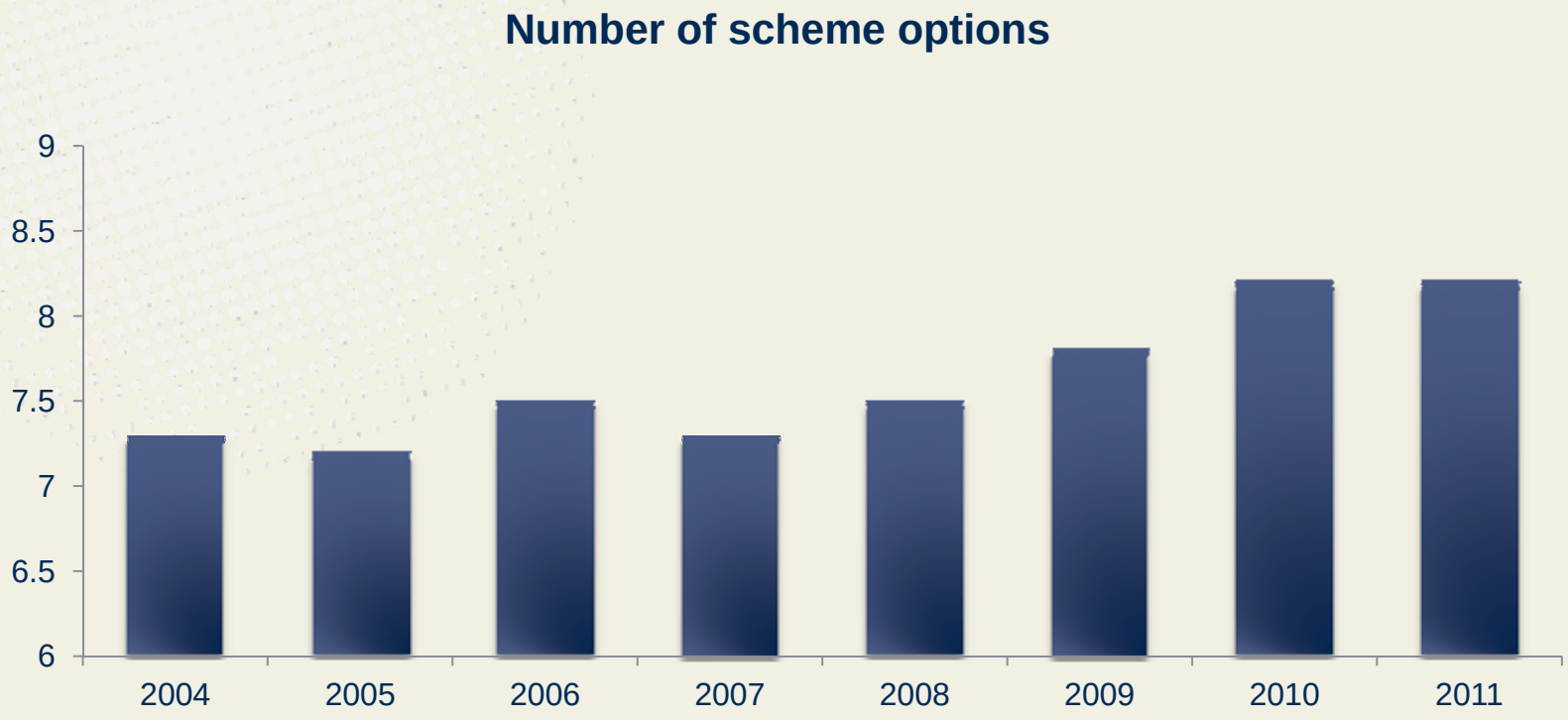
- Total: R93 billion
- Excludes administrator costs of R8.2 billion

Source: Council of Medical Schemes

Private healthcare insurance industry

Growth in number of scheme options

Appendix



Comment:

- Increasing complexity
- Increasing patient choice

Source: Council of Medical Schemes

Private healthcare insurance industry
Growth potential

Appendix

Private insured market	• Growing market • Growth of 28% since 2004 • Further growth expected as new low cost options become available	8.5 m people 17% of population 62% of personal income tax(1)
Employed & earning above the tax threshold	• Opportunity to increase private insured market • Increasing quality gap between public and private sectors will continue to push people to the private sector • Introduction of Tax credit should assist with growth	4.5 m people 9.2% of population
Balance of employed	• Opportunity for PPPs • Occupational Health opportunity	5.7 m people 11.7% of population
Unemployed, not active and not working age	• Life Esidimeni opportunity	30.5 m people 62.6% of population

Source: Company information, Genesis.
(1) "Medical Scheme members contribution to the South African healthcare system", Genesis.

Burden of Disease
Worldwide

Appendix

- The 3 leading causes of Dalys (Disability Adjusted Life Year) in 2030 are projected to be:
  - Unipolar depressive disorders
  - Ischaemic heart disease
  - Road traffic accidents

Figure 27: Ten leading causes of burden of disease, world, 2004 and 2030

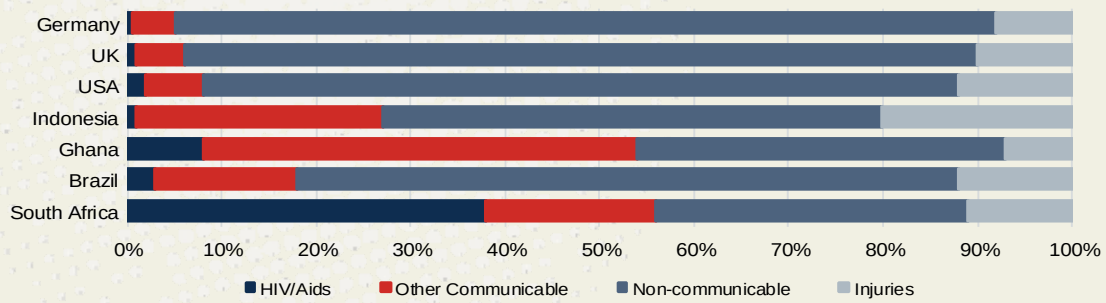
2004 Disease or injury	As % of total DALYs	Rank	Rank	As % of total DALYs	2030 Disease or injury
Lower respiratory infections	6.2	1	1	6.2	Unipolar depressive disorders
Diarrhoeal diseases	4.8	2	2	5.5	Ischaemic heart disease
Unipolar depressive disorders	4.3	3	3	4.9	Road traffic accidents
Ischaemic heart disease	4.1	4	4	4.3	Cerebrovascular disease
HIV/AIDS	3.8	5	5	3.8	COPD
Cerebrovascular disease	3.1	6	6	3.2	Lower respiratory infections
Prematurity and low birth weight	2.9	7	7	2.9	Hearing loss, adult onset
Birth asphyxia and birth trauma	2.7	8	8	2.7	Refractive errors
Road traffic accidents	2.7	9	9	2.5	HIV/AIDS
Neonatal infections and other[a]	2.7	10	10	2.3	Diabetes mellitus
COPD	2.0	13	11	1.9	Neonatal infections and other[a]
Refractive errors	1.8	14	12	1.9	Prematurity and low birth weight
Hearing loss, adult onset	1.8	15	15	1.9	Birth asphyxia and birth trauma
Diabetes mellitus	1.3	19	18	1.6	Diarrhoeal diseases

Global Burden of Disease Report - WHO

Demand for healthcare services largely driven by South Africa's significant burden of disease

Appendix

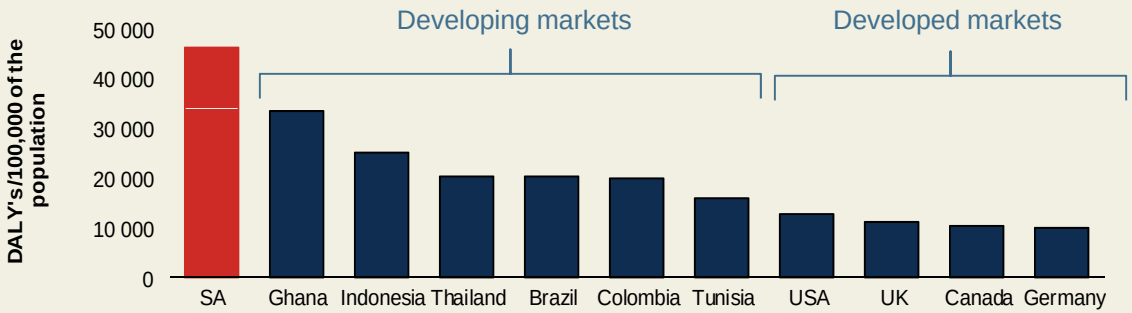
Diseases as % of total burden



Source: Econex calculations from WHO 2009 data

- Nearly 40% share of HIV/AIDS in total disease burden (very high even for developing countries)
- Tuberculosis, influenza and pneumonia as major causes of death
- High infection rate among the black population
- High incidence of non communicable disease such as heart disease, cancer and diabetes

Burden of disease vs. other countries



Source: Econex calculations from WHO 2009 data

- Very high infection rate and disease burden, even compared with developing countries
- Burden of HIV/AIDS expected to continue to grow despite strong government funding for treatment & prevention programmes
- SA has substantially higher numbers of sick people who are also sicker than those in other countries

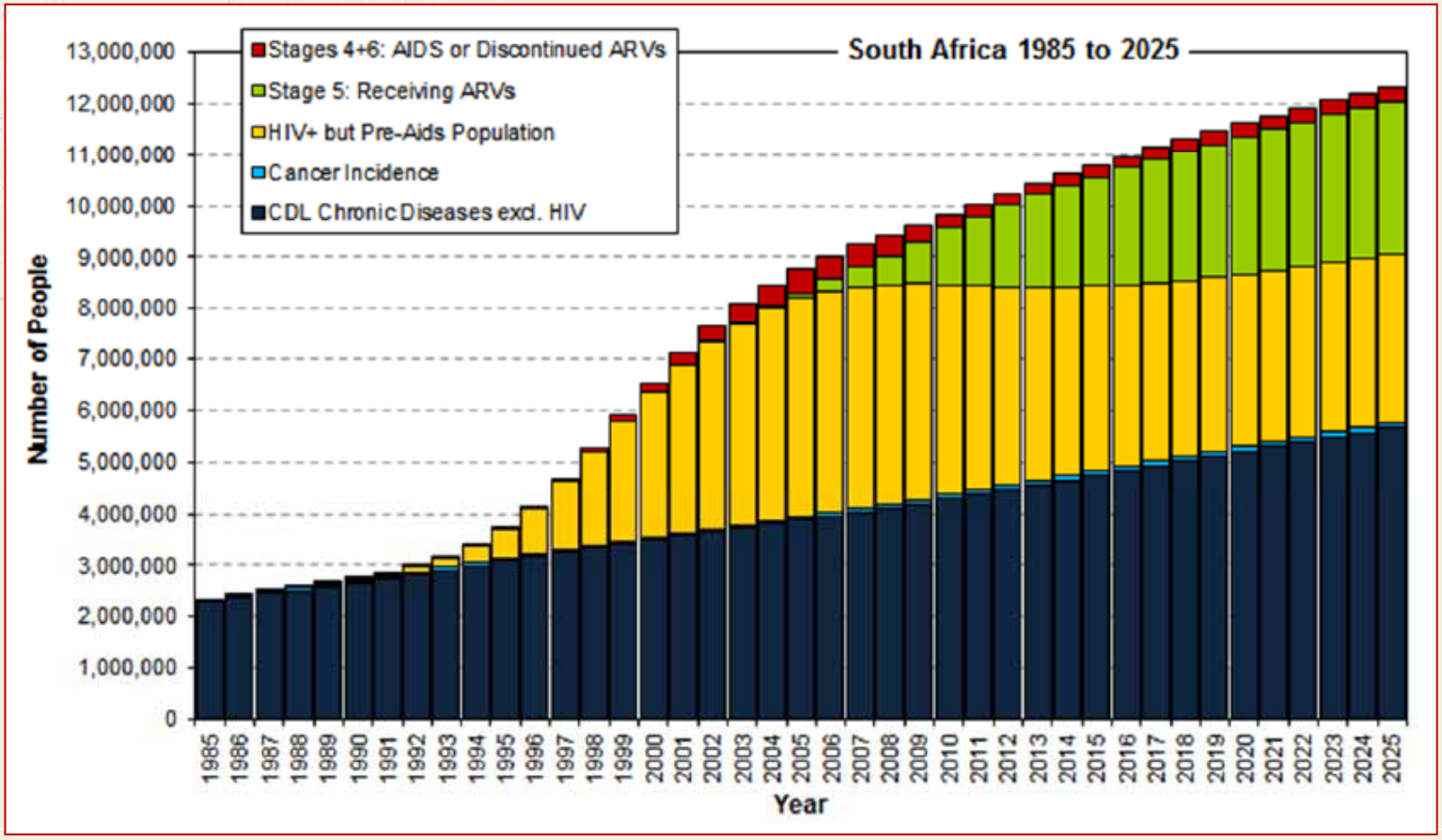
On average South Africa's disease burden is 2x larger than in developing countries and 4x larger than in developed countries

Burden of Disease

Growth in Chronic, Cancer, HIV/AIDS

Appendix

The burden of CDL Chronic Diseases, Cancer and HIV/AIDS in South Africa, 1985 to 2025



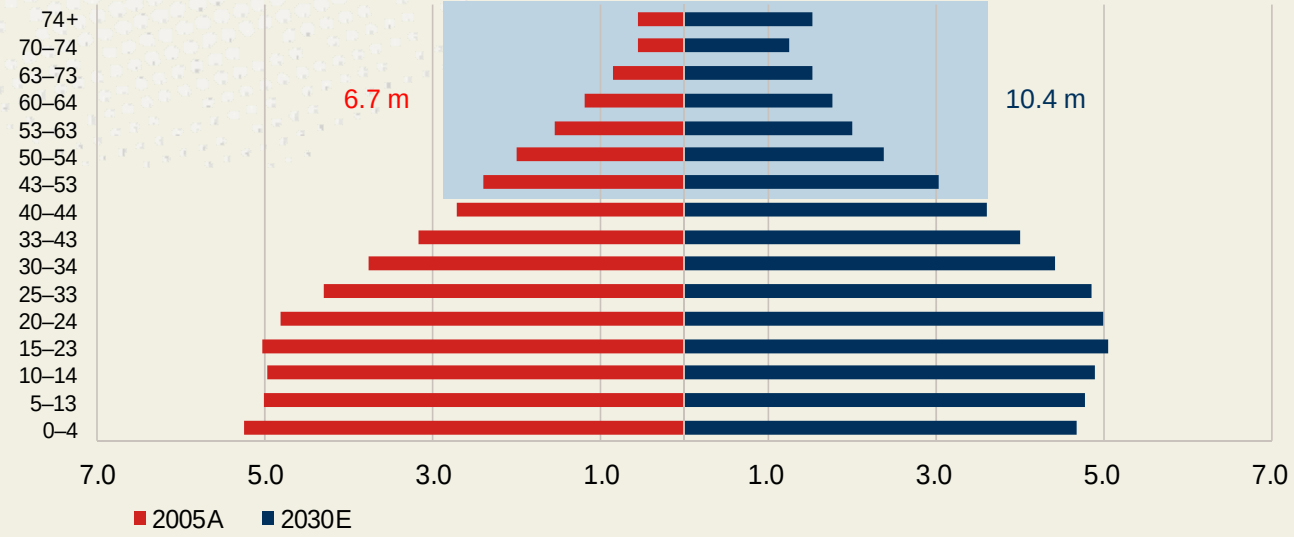
Source: IMSA

South Africa's population

Ageing

- Strong increase in 50-and-above-year-old population. Expected to reach 19.1% (10.4 m) of total population in 2030 (from 13.9% in 2005)
- Ageing not only results in more hospital visits but the average income per visit for patients over 50 is 67% higher than the average for patients under 50
- Ageing patterns and larger absolute population size are important demand drivers for healthcare services

South African population by age



TOTAL:	**48.1 m**	**54.7 m**

Source: UN Population Division.

Inexorable demographic trends: Ageing population and growing share of pensionable citizens are helping drive demand for hospital services