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SCIENTIFIC REPORTS AND GUIDELINES

South African Renal Registry Annual Report 2023

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ABSTRACT

This is the twelfth consecutive annual report of the South African Renal Registry since its re-establishment and launch, beginning with the December 2012 data on kidney replacement therapy (KRT) in South Africa. The December 2023 data presented here show a decrease in the number of patients on treatment compared to 2022, which is likely due to underreporting by treatment centres.

There were 627 patients who started KRT in 2023, an incidence of 10.2 per million population (pmp). Most of these patients (69.7%) were treated in private centres. In December 2023, the total number of patients on treatment with chronic dialysis or transplantation stood at 8 881, down from 9 342 in 2022, with an overall prevalence of 145 pmp. The prevalence was 720 pmp in the private healthcare sector. In the public sector, the overall prevalence was 44 pmp, with the Western Cape being the province with the highest public sector prevalence (155 pmp) and Mpumalanga the province with the lowest (3 pmp).

Keywords: renal registry; South Africa; haemodialysis; peritoneal dialysis; transplantation.

INTRODUCTION

The South African Renal Registry (SARR) collects, analyses and publishes information on kidney replacement therapy (KRT) for patients with kidney failure in South Africa. The registry, a project of the South African Nephrology Society, was re-established almost two decades after the last report of the previous registry, the South African Dialysis and Transplant Registry [1]. This is the twelfth consecutive annual report, which summarises the data on record for December 2023.

The December 2023 data show a decrease in the number of patients on KRT, from 9 342 in 2022 to 8 881 in 2023. The apparent decline in the number of prevalent patients on KRT is likely due to underreporting, as some 2023 data have not yet been received, owing to the shorter cycle between the 2022 registry report and the current one. Our methodological rules have been adjusted to account for delays in data submission.

METHODS

Registry platform

Our current platform was developed using the Webdev programming environment (www.windev.com) and resides on a secure, dedicated, Windows 10 server at a South African internet hosting company. It runs Windows Internet Information Services (IIS) and uses the client/server version of HFSQL (formerly Hyperfile SQL) as its relational database management system. Data capturers interface with the central database via user-friendly web pages from any device with internet access. The platform uses end-to-end encryption and full backups are made daily.

To confirm vital status, we cross-check the identity numbers of our patients with the Department of Home Affairs database of births and deaths, which is accessible via the South African Medical Research Council.

Over the past few years, the technology platform of the SARR has been expanded to serve as the backbone of the African Renal Registry. Botswana, Burundi, Ghana,

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Kenya, Nigeria and Zambia have joined the African Renal Registry and have used our platform [2,3].

Definitions

Kidney failure and start date of KRT. Kidney failure refers to advanced, irreversible kidney disease which requires the initiation of KRT. The start date is the date of first haemodialysis (HD), the date of the first peritoneal dialysis (PD) flushes or exchanges, or the date of pre-emptive transplantation (where there is no prior dialysis). For patients who are initially thought to have acute kidney injury (AKI) but who do not recover function and continue KRT, the start date is the date of the first dialysis, even though the diagnosis at that time was AKI and not kidney failure.

Initial KRT modality. This is the intended first modality and should normally be the modality being used on day 91 of KRT. This means that someone who presents late and who is started on urgent HD but is soon established on PD, will have PD recorded as the initial modality.

Changes in the responsible treating unit. This refers to a change in the dialysis unit, PD follow-up unit/clinic or transplant follow-up unit/centre/practice. A transfer entry in the registry is required to record this. This is not done for short-term transfers when the intention is that the patient will return to the "home" unit, for example, for holiday dialysis, temporary transfer to a unit with isolation facilities, etc.

Primary kidney disease. Responsible nephrologists/physicians should assist their data-capturers to ensure that this critical information is accurate. We are using the diagnostic codes of the European Renal Association registry [4]. If there is uncertainty about the diagnosis, as is often the case with patients who present late, then it should be recorded as **"chronic kidney disease (CKD) – aetiology uncertain/unknown"**. In patients who present with kidney failure, small kidneys and hypertension, there should not be an automatic default to labelling such patients as having "chronic glomerulonephritis" or "hypertensive kidney disease".

Chronic hypertensive nephropathy or **malignant hypertensive nephropathy.** This should be selected as the primary kidney disease only if there is no reason to suspect that the hypertension is secondary to pre-existing kidney disease. We suggest that the following criteria be met: hypertension known to precede kidney dysfunction, left ventricular hypertrophy, proteinuria <2 g/day and no evidence of other kidney diseases [5,6].

Lost to follow-up. The SARR assumes that a functioning transplant is maintained unless there is evidence of a "transplant failure" or death. A dialysis modality is assumed to continue for two years from the date of the last registry entry or laboratory result, in the absence of evidence of death; thereafter, the patient is considered lost to follow-up. This rule was revised for the 2023 registry report to make allowance for delays in data submission by treatment centres. Patients are also considered lost to follow-up one year after a "transplant failure" entry if no further entries are recorded.

Recovered kidney function. Patients on chronic HD/PD who recover kidney function and no longer require dialysis are removed from the registry. The period of dialysis-free recovery must persist for at least 90 days; if the period of recovery is less than 90 days and dialysis is restarted, there is no end of treatment entry and dialysis is considered to have been continuous. If the period of recovery exceeds 90 days and the patient restarts KRT, a new entry is recorded for the patient.

Prevalent cohort adjustment

Because the interval between the publication of the 2022 South African Renal Registry Annual Report and the current report is shorter than usual, delays in receiving 2023 data from providers were anticipated. To account for these delays, we included all patients who had any activity recorded within the past two years (rather than one year), but applied an adjustment based on an assumed annual attrition rate of 10% among patients on haemodialysis and peritoneal dialysis. This adjustment aims to estimate a decline in the prevalent cohort caused by death and treatment withdrawal, which would ordinarily be reflected in complete data submissions, and was informed by our study on one-year patient survival [7]. Numbers of transplant patients were not adjusted. Accordingly, the prevalent cohort for 2023 includes 90% of the 2022 prevalent haemodialysis and peritoneal dialysis patients, all the 2022 transplant patients and all new patients starting KRT in 2023, less all deaths and treatment withdrawals in 2023. This method is consistent with the registry methodology for interim reporting, offering a reasonable estimate until more comprehensive data for 2023 become available.

Ethical approval

The SARR runs this longitudinal study with ethical approval from the Health Research Ethics Committee of Stellenbosch University (reference no. N11/01/028). This approval is renewed annually upon submission of a progress report. A waiver of individual informed consent has been granted, and the approval covers countrywide data collection on adults and children, in the public and private sectors, and the accessing of various data sources to improve the accuracy and completeness of data. These include records

available through doctors' practices, from dialysis and transplant centres, provider companies and medical aid funds. Ethical approval has also been granted for the use of the expanded SARR platform for the African Renal Registry.

RESULTS

South Africa in 2023

Figure 1 illustrates the provinces and major cities of South Africa. According to the Statistics South Africa (Stats SA) 2023 mid-year population estimates [8], the population of South Africa had remained relatively stable at 61.29 million people. There was a slight female predominance (51.1%) and Black/African citizens constituted 81.1% of the population (Table 1). About 27.8% of the population was younger than 15 years of age and approximately 9.4% was aged 60 or older. The province of Gauteng was home to 26.8% of the population, followed by KwaZulu-Natal with 19.0% (Table 2). Migration continues to have a major impact on the age structure and distribution of provincial populations, with Gauteng and the Western Cape experiencing the largest net inflows of migrants.

South Africa is classified as an upper-middle-income country by the World Bank, with a gross national income per capita for 2023 by the Atlas method (current US$) of $6 480 and by the purchasing power parity (PPP) method (current international US$) of $14 990 [9]. Most of the population (85.4%) rely on the public healthcare sector for services, with only a small proportion (14.7%) having medical insurance and accessing private sector health care [10].

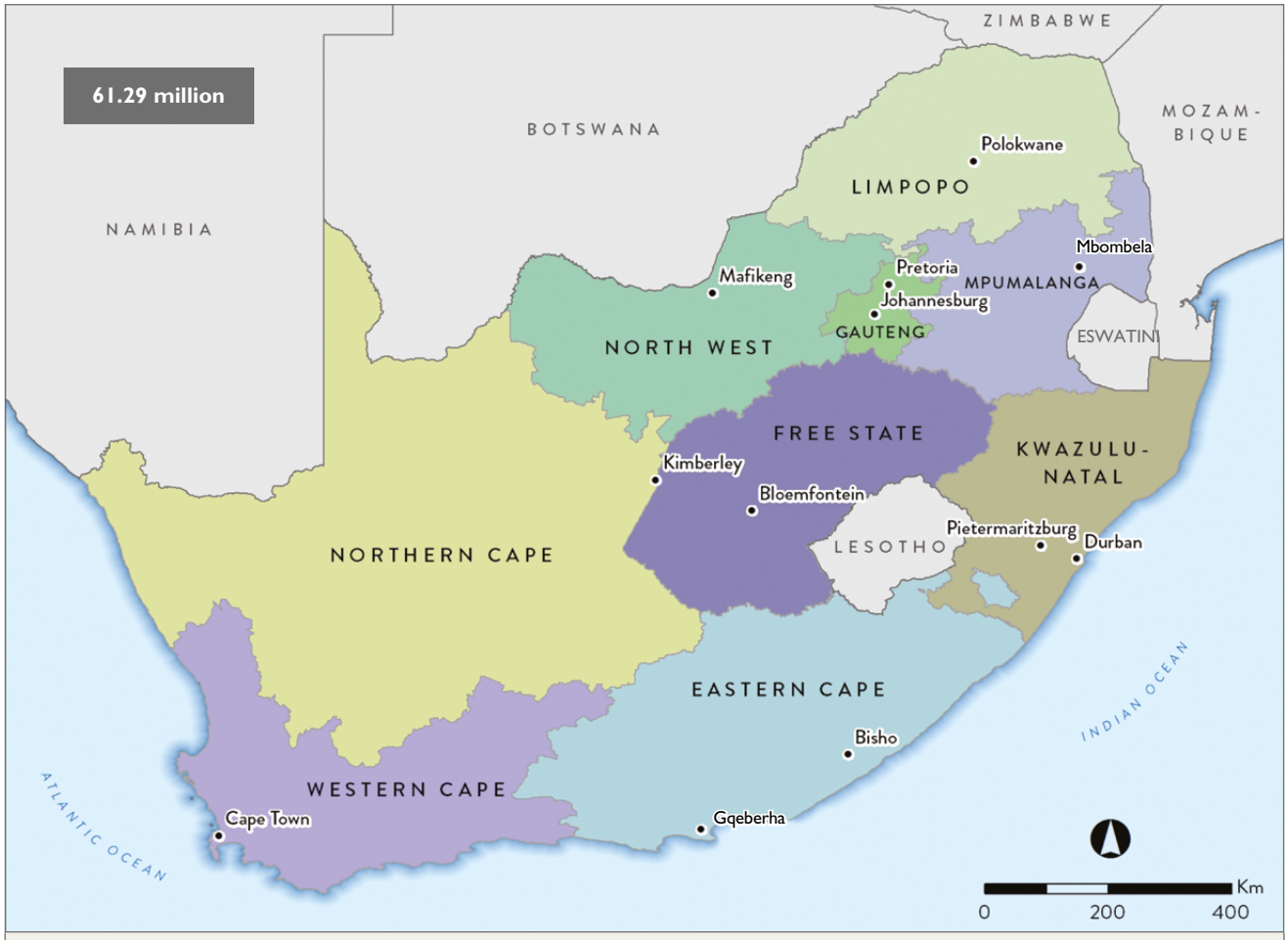


Figure 1. Provinces and major cities of South Africa.

Table 1. Population data by ethnic group.

Population group	Million	%
Black	49. 70	81.1
Coloured (mixed ancestry)	5.40	8.8
Indian/Asian	1.57	2.6
White	4.62	7.5
Other	0.25	0.4
Total	**61.29**	**100**

Table 2. Population data by province.

Province	Million	%
Eastern Cape (EC)	6.67	10.88
Free State (FS)	2.94	4.79
Gauteng (GT)	16.39	26.75
KwaZulu-Natal (KZN)	11.62	18.96
Limpopo (LP)	5.99	9.78
Mpumalanga (MP)	4.77	7.78
North West (NW)	4.22	6.89
Northern Cape (NC)	1.35	2.20
Western Cape (WC)	7.34	11.98
Total	**61.29**	**100**

Treatment centres for dialysis and transplantation

The number of centres contributing data was 285; of these, 253 (89.1%) are privately owned (Table 3 and Appendix 1). Several provinces have increased access for their public sector patients by utilising spare capacity at private haemodialysis centres on a fee-per-treatment basis. There are also a few privately run centres on the premises of government hospitals, which serve public sector patients.

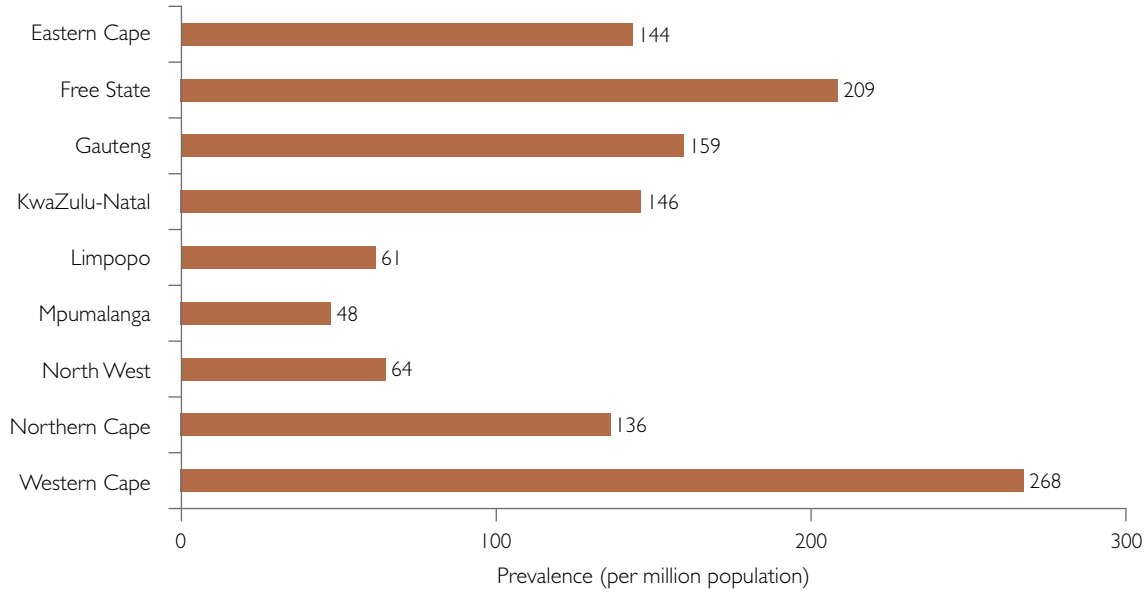
Table 3. Number of treatment centres by province and sector.

Sector	EC	FS	GT	KZN	LP	MP	NW	NC	WC	All
Public	3	6	7	5	1	0	3	1	5	31
Private	20	11	78	66	17	10	14	5	32	253
Total	**23**	**17**	**85**	**71**	**18**	**10**	**17**	**6**	**37**	**284**

Prevalence and incidence of kidney replacement therapy

The total number of patients on KRT on 31 December 2023 was 8 881. This is a prevalence of 145 per million population (pmp). Gauteng remains the province with the highest numbers of patients on KRT, followed by the Western Cape and KwaZulu-Natal, whereas the province with the highest prevalence was the Western Cape (268 pmp), followed by the Free State and Gauteng (Figure 2).

There were 627 patients who started KRT in 2023, an incidence of 10.2 pmp. Most of these patients (69.7%) were treated in private centres. Their median age was 53.1 years (39.3 years in the public sector and 58.9 years in the private sector). Diabetic nephropathy was recorded as the cause of kidney failure in 80 (12.8%) of these incident patients. The initial KRT modality was haemodialysis in more than three quarters (77.5%) of the incident patients.



Province	EC	FS	GT	KZN	LP	MP	NW	NC	WC	All
Patients	957	615	2 605	1 692	364	227	271	183	1 967	8 881

Figure 2. Prevalence and numbers of patients on KRT by province.

The number of patients treated in the public sector decreased from 2 375 in 2022 to 2 308 in 2023, resulting in a prevalence of 44 pmp (Table 4). In the private sector, the number of patients declined from 6 967 to 6 573, yielding a prevalence of 720 pmp. The figures for patients and prevalences by province and healthcare sector are depicted in Table 5 and Figure 3. Denominators for prevalence calculations are derived from Stats SA 2023 mid-year population estimates [7] and the Council for Medical Schemes Annual Report [10].

Table 4. KRT prevalence by healthcare sector.

	Public	Private
Population in millions	52.17	9.13*
Patients on treatment	2 308	6 573
Treatment rate (pmp)	44	720

*Data supplied by the Council for Medical Schemes

Table 5. Numbers of patients by province and sector.

Sector	EC	FS	GT	KZN	LP	MP	NW	NC	WC	All
Public	264	288	424	231	60	11	40	69	921	2 308
Private	693	327	2 181	1 461	304	216	231	114	1 046	6 573
Total	**957**	**615**	**2 605**	**1 692**	**364**	**227**	**271**	**183**	**1 967**	**8 881**

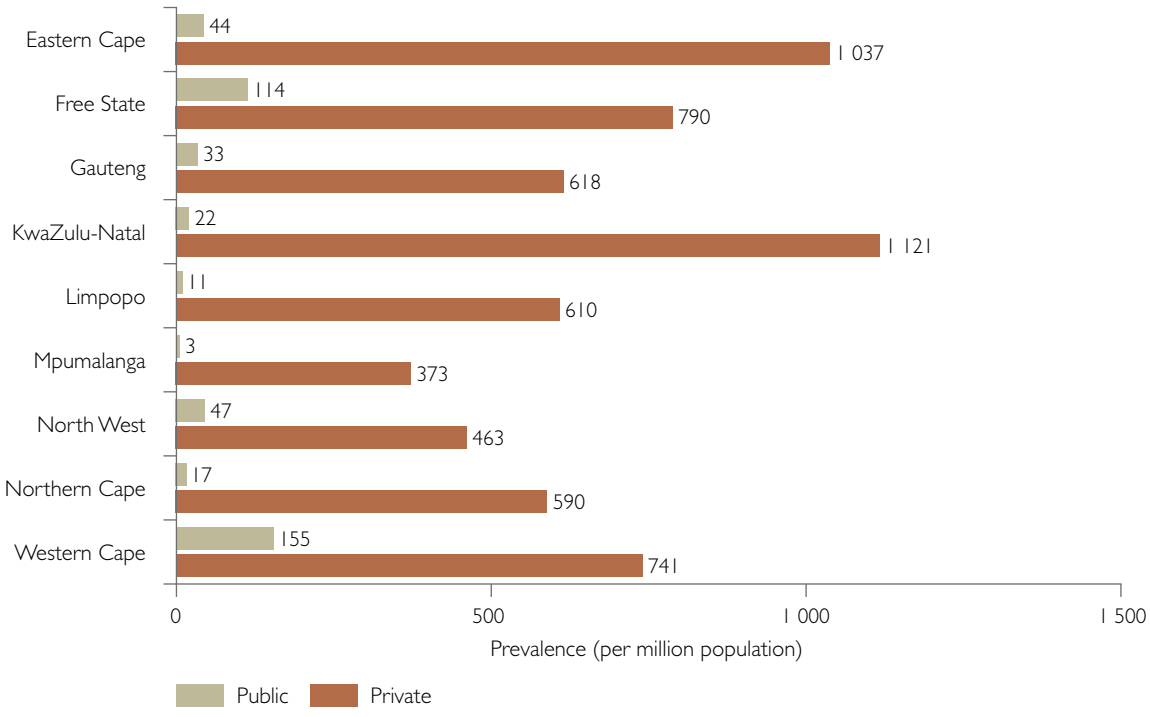
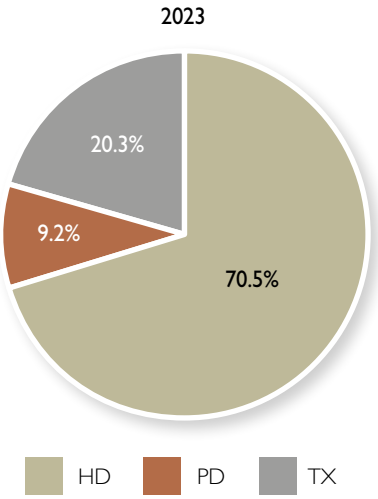


Figure 3. Prevalence of KRT by province and sector.

Treatment modality and KRT vintage

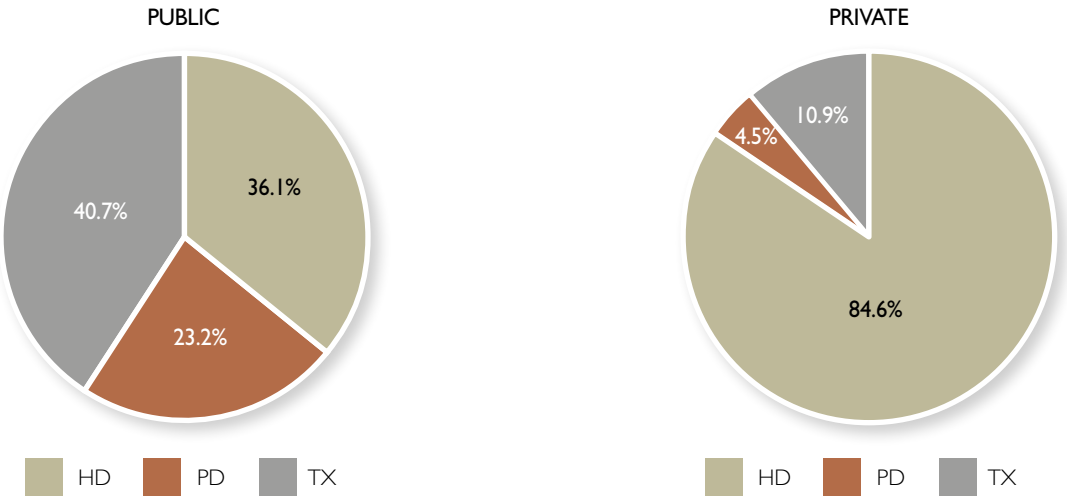
In December 2023, 20.3% of patients on KRT had a functioning kidney transplant. Among those on dialysis, 88.5% were on HD and 11.5% were on PD. Most of the patients with kidney transplants or who were on PD were being managed in the public sector; the private sector had much lower proportions of patients on these KRT modalities (Figures 4 and 5).

Overall, the median KRT vintage was 7.1 years [interquartile range (IQR) 3.3–11.3 years]. The median vintage was 6.3 years (IQR 2.7–9.7 years) for patients on haemodialysis, 4.2 years (IQR 1.9–8.1 years) for patients on peritoneal dialysis and 12.9 years (IQR 9.1–17.1 years) for transplant recipients.



Modality	Patients	%
Haemodialysis	6 262	70.5
Peritoneal dialysis	817	9.2
Transplant	1 802	20.3

Figure 4. Distribution of patients by treatment modality.



Treatment modality	Public sector		Private sector	
	Patients	%	Patients	%
Haemodialysis	833	36.1	5 559	84.6
Peritoneal dialysis	536	23.2	298	4.5
Transplant	939	40.7	716	10.9

Figure 5. KRT modality by sector.

Demographic and clinical data

The median age of the patients on KRT was 54.7 years (IQR 43.8–64.3 years) and 59.1% were male. Because of the rationing and selection criteria applied in public sector hospitals, patients treated there were much younger than those treated in the private sector (median age 45.4 years versus 57.8 years). Just more than half of the patients were Black. However, the prevalence was still lowest in Blacks (97 pmp) and highest in Indians/Asians (664 pmp) (Figure 6).

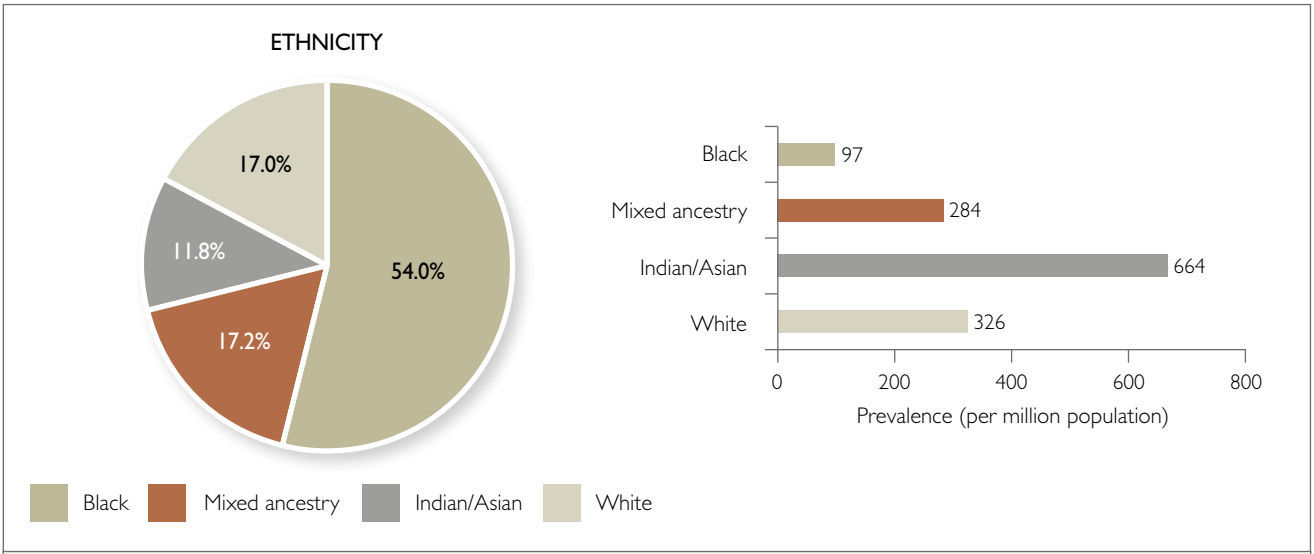


Figure 6. KRT patient numbers and prevalence by ethnicity.

The most common primary kidney disease recorded was hypertensive kidney disease, followed by CKD/kidney failure of unknown cause and diabetic nephropathy (Table 6).

Table 6. Most commonly reported causes of kidney failure.

	% of total
Hypertensive kidney disease	38.7
Cause unknown	31.7
Diabetic nephropathy	12.6
Glomerular disease	9.7
Cystic kidney disease	2.8
Obstruction and reflux	1.5

Of the 8 603 patients with data on their status, 36.9% had diabetes mellitus, with a greater proportion in the private sector compared to the public sector (44.4% versus 15.4%). The seropositive rate for hepatitis B virus was 1.9% , for hepatitis C virus 0.4% and for HIV 10.1%.

DISCUSSION

The number of patients on KRT in South Africa decreased from 9 342 in December 2022 to 8 881 in December 2023, resulting in a prevalence of 145 pmp. The decrease in the number of patients on KRT likely represents underreporting due to delays in the submission of 2023 year-end data by treatment centres.

Nevertheless, the disparity in access to KRT across healthcare sectors remains clear, with the prevalence of KRT in the public sector (44 pmp) roughly one-sixteenth of that in the private sector. The Western Cape continues to have the highest public sector prevalence (155 pmp), whereas Mpumalanga has the lowest (3 pmp). The public sector prevalence for KwaZulu-Natal, which was previously affected by significant underreporting, rose from 12 pmp to 22 pmp following improved data submission by teams in the province.

Acknowledgements

The SARR is an initiative of the South African Nephrology Society (http://www.sa-renalsociety.org/) and is chaired by Razeen Davids and Julian Jacobs. The SARR has been incorporated as a non-profit company (company

registration no. 2018/401217/08, NPO no. 212-901) with Razeen Davids, Julian Jacobs and Sajith Sebastian as directors. The founding document is available from the South African Nephrology Society.

We thank the doctors, nurses, technologists, support staff and management of participating treatment centres for contributing to the 2023 data collection. These centres are listed in Appendix 1. We also thank the sponsors listed below, especially the National Department of Health, for their financial and logistical support:

- Astellas Pharma
- National Department of Health
- National Kidney Foundation of South Africa
- Stellenbosch University.

Supplementary materials

The figures in this report are available as PowerPoint slides via the supplementary materials on the *African Journal of Nephrology* website.

Usage of this report

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Conflict of interest

None to declare.

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APPENDIX 1: PARTICIPATING TREATMENT CENTRES

EASTERN CAPE		
Public	**Private**	**Private**
Frere Hospital	B. Braun Avitum Bloemfontein	NRC Mdantsane
Livingstone Hospital	B. Braun Avitum Mthatha	NRC Mthatha
Nelson Mandela Academic Hospital	Jeffreys Bay Kidney and Dialysis Centre (FMC)	NRC Port Elizabeth
	Life East London Private Hospital	NRC Queenstown
	Life Mercantile Hospital	NRC Uitenhage
	NRC Alice	Port Elizabeth Kidney and Dialysis Centre (FMC)
	NRC Butterworth	Regional Renal Services Lusikisiki
	NRC East London	Regional Renal Services Matatiele
	NRC King Williamstown	Regional Renal Services Mount Frere
	NRC Kwadwesi	Regional Renal Services Mthatha

FREE STATE		
Public	**Private**	**Private**
Boitumelo Regional Hospital (Kroonstad)	B. Braun Avitum Bethlehem (Hoogland)	NRC Bloemfontein
Bongani Regional Hospital (Welkom)	B. Braun Avitum Bloemfontein	NRC Kroonstad
Dihlabeng Regional Hospital (Bethlehem)	B. Braun Avitum Harrismith	NRC Pelonomi
Mofumahadi Manapo Mopeli Hospital (Qua Qua)	B. Braun Avitum Welkom	Sasolburg Kidney and Dialysis Centre (FMC)
Pelonomi Regional Hospital	Bloemfontein Kidney and Dialysis Centre (FMC)	Universitas Private Hospital
Universitas Academic Hospital	Life Rosepark Hospital	

GAUTENG		
Public	**Private**	**Private**
Charlotte Maxeke Johannesburg Academic Hospital	Arcadia Kidney and Dialysis Centre (FMC)	Life Robinson Private Hospital
Chris Hani Baragwanath Hospital	Atteridgeville Kidney and Dialysis Centre (FMC)	Life Springs Parkland Hospital
Dr George Mukhari Hospital	B. Braun Avitum Emfuleni (Vanderbijlpark)	Life The Glynnwood Hospital
Helen Joseph Hospital	B. Braun Avitum Kloof (Pretoria)	Life Wilgeheuwel Hospital
Leratong Hospital	B. Braun Avitum Lakeview (Benoni)	LRC Lenasia
Sebokeng Hospital	B. Braun Avitum Pretoria (Urology Hospital)	Mabika Renal Solutions
Steve Biko Academic Hospital	B. Braun Avitum Vereeniging	Midstream Kidney and Dialysis Centre (FMC)
	Carletonville Kidney and Dialysis Centre (FMC)	Morningside Children's Kidney Treatment Centre
	Edison Hammanskraal Centre	Morningside Kidney and Dialysis Centre (FMC)
	Edison Mamelodi Centre	Morula Kidney and Dialysis Centre (FMC)
	Groenkloof Kidney and Dialysis Centre (FMC)	Naledi Kidney and Dialysis Centre (FMC)
	Izinso Dialysis Busamed	Nephromed Kidney Centre Kwa-Thema
	Izinso Dialysis Centre Eersterust	Netcare Transplant Centre Garden City Hospital
	Izinso Dialysis Garankuwa	Netcare Transplant Centre Jakaranda Hospital
	Izinso Dialysis Kempton Park	Netcare Transplant Centre Milpark Hospital
	Izinso Dialysis Soshanguve	NRC Akasia
	Izinso Dialysis Soweto	NRC Alberton
	Izinso Pretoria West	NRC Arcadia
	Kempton Kidney and Dialysis Centre (FMC)	NRC Johannesburg
	Lenasia Kidney and Dialysis Centre (FMC)	NRC Krugersdorp
	Lesedi Kidney and Dialysis Centre (FMC)	NRC Linksfield
	Life Bedford Gardens Hospital	NRC Lyttleton
	Life Brenthurst Hospital	NRC Mayfair
	Life Carstenhof Hospital	NRC Midvaal
	Life Fourways Hospital	NRC Montana
	Life Groenkloof Hospital	NRC Mulbarton

Abbreviations: BRC, Busamed Renal Care; FMC, Fresenius Medical Care; LRC, Lenmed Renal Centre; MRC, Melomed Renal Care; NRC, National Renal Care; RCH, Renal Care Holdings.

APPENDIX 1: PARTICIPATING TREATMENT CENTRES continued

GAUTENG cont.		
Public	**Private**	**Private**
	NRC Olivedale	Randfontein Private Hospital Dialysis Unit
	NRC Parktown West	RCH Randfontein
	NRC Pinehaven	RCH Zamokuhle (Thembisa)
	NRC Pretoria East	Renalworx Dialysis Centre Wilgers
	NRC Rynfield	Tshepo-Themba Kidney and Dialysis Centre (FMC)
	NRC Sedibeng	Tshwane Kidney and Dialysis Centre (FMC)
	NRC Sunninghill	Vaal Kidney and Dialysis Centre (FMC)
	NRC Sunward Park	Vosloorus Kidney and Dialysis Centre (Clinix)
	NRC Waterfall	Waverley Kidney and Dialysis Centre (FMC)
	Pretoria Kidney and Dialysis Centre (FMC)	Westrand Kidney and Dialysis Centre (FMC)
	Ramdial Renal Services	Wits Donald Gordon Kidney and Dialysis Centre (FMC)
	Randfontein Kidney and Dialysis Centre (FMC)	Wits Donald Gordon Medical Centre Transplant Division

KWAZULU-NATAL		
Public	**Private**	**Private**
Addington Hospital	B. Braun Avitum Dundee	Midlands Dialysis and Kidney Centre
Greys Hospital	B. Braun Avitum Durban North	Newcastle Kidney and Dialysis Centre (FMC)
Inkosi Albert Luthuli Hospital	B. Braun Avitum Durdoc	NRC Athlone
Ngwelezana Hospital	B. Braun Avitum Ethekwini	NRC Berea
Saint Aidan's Hospital	B. Braun Avitum Howick	NRC Chatsworth
	B. Braun Avitum Newcastle	NRC Durban
	B. Braun Avitum Pietermaritzburg	NRC Gateway
	B. Braun Avitum Scottburgh	NRC Hillcrest
	B. Braun Avitum Vryheid	NRC Ladysmith
	Bophelong Busamed Harrismith Hospital	NRC Margate
	BRC Gateway (Busamed)	NRC Pietermaritzburg
	BRC Hillcrest	NRC Pinetown
	Chatsworth Kidney and Dialysis Centre (FMC)	NRC Richards Bay
	Coastal Neprology Centre Nongoma	NRC Umhlanga
	Coastal Neprology Centre Ulundi	Q Kidney Care
	Dr Parag and Raghubir Kidney Care Centre	RCH Ethekweni
	Durban Kidney and Dialysis Centre (FMC)	RCH Ladysmith
	Empangeni Kidney and Dialysis Centre (FMC)	RCH Shifa
	Ethekwini Kidney and Dialysis Centre (FMC)	Regional Renal Services Harding
	Harmelia Kidney and Dialysis Centre (FMC)	Regional Renal Services Ixopo
	Hibiscus Kidney and Dialysis Centre (FMC)	Renal Care Team Durdoc
	Kidney Care Estcourt	Renal Care Team Kwamashu
	Kokstad Kidney and Dialysis Centre (FMC)	Renal Care Team Ladysmith
	Kwazulu Dialysis Shifa Private Hospital	Renal Care Team Pinetown
	Kwazulu Dialysis Umlazi Megacity Renal Unit	Richards Bay Kidney and Dialysis Centre (FMC)
	Kwazulu Dialysis Westville Hospital	St Augustine's Hospital Transplant Centre (Netcare)
	Life Chatsmed Hospital	Stanger Kidney and Dialysis Centre (FMC)
	Life Empangeni Hospital	Ultra Kidney Care City Hospital
	Life Entabeni Hospital	Ultra Kidney Care Isipingo
	Life Hilton Hospital	Umhlanga Kidney and Dialysis Centre (FMC)
	Life Mount Edgecombe Hospital	Verulam Dialysis Centre
	Life Westville Hospital	Victoria Kidney and Dialysis Centre (FMC)
	Merediac Durban (Durdoc)	Vryheid Kidney and Dialysis Centre (FMC)

Abbreviations: BRC, Busamed Renal Care; FMC, Fresenius Medical Care; LRC, Lenmed Renal Centre; MRC, Melomed Renal Care; NRC, National Renal Care; RCH, Renal Care Holdings.

APPENDIX 1: PARTICIPATING TREATMENT CENTRES continued

LIMPOPO		
Public	**Private**	**Private**
Pietersberg Hospital	B. Braun Avitum Louis Trichardt	Nephromed Kidney Centre Elim Hospital
	B. Braun Avitum Mokopane	Nephromed Polokwane
	B. Braun Avitum Polokwane	Nephromed Thohoyandou
	B. Braun Avitum Tzaneen	NRC Polokwane
	Chantel van Rooyen Bela-Bela	NRC Venda
	Chantel van Rooyen Modimolle	Phalaborwa Kidney and Dialysis Centre (FMC)
	Edison Giyani Centre	Thohoyandou Kidney and Dialysis Centre (FMC)
	Edison Thohoyandou Centre	Van der Walt Renal Care (Groblersdal)
	Nephroguard Dialysis Polokwane	

MPUMALANGA		
Public	**Private**	**Private**
	B. Braun Avitum Ermelo	Hazyview Dialysis Centre
	B. Braun Avitum Nelspruit	Life Midmed Hospital
	B. Braun Avitum Trichardt	Middelburg Kidney and Dialysis Centre (FMC)
	B. Braun Avitum Witbank	NRC Nelspruit
	Emalahleni Kidney and Dialysis Centre (FMC)	White River Dialysis

NORTH WEST		
Public	**Private**	**Private**
Job Shimankana Tabane Hospital	Brits Kidney and Dialysis Centre (FMC)	Nephromed Kidney Centre Rustenburg
Klerksdorp Hospital	Izinso Dialysis Mafikeng	North West Dialysis Klerksdorp
Mafikeng Provincial Hospital	Life Klerksdorp Dialysis	North West Dialysis Lichtenburg
	Life Lichtenburg Dialysis	NRC Rustenberg
	Living Waters Dialysis Taung	Potchefstroom Kidney and Dialysis Centre (FMC)
	Living Waters Dialysis Klerksdorp	Rustenburg Kidney and Dialysis Centre (FMC)
	Mafikeng Kidney and Dialysis Centre (FMC)	Zeerust Renal Unit

NORTHERN CAPE		
Public	**Private**	**Private**
Kimberley State Hospital	B. Braun Avitum Kimberley	North West Dialysis (Hartswater)
	B. Braun Avitum Upington	RCH Kimberley
	Mediclinic Gariep Renal Services	

WESTERN CAPE		
Public	**Private**	**Private**
George Hospital	Athlone Kidney and Dialysis Centre (FMC)	NRC Cape Town CBD
Groote Schuur Hospital	B. Braun Avitum Cape Gate	NRC Cape Town PD
Red Cross War Memorial Children's Hospital	B. Braun Avitum Mossel Bay	NRC Eersteriver
Tygerberg Hospital	B. Braun Avitum Oudtshoorn	NRC George
Worcester Hospital	B. Braun Avitum Worcester	NRC Goodwood
	Cape Town Kidney and Dialysis Centre (FMC)	NRC Kuilsriver
	George Kidney and Dialysis Centre (FMC)	NRC Paarl
	Hermanus Kidney and Dialysis Centre (FMC)	NRC Plumstead
	Khayelitsha Kidney and Dialysis Centre (FMC)	NRC Vredenburg
	Life Vincent Pallotti Hospital	Paardevlei Kidney and Dialysis Centre (FMC)
	MRC Gatesville	Panorama Kidney and Dialysis Centre (FMC)
	MRC Gatesville PD	Rondebosch Dialysis Centre
	MRC Mitchells Plain	Stellenbosch Kidney and Dialysis Centre (FMC)
	MRC Tokai	UCT Private Academic Hospital
	Netcare Transplant Centre Christiaan Barnard Memorial Hospital	Winelands Kidney and Dialysis Centre (FMC)
	NRC Blaauwberg	Worcester Kidney and Dialysis Centre (FMC)

Abbreviations: BRC, Busamed Renal Care; FMC, Fresenius Medical Care; LRC, Lenmed Renal Centre; MRC, Melomed Renal Care; NRC, National Renal Care; RCH, Renal Care Holdings.

APPENDIX 1: PARTICIPATING TRANSPLANT CENTRES

FREE STATE	
Public	**Private**
	Universitas Private Hospital

GAUTENG	
Public	**Private**
Charlotte Maxeke Johannesburg Academic Hospital	Netcare Garden City Hospital
Steve Biko Academic Hospital	Netcare Jakaranda Hospital
	Netcare Milpark Hospital
	Wits Donald Gordon Medical Centre

KWAZULU-NATAL	
Public	**Private**
Inkosi Albert Luthuli Hospital	Life Entabeni Hospital
	Netcare St Augustine's Hospital

WESTERN CAPE	
Public	**Private**
Groote Schuur Hospital	Netcare Christiaan Barnard Memorial Hospital
Red Cross War Memorial Children's Hospital	UCT Private Academic Hospital
Tygerberg Hospital	