REPUBLIC OF SOUTH AFRICA

MILLENNIUM DEVELOPMENT GOALS

Country Report 2013

The South Africa I know, the Home I understand

Millennium Development Goals, Country Report 2013 / Statistics South Africa

Published by Statistics South Africa, Private Bag X44, Pretoria 0001

Stats SA Library Cataloguing-in-Publication (CIP) Data

Millennium Development Goals, Country Report 2013 / Statistics South Africa. Pretoria: Statistics South Africa, 2013

140pp

ISBN 978-0-621-42181-1

FOREWORD

Minister Trevor Manuel, the Minister in the Presidency: The National Planning Commission

We are in the home stretch, 2015 is just around the corner and this Millennium Development Goals report, the fifth in a series of reports since the adoption of the MDG's in 2000, is critical in understanding and knowing whether we are going to achieve all the goals by 2015.

It is important to reiterate that South Africa was always a willing signatory to the MDGs because it aligned itself seamlessly with a vision expressed and supported by millions of South Africans when they assembled in Kliptown in 1955, which they called the Freedom Charter which became an important base document to South Africa's supreme law, the Constitution. It is therefore, true to say that the goals were an integral part of the on-going work and challenges taken on by the post-apartheid government.

It is also instructive to note that this commitment is the bedrock of Vision 2030 as it is espoused in our National Development Plan:

> "By 2030, we seek to eliminate poverty and reduce inequality. We seek a country wherein all citizens have the capabilities to grasp the ever-broadening opportunities available. Our plan is to change the life chances of millions of our people, especially the youth; life chances that remain stunted by our apartheid history." (National Development Plan, p5).

But as this report so vividly illustrates, there are still so many challenges in our endeavour to ensure that we achieve the MDG goals. We are confident that we have dealt effectively with the goal to half extreme poverty but we remain deeply concerned that relative inequality remains high, as measured by the Gini coefficient. This is so in part because of the high unemployment rate and the low labour force participation rate in our country.

The current report also shows that we have gone beyond the achievements related to the universal access to education, to also include indicators on the efficiency, quality and outputs of the education system.

The seeming paucity of good information from the perspective of utility, accessibility and relevance seriously underscores the importance of producing such for South Africa. This is certainly true when progress made in improving maternal mortality is considered, as there is actually an absence of consensus on the actual level of maternal mortality in South Africa, owing to different data sources and methodology. But we do know and there is an agreement that the counting is lagging behind in the target of reducing the maternal mortality ratio.

But as South Africans, we hold each other accountable as we re-affirm our commitment to the MDG goals and the achievement thereof.

MESSAGE

His Excellency Jacob Gedleyihlekiza Zuma, President of the Republic of South Africa

In 2000, the leaders of 189 nations made a phenomenal promise to rid the world from extreme poverty and the many forms of deprivations that have been haunting all societies for millennia. Since then, each passing year has witnessed the remarkable gains South Africa has made in this historical and global push to achieve the eight MDG goals.

With each passing year South Africa has seen visible improvements in the life circumstances of its citizens. And whilst there still seem to be so much doom and gloom, statistics indicate that as far as poverty is concerned we have made a lot of progress and yet I am so acutely aware that the levels of poverty among vulnerable groups such as children and women still remain a major challenge. I am, however, convinced that the situation of South Africa is likely to be similar to many other emerging economies and that progress being made towards the achievement of MDG 1 has been disrupted by the global food and fuel prices and the financial crisis.

It is good to remember that the 2010 MDG report has concluded that the country has attained the goal of universal primary education before the targeted date of 2015 and equally important, since 1994 South Africa has become known internationally for its relatively good performance in terms of common measures of gender equality. However, gender based violence remains a concern and dealing decisively with this matter is essential for achieving equality and the empowerment of women.

Notwithstanding these achievements, the Republic of South Africa has experienced uneven development since September 2000 and there are some areas that show that more hard work and dedication remain necessary. We are resolved to mobilise all South Africans behind Vision 2030 as outlined in the National Development Plan to address and redress the continued imbalances and the stubborn persistence of unemployment, inequality and poverty.

Finally, I thank the National Coordinating Committee and the various working groups of the South African government for preparing this report.

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ACKNOWLEDGEMENTS

This 2013 Report which I submit to the Executive arm of the Republic and to the peoples of South Africa is testimony of our resolve to create a better life for all as well as to the use of evidence as the basis for decision making.

This report is the product of intense labour and commitment of a great many people who through a process of extensive consultation delivered on their task notwithstanding all the difficulties and obstacles.

It is often a difficult task to single out individuals and/or organisations given this may unwittingly create an impression that some contributions were better or more important than others. But I will be remiss if I do not mention the participation of Members of the National Coordinating Committee, (NCC), the various authors, the Extended Report Drafting Team (ERDT) and civil society organisations and government departments who contributed greatly to compiling this report. How would I forget the public, who opened their doors and provided information about where they live, work and play to Statistics South Africa and other research institutions that periodically gather the information that is the bedrock of this report, to all of them I express profound gratitude.

Through this national effort we can deliver the South Africa we know the Home we Understand.

Pali Lehohla,

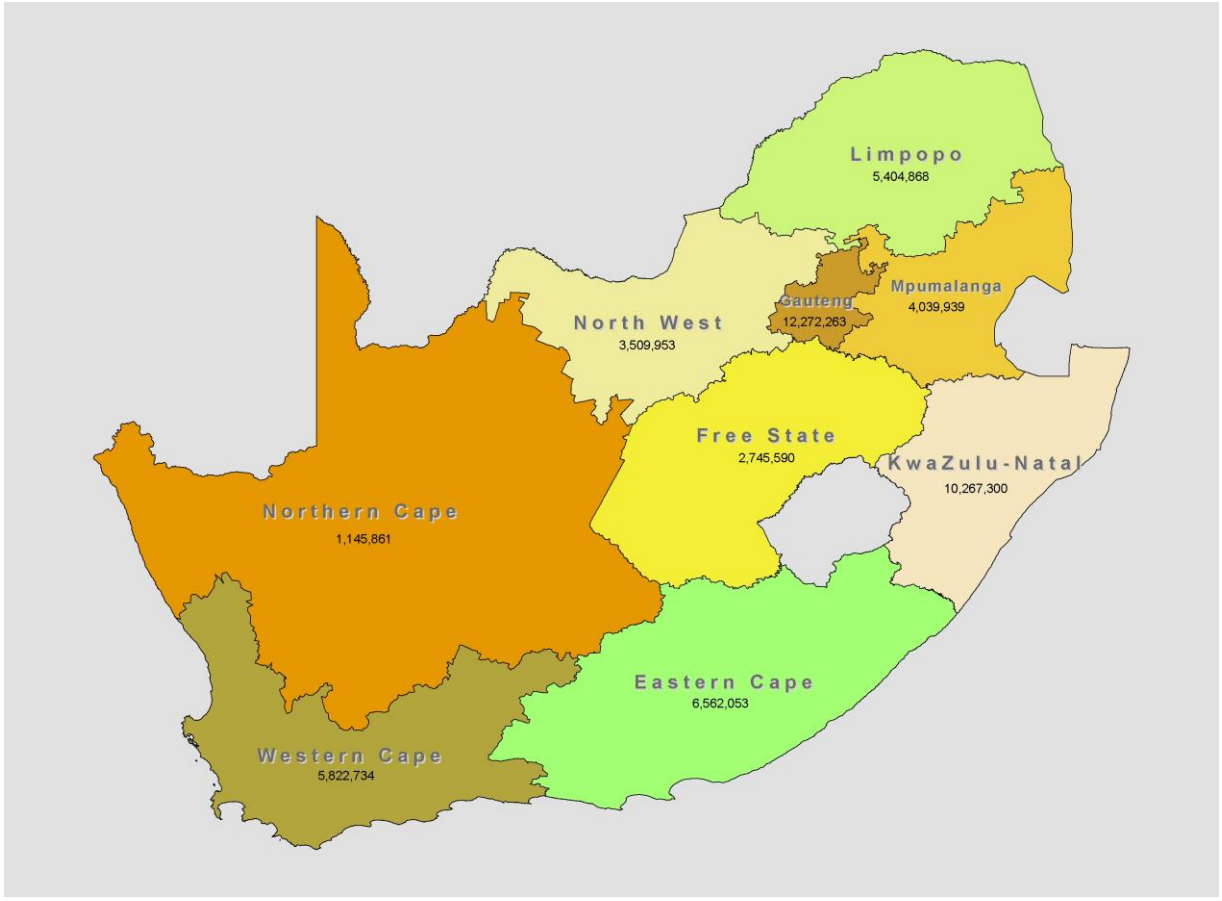
Statistician-General of South Africa and the Chairperson of the National Coordinating Committee for the Millennium Development Goals.

SOUTH AFRICA AT A GLANCE

Indicator		Value	
		2001	2011
Population	Total	44 819 778	51 770 560
	Male	21 434 040	25 188 791
	Female	23 385 737	26 581 769
Households		11.2 million	14.5 million
Household size (persons)		Average 3.8	Average 3.6
Land Surface area		1 219 602 km^2	
Provinces	Gauteng, KwaZulu - Natal, North West, Limpopo, Free State, Mpumalanga, Eastern Cape, Western Cape, Northern Cape		
Key Economic Indicators	Mining Services, transport, energy, manufacturing, tourism, agriculture		
Official Languages	English, isiZulu, isiXhosa, isiNdebele, Afrikaans, siSwati, Sepedi, Sesoto, Setswana, Tshivenda, Xitsonga		
Government	Constitutional multiparty, three spheres (local, provincial, national) democracy		
Capitals	Pretoria (administrative), Cape Town (legislative), Constitutional Court is located in Johannesburg		
Currency	Rand(ZAR) – 100 cents equals one rand		
Time	GMT +2 hours		

Source: Census 2001 and 2011, Statistics South Africa

MAP OF SOUTH AFRICA



Source: Census 2011, Statistics South Africa

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ACRONYMS

AET	Adult Education and Training
ANA	Annual National Assessment
ANC	Antenatal Care
ANER	Adjusted Net Enrolment Rate
ART	Anti-Retroviral Therapy
ASGISA	Accelerated Strategy for Growth and Investment in South Africa
AU	African Union
BCM	Bromochloromethane
BRICS	Brazil, Russia, India, China and South Africa
CAPRISA	Centre for the AIDS Programme of Research in South Africa
CO_2	Carbon Dioxide
CPI	Consumer Price Index
CSG	Child Support Grant
CSO	Civil Society Organizations
CWP	Community Works Programme
DBE	Department of Basic Education
DEA	Department of Environmental Affairs
DHET	Department of Higher Education and Training
DHIS	District Health Information System
DoHS	Department of Human Settlements
DHS	Demographic and Health Survey
DoE	Department of Education
DoH	Department of Health
DoJCD	Department of Justice and Constitutional Development
DOTS	Directly Observed Treatment Short Course
DR-TB	Drug Resistance –Tuberculosis
DSD	Department of Social Development
DST	Department of Science and Technology
DTI	Department of Trade and Industry
DWA	Department of Water Affairs
ECD	Early Childhood Development
EDR	Economic Dependency Ratio
EPWP	Expanded Public Works Programme
EU	European Union
ERDT	Expanded Report Drafting Team
FDI	Foreign Direct Investment
FET	Further Education and Training
FPL	Food Poverty Line
GDI	Gross Disposable Income
GDP	Gross Domestic Product
GEAR	Growth, Employment and Redistribution Strategy
GERD	Gross Domestic Expenditure on R&D
GHS	General Household Survey
GNI	Gross National Income
GNP	Gross National Product
GPI	Gender Parity Index
HCFC	Hydrochlorofluorocarbons
HCT	HIV Counselling and Testing
HDACC	Health Data advisory and Coordination Committee
HE	Higher Education
HIV	Human Immune Virus
HIV/AIDS	Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome
ICT	Information and Communications Technology
IEA	International Energy Agency
IES	Income and Expenditure Survey
IPAP	Industrial Policy Action Plan
IRS	Indoor Residual Spraying
ISRDP	Integrated Sustainable Rural Development Program
Jipsa	Joint Initiative on Priority Skills Acquisition
LCS	Living Conditions Survey
LDC	Least Developed Country
LED	Local Economic Development
LER	Learner-to-Educator Ratio
LFS	Labour Force Survey
LPL	Lower Bound Poverty Line
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MDGR	Millennium Development Goal Report
MDR	Multiple Drug Resistance
MDR-TB	Multi- Drug Resistance Tuberculosis
MIS	Malaria Information Systems
MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MRC	Medical Research Council
MTCT	Mother-To-child Transmission
MTSF	Medium-Term Strategic Framework
NCC	National Coordinating Committee
NC(V)	National Senior Certificate Vocational
NCOP	National Council of Provinces
NCS	National Communications Survey
NDP	National Development Plan
NEEDU	National Education Evaluation and Development Unit
NEIMS	National Education Infrastructure Management System
NGP	New Growth Path
NGO	Non-Governmental Organisation
NIDS	National Income Dynamics Survey

NPAES	National Protected Area Expansion Strategy
NPC	National Planning Commission
NSC	National Senior Certificate
NSDA	Negotiated Service Delivery Agreement
NSI	National System of Innovation
NSO	National Statistics Office
NSP	National Strategic Plan (on HIV and AIDS)
NSP	National Strategic Plan
OAP	Old Age Pension
OBE	Outcomes Based Education
ODA	Official Development Assistance
ODSs	Ozone Depleting Substances
OECD	Organisation for Economic Cooperation and Development
OHS	October Household Survey
OVC	Orphaned and Vulnerable Children
PDR	Population Dependency Ratio
PHC	Primary Health Care
PPP	Purchasing Power Parity
PPPs	Public Private Partnerships
QLFS	Quarterly Labour Force Survey
R&D	Research and Development
RDT	Report Drafting Team
RDP	Reconstruction and Development Programme
SADC	Southern African Development Community
SACU	Southern African Custom Union
SANAC	South Africa National AIDS Council
SAPS	South African Police Services
SARB	South African Reserve Bank
SIGI	Social Institutions and Gender Index
SOCPEN	Social Pension System
Stats SA	Statistics South Africa
STI	Sexually Transmitted Infection
SWG	Sectoral Working Groups
TB	Tuberculosis
TIMMS	Trends in International Mathematics and Science Study
TWC	Technical Working Group
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
URP	Urban Renewal Program
UPL	Upper Bound Poverty Line
U5MR	Under-Five Mortality Rate
WHO	World Health Organisation
WSNIS	Water Services National Information

INTRODUCTION

South Africa and the Millennium Development Goals (MDGs)

Democratic South Africa introduced a progressive constitution, institutional and legislative frameworks through which it would implement the transformation project from a pariah state of apartheid to a democratic prosperous, non-sexist, non-racial society. To this end and over a period of time South Africa, created and adapted a set of planning tools to lead and manage its development. The South African agenda and the objectives set out in its development path embed the objectives of the Millennium Development Goals (MDGs). South Africa submits its fifth report on the eight MDG targets as agreed upon during the United Nations Millennium Summit in the year 2000. The country produced MDG country reports in 2005, 2010 and 2013 with updates in 2007 and 2008. The MDG 2013 report, including the previous ones, seeks to provide an account of progress or otherwise made on the targets set out in the goals. Below we list the goals.

1. To eradicate extreme poverty and hunger
2. To promote universal primary education
3. To promote gender equality and empower women
4. To reduce child mortality
5. To improve maternal health
6. To combat HIV/AIDS, malaria and other diseases
7. To ensure environmental sustainability
8. To develop a global partnership for the development.

The 2013 report also includes the domesticated indicators which are applicable to the South African context. The key feature and contributor in the 2013 MDG report has been the availability of data emerging out of the Population Census of 2011.

Organisational arrangements for managing the MDG process

South Africa has adhered to the consultation requirements outlined in the compilation of the MDG report and continues to improve on this front and in September 2010 the Cabinet directed Statistics South Africa (Stats SA) to institutionalise participation in the MDG reporting processes. As part of progressive improvement, the governance structures for the 2013 MDG report writing process were expanded to reinforce the existing reporting structure. In the previous reporting cycles the National Coordinating Committee (NCC), the Technical Working Group (TWG), and the Sectoral Working Groups (SWGs) were the structures responsible for drafting the report. From the feedback of Civil Society, the following structures were added in the writing of the report. These were the Report Drafting Team (RDT) and Expanded Report Drafting Team (ERDT) who consisted largely of Civil Society representatives.

As will be illustrated in the structures of planning, the MDGs do not constitute a separate plan. Thus in order to address implementation and secure embedding them in the National Development Plan (NDP) of South Africa, Provincial Growth and Development Plans and the Integrated Development Plans (IDPs) of municipalities, the 2013 MDG Report (MDGR) process has been designed to include participation of Civil Society Organisations (CSOs) at all levels of the governance structures. This includes provincial and local level structures.

Methodology of the 2013 country report

National and provincial workshops on the methodology of MDG compilation were held during 2011 and 2012. These workshops brought together representatives from government departments, academia, civil society and international agencies. The workshops covered issues such as indicator domestication amongst others. Domestication of indicators was achieved by adjusting the MDGs to reflect the local situation whilst ensuring that the globally designed targets and indicators are in line with the local reality. Furthermore the workshops resolved and built metadata and data sources repository, as well as managing issues of data quality and integrity. In this regard the following issues were addressed:

- Identifying MDG indicators which might need twinning, where the MDG indicator can be used for international comparison purposes, while the domestic equivalent would be used for monitoring national development;
- Identifying and isolating out of the report some MDG indicators which might be inappropriate in the South African context, e.g. bed nets for malaria when the local anti-malaria strategy is to use house sprays;
- Creating scope for new targets and indicators as may be required by the goals to properly reflect the South African context.

Consultations that would encourage stakeholder engagement and participation in the development process created a forum of a team of experts who were assigned the task of writing the reports namely the Report Drafting Team (RDT). They drafted the eight goal reports independently from each other. The country report on the other hand was written by a second team of experts and was based on the goal reports. The team worked under the guidance of the MDG Secretariat which was based within the National Statistics System Division in Stats SA. The Secretariat facilitated the gathering of the data through the SWGs and facilitated engagements between all stakeholders and the RDT. Members of CSOs were offered several opportunities to interact and discuss with the authors of the report. While inputs generated from these consultations were taken into account, the report largely remained the work of the appointed authors to synthesise the inputs. The ERDT was responsible for the technical editing of the report and ensuring compliance with the internationally agreed and locally designed MDG reporting format.

Governance of the MDGR process revolved around the NCC, which is responsible for steering the MDG preparation process. The committee consists of high ranking staff from data providing departments, UN agency representatives, and civil society representatives and provides the overall policy direction on MDGs progress reporting in the country.

Structure of the 2013 country report

This report consolidates the eight 2013 goal reports. Each MDG corresponds to a separate chapter and is structured in the following manner: Background (which states context and problem statement), facts and figures (describes and discusses the factual and scientific basis of the problem), Insights (discusses the determinants and correlates of the problem and points to possible solutions), conclusion and recommendations (deliver concise advise on how the problem can be solved).

The table that covers facts and figures in each chapter includes and discusses all MDG indicators as well as those indicators that have been domesticated. The domesticated indicators which are not included in the report are presented in the annexure of the report. Status on the likelihood of

achieving of set targets in 2015 is colour-coded and classified. The classification provides for: Achieved, Likely or Unlikely.

Achievability Criteria		Description
1.	**Achieved**	The set target has been achieved.
2.	**Likely**	Likely that the set target will be achieved.
3.	**Unlikely**	Unlikely that the target will be achieved.

DEVELOPMENT CONTEXT

South Africa's Constitutional Imperative

Systemically enforced divisions and institutionalised unequal development along racial lines resulted in inequality in all facets of South African life. The inequalities played themselves out in spheres such as education, health, employment, welfare, human settlement, access to infrastructure and services. The challenges emanating from consequences of race-based policies linger on twenty years into democracy.

A new South Africa was ushered in through the first democratic elections of the Republic in April 1994 and consequently the state began the necessary, urgent, and important journey of institutional and legislative changes and reforms that would transform society and the state. Aware of the deep seated consequences of three centuries of colonial occupation and domination, as well as four decades of systematic and officially sanctioned discrimination of the majority population, the Constitution of South Africa in its preamble commits leadership, citizenry and the state to undertaking a set of actions the fundamental outcomes of which shall be a normalised South African society that is prosperous, non-sexist and non-racial. To achieve this outcome the constitution, commits society to first, heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights; second, lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by law; third, improve the quality of life of all citizens and free the potential of each person; and fourth and finally, build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations.

Transforming the South African State

From 1994 the democratic government introduced and implemented development and planning frameworks that would sustain democracy and progressively root out all forms of discrimination, in particular the race based discrimination which constituted the corner stone of apartheid. A brief outline of the development and transition of one framework into the next is provided. The Reconstruction and Development Programme (RDP) was adopted as South Africa's socio-economic policy framework to address the immense socio-economic problems, challenges and backlogs emerging from apartheid neglect, and as a flagship programme it also had a hundred-day action plan focused on delivery schedules for health, education and electrification in particular. The major challenge was that whilst the problem, and its genesis, was well known, its quantification both in numbers and space remained elusive. Such knowledge of its dimensions would enable policy to describe it in numbers and subsequently act rationally and assess progress appropriately. In this regard in 1998 at the launch of the results of Census '96, President Mandela had this to say about the problem "But we do at last have results with which we can work, the numbers that count for the nation. It will take time to absorb the full detail of this intricate picture of our complex society but the broad outlines should act as the clarion-call to re-dedicate ourselves in every sector of the society, to the historic mission of a generation charged with transforming South Africa's society in order to eradicate the poverty and imbalances that derive from our past."

In 1996, two years on into democratic rule and from lessons learned, from evidence emanating from official statistics and consistent and building on the mission of the RDP, the government launched The Growth, Employment and Redistribution, (GEAR), as a Macro-Economic Strategy. GEAR had four objectives. First, it aimed to achieve a competitive fast-growing economy which would create sufficient jobs for all work seekers; second, it focused on the redistribution of income and opportunities in favour of the poor; third, it envisioned a society in which sound health, education and other services are available to all; and fourth, it sought to achieve an environment in which homes are secure and places of work are productive. Building on GEAR, in 2006 the Accelerated and Shared Growth Initiative for South Africa (ASGISA) was introduced to speed up employment creation with a target of halving unemployment by 2014. ASGISA took note of the binding constraints in the South African economy. Amongst these constraints were the challenge of inadequate skills base, the ability of the state to lead, and supply and value chain problems that stood in the path of accelerated growth. In 2009, a New Growth Path (NGP) that focuses on the micro economy was introduced and a National Development Plan (NDP) which envisions what a 2030 South African society should be and what action steps have to be undertaken through the NGP to achieve this vision was adopted in August 2012. This period could be seen as one of major alignment. Given the legacy of centuries-old unequal development for various racial groups, the development of the first integrated development plan coincides with the 2013 MDG report. The diagnostic report for South Africa further emphasised the intractable force and stubbornness of the triple challenge of poverty, unemployment, inequality. The alignment of the NDP and the NGP marks the resolve to attack this triple challenge.

Tables 1, 2 and 3 below provide a tabular outline that demonstrates coherence between South Africa's agenda for development and the Millennium Development Goals. The policy and programme tools that are used to address the development challenge should be seen and understood as a process of managing and leading what is termed the continuity of change. The national agenda implemented through RDP and GEAR in the first fifteen years of democracy and through NDP and NGP going forward constitutes this continuity of change.

The Tables further represent a trajectory of how different development strategies were adopted and adapted to address in particular the triple challenge of poverty, unemployment and inequality in South Africa. What is also important to realise in relation to the MDGs is that the MDGs do not constitute a separate development agenda from the national effort. The MDGs are an integral part of that agenda.

Table 1: Development initiatives since 1994

Programme / Strategy / Plan	Objectives
Reconstruction and Development Plan (RDP)	i. Meeting basic needs; ii. Developing human resources; iii. Building the economy; iv. Democratising the state and society; and
Growth, Employment, and Redistribution Strategy (GEAR)	i. Restructure the economy; ii. Create plentiful jobs; iii. Create environment for attracting foreign investment; and iv. Create and implement policies to counter high inflation
Integrated, Sustainable Rural Development Programme (ISRDP)	i. Accelerate rural development; ii. Create economic opportunities in rural areas; iii. Decrease levels of poverty & unemployment; and

Programme / Strategy / Plan	Objectives
	iv. Implement access to free basic services (water, sanitation, and electricity)
Urban Renewal Programme (URP)	i. Accelerate urban renewal; ii. Create economic opportunities in 21 nodal areas of poverty; iii. Decrease levels of poverty and unemployment; iv. Implement access to free basic services (water, sanitation, and electricity); and v. Access to housing;
Accelerated and Shared Growth Initiative for South Africa (AsgiSA)	i. Halve unemployment and poverty; ii. Improve the capacity of the state; iii. Reduce the regulatory burden on small and medium enterprises (SMEs); etc.
Joint Initiative on Priority Skills Initiative (JIPSA)	i. Improve skills base required by the economy for accelerated growth; ii. Focus on scarce and critical skills; etc.
New Growth Path	i. Employment creation
National Development Plan (NDP)	i. Eliminate poverty and reduce unemployment; ii. Improve the quality of school education; iii. Deconstruct the spatial patterns of the apartheid system; iv. Reduce unemployment from 27% to 14% by 2020 and to 6% by 2030 v. The level of inequality, as measured by the Gini coefficient, should decrease from 0.7 in 2007 to 0.6 in 2030 vi. Become a less resource intensive economy, adopt sustainable development practices; etc.

The comparison in Table 2 below indicates what is common between South Africa's national development objectives with the goals and targets of the MDGs. The table shows there is very little difference between the two, putting paid to the fact that the South African policy and development space is consistent with the global policy and development space.

Table 2: Similarities between South African development objectives and the MDGs

Programme	Development Objective	MDG Comparable Goal or Target
RDP	Meeting basic needs	**Goal 1:** Eradicate extreme poverty and hunger
	Developing human resources	**Goal 2:** Complete a full course of primary education
	Building the economy	**Goal 8:** Develop an open, rule-based, predictable, non-discriminatory trading and financial system
AsgiSA	Halve unemployment and poverty	**Goal 1:** Eradicate extreme poverty and hunger
ISRDP / URP	Decrease levels of poverty and unemployment	**Goal 1:** Eradicate extreme poverty and hunger
	Implement access to free basic services (water, sanitation, and electricity)	**Goal 7:** Halve the proportion of people without sustainable access to safe drinking water and basic sanitation
	Access to housing	**Goal 7:** Improve the lives of slum

Programme	Development Objective	MDG Comparable Goal or Target
		dwellers
NDP	Improve the quality of school education	**Goal 2:** Universal primary education
	Reduce unemployment from 27% to 14% by 2020 and to 6% by 2030	**Goal 1:** Achieve full and productive employment and decent work for all
	Become a less resource intensive economy and adopt sustainable development practices	**Goal 7:** Integrate principles of sustainable development into country policies and programmes
	The ailing public health system confronts a massive disease burden (Not in Table 1)	**Goals 4, 5, and 6**

The South African Government identified ten Government Priorities as well as 12 Government Outcomes it hopes to achieve. These priorities and outcomes not only address the eight MDGs, but include broader development objectives of the government. In Table 3, the 12 Outcomes are mapped onto the MDGs. It is envisaged that the identified Government Outcomes together with the government's Programme of Action will transform the life circumstances of vulnerable groups and help restore their human dignity.

Table 3: Government Outcomes mapped to the MDGs

Government Outcome	MDGs
Outcome 1: Improved quality of basic education	**Goal 2:** Achieve universal primary education
Outcome 2: A long and healthy life for all South Africans	**Goal 4:** Reduce child morality **Goal 5:** Reduce maternal mortality **Goal 6:** Combat HIV/AIDS, malaria & other diseases
Outcome 3: All people in South Africa are, and feel safe	
Outcome 4: Decent employment through inclusive economic growth	**Goal 1** (Target 1B)**:** Achieve full and productive employment and decent work for all including women and young people
Outcome 5: A skilled & capable workforce	**Goal 2:** Achieve universal primary education **Goal 3:** Promote gender equality and empower women
Outcome 6: An efficient, competitive, and responsive economic infrastructure network	
Outcome 7: Vibrant, equitable, and sustainable rural communities with food security for all	**Goal 7** (Target 7A): Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources **Goal 1** (Target 1C)**:** Halve, between 1990 and 2015, the proportion of people who suffer from hunger
Outcome 8: Sustainable human settlements, and improved quality of life for households	**Goal 7** (Target 7C): Halve by 2015, the proportion of people without sustainable access to safe drinking water & basic sanitation **Goal 7** (Target 7D): Achieve significant improvement in the lives of slum dwellers
Outcome 9: A responsive, accountable, effective, and efficient local government system.	
Outcome 10: Environmental assets and natural resources that are well protected and continuously enhanced	**Goal 7** (Target 7B): Reduce biodiversity loss, achieving by 2010, a reduction in the rate of loss.

Government Outcome	MDGs
Outcome 11: Create a better South Africa and contribute to a better and safer Africa and world	**Goal 8:** To develop a global partnership for development. Develop an open, rule-based, predictable, non-discriminatory trading and financial system
Outcome 12: An efficient, effective, and development oriented public service and an empowered, fair, and inclusive citizenship	

By way of examples and summary on the introductory remarks and on the basis of coherence of development frameworks in South Africa and the MDGs, a storyline emerges which suggests that each of the development strategies and initiatives described above contributed in various ways to the successful redistribution of income and wealth, and in particular successful provision of basic services to all South Africans. Various government sector departments implemented their mandated strategies/programmes which either complemented existing development plans and/or strategies specifically introduced in response to emergent problems such as interventions on HIV and AIDS. The impact of HIV and AIDS and other health challenges such as Tuberculosis (TB) severely affected the ability of South Africa to achieve some of its development goals. As a response to the above challenges, the government introduced numerous health programmes and strategies such as the HIV and AIDS Voluntary Testing and Counselling; Prevention of Mother to Child Transmission; HIV Treatment and Care; Medical Male Circumcision; TB Control programmes; and the National Strategic Plan on HIV, STI, and TB (2012–2016).

South Africa was able to make significant socio-economic gains in terms of the MDGs. This was made possible by the synergies between the development initiatives post-1994 and the MDGs agenda which resonated with, and were embraced by the development agenda of South Africa.

Although the country has achieved mixed success towards achieving the MDGs, the introduction of the NDP in 2011 and its adoption by Parliament in August 2012 has placed the country on a development path that ensures that both unmet MDG targets as well as emerging development issues will remain part of the country's future development agenda, especially in addressing the triple challenge of poverty, unemployment and inequality.

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

1.1 BACKGROUND

The United Nations (UN) reported 1.2 billion people living in extreme poverty in 2010 (UN, 2013). Although this number is high, in terms of proportions poverty rates have been halved between 1990 and 2010. Whilst this paints a positive picture globally suggesting that numbers of people living in extreme poverty may be declining, Sub-Saharan Africa is the only region in which the number of people living in extreme poverty continues to rise, from 290 million people in 1990 to 414 million in 2010. This region now accounts for more than one third of those living on less than $1.25 (PPP) per day[1].

Since the abolition of apartheid, one of the key objectives of the South African government has been to reduce the level of poverty and improve the quality of life for all South Africans. Given the legacy of inequality and poverty, the delivery of essential services and the provision of decent work has been a consistent theme of successive South African governments since 1994.

Does social policy matter beyond moneymetric measure?

Goal 1 of the MDGs has a standard that does not deal sufficiently with non money based measures applied to intervene in poverty. In that regard the Gini coefficient does not cater for social policy interventions that are delivered through provision of basic and free basic services, subsidies as well as assets that aim to benefit the poor. The context of South Africa's development narrative attempts to address this limitation in the MDGs.

Nearly 20 years into democracy, South Africa is still battling with issues of poverty, inequality, unemployment and hunger. This is a situation not necessarily unique to South Africa however it has defining features that are driven by history and political economy that is unique to South Africa and as a result, shapes South Africa's response to this challenge. In response to this South Africa has developed a cocktail of policy interventions to ameliorate consequences of unemployment and inequality. Thus the overarching policy of government to address Millennium Development Goal 1 (MDG 1) is through the provision of a 'social wage' package intended to reduce the cost of living of the poor. The poverty narrative and how South Africa is addressing it would therefore not be complete without discussing the unique impact of a targeted social wage on the triple challenge of poverty, unemployment and inequality.

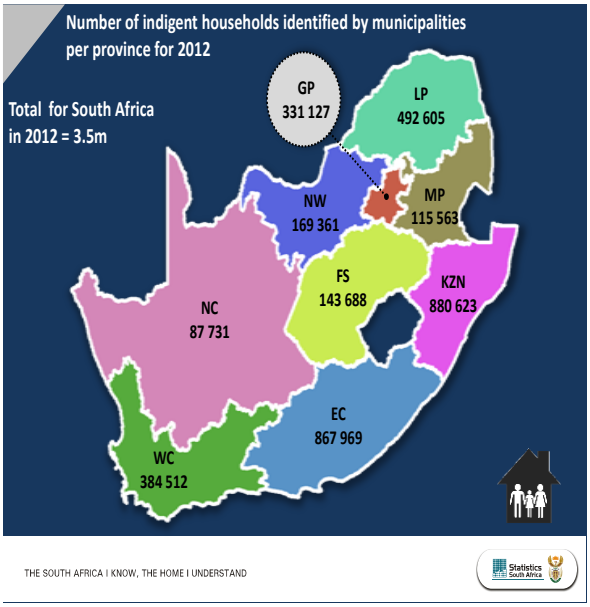
Social wages in South Africa are packaged in different targeted forms. In the list of these are the following: free primary health care; no-fee paying schools; social grants, (such as old age

[1] Although the original MDG 1 made use of $1 per day as its benchmark, the $1.25 a day poverty line measured in 2005 prices has replaced the $1 a day poverty line measured in 1993 prices. Often described as "$1 a day," $1.08 was widely accepted as the international standard for extreme poverty. These amounts are expressed in terms of Purchasing Power Parity Dollars (PPP$) which expresses prices adjusted for the cost of living in a benchmark currency, in this case the US dollar.

pensions, and child support grants) and RDP housing; provision of basic and free basic services in the form of reticulated water; electricity; sanitation and sewerage as well as solid waste management to households and in particular those categorised as indigent. In this regard and since 2001 the indigent household are entitled to a monthly free six kilolitres of water, fifty kwh of electricity, R50 worth of sanitation, sewerage and refuse removal.

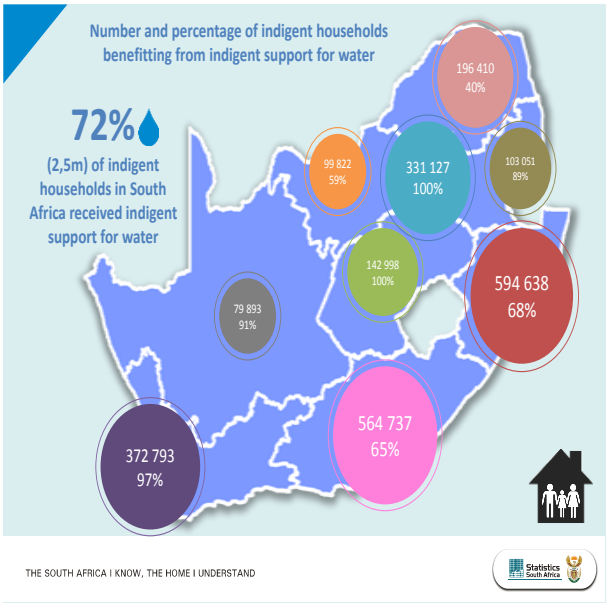
Across time the South African local governments progressively targeted the indigent households. Through the integrated development programmes driven at the local government level, targeted interventions have identified that 3.5 million households are indigent as shown in figure 1 and are receiving special attention through social wage packages.

Figure 1: Indigent household by municipality



Source: Census 2011, Statistics South Africa

Figure 2: Indigent household support for water

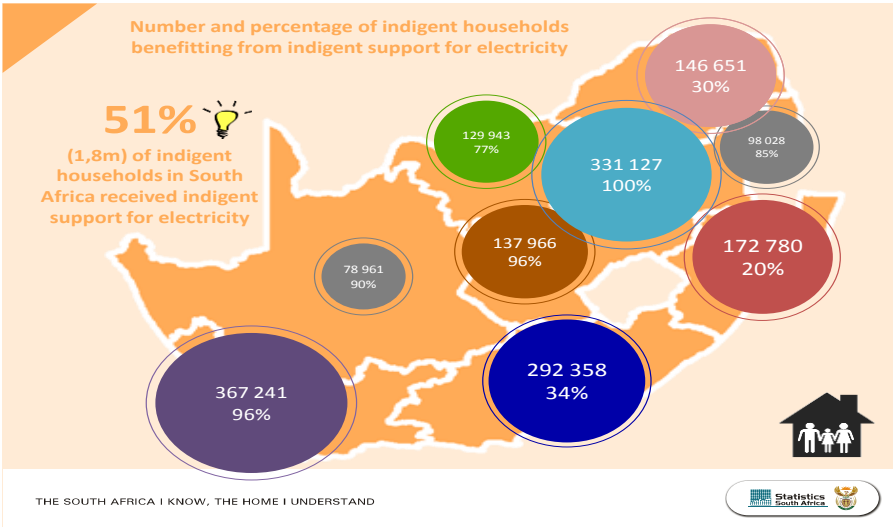


Source: Non Financial Census of municipalities 2012,

For instance, South Africa progressively delivered on the social wage through its battery of policy instruments and these instruments have been sharpened to focus on those in real need. In this regard a number of households that are not indigent have been weeded out of the social wage as we shall observe on delivery targets against performance.

In 2012 there were 4.4 million households that received free water as against 6.2 million households in 2009. However this decline in the number of beneficiaries who received free basic water occurred as a consequence of better targeting. Of the 4.4 million households that received free basic water, 2.5 million were indigent and this number constitutes 71% of the indigent households. As far as the provision of electricity is concerned, of the 3.5 million households identified as indigent, 1.8 million received free basic electricity. This constitutes coverage of 51% of the indigent households.

Figure 3: Indigent households benefitting from indigent support for electricity



Source: Non Financial Census of municipalities 2012, Statistics South Africa

South Africa's policy on skills development is to provide education to all its eligible citizens. In capturing the education challenge in South Africa Nelson Mandela in 1998 said that unlike amongst Whites, in the case of Blacks, the conditions at home were totally different from those at school. Black children are raised by parents some of whom have not seen the inside of a school, transport to school is non-existent and the home is crowded leaving very little room for meaningful after school study and support. In addressing this challenge today, the policy environment has introduced free education. As of 2013 about 7.2 million or 58% of learners as shown in Figure 4 are in no fee paying schools and the number of such schools are 15 389. The 2013 projections on expenditure suggest that this number will have risen by almost half a million to 7.6 million learners in no fee paying schools.

Figure 4: Number of no fee learners

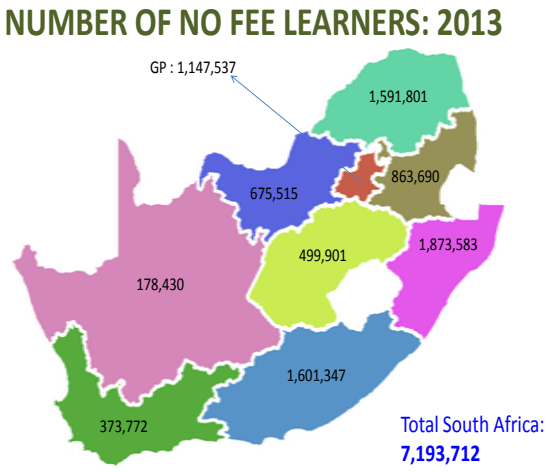
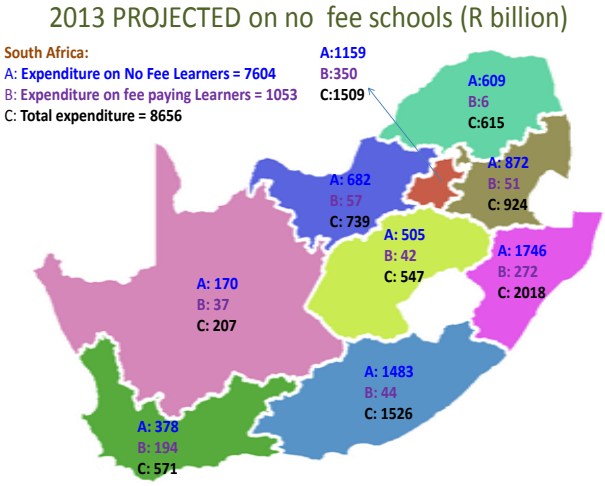


Figure 5: Projections on no fee schools (R billion)



Source: Department of Basic Education 2013

Policy instruments such as provision of basic services illustrate the extent to which the poor in South Africa access different types of services and have their living conditions cushioned against debilitating vicissitudes of poverty. The indicators relating to these areas of development are captured in Table 1.2 under domesticated indicators. Against this backdrop the money metric measures of the MDGs for the country are presented and hopefully they will be understood against this context.

Information base: Indicators for this Goal are the Gini coefficient, money-based poverty measures, employment, income per capita, social services and government-based social assistance programmes. In some instances the data are disaggregated by sex and race to provide the socio-economic specificities of South Africa. The data for these indicators are all derived from official statistics. They are mostly sourced from the Income and Expenditure Survey (IES), the Living Conditions Survey (LCS), the General Household Survey (GHS), the Non-Financial Census of Municipalities, which Statistics South Africa produce periodically.

1.2 FACTS AND FIGURES

Goal 1: Eradicate Extreme Poverty and Hunger						
Indicators	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Target 1A: Halve between 1990 and 2015 the proportion of people whose income is less than one dollar a day						
Proportion of population below $1.00 (PPP) per day	11.3 (2000)	5.0 (2006)	4.0 (2011)	5.7	**Achieved**	MDG
Proportion of population below $1.25 (PPP) per day	17.0 (2000)	9.7 (2006)	7.4 (2011)	8.5	**Achieved**	MDG
Proportion of population below Lower-bound PL (R416 per month in 2009 prices)	42.2 (2006)		32.2 (2011)	No target	NA	Domesticated
Proportion of population below Upper-bound PL (R577 per month in2009 prices)	57.2 (2006)		45.5 (2011)	No target	NA	Domesticated
Proportion of population below $2.00 (PPP) per day	33.5 (2000)	25.3 (2006)	20.8 (2011)	16.8	**Likely**	MDG
Proportion of population below $2.50 (PPP) per day	42.4[2] (2000)	34.8 (2006)	29.2 (2011)	21.1	**Likely**	Domesticated
Poverty gap ratio ($1.00 (PPP) per day)	3.2 (2000)	1.1 (2006)	1.0 (2011)	1.6	**Achieved**	MDG
Poverty gap ratio ($1.25 (PPP) per day)	5.4 (2000)	2.3 (2006)	1.9 (2011)	2.7	**Achieved**	MDG
Poverty gap ratio (Lower-bound PL R416 per day)	16.4 (2006)		11.8 (2011)	No target	NA	Domesticated
Poverty gap ratio (Upper-bound R577 per day)	26.7 (2006)		19.6 (2011)	No target	NA	Domesticated
Poverty gap ratio ($2.00 (PPP) per day)	13.0 (2000)	8.1 (2006)	6.5 (2011)	6.5	**Achieved**	MDG
Poverty gap ratio ($2.50 (PPP) per day)	18.0 (2000)	12.5 (2006)	10.3 (2011)	9.0	**Likely**	MDG
Share of the poorest quintile in national consumption	2.9 (2000)	2.8 (2006)	2.7 (2011)	5.8	**Unlikely**	MDG
Target 1B: Achieve full and productive employment and decent work for all, including women and young people						
Percentage growth rate of GDP per person employed	4.7 (2002)	1.9 (2009)	1.5 (2011)	6.0	**Unlikely**	MDG
Employment-to-population	44.1[3]	42.5	40.8	50-70	**Unlikely**	MDG

[2] Revised from 42.2 (2000)

ratio	(2001)	(2009)	(2011)			
% of employed people living below $1 (PPP) per day	5.2 (2000)	No data	3.9 (2009)	≈ 0	**Likely**	MDG
% of own-account and contributing family workers in total employment	11 .0 (2000)	9.9 (2010)	10.0 (2011)	5	**Unlikely**	MDG
Target 1C: Halve between 1990 and 2015, the proportion of people who suffer from hunger						
% of people who report experiencing hunger	29.9 (2002)	No data	12.9 (2011)	15	**Achieved**	Domesticated
Prevalence of underweight children under five years of age (%)	13.2[4] (1993)	10.2 (2005)	8.3 (2008)	4.7	**Likely**	MDG
Prevalence of stunting in children under five years of age (%)	30.3 (1993)	No data	23.9 (2008)	15	**Likely**	Domesticated
Gini coefficient (including salaries, wages and social grants)	0.70 (2000)	0.73 (2006)	0.69 (2011)	0.3	**Unlikely**	Domesticated
Number of beneficiaries of social grants (millions)	2.6 (1997)	14.1 (2010)	14.9 (2011	No target	NA	Domesticated
Proportion of households below Food Poverty (R305 per month in 2009 prices) with access to free basic services (%)						
Water	No data	No data	56.0 (2009)	No target	NA	Domesticated
Electricity	No data	No data	65.0 (2009)	No target	NA	Domesticated
Sewerage and sanitation	No data	No data	23.3 (2009)	No target	NA	Domesticated
Solid waste management	No data	No data	28.3 (2009)	No target	NA	Domesticated
Percentage of indigent households receiving free basic services						
Water	61.8 (2004)	73.2 (2007)	71.6 (2011)	No target	NA	Domesticated
Electricity	29.3 (2004)	50.4 (2007)	59.5 (2011)	No target	NA	Domesticated
Sewerage and sanitation	38.5 (2004)	52.1 (2007)	57.9 (2011)	No target	NA	Domesticated
Solid waste management	38.7 (2004)	52.6 (2007)	54.1 (2011)	No target	NA	Domesticated

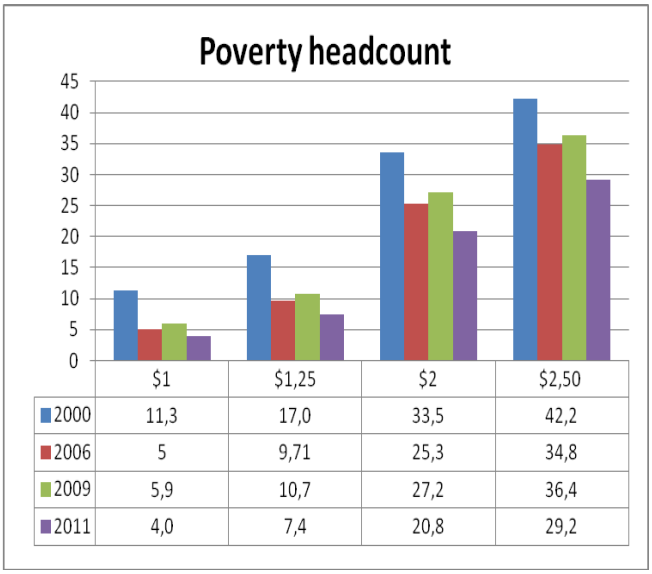
[3] Revised from 41.5 (2003)
[4] Revised from 9.3 (1994)

1.3 INSIGHTS

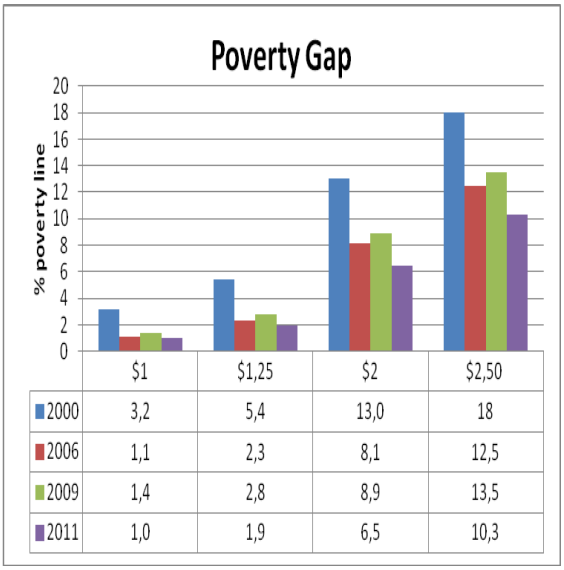
Poverty: There are various ways in which poverty can be measured; however, the use of an absolute measure that conceptualises poverty as lacking the income to purchase a minimum basket of food and non-food items is adopted in the discussion of MDG1. Several international poverty thresholds have been adopted, with one dollar per person per day being one that reflects the most extreme condition of poverty. These thresholds are expressed in terms of Purchasing Power Parity (PPP). This means that the amounts have been adjusted both by exchange rates and the relative cost of living in the country being investigated and expressed against a baseline currency, in this case the US dollar.

Based on the international poverty lines, poverty rates declined in South Africa between the periods 2000 and 2009. However, Figure 6 indicates a modest increase of poverty rates between 2006 and 2009 which is likely to be the effect of the global economic recession in 2008/09. In the period between 2009 and 2011 the indicators showed a continued decline in poverty as shown in figures 6 and 7.

Figure 6: International poverty lines (Headcount) *Figure 7: International poverty lines (Gap)*



	$1	$1,25	$2	$2,50
2000	11,3	17,0	33,5	42,2
2006	5	9,71	25,3	34,8
2009	5,9	10,7	27,2	36,4
2011	4,0	7,4	20,8	29,2



	$1	$1,25	$2	$2,50
2000	3,2	5,4	13,0	18
2006	1,1	2,3	8,1	12,5
2009	1,4	2,8	8,9	13,5
2011	1,0	1,9	6,5	10,3

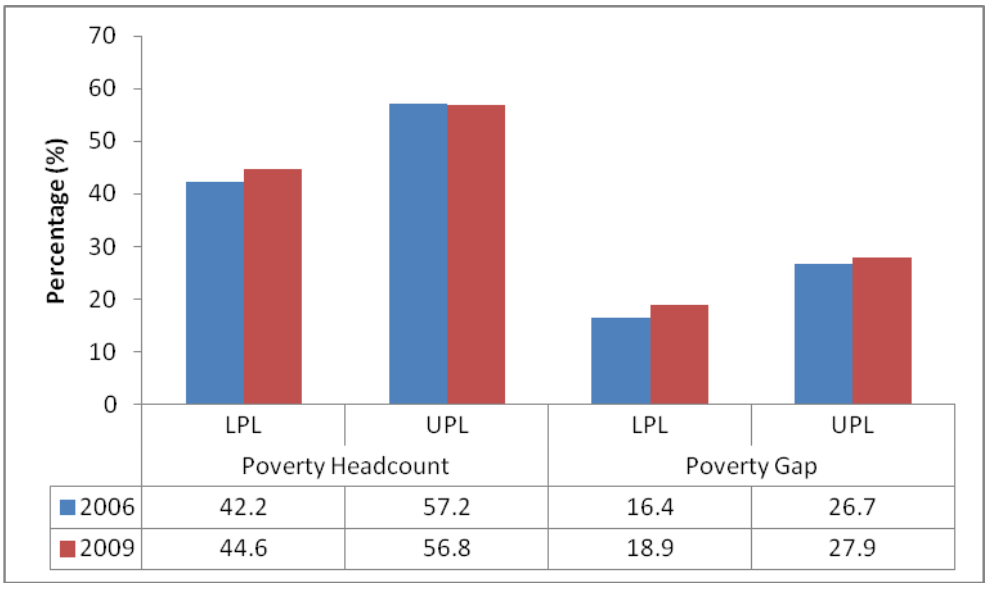
Source: Income and Expenditure Survey, 2000 & 2005/2006 & 2010/2011; Living Condition Survey, 2008/2009, Statistics South Africa

Figure 6 however does not show how poor the people below the poverty lines are; neither does it indicate differences in the depth of poverty among the poor. It only implies that all those who are below a threshold are equally deprived. The poverty gap indicated in Figure 7 assists in this regards as it is an indicator of the depth of poverty. Evidence from the figure shows a decline in the depth of poverty between 2000 and 2011 for all international poverty lines used. This indicates that the programmes towards poverty alleviation had a positive impact on especially those who are extremely poor.

While the discussion above is based on international indicators, the domesticated indicators are based on national poverty lines derived from the cost of basic needs of households in South Africa.

These include a lower-bound poverty line (LPL) of R433 per person per month (in 2011 prices) and an upper-bound poverty line (UPL) of R620 (in 2011 prices). Both the LPL and the UPL were derived based on the cost of adequate food and non-food items. However, households living below the LPL have to sacrifice some essential food items in order to obtain essential non-food items such as clothing, housing, and transport, amongst others, while households at the UPL can purchase both adequate food and non-food items. Figure 8 indicates a decline in the poverty headcount and poverty gap between 2006 and 2011 when considering the national poverty lines. Similarly to when the international poverty lines are used, a slight increase in the poverty headcount and poverty gap is also observed between 2006 and 2009. The modest increase between these two years is likely attributed to the global financial crisis of 2008/09. Higher levels of poverty are observed when applying the national poverty lines as opposed to international ones, as these are set at a higher threshold than the international ones.

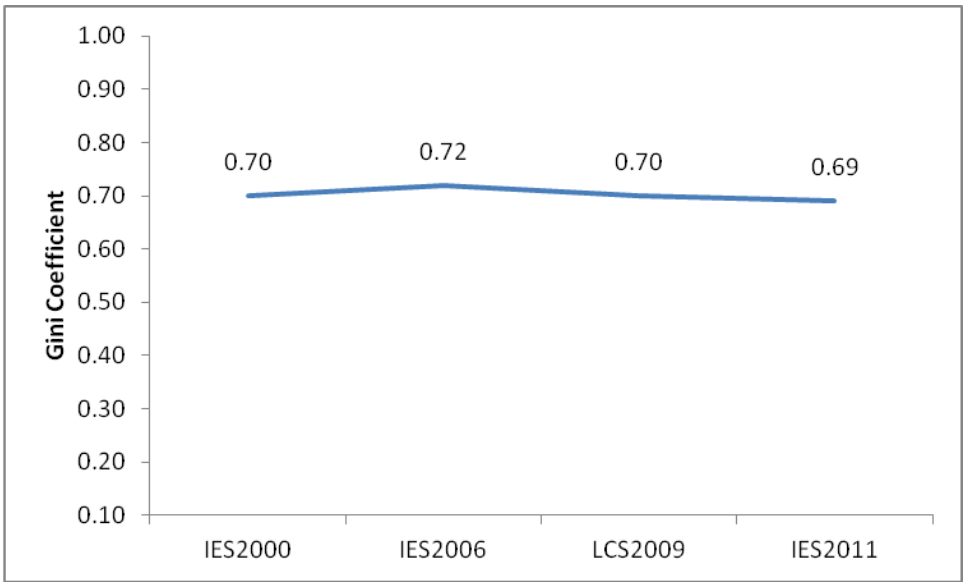
Figure 8: National poverty lines: Poverty headcount and poverty gap



Source: Income and Expenditure Survey, 2005/2006; Living Conditions Survey, 2008/2009, Statistics South Africa

While poverty levels and depth of poverty are declining, levels of inequality have remained high in South Africa. The Gini coefficient has remained at around 0.7 since 2000; a level which places South Africa amongst some of the most unequal countries in the world. While the Gini coefficient informs on the levels of inequality, it is largely driven by the income of the richest five percent and thus, may be insensitive to the changes occurring at the bottom of the distribution. Levels of poverty among vulnerable groups such as children and women also remain a major challenge in South Africa and are both higher than the poverty levels for the general population. However, and more importantly, South African policy provides for strategies addressing the vulnerable groups and the Gini coefficient does not fully take into account the social wage that benefits in excess of 14 million individuals who are beneficiaries of this anti-poverty measures.

Figure 9: Gini coefficient



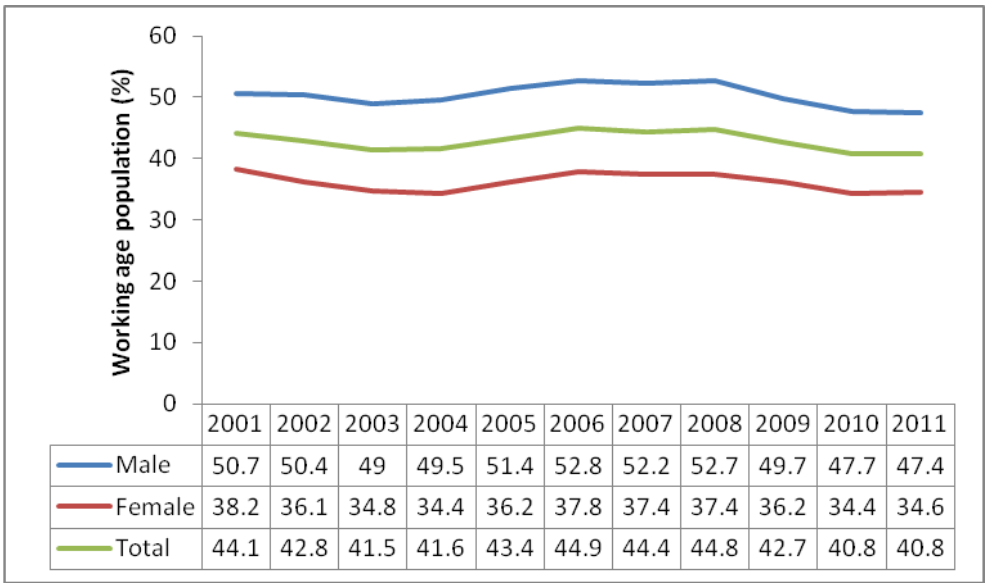
Source: Income and Expenditure Survey, 2000, 2005/2006 & 2010/2011; Living Conditions Survey, 2008/2009, Statistics South Africa

The Gini limitation and the downward trend in poverty levels notwithstanding, the evidence suggests that the target on inequality as measured by the Gini coefficient is unlikely to be met.

Employment and decent work: High and rising levels of employment are crucial for achieving MDG 1, as indicated by the NDP in its list of main challenges that "too few people work". Job creation is therefore at the forefront of poverty reduction strategies in South Africa. Among others, the Medium Term Strategic Framework (MTSF) identifies halving poverty and unemployment by 2014 as one of its main objectives. Similarly, the NDP highlights components such as introducing active labour market policies and incentives to grow employment, expanding public employment programmes to 1 million participants by 2015 and 2 million by 2020, as well as expanding welfare services and public employment schemes as part of the fight against poverty.

On the other hand, the employment-to-population ratio, which is a proportion of a country's working-age population that is employed, has remained around 41-45 per cent. The trend shows a slight decrease between 2008 and 2009 which may be attributed to the global financial crisis mentioned earlier. The ratio is higher for males compared to females indicating better employment prospects for males as opposed to females. For both males and females, the ratio declines between 2008 and 2009 (Figure 10).

Figure 10: Employment-to-population ratio



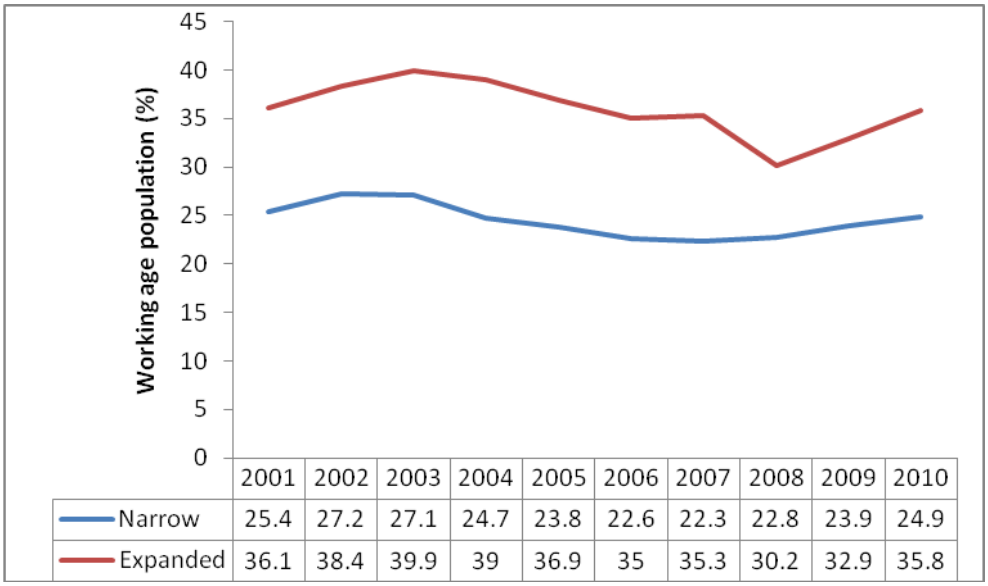
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Male	50.7	50.4	49	49.5	51.4	52.8	52.2	52.7	49.7	47.7	47.4
Female	38.2	36.1	34.8	34.4	36.2	37.8	37.4	37.4	36.2	34.4	34.6
Total	44.1	42.8	41.5	41.6	43.4	44.9	44.4	44.8	42.7	40.8	40.8

Source: Labour Force Survey (2001 - 2007); Quarterly Labour Force Survey (2008 - 2011), Statistics South Africa

In terms of unemployment levels, South Africa uses two definitions, namely the official ('narrow') and the expanded definitions. Despite programmes such as the Expanded Works Programme (EPWP) and the Community Work Programme (CWP) implemented by government, the unemployment rates remain persistently high in South Africa as shown in Figure 11.

The unemployment figures imply that to achieve the National Planning Commission's (NPC's) goal of halving unemployment would require that South Africa should employ 3.4 million of South Africa's current 6.8 million unemployed when we apply the expanded definition of unemployment or 2.2 million of the 4.4 million unemployed when we use the narrow definition. Should this be a burden of the government alone, then through the EPWP and CWP, government would have to create 3.4 million and 2.2 million jobs respectively.

Figure 11: Narrow and expanded unemployment rates



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Narrow	25.4	27.2	27.1	24.7	23.8	22.6	22.3	22.8	23.9	24.9
Expanded	36.1	38.4	39.9	39	36.9	35	35.3	30.2	32.9	35.8

Source: Labour Force Survey (2001 - 2007); Quarterly Labour Force Survey (2008 - 2011), Statistics South Africa

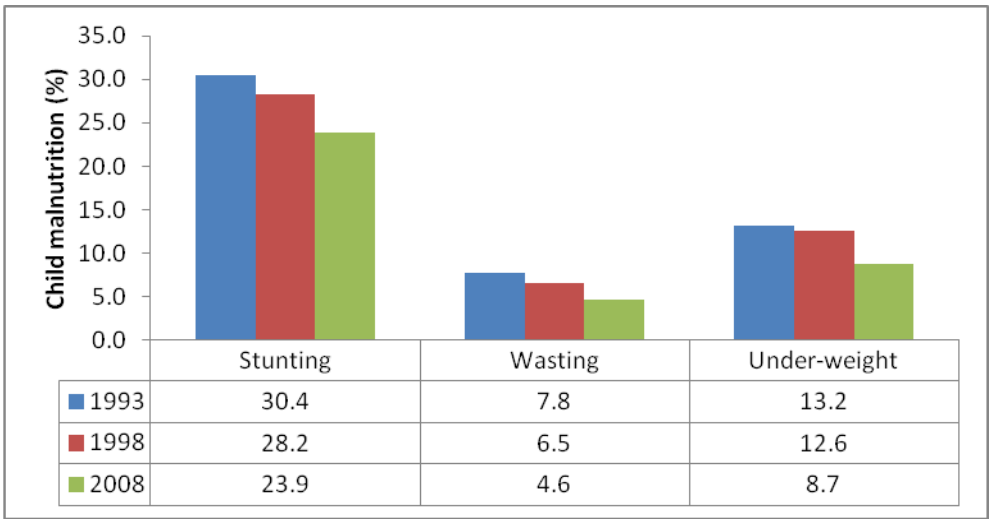
The proportion of those employed but yet still living below the international poverty lines, is of concern. In 2009, a total of 34.8% of employed are found in households living below the UPL (R577 per person per month) and about 3.9% are found in households living below $1.25 (PPP) per person per day as shown in Table 1.2 on Facts and Figures. These high rates of the working poor may indicate challenges with the prospect of employment in non-decent work environments. Nevertheless, while these figures are high, there is an improvement from the situation that prevailed in 2000.

Despite numerous government programmes aimed at job creation, the supply of jobs is unable to meet the demand for jobs. Of the four indicators highlighted for this target, statistics indicate that this target on reducing unemployment (employment to population ratio and percentage of own account and contributing family members) is unlikely to be achieved. Only the target of completely eradicating extreme poverty among workers is considered to be possible to achieve by 2015.

Hunger: An objective way of measuring hunger is through the use of anthropometric data gathered from children aged between six and sixty months (Cogill, 2003). There are three indicators of child malnutrition derived from anthropometric data, namely stunting, wasting and underweight. Furthermore, hunger can be measured subjectively using self-reported hunger by households.

Figure 12 indicates that positive progress has been made in South Africa regarding reducing and ultimately eliminating child malnutrition between 1993 and 2008.

Figure 12: Child malnutrition



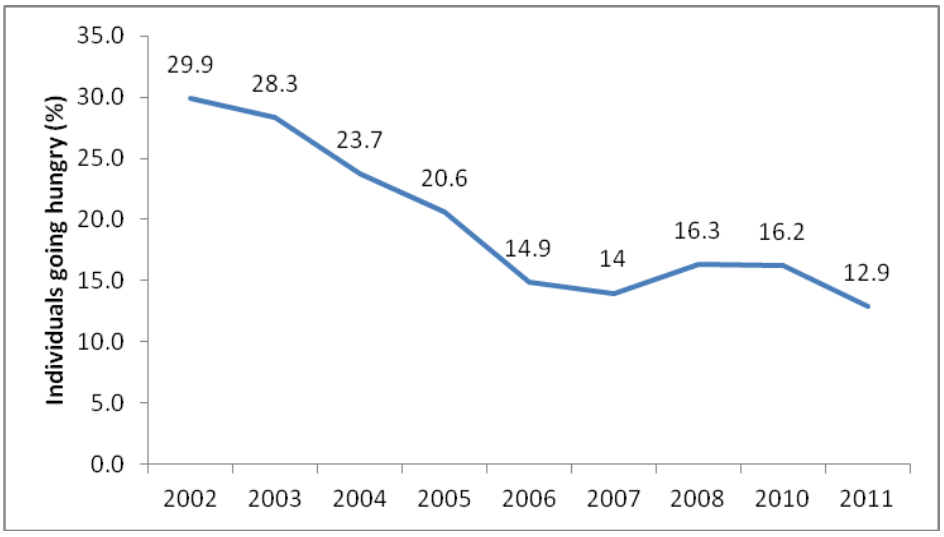
	Stunting	Wasting	Under-weight
1993	30.4	7.8	13.2
1998	28.2	6.5	12.6
2008	23.9	4.6	8.7

Source: PSLDS, 1993; DHS, 1998; NIDS 2008

The figures show a declining rate of stunting amongst children from 30.4% in 1993 to 23.9% in 2008. Similarly, wasting levels declined from 7.8% to 4.6%; while the levels of underweight decreased from 13.2% to 8.7% between 1993 and 2008.

In Figure 13 below, we see a strong downward trend between 2002 and 2011 with regard to self-reported hunger. Hunger reported by households dropped from 29.9% in 2002 to just 12.9% in 2011. There was a brief increase in hunger statistics between 2007 and 2008 of about 2 percentage points and this was likely a consequence of the global economic recession.

Figure 13: Percentage of individuals going hungry



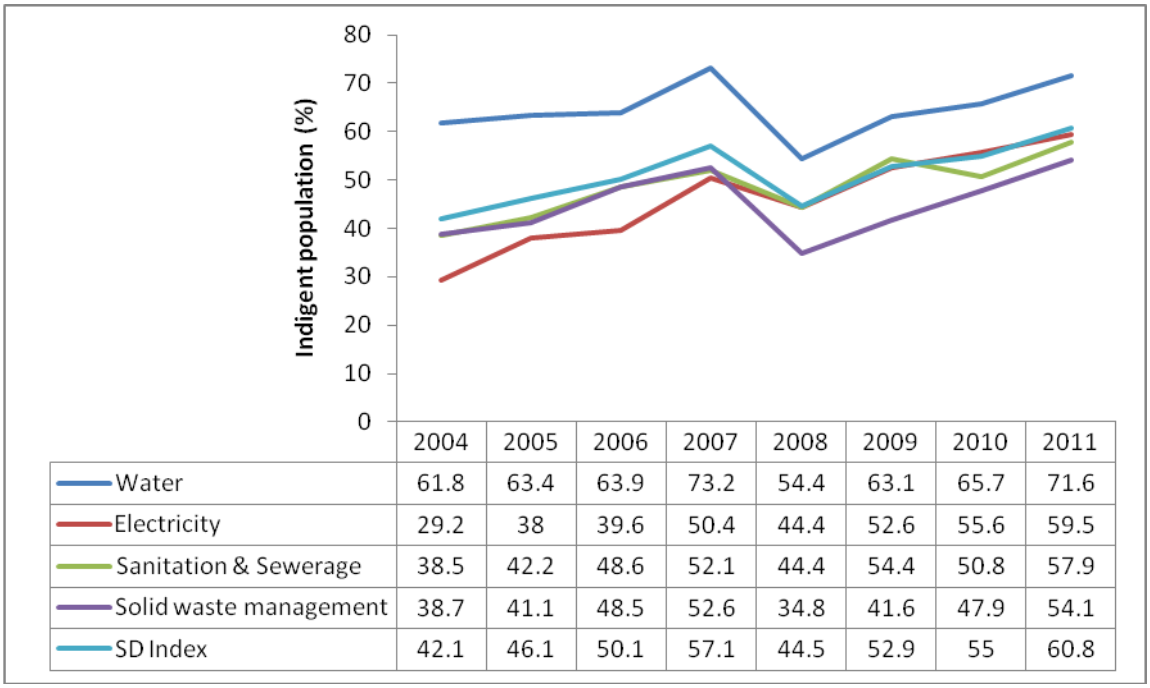
Source: General Household survey (all years[5]), Statistics South Africa

Other indicators that may not be directly linked to the three main targets of MDG 1 but have a significant impact towards achieving the goal are related to the provision of a "social wage". As noted in the introduction, a "social wage" in South Africa comes in various forms, e.g., free primary health care, no-fee schools, social grants (such as old age pensions, child support grants, etc.) and provision of free basic services in the form of RDP housing, reticulated water, electricity, sanitation

[5] This question was not asked in 2009

and sewerage as well as solid waste management to households categorised as poor and indigent. Figure 14 indicates that for all four services outlined above, a significant improvement has been made from 2004 to 2011. The proportion of indigent households with access to free water, electricity, sanitation and sewerage as well as solid waste management increased by the following percentage points 9.8, 30.3, 19.4 and 15.4 respectively from 2004 to 2011.

Figure 14: Access to Free Basic Services for Indigent Households

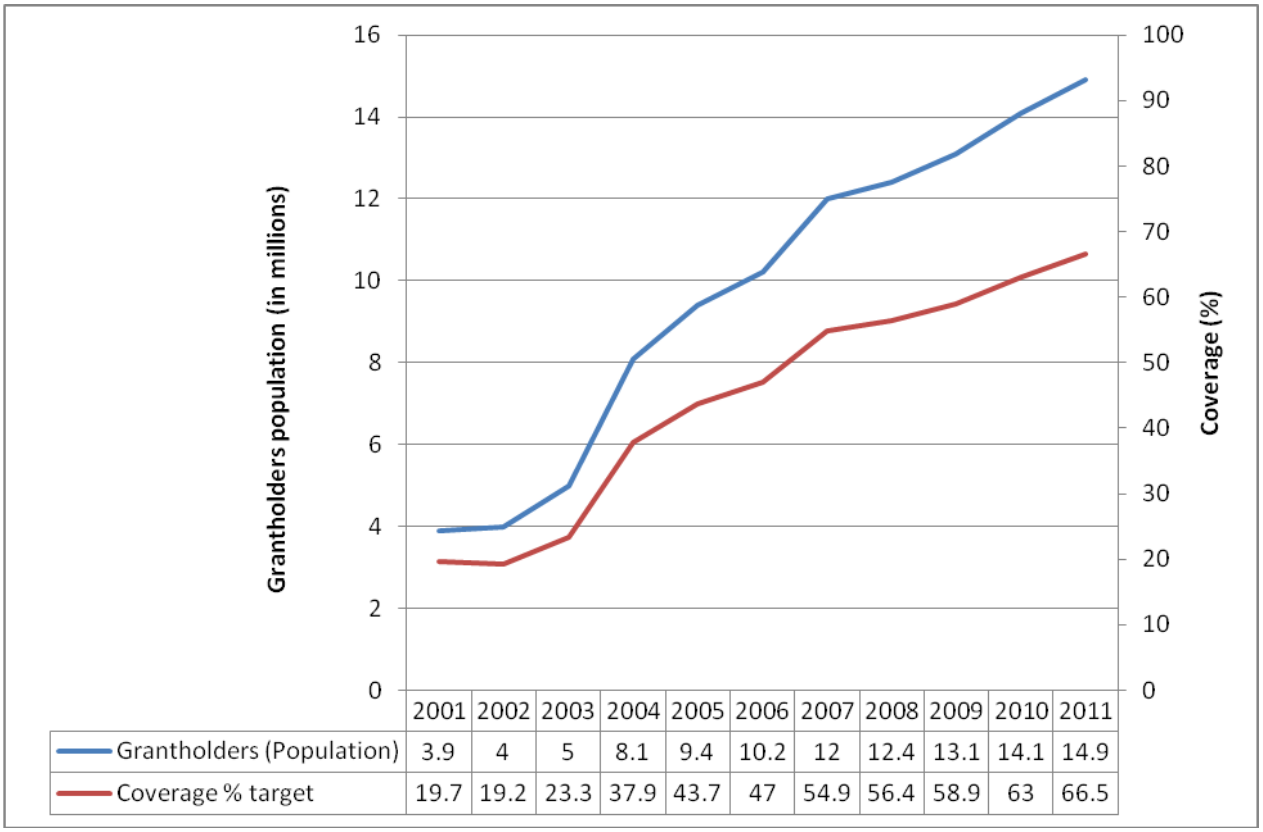


	2004	2005	2006	2007	2008	2009	2010	2011
Water	61.8	63.4	63.9	73.2	54.4	63.1	65.7	71.6
Electricity	29.2	38	39.6	50.4	44.4	52.6	55.6	59.5
Sanitation & Sewerage	38.5	42.2	48.6	52.1	44.4	54.4	50.8	57.9
Solid waste management	38.7	41.1	48.5	52.6	34.8	41.6	47.9	54.1
SD Index	42.1	46.1	50.1	57.1	44.5	52.9	55	60.8

Source: Non-Financial Census of Municipalities, 2004–2011, Statistics South Africa

Similarly, a significant increase is observed in the number of people receiving social grants in South Africa from 3.9 million in 2001 to approximately 15 million people in 2011 (Figure 15). This has been made possible by a steady increase in government expenditure on social grants since 2001, most notably the introduction and rapid expansion of the child support grant.

Figure 15: Coverage of social grants



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Grantholders (Population)	3.9	4	5	8.1	9.4	10.2	12	12.4	13.1	14.1	14.9
Coverage % target	19.7	19.2	23.3	37.9	43.7	47	54.9	56.4	58.9	63	66.5

Source: SOCPEN, all years, South African Social Security Agency

1.4 CONCLUSION

Several factors account for the observed decline in absolute poverty in South Africa. These include amongst others, overall economic growth for the period under consideration and re-allocation of government priorities through the introduction of an expansive social grants system. However, it must be further noted that these measures of poverty based on money measures do not take into consideration other forms of pro-poor government investments such as provisions in health care, water and sanitation, and electricity where targeted interventions are progressively directed towards the indigent.

In contrast to absolute poverty, relative inequality remains high, as measured by the Gini coefficient. One important factor that contributes (but is not exclusively responsible for high inequality), is the high unemployment rate and low labour force participation rate in South Africa. The employment-to-population ratio remains below the target set.

The situation of South Africa is likely to be similar to many other emerging economies. Progress being made towards the achievement of MDG 1 has been somewhat affected by the global increase in food and fuel prices as well as the financial crises. This disruption was not as severe as might have been expected given the scale of each crisis, and this is partly due to the poverty reduction strategies adopted by the South African government during the 1990's and early 2000's, which saw positive trends towards many of the international and domestic targets.

Halving the share of the population earning less than $1.25 (PPP) per person per day is already achieved, while the share of those experiencing hunger has also been halved, at least in terms of self-reported hunger. Despite this progress, there are disturbing trends in terms of the

differentiation of poverty outcomes according to generation and gender; in particular, youth and women remain disproportionately vulnerable to all forms of poverty defined under MDG 1.

1.5 RECOMMENDATIONS

Even though inclusion of a range of domesticated indicators strengthened the final dashboard on poverty and hunger, the set of indicators remains unbalanced. A number of additions are proposed:

- The reduction of poverty is largely conceptualised by conventional MDG 1 reporting as a static occurrence in which households cross a threshold from 'poor' to 'non-poor'. However, research shows that many of those who exit poverty in one period may later re-enter poverty due to life course events as well as due to unanticipated negative events. Such repeated episodes of poverty refer to an important concept in current poverty analysis which notes that some people may be caught below the poverty threshold and are unable to experience the economic mobility required to ever place them above this threshold, while others experience a churning around the poverty threshold. The result of poverty traps is commonly referred to as chronic poverty and usually requires the collection of panel survey data in order to demonstrate how households that are repeatedly observed below the poverty line fare.

In terms of food security, additions are recommended to the current measurement approach namely:

- Initiate the measurement of consumption through a Dietary Diverse Score, the index of which can be regularly calculated by using IES or LCS data. A Child Food Insecurity Indicator could be introduced which would provide an indication of the success/failure of South Africa in providing food security measures to its most vulnerable population. It is recommended that a mix of methods be used including data gathered using an instrument such as the Demographic and Health Survey (DHS), while Department of Health records can be used for on-going monitoring.
- Dietary shifts and their associated burden of disease are a new area of concern for future development goals and it is proposed that indices of Child and Adult Obesity be reported on.

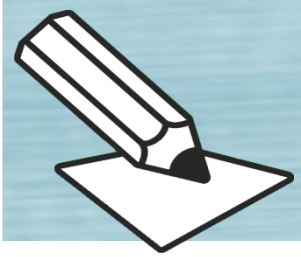
Inequality as measured through the Gini coefficient is sensitive to the methodology used to collect data and does not measure social inequality. It only measures economic inequality and thus may under- or over-state the degree of cohesiveness in a society.

Consideration should be given either to the development of a tailored instrument to be used to monitor MDG 1 progress of people with disabilities, increasing the sample size and introducing appropriate questions into existing instruments and/or improving the coverage and regularity of reporting from administrative sources.

The data discussed in this report give rise to a concern that there may be deep pockets of poverty in many parts of South Africa that are not being adequately reached by government policy. The data from local studies which do not meet the stringent criteria of the official statistics reported show that there are areas in South Africa with extraordinarily high levels of poverty in terms of all measures of deprivation, and that within these areas there may be severely deprived groups who have little chance of benefiting from the country's wealth or the redistributive policies of its government.

Another concern is that the economy of South Africa remains somewhat inefficient in terms of its ability to translate economic growth into the prosperity of the country's population. A useful tool here is known as the poverty elasticity of growth which shows what decrease in poverty results from economic growth. Historically, South Africa has performed badly in terms of this. The reasons for this, including the possible influence of inequality, need to be better understood if the pace of poverty reduction is to be increased beyond its current sluggish rate.

Statistical programmes to expand measurement in these areas are necessary and could be included in the national statistical system.



MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

2.1 BACKGROUND

According to Millennium Development Goal 2 (MDG 2) all children of school going age, boys and girls, must achieve universal primary education by 2015, or must have completed primary education, regardless of their age. The first democratic elections that took place in 1994, represent a turning point in the history and development of South Africa as the new constitution that emanated from the transition to a democratic state entrenched the right to basic education. It also indicated that the state, through reasonable measures, must make higher education accessible and progressively available to its citizens (Act No. 108 of 1996). In line with the importance attached to universal education in the constitution, compulsory schooling was introduced for the age group 7–15 years by which time learners are expected to have finished grade 9. During the past 20 years, significant attention was given to integrating the fragmented education sector inherited in 1994, to expanding the infrastructure, the adoption of the outcomes based education system (OBE) and curriculum 2005, as well as the introduction of a number of educational policies and strategies aimed at reducing inequalities in the education system. The importance attached to education is reflected by the allocation of 20% of the country's 2013 budget to education. This currently represents the largest sectoral allocation in the country's budget and amounts to 6% of the GDP. Public spending on primary and secondary schooling represents 4% of the Gross National Product (GNP) which compares well with the average of 3.1% for developing countries and 2.9% in sub-Saharan Africa (Department of Basic Education (DBE), 2012).

The 2010 MDG report concluded that the country has attained the goal of universal primary education before the targeted date of 2015. That same report encouraged the government to maximise the gains made during the preceding 15 years by translating this achievement into educational transformation and improving the quality and functioning of education. The current report therefore goes beyond achievements related to universal access to education to also include indicators on the efficiency, quality and outputs of the education system.

Information base: Information for this indicator is sex disaggregated population base data for children aged 7–13 and persons 15–24 years of age.

2.2 FACTS AND FIGURES

Goal 2: Achieve Universal Primary Education						
Indicators	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Target 3: Ensure that by 2015, children everywhere, boys and girls alike will be able to complete a full course of primary schooling						
Net enrolment ratio in primary education	Data deficiency	Data deficiency	Data deficiency	NA	**NA**	MDG
Adjusted net enrolment ratio in primary education	96.5 (2002)	98.8 (2009)	98.9 (2011)	100	**Likely**	Domesticated
• **Male**	96.8 (2002)	99.0 (2009)	99.2 (2011)	100		
• **Female**						
Proportion of learners starting grade 1 who reach last grade of primary	89.2 (2002)	91.8 (2009)	93.4 (2012)	100	**Likely**	MDG
• **Male**	90.1 (2002)	93.4 (2009)	96.1 (2012)	100		
• **Female**						
Literacy rate of 15-24 year-olds	83.3[6] (2002)	88.9 (2009)	90.7 (2011)	100	**Likely**	MDG
• **Male**	88.4 (2002)	93.1 (2009)	94.6 (2011)	100		
• **Female**						
Gross enrolment rate in tertiary education (%)	13 (2001)	15 (2009)	16 (2011)	20	**Likely**	Domesticated
• **Male**	15 (2001)	19 (2009)	22 (2011)	20	**Achieved**	
• **Female**						
Learner-to-Educator ratio	33:1 (2005)	31:1 (2009)	30:1 (2012)	30:1	**Achieved**	Domesticated
Primary school completion rate for people with disabilities	NA	NA	67 (2011)	No target	NA	Domesticated
• **Male**	NA	NA	78 (2011)	No target		
• **Female**						
Secondary school completion rate for people with disabilities	NA	NA	35 (2011)	No target	NA	Domesticated
	NA	NA	43	No		

[6] Figures may have changed from 2010

Goal 2: Achieve Universal Primary Education						
Indicators	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
• **Male** • **Female**			(2011)	target		
Infrastructure (Electricity) (% of schools)	NA	NA	85.7 (2011)	100	NA	Domesticated
Infrastructure (Water) (% of schools)	NA	NA	90.3 (2011)	100	NA	Domesticated
Infrastructure (Sanitation) (% of schools)	NA	NA	96.3 (2011)	100	NA	Domesticated
Infrastructure (Perimeter fencing) (% of schools)	NA	NA	89.3 (2011)	100	NA	Domesticated
Annual National Assessment: Grade 3 (% of learners)	NA	NA	36.3 (2012)	60	NA	Domesticated
• **Numeracy** • **Literacy**	NA	NA	56.6 (2012)	60	NA	
Annual National Assessment: Grade 6 (% of learners)	NA	NA	10.6 (2012)	60	NA	Domesticated
• **Mathematics** • **Language**	NA	NA	38.7 (2012)	60	NA	
Annual National Assessment: Grade 9 (% of learners)	NA	NA	2.3 (2012)	60	NA	Domesticated
• **Mathematics** • **Language**	NA	NA	38.9 (2012)	60	NA	
National Senior Certificate (NSC) pass rates	62.0 (2009)	69.3 (2010)	75.7 (2012)	87.7	**Likely**	Domesticated
• **Male** • **Female** **(% of learners)**	59.5 (2009)	66.5 (2010)	72.4 (2012)	84.4	**Likely**	
Bachelor Pass (% of learners)	19.9 (2009)	23.5 (2010)	26.6 (2012)	35.6	**Likely**	Domesticated

Goal 2: Achieve Universal Primary Education						
Indicators	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Grade 9 (TIMSS) Maths [7]Achievement • **Male** • **Female** **(% of learners)**	11.6 (2002)	No data	23.6 (2011)	No target	NA	Domesticated
	9.5 (2002)	No data	25.5 (2011)	No target	NA	
Grade 9 (TIMSS) Science Achievement • **Male** • **Female** **(% of learners)**	14.2 (2002)	No data	23.8 (2011)	No target	NA	Domesticated
	12.0 (2002)	No data	26.7 (2011)	No target	NA	

2.3 INSIGHTS

The efficiency of the system, as well as the quality of education provided by the education system, has been a matter of great concern to stakeholders. Poor learner performance in all assessments, high drop-out, and repetition rates are areas of grave concern. Consequently, as of 2003/04, the government has greatly expanded education funding and focused on the provision of quality education.

In 2009, the government emphasised improving access to: Early Childhood Development (ECD), Grade R, Higher Education (HE), Further Education and Training (FET) and to people with disabilities while at the same time giving attention to the provision of quality education. This is demonstrated in recent policy shifts indicating the prime position occupied by education on the list of the twelve government priorities, inter alia, the separation of the Department of Education into two departments, namely the Department of Basic Education (DBE) and the Department of Higher Education and Training (DHET), as well as the delivery agreements signed by key government stakeholders in 2010.

This heightened commitment is also emphasised in initiatives of strategic importance such as the introduction of annual national assessments, expansion of Grade R, emphasis on improving the Grade 12 pass rate and the streamlining of teacher education and development.

Despite the solid policy changes made by the government, there are still many challenges; these include distances travelled by children participating in Early Child Development (ECD) programmes, transport costs, poor learner performance in national and international assessments, utilisation of the teacher labour force, poor policy implementation and understanding enablers of learning in the context of living conditions and arrangements of households and families.

[7] TIMSS uses a scale anchoring to summarize and describe student achievement at four points on the mathematics and science scales. These are Advanced Benchmark (score of 625 and above), High (score of 550 and above), Intermediate Benchmark (score of 475 and above) and the Low benchmark (score of more than 400) science scales.

These problems of poor learner performance are compounded by issues such as the distance of the implementers from the source of the policy; the greater the distance between implementers and policymakers, the lower the impact of the policy and more importantly the conditions of life and educational support systems in the home environment and commitment to performance management in the school environment.

Discussions will now focus on progress in respect of specific areas.

Access to education

Primary school education: In 2011, 99.0% of 7 to 13-year old children attended primary schooling. The Adjusted Net Enrolment Rate (ANER) increased from 96.7% in 2002 to 99.0% in 2011. The differences in ANER of males and females have decreased since 2002 and are currently less than 0.5 percentage points.

Table 4: Adjusted net enrolment rate in primary education by sex

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Male	96.5	97.0	97.8	97.9	98.0	98.1	98.0	98.8	99.0	98.9
Female	96.8	97.9	98.5	98.2	98.4	98.8	98.3	99.0	99.1	99.2
National	96.7	97.4	98.2	98.1	98.2	98.5	98.1	98.9	99.1	99.0

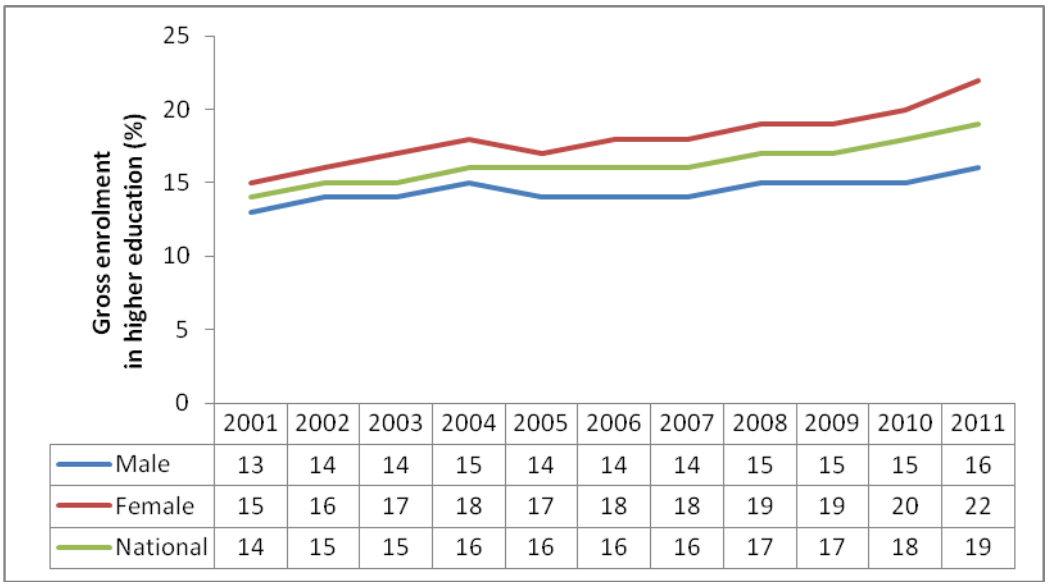
Source: General Household Survey, Statistics South Africa

The MDG target of universal access for children of primary school age has been achieved and the focus has now expanded to include access to ECD based on the assertion that quality ECD can potentially improve learning outcomes throughout the school system. Even though there has been a steady increase in the percentage of learners enrolled in Grade R in public schools between 2002 (39.3%) and 2011 (84.8%), (DBE, 2012a) universal enrolment in Grade R may not be achieved by 2014.

Post-school education: The Department of Higher Education and Training's (DHET) Strategic Plan for Higher Education and Training 2010–2015, highlighted the importance of tertiary education in relation to the government's development agenda. In contrast to the universal targets set for primary education, Higher Education (HE) is aimed at providing access to tertiary institutions to at least 20% of learners who successfully complete Grade 12.

There has been an increase in HE enrolments from 677 913 candidates in 2002 to 938 201 in 2011 (DHET, 2012a). With the target being 20% enrolment rate in HE by 2014, it is clear from Figure 12 that with 19% of youth already in HE in 2011, South Africa is well on course to meet the national target. The national average shows an increase of approximately 5 percentage points from 2001 to 2011. When comparing males and females a slightly different scenario is observed. Over the ten year period 2001 to 2011, females made more gains than males as they improved their participation rate by 7 percentage points from 15% to 22% (Figure 16) when compared to the 3 percentage points gain observed for males.

Figure 16: *Gross enrolment rate in higher education by sex*



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Male	13	14	14	15	14	14	14	15	15	15	16
Female	15	16	17	18	17	18	18	19	19	20	22
National	14	15	15	16	16	16	16	17	17	18	19

Source: Higher Education Management Information System (HEMIS), Department of Higher Education and Training

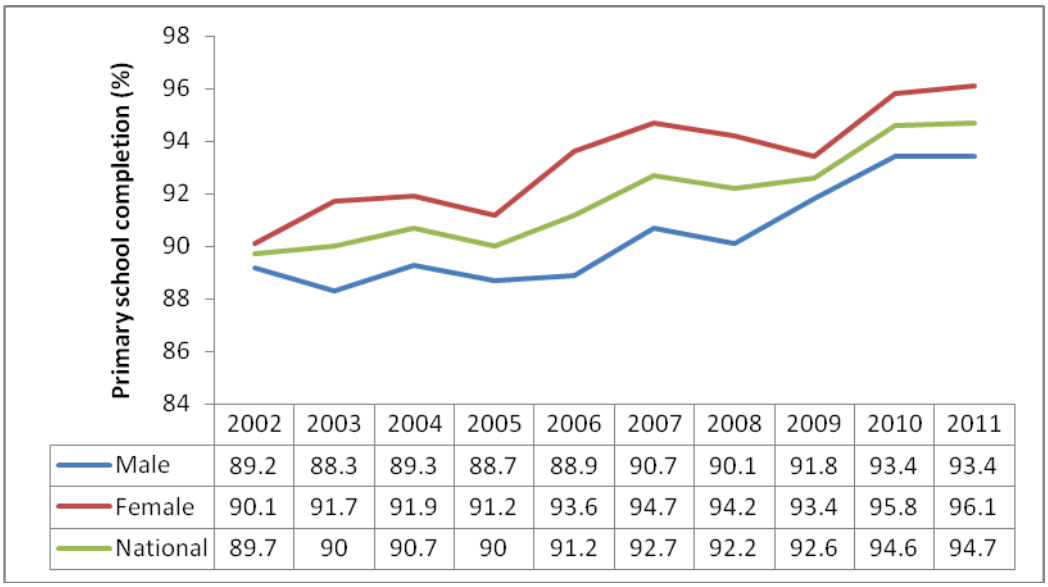
In contrast, enrolment in much needed middle level skills such as technical and vocational education are struggling with Further Education and Training (FET) college enrolment figures reaching a mere 400 273 in 2011. When measured against the targeted figure of 1 million youth and adults registrations in FET colleges by 2014, these enrolment figures are therefore unlikely to be met. The same is true for Adult Education and Training (AET). Prior to 2000, AET was referred to as Adult Basic Education and Training (ABET) and it provides access to a basic education with an emphasis on literacy. A total of 214 236 individuals participated in this programme in 2011 (AET, 2011). If the AET programme increased by approximately 6 000 individuals annually as it did between 2010 and 2011, then by 2014 a total of 232 236 individuals will be enrolled in an AET programme. This would mean that by 2014 about 79% of the target of 300 000 would have been met.

Efficiency indicators

Primary school completion rate: The successful completion rate of primary schooling (94.7%) in South Africa (Figure 13), is fairly good by international standards and is a proxy indicator for efficiency in the education system. In 2010 similar countries (upper-middle income) achieved primary completion rates of 98.3%, while middle income countries achieved primary completion rates of 93.8%. In 2011, the world average and the average primary completion rate for high income countries were 90.3% and 100% respectively.

In 2002 the primary completion rate for males was 89.2% and for females 90.1%, and these improved to 93.4% and 96.1% respectively by 2011.

Figure 17: Primary school completion rate (2002–2011)



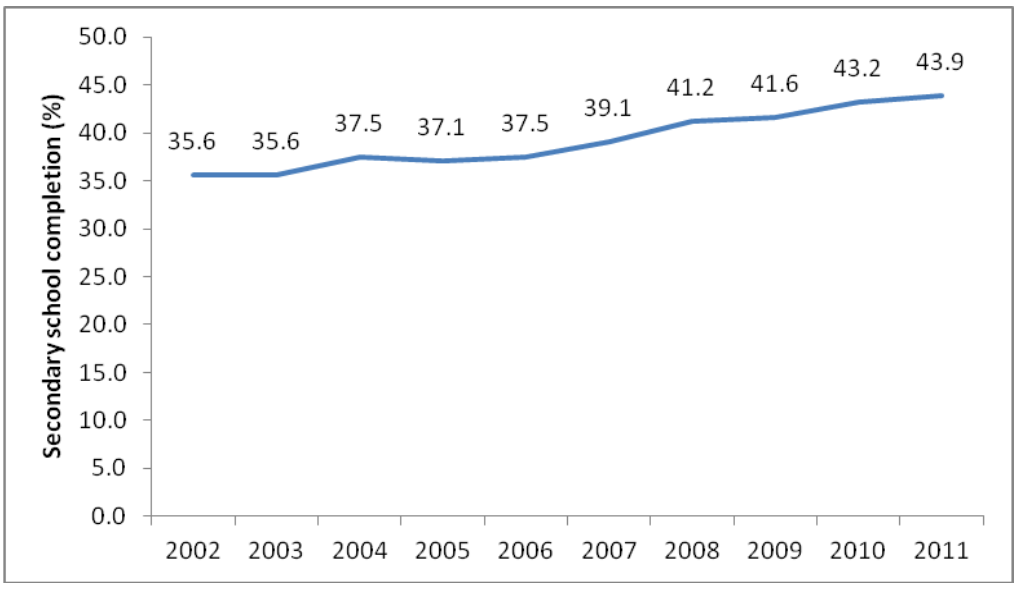
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Male	89.2	88.3	89.3	88.7	88.9	90.7	90.1	91.8	93.4	93.4
Female	90.1	91.7	91.9	91.2	93.6	94.7	94.2	93.4	95.8	96.1
National	89.7	90	90.7	90	91.2	92.7	92.2	92.6	94.6	94.7

Source: General Household Survey, Statistics South Africa

In spite of the good progress made in the primary education sector, secondary school completion rates are still problematic.

Secondary completion rates: Figure 18 shows that only 43.9% of learners complete secondary education (DBE, 2012) which, according to international standards, is low. Within the schooling system, the key challenge appears to be improving the pass rate of Grade 12 learners. Introduction of the National Senior Certificate Vocational (NC(V)) is one of the strategies developed by the DBE to deal with this challenge. However, learners who enrol in NC(V) are those who did not perform well in the National Senior Certificate (NSC). This avenue, contrary to its intention, is therefore used as a fall back option.

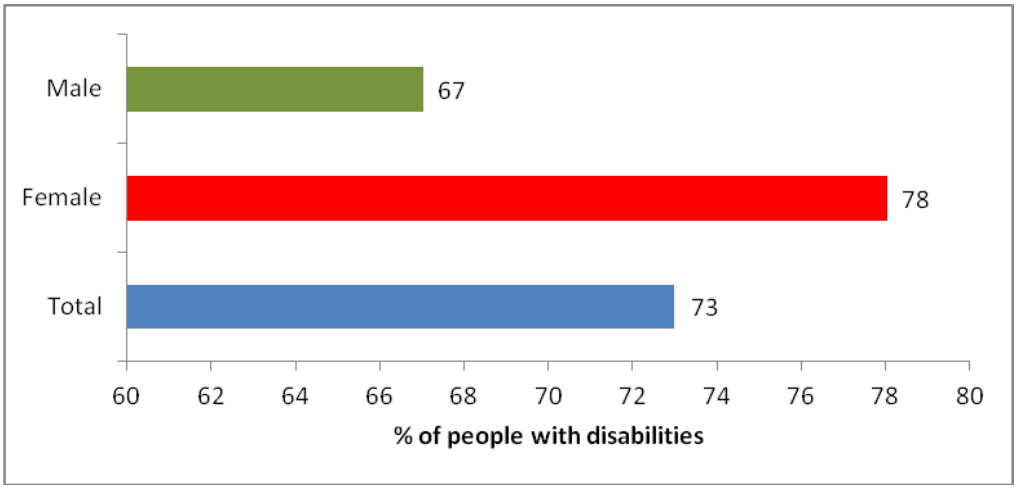
Figure 18: Secondary school completion rate (2002–2011)



Source: General Household Survey, 2002–2011, Statistics South Africa

Primary School Completion Rate of People with Disabilities: In 2011, on average, 73% of disabled learners completed the primary level of education (Figure 19). Nationally, more females (78%) than males (67%) completed the primary phase of education. Comparatively speaking, this difference, which is approximately ten percentage points, is too high, even when compared to the difference between able bodied males and females.

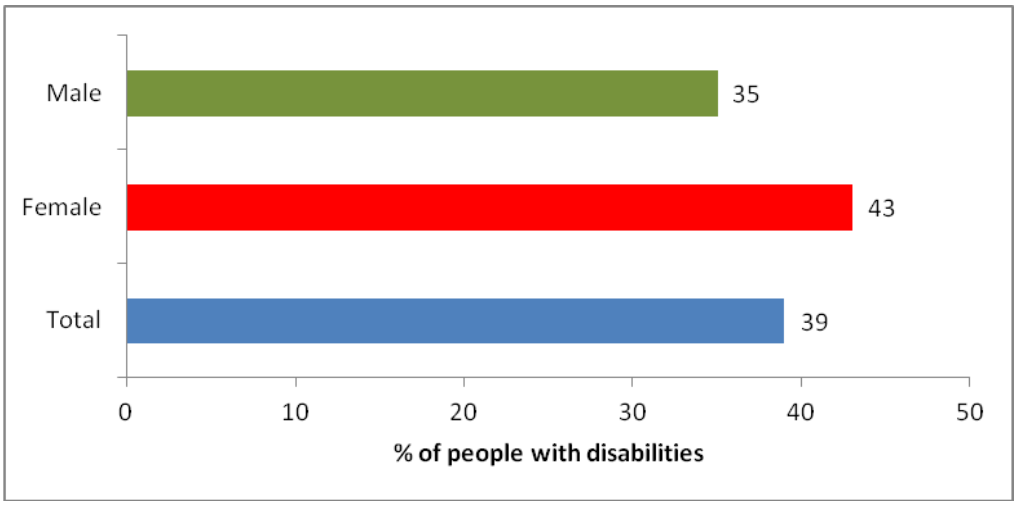
Figure 19: Primary school completion rate of people with disabilities



Source: Census 2011, Statistics South Africa

Secondary school completion rate of people with disabilities: On average, 39% of disabled learners enrolled in 2011 completed the secondary level of education (Figure 20). Nationally, more females (43%) than males (35%) completed the secondary phase of education.

Figure 20: Secondary school completion rate of people with disabilities



Source: Census 2011, Statistics South Africa

Percentage of repeaters in the schooling sector: United Nations Educational, Scientific and Cultural Organisation (UNESCO, 1998) defines education wastage as "missed opportunities for individuals, communities, entire nations and regions of the world". A form of wastage in education is grade repetition in primary and secondary schools. On average 7% of students repeat the primary school grade that they were enrolled in during the previous year (Statistics South Africa, 2012) which is higher than the average level for developing countries (5%) as well as developed countries (1%).

Repetition rates for Grades 10 and 11 in secondary education is 21 and 18 percent respectively (Statistics South Africa, 2012). The dropout and repeater rates in Grades 10 and 11 are largely due to the fact that students are not acquiring the foundational skills they should have in earlier grades. Consequently, problems with NSC performance, and dropout just before Grade 12, are actually rooted in weak learning in primary school and early secondary school (Spaull, 2012). Students carry their learning deficits with them as they get pushed through the grades only to fail in Grades 10, 11 or 12 since schools do not want high failure rates in Grade 12. However, the real problem lies in the earlier grades (Spaull, 2012).

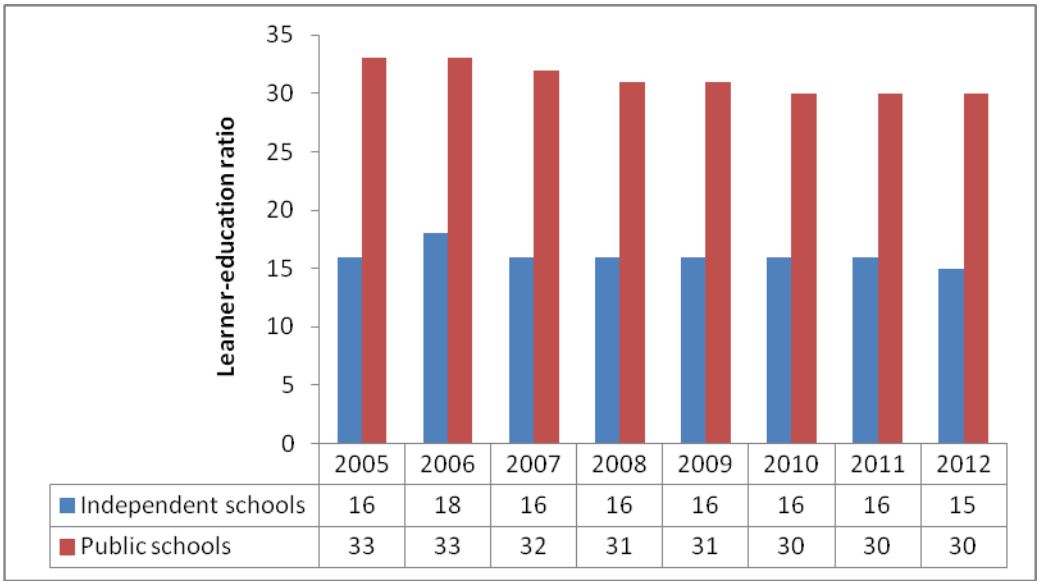
Indicators of quality

Teacher qualifications: South Africa inherited a large teacher labour force from the apartheid education system. As a result, teacher shortages have never been a problem with 97% of all teachers employed nationally being qualified to teach.

However the optimal utilisation of the teacher labour force across provinces is problematic. This is evident in the performance of learners in national and international assessments which indicate that the high percentage of qualified teachers in South Africa does not significantly impact on learner performance. This is verified by the National Education Evaluation and Development Unit (NEEDU) report (NEEDU, 2011), which found that teaching of Grades 1,2 and 3 is so poor, and the learners' ability to read so weak, that they are likely to struggle for the rest of their school years.

Learner to educator ratio (LER): The LER is used as a proxy indicator for the quality of education as it is assumed that fewer learners per educator will result in greater contact between the two and lead to enhanced learning. The reduction of learner to educator ratios has been a strategic objective of the DBE and funding for this purpose was secured in 2009, mainly to provide support to targeted schools in the form of additional posts. South Africa saw a slight decrease in the LER for ordinary public schools between 2005 and 2012 from 33:1 in 2005 to 30:1 in 2012. However, this masks great variations at district level, and therefore policy and strategy formulation should be based on data at lower levels of geography.

Figure 21: National learner-to-educator ratio by school type

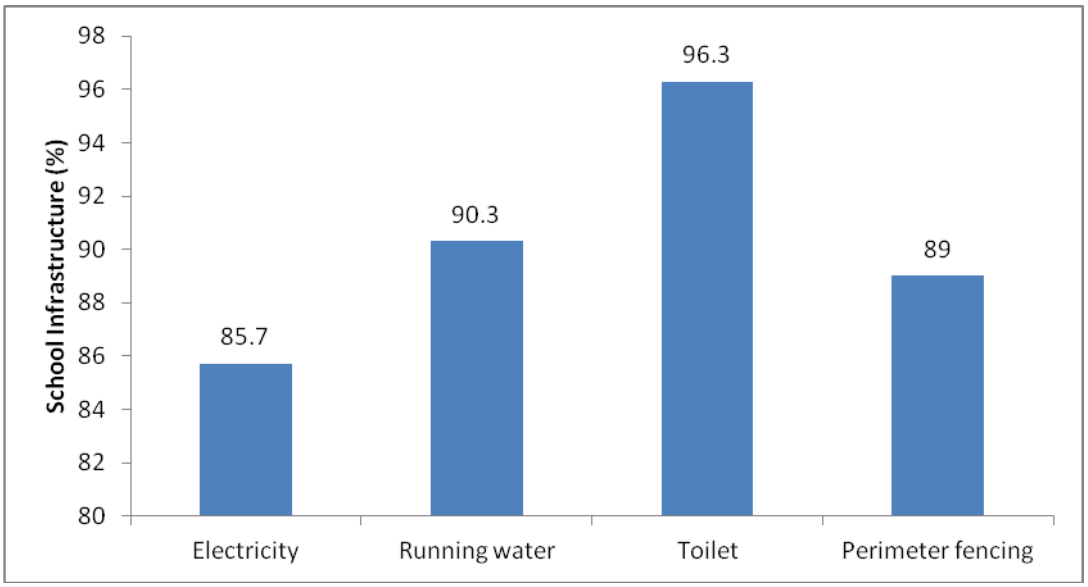


	2005	2006	2007	2008	2009	2010	2011	2012
Independent schools	16	18	16	16	16	16	16	15
Public schools	33	33	32	31	31	30	30	30

Source: SNAP Survey, 2005 – 2012, Department of Basic Education

Basic school infrastructure and services: Even though 90.3% of schools have access to water, 2 611 schools out of 22 391 schools have been identified as having unreliable water sources (NEIMS, 2011). The report shows that the majority of schools have access to either municipal water on site or from a borehole. Nationally, 96.3% of schools have access to a single or multiple numbers of municipal flush, septic flush enviro-loo, VIP (pit latrine with ventilation pipe), pit latrine and chemical sanitation facilities. However, in most cases the sanitation facilities are basic pit latrines (11 500 schools) followed by municipal flush (7 900 schools) (NEIMS, 2011). Only 85.7% of schools have electricity and 89.0% perimeter fencing.

Figure 22: School infrastructure at a national level



Source: National Education Infrastructure Management System (NEIMS) Report May 2011, Department of Basic Education

Outcomes Indicators

Functional literacy: South Africa has nearly achieved universal literacy for youth aged 15 to 24 with an overall literacy rate of 92.7% in 2011. Literacy rates were higher for female youth than male youth for the period 2002 to 2011. This contrasts with the adult literacy rate where fewer women are literate than men, indicating the gender based generational shift that took place during the past 20 years in relation to literacy. The youth literacy rate for females increased from 88.4% in 2002 to 94.6% in 2011 and for males from 83.3% in 2002 to 90.7% in 2011.

Table 5: Youth functional literacy rate for youth aged 15 to 24 by sex (2002-2011)

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Male	83.3	84.7	84.9	86.6	87.3	87.6	88.5	88.9	90.4	90.7
Female	88.4	89.7	90.5	90.9	91.4	92.5	92.0	93.1	94.6	94.6
Total	85.9	87.3	87.8	88.8	89.4	90.1	90.3	91.0	92.5	92.7

Source: General Household Survey, Statistics South Africa

Even though the secondary school completion rate is fairly low in South Africa, the youth literacy rate is 92.7% for the country.

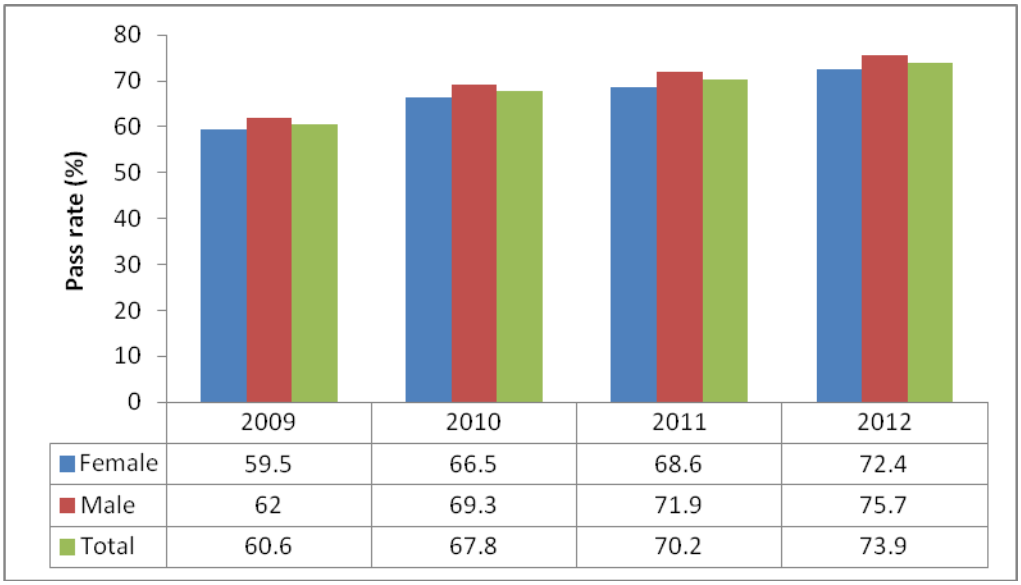
National Assessments

Annual National Assessments (ANA): The purpose of ANA is to track learner performance each year in literacy, numeracy, languages and mathematics as the DBE works towards the goal of improving learner performance in line with commitments made by government (DBE, ANA 2012). In 2012 the ANA was administered to all primary school grades as well to Grade 9 learners. This report focuses on Grades 3, 6 and 9 as these are phase-exiting grades.

When considering learners who obtained scores higher than 50%, the results indicate a serious lack of numeracy skills in all three grades. Learners performed considerably better in literacy than in numeracy.

National Senior Certificate: While there has been a steady improvement in learner performance from 60.6% in 2009 to 73.9% in 2012 (Figure 23), the quality of the Grade 12 pass rate has been vigorously debated over the last few years. This debate centred around the declining numbers of mathematics and science candidates writing the NSC and the issue of 'gate keeping' in schools. Another concern is the significant increase in the number of part time candidates from 39 255 in 2009 to 120 484 in 2012.

Figure 23: National Senior Certificate pass rate by sex

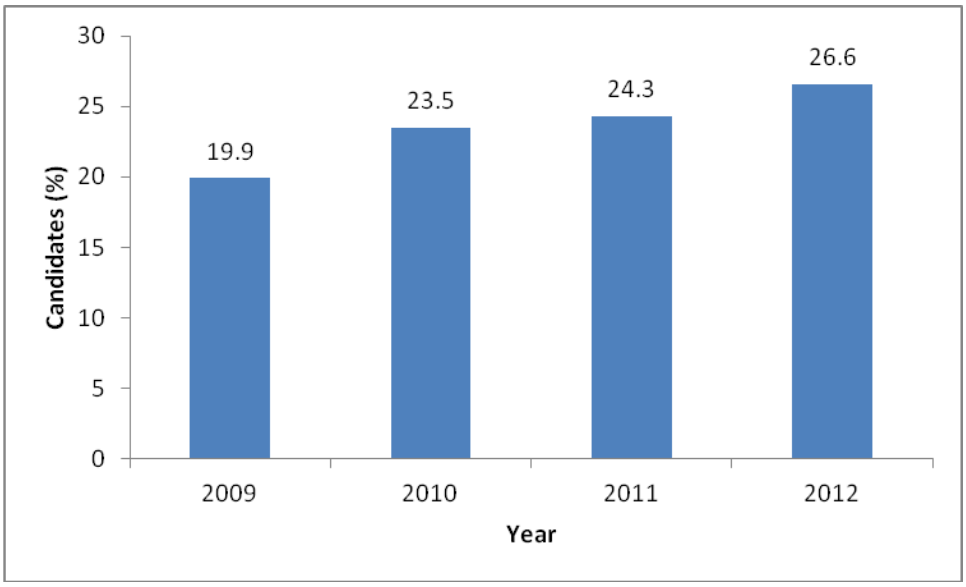


	2009	2010	2011	2012
Female	59.5	66.5	68.6	72.4
Male	62	69.3	71.9	75.7
Total	60.6	67.8	70.2	73.9

Source: National Senior Certificate Database, 2009 – 2012, Department of Basic Education

The bachelor's pass gives an indication that learners have qualified to enter a bachelor degree programme or refers to minimum entry requirements at a university. There has been a steady increase in the proportion of learners with a bachelor's pass from 19.9% in 2009 to 26.6% in 2012, an increase of approximately 7 percentage points (Figure 24).

Figure 24: Percentage of candidates who achieved a bachelor's pass, 2009 to 2012



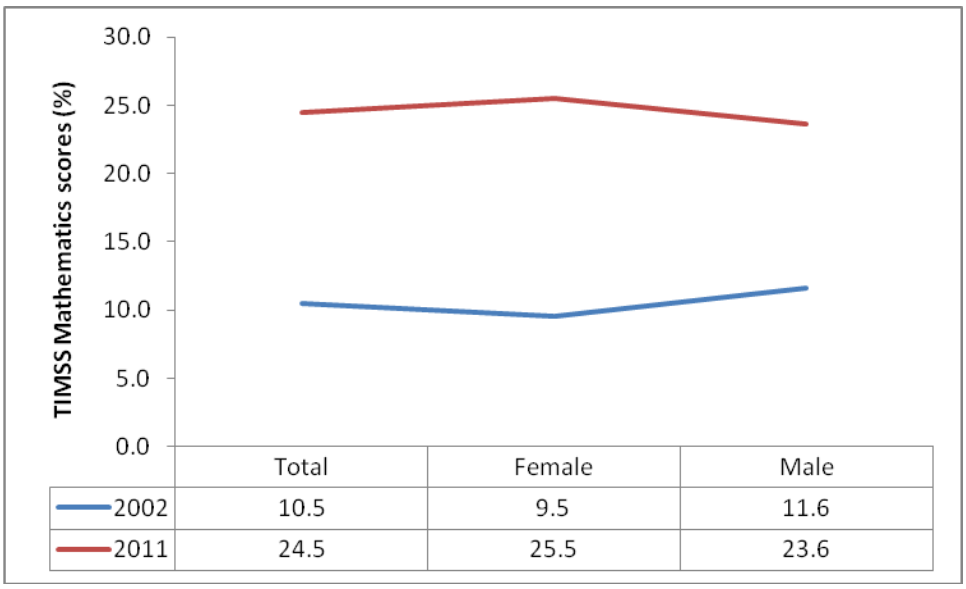
Source: National Senior Certificate Database, 2009–2012, Department of Basic Education

International assessments

Trends in Mathematics and Science Study (TIMSS): TIMSS is an international assessment of Mathematics and Science for Grade 4 and Grade 8 learners. Country results are benchmarked at 5 levels and in South Africa the majority of learners fall in the lowest level, scoring less than 400 points. However, it is important to note that significant improvements in learner performance in these subjects were recorded from 2003 to 2011. Three countries, South Africa, Botswana and Honduras, administered the assessments at the Grade 9 level. All three continued to demonstrate low performances at this level, for both mathematics and science.

Mathematics results: From 2002 to 2011, the number of mathematics learners scoring above the low benchmark of 400, more than doubled, from 10.5% to 24.5%. This improvement was observed for both male and female learners.

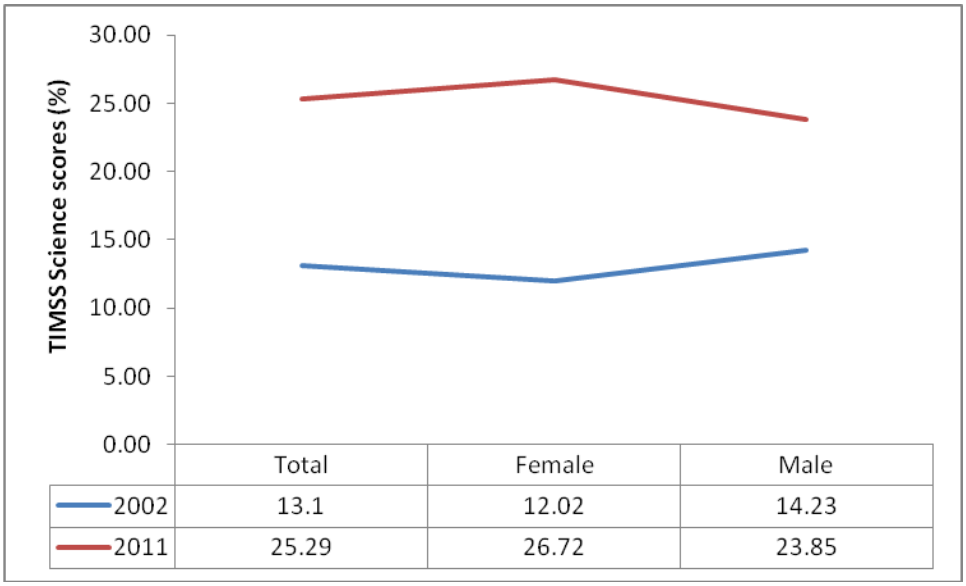
Figure 25: The percentage of TIMSS Mathematics learners who performed at > 400



Source: Trends in Mathematics and Science Study, 2002 and 2011, Human Resources Research Council

Natural Science results: From 2002 to 2011, the percentage of Natural Science learners scoring above the low benchmark (400–475) nearly doubled, from 13.1% to 25.3%. As was the case for Mathematics the performance for both sexes improved considerably over this period.

Figure 26: The percentage of TIMSS Natural Science learners who performed at > 400



	Total	Female	Male
2002	13.1	12.02	14.23
2011	25.29	26.72	23.85

Source: Trends in Mathematics and Science Study, 2002 and 2011, Human Sciences Research Council

The greatest improvement was among learners who can be described as the 'most disadvantaged' and who initially scored the lowest. These improvements were found to coincide with schools receiving the most number of interventions aimed at improving the quality of education. The results appear to suggest the continued investment in low-income households (to improve educational levels of the household and encourage the channelling of more resources to education) and in less-resourced schools (to improve school climate, resources and quality of teaching).

2.4 CONCLUSION

Clearly, for 7 to 13-year olds, the government has attained the goal of providing educational access to all. This has been made possible through the use of multiple policies and strategies; for example increased funding, increasing the availability and geographic spread of educational facilities and improving the teaching and learning environment.

The completion or graduation rates are not commensurate with the enrolments throughout the system with the problem getting worse higher up. For example, many candidates do not reach Grade 12, while the pass rate masks time taken by the successful candidates to complete their school careers from Grade 1 to Grade 12 (Seekings, 2002).

The lower levels of the system are not producing strong candidates to perform well when they get to the senior levels, such as FET and university. The problem of underperformance starts in the foundation phase and gets progressively worse up to Grade 9. Instead of implementing programmes aimed at improving performance in Grades 10 and 11, schools tend to weed out the poor performers in these two grades. Learners in previously disadvantaged and rural communities are particularly prone to 'failure' and dropping out.

South Africa falls below international standards as measured through TIMSS even though there is some improvement in comparison with previous years. The shortage of qualified teachers for certain phases and subjects in specific geographic areas is another significant problem.

2.5 RECOMMENDATIONS

The following recommendations regarding possible areas of improvement are proposed:

- Schools, districts and provinces need strong guidance and support with regards to implementation of policies; while social commitments must be secured in the form of agreements between all stakeholders.
- The same political commitment availed to the schooling sector needs to be extended to other areas of importance such as the ECD, FET and people with disabilities, as well as to the improvement of education quality and efficiency.
- Current initiatives aimed at improving learner performance including regular testing through the ANA, strengthening the curriculum for subjects such as science and mathematics and providing targeted training for teachers should continue and need to be strengthened.
- Recruitment of teachers must focus on the most problematic areas of expertise and locations. Recruits could be identified when they are still in high school. By the time they enter university their training could be facilitated at an institution close to the school they wish to build a relationship with. Inter-sectoral cooperation must be strengthened and programmes such as learnerships could be improved to be responsive to this need.
- The living arrangements and support systems have to form part of a package that addresses learner performance at school.

Initial teacher education and teacher development must be aligned to quality and efficiency problems. There is a need for strong links between universities and the communities they serve.

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN

3.1 BACKGROUND

Goal 3 of the MDGs is aimed at the promotion of gender equality and women empowerment. Additional indicators were placed in order to emphasise that education is not only an end in itself, but also a means to women's empowerment.

Generally, South Africa has, since 1994, become known internationally for relatively good performance in terms of common measures of gender equality. The South African Constitution (Act No. 108 of 1996), with its strong provisions in respect of equality, lays the basis for this achievement. South Africa has also, since 1994, introduced a raft of laws that directly address gender issues, has ratified a range of gender-relevant international conventions and instruments, and has established structures to address gender issues.

While Government continues to take the lead in providing the rights-based legislative framework for achieving gender equality, there is an on-going need to ensure that there is a critical mass within the broader South African society that supports and practises gender equality. These challenges require a continuing dialogue between the public, private and civil society sectors, in partnership with international agencies, on awareness raising, advocacy, and education in support of the socio-economic and political rights and entitlements of women and girls.

South Africa's good performance in gender matters is evident on both international and regional indices. On the Social Institutions and Gender Index (SIGI) of the Organisation for Economic Cooperation and Development (OECD), South Africa ranked 4th out of 87 countries in the 2012 index and was the top-ranked country in Africa (OECD Development Centre, 2012). On the Southern African Development Community (SADC) Gender and Development Index, South Africa ranked second in 2012, with a score slightly lower than that of the top performer, Seychelles (Lowe-Morna and Nyakujarah, 2012).

However, while South Africa's overall achievement on indices such as these is pleasing, the overall scores mask differences, such as those related to population groups and location. Secondly, indicators that are based on legislation generally do not take into account how well the legislation is implemented and enforced. Further, there are some issues, most notably gender-based violence, which are not well-captured in any of the indices.

Information base: Indicators and related information for discussing the goal are gender and race-disaggregated data on education, employment and political life.

3.2 FACTS AND FIGURES

Goal 3: Promote Gender Equality and Empower Women						
Indicator	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2013						
GPI primary	0.97:1 (1996)	0.98:1[8] (2009)	0.96:1 (2011)	1:1	**Likely**	MDG
GPI secondary	1.13:1 (1996)	1.01:1[9] (2009)	1.07:1 (2011)	1:1	**Achieved**	MDG
GPI tertiary	0.86:1 (1996)	1.32:1[10] (2009)	1.38:1 (2011)	1:1	**Achieved**	MDG
Ratio of literate females to literate males 15-24 years	1.1:1 (1996)	1:1 (2009)	1.0:1 (2011)	1:1	**Achieved**	MDG
Female share of non-agricultural wage employment	43 (1996)	45 (2010)	45 (2012)	50	**Unlikely**	MDG
Ratio of female unemployed to male unemployed 15-64 years	1.1:1 (2001)	No data	1.0:1 (2011)	1:1	**Achieved**	Domesticated
Proportion of seats held by women in national parliament (%)	25 (1996)	44 (2009)	44 (2009)	50	**Likely**	MDG

3.3 INSIGHTS

The data provided confirms that South Africa has generally performed well against the international indicators for Goal 3. Indeed, South Africa could be considered to have reached most gender equality targets, if not exceeding them. South Africa's performance has also improved for several of the indicators over the period. While the country performs well on the international indicators, South Africa does face a range of socio-economic and cultural challenges that continue to underpin aspects of gender inequality. The following factors play an important role in the complex dynamics of assessing progress towards achieving gender equality:

- The need to encourage a more equitable and non-gendered division of labour;
- The need to ensure equitable access to employment opportunities for women; and
- The need to address gender-based violence on all fronts.

Gender parity in the school system: Generally in the population, more boys are born than girls. This natural phenomenon may generally yield a score less than one of the gender parity index;

[8]Revised from 0.96:1 (2006)
[9]Revised from 1.05:1 (2006)
[10]Revised from 1.26:1 (2006)

therefore standardised gender enrolment parity would be a better measure for parity. However, in 1994, the number of girls enrolled in primary school was already very similar, although consistently below than that for boys in each year. This pattern has continued in subsequent years.

Table 6 below shows that between 1996 and 2011, the primary gender parity index (GPI) remained relatively constant, and consistently below one.

Table 6: Gross enrolment ratios (GER) and gender parity index at primary school, 1996–2011

Year	Female GER	Male GER	GPI
1996	127	131	0.97
1997	116	120	0.97
1998	115	118	0.97
1999	113	116	0.97
2000	97	100	0.95
2001	114	120	0.96
2002	103	108	0.95
2003	101	106	0.95
2004	102	107	0.95
2005	101	105	0.96
2006	100	104	0.96
2007	98	100	0.97
2008	97	100	0.98
2009	96	99	0.98
2010	92	96	0.96
2011	91	95	0.96

Source: SNAP Surveys, Department of Basic Education; Mid-year population estimates, Statistics South Africa

At secondary level, the number of girls has outnumbered the number of boys throughout the period under review. This pattern suggests that the GPI rates greater than one at primary level may be partly due to more boys than girls repeating earlier grades (DBE, 2011: 33). Table 7 below shows that the secondary GPI decreased from 1997 to 2007, thereafter it began increasing. By 2011, the GPI was 1.07.

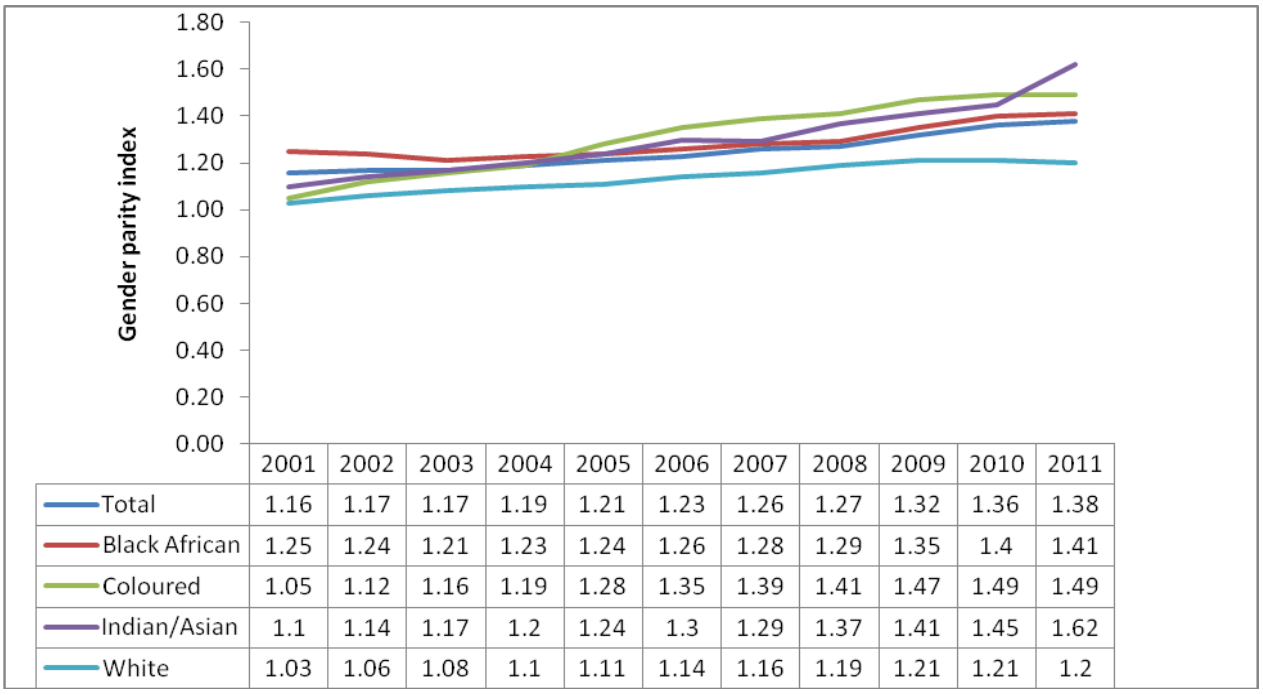
Table 7: Gross enrolment ratios and gender parity index at secondary school, 1996–2011

Year	Female GER	Male GER	GPI
1996	94	83	1.13
1997	90	77	1.16
1998	92	80	1.15
1999	91	80	1.14
2000	91	82	1.13
2001	90	81	1.12
2002	84	78	1.08
2003	83	87	1.08
2004	93	85	1.09
2005	92	85	1.08
2006	95	87	1.09
2007	92	84	1.06
2008	87	82	1.03
2009	88	82	1.01
2010	89	83	1.07
2011	90	84	1.07

Source: SNAP Surveys, Department of Basic Education; Mid-year population estimates, Statistics South Africa

Gender parity in the tertiary education system: In 1996 the GPI for the tertiary level was 0.96, using the age group 20–24 years as the basis. In subsequent years, there was a noticeable shift in the gender ratio in favour of females over a relatively short period. In 2001, the black African GPI was the highest, but by 2011 the Indian/Asian GPI was the highest. Throughout the period, the white GPI remained lower than that for any other population group. Nevertheless, even the white GPI was above one throughout the period (see Figure 27 below).

Figure 27: Gender parity index at tertiary level, 2001–2011



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total	1.16	1.17	1.17	1.19	1.21	1.23	1.26	1.27	1.32	1.36	1.38
Black African	1.25	1.24	1.21	1.23	1.24	1.26	1.28	1.29	1.35	1.4	1.41
Coloured	1.05	1.12	1.16	1.19	1.28	1.35	1.39	1.41	1.47	1.49	1.49
Indian/Asian	1.1	1.14	1.17	1.2	1.24	1.3	1.29	1.37	1.41	1.45	1.62
White	1.03	1.06	1.08	1.1	1.11	1.14	1.16	1.19	1.21	1.21	1.2

Source: HEMIS, Department of Higher Education and Training; Mid-year population estimates, Statistics South Africa[11].

Overall, women accounted for 57.9% of tertiary students in 2011. However, they were under-represented among students studying at masters' level and above, at 47.0%. This is a step back from 2008, when they accounted for 5.8% of those studying at masters' level and above.

In 2011, 72% of students were studying human sciences, with the remaining 28% in the natural sciences. However, only 22% of female students were in the natural sciences, compared to 37% of male students.

Gender parity in literacy: As depicted in Table 8, the female to male literacy ratio for those aged 15–24 years was generally one or more throughout the period 2002 to 2011 for all population groups, except the Indian/Asian group which had a ratio below one during 2005 and 2006. This exception should be treated with caution as the relatively small sample size of this group could yield unreliable estimates compared to estimates for other groups. Throughout the period, the ratio was highest for black Africans. However, in terms of the absolute levels, black African women and men have lower achievement levels than those of other population groups.

[11] Calculation excludes those of unknown sex.

Table 8: Ratio of literate females to males aged 15–24 years by population group, 2002–2011

Population group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total	1.06	1.06	1.07	1.05	1.05	1.06	1.04	1.05	1.05	1.04
Black African	1.08	1.07	1.08	1.06	1.06	1.07	1.05	1.05	1.06	1.05
Coloureds	1.01	1.00	1.01	1.01	1.02	1.00	1.02	1.05	1.01	1.02
Indian/ Asian	1.01	1.03	1.01	0.95	0.99	1.02	1.01	1.02	1.01	0.99
White	1.01	1.00	1.01	1.01	1.01	1.01	1.01	1.01	1.00	1.02

Source: General Household Survey, Statistics South Africa

For the population aged 25 years and older, the gender gap in the percentage of individuals with Grade 7 or higher has decreased over the above period, but parity has not yet been achieved. In all but the white population group, a lower proportion of women than men have completed this level of education. By 2011, only about three-quarters of black Africans aged 25 years and older had completed Grade 7, as opposed to about 85% of coloureds, 92% of Indians/Asians, and 99% of whites.

In terms of the ratio of literate females to males aged 15–24, young women generally perform slightly better than young men. This is not the case for older women who were discriminated against during the apartheid years.

Gender parity in non-agricultural sector wage employment: The share of women in non-agricultural sector wage employment improved from 43% in 1996 to 45% in 2012 (see Table 9 below).

Table 9: Employees by sex, excluding agriculture, 1996–2010 (thousands)

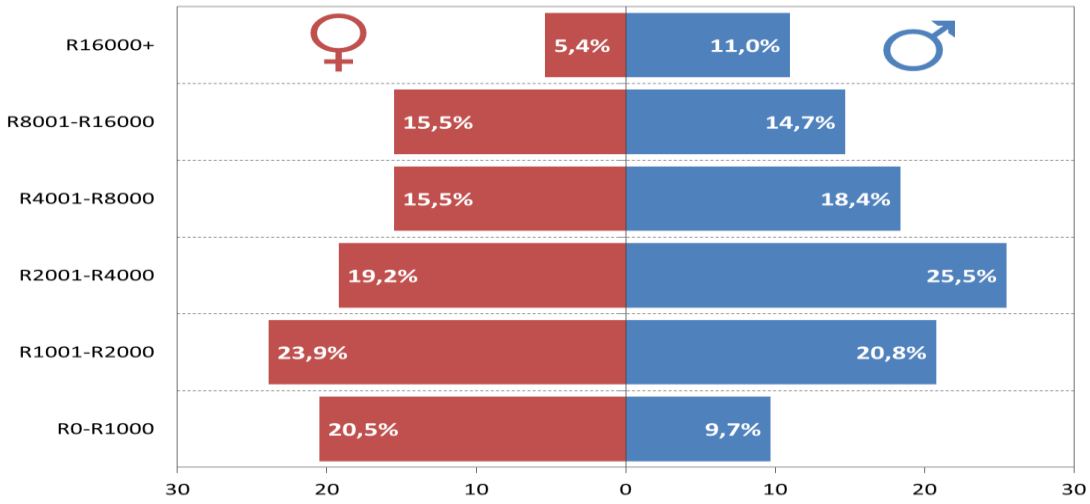
Year	1996	1999	2005	2010	2012
Male	4 191	5 300	5 509	5 802	5 929
Female	3 227	3 987	4 216	4 652	4 929
Female share	43%	43%	43%	44%	45%

Source: October Household Survey 1996, 1999; Labour Force Surveys 2005; QLFS 2010 and 2012, Statistics South Africa

The standard MDG indicator does not look at the quality of the employment. The simplest, and probably most important, measure of the quality of employment is the remuneration received. In 2010, the median monthly earnings for male employees in South Africa was R3 033 per month, as compared to R2 340 per month for female employees i.e. female employees tended to earn only 77% of what male employees earned (Statistics South Africa, 2010: viii). More than 20% of women earned R1 000 or less per month, compared to 10% of men. Conversely, four in every ten men (40.8%) earned R4 501 or more compared to just over a third (34.1%) of women (see Figure 24 below). Yet, as discussed earlier, there was very little difference in educational achievement of women and men.

The share of women in wage employment in the non-agricultural sector is an important indicator of progress made both in gender equality and women's empowerment in the labour force. The international indicator, which excludes agriculture, may not be the best one for South Africa, with its substantial commercial agricultural sector. The inclusion of agriculture does not make a noticeable difference to the overall female share. However, the female share of agricultural employment is much lower (33%) than the female share of employees as a whole. This apparent anomaly is explained by the fact that agriculture accounts for a relatively small proportion (5%) of all employees and the agricultural gender profile thus has limited impact on the overall gender profile.

Figure 28: Distribution (%) of employed women and men aged 15–64 years by earnings, 2011



Source: QLFS 2011, Statistics South Africa

Unpaid work: The standard indicators, as well as the International Labour Organisation's proposal for additional indicators, ignore the unpaid work done by women and men in the form of household management, care for children and other people in the household, and community work, i.e. the forms of work that make up unpaid care work. As seen in Table 10, in 2000 and 2010 women spent approximately 61 minutes on employment-related work for every 100 minutes spent by men on this work. In contrast, women spent more than twice as many minutes on unpaid care work than men. When both types of work are combined, women spent an average of 115 minutes working for every 100 minutes worked by the average man in 2010. In 2010 women spent, on average, more than double the time spent by men on collecting fuel and water for household use (Time Use Surveys, 2000 and 2010).

Table 10: Minutes per day spent on different types of work by sex, 2000 and 2010

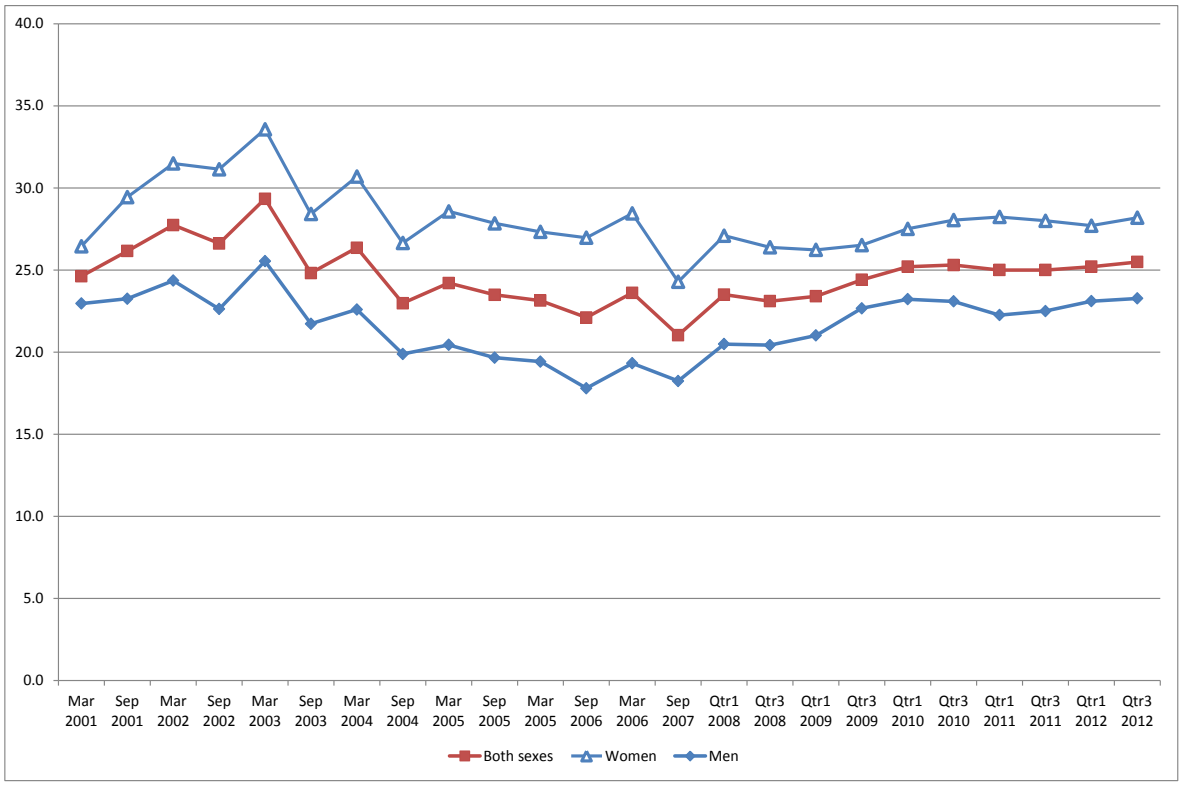
	2000			2010		
	Male	**Female**	**Ratio**	**Male**	**Female**	**Ratio**
Employment-related work	191	116	0.61	214	130	0.61
Unpaid care work	83	216	2.60	97	229	2.36
Total work	274	332	1.21	311	358	1.15

Source: Budlender et al, 2001: 95; Time Use Survey 2010, Statistics South Africa

Gender parity in unemployment: The standard MDG indicator focuses on those who are employed. Also of concern are those people who would like to work, but cannot find work. Ideally, the standard indicators should include some measure of this phenomenon.

Figure 29 shows that the female unemployment rate was noticeably higher than the male unemployment rate throughout the period under consideration. In 2012, the ratio of the female to male unemployment rate was 1.2.

Figure 29: Official unemployment rate by sex, 2001–2012

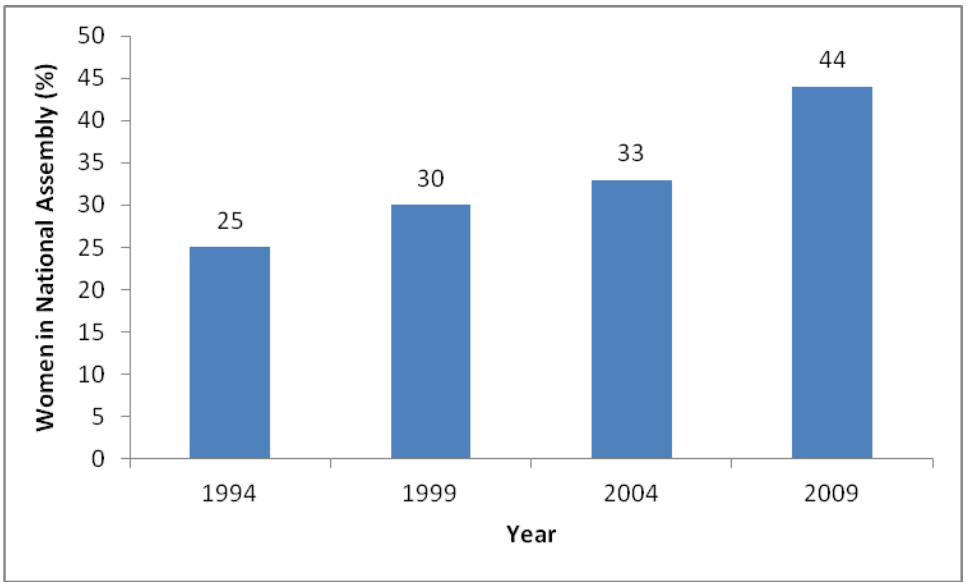


Source: Labour Force Surveys 2001–2007, QLFS 2008–2011, Statistics South Africa

Overall, on this indicator, South Africa is unlikely to achieve the target. The share of women in wage employment in the non-agricultural sector still account for less than half of women in wage employees. Realistically, however, it is unlikely that women will ever account for half or more of wage employees given the unpaid care work roles that they play in the household.

Seats held by women in national parliament: Only 3% of the members of the last apartheid-era parliament comprised women members. By 2009, after the most recent elections, the percentage had increased to 44% for the National Assembly (Figure 26). However, women only constituted 19% of the National Council of Provinces (NCOP) members in 2009, down from a peak of 37% in mid-2003.

Figure 30: Proportion of women in the National Assembly by election years



Source: Lowe-Morna et al, 2009

On the proportion of seats held by women in national parliament, the standard MDG indicator does not look beyond parliamentarians. In terms of cabinet ministers, there was a steady increase in the female share until 2004, followed by a decrease after the 2009 elections. In respect of decision-making within national government departments, 35 (25%) of the 142 directors-general and 179 (35%) of the 515 deputy directors-general are women. Although South Africa performs well when compared with most other countries, except in respect of the National Council of Provinces, it is unlikely to achieve the 50% target adopted by the African Union (AU).

3.4 CONCLUSION

On official international indicators, South Africa does well. This does not, however, mean that the country has reached gender equality. When the indicators are extended to the further indicators suggested by the MDG gender task force, South Africa does relatively well on some of these indicators. However, it does less well in respect of earnings of women compared to those of men.

South Africa's poorer performance on earnings than on employment highlights the fact that the MDG indicators tend to focus on participation, whether in education, the labour force, and decision-making. What the indicators do not capture is the outcomes and rewards of that participation. Further, high levels of participation of women in decision-making within government and elected bodies does not necessarily translate into better outcomes for poorer women and those who are disadvantaged in other ways, such as population group and location.

A further concern is that parity alone is not adequate for ensuring well-being. What is also important is the level of achievement on indicators. This raises another area of concern, namely the ongoing disparities by population group and location. The evidence above shows that the legacy of apartheid remains in relation to many of the indicators.

There are no reliable national data available on gender-based violence, yet this is recognised as a very serious problem in the country. Administrative statistics will not provide the full picture of gender-based violence until there is increased trust that the various agencies will provide good protective services, and this trust generates higher reporting rates. This does not, however, constitute a reason that agencies such as the South African Police Service (SAPS), the Department of Justice and Constitutional Development (DoJCD) and the Department of Social

Development (DSD) should not report more fully on the number of women, children and men to whom they provide services related to the different forms of gender-based violence. A further DHS could also provide better survey-based information related to attitudes affecting gender-based violence.

3.5 RECOMMENDATIONS

The recommendations that arise are as follows:

- South Africa should take forward – with due haste – the processes that are already in motion related to amendment of legislation and effective implementation to enable improved alignment with the Equal Remuneration Convention 100 of 1951, which provides for equal pay for work of equal value and which South Africa has ratified.
- Agencies such as the SAPS, DSD and DoJCD should report more fully on the number of women, children and men to whom they provide services related to different forms of gender-based violence.
- A DHS should be conducted on a regular basis, and should include questions related to gender-based violence.
- A sex ratio adjusted gender index has to be considered for use for school-going ages, as more males are born than females.

MDG 4: REDUCE CHILD MORTALITY

4.1 BACKGROUND

The level of childhood mortality is a reflection of a country's health status in general and, specifically, of the health status of children in a country. It is also a reflection of the quality and efficiency of the health system operating in a particular country (Mckerrow & Mulaudzi, 2010). Thus, it has been argued that reducing childhood mortality to achieve the millennium goal of child survival depends on whether effective and sustainable health interventions can be delivered to high proportions of children and mothers (Bryce et al., 2003). Levels of childhood mortality in general also reflect differential levels of socio-economic development between countries at the macro level. At the micro level, they reflect socio-economic differentials among sub-groups in a country. Studies further suggest that contextual factors such as the degree of economic development, good governance, and strong health care systems matter less than targeted health interventions, foreign aid, and technical assistance.

Child mortality is not only a global concern, but also a national one. The South African government has put in place a comprehensive set of initiatives such as the Negotiated Service Delivery Agreement (NSDA) 2010–2024, the Strategic Plan for Maternal, Newborn, Child and Women's Health, and the Campaign for Accelerated Reduction of Maternal and Child Mortality (Department of Health, 2012a). The focus of the abovementioned initiatives is on the quality of data on the one hand, and the extension of wide-ranging health interventions on the other. The benefits forthcoming from these initiatives have medium to long term lead times and may not be fully ascertained at present. Therefore, it is imperative that the outcomes of these initiatives are monitored and tracked judiciously as they are important not just for the 2015 period, but also beyond 2015.

The South African Parliament stressed the importance of the health needs and rights of children who are socially vulnerable, those living in poverty, those residing in rural areas and those affected by HIV and AIDS. One area where South Africa has fared well is its effective campaign of prevention of mother-to-child transmission of HIV. According to a Medical Research Council report, the national HIV mother-to-child transmission rate (MTCT) fell to 2.7% in 2011 and was significantly down from the previous years (Parliamentary Research Unit, 2013).

Estimates of childhood mortality for South Africa have been provided by various organisations, departments and individual researchers. These estimates result from different data sources, assumptions and methods. In South Africa, childhood mortality has been affected negatively by HIV/AIDS. Childhood mortality thus remains difficult to estimate given the limitations and assumptions of various data sources and estimation methods. Each of these data sources has strengths and limitations, and these are beyond the scope of this chapter. Suffice to say, the availability of quality data presents a big challenge to accurately monitor levels of childhood mortality in South Africa, reinforcing the urgent need for addressing systems of data both survey, (such as the Demographic and Health Survey (DHS)) and administrative in this complex. These limitations notwithstanding, what is evident and clear among the different

sources of data and expert interpretations is that there seems to be a reduction in childhood mortality since 2007.

Globally, even though MDG 4 has recorded notable progress in terms of its laid-down target, it still falls short of what is needed to achieve the global target of 29 deaths per 1 000 live births. The global under-five mortality rate fell from 87 deaths per 1 000 live births in 1990 to 51 in 2011, amounting to a 41% decrease. In 2011, the under-five mortality rate in developing regions was 57 deaths per 1 000 live births which was eightfold the rate in developed countries (about 7 per 1 000). Under-five deaths are more prevalent in sub-Saharan Africa and Southern Asia, the latter having the second highest under-five mortality rate of 61 per 1 000 live births in 2011. Progress has been lagging in most countries, and only 15 of the 66 countries with a high under-five mortality rate are on track to achieve their set target.

Worldwide, the leading causes of death among children under five include pneumonia (18%), preterm birth complications (14%), diarrhoea (11%), intra-partum-related complications (9%), malaria (7%), and meningitis and tetanus (6%). Infectious diseases are typical of those who are poor and vulnerable and who lack access to basic prevention and treatment interventions (UNICEF, 2012). Evidence shows that a major proportion of the lowering of under-five deaths in all regions was as a result of expanded efforts against infectious diseases. The largest percentage fall, more than three-quarters, was evident in measles infections through the use of national vaccination programmes (UNICEF, 2012).

Information base: This goal is informed by child and infant mortality data. The sources of information are census data, survey data, data on deaths from the civil registration and vital statistics system and data from the District Health Information System (DHIS).

4.2 FACTS AND FIGURES

Goal 4: Reduce child mortality						
Indicator	**1994 baseline (or nearest year)**	**2010 status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator Type**
Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate						
Under 5 mortality rate (per 1 000 live births)	59 (1998)	104 (2007) **67 (2007)	* - (2011) **53 (2010)	20	Likely***	MDG
Infant mortality rate (per 1 000 live births)	54 (1998)	53 (2007) **48 (2007)	* - (2011) **38 (2010)	18	Likely***	MDG
Proportion of one year old children immunised against measles (%)	68.5 (2001)	97.1[12] (2009)	99.1 (2011)	100	Likely	MDG
Immunisation coverage under one year of age (%)	66.4 (2001)	93[13] (2009)	92.8 (2011)	100	Likely	Domesticated
Life expectancy at birth (years): • **Males** • **Females**	50.0 (2002) 55.2 (2002)	51.7 (2007) 56.1 (2007)	56.8 (2012) 60.5 (2012)	70	Unlikely	MDG
Diarrhoea incidence under 5 years of age (per 1 000 children)	138.0 (2001)	130.6[14] (2009)	102.1 (2011)	No target	NA	Domesticated
Pneumonia incidence under 5 years of age (per 1 000 children)	21 (2003)	100.0[15] (2009)	83.2 (2011)	No target	NA	Domesticated

* Note: Mortality estimates from Census 2011 are not available yet.

** Estimates based on mortality data from the Civil and Registration and Vital Statistics Systems (CRVS) data.

*** Following the introduction of the PMTCT programme and the introduction of the pneumococcus and rota virus vaccines, there has been an accelerated reduction in infant and under 5 mortality rates

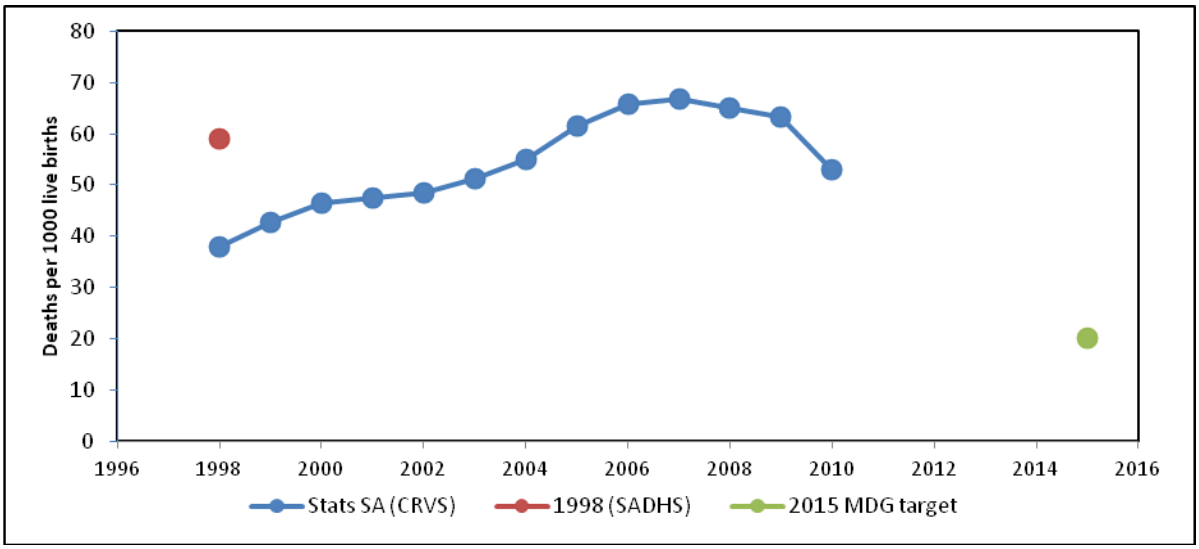
[12] Changed from 98.3 (2009)
[13] Changed from 95.3 (2009)
[14] Changed from 132.6 (2009)
[15] Changed from 102.1 (2009)

4.3 INSIGHTS

The internationally set target for MDG 4 is a two-thirds reduction in child mortality between 1990 and 2015. The 1998 South African Demographic and Health Survey (DHS) report indicated an under-five mortality rate of 59 per thousand live births during the period 1993–98. Using this as a benchmark, the implication for South Africa was a reduction of under-five mortality rate (U5MR) to 20 per thousand live births by 2015. Similarly, an infant mortality rate (IMR) of 18 per 1000 live births has been set for the 2015 MDG target for IMR.

For this study, census and community survey data as well as data on mortality from the civil registration and vital systems (CRVS) data were considered to determine progress since 1998, and provide the most recent estimates of infant and under-five mortality (U5MR). Since the official child mortality estimates from Census 2011 data will only be available in 2014, the discussion on child mortality will be restricted to the estimates obtained from the CRVS data. Figure 31 below indicates an upward trend in U5MR between 1998 and 2007 based on the CRVS data. The increase was from 38 to 67 deaths per 1 000 live births. Between 2007 and 2010, the U5MR declined to a level of 53 deaths per 1 000 live births. Given the MDG target of an U5MR of 20 deaths per thousand live births by 2015, South Africa is likely to achieve this target due to the introduction of the PMTCT programme and the pneumococcus and rota virus vaccines which were added to the Expanded Programme on Immunisation.

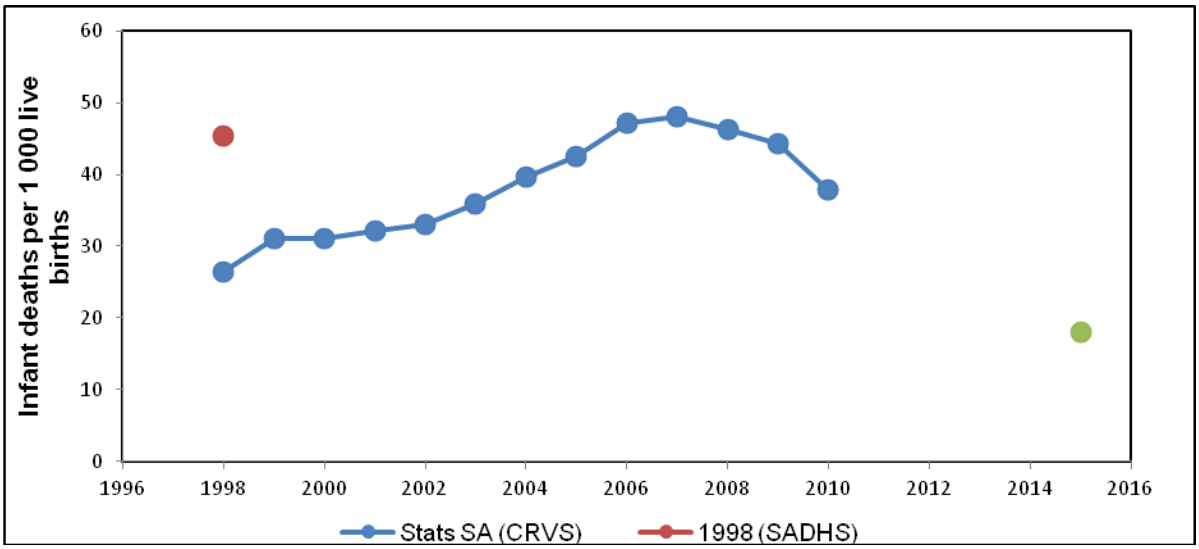
Figure 31: Trends in under-five mortality rates in South Africa since 1998 and the 2015 MDG target



Source: Demographic and Health Survey 1998, Department of Health; Mortality and Causes of Death, Mid-year Population Estimates, Statistics South Africa

The trend in infant mortality rate (IMR), using CRVS data, (Figure 32), suggests that the IMR increased from 26 to 48 infant deaths per 1 000 live births between the period 1998 to 2007. However, since 2007, there has been a decline in IMR. By 2010, the IMR was approximately 38 deaths per 1 000 live births. Given the MDG target of an IMR of 18 deaths per thousand live births by 2015, South Africa is likely to achieve this target due to the introduction of the PMTCT programme and the pneumococcus and rota virus vaccines which were added to the Expanded Programme on Immunisation.

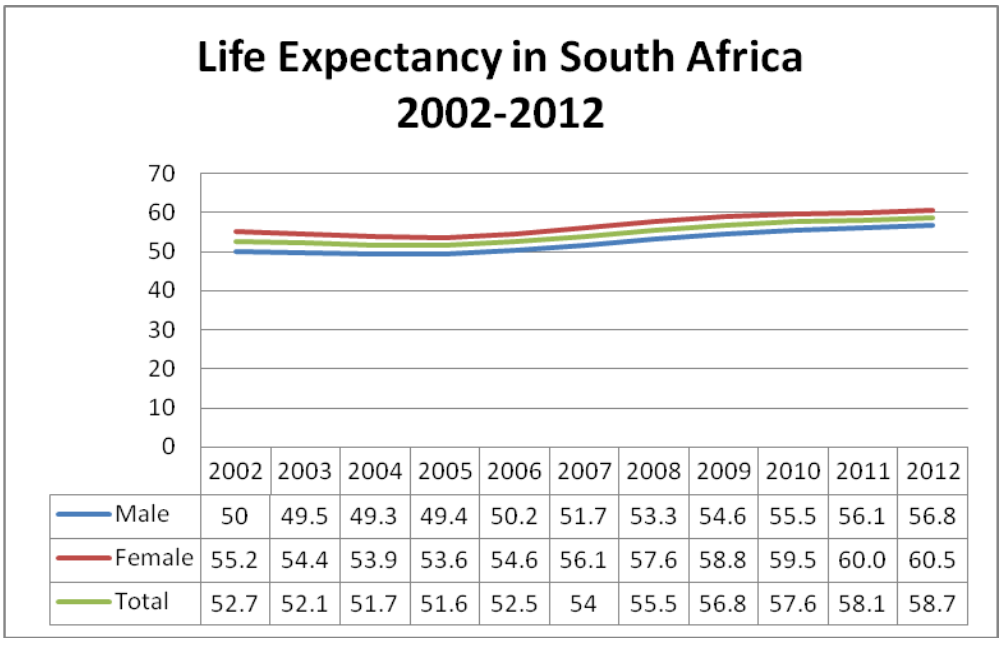
Figure 32: Trends in infant mortality rates in South Africa since 1998 and the 2015 MDG target



Source: Demographic and Health Survey 1998, Department of Health; Mortality and Causes of Death, Mid-year Population Estimates, Statistics South Africa

Infant mortality and child mortality have a profound effect on life expectancy. The more people die in early ages of life the more life years are lost and hence the lower the life expectancy will be. In the case of infant and child deaths it is noticeable that the decrease in both these rates from 2002 onwards has led to an improvement in life expectancy from 2006 onwards In this regard, whilst the force of mortality at younger ages reduced life expectancy in the earlier period of the 2000 decade, evidence suggests gains in life expectancy from 2006. Life expectancy for both sexes increased from a low of 51.6 in 2005 to 58.7 in 2012.

Figure 33: Life expectancy at birth by sex in South Africa in 2002 - 2012



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Male	50	49.5	49.3	49.4	50.2	51.7	53.3	54.6	55.5	56.1	56.8
Female	55.2	54.4	53.9	53.6	54.6	56.1	57.6	58.8	59.5	60.0	60.5
Total	52.7	52.1	51.7	51.6	52.5	54	55.5	56.8	57.6	58.1	58.7

Source: Mid-year Population estimates 2013, Statistics South Africa

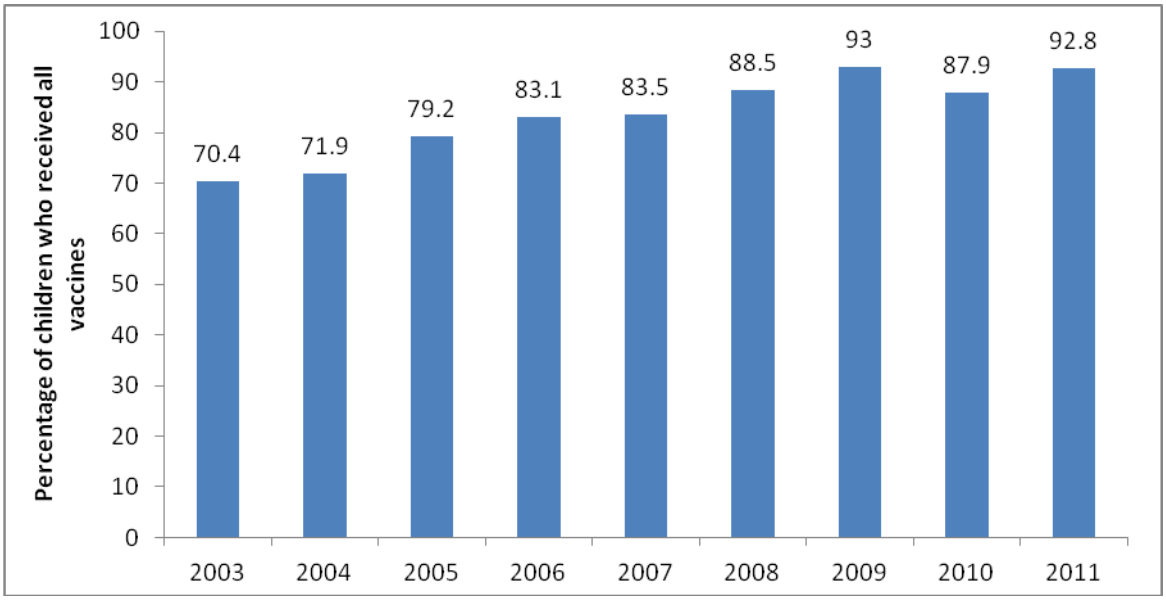
Input indicators on child survival

Personal illness control, by which is meant to encompass preventive measures as well as medical treatment, is a direct determinant of child survival. The nature of preventive measures (i.e. input

measures) influences the risk of children contracting diseases, while access to and the nature of medical treatment influences the outcome of the disease process. It is therefore important to examine input indicators in monitoring progress on child survival. The DHIS provides some insight into some of the input indicators on child survival.

Immunisation coverage: Steady progress in the efforts to immunise 100% of under-one-year old children has been made since 2003, leading to immunisation levels in excess of 90% in 2011. As indicated in Figure 34 below, the percentage of children under one year in health facilities who received all vaccines increased significantly from about 70% in 2003 to about 93% in 2011.

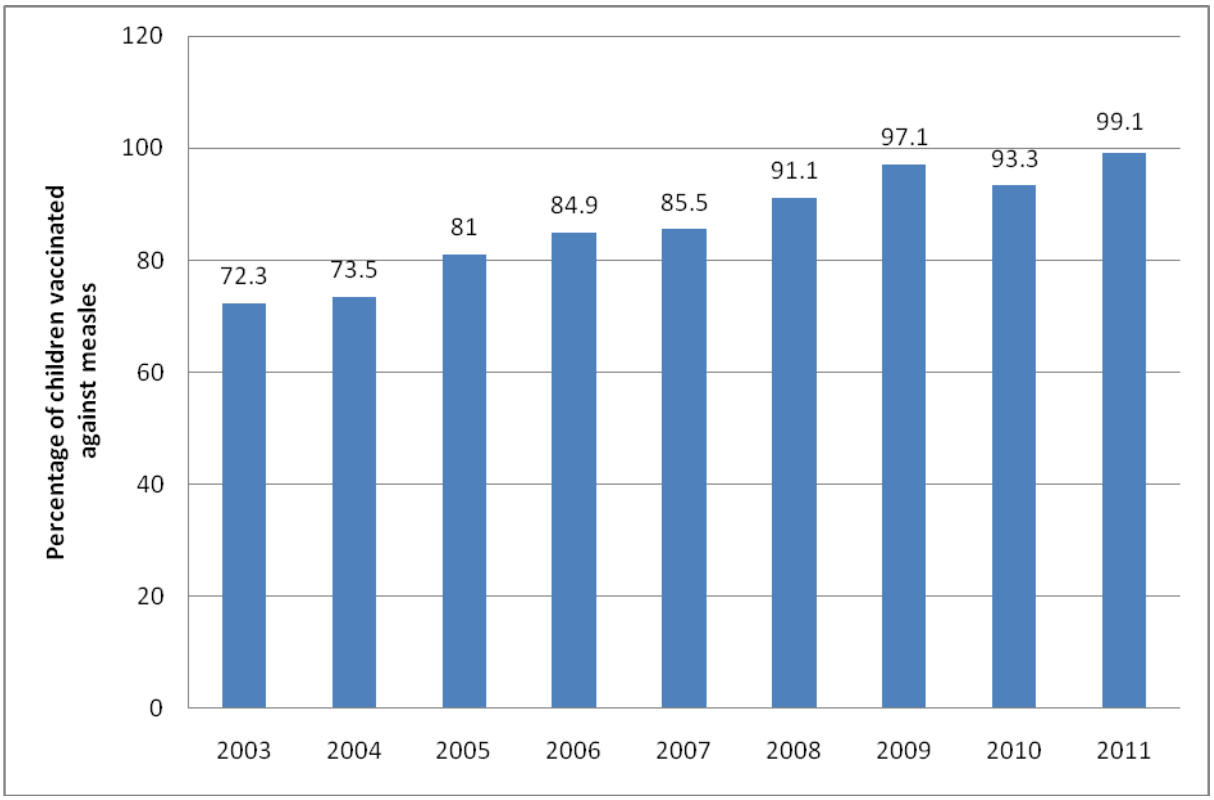
Figure 34: Percentage of children under one year in health facilities who received all vaccines, 2003–2011



Source: District Health Information System (DHIS), Department of Health

The proportion of one-year-old children immunised against measles is another indicator within the MDG target of reducing child mortality. The facility-based data shows that about 72% of children under one year in health facilities were immunised against measles in 2003, however, the percentage had increased significantly by 2011 to 99% (Figure 35).

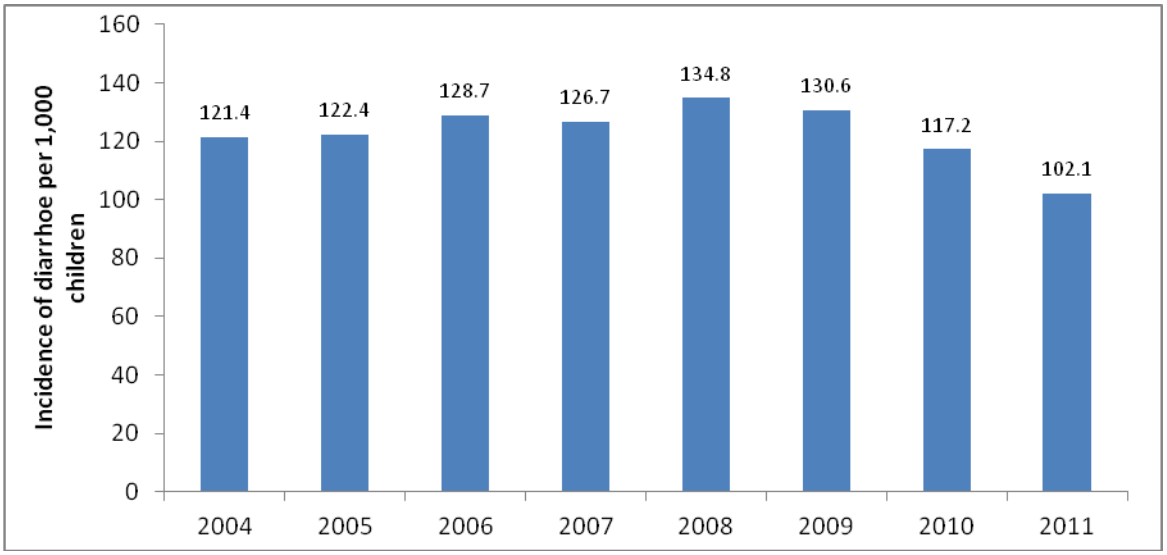
Figure 35: Percentages of children under one year in health facilities immunised against measles, 2003–2011



Source: District Health Information System (DHIS), Department of Health

Diarrhoea incidence: The incidence of diarrhoea among children under five years in health facilities in South Africa peaked in 2008, but since then there has been a trend of decline in the incidence of diarrhoea (Figure 36). The recorded 2011 figure of approximately 102 incidents are in fact the lowest in seven years.

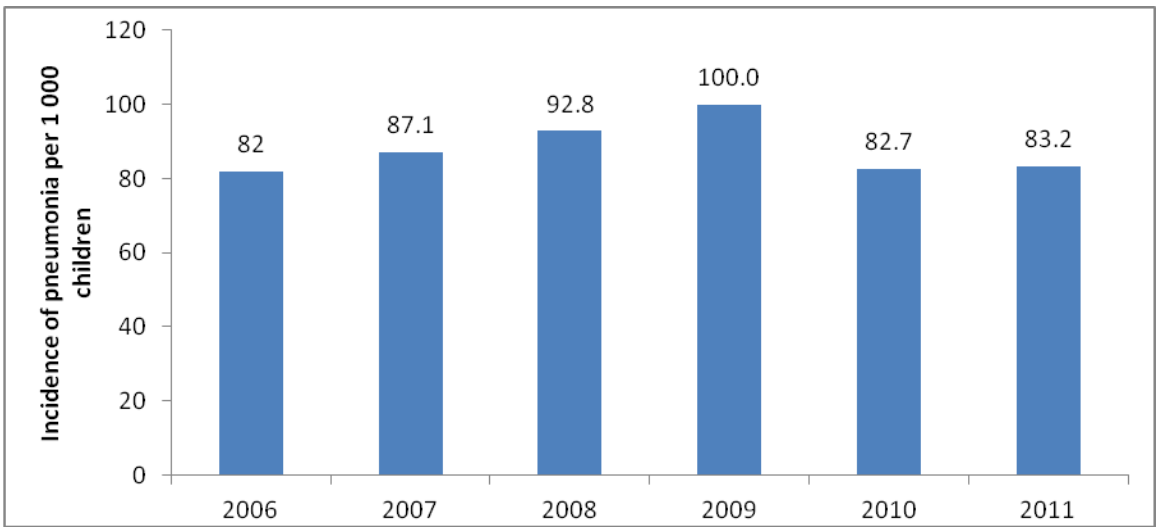
Figure 36: Diarrhea incidence among children under five years in health facilities, 2004–2011



Source: District Health Information System (DHIS), Department of Health

Pneumonia incidence: The District Health Information System (DHIS), data indicates that the incidence of pneumonia among children under five years was at its highest in 2009 i.e. 100 incidences of pneumonia per 1 000 children. Since 2009 however, there has been a decline in pneumonia incidence, decreasing to levels approximately in line with that experienced in 2006 figures (Figure 37).

Figure 37: Incidence of pneumonia among children under five years in health facilities, 2006–2011



Source: District Health Information System (DHIS), Department of Health

4.4 CONCLUSION

Under-five mortality is generally considered as an indicator of the general health status of a population as well as the level of socio-economic development in a country. South Africa seems likely to achieve the set target of 20 under-five child deaths per 1 000 live births, with the current level estimated at 53 child deaths per 1 000 live births. Similarly, the targeted IMR of 18 is likely to be achieved, with the 2010 level estimated at 38 infant deaths per 1 000 live births.

An area where South Africa has fared well is its effective campaign of prevention of mother-to-child transmission of HIV. Its immunisation campaign has furthermore made significant strides in ensuring full immunisation coverage to under-one-year olds in health facilities, especially immunisation against measles, which in 2011 reached levels in excess of 99% of all under-one-year olds in health facilities.

The benefits forthcoming from the initiatives instituted by the South African government cannot be fully ascertained at present. Therefore, it is imperative that the outcomes of these initiatives are monitored and tracked.

4.5 RECOMMENDATION

It is evident that, in order to further reduce childhood mortality, existing challenges need to be addressed. These include the following:

- The influence of contributory socio-economic factors on child mortality levels: poverty levels, type of dwelling, access to basic services such as piped water, clean drinking water, basic sanitation services and the availability of safe energy sources differ widely at district

level. The extent to which these differentials may be responsible for pushing up national estimates of child mortality needs further examination.

- Empowering women: the challenge arises of how maternal education can be made an integral part of poverty reduction strategies.
- Lack of integrated planning: issues of child health are often left to the Department of Health (DoH), but certain developmental factors that may impact on child survival are not the responsibility of the DoH. While provision of adequate health facilities may be the responsibility of the DoH, the provision of an efficient transportation system, provision of safe water and sanitation is not its responsibility. There is therefore a need for integrated sectoral planning so that developmental issues including health can be approached in a holistic manner, as the DoH uses the primary healthcare approach to provide child care services.
- Monitoring: it is clear from the estimates presented in this study that accurate data for monitoring childhood mortality levels is still a challenge. A DHS should be conducted in 2014. There is also a need to strengthen the registration of deaths and associated causes of deaths.

MDG 5: IMPROVE MATERNAL HEALTH

5.1 BACKGROUND

The level of maternal mortality is a concern to the South African government as expressed in its population policy and the NSDA of 2010–2014. The Department of Health has put in place a number of extensive policy initiatives aimed at reducing maternal mortality and improving the quality of health care throughout the health care system. A number of common elements underscore all policies, namely optimizing the level of care offered at health care facilities, providing training for all frontline health care providers and taking cognisance of matters stemming from poverty and women's empowerment opportunities and addressing the need for good quality data. The NDP 2030 has also identified a reduction in maternal mortality as one of their objectives pertaining to improving the health of South Africans.

Complications related to pregnancy and childbirth are among the leading causes of mortality among women of reproductive age in many less developed countries. Since 1994, global conferences on development issues have placed emphasis on improving maternal health as a development goal. Increased maternal mortality further increases overall mortality due to increased risk of mortality to their children (Mckerrow and Mulaudzi, 2010; UNICEF, 2012; IOL news, 2013).

The WHO defines a maternal death as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes" (WHO, 2008: 157).

The 1998 Demographic and Health Survey (DHS), from which South Africa set the baseline indicators for Goal 5, estimated the maternal mortality ratio as 150 maternal deaths per 100 000 live births. This estimate was based on reported survivorship of sisters. Respondents who reported that their sister had died were asked a series of questions about whether the death was due to maternal causes, i.e. if it occurred during pregnancy, childbirth or within two months after the birth or termination of a pregnancy and was due to complications of pregnancy or childbirth. Another DHS was undertaken in 2003, but an estimate of maternal mortality was not published due to data quality concerns. Therefore, progress cannot be monitored using the 1998 baseline set as no other comparable data source is available.

Maternal mortality ratios (MMR) in the country are highly contentious, owing to estimates from different data sources and estimation procedures that vary widely. A range of estimates have been produced based on data from population censuses, household sample surveys, Confidential Enquiries into Maternal Deaths and the civil registration system – all of which have limitations which rendered estimates produced debatable. These estimates are often inconsistent with one another, which partly reflect the type and quality of data sources and partly the methodology used in deriving these estimates. This has created uncertainty for policymakers with regard to the actual level and trends of maternal mortality in the country.

Due to lack of comparable data on MMR from the baseline figure derived from the 1998 DHS, this report has provided estimates of MMR based on data on causes of deaths from the civil

registration systems, mainly to show trends in MMR. This highlights the urgent need to undertake the DHS, which must be designed to enable reliable estimation of MMR. Furthermore, the DHS will be able to provide information on other MDG indicators that are not available in the country, such as the use of modern contraceptive methods by sexually active women. In addition, there is a strong need to improve the country's civil registration system which would provide continuous and consistent information that can be used to monitor maternal mortality and other demographic and health indicators. Institution based records are being kept and their quality is improving and thus the scope for answers on the measures are beginning to emerge, problems notwithstanding.

The MDG indicators for improving maternal health that are provided in this report for 2013 or nearest year include maternal mortality ratio, adolescent birth rate, antenatal care coverage (at least one visit and at least four visits) and delivery rate in health facilities. These are the only indicators for which data were available in the year of reference.

Information base: Information used for this goal is based on data from the 2001 Population Census, the 2007 Community Survey, District Health Information System of the Department of Health, South African civil registration system and the 1998 and 2003 Demographic and Health Surveyss.

5.2 FACTS AND FIGURES

Goal 5: Improve Maternal Health						
Indicators	**1994 baseline (or nearest year)**	**2010 status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio						
Maternal mortality ratio (per 100 000 live births)[16]	150 (1998)	625 (2007) 299** *(2007)*	* - (2011) 269** *(2010)*	38	**Unlikely**	MDG
Proportion of births attended by skilled health personnel (%)	76.6 (2001)	94.3 (2009)	No update available	100	**Likely**	MDG
Target 5B: Achieve by 2015, universal access to reproductive health						
Contraceptive prevalence rate (for all women using all methods) (%)	50.1 (1998)	50.2 (2003)	No update available	100	NA	MDG
Adolescent birth rate (%)	12.5 (1996)	No data	13.7 (2011)	No target	NA	MDG
Antenatal care coverage (at least one visit and at least four visits)[17] (%)	76.6 (2001)	102.8 (2009)	100.6 (2011)	100	**Achieved**	MDG
Unmet need for family planning (married women or those in union) (%)	15.0 (1998)	13.8 (2003)	No update available	No target	NA	MDG
Delivery rate in health facilities (%)	67.0 (2003)	87.3 (2010)	90.8 (2011)	96	NA	Domesticated

* Note: Mortality data from Census 2011 is not available yet.

** Data source: Causes of deaths data from civil registration and vital statistics systems (CRVS).

[16] See Appendix 2, for more details.

[17] This indicator value refers to "at least one visit".

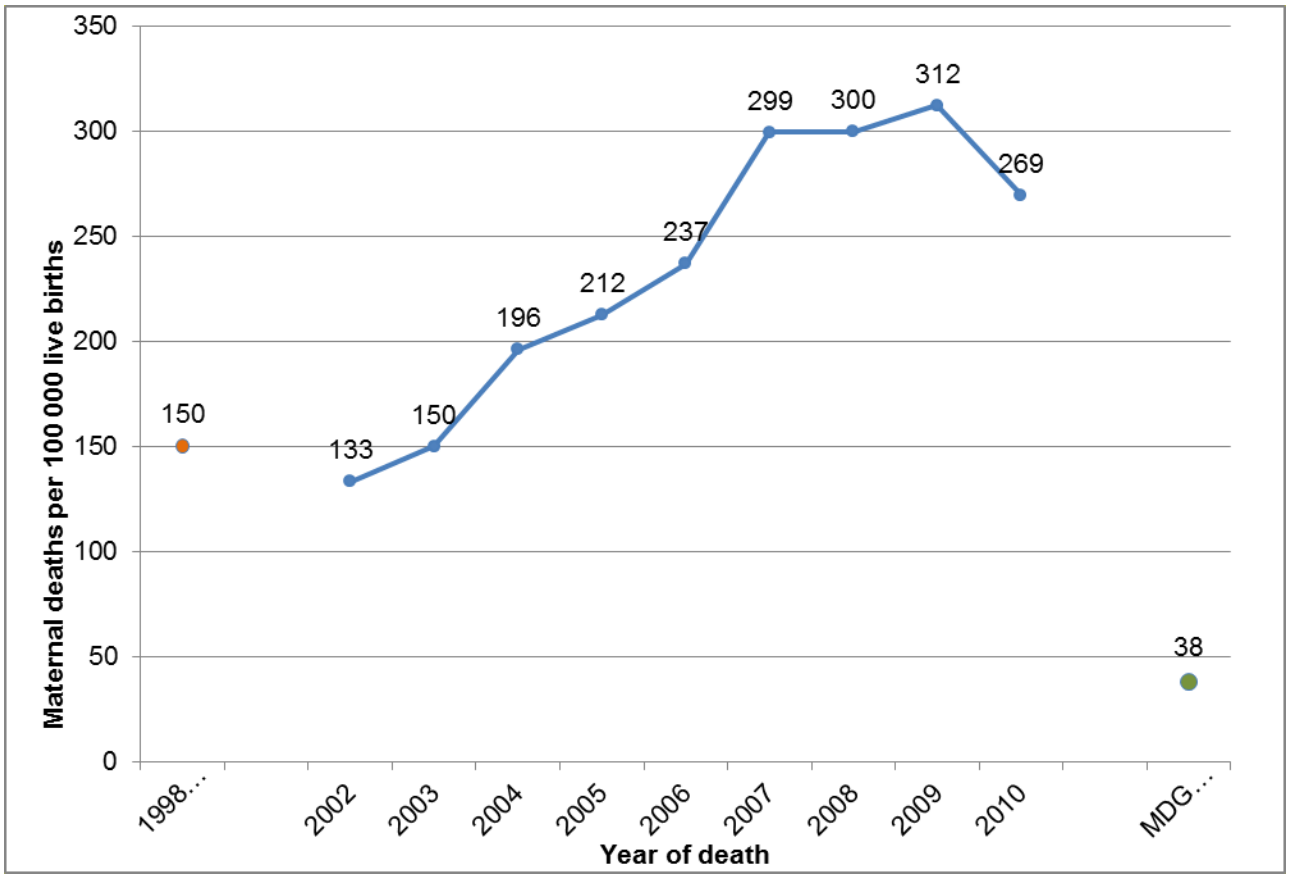
5.3 INSIGHTS

Causes, levels and trends of maternal mortality: The internationally set target for the MDG 5 is a three-quarter reduction in the MMR between 1990 and 2015, as well as to achieve universal access to reproductive health by 2015. The 1998 DHS report indicates a MMR of 150 per 100 000 live births during the period 1992–1998. Using this as a benchmark, the implication of the internationally set target for South Africa is a reduction in the maternal mortality ratio of 38 deaths per 100 000 live births by 2015.

Since 1998, there have been no comparable estimates of MMR in the country. The 2003 DHS did not provide estimates of MMR and no other similar data source is currently available. However, the 2001 Census and the 2007 Community Survey collected information that measures pregnancy-related MMR. The results show that MMR increased between these two years. The Community Survey reported an MMR estimate of 625 maternal deaths per 100 000 live births. This number was contested as it was seen as an overestimation of the MMR because it covered all deaths occurring to women who fit the time period related to maternal mortality. It thus exaggerated maternal mortality ratio. This is typical of MMR estimates from censuses, which tend to produce higher estimates of MMR because of the questions asked to establish maternal death.

In the 2013 MDG country report, the estimates of MMR are derived from data on causes of death from the country's civil registration system. Although this system has improved over time, it still suffers from incomplete registration, high proportion of ill-defined causes of death, as well as misclassification of causes of death. These limitations were addressed in the computation of MMR by prorating ill-defined causes of death, adjusting the number of deaths to account for incomplete registration and applying a factor of 1.5 to adjust the number of deaths upwards for misclassification of causes of death (Department of Health, 2011). The number of births derived from mid-year population estimates produced by Stats SA was used as denominators. The results show that MMR increased between 2002 and 2009 but decreased in 2010 (see Figure 38). MMR increased from 133 maternal deaths per 100 000 live births in 2002 to 299 in 2007. It increased further to 300 and 312 in 2008 and 2009 respectively, and then dropped to 269 maternal deaths per 100 000 live births in 2010. Based on these results, it is concluded that South Africa in still lagging behind the MDG target of 38 maternal deaths per 100 000 live births. The figure for 2007 has also been accordingly revised.

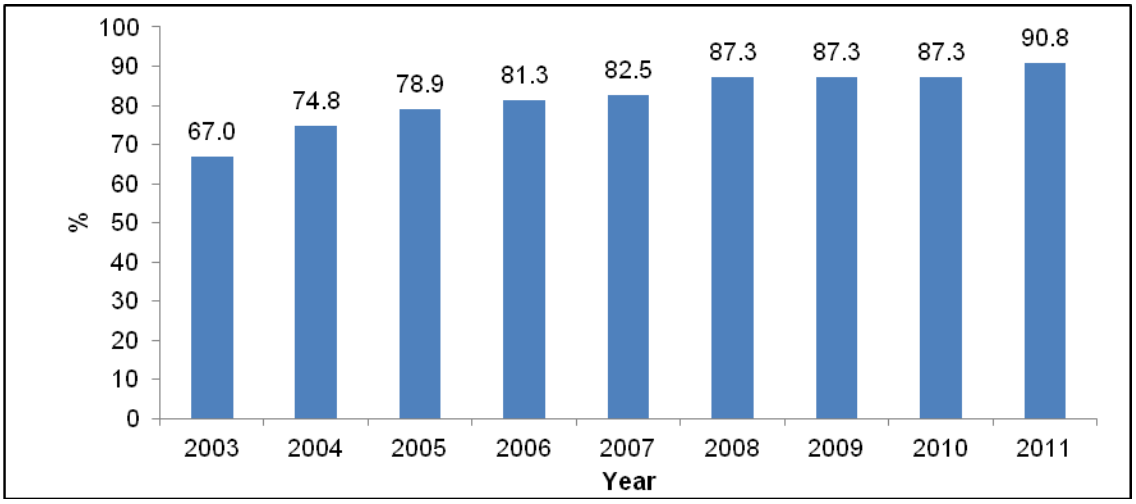
Figure 38: *Maternal mortality ratios by year of death: 2002-2010 and the 2015 MDG target*



Source: Civil Registration and Vital Statistics System, Statistics South Africa

Percentage of births in health facilities: The use of maternal and child health services, such as prenatal care and professionally assisted delivery, are significantly related to quality of care and MMR. Data from the DHIS based on the information from public health facilities, suggests that the percentage of expected deliveries that occur in health facilities in the country is high, showing an increase from 67% in 2003 to 91% in 2011 (see Figure 39). Good progress is also notable in the proportion of births attended by skilled health personnel.

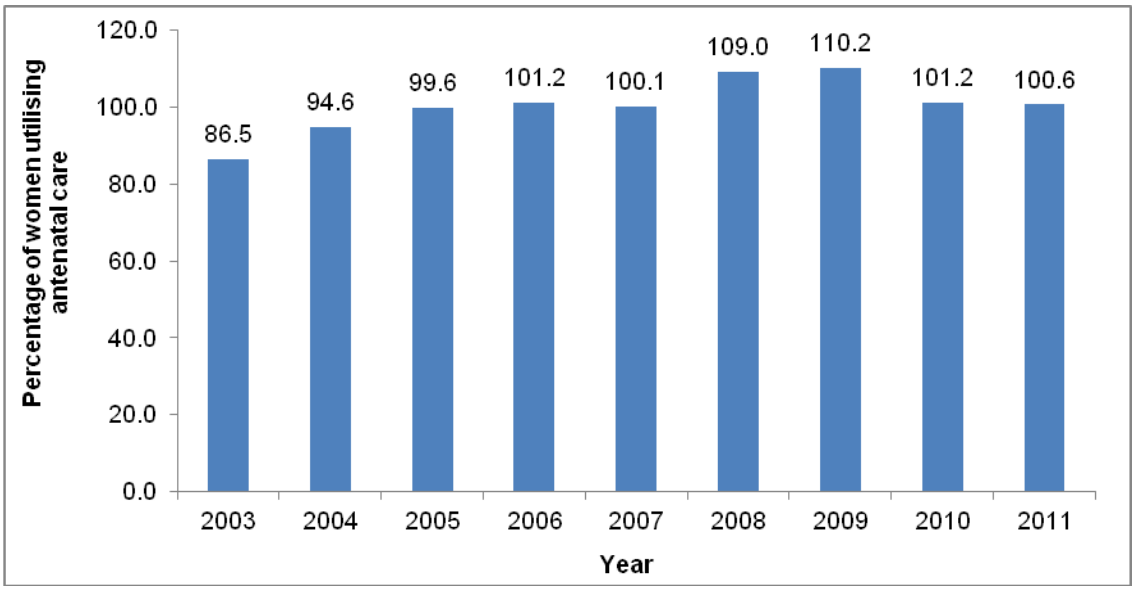
Figure 39: Percentage of expected deliveries that occurred in health facilities, 2003–2011



Source: District Health Information System, Department of Health

Antenatal care: Antenatal care (ANC) coverage using DHIS data are remarkably high, with over 100% of women utilising antenatal care from 2006 (see Figure 40). A national ANC coverage of over 100% may indicate an underestimation of the population expected to use ANC services in the country, or non-South African residents using ANC services in South Africa. However, it is encouraging that the use of antenatal care during pregnancy is currently high in South Africa.

Figure 40: Percentage of women who attended an antenatal care facility at least once during pregnancy, 2003–2011

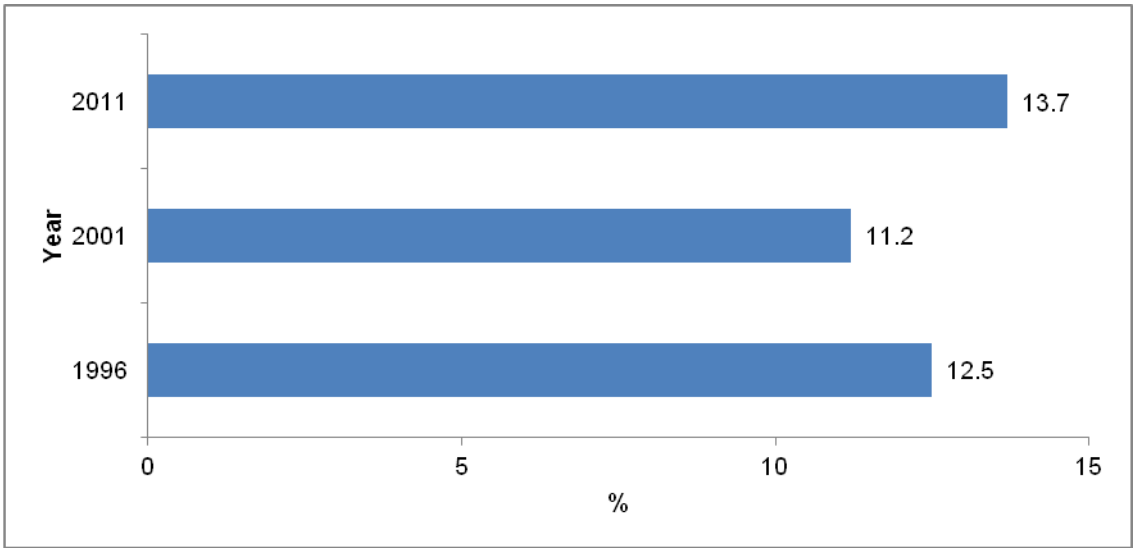


Source: District Health Information System, Department of Health

Adolescent birth rate: Adolescent child bearing is common in South Africa. The percentage of girls aged 15–18 who had ever had a live birth provides an indication of the prevalence of adolescent childbirth in the general population. Early childbearing age can have a negative impact on the health of the mother and child.

Figure 41 shows that between 1996 and 2011, at least one in nine girls aged 15–18 in South Africa have had at least one live birth. The census data indicates that the percentage of girls aged 15–18 who had ever had a live birth increased from about 13% in 1996 to about 14% in 2011.

Figure 41: Percentage of girls aged 15–18 years who ever had a live birth, 1996–2011



Sources: Census 1996, 2001 and 2011, Statistics South Africa

5.4 CONCLUSION

South Africa has in place a constitutional framework that endorses the right to health for the population. A number of policies and programmes aimed at improving maternal health in South Africa since 1994 were also put in place. In addition, South Africa is a signatory to a wide range of treaties and conventions that promote maternal health. However, the benefits forthcoming from these initiatives cannot be fully ascertained at present, but may bear fruit in coming years. The most recent estimates of 269 maternal deaths per 100 000 live births for 2010 suggest that South Africa is still lagging behind in meeting the MDG target of reducing the MMR to 38 maternal deaths per 100 000 live births by 2015. Reporting on progress made in improving maternal health towards the MDGs has also underscored the importance of producing more reliable and timely data for South Africa.

Given that the DHS was last conducted in 2003, nationally representative data that can provide the current levels on a number of key indicators of Goal 5 are not available. However, using WHO data, contraceptive prevalence was over 60% and antenatal visits of four and above stood at 56% (WHO, 2011). Births attended by skilled personnel were 91% for the country as a whole. The births attended by skilled health personnel were 85% in rural areas and 94% in urban areas (WHO, 2011). It should be noted that the availability of high proportions of skilled health personnel may not necessarily translate into good quality health care.

Access and use of contraceptive and antenatal care services are components of reproductive health. However, poor transport facilities, lack of proper health care facilities and lack of appropriately trained staff, the latter being responsible for an inability to follow standard procedures and poor initial assessment and diagnosis, are some of the factors that hinder progress in reducing maternal mortality in South Africa (DoH, 2011). The interplay of socio-economic factors and gender inequalities exert a negative outcome on maternal health, affecting not only the extent to which health care services are accessed and utilised, but access to family planning services as well, making empowerment of women and girls essential in lowering maternal mortality.

A key challenge in maternal mortality in South Africa is the absence of multi-sectoral planning for addressing socio-economic inequities necessary for the primary healthcare approach to be successful. The Fifth Report on the Confidential Enquiries into Maternal Deaths in South Africa reaffirms the fact that obstetric haemorrhage and hypertensive disorders are one of the main causes of maternal death (DoH, 2012d). The Committee maintained that besides bettering health systems and improving the level of primary health care, South Africa should heed policy interventions that attempt to lower maternal mortality by fostering economic development, empowering women, reducing fertility rates, improving educational levels and improving health systems (DoH, 2012).

5.5 RECOMMENDATION

Between 1994 and 2010, the DoH has put in place a number of extensive policy initiatives aimed at reducing maternal mortality and improving the quality of health care throughout the health care system.

Some of the challenges in improving maternal health in South Africa include the following:

- The influence of contributory socio-economic factors on maternal mortality levels. The extent to which contextual factors (i.e. the distant and intermediate factors) may be responsible for pushing up national estimates of maternal mortality needs further examination.

- In the long term, the empowerment of women is important as the interplay of socio-economic factors and gender inequalities exert a negative outcome on maternal health. This affects not only the extent to which health-care services are accessed and utilised, but access to family planning services as well.
- The Fourth and Fifth Confidential Enquiries in Maternal Deaths note that deaths due to obstetric haemorrhage are most prevalent in district hospitals and it may be these cases at local levels that are pushing up national levels. Hence the importance of focusing on district level health interventions specifically.
- Lack of integrated sectoral planning. Issues of maternal and child health are often left to the DoH, but certain developmental factors that may impact on maternal health are not the responsibility of the DoH. For example, access to clinics and referral hospitals during the pre- and postnatal period is partly influenced by availability and efficiency of transportation systems. While the provision of adequate health facilities may be the responsibility of the DoH, the provision of efficient transportation systems is not its responsibility. There is therefore a need for integrated sectoral planning so that developmental issues including health can be approached in a holistic manner.

It is clear from the estimates presented in this study that accurate data for monitoring maternal mortality levels is still a challenge. This reinforces the urgent need for the country to undertake a DHS and improve the country's civil registration and vital statistics system.

MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

6.1 BACKGROUND

HIV/AIDS, tuberculosis (TB), and malaria are the three major global public health problems that undermine development in most sub-Saharan African countries. South Africa has the largest population of people living with HIV/AIDS, with 5.6 million estimated in 2012. The HIV epidemic severely hampers the country's ability to achieve several developmental goals, including the target of halting and reversing TB by 2015. South Africa has the third highest TB burden in the world. One of the greatest challenges facing South Africa is the control of the concomitant HIV and tuberculosis infections in the face of increasing drug-resistant forms of TB. About 50–70% of new TB cases in South Africa are also co-infected with HIV. Significant challenges remain around accurate and specific diagnosis and treatment influenced by the state of severely reduced immunity.

South Africa's national response continues to focus on controlling the HIV epidemic and Tuberculosis, and the Government has made significant investments in evidence–based prevention and treatment interventions for HIV/AIDS and TB. Commitment towards HIV/AIDs, TB and sexually transmitted infections (STIs) is also evidenced in the new National Strategic Plan (NSP) 2012–2016 which has four strategic objectives:

- Address social and structural barriers to HIV, STI and TB prevention, care and impact;
- Prevent new HIV, STI and TB infections;
- Sustain health and wellness; and
- Increase protection of human rights and improve access to justice.

Key interventions include substantial improvements in access to condoms, expansion of TB control efforts, and scale-up of free antiretroviral therapy (ART). The nationwide HIV/AIDS Counselling and Testing (HCT) campaign has seen 20.2 million people tested since the start of the campaign in 2010. The HIV treatment and care programme has been substantially expanded with an additional 617 147 individuals initiated on treatment during 2011/12. Efforts are also underway to scale up early prevention of mother-to-child transmission and medical male circumcision. The TB control programme in South Africa includes intensified household case finding and rapid diagnosis using the Genexpert technology. Since 2011 this has resulted in significant increases in households with known TB patients visited, screening, and contacts diagnosed with TB and HIV infection. Malaria has been successfully controlled through indoor residual spraying (IRS) with insecticides and treatment with effective drugs after decades of concerted efforts, and it remains in the border-lying areas in the north-eastern part of the country, albeit at low levels. However, these are also areas characterised by a high burden of the HIV epidemic.

The Department of Social Development (DSD) in South Africa is playing a major role in ensuring that a range of services are extended to individuals and families infected and affected by HIV and AIDS, including orphaned and vulnerable children (OVCs). Through private-public partnership, DSD provides support and funds to organisations which have the right mechanisms and staffing to access communities. Coupled with other initiatives which are mainly supported by the Children's Act, this programme has succeeded in enhancing and maintaining school attendance among orphaned children. Under the leadership of the South African National AIDS Council (SANAC), partnerships and multi-sectoral engagements have been a feature of the HIV response in South Africa. Civil society organisations in South Africa have also played a major role in supporting the national response through conceptualisation of interventions, resource mobilisation and service delivery programming at facility and community levels.

Information base: Data and information for Goal 6 relates to HIV and AIDS prevalence disaggregated by age and sex. It is derived from institution-based clinical information, as well as population survey-based information.

6.2 FACTS AND FIGURES

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases						
Indicators	**1994 baseline (or nearest year)**	**2010 status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS						
HIV prevalence among population aged 15-24 years (%)	9.3 (2002)	8.7 (2008)	7.3 (2012)	4.2	**Likely**	MDG
Condom use at last high risk sex (%)	27.3 (2002)	62.4 (2008)	59.9 (2012)	100	**Unlikely**	MDG
Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)	66.4 (2005)	42.1 (2008)	48.5 (2012)	95	**Unlikely**	MDG
Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	1:1 (2002)	1:1 (2008)	1:1.01 (2011)	1:1	**Achieved**	MDG
Target 6B: Achieve by 2010, universal access to treatment for HIV/AIDS for all those who need it						
Percentage of people that received an HIV test in the past 12 months and know their status (%)	11.9 (2005)	24.7 (2009)		No target	NA	Domesticated
	44.8 (2012)			80*	NA	
Proportion of population with advanced HIV infection with access to antiretroviral drugs (%)	13.9 (2005)	41.6 (2009)	75.2 (2011)	80	**Likely**	MDG
Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases						
Incidence of tuberculosis	253 (2004)	283 (2009)		< 253	NA	

per 100 000 population	993 (2011)			449*	NA	MDG
Prevalence of tuberculosis per 100 000 population	768 (2011)			392*	NA	MDG
Death rates associated with tuberculosis per 100 000 population	147 (2002)	50 (2010)	49 (2011)	<147	**Achieved**	MDG
Proportion of tuberculosis cases detected and cured under directly observed treatment short course (%)	53.5 (2004)	67.4 (2008)	73.8 (2011)	100	NA	MDG
HIV/TB co-infection per 100 000 population	540 (2004)	592 (2010)	650 (2011)	NA	NA	Domesticated
Incidence of malaria per 100 000 population	64 622 (2000)	8 066 (2010)	6 846 (2012)	32 311	**Achieved**	MDG
Death rates associated with malaria per 100 000 population	459 (2000)	87 (2010)	72 (2012)	229	**Achieved**	MDG
Indoor Residual Spraying (IRS) operational coverage in targeted areas (%)	87.4 (2001)	NA	91.1 (2012)	80	**Achieved**	Domesticated

*Based on the NSP on HIV, STIs and TB 2012-2016, which sets targets to be achieved in 2016, based on 2011 baseline data.

6.3 INSIGHTS

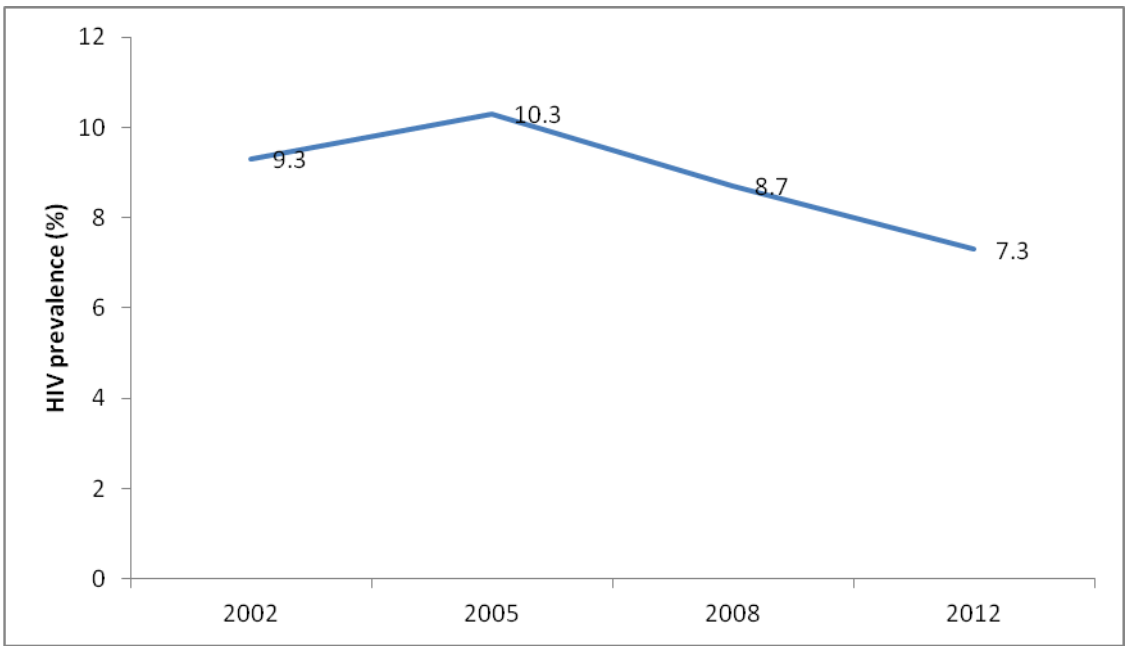
HIV prevalence and incidence

HIV prevalence among population aged 15–24: Trends in HIV prevalence among persons aged 15–24 years could be used as a reasonable proxy indicator for the new infections in the population. The interpretation of HIV prevalence trends among older individuals is particularly complex as prevention and treatment programmes are implemented simultaneously. The evidence from population-based HIV prevalence surveys in South Africa indicates that infection rates in this age group have been consistently declining in the country, from 10.3% in 2005 to 7.3% in 2012. The trends in the decline in HIV prevalence among 15–24 suggest that South Africa may meet its 2015 target to halve prevalence among 15–24 year olds. Between 2002 and 2008 only 0.6% reduction in the prevalence was observed. However, between 2008 and 2012, a 1.4% reduction has been

%

noted, therefore showing more than double the impact observed between 2002 and 2008. This may be attributable to the effect of a number of interventions targeted to halt transmission of HIV and the spread of AIDS, such as the HCT, the medical male circumcision campaigns, as well as an increased number of people receiving ARVs.

Figure 42: HIV prevalence among population aged 15–24 years, South Africa, 2002, 2005, 2008 and 2012

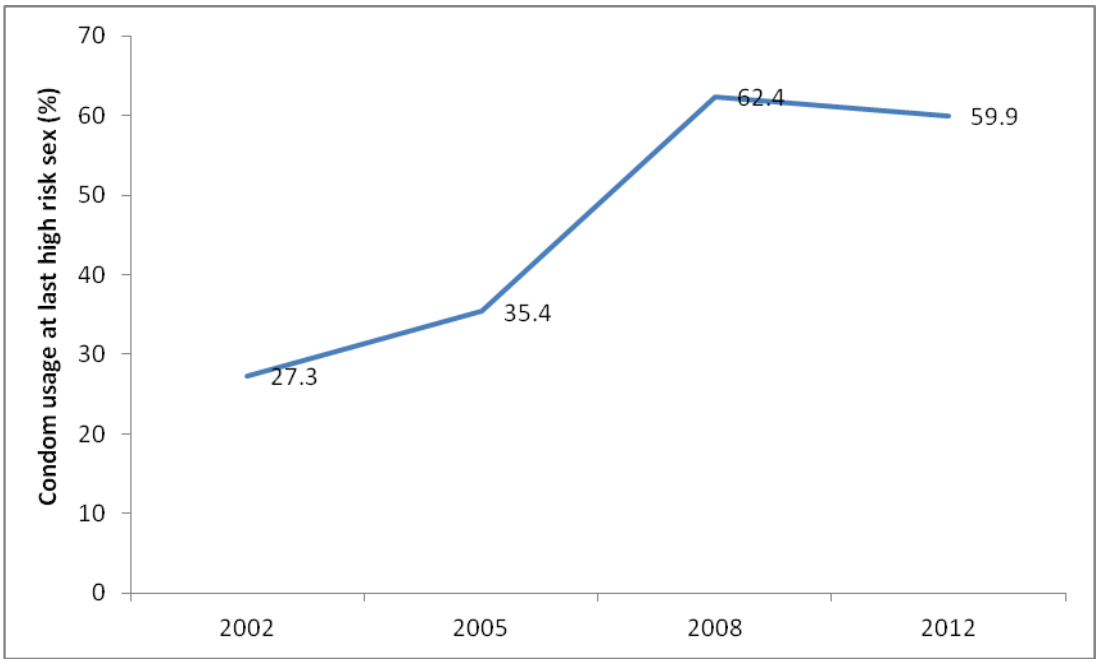


Source: South African National HIV Prevalence, Incidence and Behaviour Survey, 2012, Human Sciences Research Council

Knowledge and behavioural factors

Condom use at last sex: In a high prevalence country such as South Africa, condom use is one of the most effective ways to prevent HIV infection. There was a sharp increase in condom use at last sex from 2002 (27.3%) to 2008 (62.4%) followed by a slight decline in 2012 (59.9%). Previously observed increases in condom use among those 15 years and older have been attributed to exposure to more effective behaviour change and communication programmes. Disaggregation by age groups and sex shows a significant variation in condom use at last sex, with the younger age group (15–24 years) reporting higher condom usage rates compared to the age groups 25–49 years and those 50 years and older. Across all three age groups, females had a lower rate compared to their male counterparts. The National Communication Survey (NCS) of 2012 indicated a decreasing rate in condom use among women, compounded by inconsistent and irregular use practices. The downward trend observed between 2008 and 2012 is a cause for concern as there should be an increase in condom use instead of a reversal of the trend.

Figure 43: Percentage of adults aged 15 years and older who used a condom at last risk sex, South Africa, 2002, 2005, 2008 and 2012

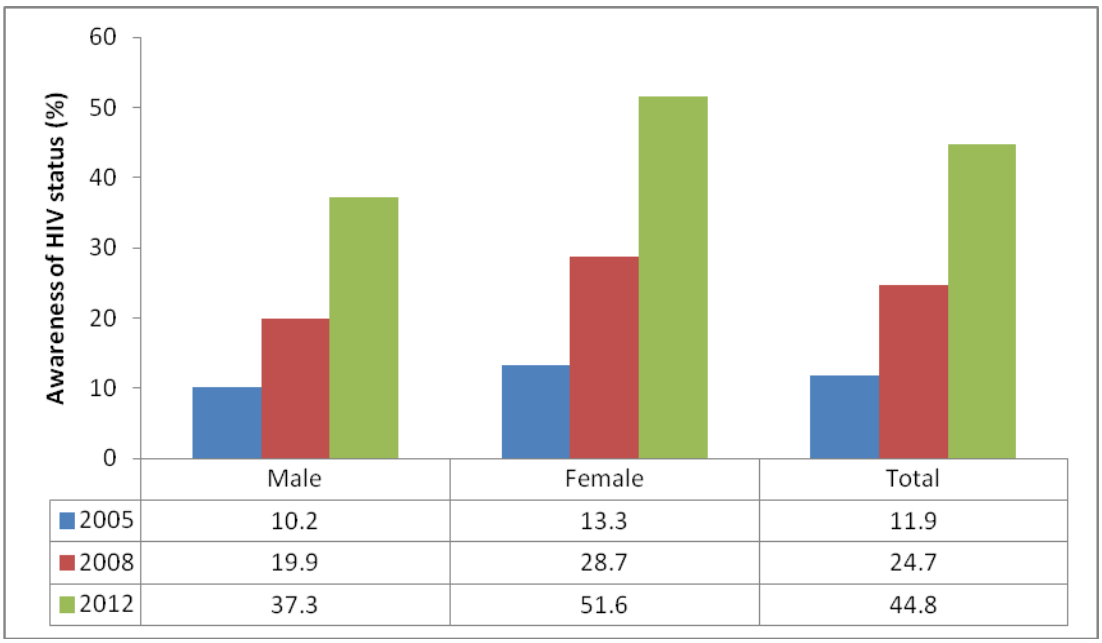


Source: South African National HIV Prevalence, Incidence and Behaviour Survey, 2012, Human Sciences Research Council

Comprehensive correct knowledge of HIV/AIDS: Knowledge about HIV transmission accompanied by an appropriate reduction of behavioural risks is important in combating and reversing the spread of HIV. In South Africa, however, the data tends to be contradictory. In 2005, knowledge was reported at 66.4% and then declined to 42.1% in 2008. The 2012 National HIV Prevalence, Incidence and Behaviour Survey found that the proportion of young people who either answered both prevention questions correctly, or rejected the four myths and misconception, or correctly answered both combinations of questions, was low at 48.5%. However, a study done by the Centre for the AIDS Programme of Research in South Africa (CAPRISA) showed that young people had good knowledge on HIV transmission modes and prevention. The pattern in knowledge levels observed from National HIV Prevalence, Incidence and Behaviour Surveys is moving against the expected pattern, where an upward trend is expected if South Africa is to meet its target for 2015.

HIV testing in the past 12 months: The recent National HIV Prevalence, Incidence and Behaviour Survey of 2012 indicates that the percentage of people who have had an HIV test in the past 12 months and know their status is 44.8%. This level is higher in comparison to previous years, increasing from 11.9% in 2005 to 24.7% in 2008. Additionally, there has also been an increase in HCT uptake at health facility levels as revealed from the NCS, with an increase of 7% from 62% in 2009 to 69% in 2012. According to the United Nations General Assembly Special Session (UNGASS) report of 2012, by the end of June 2011, 13.3 million people were tested for HIV out of a targeted 15 million nationwide. It should be noted that there is still a strong gender dimension, with females consistently more likely to test for HIV compared to their male counterparts. Intensified efforts by the government to increase HCT uptake of pregnant women during antenatal care has been a contributory factor, but HCT uptake in the general population has also increased dramatically since the start of the national HCT campaign in 2010.

Figure 44: Awareness of HIV status in last 12 months, South Africa 2005–2012

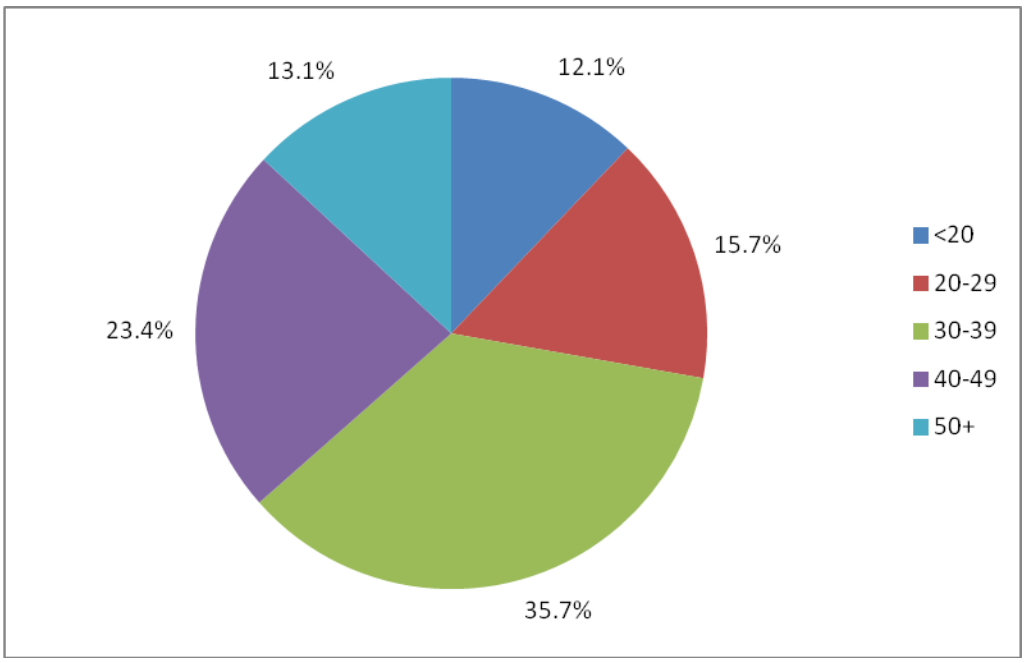


	Male	Female	Total
2005	10.2	13.3	11.9
2008	19.9	28.7	24.7
2012	37.3	51.6	44.8

Source: South African National HIV Prevalence, Incidence and Behaviour Survey, 2012, Human Sciences Research Council

Proportion of people eligible for ART and are on treatment: An expanded ART treatment programme has culminated in 1.6 million people living with HIV receiving treatment in South Africa by 2011. The reported percentage of eligible adults and children currently receiving antiretroviral therapy in 2010 and 2011 was 58.3% and 75.2%, respectively. According to UNAIDS (2013), 70.78% of eligible men, 87.33% of women and 56.21% of children are on treatment. In addition 86.16% of those above 15 years of age and eligible are on treatment. According to the 2012 National HIV Prevalence, Incidence and Behaviour Survey, a total of 6 367 357 estimated people were living with HIV and among these, 2 006 593 were eligible for ART. An estimated 31.5% of people living with HIV are on ART. It is expected that this number will also rise, given the recent changes in eligibility for ART initiation in South Africa.

Figure 45: Distribution of people on ART by age group, South Africa 2012



Source: South African National HIV Prevalence, Incidence and Behaviour Survey, 2012, Human Sciences Research Council

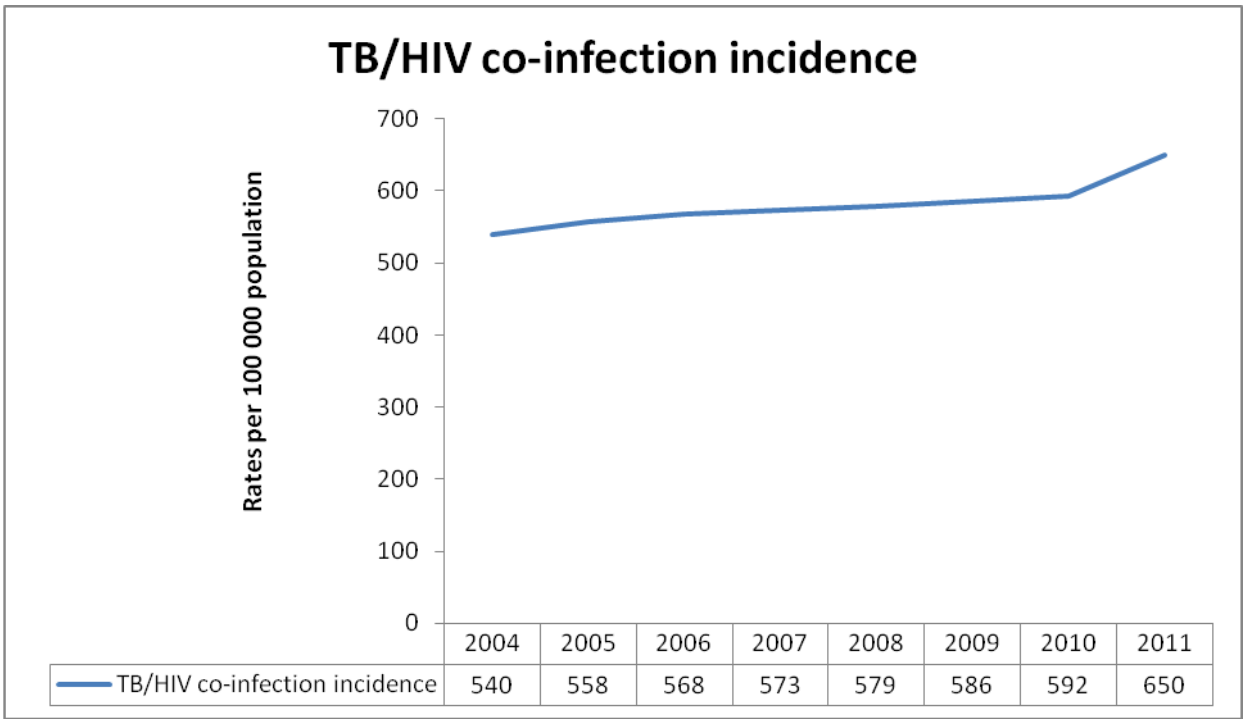
According to the NSP for HIV and AIDS Comprehensive HIV/AIDS Treatment Plan Statistics, by August 2010 at least a total of 1 163 512 adults and children were on comprehensive HIV and AIDS treatment.

School attendance of orphans aged 10–14 years: One of the consequences of AIDS mortality and morbidity has been that many children have over the years lost one or both parents. This has had an impact on schooling for many of these children, although government efforts have to a large extent ensured that most of these children are able to attend school. From the GHS data, the ratio of the rates of school attendance of orphans with one parent to school attendance of non-orphans aged 10–14 year by year, and the rate of school attendance of double orphans (both parents dead) was almost 1, which shows that the two groups are not substantially different.

Tuberculosis: The TB incidence in 2011 was 993 per 100 000 population, with a target of 449 in 2016. The TB prevalence in 2011 was 768 per 100 000 population, with a target of 392 in 2016. According to the UNGASS report of 2012, TB/HIV co-infection is as high as 73%. TB/HIV co-infection incidence was estimated to be 540 per 100 000 of the population in 2004, and remained consistently high over a period of six years with a slight increase to 650 per 100 000 of the population in 2011.

Efforts to detect and cure TB have improved since 2004, but South Africa still faces challenges around Multi-Drug Resistant Tuberculosis (MDR-TB), with the last Drug Resistant Tuberculosis (DR-TB) survey indicating that the confirmed (MDR-TB) ratio was 1.8%. A subsequent survey is currently underway and will provide data on the current MDR-TB situation.

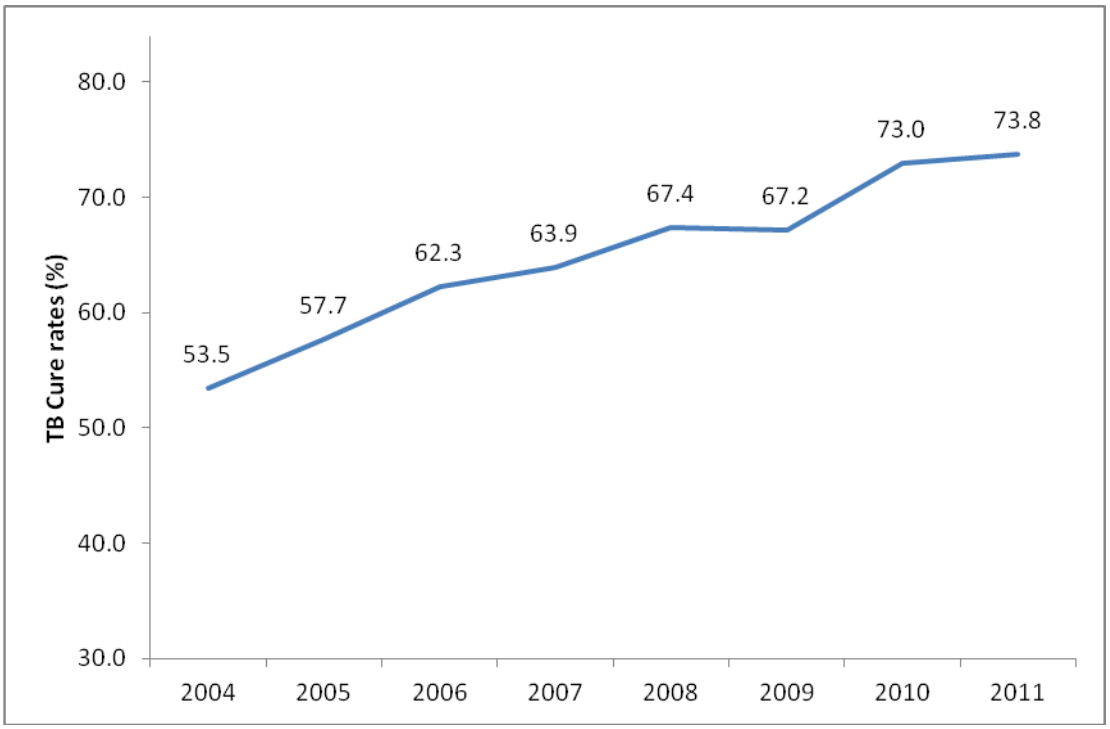
Figure 46: TB/HIV co-infection per 100 000 population



Source: TB Electronic Register, Department of Health

TB cases detected and cured under directly observed treatment short course (DOTS): Since 2004 to 2011, South Africa has experienced a gradual improvement in cure rates ranging from 53.5% to 73.8% (Figure 47). All cases detected are subjected to one form or the other of Directly Observed Treatment Short Courses (DOTS), which are either at health facility or community/household level. The increment in TB cure rates supports the decline in TB-related deaths.

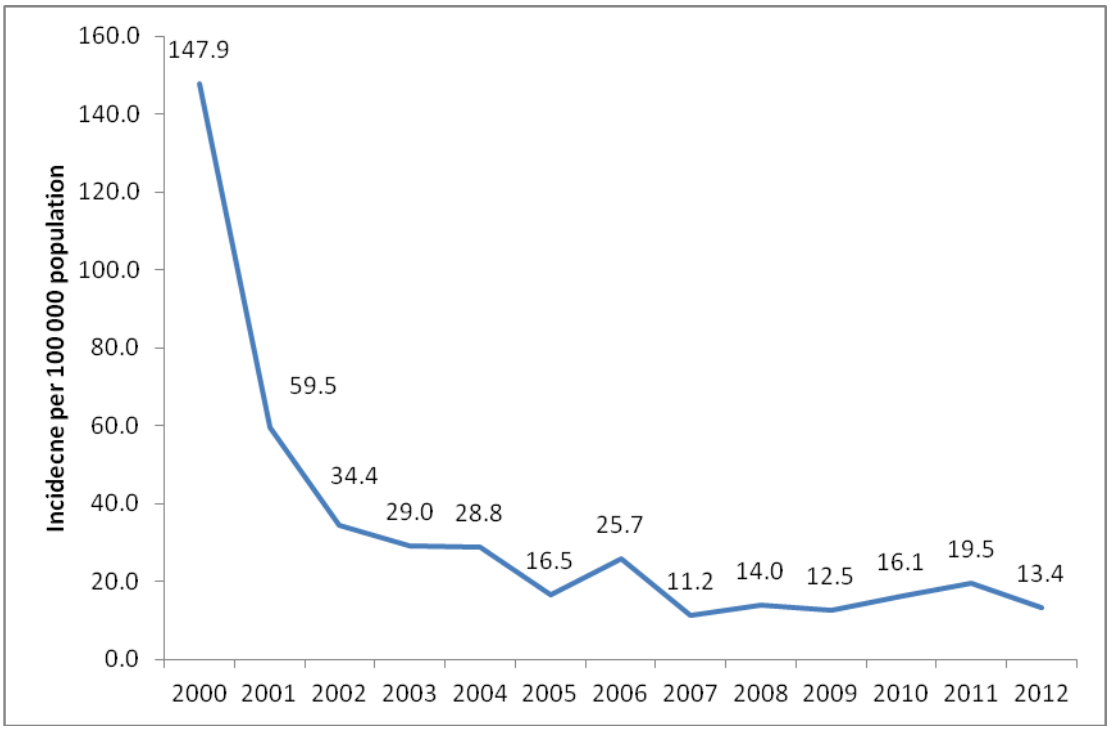
Figure 47: TB cure rates 2004–2011



Source: TB Electronic Register, Department of Health

Malaria: South Africa has made steady progress in controlling malaria between the year 2000 and 2012. There has been a dramatic reduction in malaria incidence from 147.9 per 100 000 population in 2000 to 13.4 per 100 000 in 2012. Overall incidence in the three provinces (Limpopo, KwaZulu-Natal and Mpumalanga) where malaria persists has been reduced to very low levels through successful vector control with indoor residual spraying with insecticide, and treatment of cases with effective anti-malarial drugs. Residual insecticide spray coverage rates between 2000 and 2012 in all three malaria-endemic provinces exceeded 80%, thus achieving the WHO goal. There has been a significant decrease in the number of deaths associated with malaria, from 459 deaths in 2000 to 72 deaths in 2012. In addition, successful cross-border collaboration has also contributed to the reduction of malaria cases and deaths.

Figure 48: Malaria incidence per 100 000 population



Source: Malaria Information Systems (MIS), Department of Health

6.4 CONCLUSION

It is encouraging to note that HIV prevalence among the age group 15–24 years has decreased by almost 10%. This is a good indication as this age group is not only highly vulnerable to HIV infection, but is also South Africa's next generation working population. However, other MDG indicators of HIV such as comprehensive knowledge, percentage of people who tested for HIV in the last 12 months, and the proportion of people eligible for ART and on treatment are showing substantial improvements.

There is evidence of success in reducing premature deaths due to TB as well as increases in cure rates for TB patients on DOTS.

The fight against the reduction of malaria is evident in the achievements made to date. The most recent levels show drastic declines in malaria incidence, prevalence and death rates, thus indicating that 2015 targets have been achieved.

6.5 RECOMMENDATION

In the few years remaining towards MDG goal achievement, it is imperative that new evidence-based approaches to women's HIV prevention are taken on board. Some of these include: PrEP/microbicides; ARV-based prevention; male circumcision and potential benefits for women; reproductive decision-making including pre-conception counselling, contraception and HIV/reproductive health service integration; and economic and behavioural interventions. There is a need to apply holistic approaches that include men/partners, families and communities in these renewed efforts. Beyond 2015, South Africa should be in a position to design, research and implement combination packages/interventions that are feasible, effective, affordable, community- and population-specific.

The government should continue and sustain its robust prevention efforts by encouraging regular HIV testing, risk reduction counselling, use of latex condoms, and post-exposure chemo-prophylaxis, particularly among the youth and women.

Avenues for enhancing early diagnosis of TB should be harnessed via encounters with HIV patients through HCT.

TB-HIV integration should be promoted at facility level in order to reduce progression of TB among HIV patients. Beyond 2015, health workers should have the capacity to adequately detect, treat and prevent deaths among TB patients co-infected with HIV. Using outreach teams through the new PHC-re-engineering lesson of effective TB contact, tracing should be scaled up at community and household levels in order to contain further transmission. Current plans of extending coverage to high risk groups such as individuals attached to mine and correctional services, in line with the NSP 2012–2016, should be further supported.

In the case of malaria, South Africa needs to reduce local malaria cases to zero by rolling out the elimination strategy. Particular attention should be given to migrant workers and travellers if the goal of malaria elimination by 2018 is to be achieved.

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

7.1 BACKGROUND

MDG 7 focuses on ensuring environmental sustainability and its targets and indicators are reviewed within the context of other local, national and global development initiatives. The concept of sustainability across various sectors has gained popularity since the Brundtland Commission Report was published in 1987; the formulation of the 2000 United Nations' MDGs (particularly MDG 1 and MDG 7, which articulate poverty eradication and environmental protection respectively) and the 2012 Rio+20 conference on sustainable development. Environmental sustainability is a pre-requisite for sustainable development and poverty alleviation. However, achieving environmentally sustainable economic and human development remains a challenge for most countries, including South Africa, where in spite of macroeconomic development poverty, inequality and unemployment persist. Major improvements have been recorded through addressing poverty and inequality by dedicated service delivery programmes relating too basic service provision to the poor for example; water, sanitation, electricity and solid waste management. Various government departments are responsible to report on the outcomes of these services to The Presidency, on a quarterly basis, and again annually to parliament who monitors MDG targets through the Parliamentary Monitoring Group.

Recently adopted sustainable development plans and policies provide the overarching national framework and enabling environment for advancing the concept of sustainable growth and the achievement of the MDG 7 targets in South Africa. Examples include: the South Africa framework for responding to economic crisis; 2009-2014 Medium-Term Strategic Framework (MTSF) and its associated Outcomes; National Green Economy Summit Report; Green Economy Accord; Long-Term Mitigation Strategy; New Growth Path; Industrial Policy Action Plan (IPAP-2); National Strategy for Sustainable Development; National Climate Change Policy; National Development Plan – Vision 2030; Ten Year Innovation Plan; Integrated Resource Plan 2010-2025 and Integrated Energy Plan; Environmental Fiscal Instruments (e.g. carbon tax); and Third National Skills Development Strategy.

Information base: Information for this goal relate to sustaining the environment and the population's access to housing water, energy and sanitation amongst others. The information is based on measuring the state of the environment as well as service delivery.

7.2 FACTS AND FIGURES

Goal 7: Ensure Environmental Sustainability						
Indicator	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Target 7 A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources						
Proportion of land area covered by forest[19]	No data	No data	No data	No Target	NA	MDG
Proportion of land area covered by (%):						
• **Natural Forests**	0.4 (2005)	No data	No data	NA	NA	Domesticated
• **Savannah Woodlands**	32.62 (2005)	No data	No data	NA		Domesticated
• **Albany Thicket**	2.37 (2005)	No data	No data	NA		Domesticated
• **Commercial Plantations**	1.8 (2005)	1.3 (2010)	No data	NA		Domesticated
Proportion of Natural Habitat (%):						
• **Urban**	0.85 (1994)	1.98 (2005)	No data	No Target	NA	Domesticated
• **Forestry & Plantations**	1.16 (1994)	1.62 (2005)	No data	No Target		Domesticated
• **Mining and Quarries**	0.13 (1994)	0.17 (2005)	No data	No Target		Domesticated
• **Cultivation/ Agriculture**	12.43 (1994)	11.92 (2005)	No data	No Target		Domesticated
• **Natural**	85.44 (1994)	84.31 (20005)	No data	No Target		Domesticated
Carbon Dioxide (CO_2) emissions:						
• **Total**	258 (1994)	330 (2005)	369 (2009)	Reduction by 34% below business as usual (2020)	**Likely**[20]	MDG
• **CO_2 emissions per capita**	6.75 (1994)	7.00 (2005)	7.49 (2009)			
• **CO_2 emissions per $1 GDP (PPP)**	0.79 (1994)	0.71 (2005)	0.70 (2009)			

[19] No data is available for this indicator and the indicator will not be reported on for this current MDG report.

[20] Achievement indicated as possible are based on government efforts in terms of strategies and programmes put in place, which are dependent on other conditions such as funding. Details are presented in sub-section 4.2.1of the MDG 7 Goal report

Goal 7: Ensure Environmental Sustainability						
Indicator	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Consumption of ozone-depleting substances[21] • **HCFC**	No data	222.6 (2006)	400.1 (2010)	Freeze by 2013 and phase out by 2015	**Likely**	Domesticated
• **BCM**	No data	0 (2006)	-6.9 (2010)		**Achieved**	
• **MeBr**	No data	330 (2006)	0 (2010)	Phase out by 2015	**Achieved**	
Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss						
Proportion of total water resources used[22]	No data	No data	No data	No Target		MDG
Proportion of terrestrial areas protected (% of total)[23]	5.18 (1994)	6.20 (2010)	6.71 (2012)	17 (2020)	**Unlikely**	MDG
Proportion of marine areas protected (% of total)	No data	6.54 (2010)	7.34 (2012)	10 (2020)	**Likely**	MDG
Proportion of species threatened with extinction (% of total):[24] • **Plants**	No data	No data	12 (2011)	Reduce loss	Not Clear[25]	MDG
• **Inland mammals**	20 (2004)	No data	No data	Reduce loss		
• **Birds**	14.5 (2000)	No data	No data	Reduce loss		
• **Amphibians**	No data	No data	14 (2010)	Reduce loss		
• **Reptiles**	No data	No data	9 (2011)	Reduce loss		
• **Freshwater fish**	No data	No data	21 (2007)	Reduce loss		
• **Butterflies**	No data	No data	7 (2011)	Reduce loss		

[21] This was reported as an MDG in 2010. However, for the current reporting cycle, the indicator is classified as domesticated since the method of computation by South Africa does not comply with what is prescribed by the UN. In particular, the UN prescribes the method of computation to be: ODS (Imports) + ODS (Local production) – ODS (Exports). For South Africa the estimate on ODS reflects imports only.

[22] No data is available for this indicator and the indicator will not be reported on for this current MDG report.

[23] Include conservation areas and privately owned nature reserves not reported here as data is not available at present.

[24] The indicator was not reported in 2010 and the disaggregation did not apply

[25] Achievement of 7.7 is not clear, since it is based on two targets at two different periods 2010 and 2020, but yet data provided don't give a trend over time to see if the number or level of threatened species are declining or not.

Goal 7: Ensure Environmental Sustainability						
Indicator	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation						
Proportion of population using an improved drinking water source (%)	76.6 (1996)	84.4 (2001)	90.8 (2011)	88.3 (2015)	**Achieved**	MDG
Stability of water supply[26] (%)	23.6 (2009)	25.5 (2010)	23 (2011)	No Target	NA	Domesticated
Proportion of population using an improved sanitation facility (%)	49.3 (1996)	53.6 (2001)	66.5 (2011)	74.65	**Likely[27]**	MDG
Proportion of households with access to electricity (%)	30 (1994)	76.8 (2000)	82.8 (2011)	by 2025 to achieve 90% grid technology and 10% non-grid technology	NA	Domesticated
Proportion of population using solid fuels as primary source of energy: Cooking	22.9 (2000)	18.2 (2005	14.4 (2011)	NA	NA	Domesticated
Proportion of population using solid fuels as primary source of energy: Heating	29.1 (2000)	23.9 (2005)	20.8 (2011)	NA	NA	Domesticated
Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers[28]						

[26] This is defined as a household having uninterrupted flowing water for at least eleven and half months which forms part of South Africa definition of a water service

[27] This is defined as a household having unlimited flowing water for at least eleven and a halve months which forms part of the South African definition of a water service. Of the regional water supply schemes (Census and GHS data refer to access to a water source) which supplies 80% of the domestic water; 77% of these schemes provided a water service (stability of supply). DWA and Stats SA are in partnership to develop a Monitoring and Evaluation system to track this indicator. Its importance resides in 2015. The data used does not include access to pit latrines due to the fact that in 1996 the Census made no distinction between access to a ventilated improved pit latrine and a pit latrine. It is not possible with any reasonable degree of confidence to estimate the number of pit latrines that were provided with a slab (or a superstructure), hence this data was not included as part of percentage to determine access to sanitation. As a consequence all the data provided in this report does not include access to a pit latrine. In the 2011 Census it was recorded that 20.36% of people had access to a pit latrine and from anecdotal evidence most of these had a superstructure. There is a high probability that South Africa has achieved the MDG target for this indicator but according to the data used, which errs on the conservative side, it needs to be recorded as likely to meet the target.

Goal 7: Ensure Environmental Sustainability						
Indicator	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Proportion of urban population living in slums	No data	No data	No data	NA	NA	MDG
Percentage living in Informal Settlements (%): • **Households**	9.9 (2001)	No data	6.0 (2011)	No Target	NA	Domesticated
• **Population**	7.9 (2001)	No data	7.6 (2011)	No Target	NA	Domesticated

7.3 INSIGHTS

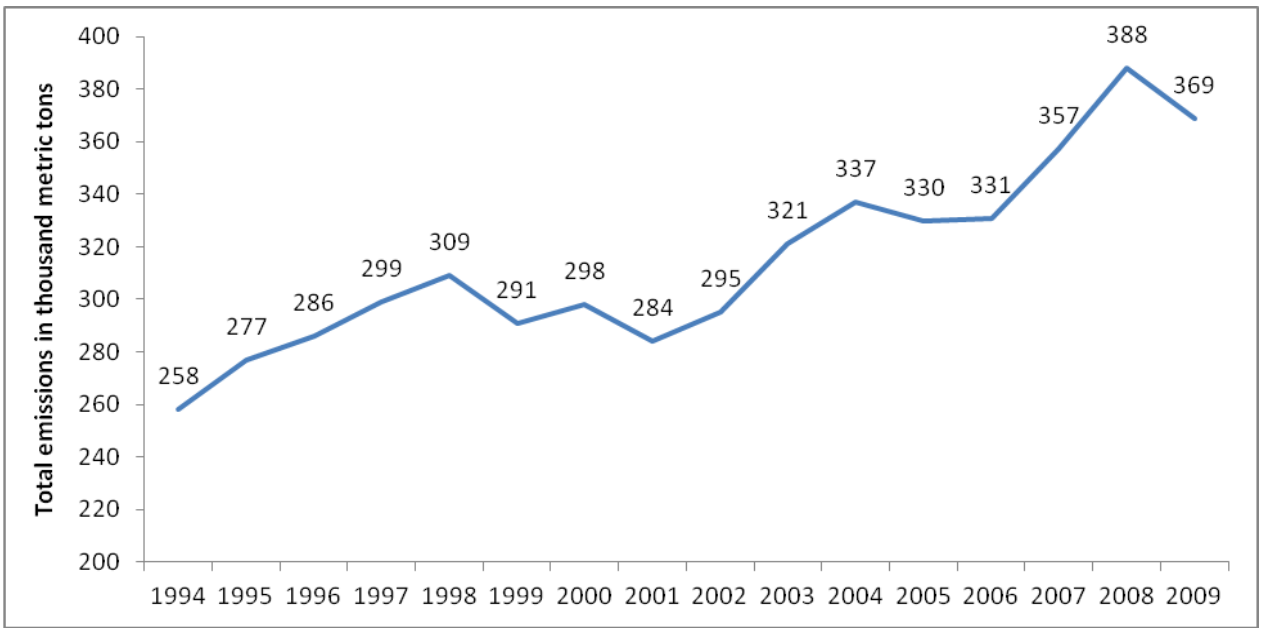
Loss of natural habitat: South Africa is not endowed with abundant natural forests. Despite this, South Africa has implemented a system for monitoring the rate at which the natural habitat is transformed for other uses. The major cause for natural habitat loss include: cultivation of crops as well as mining, forestry plantations and urban development. However, this remains a serious challenge for South Africa. If the loss of natural habitats continues at current rates, there will be little vegetation outside of protected areas.

CO_2 emissions: South Africa is currently an energy-intensive economy based on an unsustainable economic development path primarily based on maximising economic growth, as measured by the GDP, particularly through mining, manufacturing and agricultural activities. The country is a major emitter of CO_2 and accounts for 65% of Africa's emissions. Its per capita emissions are higher than those of many European countries. Most of these emissions have their source in the energy sector, mainly from electricity supply, industry, transport and liquid fuels supply. Like most other countries South Africa is also vulnerable and exposed to the impacts of climate change and variability due to the socio-economic and environmental context.

Key flagship mitigation programmes have been identified and the promotion and implementation of clean energy resources such as for example the renewable energy and energy efficient initiatives: Solar Water Heating Programme, Energy Efficiency and Demand Management Programme as well as Green Fund have been initiated.

[28] Although the MDG globally refers to "slum dwellers", in the South African context slums do not exist and those areas are referred to as "informal settlements".

Figure 49: Carbon dioxide emissions (total) in thousand metric tons



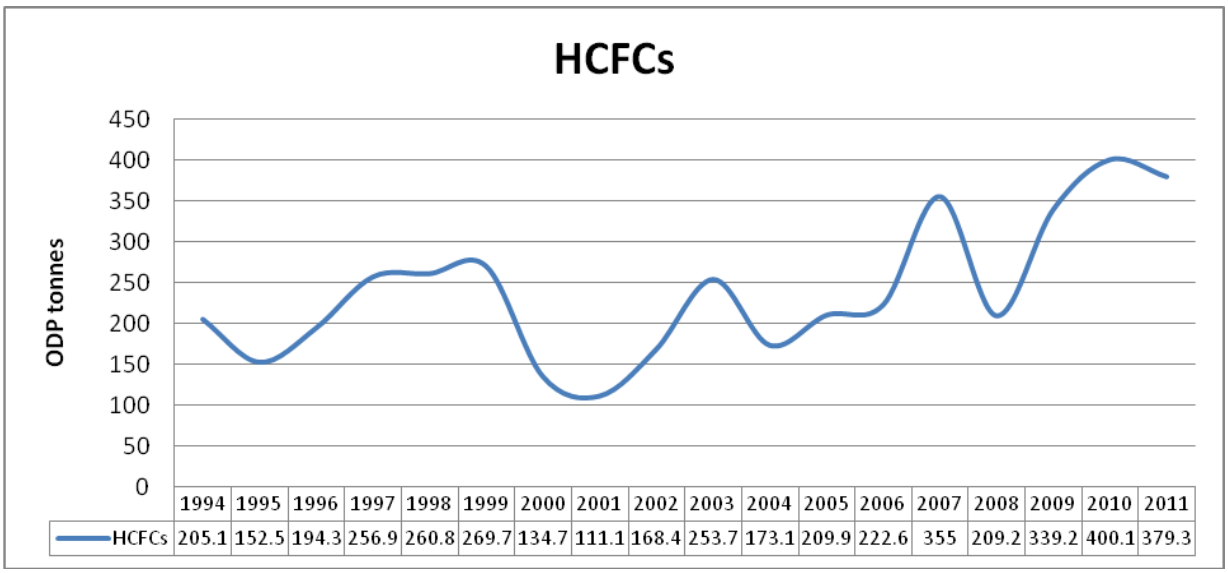
Source: International Energy Agency, (Data accessed, 2012)

The impacts of climate change, if unmitigated, have the potential to undo or undermine many of the positive advances made in meeting South Africa's own development goals and the MDGs. Sustaining the progress made on MDG 7 and other MDGs will require South Africa to strengthen capacities to anticipate and respond to adverse impacts of climate change and capitalise on mitigation opportunities. The country has committed to stringent CO_2 emission reduction targets (to achieve 34% below "business as usual" by 2020), undertaken with the understanding that the actions will be supported by international finance, technology and capacity building. However, while the government has committed itself to reduce its CO_2 emissions, there is currently two new coal-fired power stations under construction at Medupi and Kusile in Limpopo and Mpumalanga respectively. The Medupi and Kusile units are expected to supply 4 800 MW each to the national grid. Clearly these additional units will add to South Africa's already high levels of CO_2 emissions. However, the State utility for the generation of electricity, Eskom, has committed itself to implement the latest technologies to reduce its carbon footprint.

Ozone-Depleting Substances (ODS): Insofar as reducing the consumption of and phasing out the use of ODS South Africa has done well. South Africa managed to reduce consumption[29] of ODS by reducing the imports of OD-associated substances. Progress has been made in achieving the target of freezing consumption of hydrochloroflorocarbons (HCFC) and Bromochloromethane (BCM) by 2013 and the phasing out thereof by 2040.

[29] South Africa will not be reporting this as an MDG indicator but rather a DMI as the values that are reported on reflect the difference in the recommended import and export amounts rather than absolute consumption.

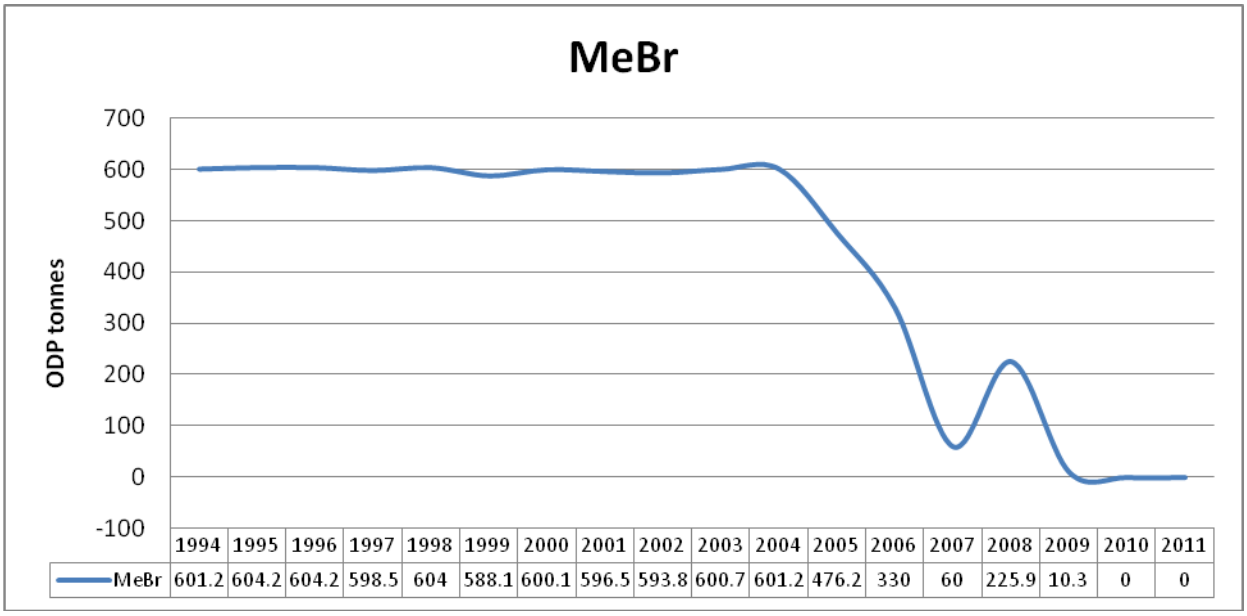
Figure 50: Consumption of ODS: HCFC



Source: United Nations Environment Programme Ozone Secretariat

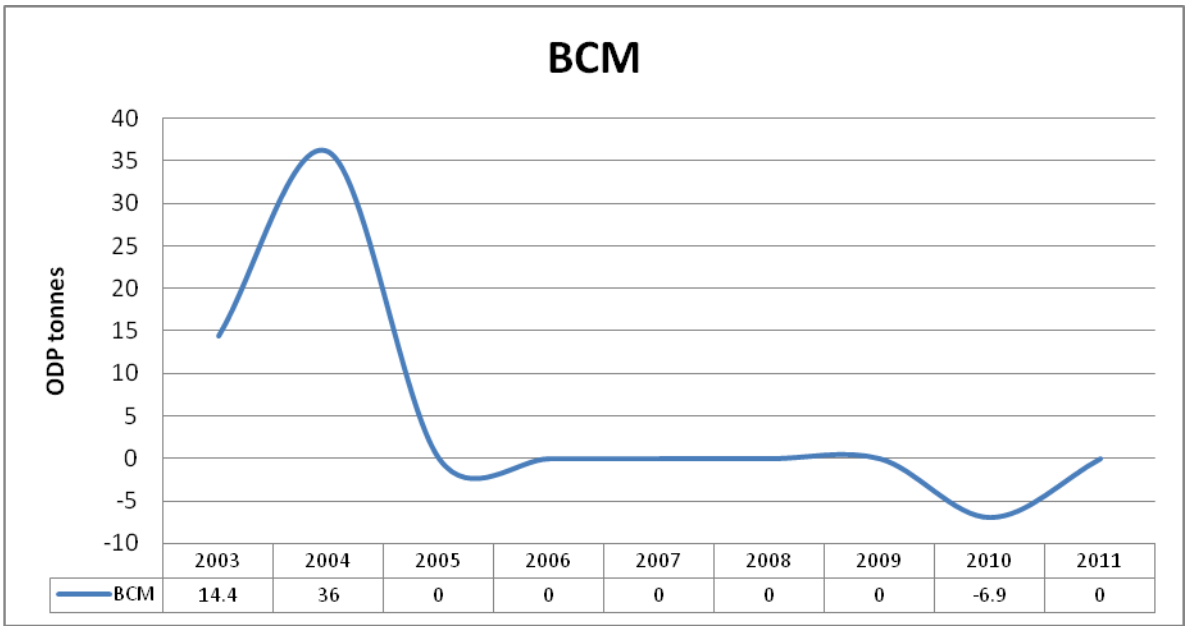
While the consumption of HCFCs has increased in absolute terms, the rate of increase has declined. Most notably, there has been a decline in the rate of increase for the period 2009-2010 when compared to the previous period. Consumption of BCM has been reduced to negligible amounts and South Africa has phased out importing it in 2010. Similarly, South Africa achieved the target of phasing out the consumption of Methyl bromide (MeBr) by 2010 as shown in Figure 51.

Figure 51: Consumption of ODS: MeBr



Source: United Nations Environment Programme Ozone Secretariat

Figure 52: Consumption of ODS: BCM



	2003	2004	2005	2006	2007	2008	2009	2010	2011
BCM	14.4	36	0	0	0	0	0	-6.9	0

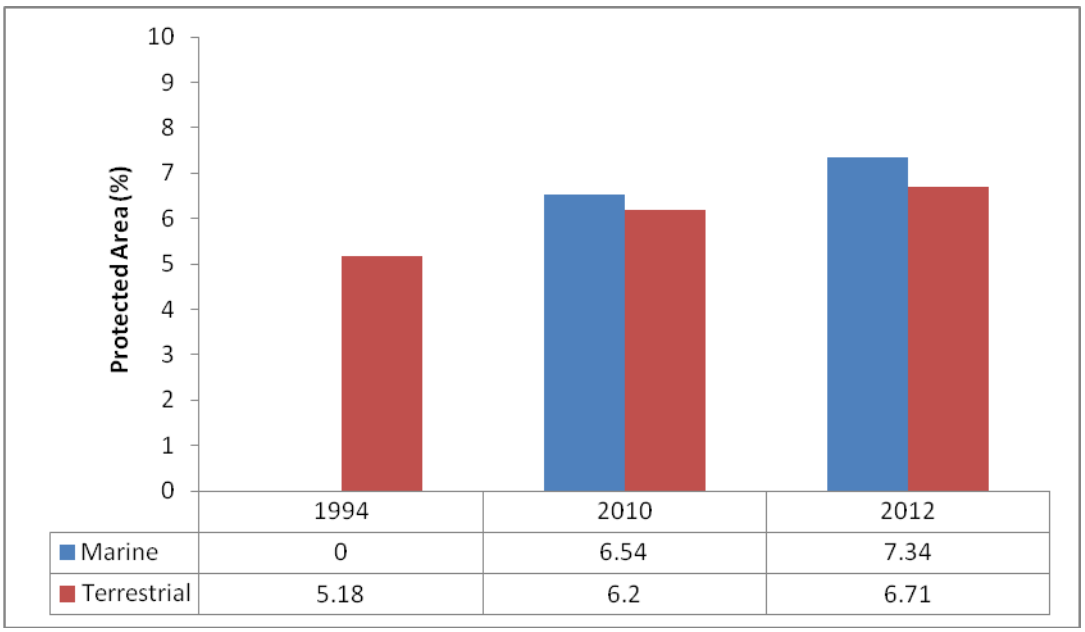
Source: United Nations Environment Programme Ozone Secretariat

Terrestrial and marine areas protected: The target for protected terrestrial areas is 17% by 2020 and 10% for marine areas by 2020. South Africa is on course to meet the target for protected marine areas if the current rate of increase of protected areas is maintained, while for protected terrestrial areas is unlikely to be met. South Africa, through the DEA, has developed a national framework for an integrated approach towards managing biodiversity, as well as various national policies and strategies, to protect terrestrial and marine and coastal resources. The achievement of protected terrestrial areas by 2020 largely depends on stepping up the implementation of current and future national policies and strategies.

The indicator of the proportion of protected terrestrial[30] and marine areas measures the formal protection of components of biodiversity. In 1994, the proportion of terrestrial areas under protection was 5.18% and there was no data reported for marine protected areas. The proportion for both terrestrial and marine protected areas were estimated at 6.20% and 6.54% respectively in 2010, before reaching 6.71% and 7.34% in 2012 (Figure 53). South Africa registered a 1.5 percentage point improvement in the proportion of protected terrestrial areas during the period between 1994 and 2012 (and a 0.5 percentage point increase between 2010 and 2012). The results imply that the country is on course to meet the protected marine areas target if the current rate of increase is maintained while the target for protected terrestrial areas is unlikely to be met.

[30] In the South African National Protected Area Expansion Strategy and National Biodiversity Assessment Strategy, terrestrial protected areas are referred to as "Land Based Protected Areas".

Figure 53: Proportion of terrestrial and marine areas protected



Source: Department of Environmental Affairs (Data accessed, 2013)

South Africa has developed a national framework for an integrated approach for all stakeholders to manage biodiversity. The framework identifies priority actions for conserving biodiversity and sets out the implications of these priority actions for agencies that lead implementation. In addition, various national policies and strategies have been put in place by the DEA to protect both terrestrial and marine and coastal resources. Examples include: the National Protected Area Expansion Strategy (NPAES); Provincial Protected Area Expansion Strategies; SANParks – Land acquisition plan; National Environmental Management: Protected Areas Act; National Protected Areas Database; and the National Biodiversity Framework) (DEA, 2012). South Africa has successfully established biodiversity stewardship programmes in the last seven years, which are making a significant contribution to meeting national protected area targets (Driver et al., 2012).

Species threatened with extinction: Tracking changes in the percentage of threatened species gives a good indication of the country's success in preserving its biodiversity. Species threat status has traditionally been assessed in the form of national or global Red Lists. The conservation assessments (Red Lists) tell us how threatened different species are, based on the likelihood of a species becoming extinct[31]. They provide information on factors that contribute to the 'threatened' status of species. Recent conservation assessments completed in South Africa (for plants in 2011, reptiles in 2011 and amphibians in 2010) show that loss of natural habitat or land cover change, particularly as a result of cultivation, is the primary threat to species, while invasive alien species threaten species in both terrestrial and freshwater environments.

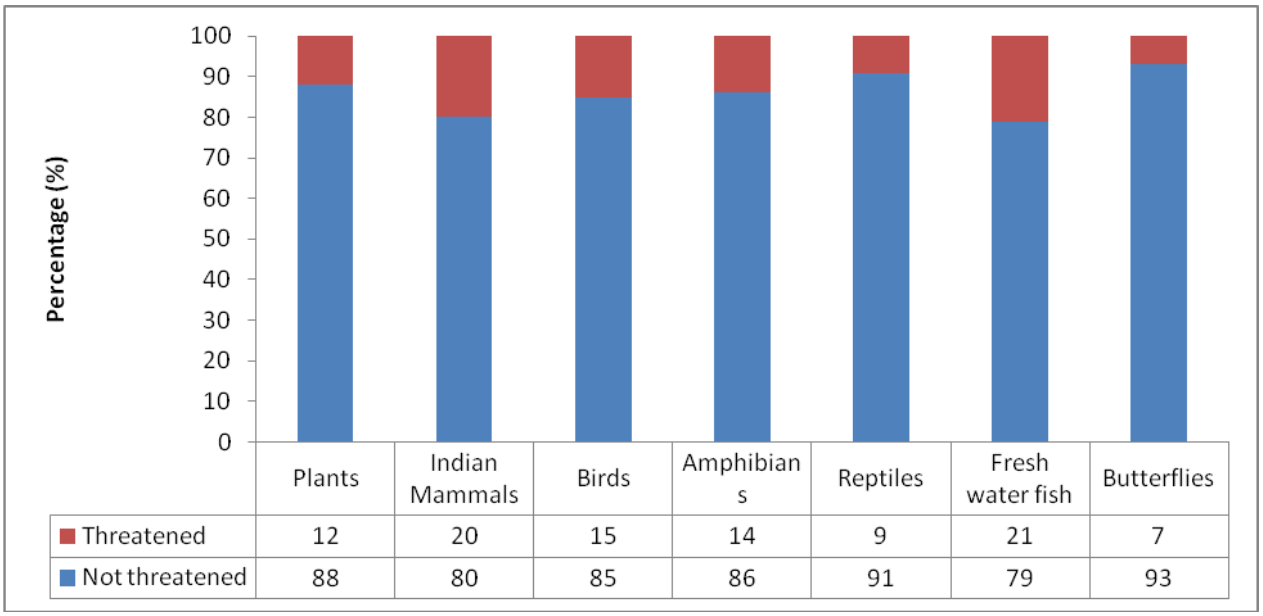
South Africa boasts a wealth of species, with over 95 000 known species and many more still to be described (Driver et al., 2012). Tracking changes in the percentage of threatened species gives a good indication of the country's success in preserving its biodiversity. Knowledge of species threatened or of particular concern for other reasons such as rarity helps in prioritising conservation resources.

Error! Reference source not found. 54 shows the proportion of threatened species for those axonomic groups that have been comprehensively assessed, based on the most recent available

[31] The International Union for Conservation of Nature (IUCN) has developed a standard set of criteria and terminology for classifying species from highest to lowest risk of extinction, enabling comparison among different countries.

Red Lists. The proportion of threatened species is highest for freshwater fish (21%) and inland mammals (20%). According to Driver et al. (2012), the highest numbers of threatened species (over 2 500) are found among the plant group (see Table 11).

Figure 54: Proportion of threatened species for those taxonomic groups that have been comprehensively assessed, based on the most recent available Red Lists



Source: Driver et al. (2012)

Table 11: Summary of species status in South Africa, for those groups that have been comprehensively assessed

Taxonomic group	Number of described taxa[32]	Number threatened	Percentage threatened	Number extinct	Number endemic to SA	Percentage of Earth's taxa	Most recent Red List
Plants	20 692	2 505	12	40	13 203	64	2011
Inland mammals	307	60	20	3	57	19	2004
Birds	841	122	14.5	2	68	8	2000
Amphibians	118	17	14	0	51	43	2010
Reptiles	421	36	9	2	196	47	2011
Freshwater fish	114	24	21	0	58	51	2007
Butterflies	793	59	7	3	415	52	2011

Source: Driver et al (2012)

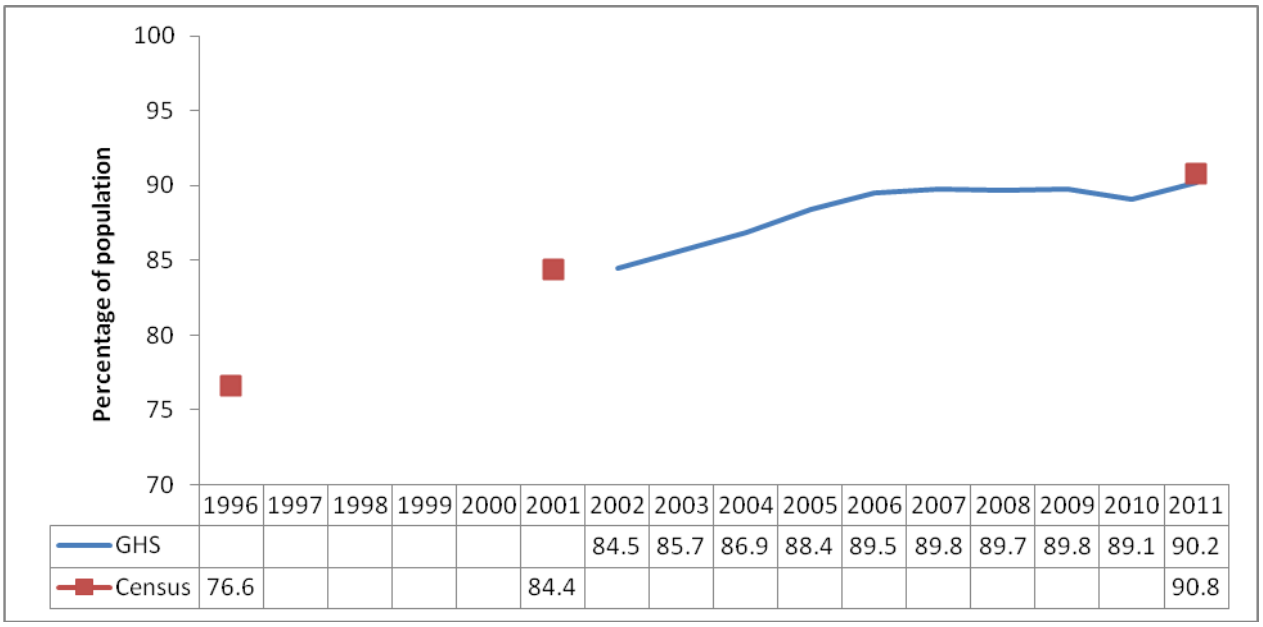
Population using an improved drinking water source: South Africa achieved the MDG target of 88.3% in relation to access to an improved water source in 2005 when 88.4%; according to Stats SA General Household Survey (GHS), of the population had access to improved drinking water

[32] A taxon (plural taxa) is usually a species but in some cases may be a subspecies or variety.

services. Census 2011 reported that 90.8% of the population was using an improved drinking water source.

South Africa has set itself a target of achieving access to improved access to drinking water services to all its citizens by 2014[33]. The GHS survey by Statistics South Africa is the data that is used to plot the trend to see whether this target will be met or not. According to the trend shown in the GHS data it is unlikely that South Africa will meet the 100% target it set for itself by 2014. Separate studies have shown the reason for the flat trend of delivery of water services is due to functionality and the interpretation of the definition of what constitutes a basic service which should be access to a tap within 200 meters. Some of our provincial government departments defined "basic" as access to water in-yard or in-house which resulted in under capacity of the bulk water feeder mains.

Figure 55: Proportion of population using an improved drinking water source



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
GHS							84.5	85.7	86.9	88.4	89.5	89.8	89.7	89.8	89.1	90.2
Census	76.6					84.4										90.8

Source: General Household Survey, 2002 – 2011; Census 1996, 2001 and 2011, Statistics South Africa

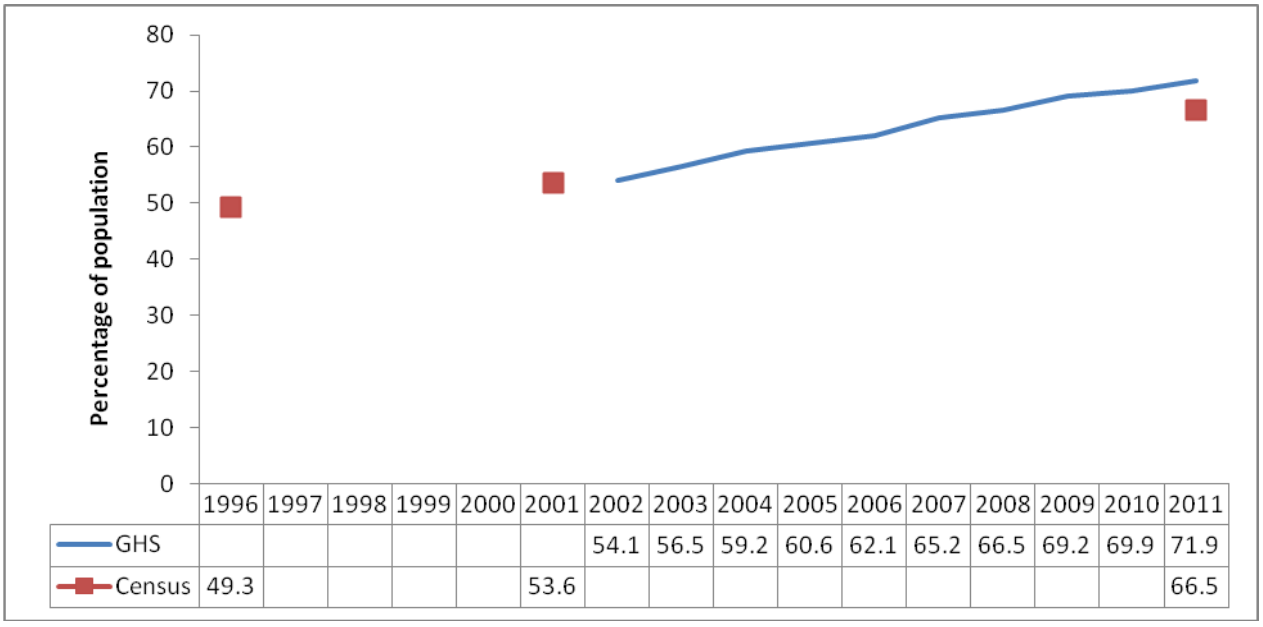
Most of the achievements made towards meeting the water targets can be attributed to the South African government taking ownership of the MDG process through institutional alignment of government departments, appropriate funding models assisted by international loans, dedicated monitoring programmes by government departments, the Presidency and Parliament.

Population using an improved sanitation facility: The two data sets; namely Census and the GHS have been used to unpack improved access to a sanitation facility. The Census data provides the baseline year (1996) of the access to sanitation (49.3%) and the basis for calculating the MDG target of 74.65%. The GHS data is used to determine the likelihood of achieving the MDG Target using Census 2011 access to sanitation of 66.5% and applying the rate of delivery to a sanitation service as provided. The trend observed is some 2% per annum i.e. 8% by 2015. It is likely that the MDG Target will be met.

[33] Progress is measured using the DWA Water Services National Information System (WSNIS) which tracks households having access to water infrastructure; which includes in its definition a street tap within 200 meters, but does not track the functionality of the infrastructure (having uninterrupted flowing water for at least eleven and a half months or recording totally dysfunctional systems).

South Africa has set itself a target of 100% to achieve access to improved sanitation facilities by 2014. This target will not be met. The data when compared to water shows that between 1996 and 2001 the rate of sanitation delivery is half that of water and coming off a low base. Between 2001 and 2011 shows that the sanitation rate of delivery is twice that of water. This difference in delivery seems to coincide with the institutional arrangements that the municipality boundaries for the local authorities were finalised in 2002. The Water Services Act (1996) makes it a legal mandate of local authorities to provide access to water and sanitation to all the citizens of South Africa. The provision of water along the supply chain from source to tap requires a higher level of technical skill when compared to providing a basic improved sanitation facility like a ventilated improved pit. Census 2011 confirms the fact that South Africa's rural municipalities are where the majority of no services exist for access to water and sanitation. Separate studies have shown that it is in these very municipalities where little to no technical skills exists. Therefore, appropriate technical skills are required in our rural municipalities to oversee planning and project management of programmes to achieve the ideal of 100% access to sanitation in the short term.

Figure 56: Proportion of population using an improved sanitation facility



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
GHS							54.1	56.5	59.2	60.6	62.1	65.2	66.5	69.2	69.9	71.9
Census	49.3					53.6										66.5

Source: General Household Survey, 2002 – 2011; Census 1996, 2001 and 2011, Statistics South Africa

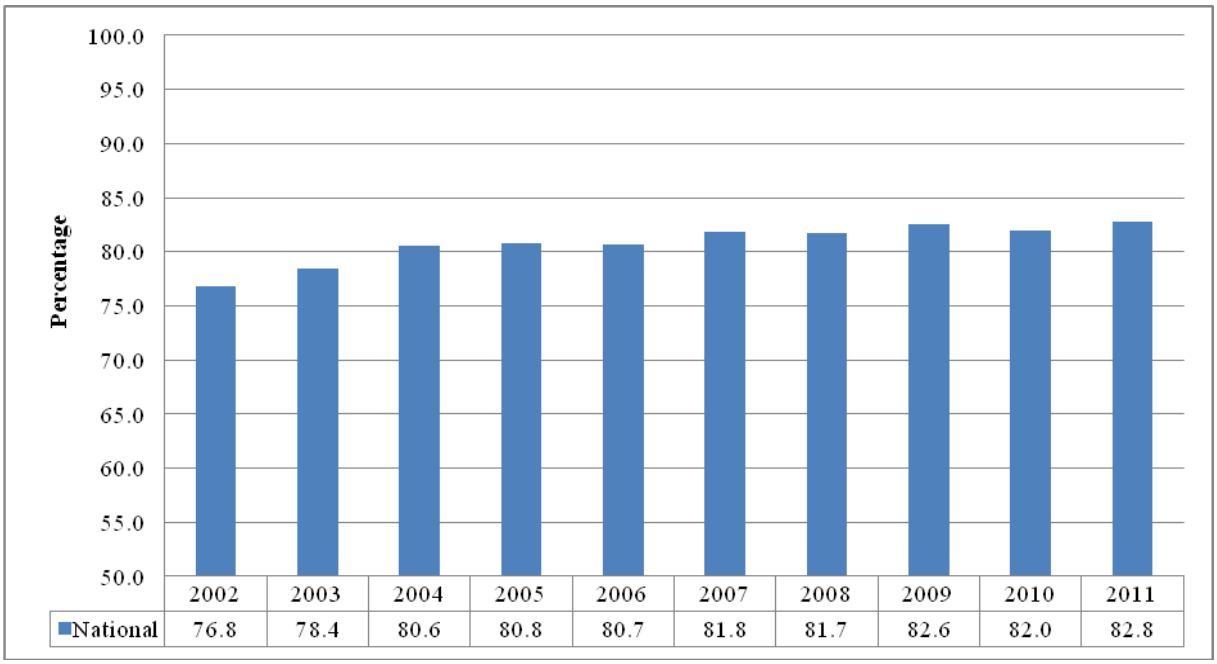
Informal Settlements: The South African government is committed to accelerating service delivery and improving the quality of life for all its citizens, particularly upgrading facilities for those living in informal settlements in 45 priority municipalities by 2014. The rapid rate of urbanisation is attributable to many people moving out of the rural areas and to the cities in search of jobs and an improved standard of living. This trend is set to continue if rural areas are neglected and not made attractive enough for people to stop their migration to cities.

Table 12: Percentage living in informal settlement

Type of	2001	2011
Population	7.9%	7.6%
Households	9.9%	6.0%

Source: Census 2001 and 2011, Statistics South Africa

Figure 57: Proportion of households with access to electricity



Source: Statistics South Africa, General Household Survey, 2002 – 2011

Electricity: According to the GHS data provided for 2002 to 2011, at national level, the proportion of households with access to electricity increased from 76.8% in 2002 to 80.8% in 2005, before reaching 82.8% in 2011 (Figure 57). Nevertheless, while the domesticated target of 92% access to electricity may not be achieved by 2014, significant progress has been made in terms of establishing relevant regulatory frameworks and policies to date. Those regulatory frameworks and policies include: the Energy White Paper, the Electricity Regulation Act, and the Free Basic Electricity (FBE). Another issue hindering the speed of connections is the household growth factor. Since 1994, the numbers of households supplied had increased, which continue to challenge universal access, since the backlogs as well as the new developments needs to be serviced. All of these factors challenged the attainment of universal energy access and it was these challenges that saw government conceding that it would take more years before universal access to energy could be achieved in view of the pace of progress (Integrated National Electrification Programme, 2007). In line with the NDP, the Department is committed to universal access by 2025; universal access will be achieved by both grid (90%) and non-grid (10%) technologies.

7.4 CONCLUSION

Reviewing progress made towards the achievement of MDG 7 shows that the South African government has made strides towards ensuring environmental sustainability, but the challenge of climate change is imminent and needs to be carefully addressed in its development plans and strategies. This should form part of the post-2015 agenda to ensure that the country is prepared to weather the storms arising from the potential negative impacts of adverse climatic conditions.

Water: The review of the MDGs Indicators shows that South Africa has achieved only one MDG 7 target of halving, by 2015, the proportion of people without sustainable access to safe drinking water.

Sanitation: The data shows that the target is likely to be met by 2015. However, the backlog is predominantly in rural municipalities where the problem is compounded by a lack of technical skills as well the inability to project manage dedicated sanitation programmes due to the lack of administrative data systems that can be used for monitoring and evaluation (M&E) purposes. Even though the target is likely to be met, the inherent risks as outlined have the potential to derail meeting this target.

Electricity: In the context of South Africa, access to electricity is as important as the other services such as sanitation and water. For South Africa access to these three services is both a human rights and human dignity issue. Since 1994, the provision of electricity has outperformed the provision of water and sanitation services. This was likely at the expense of investment in bulk infrastructure. This is appears to be confirmed by the billions currently being spent in upgrading existing and commissioning new coal-fired power stations. The challenge for South Africa will be to satisfy the ever growing demand without adding to its unenviable reputation as the largest emitter of CO_2 and other greenhouse gases on the African continent.

Progress has been made towards achieving the targets on proportion of protected areas and the integration of principles of sustainable development into country policies and programmes. Attempts to reverse the loss of environmental resources are likely to be achieved.

Although South Africa has a high carbon intensity compared to other African countries, the country has committed to reduce emissions by 34% from its current path (termed “business as usual”). Envisaged programmes and policies show that there is a possibility of achieving this target.

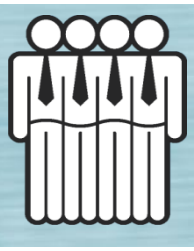
South Africa has embraced the MDGs especially Goal 7; through policies, plans and strategies. It is through implementation where the challenges are as it embraces the balance between the environment and growth and development. The compromise that is made is to realise the MDG targets over a longer time horizon of up to 2030. It should be noted that for access to water and sanitation SA worked towards eradicating 100% of its backlog by 2015 (MDG target is 50%). However, the major factors impacting on the other goals are: funding, technology transfers, skills development (education); and retaining institutional memory (health).

7.5 RECOMMENDATIONS

Environmental sustainability is a prerequisite for sustainable development and poverty alleviation, which remains a challenge for most countries, including South Africa, where in spite of macroeconomics development poverty, inequality and unemployment persists.

- The post-2015 agenda should focus on providing a water service which embraces sustainability into the definition of water service.
- There is a critical need to ensure future data collection to allow continuous tracking of changes in threatened species and targeting of conservation resources. There is also a need to set up conservation activities around agricultural areas as well as to control land use changes in both protected and unprotected areas.
- The post-2015 agenda should focus on providing a sanitation service which embraces sustainability into the definition of sanitation service.

South Africa has developed and is currently implementing a number of national policies, strategies and plans that should form part of the post-2015 agenda. Concerted efforts in implementing recommendations from these various policies and plans can substantially steer the country towards achieving all MDG 7 targets. The progress that has already been made in achieving some of the indicators should be strengthened and further supported by providing the required funding to meet the demand for infrastructure and maintenance thereof.



MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

8.1 BACKGROUND

Millennium Development Goal 8 (MDG 8) focuses on the international (global) development agenda, with targets and indicators focusing on Official Development Assistance (ODA), market access and international trade, and access to new technologies, particularly in terms of information and communications. MDG 8 therefore provides a useful overview of how both domestic and global developments may impact on the achievement of targets in the first seven MDGs.

After the global recession in 2009 world growth has improved, with global (real) GDP growth averaging just over 4% between 2010 and 2012. This growth has been driven by emerging markets, where growth has averaged over 6% in this period. While South Africa has also recovered somewhat from a recession in 2009, GDP growth has not matched the record growth levels seen prior to 2009. This is, in part, due to sluggish growth in developed economies, such as the Euro Area where growth has averaged 2% between 2010 and 2012. The European Union (EU) still accounts for a significant proportion of South Africa's export market. Domestically, a slowdown in infrastructure investment since the 2010 FIFA World Cup has also impacted negatively on growth.

Since the previous MDG 8 report (2010), a number of policy developments have occurred in South Africa. At a global level, South Africa has strengthened important strategic linkages with other major developing countries through the BRICS (Brazil-Russia-India-China-South Africa) partnership. BRICS countries have since built on existing co-operation, aiming to establish a new multilateral development bank, have established a BRICS Business Council to foster business and trade relations, and have advanced calls for the reform of international, multilateral financial institutions to ensure that developing countries are better and more equitably represented.

South Africa still benefits from its preferential trade agreement with the EU established in 2004 through the Trade, Development and Cooperation Agreement (TDCA). South Africa's primary exports to the EU consist of fuels, mining products, machinery and transport equipment and other semi-manufactured goods. The Africa Growth and Opportunity Act (AGOA) and the Trade and Investment Framework Agreement (TIFA) gives the country preferential access to the US market through lower tariffs and no tariffs on some products. However, apart from the above main trading partners, South Africa has managed to negotiate other preferential trading agreements and non-reciprocal trade arrangements with other countries: European Free Trade Association (EFTA) with Switzerland, Norway, Lichtenstein and Iceland; MERCOSUR[34] with Brazil, Argentina, Paraguay and Uruguay; Generalised System Preferences (GSP) with the EU, USA, Norway, Switzerland, Russia, Turkey, Canada and Japan.

The Southern African Custom Union[35] (SACU) continues to open avenue for free movement of goods within the SACU while imposing a common tariff on goods entering the SACU. South Africa and its neighbours have found it more efficient in using SACU for both bilateral and/or regional

[34] Stands for Southern common market and serves as a custom union between Brazil, Argentina, Paraguay and Uruguay.
[35] Custom union between South Africa, Botswana, Lesotho, Namibia and Swaziland.

trade agreements with important trading partners such as India, the USA and MERCOSUR. However, the SADC remains the largest free trade agreement for South Africa since it provides duty free trade on all products traded between the 12 member states.

Some of these agreements actually cover broader areas of collaboration and include among others foreign direct investment. South Africa has also signed various agreements on investment protection, economic and development co-operation. The country has recently signed cooperation agreements with China on financial support aimed at infrastructure development, geology and mineral resources management. Regionally, South Africa remains one of the largest developing country investors on the African continent and has committed to promoting transparency in government through its participation since 2011 in the Open Government Partnership, a multilateral country initiative.

Given the unique circumstances of the country's macroeconomic structure (for example, having little reliance on ODA) and as the set of MDG 8 indicators is formulated at the international level as opposed to a national or country level, South Africa has domesticated its indicators for Goal 8, deriving 14 indicators. These indicators are summarised in the accompanying table below, and their trends briefly considered next. This is followed by a discussion of the main observations.

Information base: Goal 8 addresses trade and international relations and transfers, which in the main include trade, aid and global partnerships. Inflation data, national accounts statistics, savings and investment data as well as other economic statistics have been used for the report.

8.2 FACTS AND FIGURES

Goal 8: Develop a Global Partnership for Development						
Indicators	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system						
Gross domestic product (GDP) per capita in current prices, Rand Thousand	22 758 (2001)	49 134 (2009)	57 700 (2011)	NA		Domesticated
Inflation rate by headline consumer price index, %	5.8 (2001)	7.1 (2009)	5.0 (2011)	3 to 6	**Achieved**	Domesticated
Employment-to-population ratio, %	41.5 (2003)	42.5 (2009)	40.8 (2011)	NA		Domesticated
Labour productivity, 2008 = 100	92.0[36] (2003)	111.6 (2008)	110.0 (2011)	NA		Domesticated
Investment share in GDP, %	14.8[37] (2001)	19. 3 (2009)	19.0 (2011)	NA		Domesticated
Foreign direct investment in GDP, %	5.7[38] (2001)	1.4 (2009)	1.5 (2011)	NA		Domesticated
Gross savings share in gross disposable income (GDI), %	15.9 (2001)	15.8 (2009)	16.6 (2011)	NA		Domesticated
Public debt to gross national income (GNI), %	43.3 (2001)	28.4 (2008)	36.7 (2011)	NA		Domesticated
Current account balance as a proportion of GDP, %	0.3 (2001)	-4.0 (2009)	-3.4 (2011)	NA		Domesticated
Share of imports from developing and least developed countries, %	1.0 (LDC) 32.1 (DC) (2002)	4.3 (LDC) 46.4 (DC) (2009)	3.5 (LDC) 49.0 (DC) (2011)	NA		Domesticated
Official development assistance received	0.23 (2005)	0.21 (2009)	0.11 (2011)	NA		Domesticated

[36] Changed from 100.0 (2003)
[37] Changed from 15.1 (2001)
[38] Changed from 8.4 (2001)

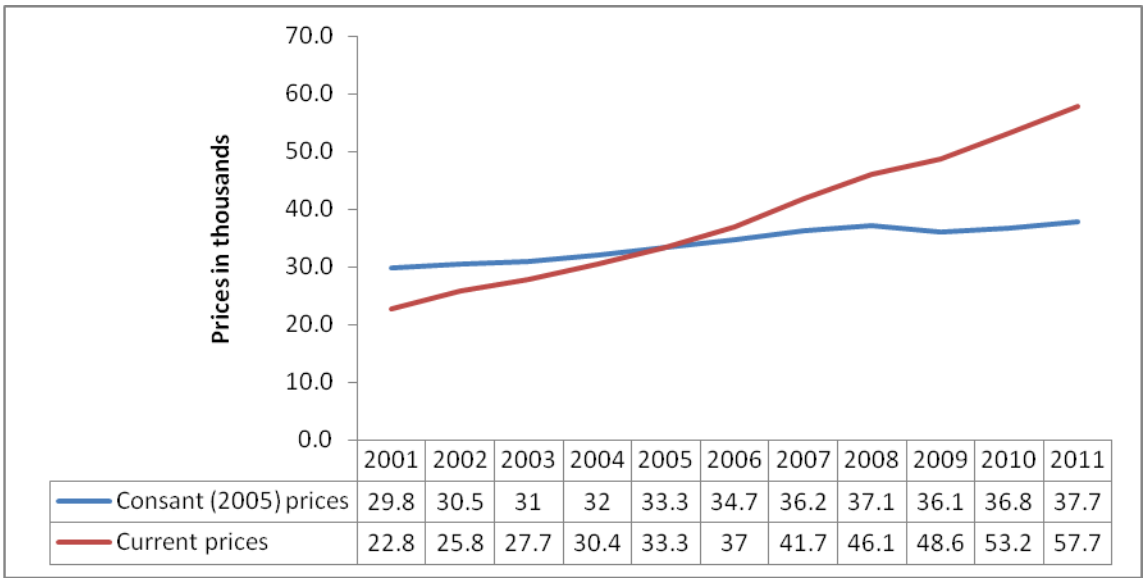
Goal 8: Develop a Global Partnership for Development						
Indicators	**1994 baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current status (2013 or nearest year)**	**2015 Target**	**Target achievability**	**Indicator type**
as a proportion of GNI, %						
Gross domestic expenditure on research and development (R&D) as a percentage of GDP, %	0.79 [39] (2003)	0.92 (2007)	0.87 (2009)	NA		Domesticated
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication						
Fixed telephone lines per 100 population, %	25.8[40] (2002)	18.4 (2007)	15.3 (2011)	NA		Domesticated
Cellular telephone subscribers per 100 population, %	35.4[41] (2002)	73.5 (2007)	89.2 (2011)	NA		Domesticated

8.3 INSIGHTS

Growth and Employment: Figure 58 depicts the trend of South Africa's nominal GDP per capita as well as real GDP per capita. South Africa has experienced moderate increases in income per capita when taking price inflation into account. Improvements in per capita income in this period have been dampened somewhat by the effects of the global recession in 2009, and the subsequent sluggish growth in the domestic economy. Real GDP per capita declined in 2009 by 2.7%, with South Africa only able to surpass 2008 levels in 2011.

[39] Changed from 0.6 (2002)
[40] Changed from 11.1 (2001)
[41] Changed from 18.5 (2001)

Figure 58: GDP per capita in current and real prices, Rand thousand

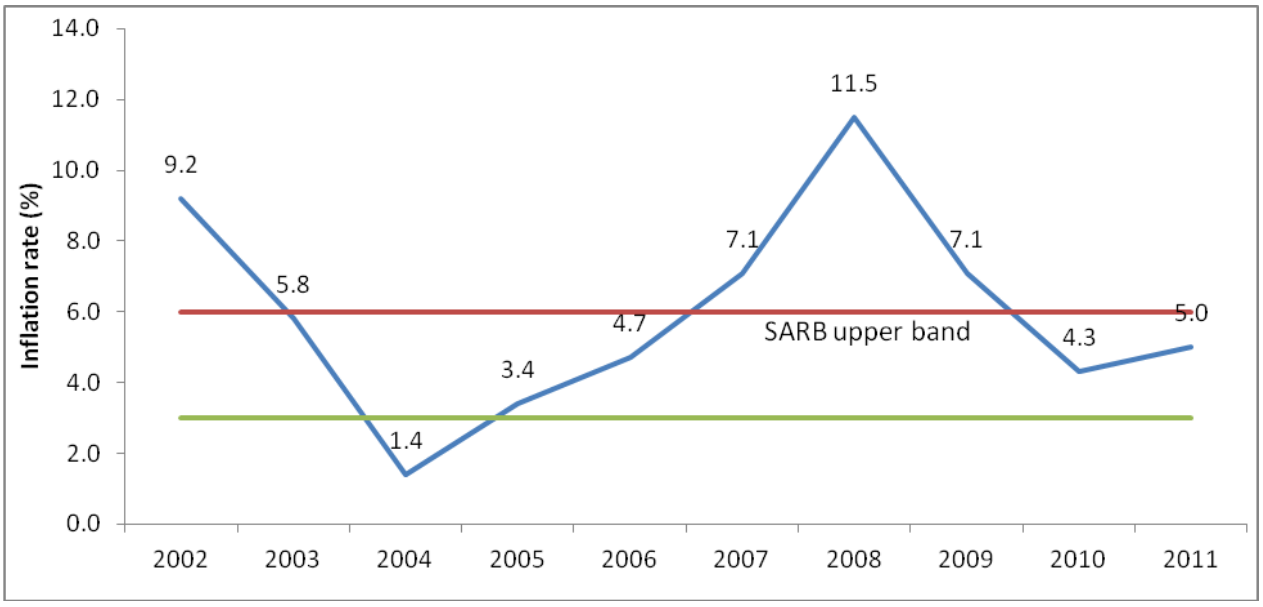


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Consant (2005) prices	29.8	30.5	31	32	33.3	34.7	36.2	37.1	36.1	36.8	37.7
Current prices	22.8	25.8	27.7	30.4	33.3	37	41.7	46.1	48.6	53.2	57.7

Source: DNA Economics calculations based on Statistics South Africa gross domestic product data (2001-2011)

High and volatile inflation tends to affect future investment decisions negatively and have a disproportionately high negative impact on the poor, who can least afford inflation eroding their incomes. To this effect, inflation targeting has been adopted by the South African Government since 2000, with a range of between 3% - 6%. Between 2002 and 2011, the inflation rate moved out of the target range on a number of occasions without a particular tendency to be more above or more below the upper or lower target limits. However, since the latter part of 2009, inflation has remained within the South African Reserve Bank's (SARB's) target range.

Figure 59: Inflation rate based on headline CPI

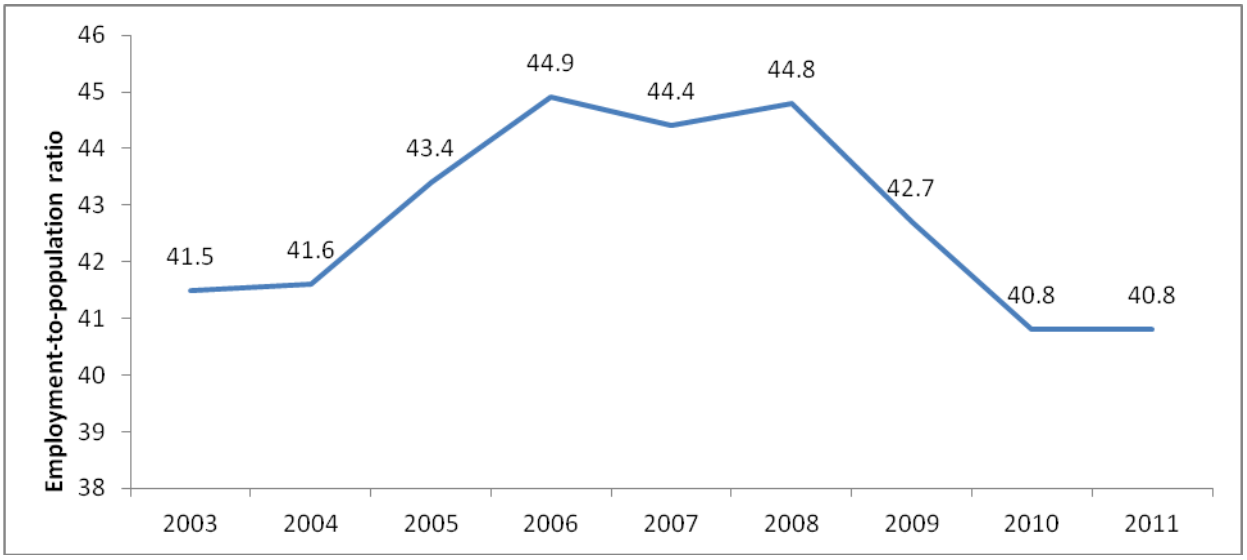


Source: Consumer price index (2002-2011), Statistics South Africa

While more recently inflation has remained within the target range (see Figure 58), and per capita incomes have risen (albeit slowly), South Africa's employment has not recovered from the impact of the global financial crisis in 2009. Figures 60 and 61 describe the employment and labour market landscape in South Africa respectively. In 2011, South Africa's labour absorption rate was

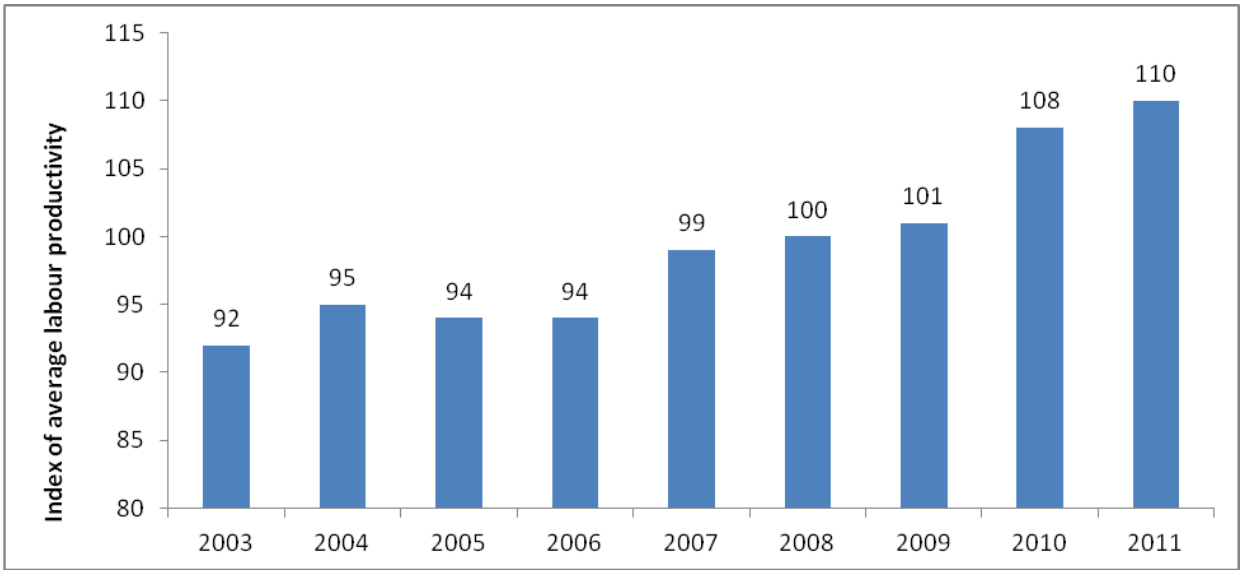
just below 41%, declining from around 45% in 2008. During the same period as shown in Figure 61, labour productivity – effectively measured as real GDP per worker – increased by 10% between 2008 and 2011.

Figure 60: Employment-to-population ratio



Source: Labour market dynamics; Mid-year population estimates, Statistics South Africa

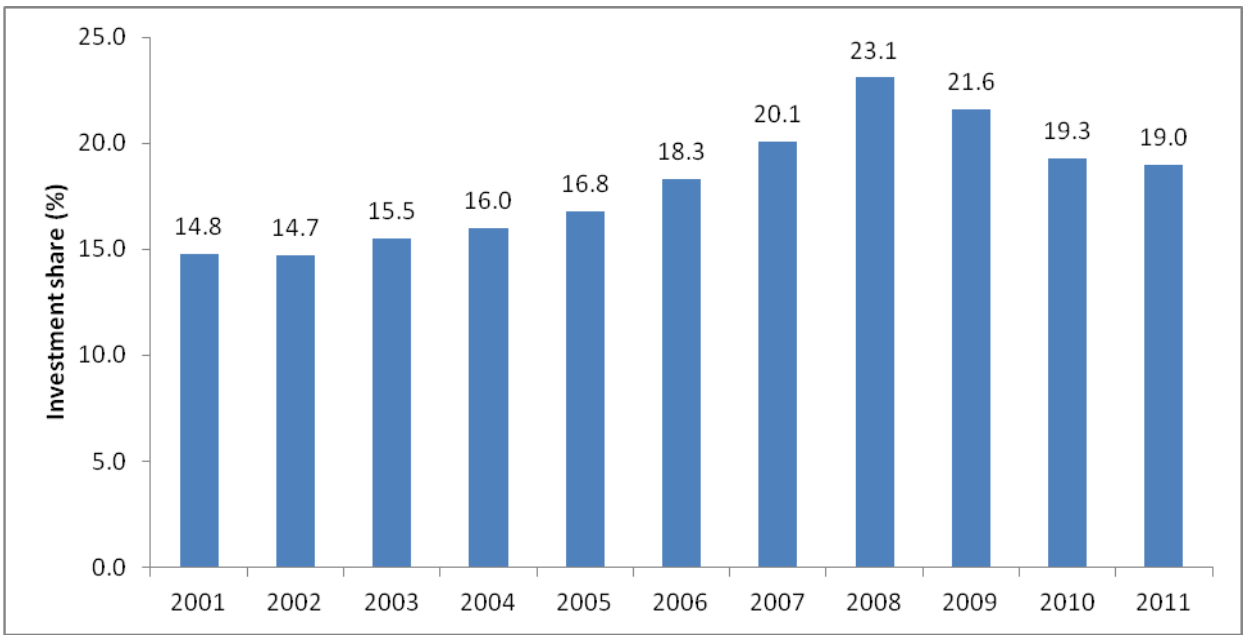
Figure 61: Index of average labour productivity, 2008=100



Source: Labour market dynamics; Gross domestic product (2003-2011), Statistics South Africa

Investment and savings: Figure 62 depicts the level of investment in South Africa as a percentage of GDP from 2001 to 2011. From 2001 to 2008, a strongly positive trend can be seen, with investment increasing from 14.8% of GDP in 2001 to 23.1% of GDP in 2008. However, from this point onwards, uncertainty resulting from the global financial crisis and slower domestic growth has contributed to a drop in investment from 23.1% of GDP in 2008 to 21.6% of GDP in 2009. This downward trend continued into 2011 with investment recorded at 19.0% of GDP.

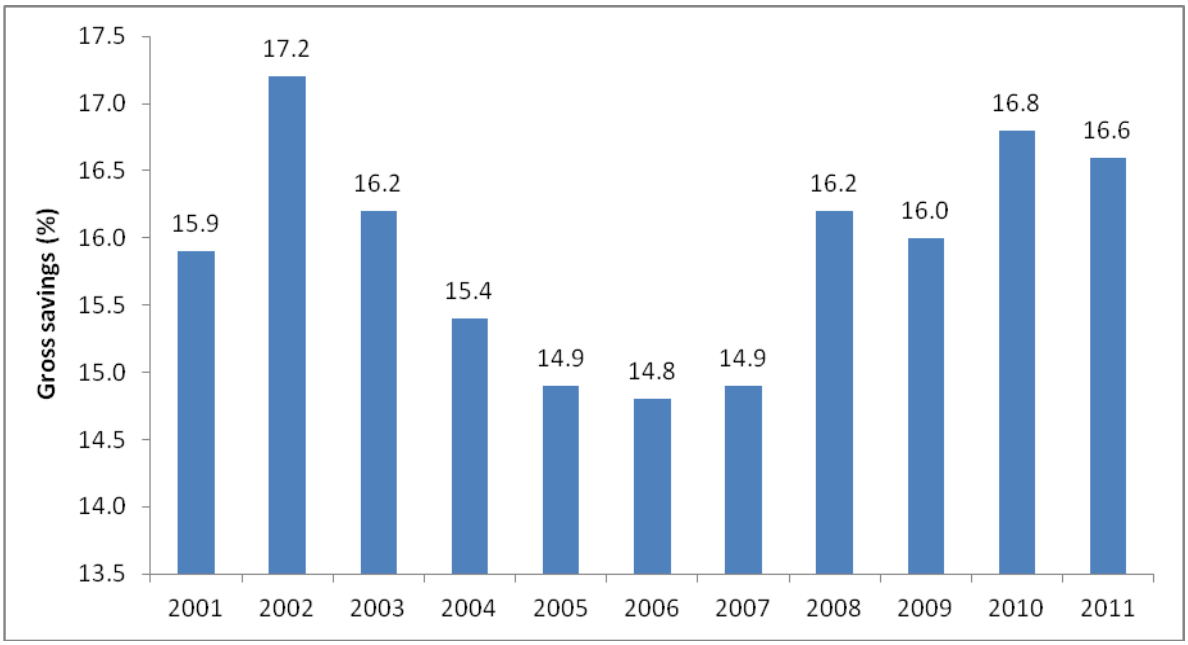
Figure 62: Investment share in GDP



Source: Quarterly bulletin, SARB; Gross domestic product Statistics South Africa

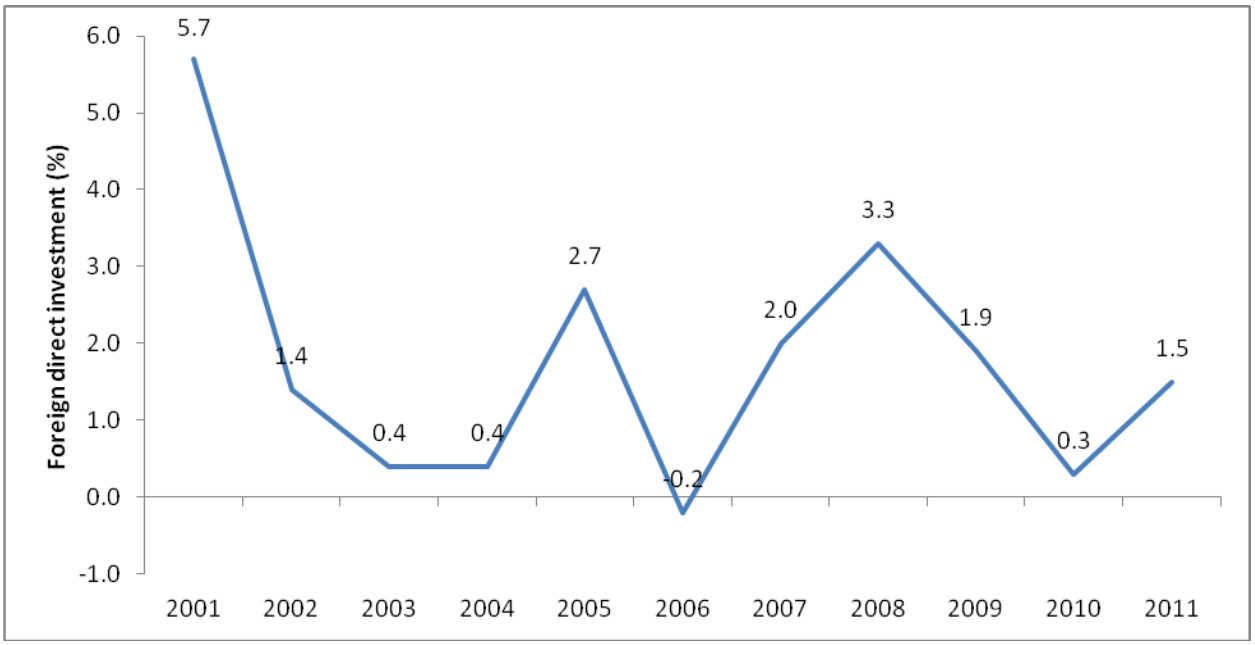
Investment from outside the country is an invaluable source of external financing apart from domestic gross savings. South Africa's low savings rate increases the country's dependence on foreign investment flows. As shown in Figure 58, after declining below 15% of Gross Disposable Income (GDI) for three years from 2005, gross savings recovered slightly, reaching 16.6% of GDI in 2011. During that time, as depicted in Figure 64, Foreign Direct investment (FDI) as a percentage of GDP declined considerably from 5.7% of GDP in 2001 to 1.5% of GDP in 2011.

Figure 63: Gross savings as a proportion of GDI



Source: Quarterly bulletin, SARB

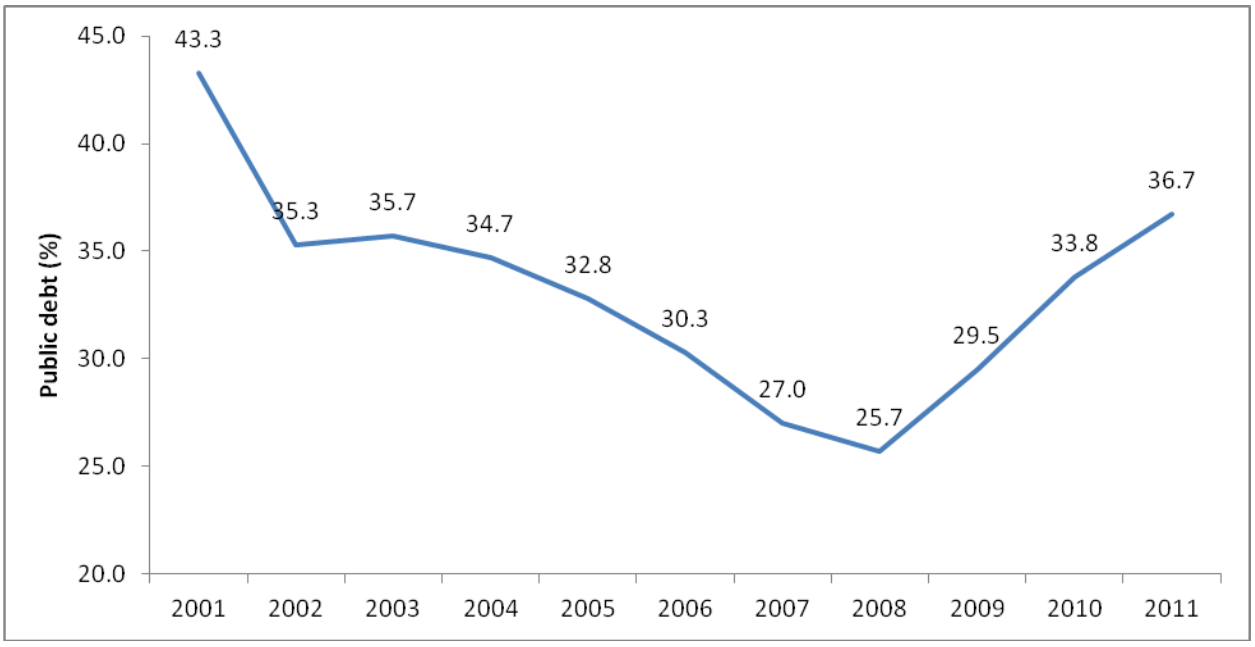
Figure 64: Foreign direct investment as percentage of GDP



Source: Quarterly bulletin, SARB; Gross domestic product (2003-2011), Statistics South Africa

The economic slowdown has heightened government borrowing since 2008. Figure 65 shows the trend in government borrowing (also known as public debt) as a percentage of Gross National Income (GNI) from 2001 to 2011. There are two distinct phases over this time period. In the first phase prudent fiscal policies aimed at producing a balanced budget in boom years led to a downward trend in public debt that lasted until 2008. In the second phase, between 2008 and 2011, government debt increased from 25.7% to 36.7% of GNI as government expenditure increased and revenue stagnated in response to a contraction in economic activity.

Figure 65: Public debt as a proportion of GNI

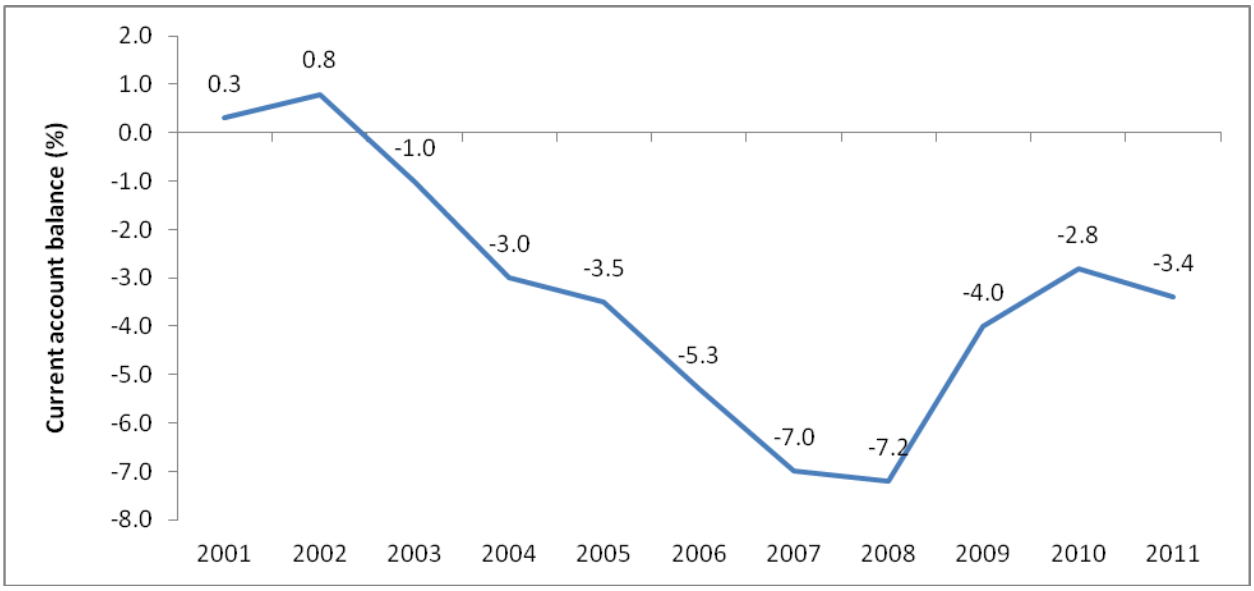


Source: Quarterly bulletin, SARB

Trade: The current account provides a reflection of South Africa's balance of trade and income with the rest of the World. Figure 61 shows the current account balance as a percentage of GDP.

The last time South Africa registered a current account surplus was in 2002. In the following years, the current account deteriorated, culminating in a large deficit in 2008 of 7.2% of GDP, though by 2011 the deficit had halved.

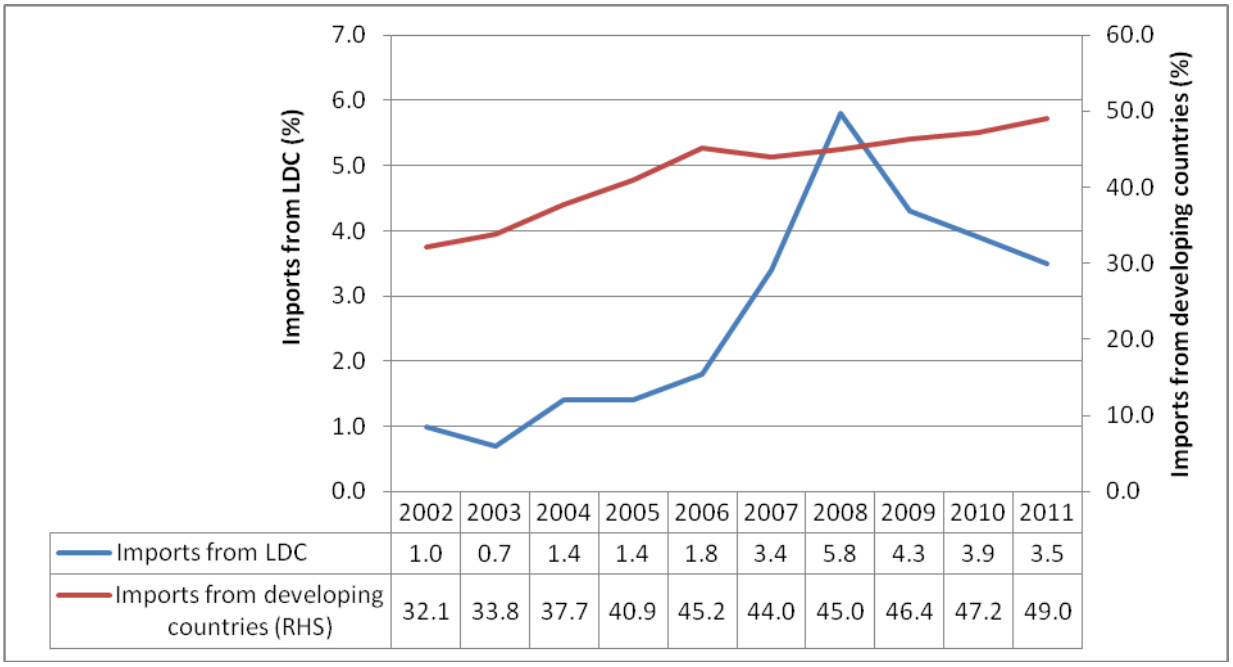
Figure 66: Current account balance as a proportion of GDP



Source: Quarterly bulletin, SARB; Gross domestic product (2001-2011), Statistics South Africa

A primary element of Goal 8 is the liberalisation of trade, specifically with least developed countries (LDCs) but also with developing countries in general. Figure 67 shows that the proportion of goods imported from developing nations in South Africa's total imports has consistently increased from 2002 to 2011. The same can be said of goods imported from LDCs, though their share in the country's total imports has declined markedly since 2008.

Figure 67: Imports from LDCs and developing countries as a proportion of total imports by South Africa

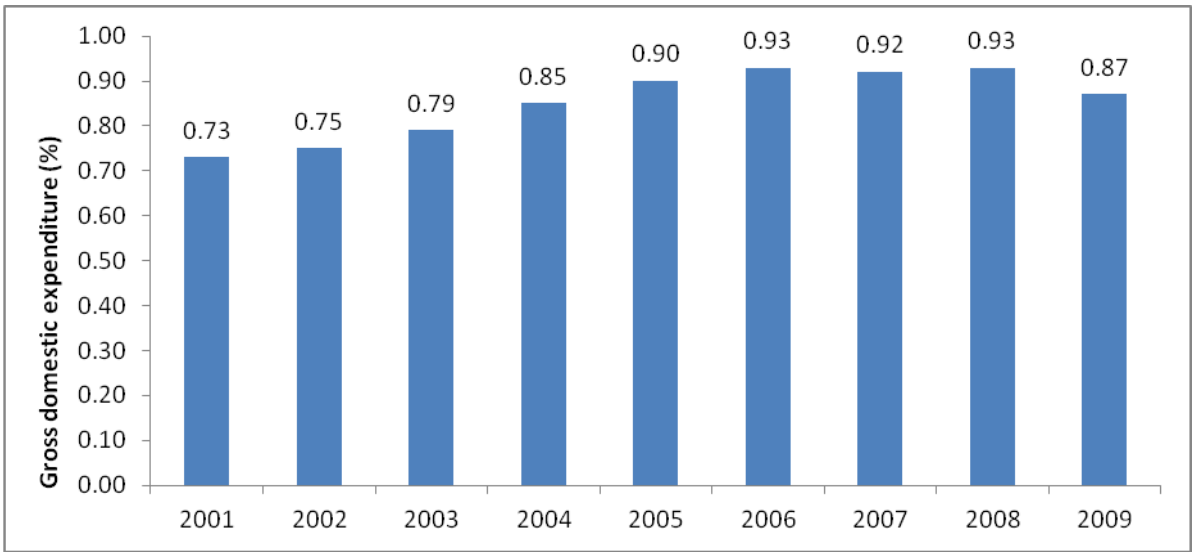


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Imports from LDC	1.0	0.7	1.4	1.4	1.8	3.4	5.8	4.3	3.9	3.5
Imports from developing countries (RHS)	32.1	33.8	37.7	40.9	45.2	44.0	45.0	46.4	47.2	49.0

Source: COMTRADE Database, Department of Trade and Industry

Research and Development (R&D) and ODA: R&D plays an important role in generating long-term growth in an economy, by both accelerating technological advances and changes, and by ensuring a wider dispersion of new and existing technologies. Gross Domestic Expenditure on R&D (GERD) as a percentage of GDP is used as a proxy for measuring R&D intensity in an economy. The Department of Science and Technology (DST) set a target for R&D expenditure as a percentage of GDP at 2% by 2018. As reflected in Figure 68, following consistent increases in R&D expenditure since 2001, South Africa's ratio of R&D expenditure to GDP decreased to 0.87% in 2009.

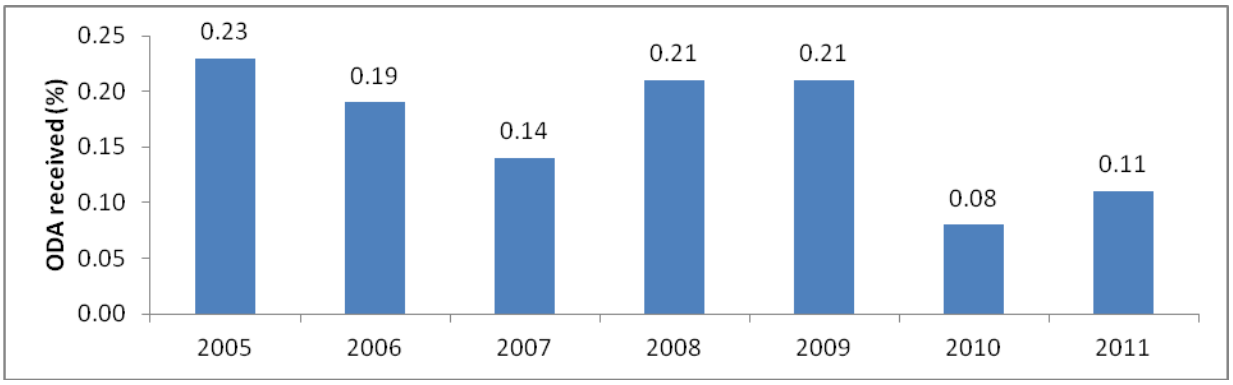
Figure 68*: *Gross domestic expenditure on R&D as a proportion of GDP



Source: National R&D Survey, Department of Science and Technology; Gross Domestic Product (2001-2009), Statistics South African[42]

Figure 69 shows that external donor funding in the form of Official Development Assistance (ODA) is not a major source of South Africa's national income, accounting for less than 0.2% of GNI in 2011. Since 2009, ODA as a percentage of GNI has roughly halved, as developed economies have suffered significant fiscal constraints. The overall impact of this decline in ODA is likely to be minimal given South Africa's low reliance on it.

Figure 69: ODA received as a proportion of GNI

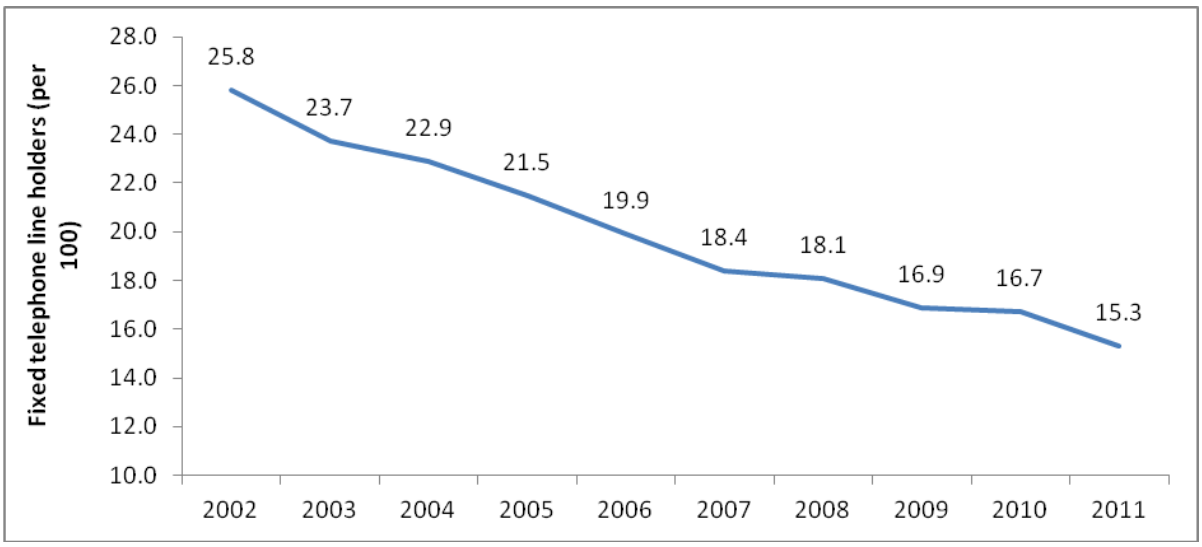


Source: International Development Cooperation Database, National Treasury

[42] Estimates may be different from values in the National R&D Survey report due to Stats SA revisions to GDP and National Accounts.

Information and Communication: An intrinsic part of innovative activity in the economy comes from the Information and Communication Technologies (ICT) sector. South Africa's ICT sector has seen contrasting trends in fixed and mobile telephony as reflected in Figures 70 and 71. Fixed telephony as reflected in Figure 70 has seen a steady decline, with fixed-telephone line penetration in the population falling from 25.8% in 2002 to 15.3% in 2011.

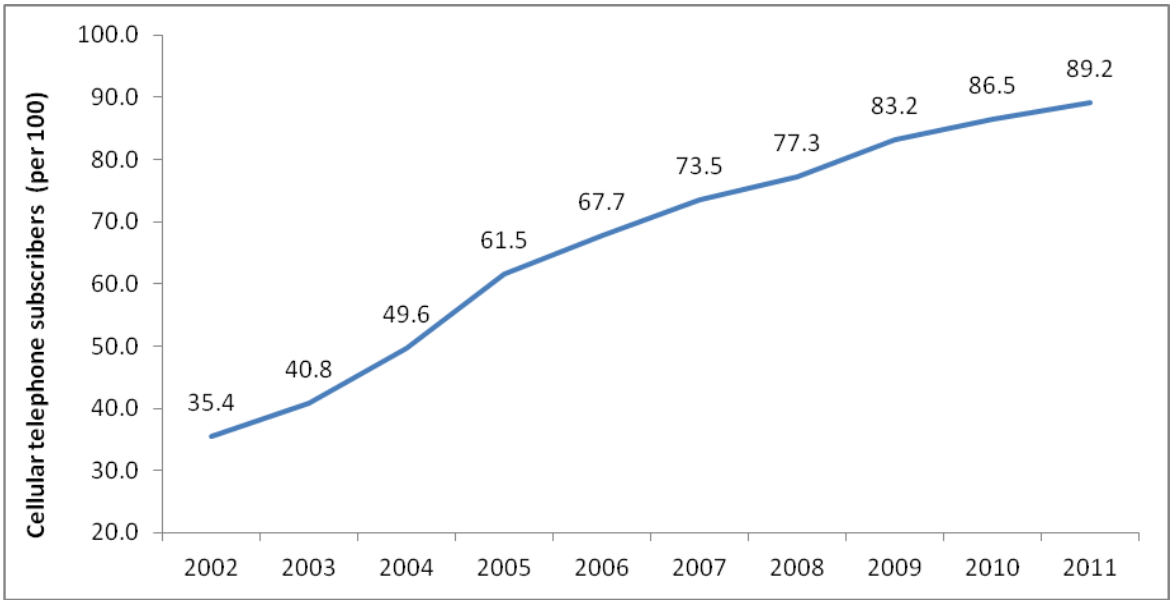
Figure 70: Fixed telephone line holders per 100 population



Source: General Household Survey (2002-2011); Mid-year population estimates (2002-2011), Statistics South Africa

By contrast as per Figure 71, South Africa's mobile-cellular base has seen a consistent upward trend, with penetration by mobile users approaching 90% of the population in 2011, from 35.4% in 2002.

Figure 71: Cellular telephone subscribers per 100 population



Source: General Household Survey (2002-2011); Mid-year population estimates (2002-2011), Statistics South Africa

8.4 DISCUSSION

Since the previous MDG 8 report (2010), a number of policy developments have occurred in South Africa. At a global level, South Africa has strengthened important strategic linkages with other major developing countries through the BRICS (Brazil-Russia-India-China-South Africa) partnership. BRICS countries have since built on existing co-operation, aiming to establish a new multilateral development bank, have established a BRICS Business Council to foster business and trade relations, and have advanced calls for the reform of international, multilateral financial institutions to ensure that developing countries are better and more equitably represented.

South Africa still benefits from its preferential trade agreement with the EU established in 2004 through the Trade, Development and Cooperation Agreement (TDCA). South Africa's primary exports to the EU consist of fuels, mining products, machinery and transport equipment and other semi-manufactured goods. The Africa Growth and Opportunity Act (AGOA) and the Trade and Investment Framework Agreement (TIFA) gives the country preferential access to the US market through lower tariffs and no tariffs on some products. However, apart from the above main trading partners, South Africa has managed to negotiate other preferential trading agreements and non-reciprocal trade arrangements with other countries: European Free Trade Association (EFTA) with Switzerland, Norway, Lichtenstein and Iceland; MERCOSUR[43] with Brazil, Argentina, Paraguay and Uruguay; Generalised System Preferences (GSP) with the EU, USA, Norway, Switzerland, Russia, Turkey, Canada and Japan.

The Southern African Custom Union[44] (SACU) continues to open avenue for free movement of goods within the SACU while imposing a common tariff on goods entering the SACU. South Africa and its neighbours have found it more efficient in using SACU for both bilateral and/or regional trade agreements with important trading partners such as India, the USA and MERCOSUR. However, the SADC remains the largest free trade agreement for South Africa since it provides duty free trade on all products traded between the 12 member states.

Some of these agreements actually cover broader areas of collaboration and include among others foreign direct investment. South Africa has also signed various agreements on investment protection, economic and development co-operation. The country has recently signed cooperation agreements with China on financial support aimed at infrastructure development, geology and mineral resources management. Regionally, South Africa remains one of the largest developing country investors on the African continent and has committed to promoting transparency in government through its participation since 2011 in the Open Government Partnership, a multilateral country initiative.

At a domestic level, the two most significant policy developments are the New Growth Path (NGP) and the NDP. The NGP provides a framework for industrial and economic development, specifically targeting investment in industrial activities that have been identified as comparatively more labour intensive. The NDP provides an overview of the challenges and needs of the country, identifying key constraints to achieving inclusive growth and proposing broad solutions to ensure that South Africa achieves set targets by 2030.

The NDP suggests that South Africa faces a "low-growth, middle income trap", with this trap exhibited by four key features, including uncompetitive goods and services markets, uncompetitive labour markets, low domestic savings and a poor skills profile. The NDP also builds on the DST's Ten-Year Innovation Plan (2008) and provides further proposals for improving South Africa's

[43] Stands for Southern common market and serves as a custom union between Brazil, Argentina, Paraguay and Uruguay.
[44] Custom union between South Africa, Botswana, Lesotho, Namibia and Swaziland.

national research and innovation system. These proposals largely align with the weaknesses highlighted in the Organisation for Economic Cooperation and Development's (OECD's) peer-review of South Africa's National System of Innovation (NSI) in 2007.

The NDP highlights specific policies that the plan considers consistent with the NGP. The NGP aims to grow employment by 5 million jobs by 2020 by focusing on areas identified as having the potential to create jobs on a large scale. These drivers include:

- Substantial public investment in infrastructure both to create employment directly: in construction, operation and maintenance as well as the production of inputs; and indirectly, by improving efficiency across the economy.
- Targeting more labour-absorbing activities across the main economic sectors – the agricultural and mining value chains, manufacturing and services.
- Taking advantage of new opportunities in the knowledge and green economies.
- Leveraging social capital in the social economy and the public services.
- Fostering rural development and regional integration.

These policies highlight the importance of investment in capital (both human and infrastructure), as well as the importance of developing both internal and external linkages. However, comparatively less attention is paid to the labour market itself. The World Economic Forum's 2012-2013 Global Competitiveness Report ranked South Africa 113th out of 144 countries in terms of overall labour market efficiency and 128th in terms of labour market flexibility. It is clear that any improvements in South Africa's unemployment situation will require interventions to address long-standing structural impediments and to improve the functioning of South Africa's labour markets.

8.5 CONCLUSION

The MDG 8 report reflects on South Africa's domesticated goals, highlighting the extent to which South Africa has successfully contributed to global development by ensuring a stable macroeconomic environment, developed trade linkages with developing and less developed countries, encouraged the dispersion of new technologies through investment in R&D and widened access to ICT networks.

The indicators also provide an overview of South Africa's developmental progress. There is an interdependent link between the developments of the indicators defining Goal 8 and the progress on the indicators defining MDG Goals 1 to 7. Progress in achieving Goals 1 to 7 will ultimately point to significant progress in achieving Goal 8. Conversely the indicators in Goal 8 provide a useful overview of South Africa's prospects and potential to achieving the prior Goals.

Since 2010 South Africa has been successful in ensuring GDP growth, albeit significantly below required levels, in a low inflation environment. However, South Africa's major concern remains stagnating employment levels. The extent to which South Africa is able to invest in long-term growth is also limited by a comparatively low domestic savings rate. Progress in R&D expenditure and ICT advancement has stalled recently, though South Africa is in the process of accelerating broadband penetration through infrastructure developments and the migration from analogue to digital transmission.

The NDP suggests that South Africa faces a "low-growth, middle income trap", with this trap exhibited by four key features, including uncompetitive goods and services markets, uncompetitive labour markets, low domestic savings and a poor skills profile. The NDP also builds on the DST's Ten-Year Innovation Plan (2008) and provides further proposals for improving South Africa's

national research and innovation system. These proposals largely align with the weaknesses highlighted in the Organisation for Economic Cooperation and Development's (OECD's) peer-review of South Africa's National System of Innovation (NSI) in 2007.

The NDP highlights specific policies that the plan considers consistent with the NGP. The New Growth Path (NGP) aims to grow employment by 5 million jobs by 2020 by focusing on areas identified as having the potential to create jobs on a large scale.

These policies highlight the importance of investment in capital (both human and infrastructure), as well as the importance of developing both internal and external linkages. However, comparatively less attention is paid to the labour market itself. The World Economic Forum's 2012-2013 Global Competitiveness Report ranked South Africa 113th out of 144 countries in terms of overall labour market efficiency and 128th in terms of labour market flexibility. It is clear that any improvements in South Africa's unemployment situation will require interventions to address long-standing structural impediments and to improve the functioning of South Africa's labour markets.

8.6 RECOMMENDATIONS

Looking forward, significant and coordinated policy action is clearly required to raise economic growth and employment. Specifically, the Government needs to urgently commit to implementing those plans which have already been developed:

- Focusing on better education and health outcomes;
- Raising the scale and efficiency of public infrastructure investment;
- Supporting small businesses and those sectors of the economy that are relatively more labour-absorbing; and
- Encouraging private sector competition and entrepreneurship.

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ANNEXURE 1

FACTS AND FIGURES

Goal 1: ERADICATE EXTREME POVERTY AND HUNGER						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Proportion of population below $1.00 (PPP) per day	11.3 (2000)	5.0 (2006)	4.0 (2011)	5.7	Achieved	MDG
Proportion of population below $1.25 (PPP) per day	17.0 (2000)	9.7 (2006)	7.4 (2011)	8.5	Achieved	MDG
Proportion of population below $2.00 (PPP) per day	33.5 (2000)	25.3 (2006)	20.8 (2011)	16.8	Likely	MDG
Proportion of population below Lower Bound PL (R416 per mth 2009 prices)	42.2 (2006)	No data	32.2 (2011)	No target	NA	Domesticated
Proportion of population below Upper bound PL (R577 per mth, 2009 prices)	57.2 (2006)	No data	45.5 (2011)	No Target	NA	Domesticated
Proportion of population below $2.50 (PPP) per day	42.4[45] (2000)	34.8 (2006)	29.2 (2011)	21.1	Likely	Domesticated
Poverty gap ratio ($1.00 PPP per day)	3.2 (2000)	1.1 (2006)	1.0 (2011)	1.6	Achieved	MDG
Poverty gap ratio ($1.25 PPP per day)	5.4 (2000)	2.3 (2006)	1.9 (2011)	2.7	Achieved	MDG
Poverty gap ratio (Lower Bound PL R416 per day)	16.4 (2006)	No data	11.8 (2011)	No target	NA	Domesticated
Poverty gap ratio (Upper bound R577 per day)	26.7 (2006)	No data	19.6 (2011)	No target	NA	Domesticated
Poverty gap ratio ($2.00 PPP per day)	13.0 (2006)	8.1 (2006)	6.5 (2011)	6.5	Achieved	MDG
Poverty gap ratio ($2.50 PPP per day)	18.0 (2000)	12.5 (2006)	10.3 (2011)	9.0	Likely	MDG
Share of the poorest quintile in national consumption	2.9 (2000)	2.8 (2006)	2.7 (2011)	5.8	Unlikely	MDG
Percentage growth rate of GDP per person employed	4.7 (2002)	1.9 (2009)	1.5 (2011)	6.0	Unlikely	MDG
Employment to population ratio	44.1[46] (2001)	42.5 (2009)	40.8 (2011)	50-70	Unlikely	MDG
% of employed people living below $1 (PPP) per day	5.2 (2000)	No data	3.9 (2009)	≈0	Likely	MDG
% of own-account and contributing family workers in	11.0 (2000)	9.9 (2010)	10.0 (2011)	5.0	Unlikely	MDG

[45] Changed from 42.2(2000)
[46] Changed from 41.5(2003) to 2001

total employment						
% of people who report experiencing hunger	29.9 (2002)	No data	12.9 (2011)	15.0	Achieved	Domesticated
Goal 1: ERADICATE EXTREME POVERTY AND HUNGER						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Prevalence of underweight children under five years of age (%)	13.2[47] (1993)	10.2 (2005)	8.3 (2008)	4.7	Likely	MDG
Prevalence of stunting in children under 5 years of age (%)	30.3 (1993)	No data	23.9 (2008)	15	Likely	Domesticated
Gini coefficient (including salaries, wages and social grants)	0.70 (2000)	0.73 (2006)	0.69 (2011)	0.3	Unlikely	Domesticated
Proportion of households below Food Poverty (R305 per mth 2009 prices) with access to free basic services						
• Water	No data	No data	56.0 (2009)	No target	NA	Domesticated
• Electricity	No data	No data	65.0 (2009)	No target	NA	Domesticated
• Sewerage and sanitation	No data	No data	23.3 (2009)	No target	NA	Domesticated
• Solid waste management	No data	No data	28.3 (2009)	No target	NA	Domesticated
Percentage of indigent households receiving free basic services						
• Water	61.8 (2004)	73.2 (2007)	71.6 (2011)	No target	NA	Domesticated
• Electricity	29.3 (2004)	50.4 (2007)	59.5 (2011)	No target	NA	Domesticated
• Sewerage and sanitation	38.5 (2004)	52.1 (2007)	57.9 (2011)	No target	NA	Domesticated
• Solid waste management	38.7 (2004)	52.6 (2007)	54.1 (2011)	No target	NA	Domesticated
Number of beneficiaries of social grants (millions)	2.6 (1997)	14.1 (2010)	14.9 (2011)	No target	NA	Domesticated
Goal 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Net enrolment ratio in primary education	Data deficiency	Data deficiency	Data deficiency	NA	**NA**	MDG
Adjusted net enrolment ratio in primary education						
• Male	96.5 (2002)	98.8 (2009)	98.9 (2011)	100	Achieved	Domesticated
• Female	96.8 (2002)	99.0	99.2 (2011)	100		

[47] changed from 1994 to 1993

		(2009)				
Proportion of learners starting grade 1 who reach last grade of primary • Male • Female	89.2 (2002)	91.8 (2009)	93.4 (2012)	100	Likely	MDG
	90.1 (2002)	93.4 (2009)	96.1 (2012)	100		
Goal 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Literacy rate of 15-24 year-olds • Male • Female	83.3 (2002)	88.9 (2009)	90.7 (2011)	100	Likely	MDG
	88.4 (2002)	93.1 (2009)	94.6 (2011)	100		
Gross enrolment rate in tertiary education (%) • Male • Female	13 (2001)	15 (2009)	16 (2011)	20	Likely	Domesticated
	15 (2001)	19 (2009)	22 (2011)	20	Achieved	
Learner-to-Educator ratio	33:1 (2005)	31:1 (2009)	30:1 (2012)	30:1	Achieved	Domesticated
Infrastructure (Electricity) (% of schools)	Not available	Not available	85.7 (2011)	100	NA	Domesticated
Primary school completion rate for people with disabilities • Male • Female	NA	NA	67 (2011)	No target	NA	Domesticated
	NA	NA	78 (2011)	No target	NA	Domesticated
Secondary school completion rate for people with disabilities • Male • Female	NA	NA	35 (2011)	No target	NA	Domesticated
	NA	NA	43 (2011)	No target	NA	Domesticated
Infrastructure (Water) (% of schools)	NA	NA	90.3 (2011)	100	NA	Domesticated
Infrastructure (Sanitation) (% of schools)	NA	NA	96.3 (2011)	100	NA	Domesticated
Infrastructure (Perimeter Fencing) (% of schools)	NA	NA	89.3 (2011)	100	NA	Domesticated
Annual National Assessment: Grade 3 (% of learners) • Numeracy • Literacy	NA	NA	36.3 (2012)	60	NA	Domesticated
	NA	NA	56.6 (2012)	60	NA	
Annual National Assessment: Grade 6 (% of learners)	NA	NA	10.6 (2012)	60	NA	Domesticated

• Mathematics • Language	NA	NA	38.7 (2012)	60	NA	
Annual National Assessment: Grade 9 (% of learners) • Mathematics	NA	NA	2.3 (2012)	60	NA	Domesticated
• Language			38.9 (2012)	60	NA	Domesticated
National Senior Certificate (NSC) pass rates (% of learners) • Male • Female	62.0 (2009)	69.3 (2010)	75.7 (2012)	87.7	Likely	Domesticated
	59.5 (2009)	66.5 (2010)	72.4 (2012)	84.4	Likely	
Bachelor Pass (% of learners)	19.9 (2009)	23.5 (2010)	26.6 (2012)	35.6	Likely	Domesticated
Grade 9 (TIMSS) Maths Achievement • Male • Female	11.6 (2002)	No data	23.6 (2011)	No target	NA	Domesticated
	9.5 (2002)	No data	25.5 (2011)	No target	NA	
Grade 9 (TIMSS) Science Achievement • Male • Female	14.2 (2002)	No data	23.8 (2011)	No target	NA	Domesticated
	12.0 (2002)	No data	26.7 (2011)	No target	NA	

Goal 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Indicators	1994 Baseline (or nearest year)	2010 Status (or nearest year)	Current Status (2013 or nearest year)	2015 Target	Target Achievability	Indicator Type
GPI primary	0.97:1 (1996)	0.98:1[48] (2009)	0.96:1 (2011)	1:1	Likely	MDG
GPI secondary	1.13:1 (1996)	1.01:1[49] (2009)	1.07:1 (2011)	1:1	Achieved	MDG
GPI tertiary	0.86:1 (1996)	1.32:1[50] (2009)	1.38:1 (2011)	1:1	Achieved	MDG
Ratio of literate females to literate males 15-24 years	1.1:1 (1996)	1:1 (2009)	1.0:1 (2011)	1:1	Achieved	MDG
Female share of non-agricultural wage employment	43 (1996)	45 (2010)	45 (2012)	50	Unlikely	MDG

[48] Changed from 0.96:1(2006)
[49] Changed from 1.05:1(2006)

[50] Changed from 1.26:1(2006)

Ratio of female unemployed to male unemployed 15-64 years	1.1:1 (2001)	NA	1.0:1 (2011)	1:1	Achieved	Domesticated
Proportion of seats held by women in national parliament	25 (1996)	44 (2009)	44 (2009)	50	Likely	MDG
Goal 4: REDUCE CHILD MORTALITY						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Under 5 mortality rate (per 1,000 live births)	59 (1998)	104 (2007)	* - (2011)	20	Likely	MDG
		**67 (2007)	**53.0 (2010)			
Infant mortality rate (per 1,000 live births)	54 (2001)	53 (2007)	* - (2011)	18	Likely	MDG
		**48 (2007)	**38 (2010)			
Proportion of one year old children immunised against measles (%)	68.5 (2001)	97.1[51] (2009)	99.1 (2011)	100	Likely	MDG
Immunisation coverage under one year of age (%)	66.4(2001)	93[52] (2009)	92.8 (2011)	100	Likely	Domesticated
Goal 4: REDUCE CHILD MORTALITY						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Life expectancy at birth (years) • Males • Females	50.0 (2002)	51.7 (2007)	56.8 (2012)	70	Unlikely	Domesticated
	55.2 (2002)	56.1 (2007)	60.5 (2012)			
Diarrhoea incidence under 5 years of age (per 1,000 children)	138.0 (2001)	130.6[53] (2009)	102.1 (2011)	No target	N/A	Domesticated
Pneumonia incidence under 5 years of age (per 1,000 children)	21 (2003)	100.0[54] (2009)	83.2 (2011)	No target	N/A	Domesticated
GOAL 5: IMPROVE MATERNAL HEALTH						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Maternal mortality ratio (per 100 000 live births)	150 *(1994-1998)*	625 (2007)	* - (2011)	38	Unlikely	MDG
		299**	269**			

[51] Changed from 98.3(2009)
[52] Changed from 95.3(2009)
[53] Changed from 132.6
[54] Changed from 102.1

		(2007)	*(2010)*			
Proportion of births attended by skilled health personnel (%)	76.6 *(2001)*	94.3 *(2009)*	No data	100	NA	MDG
Contraceptive prevalence rate (for all women using all methods)(%)	50.1 *(1998)*	50.2 *(2003)*	No data	100	NA	MDG
Adolescent birth rate(%)	12.5 *(1996)*	No data	13.7 *(2011)*	No target	NA	MDG
Antenatal care coverage (at least one visit and at least four visits)(%)	76.6 *(2001)*	102.8 *(2009)*	100.6 *(2011)*	100	Achieved	MDG
Unmet need for family planning (married women or those in union)(%)	15.0 (1998)	13.8 (2003)	No data	No target	NA	MDG
Use of modern contraceptive methods by sexually active women	61.2 *(1998)*	64.6 *(2003)*	No data	No target	NA	Domesticated
Delivery rate in health facilities (%)	67.0 *(2003)*	87.3 *(2010)*	90.8 *(2011)*	96	Likely	Domesticated
GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
HIV prevalence among population aged 15-24 years (%)	9.3 (2002)	8.7 (2008)	7.3 (2012)	4.2[55]	Likely	MDG
Incidence of malaria (per 100 000)	64622 (2000)	8066 (2010)	6846 (2012)	32311	Achieved	MDG
Death rates associated with malaria (per 100 000)	459 (2000)	87 (2010)	72 (2012)	229	Achieved	MDG
Indoor Residual Spraying (IRS) operational coverage in targeted areas (%)	87.4 (2001)	N/A	91.1 (2012)	80	Achieved	Domesticated
GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Proportion of population with advanced HIV infection with access to antiretroviral drugs(%)	13.9 (2005)	41.6 (2009)	75.2 (2011)	80	Likely	MDG
Proportion of tuberculosis cases detected and cured under directly observed treatment short course	53.5 (2004)	67.4 (2008)	73.8 (2011)	100	NA	MDG
Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	1:1 (2002)	1:1 (2008)	1:1.01 (2011)	1:1	Achieved	MDG
Percentage of people that received an HIV test in the past 12 months and know their status (%)	11.9 (2005)	24.7 (2009)		No target	NA	Domesticated
	44.8 (2012)			80*	NA	

[55] Changed from < 9.3

Incidence of tuberculosis (100 000)	253 (2004)	283 (2009)		< 253	NA	MDG
	993 (2011)			449*	NA	
Prevalence of tuberculosis (100 000)	768 (2011)			392	NA	MDG
Death rates associated with tuberculosis per 100 000 population	147 (2002)	50 (2010)	49 (2011)	147	Achieved	MDG
HIV/TB co-infection Per 100 000 population	540 (2004)	592 (2010)	650 (2011)	NA	NA	Domesticated
Condom use at last sex (%)	27.3 (2002)	62.4 (2008)	59.9 (2012)	100	Unlikely	MDG
Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS(%)	66.4 (2005)	42.1 (2008)	48.5 (2012)	95	Unlikely	MDG

Goal 7: Ensure Environmental Sustainability

Indicators	1994 Baseline (or nearest year)	2010 Status (or nearest year)	Current Status (2013 or nearest year)	2015 Target	Target Achievability	Indicator Type
Proportion of land area covered by forest[57]	No data	No data	No data	No Target	NA	MDG
Proportion of land area covered by: • Natural Forests • Savannah Woodlands • Albany Thicket • Commercial Plantations	0.4 (2005)	No data	No data	NA	NA	Domesticated
	32.62 (2005)	No data	No data	NA		Domesticated
	2.37 (2005)	No data	No data	NA		Domesticated
	1.8 (2005)	1.3 (2010)	No data	NA		Domesticated

Goal 7: Ensure Environmental Sustainability

Indicators	1994 Baseline (or nearest year)	2010 Status (or nearest year)	Current Status (2013 or nearest year)	2015 Target	Target Achievability	Indicator Type
Proportion of Natural Habitat (Area in Percentage): • Urban • Forestry & Plantations	0.85 (1994)	1.98 (2005)	No data	No Target	NA	Domesticated
• Mining and Quarries • Cultivation/ Agriculture	1.16 (1994)	1.62 (2005)	No data	No Target		Domesticated
• Natural	0.13 (1994)	0.17 (2005)	No data	No Target		Domesticated
	12.43	11.92	No data	No		Domesticated

%

[57] No data is available for this indicator and the indicator will not be reported on for this current MDG report.

	(1994)	(2005)		Target		
	85.44 (1994)	84.31 (2005)	No data	No Target		Domesticated
Carbon Dioxide (CO_2) emissions: • Total • CO_2 emissions per capita • CO_2 emissions per $1 GDP (PPP)	258 (1994)	330 (2005)	369 (2009)	Reduction by 34% below business as usual	Likely[58]	MDG
	6.75 (1994)	7.00 (2005)	7.49 (2009)			
	0.79 (2004)	0.71 (2005)	0.70 (2009)			
Consumption of ozone-depleting substances[59] • HCFC • BCM • MeBr	No data	222.6 (2006)	400.1 (2010)	Freeze by 2013 and phase by 2015	Likely	Domesticated
	No data	0 (2006)	-6.9 (2010)		Achieved	
	No data	330 (2006)	0 (2010)		Achieved	
Proportion of total water resources used[60]	No data	No data	No data	No Target	NA	MDG
Proportion of terrestrial areas protected (% of total)[61]	5.18 (1994)	6.20 (2010)	6.71 (2012)	17 (2020)	Unlikely	MDG
Proportion of marine areas protected (% of total)		6.54 (2010)	7.34 (2012)	10 (2020)	Likely	MDG
Proportion of species threatened with extinction (% of total)[62]: • Plants • Inland mammals • Birds • Amphibians • Reptiles • Freshwater fish • Butterflies	No data	No data	12 (2011)	Reduce loss	Not Clear[63]	MDG
	20 (2004)	No data	No data			
	14.5 (2000)	No data	No data			
	No data	No data	14 (2010)			
	No data	No data	9 (2011)			
	No data	No data	21 (2007)			
	No data	No data	7 (2011)			
Goal 7: Ensure Environmental Sustainability						

[58] Achievement indicated as possible are based on government efforts in terms of strategies and programmes put in place, which are dependent on other conditions such as funding. Details are presented in sub-section 4.2.1of the MDG 7 Goal report

[59] This was reported as an MDG in 2010. However, for the current reporting cycle, the indicator is classified as a Domesticated since the Method of Computation does not used by South Africa does not comply with what is prescribed by the UN. In particular, the UN prescribes the Method of Computation to be: ODS (Imports) + ODS (Local production) – ODS (Exports). For South Africa the estimate on ODS reflects **imports only**.

[60] No data is available for this indicator and the indicator will not be reported on for this current MDG report.

[61] Include conservation areas and privately owned nature reserves not reported here as data is not available at present.

[62] The indicator was not reported in 2010 and the disaggregation did not apply

[63] Achievement of 7.7 is not clear, since it is based on two targets at two different periods 2010 and 2020, but yet data provided don't give a trend over time to see if the number or level of threatened species are declining or not.

Indicators	1994 Baseline (or nearest year)	2010 Status (or nearest year)	Current Status (2013 or nearest year)	2015 Target	Target Achievability	Indicator Type
Proportion of population using an improved drinking water source (%)	76.6 (1996)	84.4 (2001)	90.8 (2011)	88.3 (2015)	Achieved	MDG
Stability of water supply[64]	23.6 (2009)	25.5 (2010)	23 (2011)	No Target	NA	Domesticated
Proportion of population using an Improved sanitation facility (%)	49.3 (1996)	53.6 (2001)	66.5 (2011)	74.65	Likely[65]	MDG
Proportion of households with access to electricity (%)	30 (1994)	76.8 (2000)	82.8 (2011)	NA	NA	Domesticated
Proportion of population using solid fuels as primary source of energy: Cooking	22.9 (2000)	18.2 (2005)	14.4 (2011)	NA	NA	Domesticated
Proportion of population using solid fuels as primary source of energy: Heating	29.1 (2000)	23.9 (2005)	20.8 (2011)	NA	NA	Domesticated
Proportion of urban population living in slums[66]	No data	No data	No data	NA	NA	MDG
Percentage living in Informal Settlements(%) • Households	9.9 (2001)	No data	6.0 (2011)	No Target	NA	Domesticated
• Population	7.9 (2001)	No data	7.6 (2011)	No Target	NA	Domesticated

Goal 8: Develop a global partnership for development

Indicators	1994 Baseline (or nearest year)	2010 Status (or nearest year)	Current Status (2013 or nearest year)	2015 Target	Target Achievability	Indicator Type
Gross domestic product (GDP) per capita in current prices, Rand Thousand	22 758 (2001)	49 134 (2009)	57 700 (2011)	NA	NA	Domesticated
Inflation rate by headline consumer price index,(%)	5,8 (2001)	7,1 (2009)	5,0 (2011)	3 to 6	Achieved	Domesticated

[64]DWA and Stats SA are in partnership to develop a Monitoring and Evaluation system to track this indicator. Its importance resides in post 2015

[65]The data used does not include access to pit latrines due to the fact that in 1996 the Census made no distinction between access to a ventilated improved pit latrine and a pit latrine. It is not possible with any reasonable degree of confidence to estimate the number of pit latrines that were provided with a slab (or a superstructure), hence this data was not included as part of percentage to determine access to sanitation. As a consequence all the data provided in this report does not include access to a pit latrine. In the 2011 Census it was recorded that 20.36% of people had access to a pit latrine and from anecdotal evidence most of these had a superstructure. There is a high probability that South Africa has achieved the MDG target for this indicator but according to the data used, which errs on the conservative side, it needs to be recorded as likely to meet the target.

Goal 8: Develop a global partnership for development						
Indicators	**1994 Baseline (or nearest year)**	**2010 Status (or nearest year)**	**Current Status (2013 or nearest year)**	**2015 Target**	**Target Achievability**	**Indicator Type**
Employment-to-population ratio, %	41,5 (2003)	42.5 (2009)	40,8 (2011)	NA	NA	Domesticated
Labour productivity[1], 2008 = 100[67]	92,0[68] (2003)	111,6[69] (2008)	110,0 (2011)	NA	NA	Domesticated
Investment share in GDP[2], %	14,8[70] (2001)	19,3 (2009)	19,0 (2011)	NA	NA	Domesticated
Foreign direct investment in GDP[3], %	5,7 (2001)	1,4 (2009)	1,5 (2011)	NA	NA	Domesticated
Gross savings share in gross disposable income (GDI)' %	15,9 (2001)	15,8 (2009)	16,6 (2011)	NA	NA	Domesticated
Public debt to gross national income (GNI)[4], %	43,3 (2001)	28,4 (2008)	36,7 (2011)	NA	NA	Domesticated
Current account balance as a proportion of GDP[5], %	0,3 (2001)	-4,0 (2009)	-3,4 (2011)	NA	NA	Domesticated
Share of imports from developing and least developed countries, %	1,0 (LDC) 32,1 (DC) (2002)	4,3 (LDC) 46,4 (DC) (2009)	3,5 (LDC) 49,0 (DC) (2011)	NA	NA	Domesticated
Official development assistance received as a proportion of GNI%	0,23 (2005)	0,21 (2009)	0,11 (2011)	NA	NA	Domesticated
Gross domestic expenditure on research and development (R&D) as a percentage of GDP[6], %	0,73[71] (2001))	0,9 (2007)	0,87 (2009)	NA	NA	Domesticated
Fixed telephone lines per 100 population[7], %	25,8 [72] (2002)	118.4 (2007)	15,3 (2011)	NA	NA	MDG
Cellular telephone subscribers per 100 population[7], %	35,4[73] (2002)	73.5 (2007)	89,2 (2011)	NA	NA	MDG

* Note: Mortality estimates from Census 2011 are not available yet.

** Estimates based on the Civil and Vital Registration System (CVRS) data.

Note: (1) These figures may differ from MDGR 2010 due to a change in the base year for the index to 2008.
(2)Baseline year figure may differ from MDG 2010 due to Stats SA revisions to GDP and National accounts.
(3) A different FDI indicator was used in the previous MDG 2010 report.
(4) Baseline year figure may differ from MDG 2010 due to Stats SA revisions to GDP and National Accounts.
(5) Baseline year figure may differ from MDG 2010 due to Stats SA revisions to GDP and National Accounts.
(6)These figure may differ from MDG 2010 due to Stats SA revisions to GDP and National Accounts.
(7) Baseline year figure may differ from MDG 2010 due to differences in data sources used

[71]Changed from 0.6(2002)
[72]Changed from 11.1(2001)
[73]Changed from 18.5(2001)

ANNEXURE 2

Estimates challenges of Maternal Mortality Ratio (MMR) for South Africa

Background

Maternal Mortality Ratios in South Africa are highly contentious because of the variations in definitions, data sources, data collection methods and estimation techniques. Over the past 10 years or so, published estimates of MMR in South Africa ranged from about 200 to 800 maternal deaths per 100 000 live births. The MDG target for maternal mortality ratio (MMR) for the country was set at 38 maternal deaths per 100 000 live births. This was based on the South African Demographic and Health Survey (DHS) which estimated the MMR at 150 maternal deaths per 100 000 live births in 1998. The DHS was conducted again in 2003 but could not be used to compute MMR due to quality issues that were identified during data analysis by the Medical Research Council and the Department of Health. The quality issues were confirmed by Stats SA when the data was assessed in preparation for the 2010 MDG report. The DHS was not conducted again and this led to different sources being used to track progress for the country on maternal mortality ratio.

Censuses, sample surveys and vital registration have been used as data sources for reporting on maternal mortality ratio in South Africa since 1998. MMR estimates from these sources are often inconsistent with one another, which partly reflect the type and quality of data sources and partly the methodology used in deriving these estimates.

The issues paper elaborates on methods and sources of data and presents a transparent disposition of how the MMR of 299 in 2007 and one of 269 in 2010 was arrived at.

Definition of Maternal Mortality

Maternal mortality is one of the indicators of the level of maternal health. The WHO defines a maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. The MMR is the most widely used measure of maternal mortality and is defined as the number of maternal deaths in a specified period per 100 000 live births in the period.

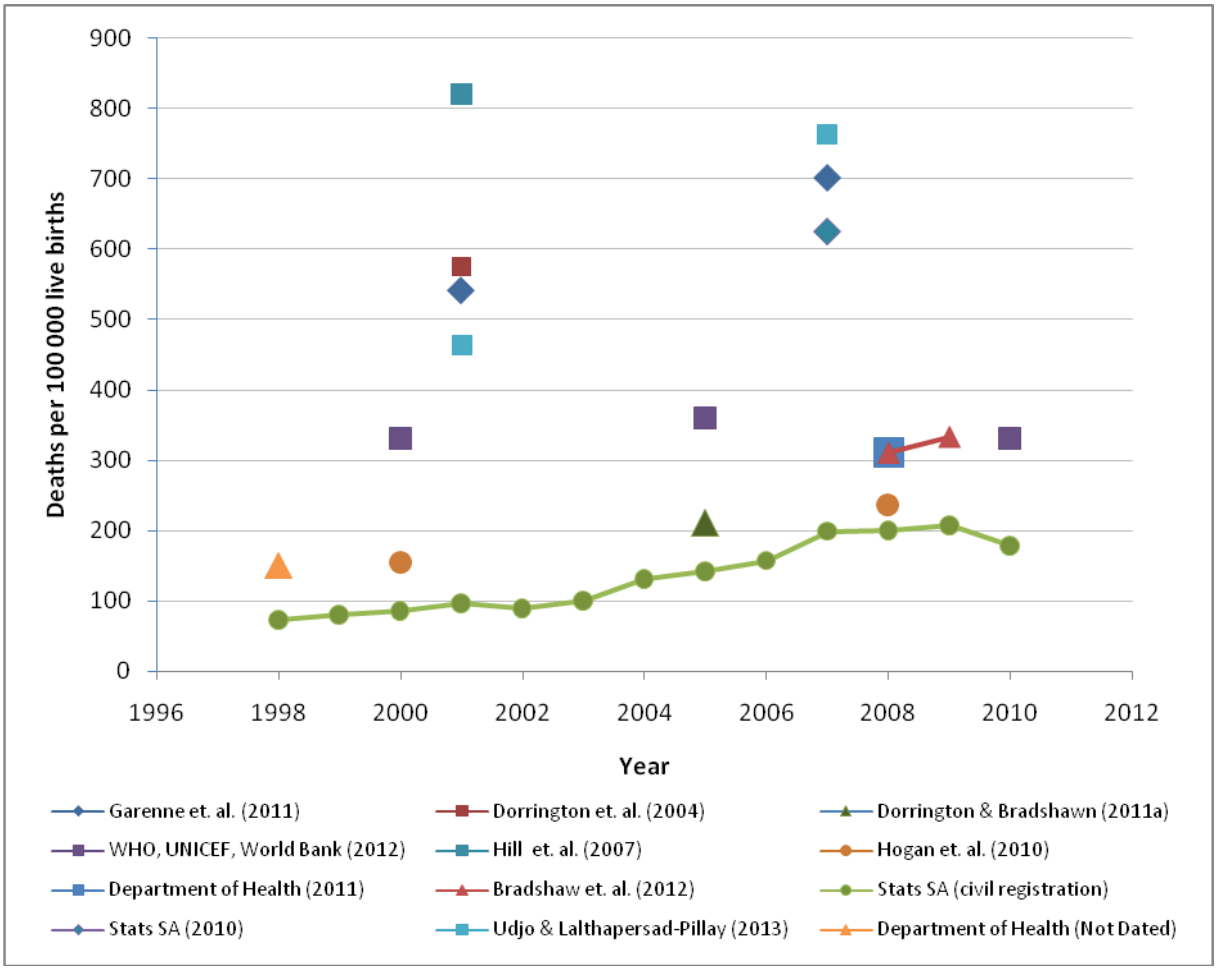
In circumstances in which cause of death attribution is inadequate, the WHO introduced a new category of pregnancy-related death, defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death. This information is usually collected in population censuses, particularly in countries that lack complete and reliable civil registration and vital statistics systems. However, census-based methods identify pregnancy-related deaths rather than maternal deaths and therefore tend to produce higher estimates of maternal mortality. This was the case for South Africa where MMR was estimated at 625 maternal deaths per 100 00 live births for 2007 using the Community Survey. For the South African 2010 MDG report, this figure was compared to the value of 150 maternal deaths per 100 000 births from the DHS, which led to debates about the actual level of maternal mortality in the country and progress made since 1998.

Maternal Mortality estimates for South Africa

Figure A below shows MMR estimates computed by different individuals, based on different data sources and/or different methods of adjusting the data used and different estimates of the number of live births used as the denominator.

It is clear from Figure A that there is a battle to arrive at consensus regarding the level of maternal mortality in South Africa. For example, estimates provided by Stats SA using civil registration data show that the maternal mortality ratios (MMR) ranged from 73 maternal deaths per 100 000 live births to about 179 maternal deaths per 100 000 live births between 1998 and 2010. These figures were estimated by adjusting reported maternal deaths for incomplete registration and including deaths prorated from ill-defined causes of death. In 2008 and 2009, Maternal Mortality Ratios were estimated at 200 and 208 maternal deaths per 100 000 live births, respectively. Comparable estimates, but further adjusted for misclassification of causes of death, show that MMR was between 310 and 333 maternal deaths per 100 000 live births in 2008 and 2009, respectively.

Figure A: Estimates of MMR in South Africa, 1998–2010



Estimates of MMR from the 2001 census and the 2007 community survey differed for different authors. For example, using census data of 2001, Hill (2007) estimated MMR of 820 maternal deaths per 100 000 while Garenne et. al. (2001) estimated a ratio of 542 and Udjo and Lalthapersad-Pillay (2013) estimated a ratio of 463. Similarly, Stats SA estimated a ratio of 625 from the 2007 community survey (Stats SA, 2010) while Garenne et. al. (2011) estimated a ratio of

702 and Udjo and Lalthapersad-Pillay (2013) a ratio of 764 from the same survey. The final edited mortality data from Census 2011 will be available later this year.

Comparison of data sources used to estimate maternal mortality

The different sources of data used in estimating MMR shown in Figure A have strengths and weaknesses. All sources can be evaluated in terms of definitions of maternal mortality, coverage, completeness and techniques applied. AbouZahr (2010) has provided a comprehensive review of the comparison between data sources and methods of analysis.

In South Africa the data sources used for measuring maternal mortality are the South African Demographic Health Survey (DHS), the 2001 and 2011 Population Censuses, the Community survey 2007 (CS), the Civil Registration System (CRS) and the Confidential Enquiry into Maternal Deaths. Other estimates are derived from modeling a combination of these data sources, for example, WHO, UNICEF, UNFPA and The World Bank (2012). Each of the data sources used in the estimation of MMR are discussed below.

DHS 1998

The DHS used the direct sisterhood method to generate MMR values for a four-year period before the survey. The survey derived estimates of maternal mortality from reported survivorship of sisters. Respondents who reported that their sister had died were asked a series of questions about whether the death was due to maternal causes, i.e., if it occurred during pregnancy, childbirth or within two months after the birth or termination of a pregnancy and was due to complications of pregnancy or childbirth (Department of Health, Not dated). The main advantage of the sisterhood method, the direct or the indirect, is that a reduced sample size is needed as women are asked about all their sisters. However, the estimates have wide confidence intervals due to the limited sample size, hence the possibility for monitoring of trends is limited (Hanson, 2010). In addition, the sisterhood method estimates pregnancy-related maternal mortality and generally produces estimates referring to a seven-year period preceding the survey.

The 1998 DHS yielded a MMR estimate of 150 per 100 000 live births during the period 1992–98. This estimate has been used as the baseline to monitor the reduction of mortality by three quarters for reporting in the Millennium Development Goals. However, it must be noted that the last time the survey was conducted was in 2003 but due to data quality issues the 2003 data could not be used to compute the maternal mortality ratio.

Census 2001 and 2011

In the South African censuses, the MMR was computed from the reported pregnancy-related deaths as well as the reported number of live births in the preceding 12 months. The 2001 census asked a question on pregnancy-related deaths as follows: “If the deceased was a woman under 50 years, did (the person) die while pregnant or within six weeks after delivery. In the 2011 census, the questions asked to estimate pregnancy-related MMR were divided into three questions: (a) did the deceased die while pregnancy; (b) did the deceased die while giving birth; and (c) did the deceased die within six weeks after delivery. In addition, both censuses asked if each of the deaths were due to natural or unnatural causes.

Merdad, Hill, and Graham (2013) argue that the identification of pregnancy-related deaths requires information only on the timing of death relative to pregnancy and using the time of death to define pregnancy-related deaths means the inclusion of incidental and accidental deaths which may lead to higher estimates of MMR. The authors note that this higher MMR is counterbalanced by the

under-reporting of pregnancy-related deaths, and suggest that reported pregnancy-related deaths might approximate maternal deaths. The accidental deaths were excluded in estimating MMR for South Africa.

Censuses are also known to over- or under-report household deaths in general (Dorrington and Bradshaw, 2011). The authors further argued that households appear to exaggerate, considerably, the number of pregnancy-related deaths.

Gareene, McCaa and Nacro (2010) stated that in the absence of a complete vital registration, the census is the best tool to measure maternal mortality at least because of the large sample size required to reach statistical significance. However, the authors maintain that in the context of HIV/AIDS and high death rates from external causes, it is necessary to include causes of death in order to focus on obstetric causes. This is the only way to measure progress in "safe motherhood". This can be done by doing verbal autopsies, whether full-scale or simplified to focus on obstetric causes.

Community survey 2007

The 2007 Community Survey conducted in South Africa included questions on maternal deaths in the previous 12 months (pregnancy-related deaths), which is almost the same question as that asked in the 2001 census. Therefore, the same limitations cited for the censuses will also apply for the community survey.

The MMR was estimated at between 625 and 768 per 100 000 live births in 2007 (see Figure A), indicating a general increase in maternal mortality from the rates observed in 2001. Garenne, McCaa and Nacro (2010) argue that this high level of MMR was due to high increases in adult mortality, which rose by 46% from 2001. The authors suggest that the main reasons for these excessive levels were HIV/AIDS and external causes of death (accidents and violence).

Civil Registration System

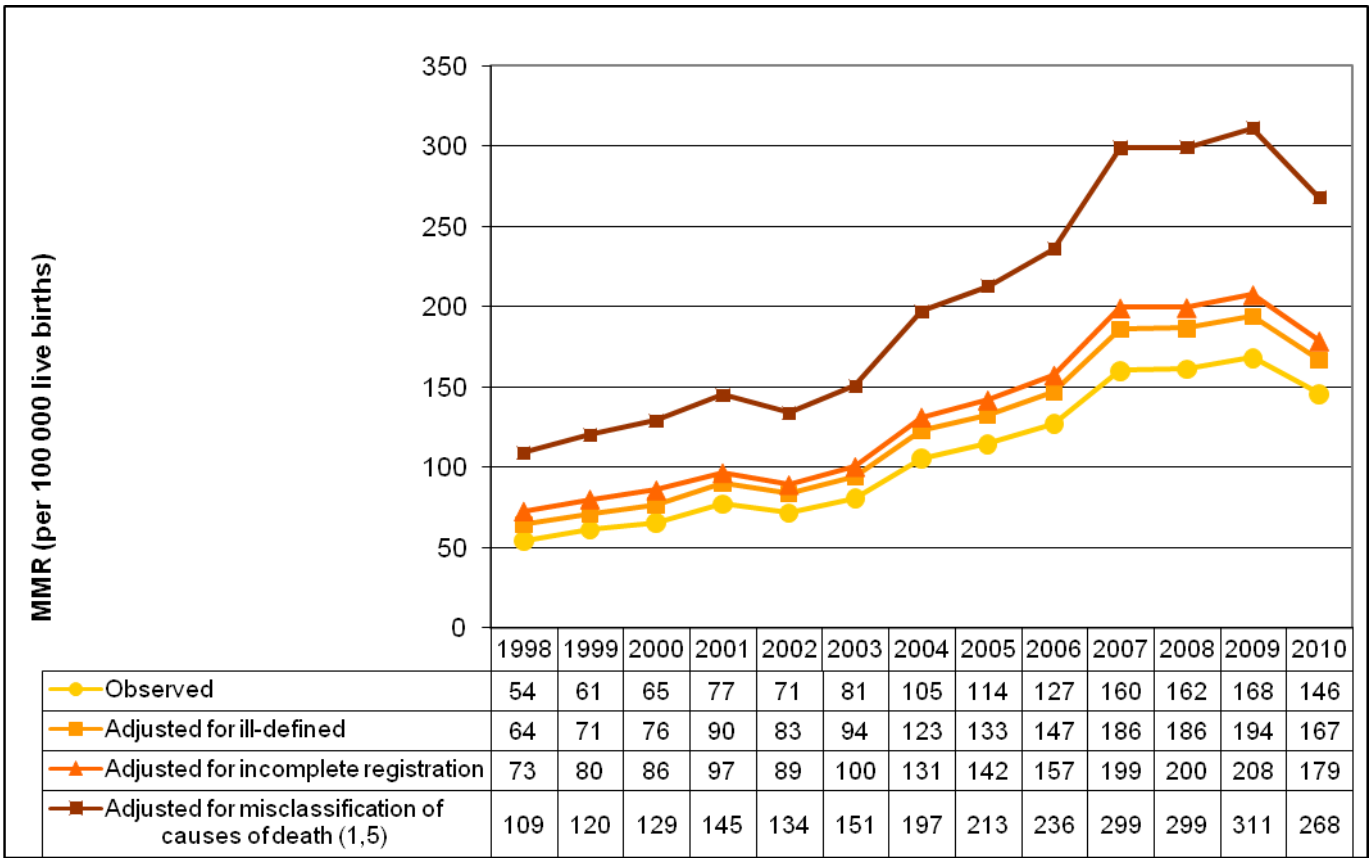
Generally, information on maternal deaths from the civil registration system remain insufficient in quality of recording in the majority of developing countries and are even found to be problematic in developed countries (Hill, Stanton and Gupta, 2001). The authors stated that a substantial proportion, often as much as one third of deaths, that should be recorded as maternal are misclassified. Consequently, MMRs from this source are usually highly underestimated.

Estimates of maternal mortality from the civil registration system may be obtained from obstetric (direct) causes (ICD-10 codes O00-O92). These include well-defined causes of death, listed under the codes O00–O95 in the 10th revision of the International Classification of Diseases (ICD-10). Sometimes authors estimating MMR add the deaths from obstetric causes and their consequences occurring after the post-partum period, coded O96–O97 in the ICD-10. In addition, both direct and indirect causes may be used. These include the previous category and direct causes and other infectious diseases and non-communicable diseases assumed to be complicated by the pregnancy, coded O98-O99 in the ICD-10.

South Africa has a long history of civil registration and is one of the few countries in the African continent that has a well-established civil registration system. However, while coverage has been improving over time, there are still concerns about the quality of cause-of-death data. Estimates on maternal mortality provided by Stats SA from the civil registration system are based on both direct and indirect causes, adjusted for incomplete registration and including deaths prorated from ill-

defined causes. The results presented in Figure B shows that maternal mortality has increased consistently from 1998 to 2009. However, a decline was noted between 2009 and 2010.

Figure B: Estimates of maternal mortality from civil registration



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Observed	54	61	65	77	71	81	105	114	127	160	162	168	146
Adjusted for ill-defined	64	71	76	90	83	94	123	133	147	186	186	194	167
Adjusted for incomplete registration	73	80	86	97	89	100	131	142	157	199	200	208	179
Adjusted for misclassification of causes of death (1,5)	109	120	129	145	134	151	197	213	236	299	299	311	268

In some cases, other authors (e.g. Department of Health (HDACC), 2011; Bradshaw and Dorrington, 2012) multiplied the civil registration estimates by a factor of 1.5 to allow for the maternal deaths that are incorrectly attributed to other specified causes in line with the adjustment made by WHO, UNICEF and World Bank (2012). Stats SA undertook a similar methodology to estimate maternal mortality from the civil registration system, adjusting for ill-defined causes of death, incomplete registration and misclassification of causes of death (adjust by a factor of 1.5). It is observed that with these adjustments, MMR increase from an observed MMR of 146 to 268 in 2010, essentially increasing the observed value by 83,6% (see Figure B above).

However, applying global adjustment figures to a group of countries is unsatisfactory because they may produce MMRs that are either too low of too high as some countries may lie towards the extreme ends of the median value (range is 0.85 and 3.3). Even within a country, the magnitude of under-reporting of deaths is not consistent over time. It is also worth noting that in providing additional explanation to the WHO, UNICEF and World Bank estimates, Wilmoth et. al. (2012) noted that the evidentiary basis underlying the assumptions in the estimates is fairly weak. They further noted that the underlying model behind the WHO, UNICEF and World Bank's estimates is clearly an enormous simplification of reality. In view of these limitations, a different approach is needed to determine maternity mortality levels in South Africa (Udjo and Lalthapersad-Pillay, 2013).

Confidential Enquiry into Maternal Deaths

South Africa is one of the few less-developed countries that have introduced a system of Confidential Enquiry into Maternal Deaths. This system of recording and analysing maternal deaths in South Africa has been in operation since October 1997. It was established by a National Ministerial Committee on Confidential Enquiries into Maternal Deaths to study and provide recommendations on maternal mortality. The first comprehensive report into maternal deaths in South Africa was published in October 1999, and dealt in detail with maternal deaths occurring during 1998. The second, third, fourth and fifth comprehensive reports covered the periods 1999–2001, 2002–2004, 2005–2007 and 2008–2010. These reports described the magnitude of the problem of maternal deaths, the pattern of disease causing maternal deaths, the avoidable factors, missed opportunities and substandard care related to these deaths and made recommendations concerning ways of decreasing the number of maternal deaths.

The Confidential Enquiries into Maternal Deaths of 2008–2010 (Department of Health, 2012) reported that the five main causes of maternal deaths (all accounting for 86.5% of all maternal deaths) were the following:

Non-pregnancy related infections (40.5%);

Obstetric haemorrhage (14.1%);

Complications of hypertension (14.0%);

Pregnancy related sepsis (9.1%);

Medical and surgical disorders (8.8%).

A main disadvantage of this system is that it captures deaths in public hospitals, thereby missing maternal deaths that occur in the private sector health facilities as well as a considerable number that occur at home. Bradshaw and Dorrington (2011b) have in addition noted that such systems are also known to miss many of the maternal deaths that occur through abortions, even if the women attend a health facility, as these women are not treated in the labour wards. Furthermore the authors indicated that women who die in a health facility during the postpartum period but who are not identified in the health facility as having been pregnant in the preceding 42 days may be missed. Consequently, estimates of MMR based on these data are likely to be underestimated.

Conclusion

With all the varying estimates that range from 211 to 800, it is plausible to come to a conclusion that approaching the estimates from different methods, there is emerging convergence on the MMR numbers in the region of 300. The estimate has thus been adopted as a figure for MMR for South Africa corresponding to 2007 and 269 as an estimate for 2010. Further work on this will be done in particular using administrative records and the DHS data that will emerge from this survey in 2015.

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