

South Africa

MILLENNIUM DEVELOPMENT GOALS COUNTRY REPORT

2005

Millennium Development Goals, Targets and Indicators

Goals and targets	Indicators
Goal 1: Eradicate extreme poverty and hunger	
<i>Target 1:</i> Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day	<ul style="list-style-type: none"> • Proportion of the population below US\$ 1 a day • Poverty gap ratio (incidence, times, depth of poverty) • Share of poorest quintile in national consumption
<i>Target 2:</i> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<ul style="list-style-type: none"> • Prevalence of underweight children (under five years) • Proportion of the population below minimum level of dietary consumption
Goal 2: Achieve universal primary education	
<i>Target 3:</i> Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<ul style="list-style-type: none"> • Net enrolment rate in primary education • Proportion of pupils starting Grade 1 who reach Grade 7 • Literacy rate of 15- to 24-year-olds
Goal 3: Promote gender equality and empower women	
<i>Target 4:</i> Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015	<ul style="list-style-type: none"> • Ratio of boys to girls in primary, secondary and tertiary education • Ratio of literate females to males among 15- to 24-year olds • Share of women in wage employment in the non-agricultural sector • Proportion of seats held by women in the national parliament
Goal 4: Reduce child mortality	
<i>Target 5:</i> Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	<ul style="list-style-type: none"> • Under-five mortality rate • Infant mortality rate • Proportion of one-year-old children immunised against measles
Goal 5: Improve maternal health	
<i>Target 6:</i> Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	<ul style="list-style-type: none"> • Maternal mortality ratio • Proportion of births attended by skilled health personnel
Goal 6: Combat HIV and AIDS, malaria and other diseases	
<i>Target 7:</i> Have halted by 2015, and begin to reverse the spread of HIV and AIDS	<ul style="list-style-type: none"> • HIV prevalence among 15- to 24-year-old pregnant women • Contraceptive prevalence rate • Number of children orphaned by HIV and AIDS
<i>Target 8:</i> Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases	<ul style="list-style-type: none"> • Prevalence and death rates associated with malaria • Proportion of the population in malaria-risk areas using effective malaria prevention and treatment measures • Prevalence and death rates associated with tuberculosis • Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS)
Goal 7: Ensure environmental sustainability	
<i>Target 9:</i> Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<ul style="list-style-type: none"> • Change in land area covered by forest • Land area protected to maintain biological diversity • GDP per unit of energy use • Carbon dioxide emissions (per capita)
<i>Target 10:</i> Halve, by 2015, the proportion of people without sustainable access to safe drinking water	<ul style="list-style-type: none"> • Proportion of the population with sustainable access to an improved water source
<i>Target 11:</i> Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers	<ul style="list-style-type: none"> • Proportion of the population with access to improved sanitation • Proportion of the population with access to secure tenure

Goal 8: Develop a global partnership for development	
<i>Target 12:</i> Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes commitment to good governance, development and poverty reduction – both nationally and internationally)	<ul style="list-style-type: none"> • Target and indicators are not presently being measured in South Africa
<i>Target 13:</i> Address the special needs of the least developed countries	<ul style="list-style-type: none"> • Official development assistance (ODA)
<i>Target 14:</i> Address the special needs of landlocked countries and small island developing states	<ul style="list-style-type: none"> • Target and indicators do not apply to South Africa
<i>Target 15:</i> Deal comprehensively with debt problems of developing countries through national and international measures in order to make debt sustainable in the long run	<ul style="list-style-type: none"> • Debt service as a percentage of exports of goods and services
<i>Target 16:</i> In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	<ul style="list-style-type: none"> • Unemployment rate of 15 – 24 year olds, by each sex and in total
<i>Target 17:</i> In cooperation with pharmaceutical companies, provide access to affordable drugs in developing countries	<ul style="list-style-type: none"> • Measurement of target not available for South Africa (free primary health care for all)
<i>Target 18:</i> In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	<ul style="list-style-type: none"> • Telephone lines and cellular subscribers • Personal computers in use per 100 of the population

Executive Summary

The South Africa: Millennium Development Goals Country Report clearly indicates that South Africa is well on course to meet all Millennium Development Goals and targets. In fact, the current assessment of SA's performance suggests that SA has already met some of the MDGs. This may be related to the fact that when the new democratic government came into being, in 1994, it set itself many targets similar to those articulated in the Millennium Declaration.

Briefly, SA is classified as a middle-income country, with a GDP per capita of approximately R29 422 (or US \$4 562), with GDP of R1 374.476 billion (or US \$213 100.4 millions) in 2004 and a population estimated at about 46 million. Since 1994, economic growth has been positive (with the exception of 1998 due to the East Asian crisis). GDP growth is now approaching 4% per annum and employment creation is improving.

There are unique difficulties pertaining to comparative data in South Africa, deriving in the main from the fact that, prior to 1994 a number of regions in the country – largely the poorest areas – were classified as “independent homelands” and therefore excluded from the country's data. Further, the 1995 Income & Expenditure Survey (IES) for instance was not based on clearly demarcated and adequately mapped enumeration areas, whereas the 2000 IES was based on improved demarcation and listing of households, based on Census 1996.

GOAL 1

The first Millennium Development Goal has two targets, namely to halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day; and to halve, between 1990 and 2015, the proportion of people who suffer from hunger. Using national estimates of poverty and inequality in South Africa, in 2000, 11% of people were living on less than US\$1 a day and 34% were living on less than US\$ 2 a day. Using expenditure share measures (i.e. the proportion of expenditure for each quintile of households in South Africa, between 1995 and 2000), in 2000 the poorest 20% accounted for 2.8% of total expenditure. In contrast, the wealthiest 20% of households accounted for 64.5% of all expenditure in 2000. Income inequality, as measured by the Gini coefficient, in South Africa was at 0.59 when social transfers are excluded. It declines to 0.35 when including social transfers. There are many on-going programmes and new ones that are aimed at improving the profile of South Africans.

Using expenditure-related indices, particularly the Living Standards Measurements of the SA Advertising Research Foundation, it emerges that the proportion of poorest South Africans has been decreasing. Measures to address extreme poverty and hunger include: cash transfers in the form of social assistance grants whose expenditure increased 3.7 fold between 1994 and 2004 from R10 billion to R37.1 billion, and the number of beneficiaries grew from 2.6 million in 1994 to 7.9 million in 2004; the social wage (monetary value of accessed basic services) which amounted to about R88 billion in 2003; the Expanded Public Works Programme; the establishment of the Agricultural Starter Pack Programme and the Comprehensive Agricultural Support Programme.

GOAL 2

For goal 2, the target is to ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. For Early Childhood Development programme participation in the Reception year, there has been a steady, albeit non-linear increase in enrolment between 1999 and 2002 with enrolment increasing from approximately 150 000 to 280 000 suggesting the goal of full enrolment will be achieved well before 2015.

Net primary enrolment rates have remained steady at about 95.5% since 1995 and secondary participation rates are currently approximately 85% indicating increases in about 15 percentage points since the early 1990s. In addition, the male to female enrolment ratio is around 97% indicating the higher overall participation rate. The learner to facility ratio has also declined from 43 to 1 in 1996 to 38 to 1 in 2001 as a result of the emphasis on relieving backlogs, and indicating that more children are getting access to classroom facilities than before.

Since 1994, South Africa has seen massive shifts of resources in the education sector, and its budget allocation stands at R81.995 billion in the current financial year rising to R89.537 billion and R96.732 billion respectively in the outer two years of the current MTEF – making education the single largest budget item (about 6% of GDP). As a proportion, this is amongst the highest in the world.

GOAL 3

The target for goal 3 is the elimination of gender disparity in primary and secondary education by 2005, and in all levels of education no later than 2015. For South Africa, the gross enrolment ratios (GERs) suggest that a relatively small percentage of primary school aged children are not at school. Data from the General Household Survey of 2003 confirm that over 95% of both boys and girls aged 7 – 13 years were reported to be attending school. The ratio of girls and boys enrolled in primary school in the period 1990 – 2001 was fairly equal

throughout, with slightly lower percentage of girls than boys in some years, in accordance with the demographic picture in the country. Gross enrolment ratio (GER) and gender parity index (GPI) estimates confirm these trends at primary level.

Girls tend to outnumber boys in secondary school enrolment. A larger proportion of females than males, therefore, benefit from secondary education. At a tertiary level, women accounted for 48% of total university enrolment in South Africa by 1990. At the honours degree level, 46% of all students were women, at masters degree level 32%, and at the doctoral level 24% were women. In 1990, the majority of enrolments in the former technikons were males. By 1996, women outnumbered men in the universities, while the opposite pattern still obtained in the previous so-called technikons, but now part of university education. Overall in tertiary education, the female to male ratio was 92:100 in 1996. By 2001, the female to male ratio for higher education had risen to 115:100.

GOAL 4

The focus of goal 4 is the reduction by two thirds, between 1990 and 2015, of the under-five mortality rate. According to the 1998 South African Demographic and Health Survey (SADHS), the neonatal mortality rate (NNMR) in South Africa in the 1993 – 1998 period was 20 deaths per 1 000 live births, the infant mortality rate (IMR) was 45 deaths per 1 000 live births, while under-five mortality rate (U5MR) was 59 deaths per 1000 births. Preliminary figures from the 2003 SADHS suggest that infant and under-five mortality rates have remained relatively constant since the 1998 estimates, decreasing by 0.5% and 0.3% respectively.

The Free Health Care policy resulted in an increase in the number of outpatient departmental visits since the inception of the programme. For paediatric cases the attendance increased by 102%, thus broadening the statistical base and improving monitoring among the poor. The increase in clinic attendance since the introduction of Free Health Care suggests that the previous system of user fees was a deterrent to people using health care services. Attendance by pregnant women increased by 29.8% While the attendance results from individual clinics are mixed, overall there is an increase in attendance at clinics for antenatal care. Thus strides are being made towards meeting the equity criteria of access to care at least for pregnant women and children under the age of six.

GOAL 5

Target six of the MDGs is the reduction by three-quarters, between 1990 and 2015, of the maternal mortality rate. Maternal mortality refers to the death of women from causes related to pregnancy and childbirth. The SADHS (1998)

estimated a maternal mortality ratio (MMR) of 150/100 000 live births. This ratio was considered unacceptably high and the Government instituted the Confidential Inquiry into Maternal Deaths. This resulted in both better surveillance and the better understanding of the causes of maternal deaths. Regular reports on causes of death and interventions are produced in an effort to reduce the number of maternal deaths.

Results from reports of the National Committee on Confidential Inquiry for the period 1999-2001 highlight major causes of maternal mortality. These include: non-pregnancy related infections (31,4%); complications of hypertension in pregnancy (20,7%); obstetric haemorrhage (13.9%); pregnancy-related sepsis (12,4%); and pre-existing medical conditions (7,0%). The non-pregnancy related infections, including AIDS, has increased from 23% in 1998 to 31,4% in the current triennium. The Department of Health has developed a set of recommendations to address this issue, which includes improving use of treatment guidelines and protocols, improving referral systems and emergency medical services and improving skills in various areas.

GOAL 6

Goal six has two targets namely having halted by 2015 and began to reverse the spread of HIV and AIDS; and halving halted by 2015, and began to reverse the incidence of malaria and other major diseases. The response to HIV and AIDS and STIs was fairly limited before 1994. Dedicated expenditure on HIV and AIDS programmes across national departments has increased from about R30 million in 1994 to R342 million in 2001/02. This excludes allocations from provincial equitable share. Expenditure is further set to increase to R3,6 billion in 2005/06. This increased expenditure funds a comprehensive prevention, care and treatment programme. By the end of April 2005, the ARV programme had 143 health facilities in all the 53 health districts providing comprehensive HIV and AIDS services to more than 50 000 patients who are on treatment in the public health sector alone.

In 1995 a revised National Tuberculosis Control Programme was established, based on the Directly Observed Treatment Short Course (DOTS) Strategy. While improvement rates are not reaching the national target of 85% cure rate, cure rates in health districts that have adopted the DOTS approach are consistently better than non-DOTS districts for new smear positive patients. The main problems remain high rates of treatment interruptions and transfers (internal migration). The problem of TB is exacerbated by the development of multi-drug resistance.

As a result of the malaria control programme the number of malaria cases dropped from 64 622 in 2000 to 26 506 in 2001 and 15 619 in 2002. Malaria deaths in 2001 were 74% less than 2000.

GOAL 7

Goal seven has, as its targets, (i) the integration of the principles of sustainable development into country policies and programmes, and reverse the loss of environmental resources; (ii) halve, by 2015, the proportion of people without sustainable access to safe drinking water; and (iii) by 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

Since 1994, environmental issues have moved into the socio-political arena. They bring together human rights, access to natural resources, social justice, equity and sustainability. In the last eleven years, Government has focused on prioritising people's needs while safeguarding the country's natural assets. The range of legislative, policy and institutional developments that have occurred over this period have brought about a new environmental management approach, based on recognition of the contribution that the country's biological resources in relation to food security, science, the economy, cultural integrity and well-being make.

Also, between April 1994 and March 2005, approximately 2,4 million housing subsidies were approved. During the same period, 1,74 million housing units were built. During 2004/05, housing delivery was largely focused on completing stalled housing projects. The new housing strategy stands to accelerate housing ownership further.

The proportion of households having access to clean water increased from 60% in 1995 to 85.5% in 2003. By December 2004, 10 million people had since 1994 gained access to a basic clean water supply. Access to sanitation increased from 49% percent of households in 1994 to 63% in 2003.

GOAL 8

Goal 8 encompasses targets 12 to 18 which deal with various issues such as the developing of further open, rule-based, predictable, non-discriminatory trading and financial system; addressing special needs of the least developed countries; addressing the special needs of landlocked countries and small island developing States; addressing debt problems; developing and implementing strategies for decent and productive work for youth; accessing affordable essential drugs; and making available the benefits of new technologies, especially information and communications.

With regard to improving the access to medicines for the majority of the poor, medicine pricing regulations issued in terms of the Medicines and Related Substances Control Amendment Act (1997) were gazetted. These address the relatively high prices paid by South Africans for medicines, put in place a clear and transparent system of medicine pricing, and tackle a range of problems

and perverse incentives. Technical and administrative support was provided by the pricing committee, established in terms of the Act. Single exit prices for pharmaceutical companies have been successfully implemented, but aspects of the regulations have been the subject of legal challenges. There are many other numerous initiatives that the SA government has pursued in ensuring access to affordable medicines.

In terms of access to ICTs: the number of telephone subscribers increased from 10,767 million in 2000 to 23,116 million in 2004; in 2001 at least 8.6% of households had one computer in good working order as compared to 4% in 1996; the number of Internet users for 1,000 inhabitants increased from 42.3 in 1999 to 68.2 internet users per 1,000 people in 2002 and the international Telecommunications Union has ranked South Africa 18th in terms of internet usage. It should however be acknowledged that although there are about 120 internet service providers in South Africa, access to the Internet is still restricted to some geographic locations and segments of the society. In terms of radio sets and television sets: 2001 Census indicated that 73,0% of households possessed at least one radio and that 53,8% of households possessed at least one television set.

For target 16, SA has put in place both institutional and programmatic mechanisms to ensure that young South Africans have access to decent work opportunities. Although unemployment among youth is high, there are signs suggesting that interventions on skills and training, including learnerships, and youth service are beginning to yield positive results.

Lastly, SA is engaged in numerous bilateral and multilateral processes to ensuring an open and rule-based global system. The SA MDGs Country Report highlights many of such engagements.

In conclusion, despite major challenges that the government still needs to overcome in the delivery of services, one can confidently conclude that South Africa is well on course to achieve targets set in Millennium Declaration. In certain instances, targets for some MDGs have already been surpassed. For those that are remaining, the necessary foundation has been firmly put in place for their attainment.

Background

Since 1994, the South African Government has both undertaken significant Institutional transformation, as well as sought to redefine most of the policies that determine the activities of state in the management of social relations. Some of the pillars of Apartheid policy, which sought the exclusion of the majority from full participation in all aspects of South African society, had begun to crumble by the late 1980s. However, since 1994, the qualitative difference is that the state deliberately set out systematically and deliberately to dismantle apartheid social relations and create a democratic society based on the principles of equity, non-racialism and non-sexism.

In line with the prescripts of the new Constitution, new policies and programmes have been put in place to dramatically improve the quality of life of all the people of South Africa. Key to this programme of action has been the extension of universal franchise and the creation of a democratic state. This has created the requisite environment to address poverty and inequality, and to restore the dignity and safety and security of citizens. A comprehensive constitutional, policy and regulatory framework underpins this programme. This programme, defined by the Reconstruction and Development Programme (RDP), has been elaborated in all post-1994 policies cross-cutting all spheres of societal development. A solid foundation and supportive environment have been put in place to deal with obstacles that might affect SA's ability to accomplish all MDGs. There are also monitoring and evaluation systems in place to continually assess progress or lack thereof.

The recent assessment of the social environment and challenges facing South Africa, undertaken by government, yielded a myriad of useful information on developments since 1994. It, hereafter termed the Macro-Social Report, elaborates on various issues highlighted in the Ten Year Review and the Scenario Planning Process, both undertaken at the end of the first decade of freedom in SA. It is important, as a context, to depict some of the major findings of the Macro-Social Report. The Macro-Social Report broadly suggests that SA is a society in dynamic change, both materially and spiritually. It also suggests that there is an improving sense of an over-arching identity and that there are increasing levels of social cohesion, in terms of unity, coherence, functionality and pride among South Africans. In terms of material conditions of South Africans, the Macro-Social Report concludes that the quality of life of the majority of SA citizens has improved.

The next sections give details on SA's performance on each goal and target of the Millennium Declaration. Refer to the executive summary for a brief indication of SA's performance on MDGs. It should be noted that data as well time-period of different political dispensations present challenges when comparing years.

GOAL 1: Eradicate Extreme Poverty and Hunger

Target 1: Halve between 1990 and 2015 the proportion of people whose income is less than US\$1 per day

Background

South Africa as a country is taking a longer-term and more in-depth perspective on addressing poverty than merely looking at the monetary aspects of this phenomenon. It is attending to the basic needs of the poor by providing better infrastructure, such as access to clean water and electricity. It is also giving attention to achieving sustainable developmental goals by creating opportunities for all, for example giving clinic-based, free primary health care for all, and providing compulsory education for all those aged 7 – 15 years. It is also providing financial assistance for children, in terms of child grants, and school feeding schemes. In addition, it is providing comprehensive social security for the vulnerable, for example, people with disabilities and the elderly, by means of social security grants. These grants, which presently reach over 8 million beneficiaries, act as a safety net against extreme poverty. These services and grants constitute the social wage which was estimated at R88 billion in 2003.

Measurement

Measurements indicated in this section, in relation to Goal 1 as shown in Table 1, are based on internationally recommended monetary measures. They do not include those unique monetary measures developed specifically for South Africa, since these are not internationally comparable. Also, they do not include aspects of the social wage reflected above.

When collecting monetary measures of wealth and poverty, Statistics South Africa (Stats SA), the official statistics agency of the country, undertakes an Income and Expenditure Survey (IES) every five years, which forms the basis of assigning weights to purchases of goods and services for the Consumer Price Index (CPI). The last survey was conducted in 2000 and the next one is presently being conducted (in 2005). This survey has also been used to calculate the extent of poverty in the country in monetary terms. Other Stats SA household surveys, such as the annual General Household Survey, measure other indicators of poverty, including access to facilities and services.

The 1995 IES may have less precision than the one conducted in 2000. It was not based on clearly demarcated and adequately mapped enumeration areas, whereas the 2000 IES was based on improved demarcation and listing of households, based on Census 1996, as described in the profile of the country in this report, and it is expected to have better coverage and more representivity than the earlier survey.

When comparing the results of the IES of 1995 and 2000, the extremes, i.e. the proportions in the poorest and the wealthiest categories, tend to show more variation than those falling between the extremes. The income and expenditure patterns of those falling outside the extreme ranges are similar for both years, when inflation is taken into account. The extremes do not therefore reflect the overall trends.

On an international scale, South Africa is classified as a middle-income country. This means that the international poverty lines fall within the 10 to 30 percent of population range, compared to other poorer countries where these lines are more centrally located. The positioning of the international lines towards the extreme end of the South African expenditure distribution implies that these estimates are subject to extreme values and any fluctuations between the two periods have to be interpreted with this in mind. In view of these data issues, the baseline for poverty measurement in this report is 2000, and not 1995. The country therefore has only one, more precise, year of reference for an internationally comparable monetary measurement at this stage.¹

Table 1
Summary of international poverty and inequality measures for South Africa: 2000

INDICATOR	2000	Target	Progress towards target
Proportion of population living below international poverty line of US\$1/day (or R87/month)*	11,3%	5,7% by 2015	Attainable
Proportion of population living below international poverty line of US\$2/day (or R174/month)*	34,4%		
Poverty gap at US\$1/day*	0,031		
Poverty gap at US\$2/day*	0,131		
Gini coefficient	0,59 ²		
Share of the poorest 20% in national consumption	2,8		

Source: Stats SA. Based on 'A poverty profile of South Africa' Statistics South Africa (2005) (using the 1995 and 2000 Income and Expenditure Surveys, the 1995 October Household Survey, and the September 2000 Labour Force Survey). PPP: Purchasing Power Parity Equivalents in 2000 prices (US\$, and Rands)

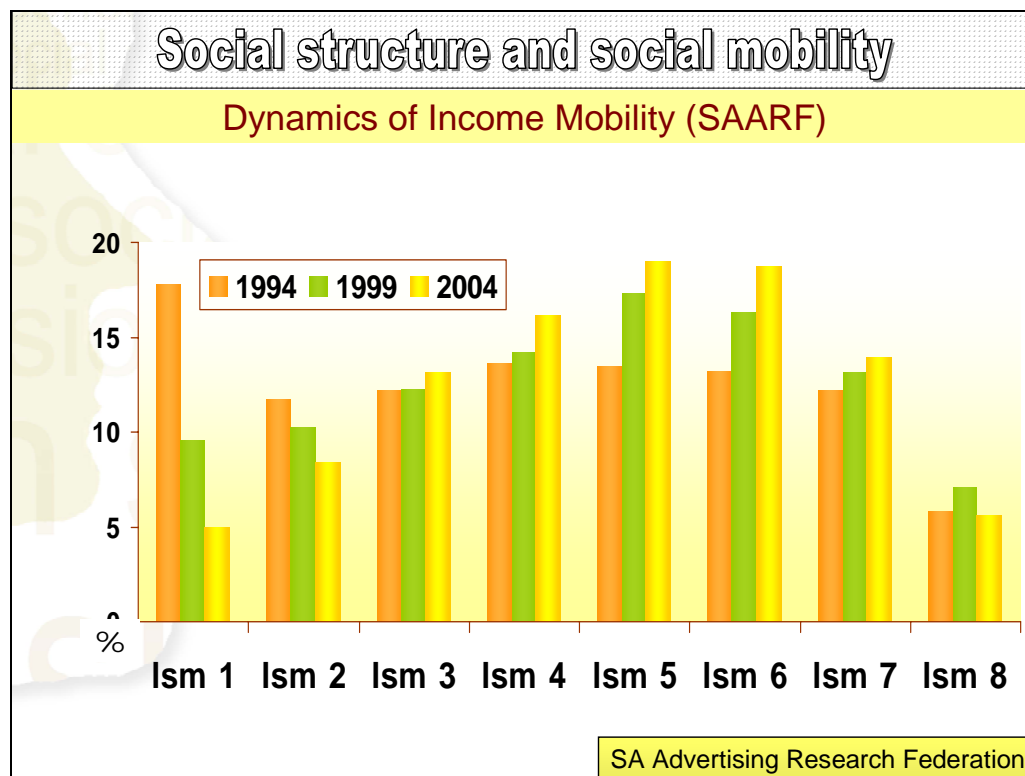
¹ For those readers who require information on the 1995 IES, the measures are as follows: proportion of population living below international poverty line of US\$1/day or R87/month, 7,6%; proportion of population living below international poverty line of US\$2/day or R174/month, 30,9%; poverty gap at US\$1/day, 0,018; poverty gap at US\$2/day, 0,106; Gini coefficient, 0,59; Share of the poorest 20% in national consumption, 3,4%.

² 0.59 is Gini coefficient excluding social transfers. If transfers are taken into account, the Gini Coefficient is 0.35

National estimates of poverty and inequality

Table 1 shows that, in 2000, 11% of people were living on less than US \$1 a day, and 34% were living on less than US \$2 a day. No trend line can be drawn at this stage.

The table also shows the poverty gap ratio, which is a measure indicating the mean distance or shortfall below the poverty line (counting the non-poor as having zero shortfall), expressed as a percentage of the poverty line. This ratio is indicated for those living below both the \$1 a day and the \$2 dollar a day cut-off points in 2000. Using expenditure-related indices, particularly the Living Standards Measurements of the SA Advertising Research Foundation, it emerges that the proportion of poorest South Africans has been decreasing.



Inequality

Expenditure share measures indicate the proportion of expenditure for each quintile of households in South Africa, between 1995 and 2000. Table 1 shows that in 2000 the poorest 20% accounted for 2.8% of total expenditure. In contrast, the wealthiest 20% of households accounted for 64.5% of all expenditure in 2000. The Gini coefficient, another widely used measure of inequality, was 0.59 in 2000 (when social transfers are excluded, if included it was 0.35).

Infrastructure and services for the poor

As already noted, poverty is a multidimensional phenomenon that cannot be exclusively measured in monetary terms. One important dimension is the contribution of the social wage, which is a measure of how individuals benefit from the provision of publicly funded services.

Table 2 shows that, on the basis of Stats SA's October household survey of 1995 and labour force survey of September 2000, South African households generally experienced improved access to electricity, piped water, telecommunications and infrastructure between the two time periods. The only exception is sanitation, for which levels of access remained relatively constant. This can be attributed to rapid changes in demographics and migration trends.

Households where individuals were living on less than US\$ 1 per day started out with relatively low levels of access to infrastructure and services in 1995, but the proportion with access had increased by 2000. For example, access to public electricity increased from 20% to 31%, access to piped water rose from 45% to 48%, access to telecommunications increased from 1% to 5%.

Table 2
Changes in Household access to Basic Services by poverty group: 1995 and 2000

Basic Service	Year	Percentage of households with access within each poverty group		
		Less than US\$1/day (household per capita expenditure)*	Less than US\$2/day (household per capita expenditure)*	All households
Public electricity	1995	20	26	60
	2000	31	42	70
Piped water	1995	45	52	76
	2000	48	59	82
Sanitation facility	1995	57	68	85
	2000	57	67	85
Telecommunications	1995	1	3	26
	2000	5	10	36

Source: 'A Poverty Profile of South Africa between 1995 and 2000', Statistics SA (based on the 1995 and 2000 Income and Expenditure Surveys, 1995 October Household Survey and the September 2000 Labour Force Survey) Poverty groups are categorized as households with per capita expenditure of less than PPP US\$1/day or PPP US\$2/day.

Target 2: Halve between 1990 and 2015 the proportion of people who suffer from hunger

Hunger: status and trends

A national study conducted by the South African Vitamin A Consultative Group (SAVACG) in 1994, and published in 1995, revealed that 9% of South African children aged between 6 and 71 months were underweight and 1% was severely underweight. Five years later, the National Food Consumption Survey, conducted among a *different age group* of children, i.e. those aged between 12 - 71 months, showed that 11% were underweight. Stunting (low height for age) remained approximately the same across the two groups, at 22,9% of children aged 6 – 71 months in 1994 and 23,3% of children aged 12 – 71 months in 1999. The prevalence of wasting (low weight for height) also remained approximately the same at 2,6% in 1994 and 3,6% in 1999, as indicated in Table 3.

The comparisons given here should be treated with caution since the age groups are not the same, and the data focus on two points in time among extreme groups, without taking the overall distribution into account.

Table 3
Summary National Hunger Statistics, 1994-1999

INDICATOR	1994 (6-71 months)	1999 (12-71 months)	Target	Progress towards target
Prevalence of underweight children under-five years of age	9,3	11,1	5,6% by 2015	Gradual
Percent of children showing wasting	2,6	3,6	1,3% by 2015	Gradual
Percent of children showing stunting	22,9	23,8	11,9% by 2015	Gradual

Sources: South African Vitamin A Consultative Group (1995); Department of Health (2000)

Notes: 'underweight' refers to the proportion of children with a weight for age that is under 2 standard deviations from the norm (reference population median). 'Stunting' is defined as the proportion of children with height for age under 2 standard deviations from the norm (reference population median). 'Wasting' refers to the proportion of children with weight for height that is under 2 standard deviations from the norm (reference population median.)¹

GOAL 2: Achieve Universal Primary Education

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Education: Status and Trends

South Africa has made significant progress since 1994 towards ensuring access to education for the almost all children aged 7 to 15 years (compulsory school-going age of the country). Improvements have also been made in primary enrolment by promoting the enrolment of age-appropriate learners.

Enrolment rates

Although education in South Africa is compulsory for all those aged between 7 – 15 years, age-appropriate primary school attendance involves examining the school attendance of those aged 7 – 13 years.

Since 1996, the primary net enrolment ratio (NER) for children aged 7 – 13 (grades 1 to 7) has increased, from 88% in 1996 (Census 1996) to 96% in 2004 (Labour Force Survey, March 2004), as indicated in Table 4.

Table 4
Summary of education statistics: based on Census 1996, Census 2001 and various household surveys

INDICATORS	Data base1	Data base2	Data base3	2015 MDG target	Progress towards target
Primary net enrolment ratio (%)	88 (Census 1996)	94 (Census 2001)	96 (LFS 2004)	100	Improving
People aged 17 years who have successfully completed a minimum of primary education (%)	81 (Census 1996)	84 (Census 2001)	-	100	Improving
Literacy rate of 15-24 year olds (%)	95 (OHS 1996)	96 (GHS 2003)	98 (LFS 2004)	100	Improving

Sources: Stats SA. *Census 1996 and Census 2001; October Household Surveys 1996, and 199, General Household Survey 2003; and Labour Force Survey March 2004.*

Notes:

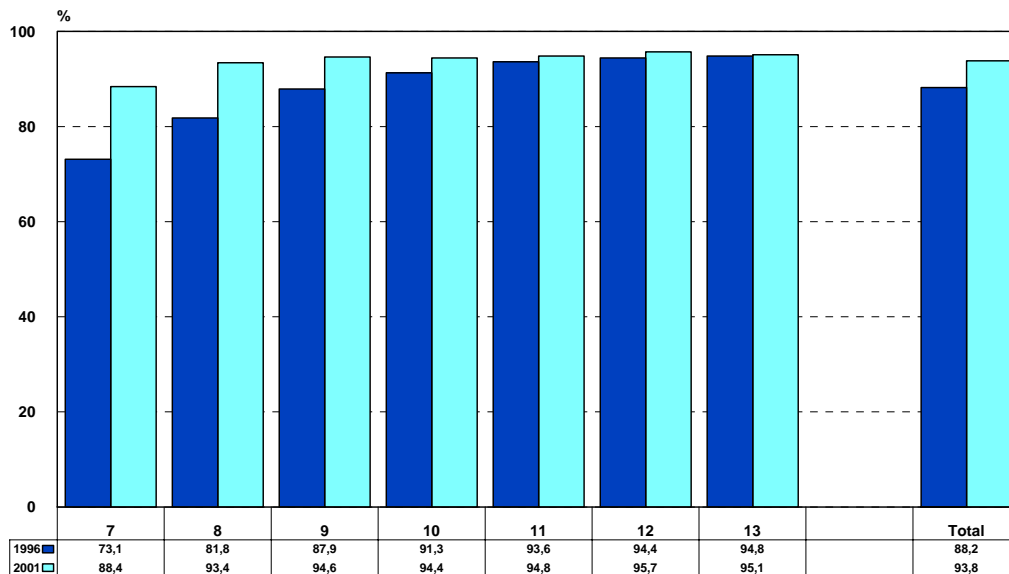
Primary education net enrolment ratio (NER) is the number of primary school students aged 7-13, divided by the total number of children in the population aged 7-13.

Literacy rates: The proportion of people who say they can read and/or write in at least one language

Primary school in South Africa includes Grades 1 through 7, or seven years.

There are, however, variations in primary net enrolment by single-year age category, as indicated in Figure 1. But there has been an overall improvement in school attendance between 1996 and 2001 among 7 – 13 year olds in all single-year age categories.

Figure 1
The percentage of children aged 7 - 13 years
who were attending school
October 1996 and 2001



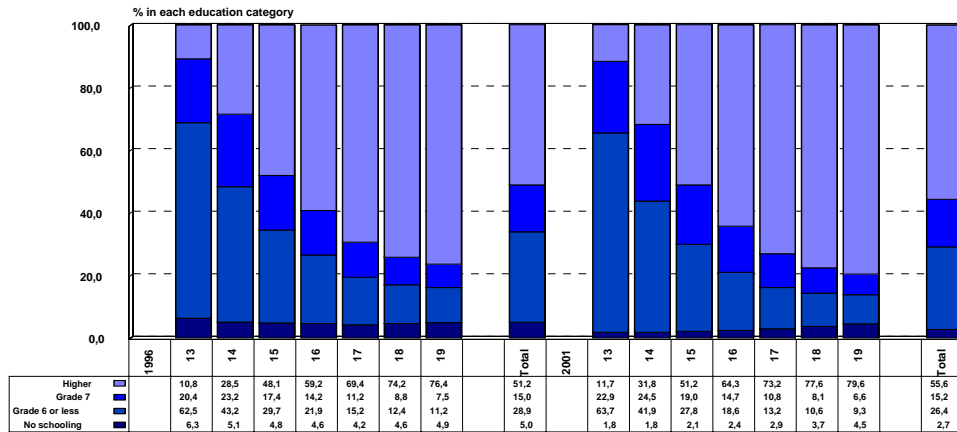
Source: Census 1996 and 2001

Completion of Primary Education

While we do not have the exact cohort figures of school attendance by highest level of education, as a proxy for this indicator, data from Census 1996 and 2001 will be used to show the proportion of children aged 13 – 19 years that have completed primary school, as indicated in Figure 2. The graph also indicates the percentage of children between the ages of 13 – 19 years that have attained a higher level of education than complete primary school. There are clear improvements between 1996 and 2001, as indicated in the graph.

For example, Figure 2 shows that, in 1996, 81% of those aged 17 years had successfully completed Grade 7 (complete primary) or higher levels of education, increasing to 84% in 2001.

Figure 2
The percentage of persons aged 13 - 19 years
in each educational category
as their highest education level
October 1996 and 2001



Literacy rates of 15 – 24 year olds

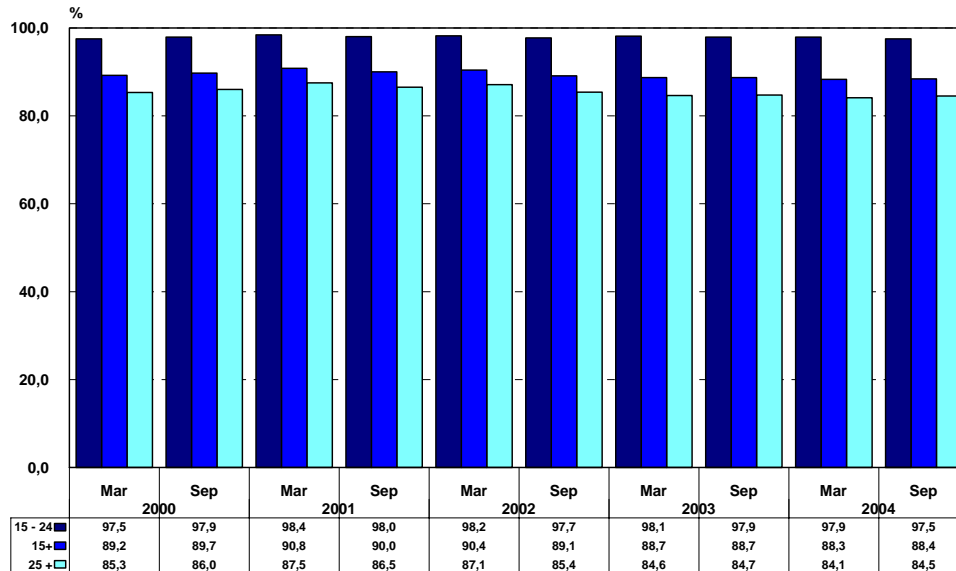
Literacy rate measurement is based here on the *subjective* opinion of people, regarding whether they are able to read or write in at least one language. Using this opinion, the literacy rate among 15 – 24 year olds has exhibited an upward trend since 1996. Literacy in this age group increased from 95% in 1996 to 98% in 2004. Figure 3 shows that these rates have remained steady between 2000 and 2004, as indicated by successive labour force surveys between 2000 and 2004.

The literacy levels for female and male youths aged 15 – 24 years are similar, and may be related to the equal probability of enrolment of females and males in the school system (Department of Education, 2003).

Literacy rates of those aged 15 years or more

As would be expected, subjective measures of literacy are lower for the overall population of South Africans aged 15 years and above than they are for those aged 15 – 25 years, as indicated in Figure 3. They have remained steady over time.

Figure 3
Percentage of people in three age categories
(15 - 24 years, 25 years or more, and 15 years or more)
who said they could read or write in at least one language
March 2000 - September 2004)



Source: Stats SA, Labour Force Surveys, March 2000 - September 2004

Major challenges for education

Efficiency

In assessing progress toward the attainment of basic primary education for all, it is important to highlight that high enrolments are only the first step in attaining this goal. Measuring the internal efficiency and quality of outputs of the system is becoming increasingly important. The extent to which learners are advancing effectively through the system and exiting with appropriate learning achievements is thus also important.

Repetition and dropout rates

The country requires better measurement of the extent of repeaters and dropouts in the country to inform future policy.

Out-of-school children

According to the South African Schools Act of 1996, school attendance is compulsory for all children from ages 7 – 15 years (Grades 1 – 9). The earlier section of this goal referred to children aged 7 – 13 years, as an appropriate age for primary school attendance. Here we broaden the scope to examine school attendance of those aged 7 – 15 years, since education beyond primary school is becoming essential in a modern economy.

Although school attendance has been significantly improving, the number of eligible children aged 7 – 15 years not attending school was estimated to be 582 000 or 6,5% of a total of 9 million children in this age group counted in Census 2001. (There were also approximately 49 000 or 0,5% of children attending an educational institution, such as a pre-school organisation, that was not at school).

Reasons for school non-attendance include issues related to affordability, age (too old to start school), far distances to the nearest school and illness (Stats SA, 2003).

Child Labour (children involved in economic activities)

Child labour may be one of the factors contributing to school non-attendance. The *Survey of Activities of Young People in South Africa* (SAYP), conducted by Stats SA, showed that, when factoring out the activity of fetching fuel and water, 3% or 0.4 million of 13.4 million children aged 5 –17 years in 1999 worked for 12 or more hours per week. While this is a relatively small proportion of the total population of those aged 5 – 17 years, engagement in work activities may have an impact on the attendance and completion of primary school. For example, SAYP revealed that among non-school attendees, 6% of boys and 1% of girls aged between 5 and 17 years did not attend because of the work they do during school hours.

Equity

While education was highly inequitable in respect of provision of funding allocations by race prior to 1994, over the last decade the democratic government has been increasing and improving the targeting of education funding allocations (DoE, 2002). Education remains the country's largest single budgetary item. Some progress has been made in addressing historical inequities. For instance, between 1996 and 2000, schools became less overcrowded, with the average number of learners to a classroom decreasing from 43 to 38. Access to key physical infrastructure such as water, sanitation and electricity also improved over the period. However, South Africa continues to have a differentiated public schooling system with poor learning conditions in schools in previously disadvantaged parts of the country, especially in terms of infrastructure and resources.

Quality of education

As increasing proportions of children enter the school system, attention is shifting away from actual attendance, towards the quality of learning at schools. In the 1999 Monitoring Learning Achievement (MLA) Survey, Grade 4 learners (9-year-old cohort) generally performed relatively poorly in functional literacy, numeracy and life skills, with average scores in these areas being below 50 per cent. Government is paying attention to improving this.

GOAL 3: Promote Gender Equality and Empower Women

Target 4: Eliminate gender disparity in primary and secondary education by 2005, and in all levels of education no later than 2015

Status and trends

Ratio of girls to boys in primary, secondary and tertiary education

For South Africa, as we have seen in the discussion of the previous goal, the gross enrolment ratios (GERs) suggest that a relatively small percentage of primary school aged children are not at school.

Data from the General Household Survey of 2003 confirm that over 95% of both boys and girls aged 7 – 13 years were reported to be attending school. The ratio of girls and boys enrolled in primary school in the period 1990 – 2001 was fairly equal throughout, with slightly lower percentage of girls than boys in each of the years, in accordance with the demographic picture in the country. Table 5 indicates enrolment ratios for 1994 and 2001 at primary school level. Gross enrolment ratio (GER) and gender parity index (GPI) estimates confirm these trends at primary level.

On the other hand, girls tend to outnumber boys in secondary school enrolment. A larger proportion of females than males, therefore, benefit from secondary education. Table 5 also indicates enrolment ratios for 1994 and 2001 at secondary school level.

Table 5
Summary of gender statistics

INDICATORS	Year	Year	2015 MDG target	Progress towards target
Ratio of girls to boys in:				
Primary education (girls per 100 boys)	98:100 (1994)	96:100 (2001)	Equal access to primary education for girls and boys	Have already attained target
Secondary education (girls per 100 boys)	118:100 (1994)	112:100 (2001)		
Tertiary education (girls per 100 boys)	92:100 (1996)	116:100 (2003)	Equal access to secondary education for girls and boys	Have already attained target
Ratio of literate females to males (15-24 years)	111:100 (1996)	109:100 (2003)	Equal female to male ratios	Have already attained target
Share of women in wage employment in the non-agricultural sector	41 % (1996)	43 % (2001)	Equal access to employment	Slow
Proportion of seats held by women in national parliament	25% (1994)	33% (2004)	Equal access to public office	Potentially should reach target

Sources: Education Foundation of South Africa; Stats SA; Census 1996 and 2001

Table 6 shows that, at a tertiary level, women accounted for 48% of total university enrolment in South Africa by 1990. At the honours level 46% of all students were women, at masters level 32%, and at the doctoral level 24% were women.

In 1990, the majority of enrolments in the former technikons were among males. By 1996, women outnumbered men in the universities, while the opposite pattern still held in the previous so-called technikons, but now part of university education. Overall in tertiary education, the female to male ratio was 92:100 in 1996. By 2001, the female to male ratio for higher education had risen to 115:100.

Overall, in 2003, 49% of those enrolled at technikons were female, compared to 56% at universities, with a female to male ratio of 116:100. GERs and the GPI for tertiary level education (using the age group 19 – 25) show that the gender ratio has shifted in favour of females.

Table 6
Ratio of Girls to Boys by level of education, 1990-2001

Year	Primary	Secondary	Tertiary
1990	99:100	118:100	-
1991	98:100	119:100	-
1992	98:100	119:100	-
1993	98:100	119:100	-
1994	98:100	118:100	-
1995	98:100	119:100	-
1996	98:100	117:100	92:100
1997	96:100	116:100	-
1998	-	-	-
1999	97:100	115:100	-
2000	96:100	113:100	-
2001	96:100	112:100	115:100
2002	-	-	-
2003	-	-	116:100
Census 2001	94:100	108:100	114:100

- Data not available

Sources: Data provided by Education Foundation of South Africa, with original sources from Nated 02-215 (1990, 1991); RIEP (1992-1997); EMIS Department (1998); DoE Education Statistics (1999-2001); Stats SA; Census 2001

Table 7, which indicates the gross enrolment ratios and the gender parity index by level of education between 1990 and 2001, shows that the country has achieved, or even exceeded the targets of gender parity in education.

Table 7
Gross enrolment ratios and gender parity index by level of education,
1990 – 2001

Year	Primary				Secondary				Tertiary			
	Female	Male	All	GPI	Female	Male	All	GPI	Female	Male	All	GPI
1990	110	115	112	0.96	74	66	70	1.12	-	-	-	-
1991	111	117	114	0.95	78	69	74	1.13	-	-	-	-
1992	113	118	116	0.96	83	73	78	1.13	-	-	-	-
1993	117	123	120	0.95	86	76	81	1.13	-	-	-	-
1994	121	125	123	0.97	89	79	84	1.13	-	-	-	-
1995	125	129	127	0.97	92	81	86	1.14	-	-	-	-
1996	127	131	129	0.97	94	83	89	1.13	9	11	10	0.86
1997	126	131	129	0.96	92	82	87	1.12	-	-	-	-
1998	-	-	131		-	-	87	-	-	-	-	-
1999	126	129	128	0.98	92	82	87	1.12	-	-	-	-
2000	116	121	119	0.96	92	84	88	1.11	-	-	-	-
2001	112	116	114	0.97	93	84	89	1.10	11	10	11	1.10
2002	-	-	-	-	-	-	-	-	-	-	-	-
2003	-	-	-	-	-	-	-	-	12	11	12	1.13

- Data not available

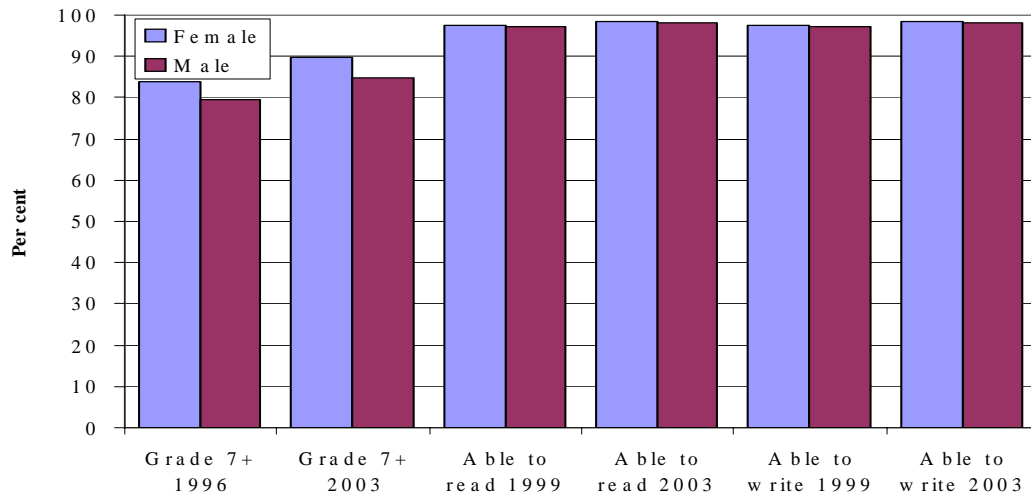
Sources: Data provided by Education Foundation of South Africa, with original sources from Nated 02-215 (1990, 1991); RIEP (1992-1997); EMIS Department (1998); DoE Education Statistics (1999-2001)

Ratio of literate females to males aged 15 – 24 years:

In 1996, Figure 4 shows that the ratio of women to men aged 15 – 24 years who had completed Grade 7 (primary school), as a measure of literacy, was 111: 100. It also shows the proportion of women to men who said they could read and/or write in at least one language, as an alternative measure of literacy. This graph suggests that women aged 15 – 24 years fared better than men in terms of literacy. In 2003, the female to male ratio among those who had completed primary school was 109: 100, indicating that the advantage in favour of women had remained.

Figure 4

The percentage of those who completed Grade 7 at school, and the percentage of those who were able to read and/or write in at least one language, among 15 – 24 year olds



Source: Stats SA; OHS, 1996 and 1999, and GHS 2003

In Stats SA's twice-yearly Labour Force Survey (LFS), in each successive survey from March 2000 to September 2004, Table 8 shows that among those aged 15 – 24 years, a smaller proportion of women than men had not completed Grade 7, and a larger proportion of women than men had completed Grade 8. More young women of this country have, on average, thus attained higher levels of education than the young men.

Table 8

The percentage of those aged 15 – 25 who had not completed primary school (Grade 7) and who had completed Grade 8 or higher, who were women

Year	Month	Percentage of those with less than Grade 7 who are females	Percentage of those with Grade 8 or higher who are females
2000	Mar	42,4	50,5
	Sep	41,5	52,4
2001	Mar	39,9	51,9
	Sep	40,2	52,2
2002	Mar	40,5	51,9
	Sep	38,6	51,6
2003	Mar	42,1	51,9
	Sep	41,3	52,4
2004	Mar	40,5	52,6
	Sep	37,3	51,5

Share of women in wage employment in the non-agricultural sector

Between 2000 and 2004, Table 9 shows that, on the basis of the LFS, the female share of total and agricultural wage employment was lower than the share for males.

Table 9
The share of women in total wage employment and in wage employment in the non-agricultural sector

Year	Month	Total Employment Percentage who are female	Non-agricultural Employment Percentage who are female
2000	Mar	47,0	46,1
	Sep	45,5	45,4
2001	Mar	46,6	47,4
	Sep	44,2	45,6
2002	Mar	45,4	45,9
	Sep	43,9	45,0
2003	Mar	44,3	45,3
	Sep	44,6	46,0
2004	Mar	43,7	44,7
	Sep	41,8	42,6

Proportion of seats held by women in the national parliament.

During the apartheid era, there were very few female members of parliament. Since 1994, national elections have been held on a five-year basis – in 1994, 1999 and 2004.

The April 1994 elections were governed by the interim constitution of 1993, which established a two-house parliament. The National Assembly was to be elected according to a system of proportional representation, while the Senate consisted of 10 delegates from each of the nine provinces nominated in accordance with the principle of proportional representation.

In keeping with the SADC Declaration on Gender and Development, which refers to a minimum of 30% representation of women in decision-making structures, there was a 30% quota of women on the party lists of the ANC for the first democratic elections, and there were 101 women out of 400 in the first post-apartheid National Assembly. There were, however, only 16 women among the 90 Senate members. The 1996 Constitution also provided for two houses - a National Assembly and National Council of Provinces (NCOP), which replaced the Senate. The National Assembly was to be elected as before. The National Council of Provinces consists of 54 permanent representatives and 36 special delegates nominated from time to time by the provincial legislatures.

Table 10 shows that by 1997, 111 of the 400 members of the National Assembly were women, but the first NCOP had only eight women representatives (15% of the total). In mid-2003, 32% of National Assembly members were women, which increased to 33% in late 2004. Of the permanent members of the NCOP, 34% were women by late 2004.

Table 10
Women and men in the national legislature and the national council of the provinces, 1994, 1997, 2003 and 2004

	Women	Men	Total	% Female
National Assembly				
1994	101	299	400	25%
1997	111	289	400	28%
2003	125	271	*396	32%
2004	132	268	400	33%
NCOP*				
1994 (Senate)	16	74	90	18%
1997	8	46	54	15%
2003	20	34	54	37%
2004	19	35	54	35%

* = National Council of the Provinces

In a more detailed breakdown of positions in national and provincial government, including cabinet positions and premierships for 2002 – 2004, Table 11 shows an increase in the proportion of women in all government high-level decision-making bodies.

Table 11
Women and men in decision-making positions in national and provincial government: 2002 – 2004

Decision-making position	Number of women			Number of men			Percentage of women		
	2002	2003	2004	2002	2003	2004	2002	2003	2004
Cabinet									
Ministers	9	9	12	18	18	16	33	33	43
Deputy Ministers	8	8	10	6	6	11	57	50	48
National Parliament									
National Assembly	125	125	131	275	275	269	31	31	33
NCOP*	18	20	19	36	36	35	33	38	35
Provincial Parliament									
Legislatures	119	119	139	311	311	291	28	24	32
Women Premiers	1	1	4	8	8	5	11	11	44

Source: The Presidency; Office of the Status of Women, Pretoria

* National Council of the Provinces

GOAL 4: Reduce Child Mortality

Target 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Available data (see Table 12) suggest that infant and under-five mortality rates have remained relatively constant since estimates made in 1998, with slight decreases of 0,5% and 0,3% for infant and under five mortality respectively. The infant mortality rate (IMR) was 45 per 1 000 live births, while under-five mortality rate (U5MR) was 59 per 1 000 births and neonatal mortality was 20 deaths per 1 000 live births in the 1993 – 1998 period (South African Demographic and Health Survey, 2004).

Table 12
Summary of indicators related to child mortality

INDICATORS	1998	2002 (Preliminary)	2015 MDG Target	Progress towards target
Neonatal mortality rate (per 1 000 live births)	20	-	-	The targets are potentially attainable taking into account free primary health care access.
Infant mortality rate (per 1 000 live births)	45	44	15	
Under-five mortality rate (per 1 000 live births)	59	60	20	
Proportion of 1 year-old children immunized against measles	72	(2003 estimates) 78	90	

Sources: South African Demographic and Health Survey (DOH - SADHS), 1998; Department of Health, 2001, Stats SA, Causes of death 1997 – 2003, 2004.

Note: Neonatal mortality is the probability of dying within the first month of life, infant mortality is the probability of dying in the first year of life, and under-five mortality is the probability of dying between birth and age five

Status and trends

Child mortality indicators

The National Department of Health (NDoH) goals for child health (2001-2005) are guided by international child health goals, including the reduction of infant and child mortality and morbidity. Explicit 2005 objectives include reducing the neo-natal mortality rate (NNMR) from 20 to 14 per 1 000 live births, retaining the national IMR at 45 per 1000 live births and reducing the national U5MR to 59 per 1000 live births.

Causes of death among infants and under-fives

Recorded causes of death for the period 1997 – 2002 are shown in Table 13. According to the data, the number of infant deaths in South Africa makes up an approximate 7 percent of total registered deaths.

Table 13
Number of registered infant deaths, South Africa, 1997 – 2002

Year	Infant deaths under age one year				Total deaths	Infant deaths as percent of total deaths
	Males	Females	Unspecified	Total		
1997	14 249	12 563	232	27 044	318 287	8,5
1998	16 639	14 723	376	31 738	367 689	8,6
1999	15 653	14 242	464	30 359	381 902	7,9
2000	15 807	14 256	369	30 432	413 969	7,4
2001	15 955	14 481	314	30 750	451 936	6,8
2002	19 070	17 151	382	36 603	499 268	7,3
Total	97 373	87 416	2 137	186 926	2 887 654	6,5

Source: Stats SA: Mortality and causes of death in South Africa, 1997 – 2003. Findings from death notification

The data show that, among children aged under five years, deaths due to intestinal infections, respiratory tuberculosis, influenza and pneumonia, and HIV and AIDS, accounted for under 10% of deaths in this age group. This group of causes however has been steadily increasing, from 8.1% of under-five deaths in 1997, to 8.8% in 1999 to 9.6% in 2001.

Child Immunisation

As a means of reducing childhood mortality and illness from vaccine-preventable diseases, South Africa has an Expanded Programme on Immunisation (EPISA). The country's primary national objectives for 2005 in relation to child immunisation are to:

- Attain 90% full immunisation coverage amongst children at 1 year of age by 2004.
- Vaccinate 90% of children against measles.
- Achieve a less than 10% drop out rate between measles 1 and 2 doses.
- Eradicate polio

The proportion of one-year old children immunised against measles in 1998 was 72% for South Africa as a whole. In 2002, it is estimated that this had increased to 82% (SADHS 1998; DOH 2005)

GOAL 5: Improve Maternal Health

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Maternal mortality ratios measured by surveys and monitoring systems

The 1998 SADHS estimated that the maternal mortality *ratio* was 150 maternal deaths per 100 000 live births for the approximate period 1992 – 1998, as shown in Table 14. The 2005 goal set by the National Department of Health (NDoH) was to reduce maternal mortality by 25% from 150 to 100 per 100 000 live births, and by 50% to 75 per 100 000 by 2015 when excluding deaths due to HIV/AIDS. The most recent estimate for Maternal Mortality (MMR) in 2003 is 123.7 per 100 000.

Whilst the estimate is lower than the previous estimate of 2003, it needs to be borne in mind that the estimation method is not the same. Whilst the SADHS was the only data available in 2003, the vital registration system is now able to provide estimates of mortality. Survey methods such as the SADHS are known to overestimate deaths, especially when the incidence of deaths is relatively low. With the availability of vital statistics through Statistics South Africa, maternal deaths have been re-estimated. The estimates show that the 1998 survey estimates were probably overestimates showing a MMR of 150 instead of approximately 84 per 100 000 live births.

Table 14
Summary of indicators of maternal health

INDICATORS	1998 SADHS (NDoH)	2004 NDoH /Stats SA	2005 National target	2015 MDG target	Progress towards target
Maternal mortality ratio (per 100 000 live births)	150 (1998) 84 (revision)	124 (2002)	100	38	Slow
Proportion of deliveries that are supervised by trained birth attendants	84 (1992-98)	Not available	90	-	Insufficient data

Sources: South African Demographic and Health Survey (SADHS), 1998, NdoH/Stats SA
Note: Maternal mortality ratio (MMR) refers to the number of maternal deaths (women who die as a result of childbearing, during the pregnancy or within 42 days of delivery or termination of pregnancy in one year) per 100 000 live births during that year.

Confidential Enquiry into Maternal Deaths

The Confidential Enquiry into Maternal Deaths was initiated in October 1997. This has been an important tool and source of information on the causes of maternal deaths. It has in addition served as an important mechanism for correcting factors in the care environment, which contribute, to maternal deaths. The 'Saving Mothers' Report has shown the importance of the confidential enquiry. As coverage increases the data will become another source of information on maternal mortality rates

Maternal mortality measured by death certificates

In 1995 South Africa embarked on a programme to strengthen and improve vital registration, in particular improving death notification. Using these death notification forms, Stats SA recently published mortality and causes of deaths statistics. This report was based on the International Classification of Diseases, 10th revision (ICD10). This Stats SA report on causes of deaths covers the time period from 1997 to 2003. The data sets issued by Stats SA to users at the time of publication, allows maternal mortality to be analysed from two perspectives, i.e. underlying cause of death and multiple cause of death.

Table 15 shows the number of deaths for the period, 1997 – 2002, in which a maternal cause is classified as the underlying cause of death. The total number of these deaths for the whole time-period was 4 402. When broken down by year of death, these underlying maternal causes of death exhibit a gradual rise from 635 in 1997 to 855 in 2001, as shown in Table 15.

Table 15
Number of recorded deaths having a maternal cause as the underlying cause of death, South Africa, 1997 – 2002

	Year of death						
	1997	1998	1999	2000	2001	2002	1997-2002
Total underlying maternal causes of death	635	645	717	751	855	799	4 402

Source: Stats SA, mortality and causes of death in South Africa, 1997 – 2003. Findings from death notification

Utilizing the Statistics South Africa report on the Causes of Death in South Africa for the period 1997 to 2003, and the Statistics South Africa birth registration data, maternal mortality ratio estimates are shown in Table 16. There appears, from this table, to be a gradual increase over time in the maternal mortality ratio. Bearing in mind that births in South Africa are not always registered in the year in which they occur, for example, a birth may be registered in the year prior to school registration, there may consequently be an underestimation in the number of births, particularly for 2001 and 2002, and subsequently an overestimation of the maternal mortality ratio.

Table 16
Maternal Mortality Ratio
Using Stats SA birth registration figures and causes of death

	Year					
	1997	1998	1999	2000	2001	2002
Total: maternal causes of death	635	645	720	751	855	799
Births: Stats SA	786 956	765 564	772 600	769 119	735 944	645 882
MMR	80.69	84.25	93.19	97.64	116.18	123.71

Source: Stats SA

Using estimated births derived by Moultrie (2004), by taking possible under-registration of births into account, maternal mortality *ratios* are obtained, ranging from 55,2 per 100 000 births occurring in 1997 to 78,0 per 100 000 births occurring in 2001 and 73,1 per 100 000 births occurring in 2002, as shown in Table 17.

Table 17
**Estimates of maternal mortality ratios based on recorded deaths and
estimated number of births, South Africa, 1997-2002.**

	Year of death					
	1997	1998	1999	2000	2001	2002
Maternal mortality ratio (MMR)	55.2	56.5	63.4	67.2	78.0	73.1

Source: Stats SA, *mortality and causes of death in South Africa, 1997 – 2003. Findings from death notification*

In terms of the breakdown of maternal deaths into specific causes of death, Table 18 shows that for each year in the publication period, the highest number of deaths (about a quarter) belong to the category of causes grouped under 'Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and puerperium' (O10-O16).

Table 18
Number of recorded deaths with a maternal cause as the underlying cause of death; South Africa, 1997-2002

Underlying causes of maternal death	Year of death						
	1997	1998	1999	2000	2001	2002	1997-2002
Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and puerperium (O10-O16)	168	175	185	211	215	215	1 169
Complication of labour (O60-O75)	107	100	139	115	148	146	755
Pregnancy with abortive outcome (O00-O08)	106	117	132	134	141	134	764
Complication predominantly related to the puerperium (O85-O92)	105	104	112	129	168	138	756
Other obstetric conditions not elsewhere classified (O95-O99)	70	68	68	70	105	79	460
Maternal care related to the foetus and amniotic cavity and possibly delivery problems (O30-O48)	52	52	56	54	47	56	317
Other maternal disorders predominantly related to pregnancy (O20-O29)	27	29	25	38	31	31	181
Delivery (O80-O84)	0	0	0	0	0	0	0
Total underlying maternal causes of death	635	645	717	751	855	799	4 402

Source: Stats SA, mortality and causes of death in South Africa, 1997 – 2002 data sets

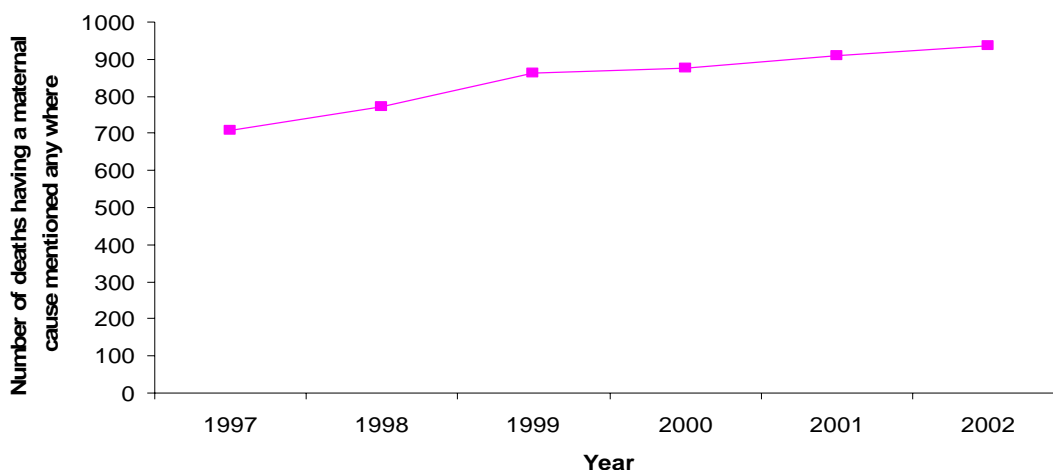
When the recorded deaths are searched for any mention of maternal cause anywhere on the death notification form (i.e. as a multiple cause of death), the numbers of deaths obtained are shown in Table 19 and Figure 5. The statistics show a gradual but clear increase over the time period 1997 – 2002.

Table 19
Number of recorded deaths having a maternal cause mentioned anywhere on the death notification form, South Africa, 1997-2002.

	Year of death						
	1997	1998	1999	2000	2001	2002	1997-2002
Number of deaths having a maternal cause as mentioned anywhere on the death notification form	708	773	863	876	908	936	5 064

Source: Stats SA, mortality and causes of death in South Africa, 1997 – 2002 data sets

Figure 5
Number of recorded deaths, which have a maternal cause of death, and which are mentioned on the death notification form, South Africa, 1997-2002.



Source: Stats SA, mortality and causes of death in South Africa, 1997 – 2002 data sets

The causes of death data allow one to estimate the possible contribution of HIV to maternal mortality. The number of deaths having HIV as the underlying cause of death and a maternal cause as an associated cause of death totalled 110 for the five-year period under discussion. The number of deaths having a maternal cause as the underlying cause and HIV as an associated cause totalled 11 for the same period. These deaths account for less than five percent of maternal deaths during the study period.

Deliveries supervised by trained birth attendants

Process indicators relevant to maternal health discussed below are: the place where the delivery takes place, the person delivering the child, and receiving antenatal care. Regarding place of delivery, in Table 20, based on 1998 SADHS, percentages are shown for the births in the five years preceding the survey. In South Africa as a whole over 80% of deliveries took place in health facilities.

Table 20
Percentage distribution of births that took place between 1992 and 1998 by place of delivery

	At health facility	At home	Don't know/missing	Total	Number of births reported in survey
All deliveries	83,4	14,3	2,3	100,0	4 992

Source: South African Demographic and Health Survey, 1998

Regarding the person who delivered the baby, in Table 21, according to the 1998 SADHS data, doctors provided 30.0% of assistance during delivery and nurses/midwives provided assistance at 54.4% of deliveries.

Table 21
Percentage distribution of births that took place between 1992 and 1998
by person who attended the delivery

	Assistance at delivery from a doctor	Assistance at delivery from nurse/midwife	Assistance at delivery from a traditional birth assistant	Assistance at delivery from a relative/other person	No one assisting at delivery	Don't know/missing	Total	Number of births reported in survey
All	30.0	54.4	1.4	10.5	2.1	1.7	100.0	4992

Source: South African Demographic and Health Survey, 1998

Table 22 shows that for South Africa as a whole, according to the 1998 SADHS data, doctors provided 28.7% of antenatal care and nurses/midwives provided 65.5%.

Table 22
Percentage distribution of antenatal care between 1992 and 1998

	Antenatal care from doctor	Antenatal care from nurse/midwife	Antenatal care from traditional birth attendant	No Antenatal care	Missing information	Total	Number of births reported in survey
SA	28.9	65.5	0.8	3.1	1.8	100.0	4992

Source: South African Demographic and Health Survey, 1998

GOAL 6: Combat HIV/AIDS, malaria and other diseases

Target 7: Have halted by 2015, and begin to reverse the spread of HIV and AIDS

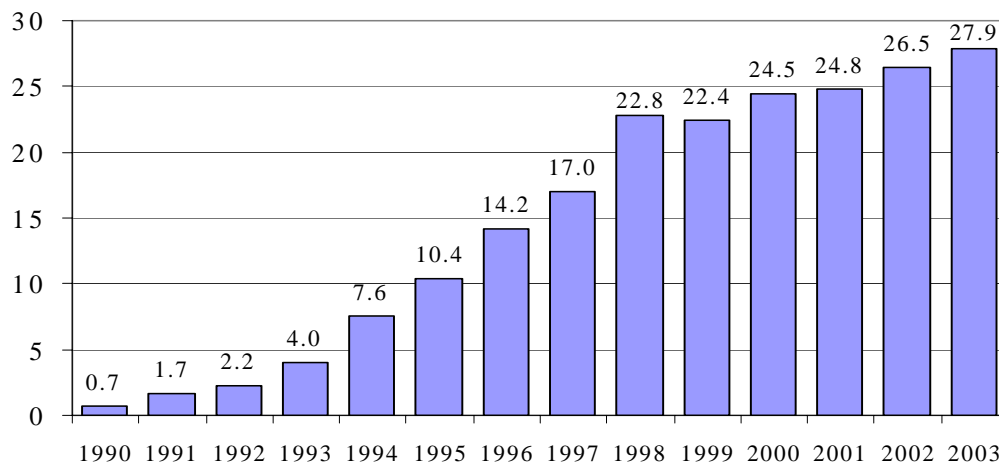
Target 8: Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases

HIV and AIDS

Status and trends

The Department of Health instituted an HIV surveillance system in 1990. This system was based on the WHO protocol for prevalence estimation in antenatal clinics. The survey shows that although there was an almost exponential increase in HIV prevalence levels between 1990 and 1998 there is a gradual stabilization and slowing down of HIV prevalence increases with statistically significant growth approximately every second year. Figure 6 shows that the sero-prevalence rate in 2003 was 27,9%, compared with one of 26.5% for 2002 (Department of Health, 2004).

Figure 6
Prevalence of HIV among antenatal care attendees aged 15 – 49 in South Africa, 1990 – 2003 (%)



Source: Department of Health, 2004

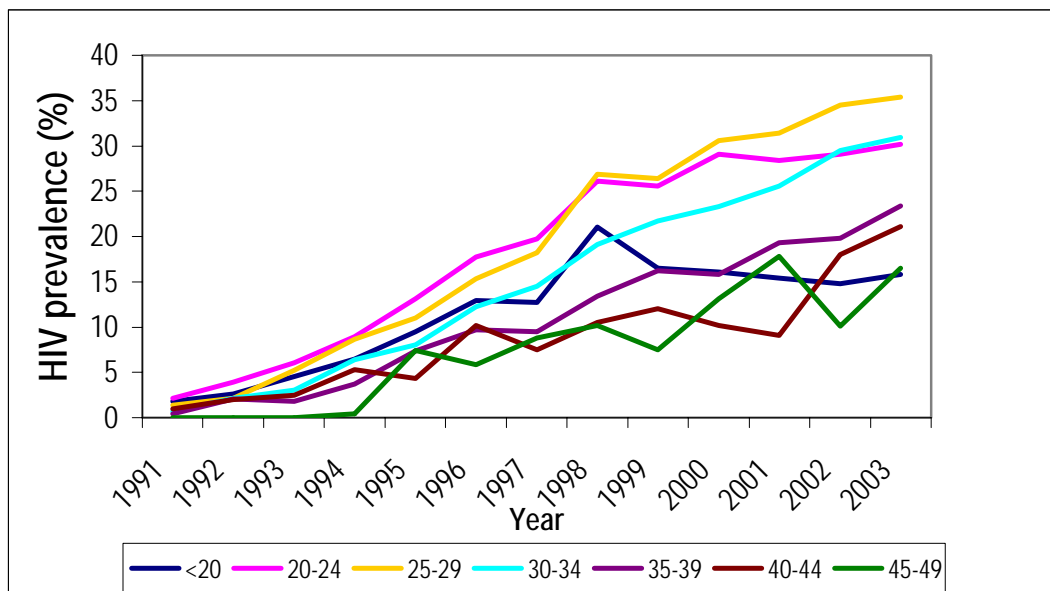
The 2003 estimates show that HIV sero-prevalence rates among pregnant women aged 15 to 24 years attending antenatal care in the public sector at the end of 2003 was 24,8%, compared with 23,5% for 2002 (this increase is not statistically significant). An important indicator of an epidemic slowing down or reversing are the HIV incidence (new infection) estimates. Longitudinal estimates are being conducted in collaboration with the Centres for Disease

Control (CDC) using the most recent technology. Meanwhile HIV prevalence estimates are considered to be a good indicator of HIV incidence.

Figure 7 below shows trends in HIV prevalence by age group since 1991. These data suggest that there has not been an increase in HIV prevalence in the teenage cohort since 1999. What appears as a marginal increase between 2002 and 2003 was found not to be a statistically significant increase ($p=0.344$). Other age groups have shown increases in prevalence, with the 25 to 29 year age group in comparison consistently recording higher rates compared to others.

Figure 7

Antenatal survey prevalence of HIV among antenatal attendees aged 15 – 19 yrs: 1991 – 2003

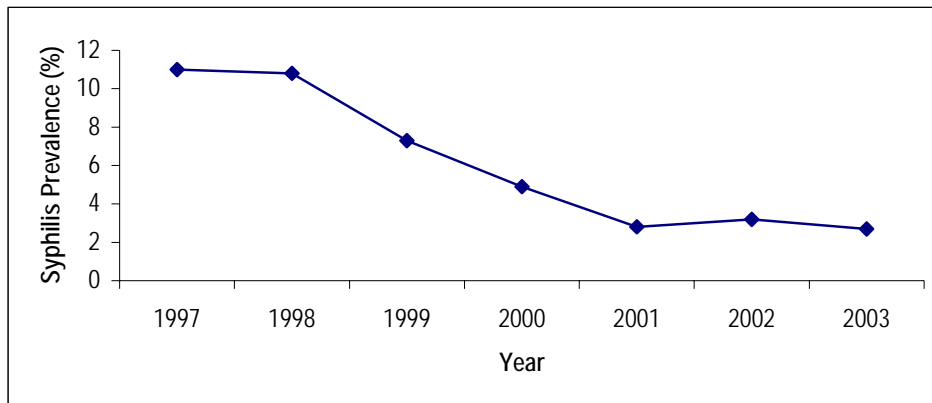


Source: National HIV and Syphilis antenatal sero-prevalence survey in South Africa, Department of Health, 2004

Syphilis prevalence in antenatal clinics

Sexually transmitted diseases are another important risk factor associated with HIV infection. South African clinics routinely test pregnant women as part of the package of care provided to pregnant women. Syphilis prevalence has been tested during the Ante Natal Clinic (ANC) survey since 1990. The findings show a steady decline in syphilis prevalence amongst women included in the ANC survey, as indicated in Figure 8.

Figure 8
Syphilis prevalence trends among antenatal clinic attendees for prevalence surveys: 1997- 2003



People living with HIV in the general population

Based on extrapolations from the antenatal survey to the total population, as indicated in Table 23, it is possible that at least four million South Africans were estimated to be HIV-positive by the end of 2003. This represents an increase of 300 000 compared to 2002 estimates (Department of Health, 2003 and 2004). HIV prevalence among women aged 15 – 49 is slightly higher than among men.

Such extrapolations are based on various assumptions, and should be viewed as possible indications, rather than precise estimates.

An assessment of mortality and causes of death based on death notification by Statistics South Africa (2005) was unable to ascertain the exact number of people living with full blown HIV and AIDS in the country. This is due to the fact that HIV and AIDS are not yet non-notifiable. Nonetheless, human immunodeficiency virus diseases and certain disorders involving the immune mechanism were among the ten leading underlying natural causes of death among individuals aged 15 – 49 years between 1997 and 2002.

Table 23
HIV prevalence and the estimated number of HIV/Infected women and men aged 15 – 49 years

	2002				2003			
	Best	Low	High	Population	Best	Low	High	Population
Female	2 950 711	2 682 571	3 218 677	12 429 760	3 100 864	2 831 658	3 369 822	12 641 970
Male	2 307 952	2 099 467	2 514 247	11 462 189	2 441 485	2 233 442	2 650 178	11 688 727
Total pop including babies	5 349 935	4 866 952	5 830 536	-	5 638 577	5 154 997	6 122 552	-
Female prevalence rate	23,7%	21,6%	25,9%	-	24,5%	22,4%	26,7%	-
Male prevalence rate	20,1%	18,3%	21,9%	-	20,9%	19,1%	22,7%	-

Sources: Adapted from Department of Health, 2004. National HIV and Syphilis antenatal seroprevalence survey in South Africa, 2003

Behaviours Associated with HIV infection

Numerous studies have been conducted and are routinely conducted to monitor behaviour associated with HIV prevalence in South Africa. The Nelson Mandela/HSRC Study of HIV and AIDS (2002), a national community-based survey of HIV prevalence, confirms that, among adults aged 15 – 49 years, women are more at risk than men of acquiring HIV infections for a range of biological social and circumstantial factors.

Condom use

Consistent use of condoms is an important means of preventing unwanted pregnancy, sexually transmitted infections and HIV infection. During their last sexual intercourse, almost a quarter (24,7%) of females and a third (30,3%) of males said that they had used a condom, according to the preliminary results of the 2002 SADHS. Younger respondents and those with multiple partners were more likely to use a condom in the past 12 months than others. Youth aged 15 – 24 had significantly higher rates of condom use (57,1% for males and 46,1% for females) than older people. These finding suggests possible changes in sexual behaviour amongst comparative groups of women between 1998 and 2002 in South Africa.

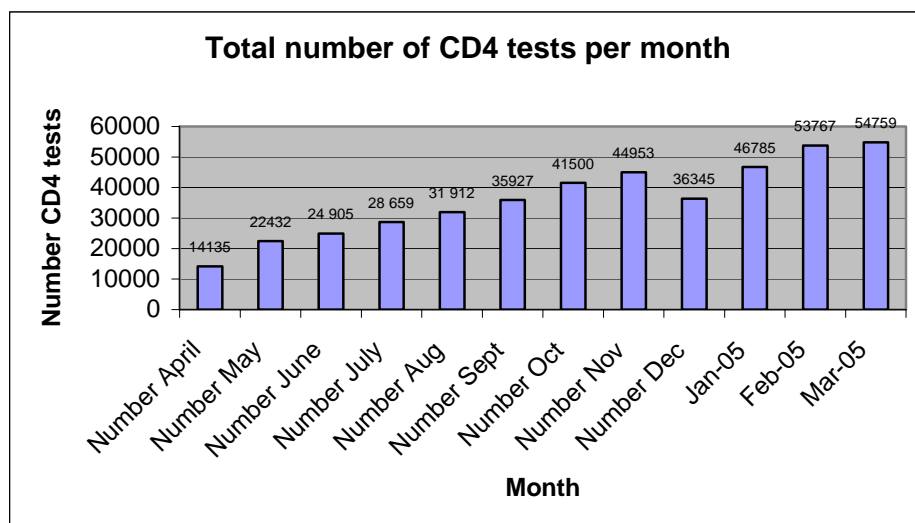
Comprehensive HIV and AIDS Management Care and Treatment (ARV) Plan

South Africa has possibly the largest Comprehensive programme for the management care and treatment of HIV and AIDS in the world. The programme is comprehensive as it sits on a number of pillars, which are fundamentals for an effective programme. These include strengthening the health system, and providing a full package of care for opportunistic infections, assisting with food

security food packages and multi-nutrient supplementation for those requiring these interventions and provision of antiretroviral drugs. Implementations started on the first quarter of 2004 and by March 2005 a total of 139 health facilities in all 53-health districts were providing antiretroviral therapy. The numbers of patients assessed and on antiretroviral therapy are increasing gradually from 10072 in July 2004 to 49 500 in April 2005.

Approximately four hundred and fifty (450 000) patients have had their CD4 T cell count taken, and have been assessed by a physician for possible inclusion in the ARV component of the programme. Those who do not yet qualify according to treatment guideline requirements are receiving a treatment for opportunistic infections and other components of the comprehensive package of treatment and care, as shown in Figure 9. Of the 450 000, 49 500 patients have gone on to receiving antiretroviral treatment by the end of April.

Figure 9



Source NHLS/ DOH 2005

Health systems strengthening for HIV Comprehensive care & Treatment

To emphasize the importance of strengthening the health system to cope fully with patient loads in a way that does not put the other services at risk of collapse, numerous in-puts are continuously being made. For a start treatment site was evaluated with an accreditation tool prior to commencing the programme. Strengthening plans were immediately drawn up and facilities strengthened accordingly.

At last count 510 additional professional nurses, 97 pharmacists, 45 dieticians, 67 social workers, 350 administrative support staff, 600 community health workers and 160 additional doctors have been employed. Three pharmacy-vigilance centres are being established at universities. Guidelines have been produced; hundreds of health workers have undergone training in their

competency areas. Approximately 40 million condoms are distributed each month. There is a campaign in favour of health lifestyles and good nutrition. In addition over 200 000 patients are on micronutrient supplementation in the form of vitamins and maize meal. Laboratory capacity has been strengthened significantly.

Tuberculosis

Status and trends

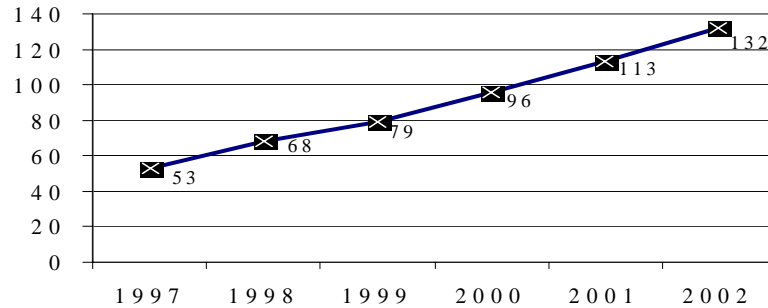
Statistics South Africa (2005) found that the most dominant contributor to the growth in mortality between 1997 and 2002 was deaths associated with tuberculosis generally, and specifically respiratory tuberculosis, as indicated in Table 24, and Figure 10. The number of reported cases of TB has consistently risen since the inception of the National TB Control Programme (NTCP) in 1996. A total of 224 420 cases of TB were registered during 2002, an increase of 16% from 2001. This represents an incidence of 494 cases per 100 000 people.

Table 24
Deaths associated with tuberculosis, 1997 – 2002

	1997	1998	1999	2000	2001	2002
Respiratory tuberculosis; not confirmed bacteriologically or histologically	20 364	26 341	31 513	38 696	46 368	54 364
Tuberculosis of nervous system	645	824	1 006	1 262	1 740	2 092
Tuberculosis of other organs	377	390	538	554	892	1 058
Miliary tuberculosis	635	932	1 116	1 590	1 872	2 437
Total deaths associated with Tuberculosis	22 021	28 487	34 173	42 102	50 872	59 951
All deaths	318 287	367 689	381 902	413 969	451 936	499 268
Tuberculosis death rate per 100 000	53,4	67,6	79,4	96,4	113,0	131,7

Source: Statistics South Africa, 2005 (mortality and causes of death), 1998, 1999, 2000, 2004 (mid year estimates)

Figure 10
Tuberculosis death rate per 100 000



Source: Statistics South Africa, 2005 (mortality and causes of death), 1998, 1999, 2000, 2004 (mid year estimates)

Table 25 indicates that the total number of notified TB cases increased from 151 000 in 2000 to 224 000 in 2002.

- For all three years, of those registered for treatment, approximately 54% were successfully treated, with sputum-negative results after treatment.
- A further group referred for treatment completed the course of medication but were not tested for sputum-negative status. This group consisted of 9,2% referred for treatment in 2000, increasing to 13,9% in 2002.
- Of those registered for treatment, 6,5% died in 2000, increasing to 8,5% in 2002.

Table 25
Indicators of tuberculosis prevalence and prevention, 2000-2002

New cases registered for treatment	2000	2001	2002
% Registered, smear positive cases successfully treated	53,8	53,7	53,9
% Completed treatment, smear test not conducted	9,2	11,7	13,9
% Died	6,5	7,2	8,5
% Failed treatment	1,3	1,6	1,3
% Defaulted	12,7	12,0	13,2
% Transferred	13,5	13,7	9,3
% Unknown outcome	3,0	0,1	0,0
% Total	100,0	100,0	100,0
Number registered for treatment	86 276	93 033	99 259
Other information			
Number of notified TB cases	151 239	188 695	224 420
Number of Pulmonary TB smear positive tests	75 967	83 808	98 800

Source: Department of Health Annual Report 2003/2004

Table 26 indicates treatment outcomes (NTCP). The NTCP achieved an average successful treatment rate of 72% (those who completed treatment, whether or not smear test was conducted afterwards) of new smear-positive cases (those responsible for most transmission) between 1995 and 1999, but this dropped to 65% during the 2000 – 2002 period. Cure rates for TB patients over the 1995 to 2002 period have remained below the NTCP target of 85%, averaging 56% and 54% during the periods 1995-99 and 2000-02 respectively.

Table 26
TB treatment outcomes for new smear positive cases per year (%): 1995 – 2002

Year	Successful treatment	Cured	Interrupted
1995	72	50	18
1996	73	54	18
1997	73	57	19
1998	73	60	19
1999	72	60	17
2000	63	54	13
2001	65	54	12
2002	68	54	13

Sources: Bamford et al (2004) based on NTCP, NDoH; Department of Health Annual Report 2003/2004

Note: To be classified as 'cured', patients must be smear-negative at the end of treatment. 'Successful treatment' rates include those cured plus those patients who completed their course of treatment, but whose sputum was not examined.

Malaria

Status and trends

Malaria transmission in South Africa is seasonal, with malaria cases starting to rise in October, peaking in January to February, and subsequently declining until May. The main malarial regions in the country are the Eastern parts of Limpopo and Mpumalanga provinces and the North East parts of KwaZulu-Natal. Occasionally small malaria outbreaks develop in the Northern Cape and North West provinces.

Annual reported malaria cases varied between 2 000 and 13 000 during the 1975 to 1995 period. However, in the late 1990s, reported infections increased significantly to a peak of 64 222 cases and 458 deaths in 2000. These increases have been attributed to climatic conditions, parasite drug resistance and insecticide resistance (Moonasar et al. 2004). However, as Table 27

shows, from 2001 to 2004 there has been a sustained decrease in the number of nationally reported malaria cases and deaths.

This is largely the result of a number of interventions, including the use of combination drug therapy in KwaZulu-Natal and Mpumalanga, the reintroduction of DDT as an effective insecticide for indoor residual house spraying (its use had been suspended in 1996), and collaborative malaria control efforts with Swaziland and Mozambique (Department of Health 2003). The national target for malaria case fatality is to maintain a rate of below 0.5%. Although case fatality has mostly remained above this target over the last decade (exceptional years being 1997 and 2001), the Department of Health has set this as a strategic priority for the 2004 – 2009 period.

Table 27
Annual malaria cases in South Africa, 1999-2004

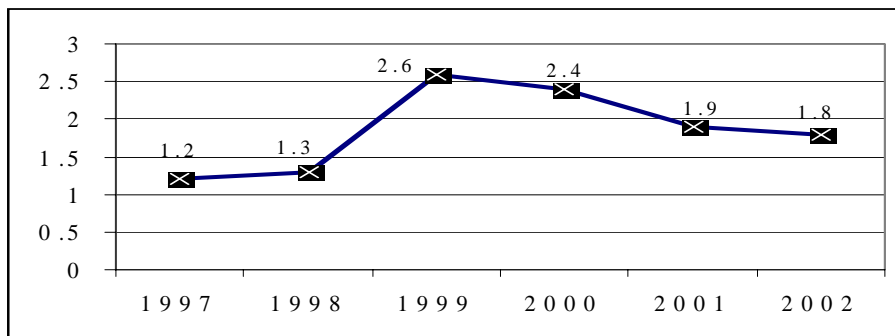
Year	Total cases
1991	4 693
1996	27 035
1997	23 121
1998	26 445
1999	51 444
2000	64 622
2001	26 506
2002	15 649
2003	13 459
2004	13 232

Source: National Department of Health-Malaria update

Malaria death rates

Figure 11 shows a peak in death rates per 100 000 deaths in 1999, but then reducing from 2000 to 2002.

Figure 11
Malaria death rates per 100 000 deaths, 1997 – 2002



Source: Statistics South Africa, 2005 (mortality and causes of death), 1998, 1999, 2000, 2004 (mid year estimates)

GOAL 7: Ensure Environmental Sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes, and reverse the loss of environmental resources

Table 28 summarises the main indicators related to Target 9.

Table 28
Summary indicators of environmental sustainability

INDICATORS	1994/5	2003	2015 MDG target	Progress towards target
Proportion of land area covered by forest (%)	11,0			
Ratio (Percentage) of area protected to maintain biological diversity to surface area (%)	5,4 (1995)	n.a.	10,0	Potentially attainable
Energy use (kg oil equivalent) per US\$ 1 000 GDP	296 (1995)	283 (2001)		
Carbon dioxide emissions (per capita)	n.a.	n.a.		Insufficient data. South Africa has developed a Climate Change Response Strategy and National Air Quality Act aimed at dealing with air pollution.

Sources: Department of Water Affairs and Forestry, Department of Environmental Affairs and Tourism, Stats SA; Environmental Accounts

Status and trends

Historical perspective

The apartheid era took a particularly heavy toll on South Africa's communities, biodiversity and ecosystems. In addition to widespread impoverishment and social dislocation, such policies caused significant ecological damage. The majority of the population was squeezed into 13% of the land in overcrowded homelands. These areas suffered massive deforestation, soil erosion and loss of biodiversity. Subsidies on water, energy and agricultural inputs (available to white industrial, agricultural and domestic users) led to wasteful practices and long-term damage were caused to the soil, rivers and wetlands of the country.

The establishment and expansion of national and provincial parks in many parts of the country was accompanied by severe hardships for the people and conservation policies typically mirrored the apartheid policies of the day and aimed at restricting access to protected areas. As a result, the perception grew that conservation was elitist and of no benefit to ordinary people.

Forced removals, overcrowding of the vast majority of the population into the 'homelands', discriminatory urban policies that distorted resource flows, inequitable access to environmental services, unjust land use practices, the

migratory labour system, and a protectionist approach to nature conservation produced not only widespread impoverishment and social dislocation but also contributed to significant environmental degradation (UNDP 2003:124-5).

The peaceful transition in South Africa presented a unique opportunity for redress and recovery. Starting with the constitution, new policies and legislation have been developed across all sectors, with full public consultation and participation. The fundamental objectives of the policies and legislation are to secure sustainability and equitable access to resources.

Much has been transformed in South Africa's first decade of democracy. Among the most remarkable turnarounds has been the attitude of South Africans towards their environment.

Since 1994, environmental issues have moved into the socio-political arena. They bring together human rights, access to natural resources, social justice and equity and sustainability. In the last ten years, Government has focused on prioritising people's needs while safeguarding the country's natural assets. The range of legislative, policy and institutional developments that have occurred over this period have served to bring about a new environmental management approach (SA Yearbook. 2004/05, p. 226).

Protected areas

South Africa has a century-long history of conservation, with a well-developed protected area network managed by a range of institutions at national, provincial and local level. However, the establishment of protected areas has been ad hoc in the past. Protected areas were often proclaimed on land marginal for agriculture or other use, and the current system of protected areas does not adequately include a representative sample of all ecosystems. Rivers in particular are poorly conserved, and where they are included in a protected area, this is often on the boundary. Coastal and marine bio-zones, particularly on the west coast, had previously been poorly protected. Currently, about 6% of the land surface of South Africa is formally conserved through the system of national and provincial protected areas and 17% of the shoreline is formerly conserved through proclamation as Marine Protected Areas. The target is to expand the terrestrial to 8% and marine to 20% by 2010.

However, a major gap that has existed was the general lack of attention given to bio-diversity conservation outside of protected areas, with specific references to landscapes and ecosystems. Given the widespread challenges to biodiversity across the landscape, there is a clear need to move away from ad hoc protected area establishment towards a more systematic approach. This has led to a shift to bioregional approach to conservation planning, which in its early implementation phase is being driven as much by pragmatism as by conservation concerns

The basis of the bioregional approach to protected areas in South Africa is to build on the existing protected area network, and wherever possible link these areas along mountains, rivers, wetlands, the coastline and other areas of natural vegetation.

Conservation efforts are currently focused on consolidating and expanding protected areas in the country's eight hotspots, known as Wolkberg, Wakkerstroom, Drakensberg Alpine, Maputaland, Pondoland, Albany, Cape Floristic and Gariep centres of endemism. These are centres of plant diversity with high levels of species diversity as well as high levels of endemism, which are under threat from large-scale habitat modification. Many of these initiatives aim to link national parks, marine protected areas, Ramsar sites and World Heritage sites with provincial nature reserves, state forests and private land. In addition, national parks located on the borders with neighbouring countries are now nested within actual or planned Transfronteir Conservation Areas.

With the realization that conservation through protected areas alone is inadequate, a set of planning programmes has been initiated in South Africa. These aim to set up achievable targets and provide planning tools to decision makers to ensure that biodiversity considerations are factored into development plans. Three such initiatives have received wide acclaim for the combination of cutting-edge science, participatory research and decision-making and integration across sectors. The Cape Action for People and the Environment (C.A.P.E), the Succulent Karoo Ecosystem Programme (SKEP) and the Subtropical Thicket Ecosystem Planning (STEP), are overarching long-term strategies for biodiversity conservation.

A number of large, cross-sectoral programmes have been initiated in South Africa during the past decade, focusing on development and poverty alleviation. Examples include the Working for Water, Working for Wetlands, LandCare, Coast Care and Integrated Sustainable Rural Development programmes. Bioregional planning and integrated programmes have been effectively implemented in a number of internationally recognised hotspots in South Africa.

According to the national register of formally protected areas, 5.4% of the land surface of South Africa was under formal protection in 1995, comprising a total of 422 different sites or areas. These included wilderness areas, national parks and provincial reserves, covering a total of 6.6 million hectares. The numbers of protected areas have since dropped to 403, reflecting the programme of consolidation and expansion, rather than de-proclamation. Although almost 6% of the country is under formal conservation protection, the goal was set in 2003 to progressively increase this to 8% by 2010, and later to 10%, to ensure that all significant vegetation types are included. This means that, ultimately, just over four million more hectares will eventually be protected.

Forestry

Stats SA are currently developing natural resources accounts for the forestry industry as part of the system of environmental accounts.

Energy Use

South Africa is a country endowed with abundant energy resources. Fossil fuels, such as coal, uranium, liquid fuels, and gas, play a central role in the socio-economic development of our country, while simultaneously providing the necessary infra-structural economic base for the country to become an attractive host for foreign investments in the energy sector. Biomass forms the main energy source in the rural domestic sector, while other renewable energy development opportunities are already being explored in the fields of solar power, wind power, pumped storage and in hydropower schemes.

Successful tapping of all possible energy carriers in our country is vital for sustainable economic growth and development. We are fortunate in South Africa to be in a position to utilise such a broad spectrum of energy carriers. Various economic sectors that contribute to the GDP of our country are practically driven by these energy carriers. For instance, the manufacturing sector, which accounts for about 25% of GDP, and the mining industry, which accounts for about 10%, are both heavily reliant upon electricity. In fact, industry as a whole consumes approximately 40% of the total electricity generated. This means that electricity is one energy carrier that makes a significant contribution to our economic growth and development.

The South African government last published a white paper on energy policy in 1986. With the end of apartheid South Africa experienced fundamental shifts resulting in significant changes in the energy policy context

Eleven years ago it was not easy to provide a coherent and comprehensive overview of the energy sector. Perhaps even more difficult to understand are its linkages to, and impact on, the rest of the economy and development. The 1998 white paper gives an overview of the South African energy sector's contribution to GDP, employment, taxes and the balance of payments. It concludes that the sector can greatly contribute to a successful and sustainable national growth and development strategy.

In a report released in May 1996 commenting on South Africa energy policies, the Organisation for Economic Co-operation and Development's (OECD's) International Energy Agency stated that 'the lack of good data is a major weakness in the energy policy making process in South Africa. It also hinders transparency in the energy sector.'

Not only is good data required for the energy policy process but also it is fundamental to the implementation of integrated energy planning.

Carbon dioxide emissions

South Africa ratified the United Nations Framework Convention on Climate Change (UNFCCC) in 1997 and became a signatory of the Kyoto Protocol in 2002. According to South Africa's Initial National Communication (RSA 2003), carbon dioxide is the most significant greenhouse gas for South Africa, accounting for more than 80% of total emissions in both 1990 and 1994.

The energy sector is the largest contributor of total carbon dioxide emissions, constituting 90% in 1990 and 91% in 1994. This is largely attributable to the high-energy intensity of the South African economy, which depends on large-scale primary extraction and processing, particularly in the mining and minerals beneficiation industries. Unfortunately, recent official estimates of CO² emission per capita for South Africa are not available at the time of writing this report.

Water and Sanitation

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water (in 1994)

The definitions of urban and rural areas

The concepts 'urban' and 'rural' are both ambiguous in this country. Due to forced removals in the apartheid era, remote, under-serviced areas tended to have relatively high population densities. Urban areas not affected by these removals tended in general to have more access to services, infrastructure and facilities than areas affected by removals.

Prior to the first democratic local government elections in South Africa, there was an attempt to include both under-serviced areas and well-serviced areas into the same local government by the Demarcation Board to improve access to services for all, and consequently the Board took a decision to avoid having an official definition of what constitutes urban and rural areas.

In view of the practical need for such definitions for reports such as this one, in this section of the report, the term 'urban' refers to those areas that were legally proclaimed as urban prior to 1994, since these areas had better access to services and infrastructure than those areas that were not so proclaimed. All areas that were not proclaimed urban in the apartheid era are defined here as rural areas. Table 29 gives a summary of indicators related to water and sanitation.

Table 29
Summary of indicators of access to safe drinking water and sanitation

INDICATORS	1994	2004	2009 Target	2015 Target	Progress towards target
Proportion of total population with access to an improved water source (%)	60,1	78,7		80,1	Good
Proportion of rural population with access to an improved water source (%)	44,4	63,6		72,2	Good
Proportion of urban population with access to an improved water source (%)	70,3	87,7		85,2	Achieved
Proportion of total population with access to basic sanitation (%)	48,7	63,7		74,4	Good
Proportion of rural population with access to basic sanitation (%)	32,5	44,5		66,3	Slow
Proportion of urban population with access to basic sanitation (%)	58,8	76,9		79,4	Good

Source: Department of Water Affairs and Forestry

Note: In South Africa, basic service levels for water are defined as a minimum quantity of 25 litres of potable water per person per day within 200 metres of a household not interrupted for more than 7 days in any year and a minimum flow of 10 litres per minute for communal water points. This is a substantially higher standard than the basic services defined by the Millennium Development Goals as 20 litres of potable water per person per day within 1 000 metres of a household.

Status and Trends

Average annual rainfall

South Africa is a semi-arid country, with an average rainfall of about 450 mm per year, which is well below the world average of about 860 mm per year. The total surface water (natural mean annual runoff) available averages 49 200 million m³ per year (DWAf 2002), which equates to just more than 1 000 kilolitres of fresh water per person per year at 2004 population levels (44,8 million people). This places the country on the threshold of the internationally used definition of water scarcity (a water-scarce country is generally defined as having less than 1 000 kilolitres of fresh water per person per year).

Groundwater

The total groundwater potential of South Africa is estimated at 19 000 million m³ per year of which 6 000 million m³ per year can be abstracted without impacting on surface water. Presently about 1 100 million m³ of groundwater is extracted annually, mainly in rural areas.

Access of the population to an improved water source

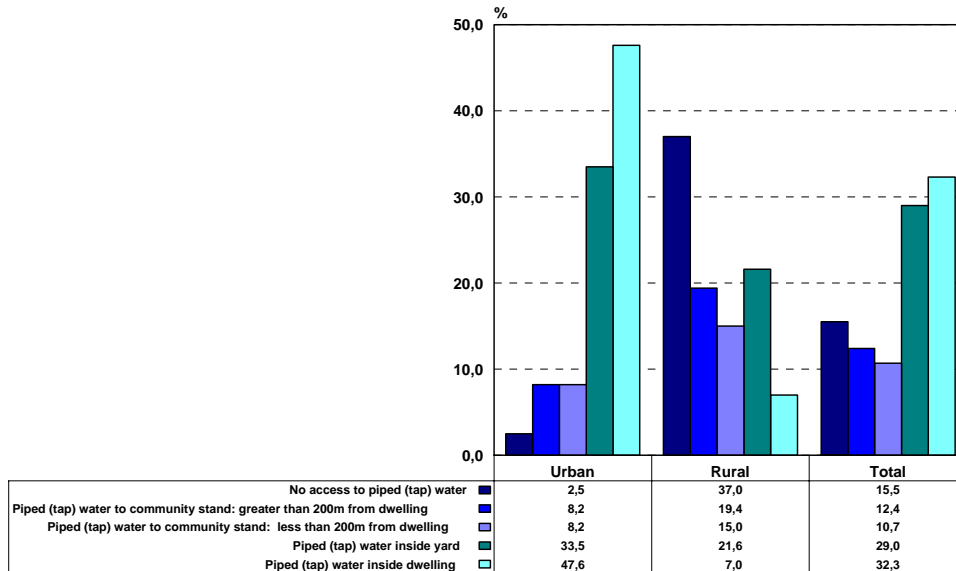
The backlog of the provision of basic services to the population of South Africa started to receive priority in 1994, after the advent of democracy in the country. From the supply side, The Department of Water Affairs and Forestry (DWAF) says that by 2005:

- A total of 21.1 million people had been provided access to an improved water source since 1994. Of these people:
 - Approximately 15.5 million people had been provided with access to basic level water supply since the inception of the programme in 1994.
 - An additional 5.6 million people had been provided with access to infrastructure, but below basic-service levels.
- The percentage of people without access to basic services has been halved since 1994 (from 39.9% to 21,3%) and the percentage of people without any access to an improved water source has been reduced even further (from 39.9% to 7.7%).

From the demand side, but focusing on households rather than individuals, Figure 12 shows that during Census 2001:

- 16% of households did not have access to piped water for domestic use from a purified source.
- An additional 12% had access to piped water at a source further than 200 metres from the dwelling in which the household lived.
- There were clear rural/urban differences in this regard. For example, in rural areas, 37% of households did not have access to piped water from a purified source, while in urban areas only 3% did not have access.

Figure 12
Access to piped water
among households
October 2001



Source: Census 2001

Sanitation

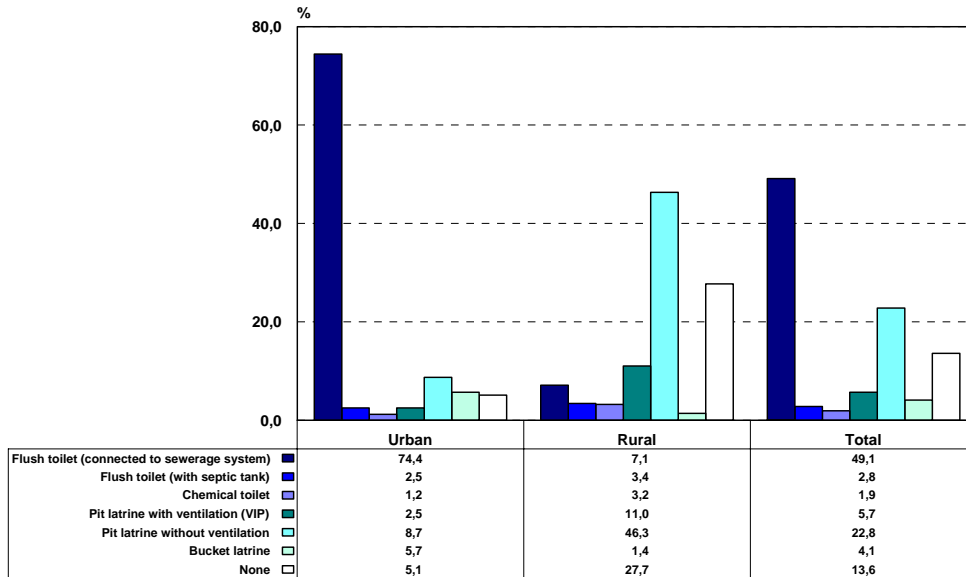
Access to improved sanitation has lagged significantly behind access to an improved water source. Nonetheless, the pace of delivery of access to improved sanitation has increased substantially during the last two years. From the supply side, The Department of Water Affairs and Forestry (DWAF) says that:

- By January 2005, 16.6 million people out of an estimated 47.8 million people had no access to improved sanitation.
- Only 65.3% of the population had access to improved sanitation as compared to 92.3% of the population that had access to an improved water source.
- Implementation in the rural areas is lagging behind urban areas.

From the demand side, but focusing on households rather than individuals, Figure 13 shows that during Census 2001:

- 14% of households did not have access to a toilet facility.
- An additional 23% of households were using a pit latrine without ventilation.
- There were clear rural/urban differences in this regard. For example, in rural areas, 28% of households did not have access to any type of toilet facility, while in urban areas 5% did not have access.

Figure 13
Access to sanitation
among households
October 2001



Source: Census 2001

Impacting Positively on the Lives of Slum Dwellers

Target 11: Have achieved, by 2020, a significant improvement in the lives of slum dwellers

Status and Trends

Defining Urban Slums in South Africa

As previously noted, the concepts 'urban' and 'rural' are both ambiguous in South Africa, and so is the concept of a 'slum'.

In South Africa the term slum has not been used for decades, and tends to be associated with the pre-World War Two period. Poor neighbourhoods are more likely to be referred to as 'townships' or 'informal settlements' rather than slums, and they are not necessarily found in the inner city. Indeed, as a consequence of group areas legislation in the apartheid era, they are more likely to be found on the outskirts of a city, with the possible exception of Johannesburg, where some people live in inner city apartments, some of them run down, slums with insecure tenure.

So in this country it cannot be assumed that slums are easily equated with poor inner city neighbourhoods. The types of housing in South Africa that conform to the United Nations' definition of a slum in relation to secure tenure, range from

sub-let inner city tenements, which are difficult to isolate from non-sublet dwelling units, to informal dwellings in shack settlements, backyard shacks, hostels and domestic workers' rooms. Because they would be difficult to isolate inner city dwellings with insecure tenure, we have not included the inner city in our discussion of slums.

The lack of legal tenure not only affects the quality of the accommodation and the level of service, but it is associated with other important forms of institutional exclusion. What hostel dwellers, domestic workers, backyard residents and informal settlement households have in common is that they are marginalized from the institutions of capital – in other words they cannot use their property to raise a loan, or to pass on to their children as inheritance.

Accommodation in informal dwellings in shack settlements, backyard shacks, hostels and domestic workers' rooms all fulfil one of the UN's criteria of a slum because they do not offer their inhabitants secure tenure.³ They also, variously, fulfil other criteria of a slum.

Informal shack settlements and backyard shacks are usefully discussed together because both these forms of accommodation essentially comprise owner-built or petty landlord-built shacks. They differ with respect to their access to services and legal status.

- The term 'informal settlements' is applied to shack settlements that are built on unoccupied sites. These settlements can sometimes be likened to the 'land invasions' of Latin America.
- The term 'backyard shack' refers to shacks that are erected in the backyards of stands within formal residential areas.
- The main tenure difference between these two forms of accommodation is that the residents of backyard shacks have an informal rental arrangement with the owner of the formal house on the stand. Both shack-dwellers in informal settlements and backyard tenants have no secure tenure.

Hostels and domestic servants' rooms are best discussed together because they are both designed to house workers under non-family conditions.

- Hostels are a communal form of accommodation that takes the form of dormitories with shared ablution and kitchen facilities.
- They can be owned and managed by private sector companies, para-statal or local municipalities but they almost always serve the function of providing accommodation for the employees of these institutions. Accommodation in hostels is therefore restricted to the employees of specified institutions. Should a hostel resident terminate his or her employment with their employer, they immediately forfeit their right of tenure.

³ Secure tenure being defined as 'evidence of documentation that can be used as proof of secure tenure status' and 'no *de facto* or *perceived* protection from forced evictions'.

- Domestic workers' rooms are rooms that are built in the backyards of private households to provide accommodation for domestic workers such as cleaners, cooks and gardeners. As with hostels, the resident's right to such accommodation is conditional upon their employment.

Table 30 gives a summary of indicators related to those living in slum dwellings.

Table 30
Summary of indicators regarding slum dwellings

INDICATORS	1996	2001	2015 Target	Progress towards target
Percentage of urban households with an adequate water supply	98,5	97,5		
Percentage of urban population with an adequate water supply	98,7	97,7		
Percentage of urban households with adequate sanitation disposal systems	78,5	79,4		
Percentage of urban population with adequate sanitation disposal systems	78,8	80,4		
Percentage of slum households	32,0	28,0	0,0	
Percentage of population living in slums	27,0	25,0	0,0	
Number of slum households (millions)	1,75	2,11	0,0	
Number of people living in slums (millions)	6,03	6,42	0,0	

Note 1: Indicators related to the issue of slum conditions tend to differ, depending on whether population or household data are used for analysis. The table gives both sets of data. From 1996 to 2001, the annual average growth rate of urban households was 6.2%, compared to a 2.9% growth rate for the urban population. This disparity would suggest that, in addition to the migration of single young adults into urban areas, existing households might be breaking up into smaller units.

Note 2: Sanitation in 2001 includes ventilated pit latrines, but this distinction cannot be made for 1996

Urban access to clean water and sanitation

Table 31 indicates changes over the time period between Census 1996 and Census 2001, among urban households and people living in urban areas, regarding percentages having access to adequate water supply and sanitation.

Status of 'slum-dwellers'

Table 31 also indicates changes over time in the proportion of people and households living in slums, as defined above. A distinction between people and households is kept throughout the table. The percentage of urban slum *households* declined from 32% in 1996 to 28% in 2001. Similarly, the percentage of the urban *population* living in slums declined from 27% to 25%. The percentages of slum *households* are larger than the percentages of the slum *population* because slum households are generally smaller than other households.

In absolute terms, however, the numbers of slum *households* actually increased by 361 000 and the size of the slum *population* increased by 395 000.

Table 31
Slum-housing: Census 1996 and Census 2001

Slum-housing 1996 and 2001: Frequency and percentage distributions					
	1996	2001	Change from 1996-2001	1996 %	2001 %
Households					
Slum Housing	1 752 803	2 114 556	361 753	32	28
Adequate Housing	3 728 820	5 391 339	1 662 519	67	72
Other or Unspecified	67 477	-	-67 477	1	-
Total	5 549 100	7 505 895	1 956 795	100	100
Population					
Slum Housing	6 030 334	6 424 856	394 522	27	25
Adequate Housing	16 055 674	19 366 912	3 311 238	72	75
Other or Unspecified	236 039	-	-236 039	1	-
Total	22 322 047	25 791 768	3 469 721	100	100

From the supply side of providing dwellings with secure tenure for the poor, the Department of Housing indicates that approximately 1,8 million new houses were built with the assistance of a state subsidy, often on state-provided land, to house those without adequate housing between 1994 and 2005, as shown in Table 32. An additional 413 006 units were transferred from the state to low-income occupants on a discounted basis. Overall, over 2 million households have received substantial state subsidies to enhance the quality and security of their housing over the 1994 – 2005 period.

Table 32
Subsidised houses completed or under construction per province per financial year

	1994 / 95 to 1998 / 99	99 / 00	00/01	01 / 02	02 / 03	03 / 04	04 / 05	Total
Completed dwellings or those under construction	712 813	161 572	190 643	143 281	203 588	193 615	178 612	1 793 124

Goal 8: Develop a global partnership for development

Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes commitment to good governance, development and poverty reduction – both nationally and internationally)

Goal 8 effectively underpins the efforts of developing countries to achieve all of the other MDGs. Implicit in this goal is an acknowledgement that significant international effort and commitment is required of both developed and developing countries if the world is to be successful in achieving the MDGs. A critical aspect of the MDGs is the recognition that governments and international development organizations share collective responsibility for their achievement. Of specific importance to Africa is Chapter VII of the Millennium Declaration, “Meeting the Special Needs of Africa” in which the United Nations effectively responded to the call of President Mbeki and other African leaders, to make the 21st century an African century. Achievement of the MDGs by Africa requires taking decisive action to substantially accelerate progress being made on the continent. Development co-operation across the wide range of priority areas addressed by the MDGs and their various targets requires an integrated, coordinated, comprehensive and balanced approach, one that is worthy of a truly global partnership for development.

This section of the report takes into account the fact that goal 8 differs from the other MDGs in several important aspects:

- It refers to the internationally agreed obligations and the potential support of external partners and donor countries, in other words, while the targets associated with goals 1 to 7 are indicative of actions required within a country, goal 8 considers progress achieved in the context of the international community;
- Many of the indicators refer specifically to the conditions in Less Developed Countries, Small Island Developing States and Highly Indebted Poor Countries, to which South Africa does not belong, but whose interests South Africa does strongly support;
- The goal and its targets are a composite of several crosscutting and enabling factors, each of which refers to a complex area of analysis which cannot always be neatly packaged in terms of the stated targets.

South Africa actively supports a number of advocacy and awareness-raising efforts aimed at promoting the achievement of the MDGs by developing countries, with particular emphasis on the continent of Africa. In the latter regard, South Africa has played a leading role in championing the New Partnership for Africa's Development (NEPAD), which is Africa's primary socio-economic development programme through which the MDGs are addressed. Through NEPAD, African leaders have committed themselves to consolidating

democracy and good governance and to implementing sustainable socio-economic development programmes on the African continent. Assistance and support from the donor community is important for long-term success. NEPAD adopted the MDGs as the centrepiece of the African development agenda. The UN system as a whole is mandated to co-ordinate programmes of action on the continent within the framework established by the NEPAD. At the individual country level, the MDGs also inform the framework for national policy formulation and planning. Africa's main priority remains the identification of the constraints, prospects and challenges facing the continent in meeting the MDGs, in order to accurately assess the actual human, technological and financial resources needed to reach the MDGs.

Through successive Summits, the G8 countries have committed themselves to forging a new partnership with Africa to address issues crucial to Africa's development and to promoting NEPAD in multilateral fora. South Africa has played a prominent role in helping to forge this partnership. A committee of high-level personal representatives from G8 countries has worked with the NEPAD states to develop and implement a detailed Plan of Action and address priorities for development on the continent. South Africa is actively committed to the promotion of good governance and policy development on the continent and provided technical support for the creation of the African Peer Review Mechanism (APRM) which came into effect in February 2004.

In addition, South Africa is committed to the promotion and strengthening of South-South co-operation for the purposes of promoting equitable global development. South Africa is a member of the India Brazil South Africa Dialogue Forum (IBSA), which serves as a mechanism for political consultation and co-ordination as well as for strengthening co-operation in sectoral areas and to improve economic relations between Member States and the countries of the South. IBSA serves as an example of developing countries seeking to strengthen their co-operation across a broad range of issues that are directly relevant to goal 8, in order to promote the international development agenda. Examples in this regard include promoting and strengthening co-operation on the implementation of effective policies to fight hunger and poverty, promote food security, health, social assistance, employment, education, human rights and environmental protection. In multilateral fora, IBSA also seeks to strengthen co-operation in advocating for the removal of distortions in the current world order that are skewed against developing countries, by improving the rules of the multilateral trade system and making the international financial architecture more responsive to development. In September 2003, the Governments of India, Brazil and South Africa decided to establish an IBSA trust fund, aimed at contributing, in a concrete manner, to poverty and hunger alleviation, in a framework of improved international co-operation, including towards the implementation of the millennium development goals. The trust fund is being used to implement identified replicable and scaleable projects to be disseminated in interested developing countries as examples of best

practices in the fight against poverty and hunger, including actions in the areas of improved access to health, education, sanitation and food security. The IBSA Facility for Poverty and Hunger Alleviation is a dedicated trust fund within UNDP.

Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes commitment to good governance, development and poverty reduction – both nationally and internationally)

The prospects of developing countries for achieving the MDGs would be significantly enhanced with greater access to markets in industrial countries. South Africa is firmly committed to the pursuit of a fair, rules-based, non-discriminatory multilateral trading system. This remains one of the most crucial but also most difficult of the targets to achieve in the furtherance of the international development agenda. Ensuring a successful, pro-development, and timely outcome to the Doha Round is therefore a primary responsibility of all Member States of the World Trade Organization (WTO).

One of the most significant developments in the lead-up to the 5th Ministerial Conference of the WTO in Cancun, Mexico (September 2003), was the emergence of the group of developing countries called the G-20. Led by Brazil, but also including India, China and South Africa, the group lobbied exclusively on agricultural issues, with a strong development focus that included special and differential treatment for developing countries. The G-20 also focused more on the elimination of export subsidies and trade-distorting domestic support than on market access (tariff reductions). South Africa's active participation in the G-20 has been guided by, *inter alia*, the following multilateral objectives:

- Contributing to building and shaping a strong multilateral trading system;
- Seeking to make a contribution to address the challenges of development for all - in this regard the G-20 has underlined the need to effectively address development issues such as food security and rural development, erosion of preferences and the special needs of LDCs;
- Contributing to international efforts to build consensus and advance the development dimension of the Doha Development Agenda by working closely with other developing countries in the G90 – the ACP, African Group and LDCs;
- Working to find solutions that recognise the need not to distort global markets and destroy the legitimate rights of poor people in developing countries;
- Actively promoting much-needed reform of global agricultural markets.

The G-20 again played a significant role in the adoption of a framework for WTO negotiations in July 2004, which effectively put the Doha Round back on track.

South Africa has also been at the forefront of international efforts to promote much-needed reform of the international financial architecture. The International Monetary Fund (IMF) and the World Bank have placed an increasing emphasis on the importance of democratic governance and participatory development (the involvement of all stakeholders in the development process), if developing countries want to meet the Millennium Development Goals (MDGs). However, it is generally acknowledged that these institutions themselves are in need of reform in the areas of representation, ownership, transparency and accountability (collectively known as the “voice and participation” debates). These reforms are necessary if the Bretton Woods Institutions (BWIs) want to reduce world poverty by helping poor countries to smoothly integrate into the global economy and to become more active participants in global economic decision making. The recognition has also grown that if developing countries are to contribute to international financial stability, they should be more involved in the activities of these institutions.

Given this recognition and the rising concern about the increasing disparity in voting power between developed country and developing country shareholders in the BWIs, South Africa succeeded in helping to place the issue of reform on the agendas of the Fund and Bank. This is in line with the 2002 Monterrey Consensus that stated that the IMF and World Bank should ‘continue to enhance the participation of all developing countries and countries with economies in transition in their decision-making.’ The joint IMF/World Bank Development Committee (DC) subsequently requested the Boards of the Bank and Fund to review options that could contribute to an increase in voice and participation of developing countries in their operations. Given the political nature of the required reforms, however, progress on this issue has remained slow. South Africa has continued to participate actively in meetings of the G20, which brings together twenty major players in the global financial system, both emerging and developed economies, to discuss international financial and development issues and promote the need for reform of the international financial system.

Target 13: Address the special needs of the least developed countries and

Target 14: Address the special needs of landlocked countries and small-island developing states

South Africa actively seeks to deepen and extend the economic linkages among African countries, within the context of ongoing efforts to shape the international development agenda. Regional integration remains a key policy focus area. This includes South Africa's participation in the Southern African Development Community (SADC) and the Southern African Customs Union (SACU). Recent efforts in this regard have concentrated on efforts to operationalise a revised SACU agreement, covering management and

institutional issues, which was signed in 2002, after 8 years of negotiations. The SADC has adopted a development framework, the “Regional Indicative Strategic Development Plan” (RISDP) which outlines the strategic priorities of SADC and provides a framework for the integration of the SADC economies, with the ultimate objective of fostering sustainable development.

South Africa is fully committed to the objectives of the “Programme of Action for the Least Developed Countries (2001-2010)” of the UNEP-UNCTAD Capacity Building Task Force on Trade, Environment and Development (CBTF) which was presented at the Third United Nations Conference on Least Developed Countries (UN LDC III) in Brussels in May 2001. Equally, South Africa is mindful of the vulnerability of Small Island Developing States and recognizes the need for an integrated approach to addressing regional sustainable development in this context. South Africa supports the objectives of the Mauritius Strategy for the Implementation of the Programme of Action for the Sustainable Development of Small Island Developing States, arising from the International Review Meeting in Port-Louis, Mauritius, in January 2005. South Africa also recognises the particular needs and problems of the landlocked developing countries and supports the implementation of the Almaty Programme of Action, Addressing the Special Needs of Landlocked Developing Countries within a New Global Framework for Transit Transport Co-operation for Landlocked and Transit Developing Countries.

In the above regard, several of the indicators for these two targets of goal 8 are also applicable to South Africa and are discussed together below.

An important contribution made by South Africa to peace, stability and the African Renaissance was the establishment in 2000 of the African Renaissance and International Co-operation Fund for the purpose of enhancement of international co-operation with and on the African Continent. The Fund is multilaterally orientated, and provides for the pro-active involvement in action-oriented programmes and projects involving organisations and parties other than the governments of countries (although not excluding the governments of countries). South Africa currently budgets R50 million per year, which is allocated to the Fund.

The broad objectives of the African Renaissance are very relevant to addressing the special needs of least developed countries, landlocked countries and small island developing states in the context of Goal 8 and, indeed, for the achievement of the other MDGs that the global partnership for development seeks to support:

- The establishment of democratic political systems in Africa that will ensure the accomplishment of the goal that the people should govern;
- Ensuring that these systems take into account African specifics so that while being truly democratic and protecting human rights they are nevertheless

designed in ways which really ensure that political and peaceful means can be used to address the conflicting interests of different social groups in each country;

- Establishing institutions and procedures which will enable the continent to deal collectively with questions of democracy, peace and stability;
- Achieving sustainable economic development that results in the continuous improvement of the standard of living and the quality of life of the masses of the people;
- Qualitatively changing Africa's place in the world economy so that it is free of the yoke of the international debt burden and no longer a supplier of raw materials and an importer of manufactured goods; and
- Ensuring the emancipation of women of Africa / even, successfully confront the scourge of infectious diseases such as HIV/AIDS, Tuberculosis and Malaria and lastly – ensure the protection of our environment.

The establishment of the African Renaissance and International Co-operation Fund has enabled the South African Government to identify and fund, in a proactive way:

- Co-operation between South Africa and other countries, particularly African countries;
- The promotion of democracy, good governance;
- The prevention and resolution of conflict;
- Socio-economic development and integration;
- Humanitarian assistance; and
- Human resource development.

Target 15: Deal comprehensively with debt problems of developing countries through national and international measures in order to make debt sustainable in the long run

South Africa has maintained a high profile in international calls for debt relief for developing countries, most notably those on the continent of Africa. South African President Mbeki and other leaders have played a meaningful role in engaging the G-8 leaders on the issue of debt, making specific proposals in respect of increased aid to Africa in this regard. Equally, South Africa has actively participated in the work of the Commission for Africa, established by UK Prime Minister Tony Blair, which calls on wealthier nations to double aid to poor African countries to \$50 billion by 2015, reduce agricultural subsidies, and cancel the debt owed by impoverished countries. In this regard, The South African Government has tirelessly engaged the international community and policy makers, researchers and representatives of civil society in Africa to assess the role of the international community in the development of the continent.

Within multilateral for a, South Africa has actively supported the World Bank special scheme for countries with heavy debt burdens, known as the Heavily Indebted Poor Country (HIPC) Initiative, which is premised on the understanding that debt should be reduced to a "sustainable level". The Government of South Africa has demonstrated its support for providing debt relief to poor countries by:

- Contributing its balance in the Second Special Contingent Account (SCA-2), which amounts to R 7.5 million, to the HIPC Initiative as a grant;
- Pledging R 200 million in 2000, payable in equal instalments over five years, to the Poverty Reduction Growth Facility-HIPC Trust; and
- Writing off loans granted to Malawi and Mozambique in the amounts of R 8.8 million and R 48.5 million respectively.

Every effort should be made to prevent countries from returning to a debt trap situation once they have achieved sustainable debt levels. Inasmuch as recent successes in promoting international support for debt relief initiatives has been encouraging, much more needs to be done in the area of securing debt relief for poor countries. This is especially so if they are to be in any position to halve poverty by 2015 and meet the other MDGs. South Africa therefore continues to call for the doubling of aid for this purpose.

Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Definitional issues concerning the labour market

In common with certain of the International Labour Organisation guidelines on labour market measurement, Stats SA defines:

- The *working age population* as all those persons aged 15 – 65 years.
- The *economically active population* as those in this age category who are either employed or unemployed.
- The *employed* as those who performed work for pay, profit or family gain in the seven days prior to the survey interview for at least one hour, or who were absent from work during these seven days, but did have some form of work to which to return. This definition includes those who:
 - Ran any kind of business, large or small, for themselves;
 - Did work for a wage, salary, commission or payment in kind;
 - Did work as a domestic worker for a wage, salary or payment in kind;
 - Helped, paid or unpaid in a family business of any kind;
 - Did work on their family's plot, farm, food garden, cattle post or kraal, or helped in growing farm produce, or in looking after animals for the household;
 - Did construction or major repair work on the home, plot, farm, cattle post or kraal, or own business or family business; and

- Caught fish, prawns, or other seafood, hunted wild animals, or produced any other food for sale or for the family.
- The *unemployed* as those people within the economically active population who:
 - Did not work in the seven days prior to the interview;
 - Want to work, and are available to start work within two weeks of the interview; and
 - Have taken active steps to look for work or to start some form of self-employment in the four weeks prior to the interview.
- The people who are *not economically active* as those who are not available for work, including full-time scholars and students; full-time homemakers; those who are too ill or disabled to work; those who are retired; and those who are unable or unwilling to work.
- *Discouraged work-seekers* as those who:
 - Did not work in the seven days prior to the interview;
 - Want to work, and are available to start work within two weeks of the interview; but they
 - Did not take active steps to look for work or to start some form of self-employment in the four weeks prior to the interview.

Table 33
Summary of indicators regarding unemployment among youth

INDICATORS	Sep-00	Sep-01	Sep-02	Sep-03	Sep-04	2015 Target	Progress towards target
Youth unemployment rate, aged 15-24, total	47,4%	54,2%	56,6%	56,8%	51,8%	To significantly reduce youth unemployment within framework of an expanded public works programme, support for small and micro-businesses and for other sustainable livelihoods or for work creation strategies. Training and internship programmes.	On course to meet the target.
Youth unemployment rate, aged 15-24, males	44,1%	50,1%	51,8%	54,2%	44,8%		
Youth unemployment rate, aged 15-24, females	51,2%	58,7%	61,9%	59,7%	58,4%		
Ratio of youth unemployment (15-24): adult (25-65) unemployment, total	44:100	44:100	45:100	50:100	50:100		
Ratio of youth unemployment: adult unemployment, males	47:100	45:100	48:100	53:100	48:100		
Ratio of youth unemployment: adult unemployment, females	42:100	42:100	43:100	48:100	52:100		
Share of youth unemployed to total unemployed, total	30,8%	30,3%	31,2%	33,5%	33,4%		
Share of youth unemployed to total unemployed, male	32,1%	31,0%	32,6%	34,8%	32,6%		
Share of youth unemployed to total unemployed, female	29,6%	29,7%	30,0%	32,3%	34,1%		
Share of youth unemployed to youth population, total	14,3%	15,4%	16,8%	15,6%	14,2%		
Share of youth unemployed to youth population, males	14,4%	15,0%	16,3%	15,8%	13,6%		
Share of youth unemployed to youth population, females	14,3%	15,9%	17,2%	15,4%	14,7%		

Status and Trends

Youth unemployment rates for September 2000 to September 2004 are indicated in Table 33. Young people entering the labour market are struggling to find employment. They form a relatively large proportion of the unemployed, overall, but particularly young unemployed women.

Unemployment among youth is related to highest level of education and the age at which the young person becomes economically active. In general, those with 12 years of schooling or higher qualifications have a lower unemployment rate than those who have not completed 12 years of schooling. People dropping out of education and entering the labour market between the ages of 15 – 19 years are more likely to be unemployed than those who enter the labour market at an older age.

Target 17: In cooperation with pharmaceutical companies, provide access to affordable drugs in developing countries

Measurement of target is not available for South Africa. (There is a policy of free primary health care for all, giving access to essential drugs. Also, SA has been involved in numerous legal cases and negotiations aimed at ensuring that South Africans access affordable medication).

Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

The tables below summarize how South Africa stands on the commitments made at the Millennium Declaration:

Table 34: ICT Indicators and Statistics at a glance

<i>Indicators</i>	1995	2001	2003
ICT infrastructure & Access			
Total Telephone subscribers (Teledensity) (per 1 000 people)	10 767	13 384	18 641
Telephone fixed lines (per 1 00 people)	101	4 962	4 821
In largest cities	417	415	-
Cost of local call (\$ per 3 minutes)	0.06	0.07	0.1
Cost of international call (\$ per 3 minutes)	-	0.58	0.2
Mobile cellular subscribers (per 1 000 people)	1.4	8 322	13 797
Radios per 1 000 people	335	338	-
Television sets per 1 000 people	132	152	-
Broadcasting coverage	80%	90%	-
Post offices per 10 000 people	2,440	2,640	2,855
Post Offices on the Network	588	820	1314
Computers & the Internet			
Personal computers (per 1000 people)	27.9	68.5	-
Installed in schools (thousand)	92.8	364.7	-
Internet users (per 1,000 people)	460.0	3,068.0	-
Internet Service provider charge (\$)	-	29.6	-
Telephone usage charge (\$)	-	033	-
ICT Impact			
Total ICT (\$, millions)	8.649	11.430	-
ICT as % of GDP	5.7	9.2	-
ICT per capita (\$)	209.7	268.7	-

Sources: SA Census 1996 & 2001, ITU, The World Bank and UNESCO

South Africa has only one Public Switched Telephone Network Operator, namely Telkom SA. This company has been given exclusivity to operate the mainline service. As shown in Table 35 below, there has been a decline in the number of subscriptions from 5,493 million in 2000 to 4,821 million in 2004

The decline in subscriptions of fixed lines is mainly attributed to the operator's modernization of the network in 2001, which stalled the connections as a result of the migration to this new network, customer migration to mobile services because of the convenience associated with mobile telephony and service disconnections due to customer non-payments.

In terms of mobile telephony, the current South African mobile telecommunications market consists of three mobile communication network operators, namely MTN, Vodacom and Cell C. The first two operators commenced their operations in 1993 whereas the latter started operating in November 2001. As at 31 March 2004 the three operators had a total of 18.3 million subscribers representing a penetration level of more than 40%.

The increase in the mobile telephone subscribers is mainly attributed to the new evolution towards second-generation wireless system and introduction of prepaid cards targeting people on the lower bracket of the economy.

The total number of telephone subscribers per 100 inhabitants (total tele-density) is the first indicator to measure Target 18. Table 35 below demonstrates a sharp increase in the number of telephone subscribers from 10,767 million in 2000 to 23, 116 million in 2004. The mobile telephone networks have grown their subscribers at a faster rate as compared to the fixed line networks whose subscribers have been declining.

Table 35 Telephone subscribers*

Telephones	2000	2001	2002	2003	2004
Fixed lines	5,493	4,962	4,924	4,844	4,821
Mobile phones	3,069	5,108	6,557	7,874	9,725 VodaCom
	2,215	3,214	3,877	4,723	6,270 MTN
	-	-	500	1,200	2,300 Cell C
	5,284	8,322	10,934	13, 797	18,295
Total Tele-density	10,767	13,284	15,858	18,641	23,116

Operators Annual reports for 2004

*Both fixed and mobile operators have been given social obligations (license obligation) to rollout services to the under-serviced areas such as urban townships and rural areas as part of their license requirements. This was to increase the penetration level.

A complementary strategy to secure affordable access to telephony was introduced through the establishment of a Universal Service Fund to subsidize network rollout to under-serviced areas and access to needy people. Sixty-eight tele-centers have since been established in these areas to provide, amongst others, basic telephone services. The Universal Service Agency is the vehicle established to achieve this objective.

Although South Africa has the most developed infrastructure on the continent with a tele-density of over 12%, there are still areas where access to basic telephony and broadcasting signals is still a problem. Tele-density in those areas stands below 5% as compared to urban areas where the coverage, facilities and services are widely available.

A process has commenced to issue additional licenses to the Second National Operator and small business operators to provide services in those under-served areas, namely areas with less than 5% tele-density.

The second indicator to measure Target 18 is Personal computers per 100 inhabitants. To measure the indicator, the number of computers per household was used. According to the 2001 Census, at least 8.6% of households had one computer in good working order as compared to 4% during the 1996 Census. The reason for this increase is that computers are the leading access devices for Internet use, which has been on the increase.

The third indicator to measure Target 18 is the number of Internet users for 1,000 inhabitants. The generally accepted indicator is the frequency of use for example once a week or month and the services used, e.g. Internet browsing and e-mail. According to Table 35, there were 68.2 Internet users per 1,000 people in 2002 as compared to 42.3 in 1999, which is an increase of more than 50%. This figure continues to grow because of the efforts being made to encourage the use of this facility at various levels.

The ITU has ranked South Africa 18th in terms of the Internet usage. Although there are some 120 Internet service providers in South Africa, access to the Internet is still restricted to some geographic locations and segments of the society.

Another important indicator to measure Target 18 is the number of radio sets per 100 inhabitants. Radios have demonstrated themselves to be powerful tools for disseminating information to the wider audience. The 2001 Census revealed that radio is the most prevalent household item. Overall 73,0% of households possessed at least one radio.

Equally, the number of television sets per 100 inhabitants is another important indicator to measure Target 18. The 2001 Census has revealed that 53,8% of households possessed at least one television set. Possession of these goods by broad settlement type indicate that households in urban areas were more likely to have these items than those counted in urban informal settlements, deep rural areas and commercial farms. Lastly, the post office is the most accessible and convenient means available to citizens through its extended network. The ratio of postal outlets to inhabitants has improved from 1:16,659 in 1996 to 13,484 in 2003. This is still considered to be high in terms of the general criteria of 1:10,000 in inhabitants.

Concluding Remarks

As the report shows, SA is well set to accomplish the MDGs in time. This is largely attributed to the hard work by government & all social partners aimed at improving the material conditions of all South Africans. The Programme of Action of the South African government is predicated upon the four key objectives of the Reconstruction and Development Programme adopted in 1994. These objectives are: meeting basic needs, developing human resources, building the economy and finally democratizing the state & society.

Although a lot of mileage has been gained towards achieving these broad RDP objectives, there remain some challenges. However the South African government, working with peoples of South Africa and social partners, is determined to overcome any obstacles that may hinder progress on ensuring a better life for all South Africans. Some of the major challenges relate to the economy's insufficient growth and its inability to generate sufficient employment opportunities. These are further compounded by the following socio-economic challenges:

- The number of households has been growing considerably faster than the rate of population growth which implies that the servicing obligations of the state were greater than population growth initially suggested;
- While employment grows, the number of unemployed and rate of unemployment is growing faster because of the rising labour force participation rate;
- The changing structure of the economy, with many more jobs now available or potentially available in the service sectors of the economy than in traditional sectors like agriculture, mining and construction, requires a labour force with different skills to those available to the bulk of the unemployed labour force; and
- Rapid migration into the urban areas as well as shifts in the demographics.

In short, these trends point to the persistence of a large group of poor people who might remain marginal to the growth opportunities in the modern economy unless the government makes significant developmental interventions. Indeed, the government is making significant developmental interventions, in directly dealing with the marginalized. In addition, government, together social partners, is pursuing the major interventions recommended in the Ten Year Review:

- The need for a framework of encompassing interest amongst the main social forces of the country, entailing, perhaps, a substantive social contract beyond the Growth and Development Summit agreement;
- The need to considerably improve the performance of the state in focusing on better coordination and allocation of responsibilities between the spheres of government;

- To address the consequences of the social transition outlined above, within the philosophy of the National Spatial Development Framework; i.e. that government should invest heavily in areas where there is both great social need and economic potential, and for areas of need with less potential government should provide support for the development of human capital (especially health, education, transport and communications); and
- To improve the regional environment and implement NEPAD.

At the core of the “People’s Contract”, which informs the government’s Programme of Action, is that by 2014 government would have:

- Reduced poverty and unemployment by half
- Provided the skills required by the economy
- Ensured that all South Africans are able to fully to exercise their constitutional rights and enjoy the full dignity of freedom
- Ensured compassionate government service to the people
- Achieved a better national health profile and massively reduced preventable causes of death, including violent crime and road accidents
- Significantly reduced the number of serious and priority crimes and cases awaiting trial
- Positioned SA strategically as an effective force in global relations.

The supportive environment to achieve the above exists and is continually strengthened and elaborated. For instance, government is presently working on two major programmes: the Rapid Economic Growth Strategy and the Macro-Social Development Strategic Framework. These two are aimed at expediting the resolve to meet the RDP objectives and meet them faster. The two major strategies are aimed at responding to the challenges that have been identified in the assessment of the first decade of freedom.

Lastly, government has put in place monitoring and evaluation systems that would assist in continuous assessment of whether government is meeting or not the objectives that it has set for itself. The existing monitoring and evaluation systems are being strengthened through increasing capacity in the respective areas.

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