

# **South Africa**

## **MILLENNIUM DEVELOPMENT GOALS COUNTRY REPORT**

**2005**

## Millennium Development Goals, Targets and Indicators

Goals and targets	Indicators
<b>Goal 1: Eradicate extreme poverty and hunger</b>	
<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"> <li>• Proportion of the population below US\$ 1 a day</li> <li>• Poverty gap ratio (incidence, times, depth of poverty)</li> <li>• Share of poorest quintile in national consumption</li> </ul>
<i>Target 2:</i> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<ul style="list-style-type: none"> <li>• Prevalence of underweight children (under five years)</li> <li>• Proportion of the population below minimum level of dietary consumption</li> </ul>
<b>Goal 2: Achieve universal primary education</b>	
<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"> <li>• Net enrolment rate in primary education</li> <li>• Proportion of pupils starting Grade 1 who reach Grade 7</li> <li>• Literacy rate of 15- to 24-year-olds</li> </ul>
<b>Goal 3: Promote gender equality and empower women</b>	
<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"> <li>• Ratio of boys to girls in primary, secondary and tertiary education</li> <li>• Ratio of literate females to males among 15- to 24-year olds</li> <li>• Share of women in wage employment in the non-agricultural sector</li> <li>• Proportion of seats held by women in the national parliament</li> </ul>
<b>Goal 4: Reduce child mortality</b>	
<i>Target 5:</i> Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	<ul style="list-style-type: none"> <li>• Under-five mortality rate</li> <li>• Infant mortality rate</li> <li>• Proportion of one-year-old children immunised against measles</li> </ul>
<b>Goal 5: Improve maternal health</b>	
<i>Target 6:</i> Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	<ul style="list-style-type: none"> <li>• Maternal mortality ratio</li> <li>• Proportion of births attended by skilled health personnel</li> </ul>
<b>Goal 6: Combat HIV and AIDS, malaria and other diseases</b>	
<i>Target 7:</i> Have halted by 2015, and begin to reverse the spread of HIV and AIDS	<ul style="list-style-type: none"> <li>• HIV prevalence among 15- to 24-year-old pregnant women</li> <li>• Contraceptive prevalence rate</li> <li>• Number of children orphaned by HIV and AIDS</li> </ul>
<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"> <li>• Prevalence and death rates associated with malaria</li> <li>• Proportion of the population in malaria-risk areas using effective malaria prevention and treatment measures</li> <li>• Prevalence and death rates associated with tuberculosis</li> <li>• Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS)</li> </ul>
<b>Goal 7: Ensure environmental sustainability</b>	
<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"> <li>• Change in land area covered by forest</li> <li>• Land area protected to maintain biological diversity</li> <li>• GDP per unit of energy use</li> <li>• Carbon dioxide emissions (per capita)</li> </ul>
<i>Target 10:</i> Halve, by 2015, the proportion of people without sustainable access to safe drinking water	<ul style="list-style-type: none"> <li>• Proportion of the population with sustainable access to an improved water source</li> </ul>
<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"> <li>• Proportion of the population with access to improved sanitation</li> <li>• Proportion of the population with access to secure tenure</li> </ul>

<b>Goal 8: Develop a global partnership for development</b>	
<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"> <li>• Target and indicators are not presently being measured in South Africa</li> </ul>
<i>Target 13:</i> Address the special needs of the least developed countries	<ul style="list-style-type: none"> <li>• Official development assistance (ODA)</li> </ul>
<i>Target 14:</i> Address the special needs of landlocked countries and small island developing states	<ul style="list-style-type: none"> <li>• Target and indicators do not apply to South Africa</li> </ul>
<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"> <li>• Debt service as a percentage of exports of goods and services</li> </ul>
<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"> <li>• Unemployment rate of 15 – 24 year olds, by each sex and in total</li> </ul>
<i>Target 17:</i> In cooperation with pharmaceutical companies, provide access to affordable drugs in developing countries	<ul style="list-style-type: none"> <li>• Measurement of target not available for South Africa (free primary health care for all)</li> </ul>
<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"> <li>• Telephone lines and cellular subscribers</li> <li>• Personal computers in use per 100 of the population</li> </ul>

## **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 18<sup>th</sup> 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.