



REPUBLIC OF SOUTH AFRICA

# MILLENNIUM DEVELOPMENT GOALS

**Executive Summary MDG  
Country Report  
2015**



# FOREWORD

## Minister TJ Radebe, the Minister in the Presidency: Planning, Monitoring and Evaluation

This is the sixth and final Millennium Development Goals report (MDGR), since the adoption of the MDG's in 2000, and it reflects on the achievements made by the people of this country in dealing with the scourge of extreme poverty in all forms. It also highlights the challenges that still remain.

The MDGs was a natural fit for South Africa as it aligned seamlessly with our own development agenda as expressed through the Freedom Charter and was endorsed by successive Governments since 1994, while the basic rights espoused by the MDGs were already entrenched in our Constitution. Thus implementation of the goals was a confirmation of the developmental path South Africa embarked on and gave further impetus to the endeavours of post-apartheid South Africa.

Although the MDG processes are coming to an end, there are still challenges in achieving the goals that remain, we continue to be committed to the journey that we embarked on a few decades ago. As we move to the next fifteen years of the global development agenda through the Sustainable Development Goals, we take note of the fact that our National Development Agenda, Vision 2030 as espoused in our National Development Plan reflects our commitment to improving the lives of the poor and marginalised in society:

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

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

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

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

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

## MESSAGE

### His Excellency Jacob Gedleyihlekisa Zuma, President of the Republic of South Africa

This ultimate Millennium Development Goals (MDG) report is an incomparable source narrating the story of how South Africa have joined the rest of the world in the year 2000 on this critical journey to restore and advance the dignity of humankind and the environment. As part of this international movement we were determined to play our part to rid the world of extreme poverty and the many forms of deprivations that have been haunting all societies for millennia.

Notwithstanding the ever present public pessimism, over the past decade and a half South Africa has seen discernible improvements in the life circumstances of its citizens.

Statistical evidence indicates that South Africa has made inspiring progress in reducing extreme income poverty, largely as a result of a progressive, pro-poor tax system which supports the provision of social assistance such as health, education and other free basic services. I am, however, acutely aware that the levels of poverty among vulnerable groups such as women and children still remain a desperate challenge.

South Africa, like many other emerging economies, experienced a serious disruption by the global food and fuel prices as well as the financial crisis to its ability to deliver on MDG1.

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

It is furthermore worthy to note that South Africa has recorded progress in the expansion of its health infrastructure and improved access to health services for all South Africans. We are mindful that many challenges still abound with respect to matters of health and mortality, but we have made significant progress with regard to the reduction of child mortality, MDG4, and MDG5, the improvement of maternal health.

We are acutely aware that the world needs to do much more to fully achieve the eight goals, especially in developing countries. It is our resolve to continue to confront the underlying root



causes that create stumbling blocks for universal progress and development head on.

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

Finally, I express my sincere gratitude to the National Coordinating Committee and the various working groups of the South African government and civil society organisations for their contribution in preparing this report.

## ACKNOWLEDGEMENTS

This is the final time that I will submit an MDG report to the Executive arm of the Republic and to the peoples of South Africa that details the progress we have made as a country towards eradicating poverty in all its forms.

This report reflects 15 years' intense effort from a range of institutions, organisations and individuals to improve the lives of all South Africans but in particular the poor and marginalised in society. A great many people has contributed to this report through their participation in various consultative fora across the country, often at great expense and sacrifice

As the MDG process draws to a close I would like to remind all that the work that we started 15 years ago certainly does not, and that reporting on this matter will continue through the Sustainable development Goals (SDGs). From our initial engagements with the SDG process, it has become clear that the demand for good quality information on which to premise our work will increase immensely. In this regard data producers within the South African National Statistics System (SANSS) under the leadership of Stats SA will have to ensure that we can respond to this challenge adequately.

I would like to express my gratitude to the following groups and individuals through whose dedication and sacrifice, this report was made possible: the Members of the National Coordinating Committee, (NCC), the various authors, the Extended Report Drafting Team (ERDT), civil society organisations and government departments who contributed greatly to compiling this report. Finally I would like to thank the public and private institutions who provide the information that forms the bedrock of the reports what underpins this report.

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

Pali Lehohla,

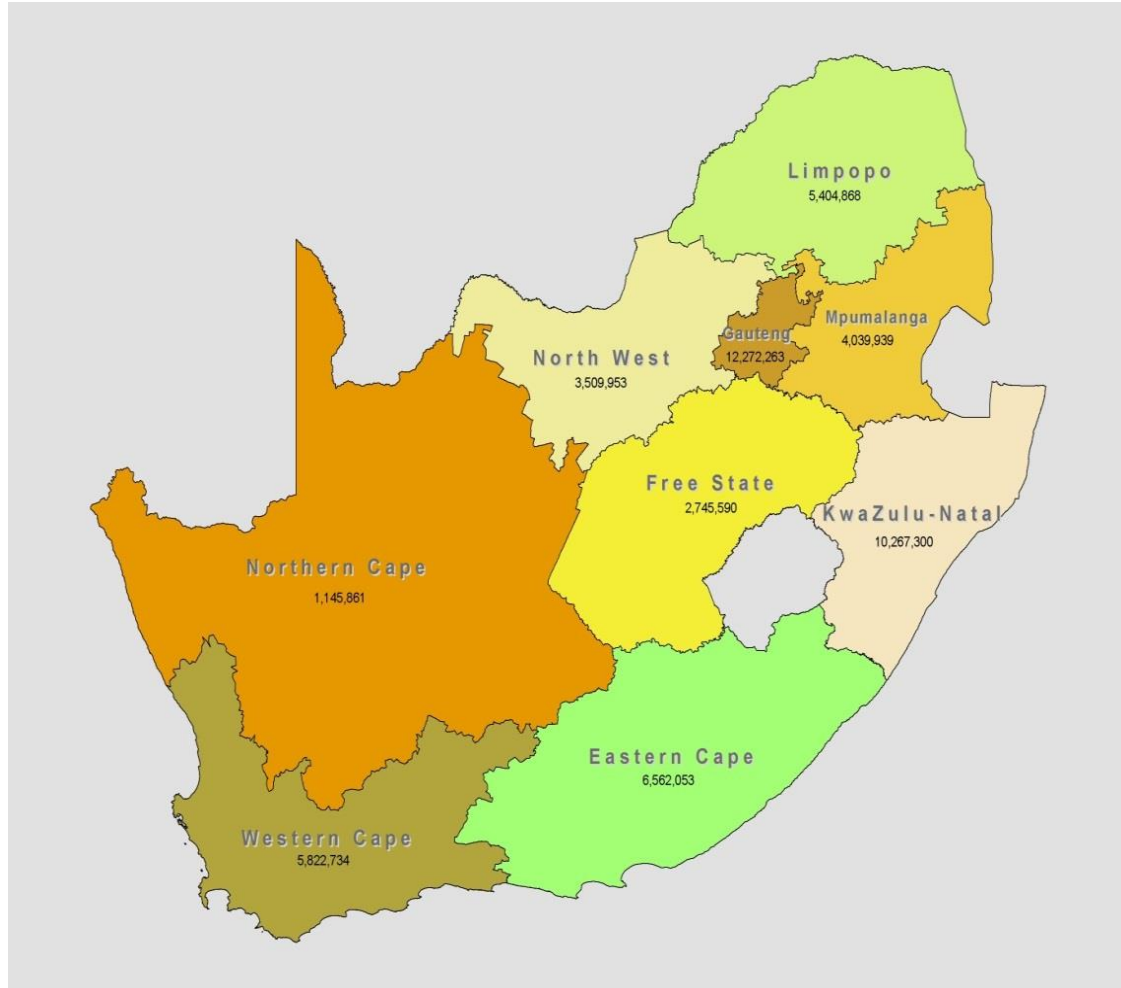
Statistician-General of South Africa and the Chairperson of the National Coordinating Committee for the Millennium Development Goals.

## SOUTH AFRICA AT A GLANCE

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

Source: Census 2001 and 2011, Statistics South Africa

# MAP OF SOUTH AFRICA



Source: Census 2011, Statistics South Africa



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# LIST OF ACRONYMS AND ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
ADB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANA	Annual National Assessment
ANER	Adjusted Net Enrolment Rate
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASGISA	Accelerated and Shared Growth Initiative
AUC	African Union Commission
BBEE	Broad-Based Black Economic Empowerment
BCM	Bromo-chloromethane
CARMMA	Campaign for the Accelerated Reduction in Maternal and child Mortality in Africa
CEDAW	Convention for the Elimination of all forms of Discrimination against Women
CERD	Capital Expenditure on R&D
CO2	Carbon Dioxide
CoMMiC	Committee on Morbidity and Mortality in children under 5 years
CPR	Contraceptive Prevalence Rate
CRC	Convention of the Rights of the Child
CWP	Community Works Programme
CYP	Couple Year Protection Rate
DBE	Department of Basic Education
DHET	Department of Higher Education and Training
DHIS	District Health Information System
DHS	Demographic and Health Survey
DMIs	Domesticated Indicators
DoE	Department of Education (in 2009 split into the DBE and DHET)
DOTS	Directly Observed Therapy Short-course
ECD	Early Childhood Development
EFA	Education for All
EPWP	Expanded Public Works Programme
ERDT	Extended Report Drafting Team
FDI	Foreign Direct Investment
FET	Further Education and Training
FPL	Food Poverty Line
GDP	Gross Domestic Product
GEAR	Growth, Employment and Redistribution Strategy
GER	Gross Enrolment Ratio

GERD	Gross domestic Expenditure on R&D
GHS	General Household Survey
GRSA	Government of the Republic of South Africa
HCFCs	Hydro-chlorofluorocarbons
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
MDGs	Millennium Development Goals
MDR-TB	Multi-drug Resistant Tuberculosis
MeBr	Methylbromide
MMR	Maternal Mortality Ratio
MNCWH&N	Maternal, Neonatal, Child and Women's Health and Nutrition Strategic Plan
MPI	Multidimensional poverty index
MTCT	Mother-to-child Transmission
NACOSA	National Aids Coordinating Committee of South Africa
NaPeMMCo	National Perinatal and Neonatal Morbidity and Mortality Committee
NCC	National Coordinating Committee
NCCEMD	National Committee on the Confidential Enquiries into Maternal Deaths
NCCRP	National Climate Change Response Paper
NDP	National Development Plan
NEEDU	National Education Evaluation and Development Unit
NGP	New Growth Path
NIMART	Nurse-Initiated Management of Anti-retroviral Treatment
NMR	Neonatal Mortality Rate
NSI	National System of Innovation
NSO	National Statistics Office
NSP	National Strategic Plan for HIV/AIDS, STI and tuberculosis
NSS	National System of Statistics
NSSD	National Strategy for Sustainable Development
ODA	Official Development Assistance
ODSs	Ozone Depleting Substances
OWG	Open Working Group
PHC	Primary Health Care
PIRLS	Progress in International Reading Literacy Study
PLHIV	People Living with HIV
PMTCT	Prevention of Mother To Child Transmission
PPIP	Perinatal Problem Identification Programme
PPP	Purchasing Power Parity

R&D	Research and Development
RDP	Reconstruction and Development Programme
RMS	Rapid mortality Surveillance
SAMPI	South African Multidimensional Poverty Index
SANAC	South African National AIDS Council
SASQAF	South African Statistical Quality Assessment Framework
SASSA	South African Social Security Agency
SDGs	Sustainable Development Goals
SDSN	Sustainable Development Solutions Network
SKA	Square Kilometre Array
SMME	Small Medium Micro Enterprises
SSRR	Social Security and Retirement Reform
STATSSA (Stats SA)	Statistics South Africa
SWG	Sectoral Working Group
TB	Tuberculosis
TIMSS	Trends in International Mathematics and Science Study
TVET	Technical and Vocational Education and Training
UN	United Nations
UNDP	United National Development Programme
UNECA	United Nations Economic Commission for Africa
VRS	Vital Registration System
WEGE	Women's Empowerment and Gender Equality Bill

## STATUS AT A GLANCE

<b>Goal 1: Eradicate Extreme Poverty And Hunger</b>							
<i>Indicators</i>	<i>1994 baseline (or nearest year)</i>	<i>2010 status (or nearest year)</i>	<i>2013 status (or nearest year) 2015</i>	<i>Current status (2014 or nearest year) 2015</i>	<i>2015 target</i>	<i>Target achievability</i>	<i>Indicator type</i>
<b>Target 1.A: Halve between 1990 and 2015 the proportion of people whose income is less than one dollar a day</b>							
<i>Proportion of population below \$1.00 (PPP) per day</i>	11.3 (2000)	5.0 (2006)	4.0 (2011)	4.0 (2011)	5.7	Achieved	MDG
<i>Proportion of population below \$1.25 (PPP) per day</i>	17.0 (2000)	9.7 (2006)	7.4 (2011)	7.4 (2011)	8.5	Achieved	MDG
<i>Proportion of population below Lower-bound PL (R443 per month in 2009 prices)</i>	42.2 (2006)	44.6 (2009)	32.2 (2011)	32.2 (2011)	No target	NA	Domesticated
<i>Proportion of population below Upper-bound PL (R620 per month in 2009 prices)</i>	57.2(2006)	56.8 (2009)	45.5 (2011)	45.5 (2011)	No target	NA	Domesticated
<i>Proportion of population below \$2.00 (PPP) per day</i>	33.5 (2000)	25.3 (2006)	20.8 (2011)	20.8 (2011)	16.8	Not achieved	MDG
<i>Proportion of population below \$2.50 (PPP) per day</i>	42.4 (2000)	34.8 (2006)	29.2 (2011)	29.2 (2011)	21.1	Not achieved	Domesticated
<i>Poverty gap ratio (\$1.00 (PPP) per day)</i>	3.2 (2000)	1.1 (2006)	1.0 (2011)	1.0 (2011)	1.6	Achieved	MDG
<i>Poverty gap ratio (\$1.25 (PPP) per day)</i>	5.4 (2000)	2.3 (2006)	1.9 (2011)	1.9 (2011)	2.7	Achieved	MDG
<i>Poverty gap ratio (Lower bound PL R443 per day)</i>	16.4 (2006)	18.9 (2009)	11.8 (2011)	11.8 (2011)	No target	NA	Domesticated
<i>Poverty gap ratio (Upper bound R620 per day)</i>	26.7 (2006)	27.9 (2009)	19.6 (2011)	19.6 (2011)	No target	NA	Domesticated
<i>Poverty gap ratio (\$2.00 (PPP) per day)</i>	13.0 (2000)	8.1 (2006)	6.5 (2011)	6.5 (2011)	6.5	Achieved	MDG
<i>Poverty gap ratio (\$2.50 (PPP) per day)</i>	18.0 (2000)	12.5 (2006)	10.3 (2011)	10.3 (2011)	9	Not achieved	MDG
<i>Share of the poorest quintile in national consumption</i>	2.9 (2000)	2.8 (2006)	2.7 (2011)	2.7 (2011)	5.8	Not achieved	MDG
<b>Target 1.B: Achieve full and productive employment and decent work for all, including women and young people</b>							



<b>Goal 1: Eradicate Extreme Poverty And Hunger</b>							
<i>Indicators</i>	<i>1994 baseline (or nearest year)</i>	<i>2010 status (or nearest year)</i>	<i>2013 status (or nearest year) 2015</i>	<i>Current status (2014 or nearest year) 2015</i>	<i>2015 target</i>	<i>Target achievability</i>	<i>Indicator type</i>
<i>Percentage growth rate of GDP per person employed</i>	4.7 (2002)	1.9 (2009)	1.5 (2011)	-1.1 (2013)	6	Not achieved	MDG
<i>Employment-to-population ratio</i>	44.1 (2001)	42.5 (2009)	40.8 (2011)	42.7 (2013)	50-70	Not achieved	MDG
<i>Percentage of employed people living below \$1 (PPP) per day</i>	5.2 (2000)	No data	3.9 (2009)	3.9 (2009)	~ 0	Not achieved	MDG
<i>Percentage of own-account and contributing family workers in total employment</i>	11.0 (2000)	9.9 (2010)	10 (2011)	9.3 (2013)	5	Not achieved	MDG
<i>Time loss ratio</i>	79 (2003)	1593 (2010)	131 (2013)	131 (2013)	No target	NA	Domesticated
<b>Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger</b>							
<i>Percentage of people who report experiencing hunger</i>	29.9 (2002)	No data	12.9 (2011)	12.9 (2011)	15	Achieved	Domesticated
<i>Prevalence of underweight children under five years of age (%)</i>	13.2 (1993)	10.2 (2005)	8.3 (2008)	8.3 (2008)	4.7	Not achieved	MDG
<i>Prevalence of stunting in children under-five years of age (%)</i>	30.3 (1993)	No data	23.9 (2008)	23.9 (2008)	15	Not achieved	Domesticated
<i>Gini coefficient (including salaries, wages and social grants)</i>	0.70 (2000)	0.73 (2006)	0.69 (2011)	0.69 (2011)	0.3	Not achieved	Domesticated
<i>Number of beneficiaries of social grants (millions)</i>	2.6 (1997)	14.1 (2010)	14.9 (2011)	16.6 (2015)	No target	NA	Domesticated
<b>Proportion of households below Food Poverty (R305 per month in 2009 prices) with access to free basic services (%)</b>							
<i>Water</i>	No data	No data	56.0 (2009)	56.0 (2009)	No target	NA	Domesticated
<i>Electricity</i>	No data	No data	65.0 (2009)	65.0 (2009)	No target	NA	Domesticated
<i>Sewerage and sanitation</i>	No data	No data	23.3 (2009)	23.3 (2009)	No target	NA	Domesticated
<i>Solid waste management</i>	No data	No data	28.3 (2009)	28.3 (2009)	No target	NA	Domesticated

<b>Goal 1: Eradicate Extreme Poverty And Hunger</b>							
<i>Indicators</i>	<i>1994 baseline (or nearest year)</i>	<i>2010 status (or nearest year)</i>	<i>2013 status (or nearest year) 2015</i>	<i>Current status (2014 or nearest year) 2015</i>	<i>2015 target</i>	<i>Target achievability</i>	<i>Indicator type</i>
<b>Percentage of indigent households receiving free basic services</b>							
<i>Water</i>	<i>61.8 (2004)</i>	<i>73.2 (2007)</i>	<i>71.6 (2011)</i>	<i>71.6 (2011)</i>	<i>No target</i>	<i>NA</i>	<i>Domesticated</i>
<i>Electricity</i>	<i>29.3 (2004)</i>	<i>50.4 (2007)</i>	<i>59.5 (2011)</i>	<i>59.5 (2011)</i>	<i>No target</i>	<i>NA</i>	<i>Domesticated</i>
<i>Sewerage and sanitation</i>	<i>38.5 (2004)</i>	<i>52.1 (2007)</i>	<i>57.9 (2011)</i>	<i>57.9 (2011)</i>	<i>No target</i>	<i>NA</i>	<i>Domesticated</i>
<i>Solid waste management</i>	<i>38.7 (2004)</i>	<i>52.6 (2007)</i>	<i>54.1 (2011)</i>	<i>54.1 (2011)</i>	<i>No target</i>	<i>NA</i>	<i>Domesticated</i>

Goal 2: Achieve Universal Primary Education							
Indicators	1994 baseline (or nearest year)		2010 status (or nearest year)	Current status (2014 or nearest year)	2015 Target	Target achievability	Indicator type
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary school							
Adjusted net enrolment ratio in primary education	M	96.5 (2002)	99	99.1 (2013)	100	Achieved	MDG
	F	96.8 (2002)	99	99.4 (2013)	100		Domesticated
Proportion of learners starting Grade 1 who reach last Grade of primary	M	89.2 (2002)	93.4	94.5 (2013)	100	Not achieved	MDG
	F	90.1 (2002)	95.8	97.5 (2013)	100		Domesticated
Literacy rate of 15-24 year-olds	M	83.3 (2002)	90.4	91.9 (2013)	100	Not achieved	MDG
	F	88.4 (2002)	94.6	96.1 (2013)	100		
Indicators of Access							
Five-year-olds attending educational institutions	M	39.8 (2002)	82.8	85.6 (2013)	No target	NA	Domesticated
	F	38.8 (2002)	84.1	85 (2013)	No target	NA	
Gross Enrolment Rates for Grade R in ordinary schools	M	15 (1999)	66.5	74.9 (2012)	No target	NA	Domesticated
	F	15.3 (1999)	66.8	75.2 (2012)	No target	NA	
Secondary school completion rate	M	35.5 (2002)	41	41.5 (2013)	No target	NA	Domesticated
	F	37 (2002)	47.2	50.7 (2013)	No target	NA	
Enrolment in FET/TVET Colleges		534 719 (2011)		794 250 (2013)	1 million	Not achieved	Domesticated
First time entrants into higher education	M	53 396 (2002)	72 475	68 055 (2013)	No target	NA	Domesticated
	F	59 212 (2002)	95 885	90 330 (2013)	No target	NA	
Adjusted net enrolment ratio in tertiary education	M	13 (2009)	15	16 (2013)	20%	Not achieved	Domesticated

<b>Goal 2: Achieve Universal Primary Education</b>							
<i>Indicators</i>	<i>1994 baseline (or nearest year)</i>		<i>2010 status (or nearest year)</i>	<i>Current status (2014 or nearest year)</i>	<i>2015 Target</i>	<i>Target achievability</i>	<i>Indicator type</i>
	<i>F</i>	<i>15 (2009)</i>	<i>20</i>	<i>22.8 (2013)</i>	<i>20%</i>	<i>Achieved</i>	
<b>Measures of Quality</b>							
<i>Qualified teachers</i>		<i>94 (2008)</i>	<i>96</i>	<i>98 (2013)</i>	<i>No target</i>	<i>NA</i>	<i>Domesticated</i>
<i>Learner-to-Educator ratio</i>		<i>33:1 (2005)</i>	<i>30:01:00</i>	<i>31:01:00 (2014)</i>	<i>30:01:00</i>	<i>Achieved</i>	<i>Domesticated</i>
<i>Electricity infrastructure (% of schools)</i>		<i>Not available</i>	<i>86 (2011)</i>	<i>95 (2014)</i>	<i>100</i>	<i>Not achieved</i>	<i>Domesticated</i>
<i>Water infrastructure (% of schools)</i>		<i>Not available</i>	<i>90 (2011)</i>	<i>97 (2014)</i>	<i>100</i>	<i>Not achieved</i>	<i>Domesticated</i>
<i>Sanitation infrastructure (% of schools)</i>		<i>Not available</i>	<i>96 (2011)</i>	<i>98 (2014)</i>	<i>100</i>	<i>Not achieved</i>	<i>Domesticated</i>
<i>Perimeter fencing infrastructure (% of schools)</i>		<i>Not available</i>	<i>89 (2011)</i>	<i>93 (2014)</i>	<i>100</i>	<i>Not achieved</i>	<i>Domesticated</i>
<b>Outcome Indicators</b>							
<i>Adult literacy rate: 18 years and older</i>	<i>M</i>	<i>74.9 (2002)</i>	<i>83.6</i>	<i>85.4 (2013)</i>	<i>No target</i>	<i>NA</i>	<i>Domesticated</i>
	<i>F</i>	<i>72.5 (2002)</i>	<i>80.5</i>	<i>83.3 (2013)</i>	<i>No target</i>	<i>NA</i>	
<i>National Senior Certificate (NSC) pass rate (% of learners)</i>	<i>M</i>	<i>62.0 (2009)</i>	<i>69.3</i>	<i>78 (2014)</i>	<i>75</i>	<i>Achieved</i>	<i>Domesticated</i>
	<i>F</i>	<i>59.5 (2009)</i>	<i>66.5</i>	<i>74 (2014)</i>	<i>75</i>	<i>Achieved</i>	
<i>Bachelor Pass (% of learners)</i>		<i>19.9 (2009)</i>	<i>24.3</i>	<i>28 (2014)</i>	<i>35.6</i>	<i>Not achieved</i>	<i>Domesticated</i>

<b>Goal 3: Promote Gender Equality and Empower Women</b>							
<i>Indicators</i>	<i>1994 baseline (or nearest year)</i>	<i>2010 status (or nearest year)</i>	<i>2013 status (or nearest year) 2015</i>	<i>Current status (2014 or nearest year) 2015</i>	<i>2015 Target</i>	<i>Target achievability</i>	<i>Indicator type</i>
<b>Target 3.A: Eliminate gender disparity in primary and secondary education, preferably 2015, and in all levels of education no later than 2013.</b>							
<i>GER &amp; GPI at Primary School</i>	<i>0.97:1 (1996)</i>	<i>0.98:1 (2009)</i>	<i>0.96:1 (2011)</i>	<i>0.99:1 (2013)</i>	<i>01:01</i>	<i>Achieved</i>	<i>MDG</i>
<i>GPI Secondary</i>	<i>1.13:1 (1996)</i>	<i>1.01:1 (2009)</i>	<i>1.07:1 (2011)</i>	<i>1.03:1 (2013)</i>	<i>01:01</i>	<i>Achieved</i>	<i>MDG</i>
<i>GPI Tertiary</i>	<i>0.86:1 (1996)</i>	<i>1.32:1 (2009)</i>	<i>1.38:1 (2011)</i>	<i>1.41:1 (2013)</i>	<i>01:01</i>	<i>Achieved</i>	<i>MDG</i>
<i>Ratio of literate females to literate males 15-24 years</i>	<i>1.1:1 (1996)</i>	<i>01:01 (2009)</i>	<i>1.0:1 (2011)</i>	<i>1.05:1 (2013)</i>	<i>01:01</i>	<i>Achieved</i>	<i>MDG</i>
<i>Female share of non-agricultural wage employment (%)</i>	<i>43 (1996)</i>	<i>45 (2010)</i>	<i>45 (2012)</i>	<i>45 (2013)</i>	<i>50</i>	<i>Not achieved</i>	<i>MDG</i>
<i>Ratio of female unemployed to male unemployed 15-64years</i>	<i>1.1:1 (2001)</i>	<i>1.0:1 (2010)</i>	<i>1.0:1 (2011)</i>	<i>1.0:1 (2013)</i>	<i>01:01</i>	<i>Achieved</i>	<i>MDG</i>
<i>Proportion of seats held by females in national parliament (%)</i>	<i>25 (1996)</i>	<i>44 (2009)</i>	<i>44 (2009)</i>	<i>42 (2013)</i>	<i>50</i>	<i>Not Achieved</i>	<i>MDG</i>

<b>Goal 4: Reduce Child Mortality</b>							
<i>Indicators</i>	<i>1994 baseline (or nearest year)</i>	<i>2010 Status (or nearest year)</i>	<i>2013 Status (or nearest year) 2015</i>	<i>Current status (2014 or nearest year) 2015</i>	<i>2015 Target</i>	<i>Target achievability</i>	<i>Indicator type</i>
<b>Goal 4: Reduce by two-thirds, between 1990 and 2015, the mortality rate of children under five</b>							
<i>Under-five mortality rate (per 1,000 live births)</i>	59 (1998)	38.7 (2011)	37.5 (2012)	34.3 (2013)	20	Not Achieved	MDG
<i>Infant mortality rate (per 1,000 live births)</i>	54 (1998)	26.5 (2011)	24.9 (2012)	23.6 (2013)	18	Not Achieved	MDG
<i>Proportion of 1-year-old children immunised against measles</i>	68.5 ( 2001)	84.8	87.3	91.2	100	Not Achieved	MDG
<i>Immunisation coverage under one year of age.</i>	66.4 (2001)	79.9	84.1	87	100	Not Achieved	Domesticated
<i>Life expectancy at birth</i>	57.6 (2001)	60.4 (2007)	60.2	61.2	70	Not Achieved	Domesticated
<i>Diarrhoea (with dehydration) incidence under 5 years of age (per 1,000 children)</i>	138 (2002)	16.9	12.8	14.1	No Target	NA	Domesticated
<i>Pneumonia incidence under 5 years of age (per 1,000 children).</i>	21 (2003)	79.4	55.1	52.9	No Target	NA	Domesticated
<i>Neonatal mortality rate (per 1,000 live births)</i>		13	11	11	No Target	NA	Domesticated
<i>Prevention of Mother to Child Transmission: Infant 1st PCR test positive around 6 weeks rate</i>		9	2.1	1.6	No Target	NA	Domesticated



Goal 5: Improve maternal health							
Goal indicators	1994 baseline (or nearest year)	2010 status (or nearest year)	2013 status (or nearest year) 2015	Current status (2014 or nearest year) 2015	2015 Target	Target achievability	Indicator type
<b>Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</b>							
Maternal mortality ratio (deaths per 100,000 live births)	134 (2002)	270 (2010)	141 (2013)	141 (2013)	38	Not achieved	MDG
Proportion of births attended by skilled health personnel (percent)	84 (1998)	91 (2003)			100	Not achieved	MDG
<b>Target 5B: Achieve by 2015, universal access to reproductive health</b>							
Contraceptive prevalence rate (percent)	50.1 (1998)	50.2 (2003)			100	NA	MDG
Adolescent birth rate (percent)	12.5 (1996)		13.7 (2011)		No target	NA	MDG
Antenatal care coverage (at least one visit and at least four visits) (percent)	76.6 (2001)	102.8 (2009)	100.6 (2011)	92.9 (2014)	100	Not achieved	MDG
Unmet need for family planning (percent)	15 (1998)	13.8 (2003)			No target	NA	MDG
Delivery rate in health facilities (percent) [Proxy for births attended by skilled personnel]	67 (2003)	79.5 (2010)	81.5 (2013)	85.6 (2014)	96	NA	Domestic
Couple year protection rate (percent) [Proxy for contraceptive prevalence rate]		27.6 (2010)	36.3 (2013)	52.7 (2014)		NA	Domestic
Proportion of births to under-18 mother (percent) [Proxy for adolescent birth rate]		8 (2010)	7.8 (2013)	7.6 (2014)		NA	Domestic
Prevention of Mother-to-Child rate (of HIV for mothers) (percent)				85 (2014)		NA	Domestic
Antenatal first visit before 20 weeks (percent)		36.7 (2010)	47.7 (2013)	51.8 (2014)			
Percent antenatal client initiated on antiretroviral treatment		97.4 (2010)	75.4 (2013)	85.4 (2014)			

<b>Goal 6: Combat HIV/AIDS, Malaria And Other Diseases (Tuberculosis)</b>					
<b>Goal 6 Indicators</b>	<b>1994 (baseline or closest year)</b>	<b>Current status (or nearest year)</b>	<b>2015 (target)</b>	<b>Target achievability</b>	<b>Indicator type</b>
<b>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/Aids</b>					
6.1. HIV prevalence among population aged 15-24 years	9.30% (2002)	7.10% (2012/3)	8.70%	Achieved	MDG
HIV prevalence among pregnant women aged 15 – 24 years	22.80% (2002)	21.70% (2012)	22.80%	Achieved	Domesticated
HIV prevalence in men and women aged 15-49	15.60% (2002)	18.80% (2012)	15.60%	Not achieved	Domesticated
Percentage of people that received an HIV test in the past 12 months and know their status	11.90% (2005)	66.2% (605 391) (2012/4)	49.10%	Achieved	Domesticated
6.2. Condom use at last high-risk sex	27.30% (2002)	58.40% (2012/3)	75.90%	Not achieved	MDG
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	56% (2002)	24.20% (2012)	80%	Not achieved	MDG
6.4. Ratio of school attendance of orphans to non-orphans aged 10-14	01:01 (2002)	01:01 (2012)	01:01	Achieved	MDG
<b>Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</b>					
6.5. Proportion of population with advanced HIV infection with access to antiretroviral drugs	13.90% (2005)	65.50% (2012)	≈100	Not achieved	MDG
<b>Target 6.C.: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</b>					
6.6. Incidence of malaria	64 600 (2000)	8 851 (2013)	< 64 600	Achieved	MDG
Death rates associated with malaria	2.0/100,000( 2002)	0.6/100,000 (2013)	< 2.0/100,000	Achieved	MDG
6.9. Incidence of TB	253/100,000 (2004)	860/100,000 (2013)	< 253/100,000	Not achieved	MDG
• Prevalence of TB	134,000 (2004)	530,000 (2012)	< 134,000	Post-2015 Agenda	
• Death rates associated with TB per 100 000 population	147/100 000 (2002)	76/100,000 (2013)	< 147/100,000	Achieved	

<b>Goal 6: Combat HIV/AIDS, Malaria And Other Diseases (Tuberculosis)</b>					
<b>Goal 6 Indicators</b>	<b>1994 (baseline or closest year)</b>	<b>Current status (or nearest year)</b>	<b>2015 (target)</b>	<b>Target achievability</b>	<b>Indicator type</b>
<i>6.10. Proportion of TB cases detected and cured under DOTS</i>	65.5% (2004)	90% (2012/3)	≈100	Not achieved	MDG
<i>Percentage TB-HIV co-infected patients who have been placed on ART</i>	26.4% (2009)	65.5% (2013)	85%	Not achieved	Domesticated

<b>MDG Goal 7: Ensure Environmental Sustainability</b>						
<i>Indicator</i>	<i>1994 Baseline (or closest)</i>	<i>2010 status (or nearest year)</i>	<i>Current Status 2015 (using latest year of data availability)</i>	<i>2015 Target</i>	<i>Target Achievability</i>	<i>Indicator Type</i>
<b>Target 7A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</b>						
7.1 Proportion of land area covered by forest	No data	No data	No data	No data	Not applicable	MDG
7.2.1 Carbon Dioxide (CO <sub>2</sub> ) emissions: Total	380	480	518 (2010)		Post-2015 Agenda	MDG
7.2.2 CO <sub>2</sub> emissions per capita	9.4	10.24	10.37 (2010)			
7.2.3 CO <sub>2</sub> emissions per \$1 GDP (PPP)	1.34	1.18	1.09 (2010)			
7.3.1: Consumption of ozone-depleting substances: Hydro-chlorofluorocarbons (HCFCs)	No data	222.6 (2006)	284.8 (2013)	Reduce HCFCs by 10% of baseline value by 2015	Achieved	MDG
7.3.2: Consumption of ozone-depleting substances: Bromo-chloromethane (BCM)	No data	0 (2006)	0 (2013)	100% reduction by 2002 (with possible essential use exemptions)	Achieved	MDG
7.3.3: Consumption of ozone-depleting substances: Methylbromide (MeBr)	No data	330 (2000)	140.5 (2013)	Phase out the consumption of MeBr by 2015	Not achieved	MDG
7.4: Proportion of fish stocks within safe biological limits	No data	No data	No data	No data	Not Applicable	MDG
7.5 Proportion of total water resources used	26.61 (1990)	25.03 (2000)	No latest data	No target	Not Applicable	MDG
<b>Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</b>						
7.6.1 Proportion of terrestrial areas protected (% of total)	5.18	6.2	7.85 (2014)	No target	Post-2015 Agenda	MDG
7.6.2 Proportion of marine areas protected (% of total)	No data	6.54	7.52 (2014)	No target	Post-2015 Agenda	MDG

MDG Goal 7: Ensure Environmental Sustainability						
Indicator	1994 Baseline (or closest)	2010 status (or nearest year)	Current Status 2015 (using latest year of data availability)	2015 Target	Target Achievability	Indicator Type
7.7 Proportion of species threatened with extinction (% of total)	Not Applicable	No data	No data	By 2010, restore, maintain or reduce the decline of populations of species of selected taxonomic groups and improve the status of threatened species.	Not Achieved	MDG
Plants	No data	No data	14 (2014)			
Inland mammals	No data	20 (2004)	No data			
Birds	No data	No data	11 (2013)			
Amphibians	No data	No data	14 (2010)		Post-2015 Agenda	MDG
Reptiles	No data	No data	9 (2011)			
Freshwater fish	No data	No data	21 (2007)			
Butterflies	No data	No data	7 (2011)			
Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation						
7.8 Proportion of population using an improved drinking water source (%)	76.60% (1996)	89.10% (2011)	90.80% (2013)	88.30% (2015)	Achieved	MDG
7.9 Proportion of population using an improved sanitation facility (%)	49.30% (1996)	66.5% (2011)	76.80% (2013)	74.70% (2015)	Achieved	MDG
Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers						
7.10 Proportion of urban population living in slums	No data	No data	No data	No data	Not Applicable	MDG

<b>Goal 8: Develop A Global Partnership For Development</b>							
<b>Indicators</b>	<b>Baseline (2001 unless otherwise stated)</b>	<b>2009 Status</b>	<b>2011 status</b>	<b>Final status (2013)</b>	<b>Domesticated target (source)*</b>	<b>Target achievability</b>	<b>Indicator type</b>
<b>Target 8.A: Develop further an open, rule based, predictable, non-discriminatory trading and financial system</b>							
1. Gross domestic product (GDP) per capita in current prices, Rand	23 341	50 098	58 676	66 488	No target specified	N/A	Domesticated
2. Investment share in GDP, %	15.7	20.7	19.1	20.1	25% (short-term DPME (2012) target) 30% (NDP 2030 target)	Not achieved	Domesticated
3. Foreign direct investment (FDI) as a percentage of GDP, %	8.2	2.1	1.1	0.5	No target specified	N/A	Domesticated
4. Gross savings as a percentage of gross disposable income (GDI), %	16.6	18.6	17.5	14.9	National savings of 25% of GDP (NDP target)	Not achieved	Domesticated
5. Public debt as a percentage of gross national income (GNI), %	43.3 (2000)	30.8	39.2	45.4	No target specified	N/A	Domesticated
6. Current account balance as a percentage of GDP, %	0.3	-2.7	-2.2	-5.8	No target specified	N/A	Domesticated
7. Inflation rate by headline consumer price index, %	5.7	7.1	5.0	5.7	3% - 6% (South African Reserve Bank)	Achieved	Domesticated
8. Employment-to-population ratio, %	41.5 (2003)	43.9	41.9	42.7	No target specified	N/A	Domesticated
9. Labour productivity, 2003= 100	100 (2003)	98.2	105.5	103.2	No target specified	N/A	Domesticated
10. Capital expenditure on research and development (CERD) as a percentage of GDP, %	0.49	0.54	0.48	0.45	No target specified^	N/A	Domesticated
11. Official development assistance received as a percentage of GNI, %	0.19 (2006)	0.2	0.10	0.12	No target specified	N/A	Domesticated



<b>Goal 8: Develop A Global Partnership For Development</b>							
<i>Indicators</i>	<i>Baseline (2001 unless otherwise stated)</i>	<i>2009 Status</i>	<i>2011 status</i>	<i>Final status (2013)</i>	<i>Domesticated target (source)*</i>	<i>Target achievability</i>	<i>Indicator type</i>
<b>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication</b>							
12. Fixed telephone lines per 100 population	11.1	8.9	8.1	7.1	Universal access	Achieved	Domesticated
13. Cellular telephone subscribers per 100 population	24	93	124	145			Domesticated

# EXECUTIVE SUMMARY

## **OPENING REMARKS**

In the year 2000 the Government of the Republic of South Africa (GRSA) committed to a global plan of action to reduce poverty and promote human and national social and economic development by working towards achieving eight Millennium Development Goals (MDGs) by 2015.

This sixth and final MDG report provides an overview of the progress South Africa has made towards achieving the eight MDGs as well as the reasons behind its successes and challenges, along with the lessons learned through its MDG journey. The report aims to provide a bridge to the charting of a more effective post-2015 development agenda.

South Africa's development journey pre-dates the MDGs. It started in 1994 with its post-apartheid reconstruction and development agenda which, in its focus on the eradication of poverty through equitable, inclusive and sustainable development, prefaced the MDG agenda.

The later MDG commitments placed the spotlight on, and gave impetus to, existing national efforts to reduce poverty and improve quality of life, especially for historically marginalised communities, and ensure equality of opportunities and outcomes for all across the key domains of health, education, employment and environmental sustainability.

South Africa chartered a roadmap for attaining the MDGs that included the achievement of 20 targets, the progress towards which was to be measured by a total of 60 indicators, and has made significant progress in its journey. Overall, the GRSA achieved 26 of the 60 indicators. This figure, however, does not provide a full picture of its progress, given that measurement of progress against roughly 25% of these indicators was not possible as a result of limited data availability.

In summary, the GRSA has made inroads in reducing poverty, improving access to education, promoting gender equality and combating HIV and AIDS and other diseases. It also made progress, albeit less robust, in reducing child mortality, improving maternal health and environmental sustainability, and developing a global partnership for development. Whilst it has met fewer targets under the latter goals, the starting-point was usually a very low baseline, and the progress made has prepared a foundation for sustained, accelerated progress in the coming years.

## ***POLICY DEVELOPMENT IN THE CONTEXT OF Millennium Development Goals***

South Africa's progress towards the attainment of the MDGs has been supported by the development of a suite of connected national development plans, policies, budgets and other interventions that place the spotlight on initiatives necessary to achieve the MDGs and facilitate their implementation, as well as their measurement at all levels of government and society.

The synchronicity between post-apartheid constitutional and development commitments and later MDG undertakings has ensured the integration and prominence of the MDG targets and indicators in its national development policies, plans, programmes and budgets.

The first democratically elected government committed to transforming the political, social and economic landscape through the systematic unshackling of the majority of its people from political disenfranchisement and poverty.

The immediate post-apartheid period focused on universalising key developmental services and creating an enabling economic environment. Policies focused on, inter alia:

- Growing the economy and employment opportunities through employment generation policies, and policies targeting the inequities and vulnerabilities which characterised the workplace for the majority of South Africans.
- Introducing an expanded social wage package to address social security and access to basic services.
- Bolstering food security, production and nutritional well-being, especially for children in the country.
- Expanding access to, and the quality of, basic education, including early childhood education.
- Addressing gender inequities and empowerment of women through affirmative action and safety and protection policies.
- Building a promotive public health system that rectifies the socioeconomic determinants of poor health experienced by the majority of marginalised people of South Africa, as well as increasing access to healthcare for the many people living in previously under-served areas.
- Environmental health and sustainability, notably in the new millennium. In the immediate post-apartheid period the robust economic and social development agenda in an inadequately regulated environment resulted in environmental losses and setbacks. However, this changed in the new millennium with the development of a much stronger policy and legal framework to ensure an environmentally sustainable and healthy economy.

About midway through the MDG reporting period, a number of social and economic developments resulted in associated policy and programming shifts that either strengthened or weakened elements of the country's developmental trajectory. Foremost was the impact of the 2008 global economic recession which set back economic development, poverty reduction and access to services. This spurred its own set of responses, including the New Growth Path (2010) which sought to accelerate

job growth through an emphasis on key job drivers and priority sectors, with the focus on infrastructure and rebuilding the reproductive base as the foundations for rural development and employment creation.



## MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

### INTRODUCTION

During the past two decades, South Africa has grappled with the triple challenges of poverty, unemployment and inequality.

South Africa developed an expanded framework of indicators to measure progress towards MDG 1 and related targets. The framework includes the 13 MDG indicators as well as 18 domesticated indicators. The latter provide insights into access to grants and free basic services, national poverty levels, as well as multidimensional poverty levels; progress in addressing drivers of poverty and inequality; and the impact of pro-poor policies and programmes, not only in reducing poverty levels but improving the quality of life and strengthening the country's developmental foundations.

### STATUS AND PROGRESS AT A GLANCE

Overall, in terms of aggregate poverty, the results show that progress has been made towards eradicating extreme poverty and hunger as defined by the international MDG poverty lines. Under the target of halving, between 1990 and 2015, the proportion of people whose income is less than \$1 (1USD) per day, South Africa has achieved two of the MDG 1 indicators for the following indicators: the proportion of population below \$1.25 (PPP) per day, and poverty gap ratio, both achieved in 2011.

South Africa's unemployment problem is the biggest threat to achieving universal poverty reduction. The situation has not improved sufficiently between 1990 and 2015 to meet the MDG targets and provide a foundation for sound national social and economic development. The impact of South Africa's fiscal and social policies is acknowledged in a World Bank review (2013) which highlights the pro-poor focus of the country's post-apartheid policy environment. However, income inequality remains a challenge, as do the depth of poverty and the quality of life of people living in poverty, notably in respect of access to services critical to escaping the scourge of poverty.

### KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

South Africa has made significant progress in reducing the depth of poverty and quality of life of those continuing to live below determined poverty lines. It managed to reduce the depth of poverty across a number of poverty gaps (which show on average how close the poor are from the relevant poverty line).

In 2014 South Africa developed the South African Multidimensional Poverty Index (SAMPI), a measure that goes beyond money metric measures of poverty. A key motivation for adopting the SAMPI was a concern that income-based measures did not holistically reflect the 'lived' experiences of poor people and, importantly, that growth did not automatically translate to reduction in

deprivations. Between 2001 and 2011 the proportion of households which are multi-dimensionally poor fell from 17.9% to 8.0%.

Whilst national averages and the degree of provincial inequities in income and depth of poverty have improved, certain historically vulnerable groups continue to be at greater risk of falling below the poverty line and hence staying trapped in poverty. Inequities in urban and rural poverty levels remain large and apparently intractable.

South Africa failed to reach the target set for the share of the poorest quintiles in national consumption. The latter is defined as the income versus consumption that accrues to the poorest fifth of the population. The share of the poorest has actually decreased since 2000, from 2.9% to 2.7%; although this is relatively insignificant, it is still below the MDG target of 5.8%.

Unemployment, on the other hand, has reduced only marginally, and its weighted contribution to poverty in the country in fact has increased, from 34% in 2001 to 40% in 2011. South Africa has not achieved any of its MDG or domesticated employment indicators and at times has fallen below its initial baselines. The employment-to-population ratio – which measures the economy's ability to create sufficient jobs for those willing to work – has only reached 42.8% in 2014, thus falling far short of the 50%–70% target. This translates into very high unemployment rates, which in 2013 stood at 24.7% according to the official definition and 35.3% according to the expanded definition of unemployment.

Employment does not guarantee movement out of poverty. By 2011 there had been a drop in the proportion of people employed who continued to live in extreme poverty from 5.2% to 3.9%, but this is still well below the MDG target of 0%.

South Africa has seen consistent improvement in food security, with the percentage of adults and children reporting having experiencing hunger being effectively halved between 2002 and 2011, from 31% to 17% in the case of the former, and from 32% to 18% in the case of the latter. The country has reached its target in terms of the MDG indicator of reducing hunger. Whilst stunting and wasting have decreased among young children, rates of stunting remain particularly high, at nearly 30% in 2008, with the MDG target not achieved.

Between 1997 and 2015 South Africa increased coverage of its social grants from just over 2.5 million to reach approximately 16.6 million beneficiaries by February 2015. There is compelling evidence that the country's social assistance programme has contributed to slight reduction in the Gini coefficient (from 0.70 in 2000 to 0.69 in 2013) as well as to an overall reduction in poverty and inequality.

There has been a progressive increase in access to free basic services for indigent households since the beginning of the millennium. However, access has fallen short of the targeted 59% of indigent households, which, if reached, would further reduce poverty levels.



## KEY DRIVERS AND IMPEDIMENTS TO CHANGE

### *Drivers*

South Africa's fiscal and social policies are widely acknowledged as being pro-poor and in contributing to reduced poverty headcounts. South Africa's leveraging of its taxation system in the fight against poverty and inequality has enabled expansion of the social assistance system, increasing access to healthcare and education and extending free basic services to large numbers of indigent households.

### *Impediments*

Impediments to progress, especially for historically marginalised groups, are rooted in structural constraints that continue to drive inequality today. The development of South Africa's economy around its mineral wealth set a course for highly inequitable ownership structures, disproportionate gains to capital relative to labour, and a sectorally dominant economy with limited and exclusionary labour-absorption patterns and skills demands.

A link seems to exist between, on the one hand, the greater vulnerability of the historically marginalised to economic shocks and their risk of falling below the poverty line, and, on the other, their underlying economic-support foundations. Employment is the key, with unemployed people and discouraged work-seekers being five and a half times more likely to live in poverty than their employed counterparts. Moreover, movement out of poverty due to social protection programmes, rather than improved levels of employment, appears to limit resilience against economic shocks.

The cycle of exclusion of marginalised populations rests in the uneven spread of trade and economic hubs, as well as low quality education, the appropriateness of fields of education, and educational completion rates. Education is a key predictor of whether a person falls above or below the poverty line, with the odds of being poor falling as his or her educational levels increase.

Impediments to access of free basic services by indigent households are largely a result of the lack of national standardised criteria for identifying households as indigent, of community awareness of the indigent policy, and of capacity in local government to deliver basic services.

Key impediments to increasing employment include a number of intricately linked factors, among them a post-apartheid labour force underequipped to participate in skill-intensive services sector; structural challenges that have complicated the country's diversification agenda; and the protracted global economic recovery.

## CONCLUSION AND THE WAY FORWARD

### *Lessons learnt and the post-2015 agenda: Framing the imperatives*

South Africa has made progress in reducing extreme income poverty, largely as a result of a progressive, pro-poor tax system which supports the provision of social assistance, health, education and free basic services. Less progress has been made in reducing the levels of deprivation in health,

education and access to services. Historically marginalised groups still bear the greatest poverty burden, notably female-headed households, rural families, black Africans and coloured people.

South Africa has not met any of its employment targets, which, together with poor education, hampers its overall progress towards MDG 1.

Reductions in poverty have led to reduced food insecurity. However, the nutritional status of children is cause for concern. There have been significant advances in providing basic services to poor households, but quality and consistency remain a challenge.

From the foregoing analysis it is apparent that there is significant intersection between the targets and indicators, particularly in terms of the consequences that stem from the degree of progress which is made towards them.

### ***Recommendations***

South Africa will need to address poverty by targeting vulnerable groups, particularly female-headed households in rural areas. Given the contribution of unemployment to poverty, there will be a need to strengthen policies around an industrial development path that can create employment opportunities for the people of South Africa.

The SA Multidimensional Poverty Index needs to be further developed to become a more meaningful SDG indicator, which will give a more comprehensive picture of poverty and its drivers all the way down to the ward level, based on census data.

The government strategy to contribute to employment creation through the support of small and medium enterprises and co-operatives is yet to have its intended impact. A review of SMME policies will go a long way in addressing the challenges faced by SMMEs and co-operatives as potential sources of employment.

The exclusion of household members from the labour market has implications extending beyond the individual, as it potentially reduces the resources available to the entire household.

With respect to hunger and malnutrition, a number of recommendations are made to support South Africa in the measurement and attainment of the equivalent SDG targets.

- Improved food and nutritional security measurement tools and methods at household level.
- Policy and programme measures should prioritise those without adequate food and nutrition. This requires an understanding of intra- and individual household food and nutrition needs and dynamics.

To address challenges associated with free basic services at municipal level, departments should develop a framework to guide municipalities in defining indigent households, further to which a standard poverty line or income threshold should be established for identifying households eligible for free basic services.



## MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

### INTRODUCTION

The MDG 2 to achieve universal primary education has one target, which is to ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. Progress towards its attainment is measured against three MDG indicators, in addition to nine domesticated targets reflective of South Africa's unique challenges and priorities.

In recognition of the legal and developmental value of education, South Africa has afforded this target the highest priority. Universal access to quality education is recognised as a fundamental human right by the Constitution of the Republic of South Africa, and as a fundamental precondition for achieving national development goals, notably reduced poverty and inequality, by the National Development Plan (NDP) 2030. However it is recognised that fulfilment of the legal and developmental educational imperatives requires not only access to, but also the provision of quality education.

The Government of the Republic of South Africa has sought to realise its educational commitments and goals through the development and operationalisation of an inclusive, non-racial education system.

### STATUS AND PROGRESS AT A GLANCE

South Africa has made consistent progress towards achieving Goal 2. It has achieved five of its benchmarks. It succeeded in securing the universal enrolment of all children of primary school-going age, as well as gender parity, in schools across the country as early as 2009, and increased its National Senior Certificate pass rate to 76% in 2014.

Despite its progress in securing access, it has however not yet achieved several targets relating to efficiency of use of resources, and as such has made slower, albeit steady, progress in improving the quality of education. Notable in this regard is the failure to achieve primary and secondary school completion rates, infrastructure targets and the targeted Bachelor pass rate.

### KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

Universal completion of primary school by all children, regardless of race, gender or other differences, is recognised as a central developmental indicator for a number of reasons. Universal access to quality education is a precondition for human development and is recognised by the NDP 2030 as crucial for achieving national goals, notably reduced poverty and inequality. Access to quality education is key to breaking the chains of poverty; conversely, poor education fuels the intergenerational transmission of poverty.

The adjusted net enrolment rate (ANER) indicates what proportion of age-appropriate children is enrolled in schools. South Africa started from a relatively high baseline, and between 2002 and 2009 the ANER improved from 96.5% to 98.9%. The target of 99% was reached in 2009 and has been sustained to date. Gender parity has effectively been achieved, with a marginal gender difference in primary enrolment of less than 1 percentage point in the period under review.

The completion rate for South African primary schooling reveals steady improvement, culminating in a 96.0% completion rate by 2013, an increase of 6.1 percentage points on the 89.9% level in 2002. Despite this progress, South Africa has not achieved the MDG 100% target.

Aggregate levels of youth functional literacy (proxy) which is defined as the percentage of the population 15–24 years and over who have completed a Grade 7 education increased steadily from 86.4% to 94.0% between 2002 and 2013. Disaggregation by gender revealed a similar progression of steadily rising literacy rates among females and males.

## **KEY DRIVERS AND IMPEDIMENTS TO CHANGE**

### **Drivers**

An enabling policy and programme environment is responsible for addressing the key barriers to access, including costs, school fees, transport, and accessible infrastructure. Increased access for children living in poverty is evidenced by the comparable increases in the numbers of children whose families report that the cost of schooling no longer poses a barrier to education.

Education receives the biggest slice of the National Budget. In 2015 the total education budget is estimated to be R256 billion, constituting 20% of government expenditure and 6.3% of GDP. Access to basic education continued to increase, with the expansion of no-fee schools in South Africa to more than 20 688 schools as at the end of 2012. The high enrolment rate suggests that initiatives such as the No-Fee School Policy and the National School Nutrition Programme appear to be bearing fruit (Department of Education, 2012).

An ongoing process of reflection, review and policy and programme revision to address barriers to quality teaching and learning has included a number of curriculum revisions, teacher qualification and professional-development innovations, the development and strengthening of integrated national assessment and quality improvement assessment processes such as Annual National Assessments (ANAs), and implementation of quality monitoring. The increased percentage of qualified teachers, along with improvements in learner-to-educator ratios and infrastructure, have also contributed to improved quality.

### **Impediments**

Teacher quality has remained one of the biggest impediments. In 2013, 98% of the teachers employed nationally were qualified to teach. This assumes that teachers met the criteria as stipulated in the Minimum Requirements of Teacher Education Qualifications Policy, but does not refer to the teaching quality or a teacher's content knowledge or classroom practice, or to whether

teachers teach appropriate subjects or teach out-of-field. This is illustrated by the NEEDU<sup>1</sup> report (2011) which found that many in Foundation Phase did not know how to inculcate problem-solving and analytical skills in their learners.

Enrolments for Grade Rs have increased but the quality of the programmes at this level and the quality of teaching are cause for concern. Few Grade R practitioners could articulate a deep understanding of how to maximise children's learning through a play-based approach (Excell, 2011).

The General Household Survey data (2009 to 2013) show that 'no money for fees' was the main reason for children aged 7 to 18 years not attending educational institutions despite an increase in the number of no fee schools.

## **CONCLUSION AND THE WAY FORWARD**

South Africa's post-apartheid government has expanded access to include all children of primary school-going age. However, efficiency and quality objectives are not likely to be decisively achieved in the near future. This is cause for concern as it has undesirable developmental knock-on effects: first, the sector is contributing to growing numbers of unemployed young people with an incomplete secondary education, and secondly, the sector is generating insufficient number of adequately prepared matriculants for enrolment in higher education.

The lower grades of the schooling system are not producing learners who are well-equipped to perform when they get to the senior levels, such as Further Education and Training/Technical and Vocational Education and Training (FET/TVET) and university. The problem of underperformance starts in the foundation phase and it gets worse by the time learners get to Grade 9. Learners in previously disadvantaged and rural communities bear the brunt of this log-jam since they are more vulnerable to the impacts of repetition and dropping out.

### ***Recommendations***

A critical factor in schools is the quality of teaching and learning. The priorities for the education system are:

- Emphasis on the quality of teaching and learning at the foundation phase.
- The opportunities for in-service training of Early Childhood Development (ECD) teachers should be increased, with the focus on providing teachers with practical strategies for supporting early learning and opportunities to engage in best practice teaching. Investigate gender differences in learning at different phases of schooling and introduce gender targeted interventions where necessary.
- Emphasis on safety, order and academic success.
- Monitor rates of absenteeism among teachers and learners.

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<sup>1</sup> National Education Evaluation and Development Unit (NEEDU)

- Provide appropriate support to grade repeaters either during school time or during school holidays.



## MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

### INTRODUCTION

South Africa's first democratically elected government sought to systematically overcome inequities in access to opportunities and the quality of life of historically marginalised groups of people, including women and others discriminated against due to their gender. The government has driven its transformation agenda by embedding the gender-equality imperative in the Constitution of the Republic of South Africa and in national plans, including the National Development Plan (NDP) 2030.

The realisation of the constitutionally guaranteed right and developmental imperative has been driven through the adoption of numerous policies, laws, programmes and institutional arrangements focusing on addressing gender inequality across the social and economic spectrum.

MDG 3 has seven indicators, three of which are MDG indicators and the rest are domesticated indicators (DMIs) reflective of South Africa's unique gender equality challenges and priorities as captured in its numerous sectoral and national policies and plans.

### STATUS AND PROGRESS AT A GLANCE

South Africa has thus made substantial progress towards attainment of the relevant MDG (and domesticated) indicators marking progress towards the elimination of gender disparity in primary and secondary education by 2005 and in all levels of education by no later than 2015.

South Africa achieved five out of seven indicators. These include achieving gender parity at primary, secondary and tertiary level, female literacy levels for people aged 15–24 years and ratio of female to male unemployed aged between 15 and 64 years. Overall, great strides have been made in ensuring gender parity in the educational context. However, the targets related to the equalisation of employment opportunities and participation in the non-agricultural economy, as well as those indicative of parity in political power, have not been met.

### KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

By 2015 gender parity in primary and secondary school enrolment rates had been achieved, but the attainment of substantive educational equality, especially at secondary and tertiary levels, remains a challenge, particularly for black African women living in poverty and rural areas. However, these achievements have not translated into substantive parity since the rate of primary school completion is lower for historically marginalised girls.

There is evidence that girls do not enjoy the same substantive educational opportunities as boys and that their participation in education is at a greater risk than boys, especially at secondary school level, as evidenced by the slower rate of increased participation in this education phase.

South Africa has not achieved its targeted 50% of women in non-agricultural employment, instead



reaching 44.7% by 2013. Internationally, the proportion of women in vulnerable employment declined, yet what persists is the gap between women and men in employment, the over-representation of women in low-paid jobs, their poorer access to social protection, and the lower pay they receive compared to men.

South Africa has made great progress since the first democratic elections in increasing the proportion of women in its national and provincial legislatures. At a national level, at 42%, it is only 8 percentage points shy of the MDG target. The participation of women in political decision-making bodies is critical for the achievement of gender equality in other areas because it encourages them to prioritise gender equality in general and the empowerment of women in particular.

Whilst women's political representation has improved, it has not necessarily translated into stronger decision-making power in respect of key policy and resource allocations to their benefit.

## **KEY DRIVERS AND IMPEDIMENTS TO CHANGE**

### ***Drivers***

Undoubtedly, government measures to redress racial and gender discrimination in education, the labour market and politics, including legislation on gender equity, Broad-Based Black Economic Empowerment (B-BEE) as well as other policy directives, have helped re-shape the gender landscape since the country's transition to democracy in 1994.

The planning and implementation of gender-focused policies has been supported by the establishment of state institutions. Notable in this regard are the constitutionally mandated Gender Equality Commission; the previous Office on the Status of Women within the Presidency, along with the accompanying provincial structures; and the Joint Monitoring Committee on the Improvement of the Quality of Life and Status of Women. In 2009, the Office on the Status of Women was disbanded and a separate Ministry of Women, Children and People with Disabilities was established, later changed in 2014 to the Ministry of Women and relocated in the Presidency.

The Constitution outlines a human rights framework for promoting gender equality. This has been translated into a plethora of legislative and policy initiatives, among them two developments of special importance, namely South Africa's ratification of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Declaration and Platform for Action. Furthermore, as mentioned, the NDP makes gender empowerment central to the country's development agenda.

### ***Impediments***

The Women's Empowerment and Gender Equality Bill (WEGE) has not yet been finalised. It would enable South Africa to move towards 50/50 gender parity in all decision-making positions and will have a mechanism for enforcement.

Various implementation challenges limit the reach and impact of the many laws enacted. These are

attributable to a range of factors, including human and financial resource constraints as well as poor knowledge of, and attitudes to, the law (Gopal & Chetty, 2006; Mesatywa, 2008).

Gender-focused government machinery and institutions are in need of more resources and are focused on longer term stability in order to reduce fragmentation and ineffective service delivery to women and girls.

Monitoring and evaluation of implementation becomes difficult and inadequate in the absence of permanent, formalised structures to fulfil this function.

South Africa continues to struggle to address cultural and societal norms and practices that perpetuate gender inequality in society. Despite the notion of gender equality being broadly accepted by women and men, patriarchal norms of male control continue to limit female access to, and participation in education, employment and political decision-making. They also drive very high levels of violence against women and children in the country – a key indicator of the entrenched nature and severity of women’s disempowerment and inequality in South Africa.

## **CONCLUSION AND THE WAY FORWARD**

### ***Lessons learnt and the post-2015 agenda: Framing the imperatives***

Gender inequality has its roots in South Africa’s colonial and apartheid legacy, and patriarchal norms entrenched in South Africa’s society. Transformation of the power relations between men and women has to address the multiple challenges of racism, patriarchy, sexism, ageism and structural oppression, and create an environment in which women can take control of their lives. The MDG 3 has enabled the country to define a development trajectory which is strongly gendered.

South Africa achieved gender parity in education supported by a range of policy, programmatic and strategic interventions, which were highlighted earlier in this report. However, gendered inequality persists in the education system in the form of school-based gender violence, institutional mechanisms that transmit and reinforce gendered values and norms, and the financial burden of girls’ schooling, issues which must inform the post-2015 agenda.

With regard to gendered political participation in governance, South Africa ranks amongst the most progressive in the world in terms of the representation of women in legislative assemblies at a national level. This has not translated equally to representation at provincial and municipal levels, nor at management level within the public service, parastatals and private sector.

Finally, female participation in the labour force remains a challenge. Progress has been made in terms of women’s entry into the formal non-agricultural labour market, but gender disparities – all of which have a racial dimension as well – persist in relation to wage rates, types of employment and levels of representation in senior management positions.

This analysis has fore-grounded the intertwinement of race, class, gender and the other markers of difference and inequality that characterise South Africa. There are signs that the country is moving in

the right direction of liberating men and women alike from class, racial and cultural oppression, however, there are still some challenges.

### ***Recommendations***

Sustainable developments goals (SDGs) and government initiatives must focus on addressing key structural drivers of gender inequality, including patriarchal and harmful attitudes, practices and laws, as well as the key indicators reflecting changes in the underlying structural drivers and, as such, fundamental shifts in power relations, such as the rate of gender-based violence and the heightened vulnerability of women to HIV and AIDS.

The following recommendations are aimed at informing the priorities in the period ahead:

- The WEGE Bill must be fast-tracked to enable South Africa to move towards a 50/50 gender parity in all decision-making positions and provide mechanisms for its enforcement.
- Improved resourcing of government gender machinery is required, particularly to strengthen the monitoring and oversight functions of the institutions concerned.
- Addressing societal norms, customs, and harmful cultural practices is a matter of urgency.
- Increased emphasis must be placed on enhancing female participation in public and private leadership positions, particularly at local government level.
- Surveillance mechanisms on violence against women and children must be strengthened, inter alia by conducting an annual national survey on violence against women and children.
- A dedicated funding mechanism must be in place for programmes improving gender equality and the empowerment of women and girls.



## MDG 4: REDUCE CHILD MORTALITY

### INTRODUCTION

The MDG 4 target is to reduce the under-five mortality rate by two-thirds between 1990 and 2015. To achieve this goal there are three MDG indicators namely, reducing the under-five mortality rate, the infant mortality rate and the proportion of one-year-old children immunised against measles.

Child mortality rates provide a window on the health and well-being of a country's children, the adults they become and the overall state of development. This is because the determinants of child death, and conversely of child survival, are not only medical but social and economic. A reduction in a country's child mortality rates is a sound indicator that it has shored up its social and economic development foundations to secure the survival and optimal development of children as well as their transition into healthy adulthood and active participation in the economy.

### STATUS AND PROGRESS AT A GLANCE

While South Africa has made substantial progress, it has not met its MDG 4 targets, including the domesticated indicators targeting country-specific child-survival challenges and concerns. South Africa made substantial progress in reducing child mortality, but this has been insufficient to achieve a two-thirds reduction in mortality rates.

Since 1990, there were substantial reductions in child mortality, the prevalence of the leading causes of child deaths, and improvements in the quality of life and life expectancy of young children. The child-survival picture during the 1990s was stark for the majority of children, who had been systematically excluded from access to quality services by apartheid policies which deprived a large number of children from accessing the required healthcare. About 59 out of every 1 000 children would die before their fifth birthday, mostly as a result of avoidable or treatable causes (DHS, 1998).

The picture today is very different. The majority of children have benefited from a national drive to improve their health and well-being, a drive that has contributed to improvements in child mortality through improved access to preventive and promotive health services.

### KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

The 2015 under-five mortality target is 20 deaths per 1 000 live births, while the infant mortality rate (IMR) is 18 per 1 000. The under-five mortality rate estimated from data in the country's Vital Registration System (VRS) declined from 38 deaths per 1 000 live births in 1998 to 34.3 deaths per 1 000 live births in 2013.

Whilst this reduction has not been sufficiently robust to meet the 2015 goal, in recent years there has been a sharp acceleration in the reduction of child mortality. In 2005, South Africa was one of four countries whose rates were higher than the 1990 MDG baseline. However, VRS data shows that

the under-five mortality rate declined rapidly from a peak of 66.9 deaths per 1 000 live births in 2007 to the currently reported level of 34.3 per 1 000 live births in 2013.

A similar pattern is evident with regards to the Infant Mortality Rate. The VRS data showed an increase from 26 deaths per 1 000 live births in 1998 to a peak of 48 deaths per 1 000 live births in 2007, followed by a rapid decline to 23.6 per 1 000 live births in 2013. The Rapid Mortality Surveillance (RMS) data also show a similar pattern, but with a levelling-off at around 28 deaths per 1 000 live births in 2013.

The primary causes of death in the neonatal period are preventable and include birth asphyxia, pre-term birth and infections. The leading, and equally preventable, causes of death among children 12–59 months include malnutrition, diarrheal disease, lower respiratory tract infections, such as pneumonia, and perinatally acquired HIV.

Immunisation is an effective measure to prevent many of the avoidable causes of child mortality. The general trend in measles vaccination coverage has been positive, increasing from a baseline of 68.5% in 2001 to 91.2% in 2014.

## **KEY DRIVERS AND IMPEDIMENTS TO CHANGE**

### ***Drivers***

Critical factors which facilitated these improvements included:

The Constitution of the Republic of South Africa guarantees the right to basic healthcare for all, but also provides a stronger level of protection for the rights of children, which are not, as in the case of other socio-economic rights, made subject to progressive realisation. This was complemented by a plethora of legislative measures.

The Primary Health-care Reengineering Strategy in 2010 to strengthen preventative primary health-care (PHC) services has been another driver of change. The strategy aims to bring healthcare services closer to people by ensuring specialist clinical oversight at district level through the provision of primary healthcare at household level by community health workers and the strengthening of school health services by means of the Integrated School Health Programme.

The establishment of oversight structures by the Department of Health to audit all perinatal and neonatal deaths and to make recommendations has been critical to setting the agenda for responding to this challenge.

### ***Impediments***

The MDG 4 focused exclusively on child survival and framed it as a health issue, ignoring the wider social and economic determinants of health. This focus was adopted at a global level, and so too in South Africa, where it shaped the country's response to challenges in child health. The result is that there has not been sufficient collaboration between different sectors that impact on child mortality.

There has therefore been insufficient recognition and operationalisation of a multi-sectoral response designed to address the social and economic, and not only medical, determinants of child survival, such as access to water and sanitation.

The implementation of programmes has been uneven and at times undermined by weaknesses in healthcare systems, which has led in turn to poor and variable access to, and quality of, health services. South Africa thus has continued to experience sporadic problems in the availability of essential interventions, with some variability at provincial and district levels.

South Africa has a well-established civil registration and vital statistics system. However, not all deaths are registered and the quality of the cause-of-death information is often inadequate, which undermines its ability to monitor and respond to child morbidity and mortality. The country is in need of a nationally representative population-based data that could provide a comprehensive picture of the health of its children.

## **CONCLUSION AND THE WAY FORWARD**

### ***Lessons learnt and the post-2015 agenda: Framing the imperatives***

The rate of progress in addressing child survival was hampered by an upswing in the child mortality rate in the first decade of the MDG period, mainly due to HIV and AIDS which became the leading cause of death in children under-five. However, the balance was restored when the country's political will and legislative, administrative and financial resources were mobilised to address these factors – notably HIV infection as a result of mother-to-child transmission of the virus.

Gains in child survival reflect improvement both in children's socioeconomic conditions as well as in the coverage of key child-survival interventions.

In relation to socioeconomic conditions, increased access to clean water and sanitation for many households and the introduction of child support grants were two interventions that played an important role in improving nutritional, educational and health outcomes among children.

Likewise, improved coverage of key child-survival interventions, such as immunisations, breastfeeding promotion, PMTCT, antiretroviral therapy (ART) and the treatment of common childhood illnesses (for example, diarrhoea and pneumonia) using the Integrated Management of Childhood Illness (IMCI) approach, contributed to the decline in mortality noted above.

### ***Recommendations***

There is an ongoing need for an equity-focused approach to solving the child-health problems in South Africa. Further reductions in child mortality as required by the SDGs require that all children access and benefit from key child-survival interventions, which will entail targeted efforts to reach marginalised and vulnerable children.

Coverage should be improved of community- or population-based interventions shown to be effective in reducing child mortality, such as breastfeeding promotion, access to water and

sanitation, and hand-washing with soap. This will require intensified community- and home-based education and health promotion campaigns. In addition, scaling them up will require a multi-sectoral approach.

Existing surveillance strategies for monitoring child morbidity and mortality in the country need to be strengthened because data based on varied sources and systems sometimes yield conflicting results that do not necessarily give an accurate picture of child mortality rates in South Africa. Improved child-mortality surveillance systems would allow for more reliable comparisons between South Africa and other countries, in addition to providing a rational basis for public health strategies and the improvement of healthcare.



## MDG 5: IMPROVE MATERNAL HEALTH

### INTRODUCTION

The MDG 5 which aims to improve maternal health has two targets and five indicators:

- Target 5A: To reduce the maternal mortality ratio by three-quarters between 1990 and 2015
- Target 5B: To achieve universal access to reproductive health by 2015.

The internationally set MDG indicators linked to target 5A are the maternal mortality ratio and the proportion of births attended to by skilled healthcare personnel. The indicators for target 5B are: the contraceptive prevalence rate; adolescent birth rate; antenatal care coverage; and unmet need for family planning.

South Africa has adopted four domestic indicators for target 5B, which are used as proxies for MDG indicators, where recent data are not available, namely the delivery rate in health facilities (proxy for skilled birth attendance); couple year protection rate (proxy for contraceptive prevalence); proportion of births to mothers under the age of 18 years (proxy for adolescent birth rate); and the coverage of PMTCT of HIV.

### STATUS AND PROGRESS AT A GLANCE

South Africa's target for Maternal Mortality Ratio (MMR) was 38 deaths per 100 000 live births for 2015, from a baseline of 134/100 000 in 2002. Though significant progress has been made on all goal 5 indicators, none of them have been achieved. The MMR of 141 maternal deaths per 100 000 live births in 2013, is still above the baseline figure (134/100 000) recorded in 2002.

### KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

The Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths per 100 000 live births (WHO, 2014). It represents the risk of death associated with pregnancy. Estimates from vital registration statistics show that between 2002 and 2009, South Africa experienced a significant increase in maternal deaths, with MMR estimated at 134/100 000 in 2002 and 311/100 000 in 2009. But by 2010 the MMR had declined significantly to 270/100 000, and this decline has been sustained. The latest estimate of MMR is measured at 141/100 000. Despite this progress this target was not achieved. Births attended to by skilled healthcare personnel are an indicator measuring births in the presence of a trained healthcare practitioner. This generally derived from population based data which has not been available since 2003. A domesticated indicator of percentage of births in a public health facility is used as a proxy. Facility births have increased steadily from a baseline of 67% in 2003 to 79.5% in 2010 and 85.6% in 2014. While considerable progress is noted, the target was not achieved.

Contraceptive use is monitored by measuring the contraceptive prevalence rate (CPR), which is



defined as the percentage of married or in-union women aged 15–49 years who are currently using, or whose sexual partner is currently using, at least one method of contraception. Because the population-based estimate is not regularly updated, the couple year protection rate is used as proxy for the CPR. The couple year protection (CYP) rate is the estimated protection provided by family planning services during a one-year period, based on the volume of all contraceptives dispensed during that period. The national average of CYP was 52.7% in 2014, up from 27.6% in 2010 (an increase of 25.1 percentage points). While the CPR target was not achieved the CYP proxy indicator was slightly lower than the 55% target.

The adolescent birth rate is measured as the number of births per 1 000 women aged 15–19 years. The indicator was measured at 12.5 births per 1 000 women aged 15–19 years in 1996 and increased to 13.7 births per 1 000 women aged 15–19 years in 2011. Although no target was set for this indicator, the data suggest that this rate has regressed.

Regular contact with a healthcare professional such as a doctor or nurse during pregnancy is important because it allows women to access health services that can potentially improve the health of the mother and child. The antenatal care coverage (first visit) in South Africa was 92.9% in 2014. This was an increase of 2.5 percentage points from the 2010 estimate. While the target was not achieved considerable progress has been reported.

## **KEY DRIVERS AND IMPEDIMENTS TO CHANGE**

### ***Drivers***

Progress on maternal mortality has been driven by rigorous programme implementation, guided by the National Department of Health's Strategic Plan for Maternal, Newborn, Child and Women's Health and Nutrition (MNCWH&N), which was initiated and implemented in 2012.

A key driver to progress on maternal mortality is continued oversight by the National Department of Health, which has vigorously implemented the close monitoring of institutional maternal deaths.

The 1996 Choice on Termination of Pregnancy Act made medical and surgical termination of pregnancy free for all women of any age at public healthcare facilities.

Contraceptives are freely available at public health clinics in South Africa. The 2012 National Contraception Clinical Guidelines and National Contraception and Fertility Planning Policy and Service Delivery Guidelines sought to expand the choice of contraceptive methods and to increase public awareness of them.

South Africa's endorsement of international campaigns to improve maternal health has paved the way for creating a conducive environment in which to effect change.

### ***Impediments***

Antenatal care coverage is high, with over 90% of women accessing antenatal services at least once during pregnancy in 2014. However, many women book late for antenatal care and thus may be too

late to benefit from some interventions such as PMTCT that are administered during pregnancy.

More still needs to be done to improve the health of women, especially during childbirth. If progress is to be achieved, maternal health should be viewed in a broader context than preventing maternal mortality.

The fact that the contraceptive prevalence rate and unmet need for family planning have not been measured nationally in two decades makes planning and informed decision making on contraception difficult. Prevention of unwanted pregnancies among adolescents requires specific focus and targeted campaigns to provide contraception, but this is not easily done without knowledge about the contraceptive use, sexual behaviour and tendencies of this age-group.

## **CONCLUSION AND THE WAY FORWARD**

### ***Lessons learnt and the post-2015 agenda: Framing the imperatives***

In an exercise for the MDG countdown to 2015, the South African National Department of Health identified five essential interventions that will be crucial to saving the lives of mothers in childbirth: labour and delivery management; early detection and treatment of HIV in pregnancy; TB management in pregnancy; clean birth practices; and dedicated maternal inter-facility transport (Chola et al, 2015). Focusing on these interventions could save more than 1 000 additional maternal lives annually. The Department of Health has adopted these interventions as the official countdown to 2015 interventions, and in late 2014 an exercise was launched to garner provincial support around the implementation of these interventions.

Prioritising family planning is also critical, as it can save additional lives by reducing unintended pregnancies and subsequent abortions (Michalow, 2015).

As South Africa sets its development agenda for the next 15 years, consideration of the evidence of what works towards improving maternal health is important. This evidence is available, and government and other stakeholders need to work together to ensure an end to preventable maternal deaths and access to reproductive health services for all women.

### ***Recommendations***

The five key recommendations provided by the National Committee on the Confidential Enquiries into Maternal Deaths (NCCEMD) should be carefully considered and widely adopted if the goals on maternal health are to be achieved. They are:

- fast-tracking efforts to address inequity and social determinants of health;
- developing a comprehensive and coordinated framework for MNCWH & Nutrition service delivery at PHC, district, health institutions and community level;
- reducing deaths due to HIV and AIDS;
- reducing deaths due to haemorrhage;
- reducing deaths due to hypertension;

- strengthening human resource capacity and capabilities for delivery of MNCWH & Nutrition services; and
- strengthening systems for the monitoring and evaluation of MNCWH & Nutrition interventions and outcomes.



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

### INTRODUCTION

The MDG 6 of combating the spread of HIV and AIDS, malaria and other diseases (including TB) has three targets and ten indicators. South Africa reported on 12 indicators: eight MDG, and four domesticated indicators. The targets and indicators for this goal were:

- Target 6A: To halt by 2015 and begin to reverse the spread of HIV and AIDS. The seven indicators relevant in this target are: HIV prevalence among the population aged 15–24 years; HIV prevalence among pregnant women aged 15–24 years; HIV prevalence among men and women aged 15–49 years; the proportion of people who received an HIV test in the past 12 months and know their status; condom use in high-risk sex individuals; the proportion of the population aged 15–24 years with correct knowledge of HIV and AIDS; and the ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years.
- Target 6B: To achieve by 2010 universal access to treatment for HIV and AIDS for all those who need it. The one indicator for monitoring progress in this regard is the proportion of the population with advanced HIV infection with access to antiretroviral drugs.
- Target 6C: To halt by 2015 and begin to reverse the incidence of malaria and other major diseases.

The four domesticated indicators reported on include the incidence and death rates associated with malaria and tuberculosis; the proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS); and the proportion of TB-HIV co-infected patients placed on antiretroviral treatment (ART). Due to lack of data, South Africa is not reporting on two malaria indicators, namely, the number of cases of under-five aged children with fever treated with appropriate anti-malarial drugs (indicator 6.7) and the number of households sprayed with insecticide (indicator 6.8).

### STATUS AND PROGRESS AT A GLANCE

In 2012 South Africa had more people living with HIV (PLHIV), estimated at 6.4 million, than any other country. South Africa achieved four of eight MDG indicators, namely HIV prevalence among those aged 15–24 years; the ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years; incidence and death rates associated with malaria and incidence of malaria infections; and death rates associated with tuberculosis.

In addition, the country has managed to halt and, importantly, reverse the incidence of malaria. The total number of reported malaria cases decreased markedly, and malaria-related mortality decreased by 80% between 2000 and 2013. South Africa is now one of the few countries in Africa which is poised for malaria elimination.

The country still has a huge TB burden though, but the death rate associated with TB is decreasing. While the TB treatment success rate has increased, this was still below the global target of 85% on the percentage of TB-HIV co-infected patients who have been placed on ART. The TB epidemic in South Africa is compounded by high levels of multidrug-resistant tuberculosis (MDR-TB), which has a low treatment success rate.

## **KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS**

South Africa has made great strides in tackling its HIV epidemic since the 1990s, particularly with the establishment of the South African National Aids Council (SANAC) and its role in the development of the National Strategic Plan (NSP) 2007–2011. ART uptake increased from 44.8% in 2010 to 65.5% in 2012. This dramatic scaling-up of South Africa's ART programme has resulted in South Africa's ART programme being the biggest in the world with over 2,3 million people on ARTs.

Trends in HIV prevalence among persons aged 15–24 years are a good proxy indicator of the course of new infections in the population. The evidence from population-based HIV prevalence surveys suggests that the spread of HIV in this group declined from 10.3% in 2005 to 7.1% in 2012, dipping below the MDG 2015 target of 8.7%, and thus achieving the latter well in advance of the 2015 timeline.

Whilst South Africa has made general progress in reducing risk and HIV infection rates, progress has been much lower for women aged 15–49 years. HIV prevalence among pregnant women in this age group has declined from 21.8% in 2010 to 19.3% in 2012. This target was achieved in advance of the MDG 2015 target of 22.8%.

In respect of condom use the trend from 2002 to 2008 indicated that South Africa was on course to achieve the MDG 2015 target of 75.9%. Evidence suggests that condom use at last sex declined among people aged 15–24 years by 17% from 2008 to 2012 (85.2% to 67.5% in males and 66.5% to 49.8% in females). It also declined by 8% in people aged 25–49 years, from 44.1% to 36.1% in males and 40.8% to 32.7% in females (Shisana et al, 2014). However, it changed negatively in 2012, and this target has not been achieved.

Key to prevention is knowledge of HIV-prevention methods. HSRC (2014) data show that only 24.2% of young women and men aged 15–24 years could correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. This was far below the 2015 MDG target of 80%.

The routine HIV counselling and testing (HCT) campaign testing data indicated that 605 391 people were tested for HIV and know their status in 2012, representing 66.2% of South Africans who were eligible for testing. This ratio is higher than the 2015 target of 49.1%, and thus this target was achieved.

## **KEY DRIVERS AND IMPEDIMENTS TO CHANGE**

### ***Drivers***

Since 2007 South Africa's HIV and AIDS response has had visible political leadership and commitment in that, working through SANAC, it is headed by the country's Deputy President. Financial resources allocation for responding to HIV and AIDS have increased significantly over the past eight years, with 80% of them coming from South Africa's internal sources. The massive increase in ART coverage was supported by progressive policy and programmatic developments responsive to clinical innovation.

The near-complete turnaround in the rate of new infections among children is attributable to the accelerated PMTCT programme for the Elimination of MTCT (Mother to Child Transmission).

Progress made in halting the spread of HIV has been driven by increased investments in prevention efforts, particularly in sex education in schools, expanded community-based prevention programmes, increased condom promotion and dissemination, the scaling up of HCT, and the introduction of prevention programmes among sex workers. In 2011/12 almost 9 million people were tested, and in 2012/13 a further 9 million were reached. There was an increase of 2.6 million people testing for HIV between 2008 and 2012.

The significant successes in combating malaria have been driven by consistent and successful malaria interventions, including insecticide vector control and case management, as well as cross-border malaria initiatives between South Africa and its neighbouring countries.

The drivers of progress in the fight against TB in South Africa are the implementation of the DOTS programme, the expansion of rapid molecular testing methods (mainly XPert MTB/Rif®), and the identification and support of TB and TB/HIV public-private strategies and interventions.

### ***Impediments***

The persistently higher risk and HIV prevalence rates among young women are associated with, inter alia, social and behavioural factors such as age-disparate relationships. Other risk factors for HIV acquisition among young women include early sexual debut, multiple sexual partnerships, perception of risk to HIV and low knowledge of HIV/AIDS. Despite high levels of risky behaviour in the younger population, the majority of young people 15 years and older (76.5%) believe they are at a low risk of infection even though one in ten of this group were already infected without knowing it.

There is cause for concern in the recorded reduction in condom usage rates between 2008 and 2012 across all age cohorts. During that period, financing of the HIV prevention response was challenged by the economic down-turn and the withdrawal of development-partner funding.

## **CONCLUSION AND THE WAY FORWARD**

### ***Lessons learnt and the post-2015 agenda: Framing the imperatives***

South Africa has made substantial progress by achieving five of the nine MDG indicators for HIV/AIDS, malaria and TB. It has made significant progress in halting and reversing the spread of HIV and AIDS, as evidenced by its reducing incidence and increasing prevalence rates. Similarly, substantial progress has been made in reducing new infections in children aged 0–14 years,

infections which are estimated to have dropped by 79% between 2004 and 2013.

South Africa has made progress in halting and beginning to reverse the incidence of malaria. The number of reported malaria cases decreased markedly, and malaria-related mortality decreased by 80% from 2000 to 2013. The country is now one of the few in Africa that can possibly be ready for malaria elimination.

South Africa still has a huge TB burden, but the death rate associated with it is decreasing. While TB treatment success rate has increased, this was still below the global target of 85%. The TB epidemic in South Africa is compounded by high levels of MDR-TB and XDR-TB, which has a low treatment success rate.

### ***Recommendations***

The single-biggest HIV prevention priority for South Africa is to reduce new infections among young women and girls between the ages of 15 and 24 years by, inter alia, reducing inter-generational and transactional sex. Recommendations to address this include, the delivery of a tailored combination of prevention packages in rural and urban areas, prisons and school-based settings that are viewed as 'friendly' by the target key population and which will facilitate increased access. In addition it is important to promote among key populations the early take-up of HCT as an entry point to HIV care prior to the onset of illness.



## MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

### INTRODUCTION

The MDG 7 has four main targets (7A –7D) and ten broad indicators further divided into sub-indicators, resulting in 15 MDG 7 indicators in total.

Issues of environmental sustainability are embraced in the South African Constitution, section 24, which gives South Africans the right to an environment that is not harmful to their health or well-being; and to have the environment protected; for the benefit of the present and future generation; through reasonable legislative and other measures that prevent pollution and ecological degradation; promote conservation and secure ecologically sustainable development and use of natural resources, while promoting justifiable economic and social development.

### STATUS AND PROGRESS AT A GLANCE

Overall, four MDG 7 indicators have been achieved by 2015; while four indicators didn't have data and were therefore not reported on. Five other indicators have targets that go beyond 2015, while two indicators have not been achieved. The four indicator targets achieved include:

- Indicator 7.3.1 which deals with reducing the consumption of Hydro chlorofluorocarbons (HCFCs) by 10% of baseline value (369.7 ODP metric tonnes) by 2015;
- Indicator 7.3.2 targeting a 100% reduction of Bromo-chloromethane (BCM) by 2002 (with possible essential use exemptions); and
- Indicators 7.8 and 7.9 which deal with halving, by 2015, the backlog of the proportion of people without sustainable access to safe drinking water and basic sanitation. With regards to the global water targets on access to improved water sources, this was achieved in 2010.

### KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

Although South Africa is considered a higher CO<sub>2</sub> emitter by African standards (AUC, UNECA, AfDB and UNDP, 2012), the country has made substantial progress through interventions to address the impact of climate change. These interventions include programmes, policies, strategies, and funding initiatives, which aided in the achievement of two of the four indicators which fall within this target.

South Africa has achieved its medium-term targets for reducing Ozone-Depleting Substances (ODSs). By 2013, it had reduced its consumption of HCFCs by more than the target of 10.0% below the baseline value from 369.7 to 284.8 ODP metric tonnes, although reductions have slowed in the post-2010 period.

In addition, BCM consumption was phased out, achieving a 100% reduction in BCM consumption by



2006. The consumption of MeBr<sup>2</sup> was reduced from the baseline value of 602.7 ODS metric tonnes by 5.62% in 2008 and by 76.69% in 2013, thus indicating that South Africa made significant progress on this target.

The 2010 target of restoring or reducing the decline of threatened species was not achieved, while the 2020 target forms part of the post-2015 agenda. Loss of natural habitat or land cover change, particularly as a result of cultivation, remains the primary threat to species, while invasive alien species threaten species in both terrestrial and freshwater environments.

Access to an improved water source was 76.6% in 1996, with a target of 88.3% by 2015. The MDG target was achieved in 2005, with 89.1% of households having access to improved water sources. Access to an improved sanitation source was 49.3% in 1996, with a target of 74.7% by 2015. South Africa achieved this target in 2012, with 75.2% of households having access to an improved sanitation facility.

## **KEY DRIVERS AND IMPEDIMENTS TO CHANGE**

### ***Drivers***

Issues of environmental sustainability are addressed in section 24 of the South African Constitution. Importantly the South African government has adopted numerous policies, strategies and interventions towards enhancing environmental sustainability.

The overarching national development initiative to facilitate the transition to the SDGs is the NDP Vision 2030, which adopted 'a low carbon development path' as its long-term strategic approach to address environmental sustainability.

### ***Impediments***

Resource constraints are critical barriers to the effective implementation and realisation of the MDG 7 targets. In particular, the financial and technical capacity constraints at the local municipality level have negatively impacted the ability of local government to maintain infrastructure. Fiscal constraints at provincial level have led to incidents of sub-standard provincial infrastructure (DWS, 2015), resulting in different levels of access to services among provinces.

Supply-side constraints such as the energy generation capacity of the country versus the demand have been a key threat to South Africa's economic survival and need to be urgently addressed. This has raised issues of energy security and sustainability over the long term. Importantly, the country's heavy reliance on coal as an energy source also poses environmental challenges. The proposal of alternative energy sources, such as nuclear power, has been challenged, given its potential negative impact on the environment and the potential socio-economic effects on affected communities. In

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<sup>2</sup> In the 2010 MDG country report, the consumption of the ODS: MeBr figures were reported based on the recommended import/export information whereas the 2015 figures are based on actual import/export information

development planning, cognisance must be taken of limited resources like water in a semi-arid country like South Africa.

Increasing urbanisation and the rise in population, particularly in informal settlements, increases the demand for resources and puts additional pressure on big metros for more access to water and sanitation services. This means that government has to keep up with 'a moving target', which in turn affects long-term sustainability of service delivery. Institutional fragmentation in the delivery of essential services such as water, where several government departments share responsibility, has negatively impacted effective planning and service delivery.

## **CONCLUSION AND THE WAY FORWARD**

### ***Lessons learnt and the post-2015 agenda: Framing the imperatives***

Important lessons were learnt during the MDG monitoring and evaluation period. In particular these relate to the process of engaging the various stakeholders such as: sector departments; data providers; and civil society organisations to track progress on the MDGs. The process of engagement fostered relationships and created a better understanding of the required strategies, and methodologies and the development of appropriate response interventions. It is therefore advisable for government to leverage these established relationships to maximise future development planning priorities.

As we approach the end of the MDG process in 2015, government and policymakers are required to identify the appropriate strategies, policies and other forms of interventions to steer sustainable development beyond 2015. Some of these could be addressed under the SDGs. This can be leveraged from the findings on progress made towards achieving the MDGs, based on lessons learnt and potential challenges identified to inform South Africa's future development agenda.

With regards to the MDG targets that have been achieved, the lesson learnt is to build on what has been achieved thus far. For example, for the Department of Water and Sanitation to have achieved a reduction of 50% in the backlogs related to access to improved facilities shows excellent progress by the South African government. However, for both these targets, the prevailing infrastructures in place need to be strengthened and maintained to eradicate the remaining backlog. The lesson learnt is that as government approaches the threshold of over 90% access to these services, twice the amount of effort and resources is required for an additional 1% improvement in access. Therefore, greater resource mobilisation is required to eradicate the remaining backlog, and achieve a 100% access for all South Africans. Another lesson is for South Africa to develop domesticated indicators in order to monitor progress locally. However, without clear, measurable and time-bound targets for the DMIs, evaluating progress would not have an effective impact on future development planning.

### ***Recommendations***

The South African government needs to leverage on the efforts undertaken during the MDG process, and foster strong partnerships, where necessary, in order to ensure effective implementation of the

post-2015 agenda and/or the new SDGs. Provision and maintenance of infrastructure at the provincial level is crucial for sustainable service delivery post-2015 and needs to be strengthened at all levels.



## MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

### INTRODUCTION

The MDG 8 focuses on the global partnership for development, enshrined in the 8 domesticated targets. Many official indicators in MDG 8 have little relevance to South Africa's development status and therefore a choice was made to customise and domesticate all Goal 8 indicators. As a result, many indicators for Goal 8 focus on South Africa's overall macroeconomic and socioeconomic performance. The domesticated indicators for Goal 8 therefore reflect primarily on Target 8.A and Target 8.F as outlined below.

- Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system;
- Target 8.B: Address the special needs of the least developed countries;
- Target 8.C: Address the special needs of landlocked developing countries and small island developing states;
- Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term;
- Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries;
- Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

### STATUS AND PROGRESS AT A GLANCE

One of South Africa's greatest challenges has been the high structural levels of unemployment faced by the country. Early policy documents (such as the Accelerated and Shared Growth Initiative (ASGISA) (2006)), as well as the more recent long-term vision for South Africa encapsulated in the National Development Plan (NDP) (2012), highlight the need for growth in excess of 5% in order to address high levels of unemployment. In addition, a key focus is shifting the economy towards a knowledge-based economy. The domesticated indicators on South Africa's growth, employment, international trade, and Research and Development (R&D) investment reflect mixed performance since 2001.

Many of the Goal 8 macroeconomic indicators, all of which are domesticated, show that progress was made in the years before 2008. The global economic recession of 2008/9 significantly impeded attainment of these indicators and the effects appear to be lingering, with evidence of improvements emerging in late 2013.

## KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

### **Progress on Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system**

South Africa has performed admirably in providing a favourable inflationary environment through a dedicated inflation-targeting mandate by the South African Reserve Bank (SARB). However, since the global financial crisis, South Africa has not managed to achieve the desired and necessary levels of growth to reduce the high and persistent levels of unemployment. In addition, South African levels of inequality continue and the country is considered to be among the countries with the highest inequalities in the world.

South Africa's economic performance is also reflected in its international trade, which has seen imports growing significantly since 2001, while export volumes have stagnated, especially since the global crisis in 2008/9. As a result, South Africa has experienced a significant deterioration in its current account balance with the rest of the world, with a net deficit recorded consistently over the past 11 years.

South Africa's historically low rate of savings has also contributed to lower than required investment levels. In addition, levels of foreign direct investment (FDI) (as a percentage of GDP) have continued to decline since 2001. This will constrain South Africa's future ability to undertake further investments through either domestic savings or government borrowing, and will place greater reliance of foreign sources of investment. Conversely, South Africa remains a significant source of investment for the rest of the African continent.

From an R&D perspective, falling levels of private investment in R&D (as a percentage of GDP) have been somewhat compensated for by increased public sector expenditure on R&D, with overall levels of R&D expenditure stagnating. These macroeconomic indicators point to the need for a strong focus on both the basic drivers of development (such as adequate investment in quality education) and interventions that clearly address structural barriers to growth and employment.

Official Development Assistance (ODA) accounts for a relatively small proportion of South Africa's overall budget, making the country far less reliant on foreign donors. The country's low level of reliance on ODA is largely a reflection of the improved political and development status since 1994.

### **Progress on Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications**

South Africa has effectively achieved universal access to voice-based communications, as assessed through the two chosen domesticated indicators. While population access to fixed-line telephony has declined over the past decade, this has been effectively countered by a substantial rise in access to mobile phones. However, in terms of internet access (for which South Africa has no domesticated MDG indicator), progress appears to have been more limited. The Government's ambition is to provide broadband coverage to all households by 2020.

## KEY DRIVERS AND IMPEDIMENTS TO CHANGE

### *Drivers*

In the pre-2008/9 period, the impacts on employment were driven by strong global and local economic growth which drove higher levels of output and increased demand for labour. South Africa's inflation targeting policy has contributed to an inflation environment conducive to growth.

### *Impediments*

South Africa's failure to address long-term structural impediments to job creation and undertake policy reforms to promote labour use in new and existing industries remains a key reason for low growth and employment, and high inequality. These structural impediments include: the poor quality of education; poor labour-employer relations; and a policy environment which does not sufficiently encourage local and foreign investment to drive growth.

## CONCLUSION AND THE WAY FORWARD

### *Lessons learnt and the post-2015 agenda: Framing the imperatives*

South Africa has made some progress, based on the domesticated indicators for MDG 8, in achieving macroeconomic stability and developing a framework to encourage the private sector roll-out of universal voice communications coverage. However, despite expansionary fiscal policies during and subsequent to the global recession, South Africa has failed to reach the desired levels of growth and has been unable to eliminate the fundamental constraints to inclusive economic development. High levels of inequality and low labour participation rates remain of major concern.

Looking forward, the SDGs focus on a wider array of development goals, with many of these related to MDG 8. In assessing South Africa's performance in MDG 8, it is clear that there remains room for improvement in both the country's performance and the measurement of this performance. Performance can be better measured where South Africa makes greater use of the relevant international indicators and incorporates these indicators into domestic data collection and performance monitoring frameworks.

Finally, the SDGs highlight a greater role for the private sector, and this therefore requires a significantly stronger partnership for development between private and public sectors. This is particularly pertinent for South Africa and the country needs to move quickly from the development of policies and plans, to the effective implementation of strategies and programmes that are specifically targeted at encouraging public and private sector investment and removing barriers to long-term inclusive growth.

### *Recommendations*

There is a need for a strong focus on both the basic drivers of development and interventions that clearly address structural barriers to growth and employment. These include scaling up levels of foreign and local investments, cultivating a stronger savings environment, improving South Africa's

export performance and enhancing its knowledge economy.

## CONCLUSION AND RECOMMENDATIONS

### ***Lessons learnt and the post-2015 agenda: Framing the imperatives***

After 20 years of development, significant progress has been made in improving national coverage of essential services, and inroads have been made into reducing extreme poverty levels. However, South Africa continues to face the triple challenge of poverty, inequality and unemployment.

Its recent 20-year review and National Development Plan 2030 concluded that whilst the country has laid a solid developmental foundation to achieve the goals of eliminating poverty and reducing inequality, its investments have not yielded their full developmental potential. Attention in the next phase must focus on these enduring challenges and blockages – the Sustainable Developmental Goals of the post-2015 era should drive innovation and accountability in these areas.

To the extent that it is possible, the SDG indicators that are agreed on, as well as their domesticated derivatives, should constitute a framework that:

- Focuses on MDG goals that have not yet been attained and that are especially pertinent to unlocking poverty traps and equalising opportunities for historically marginalised groups of people.

#### In the case of MDG 1: ***Eradicate extreme poverty and hunger***

The South African Multidimensional Poverty Index (SAMPI) that was developed in 2014 needs to be further developed to provide a picture of poverty and its drivers all the way down to the ward level, based on census data. This is critical for more effective planning and targeting. There is a need to grow employment massively, especially among women and young people. This requires increasing investments in rural infrastructure and economic hubs; strengthening support for Small and Medium Micro-Enterprises (SMMEs), alongside stronger protection for people in informal employment. Strengthening the target of social wage interventions to unlock the full development potential is urged.

#### In the case of MDG 2: ***Achieve universal primary education***

A critical factor in schools is the quality of teaching and learning, with an emphasis on the foundation phase of schooling and increased access to early childhood education from infancy. Importantly it is necessary to enable a conducive learning environment through addressing safer school environments, strengthen in-service training for educators, monitoring teacher and learner absenteeism and appropriate support for grade repeaters.

#### In the case of MDG 3: ***Promote gender equality and empower women***

Government initiatives must focus on addressing key structural drivers of gender inequality,

including patriarchal and harmful attitudes and practices. This could be advanced through enhancing female participation in public and private leadership positions particularly at local government level, improved employment rates among women and reducing the levels of gender based discrimination. Importantly this will require, improved resourcing of government's gender machinery and through strengthening the monitoring and oversight functions of the institutions concerned.

In the case of MDG 4: ***Reduce child mortality***

There is an ongoing need for an equity-focused approach to solving the child-health problem in South Africa. This requires that all children access and benefit from key child-survival interventions, which will entail targeted efforts to reach marginalised and vulnerable children. Addressing the socio-economic determinants of child mortality and morbidity, such as access to water and sanitation services and lack of parental knowledge and awareness and improved quality of healthcare services.

In the case of MDG 5: ***Improve maternal health***

The National Department of Health has identified five essential interventions that will be crucial to saving the lives of mothers in childbirth: labour and delivery management; early detection and treatment of HIV in pregnancy; TB management in pregnancy; clean birth practices; and dedicated maternal inter-facility transport (Chola et al, 2015). Prioritising a focus on these interventions at a provincial level could save more than 1 000 additional maternal lives annually.

In the case of MDG 6: ***Combat HIV/AIDS, malaria and other diseases (Tuberculosis)***

The single biggest prevention priority for South Africa is to reduce new infections among young women and girls between the ages of 15 and 24 by, inter alia, reducing inter-generational and transactional sex.

In the case of MDG 7: ***Ensure environmental sustainability***

There is a need for strict adherence to adopted strategies for the achievement of a low carbon development path through a participatory approach by all stakeholders. Importantly the need to provide and maintain infrastructure at the sub-provincial level is crucial for sustainable service delivery post-2015. Finally, South Africa needs to develop clear, measurable and time-bound DMIs and targets in order to monitor progress locally.

In the case of MDG 8: ***Develop a global partnership for development***

There is a need for a strong focus on both the basic drivers of development and interventions that clearly address structural barriers to growth and employment. These include scaling up levels of foreign and local investments, cultivating a stronger savings environment, improving



South Africa's export performance and enhancing its knowledge economy.

- Includes key equity indicators, focusing not only on national averages, but improvements specifically among persistently marginalised groups and across geographic and demographic fault lines. Specifically, the indicators should measure progress in access to key services essential to equalising opportunities for people living in rural areas, women-headed households, people living in informal urban settlements, people with disabilities, and people living in the lowest two quintiles.
- Measures improvements not only in access to but the quality of services provided, especially in the case of education and health, given that access without quality is insufficient to catalyse human development and equalise opportunities for historically marginalised groups.
- Places the spotlight on action and resultant progress in addressing structural barriers such as societal attitudes and prejudices, respect for human rights, and improved governance and administrative capacity. Required outcomes and indicators should include measurement of factors that provide insight into these types of barriers and of whether the country is making progress. For example, the levels of gender-based violence, the prevalence of HIV and AIDS amongst young women, and levels of prejudice and discrimination experienced by vulnerable groups, such as people with disabilities and people affected by HIV and AIDS, are all critical indicators of the levels of respect for human rights, the rule of law, and the levels of persistently harmful attitudes and beliefs in a country.
- Includes a number of process or governance indicators that will allow for measuring progress in addressing leadership, governance and capacity developments necessary to correct inter-country implementation inequities and service-delivery bottlenecks. Notably, the spotlight should be placed on the development of effective government-wide leadership and monitoring structures necessary to drive cross-cutting solutions for historically marginalised and vulnerable groups, such as women, people with disabilities, very young children (in relation to ECD), and people affected by HIV and AIDS.

As government reaches the end of the MDG agenda, it is necessary to implement appropriate interventions for a smooth transition towards the sustainable development goals (SDGs), as well as mainstreaming the other indicators into the national development agenda. There is a need to start framing the imperatives towards the SDGs and guide government and all stakeholders accordingly. This is being addressed through the NDP Vision 2030, but effective implementation of the recommended interventions and milestones is crucial to ensuring that the country follows and achieves the proposed low carbon development path.

The South African government needs to ensure that the relevant, up-to-date data are available with proper benchmarks in order to track and monitor progress of its ongoing and/or new development indicators. This will close the data gaps and ensure that the selected targets are measurable within a

given time period. Ensure that all indicators, especially those which are domesticated have clear measurable targets, with proper benchmarking.

The NDP Vision 2030 set out clear milestones with time-bound strategies that need to be adhered to strictly in order to ensure the achievement of a low carbon development path. This requires a participatory approach by all stakeholders including government, the private sector and civil society. There is a need for dedicated strategies and programmes that are geared to the issue of reliability and operational sustainability.

Once the indicators are selected, it is critical that the SDG monitoring and reporting framework, indicators and requirements be closely aligned with the national data collection, monitoring and improvement processes. This is critical to enable synergised processes, effective and timeous collection of data, appropriate analyses and reporting processes, as well as, perhaps most critically, the integration of the findings into ongoing national developmental strengthening processes.

Integration of future SDG indicators and targets into South Africa's own planning, performance monitoring and evaluation systems is critical to ensure data availability (and avoid the scenario experienced in the pre-2015 process of multiple data gaps and hence the inability to measure progress against a number of the MDG and domesticated indicators). Deeper integration of the SDG indicators into South Africa's National System of Statistics (NSS) will also ensure that adequate and timely data is available for those indicators that South Africa chooses to report on.

This alignment will require, inter alia:

- integration and alignment of SDG indicators with the indicators and targets contained in the national monitoring and evaluation framework;
- integration and alignment of the data collection function within the office of Statistics South Africa and alignment of indicators and relevant data accreditation frameworks;
- alignment of indicators with the data collection cycles and timing of national and other surveys to ensure that data is collected through credible and timely processes;
- alignment and integration of the data analyses and reporting functions within the national departments and structures established for this very purpose, such as the National Planning Commission and the Department of Performance, Monitoring and Evaluation within the Presidency.

In closing, the SDGs offer an important opportunity for harnessing the many advantages of a global agenda and partnerships to drive appropriate development in South Africa through the equitable and sustainable use of the country's resources. The extent to which South Africa is able to make maximum gains from its SDG partnerships will depend on, inter alia, how well it learns from the MDG

process and integrates the lessons learned into a future synergised national and global development agenda and monitoring framework to provide a sound foundation for realising a society that is free from poverty and inequality.

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