REPUBLIC OF SOUTH AFRICA

MILLENNIUM DEVELOPMENT GOALS

Country Report 2015

The South Africa I know, the home I understand

Millennium Development Goals: Country report 2015 / Statistics South Africa

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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 MDGs 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 its forms. It also highlights the challenges that still remain.

The MDGs were a natural fit for South Africa as they aligned seamlessly with our own development agenda as expressed through the Freedom Charter and were 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 MDGs 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 halve 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, but we are keenly aware that we should 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 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 healthcare, 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 healthcare infrastructure and improved access to healthcare services for all South Africans. We are mindful that many challenges still abound with respect to matters of healthcare and mortality, but we have made significant progress with regard to the reduction of child mortality, MDG4, and the improvement of maternal health, MDG5.

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 sixth and final MDG report I have the pleasure of submitting to the Executive arm of the Republic and to the peoples of South Africa. It provides a historical account of South Africa's development in numbers and details the progress we have made as a country towards eradicating extreme poverty in all its forms.

This report reflects the 15-year results of intense national efforts from a range of institutions, organisations and individuals to improve the lives of all South Africans, but in particular the poor and the marginalised in society. A great many people have 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 end here, 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 the Statistician-General and Stats SA, will have to ensure that we can respond to these challenges 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 provided the information that forms the bedrock of the reports what underpins this report.

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

Pali Lehohla,

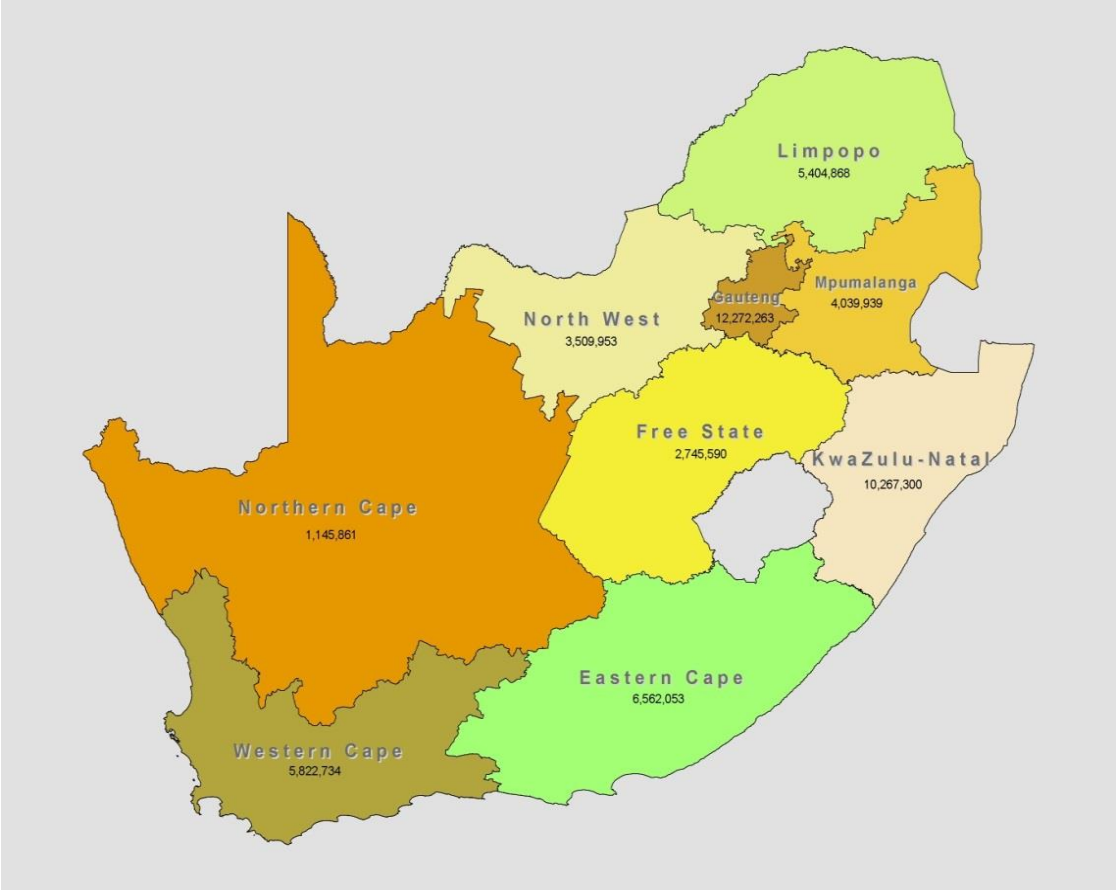
Statistician-General of South Africa and the Chairperson of the National Coordinating Committee for the Millennium Development Goals.

SOUTH AFRICA AT A GLANCE

Indicator		Value	
		2001	2011
Population	Total	44 819 778	51 770 560
	Male	21 434 040	25 188 791
	Female	23 385 737	26 581 769
Households		11.2 million	14.5 million
Household size (persons)		Average 3.8	Average 3.6
Land surface area		1 219 602 km^2	
Provinces		Gauteng, KwaZulu-Natal, North West, Limpopo, Free State, Mpumalanga, Eastern Cape, Western Cape, Northern Cape	
Key economic sectors		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

Goal 1: Eradicate Extreme Poverty And Hunger							
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**
Target 1.A: Halve between 1990 and 2015 the proportion of people whose income is less than one dollar a day							
Proportion of population below $1.00 (PPP) per day	*11.3 (2000)*	*5.0 (2006)*	*4.0 (2011)*	*4.0 (2011)*	*5.7*	*Achieved*	*MDG*
Proportion of population below $1.25 (PPP) per day	*17.0 (2000)*	*9.7 (2006)*	*7.4 (2011)*	*7.4 (2011)*	*8.5*	*Achieved*	*MDG*
Proportion of population below Lower-bound PL (R443 per month in 2009 prices)	*42.2 (2006)*	*44.6 (2009)*	*32.2 (2011)*	*32.2 (2011)*	*No target*	*NA*	*Domesticated*
Proportion of population below Upper-bound PL (R620 per month in 2009 prices)	*57.2(2006)*	*56.8 (2009)*	*45.5 (2011)*	*45.5 (2011)*	*No target*	*NA*	*Domesticated*
Proportion of population below $2.00 (PPP) per day	*33.5 (2000)*	*25.3 (2006)*	*20.8 (2011)*	*20.8 (2011)*	*16.8*	*Not achieved*	*MDG*
Proportion of population below $2.50 (PPP) per day	*42.4 (2000)*	*34.8 (2006)*	*29.2 (2011)*	*29.2 (2011)*	*21.1*	*Not achieved*	*Domesticated*
Poverty gap ratio ($1.00 (PPP) per day)	*3.2 (2000)*	*1.1 (2006)*	*1.0 (2011)*	*1.0 (2011)*	*1.6*	*Achieved*	*MDG*
Poverty gap ratio ($1.25 (PPP) per day)	*5.4 (2000)*	*2.3 (2006)*	*1.9 (2011)*	*1.9 (2011)*	*2.7*	*Achieved*	*MDG*
Poverty gap ratio (Lower bound PL R443 per day)	*16.4 (2006)*	*18.9 (2009)*	*11.8 (2011)*	*11.8 (2011)*	*No target*	*NA*	*Domesticated*
Poverty gap ratio (Upper bound R620 per day)	*26.7 (2006)*	*27.9 (2009)*	*19.6 (2011)*	*19.6 (2011)*	*No target*	*NA*	*Domesticated*
Poverty gap ratio ($2.00 (PPP) per day)	*13.0 (2000)*	*8.1 (2006)*	*6.5 (2011)*	*6.5 (2011)*	*6.5*	*Achieved*	*MDG*
Poverty gap ratio ($2.50 (PPP) per day)	*18.0 (2000)*	*12.5 (2006)*	*10.3 (2011)*	*10.3 (2011)*	*9*	*Not achieved*	*MDG*
Share of the poorest quintile in national consumption	*2.9 (2000)*	*2.8 (2006)*	*2.7 (2011)*	*2.7 (2011)*	*5.8*	*Not achieved*	*MDG*
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people							
Percentage growth rate of GDP per person employed	*4.7 (2002)*	*1.9 (2009)*	*1.5 (2011)*	*-1.1 (2013)*	*6*	*Not achieved*	*MDG*

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

Goal 1: Eradicate Extreme Poverty And Hunger							
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***
Water	*61.8 (2004)*	*73.2 (2007)*	*71.6 (2011)*	*71.6 (2011)*	*No target*	*NA*	*Domesticated*
Electricity	*29.3 (2004)*	*50.4 (2007)*	*59.5 (2011)*	*59.5 (2011)*	*No target*	*NA*	*Domesticated*
Sewerage and sanitation	*38.5 (2004)*	*52.1 (2007)*	*57.9 (2011)*	*57.9 (2011)*	*No target*	*NA*	*Domesticated*
Solid waste management	*38.7 (2004)*	*52.6 (2007)*	*54.1 (2011)*	*54.1 (2011)*	*No target*	*NA*	*Domesticated*

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 Domesticated
	F	96.8 (2002)	99	99.4 (2013)	100		
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 Domesticated
	F	90.1 (2002)	95.8	97.5 (2013)	100		
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

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**
	F	15 (2009)	20	22.8 (2013)	20%	Achieved	
Measures of Quality							
Qualified teachers		94 (2008)	96	98 (2013)	No target	NA	Domesticated
Learner-to-Educator ratio		33:1 (2005)	30:1	31:1 (2014)	30:1	Achieved	Domesticated
Electricity infrastructure (% of schools)		Not available	86 (2011)	95 (2014)	100	Not achieved	Domesticated
Water infrastructure (% of schools)		Not available	90 (2011)	97 (2014)	100	Not achieved	Domesticated
Sanitation infrastructure (% of schools)		Not available	96 (2011)	98 (2014)	100	Not achieved	Domesticated
Perimeter fencing infrastructure (% of schools)		Not available	89 (2011)	93 (2014)	100	Not achieved	Domesticated
Outcome Indicators							
Adult literacy rate: 18 years and older	M	74.9 (2002)	83.6	85.4 (2013)	No target	NA	Domesticated
	F	72.5 (2002)	80.5	83.3 (2013)	No target	NA	
National Senior Certificate (NSC) pass rate (% of learners)	M	62.0 (2009)	69.3	78 (2014)	75	Achieved	Domesticated
	F	59.5 (2009)	66.5	74 (2014)	75		
Bachelor Pass (% of learners)		19.9 (2009)	24.3	28 (2014)	35.6	Not achieved	Domesticated

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

Goal 4: Reduce Child Mortality							
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**
Goal 4: Reduce by two-thirds, between 1990 and 2015, the mortality rate of children under five							
Under-five mortality rate (per 1,000 live births)	*59 (1998)*	*38.7 (2011)*	*37.5 (2012)*	*34.3 (2013)*	*20*	*Not Achieved*	*MDG*
Infant mortality rate (per 1,000 live births)	*54 (1998)*	*26.5 (2011)*	*24.9 (2012)*	*23.6 (2013)*	*18*	*Not Achieved*	*MDG*
Proportion of 1-year-old children immunised against measles	*68.5 (2001)*	*84.8*	*87.3*	*91.2*	*100*	*Not Achieved*	*MDG*
Immunisation coverage under one year of age.	*66.4 (2001)*	*79.9*	*84.1*	*87*	*100*	*Not Achieved*	*Domesticated*
Life expectancy at birth	*57.6 (2001)*	*60.4 (2007)*	*60.2*	*61.2*	*70*	*Not Achieved*	*Domesticated*
Diarrhoea (with dehydration) incidence under 5 years of age (per 1,000 children)	*138 (2002)*	*16.9*	*12.8*	*14.1*	*No Target*	*NA*	*Domesticated*
Pneumonia incidence under 5 years of age (per 1,000 children).	*21 (2003)*	*79.4*	*55.1*	*52.9*	*No Target*	*NA*	*Domesticated*
Neonatal mortality rate (per 1,000 live births)		*13*	*11*	*11*	*No Target*	*NA*	*Domesticated*
Prevention of Mother to Child Transmission: Infant 1st PCR test positive around 6 weeks rate		*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**
Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio							
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*
Target 5B: Achieve by 2015, universal access to reproductive health							
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)*			

Goal 6: Combat HIV/AIDS, Malaria And Other Diseases (Tuberculosis)					
Goal 6 Indicators	**1994 (baseline or closest year)**	**Current status (or nearest year)**	**2015 (target)**	**Target achievability**	**Indicator type**
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/Aids					
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
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it					
6.5. Proportion of population with advanced HIV infection with access to antiretroviral drugs	13.90% (2005)	65.50% (2012)	≈100	Not achieved	MDG
Target 6.C.: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases					
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	

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

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**
Target 7A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources						
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_2) emissions: Total	*380*	*480*	*518 (2010)*		*Post-2015* Agenda	*MDG*
7.2.2 CO_2 emissions per capita	*9.4*	*10.24*	*10.37 (2010)*			
7.2.3 CO_2 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*
Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss						
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*

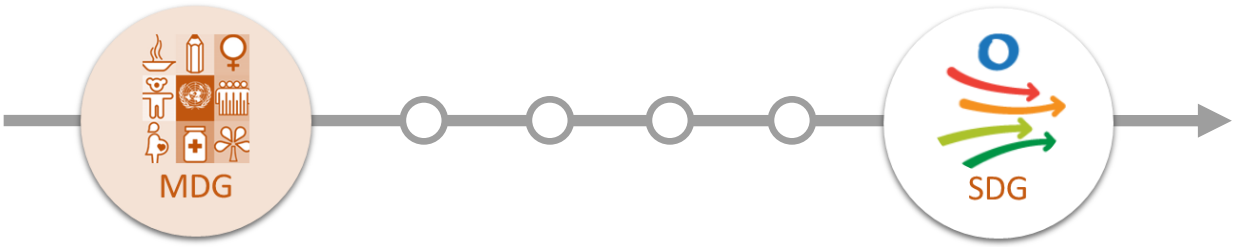
Goal 8: Develop A Global Partnership For Development							
Indicators	**Baseline (2001 unless otherwise stated)**	**2009 Status**	**2011 status**	**Final status (2013)**	**Domesticated target (source)***	**Target achievability**	**Indicator type**
Target 8.A: Develop further an open, rule based, predictable, non-discriminatory trading and financial system							
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	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	N/A	Domesticated
6. Current account balance as a percentage of GDP, %	0.3	-2.7	-2.2	-5.8	No target	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	N/A	Domesticated
9. Labour productivity, 2003= 100	100 (2003)	98.2	105.5	103.2	No target	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	N/A	Domesticated

Goal 8: Develop A Global Partnership For Development							
Indicators	**Baseline (2001 unless otherwise stated)**	**2009 Status**	**2011 status**	**Final status (2013)**	**Domesticated target (source)***	**Target achievability**	**Indicator type**
11. Official development assistance received as a percentage of GNI, %	*0.19 (2006)*	*0.2*	*0.10*	*0.12*	*No target*	*N/A*	*Domesticated*
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication							
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

OUR COMMITMENT TO THE MDG AND POST 2015 SDG
REVIEW OF SOUTH AFRICA'S PROGRESS

In the year 2000 the South African Government, along with other members of the United Nations (UN), committed to a national and global plan of action to reduce poverty and ensure the development of its people. This sixth and final MDG report provides an overview of the progress South Africa has made towards achieving the eight MDGs. It reflects not only on the successes and challenges but also the lessons learned and how these should be integrated into the post-2015 development agenda and the associated Sustainable Development Goals (SDGs).



The Government of the Republic of South Africa (GRSA) committed to achieving the MDGs by embedding a rights-based developmental framework within its national development plans and strategies. South Africa's MDG journey preceded the signing of the UN Millennium Development Declaration. 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 first democratically elected government was confronted with the challenge of correcting nation-wide systemic developmental and rights deficits and inequities. This required the wholesale restructuring of a system of government originally designed to achieve the exact opposite of the MDG goals and objectives.

In 1994 President Nelson Mandela, in his inaugural speech, committed to ensuring that political emancipation would lead to social and economic liberation and development. He promised to 'liberate all of [South Africa's] people from the continuing bondage of poverty, deprivation, suffering, gender and other discrimination' (Mandela, 1994). The realisation of this vision was, and continues to be, founded on the dual and interdependent paths of growing a strong and internationally integrated economy and the recognition and realisation of a universal suite of socioeconomic rights, especially for the majority of South Africa's population that had been systematically excluded from the relevant health, education and other basic developmental services.

The overriding national developmental objectives have remained constant up until the most recent National Development Plan 2030 – that is, to eradicate poverty, create employment and reduce inequality. The 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 key domains of health, education, employment, and environmental sustainability.

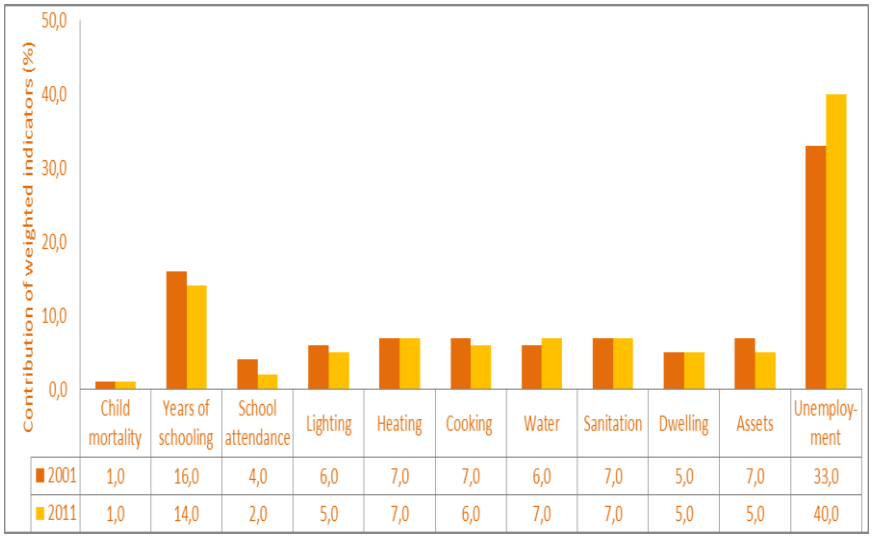
REVIEW OF SOUTH AFRICA'S PROGRESS

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

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

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 where it managed to reduce the depth of poverty across a number of defined poverty gaps. South Africa's fiscal and social policies are widely acknowledged as being pro-poor and contributes 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.

Contribution of weighted indicators to SAMPI 2001 and 2011 at national level



	Child mortality	Years of schooling	School attendance	Lighting	Heating	Cooking	Water	Sanitation	Dwelling	Assets	Unemploy-ment
2001	1,0	16,0	4,0	6,0	7,0	7,0	6,0	7,0	5,0	7,0	33,0
2011	1,0	14,0	2,0	5,0	7,0	6,0	7,0	7,0	5,0	5,0	40,0

Whilst there have been significant reductions in the proportion of multi-dimensionally poor people, these impressive rates of improvement were driven, in the main, by increased access to education, basic services and acquisition of assets.

Source: Census, 2001 & 2011, Statistics South Africa, 2014

South Africa attained three of the nine MDG indicators marking progress towards achieving reductions in poverty and hunger. The results show that progress has been made towards eradicating extreme poverty and hunger as defined by the international MDG poverty lines. Income inequality remains a challenge, however between 2001 and 2011 the proportion of households which are multi-dimensionally poor fell from 17.9% to 8.0%.

The coverage of social grants increased from just over 2.5 million in 1997 to approximately 16.6 million beneficiaries by February 2015. The share of the poorest quintiles in national consumption which is defined as the income versus consumption that accrues to the poorest fifth of the population has decreased from 2.9% in 2000 to 2.7% in 2011 which is still below the MDG target of 5.8%. The employment-to-population ratio – which measures the economy's ability to create sufficient jobs for those willing to work – has reached 42.8% in 2014, thus falling far short of the 50%–70% target. The unemployment rate remained high, in 2013; it stood at 24.7% according to the official definition

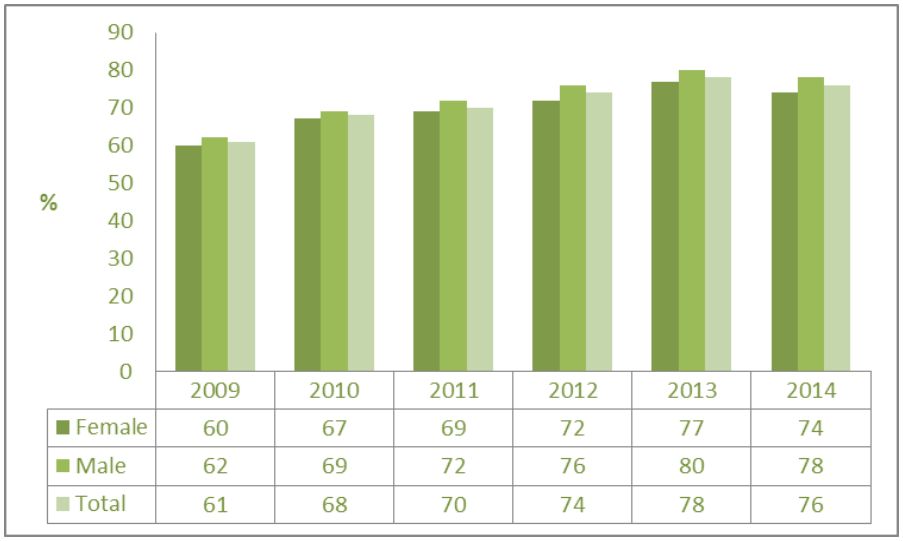
INCOME INEQUALITY REMAINS A CHALLENGE

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

In recognition of the legal and developmental value of education, South Africa has afforded this target the highest priority. Our Constitution recognises universal access to quality education as a fundamental human right, and is seen as a fundamental precondition for achieving national development goals, notably reduced poverty and inequality, by the National Development Plan.

Access to basic education has continued to increase, with the expansion of no-fee schools in South Africa to more than 20 688 schools by 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. The increased percentage of qualified teachers and improvements in learner-to-educator ratios and infrastructure, have contributed to improved quality. Even though education received the biggest slice of the National Budget in 2015 however Teacher quality has remained one of the biggest impediments to achieving the desired quality

National Senior Certificate passes by gender (%), 2009 to 2014



	2009	2010	2011	2012	2013	2014
Female	60	67	69	72	77	74
Male	62	69	72	76	80	78
Total	61	68	70	74	78	76

Over the five years, male candidates achieved slightly better rates of success than their female counterparts, ranging between 2 percentage points to 4 percentage points higher between 2009 and 2014.

Source: Department of Basic Education, National Senior Certificate database, 2009–2014

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 indicators related to the efficient of use of resources, and as such has made slower, albeit steady, progress in improving the quality of education.

The adjusted net enrolment rate (ANER) indicates what proportion of age-appropriate children are enrolled in schools. South Africa started from a relatively high baseline, and between 2002 and 2009 the ANER improved from 97% to 99% and has been sustained to date. The completion rate for South African primary schooling reveals steady improvement, culminating in a 96% completion rate by 2013, an increase of 6 percentage points on the 90% level in 2002. Despite this progress, South Africa has not achieved the MDG target of 100%

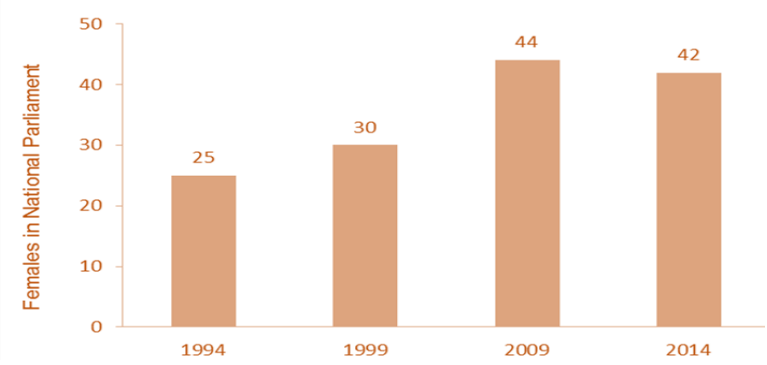
ADJUSTED NET ENROLMENT RATE HAS REACHED A TARGET OF 99% IN 2009 HAS BEEN SUSTAINED TO DATE

MDG 3: PROMOTE GENDER EQUALITY & EMPOWER WOMEN

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.

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. 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

Proportion of women in the national parliament, 1994–2014



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

Source: Parliament of the Republic of South Africa; Hendricks, 2005; Lowe-Morna et al, 2009

South Africa achieved five of the 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. The country has made great progress since the first democratic elections in increasing the proportion of women in its national and provincial legislatures. At the national level, 42% of all parliamentarians are women it is only 8 percentage points below the MDG target of 50%, however women bear a disproportionate burden of unemployment, constitute the majority of casual or contract workers, generally occupy: low-wage job positions, and are poorly represented in senior and top management positions

WOMEN BEAR A DISPROPORTIONATE BURDEN OF UNEMPLOYMENT

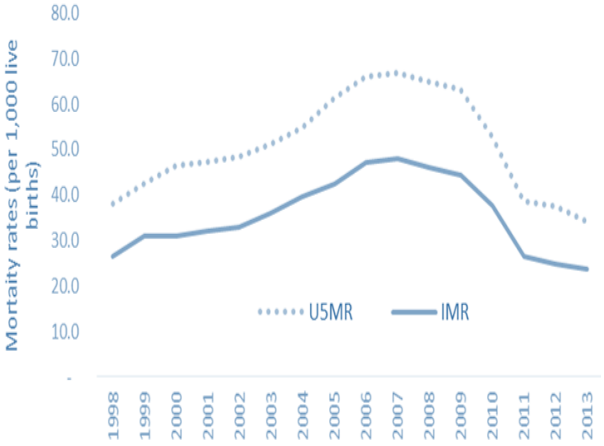
MDG 4: REDUCE CHILD MORTALITY

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. Back then, 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). In addition to the legacy of apartheid, South Africa had to battle the impact of the HIV/AIDS pandemic which severely impacted on the country's ability to accelerate human development.

Improved coverage of key child-survival interventions such as immunisations, promoting breastfeeding, Prevention of Mother to Child Transmission (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. Immunisation is an effective measure to prevent many of the avoidable causes of child mortality. The MDG indicator on immunisation coverage is the proportion of one-year-old children immunised against measles. The general trend in measles vaccination coverage has been positive, increasing from a baseline of 68.5% in 2001 to 91.2% in 2014.

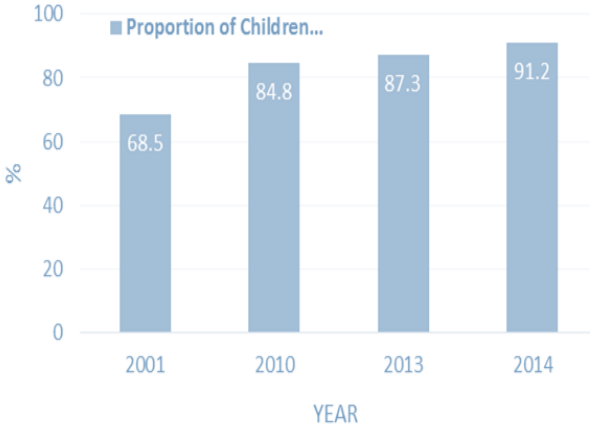
Progress has been made in increasing the coverage of all essential vaccines in South Africa, with sustained high coverage rates recorded in the last decade. In 2009, the country became the first in sub-Saharan Africa to include the pneumococcal and rotavirus vaccines in its routine child immunisations schedule.

Child and Infant Mortality Rates



Source: Vital Registration Statistics South Africa

Measles Immunisation Rates



Source: District Health Information System, Department of Health

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. Therefore, even though South Africa was unable to achieve a two-thirds reduction in mortality rates, substantial progress in reducing child mortality. Pneumonia incidence in children under the age of five years dropped

consistently between 2010 and 2014, from 79 to 53 per 1 000 children. Between 2010 and 2014 the proportion of HIV-exposed infants who tested positive for HIV at six weeks of age dropped from 9% to 1.6%.

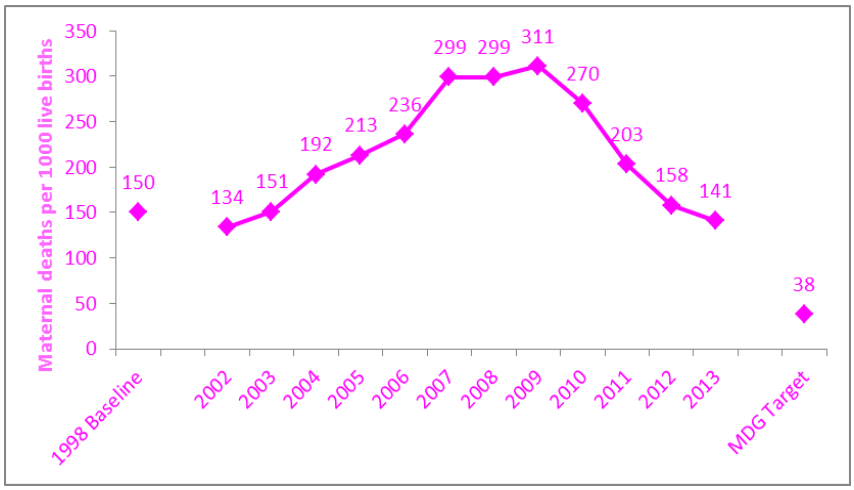
INCREASED COVERAGE OF ALL ESSENTIAL VACCINES IN SA

MDG 5: IMPROVE MATERNAL HEALTH

The baseline MMR measured in the 1998 Demographic and Health Survey (DHS) was 150 maternal deaths per 100 000 live births. Today, HIV infection in pregnancy is the major contributing factor to maternal deaths, accounting for more than 30% of all these deaths. The national antenatal prevalence of HIV was 7.6% in 1994, which increased to almost 30% in 2004. 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 per 100 000 in 2002 and 311 live births respectively.

Despite expansion of the Prevention of Mother to Child Transmission (PMTCT) programme, The National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) was established in 1997 to monitor and recommend solutions to reduce maternal mortality. The Committee is responsible for investigating every maternal death, with respect to primary and final causes of death, and the care that was given. Recommendations for the care of pregnant mothers are then made in a report provided to the Minister of Health. Strategies for reducing maternal mortality are made on the basis of this report.

Maternal mortality ratio



South Africa experienced a significant increase in maternal deaths, with MMR estimated at 134 per 100 000 in 2002 and 311 per 100 000 in 2009. But by 2010 the MMR had declined significantly to 270 per 100 000, and this decline has been sustained.

Source: Demographic and Health Survey 1998; Vital Registration, Statistics South Africa

South Africa has a strong PMTCT programme in respect of HIV and AIDS. Over the years, there has been a push to increase uptake of PMTCT services, with latest estimates showing that more than 80% of all HIV-positive pregnant women are receiving treatment. As of 2015, all pregnant women who test HIV-positive are placed on lifelong antiretroviral treatment upon diagnosis. Contraceptives are freely available in public clinics in South Africa.

SUSTAINED DECLINE IN MATERNAL MORTALITY RATES

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

Although South Africa had more people living with HIV (PLHIV), estimated at 6.4 million in 2012, than any other country. TB prevalence increased by 75% between 1990 and 2010 in South Africa. Although the country had a huge TB burden with the incidence of 860/100,000 population in 2013 there was a 10% decline in TB burden from 2011.

By 2010, South Africa had made significant progress in achieving universal access to treatment for HIV/AIDS by those who need it. The proportion of eligible adults and children receiving antiretroviral therapy (ART) leapt from 58.3% in 2010, to 75.2% in 2011 and ART coverage for HIV positive pregnant women also leapt from 87.3% to 99%. While TB treatment success rate has increased from 70% in 2005 to almost 80% in 2011 and slightly down to 76.1% in 2012, this was still below the global target of 85%. However, the defaulter rate has decreased from 10% to 7.6% during the same period.

HIV Prevalence % 15-24 years old

Age group	2002	2005	2008	2012
2-14	5.6	3.3	2.5	2.4
15-24	9.3	10.3	8.7	7.1
25+	15.5	15.6	16.8	19.9
15-49	15.6	16.2	16.9	18.8
2+	11.4	10.8	10.9	12.6

Source: South African National HIV, Behaviour and Communication survey (Shisana et al, 2014)

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.

In 2013, 2.3 million South Africans were on antiretroviral treatment making it the largest programme in the world.

The number of reported malaria cases decreased markedly and malaria-related mortality decreased by 80% from 2000 to 2013. South Africa is now one of the few countries in Africa that is ready for malaria elimination.

Although TB remains the number one leading cause of death among South Africans (8.8% of all deaths), the death rate associated with TB decreased from 97 to 76 deaths per 100,000 population from 2000 to 2013. The percentage of HIV-TB co-infected patients who have been placed on ART has increased from the baseline of 26.4% in 2009 to 65.5% in 2013.

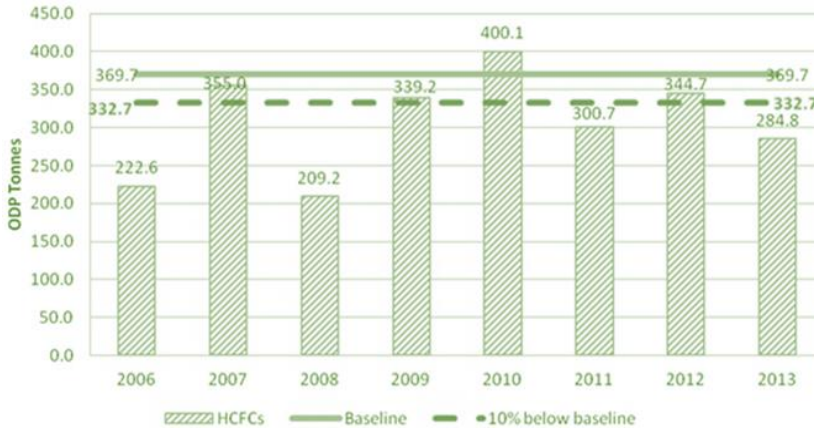
SIGNIFICANT PROGRESS IN ACHIEVING UNIVERSAL ACCESS TO TREATMENT FOR HIV/AIDS

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

South Africa is a major emitter of carbon dioxide emissions and accounts for about 65% of Africa's emissions Heavy reliance on coal for energy generation contributes to South Africa's emission levels. Most of South Africa's emissions have their source in the energy sector, mainly from electricity supply, industry, transport and liquid fuels supply. In addition, there was a significant backlog in the provision of water and sanitation services

Efforts have been made, to reduction greenhouse gas emissions, such as carbon dioxide, and achieve the target of reducing carbon dioxide emissions by 34% below 'business as usual' scenario by 2020. South Africa is in the process of implementing, green economy policies and programmes to steer the economy into a low-carbon transition through key flagship mitigation programmes such as: Solar Water Heating Programme, Energy Efficiency and Demand Management Programme, and the Green Fund.

Carbon dioxide emissions (per $ GDP (PPP)), 2000–2010



South Africa has achieved its medium-term targets for reducing ozone-depleting substances (ODSs). By 2013, it had reduced its consumption of HCFCs by almost 17% of the baseline value from 369.7 to 284.8 ODP metric tonnes

Source: Department of Environmental Affairs, 2014

The data for South Africa between 2006 and 2013 indicates that the country has since achieved 100% reduction in bromo-chloromethane (BCM) consumption. South Africa has since phased out consumption of BCM and the data provide from 2006 to 2013 shows values of zero for all the years
The sanitation backlog was 50.7% in 1996, with a target of 74.7% by 2015. South Africa achieved this target in 2012, with 75.5% of the population having access to an improved sanitation facility. Today the issue is not the provision of water services, rather issues of concern are reliable and sustainable water supply and consistent provision of water services

EFFORTS TO ADDRESS REDUCTION IN GREENHOUSE GAS EMISSIONS

MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Due to relevance concerns 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.

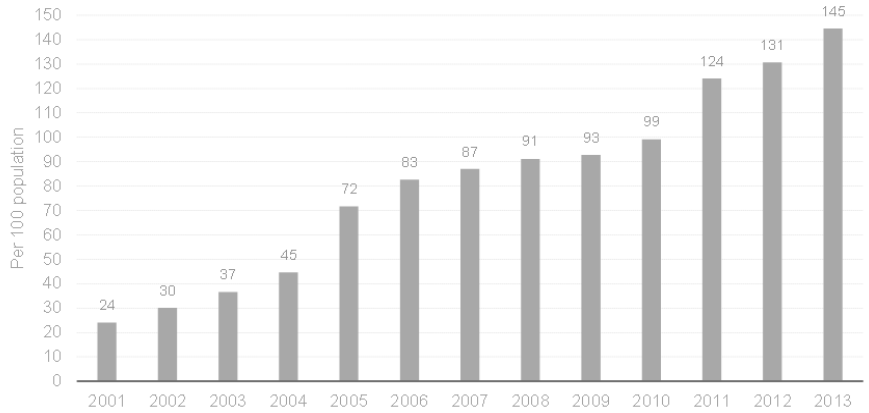
One of South Africa's greatest challenges has been the high structural levels of unemployment faced by the country, which necessitated the need for growth in excess of 5% in order to address high levels of unemployment. In addition, a key focus was shifting the economy towards a knowledge-based economy.

South Africa's challenges with long-term structural impediments to job creation and the promotion of labour use in new and existing industries remains a key reason for low growth and employment, and high inequality.

From a Research and Development (R&D) perspective, falling levels of private investment in R&D (as a percentage of GDP) have been somewhat compensated by increased public sector expenditure on R&D. 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.

South Africa has performed admirably in providing a favourable inflationary environment through a dedicated inflation-targeting mandate by the South African Reserve Bank. 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.

MDG Indicator 13 - Cellular Telephone Subscribers (per 100 population)



Source: General Household Survey Statistics South Africa

The number of mobile connections per 100 population has almost tripled over the past decade, from 37 in 2003 to 145 in 2013.

South Africa has made some progress, 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.

AIMING FOR HIGHER GROWTH LEVELS

DEVELOPMENTS IN THE CONTEXT OF THE MDGS AND MOVING TOWARDS SDGS

The country's focus on developmentally oriented socioeconomic rights, equality and human development resulted in a close alignment between its national development and the MDGs, notably reducing poverty, inequality and improving the quality of life of the marginalised through social protection services (including social assistance and free basic services), healthcare and education. Emerging challenges in the post-apartheid period brought new pressures to bear on the country's support mechanisms and developmental outcomes. The country's commitment to the MDGs provided additional impetus, as well as guidance, for directing its resources towards resolving not only historical development deficits but also emerging challenges, such as HIV and AIDS and the resultant massive increases in maternal and child mortality and the increasing numbers of orphans and vulnerable children in the country.

A 20-year review concluded that with its first phase and investments, South Africa laid a solid developmental foundation to achieve its goals of eliminating poverty and reducing inequality. However, it has not realised the full developmental potential thereof. Attention in the next phase, as we move towards the sustainable development goals agenda, must focus on these enduring challenges and blockages, and the post-2015 SDGs must drive innovation and accountability in these areas.

It is critical that South Africa's unfinished MDG business, as well as emerging developmental issues, be appropriately integrated within the SDGs, and that they are integrated in a manner that places the spotlight on them while providing adequate direction and impetus for effective planning, development of appropriate policies and budgets, and the construction of appropriate national monitoring and reporting systems.

Furthermore, the SDG targets and indicators should be crafted to ensure a national focus on addressing the underlying, often historical structural impediments to the effective implementation and impact of the many policies and laws developed to address these issues, as well as emerging challenges such as growing urbanisation and climate change.

The extent to which South Africa is able to maximise the 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 free from poverty and inequality.

TOWARDS SDGs POST 2015

INTRODUCTION

OPENING REMARKS

In the year 2000 the South African Government, along with other members of the United Nations (UN), committed to a national and global plan of action to reduce poverty and ensure the development of its people. The plan and its associated commitments are articulated as eight Millennium Development Goals (MDGs) which were to be achieved by 2015.

This sixth and final MDG report provides an overview of the progress South Africa has made towards achieving the eight MDGs. It reflects not only on the successes and challenges but also the lessons learned and how these should be integrated into the post-2015 development agenda and the associated Sustainable Development Goals (SDGs) in order to complete South Africa's unfinished 2015 business and ensure the lasting achievement of its national developmental goals of reducing poverty and inequality by 2030.

In terms of the Millennium Development Declaration, the Government of the Republic of South Africa (GRSA) committed to achieving the MDGs by embedding a rights-based developmental framework within its national development plans and strategies. It committed to unlocking the development potential of all people in South Africa by securing universal and equitable access to their key developmental rights, notably, healthcare, basic services, education, environmental health, employment and social protection through the adoption of appropriate policies, proven implementation approaches, strengthened institutions at all levels of government, and the equitable and sustainable use of resources derived from a strengthened economic platform.

South Africa's MDG journey preceded the signing of the UN Millennium Development Declaration. 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 first democratically elected government was confronted with the challenge of correcting nation-wide systemic developmental and rights deficits and inequities. This required the wholesale restructuring of a system of government originally designed to achieve the exact opposite of the MDG goals and objectives. It required restructuring racially exclusive government systems and institutions, developing new policies and service delivery innovations, and mobilising, allocating and targeting resources to ensure that all people, especially marginalised communities, were guaranteed equal access to essential services and opportunities.

In 1994 President Nelson Mandela, in his inaugural speech, committed to ensuring that political emancipation would lead to social and economic liberation and development. He promised to **'liberate all of [South Africa's] people from the continuing bondage of poverty, deprivation, suffering, gender and other discrimination'** (Mandela, 1994). The realisation of this vision was, and

continues to be, founded on the dual and interdependent paths of growing a strong and internationally integrated economy and the recognition and realisation of a universal suite of socioeconomic rights, especially for the majority of South Africa's population that had been systematically excluded from the relevant health, education and other basic developmental services.

South Africa's transformative and rights-based development vision and framework was captured in its Constitution and inaugural Reconstruction and Development Programme (RDP). The former commits the GRSA to 'improve the quality of life of all citizens and free the potential of each person' through the recognition and realisation of the rights, including socioeconomic rights, which form the cornerstone of democracy in South Africa. The latter articulated the government's goals and plans for addressing poverty and gross inequality through significant economic reforms and sustainable growth. Whilst it has been replaced in the intervening years with a number of new national development plans, it continues to define these and supporting policies since 1994. The overriding national developmental objectives have remained constant up until the most recent National Development Plan 2030 – that is, to eradicate poverty, create employment and reduce inequality.

The South African Government's commitment, in 2000, to work towards achieving the MDGs was aligned with its constitutional and developmental imperatives. The 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. Moreover, the MDG initiative strengthened global partnerships necessary to drive South Africa's development, and created the space for collective planning, learning and development of solutions to globally common challenges, such as the 2008 economic recession.

The synergy between South Africa's reconstruction and development and UN global development agendas has facilitated the integration of the relevant priorities, goals, objectives, targets and indicators into South Africa's national planning and monitoring frameworks. Given South Africa's earlier start and its unique priorities and challenges, the process of integration has been accompanied by the domestication of the MDG framework. This has resulted in a combination of MDG and domesticated indicators to monitor progress towards achieving the overarching national development goals.

South Africa has made significant progress in achieving its national and Millennium Development vision.

Significant achievements

Viewed within the MDG framework, South Africa has achieved a significant number of targets reflecting progress towards attainment of Goals 1 (Eradication of extreme poverty and hunger), 2 (Achieve universal primary education), 3 (Promote gender equality and empower women), and 6 (Combat HIV and AIDS, malaria and other diseases).

Goal 1: Eradicate extreme poverty and hunger

South Africa attained three out of the nine MDG indicators marking progress towards achieving reductions in poverty and hunger.

These achievements indicate that South Africa has made progress in reducing extreme income-related poverty, largely as a result of a progressive, pro-poor tax system which provides a basic social protection floor for people living in poverty through the provision of social assistance and free access to healthcare, education and basic services. Progress in this regard has been bolstered by massive improvements in providing historically marginalised communities and households with access to essential basic services such as clean water, sanitation and electricity.

South Africa has achieved four of its Goal 7 environmental sustainability targets, and two of these relate to the proportion of households with access to water and sanitation.

These achievements are of particular developmental significance as numerous studies have shown that the country's social protection programme, notably its social grants system, has played a critical role in improving access to developmental services and equalising opportunities for historically marginalised households.

Reductions in poverty have led to reduced food insecurity, and as a result there has been a marked reduction in the proportion of self-reported cases of hunger among people in South Africa. However there remains much more work to be done towards ensuring that nutritional security is achieved.

Goal 2: Improve educational access and outcomes

Education is recognised by both South Africa's Constitution and its national development plan as the key to the universal enjoyment of most other rights as well as the realisation of many of the remaining MDGs. The developmental value of education is dependent on securing not only access to education but the provision of quality education.

South Africa has achieved one out of the three MDG indicators. It has achieved universal access to the compulsory years of primary education. It has also reduced inter-provincial access inequities, as well as inequities of access for historically marginalised groups. The country has achieved one key domesticated target associated with quality – that is, the improvement of the National Senior Certificate pass rate.

Goal 3: Promote gender equality and empower women

South Africa has achieved all but two of its full complement of seven indicators marking progress towards realisation of gender equality in South Africa. All of these relate to attainment of gender parity in education. Whilst the remaining targets have not been met, the achievements in education parity are critically important as access to quality education for women is the entry-point for long-term gender-focused empowerment and participation in development opportunities.

Goal 4: Reduce child mortality and improve child well-being

South Africa has not attained any of the relevant indicators pertaining to goal 4, but it has in recent years significantly reduced child mortality rates, increased access to essential health services, and reduced the prevalence of leading causes of child mortality and morbidity.

Goal 5: Improve maternal health

South Africa recently turned the tide and reduced the maternal mortality rate after battling for many years to contain the number of women who die in childbirth. Whilst only one of the MDG 5 indicator target has been met, that of antenatal coverage, this represents a critical success factor in laying the foundations for the improvement of maternal health in the country. It is a critical indicator because progress on this front has driven improvements in maternal health and wellness: early and regular access to health facilities in the antenatal period provides the window of opportunity for accessing key preventative health services.

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

South Africa made substantial progress by achieving five of the nine MDG indicators for HIV/AIDS, malaria and Tuberculosis (TB). It has made significant progress in halting and reversing the spread of HIV and AIDS, as evidenced by its reduced incidence and increasing prevalence rates. Similarly, substantial progress has been made in reducing new infections in children aged 0–14 years which are estimated to have dropped by 79% between 2004 and 2013. The country has also made progress in reducing the incidence of malaria. The total number of reported malaria cases decreased markedly and malaria-related mortality decreased by 80% between 2000 to 2013. South Africa is now one of the few countries in Africa that is ready for malaria elimination. Whilst the TB burden remains huge, the death rate associated with TB is decreasing. The country, however, is still grappling with overcoming the multi-drug resistant strain of TB infection.

Moderate achievements

South Africa has also made progress, albeit less robust, towards achieving the remaining goals of reduced child mortality, improved maternal health, environmental sustainability and developing a global partnership for development.

Whilst it has achieved fewer targets under these goals, it is important to note that in many cases the starting point was a very low baseline and as such, whilst the current status does not translate into achievement, it certainly does reflect significant improvements in the relevant development domains. Moreover, the progress that has been made is often of a strategic nature, reflecting the laying of a sound foundation for sustained and accelerated progress in the coming years.

Goal 7: Ensure environmental sustainability

In the case of MDG 7 – ensuring environmental sustainability – whilst only four of the relevant MDG targets have been met, what is of relevance is the achievement of target 7A, the integration of the

principles of sustainable development into the country's policies and programmes. Environmental sustainability has been mainstreamed into development policies and plans, creating the necessary regulatory and enabling framework for driving progress towards this goal in the coming years.

Goal 8: Develop a global partnership for development

In relation to MDG 8 – developing a global partnership for development - South Africa has managed inflation well, averaging 5.5% between 2009 and 2013. As a result, as observed by President Jacob Zuma, compared to 1994: 'South Africa is a much better place to live now …. Indeed, we have a good story to tell. As a country, we have made remarkable progress in dismantling the oppressive apartheid system and we have created a thriving constitutional democracy with well-functioning arms of state' (The Presidency, 2014).

At the same time, and as acknowledged in South Africa's national Twenty Year Review (The Presidency, 2014) and most recent National Development Plan (NDP) 2030, the journey has not been completed. South Africa has succeeded in universalising fundamental political, social and economic rights as set out in its Bill of Rights, while access to the relevant services has massively increased to reach the majority of people in South Africa and in so doing equalised their developmental opportunities, thus keeping the promise for many of reduced poverty and an improved quality of life alongside political freedom.

Whilst this has translated into progress in the areas of extreme poverty reduction and educational access, progress remains uneven across historical fault lines, with the most vulnerable and those experiencing multiple vulnerabilities remaining at greater risk of exclusion from access to quality services and developmental opportunities.

In addition to the preceding inequities, income inequality remains a problem in South Africa, as does the proportion of people living in poverty. Whilst South Africa has achieved reduced levels of extreme poverty through its social protection programme, progress has been limited by the fact that it has not met any of its employment targets and this, together with poor education, hampers South Africa's overall progress towards MDG 1.

Overall, while there has been a significant correction to poverty levels and the quality of life of historically marginalised groups, they continue to bear the greatest poverty burden, notably female-headed households, rural families, black Africans and coloured people.

On the education front, challenges remain in securing quality education, especially for the most marginalised children.

With regard to gender issues, whilst the reported educational gains should translate into employment and empowerment gains for women, the rate of progress in the latter two domains has not been comparably robust. This suggests that, aside from educational parity, there are other structural determinants of gender equality which have not received adequate attention, notably,

tenacious patriarchal and harmful customary attitudes and practices in relation to women. There is little clarity on progress made in addressing these more deep-seated impediments to progress due to monitoring and data limitations and inadequacies.

At the heart of many of the challenges is the fact that South Africa has had difficulty in achieving and sustaining the levels of growth required to reduce its persistently high levels of unemployment and inequality.

In looking forward, there is a need to identify and address, in the post-2015 development agenda, the structural challenges and barriers to accessing equal developmental opportunities by the most vulnerable, as well as new and emerging challenges creating new categories of excluded people, thus driving inequity and poverty entrapment in South Africa.

MDG 2015 REPORT-DRAFTING PROCESS

The MDG reporting methodology is an exercise that relies on data provided by the secretariat (Statistics South Africa). Qualifying data was gathered by Sectoral Working Groups (SWGs) for each MDG, which also validated the data to ensure that it met the standards required. These standards are outlined in the South African Statistical Quality Assessment Framework (SASQAF). The process of data collection and verification was largely consultative and involved relevant government departments and civil society stakeholders. Beyond the data collected by the SWG there was limited scope for the use of additional data sources.

In the drafting of the 2015 MDG Goals and Country Report, Expanded Report Drafting Teams (ERDTs) were convened comprised of a secretariat and chair from Stats SA, data holders and civil society representatives from SWGs. The ERDTs worked closely with SWG members to ensure that the process was widely consultative and that this final report reflects relevant stakeholders' inputs and contributions. The consultative process included a national Validation Workshop attended by members of the civil society as well as local, provincial and national departmental representation as well as a National Coordinating Committee (NCC) workshop. Eight goal reports were drafted and validated through these various processes and forums and these have informed the drafting of the country report. The Country Report summarises findings from the Goal Reports with a focus mainly on the MDG targets and indicators. Outcomes relating to domesticated indicators are reported only where these are critical to informing progress in the attainment of the MDG targets and indicators.

The appropriate baseline for indicators is 1994, indicating the post-democracy era in South Africa, or 1996 when the first all-inclusive population census was conducted. But in the event where data for 1996 or earlier are not available, other data sources (like the General Household Survey (GHS) collected in 2002 for the first time) are used, with 2002 as the base year for some of the service delivery indicators. Other indicators (e.g. environment, protected areas, etc.) use the first reporting period as the base year.

Consistent with previous MDG reports, the classification of outcomes was based on a trend analysis supported by reference to the policy context under which progress has been tracked. Relevant empirical literature is also cited to inform both the recommendations and the classification of the final outcomes. However, unlike the previous years' reporting, this close-out report drops the 'likely', 'possibly' or 'unlikely' classifications and uses 'achieved', 'not achieved' or 'Post-2015 Target' as classification codes.

DATA SOURCES AND LIMITATIONS

The Goal Reports and the Country Report have relied mainly on data provided by SWGs consisting of the relevant departments, agencies and civil society coordinated by Statistics South Africa (Stats SA). The data utilised had to conform to the SASQAF guidelines set out by Stats SA. Stats SA and government departments were the main data sources. In addition to SWG data, the Expanded Report Drafting Teams (ERDTs) used additional secondary data sources to substantiate and strengthen the analyses, such as the previous MDG Country Reports (e.g. for 2010 and 2013), other UN MDG reports, official publications from the participating departments and agencies, etc.

The compilation of the Goal Reports has been complicated by a number of data limitations which relate primarily to differences in methodology and the way in which questions were asked in the different surveys used to source data; changes in the population model; adjustments in weighting and benchmarking; the treatment of unspecified values; and the imputation of missing values for demographic variables. In the interests of consistency, all domesticated indicators are analysed up to 2013, though further trends are discussed beyond this period where information is available. However, in many instances the latest year of reporting was not current. Details of specific data challenges in relation to each goal can be found in the Goal Reports.

STRUCTURE OF THE REPORT

The report summarises progress South Africa has made towards the realisation of MDGs. This section provides a brief introduction and outlines the process and methodology in the drafting of the report. Section two contextualises the policy environment and the national priorities which South Africa adopted towards the achievement of MDGs. Sections three to ten provide summaries for each of the eight Goal Reports. These summaries have been drawn largely from more comprehensive stand-alone Goal Reports which provide a status-at-a-glance progress report on both MDG and domesticated indicators. Importantly, the summary reports identified the key drivers and impediments to the attainment of MDGs. The summary concludes with identifying the linkages between the MDGs and the post-2015 sustainable development agenda. The final section of this report identifies priority issues that must inform the transition to SDGs, and provides recommendations for government and its development partners to consider as they plan for the adoption and implementation of SDGs.

DEVELOPMENT CONTEXT

POLICY DEVELOPMENTS IN THE CONTEXT OF THE MDGS

Development results from a complex interaction of economic, social, cultural, ecological, political and legal factors. This means that attainment of the MDGs requires the development of a coherent 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.

South Africa's transition to democracy was spearheaded by a set of national commitments recorded in its Constitution which prefaced its later MDG commitments and objectives. The synchronicity between the two developments has contributed to a high degree of synergy between the MDG goals, objectives and targets. The key features of South Africa's national development plans and supporting policies have articulated the country's priorities, routes and strategies for fulfilling its constitutional and developmental commitments.

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 realisation of this promise was founded on the dual undertaking to realise a complement of fundamental political and socioeconomic rights and grow the country's economy so as to expand and equalise economic opportunities for all. Given the legacy of apartheid, the focus was on revising the political and economic landscape so as to include the formally excluded majority, with specific attention paid to remediating structural barriers which played out along historically determined equity fault lines – primarily race, gender, geography and disability.

The first post-apartheid phase of development in South Africa was marked by a massive groundswell in policies, laws and programmes making available – in a number of cases, and for the first time – services necessary to realise the newly recognised Constitutional rights and unlock the development potential of the majority of previously excluded citizens of the country. This was accompanied by initiatives to grow the economy quickly and competitively so as to expand employment opportunities and build a tax base to support the phenomenal growth in the range and number of services provided to the people of South Africa.

The first phase thus focused on putting in place the legal, resourcing and institutional architecture to universalise access to key developmental services. The policies and programmes sought not only to universalise access but also introduced special measures to prioritise access for groups of people who, through the multiple impacts of apartheid, experienced structural access barriers. Targeted groups included people made vulnerable through poverty, gender, geography, and disability, as well as those inherently vulnerable because of their age, such as children and the aged.

The country's focus on developmentally oriented socioeconomic rights, equality and human development resulted in a close alignment between its national development and the MDGs, notably reducing poverty, inequality and improving the quality of life of the marginalised through social protection services (including social assistance and free basic services), healthcare and education. Emerging challenges in the post-apartheid period brought new pressures to bear on the country's support mechanisms and developmental outcomes. The country's commitment to the MDGs provided additional impetus, as well as guidance, for directing its resources towards resolving not only historical development deficits but also emerging challenges, such as HIV and AIDS and the resultant massive increases in maternal and child mortality and the increasing numbers of orphans and other vulnerable children in the country.

KEY POLICY DEVELOPMENTS

The first developmental phase, focusing on universalisation of key developmental services and the creation of an enabling economic environment, largely coincided with the MDG period, running from 1996 until 2012/13. During this phase, key policy developments targeting MDG-associated outcomes and targets included the following:

Employment and economic growth

The immediate post-apartheid period was marked by a number of policies and plans which sought to undo the low rates of employment as well as the inequities and vulnerabilities which characterised the workplace for the majority of South Africans. Laws such as the Basic Conditions of Employment Act and the Labour Relations Act introduced minimum wages and protection against arbitrary dismissals and other unfair labour practices.

Stronger labour laws were adopted within a broader national development path charted in plans such as the RDP (1994), the Growth, Employment and Redistribution (GEAR) strategy in 1996, and the Accelerated and Shared Growth Initiative of South Africa (ASGISA), which focused on growing skills and skilled employment, employment opportunities in the private sector, and the development of infrastructure, notably in rural areas, as the cornerstones of reduced unemployment and poverty.

In addition, various policies sought to bolster key industries and catalyse the transformation of our economy to one based on knowledge, and to improve access to key tools for economic participation, such as information technologies.

Social protection

South Africa has progressively introduced an expanded social wage package through policies and laws to address social security and access to basic services.

The first democratically elected government commissioned a comprehensive review of the adequacy of the social security system to meet the country's rights and development obligations. The Taylor Commission of Inquiry led to a long-term social security reform process which laid the foundations for an effective anti-poverty social security system which is founded on an expanded child support grant, the expansion of, and increase in the older persons' grant, the introduction of new forms of social assistance such as the Social Relief of Distress Benefit, as well as the development of a more effective and unified administrative system led by a newly established South African Social Security Agency (SASSA). The social security budget doubled between 2006/7 and 2014/15 from R57 million to R120 million and is projected to rise to over R138 million by 2016/17. The social security service delivery footprint was massively expanded to reach into previously under-serviced areas, notably rural areas with limited road and administrative infrastructure.

In terms of vulnerable adults, two important measures were introduced, namely minimum wage levels for vulnerable workers, particularly agricultural and domestic workers, and the implementation of public employment programmes including the Expanded Public Works Programme (EPWP) and the Community Work Programme (CWP) aimed at transferring wages to able-bodied adults, particularly youth and women, as well as providing valuable work experience and, importantly, the development of assets and services that are delivered to poor and disadvantaged communities.

The provision of free basic services to indigent households through the National Framework for Municipal Indigent Policies and the Municipal Systems Act has been the cornerstone of this social protection package which recognises the multi-dimensional nature of poverty. Through this framework, free and subsidised basic services such as water, sanitation, refuse removal, and electricity (as well as alternative energy sources for those not linked to the grid) have been provided to indigent households.

Food and nutrition security

Multiple policies and programmes have been introduced to bolster food security, production and nutritional well-being, especially of the children of the country. These include support for subsistence farming and small-scale agricultural programmes to boost food production; a Vitamin A supplementation programme; food fortification programmes targeting key micro-nutrients; breastfeeding promotion; the National School Nutrition Programme; a National Nutrition Security Development Programme; and, most recently, a Food Security Policy for South Africa.

Education

The GRSA has invested significantly in the development of policies, programmes, institutional arrangements and correlative resources towards expanding access to, and improving the quality of, basic education, including early childhood education.

System-wide reforms have sought to massively increase the availability of basic education for the majority of children in the country and address key access barriers such as the costs of education and inaccessibility for children with disabilities. To comply with legal duties and optimise the contribution of education to national developmental growth, the GRSA has developed a number of policies and laws, such as the National Education Policy Act; the Employment of Educators Act; the South African Schools Act; the Admission Policy for Ordinary Public Schools; Education White Paper 5: Early Childhood Education; White Paper 6: Special Needs Education; and the National Policy for an Equitable Provision of an Enabling School Physical Teaching and Learning Environment. The policies have sought to equalise educational opportunities by prohibiting discrimination, especially along historical equity fault lines, through pro-poor and pro-rural budgets and educational development initiatives, the introduction of no-fee schools for children in the poorest quintiles, and the development and adoption of an inclusive education system.

The expansion of the education system has been supported by a budget that has more than doubled in the past decade and which now constitutes the largest share of the national budget, representing one of the highest rates in the world.

Having universalised access to basic education, the GRSA's attention has more recently turned to improving the quality of, and equity in, educational outcomes, which have lagged behind access progress. This has received national developmental priority and has been driven through policies such as Delivery Agreement for Outcome 1: Improved Quality of Basic Education; the education sector's Action Plan to 2014: Towards the Realisation of Schooling 2025; and the Integrated Strategic Planning Framework for Teacher Education and Development in South Africa. The drive to improve quality has multiple facets, including curriculum reform, improved monitoring and quality improvement systems; and, critically, the expansion of, and improvement in the quality of early childhood education.

Gender equality and the empowerment of women

Apartheid policies did not only drive systemic racial inequities but gender inequities too. This was further aggravated by apartheid's co-option and exploitation of traditional or customary patriarchal power structures and arrangements. In consequence, women, especially in rural areas, have continued to face multiple subjugation and reinforcing of structural barriers to employment, education and other essential developmental services. South Africa's ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1995 has led to the GRSA reviewing and introducing a plethora of policies and legislative measures to address gender equity objectives such as affirmative action policies, the Employment Equity Act and the Sexual Offences Act.

Institutional building in respect of gender has included the establishment of the Commission for Gender Equality, with a constitutional mandate to monitor gender equality, and the establishment of a Ministry of Women, Children and People with Disabilities in 2009 aimed at ensuring a stronger and more coordinated response to key population groups. This ministry has subsequently been relocated to the President's Office.

Healthcare

South Africa has long recognised that a prosperous nation requires a healthy population and that health is determined not just by the absence of disease but healthy social and economic circumstances and standards of living, especially in the earliest years of life. The GRSA has thus sought to build a public healthcare system which rectifies the socioeconomic determinants of poor health experienced by the majority of marginalised people in South Africa, as well as increase access to healthcare services for the many people living in previously under-serviced areas, with a focus on the earliest years, chronic lifestyle diseases, and key health challenges, including malaria, TB and HIV and AIDS.

Numerous policies and programmes have been developed, including:

- free healthcare policies for pregnant women, children under the age of 6 years and people with disabilities;
- an initial and more recent Primary Health Care expansion and re-engineering plan;
- numerous policies and programmes expanding the availability and quality of maternal, infant and young child healthcare services such as the Strategic Plan for Maternal new born Child and Women's Health, the Campaign for Accelerated Reduction in Maternal and Child Mortality in Africa (CARMMA), and the expanded programme on immunisation;
- centralised information collection and management systems to inform evidence-based initiatives, such as the Perinatal Problem Identification Programme;
- policies strengthening sexual and reproductive health services, notably for younger people and populations at high risk;
- a series of HIV and AIDS policies and programmes, including the National Strategic Plans for HIV and TB; an expanded Prevention of Mother to Child Transmission (PMTCT) programme; and the provision of post-exposure prophylaxis for victims of sexual abuse; and
- policies and programmes targeting chronic life-style diseases such as obesity and diabetes.

Environmental health and sustainability

In the period immediately after the transition to democracy, the need to accelerate economic growth and improve the standard of living of the majority of the population spurred trade and industrial action in an inadequately regulated environment which resulted in environmental losses and setbacks. This, however, changed in the new millennium, with South Africa increasingly recognising the growing threat of climate change through its membership of the international environmental

sustainability movement. As a result, a much stronger policy and legal framework has been developed, with many international agreements having been signed and national policies and plans developed to realise the commitments made to ensure an environmentally sustainable and healthy economy. Examples include the Green Economy Accord; the Long Term Mitigation Strategy; the National Climate Change Response Paper; the National Strategy for Sustainable Development and laws such as the National Environmental Management Act.

MID-TERM SETBACKS AND INNOVATIONS

About mid-way through this initial phase a number of social and economic developments resulted in associated policy and programming shifts that either strengthened or weakened elements of the country's development trajectory – in some cases bringing it closer to attainment of the MDGs and, in others, setting it back and giving a new focus to policies.

A key influencing factor was the 2008 global economic recession, which considerably set back economic development, poverty reduction and access to basic services. This spurred its own set of responses, including, for example, the New Growth Path (NGP) (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.

Further political, social, economic and institutional shifts emerged in response to other factors, such as evidence of the link between development, and, inter alia, climate change and early childhood development, as well as a growing awareness of the imperative for evidence-based planning. These and other factors catalysed the development of new policies, stronger national information management and planning systems, including:

- a national government-wide M & E framework aligned to developmental goals and sectoral alignment;
- systemic national evidence-based planning spearheaded by the newly established National Planning Commission; and
- the establishment of dedicated equity-focused structures, such as the Ministry for Women, Children and People with Disabilities.

The sophisticated information management and planning trajectory culminated in a process of national reflection at the end of the first phase of development. The end of this first expansion phase was brought to a close through a 20-year review process to reflect on our progress and identify remaining challenges and priorities for achieving our rights and developmental vision articulated in the Constitution.

This process distilled out our successes in phase one, and the remaining challenges and underlying causes of these for resolution (**Our unfinished business**) in the next stage of our developmental

journey. This has been articulated in the current NDP 2030 (2013) and the 2014–2019 Medium Term Strategic Framework, which are unanimous in their diagnosis, prognosis and prescription for securing national developmental goals.

Lessons learned and key challenges

The primary reasons for our limited progress, and the issues that must receive priority attention in the next phase of our developmental cycle, are outlined below.

Our social security poverty alleviation interventions, whilst internationally laudable, are inherently limited in the extent to which they can sustainably eliminate poverty and create an enabling growth environment. The sustainable solution to poverty reduction and substantive equality is higher levels of employment, which in turn depends on quality education, especially for marginalised groups. Our low levels of employment are driven in part by poor education and low levels of employment opportunities. The latter are driven by multiple factors, particularly low levels of investment due to investor fears relating to crime, concerns over hiring practices which are believed to be hampered by labour laws, and the high cost of business in South Africa.

Whilst we have massively increased our budgets and range and scale of available education and healthcare services – key levers for breaking intergenerational poverty traps and inequality – our investments have not yielded comparable quality returns because of systemic inefficiencies.

Substantive gender equality and empowerment remains elusive. In the case of women, we have seen higher levels of representation in high-level decision-making positions, yet this has not translated into substantive equality, as evidenced by lack of improvements in women's standards of living, high levels of unemployment and high levels of violence and vulnerability to HIV and AIDS.

Poor health and education outcomes, especially among historically marginalised groups, are fundamentally informed by poor early childhood development environments, notably in the first 1 000 days from conception. Poverty, poor nutrition, and low levels of early care and education for the most marginalised children perpetuate poverty traps and high levels of inequality in South Africa.

On the leadership and institutional level, many of our challenges and structural determinants of persistent inequities require nation-wide systemic reform and innovation across multiple sectors. However, many of these are characterised by fragmentary policy and institutional support.

Whilst progress is evident at a national level, there are consistent provincial and district-level inequities driven in part by policy incongruities across different regions, insufficiently nuanced data collection and planning systems, and variable capacity with notable capacity deficits in areas of greatest need.

CONCLUSION

After twenty 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 in the country. However, despite the progress, South Africa continues to face the triple challenge of unprecedented levels of poverty, inequality and unemployment.

South Africa has one of the most reputable and internationally successful social security programmes. Social security coverage increased from about 2.5 million in 1997 to 16.5 million in 2015, and is recognised as contributing to reducing the per capita poverty levels in the country as well as contributing to achievement of a number of other MDGs, such as food security, access to education and healthcare, as well as catalysing economic participation and growth in the form of savings clubs and increased borrowing and lending. Similarly, there have been massive increases in access to basic services and healthcare services, which have contributed to reducing poverty levels as measured in terms of the MDGs.

The 20-year review concluded that with its first phase and investments, South Africa laid a solid developmental foundation to achieve its goals of eliminating poverty and reducing inequality. However, it has not realised the full developmental potential thereof. Attention in the next phase, as we move towards the sustainable development goals agenda, must focus on these enduring challenges and blockages, and the post-2015 SDGs must drive innovation and accountability in these areas.

1.1. INTRODUCTION

During the past two decades, South Africa has grappled with the triple challenges of poverty, unemployment and inequality. Overall, in terms of aggregate poverty, the results show that progress has been made towards eradicating extreme poverty as defined by the international MDG poverty lines. 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. 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.

1.2. MDG 1: STATUS AND PROGRESS AT A GLANCE

South Africa developed an expanded framework of indicators to measure progress towards MDG 1 and related targets. It includes the 13 MDG indicators as well as 18 domesticated indicators. The latter provide insights into access to social 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 quality of life and strengthening the country's developmental foundations.

Table 1: MDG 1 – Status and progress at a glance

Goal 1: Eradicate extreme poverty and hunger							
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*
Target 1.A: Halve between 1990 and 2015 the proportion of people whose income is less than one dollar a day							
Proportion of population below $1.25 (PPP) per day	*17.0 (2000)*	*9.7 (2006)*	*7.4 (2011)*	*7.4 (2011)*	*8.5*	*Achieved*	*MDG*
Proportion of population below $2.00 (PPP) per day	*33.5 (2000)*	*25.3 (2006)*	*20.8 (2011)*	*20.8 (2011)*	*16.8*	*Not achieved*	*MDG*
Poverty gap ratio ($1.25 (PPP) per day)	*5.4 (2000)*	*2.3 (2006)*	*1.9 (2011)*	*1.9 (2011)*	*2.7*	*Achieved*	*MDG*
Poverty gap ratio ($2.00 (PPP) per day)	*13.0 (2000)*	*8.1 (2006)*	*6.5 (2011)*	*6.5 (2011)*	*6.5*	*Achieved*	*MDG*
Poverty gap ratio ($2.50 (PPP) per day)	*18.0 (2000)*	*12.5 (2006)*	*10.3 (2011)*	*10.3 (2011)*	*9*	*Not achieved*	*MDG*

Goal 1: Eradicate extreme poverty and hunger							
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*
Share of the poorest quintile in national consumption	*2.9 (2000)*	*2.8 (2006)*	*2.7 (2011)*	*2.7 (2011*	*5.8*	*Not achieved*	*MDG*
Proportion of households SAMPI poor	*17.9 (2001)*	*-*	*8.0 (2011)*	*8.0 (2011)*	*No target*	*Not achieved*	*Domesticated*
Intensity of SAMPI poor	*43.9 (2001)*	*-*	*42.3 (2011)*	*423 (2011)*	*No target*	*Not achieved*	*Domesticated*
SAMPI score	*0.08 (2001)*	*-*	*0.03 (2011)*	*0.03 (2011)*	*No target*	*Not achieved*	*Domesticated*
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people							
Percentage growth rate of GDP per person employed	*4.7 (2002)*	*1.9 (2009)*	*1.5 (2011)*	*-1.1 (2013)*	*6*	*Not achieved*	*MDG*
Employment -to-population ratio	*44.1 (2001)*	*42.5 (2009)*	*40.8 (2011)*	*42.8 (2014)*	*50-70*	*Not achieved*	*MDG*
Percentage of employed people living below $1 (PPP) per day	*5.2 (2000)*	*No data*	*3.9 (2009)*	*3.9 (2009)*	*~ 0*	*Not achieved*	*MDG*
Percentage of own-account and contributing family workers in total employment	*11 .0 (2000)*	*9.9 (2010)*	*10.0 (2011)*	*9.3 (2013)*	*5*	*Not achieved*	*MDG*
Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger							
Percentage of people who report experiencing hunger	*29.9 (2002)*	*No data*	*12.9 (2011)*	*12.9 (2011)*	*15*	*Achieved*	*Domesticated*
Prevalence of underweight children under five years of age (%)	*13.2 (1993)*	*10.2 (2005)*	*8.3 (2008)*	*8.3 (2008)*	*4.7*	*Not achieved*	*MDG*
Proportion of population below minimum level of dietary energy consumption	*No data*	*No data*	*No data*	*No data*		*NA*	*MDG*
Prevalence of stunting in children under five years of age (%)	*30.3 (1993)*	*No data*	*23.9 (2008)*	*23.9 (2008)*	*15*	*Not achieved*	*Domesticated*
Number of beneficiaries of social grants (millions)	*2.6 (1997)*	*14.1 (2010)*	*14.9 (2011)*	*16.6 (2015)*	*No target*	*NA*	*Domesticated*
Proportion of households below Food Poverty (R305 per month in 2009 prices) with access to free basic services (%)							
Water	*No data*	*No data*	*56.0 (2009)*	*56.0 (2009)*	*No target*	*NA*	*Domesticated*
Electricity	*No data*	*No data*	*65.0 (2009)*	*65.0 (2009)*	*No target*	*NA*	*Domesticated*
Sewerage and sanitation	*No data*	*No data*	*23.3 (2009)*	*23.3 (2009)*	*No target*	*NA*	*Domesticated*

Goal 1: Eradicate extreme poverty and hunger							
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*
Solid waste management	*No data*	*No data*	*28.3 (2009)*	*28.3 (2009)*	*No target*	*NA*	*Domesticated*
Percentage of indigent households receiving free basic services							
Water	*61.8 (2004)*	*73.2 (2007)*	*71.6 (2011)*	*73.4 (2013)*	*No target*	*NA*	*Domesticated*
Electricity	*29.3 (2004)*	*50.4 (2007)*	*59.5 (2011)*	*51.0 (2013)*	*No target*	*NA*	*Domesticated*
Sewerage and sanitation	*38.5 (2004)*	*52.1 (2007)*	*57.9 (2011)*	*59.3 (2013)*	*No target*	*NA*	*Domesticated*
Solid waste management	*38.7 (2004)*	*52.6 (2007)*	*54.1 (2011)*	*62.3 (2013)*	*No target*	*NA*	*Domesticated*

1.3. KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

In this section, progress in respect of each of the targets and indicators is reviewed as outlined in the preceding table.

1.3.1. Addressing poverty

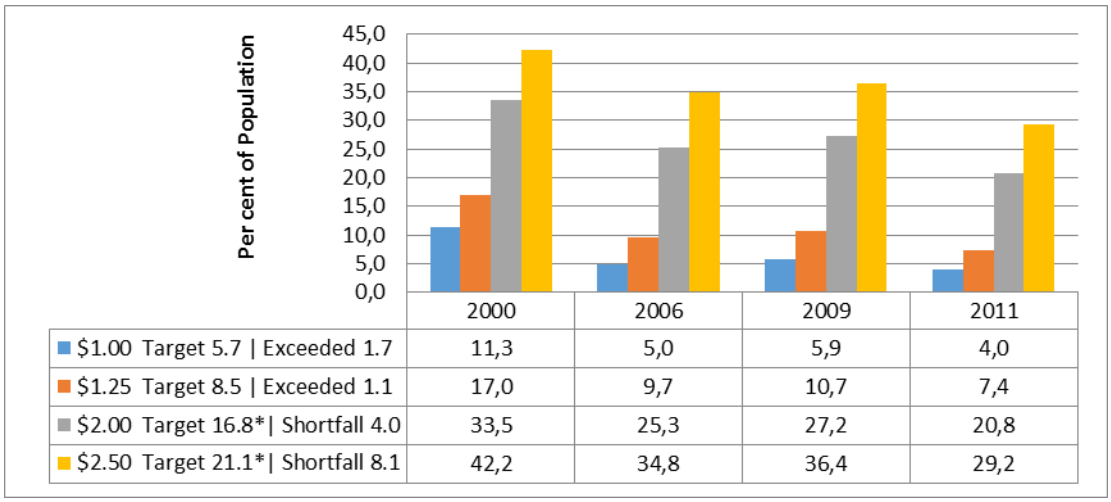
Significant progress has been made since the beginning of the millennium in addressing extreme poverty through the use of the tax system to support South Africa's pro-poor development agenda. However, income inequality remains a challenge, as do the depth of poverty and the quality of life of people living in poverty, notably in respect of access to services critical to escaping poverty. There are three specific MDG indicators relevant to Target 1 A: Halve between 1990 and 2015 the proportion of people whose income is less than one dollar a day:

- Indicator 1.1. Proportion of population below $1.25 (PPP) per day;
- Indicator 1.2. Poverty gap ratio ($1.25 (PPP) per day); and
- Indicator 1.13. Share of the poorest quintile in national consumption.

In addition, South Africa included 10 domesticated indicators to track its progress in measuring the proportion of the population living below and above the food poverty line and poverty gap ratios.

Progress on indicators measuring proportion of people living below $ 2.50 per day

Figure 1: Poverty gaps based on international poverty lines



	2000	2006	2009	2011
$1.00 Target 5.7 | Exceeded 1.7	11,3	5,0	5,9	4,0
$1.25 Target 8.5 | Exceeded 1.1	17,0	9,7	10,7	7,4
$2.00 Target 16.8*| Shortfall 4.0	33,5	25,3	27,2	20,8
$2.50 Target 21.1*| Shortfall 8.1	42,2	34,8	36,4	29,2

*Source: IES, (2000, 2005/2006, 2010/2011); LCS (2008/2009), Statistics South Africa, *Domesticated*

South Africa has achieved two of the MDG 1 indicators for eradicating extreme income poverty, namely halving the proportion of people living in extreme income poverty on less than the $1 per day, which was achieved in 2009, and the $1.25-per-day target, achieved in 2011. The country did not manage to achieve the $2.50 target, although progress has been made.

Progress on indicators measuring poverty gap ratios

The indicators analysed here include poverty gap ratios and three South African Multidimensional Poverty Index (SAMPI) indicators, namely:

- proportion of households SAMPI poor (new indicator);
- intensity of SAMPI poor (new indicator); and
- SAMPI score (new indicator).

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 the average distances the poor are from the relevant poverty line). The poverty gap at the $1.25 line was achieved whilst the one at the $2.00 line was just met by 2011. Although South Africa barely missed the $2.50 target, overall the trends show that it made important progress in reducing the depth of poverty.

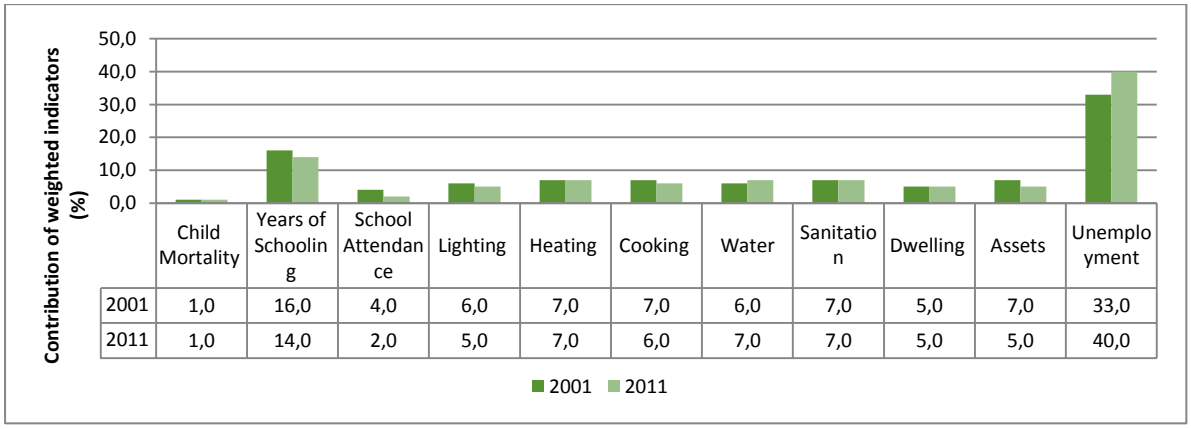
Multidimensional poverty

In 2014 South Africa developed a Multidimensional Poverty Index (MPI), a measure that goes beyond money metric measures of poverty. A key motivation for adopting the South Africa Multidimensional Poverty Index (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. The SAMPI, developed using census data, captures deprivations that individuals and households experience across four poverty dimensions, namely, health, education, standard of living and economic activity.

Between 2001 and 2011 the proportion of households which are multi-dimensionally poor fell from 17.9% to 8.0%. However, the intensity of SAMPI-poor witnessed a mere 1.6 percentage points decline over that same period. All in all, the SAMPI score saw a 62.5% decrease over 10 years.

Figure 2: Contribution of weighted indicators to SAMPI 2001 and 2011 at national level



	Child Mortality	Years of Schooling	School Attendance	Lighting	Heating	Cooking	Water	Sanitation	Dwelling	Assets	Unemployment
2001	1,0	16,0	4,0	6,0	7,0	7,0	6,0	7,0	5,0	7,0	33,0
2011	1,0	14,0	2,0	5,0	7,0	6,0	7,0	7,0	5,0	5,0	40,0

Source: Census, 2001 & 2011, Statistics South Africa, 2014

Whilst there have been significant reductions in the proportion of multi-dimensionally poor people, these impressive rates of improvement were driven, in the main, by increased access to education, basic services and acquisition of assets, that is, by improvements in education and living standards. Unemployment, on the other hand, has reduced only marginally, and its weighted contribution to poverty in the country in fact has increased, from 33% to 40% between 2001 and 2011.

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. Although poverty headcounts have decreased in rural areas, the prevalence of rural poverty has remained 2.5 times higher than that of urban areas across the review period. Rural, female-headed households are 2.69 times more likely to live below the poverty line than urban male-headed households. The likelihood of falling below the poverty line is 3.39 times higher for black African households and 1.85 times for coloured headed households relative to their white counterparts.

Share of the poorest quintiles in national consumption

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 from 2.9% in 2000 to 2.7% in 2011; although this is relatively insignificant, it is still below the MDG target of 5.8%.

Overall, South Africa managed to achieve two of the international MDG Goal 1.A indicators, whilst missing the target on halving the share of the poorest quintile in national consumption. Challenges around the latter indicator can be explained within the context of South Africa's unemployment problem, which according to the SAMPI has persisted over the past 15 years, with its contribution to poverty increasing between 2001 and 2011.

1.3.2. Addressing employment

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 provides a foundation for sound national social and economic development. High levels of unemployment have persisted for the past 15 years, and their contribution to poverty increased from 33% to 40% between 2001 and 2011. South Africa has not achieved any of its MDG or domesticated employment indicators and at times has fallen below its initial baselines.

Target 1.B is: Achieve full and productive employment and decent work for all, including women and young people. Five indicators track progress in respect of this target, covering employment-to-population ratios, GDP growth per person employed, percentage of people employed living below $ 1 per day as well as percentage of own-account workers and contributing family workers to total employment. Progress in relation to each is analysed in the section that follows.

Percentage growth rate of GDP per person employed

The percentage growth rate of Gross Domestic Product (GDP) per person fluctuated, but on the whole it has fallen well-below the 6% target. Economic growth was affected significantly by the 2008 global economic recession and recovery has since been slow.

Employment-to-population ratio

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% by 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. Unemployment rates are also substantially higher for youth, particularly youth with lower levels of education, who are black Africans and who live in rural areas. In 2014 the official unemployment rates among young people aged 15–24 years and 25–34 years were 51.3% and 30.1% respectively, and as high as 65% and 40% according to the expanded definition of unemployment. This is especially problematic as youth employment is a key predictor of employment in the future.

Proportion of employed people living below $1 (PPP) per day

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%.

Proportion of own-account and contributing family workers in total employment

Own-account workers and contributing family workers accounted for 9.3% of total employment in 2013. This is 4.3 percentage points higher than the target of 5%

1.3.3. Addressing hunger

Target 1.C is: Halve between 1990 and 2015 the proportion of people who suffer from hunger. This section reports on progress in relation to one MDG indicator and six domesticated indicators, with the focus on hunger, access to free basic services and access to social assistance. Specifically, it deals with the following indicators:

- percentage of people who report experiencing hunger;
- prevalence of underweight children under five years of age (%); and
- prevalence of stunting in children under five years of age (%).

Access to food is a key indicator of a country's poverty status, as income is the main means of accessing food. Based on national averages, South Africa has seen a 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 32% to 18% in the latter. The county has reached its target in terms of the MDG indicator of reduced hunger.

The massive improvements in food security and reduced hunger are encouraging; however, they mask poorer progress in improving nutritional well-being and the resultant limited progress made in laying a sound developmental foundation for both the children in question and the country as a whole. Stunting and wasting have decreased among young children, but the rates of stunting remain particularly high, at nearly 30% in 2008, and with the MDG target not achieved.

The National Food Policy for South Africa (2013) estimates that a daily intake of 2 230 calories by the average South African would fulfil basic nutritional and appropriate energy needs. According to Statistics South Africa (2015), the 'the Food Poverty Line (FPL) is the Rand value below which individuals are unable to purchase or consume enough food to supply them with minimum per-capita-per-day energy requirement for good health (which is about 2 100 kilocalories)'. Using IES 2010/11, the estimated food poverty line was R335 per capita, per month; hence, spending less than this per capita would mean that the individual is not achieving the required minimum energy intake.

Improved access to social protection

South Africa's progress in reducing poverty and hunger, especially in historically marginalised provinces and groups, has been accompanied by a massive increase in the roll-out of its expanded social protection programmes, comprising a number of social grants and access to free basic services for poor households.

This section analyses three indicators:

- number of beneficiaries of social grants (millions)
- proportion of households below Food Poverty (R305 per month in 2009 prices) with access to free basic services (%)
- percentage of indigent households receiving free basic services

Number of beneficiaries of social grants (millions)

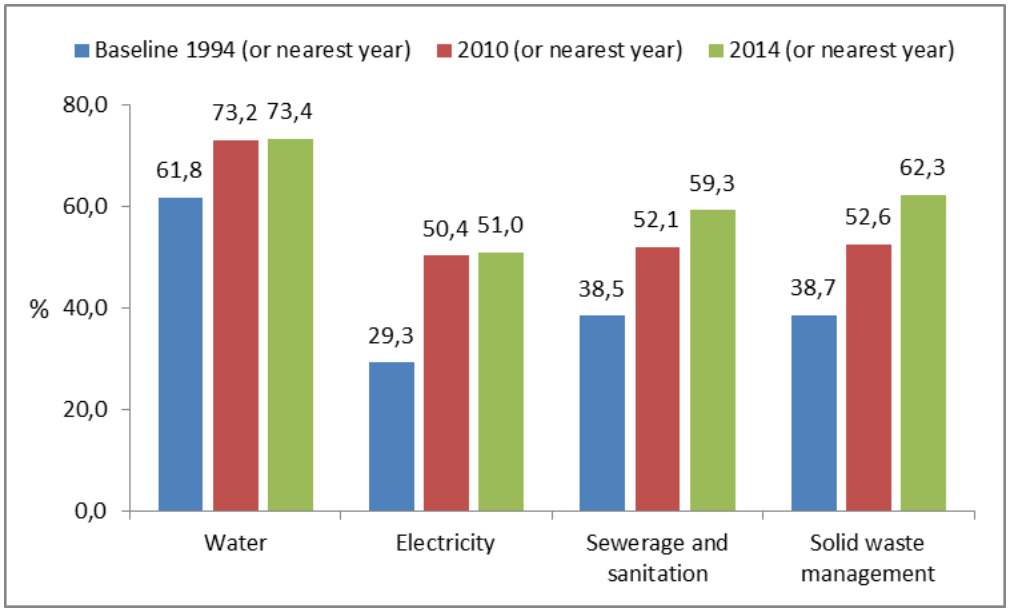
Between 1997 and 2015 South Africa increased coverage of its social grants from just over 2.5 million to reach approximately 16.6 million beneficiaries by February 2015. Targeted beneficiaries include caregivers of children living in poverty, foster children, children and people with disabilities, and older persons. There is compelling evidence that the country's social assistance programme has contributed to lowering the Gini coefficient as well as to an overall reduction in poverty and inequality.

Other indicators

This sub-section discusses the remaining two indicators. A significant decline in SAMPI poverty levels has been recorded, driven in the main by improved access to basic services for poor households. Access to basic services has thus been a cornerstone of South Africa's progress in reducing the lived poverty experience of its poorest and most marginalised households.

Based on national averages, there has been a progressive increase in access to free basic services for indigent households since the beginning of the millennium.

Figure 3: Indigent households with access to free basic services 1990–2015



Source: Non-financial Census of Municipalities from 2004 to 2013, Statistics South Africa.

1.4 LESSONS LEARNED: KEY DRIVERS AND IMPEDIMENTS TO CHANGE

1.4.1 Overall observations and lessons learned

South Africa's post-apartheid policy agenda focused on addressing not only political but economic or substantive equality through improved quality of life, especially for poor and marginalised families and communities. Reflected in successive national strategic plans and priorities, this has been a key contributor to progress towards the relevant MDGs and domestic indicators.

South Africa's progress in reducing poverty rests on its expansive pro-poor social protection programme. Massive gains in education and living standards, as captured by the SAMPI, compared to the modest gains in employment activity, suggest that reductions in poverty headcounts and the depth of poverty, along with improvements in people's quality of life, have been driven in the main by this programme, which is comprised in large part of access to free services correlating with multi-dimensional poverty indicators, such as education, water, sanitation, electricity and housing.

1.4.2 Key drivers and impediments to progress

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.

Whilst social protection programmes have contributed to reduced poverty headcounts, reductions in the depth of poverty and strengthening of the resilience of the historically poor against economic shocks have been limited by persistently high unemployment levels.

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. In the absence of robust job creation, such programmes do not offer a sufficiently robust, secure and sustainable solution to reducing poverty and inequality in South Africa.

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.

1.5. CONCLUSION AND THE WAY FORWARD

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 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.

1.5.1 Lessons learnt and the post-2015 Agenda: Framing the imperatives

The current social protection programme has substantially contributed to reduced poverty and hunger but has reached saturation point in the difference it can make. Despite its phenomenal growth and reach, significant pockets of marginalised groups are not accessing social assistance benefits. Social security service delivery should focus on reaching the most developmentally strategic of these groups, notably children under the age of one year, in view of the link between the developmental impact of social security and early receipt (that is, before 12 months of age).

There is a need to grow employment massively, especially among women and young people, further to which a number of priorities have been identified, including increasing investments in rural infrastructure and economic hubs; strengthening support for Small Medium Micro-Enterprises (SMMEs), alongside stronger protection for people in informal employment; addressing restrictive labour legislative to make private investment in South Africa more attractive; and targeting youth and rural women in employment interventions.

Food and nutrition security programmes should be reoriented to target women-headed households and households with young children; more specifically, rather than focusing on food access per se, they should address nutritional security (dietary diversity and optimal feeding practices) in order to respond to stunting in children.

The legal framework governing indigent households should be strengthened so as to standardise eligibility criteria and the definition of such households, and, in so doing, expand the coverage of free basic services to poor households. In addition, the capacity of local government, in particular to implement the indigent policy, should be improved in under-performing areas.

1.5.2 Recommendations

The 'no one left behind' post-2015 principle suggests that 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.

For the SAMPI to become a more meaningful SDG indicator, two indices should be developed. The first is a fully decomposable SAMPI that will give a picture of poverty and its drivers all the way down to the ward level, based on census data. To facilitate interim reporting on the MDGs, a second SAMPI should be based on a dataset with a greater frequency than the census.

South Africa should introduce additional indicators that track unemployment deprivation at the household level. 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.

The appropriateness of using the labour productivity variable, GDP growth per person employed, has been noted, and a rethink of this variable may be in order so as to illustrate the job creating potential of economic growth.

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.

Spatial dynamics continue to affect employment. As such, a transport policy is needed to address subsidies and respond to the high costs of accessing employment opportunities.

Two factors impacting on investment are crime levels and concerns about productivity arising from labour relations policy and practices that appear to hinder efficient hiring of staff. South Africa needs to send a clear signal about its policy direction to assure investors of a stable environment.

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 are urgently recommended.
- 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.
- Undertake further research to understand how food access relates to dietary diversity and coping strategies.

Policy-makers need to acknowledge the developmental impact of social grants and their role in the mutual assistance on which millions depend. There is also a critical need to revisit the targeting instruments to ensure that vulnerable groups access these benefits.

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.

2.1 INTRODUCTION

The Millennium Development Goal (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.

South Africa achieved five of its benchmarks. Notably, it achieved universal primary enrolment in 2009, gender equity in primary education as early as 2010, and a 76% National Senior Certificate pass rate in 2014. However, it has not yet achieved several indicators that relate to efficiency in the use of education resources. This is linked to the slower, albeit steady, progress made 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.

South Africa has not only held basic education as a fundamental human right: in recognition of education's transformational value, it has elevated its status to such an extent that, unlike the case with socioeconomic rights, it is not subject to progressive realisation.

With the advent of democracy, the first order of business was to open the doors of education to all. The objectives of the first phase of building a non-racial, inclusive basic education system were aligned both with the MDGs and instruments such as UNESCO's Education for All (EFA) Campaign, the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). The then Department of Education set out to reach this objective through the expansion of school infrastructure, teachers and learning materials, a programme aided by a growing education budget and pro-poor funding policy and various supporting policies and programmes. The latter included no school-fee, school feeding and inclusive education policies as well as the development of a more acceptable curriculum to overcome historically determined barriers to education and ensure equity in enjoyment and realisation of the right.

Through sectoral assessments towards the end of the first phase, it became apparent that the large investments in basic education were not yielding comparable returns in quality. Whilst the majority of children were accessing education, for many, especially the historically marginalised, outcomes were poor in relation to the size of the national investment and in comparison to similarly placed middle-income countries. Notably, the quality of education was not adequate to meet either the prevailing rights or developmental imperatives.

The quality imperative was articulated at the highest national levels, including in the governing sector Delivery Agreements of 2010, the country's 2010–2014 Medium Term Strategic Framework, the sector's national improvement plan, and the country's most recent National Development Plan, 2030 (NDP).

However, the rate of progress is slower than expected, particularly for many of the targeted historically marginalised children, notably those living in poverty, in rural areas, and speaking an African home language. The reasons for the inequities and slower rate of progress have been the subject of intense scrutiny by the government. A number of the interventions – such as the expansion of early childhood education – are by nature long-term strategies and have simply not had enough time to show expected returns. Yet again, in the case of others their limited impact is attributable to design or implementation inadequacies that require strengthening and/or accelerated implementation.

The sector's reflections and actions have informed the shape, content and focus of a new Education Sector Plan for the next post-2015 phase, the dominant theme being 'Repositioning the Basic Education Sector for Accelerated Quality, Equity and Efficiency'. Minister of Basic Education, 2015)

2.2 MDG 2: STATUS AND PROGRESS AT A GLANCE

South Africa has developed an expanded framework of indicators for monitoring progress towards Goal 2. This includes the three MDG indicators and an additional nine domesticated indicators with associated targets reflective of South Africa's unique educational challenges and priorities as captured in its numerous education sector and broader national development policies and plans.

As is evident from the table below, South Africa has made consistent progress towards achieving Goal 2. 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.

Table 2*:* MDG 2 – Status and progress at a glance

Goal 2: Achieve universal primary education					
Indicators	***1994 baseline (or nearest year)***	***Current status (2014 or nearest year) 2015***	***2015 Target***	***Target achievability***	***Indicator type***
Target 2A: 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	***96.7 (2002)***	***99.3 (2013)***	***100***	***Achieved***	***MDG (Domesticated)***
Proportion of learners starting Grade 1 who reach last grade of primary	***89.6 (2002)***	***96 (2013)***	***100***	***Not achieved***	***MDG (Domesticated)***
Literacy rate of 15-24-year-olds	***85.9 (2002)***	***94 (2013)***	***100***	***Not achieved***	***MDG***

Goal 2: Achieve universal primary education					
Indicators	*1994 baseline (or nearest year)*	*Current status (2014 or nearest year) 2015*	*2015 Target*	*Target achievability*	*Indicator type*
Five-year-olds attending public and private institutions	*39.3 (2002)*	*85.3 (2013)*	*No target*	*N/A*	*Domesticated*
National Senior Certificate (NSC) pass rate (% of learners)	*60.8 (2009)*	*76 (2014)*	*75*	*Achieved*	*Domesticated*
Adjusted net enrolment ratio in tertiary education	*14 (2009)*	*19.4 (2013)*	*20%*	*Not achieved*	*Domesticated*
Bachelor Pass (% of learners)	*19.9 (2009)*	*28 (2014)*	*35.6*	*Not achieved*	*Domesticated*

2.3 KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

This section focuses on those indicators which, individually and collectively, provide a snapshot of South Africa's progress in achieving MDG 2 and the underlying developmental objectives of securing universal primary-school completion.

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. Realising the equalising and developmental potential of education depends only on access to education but the provision of suitable high-quality education from the earliest years, especially so for historically marginalised children.

For these reasons, this report covers enrolments both in primary education as well as other levels, and looks at a combination of efficiency and outcome indicators which provide insight into the status and progress the country is making in ensuring not only universal access, but quality educational inputs and outcomes at all levels.

2.3.1 Access to education

In the MDG reporting period, access has improved for the majority of children across an expanded range of the education phases, including pre-school or early childhood education phases, along with primary, secondary and tertiary levels. This improvement is as a result of policies and initiatives put in place by the government post-1994 with the aim of achieving universal access to quality primary education.

In addition to poor educational infrastructure, post-apartheid South Africa also inherited a large number of unqualified teachers. These deficits were addressed through measures such as the

Minimum Requirements of Teacher Education Qualifications Policy (MRTEQP, 2011) which require all educators to comply with minimum qualification to practice their profession. There has been a substantial increase in the number of qualified teachers (with prescribed minimum qualifications) since the inception of the MDG reporting period. In 1994, only 64% of teachers were qualified, whereas by 2013 this number had increased to 98% (Department of Basic Education, 2008–2012).

The country has also witnessed improving learner-to-educator ratios, so much so that the domesticated target of 30:1 learner-to-educator ratio was achieved in 2013. It is believed that a low number of learners per teacher indicates that learners will have better chances of enjoying contact with a teacher and that hence there will be a better teaching/learning process.

The Action Plan to 2014 of the Department of Basic Education (DBE) identifies safety in schools as important, and Goal 24 of the action plan commits the government to providing an enabling infrastructure and learning environment, e.g. 'Ensure that the physical infrastructure and environment of every school inspires learners to want to come to school and learn, and teachers to teach'. South Africa has made substantial progress in increasing the availability of school infrastructure and basic services, especially in historically under-serviced provinces and districts.

In 2000 the DBE reported that only 71% of schools had access water, 54.9% had access to electricity, and 90.8% had toilets (Department of Education, 2001). By 2014, schools with access to: water has increased to 97% (an increase of 26 percentage points); electricity increased by 40 percentage points to reach 95%; and schools with sanitation facilities increased to 98%. Efforts to improve infrastructure were initiated through surveys, such as the 'School Register of Needs' surveys of 1996 and 2000. In 2006, another assessment was conducted as part of developing the National Education Infrastructure Management System (NEIMS). The first NEIMS report was published in September 2007.

Five-year-olds attending educational institutions

An important intervention to improve quality and throughput in the Foundation Phase was the introduction of a reception year, Grade R, at public primary schools, community-based sites and through independent provision (Department of Basic Education, 2013). This saw a substantial increase in the enrolment rate of five-year-old children attending public and private educational institutions by 36 percentage points, from 39% in 2002 to 75% in 2012.

Adjusted net enrolment ratio in primary education

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.

Primary school completion rate

The primary school completion rate refers to the proportion of individuals 18 years of age who have completed the final grade of primary education. It is a proxy indicator for efficiency in the education system. The completion rate for South African primary schooling reveals steady improvement culminating in a 96.0% completion rate by 2013, an increase of 6 percentage points on the 89.9% level in 2002. Despite this progress, South Africa has not achieved the MDG 100% target.

Even though universal access to primary education has been achieved in South Africa, the main concern is the quality of education at this level. The repetition rate, which is considered a good indicator of the quality of an educational system, increased between 1 and 3 percentage points across Grades 1 to 7 from 2009 to 2013.

Youth functional literacy rate

The youth literacy rate refers to the proportion of the 15–24 year-old population that has completed Grade 7. The completion of primary education is used as a proxy for measuring literacy, i.e. it is assumed that the person is capable of reading and writing and has basic numeracy.

Aggregate levels of youth functional literacy increased steadily from 86% to 94% between 2002 and 2013. Disaggregation by gender revealed a similar progression of steadily rising literacy rates among females and males. Female literacy rates increased from 89% to 96% (7 percentage points), while male literacy rates increased from 84% to 92% (8 percentage points).

Literacy rates increase significantly as the levels of completed schooling increase. Of concern has been that the completion rate in the secondary phase of schooling drops considerably, although the level and rate of progress in improving this indicator has been faster than for primary school completion rates. Thus, while less than half (only 46%) of the children who enrol in primary school complete their secondary education cycle, this rate has increased by approximately ten percentage points since 1994. Gender parity has not been achieved in respect of this indicator, with nearly 10% more girls completing secondary school than boys in 2014.

Enrolment rates in all forms of post-school education have increased consistently. The rates for Further Education and Training (FET) colleges increased by more than 250 000 students between 2011 and 2013, but, at 794 250, the one million target has not been met. The number of students enrolled in public and private higher education rose from 868 178 to 1 050 851 between 2008 and 2012, increasing annually at 4.2%, which was large enough to drive up the gross enrolment rate. Evidence suggests that South Africa is set to meet the national target for gross HE enrolment rate (GER) of 20% by 2015. The national average shows a consistent increase of approximately 5.4% from 2001 to 2013. The Department of Higher Education and Training (DHET) had set a long-term goal of increasing its current gross higher education enrolment rate from 17.3% in 2012/13 to 25% by 2030.

Annual National Assessment results (ANA)

ANAs were conducted for the past four years (2011–2014) and tend to show incremental improvements in literacy outcomes (and hence the quality of teaching) across all primary school grades, and moderate improvements in mathematics outcomes in the earlier primary grades. However, they show declining mathematical outcomes in the later grades, especially Grade 9.

The average percentages of the Grade 3 learners who scored more than 50% in their numeracy results show an increase of 29 percentage points, from 36% to 65%, between 2012 and 2014; the average percentages of the Grade 3 learners in their literacy tests increased by nine percentage points, and at 66% in 2014 was marginally better than the numeracy results. Grade 6 Annual National Assessment (ANA) mathematics results improved between 2012 and 2014 from 11% to 35% of learners achieving more than 50%. The Grade 6 literacy results have been consistently higher across all years than the numeracy results. The former increased from 39% to 77% between 2012 and 2014.

Results for the Grade 9 mathematics assessments show that severe problems exist in this grade, with only 2.3% of learners on average scoring more than 50% in 2012. Grade 9 ANA language results are better than the mathematics results. In 2014, 48 % of learners across the country achieved 50% or more, compared to 39% in 2012. However, these results are significantly lower than the literacy results achieved in earlier grades.

International assessments

Results in international standardised studies like Trends in International Mathematics and Science Study (TIMSS) and Progress in International Reading Literacy Study (PIRLS) are useful tools to measure how an education system is performing, and because they are trend studies, it is possible to measure changes over time.

TIMSS is administered to Grade 9 learners in South Africa, and since 2002 improvements have been observed. The average Mathematics score in 2011 was 352, a significant improvement on the 2002 score of 285. A similar result is observed in the Science tests, with performance improving from 268 to 332 in 2011.

PIRLS measures literacy and reading levels of Grade 5 learners in South Africa and even though the results show an increase in performance, the change was not statistically significant. The average score in 2011 was 421, which was an improvement from 403 in 2006.

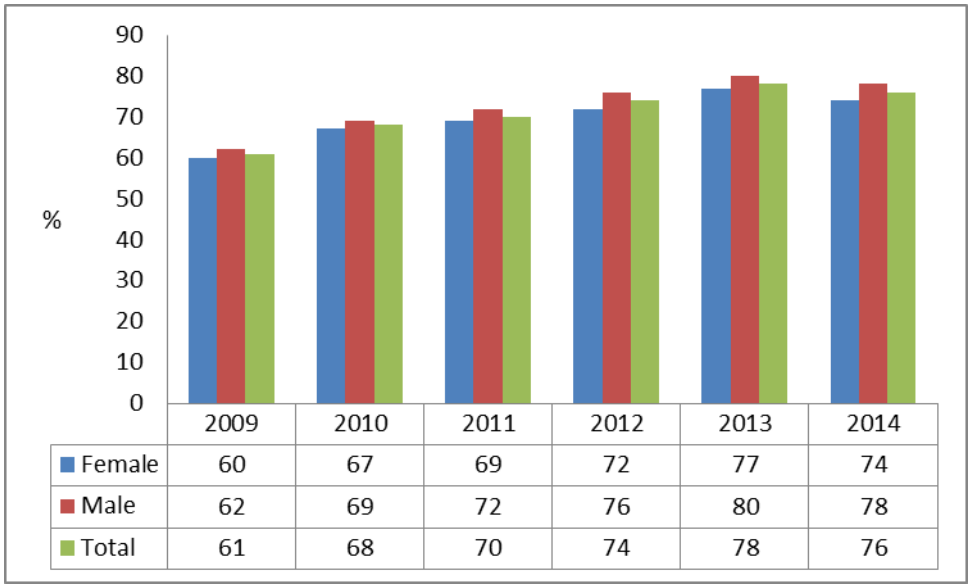
Outcome measurements within the education systems

The National Senior Certificate (NSC) examination is a high-stakes school-leaving exam at the apex of 12 years of schooling. The learner's result in this examination is used by higher education institutions as a deciding factor for entry. The next section will look at the results on examinations like the NSC; the percentage of Grade 12 learners eligible for a bachelor's degree; and, finally, it will provide information on the Grade 12 learners who have been granted access to these higher education institutions.

National Senior Certificate pass rate

Between 2009 and 2013, NSC passes increased substantially from 61% to 78%, followed by a slight decline in 2014 to 76%. The difference in results between 2013 and 2014 may be explained partly by the introduction in 2014 of the new curriculum framework, the 'National Curriculum Statement Grades R-12', which aimed to provide clearer specification of what is to be taught on a term-by-term basis in all grades. Over the five years, male candidates achieved slightly better rates of success than their female counterparts, ranging between 2% to 4% higher between 2009 and 2014.

Figure 4: National Senior Certificate passes by gender (%), 2009 to 2014



	2009	2010	2011	2012	2013	2014
Female	60	67	69	72	77	74
Male	62	69	72	76	80	78
Total	61	68	70	74	78	76

Source: Department of Basic Education, National Senior Certificate database, 2009–2014.

However, improvements in NSC pass rates cannot be viewed in isolation of other indicators in judging improvements in the quality of education. The NSC is no longer seen as a definitive measure of the quality of South African schooling, given the substantial drop-out rate and gate-keeping taking place in the immediately preceding grades, 10 and 11. Among the problems in this regard are that many candidates do not get as far as Grade 12, and the pass rate does not indicate how many years the relatively successful candidates took in getting to Grade 12 (Seekings, 2002). By 2013, the secondary school completion rate was 46% – less than half of that of the primary school sector. Importantly it does reflect a 10% point increase from 2002 when the completion rate was 36.3%.

Nevertheless, obtaining an NSC is commonly perceived by young people in the final three years of their schooling career as a prerequisite for obtaining a job in a tight labour market. While employers might perceive the NSC with some unease, they continue to use it as a yardstick for employability, especially when candidates lack work experience.

Bachelor's passes

The 'bachelor's pass' category is created to obtain a rough indication of the numbers of students who completed the National Senior Certificate examination and qualify to enter an undergraduate degree programme at a university. A school-leaver with a 'bachelor's pass' is not guaranteed to find a place in a university, because admission standards or minimum entry requirements differ between programmes and across universities.

The proportion of school-leavers with a Bachelor's pass increased from 20% in 2009 to 31% in 2013, reflecting an increase of 11 percentage points, before falling back slightly to 28% in 2014. In real terms it means that the number of candidates qualifying for bachelor studies increased, from 120 767 in 2011 to 136 047 in 2012.

Access to higher education institutions

Recent data reveal that South Africa is set to meet the national target for gross HE enrolment rate (GER) of 20% by 2015. The national average shows a consistent increase of about 5.4% from 2001 to 2013.

Between 2001 and 2013, the GER rose from 14.1% to 19.5%, an increase of 5.5% over the period, or an annual increment of 0.46%. Assuming this unchanged rate of increase, the objective of 25% will be reached in about 10.9 years or in 2024, which is much earlier than the target year of 2030.

Nevertheless, South Africa's gross enrolment rate in higher education is lower than might be desired in comparison with international trends for similar middle income countries. For this reason, it is important to consider the rate at which new entrants into higher education is increasing.

Conclusions regarding progress in improving the quality of education

Numerous steps have been taken to improve educational investments as well as infrastructural and human resource inputs. While they have enhanced the learning environment, they have not resulted in consistent, robust and unambiguous improvements in the quality of teaching and learning. The lower grades of the schooling system are not producing learners well equipped to perform when they get to NSC or post-school levels. Underperformance starts in the foundation phase and worsens by the time learners reach Grade 9. Instead of implementing programmes that aim to improve performance in Grades 10 and 11, schools tend to weed out the poor performers in these two grades.

Moreover, access to quality education is inequitable along socioeconomic fault lines, with poorer learners and those in rural areas receiving poorer quality education and achieving poorer outcomes. Despite the tenacity of the socioeconomic divide in the context of quality, the evidence also suggests that appropriate interventions have the potential to remedy these inequities in quality and outcomes.

The tide is starting to turn, though, with improvements being more apparent in literacy than numeracy and in earlier rather than later grades. Seen cumulatively, there are signs of a growing momentum in improvements, but given the low baseline from which measurements start, the overall improvements cannot be said to equate with adequate improvements in quality to sustain the developmental foundations of the education system.

2.4 LESSONS LEARNED: KEY DRIVERS AND IMPEDIMENTS TO CHANGE

2.4.1. Overall observations and lessons learned

For the majority of children, access has improved across an expanded range of education phases, including pre-school or early childhood education phases, primary, secondary and tertiary levels.

Investments in education have grown consistently and substantially. However, there have been less consistent improvements in efficiency in the use of increased educational investments. Improving the quality of educational outcomes for children and the country as a whole has proven more challenging than securing access – although there are growing signs of improvement.

2.4.2. Key drivers and impediments to progress

Drivers

Expanded access to Grade R and earlier phases of early education

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.

A pro-poor education budget

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 the country's 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 Basic Education, 2012).

Key drivers in improved quality

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 ANAs, and implementation of quality monitoring. The increased percentage of qualified teachers, along with improvements in learner-to-educator ratios and infrastructure, has also contributed to improved quality.

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[1] 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 not attending educational institutions. A relatively high proportion of 7- to 18- year-olds indicated they are not attending an educational institution because they find education 'useless or not interesting', which suggests the need to find ways of making education more relevant.

The implementation of the Retention Policy remains a critical quality barrier. The national policy 'Pertaining to the Programmes and Promotion Requirement' states that a pupil may 'only be retained once in a phase in order to prevent the learner being detained in this phase for longer than four years'. It effectively means that learners are promoted in the Foundation, Intermediate, Senior or Further Education and Training phases of the schooling system irrespective of their levels of achievement or the quality of educational provisioning they receive.

[1] National Education Evaluation and Development Unit (NEEDU)

2.5. CONCLUSION AND THE WAY FORWARD

2.5.1 Lessons learnt and the post-2015 agenda: Framing the imperatives

South Africa's post-apartheid government has expanded access to include all children of primary school-going age, having achieved the 2015 target for the adjusted net enrolment ratio beforehand (2013). Moreover, the proportion of learners starting Grade 1 who reach the last grade of the primary phase had risen to 95% or higher in 2013, suggesting that the target of 100% is likely to be achieved by 2015. Further evidence of advances in the sector comes from the strong increases in gross enrolment rates for Grade R in ordinary schools and equally solid improvements in the proportion of five-year-old children attending public and private institutions.

In secondary schools, there is much to be done. The secondary school completion rate broke through the 50% level by 2013. Yet repetition rates in secondary schools worsened by 6% from 10.6% in 2009 to 16.6% in 2013. These two metrics reflect severe challenges to the efficiency of the secondary schooling sector, which has socially undesirable 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 graduates of quality for enrolment in higher education. A major concern is that efficiency and quality objectives are not likely to be decisively achieved in the near future.

The lower grades of the schooling system are not producing learners well equipped to perform when they get to the senior levels, such as FET/TVET (Further Education and Training/Technical and Vocational Education and Training) and university. The problem of underperformance starts in the Foundation Phase and it gets worse by the time learners get to Grade 9. Instead of implementing programmes that aim to improve performance in Grades 10 and 11, schools tend to enforce grade repetition on poor performers. 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.

The SDG goal which aligns with the MDG is SD Goal 4: 'Ensure inclusive and equitable quality education and promote life-long learning opportunities for all'. Eight indicators are outlined for achieving Goal 4, including access to early childhood development interventions, primary and secondary completion rates for girls and boys, tertiary enrolment rates, mastery of a range of foundational skills in the primary schooling, and proficiency in literacy and maths by lower secondary school.

2.5.2 Recommendations

A critical factor in schools is the quality of teaching and learning. The data show that: 98% of teachers are qualified; the learner-teacher ratio has since 2008 been located in the 1:30 and 1:31 range; and in 2014, high proportions of schools had access to running water (97%), sanitation (98%), electricity (95%) and fencing (93%). All of these factors seem to suggest that quality of education in South Africa is well entrenched. However, national and international learning achievement measures and assessments present a story of underperformance.

The priorities for the education system are:

- Emphasis on the improvement of the quality of teaching and learning from Grade R.
- 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 see and practice best teaching, including observations, simulations, role-play and working in contextually appropriate model environments. Importantly, this needs to be supported with on-going, on-site mentoring.
- Emphasis on the quality of teaching and learning at the foundation phase.
- As with primary education, the evidence points to an urgent need to improve the quality of teaching and learning in secondary schools.
- Evaluate and improve on teacher subject matter knowledge at pedagogy.
- Safer school environments could nurture better learning, but, equally, better learners might be drawn to safer schools.
- 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.
- Provide appropriate support to grade repeaters either during school time or during school holidays.

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

3.1 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 Constitution commits the government to achieving equality between women and men by providing for the prohibition of racial, gender and all other forms of discrimination. The rights to fair employment, basic education, and civic participation were made constitutional rights, with further opportunities for employment, education and training required to be made progressively available.

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.

Since 1994 the government has implemented major policy reforms, legislations, and development frameworks aiming to sustain democracy and root out all forms of discrimination, including gender inequity. More recently, the NDP 2030 reaffirmed the fundamental link between gender equality and successful national development, identifying the acceleration of measures to secure gender equality as essential not only for achieving equality for women but for reducing poverty.

These efforts are aligned with Millennium Development Goal (MDG) 3. 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.

3.2 MDG 3: STATUS AND PROGRESS AT A GLANCE

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

South Africa has achieved five out of seven indicators. 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 economy, as well as those indicative of parity in political power, have not been met.

3.3 KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

Not all of the indicators are discussed in this section. The report focuses on progress measured against the three MDG indicators: the ratio of girls to boys in primary, secondary and tertiary education; the share of women in wage employment in the non-agricultural sector; and the proportion of seats held by women in the national parliament.

Table 3: The status of women based in South Africa in 2015

Goal 3: Promote gender equality and empowerment of women							
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***
Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2013.							
GER & GPI at Primary School	***0.97:1 (1996)***	***0.98:1 (2009)***	***0.96:1 (2011)***	***0.99:1 (2013)***	***1:1***	***Achieved***	***MDG***
GPI Secondary	***1.13:1 (1996)***	***1.01:1 (2009)***	***1.07:1 (2011)***	***1.03:1 (2013)***	***1:1***	***Achieved***	***MDG***
GPI Tertiary	***0.86:1 (1996)***	***1.32:1 (2009)***	***1.38:1 (2011)***	***1.41:1 (2013)***	***1:1***	***Achieved***	***MDG***
Ratio of literate females to literate males 15-24 years	***1.1:1 (1996)***	***1:1 (2009)***	***1.0:1 (2011)***	***1.05:1 (2013)***	***1:1***	***Achieved***	***MDG***
Female share of non-agricultural wage employment (%)	***43 (1996)***	***45 (2010)***	***45 (2012)***	***45 (2013)***	***50***	***Not achieved***	***MDG***
Ratio of female unemployed to male unemployed 15-64years	***1.1:1 (2001)***	***1.0:1 (government initiatives must focus on addressing key structural drivers of gender inequality, including patriarchal and harmful attitudes 2010)***	***1.0:1 (2011)***	***1.0:1 (2013)***	***1:1***	***Achieved***	***MDG***
Proportion of seats held by females in national parliament (%)	***25 (1996)***	***44 (2009)***	***44 (2009)***	***42 (2013)***	***50***	***Not Achieved***	***MDG***

Sources: Snap Survey, DBE; HEMIS (DHET); Labour Force Surveys; Secretaries of Provincial Legislators

3.3.1 Gender parity in education

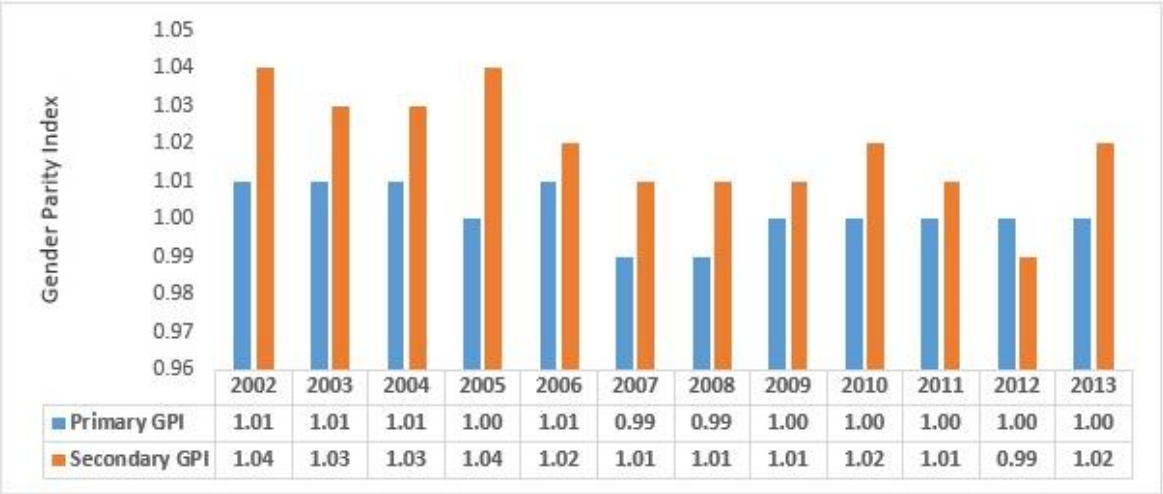
Gender parity in education is foundational: it is a determinant of the likelihood of a country's successful attainment of all other targets and indicators. Education parity is a necessary precursor to securing improved levels of women's literacy, employment, participation in leadership and political stewardship of the country, and thus for improving the quality of life of all women, especially those who have been historically marginalised.

By 2015 gender parity in primary and secondary enrolment rates had been achieved, but the attainment of substantive educational equality, especially secondary and tertiary levels, remains a challenge, particularly for black African women living in poverty and rural areas.

South Africa has, since 2002, achieved gender parity in enrolment of girls and boys in primary school. In 2013 the rate of participation of girls increased from 97% in 2002 to just below 100% (99.4%), indicating an improvement in access to primary school for women and associated potential improvements in their basic literacy and numeracy skills.

These achievements; however, have not translated into substantive parity since the rate of primary school completion is lower for historically marginalised girls. Black African female girls are at a far greater risk of dropping out and not completing primary school (80% of them completed in 2013) compared to white females (99% completed in 2013). Nevertheless, the number of them completing primary school increased substantially since 2002, when only 66% completed Grade 7.

Figure 5: Gender Parity Index at primary and secondary school levels, 2002-2013



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Primary GPI	1.01	1.01	1.01	1.00	1.01	0.99	0.99	1.00	1.00	1.00	1.00	1.00
Secondary GPI	1.04	1.03	1.03	1.04	1.02	1.01	1.01	1.01	1.02	1.01	0.99	1.02

Source: SNAP Survey, Department of Basics Education; Mid-year population estimates, Statistics South Africa.

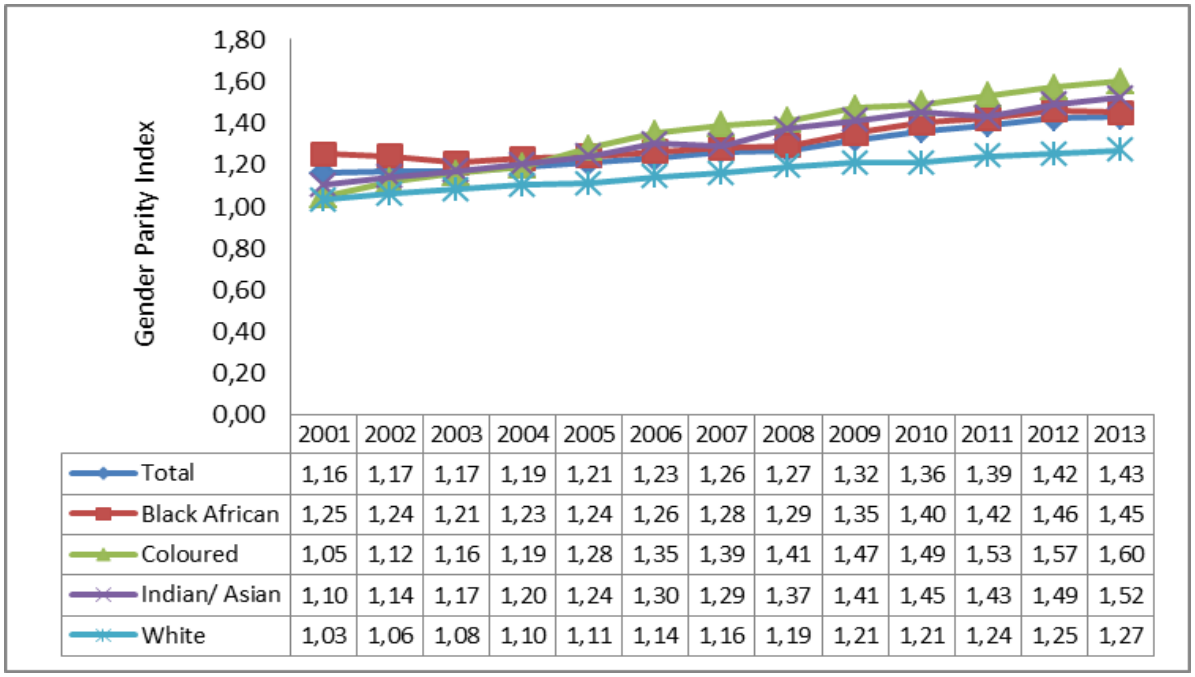
Whilst parity has been achieved in broad enrolment rates at primary and secondary levels, there is still evidence that girls do not enjoy the same substantive educational opportunities as boys and that their participation in education is at a greater risk than boys, especially at secondary school level, as evidenced by the slower rate of increased participation in this education phase.

The lack of substantive equality is demonstrated furthermore by the disparity between boys and girls doing and completing subjects essential to full participation in employment and the economy, such as mathematics, science, business administration and computer technology. This is particularly true for girls from poorer families and historically marginalised race groups.

Girls, especially older black African girls living in poverty, are at risk of dropping out because of gender-related risks and vulnerabilities such as early pregnancies. Whilst fertility rates among adolescents have generally dropped, South Africa has a higher teen-pregnancy rate than similarly placed developing countries like Brazil. There is a strong correlation between pregnancy in teen girls and their dropping out and not completing secondary schooling, a correlation that intersects with socioeconomic vulnerabilities, given that girls from poor backgrounds are more at risk of this than others. South Africa, nonetheless, has made progress in reducing the rate of teenage pregnancies among girls at school.

Similar trends are observed at tertiary-level education, where parity has been achieved in enrolment at an undergraduate but not a postgraduate level. Substantive equality remains a challenge, with lower levels of enrolment of women in science, engineering and technology courses and degrees. The rate of enrolment in these courses has not improved since 2002.

Figure 6: Gender Parity Index at tertiary level by race, 2001-2013



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	1,16	1,17	1,17	1,19	1,21	1,23	1,26	1,27	1,32	1,36	1,39	1,42	1,43
Black African	1,25	1,24	1,21	1,23	1,24	1,26	1,28	1,29	1,35	1,40	1,42	1,46	1,45
Coloured	1,05	1,12	1,16	1,19	1,28	1,35	1,39	1,41	1,47	1,49	1,53	1,57	1,60
Indian/ Asian	1,10	1,14	1,17	1,20	1,24	1,30	1,29	1,37	1,41	1,45	1,43	1,49	1,52
White	1,03	1,06	1,08	1,10	1,11	1,14	1,16	1,19	1,21	1,21	1,24	1,25	1,27

Source: Education Management Information System, Department of Higher Education and Training; Mid-year population estimates, Statistics South Africa

3.3.2. Gender equity in employment

The second indicator of progress towards the achievement of gender equality is the share of women in non-agricultural wage employment. South Africa has not achieved its targeted 50% female share of non-agricultural wage employment.

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. In South Africa, the current status of women employed in non-agricultural sector was reported at 44.7% in 2013, indicating growth of 1 percentage points since the global economic crisis of 2008.

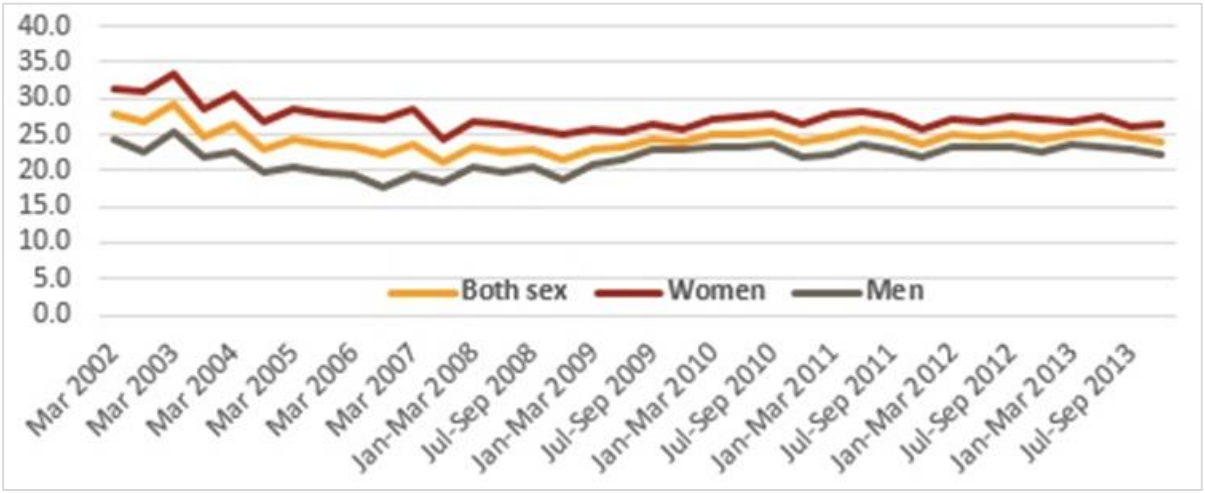
Table 4: Share of women in wage employment in the non-agricultural sector, 2001-2013 in South Africa

2001	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
44.9	*45.2*	*44.5*	*43.8*	*43.3*	*44.1*	*43.9*	*43.7*	*44.2*	*43.6*	*43.9*	*44.0*	*44.7*

Source: Department of Agriculture, LFS 2001-2007, Quarterly Labour Force Survey 2008-2013, and Statistics South Africa

Furthermore, there are regional and racial variations in respect of status of women employed in the non-agricultural sector, suggesting structural limitations embedded in the social, economic and cultural environments in which especially vulnerable women live.

Figure 7: Official unemployment rate by sex, 2001-2013



Source: Quarterly Labour Force Survey 2002-2013, Statistics South Africa

Figure 7 above indicates that official unemployment rates were consistently higher among women than men. Moreover, in the case of women who are employed, they were more likely to be in unskilled occupations (35.4%), with 20.8% working in elementary jobs and 14.6% serving as domestic workers, whereas only 22.7% of employed men worked in unskilled occupations (Stats SA 2013).

Employed women also earned less than employed men, with the proportion of women who earned R1 000 or less per month being double that of men (20.5% vs. 9.7%), whereas men were more likely to be in the top earning category of R16 000+ compared to women (11.0% vs. 5.4%) (Stats SA, 2013).

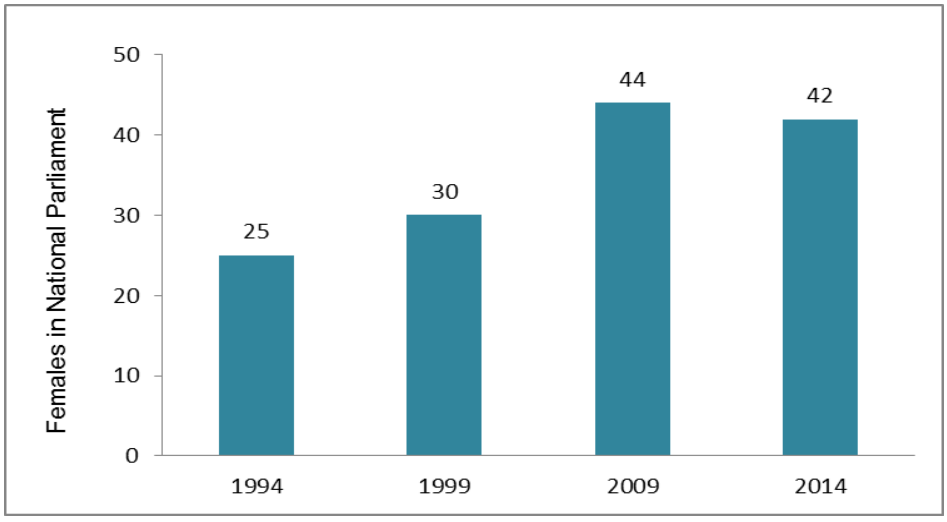
In summary, women bear a disproportionate burden of unemployment, constitute the majority of casual or contract (unprotected) workers, generally occupy positions in low-wage sectors, and are poorly represented in senior and top management positions.

3.3.3 Gender equity in political participation and leadership

Progress towards women's empowerment is measured in terms of the proportion of seats held by women in the national parliament. 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, 42% of parliamentarians were women in 2014, it is only 8 percentage points below the MDG target of 50%.

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. Although South Africa missed its target of 50% representation of women, significant progress has been made in women's participation at all levels of government and of the public and private sector.

Figure 8: Proportion of women in the national parliament, 1994–2014



Source: Parliament of the Republic of South Africa; Hendricks, 2005; Lowe-Morna et al, 2009

It is not enough to have women in parliament. It is equally important that they are adequately represented in leadership positions within the administration of government. The percentage of women in ministerial posts at the executive level of government has also improved since 1996. A positive trend has been observed in the appointment of ministers, deputy ministers, speakers of the house, portfolio committee chairs, and other influential governance positions.

Table 5: Percentage of female ministers and deputy ministers, 1994-2014

	1994	*1999*	*2004*	*2009*	*2014*
Ministers	***11***	***33.3***	***43***	***41***	***42.9***
Deputy Ministers	***25***	***0***	***50***	***39***	***48.6***

Source: Government Communication and Information System (GCIS)

Whilst there has been an increase in the proportion of women in senior administrative positions, the increase has been more robust at a director-level (41.3%), albeit less so at the most senior director general level (26.2%) (Department of Public Service and Administration).

Within local government, women have considerably lower levels of representation. This is arguably the most critical level of representation and leadership, given that local government decisions impact on the daily quality of lives of women. In 2013, 41.1% of mayors – and only 11.91% of municipal managers – were female (Government Communication and Information System).

Thus, 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.

3.4 LESSONS LEARNED: KEY DRIVERS AND IMPEDIMENTS TO CHANGE

3.4.1 Overall observations and lessons learned

Gender equality is recognised by the Constitution and the NDP as central to achieving the country's equity commitments and national development goals. Equality is measured by gender-parity ratios but also – critically – by the quality of life of women. Statistical and quality-of-life gains were made, especially in political representation and education, and with five indicators having been met. South Africa is leading the way in the continent, and ranks in either the first or second place in continental indices. It has equalised power at national and provincial level, with women's representation higher than in developed countries like Canada.

Women, however, are not politically empowered at a local and traditional level, where quality-of-life decisions are made. Critical goals necessary to shift the balance of economic and social power – employment and leadership – have not been met. Importantly, gender inequality intersects with other forms of historical marginalisation to exclude poor, rural African women from opportunities, services and protection against violence.

3.4.2 Key drivers and impediments to progress

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 especial 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

Policy, legislation and implementation

The Women's Empowerment and Gender Equality Bill (WEGE) has not been finalised. The WEGE Bill would enable South Africa to move towards 50/50 gender parity in all decision-making positions and will have a mechanism for enforcement; in addition, it would bring South Africa in line with the Southern Africa Developing countries (SADC) Protocol on Gender and Development.

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).

Inadequate supporting government institutions

Gender-focused government machinery and institutions are not adequately resourced and are generally unstable. Constant shifts in the gender machinery result in fragmented and ineffective service delivery to women and girls.

Inadequate monitoring and evaluation

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

Societal norms, customs, and cultural practices

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.

Societal norms and cultural and customary practices and laws severely inhibit sustainable change. The implementation of South Africa's strengthened legal and legislative framework for protecting women and girls is hampered by entrenched cultural and social practices such as early marriage, gender socialisation, restrictions on the inheritance of land by women, discriminatory attitudes towards women, and patriarchy and its perpetuation of rigid gender roles.

3.5 CONCLUSION AND THE WAY FORWARD

3.5.1 Lessons learnt and the post-2015 agenda: Framing the imperatives

Gender inequality has its roots in South Africa's colonial and apartheid legacy. 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. South Africa's commitment to the MDG process, MDG 3 in particular, has enabled the country to define a development trajectory which is strongly gendered.

South Africa achieved gender parity in education in terms of enrolment of girls in all levels of education several years ahead of the target. This achievement was 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. Although there are barriers resisting the attainment of gender equity, there are, by the same token, signs that the country is moving in the right direction of liberating men and women alike from class, racial and cultural oppression.

This reflects the recognition that investment in vulnerable groups – in this case, women – stands to generate significant positive impacts across all of the MDG goals. 'Sustainable Development Goal 5: Achieve gender equality and empower all women and girls' is directly aligned to MDG 3 aimed at promoting social justice and gender equality at all levels. The recommendations noted below are aimed at defining the agenda for the SDGs in respect of gender empowerment over the next period.

3.5.2 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 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 must be strengthened, inter alia, by conducting of 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.

4.1. INTRODUCTION

The Millennium Development Goal (MDG) 4 target is to reduce the under-five mortality rate by two-thirds between 1990 and 2015. South Africa has made substantial progress towards this goal, though not enough to meet it. Likewise, there was significant progress in increasing immunisation coverage, but the MDG goal of achieving 95% coverage in terms of measles vaccinations in children under-one year of age has not been reached.

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.

As indicated above, South Africa made substantial progress in reducing child mortality, but this has been insufficient to achieve a two-thirds reduction. The trajectory of the rate of child survival is thus a reflection of the country's political, social, economic and health-system development in the course of the MDG period. A central feature of this period was that South Africa's political will and legislative, administrative and financial resources were mobilised to address a leading cause of child mortality – namely, HIV infection resulting from transmission of the virus from mother to child.

These shifts marked not only a turning of the tide towards improved child health but the strengthening of one of the key foundations of sound human development – improved early childhood development in the critical first 1 000 days. Policy, programming and funding choices were designed to improve access to a suite of services, especially for historically marginalised infants and young children, to ensure improved health outcomes and equalisation of opportunities compromised by socioeconomic circumstances and other structural determinants of vulnerability.

4.2 MDG 4: STATUS AND PROGRESS AT A GLANCE

South Africa developed a framework for monitoring progress towards attaining Goal 4. It includes three MDG indicators and an additional six domesticated indicators. The latter provide measures of the status of, and progress towards addressing, country-specific challenges and concerns, especially leading causes of child morbidity and mortality.

Whilst none of the MDG 4 targets was met, it is apparent that progress has been made. 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 at the beginning of the 1990s was stark for the majority of children, who had been systematically excluded from access to quality services by apartheid policies. About 54 out of every 1 000 children would die before their fifth birthday, mostly as a result of avoidable or treatable causes (DHS, 1998). The prevalence of the leading avoidable and/or treatable causes of child deaths – diarrhoea, pneumonia and HIV – was high while coverage of essential preventative interventions such as immunisation was far from universal. More than 30% of children under the age of one year were not immunised against measles, and even fewer (66.4%) received the full suite of primary vaccinations to protect them against preventable diseases.

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.

The national under-five and infant mortality rates have decreased substantially, from 38 and 54 per 1 000 live births to 34.3 and 23.6 between 1990 and 2015, respectively. The under-five mortality rate increased significantly halfway through the MDG period to reach a high of 66.9 of deaths per 1 000 live births.

Table 6: Summary of MDG 4 indicators, current status and target achievability

Goal 4: Reduce child mortality							
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***
Target A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate							
Under-five mortality rate (per 1,000 live births)	***38 (1998)***	***38.7 (2011)***	***37.5 (2012)***	***34.3 (2013)***	***20***	***Not achieved***	***MDG***
Infant mortality rate (per 1,000 live births)	***54 (1998)***	***26.5 (2011)***	***24.9 (2012)***	***23.6 (2013)***	***18***	***Not achieved***	***MDG***
Proportion of one-year-old children immunised against measles	***68.5 (2001)***	***84.8 (2010)***	***87.3 (2013)***	***91.2 (2014)***	***> 95***	***Not achieved***	***MDG***

4.3 KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

What follows is a closer look at the progress made in achieving a selection of key indicators reflected in the table above.

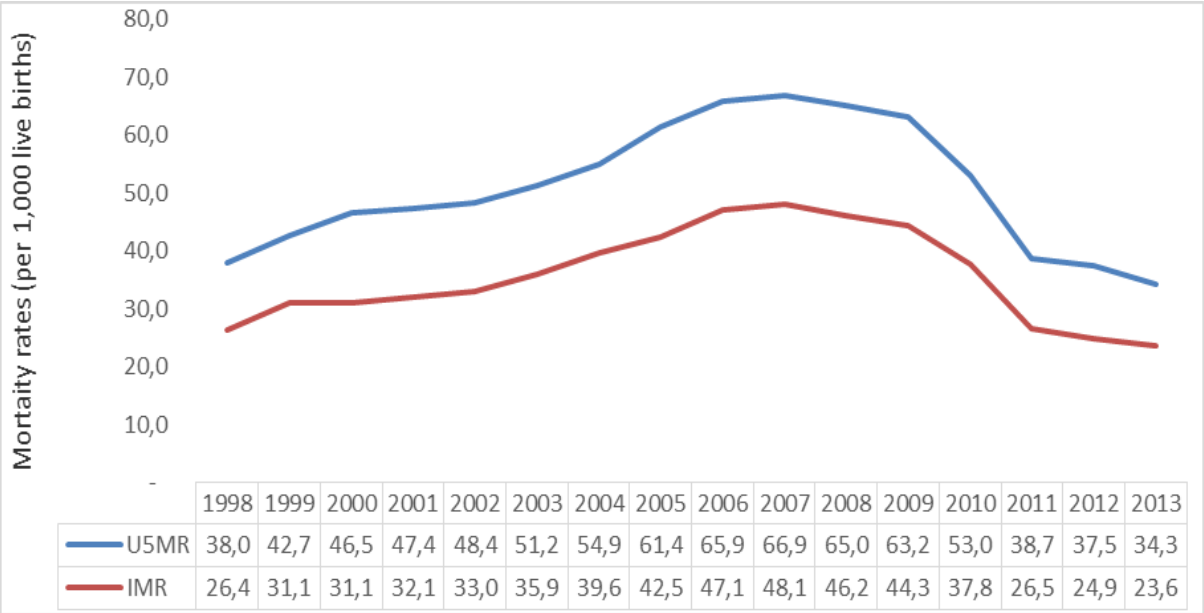
4.3.1 Under-five and infant mortality rates

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. This increase was driven in the main by a sharp decline in the health status of young children due to HIV and AIDS, which became the largest cause of death in children under the age of five years. However, Vital Registration System data show 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 per live births in 2013.

It should be noted that data from other sources suggest somewhat different levels and trends. For example, the Demographic and Health Survey (DHS) undertaken in 1998 provided an estimate of 59 deaths per 1 000 live births (compared with 38 per 1 000 live births of VRS estimate for the same year). Rapid Mortality Surveillance (RMS) data, which have been used by the Department of Health to track under-five mortality since 2009, show comparable levels with VRS data for the period 2009 and 2011, followed by stabilisation of the under-five mortality rate at around 40 deaths per 1 000 live births for the period 2011 to 2013.

Figure 9: Under-five and infant mortality rates since 1998 and the 2015 MDG target



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
U5MR	38,0	42,7	46,5	47,4	48,4	51,2	54,9	61,4	65,9	66,9	65,0	63,2	53,0	38,7	37,5	34,3
IMR	26,4	31,1	31,1	32,1	33,0	35,9	39,6	42,5	47,1	48,1	46,2	44,3	37,8	26,5	24,9	23,6

Source: Statistics South Africa

A similar pattern is evident with regards to the Infant Mortality rate (IMR). VRS data show an increase from 26.5 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 RMS data again show a similar pattern, but with a levelling-off at around 28 deaths per 1 000 live births in the same year.

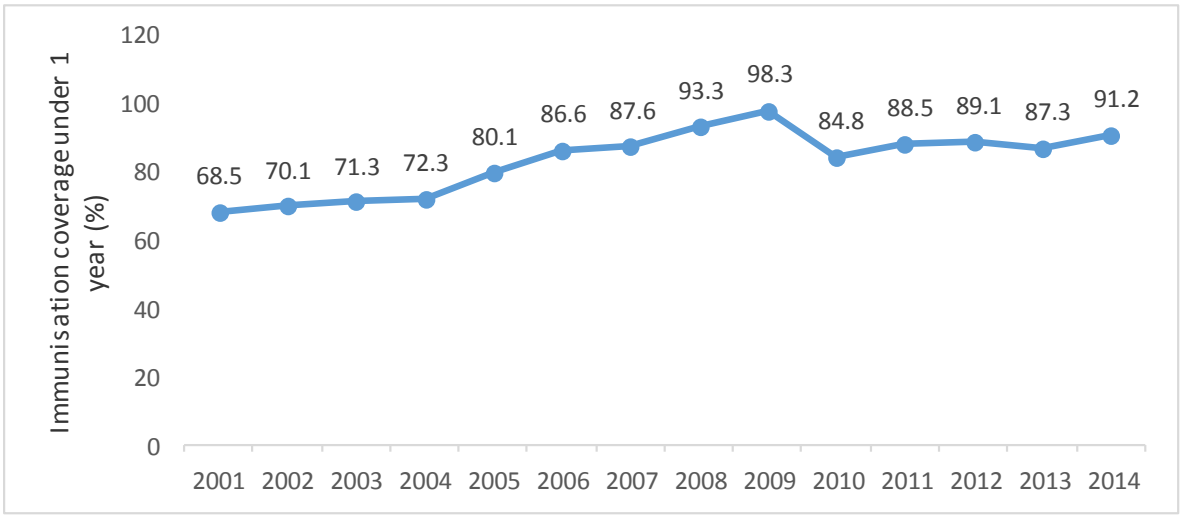
As in other countries, deaths during the newborn or neonatal period (that is, the first 28 days of life) constitute a high proportion of all under-five deaths. Between 2009 and 2013, Neonatal Mortality Rate (NMR) dropped from 13 per 1 000 to 11 deaths per 1 000. The primary causes of death in the neonatal 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.

Correlating with the decreases especially in the under-five and infant mortality rates are substantial increases in the rate of access to key health promotive and preventative services, along with a decline in leading preventable and treatable causes of infant and under-five mortality such as diarrhoea, pneumonia and HIV and AIDS.

4.3.2 Proportion of one-year-old children immunised against measles

Immunisation is an effective measure to prevent many of the avoidable causes of child mortality. The MDG indicator on immunisation coverage is the proportion of one-year-old children immunised against measles. The general trend in measles vaccination coverage has been positive, increasing from a baseline of 68.5% in 2001 to 91.2% in 2014. The estimates for 2010 to 2014 are, however, markedly lower than from the period 2001 to 2009. This is because the 2010–2014 estimates are based on the revised population figures obtained through the 2011 census, whilst those in the 2001–2009 period are based on population figures from the 2001 Population Census.

Figure 10: Proportion of one-year-old children immunised against measles



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

4.3.3 Prevalence of leading preventable causes of child deaths

As coverage of preventative interventions increased, there was a correlating reduction in the prevalence of the leading preventable causes of child deaths. Pneumonia incidence in children under the age of five years dropped consistently between 2010 and 2014 by more than 30%, from 79 to 53 per 1 000 children. Between 2010 and 2014 the proportion of HIV-exposed infants who tested positive for HIV at six weeks of age dropped from 9% to 1.6% (District Health Information System, Department of Health).

4.4 LESSONS LEARNED: KEY DRIVERS AND IMPEDIMENTS TO CHANGE

4.4.1 Overall observations and lessons learned

South Africa has overcome a number of challenges to turn the tide in increasing child mortality in the country. However, MDG 4 has not been achieved and challenges remain, with many new-borns and children still dying from preventable causes. While the under-five and infant mortality rates have improved, there has been less progress in reducing deaths amongst newborn infants.[9]

4.4.2 Key drivers and impediments to progress

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.

Drivers

Critical factors which facilitated these improvements included:

Health legislation

The Constitution of the Republic of South Africa guarantees the right to basic health care 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.

The right is realised through the Health Act, 61 of 2003, which provides for a number of basic health care rights, including the rights of all pregnant women and children under the age of six years to free health care. Other legislation supporting improved child-health access and outcomes include the Nursing Act of 2005, which provides for the introduction of mandatory community service for nurses; the Medicines and Related Substances Amendment Act, 59 of 2002, which provides for transparency in the pricing of medicines; and the National Health Amendment Bill (2010), which established an independent entity to ensure that all health establishments comply with minimum standards through an independent entity.

Primary health-care re-engineering

In 1994 healthcare user fees for pregnant women and children under the age of six years were removed in order to improve equity in access to healthcare services. The 10-point plan of 2009-2014 focused on restructuring the healthcare system to balance inequalities, promote prevention and strengthen management. These developments resulted in an initial increase in clinic visits amongst pregnant women and children which has remained constant in recent years. This was followed by the Primary Healthcare Reengineering Strategy in 2010 to strengthen preventative primary healthcare (PHC) services. 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 healthcare workers and the strengthening of school health services by means of the Integrated School Health Programme.

National Perinatal and Neonatal Morbidity and Mortality Committee

The National Perinatal and Neonatal Morbidity and Mortality Committee (NaPeMMCo) was established in 2008 by the Minister of Health. Its purpose is to audit all perinatal and neonatal deaths occurring in the country, to produce annual reports and to make recommendations on solutions for the reduction of perinatal and neonatal deaths. The work of NaPeMMCo is facilitated by the national Perinatal Problem Identification Programme (PPIP), set up in 1999 to investigate the deaths of newborns and make recommendations for the improvement of perinatal care. Each of the nine Saving Babies reports produced from the PPIP data contain details that have helped the Department of Health to set its agenda for improving perinatal health. The PPIP provides the national department of health with a system for monitoring and evaluating the impact of newborn interventions.

Committee on Morbidity and Mortality in Children under 5 Years

In 2008 the Minister of Health appointed a ministerial Committee on Morbidity and Mortality in Children under-5 Years (CoMMiC) to review childhood deaths in South Africa. It has an oversight function and facilitates the governance and development of appropriate standards of health care for children. CoMMiC determined that the current package of facility-based child-survival programmes contained all the necessary elements, and recommended that efforts should focus on improving implementation. The committee also recommended that community-based interventions should be strengthened by the establishment of a well-functioning community health-worker programme.

Campaign for Accelerated Reduction in Maternal and Child Mortality in Africa

In 2012 the Campaign for Accelerated Reduction in Maternal and Child Mortality in Africa (CARMMA) was launched in South Africa. CARMMA has six priority areas, namely strengthening access to comprehensive sexual and reproductive health services; promoting early antenatal care; improving access to skilled birth attendants; strengthening human resources; improving child survival by promoting interventions shown to be effective; and improving access to ART.

Maternal, Neonatal, Child and Women's Health and Nutrition Strategic Plan 2012–2016

The Maternal, Neonatal, Child and Women's Health and Nutrition Strategic Plan (MNCWH&N) 2012-2016 encompasses eight strategies for improving coverage, quality and equitable access to priority interventions with the greatest proven impact on reducing maternal, neonatal and child mortality. These include addressing the social determinants of health, strengthening PHC interventions at district level, and strengthening the capacity of health systems and human resources.[10]

The Expanded Programme on Immunisation

Progress has been made in increasing the coverage of all essential vaccines in South Africa, with sustained high coverage rates recorded in the last decade. This has resulted in several achievements including the reduction in neonatal tetanus; reduction in cases and deaths due to measles; and the attainment of a polio-free status. In 2009, the country became the first in sub-Saharan Africa to include the pneumococcal and rotavirus vaccines in its routine child immunisations schedule.

Prevention of mother-to-child transmission of HIV

Coverage of the PMTCT programme, which includes early infant testing at six weeks, increased substantially in 2014. The indicator used to monitor PMTCT is the proportion of infants who test positive for HIV at six weeks. The national average for this indicator was 9% in 2010, which reduced significantly to 1.6% in 2014. In 2009, about 81% of all eligible children living with HIV and AIDS received antiretroviral treatment (ART). Coverage for early infant diagnosis of HIV in newborns now stands at 88%. In accordance with the 2010 Paediatric HIV guidelines, ART initiation among children has been expanded. All HIV-infected children, including those younger than five years, are initiated on antiretroviral treatment.

Promotion of appropriate infant-feeding

The government revised its breastfeeding policy to actively promote breastfeeding, especially exclusive breastfeeding for the first six months of life, and the introduction of complementary feeding thereafter. In accordance with the Tshwane Declaration endorsed by the Department of Health in 2011, HIV-infected mothers are no longer offered replacement feeding in health facilities but encouraged and supported instead to breastfeed their infants.

Integrated Management of Child Illnesses

One of the key policy changes instituted in 1994 was a shift to the Integrated Management of Child Illnesses (IMCI) approach to fostering child health. This focused on an improved training programme of primary health-care staff to identify and manage child illnesses. Sick children are assessed according to their symptoms and signs. Treatment is given if necessary, and the caregiver or parent is counselled and advised on the follow-up of the patient (Woods, 2010).

Impediments

There are a number of reasons for limited progress.

The MDG 4 focused exclusively on child survival and framed it as a health issue, not taking into account 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; for example, the health sector does not work closely enough with the Department of Water and Sanitation, even though the issue of water and sanitation is key to reducing childhood

diarrhoea, a major cause of death in under-five children. 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 health systems, which has led in turn to poor and variable access to, and quality of, healthcare services. South Africa thus has continued to experience sporadic problems in the availability of essential interventions, including routine vaccinations. Although nationally the coverage of immunisation is high, there remains some variability at provincial and district level. The measles outbreaks that occurred between 2003–2005 and 2009–2011 demonstrate that some districts have low vaccination coverage and that the risk of infection increases in high-density metropolitan areas. Similarly, though national PMTCT coverage is high, at 96%, the coverage varies between provinces and districts.

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 needs to be improved so that its ability to monitor and respond to child morbidity and mortality is not undermined. The country also needs a nationally representative population-based data that can provide a comprehensive picture of the health of its children.

4.5 CONCLUSION AND THE WAY FORWARD

While South Africa made substantial progress, it has not met its MDG 4 targets, including the domesticated indicators targeting country-specific child-survival challenges and concerns. The rate of progress 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.

4.5.1 Lessons learnt and the post-2015 agenda: Framing the imperatives

The Sustainable Development Goals (SDGs) aim to locate child survival as an issue requiring commitment and contribution from a larger range of sectors and stakeholders. This more holistic approach is also reflected in South Africa's National Development Plan (NDP), which emphasises the importance of early childhood development.

4.5.2 Recommendations

- 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 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 should be improved. This will require intensified community- and home-based education and health promotion campaigns. In addition, scaling them up will require a multi-sectoral approach, with closer collaboration between the Departments of Health and Water and Sanitation, as well as with local government.
- Neonatal mortality contributes significantly to the under-five mortality rate, and efforts to reduce child survival must include a focus on the newborn period. Attention should be focused on scaling up the high-impact interventions recommended by NaPeMMCo.
- 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 health care.
- There is an ongoing need for an equity-focused approach to solving the child-health problem in South Africa. While national recommendations help to guide the agenda for improving child health and are necessary to gain traction, it needs to be appreciated that districts are not homogenous and have unique sets of challenges. Thus, district-specific solutions must be generated in order to suit the particular challenges that the various districts face. However, this is difficult to do in the absence of district-based health profiles and burden-of-disease estimates.

In conclusion, although evidence shows that South Africa has not reached all its target for MDG 4, improvements in child health and reduction in child mortality cannot be ignored. The recommendations by NaPeMMCo and COMMIC, if implemented, will bring great improvements in neonatal and child health and reduce neonatal and child deaths significantly.

Many of these inadequacies have been recognised and the need emphasised to accelerate the development and implementation of solutions in our overarching national development plan, as well as the emerging national Early Childhood Development policy and programmes which will guide the post-2015 child survival agenda.

5.1 INTRODUCTION

In the last two decades South Africa has made significant progress in the improvement of maternal health and reduction of maternal mortality. It was estimated in 2010 that nearly 3 000 South African women died in childbirth, but the latest estimates show that maternal deaths have halved.

The Prevention of Mother to Child Transmission (PMTCT) programme, which aims to ensure that HIV-infected women remain healthy and give birth to healthy children, has expanded rapidly. Many more women have benefited from it as a result both of expansion of its eligibility criteria (such that the services are offered to women when they are still healthy) of the integration of PMTCT services into routine antenatal services offered in all health facilities in the country. Modern contraceptive methods are freely available in public health facilities, and there has been an overall improvement in access to reproductive health. The 1996 Choice on Termination of Pregnancy Act made medical and surgical abortion free for all women of any age at public health-care facilities, and this has seen an increase in the uptake of safe pregnancy terminations.

However, many women still die during childbirth. Despite expansion of the PMTCT programme, HIV infection in pregnancy is the major contributing factor to maternal deaths, accounting for more than 30% of all these deaths. The national antenatal prevalence of HIV was 7.6% in 1994, which increased to almost 30% in 2004 and has since reached a plateau and stabilised. Avoidable factors, missed opportunities, poor quality of care and the lack of training of front-line health-care workers have all been found to contribute to maternal deaths from all causes.

This report assesses South Africa's progress towards achieving Millennium Development Goal (MDG) 5, namely to improve maternal health as outlined in the Millennium Declaration. It reviews the challenges to the achievement of MDG 5 and makes recommendations for the improvement of maternal health in South Africa.

5.2 MDG 5: STATUS AND PROGRESS AT A GLANCE

The MDG 5 which aims to improve maternal health has two targets and five indicators as outlined in Table 7 below:

- to reduce the maternal mortality ratio by three-quarters between 1990 and 2015 – South Africa's target for MMR was thus 38 deaths per 100 000 live births for 2015, from a baseline of 150/100 000 in 1990; and
- 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 by skilled health 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 healthcare facilities (proxy for skilled birth attendance); couple year protection rate (proxy for contraceptive prevalence); proportion of births to mothers under the age of 18 (proxy for adolescent birth rate); and the coverage of PMTCT of HIV.

Table 7: Summary of Goal 5 indicators, current status and target achievability

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 achievabi -lity***	***Indicator type***	***Data source***
Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (deaths per 100,000 live births)	*134 (2002)*	*270 (2010)*	*141 (2013)*	*141 2013)*	*38*	*Not achieved*	*MDG*	*Stats SA*
	150 (1998)							*DHS*
		269 (2010)						*RMS*
Proportion of births attended by skilled health personnel (percent)	*84 (1998)*	*91 (2003)*			*100*	*Not achieved*	*MDG*	*DHS*
Delivery rate in health facilities (percent) [Proxy for skilled birth attendance]	*67 (2003)*	*79.5 (2010)*	*81.5 (2013)*	*85.6 (2014)*	*96*	*NA*	*Domestic*	*DHIS*
Target 5B: Achieve by 2015 universal access to reproductive health								
Contraceptive prevalence rate (percent)	*50.1 (1998)*	*50.2 (2003)*			*100*	*Not Achieved*	*MDG*	*DHS*
Couple year protection rate (percent) [Proxy for contraceptive prevalence rate]		*27.6 (2010)*	*36.3 (2013)*	*52.7 (2014)*	*55%*		*Domestic*	*DHIS*
Adolescent birth rate (percent)	*12.5 (1996)*		*13.7 (2011)*		*No target*	*NA*	*MDG*	*Census*
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*	*DHIS*
Unmet need for family planning (percent)	*15 (1998)*	*13.8 (2003)*			*No target*	*NA*	*MDG*	*DHS*

5.3 KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

5.3.1 Maternal mortality ratio

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. The baseline MMR measured in the 1998 Demographic and Health Survey (DHS) was 150 maternal deaths per 100 000 live births. 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 per 100 000 in 2002 and 311 per 100 000 in 2009. But by 2010 the MMR had declined significantly to 270 per 100 000, and this decline has been sustained. The latest estimate of MMR is measured at 141 per 100 000. This target was not achieved.

5.3.2 Births attended by skilled health personnel

This indicator shows the percentage of births in a country that are delivered in the presence of a skilled birth attendant (a trained midwife, doctor or nurse) (WHO, 2004). The ideal data to measure skilled attendance at birth are derived from population-based data, but these have not been available in South Africa since 2003, when this indicator was measured at 91% in the DHS.

In the absence of a population-based estimate, the percentage of births in public health facilities (facility delivery rate) obtained from the District Health Information System (DHIS) 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.

Caution should be taken, however, when using the DHIS data since the numerator in the calculation of skilled birth attendance is births in public health facilities, as the denominator includes all estimated births in the country, including those in private health facilities.

5.3.3 Contraceptive prevalence rate

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. The CPR is calculated from nationally representative household surveys such as the DHS, which contain questions on contraceptive use. The last nationally representative population-based estimate of contraceptive use was measured at 50.2% in 2003 (DHS, 2003).

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 (a 25.1 percentage points increase). While the CPR target was not achieved the CYP proxy indicator was slightly lower than the 55% target.

The limitation of using the CYP as an estimate for CPR is that it does not show the proportion of contraceptive users, but primarily reflects distribution.

5.3.4 Adolescent birth rate

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 in 1996 and increased to 13.7 births per 1 000 women in 2011.

Measurement of the adolescent birth rate has not been done regularly at the population level, the last measurement being in the 2011 national census. The National Department of Health thus adopts a proxy indicator for the adolescent birth rate, namely, the proportion of deliveries in public health facilities to women under the age of 18 years. Although no target was set for this indicator, the data suggests that this rate has regressed.

5.3.5 Antenatal care coverage

Regular contact with a health 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. Antenatal care helps women to prepare for delivery and understand warning signs during pregnancy and childbirth. Antenatal services provided in facilities are also an opportunity to administer HIV testing and medications, especially in a country like South Africa that has a high antenatal HIV prevalence rate.

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. Population-based data on antenatal prevalence are not regularly updated, and as such facility-based DHIS data are used as proxy. These data, however, do not include antenatal visits to private sector facilities and thus may be underestimated. Here again the target was not achieved but considerable progress has been reported.

5.3.6 Unmet need for family planning

Unmet need for family planning was estimated to be 13.8% in the 2003 DHS survey. No target was set and no new data on this indicator is available.

5.4 LESSONS LEARNED: KEY DRIVERS AND IMPEDIMENTS TO CHANGE

5.4.1 Overall observations and lessons learned

Progress in improving maternal health has been due to several policy and programme changes that increased the coverage of essential interventions. Despite South Africa's progress with regard to MDG 5 in the last few years, many women are still dying during childbirth, and the country will not attain its goal of reducing the maternal mortality ratio by three-quarters by 2015. This is despite having a high proportion of births attended by skilled health personnel.

5.4.2 Key drivers and impediments to progress

Drivers

South Africa has a strong PMTCT programme in respect of HIV and AIDS. There are now more HIV-positive pregnant women receiving antiretroviral treatment than in 2003, when the programme was initiated. Initially, PMTCT services had a single goal of preventing vertical transmission, and mothers were denied access to treatment that was essential to keep them alive (Barron et al, 2013). Over the years, there has been a push to increase uptake of PMTCT services, with latest estimates showing that more than 80% of all HIV-positive pregnant women are receiving treatment (Mureithi, 2014). The government is committed to providing essential treatment to all HIV-positive mothers who need it, as shown by the widening of the treatment eligibility criteria for pregnant women in 2010. As of 2015, all pregnant women who test HIV-positive are placed on lifelong antiretroviral treatment upon diagnosis.

The 1996 Choice on Termination of Pregnancy Act made medical and surgical termination of pregnancy free for all women of any age at public health-care facilities. This has seen an increase in the uptake of legal abortions. 2012 saw roughly twice the number of abortions (82 920) there had been in 2005 (45 409) (Massyn et al, 2013). However, many illegal and unsafe abortions still occur every year (MRC, 2008).

Contraceptives are freely available in public 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. In early 2014, new sub-dermal contraception implants were introduced, adding to the available array of family planning options.

There are, however, many barriers to contraceptive use on both the demand and supply side (Prata, 2009; Culwell et al, 2010). Some of the documented reasons for not using contraceptives in South Africa include concerns regarding side-effects, opposition by partners and judgmental attitudes (Richter and Mlambo, 2005; Wood and Jewkes, 2006). On the supply side, many challenges are faced, including inadequate logistics and protocols (Baumgartner et al, 2007).

Another 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 National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) was established in 1997 to monitor and recommend solutions to reduce maternal mortality (NCCEMD, 2013). The Committee is responsible for investigating every maternal death, with respect to primary and final causes of death, and the care that was given. Recommendations for the care of pregnant mothers are then made in a report provided to the Minister of Health. Strategies for reducing maternal mortality are made on the basis of this report.

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. The Strategic Plan covers a period of five years from 2012 to 2016, and aims to identify and strengthen priority interventions that will have the greatest impact on reducing maternal, neonatal and child mortality. Eight key strategies are identified for improving coverage, quality and equitable access of these interventions, including addressing social determinants of health, and strengthening primary health-care (PHC) interventions at district level as well as the capacity of health systems and human resources, among others (Health Systems Trust, 2013).

South Africa has also endorsed international campaigns to improve maternal health, paving the way for creating a conducive environment in which to effect change. One such campaign is the African Union Campaign for Accelerated Reduction in Maternal and Child Mortality in Africa (CARMMA) which South Africa adopted in 2012 to influence action towards improving maternal and newborn health and survival across the African continent.

Impediments

Contraceptive prevalence is relatively high, compared to similar countries in sub-Saharan Africa, yet there are still many unplanned births, especially among adolescents, which end up being terminated. Illegal abortions are still high, in spite of legislation that legalises the termination of pregnancies. Antenatal care coverage is high, with over 90% of women accessing antenatal services at least once during pregnancy. 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. Focusing on reproductive health is essential and there is a need to tackle the demand and supply side constraints that impede universal access to health.

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 behavior and tendencies of this age-group. There is also need to provide contraception for women with medical problems that may become life-threatening in pregnancy.

5.5 CONCLUSION AND THE WAY FORWARD

5.5.1 Lessons learnt and post-2015 agenda: Framing the imperatives

As the MDGs end in 2015, a new set of goals, the Sustainable Development Goals (SDGs), are being discussed and are expected to shape the development agenda in the post-2015 era. Goal 3, a broad health goal: 'Ensure healthy lives and promote well-being for all at all ages', includes two targets that influence maternal mortality and reproductive health:

- Goal 3.1: by 2030 reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births.
- Goal 3.7: by 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

To reach the goal of a global average target of 70 deaths per 100 000 live births, each country will need to contribute a two-thirds reduction in its MMR by 2030, regardless of its MMR at baseline. To eliminate the wide inequity in MMRs between countries, a secondary goal is that by 2030, no country should have an MMR that is more than 140, or twice the targeted global average MMR.

Achieving these targets will not be easy, but lessons can be drawn from the experiences with the MDGs. South Africa is well positioned to achieving the maternal SDG goals, as noticed in the gains made on reducing maternal mortality in the last five years. Maintaining the current momentum is key, and there is a need to identify and scale up essential interventions that will be critical to improving reproductive health and reducing maternal mortality.

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.

5.5.2 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 hemorrhage;
- 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.

6.1. INTRODUCTION

The Millennium Development Goal (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. 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 case HIV prevalence among the population aged 15–24 years; HIV prevalence among pregnant women aged 15–24 years; HIV prevalence in 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; 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 children under-five with fever treated with appropriate anti-malarial drugs (indicator 6.7) and the number of households sprayed with insecticide (indicator 6.8).

6.2. MDG 6: 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. By that year, HIV prevalence had increased to 12.2% in the general population, and 18.8% in people aged 15–49 years, reflecting not a failure of the HIV/AIDS response but the success of the ART programme which reduces HIV/AIDS mortality and allows PLHIV to live a lot longer.

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; and death rates associated with tuberculosis.

In the age group 15–24 years, HIV prevalence was reported as 7.1% in 2012, dipping below the MDG 2015 target of 8.7%. HIV prevalence among pregnant women aged 15–24 years was 21.7% in 2012, again slightly below the MDG 2015 target of 22.8%. 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 ready for malaria elimination.

It still has a huge TB burden, 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%. The TB epidemic in South Africa is compounded by high levels of multidrug-resistant tuberculosis (MDR-TB), which has a low treatment success rate.

Turning to domesticated indicators, South Africa met one of these, in respect of HIV prevalence among pregnant women aged 15–24 years: in 2012 it was 21.7%, which is only slightly below the MDG 2015 target of 22.8%.

Table 8: Summary of Goal 6 indicators

Goal 6: Combat HIV/AIDS, Malaria and other diseases (Tuberculosis)					
Goal 6 Indicators	***1994 baseline (or closest year)***	***Current status 2015 (or nearest year)***	***2015 target***	***Target achievability***	***Indicator type***
6.1. HIV prevalence among population aged 15-24 years	***9.3% (2002)***	***7.1% (2012/3)***	***8.7%***	***Achieved***	***MDG***
HIV prevalence among pregnant women aged 15 – 24 years	***22.8% (2002)***	***21.7% (2012)***	***22.8%***	***Achieved***	***Domesticated***
HIV prevalence in men and women aged 15-49	***15.6% (2002)***	***18.8% (2012)***	***15.6%***	***Post-2015 agenda***	***Domesticated***
6.2. Condom use at last high-risk sex	***27.3% (2002)***	***58.4% (2012/3)***	***75.9%***	***Not achieved***	***MDG***
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	***56% (2002)***	***24.2% (2012)***	***80%***	***Post-2015 agenda***	***MDG***
6.4. Ratio of school attendance of orphans to non-orphans aged 10-14	***1:1 (2002)***	***1:1 (2012)***	***1:1***	***Achieved***	***MDG***
6.5. Proportion of population with advanced HIV infection with access to antiretroviral drugs	***13.9% (2005)***	***65.5% (2012)***	***≈100***	***Post-2015 agenda***	***MDG***

Goal 6: Combat HIV/AIDS, Malaria and other diseases (Tuberculosis)					
Goal 6 Indicators	***1994 baseline (or closest year)***	***Current status 2015 (or nearest year)***	***2015 target***	***Target achievability***	***Indicator type***
6.6. Incidence of malaria Death rates associated with malaria	***64 600 (2000)***	***8 851 (2013)***	***< 64 600***	***Achieved***	***MDG***
	2.0/100 000 (2002)	***0.6/100 000 (2013)***	***<2.0/ 100,000***		
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***	
6.10. Proportion of TB cases detected and cured under DOTS	***65.5% (2004)***	***90% (2012/3)***	***≈100***	***Not achieved***	***MDG***

6.3. KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

The National AIDS Coordinating Committee of South Africa (NACOSA), formed in 1992, sought to foster a collaborative response to the HIV epidemic, one involving action on all fronts, including prevention, research, human rights, counselling and welfare. South Africa's National AIDS Plan was adopted after the first democratic election in 1994, and there was optimism that an epidemic on the scale experienced by other countries in sub-Saharan Africa could be avoided. In the early 1990s, however, HIV prevalence increased rapidly in South Africa. Specifically, HIV prevalence among antenatal clinic attendees – a frequently used indicator of HIV prevalence – increased from 0.7% to 2.2% between 1990 and 1992.

South Africa has made great strides in tackling its HIV epidemic since then, 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. This has contributed to the dramatic scaling-up of South Africa's ART programme, now the biggest in the world. Moreover, the country's HIV and AIDS programmes are almost completely self-funded, with 80% of the resources being local and only 20%, international. The latest NSP (2012-2016) aims to build on this progress, centering on the UNAIDS vision of 'zero new HIV infections, zero discrimination, zero AIDS-related deaths' as well as its own commitment to 'zero new infections due to mother-to-child transmission' (Avert, 2015).

6.3.1 Prevalence of HIV by age

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 in advance of the 2015 timeline.

Table 9: Trends in HIV prevalence by age, 2002-2012

Age group	*2002*	*2005*	*2008*	*2012*
2-14	*5.6*	*3.3*	*2.5*	*2.4*
15-24	*9.3*	*10.3*	*8.7*	*7.1*
25+	*15.5*	*15.6*	*16.8*	*19.9*
15-49	*15.6*	*16.2*	*16.9*	*18.8*
2+	*11.4*	*10.8*	*10.9*	*12.6*

MDG 2015 Target = 8.7%

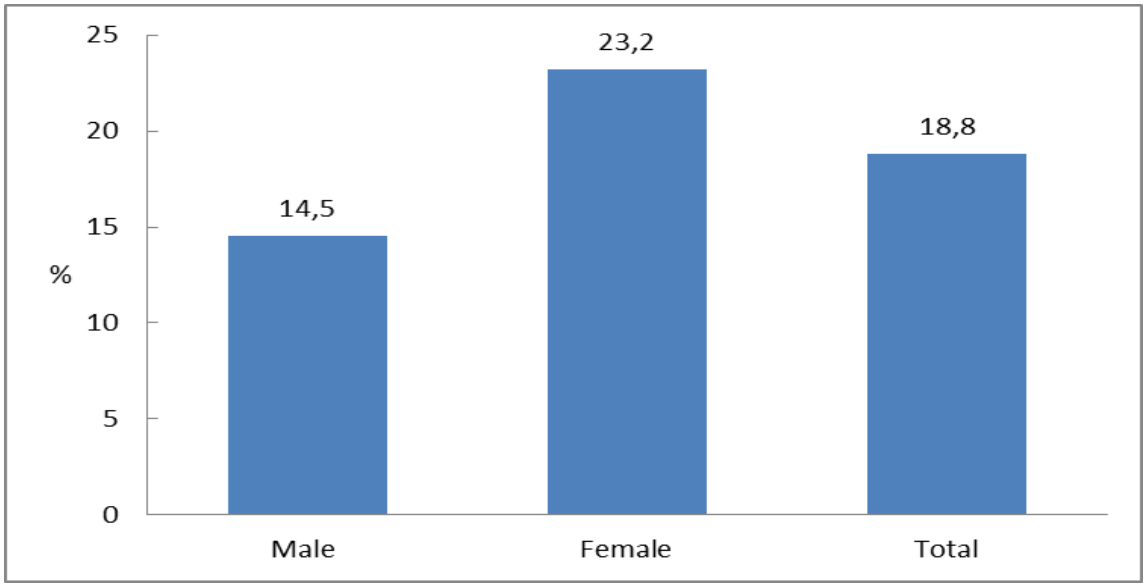
2015 Target = 15.6%

Source: South African National HIV, Behaviour and Communication survey (Shisana et al, 2014)

Among the reproductive age population (15–49 years), HIV prevalence increased from 15.6% in 2002 to 18.8% in 2012, which is above the MDG target of 15.6%. The increase is presumably a result of the effects of increased ART access and coverage as well as increased lifespan among the HIV-infected.

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. The figure below illustrates the higher biological and social vulnerability to HIV among females in comparison to males.

Figure 11: HIV prevalence by sex (15–49 years), South Africa, 2012



Source: South African National HIV, Behaviour and Communication survey (2014)

Antenatal HIV-prevalence trends show stable or declining prevalence among 15–24-year-old pregnant women (this being a proxy for incidence amongst high risk groups). 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%.

Risky sexual behaviour is one of the factors fuelling HIV infection, and as such advocacy campaigns promote protected sex through the use of condoms. Evidence suggests that condom use at last sex declined in people aged 15–24 years by 17.7 and 16.7 percentage points among men and women respectively between 2008 and 2012 (85.2% to 67.5% for males and 66.5% to 49.8% for 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).

The trend from 2002 to 2008 indicated that South Africa was on course to achieve the MDG 2015 target of 75.9%. However, it changed negatively by the year 2012, and this target has not been achieved.

6.3.2 Comprehensive correct knowledge of HIV/AIDS

MDG Indicator 6.3: Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS.

Key to prevention is knowledge of HIV-prevention methods. Recent studies indicate a high level of knowledge across the population. For example, knowledge levels for condom usage average at 87%. Knowledge of other methods, such as faithfulness, partner reduction and abstinence, is lower but has improved since 2006.

Data from the 2009 National HIV Communication Survey also indicates that knowledge of treatment allowing people living with HIV to be healthy is high in South Africa and has increased significantly. Of those who knew of treatment, 87% (85% male and 88% female) identified ART as a treatment, and 73% know that ART is for life (in 2006, 42% identified ART and 40% knew it was for life).

HSRC (2014) data shows 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 way below the 2015 MDG target of 80%.

While data are available on the extent of HIV knowledge, it is important not to overstate the importance of knowledge above other prevention interventions, since it does not automatically translate into changes in behaviours, attitudes and practices.

6.3.4 Percentage of people HIV-tested

Domesticated Indicator: Percentage of people that received an HIV test in the past 12 months and know their status

Routine HIV counselling and testing (HCT) campaign testing data indicates that 10,700,276 people were tested for HIV in 2012, representing 64.3% 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.

6.3.5 School attendance by orphans versus non-orphans

MDG Indicator 6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years

According to the General Household Surveys conducted from 2002–2012, the ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years is almost 1:1, which suggests that since 2003 there is no difference in the school attendance between the two groups. The 2015 MDG target ratio of 1:1 was hence achieved.

6.3.6 Access to antiretroviral drugs

MDG Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs

By 2010 South Africa had made significant progress in achieving universal access to treatment for HIV/AIDS for all those who need it. The proportion of eligible adults and children receiving ART leapt from 58.3% in 2010 to 75.2% in 2011. ART coverage for HIV-positive pregnant women also increased, from 87.3% to 99%. In 2013, 2.3 million South Africans were on antiretroviral treatment, making it the largest programme in the world.

ART uptake increased from 44.8% in 2010 to 65.5% in 2012. This is a significant increase, and shows a heightened level of commitment to getting this programme on track in the reporting period. The 2012/13 target of initiating 500 000 new patients on ART was exceeded by more than 612 000. South Africa thus has surpassed its universal access target of 80%. Despite this achievement, the 2015 MDG target of 100% was not achieved.

6.3.7 Incidence and death rates associated with malaria

MDG Indicator 6.6 Incidence and death rates associated with malaria

South Africa achieved its goals with regard to reducing the incidence of, and death rates associated with, malaria. Between the beginning of the millennium and 2013, it achieved a 75% decrease in malaria case incidence. The total number of reported malaria cases decreased markedly from 0.6 per 1 000 (64 622) in 2000 to just under 0.2 per 1 000 (8851) in 2013. The World Malaria Report (2014) says South Africa achieved greater than 75% decrease in malaria case incidence in 2013. The MDG target of less than 64 600 was achieved.

Overall, mortality associated with malaria decreased by 80% between 2000 and 2013. However, there is some cause for concern at the recent increase in deaths between 2012 and 2014, from 72 to 166 deaths across the country. A decrease in malaria interventions – namely, the provision of insect-repellent mosquito nets and indoor spraying with insecticides – could be responsible for this. Nevertheless, the MDG target of less than 2 per 100 000 was achieved.

6.3.8 Incidence, prevalence and death rates associated with TB

MDG Indicator 6.9.: Incidence, prevalence and death rates associated with TB

South Africa has one of the world's worst TB epidemics, driven largely by HIV. However, there has been a decline in incidence, and the country ranks lower than it did previously in internationally comparative studies, moving from the third- to the sixth-highest recorded TB incidence. The TB incidence rate declined between 2010 and 2013 from 981 to 860 cases per 100 000 population. The MDG target of 253 per 100 000 was not achieved.

TB prevalence (per 100 000) in South Africa has been inconsistent despite full-scale DOTS coverage between 2010 and 2013. By 2013, the TB prevalence was 715 per 100 000 population (WHO, 2014). The TB prevalence rate was 530 000 in 2012. Since this is higher than the MDG target of greater or equal to 134 000, the latter was not achieved.

Mortality from TB has decreased consistently from 2010 to 2013, irrespective of whether the trend is measured using number of TB deaths, percentage of all deaths or TB-specific death rate per 100 000. TB-specific death rates showed a decreasing trend from 125 in 2010 to 76 per 100 000 in 2013. The MDG target of less than 147 000 had been achieved in South Africa before this reporting period.

6.3.9 TB cases and directly observed treatment short courses

MDG Indicator 6.10: Proportion of TB cases detected and cured under directly observed treatment short courses

In addition to slowing the rate of new infections, South Africa made progress in treating and curing identified TB cases. The TB treatment cure rate improved from 55% to 75% between 2005 and 2011. The TB treatment success rate (that is, the initiation and completion of TB treatment) increased from 70% to almost 80% in the same period, but remains 5% shy of the MDG target of 85%.

South Africa's limited progress on all TB indicators has had an aggravating consequence. As a result of late detection, poor treatment, poor management and failure to retain TB patients on treatment, drug-resistant forms of TB have increased substantially. MDR-TB cases almost doubled from 7 350 to 14 141 between 2007 and 2012. However, given its progress in addressing detection, treatment and management, South Africa is on track to achieve universal access to MDR-TB care by 2015 should the pace of its progress be maintained.

6.4. LESSONS LEARNED: KEY DRIVERS AND IMPEDIMENTS TO CHANGE

6.4.1 Overall observations and lessons learned

South Africa's progress regarding MDG 6 is attributable to a combination of drivers and impediments discussed in more detail below.

6.4.2 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 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 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). All estimates indicate that, as a result of this programme, the peri-natal transmission rate declined by up to 75% between 2005 and 2011. Similarly, the successes achieved in the case of pregnant women may be due to the scale-up of HCT and PMTCT programmes for pregnant women.

Progress made in halting the spread of HIV has been driven by increased investments in prevention efforts, particularly 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. Notable in this regard is the massive increase in the availability and use of condoms at first sex over the last twenty years. Risky sexual behaviour is one

of the factors driving HIV infection, and South Africa has promoted condom use through advocacy campaigns and programmes. Whilst there are differences across various studies in rates of condom use, these studies all show an enormous increase in condom use in the past two decades.

Testing for HIV is widely acknowledged as contributing to the decrease of high-risk behaviour. The Department of Health launched a nation-wide counselling and testing campaign in 2010 not only to increase testing but provide a stepping stone to ART. 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 massive increase in ART coverage was supported by progressive policy and programmatic developments responsive to clinical innovation. For example, ART guidelines were regularly aligned with global policies to simplify treatments and make them more efficient as well as cost-effective. Access to treatment was also improved through initiatives such as the roll-out of Nurse-Initiated Management of ART (NIMART) and scaling up the HCT and PMTCT campaigns. Innovations in procurement processes and tender processes increased the availability and affordability of drugs, which allowed the government to expand the ART programme substantially.

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.

6.5 CONCLUSION AND THE WAY FORWARD

South Africa 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.

Behaviour change and related prevention efforts appear to have been less successful in improving knowledge and hence bringing about the necessary levels of behaviour change in the younger cohort of men and women aged 15–24 years. The 2014 National HIV, Behaviour and Communication Survey recorded that only 24% of young adults between the ages of 15 and 24 could correctly identify ways of preventing the sexual transmission of HIV.

6.5.1 Lessons learnt and the post-2015 Agenda: Framing the imperatives

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 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, which has a low treatment success rate.

By 2015, South Africa had made substantial progress in halting and beginning to reverse the spread of HIV/AIDS, with considerable progress having been in reducing new infections among children aged 0–14 years. HIV testing increased dramatically due to the campaigns that were conducted in the past five years. By 2010, South Africa had made significant progress in achieving universal access to treatment for HIV/AIDS for all those who need it. In December 2009, the government declared a landmark set of commitments to increase HIV case finding and expand access to ART, aiming to start treating close to one million new patients with ARVs in 2010 and 2011. In 2013, 2.5 million South Africans were on ART, making it the largest programme in the world and surpassing the country's universal access target (80%) in accordance with the 2010 WHO treatment guidelines (offering treatment to people with a CD4 count under 350).

One of the most remarkable changes in HIV prevention behaviour in South Africa over the last twenty years has been the dramatic increase in condom use at first sex.

In the Report of the Open Working Group of the General Assembly on Sustainable Development Goals the overall goal for health (SDG 3) is stated as: ‘Ensure healthy lives and promote well-being for all at all ages’ (United Nations, 2014). The working group suggested a target of ending the epidemics of HIV and AIDS, tuberculosis, malaria and neglected tropical diseases by 2030.

The third sub-goal expands upon the set of leading infectious diseases that were part of the current MDG 6 goal. Sub-goal 3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

6.5.2. Recommendations

The following recommendations are a means towards accelerating post-2015 progress in respect of the goal above. Specifically, they address the four MDG indicators that were not achieved, namely: condom use at last high-risk sex; the proportion of the population with advanced HIV infection with access to ART; the incidence of TB; and the proportion of TB cases detected and cured under DOTS. In addition, the two domesticated indicators that are still to be achieved by the 2016 NSP target date are, first, HIV prevalence in men and women aged 15–49 years and, secondly, the percentage of TB-HIV co-infected patients who have been placed on ART.

Reducing new HIV infections particularly among young women

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. There are a number of key programme areas in which to focus.

First, the delivery of tailored combination prevention packages in rural, urban, prison and school-based settings that are viewed as 'friendly' by the target key population and which will facilitate increased access.

Secondly, acceleration of the male medical circumcision programme, which reduces the risk of female-to-male sexual transmission of HIV by about 60%. South Africa has high HIV prevalence, a generalised heterosexual HIV epidemic and low levels of male circumcision, and it is one of several countries where WHO and UNAIDS recommended the intervention be added, given that it is likely to have the greatest public health impact.

The adoption of the WHO proposed targets for HIV for 2030 are recommended. These are:

- a ninety-percent 90% reduction in new adult HIV infections, including those among key populations;
- zero new infections among children; and
- a ninety-percent reduction in AIDS-related deaths.

Increase condom use at last high-risk sex

Strengthen the comprehensive condom programme to generate demand for condoms and their effective and consistent use as a dual method for family planning and STI and HIV reduction. Scale up the implementation of the Integrated School Health Programme (SANAC, 2012).

Proportion of population with advanced HIV infection with access to ART

A key focus should be effective promotion to encourage South Africans, especially key populations, to take up early HCT as an entry point to HIV care, prior to the onset of illness.

Reducing new TB infections and increasing the proportion of TB cases detected

A more integrated health system approach has ensured that TB screening is integrated into the HCT campaign and that all people living with HIV in care or on treatment are regularly screened for TB. The adoption of the WHO TB Strategy 2030 milestones is thus recommended, namely, a 90% reduction in tuberculosis deaths, and 80% reduction in the tuberculosis incidence rate (less than 20 tuberculosis cases per 100 000 population).

Increasing TB-HIV co-infected patients who have been placed on ART

Improved access to ART is supported by the development and implementation of the ART guidelines, in line with the new policy of ART for all adult patients with CD4 cell counts < 350 cells/micro and all children under five years of age, as well as for all HIV and TB co-infected adults and all pregnant women on ART irrespective of CD4 count.

Efforts towards malaria elimination

The national malaria programme should be redirected towards malaria elimination, and the Department of Health should work with countries like Swaziland, Mozambique, Zimbabwe and Botswana to ensure this is achieved. The adoption of the SDG goal to eliminate malaria from South Africa by 2030 is thus recommended.

Although South Africa is still to conduct a nation-wide TB-prevalence survey, notification data, as captured in the Department of Health's TB hard-copy and electronic registers, provide useful proxies to estimate the burden of TB in the country.

7.1 INTRODUCTION

Millennium Development Goal (MDG) 7 focuses on ensuring environmental sustainability, and cuts across the other goals, with the aim of addressing poverty and improving livelihoods. The concept of sustainability has gained increasing popularity at the global level and across various sectors since the Brundtland Commission Report in 1987 (WCED, 1987), followed by other international conventions and agreements leading to the adoption of the 2000 United Nations (UN) MDGs.

The South African government's support for environmental sustainability has become prominent through strategies and policy frameworks aimed at achieving sustainable growth and the MDG 7 targets. The overarching national development agenda to facilitate the transition to the Sustainable Development Goals (SDGs) is the NDP Vision 2030, which adopted 'a low carbon development path' as its long-term strategy to address environmental sustainability. It sets out clear milestones in a time-frame that needs to be strictly adhered to if the low carbon development path is to be achieved. This requires a participatory approach by all stakeholders including government, the private sector and civil society. Environmental sustainability is the cornerstone of sustainable development and poverty alleviation.

7.2 MDG 7: STATUS AND PROGRESS AT A GLANCE

MDG 7 has four targets with ten broad and five sub-indicators. Additionally, South Africa has developed 13 domesticated indicators (DMIs) to monitor sustainable development. Of the 15 MDG 7 indicators, four were achieved by 2015; four lack data and are therefore not reported; five have targets beyond 2015; and two have not been achieved.

The four indicators achieved include: MDG 7.3.1 that deals with reducing the consumption of hydro chlorofluorocarbons (HCFCs) by 10% of the baseline value (369.7 ODP metric tonnes) by 2015; MDG 7.3.2 targeting a 100% reduction of Bromo-chloromethane (BCM) by 2002 (with possible essential use exemptions); and MDG 7.8 and MDG 7.9 which deal with halving, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The goal targets, indicators and respective baselines are presented in the table below.

Table 10: Status of MDG 7 Targets and Indicators

Goal 7: Ensure environmental sustainability					
Indicators	***1994 baseline (or closest)***	***2010 (or closest)***	***Current status (latest year of data)***	***2015 target***	***Target achievability***
Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources					
7.1 Proportion of land area covered by forest[2]	***No data***	***No data***	***No data***	***No data***	***Not applicable[3]***
7.2.1 Carbon dioxide (CO_2) emissions: total	***380***	***480.14 (2005)***	***518.24 (2010)***	***34% reduction from 'business as usual' by 2020***	***The target period goes beyond 2015 [4]***
7.2.2 CO_2 emissions per capita	***9.40***	***10.24 (2005)***	***10.37 (2010)***		
7.2.3 CO_2 emissions per $1 GDP (PPP)	***1.34***	***1.18 (2005)***	***1.09 (2010)***		
7.3.1: Consumption of ozone-depleting substances:[5] hydro-chlorofluorocarbons (HCFCs)	***222.6 (2006)***	***400.1 (2010)***	***284.8 (2013)***	***Reduce HCFCs by 10% of baseline value by 2015***	***Target achieved by 2013***
				Phase out HCFC by 2040	***The target period goes beyond 2015***
7.3.2: Consumption of ozone-depleting substances: bromo-chloromethane (BCM)	***0 (2006)***	***0 (2010)***	***0 (2013)***	***100% reduction by 2002 (with possible essential use exemptions)***	***Target achieved by 2006***
7.3.3: Consumption of ozone-depleting substances: methylbromide (MeBr)	***330.0 (2006)***	***380 (2010)***	***140.5 (2013)***	***Phase out the consumption of MeBr by 2015***	***Not achieved by 2015***
7.4: Proportion of fish stocks within safe biological limits	***No data[6]***	***No data***	***No data***	***No data***	***Not applicable***
7.5 Proportion of total water resources used	***26.61 (1990)***	***25.03 (2000)***	***No latest data***	***No target***	***Not applicable***
Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss					

[2] No data have been collected for this indicator, and therefore the indicator is not reported in the MDG report.

[3] All indicators without data are treated as not applicable.

[4] All indicators that go beyond the 2015 reporting period are denoted as such in the status column.

[5] Latest data on consumption of ozone-depleting substances (ODS) have been updated to 2013 to meet international reporting methodology. Therefore, MDG 7.3 indicators are now reported as MDG and not as DMIs, as in 2013.

[6] Provided data do not comply with MDG reporting methodology, therefore the indicator is not reported.

Goal 7: Ensure environmental sustainability					
Indicators	***1994 baseline (or closest)***	***2010 (or closest)***	***Current status (latest year of data)***	***2015 target***	***Target achievability***
7.6.1 Proportion of terrestrial areas protected (% of total)[7]	***5.18***	***6.20***	***7.85 (2014)***	***By 2020, have at least 17% of terrestrial and inland water areas conserved***	***The target period goes beyond 2015***
7.6.2 Proportion of marine areas protected (% of total)	***No data***	***6.54***	***7.52 (2014)***	***By 2020, have at least 10% of coastal and marine areas conserved***	***The target period goes beyond 2015***
7.7 Proportion of species threatened with extinction (% of total)	***No data[8]***	***No data***	***No data***	***By 2010, restore, maintain or reduce the decline of threatened species***	***Not achieved***
				No further status decline of species by 2020.	***The target period goes beyond 2015***
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 (%)	***76.6% (1996)***	***89.1% (2005)***	***90.8% (2013)***	***88.3% (2015)***	***Achieved***
7.9 Proportion of population using an improved sanitation facility (%)	***49.3% (1996)***	***61.9% (2005)***	***76.8% (2013)***	***74.7% (2015)***	***Achieved***
Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers[9]					
7.10 Proportion of urban population living in slums	***No data***	***No data***		***No data***	***No data***

[7] Include conservation areas and privately owned nature reserves.

[8] Indicator 7.7 is not achieved based on the data provided, which only list the types of species at 2011 without details on the status of threatened species over time. Details of the list are given in the Goal 7 Report.

[9] Although the MDG globally refers to 'slum dwellers', in the South African context those areas are referred to as 'informal settlements' and this indicator has been domesticated.

7.3. KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS[10]

7.3.1 Integrating environmental sustainability into policies and programmes

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 7A covers the following MDG indicators:

- MDG 7.1. Proportion of land area covered by forests; [11]
- MDG 7.2. CO_2 emissions;
- MDG 7.3. Consumption of ozone-depleting substances;
- MDG 7.4. Proportion of fish stocks within safe biological limits; and
- MDG 7.5. Proportion of total water resources used.

Indicator 7.2: CO_2 emissions: total; per capita; and Per $1 GDP (PPP) emissions.

Target: Reduce CO_2 emissions by 34% from 'business as usual' by 2020[12].

Although South Africa is considered a high emitter of CO_2, by African standards (AUC, UNECA, AfDB and UNDP, 2012), the country made substantial progress in mitigating the impact of climate change. These interventions include programmes, policies, strategies, and funding initiatives, which contributed to achieving two of the four indicators under this target. However, South Africa's heavy reliance on coal for energy generation contributes to the country's high CO_2 emission levels.

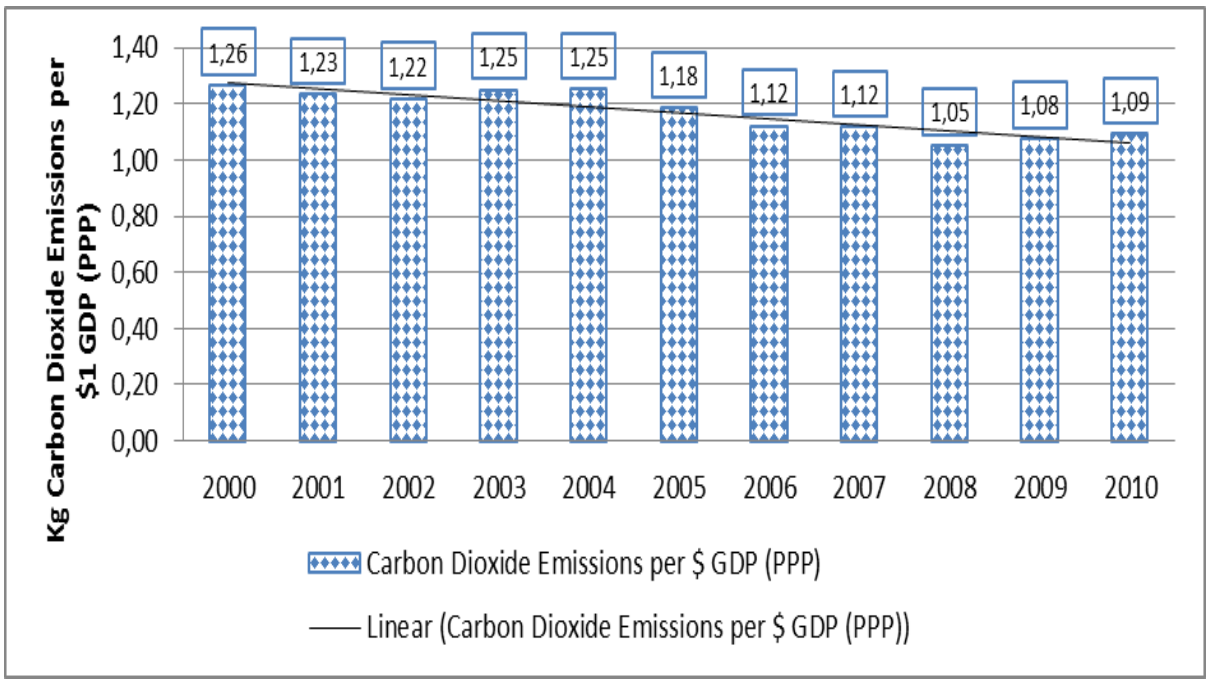
Total CO_2 emissions increased between 2000 and 2010, with the greatest increase occurring between 2000 and 2005. The increase in total CO_2 emissions slowed down in the period 2005–2010. The results show that CO_2 emissions per capita increased, with some fluctuations, during 2000-2010. The reduction in the rate of increase, for the period 2005–2010, could be attributed to a greater focus by government and other stakeholders on designing and implementing environmentally friendly regulations and programmes. Compared to total emissions, the intensity of CO_2 emissions per $1 GDP (PPP) generally decreased between 2000 and 2010, as shown in Table 10 above. The declining trend in emissions per $1 GDP (PPP), particularly in the late 2010s, could also be attributed to increased implementation of appropriate measures.

[10] The 2015 MDG 7 report analyses only those indicators for which data are available.

[11] No data have been collected over time for this indicator, due to resource constraints. It is therefore not analysed.

[12] In accordance with article 4.7 of the UNFCCC, achievement of this outcome depends on the extent to which developed countries meet their commitment to provide financial capacity building, technology development and transfer support to developing countries.

Figure 12: MDG 7.2.3: Carbon dioxide emissions (per $ GDP (PPP)), 2000–2010[13]



Source: Department of Environmental Affairs, 2014

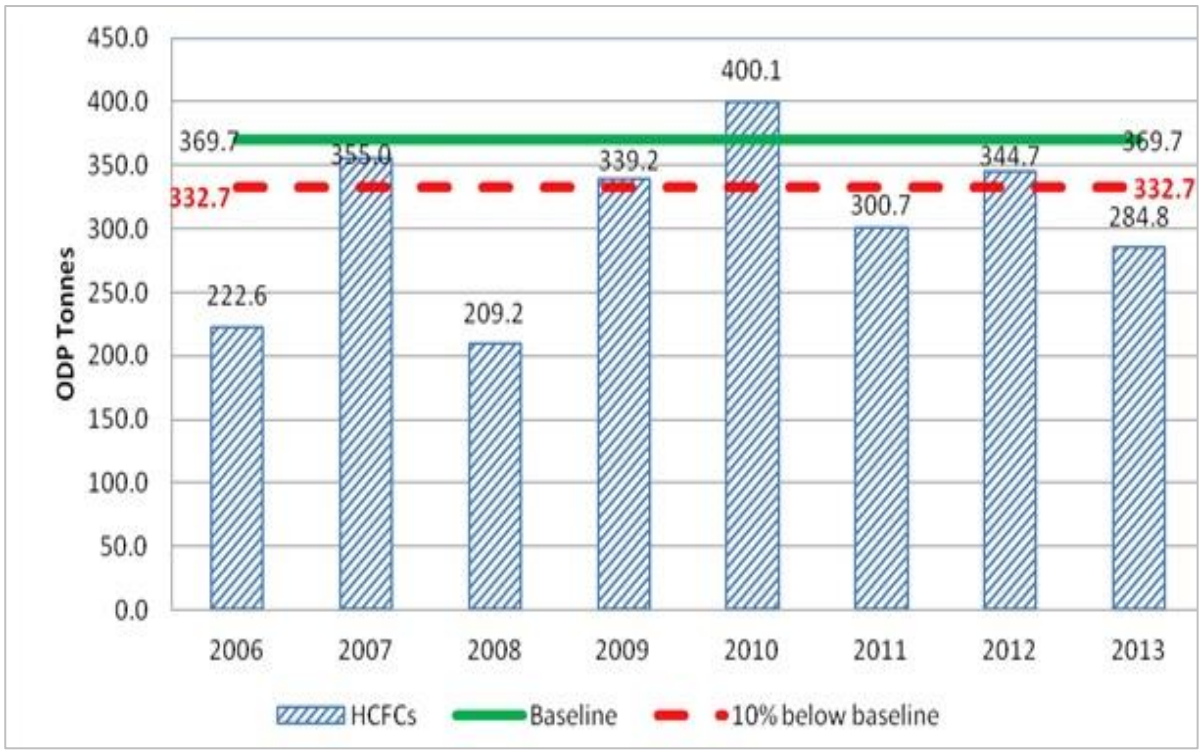
Indicator 7.3: Consumption of ozone-depleting substances: hydro-chlorofluorocarbons (HCFCs); Bromo-chloromethane (BCM); Methyl Bromide (MeBr)

Target: Reduce the consumption of HCFC by 10% of baseline value (369.7 ODP metric tonnes) by 2015 and phase out by 2040; reduce by 100% the use of BCM by 2002; phase out the consumption of MeBr by 2015.

South Africa has achieved its medium-term targets for reducing ozone-depleting substances (ODSs). By 2013, it had reduced its consumption of HCFCs by almost 17% of the baseline value; that is from 369.7 to 284.8 ODP metric tonnes (thus exceeding its 10% target). However, 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 was reduced from 5.62% of the baseline value in 2008 to 76.69% in 2013, thus indicating that South Africa made significant progress to reach this target.

[13] It should be noted the methodology used to calculate the 1994-1999 values for carbon emissions and that used for the 2000-2010 inventory differs. Therefore, the trend analysis for this report focuses on the period 2000-2010.

Figure 13: Indicator 7.3.1: Consumption of ozone-depleting substances: HCFC



Source: Department of Environmental Affairs, 2014

The following indicators under Target 7A have been achieved:

- **MDG 7.3.1.** Reduce the consumption of HCFC by 10% of baseline value (369.7 ODP metric tonnes) by 2015. Target achieved by 2013; and
- **MDG 7.3.2.** 100% reduction by 2002 (with possible essential use exemptions) of BCM. Target achieved by 2006.

7.3.2 Reducing biodiversity loss

Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Target 7B covers the following two MDG indicators:

- MDG 7.6. Have 17% of terrestrial and 10% of marine areas protected by 2020; and
- MDG 7.7. Restore, maintain or reduce the decline of populations of species threatened with extinction by 2010 and prevent further decline by 2020.

Indicator 7.6: Proportion of terrestrial and marine areas protected (as a percentage of total).

Target: By 2020, have at least 17% of terrestrial and inland water areas protected, and at least 10% of coastal and marine water areas protected.

The results show that from 1994 to 2014 both terrestrial and marine protected areas increased. This trend is supported by increased efforts in implementing and enforcing environmental regulations[14] aimed at protecting terrestrial areas. To achieve the target of protecting 10% of its marine areas by 2020, the South African government needs to accelerate its current efforts.[15]

Indicator 7.7: Proportion of species threatened with extinction.

Target: By 2010, restore, maintain or reduce the decline of populations of species of selected taxonomic groups and improve the status of threatened species. By 2020, there should be no decline in the status of threatened species.

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. The latest national biodiversity assessment was conducted in 2011, listing the species most threatened with extinction only, without showing a trend on the current status to comply with the target. The most threatened species include: freshwater fish (21%) and inland mammals (20%), followed by amphibians and plants (both at 14%) and birds (11%). 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.

Future data collection is critical for continuing to track changes in threatened species and to target conservation resources. South Africa is a world leader in monitoring and managing threatened species, one of the few countries with a dedicated 'Threatened Species Programme' that red-lists a range of taxonomic groups. Current inadequate data collection, due to insufficient conservation activities around agricultural areas and land management in protected and unprotected areas, makes it difficult to track changes in threatened species

No indicators have been achieved under Target 7B. The target of protecting 17% of terrestrial and 10% of marine resources by 2020 goes beyond the 2015 reporting period, while MDG 7.7 has not been achieved by 2015.

[14] These include: the National Environmental Management Protected Areas Act (Act No. 57 of 2003), Mountain Catchment Areas Act, 1970 (Act No. 63 of 1970), National Protection Expansion Area Strategy (NPEAS), World Heritage Convention Act, 1999 (Act No. 49 of 1999), National Forests Act, 1998 (Act No. 84 of 1998) and World Heritage Convention Act, 1999 (Act No. 49 of 1999).

[15] Such as Operation Phakisa (http://www.operationphakisa.gov.za/Pages/Home.aspx), which launched an initiative to unlock the economic potential of South Africa's oceans to expand the protected marine environment.

7.3.3 Sustainable access to drinking water and basic sanitation

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Target 7C covers the following MDG indicators:

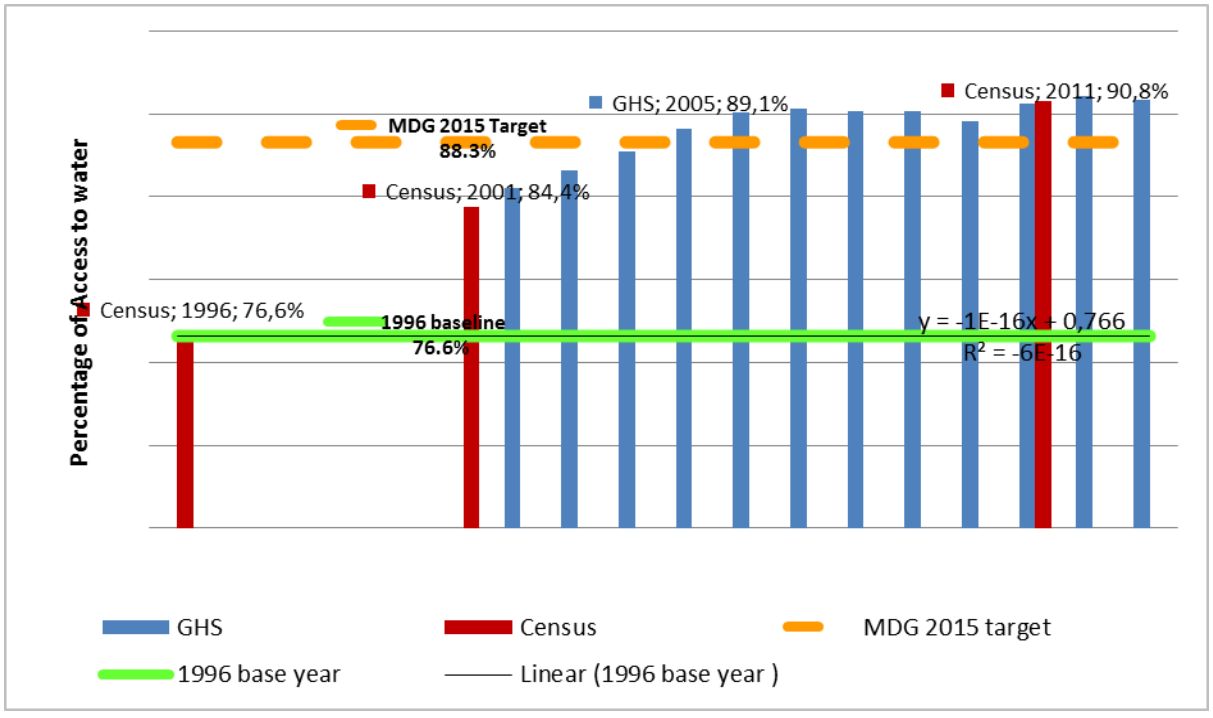
- MDG 7.8. Proportion of population using an improved drinking water source (%); and
- MDG 7.9. Proportion of population using an improved sanitation facility (%).

Indicator 7.8: Proportion of population using an improved drinking water source.

Target: Achieve 88.3% of South Africans having access to safe water sources.

The water backlog was 23.4% in 1996, with a target of 88.3% by 2015. MDG target was achieved in 2005, with 89.1% of the population having access to improved water sources, as shown in Figure 14. The achievement is partly due to the South African government's efforts in terms of policy, strategic interventions, resource mobilisation and other initiatives towards ensuring 100% access prior to the adoption of the MDGs.

Figure 14: Indicator 7.8: Proportion of population using an improved drinking water source



Source: General Household Survey dataset, 2002-2013 (Stats SA, 2015) and Census data (Stats SA 2013)

Indicator 7.9: Proportion of population using an improved sanitation facility.

Target: Halve, by 2015, the sanitation backlog to achieve a target of 74.7% access to safe sanitation facilities.

The sanitation backlog was 50.7% in 1996 and given the fact that the target required the backlog to be halved, meant that by 2015 74.7% of South Africans were expected to have access to an improved sanitation facility. South Africa achieved this target in 2012, with 75.5% of the population having access to an improved sanitation facility. After an initial period of rapid improvements, in recent years progress in water and sanitation services has plateaued. Currently, the issues of primary concern relate to reliable and sustainable water supply and the consistent provision of water and sanitation services.

The following indicators under Target 7C have been achieved:

- **MDG 7.8.** Halve, by 2015, the water backlog by achieving a target of 88.3% access to safe water; and
- **MDG 7.9.** Halve, by 2015, the sanitation backlog by achieving a target of 74.7% access to safe sanitation facilities.

7.3.4 Improvements in urban informal settlements

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Target 7D covers the MDG 7.10 indicator on proportion of urban population living in slums.

No indicator was achieved under Target 7D. Due to the lack of data on slums, the indicator has been domesticated to reflect the South African situation. The domesticated indicator was achieved in 2014.

7.4. LESSONS LEARNED: KEY DRIVERS AND IMPEDIMENTS TO CHANGE

7.4.1 Overall observations and lessons learned

South Africa's progress regarding MDG 7 is attributable to a combination of drivers and impediments discussed in more detail below.

7.4.2 Key drivers and impediments to progress

Drivers

Issues of environmental sustainability are addressed in section 24 of the South African Constitution. Hence, prior to the adoption of the MDGs in 2000, South Africa had already set its own domesticated target of 100% water and sanitation access by 2014 (DPME, 2012). In order to monitor progress of all the MDG 7 indicators and targets, the South African government has adopted numerous policies,

strategies and interventions, including: the Green Economy Accord; the National Climate Change Response Paper (NCCRP); Implementation of the Green Fund; the Technical Working Group on Mitigation; the green economy initiatives of the New Growth Path (NGP); National Strategy for Sustainable Development and Action Plan (NSSD1); National Climate Change Policy; National Development Plan – Vision 2030; Ten-Year Innovation Plan; Integrated Resource Plan 2010–2025 and Integrated Energy Plan; and Environmental Fiscal Instruments (e.g. carbon tax).

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.

In 2010, the South African government agreed on 12 outcomes (the Outcomes Based Approach), which outline the strategic priorities of government between 2010 and 2014 (Presidency).[16]

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 levels have negatively impacted the ability of local government to maintain infrastructure. Fiscal constraints at provincial level have led to cases of sub-standard provincial infrastructure (DWS, 2015), resulting in varying levels of access to and quality of 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 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

[16] The Presidency at: www.thepresidency.gov.za/pebble.asp?relid=24463.

7.5. CONCLUSION AND THE WAY FORWARD

7.5.1. Lessons learnt and the post-2015 agenda: Framing the imperatives

Some of the lessons learnt can be summarised as follows:

- The process of engagement among the various stakeholders, ranging from the sector departments to the data providers and others, including civil society, has contributed to tracking progress made and to a better understanding of the required strategies. It is therefore necessary for government to leverage on these established networks to maximise future development planning priorities.
- The post-2015 period requires government and policymakers to identify the appropriate strategies, policies and other forms of intervention to steer sustainable development beyond 2015, some of which could be addressed under the SDGs.
- With regard to those MDG 7 targets achieved, the lesson is to ensure reliability and operational sustainability.
- The need to develop clear, measurable and time-bound DMIs and targets in order to monitor progress locally.
- There are a number of cross-cutting indicators between the SDGs and MDG 7 and the related DMIs which create a platform for government and relevant stakeholders to collaborate and pursue a sustainable development path.

South Africa still faces challenges in meeting some of the MDG 7 indicators and DMIs. Nevertheless, government's efforts in adopting relevant strategies, regulatory frameworks and appropriate policies have contributed towards achieving the indicators by 2015. Concerted efforts in implementing the recommendations from these various policies and plans can drive sustainable development beyond 2015. Substantial progress made in achieving some of the indicators should be consolidated with further capacity in the form of funding, infrastructure development and maintenance, particularly at local government level. As government approaches the threshold of over 90% access to these services, double the amount of effort and resources is required for an additional 1% improvement in access.

The challenge for the government is how to take those MDG indicators that have not been achieved beyond 2015, especially if they are not well articulated in the SDGs. A similar challenge relates to how the MDG indicators that have been achieved can be driven further in order to eradicate all forms of backlog in service delivery or eliminate the use or consumption of environmentally damaging substances. It is therefore necessary for South Africa to ensure effective implementation of the NDP in order to drive the country's low carbon development path.

7.5.2. Recommendations

South Africa needs to leverage the efforts undertaken during the MDG process and foster strong partnerships with stakeholders 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.
- As the South African government reaches the end of the MDG agenda, it is necessary to implement appropriate interventions for a smooth transition towards the SDGs.
- There is a need to ensure that MDG indicators and other national development priorities are clearly defined with proper strategies and programs to drive them. Where such strategies and policies are in place, there is a need to ensure effective implementation.
- 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 through a participatory approach by all stakeholders.

8.1. INTRODUCTION

Millennium Development Goal (MDG) 8 focuses on the international development agenda. Effectively, MDG 8 reinforces and supports the achievement of the seven other MDGs. The targets and indicators, if achieved, put in place sound economic policies, good governance, wider dispersion and development of new technologies (especially in the Information and Communication Technology (ICT) sector), the promotion of international trade and increased resources for development assistance. MDG 8 acknowledges the importance of international commitments by both developed and developing countries in ensuring a convergence in priorities and achievements, in the context of increasingly globalised, interdependent economies.

8.2 MDG 8: STATUS AND PROGRESS AT A GLANCE

South Africa chose to domesticate all indicators for MDG 8. In many instances, official MDG targets and indicators are not relevant to South Africa. These include, for example, indicators on the progress of least developed and landlocked countries. In certain instances, data limitations also meant that South Africa was not able to report on official MDG 8 indicators.

The majority of domesticated indicators used by South Africa relate to the general macroeconomic environment and therefore focus on Target 8 A, which looks at an open and stable trading and financial system, and Target 8 F, which focuses on telecommunications (fixed telephone lines and cellular, or mobile, subscribers).

The indicators cover five thematic areas:

- Growth, inflation and employment;
- Investment and savings;
- International trade and Official Development Assistance (ODA);
- Research and Development (R&D); and
- Information and Communications Technologies (ICT).

The goal targets drawn from national policy and strategic documents, indicators and baselines are outlined in the table below.

Table 11: MDG 8: Goal targets and indicators

Goal 8: Develop a global partnership for development							
Indicators	*Baseline (2001 unless otherwise stated)*	*2009 status*	*2011 status*	*Final status (2013)*	*Domesticated target (source)**	*Target achievability*	*Indicator type*
1. Gross domestic product (GDP) per capita in current prices, Rand Thousands	*23 341*	*50 098*	*58 676*	*66 488*	*No target*	*N/A*	*Domesticated*[17]
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*	*N/A*	*Domesticated*
4. Gross savings as a percentage of gross disposable income (GDI)[18]	*16.6*	*18.6*	*17.5*	*14.9*	*National savings of 25% of GDP (NDP 2030 target)*	*N/A*	*Domesticated*
5. Public debt as a percentage of gross national income (GNI)	*43.3 (2000)*	*30.8*	*39.2*	*45.4*	*No target*	*N/A*	*Domesticated*
6. Current account balance as a percentage of GDP	*0.3*	*-2.7*	*-2.2*	*-5.8*	*No target*	*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*	*N/A*	*Domesticated*
9. Labour productivity, 2008 = 100	*100 (2003)*	*98.2*	*105.5*	*103.2*	*No target*	*N/A*	*Domesticated*
10. Capital expenditure on research and development (CERD) as a percentage of GDP [19]	*0.49*	*0.54*	*0.48*	*0.45*	*No target*	*N/A*	*Domesticated*

[17] South Africa has chosen to domesticate all MDG 8 indicators. Official MDG targets for these indicators therefore do not exist. Targets provided in the table represent South Africa's targets identified in a range of government policy documents, national plans and strategic reports. These include the National Development Plan (NDP) and the Department of Performance, Monitoring and Evaluation's (DPME's) Development Indicators report.

[18] No specific target exists for this indicator for the MDG period or prior to 2015. Given that the NDP target extends to 2030, the target's achievement has been marked as 'Not Applicable'.

[19] This indicator replaces the previously used indicator of R and D Expenditure, Gross Expenditure on R and D (GERD). It looks at investment in R and D activities rather than total expenditure on R and D. Thus, targets used previously, including those identified in the Department of Science and Technology's Ten Year Innovation Plan, do not apply.

Goal 8: Develop a global partnership for development							
Indicators	*Baseline (2001 unless otherwise stated)*	*2009 status*	*2011 status*	*Final status (2013)*	*Domesticated target (source)**	*Target achievability*	*Indicator type*
11. Official development assistance received as a percentage of GNI	*0.19 (2006)*	*0.20*	*0.10*	*0.12*	*No target specified*	*N/A*	*Domesticated*
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*

8.3 KEY TARGETS AND INDICATORS: A CLOSER LOOK AT PROGRESS

For this report, indicators are reported under two targets and five subsections which are: Growth, inflation and employment; Investment and savings; International trade and Official Development Assistance; Research and Development is reported under target 8A and Information and Communications Technologies under target 8 F.

8.3.1 Trading and financial system

Target 8 A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Growth, inflation and employment trends

The indicators in this section offer a snapshot of South Africa's economic growth. However, some domesticated indicators, such as GDP per capita in current prices, do not adequately reflect the real levels of growth and economic activity. Strong growth is critical to address inequality and unemployment.

South Africa experienced strong growth in the immediate post-apartheid pre-recession years, recording a 10.9% increase in real GDP per capita between 2001 and 2007 (equalling annual growth of 3.4%). Since 2007, growth has slowed substantially, with real GDP per capita growth reducing tenfold to an annual rate of increase of 0.3% between 2008 and 2013.

South Africa's levels of employment remain of great concern, with the employment-to-population ratio having increased by a total of only 1.2 percentage points between 2003 (41.5%) and 2013 (42.7%) peaking at 45.9% in 2008 and labour productivity increasing marginally by only 3.2% between 2003 and 2013. Nominal growth in productivity masks structural concerns, with very few industries actually having seen both growth in productivity and employment between 2008 and 2013. Since the global financial crisis of 2009, South Africa has not succeeded in achieving the

necessary levels of growth to reduce the persistently high levels of unemployment and continues to have one of the highest levels of inequality globally.

South Africa has successfully managed inflation within the desired range over the last decade. The rate of inflation remained subdued since 2008, averaging 5.5% between 2009 and 2013. Inflation rate in 2014 increased to just over the upper limit of 6% to 6.1%, but is expected to remain within the target band in the short term. However, inflation on essential services has been higher than average, which impacts significantly on poverty and quality of life.

Investments and savings

Economic growth is highly dependent on strong levels of savings and investments (local and/or foreign). Whilst there was some progress in the pre-global recession period, South Africa's savings and investment environment have declined and debt levels have risen since 2008/9. The overall savings and investment climate is a cause for concern and is likely to constrain the country's future growth potential:

- Investment as a percentage of GDP increased by less than 5% between 2001 and 2013. It had increased to a high of 23.0% by 2008 (7.3 percentage points up from 2001), but thereafter dropped steeply to 19.1% by 2011, increasing again marginally to 20.1% by 2013.
- Foreign Domestic Investment (FDI) – a key indicator of confidence levels in South Africa's economy – declined sharply and progressively between 2001 and 2013, from 8.2% to 0.5%.
- Whilst South Africa's savings ratio has been relatively consistent, since 2009 it has declined by 3.7 percentage points over a short five-year period from a high of 18.6% to a low of 14.9% in 2013.
- Slower economic growth and a widening government deficit have seen the country's national debt ratio increase substantially by 18.0 percentage points in the period 2008 to 2013.

From a global perspective, South Africa plays an integral role as an investor in the rest of the continent. It is one of the largest investors in Africa, and its FDI stock (in nominal terms) held there has grown substantially since 2001, from under R15 billion to more than R230 billion in 2013.

International trade and Official Development Assistance

Since 2002, South Africa experienced deterioration in its overall current account balance, with a net deficit recorded consistently over the past 11 years. To fund this large and growing deficit, net outflows through the current account must be matched by an equivalent in-flow through the financial account. This has consequently increased South Africa's dependence on foreign investors and short-term portfolio flows.

In the case of ODA, falling levels of ODA from donor partners is a sign both of South Africa's growing development status and of the declining ability of developed countries to fund donor commitments since the 2008/9 global crisis. South Africa also plays an important role in providing financial and non-financial support to regional and neighbouring countries. However, data limitations make it difficult to quantify this support.

Research and development

A country's ability to invest in research and development (R&D) is an important source of growth and a contributor to the global body of knowledge. Future growth depends on the ability to build a knowledge-based rather than commodity-based economy.

The chosen R&D domesticated indicator, capital expenditure on R&D (CERD), peaked in 2006 and has since declined, suggesting a fall in private sector investment in R&D over this period.[20] Total (gross) expenditure on R&D activities has declined since 2006/7 and stagnated at 0.76% of GDP since 2010/11, as government expenditure has compensated for the fall in private sector expenditure on R&D. From a human resource perspective, South Africa has seen large and consistent positive increases in the number of researchers, from 20,000 to 42,500 between 2002/3 and 2012/13. However, as a proportion of South Africa's workforce, the number of researchers involved in R&D appears to have declined.

Despite the general trend, there have been pockets of far-reaching innovation and development. This includes, for example, the awarding of the hosting of the Square Kilometre Array (SKA) radio telescope to South Africa and its eight partner countries, as well as developments in health, nanotechnology, titanium and fluoro-chemical industries.

[20] See information on data and R&D indicators in the concluding section of this chapter.

Case study 2: The Square Kilometre Array

The Square Kilometre Array (SKA) is a collaborative scientific endeavour involving 11 countries, including the UK, South Africa, Australia, New Zealand, Canada, Netherlands, Italy, Sweden, Germany, China and India. In South Africa, the telescope antennas will be located in the Karoo desert in the Northern Cape Province; outer stations will be hosted in eight other SKA African partner countries, which include Ghana, Kenya, Mauritius, Madagascar, Botswana, Namibia, Mozambique and Zambia. The aim of constructing the SKA in this way is to simulate an enormous single radio telescope capable of a wide band of frequencies that cover a significant portion of the sky. Its key purpose is to:

> *help us understand dark energy and dark matter, how and when the first stars and galaxies formed and evolved over the age of the universe, test Einstein's theory of general relativity and search for signs of life on other planets. It may even detect evidence of extra-terrestrial intelligent life.*

The telescope will be built in phases, with SKA Phase 1 expected to start construction in 2018. SKA Phase 1 has been cost capped at 650 million Euros in order to build an affordable instrument that can still perform revolutionary science. Ongoing maintenance once the project is complete will last at least 50 years and is expected to cost approximately R2bn per year.

Since the construction phase will last a decade or more, there will be direct benefits to employment during this phase as well as from maintenance thereafter. It is expected that the project will create thousands of jobs in the economy, many of which will be based around research and development needing advanced engineering skills and expertise. To help achieve this, the government has launched a number of programmes around skills and development. It undertook in 2004 to increase the number of PhD and MSc graduates in radio astronomy. The SKA's Human Capital Development Programme (HCDP) includes bursaries to students in engineering, mathematics, physics and astronomy, and since 2014 approximately 700 students have benefited from this programme.

Source: Based on information from the Department of Science and Technology and the South African SKA website (available at: http://www.ska.ac.za)

8.3.2 The benefits of new technology

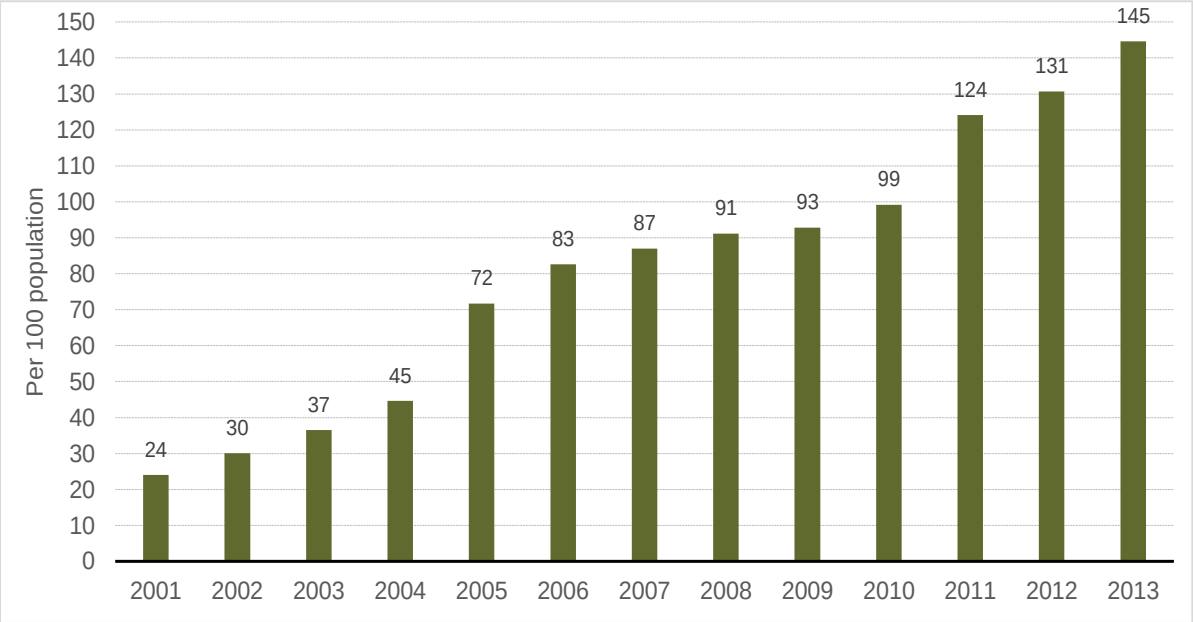
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Information and Communications Technology

The universal distribution of information and low-cost communication technologies is key to the attainment of a number of social and economic development goals. It is also central to entrenching democracy and encouraging wider socioeconomic participation by all sectors of society. The ability to access ICT services is a proxy for access to wider markets and reduces structural disadvantages and exclusions, such as the distances common in historically geographically marginalised rural communities. Universally affordable and accessible ICTs are thus central to a strong and growing economy as well as to addressing economic inequalities

South Africa has effectively achieved universal access to voice communication through combined access to mobile and fixed-line connections. The number of fixed telephone lines per 100 population has declined steadily from 2001 to 2013, by an average annual rate of 3.6% per year, from 11.1 to 7.1 per 100 population. However, the number of mobile connections per 100 population has almost tripled over the past decade, from 37 in 2003 to 145 in 2013.

Figure 15: MDG Indicator 13 - Cellular Telephone Subscribers (per 100 population)



Source: Statistics South Africa

8.4 LESSONS LEARNED: KEY DRIVERS AND IMPEDIMENTS TO CHANGE

8.4.1 Overall observations and lessons learned

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.

8.4.2 Key drivers and impediments to progress

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, 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.

Various initiatives have been implemented by the South African government to boost the savings environment, including the Consumer Protection Act, Social Security Retirement Reform (SSRR) initiative and National Financial Education Network as well as tax breaks for special savings accounts to encourage private savings (G20, 2014). These initiatives reflect the government's acknowledgement of the impediments to progress.

Exacerbated by its energy crisis, South Africa's international competitive rankings and perceptions about the local business climate have deteriorated and held negative implications for the country as an investment destination. This has a domino effect in that lower levels of FDI mean a higher reliance on domestic savings to fund investment. The position is precarious, given that savings levels have fallen in the face of high unemployment and levels of household debt.

South Africa's Ten-Year Innovation Plan, formulated in 2007, targeted gross expenditure on research and development at 2% of GDP by 2018 and doubled its share of global research outputs from 0.5 to 1% between 2002 and 2018. Its commitment to nurturing a national innovation system is commendable, requiring targeted strategies to translate the laudable goals into realising a doubling of the research outputs target.

The ICT sector contributes significantly to the economy and plays a role in community and socio-economic development. Key to expanding the coverage of voice communication has been the massive increase in mobile phone usage. However, the importance of internet connectivity for advancing South Africa's development trajectory is not reflected in the domesticated indicators, and hence progress cannot be assessed effectively. This must be addressed in the transition to SDGs. The government's commitment to undertaking an ICT review process to improve the policy and regulatory environment in the ICT sector is a positive step in ensuring universal access to broadband internet.

8.5 CONCLUSION AND THE WAY FORWARD

South Africa has made considerable progress towards enabling a stable macroeconomic environment that promotes growth and development. However, it is at risk of falling into a 'low-growth, middle-income trap' characterised by uncompetitive goods and services markets, uncompetitive labour markets, low domestic savings and a poor skills profile. The focus in the post-2015 period must be on achieving macroeconomic targets by 2030 as articulated in its National Development Plan. This will

include implementing strategies that address underlying impediments to progress, such as growing an educated workforce, improving health outcomes, cultivating a better business environment, making substantial investment in public sector infrastructure, growing labour-absorbing sectors and fostering rural development and regional integration.

8.5.1 Lessons learnt and the post-2015 agenda: Framing the imperatives

South Africa's use of domesticated indicators has meant that in many instances targets for these domesticated indicators do not exist. However, going forward, the high-level SDG indicators are likely to be largely applicable to South Africa's context. South Africa should therefore focus on making greater use of official, applicable SDG indicators, especially where these indicators relate directly to its development priorities as articulated in, for example, the NDP.

A number of the 17 SDGs overlap with MDG 8, including:

- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;
- Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation;
- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels; and
- Goal 17. Strengthen the means of implementation and revitalise the global partnership for sustainable development.

Rather than domesticating indicators, South Africa should choose SDG indicators that strike a balance between being practical for reporting purposes and being significant in terms of monitoring progress in fundamental areas of importance. This also requires greater integration of SDGs into South Africa's own performance monitoring and data collection processes.

8.5.2 Recommendations

The recommendations relate to the need for applicable SDG indicators that can track South Africa's progress and for effective implementation of existing policies and plans. General recommendations include the following:

- 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.
- While declining performance is partly a result of global pressures, there is also a growing need to address concerns about the domestic business environment. Specifically, local and foreign investments should be promoted through reduced business costs and the government's infrastructure development plans. Many of these programmes and policies are already in place, but have stalled on the implementation front.

- The government has clearly acknowledged challenges regarding savings, investment and debt levels and has prioritised the cultivation of a strong, healthy savings environment. This will also require concerted effort to ensure fiscal constraint by the government in the short to medium term.
- There is a clear and pressing need to improve South Africa's export performance by increasing the competitiveness and diversity of its export bundle. This will require placing the spotlight on improving the overall business environment – for example, by lowering logistics costs and restoring the energy supply – as well as on targeted reforms and initiatives to support export-ready industries.
- South Africa's focus must include efforts to give momentum to a knowledge-based economy by developing high-quality education systems, forming partnerships and strengthening the strategic framework to support a coherent, robust National Systems of Innovation (NSI) landscape.
- Access to ICTs, particularly in terms of broadband internet, requires a more coherent and effectively implemented policy and regulatory framework to facilitate greater investment in this sector and reduce the overall cost of access. The government is undertaking an ICT review in this regard.

TRANSITIONING FROM MDGS TO SDGS

INTRODUCTION

South Africa has made progress towards achieving the Millennium Development Goals (MDGs), but still has some way to go to achieve its goal of a society without poverty and inequality.

It is widely recognised that the 2015 MDG agenda provided an important instrument for accelerating the development, implementation and measurement of solutions to address priority issues. The post-2015 global development agenda will be guided by a new set of Sustainable Development Goals (SDGs), which are currently being crafted through various consultative processes.

It is critical that South Africa's unfinished MDG business, as well as emerging developmental issues, be appropriately integrated within the SDGs. It is important that they are integrated in a manner that places the spotlight on them while providing adequate direction and impetus for effective planning, development of appropriate policies and budgets, and the construction of appropriate national monitoring and reporting systems.

The Open Working Group (OWG), under the auspices of the United Nations, and following on from the Rio+20 Conference, has prepared a proposal for the SDGs beyond 2015. A total of 17 SDGs have been identified, building on the MDGs and identifying areas of increasing importance for equitable, inclusive and sustainable global development.

The Sustainable Development Solutions Network (SDSN), launched by the UN in 2012, has developed a list of indicators for measuring progress in achieving the SDGs. Under this framework, 100 'Global Monitoring indicators' have been suggested for use by all countries in assessing overall progress in achieving the SDGs. In addition to this, a large set of 'complementary national indicators' have been suggested for country-specific measurement of targets under each of the SDGs.

It is important to note that the list of indicators to be used in reporting on SDG progress have not yet been finalised. Stakeholders across regions and organisations are in the process of providing input into negotiations around the final list of indicators. Representatives from African National Statistics Offices (NSOs) are compiling a set of national, regional and global SDG indicators that will provide a common negotiating position in the global process of developing indicators for SDGs. African NSO representatives met in May 2015 to further the development of this set of indicators. A final set of globally agreed indicators is expected to be presented by the United Nations Statistics Commission in March 2016 (UNECA, 2015).

The lessons learned from the MDG process should be taken into account in future consultations and deliberations around the crafting of the SDG indicators, the domestication of these once they have been agreed upon, and the construction of the monitoring and reporting architecture within South Africa to ensure consistent, accurate and meaningful monitoring that allows for reporting and, critically, ongoing refinement of the national development agenda.

FRAMING THE POST-2015 DEVELOPMENT PRIORITIES

As noted earlier in this report, South Africa continues to face high levels of poverty, inequality, and unemployment. Progress on these fronts requires that the spotlight be placed on the abiding development barriers such as unemployment, quality education, and gender empowerment. Furthermore, the SDG targets and indicators should be crafted to ensure a national focus on addressing the underlying, often historical structural impediments to the effective implementation and impact of the many policies and laws developed to address these issues, as well as emerging challenges such as growing urbanisation and climate change.

To the extent that it is possible, the SDG indicators that are agreed on, as well as their domesticated counterparts, 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 MDG1: ***Eradicate Extreme Poverty and Hunger***

> The South African Multidimensional Poverty Index (SAMPI) 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 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 MDG2: ***Achieve Universal Primary Education***

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

In the case of MDG3: ***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. 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 MDG4: ***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 health-care services.

In the case of MDG5: ***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 MDG6: ***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 MDG7: ***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 MDG8: ***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 he 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 (ECD), and people affected by HIV and AIDS.

In moving forward in the crafting, selection and domestication of indicators, it is important that the number and type of indicators selected are reasonable, have associated targets, and are practically implementable. The MDG monitoring framework, while a valuable tool, was limited in its efficacy by the sheer volume of indicators as well as the fact that many of those chosen did not have associated targets.

Given the multitude of potential indicators, the process of selection should be informed by criteria such as relevance of the possible indicators to national priorities, the availability of national targets, and the availability of resources and systems for the collection, measurement and analysis of data for SDG indicators.

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 analysis 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 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 analysis 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 free from poverty and inequality.

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