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Mid-year population estimates

2026

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Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AIM	AIDS Impact Model
ANC	Antenatal Care
ART	Antiretroviral Therapy
ASFR	Age-specific Fertility Rate
ASDR	Age-Specific Death Rate
CBR	Crude Birth Rate
CDR	Crude Death Rate
COVID-19	Coronavirus Disease 2019
CSIR	Council for Scientific and Industrial Research
DATCOV	Daily Hospital Surveillance for COVID-19
DemProj	Demographic Projections
DHA	Department of Home Affairs
DHIS	District Health Information System
DHS	Demographic and Health Survey
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IOM	International Organisation for Migration
LE	Life Expectancy
MACOD	Mortality and Causes of Death
NDoh	National Department of Health
NICD	National Institute for Communicable Diseases of South Africa
NPR	National Population Register
NSO	National Statistical Organisation
OECD	The Organisation for Economic Co-operation and Development
PMTCT	Prevention of Mother-to-Child Transmission
PLWHIV	People living with HIV
RAPID	Rapid Mortality Surveillance
RLB	Recorded Live Births
RNI	Rate of Natural Increase
SABSSM	South African National HIV Prevalence, Incidence, Behaviour and Communication Survey
SDDS	Special Data Dissemination Standards
Stats SA	Statistics South Africa
TFR	Total Fertility Rate
U5MR	Under-five Mortality Rate
UNDESA	United Nations Department of Economic and Social Affairs

Definition of concepts

Age-specific fertility rate (ASFR) – The fertility rate obtained for specific age groups during a given year or reference period per 1 000 women.

Annual growth rate (GR) – The rate at which the population is increasing or decreasing in a given year due to natural increase and net migration, expressed as a percentage of the base population.

Cohort-component projection – A projection made by subjecting all cohorts, on an annual or five-year basis, to mortality and migration assumptions, and applying fertility assumptions to women of reproductive age.

Crude birth rate (CBR) – The number of births in a year per 1 000 mid-year population of a specific year.

Crude death rate (CDR) – The number of deaths in a year per 1 000 mid-year population of a specific year.

Epidemic – A disease that affects a large number of people within a community, population, or region.

Excess deaths – The number of deaths observed during the pandemic above a baseline of recent trends.

Incidence - The number of new cases during a specified time.

Life expectancy at birth ($e(0)$) – The average number of additional years a person could expect to live if the age-specific death rates for a given year prevailed for the rest of his/her life.

Life table – A tabular display of life expectancy and the probability of dying at each age (or age group) for a given population, according to the age-specific death rates prevailing at that time.

Pandemic – An epidemic that has spread over multiple countries or continents.

Population estimates – A calculation of the size or distribution of a population or another characteristic of the population for the present or past.

Population projection – Computations depicting the future course of a population's size, its structure, and its interaction with dynamics such as fertility, mortality, and migration. The projection is constructed based on assumptions about the future course of those population dynamics.

Prevalence – The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Rate of natural increase (RNI) – The rate at which the population is increasing or decreasing in a given year due to the surplus or deficit of births over deaths, expressed as a percentage of the base population.

Ratio of occurring births to births needed – Compares the live births occurring in a population with the number of births required for a population to replace itself.

Sex ratio – The number of males per 100 females in a population.

Total fertility rate (TFR) – The average number of children born alive to a woman during her lifetime if she were to bear children at each age in accordance with the prevailing age-specific fertility rates.

Under-five mortality rate (U5MR) – The number of deaths to children under the age of five per 1 000 live births.

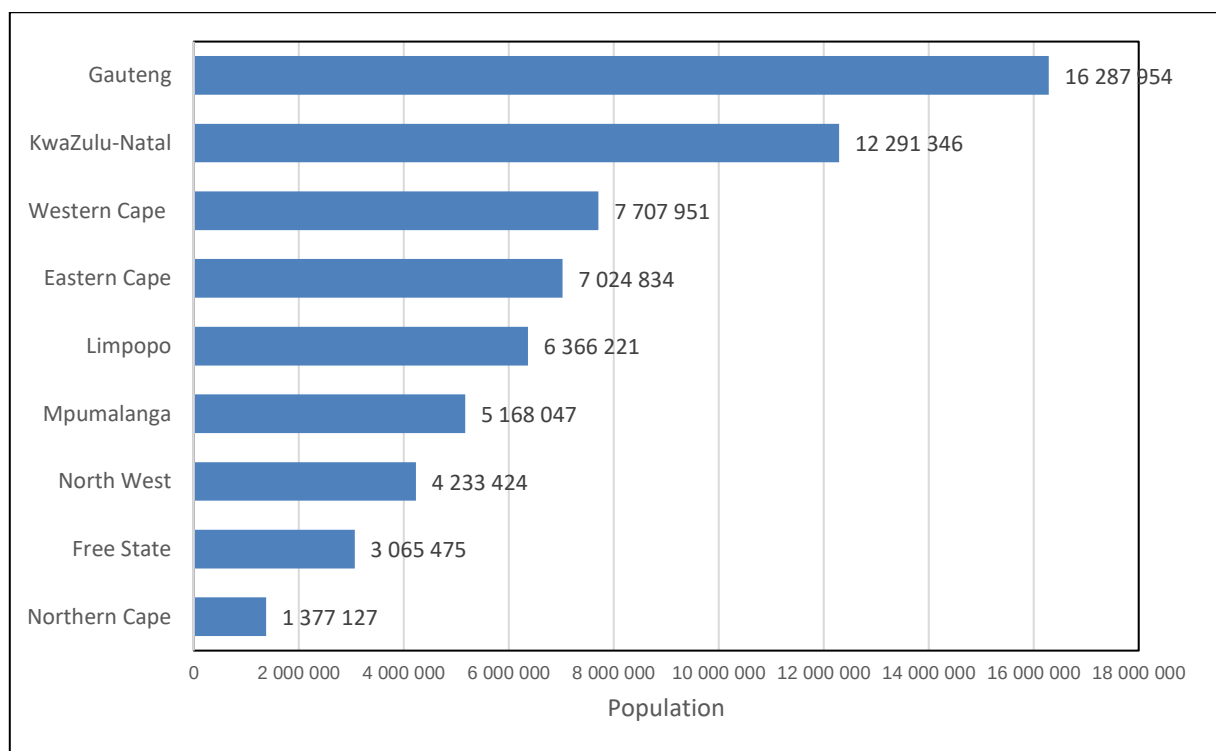
Summary

- The cohort-component methodology is used to estimate the 2026 mid-year population of South Africa.
- The estimates cover all the residents of South Africa at the 2026 mid-year point and are based on the latest available information. Estimates may change as new data becomes available. The updated estimates are accompanied by an entire series of revised estimates for the period 2002–2026. On this basis, comparisons between this model and previous series should not be made.
- For 2026, Statistics South Africa (Stats SA) estimates the mid-year population at 63,52 million people. The female population accounts for 50,9% (approximately 32,3 million) of the population.
- Life expectancy at birth for 2026 is estimated at 65,5 years for males and 71,0 years for females.
- The infant mortality rate for 2026 is estimated at 23,7 per 1 000 live births.
- The estimated overall HIV prevalence rate is approximately 12,3% among the South African population. The total number of people living with HIV (PLWHIV) is estimated at approximately 7,8 million in 2026. For adults aged 15–49 years, an estimated 17,0% of the population is HIV positive.
- Migration is an important and inevitable demographic process, as it shapes the age structure and distribution of not only the country as a whole, but also the provincial populations. In the months of May and June, several African countries embarked on a process of repatriating their citizens (the majority of whom were irregular) out of the country, while the government also deported irregular migrants. For the period 2021–2026, Gauteng and Western Cape are estimated to experience the largest inflows of migrants, at approximately 1 420 447 and 500 093, respectively.
- Gauteng still comprises the largest share of the South African population, with approximately 16,30 million people (25,7%) living in this province. KwaZulu-Natal is the province with the second-largest population, with an estimated 12,28 million people (19,3%) living there. With a population of approximately 1,38 million people (2,2%), Northern Cape remains the province with the smallest share of the South African population.
- About 25,6% of the population is aged younger than 15 years (16,25 million) and approximately 10,7% (6,79 million) is 60 years or older. The provinces reflecting the highest percentage of children younger than 15 within their population structures are Limpopo (31,0%) and Eastern Cape (29,6%). The proportion of elderly persons aged 60 years and older in South Africa is increasing over time and as such, policies and programmes to care for the needs of this growing population should be prioritised.

Table 1 – Mid-year population estimates for South Africa by population group and sex, 2026

Population group	Male		Female		Total	
	Number	% distribution of males	Number	% distribution of females	Number	% distribution of total
Black African	25 525 335	81,8	26 390 832	81,7	51 916 167	81,7
Coloured	2 631 620	8,4	2 730 272	8,4	5 361 892	8,4
Indian/Asian	876 383	2,8	846 673	2,6	1 723 056	2,7
White	2 177 872	7,0	2 343 393	7,3	4 521 265	7,1
Total	31 211 210	100,0	32 311 170	100,0	63 522 380	100,0

*Due to rounding, totals may not add up to 100%

Figure 1 – Mid-year population estimates for South Africa by province, 2026

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1. Introduction

In a population projection, the size and composition of the future population are estimated. The mid-year population estimates produced by Statistics South Africa (Stats SA) use the cohort-component method for population estimation. In the cohort-component method, a base population is estimated that is consistent with the known demographic characteristics of the country. The cohort-based population is projected into the future according to the projected components of change. Selected levels of fertility, mortality, and migration are used as inputs to the cohort-component method. For the 2026 mid-year estimates, the cohort-component method is utilised within the Spectrum Policy Modelling System. Spectrum (version 6,44) is a Windows-based system of integrated policy models. The DemProj (Demographic Projection) module within Spectrum is used to develop the demographic projection, whilst the AIDS Impact Model (AIM) is used to incorporate the impact of HIV and AIDS on fertility and mortality, and ultimately, the population estimates. Within the DemProj, a COVID-19 editor allows for the inclusion of COVID-19-related deaths by age and sex to be incorporated into the model. Spectrum requires annual estimates regarding births, deaths, and migration, among other indicators. The population estimates produced aim to take into account the impact of COVID-19 on births, deaths and migration.

Stats SA subscribes to the specifications of the Special Data Dissemination Standards (SDDS) of the International Monetary Fund (IMF). These standards dictate that the MYPE release should be disseminated within one month of the mid-year. The mid-year estimates are an estimate of the population as of 30 June in a given year. The estimates of stock, such as population size, number infected with HIV, etc., pertain to the middle of the year, i.e. 30 June, whilst the estimates of flow, e.g. births, deaths, Total Fertility Rates (TFRs), Infant Mortality Rates (IMRs), etc., are for a 12-month period, e.g. 1st July 2025 to 30th June 2026. A *stock variable* is measured at a given time and represents a quantity at each moment in time – e.g. the number of people within the population at a certain moment, whilst an estimate of flow is typically measured over a specific interval of time. The mid-year population estimates are published annually. It would be misleading to compare values and rankings with those of previously published reports, due to revisions and updates of the underlying data and adjustments. Thus, users are strongly advised to use the complete series, published along with this report on the Stats SA website.

2. Demographic and other assumptions

Mid-year population estimates and projections are tasked with determining the demographic profile of the country to better assist with planning as it relates to health, economics, and welfare. A cohort-component projection requires a base population distributed by age and sex. Levels of mortality, fertility, and migration are estimated for the base year and projected for future years. The cohort-based population is projected into the future according to the projected components of population change.

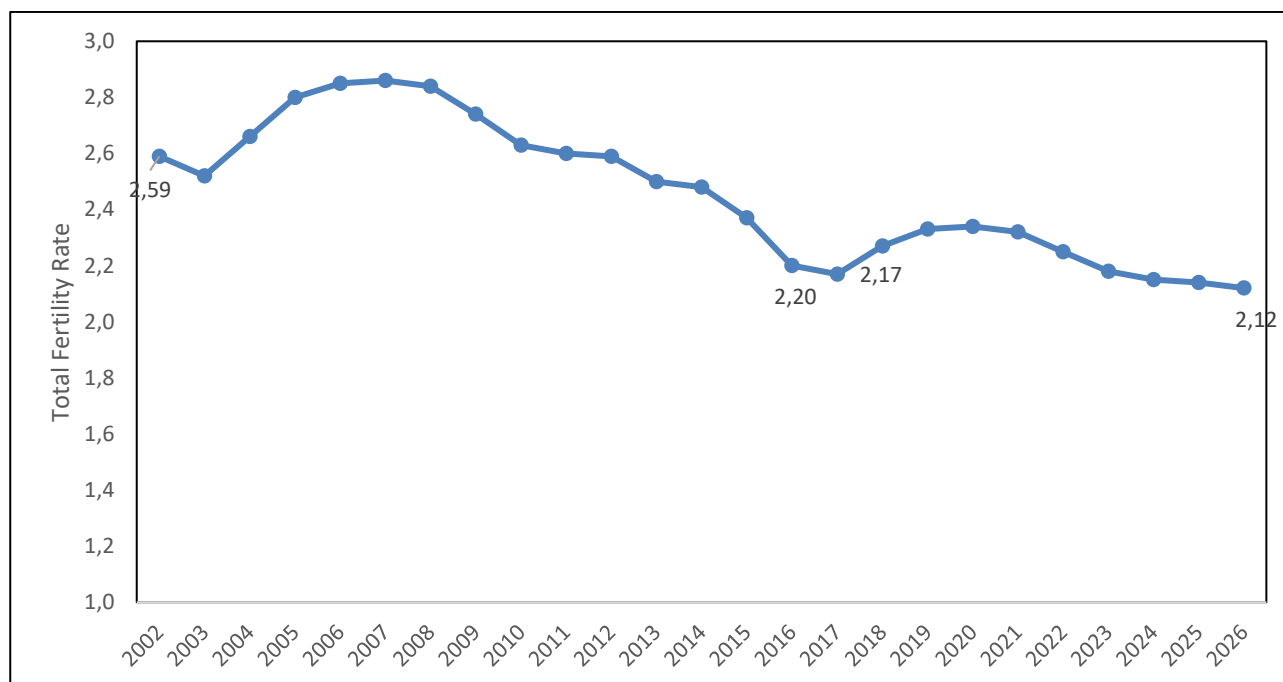
2.1 Fertility

The DemProj module of Spectrum is used to produce a single-year projection; thus, the Total Fertility Rate (TFR) and the life expectancy at birth must be provided in the same format, i.e. annually. The time series of TFR estimates for all population groups in South Africa are derived following a detailed review of TFR estimates (1985–2026) (both published and unpublished) from various authors, methods, and data sources.

Empirical data indicating the trend in births for the period 2002–2024, including the impact of the COVID-19 pandemic on fertility in South Africa, are reflected in the Recorded Live Births Report (latest data 2024). Current assumptions of national and provincial fertility are based on trends seen in published births data currently available at national and provincial levels in the vital registration system and the District Health Information System (DHIS) (Stats SA, 2015; Stats SA, 2025; NDoH, 2025). The latest recorded live births report was published by Stats SA in October 2025. The report acknowledges that births' data suffers from a level of

incompleteness for the most recent year of release. The estimates of fertility show a fluctuation over the period 2002–2025. Since 2008, overall fertility has declined from an average of 2,78 children per woman in 2008 to 2,12 children in 2026. A dip in fertility seen in 2016 and 2017 is reflective of empirical birth registration data in the DHIS and the recorded live births data (Stats SA, 2025; NDOH, 2025). Empirical data shows that there has been a decline in births since 2020. The fertility rate has been revised downwards to reflect what is evident in administrative data sources, i.e. immunisation, births in facilities, birth registration, access to grants and education data, bearing in mind the completeness of such data. Other inputs required in DemProj include the age-specific fertility rate (ASFR) trend and sex ratios at birth.

Figure 2 – Total fertility rate over time, 2002–2026



2.2 Mortality

The ultimate purpose of the mid-year population estimates is to assist with policy-making and planning based on the population structure and profile. This cannot be addressed without taking into account the COVID-19 pandemic, which greatly affected the nation and the world for over three years (Bradshaw et al., 2023). The age mortality profile of the disease indicated that older people and those with co-morbidities, specifically diabetes and hypertension, faced a higher risk of mortality (Biswas et al., 2021; Booth et al., 2021; Sanyaolu et al., 2020; Pillay et al., 2020; Goldstein and Lee, 2020). However, broader categories of respiratory diseases, circulatory diseases, and cancer also faced a higher risk of mortality (Sanyaolu et al., 2020; Stokes et al., 2020; Biswas et al., 2021; Booth et al., 2021; Pillay et al., 2020; Stats SA, 2026 (a)).

To estimate the population in the DemProj model in Spectrum, age and sex specific death rates are required. Stats SA applies the country-specific UN Model Life table for South Africa in Spectrum. The age pattern of mortality is based on various sources, data and methods – these include death data from the Rapid Mortality Surveillance (RAPID) report and the MACOD report (Stats SA, 2026(a)). Survival rates from the selected life tables were then used to project the population forward. AIM calculates the number of AIDS deaths and determines a new set of life expectancies that incorporate the impact of Acquired Immunodeficiency Syndrome (AIDS). Additionally, excess deaths at the time of the COVID-19 pandemic have been incorporated into the estimation process in the COVID-Editor module in Spectrum.

The Spectrum Policy Modelling System (Futures Group) consists of a number of components that result in the estimation of population size to assist in costing and planning of future healthcare services. For the purpose of the production of the MYPE, Stats SA uses two of the available components in this projection model, namely (a) **Demproj** for population projections and (b) **AIM**, in which the consequences of the AIDS epidemic were projected. In the AIM projection, several programmatic and epidemiological data inputs specific to South Africa are required. These include programme coverage of adults and children on antiretroviral therapy (ART) and Prevention of mother-to-child-transmission (PMTCT) treatment (NDoH, 2026). In addition to eligibility for treatment as per national guidelines, the epidemiological inputs include antenatal clinic (ANC) data. The assumptions regarding the HIV epidemic in South Africa are based primarily on the prevalence data collected annually from pregnant women attending public service antenatal clinics since 1990 to the most recent estimates of 2022 (Woldesenbet et al., 2021; NDoH, 2023; NDoH, 2025). However, antenatal surveillance data produce biased prevalence estimates for the general population because only a select group of people (i.e. only pregnant women attending antenatal public health services) are included in the sample. The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM) data that produces national estimates for the country are used in the model to correct for this bias (Shisana et al., 2014; Simbayi et al., 2019; Zuma et al., 2024). Based on the most recent SABSSM data used as input to the 2026 series the HIV prevalence in SA has declined nationally since 2017. The ANC data has reflected a similar decline in HIV prevalence since 2019. Given these updated inputs to the model, the HIV prevalence in SA has been adjusted accordingly, informed by empirical data. Other inputs in the AIM model include the median time from HIV infection to death and the ratio of new infections. Indicators of HIV prevalence, incidence, and HIV population numbers over time show the impact of HIV on the population. HIV indicators shown in Figures 5 and 6 are based on the aforementioned assumptions.

2.3 International migration

To estimate the population, annual net migration over time is also required. Estimating and further projecting international migration over time is not without difficulties. Whilst there is a reliable registration of births and deaths in the country (although subject to incompleteness) that assists in the fertility and mortality estimation, international migration surveillance systems have failed to accurately account for the number of international migrants entering or exiting the country's borders either through land, sea, or air. Irregular migration is a common problem contributing to migration data accuracy. By triangulating a number of data sources, i.e. the census, population age and sex structures seen in other surveillance systems (such as education, health, and employment), as well as censuses of other countries capturing South African migrants and tourists' patterns, migration assumptions can be informed. Using this array of sources as well as literature, the MYPE assumes a growing proportion of annual net migration over time.

Table 2 – International net migration assumptions for the period by population group, 2001–2026

Period	Black African	Indian/Asian	White	Net international migration
2001–2006	619 509	35 562	-99 574	555 497
2006–2011	878 851	53 047	-106 787	825 111
2011–2016	1 100 815	65 431	-111 346	1 054 900
2016–2021	956 984	60 700	-90 957	926 727
2021–2026	919 607	59 098	-94 898	883 807

Note: The estimate refers to the flow figure from 1st July of the first year in the period to 30th June of the last year of the period

Net international migration estimates are derived using not only Census migration data, but also migration numbers and proportions from various other authors, methods and data sources such as the Organisation for Economic Co-operation and Development (OECD) and UNDESA. These estimates are informed by the number of new immigration permits issued, which only partly represents the migration flow (OECD, 2023). However, irregular migration constitutes a significant proportion of migration, often missed in official estimates, and this varies from country to country. Census data from National Statistics Offices (NSOs) of various countries, as well as migration data (deportations and repatriations), are also sourced. Compared to other components of change, the net migration rate can be volatile, as encountered during the outbreak of COVID-19. If the net flow of migrants is outward, then net migration is reflected as a negative number, whilst if the net flow is inward, then it is reflected as a positive number (see Table 2).

Table 2 shows international migration by population group for selected periods. Given the impact of COVID-19 on international movement across the globe, estimates of international migration during the COVID-19 period were disrupted. Overall, the assumption is that international migration drastically reduced during the COVID-19 period, and there has been a recovery since the end of the pandemic and the corresponding lockdown measures. According to the international tourism statistics from Stats SA, there has been an improvement with regard to international tourism in South Africa in recent years, i.e., 2022–2026. Whilst movements have resumed after COVID-19, by May 2026 the numbers had not yet reached pre-COVID-19 levels (Stats SA, 2026 (b); Stats SA, 2019). For the purpose of this report, tourism data is used as an indicator of mobility.

Prior to June 2026, there was an assumed upward trend in net migration since 2021. In late May and June 2026, a notable number of deportations and voluntary repatriations of irregular foreign nationals had been processed by the South African government working with various stakeholders (Kubayi, M., 2026). Given the enforcement of labour policies that prohibit the employment of undocumented workers in SA, civil protests and subsequent media attention, the sentiment prevalent in recent months would promote the decline in immigration from the SADC region into SA as well as the increase in the emigration of migrants (regular or irregular) for the last 2 months of the MYPE year, i.e. May and June 2026. Net migration is estimated on an annual basis, for a July to June period. The recent deportations and repatriations would result in a decline in net migration for the year 2026 (July to June). The intended impact of the enforcement of migration and employment policies is continually evolving. The MYPE is updated annually and will be revised based on updated data regarding repatriations and deportations occurring in SA over time.

3. Demographic and other indicators

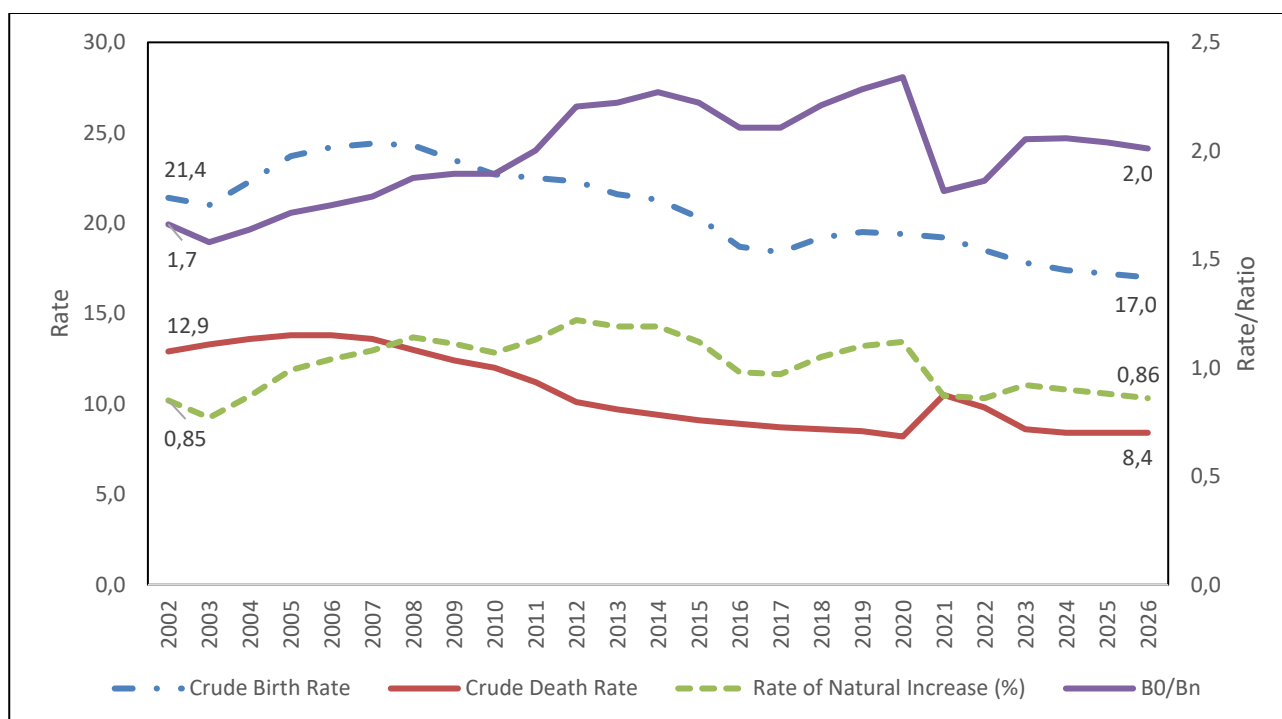
It is not uncommon for births to fluctuate over time. Figure 3 indicates that the Crude Birth Rate (CBR) increased between 2003 and 2007; thereafter, it follows a general pattern of decline between 2008 and 2017, after which the CBR increases from 2018–2020. Between 2021 and 2026, the CBR declines incrementally to 17,0 births per 1 000 persons in 2026. The CBR is directly related to the rise and fall of TFR assumptions over time (see Figure 2). Whilst CBR is a crude measure of the number of live births per 1 000 persons in the population, indicators such as TFR and ASFR (Age-Specific Fertility Rate) offer insight into fertility in the country over time. TFR assumptions indicate a rise in the period 2004–2007. In the period 2008–2017 though, there is a general decline in TFR, with a significant dip in 2016 and 2017. In the period 2018–2020, TFR increases and thereafter incrementally declines between 2020–2026. The TFR results in a birth trend over time that aligns with administrative data on births over time. It is imperative that additional indicators of fertility are considered in the interpretation of replacement and demographic stability (Spoorenberg and Skifbekk, 2026). By 2026, the ratio of occurring births to births needed (B_0/B_n) remains above two. Above two implies that the number of live births estimated is more than double the amount required to perfectly replace expected deaths under current mortality rates. The B_0/B_n ratio provides a measure of demographic sustainability that should also be considered along with the above indicators of fertility when providing insights to planning (Spoorenberg and Skifbekk, 2026). The ratio of births to births needed (B_0/B_n) has fluctuated over time, reflecting not only the change in births but also deaths over time. Figure 3 shows the impact of fluctuating mortality due to the COVID-19 deaths peaking in 2021 and subsequent mortality recovery on the B_0/B_n ratio. The B_0/B_n ratio drastically declined to below two for the peak COVID-19 period of deaths. Post-2023, the RNI

and B_0/B_n ratio, though on the decline, remain above two. The ratio should be used as a long-term indicator of demographic trajectory; as such, in SA the number of births occurring remains well above the levels needed to replace the number of expected deaths.

Figures 3-5 and Table 3 offer a glimpse into the mortality experience of South Africa, which incorporates the impact of HIV and AIDS (using the AIM model). The crude death rate (CDR) has increased from 12,9 in 2002 to 13,8 deaths per 1 000 in 2005 and 2006, thereafter declining to 8,2 deaths per 1 000 people in 2020. Due to the AIDS epidemic, CDR in South Africa increased between 2002 and 2006, thereafter declining as access to HIV treatment and care became available. Dramatically influenced by COVID-19 in the country, within just one year CDR increased to 10,5 deaths per 1 000 people in 2021. With access to COVID-19 treatment and vaccination uptake, CDR in the population declined to 8,6 deaths per 1 000 persons by 2023 and further remained stable at 8,4 deaths per 1 000 persons from 2024 to 2026.

Demographic measures that describe the population growth in a country include the rate of natural increase (RNI) and annual overall growth (GR). The rate of natural increase indicates the rate of growth resulting from births (CBR) and deaths (CRD) (excluding the influence of migration). The rate of natural increase fluctuated over time, peaking around 2012. RNI indicates the greater influence of births relative to deaths over the 12-year period. However, with declining fertility and a dramatic increase (28,8%) in deaths in just one year (2021) due to the COVID-19 pandemic, the rate of natural increase in South Africa dropped notably from 1,2% in 2020 to 0,87% in 2021. With access to vaccinations and treatment protocols related to COVID-19, deaths declined significantly between 2021 and 2022, resulting in an increase in the RNI over this period. RNI remained stable at around 0,9% in 2026, but was still lower than pre-COVID levels, and this can be attributed to the declining birth and stable death rate between 2024 and 2026.

Figure 3 – Crude birth rate, crude death rate, B_0/B_n ratio and rate of natural increase over time, 2002–2026



Life expectancy at birth declined between 2002 and 2006, largely due to the impact of the HIV and AIDS epidemic; however, expansion of health programmes to prevent mother-to-child transmission, as well as access to antiretroviral treatment, has partly led to the increase in life expectancy since 2006. Life expectancy at birth for males declined from 64,5 in 2020 to 61,8 in 2021 (approximately a 3-year drop) and from 70,4 in

2020 to 66,8 for females (a 3,6-year drop). Whilst the life expectancy at birth indicator is an important health indicator, it should not be interpreted as a projection of an individual's lifespan but rather should be used to shed light on the cumulative burden of a crisis such as COVID-19 compared to recent trends. With greater vaccination coverage, continued prevention practices, i.e. mask wearing, social distancing, and sanitising of hands and surfaces, further innovation in drug and treatment protocols, and the avoidance of a more severe or infectious strain of the virus, life expectancy at birth in South Africa improved. In 2026, life expectancy at birth for males is estimated at 65,5 years, while for females the estimate is 71,0 years. With access to HIV prevention and treatment, as well as other strides in health and living conditions, the infant mortality rate (IMR) has declined from an estimated 59,9 infant deaths per 1 000 live births in 2002 to 23,7 infant deaths per 1 000 live births in 2026. Similarly, the under-five mortality rate (U5MR) declined from 77,3 child deaths per 1 000 live births to 26,3 child deaths per 1 000 live births between 2002 and 2026. The IMR and U5MR shown in Figure 5 are based on the selected model life table and may differ from similar indices published elsewhere.

Figure 4 – Life expectancy by sex over time, 2002–2026

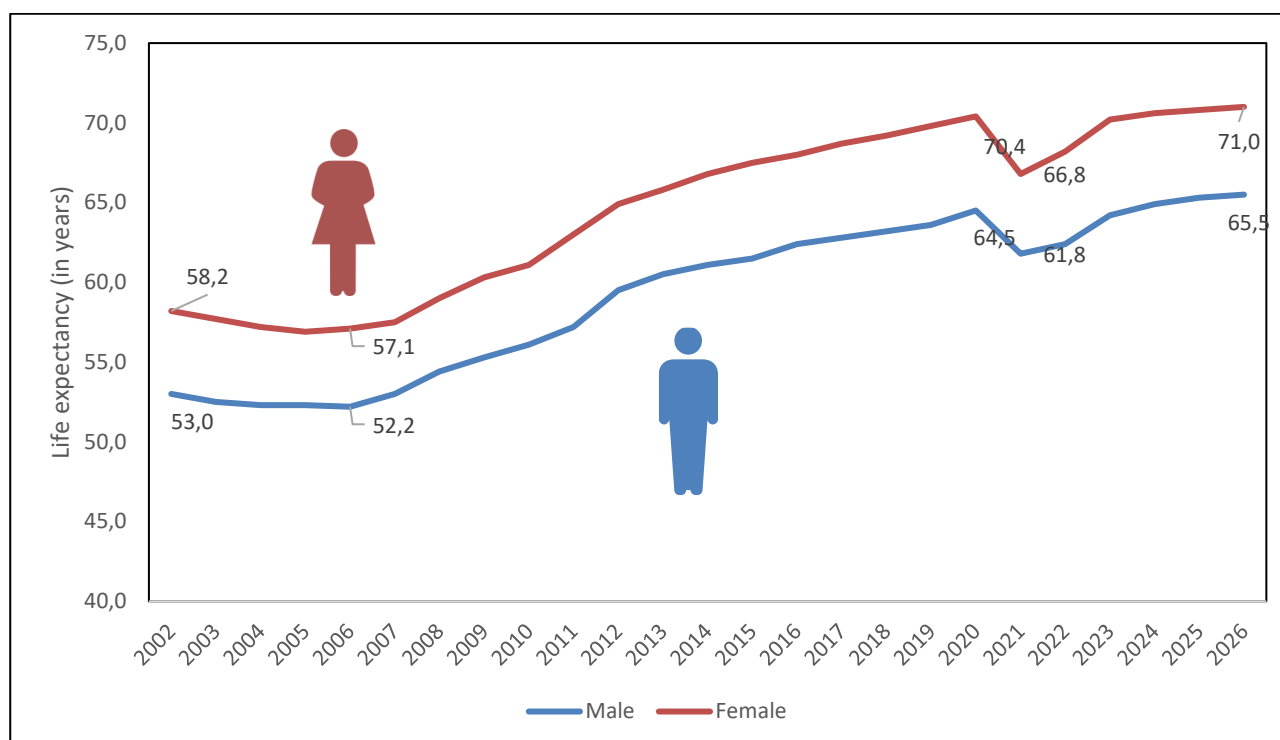


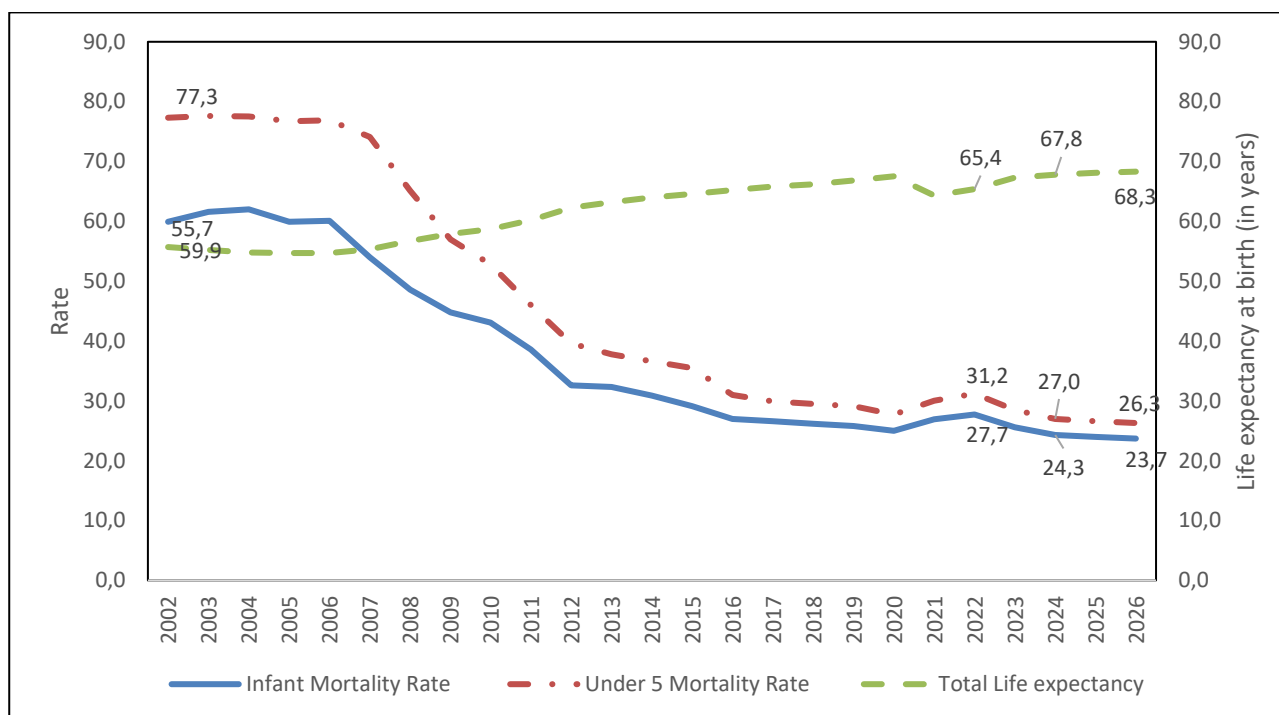
Figure 5 – IMR, U5MR and Total Life Expectancy over time, 2002–2026

Table 3 indicates estimates for selected indicators. Deaths peaked for the period 1st July 2005 to 30th June 2006, due to the AIDS pandemic. The decline in the percentage of AIDS-related deaths since 2006 can be attributed to the increase in the roll-out of Antiretroviral Therapy (ART) over time. The national roll-out of ART began in 2005 with a target of one service point in each of the 53 districts of South Africa at the time (later reduced to 52 districts). The estimated number of AIDS-related deaths has generally declined since 2006, from 261 201 to 74 078 AIDS-related deaths in 2026. Access to antiretroviral treatment has changed significantly, altering the pattern of mortality over time. Access to ART has extended the lifespan of many in South Africa, who would have otherwise died at an earlier age, as evidenced in the decline of AIDS deaths post-2006. The presence of the COVID-19 pandemic has hampered the ability of the health sector to extend life expectancy in South Africa in the year 2021. The proportion of AIDS-related deaths relative to all deaths declined in 2021 (13,1%) as COVID-19-related deaths started to take a significant share. However, since 2022, there has been an increase in AIDS-related deaths from 13,0% to 13,9% in 2026 as COVID-19-related deaths reduced to negligible levels. This pattern of death is evident in the published MACOD 2023 report. Despite an increase in life expectancy in 2024-2026, deaths are projected to increase for the 2025-2026 period due to population momentum.

Table 3 – Births and deaths for the period 2002–2026

Year	Number of births	Number of deaths	Number of AIDS-related deaths	Percentage of AIDS related deaths
2002	982 212	591 298	201 946	34,2
2003	972 824	616 162	226 353	36,7
2004	1 043 364	637 471	238 304	37,4
2005	1 121 388	654 296	257 009	39,3
2006	1 160 796	663 274	261 202	39,4
2007	1 185 994	662 951	241 996	36,5
2008	1 198 764	639 523	209 236	32,7
2009	1 176 935	621 259	184 381	29,7
2010	1 151 132	607 682	167 454	27,6
2011	1 156 735	577 829	138 936	24,0
2012	1 166 137	529 051	113 746	21,5
2013	1 144 076	515 112	100 766	19,6
2014	1 146 726	505 100	83 835	16,6
2015	1 111 408	500 267	78 544	15,7
2016	1 040 781	494 143	78 735	15,9
2017	1 038 335	492 951	78 365	15,9
2018	1 094 738	495 468	78 116	15,8
2019	1 129 309	494 446	76 180	15,4
2020	1 144 808	489 346	77 663	15,9
2021	1 143 957	630 273	82 630	13,1
2022	1 113 231	597 777	77 577	13,0
2023	1 083 109	527 576	75 737	14,4
2024	1 072 778	521 116	73 757	14,2
2025	1 072 228	525 888	74 081	14,1
2026	1 072 842	533 374	74 078	13,9

Note: The flow data as shown above are for a 12-month period, e.g. 1st July to 30th June

3.1 HIV prevalence

Figures 6 and 7 show the HIV prevalence estimated for the period 2002–2026. For 2026, an estimated 12,33% of the total population is HIV positive. Over a fifth of South African women in their reproductive ages (15–49 years) are HIV positive. Accessibility of treatment post 2006 and changing eligibility criteria in accessing treatment have allowed for HIV positive children and adults to live to older ages, thereby increasing prevalence. Congruently, the protective effect of an HIV positive population on ART and changing protocols in the Prevention of Mother-to-Child transmission (PMTCT) lowers the levels of HIV incidence. HIV prevalence among the youth aged 15–24 has remained stable over time, declining marginally in the most recent decade. The South African government has committed to achieving the UNAIDS 90-90-90 target. This entails that 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained treatment, and 90% of all people receiving treatment will have viral load suppression. South Africa has the largest number of people enrolled on the ART programme in the world. The total number of PLWHIV in South Africa is estimated to have increased from 3,82 million in 2002 to 7,83 million by 2026. Overall, HIV prevalence continually increased between 2002 and 2026, rising from 8,30% to 12,33%, respectively. Estimates are based on the most recent SABSSM data. Given these updated inputs to the model, the HIV prevalence in SA has been adjusted accordingly, informed by empirical data.

Figure 6 – HIV prevalence by selected age groups, 2002–2026

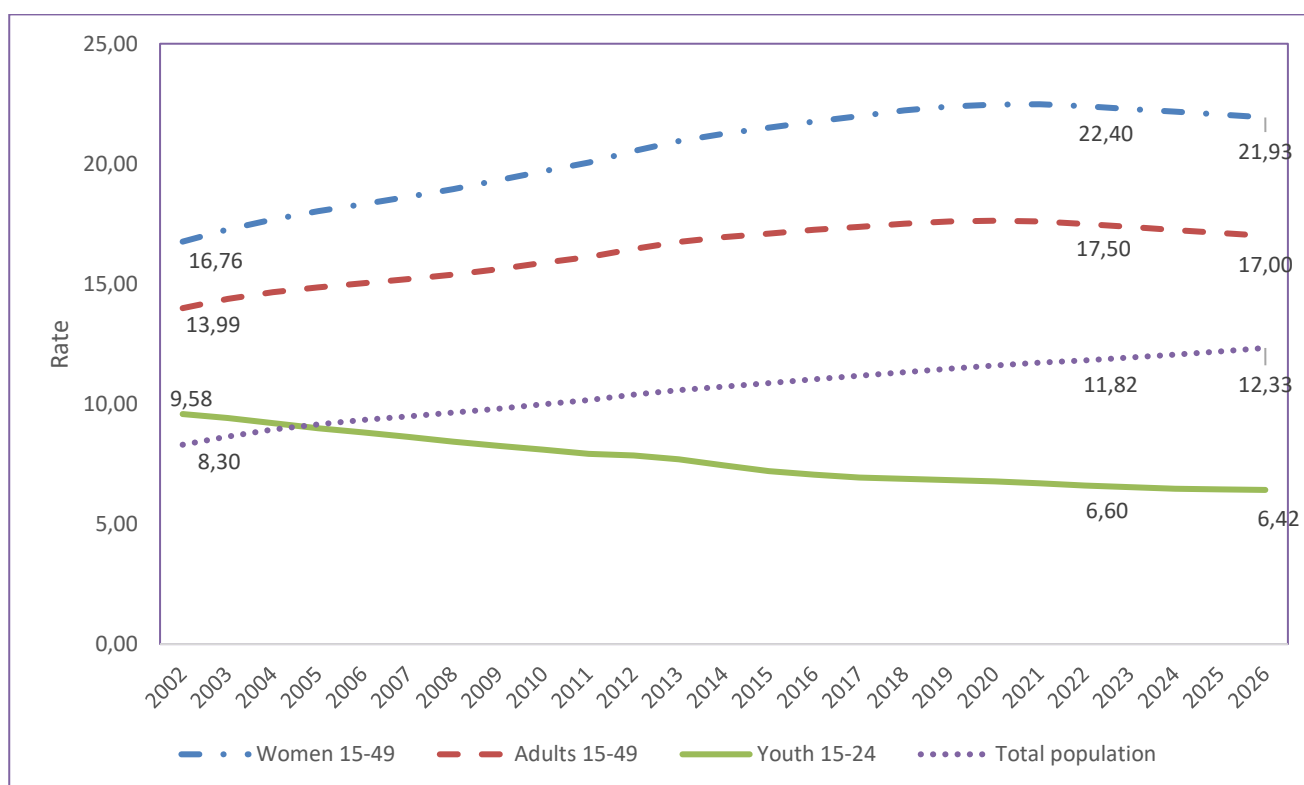
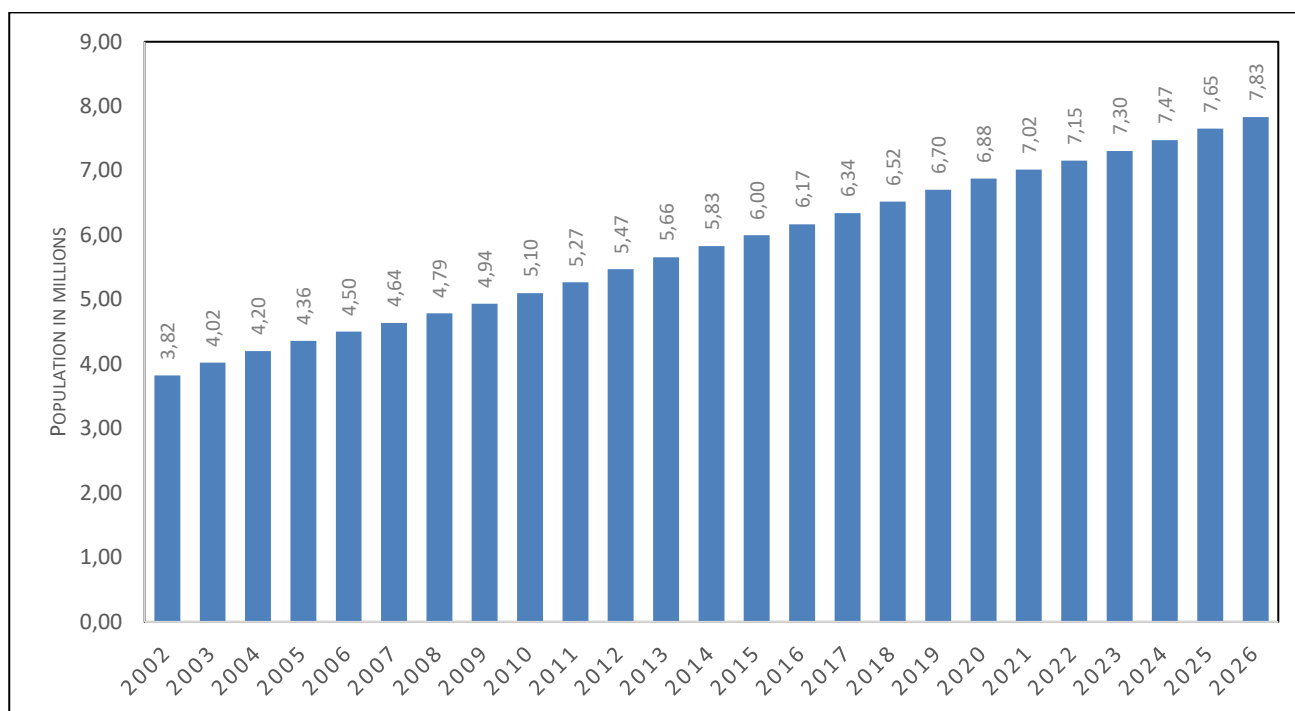


Figure 7 – Persons living with HIV over time, 2002–2026

4. National population estimates

Table 4 shows the mid-year population estimates by population group and sex. The 2026 mid-year population is estimated at 63,52 million. The black African population is in the majority (51,92 million) and constitutes approximately 82% of the total South African population. The white population is estimated at 4,50 million, the coloured population at 5,36 million, and the Indian/Asian population at 1,72 million. Approximately fifty-one per cent (32,31 million) of the population is female.

Table 4 – Mid-year population estimates by population group and sex, 2026

Population group	Male		Female		Total	
	Number	% of total male population	Number	% of total female population	Number	% of total population
Black African	25 525 335	81,8	26 390 832	81,7	51 916 167	81,7
Coloured	2 631 620	8,4	2 730 272	8,4	5 361 892	8,4
Indian/Asian	876 383	2,8	846 673	2,6	1 723 056	2,7
White	2 177 872	7,0	2 343 393	7,3	4 521 265	7,1
Total	31 211 210	100,0	32 311 170	100,0	63 522 380	100,0

* Due to rounding, totals may not add up to 100%

The impact of COVID-19 deaths is evident in the change in the population structure over the years 2020–2023, more especially among the elderly aged 60 years and older. Figure 8 shows the rate of growth in various age categories. Among the elderly aged 60+, there was a population decline as a result of the impact of the COVID-19 pandemic, which impacted older people and those with co-morbidities, specifically diabetes and hypertension, as they faced a higher risk of mortality (Biswas et al., 2021; Booth et al., 2021; Sanyaolu et al., 2020; Pillay et al., 2020; Goldstein and Lee, 2020). The proportion of the elderly in South Africa rose from

1,37% for the period 2002–2003 to 3,2% for the period 2019–2020, due primarily to rising life expectancy. Given the high mortality levels among the elderly during the COVID-19 pandemic, the growth rate among the elderly (aged 60 years and older) drastically declined from 3,2% for the period 2019–2020 to 2,27% in the period 2020–2021. With access to vaccinations and treatment protocols, a decline in deaths among the elderly was evident post 2021, resulting in elderly population growth for the period 2022–2023, peaking at 3,1%. For the period 2024 to 2026, we see stability in elderly population growth (approximately 3%) as no further gains in reducing COVID-19-related deaths are observed. Similarly, the overall population growth rate declined from 1,43% (2019–2020) to 1,01% between 2020 and 2021. The overall growth rate increased post 2021 (post COVID-19) to an average of around 1,20% in the period 2022–2026.

The increase in the total population growth rate since 2021 may be attributed to the decline in deaths and a revival of positive net migration since the COVID-19 pandemic subsided. The stability in the total growth rate since 2023 can be tied to declining births in this period, resulting in an annual growth rate of 1,20% by 2026, which is below pre-pandemic levels.

The increase in the growth rate among children aged 0–14 is influenced by changes in fertility. The rise in growth rate of children between 2002 and 2013 is indicative of the rise in fertility between 2004 and 2008, progression of children into successive age categories, as well as the decline in infant and child mortality post-2006 (see Appendix 4). The declining rate of growth among children post-2018 reflects the overall decline in fertility since 2018. By 2026, the growth rate among children is negative.

The growth rate of adults aged 25–59 is a broad group encompassing about 60 years of fertility, mortality and migration changes. The rate of growth of this adult group has declined incrementally since 2011. This age group was also impacted by COVID-19 (dip in growth between 2020 and 2021), due to COVID-19 deaths and lockdown measures limiting international migration. Post 2022, the annual growth rate of adults aged 25–29 has increased continually, likely brought about by increased life expectancy and improved migration.

Figure 8 – Population growth rates by selected age groups over time, 2002–2026

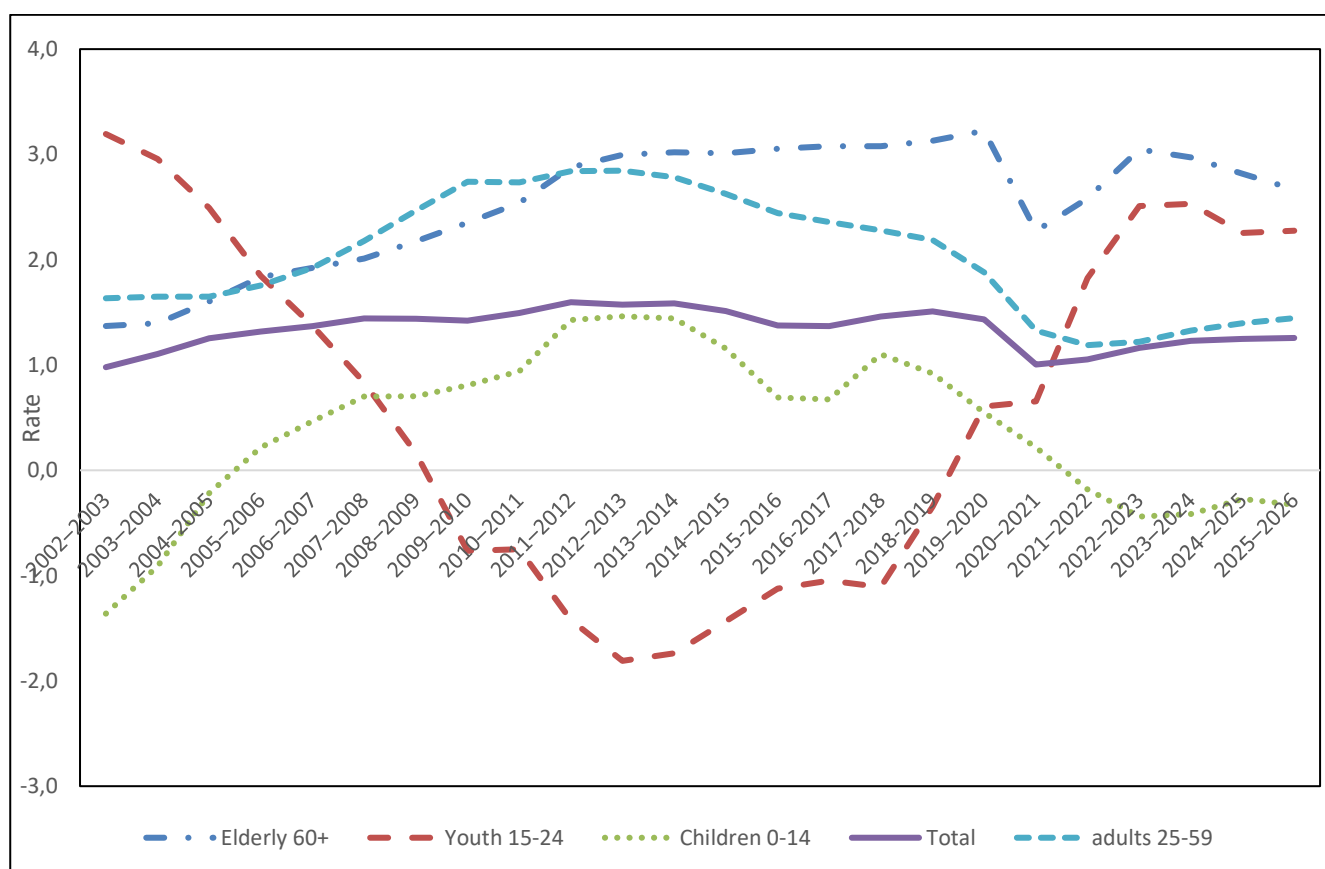


Table 5 shows the 2026 mid-year population estimates by age, sex and population group. About 25,58% of the population is aged 0–14 years, and approximately 10,68% is 60 years and older.

Table 5 – Mid-year population estimates by population group, age and sex, 2026

Age Group	Black African			Coloured			Indian/Asian			White			RSA		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0–4	2 346 797	2 294 800	4 641 597	218 709	211 932	430 641	42 661	41 147	83 808	85 885	83 470	169 355	2 694 052	2 631 349	5 325 401
5–9	2 390 424	2 342 370	4 732 794	214 188	207 777	421 965	49 321	47 364	96 685	99 736	97 065	196 801	2 753 669	2 694 576	5 448 245
10–14	2 372 484	2 325 168	4 697 652	219 728	213 638	433 366	53 321	50 842	104 163	120 159	117 075	237 234	2 765 692	2 706 723	5 472 415
15–19	2 406 149	2 380 298	4 786 447	235 481	230 176	465 657	53 363	50 614	103 977	132 152	129 891	262 043	2 827 145	2 790 979	5 618 124
20–24	2 139 227	2 117 865	4 257 092	209 140	205 662	414 802	56 316	48 428	104 744	115 466	115 745	231 211	2 520 149	2 487 700	5 007 849
25–29	2 013 428	1 986 252	3 999 680	209 275	205 874	415 149	67 898	54 748	122 646	115 375	116 068	231 443	2 405 976	2 362 942	4 768 918
30–34	2 267 478	2 253 327	4 520 805	214 856	211 728	426 584	81 207	65 271	146 478	123 643	125 163	248 806	2 687 184	2 655 489	5 342 673
35–39	2 347 775	2 327 432	4 675 207	215 057	212 024	427 081	86 676	71 863	158 539	141 711	140 801	282 512	2 791 219	2 752 120	5 543 339
40–44	2 045 720	2 010 594	4 056 314	192 498	191 397	383 895	86 680	75 231	161 911	154 366	156 356	310 722	2 479 264	2 433 578	4 912 842
45–49	1 489 383	1 471 469	2 960 852	153 018	152 810	305 828	71 794	66 491	138 285	143 888	149 649	293 537	1 858 083	1 840 419	3 698 502
50–54	1 145 383	1 193 881	2 339 264	143 637	146 139	289 776	61 689	60 762	122 451	166 019	173 878	339 897	1 516 728	1 574 660	3 091 388
55–59	815 083	976 138	1 791 221	132 382	146 563	278 945	50 706	51 518	102 224	162 395	172 862	335 257	1 160 566	1 347 081	2 507 647
60–64	658 682	875 281	1 533 963	110 140	130 953	241 093	40 533	44 801	85 334	146 269	161 490	307 759	955 624	1 212 525	2 168 149
65–69	491 913	706 381	1 198 294	77 238	104 176	181 414	30 267	38 022	68 289	137 398	155 023	292 421	736 816	1 003 602	1 740 418
70–74	332 023	523 988	856 011	47 205	74 588	121 793	21 484	31 535	53 019	119 602	140 994	260 596	520 314	771 105	1 291 419
75–79	169 682	336 922	506 604	24 333	46 023	70 356	13 144	23 741	36 885	98 442	125 341	223 783	305 601	532 027	837 628
80+	93 704	268 666	362 370	14 735	38 812	53 547	9 323	24 295	33 618	115 366	182 522	297 888	233 128	514 295	747 423
Total	25 525 335	26 390 832	51 916 167	2 631 620	2 730 272	5 361 892	876 383	846 673	1 723 056	2 177 872	2 343 393	4 521 265	31 211 210	32 311 170	63 522 380

5. Provincial population estimates

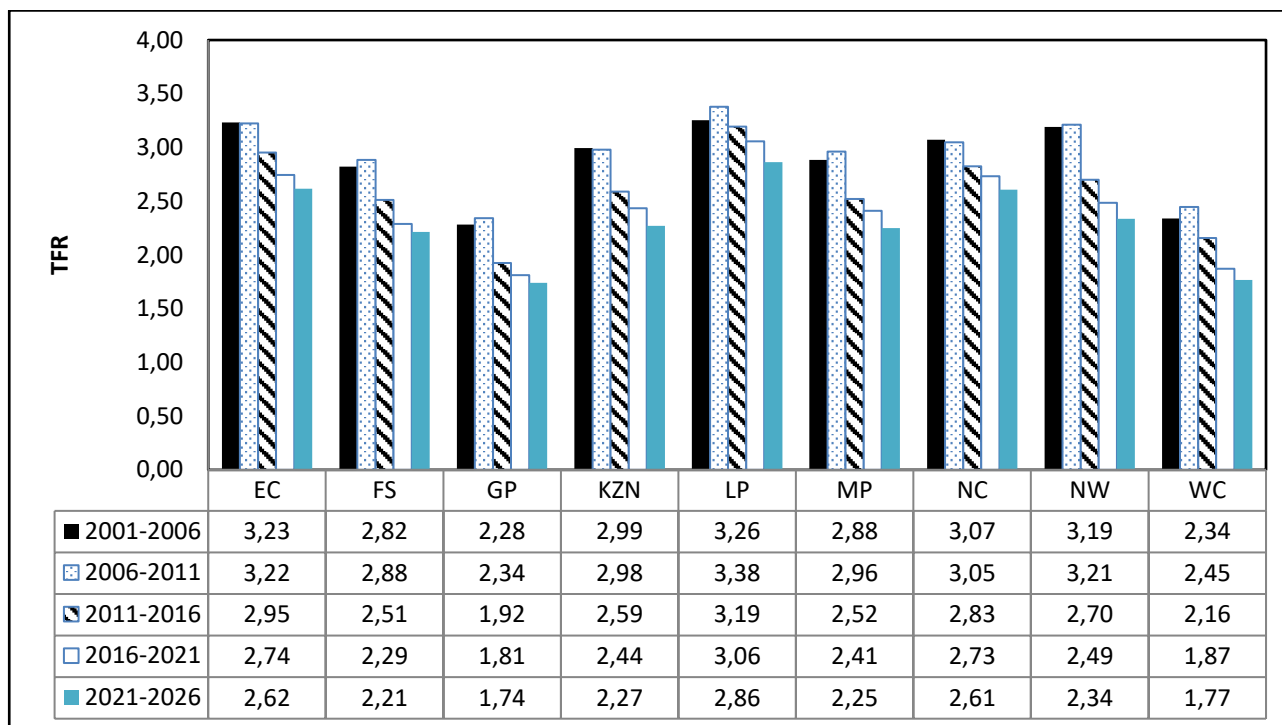
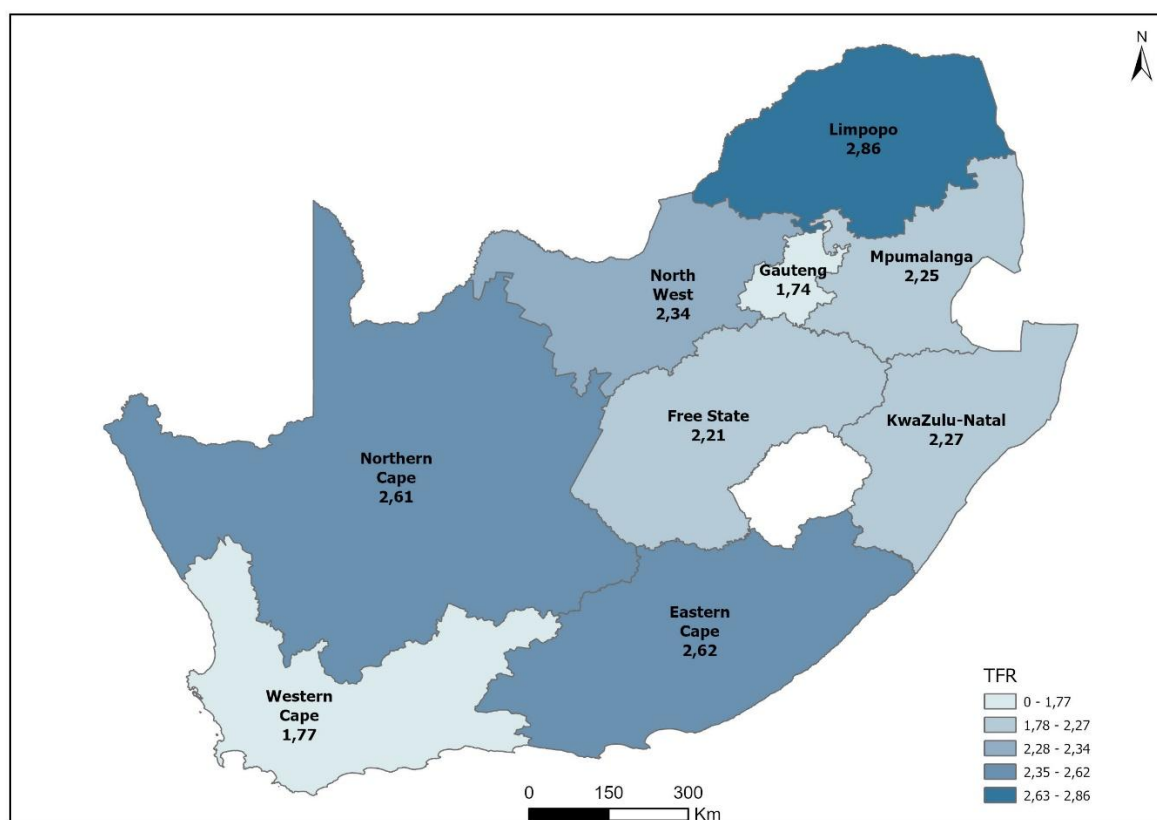
Provincial estimates are derived using a cohort-component method as recommended by the United Nations (United Nations, 1992), incorporating changes in births and deaths, as well as migration over time. The provincial population estimates are developed using a five-year cohort-component method. The indicators of fertility, mortality, and migration are derived for an average five-year period, i.e. 2021–2026.

When developing provincial population estimates, a multi-regional approach is required for estimating migration, as this is the only way to guarantee that the total migration flows between regions will sum to zero (United Nations, 1992). Multi-regional methods require the estimation of separate age-specific migration rates between every region of the country and every other region, and such detailed data are rarely available. Although it is possible to estimate some of the missing data (see Willekens et al., 1978), the task of preparing data can become overwhelming if there are too many regions. If there are only a few streams, however, the multi-regional method is the best method to use. In South Africa, 2 448 (9x8x17x2) migration streams are derived if the multi-regional model is applied in calculating migration streams by age group (17 in total) and sex for each of the nine provinces.

The population structure as per Census 2001, 2011, and 2022, as well as the distribution of births and deaths from vital registrations (adjusted for late registration and completeness), are examined to determine provincial estimates. The distribution of births and deaths at the provincial level is guided by the use of administrative data from the Department of Home Affairs, i.e., the birth and death registration system. Additional estimates of TFR, ASFR and ASDR at a provincial level from other sources, including censuses, health surveys, and hospital data, are considered regarding births and deaths at the provincial level. The most recently published RLB 2024 and MACOD 2023 data at the provincial level are incorporated into the model. Other available administrative data at the provincial level, i.e. immunisation data, births and deaths in public health facilities, independent electoral commission (IEC) data, education data, and grant data are also used to guide assumptions at a provincial level.

5.1 Demographic assumptions

Figure 9 shows the provincial fertility estimates for the periods 2001–2006, 2006–2011, 2011–2016, 2016–2021 and 2021–2026. In the period 2006–2011, there was a general rise in TFR, giving shape to the Census 2011 provincial population structure. In the subsequent periods 2011–2021 and 2021–2026, there is a consecutive decline in the TFR across all provinces. Fertility rates vary from province to province as depicted in Figure 9. The more rural provinces of Limpopo and Eastern Cape indicate higher total fertility rates, whilst more urbanised provinces such as Gauteng and the Western Cape indicate lower rates of fertility. This results in birth outcomes that differ across provinces over time. Current assumptions of provincial fertility are based on trends seen in published birth data currently available at a provincial level.

Figure 9 – Provincial average total fertility rate over time, 2001–2026**Figure 10 – Provincial average total fertility rate, 2021–2026**

Life expectancy at birth reflects the overall mortality level of a population. Figures 11 and 12 show the average provincial life expectancies at birth for males and females for the five-year periods 2001–2006, 2006–2011, 2011–2016, 2016–2021, and 2021–2026. As indicated previously, the distribution of deaths by province is guided by the deaths registration system published by Stats SA (Stats SA, 2026(a)), as well as other administrative and survey sources. The impact of COVID-19 deaths has been incorporated into the provincial estimation and slowed down the improvement in life expectancy (LE) over the five-year period 2016–2021 and 2021–2026.

According to Figures 11 and 12, life expectancy at birth increased incrementally for each period across all provinces, but more significantly in the period 2011–2016 due to the uptake of antiretroviral therapy over time in South Africa. Though life expectancy in the periods 2001–2006 and 2006–2011 depicts marginal improvement, this masks the interaction between the highest number of deaths in 2006 in combination with declining numbers of deaths between 2007 and 2010. In the period 2021–2026, there was an average six-year gap between male and female life expectancy in SA. The marginal improvement in LE across all provinces for the period 2016–2021 is indicative of the dramatic increase in deaths occurring between the 1st of July 2020 and 30th of June 2021. With a decline in COVID-19 deaths, there is further improvement in LE at birth. For all provinces, females have higher life expectancy at birth than their male counterparts. Western Cape consistently has the highest life expectancy at birth for both males and females over time, followed by Gauteng, whilst the Free State has the lowest life expectancy at birth.

Figure 11 – Provincial average life expectancy at birth (males), 2001–2026

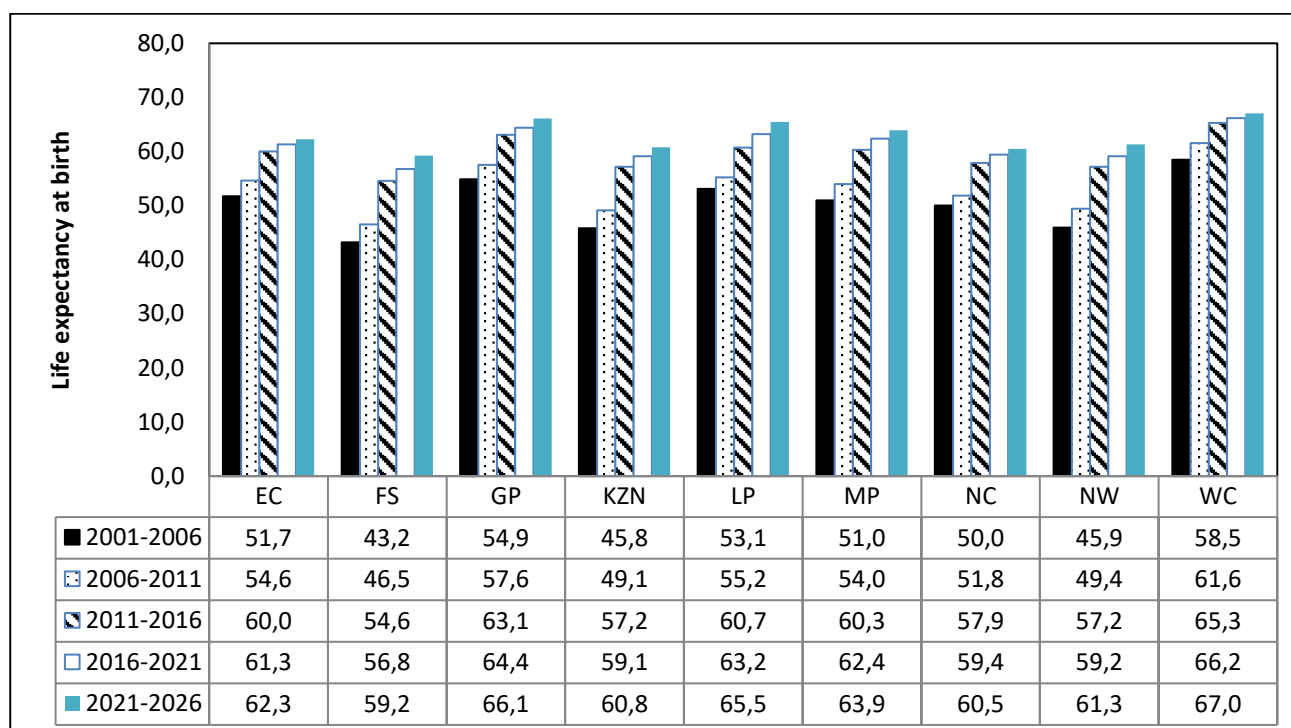
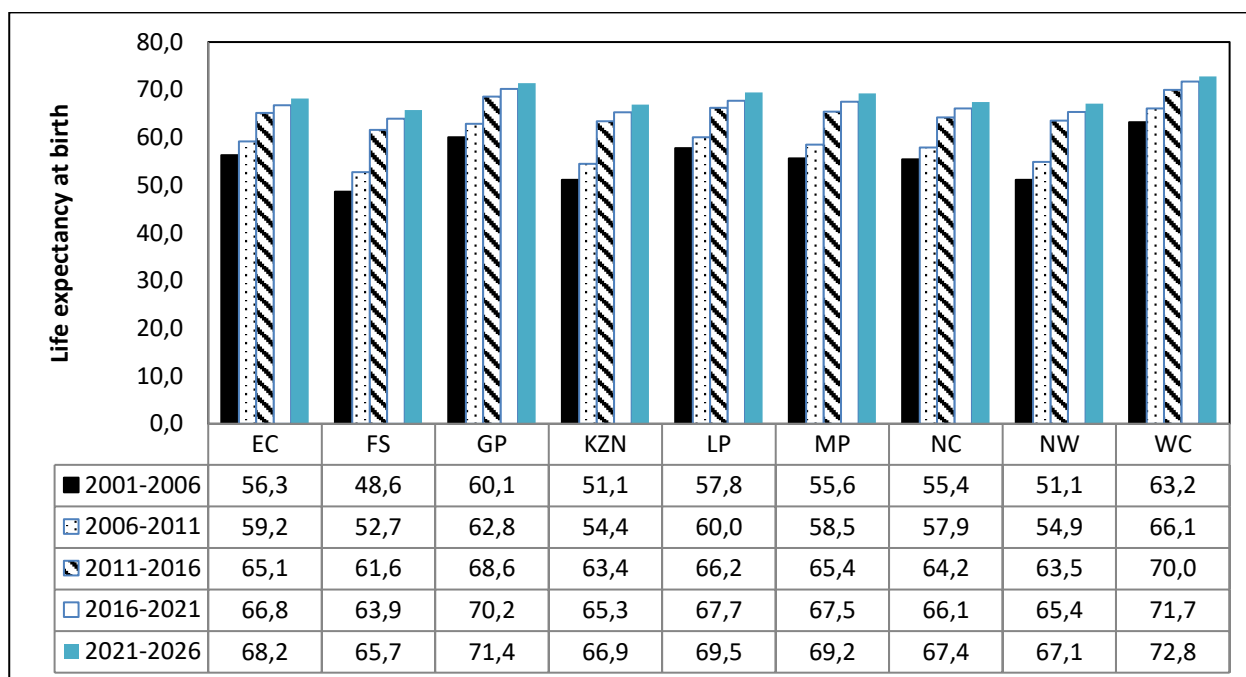


Figure 12 – Provincial average life expectancy at birth (females), 2001–2026

5.2 Migration patterns

From Census data, it is possible to determine out-migration rates for each province. Census 2011 migration rates have been adjusted for changing trends observed in Census 2022. By applying these rates to the age structures of the provinces over time, it is possible to establish migration streams between the provinces for the various periods, i.e. 2001–2006, 2006–2011, 2011–2016, 2016–2021, and 2021–2026 (Tables 6, 7, and 8). Assumptions of international migration to provinces in the 2016–2021 and 2021–2026 periods reflect the impact of COVID-19 on travel restrictions and movements, and the slow recovery towards pre-COVID-19 levels of migration. The decline in international net migration to provinces resulting from the deportations and voluntary repatriations that happened in May and June of 2026 have also been incorporated. Provincial estimates are developed based on a five-year cohort-component method, and as such, inter-provincial movement assumptions are required for a five-year period (2021–2026). The level of internal migration emanating from Census 2022 is considered to be low. As such, migration estimates are guided by provincial age and sex structure from censuses and admin data, i.e. education, health, and voter registration (Stats SA, 2023; IEC, 2024; NDOH, 2025). The assumptions indicate that Gauteng and Western Cape received the highest number of in-migrants for all the periods. Meanwhile, Eastern Cape, Limpopo, and Gauteng experienced the largest number of outflow of migrants for all the periods. The number of international migrants entering the provinces was highest in Gauteng, with Western Cape ranking second for all the periods.

Table 6 – Estimated provincial migration streams, 2011–2016

Province in 2011	Province in 2016									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	13 875	135 353	103 146	14 646	17 330	8 493	30 473	166 495	489 811	186 754	-303 057
FS	8 361	0	73 960	7 803	6 597	10 686	9 057	23 685	12 101	152 249	139 496	-12 753
GP	45 015	39 828	0	90 100	90 783	81 640	11 002	79 486	98 622	536 477	1 522 201	985 725
KZN	25 711	12 930	208 358	0	9 224	36 795	8 522	11 862	34 003	347 405	328 376	-19 029
LP	4 474	5 807	311 473	8 194	0	46 794	2 557	31 888	11 179	422 365	289 274	-133 091
MP	5 030	5 199	135 491	12 588	23 353	0	2 314	13 363	9 759	207 096	293 699	86 603
NC	4 357	8 961	16 974	5 715	2 643	4 527	0	12 802	17 956	73 936	83 542	9 605
NW	4 758	10 796	97 079	5 601	18 260	10 909	21 611	0	8 359	177 373	291 836	114 463
WC	47 941	7 562	58 409	12 220	5 412	6 809	11 939	7 851	0	158 142	484 576	326 434
Outside SA (net migration)	41 107	34 539	485 104	83 010	118 357	78 210	8 046	80 425	126 101			

Table 7 – Estimated provincial migration streams, 2016–2021

Province in 2016	Province in 2021									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	14 081	137 496	104 859	14 867	17 592	8 613	20 561	169 770	487 840	195 555	-292 284
FS	8 643	0	76 556	9 239	6 820	11 057	9 374	20 907	13 015	155 611	144 507	-11 103
GP	52 059	44 315	0	102 124	83 746	83 958	11 510	98 762	103 603	580 077	1 439 474	859 397
KZN	27 228	13 705	182 473	0	9 778	39 041	9 029	12 589	36 059	329 902	335 046	5 144
LP	4 749	6 160	308 681	8 705	0	49 665	2 719	33 831	12 322	426 832	271 763	-155 069
MP	5 474	5 653	126 549	13 682	25 398	0	2 521	14 543	10 612	204 431	292 813	88 382
NC	4 636	9 552	18 102	6 085	2 817	4 820	0	13 637	19 136	78 786	87 319	8 533
NW	5 177	12 989	93 384	5 459	20 520	11 854	23 531	0	9 097	182 011	292 771	110 759
WC	52 230	8 308	64 304	13 484	5 957	7 511	13 124	8 672	0	173 589	486 558	312 968
Outside SA (net migration)	35 358	29 745	431 929	71 409	101 861	67 315	6 898	69 269	112 943			

Table 8 – Estimated provincial migration streams, 2021–2026

Province in 2021	Province in 2026									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	14 216	138 869	107 704	15 008	17 762	8 701	20 317	171 525	494 103	198 728	-295 374
FS	8 931	0	79 166	9 553	7 049	11 434	9 695	21 585	13 464	160 877	147 494	-13 383
GP	51 725	44 995	0	113 213	89 220	89 794	12 228	109 509	114 773	625 456	1 420 447	794 991
KZN	28 727	14 458	160 638	0	10 329	41 251	9 532	13 302	38 103	316 340	348 878	32 538
LP	5 003	6 480	305 599	9 178	0	52 309	2 870	35 605	12 960	430 005	277 465	-152 540
MP	5 916	6 106	136 882	14 776	27 420	0	2 727	15 713	11 458	220 997	302 489	81 493
NC	4 909	10 128	19 211	6 446	2 989	5 108	0	14 452	20 299	83 543	91 431	7 888
NW	5 596	14 028	100 734	5 897	22 165	12 812	25 438	0	9 834	196 503	305 645	109 142
WC	54 238	8 727	67 110	14 079	6 215	7 867	13 681	9 122	0	181 040	500 093	319 053
Outside SA (net migration)	33 684	28 357	412 237	68 032	97 070	64 152	6 559	66 040	107 676			

5.3 Provincial distributions

Table 9 shows the estimated percentage of the total population residing in each of the provinces from 2006 to 2026. The provincial estimates indicate that Gauteng has the largest share of the population, followed by KwaZulu-Natal, Western Cape, and Eastern Cape. Inter-provincial as well as international migration patterns significantly influence the provincial population numbers and structures in South Africa. By 2026, approximately 12,2% of South Africa's population live in Western Cape. Northern Cape has the smallest share of the South African population (2,2%), while Free State has the second smallest share, constituting 4,8% of the population. Population distribution (in numbers) by age and sex for all the provinces is provided in Tables 10(a) and 10(b). Figure 13 indicates that Limpopo and Eastern Cape (31,0% and 29,6%, respectively) have the highest proportions of persons younger than 15 years. The highest proportions of elderly persons aged 60 years and above are found in Eastern Cape (13,2%) and Western Cape (12,4%), as shown in Figure 14. Figure 15 indicates the proportion of youth aged 25–34 within each province. The highest proportion of youth are found in Gauteng (17,2%) and Mpumalanga (16,4%), whilst the lowest proportion of youth are found in Eastern Cape (14,5%) and Limpopo (13,6%). These proportions are reflective of provincial fertility patterns, but more importantly, migratory patterns between provinces.

Table 9 – Percentage distribution of the projected provincial share of the total population, 2006–2026

Prov	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
EC	14,1	13,9	13,7	13,5	13,3	13,1	13,0	12,8	12,7	12,5	12,4	12,2	12,1	12,0	11,8	11,7	11,6	11,4	11,3	11,2	11,1
FS	5,6	5,6	5,5	5,5	5,4	5,4	5,3	5,3	5,2	5,2	5,1	5,1	5,1	5,0	5,0	5,0	4,9	4,9	4,9	4,8	4,8
GP	21,3	21,6	21,9	22,2	22,5	22,8	23,0	23,2	23,5	23,7	24,0	24,1	24,3	24,5	24,7	24,9	25,0	25,2	25,4	25,5	25,7
KZN	20,7	20,6	20,5	20,4	20,3	20,2	20,1	20,0	19,9	19,9	19,8	19,7	19,7	19,6	19,6	19,5	19,5	19,4	19,4	19,4	19,3
LP	10,8	10,8	10,7	10,7	10,6	10,5	10,5	10,4	10,4	10,4	10,3	10,3	10,3	10,2	10,2	10,2	10,1	10,1	10,1	10,0	10,0
MP	7,8	7,8	7,8	7,9	7,9	7,9	7,9	8,0	8,0	8,0	8,0	8,0	8,0	8,0	8,0	8,1	8,1	8,1	8,1	8,1	8,1
NC	2,3	2,3	2,3	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2
NW	6,4	6,4	6,4	6,5	6,5	6,5	6,5	6,5	6,5	6,5	6,5	6,5	6,6	6,6	6,6	6,6	6,6	6,6	6,6	6,6	6,7
WC	11,0	11,0	11,1	11,2	11,3	11,4	11,5	11,5	11,6	11,7	11,7	11,8	11,8	11,9	11,9	12,0	12,0	12,0	12,1	12,1	12,2
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0

Table 10 (a) – Provincial mid-year population estimates by age and sex, 2026

Age	Eastern Cape			Free State			Gauteng			KwaZulu-Natal		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0–4	338 416	333 357	671 773	131 328	130 083	261 410	590 876	575 165	1 166 040	564 233	549 540	1 113 772
5–9	348 213	345 782	693 996	130 450	131 133	261 583	596 411	580 523	1 176 934	581 549	567 639	1 149 188
10–14	358 058	355 335	713 392	135 146	136 783	271 929	587 651	570 068	1 157 719	579 540	566 036	1 145 576
15–19	351 256	351 454	702 710	141 575	146 915	288 490	616 905	607 342	1 224 247	590 736	584 566	1 175 302
20–24	256 890	278 459	535 349	122 377	130 488	252 865	646 296	615 963	1 262 259	504 151	509 567	1 013 718
25–29	210 220	234 332	444 553	107 886	115 612	223 498	668 769	631 175	1 299 944	470 201	482 888	953 088
30–34	239 320	270 359	509 679	115 848	124 243	240 091	763 326	732 475	1 495 801	516 841	535 360	1 052 201
35–39	236 182	265 592	501 775	120 493	129 916	250 409	833 067	803 519	1 636 587	517 858	526 810	1 044 668
40–44	204 878	222 837	427 716	105 704	114 010	219 714	751 592	737 974	1 489 566	434 385	451 698	886 083
45–49	160 201	175 814	336 015	79 773	89 057	168 829	576 946	531 103	1 108 049	302 689	333 417	636 107
50–54	134 905	166 954	301 859	66 983	80 563	147 545	473 318	411 626	884 945	243 878	289 116	532 994
55–59	106 958	155 187	262 144	54 329	72 517	126 847	355 438	335 615	691 053	176 841	243 676	420 517
60–64	93 070	152 018	245 088	46 091	65 312	111 403	288 109	287 792	575 901	147 046	228 530	375 576
65–69	78 927	139 743	218 670	35 894	53 635	89 529	222 891	235 421	458 312	112 242	188 145	300 387
70–74	60 283	109 789	170 072	25 396	42 634	68 031	155 435	175 856	331 290	80 442	143 134	223 577
75–79	39 716	78 888	118 605	13 986	29 021	43 007	89 015	115 832	204 847	47 669	102 213	149 882
80+	60 012	117 700	177 712	8 248	27 542	35 791	47 003	84 827	131 831	32 064	78 134	110 198
Total	3 277 507	3 753 602	7 031 109	1 441 507	1 619 465	3 060 972	8 263 050	8 032 275	16 295 325	5 902 365	6 380 471	12 282 836

Table 10 (b) – Provincial mid-year population estimates by age and sex, 2026 (concluded)

Age	Limpopo			Mpumalanga			Northern Cape			North West			Western Cape		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0–4	326 963	319 000	645 963	227 562	223 699	451 262	64 524	63 552	128 076	184 412	179 651	364 063	265 739	257 303	523 041
5–9	337 840	329 566	667 406	232 351	229 503	461 854	64 096	63 495	127 591	185 386	179 752	365 138	277 374	267 182	544 556
10–14	332 726	324 634	657 359	226 056	223 637	449 694	61 308	60 924	122 232	185 307	180 030	365 337	299 900	289 277	589 177
15–19	322 399	310 853	633 252	234 914	233 900	468 814	60 589	59 989	120 578	193 426	189 511	382 936	315 345	306 449	621 794
20–24	248 323	242 177	490 501	202 938	201 214	404 152	55 796	53 580	109 376	177 213	168 111	345 325	306 164	288 141	594 304
25–29	215 831	215 495	431 326	204 744	201 107	405 851	52 521	49 319	101 841	168 360	149 711	318 071	307 442	283 303	590 745
30–34	244 365	243 948	488 313	226 169	216 879	443 048	56 855	52 529	109 384	188 221	163 996	352 217	336 238	315 701	651 939
35–39	241 636	240 605	482 241	236 073	221 183	457 256	57 485	53 626	111 111	195 211	171 158	366 369	353 213	339 709	692 923
40–44	211 737	202 391	414 129	214 649	192 376	407 025	52 136	46 540	98 676	174 305	147 405	321 710	329 876	318 347	648 223
45–49	155 532	169 404	324 936	153 861	144 907	298 768	39 987	35 406	75 393	134 810	113 877	248 687	254 284	247 435	501 718
50–54	121 579	154 063	275 641	117 610	125 197	242 807	32 685	31 827	64 512	107 645	100 253	207 898	218 126	215 062	433 188
55–59	92 049	127 573	219 622	86 834	104 387	191 221	25 956	28 910	54 866	84 772	84 779	169 551	177 388	194 437	371 826
60–64	72 909	118 887	191 795	70 671	90 583	161 254	20 708	25 843	46 551	71 268	73 417	144 686	145 753	170 142	315 895
65–69	54 013	97 740	151 752	51 773	68 492	120 266	16 469	22 024	38 493	54 034	59 180	113 214	110 573	139 221	249 794
70–74	38 565	81 605	120 170	36 306	53 265	89 571	12 159	18 137	30 296	33 200	44 873	78 073	78 528	101 811	180 339
75–79	23 022	57 107	80 129	20 070	34 724	54 794	7 175	13 200	20 375	16 604	29 567	46 170	48 343	71 476	119 819
80+	20 043	64 088	84 131	16 477	37 632	54 110	5 967	16 456	22 423	6 948	31 402	38 350	36 366	56 513	92 878
Total	3 059 531	3 299 136	6 358 667	2 559 061	2 602 685	5 161 746	686 416	695 356	1 381 772	2 161 122	2 066 673	4 227 795	3 860 651	3 861 507	7 722 158

Figure 13 – Percentage of children under 15 years of age, 2026

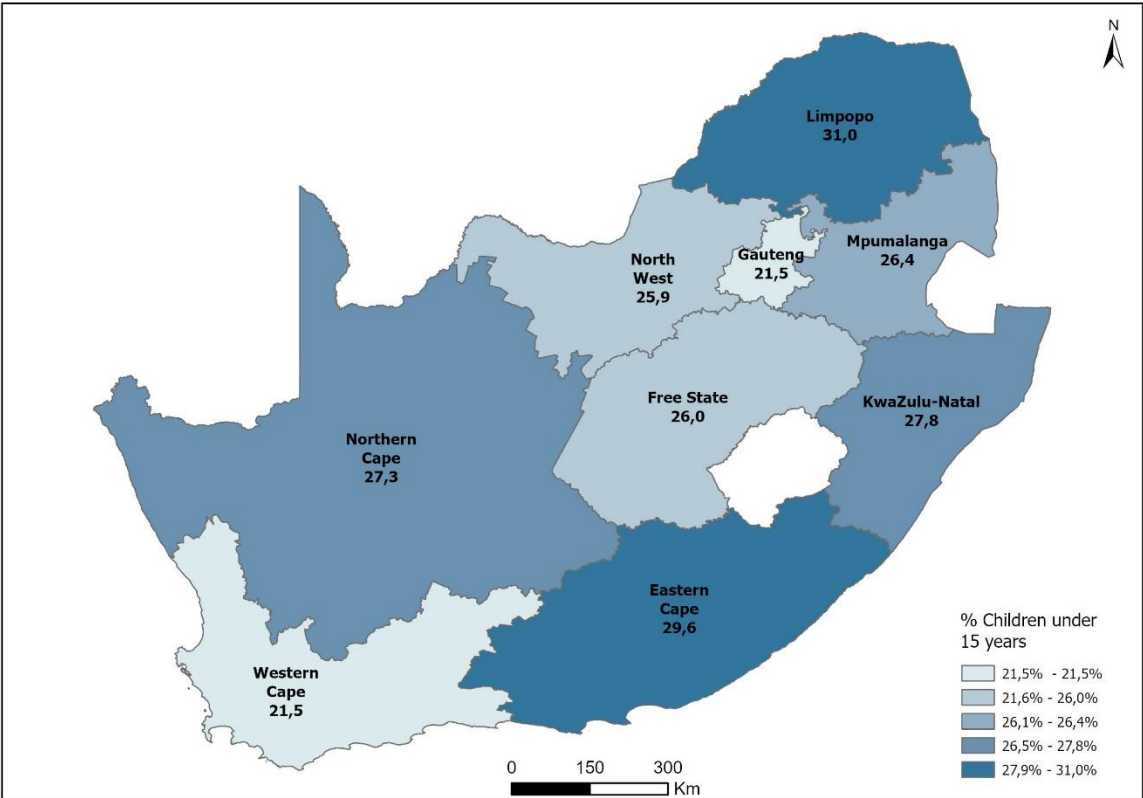


Figure 14 – Percentage of elderly aged 60+, 2026

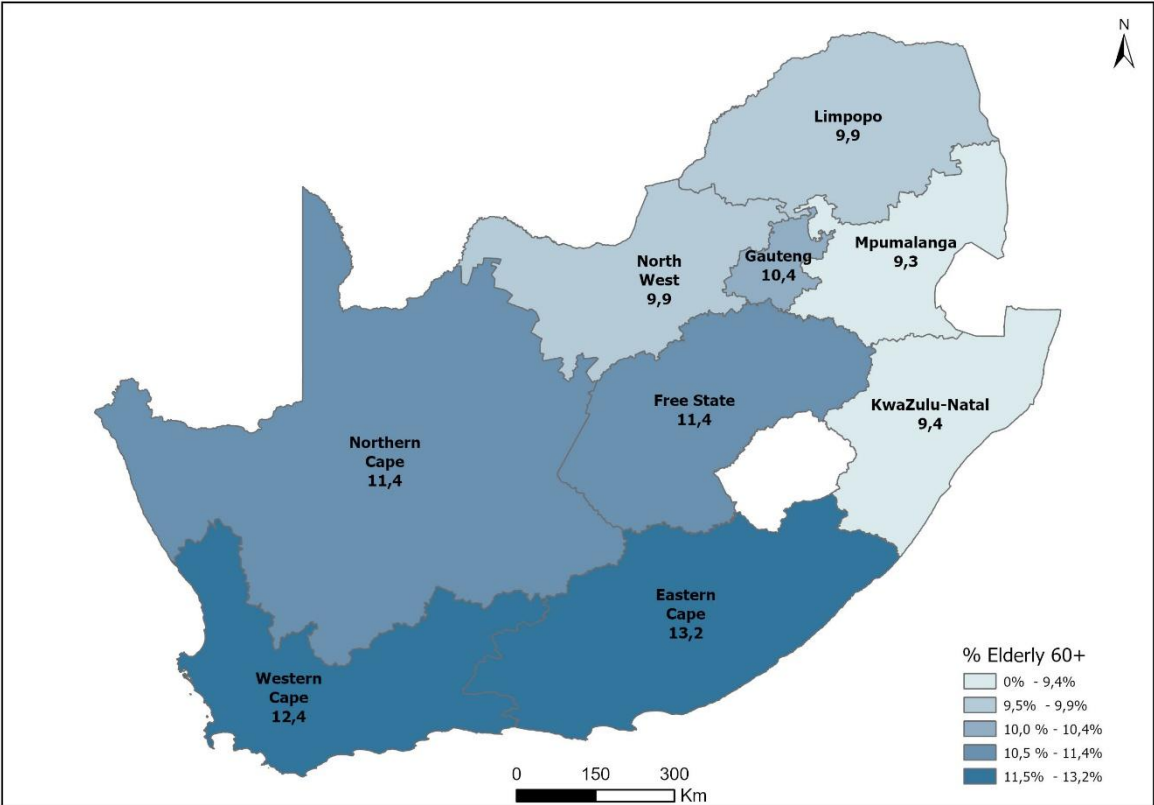
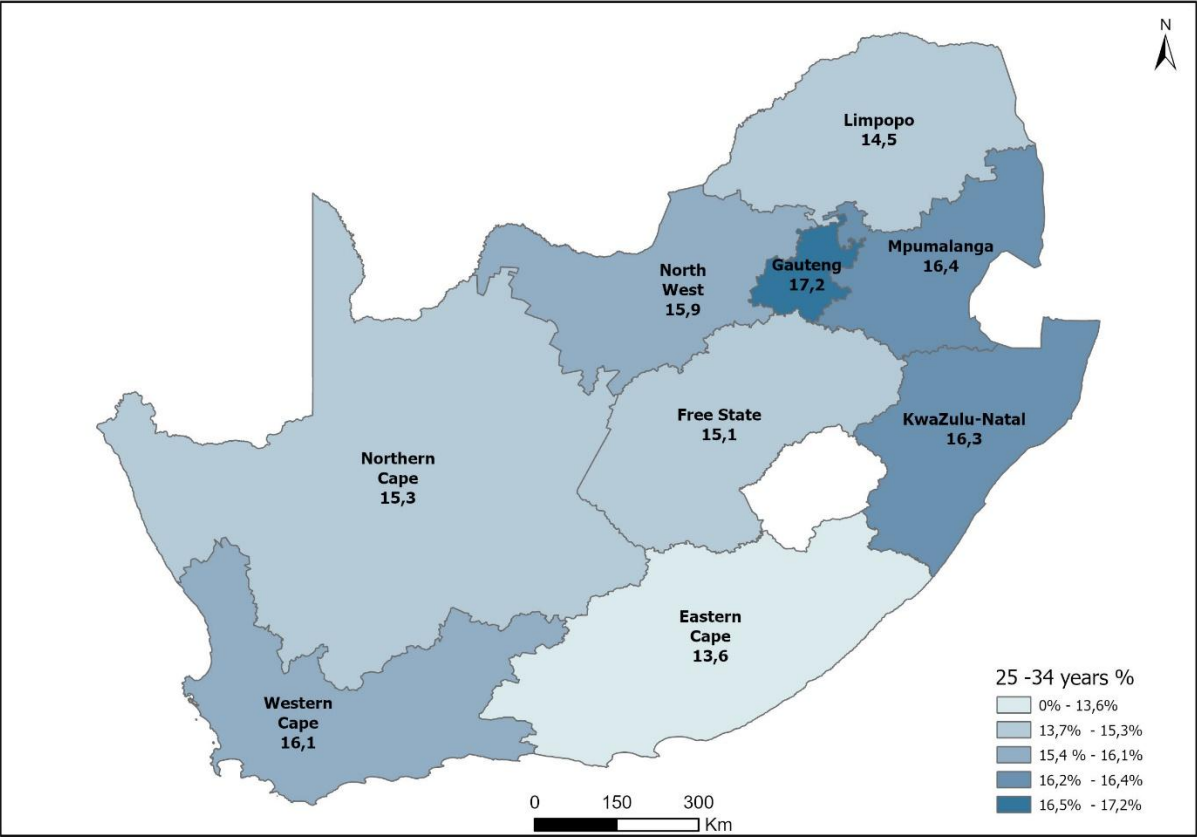


Figure 15 – Percentage of youth aged 25–34 years, 2026



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Appendices

Appendix 1: Mid-year population estimates by province, 2026

Province	Population estimates	% of total population
Eastern Cape	7 031 109	11,1
Free State	3 060 972	4,8
Gauteng	16 295 325	25,7
KwaZulu-Natal	12 282 836	19,3
Limpopo	6 358 667	10,0
Mpumalanga	5 161 746	8,1
Northern Cape	1 381 772	2,2
North West	4 227 795	6,7
Western Cape	7 722 158	12,2
Total	63 522 380	100,0

*Due to rounding totals may not add up to 100%

Appendix 2: Demographic indicators, 2002–2026

Year	Crude birth rate	B0/Bn ratio	Life expectancy			Infant mortality rate	Under-5 mortality rate	Crude death rate	Rate of natural increase (%)
			Male	Female	Total				
2002	21,4	1,7	53,0	58,2	55,7	59,9	77,3	12,8	0,85
2003	21,0	1,6	52,5	57,7	55,2	61,6	77,6	13,2	0,77
2004	22,3	1,6	52,3	57,2	54,8	62,0	77,5	13,6	0,87
2005	23,7	1,7	52,3	56,9	54,7	59,9	76,7	13,7	0,99
2006	24,2	1,8	52,2	57,1	54,7	60,1	76,9	13,7	1,04
2007	24,4	1,8	53,0	57,5	55,3	54,0	74,1	13,6	1,08
2008	24,3	1,9	54,4	59,0	56,7	48,6	65,1	12,9	1,14
2009	23,5	1,9	55,3	60,3	57,9	44,8	57,0	12,3	1,11
2010	22,7	1,9	56,1	61,1	58,7	43,1	52,8	11,9	1,07
2011	22,5	2,0	57,2	63,0	60,2	38,6	46,0	11,1	1,13
2012	22,3	2,2	59,5	64,9	62,3	32,6	39,6	10,0	1,22
2013	21,6	2,2	60,5	65,8	63,2	32,3	37,8	9,6	1,19
2014	21,3	2,3	61,1	66,8	64,0	30,9	36,6	9,3	1,19
2015	20,3	2,2	61,5	67,5	64,6	29,1	35,5	9,1	1,12
2016	18,7	2,1	62,4	68,0	65,2	27,0	31,0	8,8	0,98
2017	18,4	2,1	62,8	68,7	65,8	26,6	29,9	8,7	0,97
2018	19,2	2,2	63,2	69,2	66,2	26,2	29,5	8,6	1,05
2019	19,5	2,3	63,6	69,8	66,8	25,8	29,1	8,5	1,10
2020	19,4	2,3	64,5	70,4	67,5	25,0	27,7	8,3	1,12
2021	19,2	1,8	61,8	66,8	64,3	26,9	30,0	10,5	0,87
2022	18,5	1,9	62,4	68,2	65,4	27,7	31,2	9,9	0,86
2023	17,8	2,1	64,2	70,2	67,3	25,6	28,5	8,6	0,92
2024	17,4	2,1	64,9	70,6	67,8	24,3	27,0	8,4	0,90
2025	17,2	2,0	65,3	70,8	68,1	24,0	26,6	8,4	0,88
2026	17,0	2,0	65,5	71,0	68,3	23,7	26,3	8,4	0,86

Appendix 3: HIV prevalence estimates and number of people living with HIV, 2002–2026

Year	Prevalence %				Incidence %	HIV population (in millions)
	Women 15–49	Adults 15–49	Youth 15–24	Total population	15–49	
2002	16,76	13,99	9,58	8,30	1,72	3,82
2003	17,27	14,37	9,41	8,65	1,65	4,02
2004	17,69	14,65	9,20	8,93	1,56	4,20
2005	18,02	14,86	8,99	9,15	1,49	4,36
2006	18,33	15,03	8,82	9,33	1,43	4,50
2007	18,63	15,19	8,63	9,48	1,36	4,64
2008	18,95	15,39	8,43	9,64	1,29	4,79
2009	19,31	15,62	8,25	9,81	1,27	4,94
2010	19,70	15,87	8,10	9,99	1,24	5,10
2011	20,05	16,12	7,92	10,16	1,15	5,27
2012	20,53	16,46	7,85	10,39	1,17	5,47
2013	20,94	16,74	7,69	10,58	1,06	5,66
2014	21,25	16,94	7,44	10,73	0,93	5,83
2015	21,51	17,09	7,20	10,87	0,88	6,00
2016	21,77	17,25	7,05	11,03	0,91	6,17
2017	21,99	17,37	6,93	11,18	0,89	6,34
2018	22,22	17,51	6,88	11,33	0,92	6,52
2019	22,39	17,60	6,83	11,47	0,91	6,70
2020	22,47	17,63	6,78	11,60	0,90	6,88
2021	22,48	17,60	6,70	11,72	0,89	7,02
2022	22,40	17,50	6,60	11,82	0,82	7,15
2023	22,28	17,37	6,53	11,93	0,84	7,30
2024	22,17	17,24	6,47	12,06	0,86	7,47
2025	22,06	17,12	6,44	12,19	0,87	7,65
2026	21,93	17,00	6,42	12,33	0,87	7,83

Appendix 4: Estimates of annual growth rates, 2002–2026

Period	Children 0–14	Youth 15–24	Adults 25–59	Elderly 60+	Total
2002–2003	-1,36	3,19	1,64	1,37	0,98
2003–2004	-0,91	2,96	1,65	1,40	1,11
2004–2005	-0,22	2,49	1,65	1,60	1,25
2005–2006	0,22	1,85	1,76	1,83	1,32
2006–2007	0,47	1,37	1,92	1,92	1,37
2007–2008	0,70	0,83	2,18	2,01	1,44
2008–2009	0,70	0,16	2,47	2,17	1,44
2009–2010	0,81	-0,76	2,74	2,35	1,42
2010–2011	0,94	-0,75	2,73	2,54	1,49
2011–2012	1,43	-1,42	2,84	2,88	1,60
2012–2013	1,46	-1,81	2,85	3,00	1,57
2013–2014	1,44	-1,74	2,78	3,02	1,58
2014–2015	1,16	-1,43	2,63	3,01	1,51
2015–2016	0,71	-1,12	2,44	3,05	1,38
2016–2017	0,70	-1,05	2,36	3,08	1,38
2017–2018	1,10	-1,11	2,28	3,08	1,46
2018–2019	0,92	-0,34	2,19	3,13	1,51
2019–2020	0,55	0,61	1,88	3,23	1,43
2020–2021	0,22	0,65	1,33	2,27	1,01
2021–2022	-0,18	1,82	1,19	2,58	1,05
2022–2023	-0,44	2,51	1,22	3,05	1,16
2023–2024	-0,41	2,53	1,33	2,97	1,23
2024–2025	-0,27	2,25	1,40	2,82	1,25
2025–2026	-0,34	2,18	1,38	2,66	1,20

Appendix 5: Assumptions of TFR and LE at birth without HIV/AIDS & COVID-19, 2002–2026

Year	TFR	Life Expectancy without HIV/AIDS	
		Male	Female
2002	2,59	59,9	69,3
2003	2,52	59,9	69,9
2004	2,66	60,1	69,5
2005	2,80	60,7	69,9
2006	2,85	60,8	69,9
2007	2,86	60,8	69,4
2008	2,84	60,8	69,4
2009	2,74	60,8	69,4
2010	2,63	60,8	69,5
2011	2,60	60,8	69,8
2012	2,59	62,7	70,4
2013	2,50	63,3	70,6
2014	2,48	63,3	70,6
2015	2,37	63,7	70,8
2016	2,20	64,5	71,2
2017	2,17	64,9	71,8
2018	2,27	65,3	72,2
2019	2,33	65,6	72,7
2020	2,34	66,5	72,8
2021	2,32	66,1	72,8
2022	2,25	66,1	72,8
2023	2,18	66,1	72,9
2024	2,15	66,5	73,1
2025	2,14	66,8	73,2
2026	2,12	67,0	73,4

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