

South Africa



© United Nations Cartographic Section

South Africa is one of the strongest economies in the African region. Total investment in the country has been increasing at about 11%, with fixed investment as a percentage of Gross Domestic Product quoted at about 18.4%. This has resulted in an annual growth of about 4.5%. The country has a Human Development Index estimate of 0.67. Adult literacy rate is approximately 82.5%. About 84.5% of households have access to pipe-borne water, 61.6% to waste removal services and 86.4% to modern sanitary facilities.

HEALTH & DEVELOPMENT

The average life expectancy at birth remains low at 53.4 years in 2005. This is largely due to the high prevalence of HIV among ages 15-49 estimated at 17.64% in 2007 and 29.1% among pregnant women attending antenatal clinics in 2006. Maternal mortality ratio is approximately 150/100 000 live births and child mortality rate of about 55/1000 live births (2005). There is also a high burden of tuberculosis, cardiovascular diseases, and violence and road traffic accident associated injuries. Human resources for health is fairly available but shortages still exist. The distribution favour urban areas.

The country is making efforts at addressing the health needs of the population. Access to services such as antenatal care is about 94%. Skilled attendance at birth is 84%. Prevention of Mother to Child Transmission (PMTCT) is available in 90% of facilities with a 66% uptake in 2007. The treatment protocol for PMTCT has been improved to include dual therapy. About 80% of the population has access to the essential package of interventions within an hour of a health facility based on any mode of transport available. Health development partners are also supporting the sector in its programmes.

The WHO functions at country level have been developed based on a balance between the health needs of the country, the capacities and technical programmes being undertaken by partners in the health sector; and a careful analysis of the socioeconomic and political context. The orientations and strategic agenda mean that in South Africa, HIV/AIDS, tuberculosis, malaria, maternal, child and adolescent health and road traffic accidents will be priority.

The WHO technical support programme at the country level is based on the need to achieve complementarity and balance between the health needs of the country and support priorities of development partners following a careful analysis of important socioeconomic and political context. Within the framework of the strategic programme support, priority orientation is focused on HIV/AIDS, tuberculosis, malaria, maternal, child and adolescent health, prevention of road traffic accidents and other communicable diseases.

Total population (million)	48.7
Population distribution % urban	59.3
Life expectancy at birth (2005)	53.4
Maternal mortality ratio per 100 000 live births (2004)	150/100 000
Infant mortality rate per 1000 live births	55
Total expenditure on health as % of GDP (2007)	8.6
General government expenditure on health as % of general government expenditure (2003)	10.5
Human Development Index out of 177 countries (2005)	0.67
Gender-related Development Index Rank (2005)	106
Gross Domestic Product (GDP) per capita US\$ (2004)	\$4562
Human Poverty Index Rank for Developing Countries (HPI-1)	55
Adult (15+) literacy rate	82.5%
% population with sustainable access to improved drinking water (2002)	84.5
% population with sustainable access to improved sanitation (2004)	86.4

Source:
StatsSA and Human Development Report 2007-2008

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Stable political leadership • Well developed health policies • Strong budgetary support • A National Health Act in place providing legislation • A well decentralized government 	<ul style="list-style-type: none"> • Equitable provision of health services • Heavy burden of disease • Combating HIV/AIDS and tuberculosis • Inadequate human resources for health affecting service delivery • Strengthening the health system

PARTNERS

There are over 25 bilateral, multilateral and international development partners for health sector development in South Africa. The main ones include the United States Government (USG) through PEPFAR, United States Agency for International Development (USAID), the UK Department for International Development (DFID), the Japan International Cooperation Agency (JICA), the European Commission, the Australian Agency for International Development (AusAID), the Norwegian Agency for Development Cooperation (NORAD); the German Technical Cooperation Agency (GTZ); Cuba, Belgium, Greece, Finland, New Zealand and Italy, the United Nations Agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The International Organization for Migration (IOM), the Department for International Development (DFID-UK) and some bilateral agencies do have regional or sub-regional offices in the country. Regional bodies such as the Southern African Development Community (SADC) and The New Partnership for Africa's Development (NEPAD) with health desks are also partners in the health sector. All the agencies are committed to the implementation of the Paris 2005 declarations on alignment and harmonization of donor support.

There are fifteen active (15) United Nations agencies in addition to the World Bank and the International Monetary Fund (IMF) with offices in South Africa. With the exception of UNDP, UNFPA, UNICEF, UNIC and WHO, all the other agencies have regional functions and mandates in Southern Africa and in some of the Indian Ocean Island States. The UN Country team working in close collaboration with the Government of South Africa developed the second United Nations Development Assistance Framework (UNDAF) 2007-2010.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Strong socioeconomic development • Active nongovernmental organizations involvement • Availability of partners support • Well developed infrastructure • Well developed private sector 	<ul style="list-style-type: none"> • High burden of communicable diseases especially HIV and AIDS, tuberculosis and Malaria; • Growing burden of noncommunicable diseases • High level of substance abuse, violence, accidents and preventable injuries • Limited human resource capacity • Weak district health systems

WHO STRATEGIC AGENDA (2008-2013)

1. Reduce the health, social and economic burden of communicable diseases
2. Combat HIV/AIDS, tuberculosis and malaria
3. Prevent and reduce disease, disability and premature death from chronic non-communicable conditions, accidents, violence and injuries
4. Reduce infant, child and maternal morbidity and mortality and promote responsible and healthy sexual and reproductive health behaviour
5. Strengthen health policies and systems, improve access and minimise the effect of social and economic inequities and impact on the health of the poor and vulnerable
6. Promote inter-sectoral collaboration to address the impact of social determinants of health on the poor and vulnerable

ADDITIONAL INFORMATION

WHO country page: <http://www.who.int/countries/zaf>

All data is verified with Statistics South Africa.

© World Health Organization 2009 - All rights reserved.

The Country Cooperation Strategy briefs are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries.

This brief is available online at <http://www.who.int/countryfocus>

Updated: May 2009