

# Emergent South Africa: Challenges with Human Development

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I. Introduction

Africa has started emerging as a growth continent in recent years. The region has experienced the highest growth rate across the world during the last decade with an overall average growth of 5 per cent despite the 2008 financial crisis induced recession. However, the strong growth has not significantly reduced poverty and inequality, and did not create enough employment, as experienced in other emerging countries. With continued high levels of poverty and unemployment, particularly among young people, the most important test for the continent will be whether it can facilitate growth that is centered on people, and on creating well-being and opportunities for all Africans.

Sustainable human development is therefore important requirement for the emergence of Africa. If the above-mentioned development objectives, also identified in Agenda 2063 of the African Union, are to be met, the pace of social transformation must be accelerated while promoting growth that is more resilient and modernising the services and functions provided by the state.

Although African countries present diverse possibilities and constraints, they can learn from emerging countries experiences such as South Africa in clarifying some of their path to emergence. Only twenty years on into democracy, South Africa has made remarkable progress in raising the standards of human development in the deep seated consequences of three centuries of colonial occupation, domination, discrimination and deprivation. Convergence between the country and other emergent and/or wealthy countries is most visible in this area. In this paper, we attempt therefore to give careful consideration to the South Africa's experience in order to draw some practical lessons for the region.

The rest of the paper is structured as follows. Section 2 presents evidence on South Africa's convergence in human development. In section 3, we look at merits and limits underlying the country's convergence or emergence. Section 4 provides a brief discussion on the strategic framework, policies and major initiatives undertaken by government. Finally, section 5 draws some lessons and concludes.

## 2. South Africa's convergence in human development

Systematically enforced divisions and institutionalised unequal development along racial lines resulted in inequality in all facets of South African life. The inequalities played themselves out in spheres such as education, health, employment, welfare, human settlement, access to infrastructure and basic services. Twenty years after the end of apartheid, the country is a different place. Significant gains have been made in human development. The rest of this section presents evidence on how South Africa is closing the gap with emergent and rich countries by looking at some measure of differences in human development indicators between the country and medium to high Human Development Index (HDI) countries.

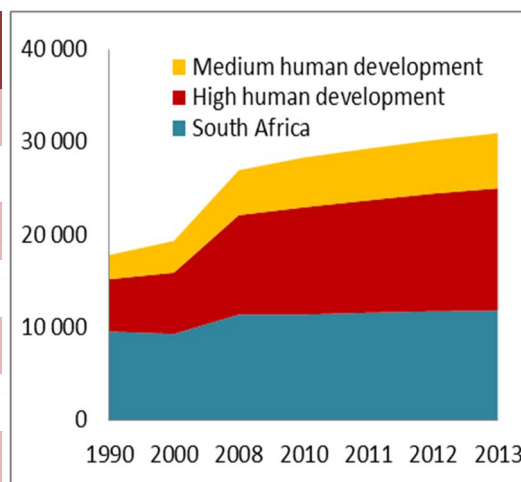
Table 1 shows that over the past decade, the country has been converging towards higher levels of human development. In 2013, its HDI value was 0.66 – in the medium human development category – positioning the country at 119 out of 187 countries. Compared to 2010, the country has grown faster than the countries in high HDI group. Years of schooling among adults over 25 are more than 20 per cent greater than in high HDI countries in 2013. Expected years of schooling, which better reflect changing education opportunities in the country, is also very high: the average incoming elementary school student in South Africa is

expected to complete 13.1 years of school, about equal to that in high HDI countries (13.4 years).

**Table 1:** HDI and components

Years	Country/group	HDI	Life expectancy at birth (years)	Mean years of schooling (years)	Expected years of schooling (years)
1990	<b>South Africa</b>	<b>0.619</b>	<b>62.1</b>	<b>6.5</b>	<b>11.4</b>
	High human development	0.583	68.9	5.5	9.8
	Medium human development	0.474	60.8	3.4	8.3
2000	<b>South Africa</b>	<b>0.628</b>	<b>55.9</b>	<b>8.8</b>	<b>13.1</b>
	High human development	0.643	71.2	7.1	10.7
	Medium human development	0.528	64	4.5	9.2
2008	<b>South Africa</b>	<b>0.623</b>	<b>52.1</b>	<b>9.2</b>	<b>13.1</b>
	High human development	0.71	73.5	7.9	12.7
	Medium human development	0.587	66.5	5.3	11
2010	<b>South Africa</b>	<b>0.638</b>	<b>54.5</b>	<b>9.6</b>	<b>13.1</b>
	High human development	0.723	73.9	8.1	13.1
	Medium human development	0.601	67.1	5.5	11.3
2011	<b>South Africa</b>	<b>0.646</b>	<b>55.5</b>	<b>9.7</b>	<b>13.1</b>
	High human development	0.729	74.1	8.1	13.4
	Medium human development	0.609	67.4	5.5	11.7
2012	<b>South Africa</b>	<b>0.654</b>	<b>56.3</b>	<b>9.9</b>	<b>13.1</b>
	High human development	0.733	74.3	8.1	13.4
	Medium human development	0.612	67.6	5.5	11.7
2013	<b>South Africa</b>	<b>0.656</b>	<b>56.9</b>	<b>9.9</b>	<b>13.1</b>
	High human development	0.735	74.5	8.1	13.4
	Medium human development	0.614	67.9	5.5	11.7

**Figure 1:** GNI per capita (constant 2011 PPP\$)



Source: HDI report 2014

The only disparity in achievement arises from substantial differences in life expectancy at birth and income inequality. South Africa is 31 per cent and 19 per cent less than countries in medium and high HDI respectively. At 56.9 years, the country is unlikely to achieve the MDG target of 70 years in life expectancy at birth by 2015. In recognition of poor performance in this area, the government of South Africa recently has put in place a comprehensive set of initiatives such as the Negotiated Service Delivery Agreement (NSDA) 2010–2024, the Strategic Plan for Maternal, Newborn, Child and Women’s Health, and the Campaign for Accelerated Reduction of Maternal and Child Mortality (Department of Health, 2012a).

Similarly, income per capita only rose by about 1 per cent between 1990 and 2013, compared to 3.6 per cent and 3.4 per cent in high and medium HDI countries respectively (figure 1). Race remains the dominant factor in relation to income inequality in South Africa. The rich are still mainly white and the poor are almost all black, but the composition of the middle class – made up of skilled workers, managers and professionals – has shifted with growth in the black middle class of 250 per cent in eight years (TIPS, 2014).

Another essential component of human development is Gender Inequality Index (GII), which shows the loss in human development due to inequality between female and male achievements in reproductive health, empowerment and economic activity. South Africa has a GII value of 0.461, ranking it 94 out of 151 countries in the 2013 index; higher than 103 in Indonesia and 127 in India. From Sub Saharan Africa, there is no country that shares the same population size with South Africa which is close to the country in 2013 GII rank. In South Africa, 41.1 per cent of parliamentary seats are held by women, and 72.7 per cent of adult women have reached a secondary or higher level of education compared to 75.9 per cent of their male counterparts. For every 100 000 live births, 300 women die from pregnancy related causes, and the adolescence fertility rate is 50.9 births per 1000 live births. Female participation in the labour market is 44.2 per cent compared to 60.0 per cent for men (HDI, 2014).

Poverty eradication and hunger is the first of the eight Millennium Development Goals, for which the target for 2015 was to halve the proportion of people living on less than \$1.25 a

day relative to 1990. This goal was achieved four years before that target date. The percentage of the population living on less than \$1.25 a day declined from 17 per cent in 2000 to 7.4 per cent in 2011 (Statistics South Africa). The headcount percentage based on the multidimensional poverty was low (10.3 per cent) while an additional 17.1 per cent were vulnerable to multiple deprivations. The intensity of deprivation or the average percentage of deprivation experienced by the people living in multidimensional poverty in South Africa was 39.6 per cent; lower than 51.1 per cent in India, 43.4 per cent in China and 40.8 per cent in Brazil (HDI, 2014). This indicates that the programmes towards poverty alleviation had a positive impact on especially those who are extremely poor.

### 3. Merits and limits for achieving convergence

The progress made by South Africa in all dimensions of human development in the last decade is evident. However, major challenges remain. In this section, we look at some of these merits and limits underlying South Africa's convergence or emergence.

#### 3.1 Education

Education is central to long term development. It is a core element in eliminating poverty and reducing inequality, and the foundations of an equal society. South Africa has made remarkable progress in all subsectors of the education system.

##### *Access to education*

Primary school education: In 2011, 99.0 per cent of 7 to 13-year old children attended primary schooling. The Adjusted Net Enrolment Rate (ANER) increased from 96.7 per cent in 2002 to 99.0 per cent in 2011. The differences in ANER of males and females have decreased since 2002 and are currently less than 0.5 percentage points. The MDG target of universal access for children of primary school age has been achieved and the focus has now expanded to include access to ECD based on the assertion that quality ECD can potentially improve learning outcomes throughout the school system. There has been a steady increase in the percentage of learners enrolled in Grade R in public schools between 2002 (39.3 per cent) and 2011 (84.8 per cent) (DBE, 2012a).

Post-school education: There has been an increase in Higher Education (HE) enrolments from 677 913 candidates in 2002 to 938 201 in 2011 (DHET, 2012a). With the target being 20 per cent enrolment rate in HE by 2014, it is clear that with 19 per cent of youth already in HE in 2011, South Africa is well on course to meet the national target. The national average shows an increase of approximately 5 percentage points from 2001 to 2011. When comparing males and females a slightly different scenario is observed. Over the ten year period 2001 to 2011, females made more gains than males as they improved their participation rate by 7 percentage points from 15 per cent to 22 per cent when compared to the 3 percentage points gain observed for males.

In contrast, enrolment in much needed middle level skills such as technical and vocational education are struggling with Further Education and Training (FET) college enrolment figures reaching a mere 400 273 in 2011. When measured against the targeted figure of 1 million youth and adults registrations in FET colleges by 2014, these enrolment figures are therefore unlikely to be met. The same is true for Adult Education and Training (AET). Prior to 2000, AET was referred to as Adult Basic Education and Training (ABET) and it provides

access to a basic education with an emphasis on literacy. A total of 214 236 individuals participated in this programme in 2011 (AET, 2011). If the AET programme increased by approximately 6 000 individuals annually as it did between 2010 and 2011, then by 2014 a total of 232 236 individuals will be enrolled in an AET programme. This would mean that by 2014 about 79 per cent of the target of 300 000 would have been met.

### *Efficiency indicators*

**Primary school completion rate:** The successful completion rate of primary schooling (94.7 per cent) in South Africa is fairly good by international standards and is a proxy indicator for efficiency in the education system. In 2010 similar countries (upper-middle income) achieved primary completion rates of 98.3 per cent, while middle income countries achieved primary completion rates of 93.8 per cent. In 2011, the world average and the average primary completion rate for high income countries were 90.3 per cent and 100 per cent respectively. In 2002 the primary completion rate for males was 89.2 per cent and for females 90.1 per cent, and these improved to 93.4 per cent and 96.1 per cent respectively by 2011 (Statistics South Africa).

In spite of the good progress made in the primary education sector, secondary school completion rates are still problematic. Only 43.9 per cent of learners complete secondary education (DBE, 2012) which, according to international standards, is low. Within the schooling system, the key challenge appears to be improving the pass rate of Grade 12 learners.

**Primary School Completion Rate of People with Disabilities:** In 2011, on average, 73 per cent of disabled learners completed the primary level of education. Nationally, more females (78 per cent) than males (67 per cent) completed the primary phase of education. Comparatively speaking, this difference, which is approximately ten percentage points, is too high, even when compared to the difference between able bodied males and females. However, on average, only 39 per cent of disabled learners enrolled in 2011 completed the secondary level of education. Nationally, more females (43 per cent) than males (35 per cent) completed the secondary phase of education.

**Percentage of repeaters in the schooling sector:** United Nations Educational, Scientific and Cultural Organisation (UNESCO, 1998) defines education wastage as “missed opportunities for individuals, communities, entire nations and regions of the world”. A form of wastage in education is grade repetition in primary and secondary schools. On average 7 per cent of students repeat the primary school grade that they were enrolled in during the previous year (Statistics South Africa, 2012) which is higher than the average level for developing countries (5 per cent) as well as developed countries (1 per cent). Repetition rates for Grades 10 and 11 in secondary education is 21 and 18 per cent respectively (Statistics South Africa, 2012). The dropout and repeater rates in Grades 10 and 11 are largely due to the fact that students are not acquiring the foundational skills they should have in earlier grades. Consequently, problems with NSC performance, and dropout just before Grade 12, are actually rooted in weak learning in primary school and early secondary school (Spaull, 2012). Students carry their learning deficits with them as they get pushed through the grades only to fail in Grades 10, 11 or 12 since schools do not want high failure rates in Grade 12. However, the real problem lies in the earlier grades (Spaull, 2012).

### *Indicators of quality*

Teacher qualifications: South Africa inherited a large teacher labour force from the apartheid education system. As a result, teacher shortages have never been a problem with 97 per cent of all teachers employed nationally being qualified to teach. However the optimal utilisation of the teacher labour force across provinces is problematic. This is evident in the performance of learners in national and international assessments which indicate that the high percentage of qualified teachers in South Africa does not significantly impact on learner performance. This is verified by the National Education Evaluation and Development Unit (NEEDU) report (NEEDU, 2011), which found that teaching of Grades 1,2 and 3 is so poor, and the learners' ability to read so weak, that they are likely to struggle for the rest of their school years.

Learner to educator ratio (LER): The LER is used as a proxy indicator for the quality of education as it is assumed that fewer learners per educator will result in greater contact between the two and lead to enhanced learning. The reduction of learner to educator ratios has been a strategic objective of the DBE and funding for this purpose was secured in 2009, mainly to provide support to targeted schools in the form of additional posts. South Africa saw a slight decrease in the LER for ordinary public schools between 2005 and 2012 from 33:1 in 2005 to 30:1 in 2012. However, this masks great variations at district level, and therefore policy and strategy formulation should be based on data at lower levels of geography.

Basic school infrastructure and services: Even though 90.3 per cent of schools have access to water, 2 611 schools out of 22 391 schools have been identified as having unreliable water sources (NEIMS, 2011). The report shows that the majority of schools have access to either municipal water on site or from a borehole. Nationally, 96.3 per cent of schools have access to a single or multiple numbers of municipal flush, septic flush enviro-loo, VIP (pit latrine with ventilation pipe), pit latrine and chemical sanitation facilities. However, in most cases the sanitation facilities are basic pit latrines (11 500 schools) followed by municipal flush (7 900 schools) (NEIMS, 2011). Only 85.7 per cent of schools have electricity and 89.0 per cent perimeter fencing.

### *Outcome measures*

Functional literacy: South Africa has nearly achieved universal literacy for youth aged 15 to 24 with an overall literacy rate of 92.7 per cent in 2011. Literacy rates were higher for female youth than male youth for the period 2002 to 2011. This contrasts with the adult literacy rate where fewer women are literate than men, indicating the gender based generational shift that took place during the past 20 years in relation to literacy. The youth literacy rate for females increased from 88.4 per cent in 2002 to 94.6 per cent in 2011 and for males from 83.3 per cent in 2002 to 90.7 per cent in 2011 Even though the secondary school completion rate is fairly low in South Africa, the youth literacy rate is 92.7 per cent for the country (Statistics South Africa).

### *National Assessments*

Annual National Assessments (ANA): The purpose of ANA is to track learner performance each year in literacy, numeracy, languages and mathematics as the DBE works towards the goal of improving learner performance in line with commitments made by government (DBE, ANA 2012). In 2012 the ANA was administered to all primary school grades as well to Grade 9 learners. This report focuses on Grades 3, 6 and 9 as these are phase-exiting grades.

When considering learners who obtained scores higher than 50 per cent, the results indicate a serious lack of numeracy skills in all three grades. Learners performed considerably better in literacy than in numeracy.

National Senior Certificate: While there has been a steady improvement in learner performance from 60.6 per cent in 2009 to 73.9 per cent in 2012, the quality of the Grade 12 pass rate has been vigorously debated over the last few years. This debate centred around the declining numbers of mathematics and science candidates writing the NSC and the issue of 'gate keeping' in schools. Another concern is the significant increase in the number of part time candidates from 39 255 in 2009 to 120 484 in 2012.

The bachelor's pass gives an indication that learners have qualified to enter a bachelor degree programme or refers to minimum entry requirements at a university. There has been a steady increase in the proportion of learners with a bachelor's pass from 19.9 per cent in 2009 to 26.6 per cent in 2012, an increase of approximately 7 percentage points.

### *International assessments*

Trends in Mathematics and Science Study (TIMSS): TIMSS is an international assessment of Mathematics and Science for Grade 4 and Grade 8 learners. Country results are benchmarked at 5 levels and in South Africa the majority of learners fall in the lowest level, scoring less than 400 points. However, it is important to note that significant improvements in learner performance in these subjects were recorded from 2003 to 2011. Three countries, South Africa, Botswana and Honduras, administered the assessments at the Grade 9 level. All three continued to demonstrate low performances at this level, for both mathematics and science.

From 2002 to 2011, the number of mathematics learners scoring above the low benchmark of 400, more than doubled, from 10.5 per cent to 24.5 per cent. This improvement was observed for both male and female learners. Over the same period, the percentage of Natural Science learners scoring above the low benchmark (400–475) nearly doubled, from 13.1 per cent to 25.3 per cent. As was the case for Mathematics the performance for both sexes improved considerably over this period.

Overall, South Africa has in effect achieved the goal of universal primary education before the year 2015, and its education system can now be recognised as having attained near universal access. However, serious interventions are needed to improve the quality and functionality of education. Government is aware of this challenge and currently scaling up already existing initiatives and developing new ones in order to deepen convergence while sustaining progress made in human development.

## **3.2 Health**

### *Child mortality*

The level of childhood mortality is a reflection of a country's health status in general and, specifically, of the health status of children in a country. It is also a reflection of the quality and efficiency of the health system operating in a particular country (Mckerrow & Mulaudzi, 2010). Based on census 2011 data, infant and under-five mortality (U5MR) increased from 38 to 67 deaths per 1 000 live births between 1998 and 2007. Between 2007 and 2010, the U5MR declined to a level of 53 deaths per 1 000 live births. Given the MDG target of an

U5MR of 20 deaths per thousand live births by 2015, South Africa is likely to achieve this target. Similarly, infant mortality rate (IMR) increased from 26 to 48 infant deaths per 1 000 live births between the period 1998 to 2007. However, since 2007, there has been a decline in IMR. By 2010, the IMR was approximately 38 deaths per 1 000 live births. Given the MDG target of an IMR of 18 deaths per thousand live births by 2015, South Africa is likely to achieve this target. Whilst the force of mortality at younger ages reduced life expectancy in the earlier period of the 2000 decade, evidence suggests gains in life expectancy from 2006, albeit still below than in medium and high HDI countries (Statistics South Africa).

The nature of preventive measures (i.e. input measures) influences the risk of children contracting diseases, while access to and the nature of medical treatment influences the outcome of the disease process. It is therefore important to examine input indicators in order to see the extent to which the country is monitoring progress on child survival. Steady progress in the efforts to immunise 100 per cent of under-one-year old children has been made since 2003, leading to immunisation levels in excess of 90 per cent in 2011. The percentage of children under one year in health facilities who received all vaccines increased significantly from about 70 per cent in 2003 to about 93 per cent in 2011. The proportion of one-year-old children immunised against measles is another indicator of reducing child mortality. The facility-based data shows that about 72 per cent of children under one year in health facilities were immunised against measles in 2003, however, the percentage had increased significantly by 2011 to 99 per cent. Furthermore, the incidence of diarrhoea among children under five years in health facilities in South Africa peaked in 2008, but since then there has been a trend of decline in the incidence of diarrhoea. The recorded 2011 figure of approximately 102 incidents is in fact the lowest in seven years (Department of Health).

### *Maternal health*

The most recent estimates of 269 maternal deaths per 100 000 live births for 2010 suggest that South Africa is still lagging behind in meeting the MDG target of reducing the MMR to 38 maternal deaths per 100 000 live births by 2015. Reporting on progress made in improving maternal health towards the MDGs has also underscored the importance of producing more reliable and timely data for South Africa.

Adolescent child bearing is common in South Africa. The percentage of girls aged 15–18 who had ever had a live birth provides an indication of the prevalence of adolescent childbirth in the general population. Early childbearing age can have a negative impact on the health of the mother and child. Between 1996 and 2011, at least one in nine girls aged 15–18 in South Africa have had at least one live birth.

Access and use of contraceptive and antenatal care services are components of reproductive health. However, poor transport facilities, lack of proper health care facilities and lack of appropriately trained staff, the latter being responsible for an inability to follow standard procedures and poor initial assessment and diagnosis, are some of the factors that hinder progress in reducing maternal mortality in South Africa (Department of Health, 2011).

### *HIV/AIDS and other diseases*



South Africa has the largest population of people living with HIV/AIDS, with 5.6 million estimated in 2012. The HIV epidemic severely hampers the country's ability to achieve several developmental goals, including the target of halting and reversing TB by 2015. South Africa has the third highest TB burden in the world. One of the greatest challenges facing South Africa is the control of the concomitant HIV and tuberculosis infections in the face of increasing drug-resistant forms of TB. About 50–70 per cent of new TB cases in South Africa are also co-infected with HIV. Significant challenges remain around accurate and specific diagnosis and treatment influenced by the state of severely reduced immunity.

However, it is encouraging to note that HIV prevalence among the age group 15–24 years has decreased by almost 10 per cent between 2008 and 2012. This is a good indication as this age group is not only highly vulnerable to HIV infection, but is also South Africa's next generation working population.

### **3.3 Poverty reduction and social inclusion**

Since the abolition of apartheid, one of the key objectives of the South African government has been to reduce the level of poverty and improve the quality of life for all South Africans. Given the legacy of inequality and poverty, the delivery of essential services and the provision of decent work has been a consistent theme of successive South African governments since 1994.

#### *Poverty*

Based on the international poverty lines, poverty rates declined in South Africa between the periods 2000 and 2009. However, a modest increase of poverty rates is witnessed between 2006 and 2009 which is likely to be the effect of the global economic recession in 2008/09. In the period between 2009 and 2011 the indicators showed a continued decline in poverty (Statistics South Africa). Similarly, evidence points to a decline in the depth of poverty (or poverty gap) between 2000 and 2011 for all international poverty lines used.

While the discussion above is based on international indicators, the domesticated indicators are based on national poverty lines derived from the cost of basic needs of households in South Africa. These include a lower-bound poverty line (LPL) of R433 per person per month (in 2011 prices) and an upper-bound poverty line (UPL) of R620 (in 2011 prices). Both the LPL and the UPL were derived based on the cost of adequate food and non-food items (Statistics South Africa). However, households living below the LPL have to sacrifice some essential food items in order to obtain essential non-food items such as clothing, housing, and transport, amongst others, while households at the UPL can purchase both adequate food and non-food items. Higher levels of poverty are observed when applying the national poverty lines as opposed to international ones, as these are set at a higher threshold than the international ones.

While poverty levels and depth of poverty are declining, levels of inequality have remained high in South Africa. The Gini coefficient has remained at around 0.7 since 2000; a level which places South Africa amongst some of the most unequal countries in the world. While the Gini coefficient informs on the levels of inequality, it is largely driven by the income of the richest five per cent and thus, may be insensitive to the changes occurring at the bottom of the distribution. Levels of poverty among vulnerable groups such as children and women also remain a major challenge in South Africa and are both higher than the poverty levels for the

general population. However, and more importantly, South African policy provides for strategies addressing the vulnerable groups and the Gini coefficient does not fully take into account the social wage that benefits in excess of 14 million individuals who are beneficiaries of this anti-poverty measures.

### *Employment and decent work*

In terms of unemployment levels, South Africa uses two definitions, namely the official (narrow) and the expanded definitions. Despite programmes such as the Expanded Works Programme (EPWP) and the Community Work Programme (CWP) implemented by government, the unemployment rates remain persistently high in South Africa. The unemployment figures imply that to achieve the National Planning Commission's (NPC's) goal of halving unemployment would require that South Africa should employ 3.4 million of South Africa's current 6.8 million unemployed when we apply the expanded definition of unemployment or 2.2 million of the 4.4 million unemployed when we use the narrow definition. Should this be a burden of the government alone, then through the EPWP and CWP, government would have to create 3.4 million and 2.2 million jobs respectively.

Moreover, the proportion of those employed but yet still living below the international poverty lines, is of concern. In 2009, a total of 34.8 per cent of employed are found in households living below the UPL (R577 per person per month) and about 3.9 per cent are found in households living below \$1.25 (PPP) per person per day (Statistics South Africa). These high rates of the working poor may indicate challenges with the prospect of employment in non-decent work environments. Nevertheless, while these figures are high, there is an improvement from the situation that prevailed in 2000.

### *Hunger*

An objective way of measuring hunger is through the use of anthropometric data gathered from children aged between six and sixty months (Cogill, 2003). There are three indicators of child malnutrition derived from anthropometric data, namely stunting, wasting and underweight. Furthermore, hunger can be measured subjectively using self-reported hunger by households. Evidence shows that positive progress has been made in South Africa regarding reducing and ultimately eliminating child malnutrition between 1993 and 2008. In addition, stunting amongst children declined from 30.4 per cent in 1993 to 23.9 per cent in 2008. Similarly, wasting levels declined from 7.8 per cent to 4.6 per cent; while the levels of underweight decreased from 13.2 per cent to 8.7 per cent over the same period (Statistics South Africa). Hunger reported by households dropped from 29.9 per cent in 2002 to just 12.9 per cent in 2011 (Statistics South Africa).

### *Priority services*

The proportion of indigent households with access to free water, electricity, sanitation and sewerage as well as solid waste management increased by the following percentage points 9.8, 30.3, 19.4 and 15.4 respectively from 2004 to 2011. Similarly, a significant increase is observed in the number of people receiving social grants in South Africa from 3.9 million in 2001 to approximately 15 million people in 2011. This has been made possible by a steady increase in government expenditure on social grants since 2001, most notably the introduction and rapid expansion of the child support grant.

#### 4. Strategic framework, policies and major initiatives

A new South Africa was ushered in through the first democratic elections of the Republic in April 1994 and consequently the state began the necessary, urgent and important journey of institutional and legislative changes and reforms that would transform society and the state. Aware of the legacies of apartheid, the constitution of South Africa in its preamble commits leadership, citizenry and the state to undertaking a set of actions the fundamental outcomes of which shall be a normalised South African society that is prosperous, non-sexist and non-racial. To achieve this outcome the constitution, commits society to:

- Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights;
- Lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by the law;
- Improve the quality of life of all citizens and free the potential of each person; and
- Build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations.

Since 1994, the democratic government has been introducing and implementing a systematic and coherent development and planning frameworks that would sustain the above values and constantly address in particular the triple challenge of poverty, unemployment and inequality. A brief outline of the development and transition of one framework into the next is provided. The Reconstruction and Development Programme (RDP) was adopted as South Africa's socio-economic policy framework to address the immense socio-economic problems, challenges and backlogs emerging from apartheid neglect, and as a flagship programme it also had a hundred-day action plan focused on delivery schedules for health, education and electrification in particular. The major challenge was that whilst the problem, and its genesis, was well known, its quantification both in numbers and space remained elusive. Such knowledge of its dimensions would enable policy to describe it in numbers and subsequently act rationally and assess progress appropriately.

In 1996, two years on into democratic rule and from lessons learned, from evidence emanating from official statistics and consistent and building on the mission of the RDP, the government launched The Growth, Employment and Redistribution, (GEAR), as a Macro-Economic Strategy. GEAR had four objectives. First, it aimed to achieve a competitive fast-growing economy which would create sufficient jobs for all work seekers; second, it focused on the redistribution of income and opportunities in favour of the poor; third, it envisioned a society in which sound health, education and other services are available to all; and fourth, it sought to achieve an environment in which homes are secure and places of work are productive.

Building on GEAR, in 2006 the Accelerated and Shared Growth Initiative for South Africa (ASGISA) was introduced to speed up employment creation with a target of halving unemployment by 2014. ASGISA took note of the binding constraints in the South African economy. Amongst these constraints was the challenge of inadequate skills base, the ability of the state to lead, and supply and value chain problems that stood in the path of accelerated growth.

In 2009, a New Growth Path (NGP) that focuses on the micro economy was introduced and a National Development Plan (NDP) which envisions what a 2030 South African society

should be and what action steps have to be undertaken through the NGP to achieve this vision was adopted in August 2012.

South Africa's significant socio-economic was made possible by the synergies between the development initiatives post-1994 and the MDGs agenda. What is also important to mention in relation to the MDGs is that the MDGs do not constitute a separate development agenda from the national effort. The MDGs are an integral part of that agenda (see table 2).

**Table 2: Development objectives and MDGs**

Programme	Development Objective	MDG Comparable Goal or Target
RDP	Meeting basic needs	<b>Goal 1:</b> Eradicate extreme poverty and hunger
	Developing human resources	<b>Goal 2:</b> Complete a full course of primary education
AsgiSA	Building the economy	<b>Goal 8:</b> Develop an open, rule-based, predictable, non-discriminatory trading and financial system
	Halve unemployment and poverty	<b>Goal 1:</b> Eradicate extreme poverty and hunger
Integrated, Sustainable Rural Development Programme, ISRDP / URP	Decrease levels of poverty and unemployment	<b>Goal 1:</b> Eradicate extreme poverty and hunger
	Implement access to free basic services (water, sanitation, and electricity)	<b>Goal 7:</b> Halve the proportion of people without sustainable access to safe drinking water and basic sanitation
	Access to housing	<b>Goal 7:</b> Improve the lives of slum dwellers
NDP	Improve the quality of school education	<b>Goal 2:</b> Universal primary education
	Reduce unemployment from 27% to 14% by 2020 and to 6% by 2030	<b>Goal 1:</b> Achieve full and productive employment and decent work for all
	Become a less resource intensive economy and adopt sustainable development practices	<b>Goal 7:</b> Integrate principles of sustainable development into country policies and programmes
	The ailing public health system confronts a massive disease burden	<b>Goals 4, 5, and 6</b>

**Table 3: Government outcomes mapped to the MDGs**

Government Outcome	MDGs
<b>Outcome 1:</b> Improved quality of basic education	<b>Goal 2:</b> Achieve universal primary education
<b>Outcome 2:</b> A long and healthy life for all South Africans	<b>Goal 4:</b> Reduce child mortality <b>Goal 5:</b> Reduce maternal mortality
<b>Outcome 3:</b> All people in South Africa are, and feel safe	
<b>Outcome 4:</b> Decent employment through inclusive economic growth	<b>Goal 1 (Target 1B):</b> Achieve full and productive employment and decent work for all including women and young people
<b>Outcome 5:</b> A skilled & capable workforce	<b>Goal 2:</b> Achieve universal primary education <b>Goal 3:</b> Promote gender equality and empower women
<b>Outcome 6:</b> An efficient, competitive, and responsive economic infrastructure network	
<b>Outcome 7:</b> Vibrant, equitable, and sustainable rural communities with food security for all	<b>Goal 7 (Target 7A):</b> Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources <b>Goal 1 (Target 1C):</b> Halve, between 1990 and 2015, the proportion of people who suffer from hunger
<b>Outcome 8:</b> Sustainable human settlements, and improved quality of life for households	<b>Goal 7 (Target 7C):</b> Halve by 2015, the proportion of people without sustainable access to safe drinking water & basic sanitation <b>Goal 7 (Target 7D):</b> Achieve significant improvement in the lives of slum dwellers
<b>Outcome 9:</b> A responsive, accountable, effective, and efficient local government system.	
<b>Outcome 10:</b> Environmental assets and natural resources that are well protected and continuously enhanced	<b>Goal 7 (Target 7B):</b> Reduce biodiversity loss, achieving by 2010, a reduction in the rate of loss
<b>Outcome 11:</b> Create a better South Africa and contribute to a better and safer Africa and world	<b>Goal 8:</b> To develop a global partnership for development. Develop an open, rule-based, predictable, non-discriminatory trading and financial system
<b>Outcome 12:</b> An efficient, effective, and development oriented public service and an empowered, fair, and inclusive citizenship	

The South African Government identified ten Government Priorities as well as 12 Government Outcomes. These priorities and outcomes not only address the eight MDGs, but

include broader development objectives of the government. Table 3 shows how the 12 Outcomes are mapped onto the MDGs. It is envisaged that the identified Government Outcomes together with the government's Programme of Action will transform the life circumstances of vulnerable groups and help restore their human dignity. Government's outcomes approach provides a framework for enhanced the monitoring of service delivery, including guidelines for results-driven performance that forms the basis of ministerial performance agreements and the related delivery agreements with the President of the Republic.

Discussion will now focus on government initiatives in specific areas.

There can be little doubt that South Africa has made remarkable progress in addressing the huge educational disparities and inequalities that were inherited from apartheid. The government, together with other development partners in both the private sector and civil society, undertook a range of initiatives. Some of which include:

- Adoption of a policy on “no-fee schools,” designated to support learners from poorer backgrounds. This intervention has resulted in 40 per cent of both primary and secondary schools not paying fees in 2008.
- Adoption of the National School Nutrition Programmes (NSNP), aimed at providing one meal a day to primary schools learners in order to promote school attendance and health status of learners. In 2008, about 6 million learners (50 per cent) in 17 899 schools benefited from this initiatives.
- The launching of Kha Ri Gade (let us learn). The intervention is a mass literacy campaign; aimed at enabling 4.7 million South Africans achieve literacy by 2010 and beyond.
- Providing free transport to learners who live far away from schools. In 2008, more than 300 000 learners benefited from this service.
- Education represents the largest sectoral allocation in the country's budget and amounts to 6 per cent of the GDP. Public spending on primary and secondary schooling represents 4 per cent of the Gross National Product (GNP) which compares well with the average of 3.1 per cent for developing countries and 2.9% in sub-Saharan Africa (Department of Basic Education (DBE), 2012).
- A National Basic Education Action Plan, aimed at ensuring the effective monitoring of educational progress against a set of reasonable indicators presented in the previous section.

In terms of health, South Africa has fared well is its effective campaign of prevention of mother-to-child transmission of HIV. Its immunisation campaign has furthermore made significant strides in ensuring full immunisation coverage to under-one-year olds in health facilities, especially immunisation against measles.

The impact of HIV and AIDS and other health challenges such as Tuberculosis (TB) severely affected the ability of South Africa to achieve some of its development goals and deepen convergence in human development. As a response to the above challenges, the government introduced numerous health programmes and strategies such as the HIV and AIDS Voluntary Testing and Counselling; Prevention of Mother to Child Transmission; HIV Treatment and Care; Medical Male Circumcision; TB Control programmes; and the National Strategic Plan on HIV, STI, and TB (2012–2016). The nationwide HIV/AIDS Counselling and Testing (HCT) campaign has seen 20.2 million people tested since the start of the campaign in 2010.

The HIV treatment and care programme has been substantially expanded with an additional 617 147 individuals initiated on treatment during 2011. The TB control programme in South Africa includes intensified household case finding and rapid diagnosis using the Genexpert technology. Since 2011 this has resulted in significant increases in households with known TB patients visited, screening, and contacts diagnosed with TB and HIV infection. Malaria has been successfully controlled through indoor residual spraying (IRS) with insecticides and treatment with effective drugs after decades of concerted efforts.

How about poverty and social inclusion? Nearly 20 years into democracy, South Africa is still battling with issues of poverty, inequality, unemployment and hunger. This is a situation not necessarily unique to South Africa however it has defining features that are driven by history and political economy that is unique to South Africa and as a result, shapes South Africa's response to this challenge. In response to this South Africa has developed a cocktail of policy interventions to ameliorate consequences of unemployment and inequality. Thus the overarching policy of government is through the provision of a “social wage” package intended to reduce the cost of living of the poor.

Social wages in South Africa are packaged in different targeted forms. In the list of these are the following: free primary health care; no-fee paying schools; social grants, (such as old age pensions, and child support grants) and RDP housing; provision of basic and free basic services in the form of reticulated water; electricity; sanitation and sewerage as well as solid waste management to households and in particular those categorised as indigent. In this regard and since 2001 the indigent household are entitled to a monthly free six kilolitres of water, fifty kilowatt of electricity, R50 worth of sanitation, sewerage and refuse removal.

## 5. Lessons learned and recommendations

### **Transformation is a systematic process that must be continuously built into the national development framework, with measurable targets**

South Africa was able to dismantle the social and economic relations of apartheid and create a society based on equity, non-racialism and non-sexism through a policy commitment to continuity of change, each successive administration built on the development successes achieved, as well as take stock of ongoing challenges and develop strategic responses to address the limitations to growth and development.

Coherent inclusive strategies, policy coordination and institutional capabilities all played significant role in the process of its convergence. There was a coordinated approach by the different institutions directly involved in building the enabling environment favourable to the human development, and a close collaboration with the private sector and civil society.

Although the country still faces the triple challenge of poverty, unemployment and inequality, the introduction of the NDP in 2011 and its adoption by Parliament in August 2012 has placed the country on a development path that ensures that both unmet MDG targets as well as emerging development issues will remain part of the country's future development agenda.

### **There is a clear positive correlation between past public investment in social and physical infrastructures and progress in human development**

In South Africa, public policy has had a significant redistributive content. Close to 60 per cent of government spending is allocated to the social wage, and such expenditure has more than doubled in real terms in the past decades. Free basic education was provided to the poorest 60 per cent of learners, and levels of self-reported hunger have dropped by half. Sixteen million people are on social assistance. Almost three million houses and housing units have been constructed for poor people. Access to basic services such as piped-water, sanitation, electricity and refuse removal have all improved, all contributing to a decline in both absolute and relative poverty and to improving equality of opportunity. Prudent fiscal policy and sound macroeconomic management has enabled the sustainability of social wages.

**Reporting on progress made in improving human development, particularly in health has also underscored the importance of producing more reliable and timely data for monitoring purposes**

Lack of reliable and timely data hampers effective policymaking. Important data on human development, such as the number of births and deaths, the number and quality of jobs amongst others are important to allow targeted measures against convergence or emergence. Sustainable data is needed to support sustainable development.

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