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 GDP quoted at about 20.10% in 2008. This has resulted in a 2010 growth rate of about 4.5%. The country has a Human Development Index estimate of 0.597. Adult literacy rate is estimated at approximately 89%. About 91% of households have access to pipe-borne water, 61.6% to waste removal services and 74% to modern sanitary facilities.

HEALTH & DEVELOPMENT

The average life expectancy at birth remains low at 57 years for males and 60 for females in 2011. This is largely due to an 11% HIV prevalence rate in the total population with the prevalence amongst youth aged 15-20 years being about 8.6%. Pregnant women attending antenatal clinics show a prevalence of 29.4% in 2009. Maternal mortality ratio is approximately 300/100 000 live births and child mortality rate of about 47/1000 live births (2011). There is also a high burden of tuberculosis, with an estimated incidence of 970 per 100 000 population and the prevalence of all TB cases was 808 per 100 000, cardiovascular diseases, and violence and road traffic accident associated injuries. Human resources for health is fairly available but shortages still exist. The distribution favors urban areas.

The country is making huge 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 95% of facilities with over 70% uptake in 2009. 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.

### OPPORTUNITIES
- Conducive political environment for investment and social development
- Stable political leadership
- Well developed health policies
- Strong budgetary support
- A National Health Act in place providing legislation protection
- A well decentralized government

### CHALLENGES
- 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 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 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 will work in close collaboration with the Government of South Africa in developing the second United Nations Development Assistance Framework (UNDAF) 2012-2016 for the country.

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>CHALLENGES</th>
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<tr>
<td>• Strong socioeconomic development</td>
<td>• High burden of communicable diseases especially HIV and AIDS, tuberculosis and Malaria;</td>
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<tr>
<td>• Active nongovernmental organizations involvement</td>
<td>• Growing burden of non-communicable diseases</td>
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<tr>
<td>• Availability of partners support</td>
<td>• High level of substance abuse, violence, accidents and preventable injuries</td>
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<td>• Well developed infrastructure</td>
<td>• Limited human resource capacity</td>
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<td>• Well developed private sector</td>
<td>• Weak district health systems</td>
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PAHO/WHO STRATEGIC AGENDA

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 behavior
5. Strengthen health policies and systems, improve access and minimize 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](http://www.who.int/countries/zaf)
Country office web site: [http://www.who.int/countryfocus](http://www.who.int/countryfocus)

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The brief is available online at [http://www.who.int/countryfocus](http://www.who.int/countryfocus) WHO/CCO/13.01/South Africa

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