

30 INFANT AND CHILD MORTALITY RATE

Goal To reduce infant (under one year) and child (under five years) morbidity and mortality.

Trend analysis Infant mortality rate, together with the under-five mortality rate, is a good indicator of the health of children. The Health Systems Trust (HST) and Medical Research Council (MRC) data seem to point to an increase in infant and child deaths, while the Statistics South Africa data and the ASSA 2002 and 2003 models points to a declining trend.

INFANT AND CHILD DEATHS/ 1 000 LIVE BIRTHS

<i>1 Health Systems Trust</i>	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Infant mortality (under one year)				28.8	33.1	36.5	38.1			
Child mortality (under five years)				39.6	44.7	49.3	52.8			
<i>2 Medical Research Council</i>										
Infant mortality (under one year)	55	56	58	58	59	59	59			
Child mortality (under five years)	81	86	91	96	100	104	106			
<i>3 StatsSA</i>										
Infant mortality (under one year)				51.5	50.7	49.8	48.8	47.6	46.5	45.2
<i>4 ASSA 2002</i>										
Infant mortality (under one year)				63	60	58	55	52.3	50.5	48.6
<i>5 ASSA 2003</i>										
Infant mortality (under one year)				60	58	56	52	49	48	46
<i>6 Dept of Health</i>										
Infant mortality (under one year)	45					43				

Definition	The number of children less than one year old who die in a year per 1 000 live births during that year; the number of children under five years who die per 1 000 live births during that year
Data source	1) South African Health Review 2006 p.385, Calculation drawing upon: DHIS June 2006, Statistics South Africa Causes of Death 2003, Statistics South Africa Causes of Death 2004, as published by Health Systems Trust, 2) MRC calculations, 3) Statistics South Africa calculations, 4,5) Actuarial Society of SA models, 6) South African Demographic and Health Survey
Data note	Note that Statistics South Africa calculation and ASSA model include the impact of anti-retroviral (ARV)

31 SEVERE MALNUTRITION UNDER FIVE

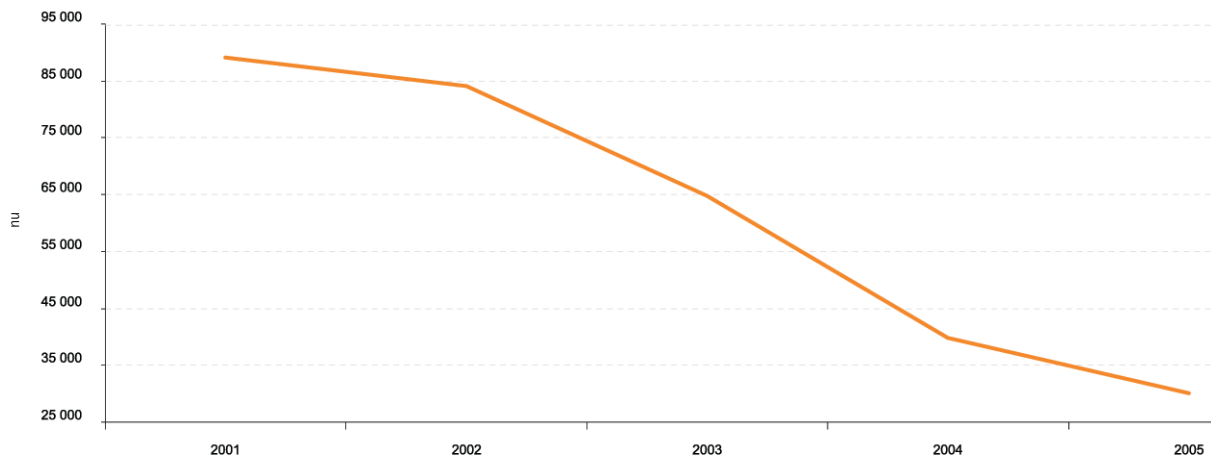
Goal To reduce infant and under-five child morbidity and mortality.

Trend analysis The trend shows a decrease in the number of children with a weight less than 60 per cent of their estimated weight for age from 2001 to 2005. Malnutrition remains one of the contributors to child morbidity and mortality in South Africa. The Poverty Alleviation and Food Security Strategy (national nutrition promotion programmes, including the Integrated Nutrition Programme and the Primary School Feeding Scheme) are some of the nutritional interventions that have been made. Improvement of child health also focuses on the promotion of breastfeeding, early detection of malnutrition, providing nutritional supplements for children and fortifying staple foods.

SEVERE MALNUTRITION UNDER FIVE YEARS - NEW AMBULATORY

number	2001	2002	2003	2004	2005
Severe malnutrition under five years	88 971	83 957	64 718	39 785	30 082

SEVERE MALNUTRITION UNDER FIVE YEARS - NEW AMBULATORY



Definition A new child found to weigh less than 60 per cent of estimated weight for age, or to suffer from marasmus, kwashiorkor, or similar illnesses, excluding new born babies. Severe malnutrition might also be denoted as clinically malnourished.

Data source District Health Information System (DHIS) various issues

32 IMMUNISATION COVERAGE

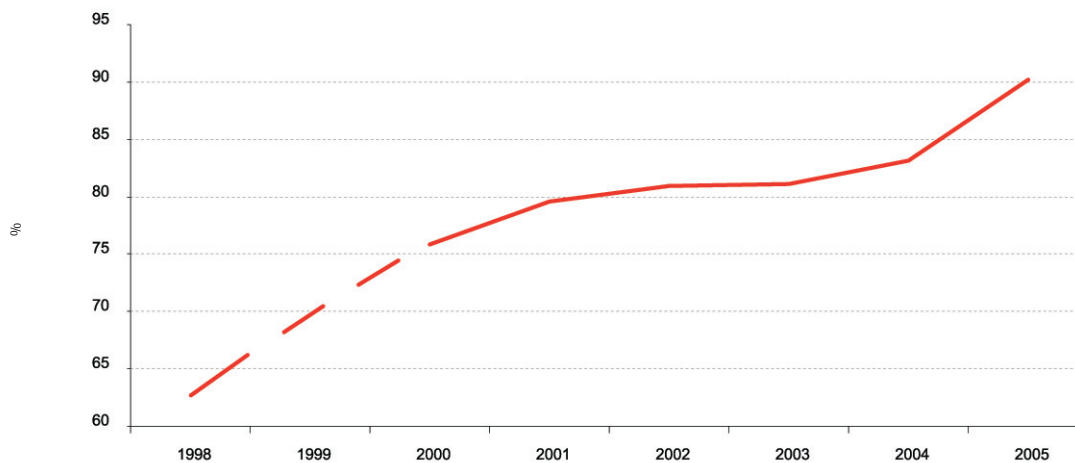
Goal To improve child health and reduce infant and under-five mortality and morbidity and attain a coverage rate of 90 per cent.

Trend analysis The improvement of immunisation coverage has been one of the notable success stories of the health sector with a steadily improving coverage over the past five years, culminating in reaching the target of 90 per cent in 2005. In addition, in 2006, South Africa was declared a polio-free country, having satisfied the stringent international requirements.

IMMUNIZATION COVERAGE

%	1998	1999	2000	2001	2002	2003	2004	2005
coverage	63.0%		75.8%	79.5%	80.9%	81.1%	83.1%	90.2%

IMMUNIZATION COVERAGE



Definition	Proportion of children under one year who received all their primary vaccines for tuberculosis (TB), diphtheria, whooping cough, tetanus, polio, measles, hepatitis B and haemophilus influenza
Data source	District Health Information System; Statistics South Africa for demographic data
Data note	Dotted line reflects data not available for 1999

33 MATERNAL MORTALITY RATIO (MMR)

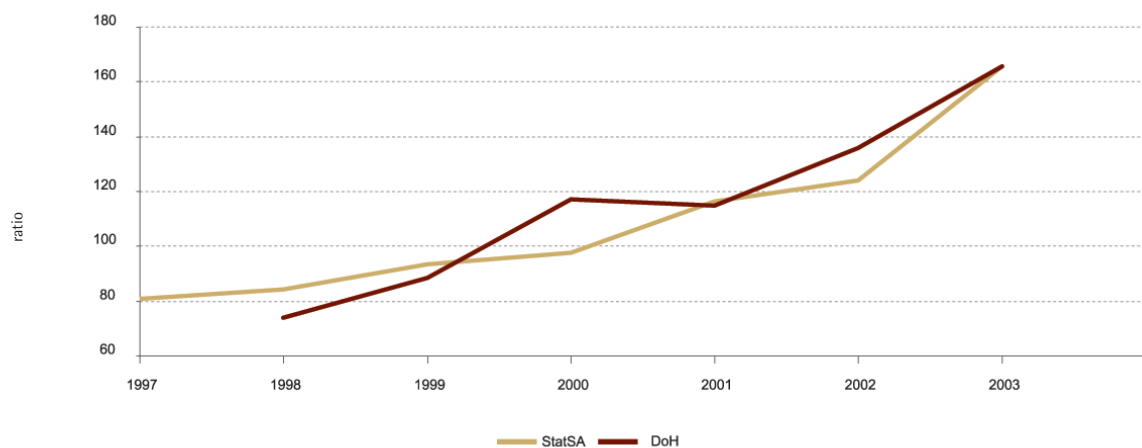
Goal To improve women's health and reduce maternal and neonatal mortality and morbidity.

Trend analysis Trends in the Maternal Mortality Ratio (MMR) measures the well-being of mothers and is a key MDG indicator. Statistics South Africa and Department of Health have both calculated maternal mortality, and although drawing from different sources, these calculations show a consistent pattern. The South African Maternal Mortality Ratio is increasing and has more than doubled between 1998 and 2003. It should be noted that the period between 1994 and 2003 also witnessed an increase in the number of deliveries in hospitals and clinics and better recording of causes of death, thus ensuring better recording of data.

MATERNAL DEATHS / 100 000 LIVE BIRTHS

	1997	1998	1999	2000	2001	2002	2003
Statistics SA	80.69	84.25	93.19	97.64	116.18	123.71	165.50
Department of Health		73.80	88.40	116.80	114.50	135.60	165.50

MATERNAL DEATHS / 100 000 LIVE BIRTHS



Definition Deaths of women while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes

Data source Statistics South Africa calculations based on 'Causes of Death' reports from Department of Home Affairs

34 HIV PREVALENCE

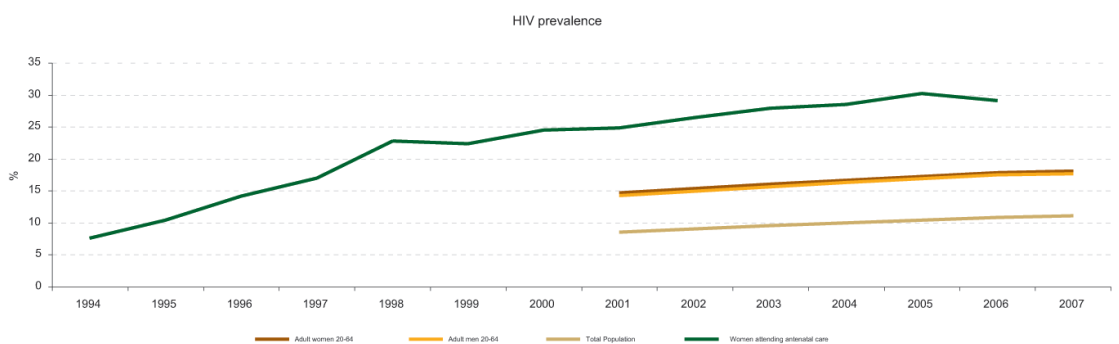
Goal To reduce the prevalence of HIV

Trend analysis HIV prevalence has increased from 7.6 per cent in 1994 to 30.2 per cent in 2005 in antenatal surveys and is seen as a marker of the trend in the occurrence of HIV in the population as a whole. The rate of prevalence in the past three years has been levelling off, compared to the steep rise of the 1990s. The infection rates of the 15 - 19 year-old age category has been fairly constant in recent years, implying that prevention programmes are having some impact in this population. There are also geographic variations with some provinces such as KwaZulu-Natal, Mpumalanga, Gauteng and Free State more severely affected.

HIV PREVALENCE

%	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1 Women 15-49								16.1	16.9	17.7	18.5	19.3	20.0	20.4
2 Adult women 20-64								14.7	15.4	16.1	16.7	17.2	17.8	18.1
3 Adult men 20-64								14.3	15.0	15.6	16.3	16.9	17.5	17.7
4 Adult 20-64								14.5	15.2	15.9	16.5	17.1	17.7	17.9
5 Adult 15-49								14.2	15.1	15.9	16.8	17.6	18.4	18.8
6 Total Population								8.5	9.0	9.5	10.0	10.4	10.9	11.1
7 Women attending antenatal care	7.6	10.4	14.2	17.0	22.8	22.4	24.5	24.8	26.5	27.9	28.5	30.2	29.10	

HIV PREVALENCE



Definition 7) Number of sampled pregnant women attending antenatal clinics whose HIV test results are positive divided by a number of pregnant women attending antenatal clinics who tested for HIV

Data source 1-6) Statistics South Africa calculations, 7) National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa, Department of Health

35 TUBERCULOSIS (TB)

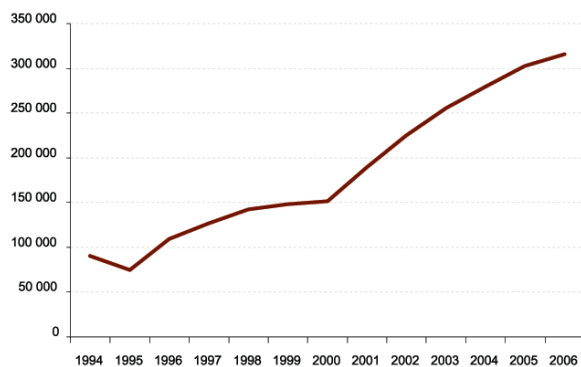
Goal To halve the incidence of TB between 1990 and 2015.

Trend analysis Since 2001, the number of TB cases has increased rapidly. In addition, there has been the emergence of drug resistant TB strains (MDR-TB) and recently of the extremely drug resistant TB (XDRTB). These strains have been linked to immune suppression which might be caused by HIV and AIDS in addition to low adherence to treatment regimes. The South African cure rate is about 56 percent with a wide divergence between provinces - some districts in KwaZulu-Natal and Mpumalanga have a cure rate below 40 per cent.

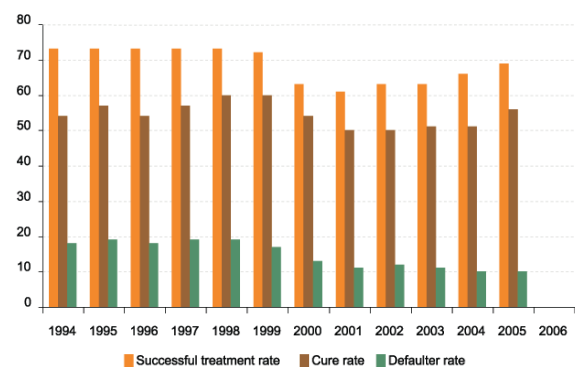
TB PREVALENCE

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
1 TB case notification	90 292	73 917	109 328	125 913	142 281	148 164	151 239	188 695	224 420	255 422	279 260	302 467	315 315
2 Successful treatment rate	73	73	73	73	73	72	63	61	63	63	66	69	
3 Cure rate	54	57	54	57	60	60	54	50	50	51	51	56	
4 Defaulter rate	18	19	18	19	19	17	13	11	12	11	10	10	

TB CASE NOTIFICATION



TB TREATMENT



Definition 1: Number of TB cases all types reported to the Department of Health. 2: Successful completion of treatment rate 3: Percentage of patients who have shown to have been cured at the end of treatment 4: The percentage of patients who fail to complete the full course of treatment

Data source Department of Health, National TB Control Programme (NTCP)

36 MALARIA

Goal To reduce malaria morbidity and mortality by 10 per cent each year.

Trend analysis Malaria affects the population in the eastern parts of Mpumalanga and Limpopo, and the north-eastern parts of KwaZulu-Natal. The incidence is seasonal and is also linked to high rainfall years. Since 2000, South Africa has collaborated with Swaziland and Mozambique and has reintroduced the use of Dichloro-Diphenyl-Trichloroethane (DDT) with great success. Future challenges include crossborder movement of people, vector resistance to insecticide and drug resistance.

MALARIA

	1991	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Cases	4 693	27 035	23 121	26 445	51 444	64 622	26 506	15 649	13 459	13 290	7 100	12 322
Deaths	19	163	104	198	406	458	119	96	142	89	58	103
Fatality rate	0.40	0.60	0.45	0.75	0.79	0.71	0.45	0.61	1.06	0.67	0.82	0.84

MALARIA



Definition Fatality rate: The number of reported deaths due to malaria divided by number of malaria reported cases

Data source Department of Health's Malaria Notification System