

## South Africa



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Upper-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2016)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	66
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	66.2 (Female) 59.3 (Male) 62.9 (Both sexes)
Population (in thousands) total (2015)	54490.4
% Population under 15 (2015)	29.2
% Population over 60 (2015)	7.7
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	13.8
Literacy rate among adults aged >= 15 years (%) (2007-2012)	93
Gender Inequality Index rank (2014)	83
Human Development Index rank (2014)	116
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	8.80
Private expenditure on health as a percentage of total expenditure on health (2014)	51.76
General government expenditure on health as a percentage of total government expenditure (2014)	14.23
Physicians density (per 1000 population) (2013)	0.776
Nursing and midwifery personnel density (per 1000 population) (2013)	5.114
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	12.4 [9.9-15.2]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	43.3 [37.0-50.2]
Maternal mortality ratio (per 100 000 live births) (2015)	138 [124 - 154]
Births attended by skilled health personnel (%) (2008)	94.3
<b>Public health and environment</b>	
Population using improved drinking water sources (%) (2015)	99.6 (Urban) 93.2 (Total) 81.4 (Rural)
Population using improved sanitation facilities (%) (2015)	60.5 (Rural) 66.4 (Total) 69.6 (Urban)

Sources of data:  
Global Health Observatory May 2017  
<http://apps.who.int/gho/data/node.coc>

### HEALTH SITUATION

According to Statistics South Africa, the country had an estimated population of 54 million people residing in nine provinces in 2014. The annual population growth rate increased from 1.28% in 2002/2003 to 1.65% in 2014–2015. South Africa's population is relatively young, with about 30% aged 15 years or younger.

Statistics South Africa reports that the average fertility rate was 2.3 births per woman in 2013. Life expectancy in South Africa has increased dramatically (9.6 years) over a relatively short period of time, rising on average from 51.6 years in 2005 to 62.9 years in 2015. This increase stems from the introduction of antiretroviral treatment for people living with HIV, and other major health initiatives. Life expectancy for persons without HIV was estimated at 69 years (65.2 for men, 72.7 for women).

Based on civil registration data, Statistics South Africa indicates the main causes of death as tuberculosis (8.8% of total deaths), influenza and pneumonia (5.2%), HIV (5.1%), cerebrovascular diseases (4.9%), diabetes mellitus (4.8%), other forms of heart disease (4.6%), and hypertensive diseases (3.7%). South Africa faces a quadruple burden of disease resulting from communicable diseases such as HIV/AIDS and TB; maternal and child mortality; NCDs such as hypertension and cardiovascular diseases, diabetes, cancer, mental illnesses and chronic lung diseases like asthma; as well as injury and trauma.

Some of the water-borne diseases that pose a high risk to South Africans include gastroenteritis, cholera, viral hepatitis, typhoid fever, bilharziasis and dysentery. Malaria is endemic in small areas within the provinces of Kwazulu-Natal, Limpopo and Mpumalanga.

### HEALTH POLICIES AND SYSTEMS

The right to health care is enshrined in South Africa's constitution. In population coverage terms, South Africa's health system is dominated by the public health sector, while the private health sector mainly caters for the affluent members of society. The National Development Plan 2030 has several health priorities which have guided the National Health Strategic Plan 2015 - 2020, aimed at achieving a long and healthy life for all South Africans.

The foundation of the public health system is composed of primary care facilities, which are mainly clinics and community health centres that are the first line of access to formal healthcare services. The ward-based PHC outreach teams form a link between community-based services and those offered by primary care facilities. The next tier of the public health care system in South Africa is the district hospital to which patients are referred from primary care facilities, when necessary. The final tier is tertiary hospitals, also known as provincial and central hospitals. Patients are free to choose their providers in the public sector and they often access the closest facility. This inadvertently forces central or tertiary hospitals to provide all types of health services, including primary care. Private provision of care mainly involves private hospitals and highly specialized services to which access is limited by affordability. Hence, they are mainly used by people who have voluntary health insurance coverage. Many uninsured patients consult general practitioners and make out-of-pocket payments for these services. Private sector health professionals are generally funded through private health insurance. In terms of health financing, 43% of health expenditure is channelled through voluntary health insurance regulated by the Council for Medical Schemes. In the public sector, services are subsidized and provided at no cost in primary care facilities.

For the abovementioned reasons, the National Development Plan 2030 seeks to implement a national health insurance system, reduction in the relative cost of private medical care and bolstered by greater human capacity and better systems in the public health sector.

### COOPERATION FOR HEALTH

Being cognizant of the leading causes of morbidity and mortality, the Government approved a National Health and Wellness advisory Commission for health matters. The multisectoral commission includes public and private health sector, NGOs and community organizations.

In keeping with the National Strategic and Action Plan for NCDs (2016-2020), the Healthy Village, Healthy Island Project was launched to promote healthy and active communities and improved quality of life for persons living with chronic diseases through the application of the life course approach. The project was developed and implemented as a partnership with civil society organizations and the private sector.

The ministry enjoys extensive bonds of solidarity with regional entities such as PAHO/WHO, CARICOM, PANCAP, OECS, CARPHA and countries such as Taiwan, Venezuela and Cuba, international development partners such as the European Union, the Global Fund, World Bank, USA President's Emergency Plan for AIDS Relief and the World Paediatric Project. They provided vital support in the national thrust towards universal access to health care. The country is recognized as a centre of excellence and hub for paediatric care in the OECS through the work of the World Paediatric Project.

The government has upgraded some health facilities including the Milton Cato Memorial Hospital, Mental Health Rehabilitation Centre, as part of the 10th European Development Fund Modernization of the Health Sector Project; and two rural hospitals as part of the PAHO SMART Hospital Project.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2020)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p><b>STRATEGIC PRIORITY 1</b> Strengthening national efforts towards the attainment of Universal Health Coverage (UHC)</p>	<ul style="list-style-type: none"> <li>• Support the phased institutionalization of the NHI and specifically advance the National Health Insurance Fund</li> <li>• Support the optimal distribution and effective utilization of the health workforce</li> <li>• Strengthen the national regulatory authority (NRA) to ensure access to safe quality medical products and food</li> </ul>
<p><b>STRATEGIC PRIORITY 2</b> Contribute towards reduction of the burden of communicable diseases, especially HIV, TB, STIs, hepatitis and vaccine-preventable diseases</p>	<ul style="list-style-type: none"> <li>• Strengthen capacity for scaling-up prevention, treatment and care for HIV, STIs and Hepatitis, including measures to promote adherence and prevent drug resistance</li> <li>• Strengthen the prevention and treatment of TB, including M/XDR-TB to reduce the incidence, prevalence, and case fatality rates</li> <li>• Promoting access to existing and new immunization products to reduce vaccine-preventable diseases</li> </ul>
<p><b>STRATEGIC PRIORITY 3:</b> Support the prevention and control of noncommunicable diseases, mental health disorders, violence and injuries</p>	<ul style="list-style-type: none"> <li>• Support the development and implementation of policies, strategies and regulations to combat tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity, violence and injuries, and other risk factors</li> <li>• Support improved management of the four main noncommunicable diseases (NCDs), namely cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, in order to reduce morbidity and mortality</li> <li>• Guide and support the preparation and implementation of multi-sectoral, population-wide programmes to promote mental health and prevent mental and behavioural disorders</li> </ul>
<p><b>STRATEGIC PRIORITY 4:</b> Support South Africa in meeting its global health obligations while contributing to international health and development</p>	<ul style="list-style-type: none"> <li>• Support the implementation of International Health Regulations (2005)</li> <li>• Support progress towards disease elimination and eradication</li> <li>• Support the reduction of maternal and neonatal mortality in order to meet the SDGs and other international Commitments</li> </ul>

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