

Cancer Association of South Africa (CANSA)



Fact Sheet on a Health Profile of South Africa and Related Information

Introduction

According to the World Health Organization (WHO), South Africa is a dynamic and complex country. A middle-income nation that has dedicated substantial resources to health and human capital investments, South Africa has a progressive Constitution that guarantees the right to health care and vibrant civil society.

[Picture Credit: South Africa]



National Health Insurance (NHI) is the central means by which the government aims to achieve universal coverage, under the principles of social solidarity and equity elaborated in the National Development Plan. To implement NHI, the government is revitalising service delivery, changing the way that health services are financed, ensuring the provision of primary care, improving access to qualified human resources for health, and ensuring the availability of quality assured medical products.

Life Expectancy

Life expectancy has increased due to innovations and rapid scale-up of HIV/AIDs and Tuberculosis (TB) treatment and care, and expanded access to immunisations. According to this **Rapid Mortality Surveillance Report 2013**, issued by the Medical Research Council's Burden of Disease Research Unit, South Africa's life expectancy has escalated to 62 years in 2013 – an increase of 8.5 years since the low in 2005.

Life expectancy and adult mortality					
INDICATOR	2009	2010	2011	2012	2013
Life expectancy at birth Total	57.1	58.5	60.5	61.3	62.2
Life expectancy at birth Male	54.6	56.0	57.8	58.5	59.4
Life expectancy at birth Female	59.7	61.2	63.2	64.0	65.1
Adult mortality (45q15) Total	46%	43%	40%	38%	36%
Adult mortality (45q15) Male	51%	48%	46%	44%	42%
Adult mortality (45q15) Female	40%	38%	35%	32%	30%

Maternal and child mortality					
INDICATOR	2009	2010	2011	2012	2013
Under-5 mortality rate (U5MR) per 1 000 live births	56	52	40	41	41
Infant mortality rate (IMR) per 1 000 live births	39	35	28	27	29
Neonatal mortality rate ¹ (<28 days) per 1 000 live births	14	13	13	11	11
INDICATOR	2008	2009	2010	2011	
Maternal mortality ratio ² (MMR) per 1 000 live births	281	302	267	197	

1. Based on adjusted DHIS data from NDOH
2. Based on adjusted cause of death data from Stats SA

(Medical Research Council).

Incidence of HIV and Tuberculosis

HIV incidence among youth (15-24 years) is 1.49 %, and incidence in the general population is 1.07% (2012). Two in three TB patients also have HIV. South Africa has one of the highest TB incidence rates in the world (1 per 100 of the population). Susceptible TB Treatment Success Rates is 80%. South Africa also contributes about 17% of the global burden of reported Multi-drug Resistant Tuberculosis (MDR-TB). National roll-out of rapid molecular diagnostics (GeneExpert) ensures early detection of drug resistant cases, National DR-TB Survey is ongoing to ascertain the burden of DR-TB. Diagnosis and management of drug resistant cases account for nearly half of the TB budget, and treatment success rates are 40% for MDR-TB and 18% for XDR-TB.

Maternal and Child Health

Progress in maternal and child health has been hindered by the HIV and tuberculosis epidemics, and the performance of the health system.

[Picture Credit: Maternal and Child Health]



Efforts to accelerate prevention interventions are underway, including the prevention of maternal to child transmission of HIV. Important reductions have occurred in under-five and infant mortality (it was 42 and 30 per 1 000 live births by 2011), although these rates are higher in comparison with other countries of similar socioeconomic status. Maternal mortality ratios remain high, at 333 deaths per 100 000 live births. Immunisation remains critical to improving child health. The government currently has eleven antigens on its national immunisation schedule, including rotavirus and Pneumococcal Conjugate Vaccine, which has markedly reduced child morbidity and mortality. A national HPV campaign was launched in March 2014.

Non-Communicable Diseases

Approximately two in five deaths are attributable to non-communicable diseases. Some 40% of mortality from non-communicable conditions among men occurred before the age of 60 years - and is, therefore, considered premature. Second to non-communicable conditions is the burden of mortality and disability from violence and injuries. In particular, a rapid increase in motor vehicles has led to increases in road traffic accidents that now account for more than one-quarter of deaths due to injuries.

Tobacco and Alcohol Use

For nearly two decades, tobacco use declined as a result of strong legislation and policies to control tobacco consumption. The WHO FCTC was ratified in 2005. However, smoking rates are among the highest in the continent (16.2%).

Harmful alcohol consumption is the third most important risk factor contributing to non-communicable diseases, injuries, and communicable diseases. Alcohol use is a major underlying factor in injuries and road traffic accidents. Patterns of harmful use exist among those who drink. Harmful and excessive alcohol consumption also contributes to non-communicable conditions, and can also accelerate the progression of infectious diseases.

Alcohol is a Group 1 carcinogen according to the International Agency for Research on Cancer (IARC).

Overweight and Obesity

Overweight and obesity pose major nutritional challenges. More than seven in ten women above 35 years old are overweight. A contributing factor is the rapidly increasing consumption of packaged foods high in calories, saturated fats, animal proteins, sugars, and salt. In addition, physical activity levels are low. Approximately half of adults are physically inactive, and two in five schoolchildren do not participate in sufficient physical activity.



[Picture Credit: Obesity]

South Africa is the most obese country in sub-Saharan Africa, with over 40% of adults overweight or obese.

There are now more obese people on the planet than there are hungry people.

Fat intake among Africans has jumped almost 65% since 1940, when records first started being kept. Obesity-related diseases like hypertension and diabetes are spiralling. More South African adults now die from obesity than from poverty. And researchers say they have encountered another phenomenon: that people associate weight loss with HIV and AIDS. But, says the government, breaking dangerous social and cultural perceptions around fat will be tough.

According to research, many black women believe that if fat women lose weight, they are: HIV-positive not being supported properly by their husbands and, not as attractive or fertile. The director of the Department of Health's chronic diseases, disabilities and geriatrics directorate, Dr Elamin Mohamed, said the social and cultural aspects of obesity were a "big challenge" and could not be ignored. He said that the new dietary guidelines were just one aspect of a full-blown, multi-sectoral obesity prevention and management strategy being developed. The new guidelines contain simple health messages that are food-based (bread, meat and so on) and not nutrient-based (protein, carbohydrate and so on), as in the past.

Dr Thandi Puoane, a lecturer and researcher at the School of Public Health at the University of the Western Cape, said the institution's surveys in the Eastern and Western Cape had revealed that fat was associated with being healthy, and thin with having HIV and AIDS. Puoane, with help from the Sports Science Institute, will launch the first walking club in Khayelitsha this week. If successful, more clubs will be opened in the Western Cape. Dr

Krisela Steyn, head of the Medical Research Councils Chronic Diseases of Lifestyle Unit said that South African women had gone from under-nutrition to over-nutrition.

She said that they ate much more than they needed, were not physically active and many of them associated fat with wealth, health and success. Chairman of the South African Society for the Study of Obesity, Professor Tessa van der Merwe, said obesity among black women was under-diagnosed for years, while the dire consequences went unrecognised. About 60 South Africans are affected by strokes and heart attacks daily and the World Health Organisation predicts that in the next 20 years, obesity-driven diabetes across sub-Saharan Africa will double. Research also shows that undernourished children with stunted growth have an increased risk of becoming obese.

(Forbes; International Federation of Red Cross and Red Crescent Societies; Lancet; Health Systems Trust).

Quality of Life

Improvement in the sustainable development sector has resulted in improved quality of life. Access to improved water sources is nearly universal. However, coal is used as a cheap source of energy for industry, and thus South Africa ranks as the highest greenhouse gas emitter in the continent. Climate change is one of the key priorities of Government, who views mitigation as a means to ensure an internationally competitive lower carbon economy. (World Health Organization).

South African Population Pyramid 2014

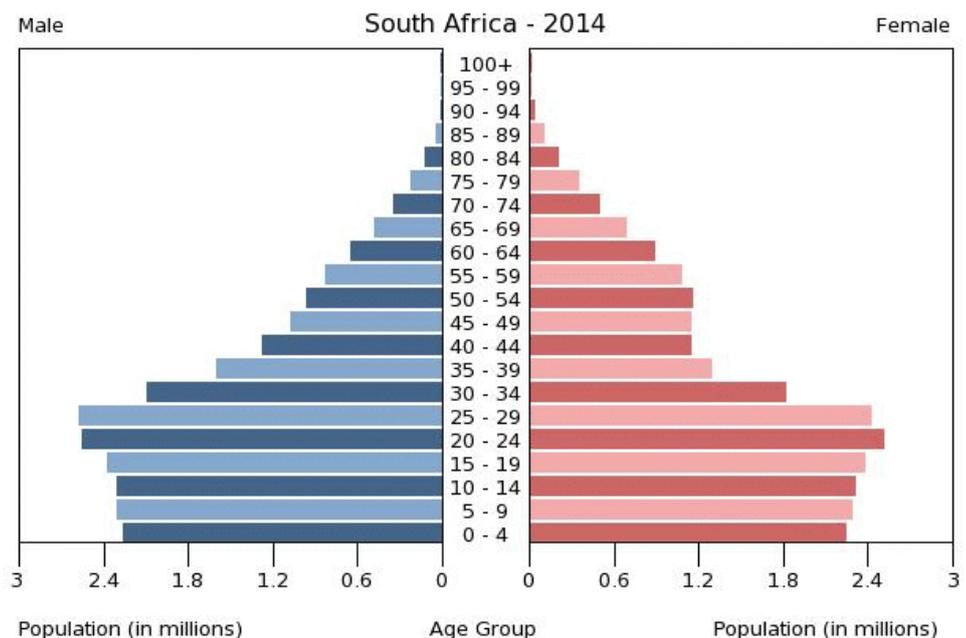
The demographics of South Africa encompasses about 50 million people of diverse origins, cultures, languages, and religions.

[Picture Credit: Population Pyramid 2014]

Even though the population of South Africa has increased in the past decade (primarily due to immigration), the country had an annual population growth rate of -0.051% in 2010 where the birth rate is higher than the death rate but there is a net emigration rate.

South Africa is home to an estimated 5 million illegal immigrants, including some 3 million Zimbabweans.

A series of anti-immigrant riots (xenophobia) occurs sporadically (Academic Dictionaries and Encyclopedias).



The South African Population - 2011 Census

South Africa is a nation of diversity, with nearly 54-million people and a wide variety of cultures, languages and religious beliefs.

Population Group	Estimated Number (Thousands) 2014	% of total
Black	43 334	79,2%
White	4 555	8,9%
Coloured	4 772	8,9%
Asian/Indian	1 342	2,5%
Other	280	0,5%

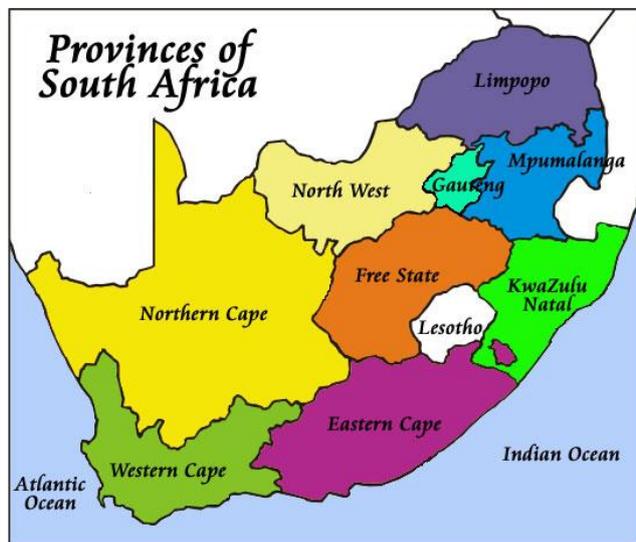
(South Africa Info).

Provinces

The provinces of Gauteng and KwaZulu-Natal account for 42% of South Africa's population, with Gauteng taking top spot as the most populous province from KwaZulu-Natal: 12.3 million people (23,7%) live in Gauteng, while 10.3 million (19.8%) live in KwaZulu-Natal.

They are followed by the Eastern Cape with 6.56-million (12.7%), the Western Cape with 5.82-million (11.3%), Limpopo with 5.4-million (10.4%), Mpumalanga with 4.04-million (7.8%), North West with 3.51- million (6.8%), and Free State with 2.75-million (5.3%).

[Picture Credit: Provinces]



Although the Northern Cape is the largest province, at almost a third of South Africa's land area, it is an arid region with the smallest population – only 1.15-million people, or 2.2% of the total.

Mid-year Population Estimates by Province 2014 (thousands)		
Province	Population	% of total
Eastern Cape	6 787	12,7%
Free State	2 787	5,3%
Gauteng	12 915	23,7%
KwaZulu-Natal	10 694	19,8%
Limpopo	5 630	10,4%
Mpumalanga	4 229	7,8%
Northern Cape	1 167	2,2%
North West	3 676	6,8%
Western Cape	6 116	11,3%
TOTAL	54 002	100%

(South Africa Info).

Population Groups

The Black population is made up of four broad groupings:

- The Nguni, comprising the Zulu, Xhosa, Ndebele and Swazi people
- The Sotho-Tswana, who include the Southern, Northern and Western Sotho (Tswana people)
- The Tsonga
- The Venda

White South Africans include:

- Afrikaners, descendants of Dutch, German and French Huguenot who came to the country from the 17th century onwards.
- English-speakers, descendants of settlers from the British Isles who came to the country from the late 18th century onwards.
- Immigrants and descendants of immigrants from the rest of Europe, including Greeks, Portuguese, Eastern European Jews, Hungarians and Germans.

"Coloured" South Africans (the label is contentious) are a people of mixed lineage descended from slaves brought to the country from east and central Africa, the indigenous Khoisan who lived in the Cape at the time, indigenous Africans and whites. The majority speak Afrikaans.

Khoisan is a term used to describe two separate groups, physically similar in being light-skinned and small in stature. The Khoi, who were called Hottentots by the Europeans, were pastoralists and were effectively annihilated; the San, called Bushmen by the Europeans, were hunter-gatherers. A small San population still lives in South Africa.

The majority of South Africa's Asian population is Indian in origin, many of them descended from indentured workers brought to work on the sugar plantations of what was then Natal in the 19th century. They are largely English-speaking, although many also retain the languages of their origins. There is also a significant group of Chinese South Africans. (South Africa Info).

Languages

South Africa is a multilingual country. Its new democratic constitution, which came into effect on 4 February 1997, recognises 11 official languages, to which it guarantees equal status. These are:

- Afrikaans
- English
- isiNdebele
- isiXhosa
- isiZulu
- Sesotho sa Leboa
- Sesotho
- Setswana
- siSwati
- Tshivenda
- Xitsonga

Besides the official languages, scores of others – African, European, Asian and more – are spoken in South Africa, as the country lies at the crossroads of southern Africa.

According to the 2011 census, isiZulu is the most common home language, it is spoken by just over 20% of the population. It is followed by isiXhosa at 16%, Afrikaans at 13.5%. and English and Setswana each at 8.2%. The number of people who speak English as a first language has increased by more than 1-million, to 4.9-million people, or 9.6% of the

population. Sepedi is the home language of 9.1% of South Africans, followed by Setswana at 8%, Sesotho at 7.6%, and Xitsonga at 4.5%.

South African Languages		
Language	Number of Speakers	% of total
Afrikaans	6 855 082	13,5%
English	4 892 623	9,6%
isiNdebele	1 090 223	2,1%
isiXhosa	8 154 258	16,0%
isiZulu	11 587 374	22,7%
Sepedi	4 618 576	9,1%
Sesotho	3 849 563	7,6%
Setswana	4 067 248	8,0%
Sign Language	234 655	0,5%
siSwati	1 297 046	2,5%
Tshivenda	1 209 388	2,4%
Xitsonga	2 277 148	4,5%
Other	828 258	1,6%

South African Sign Language is probably our oldest indigenous language, and is the most basic human right of the Deaf Community. It has become widely recognised and protected in various legislative and governmental policies (and is even acknowledged as a language equal in status to the 11 official languages in the country). And yet, the dearth of material and trained educators in SASL creates a situation where this recognition is almost meaningless unless proper training can take place and suitable material be developed.
(South Africa Info; SLED).



South African Health Risk Factors

According to the World Health Organization (WHO) a risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury. Some examples of the more important risk factors are underweight, unsafe sex, high blood pressure, tobacco and alcohol consumption, and unsafe water, sanitation and hygiene.
(World Health Organization).

The following health risk factors were identified:

Alcohol

South Africa is the 'drunkest' country on the African continent, but still falls well short as an international contender for most inebriated country. Alcohol is a Group 1 carcinogen (cancer causing agent) according to the International Agency for Research on Cancer (IARC).

South Africa (SA) is a hard drinking country. It is reckoned that we consume in excess of 5 billion litres of alcohol annually; this figure is likely to be higher still if sorghum beer is included, and equates to 9 - 10 litres of pure alcohol per person. According to a World Health Organization (WHO) report released in 2011, this is among the highest per capita consumption rates in the world, and it is continuing to rise.

More alarming still is that the WHO awards South Africa a score of 4 (drinking 5 or more beers or glasses of wine at one sitting for men, and more than 3 drinks for women) out of 5

on a least risky to most risky patterns-of-drinking scale – the higher the score, the greater the alcohol-attributable burden of disease for the country.
(South African Medical Journal).

Smoking

A multistage disproportionate nationally representative stratified cluster sample of households was selected for the South African National Health and Nutrition Examination Survey, conducted in 2012.

A sample of 10 000 households from 500 census enumerator areas was visited. A detailed questionnaire was administered to all consenting adults in each consenting household.

- Of adult South Africans, 17.6% (95% confidence interval (CI) 6.3 - 18.9) currently smoke tobacco.
- Males (29.2%) had a prevalence four times that for females (7.3%) (odds ratio 5.20, 95% CI 4.39 - 6.16; $p < 0.001$).
- The provinces with the highest current tobacco smoking prevalence were the Western Cape (32.9%), Northern Cape (31.2%) and Free State (27.4%).
- Among current tobacco smokers, 29.3% had been advised to quit smoking by a healthcare provider during the preceding year, 81.4% had noticed health warnings on tobacco packages, and 49.9% reported that the warning labels had led them to consider quitting.
- A large proportion of adult South Africans continue to use tobacco. While considerable gains have been made in reducing tobacco use over the past 20 years, tobacco use and its determinants need to be monitored to ensure that tobacco control strategies remain effective.

(Human Sciences Research Council; South African Medical Journal).

Obesity

More South African adults now die from obesity than from poverty. And researchers say they have encountered another phenomenon: that people associate weight loss with HIV and AIDS. But, says the government, breaking dangerous social and cultural perceptions around fat will be tough. According to research, many black women believe that if fat women lose weight, they are HIV-positive; not being supported properly by their husbands; and, not as attractive or fertile.

(Health Systems Trust).

South Africa has the highest overweight and obesity rate in sub-Saharan Africa: seven out of 10 women and four out of 10 men have significantly more body fat than what is deemed healthy, according to a ground breaking new study published in the medical journal, the *Lancet*.

These results correlate with a 2011 health survey conducted by pharmaceutical company GlaxoSmithKline that pronounced South Africa “the third-fattest nation in the world” and a Medical Research Council study, which found that 61% of the South African population is overweight or obese. This is almost double the global rate of nearly 30%, according to the *Lancet* study.

The *Lancet* study, which was conducted by the Institute for Health Metrics and Evaluation at the University of Washington, was a first-of-its-kind analysis of data between 1980 and 2013 from 188 countries.

It found that the rise in global obesity rates over the past three decades “has been rapid, substantial and widespread, presenting a major public health epidemic in both the developed and developing world”.

Of the 70% of overweight South African women, 42% are obese, according to the study. The authors define overweight as a weight-to-height ratio greater than or equal to 25, but lower than 30, while the ratio for obesity is considered higher than 30 (Medical Research Council).

Infant Mortality

In South Africa, the infant mortality rate was 33.3 deaths per 1 000 live births in 2012. The HIV/AIDS epidemic is one of the main reasons for the persistence of high infant mortality rates in South Africa. According to UNICEF, 50% of HIV positive infants die of HIV-related diseases by their second birthday. (OECD Health Statistics 2014).

Percentage Distribution of Deaths by Main Group of Underlying Cause of Death (CD-10)

Cause of Death:	2007	2008	2009	2010	2011
Certain infectious and parasitic diseases (A00 - B99)	25,4	26,4	25,0	24,8	23,1
Neoplasms (C00 – D48)	5,8	5,9	6,3	6,7	7,3
Diseases of the blood and immune mechanism (D50 – D89)	3,2	3,1	2,9	2,6	2,5
Endocrine, nutritional and metabolic diseases (E00 – E99)	4,9	4,8	5,1	5,6	5,6
Mental and behavioural disorders (F00 – F99)	0,3	0,3	0,3	0,3	0,3
Diseases of the nervous system (G00 – G99)	2,7	2,7	2,7	2,7	2,9
Diseases of the eye and adnexa (H00 – H59)	0,0	0,0	0,0	0,0	0,0
Diseases of the circulatory system (I00 – I99)	13,7	13,9	14,7	15,2	16,2
Diseases of the respiratory system (J00 – J99)	13,8	13,1	13,1	12,4	11,9
Diseases of the digestive system (K00 – K93)	2,6	2,6	2,5	2,5	2,6
Diseases of the skin and subcutaneous tissue (L00 – L99)	0,2	0,2	0,2	0,2	0,2
Diseases of the musculoskeletal system, et (M00 – M99)	0,3	0,3	0,4	0,4	0,4
Diseases of the genitourinary system (N00 – N99)	1,4	1,4	1,5	1,6	1,7
Pregnancy, childbirth and puerperium O00 – O99)	0,3	0,3	0,3	0,3	0,2
Perinatal conditions (P00 – P96)	2,1	2,1	2,3	2,0	2,0
Congenital malformations (Q00 – Q99)	0,3	0,3	0,3	0,3	0,4
Symptoms and signs not elsewhere classified (R00 – R99)	13,9	13,6	13,7	13,5	13,6
External causes of morbidity and mortality (V01 – Y98)	9,0	9,0	8,7	8,9	9,1
Total	100,0	100,0	100,0	100,0	100,0
Total number	604 360	595 624	579 711	543 856	505 803

(Stats in Brief 2014)

Top Fifty (50) Causes of Death in South Africa for 2010

The top fifty (50) causes of death (death rate in brackets – per 100 000 of the population) for South Africa for 2010 were as follows:

- | | |
|------------------------------------|-------------------------------|
| 01. HIV/Aids (555.73) | 06. Diabetes Mellitus (66.67) |
| 02. Influenza & Pneumonia (140.42) | 07. Hypertension (45.13) |
| 03. Diarrhoeal Diseases (84.56) | 08. Tuberculosis |
| 04. Stroke (83.42) | 09. Violence (29.07) |
| 05. Coronary Heart Disease (71.02) | 10. Lung Disease (27.77) |

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|------------------------------------|--------------------------------------|
| 11. Breast Cancer (23.38) | 31. Other Injuries (6.79) |
| 12. Road Traffic Accidents (20.17) | 32. Alzheimers / Dementia (6.62) |
| 13. Lung Cancers (19.56) | 33. Epilepsy (6.53) |
| 14. Meningitis (18.30) | 34. Oral Cancer (5.83) |
| 15. Oesophageal Cancer (18.22) | 35. Pancreatic Cancer (5.35) |
| 16. Asthma (16.43) | 36. Congenital Anomalies (5.15) |
| 17. Low Birth Weight (15.18) | 37. Fire (4.84) |
| 18. Colorectal Cancer (13.18) | 38. Skin Cancers (4.14) |
| 19. Inflammatory / Heart (11.34) | 39. Schistosomiasis (4.13) |
| 20. Anaemia (11.20) | 40. Liver Disease (3.89) |
| 21. Liver Cancer (11.09) | 41. Peptic Ulcer (3.84) |
| 22. Kidney Disease (10.39) | 42. Bladder Cancer (3.56) |
| 23. Prostate Cancer (9.55) | 43. Stomach Cancer (3.49) |
| 24. Endocrine Disorders (9.29) | 44. Skin Disease (3.22) |
| 25. Cervical Cancer (8.96) | 45. Leukaemia (3.14) |
| 26. Birth Trauma (8.67) | 46. Other Neoplasms (2.81) |
| 27. Maternal Conditions (8.08) | 47. Upper Respiratory Disease (2.67) |
| 28. Suicide (7.38) | 48. Syphilis (2.93) |
| 29. Malnutrition (7.15) | 49. Hepatitis B (2.11) |
| 30. Lymphomas (7.01) | 50. Falls (2.03) |
- (World Life Expectancy)

Health Care Resources and Activities

Skilled and motivated health workers in sufficient numbers at the right place and at the right time are critical to deliver effective services and improve health outcomes (WHO 2010). However, a shortage of qualified health workers in rural areas is common in both developed and developing countries. In most developing countries in the world more than half of their populations live in rural areas.

Globally, rural areas are served by only 38% of the total nursing workforce and by less than 25% of the total physician workforce (World Health Organization).

In 2012, South Africa had only 0.7 physicians per 1 000 population.

There were also only 1.1 nurses per 1 000 population in South Africa in 2012. (OECD Health Statistics).

Number of Cell Phone Subscribers 2012

According to the World Health Organization the South African population owned 131 cell phones per 100 of the population. (World Health Organization).

It is a well known fact that South Africa has one of the largest telecommunications markets on the African continent. Mobile phones have become a popular and prevalent form of voice and data communications among many sectors of the population in South Africa, especially for use in informal business. Cell phones are in fact taking the place of computer internet access and, as recent reports show, more than 60 percent of South African regularly use cell phones to access the Internet. This has also been accelerated by the popularity of cheap communication via applications such as Mixit and WhatsApp. A recent study of mobile usage in South Africa showed that, "With low levels of PC use and near-universal mobile ownership, South Africa is an excellent venue to observe mobile Internet use among resource-constrained communities. Some estimate that there are more active users of the mobile Internet in South Africa than there are traditional Internet users."

Although half the 50 million people in South Africa live below the poverty line, more than 75% among those in low-income groups who are 15 years or older own a mobile phone. Mobile ownership at the base of pyramid (BoP) – households with an income of less than R432 per month per household member – is relatively high compared to other African countries. This leads to the obvious conclusion that; “Social media is a key driver of mobile internet adoption, particularly in developing countries such as South Africa”.

South African population	51.8 million
Total mobile connections (active sim cards)	66.1 million
Total unique subscribers (people)	40.7 million
Mobile penetration (active connections to population)	128%
Estimated active smartphones in South Africa	11 million
Estimated mobile data penetration (data mobile connections)	39%
Weighted blended Average Revenue Per User per month (ARPU)	R119
Prepaid subscriber base	83%
Post-paid (contract) subscriber base (Imagi-nation).	17%

Population Distribution in South Africa 2013

The population distribution within South Africa is as follows:

Population living in urban areas	64%
Population living in rural areas	36%

Disclaimer

This Fact Sheet is intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in this Fact Sheet. So far as permissible by law, the Cancer Association of South Africa (CANSA) does not accept any liability to any person (or his/her dependants/estate/heirs) relating to the use of any information contained in this Fact Sheet.

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