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**Human Development Indicators
in the SADC Region**

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Introduction

The aim of this policy brief is to outline key human development indicators in the Southern African Development Community (SADC) region and to highlight important policy issues arising from areas requiring urgent developmental attention.

Human Development Index

The Human Development Index (HDI) provides a general measure of human progress. The HDI is composed of 3 components of human development, namely longevity, education level and living standards. Longevity is proxied by *life expectancy*; education levels by *enrolment and adult literacy rates* and living standards is proxied by *income*.

The average HDI value for the SADC region in 1998 was 0.538. SADC thus has medium human development levels¹. The HDI values reveal that Seychelles (0.808), Mauritius (0.782) and South Africa (0.718) had the highest levels of human progress in SADC. Mozambique had the lowest HDI value in SADC (0.350), followed by Malawi (0.393) and Angola (0.419).

The value of the SADC-specific HDI declined by 5.3% for the period 1995 to 1998. The decline in human development shows that SADC has not made much progress in raising living standards, education levels and improving longevity. The greatest fall in the value of the HDI between 1995 and 1998 occurred in the Democratic Republic of Congo (DRC) (absolute change in HDI was -0.065), followed by South Africa (-0.040) and Angola (-0.029).

Income

Real gross domestic product is a component of the HDI that measures living standards. The SADC countries that earned the most income in 1998 were

The meaning of human development

Although the meaning of human development has been altered and extended throughout history, it can, for present purposes, be defined as a process that enlarges human choices and improves the quality of life for every man, woman and child.

What are these choices? The basic choices each person should have include the opportunity to lead long, healthy, creative, productive lives, the opportunity to participate fully in every decision and process that affects their lives, education, and *equal* access to resources for a decent standard of living. These basic choices lead to other choices such as political, economic, cultural and social freedom, security, justice, human rights, empowerment and self-esteem.

The role of income Income is a means to human development if it enriches every person to reach his or her full potential.

¹ Human development categories value range from 0.800-1.000 (High) 0.500 to 0.799 (Medium) and 0.000-0.499 (Low).

Seychelles (10600), Mauritius (8312) and South Africa (8488). Among the lowest income earners in SADC are Zambia (719), Malawi (523) and Tanzania (480).

Primary, secondary and tertiary enrolment

Between 1980 and 1995, the gross combined enrolment ratio at primary, secondary and tertiary levels rose from 38% to 51,8%, but fell marginally to 51.14% in 1998. Among individual countries, the ratio declined in Angola, DRC, Mozambique and Tanzania. Enrolment rates for these countries for the year 1998 were 25% for Angola; 33% for DRC; 25% for Mozambique and 33% for Tanzania.

SADC Human development categories (based on HDI values)	
High human development category	Seychelles
Medium human development category	Mauritius, South Africa, Swaziland, Namibia, Botswana, Lesotho and Zimbabwe
Low human development category	DR Congo, Zambia, Tanzania, Angola, Malawi and Mozambique

Source: SADC Regional Human Development Report 2000 – Challenges and Opportunities for Regional Integration. SAPES Books: Zimbabwe.

Adult literacy

The average adult literacy rate for SADC rose from 48% in 1970 to 71% in 1995, but fell to 67.32% in 1998. Adult *illiteracy* rates were highest in Angola, Mozambique and Malawi (58%, 57.7% and 41.8% respectively).

Life expectancy

Life expectancy declined in all countries (except Mauritius and Swaziland) from an average of 52 years in 1995 to 48.6 years in 1998. The declining trend is due to inadequate resource allocation for health services (despite the fact that most SADC countries actually increased health expenditure), Tuberculosis (the number of TB cases increased from 147 cases per 100000 people in 1995 to 196.8 cases in 1997), AIDS and other diseases. Malawi has the lowest life expectancy – in 1998, people were expected to live to an age of about 39 years.

HIV/AIDS situation

In 1999, Botswana had the highest adult HIV prevalence rate (36.1%) followed by Swaziland (25.0%) and Zimbabwe (24.3%). Low adult HIV prevalence rates existed in DRC (5.1%), Angola (2.8%) and Mauritius (0.1%).

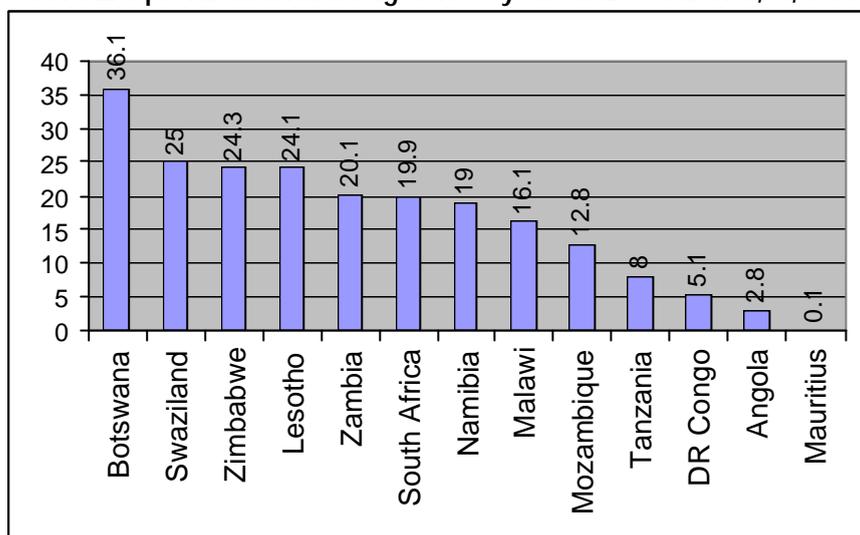
The number of AIDS cases continues to escalate. Between 1995 and 1997, for

Human development differs between groups within each country

Levels of human development differ not only between countries, but also between groups within each country based on literacy, gender, age and race. For example, the groups with high human development levels are males, urban dwellers, the politically influential middle class in the government and the private sectors, White and Asian groups and those who are literate.

example, the number of AIDS cases increased from 33 to 174 cases per 100 000 people.

HIV/AIDS prevalence: Adults aged 15-49 years SADC countries, %, 1999



Source: UN Report on the Global HIV/AIDS epidemic in SADC Regional Human Development Report – Challenges and Opportunities for Regional Integration. 2000. SAPES Books: Zimbabwe: p148.

Population growth

Rapid population growth rates vary between countries in SADC, with a few – Angola and Malawi - reporting growth rates of more than 3.5% per annum. The problem is not population growth *per se*, but rather that the increase in population has not been matched by an increase in output, income and complementary factors of production. Population growth rates have increased, because infant mortality rates have fallen and high fertility rates have been sustained. The total fertility rate for SADC increased from 4.9 in 1990 to 5.1 in 1997.

Infant mortality

The average infant mortality rate (per 1000 live births) in SADC declined from 113 in 1970 to 110 in 1996 and then fell further to 107 in 1998. However, for some individual countries, infant mortality rates have risen. South Africa's infant mortality rates increased from 50 in 1996 to 60 in 1998 and Zimbabwe's rate rose from 49 in 1996 to 59 in 1998. Some countries also had particularly high rates of infant mortality, namely DRC, Zambia, Angola, Malawi and Mozambique.

Child malnutrition

Between 1992 and 1998, 23.5% of children under the age of 5 years suffered from malnutrition in SADC. Insufficient nutrition affects many spheres of a child's life, including health, education (for example, malnutrition hampers concentration levels at school and often causes children to faint) etc. About a third of all children in DRC, Tanzania and Malawi suffer from malnutrition.

Unemployment

The average unemployment and underemployment rates are high in SADC. Between 30 and 40% of the labour force is either unemployed or underemployed, in the informal sector or in agriculture. Rates of growth of formal sector wage employment is less than rates of growth of the labour force in most SADC countries. Other factors responsible for the labour market problem are the rise of capital-intensive techniques and sectors, the mismatch of skills and the inability of countries to adjust their economies in the face of globalisation.

Racial inequality

Wide racial imbalances exist in SADC. The African population constitutes the majority of the total population in SADC, but they have the lowest human development levels and they are the most socially deprived groups. For example, 57.2% of the African population live in poverty in South Africa, compared with 2.1% of the White population.

Income inequality

The SADC countries that were experiencing the highest rates of income inequality between 1990 and 1998 were Namibia, Zimbabwe, Malawi and South Africa. This is represented by the Gini Coefficient² value of 0.70, 0.63, 0.62 and 0.59 respectively. Tanzania (0.38) and the Seychelles (0.47) had the lowest rates of income inequality in the SADC region.

Gender-related Human Development Index

The Gender-related Human Development Index (GDI) provides a general measure of the disparity between the achievements of men and of women. The GDI is based on the same variables incorporated in the HDI. The GDI is measured by male and female life expectancy at birth, male and female adult literacy rates and enrolment

SADC human development compared to other regions

Human development in SADC is lower than the regions of South Asia, East Asia, all developing countries and the whole world, but is higher than some regions of sub-Saharan Africa, *Economic Community of West African States* (ECOWAS) and the *Common Market for Eastern and Southern Africa* (COMESA).

The link between income and human development

There is a strong relationship between human development and income in the SADC region. Seychelles (10 600), Mauritius (8 312) and South Africa (8 488) have the highest levels of GDP per capita. These countries also have the highest HDI values in the region. However, there are exceptions to this relationship. For example, Angola earns more per capita income than Tanzania and Zambia but has lower levels of human development.

² The Gini Coefficient measures the extent to which income distribution deviates from a perfectly equal distribution - a value of 0 represents total equality and that of 1 represents total inequality

ratios, and male and female per capita incomes based on male and female earned income shares.

Mauritius with 0.765, South Africa with 0.706 and Swaziland with 0.659 had the highest GDI values in 1998. The SADC countries with the lowest GDI values are Tanzania (0.411), Malawi (0.370) and Mozambique (0.320).

On average, women in SADC countries for the period 1995 to 1998 improved their incomes relative to men. However, their literacy rate was 80% of that of men and they constitute only 44% of the labour force.

Gender Empowerment Measure

The Gender Empowerment Measure (GEM) provides a general measure of the extent of inequality between women and men in areas of economic and political participation and decision-making in the public and private sector. The variables used to form GEM measurements are women's and men's share of administrative and managerial positions, professional and technical jobs, national income and parliamentary seats.

South Africa had the highest Gender Empowerment Measure in 1997 (0.529), followed by Botswana (0.423) and Lesotho (0.390). Malawi had the lowest measure (0.206) followed by Zambia (0.240). South Africa's high ranking is due to a relatively high share of seats held in parliament by women (28.4%). Women's share of national income in Botswana is the highest in SADC. In Lesotho, women's share of administrative and managerial positions constitute 33.4% of the total. Although Swaziland has the third lowest GEM measure (0.324), this country has the highest share of women in professional and technical jobs. The Gender Empowerment Measure for Malawi is the lowest in SADC, because women have a very low share of seats in parliament (5.7%), administrative and managerial jobs (4.8%) and professional and technical jobs (34.7%).

For those SADC countries where data is available, the GEM increased by 33.28% between 1995 and 1997, which indicates an improvement in women's participation in economic and political participation and decision-making.

The human development and gender empowerment link

Mauritius is the highest-ranking country in SADC in terms of human development levels. However, Mauritius is ranked in fourth place in terms of the GEM. Botswana, Lesotho, Zimbabwe and South Africa have done better in empowering women than in human development.

Other gender imbalances

Other gender imbalances exist in SADC in terms of:

- Access to productive resources.
- Existing laws that deny women certain rights.

Human Poverty Index

The Human Poverty Index (HPI) is a general measure of poverty. The HPI measures 3 components of poverty, namely the *deprivation of a long and healthy life, knowledge and economic provisioning*.

In 1998, about a third of the people living in SADC were poverty-stricken: the Human Poverty Index was 31.5%. These people were thus extremely impoverished in terms of survival prospects, knowledge, economic provisioning and nutrition. The level of human poverty in SADC decreased from 39.9% in 1995 to 31.5% in 1998. However, human poverty increased in Zimbabwe, Zambia and Botswana during this period.

In 1998, the most poverty-stricken country in SADC was Angola (54.7%) followed by Mozambique (50.7%), Malawi (41.9%), Zambia (37.8%) and Zimbabwe (30%). Mauritius had the lowest poverty level in SADC – 11.5% of its population lived in poverty. South Africa had the second lowest poverty level in SADC (20.2%) followed by Lesotho (23.3%) and Swaziland (27.3%).

Access to safe water and health services

Just over a third of SADC's population did *not* have access to safe water and health services for the periods 1981 to 1993 and 1990 to 1998 respectively. For individual countries, Angolans are the most deprived people in SADC in terms of access to economic provisioning – 69% of the population cannot access safe water and 76% cannot access health services. Almost all of the people in Mauritius had access to safe water (98%) and health services (99%).

Access to communication and information

The average distribution of communication and information technology among people in SADC, for the period 1996 to 1998, is extremely low. For instance, in 1998 there were approximately 15 personal computers, 9 cellular telephones and 28 telephone mainlines for every 1000 people in SADC. For individual countries, South Africa had the highest proportion of computers – with 47 computers per 1000 persons – and Angola had the lowest (0.8). There was only 1 cellular telephone for every 1000 persons in Zambia, Tanzania, Angola and Malawi in 1998. There were approximately 8.42 internet hosts per 10000 people in SADC in January 2000.

Mobilising natural resources for human development

The following resource problems threaten human development:

- **Unequal access to resources** - more than 60% of people in SADC lack access to adequate safe water and health services.
- **Pollution** - increases environmental insecurity.
- **Struggles over natural resources** - the resurgence of unresolved historical claims over national boundaries and land.

Environment

In terms of soil degradation, some of the most affected areas in SADC are found in Angola, Lesotho, South African and Botswana. The regions most polluted area, in terms of air pollution, is Johannesburg because of an extremely high concentration of coal burning.

Economic crises and natural disasters

SADC countries are vulnerable to external economic shocks and natural disasters. Natural disasters disrupt economic development (for example the flooding that took place recently in Mozambique) and economic crises hamper economic growth (for example, the East Asian financial crisis of 1997). The socio-economic devastation that results curtails human development.

Civil conflict, war, crime and corruption

Peace and security is essential for human development. It creates an environment conducive to unleashing human potential. The disruption of peace and security through armed conflict and crime undermines the sustainability of the human development process. Civil conflicts and wars in various regions of SADC, such as Angola and DRC have:

- Resulted in significant loss of human life.
- Reduced productive capacity by damaging/destroying physical assets required to develop human capabilities.
- Increased budget deficits and inflation and reduced investor confidence and GDP growth rates.
- Diverted scarce resources needed for social services to war efforts.
- Disrupted social services, which reduces access to health services and education.
- Displaced populations and caused many migrants to become refugees.

Crime is increasing in SADC. Crime negatively influences investment urgently needed to develop SADC economies and contributes to the loss of human life and productive capital. Crime and corruption are also major stumbling blocks in the formation of democratic governance.

Key findings and policy implications

- **Decline in enrolment and adult literacy rates** The region needs educational reforms aimed at improving enrolment rates and increasing adult literacy rates.
- **Decline in life expectancy and spread of AIDS** SADC requires an emergency development plan to cope with the AIDS epidemic, which includes increasing public awareness, providing treatment, care and support to AIDS victims and innovating safety nets to provide for orphans and for families who lose their breadwinners.
- **High infant mortality and child malnutrition** Important policy issues related to reducing high infant mortality include reducing poverty, improving the education

status of women and resolving conflicts in the region. Reducing the extent of child malnutrition can be achieved by, for example, providing nutritious food to children at school and/or to mothers of malnourished children.

- **Poverty, inequality and unemployment** Poverty-reduction strategies and employment-intensive growth policies are essential mechanisms of combating poverty, inequality and unemployment. Efforts to reduce gender and income inequality must be increased.
- **Environmental degradation** SADC needs policy measures to protect and preserve the environment to conserve scarce resources for human development.
- **Social unrest** Regional co-operative mechanisms for resolving conflicts and reducing crime are urgently required to restore peace and security in SADC.
- **Inadequate socio-economic provisioning** SADC needs to increase technology networks, especially for poor people in the region. Establishing “telecentres” could, for instance, provide communities with access to long-distance learning, telemedicine, agricultural extension and rural development services and basic training in computing. Expanding every person’s access to fresh water and health service is vital for human development.
- **SADC’s vulnerability to natural disasters and economic crises** Strategies to mitigate the hazardous effects of natural disasters are needed. SADC also needs to protect itself from economic crises caused by volatile capital flows.
- **Low-income levels and rapid population growth** Economic growth is a means of increasing *per capita* incomes for SADCs growing population. Policy must aim to stabilise poor macroeconomic conditions and increase saving and investment levels through mechanisms such as regional integration.

Conclusion Human Development Indicators have shown that SADC is a region characterised by medium human development levels and falling levels of human progress. Quality of life is constrained by the hardships of poverty, poor employment prospects and inadequate access to resources. Even in places where considerable human progress has been made, the associated gains have not been distributed equally between men and women and other groups of people. The prevalence of inequality means that many people are not empowered to participate in decisions that affect their lives, leaving them with little political or socio-economic power.

The opportunities available to each person to improve their lives are considerably reduced by the wide extent of crime, war and corruption and the high rate at which HIV/AIDS and other diseases are spreading. Safety nets for victims of natural disasters, economic crises, war and crime are inadequate, which exacerbates poverty. The survival and development of many children are threatened by high rates of malnutrition; the risks they face either by being orphaned if their parents contract AIDS, or if they themselves become infected; not having the opportunity to go to school (as shown by low enrolment rates); crime; and poor health services.

The SADC region (particularly Mozambique, Malawi and Angola) urgently needs development strategies aimed at uplifting and sustaining each person’s standard of living and general quality of life.

Reference

African Development Report – Regional Integration in Africa. 2000. Oxford University Press: USA.

“SADC Community Objectives”. www.sadcreview.com.

SADC Program for Regional Information Sharing and Management on Environment and Sustainable Development. www.worldbank.org.

SADC Regional Human Development Report – Challenges and Opportunities for Regional Integration. 2000. SAPES Books: Zimbabwe.

UNDP Poverty Report 2000. www.undp.org.

World Development Report – Attacking Poverty. 2000/2001. World Bank. Oxford University Press: USA.