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Mid-year population estimates

2024

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Acronyms and abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
AIM	AIDS Impact Model
ANC	Antenatal Care
ART	Antiretroviral Therapy
CBR	Crude Birth Rate
CDR	Crude Death Rate
COVID-19	Coronavirus Disease 2019
CSIR	Council for Scientific and Industrial Research
DATCOV	Daily Hospital Surveillance for COVID-19
DemProj	Demographic Projections
DHA	Department of Home Affairs
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IOM	International Organisation for Migration
LE	Life Expectancy
MACOD	Mortality and Causes of Death
NDoH	National Department of Health
NICD	National Institute for Communicable Diseases of South Africa
NPR	National Population Register
NSO	National Statistical Organisation
OECD	The Organisation for Economic Co-operation and Development
PMTCT	Prevention of Mother-to-Child Transmission
PLWHIV	People living with HIV
RAPID	Rapid Mortality Surveillance
RNI	Rate of Natural Increase
SABSSM	South African National HIV prevalence, incidence, behaviour and communication survey
SDDS	Special Data Dissemination Standards
Stats SA	Statistics South Africa
TFR	Total Fertility Rate
U5MR	Under-five Mortality Rate
UNDESA	United Nations Department of Economic and Social affairs

Definition of concepts

Age-specific fertility rate (ASFR) – The fertility rate obtained for specific age groups during a given year or reference period per 1,000 women.

Annual growth rate (GR) – The rate at which the population is increasing or decreasing in a given year due to natural increase and net migration, expressed as a percentage of the base population.

Cohort component projection – A projection made by subjecting all cohorts, on an annual or five-year basis, to mortality and migration assumptions, and applying fertility assumptions to women of reproductive age.

Crude birth rate (CBR) – The number of births in a year per 1,000 mid-year population of a specific year.

Crude death rate (CDR) – The number of deaths in a year per 1 000 mid-year population of a specific year.

Epidemic – A disease that affects a large number of people within a community, population or region.

Excess deaths – The number of deaths observed during the pandemic above a baseline of recent trends.

Incidence - The number of new cases during a specified time.

Life expectancy at birth (e (0)) – The average number of additional years a person could expect to live if the age-specific death rates for a given year prevailed for the rest of his/her life.

Life table – A tabular display of life expectancy and the probability of dying at each age (or age group) for a given population, according to the age-specific death rates prevailing at that time.

Pandemic – An epidemic that has spread over multiple countries or continents.

Population estimates – A calculation of the size or distribution of a population or another characteristic of the population for the present or past.

Population projection – Computations depicting the future course of a population's size, its structure, and its interaction with dynamics such as fertility, mortality, and migration. The projection is constructed based on assumptions about the future course of those population dynamics.

Prevalence – The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Rate of natural increase (RNI) – The rate at which the population is increasing or decreasing in a given year due to the surplus or deficit of births over deaths, expressed as a percentage of the base population.

Sex ratio – The number of males per 100 females in a population.

Total fertility rate (TFR) – The average number of children born alive to a woman during her lifetime if she were to bear children at each age in accordance with the prevailing age-specific fertility rates.

Under five-mortality rate (U5MR) – The number of deaths to children under the age of five per 1 000 live births.

Summary

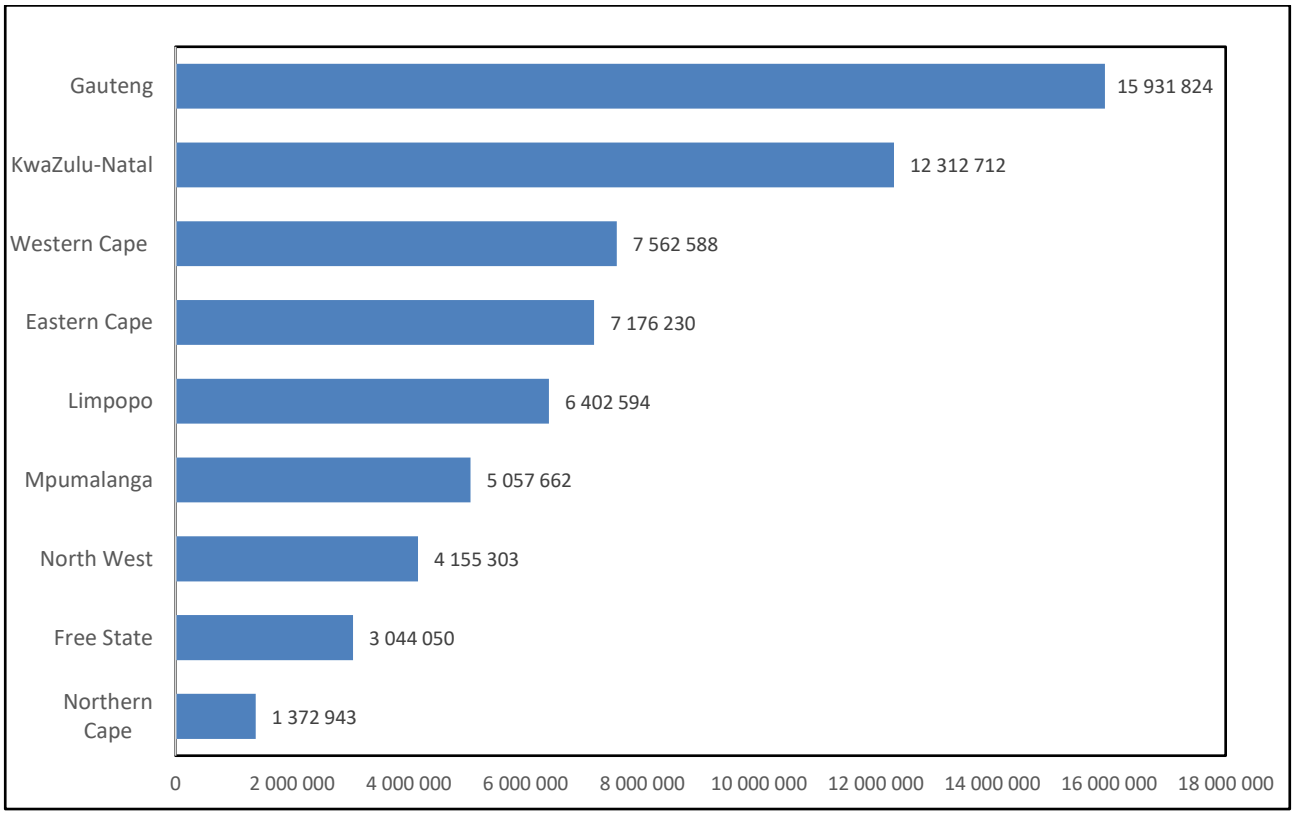
- The cohort-component methodology is used to estimate the 2024 mid-year population of South Africa.
- The estimates cover all the residents of South Africa at the 2024 mid-year point and are based on the latest available information. Estimates may change as new data become available. Census 2022 data formed part of the array of data triangulated to determined plausible input of fertility, mortality and migration over time. The updated estimates are accompanied by an entire series of revised estimates for the period 2002–2024. On this basis, comparisons between this model and previous series should not be made.
- For 2024, Statistics South Africa (Stats SA) estimates the mid-year population at 63,02 million people. The female population accounts for 51,0% (approximately 32,13 million) of the population.
- On 5 March 2020, South Africa recorded its first case of COVID-19. By the 11th of March, the World Health Organization (WHO) declared COVID-19 a global pandemic. South Africa's first COVID-19 related death occurred on 27th March 2020. As the spread of the disease occurred over time, there was a rise in the number of direct and indirect deaths in the population due to COVID-19. In conjunction, there was a rise in innovation in COVID-19 related treatment protocols, prevention measures and vaccination development over this time. Despite resurgence of the COVID-19 virus over time, COVID-19 related deaths reduced drastically due to such innovation.
- Life expectancy at birth for 2024 is estimated at 63,6 years for males and 69,2 years for females.
- The infant mortality rate for 2024 is estimated at 22,9 per 1 000 live births.
- The estimated overall HIV prevalence rate is approximately 12,7% among the South African population. The total number of people living with HIV (PLWHIV) is estimated at approximately 8,0 million in 2024. For adults aged 15–49 years, an estimated 16,68% of the population is HIV positive.
- There is a reduction in international migration, which is indicative of the COVID-19 travel restrictions and subsequent impact on migratory patterns since March 2020. Migration is an important demographic process, as it shapes the age structure and distribution of the provincial population (and so the country's population structure). For the period 2021–2026, Gauteng and Western Cape are estimated to experience the largest inflow of migrants of approximately, 1 381 024 and 492 427 respectively.
- Gauteng still comprises the largest share of the South African population, with approximately 15,93 million people (25,3%) living in this province. KwaZulu-Natal is the province with the second largest population, with an estimated 12,31 million people (19,5%) living in this province. With a population of approximately 1,37 million people (2,2%), Northern Cape remains the province with the smallest share of the South African population.
- About 27,50% of the population is aged younger than 15 years (17,33 million) and approximately 9,7% (6,13 million) is 60 years or older. The provinces reflecting the highest percentage of children younger than 15 within its structure are Limpopo (33,09%) and EC (31,70%). The proportion of elderly persons aged 60 years and older in South Africa is increasing over time and as such policies and programmes to care for the needs of this growing population should be prioritised.

Table 1: Mid-year population estimates for South Africa by population group and sex, 2024

Population group	Male		Female		Total	
	Number	% distribution of males	Number	% distribution of females	Number	% distribution of total
Black African	25 266 984	81,8	26 242 328	81,7	**51 509 312**	**81,7**
Coloured	2 600 412	8,4	2 738 174	8,5	**5 338 586**	**8,5**
Indian/Asian	829 316	2,7	799 478	2,5	**1 628 794**	**2,6**
White	2 189 488	7,1	2 349 724	7,3	**4 539 212**	**7,2**
Total	**30 886 200**	**100,0**	**32 129 704**	**100,0**	**63 015 904**	**100,0**

*Due to rounding totals may not add up to 100%

Figure 1: Mid-year population estimates for South Africa by province, 2024



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1. Introduction

In a population projection, the size and composition of the future population is estimated. The mid-year population estimates produced by Statistics South Africa (Stats SA) use the cohort-component method for population estimation. In the cohort-component method, a base population is estimated that is consistent with known demographic characteristics of the country. The cohort base population is projected into the future according to the projected components of change. Selected levels of fertility, mortality and migration are used as input to the cohort-component method. For the 2024 mid-year estimates, the cohort-component method is utilised within the Spectrum Policy Modelling system. Spectrum is a Windows-based system of integrated policy models (version 6,36). The DemProj (Demographic Projection) module within Spectrum is used to develop the demographic projection, whilst the AIDS Impact Model (AIM) is used to incorporate the impact of HIV and AIDS on fertility and mortality, and ultimately the population estimates. Within the DemProj, a COVID-19 editor allows for the inclusion of COVID-19 related deaths by age and sex to be incorporated into the model. Spectrum requires annual estimates regarding births, deaths, and migration, among other indicators. The population estimates produced aim to take into account the impact of COVID-19 on births, deaths and migration.

Stats SA subscribes to the specifications of the Special Data Dissemination Standards (SDDS) of the International Monetary Fund (IMF). These standards dictate that the MYPE release should be disseminated within one month of the mid-year. The mid-year estimates are an estimate of the population as of 30 June in a given year. The estimates of stock such as population size, number infected with HIV etc. pertain to the middle of the year i.e. 30 June, whilst the estimates of flow e.g. births, deaths, Total Fertility Rates (TFRs), Infant Mortality Rates (IMRs) etc. are for a 12-month period e.g. 1st July 2023 to 30th June 2024. A stock variable is measured at a given time and represents a quantity at each moment in time – e.g. the number of people within the population at a certain moment whilst an estimate of flow is typically measured over a certain interval of time. The mid-year population estimates are published annually. It would be misleading to compare values and rankings with those of previously published reports, due to revisions and updates of the underlying data and adjustments. Users are advised to use the complete series, published along with this report on the Stats SA website.

2. Demographic and other assumptions

Mid-year population estimates and projections are tasked with determining the demographic profile of the country so as to better assist with planning as it relates to health, economics and welfare. A cohort-component projection requires a base population distributed by age and sex. Levels of mortality, fertility and migration are estimated for the base year and projected for future years. The cohort base population is projected into the future according to the projected components of population change.

2.1 Fertility

The DemProj module of Spectrum is used to produce a single-year projection, thus the Total Fertility Rate (TFR) and the life expectancy at birth must be provided in the same format i.e. annually. The time series of TFR estimates for all population groups in South Africa are derived following a detailed review of TFR estimates (1985–2024), (both published and unpublished), from various authors, methods and data sources.

The impact of COVID-19 on conception and subsequently the expected births post-2020 increased despite the escalation in economic uncertainty. Health professionals and planners have been concerned with the impact of the lockdown measures due to COVID-19 on the rollout of sexual and reproductive health services such as access and uptake of contraceptive methods, prenatal care provided to mothers, rollout of ARTs and early treatment and diagnosis of diseases and illnesses (NDOH, 2023). Collateral impacts of this nature occurred due to the constraints on or overburdening of the health care system due to COVID-19, likely contributing to higher births. There has been a rise in adolescent pregnancies due in part to the hampering of sexual and reproductive health programmes and campaigns due to COVID-19. A multi-country study by the UNFPA, using civil registration data from selected countries, indicates that developing countries experienced a disruption in the provision of health services due to COVID-19, which lead to an increase in births. It was also found that COVID-19 played a role as a great disruptor to already poor levels of timeliness on registrations of births and under-reporting of births in developing countries (UNFPA, 2021).

Empirical data indicating the actual effect of the COVID-19 pandemic on fertility in South Africa is reflected in the recorded live birth occurrences and registrations of 2021 and beyond (9 months after the pandemic). For this reason, current assumptions of national and provincial fertility are based on trends seen in published births data currently available at national and provincial level in the vital registration system and the District Health Information System (DHIS) (Stats SA, 2015; Stats SA, 2023; NDoH, 2021). The latest recorded live births report was published by Stats SA in December 2023. The report acknowledges that births data suffers from a level of incompleteness. Based on this report, there was an increase in birth occurrences as of 31 July 2023 for the years 2020 and 2021 (the 2022 year is excluded as it would suffer the most incompleteness). The finalised TFR assumptions can be found in Table 2. The estimates of fertility show a fluctuation over the period 2002–2024. Since 2009, overall fertility has declined from an average of 2,74 children per woman to 2,41 children in 2024. A dip in fertility seen in 2016 is reflective of empirical birth registration data in the DHIS and the recorded live births data (Stats SA, 2023; NDOH, 2021). Other inputs required in DemProj include the age-specific fertility rate (ASFR) trend and sex ratios at birth. Census 2022 TFR and the resultant births were not used in the estimation process as the fertility data has not been released for use.

2.2 Mortality

The ultimate purpose of the mid-year population estimates, to assist with policy making and planning based on the population structure and profile. This cannot be addressed without taking into account the COVID-19 pandemic that has greatly affected the nation and the world for over three years (Bradshaw et al., 2023). At the start of the pandemic, the Medical Research Council (MRC) prepared weekly publications indicating excess deaths in South Africa encountered during the pandemic. These reports were based on weekly updated deaths captured in the National Population Register (NPR) of South Africa (Dorrington et al., 2021). The MRC

estimated that the mortality impact of COVID-19 was three-fold of what was reported by NDoH (Dorrington et al., 2021; NDoH, 2020; Moultrie, 2021). Using all-cause deaths reported in the death registration system of South Africa (adjusting for non-permanent residents, late registration and incompleteness), the MRC developed estimates of excess deaths experienced during the COVID-19 pandemic (Dorrington et al., 2021). Excess deaths refer to the number of deaths observed during the pandemic above a baseline of recent trend (Dorrington et al., 2021; NDoH, 2020). These excess deaths are what resulted in the decline in life expectancy (LE) during the pandemic.

To estimate the population in the DemProj model in Spectrum, age and sex specific death rates are required. On 30 April 2024, the 2020 Mortality and causes of death (MACOD) report was published by Stats SA. The report only covers the start of the COVID-19 pandemic in the year 2020. As a result, the age, sex and geographic profile of deaths for all residents in South Africa for the period 2021–2023 are yet to be published by Statistics South Africa. The MYPE is updated annually and will be revised to incorporate new information including the Mortality and Causes of Death (MACOD) data beyond 2020. The household mortality data from Census 2022 has not been released for use and could therefore not be used as part of the estimation process. The excess deaths that have been published by South African Medical Research Council (SAMRC) have been adjusted for non-permanent residents, late registration and completion in their estimation. Internationally, measures of excess deaths indicated that the COVID-19 pandemic substantially increased mortality in 2020 and 2021 in many countries (Karlinsky and Kobak, 2021; Aburto et al., 2021). The age mortality profile of the disease indicated that older people and those with co-morbidities, specifically diabetes and hypertension, faced a higher risk of mortality (Biswas, et al., 2021, Booth et al., 2021; Sanyaolu et al., 2020; Pillay et al., 2020; Goldstein and Lee, 2020). However, broader categories of respiratory diseases, circulatory diseases and cancer also faced higher risk of mortality (Sanyaolu et al., 2020; Stokes et al., 2020, Biswas et al., 2020; Booth et al., 2021; Pillay et al., 2020).

Stats SA applies the country-specific UN Model Life table for South Africa in Spectrum. The age pattern of mortality is based on various sources, data and methods – these include death data from the Rapid Mortality Surveillance (RAPID) report, MACOD report, and the Demographic and Health Survey report – among others. Survival rates from the selected life tables were then used to project the population forward. AIM calculates the number of AIDS deaths and determines a new set of life expectancies that incorporate the impact of Acquired Immune Deficiency Syndrome (AIDS), (see Figure 3). Additionally, excess deaths at the time of COVID-19 pandemic have been incorporated into the estimation process.

Table 2: Assumptions of Total Fertility rate and expectation of life at birth, 2002–2024

Year	TFR	Life expectancy at birth	
		Male	Female
2002	2,55	60,8	67,3
2003	2,48	60,7	68,4
2004	2,62	60,7	68,5
2005	2,74	60,7	68,6
2006	2,77	60,8	68,7
2007	2,77	60,8	68,7
2008	2,78	60,9	68,7
2009	2,74	60,9	68,7
2010	2,65	60,9	69,8
2011	2,64	62,5	69,8
2012	2,61	63,3	69,9
2013	2,56	63,5	69,9
2014	2,52	63,6	70,0
2015	2,45	63,7	70,1
2016	2,33	63,7	70,3
2017	2,28	63,9	70,5
2018	2,34	64,3	70,3
2019	2,38	64,5	70,4
2020	2,42	64,7	71,0
2021	2,42	64,8	71,0
2022	2,42	64,8	71,2
2023	2,42	64,7	71,2
2024	2,41	65,1	71,2

The Spectrum Policy Modelling System (Futures Group) consists of a number of components that result in the estimation of population size to assist in costing and planning of, and future healthcare services. For the purpose of the production of the MYPE, Stats SA uses two of the available components in this projection model, namely (a) **Demproj** for population projections and (b) **AIM** in which the consequences of the AIDS epidemic were projected. In the AIM projection, several programmatic and epidemiological data inputs specific to South Africa are required. These include programme coverage of adults and children on antiretroviral treatment (ART) and Prevention of mother-to-child-transmission (PMTCT) treatment (NDoH, 2023). In addition to eligibility for treatment as per national guidelines, the epidemiological inputs include antenatal clinic data (ANC). The assumptions regarding the HIV epidemic in South Africa are based primarily on the prevalence data collected annually from pregnant women attending public service antenatal clinics (ANC) since 1990 to the most recent estimates of 2022 (Woldesenbet, S.A, et al., 2021; NDoH, 2021; NDOH, 2023). However, antenatal surveillance data produce biased prevalence estimates for the general population because only a select group of people (i.e. only pregnant women attending antenatal public health services) are included in

the sample. The South African National HIV prevalence, incidence, behaviour and communication survey (SABSSM) data that produces national estimates for the country are used in the model to correct for this bias (Shisana et al., 2014; Simbayi et al., 2019). Other inputs in the AIM model include the following: Median time from HIV infection to death, and Ratio of new infections. Indicators of HIV prevalence, incidence and HIV population numbers over time show the impact of HIV on the population. HIV indicators shown in Figures 5 and 6 are based on the afore-mentioned assumptions.

2.3 International migration

To estimate the population, annual net migration over time is required. Estimating and further projecting international migration over time is not without difficulties. Whilst there is a reliable registration of births and deaths in the country that assists in the fertility and mortality estimation, international migration surveillance systems have failed to accurately account for the number of international migrants entering the borders either through land, boat or aeroplanes. Whilst a concerted effort has been made to secure South Africa's borders, irregular migration is a common problem contributing to migration data issues. By triangulating a number of data sources i.e. the census, population age and sex structure seen in other surveillance systems such as education, health and employment as well as censuses of other countries capturing South African migrants and tourists' patterns, migration assumptions can be informed. Using this array of sources as well as literature, the MYPE assumes a level of annual net migration over time.

Table 3 shows international migration by population group for selected periods. Given the impact of COVID-19 on international movement across the globe, estimates of international migration during the COVID-19 period were disrupted. Appendix 5 in this report details the levels of lockdowns that were implemented in the country and their effects on international travelling and border controls. Overall, the assumption is that international migration drastically reduced during the COVID-19 period and there has been a recovery since the end of the pandemic. According to the tourism and migration statistics from Stats SA, there has been an improvement with regards to international tourism in South Africa even though by December 2023 the numbers had not reached pre-COVID-19 levels (Stats SA, 2024(c)). In February 2024, travellers arriving in the country increased by 15,8% when comparing 2024 to 2023 (Stats SA, 2024(a)). The number of travellers who arrived in February 2024 is still a quarter of a million less than the 2020 number, buttressing the fact that pre-COVID-19 levels have not been reached. The May 2024 report on tourism shows that the number of foreign arrivals in the country was approximately 320 000 lower than the number reported in May 2019 (before the COVID-19 pandemic) (Stats SA, 2024(b)). For the purpose of this report tourism data is used as an indicator of mobility.

Table 3: International net-migration assumptions for the period by population group, 2001–2026

	African	Indian/Asian	White	Net international migration
2001–2006	619 509	35 562	-99 574	555 497
2006–2011	878 851	53 047	-106 787	825 111
2011–2016	1 100 815	65 431	-111 346	1 054 900
2016–2021	956 984	60 700	-90 957	926 727
2021-2026	792 857	49 989	-84 308	758 538

Note: The estimate refers the flow figure from 1st July of the first year in the period to 30th June of the last year of the period

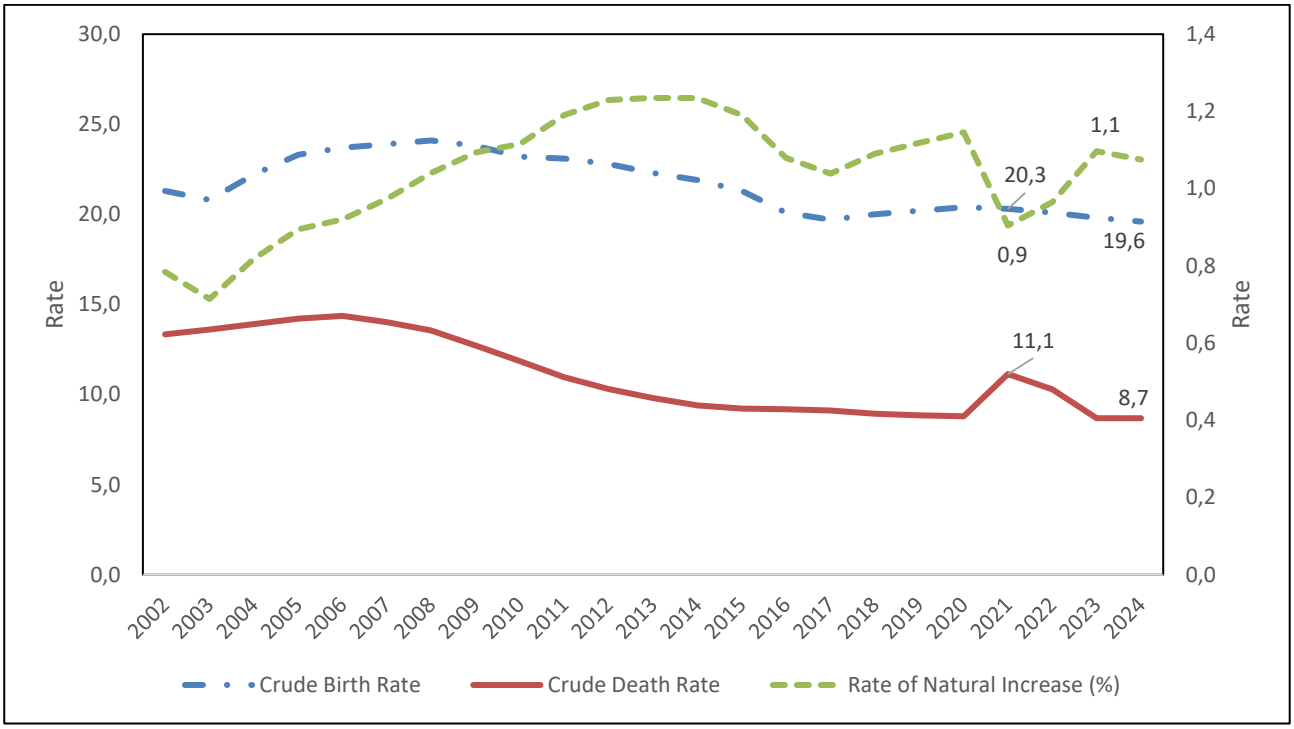
If the net flow of migrants is outward, then net migration is reflected as a negative number whilst if the net flow is inward, then it is reflected as a positive number (Table 3). Net international migration estimates are derived using not only Census 2011 migration data, but also migration numbers and proportions from various other authors, methods and data sources such as the Organisation for Economic Co-operation and Development (OECD) and UNDESA, which forms part of the UN network. These estimates are informed by the number of new immigration permits issued, which only partly represents migration flow (OECD, 2023). Furthermore, irregular migration constitutes a significant proportion of migration, often missed in official estimates, and this varies from country to country. Census data from National Statistics Offices (NSOs) of various countries as well as migration data is also sourced**.** Compared to other components of change, the net migration rate can be volatile, as encountered during the outbreak of COVID-19.

The MYPE 2024 series has assumed a resumption in migratory patterns, almost reaching pre-pandemic levels by 2024 with an upward trajectory going forward. As more migration data comes to the fore over time, migration assumptions will be revised accordingly.

3. Demographic and other indicators

Figure 2 indicates that the Crude Birth Rate (CBR) increased between 2003 and 2008, thereafter it follows a general pattern of decline between 2009 and 2017, after which the CBR remains stable at 20 births per 1000 persons. The CBR is directly related to the rise and fall of TFR assumptions over time (Table 2). Whilst CBR is a crude measure of the number of live births per 1000 persons in the population, indicators such as TFR and ASFR (Age Specific Fertility Rate) offer insight into fertility in the country over time. TFR assumptions indicate a rise in the period 2004-2008 and a consequent rise in birth in the period 2004-2009. However, in the period 2009-2017 though there is a general decline in TFR, there is a consequent rise in births due to population momentum and the increased proportion of women of reproductive aged 15-49 during this period. With a growth in TFR 2018-2020, a significant increase in the number of births, and with a constant TFR in the last four years we see a stable number of births. Figures 2-4 and Table 4 offer a glimpse into the mortality experience of South Africa, which incorporates the impact of HIV and AIDS (using the AIM model). The crude death rate (CDR) has increased from 13,3 (2002) to 14,4 deaths per 1000 in 2006, thereafter declining to 8,8 deaths per 1 000 people in 2020. Due to the AIDS epidemic experience, CDR in South Africa did increase between 2002 and 2006 thereafter declining as access to HIV treatment and care became available. Dramatically influenced by COVID-19 in the country, within just one year CDR increased to 11,1 deaths per 1 000 people in 2021. With access to COVID-19 treatment and vaccination uptake, CDR in the population declined to 8,7 deaths per 1000 persons in 2023 and remained at 8,7 deaths per 1000 persons in 2024 as further reduction in COVID-19 related deaths reached saturation levels. The rate of natural increase (RNI) fluctuates over time peaking around 2011–2014 while CBR shows a peak around 2008 with a gradual decline over time. RNI indicates the great influence of births relative to deaths over the 12-year period. However, with declining fertility and a dramatic increase (27,8%) in deaths in 2021 due to the COVID-19 pandemic, the rate of natural increase in South Africa dropped drastically from 1,2% in 2020 to 0,9% in 2021. With a stable birth rate and a declining death rate between 2022 and 2024, RNI climbed to 1,1% in 2024.

Figure 2: Crude birth rate, crude death rate, and rate of natural increase over time, 2002–2024



Life expectancy at birth declined between 2002 and 2006, largely due to the impact of the HIV and AIDS epidemic experienced, however expansion of health programmes to prevent mother-to-child transmission as well as access to antiretroviral treatment has partly led to the increase in life expectancy since 2006. Life expectancy at birth for males declined from 62,8 in 2020 to 60,3 in 2021 (2,5 year drop) and from 68,3 in 2020 to 65,0 for females (3,2 year drop). Whilst the Life expectancy at birth indicator is an important health indicator it should not be interpreted as a projection of an individual's lifespan but rather should be used to shed light on the cumulative burden of a crisis such as COVID-19 compared to recent trends. With greater vaccination coverage, continued prevention practices i.e. mask wearing; social distancing and sanitising of hands and surfaces; further innovation in drug and treatment protocols and the avoidance of a more severe or infectious strain of the virus, life expectancy at birth in South Africa improved by 0,8 years for males (63,6 years) and 0,9 years for females (69,2 years) in 2024. With access to HIV prevention and treatment as well as other strides in health and living conditions, the infant mortality rate (IMR) has declined from an estimated 57,0 infant deaths per 1 000 live births in 2002 to 22,9 infant deaths per 1 000 live births in 2024. Similarly, the under-five mortality rate (U5MR) declined from 79,7 child deaths per 1 000 live births to 28,6 child deaths per 1 000 live births between 2002 and 2024. The IMR and U5MR shown in Figure 4 are based on the selected model life table and may differ to similar indices published elsewhere. Infants admitted to hospitals for COVID-19 related illness experienced a case fatality rate of 6,6% whilst those aged one to four admitted, experienced a case fatality rate of 3,0%. (NICD, 2021). The children sparing pattern of COVID-19, has thus far made no impact on child mortality levels in the country (NICD, 2021; Kang & Jung, 2020).

Figure 3: Life expectancy by sex over time, 2002–2024

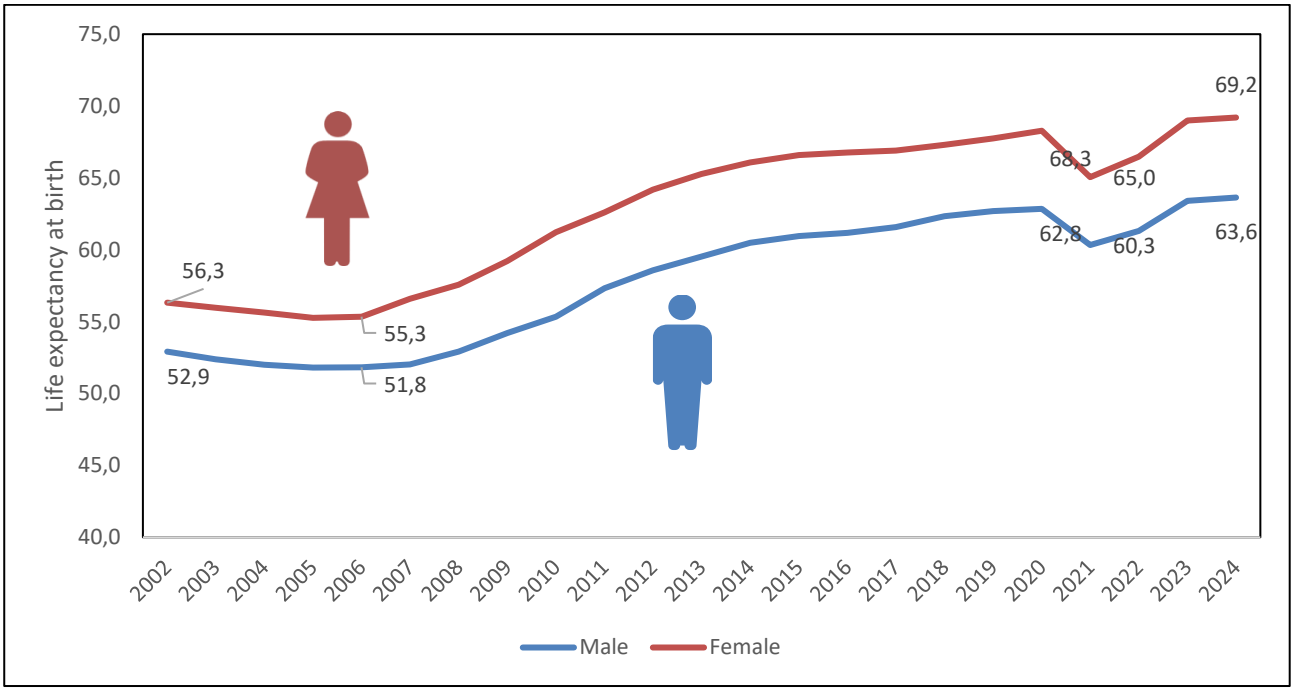


Figure 4: IMR, U5MR and Total Life Expectancy over time, 2002–2024

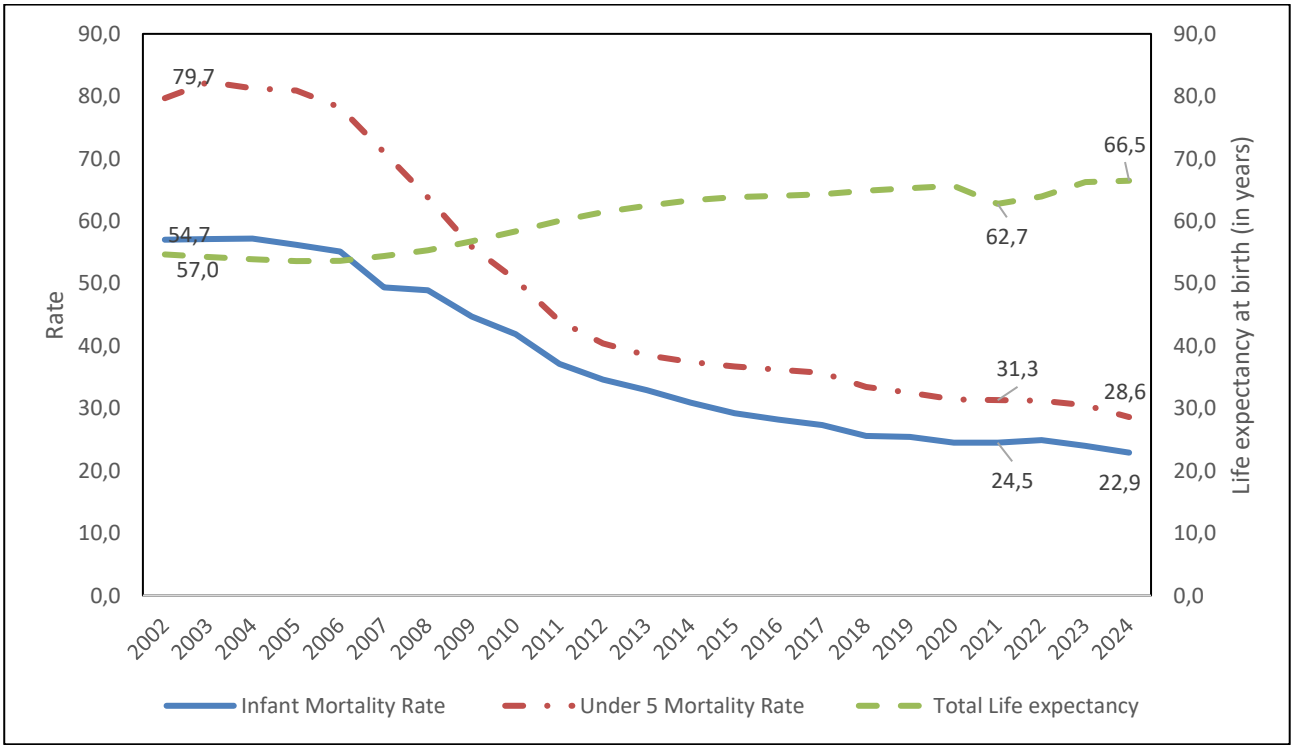


Table 4 indicates estimates for selected indicators. The highest number of death was estimated for the period 1st July 2005 to 30th June 2006, during the peak of the AIDS pandemic. The decline in the percentage of AIDS-related deaths since 2006 can be attributed to the increase in the roll-out of Antiretroviral Therapy (ART) over time. The national roll-out of ART began in 2005 with a target of one (1) service point in each of the 53 districts of South Africa at the time (later reduced to 52 districts). The estimated number of AIDS-related deaths has generally declined since 2007 from 281 302 to 68 406 AIDS related deaths in 2024. Access to antiretroviral treatment has changed significantly altering the pattern of mortality over time. Access to ART has extended the lifespan of many in South Africa, who would have otherwise died at an earlier age, as evidenced in the decline of AIDS deaths post-2006. Presence of the COVID-19 pandemic has hampered the ability of the health sector to extend life expectancy in South Africa in the year 2021. The proportion of AIDS related deaths relative to all deaths declined in 2021 (10,3%) as COVID-19 related deaths started to take its significant share. However, since 2022 there has been an increase in AIDS related deaths from 10,9% to 12,5% in 2024 as COVID-19 related deaths reduced to negligible levels. Estimated deaths in 2021 come close to levels last seen during the AIDS pandemic at its peak.

Table 4: Births and deaths for the period 2002–2024

Year	Number of births	Number of deaths	Number of AIDS related deaths	Percentage of AIDS related deaths
2002	987 121	621 727	229 792	37,0
2003	975 304	639 556	253 658	39,7
2004	1 049 185	660 576	269 377	40,8
2005	1 113 332	683 422	284 249	41,6
2006	1 146 355	698 831	286 454	41,0
2007	1 170 206	690 859	281 302	40,7
2008	1 196 308	676 658	261 325	38,6
2009	1 197 835	644 046	220 943	34,3
2010	1 182 577	608 869	190 352	31,3
2011	1 194 399	572 658	165 011	28,8
2012	1 199 305	547 027	139 623	25,5
2013	1 195 484	529 404	117 851	22,3
2014	1 192 619	515 742	98 458	19,1
2015	1 177 128	513 781	91 126	17,7
2016	1 129 875	519 496	92 372	17,8
2017	1 119 165	523 259	89 286	17,1
2018	1 155 430	520 337	79 428	15,3
2019	1 184 110	522 734	73 221	14,0
2020	1 215 381	528 117	70 297	13,3
2021	1 223 452	675 121	69 212	10,3
2022	1 223 535	631 623	69 096	10,9
2023	1 222 387	540 620	68 382	12,6
2024	1 224 801	547 360	68 406	12,5

Note: The flow data as shown above are for a 12-month period e.g. 1st July to 30th June

3.1 HIV prevalence

Figures 5 and 6 show the HIV prevalence estimated for the period 2002–2024. For 2024, an estimated 12,7% of the total population is HIV positive. A fifth of South African women in their reproductive ages (15–49 years) are HIV positive. Accessibility of treatment post 2006 and changing eligibility criteria to access treatment, have allowed for HIV positive children and adults to live to older ages thereby increasing prevalence. Congruently the protective effective of an HIV positive population on ART and changing protocols in Prevention of Mother-to-Child transmission (PMTCT) lowers levels of HIV incidence. This is evident in the marginal decline in HIV prevalence among adults 15-49 from 17,6% in 2014 to 16,7% in 2024. HIV prevalence among the youth aged 15–24 has remained stable over time, declining marginally in the most recent decade. The South African government has committed to achieving the UNAIDS 90-90-90 target. This entails that 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained treatment, and 90% of all people receiving treatment will have viral load suppression. Having the largest number of people enrolled on ART programme in the world, the South African government was indeed concerned about the impact of COVID-19 among persons living with HIV (PLWHIV) as well as the impact on testing and treatment programmes. Available data suggests a decline in annual number of clients remaining on ART by approximately 4% (Ndlovu, N.& Padarath, A., 2024). The COVID-19 pandemic and lockdown measures have to some extent, interrupted HIV prevention and treatment programmes in South Africa as it did globally. However, the disruption did not result in significant rise in AIDS-related deaths as access was merely disrupted for short periods at a time. The total number of PLHIV in South Africa is estimated to have increased from 4,14 million in 2002 to 8,00 million by 2024. Overall HIV prevalence continually increased from 8,9% in 2002 to 12,7% in 2024.

Figure 5: HIV prevalence by selected age groups, 2002–2024

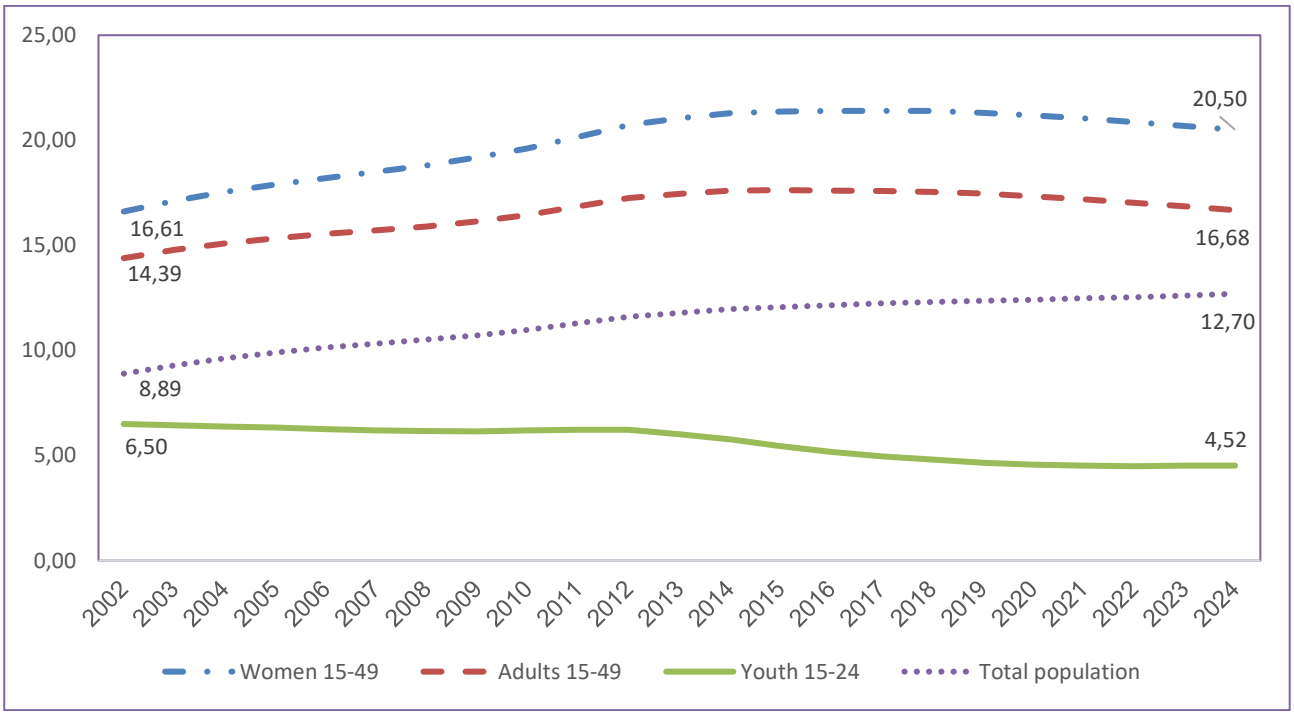
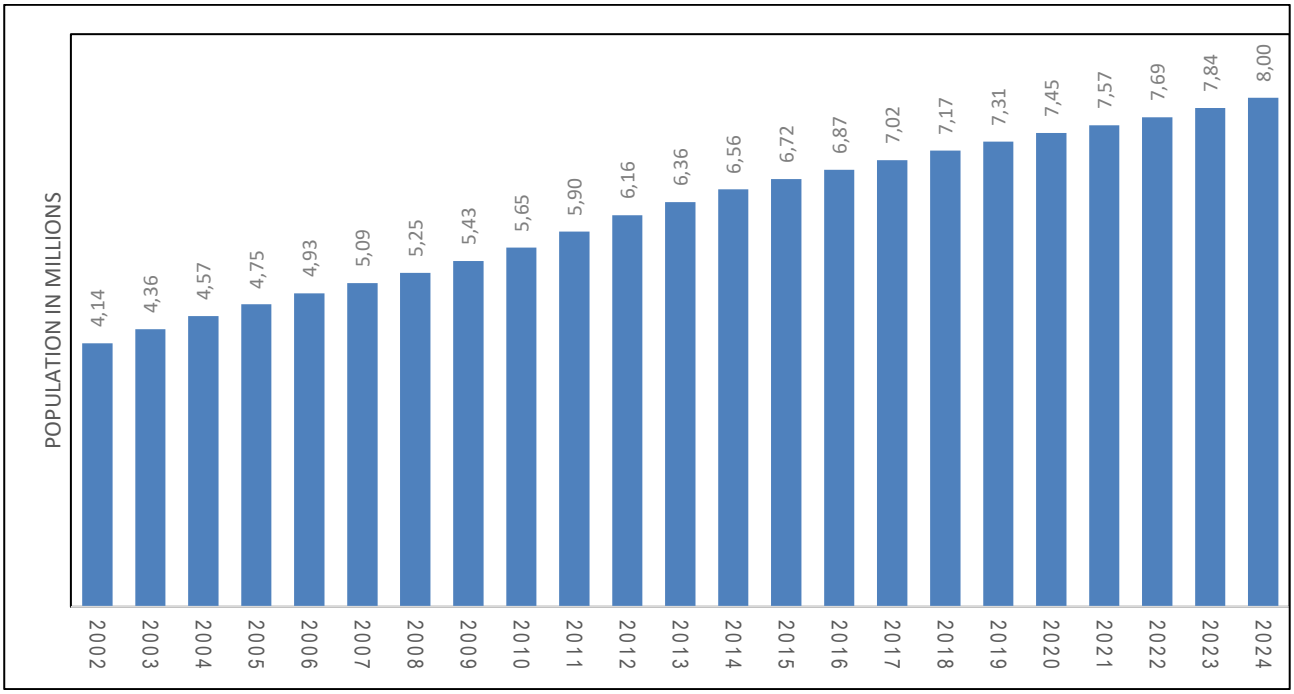


Figure 6: Persons living with HIV over time, 2002–2024



4. National population estimates

Table 5 shows the mid-year population estimates by population group and sex. The mid-year population is estimated at 63,02 million. The black African population is in the majority (51,51 million) and constitutes approximately 82% of the total South African population. The white population is estimated at 4,54 million, the coloured population at 5,34 million and the Indian/Asian population at 1,63 million. Fifty-one per cent (32,13 million) of the population is female.

Table 5: Mid-year population estimates by population group and sex, 2024

Population group	Male		Female		Total	
	Number	% of total male population	Number	% of total female population	Number	% of total population
Black African	25 266 984	81,8	26 242 328	81,7	**51 509 312**	**81,7**
Coloured	2 600 412	8,4	2 738 174	8,5	**5 338 586**	**8,5**
Indian/Asian	829 316	2,7	799 478	2,5	**1 628 794**	**2,6**
White	2 189 488	7,1	2 349 724	7,3	**4 539 212**	**7,2**
Total	**30 886 200**	**100,0**	**32 129 704**	**100,0**	**63 015 904**	**100,0**

* Due to rounding totals may not add up to 100%

Impact of the COVID-19 deaths is evident in the change in the population structure over the years 2020–2024 specifically in the elderly aged 60 and older. Figure 7 shows the rate of growth in various age categories. With the exception of the youth (those aged 15–24), all population age categories reflected a decline in the rate of growth between 2020 and 2021. Population growth rates between 2002 and 2024 reflect changes in fertility, mortality and migration that occurred over decades. Due to achievements in health and wellbeing, population growth rates prior to the COVID-19 pandemic for youth 15–24 and adults 60+ were on

the incline. The estimated annual population growth rate increased from 0,92% for the period 2002–2003 to 1,46% for the period 2019–2020. However, in the period, 2020–2021 the overall growth rate declined to 1,06%, which is directly related to the drastic increase in deaths and decline in migration.

The overall growth rate increased between 2021 and 2024 and is now estimated to be 1,33% in the period 2023–2024. The increase in population growth rate is due to a decline in deaths, revival of positive net migration since the COVID-19 pandemic and increase in births. The proportion of the elderly in South Africa was on the increase with the growth rate among elderly (60 years older) rising from 1,40% for the period 2002–2003 to 2,88% for the period 2019–2020. However, given the high mortality levels among the elderly during the COVID-19 pandemic, the growth rate among the elderly aged 60 and older drastically declined from 2,88% for the period 2019–2020 to 1,65% for the period 2020–2021. With a decline in deaths from the COVID-19 pandemic, deaths among the elderly reduced drastically resulting in elderly population growth for the period 2022–2023 being 2,92%. For the year 2024 we see a stability in elderly population growth as no further gains to the reduction in COVID-19 related deaths can be made. Therefore, the growth rate for this period is estimated at 2,84%.

Given the fluctuation in fertility over time, the increase in the growth rate among children aged 0–14 between 2002 and 2013 is indicative of the rise in fertility between 2004 and 2008, ageing of children into the next age category, as well as the decline in infant and child mortality post-2006 (Appendix 4). The declining rate of growth post 2018 among children aged 0–14, reflects the overall decline in fertility since 2008.

The age group 25–59 has seen a decline in population growth since 2013, however a drastic decline in the growth rate for the period 2020–2021 (due to COVID-19 deaths and lockdown measures limiting migration) was evident. Post 2022 there has been a stabilisation in the growth rate around 1,36% for 2022 to 2024. All three aspects of demography (past and present), i.e. fertility, international migration as well as deaths, significantly influenced the decline in the rate of growth for South Africa as a whole.

Figure 7: Population growth rates by selected age groups over time, 2002–2024

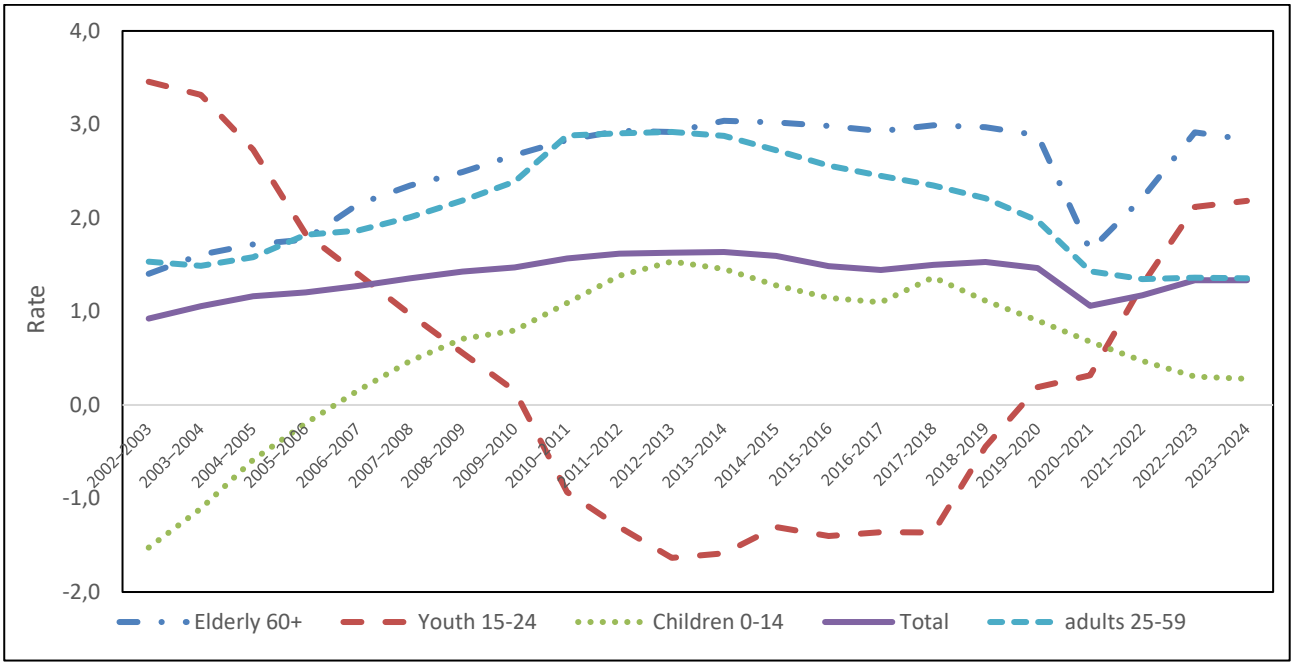


Table 6 shows the 2024 mid-year population estimates by age, sex and population group. About 27,5% of the population is aged 0–14 years and approximately 9,7% is 60 years and older. SA suffered 2 pandemics in the period 2002-2024. The loss of life due to AIDS pandemic was a gradual one extending over decades. COVID-19 however, resulted in drastic loss of life over months. COVID-19 also resulted in decline in net international migration and as such we see a dip on the annual growth rate in the period 2020/2021. The decline in growth was experienced more drastically among the elderly, however due to the availability of COVID-19 vaccines and other health interventions protecting the elderly and the population at large the growth rate among elderly and total population increased between 2021 and 2023. By 2024, growth within the elderly reached saturation point. The increase in the rate of growth among those aged 25–59 in SA, can be attributed to health interventions including HIV programs that enabled population growth post 2005 via improved survival across all ages particularly infants.

Growth rates for broad selected ages are a function of fertility, mortality and or migration over time. The growth rate among children was impacted greatly by HIV infant deaths resulting in negative growth among children between 2002-2006. With the introduction of PMTCT and ART programs there was a reverse in the growth rate among children from negative to positive. The decline in the growth of children post 2013 can be attributed to declining fertility over time. Growth within the youth aged 15-24 is tied to past fertility trends as well as mortality over time. The decline in growth rate in the period 2002-2013 among youth can be attributed to the culmination of increased deaths due to AIDS and declining births post 2008. The plateau in the rate of growth for the period 2013-2019 can be explained by the decline in AIDS related deaths (due to access to HIV treatment) coupled with the continued decline in births and high infant deaths between 1999 and 2003. There was a rise in the rate of growth among youth aged 15-24 in the period 2019-2024 rise, which is tied to increased fertility 2004-2009 and survival of infants due to access to PMTCT and ART over time.

Table 6: Mid-year population estimates by population group, age and sex, 2024

	Black African			Coloured			Indian/Asian			White			RSA		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0–4	2 681 519	2 605 478	**5 286 997**	218 019	211 198	**429 217**	38 887	37 557	**76 444**	85 461	83 014	**168 475**	**3 023 886**	**2 937 247**	**5 961 133**
5–9	2 473 275	2 403 561	**4 876 836**	214 559	208 317	**422 876**	45 404	43 647	**89 051**	108 898	105 846	**214 744**	**2 842 136**	**2 761 371**	**5 603 507**
10–14	2 505 985	2 459 386	**4 965 371**	225 537	219 613	**445 150**	51 673	49 410	**101 083**	127 185	123 930	**251 115**	**2 910 380**	**2 852 339**	**5 762 719**
15–19	2 352 394	2 334 371	**4 686 765**	225 994	221 082	**447 076**	49 060	46 482	**95 542**	129 765	127 296	**257 061**	**2 757 213**	**2 729 231**	**5 486 444**
20–24	1 995 803	1 983 911	**3 979 714**	205 596	201 720	**407 316**	51 534	45 299	**96 833**	116 469	116 300	**232 769**	**2 369 402**	**2 347 230**	**4 716 632**
25–29	2 130 168	2 132 145	**4 262 313**	213 839	210 452	**424 291**	67 416	54 730	**122 146**	121 186	122 246	**243 432**	**2 532 609**	**2 519 573**	**5 052 182**
30–34	2 371 892	2 381 739	**4 753 631**	217 948	215 150	**433 098**	81 542	66 053	**147 595**	131 777	132 165	**263 942**	**2 803 159**	**2 795 107**	**5 598 266**
35–39	2 338 514	2 333 719	**4 672 233**	208 983	207 753	**416 736**	85 200	70 846	**156 046**	149 384	149 461	**298 845**	**2 782 081**	**2 761 779**	**5 543 860**
40–44	1 827 257	1 831 870	**3 659 127**	178 389	185 027	**363 416**	81 367	69 519	**150 886**	150 130	152 244	**302 374**	**2 237 143**	**2 238 660**	**4 475 803**
45–49	1 340 068	1 377 381	**2 717 449**	151 952	155 552	**307 504**	67 314	59 957	**127 271**	151 100	159 629	**310 729**	**1 710 434**	**1 752 519**	**3 462 953**
50–54	1 013 412	1 084 993	**2 098 405**	144 938	157 847	**302 785**	57 808	54 722	**112 530**	170 956	179 261	**350 217**	**1 387 114**	**1 476 823**	**2 863 937**
55–59	732 195	918 211	**1 650 406**	128 573	155 039	**283 612**	47 208	49 436	**96 644**	156 445	168 527	**324 972**	**1 064 421**	**1 291 213**	**2 355 634**
60–64	578 411	799 297	**1 377 708**	106 855	130 614	**237 469**	37 414	43 744	**81 158**	143 801	160 572	**304 373**	**866 481**	**1 134 227**	**2 000 708**
65–69	418 819	631 317	**1 050 136**	73 506	101 021	**174 527**	27 842	36 225	**64 067**	133 995	152 529	**286 524**	**654 162**	**921 092**	**1 575 254**
70–74	277 805	456 220	**734 025**	46 217	72 715	**118 932**	19 737	29 335	**49 072**	115 822	139 420	**255 242**	**459 581**	**697 690**	**1 157 271**
75–79	144 864	289 615	**434 479**	23 870	44 846	**68 716**	11 678	21 113	**32 791**	93 264	116 287	**209 551**	**273 676**	**471 861**	**745 537**
80+	84 603	219 114	**303 717**	15 637	40 228	**55 865**	8 232	21 403	**29 635**	103 850	160 997	**264 847**	**212 322**	**441 742**	**654 064**
Total	**25 266 984**	**26 242 328**	**51 509 312**	**2 600 412**	**2 738 174**	**5 338 586**	**829 316**	**799 478**	**1 628 794**	**2 189 488**	**2 349 724**	**4 539 212**	**30 886 200**	**32 129 704**	**63 015 904**

5. Provincial population estimates

Provincial estimates are derived using a cohort-component method as suggested by the United Nations (United Nations, 1992), incorporating changes in births, deaths as well as migration over time. The provincial population estimates are developed using a five-year cohort- component method. The indicators of fertility, mortality and migration are derived for an average five-year period i.e. 2021–2026.

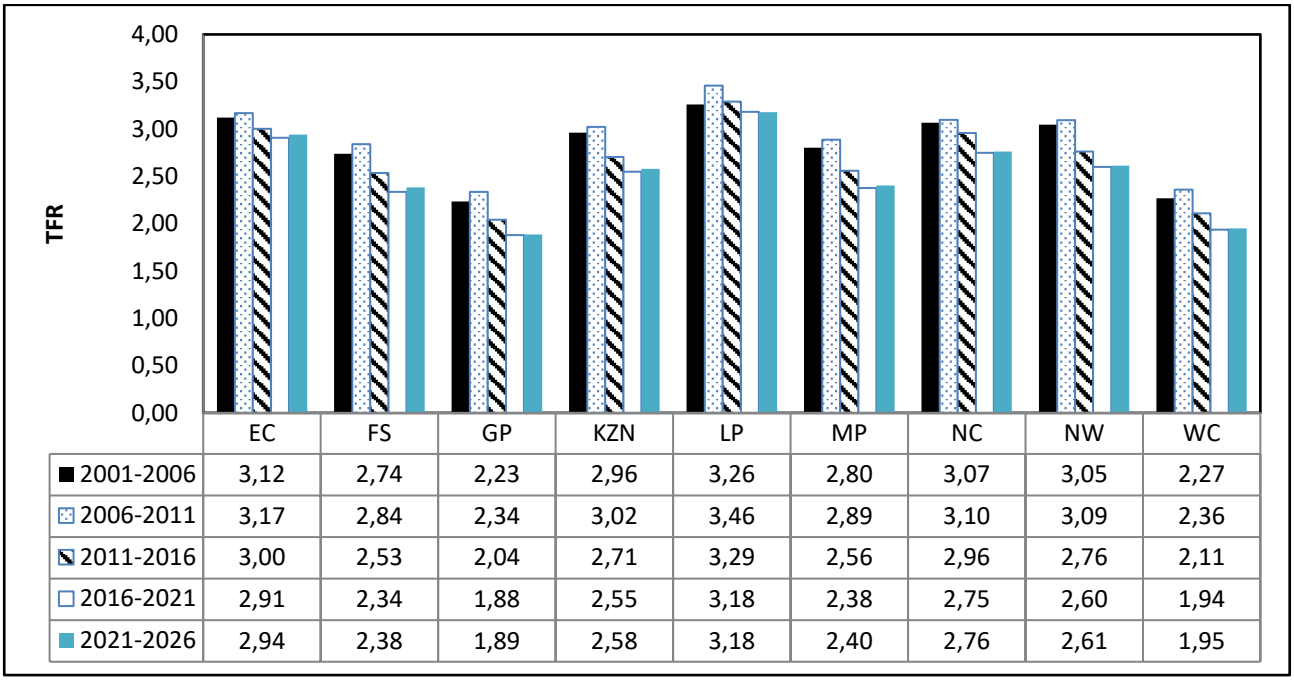
When provincial population estimates are desired and the appropriate data are available, a multi-regional approach should be considered as this is the only way to guarantee that the total migration flows between regions will sum to zero (United Nations, 1992). Multi-regional methods require the estimation of separate age-specific migration rates between every region of the country and every other region, and such detailed data are rarely available. Although it is possible to estimate some of the missing data (see Willekens et al., 1978), the task of preparing data can become overwhelming if there are many regions. If there are only a few streams, however, the multi-regional method is the best method to use. In South Africa 2 448 (9x8x17x2) migration streams are derived if the multi-regional model is applied in calculating migration streams by age group (17 in total) and sex for each of the nine provinces.

The population structure as per Census 2001, 2011 and 2022, as well as the distribution of births and deaths from vital registrations (adjusted for late registration and completeness) are examined to determine provincial estimates. The distribution of births and deaths at provincial level is guided by the use of administrative data from the Department of Home Affairs i.e. birth and death registration system. Additional estimates of TFR, ASFR and ASDR at provincial level from other sources including censuses, health surveys, and hospital data are considered regarding births and deaths at provincial level. Excess deaths due to COVID-19 for the period 2020–2024 have been incorporated into the model at provincial level. As with the national estimates, fertility and mortality data from Census 2022 was not released and was therefore not used in the provincial estimation process.

5.1 Demographic assumptions

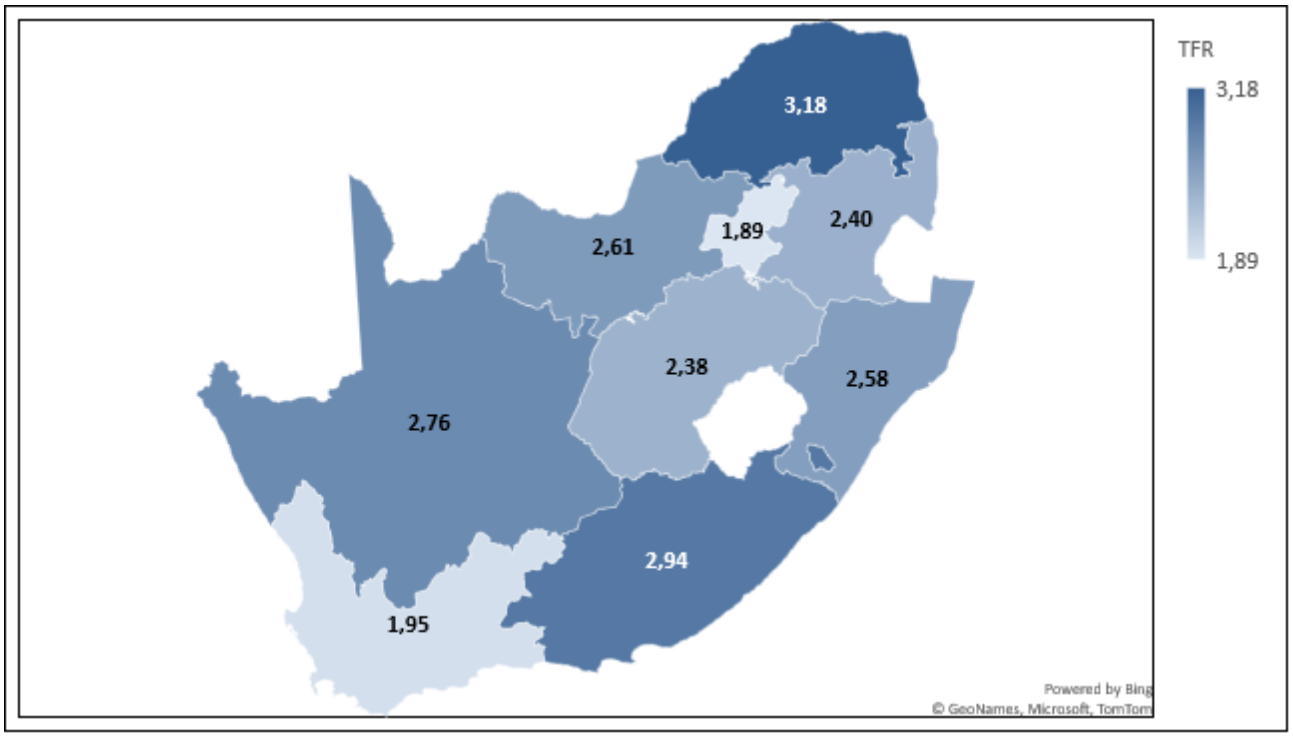
Figure 8 shows the provincial fertility estimates for the periods 2001–2006; 2006–2011; 2011–2016, 2016–2021 and 2021–2026. In the period 2006–2011, there is a general rise in TFR, giving shape to the Census 2011 provincial population structure. In the subsequent period (2011–2021) there is an overall decline in TFR. In the period 2021-2026 there is a plateauing in the TFR for many provinces. Fertility rates vary from province to province as is depicted in Figure 8. The more rural provinces of Limpopo and Eastern Cape indicate higher total fertility rates whilst more urbanised provinces such as Gauteng and the Western Cape indicate lower rates of fertility. This results in birth outcomes that differ across provinces over time. Current assumptions of provincial fertility are based on trends seen in published births data currently available at provincial level.

Figure 8: Provincial average total fertility rate over time, 2001–2026



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	3,12	2,74	2,23	2,96	3,26	2,80	3,07	3,05	2,27
2006-2011	3,17	2,84	2,34	3,02	3,46	2,89	3,10	3,09	2,36
2011-2016	3,00	2,53	2,04	2,71	3,29	2,56	2,96	2,76	2,11
2016-2021	2,91	2,34	1,88	2,55	3,18	2,38	2,75	2,60	1,94
2021-2026	2,94	2,38	1,89	2,58	3,18	2,40	2,76	2,61	1,95

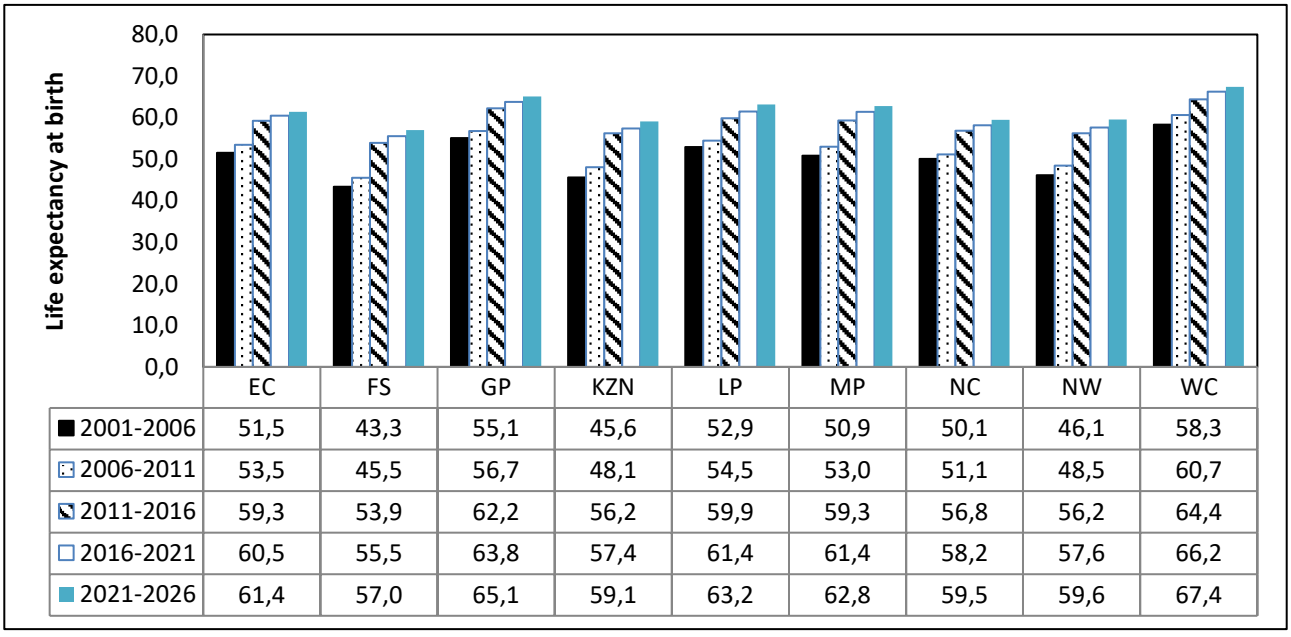
Figure 9: Provincial average total fertility rate, 2021–2026



Life expectancy at birth reflects the overall mortality level of a population. Figures 10 and 11 show the average provincial life expectancies at birth for males and females for the five-year periods 2001–2006; 2006–2011; 2011–2016, 2016–2021 and 2021–2026. As indicated previously, the distribution of death by province is guided by deaths registration system published by Stats SA as well as other admin and survey sources. The impact of COVID-19 deaths has been incorporated into the provincial estimation and slowed down the improvement in life expectancy (LE) over the five-year period 2016–2021.

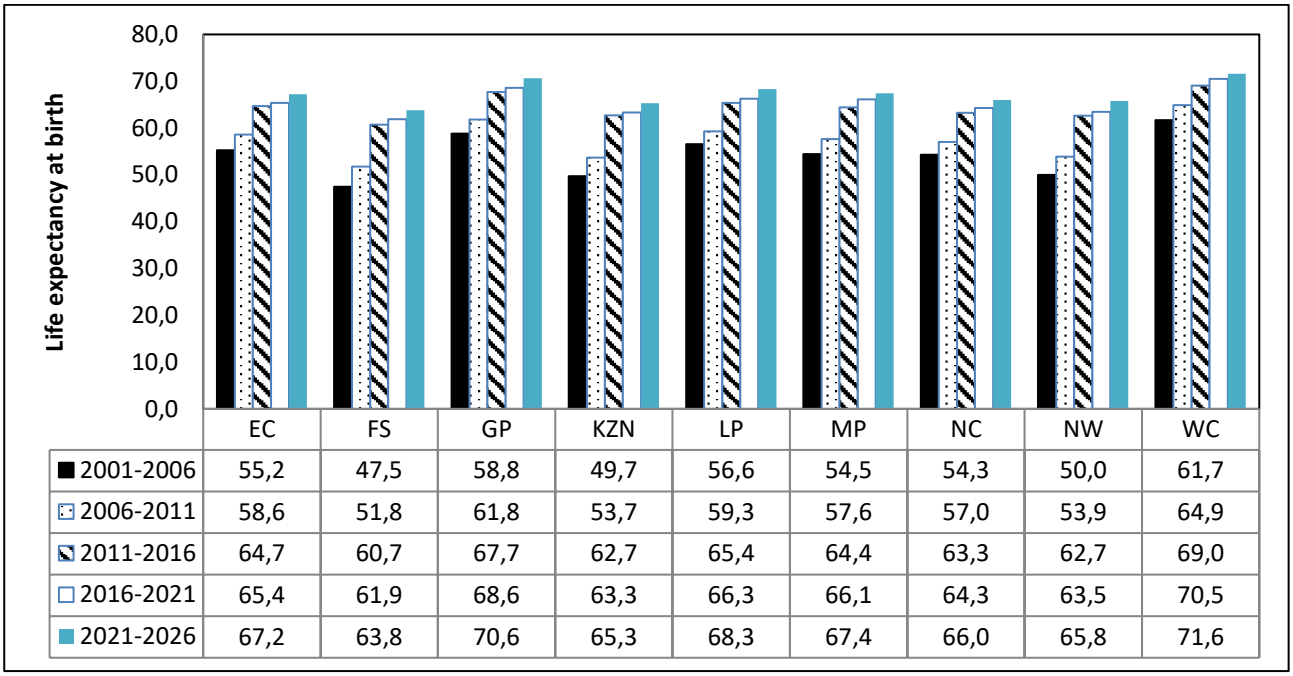
According to Figures 10 and 11, life expectancy at birth increased incrementally for each period across all provinces but more significantly in the period 2011–2016 due to the uptake of antiretroviral therapy over time in South Africa. Though life expectancy in the periods 2001–2006 and 2006–2011, depicts marginal improvement, this masks the interaction between the highest number of deaths in 2006 in combination with declining numbers of deaths between 2007 and 2010. In the period 2021–2026 there is an average six-year gap between male and female life expectancy in SA. The marginal improvement in LE across all provinces for the period 2016–2021 is indicative of the dramatic increase in deaths occurring between the 1st July 2020 and 30th June 2021. With a decline in COVID-19 deaths, there is further improvement in LE at birth. For all provinces males have higher life expectancy at birth than their female counterparts. Western Cape consistently has the highest life expectancy at birth for both males and females over time (followed by Gauteng) whilst the Free State has the lowest life expectancy at birth.

Figure 10: Provincial average life expectancy at birth (males), 2001–2026



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	51,5	43,3	55,1	45,6	52,9	50,9	50,1	46,1	58,3
2006-2011	53,5	45,5	56,7	48,1	54,5	53,0	51,1	48,5	60,7
2011-2016	59,3	53,9	62,2	56,2	59,9	59,3	56,8	56,2	64,4
2016-2021	60,5	55,5	63,8	57,4	61,4	61,4	58,2	57,6	66,2
2021-2026	61,4	57,0	65,1	59,1	63,2	62,8	59,5	59,6	67,4

Figure 11: Provincial average life expectancy at birth (females), 2001–2026



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	55,2	47,5	58,8	49,7	56,6	54,5	54,3	50,0	61,7
2006-2011	58,6	51,8	61,8	53,7	59,3	57,6	57,0	53,9	64,9
2011-2016	64,7	60,7	67,7	62,7	65,4	64,4	63,3	62,7	69,0
2016-2021	65,4	61,9	68,6	63,3	66,3	66,1	64,3	63,5	70,5
2021-2026	67,2	63,8	70,6	65,3	68,3	67,4	66,0	65,8	71,6

5.2 Migration patterns

From census data it should be possible to determine out-migration rates for each province. Census 2011 migration rates have been used adjusted for changing trends noted in Census 2022. Applying these rates to the age structures of the provinces over time, it is possible to establish migration streams between the provinces for the various periods i.e. 2001–2006, 2006–2011, 2011–2016, 2016–2021 and 2021–2026 and these are shown in Tables 7, 8 and 9. Assumptions on international migration to province in the 2016–2021 and 2021-2026 periods reflect the impact of COVID-19 on travel restrictions and movements and the slow recovery towards pre-COVID-19 levels of migration. Provincial estimates are developed based on a five-year cohort- component method; and as such interprovincial movement assumptions are required for a five-year period (2021–2026). The level of internal migration emanating from Census 2022 is considered to be low. As such, migration estimates are guided by provincial age and sex structure from censuses and admin data i.e. education, health, voting registration (Stats SA; 2023; IEC; 2024; NDOH; 2024). The assumptions indicate that Gauteng and Western Cape received the highest number of in-migrants for all periods. Eastern Cape, Limpopo and Gauteng experienced the largest number of outflow of migrants for all periods. For all periods, the number of international migrants entering the provinces was highest in Gauteng, with Western Cape ranking second.

Table 7: Estimated provincial migration streams, 2011–2016

Province in 2011	Province in 2016									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	13 988	136 378	103 953	14 749	17 455	8 556	30 727	167 843	493 649	187 835	-305 814
FS	8 402	0	74 326	7 841	6 628	10 736	9 099	23 797	12 156	152 984	140 494	-12 491
GP	45 547	40 268	0	91 030	91 873	82 485	11 117	80 313	99 563	542 196	1 532 864	990 668
KZN	26 048	13 095	211 029	0	9 335	37 250	8 628	12 006	34 400	351 791	330 464	-21 327
LP	4 545	5 904	316 787	8 323	0	47 562	2 597	32 426	11 365	429 509	290 823	-138 686
MP	5 053	5 225	136 206	12 654	23 479	0	2 324	13 431	9 807	208 179	296 042	87 863
NC	4 424	9 086	17 215	5 807	2 679	4 595	0	12 994	18 199	74 998	83 972	8 973
NW	4 767	10 822	97 356	5 613	18 308	10 935	21 655	0	8 372	177 829	293 976	116 147
WC	47 943	7 566	58 462	12 233	5 414	6 814	11 948	7 856	0	158 238	487 806	329 567
Outside SA (net migration)	**41 107**	**34 539**	**485 104**	**83 010**	**118 357**	**78 210**	**8 046**	**80 425**	**126 101**			

Table 8: Estimated provincial migration streams 2016–2021

Province in 2016	Province in 2021									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	14 286	139 395	106 258	15 065	17 825	8 727	20 861	172 097	494 515	197 285	-297 230
FS	8 695	0	77 030	9 295	6 859	11 122	9 429	21 024	13 086	156 539	145 902	-10 637
GP	52 757	44 887	0	103 395	84 864	85 004	11 653	99 989	104 834	587 383	1 452 721	865 338
KZN	27 674	13 928	185 425	0	9 930	39 655	9 171	12 783	36 598	335 165	338 160	2 994
LP	4 839	6 283	314 938	8 869	0	50 634	2 769	34 509	12 565	435 406	273 565	-161 841
MP	5 497	5 679	127 137	13 749	25 514	0	2 532	14 609	10 657	205 374	295 898	90 523
NC	4 703	9 690	18 360	6 173	2 856	4 889	0	13 834	19 409	79 914	88 004	8 090
NW	5 200	13 062	93 962	5 486	20 637	11 918	23 647	0	9 134	183 047	295 574	112 528
WC	52 562	8 342	64 546	13 526	5 979	7 534	13 177	8 696	0	174 363	491 324	316 962
Outside SA (net migration)	**35 358**	**29 745**	**431 929**	**71 409**	**101 861**	**67 315**	**6 898**	**69 269**	**112 943**			

Table 9: Estimated provincial migration streams 2021–2026

Province in 2021	Province in 2026									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	14 573	142 281	110 130	15 374	18 183	8 901	20 876	175 615	505 932	196 864	-309 068
FS	9 003	0	79 817	9 629	7 100	11 521	9 768	21 732	13 555	162 126	145 587	-16 539
GP	52 656	45 766	0	115 060	90 826	91 259	12 430	111 293	116 557	635 846	1 381 024	745 177
KZN	29 414	14 795	164 329	0	10 554	42 177	9 745	13 598	38 890	323 502	344 247	20 745
LP	5 123	6 649	313 712	9 394	0	53 607	2 936	36 540	13 295	441 256	266 572	-174 684
MP	5 954	6 149	137 861	14 883	27 641	0	2 744	15 828	11 541	222 601	297 917	75 316
NC	4 997	10 296	19 533	6 564	3 037	5 198	0	14 705	20 627	84 957	91 686	6 729
NW	5 648	14 186	101 954	5 958	22 417	12 950	25 685	0	9 920	198 716	300 471	101 755
WC	55 147	8 832	67 846	14 214	6 285	7 946	13 841	9 210	0	183 322	492 427	309 105
Outside SA (net migration)	**28 923**	**24 341**	**353 690**	**58 416**	**83 339**	**55 076**	**5 637**	**56 687**	**92 428**			

5.3 Provincial distributions

Table 10 shows the estimated percentage of the total population residing in each of the provinces from 2002 to 2024. The provincial estimates indicate that Gauteng has the largest share of the population, followed by KwaZulu-Natal, Western Cape and Eastern Cape. Inter-provincial as well as international migration patterns significantly influence the provincial population numbers and structures in South Africa. By 2024, approximately 12% of South Africa's population live in Western Cape. Northern Cape has the smallest share of the population (2,2%). Free State has the second smallest share of the South African population, constituting 4,8% of the population. Figure 12 indicates that Limpopo and Eastern Cape (33,09% and 31,70% respectively) have the highest proportions of persons younger than 15 years. The highest proportions of elderly persons aged 60 years and above are found in Eastern Cape (11,9%) and Western Cape (11,0%), as shown in Figure 13. Figure 14 indicates the proportion of youth aged 25-34 within in each province. The highest proportion of youth are found in Gauteng (18,2%) and Mpumalanga (17,5%), whilst the lowest proportion of youth are found in Eastern Cape (14,7%) and Limpopo (15,4%). These proportions are reflective of provincial fertility patterns but more important migratory patterns between provinces.

Table 10: Percentage distribution of the projected provincial share of the total population, 2002–2024

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
EC	14,7	14,6	14,4	14,2	14,0	13,9	13,7	13,5	13,3	13,1	13,0	12,8	12,7	12,5	12,4	12,2	12,1	12,0	11,8	11,7	11,6	11,5	11,4
FS	5,9	5,8	5,8	5,7	5,6	5,6	5,5	5,5	5,4	5,3	5,3	5,3	5,2	5,2	5,1	5,1	5,0	5,0	5,0	4,9	4,9	4,9	4,8
GP	20,0	20,3	20,6	21,0	21,3	21,6	21,9	22,2	22,5	22,8	23,0	23,2	23,5	23,7	24,0	24,2	24,4	24,5	24,7	24,9	25,0	25,2	25,3
KZN	21,2	21,1	21,0	20,9	20,7	20,6	20,5	20,4	20,3	20,2	20,2	20,1	20,0	19,9	19,9	19,8	19,7	19,7	19,6	19,6	19,6	19,6	19,5
LP	11,2	11,1	11,0	10,9	10,9	10,8	10,8	10,7	10,7	10,6	10,6	10,5	10,5	10,4	10,4	10,4	10,3	10,3	10,3	10,2	10,2	10,2	10,2
MP	7,7	7,8	7,8	7,8	7,8	7,8	7,8	7,8	7,9	7,9	7,9	7,9	7,9	7,9	7,9	7,9	8,0	8,0	8,0	8,0	8,0	8,0	8,0
NC	2,3	2,3	2,3	2,3	2,3	2,3	2,3	2,3	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2
NW	6,3	6,4	6,4	6,4	6,4	6,4	6,4	6,4	6,4	6,4	6,4	6,5	6,5	6,5	6,5	6,5	6,5	6,5	6,5	6,6	6,6	6,6	6,6
WC	10,6	10,7	10,8	10,9	10,9	11,0	11,1	11,2	11,3	11,4	11,4	11,5	11,5	11,6	11,6	11,7	11,7	11,8	11,8	11,9	11,9	12,0	12,0
Total	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**

Table 11 (a): Provincial mid-year population estimates by age and sex, 2024

	Eastern Cape			Free State			Gauteng			KwaZulu-Natal		
Age	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
0–4	396 145	388 695	**784 840**	143 319	141 183	**284 502**	639 808	619 756	**1 259 564**	652 473	632 752	**1 285 225**
5–9	372 355	366 624	**738 979**	134 878	133 987	**268 865**	611 590	590 260	**1 201 850**	605 930	587 348	**1 193 278**
10–14	377 632	373 327	**750 959**	142 781	144 907	**287 688**	619 899	605 018	**1 224 917**	623 830	610 293	**1 234 123**
15–19	339 756	344 316	**684 071**	138 512	144 468	**282 980**	602 862	591 078	**1 193 940**	585 648	582 688	**1 168 337**
20–24	250 986	268 421	**519 407**	115 574	122 963	**238 537**	584 377	558 039	**1 142 416**	483 150	492 038	**975 188**
25–29	240 238	267 485	**507 723**	114 725	123 328	**238 053**	682 456	651 440	**1 333 896**	501 901	523 267	**1 025 168**
30–34	257 595	291 486	**549 081**	122 898	132 730	**255 629**	800 798	772 723	**1 573 520**	536 904	557 355	**1 094 260**
35–39	238 110	267 031	**505 141**	121 026	131 540	**252 567**	836 323	815 218	**1 651 541**	506 305	524 217	**1 030 523**
40–44	189 949	210 062	**400 011**	95 941	106 811	**202 752**	686 156	668 734	**1 354 890**	379 104	413 647	**792 751**
45–49	151 655	176 938	**328 593**	74 155	87 248	**161 403**	535 866	483 219	**1 019 085**	274 391	320 369	**594 760**
50–54	125 788	163 136	**288 924**	62 502	76 809	**139 311**	432 941	377 443	**810 384**	217 172	268 563	**485 735**
55–59	100 163	153 631	**253 793**	50 559	68 503	**119 062**	325 218	318 749	**643 968**	159 223	233 131	**392 354**
60–64	87 625	148 553	**236 178**	42 190	59 215	**101 405**	261 890	271 048	**532 938**	131 146	210 664	**341 811**
65–69	72 743	130 843	**203 585**	32 614	48 772	**81 386**	196 052	216 537	**412 589**	98 872	169 135	**268 007**
70–74	54 978	99 864	**154 842**	22 893	38 529	**61 422**	133 393	157 321	**290 714**	72 000	129 812	**201 812**
75–79	37 180	72 529	**109 709**	12 626	25 249	**37 874**	76 699	100 939	**177 638**	42 987	90 930	**133 917**
80+	55 703	104 690	**160 393**	7 738	22 877	**30 615**	39 886	68 088	**107 975**	29 342	66 121	**95 463**
Total	**3 348 600**	**3 827 630**	**7 176 230**	**1 434 930**	**1 609 120**	**3 044 050**	**8 066 214**	**7 865 610**	**15 931 824**	**5 900 382**	**6 412 330**	**12 312 712**

Table 11 (b): Provincial mid-year population estimates by age and sex, 2024 (concluded)

	Limpopo			Mpumalanga			Northern Cape			North West			Western Cape		
Age	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
0–4	374 693	363 678	**738 371**	245 701	239 561	**485 261**	69 321	67 609	**136 930**	205 949	199 562	**405 511**	296 477	284 451	**580 928**
5–9	349 269	338 944	**688 213**	228 185	223 591	**451 776**	64 853	63 859	**128 712**	190 388	183 663	**374 050**	284 688	273 096	**557 784**
10–14	351 186	341 089	**692 275**	236 297	233 597	**469 894**	64 997	64 503	**129 500**	192 383	188 177	**380 559**	301 376	291 429	**592 805**
15–19	319 284	309 918	**629 202**	224 234	223 474	**447 707**	61 360	60 407	**121 767**	184 605	181 490	**366 096**	300 952	291 392	**592 344**
20–24	242 108	238 248	**480 357**	194 908	194 794	**389 702**	53 526	51 780	**105 306**	162 700	153 982	**316 682**	282 073	266 964	**549 038**
25–29	235 722	237 362	**473 084**	215 023	212 583	**427 606**	54 437	52 110	**106 547**	174 120	156 723	**330 843**	313 987	295 275	**609 262**
30–34	253 599	256 599	**510 199**	234 465	225 328	**459 793**	58 293	55 454	**113 748**	193 491	172 356	**365 847**	345 116	331 075	**676 191**
35–39	238 075	236 074	**474 149**	236 324	219 316	**455 640**	57 626	53 978	**111 604**	192 073	169 602	**361 675**	356 218	344 802	**701 020**
40–44	187 636	191 512	**379 148**	191 003	175 494	**366 497**	47 817	43 046	**90 863**	157 554	135 856	**293 410**	301 982	293 499	**595 481**
45–49	138 481	167 868	**306 349**	136 990	138 188	**275 177**	37 111	34 569	**71 680**	122 449	109 941	**232 390**	239 336	234 180	**473 516**
50–54	108 459	143 696	**252 155**	104 778	116 302	**221 080**	30 511	30 768	**61 279**	97 862	93 621	**191 484**	207 101	206 485	**413 586**
55–59	81 857	123 670	**205 527**	78 778	98 595	**177 373**	23 839	27 743	**51 582**	78 008	79 131	**157 139**	166 777	188 060	**354 836**
60–64	63 713	111 554	**175 267**	62 921	81 579	**144 501**	19 005	24 225	**43 230**	64 843	67 095	**131 938**	133 147	160 295	**293 442**
65–69	47 358	92 528	**139 886**	46 038	62 378	**108 417**	15 025	20 660	**35 684**	46 755	53 886	**100 642**	98 705	126 353	**225 058**
70–74	34 587	75 841	**110 428**	32 631	48 317	**80 948**	10 934	16 698	**27 632**	28 115	40 502	**68 617**	70 050	90 806	**160 856**
75–79	19 867	49 653	**69 519**	17 662	29 359	**47 022**	6 535	11 786	**18 321**	15 685	27 275	**42 960**	44 435	64 142	**108 577**
80+	18 348	60 118	**78 466**	15 643	33 625	**49 268**	5 173	13 386	**18 559**	6 831	28 630	**35 461**	33 657	44 207	**77 865**
Total	**3 064 242**	**3 338 352**	**6 402 594**	**2 501 579**	**2 556 082**	**5 057 662**	**680 363**	**692 580**	**1 372 943**	**2 113 812**	**2 041 491**	**4 155 303**	**3 776 077**	**3 786 511**	**7 562 588**

Figure 12: Percentage of children under-15 years of age

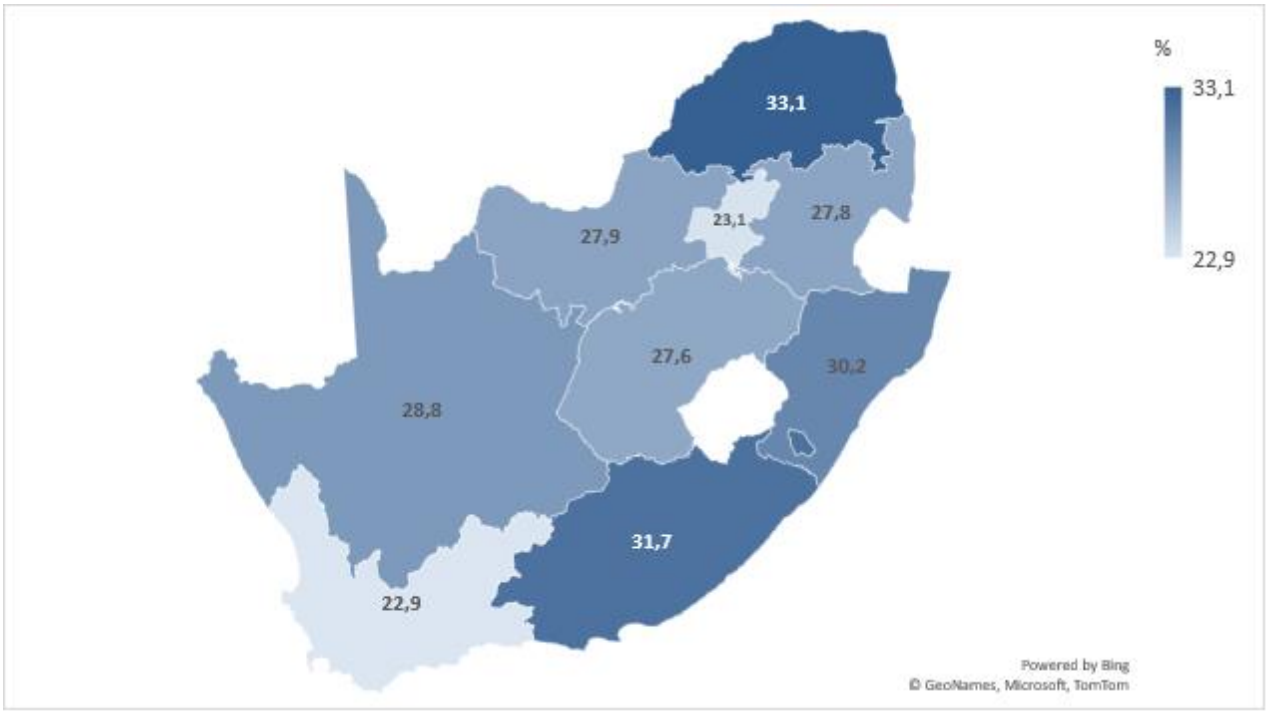


Figure 13: Percentage of elderly aged 60+

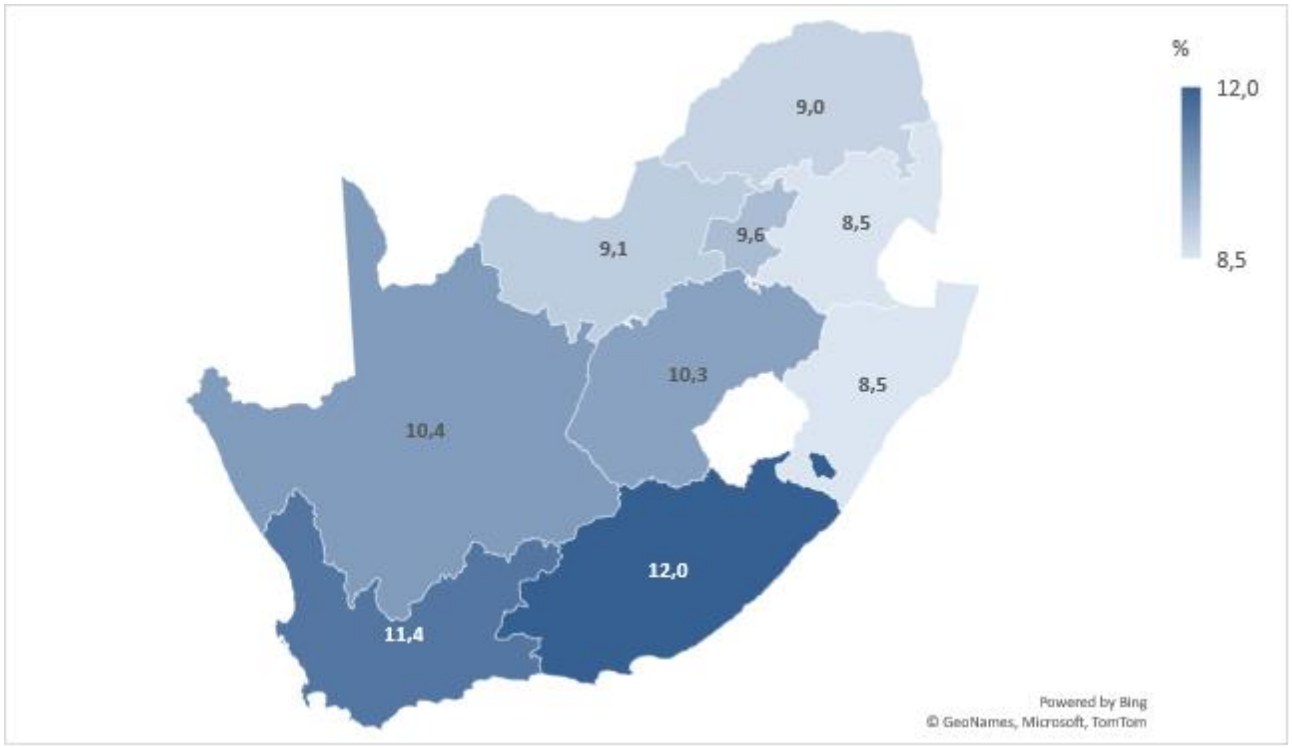
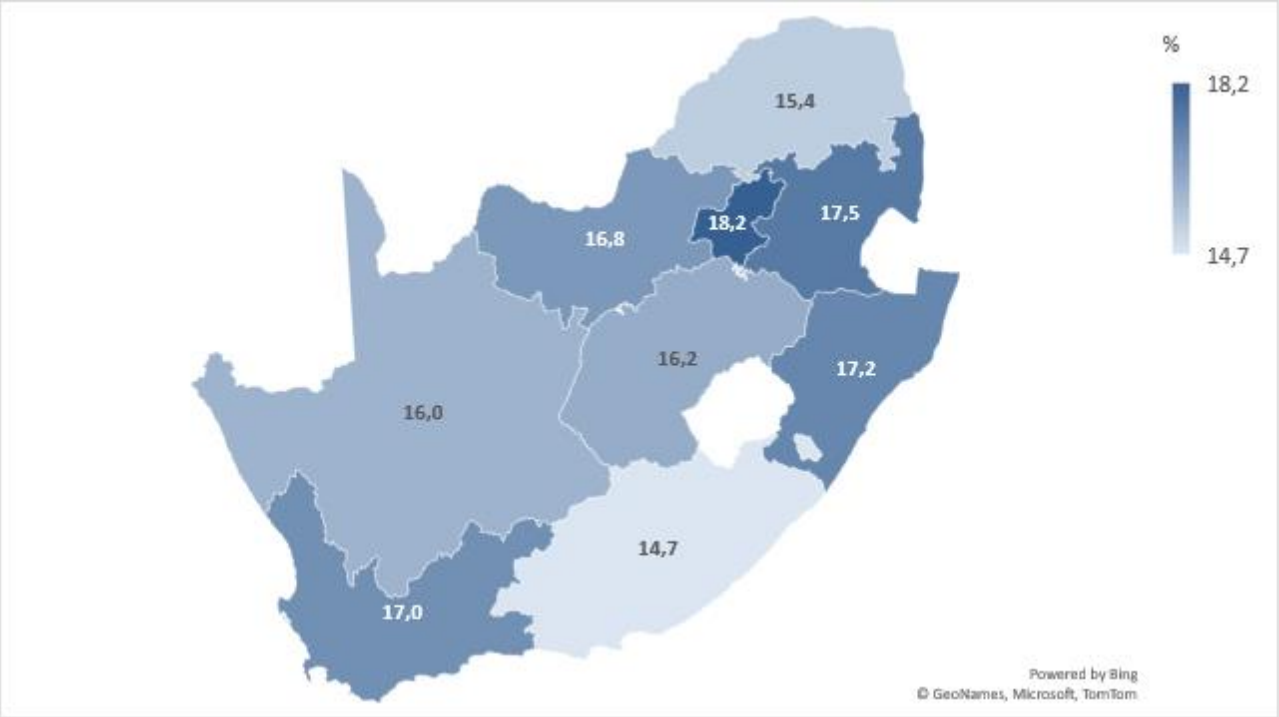


Figure 14: Percentage of youth aged 25–34 years



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Appendices

Appendix 1: Mid-year population estimates by province, 2024

	Population estimates	% of total population
Eastern Cape	7 176 230	11,4
Free State	3 044 050	4,8
Gauteng	15 931 824	25,3
KwaZulu-Natal	12 312 712	19,5
Limpopo	6 402 594	10,2
Mpumalanga	5 057 662	8,0
Northern Cape	1 372 943	2,2
North West	4 155 303	6,6
Western Cape	7 562 588	12,0
Total	**63 015 904**	**100,0**

*Due to rounding totals may not add up to 100%

Appendix 2: Demographic indicators, 2002–2024

Year	Crude birth rate	Life expectancy			Infant mortality rate	Under-5 mortality rate	Crude death rate	Rate of natural increase (%)
		Male	Female	Total				
2002	21,3	52,9	56,3	**54,7**	57,0	79,7	13,4	0,8
2003	20,8	52,4	56,0	**54,2**	57,1	82,3	13,7	0,7
2004	22,2	52,0	55,6	**53,9**	57,2	81,3	14,0	0,8
2005	23,3	51,8	55,3	**53,6**	56,2	80,9	14,3	0,9
2006	23,7	51,8	55,3	**53,6**	55,1	78,2	14,5	0,9
2007	23,9	52,0	56,6	**54,4**	49,4	71,0	14,1	1,0
2008	24,1	52,9	57,6	**55,3**	48,9	63,8	13,6	1,1
2009	23,8	54,2	59,2	**56,8**	44,7	55,9	12,8	1,1
2010	23,2	55,3	61,2	**58,4**	41,9	50,6	11,9	1,1
2011	23,1	57,3	62,6	**60,0**	37,1	44,0	11,0	1,2
2012	22,8	58,6	64,2	**61,4**	34,6	40,4	10,4	1,2
2013	22,3	59,5	65,3	**62,5**	32,9	38,5	9,9	1,3
2014	21,9	60,5	66,1	**63,3**	30,9	37,4	9,5	1,2
2015	21,3	61,0	66,6	**63,8**	29,2	36,7	9,3	1,2
2016	20,1	61,2	66,8	**64,0**	28,2	36,2	9,3	1,1
2017	19,7	61,6	66,9	**64,3**	27,3	35,7	9,2	1,1
2018	20,0	62,3	67,3	**64,9**	25,6	33,4	9,0	1,1
2019	20,2	62,7	67,8	**65,3**	25,4	32,5	8,9	1,1
2020	20,4	62,8	68,3	**65,6**	24,5	31,4	8,9	1,2
2021	20,3	60,3	65,0	**62,7**	24,5	31,3	11,2	0,9
2022	20,1	61,3	66,5	**63,9**	24,9	31,2	10,4	1,0
2023	19,8	63,4	69,0	**66,3**	24,0	30,5	8,8	1,1
2024	19,6	63,6	69,2	**66,5**	22,9	28,6	8,7	1,1

Appendix 3: HIV prevalence estimates and number of people living with HIV, 2002–2024

	Prevalence %				Incidence rate %	HIV population (in millions)
	Women 15–49	Adults 15–49	Youth 15–24	Total population	15–49	
2002	16,61	14,39	6,50	**8,89**	1,90	4,14
2003	17,12	14,78	6,43	**9,28**	1,84	4,36
2004	17,54	15,09	6,38	**9,62**	1,79	4,57
2005	17,89	15,33	6,33	**9,89**	1,73	4,75
2006	18,20	15,54	6,26	**10,13**	1,66	4,93
2007	18,51	15,71	6,20	**10,32**	1,61	5,09
2008	18,81	15,90	6,16	**10,51**	1,56	5,25
2009	19,19	16,14	6,15	**10,73**	1,52	5,43
2010	19,61	16,45	6,19	**10,98**	1,51	5,65
2011	20,16	16,85	6,22	**11,29**	1,54	5,90
2012	20,72	17,25	6,23	**11,60**	1,48	6,16
2013	21,04	17,45	6,01	**11,79**	1,19	6,36
2014	21,29	17,61	5,77	**11,97**	1,10	6,56
2015	21,37	17,63	5,44	**12,07**	0,93	6,72
2016	21,39	17,61	5,17	**12,15**	0,89	6,87
2017	21,40	17,59	4,96	**12,24**	0,89	7,02
2018	21,39	17,55	4,80	**12,31**	0,85	7,17
2019	21,30	17,46	4,66	**12,36**	0,81	7,31
2020	21,18	17,33	4,56	**12,41**	0,80	7,45
2021	21,05	17,20	4,52	**12,48**	0,82	7,57
2022	20,87	17,02	4,49	**12,54**	0,80	7,69
2023	20,68	16,85	4,52	**12,61**	0,85	7,84
2024	20,50	16,68	4,52	**12,70**	0,88	8,00

Appendix 4: Estimates of annual growth rates, 2002–2024

	Children 0–14	Youth 15–24	Adults 25–59	Elderly 60+	Total
2002–2003	-1,53	3,46	1,53	1,40	**0,92**
2003–2004	-1,11	3,32	1,49	1,61	**1,06**
2004–2005	-0,59	2,73	1,58	1,72	**1,16**
2005–2006	-0,19	1,83	1,82	1,77	**1,20**
2006–2007	0,15	1,40	1,86	2,14	**1,27**
2007–2008	0,47	0,97	2,01	2,35	**1,35**
2008–2009	0,71	0,56	2,19	2,49	**1,43**
2009–2010	0,80	0,15	2,39	2,67	**1,47**
2010–2011	1,09	-0,93	2,88	2,83	**1,57**
2011–2012	1,38	-1,31	2,90	2,93	**1,62**
2012–2013	1,53	-1,63	2,92	2,92	**1,63**
2013–2014	1,45	-1,59	2,88	3,04	**1,64**
2014–2015	1,28	-1,31	2,72	3,02	**1,59**
2015–2016	1,14	-1,40	2,56	2,98	**1,48**
2016–2017	1,10	-1,36	2,45	2,93	**1,44**
2017–2018	1,37	-1,36	2,35	2,99	**1,50**
2018–2019	1,11	-0,45	2,21	2,97	**1,53**
2019–2020	0,90	0,19	1,97	2,88	**1,46**
2020–2021	0,68	0,32	1,43	1,65	**1,06**
2021–2022	0,47	1,29	1,35	2,21	**1,17**
2022–2023	0,30	2,12	1,36	2,92	**1,33**
2023–2024	0,28	2,18	1,36	2,84	**1,33**

Appendix 5: Lockdown levels and migration

Level 5 26-March-30 April 2020	→	Level 4 01-31 May 2020	→	Level 3 01 June-17 August 2020	→	Level 2 18 August-20 September 2020	→	Level 1 21 September-28 December 2020	→	Adjusted Level 3 29 December 2020-28 Feb 2021	→	Adjusted Level 1 01 March - 30 May 2021

INTERNATIONAL AND NATIONAL BORDER MOVEMENT						
Level 5	Level 4	Level 3	Level 2	Level 1	Adjusted Level 3	Level 1
All borders of the country remain closed except for transportation of good and repatriation of citizen to SA and non-citizens to their countries of citizenship Interprovincial travel is not permitted except to return to work with proof of employment; for movement of learners, with permit; in exceptional circumstances such as funerals (with approval) or essential services	All border of the country remain closed except for transportation of good and repatriation of citizen to SA and non-citizens to their countries of citizenship Interprovincial travel is not permitted except to return to work with proof of employment; for movement of learners, with permit; in exceptional circumstances such as funerals (with approval) or essential services	All border of the country remain closed except for transportation of good and repatriation of citizen to SA and non-citizens to their countries of citizenship Interprovincial travel is not permitted except to return to work with proof of employment; for movement of learners, with permit; in exceptional circumstances such as funerals (with approval) or essential services	All border of the country remain closed except for transportation of good and repatriation of citizen to SA and non-citizens to their countries of citizenship All travel between provinces is allowed for any purpose.	Borders reopened for international travel as of 01 October 2020 subject to restrictions. All travel between provinces is allowed for any purpose	Borders reopened for international travel as of 01 October 2020 subject to restrictions. 20 land borders were closed on 11 January 2021 and re-opened on 15 February 2021 while 30 remain closed. All travel between provinces is allowed for any purpose	Borders reopened for international travel as of 01 October 2020 subject to restrictions. All travel between provinces is allowed for any purpose
AVIATION						
Level 5	Level 4	Level 3	Level 2	Level 1	Adjusted Level 3	Level 1
Air transport permitted only for the shipment of cargo	Ocean and air transport permitted only for the shipment of cargo	Domestic air travel for business only International flights not permitted	Domestic air travel for business only International flights not permitted	Domestic air travel allowed. International travel allowed as of 01 October 2020.	Domestic air travel allowed. International travel allowed as of 01 October 2020.	Domestic air travel allowed. International travel allowed as of 01 October 2020.

Adjusted Level 2 31 May-15 June 2021	→	Adjusted Level 3 16-27 June 2021	→	Adjusted Level 4 28 June-25 July 2021	→	Adjusted Level 3 26 July - 12 September 2021	→	Adjusted Level 2 13 -30 September 2021	→	Adjusted Level 1 01 October 2021-4 April 2022	→	National state of disaster lifted 05 April 2022 to date

INTERNATIONAL AND NATIONAL BORDER MOVEMENT						
Adjusted Level 2	Adjusted Level 3	Adjusted Level 4	Adjusted Level 3	Adjusted Level 2	Adjusted Level 1	Lockdown ended
20 land borders of the country are fully operational and 33 remain closed. Travelling to and from the country is allowed subject to restrictions. All travel between provinces is allowed for any purpose	20 land borders of the country are fully operational and 33 remain closed. Travelling to and from the country is allowed subject to restrictions. All travel between provinces is allowed for any purpose	20 land borders of the country are fully operational and 33 remain closed. Travelling to and from the country is allowed subject to restrictions. Interprovincial travel is restricted when travelling to and from Gauteng only – except for work, business or commercial travel. Leisure travel is prohibited	20 land borders of the country are fully operational and 33 remain closed. Travelling to and from the country is allowed subject to restrictions. All travel between provinces is allowed for any purpose.	20 land borders of the country are fully operational and 33 remain closed. Travelling to and from the country is allowed subject to restrictions. All travel between provinces is allowed for any purpose	21 land borders of the country are fully operational and 32 remain closed except for the Telle Bridge port of entry. All travel between provinces is allowed for any purpose	Partial re-opening of borders still in place. 21 land borders of the country are fully operational and 32 remain closed. All travel between provinces is allowed for any purpose
AVIATION						
Adjusted Level 2	Adjusted Level 3	Adjusted Level 4	Adjusted Level 3	Adjusted Level 2	Adjusted Level 1	Lockdown ended
Domestic air travel allowed International air travel is restricted to 5 airports only.	Domestic air travel allowed International air travel is restricted to 5 airports only.	Domestic air travel allowed with restrictions to Gauteng. International air travel is restricted to 5 airports only.	Domestic air travel allowed International air travel is restricted to 5 airports only.	Domestic air travel allowed International air travel is restricted to 5 airports only.	Domestic air travel allowed International air travel is restricted to 5 airports only.	Domestic air travel allowed International air travel is restricted to 5 airports only.

Source: www.gov.za

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