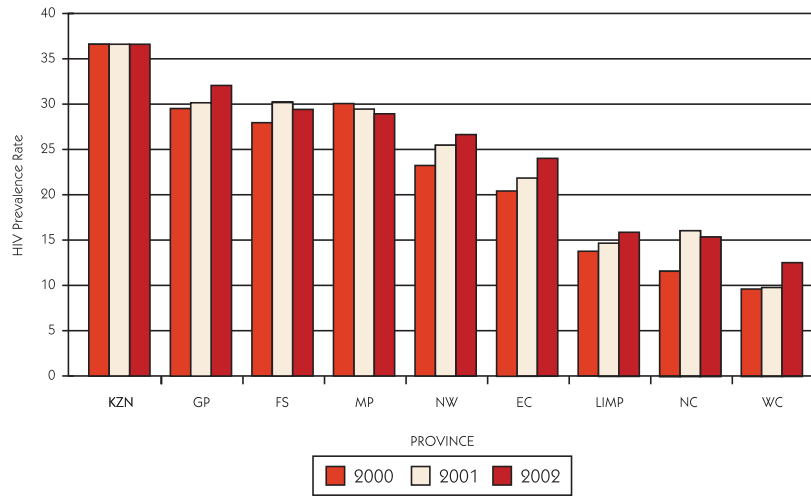


FIGURE 5: HIV PREVALENCE AMONG ANTENATAL ATTENDEES IN SOUTH AFRICA (2000-2002)

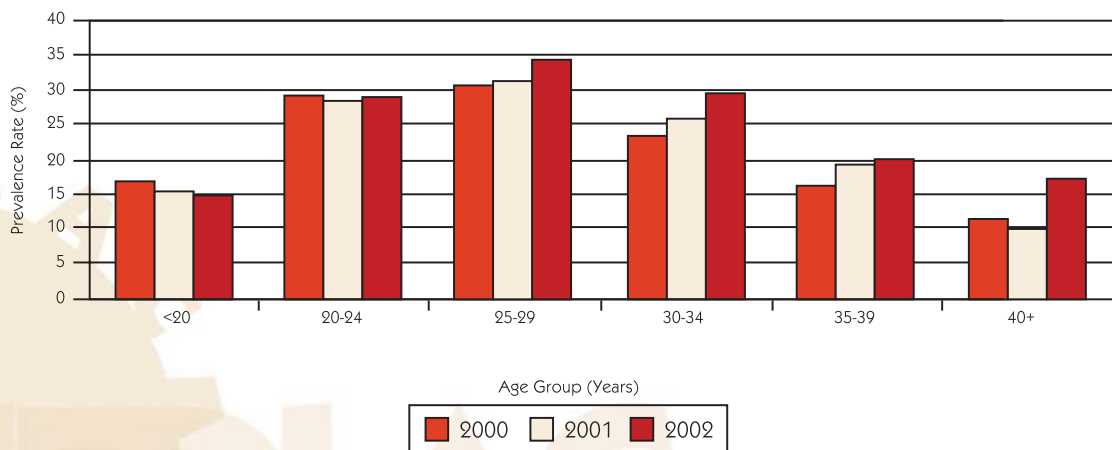


Source: Department of Health 2002

The figures used in this chart are set out in table 6 of the annexure

The survey results suggest that the epidemic is most advanced in KwaZulu-Natal at 36.5% (see figure 5). Other provinces with very high infection rates are Gauteng, the Free State, Mpumalanga and the North West, where more than 1 in 4 women visiting public sector antenatal clinics tested HIV positive. The Western Cape comes in lower at 12.4%.

FIGURE 6: HIV PREVALENCE BY AGE GROUP AMONG ANTE-NATAL ATTENDEES IN SOUTH AFRICA (2000-2002)

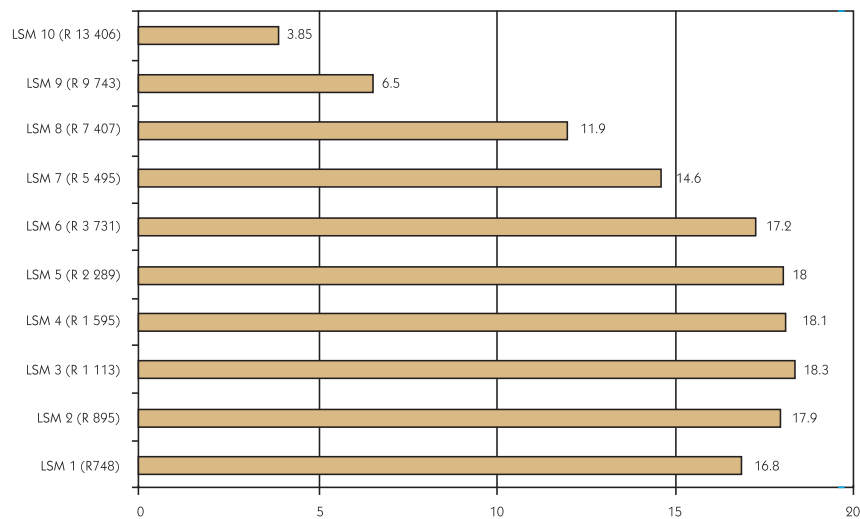


Source: Department of Health, 2002

The figures used in this chart are set out in table 7 of the annexure

Women aged between 25 and 29 years continue to be the most affected by HIV infection, with an estimated 34.5% of pregnant women in this age group being HIV positive.

FIGURE 7: HIV PREVALENCE AMONG ADULTS PER LSM GROUP IN 2001



Source: Bureau of Market Research

The figures used in this chart are set out in table 8 of the annexure

Various companies have developed LSM profiles with respect to their products and services. "By determining the impact if HIV/AIDS on different LSM groups, companies can arrive at a better understanding of the current and future impact of HIV/AIDS on sales of their products and services, and thus on their long-term profitability and viability in the light of the HIV/AIDS epidemic."

It is clear from figure 7 that HIV prevalence is highest among LSMs 1 to 6, where more than 15% of people aged 15 years and older are estimated to have been HIV positive in 2001. According to the Bureau for Economic Research, it is expected that HIV/AIDS will have a severe impact on sales of goods of which members of LSM Groups 1 to 6 are strong consumers, including basic foodstuffs such as bread, flour, yoghurt, milk, rice, instant coffee, tea and fresh fruit and vegetables. In contrast, HIV prevalence among LSM 10 members is estimated to be low. However, the strong buying power of LSM 10 members implies that even a relatively limited number of AIDS deaths could impact on sales of goods directed at this group, such as durable and luxury goods.

DECREASING MORBIDITY AND MORTALITY

According to the Department of Health, South Africa has a complex and heavy disease burden, and wide ranging actions are needed to make an impact on the key indicators, that is, various mortality figures, prevalence rates for major diseases and the length of disease-free life. The disease pattern among children under five years in South Africa is similar to that of other developing countries. According to the Department of Health, diarrhoeal disease, respiratory infections, malnutrition, and increasingly HIV and AIDS are major contributors to the disease burden carried by children in South Africa.

The Department of Health lists the following among its five-year goals:

- * Reduce infant mortality from 45/1000 live births
- * Reduce under-five mortality from 59/1000 live births
- * Polio eradication by 2005
- * Elimination of indigenous measles by 2002
- * Strengthen nutrition interventions to rehabilitate malnourished children