

Office of the United States Global AIDS Coordinator

Providing leadership, coordination and oversight to the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief

U.S. Department of State

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Peace Corps

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Country Profile — South Africa

U.S. President's Emergency Plan for AIDS Relief



HIV/AIDS Situation in South Africa

HIV Infected: 5.3 million¹
AIDS Deaths: 370,000¹
AIDS Orphans: 1.1 million¹

An estimated 5.3 million South Africans were HIV-positive in 2003. In 2003 the Human Sciences Research Council (HSRC) released information on HIV prevalence and HIV-related risk behaviors. The study was based on a representative sample of more than 9,000 South Africans. Of the study population 12.1 percent were HIV-positive. Nearly half of all men and over one-third of women over 15 years of age reported that they had changed their behavior as a result of HIV/AIDS, including being faithful to one partner, reducing the number of sexual part-

ners, abstinence, and condom use. These behavior changes may be related to strong prevention programs implemented by a wide range of stakeholders, including the South African Government (SAG), nongovernmental organizations (NGOs), and the faith-based sector. Nevertheless, 2004 antenatal surveillance data reflect a continuing significant increase in HIV prevalence in South Africa.

U.S. Government Response

Concrete actions mandated by the highest level of government continue South Africa's leadership in implementing a multisectoral approach to HIV prevention, treatment and care. Supplementing the existing HIV/AIDS/STI Strategic Plan, 2000-2005, the SAG approved in November 2003 the Comprehensive Plan for HIV and AIDS Care, Management and Treatment, which identifies a range of interventions to address HIV/AIDS, including the provision of antiretroviral treatment. The U.S. Government (USG) supports implementation of South Africa's Strategic Plan and Comprehensive Plan and works with more than 200 diverse partners, including governmental partners at all levels, academic institutions, NGOs and faith-based organizations (FBOs), and private sector partners.

Several other key principles also guide the U.S. President's Emergency Plan for AIDS Relief (the Emergency Plan) response in South Africa. Those principles include:

- Evidence-based programming selected and designed on a sound research base;
- Rigorous assessment of all activities through regular and accurate reporting and targeted evaluation to monitor the achievement of targets and assure high quality performance;
- Enhancing human and infrastructure capacity to help South Africa achieve its health and social goals related to HIV/AIDS while strengthening the overall public health system;
- Designing sustainable programs and service improvements.

Recognizing the global HIV/AIDS pandemic as one of the greatest challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, NGOs and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.



Emergency Plan Achievements in South Africa

Challenges to Emergency Plan Implementation

Over the next few years, South Africa will greatly increase the entire spectrum of HIV and AIDS interventions. The health system response must be scaled up from providing antiretroviral treatment (ART) to 78,000 people now to hundreds of thousands more, and also must cope with long-term support for the increasing numbers of patients on ART. At the same time, over one million orphans and perhaps millions of people living with HIV/AIDS (PLWHA) will need access to social and health services by 2008. While the Emergency Plan will contribute substantial support to an integrated program in all of these areas, needs are likely to exceed services available, making efforts on prevention to ensure the majority of South Africans remain HIV negative essential. The challenge will be to scale-up the response with the most effective programs, to meet the human and system capacity demands, and to continue transformation of health care and other systems so the response is sustainable. South Africa's unique economic, educational and infrastructure advantages will help it overcome many resource constraints and social challenges it shares with other focus countries.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and being faith- ful	239,600
# of pregnant women receiving prevention of mother to child HIV transmission (PMTCT) services	487,300
# of pregnant women receiving antiretro- viral prophylaxis	75,700
# of individuals receiving counseling and testing	235,900
# of HIV-infected individuals who received palliative care/basic health care and support	401,500
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	66,500
# of individuals receiving upstream system strengthening support for treatment ¹	19,000
# of individuals receiving downstream site specific support for treatment ²	25,600

Critical Interventions for HIV/AIDS Prevention

- ♦ Given low literacy levels in parts of South Africa, the USG partnered with Soul City Institute for Health and Development Communications to produce illustrated booklets delivered by community groups to provide HIV/AIDS education and to address treatment literacy. To date, 50,000 requests for more booklets have been received and in total 520,000 copies have been printed and distributed.
- To reach diverse audiences that rarely receive conventionally delivered HIV/AIDS information, the USG supports ARV services for groups like the Sinikithemba Choir. These groups tell their audiences about their HIV status and the experience of living with AIDS.
- ♦ Cultural stigmas associated with AIDS prevent many from seeking treatment or counseling. To combat this, the USG supports EngenderHealth's program to implement Men as Partners (MAP) workshops. This program reduces prejudices and fears associated with the epidemic. A weekly radio program aimed at reinforcing similar messages reaches over 1.7 million people.
- Traditional leaders are recognized as important role models in South African society. The USG supports a partnership between South Africa's National Department of Health, Nelson Mandela Foundation, National Traditional Leaders' Forum and the POLICY project to increase the ability of traditional leaders to provide effective HIV/AIDS prevention information to their followers. More than 500 traditional leaders and 78 community stakeholders have participated and it is estimated that over 4 million constituents have been reached through these leaders. In FY05 a new partnership with the Nelson R. Mandela Medical School at the University of KwaZulu-Natal will aim to increase the knowledge and participation of traditional healers in HIV prevention, care and treatment.

Critical Intervention for HIV/AIDS Care

- ♦ Nearly 900 community leaders, volunteers and resource center staff have been trained as "barefoot" social workers to help provide assistance to orphans and vulnerable children (OVC) in conjunction with Nurturing Orphans of AIDS for Humanity (NOAH).
- ♦ Currently nearly 3,000 OVC and their families are being assisted.

Critical Interventions for HIV/AIDS Treatment

- ♦ The USG supports the McCord Hospital, which has a significant program to integrate PMTCT and antiretroviral treatment (ART) programs, using a family-based approach to treatment.
- ♦ The South African Department of Health and Right to Care operate the largest public sector treatment program at the Helen Joseph Hospital Themba Lethu Clinic with USG sup-
- The USG partners with Catholic Relief Services, and its implementing partners, to provide ART through FBOs in 24 sites, serving poor and marginalized communities.

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.