



2007 Country Profile: South Africa

National HIV prevalence rate among adults (ages 15-49): 18.8 percent¹
Adults and children (ages 0-49) living with HIV at the end of 2005: 5.5 million¹
AIDS deaths (adults and children) in 2005: 320,000¹
AIDS orphans at the end of 2005: 1.2 million¹

South Africa is one of the Emergency Plan's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, South Africa received nearly \$89.3 million in fiscal year (FY) 2004, nearly \$148.2 million in FY 2005, and more than \$221.5 million in FY 2006 to support comprehensive HIV/AIDS prevention, treatment and care programs. PEPFAR is providing \$397.8 million in FY 2007.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. The United States is changing the paradigm for development, rejecting the flawed “donor-recipient” mentality and replacing it with an ethic of true partnership. These partnerships are having a global impact and transforming the face of our world today.

Partnership to Fight HIV/AIDS

The South Africa Government is updating the HIV/AIDS/STI Strategic Plan for 2000-2005 with the National Strategic Plan 2007-2011. The National Strategic Plan identifies a range of interventions to address HIV/AIDS, including the scale-up of the provision of antiretroviral treatment. Through the Emergency Plan, the U.S. Government (USG) supports implementation of the South African Government's Strategic Plan and works with more than 300 diverse partners, including governmental partners at all levels, academic institutions, non-governmental organizations, faith-based organizations, and private-sector partners.

Several other key principles also guide the Emergency Plan response in South Africa:

- 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 ensure 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; and
- Designing sustainable programs and service improvements.

Emergency Plan Results in South Africa

# of individuals receiving antiretroviral treatment as of September 30, 2007	329,000
# of HIV-infected individuals who received palliative care/basic health care and support in FY2006 (including TB/HIV) ¹	514,300
# of orphans and vulnerable children (OVCs) who were served by an OVC program in FY2006 ¹	248,900
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{1,2}	1,584,200
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{1,3}	251,400
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2006 ^{2,3}	1,477,900
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2006 ⁴	6,513,200
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2006 ⁴	4,353,400
# of USG condoms shipped in Calendar Year 2006 ⁵	0

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Total results combine individuals reached through downstream and upstream support. ² It is possible that some individuals were counseled and tested more than once. ³ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once. ⁴ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites. ⁵ The South African Government is committed to providing free condoms and does not require USG support for condom procurement. Through the Emergency Plan, the USG continues to provide technical assistance in support of the condom procurement and distribution programs in order to have a greater effect on behavior change.



Emergency Plan Activities in South Africa

HIV/AIDS in South Africa

South Africa's AIDS epidemic is one of the worst in the world. It is a generalized epidemic, affecting all segments of society.¹ In 2005, the Human Sciences Research Council released updated information on HIV prevalence and HIV-related risk behaviors. Of the study population, 10.8 percent were HIV-positive. The findings on behavior change showed that nearly half of all men and more than one-third of women over 15 years of age reported behavior change, including abstaining from sex, being faithful to one partner, reducing the number of sexual partners, and using a condom.² These behavior changes may be related to strong prevention programs implemented by a wide range of stakeholders, including the South African Government, non-governmental organizations, and faith-based organizations. However, HIV data gathered in the country's extensive antenatal clinic surveillance system suggest that HIV prevalence has not yet reached a plateau, and is still increasing among certain population groups.³

Challenges to Emergency Plan Implementation

Over the next few years, South Africa will greatly increase the entire spectrum of HIV/AIDS interventions. The health system response must be scaled up from providing antiretroviral treatment (ART) for 178,000 people through the public health care system as of September 2006 to providing ART to more than 300,000 additional patients, and also must cope with long-term support for the increasing numbers of patients on ART. This is made difficult by the loss of skilled professionals to wealthier countries, as well as stigma and widespread skepticism about Western medicines.¹ At the same time, more than one million orphans and perhaps millions of people living with HIV/AIDS will need access to social and health services by 2008. While the Emergency Plan will contribute substantial support to an integrated program in treatment and care, efforts on prevention to ensure the majority of South Africans remain HIV negative are essential. 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.



Critical Interventions for HIV/AIDS Prevention:

- The Mothers to Mothers-to-Be program empowers women in the prevention of mother-to-child HIV transmission (PMTCT) by providing psychosocial support, promoting women's economic independence, reducing stigma, and promoting disclosure in families and communities.
- By challenging the gender-related beliefs and attitudes that encourage men to equate masculinity with dominance over women, the Men as Partners program uses a range of strategies – workshops, community education, media advocacy and public policy – to encourage young and adult men to remain abstinent, to be faithful and to decrease their number of sexual partners, thereby reducing the risk-taking behavior that puts themselves and partners at risk.
- With a focus on children, Soul Buddyz Club has produced 26 half-hour TV drama series, 26 radio spots, one million copies of a 42-page coloring book, as well as promotional material to spread messages about HIV prevention.

Critical Interventions for HIV/AIDS Treatment:

- PEPFAR supports South Africa Government policies and guidelines to strengthen comprehensive high quality care for people living with HIV/AIDS by scaling-up existing effective programs and best practice models in the public, private and non-governmental sectors; providing direct treatment services through 20 prime partners and their sub-partners; increasing the capacity of the South African Government to develop, manage and evaluate HIV/AIDS treatment programs, including recruiting additional health staff, training and mentoring health workers, improving information systems, and service infrastructure assistance; increasing demand for and acceptance of ART through community mobilization; and ensuring integration of ART programs within palliative care, TB, sexual transmitted infections (STIs) and PMTCT services.

Critical Interventions for HIV/AIDS Care:

- A PEPFAR partner organization replicated the Child Care Forum model to provide services to orphans and vulnerable children (OVCs). Child Care Forums act as custodians of OVCs in their community ensuring that OVCs access government services such as health and education, and providing care and support to OVCs in their community.
- Resources were provided to adapt and replicate a successful stand-alone HIV counseling and testing model to services where TB patients are diagnosed and treated.

¹ UNAIDS, Report on the Global AIDS Epidemic, 2006.

² Human Sciences Research Council, South Africa National HIV Prevalence, HIV Incidence, Behaviour and Communications Survey, 2005.

³ UNAIDS, AIDS Epidemic Update, 2006