

STRATEGIC FOCUS

The Centers for Disease Control and Prevention (CDC) South Africa began its collaboration with South African non-governmental and community-based organizations in 1989 to address the country's growing HIV issues. In 1994, CDC South Africa strengthened its support and began working with the government of South Africa to develop national HIV clinical, ethical, and research guidelines along with HIV and TB service delivery programs. Since the launch of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, this support rapidly expanded and today strategically focuses on:

- HIV prevention
- Integration of HIV and tuberculosis (TB) in clinical cascades
- Health workforce capacity, placement, and retention
- Laboratory capacity, health information systems, and surveillance and response systems that monitor HIV, TB, and other diseases of national significance, and
- Creation of a policy and legal framework for a National Public Health Institute (NPHI).

KEY ACTIVITIES AND ACCOMPLISHMENTS

Data-Driven Policy for Improved Impact: CDC South Africa supports the collection of HIV data through national population-based surveys and support for routine program monitoring systems. Data from multiple sources are analyzed for program improvement. A quality improvement team was also recently launched that takes a multi-disciplinary approach to analyzing data and addressing program gaps.

Voluntary Medical Male Circumcision (VMMC): In Fiscal Year (FY) 2017, CDC South Africa supported a total of 229,131 safe, male circumcisions, representing well over half of male circumcisions performed in South Africa during the same period.

HIV Case Finding: In FY 2017, a total of 6.9 million HIV tests were administered through CDC support, which exceeded the annual target. The overall HIV testing and counseling (HTC) positivity rate has increased to 8.5%.

Key Populations (KP): CDC South Africa supported prevention activities, reaching 169,424 people classified as KPs in FY 2017.

DREAMS: Supported Resilient Empowered AIDS-Free Mentored Safe (DREAMS) that uses multiple evidence-based interventions, including post-violence care, parenting/caregiver programs, and facilitating access to existing resources, such as cash transfers and education subsidies to address the factors that increase HIV risk amongst girls

Scaling up HIV services for TB patients: In the districts supported by CDC South Africa implementing partners in FY 2017, 96% of TB patients were tested for HIV, of whom 63% were HIV co-infected. Of these, 93% received antiretroviral treatment (ART), in addition to the means to access TB treatment.

Adult and pediatric treatment: As of 2017¹, an estimated 85% of people living with HIV in South Africa knew their status, of whom 71% were receiving ART. Of those on treatment, 88% achieved viral load suppression. The National Department of Health (NDoH) and PEPFAR South Africa developed a Treatment and Retention Acceleration Plan that aims to add an additional two million people on ART by December 2020.

Community Health Workers: CDC South Africa and its partners focus on improved clinic-community engagement, including hiring more Community Health Workers (CHW) and their supervisors (Outreach Team Lead (OTL). The aim of CDC's efforts is to focus on key HIV and TB outcomes, including HIV testing, linkage to treatment, retention, and adherence.

Human Resources for Health for direct service delivery: In order to swiftly increase the number of persons infected with HIV who are on ART, CDC South Africa is placing additional health workers in communities and facilities.

Prevention of Mother-to-Child Transmission: CDC South Africa-supported implementing partners, collaborating with the United Nations International Children's Emergency Fund (UNICEF) and the NDoH, achieved 98% coverage of HIV testing, and 96% treatment initiation for HIV-positive pregnant women in FY 2017. Mother-to-child transmission of HIV in South Africa recently decreased to 1% at birth.

Laboratory: The CDC South Africa Laboratory Branch supports national programs aimed at increasing laboratory diagnostic capacity and quality to facilitate improved public health laboratory services.

Key Country Leadership

President:
Cyril Ramaphosa

Minister of Health:
Pakishe Aaron Motsoaledi

U.S. Chargé d' Affaires:
Jessye Lapenn

PEPFAR Coordinator:
Charles (Chuck) Pill

CDC/DGHT Director:
Amy Herman-Roloff

Country Quick Facts

Per Capita GDP:
\$5.273 (2016)

Population:
55.7 million (2016)

Under 5 Mortality:
44 / 1,000 live births
(2016)

Life Expectancy:
65.1W/59.7M years
(2016)

Global HIV/AIDS Epidemic

Estimated HIV Prevalence
(Ages 15-49): 18.8% (2017)

Estimated AIDS Deaths
(Age ≥15): 100,000 (2017)

Estimated Orphans Due to
AIDS: 1,300,000 (2017)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
4,194,940 (2017)

Global Tuberculosis (TB) Epidemic

Estimated TB Incidence:
781 / 100,000 (2016)

TB patients with known
HIV-status who are HIV-
positive: 59% (2016)

TB Treatment Success
Rate: 81% (2015)

Country Staff: 103

Locally Employed Staff: 75
Direct Hires: 20
Fellows & Contactors: 8

¹ Human Sciences Research Council (HSRC) (2018). The Fifth South African National HIV Prevalence, Incidence, Behavior and Communication Survey, 2017: HIV Impact Assessment Summary Report. Cape Town, HSRC Press

SOUTH AFRICA

