



Photo credit: Thom Pierce

CDC in South Africa

The Centers for Disease Control and Prevention (CDC) began working in South Africa in 1989 and established an office in 1995, assisting non-governmental and community-based organizations to address HIV. CDC partnered with South Africa to develop HIV clinical and research guidelines, and HIV and tuberculosis (TB) service delivery programs. CDC currently works with the South African National Department of Health on supporting HIV, TB, and influenza programs, as well as strengthening laboratory, surveillance, and workforce capacity.



CDC STAFF

- 21 U.S. Assignees
- 76 Locally Employed



AT A GLANCE

- Population: 56,717,156 (2017)
- Per capita income: \$13,090
- Life expectancy at birth: F 67 / M 61 years
- Infant mortality rate: 36/1,000 live births

Sources:
World Bank 2018, South Africa
Population Reference Bureau 2018, South Africa



TOP 10 CAUSES OF DEATH

1. Tuberculosis
2. Diabetes
3. Other forms of heart disease
4. Cerebrovascular diseases
5. HIV
6. Hypertensive diseases
7. Influenza and pneumonia
8. Other viral diseases
9. Ischaemic heart diseases
10. Chronic lower respiratory diseases

Source:
Statistics South Africa, Morality and causes of death in South Africa, 2016:
Findings from death notification; Statistical Release P0309.3, February 2019



HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC works with South Africa to build a sustainable, high-impact national HIV response program to accelerate progress towards the UNAIDS global targets to control the HIV epidemic.

Working with South Africa, CDC has strategically focused support on HIV prevention and treatment programs, and system strengthening. With tuberculosis (TB) as the leading cause of death among people with HIV, CDC supports the integration of HIV and TB in clinical programming and provides technical assistance to the National TB Control Program to address the challenges of multi-drug resistant TB and TB/HIV co-infection.

CDC focuses support on programs designed for adolescent girls (15-19 years) and young women (20-24). Adolescent girls are up to eight times more likely to be HIV-infected, while young women are more than three times more likely to be infected than their male peers. Through the Determined Resilient Empowered AIDS-free Mentored Safe (DREAMS) program, CDC 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 factors that increase girls' HIV risk.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Health Systems Strengthening and Management

CDC supports the National Department of Health (NDH) to develop an integrated information system to manage and plan human resources for health (HRH) based on community needs, burden of disease, and facility capacity. Improving access to and analysis of HRH data is critical for strengthening South Africa's public health response to the HIV epidemic and ensuring equitable resource allocation to areas of highest need. These data inform CDC investments in strengthening the health workforce in South Africa. These data also indicate HRH needs in the public sector to achieve public health goals, inform training and development plans for health workforce management, and impact the monitoring of health workforce performance to achieve HIV epidemic control.

Surveillance

CDC has supported the Human Sciences Resource Council (HSRC) to conduct national HIV household surveys since 2005. HSRC completed the fifth of these surveys in 2017, providing critical, updated data on the number of new infections, people living with HIV, and HIV-positive individuals on treatment, for use by the South African government, PEPFAR, and civil society. The results of the survey, released in 2018, provided information for the first time on HIV drug resistance and sub-national estimates for selected districts.

Laboratory Capacity Building

CDC supports national programs that increase laboratory diagnostic quality and public health laboratory service. These programs provide support for the management of laboratory results by ensuring facilities have access to laboratory information systems for timely result delivery, and proper documentation of results in patient charts and the patient management system. CDC also champions the strengthening of the clinic-laboratory interface by ensuring adequate human resources to conduct training, mentoring and supervision of continuous quality improvement initiatives at healthcare facilities and laboratories.

Influenza

Influenza viruses require continued vigilance to protect the world from seasonal influenza as well as novel strains that could trigger a pandemic. CDC has worked with South Africa since 2007 to help build surveillance and laboratory capacity to prevent, detect, and respond to influenza threats. CDC works closely with the National Institute for Communicable Diseases (NICD) to implement applied research, including a study of maternal influenza vaccine effectiveness, mortality modeling studies, and influenza virus transmission studies.

Field Epidemiology Training Program

CDC supports South Africa in strengthening the capacity of its workforce to investigate and respond to disease outbreaks through the Field Epidemiology Training Program (FETP). FETP trains a workforce of field epidemiologists—or disease detectives—to identify and contain outbreaks before they become epidemics. Participants focus on “learning by doing” to develop the skills for gathering critical data and turning it into evidence-based action. Launched in 2006, the South Africa FETP is a collaboration between NDH, NICD, the University of Pretoria, Wits University, and CDC.



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CDC IMPACT IN SOUTH AFRICA



An estimated 85% of people living with HIV knew their status, and 71% received antiretroviral therapy (ART) in 2017. Of those on treatment, 88% achieved viral load suppression.



CDC-supported implementing partners achieved 98% coverage of HIV testing and 96% treatment initiation for HIV-positive pregnant women in 2017. Mother-to-child transmission of HIV recently decreased to 1% at birth.



In districts supported by CDC-implementing partners, 96% of TB patients were tested for HIV in 2017 and 63% were HIV co-infected. Of those who were co-infected, 93% received ART in addition to TB treatment.



CDC supported almost 230,000 medical male circumcisions in 2017 – well over half of the male circumcisions performed during the same year.



94 fellows have graduated from the Field Epidemiology Training Program as of December 2018.

For more country information, visit:
www.cdc.gov/globalhealth/countries/southafrica

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