



USAID | HEALTH POLICY
FROM THE AMERICAN PEOPLE INITIATIVE

**Semi-Annual Report: South Africa
Futures Group**

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| 1. TO Number | GPO-I-02-05-00040-00 |
| 2. Location | Pretoria, South Africa |
| 3. Title | USAID Health Policy Initiative in South Africa |
| 4. Activity Description | This task order aims to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. Specifically, the project seeks to ensure that national and local HIV/AIDS policies and programs, based on local and international best practices, are adopted and implemented. The project also helps develop, strengthen, and support effective public sector and civil society champions and networks to assume leadership in policy implementation. |
| 5. Achievements | See below. |
| 6. Name of USAID COTR | Nellie Gqwaru |
| 7. Name of USAID CO | Christopher Frost |
| 8. Name of COP | Shaidah Asmall |
| 9. Date of Award | October 1, 2007 |
| 10. Projected End Date | September 30, 2011 (plus possibility for one more option year) |
| 11. Ceiling Price | \$8,999,982 or \$14,999,929 (with two option years) |
| 12. Obligations to Date | \$8,155,408 |
| 13. Cumulative Expenditures | \$6,295,712 |
| 14. Balance (pipeline based on obligations to date) | \$1,859,696 |
| 15. Subcontractors | Futures Institute |
| 16. Final Invoice Submission | N/A |

Period of performance for SAR: April 1, 2010 – September 30, 2010

Program Overview: The overall objective of USAID | Health Policy Initiative (HPI) Task Order 2 is to improve the enabling environment for HIV/AIDS prevention, care, and treatment in South Africa through policy development and implementation. HPI addresses technical areas that hinder service quality and access by developing and implementing policies and plans that expand proven interventions, and also by identifying and surmounting social and policy barriers to existing services. The program contributes to

USAID's Strategic Objective 3, which aims to increase the use of primary health services, and HIV prevention and mitigation practices.

In the past six months, HPI continued to strengthen relationships with national and provincial departments and responded to identified gaps, needs, and requests. HPI strengthened the capacity of the South African government and other partners to formulate, implement, and evaluate HIV policies and programs relevant to the needs of their constituencies. Key partners include the National Department of Health (NDOH), the Department of Public Service and Administration (DPSA), higher education institutions, health professional bodies, and the National House of Traditional Leaders (NHTL).

Summary of Major HIV Activities:

Sexual prevention and gender. HPI supports the implementation of national HIV prevention programs for traditional leaders. HPI assisted the NHTL in designing and implementing an HIV/AIDS sector plan by mobilizing and sensitizing traditional leaders to achieve increased awareness and participation in the national response to HIV prevention. The HIV/AIDS sector plan was signed off by the chairperson on the NHTL in July. Different capacity building workshops will also take place in provinces to popularize the plan among provincial houses. In May, HPI finalized the design, layout, and printing of the Digital Story guide for NHTL (Stories of Courage and Leadership) to encourage traditional leaders to speak out and engage men in creating healthy communities and fostering gender equity.

HPI facilitated three workshops for 75 traditional leaders from the Eastern Cape, KwaZulu Natal (KZN), and Northwest provinces on HIV prevention and gender equity using digital story telling methodology to challenge norms and belief systems.

Human resources for health. HPI partnered with the KwaZulu Natal College of Nursing, through the South African Democratic Nursing Organization of South Africa (DENOSA) to strengthen the capacity of healthcare workers to deliver high-quality care and to support HIV-positive individuals. Through this partnership, HPI conducted a "train-the-trainers" program on stigma and discrimination. HPI also facilitated two workshops for 50 healthcare workers exploring beliefs, feelings, values, and personal encounters of rejection and isolation, rights, and the value of support groups. HPI and the Forum of University Nursing Deans in South Africa (FUNDISA) plan to integrate stigma and discrimination into the nursing curricula for the faculties of nursing at institutions for higher learning.

HPI partnered with the Colleges of Medicine of South Africa (CMSA), the professional body for clinical specialist physicians, to improve clinical specialists' services for HIV-positive individuals. HPI finalized the core curriculum (clinical and pathological aspects of HIV/AIDS) and consulted with individual colleges on the application of the core curriculum for each specialist discipline. Recommendations on the implementation of the curriculum will be presented to the CMSA Senate on October 15 for adoption. The planning processes for the November professional workshop are underway.

Health Systems Governance and Policy Reform

National strategic framework for sexual and reproductive health and rights (SRH). Following approval of the scope of the project, HPI conducted a literature review to identify international and local good practices and reviewed existing South African policies to identify gaps and priority needs. A situational analysis and evaluation of local good practices in four provinces are underway and will inform the development of the framework. In July, HPI and NDOH facilitated the first national steering committee meeting with NDOH representatives and experts in SRH on the development of the framework. HPI and NDOH agreed to create a strategic framework with an implementation plan and guidelines for district and institutional managers on SRH.

National strategy for laboratory and blood services. HPI supports the NDOH to strengthen the National Blood Program in South Africa through the benchmarking of costs and the development of a national blood policy and implementation strategy. HPI analyzed the cost of providing blood transfusion services nationally and identified cost drivers explaining the price differentials. HPI presented key findings and recommendations to NDOH for decisionmaking. HPI developed and presented the draft blood policy for consultation from April 14–15 and key stakeholders and WHO attended the workshop. Representatives agreed to establish one national blood program with an advisory committee to the MOH and a dedicated program unit within the Department of Health. The National Blood Policy and implementation strategy for the National Blood Program was finalized at a national workshop on August 13.

The development of public health laboratory framework and a policy for laboratory services for the South African public sector are at an advanced stage and will be presented to the National Health Council and regional National Health Laboratory Service (NHLS) for consideration in October.

Comprehensive Care, Management, and Treatment of HIV/AIDS (CCMT) Operational Plan. In January, NDOH chief directorate on HIV/AIDS and STIs requested urgent technical assistance for the revision of current provincial business plans for the April 2010–March 2011 funding cycle because the plans did not meet treasury requirements. HPI supported provinces to deliver nine provincially approved CCMT business plans to NDOH in April. Based on the successes and lessons learned, the department requested additional support with the drafting of nine provincial and one national annual CCMT program and financial reports from 2009–2010. HPI is presently working with NDOH and provinces to finalize the CCMT annual reports. A capacity-building workshop is scheduled for October to complete and support provinces on the development of future reports.

NDOH asked HPI to assist three provinces to re-engineer provincial business planning processes to ensure effective costing of future CCMT programs. As part of this process, HPI will conduct a work-flow analysis to determine costs of individual activities and programs, design and pilot costing tools and methodologies in one district per province, revise business plan templates, and submit recommendations for changing Directory of Organizations that Recognize/Accredit Medical Schools (DORA) indicators for the 2011–2012 financial years to the NDOH and national treasury.

Male circumcision (MC). HPI and Futures Institute determined the cost and potential impact benefit of scaling up medical MC as an HIV prevention strategy using a modified version of the Decision Makers Program and Planning Tool (DMPPT). On June 23, HPI presented the unit cost of conducting adult and neonatal MC at public health facilities, as well as the health system and human resource implications and potential impact benefits (number of infections averted) of scale up at a joint NDOH-USAID meeting. A follow-up presentation will be made to the NDOH executive in October and the MC costing report will be finalized and distributed to relevant stakeholders.

Since Uganda and South Africa were the only counties that completed the DMPPT, an HPI consultant Dr. Mahomed of Oasis Innovative Health Management, on invitation from USAID and UNAIDS, presented the South Africa approach and methodology at the DMPPT regional workshop in Kenya from April 19–21. NDOH further requested HPI to model the cost and implications for rapid scale up of MC in KZN, Mpumalanga, and Northern Cape to reach a target of 100,000 MCs by March 31, 2010.

Prevention of non-intentional and intentional injury. International and local research confirms the link between risk behaviors and intentional and non-intentional injuries. The burden of both intentional (e.g., violence) and unintentional injury (e.g., traffic accidents, drowning, falls) overlap significantly with HIV/AIDS in that the impact is greatest among the poor; both affect people in economically active age groups; and both can be substantially prevented by reducing risky behaviors. A major focus of this

strategy will thus be to prevent “risk behaviors” that relate to injuries and HIV/AIDS, including alcohol and drug abuse as specific risk factors. Following agreement of the scope of the project, HPI subcontracted the Medical Research Council (MRC), a WHO collaborating partner for the Centre on Injury Prevention, to assist with the development of a national injury prevention strategy. A national steering committee is being established and an extensive literature and policy review is underway to identify local and international good practice and priority needs/gaps. The first steering committee meeting will take place on November 1, 2010.

South African prevention policies. The Know Your Epidemic, Know Your Response (KYE-KYR) project is commissioned by South Africa National AIDS Council (SANAC) to review HIV prevention efforts in South Africa and improve strategic decisions about HIV prevention responses. HPI is a partner on this project specifically to review existing HIV prevention policies, laws, guidelines, and strategies. HPI conducted an HIV prevention policy review. HPI submitted one national report and nine provincial reports to SANAC in May. HPI will synthesize findings with Human Sciences Research Council (HSRC) to draft one national synthesis report and nine provincial synthesis reports by the end of October.

Leadership and management training at North West University. In July, HPI presented its annual HIV/AIDS workshop for business leaders at the Potchefstroom Business School. The winter study school was attended by 85 MBA students from private and public sectors. HPI provided technical support in the presentation of the HIV/AIDS business case, ethics and compliance, stigma and discrimination, and workplace policy development modules.

Leadership and management training at the University of KwaZulu Natal (UKZN). In August, HPI and UKZN Graduate School of Business hosted a two-day public lecture for 30 business leaders. The workshop targeted executive and senior managers within public and private sectors and informed them how to effectively respond to HIV/AIDS through the development and implementation of HIV workplace policies and programs.

Policy champions. One of HPI’s strategies to enhance the outcomes of the postgraduate diploma in management (PDM) course is to provide further technical support to PDM students who are identified as potential policy champions. Consequently, HPI contracted with the Bridging the Gap (BTG) to provide mentoring and coaching support to four policy champions from the education, public and private sectors, respectively.

HPI facilitated a workshop for 50 educators, members from the school governing body, and HIV/AIDS committees in Peer Education and Lay Counselling Training. The training equipped educators to respond effectively to the challenges of HIV/AIDS in their respective schools and enhanced HIV/AIDS leadership in the workplace.