



U.S. Agency for International Development

Bureau for Global Health

# COUNTRY PROFILE

HIV/AIDS

## SOUTH AFRICA

South Africa faces significant challenges in addressing the severe impact of a mature and generalized HIV/AIDS epidemic. Within the past 10 years, HIV infection rates among pregnant women in antenatal clinics grew from less than 1 percent (1990) to nearly 25 percent (2001). The South African National Department of Health estimates about 5 million, or 1 in 10 South Africans, are now

HIV positive. According to UNAIDS, 20.1 percent of adults aged 15–49 were living with HIV/AIDS at the end of 2001. This is more than any other country in the world, and each day, more than 1,700 more people become infected. In addition, 60 percent of the new infections occur among those aged 20–29, with women accounting for the majority.

Further examination of antenatal HIV trends disaggregated geographically reveals the growth and magnitude of HIV prevalence rates differ by province. The highest HIV prevalence is in KwaZulu Natal, followed by similarly high levels in Mpumalanga, Free State, and Gauteng (with antenatal prevalence ranging from 30 percent to 35 percent). The North West and Eastern Cape have intermediate levels (antenatal prevalence ranging from 20 percent to 25 percent) followed by Limpopo, and Northern and Western Cape (with antenatal prevalence ranges of 15 percent to 8 percent, respectively).

The Medical Research Council of South Africa estimates 40 percent of recent deaths in South Africa are believed to be AIDS related. In the 10 to 12 years since its inception, the HIV/AIDS epidemic in South Africa has had a profound impact on life expectancy. According to demographic projections, life expectancy overall fell 16.4 percent—from 63 to 53 years—between 1991 and 2002, with similar declines for men and women. The U.S. Census Bureau HIV projection models predict by 2010 life expectancy may drop to 37 years for women and 38 for men—a decline of more than 50 percent in a decade.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	5,000,000
Total Population (2001)	43,792,000
Adult HIV Prevalence (end 2001)	20.1%
HIV-1 Seroprevalence in Urban Areas	
Population at high risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors)	69.0%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	33.5%

Sources: UNAIDS, U.S. Census Bureau



Map of South Africa: PCL Map Collection, University of Texas

Although HIV/AIDS typically strikes adults in the prime of their lives, children are also at risk for infection. It is estimated between 204,000 and 297,000 HIV-infected women give birth annually in South Africa, resulting in 61,000 to 89,000 maternal-to-infant HIV infections. Because the median survival of HIV-infected children is 4.5 years (one-half that of adults), HIV contributes substantially to higher childhood mortality rates. Crude child mortality rates have doubled in South Africa since 1995.

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The epidemic has further contributed to the numbers of orphaned children in South Africa. According to a recent population-based survey by the Human Sciences Research Council, 13 percent of South African children have lost one or both parents. In addition, according to HIV modeling scenarios from the Medical Research Council of South Africa and Actuarial Society of South Africa estimate that by 2002, 340,000 children under the age of 18 had lost their mother as a result of HIV.

## National Response

In contrast to misconceptions regarding the lack of political will to address the HIV/AIDS epidemic, the South African government has committed significant financial and institutional resources to transforming the public health service to meet the challenges of HIV/AIDS. The health budget has increased dramatically during the past five years, and the scale of transformation at the district level is proceeding with high institutional and donor support. In many respects, the South African approach to the epidemic has been recognized as one of the most comprehensive programs in the world. However, as the HIV/AIDS crisis continues, there is an increasing demand for a strategic, coordinated approach to the epidemic and integration of HIV/AIDS services into the primary health care system, which is the most effective vehicle through which to deliver these services in South Africa.

The South African government adopted a five-year strategy in 2000 to address HIV/AIDS and sexually transmitted infections, with two primary goals: to reduce the number of new infections (especially among youth); and to reduce the impact of HIV/AIDS on individuals, families, and communities. Primary activities include:

- Implementing an effective and culturally appropriate information, education, and communication strategy;
- Increasing access to and acceptance of voluntary counseling and testing;
- Improving the management of sexually transmitted infections and treatments for opportunistic infections, and promoting condom use to reduce transmission of HIV and sexually transmitted infections; and
- Improving the care and treatment of persons living with HIV/AIDS to promote a better quality of life and limit their need for hospital care.

The South African government's strategic plan is structured according to four key areas: prevention; treatment, care and support; human and legal rights; and monitoring, research, and surveillance. Fifteen specific goals are set out according to the four areas, and specific departments, coordinating structures, and policy documents are referenced to implement the strategy. Additionally, youth are broadly targeted as a priority population group, especially for prevention efforts. In addition to its HIV/AIDS strategy, the South African government has formulated policy and programs for a range of interventions to address HIV/AIDS, including specific programs to address tuberculosis, sexually transmitted infections, and home-based care.

## USAID Support

In 2002, the United States Agency for International Development (USAID) allocated \$15 million toward HIV/AIDS activities in South Africa. USAID/South Africa's HIV/AIDS strategy responds to the overwhelming challenges posed by the epidemic to individuals, families, communities, and society in South Africa. The Mission's health strategy has evolved from a focus on primary health care with HIV/AIDS and tuberculosis elements, to an emphasis on the integration of HIV/AIDS and tuberculosis within an effective health care system.

The assistance provided by USAID serves a catalytic role in supporting South African government efforts to enhance the availability of high-quality HIV/AIDS services by providing state-of-the-art technical expertise and resources. The HIV/AIDS strategy builds on the experiences and accomplishments of the EQUITY project to improve and integrate primary health care (initiated in 1997), as well as pilot HIV/AIDS activities (initiated in 2000). The strategy also draws on USAID's core competencies in technical assistance, public-private partnerships, system strengthening, and identifying and testing "better practices" that can be taken to scale. The Mission's HIV/AIDS strategy provides assistance in the following areas:

- Integrating tuberculosis, and HIV voluntary counseling and testing and prevention of mother-to-child transmission into primary health facilities;
- Strengthening the quality of HIV/AIDS services;
- Strengthening community support systems for pregnant women, their partners, and children;

- Strengthening community support systems for orphans and vulnerable children;
- Working with nongovernmental organizations to strengthen their response;
- Promoting greater access to care and treatment services for persons with HIV-related diseases; and
- Promoting behavior change among high-risk groups, particularly youth.

Based on its successful pilot program in Eastern Cape Province, the health strategy will expand USAID's coverage to the provinces of KwaZulu Natal, Mpumalanga, North West, and Limpopo. In addition, USAID will work in informal settlements and townships surrounding South Africa's two largest cities, Johannesburg and Cape Town. These provinces and metro areas have been selected because of the higher risks of their population and the current high levels of prevalence. These areas encompass more than one-half of South Africa's population. USAID activities include the following:

### ***Behavior change communication***

USAID supported the integration of a "Men as Partners" component to the community-based work conducted by Nelson Mandela Children's Fund, its many partners, and Hope World Wide's urban sites. Men as Partners addresses gender issues and promotes the ABCs of prevention (Abstinence, Be Faithful, Use a Condom). Working through a network of local nongovernmental organizations, USAID is supporting the promotion of ABC and behavior change messages at the community level.

USAID also supports the AIDS Helpline, a national service that provides counseling, information, and referrals through a toll-free telephonic system, and is accessible 24 hours a day, 7 days a week. With technical and financial assistance from USAID/South Africa, this service has grown to a point that the Helpline now fields more than 10,000 calls per month in 11 local languages. Counselors receive specialized training, use state-of-the-art telecommunications equipment, and field calls from throughout South Africa.

### ***Care and support***

Strengthening the capacity of communities to respond to the HIV/AIDS epidemic has been an important component of the Mission's HIV/AIDS portfolio. Through a network of community-based nongovernmental organizations, USAID/South Africa provides assistance in the following areas:

- Technical assistance for provincial-level care and support training programs for home-based care;
- Hospice services for the indigent; community-based support groups for people living with HIV/AIDS;
- Training for home-based care providers;
- Support to nongovernmental organizations to provide home-based care services, including palliative care and nutritional support;
- Psychosocial services for those infected and affected by HIV/AIDS; and
- Promotion of the ABCs of prevention.

In 2002, these programs served 48 urban and rural communities. More than 300,000 people received home-based care, up from zero in 2000.

### ***Children affected by AIDS***

USAID's program to improve the capacity of communities to manage primary health care and HIV/AIDS has a strong focus on children, orphans, and vulnerable households infected and affected by HIV/AIDS. Through USAID/South Africa assistance, a network of nearly 20 community-based nongovernmental organizations assist vulnerable children in Eastern Cape, KwaZulu Natal, Limpopo, and Mpumalanga, among others. In 2002, these nongovernmental organizations began providing regular care and support to more than 20,000 orphans and vulnerable children. The assistance included linkages to government grants, community services, and direct assistance in such areas as psychosocial activities, home visits, and nutritional support.

### ***Condoms***

In 2002, USAID/South Africa provided technical assistance to help the government procure, test, and distribute condoms. South Africa has become one of the few developing countries committed to purchasing large quantities of condoms using

its own resources (\$10 million in 2001). In 2002, the National Department of Health procured more than 356 million condoms, an increase of 75 percent from 2001. With USAID assistance, the Department of Health ensures the condoms it purchases meet or exceed international standards. A recent survey found one-half (51 percent) of those aged 15-24 reported using a condom during last sex and the vast majority of those surveyed reported condoms were easily accessible.

### ***Voluntary counseling and testing***

With USAID assistance, more than 123 antenatal sites offering voluntary counseling and testing within the primary health care setting are now operational in Eastern Cape. These sites have also established a network of support groups with links to the local community. Additionally, 12 health clinics in Soweto routinely offer voluntary counseling and testing within the antenatal care system, which provides access to all pregnant women in the catchment area.

### ***Mother-to-child transmission***

USAID is working to expand services to prevent mother-to-child transmission. In Soweto, USAID-supported partners introduced a model urban program to all public health clinics. In the past year, nearly 30,000 pregnant women in Soweto were offered prevention of mother-to-child transmission services and more than 90 percent of HIV-positive pregnant women received Nevirapine. This comprehensive program includes extensive pretest and post-test counseling, testing, provision of Nevirapine to the mother and infant, ongoing group support services, free infant formula, child care, hospice care, psychosocial support, and community mobilization. USAID/South Africa intends to expand and extend this model to other provinces, such as Limpopo and North-West, and to adapt the model to rural environments. In addition, USAID assistance is expanding the availability of voluntary counseling and testing and mother-to-child transmission prevention services in the Eastern Cape where more than 10,000 pregnant women received prevention services last year.

### ***Multisectoral programs***

HIV/AIDS cuts across all development sectors in South Africa, and USAID/South Africa's technical teams have responded with variety of activities to promote democracy and governance, education, economic security, job creation, and housing and environment. For example, in 2002, USAID gave a \$170,000 grant to the Development Action Group and the Kuyasa Fund to help community residents apply for a housing loan through the national housing subsidy. Now, many people living with HIV/AIDS have the self-pride of home ownership, and a renewed desire to participate in economic development and community affairs.

### ***Sexually transmitted infections***

Operations research, supported by USAID/South Africa, demonstrated the effectiveness of using presumptive periodic treatment in vulnerable populations to reduce the incidence of sexually transmitted infections. The presumptive periodic treatment model, first tested in the Lesedi mining community in Free State Province, is being replicated in several other at-risk communities. The sustainability of this successful research project has been greatly enhanced by the willingness of local mining companies to provide staff and financial support to this project.

In the Eastern Cape, management of sexually transmitted infections has improved steadily during the past five years. Preliminary annual facilities survey data for 2002 indicate 91 percent of clinics have drugs available to treat sexually transmitted infections and 82 percent were providing correct treatment. In another recent initiative, USAID, through the University of Witwatersrand, assists the South African government to improve its national sexually transmitted infection program by enhancing training for service providers and conducting intervention-linked research. Improved sexually transmitted infection treatment is responsible for the national decline in syphilis from 10.7 percent in 1997 to less than 5 percent in 2000.

### ***Tuberculosis***

In 2001, USAID worked with the National Tuberculosis Control Program to develop strategic plans and guidelines, support improved reporting and recording systems, strengthen lab systems, and provide continued support for advocacy.

## **For More Information**

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USAID HIV/AIDS Web Site, South Africa:  
[http://www.usaid.gov/pop\\_health/aids/Countries/africa/southafrica.html](http://www.usaid.gov/pop_health/aids/Countries/africa/southafrica.html)

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*For more information, see [www.usaid.gov/pop\\_health/aids](http://www.usaid.gov/pop_health/aids) or [www.synergyaids.com](http://www.synergyaids.com).*

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