



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

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, COP
9. Date of Award	October 1, 2007
10. Projected End Date	September 30, 2010 (plus possibility for 2 option years)
11. Ceiling Price	\$8,999,982
12. Obligations to Date	\$6,000,000
13. Cumulative Expenditures	\$3,442,268
14. Balance (pipeline based on obligations to date)	\$1,148,779
15. Subcontractors	Futures Institute
16. Final Invoice Submission	N/A

Period of performance for SAR: October 1, 2009 – March 31, 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 increases the use of primary health services, and HIV prevention and mitigation practices.

In the past six months, HPI has repositioned itself as a strategic partner to the South African government and civil society to support policy development and implementation; to support policy champions; and to build the country's capacity to collect, analyze, and use data for evidence-based decisionmaking. 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. One of the HPI objectives is to strengthen the capacity of religious and traditional leaders in designing and implementing HIV prevention programs. NHTL has been a main beneficiary of this support. In October 2009, HPI met with NHTL's management committee to review previous joint activities and set future plans. After the meeting, a Task Team composed of NHTL and HPI staff finalized the Traditional Leaders HIV Sector Plan, which was formally approved by the committee on February 16, 2010. In February, HPI attended the NHTL opening ceremony in Parliament presided by South African president, Jacob Zuma, and a gala dinner that followed. NHTL publicly acknowledged HPI's partnership and support.

HPI partnered with Sonke Gender Justice (SGJ), an established NGO that mobilizes males to promote HIV prevention and gender equity across Africa. Since 2007, SGJ has collaborated with the Center for Digital Storytelling's Silence Speaks initiative on storytelling that promotes understanding, accountability, and civic action among viewers. In October 2009, with the support of HPI, SGJ and Silence Speaks coordinated a digital storytelling workshop with Amakhosi—Traditional Leaders from rural South Africa.

Four workshops to train 135 traditional leaders on gender issues and HIV are planned. They will include the role of men in seeking men's health, gender equity, and HIV prevention behaviors, including male circumcision, reduction of concurrent sexual partners, and engagement with VCT services.

Human resources for health. HPI established partnerships with the Colleges of Medicine of South Africa (CMSA), the national accreditation body for clinical and dental specialists, and the South African Democratic Nursing Organization of South Africa (DENOSA) to strengthen the capacity of healthcare workers to deliver high-quality care and support HIV-infected people. This included TA for curriculum development, review of examination criteria for specialist clinicians, professional development workshops, and a "train-the-trainers" program.

At the joint CMSA-HPI workshop in November 2009, CMSA established task teams to identify professional development topics that include HIV prevention; pathogenesis and HIV/AIDS clinical development; and managing HIV in the healthcare workplace. Another task team will identify core aspects of HIV/AIDS to include in training and examinations for new clinical specialists.

Health Systems Governance and Policy Reform

National strategic framework for sexual and reproductive health. HPI identified a gap in national health policies and implementation pertaining to sexual and reproductive health rights. NDOH concurred and requested TA for the development of a national strategic framework for sexual and reproductive health (SRH) that addresses the sexual and reproductive health needs of women, men, and people living with HIV (PLHIV). The strategy is expected to be integrated with other programs, including HIV, to address broader SRH challenges in South Africa.

During this reporting period, HPI reached agreement with NDOH on the scope of the project and held preliminary consultations with the University of Witwatersrand – Centre for Health Policy, Health Systems Trust (HST), Center for the AIDS Program of Research in South Africa (CAPRISA), and the University of KwaZulu-Natal School of Obstetrics and Gynecology and independent experts in the field of sexual and reproductive health to identify potential service providers for this project. Consequently, HPI has recruited consultants to provide technical support. Contracts are being completed, and the first steering committee meeting will be in May 2010.

National Strategy for Laboratory and Blood Services. Since November 2009, substantial progress has been made in the development of a blood service policy for South Africa. Extensive consultations with the South Africa National Blood Service (SANBS), Western Province Blood Services (WPBS), and National Blood Bio Products Institute (NBI) to identify gaps and challenges in the provision of blood products were well supported with access to required information. HPI analyzed the cost of providing blood transfusion services nationally and in the Western Cape Province, and presented key findings and recommendations to NDOH on March 15, 2010. HPI further conducted a legislative and literature review of international good practice in line with WHO recommendations.

Comprehensive Care, Management, and Treatment of HIV/AIDS (CCMT) Operational Plan. Provincial departments of health access funding for HIV/AIDS programs through a dedicated conditional grant from the National Treasury. The Division of Revenue (DORA) Act 2009 regulates the grants. The funds can only be accessed after submitting an annual provincial business plan to NDOH and National Treasury. HPI has identified this as a CCMT weakness because only historical budgeting is done. NDOH concurred and requested TA for three provinces to develop “bottom-up” operational plans. In January 2010, NDOH chief directorate on HIV/AIDS and STIs requested urgent TA for the revision of current provincial business plans for the April 2010–March 2011 funding cycle because they did not meet treasury requirements.

In February–March 2010, HPI used subcontractor Oasis Innovative Health Management Services to work with individual provinces and revise provincial business plans aligned with national targets using modelling data from the HERO Model. Provinces were able to put their HIV epidemic in context and set realistic targets based on national priorities and local capacities. First, a business plan review tool was developed with a summary of gaps/weaknesses presented to NDOH and sent to individual provinces. During a national workshop on March 4, 2010, the team worked with individual provinces to revise their business plans. A monitoring tool was also designed to track implementation expenditures and progress on a monthly/quarterly basis. Based on lessons learned, NDOH requested HPI to provide TA for the re-engineering of provincial CCMT business planning processes, development of business planning templates, costing tools and methodologies and recommendations for changing DORA indicators.

Male circumcision (MC). HPI supports NDOH in determining the cost and potential benefit impact of using a modified version of the Decision Makers Program and Planning Tool (DMPPT). Following receipt of ethics and U.S. IRB approval in December 2009, financial and MC costing data were collected at 19 sites in eight provinces. Data are currently being verified and will be submitted on April 10, 2010, for use in modelling based on scenarios that were identified during consultations with NDOH.

South African prevention policies. TO2 was invited by the South African government to provide TA for the review of HIV prevention policies as part of the joint SANAC/World Bank/UNAIDS “Know Your Epidemic, Know Your Response (KYE-KYR)” project. The study aimed to find gaps and priority needs in relation to HIV prevention policies, strategies, laws, and guidelines, which inform the development of a national prevention strategy. HPI reviewed existing policies (approved drafts) and interviewed 59 key informants at the national and provincial levels. Preliminary findings suggest that although South Africa

has progressive policies and an improved political climate to support implementation of HIV policies and strategies, there are still challenges to implementation. Participants acknowledge the complexity of changing behaviors but laud the NSP as a key strategic document in guiding the South African response to HIV. Another challenge is the apparent lack of alignment among national, provincial, and local HIV coordinating structures (SANAC, provincial, district and local AIDS councils), but also insufficient technical support, management, and M&E capacity to put the NSP and related policies into action.

HIV/AIDS and TB workplace programs in the public sector. DPSA has oversight on all government human resources departments and manages the implementation of a health and wellness program for government employees. HIV/AIDS is a component of this program. HPI has previously supported DPSA in developing workplace policy guidelines and also a costing model. Building on previous efforts, HPI trained 38 more staff members from national and provincial departments in December 2009. They were trained in strategic and operational planning, and using the DPSA costing model—a tool to cost HIV/AIDS workplace interventions in South Africa’s public sector.

Leadership and management training at Stellenbosch University. In January 2010, HPI presented its 10th annual workshop in policy development at the Stellenbosch Post Graduate Diploma in HIV and AIDS program (PDM), as part of a longstanding partnership with the African Centre for AIDS Management. The summer school was attended by 357 students from across the world. HPI provides technical support in the presentation of the HIV policy, gender and HIV, and stigma and discrimination modules.

Policy champions. One of HPI’s strategies to enhance the outcomes of the PDM course is to provide further TA to PDM students who are identified as potential policy champions. In 2009, HPI contracted with the Community Agency for Social Enquiry (CASE) to help identify candidates among the 2007 PDM graduates. Following the vigorous selection process, HPI identified 19 potential policy champions from diverse disciplines, such as education and business, to participate in a three-day capacity building workshop in February 2010.

Leadership and management training at three universities. HPI collaborated with the University of KwaZulu Natal (UKZN), Durban University of Technology, and the Potchefstroom Business School at North West University to integrate HIV/AIDS into their MBA programs and help expand the facilities’ capacity to incorporate HIV/AIDS education into the universities’ curricula.

In October 2009, HPI and UKZN hosted a two-day public workshop for 24 senior and middle managers from the steel and metal, media, finance, transport and courier service industries. The workshop aimed to sensitize and empower the management cadre in responding effectively to HIV/AIDS through the development and implementation of HIV workplace policies and programs.

In February 2010, HPI facilitated a workshop for MBA lecturers at Potchefstroom Business School. HPI presented a business case on HIV/AIDS and facilitated finding opportunities for HIV curriculum integration in the MBA program.

Private Sector Executive Leaders Program. HPI met with South Africa Business Council on HIV/AIDS (SABCOHA) to finalize the approach in developing a course to mobilize executive leaders, determine their roles and responsibilities, and identify potential dates and champions for this program.

Palliative care. HPI took various steps to close out this activity. In 2009, HPI awarded subcontracts to two TB facilities: Noord Kaap Vigs Forum (NKVF) in the Northern Cape Province and SANTA—Western Cape. By the end of March 2010, SANTA provided TB services to 5,343 patients and NKVF to 1,133 patients (437 males and 696 females). As part of the exit strategy, HPI also trained 29 caregivers of the NKVF to use the stigma mitigation toolkit.