

Data Sheet

USAID Mission:	South Africa
Program Title:	HIV/AIDS and Primary Health Care
Pillar:	Global Health
Strategic Objective:	674-008
Proposed FY 2004 Obligation:	\$20,828,000 CSH; \$488,000 ESF
Prior Year Unobligated:	\$2,402,000 CSH; \$1,200,000 ESF
Proposed FY 2005 Obligation:	\$24,011,000 CSH
Year of Initial Obligation:	FY 1995
Year of Final Obligation:	FY 2007

Summary: South Africa's health system faces a dramatically high HIV/AIDS prevalence rate of 20%, reaching 26.5% among pregnant women, and uneven access to quality health services for South Africans who lacked health care under apartheid. USAID's program, with other USG agencies, builds on South Africa's strengths in health care and fosters integration of HIV/AIDS into primary health care services. Supporting the President's Emergency Plan for AIDS Relief (PEPFAR), the program focuses on HIV/AIDS prevention, treatment, care and support, including management of anti-retroviral therapy (ART), diagnosis and treatment of opportunistic infections, including tuberculosis (TB), and management of primary health care (PHC) services.

Inputs, Outputs, Activities:

FY 2004 Program:

Expanded HIV/AIDS prevention services (\$5,600,000 CSH; \$488,000 ESF; \$1,200,000 prior year ESF; \$2,402,000 prior year CSH). USAID, as part of PEPFAR, will use prior and current year CSH funds to support South Africa's HIV/AIDS prevention program by promoting abstinence and partner reduction through non-governmental and faith-based organizations (NGOs and FBOs), and by assisting provinces to expand availability of services for voluntary counseling and testing (VCT) and prevention of mother to child transmission (PMTCT). USAID will support expansion of PMTCT services to 65 sites in four high prevalence provinces. These will operate as hubs providing training in PMTCT to health practitioners. Prior and current year ESF will be used for infant feeding and maternal health in PMTCT programs. USAID will competitively award five new grants to local NGOs and FBOs to expand successful community-based HIV/AIDS prevention activities, and will initiate five new adolescent-friendly programs with a strong focus on abstinence and male responsibility. Principal contractors/grantees: Hope Worldwide, Nelson Mandela Children's Fund, John Snow, Inc., Johns Hopkins University, Family Health International, EngenderHealth, PACT, Elizabeth Glaser Pediatric AIDS Foundation, University Research Corporation, Management Sciences for Health, and new partners (to be determined).

Expanded HIV/AIDS treatment, care, and support services (\$9,900,000 CSH). In support of PEPFAR, USAID will assist at least 40 community organizations that reach over 50,000 orphans and vulnerable households to provide home-based and hospice care, community mobilization, and psychosocial support. A public-private alliance will leverage support for 50,000 employees to gain access to ART benefit packages. Programs will provide treatment to 5,000 HIV positive people through existing and new public-private partnerships. In addition, USAID will support five sentinel treatment sites to track treatment outcomes and side-effects, and will improve the quality of home-based care, including palliative care, in five of the country's poorest provinces. Principal contractors/grantees: Same as "Expanded HIV/AIDS Prevention Services."

Improved primary health care services (\$3,328,000 CSH). USAID will provide technical assistance and training to 5,000 health care staff to improve resource and clinical management, to strengthen data quality collection and use for decision-making, and to improve the overall quality of health care. USAID will

support an advisor in the Department of Health to strengthen drug management systems for ARV rollout. Principal contractors/grantees: Same as "Expanded HIV/AIDS Prevention Services."

Improved TB diagnosis and treatment (\$2,000,000 CSH). USAID will provide training and technical assistance to 1,000 clinic staff and community volunteers to improve TB diagnosis and increase the percentage of patients who successfully complete treatment. Grants to NGOs and FBOs will increase the number of volunteers available for implementation of TB treatment, thereby ensuring effective management of the disease. USAID will expand a successful TB training program to at least 250 doctors in five provinces. Principal contractors/grantees: Same as "Expanded HIV/AIDS Prevention Services."

FY 2005 Program:

South Africa is a focus country under the President's Emergency Plan for AIDS Relief. Additional funding from the Global HIV/AIDS Initiative account is anticipated for both FY 2004 and FY 2005.

Expanded HIV/AIDS prevention services (\$6,500,000 CSH). Under this plan, USAID plans to expand prevention activities with a special emphasis on abstinence and "being faithful" programs. USAID will expand its small grants program to high HIV/AIDS prevalence communities, and plans to use new public-private partnerships. Principal contractors/grantees: Same as noted above, plus others to be determined.

Expanded HIV/AIDS treatment, care and support services (\$11,500,000 CSH). In support of PEPFAR, USAID will expand treatment, care, and support activities, including expansion of private sector partnerships. USAID will support new models to enhance the availability and quality of AIDS treatment and will expand community care and support, palliative care, and assistance to households with orphans and vulnerable children in five high risk provinces. Principal contractors/grantees: Same as "Expanded HIV/AIDS Prevention Services."

Improved primary health care services (\$4,011,000 CSH). USAID will support South Africa's efforts to strengthen the capacity of public sector health facilities, especially in historically disadvantaged areas; to deliver quality PHC services, and to promote the integration of HIV services into PHC services. Specific interventions may include expansion of PHC pilot activities in three of nine provinces and increased integration of HIV/AIDS services into routine clinic services and at the community level. Principal contractors/grantees: Same as "Expanded HIV/AIDS Prevention Services."

Improved TB diagnosis and treatment (\$2,000,000 CSH). USAID will help improve the diagnosis and treatment of TB in high prevalence areas. Specific interventions may include expanded community-based treatment; expanded advocacy and initiatives to increase adherence to TB treatment; and assistance in monitoring TB plans in all provinces. Principal contractors/grantees: Same as "Expanded HIV/AIDS Prevention Services."

All family planning agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

Performance and Results: In FY 2003 more than 44,000 clients received comprehensive VCT services through USAID-supported clinics in Soweto, the Eastern Cape and other provinces. Of the more than 8,000 HIV positive pregnant women in Soweto, 84% received PMTCT services. USAID's pilot treatment program provided AIDS treatment to more than 900 patients, provided more than 18,000 employees with access to treatment benefits, and trained over 1,000 doctors in ARV therapy. USAID provided care and support to more than 46,000 orphans and vulnerable children in three poor provinces and Soweto. In 2003, USAID's partners made over 300,000 home care visits; helped establish home care and nutritional guidelines for HIV-infected households; and supported hospice services. USAID helped create the first public-private partnership to renovate and manage a public hospital in a very poor province. USAID's main PHC activity, focused on the Eastern Cape, has led to more than 90% of the 700 clinics in USAID target areas offering all basic PHC services five days a week. Eighty-four percent of the clinics have key PHC drugs available; 64% of the 11,000 nurses in the target areas are trained to provide all basic PHC services. In 2002-2003 there were more than 15 million visits for PHC services, an average of 2.5 visits per person per year. As the result of assistance from USAID, South Africa now has a single national

health information system and a system for district level health planning and budgeting. By 2007, USAID, in collaboration with its USG partners, will have helped increase access to PHC and HIV/AIDS services to more than 50% of the South Africa population.

US Financing in Thousands of Dollars

South Africa

674-008 HIV/AIDS and Primary Health Care	CSH	DA	DFA	ESF
Through September 30, 2002				
Obligations	54,633	23,697	8,400	0
Expenditures	22,988	22,960	8,358	0
Unliquidated	31,645	737	42	0
Fiscal Year 2003				
Obligations	27,147	0	0	939
Expenditures	24,513	546	14	0
Through September 30, 2003				
Obligations	81,780	23,697	8,400	939
Expenditures	47,501	23,506	8,372	0
Unliquidated	34,279	191	28	939
Prior Year Unobligated Funds				
Obligations	2,402	0	0	1,200
Planned Fiscal Year 2004 NOA				
Obligations	20,828	0	0	488
Total Planned Fiscal Year 2004				
Obligations	23,230	0	0	1,688
Proposed Fiscal Year 2005 NOA				
Obligations	24,011	0	0	0
Future Obligations	85,000	0	0	0
Est. Total Cost	214,021	23,697	8,400	2,627