



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	50.4 million (mid-2010)
Estimated Population Living with HIV/AIDS**	5.6 million [5.4 million–5.9 million] (end 2009)
Adult HIV Prevalence**	17.8% [17.2–18.3%] (end 2009)
HIV Prevalence in Most-at-Risk Populations**	MSM: 10% (2008) Injecting Drug Users: 12% (2008)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	56% (end 2009)

*UNAIDS Fact Sheet South Africa **UNAIDS ***WHO/UNAIDS/UNICEF *Towards Universal Access* report, 2010

With the highest number of infections in the world, South Africa is one of the countries most severely affected by the AIDS epidemic. The country's first HIV infection was reported in 1982. According to the most recent estimate by the Joint United Nations Program on HIV/AIDS (UNAIDS), South Africa's total number of people living with HIV/AIDS (PLWHA) now stands at 5.6 million, and the epidemic is now stable. While the number of PLWHA has stabilized in recent years, South Africa continues to face a generalized hyper epidemic due to high HIV prevalence. There are numerous modes of transmission and drivers of the disease. South Africa's HIV epidemic is generalized and also considered hyper endemic due to the high rate of HIV prevalence and the modes and drivers of HIV

transmission. Also, the country is one of the few where maternal and child mortality has increased since the 1990s, and AIDS is the largest cause of maternal mortality. It accounts for an estimated 42.5 percent of maternal deaths, according to the World Health Organization (WHO), and for 35 percent of deaths in children under 5. While South Africa is home to only 0.7 percent of the world's population, it accounts for 28 percent of the world's HIV and tuberculosis (TB) co-infections and 33 percent of the co-infection in sub-Saharan Africa.

Heterosexual sex is recognized as the predominant mode of HIV transmission in the country, followed by mother-to-child transmission. Other drivers of the epidemic in South Africa include migration, low perceptions of risk, multiple concurrent sexual partnerships, intergenerational sex, low condom use, excessive use of alcohol, and low rates of male circumcision. The 2010 UNAIDS *Report on the Global HIV/AIDS Epidemic* indicated more than 75 percent of adults used a condom at last high-risk sex, though. This data on risk-reducing behaviors is a promising sign in a country where serodiscordant couples (only one partner is HIV-positive) are common. Another promising sign is the significant decline in HIV prevalence among young adults (15 to 24 years), even though less than one half of young adults can correctly answer five basic questions about HIV and its transmission.

HIV epidemic trends in the country are measured through two methodologies: the annual antenatal HIV prevalence survey and various population- or household-based surveys. HIV data from antenatal clinics in South Africa suggest the country's epidemic is stabilizing. The overall national HIV prevalence among antenatal attendees 15 to 49 years of age is 29.3 percent, and it has shown little change since 2006. Between 1997 and 2005, death rates more than tripled for women 20 to 39 years of age and more than doubled for males 30 to 44 years of age, with at least 40 percent of deaths attributable to HIV.

As it is in many other sub-Saharan African countries, prevalence remains disproportionately high for females compared to males. Routine testing for HIV among pregnant women as part of PMTCT programs may bias the prevalence data though, as more women are tested than men: Approximately 95 percent of pregnant women in South Africa receive HIV counseling and testing. The overall prevalence of HIV is highest among women 25 to 29 years of age: One in every three women is HIV positive. HIV prevalence among males is highest within the 30 to 34 age group, where approximately one quarter of all men were HIV positive in 2008. Intergenerational sex, often motivated by subsistence needs and material wants, places young women in a position of low power, where they are unable to negotiate condom use. For rural women in particular, education offers an excellent tool for reducing



HIV risk and vulnerability: A recent study in rural South Africa found each additional year of education reduced the risk of HIV infection by 7 percent.

In 2007, South African Government program data reported reaching 67 percent of households that include one or more children orphaned or made vulnerable by HIV. Coverage of antiretroviral drugs (ARVs) for the prevention of mother-to-child transmission (PMTCT) has more than tripled in recent years, from 15 percent in 2004 to 88 percent in 2009. ARV drugs for PMTCT are almost universally available in primary care public health facilities, and South Africa achieved the National Strategic Plan target of more than 95 percent coverage in public sector antenatal service sites in 2008. A dual-therapy regimen of Nevirapine and AZT was adopted in the same year.

By the end of 2009, WHO reported 971,556 people in the country were receiving antiretroviral therapy (ART), and provision of ART has resulted in an estimated 700,000 life-years gained, according to

UNAIDS. From 2008 to 2009, the proportion of HIV-positive children on ART increased by about 30 percent, and the proportion of adults increased by approximately 26 percent, according to data from the South African ART program. Data from the 2010 World Health Organization (WHO)/UNAIDS/UNICEF *Towards Universal Access* report indicates approximately 56 percent of PLWHA in need of treatment are receiving ART.

While TB incidence has declined globally in recent years, the number of cases continues to increase in countries heavily affected by HIV or drug-resistant TB, such as South Africa. According to WHO, the TB incidence rate in South Africa was 971 cases per 100,000 population in 2009, and approximately 58 percent of adults with TB were HIV positive. Coinfection with TB and HIV complicates the care and treatment of both diseases, and TB remains a leading cause of death for PLWHA. Established and emerging forms of drug-resistant and extremely drug-resistant TB create additional challenges for the country.

National Response

South Africa has shown a high level of commitment to providing care and treatment for PLWHA and prevention interventions for the remainder of the population. Since 2000, the Government has developed many policies and programmatic responses to ensure there is a multisectoral response to HIV/AIDS. The Government has drafted a national strategic framework involving 16 key sectors and a wide range of partners; 15 percent of all Government expenditures are allocated to HIV/AIDS programs. The Government has also involved PLWHA and most-at-risk populations in the design of policy and program implementation through the South African National AIDS Council. South Africa's primary prevention goal is to reduce the national HIV incidence rate by 50 percent before 2011. The Government maintains prevention as the mainstay and the most sustainable response to HIV/AIDS; as such, there has been a marked injection of resources, and the Government, development partners, and civil society have made a concerted effort to support prevention programs.

The services and coordination provided by the South African National AIDS Council at provincial and district levels are contributing enormously toward achieving the country's goal of universal access to HIV treatment, prevention, care, and support. In a culmination of discussions and decisions made since 2007, President Jacob Zuma indicated the beginning of a new movement to accelerate South Africa's universal access. A new policy on HIV/AIDS will include the following: treatment for all HIV-positive infants under the age of 1 years old, regardless of their CD4 count; initiation of treatment at a CD4 count of 350 or below for pregnant women and HIV-TB co-infected patients; mobile testing for HIV through a mass national voluntary counseling and testing campaign; and routine administration of ARVs to HIV-positive pregnant women with a CD4 count above 350 at 14 weeks into their pregnancies as part of the Government PMTCT program. Other critical policies are being finalized and include the HIV Counseling and Testing policy, Stigma Mitigation Framework, and the Medical Male Circumcision document, all developed by the Department of Health, in partnership with other relevant stakeholders. The Government aims to have medical male circumcision – now proven to reduce men's risk of HIV infection – available in all nine provinces by March 2011.

The data show total spending on HIV/AIDS increased by 21 percent from 2008 to 2009. Public spending on HIV/AIDS is primarily financed through the national health budget, and public expenditures have grown from \$1.3

billion in 2008 to an estimated \$1.5 billion in 2009. The national health budget is augmented by spending in social development and education to mitigate the impact of HIV/AIDS on families, particularly orphans and vulnerable children (OVC).

South Africa has a variety of provisions in its Constitution, laws, and other regulations that provide for the security of human rights. These provisions protect individuals against discrimination in education, employment, prisons, and health care; specifically, they include provisions for vulnerable subpopulations, such as women, young people, men who have sex with men (MSM), prison inmates, and migrant populations. Despite these legal protections, structural factors across all sectors continue to impede the realization of human rights for PLWHA.

The programmatic response from the Government in the area of treatment has been significant, primarily in Department of Health public-sector facilities but also in the South African military and prisons. In the last five years, South Africa has established the largest ART program in the world, with close to 1 million people on ART by the end of 2009. Drugs are administered through 500 public-sector health facilities, primarily within hospitals and select community health centers and clinics. This service has been supplemented by hundreds of private-sector and nongovernmental organization (NGO)-sector service points (e.g., NGO clinics and general practitioners). South Africa has also implemented a nurse-driven model to decentralize administration of ART after finding that nurses were as effective as doctors at administering ART. However, there are still substantial health system constraints to scaling up ART services, including limited human resource capacity, infrastructure, and drug supply.

South Africa's social security system is the Government's chief initiative for tackling the country's substantial poverty, inequality, and unemployment challenges. The Department of Social Development advocated an increase in social grants to ease the impact of the global economic downturn and HIV/AIDS. Social grants, which are financed through general tax revenues collected nationally, are intended to reduce poverty immediately among groups who are not expected to participate fully in the labor market. A family's eligibility for each type of social grant is determined through an income-based means test. The child support grant extended children's eligibility until the age of 18. The income threshold for social grants was increased to include wider access to social support. Guidelines for Statutory Services to Child-Headed Households (to complement section 137 of the Children's Act of 2005) were drafted to ensure standardized delivery of quality services to children in child-headed households.

HIV counseling and testing is a key prevention strategy; it is an entry point to HIV care and treatment for those who test positive. The Government and civil society have actively worked to promote counseling and testing. As a result, the number of people to have received counseling and testing rose from around 1 million per annum in previous years to approximately 2.5 million in 2009. In addition, this increase is expected to continue: A national counseling and testing campaign aims to test 15 million people by 2011. A widespread free condom distribution program also provided approximately 400 million male condoms annually; this number grew to 2.5 billion male condoms in 2010. Despite recent increases, free female condom distribution is markedly smaller, primarily due to the high cost of female condoms.

Since its first grant in 2003 from the Global Fund to Fight AIDS, Tuberculosis and Malaria, South Africa has been awarded multiple grants for HIV/AIDS and HIV/TB programs. A total of \$233.5 million has been approved for HIV/AIDS as of 2010, as well as \$107.1 million for HIV/TB. The last grant was a ninth-round grant approved for \$15.7 million to leverage partnerships to achieve the goals of South Africa's new HIV/AIDS National Strategic Plan (2007–2011). The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), South Africa received \$315.9 million in fiscal year (FY) 2010 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in South Africa are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which supports partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

In December 2010, the Government of South Africa signed a Partnership Framework with the USG. The Partnership Framework is designed as a five-year joint strategic framework for cooperation among the USG, the partner government, and other partners to combat HIV/AIDS through service delivery, policy reform, and coordinated financial commitments. Partnership Frameworks also support and strengthen national HIV/AIDS strategies; focus on building strategic partnerships with the host country to secure long-term sustainability for HIV/AIDS programs; and are transparent and accountable in execution, with the active participation of other key partners from civil society, the private sector, bilateral and multilateral partners, and other international organizations.

For more than a decade, USAID has been a global leader in microbicide research. Programs have included the recent completion of clinical trials in the Center for the AIDS Program of Research in South Africa (CAPRISA) microbicide 004 trial, funded by USAID and the South African Government and conducted in partnership with USAID implementing partners. Results from the CAPRISA trial demonstrated the first-ever proof of concept that a vaginal microbicide could safely and effectively reduce the risk of heterosexual transmission of HIV from men to vulnerable women. Results from this trial are a promising step in the development of a new, woman-controlled method of preventing the spread of HIV as part of the USAID and GHI focus on women-centered programs.

Through PEPFAR, the USG supports implementation of the South African Government's National Strategic Plan and works with more than 140 diverse prime partners and 650 sub-partners, including governmental partners at all levels, academic institutions, NGOs, faith-based organizations, and private-sector partners. PEPFAR is one of the largest donors supporting ART provision in South Africa: As of September 2010, USG/PEPFAR support provided ART for 917,700 individuals. Currently, an estimated 1,459 USG sites are supporting provision of ART to adults.

Progress achieved in South Africa through direct PEPFAR support during FY 2010:

- 917,700 individuals receiving ART
- 2,160,300 HIV-positive individuals receiving care and support (including HIV/TB services)
- 386,400 OVC receiving support
- 682,400 pregnant women with known HIV status receiving services
- 207,100 HIV-positive pregnant women receiving ARV prophylaxis for PMTCT
- 5,034,200 individuals receiving counseling and testing
- 2,381,869 individuals reached with individual and/or small group-level HIV prevention interventions that are based on evidence and primarily encourage/support/promote abstinence and/or being faithful
- 30,933,000 USG condoms shipped from 2004 to 2009

Important Links and Contacts

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Web site: <http://sa.usaid.gov>

USAID's HIV/AIDS Web site for South Africa:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/southafrica.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

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