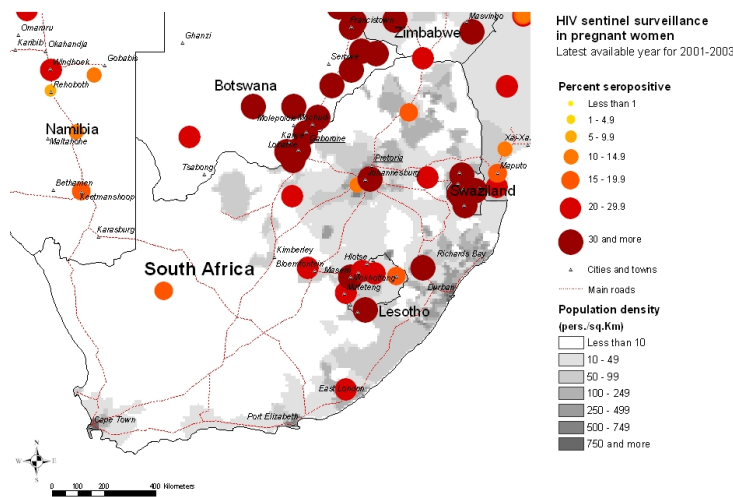


WHO estimate of number of people requiring treatment - end 2004: 837 000  
 Antiretroviral therapy target declared by country: 190 000 by the end of 2005



SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	45.2	United Nations
Population in urban areas (%)	2003	56.7	United Nations
Life expectancy at birth (years)	2002	50.7	WHO
Gross domestic product per capita (US\$)	2002	2376	United Nations
Government budget spent on health care (%)	2002	10.7	WHO
Per capita expenditure on health (US\$)	2002	206	WHO
Human Development Index	2002	0.666	UNDP

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	17.8% - 24.3%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	4 300 000 - 6 000 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	March 2005	104 600	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	837 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	2582	National Department of Health
HIV testing and counselling sites: number of people tested at all sites	2004	690 537	National Department of Health
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	60.1%	WHO

## 3. Situation analysis

**Epidemic level and trend and gender data**  
 South Africa constitutes the largest country in the Southern African Development Community. South Africa has more people living with HIV/AIDS than any other country worldwide and faces enormous challenges in scaling up its response to the now-mature and generalized HIV/AIDS epidemic. The national HIV infection rate among pregnant women in antenatal clinics has shown dramatic growth: from less than 1% in 1990 to 27.9% in 2003. The magnitude and growth of the prevalence rates of HIV infection differ by province. The highest HIV prevalence rates are in KwaZulu-Natal at 37.5% among pregnant women, followed by Mpumalanga and Free State. The Northern Cape and Limpopo show antenatal prevalence ranging from 13.1% to 17.5% in 2003. As of the end of 2003, WHO/UNAIDS estimates indicated that 5.3 million adults and children are living with HIV, of which 2.9 million are women 15-49 years old. The total adult HIV prevalence rate is 21.5%, and according to the recent findings of the first national study of HIV risk among South African children, the estimated HIV prevalence rate among children 2-18 years old is 5.4%. Prevalence rates are increasing in all age groups except for pregnant women over 40 years of age, and there has been no indication of a decline in the epidemic. Estimates indicate that between 204 000 and 297 000 women living with HIV/AIDS give birth annually, which resulted in an estimated 61 000 to 89 000 cases of mother-to-child HIV infection. The HIV prevalence among sex workers was estimated at 50% in 2000, but higher rates have been recorded in certain locations such as the mining areas of Carletonville and Khutsong, where an HIV prevalence of 70% among sex workers was recorded in the late 1990s. The Medical Research Council estimates that about 25% of miners in South Africa are living with HIV/AIDS. In 1999, truck drivers were tested in six sites outside the major urban areas and showed an HIV infection rate of 56%. Since its inception, the HIV/AIDS epidemic has had a profound impact on life expectancy. Adult deaths in South Africa are estimated to have increased by more than 40% over the past six years. An estimated 370 000 adults and children died from AIDS during 2003. According to South Africa's Medical Research Council, HIV/AIDS has now become the single largest cause of death in South Africa and has caused a dramatic shift in the pattern of mortality from the old to the young, especially among young women. It is estimated that almost half of AIDS-related deaths are caused by tuberculosis (TB). According to demographic projections from the United States Census Bureau, HIV projection models predict that life expectancy may drop to 37 years for women and 38 years for men by 2010, which would represent a decline of more than 50% in a decade.

**Major vulnerable and affected groups**  
 Children and youth (and specifically children and orphans living with HIV/AIDS) are highly vulnerable groups, and crude child mortality rates in South Africa have more than doubled since 1995. According to a recent population-based survey by the Human Sciences Research Council, more than 1.1 million children in South Africa (13%) have lost one or both parents to AIDS. Sex workers, migrant labourers, truck drivers, men who have sex with men and people with sexually transmitted infections all represent vulnerable groups.

**Policy on HIV testing and treatment**  
 The government approved the National Antiretroviral Therapy Protocol in December 2003, and National Antiretroviral Therapy Guidelines were approved in 2004. The Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa was approved in November 2003, which provides for distributing antiretroviral therapy through the public sector. Policy guidelines for managing the transmission of HIV and sexually transmitted infections in sexual assault were also produced in 2003. National guidelines on home-based care and community-based care were released in December 2001.

**Antiretroviral therapy: first-line drug regimen, cost per person per year**  
 Two antiretroviral regimens are recommended for use in the public sector: stavudine + lamivudine + efavirenz and stavudine + lamivudine + nevirapine. The second-line regimen is zidovudine + didanosine + lopinavir + ritonavir. In August 2003, the Generic Antiretroviral Procurement Project was selling triple-combination therapy at US\$ 480 per person per year. The William J. Clinton Foundation has supported negotiations with manufacturers of generic antiretroviral drugs to lower the prices of their drugs. These companies (Aspen, Cipla, Ranbaxy and Matrix) agreed to sell generic versions of triple-drug therapy at a cost of about US\$ 156 per person per year. According to new regulations, manufacturers are required to charge state hospitals and clinics the lowest prices.

Assessment of overall health sector response and capacity



The government has demonstrated a high degree of political commitment in tackling the HIV/AIDS epidemic and has committed significant financial and institutional resources to reforming the public health service to meet the challenges of HIV/AIDS. The health budget has increased over the last several years, and decentralization to the district level has high institutional and donor support. The country has undergone a major transformation of the health care system, moving towards primary health care delivered through a district health system that includes HIV/AIDS services. The health service infrastructure across the country is fairly strong. In November 2003, the government approved an Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa and has drawn up plans to implement the largest treatment programme in the world, which aims to provide antiretroviral therapy access to more than 1.4 million people by 2008. South Africa's multisectoral National AIDS Council was established in January 2000, replacing the former Interministerial Committee, and is chaired by the Deputy President. The Council consists of representatives from 16 ministries, 17 civil society sectors, 18 government departments, 2 representatives of the Portfolio Committee on Health and the Chairperson of the Select Committee on Social Services. Provincial AIDS councils were established in 2001 as part of a national process to form such bodies in all provinces. Provincial AIDS councils provide advisory services to provincial and local governments and to the private sector, nongovernmental organizations and clinicians. Provincial and local authority health services provide prevention, treatment and care for poor and marginalized communities. Affluent sections of the communities served often have private insurance and seek treatment in the private sector. Vulnerable groups are targeted mainly through nongovernmental organizations. The National HIV/AIDS Programme is located within and driven by the HIV/AIDS and STI Directorate of the Department of Health. The Directorate sets policy and broad guidelines. Provincial directorates are responsible for driving and supporting the provincial response to the epidemic. South Africa's national strategic framework on HIV/AIDS covers the period 2000-2005 and is structured according to four priority areas: prevention; treatment, care and support; human and legal rights; and monitoring, research and surveillance. Youth are broadly targeted as a key population group, especially for prevention efforts. In August 2003, the cabinet approved the provision of antiretroviral therapy for HIV-positive people through the public health system and instructed the Ministry of Health to act "with urgency". The Department of Health is in the process of accrediting health centres for antiretroviral therapy delivery. According to a recent statement by the Minister for Health, antiretroviral therapy is now available in at least one facility in 50 of the 53 districts in the country. A total of 103 facilities have been accredited and are providing care and treatment for people living with HIV/AIDS. The Department of Health has reported increases in the number of people being counselled for testing from 412 696 in 2002-2003 to 690 537 in 2003-2004. The government has launched a new centre to monitor the safety of antiretroviral drugs and other medicines used in treating HIV and AIDS, based at the Medical University of South Africa, and a national pilot programme has been launched to prevent the mother-to-child transmission of HIV and to provide post-exposure prophylaxis to rape victims.

#### Critical issues and major challenges

There is increasing demand for a strategic, coordinated approach to the epidemic and for the integration of HIV/AIDS into the primary health care system. Many needs must be addressed to support national scaling up of antiretroviral therapy, including: expanding voluntary counselling and testing services, training and building the capacity of human resources, strengthening laboratory services, improving patient information systems, building the capacity of nongovernmental organizations, improving communication strategies and developing infrastructure for delivering primary care services. The country continues to lose skilled health care professionals to wealthier countries, leaving severe shortages in an already overstretched public health system. The government has taken several measures to combat this trend, including introducing rural and scarce skills allowances designed to attract and retain health professionals in the public health sector. The clinical management of HIV/AIDS needs to be improved, especially the prophylaxis and treatment of opportunistic infections and training for providing antiretroviral therapy. Government supplies of antiretroviral drugs for children are uncertain. The fear of side-effects, stigma and widespread scepticism about Western medicines prevent many people from seeking treatment.

## 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that between US\$ 1.05 billion and \$1.11 billion is required to support the massive scale-up of antiretroviral therapy in South Africa during 2004-2005 to meet the WHO "3 by 5" treatment target of 375 000 people.
- The domestic financial resources being allocated to HIV/AIDS are increasing, which demonstrates the government's commitment to the fight against HIV/AIDS. The government is committed to fulfilling the 2001 Abuja commitment to allocate 15% of government expenditure to health. In 2003, the government allocated about US\$ 1.7 billion to fight HIV/AIDS over a three-year period.
- The largest HIV/AIDS funding contributors in South Africa include the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief. Other bilateral donors bring additional resources to complement government and civil society funding.
- South Africa submitted three successful Round 1 proposals for TB and HIV to the Global Fund, of which about US\$ 27.2 million has been disbursed to date. South Africa also submitted a successful Global Fund Round 3 proposal for HIV/AIDS for total funding over five years of about US\$ 66.5 million and approved two-year funding of US\$ 15.5 million. About US\$ 8.2 million has been disbursed to date. This grant is intended to strengthen and expand the current prevention, treatment and care programmes and access to antiretroviral therapy through the public health system, specifically in the Western Cape province.
- Estimates indicate that increased government commitment to budget the expansion of antiretroviral therapy could bring public investment to a total of US\$ 210 million for 2004-2005. An additional US\$ 8.4 million is expected to be available for treatment programmes during 2004-2005 from South Africa's Global Fund grants. The United States President's Emergency Plan for AIDS Relief is expected to provide about US\$ 22.25 million for scaling up antiretroviral therapy in 2005, and contributions for scaling up antiretroviral therapy from other bilateral donors could total up to US\$ 12.5 million over the same period.
- Based on these expected commitments, WHO estimates that South Africa will face a funding gap of at least US\$ 800 million to US\$ 860 million to reach the "3 by 5" treatment target of 375 000 people by the end of 2005.

## 5. Antiretroviral therapy coverage

- In 2003, WHO and UNAIDS estimated South Africa's total antiretroviral therapy need to be about 750 000 people, and the WHO "3 by 5" treatment target for 2005 was calculated as 375 000 people (based on 50% of estimated need). The Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa aims to provide antiretroviral therapy access to more than 1.4 million people by 2008. The plan originally committed to supplying 53 000 South Africans with antiretroviral therapy in state facilities by March 2004, but the time frame for this target was extended to March 2005. The government has declared a national treatment target for the end of 2005 of 190 000 people.
- According to the Ministry of Health, a total of 44 600 people were receiving antiretroviral therapy through the public sector as at March 2005, across all nine provinces. WHO/UNAIDS estimates indicate that close to 60 000 additional people were receiving treatment through private-sector sources in March 2005.
- In the Western Cape Province, there is universal coverage for preventing mother-to-child transmission and post-exposure prophylaxis, and about 1000 people are on long-term combination therapy in pilot projects in the public sector. The partnership between the Western Cape Provincial Health Department and Médecins Sans Frontières in Khayelitsha township has been recognized as a best practice model for antiretroviral therapy in resource-constrained settings and had set a goal of having 1700 people on treatment by the end of 2004. The Gauteng Province is beginning the third leg of its roll-out of antiretroviral therapy and reports over 4500 people now being treated at five hospitals. The Province's treatment plan calls for 10 000 people to be treated by March 2005. The Eastern Cape Province launched a programme to provide antiretroviral therapy free of user charges, with the target of treating 2700 people during 2004. In Soweto, through a model urban programme introduced by partners supported by the United States Agency for International Development, nearly 30 000 pregnant women receive services for preventing mother-to-child transmission, and more than 90% of pregnant women living with HIV/AIDS receive nevirapine through public health clinics.
- The United States Embassy in South Africa estimated that at least 3600 South Africans are receiving antiretroviral drugs through the United States President's Emergency Plan for AIDS Relief.
- Under the Global Fund Round 3 grant, an additional 12 000 people are expected to receive treatment.

## 6. Implementation partners involved in scaling up antiretroviral therapy

#### Leadership and management

The South African National Department of Health provides overall leadership, management and coordination of efforts to scale up antiretroviral therapy through the HIV/AIDS and STI Directorate. The Departments of Health, Social Development and Education collaborate through the National Integrated Plan to implement three key interventions: life-skills education, voluntary counselling and testing and home- and community-based care and support. International nongovernmental organizations such as the William J. Clinton Foundation and the Pangaea Global AIDS Foundation provide support for national treatment planning. UNAIDS plays a significant role in supporting the leadership and coordination of the national AIDS response and was a main sponsor of the South African National AIDS Conference in 2002. The United Nations Theme Group on HIV/AIDS in South Africa also supports coordination activities and led the joint United Nations participation at the Conference. UNAIDS supports government donor coordination by serving as the secretariat to the government-led Donor Coordination Forum. UNAIDS also supports policy development through the United Nations Resident Coordinator System. Nongovernmental organizations such as the Institute for Democracy in South Africa support programmes focused on governance and HIV/AIDS. The Future Foresight Group supports the development of innovative strategies for HIV/AIDS management. The United States Agency for International Development provides technical assistance for provincial-level care and supports training programmes for home-based care. The development of strategies such as the National Voluntary Counselling and Testing Strategy is supported by the Global AIDS Program of the United States Centers for Disease Control and Prevention. Human resources capacity-building is supported by the nongovernmental organizations such as the Red Cross/Red Crescent, which provides home-based care training and services, and LifeLine, which provides training for counsellors.

#### Antiretroviral therapy service delivery

The South African National Department of Health manages and coordinates overall antiretroviral therapy service delivery. National nongovernmental organizations are also highly engaged in activities related to antiretroviral therapy service delivery. The nongovernmental organization Childline manages a 24-hour toll-free helpline and runs treatment centres and community safehouses. Faith-based organizations such as the AIDS Action Group provide testing and care services as well as HIV/AIDS education in Cape Town. The South African Council of Churches and the Southern African Catholic Bishops Conference are committed to facilitating HIV/AIDS treatment and providing free antiretroviral therapy through church-run projects. International nongovernmental organizations are also highly engaged in antiretroviral therapy service delivery. Examples include AID for AIDS, which provides access to medicines and treatment as well as prevention education to strengthen regional medical infrastructure; Médecins Sans Frontières, which provides antiretroviral therapy to thousands of HIV-infected individuals in the Western Cape Province; and the Pangaea Global AIDS Foundation, which manages the HIV Treatment Access Partnership, an initiative bringing together hospitals and community clinics in South Africa and Rwanda to provide HIV treatment and care. Human resource capacity-building is supported by the AIDS International Training and Research Program, the International Training and Education Center on HIV (I-TECH), the United States President's Emergency Plan for AIDS Relief and the United States Agency for International Development. With the assistance from the United States Agency for International Development, more than 123 antenatal sites offering voluntary counselling and testing within the primary health care setting are now operational in the Eastern Cape Province, and 12 such health clinics are operating in Soweto. The partners supported by the United States Agency for International Development in Soweto provide treatment for pregnant women living with HIV/AIDS in addition to testing, counselling and additional psychosocial and material support. The United States Agency for International Development also supports services for voluntary counselling and testing and preventing mother-to-child transmission in the Eastern Cape Province. The Global AIDS Program of the United States Centers for Disease Control and Prevention supports district and provincial-level capacity-building and training in voluntary counselling and testing, preventing mother-to-child transmission and TB and HIV and supports the implementation of revised TB regimens. The private sector is actively involved in antiretroviral therapy service delivery through workplace programmes. Examples include Volkswagen South Africa, Transnet, the Road Freight Association, Coca-Cola, Heineken and Eskom, Africa's largest electric utility. In addition to the Khayelitsha antiretroviral therapy programme run in partnership with the Western Cape Provincial Health Department, Médecins Sans Frontières is also supporting a care and treatment programme in Lusikisiki, a rural area located in the former Transkei, which is also supported by the Nelson Mandela Foundation. In a structured civil society response, a network of 90 nongovernmental organizations known as the KwaZulu-Natal HIV/AIDS Civil Society Network is supporting the government in rolling out antiretroviral therapy in the KwaZulu-Natal Province. The William J. Clinton Foundation has actively supported negotiations with the pharmaceuticals industry to lower the prices of antiretroviral drugs.

#### Community mobilization

The South African National Department of Health provides overall leadership and coordination of community mobilization activities to support scaling up antiretroviral therapy. Capacity-building among people living with HIV/AIDS is supported primarily by national nongovernmental organizations such as the National Association of People Living with HIV/AIDS and the Treatment Action Campaign. The Treatment Action Campaign advocates for access to antiretroviral therapy and conducts information, education and communication programmes to promote public awareness on the availability, affordability and use of HIV treatments. Nongovernmental organizations such as AIDSLink provide material and psychosocial support including food, clothing, legal support, counselling and HIV/AIDS education. Information, education and communication activities are also supported by nongovernmental organizations, including the Planned Parenthood Association of South Africa; mass-media-based nongovernmental organizations such as Soul City and loveLife, which use mass media, outreach and support to target the adolescent population; and community-based organizations such as the arepp Educational Trust educational theatre organization and DramAide. HIVSA provides social support for those attending the Perinatal HIV Research Unit in Soweto. The Kidzpositive Family Fund generates funds for the material support of mothers and children affected by AIDS. Faith-based organizations such as Sparrow Ministries provide hospice care for terminally ill people, destitute adults and children with AIDS. Material support is also provided by international nongovernmental organizations such as Catholic Relief Services, which supports AIDS orphans; the Kaiser Family Foundation; and Marie Stopes International, which provides HIV/AIDS counselling. The AIDS Foundation of South Africa supports local community-based HIV/AIDS interventions, as does the AIDS Consortium, which is a network of over 300 organizations and 200 individuals active in information, education and communication in South Africa. Nongovernmental organizations related to the private sector such as the South Africa Business Coalition on HIV/AIDS conduct information, education and communication activities targeted at private-sector organizations to improve workplace programmes. Estimates indicate that 82% of large companies in South Africa have formal HIV/AIDS policies. The United States Agency for International Development provides psychosocial services for people infected and affected by HIV/AIDS as well as hospice services and community-based support groups for people living with HIV/AIDS, serving 48 urban and rural communities. In addition, through the United States Agency for International Development assistance, a network of 20 community-based organizations assist vulnerable children in Eastern Cape, KwaZulu-Natal, Limpopo and Mpumalanga, providing psychosocial and material care and support to more than 20 000 orphans and vulnerable children.

#### Strategic information

The South African National Department of Health provides overall leadership, management and coordination of strategic information activities to support scaling up antiretroviral therapy. Research institutions including the African Medical & Research Foundation, the Centre for AIDS Development, Research and Evaluation, the Human Sciences Research Council and the National Institute for Communicable Diseases are highly engaged in operational research activities, along with most large South African universities. The Global AIDS Program of the United States Centers for Disease Control and Prevention supports the development of national indicators for areas such as voluntary counselling and testing as part of the District Health Information System. Development of the South African research agenda is supported by the Research Colloquium, the William J. Clinton Foundation, Harvard Medical School, the South African Medical Research Council and Pangaea Global AIDS Foundation.

## 7. WHO support for scaling up antiretroviral therapy

#### WHO's response so far

- Holding a workshop for adapting the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach in the Eastern Cape Province in August 2004 with financial support from the United States Centers for Disease Control and Prevention to introduce and adapt the IMAI Simplified Guidelines and training materials and develop a training plan
- Holding an IMAI training of trainers course in November 2004
- Providing support for developing surveillance systems for antiretroviral drug resistance and supporting the development of monitoring systems for the national treatment plan
- Supporting a workshop for country scale-up of testing and counselling organized by the WHO Regional Office for Africa and UNAIDS

#### Key areas for WHO support in the future

- Supporting the development of human resource capacity-building by developing an IMAI roll-out plan in the Eastern Cape Province
- Collaboration and coordination with the World Food Programme for scaling up antiretroviral therapy
- Providing support for developing systems for procurement and supply management
- Providing technical assistance for reviewing and documenting joint TB and HIV activities in Khayelitsha
- Providing support for developing the Global Fund Round 5 proposal

#### Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Recruitment of a "3 by 5" Country Officer and two National Programme Officers is currently under way.