

# PEPFAR

## Transitioning from Emergency to Sustainability

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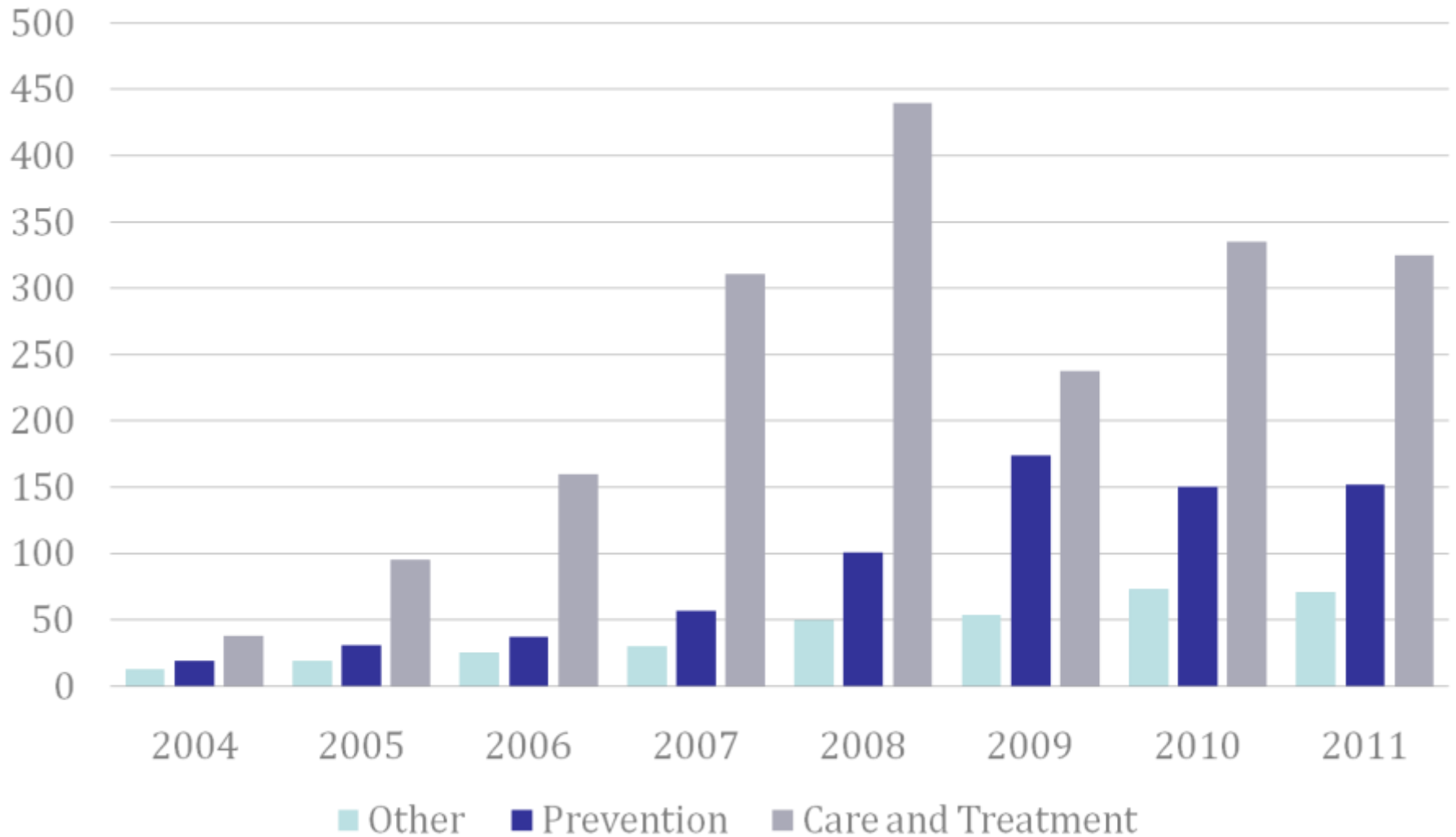
Country Director

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## PEPFAR Commitment: More than \$2.7 billion since 2004





# More than Dollars: It's about Helping People

In Fiscal Year 2010, PEPFAR

- Provided **917,700** people with antiretroviral treatment
- Provide care and support (including TB/HIV) for **2,160,300** South Africans
- Supported **386,400** orphans and vulnerable children
- Ensured that **682,400** pregnant women with known HIV status received services
- Provided **207,100** HIV-positive pregnant women with antiretroviral prophylaxis
- Counseled and tested **5,034,200** South Africans for HIV (contributing to the National target)





# PEPFAR Transition

2003+

Emergency Scale-up

2010+

- Sustainability
- Capacity Building
- Partnerships



# Partnership Framework: A Shared Responsibility

## Five year Partnership Framework (Signed December 2010)

- Supports the goals of South Africa's national HIV and TB strategies
- Contributes to PEPFAR's global goals for prevention, care, and treatment
- Focuses on
  - Country ownership
  - Sustainability,
  - Effectiveness, and
  - Efficient use of resources through a coordinated effort



# Transition to South African Government

## Human resources for Health

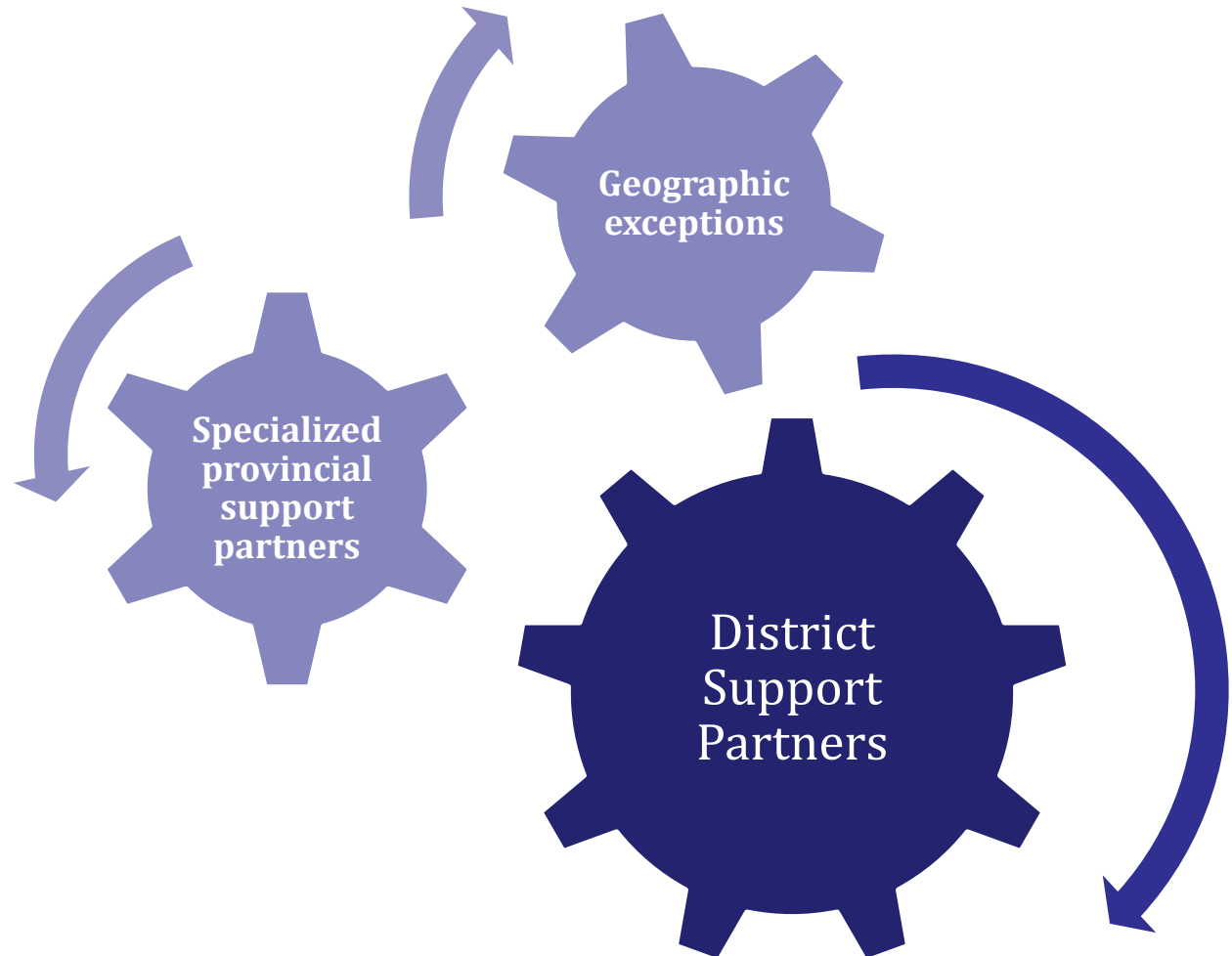
- In-service training (not new staff) and strengthening Regional Training Centers
- Pre-service training (Global target:140,000; South African target: 13,449)
  - Doctors (MEPI)
  - Clinical Associates
  - Field Epidemiologists (FELTP)
  - Pharmacy Assistants/Technicians
  - Community Health Workers
  - Data Capturers
- Create HRH management capacity and supporting systems within SAG to absorb PEPFAR staff over time



# Geographic Alignment of PEPFAR Partners

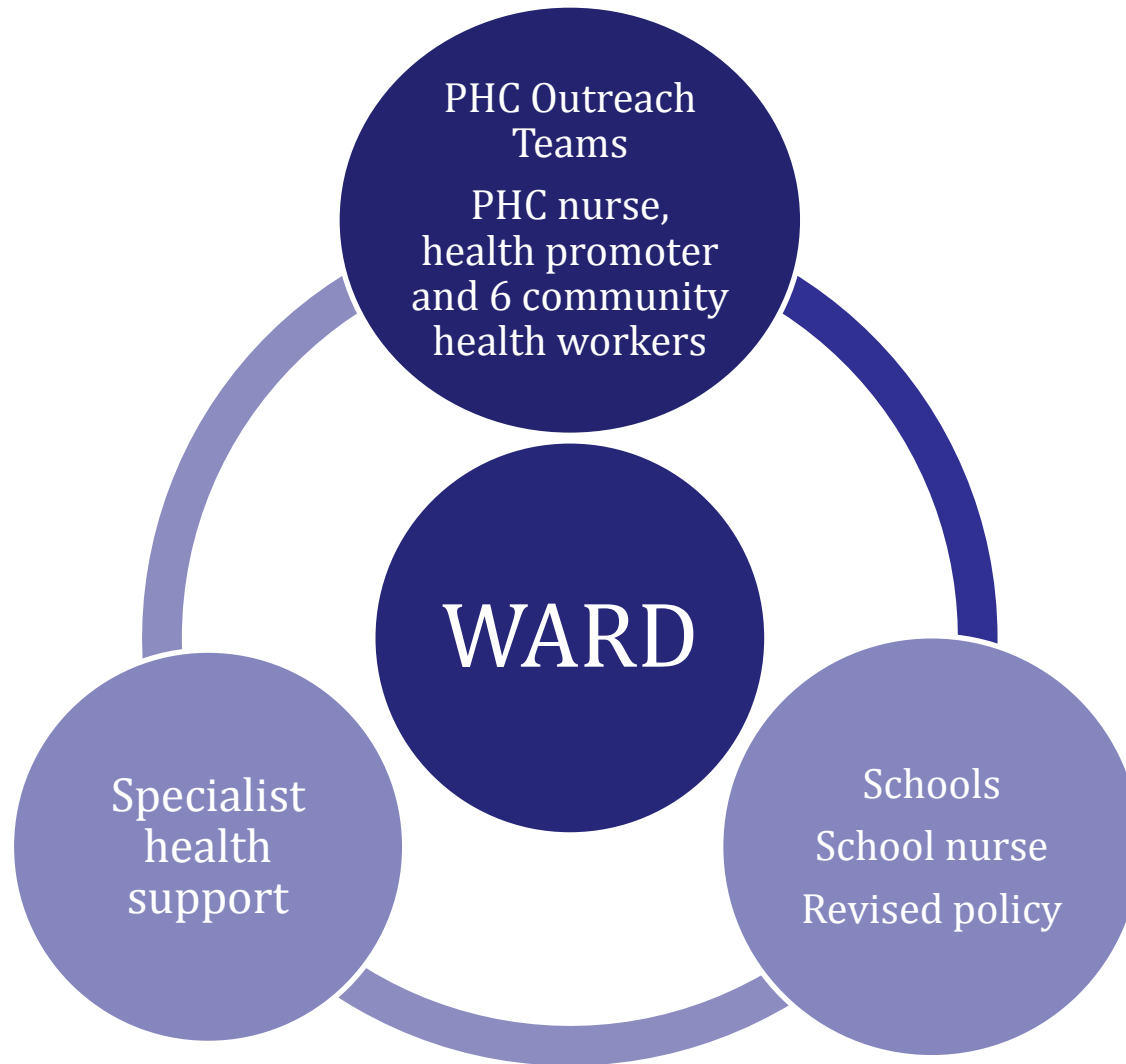
## Aims to:

- Reduce duplication and increase coverage
- Strengthen districts
- Strengthen partnerships
- Shift from direct service delivery to technical assistance
- Support PHC re-engineering from district level





# PHC Re-engineering: Taking health to the people







# St. Mary's Hospital / Track 1

- Success Stories on starting to transition ...
  - Track 1 ART Program, first funded through PEPFAR, first to transition to local government entities
    - Existing local NGOs that were trained and strengthened in the beginning through large US NGOs
    - Formation of new local NGOs from the staff of the US NGOs who participated in the competition for new awards
  - Transition by St. Mary's Hospital to maintain fewer and harder to manage patients while transitioning others to nearby facilities
    - Ensuring that facilities are prepared to receive additional patients
    - Providing on-going support and mentoring to public facilities



# Prevention: High Impact Interventions

*Prevention is the most effective way of curbing the rising HIV epidemic*

- High impact and innovative prevention activities:
  - Medical male circumcision
    - lowers transmission by approximately 60%
    - Aims at 80% coverage in the next five years
  - Microbicides/ Pre-exposure prophylaxis
    - Protection for women
  - Prevention with Positives
  - Focus on concentrated epidemics and high risk populations: men who have sex with men, injecting drug users, and sex workers



# Focusing Services

Support objectives of the National Service Delivery Agreement



## Four Outputs

- Increase life expectancy
- Decrease maternal and child mortality
- Combat HIV and TB
- Strengthen health system effectiveness



# Strengthening the South African Government System

- Build capacity of South African government on all levels
  - Individual
  - Organizational
  - Systems
- Support integration and harmonization
  - Procurement: Supply chain management
  - Effective surveillance and monitoring and evaluation
  - Financial management
- Contribute to building evidence-based support for better decision making
- Increase access, coverage, quality and safe environments



## Business “unusual”

- Support the South African government to improve health
- Support the primary health care re-engineering
  - Districts are key to the success of the PHC Re-engineering process
    - Partners must be visible
    - Integrate plans with the district health plan
- South African government should take the lead in standards, policy and implementation of efficient health care systems
- Integrate and collaborate
- Intersectoral collaboration

*Thank You!*

