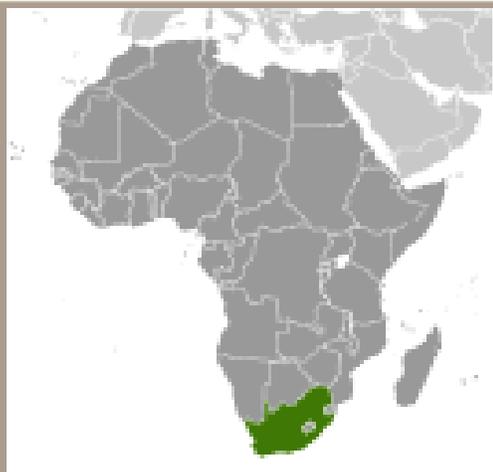


CDC in South Africa

Factsheet



Staffing
15 U.S. Assignees
57 Locally Employed

Impact in South Africa

In 2012, CDC . . .

- Directly supported the provision of antiretroviral drugs to 112,241 HIV-positive pregnant women to prevent mother-to-child transmission.
- Directly supported the provision of antiretroviral treatment to 622,866 men, women and children (as of September).
- Directly supported 80,701 voluntary medical male circumcisions.
- Supported South Africa to organize and implement a national influenza vaccination campaign.
- Provided support and technical expertise in the expansion of antenatal surveillance from 13 to 20 sentinel sites.



Center for Global Health
Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) started work in South Africa in 1989, assisting non-governmental and community-based organizations working with HIV/AIDS. In 1994 at the onset of democracy in South Africa, CDC began to collaborate with the Ministry of Health's (MoH) National Department of Health to conduct public health epidemiology training; develop national health goals and objectives; develop national HIV clinical, ethical, and research guidelines; and support HIV/AIDS and tuberculosis (TB) programs. CDC plays an essential role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Top 10 Causes of Deaths in South Africa

| | | | |
|---------------------------------|------|---|----|
| 6. HIV/AIDS | 52 % | 6. Tuberculosis | 3% |
| 7. Cerebrovascular disease | 5% | 7. Diarrheal disease | 2% |
| 8. Ischaemic heart disease | 4 % | 8. Road traffic accidents | 2% |
| 9. Lower respiratory infections | 4% | 9. Diabetes mellitus | 2% |
| 10. Violence | 3% | 10. Chronic obstructive pulmonary disease | 1% |

Source: WHO World Health Statistics, 2006

HIV/AIDS

Through PEPFAR, the CDC South Africa office supports the MoH through HIV treatment services and a comprehensive combination prevention strategy. Using a data-driven approach, this strategy is tailored to the unique characteristics of the local epidemic to boost health impact. Activities include the expansion of prevention services including the prevention of mother-to-child transmission (PMTCT), antiretroviral therapy, and voluntary medical male circumcision (VMMC).

VMMC is a key area of focus and the MoH has committed to working toward 80 percent coverage of all South African men by 2015. CDC's VMMC expansion activities include the establishment of service sites; surgical training and quality control; and mobilizing men to volunteer for circumcision.

Other key activities include improving and expanding HIV counseling and testing services, TB/HIV integrated service delivery, early infant diagnosis, laboratory infrastructure development, and strengthening health systems. Health system strengthening includes building country capacity in the areas of workforce development, high quality laboratory networks, epidemiology, surveillance, health information systems, and program monitoring and evaluation to assess impact and make rapid course corrections to keep pace with changes in the local epidemic.





South Africa at a Glance

| | |
|-------------------------------------|---------------------|
| Population: | 51,147,000 |
| Per capita income: | \$10,360 |
| Life expectancy at birth women/men: | 54/55 yrs |
| Infant mortality: | 38/1000 live births |

Population Reference Bureau Fact Sheet, 2012

Global Disease Detection (GDD)

The Southern African Global Disease Detection Regional Center (SARGDDC) was established in 2010 in coordination with country partners. The tenth GDD center in the world, it provides leadership, training, and technical assistance to strengthen regional ability to confront new emerging infectious disease challenges, including influenza and other respiratory diseases.

The GDD portfolio encompasses the International Emerging Infections Program (IEIP), focused on identification and control of emerging infectious disease threats; the Influenza Program, conducting surveillance for influenza and pneumonia to direct influenza policy and pandemic preparedness; and the South African Field Epidemiology and Laboratory Training Program (FELTP), a two-year epidemiological training program.

Field Epidemiology and Laboratory Training Program (FELTP)

FELTP is part of the National Institute of Communicable Diseases and managed by the University of Pretoria and CDC. The program trains public health leaders to provide epidemiologic services to health authorities such as evaluations of vaccination campaigns. To date, residents have conducted more than 20 outbreak investigations to limit the spread of illness. Additionally, FELTP offers an applied field epidemiology short course aimed at strengthening epidemiological capacity in all levels of the South African health services system to better detect and prevent disease.

Influenza

The National Influenza Center (NIC) at the National Institute for Communicable Diseases (NICD) leads the Influenza Surveillance Programme in South Africa and has both a national and regional focus, especially in the Southern African Development Community (SADC). The cooperative agreement Preparedness and Response to Avian and Pandemic Influenza in South Africa between the CDC and the NICD at the National Health Laboratory Services (NHLS) began in August 2007. This agreement supports activities that strengthen the capacity of national health authorities for surveillance of severe acute respiratory infection (SARI) and influenza-like illness (ILI). It also facilitates training and capacity building among the health authorities in selected countries of the SADC for the diagnosis of influenza.

In 2011, a new cooperative agreement Sustaining Surveillance Networks and Response to Seasonal and Pandemic Influenza in South Africa was awarded for a five-year period. The key objectives of this agreement are (1) to optimize and consolidate the ILI and SARI surveillance systems and generate robust data while working toward downscaling SARI surveillance to ensure long-term sustainability, (2) to consolidate the laboratory capacity so as to serve as a national and regional influenza reference center, and (3) to establish additional technology and infrastructure required to obtain H5 reference center status.



Publication Date: June 2013

For more information please contact Centers for Disease Control and Prevention:

CDC-Atlanta
1600 Clifton Road NE, Atlanta, GA 30333
Email: cqh@cdc.gov
Web: www.cdc.gov/global