



AIDS Accountability
International

SOUTH AFRICA

COUNTRY PROFILES

AIDS Accountability Country Profiles are initially provided for a selection of 17 countries in order to give further commentary on their performance according to the AIDS Accountability Country Scorecard and the context in which the response takes place. For further details about the data or the methodology, please see our website www.aidsaccountability.org

AIDS Accountability International (AAI) was established to increase accountability and inspire bolder leadership in the response to the AIDS epidemic. We do this by rating and comparing the degree to which public, private and civil society actors are fulfilling the formal agreements they have made to respond to the epidemic.

Facts South Africa

Region: East Africa and South africa

Population: 43.8 million

HIV prevalence: 18.1% 15-49 years (UNAIDS)

Gross National Income: US\$ 250 per capita (2006)

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Country Profile: South Africa

Introduction

South Africa has one of the most severe HIV epidemics in the world among its almost 44 million people. At the end of 2007, it was estimated that 5.8 million people were living with HIV in the country, which translates into an adult HIV prevalence of 18.1%. Mortality rates have risen quite dramatically. Issues relating to access to anti-retroviral therapy (ART) have been given a very high profile in South Africa. The Treatment Action Campaign was launched in civil society in 1998 to propel the government's policy on ARV provision. The TAC challenged the South African Government under President Thabo Mbeki in court several times once it became clear that the President's AIDS denialism would hinder treatment access and undermine South Africa's response to AIDS more generally.

What the scorecard reveals

South Africa's low score D for element 1 is much due to poor reporting, with no improvement from last round of reporting, South Africa only submitted data on biological surveillance and a few indicators on behavioural indicators which reflects knowledge and condom use

No data was submitted on prevention programmes, hence no score was allocated for this element.

South Africa has made some improvements in element 3 capturing ART coverage. Figures rose from 2% in 2004 to 28% in 2008, yet overall performance remains poor (D) with only just over a quarter of those needing treatment getting it. The low score is due to poor performance rather than poor reporting.

Performance relating to prevention of mother to child transmission (PMTCT) is slightly better (C) with coverage having risen from 15% in 2004 to 57% in 2008. However, almost half of women requiring PMTCT are still not receiving it.

South Africa's overall coordination environment element 5, is reported to be very good (A) with particularly high scores reported for the strategic action framework (A) and the National Coordinating Authority (A), although the score for the National M&E System (B) is lower.

South Africa's score for element 6, the operating environment for civil society, is reported to be good (B) with similar scores from both government (B) and civil society (B). Civil society reported that efforts to increase civil society participation had improved considerably from 2005 (4/10) to 2007 (7/10). Questions remain, however, about the influence of the government's critics in the UNGASS reporting process.

In 2007, South Africa reported spending US\$ 621.6 million on its response to HIV/AIDS. With an estimated 5.7 million people living with HIV in the country, this equates to US\$ 109 per person with HIV per year (E). Of this, more than three quarters (77%) comes from domestic resources but equates to only 2% of the gross national income (GNI) per capita (E). South Africa did not report on what proportion of these funds was spent on prevention. Hence the overall low score E for element 7 is partly due to poor reporting and partly on low reported performance.

South Africa scores modestly on the human rights mainstreaming element of the scorecard (C), which captures the degree to which human rights have been mainstreamed into the AIDS response. The score is based on reporting to the UNGASS National Composite Policy Index (NCPI). This reflects the presence of a number of identified obstacles to delivering services to particularly vulnerable populations. However, it would perform better if other areas, such as regulations on travel for people living with HIV, general human rights and press freedom, were taken into account.

South Africa's Score

Elements	2006	2008
1: Data Collection	D	D
2: Focus on most-at-risk populations		No data
3: Treatment	D	D
4: Prevention	E	C
5: Coordination		A
6: Civil Society		B
7: Financing		E
8: Human Rights Mainstreaming		C

Explanation of scores: A= 81-100%, B= 61-80%, C=41-60%, D=21-40%, E=0-20%

Reporting –How can South Africa improve?

South Africa scores a B on the **AIDS Reporting Index**, which reflects a fairly good level of reporting on the elements in the scorecard.

The score for element 1 would be improved if data on knowledge among the general population and most-at-risk population, as well as condom use among most-at-risk population were reported on.

In addition, South Africa did not report figures for coverage of prevention programmes among most-at-risk populations, such as sex workers, nor the proportion of prevention spending focused on programmes among such populations that would enable a score for element 2.

South Africa could similarly, improve the score on element 7 by providing data on spend on prevention, which is one of three indicators for financing.

Element	Reported indicators	Total indicators	% reporting
1	7	15	47%
2	0	3	0%
3	1	1	100%
4	1	1	100%
5	60	64	94%
6	30	32	94%
7	2	3	67%
8	40	40	100%

Visit our website to make your own scorecard, read more information about the scorecard, check on the indicators on country level and to give your feedback to us. Make your voice heard at www.aidsaccountability.org