

**Swaziland**  
**Operational Plan Report**  
**FY 2013**

# South Africa Operational Plan Report Fy 2013 Aids Relief

**E Durkheim**



## **South Africa Operational Plan Report Fy 2013 Aids Relief:**

**Evaluation of PEPFAR** Division of Behavioral and Social Sciences and Education, Institute of Medicine, Board on Children, Youth, and Families, Board on Global Health, Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs Implemented Under the Lantos-Hyde Act of 2008, 2013-06-27 The U S government supports programs to combat global HIV AIDS through an initiative that is known as the President s Emergency Plan for AIDS Relief PEPFAR This initiative was originally authorized in the U S Leadership Against HIV AIDS Tuberculosis and Malaria Act of 2003 and focused on an emergency response to the HIV AIDS pandemic to deliver lifesaving care and treatment in low and middle income countries LMICs with the highest burdens of disease It was subsequently reauthorized in the Tom Lantos and Henry J Hyde U S Global Leadership Against HIV AIDS Tuberculosis and Malaria Reauthorization Act of 2008 the Lantos Hyde Act Evaluation of PEPFAR makes recommendations for improving the U S government s bilateral programs as part of the U S response to global HIV AIDS The overall aim of this evaluation is a forward looking approach to track and anticipate the evolution of the U S response to global HIV to be positioned to inform the ability of the U S government to address key issues under consideration at the time of the report release Doomed Interventions Kim Yi Dionne, 2018 This book is for students and scholars studying political economy public policy and global health and all those who are interested in knowing how ordinary Africans think about the response to the AIDS epidemic It studies the divergent priorities of donors and citizens in response to AIDS intervention in Africa **The Palgrave Handbook of Peacebuilding in Africa** Tony Karbo, Kudrat Virk, 2018-01-30 This handbook offers a critical assessment of the African agenda for conflict prevention peacemaking peacekeeping and peacebuilding the challenges and opportunities facing Africa s regional organisations in their efforts towards building sustainable peace on the continent and the role of external actors including the United Nations Britain France and South Asian troop contributing countries In so doing it revisits the late Ali Mazrui s concept of Pax Africana calling on Africans to take responsibility for peace and security on their own continent The creation of the African Union in 2002 was an important step towards realising this ambition and has led to the development of a new continental architecture for more robust conflict management But as the volume s authors show the quest for Pax Africana faces challenges Combining thematic analyses and case studies this book will be of interest to both scholars and policymakers working on peace security and governance issues in Africa **Africa and Global Health Governance** Amy S. Patterson, 2018-03 A timely inquiry into how domestic politics and global health governance interact in Africa Global health campaigns development aid programs and disaster relief groups have been criticized for falling into colonialist patterns running roughshod over the local structure and authority of the countries in which they work Far from powerless however African states play complex roles in health policy design and implementation In Africa and Global Health Governance Amy S Patterson focuses on AIDS the 2014 2015 Ebola outbreak and noncommunicable diseases to demonstrate why and how

African states accept challenge or remain ambivalent toward global health policies structures and norms Employing in depth analysis of media reports and global health data Patterson also relies on interviews and focus group discussions to give voice to the various agents operating within African health care systems including donor representatives state officials NGOs community based groups health activists and patients Showing the variety within broader patterns this clearly written book demonstrates that Africa s role in global health governance is dynamic and not without agency Patterson shows how for example African leaders engage with international groups attempting to maintain their own leadership while securing the aid their people need Her findings will benefit health and development practitioners scholars and students of global health governance and African politics

**State, Foreign Operations, and Related Programs Appropriations for 2012: Testimony of members of Congress; testimony of interested individuals and organizations** United States. Congress. House. Committee on Appropriations. Subcommittee on State, Foreign Operations, and Related Programs,2011 **State, Foreign Operations, and Related Programs Appropriations for 2012** United States. Congress. House. Committee on Appropriations. Subcommittee on State, Foreign Operations, and Related Programs,2011 *Recipient States in Global Health Politics* Ricardo Pereira,2014-10-29 Even if constrained in their international choices recipient countries of global health programmes hold the capacity to autonomously define and pursue their own strategies policies and ultimately attain political goals This is comparatively demonstrated through the analysis of PEPFAR s implementation in Botswana Ethiopia and South Africa South Africa Operational Plan Report Fy 2013 United States United States Department of State,2014-11-12 South Africa has four concurrent health burdens that heavily impact the health sector HIV AIDS and TB poverty related illnesses perinatal neonatal childhood and maternal diseases non communicable diseases and violence and injury South Africa continues to grapple with massive health inequities a legacy of apartheid There are marked differences in rates of disease and mortality between races National Planning Commission Report 2011 Redacted Child mortality initially increased from the MDG baseline in 1990 of 60 deaths under the age of 5 years per 1 000 live births peaked at 82 deaths 1 000 births in 2003 and finally decreased to 57 deaths 1 000 births in 2010 The maternal mortality ratio is an estimated 310 maternal deaths per 100 000 live births 2008 HIV and its related diseases contribute significantly to maternal mortality 50% and mortality under five years of age 35% South Africa has a population of nearly 52 million and the largest HIV epidemic in the world with approximately 5.7 million people living with HIV PLHIV Similar to other generalized hyper endemic HIV epidemics the South African epidemic is largely driven by heterosexual transmission HIV prevalence among the adult population 15-49 years is estimated to be 16.6% with an estimated HIV incidence of 1.4% in 2011 though prevalence and incidence vary significantly across geographic areas with 54% of PLHIV living in Gauteng and KwaZulu Natal Provinces Antenatal HIV prevalence has stabilized around 30% over the past four years with women and girls bearing approximately 60% of the overall HIV disease burden There are a number of underlying behavioral socio cultural economic and structural

factors that influence risk for HIV transmission Risk factors include mobility and migration race economic and educational status alcohol and drug use early sexual debut sexual violence and low levels of consistent condom use especially in longer term relationships and in pregnancy post partum Of particular relevance gender dynamics and unequal power relations between men and women play a significant role in heterosexual HIV transmission A 2011 report by the Desmond Tutu HIV Foundation estimates one third of young girls in South Africa indicate have a forced first sexual experience and nearly 75% have had at least one non consensual sexual encounter In addition there are low and or late marriage rates across all populations and unstable long term relationships that can lead to multiple concurrent partnerships and potentially foster HIV transmission through complex linked sexual networks especially where there is high population mobility *Yearbook of International Organizations 2014-2015, Volumes 1a & 1b (Set)* Union of International Associations,2014-06-16 Volume 1 A and B covers international organizations throughout the world comprising their aims activities and events *Corporate Giving Directory* ,2007 **Standard & Poor's Stock Reports** ,2002-06 **Swaziland Operational Plan Report Fy 2013** United States United States Department of State,2014-11-12 Swaziland is a landlocked kingdom at the epicenter of the global HIV AIDS pandemic struggling to mitigate the world s highest prevalence rates of HIV and TB Economically Swaziland is closely tied to South Africa from which it receives 90 percent of its imports and a large proportion of its public sector financing through the Southern African Customs Union SACU Compounding the economic situation and exacerbating the strains on the health and social systems was a precipitous fall in revenue resulting from two thirds cut of SACU customs receipts in 2009 More than half of the population is under 20 and nearly half of the youth are at extremely high risk of HIV The 2010 Multiple Indicator Cluster Survey MICS reported that 45 1% of children and youth fit the definition of orphaned or vulnerable Traditional family structures have all but collapsed with only 22 percent of children raised in two parent households Gender based inequalities violence poverty and income disparities persist in the country and create significant barriers to effective HIV prevention interventions and the up take of care and treatment services Economic growth and development have been deeply impacted by the health crisis which literally threatens the future of the kingdom The 2010 MICS reported high rates of malnutrition with 40 9 percent of children experiencing moderate to severe stunting Furthermore anecdotal reports show that food insecurity is one of the main reasons that eligible individuals will not initiate treatment they fear not having food to take with ARVs The Swaziland HIV Incidence Measurement Survey SHIMS published in late 2012 provides the best data available to date on the epidemic SHIMS identified a national HIV prevalence of 31 percent among adults 18 49 years of age A reanalysis of the 2007 Demographic Health Survey data determined prevalence of 31 percent in adults 18 49 indicating that the HIV prevalence in Swaziland has stabilized in the last five years Adult incidence is high at 2 4 percent with a significantly higher incidence for women of 3 1 per cent 1 7 per cent for men

**Lesotho Operational Plan Report Fy 2013** United States United States Department of State,2014-11-12 The Kingdom

of Lesotho located in the eastern part of Southern Africa covers an area of 30 350 km<sup>2</sup> and has a population of 1 876 633 million. Largely mountainous, 23% of the population lives in urban areas clustered along the flatter north western borders. The remaining 77% live in rural and difficult to access areas. Less than 20% of the population has salaried employment and 77% of households in Lesotho depend on subsistence agriculture as their main source of food. Employment in Lesotho is limited. 43% of the population lives on less than 1.25 per day and the Lesotho workforce depends on migration to the Republic of South Africa for work opportunities such as mining, agriculture, construction and domestic work. Health indicators are poor: maternal mortality has increased to 1 155 deaths per 100 000 live births and population growth declined to 0.08%. The impact of the HIV epidemic has been identified as a major factor in the decline in population growth and is linked to broader health and development challenges for Lesotho.

**AIDS Operational Plan** Brian L. Gibson, Toronto (Ont.). Department of Public Health, Toronto (Ont.). Board of Health, 1989

**AIDS Operational Plan** A. S. Macpherson, Toronto (Ont.). Department of Public Health, Toronto (Ont.). Board of Health, 1988

President's Emergency Plan for AIDS Relief: Efforts to Align Programs with Partner Countries' HIV/AIDS Strategies and Promote Partner Country Ownership, *Namibia Operational Plan Report FY 2013* United States Department of State, 2014-11-12

Namibia is one of Africa's largest yet least densely populated nations. With an estimated population of 2.1 million and a land mass slightly more than half the size of Alaska (825 400 sq km), Namibia's people are distributed unevenly in urban centers and rural communities across enormous distances with a population density of 2.8 people/sq km. Namibia's projected population growth rate remains at 1.87% and the Government of the Republic of Namibia (GRN) anticipates continued growth in demand for health and social services through the current 30-year planning cycle. 1 In 2010, nearly 60% of the population was under the age of 24. 2 3 of whom were estimated to be under the age of 18. 2 Based on Gross National Income per capita, the World Bank (WB) has classified Namibia as an Upper Middle Income Economy. 3 However, substantial income inequalities exist. Namibia's Gini coefficient ranks among the highest in the world. 4 Current estimates suggest that up to 28.7% of Namibians live in poverty. 5 Chronically high unemployment (34% in the formal sector according to recent IMF estimates) is an important contributing factor to elevated rates of poverty. 6 Namibia depends on revenues from the common South African Customs Union pool for approximately 30% of its budget; the percentage varies from year to year and could be hard hit by a revision of the formula used to distribute these revenues. In addition, the economy is heavily dependent on fluctuating mineral prices, with revenues from uranium and diamonds comprising 8% of the budget. Mining, fishing, agriculture and tourism are expected to remain the pillars of the economy for the next decade. According to recent visits from International Monetary Fund and WB teams, Namibia's outlook for the next 1 to 3 years is stable. However, both institutions have urged caution given the expansionary budgets the GRN has adopted over the last two years.

*Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa* South Africa. Department of Health (1994- ), 2003

**Operational Plan for**

**Comprehensive HIV and AIDS Care and Treatment for South Africa ,2003      Presidents Emergency Plan for AIDS Relief** U.s. Government Accountability Office,2017-08-14 President s Emergency Plan for AIDS Relief PEPFAR reauthorized at 48 billion for fiscal years 2009 through 2013 supports HIV AIDS prevention treatment and care services overseas The reauthorizing legislation as well as other key documents and PEPFAR guidance endorses the alignment of PEPFAR activities with partner country HIV AIDS strategies and the promotion of partner country ownership of U S supported HIV AIDS programs This report responding to a legislative directive 1 examines alignment of PEPFAR programs with partner countries HIV AIDS strategies and 2 describes several challenges related to alignment or promotion of country ownership GAO analyzed PEPFAR planning documents and national strategies for four countries Cambodia Malawi Uganda and Vietnam selected to represent factors such as diversity of funding levels and geographic location GAO also reviewed documents and reports by the U S government research institutions and international organizations and interviewed PEPFAR officials and other stakeholders in headquarters and the four countries

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