



**Partnership Framework in Support of South Africa's  
National HIV & AIDS and TB Response  
2012/13 – 2016/17**

**between**

**The Government of the Republic of South Africa  
and  
The Government of the United States of America**

# TABLE OF CONTENTS

1. Purpose and Principles
2. Background and Context
3. Five Year Strategic Focus
4. Partners: Roles and Expected Contributions
5. Plans for Developing the Partnership Framework Implementation Plan (PFIP)
6. Management, Coordination, and Communication
7. Signatures
8. Guide to Acronyms

# 1. PURPOSE AND PRINCIPLES

The purpose of this five-year Partnership Framework (2012/13–2016/17) is to improve the effectiveness, efficiency, and sustainability of the South African national HIV and TB response. To achieve this, the Governments of South Africa (SAG) and the United States of America (USG), through its PEPFAR program<sup>1</sup>, have dedicated themselves to improving coordination and cooperation to prevent and mitigate the impact of these epidemics.

In the reauthorization of the USG PEPFAR program in 2008, the scope of the U.S. program shifted from an emergency response to that of building and sustaining health outcomes and systems through a closer alignment with host country priorities. This Partnership Framework seeks to articulate this change in direction and to outline the parameters of engagement to guide how the two countries cooperate in the response to the HIV & AIDS and TB epidemics in South Africa.

While the Partnership Framework is a non-binding arrangement between the national governments, integration and implementation is intended to be coordinated across government departments at all levels, including provinces and districts, and to entail collaboration and partnership with non-state actors.

By the end of the five year period, and in line with national priorities outlined in SAG's official strategic documents<sup>2</sup>, the implementation of this joint framework is expected to result in the reduction of HIV and TB transmission, expanded and sustained national HIV and TB services, and the strengthening of the systems that underpin the national response.

The national HIV & AIDS and TB response is envisioned to be supported by PEPFAR's financial and technical assistance to help build the leadership and implementation capacity of SAG and civil society. Specifically, such capacity building should include, but not be limited to, performance management, policy analysis, strategic planning, monitoring and evaluation, coordination, financial resource management, and quality improvement.

This Partnership Framework details the broad strategic plan for cooperation and coordination between the two governments. The operational details of this Framework are intended to be developed in a Partnership Framework Implementation Plan (PFIP), as described in Section 5 below.

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<sup>1</sup> The United States President's Emergency Plan for AIDS Relief, or PEPFAR, was launched in 2003. The PEPFAR program in South Africa is elaborated on in greater detail in Section 2.

<sup>2</sup> The official SAG documents referenced in this Partnership Framework include the Medium Term Strategic Framework; the Ministerial Negotiated Service Delivery Agreements; the current and successive versions of the National Strategic Plan for HIV & AIDS and STIs; the TB Strategic Plan; the National HIV & AIDS and TB management policy; the Aid Effectiveness Framework for Health; the Department of Basic Education HIV & AIDS Integrated Strategy (2011-2015); and the Policy Framework for Orphans and Other Children made vulnerable by HIV & AIDS.

In considering how best to achieve this purpose, the USG and the SAG have dedicated themselves to the following principles:

### **1. South African Leadership**

The SAG is at the center of decision-making, leadership, and management of the national HIV and TB response, including development partner programs.

### **2. Alignment**

PEPFAR operations, including its civil society partners, should support national priorities, using national systems where possible.

### **3. Sustainability**

Sustainability of the national response should be enhanced by mainstreaming the response to HIV and TB and through addressing the cost efficiency of operations, diversifying funding sources, investing in proven and scalable interventions, shifting appropriate USG-supported staff to SAG, and improving coordination across all partners.

### **4. Innovation and Responsiveness to the Epidemic**

To improve the effectiveness of the national response, this partnership aims to promote knowledge-based interventions. The Partnership Framework encourages flexibility and innovation to achieve true value for money across the response.

### **5. Mutual Accountability**

The relationship between the SAG and the USG is based on mutual accountability and transparency in resource allocation, expenditure tracking, the collection, use and sharing of strategic information, and programmatic decision-making.

### **6. Multi-Sectoral Engagement and Participation**

The implementation of this Partnership Framework should be inclusive and participatory. It is intended to support SAG efforts to mainstream the national response across all government departments and strengthen engagement across different stakeholders (inclusive of community-based organizations, non-governmental organizations, the private sector, PLHIV, the academic sector, and other development partners).

### **7. Gender Sensitivity**

Disproportional vulnerabilities to HIV infection and access to treatment and care are influenced by gender. The design and implementation of programs and policies aim to ensure full attention to this reality.

## **8. Expected Financial Contributions and Transparency**

USG assistance to South Africa should support the government sector and be in line with defined national plans. Resource allocation decisions in the planning and implementation of this Partnership Framework, along with the underlining rationale, should be pro-actively shared by both governments.

The Partnership Framework recognizes that SAG and USG resources are limited and that achievement of national HIV and TB goals requires resource flows beyond the ability of any one partner. The proportion of USG contributions to total HIV and AIDS spending is likely to decline over time. In addition, planned USG investments are always subject to the availability of funds. Changes in budgetary requirements or availability of funds from either government or from other key partners could lead to a review and revision of priorities and activities.

## **9. Collaborative and Not Contractual**

This Partnership Framework is a non-legally binding joint strategic planning document that outlines the goals and objectives to be achieved, and the expected roles and contributions of all participating Partnership Framework partners. The Partnership Framework is intended to facilitate communication and collaboration among partners, including ensuring that programs are more sustainable and integrated. The Partnership Framework does not alter existing USG or SAG rules, regulations, cooperative agreements or contracts, and does not constitute an obligation of funds.

## 2. BACKGROUND AND CONTEXT

South Africa represents 0.7% of the global population but carries 17% of the global burden of HIV & AIDS (approximately 5.7 million people living with HIV) and has the world's fourth highest incidence of TB (948/100,000 population/year). An estimated 31% of all TB-HIV cases in Africa occur within South Africa, and co-infection rates exceed 70%. HIV prevalence amongst adults (15-49 years) is estimated at 18%, with women and girls bearing 60% of the disease burden. Despite being a middle-income country, key maternal and child health outcomes and developmental milestones have declined over the last fifteen years due to the impact of HIV. South Africa is one of only twelve countries in which mortality rates for children younger than five-years have *increased* since 1990.

To respond to the TB and HIV epidemics, South Africa has reaffirmed its commitment to preventing and mitigating the impact by scaling up the national prevention and treatment response across all sectors. This is being led by the most senior members in government, and is bolstered by increasing financial resources. This leadership has included the strengthening of the South African National AIDS Council (SANAC) to coordinate and oversee the multi-sectoral national response, a structure that is replicated at provincial and district levels. Despite these efforts, the response still requires significant financial and technical inputs from stakeholders to match needs to resources.

### PEPFAR in South Africa

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 as an emergency response to the HIV epidemic with the goals of preventing new infections, treating those already infected and assisting those affected by the epidemic.

The USG PEPFAR team in South Africa is comprised of several government agencies, including the U.S. Centers for Disease Control and Prevention, the U.S. Agency for International Development, Peace Corps, State Department, and the U.S. Department of Defense.

PEPFAR leverages the multi-sectoral governmental response of the SAG by working with key departments at the national level and in all provinces. These include the Departments of Health, Social Development, Basic Education, Correctional Services, Defence, Public Service and Administration, and Treasury.

PEPFAR programs respond to SAG priorities primarily through grants and cooperative agreements with over 500 prime and sub-partners, including non-governmental organizations, private entities and universities, most of which are South African. Direct funding and technical assistance to the SAG, currently less than 10% of overall PEPFAR funding, includes funding provided to several SAG departments and parastatals.

The 2010 fiscal year<sup>3</sup> budget is in excess of \$500 million (R3.5 billion). Over the period of the Partnership Framework, the U.S. expected contribution to the South African national response is likely to decrease, both in real terms and as a proportion of overall funding

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<sup>3</sup> The USG Fiscal Year runs from 1<sup>st</sup> October to 30<sup>th</sup> September each year.

contributions from the SAG and other development partners. It is imperative, therefore, that additional resources are mobilized, that the contributions of other development partners are leveraged, and that current programs become more effective and efficient.

### 3. FIVE YEAR STRATEGIC FOCUS

SAG provides strategic direction for the national HIV and TB response through the following strategic documents: **1)** the *Medium Term Strategic Framework*<sup>4</sup>; **2)** the *Ministerial Negotiated Service Delivery Agreements*<sup>5</sup>; **3)** the current and successive versions of the *National Strategic Plan for HIV & AIDS and STIs*<sup>6</sup>; **4)** the *TB Strategic Plan*<sup>7</sup>; **5)** the National HIV & AIDS and TB management policy; **6)** the *Aid Effectiveness Framework for Health*; **7)** the Department of Basic Education *HIV & AIDS Integrated Strategy (2011-2015)*; and **8)** the *Policy Framework for Orphans and Other Children made vulnerable by HIV & AIDS*.

Some of the long-term outcomes in these strategic documents include the following:

- Increasing life expectancy;
- Decreasing maternal and child mortality;
- Reducing HIV and TB incidence;
- Strengthening community systems to prevent the transmission, and mitigate the impact of HIV and TB in the home, the workplace, across the education system and in communities;
- Strengthening financial and accountability systems to improve planning, costing, and budgeting in order to optimize and leverage needed resources;
- Strengthening managerial capacity across the public sector, particularly in monitoring and evaluation, policy analysis, implementation and HIV mainstreaming;
- Increasing institutional capacities to deliver health system functions and initiating major structural reforms (particularly at the primary health care level); and
- Strengthening coordination of the national response across all sectors and levels (national, provincial and district).

The Partnership Framework aims to support the achievement of these outcomes. Critical to that effort is strengthening South African engagement and coordination with the PEPFAR program.

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<sup>4</sup> The Medium Term Strategic Framework (MTSF) is the guiding document on SAG priorities for the period 2009-2014

<sup>5</sup> The Ministerial Negotiated Service Delivery Agreements (NSDAs) reflect the agreements between National Ministries and the Presidency on key deliverables. The NSDAs reflect the priorities of each department for implementing the MTSF.

<sup>6</sup> The current HIV & AIDS and STIs NSP covers the period 2007-2011. A new HIV & AIDS NSP is planned to be developed in 2011 for the period 2012 – 2016. If needed, the Partnership Framework and/or Partnership Framework Implementation Plan should be revised to reflect any shifting priorities.

<sup>7</sup> The TB NSP covers the same period as the HIV & AIDS NSP. Similarly, changes or shifts in priorities should be addressed accordingly.

## GOALS AND OBJECTIVES

The goals and objectives of the Partnership Framework cover the following areas:

**PREVENT NEW HIV AND TB INFECTIONS:** The prevention of new HIV and TB infections is the number one priority of the national response. Responsibility for the prevention agenda rests with all government departments, development partners, communities, civil society, and the private sector. The Partnership Framework is dedicated to this multi-faceted and multi-sector approach. The two countries intend to work together to **1) expand biomedical and behavioral prevention interventions that address the various drivers of the epidemics; 2) reduce vulnerability to HIV and TB infection, especially focusing on the needs of infants, girls and women; and 3) increase the number of persons who know their HIV and TB status and link them to appropriate services.** This goal seeks to create a social, political and operational environment supportive of the prevention agenda over the next five years. This effort is expected to be guided by stronger coordination mechanisms among all stakeholders, and a robust operational research and performance monitoring and evaluation plan to improve strategic decision-making for HIV prevention programming.

**INCREASE LIFE EXPECTANCY AND IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH AND AFFECTED BY HIV AND TB:** Under this goal, the Partnership seeks to address declining life expectancy by focusing on reducing HIV and TB related morbidity and mortality and on mitigating the impact of the epidemics. The three-pronged approach includes **1) expanding integrated treatment, care, and support services; 2) decreasing infant, child and maternal mortality due to HIV & AIDS and TB; and 3) mitigating the impact of HIV & AIDS and TB on individuals, families and communities, especially orphans and vulnerable children.**

**STRENGTHEN THE EFFECTIVENESS OF THE HIV AND TB RESPONSE SYSTEM:** This goal seeks to strengthen the leadership, planning, coordination, financing, and performance management capacity of state and non-state actors at national, provincial and district levels necessary to deliver the national response. Within this goal the two countries plan to work to **1) strengthen and improve access to institutions and services, especially primary institutions; 2) strengthen the use of quality epidemiological and program information to inform planning, policy and decision making; 3) improve planning and management of human resources to meet the changing needs of the epidemic; and 4) to improve health care and prevention financing.**

All three goals are interrelated and sufficiently broad in their respective scopes to ensure the long-term viability of the management and service delivery systems in the country while attempting to slow the spread of HIV and TB and support those South Africans already infected and affected. The PFIP should prioritize activities that support these goals and objectives.

## CONSTRAINTS AND CHALLENGES

South Africa faces explosive HIV and TB epidemics, a high burden of chronic illness, mental health disorders, injury and violence-related deaths, as well as the continued epidemic of maternal, neonatal, and child mortality. The country has the highest per capita health burden of any middle-income country in the world. The health care system is overstressed and experiencing a major crisis due to growing demands. To support the health and social needs of a country with the world's largest HIV burden and a worsening TB epidemic is anticipated to require additional investments in implementation effectiveness, financial management, infrastructure improvements, human capacity, and managerial competence across district, provincial and national levels.

**POLICY IMPLEMENTATION CONSTRAINTS:** The SAG has very progressive policies; however, implementing these policies has been a challenge. There is a shortage of adequate technical and management staff in most government departments at all levels. Similarly, there is a need to strengthen district-level systems to implement quality improvement strategies.

**EFFECTIVE COORDINATION OF THE NATIONAL RESPONSE:** The challenge of reducing HIV and TB incidence, mitigating its impact, and providing care and treatment requires that all government departments and sectors take greater responsibility for HIV and TB. This requires much more efficient engagement of all stakeholders by the SAG through strengthening the capacity of SANAC and the Provincial and District AIDS Councils. This effort also requires stronger SAG leadership to coordinate all stakeholders (including development partners) engaged in the HIV and TB response.

**THE NEED FOR SIGNIFICANT RESOURCE MOBILIZATION AND INCREASED EFFICIENCY:** Although South Africa is an upper middle-income country, its health and social outcomes are those of a low-income country. There are insufficient resources devoted to providing HIV and TB prevention, treatment and care to all of those who need it. Although South Africa devotes 8.7% of its GDP to health, the allocation and management of these resources are fragmented, inequitably distributed between the public and private sectors, and, in some instances, inefficient.

The long-term budget requirements of the AIDS response in the country are significant – an estimated R35-R45 billion per annum (\$6.5 billion) by the year 2020<sup>8</sup>. Currently, the collective spending on HIV & AIDS (public funding and development partner funding) in South Africa is only R17 billion (\$2.5 billion) in 2010, which represents an increase from R9 billion (\$1.2 billion) in 2008. Yet this falls short of the overall need. In order to ensure that South Africa is able to meet its own health and development outcomes, additional financial resources need to be mobilized both internally and from development partners. SAG must secure the necessary political leadership and support to devote increasingly significant portions of the government budget to overcome the HIV and TB epidemics for at least the next four decades. National efforts to improve the efficiency of public health

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<sup>8</sup> Robert Hecht: "The long-term costs and financing of AIDS in Southern Africa: Making the right choices" (slide 19). Presentation delivered at the **SADC Technical Meeting on sustaining HIV & AIDS responses in the context of shrinking resources in the SADC region**. 24<sup>th</sup> August 2010.

expenditures should be coupled with much greater diversification, predictability, and coordination of donor support over the medium to long term.

**USG CHALLENGES:** PEPFAR's key focus is to address the HIV epidemic. This therefore limits the availability of PEPFAR funding to only HIV and related programs. Therefore, diseases such as TB, STIs, and others may only be addressed with PEPFAR funds through their relevance to the HIV epidemic.

PEPFAR has a comprehensive approach to HIV/AIDS programming that balances access to prevention, care and support, treatment, impact mitigation, and health systems strengthening. The percentage of funds devoted to each program should respect that balanced approach. This means that the entire PEPFAR budget for South Africa cannot be directed to a single program area, and has to be spread across all HIV & AIDS and related TB programs, including but not limited to improvement of community-based primary health care systems, strengthening quality of care, early initiation of ART, and enhanced procurement and management of commodities. However, at least 10% of the total PEPFAR program budget is currently earmarked for OVC programs and services, and 50% of total resources must be dedicated to treatment and care for PLHIV and preventing mother to child transmission of HIV.

**MANAGING PEPFAR's TRANSITION:** The alignment of the PEPFAR program to increased SAG leadership allows for a stronger partnership but also poses several significant challenges for both SAG and USG. For instance, the process of transitioning direct service delivery related responsibilities currently under PEPFAR (staffing, financing, monitoring and evaluation systems, and provision of services) to SAG involves careful negotiation, planning and management through the PFIP. Similarly, increasing direct funding to the SAG may require strengthening the financial management and absorptive and fiduciary oversight capacity of the SAG.

In addition, the transition process should be done in a way that does not destabilize the SAG system. A comprehensive assessment of the direct services supported by PEPFAR is needed in order to jointly plan for a transition that avoids any potential disruption in services.

The PFIP aims to identify key, realistic benchmarks for the process, including which elements of the direct service delivery component of the USG's operations may be transferred (staffing, financing, M&E, provision of services), when, to whom, and how. Both SAG institutions and NGOs could be considered as potential recipients of financial and programmatic management responsibilities.

## SUSTAINABILITY

**STRENGTHEN THE PREVENTION OF NEW HIV AND TB INFECTIONS:** Given the epidemiology of the epidemics in South Africa as well as the constraints on resources, South Africa cannot afford to focus its resources only on HIV and TB treatment. The sustainability of the SAG response is reliant on a reduction of new HIV and TB infections through adequately funding effective prevention interventions. South Africa, through the SAG and relevant structures (e.g. SANAC), intends to implement stronger coordination mechanisms to ensure that all stakeholders implement a single national prevention strategy.

**FINANCIAL SUSTAINABILITY:** To improve the financing of the HIV and TB response, the Partnership Framework aims to work to improve the cost efficiency of all HIV and TB interventions. Several SAG and USG initiatives are already underway to effectively cost their respective operations and identify areas where savings can be achieved. Chief among these are commodity procurement and human resource management.

The Partnership Framework is intended to support strengthening SAG capacity at national, provincial and district levels to budget, allocate, and manage financial resources efficiently so as to achieve desired results. The SAG also intends also continuously increase its financial contribution and diversify its funding base through greater engagement with the private sector and other development partners.

**COMMUNITY SYSTEM STRENGTHENING:** Community participation at the national, provincial and district levels of the HIV and TB response is critical. The Partnership Framework is expected to facilitate the strengthening of these community systems – social and professional networks, governance structures, and leadership – and work to build linkages between communities, civil society and the public sector to ensure a single comprehensive and coordinated national response.

## 4. PARTNERS: ROLES AND EXPECTED CONTRIBUTIONS

### Goal 1. Prevent new HIV and TB infections

SAG and USG plan to intensify prevention efforts using a comprehensive, multi-sectoral, integrated, and epidemiological focus. The Partnership Framework is intended to expand the coverage of an appropriate mix of biomedical, behavioral and structural interventions (combination prevention) and improve the coordination of all stakeholders in order to most effectively reduce the rate of new infections.

Objectives	Expected Contributions			Other
	SAG	USG	Other	
1.1. Expand biomedical and behavioral prevention interventions that address the various drivers of the epidemics	<p>a) Increase the availability of and access to the full range of biomedical prevention interventions.</p> <p>b) Target interventions to address the health, social and structural drivers of the epidemics.</p> <p>c) Coordinate and align all stakeholders (government departments, private sector, civil society organizations, communities, development partners) around a single evidence-based national prevention strategy.</p> <p>d) Improve the quality, effectiveness and coverage of an optimal combination of prevention interventions.</p> <p>e) Identify and leverage HIV and TB research activities (of universities, parastatals, development partners and NGOs) to advance the SAG prevention agenda.</p>	<p>a) Support SAG to improve the quality, effectiveness and coverage of an optimal combination of prevention interventions that address the biomedical, behavioral, and structural drivers of the epidemic.</p> <p>b) Strengthen SAG capacity in evidence-based decision making for effective prevention programming and resource allocation at all levels (national, provincial, district, and sub-district).</p> <p>c) Ensure that prevention interventions supported through USG funding are responsive to SAG priorities.</p> <p>d) Support SAG in the identification and execution of priority programmatic, behavioral and epidemiological HIV and TB prevention interventions.</p> <p>e) Support research activities that advance the SAG prevention agenda.</p>	<ul style="list-style-type: none"> <li>• TB HIV integration (Italy)</li> <li>• Provision of Voluntary Medical Male Circumcision (France, Germany [planned])</li> <li>• Provision of HCT (Germany, Sweden)</li> <li>• Behavior Change Communication and Social mobilization (Germany, Global Fund R9)</li> <li>• HIV prevention interventions (Germany, Ireland, Netherlands)</li> <li>• Capacity development and Technical assistance (UN, Germany)</li> <li>• Drug resistance surveillance and treatment monitoring of public sector ART program (UK)</li> </ul>	
1.2. Reduce vulnerability to HIV and TB infection	<p>a) Increase HIV and TB prevention outreach at the community level.</p> <p>b) Strengthen interventions that address the vulnerability of infants, orphans and vulnerable children, girls and women to</p>	<p>a) Support SAG initiatives in community-led HIV and TB prevention interventions.</p> <p>b) Improve access to and availability of high quality evidence-based services to reduce the vulnerability of infants, orphans and</p>	<ul style="list-style-type: none"> <li>• Programs addressing youth at risk (Canada, Germany)</li> <li>• Programs addressing GBV and other high risk factors (Denmark, Ireland, Italy, Sweden)</li> </ul>	

<p><b>especially focusing on the needs of infants, girls and women</b></p>	<p>HIV and TB infection.</p> <p>c) Strengthen services and implement interventions targeted at youth (under the age of 26).</p> <p>d) Implement comprehensive HIV and TB programs across the social education system.</p> <p>e) Strengthen interventions that address unequal power relations and the role of sexual violence in HIV transmission.</p>	<p>vulnerable children, girls and women to HIV and TB infection.</p> <p>Improve the effectiveness of targeted prevention programs to reduce vulnerability to HIV and TB infection amongst the youth.</p> <p>d) Support SAG to leverage the education system to implement a comprehensive HIV and TB program.</p> <p>e) Strengthen SAG capacity to identify and implement interventions that address unequal power relations and the role of sexual violence in HIV transmission.</p>	<ul style="list-style-type: none"> <li>• Budgetary support to DoH for maternal and child health (UK)</li> <li>• Care and support to OVC and others (Germany, Netherlands)</li> </ul>
<p><b>1.3. Increase the number of persons who know their HIV and TB status and link them to appropriate services</b></p>	<p>a) Provide access to and increase uptake of quality HIV counseling and testing (HCT) services and TB screening and diagnosis through all sectors of society.</p> <p>b) Reinforce linkages between and among prevention, treatment, care, reproductive health, and other relevant services and institutions with HCT and TB screening services.</p> <p>c) Implement evidence-based stigma reduction interventions.</p>	<p>a) Support SAG to expand coverage of, demand for, and access to quality HCT services and TB screening and diagnosis.</p> <p>b) Provide technical assistance to reinforce linkages between and among prevention, treatment, care, reproductive health, and other relevant services and institutions with HCT and TB screening services.</p> <p>c) Provide technical assistance to improve the quality of counseling and referral services.</p>	<ul style="list-style-type: none"> <li>• Provision of HCT (Germany, Sweden)</li> <li>• Increase access to HIV &amp; AIDS and sexual and reproductive health information and services (UK)</li> <li>• Social mobilization in support of HCT and link to services (Belgium, Germany, Global Fund Round 9)</li> </ul>

## Goal 2: Increase life expectancy and improve the quality of life for people living with and affected by HIV and TB

TB and HIV-related conditions are the leading cause of death in South Africa. Under Goal, 2, SAG and USG plan to reduce HIV & AIDS and TB related morbidity and mortality by strengthening linkages between prevention, early diagnosis and related support, treatment, and care services. This goal should support SAG efforts to expand, integrate and decentralize treatment, care and support services and strengthen family-centered / community-based responses.

Objectives	Expected Contributions			Other Partners
	SAG	USG		
2.1. Expand integrated treatment, care and support services	<p>a) Strengthen the expansion, integration and decentralization of HIV and TB services through the primary health care system.</p> <p>b) Improve the retention of TB and ART patients in care and support services.</p> <p>c) Strengthen family centered, community-based responses for protection, support and care, including vulnerable children.</p> <p>d) Strengthen the implementation mechanism of the National Action Plan for OVC.</p>	<p>a) Provide technical and financial resources to support the expansion, integration and decentralization of HIV and TB services.</p> <p>b) Support SAG efforts to strengthen surveillance and patient identification &amp; tracking systems.</p> <p>c) Strengthen the quality and cost-efficiency of the integrated services.</p> <p>d) Support the development and/or implementation of appropriate policies designed to enhance the delivery of the integrated services.</p>	<ul style="list-style-type: none"> <li>• TB-HIV integration (<i>Italy</i>)</li> <li>• Provision of TB/HIV/STI prevention, treatment care and support services (<i>Belgium, Netherlands</i>)</li> <li>• Direct funding or technical assistance to DoH for strengthening the delivery of PHC and HIV &amp; AIDS services (<i>EU, UK, UN</i>)</li> <li>• Provision of treatment literacy and HIV and TB education (<i>UK</i>)</li> <li>• Technical assistance to NDoH to support treatment expansion, integration &amp; decentralization (<i>CHAI, UN</i>)</li> </ul>	
2.2. Decrease infant, child and maternal mortality due to HIV & AIDS and TB	<p>a) Improve early HIV and TB diagnosis and link identified patients into care, support and treatment programs.</p> <p>b) Support the expansion of PMTCT and sexual and reproductive health services.</p> <p>c) Expand the community component of the PMTCT and Integrated Management of Childhood Illnesses (IMCI) programs.</p> <p>d) Create HIV and TB competent communities.</p> <p>e) Strengthen community's ability to protect and provide access health and social welfare services for their most vulnerable mothers and children.</p>	<p>a) Strengthen the implementation mechanisms designed to support and improve interventions for OVC.</p> <p>b) Support SAG's maternal and child health priorities to meet the Millennium Development Goal targets.</p> <p>c) Support SAG efforts to improve community health through stronger linkages between communities and health and social welfare services.</p>	<ul style="list-style-type: none"> <li>• Addressing maternal and child health through NGOs (<i>Canada, EU</i>)</li> <li>• Direct budgetary support to DoH to strengthen maternal and child health programs (<i>EU, Global Fund Round 9 redirection, UK</i>)</li> <li>• TB-HIV integration (<i>Italy</i>)</li> <li>• Technical assistance to DoH to support treatment expansion, integration &amp; decentralization (<i>CHAI, UN</i>)</li> </ul>	

<p><b>2.3. Mitigate the impact of HIV &amp; AIDS and TB on individuals and communities</b></p>	<p>a) Strengthen community mobilization and support community-based services.  b) Enhance coordination of OVC interventions to strengthen the national social safety net for children infected and affected by the epidemics.  c) Strengthen the provision of psychosocial support.</p>	<p>a) Strengthen the capacity of SAG and civil society to deliver OVC services.  b) Enhance the coordination of the national and provincial OVC programs.  c) Provide technical assistance to strengthen SAG's social welfare system.  d) Strengthen local civil society organizations to facilitate and support community-based mitigation efforts.  e) Build monitoring and evaluation capacity to respond to the strategic priorities of the NSP and of the NAPOVC.</p>	<ul style="list-style-type: none"> <li>• Programs addressing gender-based violence (<i>Denmark, Ireland, Italy, Sweden</i>)</li> <li>• Programs addressing HIV and alcohol (<i>Germany, Italy</i>)</li> <li>• Improving access to healthcare and psychosocial support for HIV positive children, other OVCs and their families (<i>Belgium</i>)</li> <li>• Holistic support to orphaned and vulnerable children and their care givers (<i>EU, Germany, Ireland, Netherlands, UK</i>)</li> <li>• Support programs for youth at risk (<i>Canada, UK</i>)</li> <li>• Poverty alleviation, food security and sustainable economic growth (<i>Belgium, Canada, Italy</i>)</li> </ul>
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### Goal 3: Strengthen the effectiveness of the HIV and TB response system

The achievement of Goals 1 and 2 is dependent on the efficient operation of the system that underpins the national HIV and TB response. To strengthen this system, Goal 3 aims to improve the implementation, coordination, and management of prevention, support, treatment, care, and impact mitigation interventions. Efforts are expected concentrate on the coordination of all partners engaged in the response – government departments, the private sector, communities, civil society organizations, and development partners – across the national, provincial, district, and local levels.

Expected Contributions		USG	Other
Objectives	SAG	USG	Other
<p><b>3.1. Strengthen and improve access to institutions and services, especially primary institutions</b></p>	<p>a) Strengthen the integration of HIV and TB response infrastructure.</p> <p>b) Strengthen the operational management of the HIV and TB response across all levels.</p> <p>c) Strengthen the primary health care (PHC) model of delivery to ensure equitable access to quality services.</p> <p>d) Strengthen management structures at the provincial, district and sub-district levels.</p> <p>e) Strengthen community participation in the planning, monitoring and delivery of comprehensive health and social welfare services.</p> <p>f) Strengthen supply chain management and procurement systems for commodities related to the HIV and TB response.</p>	<p>a) Strengthen the integration of the response system through support to SAG's management structures at the district and sub-district levels.</p> <p>b) Support SAG efforts to enhance operational management of health facilities across government departments and sectors.</p> <p>c) Support SAG's pilot initiatives to test innovative ideas and concepts with the potential for replication and scale-up.</p> <p>d) Continue to support community and civil society participation in the planning and provision of comprehensive health and social welfare services.</p> <p>e) Provide technical assistance to strengthen SAG's procurement and supply chain management systems.</p>	<ul style="list-style-type: none"> <li>• Early detection and linking to services (Belgium, CHAI)</li> <li>• Technical and direct budgetary support to DoH for strengthening and expanding the delivery of PHC and HIV/AIDS/STI/TB services (CHAI, EU, Italy, UK)</li> <li>• Addressing human rights, increasing access to justice and civil society advocacy (Netherlands, UK)</li> <li>• Direct support to Department of Social Development (Germany)</li> <li>• Strengthen coordination of the response at national and provincial levels (Germany, Sweden, UK, UN)</li> <li>• GIS mapping of facilities and services (Netherlands)</li> <li>• Supporting the establishment of the Parliamentary Oversight Committee on HIV &amp; AIDS (UK)</li> <li>• Direct budgetary support to DoH for strengthening the delivery of PHC and HIV &amp; AIDS services at the district level (EU, Italy, UK)</li> </ul>

<p><b>3.2. Strengthen the use of quality epidemiological and program information to inform planning, policy, and decision making</b></p>	<p>a) Integrate data management, reporting and indicator systems across all levels of the public and private sectors. b) Strengthen strategic information management to improve health outcomes. c) Strengthen national capacity to implement robust M&amp;E and to conduct operational and epidemiological research.</p>	<p>a) Support SAG's efforts to integrate data management, reporting and indicator systems at all levels for the HIV and TB response. b) Align PEPFAR reporting with SAG indicators and reporting systems. c) Provide technical assistance to SAG to improve strategic information management and use, including addressing the quality of data, its collection, analysis and dissemination for decision-making. d) Strengthen SAG's capacity to conduct operational and epidemiological research and basic program evaluations. e) Support and strengthen the management of M&amp;E and Quality Improvement (QI) across the HIV and TB response.</p>	<ul style="list-style-type: none"> <li>• Technical assistance and funding to strengthen M&amp;E and the strategic use of information within NDOH and the SANAC Secretariat (CHAI, Global Fund Round 9, Sweden, UK, UN)</li> <li>• Technical assistance to support the DoH, key health institutions (e.g. NHLS), and SANAC (CHAI, Sweden)</li> <li>• Direct support for coordination at the provincial level and national levels (Germany, Sweden)</li> <li>• Capacity building in support of DoH services (Belgium)</li> <li>• Capacity development to strengthen partner within HIV prevention (Germany)</li> <li>• Financial and technical assistance to the SANAC Secretariat (Sweden)</li> </ul>
<p><b>3.3. Improve planning and management of human resources to meet the changing needs of the epidemics</b></p>	<p>a) Plan for and develop a workforce that is able to meet the health and social welfare needs of the country. b) Strengthen the capacity to plan for, recruit, train, retain and manage human resources to meet the needs of the HIV and TB response. c) Increase the number of health and social workers formally engaged in the national HIV and TB response. d) Strengthen the operational capacity of the national office for standards compliance.</p>	<p>a) Assist SAG in developing a workforce to meet its health and social welfare priorities through policy reforms, in-service training, and pre-service education. b) Provide technical assistance to strengthen SAG's capacity for planning, recruitment, retention and management of human resources for health and social welfare.</p>	<ul style="list-style-type: none"> <li>• Direct budgetary support to NDoH to strengthen the response to HIV and health (EU, UK)</li> <li>• Support to DoH in all provinces to contract Community Health Workers (CHWs) (EU)</li> <li>• Strengthen coordination of the response at national and provincial levels (Germany, Sweden, UK, UN)</li> <li>• Support of NDoH M&amp;E and SANAC M&amp;E unit (Sweden, UK)</li> </ul>
<p><b>3.4. Improve health care and prevention financing</b></p>	<p>a) Strengthen the mobilization of domestic resources to fund the HIV and TB response. b) Improve the coordination and management of the financial commitments from the private sector, civil society, and development partners c) Identify and implement cost-effective</p>	<p>a) Support SAG's efforts to coordinate the mobilization of necessary resources to fund the unmet needs of the HIV and TB response. b) Strengthen SAG capacity to identify and promote cost-effective and high-impact models of service delivery. c) Strengthen South Africa's capacity to use</p>	<ul style="list-style-type: none"> <li>• Technical assistance around financing, funding, commodity procurement and drug pricing (CHAI)</li> <li>• Strengthen the management and capacity of municipalities (Netherlands)</li> <li>• Strengthen the management and capacity of NGOs (Belgium, Netherlands)</li> <li>• Strengthen civil society advocacy (UK)</li> </ul>

	<p>and high-impact models of service delivery across the response for both health and social welfare.</p> <p>d) Improve the efficiency of public health expenditures across all SAG departments and levels.</p> <p>e) Improve the management and coordination of current investments across all SAG departments and levels to improve the efficiency and effectiveness of the response.</p>	<p>costing and health and social welfare expenditure analyses to improve resource planning, budgeting, allocation and review.</p> <p>d) Strengthen SAG's commodity procurement, supply-chain and inventory management to improve the cost effectiveness of service delivery systems.</p>	<ul style="list-style-type: none"> <li>• Strengthening coordination of the response at national and provincial levels (<i>Germany, Sweden, UK, UN</i>)</li> <li>• Strengthen situation analyses, country data collation and international reporting (<i>CHAI, UN</i>)</li> </ul>
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## 5. PLANS FOR DEVELOPING THE PARTNERSHIP FRAMEWORK IMPLEMENTATION PLAN (PFIP)

The PFIP offers the SAG and the USG the opportunity to operationalize the high-level goals and objectives expressed in this Partnership Framework document. The critical information relevant to the development of a baseline country profile and the national HIV & AIDS and TB response as well as relevant policy and financial assessments already exist. The development of the PFIP should aim therefore to focus chiefly on prioritizing among these goals and objectives, developing strategies for the identified priorities and challenges, quantifying the expected inputs and outcomes, articulating plans to jointly monitor progress on mutually decided upon targets, and communicating progress and challenges. The process should also ensure that the PFIP takes into consideration the priorities, programs, and contributions of other development partners active in the HIV & AIDS and TB sectors.

The success of the Partnership Framework is dependent on the development of an implementation plan that is collectively and collaboratively executed by the SAG and the USG. The PFIP development process should be inclusive and highly consultative, guided by the same principles articulated in this document.

The joint SAG-USG Design Team<sup>9</sup> intends to develop the PFIP with significant contributions from relevant technical working groups and stakeholders.

The proposed timeline for the development of the PFIP is as follows:

- November/December 2010: Design Team start planning for PFIP development;
- December 2010: SAG and USG sign the Partnership Framework;
- January/February 2011: Design Team collects and assesses inputs to Implementation Plan and develops a detailed, milestone-based timeline;
- March/April/May 2011: Design Team drafts and circulates PFIP for comments;
- June/July 2011: Design Team submits draft PFIP to PF Steering and Management Committees and the U.S. Office of the Global AIDS Coordinator for review and feedback;
- August/September 2011: Design team finalizes and submits final Partnership Framework Implementation Plan to PF Steering and Management Committees, the SA National Department of Health, and the U.S. Office the Global AIDS Coordinator for approval.

The PFIP should include an annual joint progress review. It is understood that every aspect of the PFIP may be renegotiated or updated periodically in writing during the life of the Partnership Framework to reflect changing conditions or priorities. However, these negotiated changes are not intended to alter the foundation of the Partnership Framework itself.

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<sup>9</sup> The Partnership Framework was developed under the guidance of the joint SAG-USG Design Team.

## 6. MANAGEMENT, COORDINATION, AND COMMUNICATION

The joint management structure for the Partnership Framework is planned to consist of a high level *Steering Committee* assuming responsibility for the governance and strategic direction of the Partnership Framework and a *Management Committee* responsible for the management and coordination of the Partnership.

The **Steering Committee** should have high-level representation from both governments, each naming its representatives prior to the development of the PFIP. The U.S. Ambassador is expected to name the USG representatives. The Director General for Health on behalf of the SAG departments is responsible for ensuring the participation of the appropriate senior level representatives serving on the Steering Committee.

The Steering Committee is envisioned to assume ultimate responsibility for strategic decisions, performance oversight, and conflict resolution relating to the Partnership Framework and PFIP. Should the Partnership Framework require modification, this should be mutually decided upon in writing by the Steering Committee.

The **Management Committee** is envisioned to assume the overall management and coordination responsibilities of the Partnership Framework and liaise between the Steering Committee and the broader community of stakeholders of the national HIV and TB response. It should guide the implementation of the Partnership Framework as recommended by the Steering Committee and in accordance with technical inputs of relevant stakeholder groups. The Management Committee's role includes implementing the strategic direction of the Partnership Framework, developing and monitoring the Partnership Framework Implementation Plan, and ensuring communication among all relevant stakeholders.

The Management Committee is expected to leverage existing stakeholder groups, technical working groups, and relevant SAG provincial and district level structures to implement its responsibilities. The membership and operational structure of the Management Committee, the frequency of its reporting, and other relevant operational issues should be detailed in the Partnership Framework Implementation Plan and is understood to be subject to Steering Committee approval.

## **8. GUIDE TO ACRONYMS**

While this document attempts to steer clear as far as is possible from employing technical terminology, this guide to acronyms provides a quick reference for some of the terminology used.

AIDS	Acquired-Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
CDC	United States Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
EU	European Union
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MTSF	Medium Term Strategic Framework (2009-2014)
NIMART	Nurse Initiated and Managed ART
NSDAs	Negotiated Service Delivery Agreements
NSP	National Strategic Plan for HIV & AIDS and STIs, 2007-2011
OVCs	Orphans and Vulnerable Children
PACs	Provincial AIDS Councils

PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PF	Partnership Framework
PFIP	Partnership Framework Implementation Plan
PHC	Primary Health Care
PLHIV	People living with HIV
PM&E	Performance Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission
SAG	South African Government
SANAC	South African National AIDS Council
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
USAID	United States Agency for International Development
USG	United States Government
VMMC	Voluntary Medical Male Circumcision

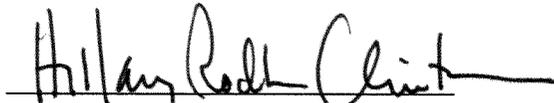
## 7. SIGNATURES

Signed at Washington,

this \_\_\_\_ day of December, 2010.

FOR THE UNITED STATES OF  
AMERICA

FOR THE GOVERNMENT OF THE  
REPUBLIC OF SOUTH AFRICA



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**Name:** Hillary R. Clinton

**Title:** Secretary of State



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**Name:** Maite Nkoana-Mashabane

**Title:** Minister of International Relations  
and Cooperation

**SIGNATURE PAGE TO PARTNERSHIP FRAMEWORK**