

U. S. CDC South Africa

Accessible link: www.cdc.gov/global-health/countries/southafrica

CDC began working in South Africa in 1989 and established an office in 1995. CDC partnered with South Africa to develop HIV clinical and research guidelines, and HIV and tuberculosis (TB) service delivery programs. CDC works with the South African National Department of Health (NDOH) to build and strengthen the country's core public health capabilities. These include data and surveillance; laboratory capacity; workforce and institutions; prevention and response; innovation and research; and policy, communications, and diplomacy.

KEY ACCOMPLISHMENTS



Data & Surveillance

- Worked with partners to enhance the quality of influenza surveillance and broaden the scope to include other respiratory pathogens, such as respiratory syncytial virus (RSV) and SARS-CoV-2



Laboratory

- Strengthened COVID-19 genomic sequencing capabilities at the National Institute for Communicable Diseases to identify emerging variants in South Africa and the surrounding region



Workforce & Institutions

- Supported training of over 500 professionals who graduated from the Field Epidemiology Training Program (FETP) since 2007



Prevention & Response

- Helped increase COVID-19 vaccination in mobile clinics and PEPFAR-supported facilities



Innovation & Research

- Published estimates of health and economic burden of severe pneumonia caused by influenza and other respiratory pathogens in South Africa



Policy, Communications & Diplomacy

- Distributed over 2 million COVID-19 vaccine education pamphlets in each PEPFAR-supported district

PROGRAM OVERVIEW

GLOBAL HEALTH SECURITY

CDC's global health security work in South Africa focuses on strengthening the country's public health systems across the following core areas:

Laboratory systems strengthening

CDC supports national programs that strengthen HIV and TB laboratory diagnostic quality and public health laboratory service. These programs ensure facilities have access to laboratory information systems for timely result delivery and documentation of results in the patient management system. CDC also helps strengthen the connection between clinics and laboratories by ensuring that staff are available to train, mentor, and supervise continuous quality improvement initiatives at healthcare facilities and laboratories.

Disease surveillance

CDC supports local implementing partners to conduct research that informs South Africa's HIV response and programs. This research includes:

- Population surveys to understand HIV prevalence and incidence
- Enhanced antenatal surveys in pregnant women
- HIV drug resistance surveillance
- HIV mortality surveillance

CDC also supports size estimations and bio-behavioral surveys that inform HIV epidemic surveillance, programs, and epidemiological models used by the South African Government, PEPFAR, and a network of nongovernmental organizations, advocacy groups, and community groups.

Workforce development

CDC helped launch the South Africa Field Epidemiology Training Program in 2006 in collaboration with the NDOH, the National Institute for Communicable Diseases, the University of Pretoria, and Wits University. Epidemiologists are trained to prevent, detect, and respond to outbreaks before they become epidemics. Participants develop skills for gathering data and translating data into evidence-based action.

COVID-19

CDC implemented a broad and proactive public health response to prepare, detect, and respond to COVID-19. CDC engaged in technical collaboration with the NDOH and NICD on disease surveillance, laboratory strengthening, and health communication. As cases increased, CDC expanded its scope of work to include:

- Supporting surveillance and epidemiology
- Strengthening laboratory capacity
- Researching COVID-19 burden, transmission, seroprevalence, and morbidity
- Strengthening border health, risk communication, and vaccine preparedness and delivery
- Enhancing epidemiologic capacity through FETP courses

All COVID-19 programs balance existing CDC and South African structures and partnerships, including those from PEPFAR and influenza surveillance.

HIV and TB

South Africa has the highest number of people living with HIV in the world, accounting for nearly 1 in 5 people living with HIV globally. Through PEPFAR, CDC works with partners toward HIV epidemic control in South Africa. CDC and South Africa strategically support HIV prevention and treatment programs and system strengthening. Through PEPFAR, CDC leads efforts to increase voluntary medical male circumcision among men aged 15 years and older. CDC supports pre-exposure prophylaxis and comprehensive services for people at high risk for HIV. CDC also supports HIV programs designed for adolescent girls and young women aged 15-24 years. Compared to male peers, adolescent girls and young women are 2.5 times more likely to be infected with HIV. Women and girls account for 3 out of every 4 new HIV infections in the 15-24 age group.

CDC implements the Determined Resilient Empowered AIDS-free Mentored Safe (DREAMS) program to address complex factors that increase risk of HIV infection among adolescent and young women. DREAMS includes multiple evidence-based activities such as post-violence care, parenting and caregiver programs, and facilitates access to existing resources such as cash transfers and education subsidies.

INFLUENZA

Influenza viruses require continued vigilance to mitigate seasonal influenza and novel strains. CDC South Africa's Influenza Program is a regional hub that provides technical support to surrounding countries to prevent, control, and respond to influenza. CDC's influenza work at the Influenza Regional Hub in South Africa is focused on enhanced surveillance and laboratory capacity for seasonal influenza viruses and novel influenza viruses with pandemic potential and generating the evidence-base for policy decisions.

Since 2007, CDC has worked with partners to enhance the quality of influenza surveillance and broaden the scope to include other respiratory pathogens, such as respiratory syncytial virus (RSV) and SARS-CoV-2. CDC collaborates on research projects to understand influenza and other respiratory viruses in South Africa, where disease burden and epidemiology may be unique due to untreated comorbidities such as TB, malaria, and HIV, as well as malnutrition and socioeconomic factors. CDC also engages in other research efforts, including flu and SARS-CoV-2 spread within households, healthcare use and respiratory illness, and children's flu vaccine studies.

