SOUTH AFRICA –USA COOPERATION TO COMBAT HIV/AIDS, (1994-2016)

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ABSTRACT

Sustainable Development Goal No 3.3 states that – "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases". Paper largely focuses and deals with one of epidemics - HIV/AIDS in South Africa. It elaborates on the South African administration and the United States of America (US) administration cooperation in the response to HIV/AIDS. Health is a high priority issue where most of the states do cooperation. Because every epidemic has a national as well as international impact. South African government's major policy involvement through 'HIV/AIDS and STI1 Strategic Plan for South Africa 2000-2005', 'HIV & AIDS and STI Strategic Plan for South Africa 2007-2011', 'National Strategic Plan on HIV/AIDS Tuberculosis, and STIs 2012-16'. While the US administration contributes through US President's Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development (USAID), and contribution by foundations of former Presidents Bill Clinton and Barack Obama. But majorly US PEPFAR contributes the most in the health sector in South Africa. Both governments have a great concern in the epidemic contributions.

Keywords: *Administration, Government, Policies, HIV/AIDS, South Africa, United States of America.*

Introduction

Apartheid era (1948-1994) kept Native (Blacks) of South Africa deprived of their health rights. HIV/AIDS continues to affect the social, economic, and political sphere in South Africa post-Apartheid period. That's why the Paper largely focuses and deals with one of epidemics - HIV/AIDS in South Africa. It elaborates on the South African administration and the United States of America (US) administration cooperation in the response to HIV/AIDS. Health is a high priority issue where most of the states do cooperation. Because every epidemic has a national as well as international impact.

During the Clinton administration, the humanitarian sector had evolved too and the US invested in the health sector of South Africa on a large scale. Further, the paper also elaborates the US government contribution through the US President's Emergency Plan for AIDS Relief (PEPFAR) HIV/AIDS policy to combat the epidemic. The US PEPFAR contributed the most in the health sector in South Africa. PEPFAR was the driving aid tool in the health sector from the US.

Both governments had a great concern in the epidemic contributions. In the case of South Africa, the US invested in the health sector on a large scale. Lastly, it discusses the gaps in aid policies of both the government to combat HIV/AIDS.The question is based on the role played by the US in the social sector, especially in the health sector. Does the US play a significant role or not? The paper testy the hypotheses, US aid in South Africa's health sector has minimal impact on bilateral relations.

The main research focuses on South Africa, and US relations addressed a particular period of 1994 to 2016. South Africa became a democratic state in 1994 and re-emerged a new engagement in bilateral relations with the US. In 2016, it marked the end of Obama's bilateral relations policy with South Africa.

US Soft Power: Health Sector

Soft power according to Nye called a concept at caught fire and went on to define the post-cold war era. The hard power *(military, political and economic) are majorly considered, while soft power uses to cement relations on non-political sector. US soft power culture, ideological, human rights, democratic values promotion and its aid in health sector through PEPFAR is going to tested in the paper. US aid assists South Africa to fight against HIV/AIDS epidemic. It called soft power is more powerful than hard power. In the space of soft power, the paper advocates that soft power drives and also one of the influential factor.

The US good governance provides financial and technical aid to South Africa that leads to a good equal social equations and strengthen social health sector. Has US put forward its soft power more post-cold war. A moral nation policy of President Bush as PEPFAR spread its soft power. Spreading human rights and promotion of democratic values were the core theme as the great transformation of US foreign policy. Nye said "soft power could somehow exist on its own. Soft power is and always will be an extension of hard power. Peaceful rise of soft power strategy by the US in the post-cold war coined the new life to their foreign policy in Africa and particular in South Africa.

South African Government Policies to combat HIV/AIDS

South Africa's total population was approximately 41.5 million as per the Household survey in 1995 and counted HIV positive were about 7.6 percentage and a particular percentage of pregnant women with HIV were 10.4 percentage. Comparing the total population of South Africa's in 2016, according to the Statistics South Africa (2016) Community Survey (It's the largest survey conducted by the South African Government between censuses), 'there were 55.6 million populations, females constitute 51 percentages, males 49 percentages, and youth 36.2 percentages'. The population of South Africa is about 0.7 of the world population, but the global burden of HIV/AIDS accounts for about 17 percentages in the same year. The numbers created great concern for the South African Government.

President Nelson Mandela Policies to Combat HIV/AIDS

South Africa elected a democratic government in April 1994 that ended the racial rule. The first democratic President Mandela constituted and transformed South African policy in each sector. The increasing numbers of HIV/AIDS positives have been a great concern in South Africa post-April 1994 election. That's why 'the Department of Health - White Paper' for the transformation of the health services was also initiated. Later, the National AIDS plan for South Africa was launched in 1994. South Africa National AIDS Council (SANAC) is the highest body that advises the South African government regarding HIV/AIDS. SANAC is the highest body advocating, strengthening plans and partnerships and monitoring authority of the government to observe the development in the policies related to HIV/AIDS. In 1997, 'Annual HIV/AIDS and STDs review', 'National AIDS meeting' in South Africa took place. It was chaired by the Deputy President, and attended by 15 government representatives, and also included 16 civil society representatives.

The South African government took responsibility in the health sector. The government took the responsibility of the orphan children, whose mothers died due to HIV/AIDS. In 1998, a new children support grant was also introduced to provide grants to poor households and available for AIDS orphans. In April 1999, the South Africa government planned for making AIDS an alarming illness.

President Mandela's period tried to develop an institutional framework in the health sector mainly that lacked the major HIV/AIDS policy. At the initial stage, the South African government was involved in institutional development and concentrated on policy building in each sector as well.

Mbeki Administration Anti-Science Denial Policies on HIV/AIDS

The Mbeki administration period was the testing time for HIV/AIDS affected population as the numbers increased higher and the president took a denial position. In 2000, President Mbeki questioned the main causes of AIDS and put forward the query in front of the world and South Africa about AIDS. "Has HIV really led to AIDS?" Mbeki failed as the leader of South Africa due to his lack of effort to combat HIV/AIDS. His misinformation about the disease and his political missteps led to thousands of deaths. The uneducated HIV population, costly treatment, and his Health Minister garlic and homemade remedies instead of Anti-HIV drugs created a condition of deaths.

"In the year 2000, it was estimated that 40% of all adult deaths were due to AIDS in South Africa" (Karim and Karim, 2002). In the same year, the South African Health Minister

Dr.MantoTShabalala-Msimang set a panel to discuss the 'AIDS in Africa: The Way Forward' and President Mbeki also had written letters to the US President Bill Clinton and other head of states in search of the real cause of HIV/AIDS.

In the meantime, the Durban conference (July 9-14, 2000) 'Breaking the silence' on AIDS took place. It was the defining movement on AIDS in South Africa. This was initial to conduct an international conference in the developing country with most infected people living. Whereas, the South African government was silent and undecided about the causes and actions for combating AIDS.

In 2000, antiretroviral treatment (ART) was introduced through government health services in *Khayelitsha*in South Africa (WHO, 2008). ART project began in *Gugulethu*in September 2002. In 2004, the South Africa government decided to provide ART and launched the program. That was the result of the immense pressure from the international community. The government increased its spending on the health sector with an average annual rate of 48.2% between 1999 and 2005. In 2003, South Africa opened its plan to receive publicly funded ARV therapy and they built a new strategic plan to combat HIV/AIDS.

'Survey 2002' is an important tool to understand HIV prevalence, behaviour and communication. It was the first such survey that dealt with HIV and South Africa's first national household study of HIV/AIDS. The objective of the ‘2002 survey’ was to notice the change in the treatment which provided by the South African government to HIV/AIDS positive people.

The following policies have been taken by the South African Government during president Mbeki era: -

HIV/AIDS and STI Strategic Plan for South Africa 2000-2005

The National Strategic Plan for South Africa 2000-05 on HIV/AIDS and STD was launched in the wake of the HIV/ AIDS epidemic in the country. The New plan guided all government agencies in the health sector. Post - 1999, the main change was to develop all five years of HIV/AIDS and STDs’ strategic plan. The plan called the wide-spreading diseases which would transform into an epidemic in the country, and on each day South Africans were in contact with HIV. It brought a cluster approach and plan to fight against HIV/AIDS. While the plan lacked commitment and time framework to address HIV challenges.

HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011

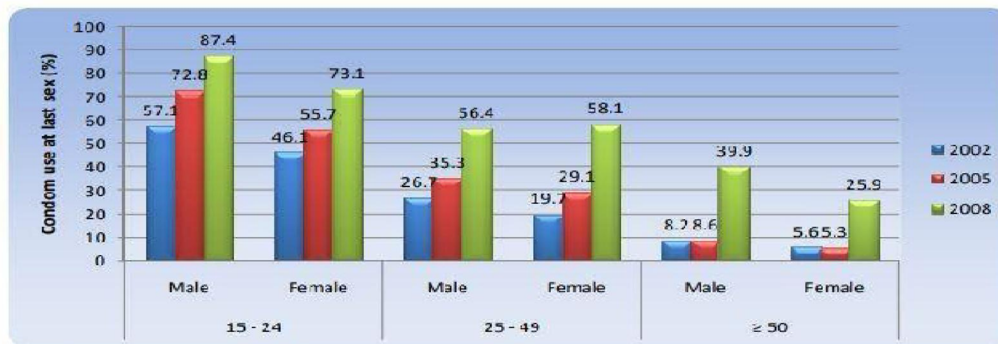
During the time of the Mbeki administration, the second Strategic plan was launched. Although, this plan was a repetition of the previous plan. It provided the basic official information about HIV and its affected population in South Africa and the government accepted the seriousness of the disease. The same set of objectives was there to combat HIV/AIDS. The plan presented the new data on the urban and rural HIV prevalence in the period of 2000-05, it was 17.6 (urban) compared to10.1 at rural level in the Western Cape.

Figure 1, represents that data from Mbeki Presidency that explains South Africans use condoms from each of the age groups in both the genders has increased from 2002, 2005 and 2008 respectively. The highest percentage recorded in the age group was 15-24 used condoms at 73.1 percent female and 87.4 percent male. A sharp increase has been noticed in the age group of 25-49 in both genders. Males increased the use of condoms from 2002 to 2008 by 46 percent and in the same group of females increased by 32 percent. The South African government gained great success in promoting to use condoms and enhance safe sex and mitigate the impact of HIV/AIDS.

The ‘Survey 2002’ observed that the number of people using condoms increased between 2005-08 with the previous period of 2002-05. The use of condoms increased from 46 percent in 2002 to 55.7 percent in 2005 and 73 percent in 2008 respectively. Conduct of HIV tests also increased massively from 12.9 in 2005 to 29.8 percent in 2008. HIV affects the largest population between the periods of the age group of 15-24, especially young women. Women were still in the highest number affected in all age groups were compared to men.

Figure1. Source: South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008.

Figure 11: Condom use at last sex by age and sex, South Africa 2002, 2005 and 2008



SOURCE: South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008

The Strategic Plan 2007-11 had introduced a new strategy to assist people with disabilities. Double stereotypes hurt them badly as the disability and HIV/AIDS marginalized them. The national

HIV/AIDS and STI Strategic Plan 2007-11 had addressed the biggest ill health issues in South Africa. It tried to reach the largest affected population in South Africa. The antiretroviral treatment (ART) should be reached to about 80 percent of the population and the cases should be reduced to a 50 percent rate of HIV incidence rate. When in 2007 post-Mbeki tenure ended the office, the country "developed the most effective HIV/AIDS prevention and care programs" (Cambell, 2013) Mbeki HIV policies can be summarized as the state denial in the causes of HIV and accepting it as the disease.

Jacob Zuma: An Accepting Approach Towards HIV/AIDS

Mbeki's period had been anti-science denial in the context of HIV/AIDS. However, since the election of the Zuma (2008) put AIDS on its top priority agenda. 'Foreign relations: To fight against HIV' was the slogan in the 2009 election in the country. Zuma himself tested HIV publicly and encouraged the public to do so. In 2010, HIV Counselling and Testing (HCT) launched by the South African Health Department. HCT is a crucial campaign and program to address the issues of testing. "The increase in awareness of HIV status was achieved through a national HIV Counselling and Testing (HCT) campaign that aimed to counsel and test 15 million South Africans for HIV"(Ntsepe et al. 2014). Indians and Europeans took initiatives to have a test of HIV/AIDS. The same test was uncommon among (Blacks) natives.

HIV/AIDS and STI Strategic Plan for South Africa 2007-11 the main objectives were to reduce the rate of new HIV infections by 50% by the end of the Plan. The treatment should be given and reached 80% of all the HIV positive people and their families by 2011. The main four priority areas were 'prevention, treatment, care and support, research, monitoring and surveillance, Human rights and access to justice. The NSP (2007-11) targeted to achieve 50% of the target which reduces the vulnerability to HIV infection and the impact of the HIVs. It reduced the sexual transmission of HIV. Its second major priority Area 2- treatment, care, and support to 80% of HIV positive people and their families by 2011.

National Strategic Plan on HIV, STIs and TB 2012-16

The New National Strategic Plan (NSP) (2012-16) for HIV/AIDS, STIs and TB has introduced a new strategy and targeted has been set to reach 80 % people treatment. NSP (2007-12) targeted to reach out to 50 % of the affected population. While NSP (2012-16) would increase targets and have set up to provide treatment for the larger population.

Third NSP shared common goals for HIV/AIDS and TB. Because both the epidemic critically increased ill-health of South Africans and TB affects HIV AIDS patients. The previous plans also addressed these epidemics, but the Third NSP planed massive focus on

both the epidemic equally. It also discussed the medium-term strategic framework covers all aspects such as social and economic development.

US Government's Initiatives to Combat HIV/AIDS

The South African administration was inadequate and very slow to combating HIV/AIDS at initial period. Needless to say, the Mandela government had adopted a strong approach to building infrastructure and the epidemic reached a critical phase during the Mbeki era. Many scholars argued and referred to Mbeki's HIV policy as the case of bad, or even evil public health issues. During the second half of the Mandela administration, the Clinton administration placed immense pressure on South Africa to honour the patent rights of the US companies that developed HIV/AIDS drugs. The initial days of the South African foreign policy had failed to impress global firms. The US support to fight against the HIV/AIDS post-democratic election. South Africa and US relations constantly focus on the health realm.

US President's Emergency Plan for AIDS Relief (PEPFAR)

The bilateral relations with the US and South Africa can create and develop health diplomacy in general and HIV/AIDS in particular focus. US President Bush launched PEPFAR was the soft power skill of the US foreign policy and as development assistance programs. The South African foreign policy has lost its credibility due to its Mbeki's denialism. The best part of it was that South Africa has had included the health initiative in its foreign policy which very few states had done. The national AIDS test for treatment programs had also been included.

PEPFAR mainly deals at the multilateral level. President Bush and his foreign policy legacy cherished the PEPFAR and his vision to combat terrorism. The rest of the foreign policy and diplomacy was criticized. But his 'health diplomacy was appreciated. PEPFAR was the most laudable foreign policy in the health sector. The health reflected and integrated into partner states' foreign policy. In addition, in 2003, the PEPFAR five-years plan to combat the one epidemic by a single state underlines the importance of the epidemic at the global level. Health is not an issue of a single country rather it's a global concern, it transmits from one airport to world airports. During the period from "2000 to 2005 more than 330,000 South African suffered and died preventable deaths and more than 50,000 infants were born HIV positive because the government prevented their mothers from accessing medication that would have restricted postnatal transmission of the virus (Fourie, 2013)".

President George W Bush understood that the large population carried the infection in Africa and only 50,000 AIDS victims received the needed medicine to severe to the epidemic. US Congress passed in May 2003 the President's Emergency Plan (PEPFAR) for AIDS relief as the law. "The US had spent more than $50 million on the test and treatment, nearly 10 million people around the world now access the ARTs and treatment for two-third of these people are directly supported by PEPFAR" (NPR, 2013). The PEPFAR is the taxpayers' money the US has been given to the AIDS-affected states mainly in Sub-Saharan states.

The South African president welcomed and US President Bush in the South African Union Building in 2003. The US is a crucial ally to South Africa and for the African continent. Both the leaders covered a wide range of bilateral and multilateral issues. Both presidents discussed an action plan to combat HIV/AIDS. South Africa, the most affected country recently increased the HIV/AIDS budget to combat the epidemic. President Bush at the same time increased new efforts to fight and assist the government level and privately to fight the disease for the five-years plan and the US will send the "$ 15 billion in the global fight against AIDS" (Fouries, 2013).

PEPFAR also allowed to work after the report of Joint Health and Treasury Task Team Report (2003) as a nationwide program and plan for ART operated. It was initiated and finally began in April 2004 in South Africa. The ART program targets were set up to reach in each district. While It could not achieve the said target only provide tertiary facilities through hospitals. In 2005, only 85000 people received ART just 5 percent of facilities (only 199 public health care facilities have been provided in 2005 when the program ended. By the next plan approved by the cabinet in 2006, for the targeted period of 2007-11 and the

target has been set up to reach 80 percent of the infected population by December 2007, An estimated 424009 patients received ARVs. And by December 2008, the number had been increased to 678, 555 ARVs receiving patients.

The road map of the government of the US in the case of HIV/AIDS to strengthen the local government and PEPFAR are mainly the president's plan to give assistance to infected countries. The road maps for monitoring and implementing policy reforms in the government influenced the responsibility of the government.

PEPFAR was a great initiative by a single government to launch to fight against a single disease and a large financial commitment. It's an emergency response by the US government to tackle HIV/AIDS in Sub Saharan Africa. It allotted $ 15 billion for a period of five years to combat HIV/AIDS, TB and Malaria. But, mainly the amount allotted to HIV/AIDS-affected countries. In 2003, about 7 percent of the affected population received HIV treatment. PEPFAR, the initial authorization from US Congress called for 55 percent funding to be spent for treatment. "PEPFAR's $ 54 billion authorizations for 2003-2013 contributed the largest health initiatives focused on a single disease".

"Since 2004, PEPFAR has invested more than $5.6 billion in South Africa’s HIV/TB response, helping to support an unprecedented expansion of prevention, treatment, and care services. South Africa represents the largest national HIV and AIDS program in the world, and funds more than 75 percent of its own national response." (US Embassy & Consulate, South Africa, 2016).

President Bush visit (2003) was significantly important to create awareness about the HIV/AIDS epidemic according to Myra Sessions “The PEPFAR law authorized spending of up to $15 billion over five years: 2004-2008 and South Africa received $ 89,272,988 in FY 2004 and $ 148,187,427 in FY 2005 respectively”. He made fighting AIDS as a personal commitment. Bush appointed Randall Tobias as head of the AIDS initiative. The other side of the picture was that Tobias was head of the pharmaceutical company might take the side of the big drug companies.

While South Africa received 57% of total funds and only utilized 14 % of these funds. The numbers of HIV positive in South Africa have increased since 2008. Poverty and inequality lead to HIV/ AIDS epidemic, increasing funding also could not reduce the number of the newly affected population.

President Barack Obama Contribution to combat HIV/AIDS in South Africa

In 2008, When Obama came into power in the US at the same time the Zuma administration had already made robust policies. And the US share of HIV//AIDS had been declining from 60-65 percent of the total commitment to 30-35 percent funding. In addition to it, the South African government increased sharply its budget to fight the nightmare disease.

Result for Development Institute (R4D) began under the PEPFAR support in 2011 and focused on three main areas. Its' cooperation among the US, South Africa and Nigerian governments such as assisting the PEPFAR team in South Africa, made plans for the spending on HIV. An agreement had been signed by the US Ambassador and South African Health Minister in 2012. The R4D had been working since then to improve HIV tracking and measurement between PEPFAR and the South African government with joint annual planning and budgeting.

In 2013, President Obama used his vision to end aid and announced an 'HIV/AIDS-Free Generation' to increase the treatment of mothers to children so that the epidemic did not pass and reduce the risk to new generations. This statement was historic because Obama was criticized for his HIV/AIDS policies. President Obama visited an AIDS hospital in 2013 at the 'Archbishop Desmond Tutu HIV Foundation Youth Centre (DTHF) based in Cape Town, South Africa. DTHF received funds from PEPFAR. According to Obama (2013), 'South Africa made remarkable progress in its response to AIDS'. According to the Centre for Strategic and International Studies (CSIS) Global Health Policy, "In 2012, both the government signed another agreement to combating HIV/AIDS known as "Partnership Framework

Implementation Plan (PEIP) laying out a detailed and mutually agreed five-year timeline" (CSIS Report, 2013). At the same time, the South Africa government strategic plan (2012-16) gave them a new framework to secure the future. Both the states established several new bodies for the smooth function of the aid transition to deepen to ties on the field of HIV/AIDS and build coordination among other aid donors such as PEPFAR and Global Fund to fight AIDS, TB, and Malaria - to do better coordination. Through the 2012 agreement, the US enhance its contribution from service delivery to technical assistance.

Most interestingly facts about South Africa as its government cover more than 70 percentage of the total national HIV/AIDS expenditures has assumed lead responsibility -politically, financially and organization - to meet ambitious targets to expand HIV/AIDS treatment, care and prevention activities. "There were about 2.5 million persons on antiretroviral treatment in South Africa. On the meanwhile, PEPFAR supported 1.7 million in (CSIS Report, 2013)". Despite the huge progress in combating HIV/AIDS, in "there is more 17.3 percentage of the adult are infected with HIV/AIDS and the significant rates of new infection remain among the highest in the world. Gender disparities are a crucial factor drive of HIV/AIDS with social and structural raises the risk of the epidemic among females.

In 2016, South Africa health minister Aaron Motsoaledi launched a 90-90-90 treatment target by September 2016. South Africa among the first nations at the global level adopted this policy according to the guidelines of WHO for HIV treatment. The Provision of HIV treatment for all is estimated to cost an additional $ 66 million per year and will be paid by South Africa from domestic resources in this year's budget (UNAIDS, 2016). While much success has been achieved by the country's HIV treatment programme, with approximately 3.5 million people on HIV treatment today, the number of new HIV infections is unacceptably high, with an estimated 340 000 new HIV infections in 2014" UNAIDS, 2016.

The below **table 1,** represented the financial assistance of the US to South Africa from 2010 to 2014. It shows the disinterest of the US government in the real sense of and decline in the funds in the fighting against HIV/AIDS. "South Africa in 2010 $ 560.4, 2011 $ 549.1, 2012 $ 523.7, 2013 $ 484.0 and 2014 $ 259.0, respectively (United States Department of States, 2016)".

Below is a table of PEPFAR South Africa's budget representing its major program areas:

Fiscal Year	South Africa Program Planned Area Totals and Percentages								
	PREVENTION	% of Total Fiscal Year	CARE	% of Total Fiscal Year	TREATMENT	% of Total Fiscal Year	GOVERNANCE & SYSTEMS	% of Total Fiscal Year	TOTALS
2010	$ 154,261,510	28%	$ 136,073,992	24%	$ 196,996,694	35%	$ 73,073,565	13%	**$ 560,405,761**
2011	$ 152,616,905	28%	$ 134,243,428	24%	$ 190,269,450	35%	$ 71,961,068	13%	**$ 549,090,851**
2012	$ 176,335,520	34%	$ 117,043,677	22%	$ 161,584,320	31%	$ 68,777,334	13%	**$ 523,740,851**
2013	$ 140,770,041	29%	$ 128,987,645	27%	$ 144,963,713	30%	$ 69,278,601	14%	**$ 484,000,000**
2014	$ 69,780,161	27%	$ 64,926,347	25%	$ 77,818,085	30%	$ 46,475,407	18%	**$ 259,000,000**
Total 2010-2014	**$ 693,764,137**	**29%**	**$ 581,275,089**	**24%**	**$ 771,632,262**	**32%**	**$ 329,565,975**	**14%**	**$2,376,237,463**
2016 (est)	**$ 89,780,011**	**26%**	**$ 90,461,458**	**26%**	**$ 109,833,001**	**32%**	**$ 56,475,530**	**16%**	**$ 346,550,000**

*Totals include planned funding for all accounts.
**FY 2015 programmatic funding levels are "To Be Determined" pending approval of all Country Operational Plans. Upon approval of the FY 2015 Country Operational Plans, a detailed FY 2015 PEPFAR Operational Plan will be issued that details each country's programmatic allocations.

Source: Office of the United States Global AIDS coordinator
https://www.pepfar.gov/documents/organization/241600.pdf

Analysis and Findings of the Paper

Journalist Helen Epstein (2000) articulated that "AIDS was the greatest threat in the country's history. The disease nightmare of South Africa was HIV. Because deaths soared and the country did not mourn. Most nations heavily depended on the government machinery to assist. It was mostly ignored during the Mbeki

period with modern treatment. The Zuma administration developed a new mechanism and a new strategy.

The Mandela administration initially building and establishing democratic institutions and did not do much in preventing HIV/AIDS. But, at the end of the era of Presidency of Mandela, he considered it to be an alarming epidemic.

The National Strategic Plans from 2000 to 2016 could not be delivered their promises, as the number rises leaps and bounds and the policies tried to cover most of the HIV AIDS positive cases. But the policies were insufficient and targets were incomplete. While the numbers of HIV/AIDS sored the un-achievement of the policies. The targets were not discussed and disclosed by the South African government.

Another aspect of the story was that South Africa would like to shift its aid receiver policy to enhance trade and being an economic partner of the US. It would enhance the trading ties between both the countries and boost confidence in both the corporations. According to Morrison "The story of engagement between both countries has a massive role to play in HIV/AIDS realm". However, South Africa decides to take the lion's share through its own policies in case of HIV/AIDS. Aid assistance during President Clinton had been declined throughout his tenure. The Aid diplomacy had again come in the foreign policy of the Bush Administration due to his terrorism agenda as observed by Van de Walle (2010).

The best policy of the US was PEPFAR combating the epidemic. Whereas there were several challenges in front of the PEPFAR as described by its ground team in the partner country such as the timeline of guidance, country ownership, lack of team ground model implemented. 'One-fit-for-all could not be fit in each partner country. The approach must be varied from country to country and the ground team must have the capacity to make the final decision. The mission team can decide through its planning and coordination with the partner country.

The debate on how the funds had to be spent was much of the concern of the South African government. "Since 2004, The US government had committed more than $ 4 billion to combat HIV/AIDS in South Africa - the largest the US investment in HIV/AIDS worldwide", (Morrison and Summers, 2013).

According to KMVM's in 2013 report "the estimated donor collective average per year was $7.6 billion, in which US contributing an approximated 61% of total funding" The Irony of this fund, according to the BKVM's report "Sub-Saharan Africa was the largest recipient of all donations at 57 percentage, total consumption role with South Africa utilizing 14 percentage of these funds. It can be analysed that South Africa was utilizing its own resources. The country lacked policies in spending. It's a hurdle to reach to needed patients. There was a lack of fund spending that was largely unclear under the PEPFAR. Despite, the fact the US was monitoring fund spending.

The corruption at the government level could be one of the reasons not to spend the funds. Recommendations to improve the situation in the country could be - a) Transparency between donor and recipient government and between the distribution chain. b) Lack of awareness about the disease, population increase creates a constraint to fight the epidemic. South African government receives ample funds to give better treatment. In spite of increasing funds do not reduce the number of HIV patients in the country. The pour of billion of dollars to support South Africa had not been effectively utilized. The crystal transparency into the distribution chain is much needed. If, the government decides to decrease the number of HIV patients.

In 2013, President Obama used his vision to end the aid and announced an 'HIV/AIDS-Free Generation' to increase the treatment from mothers to children to prevent the epidemic and reduce the risk to new generations. This statement was historic because he was criticized to reduce the funds allotted for HIV/AIDS policies. He visited an AIDS hospital 'Archbishop Desmond Tutu HIV Foundation Youth Centre (DTHF) based in Cape Town, South Africa in 2013. DTHF received funds from the PEPFAR. According to Obama (2013), 'South Africa made remarkable progress in its response to AIDS'.

The PEPFAR changed its policies from delivery services to technical providers in 2010. In the same year, the US - South African government signed the agreement between Hillary Clinton and her South African counterpart Nkoana-Mushubama, which was more focused on providing technical support.

In 2011, South Africa recorded a 41% reduction in new HIV infections compared to 2001. The scale-up of HIV treatment programs in the country enabled more than 2 million people living with HIV to access life-saving treatment and care services in 2012 and between 2009-2012, new HIV infections among children declined by 63% in the country." (UNAIDS, 2013)

South Africa launched its largest antiretroviral treatment which was largely supported and financed from its own domestic resources. "In 2015, the country was investing more than $ 1.34 billion annually to run its HIV program" (AVERT, Global Information, and education on HIV and AIDS, 2016). Following Figure 2, data the number of HIV Positive people received from 2009 to 2016, from 616,337 to 3,929,000 people received the treatment. Overall the number of the percent increased at 118 percent. In the initial four years 2009-2012, it increased by 135 percent. Therefore, HIV positive people receive ART and raised life expectancy also. In the next four years 2013-2016, the data represented the number of ARV receivers increased by 33 percent only.

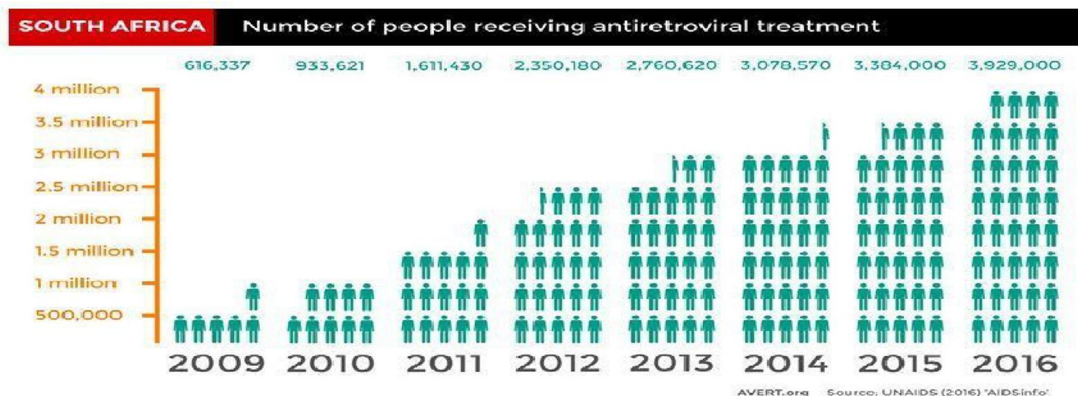


Figure 2, South Africa, the Number of People Receiving Antiretroviral Treatment, 2009-2016. Source: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa

Concluding Remarks

South Africa's progress in the HIV/AIDS sector can be measured with the policies of their governments. But, the government could not receive a positive outcome, because the failure of policies lied in its extreme social disparity in the society, which was the major hurdle of the treatment.

Meanwhile, South Africa took the responsibility of 78 percent of funding by its own government, US government (17 percent) and the Global Fund (5percent) in 2016. The country also adopted UNAIDS 90-90-90 targets in the case of HIV/AIDS programs according to WHO guidelines.

The paper tested the hypothesis that 'US aid in South Africa's health sector has very little impact on the bilateral relations'. It justifies the hypothesis that South Africa has done its main cost of HIV/AIDS patients. According to the Global fund "More than 80 percent of all spending on HIV and TB is domestically funded". South Africa reduced the number of new infections from 490, 000 in 2006 to 270, 000 in 2016. The Third NSP 2012-16 set the target to reach out treatment of 80 % of the affected population. Hence, according to the Global Fund 56 % of those needed ARV treatments have access to that. The counselling and testing had been very positively accepted, as 80% of all South African known HIV status.

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