Implications of scarcer resources for 90:90:90

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Southern African HIV Clinicians Society
October, 25, 2018
The big picture

South Africa (2017)

- 7.2m people living with HIV
- 18.8% adult HIV prevalence (ages 15-49)
- 270,000 new HIV infections
- 110,000 AIDS-related deaths
- 61% adults on antiretroviral treatment*
- 58% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2018

Source: Olorunfemi, Int Journal of Cancer 2018
The South African good story

- Biggest HIV treatment programme in the world.
- Largely funded from own resources – 13% from external sources
- World class progressive policies
- Great strides in tackling the HIV epidemic in recent years
- New HIV infections overall have fallen by half in the last decade
- HIV prevention initiatives have had a significant impact on PMTCT rates
Ambitious targets

PREVENTION TARGETS FOR 2022

Reduce NEW INFECTIONS OF HIV
from 270 000 per year to less than 100 000

Reduce NEW TB INFECTIONS
from 450 000 per year to less than 315 000

Reduce NEW STI INFECTIONS
and identify ASYMPTOMATIC INFECTIONS

HIV TREATMENT TARGETS FOR 2022

90% of PLHIV know their status

90% of people who know their status receive ART

90% of those on ART have a suppressed viral load

TB TREATMENT TARGETS FOR 2022

Diagnose 90% of people with TB (including key populations)

Treat 100% of people with TB

TREATMENT SUCCESSFUL
Drug-susceptible 90%
Drug-resistant 75%
Decrease TB mortality by 30%

SA National Strategic Plan on HIV, TB and STIs 2017-2022 (2017)
More targets

- 90-90-90 target is 6,100,000 on ART
- 95-95-95 target is 6,750,000 on ART

Source: SA National Strategic Plan on HIV, TB and STIs 2017-2022 (2017)
“This year, we will take the next critical steps to eliminate HIV from our midst. By scaling up our testing and treating campaign, we will initiate an additional two million people on antiretroviral treatment by December 2020.”

President Cyril Ramaphosa, State of the Nation Address, February 16, 2018
Where are we now?

270,000 infections per year

90-90-90 Cascade - Total Population
(Jun 2018 - South Africa)

Source: SA National Department of Health 2018

Quality of care

WITS RHI

Source: SA National Department of Health 2018
Diminishing resources

Antiretroviral Drugs:
Demand > Supply with additional 2 million people on ART by 2020

Human Resources for Health: Supply < Demand
Human Resources for Health status in SA

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Sum of Variance Available Operational Manager/ Facility Manager</th>
<th>Sum of Variance Available Professional Nurse /CNP</th>
<th>Sum of Variance Available Medical Practitioner</th>
<th>Sum of Variance Available Enrolled Nurses</th>
<th>Sum of Variance Available Pharmacy assistant</th>
<th>Sum of Variance Available Pharmacist</th>
<th>Sum of Variance Available Lay Counsellor</th>
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Positive number denotes shortage

Source: WISN Staff Partial Profile 2016-2017
Threats to the epidemic

- Staff: Patient ratios too high
- High staff turnover

- Community Health Workers:
  - Underutilised
  - Not adequately trained
  - Supervision
  - Stipend debates

- Nameless and faceless system: patients getting ‘lost’
Is external funding sustainable?

Funding South Africa's HIV Response: 2017 Projections

Source: theglobalfund.org
Implications: Lest we forget where we come from
We have to work together

Community and Faith Based Organisations
SA Government and the Department of Health
Civil Society
Non Profit Organisations
Academia
Turning the pyramid of care upside down

- Community Health Workers
- Lay Counsellors/Enrolled Nurses/Pharmacy Assistants
- Clinicians
Investment case for CHWs

• If the number of CHWs increased to 96,000 and each were paid a stipend of R2,500/m, and training costs, equipment and supervision were included – this would amount to 15% of the current public sector PHC expenditure.

• Over 10 years this would lead to cost savings owing to deaths averted, and would contribute to economic growth due to employment of women as CHWs.

• Daviaud E, Besada D, Budlender D, Sanders D, Kerber K. Saving lives, saving costs: Investment case for community health care workers in SA, Cape Town: South African Medical Research Council, 2018
Can we afford to take our foot off the pedal?

Debate
Thank you
Acknowledgements

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Dr Jenny Nash