PEPFAR South Africa Update

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South Africa HIV Clinicians Society
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Total number of people living with HIV/AIDS (PLHIV)

- 35M PLHIV
- 52M PLHIV
- 79M PLHIV

$8 billion in additional Tx cost/year

$31 billion in additional Tx cost/year

44M PLHIV


Constant coverage (%) Expanded coverage (%)
Global HIV Funding Has Plateaued and is projected to remain flat

Values in USD, Billions

Source: Kaiser Family Foundation and UNAIDS, 2015
Investment Case budget envelope based on planned spending by the three main funders

Funders

- ZAR 19.6 billion
- ZAR 21.1 billion
- ZAR 21.7 billion

<table>
<thead>
<tr>
<th>Year</th>
<th>Fund 1 (ZAR)</th>
<th>Fund 2 (ZAR)</th>
<th>Fund 3 (ZAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/2015</td>
<td>15,000</td>
<td>4,600</td>
<td>2,000</td>
</tr>
<tr>
<td>2015/2016</td>
<td>18,000</td>
<td>4,100</td>
<td>2,600</td>
</tr>
<tr>
<td>2016/2017</td>
<td>18,000</td>
<td>4,500</td>
<td>2,200</td>
</tr>
</tbody>
</table>
PEPFAR’s 3 Guiding Pillars
Delivering an AIDS-Free Generation with Sustainable Results

Accountability
Demonstrate cost-effective programming that maximizes the impact of every dollar invested

Transparency
Demonstrate increased transparency with validation and sharing of all levels of program data

Impact
Demonstrate sustained control of the epidemic – save lives and avert new infections
Policies and Program Guidance

- South Africa National Development Plan and National HIV/TB Strategic Plan

PEPFAR 3.0 - Agendas

Global/Multilateral Guidance and Best Practice
Defining “A Sustainable HIV Response”

Sustainability is not only about funding.

A sustainable response can only be achieved when the epidemic is under control and no longer expanding.

How can we achieve epidemic control?

✓ Right things
✓ Right places
✓ Right now
✓ Right way
The **Right Things** to achieve epidemic control

- Expand access to ART: test and start for everyone
  - Develop alternative service delivery models
  - Supply chain management: improve tendering & costs
- Prevent new infections in young women (15-24): DREAMS
- Prevent new infections in men (15-45): VMMC & treatment
Aligning with Evidence-Based Strategic Decisions using the Investment Case

HIV Results: Optimisation

<table>
<thead>
<tr>
<th>Intervention</th>
<th>ICER ($/LYS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom availability</td>
<td>Cost saving</td>
</tr>
<tr>
<td>Male medical circumcision</td>
<td>Cost saving</td>
</tr>
<tr>
<td>ART at current guidelines</td>
<td>106</td>
</tr>
<tr>
<td>PMTCT</td>
<td>138</td>
</tr>
<tr>
<td>Universal treatment 90/90/90</td>
<td>243</td>
</tr>
<tr>
<td>Infant testing at 6 weeks</td>
<td>274</td>
</tr>
<tr>
<td>SBCC campaign (HCT, reduction in MSP)</td>
<td>761</td>
</tr>
<tr>
<td>SBCC campaign (condoms)</td>
<td>1,216</td>
</tr>
<tr>
<td>General population HCT</td>
<td>1,233</td>
</tr>
<tr>
<td>SBCC campaign 3 (condoms, HCT, MMC)</td>
<td>1,819</td>
</tr>
<tr>
<td>HCT for sex workers</td>
<td>644</td>
</tr>
<tr>
<td>Infant testing at birth</td>
<td>2,937</td>
</tr>
<tr>
<td>PrEP for sex workers</td>
<td>9,894</td>
</tr>
<tr>
<td>HCT for adolescents</td>
<td>19,546</td>
</tr>
<tr>
<td>PrEP for young women</td>
<td>26,216</td>
</tr>
<tr>
<td>Early infant male circumcision</td>
<td>53,785,494</td>
</tr>
</tbody>
</table>

The **Right Places** for epidemic control

- Focusing limited resources on the highest burden areas
  - Strategic scale-up
  - Refine approach to targeting interventions
  - Collect & use facility-level data
  - Use programmatic data for continuous evaluation of investments
South Africa PEPFAR Priority Districts

27 High-burden Districts
PEPFAR working closely with NDoH, provinces, districts and SANAC to support enhanced planning at facility and district levels (including structural issues)

| District targets and strategies for HIV and TB | Integrate PEPFAR partner work plans into DIPs | Support and facilitate DIP process and data use in decision making at all levels |
South Africa PEPFAR Priority Districts and Estimated ART Coverage

US FY14 as of Sept 2015
Program Alignment in High Burden Districts for ART, HTC, VMMC and OVC (SA and PEPFAR targets Sept 2016-Oct 2017)
Right Now: Urgent need to control epidemic

• Achieving a sustainable response requires immediate action and focus

• We have a limited window to recalibrate response
  – Use of granular ‘real-time’ data to direct investments
  – Open sharing of data & transparency needed

*Do we have the collective will to focus, and to make difficult choices together to achieve epidemic control?*
South Africa
Continued Focus for Impact to Achieve 90-90-90
High-impact prevention programs (VMMC, DREAMS)
Focus on key populations, men and young women
Intensification of HTC efforts – scaling best practices
Decanting stable patients
Viral load coverage improvements including clinic-lab interface
Health System Strengthening
Medical Male Circumcision

- 4.3 Million
  NATIONAL VMMC TARGET

- 1.3 Million
  PEPFAR VMMC CONTRIBUTION
  TO SEPT 2015

- ~845 Thousand
  PEPFAR VMMC TARGET
  COP15-16

PEPFAR VMMC Annual Contribution 2010 – Sept 2015
Exclusive Waiting Area
TB/HIV

- **TB Screening.** TB symptom screening for all PLHIV, children, pregnant women, prisoners, miners, and peri-mining community members.

- **HIV Testing.** HIV testing for all TB suspects and immediate ART for all co-infected patients. INH prophylaxis for all HIV+ populations per national guidelines.

- **Treatment Completion.** Active follow-up of co-infected patients to ensure treatment completion.

- **Diagnostics.** Laboratory investments for TB diagnostics.
# Differentiated Service Packages for Adherence/Retention

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Service</th>
<th>Community</th>
<th>Facility</th>
</tr>
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<tbody>
<tr>
<td><strong>Newly Diagnosed</strong></td>
<td><strong>Test &amp; Offer</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Fast-track initiation</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Adherence counselling and education</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Disclosure support</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>TX_NEW support groups</strong></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Interactive reminders (SMS, social media apps, CHW call)</strong></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Stable</strong></td>
<td><strong>Decanting Patients</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Adherence Clubs</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>2-3 month drug supply</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Spaced/Fast Lane Appointments</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Community-based dispensation of ARVS (clubs, PDUs)</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Patient Services through GPs</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Unstable patients</strong></td>
<td><strong>Regular appointment reminders until stable</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Enhanced Adherence Counseling</strong></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>Tracking and Tracing LTFU</strong></td>
<td></td>
<td>X</td>
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Building Sustainable Community ART Support

• Home-Based Care Givers to be trained as Community Adherence Club leaders
• Innovative Medication Pick-Up Points
• Online App for R/x Adherence in development
Men: Who is infecting whom?

Africa Centre identified phylogenetically linked HIV transmission networks in Hlabisa

- High HIV incidence men mean age 27 years (range 23-35 years)
- Men and women > 24 years usually acquire HIV from similarly aged partners
- Very young women acquire HIV from men, on average, 8 years older
- High HIV risk women Mean age 18 years (range 16-23 years)
- When teen women reach mid-20s they continue the cycle

Innovations to Reach Men
(20-40 year olds)

- Partner notification/contact tracing
- Clinic flexi-hours
- Targeting informal settlements and populations
- Testing in key population hot spots and in places where men congregate e.g. farms; workplaces; job-seeking sites; skills training colleges
- Pilots of self-testing with linkage to treatment
Mitigate the Impact of HIV on OVC

- Support the Department of Social Development National Action Plan for OVC
- Prevent HIV infection in the 0-18 age group
- Ensure OVC receive appropriate HIV services, including linkages to pediatric treatment
- Community-based responses to protect vulnerable and at-risk children (child survivors of abuse and gender-based sexual violence, children living with sick or elderly caregivers)
Health Systems Strengthening

• **Strengthen supply chain management, including CCMDD**
  – Central Chronic Medicines Dispensing and Distribution

• **Health Management Information Systems Strengthening**
  – Support for Tier.net expansion and integration with Tuberculosis Health Information System and web-based DHIS
  – Linking lab results and clinical files

• **Private Sector Engagement**
  – Contracting private sector health service providers (e.g., General Practitioners)
  – Public Private Partnerships

• **Supporting Epidemiological Information**
  – Key Populations size estimation, mapping, and Integrated Bio-Behavioral Survey
South African Government Partnerships

**health**
Department: Health
REPUBLIC OF SOUTH AFRICA

**social development**
Department: Social Development
REPUBLIC OF SOUTH AFRICA

**basic education**
Department: Basic Education
REPUBLIC OF SOUTH AFRICA

**national treasury**
Department: National Treasury
REPUBLIC OF SOUTH AFRICA

**higher education & training**
Department: Higher Education and Training
REPUBLIC OF SOUTH AFRICA

**the doj & cd**
Department: Justice and Constitutional Development
REPUBLIC OF SOUTH AFRICA

**correctional services**
Department: Correctional Services
REPUBLIC OF SOUTH AFRICA

**defence**
Department: Defence
REPUBLIC OF SOUTH AFRICA
Activities with Other South African Government Organizations

**Medical Research Council**
- Developing evidenced-based strategies and policies to strengthen national health system capacity and improve linkages to care

**Human Sciences Research Council**
- Strengthening the HIV/TB response through surveillance and epidemiologic data

**National Health Laboratory Service**
- Collaboration with NHLS and the National Institute for Communicable Diseases to ensure improved quality of patient care through strengthening laboratory objectives

**Council of Scientific and Industrial Research**
- TB infection control policies, innovations and implementation
South Africa DREAMS

**Geographic Focus Areas**

1. eThekwini
2. uMgungundlovu
3. Johannesburg
4. Ekurhuleni
5. uMkhanyakude

**GOAL:** 40% HIV incident reduction over 2 years

**Priority subpopulations/groups**

- AGYW in/out of school
- Orphans and Vulnerable Children
- Young Women 20-24, including sex workers
- Male sex partners
DREAMS Initiative

Core Package of Evidence-Based Interventions
HIV & Violence Outcomes

- Mobilize Communities for change
- School-Based Interventions
- Parenting/caregiver Programs

- Reduce Risk of Sex Partners
  - Characterization of male partners to target highly effective interventions (ART, VMMC)
  - Youth-friendly sexual and reproductive health care

- Empower Girls & Young Women and reduce risk
  - Social Asset Building
  - Social Protection (Cash Transfers, Education Subsidies, Combination Socio-Economic Approaches)

- Strengthen Families
Strengthening Civil Society, including FBOs

- PEPFAR has committed $10 million to the Robert Carr Civil Society Networks Fund over the next three years to build the capacity of civil society.
- $4 million two-year initiative PEPFAR/UNAIDS faith initiative.
- PEPFAR with the Elton John AIDS Funds has committed $10 million to support key population advocacy.
- DREAMS innovation Challenge Fund.


- PEPFAR 3.0: Controlling the Epidemic: and Delivering on the Promise of an AIDS-free Generation

- PEPFAR South Africa
  https://za.usembassy.gov/our-relationship/pepfar/
Thank You