

South Africa's National HIV Programme



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Overview



- The HIV and AIDS sub-programme at NDOH is responsible for:
 - policy formulation, coordination, and monitoring and evaluation of HIV, AIDS and sexually transmitted diseases services.
 - Manages and monitors the HIV conditional grants
- Coordinates the implementation of the National Strategic Plan on HIV, STIs and TB, 2017-2022
- Guiding documents:
 - NDP 2030:
 - NDoH Strategic Plan
- Health & Wellness campaign



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Epidemic overview



- In 2016, there were an estimated **7 100 000 [6 400 000 – 7 800 000]** people living with HIV in South Africa.
- New HIV infections declined by **29%** between 2010 and 2016, with an estimated **270 000 [240 000 – 290 000]** new HIV infections in 2016.
- An estimated **110 000 [88 000 – 140 000]** people died of AIDS-related causes in 2016, a **49%** decline from 2010.
- Adult women (15+ years) comprise **61%** of the people living with HIV in South Africa, and **58%** of new infections and **50%** of deaths.
- There were equal number of deaths among adult men and women aged 15+ years.
- New HIV infections among children (0-14 years) have **more than halved** between 2010 and 2016, with an estimated **12 000 [9 600 – 22 000]** new HIV infections in 2016.



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NDP 2030



- Raise the life expectancy of South Africans to at least 70 years
- Ensure that the generation of under-20s is largely free of HIV
- Significantly reduce the burden of disease
- Achieve an infant mortality rate of less than 20 deaths per thousand live births, including an under-5 mortality rate of less than 30 per thousand.

NSP Goals



Goal 1

Accelerate prevention in order to reduce new HIV and TB infections and new STIs – sexual risk reduction programmes for HIV and STIs, biomedical prevention interventions



Goal 2

Reduce illness and death by providing treatment, care and adherence support for all – scale up HIV testing, improved ART, TB treatment and care, STI treatment



Goal 3

Reach all key and vulnerable populations with services that are tailored to their specific needs – meaningful engagement of KPs, improve service access for KPs



Goal 4

Address social, economic and cultural factors that add fuel to the HIV, TB and STI epidemics – address socio-economic factors i.e. food security, economic empowerment, substance abuse/addiction, GBV



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NSP Goals (cont.)



Goal 5

Ground the HIV, TB and STI programme in human rights principles – legal literacy, access to legal services, community support groups, SBCC campaigns, sensitisation of healthcare workers



Goal 6

Promote leadership at all levels and shared accountability for delivering this plan – asserting ownership through integrated leadership to drive implementation plans



Goal 7

Mobilise resources to support achievement of the NSP and ensure a sustainable HIV, TB and STI programme – front-loading, improve efficiencies, innovative financing mechanisms



Goal 8

Strengthen the gathering and use of information to make the NSP successful – evidence informed planning, decision making, support scientific research, strong SCM of drugs and commodities, human resources for health



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Targets



Programme	Targets (2018/19)
HTS	14 000 000
Condoms	Male : 953 152 462
	Female: 10 000 000
TROA	5 Million
MMC	600 000



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UNAIDS Investment Framework

2. CRITICAL ENABLERS

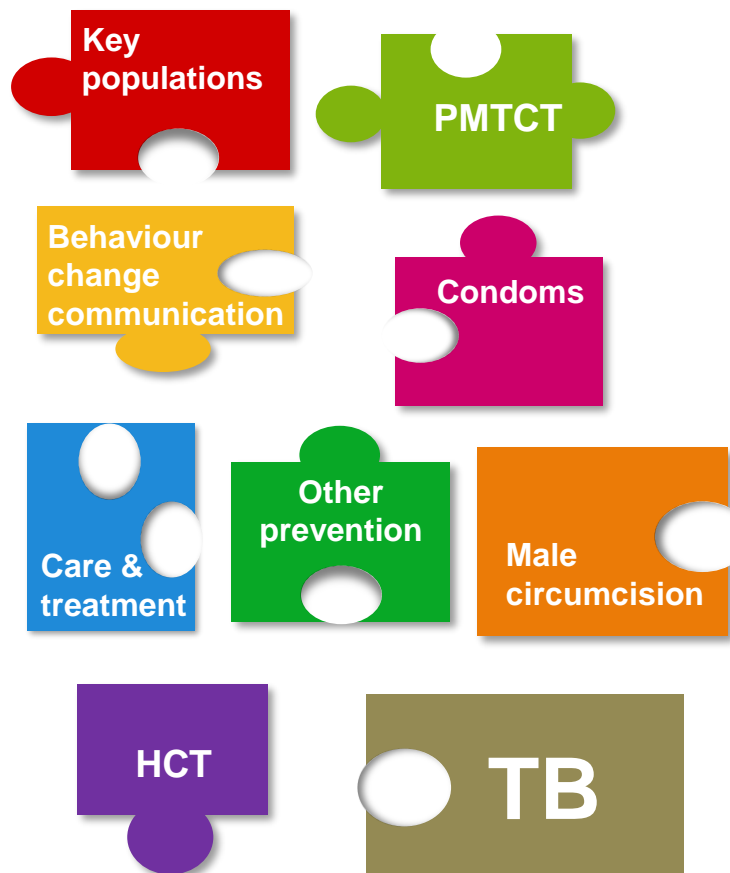
Social enablers

- Political commitment & advocacy
- Laws, policies & practices
- Community mobilization
- Stigma reduction
- Mass media
- Local responses, to change risk environment

Programme enablers

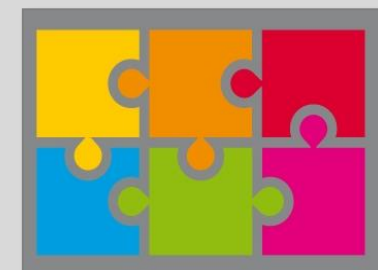
- Community-centered design & delivery
- Programme communication
- Management & incentives
- Production & distribution
- Research & innovation

1. BASIC PROGRAMME ACTIVITIES



OBJECTIVES

Stopping new infections



Keeping people alive

3. SYNERGIES WITH DEVELOPMENT SECTORS

Social protection; Education; Legal Reform; Gender equality; Poverty reduction;

Gender-based violence; Health systems (incl. treatment of STIs, blood safety); Community systems; Employer practices.

Key questions to the Investment Case



- How much does it cost to fund the **current HIV and TB programmes** in the medium/long term?
- How much does it take to get to **90/90/90 for both HIV and TB by 2020** and what is the most cost-effective way of doing so?
- What is the impact of **maximising the efficiency** of the HIV and TB programmes?
- What is the **impact of the critical enablers** and how much will it cost to fund them?



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Optimisation results - IC



Intervention
Condom availability (90%)
MMC (90%)
SBCC campaign 1 (90%)
MMC age group targeting
Testing at 6 weeks (90%)
ART at current guidelines (85%)
PMTCT B+ (60%)
HCT (90%)
SBCC campaign 3 (90%)
Universal test and treat (90%)
Testing of adolescents (90%)
Birth testing (90%)
PrEP for sex workers (90%)
Microbicides (90%)
PrEP for adolescents (90%)
PrEP for discordant couples (90%)
Condom education (90%)
Early infant male circumcision (90%)



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Costing and Planning



- A costing process is done on regular basis to ensure that funding requirements are known
- Costing also assists in budgeting and resource allocation
- The funding gap is always communicated with National Treasury and Development partners



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Investment



Major cost drivers for HIV Programme

- Human Resources
- Drugs (All Regimens)
- Laboratory services
- Facility space



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2018/19 Budget



2018-19 HIV-AIDS & TB Grant Allocation

	2018-19 BUDGET		
Province	Total Grant	of which COS	of which TB
	R'000	R'000	R'000
Eastern Cape	2,098,633	213,690	66,096
Free State	1,199,425	70,988	27,923
Gauteng	4,239,277	214,469	80,682
Kwazulu-Natal	5,677,225	340,184	101,408
Limpopo	1,600,516	188,704	42,510
Mpumalanga	1,744,627	118,872	32,164
Northern Cape	515,155	32,307	29,971
North West	1,315,304	111,841	19,536
Western Cape	1,531,535	108,945	59,710
TOTAL	19,921,697	1,400,000	460,000

% Alloc. per province
%
11%
6%
21%
28%
8%
9%
3%
7%
8%
100%



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Sub-Programmes



Sub-Program	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Grand Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ART	1,640,979	787,579	3,114,721	4,319,938	970,989	1,284,393	269,689	866,791	1,068,423	14,323,501
COS	90,871	97,520	483,675	261,434	243,641	125,302	94,915	243,502	96,606	1,737,466
CONDOMS	60,407	41,245	130,132	124,235	70,840	57,783	9,253	21,365	81,909	597,169
HTA	8,731	385	31,200	22,118	1,169	198	7,964	3,907	10,885	86,557
HTS	56,581	55,494	171,142	276,288	98,126	63,577	27,599	65,127	67,486	881,421
MMC	14,816	38,835	137,738	121,608	46,060	12,052	16,516	12,038	16,279	415,944
PEP	4,545	5,425	3,162	4,000	833	755	2,995	1,413	2,121	25,248
PMTCT	14,222	17,069	1,035	189,118	34,026	677	5,234	8,061	37,752	307,195
PM	65,037	39,000	3,557	100,285	65,295	150,291	24,163	46,713	40,976	535,316
RTC	20,488	32,573	11,380	25,200	17,588	2,947	14,984	21,588	15,541	162,289
TB/HIV	24,047	84,299	71,525	132,000	3,981	-	3,106	5,367	2,112	326,436
TB CONTROL	97,908	-	80,010	101,000	47,970	46,652	38,735	19,433	91,445	523,153
Grand Total	2,098,633	1,199,424	4,239,277	5,677,225	1,600,516	1,744,627	515,155	1,315,304	1,531,535	19,921,696



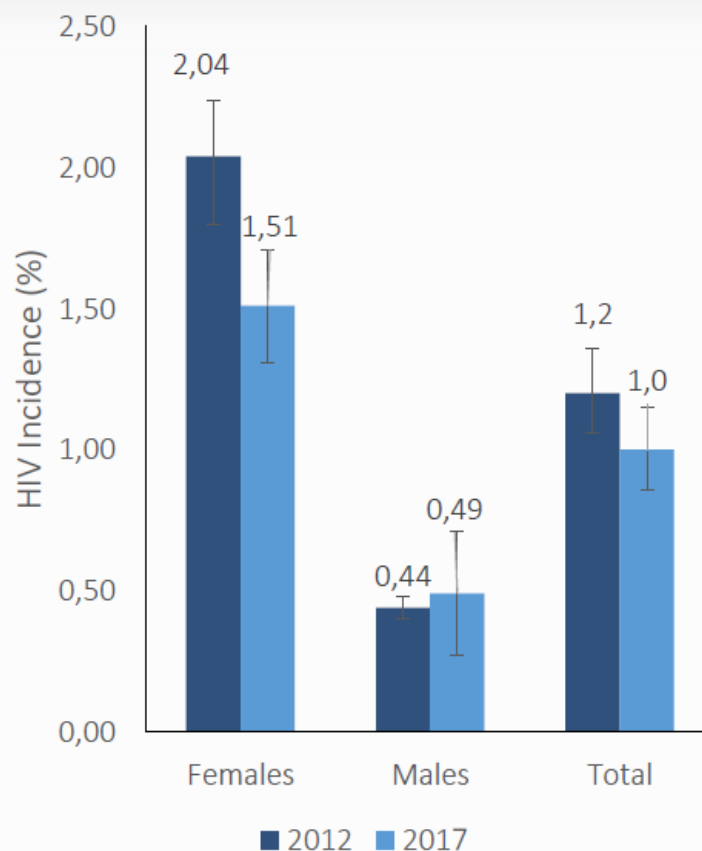
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- Overall incidence was 1.0 % which translated to 88 000 new infections
- The incidence was three times higher among females (1.51% translating to 66 000 new infections) compared to males (0.49% translating to 22 000)
- Over a third (38.0%) of all new infections come from this age group

- The overall HIV incidence among youth declined by 17%
- The decline in incidence was only among females (26%)
- Whilst among males incidence increased by 11%



Health and Wellness campaign (Checka Impilo)



Campaign: Checka Impilo



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PRESIDENT CYRIL RAMAPHOSA, STATE OF THE NATION ADDRESS, 16 FEBRUARY 2018



“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**. We will also need to confront lifestyle diseases such as high blood pressure, diabetes, cancers and cardiovascular diseases”



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Primary Objectives and Target populations



To put
2 million on ART
by end of
December 2020

To intensify TB case
finding to identify
**80 000 missing TB
patients**
in year 1

To intensify non
communicable
diseases case
finding by
screening 7 million
people

To intensify STIs
screening,
diagnosis and
treatment

In order to achieve objectives, we have to
target certain populations

Males 15
years and
above

Key
populations

Females 15-24
years

TB patients
and contacts

Pregnant
women and
their babies

Diabetic
patients

Older people
and people
with
Disabilities

People with
high risk
factors for
NCDs



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Game Changers



- Focused targeting by population & geography to obtain high yield
 - Person centered approach to provision of services
- Prioritize pregnant women and diabetics for TB diagnosis and treatment
- Implement effective Screening, Testing and Treatment initiation for HIV, TB and NCDS in a provider initiated manner
- Explore training of casualty staff to test for HIV
- Intensify TB and HIV index tracing modality in communities
- Implement innovative modalities for young people and men for HIV testing such as HIV self screening for PrEP for young girls
- Collaborate with Private sector: esp GPs, Pharmacies, Med AIDS, Laboratories, Business: HIV, TB, STIs, NCDs (test kits, treatment for STIs etc)

Package of Services



- Increase Information, Education and Communication activities
- Prevention:
 - PMTCT Intensification for total elimination of Vertical transmission
 - MMC (especially 15 to 34 year olds & men)
 - Widespread distribution of condoms
 - Promote HIV self screening
 - Pre & post exposure prophylaxis
- Screening (provider-initiated manner), testing and treatment
 - HIV
 - STIs
 - TB (use gene Expert for presumptive cases)
 - NCDs (HT & DM)
- Test and treat (where possible) or rapid Linkage to treatment including syndromic management of STIs

Geographic Prioritisation



- Focus is on the following:
 - 27 High burden districts for HIV
 - 21 high burden districts for TB
 - All above districts for NCDs



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Expectations for the campaign



- Lobby support from private sector esp GPs, Pharmacies, Medical
AIDS screening diagnosis and treatment for TB, NCDs and STIs
- Mobilise CHWs for the following:
 - All symptomatic screening for TB, STIs and NCDs
 - All aspects of HTS
 - Support and facilitate Linkage to treatment and to care and
reduce loss to follow-up
 - Follow-up of clients to increase linkage to treatment
- Support Training and refresher training for all cadres
- Align data management and reporting systems



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PEPFAR support : Key Issues



- In order to use funding, must justify investment on the basis of increase in capacity to provide services to increased volume of PLHIV
- Investment must be made in a way that supports integrated service provision



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Expected Impact of Investment (PEPFAR Support)



- Increased capacity to provide comprehensive care to patients, including high quality of clinical care
- Improved patient flow within facility in order to improve patient experience of care through reduced waiting times
- Ability to service HIV target population groups including men, AGYW, key populations
- Increased capacity to provide HIV services across the facility including testing, initiation, dispensing, Welcome Back to Care, adherence clubs



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5. Commissioning General Practitioners and the Private Sector



- Private sector and medical schemes currently support ART
- **Commissioned GPs** for Scale-up of ART and support HIV treatment in public sector
 - HIV testing; ART initiation and ART delivery in private clinics until stable and decanted
 - Drug delivery through South Africa Stock Visibility System
- Funding available for 250 GPs to serve 50,000 ART patients over 2 years in 5 metros
- **Innovations Challenge Fund** to identify partnerships with private sector in support of HIV treatment



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THANK YOU!



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