

NACOSA AGM

28 October 2016

Century City Convention Centre

NATIONAL STRATEGIC PLAN

on HIV, STIs AND TB

2017 - 2022





Update on progress of new NSP

- Concept note approved by all the SANAC structures
- NSP Steering Committee established
- Consultations included:
 - **Sectoral consultation**: civil society, private sector, development partners, multiple government departments, provinces, community voices
 - **Multi-stakeholder Technical Working groups** on thematic areas





Update on progress of new NSP

- Development of **First Draft** of NSP which was taken to PRC
- Current discussion – agreement on two-phased launch
 - **World AIDS Day 1 December 2016** – Launch **NSP Framework** and updated enhanced report by Deputy President
 - **World TB Day 24 March 2017** – Launch **full NSP** with implementation plans and Provincial Strategic Plans (PSP)





Key strategies gathered from consultation

Key strategies gathered from consultations and will be incorporated into Strategic Framework and Strategic Objectives

- Focusing for Impact
- Revolutionising Prevention
- Linking the NSP with NDP's Vision 2030
- Treating All
- Tailoring Packages for Priority Populations
- Protecting Human Rights, Increasing Access to Justice and Reducing Stigma and Discrimination
- Building Resilient Systems
- Investing Strategically
- Learning from the Facts
- Promoting Monitoring and Evaluation Intelligence for Decision Making at all levels
- Leading the Response





Focusing for Impact

“Zoom in for Results”

Geospatial Mapping of High Burden Areas

- Uses existing clinic and other data
- Sophisticated modelling set up - easily available & easy to use
- Local staff and community knowledge incorporated

Customised Local Prevention through Risk Profiling

- Precision Prevention – informed by the communities and their stories and lives and what services currently provided by NGOs, CBOs, FBOs

Supported by local social and behaviour change communication

Right message and service delivered by the right person in right place at the right time

Led by AIDS Councils down to ward level





Revolutionising Prevention

“Breaking the Cycle of Transmission”

Behaviour Change Programmes

- Male and female condoms
- Multiple sexual partnerships
- Sexual debut
- Alcohol and substances related risk

Biomedical Prevention

- Eliminate mother-to-child transmission
- Pre-exposure prophylaxis (PrEP)
- Medical and safe traditional male circumcision

Social and Structural Drivers

- Sexual and gender-based violence
- Social protection (transactional sex)
- Intergenerational sex
- Strengthening families



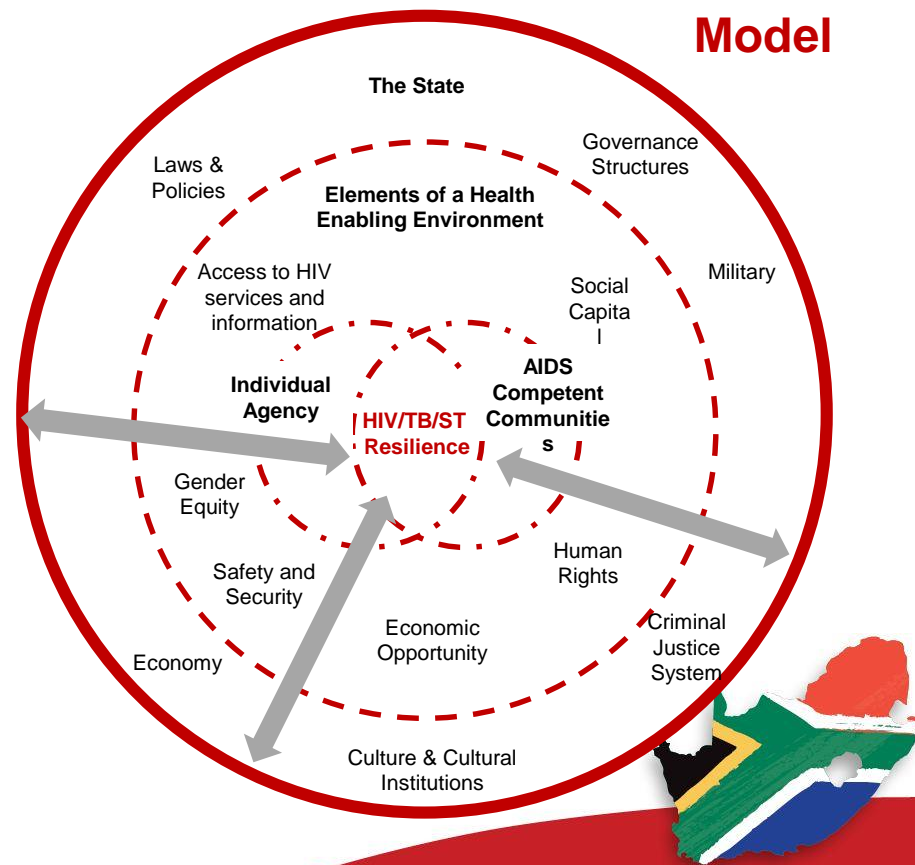


Linking the NSP to NDP's Vision 2030

“Social and Structural Change”

- Education and training
- Health
- Social protection
- Gender equality
- Reduced violence (gender-based and intimate partner)
- Small business development (taxis, hawkers)
- Innovation and local production along the pharmaceuticals and biotechnology value chains
- Human rights

HIV/TB/STI Resilience Model





Treating All

“90-90-90 in Every District”

HIV 90-90-90

- **90%** of all PLHIV know their HIV status
- **90%** of all PLHIV receive sustained ART
- **90%** of all people on ART have viral suppression

TB 90-(90)-90

- Reach at least **90%** of all people with TB and place them all on appropriate therapy
- Including **90%** of people in key populations
- Achieve at least **90%** treatment success

STIs 90-70-70

- **90%** reduction in congenital syphilis
- **70%** reduction of N Gonorrhoea & T. Pallidum incidence
- **70%** of key populations for HIV have access to full range of services relevant to STI and HIV, including condoms and lubricants

STI infrastructure

Sexual and reproductive health services

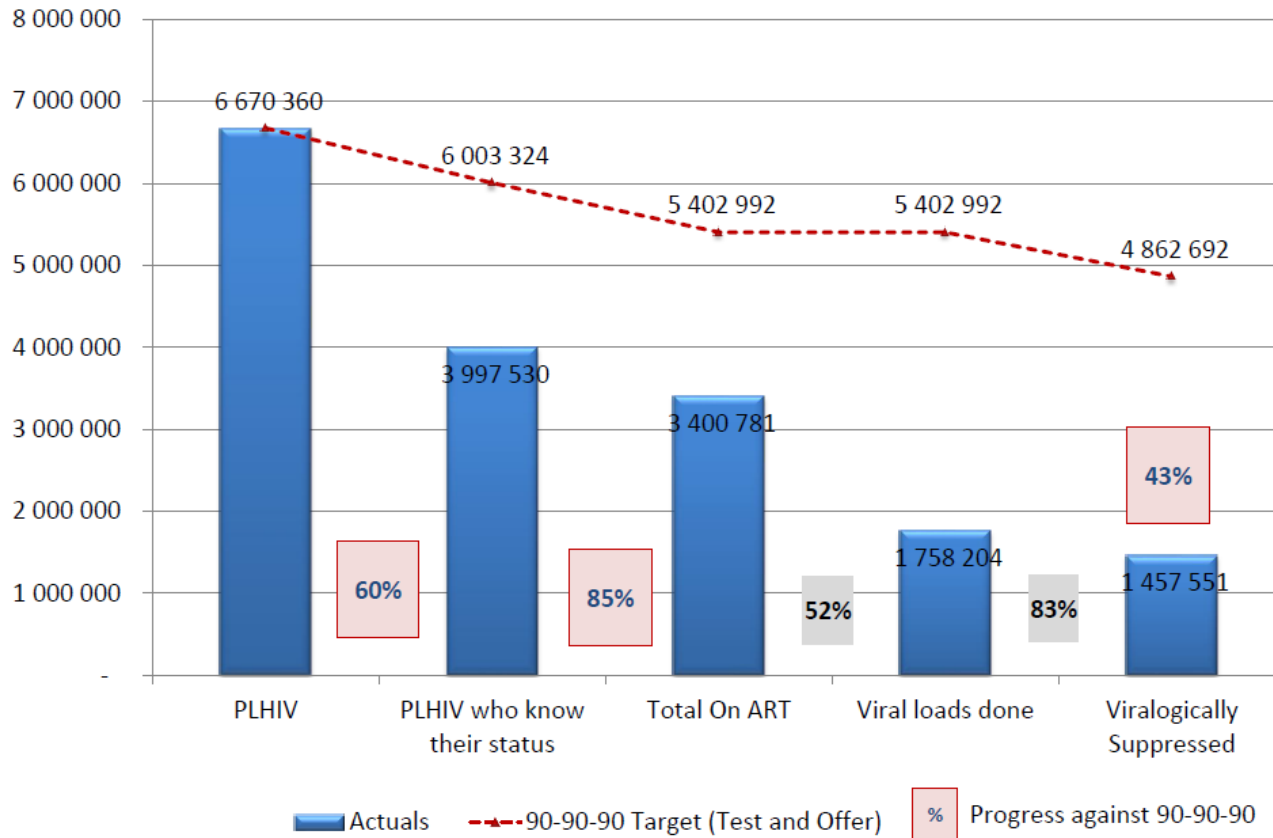
School health services





Where Are We Now?

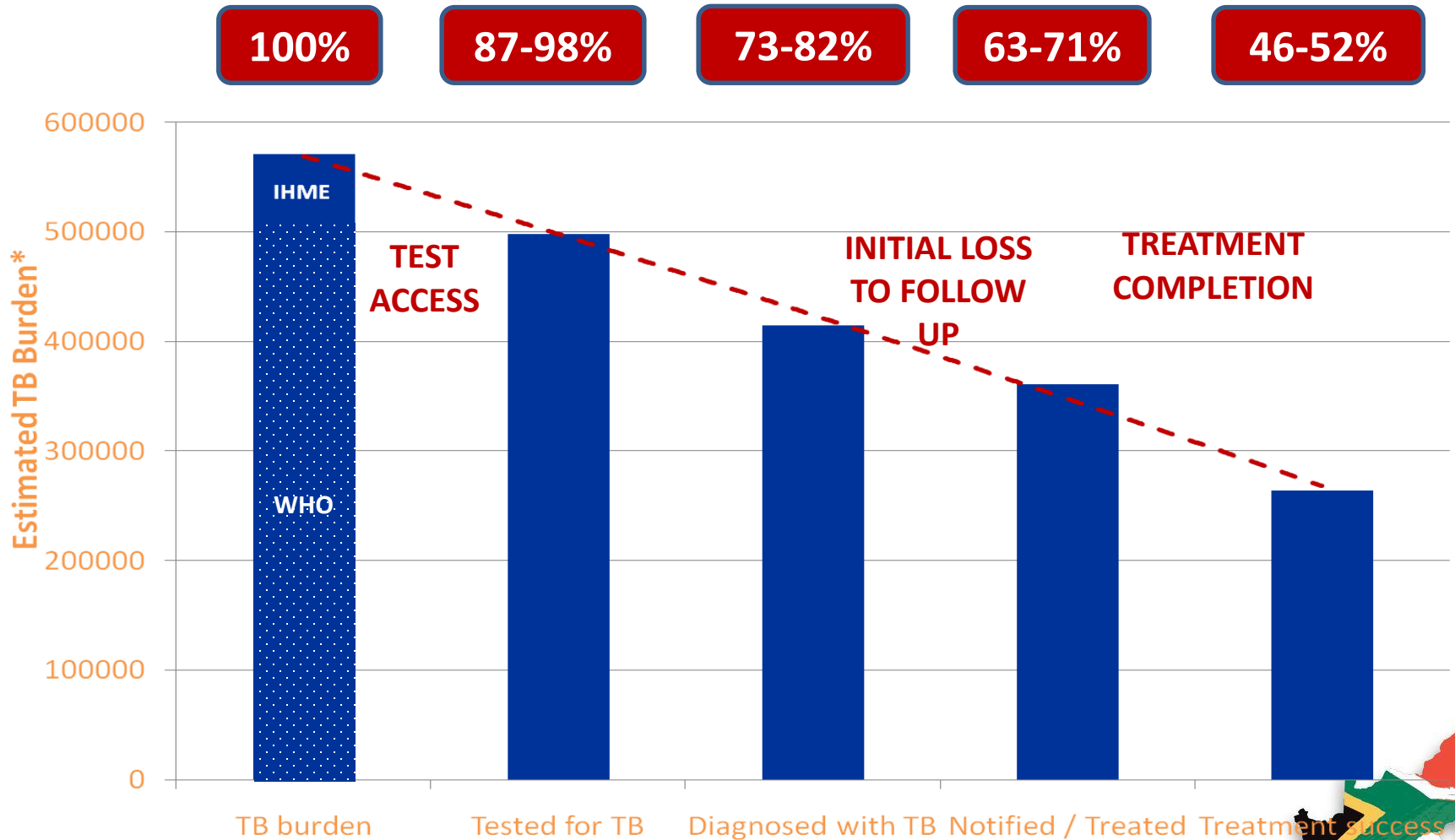
HIV Care and Treatment Cascade (March 2016 - National)



Major cascade leaks: HIV testing and viral load monitoring



TB Care cascade for Drug Sensitive TB



Currently there is loss along every step in the cascade until eventually only about 50% of people with TB achieve treatment success



Tailoring Packages for Priority Populations

“Nobody Left Behind”

Priority Populations in South Africa

HIV/STI priority populations:

Sex workers
Men who have sex with men (MSM)
Transgender people
Other vulnerable LGBTI communities
People who inject drugs (PWID)
Inmates
Girls and young women
Children
People with disabilities

TB priority populations:

People living with HIV
Inmates
Miners
People living in informal settlements
Migrants
Pregnant women
Children under 5 years of age
Diabetics
Health care workers

Five-Pronged Approach:

1. Peer-driven and peer-led programmes
2. Delivery of services must be differentiated so that services are customised to needs of each distinct priority population
3. Include agency and empowerment interventions which promote health literacy, provide economic empowerment, integrate gender equality and ensure access to justice
4. Sensitisation and clinical competency training for service providers on the specific needs and rights of priority populations
5. Targeted interventions are specific to unique needs of a given priority population





Programmes for Full Implementation

Children

- Social protection 3 million orphans
- Isibindi model
- Support child headed households
- Child sexual assault
- Eliminate MTCT
- Increase ART coverage
- Improve TB diagnosis & treatment
- Child friendly formulations for TB
- Reduce congenital syphilis

Young Women 15 -24

- Reduce HIV
- Reduce teenage pregnancies
- Reduce sexual assault
- Keep girls in school
- Economic opportunities - She Conquers, DREAMS, Global Fund, YOLO, KFW, ZAZI, Rise!, loveLIFE

People with disabilities

- 5-7% of all prevention programmes
- Treat all

Sex Workers

- Reach 70 000 sex workers with National Sex Worker HIV Plan

LGBTI

- Reach 200 000 LGBTI as per LGBTI Framework

Inmates

- Reach inmates with full package as per NDOH/DCS Plan

People who inject drugs

- Reach 5000 PWID (develop plan with CDA and NDOH)





Protecting Human Rights, Increasing Access to Justice and Reducing Stigma & Discrimination

“Equal Treatment and Social Justice”

Supportive and enabling legal & policy environment

- Legal reform of Sexual Offences Act
- Review of drug policy
- Implementation review of National Mental Health Policy Framework & SP (2013-2020)
- Implementation review of Domestic Violence Act
- Fully implement the policy on sexual abuse of inmates
- Review of Migration Policy

Removing human rights barriers to accessing services

- Review & expand Thuthuzela Care Centres
- Provide harm reduction programmes for PWUD

Removing human rights barriers to accessing services

- Strengthen linkage to care for former inmates once released
- Monitor HIV, STI and TB related human rights violations in provision of services

Reducing stigma and discrimination

- Address high rates internalised stigma
- Implement programmes targeting TB stigma
- Strengthen workplace anti-stigma and discrimination efforts
- Strengthen confidentiality of health records
- Improve M&E of stigma to strengthen accountability and access to redress





Building Resilient Systems

“Close the Implementation Gap”

Scaling up community responses

- Strengthening of provincial, district and local AIDS councils by SANAC secretariat
- Quarterly District Consultative Forum Meetings
- Coordination of all role players at local community level
- Capacity building, planning and leadership development in community sector
- Expand investment in peer educators
- Increased investment in community mobilisation efforts

Strengthening human resources capacity

- Rapidly increase number of PHC skilled nurses
- Rapidly increase number of community workers
- Roll out of training for NIMART and NIMDR

Service delivery arrangements

- Leverage existing WBOTs and School Health Services to include HIV, TB and STI prevention & care
- Support CBO to actively engage
- Establish youth- and men-friendly spaces
- Build service delivery capacity for SMMEs





Building Resilient Systems

“Close the Implementation Gap”

National Health Insurance

- Optimise the gains of roll-out of the unique identifier

Information and record systems

- Transition from paper-based and manual approaches to electronic and mobile systems
- Real-time and linked data collection
- Merge HIV, TB and STI patient data into South Africa’s electronic patient register

Procurement and supply chain management

- Ensuring consistent and adequate supplies of female and male condoms as well as lubricants

Procurement and supply chain management (cont)

- Reduce occurrence of medicines stock-outs
- Continuous improvement of capacity and capability of Medicines Control Council
- Continuous efforts to optimise access in to drugs at lowest possible prices

Quality improvement

- Standardisation of services included in HIV, TB and STI response such as provision of peer education to set populations
- Capacity building of all service providers to implement QIPs

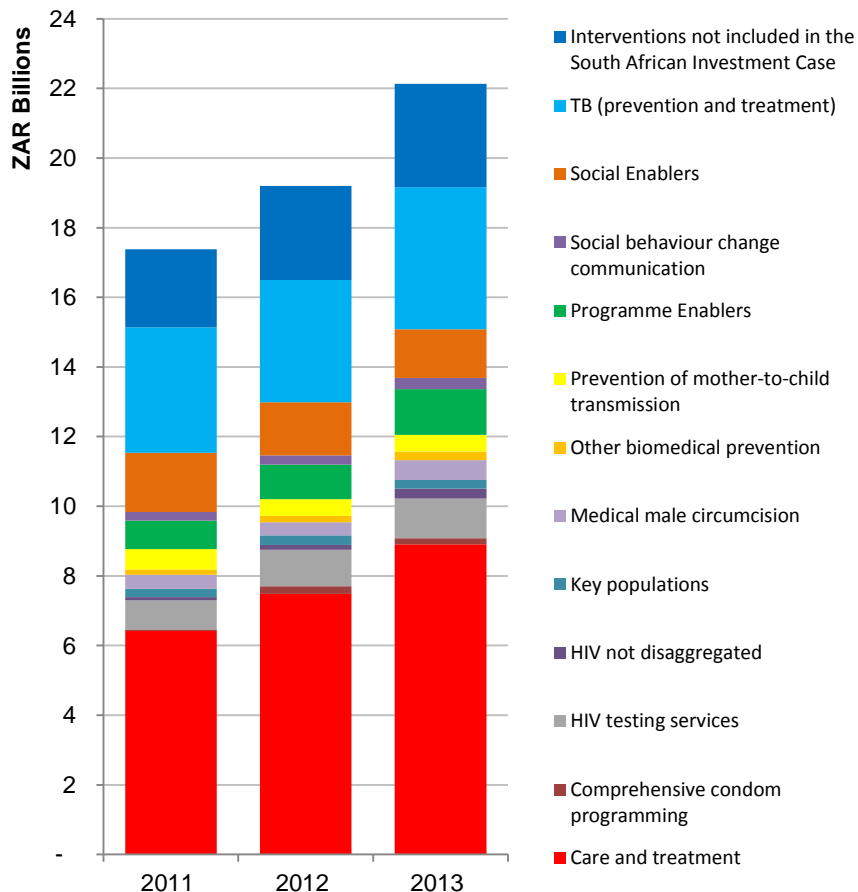




Investing Strategically

“Spend Now to Save Later”

Total HIV and TB Spending in South Africa (Rand, billions) (2011/12-2013/14)



- Costing and expenditure tracking
- Modelling the long run costs (Investment Case)
- Allocative efficiency
- Innovations that save money (new cheaper drugs)
- Prioritise cost-saving interventions (adherence clubs, PrEP)
- Global and Domestic call for additional funds
 - Global Fund Replenishment
 - PEPFAR Increases
- Innovative Financing (Social Impact Bonds, etc)
- Resourcing Civil Society, NGOs and CBOs





Learning from the Facts

“The Research Agenda”

- Social and anthropological research
- Structural drivers (substance abuse and HIV)
- Behaviour change communication (advertising)
- New drugs (rings, injectables, implants) and diagnostics (POC)
- BNABS, vaccines
- Surveillance and vital statistics
- Developing and new cadre of young scientists
- Agreeing a national research priorities agenda
- TB prevalence survey, SABSMM, size estimation surveys
- Incidence testing
- Modelling (Thembisa Prevention Modelling)
- Stigma research





Promoting M&E Intelligence for Decision Making at all Levels

“Data-Driven Action”

- Improve selection of indicators and targets
- Increase regularity and timeliness of reporting (TB)
- Make reporting multi-sectoral
- Improve reporting format for community programmes, especially young women and key populations
- Greater use of electronic records, mHealth and real time monitoring
- Harmonise surveys and surveillance
- Improvement in establishing recent baselines
- Increase evaluation capacity
- Address data quality





Leading the Response

“Mutual Accountability”

- Strengthening SANAC and sustain excellent leadership of SANAC Plenary and Inter-Ministerial Committee and PCAs
- Ensure an effective multi sector government response
- Developing and implementing a multi sector response for TB and STIs
- A central role for civil society groups and communities
- Leadership by affected communities – nothing about us without us
- A committed private sector
- Ensuring mutual accountability
- Strengthening the local response





Thank you

ZERO

new HIV and TB infections

ZERO

new infections due to vertical transmission

ZERO

preventable HIV and TB deaths

ZERO

HIV and TB discrimination

