

SOUTH AFRICA INNOVATES TO SCALE UP AND SUSTAIN ITS HIV RESPONSE

Presented at the UNAIDS PCB December 2012

**Dr. Yogan Pillay
Deputy Director General
Department of Health, South Africa**



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

“In our view, South Africa represents one of the best global examples of progress toward a streamlined, highly-focused and optimally effective response to AIDS. South Africa has utilized the findings of a body of analytic work to shape policy and programme design; it is this process of using evidence to inform policy and programme decisions that we wish to share with our Board as a best practice.”

– *UNAIDS, Letter to NDOH, November 2012*

Outline of the Presentation



1. South has achieved significant results
2. Understanding the Epidemic and Response in South Africa
3. Designing Programs that Fit the Epidemic
4. Delivering Effective Services as Efficiently as possible
5. Sustaining the Response until the Goals are met

South Africa has achieved significant results

- South Africa now has the largest **antiretroviral (ART) programme** in the world, with approximately 1.9 million people on HIV treatment
- A massive **HIV testing campaign**, in which close to 20 million HIV tests were conducted over a 15-month period between early 2010 and late 2011, supports the programme
 - More than 2.1 million people discovered that they are HIV-positive, and 400 000 of them started on ART.
 - In addition, over 8 million people were screened for TB.
- **Condoms:** A **massive condom promotion campaign** is underway - 492mil male condoms in 2012(↑ by 30% in 5yrs)
- **Medical Male circumcision:** 619 000 in 2012- ↑ 50-fold from 5 190 circumcisions in 2008
- Expansion of programmes to **eliminate mother-to-child transmission**
 - 98% of women receive HIV test during pregnancy
 - 92% of HIV+ mothers receive ART prophylaxis
 - Vertical transmission rate in 2011 = 2.7% (at 6 weeks)

South Africa has achieved significant results

- **Life expectancy:** has increased from 56.5 in 2009 to 60 years in 2011—largely due to the rollout of ART and prevention of mother-to-child transmission (MTCT) of HIV.
- **Adults deaths:** ↓20% (40% premature deaths in 2011)
- **Deaths in children <5yrs:** ↓ 25% (from 56 in 2009 to 42 per 1000 live births in 2011) and infant mortality rates have declined from 40/1000 to 30 in the same period
- **Institutional MMR: 17% decline** (from 188.9/100 000 in 2009 to 156.5/100 000 in 2011)
- **Condom use at first sex** ↑ to 68% in 2012
- **ANC prevalence amongst 15-19 yr olds:** has decreased from 13.7% in 2009 to 12.7% in 2011

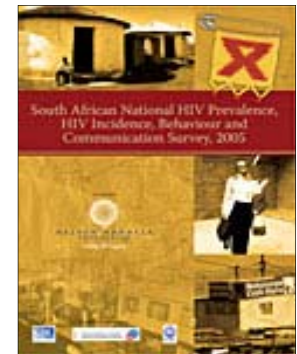
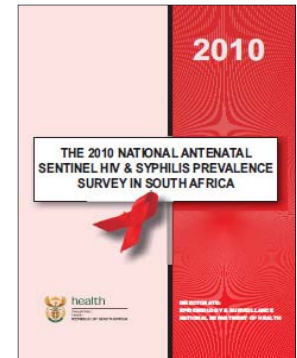
But a lot still needs to be done.....

- South Africa has the largest HIV epidemic in the world
 - 0.7% of world's population but 16% of global HIV burden
 - estimated 5.6 million people living with HIV
 - estimated 270 000 AIDS-related deaths in 2011 (20,000 among children)
 - estimated national HIV prevalence among the general adult population aged 15-49 years old has remained stable at around 17.3% since 2005
 - estimated 2 100 000 children were AIDS orphans in 2011 compared to approximately 1 900 000 in 2008 representing a 9.5% increase
- Linked is a major TB epidemic.
 - The country has the third-highest TB incidence in the world (after China and India)
 - Approximately 63% of TB patients are living with HIV
 - Estimated number of incident cases (all forms) – 490 000

1 UNDERSTAND

Understanding the Epidemic and Response in South Africa

- SA HIV response is grounded in a rich stock of strategic information and analysis which enables a textured and up-to-date understanding of the epidemic's trends, patterns and main drivers
 - Antenatal clinic HIV surveys have been conducted since - 1990
 - Four national, household-based HIV and health surveys - 2002, 2008, 2010 and one underway.
 - “Know Your Epidemic and Response”
 - National AIDS Spending Assessment (NASA) and 9 Provincial AIDS Spending Assessments (2011)
- SA is at the forefront of scientific discoveries and breakthroughs that have shaped local and global response to HIV
- Data collection and analysis exercises occur at multiple levels and data is used routinely to guide and refine decision-making including:
- Improving routine strategic information systems in the national ART programme, however, has proved challenging. Plans in place to strengthen information on treatment coverage rates and outcomes

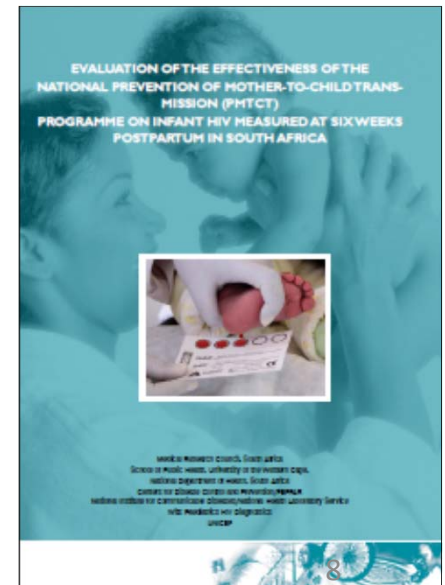
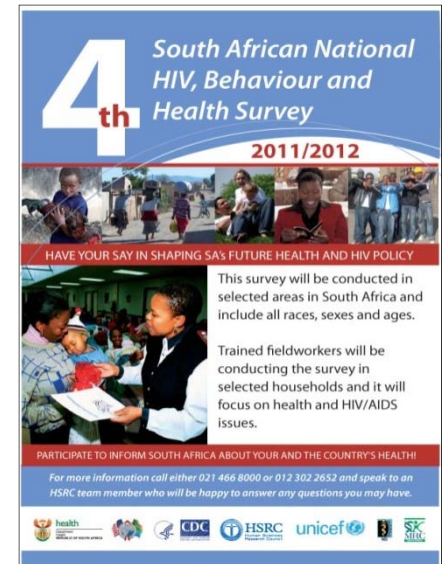


1 UNDERSTAND

Understanding the Epidemic and Response in South Africa

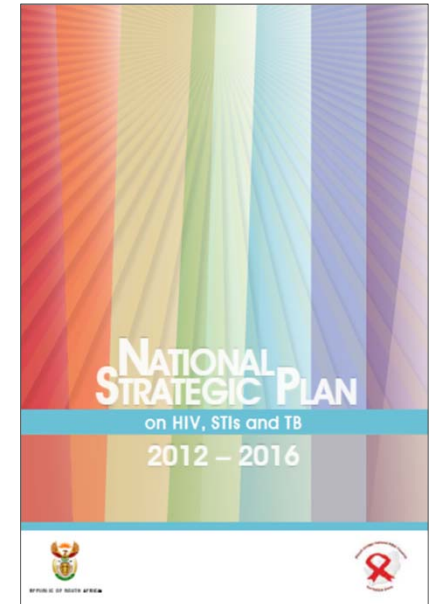
Plans going forward:

- Roll out of three-tiered system which will integrate HIV care and treatment, TB treatment and maternal and child health in one system
- National AIDS Spending assessment (2014)
- Survey on men who have sex with men (due in mid-2013), and estimations of the numbers of sex workers and people who use drugs.
- Stigma Index survey (2013)
- “Know Your Epidemic and Response” TB study (2013)
- Behavioural, Serostatus Survey and Mass Media Impact Survey (2013)
- Demographic, Health and Nutrition Survey (2013)
- 3rd Prevention of Mother-to-Child Evaluation study (2013)



2 DESIGN

Designing Programs that Fit the Epidemic



- NSP Targets (2016):
 - 3 million on ART
 - Introduction of fixed dose combinations (1 April 2013)
 - MTCT rate of < 2% (towards elimination)
 - 1.6 million men circumcised
 - 1 billion male condoms per year
 - 80% of South Africans know their status
- The National Strategic Plan on HIV, STI and TB 2012-2016 (NSP) is aligned with the Medium-Term Strategic Framework and Programme of Action; regional and international commitments e.g. HLM targets
- NSP also explicitly identifies key populations (including mobile and migrant populations, drug users, MSM, and SW) and transmission “hot spots” (such as informal settlements, mining compounds and prisons).



Designing Programs that Fit the Epidemic

- 9 Provincial Strategic Plans (PSPs), along with costed implementation plans have been developed as well as district level EMTC plans
- Careful tracking of eMTCT activities has shown that significant numbers of infants are acquiring HIV during breastfeeding. A concerted effort is underway to ensure that all eligible HIV-positive mothers are on ART for the duration of breastfeeding to avoid HIV transmission to their infants.
- Using an investment approach to re-programme the Government HIV conditional grant and Global Fund grants
 - During Global Fund round 6 in 2011, we reprogrammed US\$ 13million toward the eMTCT drive.
 - The country is scheduled for grant renewal in mid-2013; the NSP anchor the exercise, aim is *one* national proposal built around evidence, value-for-money, and cost-efficient activities with emphasis inter alia HIV prevention and TB/HIV integration activities.



Delivering Effective Services as Efficiently as possible Enabling Innovations

- The renewed engagement of top-level political leaders has proved to be a decisive factor in South Africa's HIV response:
- **Growing domestic investment** in the HIV programme—which has more than doubled since 2007/2008
- **Strengthening and rationalization of the health system** to remove the barriers that block access to quality health care and enable universal, equitable & affordable health-care coverage:
 - introduction of a National Health Insurance (NHI) scheme
 - Re-engineering the country's primary health care system
- Revitalized commitment in some of the most heavily affected provinces:
 - KwaZulu-Natal province, for example, has an overhauled HIV strategy that uses a **grassroots-oriented response** to jointly tackle HIV and TB, along with socioeconomic and other underlying factors.
- South Africa's political leadership is also **facilitating regional action**:
 - helped spearhead the adoption by the Southern African Development Community of a political declaration for improving the detection and treatment of TB in the mining sector, eliminating key causal factors, and to strengthen the regulatory framework that compensates miners for occupational diseases.



Delivering Effective Services as Efficiently as possible Enabling Innovations

Procurement of antiretroviral (ARV) drugs:

- In November 2012, the Government announced a new R5.9 billion tender for FDC ARVs over the next two years – a saving of R2.2 billion (\$255m) or 38% on current tender prices.
- Local manufacturers in South Africa have been awarded 70 per cent of the tender.
- South Africa has become the lowest price setter for ARVs in the world
- This tender follows the trend of significant savings in South Africa on ARVs since 2010. During the current tender SA managed to reduce expenditure of ARVs by 53% (saving US\$ 685 million -2011/12). This after the challenge posed to SA by ED: Michel Sidibe on 1 Dec 2009!
- The new tender will be for **fixed-dose combination (FDC) ARVs:**
- All pregnant women will receive FDC during pregnancy and breastfeeding regardless of their CD4 count. If their CD4 count is below 350 ART will be life-long.

3 DELIVER

Delivering Effective Services as Efficiently as possible Enabling Innovations

- **Using efficiency gains are being used to extend savings in ART programmes:**
 - Task shifting –nurse trained in Nurse Initiated Management of ART to improve the reach and quality of treatment programmes, and to reduce costs; use of lay counsellors to also do HIV testing
 - Reducing lab costs
- **Strengthening partnership with civil society:**
 - Involved in the design and review of national plans and strategies
 - Central to the scale up of treatment and care, and in the drive to eliminate MTCT (with women living with HIV especially active).
 - Central players in human rights advocacy and support services aimed at improving the legal and policy environment





Delivering Effective Services as Efficiently as possible Enabling Innovations

- **Public-private partnerships:** are growing in number and scale.
 - large HIV testing and counselling campaigns in the construction, banking and electricity industries
 - Trucking Wellness project- offers healthcare services to truck drivers, sex workers and communities at “HIV hot spots” at 20 roadside “wellness centres” and with 15 mobile clinics
 - Partnerships with the mining industry
 - Social compact with private health sector (training of health professionals and research)

Slide 14

O20

cut this slide; much of it is rudimentary and/or can be worked into other slides

peter, 09/12/2012



Delivering Effective Services as Efficiently as possible Enabling Innovations

- **Developing synergies** between HIV & TB response and supportive programmes:
 - Social protection nets—welfare grant system that supports 15.2 million people (11.1 million mothers and children who receive a monthly child support grant and 500 0000 children who benefit from a foster care grant.
- **Strengthening Integration** to minimize duplication & bringing new synergies into play:
 - Mainstreaming HIV and TB into the core mandates of all government departments.
 - Strengthening links and synergies between the eMTCT drive and maternal and child health programmes, especially at local levels
 - Mid-year stocktaking exercises (including at district and sub-district levels) to enhance the integration of eMTCT activities with MCH programmes.
 - Integration of HIV and STI prevention into the sexual and reproductive health (SRH) framework.
- **Repositioning male medical circumcision services** to serve as a gateway for improving health outcomes generally - integrated package of male SRH services that include condom provision, HCT, and screening for TB, STIs and lifestyle diseases such as diabetes and hypertension



Delivering Effective Services as Efficiently as possible Enabling Innovations

Cost data are important, especially because SA funds the bulk of its HIV response.

- **Analysis of the cost and effectiveness of treatment provision** informed the National Treasury's decision to approve significant increases in funding and in the ART coverage target.
- Clinton Health Access Initiative (CHAI) recent **Multi-Country Analysis of Treatment Costs for HIV (MATCH)** exercise identified several opportunities to expand ART coverage and improve patient outcomes without increasing costs. The potential savings could cover the treatment costs of an additional 350 000 patients.
- **World Bank's Public Expenditure Tracking & Quantitative Service Delivery surveys**—already completed in one province and underway in several others—are helping determine whether resources and programmes are reaching the intended beneficiaries and are being used efficiently and effectively enough.



Delivering Effective Services as Efficiently as possible

Plans going forward

- A series of **stakeholder consultations and debates about financing and investment strategies** to help devise new funding mixes and options.
- **Determining Unit costs** are for specific HIV prevention interventions, including in the workplace, for men who have sex with men, and community mobilization.
- **Initiatives to reduce gender-based violence:** Creation of a Council to improve coordination, reduce duplication and strengthen information sharing (chaired by the Deputy President)
- Strengthening DRS and pharmacovigilance



Sustaining the Response until the Goals are met

- **Recognition that domestic funding is key to long-term sustainability.**
 - South Africa funds the bulk of its HIV responses out of the public purse.
 - Domestic investment in HIV more than doubled from 2007/2008 to 2011/2012—from ZAR 3.5 billion to ZAR 7.9 billion—and the Government now finances about 85% of the entire response.
- **Efforts are underway to innovate more sustainability options:**
 - The re-engineering of Primary Health Care (PHC) provision represents an important step toward galvanizing sustainability.
 - Selecting and investing in interventions that are replicable across the country, are value-for-money and show rapid impact especially in reducing new infections.

Ensuring sustainability of external funding:

PEPFAR has been an important source of investment, particularly in the ART programme. However, it is shifting its support from direct clinical care and treatment services to health systems strengthening (including the overhaul of the PHC model), HIV prevention and health services innovation. The US and SA Governments have agreed on a framework to guide this evolving partnership.

PEPFAR implementing partners will now report expenditures in a standardized format, making it easier to align the support with South Africa's planning and budgeting processes. Steering and management committees (with high-level participation) have been created to oversee implementation of this new Partnership Framework and ensure mutual accountability. As domestic funding increases and PEPFAR funding declines over the next five years, new funding opportunities will need to be identified and evaluated.



Sustaining the Response until the Goals are met

- Expansion of local drug production capacity through a joint venture between the Government and an international pharmaceutical company
- The NSP Financing Committee is being strengthened to take on a stronger role developing a fundraising and sustainability strategy for implementing the NSP.
- The Budget Section of the National Treasury is also being engaged on the NSP, as well as on cross-sectoral budgeting and sustainable funding.

Plans going forward

- Departmental and provincial implementation plans are being costed to ensure that the budgets are sufficient for putting the plans into operation.
- Stakeholder consultations are being arranged to develop a plan to fund the non-health critical enablers and civil society participation in service delivery.

Conclusions

Impetus of strong leadership and commitment and wide-ranging progress provides solid footing for addressing the remaining challenges.

- **Strengthening its strategic information systems** to track and assess programme delivery, deepen accountability and devise ways to combine and use resources to maximum effect.
- A focus on **human rights, gender equality and community involvement** to buttress an expanded response with arrangements that enable people to use and benefit from services.
- Deeper **integration of HIV and TB** into the routine programming of other sectors for long-term impact and sustainability.
- **Forging new partnerships with private sector and civil society** (especially with traditional leaders and the faith-based sector).
- **Continued country ownership**- domestic investment in HIV and in the on-going search for new ways to sustain an effective response.
- Strengthening the **measurement of ART clinical outcomes**

