

Country progress report - South Africa

Global AIDS Monitoring 2018



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Knowledge of HIV and access to sexual reproductive health services - Ensure that 90%% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Social protection - Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Community-led service delivery - Ensure that at least 30%% of all service delivery is community-led by 2020

HIV expenditure - Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers

Empowerment and access to justice - Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

South Africa has made significant strides aimed at supporting the achievement of the 90-90-90 targets. These include expanded HIV testing services, strategies to link HIV testing to enrolment with care, and the adoption of a Universal Test and Treat policy. HIV testing services are linked with other health services to ensure seamless integrated service delivery and to promote access to health care. The prevention of mother-to-child-transmission of HIV is offered at all health facilities, and national guidelines recommend treating all infants and children living with HIV, irrespective of symptoms and age. Routine viral load testing is used for monitoring antiretroviral therapy for adults, adolescents and children.

The country offers pre-exposure prophylaxis in addition to other combination prevention options, and prevention is reinforced by a supportive legal framework which excludes parental/guardian (of adolescents) and spousal consent in order to access sexual and reproductive health services, HIV testing, or access to HIV treatment.

The focus on youth, especially on young women and adolescent girls, and key populations is further enhanced by an updated HIV testing policy which increases access to health information, services and support for youth. The national She Conquers campaign protects and promotes the rights of both male and female adolescents and young people, and promotes scaling-up the Comprehensive Package of Interventions to include biomedical, socio-behavioural and structural interventions.

South African HIV programming draws strength from its other national development policies, strategies and plans which are inclusive of HIV-sensitive social protection, as well as from social protection coordination platforms. The implementation of HIV programming is further enhanced by the legal frameworks supporting strong, community-driven HIV service delivery.

HIV programming is underpinned by increased government investment, with financing nearly doubling from 2012 to 2015. Funds are earmarked for provincial HIV intervention programmes and mechanisms also cater for the funding of community-based HIV programmes.

Promotion of rights and access to justice and legal services is supported through a national collaborative effort which provides quality legal advice and services in matters relating to HIV and TB stigma and discrimination; this effort is further sustained by a national stigma and discrimination campaign.

South Africa's National Strategic Plan for HIV, TB and STIs integrates the national HIV response and explicitly addresses key populations (adolescent and young people, especially girls; men who have sex with men, prisoners, people who inject drugs, sex workers and

transgender people). HIV strategies, plans and programming is supported by evidence that is generated by the national monitoring and evaluation system.

HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

With the aim of diagnosing 90% of all HIV-positive persons by 2020, South Africa has implemented a range of approaches that provide a variety of HIV testing options available, which includes: client-initiated testing and counselling, provider-initiated testing and counselling, routine antenatal testing, community-based testing and counselling, and lay provider testing. South Africa has fully adopted the recommendations from the 2015 WHO Consolidated guidelines on HIV testing services in a national process on testing guidelines, and has included HIV Self-testing as part of the national plan. Both HIV Self-testing and Assisted Partner Notification approaches are being piloted in selected districts.

South African policy stipulates that HIV testing will be provided freely to all, and it is stipulated that HIV testing is solely performed based on voluntary and informed consent. Furthermore, HIV testing is not mandatory before marriage, it is not mandatory in order to obtain a work or residence permit and, is not mandatory for certain groups.

South African national strategies aim to link HIV testing and counselling to enrolment with care by implementing the following strategies: a) offering streamlined interventions (enhanced linkage, disclosure, tracing); b) using quality improvement approaches, and c) implementation of treatment guidelines.

With the aim of providing antiretroviral therapy (ART) for 90% of those diagnosed by 2020, South Africa has adopted and continues to implement recommendations from the 2016 WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection in its national process.

The following national guideline documents are uploaded as part of this report:

- Department of Health Circular on the Implementation of the Universal Test and Treat Strategy for HIV positive patients and differentiated care for stable patients
- National HIV Testing Services Policy, 2016
- Health Sector HIV Prevention Strategy, 2014-2016
- National Consolidated Guidelines for the prevention of mother-to-child transmission of HIV (PMTCT) and the management of HIV in children, adolescents and adults, 2014

The Department of Health (DOH) guidelines do not define a recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic. The mandate states to treat all regardless of CD4 count, which has been implemented countrywide.

Additionally, South African national policy on antiretroviral therapy for adults, adolescents and children includes the following modalities to ensure integrated and seamless service delivery:

- Tuberculosis (TB) service providers provide antiretroviral therapy and antiretroviral therapy providers provide TB treatment in the respective settings;
- Maternal, new born and child health service providers, and primary health care providers provide antiretroviral therapy in their respective settings;
- Antiretroviral therapy is delivered in the community as part of a differentiated care model, as well as in settings providing opioid substitution therapy;
- Antiretroviral therapy providers carry out mental health screening and treatment;
- Patient support is offered to those living with HIV, along with nutrition assessment, counselling and support provided to malnourished people living with HIV.

Currently, South African policy does not implement cardiovascular disease screening and management as part of antiretroviral therapy service provision.

South Africa has adopted a national policy promoting community delivery of antiretroviral therapy (outside of healthcare facilities), which is supported by the following approaches: a) Differentiated care, b) Central Chronic Medicine Dispensing and Distribution (CCMDD), and c) Adherence Clubs. Access to ARV therapy in community settings has been implemented nationally, and national policy stipulates that for people who are stable on ARV therapy, the frequency of ARV collection is once a month.

In terms of achieving viral suppression for 90% of those treated by 2020, South African national guidelines outline the following antiretroviral therapy regimens: TDF/3TC or

(FTC)/EFV are the preferred first-line ARV combinations for treatment initiation of adults, adolescents and pregnant women. The introduction of dolutegravir (DTG) in the national guidelines is planned to be introduced in 2018 as the first-line ARV regimen. South Africa's preferred first-line therapy uses 3 drugs fixed-dose combination taken once a day. The country's preferred second-line ARV combination for adults and adolescents uses AZT/3TC (or FTC)/ATV/r (or LPV/r).

South Africa has fully implemented routine viral load testing for monitoring antiretroviral therapy for adults, adolescents and children as per the current national policy. Routine viral load testing is conducted annually (six months after initiation of ART, then annually if viral load is <1000). Currently, viral load testing is only available at specialized antiretroviral therapy facilities, either on-site or by referral. It is estimated that 100% of the antiretroviral therapy facilities have viral load testing available.

South Africa uses the following ongoing systematic approaches to monitor the toxicity of antiretroviral medicines in the country, thorough: a) routine toxicity monitoring as part of the national M&E system b) active surveillance within cohorts and c) pregnancy registry and surveillance of birth defects (currently being piloted in one facility in one province). No toxicity monitoring approaches have been implemented to monitor adverse drug reactions to dolutegravir use.

Policy questions (2017)

Is there a law, regulation or policy specifying that HIV testing:

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; TREAT ALL regardless of CD4 count; Implemented countrywide

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

a) For adults and adolescents

Yes, fully implemented

b) For children

Yes, fully implemented

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

In accordance with the National Department of Health guidelines, the current recommended regimen for preventing the mother-to-child-transmission of HIV (PMTCT) is to treat all pregnant (or breastfeeding where applicable) women for life. The Universal Test and Treat policy is implemented nationally.

All health facilities (n=4104) in South Africa provide PMTCT, and include community accountability mechanisms in place. The following human rights considerations are addressed as part of PMTCT programmes:

- Voluntary and informed consent as sole basis for testing and/or treatment for HIV
- Voluntary and informed consent as sole basis for abortion, contraception and/or sterilization of women living with HIV
- Confidentiality and privacy
- Prevention of grave or systematic human rights abuses as part of PMTCT programmes
- Due diligence to address any human rights abuses as part of PMTCT programmes

The annual meeting held at the national level to review PMTCT progress (held within the past 12 months), was not represented by community and civil society, and did not create the opportunity for community and civil society to provide comments. Furthermore, no analysis by community and civil society was provided, documented or disseminated. Currently, women living with HIV in South Africa are not included in developing policies, guidelines or strategies relating to PMTCT.

The national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and age. The Universal Test Treat policy regardless of age is adopted countrywide.

Policy questions (2016)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: 3.2%; 2019

Elimination target(s) (such as the number of cases/population) and year: -

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat All; Implemented countrywide

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90%% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

South Africa has adopted the WHO recommendations on oral Pre-exposure prophylaxis (PrEP). PrEP guidelines have been developed and health-care personnel are trained in implementation of these guidelines. PrEP is offered as part of combination prevention programme to all South Africans who are at high risk for HIV. The eligibility criteria is “a person who is of HIV negative status and meets the clinical requirements”. This includes gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people, sero-discordant couples and young women aged 15-24 years.

Furthermore, a tenofovir-containing regimen for PrEP has received regulatory approval in South Africa for both an originator product and a generic product. PrEP is available in South Africa through: a) research (including pilot studies and demonstration projects), b) public facilities, c) private providers and d) educational institutions.

In terms of condom supply, it was reported that there were no national or local stock-outs in the past 12 months. The numbers of condoms and lubricants distributed in the past year by public providers were: 916 498 417 male condoms, 26 018 805 female condoms and 21 156 000 lubricants.

Policy questions: Key populations (2016)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling and buying sexual services is criminalized

Men who have sex with men

Laws penalizing same-sex sexual acts have been decriminalized or never existed

Is drug use or possession for personal use an offence in your country?

Drug use or consumption is a specific offence in law

Legal protections for key populations

Transgender people

Constitutional prohibition of discrimination based on gender diversity

Sex workers

No

Men who have sex with men

Constitutional prohibition of discrimination based on sexual orientation

People who inject drugs

Yes

Policy questions: PrEP (2017)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed and are being implemented

Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

South Africa does not have laws requiring consent for adolescents to access sexual and reproductive health services, HIV testing, or access to HIV treatment. Furthermore, there exist no laws requiring spousal consent for married women to access sexual and reproductive health services or HIV testing.

Policy questions (2016)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

No

Does your country have legislation on domestic violence*?

Yes

What protections, if any, does your country have for key populations and people living with HIV from violence?

General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Programmes to address intimate partner violence*

Programmes to address workplace violence

Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

Knowledge of HIV and access to sexual reproductive health services

Ensure that 90%% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

To address this commitment, South Africa has made strides to increase access to health information, services and support, including the expansion of HIV testing to include the youth. The National HIV Testing Services Policy outlines a set of guiding principles to be considered in interactions with children during all phases of the HIV counselling and testing process. This policy also outlines groups of adolescents to be considered at higher risk for HIV, such as adolescents infected vertically and have not been diagnosed, adolescents acquiring HIV horizontally through early sex, and adolescents from key populations. The policy presents the need for routine testing of adolescents, adequate support for the disclosure of their HIV status, prevention interventions for young women and girls aged 15 and 24 years as well as those in- and out-of-school.

South Africa announced the She Conquers national campaign in mid-2016, which aims to protect and promote the rights of adolescent girls and young women aged 15-24 years across the country. The campaign also includes adolescent boys and young men aged 15-35 years as a secondary target group. Its objectives are to decrease new HIV infections and teen pregnancies, keep girls in school until matric, decrease sexual and gender-based violence, and increase economic opportunities for young people. It targets particularly vulnerable groups including orphans and vulnerable children, youth that are unemployed, young sex workers, youth with disabilities and those in rural areas. Finally, the Comprehensive Package of Interventions will be scaled up to address current barriers experienced by young women

and girls, including biomedical, socio-behavioural and structural interventions to increase access to information, services and support.

[Data sources: National HIV Testing Services Policy; She Conquers website]

Policy questions (2016)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

Yes

b) Secondary school

Yes

c) Teacher training

Yes

Social protection

Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

South Africa has an approved social protection strategy which is being implemented. South Africa considers the National Development Plan: A vision for 2030, the Medium Term Strategic Framework 2014-2019 and the National Strategic Plan for HIV, TB and STIs 2017-2022 are social protection mechanisms based on the country's overall commitments and response for people living with and affected by HIV.

The above strategy documents make reference to HIV and recognises as key beneficiaries: people living with HIV, key populations (i.e., sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners), adolescent girls and young women, and people affected by HIV (i.e., children and families). In addition, the social protection response recognises the issue of unpaid care work in the context of HIV.

South Africa has a social protection coordination mechanism/platform that includes representatives of the National AIDS Programme. Additionally, the Departments of Social Development and Health, amongst others, are represented in the Technical Implementation Forum for Outcome 13, which is another forum that discusses social protection issues. South Africa implements a cash transfer programme for young women aged 15-24 years through its Global Fund grant.

Policy questions (2016/2017)

Yes and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

Yes

f) Does it address the issue of unpaid care work in the context of HIV?

Yes

What barriers, if any, limit access to social protection programmes in your country?

Lack of information available on the programmes
Complicated procedures
Fear of stigma and discrimination
Laws or policies that present obstacles to access
High out-of-pocket expenses

Community-led service delivery

Ensure that at least 30%% of all service delivery is community-led by 2020

Progress summary

South Africa has a strong history of community-driven service delivery, which is supported by laws, regulations and policies that support the registration of HIV CSOs, including registration of CSOs/CBOs working with key populations; the provision of HIV services by CSOs/CBOs, including to key populations; and streamlined reporting requirements for CSOs/CBOs delivering HIV services. Access to funding for CSOs/CBOs is provided for under social contracting mechanisms, whereby community-based service delivery is funded from domestic funding as well as from international donors.

Policy questions (2017)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

Yes

What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers

Progress summary

Analysis of available financial data shows that over the last five years (2011/12 to 2015/16), government funding for HIV programmes through the Department of Health has increased from an expenditure budget of ZAR 7.95 billion in 2012/13 to ZAR 14,32 billion in 2015/16. The Comprehensive HIV/AIDS Grant, which accounts for almost the entire HIV budget, also increased substantially, from R8.8 billion in 2012/13 to R13.7 billion in 2015/16. Funds earmarked for provincial HIV intervention programmes constitute an integral part of government funding for HIV across the country. This budgetary increase signifies the high level of government commitment to aggressively respond to HIV.

[Data source: 2016 Global AIDS Response Progress Report]

Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

The Department of Justice and Constitutional Development commits itself to the partnership against HIV and AIDS and to ensuring equal opportunities in the workplace, including protecting the rights and dignity of HIV-infected employees and promoting employment equity.

Since 2015, the SA National AIDS Council (SANAC) has a Memorandum of Understanding with Legal Aid South Africa to tackle persistent forms of stigma and discrimination that continue to affect people infected with HIV and/or TB. The MOU is in place to provide quality legal advice and services in matters relating to HIV and TB stigma and discrimination or related matters. Legal services are provided by paralegals at the call centre and promotion of access to legal services at Justices Centres across the country.

Additionally, SANAC in conjunction with partners has implemented a national communication campaign designed to challenge stigmatising attitudes, build understanding of PLHIV and market the Legal Aid SA service.

[Data sources: SANAC website; DoJ&CD website]

Policy questions (2016)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at a small scale

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Legal Aid South Africa

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

Mechanisms are not sensitive to HIV

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

South Africa implements the National Strategic Plan for HIV, TB and STIs 2017-2022, which is a national health strategy that integrates the AIDS response. The plan has undergone review in the past two years. The NSP explicitly addresses key populations and vulnerable groups, including adolescent key populations, men who have sex with men, people in prisons and other closed settings, people who inject drugs, male and female sex workers and transgender people. Groups not specifically targeted by the strategy are non-displaced people affected by emergencies, refugees, internally displaced people, migrants and asylum-seekers.

The NSP specifically includes explicit plans or activities that address the needs of key populations and young women and girls; draws on the most recent evidence about the national HIV epidemic and the status of the response; and integrates inputs from a multi-sectoral process, including various government and non-governmental partners. The NSP also includes gender-transformative interventions, including interventions to address the intersections of gender-based violence and HIV, however does not include a dedicated budget for this.

South Africa operates a functioning health information system: the District Health Information System (DHIS), which uses both electronic and paper-based methods. All data (100%) from health facilities delivering HIV services as well as national HIV treatment data is captured within the DHIS. Any of this data that is recorded on paper (manually) are captured into the DHIS.

South Africa does not currently use routine data from antenatal clinic attendees on the number of women testing positive for HIV, nor the number of women already known to be HIV-positive. However, the DHIS captures the full treatment cascade, including patient-level viral load testing results. South Africa conducts disaggregated analyses in the categories of knowledge of HIV status, treatment and viral load at district level and for key populations. Full

HIV testing, treatment and viral load cascade data is routinely included in the health information system with a dashboard for displaying the data visually by district.

Although South Africa has not updated the patient monitoring system indicators and tools using the 2017 WHO person-centred HIV patient monitoring and case surveillance guidelines, the National Indicator Dataset (NIDS), which delineates robust routine performance data, was revised and published for implementation effective 1 April 2017. The country has a comprehensive stable dataset that is routinely collected for the monitoring of HIV and all other services, which is a principle requirement of the WHO guidance. However, the dataset and performance indicators have not yet been updated since the publication of the WHO guidance. However, other monitoring indicators (cross-sectional and cohort) have been recently reviewed and the TIER.Net patient monitoring software was updated earlier in 2017 to refine the monitoring of ART and the rollout of TB monitoring in the same system.

South Africa does not currently have a method to identify or remove duplicate health information for patients within and between clinics. There exists no means to link records using unique identifiers and/or personal identifiable information (including biometrics). This is true for all related services, including testing services, treatment services, HIV prevention services and for laboratory services.

HIV is not a nationally notifiable condition in South Africa. South Africa mandates that all deaths be reported to the civil registration and vital statistics system using a standard death report form that includes cause of death through the Department of Home Affairs. The civil registration and vital statistics system is estimated to be approximately >75% complete. This data, however are not able to be linked to the country's national HIV case reporting system, nor is it reported directly to the country's national HIV case reporting system.

Policy questions (2016)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b) The national strategic plan governing the AIDS response

Yes

c) National HIV-treatment guidelines

Yes

What coinfection policies are in place in the country for adults, adolescents and children?

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

Hepatitis B vaccination provided at antiretroviral therapy clinics