

Narrative Report: South Africa: National Commitment and Policy Instrument (NCPI)

Overview

As South Africa is faced by a quadruple burden of disease including maternal, new born and child health; HIV/AIDS and tuberculosis (TB); non-communicable diseases; and violence and injury, the implementation of national commitments to ending HIV and AIDS is important in ensuring a constitutionally enshrined health for all.

According to the Thembisa Estimates, Version 4.1, South Africa has the biggest and most high-profile HIV epidemic in the world, with an estimated 7.5 million people living with HIV in 2018. HIV incidence dropped from 271466 (0.55%) in 2017 to 244003 (0.49%) in 2018. HIV prevalence is high among the general population at 13.1% and even higher among Men who have sex with men (MSM) at 27.0% and female sex workers (FSW) at 58.6%. AIDS related deaths reduced from 89403 in 2017 to 85706 in 2018. South Africa has made huge improvements in getting people to test for HIV in recent years and is now estimated to have reached the first 90 of the 90-90-90 targets, with 91.2% of people living with HIV aware of their status. An estimate of about 4.4 million people living with HIV are on ART, representing a 59.0% ART coverage. South Africa has the largest antiretroviral treatment (ART) programme in the world which has undergone even more expansion in recent years with the implementation of 'test and treat' guidelines and these efforts have been largely financed from its own domestic resources. The country has also started piloting HIV Self-Testing to further close the gap on HIV status knowledge. South Africa was the first country in sub-Saharan Africa to fully approve Pre-Exposure Prophylaxis (PrEP), which is now being made available to people at high risk of infection at demonstration sites. The success of this ART programme is evident in the increases in national life expectancy, rising from 59.8 years in 2010 to 65.6 years in 2018.

The country's strong legal and regulatory framework protects individuals affected and infected with HIV from any forms of violence, discrimination and stigmatisation. South Africa's approach to ending AIDS by 2030 is underlined by a strong human rights approach and programmes focused on ensuring that no one is left behind. To that end, there are programmes targeted to address socio-structural barriers to accessing services, a focus on priority and key populations, geographical prioritisation and promoting leadership and shared accountability for a sustainable response to HIV, TB and STIs.

COMMITMENT 1: Ensure that 30 million people living with HIV have access to treatment through the 90-90-90 targets by 2020

HIV Testing: South Africa has fully adopted the *WHO 2015 consolidated guidelines on HIV testing services* as a national process. HIV testing is free for all and the following HIV testing approaches are currently being used: client and provider-initiated testing and counselling, routine antenatal testing, community-based testing and counselling, home testing, lay provider testing and self-testing. Assisted partner and index testing is on-going and currently being scaled up, however it is not yet a national policy in South Africa. HIV self-testing has been adopted as a national strategy but is being piloted through various initiatives and demonstration, projects in six out of nine provinces.

No regulation or law exists for mandatory testing before marriage, in obtaining a work or residence permit and for any other certain groups. The existence of a national and/or strategies for linking HIV testing and counselling and enrolment with care. This policy includes the following approaches (i) streamlined interventions specifically enhanced linkage, disclosure and tracing, (ii) peer support and

patient navigation approaches, (iii) quality improvement approaches and (iv) CD4 testing at the point of care. However, among pregnant women civil societies noted possible testing coercion among pregnant women.

Antiretroviral Therapy: South Africa is currently adapting the recommendations from the 2018 WHO Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV infection in a national process. Currently, no CD4 thresholds are used for initiating therapy in adults and adolescents who are asymptomatic. All patients are on treatment regardless of CD4 count. Treat all regardless of CD4 count is implemented country-wide (>95% of treatment sites). Rapid initiation within 7 days of HIV diagnosis has been adopted through the WHO 2017 recommendation on rapid initiation of ART. The country has moved to universal test and treat, allowing for same day initiations. All treatment Primary Health Care (PHC) facilities have access to CD4 cell count for testing patients, whether on site or nearby referral. Nurse -initiated ART is allowed for all patients. National policy promoting community delivery exists for ART, allowing for ART to be provided in community settings at national level. These approaches are supported by PHC mobile clinics. In terms of prioritization of people with advanced HIV disease, no national policy exists for the country. A national policy exists for frequency of clinic visits and pick up of ART medicine for stable patients for once a month, every 3 months and 6 months. Currently Lost to follow up (LTFU) is defined as patients that have not received ART within 90 days of their last drug collection appointment. The country has not adopted, the WHO 2017 recommendations to offer a package of interventions to all patients with advanced HIV disease. The following service providers (modalities) are included in the national policy on ART therapy: TB, maternal, new born and child health, NACS, ART (both at facility and community level through differentiated care models).

ART regimens: TDF/3TC or (FTC)/EFV are the preferred first-line antiretroviral combinations for treatment initiation in adults, adolescents and pregnant women. Dolutegravir (DTG), is being introduced as first line ART regimen and introduction of DTG in national guidelines is planned for 2019. Furthermore, South Africa uses fixed-dose combinations (FDC) ART as the preferred first-line therapy three drugs fixed-dose combination taken once a day. AZT/3TC (or FTC)/ ATV/r (or LPV/r) is the preferred second-line ARV combination for adults and adolescents, whilst Abacavir is the preferred nucleoside reverse transcriptase inhibitor (NRTI) for treatment initiation in children. LPV/r based-regimens are the preferred treatment option for all infants and children below three years old, irrespective of NNRTI exposure. The national guidelines also stipulate that Efavirenz (EFV) is the preferred NNRTI for treatment initiation in children aged three and older and the recommended NRTI backbone for treatment initiation in children aged 3-10 years is ABC + 3TC (or FTC). Similarly, the recommended NRTI backbone for treatment initiation in adolescents > 35kg and at least 10 years of age.

Viral Load: The national treatment guideline has the measured threshold of <400 copies/ml at which viral suppression in an individual is defined as a success and the country has fully implemented national policy on routine viral load testing and monitoring ART for adults, adolescents and children. A national policy for routine viral load testing exists, and frequency of testing for suppression is annually recommended whilst testing is available at all ART facilities (100%), either on site or by referral. Point of care and dried blood spot viral load testing are not respectively available or recommended in the national policy. A policy is in place to prioritise viral load testing in select populations, and this has been implemented country wide.

HIV drug resistance and toxicity monitoring: A national plan (not based on WHO protocols) to monitor HIV drug resistance is available in South Africa for the period 2017-2021. However, in the last 3

years the country has not carried out HIV drug resistance (HIVDR) surveillance based on the WHO protocols. The country has not carried out HIVDR surveillance according to pre-treatment drug resistance (PDR) survey and acquired drug resistance (ADR) survey among adults. Surveillance of ADR in paediatric patients has been performed but not following WHO protocol.

Routine monitoring of clinic performance using early warning indicators for HIV drug resistance are being implemented and these are collected through EWI survey in a sample of clinics. Other on-going systematic efforts besides pharmacovigilance approaches to monitor toxicity of ART medicines are being implemented and include active toxicity monitoring/surveillance within cohorts and pregnancy registries and surveillance of birth defects. Currently no toxicity monitoring approaches have been introduced to monitor adverse reactions to DTG.

Adherence and Retention: National policies and strategies on retention in ART exist and the retention support services available include community-based interventions as well as adherence clubs and peer support. The following adherence support approaches are being implemented; peer counsellors, text messages, use of reminder devices, cognitive behaviour therapy, behavioural skills training/medication adherence training, fixed dose combinations and once-daily, case management and peer navigation. Lastly, treatment literacy programmes are available for PLHIV and include information on side effects, drug resistance, etc.

COMMITMENT 2: Eliminate new HIV infections among children by 2020, while ensuring that 1.6 million children have access to HIV treatment by 2018.

South Africa has a national plan for the prevention of mother-to-child transmission (PMTCT) of HIV, and retesting of HIV negative women during pregnancy, delivery and/or post-partum/breastfeeding. A national plan is in place for the elimination of MTCT, with targets set at <2% and number of cases/populations set at 2500. The current nationally recommended policy for preventing MTCT of HIV is to treat all pregnant women/breastfeeding women for life and this is being implemented countrywide. The current nationally recommended first-line ART regimen for pregnant and breastfeeding women living with HIV is TDF/ 3TC (FTC) /EFV. On the other hand, the currently nationally recommended infant prophylaxis is Nevirapine (NVP) at birth, and then daily for six weeks, if the mother is on lifelong ART. If the mother did not get any ART before or during delivery and test HIV positive > 72 hours after delivery, started ART less than 4 weeks ago or is newly diagnosed within 72 hours of delivery, the infant must be given NVP as soon as possible and daily for 12 weeks (if the infant is breastfed).

Regarding infant feeding, South Africa recommends breastfeeding feeding for HIV exposed infants. If breastfeeding is recommended for HIV positive women and HIV-exposed infants, the duration is 24 months. Finally, there is a national strategy on interventions at delivery for women living with HIV who have not previously been tested for HIV and it is fully implemented nationally. Additionally, the food and nutrition support are integrated within PMTCT. Vertical transmission of HIV is not criminalized in South Africa. A national plan exists for routinely screening pregnant women for syphilis, however no national plan is in place for the elimination of MTCT of syphilis. For screening the following are tests are conducted: laboratory based non treponemal (RPR/VDRL and treponemal (TPPA, TPHA).

Early Infant Diagnosis (EID) National guidelines recommend that infants be tested for HIV at birth, two months and 18 months of age. National policy provides nucleic acid testing (DNA-PCR) for HIV-exposed infants at birth. HIV exposed infants are not tested for antibodies at 9 months. The final diagnosis HIV antibody test is done at 18 months of age or three months post cessation of breastfeeding. A policy for point of care early infant diagnosis testing is not yet in place. All ART facilities are providing PMTCT

services, but no community accountability mechanisms are in place. Voluntary and informed consent as sole basis for testing, abortion, contraception and sterilisation of women living with HIV and confidentiality and privacy have targeted interventions that address their human rights. A national level meeting has been held in the last 12 months, through technical working groups meetings at the National Department of Health (NDoH) with various stakeholders. However, community and civil society, women living with HIV, community organisations were not involved. Women living with HIV participate in developing national policies, guidelines and strategies relating to PMTCT. Treat all, regardless of the age is the national recommendation for treating all infants and children living with HIV and this has been implemented countrywide. Lost to follow up for a child, is defined as one that has not been seen for HIV care or pharmacy pick up in 1 month. The country has a strategy in place to ensure that all adolescents born with HIV are not lost to follow up as they transition into adult HIV care, and cohorts of children receiving ART are monitored. Growth monitoring and nutrition programmes are integrated with HIV testing and treatment, at a 50-95% scale across treatment sites.

COMMITMENT 3: Ensure access to combination options including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people, especially young women and adolescent girls in high prevalence countries and key populations-gay men and other MSM, transgender, sex workers and their clients, people who inject drugs and prisoners.

Laws: Transgender people and cross dressing are not criminalized or prosecuted. Laws penalizing same-sex sexual acts have been decriminalised and same sex marriages are legal in South Africa. However, selling and buying sexual services is still criminalized. Additionally, drug use or consumption remains unlawful but does not retain the death penalty for people convicted of drug related offenses. However, the following key populations have been arrested; sex workers and people using drugs.

Legal protections for key populations: South Africa does not have other punitive laws affecting lesbian, gay, bisexual, transgender and intersex (LGBTI) people and the following legal protections apply for transgender people i) constitutional prohibition of discrimination based on gender diversity, ii) prohibitions of discrimination in employment based on gender diversity, iii) a third gender is legally recognized and, iv) other non-discriminatory provisions specifying gender diversity.

Legal protection for sex workers and sexual orientation exits through the constitutional prohibition of discrimination based on occupation. In addition, there are laws and provisions specifying protections based on grounds of sexual orientation namely, i) constitutional prohibition of discrimination based on sexual orientation, ii) hate crimes based on sexual orientation considered an aggravating circumstance, iii) incitement to hatred based on sexual orientation is prohibited, and iv) prohibition of discrimination in employment based on sexual orientation. Furthermore, South Africa has specific antidiscrimination laws or provisions that apply to people who use drugs and there is explicit supportive reference to harm reduction in national policies.

HIV prevention for sex workers: South Africa has a national prevention strategy to reduce new infections among sex workers and provide services to sex workers and their clients. The national strategies include:

- (i) Community empowerment and capacity building for sex worker organisations

- (ii) Community-based outreach and services for sex workers and their clients
- (iii) Distribution of condoms for sex workers and their clients
- (iv) Clinical services for sex workers and their clients
- (v) Actions to address GBV
- (vi) Legal support services
- (vii) Actions to reduce stigma and discrimination in the health setting

HIV prevention for MSM: South Africa also has a national prevention strategy to reduce new infections among and provide services to gay men and other MSM. The strategy includes those mentioned for sex workers but additionally includes:

- (i) Distribution of condoms and condom-compatible lubricants
- (ii) Sexually transmitted infections (STIs) prevention, screening and treatment services
- (iii) Clinical services specific for MSM
- (iv) Psychological counselling and/ or mental health services
- (v) Legal support services
- (vi) Actions to address homophobic violence
- (vii) Actions to reduce stigma and discrimination.

HIV prevention for people who inject drugs (PWID): Needle and syringe programmes are operational in South Africa and possession of a needle or syringe without a prescription can be used as evidence of drug use or cause for arrest. Opioid substitution therapy (OST) programmes are operational and other non-opioid drug dependence treatment interventions are also implemented. Naloxone (used to reverse opioid overdose) is not available in the country and through community distribution channels.

HIV prevention services for prisoners: South Africa has neither needle and syringe nor OST programmes operational in prisons. Condoms and lubricants are available in prisons. HIV testing is carried out with informed consent of the prisoners and is free of charge and confidential. HIV testing is equally accessible to all prisoners.

HIV Prevention among adolescents' girls, young woman, and their male partners in communities with high HIV incidence: A national prevention strategy to reduce new infections among adolescents' girls, young women, and their male partners in communities with high HIV incidence exists, and includes community-based outreach, and promotion and distribution of condoms, youth friendly health services, school- based HIV prevention campaigns and social support/economic development. National targets, for HIV prevention have been set for adolescent girls and young women. For adolescent girls and young women aged 15-29, targets are set at 18 000 per year in 2020.

Participation of key populations in the national response: In South Africa, MSM, sex workers, People who inject drugs (PWID), transgender people and former/current prisoners participate in the development of policies, guidelines and strategies relating to their health.

Services for people affected by humanitarian emergencies: In South Africa, people affected by humanitarian emergencies (including but not limited to non-displaced people, refugees and asylum seekers, internally displaced people and migrants), have access to the following services: HTS, PMTCT,

HIV treatment, TB screening and treatment, preventing and treating STIs, services for key populations, services for survivors of sexual and gender-based violence and, food and nutrition support.

Pre-Exposure prophylaxis (PrEP): WHO recommendation on oral PrEP have been adopted and implemented, at national level. PrEP is currently being provided for the following populations: gay men and other men who have sex with men, sex workers, transgender and young women. National PrEP guidelines have been developed and training programme for health care personnel implemented. PrEP is currently, being provided through research and demonstration projects, private providers and a few educational institutions. Availability of PrEP in centralised locations, specialised HIV treatment locations and the high out of pocket cost have been noted as barriers that limit access.

VMMC: VMMC is offered for free for all ages in South Africa. A national strategy and plan exist for VMMC for men aged 10-49, and targets have been set at 40% and 60% for those aged 10-14 and > 15 years of age respectively. Conventional surgical methods (dorsal slit, forceps guided, sleeve resection) are used.

Condoms: A national strategy for condoms exists and covers the general population and all key populations and condoms are distributed for free to key populations. The national needs for condoms have been estimated to be about 953 152 462 for 2018/19 based on the general population (condoms per sexually active man/year). Individuals are not prosecuted for carrying condoms, and no age restriction exists for accessing condoms. However, condom distributions are limited and restricted in primary and secondary schools. No stock-outs have been reported at national and local level.

Commitment 4: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.

Violence

In terms of domestic violence, the law provides for court injunctions for the protection of survivors of domestic violence like court orders. The Thuthuzela Care Centres, the National Prosecutions Authority special units and the police services are also available to ensure the security and safety of survivors of domestic violence. Rehabilitation services, through the legal system, are available to perpetrators of violence.

Key populations and people living with HIV are protected from violence by the general criminal law procedures. However, there is no specific legal provisions protecting PLHIV from violence as a result of their status. The sexual offences act and domestic violence act protects individuals from intimate partner violence. Public service policies and procedures protect people from violence within the work place while interventions by legal centres and the Independent Police Investigative Directorate protect people from police abuse.

First line support services such as psychological first aid are provided through first line officials. Emergency contraception, safe abortion and post-exposure prophylaxis services are available for rape, STIs and HIV exposure.

Laws and/or policies are in place requiring health care-settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socioeconomic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds but the policies are not consistently implemented.

There are general criminal laws prohibiting violence. The Prevention and Combating of Hate Crimes and Hate Speech Bill, currently before Parliament, provide for the offence of hate crime and the offence of hate speech and the prosecution of persons who commit those offences. Hate crimes is

described as an offence, the commission of which by a person is motivated by that person's prejudice or intolerance towards the victim of the crime in question because of one or more of the following characteristics or perceived characteristics of the victim or his or her family member or the victim's association with, or support for, a group of persons who share the said characteristics, which includes amongst others "HIV status".

Parental/guardian and spousal consent for accessing services

There are no laws requiring parental/guardian consent for adolescents to access contraceptives, including condoms but there are laws requiring parental/guardian consent for adolescents younger than 14 years to access HIV testing and receive the results as per the 2016 HTS policy. There is no law requiring parental consent for adolescents to access HIV treatment nor laws requiring spousal consent for married women to access HIV testing and any sexual or reproductive health service.

Commitment 5: 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.

The country has mechanisms and platforms that allow young people (15-24 years) to participate in the development of national policies, guidelines and strategies relating to their health. Through the youth sector of the National AIDS Council, young people participate in decision making spaces like technical teams for the development, review and update of national AIDS strategies and plans; technical teams for the development or review of programmes that relate to young people's access to HIV testing, treatment, care and support services; National AIDS Council; the Global Fund Country Coordinating Mechanism; the Civil society coordination spaces of populations most affected by HIV and the Community advisory body for hospitals, clinics and/or research projects.

Commitment 6: Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

The country has an approved social protection* strategy, policy or framework that is being implemented and covers HIV, recognizes people living with HIV as key beneficiaries and but does not recognize key populations, adolescent girls and young women, families affected by HIV, children affected by HIV as key beneficiaries. It does not address the issue of unpaid care work in the context of HIV.

There is a social protection coordination mechanism or platform, but it does not include any representatives of the National AIDS Programme or equivalent– Government adopted the outcomes approach to implement the Social Protection Programme. The Outcome 13 is aligned to NDP: Chapter 11 on Social Protection. The Outcome 13 ("herein referred as the Social Protection") comprises of the Departments of Social Development (DSD), Health, Education, Transport, Labour, Cooperative and Traditional Affairs and Human Settlement. The Social Protection Programme provides income support and services to citizens, permanent residents and refugees. These target groups include those who are infected and affected by HIV/AIDS. The DSD coordinates the activities of the Social Protection Programme and submits reports to the Department of Planning, Monitoring and Evaluation (DPME). DPME supports the Ministers when they present progress report to Parliament. Therefore, the coordination mechanism or platform is at the Government level.

There is currently no cash transfer programme for women aged 15 and 24 years who are infected and affected by HIV/AIDS. The existing cash transfer is a constitutional right paid to everyone, those infected and affected by HIV/AIDS who satisfy the set criteria and the means test.

Commitment 7: Ensure that at least 30% of all service delivery is community-led by 2020

The country provides a legal and regulatory framework that guides the registration, operation, provision of different service types to different populations in a manner that is less cumbersome in reporting. The framework provides for mechanisms allowing for funding of service delivery by communities from domestic funding and international donors.

Commitment 8: Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers.**Commitment 9: 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.**

Trainings and/or capacity-building programmes to educate and raise their awareness for people living with HIV and key populations concerning their rights (in the context of HIV) were conducted both at national and sub-national scale. Trainings on human rights, non-discrimination violence against women and gender-based violence are provided to law enforcement personnel, health care workers and members of judiciary at national and sub-national levels but not for elected officials who only receive small scale training for violence against women and gender-based violence. Lack of funding presents a major barrier in the provision of the trainings.

The country has constitutional and legislative protections that specify HIV status as a protected attribute and laws protecting against discrimination. The Human Rights Commission is a body established by government to record and address individual complaints of HIV-related discrimination. In the health care settings, there are complaints procedures, mechanisms for redress and procedures or systems to protect and respect patient privacy or confidentiality. Human rights enforcement and monitoring mechanisms exist as independent functional national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work. Furthermore, the country has legal aid systems applicable to HIV casework, pro bono legal services provided by private law firms, legal services provided by legal clinics, community paralegals and legal aid South Africa.

Commitment 10: Commit to taking AIDS out of isolation through people-centered systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.

Cervical cancer screening and treatment for women living with HIV is encouraged in the national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs), HIV treatment guidelines and the national AIDS response. The national TB, TPT and ARV guidelines include IPT or latent TB infection prophylaxis for people living with HIV, intensified TB case finding, co-trimoxazole prophylaxis. Hepatitis B and C screening and management in ART clinics is included in national viral Hepatitis and ARV guidelines. The policy on Hepatitis C treatment was newly approved and is not implemented yet, except in drop in centres managed by Non-Governmental Organisations (NGOs) in major cities around the country.

Sexually transmitted infections (STIs)

In relation to STIs, the country has STI treatment guidelines that were last updated in 2018 and a national strategy for the prevention and control of STIs. Gonococcal antimicrobial-resistance monitoring is conducted in the country every second year. Congenital syphilis monitoring includes stillbirths.

National HIV strategy and monitoring and evaluation

Strategy

South Africa has a five-year national strategic plan for HIV, TB and STIs that was developed, adopted and started implementation in 2017. The strategy includes a guide that specifically addresses key populations or vulnerable groups like adolescent key populations, Men who have sex with men, People in prisons and other closed settings, People who inject drugs, Sex workers (male and female) and Transgender people. In addition, the plan includes a specific mention and focus on key populations, young women and girls and draws recent evidence about the national HIV epidemic and the status of the response. It also integrates inputs from a multi-sectoral process, including various government sectors as well as non-governmental partners.

Monitoring and evaluation

An HIV monitoring and evaluation that is integrated in a broader health monitoring and evaluation strategy or plan and contains gender-sensitive indicators but has not been updated in the past 2 years.

Information system

The country has one information system of complementary public sector information systems that includes specific indicators on HIV service delivery for national level reporting. The health information system is currently both paper-based and electronic. Both treatment cascade and patient-level viral load testing results routinely available at district level and within the health information system.

Unique identification codes for patients

The country has a method to remove duplicate patients within and between clinics for testing, treatment and laboratory services but not for prevention. Data are linked using a national unique person identifier (NUPI) and a combination of routinely collected personal identifying information but not biometric system or unique identifier across programmes like laboratory and treatment services.

Case reporting

HIV is not a nationally notifiable condition by law

Mortality

The country 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. However, individual-level data on reported deaths cannot be linked and reported directly to the country's national HIV case reporting system. A case surveillance system is used to track the number of people who know their HIV status using programme data reported in aggregate and this system was there before 2008. A routine data review is conducted to ensure data quality and used to adjust reported numbers for HIV programme indicators.