

MANAGING THE HIV/TB/STI RESPONSE IN SOUTH AFRICA

ATTC MEETING

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Durban



PRESENTATION OUTLINE

1. How big is the problem
2. Macro- structure of SANAC
3. The Summary of the NSP
4. Subnational Planning
5. Latest updates on the HIV Epidemic
6. Latest Updates on the TB Epidemic
7. Closing Thoughts



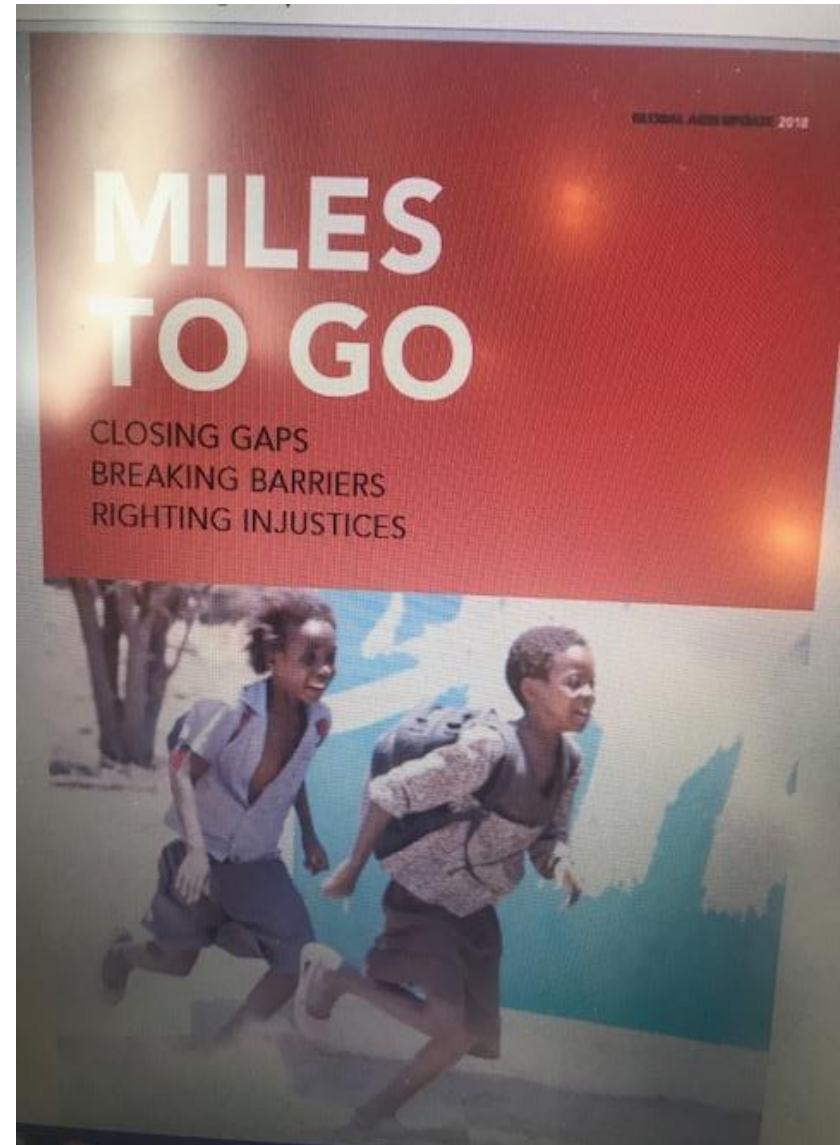
HOW BIG IS THE PROBLEM?

- 21% of PLHIV is in SA
- 15% of new HIV infections in SA
- 15% of HIV related deaths in SA
- 20,4% of PLHIV on ART in SA

Yet

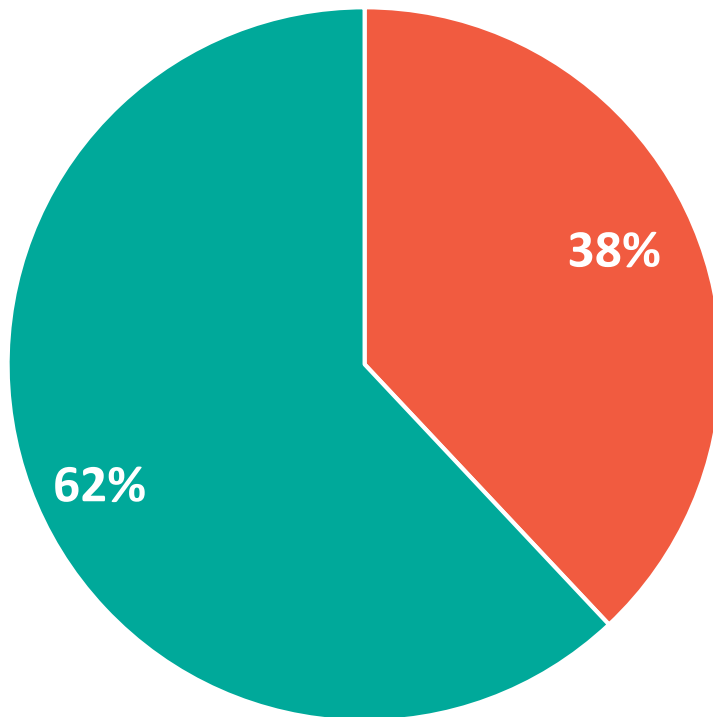
SA population is only 0.7% of the Global Population

- 450 000 new TB cases annually
- TB leading cause of death, 114 462 people died between 2013-2015
- > 1000 000 000 STIs treated every year



In 2018, the HSRC survey finds that over a third of all new infections in SA comes from 15-24 year olds

HIV incidence in SA



■ 15-24yrs ■ Rest of population

Further findings:

- Overall HIV incidence was 1.0%
- HIV incidence was 3 times high amongst AGYW 15-24yrs than their male counterparts (1.51% compared to 0.49%)

3262 children Aged between 10 & 14 gave Birth in the past year in SA



By Sophie Michael

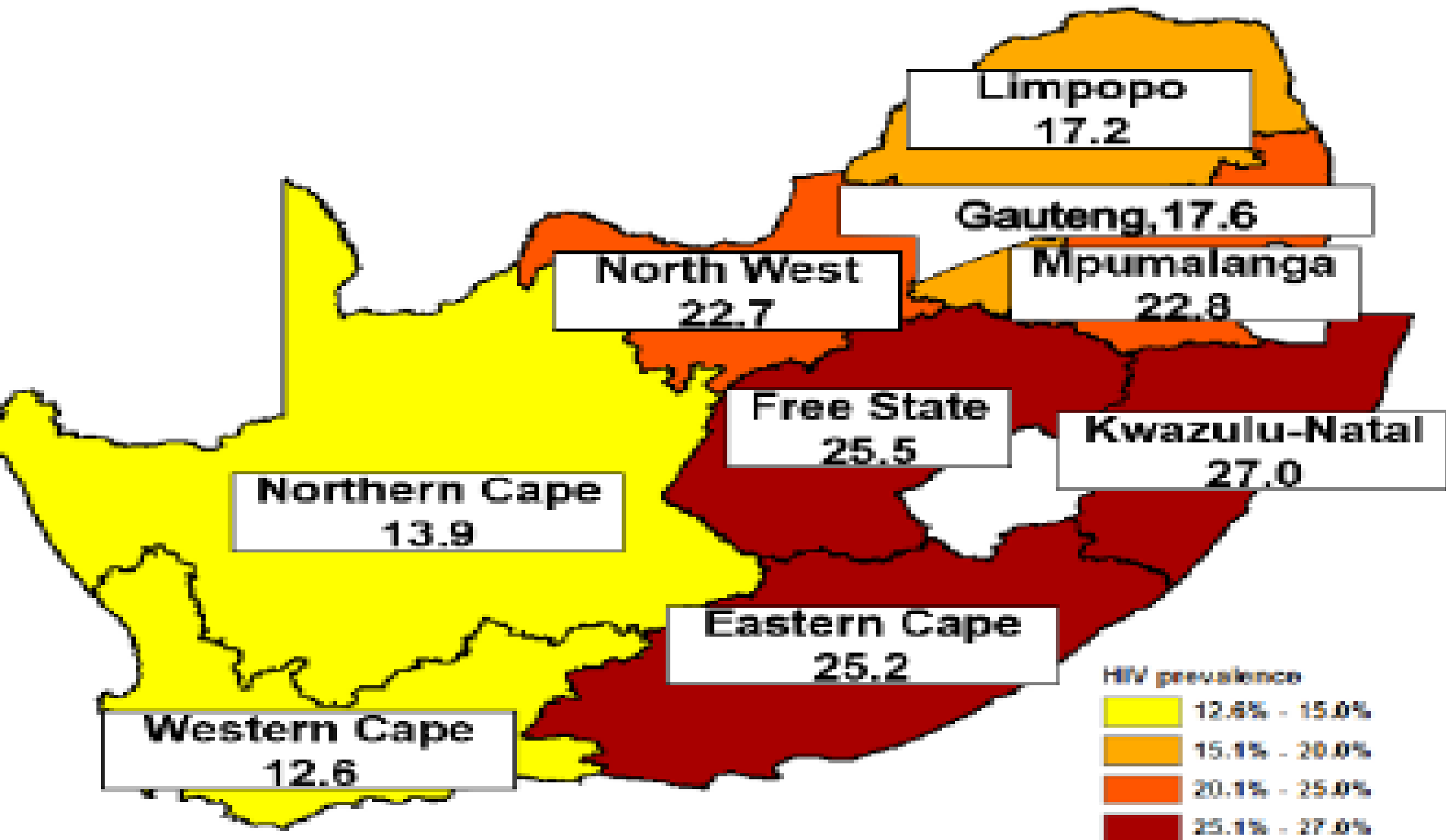


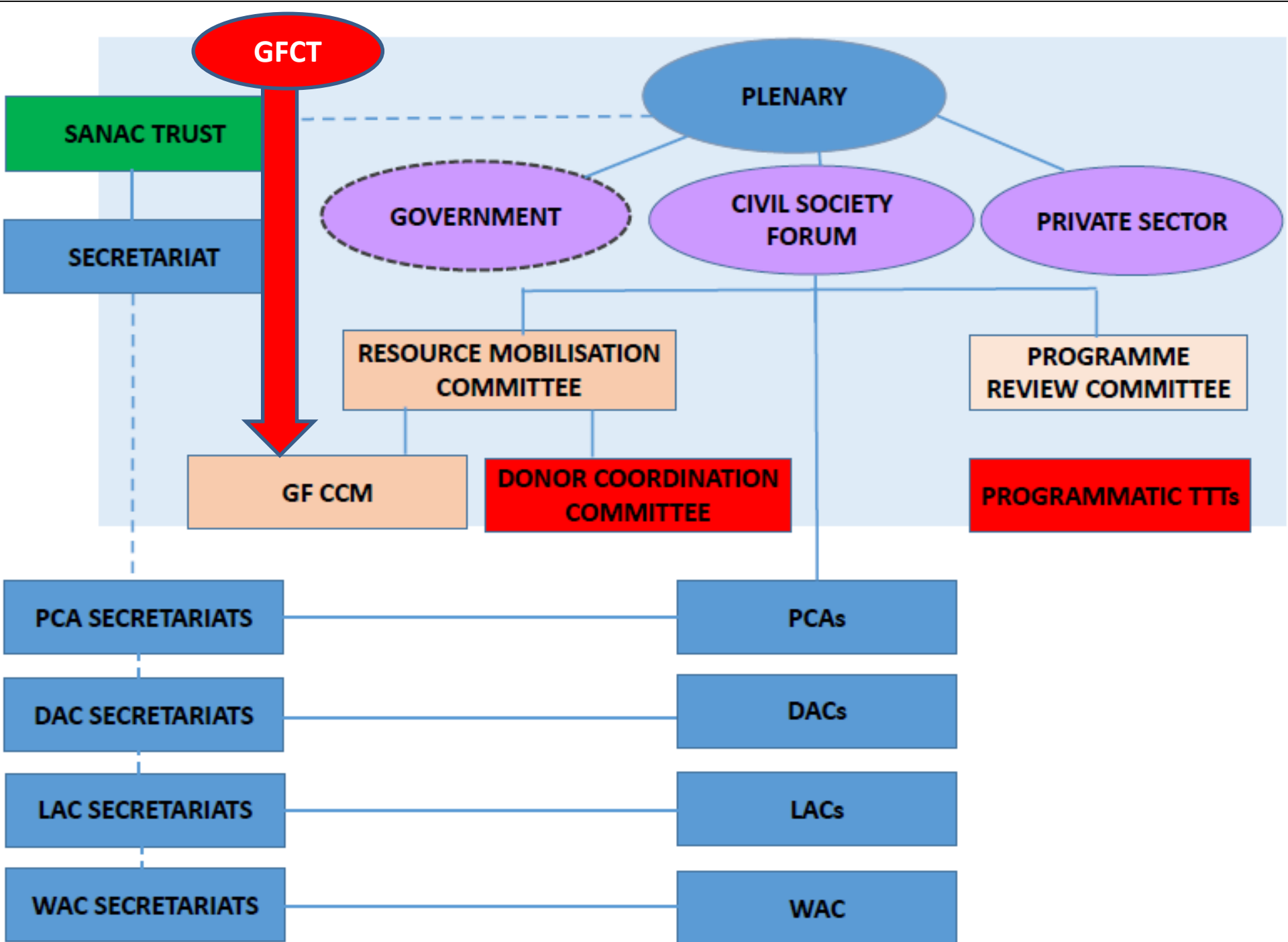
Last Updated Feb 22, 2019

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HIV PREVALENCE BY PROVINCE (HSRC 2018)





The NSP: A roadmap for a critical stage of our journey

- **The NSP is a roadmap** that enables thousands of organisations and individuals pull together to overcome the HIV, TB and STI epidemics by working towards one set of national goals and objectives
- **SA has made great progress** in the last 10 years but **huge challenges lie ahead**, especially for prevention:
 - The number of new HIV infections remains extremely high
 - There is still a gap in terms of realising the full benefits of ‘treatment as prevention’ due to the treatment gap among men
 - Progressive policies are not fully implemented
 - Effective programmes are not adequately scaled up
 - Ineffective and/or fragmented programmes continue to be implemented

One of the key reasons for a lack of progress in prevention is the ongoing high rates of HIV in young women in Africa and inadequate programming for Key Populations



HIGHLIGHTS OF THE NSP 2017-2022

- Key Principle of the NSP: *“One country. One plan, one response”*
- 4th generation NSP
- Aligned to the NDP Vision 2030 and SDGs.
- Launched in March 2017

Key differences with previous NSPs

- Numeric targets
- Expanded goals (8)
- Vociferous on KP Programming, Resource mobilization and Leadership
- Focus for Impact
- Subnational Plans (PIPs and MDIPs)



The eight goals of the NSP



Goal 1

Accelerate prevention in order to reduce new HIV and TB infections and new STIs



Goal 2

Reduce illness and death by providing treatment, care and adherence support for all



Goal 3

Reach all key and vulnerable populations with services that are tailored to their specific needs



Goal 4

Address social, economic and cultural factors that add fuel to the HIV, TB and STI epidemics

The eight goals of the NSP



Goal 5

Ground the HIV, TB and STI programme in human rights principles



Goal 6

Promote leadership at all levels and shared accountability for delivering this plan



Goal 7

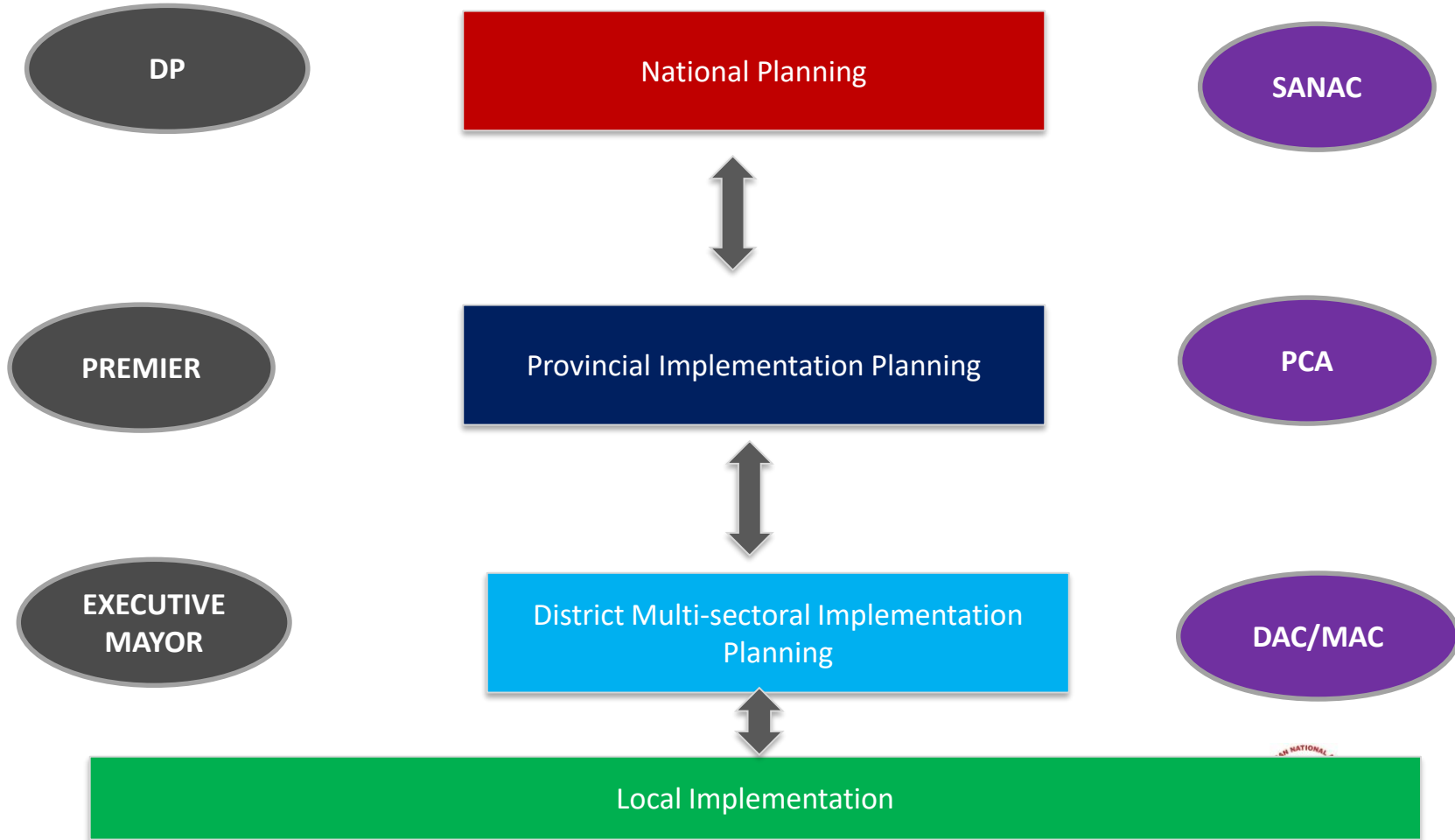
Mobilise resources to support achievement of the NSP and ensure a sustainable HIV, TB and STI programme



Goal 8

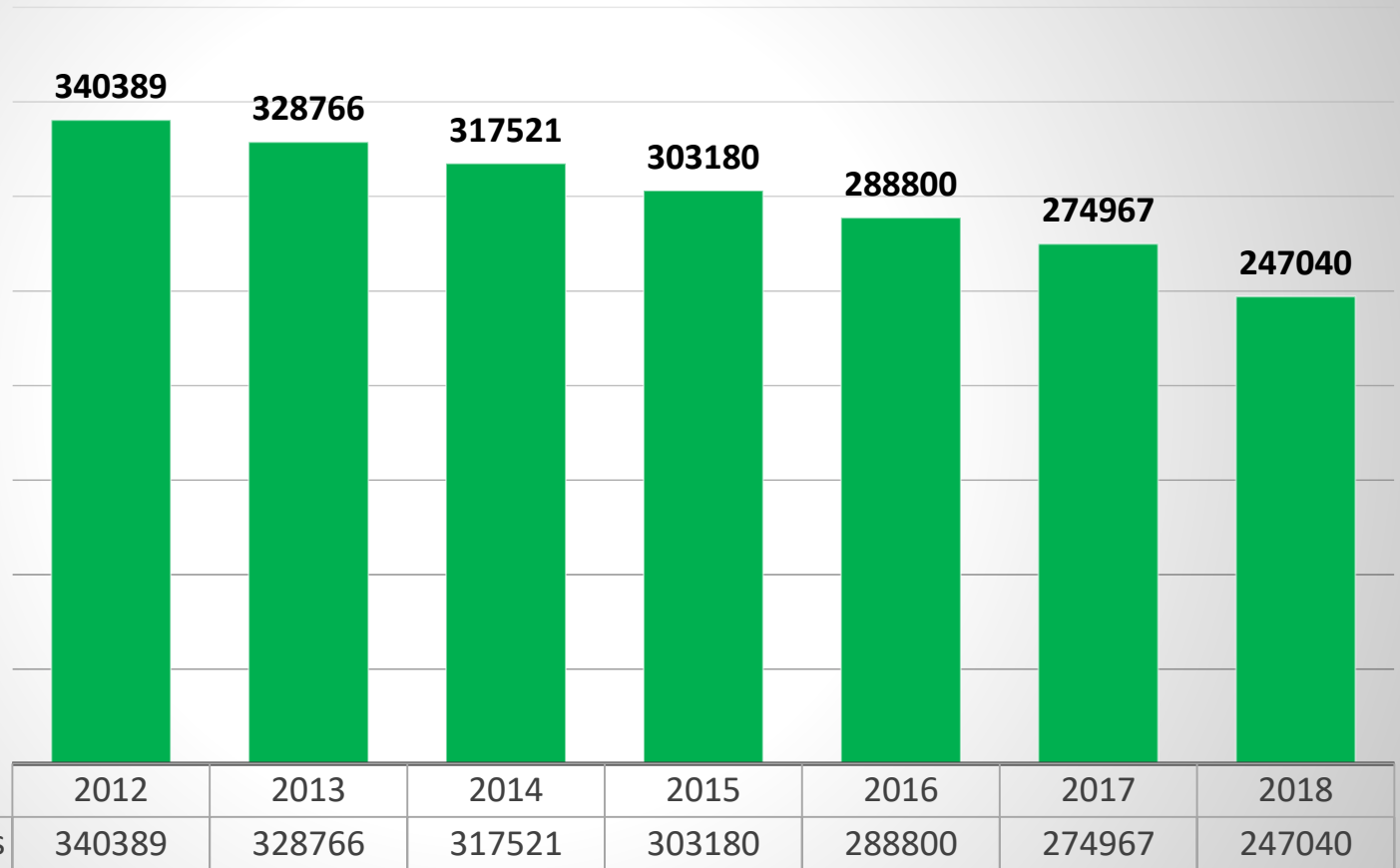
Strengthen the gathering and use of information to make the NSP successful

Subnational Plans



TOTAL NEW INFECTIONS: Thembisa estimate 4.1 (2018)

Total new HIV infections



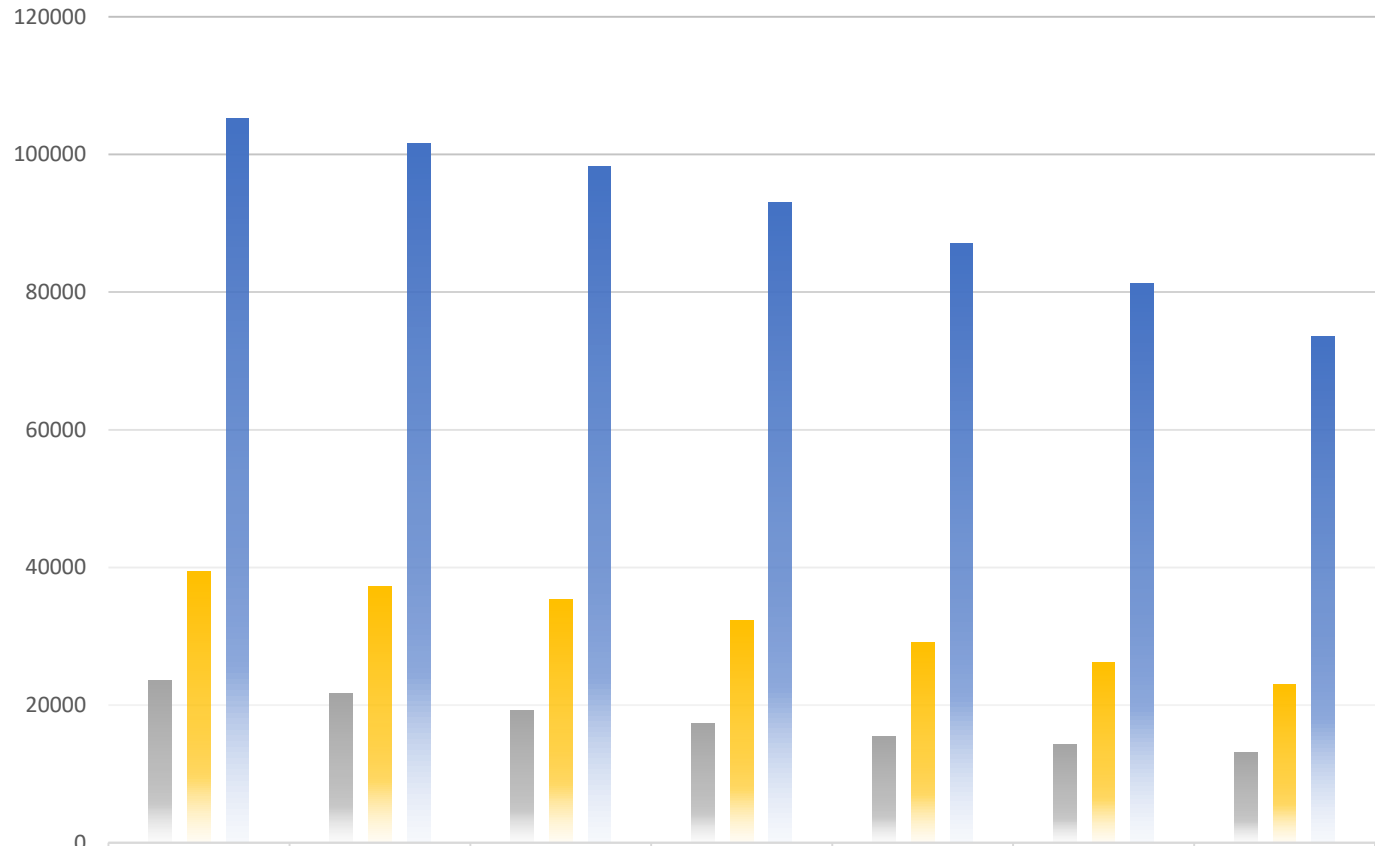
■ Total new HIV infections

■ Total new HIV infections



TOTAL NEW INFECTIONS cont.: (Thembisa estimate 4.1 - 2018)

TOTAL NEW HIV INFECTIONS BY AGE AND SEX



	2012	2013	2014	2015	2016	2017	2018
■ New HIV infections in children <15	23604	21694	19192	17312	15408	14287	13131
■ New HIV infections in 15-24 males	39371	37237	35278	32306	29120	26164	22912
■ New HIV infections in 15-24 females	105188	101621	98240	92973	87078	81301	73569

HSRC PREVALENCE, INCIDENCE, BEHAVIOUR AND COMMUNICATION SURVEY 2017 (SUCCESSES)

- HIV incidence decrease by 44% between 2012 and 2017- biggest decline of 56% in females
- New infections amongst AGYW decrease from 2000 per week in 2016 to 1300 per week in 2017
- 67% of men 15-24 reported to be medically circumcised
- Progress towards 90-90-90 UNAIDS target at 85-71-86
- Compared to 2012, multiple sexual partnerships have decreased though still high
- Testing increased, with increased knowledge of HIV Status

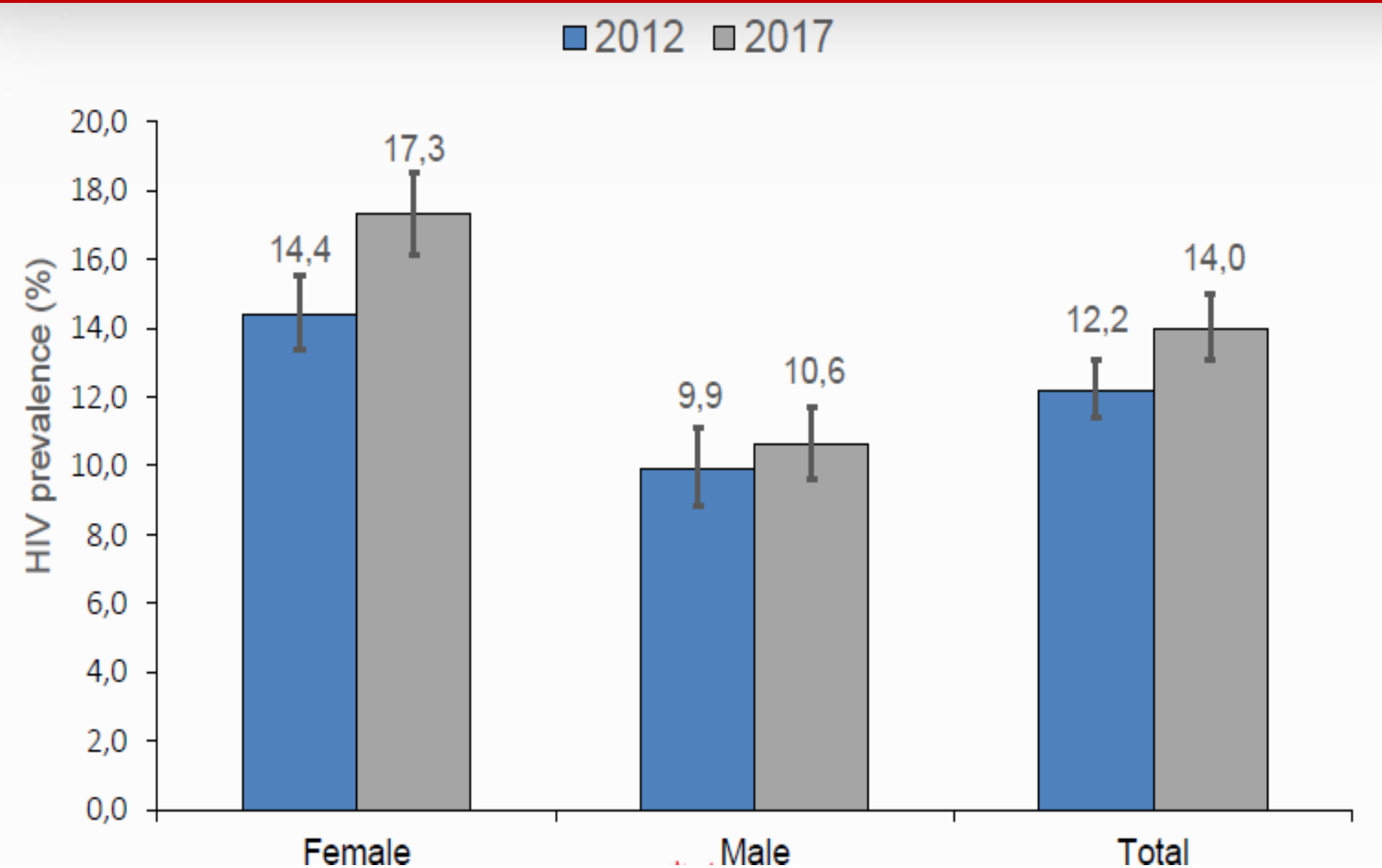


HSRC PREVALENCE, INCIDENCE, BEHAVIOUR AND COMMUNICATION SURVEY 2017 (CONCERNS)

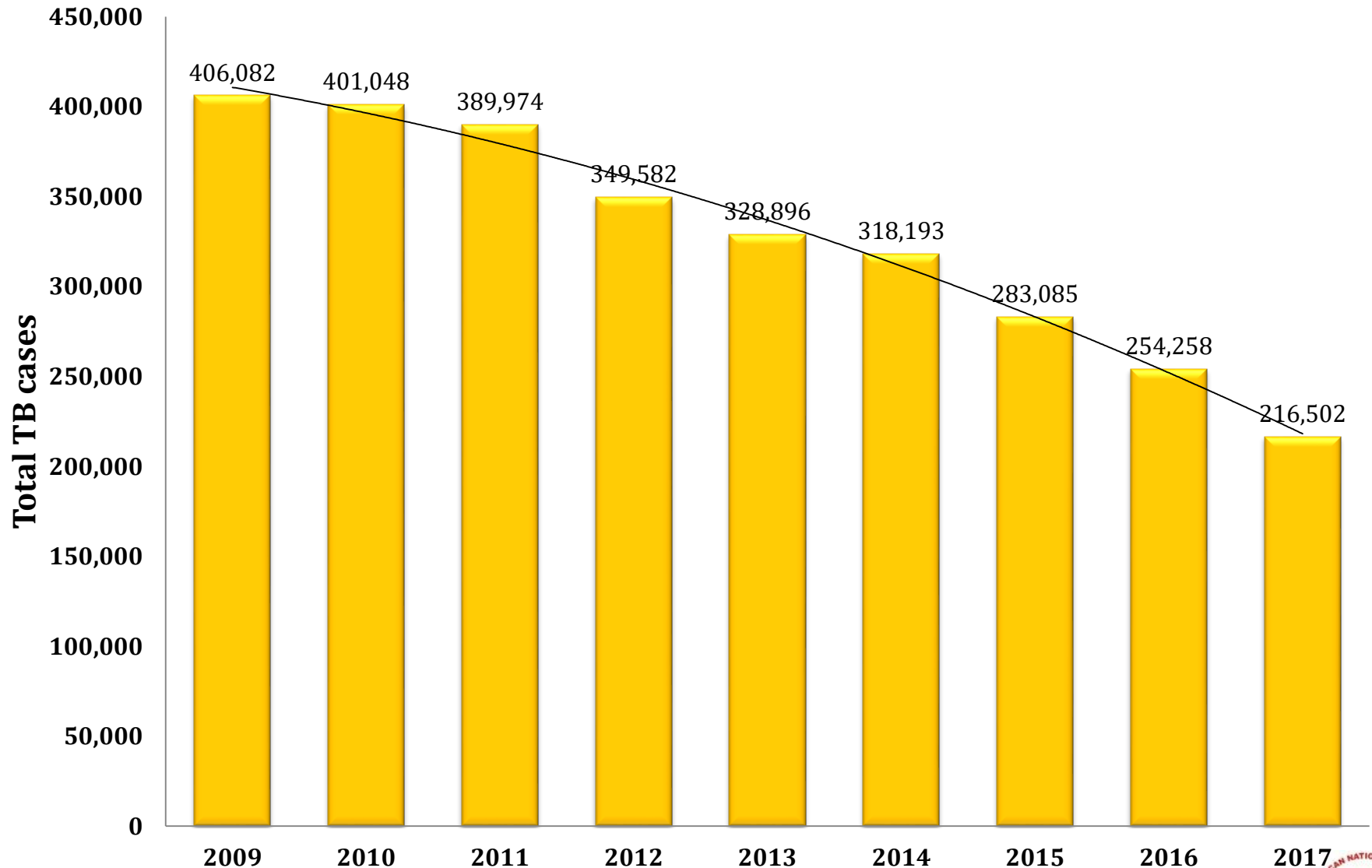
- Though declining, HIV incidence remain high amongst females esp. amongst AGYW(1.51%) and women 15-49 years (0.93%)
- Substantial increase in Eastern Cape and Western Cape
- Consistent condom use still very low
- Early sexual debut and increase in HIV acquisition in young males is major point of concern
- Age disparate relationships amongst adolescent girls still very high



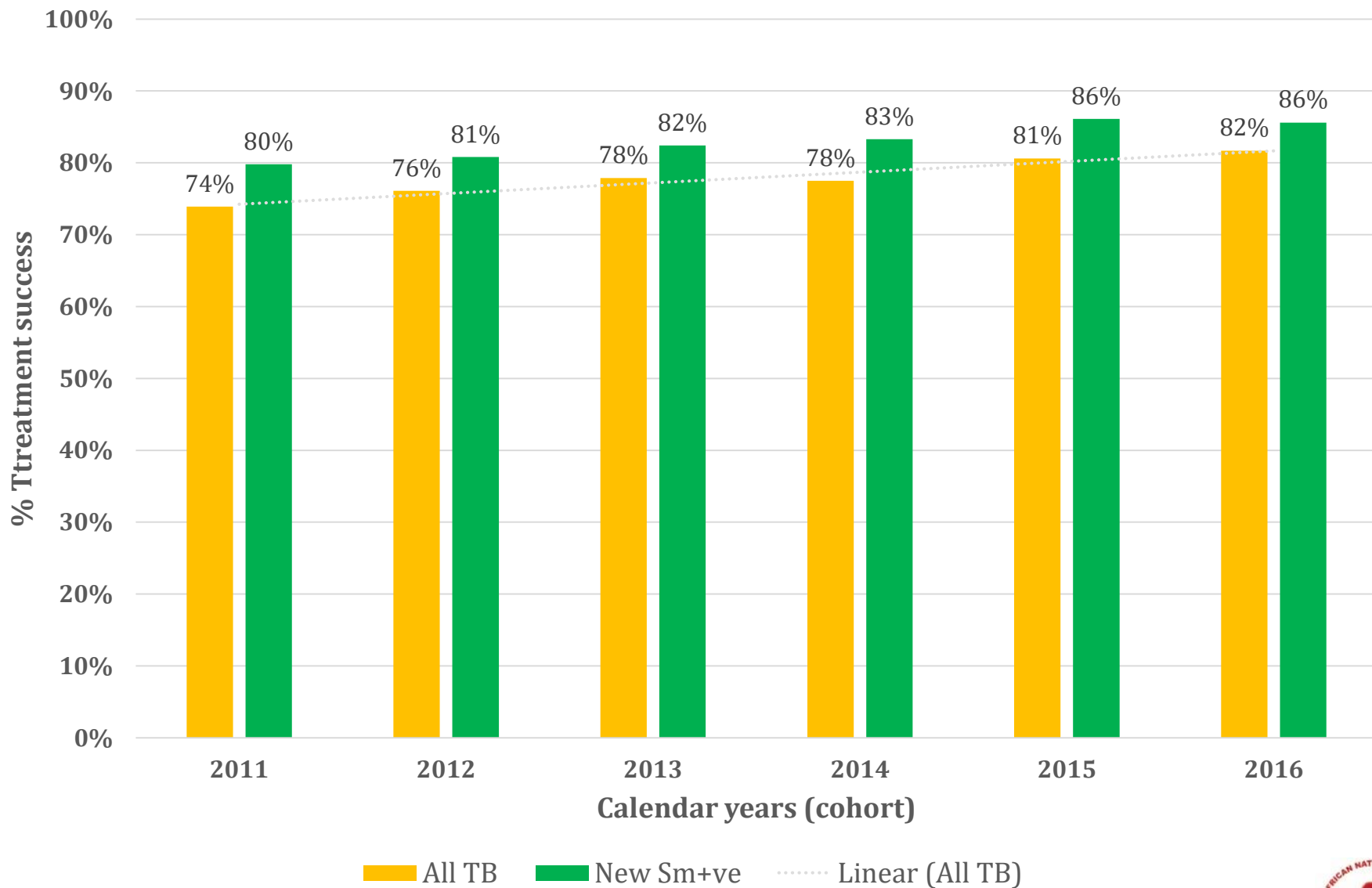
HIV PREVALENCE 2012 vs 2017 (HSRC, 2018)



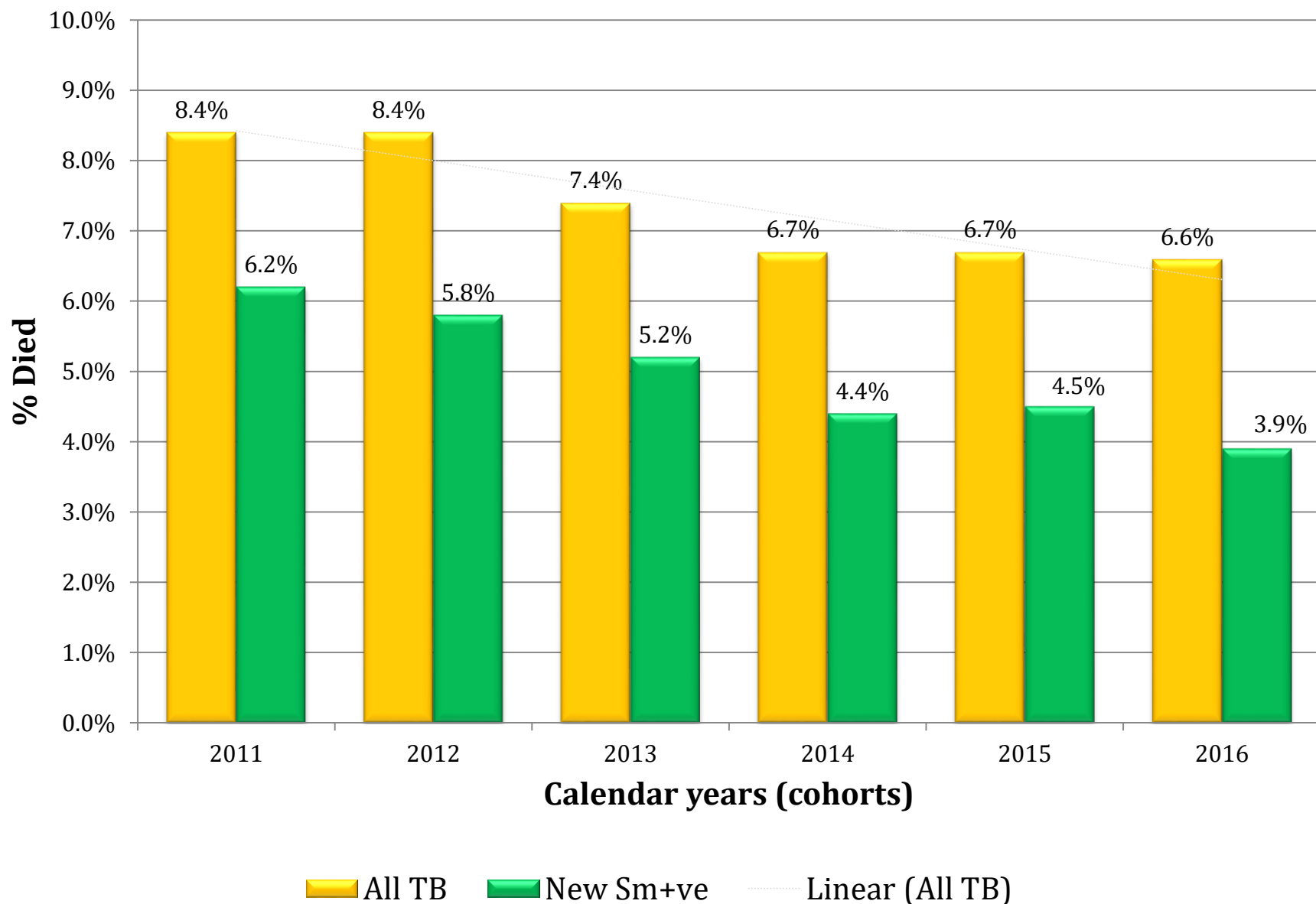
DS-TB Notifications 2009-2017 (NDOH-ETR.Net)



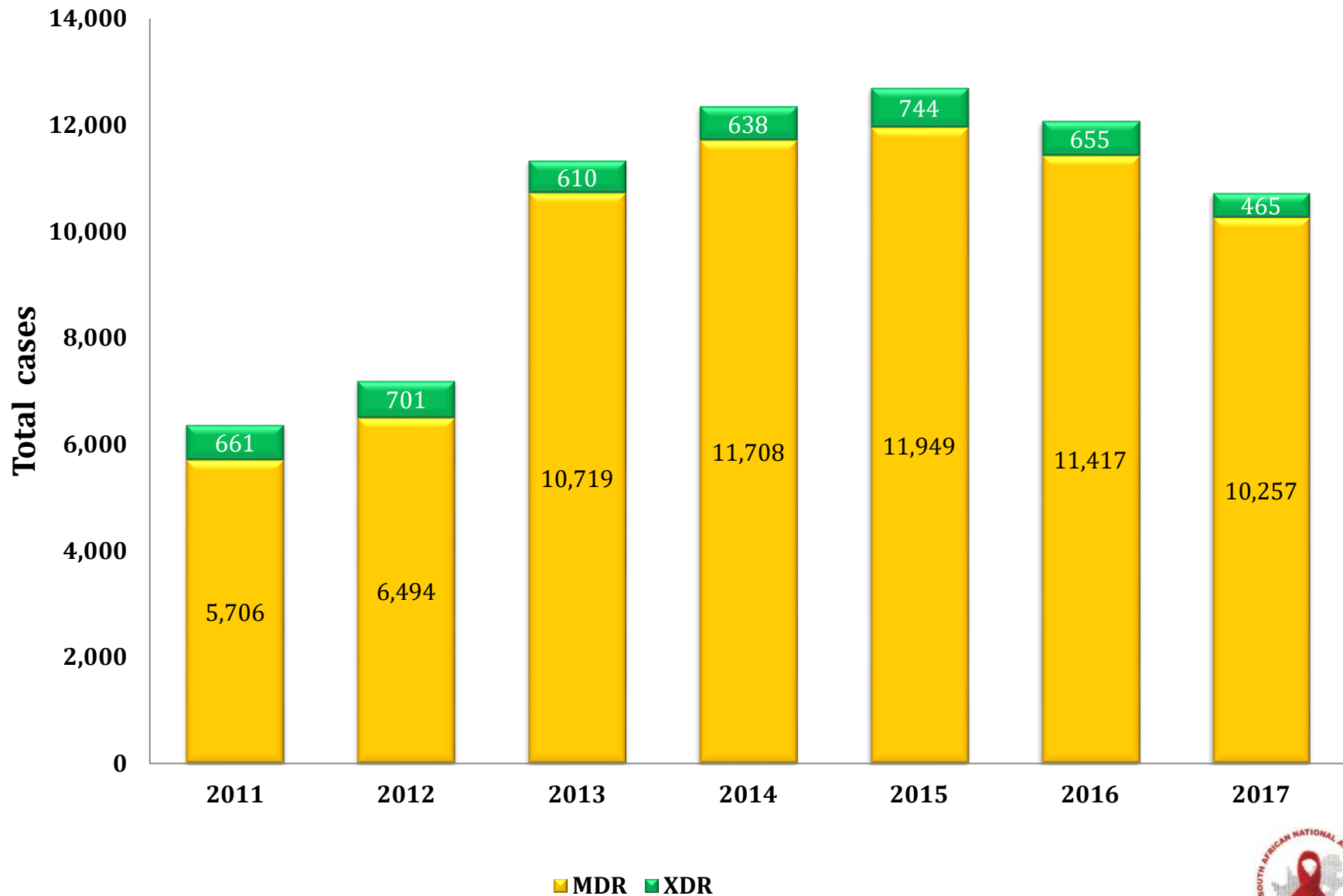
DS-TB Treatment Success Rates (NDOH-ETR.Net)



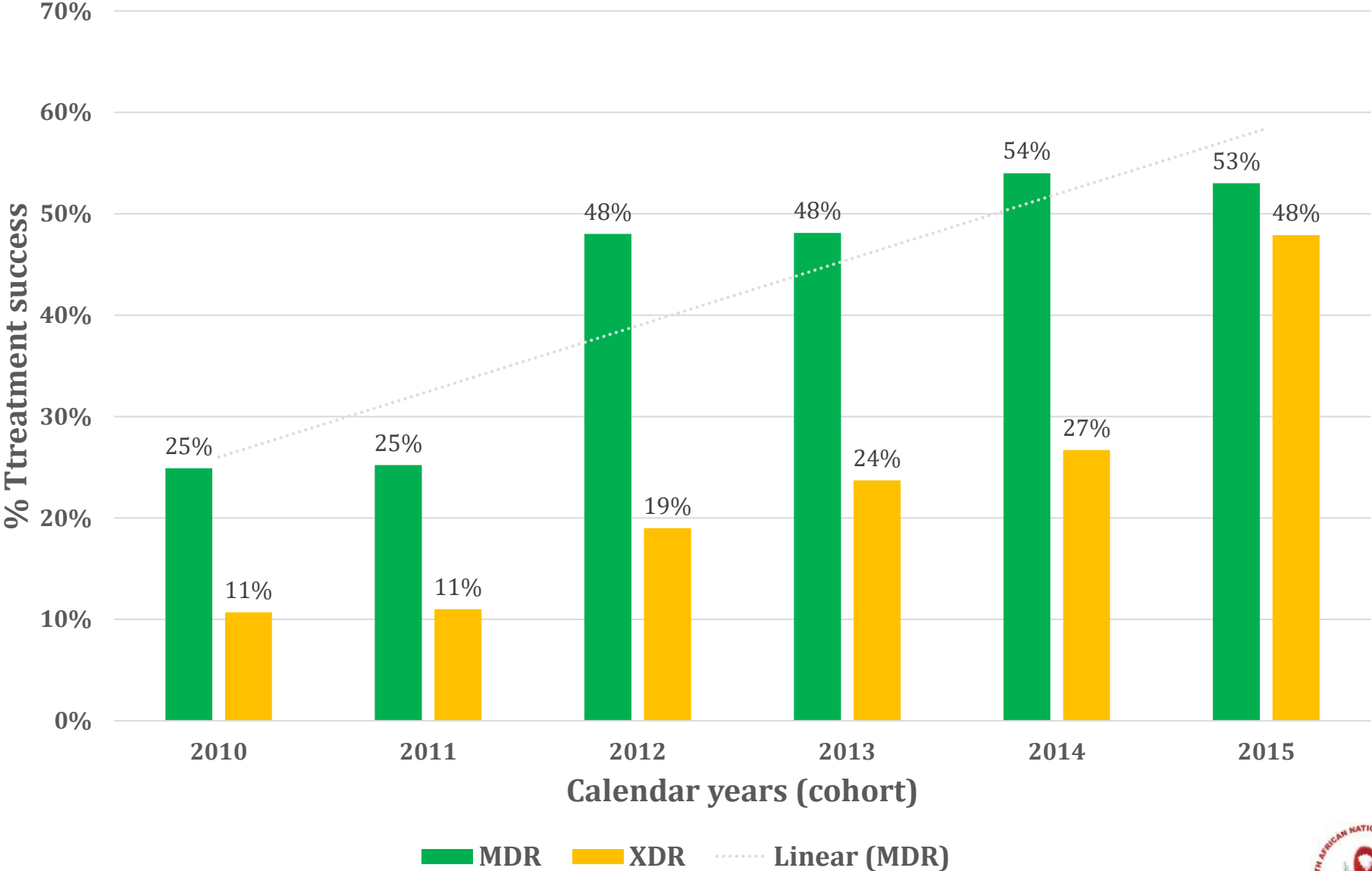
Deaths among DS-TB patients (2011 - 2016)



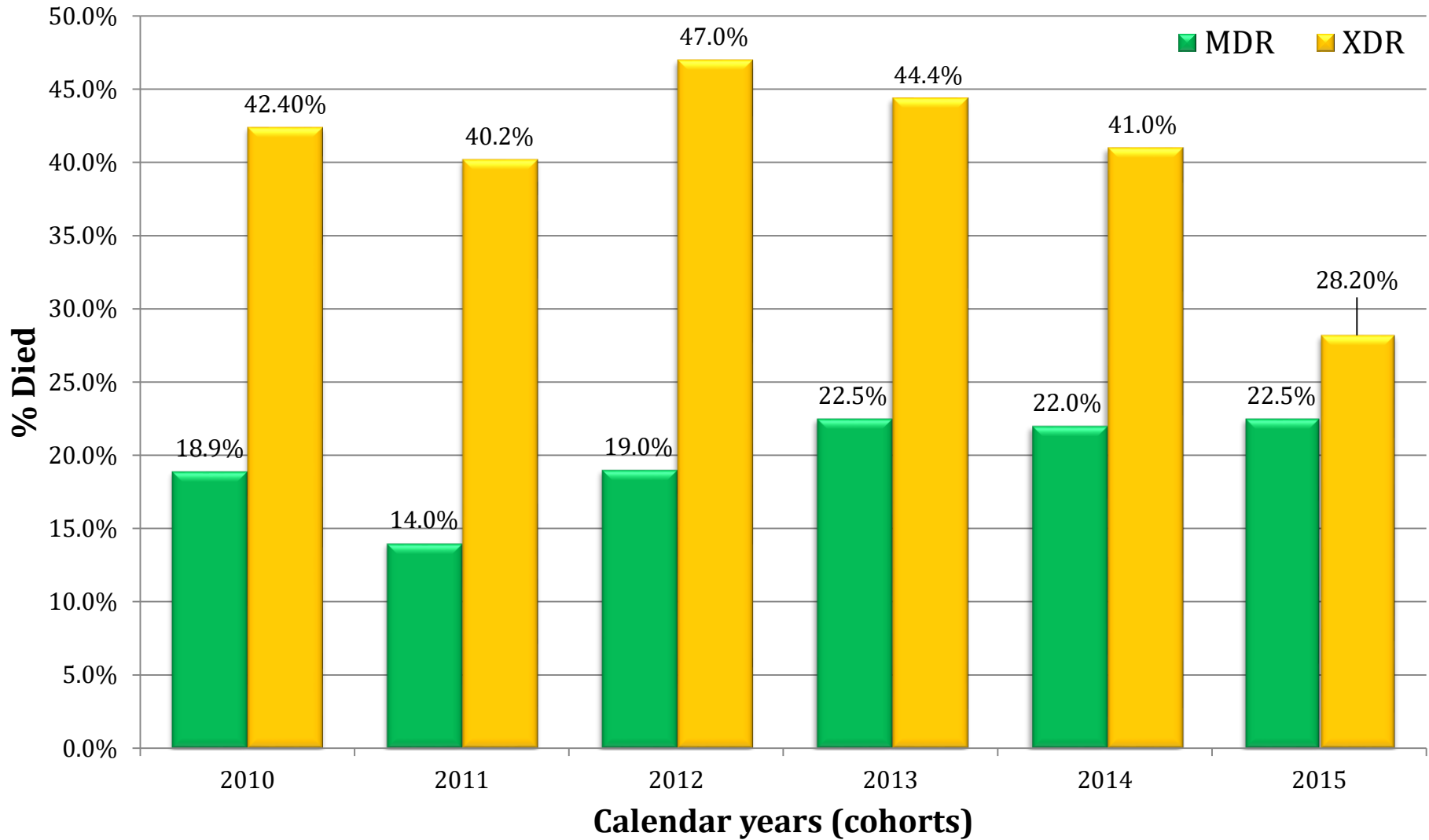
DR-TB Notifications 2011-2017 (NDOH-EDR.Net)



DR-TB Treatment Success 2010-2015 Cohort (NDOH-EDR.Net)



Deaths among DR-TB patients (2010 – 2015)



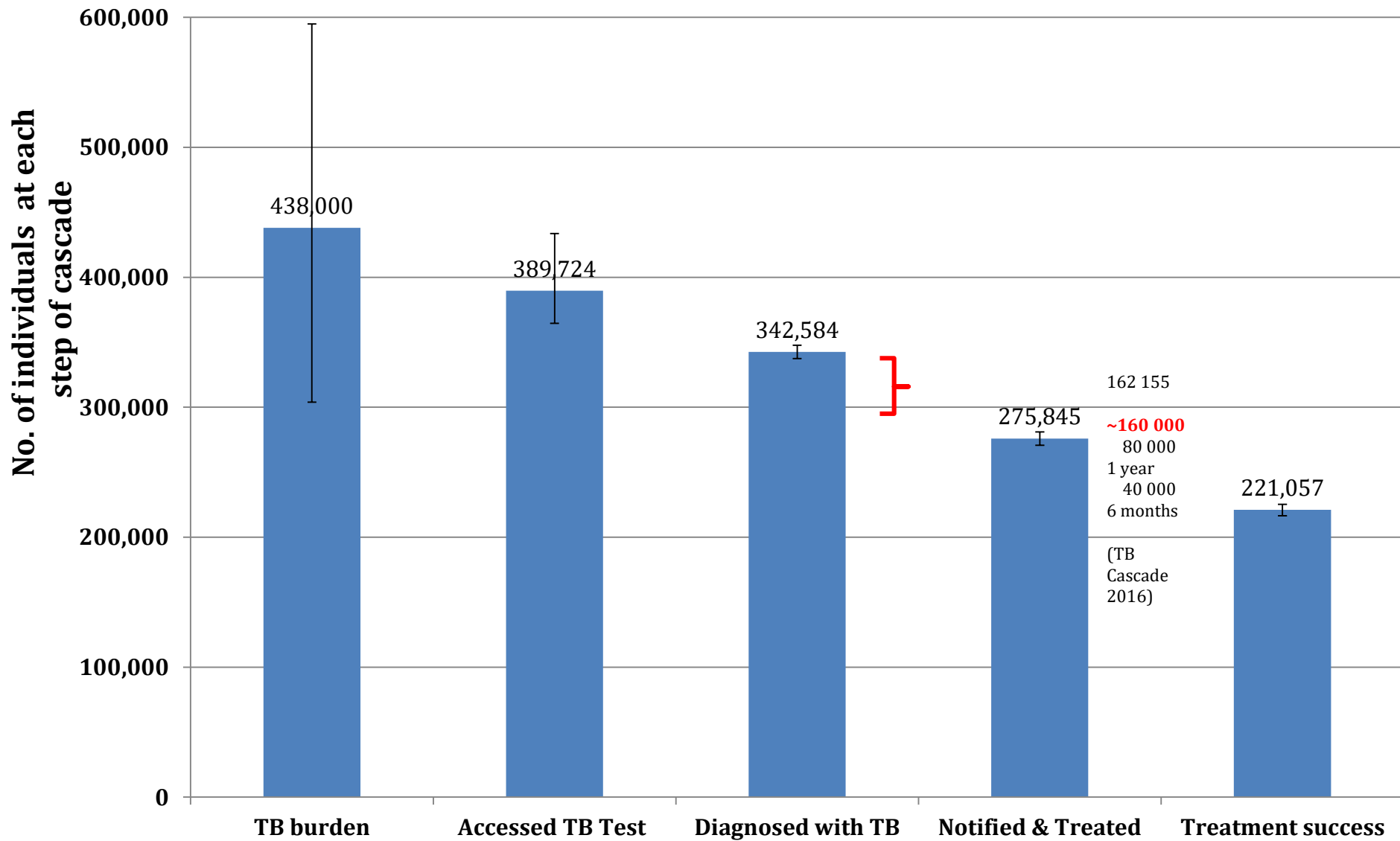
WHO Global TB Report 2018

- Annual new TB patients reduced from 420 000 to 322 000 (ART impact, etc)
- Globally in 2017, 67 countries reported initiating TB preventive treatment for a total of 958 559 people living with HIV; this included 640 201 people who were *newly* enrolled in HIV care, in 60 countries. **South Africa accounted for 39% of the total.**
- Of the 30 high TB/HIV burden countries, 15 reported providing TB preventive treatment to people newly enrolled in HIV care in 2017, up from 11 in 2016. Coverage ranged from 1% in Eswatini (formerly Swaziland) to 53% in South Africa. Overall, in the 59 countries for which it could be calculated, coverage was 36%.

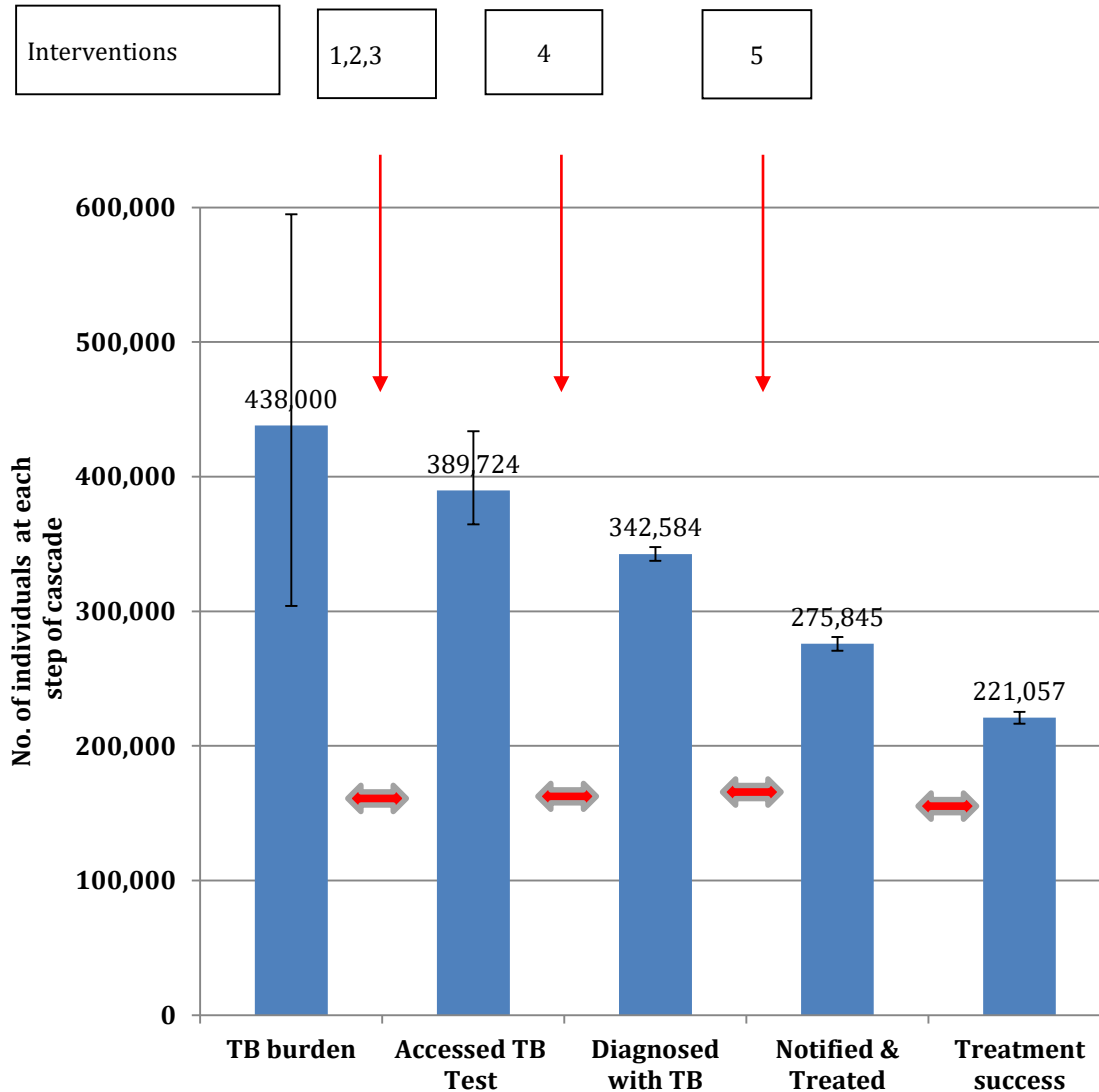
MISSING TB CASES- ESTIMATED NUMBERS PER DISTRICT

DISTRICT	PROVINCE	MISSING TB CASES
ETHEKWINI	KWAZULU-NATAL	19 201
JOHANNESBURG	GAUTENG	19 022
EKURHULENI	GAUTENG	14 340
CAPE TOWN	WESTERN CAPE	10 093
EHLANZENI	MPUMALANGA	8 264
TSHWANE	GAUTENG	6 950
OR TAMBO	EASTERN CAPE	5 670
NKANGALA	MPUMALANGA	4 575
NELSON MANDELA BAY	EASTERN CAPE	3 972
WEST RAND	GAUTEND	3 586

Finding the Missing TB Patients Strategy



Strategic Interventions plugging leakages in Cascade

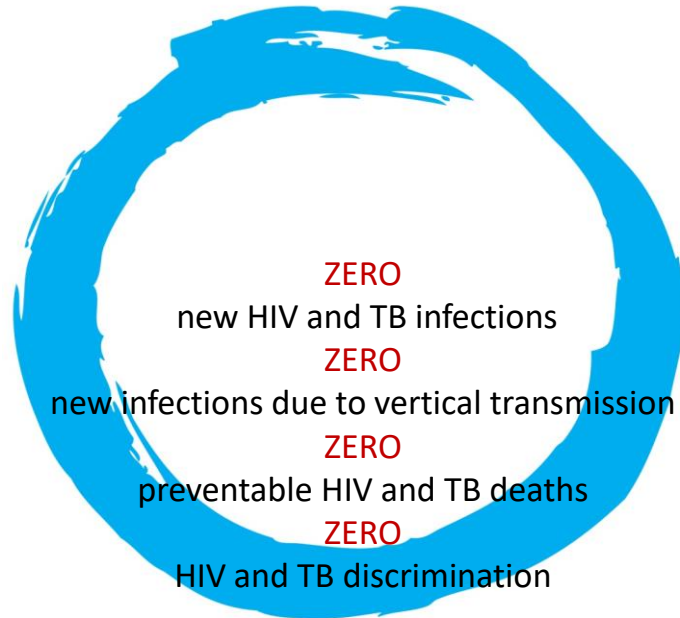


1. Optimised TB screening
2. Efficient contact tracing of index cases
3. Enhanced case detection in key populations
4. Improving diagnostic yield through new diagnostic tools and revised algorithms
5. Improve quality standards in recording and reporting and tracking patient transfer between facilities.

Upcoming

- Midterm review- Results Dec 2019
- COP 2019 planning and implications
- Implementation of the Next round Global Fund Grant- 01 April 2019
- Human Rights Strategy development- Goal 5 of the NSP Realization and to a large extent Goal 3 as well.

LET OUR ACTIONS COUNT



*Thank
you*

