

2nd Serial NDOH/PEPFAR Dissemination Workshop - Draft Reaching 90-90-90 Part I



Best Practices and Innovations in HCT and Linkage Innovations: 30 November 2015, Southern Sun, Pretoria

2015

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Background



- While the AIDS response has produced impressive results
- The gap between where the response is now and where it should be is still wide.
- Still need for a rapid acceleration of HIV prevention and treatment programmes, rooted in a human rights based, people centred approach
- This requires intense and rapid scale up in the next five years as well as a strategic focus on key geographic locations and populations.
- The time to act is now: Between now and –2020 there is a fragile window of opportunity in which a significant difference can be made through the Fast Track Approach.

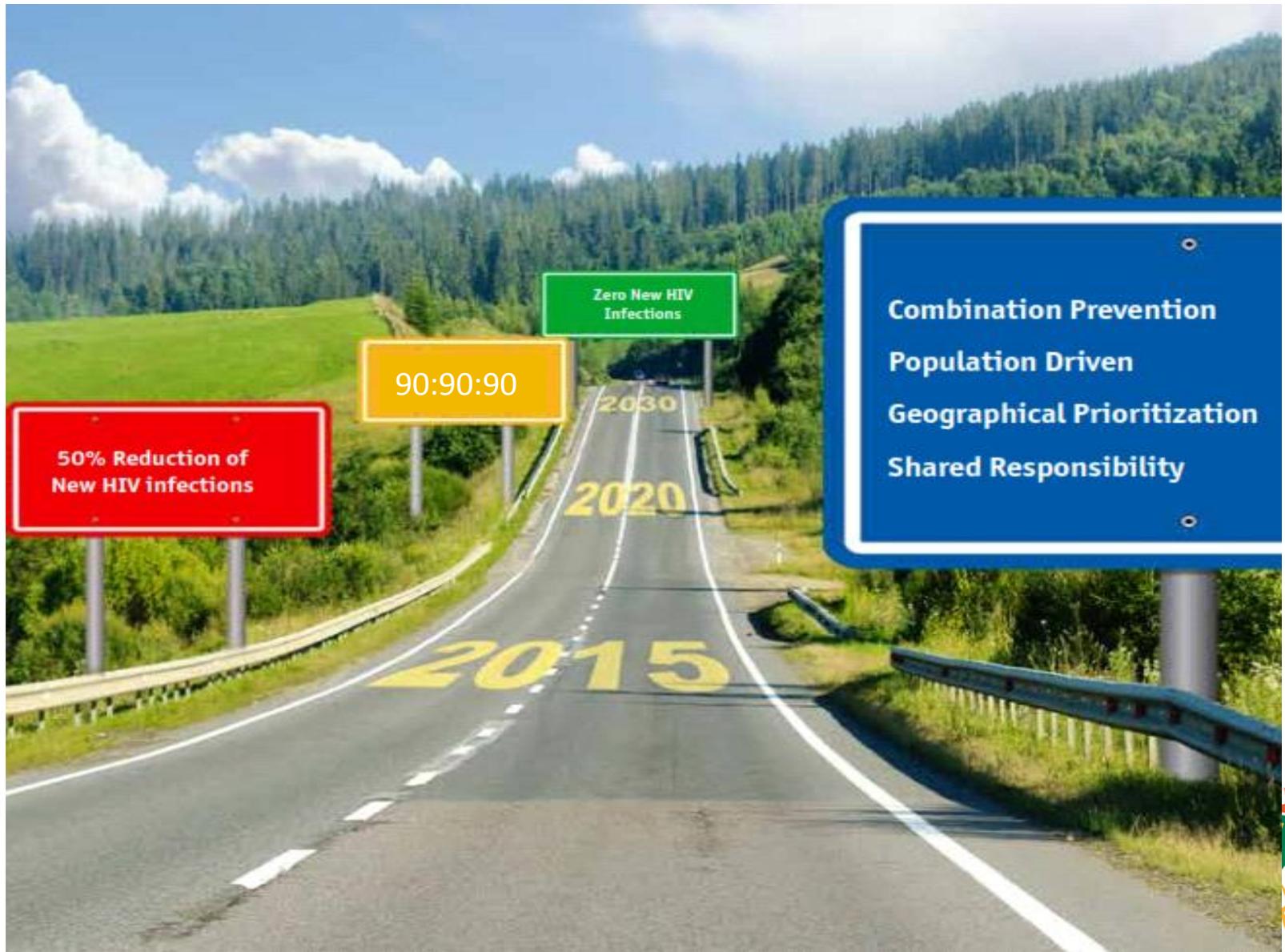


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THE VISION



Response



- NSP, NDP, Investment case, DIP
- The ESA region has embraced the 90-90-90 HIV treatment fast track targets.
- Adoption of revised national HTS Policy: aligned to WHO recommendations: Responding to 909090
- Policy: framework for implementation and guidance to scaleup high yield modalities



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Response



- Yield: Geographic/population targeting scale up
- Adoption of the Health HIV Prevention Strategy: accelerate combination prevention
- Strengthen and expand HTA programme/hot spots for key populations
- Youth HIV prevention programme
- Partners targeting young people – Love Life and Soul City, PEPFAR, HEAIDS, DREAMS, FtF



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ACCELERATED PREVENTION INTERVENTIONS

Doing the right things at the right place at the right time (right now)



Interventions	High incidence	Medium incidence	Low incidence
Biomedical	Home based HCT, PICT, Targeted CHCT, community testing, test link and treat , routine STI screening, newer prevention technologies Targeted interventions for KP, MMC Men	-Targeted CHCT, PICT -ART -Targeted interventions for KP, -Targeted STI screening MMC, Men	-PICT, -Targeted STI screening -ART
Behavioural	Alcohol reduction, condom programming, Life skill education BCC Campaign, Stay -ve campaigns Couples HCT	Condom use Stay -ve campaigns Couples HCT Life skills education BCC campaigns	Life skills education BCC campaign
Structural	GBV reduction Girls and boys retention in schools Stigma reduction Psycho-social support Economic empowerment	Stigma reduction Psycho-social support Economic empowerment	Economic empowerment

Mixed modalities: High Yield



- Targeted geographies
 - Deeper: Penetrate and saturate
 - Hot and cool spots
- Targeted populations
 - Men
 - AYWGs
 - KPs
 - Children



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Mixed modalities: High Yield



- Mixed Modalities
 - Index
 - Partner
 - Couples
 - PICT
 - HIVST? Future possibilities....
- Enablers
 - Extended hours
 - Creative incentives-linkage
 - Capacity



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Timely initiation

Integration of services



COUNTRY PROFILE: 909090



HIV Treatment Cascade: 90-90-90 for HIV:

- 6.4 million PLHIV
- **1st 90** - 5.7 million PLHIV must know their HIV status
- **2nd 90** - 4.1 million PLHIV who know their status & *are eligible must be* on treatment
- **3rd 90** - 3.7 million PLHIV on treatment should have suppressed viral loads



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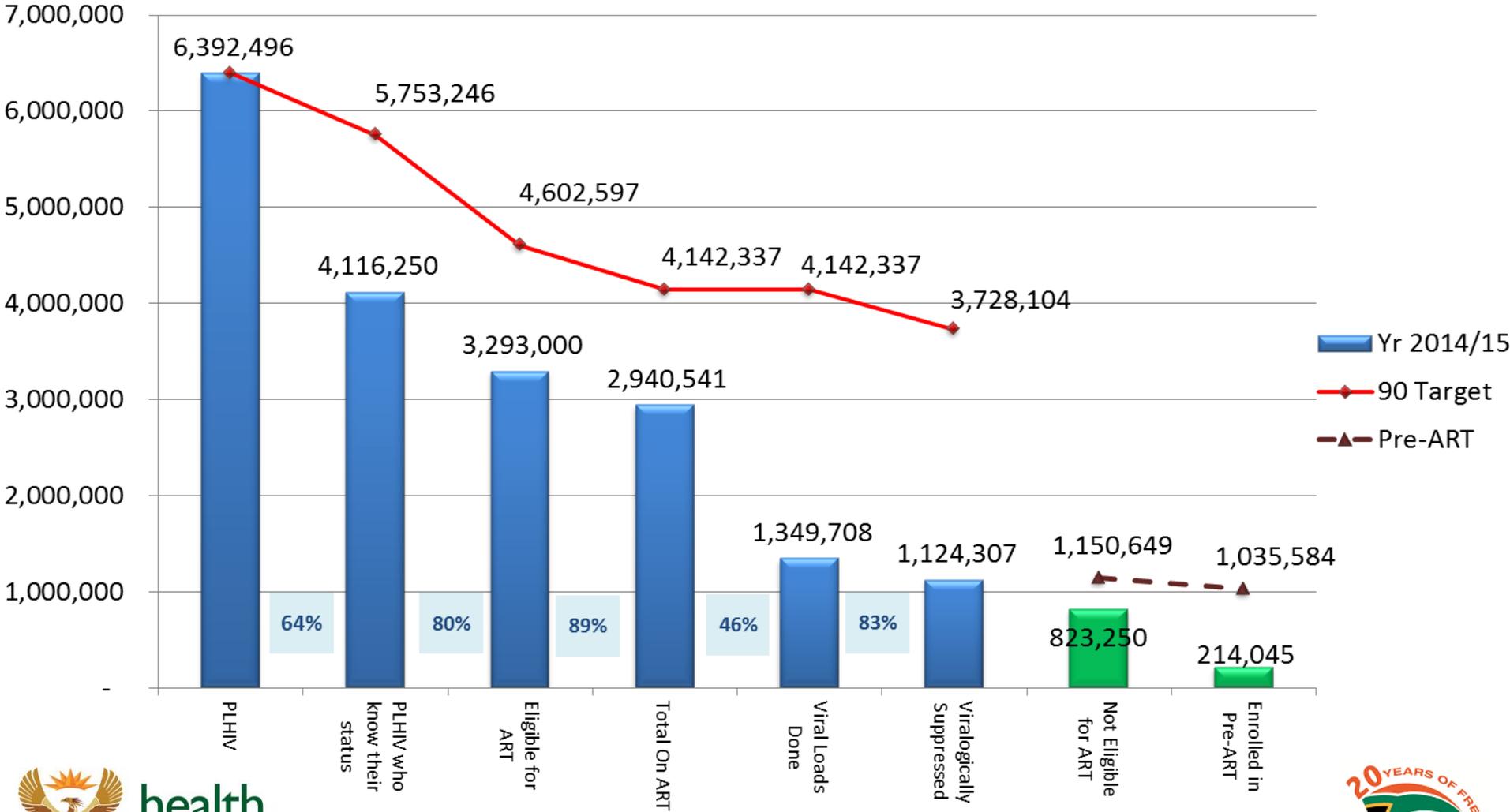
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What Fast Track by 2020 means in SA



Adult (15 years and older) HIV Care and Treatment Cascade



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Strategies to fast track HTS in SA ESA

Innovations	Key actions	Time frame	Support required
1. HTS Campaign waves	Finalise strategy/Advocacy Targeted messaging Focus on high yield (geographic, population) Redefine in context 909090 Align with DIP process M&E QI		
2. Targeted Community Testing	Identify most effective modalities Identify high yield locations		
3. HIVST	<ul style="list-style-type: none"> • Prepare for Scale up 		
4. Use of other programmes Consider incentives	<ul style="list-style-type: none"> • Private sector & Gov • MMC Accountability and reporting Establish linkages to care Partner testing		

Enablers



- Legal and Policy Framework:
 - Age of consent 12 (Children’s Act 2005): Young people
 - Issues of consent articulated in relevant framework
 - Human Rights based approach – SA constitution (Access to health)
 - Task Sharing: Lay counsellors trained to do HIV testing
 - Scope of nurses: Different cadre to provide ART (ANC – staff nurses)
- Role of Civil society
 - Human rights approach: Access to health
 - Access to HIV treatment – entire continuum of care
 - LGBTI groups: Use of lubricants with condoms, sensitisation of HCW for KP,
 - Participate in policy development
 - Research: Provide evidence that shapes/directs policy change

Enablers



- Political commitment
- Private Sector engagement
- Partner engagement: PEPFAR, GF, GERMAN Government etc
- Effective communication
- Sensitization of health care workers, providers, traditional leaders and healers, and mentoring
- Strengthening comprehensive HTS incl NCDs
- Strengthen comprehensive services for HTS inc
- Strengthening family structures for young people
 - GBV males and females, SRH



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Limiting factors hindering progress



- Criminalization laws: Sex workers, PWID & PWUD
 - Limits advocacy efforts, access
- Community perceptions/norms
- Mobile communities
 - Limits access
- Young women and girls out of school and out of work
 - Access
- Men
 - Access

How to overcome the challenges re Scale



- Strengthen collaboration with the SAPS regarding prevention interventions for KPs
- Strengthening sensitisation efforts for KPs
- Strengthen collaboration with all stakeholders
- Targeted campaigns for men: Taxis, buses, trains, construction, mines, farms etc
- Active ‘case finding’ to reach young girls and women out of school/work
- Focussed Targeted Mobile testing



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