

LET OUR ACTIONS COUNT

SOUTH AFRICA'S NATIONAL STRATEGIC PLAN FOR HIV, TB and STIs 2017-2022



Summary





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The full version of the National Strategic Plan on HIV, TB and STIs 2017 - 2022 is available on the SANAC website: www.sanac.org.za

A roadmap for a critical stage of our national journey

The South African National Strategic Plan for HIV, TB and STIs 2017 - 2022 (NSP) serves as a roadmap for the next stage of our journey towards a future where these three diseases are no longer public health problems. This plan sets out the destinations – or goals – of our shared journey and establishes landmarks in the form of specific measurable objectives.

The purpose of the NSP is to enable the many thousands of organisations and individuals who drive the response to HIV, TB and STIs to act as a concerted force, moving in the same direction.

This NSP aims to achieve its ambitious targets by:

- Intensifying the focus on geographic areas and populations most severely affected by the epidemics.
- Using a combination of interventions that have proved to deliver high impact.
- Strengthening systems and initiating processes to provide the foundation necessary for higher performance.

A strong focus of this NSP is improving the prevention of HIV infection among adolescent girls and young women because of the extremely high rate of infection in this section of the population. Not only does early infection irreversibly shape the lives of hundreds of thousands of women from their teens and early 20s onward, but reaching our national targets for reducing HIV is unthinkable without putting young women first.

Five-year NSPs for HIV, TB and STIs are an established tool for directing and coordinating our national effort and ensuring our interventions are relevant, based on evidence and guided by methods that have been shown to be effective. However, this particular NSP comes at a critical stage in our protracted effort to overcome HIV, TB and STIs.

We have made major gains in terms of treating millions of people living with HIV and TB, slashing the death toll due to these infections, and reducing the number of new infections. For example:

- Deaths due to HIV dropped from 681 434 in 2006 to an estimated 150 375 in 2016.
- Deaths due to TB dropped from 69 916 in 2009 to 37 878 in 2015.
- The number of new HIV and TB infections has fallen and a higher proportion of people living with these infections have been diagnosed and treated.

This progress tells us that we are on the right track and success is possible. But we still face enormous challenges.

- In 2016, an estimated 270 000 people became newly infected with HIV and the 2015 estimate of new TB cases was 450 000.
- We have 3.7 million people on antiretroviral treatment (ART) for HIV but we have only reached 53% of those who are eligible for treatment under the new Test and Treat policy.
- The number of deaths due to HIV and TB is still massive and underscores the gravity of the epidemics.
- Public health facilities treated about 1.14 million new symptomatic STIs in 2015/16.

In a sobering statement in July 2016, UNAIDS warned that the reduction of new infections had stalled globally and, if efforts were not redoubled, the world could see a reversal of earlier successes.

This warning resonated as SANAC embarked on extensive consultations to develop the NSP, involving government at all levels, a range of civil society sectors, development partners, private sector organisations, researchers, practitioners and voices from the ground. All were keenly aware that South Africa is at a tipping point in relation to HIV, TB and STIs: the actions we take in the next few years will decide whether we move forward towards victory or slide back into a state of mounting infection and resurgent death rates.

In this climate, the proposals in the NSP cannot-and do not-amount to “business as usual”. They are shaped by our sense of the scale of the challenge and our determination to turn this challenge into an opportunity. We have attempted to tackle the prevention and successful treatment of HIV, TB and STIs from every possible angle, with a strong emphasis on approaches that could yield the biggest gains in a limited time period.

The resulting strategic plan is extremely detailed but, even so, it needs to be translated into concrete implementation plans suited to the conditions of each province and each district. Provincial AIDS councils will take this detailed planning forward in a way that allows for broad participation by government, civil society and private sector organisations.

We urge every role player to embrace this bold national plan and identify the parts that apply to you. The national HIV, TB and STI response is the sum of many local, regional and sectoral responses. The targets we have set can only be achieved if each of us owns the targets that apply to our work and makes these the standards we strive for tirelessly in our day-to-day work.

What do we aim to achieve?

The goals of NSP 2017 - 2022

The NSP sets out eight major goals and a host of specific objectives and interventions to support the achievement of these goals. Each goal is elaborated upon later in this booklet.

Goal 1:

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

– *Breaking the cycle of transmission*



The NSP sets out intensified prevention programmes that combine biomedical prevention methods, such as medical male circumcision (MMC) and the preventive use of antiretroviral drugs (ARVs) and TB medication, with communication designed to educate and encourage safer sexual behaviour in the case of HIV and STIs, and environmental interventions to control TB infection.

Goal 2:

Reduce morbidity and mortality by providing treatment, care and adherence support for all.

– *Reaching 90-90-90 in every district*



With respect to HIV, South Africa has adopted the UNAIDS 90-90-90 targets which provide that by 2020:

- 90% of all people living with HIV will know their HIV status;
- 90% of all people with an HIV diagnosis will receive sustained antiretroviral therapy; and
- 90% of all people receiving antiretroviral therapy will achieve viral suppression.

The 90-90-90 targets therefore require that 81% of all people living with HIV receive antiretroviral therapy and that 73% of all people living with HIV are virally suppressed.

As described in the Global Plan to End TB 2016–2020, the 90-90-90 targets for TB provide that:

- 90% of all people who need TB treatment are diagnosed and receive appropriate therapy;
- 90% of people in key and vulnerable populations with TB are diagnosed and receive appropriate therapy; and
- treatment success is achieved for at least 90% of all people diagnosed with TB.

Goal 3:

Reach all key and vulnerable populations with customised and targeted interventions.

– *Nobody left behind*



The NSP asserts that no section of our society will be “left behind” by efforts to combat HIV, TB and STIs. Specific populations that are more severely affected by the epidemics than the general population often encounter barriers to accessing prevention and treatment programmes. The NSP specifies how government and civil society will go the extra mile in order to enable these populations to overcome the barriers of access to HIV, TB and STI prevention and treatment programmes.

Goal 4:

Address the social and structural drivers of HIV, TB and STIs, and link these efforts to the NDP.

– A multi-department, multi-sector approach



This goal responds to the reality that the health of individuals is shaped by economic, social and environmental factors, such as poverty, gender discrimination, substance and alcohol use, and poor housing. The NSP identifies social and structural factors that increase the risk of people acquiring HIV, TB and STIs and describes multi-department and multi-sector interventions to address these factors. It pays particular attention to the features of our society that make adolescent girls and young women especially vulnerable to HIV.

Goal 5:

Ground the response to HIV, TB and STIs in human rights principles and approaches.

– Equal treatment and social justice



Respect for human rights is a non-negotiable principle of the NSP. Adherence to this principle also enhances the effectiveness of prevention and treatment. The NSP focuses on equal treatment for all, increased access to justice, and the reduction of stigma associated with HIV and TB.

Goal 6:

Promote leadership and shared accountability for a sustainable response to HIV, TB and STIs.

– Mutual accountability



The NSP requires diverse leadership for implementation at national, provincial, district and community level. This leadership is not confined to politicians and government officials, but must be assumed by influential individuals and organisations in all sectors.

Goal 7:

Mobilise resources and maximise efficiencies to support the achievement of NSP goals and ensure a sustainable response.

– Spend now to save later



The ambition of the NSP creates a demand for increased funding. The plan proposes to maximise funding from existing sources and improve efficiency in order to extract full value from available funding. It also anticipates the need to develop innovative funding mechanisms to generate new funding for HIV, TB and STI initiatives.

Goal 8:

Strengthen strategic information to drive progress towards achievement of NSP goals

– Data-driven action



The plan emphasises the generation and use of relevant, timely data to monitor progress on implementation and track the impact of interventions to allow for timely adjustments where needed. It also contains measures to encourage and coordinate medical and social research to provide stronger evidence for interventions and new tools for treatment and prevention.

PREVENTION TARGETS FOR 2022

Reduce
NEW HIV
INFECTIONS

from **270 000**
per year to less than
100 000

Reduce
TB
INCIDENCE

from **450 000**
per year to less than
315 000

REDUCE NEW
STI INFECTIONS
and identify
ASYMPTOMATIC
INFECTIONS

Reduce NEW
STIs
and IDENTIFY
asymptomatic infections

HIV TREATMENT TARGETS FOR 2022

90%

of PLHIV
know their status



90%

of PLHIV who know their
status receive ART



90%

of those on ART have a
suppressed viral load



TB TREATMENT TARGETS FOR 2022

Diagnose

90%

of people with TB

(including key populations)



Treat

100%

of people
diagnosed with TB



Successful treatment

Drug-susceptible **90%**

Drug-resistant **75%**

Decrease TB mortality by 30%

Stronger focus for stronger impact

The hallmark of the 2017 - 2022 approach

The NSP is a truly national strategy and our commitment to human rights and the principle of equity demand that it must be implemented throughout the country. However, the effort invested must be in proportion to the size of the problem which is not the same everywhere.

To get the required results, we propose to intensify efforts in geographic areas where the risk and the reality of HIV and TB are greatest and focus on populations that are most affected. In addition, we must use our strongest “weapons” – our high impact interventions – in defence of these areas and populations.

Focus on municipal districts with highest disease burden

The burden of HIV and TB is spread unevenly across South Africa and the NSP has identified 27 high burden HIV and 19 high incidence TB districts needing focussed attention. These two sets of districts overlap. Detailed, localised statistical evidence – for example, on disease patterns, related social and economic factors, and TB and HIV service uptake – are critical tools to help us identify “hotspots” within these high burden districts. For instance, informal settlements, long-distance trucking routes and areas where commercial sex is common, are likely to be associated with higher HIV risk.

Focus on key and vulnerable populations in each province or local area

All provinces, districts and wards should intensify efforts to reduce new HIV infections and improve access to services among adolescent girls and young women. This is a focus that must be consistently maintained across the country for the entire period of this plan.

Provincial and local planners should determine the population size and service delivery gaps for each of the key and vulnerable populations, based on their local statistics and knowledge, and move to making improvements using geospatial mapping and profiling. (See page 18 for a list of key and vulnerable populations.)

Focus on high impact, high value interventions

Effective responses to the HIV, TB and STI epidemics always utilise a combination of interventions. In general terms, these are prevention programmes, treatment programmes and initiatives to tackle the social and economic conditions that drive the epidemics.

Prevention programmes are always guided by the fact that HIV is mainly transmitted by sexual activity and TB, like influenza, is an air-borne disease which is spread by minute particles when an infected individual sneezes or coughs.

In selecting the precise mix of interventions, we should be aware that some approaches to prevention and treatment have higher impact than others. High impact interventions include:

- Social and behaviour change communication for both HIV and TB.
- For HIV: medical male circumcision (MMC), condom promotion and distribution, targeted use of ARVs by HIV-negative individuals at high risk in order to prevent infection (PrEP), and the provision of ARVs to survivors of sexual assault as well as healthcare workers who have been exposed to HIV during their work. People who are HIV infected to be put on treatment as soon as they are ready and maintain a suppressed viral load.
- For TB: tracing and checking all close contacts of TB patients and providing a course of preventive therapy, as appropriate, to all people living with HIV and close contacts of patients with TB.

Legend

- Other
- Districts with high TB burden
- Districts with high HIV burden
- Districts with high HIV and TB burdens

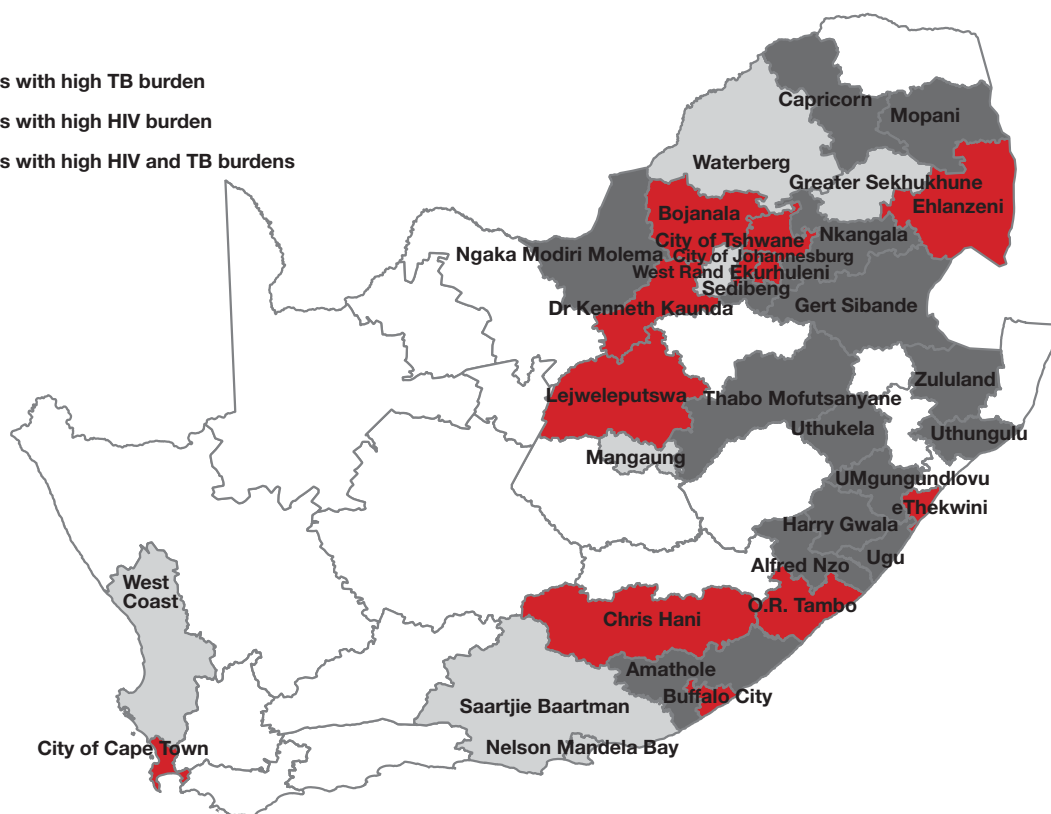


Figure 5: Districts with high HIV and TB burdens

Table 1: Districts with high HIV burden

Province	Districts
Gauteng	City of Johannesburg, Ekurhuleni, City of Tshwane, and Sedibeng
KwaZulu-Natal	eThekweni, Umgungundlovu, Uthungulu, Zululand, Ugu, uThukela, and Harry Gwala
Mpumalanga	Ehlanzeni, Nkangala, and Gert Sibande
Eastern Cape	OR Tambo, Amathole, Alfred Nzo, Chris Hani and Buffalo City
Free State	Thabo Mofutsanyane, Lejweleputswa
North West	Bojanala, Ngaka Modiri Molema, and Dr Kenneth Kaunda
Limpopo	Capricorn and Mopane
Western Cape	City of Cape Town

Table 2: Districts with high TB burden

Province	Districts
Gauteng	City of Johannesburg, Ekurhuleni, City of Tshwane, West Rand
KwaZulu-Natal	eThekweni
Mpumalanga	Ehlanzeni
Eastern Cape	OR Tambo, Nelson Mandela Metro, Chris Hani, Buffalo City, Saartjie Baartman
Free State	Mangaung Metro, Lejweleputswa
North West	Bojanala, Dr Kenneth Kaunda
Limpopo	Greater Sekhukhune, Waterberg
Western Cape	City of Cape Town, West Coast

What's new in NSP 2017 - 2022?

The new NSP rests on scaling up and improving the implementation of tried-and-tested strategies and adding new strategies for preventing and treating HIV and TB and the improvement of the identification and management of STIs. The plan gives new impetus to aspects that have been under-powered in the past. The focus on high-burden districts and particular populations has already been highlighted.

Here are some new features of the NSP that are key to better results:

Prioritising prevention

PREVENT

New HIV and TB infections and STIs

The plan places a much stronger emphasis on prevention and uses evidence-based approaches that combine: communication designed to change behaviour and encourage people to reduce their risk of infection, medical methods of prevention that use ARVs, TB drugs and medical male circumcision, and environmental infection control measures. Prevention also rests on the early detection and effective treatment of people with HIV, TB and STIs as this ensures that people are no longer capable of infecting others.

Accelerating the Test and Treat approach



TEST AND TREAT

The Test and Treat model, which introduces ARV treatment (ART) for all people who test positive for HIV as soon as they are medically and emotionally ready to start, was adopted in South Africa in September 2016. Previously people who tested positive for HIV only became eligible for ART once their immune systems had been severely weakened. Successful implementation of the Test and Treat approach demands the upscaling of testing, better linkages between testing and treatment facilities, and enhanced support to ensure people on ART keep taking medication regularly and have their viral loads monitored as this ensures they have extremely low levels of virus present in their bodies.

Focusing strongly on adolescent girls and young women



The extraordinarily high incidence of HIV among adolescent girls and young women demands that they be singled out for extraordinary effort. There is a dual focus in the NSP on:

- Empowering girls and young women by expanding national campaigns, such as *She Conquers*, retaining girls in school, providing comprehensive sexuality education in schools and youth friendly sexual reproductive health, contraception services at clinics and reduction in sexual and gender based violence.
- Tackling the social factors that put young women at risk, such as: gender-based discrimination (including community attitudes that permit this) and gender-based violence which is a significant driver of HIV acquisition among young women.

Prioritising better quality of service

IMPROVE QUALITY OF SERVICES



The NSP recognises the need to improve the quality and sustainability of HIV, TB and STI services in order to attain good results. It includes measures designed to:

- Guarantee uninterrupted supplies of high quality essential medicines and health supplies.
- Provide access to holistic services, including psychosocial services, rehabilitation and harm reduction services.
- Reduce "loss to follow-up" or drop-out rates in both HIV and TB treatment programmes.

Implementing differentiated care

CARE FOR THE INDIVIDUAL



By adopting a client-centred approach to care, which tailors service provision to individual needs and uses a combination of health facility and community resources, it may be possible to reduce costs, offer more convenient and effective service, and reduce patients dropping out of care.

Stronger foundations for expanding the response

The goals of the NSP demand stronger service delivery systems and the plan outlines measures that can be taken – within the health system and in society more broadly – to enable services to work more effectively and efficiently.

These system-level changes are not an optional extra; they are critical to the success of service delivery and failure to mobilise them would seriously undermine performance under the NSP.

Integration of HIV, TB and STI interventions and services

Offering services in an integrated manner, that includes a focus on quality and coverage, is more efficient from the provider's perspective and more convenient for the users of health and social services. The integration of TB and HIV services is especially important because of the high rate of co-infection. Substantial progress has been made. For example, by 2013 nine out of 10 TB patients were also aware of their HIV status and there are signs that this awareness may have helped TB patients avoid HIV infection: the level of TB-HIV co-infection dropped from about 70% to 63% in the period when routine HIV testing of TB patients increased. The challenge in the five years ahead is also to achieve integration between health and social services.

Stronger procurement and supply chain systems

Uninterrupted access to drugs and health supplies is an absolutely critical aspect of the NSP. These items range from condoms and HIV testing kits, to essential medicines and protective equipment for healthcare workers. While procurement and supply chain systems have generally functioned well during the massive scale-up of the HIV and TB response, there have been gaps and failures which have led to stock-outs. These weaknesses will be remedied through improved stock monitoring from national to facility level, rapid response mechanisms to manage shortages, and expansion of the system of direct delivery to patients of chronic medicines through use of convenient community outlets outside health facilities.

Sufficient appropriately trained human resources

Prevention, treatment and care for HIV, TB and STIs are labour intensive activities and require diverse categories of workers, from specialised professionals to programme managers and community volunteers. These human resources are located in the public, NGO and private sectors and span multiple areas of service, not only health care. The ambitious targets of the NSP will clearly require increased human resources ranging from doctors, professional nurses and pharmacists, to mental healthcare workers, social workers, social auxiliary workers, community health workers and peer educators.

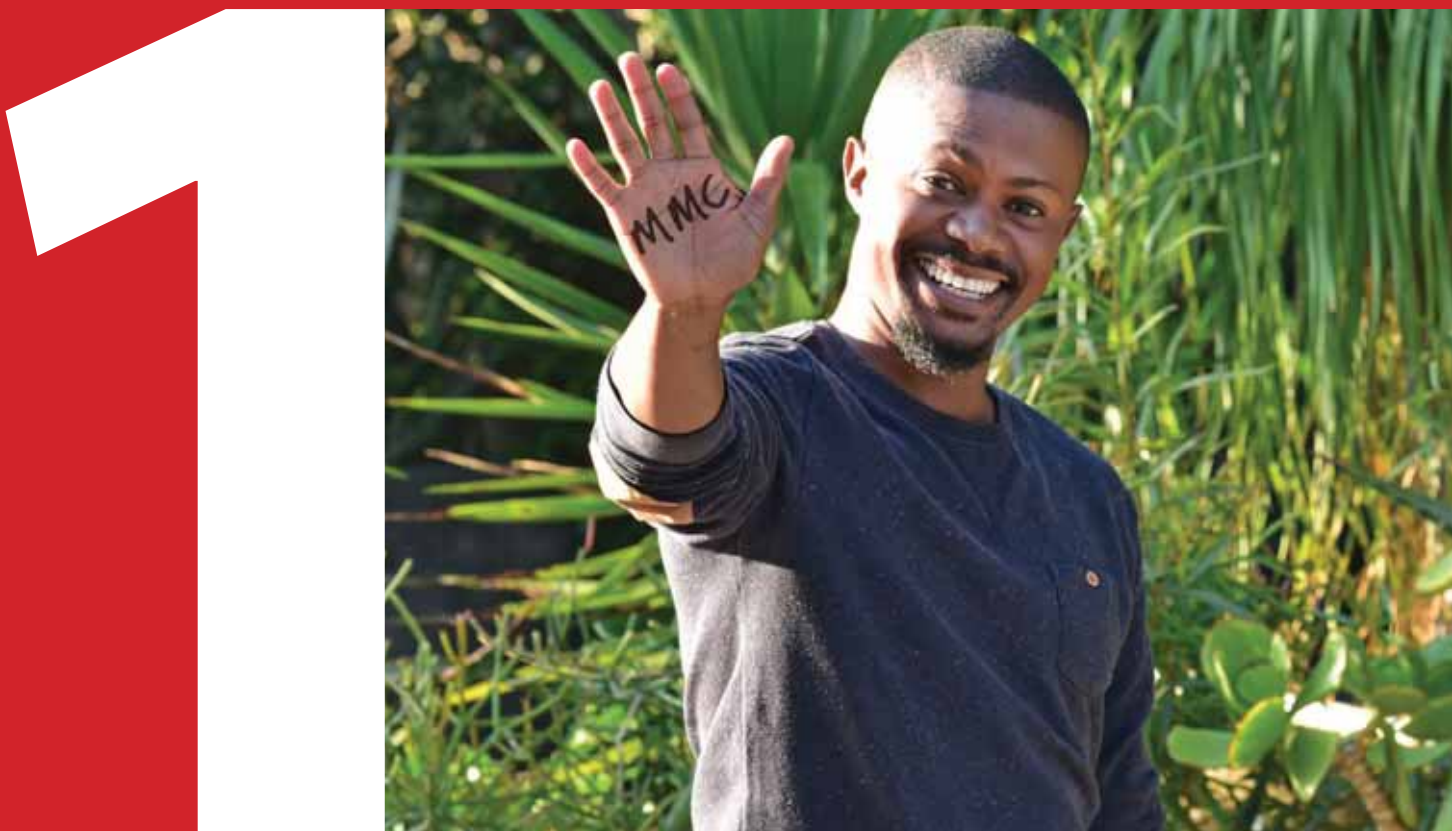
Social and behaviour change communication and social mobilisation

Relevant, accurate and engaging communication is a central element of every aspect of the NSP. It plays a decisive role in the plan's ability to reach and assist millions of people. Social and behaviour change communication assists people at risk of HIV, TB and STIs to take action to reduce their level of risk. It builds public demand for prevention and treatment services, and it helps individuals understand and persist with treatment. Recent research by the World Bank shows that communication played a decisive role in changing sexual behaviours and contributed critically to the dramatic reduction in the rate of new HIV infections on the African continent.

Effective communication campaigns must be of good quality, reach a high proportion (at least 80%) of the target population, use multiple channels for message reinforcement, and involve stakeholders in their development and delivery. The NSP calls for a major boosting of communication initiatives, using existing campaigns as a foundation. The content and purpose of communication initiatives will be aligned with the prevention and treatment goals and objectives of the NSP. Like all other activities, communication activities will focus intensely on high burden localities and vulnerable and key populations.

Stronger families and communities

Well-functioning families and communities are an invaluable asset in addressing the prevention and treatment goals of the NSP, especially in vulnerable populations. Efforts to address the social and environmental factors that aggravate the epidemics rely to a large extent on winning the support of the institutions that shape communities, including families. The Department of Social Development will play the leading role in developing social support systems. There will be a focus on implementing a core package of services to address the social, physical, educational and emotional needs of children and families. A process of community dialogue, engagement and direct support will be used to establish the priorities of communities and appropriate interventions.



“I am calling for 2000 men to join me in getting circumcised so we can minimise the risk of HIV and STI infection.”

– Kagiso Modupe, Brothers for Life Ambassador

Goal 1:

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

“Breaking the Cycle of Transmission”

Accelerating prevention of HIV, TB and STIs

Goal 1: Accelerate prevention to reduce new HIV and TB infections and new STIs

Strategic Context

The period 2012 - 2016 saw a considerable reduction in new cases of HIV and TB but the decrease in incidence fell short of the 50% target set in that NSP.

In terms of HIV, the decline in incidence appears to have occurred in an environment where risky sexual behaviour was growing. The 2012 HIV household survey undertaken by the Human Sciences Research Council showed an increase in the number of individuals reporting they had sex before the age of 15 years, an increase in men reporting multiple sexual partners, and a decline in reported condom use.

It is likely, therefore, that recent reductions in new HIV cases were largely due to the fact that millions of people living with HIV were no longer infectious due to receiving ARV treatment that drastically reduced the presence of the virus in their bodies. During the next five years, increased attention will be paid to prevention, not only of HIV but also of TB and STIs. Without this rebalancing of effort and more resources devoted to prevention, the targets of the NSP will not be met.

The 2017 - 2022 approach to prevention

For the five-year duration of this NSP there will be a much stronger emphasis on primary prevention to reduce the risk of infection, while continuing to reap the prevention benefits of early and effective treatment of HIV, TB and STIs.

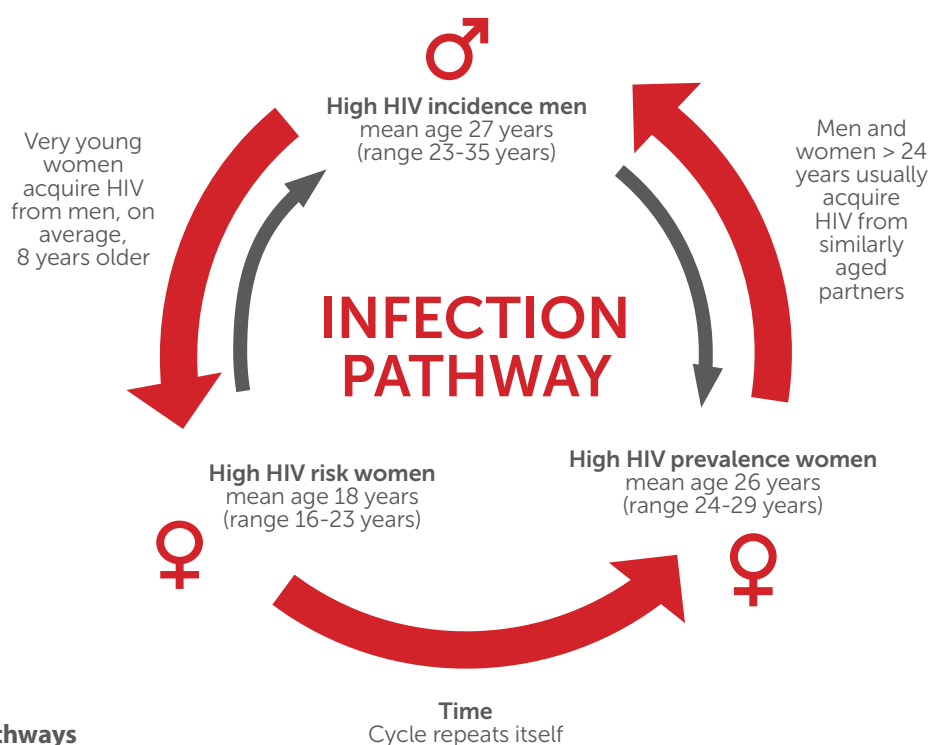
The NSP aims to reignite South Africa's passion for HIV, TB and STI prevention and combine this commitment with strategic targeting of our energies. Every implementation plan for prevention must repeatedly pose the question: "Who is becoming infected, by whom, and where?"

High-impact HIV prevention interventions

The NSP relies on the established approach of combining a variety of prevention methods. This requires different mixes of methods for people in different circumstances and with different needs. It stresses the use of methods with high impact and paying special attention to key and vulnerable populations. High impact HIV prevention methods include the provision of ART and viral load suppression for those infected by HIV, communication for social and behaviour change, medical male circumcision, targeted use of ARVs for prevention, and condom promotion and distribution.

There is a strong emphasis on sexual risk reduction which includes a renewed commitment to provide comprehensive sexuality education in all high schools, to ensure that there are youth-friendly sexual and reproductive health clinics in all areas, and to distribute at least 850 million male condoms and up to 40 million female condoms a year.

The elimination of mother-to-child transmission of HIV is within reach, thanks to the steady improvement in providing ARVs to mothers living with HIV during pregnancy and after the birth of their babies. The NSP pays attention to plugging the last "leaks" in this service and directs service providers to attend especially to the provision of ARVs to breastfeeding mothers.



Transmission pathways

TB prevention

The NSP outlines three key intervention for reducing TB infections:

- Exhaustive tracing of close contacts of patients undergoing TB treatment.
- The provision of preventive doses of TB medication to contacts and to all people living with HIV, as per protocol.
- The stronger application of infection control measures in places where TB is likely to spread, including health facilities, correctional facilities, other crowded residential settings, and homes of TB patients. Infection control includes improved ventilation, physical separation of TB service waiting areas where necessary, and use of protective gear and ultraviolet lighting.

STI prevention

The difficulty with STIs is that they are diverse in terms of symptoms and severity, and some are asymptomatic. Education of those at high risk of STIs has therefore been identified as a critical intervention. Condoms will be promoted not only as protection against HIV, but also as protection against a whole range of STIs. Vaccination is another pillar of STI prevention. The plan builds on the successful introduction of immunisation of girls against human papilloma virus (HPV), an STI which causes cervical cancer.

Goal 1: Objectives and sub-objectives	
Objectives	Sub-objectives
Reduce new HIV infections to less than 100 000 by 2022 through combination prevention interventions	Revitalise information, education and communication programmes in schools, health facilities, communities and workplaces Implement targeted medical prevention programmes tailored to settings and populations Provide appropriate sexual and reproductive health services and comprehensive sexuality education Provide PrEP (preventive ARVs taken daily by HIV-negative people) to identified populations at high risk of infection Provide targeted services to prevent mother-to-child transmission of HIV and syphilis both before and after birth
Reduce TB incidence by at least 30%, from 834/100 000 population in 2015 to less than 584/100 000 by 2022	Increase coverage of preventive drug therapy for TB among people at high risk of infection and those who have been exposed to patients with untreated TB, including drug-resistant TB Promote TB infection control in health facilities, correctional facilities, homes of people living with HIV and more broadly in communities
Significantly reduce syphilis, gonorrhoea and chlamydia infection. Achieve virtual elimination of syphilis infection in new-born babies. Maintain high coverage of vaccination against HPV	Scale-up STI prevention by providing good health information and timely health services for persons at risk Improve the identification and treatment of asymptomatic STIs Maintain and increase high levels of vaccination for the human papilloma virus among girls in grade 4 Develop and implement effective strategies for notification of sexual partners of STI patients



“Strict adherence to treatment is important in order to enjoy a healthier, longer life.”

– Gerry Elsdon, Global TB Champion

Goal 2:

Reduce morbidity and mortality by providing treatment, care and adherence support for all

“Reaching 90- 90- 90 in every district”

Scaling up treatment and care

Goal 2: Reduce morbidity and mortality by providing treatment, care and adherence support for all

Strategic Context

Since the introduction of ART in 2004, South Africa has witnessed the dramatic impact that effective treatment can have on the course of a deadly epidemic: our national mortality figures have dropped significantly and the life expectancy of the population has recovered. The national HIV treatment programme has expanded massively and since October 2016 we have offered immediate ARV treatment to any person who tests HIV-positive and is ready to start treatment (known as “Test and Treat”).

However, about four out of 10 people living with HIV are still unaware of their status and the 3.7 million receiving treatment represent a little over half of those who are eligible for “Test and Treat”. Furthermore, it is estimated that one in four ART patients is lost to follow up within the first year. Current patient record systems cannot indicate whether these individuals have moved to alternative clinics, ceased taking ARVs, or died.

Attaining the UNAIDS 90-90-90 goals for patient-finding, treatment and treatment success is therefore a huge challenge and one that has been firmly placed on the agenda by the NSP.

The challenge in relation to TB is of equal magnitude. Once again, there are signs that South Africa has turned a corner in the last five years and is pointed in the right direction. Pro-active identification of people with TB has been introduced. TB testing with GeneXpert technology has been achieved countrywide, meaning that results are available within a couple of hours and there is better detection of TB among people living with HIV.

Treatment success rates for TB have steadily improved. Furthermore, intensified service has been focused on high-risk populations in correctional facilities, the mining industry, communities surrounding gold mines, and informal settlements.

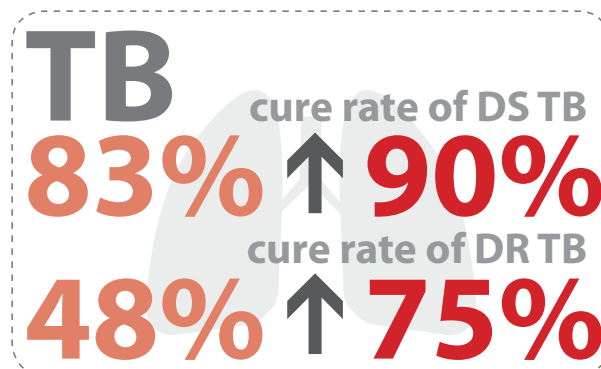
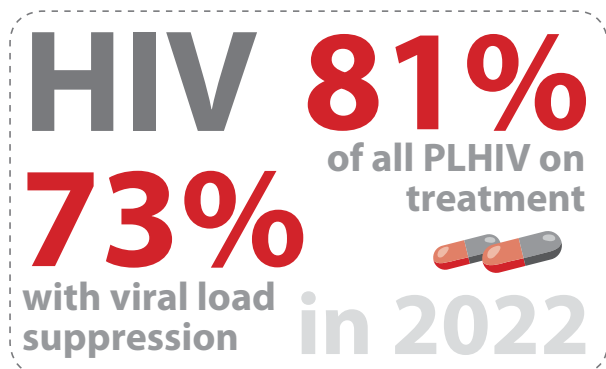
However, an estimated 150 000 TB cases remain undiagnosed each year and delayed diagnosis is not only a threat to these individuals' lives but also a major driver of the epidemic. Furthermore, treatment success is not yet at the level South Africa aspires to.

STIs persist as a major cause of illness with public health facilities seeing 1.14 million cases in 2015/16. Barriers to reducing STIs include inadequate diagnosis, inadequate cure rates and the growth of drug-resistant STIs.

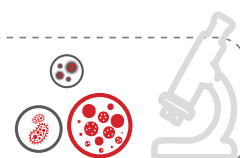
The 2017 - 2022 approach to treatment and care

The treatment model for both HIV and TB is the 90-90-90 approach advocated by UNAIDS and the Stop TB Partnership. This will require a huge scale-up of screening and/or testing, an equally large expansion of treatment programmes, and innovative ways to retain individuals in treatment as well as track their movements between facilities, using a master patient index for registering all patients. Screening for TB involves posing questions to individuals about TB signs and symptoms. Only where symptoms exist is a TB test performed to provide a clear diagnosis.

Targets for increasing STI screening, testing and treatment include a 50% increase in responding to asymptomatic STIs. This, too, will demand a change of approach.



STIs Identify and treat people with asymptomatic STIs



90% of people with HIV and/or TB know they are infected

The NSP intends to drive this steep upscaling of screening and testing by:

- Increasing proactive advocacy for HIV testing and proactive TB screening among all adults attending public health facilities.
- Expanding screening and testing programmes outside of health facilities and targeting these to reach areas and communities with the highest prevalence of HIV and TB.
- Active promotion of HIV self-screening with linkage to care.
- Thorough birth-testing and follow-up testing of babies born to mothers living with HIV.
- TB screening of all people who undergo an HIV test, all diabetics and all people in close contact with TB patients, with follow-up testing of individuals who confirm they have symptoms.
- Annual screening of healthcare workers for TB, with follow-up testing where needed.

90% of people with known HIV status receive ART and 90% of those treated maintain non-infectious levels of the HI virus

Full implementation of the Test and Treat model will automatically increase uptake of treatment as more people are now eligible for treatment. It should also encourage improved uptake by eliminating or shortening the gap between testing and initiation of viral load treatment for both adults and children. Accurate

testing of virus levels in all patients will be routine, and timely switching of drug regimens will occur where this is needed to achieve continuous reduction of viral load levels. Urgent action will be instituted when patients have detectable viral loads, miss appointments or are lost to treatment. Where patients on ART are stable, alternative patient-centred arrangements will be made for medicine collection and care outside the health facility. Community health workers, operating under clear guidelines, will be utilised more extensively in facilities, homes and communities.

100% of people diagnosed with TB are treated, with successful outcomes for 90% of those treated for drug-sensitive TB and 75% of those treated for drug-resistant TB

The approach is one of early diagnosis and initiation of treatment. In the case of drug-resistant TB there will be rapid phasing in of new drug regimens and formulations which are less burdensome to the patient than current treatment, once they are approved for local use.

For both TB and HIV treatment, a concerted effort will be made to reduce loss to follow-up and increase retention in care and successful outcomes, such as the low or undetectable presence of the HIV virus. This will include better health education to those in treatment, improving psycho-social support, and facilitating access to social relief, social protection services and nutritional supplementation. It will also embrace innovation in service delivery such as utilisation of GPs, extended clinic hours, and initiation of treatment at home or in community venues.

Goal 2: Objectives and sub-objectives

Objectives	Sub-objectives
Implement 90-90-90 strategy for HIV	90% of all people living with HIV know their HIV status by 2022 90% of all people with diagnosed HIV infection receive sustained ART 90% of all people receiving ART have undetectable virus levels in their blood by 2022
Implement 90-90-90 strategy for TB	Identify 90% of all TB cases and place them all on appropriate treatment Identify at least 90% of TB cases among key populations, including people living with HIV, whose immune systems are extremely weak, and members of under-served populations Provide successful treatment to at least 90% of those diagnosed with drug-sensitive TB (which responds to the most common TB drugs) and 75% with drug-resistant TB (which does not respond to a range of TB drugs)
Improve STI detection, diagnosis and treatment	Increase detection and treatment of asymptomatic STIs by 50% in high burden districts by 2022 Increase the detection and treatment of STIs nationwide

3



“Addressing the unique and specific challenges faced by key and vulnerable populations is important in curbing the spread of HIV, TB and STIs.”

– Nelson Medeiros, Step-Up Project Co-ordinator and former drug user

Goal 3:

Reach all key and vulnerable populations with customised and targeted interventions

“Nobody left behind”

Prioritising populations most affected by HIV and TB

Goal 3: Reach all key and vulnerable populations with customised and targeted interventions

High-impact interventions will only realise their potential if they reach those people who most need them. There is clear statistical evidence that some groups are more severely affected by HIV, TB and STIs than the general population. These are referred to in this document as key populations or vulnerable populations. The former experience vulnerability to infection in most aspects of their lives, while the latter are highly susceptible in specific contexts.

The factors that create this heightened vulnerability are not the same for all at-risk populations. Interventions will therefore be customised for each population and take account of the factors that heighten their risk.

To a large extent prioritising key and vulnerable populations is about the volume of services available, how appropriate they are to the needs of these populations, and how acceptable, approachable and convenient they are. Access to relevant health information is a critical dimension of customised service provision.

List of key and vulnerable populations		
Key populations for HIV and STIs	Vulnerable populations for HIV and STIs	Key populations for TB
Sex workers	Adolescent girls and young women	People living with HIV
Transgender people	Children, including orphans	Household contacts of TB patients
Men who have sex with men	Residents of informal settlements	Healthcare workers
People who use drugs	Mobile populations	Mineworkers and communities close to mines
Inmates of correctional facilities	Migrants and undocumented foreigners	Inmates of correctional facilities
	People with disabilities	Pregnant women
	Other LGBTI populations	Children under five years
		Diabetics
		Residents of informal settlements



**NOBODY
LEFT
BEHIND**



Key populations for HIV and STIs

SEX WORKERS
TRANSGENDER PEOPLE
MEN WHO HAVE
SEX WITH MEN
PEOPLE WHO USE DRUGS (PWUD)
INMATES

Key populations for TB

PREGNANT WOMEN
HEALTH CARE WORKERS
**HOUSEHOLD CONTACTS
OF TB INDEX PATIENTS**
MINE WORKERS AND PERI-
MINING COMMUNITIES
PEOPLE LIVING WITH HIV
PEOPLE LIVING IN INFORMAL SETTLEMENTS
CHILDREN < 5 YEARS OLD
DIABETICS
INMATES

Vulnerable populations for HIV and STIs

**MIGRANTS AND UNDOCUMENTED
FOREIGNERS** MOBILE POPULATIONS
PEOPLE LIVING IN INFORMAL
SETTLEMENTS **OTHER LGBTI POPULATIONS**
CHILDREN INCLUDING ORPHANS
& VULNERABLE CHILDREN
PEOPLE WITH DISABILITIES
**ADOLESCENT GIRLS
AND YOUNG WOMEN**

In addition – and very importantly – prioritising key and vulnerable populations is also about reversing the marginalisation and disempowerment that has exposed them to an unusual infection risk. The NSP addresses this complex issue by leveraging the

skills of civil society and community networks to organise these populations, give them a collective voice and enable them to insist that their human and health rights are respected.

Goal 3: Objectives and sub-objectives	
Objectives	Sub-objectives
Increase engagement, collaboration and advocacy of key and vulnerable populations in the development and implementation of social and health support activities	<ul style="list-style-type: none"> Include at least one representative from a key or vulnerable population on the National AIDS Council and all provincial AIDs councils Encourage civil society and community networks that advocate for health rights and human rights
Provide an enabling environment that will increase access to health services by key and vulnerable populations	<ul style="list-style-type: none"> Utilise differentiated service delivery approaches, tailored to the needs of the population served, to increase access to health services Increase access to health information and social and behaviour change campaigns that addresses the needs of specific population groups Scale up provision of rehabilitation services, psychosocial support services, and mental health services for members of key and vulnerable populations Train healthcare workers to identify and deliver appropriate services to key and vulnerable populations Integrate core rights-based components in all health and social programmes

4



“My goal as a young woman is to encourage positive change within my society through specific programmes which are interlinked with the NSP in decreasing the number of new HIV infections among adolescent girls and young women across South Africa.”

– Koketso Rathumbu, She Conquers

Goal 4:

Address the social and structural drivers of HIV, TB and STIs and link these efforts to the National Development Plan (NDP)

“A multi-department, multi-sectoral approach”

Social and structural drivers of HIV, TB and STIs

Goal 4: Address the social and structural drivers of HIV, TB and STIs and link these efforts to the NDP

Social, economic and environmental factors play a considerable role in determining individuals' risk of acquiring HIV, TB and STIs. Poverty, poor housing, low literacy, exposure to gender-based violence, substance use and alcohol abuse all heighten the risk of infection. The odds are also increased merely by being a woman, a migrant, an inmate in a correctional facility, a mineworker or resident of a community adjacent to a mine.

The NSP adopts well-focused interventions to address these social and structural drivers of HIV, TB and STIs. These include building

awareness of HIV, TB and STIs through a range of social institutions – including schools and workplaces – and strengthening the capacity of families and communities to respond to issues that expose their members to increased risk of HIV, TB and STIs.

The focus is also on improving access to wider social programmes – such as social grants, services for survivors of sexual and gender-based violence, and mental health and harm reduction services – particularly for residents of the TB and HIV priority districts.

Goal 4: Objectives and sub-objectives	
Objectives	Sub-objectives
Implement social and behaviour change programmes to address key drivers of the HIV epidemic and build social cohesion	<p>Reduce risky behaviour through programmes that build the resilience of individuals, parents and families</p> <p>Provide comprehensive age-specific support for learners and out-of-school youth</p> <p>Strengthen the capacity of families and communities</p>
Increase access to and provision of services for survivors of sexual and gender-based violence in 27 HIV priority districts	<p>Increase access to and provision of services provided for survivors of sexual and gender-based violence</p> <p>Provide support for survivors of sexual assault</p>
Scale up access to social protection for people at risk of and living with HIV and TB in priority districts	<p>Ensure all HIV and TB-infected persons who are eligible for social grants access these grants</p> <p>Scale up access to food security and nutritional support</p>
Implement and scale up a package of harm reduction interventions that address harmful alcohol and substance use	<p>Scale up provision of in-patient and out-patient rehabilitation facilities for those who use alcohol and drugs and increase access to these facilities</p>
Implement economic development programmes for youth in priority districts	<p>Increase availability of economic opportunities for targeted groups of young people</p>
Address impediments to prevention and treatment of HIV and TB that arise from the design and construction of public facilities and housing	<p>Improve ventilation and air quality in indoor venues where people congregate</p> <p>Develop an advocacy campaign around TB control through environmental intervention</p> <p>Improve physical access for people with disabilities at work, in public facilities, at educational institutions and in relation to public transport</p>



“Grounding HIV response efforts in human rights principles will enable us to address challenges associated with stigma, discrimination and exclusion.”

– Judge Edwin Cameron, Human Rights Activist

Goal 5:

Ground the response to HIV, TB and STIs in human rights principles and approaches

“Equal treatment and social justice”

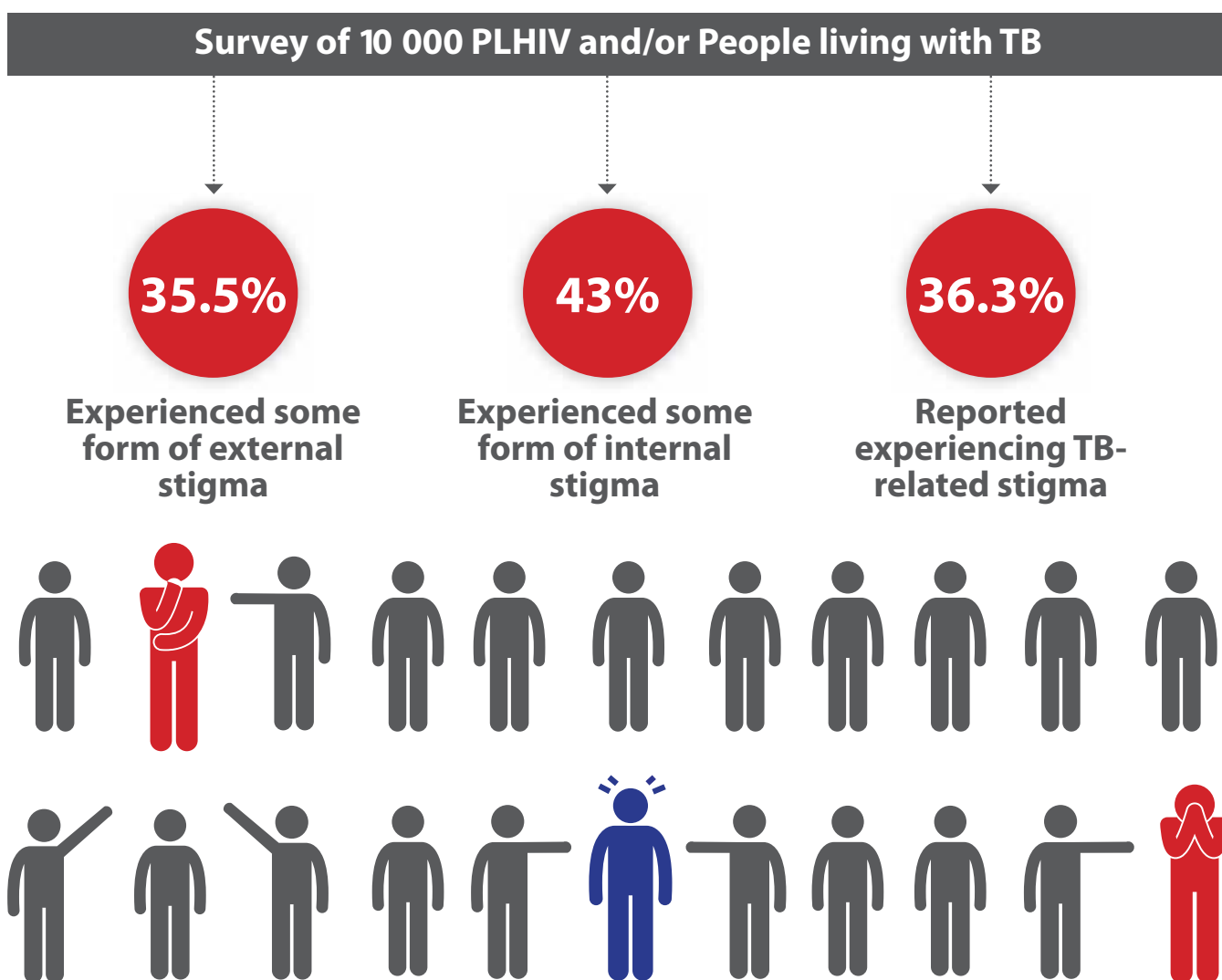
Human rights as a foundation

Goal 5: Ground the response to HIV, TB and STIs in human rights principles and approaches

The inclusion of a bill of rights in the South African Constitution means that all individuals have a right to equality, freedom from discrimination, and access to essential services. These legally enforceable rights are, however, not always respected in the real world. The South African stigma index on HIV and TB, published in 2015, found that more than one in three people living with HIV and TB had experienced some form of stigma as a result of the actions of others. In addition, 43% had experienced “internalised stigma”, that is self-imposed judgment of themselves. Both external and internalised stigma resulted in people living with HIV and TB adopting avoidance behaviours which had far-reaching consequences – for example, avoidance of health facilities, of job interviews and committed intimate relationships.

The NSP intends that stigma, discrimination and human rights violations related to HIV, TB and STIs should be tackled through:

- Monitoring and responding to human rights abuses. Among other measures, community-centred legal literacy programmes are envisaged and access to legal services will be scaled up so that there is effective recourse to the courts for purposes of enforcement and redress.
- Social and behaviour change communication programmes to address some of the known roots of stigmatising behaviour – for example, moral judgment, irrational fear of infection, ignorance of the impact of stigma, and gender-based discrimination.
- Training and sensitisation of healthcare workers about their rights to a safe working environment and protection from the risk of infection and patients’ rights to informed consent for treatment, confidentiality and treatment that does not discriminate.



Goal 5: Objectives and sub-objectives

Objectives	Sub-objectives
Reduce stigma and discrimination affecting people living with HIV, TB and STIs	<p>Revitalise community support groups to deal with internalised stigma of people living with HIV and TB</p> <p>Conduct community education programmes to reduce stigma</p> <p>Sensitise those in authority to human rights abuses and stigma</p>
Facilitate access to justice and redress for people living with, and vulnerable to, HIV and TB	<p>Improve knowledge and legal literacy in respect of national and provincial laws relevant to TB and HIV</p> <p>Make TB and HIV-related legal services available and accessible</p>
Promote an environment that enables and protects human and legal rights and prevents stigma and discrimination	<p>Implement a Human Rights Accountability Scorecard</p> <p>Monitor policies, laws and regulations relating to HIV and TB and reform as necessary</p> <p>Sensitise law makers and law enforcement agencies to the rights of people living with HIV and TB</p> <p>Train healthcare workers on human rights and medical ethics pertaining to people living with HIV</p>



“A strong and multisectoral leadership approach is important in realising the goals of the NSP.”

– Steve Letsike, SANAC Vice Chair / CSF Chair

Goal 6:

Promote leadership and shared accountability for a sustainable response to HIV, TB and STIs

“Mutual accountability”

Strong leadership and shared accountability

Goal 6: Promote leadership and shared accountability for a sustainable response to HIV, TB and STIs

South Africa has an established multi-sectoral approach to HIV and TB, with a national AIDS Council founded on collaboration between government, civil society and the private sectors, and some well-functioning provincial and district AIDS councils. The country also has a statutory framework for cooperation among the various tiers of government.

However, the vision of this NSP demands more powerful leadership and stronger ownership than ever before. Provinces have a critical role to play in driving integrated, multi-sector planning for the implementation of the NSP and provision of health, education and social services. With the designation of priority districts, local government leadership becomes increasingly important, while civil society leadership has a unique ability to reach and mobilise

key and vulnerable populations, nurturing leadership within these groups.

The plan sets out mechanisms and systems that will encourage collective responsibility and will show where the gaps in leadership lie. But ultimately the unwavering commitment that is required resides in the individuals who hold positions of leadership at various levels – premiers of provinces and their executive teams, mayors of cities and towns, ward councillors, leaders of organisations of people living with HIV and TB, business and labour leaders, and leaders of civil society organisations and community structures.

A particular emphasis in the coming five years will be to secure far greater participation of organised labour and the private sector in the implementation of the NSP. The plan will also be used as an instrument of coordination with development partners, ensuring that their assistance is aligned to local priorities.



Goal 6: Objectives and sub-objectives

Objectives	Sub-objectives
Strengthen AIDS councils to provide effective coordination and leadership of all stakeholders and facilitate shared accountability for implementing the NSP	Formally establish AIDS council structures at national, provincial and local level Ensure representation of all stakeholders in decision-making structures at all levels Strengthen the role of the private sector and labour in AIDS councils Ensure a central role for civil society and community groups Monitor implementation annually utilising an accountability framework
Improve collaboration and cooperation among government structures, civil society, development partners and private sector organisations	Ensure plans of all government and non-governmental stakeholders are aligned with the NSP Strengthen collaboration and cooperation among government departments Build regional collaboration



“We need to spend now to save later in order to achieve our targets”
– Maurice Radebe, Sasol

Goal 7:

Mobilise resources and maximise efficiencies to support the achievement of NSP goals and ensure a sustainable response

“Spend Now to Save Later”

Mobilising resources and maximising efficiencies

Goal 7: Mobilise resources and maximise efficiencies to support the achievement of NSP goals and ensure a sustainable response

Achieving the goals and objectives of the NSP will only be possible if sufficient resources are available to government departments, SANAC sectors and other stakeholders to implement the NSP. Given the ambitious nature of the NSP, resources for the response to HIV, TB and STIs need to increase for the period 2017-2022, while available funds must be used optimally.

A review of the funding landscape for the NSP period shows that the South African government is by far the largest funder of HIV, TB and STI programmes in the country, while substantial contributions are also made by the private sector, the United States government through the President's Emergency Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, TB and

Malaria (GF). The graphs below show the anticipated sources of funding and the projected financial requirements of the NSP in relation to HIV, TB and STIs.

The Department of Health accounts for about 89% of all spending by the South African government on HIV, TB and STIs, with the Department of Social Development contributing some 9% (which includes its spending on broader social development issues that impact on public health), the Department of Basic Education approximately 1% and all other departments a further 1%. The table below presents the combined funding available from the relevant government departments, and shows an increase from R 22.1 billion in 2016/17 to R30.2 billion in 2019/20.

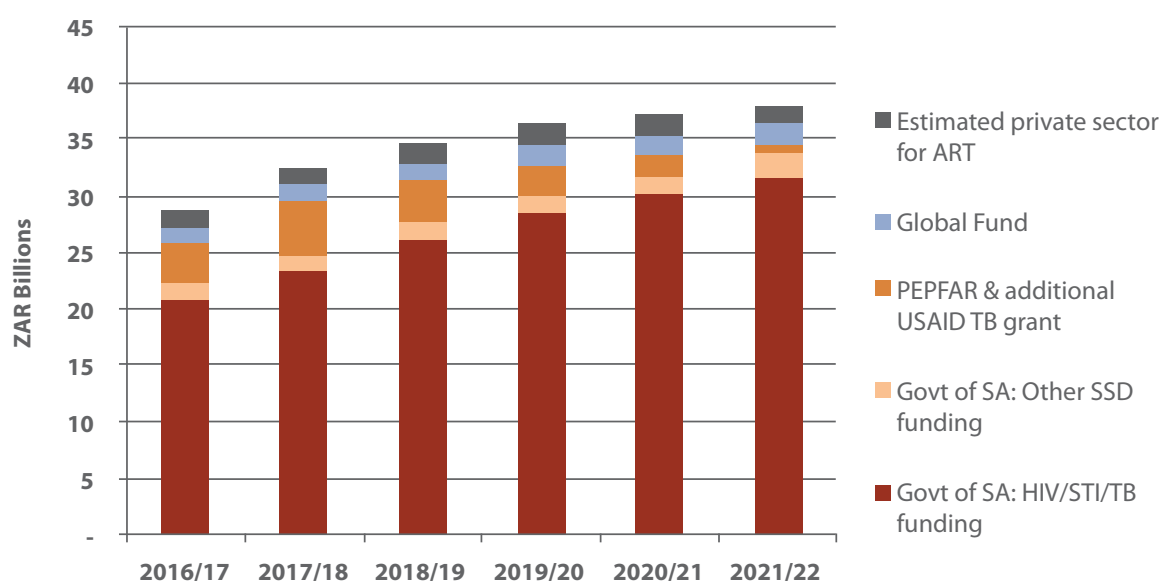
Estimated and projected public HIV, TB and STI spending by the South African government

2016/17	2017/18	2018/19	2019/20
R22.1 bn	R24.8 bn	R27.7 bn	R30.2 bn

Sources: Estimates of National Expenditure 2017, National Treasury. Current spending on TB based on TB Think Tank (2017) Costing of the South African National TB Plan 2017-2021, DOH & LSHTM. Projected spending by Department of Social Development includes programmes that address social and structural drivers of the 3 diseases

The funding projections in the graph below include both government and development partner funding. Given the political uncertainty regarding United States foreign aid policies, a conservative estimate has been made about funding from this source.

Anticipated sources of funding for HIV, TB and STIs in South Africa



Sources: Estimates of National Expenditure 2017, National Treasury. Current spending on TB based on TB Think Tank (2017) Costing of the South African National TB Plan 2017-2021, DOH & LSHTM. Projected spending by Department of Social Development includes programmes that address social and structural drivers of the 3 diseases.

The total cost of implementing the NSP is estimated at R207 billion over five years. The annual cost estimate rises from R35.1 billion in 2017/18 to R45.7 billion in 2021/22, as more people access treatment and as prevention and other supportive interventions are scaled up.

The NSP is a strategic document that presents broad goals, objectives and priority actions. The cost estimates for the NSP should be viewed similarly as a high-level estimation of financial resource needs, driven by ambitious targets. When various sectors and spheres of government develop and cost their implementation plans for the NSP, they should use the NSP costing outputs as a central reference point in order to ensure that the costed priorities in the NSP inform public sector budgeting.

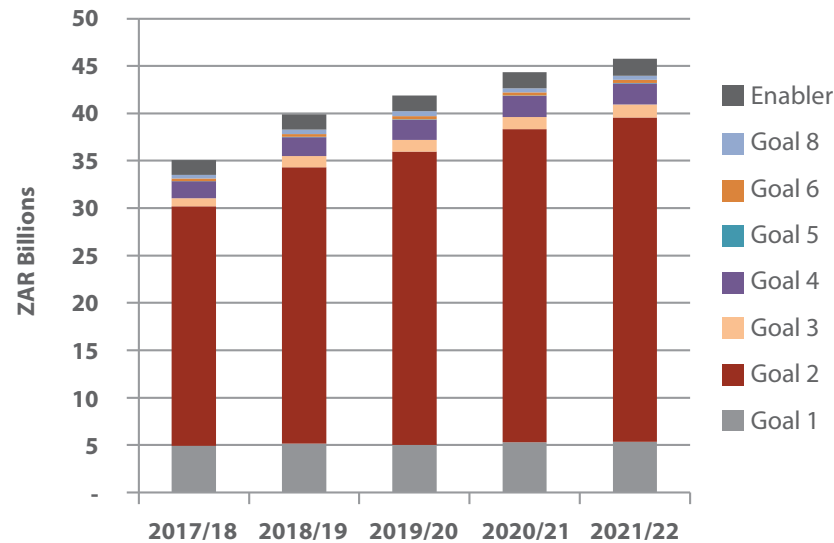
The NSP requires a larger investment in the short-run to avoid future spending of an even greater magnitude. However, it is anticipated that the established sources of financial support for HIV, TB and STI programmes will not be able on their own to provide sufficient funding to cover the expansion of activities envisaged in this NSP. It will therefore be necessary to develop innovative mechanisms to generate additional funding from new sources.

In addition, it will be critical to improve efficiencies in order to maximise the impact of every rand invested. This essentially means doing more with less, targeting the right places and populations, and choosing the right interventions.

The NSP notes that progress towards national health insurance may present opportunities for tapping new resources for HIV and TB. It also requires active exploration of novel funding models including:

- Co-financing by multiple government departments.
- Co-investment by the South African government and development partners.
- Social impact bonds to leverage repayable investments in public programmes from the private sector and other social motivated investors subject to the achievement of pre-agreed outcomes.

Total annual cost estimates by NSP Goal 2017/18 – 2021/22 (R billions)



Sources: The NSP costing exercise drew from a number of sources, including national costing models, published and unpublished literature and national government policy and strategy cost analyses. The exercise also constructed ingredients based unit costs from various sources, including government and development partner programme budgets and interviews with key informants. Further details are found in the NSP 2017-2022 Costing Model. Main sources include:

- National ART Cost Model, March 2017 outputs. NDoH and HE²RO[47]
- TB cost estimates (non-discounted): TB Think Tank (2017) Costing of the South African National TB Plan 2017-2021. NDoH & LSHTM.[45]
- South African HIV Investment Case. SANAC. 2016[25]
- The Costs of Managing Cervical Cancer in South Africa, DOH, HE²RO et al, 2017[48]

Goal 7: Objectives and sub-objectives	
Objectives	Sub-objectives
Improve efficiency and mobilise sufficient resources to achieve the goals, objectives and targets of the NSP	Maximise the funds available for implementation of the NSP and the impact of these funds.

8



“Continuous research and data analysis forms the operational backbone of the “focus for impact” approach to NSP implementation.”

– Dr. Mookho Malahleha, Researcher

Goal 8:

Strengthen strategic information to drive progress towards achievement of NSP goals

“Data-Driven Action”

Strategic use of information

Goal 8: Strengthen strategic information to drive progress towards achievement of NSP goals

The vision is to mobilise all parties contributing to NSP implementation within a single integrated system that generates, analyses and uses programme information in a dynamic way to assist the achievement of targets.

A single, integrated reporting system will promote ownership and accountability for performance throughout government and across sectors, including civil society and the private sector.

Much of the information about infection and treatment trends will be generated by clinics and hospitals, testing laboratories, and

pharmacies. The NSP aims to reinforce the disease surveillance system by combining the information from diverse sources more effectively.

In addition, the NSP envisages special surveys to establish the impact of prevention and treatment programmes on populations that have benefitted from services and other interventions.

The NSP also emphasises the role of research in providing vital information for planning and fine-tuning interventions and developing new measures for preventing and treating HIV, TB and STIs. It intends to facilitate stronger coordination of research and foster closer relationships between researchers and policy makers, as well as developing an optimal environment for researchers.

Goal 8: Objectives and sub-objectives	
Objectives	Sub-objectives
Optimise the availability of routinely collected strategic information	Implement the master patient index for use in all service delivery settings Link clinical, laboratory and pharmacy data Establish health information exchanges to make up-to-date data widely available Increase the use of data in programme planning and management
Rigorously monitor and evaluate implementation and outcomes of the NSP	Strengthen and promote multi-sector ownership and accountability through the monitoring and evaluation system Strengthen regular monitoring through data use Develop systems that facilitate the provision and sharing of quality health data at all levels of government and across sectors Disseminate relevant HIV, STI and TB information to the public in a timely manner Generate and disseminate monitoring and evaluation reports on the NSP
Further develop the national surveillance system to generate periodic estimates of HIV, TB and STI statistics in the general population as well as key and vulnerable populations	Institutionalise HIV, TB and STI surveillance in the Department of Health Conduct routine HIV, TB and STI surveillance activities, including activities focused on key and vulnerable populations Implement facility-based and laboratory-based surveillance Implement non-routine surveillance activities and surveys
Strengthen strategic research activities to create validated evidence for innovation, improved efficiency and enhanced impact	Develop a co-ordinated research agenda for the NSP



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