



# **The National Strategic Plan for HIV, TB and STIs: April 2017-March 2022**

**Presentation to NSP Satellite  
8<sup>th</sup> SA AIDS Conference**

**15 June 2017**





# Key challenges - HIV, TB, STIs

- 7 million people living with HIV
- 270 000 new HIV infections per year (2016)
- 2 000 adolescent girls and young women infected weekly
- 450 000 new TB infections a year
- TB is the leading cause of death.
- Many STI infections are asymptomatic
- Gaps to close to achieve 90-90-90 for HIV and TB





# Understanding the epidemics

- Recently have identified 27 high burden districts for HIV (78% of PLHIV) and 19 districts for TB (70% of TB burden), with significant overlap
- Micro-epidemics in key populations
- Focus on vulnerable populations to ensure adequate reach
- Combination- biomedical and structural approaches more impactful



# Understanding the epidemics

- Will move towards country-wide adoption of geospatial mapping of high burden areas and profiling of these areas for continuous improved knowledge of high burden areas and appropriate responses
- This will be supported by strengthening of multi-sectoral responses at local level for planning and implementation
- Protect human rights: stigma; discrimination
- HIV, TB Investment Case- using evidence to make choices and costing programmes, but understanding the social and structural drivers is a work in progress



## 27 High burden districts for HIV: 80% of PLHIV

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	Oliver 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

## 19 High burden districts for TB: 70% of TB incidence

Province	Districts
Gauteng	City of Johannesburg, Ekurhuleni, City of Tshwane, West Rand
KwaZulu-Natal	eThekweni
Mpumalanga	Ehlanzeni
Eastern Cape	Oliver 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

# Strategic approach

- Focus – geographic priorities (move from district to ward level across provinces)
- Focus- key populations/vulnerable populations
- High-impact, combination prevention packages- evidence-informed, context specific
- Intensified approaches in high burden districts
- Strengthen community systems- care; support
- Protect human rights: stigma; discrimination





## Goals of the new NSP

1. Accelerate **prevention** to reduce new HIV, TB and STI infections
2. Reduce morbidity and mortality by providing HIV, TB and STIs **treatment, care and adherence** support for all
3. Reach all **key and vulnerable populations** with customised and targeted interventions
4. Address the **social and structural drivers** of HIV, TB and STI infections.
5. Ground the response to HIV, TB and STIs in **human rights** principles and approaches.
6. Promote **leadership and shared accountability** for a sustainable response to HIV, TB and STIs
7. Mobilise **resources** to support the achievement of NSP goals and ensure a sustainable response
8. Strengthen **strategic information** to drive progress towards achievement of NSP goals







# Critical Enablers of the NSP 2017-2022

**Critical enablers** to maximize the reach and impact of South Africa's response to HIV, TB and STIs

Enabler 1: A focus on social and behaviour change communication

Enabler 2: Build strong social systems, including strengthening families and communities

Enabler 3: Effectively integrate HIV, TB and STI interventions and services

Enabler 4: Strengthen procurement and supply chain systems

Enabler 5: Ensure sufficient appropriately trained human resources where they are needed



# The FOCUS FOR IMPACT APPROACH



- 1 LOCATION-SPECIFIC
- 2 POPULATION-SENSITIVE
- 3 PROFILE-INFORMED



**OPTIMISED  
PACKAGE  
OF SERVICES**

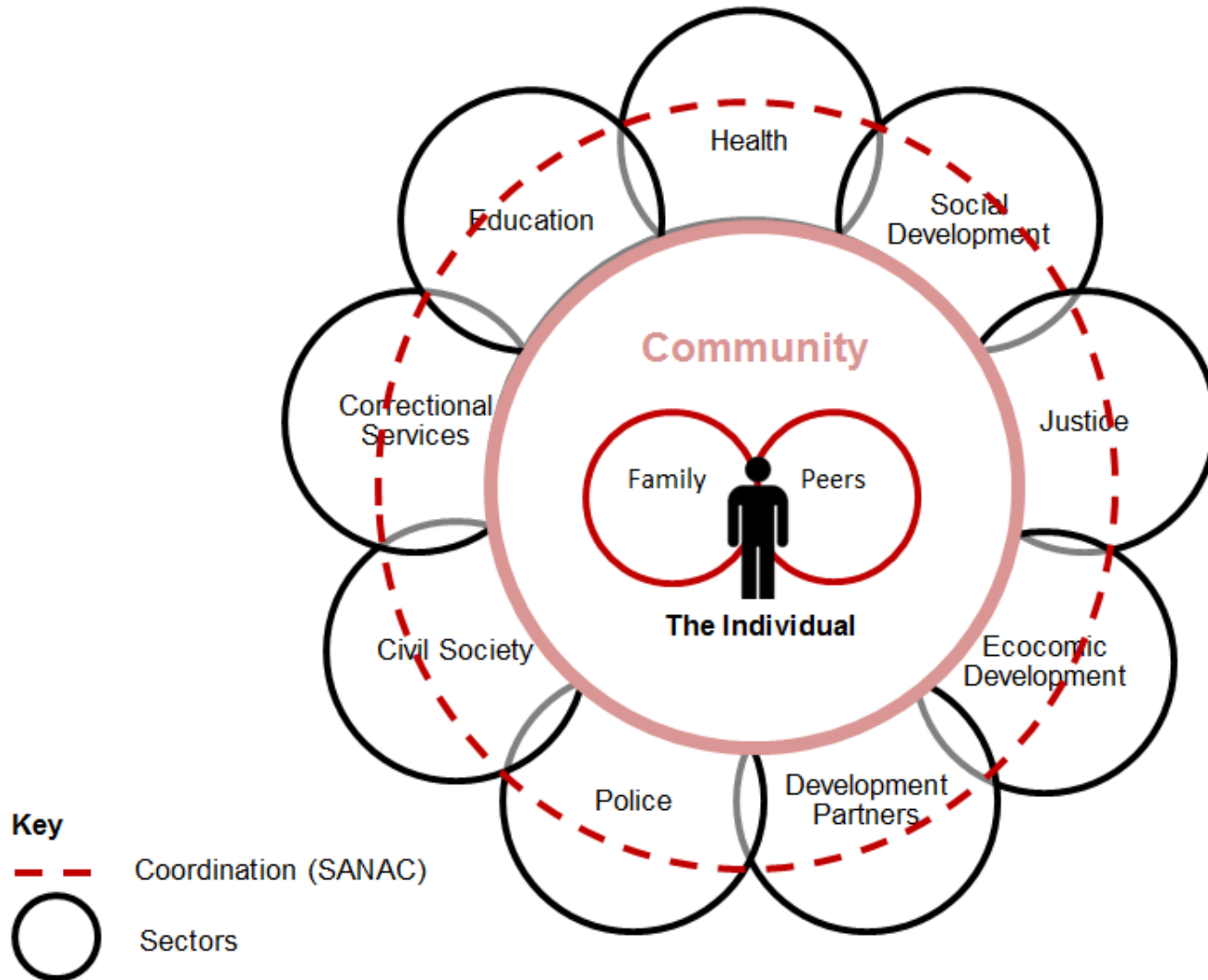


## From strategy to implementation

- What provinces need to know:
  - Know your epidemic (where is the greatest need, who needs what and where, how will partners and stakeholders work together to provide services)
  - Demographics of the province by age, gender, key and vulnerable populations
  - Lay of the land – educational institutions, health facilities, transport modes, economic structure etc.
  - Resources: who are the partners, what they do, who funds them, provincial government funding (equitable share, and conditional)
  - Priorities: prevention, treatment, key and vulnerable populations



# SANAC: Coordinating and Monitoring the response





# Thank you

**ZERO**

new HIV and TB infections

**ZERO**

new infections due to vertical transmission

**ZERO**

preventable HIV and TB deaths

**ZERO**

HIV and TB discrimination



# VISION

**Towards a generation free  
from the burden of HIV, TB  
and STI's**

***Let our actions count***

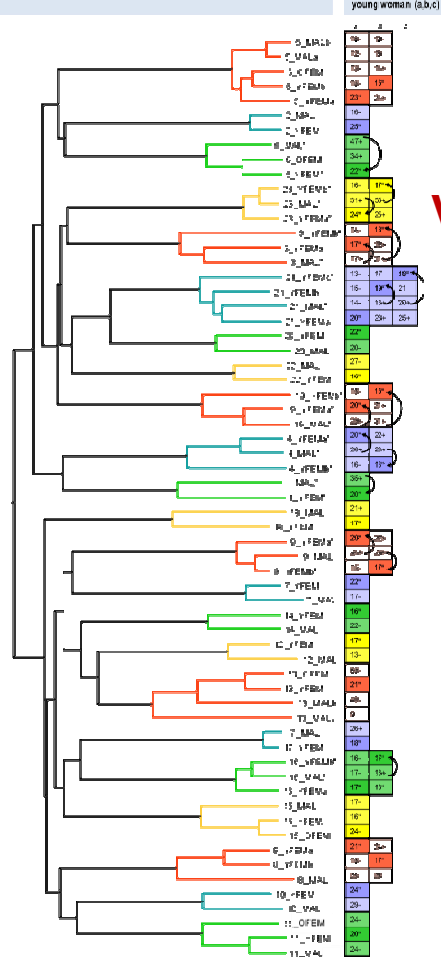




# Infection Pathway

Africa Centre identified phylogenetically linked HIV transmission networks in Hlabisa

Tip-dated Bayesian phylogenetic tree highlighting clusters containing at least one young woman and one man



**High HIV incidence men**  
mean age 27 years (range 23-35 years)



**Men and women > 24 years usually acquire HIV from similarly aged partners**

**Very young women acquire HIV from men, on average, 8 years older**



**High HIV risk women**  
Mean age 18 years (range 16-23 years)



**High HIV prevalence women**  
Mean age 26 years (range 24-29 years)

**When teen women reach mid-20s they continue the cycle**

Source: Dellar R, Tanser F, Abdool Karim Q, et al. Manuscript in preparation



# Sexual transmission networks

- HIV Prevalence in sex workers (48-72%)
- HIV Prevalence in men who have sex with men (28%)
- HIV Prevalence in people who inject drugs (14%)
- HIV Prevalence in inmates (23%)
- HIV Prevalence in people with disabilities (17%)
- Adolescent girls and young women account for 38% of new infections
- Children and OVC (increased risk)
- Men ( hard to enrol in care)







# Key and vulnerable populations

Key populations	Vulnerable populations
<p><b><i>Key populations for HIV and STIs</i></b></p> <p>Sex Workers Transgender people Men who have sex with men People who use drugs Inmates</p> <p><b><i>Key populations for TB</i></b></p> <p>People living with HIV Household contacts of TB index patients Health care workers Inmates Pregnant women Children &lt; 5 years Diabetics People living in informal settlements</p>	<p><b><i>Vulnerable populations for HIV and STIs</i></b></p> <p>Adolescent girls and young women All children including Orphans &amp; vulnerable children People living in informal settlements Mine workers Migrants People with disabilities Other LGBTI populations</p>