

# ACCELERATING HIV COMBINATION PREVENTION



## HIV COMBINATION PREVENTION INTERVENTIONS

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HIV PREVENTION STRATEGIES

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# Purpose



- To share the Health Sector HIV Prevention Strategy with the aim of guiding and accelerating implementation of Combination HIV prevention interventions **in support of the national strategic plan (NSP) for HIV and AIDS and TB 2017-2022.**
- The strategy will assist district managers and implementers plan and implement targeted combination prevention interventions specific to different target groups
- Combination HIV prevention: No single intervention can bring an HIV epidemic under control on its own, but an optimal set of interventions, implemented well and on a large scale, can significantly reduce HIV incidence.
- NSP prevention targets: 270000-100000 annually: Young women and girls: 2000-800 weekly

# Objectives



- The objectives of the strategy are to:
  - Provide a framework for a comprehensive package of HIV prevention services provided by the DoH to specific populations, specifically to reduce the number of new HIV infections.
  - To provide a coordinated HIV prevention response at all levels in order operationalise the NSP 2017-2022
  - To prioritise HIV prevention interventions, per geography and population for optimised reduction of new infections:
  - Targeted interventions: maximum impact



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# Eight goals of the NSP 2017-2022



- **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



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# Eight goals of the NSP 2017-2022 cont...



- **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



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# HIV prevention goal: NSP Goal 1



## Powerful revival of sexual risk-reduction programmes

- Communication campaigns, sexuality education, condom promotion and mass distribution, youth-friendly sexual health services

## Strengthening of biomedical methods of prevention

- HTS, MMC, PrEP, PMTCT, PEP

## The sexual risk-reduction programmes for HIV:

- Health education on STIs and improved diagnosis of symptom-free STIs, vaccination of girls 9-13yrs against HPV, STI partner notification on treatment, condom provision and messaging

Target  
For 2022

Accelerate prevention to reduce new HIV and TB infections and STIs

Reduce new HIV infections from 270 000 a year to less than 100 000 a year



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# Combination HIV prevention interventions



## BIOMEDICAL INTERVENTIONS

- HIV Testing Services (HTS)
- Diagnosis and treatment of STIs
- Voluntary Medical Male Circumcision
- Prevention of Mother to Child Transmission services
- Post-exposure prophylaxis (PEP)
- Provision of Male and Female condoms and education on usage
- HIV treatment services
- TB screening, diagnosis and treatment
- Provision of sexual and reproductive health (SRH) services

## SOCIO-BEHAVIOURAL INTERVENTIONS

- Behaviour change communication to promote partner reduction, condom use, uptake of HTS
- Social marketing of community dialogues and mobilisation to increase HIV prevention services demand
- Media and interpersonal communication to clarify values and change harmful social norms

## STRUCTURAL INTERVENTIONS

- Appropriate HIV, STI and TB policies and guidelines
- Alliance formation with relevant stakeholders
- Advocacy with leaders at all levels
- Appropriate budgeting and resources allocation
- Addressing gender inequity and GBV
- Referral linkage to health programmes and other sectors.
- Capacity building on policies and guidelines



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# Evidence of Prevention Interventions in SA: South African Investment case



## 1) Taking into account effectiveness and cost, the following interventions should be scaled up:

- HTS - Home-based testing, mobile testing, provider-initiated testing
- Testing of exposed infants at 6 weeks
- Condom distribution
- MMC including targeting
- Social and behavioural communication change (CBCC) programmes

## 2) Interventions to be maintained

- PMTCT (testing and ART) should be maintained at current (high) levels.

- **Evidence of HIV prevention interventions in SA cont...MSF study**



- There is documented evidence that when implemented in combination and scaled, prevention interventions can bend the incidence curve:
- MSF study: KZN, 2016: (Bending the curve project)
  - Study conducted with DOH KZN in Eshowe and Mbongolwane
  - Aims: to decrease the incidence of new HIV and TB infections, while reducing morbidity and mortality associated with both diseases.
  - Focus on HTS: targeted in communities to reach hard to reach populations
  - Linkage to care and treatment, MMC
  - Condom distribution, adherence and retention in care
- The project showed that if these interventions are scaled up and coupled with mobilisation and awareness, they can contribute towards decreasing the incidence of HIV



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# Implementation of the HIV prevention packages

## PRIORITY POPULATIONS

### Specific interventions for priority populations

- Uncircumcised men
- PHDP
- Pregnant women/new mothers and their unborn/new-born babies
- Out-of-school youth
- In-school and/or tertiary youth
- People with TB

Refer to Figure 5 for  
Combination HIV  
Prevention  
Interventions



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# Implementation of the HIV prevention packages



*Uncircumcised men*

**Objective:** Provision of good-quality medical services for circumcision

**Characteristics:**  
Men reporting not to be circumcised

**Predisposing factor:**  
Being uncircumcised is associated with a higher HIV-infection risk

**Important to note:**  
Men who reported having been circumcised were significantly less likely to be HIV positive

Refer to Figure 5 for Combination HIV Prevention Interventions



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# Implementation of the HIV prevention packages



## Intervention

## Actions

## Responsible agencies

### BIOMEDICAL

- Increase access to MMC services at public health facilities and include capacity building
- Partner with competent organizations that offer VMMC services to increase access

- DOH

### SOCIO-BEHAVIOURAL

- Educate men undergoing circumcision and their partners to continue using condoms
- Incorporate VMMC messages in general health messages

- DOH
- CBOs

### STRUCTURAL

- Engage and involve traditional male circumcision schools and traditional leaders

- DOH
- VMMC partners



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# Conclusions



- DOH will focus on the biomedical approaches
- Focus will be on a package of biomedical interventions that are targeted
- Must be mindful of the structural and behavioural issues that impact on prevention interventions
- Implementation must be multisectoral; leadership crucial at all levels
- Need supply side and demand interventions
- Partners involvement crucial at all levels
- Identify strategies to improve efficiencies

# Conclusions



- IT ALWAYS SEEMS IMPOSSIBLE UNTILL ITS DONE (President Nelson Mandela)
- THANK YOU



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