

HIV Testing Services & Treatment, Care and Support Priorities



South Africa Partners Meeting

Mrs. Gugu Shabangu
Chief Director HIV&AIDS and STIs Cluster
National Department of Health
11 February 2025



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Presentation Layout



Introduction and Context

NDOH Core Mandate & Guiding Principles

Strategic Prescripts Guiding implementation of HIV/AIDS & STIs Programs

HIV Cascade Progress and Unpacking the Gap

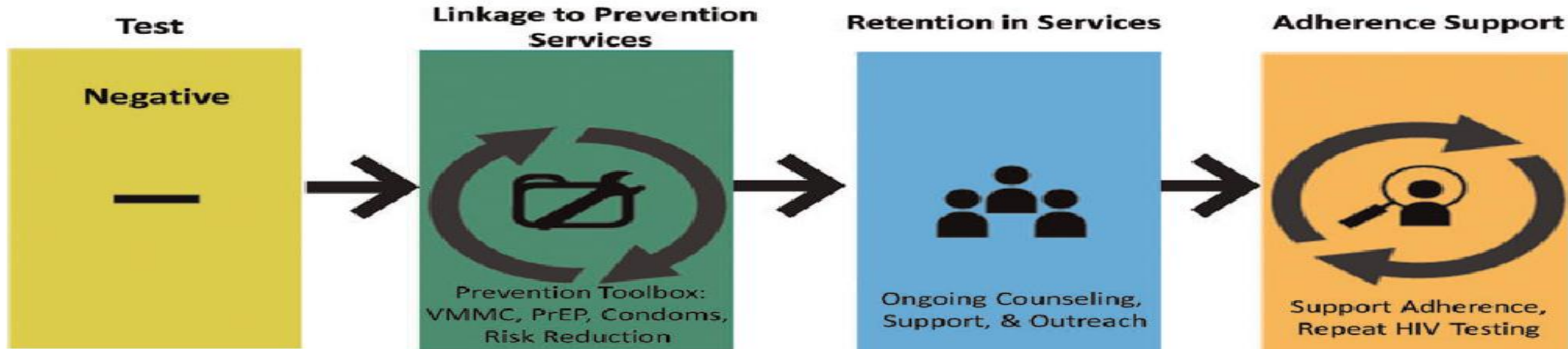
Key Priority Interventions

Introduction & Context



- HIV prevention and treatment interventions are anchored within the SA National Health Sector HIV Prevention Strategy: 2020-2025
- HIV Testing Services (HTS) is an entry point to both these interventions to ensure the continuum of care is successfully implemented and sustainable.

HIV Prevention Continuum



NDOH Mandate & Guiding Principles



Policy Review and Development (Guidelines, Strategies, SOPs and Job Aids)



Capacity Building (Training, Technical Assistance & Mentorship)



Resource Mobilization (Business Plans, Partnership & Donor/Funding Coordination)



Monitoring, Evaluation, Reporting & Research (Recognize Innovations, Quick Wins and Long-term Interventions and sustainability)



Integration



Accountability



Commitment



Coordination



Mutual Partnership



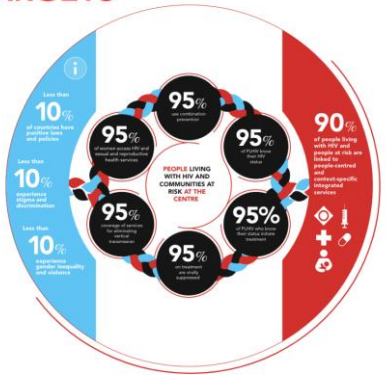
health

Department:
Health
REPUBLIC OF SOUTH AFRICA



2025 AIDS TARGETS

THE 10% THE 95% THE INTEGRATION



aidstargets2025.unaids.org



- 1 Multimodel testing and optimized comprehensive, high quality treatment and care for infants, children and adolescents living with and children exposed to HIV.
- 2 Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission.
- 3 Preventing and detecting new HIV infections among pregnant and breastfeeding girls and women and their partners.
- 4 Addressing rights, gender equality and the social and structural barriers that hinder access to services.



Fewer than 370 000 new HIV infections per year by 2025

95% of people at risk of HIV have equitable access to and use appropriate, prioritized, person-centred and effective combination prevention options.

1 KEY POPULATIONS	2 ADOLESCENT GIRLS AND YOUNG WOMEN	3 ADOLESCENT BOYS AND MEN	4 CONDOM PROGRAMMING	5 ART-BASED PREVENTION
Combination prevention and harm reduction packages for and with: Sex workers Gay men and other men who have sex with men People who inject drugs Younger people Prisoners	Combination prevention packages in settings with high HIV incidence (based on differentiated, layered packages)	Combination prevention packages in settings with high HIV incidence (including voluntary medical male circumcision and promoting access to testing and treatment)	Promotion and distribution of male and female condoms as well as lubricants	Pre-exposure prophylaxis, and post-exposure prophylaxis, and treatment including for elimination of vertical transmission

ACCESS THROUGH

Community-based and community-led outreach, health facilities including sexual and reproductive health services, schools, private sector, virtual platforms and other innovations

FOUNDATIONS

SOCIETAL AND SERVICE ENABLERS AND ADDRESSING UNDERLYING INEQUALITIES

Sexual and reproductive health and rights • Gender equality • Ending stigma and discrimination
Conducive policies and environment • Multisectoral, integrated & differentiated approach • Sustained investment in HIV prevention

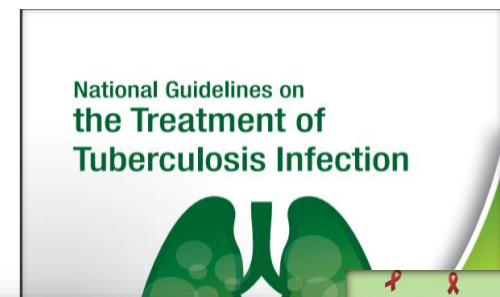


National Strategic Plan

For HIV, TB and STIs

2023-2028

- GOAL 1:** Break down barriers to achieving solutions for HIV, TB and STIs
- GOAL 2:** Maximise equitable and equal access to services and solutions for HIV, TB and STIs
- GOAL 3:** Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response
- GOAL 4:** Fully resource and sustain an efficient NSP led by revitalised, inclusive and accountable institutions



DIFFERENTIATED MODELS OF CARE STANDARD OPERATING PROCEDURES

MINIMUM DIFFERENTIATED MODELS OF CARE PACKAGE TO SUPPORT LINKAGE TO AND RETENTION IN CARE

LIVING WITH CHRONIC CONDITIONS

Guidelines for HIV, TB and NCDs
April 2023

NDP

2023 ART Clinical Guidelines

for the Management of HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates

April 2023
Republic of South Africa National Department of Health

SOUTH AFRICAN NATIONAL AID COUNCIL

OUR ACTIONS COUNT

National Guidelines for HIV, TB and STI Programmes for Young Key Populations in South Africa

September 2024

STRATEGIC PLAN

2020/21 - 2024/25

health
Department: Health
REPUBLIC OF SOUTH AFRICA

Phila
Inspired by You

2030 NDP

THE SOUTH AFRICAN NATIONAL WELCOME BACK CAMPAIGN STRATEGY

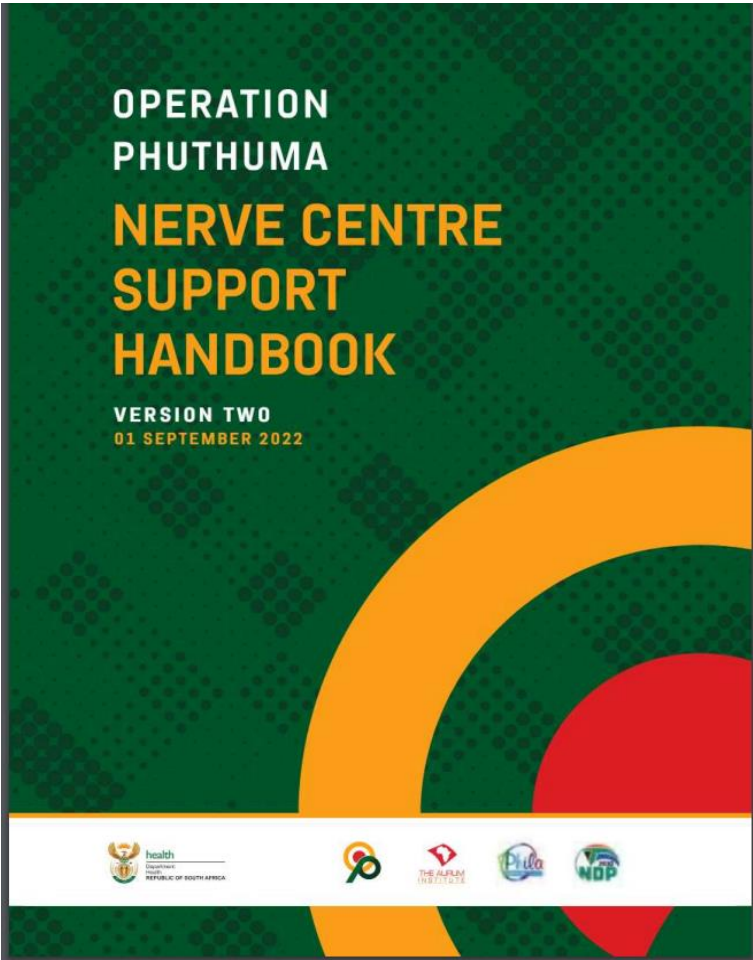
OCTOBER 2021

Integrated Clinical Services Management

Nerve Centre Support Handbook



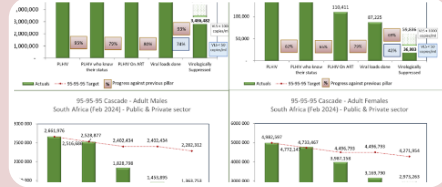
Page 5



Building & Sustaining through systems for continuous Quality Improvement



Short -Term Strategies / Big Fast Results: HIV Response Accelerator Core Principles & Priorities



1.Reduce Frequency of client visits

- 3 MMD
- 6 MMD

2. Closing the gap in the cascade

- Pediatric
- Youth
- Men

3. Improved Efficiencies

- HRH Mapping

4. Increasing demand for HIV Testing and Treatment Services

- U=U Messaging

5. Implementation Monitoring

- Mutual Accountability

- Increased retention in Care
- Decongest Health facilities

- Reduced HIV new infection (1st 95%)
- Improved 1.1 Mil Rx gap (2nd 95%)
- Improved men's health
- Enhance peads and adolescent disclosure and counselling

- Improved HRH coverage
- Increased efficiencies

- Improved VLS (3rd 95%)
- Reduced stigma & discrimination
- Decreased new HIV Infections

- Improved collaboration, partnership and coordination



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Expected Outcomes / Impact



Progress on 95-95-95 National HIV Treatment Cascade

Final October 2024



As of October 2024, South Africa is at **96-79-94** for the total population serviced through the Public & Private sector.

Results for each of the sub-populations vary, with:

- Adult Females at 97-82-94,
- Adult Males at 95-75-94,
- Children (<15) at 87-79-72.

To achieve 95-95-95 targets, South Africa must increase the number of:

- Total Clients on ART by 1,111,319,
- Adult Females on ART by 590,386,
- Adult Males on ART by 488,551,
- Children (<15) on ART by 32,382.

Based on eligibility criteria of Viral Load under 50 copies/ml, clients eligible for DMOC include:

- Total Clients by 3,597,463,
- Adult Females 2,448,445,
- Adult Males 1,125,102,
- Children 38,036.

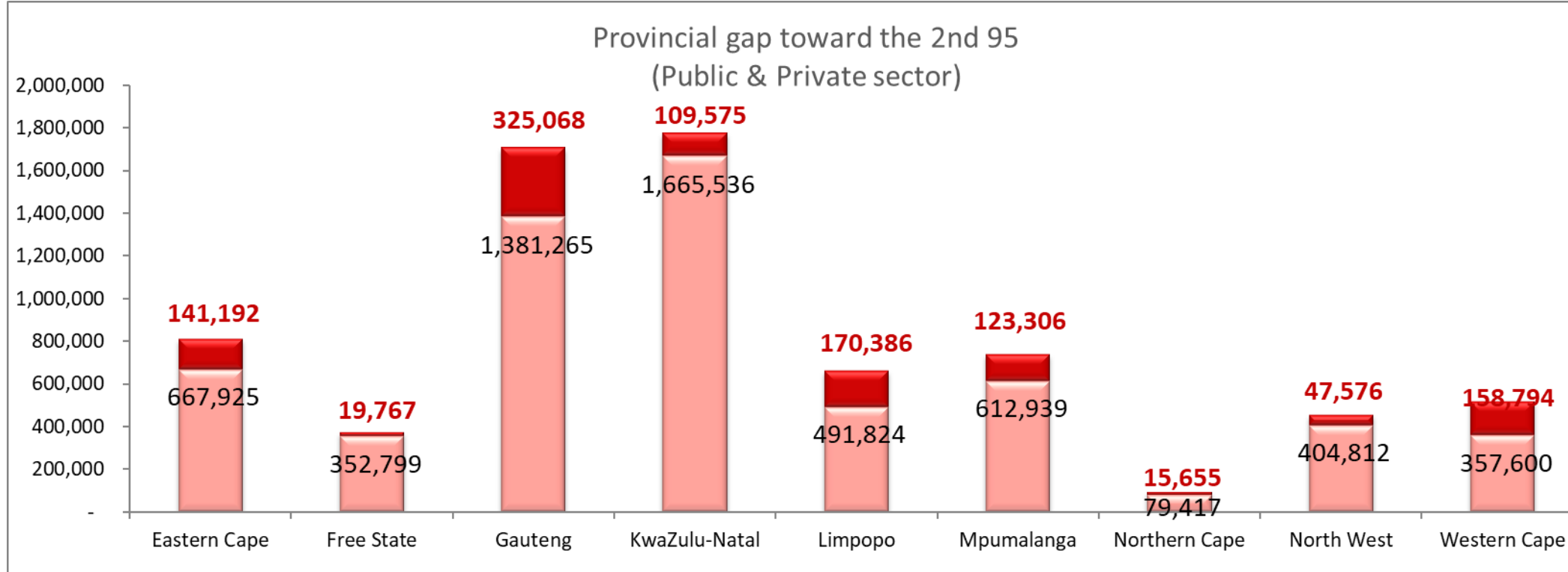
Included in these results are:

- 238,474 Adult Females,
 - 141,323 Adult Males, and
 - 3,201 Children (<15)
- who access ART through the Private sector.



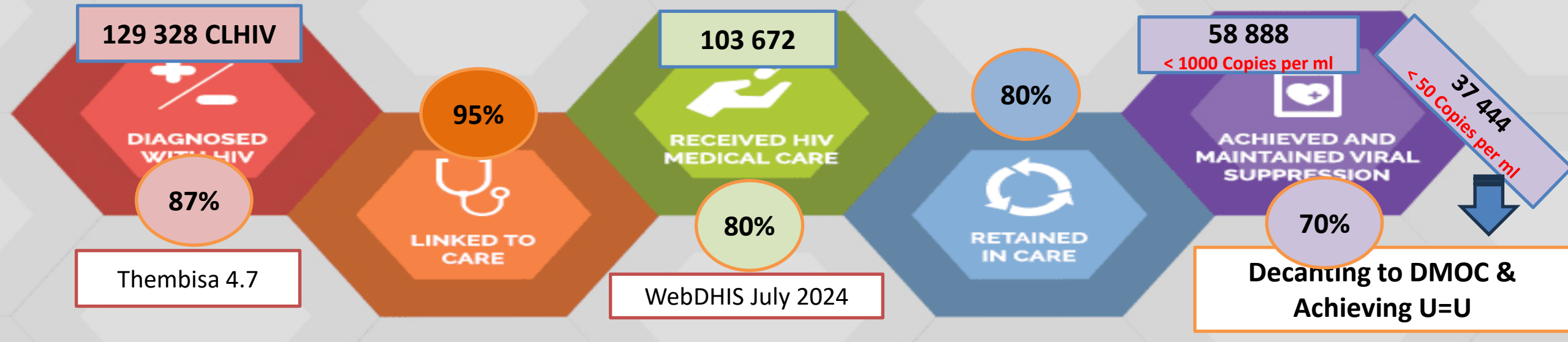
Provincial gap to 2nd 95

TOTAL POPULATION Final October 2024



To achieve 95-95-95 targets, South Africa must increase the number of Total Clients on ART by 1,111,319.
Biggest gap in terms of numbers is in Gauteng and Limpopo.

South Africa's Children Under 15 Years HIV Context



30 762
Treatment Gap for Children

Sub-optimal Linkage to Prevention and Treatment

Sub-optimal retention of over 20% in the first 12 months

Sub-optimal Viral load done and children are not suppressing enough



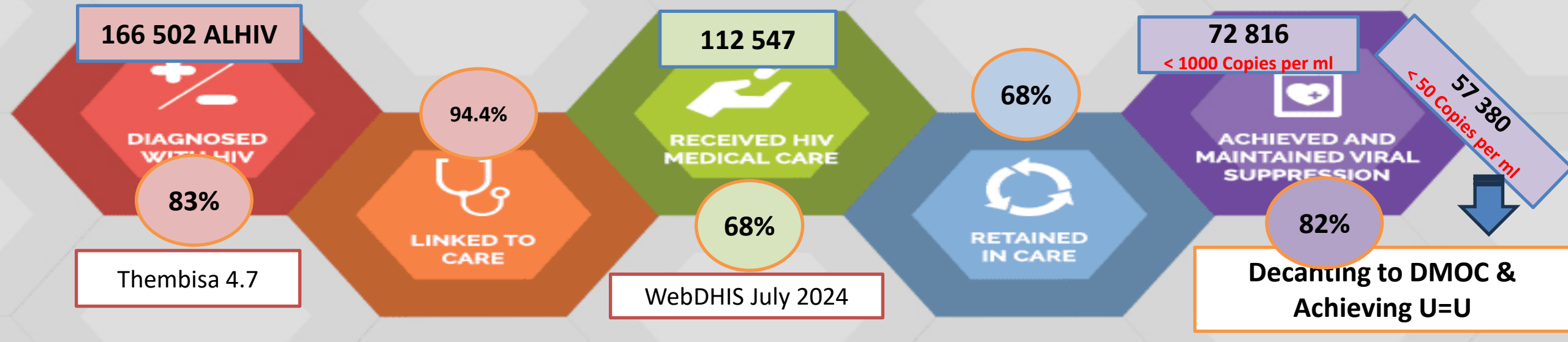
health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Pressure mounting to ramp up efforts and move to scale

South Africa's **Adolescents** HIV Context



67,763

Treatment Gap for Adolescents

Sub-optimal Linkage to Prevention and Treatment

Sub-optimal retention of over 17% - 32% in the first 12 months

Sub-optimal Viral load done and adolescents are not suppressing enough



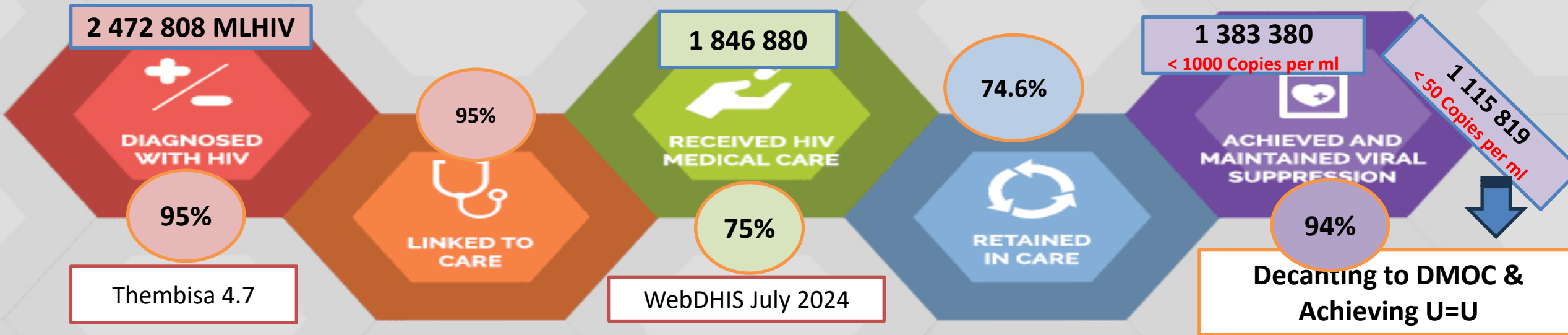
health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Pressure mounting to ramp up efforts and move to scale

South Africa's Men HIV Context (Aug 2024)



498,380
Treatment Gap for Men

Sub-optimal Linkage to Prevention and Treatment

Sub-optimal retention of over 25% in the first 12 months

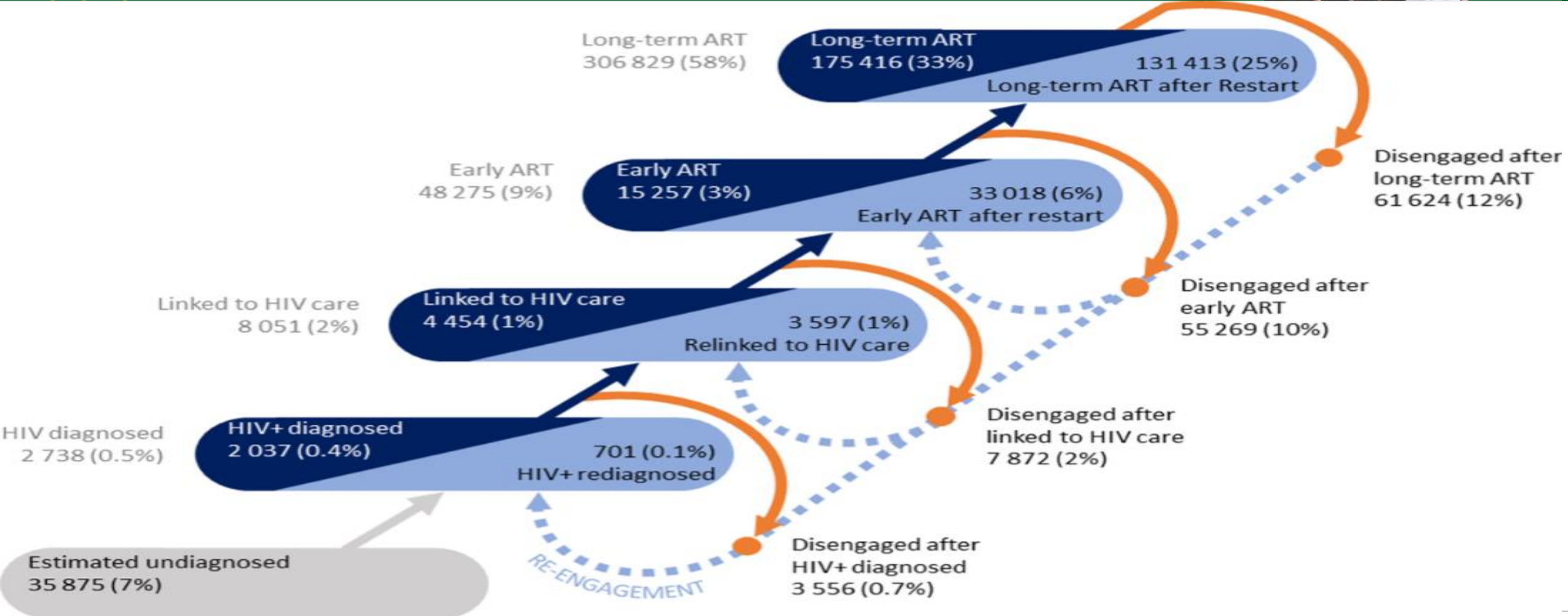
Whilst suppression is at 94%, over 18% men have Low Level Viraemia



Pressure mounting to ramp up efforts and move to scale

Consideration for Cyclical Cascade:

Know Where client are interrupting to inform approach to Engaging and Re-Engaging



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Provincial split – 1.1m Gap 2nd 95% target



District split - 1.1m Gap 2nd 95% target (July 2024)

Province	District	Female					Male					Total
		0-14yrs	15-24yrs	25-49yrs	50+	Female Total	0-14yrs	15-24yrs	25-49yrs	50+	Male Total	
Eastern Cape	Eastern Cape	1 323	10 280	58 838	11 479	81 920	2 094	8 549	60 880		66 403	148 322
Free State	Free State	753	4 316	9 310		10 442	705	3 515	13 583		12 189	22 631
Gauteng	Gauteng	4 087	44 923	101 176	29 586	179 771	5 073	22 005	94 885	24 611	146 574	326 346
KwaZulu-Natal	KwaZulu-Natal	2 519	24 414	21 552		38 762	3 905	16 525	79 872		78 844	117 606
Limpopo	Limpopo	3 137	11 159	78 530	19 482	112 308	3 716	5 797	62 075		68 670	180 978
Mpumalanga	Mpumalanga	2 205	19 257	62 254		76 802	2 746	9 022	53 451		57 440	134 242
North West	North West	329	5 626	17 392	456	23 803	701	3 709	29 078		29 343	53 146
Northern Cape	Northern Cape		1 979	9 607		10 500		1 077	7 277		6 373	16 872
Western Cape	Western Cape		8 920	82 829	14 908	106 527		4 700	38 496	13 911	57 099	163 626
South Africa	South Africa	14 224	128 893	431 880	55 338	630 335	18 934	73 822	432 320		516 563	1 146 898



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Provincial split – 150k New HIV Infections



District split - 150k New Infections per year

Province	District	Female					Male					Total
		0-14yrs	15-24yrs	25-49yrs	50+yrs	Female Total	0-14yrs	15-24yrs	25-49yrs	50+yrs	Male Total	
Eastern Cape	Eastern Cape	727	6 928	6 344	1 272	15 271	681	2 207	4 924	592	8 404	23 675
Free State	Free State	291	2 104	1 877	374	4 646	276	528	1 561	175	2 540	7 186
Gauteng	Gauteng	1 148	8 699	8 392	1 664	19 903	1 042	1 980	8 338	903	12 263	32 166
KwaZulu-Natal	KwaZulu-Natal	1 176	9 003	6 653	894	17 726	1 079	2 124	6 049	408	9 660	27 386
Limpopo	Limpopo	500	4 422	6 920	1 576	13 418	478	1 226	4 607	642	6 953	20 371
Mpumalanga	Mpumalanga	524	5 204	4 609	730	11 067	475	1 297	3 710	360	5 842	16 909
North West	North West	351	2 643	2 782	506	6 282	330	691	2 561	300	3 882	10 164
Northern Cape	Northern Cape	104	683	516	86	1 389	100	239	551	53	943	2 332
Western Cape	Western Cape	227	2 796	2 728	525	6 276	201	845	2 509	307	3 862	10 138
South Africa	South Africa	5 048	42 482	40 821	7 627	95 978	4 662	11 137	34 810	3 740	54 349	150 327



health

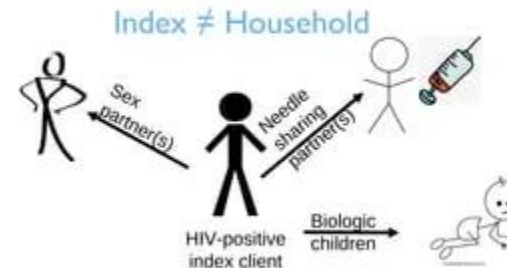
Department:
Health
REPUBLIC OF SOUTH AFRICA



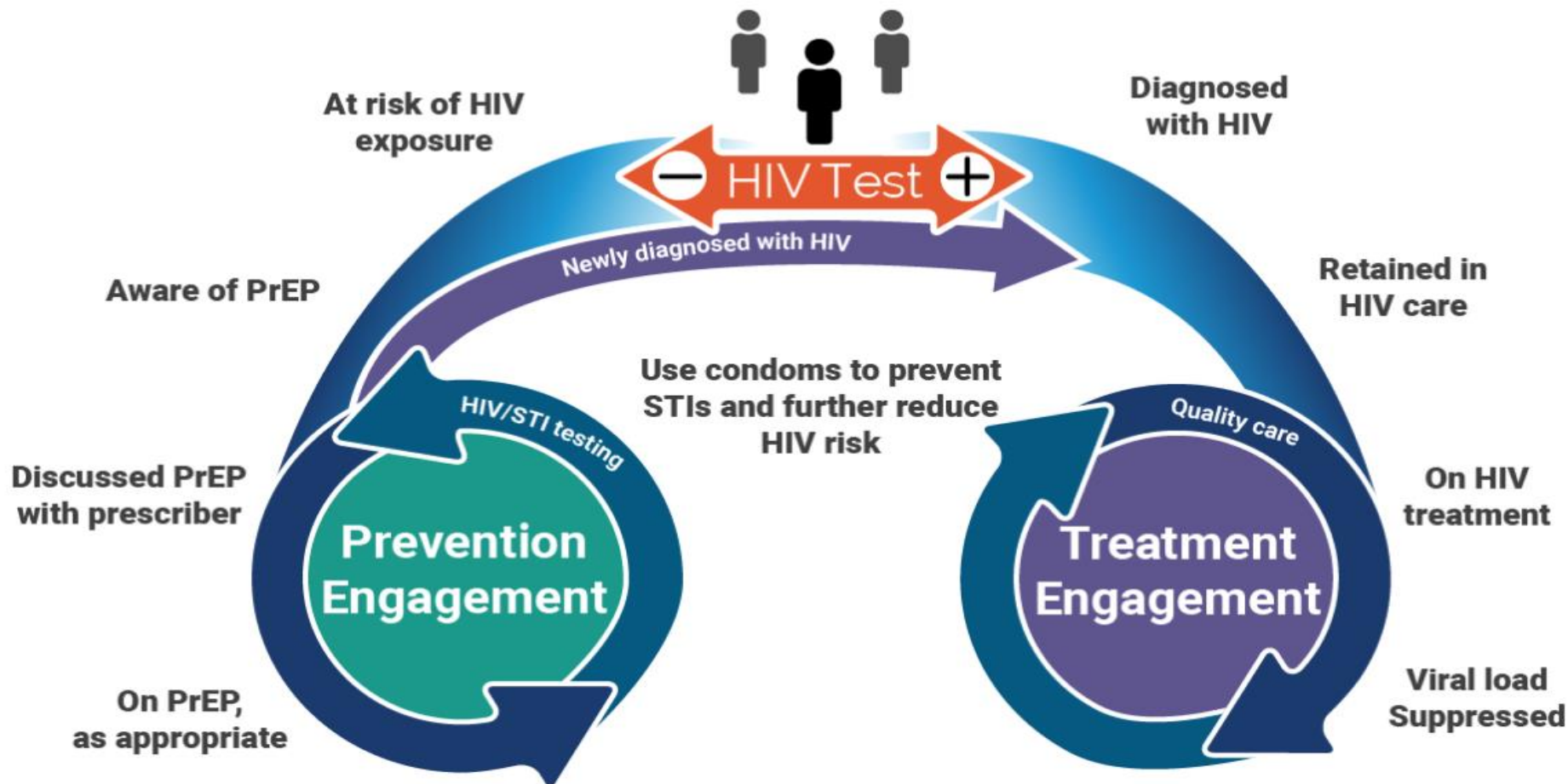
HIV Testing Services (HTS) Program Overview



- HIV testing is a crucial component of South Africa's public health strategy, given the country's high HIV prevalence. Testing priorities are guided by the National Strategic Plan (NSP) on HIV, TB, and STIs and focus on key populations, early diagnosis, and linkage to care. Here are the main priorities
- The country has also adopted and adapted the 3 Test Strategy which is currently being phased into the various provinces.
- The program is also tailored to offer other HTS modalities, to improve access and availability of services to individuals who would not ordinarily visit healthcare facilities
 - HIVSS
 - Index Testing



HTS Testing Approach



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



HTS Programme Priorities



- **Targeted Testing Approaches** – Prioritize populations at higher risk, such as key affected groups (e.g., men who have sex with men, sex workers, people who inject drugs), pregnant women, and individuals with sexually transmitted infections
 - Adult men, 20- 34 years
 - Adolescent girls and Young Women, 15-24 years
 - Adolescent boys, 15-24 years
 - Key Populations: Sex workers, MSM, transgender, PWUD/PWID
 - Uptake of HIV testing among first-time testers and those tested >12 months
- **Optimized Testing Strategies** – Implement a mix of approaches, including provider-initiated testing, self-testing, and community-based testing, to increase coverage and early diagnosis
- Scaling up on **community-based testing** : Door-to-door, mobile clinics, and workplace testing to improve access
- **Integration HTS with other health services** – embed HTS within broader health programs, including tuberculosis, sexual and reproductive health, and non-communicable disease care, to enhance efficiency and reduce stigma
- **Scaling up of the HIVSS facilities** funded by domestic funding from 810 facilities to 1500 by the end of the upcoming financial year, and continuously increasing with the aim of providing the services through the conditional grant by 2030.
- **Strengthening of Index Testing** in all 9 provinces to not only support the 2nd 95 but to ensure that all HIV positive, not on treatment are re-engaged into care

Key Priority Interventions



Strengthening prevention services

- dHTS
- PEP
- PrEP
- Men's health services & VMMC
- Condom promotion
- STIs Management

Engage and Re-engage clients

- ART(re) initiation
- Decanting
- Re-engagement & Welcome back campaign
- U=U & treatment literacy
- 3-6 MMD
- Viral Load monitoring
- Management of Low-Level Viremia

Improve cascade for adolescents & children

- GA to end AIDS in children in 2030
- Index testing for children of HIV pos parents, scaling up of the HIV screening tool in children

Management of Advanced HIV Diseases (AHD)

- Drug level Testing gate keeping
- Drug Resistance testing

Integration of services for effective management of the patients

- NCDs
- TB/HIV
- SRH & Family Planning



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

1.1 million Treatment gap campaign commitment



- **On October 3, 2024**, the Accelerator Part II convened with the GoSA Leadership under Honorable Minister, Dr. Aaron Motsoaledi and US Global AIDS Coordinator, Ambassador Dr. John Nkengasong along with Principals from the donor and civil society communities.
- **The current trajectory of the program will not reach goals** set forth with the UNAIDS 95-95-95 target for 2025.
- The consensus and commitment from the leaders in the room was that more **bold action was needed**

(1.1 Million ART Project)

Closing the gap in the cascade for Men, Youth & Children

- Closing gap on cascade: Add 1.1 million people to long-term ART support, by December 2025:
 - **100K PLHIV added to long-term care/on ART by March 2025,**
 - **300K PLHIV added to long-term care/on ART by June 2025,**
 - **600K PLHIV added to long-term care/on ART by September 2025**
 - **100k PLHIV added to long-term care/on ART by December 2025**

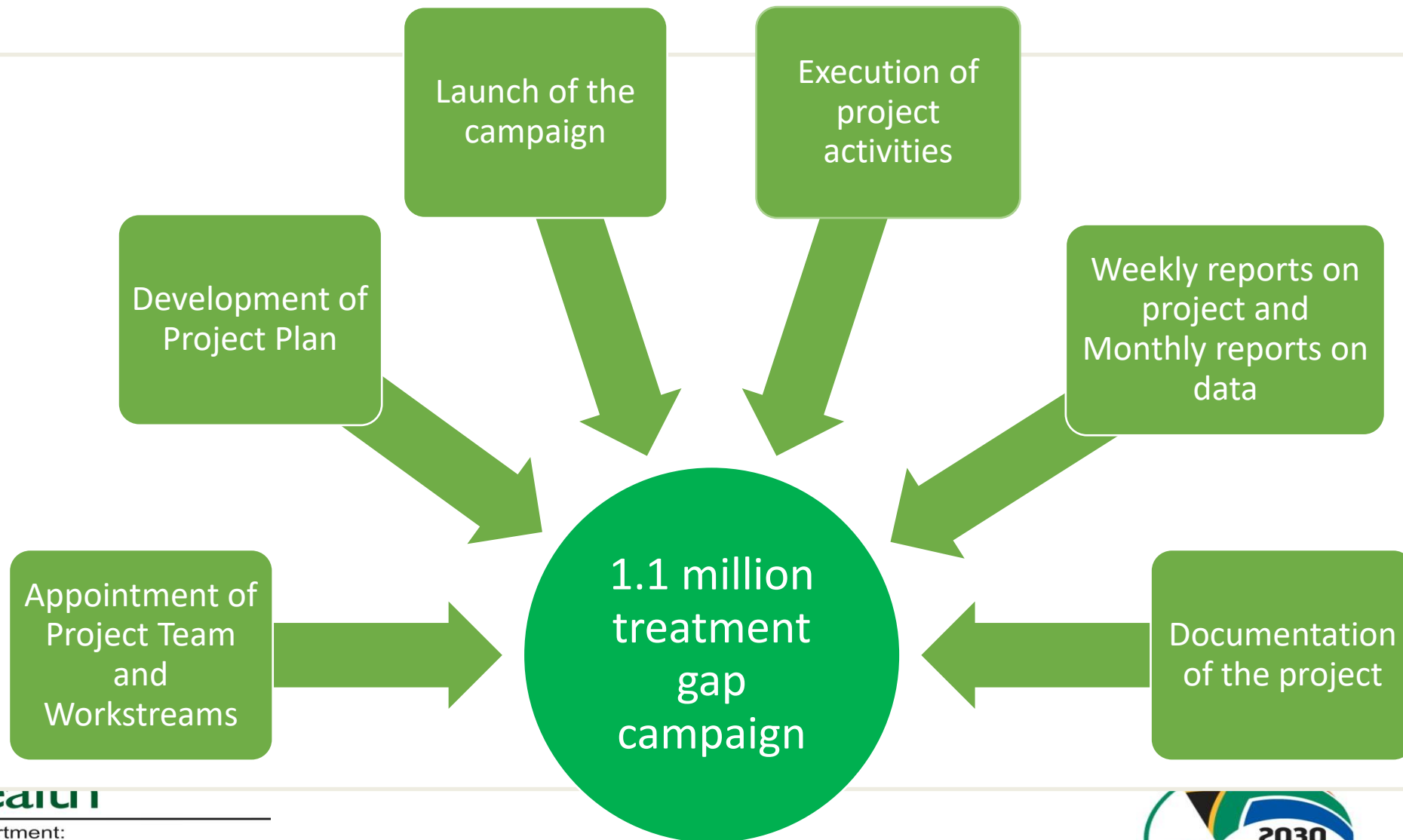


health

Department:
Health
REPUBLIC OF SOUTH AFRICA



CAMPAIGN ROADMAP



Health

Department:
Health
REPUBLIC OF SOUTH AFRICA





6MMD Commitments



The Minister of Health Dr Aaron Motsoaledi made a commitment to the PLHIV Sector Memorandum of demands during the 2024 World AIDS Day commemoration in Sisa Dukashe Stadium, East London to implement and put at least 30% of eligible clients (estimated to be 1.45 million patients) into 6MMD by December 2025.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Summary for 6MMD Critical Enablers

Communications Plan



Communicating directives & Plans



Enhance Learning



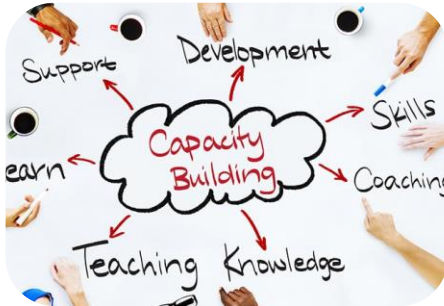
Supply chain processes



Legislation, Policy and Guidance – Reforming where feasible



Resource Mobilization and allocation, planning and quantifications



Capacity building (Facility and Health Care Providers)



Strengthen M&E, Research, Innovation and Reporting



Coordination, Partnership and Oversight



Community engagement and meaningful involvement



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Roadmap : Phased Approach



PHASE 1

- Data abstraction between December 2024 & Jan 2025
- Dissemination of results in Feb 2025

**6MMD Rapid Assessment –
Dec 2024 – Feb 2025**

**Communication – HODs -
Jan 2025**

- NDOH will send the Circular on 6MMD implementation

- Financial, Budget planning, approvals and allocations
- 2025 New pharmaceutical tender specifications
- Packaging 160/180 packs
- Stock management, quantifications, projections and 1-year up front cash flows planning

**Supply Chain Preparations
- Jan – Feb 2025**

**Facility / Site Preparations
& Implementation – Jan
2025 – June 2025**

- Determination of breakdown of 30% / 1,45 Million clients eligible for 6MMD
- Site selection across 9 provinces
- Consideration for space and storage in selected facilities
- Develop SOPs & Training materials
- Conduct 2 day training for all selected sites to ensure implementation fidelity

Ensure M&E Guidance to capture, monitor and report progress and performance for both 3 & 6 MMD



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Roadmap : Phased Approach



PHASE 1

- Consultative meeting in Jan 2025
- Develop demand creation plan and measures to optimize
- Establish the role of PLHIV sector in the seamless implementation

**Community Engagement
with SANAC and PLHIV
Sector**

**Country to Country
Learning exchange -
CQUIN**

- Funding approval from CQUIN to support C2C for 6MMD in either Zambia, Kenya or Uganda between Feb & March 2025
- Mobilize additional funding resources to enable sufficient representation (HIV& AIDS Cluster, AMD, CCMDD, PLHIV Sector, Partners

- On-site support by the DSPs
- Weekly progress tracking at Nerve Centre levels

**Implementation, Progress
tracking, On-going
Technical Assistance**



health

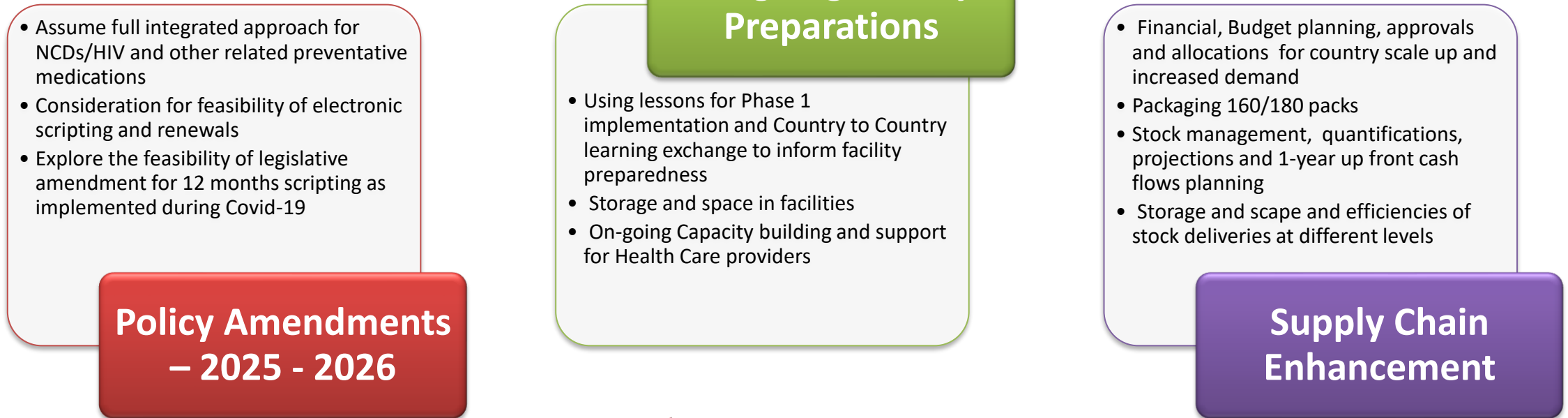
Department:
Health
REPUBLIC OF SOUTH AFRICA



Roadmap : Phased Approach



PHASE 2



Ensure M&E Guidance to capture, monitor and report progress and performance for both 3 & 6 MMD



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**This Phase will determine the scale-up,
Policy Redirection**



Projects Pointer: **Policy, Guidelines, Strategies & Job-AIDS SOPs**



HTS Guidelines

ART Consolidated Service Delivery Guidelines: AHD Chapter development

Implementation of U = U Campaign incorporating Treatment literacy

Welcome Back Strategy & Re-engagement

Treatment Literacy Toolkit



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Projects Pointer: **Policy, Guidelines, Strategies & Job-AIDS SOPs**



HTS Guidelines

ART Consolidated Service Delivery Guidelines: AHD Chapter development

Implementation of U = U Campaign incorporating Treatment literacy

Welcome Back Strategy & Re-engagement

Treatment Literacy Toolkit



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Projects Pointer: Program Monitoring, Review, Demonstrations, Operational Research, Evaluations, Innovations



1.1 Million ART Campaign

Reducing Frequency of Client Visits through 3 – 6 Optimization

NIDS 2025 Inputs

HIV DR Monitoring

AHD Module Monitoring

Differentiated Performance Reviews (DPRs) & EWI Integration

HIV Impact Network on Vertical Transmission Elimination (HIVE) Project – 2 Year (PATA & ICAP)

100 Facilities 2.0

50Plus Project



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



CHALLENGES, MITIGATION FACTORS, OPPORTUNITIES AND PROGRAM PRIORITIES



CHALLENGES

- Low Case finding (Mainly Men, Children and Young People)
- Poor linkage to care, attributed to poor men health seeking behavior
- 1.1 million gap in treatment initiation and retention in care - men and children bearing more proportion on treatment gap
- Slow scale up of MMD 3-6
- Poor implementation of Community ART initiation
- High treatment Interruptions at 6 – 12 months
- Low uptake of Viral Load testing in some provinces
- Lack of Unique Identifier and Biometric for Mobile Patients
- Increase rate of STI's

MITIGATION FACTORS

- Increase HIV Case Finding by focusing on Priority & Key Population and index testing
- Close 2nd and 3rd 95 gap through focus for impact on Metros and 100 facilities nerve center approach and campaign- December 2025
- Strengthens Men's health services by finalizing guideline by March 2025
- Rollout of GA to end AIDS in children in 2030 plans
- Collaborate with Health Systems Digital Information
- Social mobilization and finalize guidelines

OPPORTUNITIES

- Integrated approach (TB/HIV, HIV-NCDs, HIV, MCWH/FP) through Integration of Policies, Services, and Guidelines within DHS
- Expanding MMD options for the PLHIV
- Implement the 3 nerve centres HIV/TB prevention, Treatment & Care and Global Alliance to End AIDS
- Strengthen the implementation of combination prevention strategies i.e. HIV testing services, condom distribution, male medical circumcision, Pre-Exposure Prophylaxis (PrEP) in Provinces.
- 1.1 million additional PLHIV on Treatment by December 2025
- Implementation of the Triple Elimination Strategy



Department:
Health
REPUBLIC OF SOUTH AFRICA



Partnerships, Opportunities & Projects:

HTS, Treatment, Care and Support Enablers



Global Alliance & HIVE Project (ICAP & PATA)

Elimination of Vertical Transmission of HIV

6 Country HIV Impact Network on Vertical Transmission Elimination (HIVE Project)

WHO HIVDR

Monitoring human immunodeficiency virus drug resistance (HIVDR)

HIV Coverage, Quality, and Impact Network (CQUIN) – 22 Network Countries

Differentiated Model of Care (DMOC) Across the Cascade

DMOC Performance Reviews

Capability Maturity Models (dHTS, DART, AHD, HIVE)



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Partnerships, Opportunities & Projects: HTS, Treatment, Care and Support Enablers



AURUM Institute

**Aim: AI Support For
Improving Clinician
Decision-making For
Advanced HIV Disease Care
And Treatment Including
Opportunistic Infections**

CHAI, ANOVA, Afro

1. Aim: Close gaps on screening and package of care for AHD clients, In Johannesburg Health District
2. Community AHD Engagement Project

UNAIDS 2030

95 -95 -95 HIV Targets

Global AIDS Monitoring

**Fasttrack Cities approach
adoption**



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Partnerships, Opportunities & Projects: Treatment, Care and Support Enablers



HE2RO & Boston University

Retain6 Project Phase 2: Models of care for the first 6 months of HIV treatment

AMBIT 2.0 Project :Alternative Models of ART Delivery – Optimizing the Benefits

“Undetectable & You” – a Pragmatic Randomized Trial to Establish Impact of Disseminating U=U in South African Primary Health Clinics

WITS University – School of Public Health

Aim: GIS Mapping and AI Data Analytics to improve Decision support system. Resource allocation, Optimize Care Pathways and Operations and Aid in Scaling National Health Initiatives



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Conclusion: Summary



- Whilst we close the treatment gap, we should not forget to strengthen the implementation of **combination prevention strategies** i.e. HIV testing services, condom distribution, male medical circumcision, Pre-Exposure Prophylaxis (PrEP) in Provinces.
- Closing the 1.1 million gaps on PLHIV treatment cascade with specific focus on **Men, Youth and Children** but we should not forget **Women**
- Reduce clients' visits to facilities through optimizing **3 Multi Month Dispensing (MMD & 6 MMD commitments)**.
- Implement the **2nd Phase of 100 facilities** and beyond with an inclusion of high-volume clinics.
- Optimize implementation of nerve centres for **HIV Prevention, Treatment and Global Alliance to End AIDS in Children by 2030**.
- Development of **sustainability framework** as the means to self-sustain our HIV, TB and STIs programs is key to eliminate HIV epidemic as the public health threat by 2030 and beyond

Thank you!!!



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

