Overview

Provincial Multi-Sectoral HIV, TB and STIs Plan 2017-2022

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Presented at the Provincial Council on AIDS Meeting
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Purpose

- **To apprise the Provincial Council on AIDS on the new Provincial Multi-sectoral HIV, STIs and TB plan for 2017-2022**

VISION

A KwaZulu-Natal Province that is free of new HIV, Tuberculosis and Sexually Transmitted Infections, free of deaths associated with HIV and free of discrimination where all infected and affected enjoy a high-quality life

MISSION

The people of the Province of KwaZulu-Natal commit themselves to continuing on the path of having a well-coordinated, managed and demonstrably effective response to HIV, STIs and TB informed by evidence and geared towards eliminating new infections and ensuring a high quality of life for the infected and affected.

VALUES

Transparency and Accountability

Partnerships, Collaboration and Collective Accountability

Public Participation and Involvement

Upholding Human Rights and Equity

Ubuntu

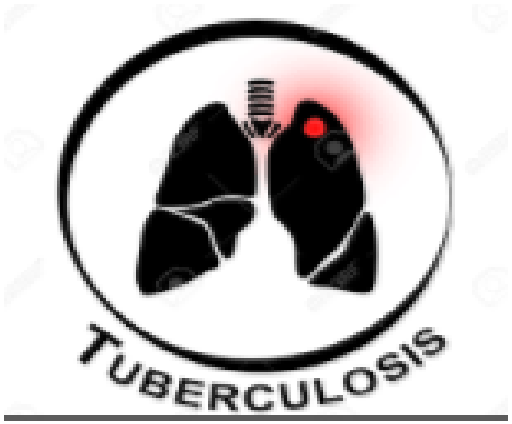
Province considered the epicentre of the epidemic in the country and has a significant impact (both positive and negative) on the situation in the entire country.

- **NEW HIV INFECTIONS AND INCIDENCE**
- **57 000 new HIV infections (Thembisa model estimates)-second highest**
- **HIV Incidence: youth age group 15 to 24 years (Thembisa model estimates)-1.66%)-second highest**
- **HIV Incidence: age group 15 to 49 years (Thembisa model estimates)-1.26%-highest among**

- **HIV PREVELANCE**
- **HIV prevalence in the general population (Thembisa model estimates) 18.4 %**
- **PLHIV-1.8 million (27% of country's PLHIV)**
- **HIV prevalence among <u>females</u> aged 15 to 24 years16.0%**
- **HIV prevalence among <u>males</u> aged 15 to 24 years5.4%**

HIV PREVALENCE KEY AND VULNERABLE POPULATIONS

- **HIV prevalence sex workers aged 16-24 years 29.4%; Sex**



TUBERCURLOSIS

- **TB Incidence-642.5 per 100 000 (crisis)**
- **TB Treatment success rate-87.8%**
- **TB death rate -3.0 %**
- **Multi-Drug Resistance TB 3 234 (20% of cumulative MDR cases since 2012)**

SEXUALLY TRANSMITTED INFECTIONS

- **Annual STI incidence- 57.4 per 100 000**
- **HSV-2 prevalence school going <u>male</u> youth aged 15 to 18 years-2.6%***
- **HSV-2 prevalence school going <u>female</u> youth aged 15 to 18 years-10.7%****A study conducted by Abdool Karim et al. (2014) among high school learners

SOME GAPS AND CHALLENGES

BEHAVIOUR AND ATTITUDE

- **Women and men aged 15 to 49 years reported having had more than one sexual partner in the past 12 months -11%**
- **Women and men aged 15 to 49 years who had had more than one sexual partner in past 12 months reported use of condom during their last sexual intercourse- 21%**
- **People in the province rejected misconceptions about transmission of HIV, TB and STIs-24%**

(HSRC Behaviour Survey)

- **50% of women and 58% of men reported having had sex with a person who was neither their spouse of was living with them in the past 12 months.**
- (South Africa demographic and health survey 2016)

SOME GAPS AND CHALLENGES

INDADEQUATE REACH of IEC programme to the population to effect positive behaviour change despite an abundance of platforms to convey messages.

HIV INCIDENCE STILL HIGH with youth and specifically female youth most affected.

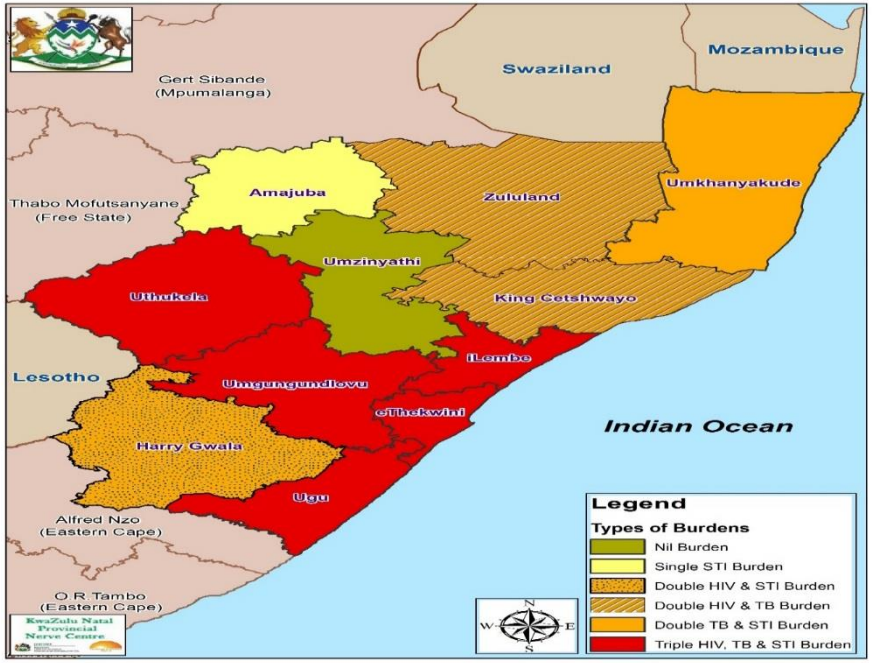
FUNCTIONALITY of Local AIDS councils generally poor and FUNCTIONALITY of Ward AIDS committees very poor. Ward AIDS committees non-existent in some wards.

Poor STAKEHOLDER PARTICIPATION in All AIDS councils

TOWARDS IMPLEMENTATION-FOCUS FOR IMPACT METHODLOGY

distributed and therefore all areas require a one fits all set of interventions.

- **The essence is to deliver results that can provide the greatest impact with limited resources and highest value for money.**
- **The province has adopted this approach and will use it to assist in prioritising interventions about the burden of the epidemics per specific district.**



- eThekwini; iLembe; uThukela; uMgungundlovu and Ugu: accounting for 53% of the triple HIV, TB and STIs burden in the province.
- King Cetshwayo and Zululand- high HIV and TB burden.
- Harry Gwala - high HIV and STIs burden.
- Amajuba- high STIs burden.
- Neighbouring districts of Gert Sibande, Thabo Mofutsanyane and Alfred Nzo have been classified as high burden districts.

TOWARDS IMPLEMENTATION-COMMUNITY MOBLISATION

- **Community mobilisation the primary strategy for increasing awareness, effecting social behaviour change increasing uptake of prevention and treatment services and addressing stigma and discrimination.**

- **Community mobilisation and social behaviour change communication (SBCC) interventions to be put at the forefront of all interventions all sections of the population**

- **Political, cultural, community, religious leaders and policy-makers will be required to champion and support behaviour change efforts through making public statements and other forms of advocacy. Commitment from these leaders will be required.**

TOWARDS IMPLEMENTATION-COMMUNITY SYSTEMS STRENGTHENING

- **Creating Enabling environments for advocacy, Strengthening community networks and linkages,**
- **Resources and capacity building**
- **Accessibility of community activities and service delivery,**
- **Organisational and leadership strengthening**
- **Monitoring, Evaluation and planning**

GOALS AND OBJECTIVES

Goal 1: Accelerate prevention to reduce new HIV, TB and STI infections
Objective 1: Reduce new HIV infections to less than ***20 000 by 2022*** through combination prevention Interventions
Objective 2: Reduce TB incidence by at least **50%,** from 642/100 000 population to 321/100 000 by 2022
Objective 3: Reduce the incidence of sexually transmitted infections (STIs) Incidence to **50 per 100 000** or less by 2022
Goal 2: Goal 2: Reduce morbidity and mortality by providing treatment, care and adherence support for all
Objective 1: To have **100%** of people living with HIV are and remain on treatment by 2022
Objective 2: To have **100%** of people diagnosed with TB are TB negative by 2022
Goal 3: Reach all key and vulnerable populations with customised and targeted interventions
Objective 1: Increase engagement, collaboration and advocacy of key and vulnerable populations in the development and implementation of social and HIV, TB and STI support activities
Objective 2: Provide an **enabling environment** to increase access to HIV, TB and STI services by key and vulnerable populations

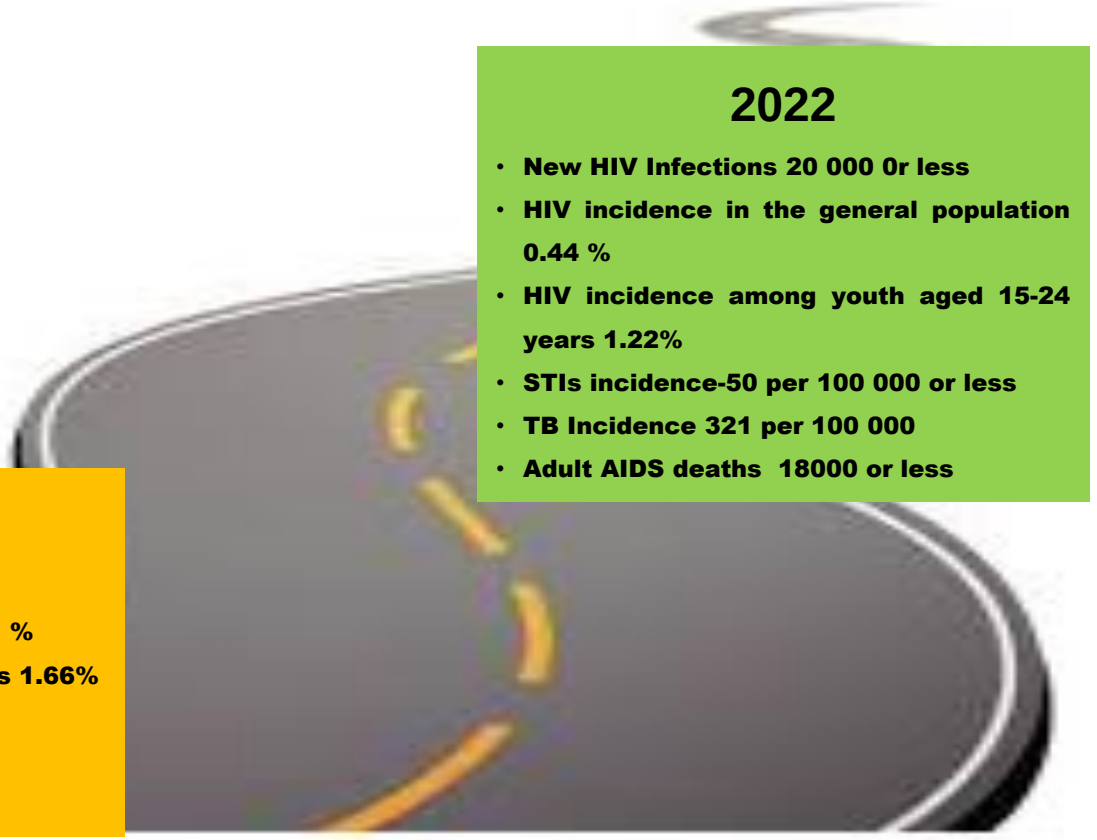
GOALS AND OBJECTIVES

Goal 4: Address the social and structural drivers of HIV, TB and STIs
Objective 1: Implement social and behaviour change programmes to address key drivers of the epidemics and build social cohesion
Objective 2: Increase access to and provision of services for all survivors of sexual and gender-based violence
Objective 3: Scale up access to social protection for people at risk of and those living with HIV and TB
Objective 4: Implement economic strengthening programmes with a focus on youth
Goal 5: Ground the response to HIV, TB and STIs in human rights principles and approaches
Objective 1: Reduce stigma and discrimination by 50% by 2022 among people living with HIV or TB
Objective 2: Facilitate access to justice and redress for people living with and vulnerable to HIV and TB
Objective 3: Promote an environment that enables and protects human and legal rights and prevents stigma and discrimination

GOALS AND OBJECTIV

Goal 6: Promote leadership and shared accountability for a sustainable response to HIV, TB and STIs
Objective 1:Strengthen AIDS Councils to provide effective coordination and leadership of all stakeholders for shared accountability in the implementation of the provincial plan
Objective 2:Improve collaboration and co-operation between government, civil society, development partners and the private sector
Goal 7: Mobilise resources to support the achievement of plan goals and ensure a sustainable response
Objective 1: Improve efficiency and mobilise sufficient resources to achieve the goals, objective and targets of the provincial plan
Goal 8: Strengthen Strategic Information to drive progress towards achievement of provincial plan goals
Objective 1: Optimise **routinely collected** strategic HIV, TB and STIs information for data utilisation in decision making
Objective 2: Rigorously **monitor and evaluate** implementation and outcomes of the plan
Objective 3:Strengthen strategic research activities to create validated evidence for innovation, improved efficiency and enhanced impact

- **Plan has 8 Goals 20 objectives.**
- **Goal 4 (Address the social and structural drivers of HIV, TB and STIs) with most objectives.**
- **Each objective with intervention areas and activities; lead agencies and collaborating agencies**
- **Districts to develop implementation plans**



2022

- New HIV Infections 20 000 0r less
- HIV incidence in the general population 0.44 %
- HIV incidence among youth aged 15-24 years 1.22%
- STIs incidence-50 per 100 000 or less
- TB Incidence 321 per 100 000
- Adult AIDS deaths 18000 or less

2016

- New HIV Infections 57000
- HIV incidence in the general population 0.71 %
- HIV incidence among youth aged 15-24 years 1.66%
- STIs incidence-57 per 100 000 or less
- TB Incidence 642 per 100 000
- Adult AIDS deaths 30000

Thank you