



***South Africa's Request for Funding to the Global
Fund to Fight AIDS, Tuberculosis and Malaria***
1 April 2019 to 31 March 2022 Implementation Period

Background Information, Overview of Funding
Opportunity, and Priority Areas For Consultation

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07 March 2018

KwaZulu-Natal Provincial Council on AIDS Meeting
Hall 8, Royal Show Grounds, Pietermaritzburg





Outline of Presentation

1. Introduction to the Global Fund and the new Global Fund Strategy
2. Overview of South Africa's funding opportunity from the Global Fund
3. Overview of current Global Fund grant and key areas for improvement
4. Update on country context and overview of new country strategies
5. Review of NSP funding gap, including sustainability considerations
6. Opportunities to close prioritised gaps with the new Global Fund grant
7. Key tasks for consultation and prioritization





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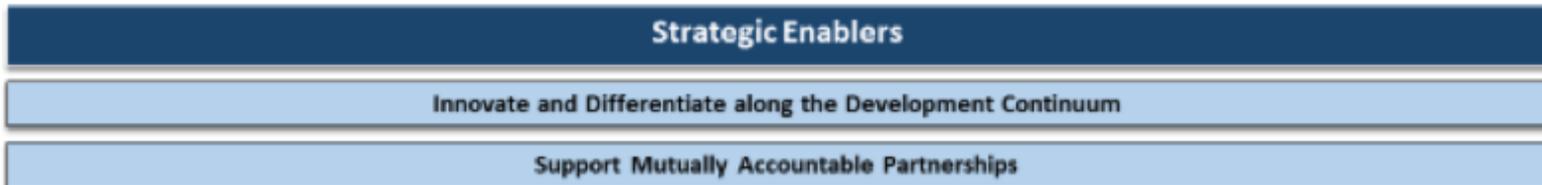
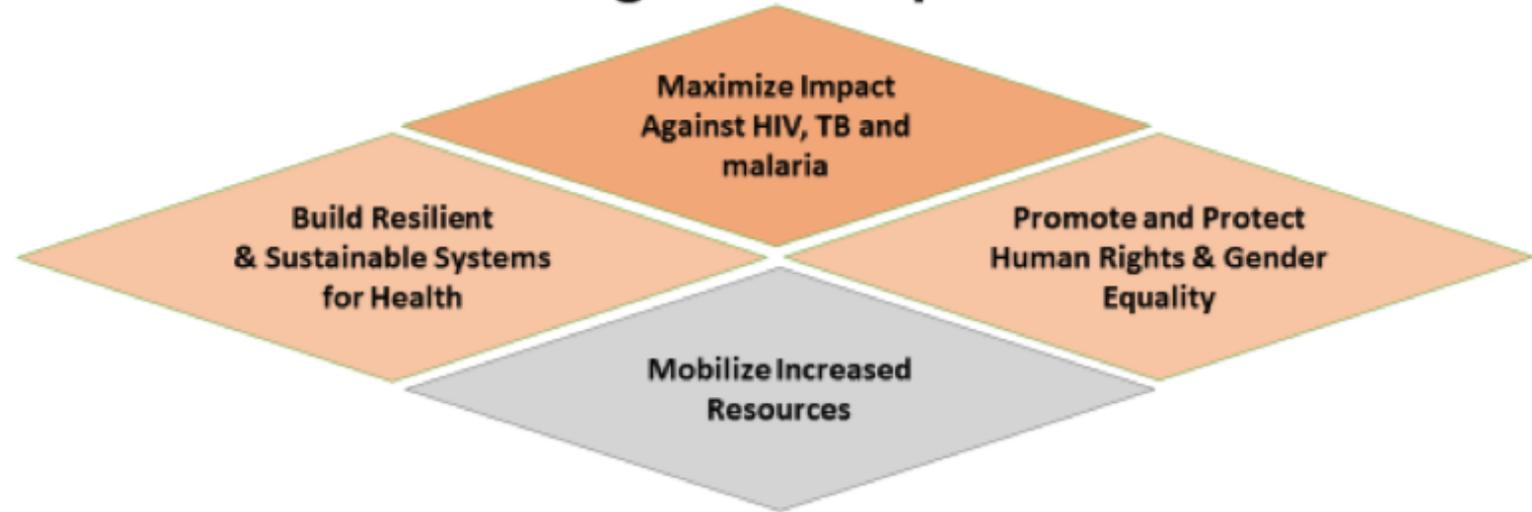
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Introduction to The Global Fund New Strategy for 2017-2022

“Investing to End Epidemics”





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Overview of South Africa's funding opportunity from the Global Fund

Focus of the Application

- South Africa is classified as an **upper-middle-income country**, based on the World Bank classifications of income.
- Requirements from the Global Fund based on categorisation:
 - **100%** of the funding request for disease-specific interventions should be designed for maintaining or scaling-up evidenced-based interventions for **key and vulnerable populations (as defined in NSP)**
 - **TB/HIV integrated** services and approaches
 - Focus on **sustainability** and greater reliance on domestic resources
 - **Additionality** to country programmes
 - **Focused on strategic gaps in the national response**
 - Can request funding for **key program components**, as long as they do not replace existing domestic funding for these interventions.





Overview of South Africa's funding opportunity from the Global Fund

The Country's Allocation

Disease split:

Eligible Disease Component	Allocation US\$	Allocation Utilization Period
HIV	292,616,099	1 April 2019 to 31 March 2022
TB	60,705,022	1 April 2019 to 31 March 2022
Total	353,321,121	

South Africa is eligible for catalytic funding:

HIV: Programs to remove human rights-related barriers to health services	HIV: Adolescent girls and young women	TB: Finding missing TB cases
5,000,000	5,000,000	6,000,000

The total funding available:

Eligible Disease Component	Allocation US\$	Catalytic Funding Available	Total
HIV	292,616,099	10,000,000	302,616,099
TB	60,705,022	6,000,000	66,705,022
Total	353,321,121	16,000,000	369,321,121



Overview of South Africa's funding opportunity from the Global Fund Resilient and Sustainable Systems for Health (RSSH)

In the allocation letter:

“In the 2014-2016 allocation period, your budgeted investment related to cross-cutting resilient and sustainable systems for health interventions was US\$30,896,729.51, representing 9.9% of your grants signed in this allocation period. As RSSH is among the four strategic objectives of the new Global Fund Strategy, we therefore expect strong investments in RSSH in this funding cycle, as appropriate. The Global Fund encourages you to plan to maintain or increase the level of investment in this area.”

Based on this guidance, South Africa should invest approximately \$35 million in RSSH.





Overview of South Africa's funding opportunity from the Global Fund

Process for Applying: Key Dates

Key Activity	Timeline/Date
Country dialogue and sector consultations (government, private sector, civil society, provinces, etc.)	February-March 2018
Open and competitive process for the selection of Principal Recipients (PR) of funding, in accordance with new PR selection manual	April-May 2018
First draft of funding request shared for comment	8 June 2018
Final draft of funding request shared; endorsement by Country Coordinating Mechanism (CCM)	19 July 2018
Submission of funding request to the Global Fund	6 August 2018
Technical Review Panel (TRP) assessment of funding request	9-21 September 2018
Results of TRP review sent to country	Mid-October 2018



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South Africa's Current Consolidated Global Fund Budget by module (USD, 3-year total)

Module	GAC Approved budget	Revised Budgets	%
HIV Component	209 777 769	223 261 029	69%
Prevention programs for adolescents and youth, in and out of school	56 733 918	55 689 088	17%
Comprehensive prevention programs for sex workers and their clients	13 263 635	14 294 538	4%
Prevention programs for MSM and TGs	14 132 270	14 132 270	4%
Comprehensive prevention programs for people who inject drugs (PWID) and their partners	3 050 917	3 050 917	1%
Prevention programs for other vulnerable populations	41 351 370	47 919 603	15%
Treatment, care and support	51 064 623	57 790 388	18%
Program management (and other) - HIV estimate	30 181 036	30 384 225	9%
Tuberculosis	60 044 649	57 945 648	18%
TB/HIV	37 449 826	40 921 751	13%
MDR-TB	19 628 254	14 057 328	4%
Program management (and other) - TB estimate	2 966 569	2 966 569	1%
Resilient and Sustainable Systems for Health	42 122 134	42 625 706	13%
RSSH: Community responses and systems	10 686 215	10 214 858	3%
RSSH: Health management information systems and M&E	22 833 391	23 236 101	7%
RSSH: Integrated service delivery and quality improvement	1 483 948	2 056 150	1%
RSSH: Procurement and supply chain management systems	7 118 580	7 118 597	2%
Grand Total	311 944 552	323 832 383	100%



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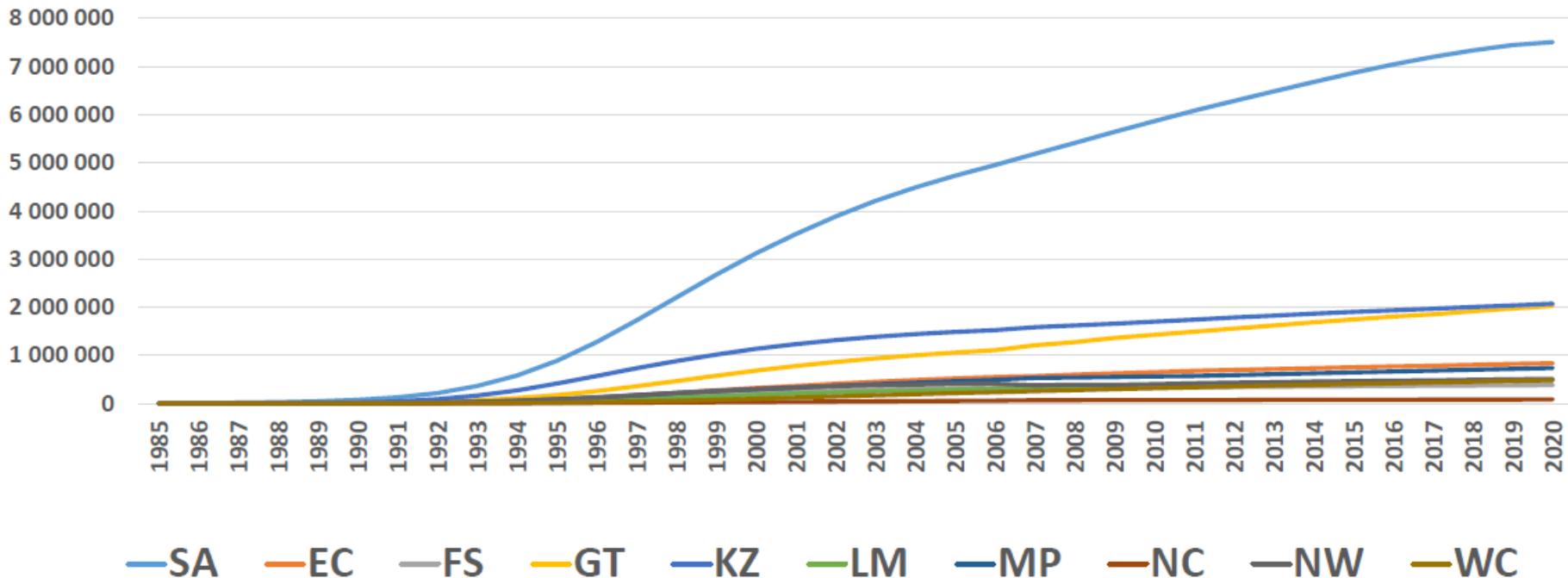
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HIV Epidemic Update

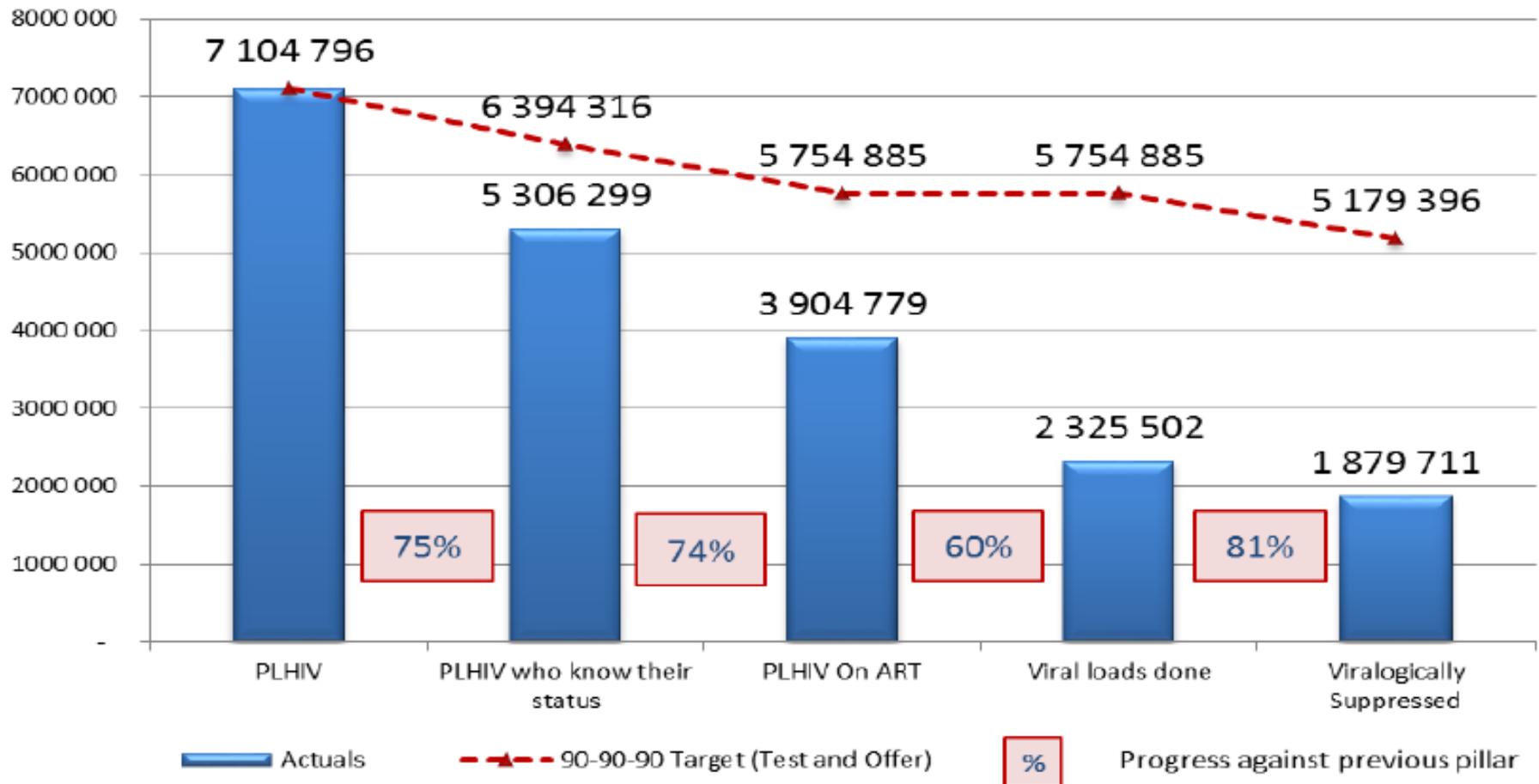
Thembisa Projections: 7.5M PLHIV in South Africa by 2020





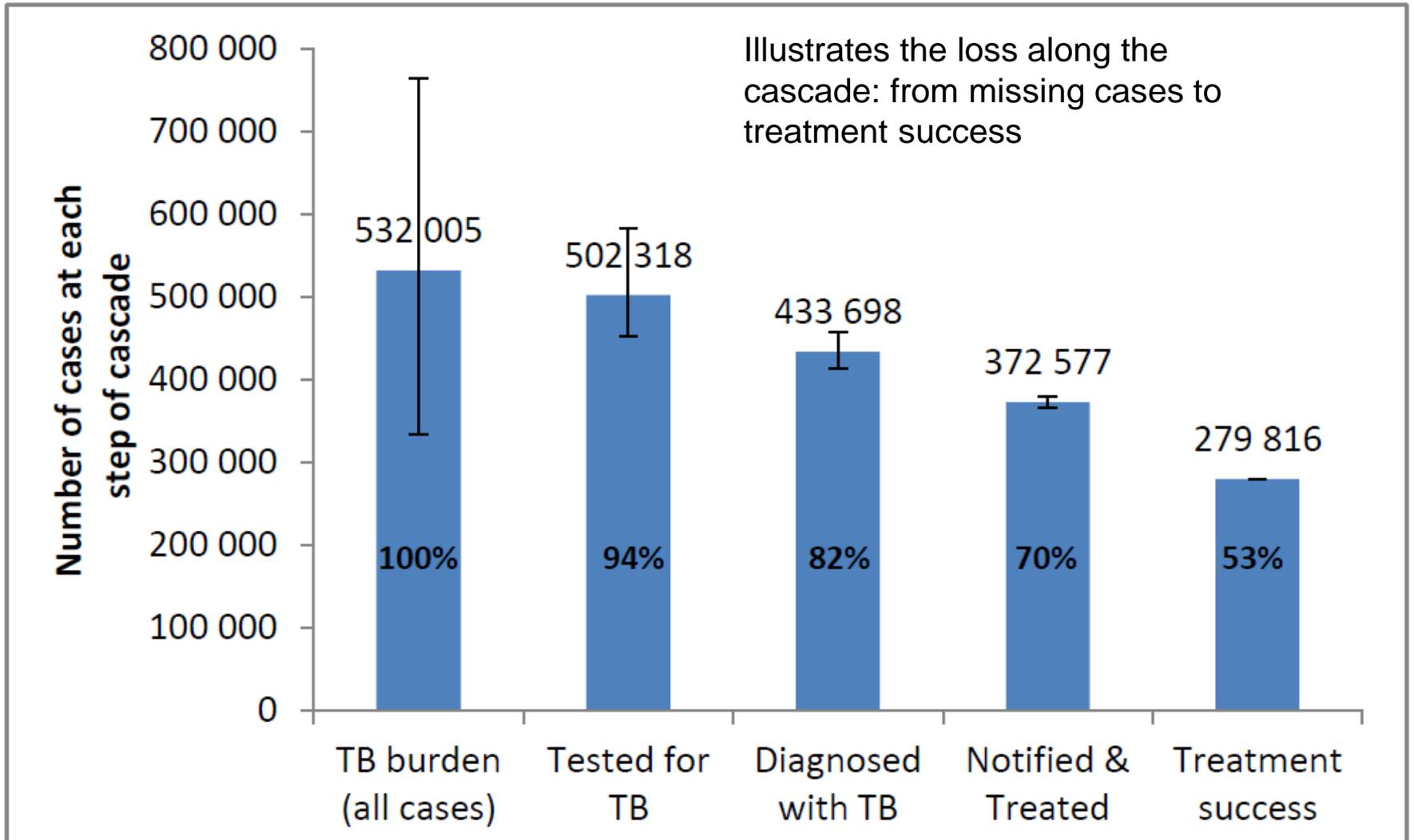
HIV Epidemic Update

**90-90-90 Cascade - Total Population
(Jun 2017 - South Africa)**





Indicative TB Care Cascade





Strengthened health information systems

- Linkage between Tier.Net and Health Patient Registration System
- Provincial data centers



Organization Unit	M Name	Indicators
es Alfred Nzo District Municipality	070 - District PH (G40003)	PHCT_ED
es amathole District Municipality	070 - G40003	PHCT_STAT
es Butha Buthe Health Support Municipality	070 - Island Support G40005	PP_PREV
es Chris Hani District Municipality	086 - Yoh Papi G40007	REP_VIEW
es Gqeberha District Municipality	080 - Island Support G40000	TR_APT
es Lembedzeni District Municipality	080 - Island Support G40005	TR_STAT
es Thabo Mofokeng District Municipality	075 - MFLM Contraceptive Services (G40005)	TI_CURR
es City of Johannesburg Metropolitan Municipality	090 - H11 Incubators for Improved Patient Outcomes	TI_NEW
es City of Tshwane Metropolitan Municipality	090 - H11 Incubators for Improved Patient Outcomes	UMC_CRC

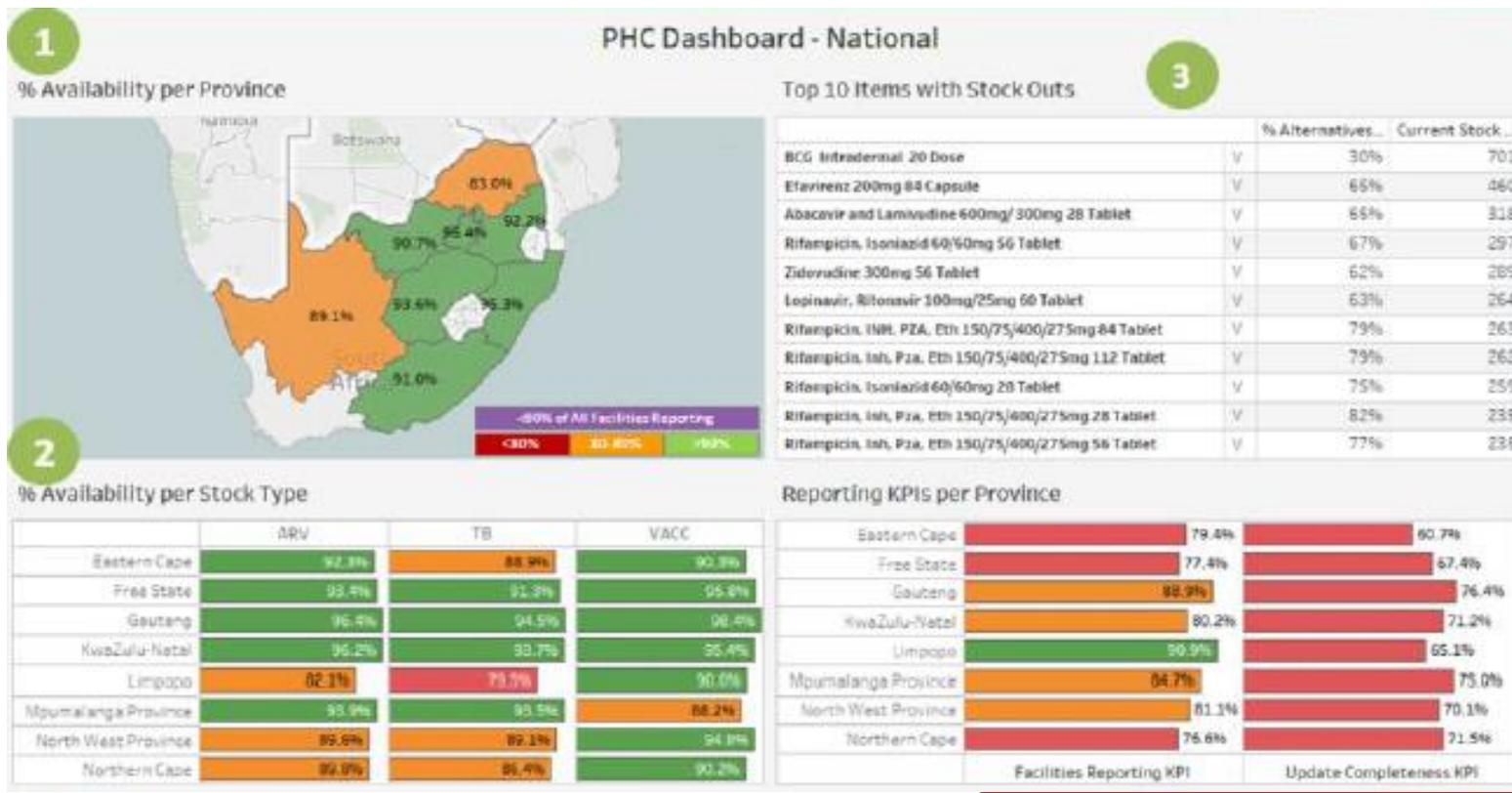
Row Labels	Sum of Current TARGETS: FY2016	Sum of Current RESULTS: FY2016	Sum of RESULTS: FY16- Q1	Sum of RESULTS: FY16- Q2	Sum of RESULTS: FY16- Q3
es Alfred Nzo District Municipality	5827	4835	0	4357	
es amathole District Municipality	5044	4624	0	4510	
es Butha Buthe Health Support Municipality	5060	4062	0	4575	
es Chris Hani District Municipality	5728	4463	0	4280	
es Gqeberha District Municipality	3943	3805	0	7045	
es Lembedzeni District Municipality	4303	4560	0	4400	
es Thabo Mofokeng District Municipality	4296	3757	0	3634	
es City of Johannesburg Metropolitan Municipality	2945	1725	0	3600	
es City of Tshwane Metropolitan Municipality	2945	1725	0	3600	





Procurement and Supply Chain

- 288 hospitals linked to national dashboard
- 62% on-time-in full deliveries (85% target)





The National Strategic Plan for HIV, TB and STIs 2017-2022

The NSP aims to get better results by:

Putting prevention back at the top of our list

- During the scale-up of treatment, prevention took second place. Now is the time to prioritise prevention once more

Focusing on towns and cities with the highest TB and HIV burden

- The NSP applies to every corner of SA – but effort must be greatest in specific districts where the problem is greatest

Focusing on ‘key and vulnerable’ populations at high risk of infection

Paying special attention to the HIV risks facing adolescent girls and young women

Using the most effective methods of prevention and treatment





NSP Goals



Goal 1

Accelerate prevention in order to reduce new HIV and TB infections and new STIs – sexual risk reduction programmes for HIV and STIs, biomedical prevention interventions



Goal 2

Reduce illness and death by providing treatment, care and adherence support for all – scale up HIV testing, improved ART, TB treatment and care, STI treatment



Goal 3

Reach all key and vulnerable populations with services that are tailored to their specific needs – meaningful engagement of KPs, improve service access for KPs



Goal 4

Address social, economic and cultural factors that add fuel to the HIV, TB and STI epidemics – address socio-economic factors i.e. food security, economic empowerment, substance abuse/addiction, GBV





NSP Goals (cont.)



Goal 5

Ground the HIV, TB and STI programme in human rights principles – legal literacy, access to legal services, community support groups, SBCC campaigns, sensitisation of healthcare workers



Goal 6

Promote leadership at all levels and shared accountability for delivering this plan – asserting ownership through integrated leadership to drive implementation plans



Goal 7

Mobilise resources to support achievement of the NSP and ensure a sustainable HIV, TB and STI programme – front-loading, improve efficiencies, innovative financing mechanisms



Goal 8

Strengthen the gathering and use of information to make the NSP successful – evidence informed planning, decision making, support scientific research, strong SCM of drugs and commodities, human resources for health





NSP Critical Enablers

- The **cross-cutting enablers** to ensure successful implementation of the NSP are:
 - Social mobilisation and increased awareness through SBCC;
 - Integration of HIV, TB and STI interventions and services;
 - Strengthening procurement and supply chain management;
 - Ensure human resources are sufficient in numbers and mix, trained and located where they are needed





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Funding gap for NSP Implementation

Optimistic Scenario: Full NSP implementation. Savings from ART 1st line regimen transition to Dolutegravir & PEPFAR allocation stable (at approx. \$500 million annual COP allocation)

Scenario : PEPFAR COP remains at \$500, DTG regimen introduced	2017/18	2018/19	2019/20	2020/21	2021/22
Total NSP Resource Needs	35 064	36 986	38 494	40 357	41 460
Other Response Support Costs	1 916	1 916	1 916	1 916	1 916
Total Available Funding	34 029	36 718	39 441	41 169	42 877
Total NSP Funding Gap	(2 952)	(2 185)	(969)	(1 104)	(499)
% of resource need unfunded	-8%	-6%	-3%	-3%	-1%





Underfunded Areas of NSP

- TB prevention
- TB case finding and diagnosis
- Antiretroviral Therapy and Adherence Strategy
- STI screening and diagnosis
- Key and vulnerable populations
- Human rights and stigma related barriers to HIV and TB services
- Provincial AIDS Councils

Source: Draft Costing and Financing Report for the NSP 2017 -2022

Note: This list is not a complete list of underfunded NSP interventions





Other Likely Underfunded Areas of NSP

- Civil society and community-led activities
 - Including capacity building for oversight role
 - Community systems strengthening
- Data systems, surveillance and operational research (strategic information)
- Monitoring and evaluation of the NSP implementation at all levels and across all sectors (including a system for capturing civil society contribution)
- Other Health Systems Strengthening

Source: Draft Costing and Financing Report for the NSP 2017 -2022





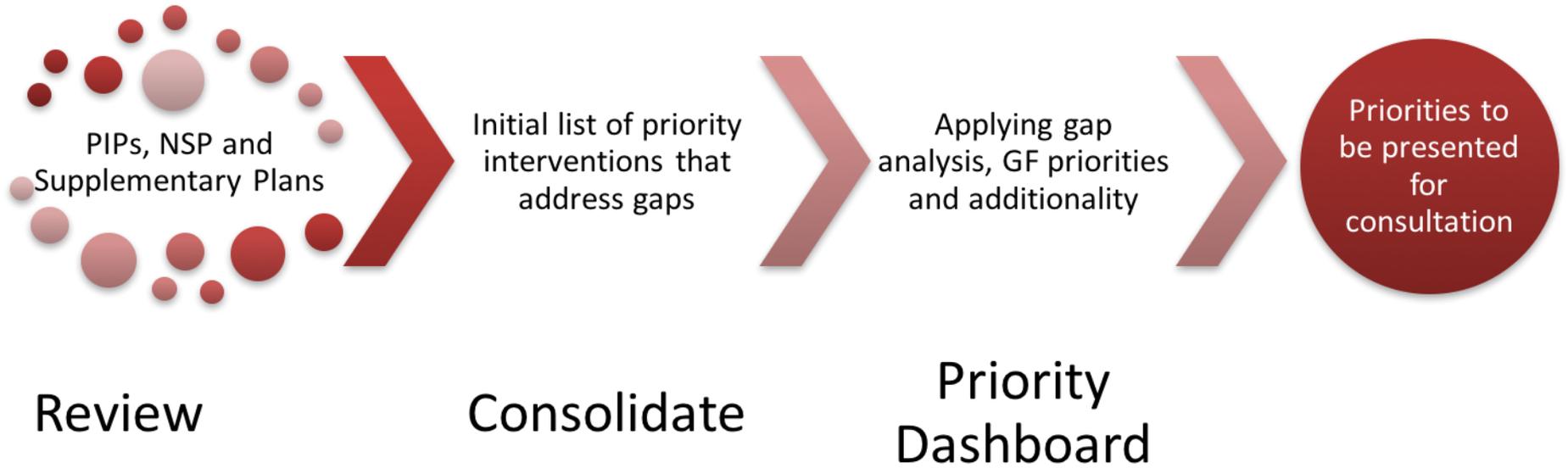
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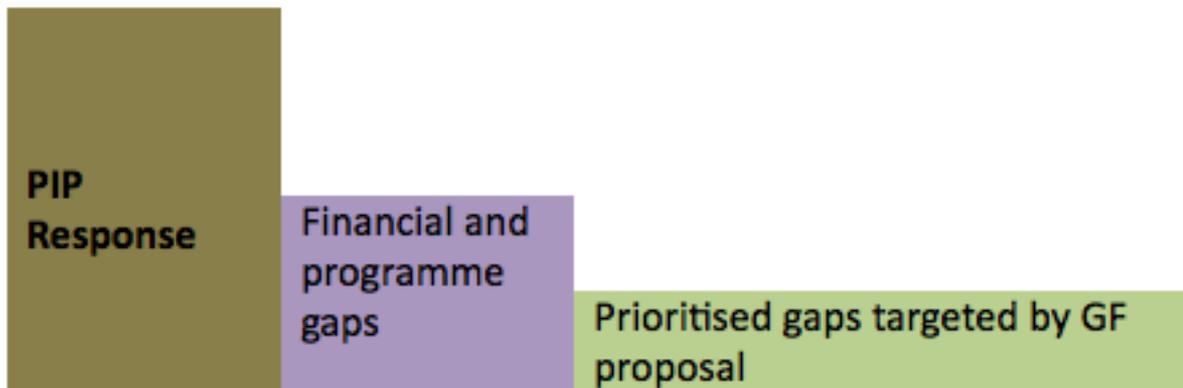
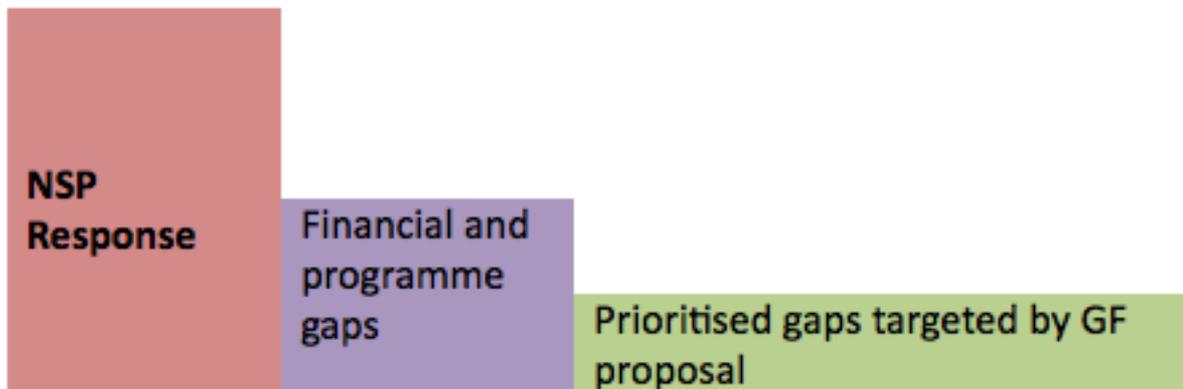


The Draft Priorities to take to Consultation





Gap Analysis





A Detailed Mapping has been Performed of PIP/NSP Priorities

Initial Data

Module	PIP Priority	MP	WC	GP	LP	KZN
Accelerate prevention to reduce new HIV, TB and STI infections	Geospatial Mapping of high burden HIV areas to provide combination HIV and STI prevention interventions (biomedical, behavioural and structural)		X			X
	Expand HCT through differentiated approaches and services i.e. combining provider-initiated testing, community-based testing and self-testing.	X	X		X	X
	Revitalize information, education and communication (IEC) programs in schools, health facilities, communities and workplaces	X	X	X	X	X
	Distribute condoms in non- traditional outlets to reach key and vulnerable populations, including secondary schools, tertiary institutions and community settings	X	X		X	X
	MMC outreach in 'hotspots'. Integrate MMC into men's health services at health facilities		X		X	X
	Provide PrEP as part of prevention package		X			X
	Provide youth- and gender-friendly Sexual and Reproductive Health (SRH) services in health facilities		X	X		
	Peer education with door-to-door activities at ward level			X		
	Provide sensitive and aged appropriate sexual and reproductive health (SRH) services and comprehensive sexual education (CSE) in schools		X	X	X	X
	Provide targeted services to prevent Mother to Child Transmission (MTCT) of HIV and syphilis in the prenatal and postnatal period					X
Treatment, care and support	Universal test and treat for HIV		X	X		
	All HIV positive pregnant women are initiated and retained on ART (PMTCT programme)		X			
	Train NIMART professional nurses		X			
	Implement the Provincial viral load monitoring strategy	X	X	X		
	Monitor and evaluate ARV drug resistance		X			
	Implement pharmacovigilance programme		X			
	Implement adherence support programmes (at facility and community)		X	X		
	Increase treatment literacy materials relevant to context, age and populations		X	X		
	Facilitate the setting up of support groups; adherence clubs	X	X	X	X	X
	Train community members/ structures in the setting up and management of support groups; adherence clubs					X
	Increased knowledge and social norms for treatment				X	
	Increased psycho-social support for people on treatment for HIV and TB	X	X	X	X	X
	Address mental health problems (NB: depression) for people living with and affected by HIV and TB			X		
Implement a comprehensive empowerment programme that aims to reduce new HIV infections among young women and girls and improve access to economic opportunities	X	X		X		





SA Priorities from NSP/PIPs

Priorities need to be filtered in a couple of ways:

- Addressing the programmatic and financial gaps;
 - Additionality
 - Allocation letter
 - Global Fund strategy
- **Targeted and customised** prevention interventions based on information from **Focus for Impact for KPs**
 - **Differentiated** treatment, care and support interventions to specific target groups, disaggregated by age, sex, gender





Prioritised Gaps

Prevention programmes for key and vulnerable populations:

- Prevention and empowerment programmes for adolescents and youth (AGYW), in and out of school;
- Comprehensive prevention programmes for MSM, sex workers, PWID and their clients, transgender;
- Focus for Impact: targeted, high impact prevention programmes (including accelerated prevention);

TB/HIV integration

- Finding the missing TB patients;
- Closing the gaps in the TB cascade;
- Preventive treatment;
- Decentralisation of MDR TB.

Resilient Sustainable Systems for Health to support implementation of above priorities

- Community responses and systems
 - Establish KP and vulnerable population forums for meaningful participation in AIDS councils;
 - Strengthen civil society to mobilize KPs to promote an advocacy agenda to realise their rights, legal literacy and sensitisation of law enforcement agents and law makers;
 - Establish data collection systems and training for use of such systems for civil society organisations;
 - HIV and TB stigma reduction programmes as part of broader human rights programming.
 - Build the capacity of CBOs to deliver high quality HIV and TB programmes and then provide small grants to address human rights and social and structural drivers (alcohol abuse, stigma, GBV).
- Health Systems
 - Training human resources for health, incl. community health workers; including working with KPs
 - Integrate service delivery and quality improvement;
 - Procurement and supply chain management systems.
- Leadership
 - Leadership structures and co-ordination;
 - Monitoring, evaluation, research.





SA Priorities from NSP/PIPs

- Programmes to reduce **human rights**-related barriers to HIV and TB services
 - Lifting policy and structural barriers to access services
 - HIV and TB stigma reduction programmes
 - Treatment and legal literacy
 - Empowerment of KPs to deal with human rights violations
 - Sensitisation of law makers and law enforcement agents





SA Priorities from NSP/PIPs

- **Community responses and systems**
 - Strengthened demand creation for prevention programmes and services
 - Expanding coverage of community-based programmes
 - Establish KP and vulnerable population forums for meaningful participation in AIDS councils
 - Strengthen civil society to mobilize KPs to promote an advocacy agenda to realise their rights
 - Establish data collection systems and training for use of such systems for civil society organisations
 - Building the capacity of CBOs and NGOs





SA Priorities from NSP/PIPs

- Comprehensive prevention programmes for MSM, sex workers, PWID and their clients, transgender people
 - E.g. Provision of PrEP, differentiated service delivery and OST
 - Peer education approach for KP specific peer educators
 - Integrating rights-based components in all health and social programmes to serve KPs





SA Priorities from NSP/PIPs

- **Human resources for health**, incl. community health workers
 - Training of healthcare providers to identify and deliver appropriate services for KPs
- **Integrate service delivery and quality improvement**
 - Promotion of the integration of HIV with TB services
 - Development of standard operating procedures for implementers for community based programmes
- **Procurement and supply chain management systems**
- **Programme Management**
- **Financial Management**





SA Priorities from NSP/PIPs

- Prevention programmes for **adolescents and youth**, in and out of school
 - Differentiated service delivery approach;
 - Information and demand generation for HIV prevention
 - Addressing harmful masculinity and gender norms and GBV
 - Economic empowerment programmes
 - Access to SRH services and rights, including contraception
 - Keeping girls in school, including CSE
 - Linking male sexual partners to: MMC, HTS and health services
 - Incorporate lessons learnt from other YWG programmes
 - Align with regional and international commitment such as ESA





SA Priorities from NSP & PIPs

- TB/ HIV integration

Def: Simultaneous prevention; screening and linkage to care for TB treatment and ART

- Finding the missing TB patients
 - 10 TB key populations from NSP, need to prioritise further based on evidence of return.
- Closing the gaps in the TB cascade
 - Where are the losses occurring? What systems need to be strengthened?
- Preventive treatment
 - Who should receive PT? What regimen should be used? What innovations can we propose?





SA Priorities from NSP & PIP

Building communities (RSSH)

- Increasing TB knowledge and awareness
- TB stigma reduction
- Human Rights and Gender
- Psychosocial support
- Nutritional support
- Community capacity building





SA Priorities from NSP & PIPs

MDR-TB

- How do we support decentralisation?
 - Training
 - Case management and Referral mechanisms
 - Hospital \rightleftharpoons clinic \rightleftharpoons community
 - Increasing capacity at community level
 - Nutritional support





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Key Tasks for Consultation

Prioritisation Exercise

- Groups to rank/prioritize the top 5 interventions/activities in NSP/PIPs that link with the GF invitation, to be included in the Global Fund request for funding (main request and above allocation request)
- Groups to identify and prioritize the gaps/needs in building resilient and sustainable systems for health linked to the top 5 priorities, as these RSSH gaps are to be prioritised to ensure optimal implementation of top priorities and maximum impact of investments.
- Groups to consider priority districts and sub-districts for the identified interventions/activities using focus for impact methodology
- Groups to consider sustainability of programs and interventions benefiting from Global Fund investment after the three-year grant period, including identify existing activities which promote sustainability





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

