Focus for Impact Approach in responding to HIV, TB and STIs:

An Overview

Focus for Impact Workshop

Pietermaritzburg

Thursday 16 and Friday 17 August 2018

Sukuma Sakhe

- South Africa recently acknowledged the need to take a geographic approach to resource allocation and intervention focus in the HIV and TB response followed by targeted interventions of priority locations

- As opposed to previously plotting data as a series of points or the aggregating of data and assuming a homogenous distribution of HIV and TB outcomes within a locality

Vision for Focus For Impact

- We do not have a shortage of data and information about the HIV, TB and STI epidemics in South Africa…however, unless we bring the different ‘pieces of the puzzle’ together we cannot see the ‘big picture’ that would support planning, coordination, monitoring and decision-making in the HIV, TB and STI response

- Scalable and sustainable platform and tools to support coordination, monitoring and decision-making for National Strategic Plan for HIV, TB and STIs (NSP) 2017-2022

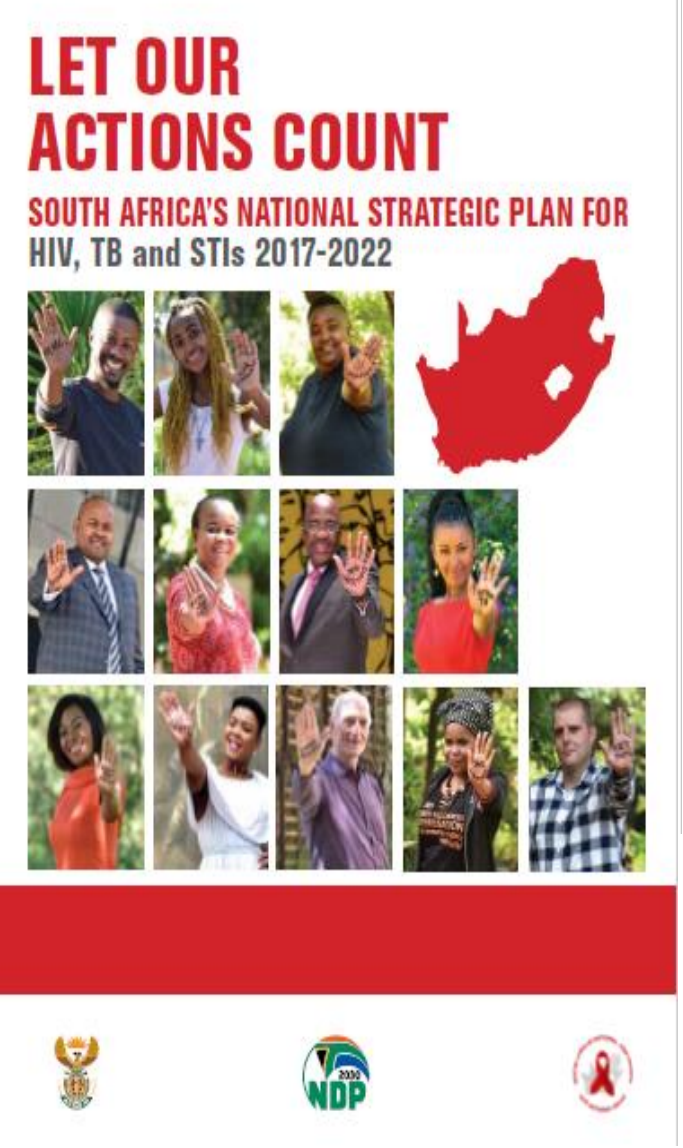
…to contribute to

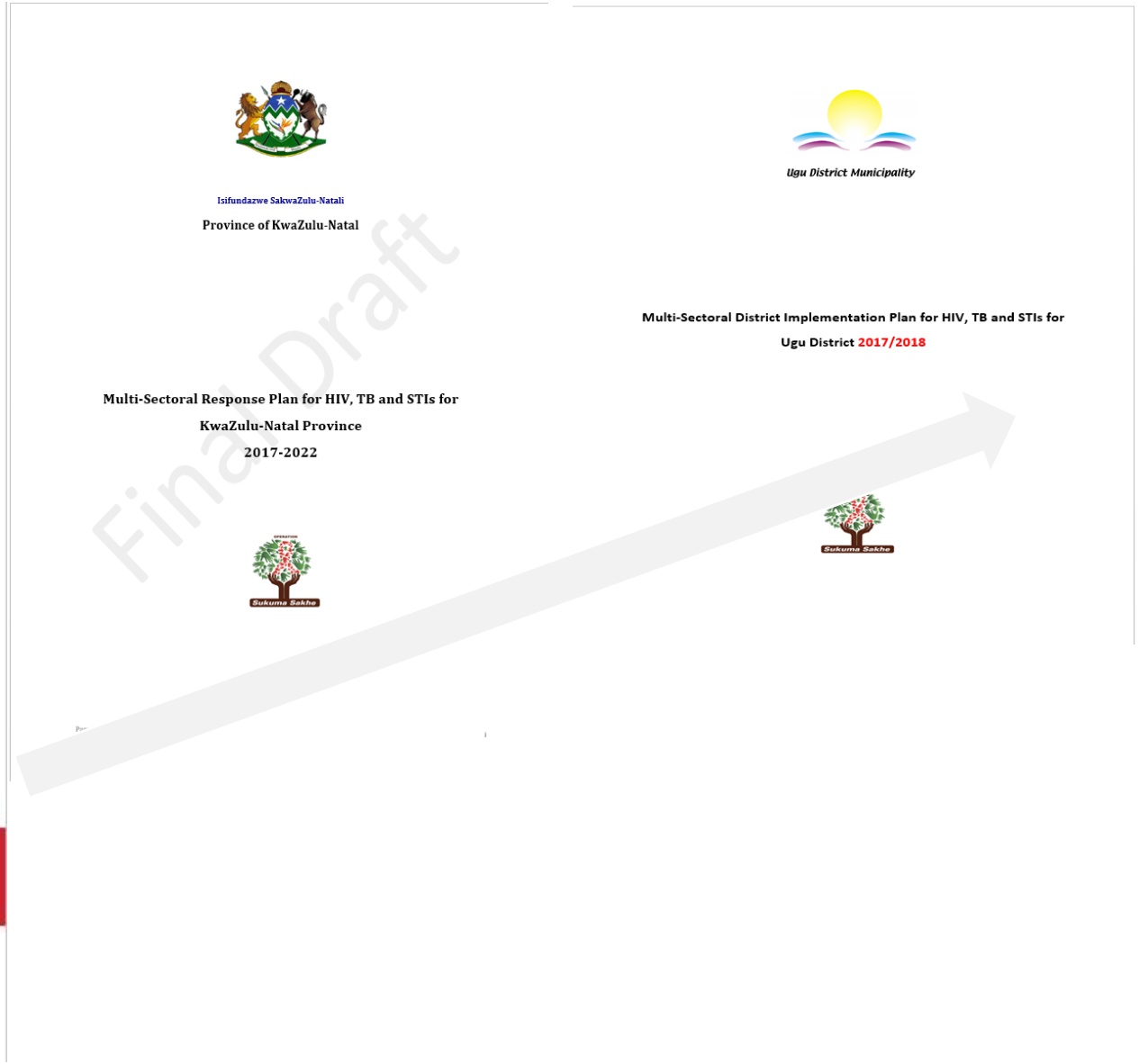
(1) elimination of new HIV infections

(2) reduction (and eventually elimination) of deaths associated with HIV and TB

(3) quality of life for all

Focus for Impact approach





- South Africa National Strategic Plan for HIV, TB and STIs (NSP 2017-2022): *"Focus for impact is a fundamentally new way of doing business as South Africa works to achieve a decisive transition from disease control to eliminating HIV, TB and STIs as public health threats"*

- KwaZulu-Natal Province has adopted the approach and is also a pioneer of the approach.

Aims

- To support decision-makers in planning, coordination, design and implementation of appropriate responses to the HIV and TB (and STI) epidemics in a diminishing resource environment

- To strategically guide allocation of resources for greatest impact by identifying and understanding high burden areas & understanding of associated context-specific risk factors in these areas

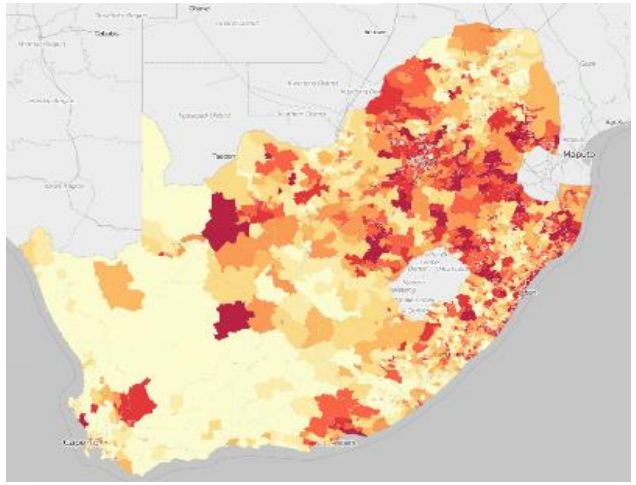
Objectives

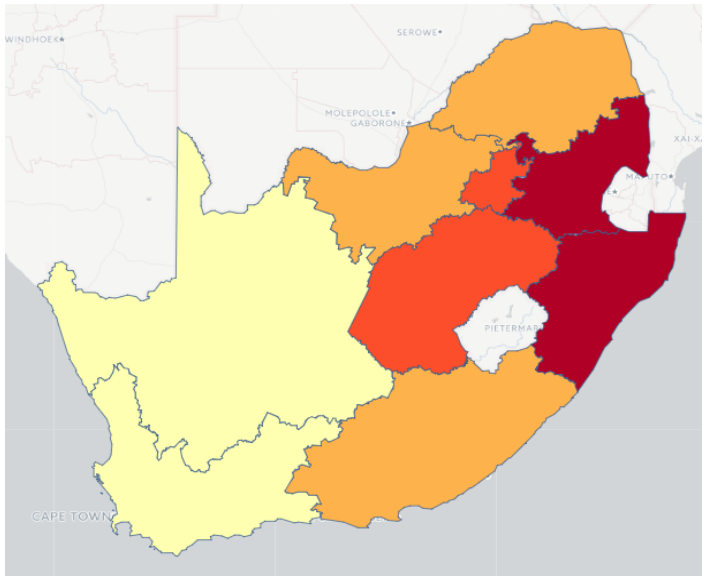
- Build upon existing initiatives, programmes and plans
- Use available data at lowest level possible to identify highest burden areas and high risk & vulnerable populations
- Understand and address local context and needs
- Prioritise activities that will have the highest impact on the epidemic
- Intensified focus to empower key and vulnerable populations, improve service access and reduce barriers to service uptake

Principles

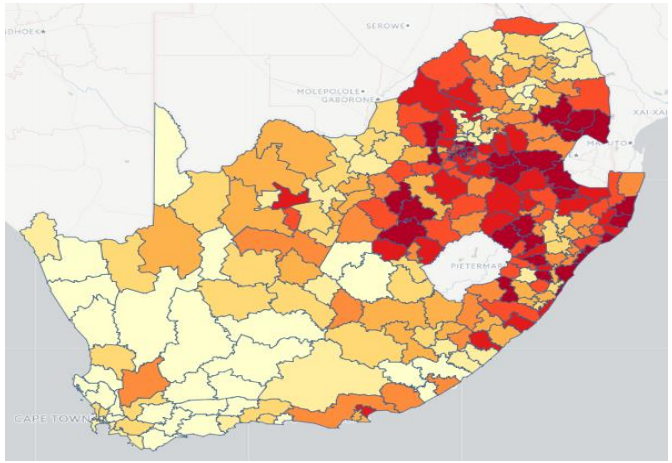
- Multi-sectoral, integrated response at its core
- Ongoing, iterative process
- Layered ownership and accountability
- Use of technology to support planning, coordination, monitoring and decision-making in HIV, TB and STI response

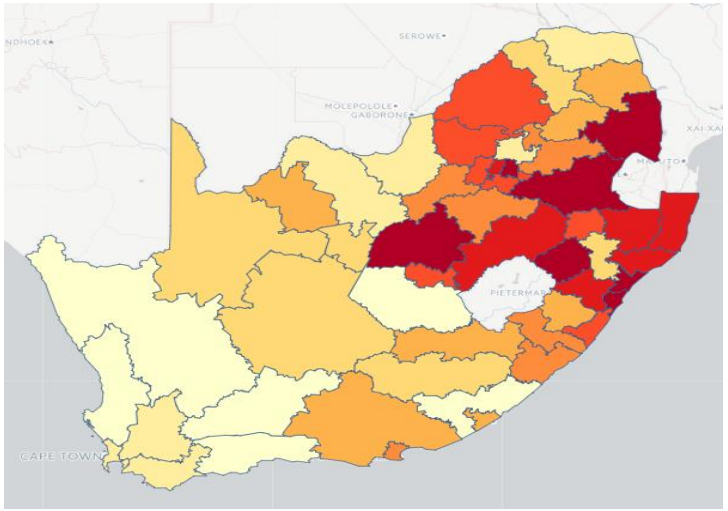
Key question 1 in focus for impact





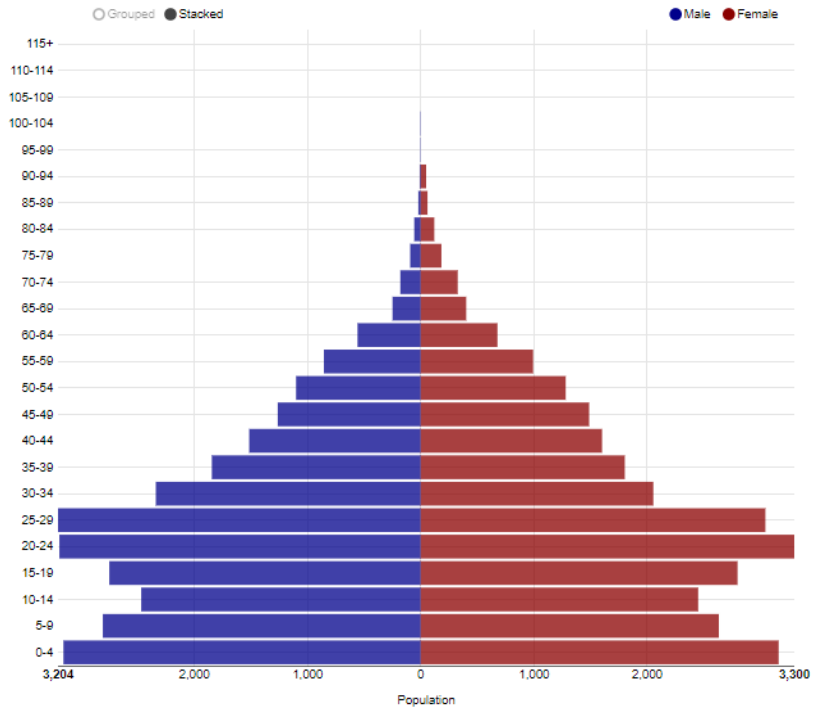
<u>WHERE</u> are the high burden areas?

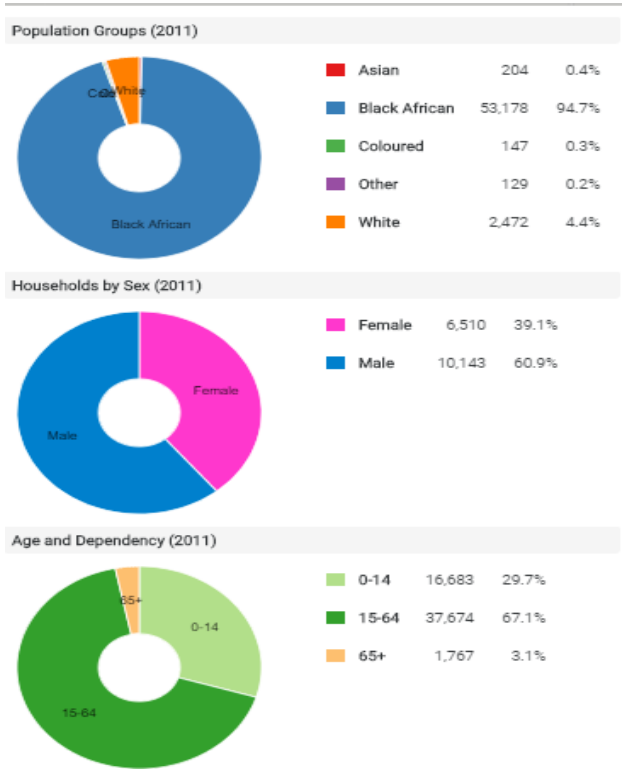




Key question 2 in focus for impact

WHY is this a high burden area?

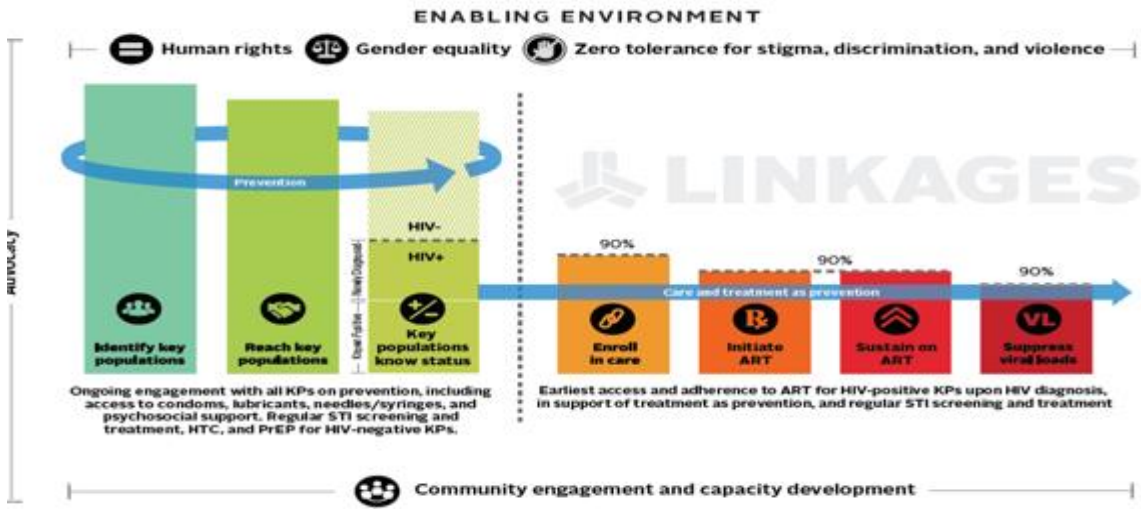




Key question 3 and 4 in focus for impact

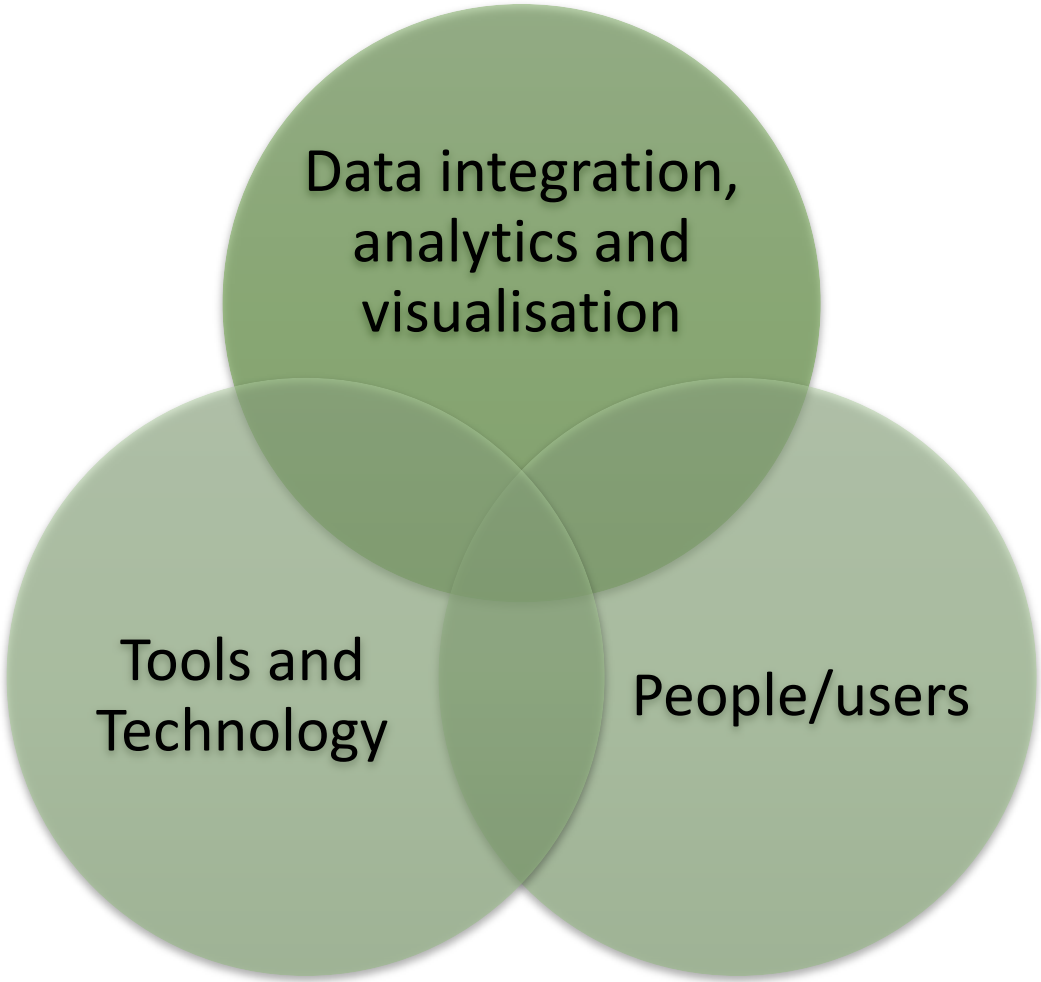
WHO are at risk in this high burden area?

What are the high impact interventions to reduce the burden in this area?




WHERE are the high burden area
(GEO MAPPING)
WHY is this a high burden area?
(COMMUNITY DIALOGUE)
WHO are at risk in this high burden area?
(COMMUNITY DIALOGUE)
WHAT are the high impact interventions to reduce the burden in this area?
(IMPLEMENTATION PLANS)

The 3 components of Focus for Impact



Component 1:Data (Data integration, layering, analytics and visualisation)

Georeferenced data e.g. linked to health facilities, schools, roads, administrative boundaries (2016), secondary data

National - Thembisa 3.2– HIV prevalence trends per age group (2017)

Province - Thembisa 3.2 - HIV trend data for mortality, incidence, prevalence & prevention per age group & KP (MSM & SW) (2017)

District - HSRC Behavioural survey (2014)

Local municipality – Top 10 causes of death (2016)

Ward - Census - population and demographic data (2011 adjusted for 2016 boundaries), SA Multidimensional Poverty Index (SAMPI) (2014)*

PHC Facility - PHC facility routine data (HIV Pos, TB, STI, Deliveries <18 yrs, Condom distribution, ART (last update Sept 2017)

Community - community assets, associated risks (as profiles are developed)

Aggregate data from lowest level available

Examples of idealistic assumptions and limitations

Assumptions

- Patients access services at the facilities closest to them
- Universal levels in implementation of policies & systems
- Data available is of the best quality possible
- All georeferenced data use the same unique identifier
- Willingness from data custodians to share data

Limitations

- Limited age and sex disaggregation at national & provincial level
- Data quality differs amongst indicators considered for life-cycle approach
- Does not take into consideration preferences for services or referral network
- Key population data not collected through routine health information system

Component 2: Technology

- System exchange of information and sustainability- linkage with National Health Information Repository and Data Warehouse-Integrated data warehouse

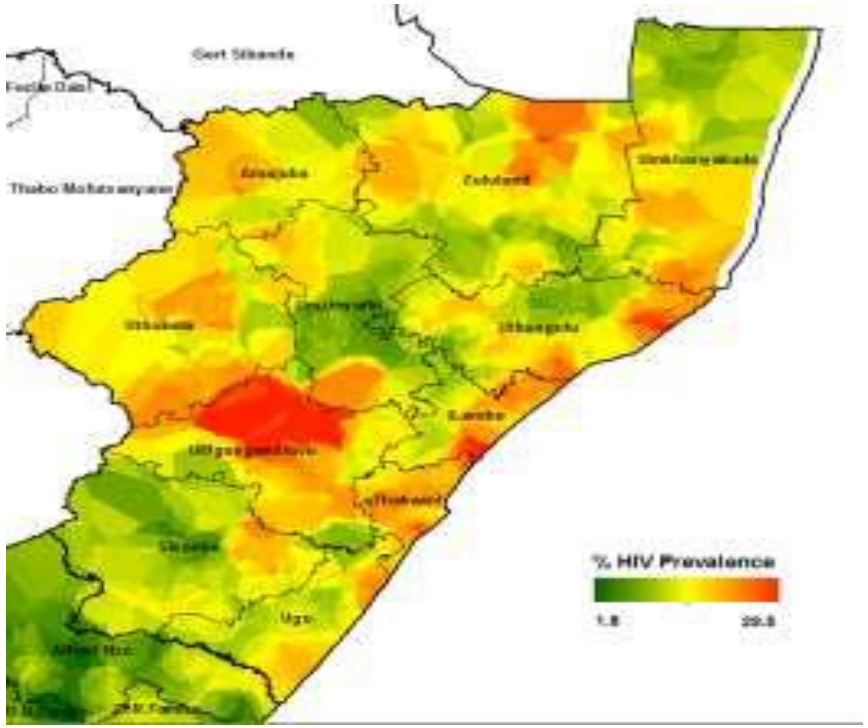
- Visualisation of data-combination of open source (free) technology and propriety software (licence). Once the data layers are created, no proprietary software is necessary to run or operate Focus for Impact web-application

- Caters for variety of source data formats and supported on both desktop and mobile platforms

Component 3: Users

Government and implementing organisations	View, access and export relevant detail as maps, graphs and summary reports for decision making
AIDS Councils and related structures	View, access and export relevant detail as maps, graphs and summary reports for oversight and decision making at relevant level
General Public	View and engage with non-sensitive data as an advocacy and empowerment tool (phase 2)

Early Analysis



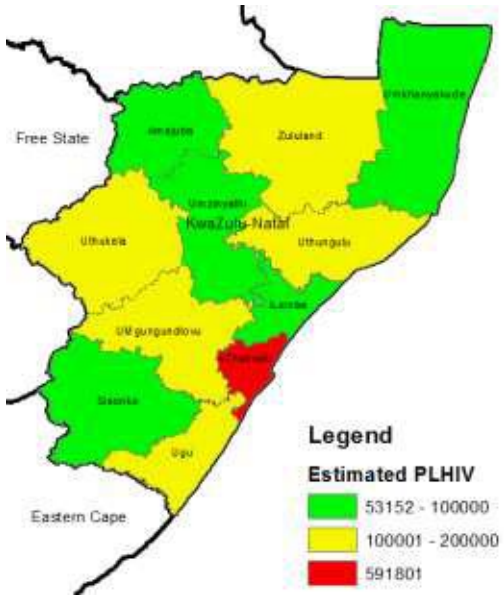
2015

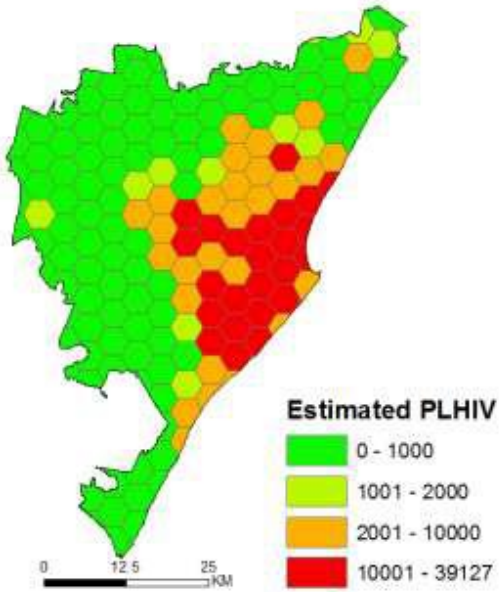
- Prior geospatial mapping using PMTCT facility level data conducted in KwaZulu-Natal province.

- A stakeholders' workshop held to disseminate the results. The provincial leadership was also briefed.

- These preliminary results used in the Country Global Fund HIV and TB concept note 2015 to demonstrate the geographic variation and seek funds for both using the approach and for interventions that would follow.

Early Analysis





2015

- Hot spot mapping advisory committees set up- National, Province and District (uMgungundlovu).
- uMgungundlovu district chosen as the pilot site for further development of approach.
- Refined approach and the identification of high burden areas at the lowest administrative level (ward) in uMgungundlovu.
- The approach was then rolled out to the entire province leading to the identification of additional high burden areas.
- These were in 5 districts, across 9 local municipalities, 4 informal settlements and 56 wards with a cumulative population of about 500 000
- Implementation ongoing using Global Fund Funding

National Analysis (NSP 2017-2022)

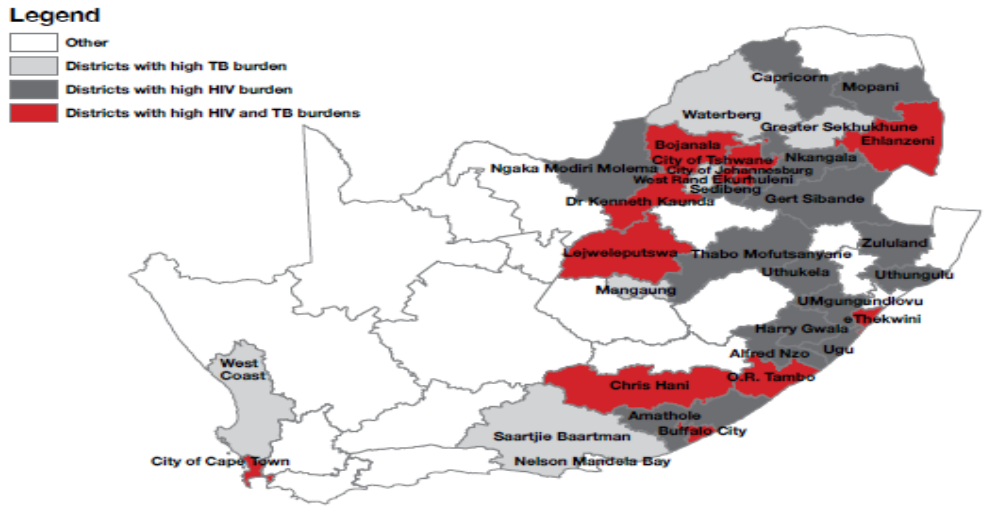


Figure 5: Districts with high HIV and TB burdens

Table 1: Districts with high HIV burden

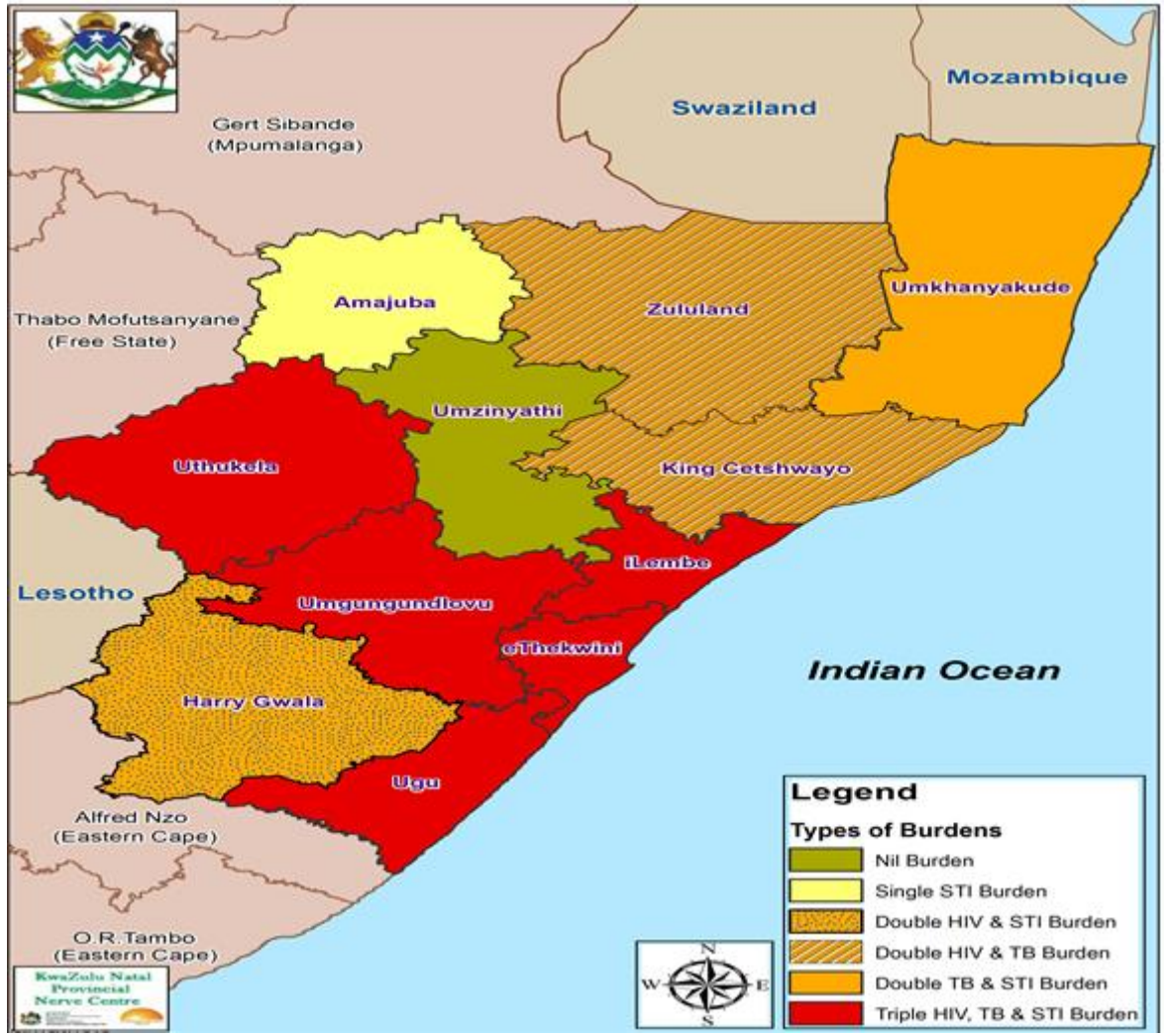
Province	Districts
Gauteng	City of Johannesburg, Ekurhuleni, City of Tshwane, and Sedibeng
KwaZulu-Natal	eThekwini, Umgungundlovu, Uthungulu, Zululand, Ugu, uThukela, and Harry Gwala
Mpumalanga	Ehlanzeni, Nkangala, and Gert Sibande
Eastern Cape	Oliver Tambo, Amathole, Alfred Nzo, Chris Hani and Buffalo 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

Table 2: Districts with high TB burden

Province	Districts
Gauteng	City of Johannesburg, Ekurhuleni, City of Tshwane, West Rand
KwaZulu-Natal	eThekwini
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

- 7 districts among the 27 districts identified nationally as high HIV burden
- 1 district among the 22 districts nationally identified as high TB burden

Province Analysis



- 5 of the 11 districts have a high HIV, TB and STI burden (triple burden)
- 2 districts of the 11 with a high HIV and TB burden (double burden)
- 1 district with a high burden of TB and STIs ((double burden)
- 1 district with a high burden of STIs(single burden)

Neighbouring districts

- Gert Sibande (Mpumalanga) and Thabo Mofustanyane- also identified among the 27 high HIV burden national districts

Lessons Learnt: Data

- “Perfect” data may not exist, but enough reliable data is available to guide decisions
- There is a rich qualitative data at a community level. This allows for triangulation and refinement of an understanding of the secondary data collected through other sources such as surveys
- Use of local level data fosters data quality improvement at source (implementation level)
- Visualisation of data improves feedback to communities and decision-makers

Lessons Learnt: Local Context

- There is a considerable variation in the associated HIV risks between communities – both in terms of context and populations groups – this is masked with high level aggregation of data for decision-making

- Community involvement in solution builds trust and insight into risks otherwise not known

- Uses of reports for planning of other services and activities that are not related to HIV, TB and STI response

Lessons Learnt:Systems and Structures

- Use existing structure/s for coordination and engagement, especially at a community level
- Variances in maturity of information systems (health and non-health) and its uses influence success
- Challenge of responding to what you find as programme managers are not used to implementing targeted approaches

Lessons Learnt: Success factors

- Buy-in at all levels (National, Provincial, District and Local) is critical for the approach to be successful
- Understanding the local context balances demand and supply of services and resources
- One version of the truth for a given point in time (one point of reference)
- Strengthening one information system and reduce duplication and promoting sustainability
- Use of approach requires capacity building and support

Thank You