ISIFUNDAZWE SAKWAZULU-NATALI
PROVINCE OF KWAZULU-NATAL

Multi-Sectoral Provincial Strategic Plan for HIV and AIDS, STIs and TB 2012- 2016 for KwaZulu-Natal

TOWARDS **ZERO** NEW HIV AND TB INFECTIONS

CONTENTS

Introduction

KwaZulu-Natal Multisectoral Provincial Strategic Plan for HIV and AIDS, STI and TB plan 2012-2016 sets out the broad strategic direction that will guide the HAST response over the next five years. Development of the plan is borne out of a series of consultations with stakeholders and results of a review of the previous plan, the KZNPSP 2007-2011.

Vision, Mission Values and Purpose

The province has set a twenty year vision of zero new HAST infections, zero new infections due to vertical transmission; zero preventable deaths associated with HIV and TB and zero discrimination associated with HIV, STI, and TB. Through this vision, the people of KZN commit to putting in place a well coordinated, managed and a demonstrably effective response to HIV and AIDS, Sexually Transmmitted Infections and TB (HAST), that is informed by evidence and geared towards eliminating new infections and ensuring the infected and affected enjoy a high quality of life. In achieving the vision, the province is cognizant of the values that will propel it to achieve this vision.

These values are:

1. Transparency and accountability;
2. Partnerships, collaboration and collective accountability;
3. Public participation and involvement;
4. Upholding human rights and equity and
5. Ubuntu and Integrity

The Context & Environment of the KZN HAST Response

The response to HIV & AIDS, STIs and TB is linked to the wider development efforts at international, national and provincial level. It therefore cannot be implemented in isolation. For this reason, the KZNPSP 2012-2016 has been developed in the context of a number of global, national and provincial developmental commitments. It is aligned to and consistent with the NSP 2012–2016, the KZN Provincial Growth and Development Strategy (PGDS) and the South African Mid-term Strategic Framework 2009-2014. This will ensure that the response contributes to meeting the country's and provincial developmental aspirations. Further the plan has been influenced by the governance and administrative context; the cultural and traditional context, the economic and development context and the services delivery approach to ensure that it is sensitive and relevant to the aspirations of the province.

Strategic Goals

- Reduction of new STI, HIV and TB infections by 50% by 2016
- Reduction of AIDS related deaths, improvement on the quality of life by providing a Package of treatment to 80% of people infected and ensure that 70% of those are still on treatment by 2016
- Reduce vulnerability to HIV, STI and TB, reduce stigma related to HIV and TB by half and protect the rights of people living with HIV

Priorities

The overarching goals of the KwaZulu-Natal Multi-Sectoral Provincial Strategic Plan 2012-2016 aligned to the National Strategic Plan on HIV, STI and TB 2012-2016.




The strategic objectives of the strategy are to:

- Address social and structural drivers of HIV, STI and TB prevention, care and impact
- Prevent new HIV, STI and TB infections
- Sustain Health and Wellness.
- Ensure protection of Human Rights and improve access to justice.
- Co-ordinate, Monitor and Evaluate the response.

The Strategic Plan Framework

The strategic plan framework guiding principles are as follows:

1. Results and Evidence Based
2. Rights Based and Gender Sensitive Approach
3. Innovation
4. Alignment
5. Sustainability
6. Realistic Targets
7. Community Empowerment
8. Committed Leadership
9. Multi-sectoral Approach
10. Partnership.

The result framework forms the foundation upon which the entire KZN HAST response will be implemented for the next five years. It provides a coherent chain of results that lead towards the attainment of the provincial HAST long term vision as shown by the figure below.

The results framework is structured around the five strategic objectives for which results are expected and represents a comprehensive and coherent array of interventions designed to achieve specified objectives and goals. The goals of the each priority area are listed below:

Strategic Objective I Address social and structural drivers of HIV, STI and TB prevention, care and impact

1. To reduce vulnerability to HIV, STIs and TB due to poverty, socio-cultural norms and gender imbalance by 2016.

This goal has the following objectives:

1. To reduce vulnerability to HAST transmission due to poverty, unemployment and gender inequality by 2016.
2. To promote positive socio-cultural norms and values.

Expected Impact:

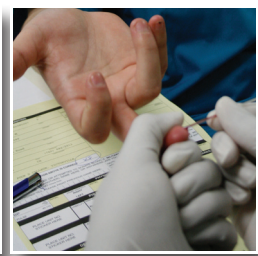
1. To reduce vulnerability to HIV, STIs and TB due to socio-cultural related factors.

Strategic Objective 2 : Prevent new HIV, STI and TB infections

1. To reduce new HIV infections to less than 1,2% by 2016
2. To reduce new smear positive TB infection to less than 200 per 100,000 population by 2016
3. To reduce STI incidence to less than 0.5% by 2016

The prevention goal has the following objectives:

1. To change behaviors that put men and women at risk
2. To reduce risk of Mother To Child Transmission of HIV
3. To scale up medical male circumcision

4. To ensure that STI infected men and women receive early and appropriate Treatment
5. To ensure that men and women know their HIV status and receive TB Screening
6. To ensure that men and women have access to condoms
7. To increase access to early detection, diagnosis and early treatment of TB
8. To maintain zero transmission of HIV through blood and blood products
9. To reduce the risk of HIV transmission from occupational exposure, sexual violence and discordance

Expected Impact :

1. Reduced HIV incidence in the general population to less than 1,2% by 2016
2. Zero HIV infection among infants born to mothers who are HIV infected by 2016
3. Reduced HIV prevalence among young men and women aged 15-24 years to less than 10% by 2016
4. Reduced new TB infections to less than 200 new smear positive TB per 100,000 populations by 2016
5. Reduced STI incidence to less than 0.5% by 2016

Strategic Objective 3: Sustaining Health and Wellness

1. To reduce mortality, sustain wellness, improve quality of life of at least 80% of those infected and affected and ensure that 70% are still on treatment by 2016.

This goal has the following objectives:

1. To ensure that HIV infected people have access to treatment and support, remain adherent to treatment and maintain optimum health.
2. To ensure that people infected with TB have access to services that are responsive to their needs and are of high quality.
3. To ensure that infected and affected people and households have access to support in order to reduce disability and improve quality of life.
4. To increase access to quality care and support to orphans and vulnerable children (OVC).

Expected Impact :

1. Reduced HIV incidence in the general population to less than 1,2% by 2016
2. Zero HIV infection among infants born to mothers who are HIV infected by 2016
3. Reduced HIV prevalence among young men and women aged 15-24 years to less than 10% by 2016
4. Reduced new TB infections to less that 200 new smear positive TB per 100,000 population by 2016
5. Reduced STI incidence to less than 0.5% by 2016

Strategic Objective 4: Protection of Human Rights and improve access to justice

1. To reduce vulnerability to HIV, STIs and TB by creating a supportive policy, human rights and regulatory environment and; promoting desirable social norms in the province by 2016.

This goal has the following objectives:

1. To strengthen leadership at all levels of society to publicly promote the human rights and speak out against stigma, discrimination and related behaviours to create a more equal society.
2. To identify and address legal barriers to the implementation of interventions in order to ensure that all existing legislation and policy relating to human and access to justice are adhered to.
3. To strengthen capacity building on all relevant policy framework and legislation relating to HIV and AIDS.
4. To promote and support greater involvement of people living with HIV in the provincial HIV and AIDS, Sexually Transmitted Infections and TB (HAST) response by 2016.

Expected Impact :

1. A supportive political and regulatory environment that ensures the rights of all the infected and affected by 2016.

Strategic Objective 5: Coordination, Monitoring & Evaluation

1.To have a well-coordinated provincial response to HIV and AIDS, STI and TB that is informed by an effective Monitoring and Evaluating System by 2016

This goal has the following objectives:

1. To strengthen coordination and management for an effective provincial response
2. To strengthen monitoring and evaluation systems at all levels and ensure that the sectors consistently report to the coordination structures
3. To strengthen the research component of the response

Expected Impact :

1. To achieve its intended impact and outcome targets.

Governance and Management

The first of the "Three Ones", i.e. one coordination authority, is crucial to successful implementation of the KZNPSP 2012-16. The Office of the Premier has demonstrated political will and leadership to ensure that co-coordinating structures at all levels function effectively. The Provincial Council on AIDS is in place. The Chief Directorate HIV and AIDS provides day to day support to coordination, planning, implementation, mobilizing partnerships and resources and monitoring and evaluation and reporting among other functions.

The introduction of Operation Sukuma Sakhe (OSS) and linking it to HIV and AIDS, STI and TB co-coordinating structures implies that co-ordination, monitoring is now linked directly to an implementation mechanism. This has been made possible because of commitment from the Premier, improved political will at local level and improved stakeholder accountability. The province is currently in the process of cascading the establishment of co-ordination structures to ward level by creating Wards AIDS Committees. This has enabled the province to decentralize planning to the local, including the integration of HIV and AIDS, STI and TB into the IDP.

There are challenges that still remain regarding the coordination and management of the responses.

Monitoring, Evaluation and Research

A functional Monitoring and Evaluation system will allow the province to assess progress in implementation and determine effectiveness of intervention programmes proposed in this plan. The HIV and AIDS Chief Directorate in the Office of The Premier will coordinate and ensure that the provincial reporting system is functional as well as establish reporting and feedback links with South African National AIDS Council. Monitoring reports will provide the basis for discussion within coordinating structures such as the Provincial AIDS Council, DACs, Local AIDS Councils and Ward AIDS Committees.

The Monitoring and Evaluation Framework and Plan for the KwaZulu-Natal Provincial Strategic Plan 2012-16 will be developed as a separate document and provides details of how Monitoring and Evaluation will function in the province. The development of the Monitoring and Evaluation Framework employs the same participatory approach and methodology as the review and development of KwaZulu-Natal Provincial Strategic Plan 2012-16 (KZNPSP2012-16), commitment to the successful implementation was emphasized during the process.

The main purpose of the Monitoring and Evaluation Framework includes: Guiding decisions, coordination and implementation of the HIV interventions; assessing the effectiveness of the HIV response; and to identify areas of intervention that require improvement.

The framework therefore establishes a clear and logical pathway to track progress from the processes to the achievement of the overall result.

ANNEXURE

The HAST Situation

KZN has the highest burden of disease associated with underdevelopment and poverty in the country, which includes HIV & AIDS, STIs and Tuberculosis (TB). A Human Science Research Council study on HIV prevalence in South Africa states that HIV prevalence is 15.8%, 11.9% higher than the prevalence in the Western Cape (the province with lowest prevalence). Prevalence among pregnant women has been consistently higher than the national average over the years.

The estimated number of PLHIV in the province is 1,622,870 (15.8%) of the total population. If 30% are presumed to have CD4 counts of 200 and below, the estimate for patients in need of ART is 486,861. The province has the highest incidence of HIV, estimated at 2.3% in 2009 as compared to the national average of 1.8%.
The repercussions of HIV & AIDS at both macro and micro level are well documented. It is estimated that slightly over one million children lost one or both parents to HIV related illnesses.

Regard to sexually transmitted infections (STIs), data indicates that new episodes have not gone down for a considerable period of time. The total number of new episodes in 2010/2011 stood at over 440,000 cases. In addition, despite a 100% partner notification rates only 22% of these were treated.

The province has the unenviable position of having the highest number of TB infections in the country. Tuberculosis (TB) remains the leading cause of mortality in the province, a DOH report estimated that diagnosed TB cases increased from 98,498 in 2005, 109,556 in 2007 to 118,162 in 2009. This represents a caseload of 1,156 cases per 100 000 population.




The HAST Response

The provincial response has been in existence since 1996; from that period changes in the response have been dictated by developments that have taken place in the HAST situation. The response initiatives have included the setting up of HIV & AIDS sub-directorate in DOH, the launch of the Cabinet Initiative; the launch of the AIDS 2000 challenge and the establishment of PAAU and the putting in place of the Chief Directorate of HIV and AIDS within the Office of the Premier underscored need for enhanced coordination and technical support for the growing number of stakeholders.

At coordination level, the PCA is the only coordinating authority for response at provincial level in line with the principle of the "Three Ones". This has been cascaded down to the district and local municipal level with the establishment district and local municipalities AIDS councils. The on-going establishment of Ward AIDS Committees (WAC) will contribute to ensuring that coordination of the response at ward level is enhanced. The PCA is chaired by the Premier, while the DAC and LAC are chaired by respective mayors. The WACs on the other hand are chaired by the respective ward councillors. In this respect, the province has achieved the principle of having one coordinating authority at the three levels and is moving towards fully achieving this at the fourth level, viz; ward level.

For the last five years, the response has been guided by one plan namely, the KZNPSP 2007-2011. The plan envisioned a province that is free of new HIV infections where all infected and affected enjoy a high quality of life. It focussed on responding to the HIV & AIDS with reference to the following priority areas: 1) Prevention; 2) Treatment, Care & Support; 3) Management, Monitoring, Research, and Surveillance and 4) Human Rights, Access to Justice and Enabling Environment. The existence of one strategic plan confirms the province having achieved the second of the "Three Ones" principle.

As for the "Third One", the province developed one M&E framework, complete with the indicators at impact, outcome, output and input level. Attempts were made to align these indicators with international, national and provincial indicators. Further, the provincial vision was to have a system where implementers regularly collected data, reported on them in the relevant forums and used the data for planning and programme improvement.

In line with the multi-sectoral approach, all the KZN stakeholders are expected to participate and collaborate in the implementation of the KZNPSP. Implementing organisations vary in scope, and according to the KZN 911 HIV & AIDS Service Organisations Directory there are 2,532 organisations dedicated to the response in the province. On the overall response services are fairly comprehensive and include prevention (both medical and social), treatment, care and support and; research and surveillance.

The Achievement & Gaps of the KZNPSP 2007-2011 Review

Prior to the development of the KZNPSP 2012-2016, a review of the previous plan was carried out with an intent to determine progress, identify challenges and gaps and document emerging issues. The information would be applied to strengthen the response. The following is a list of achievements grouped according to priority areas.

Priority Area 1: Prevention

1. Reduction in incidence
2. Reduction in Mother To Child Transmission (MTCT)
3. Provision of life skills in 100% of the schools and introduction of "My Life My Future" Programme
4. Increase in number of HTA sites
5. 100% of facilities offering PEP
6. 100% of blood units and products screened in a quality assured manner
7. Poverty eradication Programme Operation Sukuma Sakhe (OSS) established. The programme is critical to the integration and mainstreaming of HIV and AIDS activities
8. Increased access to clean water and sanitation and
9. Adoption of Male Medical Circumcision (MMC)

Further, the provincial vision was to have a system where implementers regularly collected data, reported on them in the relevant forums and used the data for planning and programme improvement. In line with the multi-sectoral approach, all the KZN stakeholders are expected to participate and collaborate in the implementation of the KZNPSP. Implementing organizations vary in scope, and according to the KZN 911 HIV and AIDS Service. Organizations Directory there are 2,532 organizations dedicated to the response in the province. On the overall response services are fairly comprehensive and include prevention (both medical and social), treatment, care and support and; research and surveillance.

Priority Area 2: Treatment, Care and Support
1. Reduced HIV related deaths;
2. Increased HCT coverage;
3. ART Universal coverage;
4. HBC integration;
5. OVC support and
6. TB and HIV integration.

Priority Area 3: Management, Monitoring, Research and Surveillance
1. The province has achieved the “Three Ones” principle of one coordinating Authority
2. Most of the AIDS councils are functional
3. The province has been able to put in place one Monitoring and Evaluation framework, thereby consolidating the “Three Ones” principle and
4. There is recognition of the value of Monitoring and Evaluating by stakeholders in their response.

Priority Area 4: Human Rights, Access to Justice and Enabling Environment
1. Strong political commitment

The gaps identified in the review are summarized below per priority area:

Priority Area 1: Prevention
1. STI services sub-optimal
2. Inadequate condom distribution
3. High teenage pregnancy
4. Low MMC coverage and
5. Inadequate integration

Priority Area 2: Treatment, Care and Support
1. Poor ART follow up
2. Inadequate OVC services coverage and
3. Inadequate HBC coverage

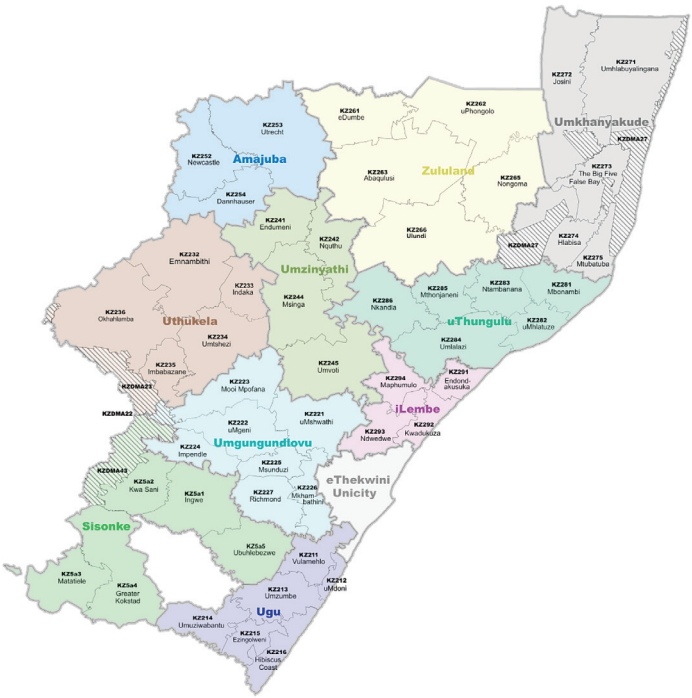
Priority Area 3: Management, Monitoring, Research and Surveillance

1. Low Monitoring and Evaluation practice;
2. Non-alignment of stakeholder multi-sectoral Monitoring and Evaluation framework and;
3. Unco-ordinated research

Priority Area 4: Human Rights, Enabling Environment and Access to Justice

1. Lack of data to determine extent of progress in this area

KwaZulu-Natal
District and local municipalities



PROVINCE OF KWAZULU-NATAL
Moses Mabhida Building
300 Langalibalele Street
2nd Floor, Room 212
Pietermaritzburg
3201