

LET OUR ACTIONS COUNT



SOUTH AFRICA'S NATIONAL STRATEGIC PLAN FOR HIV, TB and STIs 2017-2022



2020 National screening Campaign

**KWAZULU-NATAL PROVINCIAL COUNCIL ON AIDS
07/03/2018**

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BACKGROUND

- The NSP 2017-2022 was launched on 31st March 2017
- Prioritizes the achievement of the 90-90-90 targets for both HIV and TB
- Notes the importance of screening and treatment for TB and STIs
- The 2010 national campaign was an unprecedented success in terms of:
 - Getting South Africans to test for HIV and
 - Screening for TB AND STIs
 - Strengthening our ability to continue to get people to test for HIV and screen for TB.
- Challenge (2010 campaign)
 - Linkage to treatment for those testing positive



STRATEGY

- **Focused targeting by population and geography to obtain high yield**
- **Implement Test and Treat (for all HIV positive as soon as possible with improved linkage)**
 - Target the test averse and the untested (innovative ways incl HIV self screening)
 - Prioritize 27 highest burden districts; Focused targeting in the 25 districts
 - Prioritize 22 She conquers sub-districts
 - Prioritise 20 TB high burden districts
 - Prioritise pregnant mothers and Diabetics esp for TB screening, for TB screening, diagnosis and treatment
 - Intensify case finding for the 175 000 TB clients (missing and defaulters)
 - Intensify NCD case finding and screening



PRIMARY OBJECTIVES

1. Provide an enabling environment for health seeking behaviour
 - Screening and referrals for both non-communicable and communicable diseases (**HIV and STIs, TB, NCDs**)
2. Strengthen Test and Treat initiative and implement linkages to care management, treatment and support
3. Strengthen HIV Prevention interventions
Condom use, MMC, PMTCT, PEP, PREP, communication



SECONDARY OBJECTIVES

1. Increase demand creation through community mobilization
2. Strengthen community testing including HIV Self screening and other modalities
3. Improve referrals for diagnosis and treatment
4. Improve data management and M and E



CAMPAIGN LAUNCH

- To be implemented early 2018 (as discussed at the IMC)
- Date to be finalised based on progress of consultative process(April)
 - Provincial (Geography and population)
 - PCA'ss
 - Districts (priority 27 but also consider 25)
 - DACs
 - Sub-district (priority 53: She Conquers sub-districts)
 - LACs
 - Community (rolling launch in each community in focus district)



Critical Consultative Path

- IMC
- SANAC Plenary
- HOS
- PCA's
- Civil Society Forum
- NHC
- PRC
- Development partners
- Private Sector
- National and Provincial Leadership Fora and associations
- Public



CAMPAIGN SUSTAINABILITY

The Government Departments will...

- Work in collaboration with partners to achieve the goals of the campaign.
- Leverage partners to scale the service beyond the public health facilities into communities (These must demonstrate functional referral and monitoring systems).
- Ensure capacity building for all implementers
- Develop and implement communication strategies that educate and raise awareness of the value of the campaign



State of Readiness



CAMPAIGN TARGETS

- AGE: 12 YEAR OLDS AND ABOVE
- SPECIAL FOCUS ON
 - 15-24 year old girls, young women, young men
 - She conquers campaign priority subdistricts
 - Men
 - Key populations (SW, MSM etc)
 - Vulnerable populations (informal settlements, farms-need to target*)
 - Pregnant mothers and their children
 - TB patients
 - Diabetic patients



Service Delivery teams

- Service delivery/commodities
- M and E
- Communication and social mobilisation
- Resource mobilisation
- HR (counsellors, CHWs, Nurses, Doctors)
- PCAs, DACs and LAC, for mobilisation



PROPOSED TARGETS

- Initiate 2 million new clients on treatment by 2020
- National HTS Targets: 14 million
- Test 10 million clients in the 27 high burden districts and screen for TB and NCDs
- Test 4 million people in the 25 districts and screen for TB and NCDs
- National TB Targets: The missing 150 000
- NCD targets to be finalized
- Prioritize the 20 TB high burden districts with intensified tracing, screening, diagnosis and management



ROLLOUT PLANS cont.....

- Campaign will be run on the backbone of the existing health system including facility and community-based modalities supported by NGOs, CBOs, FBOs, Work-based, non-medical sites and private sector
 - All partners in the area where they work will join government and the public health sector in taking responsibility
 - All key stake holders (organizations and partners) identified in the mapping are expected to support implementation of the campaign
 - Appropriate training for all implementers



PACKAGE OF SERVICES

- Increase Information, Education and Communication activities
- Intensify PMTCT to eliminate Vertical transmission by 2020
- Increase the number of young boys and men receiving MMC



PACKAGE OF SERVICES

- Health screening for NCDs (where available)
 - Hypertension, Diabetes, Cholesterol
- HTS
 - Screening and diagnosis for TB and referrals in outreach
 - Screening and diagnosis for HIV and referrals in outreach
 - Screening and diagnosis for STIs and referrals in outreach
 - Screening and referrals for NCDs
- Implement Test and Treat
 - Train all implementers on HTS, T and Treat, Treatment support
 - Intensify PEP and PreP as per guidelines, Define successful linkage, Identify innovative ways to link clients to treatment successfully
 - Active linkage to care, management, treatment and support innovatively, Implement Test and Treat (same day or ASAP) and support clients for adherence



Governance

- Campaign sponsors: SANAC, NDOH and Presidency
- SANAC to be responsible for overall coordination
- Nerve Centre Coordination(Campaign's team)
- DOH: Service delivery/implementation teams
- Community mobilization through civil society, PACs, DACs and LACs
- Demand Generation through Civil Society Campaign waves



Critical Milestones

- Real time data collection APP for the campaign
- Determination of date of launch(April)
- Determination of appropriate launch Site
- Finalization of package of services and campaign targets



Critical Milestones

- Determination of Campaign Theme/Name
- Identification of technical lead in NDOH(Prof Mevlyn Freeman)
- Identification of Nerve centre co-coordinators at every level of governance. (February)
- Briefing of Campaign management teams(March)
- Re-establishment of call centre for the campaign(March)
- Revitalization of Campaign Nerve centres



DATA COLLECTION

- Standardized data collection tools (HTS registers) should be used in facilities and by partners
- Finalization of frequency of reporting (weekly, monthly, or quarterly)
- Data will be collected and integrated into the DHIS through an org unit
- Partners should be linked to facilities in their areas for data management through org units
- DHIS will be the official reporting system



Recommendations

- That the PCA notes the presentation
- That the PCA Leadership takes on a strong Advocacy and Information dissemination role with respect to the Campaign
- That the Campaign update becomes a standing item on all PCA meetings until December 2020
- That the PCA take responsibility for the traction of the campaign in KZN: Strengthening of Nerve centres
- That the Provincial Campaign teams play an active role in the constitution, briefing and performance of district and sub-district campaign teams
- That the PCA make inputs into the campaign Strategy





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