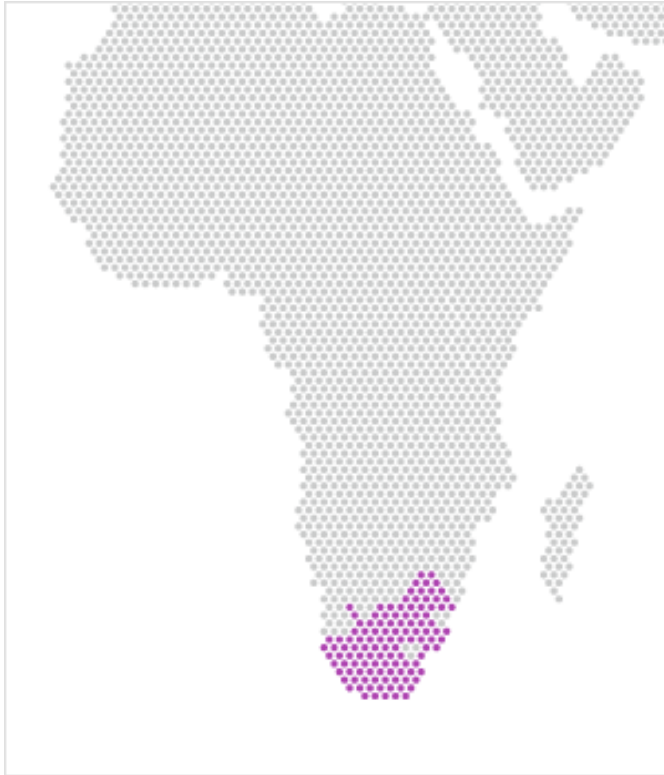


Implications of scarcer resources for 90:90:90

Gloria Maimela

Southern African HIV Clinicians Society
October, 25, 2018

The big picture



South Africa (2017)

7.2m people living with HIV

18.8% adult HIV prevalence (ages 15-49)

270,000 new HIV infections

110,000 AIDS-related deaths

61% adults on antiretroviral treatment*

58% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2018

Source: Olorunfemi, Int Journal of Cancer 2018

The South African good story



- Biggest HIV treatment programme in the world.
- Largely funded from own resources – 13% from external sources
- World class progressive policies
- Great strides in tackling the HIV epidemic in recent years
- New HIV infections overall have fallen by half in the last decade
- HIV prevention initiatives have had a significant impact on PMTCT rates



Ambitious targets

PREVENTION TARGETS FOR 2022

Reduce
NEW
INFECTIONS
OF HIV

from **270 000**
per year to less than
100 000

Reduce
NEW
TB
INFECTIONS

from **450 000**
per year to less than
315 000

Reduce
NEW
STI
INFECTIONS

Reduce NEW
STI INFECTIONS
and Identify
ASYMPTOMATIC
INFECTIONS

HIV TREATMENT TARGETS FOR 2022

90%
of PLHIV
know their status



90%
of people who know their
status receive ART



90%
of those on ART have a
suppressed viral load



TB TREATMENT TARGETS FOR 2022

Diagnose
90%
of people with TB
(including key populations)

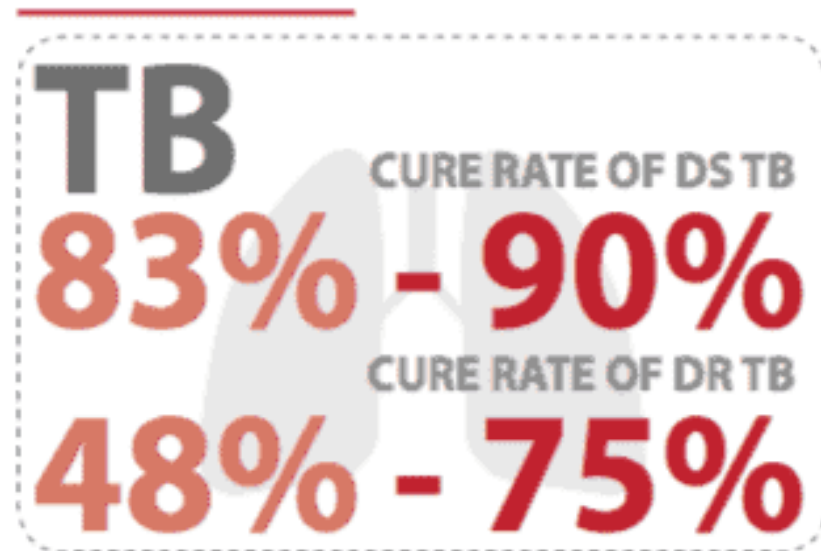
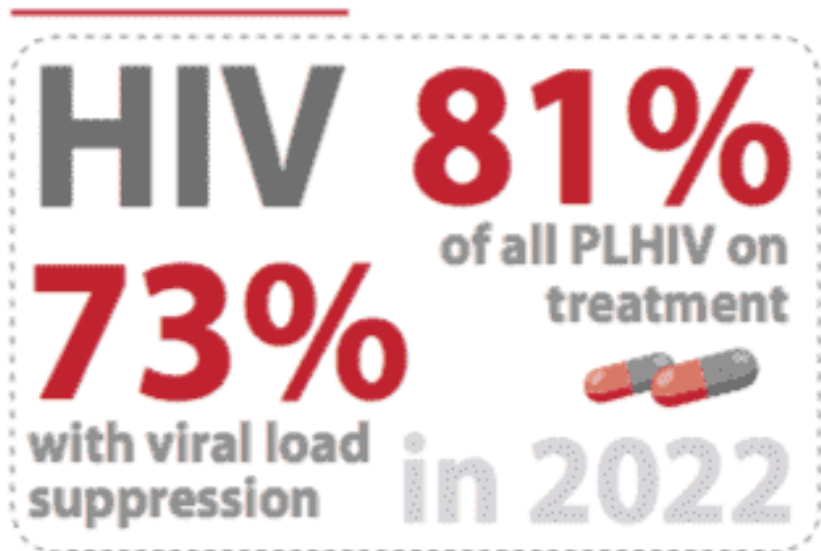


Treat
100%
of people with TB



TREATMENT SUCCESSFUL
Drug-susceptible **90%**
Drug-resistant **75%**
Decrease TB mortality by 30%

More targets



- 90-90-90 target is **6,100,000** on ART
- 95-95-95 target is **6,750,000** on ART

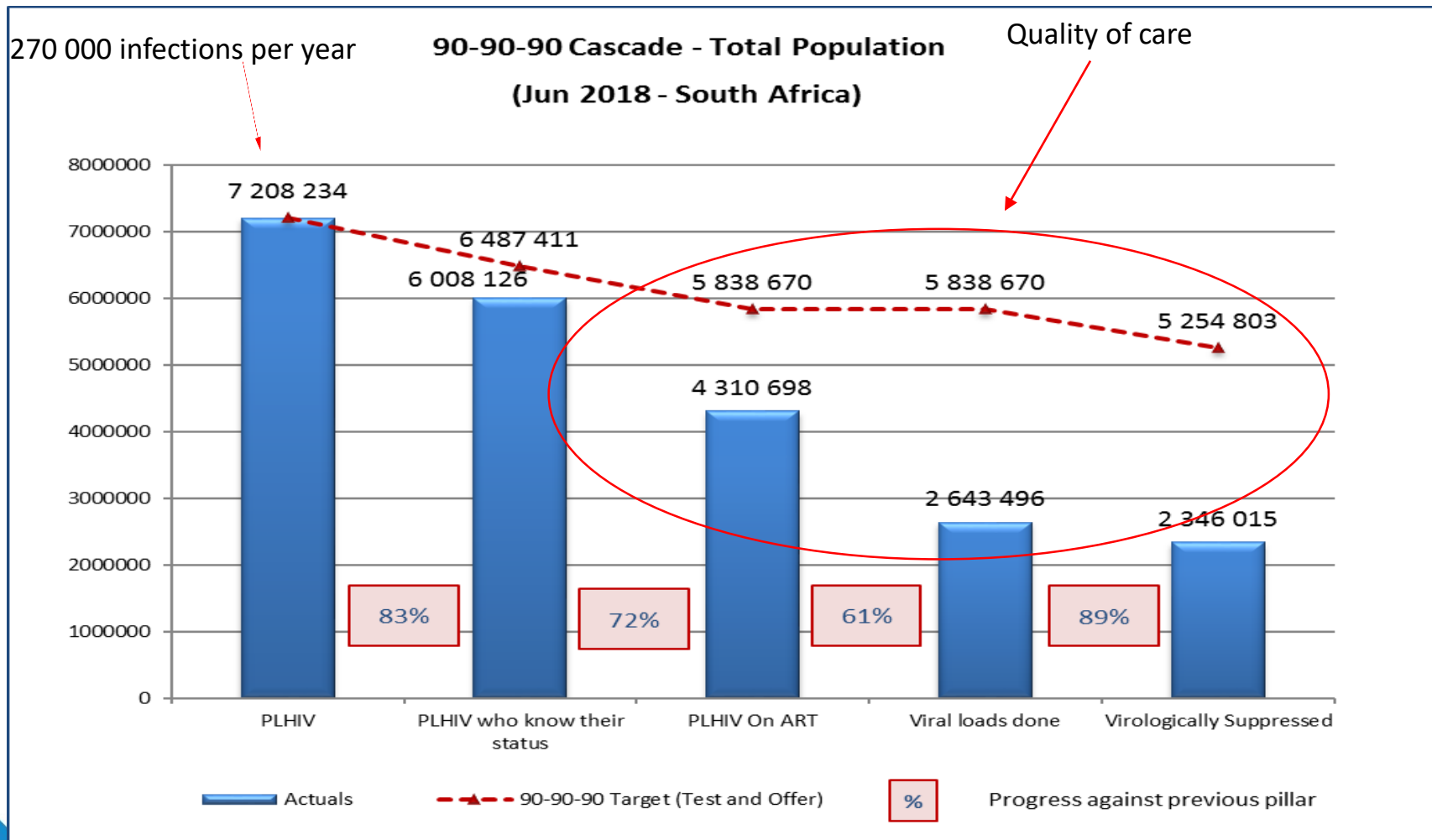
Source: SA National Strategic Plan on HIV, TB and STIs 2017-2022 (2017)

Thuma Mina

“This year, we will take the next critical steps to eliminate HIV from our midst. By scaling up our testing and treating campaign, we will initiate ***an additional two million people*** on antiretroviral treatment by December 2020.”

President Cyril Ramaphosa, State of the Nation Address, February 16, 2018

Where are now?



Diminishing resources

Antiretroviral Drugs:
Demand > Supply with additional 2 million people
on ART by 2020



Stretched Clinic-Laboratory services



Human Resources for Health: Supply < Demand

Human Resources for Health status in SA

Row Labels	Sum of Variance Available Operational Manager/ Facility Manager	Sum of Variance Available Professional Nurse /CNP	Sum of Variance Available Medical Practitioner	Sum of Variance Available Enrolled Nurses	Sum of Variance Available Pharmacy assistant	Sum of Variance Available Pharmacist	Sum of Variance Available Lay Counsellor
ec Eastern Cape Province	-174,40	-213,17	142,66	2429,19	633,91	35,55	-290,09
fs Free State Province	-64,35	11,75	32,87	638,56	99,88	-0,71	195,88
gp Gauteng Province	-12,80	-2,33	93,30	3148,68	889,34	35,87	492,34
kz KwaZulu-Natal Province	-118,64	90,86	91,40	2990,25	1110,93	55,05	565,93
lp Limpopo Province	-29,40	-255,16	63,03	958,72	390,92	20,00	114,92
mp Mpumalanga Province	-102,94	-74,00	56,71	1268,25	410,30	21,28	58,50
nw North West Province	-52,81	-101,96	16,06	1067,57	312,02	7,35	-169,98
wc Western Cape Province	0,00	327,15	40,89	572,51	163,57	8,18	163,57
Grand Total	-555,33	-216,87	536,92	13073,74	4010,87	182,55	1131,07

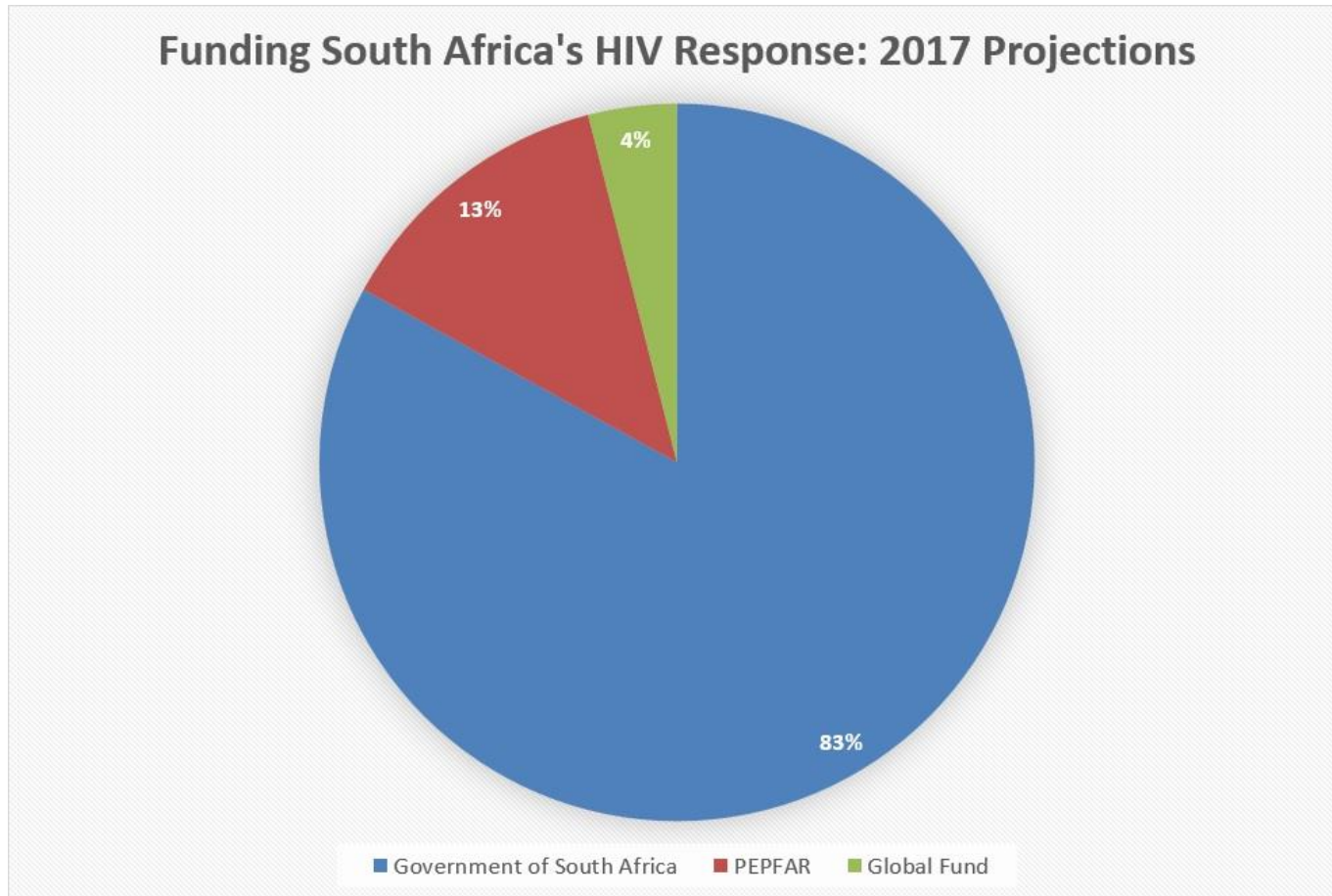


Threats to the epidemic

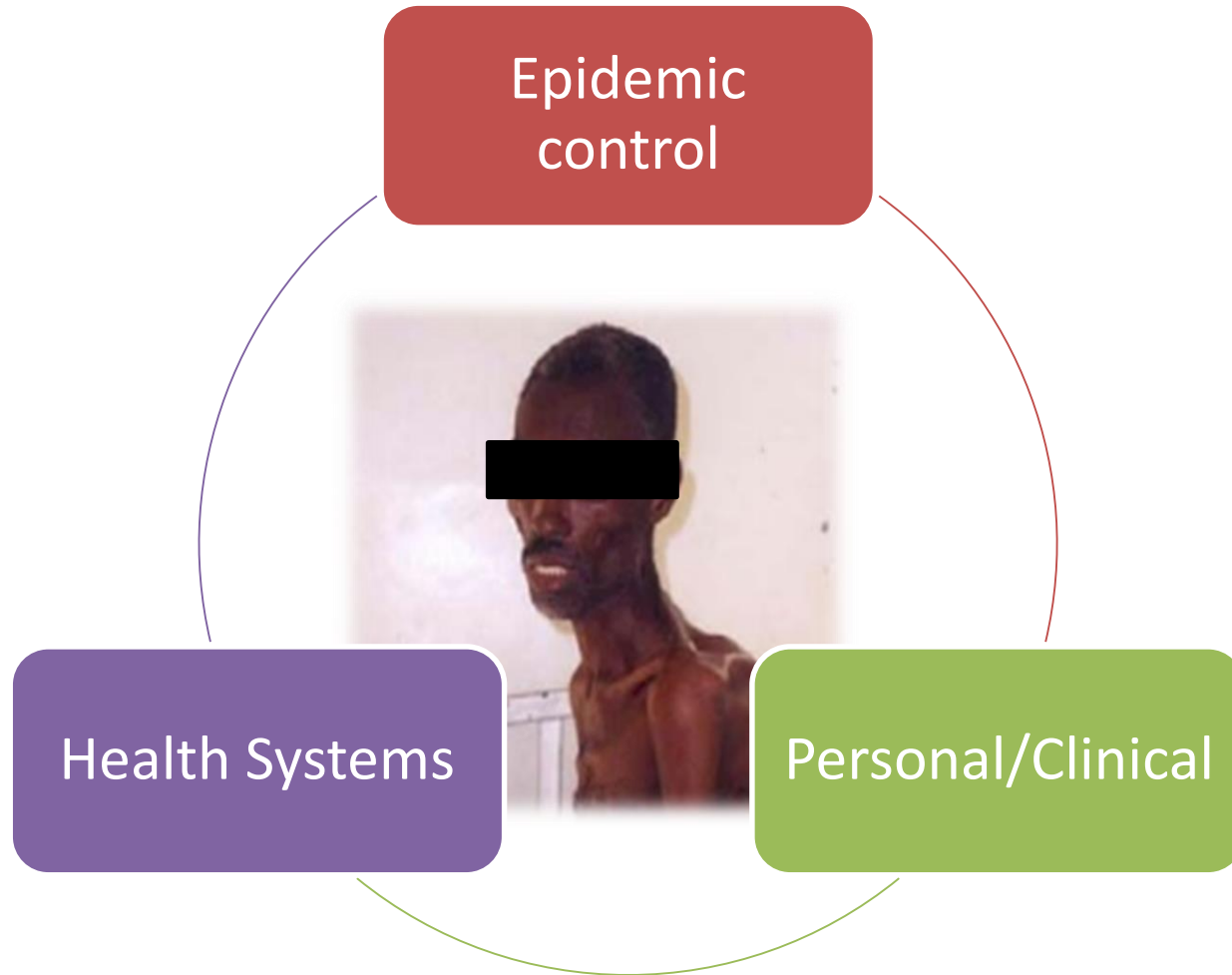
- Staff: Patient ratios too high
- High staff turnover
- Community Health Workers:
 - Underutilised
 - Not adequately trained
 - Supervision
 - Stipend debates
- Nameless and faceless system: patients getting 'lost'



Is external funding sustainable?



Implications: Lest we forget where we come from



We have to work together

Community and Faith Based
Organisations

SA Government and
the Department of
Health

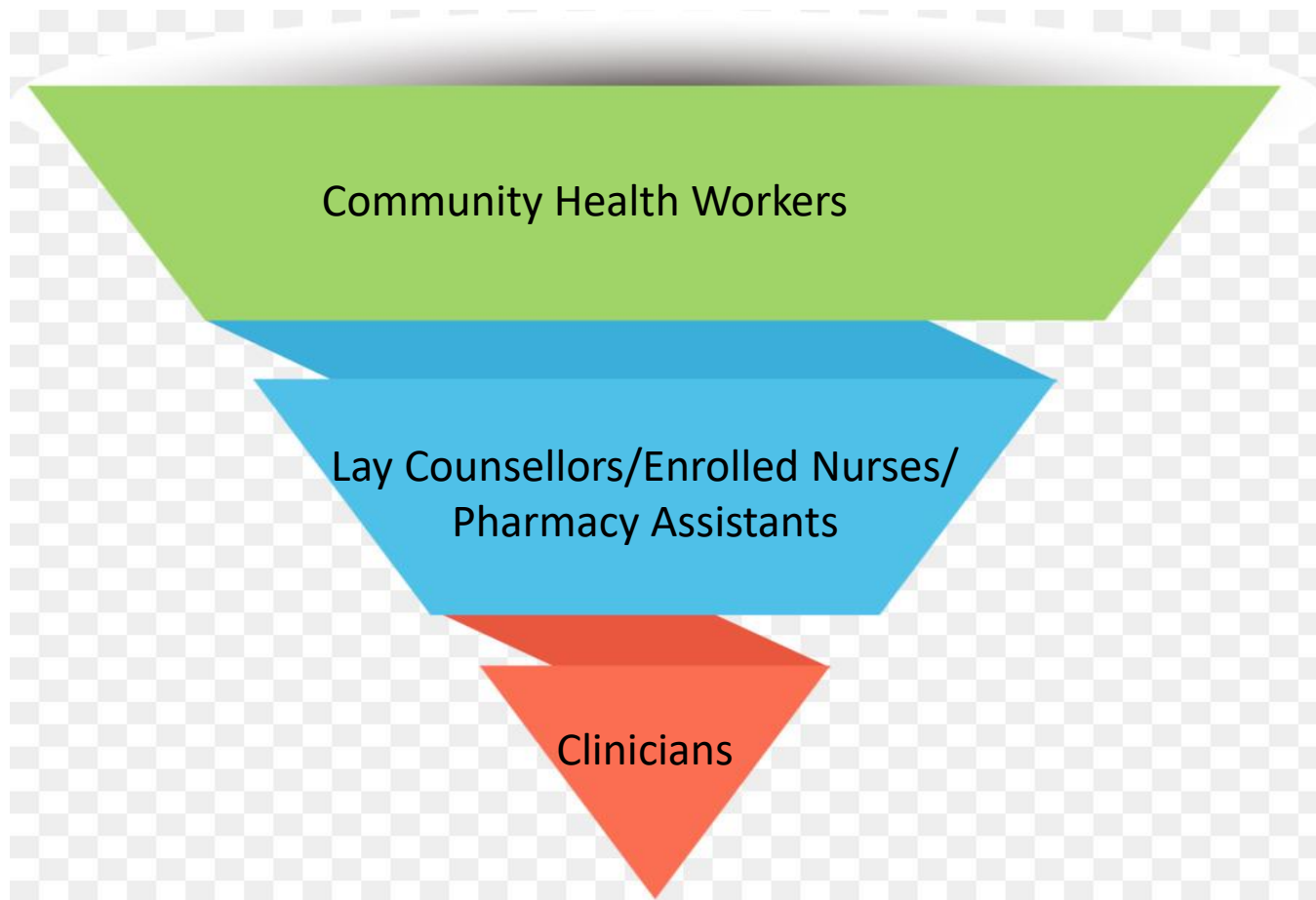


Civil Society

Non Profit Organisations

Academia

Turning the pyramid of care upside down



University of the Witwatersrand

WITS RHI

Investment case for CHWs



- If the number of CHWs increased to 96 000 and each were paid a stipend of R2500/m, and training costs, equipment and supervision were included – this would amount to 15% of the current public sector PHC expenditure.
 - Over 10 years this would lead to cost savings owing to deaths averted, and would contribute to economic growth due to employment of women as CHWs.
-
- Daviaud E, Besada D, Budlender D, Sanders D, Kerber K. Saving lives, saving costs: Investment case for community health care workers in SA, Cape Town: South African Medical Research Council, 2018

Can we afford to take our foot off the pedal?

Debate



University of the Witwatersrand

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Thank you



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Acknowledgements



Prof Francois Venter
Dr Jenny Nash

