South Africa DSD Update

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South Africa National Department of Health
12 November 2019
• Where are we now?
  • CQUIN Dashboard Results
  • HIV Treatment Cascade

• How did we get here?
  • Successes and Challenges

• 2020 goals and targets
Change in Dashboard Domains since 2018

Improvements in:
- Guidelines
- Policy
- Impact
- Quality

Regression in:
- Patient coverage
- Training
- Diversity
- Coordination
- Community Engagement
Attaining 90-90-90: Progress (Public sector)

90-90-90 Cascade - Total Population
(Sep 2019 - South Africa)

90-90-90 Cascade - Children under 15
(Sep 2019 - South Africa)

90-90-90 Cascade - Adult Females
(Sep 2019 - South Africa)

90-90-90 Cascade - Adult Males
(Sep 2019 - South Africa)
Model Mix

Key models include:

• Spaced and Fast Lane Appointments
• Adherence Clubs
• External Pick Up Points  (Central Chronic Medicine Dispensing and Distribution (CCMDD) is not a modality but a drug distribution system for all above models)
• Advanced Clinical Care

No data on the proportion of people on ART in each model
Proportion of patients per model

- Data includes # patients registered on CCMDD inclusive of NCDs.
- CCMDD data not inclusive of AC and SFLA, but Ex-PUP.
- Data at Ex-PUP inclusive of patients on ART and NCDs.

### CCMDD Data : 25 - 10-2019 for 2019/20 FY

<table>
<thead>
<tr>
<th>Province</th>
<th>CCMDD Target FY</th>
<th>Total Reg Patients</th>
<th>Total Active Pat</th>
<th>% of active on ARVs (ARV alone or w chronic)</th>
<th>Target on ARV</th>
<th>On ARVs (active)</th>
<th>Perc active ARV to Target</th>
<th>Target on Chronic (only)</th>
<th>Perc active chronic to target</th>
<th>Target to Ex-PUP (active)</th>
<th># of Active patients Ex-PUP</th>
<th>Perc Target Active to Ex-PUP</th>
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</thead>
<tbody>
<tr>
<td>EC</td>
<td>459 339</td>
<td>1 500 000</td>
<td>734 005</td>
<td>48,9%</td>
<td>2 069 039</td>
<td>1 529 052</td>
<td>60,0%</td>
<td>459 339</td>
<td>104,3%</td>
<td>1 500 000</td>
<td>734 005</td>
<td>48,9%</td>
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<tr>
<td>FS</td>
<td>83 440</td>
<td>1 257 706</td>
<td>817 049</td>
<td>65,8%</td>
<td>943 084</td>
<td>782 348</td>
<td>81,9%</td>
<td>374 432</td>
<td>49,9%</td>
<td>571 253</td>
<td>374 432</td>
<td>49,9%</td>
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<tr>
<td>GP</td>
<td>172 877</td>
<td>1 257 706</td>
<td>817 049</td>
<td>65,8%</td>
<td>943 084</td>
<td>782 348</td>
<td>81,9%</td>
<td>374 432</td>
<td>49,9%</td>
<td>571 253</td>
<td>374 432</td>
<td>49,9%</td>
</tr>
<tr>
<td>KZN</td>
<td>230 324</td>
<td>1 173 049</td>
<td>958 532</td>
<td>82,6%</td>
<td>1 060 163</td>
<td>895 307</td>
<td>83,9%</td>
<td>247 533</td>
<td>76,1%</td>
<td>351 052</td>
<td>247 533</td>
<td>76,1%</td>
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<tr>
<td>LP</td>
<td>207 077</td>
<td>1 053 140</td>
<td>912 795</td>
<td>76,0%</td>
<td>939 693</td>
<td>785 850</td>
<td>83,2%</td>
<td>243 943</td>
<td>66,3%</td>
<td>342 786</td>
<td>243 943</td>
<td>66,3%</td>
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<tr>
<td>MP</td>
<td>226 008</td>
<td>366 084</td>
<td>289 705</td>
<td>78,7%</td>
<td>216 679</td>
<td>175 102</td>
<td>79,9%</td>
<td>51 577</td>
<td>77,7%</td>
<td>127 087</td>
<td>51 577</td>
<td>77,7%</td>
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<tr>
<td>NW</td>
<td>182 012</td>
<td>366 084</td>
<td>289 705</td>
<td>78,7%</td>
<td>216 679</td>
<td>175 102</td>
<td>79,9%</td>
<td>51 577</td>
<td>77,7%</td>
<td>127 087</td>
<td>51 577</td>
<td>77,7%</td>
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<tr>
<td>NC</td>
<td>36 069</td>
<td>230 324</td>
<td>184 141</td>
<td>79,2%</td>
<td>158 555</td>
<td>123 730</td>
<td>78,2%</td>
<td>34 825</td>
<td>74,4%</td>
<td>51 650</td>
<td>34 825</td>
<td>74,4%</td>
</tr>
<tr>
<td>ZA</td>
<td>300 741</td>
<td>2 993 044</td>
<td>2 069 039</td>
<td>70,0%</td>
<td>2 548 079</td>
<td>1 529 052</td>
<td>60,0%</td>
<td>459 339</td>
<td>104,3%</td>
<td>1 500 000</td>
<td>734 005</td>
<td>48,9%</td>
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</tbody>
</table>
Outline

• Where are we now?
  • CQUIN Dashboard Results
  • DART Model Mix

• How did we get here?
  • Successes and Challenges in 2019

• 2020 goals and targets
In response to Minister Motsoaledi’s letter to the MECs for Health, dated 18th March 2019, the National Department of Health HIV Cluster launched Operation Phuthuma on 1st April 2019.

Operation Phuthuma is responsible for managing implementation of the 10 Point Plan for Acceleration.

The word Phuthuma means “Hurry”. It conveys the sense of urgency associated with achieving 90-90-90 targets by December 2020.

At the centre of the project is the simple equation:

\[ U = U \]  

(Undetectable = Untransmittable)
10-point plan

Project Plan aligned to 10-point plan for Acceleration towards 6.1m

1. Strengthen **management** (including quality patient centred-care)
2. Strengthen **data** systems; clean up data
3. **Same day** initiation; follow-up first missed appointment
4. Use **unique ID** (HPRN)
5. All trained NIMART nurses (23 000) to **initiate** patients
6. Set performance **targets** for: NIMART nurses; lay counsellors; data clerks; CHWs
7. Strengthen **CCMDD** and increase pick up points
8. Decrease **waiting times** by for example improving the filing system
9. Provide services in extended **working hours**
10. **Accountability** to MECS/HODs and reward facilities that perform against targets
Why Operation Phuthuma?

1. Robust **project management** approach (Timelines, deliverables, accountability)

2. **Co-ordinate efforts** across multiple stakeholders (Internal to DOH and External)

3. **Alignment** of targets and interventions to highest **need**

4. Dedicated **focus** on key interventions in the HIV Treatment Program

5. Facilitate communication and coordination at **all levels** of health system
Operation Phuthuma will be aligning interventions to Ministerial priorities identified up to March 2021.

A common set of interventions will be prioritised across all districts per quarter.

Certain districts (Front-runners) may be required to implement additional interventions in order to reach graduation.

Each facility, district and province will have an implementation plan for these interventions which will be monitored weekly as well as through supportive supervision visits.
What works?

1. Project management approach
   - Concrete deliverables
   - Individual responsibility
   - Action log management

2. Team and meeting/forum structure:
   - Core Task Team – 7:00 call Monday, Wednesday and Friday
   - NDOH Facility Support team – Monday 9:00-11:00
   - Weekly meeting with PLHIV sector – Wednesday 9:30-10:00
   - Project Management Team – Monday and Friday meetings
   - Project Review Meetings – All stakeholders, Thursday 9:00-11:00
   - DSP Telecon – NDOH, PEPFAR with Implementing Partners, Thursday 11:30-12:30
   - Provincial Telecon – NDOH, PEPFAR with Provincial HAST Management, Thursday 14:00-15:00
What works?

3. Review of data
   • Critical review
   • Analysis of what is yielding results
   • Multiple data sources

4. Common goals and objectives
   • Agreed strategies and deliverables

5. Granular target setting and monitoring
   • Targets set for facility for men, women, and children
   • Indicators include full cascade of indicators

6. Stakeholder engagement

7. Communication at every forum, every opportunity, saying the same thing
346 additional pick up points were approved in Siyenza facilities, increasing the number of pick up points from 178 before Siyenza, to 524 by 31 May 2019.
Coverage X Quality = Impact
“Every system is perfectly designed to achieve the outcomes it gets”

- Ascribed to Edwards Deming and Paul Batalden
Forecast: 5.424 mill

Required: 6.151 mill

Private Sector: 307 776

Gap: 419 652

NHLS Triangulation: 274 374 Higher than DHIS
% of HIV+ at different levels of engagement in HIV care

- Undiagnosed
- Diagnosed, never treated
- Interrupting ART
- On ART, unsuppressed
- Virally suppressed

Diagnosed, never treated + Interrupting ART = 22%
On ART, unsuppressed = 14%
Challenge – Loss to Follow up

• Loss to follow-up rates are still higher than acceptable and greater efforts are required to track, trace and return patients to care.

Loss to follow up rates have increased since 2016:
• 12% to 23% after 3mths
• 17% to 30% after 6mths
• 23% to 36% after 12mths
Outline

• Where are we now?
  • CQUIN Dashboard Results
  • DART Model Mix

• How did we get here?
  • Update on CQUIN Action Plan
  • Successes and Challenges

• 2020 goals and targets
Teams and Systems Thinking

“94% of problems in business are systems driven and only 6% are people driven.”

~ W. Edwards Deming

1900 – 1993
### What works?

#### Core interventions that must be implemented in all districts

<table>
<thead>
<tr>
<th>Sub-population</th>
<th>1st 90</th>
<th>2nd 90</th>
<th>3rd 90</th>
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</thead>
<tbody>
<tr>
<td>Children under 5</td>
<td>PMTCT Index testing for pregnant woman</td>
<td>Daily analysis of linkage rates</td>
<td>Decanting to External PUPs and/or adherence clubs</td>
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<tr>
<td></td>
<td>Integration of HIV testing into IMCI</td>
<td>Community ART Initiation through mobile</td>
<td>Active management of VLD and VL Due lists</td>
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<td></td>
<td>Universal testing at 18 mths</td>
<td>Individual targets set for PNs</td>
<td>Appointment systems and pre-retrieval of files</td>
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<tr>
<td>Children 5-14</td>
<td>HIV Testing in SRH</td>
<td><em>Counselling at every visit for the first 6 months</em></td>
<td>Active management of Missed appointment lists</td>
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<tr>
<td>AGYW 15-24</td>
<td>HIV Testing in SRH</td>
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<td>ABYM 15-24</td>
<td>HIV Testing in MMC</td>
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<td></td>
<td>HIV Testing in Correctional Services</td>
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<tr>
<td>Women 25+</td>
<td>HIV Testing in SRH</td>
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<td>Men 25+</td>
<td>Partner testing in pregnant women</td>
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<td>Workplace and Hot spots Campaigns</td>
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<td></td>
<td>HIV Testing in Correctional Services</td>
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<td>All ages</td>
<td>General community outreach campaigns</td>
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<td></td>
<td>Optimised PICT</td>
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<td></td>
<td>HIV Testing for Mental Health clients</td>
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<td></td>
<td>Individual targets for lay counsellors</td>
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<td>CHW Screening and referral for HIV testing</td>
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<td>Cross cutting</td>
<td>Facility review Meetings (HAST SOP) – Clinic Committees</td>
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<td></td>
<td>Facility Improvement Plans</td>
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<td>Supportive Supervision</td>
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<td></td>
<td>Individual daily targets for data capturers</td>
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<td></td>
<td>Data Validation weekly</td>
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<td>Filing systems and file review (including Patient, File and Data flow,</td>
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<td>archiving, QI Blood Results Management, communication plan)</td>
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<td></td>
<td>Weekly Sub-District Nerve Centre</td>
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<td>Weekly District Nerve Centre</td>
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<td>Monthly Provincial Nerve Centre</td>
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<td>Data flow between community and facility interventions</td>
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<td></td>
<td>Prioritisation of activities in high volume facilities</td>
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<td></td>
<td>Linkage with Multi-sectoral AIDS unit (to ensure activations and data are linked to DOH)</td>
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<td>Standardised IEC materials for health promotion</td>
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<td>Provinical, District, Sub-District, Facility champions</td>
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Attaining 90-90-90: Next steps

• 2 districts can reach the 90-90-90 targets by end **December 2019** – Ugu and Umzinyathi.

• 15 districts can reach the 90-90-90 targets by end **March 2020**.

• The remaining **35** districts must be supported to reach the 90-90-90 targets by **December 2020**.

• Once districts reach the 90-90-90 targets the work is not done:
  • 90-90-90 in each sub-population
  • 95-95-95 targets by 2025.
Front-runner Districts

Districts have been categorised into those that can achieve 90-90-90 by December 2019, March 2020, and December 2020.

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>kz Ugu</td>
<td>ec Amathole</td>
<td>mp Gert Sibande</td>
</tr>
<tr>
<td>kz Umzinyathi</td>
<td>fs Lejweleputswa</td>
<td>mp Nkangala</td>
</tr>
<tr>
<td></td>
<td>fs Thabo Mofutsanyane</td>
<td>nc Frances Baard</td>
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<tr>
<td></td>
<td>fs Xhariep</td>
<td>nc John Taolo Gaetsewe</td>
</tr>
<tr>
<td></td>
<td>gp City of Tshwane</td>
<td>nc Namakwa</td>
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<tr>
<td></td>
<td>gp Sedibeng</td>
<td>nc Pixley ka Seme</td>
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<td></td>
<td>kz Amajuba</td>
<td>nc ZFM</td>
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<tr>
<td></td>
<td>kz eThekwini</td>
<td>nw Bojanala Platinum</td>
</tr>
<tr>
<td></td>
<td>kz King Cetshwayo</td>
<td>nw Dr Kenneth Kaunda</td>
</tr>
<tr>
<td></td>
<td>kz uMngungundlovu</td>
<td>nw Dr Ruth Segomotsi Mompati</td>
</tr>
<tr>
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<td>kz Umkhanyakude</td>
<td>nw Ngaka Modiri Molema</td>
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<td></td>
<td>kz Zululand</td>
<td>wc Cape Winelands</td>
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<tr>
<td></td>
<td>mp Ehlanzeni</td>
<td>wc Central Karoo</td>
</tr>
<tr>
<td></td>
<td>wc City of Cape Town</td>
<td>wc Eden</td>
</tr>
<tr>
<td></td>
<td>wc Overberg</td>
<td>wc West Coast</td>
</tr>
</tbody>
</table>
Priorities for Provinces and Districts

Interventions prioritised for August 2019 to Feb 2020:

1. Communication and monitoring of facility level targets
2. Strengthening Provincial, District and Sub District PMRs to effectively manage projects across all provinces.
3. Scaling lessons from Siyenza/prioritised facilities where best practice may be identified, to other facilities within the districts
4. Intensified case finding, linkage and/or retention strategies for Front-runner districts
5. Direct support from NDOH to turnaround districts
6. Facility Quality Improvement plans
7. Patient, file and data flow at facilities specifically focussing on appointment systems, pre-retrieval of files and management of lab results
8. Supportive supervision to facilities
Thank you