

South Africa

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National Department of Health

CQUIN 7th Annual Meeting

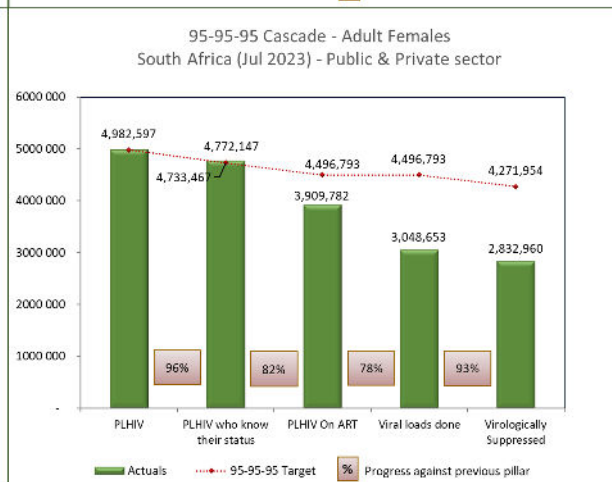
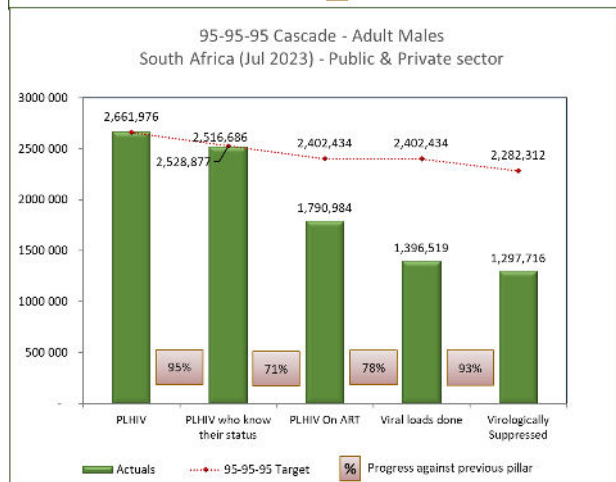
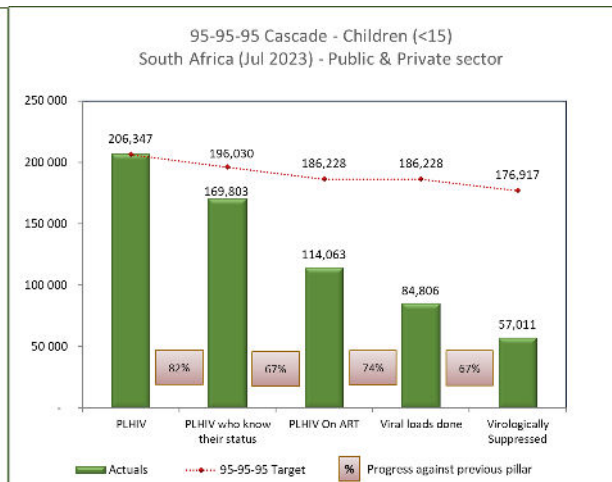
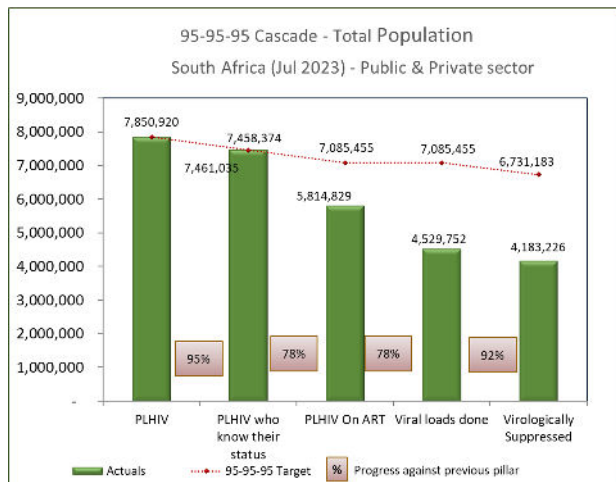
November 13 – 17, 2023 | Johannesburg, South Africa



Outline

- **Where are we now?**
 - Progress towards 95:95:95 targets
 - Treatment capability maturity model self-staging results
 - DART model mix and MMD
 - AHD CMM self-staging results
 - dHTS CMM self-staging results
- **How did we get here?**
 - Country planning and coordination activities
 - Engagement with CQUIN
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 - Integration of HIV and Non-HIV services into DSD
 - Successes and Challenges
- **What's next?**

Progress towards the 95:95:95 targets



Source: National Instance web-DHIS, July 2023
Council for Medical Schemes (CMS) Private Sector data

South Africa is currently at **95-78-92** for the total population nationally, including client serviced through the public & private sectors.

Results for each of the sub-populations vary, with:

- Adult Females at 96-82-93,
- Adult Males at 95-71-93,
- Children (<15) at 82-67-67.

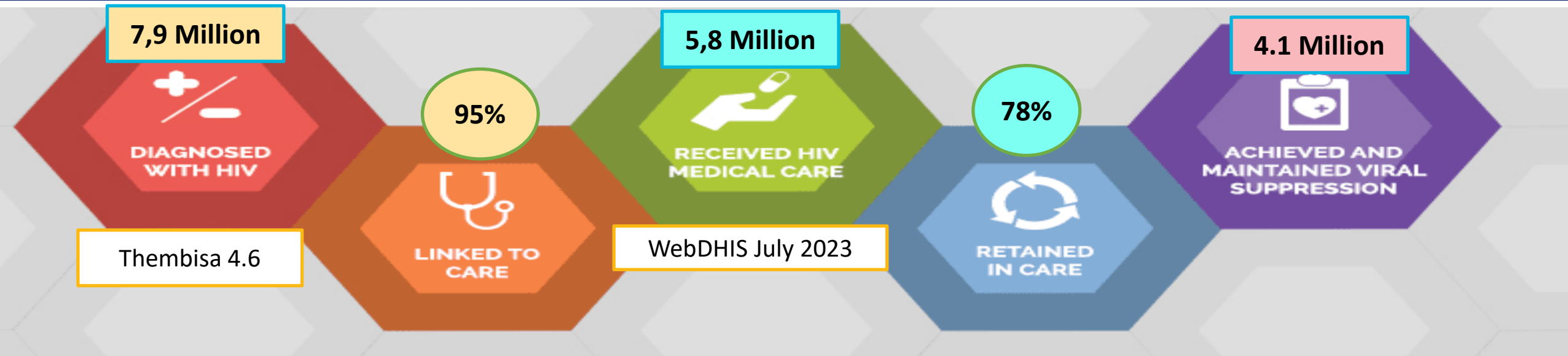
To achieve 95-95-95 targets, South Africa must increase the number of:

- Total Clients on ART by 1,270,627,
- Adult Females on ART by 587,011,
- Adult Males on ART by 611,450,
- Children (<15) on ART by 72,165.

Data available from the private sector (including cash paying clients) indicates total of 380,851 clients receive ART through private medical aid schemes in South Africa:

- Adult Females is 235,266,
- Adult Males is 141,724,
- Children (<15) is 3,861.

South African Retention Gap Widens...



1.2 Million
Treatment Gap

Sub-optimal
Linkage to
Prevention and
Treatment

Sub-optimal
retention of over
35% in the first 12
months

Results in massive
health system
burden



Pressure mounting
to ramp up efforts
and move to scale

CQUIN Treatment Dashboard Results: 2023

		Scale Up Plan		
		Training	Community Eng.	
Policies		Client Coverage	M&E System	
Guidelines		TB/HIV	AHD	
Procurement	Diversity	HTN	Family Planning	Key Populations
Facility Coverage	Coordination	Impact	Quality	MCH

Most mature domains

Least mature domains

- The 2023 DSD/DMOC Treatment dashboard presents **4** most matured domains (**Policies, Guidelines, Procurement, and Facility Coverage**)
- Whilst **2** were the least matured domains (**Key Populations and MCH**)

South Africa's adherence & DSD related guidance

NOW included in the 2023 ART clinical guidelines

WITH detail in visit schedules and the **Differentiated Models of Care SOPs**

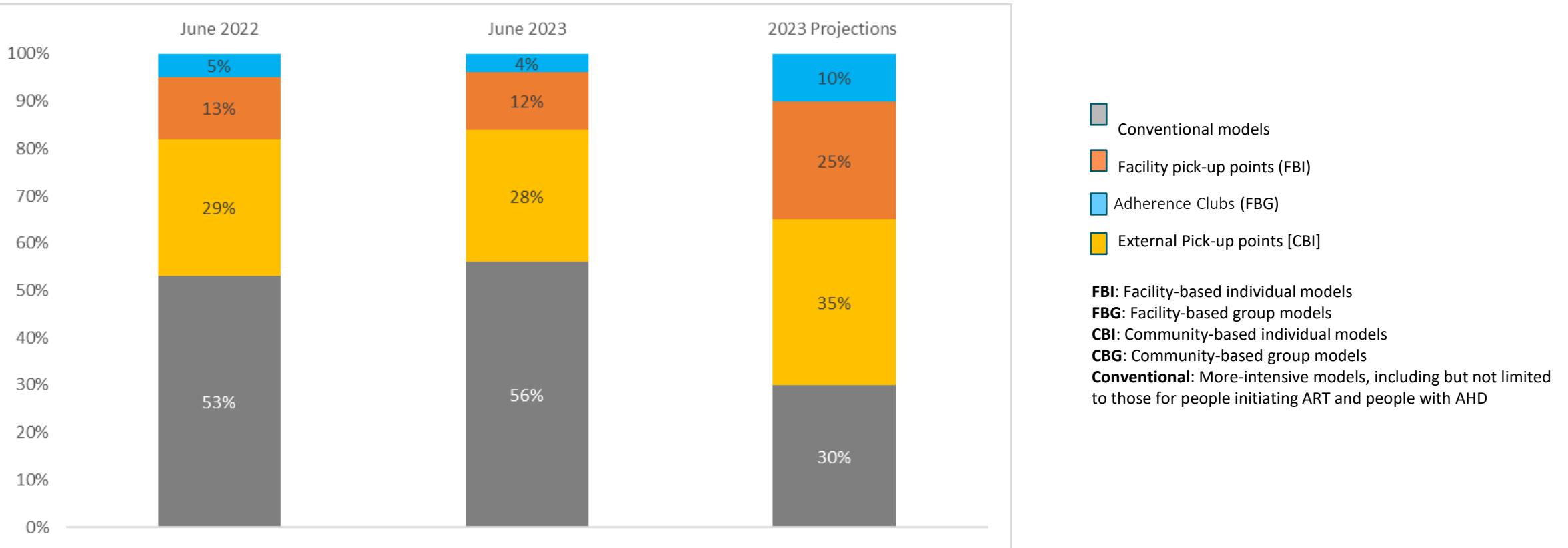
- Whilst the National ART Guidelines are inclusive for all populations, it is not tailored for specific Key Populations (e.g. MSM, SW, TG & PWID)
- Currently, the country does not implement the Less Intensive Model for Pregnant women due to expectations of 8 Basic Antenatal Care (BANC) session

CQUIN Treatment Dashboard Results: Change Over Time

	South Africa	
	2022	2023
Policies	Light Green	Dark Green
Guidelines	Dark Green	Dark Green
Diversity	Light Green	Light Green
Scale-up Plan	Dark Green	Yellow
Coordination	Light Green	Light Green
Community Engagement	Yellow	Orange
Training	Dark Green	Yellow
M&E System	Dark Green	Orange
Facility Coverage	Dark Green	Dark Green
Client Coverage	Yellow	Yellow
Quality	Red	Orange
Impact	Red	Yellow
P&SM	Dark Green	Dark Green
AHD	Yellow	Orange
KP	Red	Red
TB/HIV	Orange	Yellow
MCH	Red	Red
FP	Red	Orange
HTN		Yellow

Domains	Attribution of Change
Policy, Guidelines & SOPs – from Light Green to Dark Green	2023 revised ART and DMOC/DSD Guidelines and SOPs – Actively promote DART models for diverse RoC groups with detailed Guidance
Training – From Dark Green to Yellow	Given the revised guidelines, the DART training curriculum is currently under development
M&E System – From Dark Green to Orange	Given the approval of DMOC/DSD Indicators in the 2023 NIDS, the roll-out only became optimally effective in April 2023
Quality – From Red to Orange	Launching of 100 facilities using nerve center approach and adoption of DMOC Standards
TB/HIV – from Orange to Yellow	TPT Guidelines defined minimum package of TPT for PLHIV
KP, MCH – Remains at Red	<ul style="list-style-type: none"> Whilst the ART and DMOC Guidelines are inclusive to all populations, the package of interventions is not tailored to specific Key Populations (MSM, SW, PWID, TG). Pregnant women currently not eligible for LIM

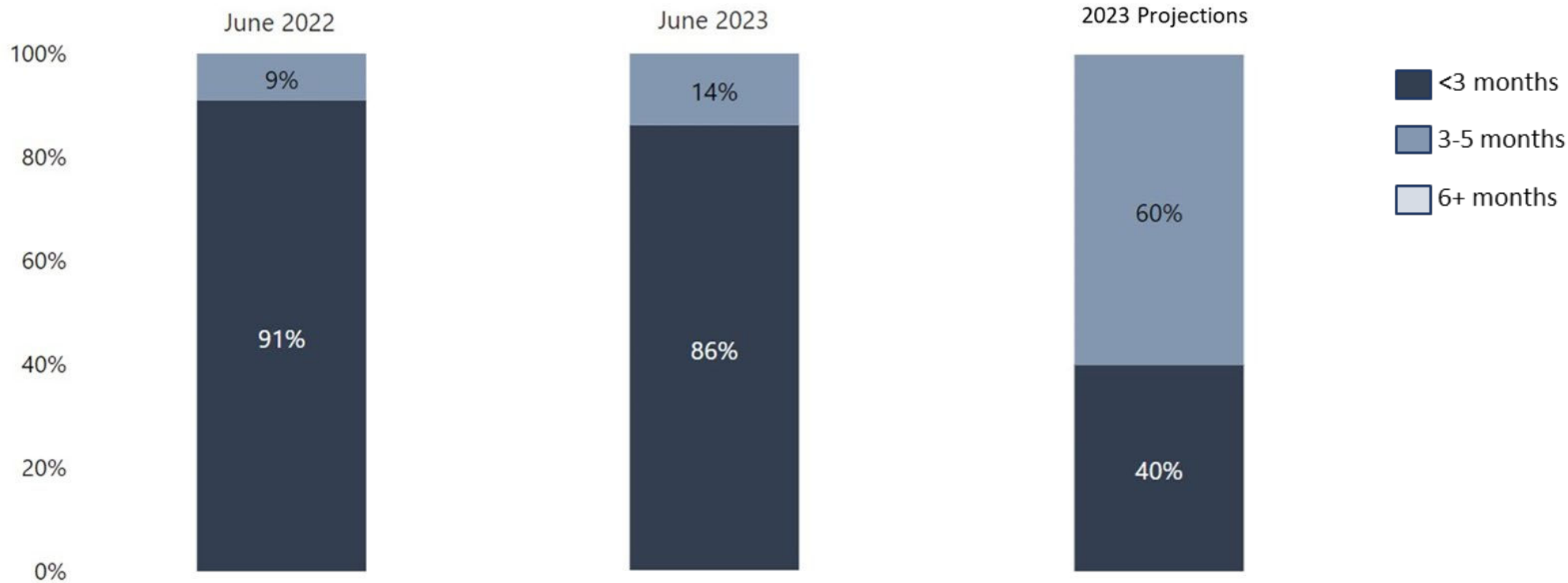
Differentiated Treatment Model Mix



Data Source and Representativity: The source of this data is Tier.net which represents 75% of all recipients of care
Patient Coverage on ART models:

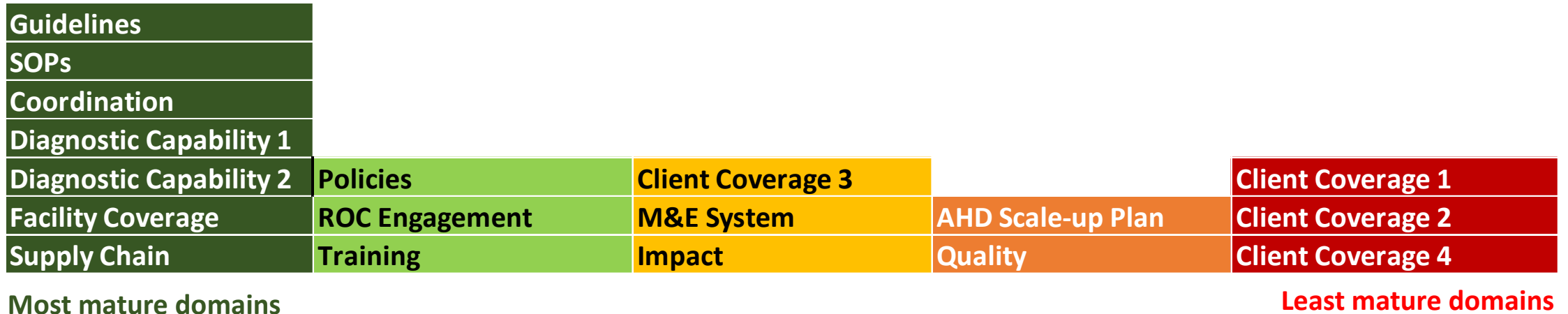
- Overall decrease (1%-3%) across less-intensive DART models (LIM) in June 2023 when compared to June 2022.
- There was an increase of 3% in the proportion of client on the Conventional model. This may be because some facilities recall clients with Low-Level Viremia (LLV) from LIM. The NDOH compiled a Circular to guide health facilities on managing clients with LLV, over and above information in the 2023 ART and DMOC Guidelines.
- The External Pickup point performed 28% against the 35% set target (7% short of the target). Meanwhile, the facility pickup point performed half of the set target. The adherence club was the least preferred model, Hence the performance was lower than the rest of the models.
- Intensifying the implementation of the LIM [in particular facility pick-ups and External Pick-ups] remains a critical consideration.
- However, the gaps in harmonizing M&E systems (Tier.Net & SyNCH-CCMDD), which remain critical to address and inform DSD/ DMOC scale.

Differentiated Treatment: Multi-month Dispensing



- The country has been focused on scaling up the 3MMD. As of the end of Quarter 4, FY2022/2023, the data from The Central Chronic Medicines Dispensing and Distribution (CCMDD) (SynCH) indicates that a total 800,659 clients have received the 3MMD across all the provinces except the Western Cape, which has not yet begun to implement the CCMDD
- 3-5MMD increased by 5% from 2022-2023
- The CCMDD only covers the stable clients for MMD and is based on the availability of client Identity Documents, Passport, or Asylum seeker's ID. There are, however, more clients who have received 3MMD in the facilities that are not tracked. Hence the limitation of the M&E system to provide the full picture, especially from Tier.Net. The current performance may not be providing a full country picture. Efforts are being made to redress this challenge.
- The revised DMOC SOPs have included the MMD SOP. The 6MMD is approved and part of the MMD SOP in the DMOC Guidelines. Whilst the 6MMD is approved, the implementation has not begun. This is because it is dependent on confirmed operational capacity and stock availability within our health facilities.

CQUIN AHD Dashboard Results 2023



- **7 AHD Domains** are the most mature (**Guidelines, SOPs, Coordination, Diagnostic Capability 1 and 2, Facility Coverage, and Supply Chain**) whilst there are 3 least matured Domains (**Client Coverage 1, 2, and 4**, needing urgent attention).
- The least matured are mainly attributed to various data systems used to collect the AHD indicators which are not triangulated. There is a need to recommend the inclusion of AHD indicators in the NIDS 2025.

CQUIN Testing & Linkage Dashboard – 2023

Policy: Strategic Model Mix				
Policy: Linkage				
Financing and Resource Allocation				
SOPs				
Implementation and Scale-Up Plan				
Meaningful CE	dHTS Training			
Coordination	Procurement & Supply Chain Management			
M&E	Linkage to Tx: Timely Linkage			
Population Coverage	EQA/IQC			
Linkage Tx: Confirm/Verification Testing	Proficiency Testing		Policy: Optimizing HIV Testing	Private Sector Engagement/Oversight
Clinical Services	Impact: Knowledge of HIV Status	Impact: Linkage to Treatment	Linkage to Prevention and Other Services	Impact: Linkage to Prevention

- **11 domains for Differentiated HTS are the most mature whilst only 2 i.e. Private Sector Engagement and Impact: Linkage to prevention domains were the least mature.**
- The 2023 HTS Policy promotes status neutral testing, which is central to improving the linkage to the prevention domain; in addition, the dHTS TWG has already invited private sector representatives to the meeting to optimize the engagement domain

Most mature domains

Least mature domains

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Country Level Planning and Coordination

Platform for Planning and Coordinating DSD Activities	How Many Held	Recipient of care organizations represented
Annual Performance Plan FY2024-2025 Strategic Planning Session	1	NDOH, Global Fund, PEPFAR, USAID, CDC, Gates Foundation, WHO & UNICEF.
HIV/AIDS and STI Cluster Meetings	12 – Monthly	None – MOH Internal
DMOC/DSD Quarterly Technical Working Group review meetings	4 – Quarterly	SANAC/PLHIV Sector, Civil Society Organizations, TAC/ Ritshidze (Community Led Monitoring)
Care and Treatment Directorate Review Meetings	12 – Monthly	None – MOH Internal
Operation Phuthuma SI Weekly review Meetings	52 – Weekly	SANAC/PLHIV Sector, Civil Society Organizations, TAC/ Ritshidze (Community Led Monitoring)
COP23/24 Planning Meetings (Planning Retreat & COP Planning)	2	NDOH, PEPFAR (USAID, CDC,)SANAC, Ritshidze/TAC, UNAIDS, Global Fund, Department of Basic Education, Department of Social Development,

Example of South Africa Action Item Funded by Global Fund & CQUIN

Goal 3: South Africa will perform DPR & DART quality assessments at the sampled health facilities in 7 provinces (including KZN DART quality assessments) - 2023 priority activities for Quality Management of DSD

Activity Funded:

- Conduct DPRs in all 9 provinces (including the follow-up DPR in KZN) – CQUIN Funded Mpumalanga and Eastern Cape DPRs data collection and dissemination, whilst Global Funded 6 DPRs

Process Used:

- Formal proposals and requests were sent to both the Global Fund and CQUIN and upon review, the activities were awarded

Engagement with CQUIN

In the past year:

Communities of practice South Africa Joined

- Advanced HIV disease (AHD)
- DSD for key populations
- Differentiated TB/HIV
- Differentiated HIV testing services (HTS)
- DSD Quality Management
- DSD for NCD/HIV Integration
- DSD for MCH

Country-to-country visits

- Conducted Nigeria – South Africa C2C to explore Community ART Model on Feb 19th – 25th 2023

DSD Performance Reviews

- Completed 2 DPRs in Mpumalanga and Eastern Cape provinces and disseminated findings
- Planning in progress for 7 DPRs in the remaining provinces between Oct 2023 to March 2024
- The NDOH received the confirmation of DPR funding from the Global Fund, whilst the CQUIN team will continue to provide the technical assistance

Engagement with CQUIN

In the past year:

Participation in any CQUIN-supported quality assessment exercises

- South Africa launched the 100 Facilities Prioritization initiative in May 2023 using the Nerve Center Approach (Differentiated Quality Management) focusing on 2nd and 3rd 95

Did the country use any resources or tools from other CQUIN network countries?

- CQUIN DART Quality assessments toolkit to align South Africa DPR tools & Operation Phuthuma Tools

Other DSD-related activities supported by CQUIN

- 2 X DPRs data collection and dissemination in Mpumalanga and Eastern Cape provinces
- Capability Maturity Model self-staging for dHTS, DSD Treatment, and AHD (Conference in January 2023 & July 18-19, 2023)
- Nigeria 19-25 Feb 2023– South Africa Country-to-Country Visit
- MOH Strategic meeting in Tanzania, Feb 6-8 2023
- dHTS meeting in Kenya, March 13-16 2023

Engagement with CQUIN

In the past year:

Key lessons learned and impact on country DSD implementation plans

- South Africa's adherence & DSD related guidance is **NOW** included in the 2023 ART clinical guidelines **WITH** detail in visit schedules and the Differentiated Models of Care SOPs
- **Improved insight into DSD performance** and creation of measures to close gaps on missed opportunities through DPRs to inform DSD scale-up
- **Roadmap for 100% DPRs for the Country.** An opportunity for National Representative Data on DPR contribution to DSD/DMOC Scale-up
- **1st dHTS Capability Maturity Model Self-staging conducted** and creating an opportunity for optimizing Status Neutral Approach.
- **Joint DSD Treatment and AHD Capability Maturity Model Self-staging conducted**
- **MMD SOP developed in the DMOC 2023 Guidelines - Moving to scale-up of 3-MMD.**
- **Increased capacity of Health Care Providers on DSD/DMOC**
- **DSD Research agenda for South Africa developed** by MOH, Operation Phuthuma, PEPFAR, IAS, HE2RO/AMBIT and ICAP/CQUIN – Continued engagement on implementation science

Update on CQUIN Action Plan from the 6th Annual Meeting (2022)

Activities that have been successfully completed include:

- Revised ART and DMOC Guidelines
- ART and DMOC training of Master trainers for all provinces in June 2023
- 2 X DPRs conducted in Mpumalanga and Eastern Cape Provinces Province (April & May 2023 – Data collection) - Dissemination of results in June and July 2023)
- DMOC indicators inclusion in the NIDS-approved and roll-out began in April 2023

Update on CQUIN Action Plan from the 6th Annual Meeting (2022)

Activities that are still underway include:

- Adapt DSD quality standards to the South African context (OP QI Nerve Centre platform, PHC National Core Standards, AGL & ART Guidelines)
- DPRs in 7 provinces (KZN, NW, GP, LP, FS, NC and WC provinces)
- 100 Facilities Prioritization project (Operation Phuthuma Quality Improvement Nerve Centre Approach)
- Begun integrated process with AMBIT project to include the qualitative component on DPRs
- DSD Research collaboration efforts between NDOH and AMBIT 2.0
- Conduct DSD Training for the PLHIV Sector / Recipient of Care (RoC) to strengthen meaningful engagement
- Optimizing routine modeling to determine the extent of DSD scale-up for the Less Intensive Model (LIM)
- Proposal for inclusion of AHD indicators in the 2025 NIDS
- Priority activities to improve differentiated services for Key Population (MSM, Sex Workers, PWID, Transgender People)
- Optimize the Integration of NCDs services into less-intensive models
- On-going improvement and addressing gaps in Differentiated Re-engagement
- Building a sustainable Case Management approach to improve linkage to care
- Optimizing Treatment Literacy and revising the treatment literacy material to align with revised guidelines.
- Revising the Welcome Back Campaign Strategy -

Activities that were dropped:

- Priority activities to improve differentiated services for Key Population (MSM, Sex Workers, PWID, Transgender People) were streamlined and not tailored according to specific Key Population sub-groups.

Were any activities added to the action plan midyear?

After the MOH strategic planning meeting in February 2023?

- Enhance engagement with the Global Fund, PEPFAR COP23 processes to optimize joint planning, resource mobilization, implementation and monitoring and evaluation of the DSD program

After the dHTS meeting in March 2023?

- Adapt a status-neutral approach to optimize dHTS services in South Africa
- Strengthening private sector partnerships for HIV testing
- Targeting the aging population through NCD's entry points

After a country-to-country visit?

- Integration of HIV and Non-Communicable Diseases in the Community Pharmacy ART (CPART)
- Optimize implementation of EMR to improve the interoperability of DSD performance
- Strengthen the meaningful engagement of RoC in policy development, planning, Implementation, and monitoring

After a DPR dissemination meeting?

- Additional DPR in the remaining provinces
- Optimizing record management
- Scale up the Decanting of clients established on ART to Less Intensive Models and increase the transition from 2MMD to 3MMD
- Scale up pDTG transition

Integration of HIV and Non-HIV services into DSD

What integration policy(ies) did you adopt this year or working on?

- 2023 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates
- 2023 Differentiated Model of Care (DMOC/DSD) Standard Operating Procedures
- 2034 Vertical Transmission Prevention Guidelines

What activities are being implemented to scale up integration of FP and NCDs into DSD models?

- Dispensing and distribution of treatment for both FP and NCDs and ART through CCMDD.
- Availability of data for ART only clients, ART+NCD or ART+FP or NCD only clients.
- Several meetings held to leverage Integration of FP into DSD.
- FP piloting the digital SRH self care, using the existing CCMDD and DMOC platforms

What are the major barriers in the country against scale up of integrated services?

- Integrated M&E Systems remains a barrier.
- There is still a need for effective NCD M&E system.

DSD Implementation Successes in 2023

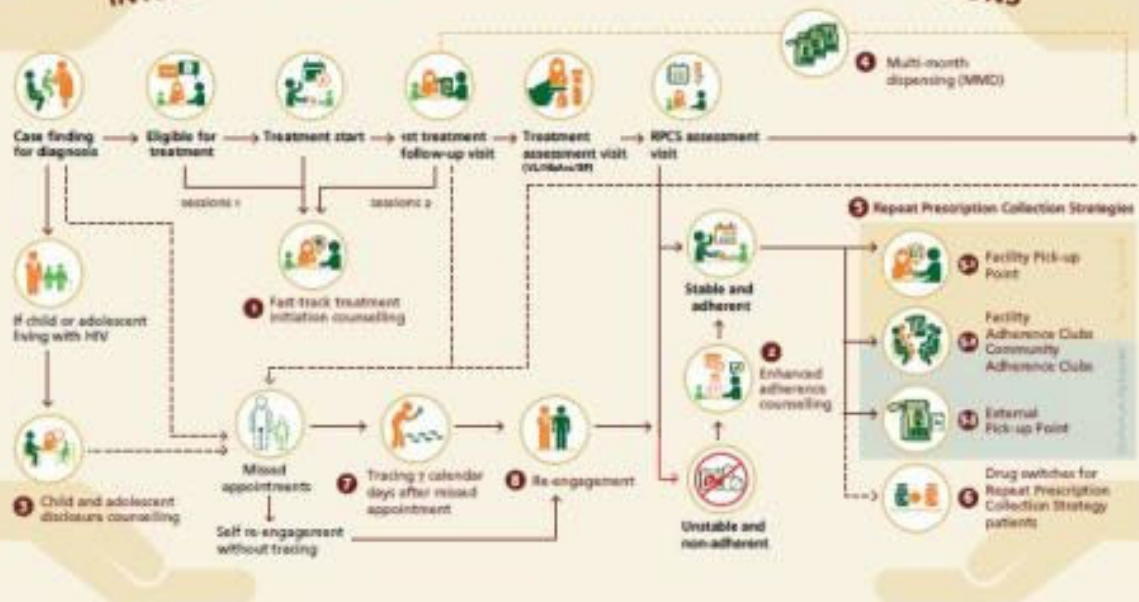
- 2 DPRs conducted in Mpumalanga and Eastern Cape provinces
- ART and DMOC Guidelines revised and endorsed in 2023 – **Assuming notable changes**
- Improved DSD Meaningful Engagement and involvement in planning and coordination
- Some ongoing issues re: engagement of recipients of care (*e.g.*, optimal representatives) and assumption of Greater Involvement of People Living with HIV (GIPA) principles
- The country brought key strengths to the network by its significant contributions:
 - As an early adopter/champion of less-intensive DART models
 - **dHTS Capability Maturity Model self-staging assessment and adoption of status-neutral approach**
 - **Joint Capability Maturity Model self-staging assessments for DSD Treatment and AHD**
 - Strong AHD performance
 - **Integrating AHD within its second round of DPRs to optimize the More Intensive DART model**
 - Interest in integrated HIV/NCD services include FP integration - clients at RPCs receive oral FP
 - Innovations (decentralized drug distribution, mHealth, and more)
 - **Building capacity on DSD to improve patient and facility coverage**
 - Fully implementing the re-engagement and Welcome back Campaign **Strategies and Policies**



DIFFERENTIATED MODELS OF CARE STANDARD OPERATING PROCEDURES

MINIMUM DIFFERENTIATED MODELS OF CARE PACKAGE TO SUPPORT LINKAGE TO CARE, ADHERENCE AND RETENTION IN CARE

INTEGRATED CARE OF PEOPLE LIVING WITH CHRONIC CONDITIONS



This revision to the DMOC SOPs makes the following important changes:

1. **Enables a reduction in health facility visits** in the first year on treatment to support continued engagement in care.
2. **Shifts the first treatment assessment** (clinical + VL/ BP/HbA1c) from 6 to 3 months from the start of treatment (*from after 6 to after 3 consecutive dispensing cycles*).
3. **Shifts the review of the first assessment** results from 7 to 4 months from the start of treatment (*from after 7 to after 4 consecutive dispensing cycles*).
4. **Facilitates earlier identification** of patients requiring adherence support for action.
5. **Removes time on treatment RPCs eligibility criteria**, enabling access as soon as the treatment assessment result/s are reviewed as normal and other eligibility criteria are met (from 4 months after the start of treatment).
6. **Prioritizes a reduction in total visits once enrolled in RPCs** with a maximum of 2 visits (1 facility +1 RPCs) per scripting cycle.
7. **Guides multi-month dispensing** (MMD) by the facility, including 6MMD once operational capacity and stock availability is confirmed.
8. **Revises** the differentiated approach to **patient management on re-engagement**.

Challenges in DSD Implementation

- Case Finding Trend Remains Stable and moving on a downward trajectory ranging on average of 3% Yield.
- The highest volume of interruptions among PLHIV on ART between 6 – 12 months respectively



Retention remains the main barrier to program growth especially in the first 6 - 12 months



Massive health system burden
high number of people living with HIV and people at risk of acquiring HIV requiring ongoing **HIV treatment and prevention services**

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South Africa Priority Areas 2024

What are the *most important* DSD-related goals and/or targets in your country's plans for 2024?

- Priority activities to improve Differentiated HIV Testing Services (dHTS) and address the 1st 95% gap – increased Case finding
- Priority activities to improve Differentiated Linkage to Prevention, Treatment & Care and address the 2nd 95% - Optimized ART Initiation and Adherence
- Priority activities to improve/address gaps in Differentiated Retention
- Priority activities to improve Differentiated Re-engagement and address 3rd 95%
- Adaptation of Quality standards and assessment tool for DSD

Least mature domains for AHD, DSD Treatment and dHTS and Linkage

- Need immediate improvement

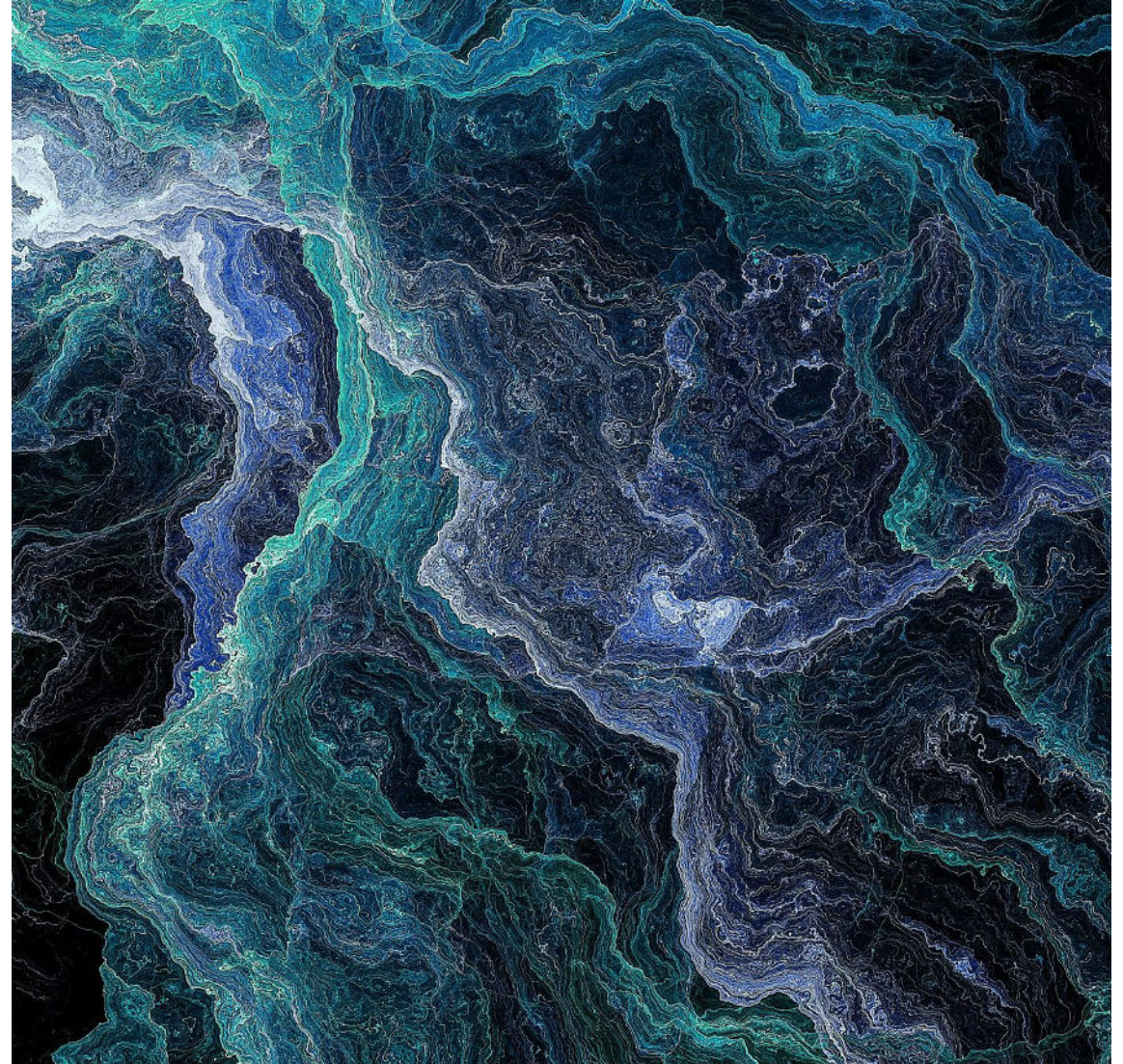
AHD	Client Coverage 1
AHD Scale-up Plan	Client Coverage 2
Quality	Client Coverage 4

Community M&E System AHD Family Planning Quality	DART Key Populations MCH
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dHTS and Linkage	
Policy: Optimizing HIV Testing	Private Sector Engagement/Oversight
Linkage to Prevention and Other Services	Impact: Linkage to Prevention

What do you want to learn from other countries in the CQUIN network in the coming year?

- Electronic Medical Records (EMR) / Unique ID (UID)
- DSD for Migration
- DSD for Key population - Package of Interventions
- Integrating the DSD models to assess the cost-utility, efficiency, and effectiveness.
- DSD for pregnant women and their babies and FP integration in DPRs.
- Integrated DSD models for HIV, TB (TPT included), STIs, and family planning, including integration of NCDs in DPRs
- Supply chain strategies and evidence-based interventions implemented to support the rollout of 6MMD



Acknowledgements



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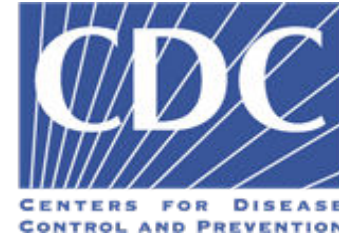
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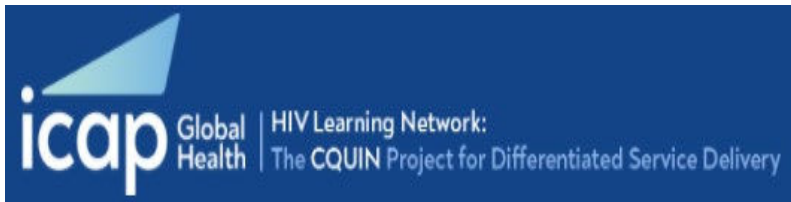
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Thank you!

