



Bridging the Gap in Key Populations Funding

Dr Roger Phili

Executive Manager: Operations, SANAC TRUST



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Outline

- **Background**
- **Funding projections for the HIV response in South Africa**
- **Gaps and Risks**
- **Core program Areas**
- **Conclusion**



Background and case for prioritization of KP/VP program funding-1

- SA is experiencing a funding conundrum regarding HIV and TB services generally
- Reduction in Government funding and dwindling Donor funds
 - Domestic resource allocations uncoordinated
 - National AIDS spending assessment shows most KP programmes at risk
- Hence need for Sustainability planning to maintain momentum towards achievement of Agenda 2023 and maintaining the response thereafter

HIV Investment Case

- Conducted to improve allocative efficiency of the available resources
- Identifies the optimal mix of interventions against HIV, based on their cost effectiveness, both under the current budget and under an optimal budget

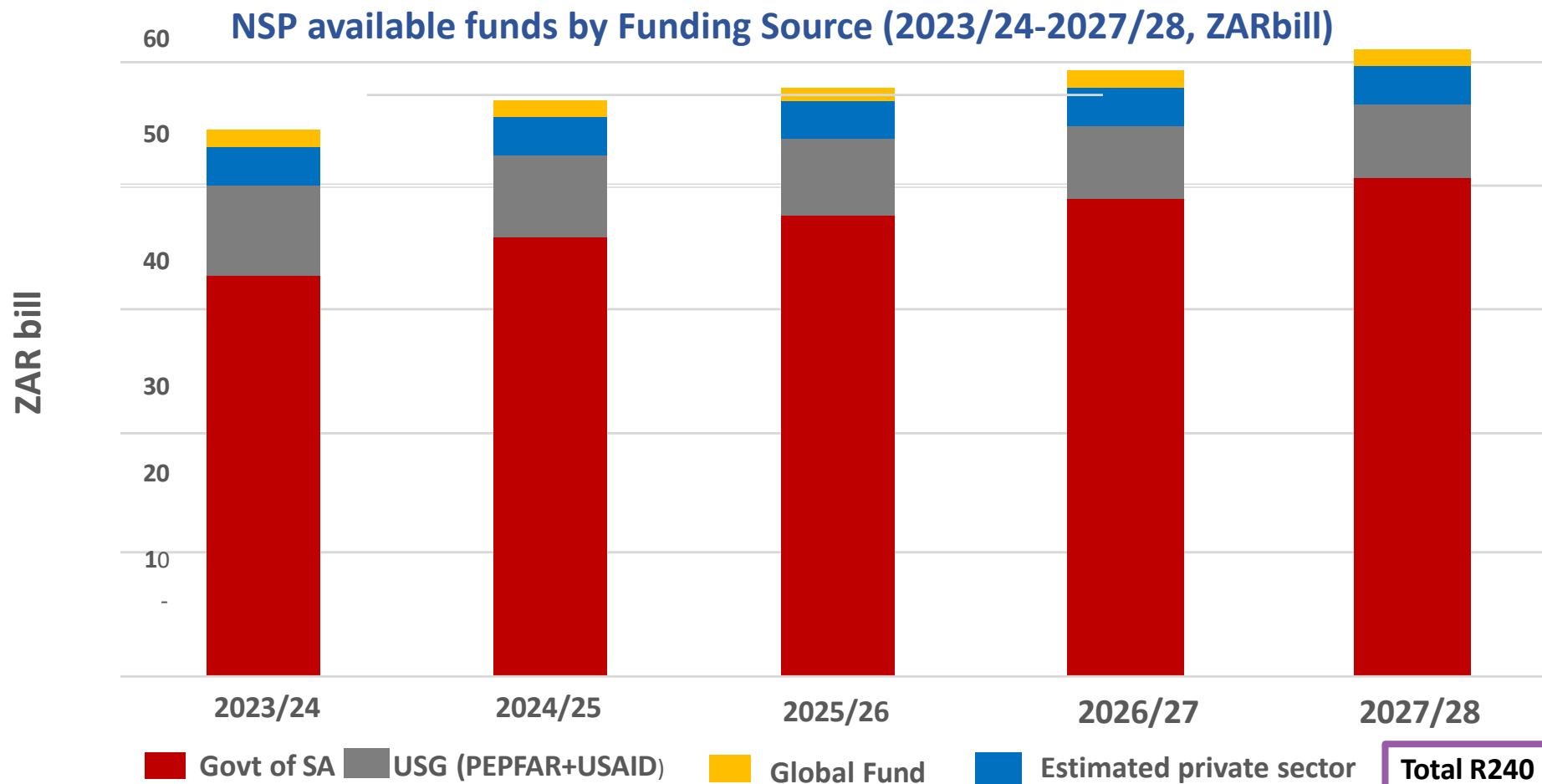
Background and case for prioritization of KP/VP program funding-2

- Funding should prioritize the most cost-effective interventions such as PrEP, esp. for MSM due to cost-effectiveness
- Funding should support widespread and targeted HIV testing to ensure early diagnosis and linkage to care, particularly for vulnerable populations
 - HTS for adolescents are also identified as cost-effective intervention

Other cost-effective areas of funding highlighted

- Comprehensive condom programming to ensure high availability and use among key and vulnerable populations
- Retention in ART particularly for vulnerable populations who may face barriers to continuous treatment
- Optimization of HIV Self-Testing package including secondary distribution to partners of index cases and distribution in HTA is cost-effective strategy

Total projected funding available for HIV, TB and STIs in South Africa (2023/24-2027/28, ZARBN)-1



Sources: Estimates of National Expenditure 2022, National Treasury and estimated 4.48% inflationary growth for 2025/26 to 2027/28 . PEPFAR: COP22 direct investment for USG FY23 (matched to SAG FY23/24) and assumed to decline by 20% over the following four year period. GF: final approved budget for current grant (2022/23-2024/25) and based on their allocation letter amounts for the next funding cycle, plus 50% of potential catalytic funding. Private sector: estimated spending on private ART patients (as per Thembisa Optimise).

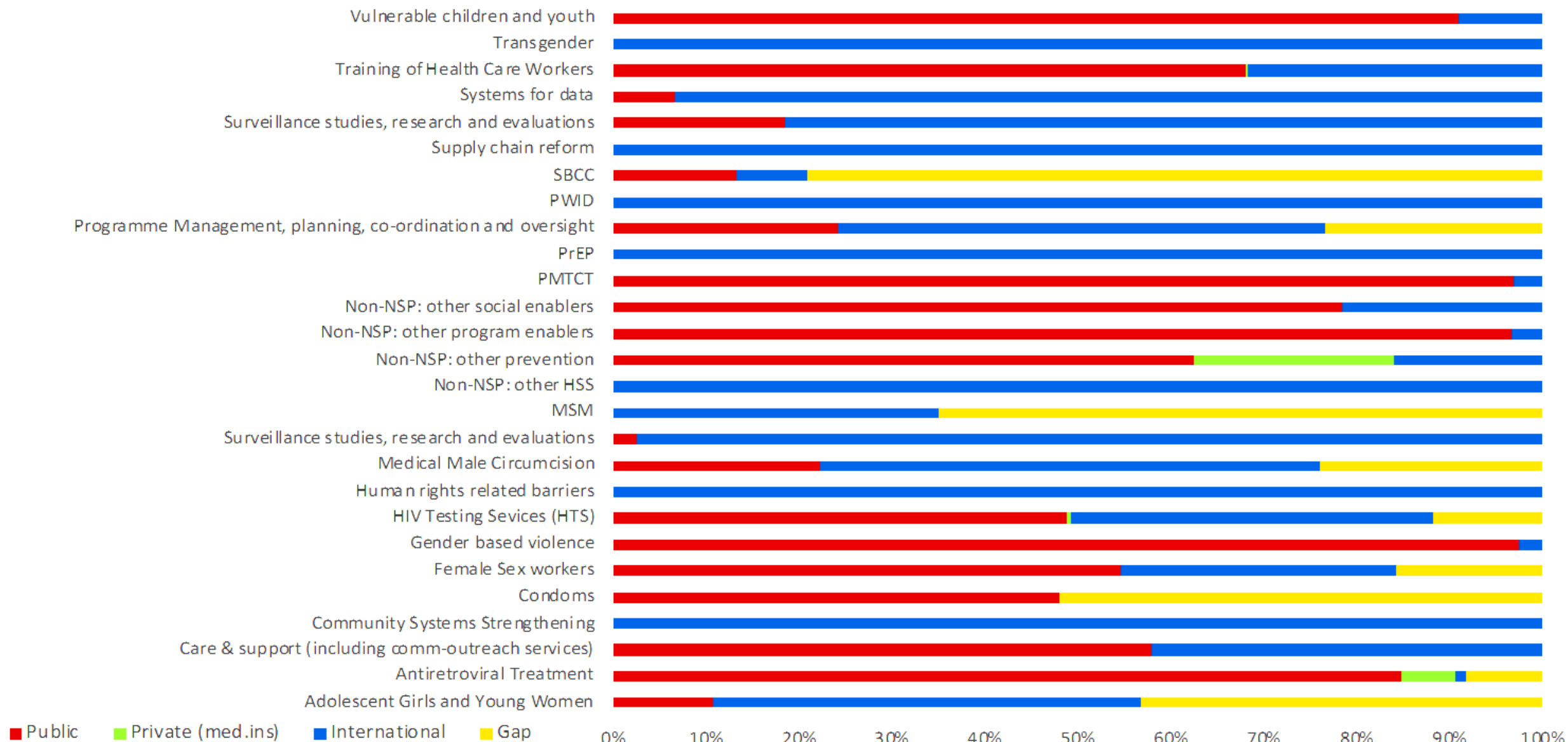
Total projected funding available for HIV, TB and STIs in South Africa (2023/24-2027/28, ZARBN)-2

Source of Funds (ZAR billion)	2023/24	2024/25	2025/26	2026/27	2027/28	% share over period
Govt of SA	33.23	36.45	38.05	39.73	41.48	77.7%
USG (PEPFAR+USAID)	7.45	6.59	6.27	5.95	5.95	13.2%
Global Fund	3.10	3.16	3.09	3.09	3.09	6.4%
Estimated private sector	1.24	1.24	1.29	1.35	1.41	2.7%
Total Available NSP Funds (ZAR bill)	45.02	47.44	48.71	50.13	51.93	100%

Sources: Estimates of National Expenditure 2022, National Treasury and estimated 4.48% inflationary growth for 2025/26 to 2027/28 . PEPFAR: COP22 direct investment for USG FY23 (matched to SAG FY23/24) and assumed to decline by 20% over the following four year period. GF: final approved budget for current grant (2022/23-2024/25) and based on their allocation letter amounts for the next funding cycle, plus 50% of potential catalytic funding. Private sector: estimated spending on private ART patients (as per Thembisa Optimise).

Financing for HIV and NSP interventions by financing entity

Financing entities of NSP HIV interventions (2019/20, %)



Gaps and risks-1

GAPS

- Scaling up HIV treatment and care to achieve 95-95-95 targets, which will require significant ART retention initiative
- Scaling up diagnostic testing for STIs for pregnant women and symptomatic clients with VDS and MUS
- Scaling up community-based HIV/SRH services to learners and out of school youth
- Scaling of community-led service delivery, monitoring and advocacy
- Strengthening governance and multi-sectoral co-ordination and management, including civil society
- Scaling up coverage of evidence-based social enablers, including economic strengthening and human rights related activities

Gaps and risks-2

RISKS

- High dependence on development partners for: ART care and support (supervision, quality and support)
 - VMMC
 - Key populations
 - AGYW programmes
 - Human rights and stigma
 - HSS: Information systems (data systems)
- Insufficient domestic investment in community-led service providers and community mobilization
- Inefficiencies from delivering vertical programmes for HIV and TB

Overview of GC7 HIV & TB modules and interventions

Prevention:

7 modules by pop. (5KPs + OVP + AGYW & Male sexual partners)

+ 1 module "Prevention program stewardship"



List of repeated priority interventions distributed by modules (by pop.)

- Condom and lubricant programming
- PrEP programming
- HIV prevention communication: information and demand creation
- SRH services, including STIs, HBV, post-violence care
- Community empowerment
- Removing human rights-related barriers to prevention
- Prisoners only: Harm reduction as a stand-alone intervention

- Needle and Syringe programs, incl. HBV and HCV
- OST and other medically assisted drug dependence treatment
- Overdose prevention and management

Specific to PUD (injecting and non-injecting)

- Social protection interventions
- CSE for AGYW and ABYM
- VMMC

Specific to AGYW & MSP in high incidence settings

Differentiated HIV Testing Services

One testing module that includes a combination of service delivery modalities and programs, namely

- Facility testing
- Community testing
- Self-testing

...In programs targeting

- KPs programs (not disaggregated)
- AGYW programs
- Non KPs/Non AGYW programs

* EID and ANC captured under Elimination of vertical transmission module

Elimination of vertical transmission of HIV, syphilis and hepatitis B (Former PMTCT)



- Testing of pregnant women for HIV, HBV, syphilis* (ART and COIM treatment under treatment module)
- HIV prevention among HIV negative pregnant and breastfeeding women
- Post-natal infant prophylaxis
- EID and follow-up HIV testing for exposed infants
- Retention support to pregnant and breastfeeding women (facility and community)

Treatment, care and support

- HIV treatment and differentiated service delivery - Adults (15 and above)
- HIV treatment and differentiated service delivery - Children (under 15)
- Treatment monitoring - Drug resistance
- Treatment monitoring - Viral load and ARV toxicity
- Integrated management of common co-infections co-morbidities (adults and children)
- Diagnosis and management of advanced disease (adults and children)



Reducing Human Rights related barriers to HIV/TB services


- Community mobilization and advocacy for human rights
- Increasing access to justice
- Ensuring nondiscriminatory provision of health care
- Improving laws, regulations and policies relating to HIV and HIV/TB
- Legal literacy
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Ensuring rights-based law enforcement practices
- Eliminating stigma and discrimination in all settings

TB/HIV

- TB/HIV collaborative activities
- Screening, testing and diagnosis
- Treatment
- Prevention
- Community TB/HIV care delivery
- TB Key populations

Cross-cutting Modules (i.e. RSSH, Program Management)

Ensuring sufficient resources KP/PP, including children, and AGYW

Initiative & Program Controls	COP 23	COP 23 Y2	% Change
Total	456,638,372	439,537,828	- 4%
Core Program	315,614,894	306,610,361	-3%
VMMC	35,560,800	30,026,354	-15%
OVC (Non-DREAMS)	18,415,168	21,124,716	15%
DREAMS 	79,865,010	77,556,397	-3%
Community Led Monitoring	3,500,000	3,500,000	0%
LIFT UP Equity Initiative	3,000,000	N/A	N/A
KP Survey	682,500	720,000	5%

Earmark	COP 23	COP 23 Y2	% Change
C&T	240,267,869	231,876,314	-3%
OVC	88,271,266	85,665,836	-3%
GBV	15,252,429	15,531,188	2%
Water	2,259,072	2,259,072	0%

Targeted Beneficiaries	COP 23	COP 23 Y2	% Change
Key Populations	29,701,197	28,904,216	-3%
Children	15,491,818	18,622,073	20%

- Core Program includes all other activities not listed here as initiative and program controls
- TB HIV funding \$17,396,601 is included in Core Program
- Increased Paeds budget will cover extension of services to the communities, case management, family centered models, and monitoring of pDTG transition.

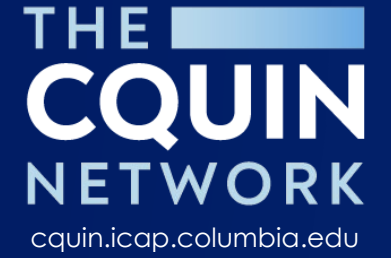
Conclusion

- Ensuring adequate funding for HIV and TB key and priority populations remains a cornerstone for achievement of the 2030 goals for SA
- Whilst there is significant Government funding, gaps remain in HSS and programmes for Adolescent and Young People, despite being cost effective and impactful
- Integration of services, civil society involvement and inclusive management practices are required to optimise the use of existing resources
- A KP focussed resource mobilisation strategy is required to also ensure domestic resourcing for key and vulnerable populations

End...

“The People’s NSP”

Towards eliminating HIV, TB and STIs as public health threats



Thank You!

