

South Africa Progress Updates

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Presentation Outline

- **Where are we now?**

- Progress towards 95:95:95 targets
- Treatment: capability maturity model (CMM) self-staging results
- DART model mix and MMD
- AHD: CMM self-staging results
- dHTS: CMM self-staging results

- **How did we get here?**

- Stakeholder coordination and prioritization processes
- Engagement with CQUIN
- Update on Country Action Plans
- Update on Integrating Non-HIV and HIV Services
- Program sustainability efforts and opportunities
- Successes and Challenges
- **2025 Priorities**

Outline

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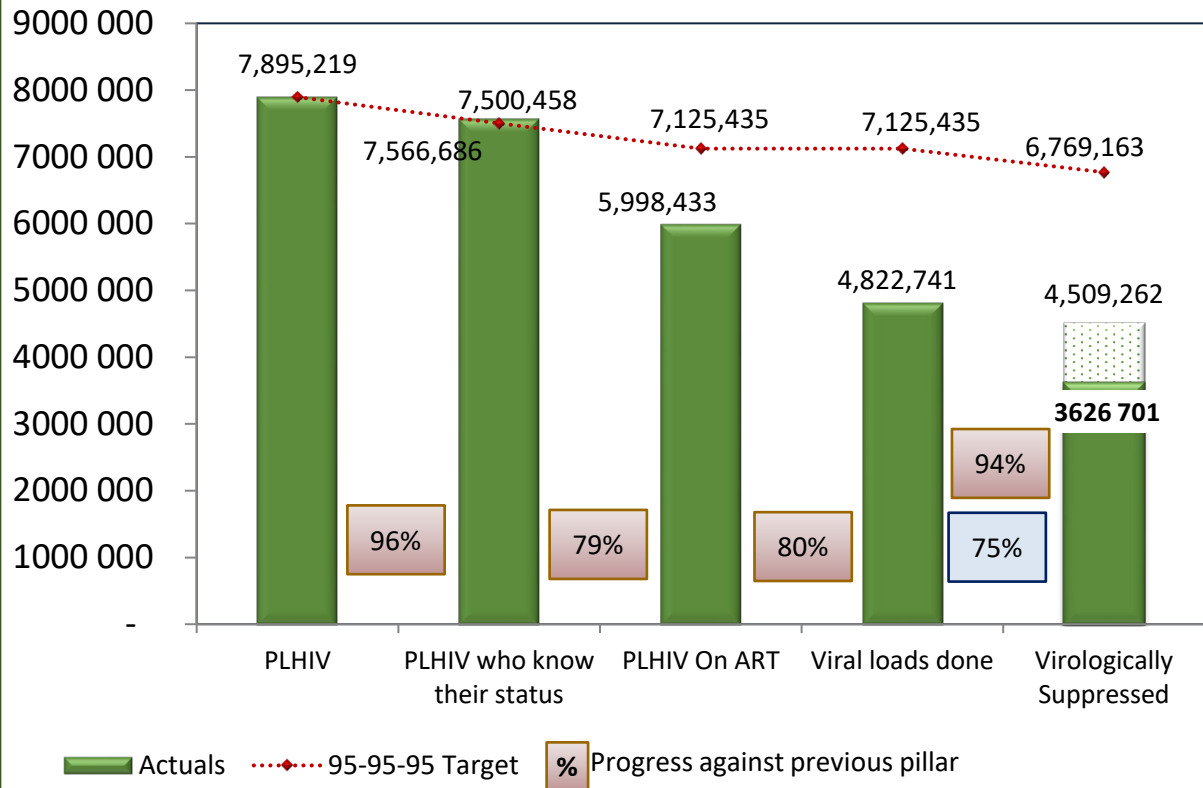
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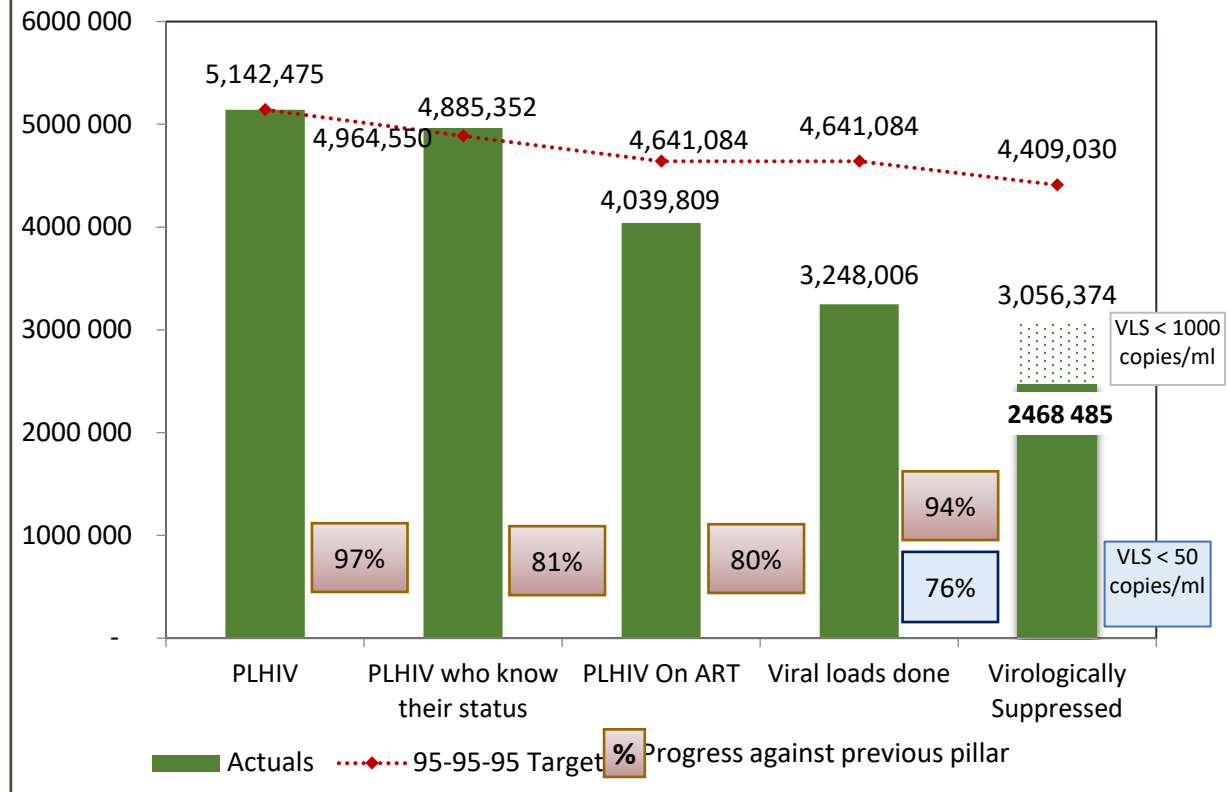
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Progress Towards the 95:95:95 Targets (1)

95-95-95 Cascade - Total Population
South Africa (Sep 2024) - Public & Private sector



95-95-95 Cascade - Adult Females
South Africa (Sep 2024) - Public & Private sector

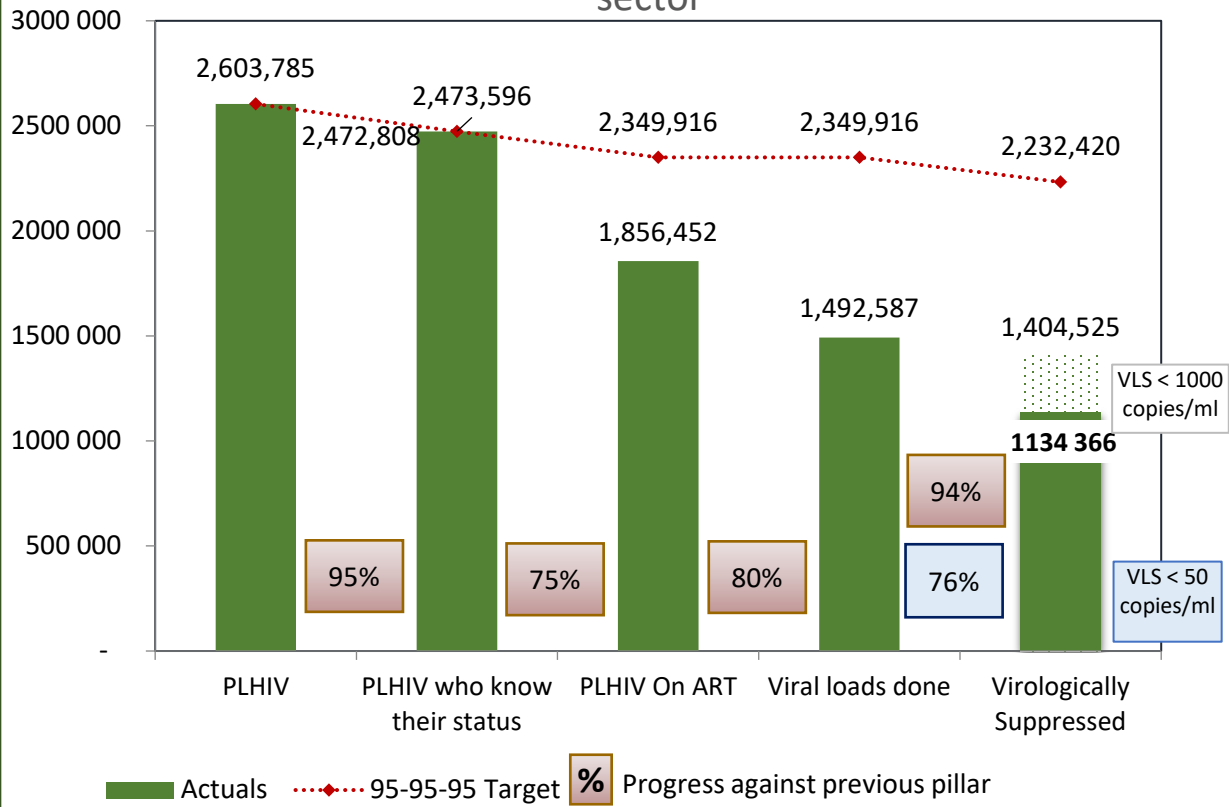


- South Africa is at 96-79-94 SA is of the total population (Public and Private Sector)
- Adult Females at 97 – 81 – 94 (NaomiDec23_TIERJun24_DHISSept24)

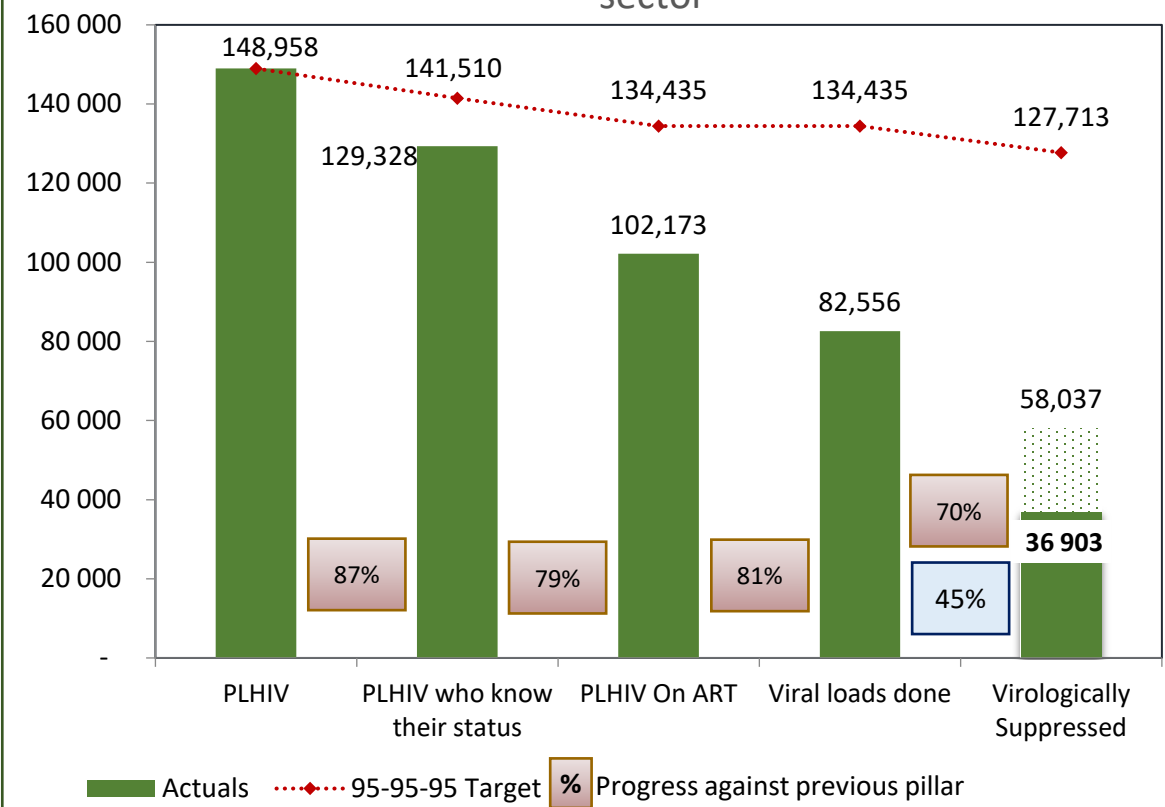
- Gap to Gap to 95-95-95 targets: South Africa must increase the following:
- ✓ Total Clients on ART by 1,127,001,
 - ✓ Adult Females on ART by 601,276,
- Based on eligibility criteria of VL <50 copies/ml, clients eligible for DMOC (DSD Models) include:
- ✓ Total Clients by 3,626,701,
 - ✓ Adult Females 2,468,485,

Progress Towards the 95:95:95 Targets (2)

95-95-95 Cascade - Adult Males
South Africa (Sep 2024) - Public & Private sector



95-95-95 Cascade - Children (<15)
South Africa (Sep 2024) - Public & Private sector



- **Adult Males at 95-75-94**
 - **Children (<15) at 87-79-70**
- (NaomiDec23_TIERJun24_DHISSept24)

- Gap to Gap to 95-95-95 targets: South Africa must increase the following:**
- ✓ Adult Males on ART by 493,464
 - ✓ Children (<15) on ART by 32,261
- Based on eligibility criteria of Viral Load under 50 copies/ml, clients eligible for DMOC (DSD Models) include:**
- ✓ Adult Males 1,134,366,
 - ✓ Children 36,903

South Africa Treatment CMM Results: 2024

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

Most mature

Least mature

- South Africa will strive to sustain the most mature domains (Policies, Guidelines, Coordination, Training, Procurement and Facility Coverage)
- The country's plans are underway to have the light green to become the most mature domains (Diversity, Scale-up Plan, Client Coverage and Impact).
 - Plans include strengthening and monitoring the DSD/DMOC scale up plan as well as capacitating the health care providers in implementation of the DSD/DMOC Guidelines
 - Developing Treatment Literacy toolkit which will include tailor-made interventions for sub-populations
 - Scale-up of the DPRs at sub-national level
- A more targeted approach is needed for the least mature domains (Community, M&E Systems, Family Planning, Quality, Key Populations, MCH and AHD) - there are plans to include an AHD standalone module in the ART consolidated guidelines

South Africa Treatment CMM Results: Change Over Time

Domains	2022	2023	2024
Policies	Light Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green
Diversity	Light Green	Light Green	Light Green
Scale Up Plan	Dark Green	Yellow	Light Green
Coordination	Light Green	Light Green	Dark Green
Community	Yellow	Orange	Orange
Training	Dark Green	Yellow	Dark Green
M&E System	Dark Green	Orange	Orange
Procurement	Dark Green	Dark Green	Dark Green
Facility Coverage	Dark Green	Dark Green	Dark Green
Client Coverage	Yellow	Yellow	Light Green
AHD	Yellow	Orange	Red
Key Populations	Red	Red	Red
TB/HIV	Orange	Yellow	Yellow
MCH	Red	Red	Red
NCD/HIV	Grey	Yellow	Red
Family Planning	Red	Orange	Orange
Quality	Red	Orange	Orange
Impact	Red	Yellow	Light Green

Positive Shift (Improvement in maturity)

1. Client Coverage: Moved from **Orange** to **Light Green**

Rationale: The country continues to scale up enrollment of recipients of care (RoC) into DSD models. 54% of Total Remaining on ART (TROA) enrolled into DSD Models

2. Impact: From **Yellow** to **Light Green**

Rationale: The country conducted the DSD Performance Reviews (DPRs) in all the 9 provinces, Provincial Dissemination Workshops and National Dissemination Workshop convened.

Negative shift (Regression in maturity)

1. AHD: From Yellow to **Red**

Rationale: The previous ART guidelines included an AHD package, however the current revisions resolved to have a specific AHD Module in the ART consolidated guidelines. This process is underway.

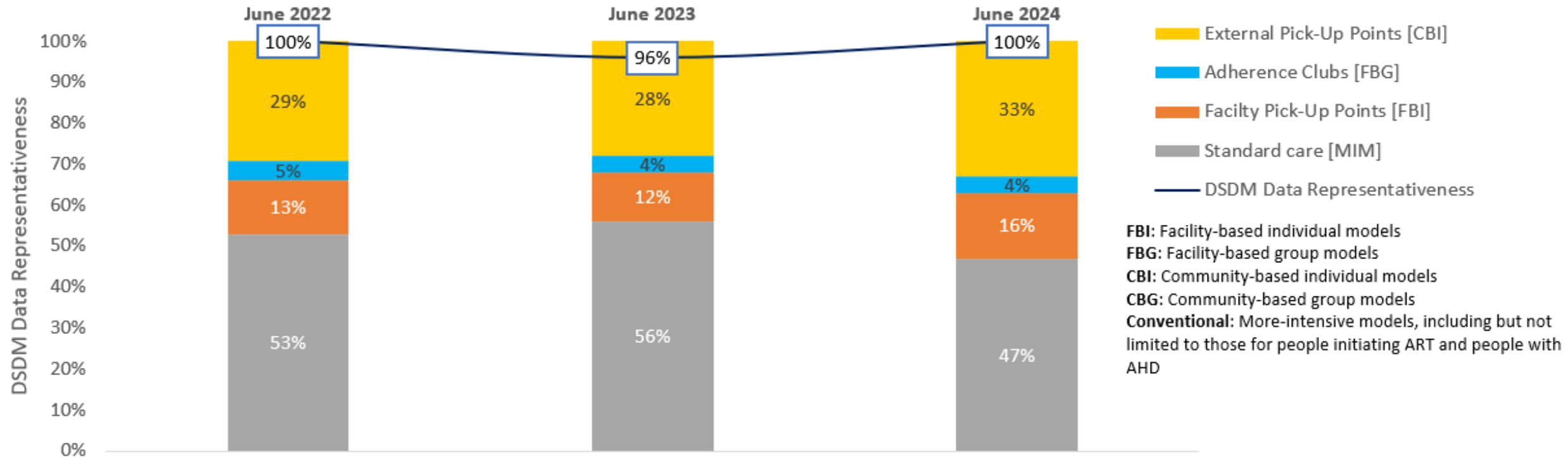
2. NCD/HIV Integration: From **Yellow** to **Red**

Rationale: Although the national policies explicitly support provision of NCD services to ART clients, the M&E system is not able to report the proportion of clients at less intensive models who accessed NCD services.

Priority Domains for 2025:

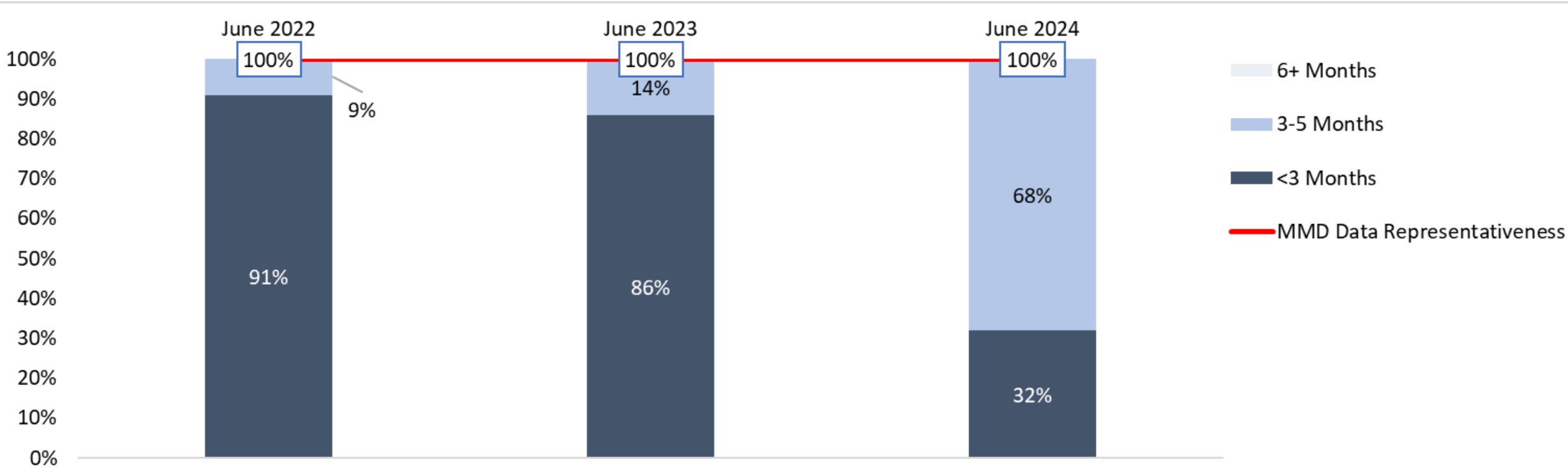
- The country will prioritize Improvement of these Domains in 2025, i.e. Client Coverage, Impact, AHD, NCD/HIV integration

South Africa Differentiated Treatment Model Mix



- The country is making efforts to ensure that ROC eligible for Less Intensive Models are enrolled.
- The DPRs showed that there were ROC who were still in More Intensive Models
- The DPRs and Dissemination Workshops were helpful in capacitating healthcare providers about the DMOC models and emphasizing an Adherence Plan to support ROC establishment on Chronic Treatment
- In the SA context, most ROC are decanted to External Pick -Up Points, though in a rural context, most ROC will be at Facility Pick-Up points

South Africa Differentiated Treatment: Multi-Month Dispensing



- The country made great efforts to ensure scale-up of 3+MMD
 - A circular to all the provinces was issued on the provision of 3+MMD
 - Developed MMD Standard Operating Procedures
- There is more 3+MMD happening at facility level – need to improve M&E systems to be able to report on these

South Africa AHD CMM Results 2024

		Guidelines	Policies	
Coordination		Client Coverage 2	AHD Scale-up Plan	
Diagnostic Capability 2		Supply Chain	ROC Engagement	
Diagnostic Capability 1	SOPs	M&E System	Client Coverage 1	Client Coverage 3
Facility Coverage	Training	Impact	Quality	Client Coverage 4
Most mature			Least mature	

- South Africa scored dark green in coordination, diagnostic capability 1 and 2 and facility coverage domains
- Efforts are in place to ensure that the country improves from light green in SOPs and training domains
- The country scored yellow in 5 domains - guidelines, client coverage 2, supply chain, M&E system and impact domains
- Policies, AHD scale-up plan, ROC engagement, client coverage 1 and quality domains staged orange
 - Plans underway to have a dedicated AHD module in the ART consolidated guidelines
- The least mature [red staging] domains are client coverage 3 and client coverage 4 domains
 - Plans are underway to conduct the baseline assessment for AHD, which will inform the key AHD Interventions including Supply Chain (Interventions to ensure stock availability), M&E as well as client coverage 3 and 4.

South Africa AHD CMM Results – Trend over Time (2022-2024) - 1

Domains	2022	2023	2024
Policies		Green	Orange
Guidelines		Dark Green	Yellow
AHD Scale-up Plan		Light Orange	Orange
SOPs		Dark Green	Green
Coordination		Dark Green	Dark Green
ROC Engagement		Green	Orange
Training		Green	Green
Supply Chain		Dark Green	Yellow
M&E System		Yellow	Yellow
Diagnostic Capability 1		Dark Green	Dark Green
Diagnostic Capability 2		Dark Green	Dark Green
Facility Coverage		Dark Green	Dark Green
Client Coverage 1		Red	Orange
Client Coverage 2		Red	Yellow
Client Coverage 3		Yellow	Red
Client Coverage 4		Red	Red
Quality		Light Orange	Orange
Impact		Yellow	Yellow

Positive Shift (Improvement in maturity)

- Client Coverage 1:** Moved from **Red** to **Orange**
- Client Coverage 2:** Moved from **Red** to **Yellow**

Negative Shift (Regression in maturity)

- Guidelines:** From **Dark Green** to **Yellow**

Rationale: The country is developing a dedicated AHD module in the ART consolidated Guidelines, to provide guidance on the AHD package,

- Client Coverage 3:** Moved from **Yellow** to **Red**

Rationale: We lacked sufficient information to estimate proportion of the eligible PLHIV receiving OI prevention services (TPT, CPT and Cryptococcal pre-emptive treatment)

South Africa Differentiated Testing CMM – 2024

Domains	2023	2024
Policy: Strategic Model Mix	Dark Green	Dark Green
Policy: Optimizing HIV	Orange	Dark Green
Policy: Linkage	Dark Green	Dark Green
Finance/Resource Allocation	Dark Green	Dark Green
SOPs	Dark Green	Dark Green
Scale-up Plan	Dark Green	Dark Green
Community Engagement	Dark Green	Dark Green
Private Sector Engagement	Red	Red
Coordination	Dark Green	Yellow
dHTS Training	Light Green	Orange
M&E	Dark Green	Dark Green
Procurement/Supply Chain	Light Green	Dark Green
Population Coverage	Dark Green	Dark Green
Linkage to Tx: Timely Linkage	Light Green	Yellow
Linkage to Tx: Verification	Dark Green	Dark Green
Linkage to Prevention	Orange	Orange
EQA/IQC	Light Green	Dark Green
Proficiency Testing	Light Green	Light Green
Clinical Services	Dark Green	Dark Green
Impact: Knowledge of Status	Light Green	Red
Impact: Linkage to Tx	Yellow	Red
Impact: Linkage to	Red	Red

Positive Shift (Improvement in maturity)

- Policy – Optimizing HIV Testing - Orange to Dark Green
- Procurement/ Supply Chain – Light Green to Dark Green
- EQA/IQC - Light Green to Dark Green

Negative Shift (Regression in maturity)

- dHTS Training – Light Green to Orange
- Impact: Knowledge of Status – Light Green to Red
- Impact: Linkage to Treatment – Orange to Red

Stagnation

- Private Sector Engagement – Red to Red
- Linkage to prevention – Orange to Orange
- Impact: Linkage to prevention – Red to Red

Positive

- Revised the 2016 HTS policy
- Stock level reports were presented monthly during our HTS meetings to ensure that the provinces maintained their minimum stock levels.
- CDC transitioned the RTCQI, CLI program to NDOH from SEAD

Negative

- Training was put on hold due to the austerity measure within the Ministry. WHO, Global Fund and PEPFAR funded training from May 2024 – November 2024 and all 52 districts were trained, approximately 2000 testers were trained.

Stagnation

- Continuous discussion with SANAC who is reliable for co-ordination between NDOH and the private sector
- Prevention meeting with Boxing SA on U=U took place in September 2024

South Africa

dHTS		DART		AHD	
Domains	2024	Domains	2024	Domains	2024
Policy: Strategic Model Mix	Dark Green	Policies	Dark Green	Policies	Orange
Policy: Optimizing HIV	Dark Green	Guidelines	Dark Green	Guidelines	Yellow
Policy: Linkage	Dark Green	Diversity	Light Green	AHD Scale-up Plan	Orange
Finance/Resource Allocation	Dark Green	Scale Up Plan	Light Green	SOPs	Light Green
SOPs	Dark Green	Coordination	Dark Green	Coordination	Dark Green
Scale-up Plan	Dark Green	Community	Orange	ROC Engagement	Orange
Community Engagement	Dark Green	Training	Dark Green	Training	Light Green
Private Sector Engagement	Red	M&E System	Orange	Supply Chain	Yellow
Coordination	Yellow	Procurement	Dark Green	M&E System	Yellow
dHTS Training	Orange	Facility Coverage	Dark Green	Diagnostic Capability 1	Dark Green
M&E	Dark Green	Client Coverage	Light Green	Diagnostic Capability 2	Dark Green
Procurement/Supply Chain	Dark Green	AHD	Red	Facility Coverage	Dark Green
Population Coverage	Dark Green	Key Populations	Red	Client Coverage 1	Orange
Linkage to Tx: Timely Linkage	Yellow	TB/HIV	Yellow	Client Coverage 2	Yellow
Linkage to Tx: Verification	Dark Green	MCH	Red	Client Coverage 3	Red
Linkage to Prevention	Orange	NCD/HIV	Red	Client Coverage 4	Red
EQA/IQC	Dark Green	Family Planning	Orange	Quality	Orange
Proficiency Testing	Light Green	Quality	Orange	Impact	Yellow
Clinical Services	Dark Green	Impact	Light Green		
Impact: Knowledge of Status	Red				
Impact: Linkage to Tx	Red				
Impact: Linkage to Prevention	Red				

Overview of HIV Program 2024 CMM Results

- Enabling domains across the three CMMs as program:
 - Policies, Guidelines & SOPs are mostly mature
 - Coordination is least mature on dHTS and mature in the DART and AHD CMM
 - Community / ROC engagement mature in dHTS and least mature on DART and AHD CMM
 - Training mostly matured on DART and AHD
- Program areas that need to be prioritized
 - M&E, AHD, TB/HIV, MCH, Quality, Impact, Private Sector Engagement and Client & Facility coverage
- Our plans to ensure outcome domains are addressed in an integrated manner:
 - Joint planning, coordination and monitoring across all program areas
 - Strengthen EMR to foster system integration
 - Joint training and on-going TA and quality Improvement across all programs

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Stakeholder Coordination and Prioritization Processes...1

- **Platform that is used for planning and coordinating DSD activities in the country**
 - The Treatment Care and Support Directorate through the Operational Plan and Business Plan Process, plans for the Country DSD Activities
 - The DSD TWG meeting is a forum where these plans are presented, and further guidance is provided.
 - The Nerve Centre Meetings
- **Recipient of care organizations represented in these meetings**
 - At the DSD TWG meeting - Ritshidze Community-Led Monitoring, and SANAC attends and participates in these meetings
- **Action items/activities funded by PEPFAR:**
 - HTS Trainings
 - U=U dissemination workshops
- **Action items/activities funded by the Global Fund:**
 - The DPRs (data abstraction and provincial dissemination workshops)
 - Capacity building for healthcare providers – ART Guidelines and DMOC (DSD) training

Stakeholder Coordination and Prioritization Processes...2

- **Action items/activities funded by the WHO:**
 - Inclusion of AHD module in the ART consolidated guidelines
- **Processes used to prioritize activities in the action plans to get donor buy-in**
 - Submitting official requests endorsed by the Cluster Manager
 - Engagement sessions with donors where the NDOH plans and requests for support is presented

Engagement with CQUIN

Communities of Practice:

- Monitoring and Evaluation of DSD
- 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
- DSD Coordinators

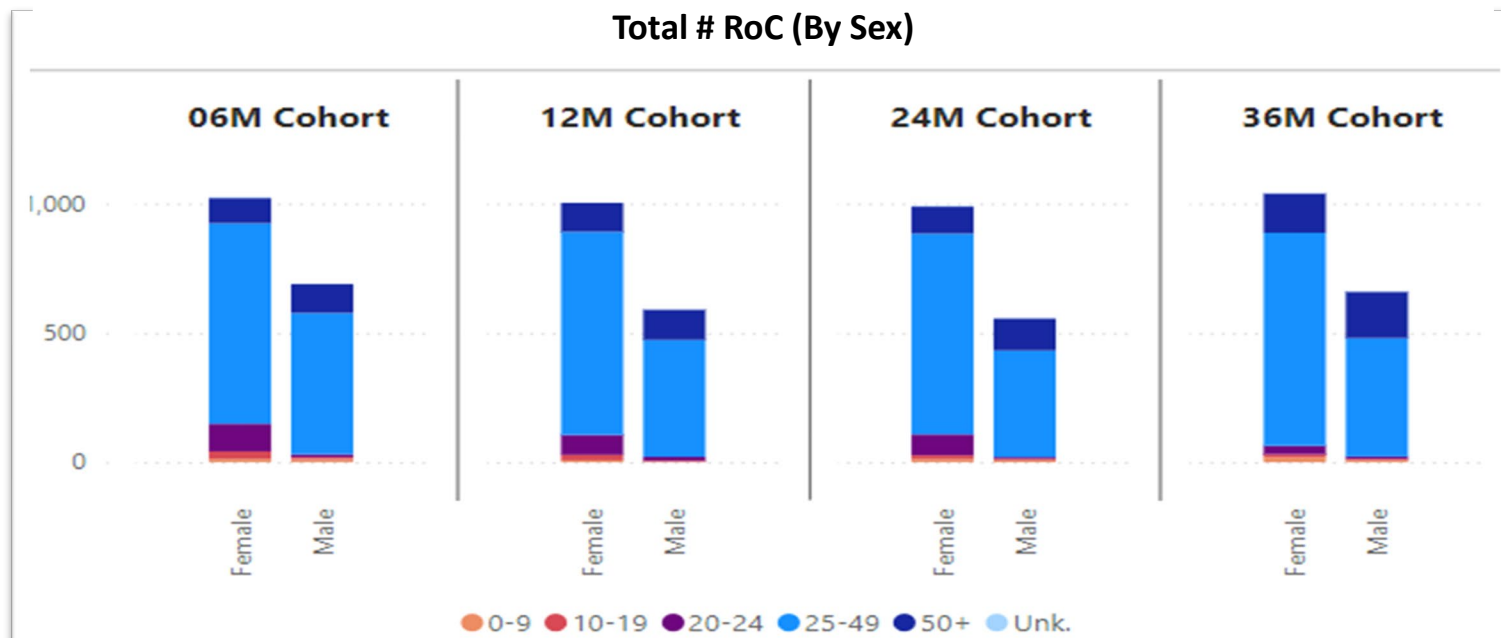
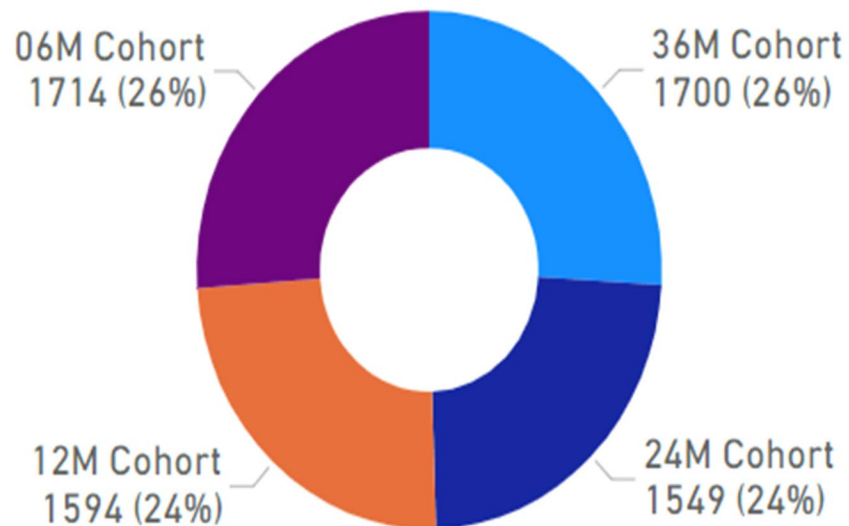
Impact of engagement with CQUIN on the country program

- Completed DPRs in all nine provinces. Conducted provincial-level dissemination and national dissemination
- Improved records management
- Increased the number of stable clients decanted
- Developed dedicated AHD chapter/module in the ART guidelines
- Improved integrated approach to foster efficiency in RoC management

DSD Performance Reviews: Main Findings (1)

2024 DPR in South Africa:

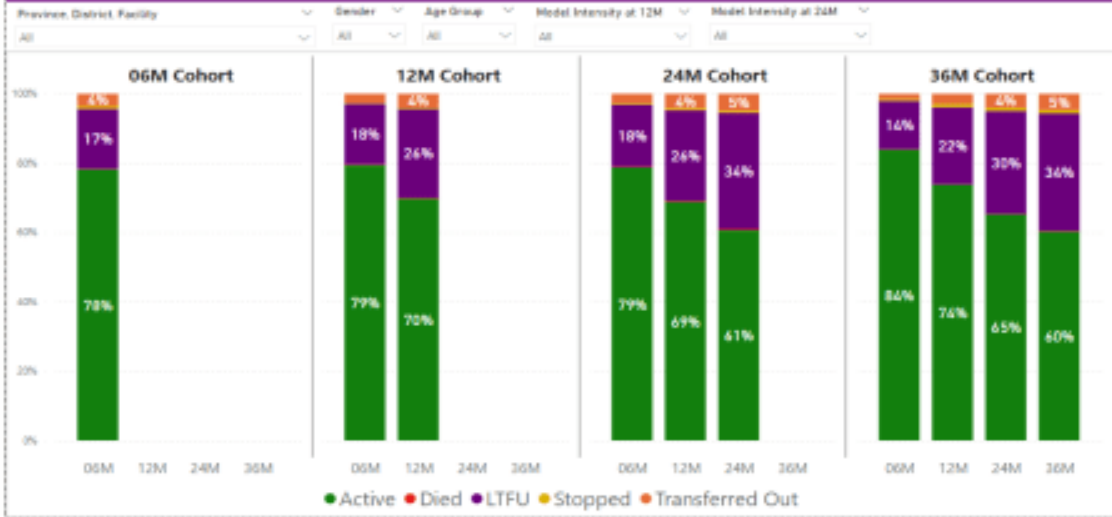
- The DPRs have been conducted in all the 9 provinces
- Sample size = 6,557
- Number of facilities = 92



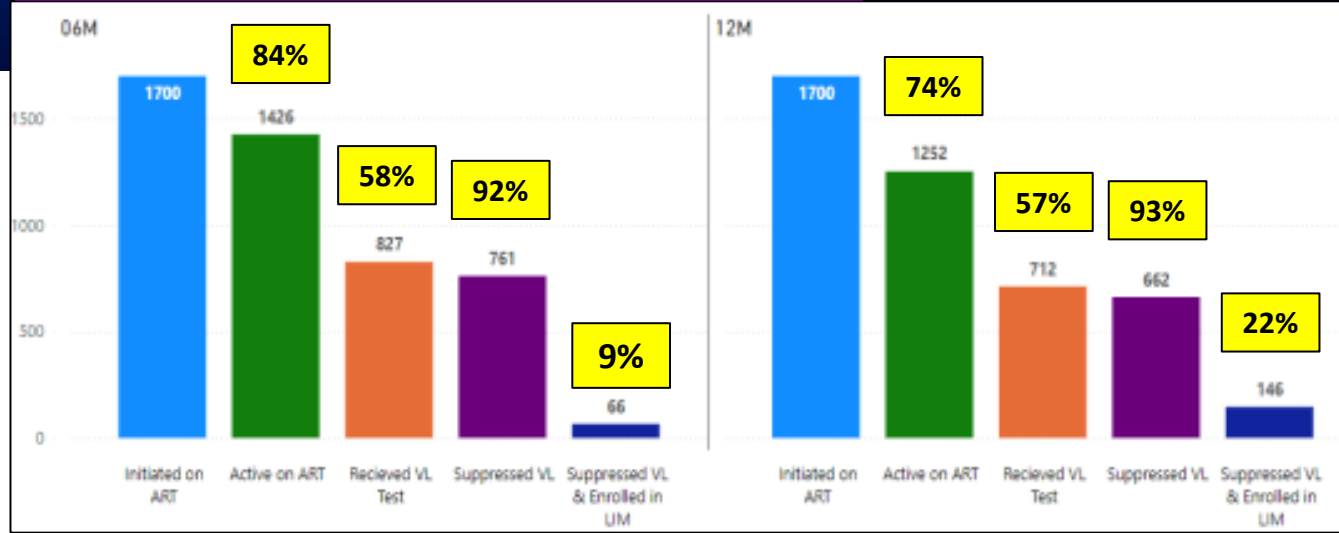
- Relatively similar sample extracted for each cohort.
- There is a significantly higher proportion of female files (62%) n=4 060 compared to male files (38%) n=2 497, which reflects the coverage of ART.
- Most of the clients were aged 25 – 49 years, followed by the aging population of 50+ years, denoting the reality of the aging HIV epidemic.

DSD Performance Reviews: Main Findings (2)

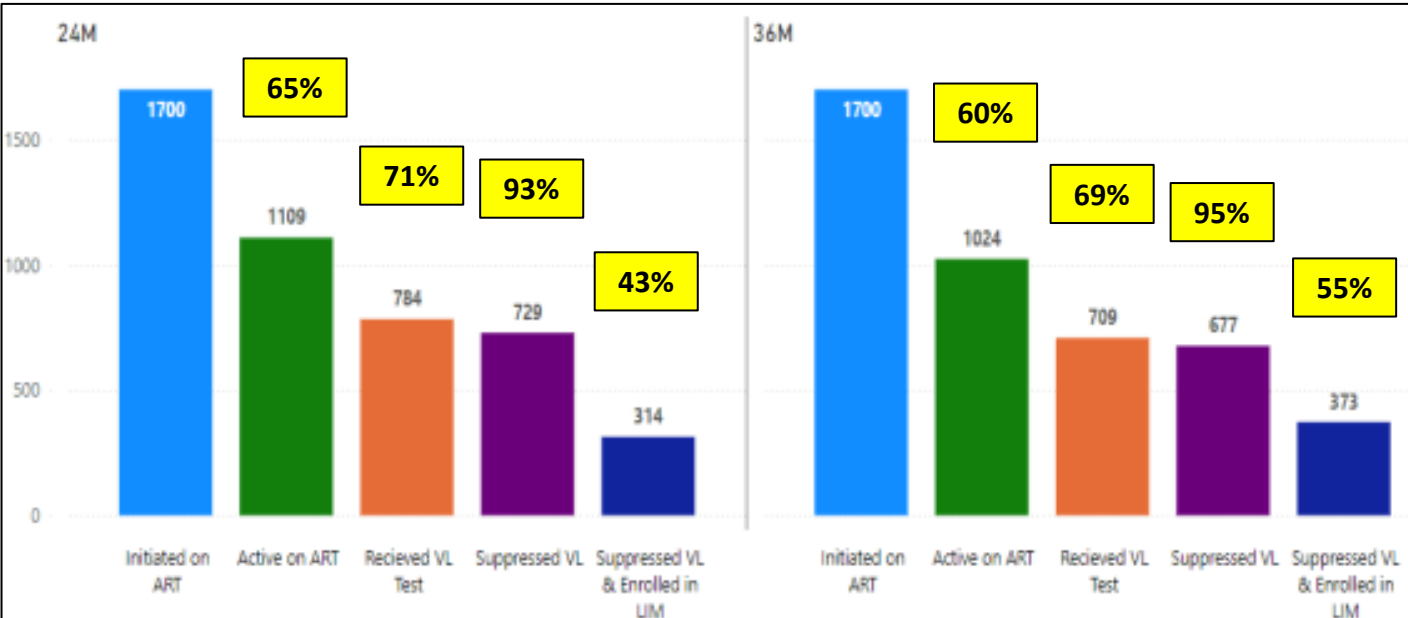
Recipient of care outcomes by cohort and time point



Modified HIV care cascade of 36M Cohort 06M/12M Time point

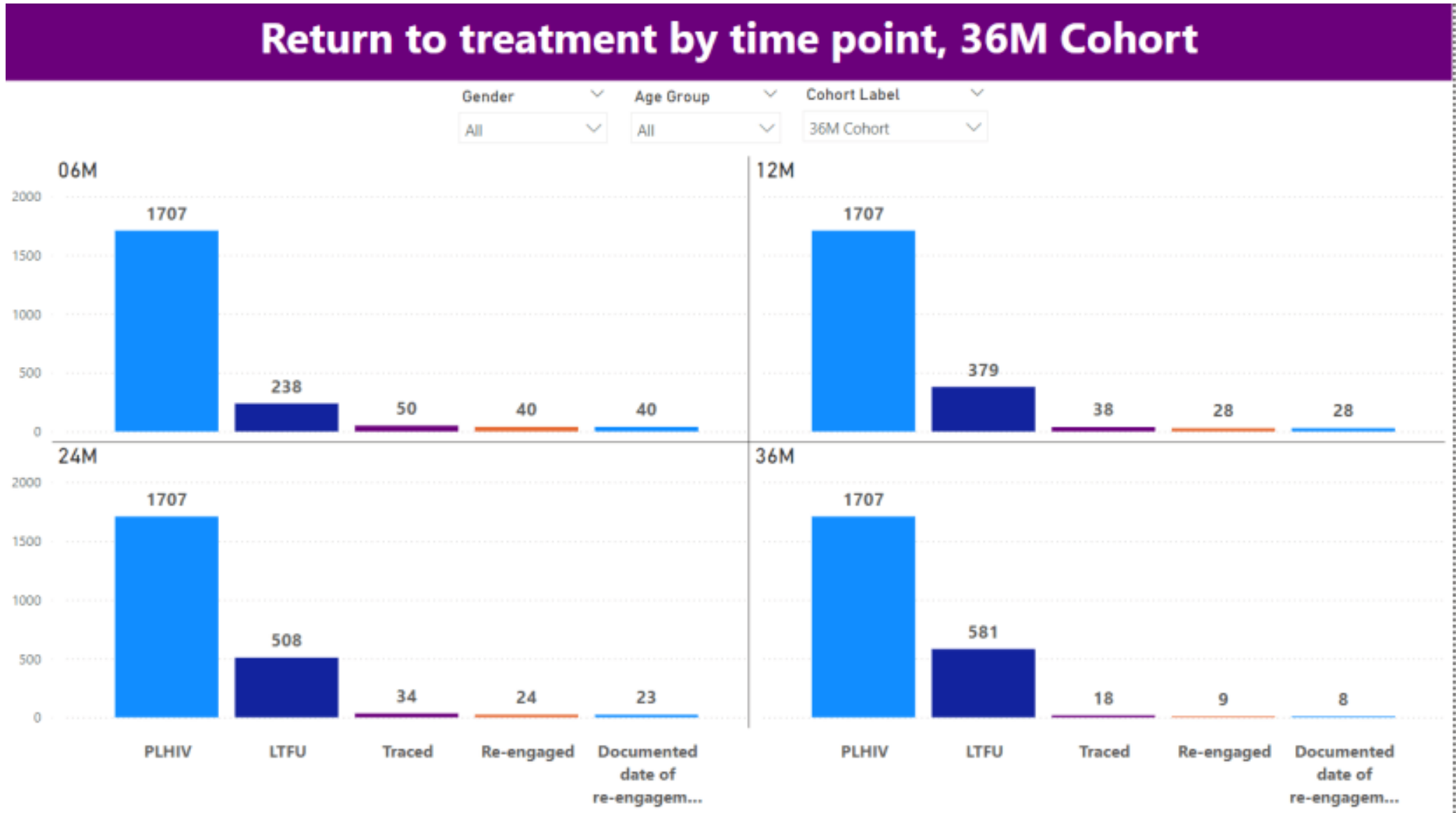


Modified HIV care cascade of 36M Cohort 24M/36M Time point



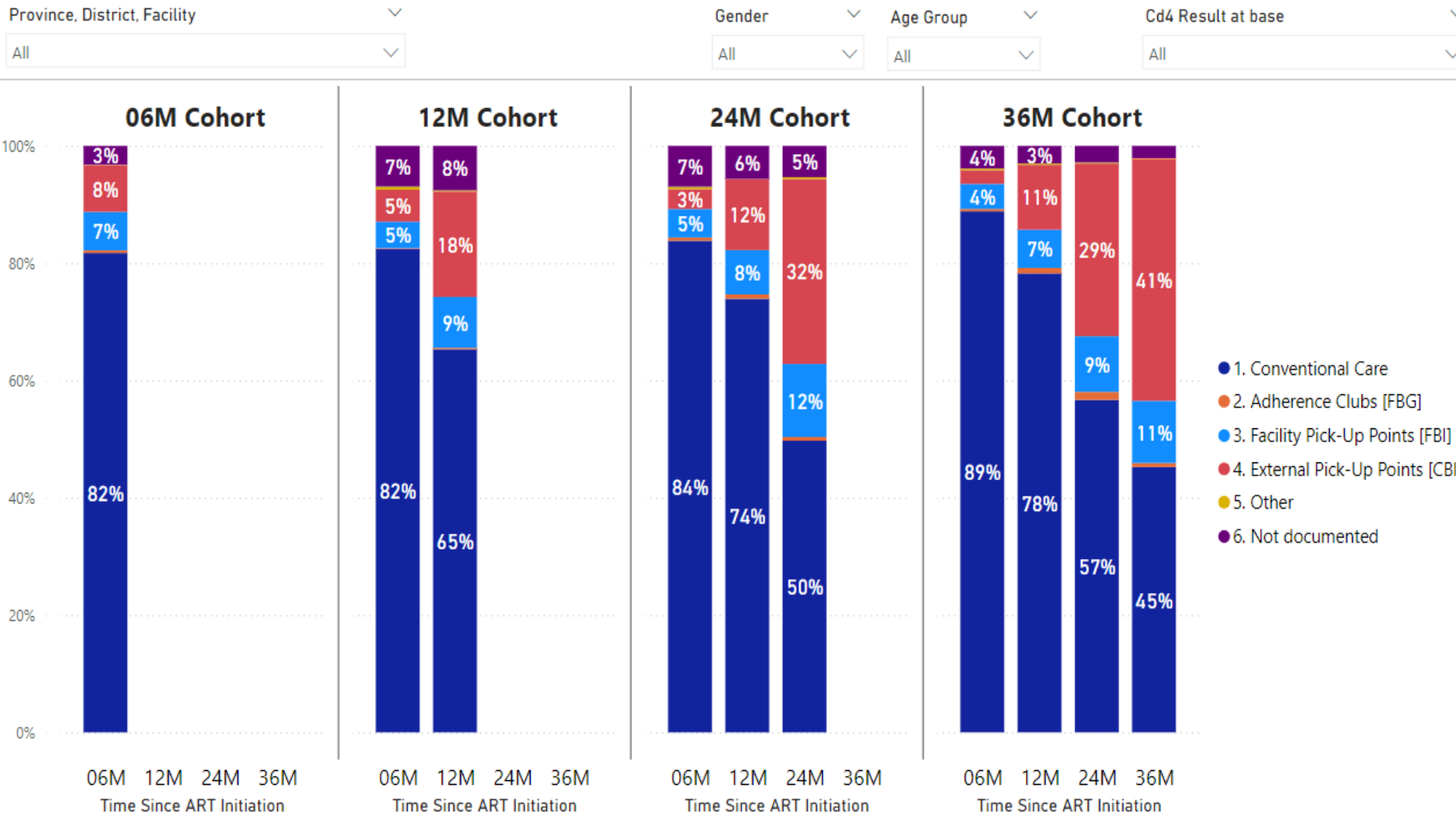
- Clients are retained in care 79%-84%
- However, clients getting lost to care in their first 6months of treatment
- The longer they stay on treatment, the more they get lost to care
- High rate of LTFU which is mostly due to file duplication
- VL monitoring across the cohorts minimally done (58%-71%)
 - Test results or documentation missing in the patient folders

DSD Performance Reviews: Main Findings (3)



DSD Performance Reviews: Main Findings (4)

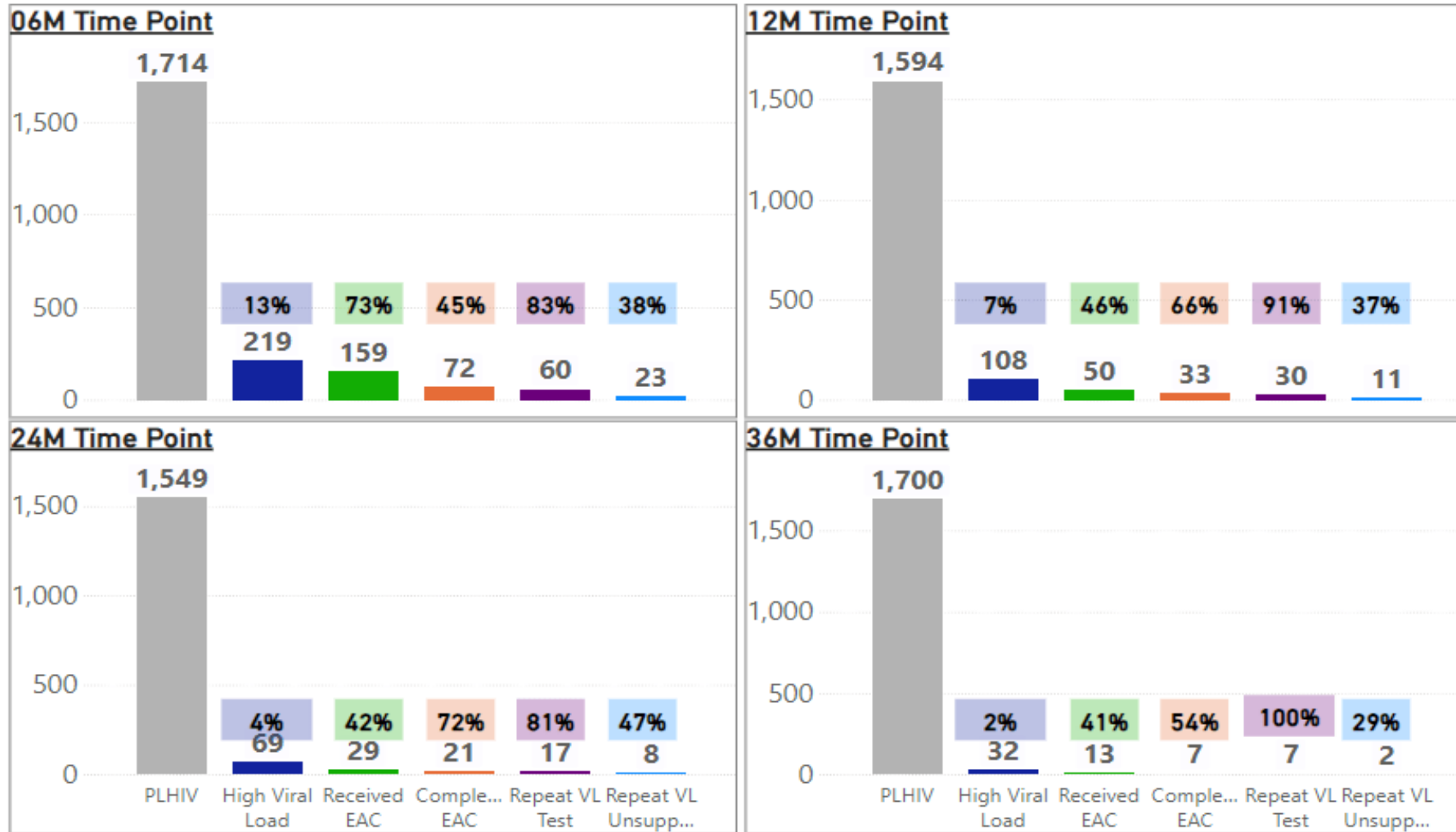
DMOC model by cohort and time point



- There is still a large portion of clients in Conventional Care after 36 months on ART.
- External Pick-up points account for most decanted clients.
- Less patients at Adherence Clubs are – **The country working on re-establishment of the Adherence Clubs.**
- **Decanting happens late around 24 and 36 months.**

DSD Performance Reviews: Main Findings (6)

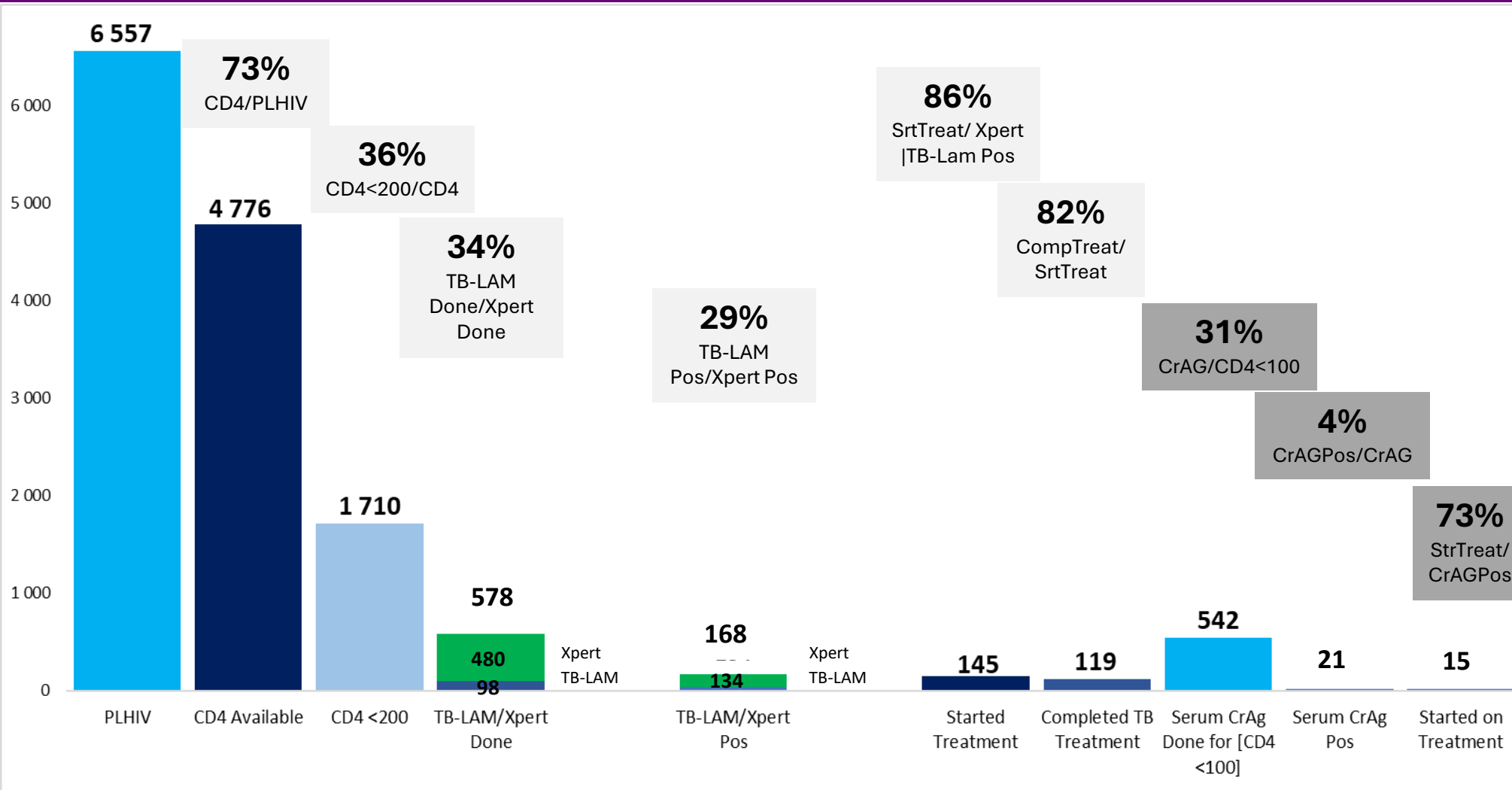
High Viral Load Cascade by time point



- At 6month cohort, from 1714 PLHIV, Over 219 clients had VL>1000 but only 72 (33%) received EAC, and only 23 (11%) had a repeat VL
- Gap in Implementation of the ART guidelines and the DMOC SOP – Enhanced Adherence Counselling (EAC).
- A need to be emphasize implementation of the guidelines

DSD Performance Reviews: Main Findings (7)

AHD Cascade at ART Initiation



- AHD – for both ART and TB.
- For those with CD4 less than 200 which is 36%, **34% (578) patients had a TB-LAM and Xpert test done**, with only 29% (168) having tested positive and only 119 completed treatment.
- Only 542 patients had a CD4 less than 100 and only 15 of those started treatment.
- 21 positive for CrAg and 15 of those started on treatment
- Inclusion of the AHD Module in the ART Guidelines and More Capacity Building are plans to scale AHD Management

DSD Performance Reviews: Key Recommendations



Improve Records Management

Regular audits, avoid duplicate files, document blood results properly.



Improve Clinical Management and Enhance Adherence

Capacitate staff on updated ART and DMOC and ICDM guidelines, improve adherence counselling, ensure treatment literacy and implementation of adherence plan



AHD Monitoring

Capacity building on the High VL management and EAC, Follow up CrAg results for patients with CD4 <100 for better management, Provision of TPT and CPT to all eligible clients



Integration of Services

Ensure management of co-morbidities in one-stop shop model (Implementation of the Integrated Chronic Disease Model)



Enhance Decanting

Assign decanting champions, ensure timely decanting of eligible patients.



Better Data Capture

Record results from clinical notes, not hard copies.

Update on Country Action Plans from 2024 Meetings

Activity	Status/Comments
Conduct training on the revised policy guidelines to optimize facility decongestion (LIM decanting) and retention in care	All the 9 provinces covered, support for District Based trainings underway. Completed for Gauteng, Northern Cape
Facilitate the monitoring of the DSD indicators in the National Indicator Data Set	Completed
Conduct DSD/DMOC performance reviews (DPRs) and dissemination workshops in all 9 provinces to increase the opportunities for decanting clients established on treatment	Completed all the 9 provinces Plans for Sub-National DPRs underway
Analyze lists and decant patients who are eligible – revisit targets	Completed
Improve data capturing and interoperability of the information systems for aligning decanted patients on synch and tier	Completed
Use DPR data as the baseline of the 100 HF project to facilitate improvement of 2nd and 3rd 95 targets	Some of the 100 Facility Project have been included as DPR learning sites in all the provinces
Adaptation of AHD quality standards to the South African context	The country is developing AHD guidelines, which will be integrated into the ART consolidated guidelines and include quality standards.

Update on Country Action Plans from 2024 Meetings

Activities that are still ongoing include:

- Integration opportunities for NCDs and SRH programs, Mental Health and Sexual & Gender Based Violence (SGBV)
- Capacity building of healthcare providers on less-intensive and more-intensive DSD Models as well as M&E
- Ongoing engagements regarding opportunities for DSD package
- Inclusion of the AHD module in ART consolidated guidelines
- Scaling up of HIVSS at the external pick-up points for chronic patients especially those who have an unknown HIV status and have not tested in the past 12 months
- Providing Index Testing services to PLHIV with a suppressed VL and unsuppressed VL who collect their treatment at the various streams

Update on Integrating Non-HIV and HIV Services

- **Defining integration: There are three guiding precepts to integration in South Africa that needs to be strengthened:**
 - Integrated Clinical Services Management Model
 - Integrated Chronic Disease Model
 - Ideal Clinic Model
- **Establishing a coordinating mechanism**
 - In October 2024 South Africa launched the Nerve Centre Approach - which is a platform to enable integration of services and comprises of three key Nerve Centres (HIV and STI Prevention, Treatment Care and Support, Global Alliance for Health)
- **Community Engagement:**
 - The PLHIV sector is involved in the DMOC TWG
 - The Cluster HIV/AIDS and STIs attends the community led monitoring report meetings
- **Defining integration metrics:** These have not yet been set, the Nerve Centres yet to have inception meetings

What to Integrate?

01

Package it

2.

Integrate it

3.

Deliver it

4.

Monitor it

Integrate TB/HIV services into less-intensive models

Integrate NCDs services into less-intensive models

Integrate family planning into less-intensive models

HIV and Mental Health integration is increasingly becoming crucial

Program Sustainability Efforts and Opportunities







Sustainability of DSD activities

- The country received funding from the Global Fund to conduct DPRs in the remaining seven (7) provinces – the first three (3) provinces were funded by CQUIN
- Plans for sub national DPRs – to capacitate provinces to conduct these individually, with support from the Operation Phuthuma (TA support for the NDOH) and further TA support from CQUIN
- Through the HIV/AIDS conditional Grant, provinces are able to plan further DMOC/DSD activities such as cascading the capacity to all the implementors and conducting Technical Support visits to their Districts (expanding on the DPRs)

National Sustainability Roadmap

- DMOC/DSD Activities reflected in the HIV/AIDS Cluster's Operational Plan
- The Nerve Centres that have been launched are also a platform to ensure integration of services – includes all the relevant Internal stakeholders such as the Primary Health Care – which is the main service platform to DSD/DMOC

DSD Implementation Successes in 2024

-  The DPRs – Fostered monitoring of DSD performance and bettered client management (collaboration with other internal stakeholders such as TB, TB/HIV, HIV cluster, donors and DSPs)
-  Scaling up enrolment of eligible ROC to the LIM is key to facility decongestion
-  Capacity building of the healthcare providers is key to the success of DSD implementation
-  Utilizing every platform to talk about DSD – is key to the successful implementation
-  Collaboration with the donors and DSPs enabled seamless implementation of DSD
-  DSD/DMOC a platform for Integration

Challenges in DSD Implementation in 2024

Low Case finding (mainly among men & children under 15 years)

- Sub-optimal scale-up of Index testing and HIV self-screening

Poor linkage to care

- Men predominantly not willing to be linked to HFs (attributed to poor health seeking behavior) – SA developed the men's health strategy which includes interventions to reach men. Men's corners have been established in some healthcare facilities

Gaps in treatment initiation and retention in care (1.1 Million Gap)

- Men and children bear the greatest proportion in the treatment gap
- Slow scale up of 3MMD
- Community ART initiation not implemented to scale (recent approval of SOP to guide implementation)

High loss to follow-up and treatment interruptions at 6 – 12 months

- Poor data capturing/backlog leading to increasing LTFU
- Low uptake of VL testing in some provinces
- Implementing Welcome Back Strategy and Re-engagement SOPs of DMOC Guidelines

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DSD Priorities for 2025

Most important DSD-related goals and/or projections for 2025

- Scaling the Nerve Centre Approach
- Sustaining the DMOC TWG
- Scaling up enrollment to less-intensive DSD models among eligible RoC
- Rolling out the ART Consolidated Guidelines with an AHD specific module
- Appropriate management of patients with AHD

Planned lessons to learn from other CQUIN Countries in 2025

- The country is still behind with DSD for KP, learning more about developing this package
- Triple Elimination
- PrEP in ANC and HIV Self-Testing

Acknowledgements

- National Department of Health:
 - HIV/AIDS & STI Cluster
 - Care and Treatment Directorate
 - TB/HIV Directorate
 - TB Directorate
 - PHC Directorate
- Provincial Department of Health
- Operation Phuthuma
- District Support Partners
- PLHIV Sector / ROC Representatives
- ICAP- CQUIN
- Global Fund
- PEPFAR
- CDC
- USAID
- WHO
- IAS
- HE2RO
- Learning Sites / Health Facilities



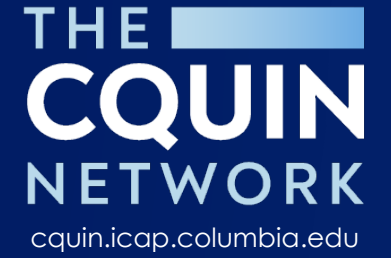
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Thank You!

