Delivering Differently: Prioritize. Adapt. Sustain. South Africa

Designing HIV Programs to Support Responsive Services and Resilient Systems

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BACKGROUND

Despite widespread disruptions, South Africa (SA) has sustained momentum toward the 95-95-95 targets, achieving ***96–79–96.*** ART coverage, viral suppression, and outreach to key populations were impacted nationwide. An estimated ***15,154*** health workers were laid off; HMIS disruptions delayed routine data reporting; laboratory services were interrupted, affecting viral load and other assays; and the HIV commodity supply chain stalled, halting forecasting, procurement, and last-mile deliveries. Foreign funding assistance decreased by 29% for the U.S. government (USG) and 17% for the Global Fund (GF).

In response, SA activated a national coordinating body led by HIV & AIDS and STIs Cluster and Provincial HAST Managers. The coordinating forum met weekly, leading to the immediate development of contingency plans for each province. The Director General for Health issued the circular to guide the facilities in offering uninterrupted HIV, TB, and STI services. To stabilize service delivery, NDOH submitted a request on 15 May 2025 for emergency funding for HIV/AIDS and TB services in the amount of R1.3 billion. The National Treasury approved the request on 26 June 2025 for R753.5M, of which R590.4M was for HIV and AIDS allocated to 8 provinces. Through national stakeholder engagement, essential HIV services were reviewed and prioritized for effective delivery.

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

1. **Financial strategies:**
   - MOH contracted PLHIV led organizations (NAPWA, TAC, 50 plus projects) to track and trace clients.
   - Already, the Ministry of Health (MOH) has contracted 25 NGO mobilized for the Close the Gap Campaign.
   - The National Treasury approved R753.5 million, of which R590.4 million was for HIV and AIDS, allocated to 8 provinces.
2. **HRH strategies**:
   - Provinces appointed professional nurses, social workers, pharmacists, and data capturers.
   - Task shifting strategy is ongoing to close the health workforce gap.
3. **Technical capacity strategies:**
   - Ongoing training (in-person & virtual) micro-learning strategies to enhance the capacity for program implementation.
4. **Community engagement:**
   - PLHIV organizations funded to support the community-based initiatives.
   - Platform for greater involvement and engagement of People Living with HIV in our planning, prioritization meetings, policy making, implementation and evaluations.
5. **Enabling adaptations:**
   - Reduce frequency of client visits through 6 MMD
   - Closing the gap in the cascade and End TB Campaign for children, youth men
   - Improved Efficiencies for HRH
   - Increasing demand for HIV Testing and Treatment Services through optimization of U=U Messaging
   - Implementation of Monitoring and Quality Improvement and leverage Mutual Accountability

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES

Component	Intervention	SA
Infant prophylaxis	Infant PEP HR 0–6w	
	Infant PEP HR 6–12w	
	Infant PEP LR	
PEP	Facility PEP (guidelines)	
	Community PEP (GBV/KP)	
Condoms	Facility condoms/lube	
	KP condom points	
	Community condom points	
PrEP continuation	Facility PrEP KP 3MMD/6m	
	Facility PrEP PBFW 3MMD/6m	
	Facility PrEP others 3MMD/6m	
	Annual PrEP review	
	PrEP review 6-monthly	
	Facility PrEP DSD-indiv	
	Out-facility PrEP DSD	
	Virtual PrEP refills	
	Adherence/risk counselling	
	Continue DVR PrEP	
	Continue LAI PrEP	
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	
	Start PrEP PBFW at-risk	
	Start PrEP KP	
	Start PrEP AGYW self-ID	
	Start PrEP others self-ID	
	Test post-start 1–3m	
	PrEP demand creation	
	Continue DVR PrEP	
	Continue LAI PrEP	
	PrEP start education	
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	
	Community NSP+naloxone	
	Continue OAMT refills (PWID)	
	Initiate/continue OAMT (PWID)	
VMMC	Targeted VMMC scale-up	

TESTING SERVICES

Component	Intervention	SA
Blood products	Blood product screening	
Facility-based	Symptomatic testing (entry)	
	ANC first test	
	ANC late retest	
	Postnatal PBFW 6-monthly	
	HEI 6w/6-9-18m EPI	
	HEI birth test	
	TB clients (newly diagnosed)	
	TB clients (presumptive TB)	
	STI clients (new STI)	
	Hep B/C (new)	
	Inpatient (new admission)	
	Children in malnutrition clinics	
	EPI child post-screen	
	FP initiation clients	
	FP <25 init+annual	
	FP init+biennial+change	
	FP init+annual	
	Self-initiated HIVST (annual)	
	VCT/HIVST any frequency	
	PrEP users 1m+6m	
	PrEP users 1m+3m	
	VMMC clients	
Network-based (including facility/virtual and community-based)	PN EPN +HIVST/FBT	
	PN APN +FBT (virtual)	
	PN APN +community test	
	Female index: child FBT/HIVST	
	Female index: child CBT	
	PN EPN +HIVST (VL>1000)	
	PN EPN +HIVST FP/ANC<25	
	PN EPN +HIVST (FP/ANC)	
	KP SNT +HIVST	
	AGYW SNT +HIVST	
	PN EPN +HIVST (95s STI-neg)	
	PN EPN +HIVST (STI-neg)	
	PN APN +FBT (STI-neg)	

TESTING SERVICES

Component	Intervention	SA
Community-based (virtual and in-person)	CB HIVST points >15	
	CB HIVST points 95-gap	
	CB HIVST points KP	
	HIVST digital outreach	
	KP high-volume outreach	
	KP all outreach sites	
	AGYW targeted outreach	
	Men targeted outreach	
	Men workplace testing	
	Children targeted outreach	
	Prisoners: On entry/discharge	
	Prisoners entry/annual	
	ABYM targeted outreach	
Recency testing	Recency testing	

	Keep (No Change)
	Keep (Modify)
	Drop
	Not applicable
	Not Prioritized

- **Prioritization exercise discussions led to continuation of all** prevention and testing services
- **Recency testing** is not applicable in SA
- **Infant Prophylaxis:** All infant prophylaxis (high- and low-risk, 0–12 weeks) remains critical.
- Condoms & lubricants
- **Critical**: Facility-based and community distribution for KPs.
- Upgraded: Community-wide condom distribution (Important → Critical).

TREATMENT SERVICES

Component	Intervention	SA
ART continuity	Uninterrupted ART for all	
	MMD 3–6 months	
	Annual clinical review	
	Enroll less-intensive DSD	
	Maintain facility DSD-indiv	
	Maintain community DSD-indiv KP	
	Maintain client-managed groups	
	Maintain adolescent groups (HCW)	
	Maintain community DSD-indiv	
	Maintain DSD groups (HCW)	
	Active transfer same-day 3MMD	
Continuity OI prophylaxis	CTX adults S3/4/CD4<350	
	CTX adults high-risk	
	CTX for HIV/TB	
	CTX for CLHIV	
	CTX for HEI	
	Fluconazole secondary proph	
ART initiation (and re-initiation)	Initiate <5 years	
	Initiate PBFW	
	Initiate symptomatic/AHD	
	Initiate all positives	
	Initiate stage3/4 or CD4 low	
	Initiate stage1/2 (CD4 high)	
Viral load monitoring	VL for suspected failure	
	Repeat VL at 3m	
	First VL by 6m	
	First VL (no prior)	
	Pregnant: VL at ANC/3m	
	Pregnant: VL 34–36w	
	Breastfeeding: VL 3m+6mly	
	LLV: repeat VL 3m	
	VL annually if suppressed	
	VL q2–3y post-2x	
	Resistance test per guidelines	

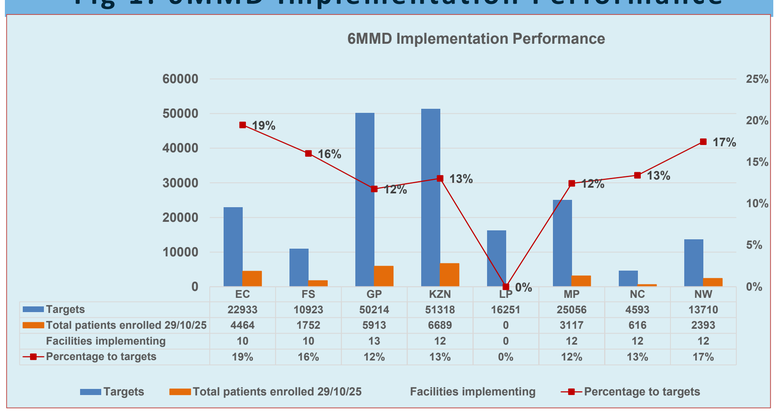
TREATMENT SERVICES

Component	Intervention	SA
OI management	TB Xpert for symptomatic	
	TB treatment	
	TPT per regimen	
	CRAG for symptomatic	
	Cryptococcal treatment	
AHD package	LAM S3/4 seriously ill	
	CRAG S3/4 IPD	
	CD4 S3/4 new or >90d	
	CD4 S1/2 new or >90d	
	LAM S1/2 CD4<200	
	CRAG S1/2 CD4<200	
	Fluconazole pre-emptive	
Integration	PAP smear never-screened	
	HPV screen never-screened	
	Hypertension integration	
	Diabetes integration	
	Family planning integration	
	VIAC annually WLHIV	
Tracking and tracing	Confirm contacts each visit	
	Phone trace abnormal labs	
	Phone trace high-risk	
	Phone trace >28d missed	
	Home trace abnormal labs	
	Home trace high-risk	
	Home trace >28d missed	
Psychosocial support/ Counselling	ART start literacy	
	Adherence assessment visits	
	VL and DSD prep	
	EAC for high VL	
	Child disclosure support	
	MH screening at start	
	MH screening high VL	
	MH screening all visits	

- No significant changes to the interventions suggested
- Consolidated Guidelines reviews and revision (ART, AHD & DMOC/DSD SOPs)
- Treatment literacy toolkit and adherence support
- Enhance focus on closing the treatment gap & re-engagement
- Optimization 3MMD & 6MMD for less-intensive DSD model

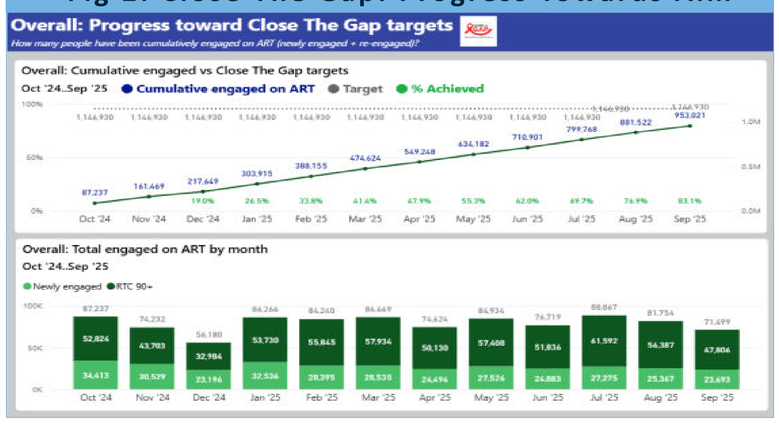
SELECTED HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1: 6MMD Implementation Performance



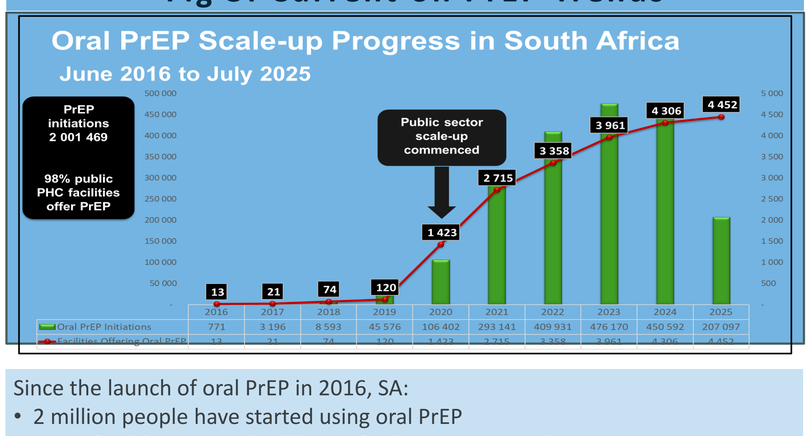
- 82 Facilities are reported to be implementing the 6MMD for both Phase 1 and 2 respectively.
- Since August 1st to date, approximately 25,124 clients are enrolled to 6MMD.
- For 8 provinces, percentage towards the target current sits at 13%.

Fig 2: Close The Gap: Progress Towards Aim



- **AIM:** To initiate and/or re-engage 1.1 million people on ART by December 2025.
- Progress toward the 1.1m target has been steady.
- Progress as at the end of September 2025 is 953,021 (83.1%)

Fig 3: Current on PrEP Trends



Since the launch of oral PrEP in 2016, SA:

- 2 million people have started using oral PrEP
- 98% of public primary healthcare facilities now provide PrEP services
- 4,350 service delivery locations actively provide oral PrEP throughout the country (PHCs, partner sites, hospitals, correctional facilities, campus health facilities)
- In 2024 alone, over 450,000 new users were introduced to PrEP

SYSTEMS & SERVICES ADAPTATIONS

1. **Leadership and policies: Governance or policy shifts in support of program continuity –** SA's policy and direction is led by the MOH. No policy adaptations have been affected since the funding cuts. A sustainability roadmap has been developed by the MOH, together with the South African AIDS council.
2. **Financing and purchasing: How is your country adapting long-term financing mechanisms? –** SA to continue mobilizing and allocating more domestic funds to the country response. Implement the Sustainability Plans at all levels.
3. **Service delivery optimization/redesign of service delivery –** The country used a 0% funding scenario to conduct the prioritization of services. There are no services to drop, rather continuing as there is support from domestic funding for over 90% of HIV prevention, treatment, care and support and VTP services.
4. **Community engagement –** MOH contracted PLHIV organizations to support the community-based initiatives.
5. **HMIS, M&E and data use: Data governance –** Operation Phuthuma nerve centres enable the provincial and national teams to make informed, data-driven improvements, using a multidisciplinary approach to understand and address gaps. Patient-level data digitized into the TB and HIV information system at each facility. Collated and aggregated to produce analysis in line with national indicator definitions (NIDS).
6. **HRH adaptations: Structural changes to optimize workforce –** MOH maximized on HRM mapping to determine efficient resource allocation and task shifting
7. **Laboratory systems & pharmaceutical systems -** Enhanced governance and Data sharing agreements between MOH and NHLS. Improved Supply Chain Systems, stock management, scale up of 3 - 6 MMD. Revision of Medicine and related substance ACT and CCMDD and possible auto-scripting consideration.

NEXT STEPS / WAY FORWARD

- Localizing the DPRs
- C2C learnings
- Final round of the Close the Gap campaign
- Approval of the ART consolidated guidelines
- Finalizing the Adherence support materials
- Printing of the guidelines and supporting materials
- Uploading all approved materials on Knowledge Hub
- Capacity building on the Adherence guidelines
  - ✓ National Master trainers
  - ✓ Provincial trainings including non clinicians
  - ✓ PLHIV trainings
- Cascading the PLHIV workshop to all provinces