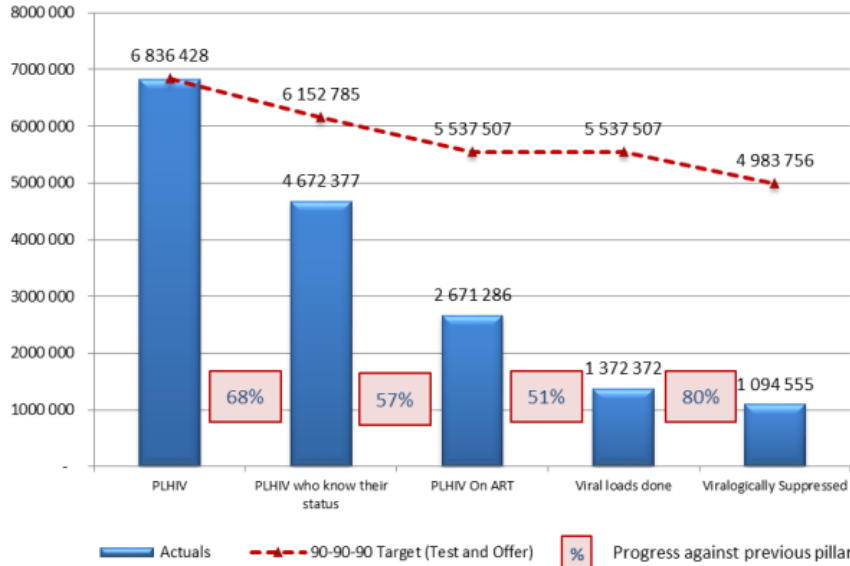# COUNTRY LEVEL IMPACT: SOUTH AFRICA

YOGAN PILLAY

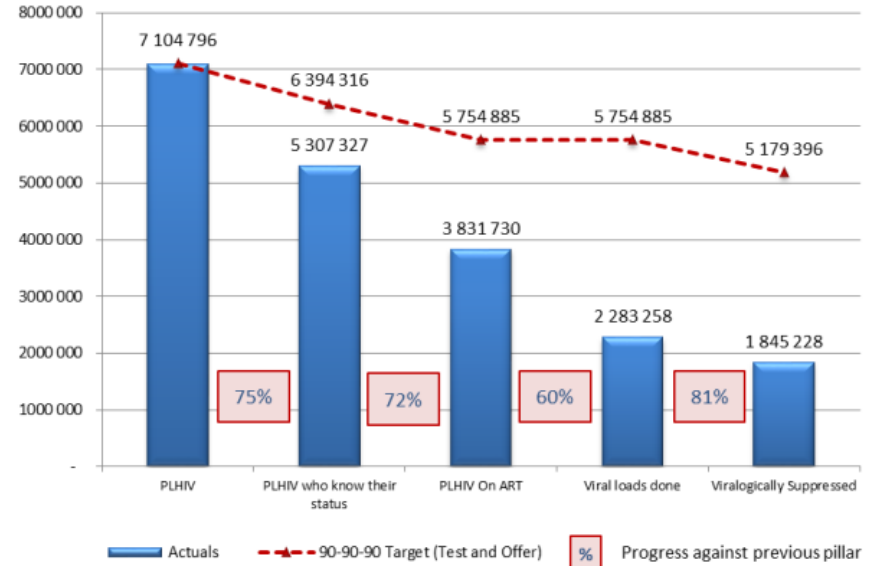**90-90-90 TARGETS WORKSHOP 22-23 JULY 2017**

PARIS

Impact of ART (STATSSA, 2016)

- Life expectancy increased from 55.2 years in 2002 to 65 years in 2016
- Improved access to ARVs has enabled HIV positive people to live longer and healthy lives, resulting in a decline in AIDS related deaths between 2006 (48%) and 2016 (28%).
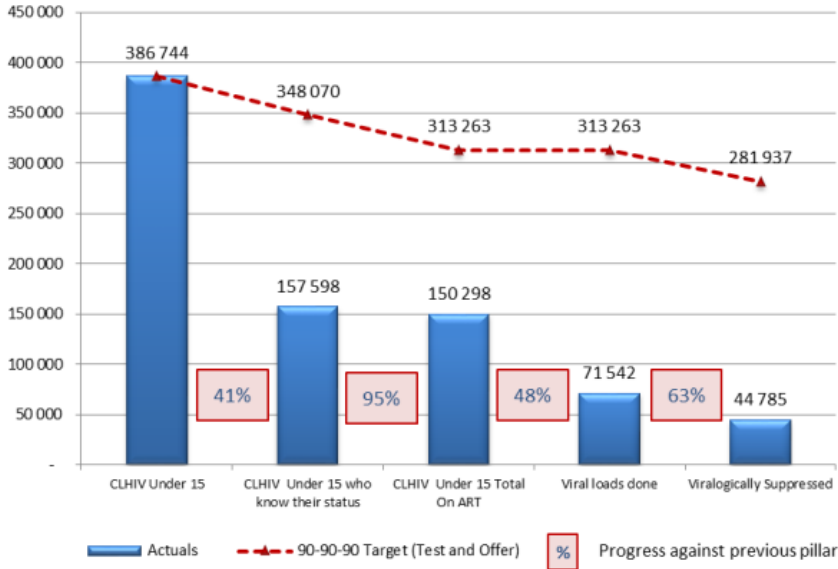
90-90-90 Cascade - Total Population
**(Mar 2014 - South Africa)**

PLHIV	PLHIV who know their status	PLHIV On ART	Viral loads done	Viralogically Suppressed
6 836 428	6 152 785	5 537 507	5 537 507	4 983 756
	4 672 377	2 671 286	1 372 372	1 094 555
68%	57%	51%	80%	

Actuals   90-90-90 Target (Test and Offer)   %   Progress against previous pillar

90-90-90 Cascade - Total Population
(Mar 2017 - South Africa)

PLHIV	PLHIV who know their status	PLHIV On ART	Viral loads done	Viralogically Suppressed
7 104 796	6 394 316	5 754 885	5 754 885	5 179 396
	5 307 327	3 831 730	2 283 258	1 845 228
75%	72%	60%	81%	

Actuals   90-90-90 Target (Test and Offer)   %   Progress against previous pillar

90-90-90 Cascade - Child under 15
(Mar 2014 - South Africa)

90-90-90 Cascade - Child under 15
(Mar 2017 - South Africa)
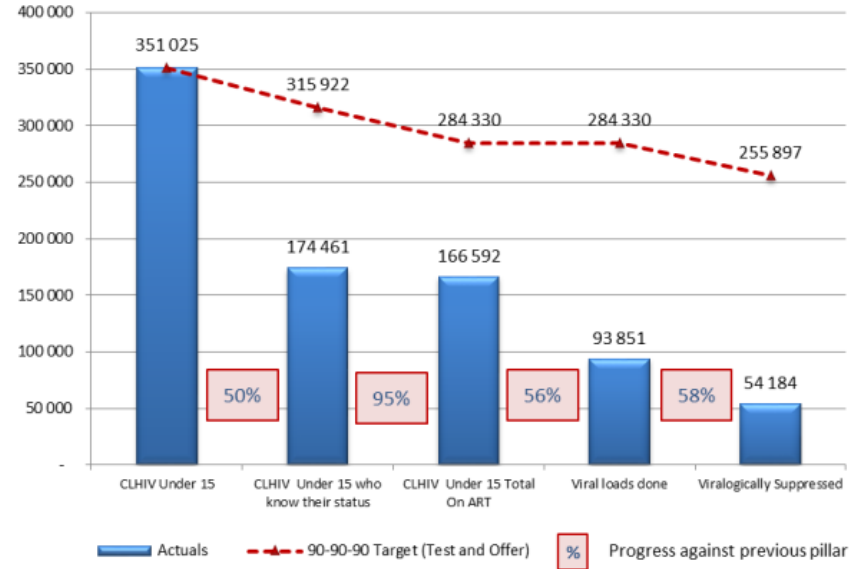
IPT implementation

Province	IPT 14/15	PLHIV TB screen	%IPT (70%)	IPT 15/16	PLHIV TB screen	%IPT (75%)`	IPT16/17	PLHIV TB screen	%IPT (80%)
EC	52790	59134	89	53389	59229	90	50934	56616	90
FS	21792	23831	91	21319	22815	93	17909	19565	92
GP	87952	91583	96	91378	106903	85	83349	108010	77
KZN	114947	149207	77	101940	127888	80	117339	138572	85
LP	46333	61518	75	36676	54358	67	35871	47554	75
MP	46732	57590	81	41479	49086	85	38532	44580	86
NC	4779	6221	77	5277	6558	80	5930	6744	88
NW	29782	33843	88	21116	24442	86	20790	23911	87
WC	21809	24555	89	18642	18861	99	22746	25663	89
NDoH	426916	507482	84	391216	470140	83	393400	471215	83

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Q2 Progress: High burden district

Row Labels	CUMM TARGETS: FY2017	RESULTS: FY17-Q1	RESULTS: FY17-Q2	CUMM RESULTS: FY2017	% ACHIEVEMENT	STATUS
Clinical cascade						
HTS_TST	1,163,327	362,998	339,528	702,5_6	60%	🟢
HTS_Positive	172,511	37,210	36,285	73,4_5	43%	🟡
TX_NEW	165,580	22,084	23,626	45,7_0	28%	🔴
TX_CURR	575,968	347,763	357,807	357,8_7	62%	🟢
PMTCT						
PMTCT_STAT	77,139	15,923	14,857	30,780	40%	🔴
PMTCT_ART	15,237	6,086	11,903	17,989	118%	🟢
PMTCT_EID	32,182	9,393	7,476	16,869	52%	🟢
TB						
TB_STAT	28,630		12,935	12,935	45%	🟡
TB_ART	15,391		7,547	7,547	49%	🟡
PREVENTION						
KP_PREV	23,724		11,662	11,662	49%	🟡
PP_PREV	399,681		101,150	101,150	25%	🔴
VMMC_CIRC	103,853	7,201	5,523	12,7_4	12%	🔴
PrEP_NEW	333	63	66	129	39%	🔴
OVC						
OVC_SERV	75,505		39,552	39,552	52%	🟢

Good case-detection with overall high yield (facility, community)

Sub-optimal TX_NEW with improving 'linkage' post-HTT

Moderate acceleration of TX_CURR/Net_New

Low results-Project 281k

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Key Findings: Areas of Strength

- Commodities Management is Excellent

- QI/QA activities are Excellent

- Patient Tracking System, ART Registers, ART Monitoring and Adherence Support are Excellent

- Test and Start is Strong

- Community linkage to facility is promising but requires additional effort

Key Findings – Areas for Improvement

- Partner HIV Testing
- HIV Testing of Children of Adults Patients
- Quality Assurance of HIV Testing Services
- Site Level HIV Proficiency Testing
- Data Reporting Consistency – HTS
- CCMDD has potential for patient leakage (e.g. patient choosing to return to clinics for drug pick-up)

- **Facility** referral to Community Services for Adult and Child PLHIV

Proposed solutions: Local level

- **Analysis and evaluation by cluster**
- Greater emphasis, understanding, analysis of **'Tx net new'**
  - While targets and results will continue to be reported at the site level, analysis and evaluation of progress will **focus on the 'cluster' level**
- Unique identifier (UID)-recommend **supplemental indicator: proportion of Tx clients with recorded UID** (e.g. national ID, passport #)
- **Encourage placement of M&E/data management staff** to facilities and district levels to rapidly address data entry, management, and analysis needs.
  - Key areas: **better monitoring/classification CCMDD patients, viral load done, diagnosed-not on Tx and follow-up**
- **Expand use of HTC, 'pre-ART' modules in tier.Net** to better track the continuum of identification, linkage, treatment

Conclusions

- Enhance testing rate especially for men, adolescents

- Strengthen linkage to care (use of UID, linkage officers)

- Deep dives per district, catchment (cluster) areas

- Local/tailored solutions needed