MISSED OPPORTUNITIES IN NSP 2017

FAREED ABDULLAH
OFFICE OF AIDS AND TB RESEARCH
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MISSED OPPORTUNITIES

• Implementation arrangements for prevention
• Pre-Exposure Prophylaxis
• Key populations legal reform
• TB Alarm
• Health Systems Strengthening
WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE FOR HIV IN THE NSP?

• PLHIV = 7.1 million, 19.2% adults (1 in 5)
• 50% on ART, 3 million need ART
• 150 000 deaths HIV related
• 270 000 new infections
• Treating all will not eliminate new infections
• Funding gap of a few billion rands for each of the next five years (recession, low growth)
**NSP GOAL 1**

Accelerate prevention of HIV, TB and STIs

**HIV Prevention**

**Powerful revival of sexual risk-reduction programmes**

- Communication campaigns, sexuality education, condom promotion and mass distribution, youth-friendly sexual health services

**Strengthening of medical methods of prevention**

- Stepping up medical male circumcision, targeted availability of PrEP (ARVs for prevention), addressing weak links in services to prevent mother-to-child transmission

**Target**

For 2022

Reduce new HIV infections from 270,000 a year to less than 100,000 a year
PREVENTION IMPLEMENTATION NEEDS

- Skilled planning based on data
- Good surveillance and access to real time data
- Management and institutional capacity
- Legal authority
- Resources
- We have missed the opportunity to clarify the institutional arrangements for the implementation of a broad based multidisciplinary prevention intervention
- Targets not in keeping with ambitious goal
PRE-EXPOSURE PROPHYLAXIS

• The most exciting new biomedical prevention intervention available now
• NSP limits PrEP to demonstration projects
• 18 000 target in 2 years (85 000 in 5 years)
• PrEP in sero discordant couples
• Approach to PrEP in pregnancy
PRE-EXPOSURE PROPHYLAXIS

• MSM, TGW, LGBTI
• Sex workers
• Young women exposed to sexual abuse
• Young women with multiple STIs/pregnancies
• Wives/partners of returning migrant mineworkers
• Other compelling settings
### HIV and STIs
#### Key populations
- Sex workers
- Transgender people
- Men who have sex with men
- People who use drugs
- Inmates of correctional facilities

#### Vulnerable populations
- Adolescent girls and young women
- Children, including orphans
- Residents of informal settlements
- Mobile populations
- Migrants and undocumented foreigners
- People with disabilities
- Other LGBTI populations

### TB key populations
- People living with HIV
- People sharing a home with TB patients
- Healthcare workers
- Mineworkers
- Communities near mines
- Inmates of correctional facilities
- Pregnant women
- Children under five
- Diabetics
- Residents of informal settlements
KEY POPULATIONS

- High prevalence (SW, LGBTI, IDUs, Inmates)
- National Sex Worker HIV Plan (70 000)
- LGBTI HIV Plan (200 000)
- Need to set targets (none in NSP)
- Need to commit government resources
- Reliance on donor funding
SA HEALTH MONITORING SURVEY
CONTINUUM OF CARE

Despite multiple points of contact with health care, few HIV+ FSW are on ART. Limitation: No CD4 data – limited conclusions on how well FSW are faring in accessing treatment. Prospectively, data is indicative of the challenge of early treatment / treatment at diagnosis in FSW population.

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LEGAL REFORM OF SEX WORK

• Sexual Offences Act/ Immorality Act
• Law is a barrier to effective implementation of the HIV Plan
• Hopes raised launch of the National Sex Worker HIV Plan
• NSP obliged to agree measures to protect sex workers from assault, unlawful arrest, rape, theft, violence, trafficking
LEGAL REFORM OF INJECTING DRUG USE

- Not seen as a SA problem
- Rapid transition from smoking to injecting
- Bluetooth
- Drug use will become a major contributor to HIV transmission over the next five years
- Needle syringe exchange
- Opioid substitution therapy
- National Drug Master Plan
HIV Treatment and Care

Scale-up HIV testing

- Proactive offer of HIV testing to all clinic attendees
- Bigger community testing campaigns

Target
For 2022

- 90% of all people with HIV know their status
- 81% of all people with HIV are on ARV treatment
- 73% of all people with HIV have ‘viral suppression’ – HIV levels in blood so low they will no longer transmit the virus
WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE FOR TB IN THE NSP?

• Highest TB incidence in the world 834/100 000
• 454 000 new cases each year
• 159 000 undiagnosed cases each year
• 53% of cases completing treatment
• Most frequent HIV and non-HIV related fatal event
• Spectre of MDR TB
• New understanding of (MDR) transmission
Care cascade for all TB cases

Naidoo, Pren et al
MANY STEPS FORWARD ON TB

- Ambitious target to reduce mortality by 50%
- Reduce incidence by 30%
- Recognition of low case detection
- Recognition of high mortality
- Emphasis on screening and case finding
- 90% treatment success target
- Improvements TB prophylaxis
- Shortcourse MDR treatment (75% treatment success target)
- New drugs (bedaquiline)
SOUNDING THE ALARM

• Needs a crisis management approach
• Leadership and management
• Logistics +++
• Make available new regimens (address regulatory authority bottlenecks, price negotiations)
• Investments in drug development, testing new regimens, diagnostics
HEALTH SYSTEM CHALLENGES

• Persistant supply chain challenges
• Very slow regulatory authority (Dolutegravir)
• Digital migration to unique identifier
• Staffing shortages (and skills)
• Budget shortfalls at provincial and municipal levels