

LET OUR ACTIONS COUNT

Reflections on NSP 2012-2016
and moving forward to NSP 2017-2022





CONTENTS

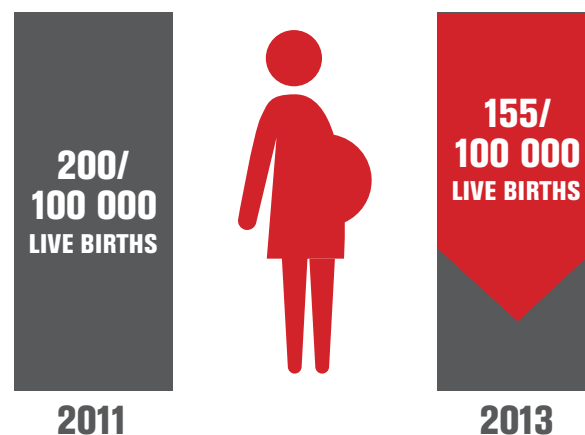
INTRODUCTION.....	2
FROM THE 2000 AIDS CONFERENCE TO AIDS 2016: REFLECTIONS AND LESSONS LEARNT.....	3
THE NSP 2012-2016 HAD 5 GOALS – WHAT HAS BEEN ACHIEVED?.....	5
REVIEWING IMPLEMENTATION OF THE NSP 2012-2016.....	10
CHALLENGES.....	12
GOALS AND OBJECTIVES 2017 – 2022.....	13
BUILDING SOCIAL AND SERVICE DELIVERY SYSTEMS.....	20
CONCLUSION.....	21
APPENDIX.....	23

INTRODUCTION

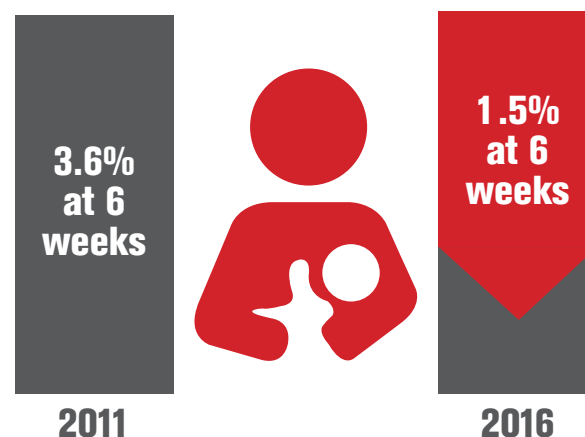
Let our Actions Count shares our country's HIV, TB and STI journey and sets out our agenda going forward. We outline the progress we have made over the last five years, share what we learnt at the International AIDS Conference 2016, which we co-hosted with the International Aids Society, we identify the gaps and challenges in our response and then we set out the goals and strategic objectives for the next five years. **Let Our Actions Count** sets the foundation for the National Strategic Plan for HIV, TB and STIs 2017-2022 that will be launched on World TB Day, 24 March 2017.

In the past 5 years South Africa has made significant progress in response to the challenges of HIV, TB and Sexually Transmitted Infections (STIs). We have improved our life expectancy, reduced maternal mortality and mother-to-child transmission of HIV and offered anti-retroviral treatment to more than 3.7 million people living with HIV. But, we cannot become complacent as there is more to do. So, we have set ambitious targets for the next five years: to reduce new infections of HIV by 63%; TB infections by 30%; and to significantly reduce gonorrhoea, syphilis, and chlamydia infections. We are committed to ending HIV, TB and STIs as public health threats by 2030.

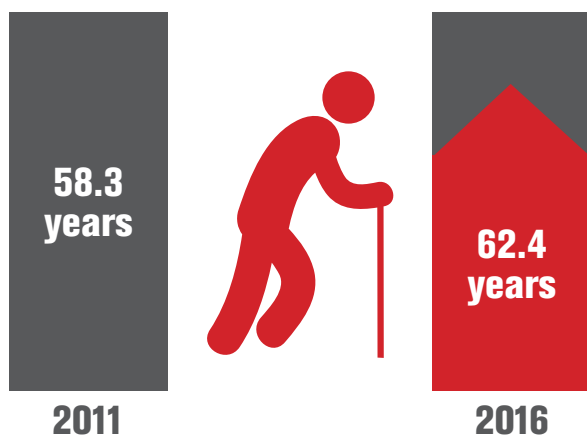
Maternal mortality



Prevention of Mother to Child Transmission



Life expectancy



FROM THE 2000 AIDS CONFERENCE TO AIDS 2016: REFLECTIONS AND LESSONS LEARNT

When the International AIDS Conference returned to Durban in July this year, the international AIDS community celebrated the leadership provided by our government and good work done by all stakeholders in turning the tide against the HIV and TB epidemics. This was a far cry from the last time the Conference was held here when the country was in the throes of a debate about the cause of AIDS in the midst of a raging HIV epidemic! While the major demand in 2000 was treatment for all, especially those in low and middle income countries, the AIDS 2016 focused on the need to accelerate prevention, especially for key and vulnerable populations, including adolescent girls and young women.

AIDS 2016 provided an opportunity for us to showcase our progress as a country. From all walks of life, South Africa's HIV community shared stories through quilts, in debates and in the formal platforms through presentations. Civil society voiced its concerns for more resources for the response to the HIV epidemic as they marched through the streets of Durban. Political leadership engaged positively with the issues and a vibrant and exciting experience unfolded. As the delegates departed our shores, we were left with hope and the determination to take our response to new heights.





We shared best practice with experts from across the world and we listened to important critiques about how we can improve service delivery at the community level and in our health facilities. Some of the lessons learnt from the Conference are highlighted below.

- That despite our progress, we are not close to the end of AIDS. In fact, there was concern that we are not doing enough to stop new HIV infections.
- Research presented at the conference suggests that to decrease incidence at a population level even more people need to be on antiretroviral treatment, initiated as early as possible and be virally suppressed.
- There is a need for sustained and increasing investment in and resources for our responses to HIV and TB to ensure that the work of ending AIDS gets done - complacency and a reduction in resources will erode the advances made.



THE NSP 2012-2016 HAD 5 GOALS – WHAT HAS BEEN ACHIEVED ?

GOAL

1

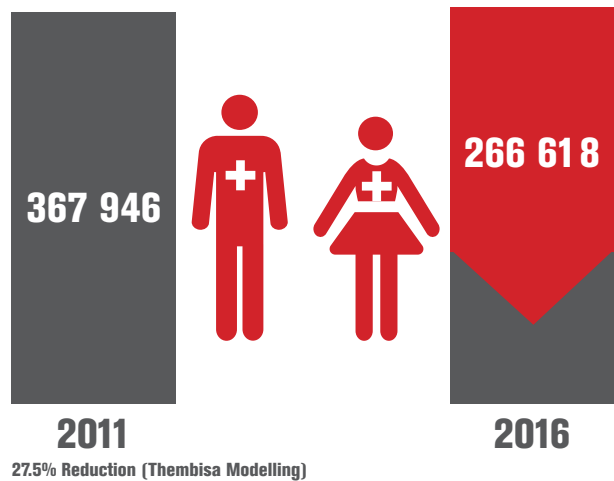
Reduce new HIV infections by at least 50% using combination prevention approaches

NSP 2012-2016

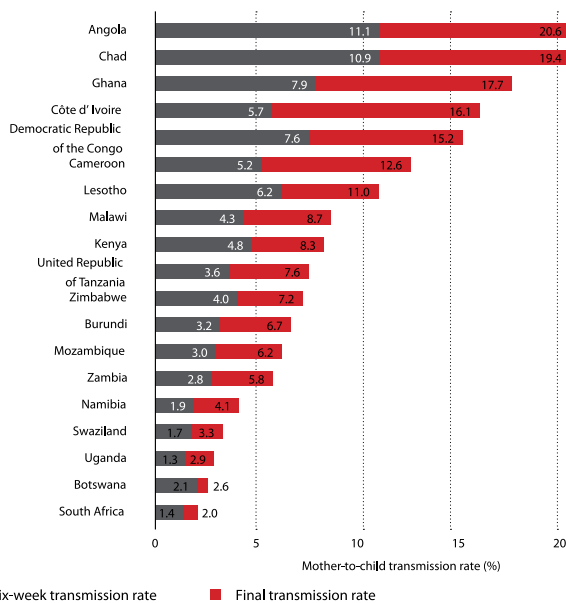
More than 10 million people now test for HIV each year, 85% of South Africans living with HIV know their status, government distributed 800 million free male condoms in the last financial year and more than 3 million male circumcisions were performed in the last 5 years.

New HIV infections declined from 367 946 in 2011 to 266 618 in 2016, a 27.5% reduction against a target of 50%. Major successes included the reduction of mother-to-child transmission of HIV from 3.6% to 1.5% (measured at 6 weeks postpartum), the lowest rate in Southern Africa. The number of infants born HIV positive has been reduced from 70 000 in 2003 to less than 6 000 in 2015, putting us on the the road to elimination of mother-to-child transmission of HIV.

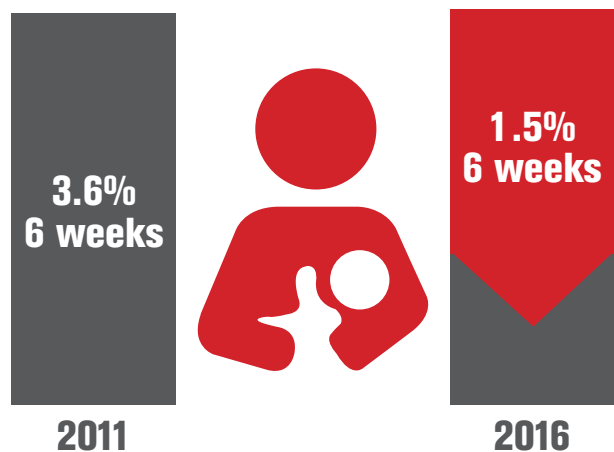
Decline in HIV new infections



Six-week and final mother-child-transmission rates, by country, 2015



Prevention of Mother-to-Child Transmission



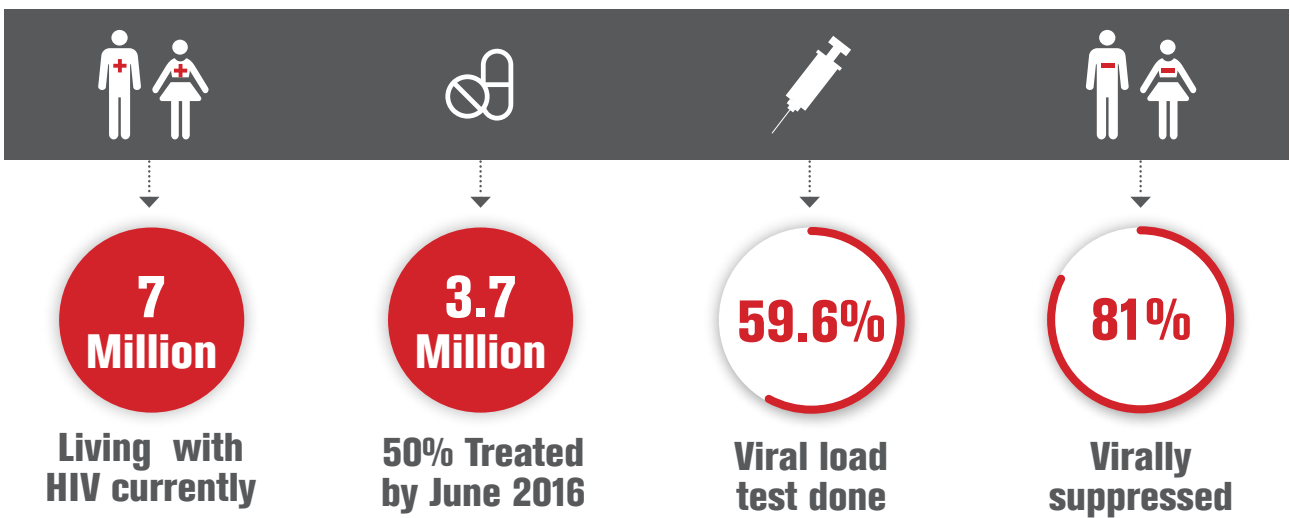
GOAL 2

Initiating at least 80% of eligible patients on ART, with 70% alive and on treatment five years after initiation

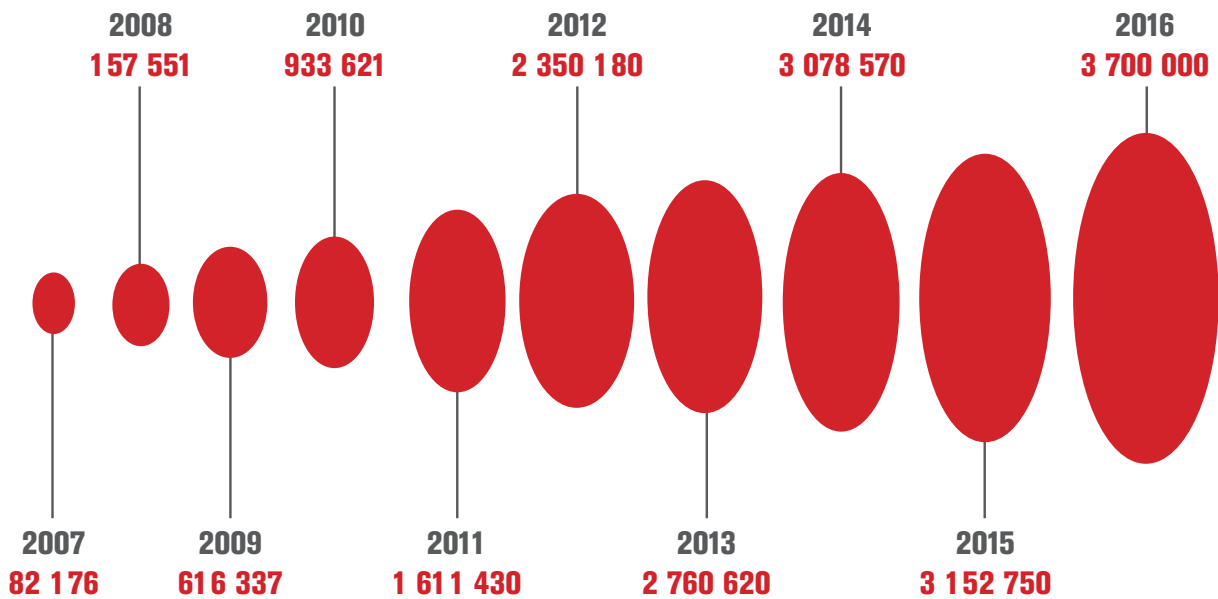
NSP 2012-2016

South Africa had 3.7 million People Living with HIV (PLHIV) on antiretroviral treatment in the public and private sectors at the end of June 2016, making it the largest treatment programme in the world. This is 50% of the 7 million people currently estimated to be living with HIV in South Africa.

The impact of the treatment programme is reflected in the increase in life expectancy as well as the decline in the maternal and under 5 mortality rates. A significant portion of the deaths in people living with HIV is still attributable to TB, given the high rate (60%) of co-infection.



Increasing numbers on ART



GOAL 3

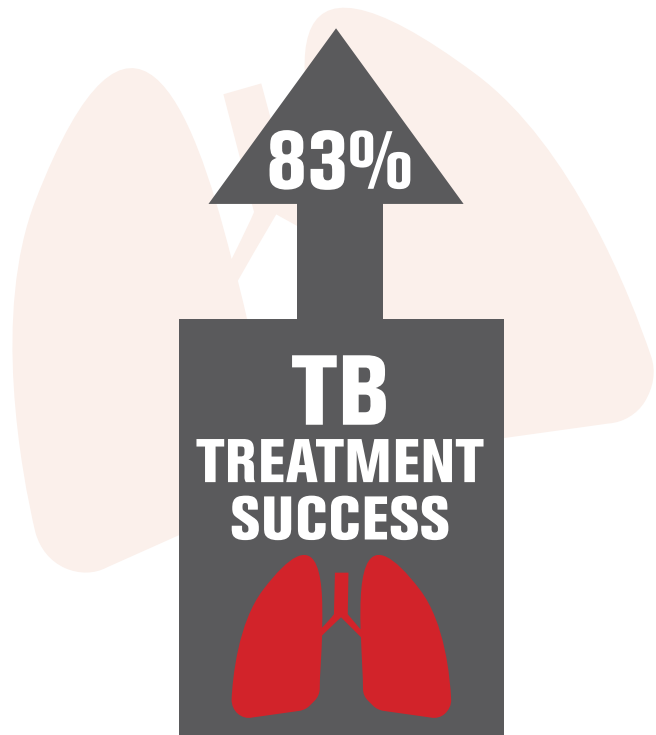
Reducing the number of new TB infections, as well as the number of TB deaths by 50%

NSP 2012-2016

There has been a steady decline in the number of new TB infections and TB deaths. However, the rates of decline are lower than the target set for 2016. The TB treatment success rate has increased to 83%. To protect people living with HIV from contracting TB, large numbers of PLHIV are on Isoniazid Preventive Therapy.

According to the WHO 2016 TB report there were 454 000 new TB cases in South Africa in 2015. Of these, about 258 000 were estimated to be HIV related.

The WHO TB Report for 2015 estimates TB mortality at 98 000 deaths in South Africa, of which 73 000 are related to HIV. The report also shows that non-HIV TB mortality has been declining over the last 10 years. HIV related TB mortality is also declining, although more slowly.



WHO Global TB Report 2016:
98 000 deaths in South Africa

73 000

HIV RELATED

WHO Global TB Report 2016:
454 000 new TB cases in South Africa in 2015

258 000

HIV RELATED

GOAL 4

Ensuring an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP

NSP 2012-2016

According to the 2013 HIV and TB Programme Review co-ordinated by the World Health Organisation (WHO) and commissioned by the National Department of Health, South Africa’s interventions and policies respect human rights in their conceptualisation and implementation.

Examples of these include:

- Informed consent for HIV counselling and testing
- Referral and linkage to care for people living with HIV
- Access to sexual and reproductive health services
- Access to appropriate post exposure prophylaxis services for rape survivors

Also, health care policies, guidelines and services follow a rights based approach, examples of which are:

- Campaigns to prevent stigma and discrimination
- Provision of training on human rights
- Improved enforcement of rights in programmatic responses for vulnerable and key populations e.g legal aid to sex workers



GOAL 5

Reducing self-reported stigma and discrimination related to HIV and TB by 50%

NSP 2012-2016

There was no baseline for this goal, so measuring progress was difficult. The perspectives of 10 000 PLHIV were explored through the National Stigma Index Survey carried out in 2014. The results showed that people co-infected with HIV and TB

are more prone to stigma and discrimination than people living with HIV only, with 41% of co-infected respondents reporting being gossiped about in the last 12 months and 36% being teased, insulted or sworn at.

Perspectives of 10 000 PLHIV



Experienced some form of external Stigma



Experienced some form of internal Stigma

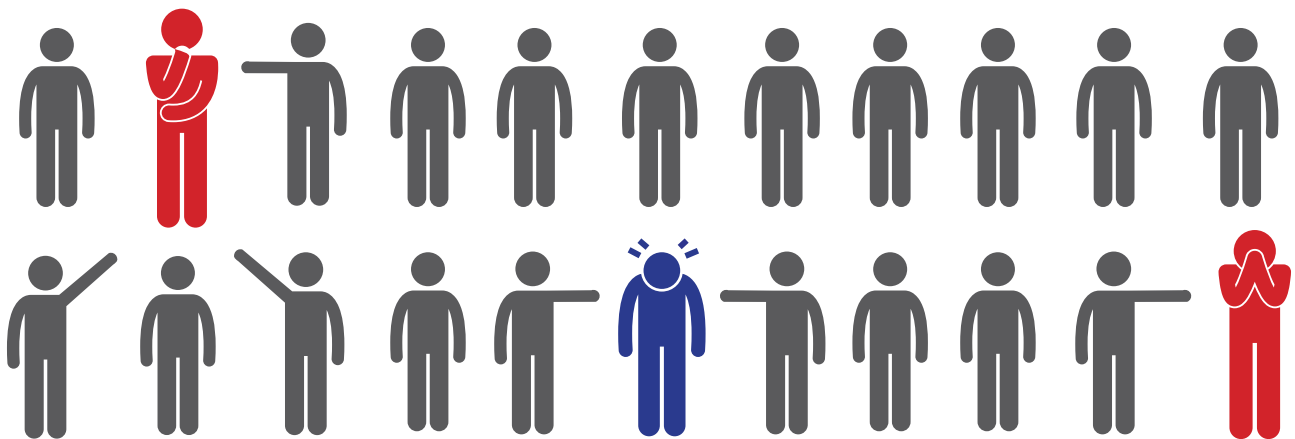
People co-infected with HIV and TB



Reporting being gossiped about in the last 12 months



Being teased, insulted or sworn at








REVIEWING IMPLEMENTATION OF THE NSP 2012-2016

While we did not achieve all the ambitious goals we set ourselves five years ago, we have made exceptional progress through the contributions of

government, civil society, the private sector and development partners, examples of whose efforts are captured in Appendix 1.

Table 1: Progress towards reaching the goals of NSP 2012 - 2016

	Mother-to-child transmission of HIV rate (MRC) 		
	Baseline (2011/12) 3.6% at 6 weeks	Target for 2016 <2% (6 weeks) <5% (18 months)	Achieved 1.5% (6 weeks) 4.3% (18 months)
 15-24 YRS	HIV prevalence among women and men aged 15-24 (STATSSA)		
	Baseline (2011/12) 6.2% (2012)	Target for 2016 50% reduction	Achieved 5.6% (2016)
 15-24 years 15-49 years	HIV incidence (Thembisa)		
	Baseline (2011/12) 367 946 (2011)	Target for 2016 <184 000 (reduction by 50%)	Achieved 270 000 (2016) (a reduction of 26.6%)
	15-24 years 1.65%		1.20%
	15-49 years (STATSSA) 1.50%		1.27%
	HIV prevalence in key populations		
	Baseline (2011/12) No baseline	Target for 2016 50% reduction	Achieved Female Sex Workers: 39.7% (Cape Town), 53.5% (Durban), 71.8% (Johannesburg) Men who have sex with men: 22% (Cape Town), 48% (Durban)



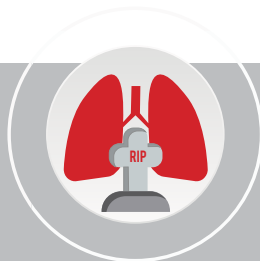
HIV associated mortality (STATSSA)

Baseline (2011/12)	Target for 2016	Achieved
185 558 (33% of all deaths)	50% reduction	150 759 (27.9% of all deaths)



TB incidence (WHO)

Baseline (2011/12)	Target for 2016	Achieved
981/100 000	50% reduction	834/100 000 (15% reduction)



TB Mortality rate (WHO)

Baseline (2011/12)	Target for 2016	Achieved
981/100 000	50/100 000 (HIV- patients) 168/100 000 (HIV+ patients)	46/100 000 (HIV- patients) 133/100 000 (HIV+ patients)



Stigma Index (Stigma Index)

Baseline (2011/12)	Target for 2016	Achieved
No baseline	50% reduction	35.5% external stigma among PLHIV 43% internal stigma among PLHIV 36.3% TB related stigma

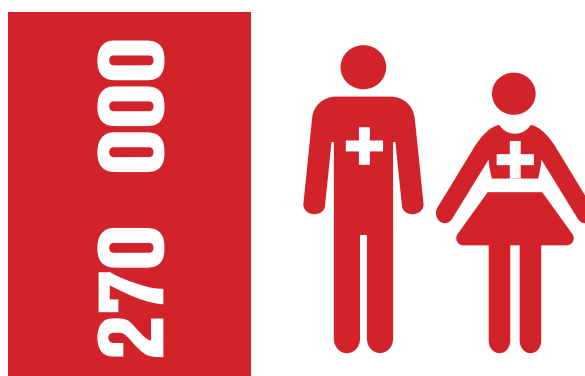
CHALLENGES

Notwithstanding these achievements, a number of challenges have been identified. Without addressing these with urgency and determination, our ability to achieve the goals we have set for the next five years will be undermined. The key challenges are:

- Persistently high levels of HIV, TB and STI infections.
- Designing effective programmes to deal with social and structural determinants of health, including poverty, inequity and unemployment, is critical.
- Addressing gender inequality and gender based violence and sexual violence.
- Tackling alcohol and substance abuse and the lack of harm reduction services, especially among youth in and out of school and at TVET colleges and Universities.
- Tailoring combination prevention strategies for different populations, particularly those with higher risk behaviours and/or legal and social issues that increase their vulnerability.
- Reducing externalised and internalised stigma for HIV and TB and to improve responsive programmes to human rights abuses.
- Ensuring regular screening for TB and testing for HIV.
- Delays between diagnosis and initiation on treatment.
- Poor adherence to treatment.
- Achieving more resilient social systems and strengthened service delivery systems.
- Ensuring that key and vulnerable populations, including young women and girls, children and people with disabilities receive acceptable and accessible services.
- Enabling intersectoral planning and integrated service delivery, especially at community level.
- Providing even stronger leadership at all levels of government and every segment of society with better co-ordination and greater accountability.

- Lack of innovative financing strategies in the context of a constrained fiscal space and declining development aid.
- Improved monitoring and evaluation of interventions and surveillance.
- Strategic funding for research and development.

New HIV infections



**Young women
aged 15 – 24
new infections
PER WEEK**



GOALS AND OBJECTIVES 2017 – 2022

The analysis of the progress we have made in our response to the HIV, TB and STI epidemics and the wisdom from wide consultations has led us to our six goals, with objectives, for the NSP 2017-2022.

Accelerate prevention to reduce new HIV, TB and STI infections.

1

Address the social and structural drivers of HIV, TB and STI infections and linking them to NDP Goals.

2

Reduce morbidity and mortality by providing easy access to treatment, care and adherence support for all.

3

Reach all Key and Vulnerable populations with customised or Focussed and targeted interventions.

4

Protect human rights, increase access to justice and reduce stigma and discrimination.

5

Mobilize leadership at all level and promote shared accountability for a sustainable response to HIV, TB and STIs.

6

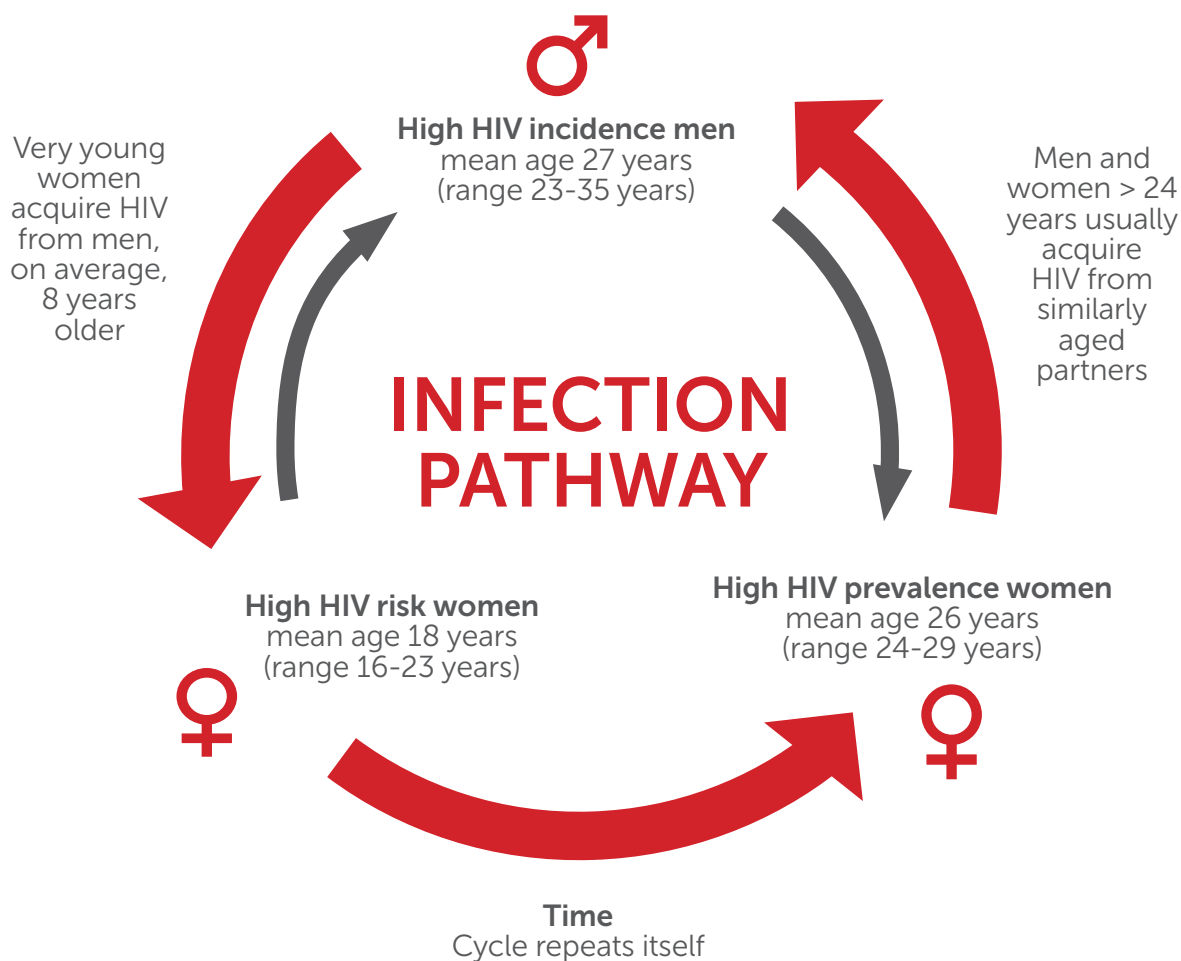
GOAL Accelerate prevention to reduce new HIV, TB and STI infections **1**
 NSP 2017-2020

“Breaking the Cycle of Transmission”

Objective 1.1: Reducing new infections among youth from 1.2% to 0.7% and overall reducing new infections to below 100 000 by 2022.

Objective 1.2: Reduce TB incidence by at least 30%, from 834/100,000 population in 2015 to less than 584/100,000 by 2022.

Objective 1.3: To significantly reduce gonorrhoea, syphilis, and chlamydia infection, to achieve the virtual elimination of congenital syphilis, and maintain high coverage of HPV vaccination.



GOAL

Address the social and structural drivers of HIV, TB and STI infections and linking them to NDP Goals

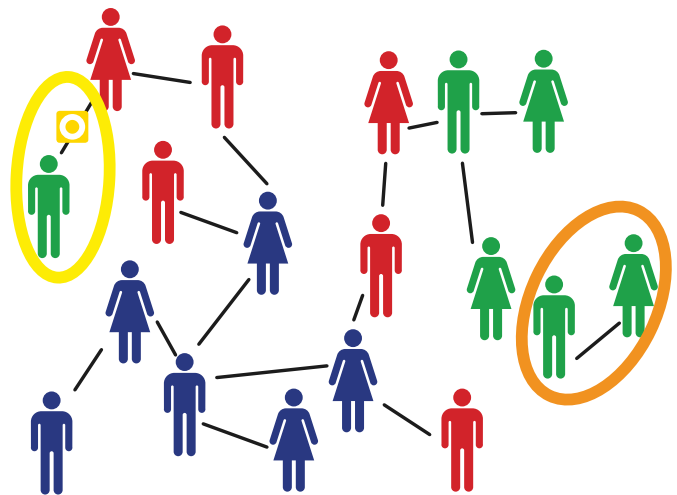
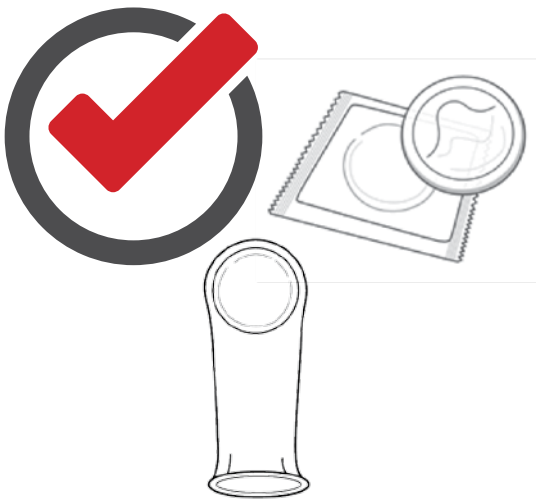
NSP 2017-2020



“A multi department multi sector approach”

Objective 2.1: Addressing the social and structural determinants towards HIV, TB and STI prevention among young people, especially adolescent girls and young women.

Objective 2.2: Addressing the social and structural determinants towards HIV, TB and STIs prevention among the general population.



SEX WITH MORE THAN ONE PARTNER INCREASES THE RISK OF HIV INFECTION

GOAL Reduce morbidity and mortality by providing treatment, care and adherence support for all **3**
 NSP 2017-2020

Reaching “90-90-90 in Every District”

Objective 3.1: Ensure 90% of all people living with HIV know their HIV status (6.8 million people, including 195,000 children), 90% of all people with diagnosed HIV infection receive sustained antiretroviral therapy (6.1 million people, including 175,000 children), and 90% of all people receiving antiretroviral therapy are virally suppressed (5.5 million people, including 158,000 children).

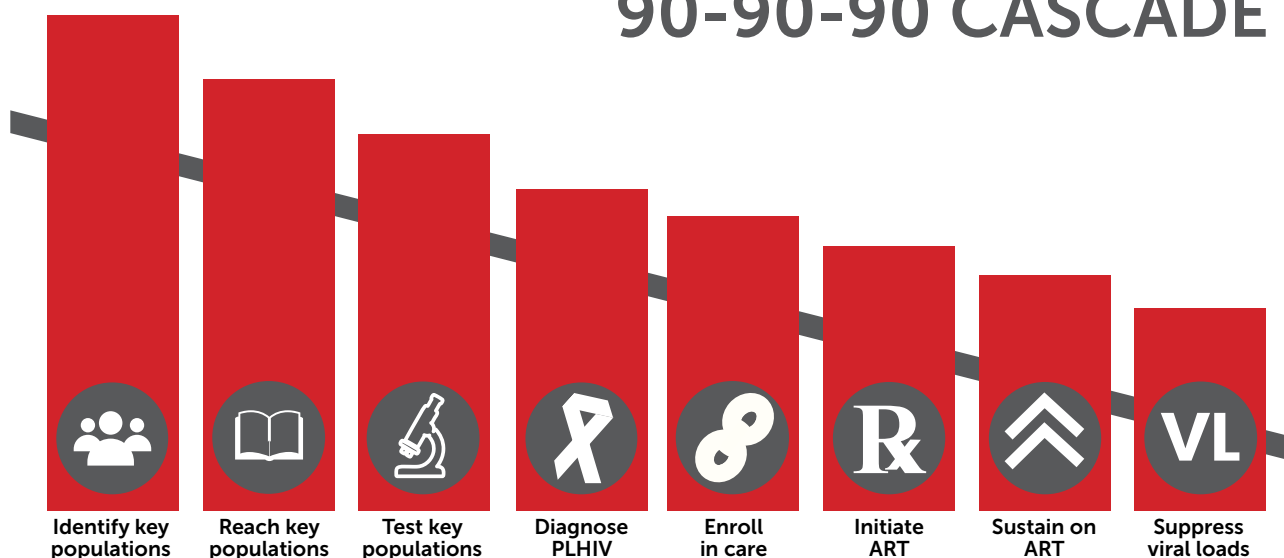
Objective 3.2: Test 90% of all people with TB (408,600), treat at least 90% of them and ensure a 90% treatment success rate for drug-sensitive (and at least a 65% treatment success rate for multi-drug resistant TB).

Objective 3.3: Increase the detection and treatment of asymptomatic STIs by 50% in high HIV prevalence districts.

Objective 3.4: Ensure access to rehabilitation, psychosocial and mental health services for people living with HIV and TB in every district.

Objective 3.5: Scale up access to social grants, food security and nutritional support for people living with HIV and TB in need in every district.

90-90-90 CASCADE



GOAL

Reach all key and vulnerable populations with customised and targeted interventions

NSP 2017-2020



“Nobody Left Behind”

Objective 4.1: Provide peer-led outreach services for all key and vulnerable populations.

Objective 4.2: Provide community based mobile and otherwise differentiated services for key and vulnerable populations.

Objective 4.3: Integrate empowerment components into all service packages provided to key and vulnerable populations.

Objective 4.4: Capacitate and sensitise all service providers on the needs and rights of key and vulnerable populations.

Objective 4.5: Deliver targeted and high-impact interventions for all key and vulnerable population, as per their respective national plans.



KEY POPULATIONS

PEOPLE LIVING WITH HIV
 MIGRANTS
SEX WORKERS
 MINERS
 TRANSGENDER PEOPLE
 MEN WHO HAVE SEX WITH MEN
INMATES
 PEOPLE WHO INJECT DRUGS (PWID)

VULNERABLE POPULATIONS

PEOPLE WITH DISABILITIES
 PREGNANT WOMEN
DIABETICS
 PEOPLE LIVING IN INFORMAL SETTLEMENTS
 HEALTH CARE WORKERS
 CHILDREN, WITH A SPECIFIC FOCUS ON OVC
 OTHER VULNERABLE LGBTI COMMUNITIES
 IE NON-KEY POP LGBTI GIRLS AND YOUNG WOMEN (15-24)

GOAL

Protect human rights, increase access to justice and reduce stigma and discrimination

NSP 2017-2020



“Equal Treatment and Social Justice”

Objective 5.1: Implement a system to monitor and respond to human rights abuses, challenges with access to services and discrimination in every district.

Objective 5.2: Increase access to one-stop services at Thuthuzela Care Centres and shelters for all survivors of sexual and gender/partner-based violence.

Objective 5.3: Address human rights violations of sex workers.

Objective 5.4: Review legal and policy frameworks and their implementation, with a focus on drug use, mental health, domestic violence, sexual abuse of inmates and migration.

Objective 5.5: Reduce externalised and internalised stigma among people living with HIV by half (from 35.5% in 2014 to 17.75% in 2022 for externalised stigma, and from 43% in 2014 to 21.5% in 2022 for internalised stigma), including a 50% reduction in TB stigma (from 35.5% in 2014 to 17.75% by 2022).



GOAL

Promote localised leadership and shared accountability for a sustainable response to HIV, TB and STIs

NSP 2017-2020

6

“Mutual Accountability”

Objective 6.1: Strengthen the South African National AIDS Council to provide effective leadership and coordination of all sectors and stakeholders, including development partners, for shared accountability in the implementation of the NSP.

Objective 6.2: Improve cooperation and collaboration of national government departments and various SANAC Sectors to achieve the common goals of the NSP.

Objective 6.3: Capacitate AIDS Councils at all levels (provincial, district and local) to develop and implement multi-stakeholder implementation plans for the NSP.

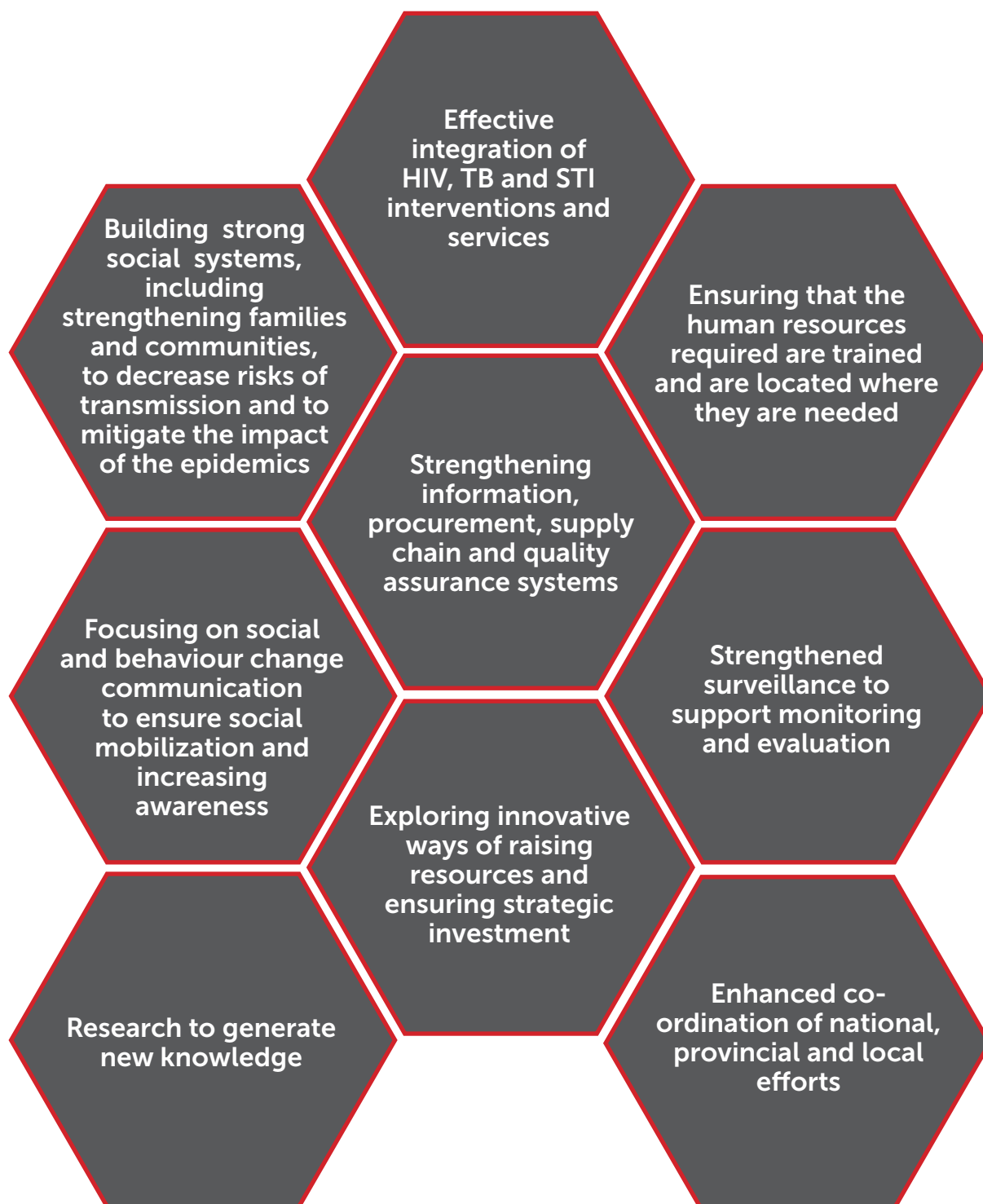
Objective 6.4: Fund and capacitate civil society sectors and community networks to play a central role in every aspect of the multi-sectoral response at all levels.

Objective 6.5: Engage private sector companies, co-ordinating associations, labour confederations and employers' organisations to contribute optimally to the implementation of the NSP.



BUILDING SOCIAL AND SERVICE DELIVERY SYSTEMS

The NSP 2017 – 2022 recognises that “cross cutting systems enablers” must be in place for successful implementation of the plan and to identify and overcome bottlenecks. These include :



CONCLUSION

Significant progress has been made over the last few years and this needs to be sustained. However, the challenges highlighted and the goals we have set require concerted effort across all of society.

There is no room for complacency. To achieve the goals and objectives identified for the 2017-2022 National Strategic Plan means business usual. It also means that HIV, TB and STIs must be everyone's business – all our actions count.

There is a critical role for all stakeholders and constituencies.



From government the following actions are key:

- Leadership and political oversight.
- Ensuring alignment with the MTSF and the NDP.
- Resource allocation and support for alternative innovative financing strategies.
- Support resource mobilization for civil society organisations.
- Improved co-ordination across departments and the 3 spheres of government.
- On-going policy review, working with stakeholders in SANAC and other forums.

From civil society:

- Leadership and engagement of key populations, those most vulnerable as well as PLHIV.
- Stronger and streamlined links with provincial counterparts for better accountability.
- Strategies to strengthen community systems strengthening.
- Closer collaboration with development partners to drive a country-led programme.

From the Private sector:

- Better and formal collaboration with SANAC at all levels. All sectors of the private sector must collaborate using their comparative advantage.
- Stronger and sustainable work place programmes.
- Systems to share data for monitoring programmes across the private and public sector.
- Stronger working relationships with community based organisations especially those working where the private sector has operations.
- Support for the SMMEs through collaboration with relevant departments.

Development partners, foundations and philanthropies:

- Support country-led programmes
- Limit duplicative reporting systems- systems to enable data sharing with government.
- Support the establishment of a data-base for all development partners to improve co-ordination across all sectors.

Communities:

- Create networks to support health system efforts, as well as support programmes by social development, basic education and others, especially with regard to orphans and vulnerable children.
- Support from government programmes for Zero Tolerance to violence against women and children including sexual violence
- Support networks to deal with drug and alcohol abuse in the community.
- Create safe communities through strong collaboration with police and the justice system

Individuals:

- Sustain efforts towards healthy lifestyles
- Utilise services for screening and testing for HIV, TB, STIs and other non-communicable diseases
- Take responsibility for own health and support those who need care.
- Help to prevent new infections
- Take your medication as prescribed

IT IS IN OUR
HANDS



APPENDIX 1

Examples of the exceptional contribution by national government, civil society and the private sector to addressing HIV, TB and STI in South Africa (Provincial contributions are reflected in provincial reports)

DEPARTMENT/ SECTOR	ACHIEVEMENTS
National Government Departments	
Basic Education	<p>Life Orientation: Major overhaul of the life skills education programme in schools including scripted lesson plans and enhanced teacher training</p> <p>HIV and TB Policy: New HIV, STIs and TB Policy approved by Council of Education Ministers. Includes compulsory Comprehensive Sexuality Education, Sexual and Reproductive Health Services inclusive of counselling and provision of condoms, contraceptives, HIV testing and HIV and TB care for adolescents. Also aims to reduce teenage pregnancies, keep girls in schools and improve Employee Health and Wellness programmes for educators and officials</p> <p>Peer education: Standardised guidance and implementation of quality peer education programmes in schools working with NGOs such as Soul City, love Life, Grassroots Soccer and others</p> <p>Pro-poor package of services including school feeding to mitigate vulnerability: Implementation of Care and Support Programme providing school nutrition, no-fee schools, scholar transport, care and psychosocial support for vulnerable learners, including orphans and learners on HIV and TB treatment</p> <p>School Health Services: Rollout of the integrated school health programme together with NDOH including SRHS in secondary schools</p>
Co-operative Gov and Traditional Affairs	Support to municipalities and AIDS Councils
Defence	Soldiers health: Provision of HIV and TB prevention and treatment
Finance	Costing and financing HIV, TB and STI programmes, innovative financing, regulation of insurance and pension industry
Health	<p>PMTCT: Transmission rate of 1.5% at 6 weeks and plan to reach elimination by 2020</p> <p>Antiretroviral Treatment: largest treatment programme in the world with 3.5 million persons on treatment</p> <p>HIV Testing: More than 10 million South Africans test for HIV each year with 85% of HIV positive persons knowing their status</p> <p>Simplified treatment policy: All persons who test positive are eligible for antiretroviral treatment. First line regimen is a single daily dose costing US\$10 per month providing free at the point of service</p> <p>New MAX condom: Launch of new scented and coloured condom. 800 million condoms distributed during 2015/16 financial year</p> <p>PrEP: New policy for Test and Treat and PrEP. Supporting roll out of PrEP for sex workers, MSM and young women</p>

DEPARTMENT/ SECTOR	ACHIEVEMENTS
Health	<p>TB treatment: Increase TB treatment success rates</p> <p>MDR TB: Rollout of Access Programme with new second line drugs</p> <p>TB Screening: Millions screened in mines and peri-mining areas, correctional facilities, informal settlements</p> <p>TB Improvements: Widespread use of geneXpert and preventive therapy in PLHIV (IPT)</p> <p>Minister of Health: Appointed to second term as chair of STOP TB Partnership</p>
Higher Education	<p>First Things First: Successful HIV testing campaign in universities</p> <p>TVET Colleges: Roll out of HIV prevention campaign at TVET colleges</p> <p>Future Beats: Scale up of radio station to all university radio stations</p> <p>Condom promotion: Distribution and promotion of new MAX condoms to universities and TVET colleges</p> <p>Peer education programme: Ambitious programme to reach 2 million persons through peer educators at universities and TVET colleges</p>
Justice and Correctional Services	<p>Human Rights: Chair SANAC Human Rights Technical Task Team</p> <p>Legislation: Review of legislation including Equality Act and Sexual Offences Act</p> <p>Rape Survivors: NPA is the lead agency in the management of Thuthuzela Care Centres</p> <p>Stigma and discrimination: Legal and paralegal support provided for all cases of HIV and TB discrimination through Legal AID SA</p> <p>Correctional Services: Provision of prevention services for HIV, TB and STIs including the provision of condoms, lubricants and TB geneXpert screening</p> <p>Correctional Services: Provision of ART services to more than 17 000 inmates as well as TB and STI treatment</p>
Labour	<p>Standards: Ensuring standards for workplace HIV and TB programmes</p> <p>Labour rights: Ensure fair labour practice in respect of HIV and TB</p>
Minerals	<p>ODMWA: Ensuring mine safety and control of TB and silicosis</p> <p>Employee Health: Monitoring implementation of employee HIV and TB programmes</p>
PME	Support to SANAC and government departments for monitoring and evaluation
Presidency	Overall leadership and communications support
Public Service and Administration	<p>Employee Wellness: 100 000 public servants on antiretroviral treatment through GEMS Medical Scheme</p> <p>Mainstreaming: More than 90% of all government departments have mainstreamed HIV into policy</p> <p>African Peer Review Mechanism: Reports country progress to APRM, AU and SADC</p> <p>Public Service Policy: Custodianship of employee wellness policy and procedures at national and provincial levels</p>

DEPARTMENT/ SECTOR	ACHIEVEMENTS
Science and Technology	<p>Centres of Excellence: Support Centres of Excellence for HIV, TB and HIV Prevention</p> <p>Strategic Health Innovation Partnerships: Grants to innovators for new drugs, diagnostics and vaccines for HIV, TB and Malaria</p> <p>Local Production: Local production of drugs, diagnostics and vaccines</p>
Small Business Development	Support to small businesses in the prevention and treatment of HIV, TB and STIs
Social Development	<p>OVC support: Support to hundreds of thousands of orphans with nutrition support, home support, support for schooling, child support grants and foster care – aim to employ 10 000 child and youth care workers on track</p> <p>Child headed households: Additional support to child headed households</p> <p>GBV: Award winning call centre for GBV, provision of White Door services and places of safety for abused women and support to TCCs and rape survivors presenting to police stations and health clinics and hospitals</p> <p>Young Women: Implementation of YOLO programme in all 9 provinces together with Family Matters Programme</p> <p>Social Protection: Provision of temporary disability grants for advanced HIV or TB disease, food parcels for undernourished, disability grants, child support grants, foster care grants and recently approved extended child support grant</p> <p>People with Disabilities: Provision of support for people with disabilities, mainstreaming of disability policies</p> <p>Substance abuse and alcohol: Ke Moja programme in schools</p> <p>PWID: Reform of policy for OST and NS programmes for injecting drug users</p>
Trade and Industry	Management of intellectual property, patents and local production of NSP related commodities
Transport	<p>Employee and contractor wellness: Provision of HIV prevention and treatment to sectors including marine division</p> <p>Road Freight Industry: Works with road freight industry and unions to provide roadside services to long distance truck drivers and sex workers on national roads and border posts</p> <p>Taxi Industry: Working with Taxi Industry to address prevention, testing and treatment for taxi drivers and long distance taxi drivers</p>

DEPARTMENT/ SECTOR	ACHIEVEMENTS
Private Sector	
	<p>Services: Workplace programmes, use of peer educators support & capacity building, condom distribution, ART care, SANS16001 Wellness and Disease Management</p> <p>Testing and Treatment: Encourage HIV testing and then either refer or offer workplace ART programmes. Workplace & community programmes to reach men</p> <p>Lifestyle: Integrating HIV prevention and care into lifestyle and wellness programmes</p> <p>Sectors: Strong efforts in sectors like Agriculture, Automotive, Banking, Logistics, Manufacturing, Mining, Textile, Transport and Wholesale and Retail</p> <p>Values: Building a non-discriminatory and safe working environment</p> <p>Investment: Strong “business case” for AIDS prevention and care</p> <p>Funding: Own programmes and through CSI and also through public private public partnerships</p> <p>Informal Business Sector: Training & Development, HCT, TB, full health screening & referral</p>
Civil Society Sectors	
Children	<ul style="list-style-type: none"> • Promoting literacy of the National Strategic Plan for those working with children’s issues – developed information briefs, posters and a booklet • Supporting SANAC led initiatives and used the children’s network to promote them – HIV testing campaign, but also raising concerns relating to HIV counselling and testing in schools • Collectively championing issues of children – PMTCT, infant feeding • Supporting, monitoring and evaluating child related outputs in the NSP - Scorecard – Weighing Up South Africa’s Response to Children and HIV and AIDS. Launched in August 2009 • Well-coordinated governance structure to facilitate networking and communication • Sector evaluation through a governance and management audit to identify areas of excellence and improvement • Documenting and publishing the sector’s story - practice, lessons learned, successes and challenges
Disability	<ul style="list-style-type: none"> • Advocated for people with pre-existing disabilities and HIV/TB related disabilities to be officially recognised as a group that has been left behind in the response to HIV/AIDS and TB. • Advocated for the development and costing of a disability strategy in the response to HIV and TB

DEPARTMENT/ SECTOR	ACHIEVEMENTS
Health Professionals	<ul style="list-style-type: none"> • The role of health professionals (HPs) is to champion the availability of life saving drugs for patients. • The HPs played a crucial role in teaching their colleagues how to empathically treat people living with HIV/AIDS • They also advocated for the transfer of circumcision surgery skills to all junior colleagues.
Higher Education	<ul style="list-style-type: none"> • HEAIDS - DHET First Things First activated in all Universities and Technical and Vocational Education and Training (TVET) campuses including Private Universities and colleges • Over 500 000 young students tested for HIV/TB/STI. ART adherence programme in place. • Peer education programme expanding to include a focus on HIV/TB/STI, Men & Women Empowerment, LGBTI, Drugs & Alcohol abuse prevention. These will be provided across all campuses of higher learning. • Radio Educational knowledge programme across 6 provinces reaching more than 1.5 million youth • Information on HIV, TB and STIs is included in the curriculum of all courses offered across all TVET campuses and universities
Labour	<ul style="list-style-type: none"> • The role of this sector is to develop capacity and leadership for HIV in the workplace. This includes eliminating HIV and TB discrimination in the workplace and provision of services and support for people living with HIV in the workplace. • Developing, implementing and reviewing HIV workplace policies and programmes through collaborations with business and the Department of Labour. A code of good practice was developed in this regard. • Integrating HIV and TB within the health and wellness committees in the workplace • Profiling cases of unfair discrimination due to HIV or TB in work place • TB case monitoring
Legal and Human Rights	<ul style="list-style-type: none"> • Development of Legal Clinics. Toll Free Number support. • Advocacy on Sex work decriminalisation
LGBTI	<ul style="list-style-type: none"> • The LGBTI plan has been launched • Advocated for men who have sex with men, Transgender and other key populations to be prioritised in national prevention, treatment, care and support programmes for HIV/TB/STI • Focused Gender-Based-Violence (GBV) Programme

DEPARTMENT/ SECTOR	ACHIEVEMENTS
Men	<ul style="list-style-type: none"> • Accelerating programmes to empower women and educate men and women on women’s rights and human rights. Its flagship programmes such as Brothers for Life and collaborations with women’s programs such as ZAZI have modelled how future HIV prevention and awareness work should be packaged. • Supporting national efforts to strengthen social cohesion in communities and support the institution of the family. This has included community engagement efforts in mobilising men to protect women under the human rights banner. • Introducing programmes to mitigate the impact of alcohol and substance abuse, including through global initiatives such as Mencare and men as partners in communities. These have allowed young men to engage in HIV prevention dialogues. • Developing a comprehensive package that promotes male sexual health and addresses gender-based violence; and • Expanding existing PMTCT services to include contraception services and reduction of unwanted pregnancies; involving men in maternal and child health programmes; and HIV prevention services in uninfected pregnant women
NGO	<ul style="list-style-type: none"> • More than 10,500 registered NGOs in the country that deal with HIV, all at different levels of capacity, were identified and physically located –by info4africa through their database. This enables continued communication with these organisations through electronic platforms. • Building a case for resource mobilisation for CBOs and NGOs. The NGO Sector has called for the establishment of a national NGO funding framework to strengthen sustainable partnerships between government and NGOs to help achieve the objectives of the NSP. • Capacity building of NGOs on TB.
PLHIV	<ul style="list-style-type: none"> • Have ensured that the Greater Involvement of People Living with HIV (GIPA principle) is implemented in all sectors and key decisions and governance making bodies. • The stigma index stands out as one of the recent highlights of the sector, coupled with the opportunity it provided to build the research capacity of sector members, bringing to life the slogan: “nothing about us without us”. • The sector has been successful in driving the treatment agenda, which has included advocating for treatment access, psychosocial support and adherence assistance. • From fighting with Government to helping Government attain health goals for people living with HIV is in itself quite an achievement. The sector continues to hold government accountable for its primary role and mandate. • Monitoring of Drug Stock Outs • Treatment Literacy Adherence clubs.

DEPARTMENT/ SECTOR	ACHIEVEMENTS
Religious	<ul style="list-style-type: none"> • The Religious Sector has responded with speed and intensity to the challenges and demands made on the lives of individuals, families and communities. • Through its involvement in SANAC, the Religious Sector provided a continuum of services ranging from physical care and support, treatment and access to rights; including a focus on the emotional and spiritual aspects as well. • In providing psycho-social support and counselling, pastors are often the first to pick up challenges of stigma and discrimination in families hiding their loved ones. • Programmes for orphans and vulnerable children • Palliative care Programme
Research	Research Agenda on Prevention; Treatment; Social Behaviour change; among other HIV/TB agenda
Sex workers	<ul style="list-style-type: none"> • The recognition of the need for this sector, its constitution, as well as the development of a national sex worker strategy are some of the achievements of this sector. • Building the capacity of community leaders for sex work programme response • Sensitisation training for health and justice providers • Development of a national monitoring and evaluation framework • Advocacy for and approval of pre-exposure prophylaxis, (PrEP), as a prevention strategy option for this group – pilot programme undertaken • Peer-led monitoring of sex worker violations.
Sport, Arts & Culture	<ul style="list-style-type: none"> • Engaging “celebrities” and artists within the space to spread the HIV prevention message. • Using the power of sport, arts & culture and entertainment through the “A re dlale safe” campaign to promote and implement condom distribution, HIV Testing Services (HTS) and the counselling and mobilisation of males to undergo circumcision (MMC) at sport, arts & culture events and in public areas like taxi ranks, bus ranks, train stations, thus increasing uptake of this HIV prevention tool. • Capacity building of ambassadors, celebrities, organisations, management, volunteers and peer educators to enable them to participate in public education within their own communities. • Advocated and supported Thabeng Lebese’s family to disclose HIV as the cause of his death, and through this help promote no stigma (breaking the silence against HIV and TB).

DEPARTMENT/ SECTOR	ACHIEVEMENTS
Traditional Health Practitioners	<ul style="list-style-type: none"> • Over 60 000 more Traditional Health Practitioners, (THPs), have undergone extensive HIV/AIDS, TB and STI training, in partnership with the three tiers of government (national, provincial and local),, NGOs and Institutions of Higher Education. • More than 20 000 THPs have benefited from programmes and attended train-the-trainer programmes spearheaded by NDoH and various Traditional Health Practitioners organisations in collaboration with the NGOs and Private and Labour Sectors including various funding agencies. More than 10 000 were Certified after completing THPs comprehensive courses • More than 10 000 THPs were selected for further training deepen their knowledge about the epidemic. • The THP was Sector involved in HIV/AIDS, TB and STI care, treatment, support and prevention contributed extensively to enhanced HIV/AIDS education, stigma reduction and support across the country. • 300 THPs attending ongoing training have established herbal gardens with more than 100 species of indigenous potentially useful herbs for dealing with diseases associated with HIV/AIDS. • THPs pioneered ongoing interventions identifying high risk conditions and making timely referrals to the nearest health facility in more than 200 settings across the country. • More than 80 000 THPs have opened their sacred shrines in order to distribute condoms to prevent and control HIV and other STI infections. • More than 12 000 initiates (Amathwasa) are encouraged to be involved in community mobilisation and participate in local, provincial, national and international campaigns. • THP's also committed to collaborate with various community- health and culture based organisations.
Traditional Leaders	<ul style="list-style-type: none"> • Safe Circumcision programme nationally • Engagement with Traditional Leaders in HIV Prevention and advocacy programmes
Women	<ul style="list-style-type: none"> • Promotion of women's interests at every platform afforded to us and continuing to advocate and lobby for women's rights to be mainstreamed across all HIV interventions. • Women prevention agenda activities • Women Global fund projects • DREAMS Women Project • The sector played a pivotal role in the advocacy for a costed and funded gender-based violence national strategy. This is currently being tabled at the Department of Women in the Presidency.

DEPARTMENT/ SECTOR	ACHIEVEMENTS
Youth	<ul style="list-style-type: none"> • Support to Young women programme • Programme on encouraging young boys in HIV prevention • Sexual & Reproductive health Education programme for young men.
South African National AIDS Council	
SANAC	<p>SANAC is now recognised as one of the most representative forums for HIV and TB on the continent and key initiatives led by a strengthened SANAC include:</p> <ul style="list-style-type: none"> • High levels of political commitment from multiple government departments including Health, Social Development, Basic Education, Higher Education, Science and Technology, Justice and Correctional Services, Transport, Labour, Minerals, Finance, DPME and Youth • Successful World AIDS Day and World TB Day events • Launch of the National Sex Worker HIV Plan to reach 70 000 sex workers • Development of the LGBTI Plan to reach 200 000 LGBTI persons • Launch of the National Young Women’s Campaign aimed at reducing HIV and unwanted pregnancies by 75% • Successful donor fundraising and coordination • A strengthened SANAC Trust and Secretariat • Led the development of the NSP 2017 – 2022

IT IS IN OUR HANDS



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