# The 90-90-90 COMPENDIUM

Volume 1

## An Introduction to 90-90-90 in South Africa

HEALTH SYSTEMS TRUST

## THE 90-90-90 COMPENDIUM

Health Systems Trust partners with a number of Department of Health districts in implementing the 90-90-90 strategy. Our health systems strengthening fieldwork identified the need for a practical guide to assist health workers and other stakeholders, including non-health workers, in understanding and implementing the strategy.

The four-volume 90-90-90 Compendium comprises:

Volume 1: ***An Introduction to 90-90-90 in South Africa***

Volume 2: ***The Clinicians' Guide***

Volume 3: ***Developing a District Implementation Plan***
***a) The Trainees' Manual***
***b) The Facilitator's Manual***

Volume 4: ***The Role of Communities and Individuals in Combatting the Epidemic***

# The 90-90-90 COMPENDIUM

Volume 1

## An Introduction to 90-90-90 in South Africa


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# FOREWORD

It is my pleasure to introduce this first volume of the 90-90-90 Compendium – Health Systems Trust's contribution to South Africa's strategy for achieving the UNAIDS 'Fast-Track' 90-90-90 targets by the year 2020, and a valuable resource for health workers, managers and other stakeholders in mobilising South Africa's HIV response.

As a prologue to the second, third and fourth volumes of the Compendium, this introduction to the 90-90-90 strategy works with a systematic approach from the global to the national context, neatly unpacking the rationale and urgency for ramping up our national HIV, AIDS and TB responses, and outlining the roles of different players at the provincial, district and facility level. Stakeholders using this resource will appreciate the background information and evidence in Section C informing the country's approach to achieving the 90-90-90 targets, particularly its alignment with the National Strategic Plan for HIV, STIs and TB: 2012–2016 and the South African Investment Case, which are then translated into programmable and implementable activities at district and facility level.

As a resource, the full Compendium is issued at a crucial time when multiple health sector and civil society stakeholders are focusing on concerted efforts to rapidly expand demand for and access to HIV treatment and prevention services, and need a comprehensive, well-researched and accessible tool for this purpose. Building on the considerable progress made in scaling up access to treatment over the past seven years, this resource provides a practical road-map for service providers as South Africa simultaneously strives towards the ambitious Sustainable Development Goals, particularly target 3.3 relating to ending the epidemics of HIV and AIDS, and TB.

Health Systems Trust is privileged to share this resource with the broader community of stakeholders in the national HIV and TB response, and we are grateful for the support from PEPFAR, through the Centers for Disease Control and Prevention (CDC), which has enabled its production. We trust that the knowledge, information and tools presented in this 90-90-90 Compendium will enhance the skills and encourage the efforts of health workers and other stakeholders at the coalface of HIV and TB service delivery in various local contexts.

Dr Themba Moeti
CEO: Health Systems Trust

# ACRONYMS

| | |
|---|---|
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **ART** | antiretroviral therapy |
| **CBO** | community-based organisation |
| **DAC** | District AIDS Councils |
| **DIP** | District Implementation Plan |
| **DoH** | Department of Health |
| **GHSS** | Global Health Sector Strategy |
| **HIV** | Human Immunodeficiency Virus |
| **IAPAC** | International Association of Providers of AIDS Care |
| **IDP** | Integrated Development Plan |
| **LAC** | Local AIDS Council |
| **MDG** | Millennium Development Goal |
| **MMC** | medical male circumcision |
| **NDoH** | National Department of Health |
| **NGO** | non-governmental organisation |
| **NSP** | National Strategic Plan |
| **OSS** | Operation Sukuma Sakhe |
| **PCA** | Provincial Council on AIDS |
| **PLHIV** | people living with HIV |
| **PMTCT** | prevention of mother-to-child transmission (of HIV) |
| **PSP** | Provincial Strategic Plan |
| **SANAC** | South African National AIDS Council |
| **SDG** | Sustainable Development Goal |
| **STI** | sexually transmitted infection |
| **TB** | tuberculosis |
| **UN** | United Nations |
| **UN-Habitat** | United Nations Settlement Programme |
| **UNAIDS** | Joint United Nations Programme on HIV/AIDS |
| **VL** | viral load |
| **WAC** | Ward AIDS Council |
| **WHO** | World Health Organization |

# INTRODUCTION TO VOLUME 1

## Purpose and context of this introductory volume

This first volume of the 90-90-90 Compendium is targeted at a wide range of readers in South Africa, including community members and/or politicians with no medical background. It is designed to assist all health sector role-players in understanding the context of the 90-90-90 strategy, as developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS), and then the process for achieving the strategy's targets.

With South Africa's adoption of the 90-90-90 strategy in December 2014, the country turned a corner in its approach to managing the dual epidemics of HIV and AIDS on the one hand and tuberculosis (TB) on the other. Together, the two epidemics form the leading cause of deaths in the country. The National Department of Health (NDoH) adopted the UNAIDS 90-90-90 principles to align with South Africa's current policies, and districts are now required to develop District Implementation Plans with corresponding plans at sub-district and facility level. This new approach has been developmentally challenging, as in some districts, this is the first time that such a planning process has been filtered down to facility level. This volume – together with Volume 3 of the Compendium: *Developing a District Implementation Plan* – will assist in meeting this challenge. Volume 2 of the Compendium, *A Clinicians' Guide to 90-90-90*, focuses on the clinicians' contribution to clinical patient management.

This Introduction accentuates the global nature of the fight against HIV, AIDS and TB, and describes the rich network of multisectoral partners from whom valuable lessons can be drawn when implementing the 90-90-90 strategy at local/community, facility, sub-district and district levels.

## Overview of content

This resource is presented in four broad sections:

Section A looks at the 90-90-90 strategy from a global context, noting the related global health-related structures and the emergence of the updated UNAIDS 2016–2021 strategy, with its concept of fast-tracking the world's response to HIV and AIDS.

Section B explores the need for the 90-90-90 strategy in tackling the dual HIV, AIDS and TB epidemics, and ends with the South African Investment Case, which rationalises the approach from an economic perspective.

Section C moves from the theoretical to the practical, giving guidance on operationalising the National Strategic Plan for HIV, STIs and TB and delineating the role of the different structures created to support the implementation of the overall strategy.

Finally, section D focuses on moving from policy to practice – actually implementing the 90-90-90 strategy – with specific attention to the newly developed District Implementation Plan (commonly known as the DIP), which is aligned with the District Health Plan but focuses on the 90-90-90 aspects of the district's HIV, AIDS and TB activities. This section includes a series of health information interpretive 'cascades' that, once mastered, will assist those with an oversight responsibility to monitor and evaluate the success of the programme.

# SECTION A:
# The Global Context

## The United Nations

Everyone working in the field of HIV and AIDS – whether in a community-based organisation (CBO), a non-governmental organisation (NGO), in government, as an individual in a group, or as a policymaker, programme manager or clinician – operates within the framework of global HIV interventions. These strategies are driven by the United Nations (UN), its partners, and various experts and institutions at different levels.

### The United Nations

The United Nations is an international organisation founded in 1945 with member countries across the world. The member countries commit to:

- developing friendly relations;
- maintaining peace and security; and
- promoting improved living standards, human rights and social progress.

The United Nations currently has 193 member states and fulfils its responsibilities through a number of agencies, including the World Health Organization.[1]

In September 2000, world leaders adopted the United Nations Millennium Declaration, thereby committing their countries to a global partnership to address poverty and other global challenges, through the Millennium Development Goals (MDGs), with time-bound targets ending in 2015.

Building on the MDG intervention and with a specific focus, UNAIDS and the World Health Organization (WHO) launched an initiative in 2003 to jumpstart worldwide efforts to improve access to health care – especially for the three million people living with HIV (PLHIV) and particularly those in middle- and low-income countries.

The MDGs embodied basic human rights, such as the right of every person to security, shelter, education and health, monitored through measurable targets that follow each country's progress in reducing poverty, exclusion, lack of adequate shelter, and disease. Environmental sustainability, health, gender equality and education were actively promoted via the MDG targets. Other MDGs housed the intention to, by 2015, provide universal primary education, halve extreme poverty, and halt the spread of HIV and AIDS.

In the health field, reproductive health and HIV goals included:

- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV and AIDS, malaria and other diseases.

The successes, achievements and lessons learnt in moving towards the MDGs set the stage for the UN's post-2015 Sustainable Development Agenda.

## The UN Sustainable Development Agenda and its 17 Goals

In September 2015, the UN adopted 17 Sustainable Development Goals (SDGs) to be achieved over the next 15 years, i.e. by the year 2030.

**Sustainable development is development that promotes:**

- protection of the environment
- economic opportunity and prosperity, with improved social well-being

The SDGs are founded on the notion of sustainable development, as agreed by the world leaders. The goals are a commitment by the international community to a better future. They reflect a universal, integrated and transformative vision of a better world for all, serving as a social contract between world leaders and the peoples of the world. Strong partnerships among all stakeholders at all levels are required to achieve these transformative goals.[2]

The complete list of SDGs is presented in Annexure A for reference. Goal 3, which is directly applicable to the health field, is expanded on in the following paragraphs.
Sustainable Development Goal 3 is about "ensuring healthy lives and promoting well-being for all at all ages" and is an overarching goal that covers the previous MDGs 4, 5 and 6.

> Goal 3, target 3.3 is intended "to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases by 2030".
>
> Goal 3, target 3.8 covers access to quality healthcare services; achieving universal coverage, and access to affordable, effective, high-quality and safe medicines and vaccines for all.[3]

The SDGs' ambitious targets require that all institutions become 'fit for purpose'. The importance of strong multilateral partnerships and support at all levels is critical for achieving the goals and targets.

Of particular importance is that *"no-one must be left behind"* – a sentiment embodied in the words of the UN Secretary-General, Ban Ki-moon.

## The World Health Organization and UNAIDS

The WHO recently developed a global health sector strategy aligned with the multisectoral UNAIDS strategy to speed up achievement of the vision, goals and targets.

## Getting on the 'Fast-Track': the UNAIDS 2016–2021 strategy

The UNAIDS 2016–2021 Strategy calls on all countries to fast-track their interventions and ensure that no one is left behind in the quest to reach the 90-90-90 treatment targets.[4] All stakeholders must prioritise grasping the fleeting window of opportunity – measured in months – to end the AIDS epidemic.

**KEY:**

All countries have to deal with a serious new obstacle – the oppressive weight of complacency – in order not to fail in achieving the sustainable development goal of ending the AIDS epidemic.

The UNAIDS strategy highlights the need to act immediately to address the unfinished agenda from the MDGs, such as eliminating, once and for all, new HIV infections among children.

Countries have committed to ensure that:

- the testing gap and the very low treatment coverage for children living with HIV is closed with urgency;
- young people have access to sexual, reproductive health and HIV-related services;
- empowerment of the youth, particularly young women, is given priority, and
- healthy gender norms are inculcated to eliminate risk and gender-based violence.

The UNAIDS strategy further stresses that 'front-loading' the global response (by spending now to avoid escalated costs later) would not only prevent the epidemic from rebounding but also that by 2020, within the framework of the 2016–2021 strategy, there would be:

- fewer than 500 000 people per annum newly infected with HIV;
- fewer than 500 000 people per annum dying from AIDS-related causes, and
- elimination of HIV-related discrimination.

Achieving this universal strategy requires change and locally tailored responses under new accountability frameworks and leadership – especially because the countdown to 2020 has already begun. The imperative for change incorporates the need to leave no one behind in achieving the 2020 goals that have to be met if the ambitious target of ending the AIDS epidemic by 2030 is to be realised.

"We must engage all actors, as we did in shaping the Agenda. We must include parliaments and local governments, and work with cities and rural areas. We must rally businesses and entrepreneurs. We must involve civil society in defining and implementing policies – and give it the space to hold us to account. We must listen to scientists and academia. We will need to embrace a data revolution. Most important, we must set to work – now."

– Ban Ki-moon, UN Secretary-General

## Getting on the 'Fast-Track': The Safer Cities UN initiative

The Fast-Track Cities Initiative is supported by UNAIDS, the International Association of Providers of AIDS Care (IAPAC) and the United Nations Settlement Programme (UN-Habitat). The initiative engages mayors and other urban leaders in developing multilateral partners and key populations to provide strong leadership in the fast-tracked response. Strong partnerships are fostered with civil society, clinicians, public health officials, law enforcement agencies and communities to drive the response.

## *Why cities?*

As home to millions of people, cities and urban areas are shaping human health and development. Global profiles show that the proportion of people living in urban areas has increased rapidly from 10% in 1900 to around 52% today. Estimates are that by 2030, six out of every 10 people (60%) will be living in urban centres.

Cities and urban centres have multiple social conditions that pose risks for inhabitants who fall through the cracks of political, economic and social programmes. One such situation – the character and pace of urbanisation – has a decisive impact on people's health, especially those living in underserviced, impoverished parts of cities.

In sub-Saharan Africa, more than 60% of the population already live in slum areas or informal settlements. Overcrowding, poor sanitation, and lack of access to education and health services including disease-prevention measures, foster the spread of TB and HIV infection. In Kenya's capital city, Nairobi, the proportion of HIV-positive inhabitants was greater in the slum areas (12%) than in the rest of the city (5%).

The extent to which HIV affects cities is also evident in the 200 high-burden cities that account for more than 25% of the estimated 35 million people living with HIV globally. **In South Africa, five cities (Johannesburg, Durban, Pretoria, Port Elizabeth and Cape Town) account for one third of the country's epidemic.**

In this context, city leaders, especially in low- and middle-income countries, have an opportunity to influence public health positively, particularly with regard to the dual epidemics, through transformational leadership and implementing the Fast-Track scaled-up response. Leaving no-one behind, they can foster new approaches for engaging civil society and developing new public–private partnerships.

## 'Fast-tracking' forward

Transformative shifts at all levels and close partnerships at community or local level by all partners and countries form the foundation of the 'fast-tracked' response. The shifts required include:

- Laser-like focus on locations, populations and interventions that deliver the greatest impact
- Launching stronger partnerships for addressing all determinants of vulnerability
- Leveraging regional leadership and political institutions to ensure more targeted responses, accountability and sustainability
- Catalysing innovation for those who need it most
- Committing to the principle of greater involvement of people living with HIV
- 'Front-loading' an increasingly diverse bundle of investments.

## KEY:

### A NEW FRAGILE WINDOW OF OPPORTUNITY – THE NEXT FIVE YEARS (2017—2022)

An accelerated response in the next five years can:

- reduce the number of newly infected people by 90%, and
- reduce the number of people dying of AIDS-related deaths by 80% by 2030 (compared to a 2010 baseline).

# SECTION B:
# The need for the 90-90-90 Strategy and Targets

## The UNAIDS 90-90-90 strategy and targets

Starting in 2013, global treatment experts at UNAIDS began developing the 90-90-90 strategy and targets based on programmatic achievements in diverse regions and nations across the world. The targets are a useful tool in the drive to both bend the trajectory of the epidemic and to end it.

The bold targets serve as an inspiration to the various and diverse international development role-players who believe that ending the epidemic is possible. The pool of knowledge, tools and experience gained in previous eras of the response in different settings demonstrates that the goal is achievable.

### 1. Targets drive progress

Historically, targets have focused the efforts of all countries to work in partnership and as a united front, as is demonstrated by achievement of the MDG targets. The identified gaps, however, underscore the need to renew the global resolve to intensify everyone's efforts while treatment access gaps can still be closed.

### 2. Targets promote accountability

Stakeholders can identify clear roles and responsibilities around a new goal and new targets. Through regularly monitoring performance against the set targets, stakeholders can use identified underperformance to refocus their activities towards achieving the targets on time. In the case of the 90-90-90 targets, each stakeholder will have to participate in addressing the still-persistent challenges in the response. Being held accountable by the local and global community to achieving the agreed targets potentially reduces complacency.

## 3. A new 2020 target is needed to guide action beyond 2015

In the post-2015 era, a new target and new milestones are required to accelerate and drive progress towards ending the epidemic.

## 4. A paradigm shift: the 90-90-90 treatment targets

The new 90-90-90 targets essentially provide a paradigm shift in the manner in which the treatment programme has been managed historically in most areas. The key elements of the changes encompass:

### a) A shift to quality and outcomes

Rather than focusing on a single programme area, e.g. HIV testing, the 90-90-90 targets enforce the need to address the quality and outcomes of programme scale-up along all points of the HIV cascade or TB cascade. Key to all programme activities is achieving the ultimate goal of viral suppression or, in the case of TB, successful treatment.

### b) Speed

Urgency and speed in scale-up by 2020 will enable the AIDS response to begin to outpace the epidemic – a feat that is required if we are to achieve the goal of ending the epidemic by 2030.

### c) Therapeutic and preventive benefits of HIV treatment

There is now a shift from focusing on the direct morbidity and mortality targets and the gains from treatment scale-up to the new targets that capture both therapeutic and preventive benefits. This, however, requires robust information-sharing among all stakeholders about treatment as a prevention method that reduces transmission rates of the virus.

### d) Equity

The new targets emphasise the need and demand for all affected individuals and communities to have equitable access to prevention and treatment services to achieve the new target within the set timeframes. Gaps in treatment accessibility must be closed urgently for key populations, children and adolescents.

## 5. The 90-90-90 treatment targets

The 'fast-track' goals and targets, as reflected in Table 1, are set for 2020 (rather than 2030) in line with the SDG mid-term evaluation. This will enable stakeholders to evaluate progress and have adequate time to prepare the next UNAIDS strategy.

The 90-90-90 strategy can be depicted in a number of ways. Figures 1 and 2 illustrate how clients flow through the TB and HIV detection, diagnosis and treatment phases, depicting each condition with three pillars representing the Test, Treat, and Complete (for TB) or Suppress (for HIV) activities.

# The South African Investment Case

The purpose of developing a South African Investment Case was to determine the cost, impact and cost-effectiveness of different TB and HIV interventions. Available data were reviewed to find the most cost-effective interventions against TB and HIV over the next 20 years. The case study used the investment framework focusing on prioritised spending through delivering a set of HIV basic programme activities at limited expenditure.[5] The projections also showed that 'front-loading' (focusing efforts, costs or expenses at the beginning of a project), as assessed against sound investment principles, will reduce the financial resources needed for managing HIV in the future. As a result of these findings, the South African government endorsed the 90-90-90 model, precisely because it demonstrated potential to achieve maximum return on investment.

The model has the following objectives:

- To improve the *allocative efficiency* of the South African HIV and TB programmes
- To *inform and, if necessary, change* South African HIV and TB policy
- To *inform programme planning*, including domestic and donor budgets.

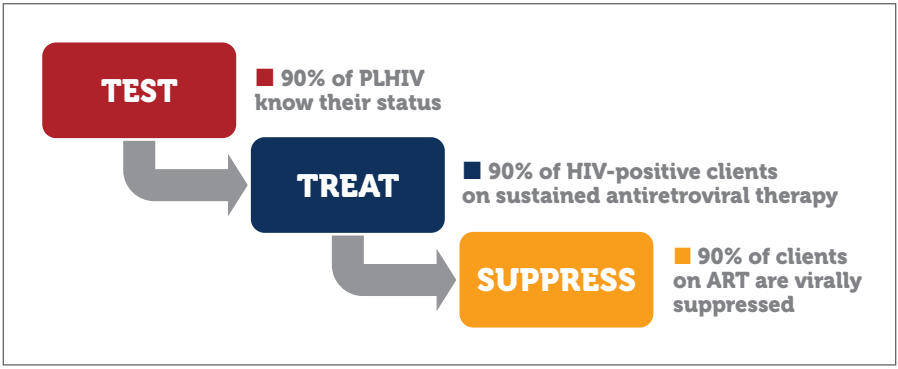
Once adopted, the South African government moved rapidly towards implementation of the 90-90-90 strategy in the country.

**Table 1:** *90-90-90 treatment targets*

| TB | HIV |
|---|---|
| 90% of vulnerable people screened for TB | 90% of people living with HIV will know their HIV status |
| 90% of people with TB diagnosed and treated | 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy[a] |
| 90% treatment success | 90% of all people receiving antiretroviral therapy will have viral suppression. |

**Figure 1:** *90-90-90 strategy – the three TB pillars*


**Figure 2:** *90-90-90 strategy – the three HIV pillars*




[a] Prior to 1 September 2016, HIV-positive clients in South Africa were eligible for treatment only when their CD4 count fell below 500. As from 1 September, the policy changes introduced Universal Test and Treat, irrespective of CD4 count.

# SECTION C:
# Implementing the 90-90-90 Strategy in South Africa

## The 90-90-90 strategy

In South Africa, the 90-90-90 strategy is delivered in the context of the Constitution, along with the country's strategic policy frameworks and plans, including the National Development Plan for 2030. These are, in turn, aligned with the international context and programmes, with South Africa being accountable for reporting to the various structures at regional and international levels as required.

South Africa has made significant strides in combatting HIV and AIDS.6 As a result of the robust response driven by government and civil society, together with the multiple stakeholders, post-2004 trends in ART roll-out, prevalence and death rates associated with HIV, AIDS and TB have changed for the better.[6]

Compared to other countries in Africa, South Africa must still improve its performance in curbing the AIDS epidemic. Rwanda recorded a 76% decline in AIDS-related deaths and Zimbabwe 57%, but South Africa achieved only a 48% decline.[7] South Africa has, however, embraced the 90-90-90 treatment targets and this positive approach is reflected in the NDoH implementing the District Implementation Plans (DIPs) for the 2015/16 and 2016/17 financial years. Fast-tracking the DIPs throughout the country has been supported by implementation partners at all levels of the health system.

The country's vision of "a long and healthy life" for all people who live in South Africa underpins all the strategies and plans implemented through the government's programmes of action, one of which is the National Strategic Plan for HIV, STIs and TB for the period 2012 to 2016.

# The National Strategic Plan for HIV, STIs and TB: 2012–2016[8]

South Africa's National Strategic Plan (NSP) 2012–2016, which will soon be replaced by the new NSP 2017–2022, has laid a solid foundation for the post-2015 agenda and, in particular, achieving the 90-90-90 treatment targets. Co-ordinated by the South African National AIDS Council (SANAC), the NSP brings coherence and focus to the concerted efforts of all the stakeholders to combat HIV, sexually transmitted infections (STIs) and TB in the country. The NSP provides a national framework for government and all sectors at all levels to develop implementation plans.

The NSP embodies the vision, goals and objectives, as well as strategic enablers, for implementation of the plan to achieve the desired results. In keeping with the country's Constitution, it strives for human dignity, non-racialism, non-sexism and the rule of law.

### The NSP vision

- Zero new HIV and TB infections;
- Zero new infections due to HIV transmission from mother to child;
- Zero preventable deaths from HIV and TB; and
- Zero discrimination associated with HIV, STIs and TB.

## 1. NSP Goals: 2012–2016

The NSP goals are to:

- halve new HIV infections;
- ensure that at least 80% of people who need treatment for HIV are receiving it. At least 70% of these people should be alive and still on treatment after five years.
- halve the number of new infections and deaths from TB;
- ensure that a legal framework exists and is used to protect the rights of people living with HIV; and
- halve the stigma related to HIV and TB.

## 2. NSP strategic objectives

To address the goals of the National Strategy, the following four strategic objectives have been implemented during the term of the current NSP:

- Address the social and structural factors[b] that influence TB, HIV and sexually transmitted infections

  *(This objective addresses structural issues that fuel the twin epidemics of HIV and TB through structural interventions that address societal norms and behaviours across all sectors.)*

- Prevent new HIV, TB and STIs

  *(A combination of structural, social, biomedical[c] and behavioural interventions is to be used to prevent new infections.)*

- Sustain health and wellness

  *(The intention is to develop and implement wellness programmes and ensure access to high-quality treatment, care and support for people with TB, STIs and HIV.)*

- Protect the human rights of people living with HIV.

  *(Violations of human rights, gender inequality, discrimination and stigma are addressed through this objective.)*

## 3. Strategic enablers

Four core strategic enablers are part of the structure and systems that have been established to ensure effective implementation. These are:

- effective and transparent governance and institutional arrangements
- effective communication
- monitoring and evaluation
- research.

[b] 'Structural factors' refer to environmental and socio-cultural factors that influence high-risk behaviours and usually apply to groups, not individuals.

[c] 'Biomedical' refers to physiological interventions, usually applied to individuals, e.g. treatment or counselling.

## The role of stakeholders in support of the National Strategic Plan

The South African government and the private sector, together with stakeholders and partners, work in partnership to ensure that the goals and objectives of the NSP are achieved at provincial, district and community levels. All sectors of society, including the six structures (five governance structures and one implementing structure) listed hereafter have used the NSP to develop their plans, co-ordinate activities and monitor progress with implementation.

### 1. The South African National AIDS Council (SANAC)

SANAC brings together civil society, the private sector and government to ensure a collective and coherent response to HIV, STIs and TB across the country and is chaired by the Deputy-President of South Africa.

The role of SANAC involves:

- advising Government on HIV, STIs and TB policy, strategy and implementation to enhance the country's AIDS response;
- strengthening leadership, governance and management of the response at national, provincial, district and local level;
- strengthening the multisectoral response, including: policy review, programme management, co-ordination, resource-mobilisation, technical assistance, capacity-building and ongoing dialogue across sectors; and
- monitoring progress against the NSP targets.

SANAC represents 17 civil society sectors. Although very diverse, each aligns their plan with the NSP framework. These sectors operate at a variety of levels and are actively involved in contributing to the country's vision.

**KEY:**

Each of SANAC's 17 civil society sectors has a significant role to play in achieving the 90-90-90 targets within the set timeframes.

## 2. The Provincial Council on AIDS (PCA)

Each province has a Provincial Council on AIDS (PCA) that co-ordinates the province's response to HIV, STIs and TB. Each PCA has a Provincial Strategic Plan (PSP) aligned with the NSP. The PCA's membership is aligned with that of SANAC, i.e. government, civil society and private sector representatives. The Premier chairs the PCA.

The PCA's main role is to manage the planning, implementation, monitoring and evaluation of a co-ordinated, multisectoral response to HIV and AIDS, STIs and TB in the province, as contained in the PSP. The PCA also serves as the link between the province, national government and SANAC, to which the PCA reports, using a single monitoring and evaluation framework.

These arrangements ensure that the principle of 'three ones' is adhered to:

- One co-ordinating authority — the PCA
- One plan — the PSP
- One reporting framework — the Monitoring, Evaluation and Reporting Framework.

These structural and operational arrangements create a solid foundation and powerful context for implementing the 90-90-90 strategy within each province.

The PCA co-ordinates implementation through the District AIDS Councils.

## 3. The District AIDS Council (DAC)

The challenges of the evolving HIV and AIDS, STI and TB epidemics are intricately linked to current challenges in our socio-economic and environmental situation in South Africa.

Poverty, urbanisation and gender inequality, which fuel the epidemics, require local government (the sphere of government closest to the community) to facilitate and co-ordinate the local responses. This

## Characteristics of good partnerships

- A shared vision which fosters trust
- A clearly identified need
- A desired outcome
- Agreed common goals
- A process that is effectively planned and managed
- Agendas and action plans that ensure and reflect high levels of participation by community stakeholders and other role-players

function is carried out at district municipality, local municipality and ward level through clearly defined systems and structures.

These responsibilities are in line with the concept of developmental local government, which ensures that local communities find sustainable ways to meet their social needs and improve their quality of life through active participation. One of the principles for any local response is the incorporation of HIV and AIDS, STIs and TB into the Integrated Development Plan (IDP) consultation, development, implementation, monitoring and evaluation processes of all district and local municipalities.

In South Africa, every district municipality or metro has a District AIDS Council (DAC) that is structured like the PCA. The DAC is chaired by the District Mayor who is accountable to the Premier of the province for ensuring a cohesive response within the district municipality. Such cohesive response includes ensuring the smooth functioning of Local AIDS Councils (LACs) and Ward AIDS Councils (WACs) in the district municipality or metro.

The DAC is responsible for co-ordinating the development, implementation, monitoring and evaluation of the district's multisectoral strategic plan on HIV and AIDS, STIs and TB. The DAC prepares quarterly progress reports on operational implementation and achieving the annual targets.

The District Health Manager serves as the secretariat for the DAC and, working in partnership with the District Mayor, is strategically positioned

to facilitate ownership of the 90-90-90 strategy by every sector and stakeholder in the district.

### 4. The Local AIDS Council (LAC)

Every Local Municipality has a Local AIDS Council. The LAC co-ordinates the local response to the epidemic, under the chairmanship of the Local Mayor who is accountable to the District Mayor.

Civil society, the private sector and all government departments' operational HIV and AIDS response plans are co-ordinated through this structure.

The various sector leads at this level have to be fully and powerfully engaged in a well-co-ordinated manner in the implementation of the 90-90-90 intervention if the trajectory of the epidemic is to be shifted within the next four years. The LAC is uniquely and well positioned for this role.

### 5. The Ward AIDS Council (WAC)

Consolidation of provincial government, civil society and municipal responses is effected at the ward level through the WAC, as the co-ordinating structure. The WAC is used by the municipality as the entry point and co-ordination mechanism for the community-based response, where various stakeholders implement the different objective of the multisectoral plan.

The WAC is best placed to support achievement of the 90-90-90 targets. During the planning and implementation of the Facility 90-90-90 Implementation Plans they can:

- lead the creation of a shared vision among all stakeholders within the ward;
- create a database of HIV, AIDS and TB interest groups;
- guide and direct the identification of 'hot spots' and risk factors;
- strengthen partnerships and pool resources, and
- ensure that no-one is left behind, through targeted mobilisation in each ward.

The WACs can also enforce accountability for achievement of the targets amongst all role-players.

The WACs' critical role in facilitating the engagement and participation of local community members as partners with government is therefore crucial in achieving the 90-90-90 targets within the set timeframes.

## 6. Operation Sukuma Sakhe (OSS) in KwaZulu-Natal

### OSS overall aim

To **rebuild the fabric of society** through government and society **working together** and, through **partnerships**,

- promote human values,
- ensure moral regeneration,
- fight poverty, deprivation and crime,
- as well as diseases and social ills.

KwaZulu-Natal Province has launched Operation Sukuma Sakhe (OSS) to implement government's broad programme of action, with a strong focus at the household and community level. The OSS philosophy reflects a 'whole of government' approach.

Operation Sukuma Sakhe is a service-delivery model that ensures delivery of effective, efficient, comprehensive, quality services in a manner that ensures sustainability and contributes to self-reliance in the community or society.

This system shifts the community members from being passive recipients of services to active participants in local interventions that have an impact on their lives. OSS is a very well-structured system for implementing a response to HIV and AIDS, STIs and TB, including the 90-90-90 strategy.

Overall, the OSS co-ordinates, integrates and facilitates transversal services to all communities. In the OSS approach, citizens:

- connect with each other to address social determinants of health and other social ills;

- use their individual and collective resources to achieve their desired outcomes;
- form effective partnerships with government and other stakeholders so that comprehensive, integrated service packages are provided to communities, especially at the household level, and
- become change agents in their local communities through action learning and growth.

Operation Sukuma Sakhe is thus a powerful network of co-ordinated stakeholders positioned to address all aspects of the 90-90-90 District Implementation Plans. The response's current challenges – typically overcrowding that drives the spread of TB, poverty-related TB defaulter rates or loss to follow-up for antiretroviral treatment, and unemployment leading to lack of funds for transport to the nearest health facilities – are better addressed through the OSS model.

The stakeholders and implementation structures involved in OSS provide an environment that, if used appropriately, can enable 'leapfrogging' and a fast-tracked response. All stakeholders, especially the programme managers, are tasked with the responsibility of spearheading and driving the implementation of the 90-90-90 plans.

# SECTION D:

# From Policy to Practice – Using the District Implementation Plan (DIP) to apply the 90-90-90 Strategy

## The context

Table 2 provides a snapshot of the impact of the HIV and TB epidemics in the country. The status or current situation informs the country's plans for implementing the fast-tracked 90-90-90 strategy and achieving the targets.

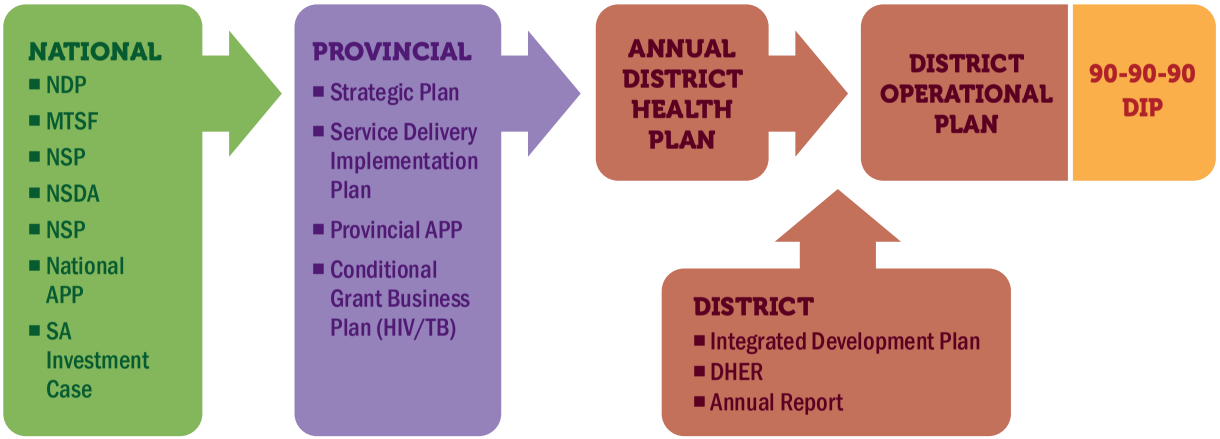
**Table 2:** *Details of the HIV and TB epidemics in South Africa*

| | |
|---|---|
| **People living with HIV** | |
| **Total** | 6.3 million [6.0–6.5] |
| **Women (15+)** | 3.5 million [3.3–3.7] |
| **Children (0–14 years)** | 360 000 [320 000–390 000] |
| **HIV prevalence** | |
| **Adults 15–49** | 19.1% [18.1–19.9] |
| **Young people 15–24** | 13.1% [11.9–16.1] |
| **HIV incidence: adults 1–49** | 1.36% [1.26–1.45] |
| **New infections** | |
| **Total** | 340 000 [310 000–370 000] |
| **Adult (15+)** | 330 000 [300 000–360 000] |
| **Children (0–14 years)** | 16 000 [14 000–19 000] |
| **Young women (15–24)** | 90 473 |
| **AIDS-related deaths** | 200 000 [170 000–220 000] |
| **HIV-positive incident TB cases** | 330 [270–390] |

Source: Spectrum 2013[9]; Global TB Report 2014[10]

*Figures in square parentheses represent a 95% confidence interval (95% CI)

## HOW THE 90-90-90 DIP COMPLEMENTS AND SUPPORTS EXISTING PLANNING PROCESSES



The NDoH based the South African Investment Case on this profile, which was used to guide the country's 52 districts in developing their 90-90-90 District Implementation Plans (DIPs). Geographical mapping of the TB and HIV 'hot spots' has facilitated identification of areas for a targeted response, as well as of key populations to prioritise.

## The District Implementation Plan

The 90-90-90 DIP complements and supports existing planning processes. The DIP actually operationalises the HIV and TB sections of the District Health Plan, and sharpens the focus on the HIV and TB activities in the District Operational Plan. The District Operational Plan, in turn, emerges from the Annual District Health Plan, with inputs from the Municipal Integrated Development Plan, the District Health Expenditure Review and the previous year's Annual Report.

The Annual District Health Plan is aligned with and is an extension of the Province's planning tools, such as its Strategic Plan, Service Delivery Implementation Plan, Annual Performance Plan and the HIV/TB Conditional Grant Business Plan.

As in the district's alignment with provincial planning, so too does a province's planning align with both the country's and NDoH's vision and plans, as reflected in the National Development Plan, the Medium-term Strategic Framework, the Minister of Health's Negotiated Service Delivery Agreement, the NDoH Annual Performance Plan, and the South African 90-90-90 Investment Case.

## 'Cascades' as a performance tracking tool

Cascades[d] are used to track performance towards achieving the 90-90-90 targets. In essence, this means that the performance of each indicator affects the performance of the indicators that follow. For example, in the

[d] A cascade is defined by the Oxford Dictionary as "a succession of devices or stages in a process, each of which triggers or initiates the next". Cascades of health performance indicators are used to illustrate the continuum of care for TB and HIV patients and track performance towards achieving the 90-90-90 targets.

case of the HIV cascade (Figure 3), initiating treatment for 90% of the HIV-positive patients has less significance if the percentage of HIV-positive people that are tested and know their status is less than 90% (for example, if only 10% of PLHIV are tested and know their status, initiating 90% of the 10% is relatively meaningless in terms of the purpose of the targets).

South Africa's 90-90-90 programme uses seven cascades that focus on the continuum of care across the programme areas of HIV, prevention of mother-to-child transmission of HIV (PMTCT), paediatrics and adolescents, and TB. These programme areas all have specific tracer indicators that are monitored individually. The cascades monitor the performance of the key indicators across the health programme areas and identify their impact on the cascade.

## 90-90-90 Programme 'cascades' at a glance

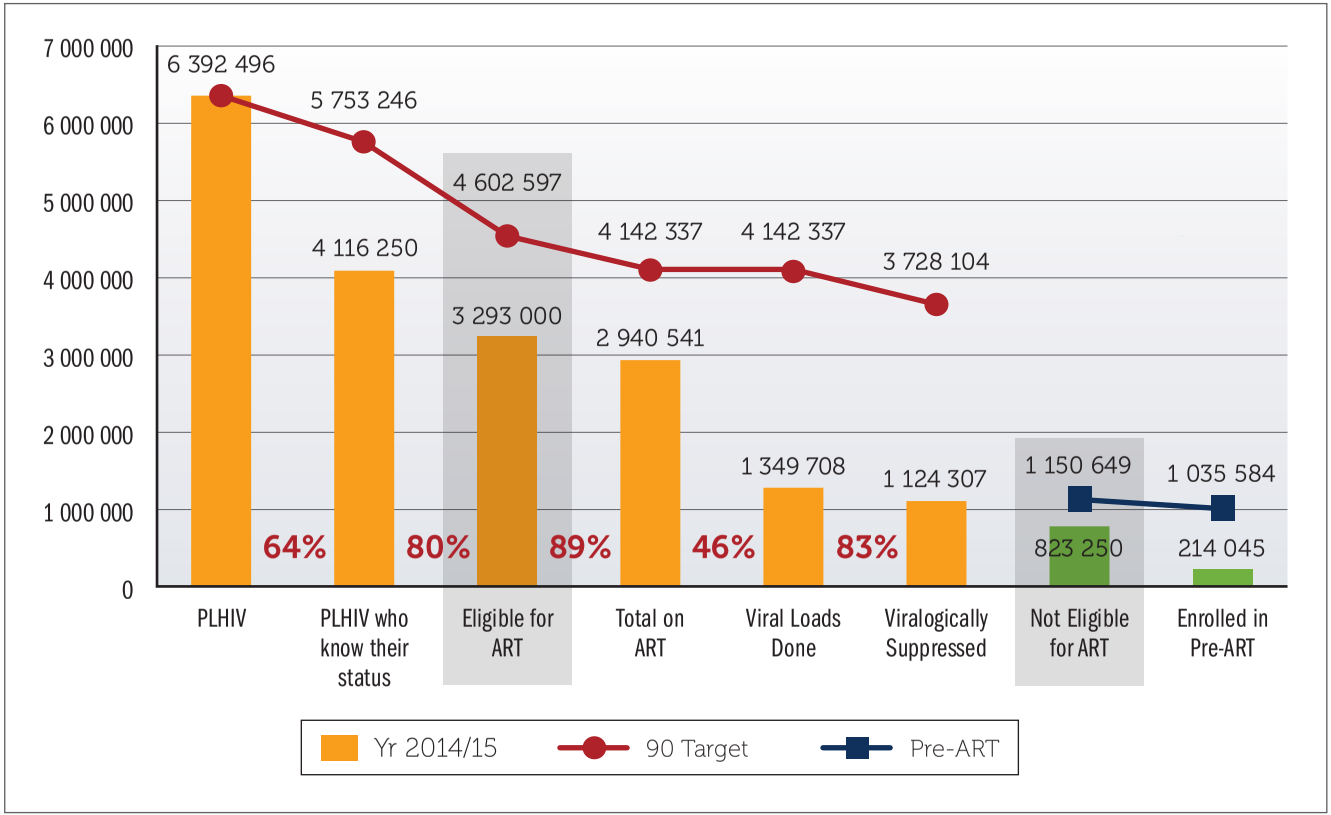
The seven 90-90-90 programme cascades are:

- **Adult HIV care and treatment** (Figure 3)
- **Prevention of mother-to-child transmission of HIV (PMTCT)** (Figure 4)
- **HIV treatment for paediatrics under 5 years** (Figure 5)
- **HIV treatment for paediatrics from 5 to 14 years** (Figure 6)
- **Drug-sensitive TB** (Figure 7)
- **Drug-resistant TB treatment** (Figure 8)
- **TB-HIV co-infected diagnosis and initiation** (Figure 9).

Examples of the seven programme cascades follow. The cascades are the original cascades designed and published by the NDoH prior to the policy changes introducing UTT. The eligibility pillars are 'greyed out' to indicate that this pillar will fall away.

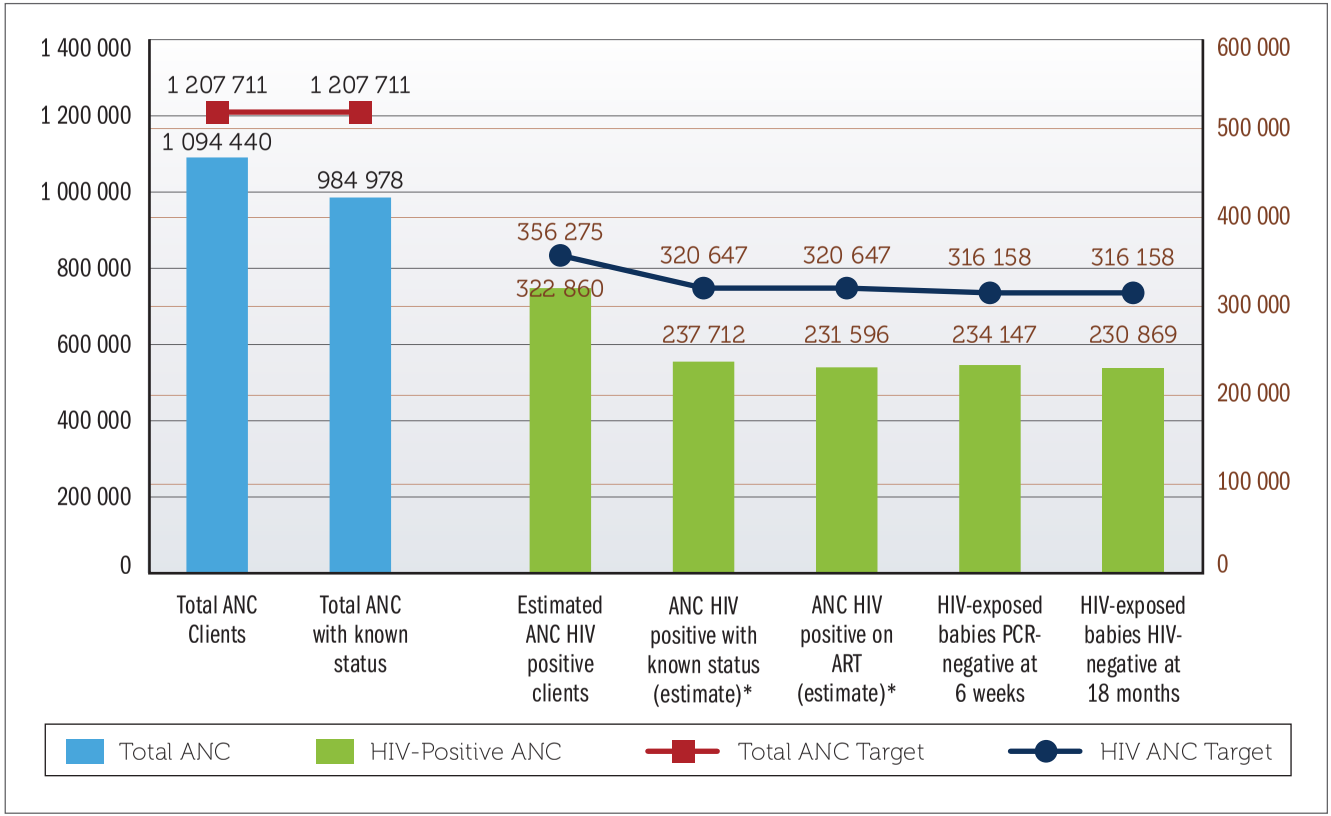
Programme cascades should be developed by districts, sub-districts and facilities to monitor programme performance.

**Figure 3:** *Adult (15 years and older) HIV care and treatment cascade*



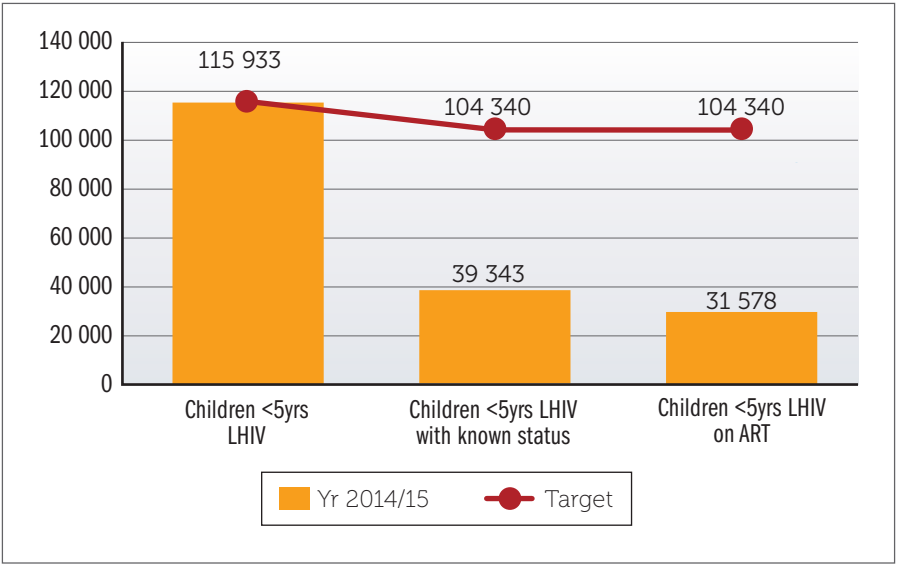

Source: National Department of Health (slightly adapted)

**Figure 4:** *Prevention of mother-to-child transmission (PMTCT) cascade, 2014/15*



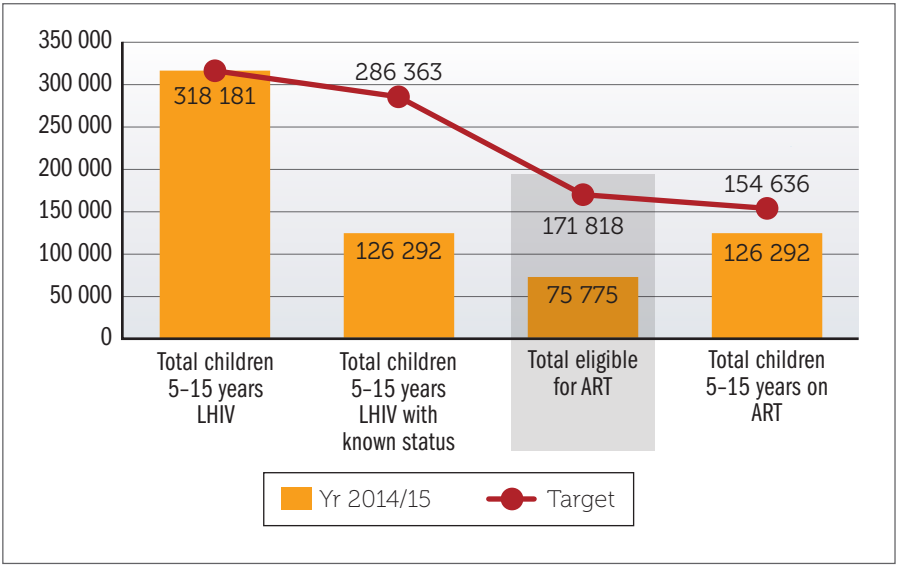

Source: National Department of Health

**Figure 5:** *HIV treatment for paediatrics under 5 years cascade*



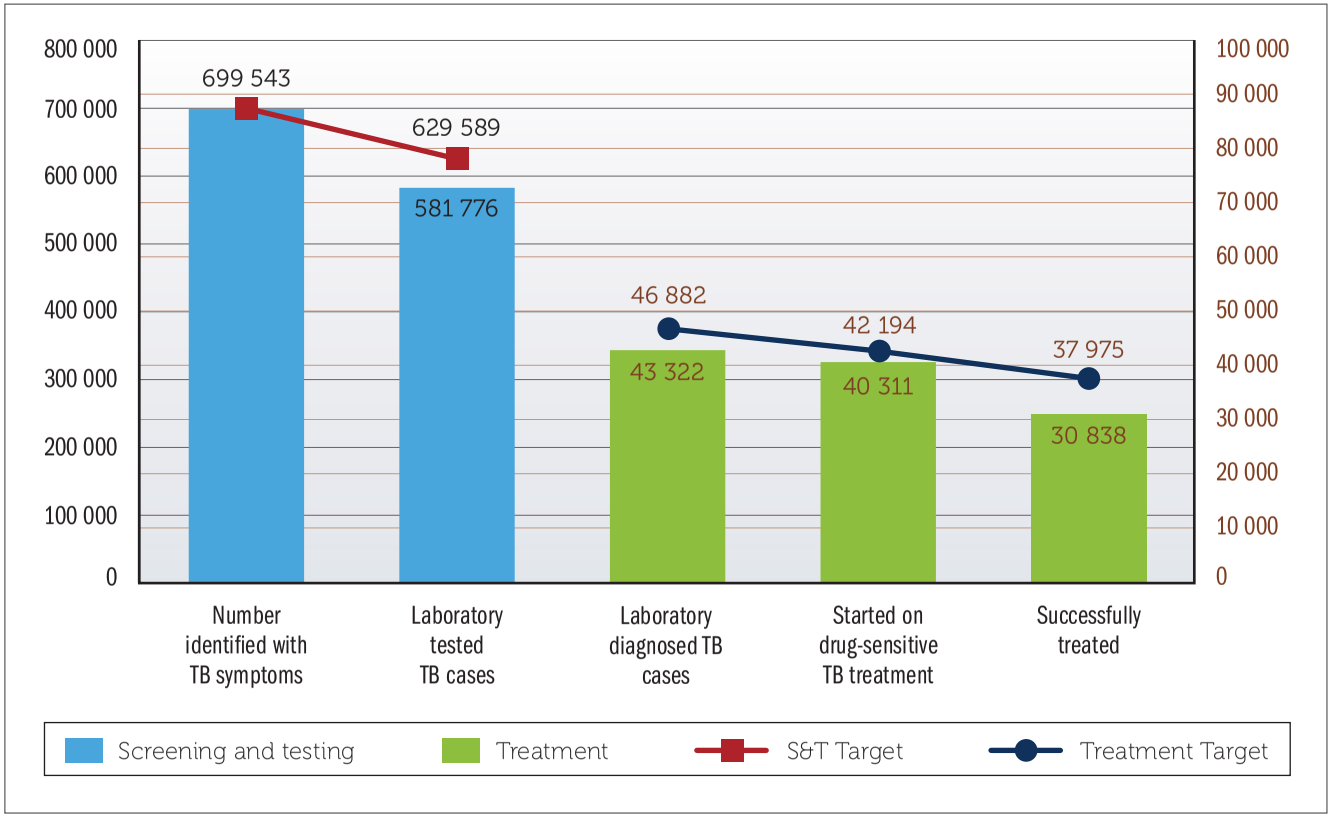

Source: National Department of Health

**Figure 6:** *Children 5 to 14 HIV treatment cascade*



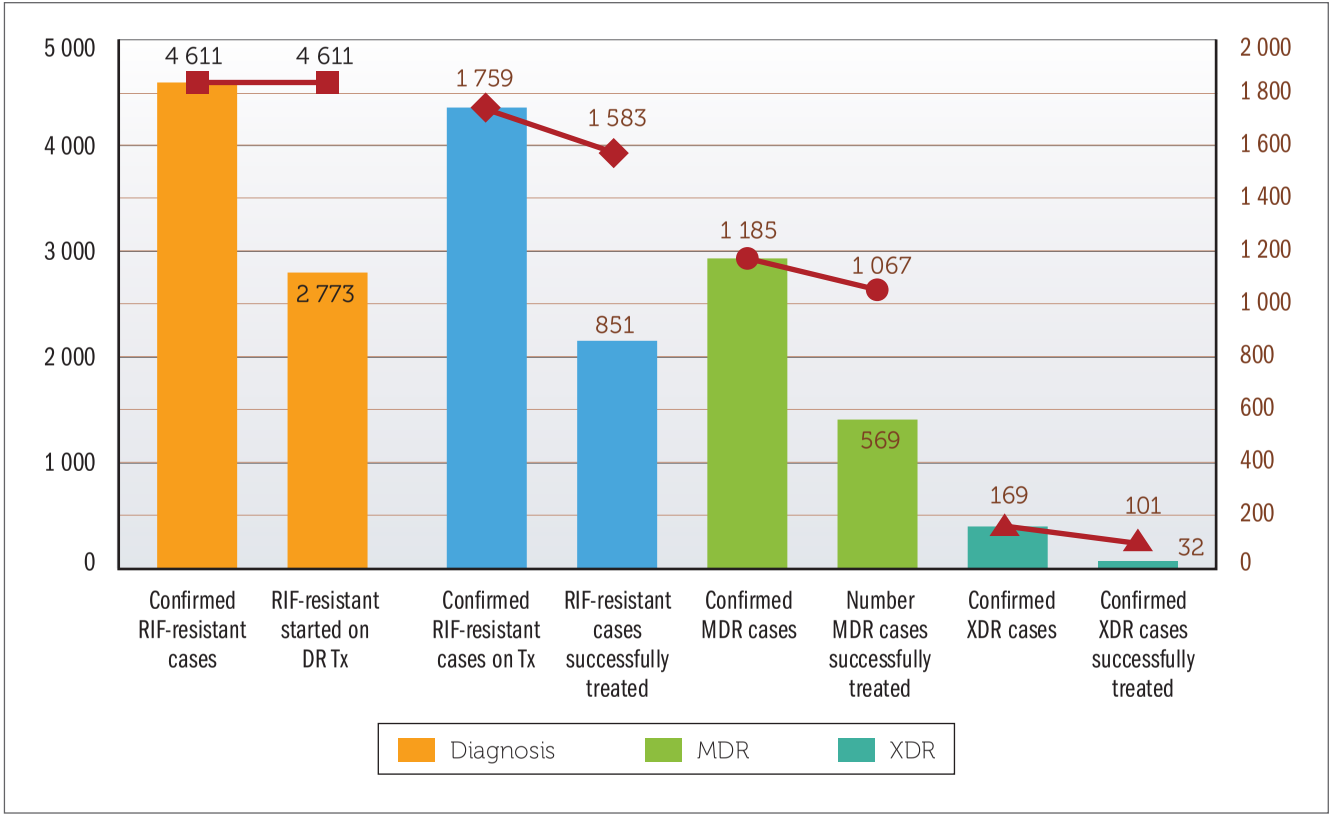

Source: National Department of Health (slightly adapted)

**Figure 7:** *Drug-sensitive TB treatment cascade*



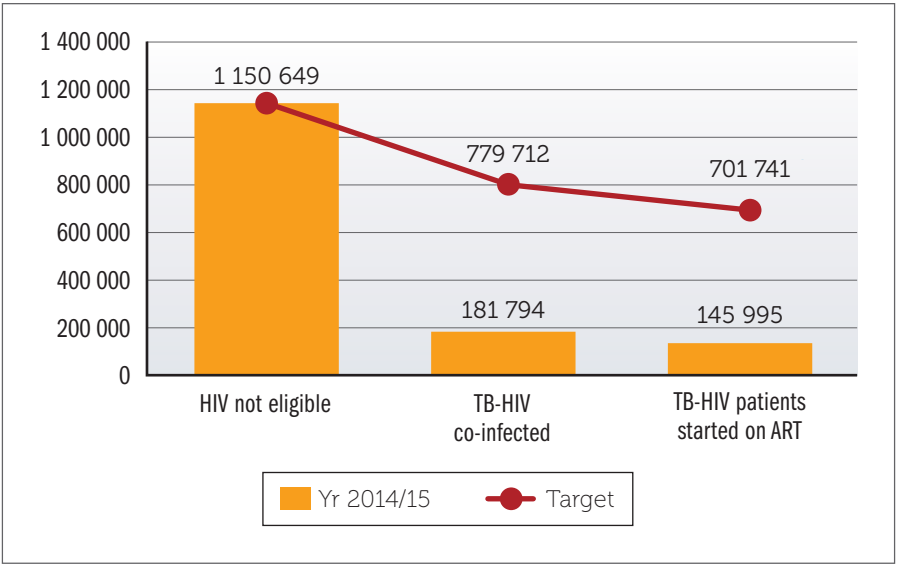

Source: National Department of Health

**Figure 8:** *Drug-resistant TB treatment cascade*




Source: National Department of Health

**Figure 9:** *TB-HIV co-infected diagnosis and initiation cascade*




Source: National Department of Health

# CONCLUSION

In introducing the 90-90-90 strategy in South Africa, this guide has explained the rationale and urgency for ramping up our national HIV, AIDS and TB responses, and outlined the roles of different players at the provincial, district and facility level.

Subsequent volumes in this Compendium:

- deal with the role of clinicians in delivery of quality health services to achieve the 90-90-90 targets (Volume 2);
- provide a training resource on the development of a facility implementation plan (Volume 3); and
- guide the role and contribution of communities and individuals in combatting the epidemic (Volume 4).

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# ANNEXURE A:
# Sustainable Development Goals

**Goal 1** End poverty in all its forms everywhere

**Goal 2** End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

**Goal 3** Ensure healthy lives and promote well-being for all at all ages

**Goal 4** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

**Goal 5** Achieve gender equality and empower all women and girls

**Goal 6** Ensure availability and sustainable management of water and sanitation for all

**Goal 7** Ensure access to affordable, reliable, sustainable and modern energy for all

**Goal 8** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

**Goal 9** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

**Goal 10** Reduce inequality within and among countries

**Goal 11** Make cities and human settlements inclusive, safe, resilient and sustainable

**Goal 12** Ensure sustainable consumption and production patterns

**Goal 13** Take urgent action to combat climate change and its impacts*

**Goal 14** Conserve and sustainably use the oceans, seas and marine resources for sustainable development

**Goal 15** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, halt and reverse land degradation, and halt biodiversity loss

**Goal 16** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels

**Goal 17** Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

* Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.

# NOTES

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