

# Translating commitment to action: progress and plans to end AIDS in children and adolescents in South Africa



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# Presentation Layout



At a Glance: HIV Context in South Africa

HIV Context, South Africa

Strategic Prescripts Guiding implementation of HIV/AIDS & STIs Programs

Overview of Performance towards 95 – 95 – 95

Challenges

Solutions



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# At a Glance: HIV Context South Africa

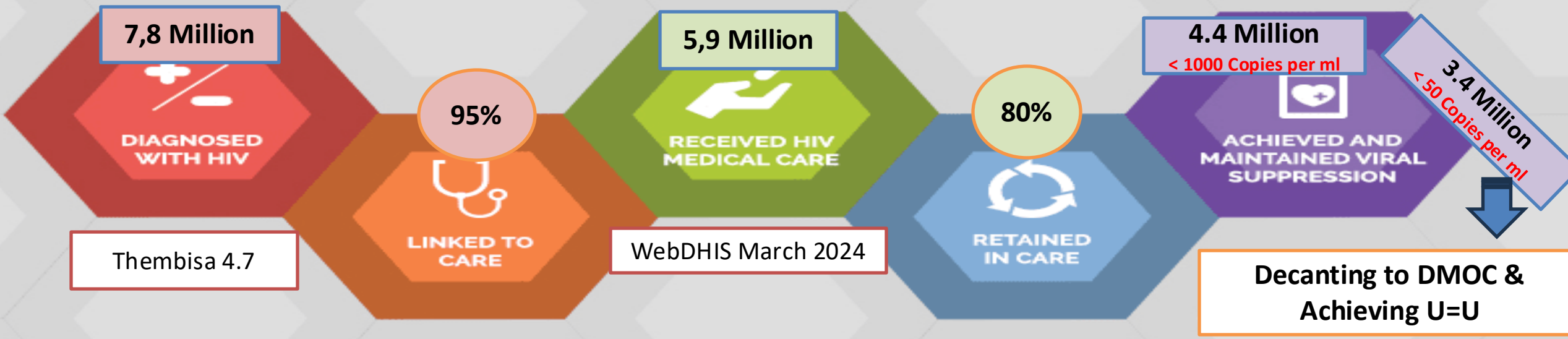


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# HIV CONTEXT: South African Retention Gap Widens...



**Decanting to DMOC & Achieving U=U**

**1.1 Million Treatment Gap**

Sub-optimal Linkage to Prevention and Treatment

Sub-optimal retention of over 35% in the first 12 months

Results in massive health system burden



Pressure mounting to ramp up efforts and move to scale



# Understanding what fuels, the HIV epidemic...



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# Why Do we have 1.1 Million Treatment Gap



## Stigma & Discrimination

- How much are we doing to optimize Treatment Literacy and demystify the misinformation?
- How coordinated are our approaches from various levels and segments

## Treatment interruptions in the 1<sup>st</sup> 12 months

- How much are we preparing clients before treatment enrolment (quality of education and counselling)

## Gender Inequality

- Gender-based violence against women and girls
- How much are we keeping girls in school
- Gender norms and stereotypes
- How much are we including men and boys

## Homophobia -LGBTQIA+

- How much are the homophobic attributions perpetuating the access to services, stigma, discrimination, and mental health issues?

## Meaningful Involvement of People Living with HIV (MIPA)

- How much are we with involving and engaging the PLHIV sector to lead and drive the epidemic response

# Which Sub-Populations are pre-dominant in the treatment gap?



Men

Peas

Youth

Key Population

- Men who have sex with men
- Sex workers
- Prisoners
- Transgender people
- People who use drugs



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# Strategic Prescripts Underpinning HIV&AIDS and STI Cluster Programs



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# Strategic High Impact Projects



1

Addresses (a) Key Populations, (b) Adolescent Girls and Young Women, (C) Adolescent Boys and Men, (d) Condom Programming & (e) ARV-Based Prevention.

**Global HIV Prevention Coalition**

2

Address (a) Early testing and optimized comprehensive, (b) Closing the treatment gap for pregnant and breastfeeding women living with HIV, (c) Preventing and detecting new HIV infections among pregnant and breastfeeding adolescents and women

**Global Alliance to End AIDS in Children**

3

Address (a) Reducing frequency of client visits through optimization strategies and MMD, (b) Increasing demand for HIV testing and treatment services through U=U messaging, (c) Closing the cascade gaps for children, men and youth

**HIV & TB Accelerator Commitments**

4

Enhance services to increase known status, linkage to treatment, monitor, and support viral suppression strategies across a network of 100 designated facilities

**100 Facilities version 2.**

5

Participate in the development of the EMR system that will be networked, interfaced with Department of Home Affairs & NHLS, have unique identifier & Biometric to assist in tracking clients across the country

**Electronic Medical Record (EMR)**



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# National Strategic Plan



## National Strategic Plan

For HIV, TB and STIs  
**2023-2028**

### GOAL 1:

Break down barriers to achieving solutions for HIV, TB and STIs

### GOAL 2:

Maximise equitable and equal access to services and solutions for HIV, TB and STIs

### GOAL 4:

Fully resource and sustain an efficient NSP led by revitalised, inclusive and accountable institutions

### GOAL 3:

Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response



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1

Multimodel testing and optimized comprehensive, high quality treatment and care for infants, children and adolescents living with and children exposed to HIV.

2

Closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission.

3

Preventing and detecting new HIV infections among pregnant and breastfeeding girls and women and their partners.

4

Addressing rights, gender equality and the social and structural barriers that hinder access to services.



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# Overview of Performance towards 95 – 95 – 95

## Thembisa 4.7

### July 2024



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# Progress on 95-95-95 National HIV Treatment Cascade

## Final July 2024



As of Jul 2024 South Africa is at 96-79-94 for the total population serviced through the Public & Private sector.

Results for each of the sub-populations vary, with:

- Adult Females at 97-81-94,
- Adult Males at 95-75-94,
- Children (<15) at 87-80-70.

To achieve 95-95-95 targets, South Africa must increase the number of:

- Total Clients on ART by 1,163,758,
- Adult Females on ART by 627,307,
- Adult Males on ART by 505,209,
- Children (<15) on ART by 31,242.

Based on eligibility criteria of Viral Load under 50 copies/ml, clients eligible for DMOC include:

- Total Clients by 3,604,477,
- Adult Females 2,452,579,
- Adult Males 1,127,190,
- Children 37,271.

Included in these results are:

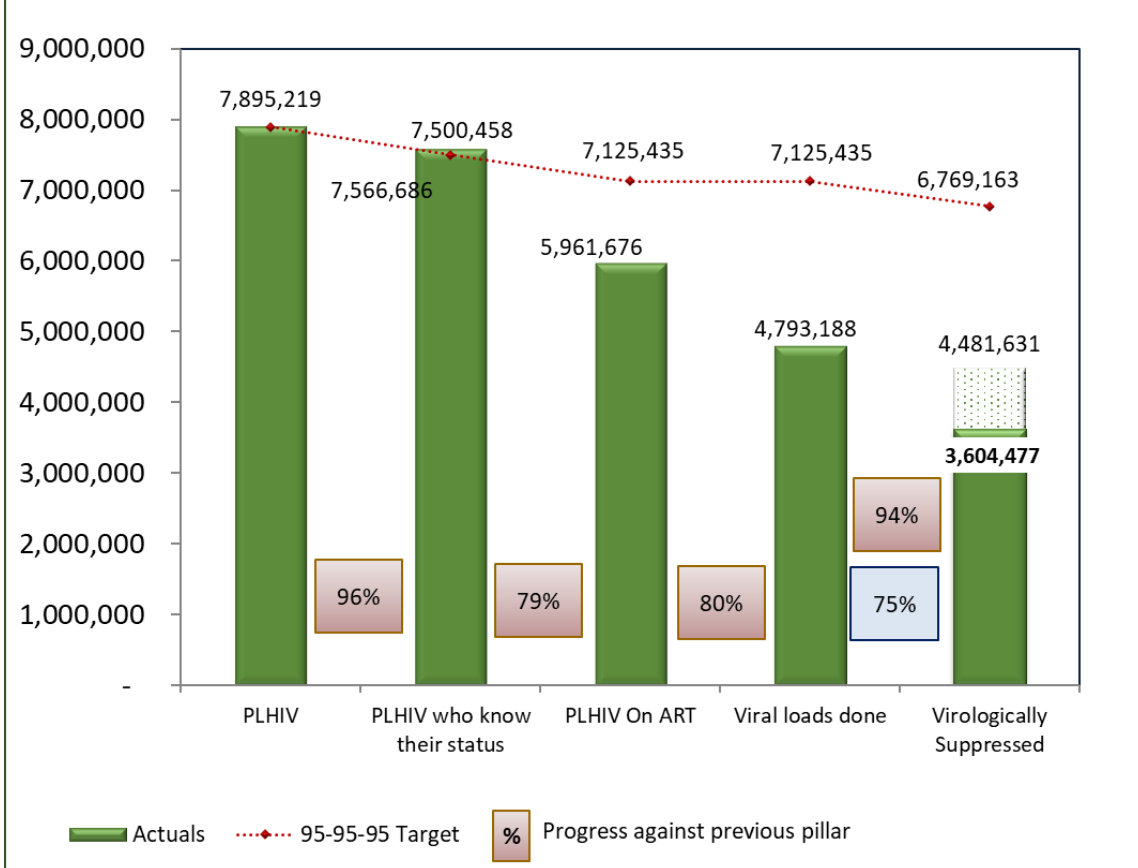
- 238,474 Adult Females,
  - 141,323 Adult Males, and
  - 3,201 Children (<15)
- who access ART through the Private sector.

# Progress on 95-95-95 National HIV Treatment Cascade

## TOTAL POPULATION Final July 2024



95-95-95 Cascade - Total Population  
South Africa (Jul 2024) - Public & Private sector



As of July 2024, South Africa is at **96-79-94** for the **total population** serviced through the Public & Private sector.

To achieve 95-95-95 targets, South Africa must increase total Clients on ART by **1,163,758**.

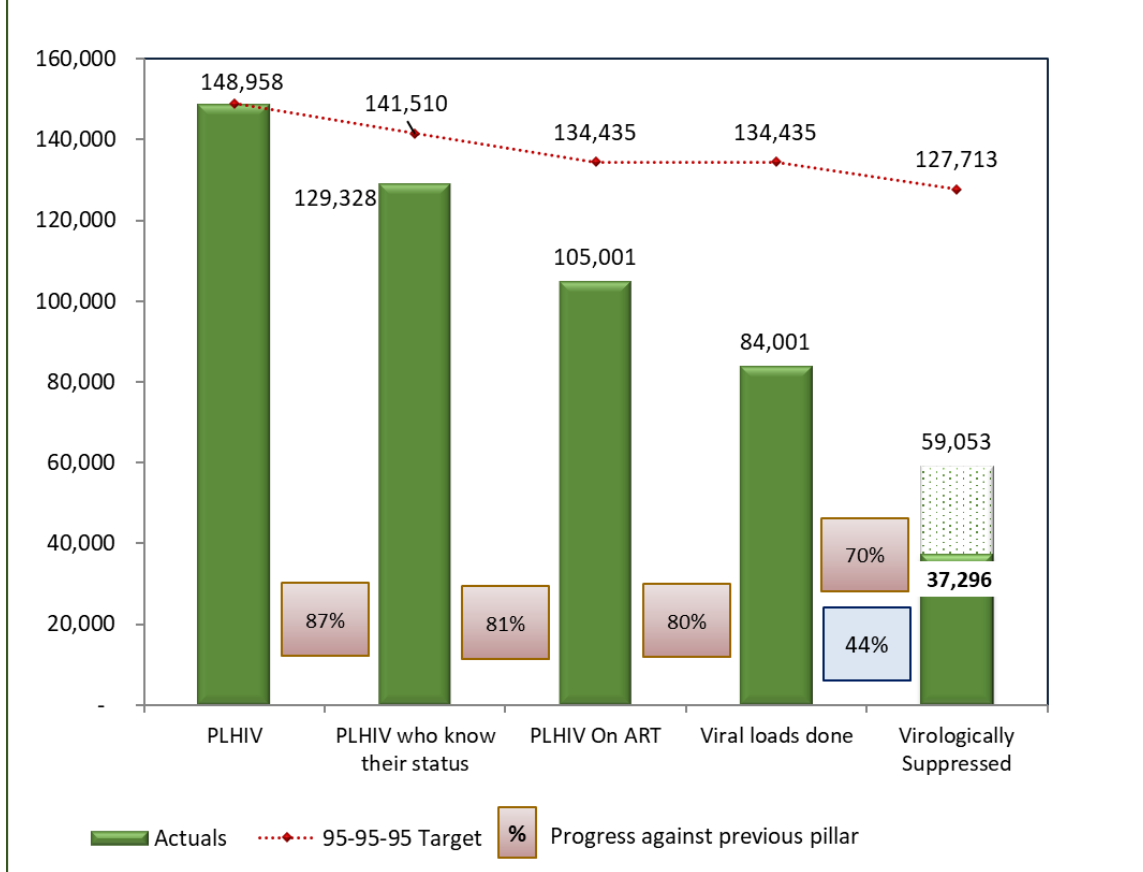
Based on eligibility criteria of Viral Load under 50 copies/ml, **3,604,477** clients are eligible for DMOC.

\* DHIS extract as at 2024/10/15

# Progress on 95-95-95 National HIV Treatment Cascade Children Final July 2024



95-95-95 Cascade - Children (<15)  
South Africa (Jun 2024) - Public & Private sector



As of July 2024, **South Africa** is at **87-80-70** for **children** serviced through the Public & Private sector.

To achieve 95-95-95 targets, South Africa must increase children on ART by **31,242**.

Based on eligibility criteria of Viral Load under 50 copies/ml, **37,271** children are eligible for DMOC.

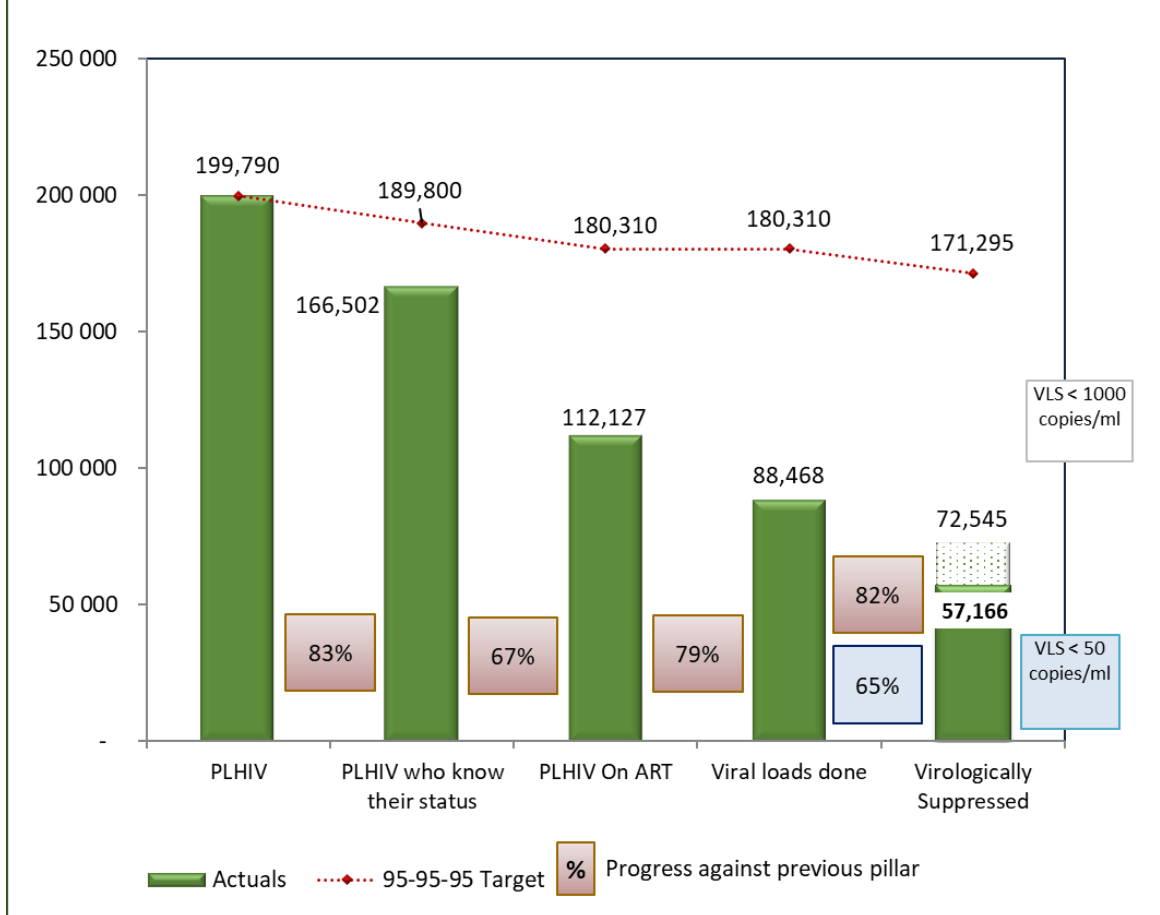
\* DHIS extract as at 2024/10/15

# Progress on 95-95-95 National HIV Treatment Cascade

## ADOLESCENTS Final July 2024



95-95-95 Cascade - Adolescents (15 - 19)  
South Africa (Jul 2024) - Public & Private sector



As of July 2024, **South Africa** is at **83-67-82** for **Adolescents (15 - 19)** serviced through the Public & Private sector.

To achieve 95-95-95 targets, South Africa must increase the number of adolescents on ART by **68,183**.

Based on eligibility criteria of Viral Load under 50 copies/ml, **57,166** adolescents are eligible for DMOC.

\* DHIS extract as at 2024/10/15





# Vertical Transmission Prevention



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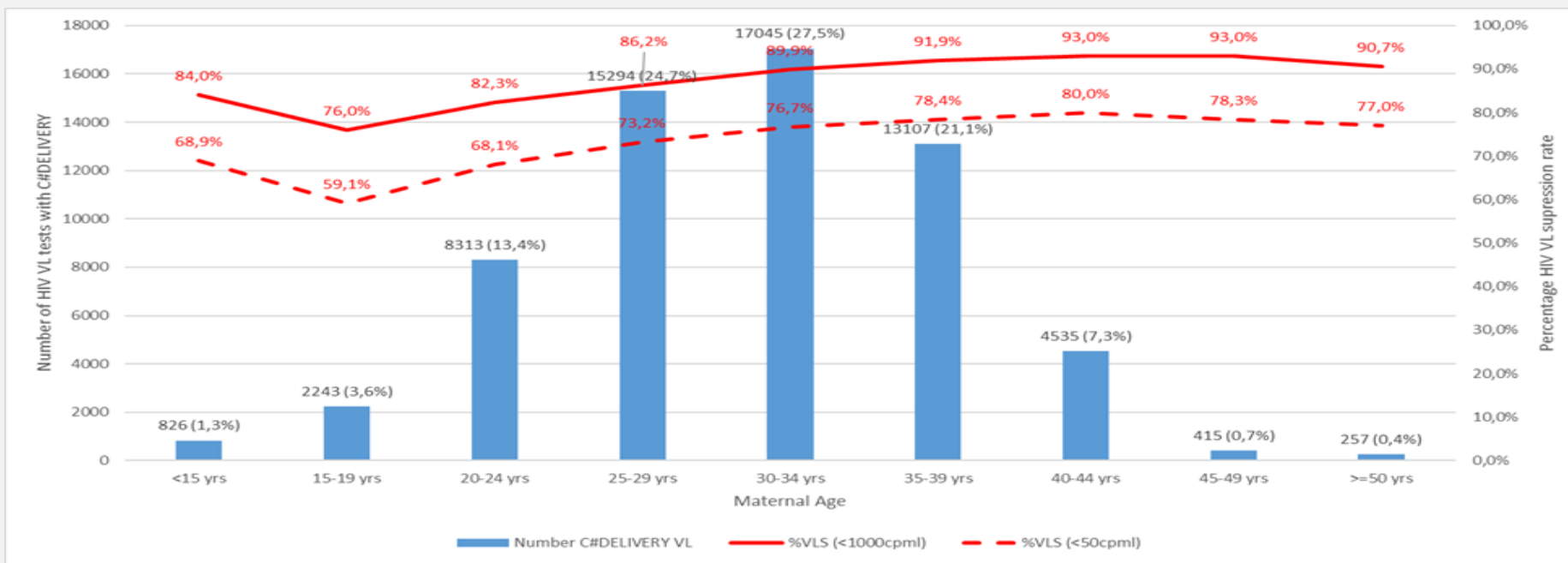


# Maternal eGK codes for Maternal VL Monitoring



The national maternal HIV VL suppression rate at time of delivery was 88,0% at <1000cpml and 74,4% at <50cpml. For the same period among all women of reproductive age (females aged 15-49 years), the suppression rate in South Africa was 91,5% at <1000cpml and 77,5% at <50cpml suggesting comparatively poorer rates of viral suppression among pregnant women at time of delivery

**National Maternal HIV VL Suppression Rates at Delivery, Calendar Year 2023**



Source: NICD, Paediatric HIV Surveillance Team



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# Syphilis & HBV in ANC



Incom  
dat

organisation unit name	October - December 2023				January - March 2024				April - June 2024				July - September 2024			
	Antenatal client tested for HBsAg rate	Antenatal client with HBsAg positive result	Syphilis screening coverage at 1st ANC visit	Antenatal client syphilis 1st test positive	Antenatal client tested for HBsAg rate	Antenatal client with HBsAg positive result	Syphilis screening coverage at 1st ANC visit	Antenatal client syphilis 1st test positive	Antenatal client tested for HBsAg rate	Antenatal client with HBsAg positive result	Syphilis screening coverage at 1st ANC visit	Antenatal client syphilis 1st test positive	Antenatal client tested for HBsAg rate	Antenatal client with HBsAg positive result	Syphilis screening coverage at 1st ANC visit	Antenatal client syphilis 1st test positive
Eastern Cape	60,6	74	89,5	638	65,6	86	86,2	803	68,4	70	86,3	762	65,5	27	88,5	579
Free State	48,8	46	85,8	388	59,2	25	85,3	476	71,0	22	91,6	437	56,9	20	89,8	364
Gauteng	25,4	54	47,0	423	44,9	81	70,2	809	58,6	80	84,2	771	54,5	27	84,4	639
KwaZulu-Natal	43,7	77	86,9	2404	47,3	113	89,2	2934	59,3	138	91,3	2577	56,4	144	93,0	1728
Limpopo	36,7	58	86,2	256	53,9	147	85,5	231	60,8	63	89,0	222	60,4	34	85,7	191
Mpumalanga	33,6	79	78,0	311	39,3	72	82,9	348	45,5	27	85,7	468	40,2	45	87,5	252
Northern Cape	26,0	13	65,4	136	22,9	53	65,7	139	33,9	13	78,9	125	32,2	15	79,9	96
North West	38,3	11	76,7	248	37,1	27	78,0	385	40,1	14	78,9	220	37,2	7	81,6	220
Western Cape	2,3	9	59,2	436	2,0	31	60,8	513	2,0	9	62,0	391	1,8	4	67,8	244
National	34,3	421	72,5	5240	43,3	635	78,9	6638	51,3	436	83,9	5973	48,2	323	85,1	4313



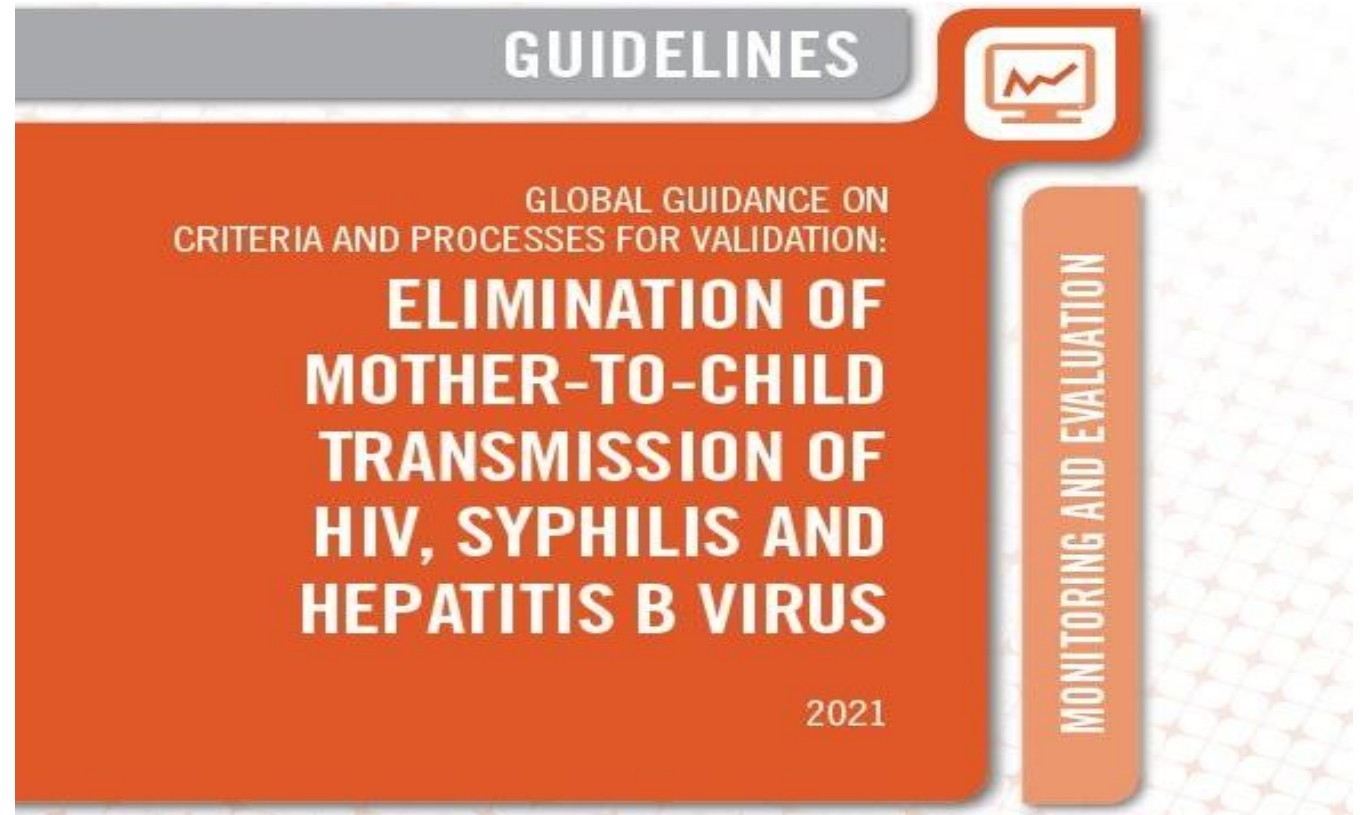
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# Overview of the criteria and process for validation of Triple EMTCT



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# PTE indicators and targets: Bronze tier



Tier	Infection	Impact Indicators for at least one year	Process/Programme indicators for at least 2 years
Bronze Tier	HIV	<ul style="list-style-type: none"> <li>• MTCT of HIV rate of &lt;2% in non-breastfeeding populations OR &lt;5% in breastfeeding populations</li> <li>• A case rate of new pediatric HIV infections due to MTCT of <math>\leq 750</math> cases per 100 000 live births</li> </ul>	<ul style="list-style-type: none"> <li>• <math>\geq 90\%</math> ANC coverage (at least one visit) (ANC-1)</li> <li>• <math>\geq 90\%</math> of HIV testing coverage in pregnant women</li> <li>• <math>\geq 90\%</math> of ART coverage in pregnant women</li> </ul>
	Syphilis	<ul style="list-style-type: none"> <li>• A case rate of CS of <math>\leq 750</math> per 100 000 live births</li> </ul>	<ul style="list-style-type: none"> <li>• <math>\geq 90\%</math> ANC coverage (at least one visit) (ANC-1)</li> <li>• <math>\geq</math> syphilis testing coverage in pregnant women attending ANC</li> <li>• <math>\geq 90\%</math> treatment coverage in syphilis – seropositive pregnant women</li> </ul>
	HBV	<ul style="list-style-type: none"> <li>• Not required</li> </ul>	<ul style="list-style-type: none"> <li>• <math>\geq 90\%</math> of coverage of HepB3 infant vaccination</li> <li>• Implementation of universal timely HepB –BD policy</li> </ul>



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# VTP Program Achievements, Gaps and Opportunities



Achievements	Gaps	Opportunities
Sustained HIV testing and treatment in ANC at >99% over several years.	Under utilization of eGK codes for enhanced maternal VL monitoring	Global Alliance roll out and implementation
Improved TLD coverage in women of reproductive age groups	Low coverage of PrEP during antenatal and postnatal period	Community screening and linkage to care
Started implementation of Pre-exposure prophylaxis (PrEP) for PBFW	Continuing maternal incident infections during pregnancy and breastfeeding	Mom Connect
Sustained EID birth testing at 100%	Low uptake of EID especially at 10 weeks and 6 months	Capacity building and implementation of the revised integrated VTP guideline
Sustained PCR positivity at 0,5% across all testing algorithm age groups		Reporting of maternal VL in DHIS



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# Challenges



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# Challenges



## Low Case finding (Mainly Men & Children under 15 years)

- Sub-optimal scale-up of Index testing and HIV Self Screening

## Poor linkage to care

- Men predominately not willing to be linked to facilities (Attributed to poor Health Seeking Behavior)

## Gaps in treatment initiation and retention in care (1.1 Million Gap)

- Men and children bearing more proportion on treatment gap
- Slow scale up of MMD-3
- Community ART initiation not implemented to scale (recent approval of SOP to guide implementation)

## High loss to follow-up & Treatment Interruptions at 6 – 12 months

- Poor data capturing/backlog leading to increasing LTFU
- Low uptake of VL testing in some provinces
- Implementing Welcome Back Strategy and Re-engagement SOPs of DMOC Guidelines



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# Solutions & Key Priority Interventions



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# 2024 Key Priority Interventions



Increase HIV Case Finding – special focus on Priority & Key Population

Close 2<sup>nd</sup> and 3<sup>rd</sup> 95 gap (100 facilities nerve center approach)

Strengthens Men's health services

Strengthen implementation of engagement & re-engagement approach

Improve cascade for children

Strengthens prevention services

Differentiated models of care for Less Intensive and More Intensive (AHD)

NCDs, Family Planning, TB/HIV integration & Viral Hep.

Engage and Re-engage clients

GA to end AIDS in children in 2030

Index testing for children of HIV pos parents

Welcome back campaign

Collaborate with Ritshidze to enhance CLM

Implement U=U



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# Global Alliance priorities –Pillar 1



## 1<sup>st</sup> 95

- Strengthen **routine HIV testing** for HIV Exposed Infants (HEIs) as per VTP Guidelines
- Scale up **use of NHLS PCR RfA Reports and RfAD** linked to CHW Tracking & Tracing for positive PCRs

## 2<sup>nd</sup> 95

- Add **pDTG 10mg dispersible** tablets to paediatric formulary
- Increased **access to ART for vulnerable** and hard-to-reach communities, including migrant communities
- Implement patient-centred and **differentiated models of care for eligible children** to reduce cost to families
- Facilitate the use of evidence-based **clinical guidelines** for the management of children LHIV
- Increase the capacity for the clinical **management of children aged 5-14** years

## 3<sup>rd</sup> 95

- Improve the quality of phlebotomy services
- Support provinces to establish efficient results management processes
- Implement interventions at facility and community level to support treatment adherence
- Improve the clinical management of children with an elevated VL
- Strengthened inter-department collaboration for improved psycho-social support



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# Global Alliance priorities –Pillar 2



## 2<sup>nd</sup> 95

- ✓ Scale up **initiation/transitioning to DTG-based regimen** for pregnant and breastfeeding women and adolescent girls
- ✓ ACSM to **generate demand for DTG** after NTD scare
- ✓ Strengthen **continuity of care** from antenatal care, through delivery and into the breastfeeding period
- ✓ Develop a **structured package of care** for the breastfeeding mother after delivery located at the same service delivery point as care for her infant
- ✓ Increase **community-based treatment support**
- ✓ Ensure that women are provided with **basic knowledge and skills** to adhere to ART

## 3<sup>rd</sup> 95

- ✓ Strengthen **integration of Maternal ART and SRHR** services into **Child Health** services ,including all PHC ART service points
- ✓ Improve the **clinical management** of PBGW
- ✓ Improve **EGK code coverage** and VL management at facility level
- ✓ Implement patient-centred and **differentiated models of care for eligible breastfeeding mothers** to reduce cost to families



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# Global Alliance priorities –Pillar 3



1<sup>st</sup> 95

- ✓ Facilitate the implementation of a comprehensive package of HIV Prevention Services within maternal and child, SRH and school health services
- ✓ Improve regular HIV retesting of pregnant and breastfeeding women and adolescent girls and their partners to ensure timely identification of PBGWLHIV and those at risk of getting HIV
- ✓ Scale up integrated and differentiated service delivery models for PrEP as part of a comprehensive HIV prevention package for pregnant and breastfeeding adolescent girls, women and their partners



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# Thank you!!!



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