South Africa HIV and TB Investment Case, National Stakeholder Consultation: 30 -31 July 2014

Session 3: Sharing of Group Findings

Agenda Item: Final recommendations on interventions & technical efficiency factors

Time: Thursday 31 July: 14h00 – 15h00

Responsible: Sub-working group co-leads

TREATMENT AND CARE

1. INTERVENTIONS	**5/14**	**STRONG EVIDENCE** • **IPT** **WEAK EVIDENCE** • **Early Paediatric Treatment 5-15 years**
2. TECHNICAL EFFICIENCIES	9/23	STRONG EVIDENCE • Adherence clubs WEAK EVIDENCE • Wisepill
3. CRITICAL ENABLERS	11/7	STRONG EVIDENCE • ART integration at PHC level WEAK EVIDENCE • Unique patient ID
4. CHALLENGES/ RECOMMENDATIONS	• Next frontiers in ART are not eligibility thresholds- it's fixing the health system • We need more operational research (especially pre-ART)	

HCT

1. INTERVENTIONS	**4**	**STRONG EVIDENCE** • **Rapid testing; Multi disease campaigns** **WEAK EVIDENCE** • **ELISA**
2. TECHNICAL EFFICIENCIES	12	STRONG EVIDENCE • Models (HBT, Mobile/out reach); Workplace WEAK EVIDENCE • Task shifting Self testing; Encouraging men to test
3. CRITICAL ENABLERS	~ 6	STRONG EVIDENCE • Integration ANC; Leadership; Quality Assurance WEAK EVIDENCE • Capacity build of lay counsellors, CHWs • Community mobilisation
4. CHALLENGES/ RECOMMENDATIONS	1. Demand creation 2. Referral 3. Mentorship 4. Monitoring and data use 5. Lack of equipment to screen NCD	

KEY POPULATIONS

KEY POPULATIONS: MSM, SEX WORKERS, PEOPLE WHO USE DRUGS, INMATES
ADDITIONAL VULNERABLE POPULATIONS CONSIDERED: People with Disabilities, OVC

1. INTERVENTIONS	**~ 18**	**STRONG EVIDENCE** **Pre Exposure Prophylaxis** **WEAK EVIDENCE:** **KP Mobilisation**
2. TECHNICAL EFFICIENCIES	~ 8	STRONG EVIDENCE Specialised and/or mobile KP services WEAK EVIDENCE Self testing for key populations
3. CRITICAL ENABLERS	~ 10	STRONG EVIDENCE Decriminalisation of sex work WEAK EVIDENCE Sensitisation training of health workers
4. CHALLENGES/RECOMMENDATIONS	1. More surveillance and research in KPs to inform policy 2. More resources for targeted interventions per KP 3. Defining key populations in policy and government 4. Mechanisms to record and report KP service utilisation	

Comprehensive Condom Programming

Key target groups – young people 15 – 24 and 25 – 34, sex workers, inmates, people living with disabilities, MSM/LGBT, urban and peri-urban informal settlement dwellers, alcohol & drug users

1. INTERVENTIONS	**4**	**STRONG EVIDENCE** **Expand access to male and female condoms** **WEAK EVIDENCE:** **Ensure regular supply of lubricants at health facilities and condom outlets to reduce HIV incidence**
2. TECHNICAL EFFICIENCIES	9	STRONG EVIDENCE Rebrand Choice male condoms and develop new marketing strategy WEAK EVIDENCE Integrate condom distribution with blood donation programmes
3. CRITICAL ENABLERS/PROGRAMME ENABLERS	5	STRONG EVIDENCE Supply chain management systems needs review and redesign WEAK EVIDENCE Availability of condom warehousing in all provinces will improve supply chain
4. CHALLENGES/RECOMMENDATIONS	1. Reinstate national quarterly condom coordination meetings and initiate provincial & district coordination meetings 2. Finalise national guidelines and include lubricants 3. Extend condom tender time period to at least 3 years 4. Expand public/private partnership for condom distribution nationwide, including SABCOHA and labour unions	

TB

1. INTERVENTIONS	~ 50	STRONG EVIDENCE • Isoniazid preventive therapy for people living with HIV - 40-60% reduction in TB incidence WEAK EVIDENCE: • Insufficient evidence to support mass TB preventive therapy for people infected with TB
2. TECHNICAL EFFICIENCIES	~ 14	STRONG EVIDENCE • Role of community health workers in intensified TB case finding (same service at lower cost) WEAK EVIDENCE • Impact of Social and Behaviour Change Communication campaigns on preventing TB, changing health seeking behaviour and improving treatment adherence
3. CRITICAL ENABLERS	~ 30	STRONG EVIDENCE • Evidence from systematic review on the benefits of integrated TB and HIV service delivery to improve outcomes WEAK EVIDENCE • Lack of evidence on role of improved knowledge on TB among educators and pupils in schools system – baseline data from SACMEQ study DBE
4. CHALLENGES/RECOMMENDATIONS		

PMTCT

1. INTERVENTIONS	8	STRONG EVIDENCE • Fertility planning - Bello study – 39% unplanned pregnancy; MRC PMTCT effectiveness study – 78% unplanned pregnancy; Myer et al – 7.8% pregnancy rate among HIV +women WEAK EVIDENCE: • Rapid test for infants @ 9 months – 2014 WHO recommendations; ? Sherman and MRC study
2. TECHNICAL EFFICIENCIES	10	STRONG EVIDENCE • Adherence, counselling, LTFU tracker – Tenthani 17% LTFU at 6 months and 5x more if started at CD4 more than 350 (Findings from Option B+ implementation in Malawi) WEAK EVIDENCE • Mother-Infant Pair (integrated services) – Clouse at al - LTFU of pregnant/post delivery in JHB, 57.5% between HIV testing and 6 months post-delivery
3. CRITICAL ENABLERS	10	• Inclusion of private sector • Update Nursing Curricula (pre and in-service training)
4. CHALLENGES/RECOMMENDATIONS	1.	Lot of evidence to support the problem but lack of evidence to support the effectiveness of the intervention

Other Biomedical Prevention

1. INTERVENTIONS	**4**	**STRONG EVIDENCE** • **Pre-Exposure Prophylaxis (PrEP)** **WEAK EVIDENCE:** • **Sexually Transmitted Infections**
2. TECHNICAL EFFICIENCIES	22	STRONG EVIDENCE • monitoring adherence WEAK EVIDENCE • partner notification
3. CRITICAL ENABLERS	14	STRONG EVIDENCE • Structural, national guidelines and policies WEAK EVIDENCE • Demand creation services
4. CHALLENGES/RECOMMENDATIONS	1. Clinical prevention research is focused on efficacy trials of individual biomedical interventions 2. Recommendation: Real world demonstration projects to document effectiveness and program efficiencies 3. Recommend a integrated research strategy to provide the fastest, most tangible impact on HIV transmission, e.g. multipurpose technologies for HIV prevention and family planning	

SBCC

A critical enabler for other programmes

1. INTERVENTIONS	**11**	**STRONG EVIDENCE** • **Exists for most of the main areas.** **WEAK EVIDENCE:** • **Evaluation of below the line community programmes exist**
2. TECHNICAL EFFICIENCIES	7	STRONG EVIDENCE • Exists for most of the main areas. WEAK EVIDENCE: • Evaluation of below the line community programmes exist
3. CRITICAL ENABLERS	6	Strong evidence exists
4. CHALLENGES/RECOMMENDATIONS	1. Monitoring and Evaluation 2. Evaluation of below the line community programmes 3. The communication aspects are not mutually exclusive 4. The below the line programmes can be costly 5. SBCC can only achieve limited results	

MMC

1. INTERVENTIONS	2	STRONG EVIDENCE • MMC; assumptions were applied for EIMC
2. TECHNICAL EFFICIENCIES	14	Program and research data available for most.
3. CRITICAL ENABLERS	1	ACSM to create awareness and demand
4. CHALLENGES/RECOMMENDATIONS	1. For many TEF, effectiveness was discussed as population currently and potentially reached. Will the model be able to incorporate this dynamic? 2. "Seasonal Planning within NDoH" and "Provision through Private Providers" were noted as areas for additional research. 3. Several new data sources will become available within ~6 months	

Social Enablers and Development Synergies

INTERVENTIONS	**1. (RCT) evidence for cash transfers (Malawi etc), GBV interventions (Stepping Stones, although no HIV incidence impact). Good observational evidence for legalising sex work and its impact on HIV infections, as well as the impact of community mobilisation on a range of indicators, although not HIV incidence as an end point** **2. Program and observational research data available for most other areas - e.g. impact of alcohol on HIV risk, ?impact of programs to address alcohol** **3. We did not get a chance to review and discuss TE, although we believe that for interventions that address social enablers need a clear consideration of TE factors, since the quality of these interventions can vary enormously**
4. CHALLENGES/RECOMMENDATIONS	1. There is a mountain of data here, and we were not able to synthesise this in the time available. Life skills alone has an extensive body of literature. We would recommend someone is contracted to build on the work done in this group, and collect and summarise the evidence that is available for Social Enablers 2. We have developed a list of areas where we are not sure if there is any evidence, and if not where research needs to be done

Program Enablers

Fostering program effectiveness and efficiencies through catalytic interventions across the service delivery value chain

1. INTERVENTIONS	~ 18	Unique Patient Identifier Strengthened Supply Chain Management Systems Capacity Building for Community Based Organisations Standardised tools and frameworks for pre-service, & In-service platforms
2. TECHNICAL EFFICIENCIES	~ 8	Central Data Repository Connectivity and networked system Self testing for key populations Strengthened financial systems – e.g. cost centre development Strengthening the Clinic Lab Interface
3. CRITICAL ENABLERS	~ 10	Strengthened Governance, Leadership and accountability mechanisms Driving task-shifting and task sharing in service delivery Coherent Operational Research, Process and Program Evaluation Agenda Training and Leadership Development , reviewing scope of practise and competency framework Change Management and Accountability Mechanisms
4. CHALLENGES RECOMMENDATIONS	1. Responsive regulatory and policy interventions 2. Improved coordination & management of all players (NGOs, etc) 3. Strengthening information use for decision making 4. Data to back up these recommendations	

Key steps for moving forward, timeline & roles (Phase 1)

Dr Fareed Abdullah, CEO SANAC

Key steps for moving forward, timeline & roles (Phase 1)

	Action Step	**Date**	**Role**
	Submission of Word document (Interventions, TE factors, Critical Enablers)	4 August	Sub working group co-leads
	Submit data and data sources to program working group co-leads (Iterative for the next 2 years)	8 August Ongoing	All participants
	Re-organization of Task Team and sub-working working groups	8 August	Task Team
	Modelers meeting (assumptions, set up modeling)	1st Week of August	Economics/ Modelers Working group
	Debriefing on the outputs of the Stakeholder consultation	7 August	Task Team
	Submission of Excel templates (Interventions, TE factors, Critical Enablers)	12 August	Sub working group co-leads
	Meeting to review the excel template	13 August	Task Team
	Meeting to endorse list of Interventions, Technical Efficiency factors and Critical Enablers	22 August	Task Team and Steering Committee
	Development of the Investment Case: Modelling, Expenditure tracking, Costing etc	August/ September	Task Team, Consultants
	Consultation on Preliminary results	Oct/November	Task Team and key stakeholders