

**TERMS OF REFERENCE FOR THE FINALISATION OF THE  
NATIONAL DEPARTMENT OF HEALTH'S KEY POPULATIONS  
HEALTH IMPLEMENTATION PLAN**

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## 1. INTRODUCTION

South Africa remains the epicentre of the HIV epidemic, accounting for more than a quarter of new HIV infections in East and Southern African countries and an estimated 8 million people living with HIV (PLHIV) in 2018. The country has made significant progress in reducing new HIV infections and AIDS related deaths by 39% and 50% respectively since 2010 (UNAIDS, 2018). Access to HIV testing and effective antiretroviral therapy (ART) has also improved substantially with the implementation of the test and treat initiative, and increased availability of affordable drugs with fewer side effects. The country remains committed to the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90–90–90 targets which aim to ensure 90% of PLHIV know their HIV status, 90% of people with diagnosed HIV receive sustained ART, and 90% of people on ART are virally suppressed by 2020, with these targets increasing to 95% by 2030 (UNAIDS, 2018). HIV prevalence among the general population is high at 20.4%. Prevalence is even higher among men who have sex with men (25.3%)<sup>1</sup>, transgender people (45.5–63.4%)<sup>2</sup>, sex workers (62.3%)<sup>3</sup> and people who inject drugs (21.8%)<sup>4</sup>.

Although South Africa has made progress in reducing the incidence of HIV, the progress is not sufficient to meet the United Nations Sustainable Development Goal (SDG 3.3) global target of ending AIDS as a public health threat by 2030. Much still needs to be done to ensure that targeted populations are reached with tailored packages that are relevant, acceptable, and accessible at the community level. This has led to the need to develop the Key Populations Health Implementation Plan.

The *Key Populations Health Implementation Plan* is informed by a review of the *HTA Guidelines* and programme, and consultation with stakeholders. The plan was developed under the guidance of the National Department of Health (NDOH) and aims to ensure that quality, evidence, and innovation underpin rights-based key population service provision in South Africa.

The plan is aligned with the goals of the *NSP 2017-2022*, enabling provinces and districts to incorporate activities easily into provincial implementation plans (PIP) and multi-sectoral district implementation plans (MDIP). The plan reflects the goals and objectives within the scope of the Department of Health (DOH) and recognises that key population services require a multi-sectoral

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<sup>1</sup> Population Size Estimation and HIV Care and Treatment Cascades for female sex workers and men who have sex with men in South Africa. Data available at: <https://shiny.dide.imperial.ac.uk/kpcascade/>

<sup>2</sup> HSRC (2019) The Botshelo Ba Trans Study: Results of the first HIV prevalence survey conducted with transgender women (TGW) in South Africa. Online at <https://bit.ly/3izDKLE>

<sup>3</sup> Thembisa 4.3 Age-Specific Outputs Online at <https://www.thembisa.org/downloads>. Thembisa output similar to the average of HIV prevalence in the three major cities (42.5%, 58.3% and 77.6%) from Aurum, Anova & UCSF (2020) Summary Sheet – South African Health Monitoring Survey – A Biological And Behavioural Survey Among Female Sex Workers In South Africa (SAHMS 2018). Page 3. Online at <https://bit.ly/3sAAy6v>

<sup>4</sup> Population-based cross-sectional survey of households in South Africa, online at <http://aidsinfo.unaids.org/>

response. Progress against goals, objectives and activities will be closely tracked through a monitoring and evaluation framework supported by a research and surveillance agenda.

The Key Populations Health Implementation Plan was commissioned by the National Department of Health and funded by the Centers for Disease Control and Prevention (CDC) to improve service delivery for key populations in South Africa. The plan is aligned with the goals and the objectives of the South African National Strategic Plan for HIV, TB and STIs 2017-2022 (NSP 2017-2022) as well as the National Health Sector Prevention and Condom Communication Plans.

## **2. OBJECTIVES**

The KPHIP is founded upon 5 goals:

- To accelerate prevention to reduce new HIV, TB and STIs
- Reduce morbidity and mortality by providing HIV, TB and STI Treatment, care and adherence support for all KP
- To reach all key and vulnerable populations with customized and targeted interventions
- Strengthen strategic information to drive progress towards achievement of the National Strategic Plan goals

## **3. SCOPE OF SERVICE**

SANAC seeks to engage the services of a consultant to undertake the following pieces of work to ensure the finalization of the plan:

- a) Conduct a review of the current draft of the Implementation plan and finalize comments stemming from consultations that took place nationally
- b) Proofread and edit the Implementation Plan
- c) Design and layout the plan ensuring the branding is aligned with the National Department of Health and SANAC branding requirements
- d) Lead the planning and dissemination of the KP Implementation plan nationally to all stakeholders.

## **4. EXPECTED DELIVERABLE**

The consultant to deliver the final Key Populations Health Sector Implementation Plan which has been nationally disseminated.

## 5. QUALIFICATIONS AND EXPERIENCE

SANAC Trust intends to contract a service provider or consultant with extensive experience that includes:

- a) At least a master's degree, preferably in the field of public health or related social sciences.
- b) Excellent knowledge of national policies and strategies and plans on HIV& AIDS and TB is essential.
- c) Good domain and understanding of the context of health issues of Key Populations
- d) At least 3-5 years of experience in conducting research and data analysis, particularly on HIV and TB response with key Populations.
- e) Strong track record of technical writing and editing high-level documents in English on HIV prevention-related Strategies.
- f) Knowledge and/or understanding of the SANAC and its stakeholders, with strong stakeholder management skills and experience working at different levels of the South African Government Structure

## 6. TIMELINES

The consultancy is expected to be completed in **30 consulting days** between **1 April – 30 April 2022**. Direct costs for travel and workshops should be included in the budget for provincial consultations.

## 7. CRITERIA FOR SELECTION:

The selection of the best offer will be based on the combined scoring method: (the qualifications and methodology will be weighted 80%, combined with the price offer, which will be weighted 20%).

- Technical proposal demonstrating a clear process and methodology for delivering high-quality products in line with the ToR (30%).
- Demonstrated track record / knowledge of Key Populations With regards to access to services, stigma,) and HIV, TB and STIs response in South Africa (25%)
- Demonstrated experience in conducting research and data analysis, particularly on HIV and TB response (25%)
- Financial Plan(20%)

## 8. ASSIGNMENT MANAGEMENT ARRANGEMENTS

The consultant will work under the overall guidance of the TSU Technical Lead and KP Technical Advisor.