

PROGRESS WITH IMPLEMENTATION NSP BY GOVERNMENT: DOH, DPSA, and DSD

SANAC PLENARY MEETING
27 MAY 2008

DOH

- All health sector prevention interventions are underway
 - **ABC message**
 - Need to intensify and strengthen the Khomanani Campaign
 - Annual calendar events successfully staged with involvement of SANAC members – latest was the Candle light Memorial held in the EC
 - **Condom distribution**
 - Numbers increased
 - Finalising the next male condom tender – recommendations made to Treasury
 - Budget committed to increase the availability of female condoms
 - Tender specifications are being drawn with assistance from local experts
 - Challenges with quality assurance - SABC does not have capacity (machines and tools necessary) for this – business opportunity for someone!

PREVENTION

- PMTCT
 - Dual therapy adopted in February 2008
 - Training underway
 - Six provinces have launched and are implementing
 - KZN, GP, WC, LP, EC and NC; other three to start in June (NW, MP, and FS)
 - DOH discussing budgets with Treasury
 - Tender adjudication for a service provider to evaluate national programme was unsuccessful – no suitable bidder found – discussions with some research institutions underway
- STI management
 - Guidelines reviewed to include management of Active Genital Herpes and to cover for resistant Gonococcus
- PEP
 - ongoing

PREVENTION

- Male circumcision
 - National consultations with Traditional Leaders held
 - Consensus on the importance of **initiation**
 - Especially the element of behaviour education and responsibility training
 - Need to engage traditional leadership with a view to a better understanding of the tradition
 - Find ways of collaborating towards HIV prevention in a manner that protects this cultural practice
 - Participated in WHO-AFRO expert discussions in 2-4 April 2008, in Brazzaville, Congo (13 countries represented)
 - No formal report from Brazzaville yet
 - This will be presented to WHO-AFRO Committee meeting in September for decision by the Committee members
 - SADC Health Ministers discussed the matter at their biannual meeting held on 20 – 25 April 2008 in Lusaka, Zambia
 - Decided that countries should continue to follow “individual” approaches until there is final guidance from Brazzaville
 - Awaiting the outcome of the WHO –AFRO 58th session to be held in September 2008 in Cameroon

TASK SHIFTING (TS), HAART Guidelines & BUDGETS

- **Human Resources Branch working on approaches to task-shifting**
 - DOH delegation attended a Task-shifting conference held on 8-10 January 2008
 - Conference organised by UNAIDS, PEPFAR, WHO and other development partners
 - WHO global recommendations and guidelines on TS on WHO website
 - Declaration of Conference: “Addis Ababa Declaration” available on WHO website
 - Consultations on WHO recommendations and guidelines on Task Shifting
 - Countries to adapt and to implement the guidelines where appropriate and to develop national action plans
 - Further discussed at Global Health Workforce Alliance - Health Workers for All and All for Health Workers Conference held on 2-7 March 2008 in Kampala, Uganda
 - DOH sent a delegation
 - “Kampala Declaration and Agenda for Global Action “
 - Mainly calling for a resolution
 - Resolutions of conference are being discussed in the DOH
 - Training for need
 - Managing brain drain and skills circulation
 - HR Branch is coordinating this work through the PIC

TASK SHIFTING (TS), HAART Guidelines & BUDGETS

- **Budget bid process for the 10 by 10 for 2008 – 2010 has started**
 - 1st meeting held with Treasury on 9 May 2008
 - Theme: “Funding the NSP”!
 - Bid considers dual therapy for PMTCT
 - Pressure from ART and Laboratory tests
 - Expected additional expenditure from reviewed HAART guidelines
 - Introduction of the AIDS Community Competence programme (Objective 7.1; 8.4 of NSP)
 - This to be discussed at the DOH
 - Also to be presented to SANAC once programme concept is ready
- **HAART guideline review process advanced**
 - Recommendations discussed with key role players
 - Management Committee of the DOH has discussed draft at two consecutive meetings with robust engagement on detail – file now ready for consideration by the DG
 - Costing has been done
 - Draft also shared with the TTT – PIC
- **All 9 provinces were visited during November/December 2007**
 - NSP support
 - Monitor progress
 - Valuable information was collected during this process
 - A report is being prepared by a Consultant with the support of UNAIDS, and
 - The report will be presented to SANAC as soon as it is ready

MONITORING and SURVEILLANCE

- Annual National ANC HIV and Syphilis prevalence survey continues
 - Results for 2007 expected some time in July
 - DOH engaged with International partners on work to refine incidence measurement tools
 - DOH welcomes the apology from the DBSA in this regard & of course the TAC position on the matter!
- DOH supporting the HSRC Household survey
 - Information available is that this will take off May through to September 2008
 - Last one was in 2004 (reported in 2005)
- South African Demographic Health Survey
 - Planned to kick off from August 2008
 - Last one was in 2003 (every five years)
- Plans to conduct behavioural surveys as well
- Programme monitoring and evaluation is ongoing

DPSA

□ Costing of HIV&AIDS Programmes

1. The **dpsa** has developed "**The dpsa Costing Model**" (Designed by Dr Steven Forsythe (World Renowned Health Economist, Based on NSP2007-2011 Priorities)
2. It's a combination of a general activity costing and detailed activity costing model.
3. **This is the first of its kind in the world** (Business Unusual)

□ Mainstreaming of HIV & AIDS

1. The **dpsa** trained 250 government employees in partnership with SADC, SAMDI and University of Pretoria and UNDP
2. Further 250 will be trained in the next quarter

DPSA

□ Monitoring and Evaluation of HIV & AIDS

1. The **dpsa** in partnership with JICA and University of Pretoria, and SAMDI have developed a curriculum on HIV&AIDS M&E
2. Focus is in developing **organisational culture of use and generation of M&E** data when planning and implementing HIV&AIDS programmes.
3. Target is **Managers** who implement HIV&AIDS programmes
4. Training starts in the next quarter

DPSA

- **Draft Employee Health and Wellness Strategic Framework for the Public Service**
 1. This **framework will be presented to Cabinet** for its implementation in the Public Service.
 2. This will include the implementation of the pillar on **HIV&AIDS and TB management**
 3. HIV&AIDS Policy will be reviewed to address all **NSP 2007-2011** priorities, the **National M&E Framework**, the **SANS 16001**, the **UNAIDS 12 Components of HIV&AIDS M&E System**, TB etc

DPSA

□ **National HIV & AIDS Work Place Plan**

1. The dpsa met with ILO, Representatives of Labour and Business to develop a National HIV&AIDS work plan
2. there is a pre-existing none NSP aligned plan developed and run by ILO, DOL and Private and Public Sector.
3. An **impact assessment** of the implementation of this plan is currently conducted.
4. A National Consultative meeting of all stake holders planned for next quarter to develop the National HIV&AIDS Plan based on the NSP 2007-2011 and guided by the findings of this impact assessment.

■ **Coordination Work**

1. The dpsa's HRM&D Steering Committee System is the official forum for coordination, consultation, M&E and to monitor compliance. This, and the IDC are the official coordination channels to reach Government Departments

DSD - 6.1 Scale up coverage of the comprehensive care and treatment package

- Policy Framework & Guidelines for the implementation of HCBC developed
- Minimum norms and standards for HCBC finalized
- HIV and AIDS management programme in residential care facilities. Training commenced.
- 125 641 food parcels and 22 433 food supplements were distributed to eligible families from the HCBC
- 298 751 families received psychosocial support, and 37 647 individuals received counseling from the HCBC organisations

DSD - 8.1 Strengthen the implementation of OVC policy and programmes

- ~~Monitoring and Evaluation Framework for the National Action Plan with relevant indicators for orphans and other children made vulnerable by HIV and AIDS developed~~
- M & E system for HCBC programme developed, data collection tools finalized and is implemented in two provinces(Kwa Zulu Natal and Northwest)
- Situation analysis of child-headed households completed
- OVC data systems report finalised.

DSD - 8.1 Strengthen the implementation of OVC policy and programmes

- ❑ Learning material on Child Care Forums finalized and piloted in three provinces namely, Free State, Gauteng, and Kwa Zulu Natal
- ❑ Training of Child Care forums has commenced in Limpopo province.
- ❑ 1566 Child Care Forums established and supported
- ❑ Service provider appointed to conduct a national audit of Child Care Forums in all provinces.
- ❑ 1 579 HCBC organisations and 617 drop in centers received funding and provide services to eligible children and families
- ❑ 135 HCBC organisations are being capacitated and mentored on organizational management issues
- ❑ 237 980 OVC and 20 657 child headed households were identified and received services from community caregivers

DSD - 8.2 Expand and implement CHBC as part of the EPWP

- ❑ Service provider appointed to fast track the accreditation of NPOs as training providers
- ❑ 97 training providers currently undergoing training to qualify for accreditation
- ❑ Learning material for NQF level 3 developed, printed and distributed to provinces.
- ❑ Draft minimum skills sets for the training of community caregivers on NQF 1 – 4, have been developed and sent to provinces for inputs
- ❑ 17 084 community caregivers have been trained and supported

CONCLUSION

- ❑ Considerable process made by government
- ❑ Other government departments have also moved somewhat
- ❑ Policy issues are being addressed at different levels
- ❑ Substantial budget commitments being made by government
- ❑ Enthusiasm on the ground to make the NSP work
- ❑ SANAC secretariat to strengthen coordination of government departments so that all departments are active participants in the NSP and the monitoring role of SANAC

RECOMMENDATIONS

- It is recommended that the SANAC Plenary should
 - Note progress report from government
 - Continue to provide support for the implementation of the NSP by government.
- THANK YOU!!!