

South Africa DSD Update

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South Africa National Department of Health

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ICAP

Columbia University
Mailman School
of Public Health

HIV LEARNING NETWORK

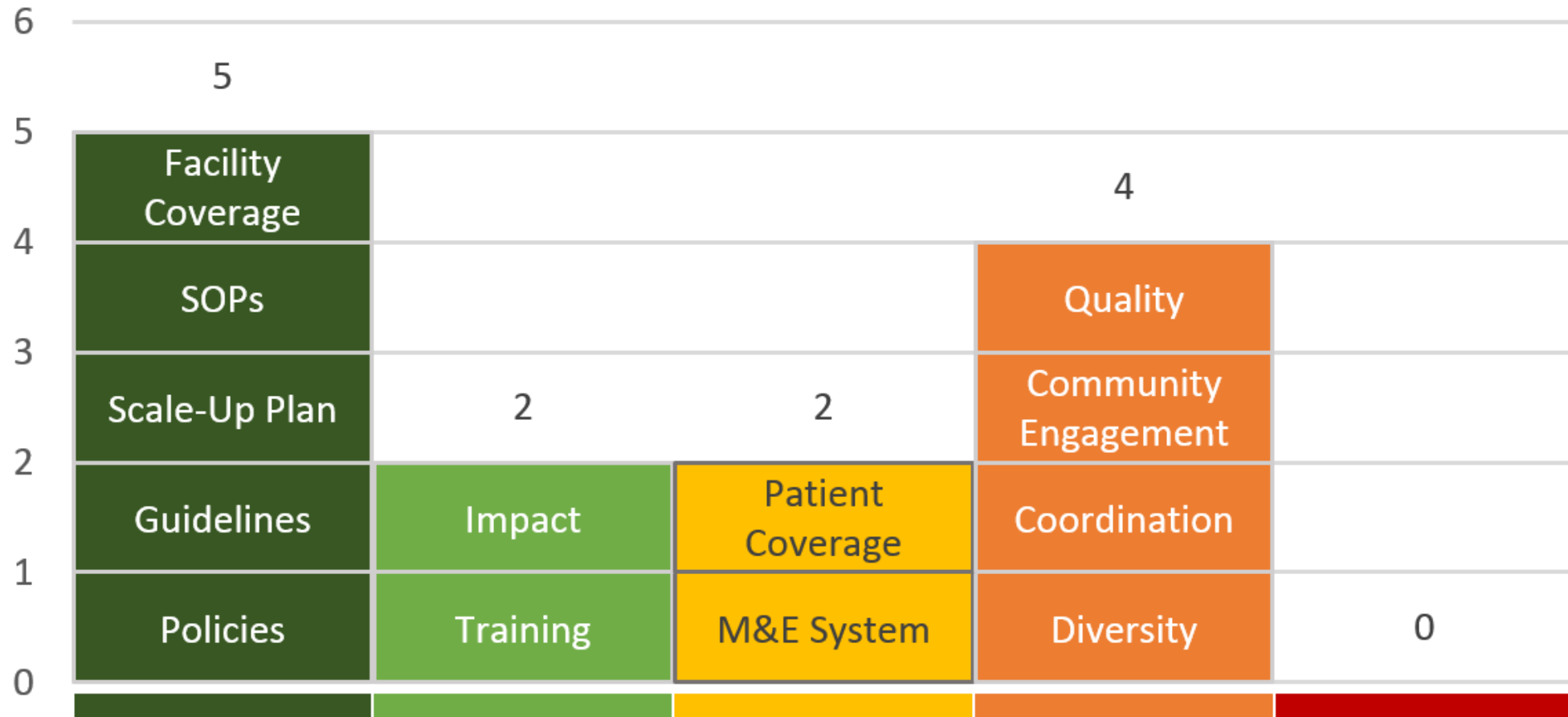
The CQUIN Project for Differentiated Service Delivery

Outline



- **Where are we now?**
 - CQUIN Dashboard Results
 - HIV Treatment Cascade
- **How did we get here?**
 - Successes and Challenges
- **2020 goals and targets**

CQUIN Dashboard Results



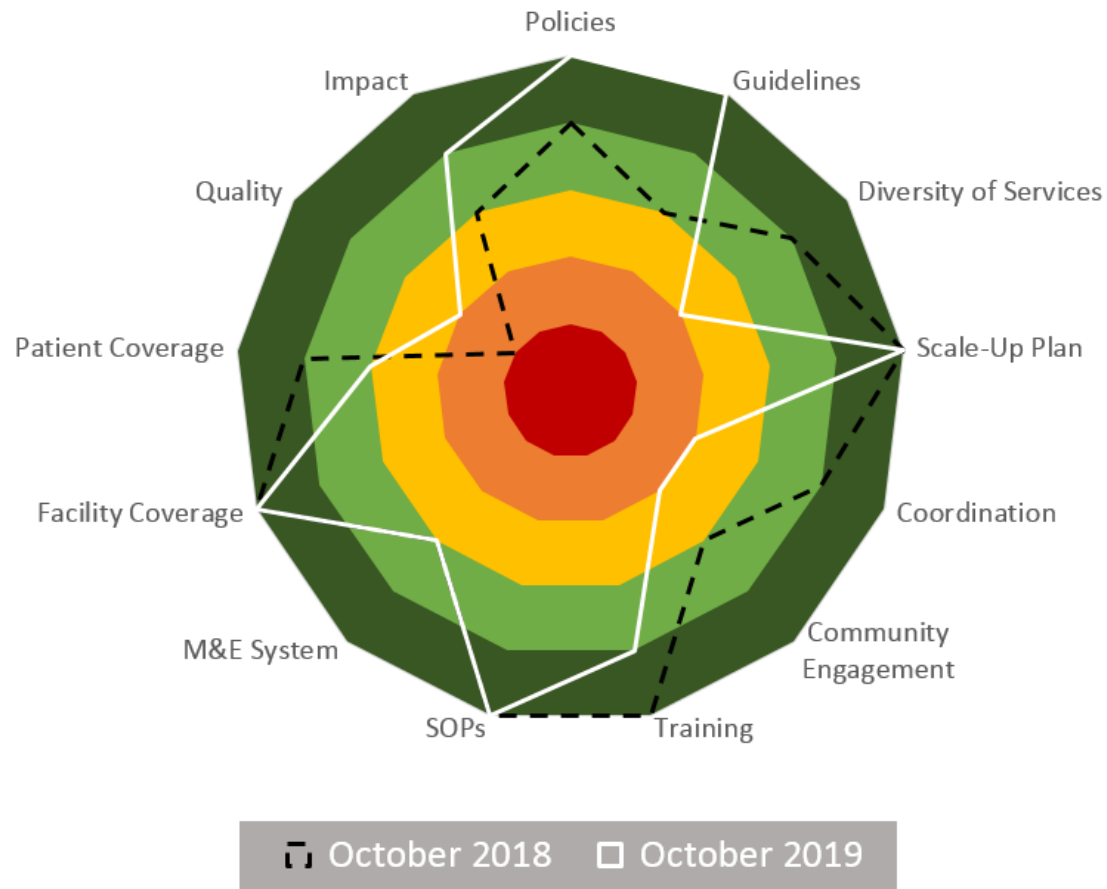
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Change in Dashboard Domains since 2018



Improvements in:

- Guidelines
- Policy
- Impact
- Quality

Regression in:

- Patient coverage
- Training
- Diversity
- Coordination
- Community Engagement



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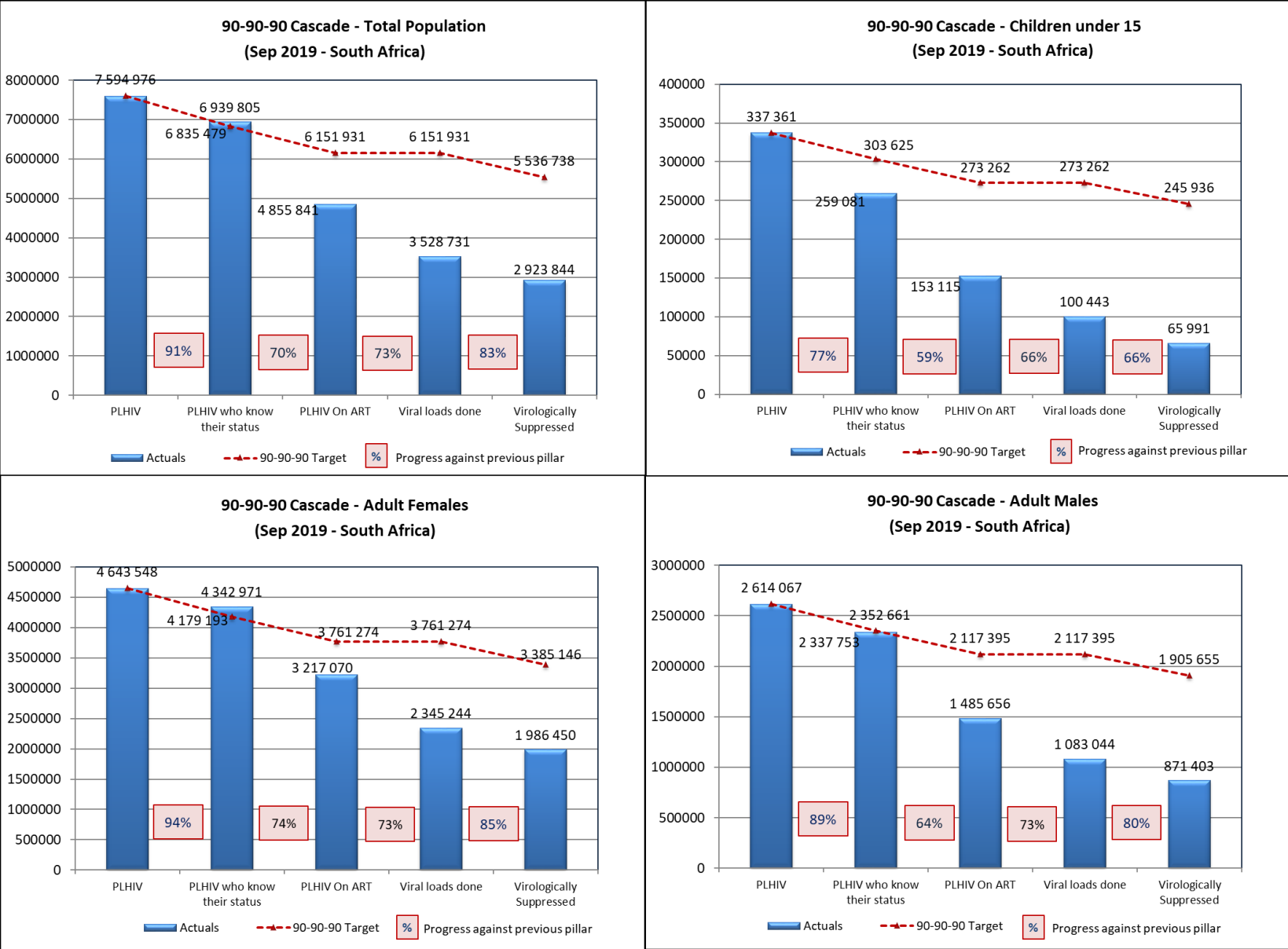
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Attaining 90-90-90: Progress (Public sector)



Model Mix



Key models include:

- Spaced and Fast Lane Appointments
- Adherence Clubs
- External Pick Up Points *(Central Chronic Medicine Dispensing and Distribution (CCMDD) is not a modality but a drug distribution system for all above models)*
- Advanced Clinical Care

No data on the proportion of people on ART in each model



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Proportion of patients per model



- Data includes # patients registered on CCMDD inclusive of NCDs.
- CCMDD data not inclusive of AC and SFLA, but Ex-PUP.
- Data at Ex-PUP inclusive of patients on ART and NCDs.

CCMDD Data : 25 - 10-2019 for 2019/20 FY												
Province	CCMDD Target FY	Total Reg Patients	Total Active Pat	% of active on ARVs (ARV alone or w chronic)	Target on ARV	On ARVs (active)	Perc active ARV to Target	Target on Chronic (only)	Perc active on chronic to target	Target to Ex - PUP (active)	# of Active patients Ex - PUP	Perc Target Active to Ex - PUP
EC	302 274	311 105	168 754	67,0%	257 817	113 049	43,8%	44 459	125,2%	150 765	29 706	19,7%
FS	167 291	168 612	98 083	76,1%	149 565	74 649	49,9%	17 727	132,1%	83 440	44 211	53,0%
GP	710 678	522 621	334 555	81,5%	649 851	272 593	41,9%	60 828	101,8%	354 463	190 305	53,7%
KZN	1 053 140	1 173 049	958 532	75,1%	822 815	696 232	84,6%	230 324	97,7%	525 271	384 595	73,2%
LP	243 851	258 964	176 167	74,3%	207 077	125 533	60,6%	36 775	114,9%	121 625	26 508	21,8%
MP	312 097	311 554	202 391	87,1%	289 750	165 612	57,2%	22 347	105,4%	155 664	40 355	25,9%
NW	182 012	184 141	98 752	67,4%	151 015	66 520	44,0%	30 999	103,9%	90 782	16 928	18,6%
NC	36 069	62 998	31 805	49,3%	20 189	14 864	73,6%	15 880	95,2%	17 990	1 397	7,8%
ZA	3 007 412	2 993 044	2 069 039	75,8%	2 548 079	1 529 052	60,0%	459 339	104,3%	1 500 000	734 005	48,9%



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- Where are we now?
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 - DART Model Mix
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Operation Phuthuma



In response to Minister Motsoaledi's letter to the MECs for Health, dated 18th March 2019, the National Department of Health HIV Cluster launched Operation Phuthuma on 1st April 2019.

Operation Phuthuma is responsible for managing implementation of the **10 Point Plan for Acceleration**.

The word Phuthuma means "Hurry". It conveys the sense of urgency associated with achieving 90-90-90 targets by December 2020.

At the centre of the project is the simple equation:

$$U=U$$

(Undetectable = Untransmittable)

10-point plan



Project Plan aligned to 10-point plan for Acceleration towards 6.1m

1. Strengthen **management** (including quality patient centred-care)
2. Strengthen **data** systems; clean up data
3. **Same day** initiation; follow-up first missed appointment
4. Use **unique ID** (HPRN)
5. All trained NIMART nurses (23 000) to **initiate** patients
6. Set performance **targets** for: NIMART nurses; lay counsellors; data clerks; CHWs
7. Strengthen **CCMDD** and increase pick up points
8. Decrease **waiting times** by for example improving the filing system
9. Provide services in extended **working hours**
10. **Accountability** to MECS/HODs and reward facilities that perform against targets



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Why Operation Phuthuma?



1. Robust **project management** approach (Timelines, deliverables, accountability)
2. **Co-ordinate efforts** across multiple stakeholders (Internal to DOH and External)
3. **Alignment** of targets and interventions to highest **need**
4. Dedicated **focus** on key interventions in the HIV Treatment Program
5. Facilitate communication and coordination at **all levels** of health system

Quarterly Planning and Review – Governance



- Operation Phuthuma will be aligning interventions to **Ministerial priorities** identified up to March 2021
- A common **set of interventions** will be prioritised across all districts **per quarter**
- Certain districts (**Front-runners**) may be required to implement **additional** interventions in order to reach graduation
- Each facility, district and province will have an **implementation plan** for these interventions which will be **monitored weekly** as well as through supportive supervision visits

What works?



1. Project management approach

- Concrete deliverables
- Individual responsibility
- Action log management

2. Team and meeting/forum structure:

- Core Task Team – 7:00 call Monday, Wednesday and Friday
- NDOH Facility Support team – Monday 9:00-11:00
- Weekly meeting with PLHIV sector – Wednesday 9:30-10:00
- Project Management Team – Monday and Friday meetings
- **Project Review Meetings – All stakeholders, Thursday 9:00-11:00**
- **DSP Telecon – NDOH, PEPFAR with Implementing Partners, Thursday 11:30-12:30**
- **Provincial Telecon – NDOH, PEPFAR with Provincial HAST Management, Thursday 14:00-15:00**

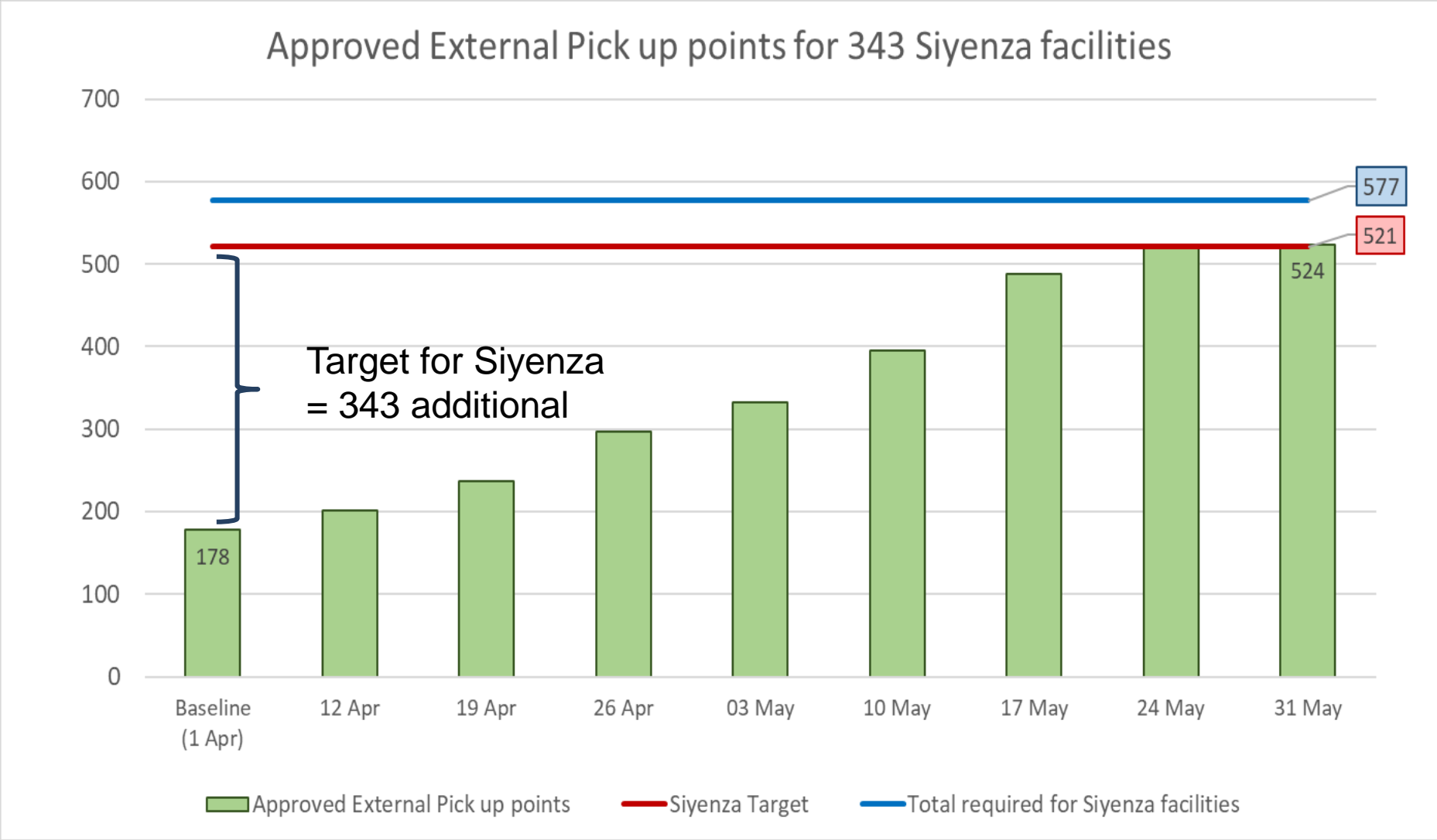
What works?



3. Review of data
 - Critical review
 - Analysis of what is yielding results
 - Multiple data sources
4. Common goals and objectives
 - Agreed strategies and deliverables
5. Granular target setting and monitoring
 - Targets set for facility for men, women, and children
 - Indicators include full cascade of indicators
6. Stakeholder engagement
7. **Communication at every forum, every opportunity, saying the same thing**



Success: External Pick up Points



346 additional pick up points were approved in Siyenza facilities, increasing the number of pick up points from 178 before Siyenza, to 524 by 31 May 2019.

Challenges



Coverage X Quality = Impact



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Systems Thinking



“Every system is
perfectly designed to
achieve the outcomes
it gets”

- Ascribed to Edwards Deming and Paul Batalden

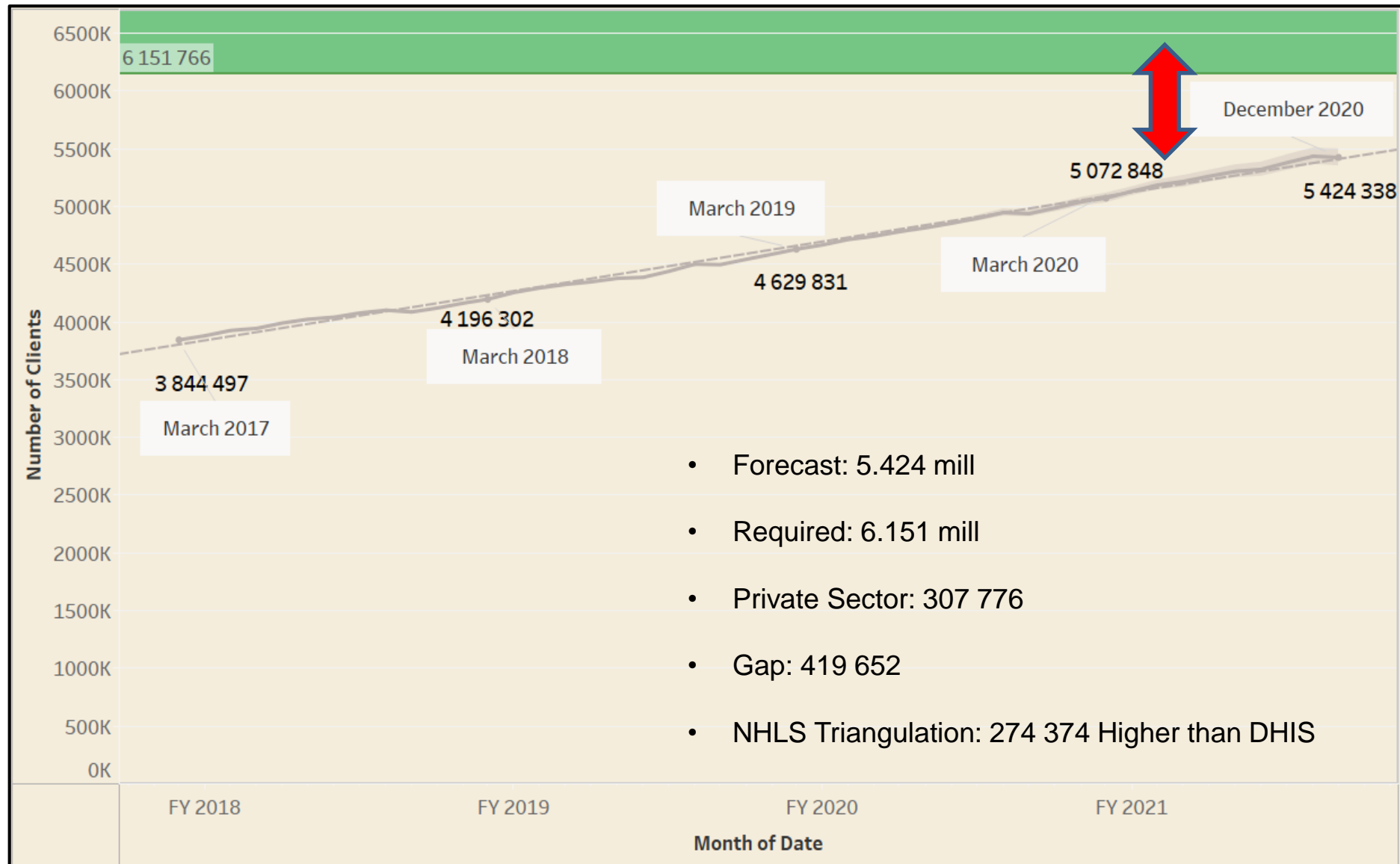


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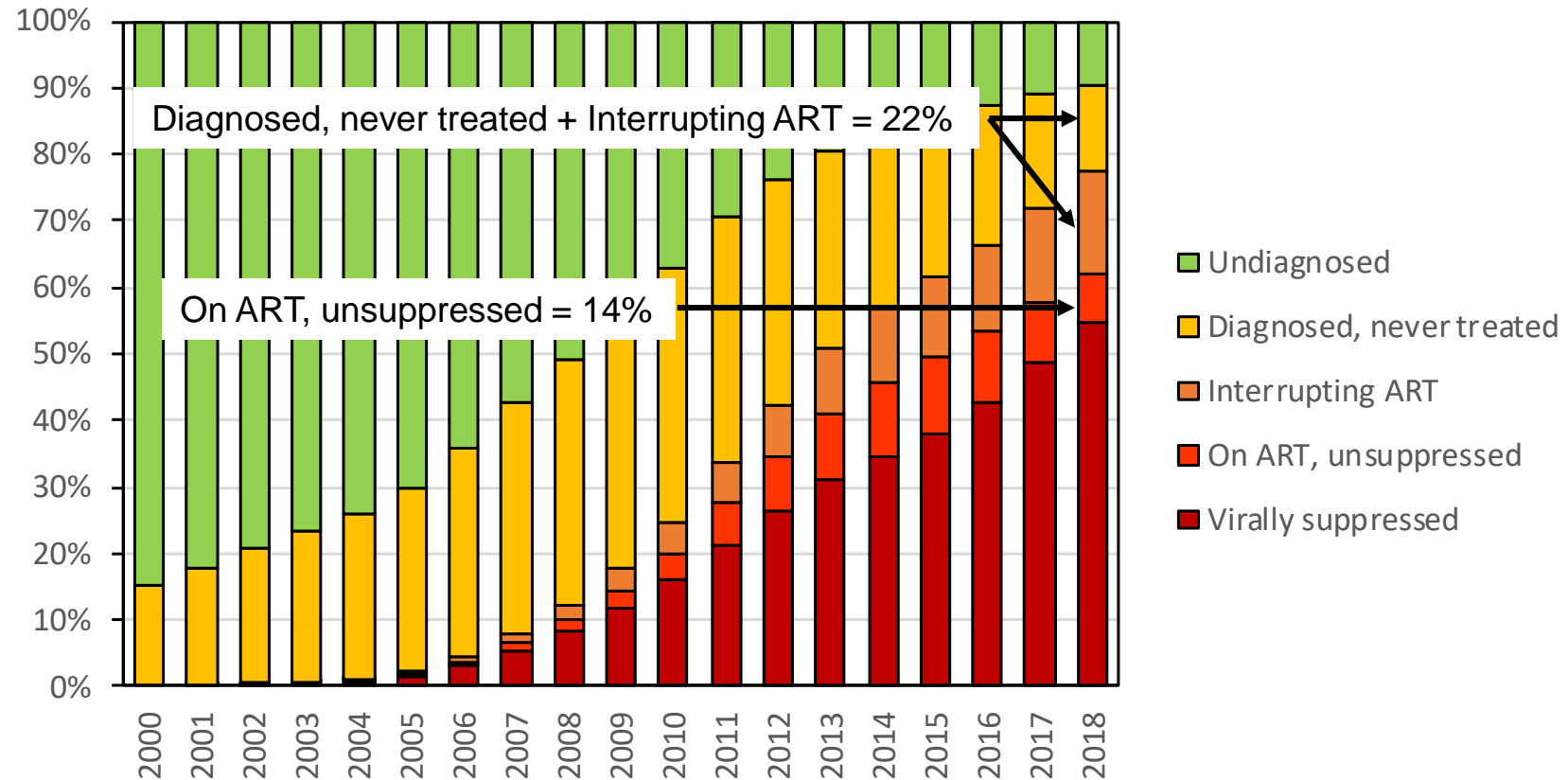
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National TROA Forecast for Dec 2020



% of HIV+ at different levels of engagement in HIV care

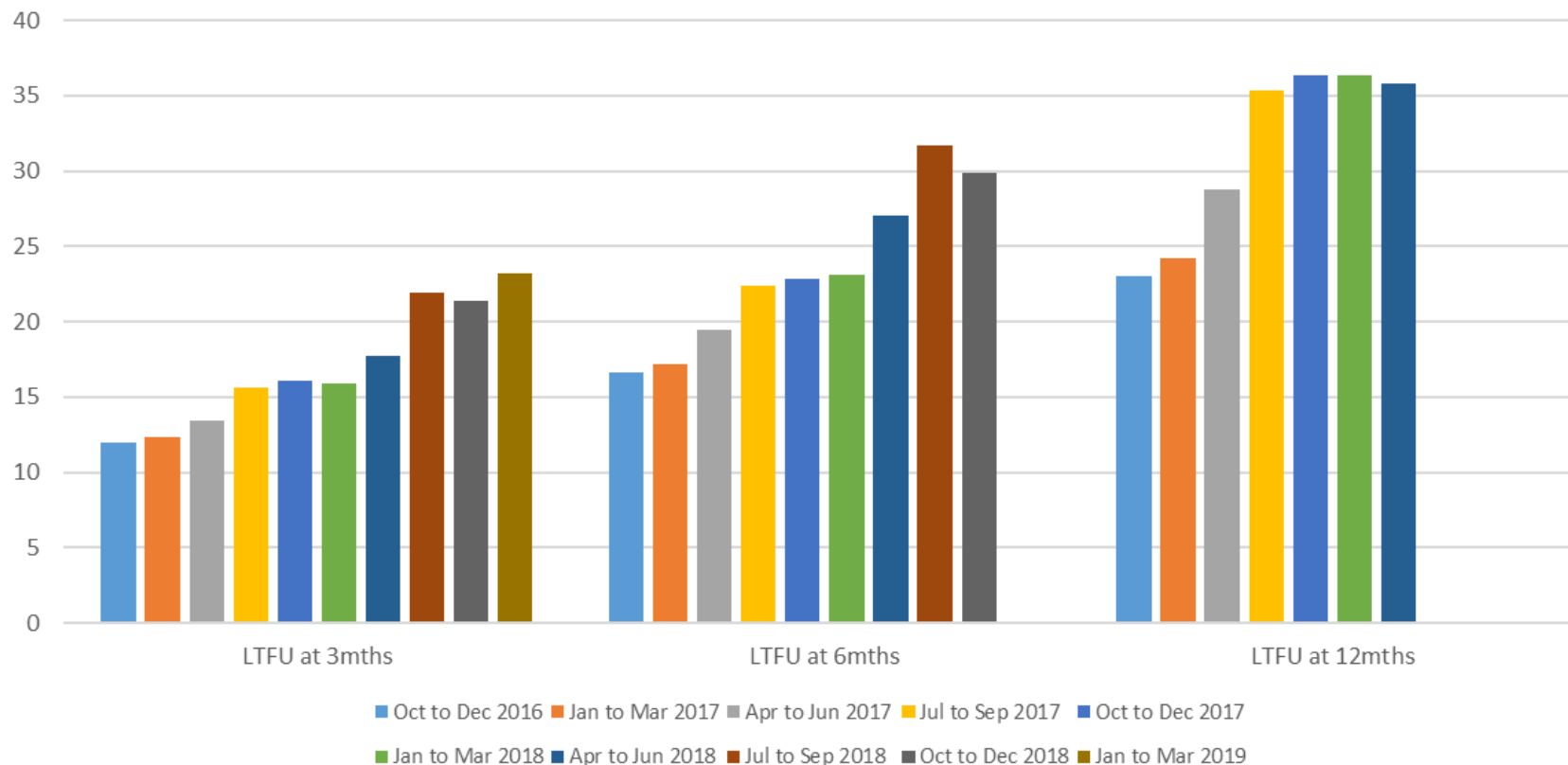


Challenge – Loss to Follow up



- Loss to follow-up rates are still higher than acceptable and greater efforts are required to **track, trace and return** patients to care.

Loss to Follow up Rates - Cohorts of patients who started ART since Q3 2016



Loss to follow up rates have increased since 2016:

- 12% to 23% after 3mths
- 17% to 30% after 6mths
- 23% to 36% after 12mths



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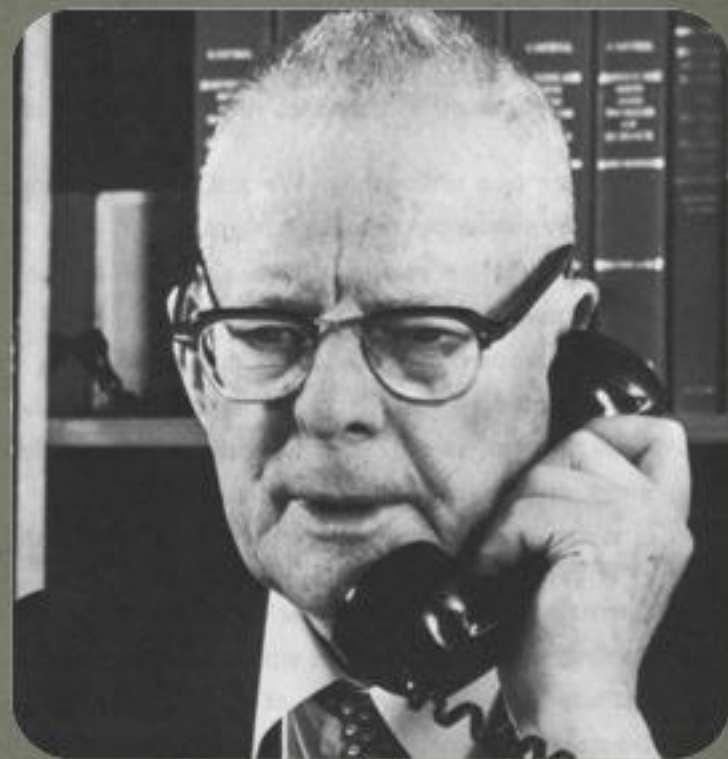


Teams and Systems Thinking

“94% of problems in business are systems driven and only 6% are people driven.”

~ W. Edwards Deming

1900 – 1993



What works?



Core interventions that must be implemented in all districts

Sub-population	1 st 90	2 nd 90	3 rd 90
Children under 5	PMTCT Index testing for pregnant woman Integration of HIV testing into IMCI Universal testing at 18 mths	Daily analysis of linkage rates Community ART Initiation through mobile Individual targets set for PNs <i>Counselling at every visit for the first 6 months</i>	Decanting to External PUPs and/or adherence clubs Active management of VLD and VL Due lists Appointment systems and pre-retrieval of files Active management of Missed appointment lists
Children 5-14			
AGYW 15-24	HIV Testing in SRH		
ABYM 15-24	HIV Testing in MMC HIV Testing in Correctional Services		
Women 25+	HIV Testing in SRH		
Men 25+	Partner testing in pregnant women Workplace and Hot spots Campaigns HIV Testing in Correctional Services		
All ages	General community outreach campaigns Optimised PICT HIV Testing for Mental Health clients Individual targets for lay counsellors CHW Screening and referral for HIV testing		
Cross cutting	Facility review Meetings (HAST SOP) – Clinic Committees Facility Improvement Plans Supportive Supervision Individual daily targets for data capturers Data Validation weekly Filing systems and file review (including Patient, File and Data flow, archiving, QI Blood Results Management, communication plan) Weekly Sub-District Nerve Centre Weekly District Nerve Centre Monthly Provincial Nerve Centre Data flow between community and facility interventions Prioritisation of activities in high volume facilities Linkage with Multi-sectoral AIDS unit (to ensure activations and data are linked to DOH) Standardised IEC materials for health promotion Provincial, District, Sub-District, Facility champions		



Attaining 90-90-90: Next steps

- **2** districts can reach the 90-90-90 targets by end **December 2019 – Ugu and Umzinyathi.**
- **15** districts can reach the 90-90-90 targets by end **March 2020.**
- The remaining **35** districts must be supported to reach the 90-90-90 targets by **December 2020.**
- Once districts reach the 90-90-90 targets the work is not done:
 - 90-90-90 in each sub-population
 - 95-95-95 targets by 2025.

Front-runner Districts



Districts have been categorised into those that can achieve 90-90-90 by December 2019, March 2020, and December 2020.

90-90-90 by 31 Dec 2019	90-90-90 by 31 Mar 2020	90-90-90 by 31 Dec 2020	
kz Ugu kz Umzinyathi	ec Amathole fs Lejweleputswa fs Thabo Mofutsanyane fs Xhariep gp City of Tshwane gp Sedibeng kz Amajuba kz eThekwini kz King Cetshwayo kz uMgungundlovu kz Umkhanyakude kz Zululand mp Ehlanzeni wc City of Cape Town wc Overberg	ec Alfred Nzo ec Buffalo City ec Chris Hani ec Joe Gqabi ec Nelson Mandela Bay ec Oliver Tambo ec Sarah Baartman fs Fezile Dabi fs Mangaung gp City of Johannesburg gp Ekurhuleni gp West Rand kz Harry Gwala kz iLembe kz Uthukela lp Capricorn lp Mopani lp Sekhukhune lp Vhembe lp Waterberg	mp Gert Sibande mp Nkangala nc Frances Baard nc John Taolo Gaetsewe nc Namakwa nc Pixley ka Seme nc ZFM nw Bojanala Platinum nw Dr Kenneth Kaunda nw Dr Ruth Segomotsi Mompati nw Ngaka Modiri Molema wc Cape Winelands wc Central Karoo wc Eden wc West Coast

Priorities for Provinces and Districts



Interventions prioritised for August 2019 to Feb 2020:

1. Communication and monitoring of **facility level targets**
2. Strengthening **Provincial, District and Sub District PMRs** to effectively manage projects across all provinces.
3. **Scaling lessons** from Siyenza/prioritised facilities where best practice may be identified, to other facilities within the districts
4. Intensified case finding, linkage and/or retention strategies for **Front-runner districts**
5. **Direct support from NDOH** to turnaround districts
6. **Facility Quality Improvement plans**
7. **Patient, file and data flow** at facilities specifically focussing on appointment systems, pre-retrieval of files and management of lab results
8. **Supportive supervision** to facilities



Thank you



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