



# **CATHCA National Conference**

## **Strengthening Partnerships in HIV/AIDS Care**

South African National AIDS Council [SANAC]

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# Who We Are

- SANAC is multisector voluntary body comprised of representatives from government, civil society, private sector, organized labour, established by RSA Cabinet in 2002.
- The main role of SANAC is to advise government on the development and implementation of appropriate HIV, TB and STI policies and programmes.
- SANAC is chaired by the Deputy President of the country, deputized by elected leaders of the Civil Society and Private Sector Formations

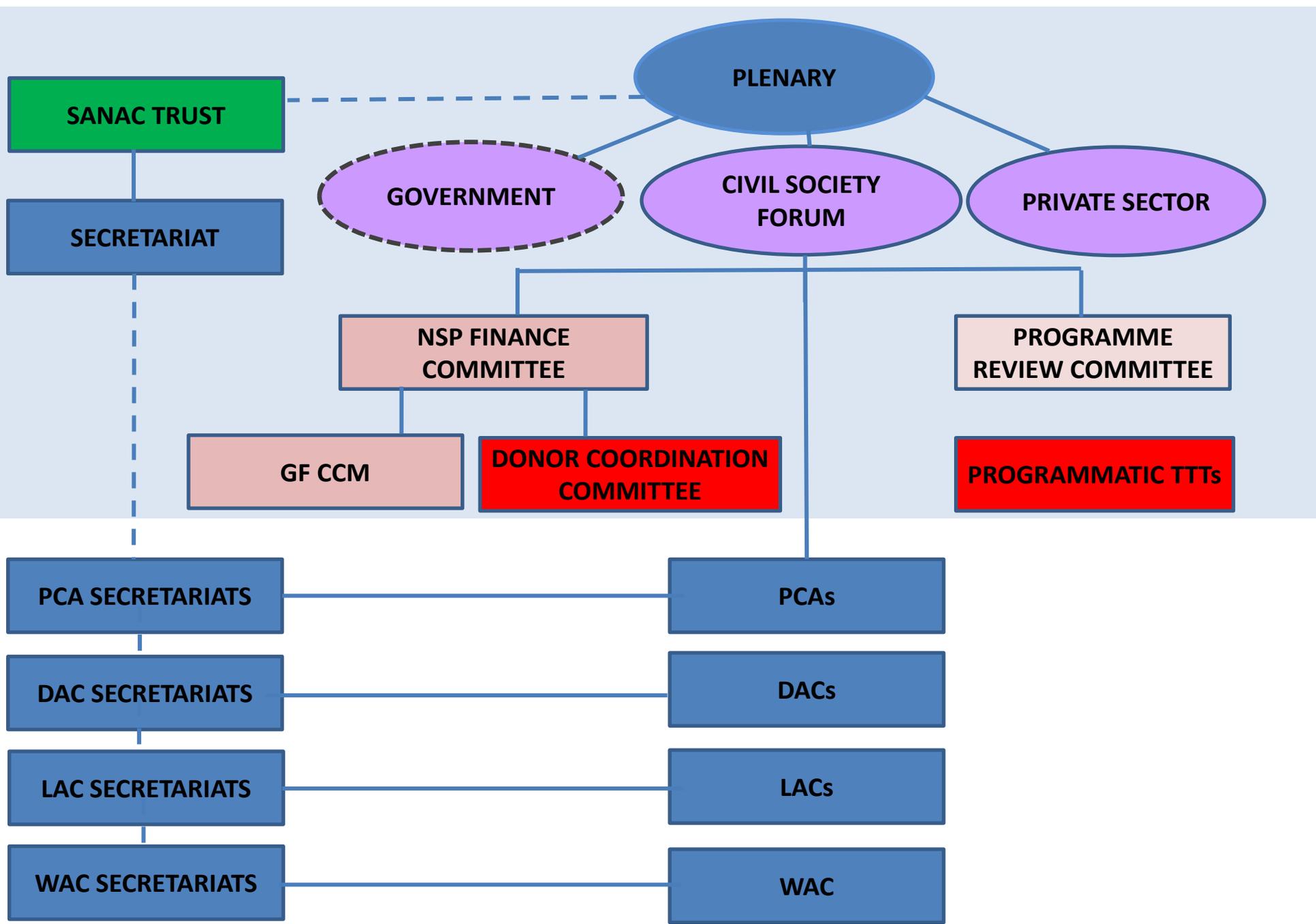




# Responsibilities of SANAC

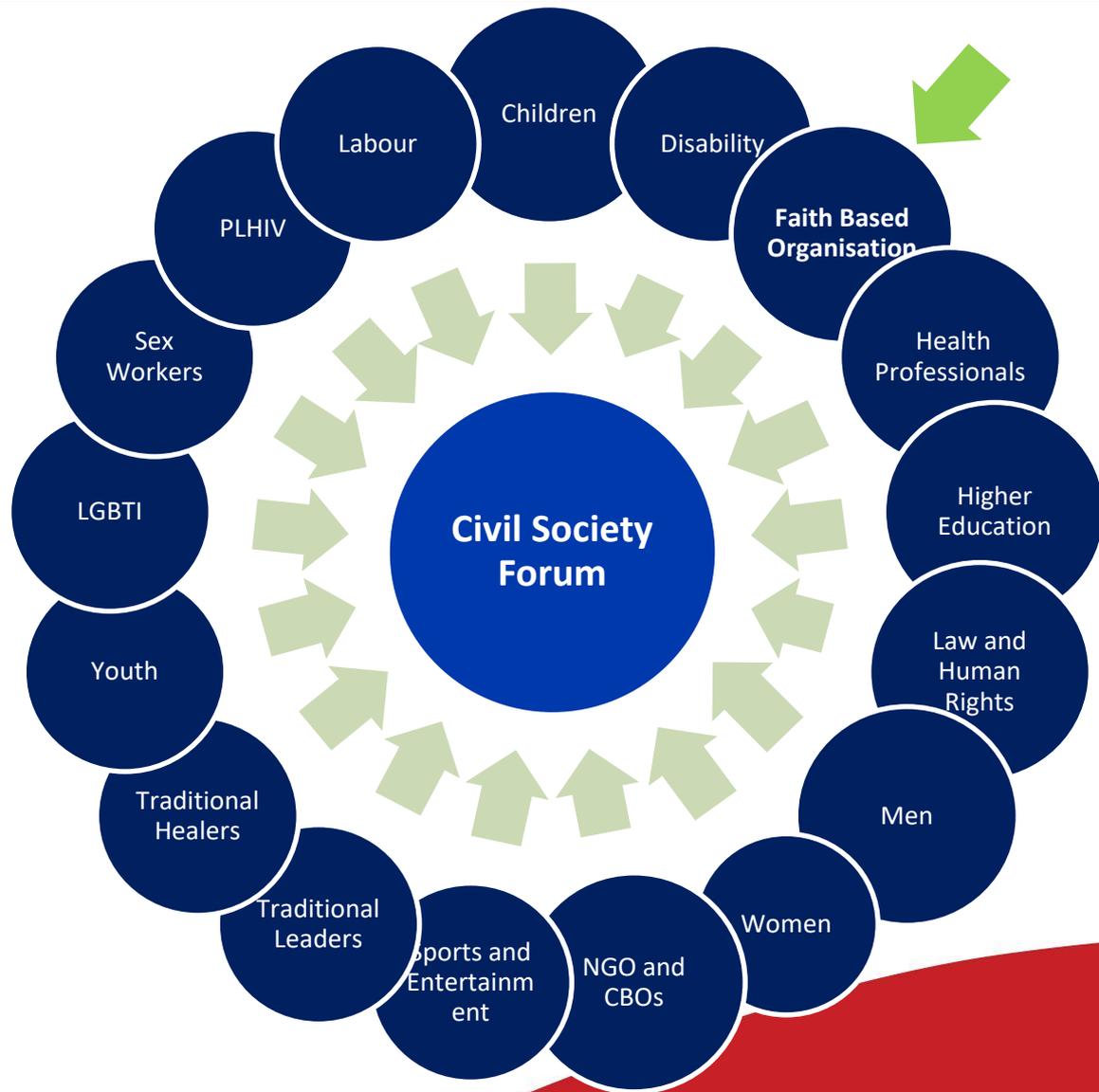
- Coordinate the development of the national strategic plan for HIV, TB and STIs every five years
- Deliberate and recommend changes to the NSP after each mid-term review
- Deliberate on progress being made annually in the achievement of the NSP targets and make recommendations for addressing underachievement of NSP objectives
- Deliberate and make recommendations on major policy proposals under consideration by government departments
- Advocate for policy proposals from civil society, provincial and local governments, the private sector and technical experts and partners
- Foster accountability among all structures, partners and stakeholders in the national response.







# Representation of Faith-Based Sector In SANAC Civil Society Forum





# The SANAC Trust

- The SANAC Trust is the legal structure which employs the Secretariat.
- The Board of Trustees is governed by the Deed of Trust
- All Trustees are appointed by the Deputy President after consultations with the Deputy Chairs of SANAC (CSF and PSF) and the Minister of Health.
- The Board Chairperson is appointed by the Deputy President





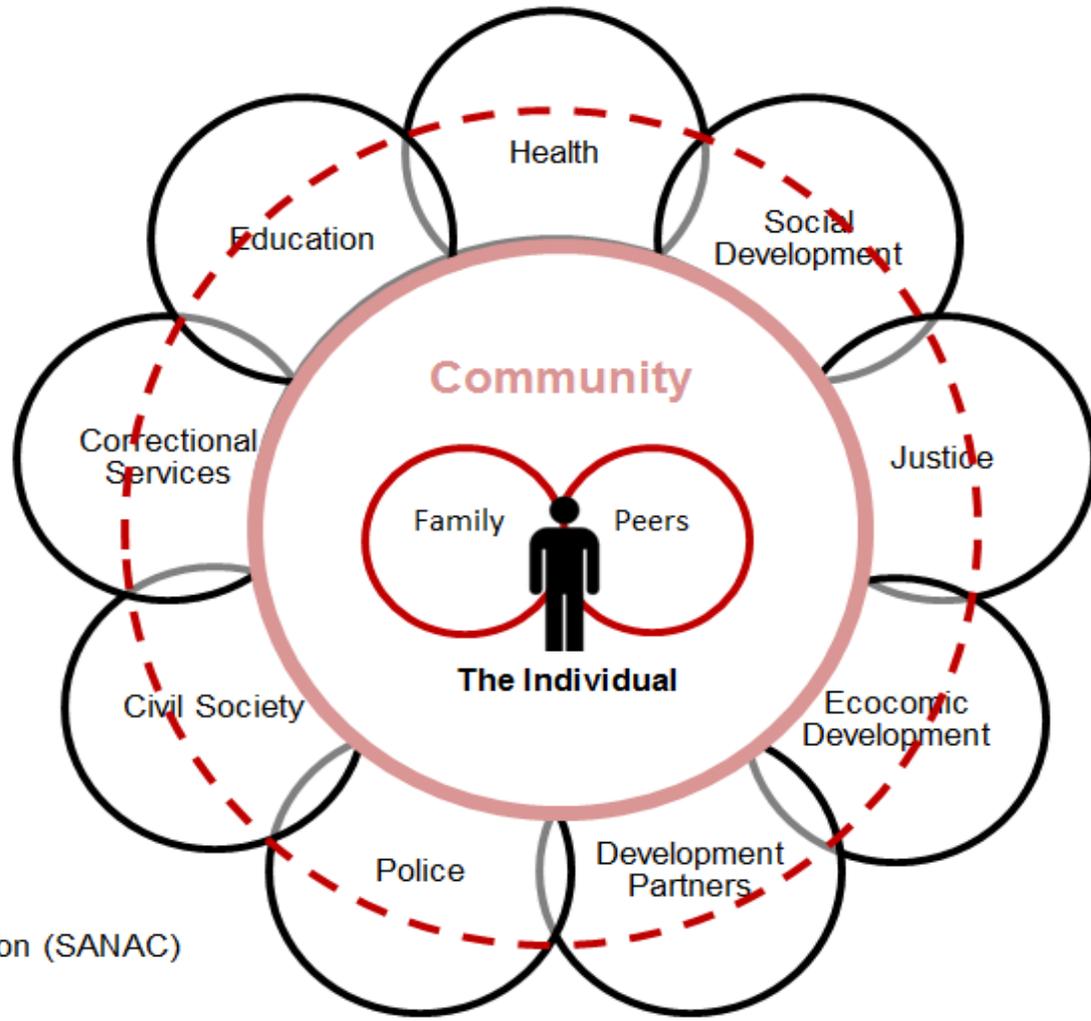
# The SANAC Secretariat

- The Secretariat is employed by and accountable to the Trust.
- The Secretariat carries out its administrative, logistical and technical functions as directed by the Trust
- The Secretariat facilitates the implementation of the overall SANAC mandate.
- Manages the multi-sectoral response to HIV, TB and STIs through facilitating the development of a National Strategic Plan every 5 years.
- Conduct mid-term review and submit recommendations for policy changes to Plenary
- Submit regular progress reports and recommendations for improvements in the implementation of the NSP to Plenary for consideration





# Comprehensive Coordination & Monitoring of the AIDS Response



- Key**
- Coordination (SANAC)
  - Sectors





# The 8 Goals of the National Strategic Plan (NSP) for HIV, TB and STIs (2017-2022)



## Goal 1

Accelerate prevention in order to reduce new HIV and TB infections and new STIs



## Goal 2

Reduce illness and death by providing treatment, care and adherence support for all



## Goal 3

Reach all key and vulnerable populations with services that are tailored to their specific needs



## Goal 4

Address social, economic and cultural factors that add fuel to the HIV, TB and STI epidemics



## Goal 5

Ground the HIV, TB and STI programme in human rights principles



## Goal 6

Promote leadership at all levels and shared accountability for delivering this plan



## Goal 7

Mobilise resources to support achievement of the NSP and ensure a sustainable HIV, TB and STI programme



## Goal 8

Strengthen the gathering and use of information to make the NSP successful





# Critical Success Factors in NSP Implementation

- A greater focus on primary prevention and strategies to address social and structural factors
- Funding for prevention (UNAIDS advocates for a min 25% funding for Prevention)
- A clearly defined and articulated referral pathway from the point of testing
- HIV prevention cascades for improved programme management
- Reliable high quality and disaggregated prevention data to monitor progress in the HIV response, *and use this data for accountability and transparency*
- Strengthening AIDS Councils
- Monitoring and tracking of subnational plans
- United and well-planned advocacy programmes for progressive policy change, especially for key populations
- Streamlining delivery of community-based programmes





# Highlights of the NSP 2017-2022

- Principle of NSP: “*One country. One plan, one response*” (UNAIDS “3 Ones”)
- 4<sup>th</sup> generation NSP
- Aligned to the NDP Vision 2030 and Global SDGs.
- Launched in March 2017 and runs until 2022 (*deferred by one year due to COVID-19*)

## Key differences with previous NSPs

- Numeric targets
- Expanded goals (8)
- Vociferous on KP Programming, Resource mobilization and Leadership





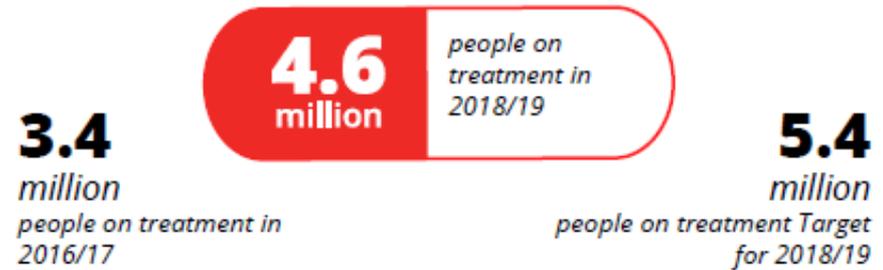
# Understanding the Epidemic

[NSP MTR]

## HIV PREVALENCE 2018



## PLHIV ON ANTIRETROVIRAL TREATMENT



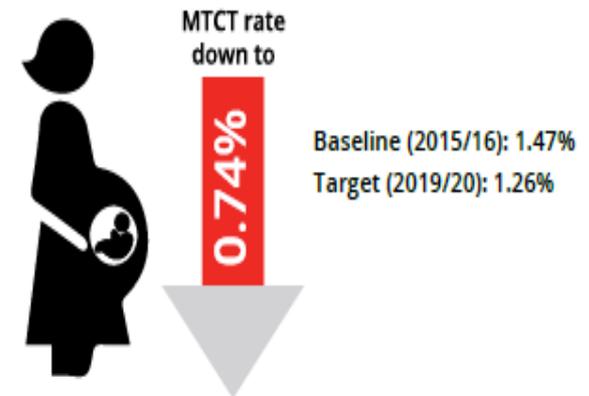
Source: Thembisa, 2018<sup>1</sup>

## HIV PREVALENCE BY SEX AND AGE



Source: Thembisa, 2018<sup>1</sup>

## MOTHER-TO-CHILD TRANSMISSION (MTCT) RATE AT 10 WEEKS



Source: NDoH<sup>2,3</sup>



# Understanding the Epidemic

[NSP MTR]

## NEW HIV INFECTIONS BY PROVINCE

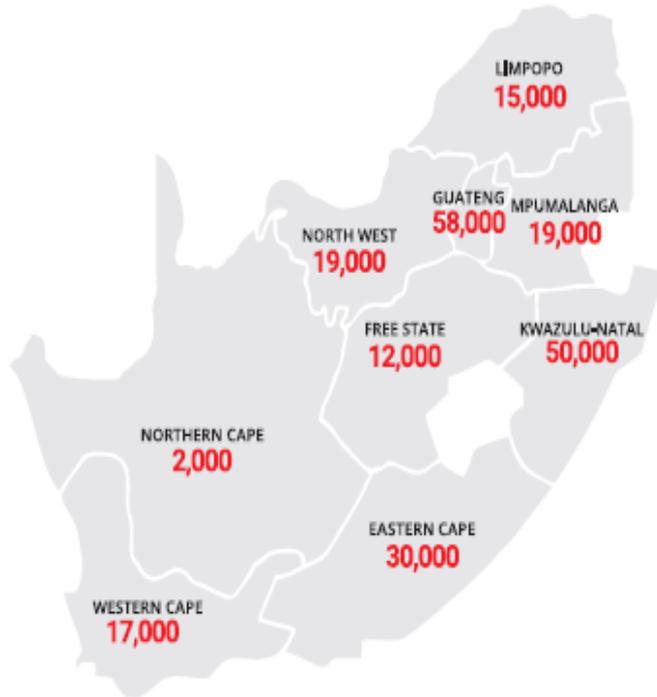


Table 1: Districts with high HIV burden

Province	Districts
Gauteng	City of Johannesburg, Ekurhuleni, City of Tshwane, and Sedibeng
KwaZulu-Natal	eThekweni, Umgungundlovu, Uthungulu, Zululand, Ugu, uThukela, and Harry Gwala
Mpumalanga	Ehlanzeni, Nkangala, and Gert Sibande
Eastern Cape	OR Tambo, Amathole, Alfred Nzo, Chris Hani and Buffalo City
Free State	Thabo Mofutsanyane, Lejweleputswa
North West	Bojanala, Ngaka Modiri Molema, and Dr Kenneth Kaunda
Limpopo	Capricorn and Mopane
Western Cape	City of Cape Town





# Understanding the Epidemic

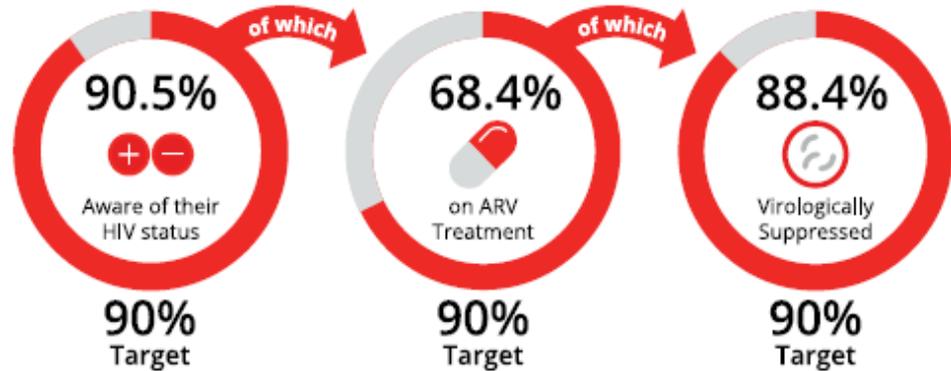
## [NSP MTR]

### PROGRESS TOWARDS 90-90-90

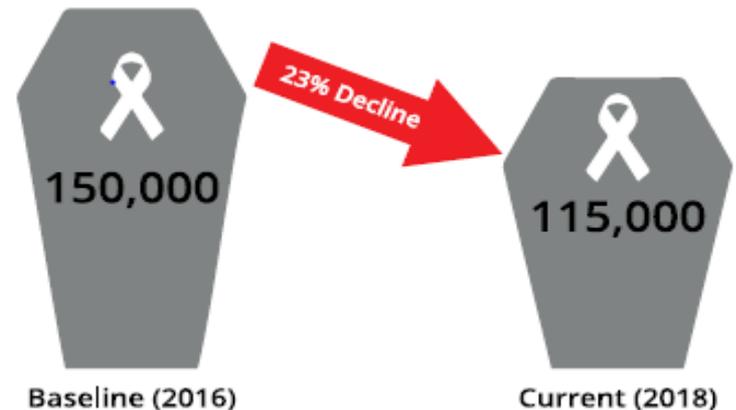
#### 90-90-90 EXPLAINED:

- By 2020, **90%** of all people living with HIV will **know their HIV status**.
- By 2020, **90%** of all people with diagnosed HIV infection will receive **sustained antiretroviral therapy**.
- By 2020, **90%** of all people receiving antiretroviral therapy will **have viral suppression**.

 **7.4 Million PLHIV**

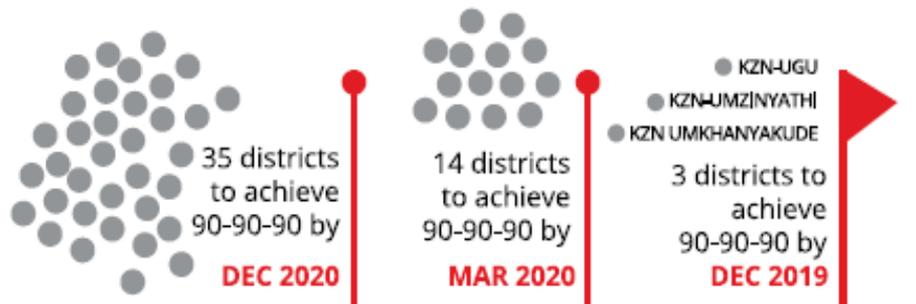


### AIDS-RELATED DEATHS



Source: Stats SA<sup>45</sup>

### FRONT-RUNNER DISTRICTS TOWARDS 90-90-90





## The Role of Religious Leaders in the AIDS Response Observations & Assumptions

- That South Africa has a very high percentage( more than 90%?) of people who subscribe to one faith or another
- That most faiths have a commitment to the common good, to healing, care and support
- That most faith-based communities are also affected by the epidemics of HIV/AIDS, STIs and TB
- That faith-based leaders during the course of their work have platforms for engaging with communities on a regular basis
- That faith-based leaders have influence and are regarded as thought leaders by their communities
- That some faith-based leaders in their pronouncements and conduct have done a lot of harm to the efforts of the country in ending HIV/AIDS and TB





## The Role of Religious Leaders in the AIDS Response Observations & Assumptions *cont'd...*

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## The Role of Religious Leaders in the AIDS Response

### Observations & Assumptions *cont'd...*

- That faith-based worship services are hubs for information, education and communication
- That faith-based institutions have the largest civil network of reaching communities even in the remotest parts of the country
- That there are many faith-based leaders who have contributed and even championed the efforts to end HIV/AIDS, STI's and TB in their communities
- That the current news in the public domain in South Africa and globally is of faith-based leaders who have and are causing a lot of harm to communities (a narrative that should change)





## Recommendations

- Religious leaders should be powerful agents of change in the Prevention Revolution Agenda – *continuously raise awareness on prevention to facilitate social behaviour change*
- Religious leaders remain critical partners in the national efforts to reduce stigma & discrimination
- The Church ensures that faith-based organisations are represented in AIDS Council structures
- The Church increases role in advocacy and information dissemination on HIV, TB and STIs
- The Church develops appropriate liturgies and materials to reduce the internal and external stigma faced by people living with HIV and TB
- The Church strengthens community efforts to prevent new infections





# Thank you

ZERO

new HIV and TB infections

ZERO

new infections due to vertical transmission

ZERO

preventable HIV and TB deaths

ZERO

HIV and TB discrimination

