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National Strategic Plan for HIV | TB | STIs 2023-2028

SOUTH AFRICAN NATIONAL AIDS COUNCIL
OUR ACTIONS COUNT

2030 NDP

REPUBLIC OF SOUTH AFRICA


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Foreword

Acknowledgments

Acronyms

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
AHD	Advanced HIV Disease
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
AYFS	Adolescent and Youth Friendly Service
AYP	Adolescents and Young People
BCG	Bacille Calmette-Guérin
BPG	Benzathine Benzylpenicillin G
CBO	Community-Based Organisation
CCMDD	Central Chronic Medicines Dispensing and Distribution
CGE	Commission for Gender Equality
CHCW	Community Health Care Worker
COGTA	Department of Cooperative Governance and Traditional Affairs
CONTRALESA	Congress of Traditional Leaders of South Africa
CSE	Comprehensive Sexuality Education
CSIR	Council for Scientific and Industrial Research
CSSS	Clinical Sentinel Surveillance System
DBE	Department of Basic Education
DCS	Department of Correctional Services
DED	Department of Economic Development
DHA	Department of Home Affairs
DHET	Department of Higher Education and Training
DHIS	District Health Information System
DIRCO	Department of International Relations and Cooperation
DMOC	Differentiated Models of HIV Care

Acronyms

DOA	Department of Agriculture
DOJ	Department of Justice
DOL	Department of Labour
DoSAC	Department of Sport, Arts and Culture
DPME	Department of Planning, Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DS-TB	Drug-Sensitive TB
DSBD	Department of Small Business Development
DSD	Department of Social Development
DSIT	Department of Science and Innovation
DWYPD	Department of Women, Young People and People with Disabilities
DTI	Department of Trade and Industry
ECD	Early Childhood Development
EPI	Expanded Programme for Immunisation
EPWP	Expanded Public Works Programme
FBO	Faith-Based Organisation
HBsAg	HBV Surface Antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HPRS	Health Patient Registration System
HPV	Human Papillomavirus
HSRC	Human Sciences Research Council
IBBS	Integrated Bio-Behavioural Survey

ICRM	Ideal Clinic Realisation and Management
IDP	Integrated Development Plan
IEC	Information, Education and Communication
IHL	International Humanitarian Law
IT	Information Technology
LGBTIQ+	Lesbian, Gay, Bisexual, Trans/transgender, Intersex, Queer/questioning
LMIC	Low- and Middle-Income Country
MDR-TB	Multi Drug-Resistant TB
M&E	Monitoring and Evaluation
MMD	Multi-Monthly Dispensing
MOU	Memorandum of Understanding
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
MTEF	Medium Term Expenditure Framework
MUS	Male Urethritis Syndrome
NCD	Non-Communicable Disease
NDA	National Development Agency
NDOH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NICD	National Institute for Communicable Diseases
NPA	National Prosecuting Authority
NRF	National Research Foundation
NSP	South Africa's National Strategic Plan
NTP	National TB Programme

Acronyms

PCA	Provincial Council of AIDS
PEP	Post-Exposure Prophylaxis
PFM	Public Financial Management
PITC	Provider-Initiated Counselling and Testing
PLHIV	People Living with HIV
POC	Point of Care
PPE	Personal Protective Equipment
PrEP	Pre-Exposure Prophylaxis
PSE	Population Size Estimation
PWID	People Who Inject Drugs
PWTB	People with TB
RPR	Rapid Plasma Reagin
SADC	Southern African Development Community
SAHPRA	South African Health Products Regulatory Authority
SAHRC	South African Human Rights Commission
SALRC	South African Law Reform Commission
SANAC	South African National AIDS Council
SANC	South African Nursing Council
SANPUD	South African Network of People Who Use Drugs
SBC	Summer Boarding Course
SBCC	Social and Behaviour Change Communication
SGBV	Sexual and Gender-Based Violence
SI	Strategic Information
SIB	Social Impact Bond
SLA	Service Level Agreement
SOP	Standard Operating Procedure

SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TB	Tuberculosis
THPCSA	Traditional Health Practitioner Council of South Africa
TPT	TB Preventive Treatment
TWG	Technical Working Group
ULAM	Urine Lipoarabinomannan
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
U=U	Undetectable = Untransmittable
UHC	Universal Health Coverage
VEP	Victim Empowerment Project
VMMC	Voluntary Medical Male Circumcision
WBOT	Ward-Based Outreach Team
WBPHCOT	Ward-Based Primary Health Care Outreach Teams

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Executive Summary

Introduction

This fifth National Strategic Plan (NSP) for HIV, TB and STIs launches at a time when the COVID-19 epidemic has affected access and the provision of HIV, TB and STIs services and solutions and amplified inequalities. Consequently, this NSP outlines comprehensive strategic objectives and priority interventions to be carried out to get the HIV, TB and STIs response on-track to eliminate these diseases as public health threats by 2030.

The emphasis in this NSP has been to provide innovative interventions that are people- and communities-centered and multi-sectoral approaches to reduce the barriers and enhance access to equitable HIV, TB and STIs prevention and treatment services.

A multi-sectoral Steering Committee under South African National AIDS Council (SANAC) guided the process of creating this NSP. The processes followed in developing NSP objectives and priority interventions comprised a review of the epidemics in South Africa, evidence-based interventions in literature and international guidelines, global strategies and extensive consultations with multiple stakeholders and communities. The strategic framework and objectives are also aligned with the National Development Plan (NDP). The NSP has been endorsed by the SANAC Plenary and by the national Cabinet.

The epidemics in perspective

South Africa has made progress in reducing the disease burden of HIV, TB and STIs, however these diseases continue to be a major public health problem, especially in key and other priority populations.

South Africa remains the epicentre of HIV epidemic. We have an estimated 8 million people living with HIV (PLHIV) in 2021, and 75% of these accessing antiretroviral treatment (ART), of which 92% are reported to be virologically suppressed.

TB is also a major cause of morbidity and mortality, with a total of 328 000 people diagnosed with TB in 2020, and among these 3% had multi-drug resistant (MDR)-TB. Treatment success rate is 79% for drug-sensitive (DS)-TB and 65% for MDR-TB. There is high HIV-TB coinfection, with 71% TB patients also infected with HIV. There has been a significant decline in the prevalence of syphilis, however no substantial decrease of gonorrhoea and chlamydia cases for the past 30 years. In 2017, there was an estimated 4.5 million people with gonorrhoea, 5.8 million people with chlamydia and 70 675 with syphilis. Hepatitis B test positivity was 6.8% in the general adult population over the past 5 years. The HIV, TB and STIs incidence and prevalence vary by province and population groups. Key and other priority populations that are at high-risk of disease or experience barriers to access services are described and offered tailored services.

The national response to HIV, TB and STIs needs to be strengthened to reduce the morbidity (illness) and mortality (death) associated with HIV, TB and STIs in South Africa.

What is new in this NSP

The highlight of NSP 2023-2028 is the bold strategic objectives that aim to reduce barriers to accessing health and social services. The NSP 2023–2028 builds on lessons from the previous Strategy and will promote a new and urgent focus to reduce inequalities for all PLHIV who are not benefitting from treatment and care services. The inclusion of mental health services and social support is based on the strong association between HIV, TB, STIs, sexual and gender-based violence (SGBV), human rights violations, inequalities, and mental health. Viral hepatitis has also been included in this NSP as a neglected infection of high prevalence that is also linked to HIV and STIs.

The STIs programme section of the NSP has been expanded compared to the previous NSP version, with a strong focus on access to diagnostic tests and vaccines to overcome the burden of disease associated with these infections. Also, inclusion of the cervical cancer cascade is new.

Furthermore, there is a greater emphasis on multi-sectoral partnerships, commitment, and accountability in the implementation of the NSP. This includes community-based, and community-led interventions.

Lastly, NSP 2023-2028 recognises that there are evidenced-based tools and interventions already being employed, however, to accelerate the fight against HIV, TB and STIs innovation is urgently needed.

NSP vision, mission, and principles

Vision

South Africa free from the burden of HIV, TB and STIs

Mission

South Africa on track to eliminate HIV, TB and STIs as public health threats by 2030

Guiding principles

There are several key principles that guide the development and implementation of this NSP

- The objectives and interventions in this NSP have been designed with the purpose to place people and communities at the centre, providing people centred health and social services
- Universal health coverage (UHC) and comprehensive responses that integrate prevention, treatment, care, and support ensuring that no one is left behind
- A response that is inclusive and participatory
- Substantial proportion of measurable community-led and -based interventions driven by empowered communities, including key and other priority populations
- Multi-sectoral approach in addressing inequalities that drive the epidemics
- A commitment to protecting and promoting human rights and gender equality
- Evidence-based innovation in the processes and tools to reduce HIV, TB and STIs

National Strategic Plan for HIV, TB, and STIs Goals

The comprehensive strategy that aims to place the country on track to eliminate HIV, TB and STIs as public health threats by 2030 have been organised into four interlinked goals and 28 objectives.

The four strategic goals are:

Goal 1

To break down barriers to achieving HIV, TB and STIs solutions

Social and structural enablers improve the effectiveness and efficiencies of HIV, TB and STIs programmes by removing barriers to service availability, access, and uptake in communities.

The objectives of Goal 1 are as follows

Objective 1.1	Strengthen community-led HIV, TB and STIs responses
Objective 1.2	Contribute to poverty reduction through creation of sustainable economic opportunities
Objective 1.3	Reduce stigma and discrimination to advance access to rights and services
Objective 1.4	Address gender inequalities that increase vulnerabilities through gender-transformative approaches
Objective 1.5	Enhance non-discriminatory legislative frameworks through law and policy review and reform
Objective 1.6	Protect and promote human rights and advance access to justice
Objective 1.7	Integrate and standardise delivery and access to routine mental health services

Goal 2

To maximise equitable and equal access to HIV, TB and STIs services and solutions

NSP 2023-2028 adopts a people- and communities-centred approach to HIV, TB and STIs prevention, treatment, and care programmes. The participatory and inclusive priority actions consider the people and communities as equal partners in the fight against TB, HIV and STIs.

The objectives of Goal 2 are as follows

Objective 2.1	Increase knowledge, attitudes and behaviours that promote HIV prevention
Objective 2.2	Reduce new HIV infections by optimising the implementation of high impact HIV prevention interventions
Objective 2.3	Eliminate mother-to-child transmission (MTCT) of HIV
Objective 2.4	Ensure that 95% of PLHIV, especially key and other priority populations, know their status and 95% of them are on treatment and 95% of those on treatment are retained in care and achieve long-term viral suppression
Objective 2.5	Improving the quality of life beyond HIV suppression by reducing HIV-related death and comorbidities, coinfections, and complications
Objective 2.6	Strengthen TB prevention interventions for key and other priority populations and implement airborne infection prevention and control in health facilities and high-risk indoor places where people congregate
Objective 2.7	Strengthen TB diagnosis and support for people with TB, and accelerate the scale-up of innovative processes, diagnostic tools and regimens for the diagnosis, treatment, and care for PWTB
Objective 2.8	Increase detection and treatment of four curable STIs through systems strengthening, service integration and diagnostic testing; achieve elimination targets for MTCT of syphilis; and scale-up Human Papillomavirus (HPV) vaccination and cervical cancer screening
Objective 2.9	Reduce viral hepatitis morbidity through scale-up of prevention, diagnostic testing, and treatment

Goal 3

To build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response.

Robust and resilient systems for HIV, TB and STIs that are integrated into systems for health, social and pandemic response are essential for an effective response and optimal health outcomes. The effects of COVID-19 pandemic and ongoing challenges of low-resource availability, and difficulty with access to services continue to affect many services. NSP 2023-2028 will therefore strengthen local organisations and institutions by identifying policies, institutions and technologies that enable locally driven design of resilient systems.

The objectives of Goal 3 are as follows

Objective 3.1	Engage adequate human resources to ensure equitable access to HIV, TB and STIs services
Objective 3.2	Use timely and relevant strategic information for data-driven decision-making
Objective 3.3	Expand the research agenda for HIV, TB and STIs to strengthen the national response
Objective 3.4	Harness technology and innovation to fight the epidemics with the latest available tools
Objective 3.5	Leverage the infrastructure of HIV, TB and STIs for broader pandemic and various emergencies' preparedness and response
Objective 3.6	Build a stronger public health supply chain management
Objective 3.7	Strengthen access to comprehensive HIV, TB and STIs laboratory testing including molecular diagnostics, serology, and culture
Objective 3.8	Support the acceleration of the approval of new health products

Goal 4

To fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions.

Financial and political support with resolute commitment to eradicate HIV, TB and STIs by political heads of departments and their teams are critical in translating the aspirations and goals of this NSP into concrete action and results.

Despite increasing resource needs for this ambitious NSP, fiscal space for increased spending on health over the period will remain constrained. South Africa and its partners will need to invest smarter and in harmony, based on economic evidence; and just as importantly spend efficiently to ensure that the NSP's targeted outcomes are achieved.

The objectives of Goal 4 are as follows

Objective 4.1	Sufficient domestic and external funds are mobilised and allocated to facilitate the efficient implementation of HIV, TB and STIs programmes
Objective 4.2	Sustainability and transition plans and actions are routinely developed and implemented to ensure that NSP interventions remain on-track to achieve short-, medium- and long-term goals.
Objective 4.3	Reset and reposition SANAC, all AID Councils and Civil Society organisations for an optimal, efficient, and impactful 2023-28 NSP execution experience
Objective 4.4	Optimisation of synergies through forging mutually rewarding partnerships and alliances across the entire response value chain

Introduction

1

Background

The National Strategic Plan (NSP) on HIV, TB and STIs is the framework for a multi-sectoral approach for South Africa to overcome HIV, TB and STIs as public health concerns. This fifth NSP for HIV, TB and STIs 2023-2028 builds on the lessons from the previous strategies, as well as the latest evidence-based innovations and broad-based inclusive consultations with stakeholders. Since 2000, the start of a series of strategic plans to guide the national response to HIV, TB and STIs, there has been significant reductions in the morbidity (illness) and mortality (deaths) due to these diseases.

However, this NSP also comes at a time when the COVID-19 epidemic has derailed the fight against TB, HIV and STIs due to reduced access to services, diversion of funds for pandemic response and volatility of the economy. COVID-19 also exposed the persisting inequalities in the country. Therefore, an urgent strategic course modification is needed to get South Africa's response back on track to eliminate HIV, TB and STIs as public health threats by 2030. This NSP on HIV, TB and STIs 2023-2028 outlines the goals, objectives, and priority actions that constitute a national response to get the country back on track. The emphasis in this NSP is a response that is people and communities centered, that aims to reduce inequalities, and increase access to health and social services.

NSP 2023-2028 is aligned with international and regional responsibilities, commitments and targets related to HIV, TB and STIs and aims to guide priority actions for government, civil society, development partners and the private sector. The international and local development partners will use the NSP to plan and support the country in its efforts to end HIV, TB, and STIs epidemics. SANAC will use NSP 2023-2028 as a framework to coordinate and monitor implementation by all sectors, provinces, districts, and municipalities.

The success in the implementation of this NSP will rely on a coordinated multi-sectoral approach to strengthen health and social systems. High-impact and proven tools remain the mainstay of ending the HIV, TB, and STIs epidemics once barriers to access are removed. Furthermore, investment in capacity building of the health care workers, communities and other stakeholders will be essential to support implementation of NSP 2023-2028.

Vision

South Africa free from the burden of HIV, TB and STIs

Mission

South Africa on track to eliminate HIV, TB and STIs as public health threats by 2030

Goals

To create healthy and equitable societies without the burden of diseases through four integrated goals.

- **Goal 1:** To break down barriers to achieving HIV, TB and STIs solutions
- **Goal 2:** To maximise equitable and equal access to HIV, TB and STIs services and solutions
- **Goal 3:** To build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response
- **Goal 4:** To fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions

Guiding principles

There are several key principles that guide the NSP 2023 -2028

- The objectives and interventions in this NSP have been designed to place people and communities at the centre, this includes providing people centred health and social services
- Universal health coverage (UHC) and comprehensive responses that integrate prevention, treatment, care, and support ensuring that no one is left behind. All people to have equal access to services irrespective of their geographical location and who they are.
- A response that is inclusive and participatory through the broad-based consultations and multi-sectoral approach in implementation of the NSP
- Substantial proportion of measurable community-led and -based interventions driven by empowered communities, including key and vulnerable populations
- Multi-sectoral approach in addressing structural and social inequalities that drive the epidemic
- A commitment to protecting and promoting human rights and gender equality
- Evidence-based innovation in the processes and tools to fight HIV, TB and STIs

The process of developing NSP 2023-2028

NSP 2023-2028 was developed through inclusive and transparent broad-based consultations with government departments, provinces, communities, civil society, the private sector, and international stakeholders and development partners. In addition, an extensive analysis of progress made and observed challenges in the implementation of the NSP 2017-2022 was conducted to inform the development of this NSP. The process was led by the SANAC and guided by the NSP 2023-2028 Reference Group and expert Technical Task Teams.

Reviews of the previous NSPs, existing guidelines, policies, laws, and local and international strategic documents and literature assisted with creating an evidence-based strategy adapted to the South African context. An extensive costing of the strategy assures the NSP is realistic and sustainable.

The NSP 2023-2028 has been endorsed by SANAC's Programme Review Committee, Plenary, and Inter-Ministerial Committee. Finally, Cabinet approval of the NSP was obtained.

What is new in NSP 2023-2028?

The focus of this NSP for HIV, TB and STIs 2023-2028 is the bold strategic objectives and vision to reduce inequalities. There are deliberate efforts to remove barriers to accessing health and social services for people affected by HIV, TB and STIs irrespective of their age and geographical location. This is supported by objectives that address stigma reduction and promote and protect gender equality and human rights principles.

The addition of mental health services integration responds to the clear two-way link between HIV, TB, SGBV, human rights violations, inequalities, and mental health. To reduce harms in communities, persons and groups made vulnerable by inequalities are supported with health information, dignity packs, sensitised health facilities and personnel, law reform and redress for human rights violations.

Viral hepatitis prevention, treatment and care objectives and interventions have been included in this NSP as a neglected infection of high prevalence that is also associated with HIV and STIs. In addition, due to the high burden of cervical cancer in South Africa, and its strong link with human papilloma virus (HPV) infection, a section on the cervical cancer care cascade has been included.

Multi-sectoral commitment and accountability of financial and human resources combined with services delivered in communities ensures access for key and other priority populations to comprehensive high-impact solutions and services. Furthermore, there is a greater emphasis on community-based and community-led interventions.

This NSP also builds on evidence-based tools and interventions that are already being employed. However, to accelerate the elimination of HIV, TB and STIs new tools for diagnosing HIV, TB, STIs and viral hepatitis, are needed, as well as more innovative processes such as test and treat strategies for TB and STIs.

The next sections cover situational analysis: progress and trends in the HIV, TB and STIs response; key and other priority populations that should be specifically targeted with interventions and the goals of this NSP. The goals are introduced in summary, followed by sections for each goal further describing the objectives and priority actions for each goal.


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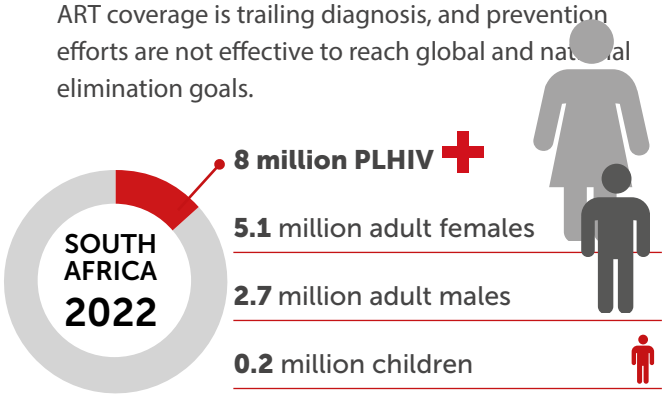
Situation Analysis: Progress and trends in the HIV, TB and STIs response

There has been good progress in the fight against HIV, TB and STIs since the first NSP was launched in the year 2000, but much still needs to be done. The COVID-19 epidemic reversed some of those gains. The HIV, TB and STI epidemics are characterised by distinct sub-epidemics that are apparent geographically and among key and priority populations. The situational analysis on HIV, TB and STIs guides the strategic plan to focus for impact and informs the required interventions to bring the country on track to eliminate TB, HIV and STIs as public health challenges by 2030.

HIV Disease Burden

Despite significant progress made towards HIV control, incidence remains high, especially among key populations, women, and other priority populations. ART coverage is trailing diagnosis, and prevention efforts are not effective to reach global and national elimination goals.



HIV prevalence: The proportion of PLHIV in South Africa was 13.5% in 2022, which equates to approximately 8 million PLHIV[1]. Of these, 5.1 million were adult females, 2.7 million were adult males and 0.2 million were children[1]. Adolescent girls and young women are disproportionately affected; they have a higher prevalence than their male counterparts (8.8% versus 3.7%)[1]. However, there has been a decline of HIV prevalence in pregnant women from 27% in 2017 to 23.9% in 2022[1]. In addition, HIV positive pregnant women reporting already being on ART prior to their first ANC visit has increased from 52% in 2017 to 73% in 2021. The highest HIV prevalence varies across provinces. KwaZulu-Natal and Gauteng provinces constitute almost half of the total burden of HIV in the country. The prevalence is 21.8% in Gauteng and 17.6% in KwaZulu-Natal provinces1. The top 12 districts with the highest prevalence of HIV are found in KwaZulu-Natal and Mpumalanga provinces while those with the least HIV prevalence are in the Western Cape and Northern Cape[1].

HIV incidence: There has been marked progress in reducing the number of new HIV infections in South Africa. The HIV incidence in 2021, compared to 2010, reduced by 51% (Figure1)[1]. This indicates that South Africa did not achieve the 63% reduction target in the 2017-2022 NSP to have new HIV infections less than 100,000 by 2022[2]. Almost two-thirds of all new infections (64%) occur in women, of these adolescent girls and young women constitute more than a third (37%) of all new infections[1].

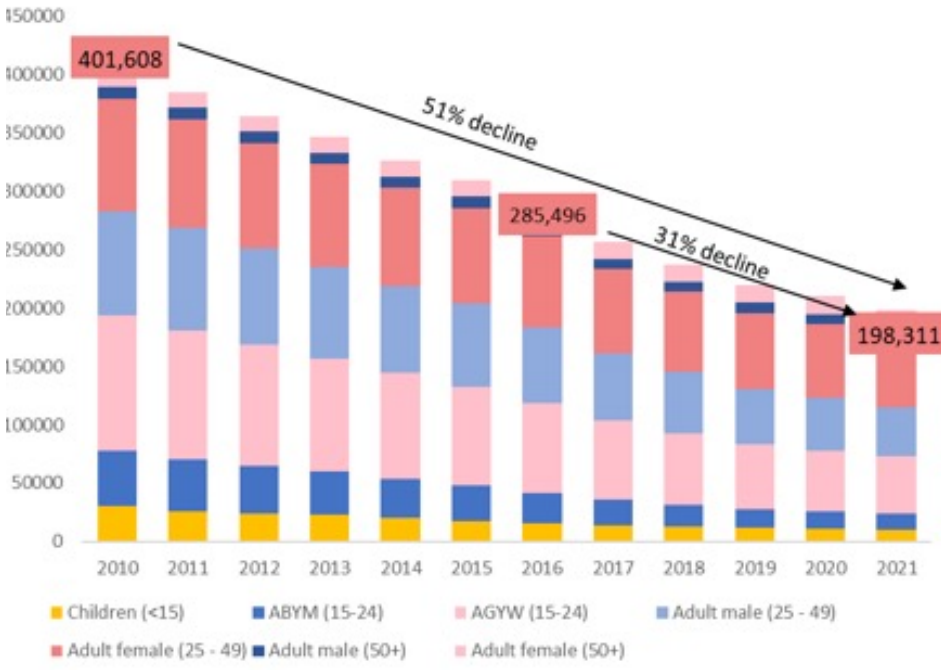
South Africa registered a substantial reduction in mother-to-child transmission of HIV between 2010 and 2021. At birth MTCT declined from 4.2% in 2010

to 1.3% in 2016 and 0.96% in 2021. The success is attributed to high coverage of services targeted at MTCT prevention from 44% in 2010 to 97% in 2021. The highest MTCT infections come from postnatal MTCT which accounts for 67% of the 8 334 babies infected with HV in 2021.

HIV incidence is highest in Gauteng (21%), followed by KZN (19% and Eastern Cape provinces (16%). A provincial analysis shows that the top five provinces (Gauteng, Eastern Cape, Mpumalanga, KwaZulu-Natal, and Limpopo provinces) constitute almost 80% of all new infections. The highest reductions in HIV incidence were reported in KwaZulu-Natal and the Free State with 42% and 40% respectively.

Progress towards the UN 90-90-90 targets: The latest data shows that 94.2% of all PLHIV know their status, 75% of the people diagnosed were on treatment, which translates to 71% ART coverage[1]. Among those on treatment, 92% were virologically suppressed. Women and girls are doing better across the HIV cascade than both men and children living with HIV. When disaggregated by sex and age, the cascade for adult females is at 95-81-90 and adult males at 92-72-90, while children under 15 years are at 80-69-60[1].

Figure 1 *Annual number of new HIV infections by sex and gender, 2010 to 2021*



Source: Thembisa Model 4.51

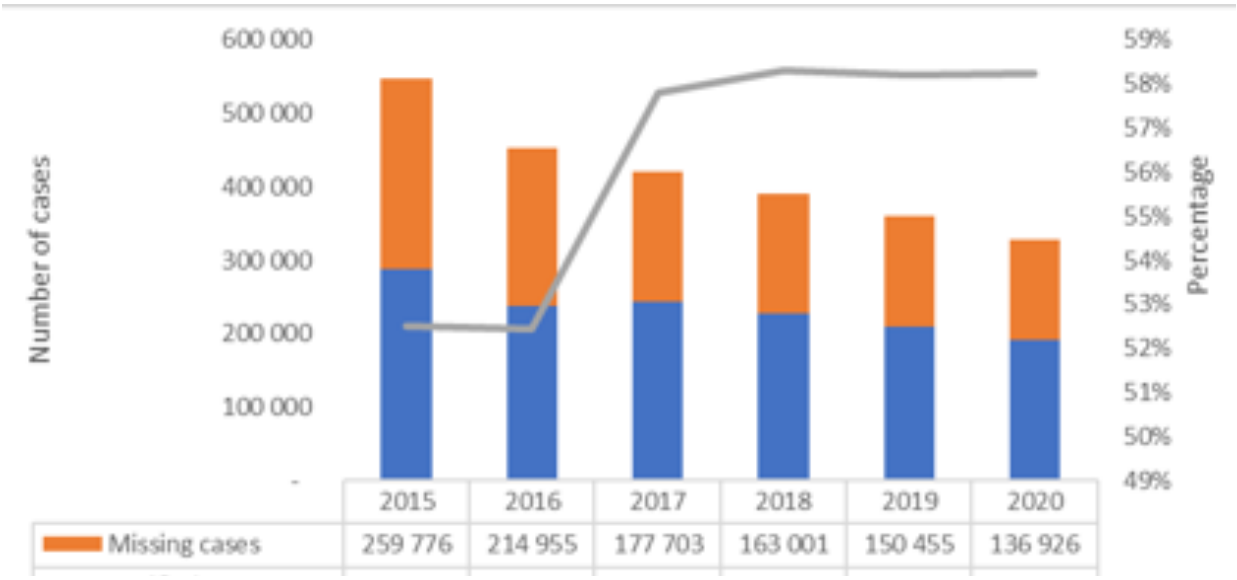
Tuberculosis Disease Burden

The country has made progress in the response to TB, as demonstrated by the declining TB incidence and mortality. However, missing cases remain high, and treatment outcomes are sub-optimal. There is a dual burden of HIV and TB infections. Proportion of TB patients co-infected with HIV in 2020 was 71%; 89% of these persons were already on ART[3] .

TB prevalence and incidence: South Africa is one of the ten countries with highest TB burdens in the world, that account for two-thirds of all TB infections globally[3]. Based on a TB prevalence survey conducted in 2017-2019, South Africa's TB prevalence was 852 cases per 100 000[4]. In 2020, the incidence of TB in South Africa was 554 per 100 000, a 44% reduction compared to 2015, but, still well above the global average of 127 per 100 000[3,5]. Amongst the people diagnosed with TB, 3.3% (6 784 cases) had MDR/ rifampicin-resistant (RR)-TB and 0.4% (733 cases) had pre-extensively drug-resistant (XDR)-TB3. TB is also the leading cause of death in PLHIV accounting for almost half of deaths[6].

Drivers of the TB epidemic: In South Africa, the TB burden is driven by poverty, socio-economic inequalities, and delayed or limited access to screening, TB investigations and treatment[4,7,8]. There is a strong link between both undernutrition and low

Figure 2 *Number of total TB notifications, missing cases, and case detection rate, 2015 to 2020*



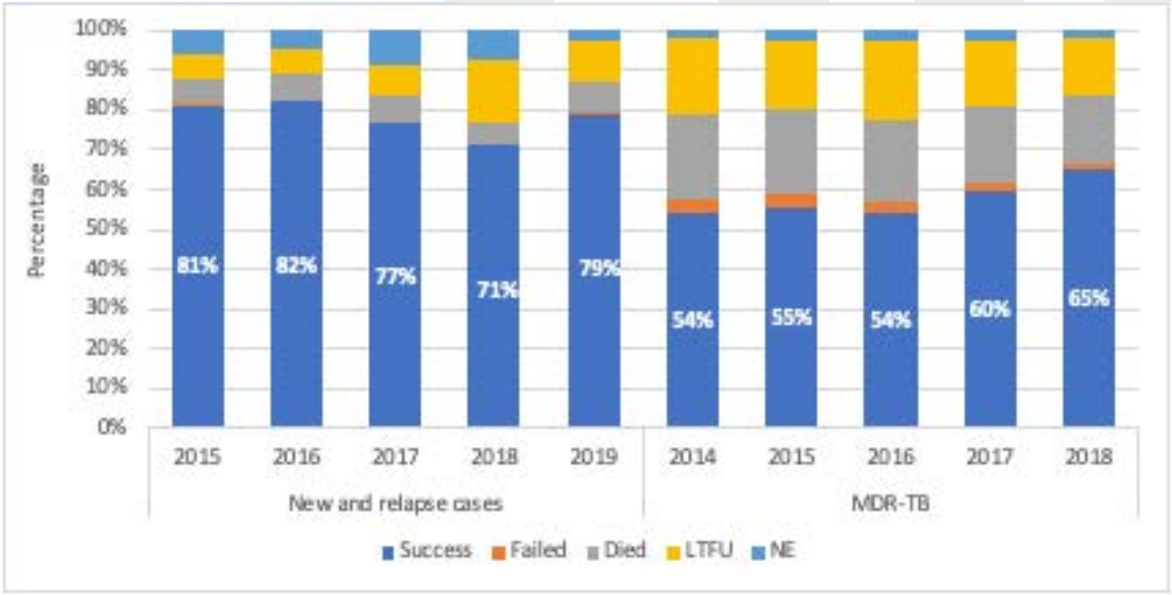
Source: Thembisa Model 4.51

income and TB incident rate. Undernutrition weakens the body's immune system and is therefore an important risk factor for active TB disease. In addition, living and working in crowded areas also increases the risk of acquiring TB[3].

TB Testing-treatment gap: In South Africa, the estimated number of people with TB in 2020 were 328 000 cases, which means one person gets infected every two minutes[3]. However, only 208 032 cases were notified in 2020, indicating that a third of people with TB are neither diagnosed nor started on TB treatment (Figure 2)[3]. This percentage of missing TB patients has not changed much since 2015[3].

Treatment success rate in new and relapse TB patients that initiated TB treatment in 2019 was 79% and thus falling short of the NSP 2017-2022 target of 90% for DS-TB[2,3]. Similarly, in the drug-resistant category there was a 65% treatment success rate, but falling short of the NSP 2017-2022 target of 75% (Figure 3 – TB treatment success rate)[3]. The case fatality ratio in adults initiated on TB treatment was 6.9% in 2016 and these has declined from 10.4% in 2009, whereas in children and adolescents it decreased from 3.3% in 2007 to 1.9% in 20163. Mortality in TB patients not linked to care or untreated TB is estimated at 17.1%[3].

Figure 3 *TB treatment outcomes, 2015 TO 2018*



Source: WHO Global TB Report 2021[3]

STIs Disease Burden

STIs prevalence: In the South African public health sector and other low- and middle-income countries (LMICs), STIs are treated using the syndromic management approach which is associated with significant overtreatment of people with symptoms and under-treatment of asymptomatic infections[9]. As diagnostic testing is not routinely performed, there is limited STI surveillance resulting in a lack of population-level prevalence and incidence data. In the absence of this data, the World Health Organisation (WHO) Spectrum STIs model is used to estimate prevalence and incidence of syphilis, gonorrhoea and chlamydia as summarised in Box 110. The existing data confirms that there has been no significant decline of chlamydia and gonorrhoea cases over almost 30 years despite large investments in HIV/ STIs prevention programmes.

Syphilis trends: A trend analysis of data from the general adult population from 1985-2017 shows that there has been a significant decrease in syphilis cases over the years following the introduction of syndromic management in the late 1990s and implementation of routine syphilis screening in the antenatal care programme[10]. The number of new-borns with congenital syphilis was stable between 2010 and 2018 ranging from 89 to127/ 100 000 live births but sharply increased to 165/ 100 000 live births in 2019[10,11]. South Africa has therefore moved further away from the WHO targets for the elimination of mother-to-child transmission (MTCT) of syphilis.

STI programme: Data on STI syndromes in South Africa is collected in the national clinical sentinel surveillance system for STI syndromes with male urethritis syndrome (MUS) being the main indicator. Over the past 5 years, the number of MUS cases reported has been stable. There is a degree of seasonality in the number of cases reported and a brief drop was reported during the first COVID lockdown period[12]. When comparing the MUS cases reported through the District Health Information System (DHIS), less than 40% of all cases of chlamydia and gonorrhoea were treated, highlighting challenges with programme implementation for symptomatic individuals and the need for diagnostic testing to close the gap on treatment of asymptomatic infections.

Microbial resistance: Surveillance data from the National Institute for Communicable Diseases (NICD) show that there is currently little to no resistance of gonorrhoea to ceftriaxone, the drug used in first-line treatment[13]. However, resistance to drugs previously used to treat gonorrhoea is widespread, such as ciprofloxacin. The surveillance programme is currently limited, and may miss key populations, where antimicrobial resistance is most likely to emerge first. Scale-up and expansion of antimicrobial surveillance of gonorrhoea is therefore warranted to close this data gap.

Human Papillomavirus: South Africa's cervical cancer incidence is 35.6 per 100 000 compared to the global average of 15.8 per 100 000. It is the leading cause of cancer-related mortality in women (19.5 per 100,000)[14]. Infection by high-risk HPV types that cause cancer is common, with a reported prevalence of 54%, while pre-cancerous lesions were detected in about 10% of all women[15]. HIV is associated with an increased risk of persistent HPV infection and rapid progression to invasive cervical cancer[16]. Although most HPV types are vaccine-preventable, many PLHIV have not been vaccinated[16-18]. In addition, full HPV vaccination coverage in school-going girls is sub-optimal. Coverage in 2017 was 69% for the 1st dose and 56% for the 2nd dose, which reduced significantly to 37% and 34%, respectively, in 2021[17].

Viral Hepatitis: Hepatitis B virus (HBV) surface antigen (HBsAg) test positivity was 6.8% in the general population over the past 5 years, indicating a large burden of HBV infection in the country[19]. Of concern is the positivity rate of 3.8% among children under 4 years old. Women of child-bearing age (15-49 years old) had a HBsAg test positivity rate of 4.9% and of these 24% were HBeAg positive, indicating high

infectivity. Despite this, HBV vaccination coverage among infants receiving three doses is 84%[20]. South Africa recently adopted the policy to vaccinate babies at birth for prevention of HBV infection, however, there is no data available to determine coverage of this approach in practice. There are limited data on Hepatitis C virus (HCV) prevalence, but one surveillance study showed people who inject drugs as the most important key population[21]. There are limited data on Hepatitis C virus (HCV) prevalence, but one surveillance study identified people who inject drugs as the most important key population21.

COVID 19 impact on people and communities: The COVID-19 pandemic heightened existing inequalities, placed additional pressure on already strained health and social care systems and halted progress made in the response to HIV, TB and STIs. Non-COVID-related services were deprioritised causing interruptions and delays in access to prevention, care and treatment services, which negatively affected health outcomes[22]. Lockdowns led to many people in South Africa losing their source of income, impacting directly on levels of food security and access to resources and social protection systems to reduce the impact of the pandemic. Key and other priority populations were worst affected, as demonstrated by an increase in SGBV[23].

Although significant improvements have been made in HIV, TB and STIs control, there is still more to be done in addressing these epidemics, especially among key and priority populations.

Box 1. Spectrum-estimated STI prevalence, incidence rates and incident case numbers, in South African women and men 15–49 years in 2017

STI	METRIC	WOMEN		MEN	
		Point Estimate	95% CI	Point Estimate	95% CI
Gonorrhoea	Prevalence	6.6%	3.8% to 10.8%	3.5%	1.7% to 6.1%
	Incidence rate per 100 000 adult person-years	16,100	7,700 – 38,900	14,200	6,900 – 24.700
	New incident cases	2.3 million	1.1 – 5.0 million	2.2 million	1.1 – 3.8 million
Chlamydia	Prevalence	14.7%	9.9% to 21%	6.0%	3.8% to 10.4%
	Incidence rate per 100 000 adult person-years	14,400	8,000 – 33,100	24,900	14,100 -40,800
	New incident cases	1.9 million	1.1 – 3.8 million	3.9 million	2.2 – 6.3 million
Active syphilis	Prevalence	0.5%	0.32% to 0.80%	0.97%	0,19% to 2,38%
	Incidence rate per 100 000 adult person-years	153	65 to 414	316	34 to 1,162
	New incident cases	23,175	9.900 to 62,500	47,500	5,100 to 173,000

95% CI = 95% confidence interval. *https://doi.org/10.1371/journal.pone.0205863.t001*

The 2017 Spectrum-STIs estimates, based on STIs surveillance and monitoring data, confirmed the high burden of STIs in South Africa

- The combined adult prevalence estimates for gonorrhoea (5,1%) and chlamydia (10.3%) in women and men, are among the highest in the world.
- It was estimated that a combined total of 4,5 million new gonorrhoea infections occurred, with no significant difference in incident rates amongst both sexes.
- Approximately 5,8 million new chlamydia infections in women and men were estimated with men almost twice as likely to present with a new infection (2:1), despite the prevalence of both gonorrhoea (6,6%) and chlamydia (14,7%) being higher in women.
- The estimated prevalence of active syphilis of above 0,5% in both sexes remains high. The total number of new syphilis infections in men and women were estimated to be 498,175 with men being twice as likely to develop a new infection.

Source: Kularatne R. S. et al - PLoS One 2018[10]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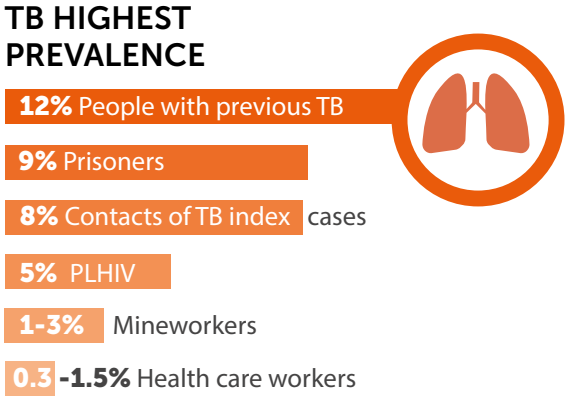
Key and other priority populations

Key populations are groups who, due to specific higher-risk behaviours, are at increased risk of HIV, TB and STIs, irrespective of the epidemic type or local context. Also, they often have legal and social barriers related to their behaviours that increase their vulnerability to infection. NSP 2023-2028 focuses on five key populations:

1) sex workers and their clients;
2) trans and gender diverse people;
3) Men who have sex with men (MSM);
4) people who use drugs; and
5) people in correctional facilities, and other closed settings (Table 1).

Other priority populations are groups of people who are particularly vulnerable to HIV, TB and STIs infection in certain contexts and might have reduced access to health and social services. These include adolescents (particularly adolescent girls), orphans, homeless children, people with disabilities, people with mental health disorders, migrants and mobile workers, survivors of SGBV, lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LGBTIQ+) groups, and people living in rural areas, informal settlements, and inner cities[24].



HIV Key and other priority populations: HIV epidemic control hinges on how well we include key populations in the national response. Modelling shows key populations, and their sexual partners will contribute over 40% of new infections in the next five years[25]. Key populations have the highest prevalence and incidence of HIV in the country due to multiple reasons including inadequate efforts to reach these populations, stigma and discrimination and punitive laws. The Thembisa model 4.5 reports 57.9% HIV prevalence in female sex workers, followed by transgender people with 51.9%, and MSM with 29.9% prevalence[1]. People who inject drugs (PWID) and people in prisons report 21.8% and 17.5% HIV prevalence, respectively. Addressing the HIV treatment needs of key populations in South Africa is central to a comprehensive HIV response.

TB Key and other priority populations: TB prevalence varies across the different key and other priority populations. The highest prevalence is in people with previous TB (12%), followed by prisoners (9%), contacts of TB index cases (8%), PLHIV (5%), mineworkers (1-3%) and health care workers (0.3 -1.5%) [26-38].

STIs Key and other priority populations: The prevalence of all STIs were higher in women than in men. A particularly high burden was found in AGYW (15-24 years old), PLHIV and pregnant women[39]. From other data, key populations such as MSM and sex workers also have STIs rates higher than the general population[40-44].

Table 1

Key and other priority populations

	KEY POPULATIONS	OTHER PRIORITY POPULATIONS
HIV	**Increased risk of acquiring HIV and suffer from punitive laws, stigma and discrimination** • Sex workers and their clients • Trans and gender diverse people • MSM • People who use drugs • People in prisons and other closed settings/Correctional facilities • PLHIV	**Increased risk of acquiring HIV because of biological, behavioural or structural factors** • Adolescents and young people, especially AGYW • Survivors of SGBV **Face distinct barriers to accessing services** • Children, including orphans and vulnerable children • Mobile populations, migrants and undocumented individuals • People with disabilities • People with mental health disorders • LGBTIQ+ persons • People living in rural areas, informal settlements and inner cities
TB	• PLHIV • Health care workers • People in correctional facilities and other closed settings • Children < 5 years old • People living in informal settlements • Mineworkers and peri-mining communities • Refugee/migrant populations	• People with prior TB • Contacts • Smokers • People with harmful alcohol use • The elderly • Adolescents and young people • People with diabetes • Pregnant women • Men

	KEY POPULATIONS	OTHER PRIORITY POPULATIONS
STIs	**Increased risk of acquiring HIV and suffer from punitive laws, stigma and discrimination** • Sex workers and their clients • Transgender people • Men who have sex with men	**Increased risk of acquiring STIs because of biological, behavioural or structural factors** • Adolescents and young people, especially AGYW • Survivors of SGBV • Pregnant women
Viral hepatitis	**For HBV (key/priority populations):** • People in prisons • PWID • MSM • Sex workers **For HCV:** • People who use drugs • MSM	**Increased risk of acquiring HIV because of biological, behavioural or structural factors** • Health care workers • Pregnant women

Social and structural barriers: Key and other priority populations are particularly affected by social and structural barriers. These groups experience stigma, discrimination, and other rights violations in many settings. Reducing social and structural barriers, such as poverty, violence, and homelessness are essential in enabling key and other priority populations to access health services[45,46].

The needs of the key and priority populations are addressed in the NSP 2023-2028. This NSP puts people and communities at the centre to reduce barriers and increase access to comprehensive health and social services for the prevention and treatment of HIV, TB and STIs. The NSPs strategic objectives are structured into four interlinked goals that guide the response to the HIV, TB and STIs epidemics.

4 The Goals of the NSP 2023–2028

The NSP for HIV, TB and STIs strategy is organised into four interlinked goals that place people and communities at the center of the response. The four goals are further broken down into objectives and priorities for action.

Goal 1: To break down barriers to achieving HIV, TB and STIs solutions

The objectives in Goal 1 describe priority actions to reduce inequalities and barriers that prevent people from accessing essential services to reduce HIV, TB and STIs. Therefore, some of the strategies include empowering communities to be at the forefront of the response with community-led interventions. In addition, this goal address poverty reduction and promoting and protecting human rights and gender equality. Integrated and standardised mental health services access and delivery is recognised as important enabler to equitable access to HIV, TB and STIs health services.

Goal 2: To maximise equitable and equal access to HIV, TB and STI and solutions

The focus of Goal 2 is access to the biomedical, social, and psychological support interventions for the prevention, treatment and care programmes for HIV, TB and STIs. The HIV objectives include increasing knowledge and attitude that promote uptake of HIV prevention interventions, optimising the implementation of high impact HIV prevention interventions and ensuring that South Africa meets the 95-95-95 targets for HIV. The TB objectives emphasise prevention with TB preventative therapy (TPT), as well as the implementation of high impact HIV prevention interventions. Furthermore, strategies on how to increase TB detection and support for people with TB (PWTB) through existing and new innovative processes, tools and regimens are outlined. The STIs objectives also describe ways to increase the prevention, detection and treatment of STIs, including HPV, in order to reduce morbidity and mortality associated with untreated infections. The viral hepatitis objective is on reducing the impact of the burden of disease and scaling-up prevention, diagnosis, and treatment.

Goal 3: To build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

The COVID-19 epidemic has demonstrated the importance of robust, resilient, and adaptive systems in provision of health services, including HIV, TB and STIs programmes. The objectives under goal 3 include adequate human resources, latest technology, better infrastructure and improved supply chain management.

Goal 4: To fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions

The objectives of Goal 4 address the financing of the NSP priority activities and sustainability of these initiatives.

The next four sections describe in detail the Goals and objectives, and the interventions, target populations and accountable parties are outlined in the Appendix B: Logic Framework.

GOAL 1:

Break down barriers to achieving HIV, TB, and STIs solutions

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Break down barriers to achieving HIV, TB, and STIs solutions

Goal 1 Strategic context

There is a direct link between inequalities and vulnerability to HIV, TB and STIs, mental health disorders and related-rights abuses. While inequalities do not directly cause HIV, TB and STIs, inequalities increase unsafe behaviours, mental distress, and harms. Inequalities are caused by stigma, discrimination, violence, uneven power relations, harmful gender beliefs and norms, and poor service delivery.

The COVID-19 pandemic widened inequalities that directly impact on health and added strain on already overburdened health, social, economic, and legal systems. Despite protective laws and policies and the many gains made over the last five years, violence, femicide and mental health disorders are on the increase, human rights are not cemented in all the responses and barriers impeding access to services are not adequately addressed.

Social structural drivers: The social and structural drivers show clear linkages between gender inequalities and violence, poverty and economic inequalities, xenophobia, harmful religious and cultural practices, and other socio-economic factors. Social and structural drivers can also have a negative effect on health behaviours and mental health[47-49].

Human rights and gender-related barriers continue to adversely impact the effectiveness of the response, and halt progress. These barriers include stigma; multiple and intersecting forms of discrimination, violence, and other rights abuses; discriminatory laws and practices; gender-based inequalities and violence; as well as HIV, TB and other diversity-based human rights violations that limit access to comprehensive and inclusive services[50-53].

Stigma and discrimination: Persistent stigma and discrimination undermine efforts to end HIV and TB and compromise the effectiveness of prevention, testing, diagnosis, treatment, care and support services, particularly for key and other priority populations[51,54-56]. Evidence also shows that internalised stigma among PLHIV is associated with lower levels of viral suppression[57].

Discriminatory laws and practices: Despite South Africa's enabling legal and policy framework, restrictive social and structural factors reduce peoples' ability and agency to realise rights and access HIV, TB, STIs, mental health and other essential services. Specific challenges include inconsistent implementation of protective laws and policies and discriminatory attitudes and practices within law enforcement and health care provision, further limiting access to human rights protections[52,58,59].

Access to health care (including sexual and reproductive health and rights (SRHR) care and SGBV response services) remains limited for key and other priority populations. Evidence indicates that of 125 surveyed health facilities offering 'tailored' services for sex workers, only 69% provided information on SRHR services, and around 3 out of 5 offered access to male condoms (57%), and access to post-exposure prophylaxis (PEP) (67%)[6]0. For trans and gender diverse people, less than half of health facilities (48%) provided information packages on sexual health services and about a third (35%) provided SGBV services or referrals, whilst only 14 out of 73 facilities, provided hormone therapy[60].

Criminalisation of certain activities or behaviours – such as sex work and drug possession for personal use – further exposes people to stigma, discrimination and other rights violations and limits (and/or denies) access to health and other essential services. Criminalisation contradicts human rights-

based approaches aimed at providing accessible, acceptable, and available HIV, TB and STIs services for members of key population groups[53,61,62].

Gendered inequalities and violence: Persistent gender inequalities and violence are major barriers to uptake of and adherence to HIV treatment[53,63,64]. Gender-based inequalities and violence are both causes and consequences of HIV. Intimate partner SGBV increases risk of HIV exposure and transmission, while living with HIV increases risk of SGBV. Despite human rights protections against all forms of violence in private and public spheres [Section 12 of the Constitution] and the adoption of the National Strategic Plan on GBV and Femicide, in 2019, statistics reveal steep increases in rape cases (72.4%), other forms of sexual assault (77.6%), and all sexual offences (74.1%)[64]. Crime statistics indicated that 105 women were raped daily and that a woman was killed every four hours in South Africa[65].

Evidence shows that HIV infection increases up to 60% over the next one to two years for women who have been raped6,66. Youth living with HIV experiencing interpersonal violence are nine times more likely to engage in unsafe sexual behaviours, which increases the likelihood of unintended pregnancies 7-fold and decreases adherence to treatment[67].

Mental health: Data from 2018 indicates that, one in six South Africans suffers from anxiety, depression, or a substance use disorder, 40% of PLHIV have a comorbid mental disorder, 41% of pregnant women are depressed, about 60% of people could be suffering from post-traumatic stress[68].

During COVID-19, all the prevalence of most mental health conditions increased by 16-32%.

The 2-way link between HIV and mental, neurological, and substance use disorders is well established[69,70]. Mental health disorders are a risk factor for HIV exposure, that complicates disease course and treatment and are associated with reduced pre-exposure prophylaxis (PrEP) and treatment uptake, HIV testing, retention in care and viral load suppression[69].

The prevalence of mental disorders, including depression and anxiety disorders, among PWTB is estimated to be between 40% and 70%. Moreover, people with mental health disorders also carry other risk factors for TB, including smoking, poor nutrition, and comorbidities such as diabetes and HIV infection and are less likely to access health services[71].

Goal 1 Strategic approach

Effective responses to HIV, TB and STIs require deliberate actions to 'reduce the underlying inequalities and intersecting forms of discrimination that hold back progress' alongside scaling-up high impact approaches[53]. Reducing inequalities through human rights-based, people- and community-centred approaches are the basis for achieving the 10-10-10 targets for 2025: less than 10% of people experience stigma and discrimination; gender-based inequalities; and punitive laws. Achieving these demand drastic changes to remove all societal and legal barriers and create an enabling environment for effective responses to achieve the 95-95-95 targets[48]. Effective responses require recognition that medical interventions are necessary, but not sufficient and that other interventions extending beyond the health sector, are equally needed, specifically for key and priority populations[72].

Mental health conditions increased by 16-32% during COVID-19

Goal 1 Objectives and Sub-objectives

Objective 1.1

Strengthen community-led HIV, TB and STI responses

- **Build an enabling environment for cohesive and inclusive communities with a focus on key and other priority populations**

  Support the development and implementation of multi-sectoral and integrated community and district plans to build resilient individuals, parents, families, and communities. This will be achieved through mapping and building on community assets; engaging communities, in the development and implementation of local development plans; developing integrated service delivery models across communities; scaling-up community-based prevention and early intervention programmes (e.g., parent support programmes); and strengthening holistic support programmes for key and other priority populations.

- **Strengthen the capacity of community-led responses to implement and report on HIV, TB, STIs and viral hepatitis**

  Intensify the implementation of comprehensive, community-led programmes, enhance meaningful engagement of all key and priority populations in communities, and strengthen decentralised service delivery. To achieve this, the capacity of local community-based organisations and programmes will be built and availability of decentralised diagnostic and prevention services and self-care options in communities increased. Virtual options for self-screening and consultation will also be considered, where appropriate.

- **Resource and support community-based organisations to implement and monitor HIV, TB, STIs, and viral hepatitis responses**

  Capacitate and support of community-based organisations to implement and monitor HIV, TB, STIs and viral hepatitis responses. Identified community-based organisations will be trained and funding increased to monitor programme quality.

- **Improve safety, health, and well-being in communities to strengthen the capacity of families to protect, support members affected and infected by HIV, TB, STIs and viral hepatitis**

  Scale-up the availability of safe spaces and recreational opportunities in communities. This will be achieved through expanding the availability of shelters for survivors of SGBV, abuse, to accommodate homeless individuals. Local infrastructure and its maintenance will be monitored to ensure streetlights work; safe drinking water is available and safe parks and other spaces are accessible to users.

- **Improve integration of HIV, TB, STIs and viral hepatitis services into community systems and cultural practices**

  Enhance the integration of proven high-impact approaches and traditional and cultural practices. This will be achieved by engaging traditional leaders and traditional health practitioners to ensure the safety and health of all community members.

Objective 1.2

Contribute to poverty reduction through creation of sustainable economic opportunities

- **Increase access to economic strengthening opportunities**

  Scale-up the protection against the consequences of vulnerabilities in communities. Inequities are addressed through skills development and income generating opportunities specifically for people in the informal sector, women, youth, and people with disabilities. Health outcomes and access to tailored services for all people in and out of employment in communities are improved.

- **Scale-up and advocate for access to social protection interventions to facilitate equitable access to services**

  Improve access to social protection for people who qualify. People who are not employed and people with specific needs are supported through different public and private sources to protect health and wellbeing.

- **Accelerate access to food and nutritional support programmes**

  Strengthen the provision of nutritional support to all eligible people with a focus on key and priority populations. Multiple sectors are collectively responsible for improving access to adequate nutrition, specifically for more vulnerable individuals, children, and families. Production and distribution of food is coordinated and planned.

- **Scale-up programmes that support AGYW to remain in and return to school**

  Scale-up multi-sectoral support for AGYW. Teen pregnancies are reduced, and teen parents are supported to return to and finish school without compromising the interest of the children.

Objective 1.3

Reduce stigma and discrimination to advance access to rights and services

- **Increase literacy on rights and the impact of intersecting stigma and discrimination**

  Scale-up community mobilisation and capacity strengthening on human and legal rights and impact of intersecting stigma and discrimination. This will be achieved through awareness raising on causes and consequences of stigma and discrimination for HIV, TB and STIs risks and access to services; incorporation of human rights and diversity into all tailored programmes for key and priority populations; and training on human rights, the law and diversity in communities, with a focus on key and other priority populations.

- **Scale-up community-led stigma reduction interventions and advocacy**

  Advocate for people-centred approaches to enhance access to inclusive, non-judgmental, and non-discriminatory community-based services of high quality. This will be achieved through the support of community-based and community-led organisations and networks that implement proven stigma reduction approaches; and the facilitation of community dialogues on causes, impacts and community-based solutions to reduce stigma and discrimination.

- **Increase access to redress mechanisms in communities experiencing stigma, discrimination, and other rights violations**

  Strengthen the support to and promotion of community-based and community-led redress and rapid response mechanisms. This will be achieved through establishing community-based peer-led ambassadors at health facilities and police stations; scale-up of community-based and community-led crisis response teams and mechanisms to increase linkage to services (e.g., community-led WhatsApp

groups); and awareness raising to enhance access to and use of established helplines (i.e., AIDS Helpline, GBV Helpline, Lifeline, Childline, Mental Health Helpline).

- **Strengthen social support networks and structures for people most affected by external and internal stigma**

  Strengthen community and facility-based social support networks and structures, and scale-up the capacitation of community-based social support networks and structures on stigma and discrimination. This will be achieved through mapping of community-based social support networks and structures; strengthening existing and establishing additional community-based social support structures based on identified gaps; and training of community-based social support structures to identify and respond to stigma and discrimination.

- **Assess stigma to inform decision making and accurate data for future programming and track progress**

  Advocate for and support implementation of regular community-based stigma assessments and ongoing monitoring of incidences. This will be achieved through conducting and dissemination of results of Human Rights Accountability Score Card (annually); support the implementation of the Stigma Index 2 with training of community-led organisations to support data collection; and advocating for regular rapid assessments to inform stigma reduction initiatives.

Objective 1.4

Address gender inequalities that increase vulnerabilities through gender-transformative approaches

- **Enhance gender-transformative community-led actions for HIV, TB, and STIs to change harmful social, cultural and gender norms**

  Strengthen community mobilisation efforts to reduce harmful consequences of gender inequality, engage men and their organisations to promote gender equality, scale-up the integration of gender-transformative and diversity-responsive approaches in all community-led actions for HIV, TB and STIs, and support social justice organisations to advocate for and implement gender-transformative community-led response. This will be achieved through development and implementation of community-led awareness raising campaign to reduce harmful consequences of gender inequality and gender-related stigma and discrimination; engagement of men and boys in households and communities to promote gender equality; and capacity strengthening of communities to promote shared responsibility for prevention of HIV, STIs and pregnancy.

- **Strengthen capacity of leaders at all levels of decision-making to advance gender equality and promote diversity**

  Sensitise decision-makers on harmful consequences of gender inequality, norms and practices and advocate for and support capacity strengthening of leaders across all sectors (e.g., political leaders, religious leaders, traditional leaders, educators) to promote gender equality and diversity and change harmful gender norms. This will be achieved through engaging and training political leaders to advance gender equality and promote diversity; religious leaders on gender inequality and its harmful consequences; traditional leaders on the impact of gender inequality, harmful gender

norms and practices (including widow inheritance); strengthening implementation of training on human rights, gender equality, SRHR and rights and diversity for educators; and monitoring reduction in gender inequality and promotion of diversity through Human Rights Score Card.

- **Enhance capacity in communities to prevent and respond to SGBV**

  Scale-up capacity to prevent and respond to SGBV and improve linkage to services for survivors of SGBV through community-led structures. This will be achieved through sensitisation of communities on causes, forms and consequences of SGBV (including diversity) and its links to HIV, TB and STIs risks and service access; awareness raising on prevalence and impact of specific forms of sexual and gender violence against women living with HIV in all their diversity (including obstetric violence); enhancement of legal literacy in communities relating to rights of survivors of SGBV (including access to services); scale-up training and support of peer educators in communities to recognise and respond to SGBV; and support of community-led structures (including Community Police Forums) to respond to SGBV and facilitate timely linkage to services.

- **Increase access to services for all survivors of SGBV**

  Strengthen support for all survivors of SGBV and improve access to comprehensive people-centred and inclusive SGBV response services. This will be achieved through training of health care workers to provide comprehensive responses to all persons experiencing SGBV; enhanced access to comprehensive package for all survivors of sexual assault (including ongoing psychosocial support) and provide people-centred services responding to support needs of survivors in all their diversity; advocacy for the expansion of Thuthuzela Care Centres; support for community-based organisations that provide services to survivors of SGBV in areas without access to Thuthuzela Care Centres ; advocacy for increased support for places of safety; and promote inclusive access to places of safety for survivors of SGBV.

Objective 1.5

Enhance non-discriminatory legislative frameworks through law and policy review and reform

- **Amend laws to decriminalise sex work**

  Finalise law reform processes to decriminalise sex work. This will be achieved through expediting drafting of law amendments to Sexual Offences Act and related laws and policies to decriminalise sex work; facilitation of broad and inclusive public participation with draft legislation; and enactment of law amendments by 2026; and scale-up of community-led advocacy for decriminalisation of sex work.

- **Advocate for decriminalisation of drug possession for personal use**

  Advance efforts to decriminalise drug possession for personal use. This will be achieved through engaging Law Commission to review drug policies, provide recommendations and draft law amendments to decriminalise drug possession for personal use; enact Cannabis for Private Purposes Bill of 2020 and amend relevant sections in the Drug Use and Trafficking Act; engagement with all relevant departments and civil society sectors to support and promote law reform relating to decriminalisation of drug possession for personal use; and capacity strengthening of community-led organisations and networks to effectively advocate for decriminalisation of all drug possession for personal use.

- **Enhance legal protection for key populations against hate crimes based on sexual orientation, gender identity and expression**

  Enhance legal protection against hate crimes based on sexual orientation, gender identity and expression. This will be achieved through expediting finalisation and enactment of Hate Crimes Bill (i.e., Prevention and Combating of Hate Crimes and Hate Speech Bill of 2018); and scale-up of and support to LGBTIQ+-led organisations and networks to advocate for the enactment of the Hate Crimes Bill.

- **Reform law and policy provisions to enhance access to gender affirming health care and other essential services**

  Support inclusive gender affirming health and other services by amending Section 2.1 of Act 49 (Alteration of Sex Description and Sex Status Act of 2003); and scale-up of and support to trans and gender diverse people-led organisations and networks to advocate for implementation and enactment of laws and policies that enhance access to gender affirming services.

- **Advocate for policy alignment pertaining to age of consent and access to SRH and other services**

  Harmonise policies to align age of consent and access to SRHR and other services. This will be achieved through the review of conflicting laws and policies to identify gaps; engagement with all relevant departments and civil society sectors to support policy alignment relating to age of consent and access to SRHR and other essential services; drafting of policy and law provision amendments to harmonise age of consent and access to SRHR and other essential service; and support for community-based and community-led organisations and structures to advocate for harmonisation of laws and policies.

- **Strengthen policy frameworks to include traditional health practitioners into existing health care structures**

  Review laws and policies to identify gaps relating to the integration of Traditional Health Practitioners into existing health care structures; support towards drafting law amendments to respond to the identified gaps; intensified engagement towards integration between Traditional Health Practitioners and National Department of Health (NDOH) to concretise mechanisms of integration; and support to the Traditional Health Practitioners Sector to advocate for the integration of health care services provision.

Objective 1.6

Protect and promote human rights and advance access to justice

- **Strengthen human rights and legal literacy relating to HIV, TB and STIs in communities and service provision**

  Scale-up community mobilisation to advocate for human rights protection in all aspects of the HIV, TB and STIs response and raise awareness on human and legal rights. This will be achieved through intensified sensitisation in communities on human rights, diversity and HIV, TB and STIs risks and service access; scale-up of legal literacy training in communities with a focus on redress mechanisms and access to justice; and advocacy for the enhanced availability of and inclusive access to redress mechanisms.

- **Strengthen the capacity of communities to monitor and document rights violations related to HIV, TB and STIs and ensure human rights violations are consolidated into the national Human Rights Portal**

  Enhance capacity to monitor and document human rights violations and consolidate documented human rights violations. This will be achieved

through enhanced support to community-based and community-led organisations that monitor and document rights violations; scale-up of training of community members (e.g., REActors) to identify, monitor and document HIV, TB and STIs related human rights violations; development of standardised tools to monitor and document rights violations across sectors; support for ongoing consolidation of human rights violations into the national Human Rights Portal and dissemination of quarterly reports.

- **Strengthen the capacity of communities to respond to human rights violations related to HIV, TB and STIs to facilitate access to justice**

  Improve referral and community-based response mechanisms and improve access to justice. This will be achieved through support to community-based and community-led organisations that respond to human rights violations; review and strengthening of community-based referral systems and improvement in referral and case follow-up; capacity strengthening of Legal Advice Offices to respond to HIV, TB and STIs-related human rights violations; enhancement of access to community-based paralegals, particularly in rural areas; and advocacy for increased access to legal services and affordable legal advice.

- **Scale-up sensitisation and capacity strengthening of all service providers through ongoing in-service training and reviewing and amending pre-service curricula**

  Enhance capacity and sensitisation of all service providers on human rights, diversity, and inclusive service provision. This will be achieved through the scale-up of in-service training and sensitisation of health care workers (HCW), social workers, law enforcement agents, and members of the judiciary on human rights, diversity and provision on inclusive services; capacity strengthening of all duty bearers to protect human rights, promote diversity and respond timeously and effectively to human rights violations in service provisions across sectors; review and amendment of pre-service curricula for health care, social workers and law enforcement agents to integrate human rights, diversity and gender equality; and monitoring rights protections in public sector service provisions.

- **Address impunity and ensure accountability of duty bearers at all levels**

  Mobilise communities and support advocacy to increase accountability of all duty bearers who failed to promote and protect human rights, including access to redress at all levels. This will be achieved through awareness raising in communities on prevalence and impact of lack of accountability of duty bearers across the public sector; review and improve accountability mechanisms across all public sector service provision; and capacity strengthening in communities to monitor enforcement of accountability mechanisms.

- **Strengthen the implementation of restorative justice programmes to decrease stigma and discrimination and enhance access to rights**

  Scale-up restorative justice programmes to decrease stigma and discrimination and enhance access to rights. This will be achieved through awareness campaigns to support access to and implementation of restorative justice programmes through community sensitisation on availability and impact of restorative justice programmes; enhanced linkage to and support of family members to improve outcome of resocialisation and reparative programmes; scale-up of training on social inclusion and promotion of equal rights protections in communities to reduce stigma, discrimination, and other rights violations.

Objective 1.7

Integrate and standardise delivery and access to routine mental health services

- **Integrate detection and treatment of common mental health disorders by ward-based primary health care outreach teams (WBPHCOT) in communities and at facilities**

  Provide comprehensive psychosocial support services in communities, health facilities, schools, and institutions of higher learning. This will be achieved through training community HCW (CHCW) on mental health, mental health disorders, screening, and support; standardising and implementing screening tools for anxiety, depression and alcohol and drug use disorders in communities; training social workers and social auxiliary workers to offer adequate psychosocial support to persons with mental health disorders; and training professional nurses on mental health, screening for mental health disorders, treatment and support.

- **Enable professional nurses to prescribe and dispense medication to treat common mental health disorders**

  Advocate for policies to allow trained nurses to support and treat persons with common mental health disorders. This will be achieved through standardising and implementing screening tools for anxiety, depression and harmful alcohol and drug use in primary care facilities; and training and accrediting nurses to treat common mental health disorders, prescribe and treat common mental disorders.

> “Advocate for people-centred approaches to enhance access to **inclusive, non-judgmental, and non-discriminatory** community-based services of high quality.”

PRIORITY ACTIONS

Goal 1 priority populations

PRIORITY ACTION	SETTING	ACCOUNTABLE PARTIES
> Children 0-9 years		
• Accelerated nutritional and social grant support • Protection against all forms of abuse • Intensive mental health services and access to psychosocial support • Support for school retention and completion	• All communities in 52 districts • Schools • Higher education institutions	• Department of Social Development (DSD) • Department of Basic Education (DBE) • NDOH
> Adolescents and young people 10-24 years		
• Gender norms education, including risk reduction in relation to age-disparate relationships • Programmes to keep girls in schools, including support for pregnant learners • Information and awareness on harmful drug and alcohol use • Access to parenting programmes • Access to peer groups and clubs • Increased access to further education opportunities • Economic empowerment programmes, including youth employment • Increased access to mentorship and internships • Reasonable accommodation and access for young people with disabilities • Intensified mental health services and access to psychosocial support • Support for school retention and completion • Dignity packs • Protection against SGBV and exploitation	• All communities in 52 districts • Schools • Higher education institutions	• DSD • DBE • Department of Women, • Youth and Persons with Disabilities (DWYPD) • Department of Economic Development (DED)

PRIORITY ACTION	SETTING	ACCOUNTABLE PARTIES
> Mobile and migrant populations		
• Social inclusion and community integration • Intensified mental health services and access to psychosocial support • Protection against xenophobia and violence	• All communities in 52 districts	• DSD • Department of Home Affairs (DOA) • South African Police Service (SAPS)
> People with mental and physical disabilities		
• Intensive mental health services and access to psychosocial support • Protection against stigma and discrimination and sexual violence	• All communities in 52 districts	• NDOH • DSD • DWYPD • SAPS
> LGBTQI persons		
• Protection against hate crimes, stigma and discrimination, homophobia, transphobia, and other SGBV • Support with redress of human rights violations	• All communities in 52 districts	• NDOH • DBE • SAPS • DWYPD

Goal 1 Key populations

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
> Transgender People		
• Update the alteration of Sex Description and Sex Status Act, 2003 (Act No. 49 of 2003) • Intensive mental health services and access to psychosocial support • Support for school retention and completion for transgender youth • Provide Transgender friendly facilities in all settings (bathrooms, inpatient facilities)	• Justice department • Higher education institutions • Health Facilities	• Department of Justice (DOJ) • DBE • NDOH • DOA
> Sex workers and their clients		
• Decriminalise sex work • Economic empowerment programmes • Protection against SGBV and exploitation	• All communities in 52 districts • Judiciary and protection • Social development services	• DOJ • DED
> People who use drugs		
• Decriminalise drug possession for personal use • Intensified mental health services and access to psychosocial support • Develop non-custodial strategies, restorative justice and harm reduction	• Judiciary and protection services • All communities in 52 districts	• DSD • SAPS • NDOH
> People in correctional services		
• Develop non-custodial strategies for reducing prison overcrowding. • Linkage to social support on discharge from correctional services	• All communities in 52 districts • Correctional services	• NDOH • DSD • SAPS
> Men who have sex with men		
• Protection against hate crimes, stigma and discrimination, homophobia, transphobia, and other SGBV	• All communities in 52 districts	• NDOH • DBE • SAPS • DWYPD

GOAL 2:

Maximise equitable and equal access to HIV, TB and STIs services and solutions

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Maximise equitable and equal access to HIV, TB and STIs services and solutions

Goal 2 Strategic context

NSP 2023-2028 comes at a time when the decline in HIV new infections is sub-optimal. The 2017-2022 NSP for HIV prevention targeted to reduce new HIV infections to below 100 000 which was later revised to 88 000[73]. However, this objective was not met since new HIV infections per annum remained over 200 000 as at 2021 and at 189 000 in 2022[1]. Minimal declines in infections were reported in priority and other key populations.

South Africa remains the epicentre of the global HIV epidemic with an estimated 8.45 million PLHIV in 2022 and accounting for 13.9% of the total population and 19.6% of the adult population1. HIV prevalence has been stable over the last 5 years due to the remarkable success of ART in improving survival and reducing mortality across all age groups. Significant gains have been made in the past five years in scaling-up HIV testing and treatment services and in preventing AIDS-related deaths. This was made possible by the massive scale-up of HIV treatment through the adoption of the HIV Universal Test and Treat (UTT) and innovative differentiated models of care. AIDS-related deaths have reduced dramatically over the last two decades largely due to success of the HIV treatment programme, yet the epidemic still remains a considerable challenge (13). In 2021, there were still 51 000 AIDS-related deaths— only a slight (9%) decrease from 2019. Of these deaths, most were caused by tuberculosis (TB) and cryptococcal meningitis (CM), preventable cause of HIV related mortality. Advanced HIV disease (AHD) contributes to a third of AIDS related deaths, as patients with AHD who present to, or re-enter care are at a higher risk of opportunistic infections (OIs) and death.

In South Africa, challenges in the TB treatment programme remain; an approximate third of TB patients are neither diagnosed nor started on TB treatment[74]. The estimated number of patients falling ill with TB in 2020 were 328 000 cases[74]. However, only 208 032 cases were notified in 2020. South Africa is one of the top ten countries accounting for 74% of the global gap between the estimated TB cases and number of people with reported TB[5,34].

Key issues remain in the syndromic management of STIs, with regards to programme implementation and the need for diagnostic testing to close the gap on treatment of asymptomatic infections. Less than 40% of all cases of chlamydia and gonorrhoea are treated. There has been a significant decrease in syphilis cases over the years[10]. However, of concern is the increase of syphilis seroprevalence among pregnant women and increasing cases of new-borns with congenital syphilis[11,75,76]. Data on the effectiveness of partner notification for STIs treatment of sexual contacts in South Africa is lacking, but most partners remain untreated. Full HPV vaccination programmes need to be strengthened among school-going girls/learners and expanded to girls, not at school.

HBV vaccination coverage is suboptimal with only 84% of infants receiving three doses and the administration of the birth dose to prevent MTCT has not been implemented[77]. Vaccination of new-borns and testing/ vaccination of pregnant women is therefore essential to address the burden of HBV among infants. There are limited data on HCV prevalence in South Africa[21]. Additional data is essential to strengthen and focus the HCV programme, as well as efforts to ensure access to direct acting antiviral agents.

Goal 2 Strategic approach

NSP 2023-2028 adopts a people- and community-centred approach to HIV, TB and STIs prevention, treatment, and care programming. Working with the people who are affected is an important element of the NSP to attain greater impact. Adopting high-impact interventions and blending them with a people and community-centred approach will help to meaningfully address the social determinants of health that affect people with HIV, TB and STIs.

NSP 2023-2028 strategic approach focuses more on the key populations and priority populations with combination high-impact HIV prevention interventions to reduce HIV infections. A focus on key populations which have the highest infections in the country and have specific barriers to prevention characterises NSP 2023-2028. Priority populations will also be targeted for approaches because these populations either have high incidence or have specific barriers to prevention. Tailor making HIV prevention for each population group or individual helps to correctly target people with relevant HIV prevention tools for high impact. In addition, NSP 2023-2028 does not only focus on biomedical approaches but also on social and community approaches synergistically.

NSP 2023–2028 builds on lessons from the previous strategy and will promote a new and urgent focus to reduce inequalities for all PLHIV who are not benefitting from treatment and care services. To this end, an urgent, strategic course correction is needed to get the South African HIV treatment response back on track. NSP 2023-2028 focuses on improving linkage to care for all PLHIV (first 95%). Next it will aim to identify, engage, or reengage PLHIV who are not in care or not virally suppressed (second 95%). Increasing retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression (third 95) will also be prioritised. Reduction in AIDS-related mortality and improving the quality of life among all PLHIV will be emphasised.

Accelerating innovative resource allocation and scale-up of processes such as: (i) test and treat, (ii) quality screening and active systematic case finding, (iii) employing new diagnostic tools such as digital chest X-rays and (iv) revitalising regimens (shortened regimens for prevention and treatment) for the prevention, diagnosis, treatment, and care for PWTB will be a focus of NSP 2023-2028 for TB. Updating, disseminating, communicating, and engaging all stakeholders (patients, communities leadership, workers in their diversity, private sector, government departments, civil society, NGOs etc.) on the policies and guidelines on TB prevention and management will be highlighted.

To successfully address the burden of STIs in South Africa, the STIs section of the NSP 2023-2028 now has three comprehensive prongs that establish a continuum of patient-centred care and services: (i) addressing the social determinants of health, (ii) biomedical interventions with strong emphasis on vaccines and diagnostics, and (iii) health systems strengthening for high-quality service delivery through integrated service delivery, strong supply chain, and appropriate monitoring and evaluation systems, surveillance and research infrastructure.

Goal 2 Objectives and sub-objectives

Objective 2.1

Increase knowledge, attitudes and behaviours that promote HIV and STIs prevention

- **Strengthen social and behavior change communication (SBCC) through information, education, and communication (IEC) services on HIV prevention**

  Less than half the young people (18-34 years) in South Africa have correct knowledge of HIV prevention. There is therefore needed to strengthen education and awareness of HIV prevention. To reach all people with effective prevention messages, review targeted messages for individual, community- and society-wide campaigns using relevant IEC material for all key and priority populations with a focus on harm reduction inclusive of diverse sexual orientation and gender identities. Reach key populations with key messages at least three times a year. Blend electronic social media usage with traditional IEC platforms.

- **Strengthen comprehensive age-appropriate comprehensive sexuality education (CSE) and SRHR education**

  The NSP 2017-2022 provided for the development of scripted lesson plans for CSE delivery. To strengthen provision of CSE in schools ensure adequate and trained educators are in place and delivering the CSE programme in full annually to all learners. Out of school youth need to be targeted with CSE. Regular monitoring of fidelity to curriculum to be done in schools. Department of Basic Education (DBE) to retain all learners through education assistance modalities, teenage pregnancy support, grants, etc. to enable them to receive CSE and SRHR education.

Objective 2.2

Reduce new HIV infections by optimising the implementation of high-impact HIV prevention interventions

- **Increase availability and use of male and female condoms and lubricants**

  Condom use remains below optimal levels. Community mobilisation, condom promotion and education approaches must be strengthened for all key populations. Recruiting and training more peer-led condom marketers targeted for key populations would enhance condom use. To make condoms available to all who need them, condoms and lubricants will be distributed through facility, community, and non-traditional distribution points. There is need to identify new non-traditional distribution points in key population and adolescents and young people (AYP)-frequented locations nationwide.

- **Scale-up targeted HIV counselling and testing including for key and priority populations**

  Although the 90% HIV testing target was reached, most HIV tests were not targeted as yield was low in community testing. This calls for strengthened targeted HIV testing and counselling. The 2025 goal to have 95% of all PLHIV know their status requires comprehensive community-wide (priority population) and targeted HIV testing (key population) programme including index testing and HIV self-screening. Interventions must recruit PLHIV and key population members to increase reach of key populations in their networks with HIV testing. Priority populations must be targeted with HIV testing.

- **Promote uptake of voluntary medical male circumcision (VMMC) through targeted demand generation strategies**

  There is need to increase provision of circumcision services by opening more facilities for circumcision. NDOH/SANAC must integrate a database for VMMC programmes with private sector and traditional sector circumcision records. Increasing training of medical circumcision practitioners in traditional circumcision schools and increasing demand at services frequented by young men and men in key population groups could help to close the gaps. Such collaboration between government and traditional sector circumcisions could help to increase safety of circumcisions.

- **Promote availability of PrEP to all who need it and uptake by key and priority populations**

  When PrEP was first introduced in South Africa in the NSP 2017-2022, it was targeted towards population groups with substantial risk of HIV infection. NSP 2023-2028 proposes to provide PrEP to all individuals who need it. It is therefore important to map all key populations localities and provide adequate stocks of PrEP and offer PrEP according to need. The following interventions could help to increase coverage and uptake of PrEP: i) consistently avail PrEP in all health facilities, community centres through community based-organisations (CBOs) and in approved places where key populations can easily access, ii) strengthen PrEP marketing to all who need it to increase new PrEP users annually, iii) rapid roll-out of new PrEP products as they become available, iv) promote continued use of PrEP.

- **Improve availability of PEP and timely access for survivors of sexual violence, those exposed to condomless sex and individuals who require it**

  Access to PEP is hampered by its unavailability at all health facilities. While PEP has largely been provided to survivors of sexual violence and in occupational exposure settings, the NSP 2023-2028 will provide it to anyone exposed to HIV including in condomless sex exposures. To achieve this, training health workers and providing PEP within 72 hours at all health facilities and community centres to all people exposed to HIV will be done. There is need to sustain availability and timely provision of PEP to all people exposed to HIV by 2028.

- **Scale-up comprehensive harm reduction package to PWID**

  It is important to strengthen mapping PWID in all communities, using peer-led networks of people who use drugs. Interventions to scale-up comprehensive harm reduction among PWID include i) distributing needles and syringes and ii) providing opioid substitution therapy to users and sustain this by 2028. For behaviour change, recruit and deploy people who inject(ed) drugs for SBCC programme among PWID, iii) screening and providing services for mental health, TB and STIs. This helps to deal with issues of stigma and discrimination and thereby increase acceptability in interventions.

- **Integrate HIV prevention with SRH, SGBV, mental health, STIs and TB services**

  Ensure all health services including private facilities integrate HIV prevention services and harm reduction at all health facilities and sustain integration by 2028. Integrate private sector data in the national database. Approaches to be taken include linking information on SGBV into HIV prevention programmes, integrating prevention of MTCT programmes into mental health, TB and STIs programmes and integrating HIV prevention into non-communicable diseases (NCDs) health promoting programmes. Lastly, integrating HIV prevention into social and community interventions could yield greater results.

- Promote innovation and research in HIV prevention tools, community approaches and service delivery

Fast-track roll-out of proven innovations to scale e.g., new vaccines and service delivery approaches. Conduct implementation research to improve national standards, increase collaboration between researchers, health workers/facilities and communities, including key and priority populations. Implement research through local researchers for local solutions to the pandemic while collaborating with international institutions, funders and researchers.

Objective 2.3

Eliminate mother-to-child transmission (MTCT) of HIV

- Scale-up screening of pregnant and breastfeeding women for HIV and link them to HIV prevention services, including PrEP

All antenatal facilities to test all pregnant women and breastfeeding mothers and provide PrEP to all HIV negative women and sustain services by 2028. Promote and facilitate early antenatal care bookings for pregnant women, strengthen and promote partner involvement into prevention of MTCT, provide tailored HIV prevention interventions for HIV negative pregnant and breastfeeding mothers and promote risk benefit counselling for pregnant women for HIV prevention.

- Scale-up universal uptake of ART among pregnant and breastfeeding HIV positive mothers

All antenatal facilities must test and offer treatment to all HIV exposed women. Strengthen regular testing of babies and infants at all health facilities and through immunisation programmes. Promote ART retention and viral suppression uptake through support groups, improve growth monitoring and infant feeding support services, encourage consistent and correct condom use.

Strategic approach

South Africa is transitioning to the 95-95-95 UN targets like the rest of the world, as follows:

1st 95 – we are at 93% – 7,436,628 against target of 7,576,953

2nd 95 – we are at 76% – 5,645,120 against target of 7,198,105

3rd 95 – we are at 90% – 3,716,736 against a target of 6,838,200

To ensure that 95% of PLHIV, especially key populations and other priority populations, know their status and 95% of them are on treatment and 95% of them are retained in care and achieve long-term viral suppression, an urgent, strategic course correction is needed to get the South African HIV treatment response back on track. Additionally, NSP 2023-2028 aims to reduce the unacceptably high HIV-related mortality from preventable opportunistic infections and improve the quality of life among all PLHIV. NSP 2023–2028 builds on lessons from the previous strategy and will promote a new and urgent focus to reduce inequalities for all PLHIV who are not benefitting from treatment and care services. To accomplish this, South Africa will pursue the following strategic sub-objectives:

That **95%** of all people living with HIV know their status

Objective 2.4

Ensure that 95% of PLHIV, especially key populations, and other priority populations, know their status and 95% of them are on treatment and 95% of those on treatment are retained in care and achieve long-term viral suppression

- Improve HIV linkage to care for all PLHIV (first 95%)

Achieving improved health outcomes for all PLHIV begins with ensuring that they are promptly linked to effective HIV care and treatment after diagnosis. To reach our targets each district must ensure linkage to HIV care and treatment immediately or as early as possible following HIV diagnosis leading to faster viral suppression, increased rates of retention in care, and reduction in transmission risk. In NSP 2023-2028, we must continue to accelerate HIV case finding through index and network testing, HIV self-screening, and other differentiated HIV testing models and accelerate same-day or rapid initiation of ART for all PLHIV, not on treatment. This is especially true for key and priority populations who are less likely to be linked to HIV care. This effort may require some clinics and community actors to reduce barriers to initiating treatment and care. In combination with efforts NSP 2023-2028 advocates for facilitated linkage (e.g., clinic staff actively scheduling a referral visit or accompanying the patient to that visit) to achieve both higher linkages to ART initiation than passive referral (e.g., providing clients with phone numbers and referral information). Efforts to strengthen client-centred linkage services using innovative differentiated models of HIV care will also be needed especially for key and priority populations including ABYM, pregnant women, and clients with disabilities. Inclusion of self-testing and passive referrals for key population to aid linkage to care while averting stigma and discrimination

- **Identity, engage, or re-engage PLHIV who are not in care or not virally suppressed (second 95%)**

Although progress has been made over time, only 78% of people with diagnosed HIV are on ART. Men and children living with HIV face additional barriers to staying on ART and priority activities are needed to ensure they are supported to stay on treatment. The South African Welcome Back Campaign Strategy provides guidance on how to successfully welcome back and retain treatment naïve patients and those returning to care after a period of interrupting ART. Innovative solutions must be strengthened to retain populations that, to date, our systems have been unsuccessful in reaching and retaining in care. Strategies needed include improving diagnosis of children outside of early infant diagnosis, identifying and re-engaging patients with advanced HIV disease (AHD), equipping staff to manage re-engagement of patients in a non-judgemental approach, strengthening tracking and tracing services, and implementing patient-centred practices to empower patients and improve retention in care.

- **Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression (third 95%)**

People living with HIV need ongoing support to stay in care and adhere to ART to achieve and maintain viral suppression. Differentiated models of care to ensure long-term retention will be prioritised and supported. Transitioning of stable patients onto the safer and more potent dolutegravir-based regimen, enrolling clients into the central chronic medicines dispensing and distribution (CCMDD) programmes and supporting community ART pick-up. Additional support is required for patients with less-than-optimal outcomes such as men, pregnant women, children adolescents, key populations and young people including collaboration with funded NGOs and support partners who offer services for the key population. Districts should establish systems and related electronic tools such as TIER.net to identify patients with elevated viral loads and facilitate assessment by a clinician and referral to enhanced adherence counselling. Management of side effects at a patient level, pharmacovigilance at a national level, and high-impact interventions to prevent and respond to HIV drug resistance are vital to ensure a durable treatment programme.

Objective 2.5

Improving the quality of life beyond HIV suppression by reducing HIV-related death and comorbidities, coinfections, and complications

- **Reduce HIV-related deaths from HIV/TB-associated comorbidities, co-infections, and complications**

HIV-related deaths have reduced dramatically over the last two decades largely due to the success of our HIV treatment programme. To prevent further deaths from preventable HIV/TB-associated infections such as TB and Cryptococcal meningitis in patients with AHDs, NSP 2023-2028 prioritises the adoption and implementation of the AHD package of services by 1) strengthening screening, 2) prophylaxis, 3) rapid ART initiation, and 4) intensified adherence interventions. The risk of NCDs including type 2 diabetes mellitus, cardiovascular disease, and some cancers, increases as people age on ART. Integrating priority NCDs prevention (diabetes, hypertension and cervical cancer, and mental health), assessment, and treatment into HIV treatment services is critical to ensure a healthy ageing population.

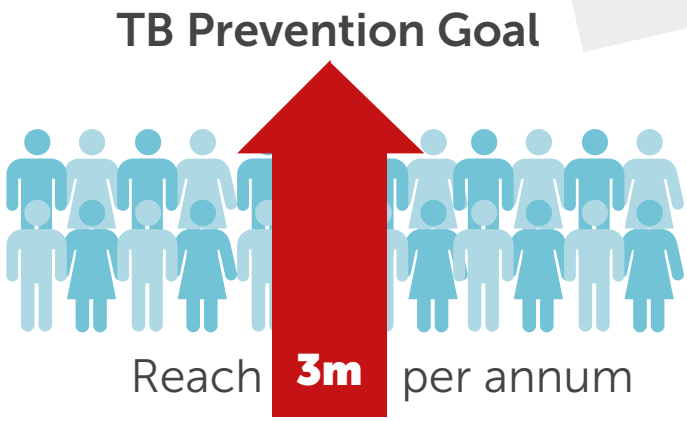
- **Improve the quality of life for all PLHIV**

Optimising the quality of life and well-being across the lifetime of all PLHIV through integrated, people-centred services and approaches should be prioritised. NSP 2023-2028 makes efforts to strengthen the integration of patient-friendly

services (HIV, SRHR, diabetes, cervical cancer, and hypertension); enhance targeted messaging to improve HIV, TB, and STIs treatment literacy, and strengthen the U=U message to increase awareness and improve suppression on ART; identify, implement, and evaluate models of care that meet the needs and ensure the quality of care across services and identify and implement best practices related to addressing psychosocial and behavioural health needs including harm reduction and mental health.

- **Strengthen strategies to engage men in accessing services**

Employ gender-sensitive approaches to engage men through peer-led intervention to encourage them to enroll in health programs to aid reduction of premature mortality, reduce inequalities in physical, mental health and well-being; and improve gender equality by engaging men to break harmful gender norms inclusive of self-care.



Objective 2.6

Strengthen TB diagnosis and support for people with TB, and accelerate the scale-up of innovative processes, diagnostic tools and regimens for the diagnosis, treatment, and care for PWTB

The 2023-2028 NSP TB prevention objective is to reach at least 3 million key and priority people per annum with TPT and adherence support. The guidelines on TPT to be updated and disseminated taking into consideration algorithms for children and those exposed MDR-/XDR-TB, emerging data on new regimens and recommendations. Secondly to emphasise the importance of implementing infection control at high-risk places and addressing TB risk factors and social determinants through a multi-sectoral approach.

- **Strengthen TB prevention interventions to key and priority populations**

Provide TPT and adherence support and accelerate the scale-up of TPT with shorter regimens (80% of those on TPT) to all eligible people who currently include all children < 25kg, PLHIV, contacts and those with silicosis. All HCW to be trained on the new TPT guidelines within 6-12 months after release. Facilities and all TPT service providers need to ensure availability of TPT and monitor, prevent and report TPT stockouts. All contacts PWTB to be traced utilising contact tracing cards and technologies such as TB Health Check app, targeting 2 million people per annum. Train HCW, including ward-based outreach team (WBOT) and CHCW on contact tracing and support community-based contact tracing programs. Conduct literature review, including WHO recommendations on new diagnostic tools for TB infection skin tests and consider incorporating those new diagnostic tools NTP guidelines.

- **Strengthen the implementation and monitoring of airborne infection prevention and control measures in health facilities**

  Review, update and disseminate policies and guidelines on airborne infection control at health facilities, with the aim to maximise natural ventilation and utilise isolation facilities for airborne infection control. Develop and implement an infection control plan according to the National Infection Prevention and Control strategic framework and the ideal clinic and hospital frameworks by 2024 and ensure that each health facility to have a designated staff member responsible for infection control. As part of building resilient health systems, procure adequate quantities and provide masks, respirators, Personal Protective Equipment (PPE) for staff according to the National Infection Prevention and Control strategic framework. Hospitals and clinics to follow the principles and guidelines outlined in the ideal clinic realisation and maintenance (ICR-M) guide and hospital frameworks, and the integrated clinical services management manual on facility re-organisation, fast-tracking of patients, CCMDD and multi-monthly dispensing (MMD) to reduce congestion at their premises.

- **Strengthen the implementation of airborne infection prevention in high-risk indoor places where people congregate**

  Review, update and disseminate ventilation standards, taking lessons from the COVID-19, for high-risk indoor places with the aim to maximise natural ventilation and in collaboration with other departments and sectors. Review of new plans for infrastructure or buildings to include a review of approved ventilation requirements. Educate the community members on infection control measures including maximising natural ventilation, masking, cough etiquette and isolation. Provide IEC material on infection control in the community as part of the communication and engagement plan and in collaboration with other sectors and departments. The appropriate departments to ensure availability of policies on screening for diseases including TB in workplaces and institutions, including the training of personnel to conduct the screening and monitor the implementation of screening for diseases.

- **Address TB risk factors and social determinants/barriers through a multi-sectoral approach**

  In collaboration with other departments and sectors, provide combination prevention, treatment, and support services for PLHIV and those affected by undernutrition, diabetes, smoking and alcohol. These will be achieved by increasing funding to support collaborative programs/initiatives and facilitate engagement with other key stakeholders such as departments of labour, education, social services. Each facility or TB prevention service provider to develop a database of stakeholders and service providers for contextualised referral pathways.

- **Support the development, uptake and scale-up of new TB vaccines**

  In addition to ensuring optimal coverage with the bacille Calmette-Guérin (BCG) vaccine, support the development, uptake and scale-up of new TB vaccines. This would be achieved by advocating for TB vaccine research funding and for participation in TB vaccine research by the affected communities. Support, and resource research for new TB vaccines and work with partners on TB vaccine research to expedite approvals so that at least one new TB vaccine is available before the end of NSP 2023-2028. Evaluate evidence of new TB vaccines as it becomes available and make the recommendations for guidelines. Prepare to invest in TB vaccine roll-out and scale-up, and work with partners to support the scale-up of TB vaccines. In developing the TB vaccine roll-out strategies apply lessons from the COVID-19 vaccination roll-out such as private-public partnerships.

Objective 2.7

Strengthen TB diagnosis and support for PWTB, and accelerate the scale-up of innovative processes, diagnostic tools and regimens for the diagnosis, treatment, and care for PWTB

The aim of this objective is to reach 90% of people attending health facilities with quality TB screening services, provide testing for those who are at high-risk or symptomatic following innovative processes and newer diagnostic tools to increase case detection rate to 95%. Secondly to have 95% of PWTB linked into care and provided with adequate adherence support, social support, and mental health support to achieve a 95% TB treatment completion rate.

These objectives will be achieved through the following strategic sub-objectives.

- **Strengthen TB diagnosis and increase TB detection rate**

  Implement and monitor innovative and quality screening processes at clinics and hospitals. These must include screening and risk categorisation for those that access health services with those at high-risk or with symptoms referred or provided TB testing. Strengthen quality systematic and universal testing for TB, to increase early diagnosis of TB including subclinical/asymptomatic TB and extra-pulmonary TB with multiple diagnostic tools. Provide regular systematic testing for TB for people at high-risk of TB disease such as PLHIV, contacts, HCW and other key and priority populations. Eliminate barriers such as stigma and costs for accessing TB tests. Support research on subclinical TB diagnostic tools and review literature for evidence-based recommendation on the diagnosis of subclinical TB and develop and disseminate guidelines on subclinical TB diagnosis. Accelerate the scale-up of innovative processes such as test and treat and point of care testing to strengthen TB diagnosis. Accelerate the scale-up of innovative diagnostic tools such as digital chest –rays and urine LAM to increase TB detection rate. Consider utilising other samples for TB diagnosis such as stools in children. Resource and implement TB screening and testing campaigns targeting key and priority populations with the aim of 90% coverage. These campaigns to also include community-based and community-led campaigns on TB screening and testing.

- **Strengthen linkage into care for PWTB**

  Strengthen referral of PWTB that are recently diagnosed especially those diagnosed through community campaigns and in hospitals and ensure that 95% are linked into care. Provide results to people that were tested for TB by short text messages from the laboratory. Notify 100% of new PWTB diagnosed and started on TB treatment to the NTP. Develop guidelines on pre-and post-TB testing and counselling and invest in capacity building for HCW, including WBOTs and CHCWs to provide pre-and post-TB testing counselling. Provide pre- and post-test counselling to 90% of PWTB. Utilise technological tools such as medical health records, laboratory systems and TB reporting programs to support the referral and linkage into care for PWTB and ensure that 95% of PWTB are linked to care by 2028. Provide referral counselling for 100% of PWTB prior to referral to a different facility.

- **Strengthen access to treatment and care for PWTB**

  Strengthen supply chain management and good medicine/pharmacy stock management of TB treatment medication at health facilities. Update and disseminate the TB treatment guidelines to include new shorter TB regimens for DS-TB, as well as MDR-/XDR-TB as new evidence becomes available. Train HCWs on new TB treatment regimens within 6-12 months of being incorporated into guidelines. Monitor the implementation of new shorter TB regimens, including pharmacovigilance. Evaluate the evidence on new TB treatment

regimens as it becomes available and consider incorporating the new TB regimens into South African TB treatment guidelines. Support the research of new TB treatment regimens, especially formulations for children and for MDR-/XDR-TB treatment and work with partners on the research of new TB treatment regimens. Provide medical reviews for all PWTB that have completed treatment for 2 years, at 6-month intervals for at least 50% of patients that completed TB treatment annually. Identify PWTB that completed treatment that need pulmonary rehabilitation and refer accordingly. Support research on subclinical TB treatment, evaluate evidence as it becomes available on subclinical TB treatment and develop guidelines on the treatment of subclinical TB.

- **Strengthen support and increase treatment completion for PWTB**

Provide support to PWTB such as adherence counselling and treatment buddy during and post-treatment. Adherence support should also include sending reminders and appointment schedules and other people-centred interventions. Provide social support and mental health services support during and post-treatment for PWTB, prioritising those at high-risk of poor adherence (substance and alcohol abuse) and people with MDR-/XDR-TB. Establish clear referral pathways for accessing the social support and mental health services at all facilities. Provide HCWs with a simplified assessment tools for substance and alcohol abuse risk to be completed on TB treatment imitation and follow-up visits. Train HCWs on TB stigma prevention covering TB sand substance use. Minimise barriers (travel costs, missing work) to access TB treatment and care. Develop and implement track and trace strategies for PWTB that are no longer in care. Adopt and scale-up evidence-based digital adherence support technologies for PWTB on treatment.

- **Provide advanced quality care for people with severe or complicated TB disease**

Provide advanced quality care for patients with special needs or complicated TB disease such as children, MDR-/XDR-TB and extra-pulmonary TB that might include, and not limited to special investigations, different regimens, referrals to various specialists and hospital admission.

Establish a palliative care programme for PWTB by 2025/26. Enhance partnerships between the hospices and the facilities that provide TB treatment. Train HCWs on palliative care for PWTB.

> “Accelerate the scale-up of **innovative processes such as test and treat and point of care testing** to strengthen TB diagnosis.”

Objective 2.8

Increase detection and treatment of four curable STIs through systems strengthening, service integration and diagnostic testing; achieve elimination targets for MTCT of syphilis; and scale-up HPV vaccination and cervical cancer screening

- **Reduce the annual number of new cases of four curable STIs (Chlamydia trachomatis, Neisseria gonorrhoea, trichomoniasis and syphilis)**

To achieve a reduction of the four curable STIs (chlamydia, gonorrhoea, trichomoniasis, syphilis), prioritise and implement the following interventions (i) scale-up of STIs prevention by providing high-quality health information, targeted biomedical prevention options, and timely health services, (ii) implementation of STIs diagnostic testing of key and priority populations to detect and treat asymptomatic infections, (iii) the optimisation of STIs treatment outcomes by implementation of STIs diagnostic testing of symptomatic individuals, and (iv) the development and implementation of effective STIs partner notification and treatment strategies.

To prevent four curable STIs implement the following interventions (i) provide information and education together with effective STIs prevention tools, e.g., condom distribution and medical male circumcision services, and train/re-train HCWs in primary health care settings on the detection and treatment of STIs, including priority populations, ii) integrate STIs care with primary health care, reproductive health care and HIV services, and rapid specialist referral systems with access to advanced diagnostics to manage cases of treatment failure, iii) improve surveillance of STIs and antibiotic resistance, and implement strategies to strengthen partner notification and contact tracing, especially for key populations. The target populations for these interventions include AGYW, pregnant women, PLHIV, MSM, transgender, sex workers, PrEP users.

- **Achieve elimination of mother-to-child transmission of syphilis**

To achieve elimination of MTCT of syphilis (i) implement syphilis rapid diagnostic testing and same-day treatment of pregnant women during antenatal care, (ii) provide comprehensive follow-up post-treatment, including serological monitoring and provision of partner treatment and (iii) ensure sustained access to benzathine benzylpenicillin (BPG) for all cases of syphilis, and to alternative treatment options when these become available. The approach is to screen all pregnant women for syphilis at the first antenatal clinic visit with the target to screen and treat >95% of pregnant women resulting in less than 50 cases of congenital syphilis per 100 000 live births. A second approach will be to screen all infants born to syphilis-positive mothers at birth, as well as infants born to women who were unbooked or untested. The final approach is to link all children diagnosed with congenital syphilis to care and ensure they receive treatment.

- **Scale-up HPV vaccination and cervical cancer screening**

Interventions to achieve this goal include (i) scale-up of age-based school HPV vaccination programme including independent schools and options for out-of-school girls, (ii) expanding the HPV vaccination programme to other population groups at high-risk of HPV-associated disease, (iii) the transition from high-quality cytology to HPV DNA as primary test for cervical cancer screening and (iv) implementation of and monitoring the cervical cancer care cascade including rapid management of women with high-risk cervical lesions. The first approach is to achieve a high coverage of full HPV vaccination of schoolgirls and out-of-school girls younger than 15 years of age to receive at least one dose of the HPV vaccine as well as vaccination of populations eligible for catch-up vaccination. Secondly, implementation of awareness-

raising for HPV vaccination and strengthen curriculum in primary and high schools on HPV, and to encourage HPV vaccination in key populations. The final approach is to strengthen access to HPV testing and colposcopy services. Considering the high risk of cervical cancer women with high-risk lesions to have colposcopy within a maximum of 6 weeks of cervical smear test, and to continue the cervical cancer screening for women 30 years and older and for women living with HIV of 25 years and older.

Objective 2.9

Reduce viral hepatitis morbidity through scale-up of prevention, diagnostic testing, and treatment

Prevention of viral hepatitis shall be increased by (i) scale-up of the HBV birth dose vaccination of new-borns, (ii) HBV diagnostic testing and vaccination of HCWs, and (iii) scaling-up of harm reduction programmes for PWID. The most important approach to prevention is to ensure HBV vaccination within 24 hours at all birth facilities as part of the existing vaccination schedule. Secondly, to offer all HCWs HBV vaccination at public and private health facilities. Lastly, harm reduction programmes should increase needle exchange programmes, opioid substitution therapy and HCV education.

- Scale-up diagnostic testing and treatment of viral hepatitis

Diagnostic testing and treatment of viral hepatitis will be increased by (i) implementation of HBV diagnostic testing and treatment of key populations and pregnant women and scaling-up testing coverage of PLHIV, and (ii) by implementing targeted HCV diagnostic testing and treatment strategies for key populations. The first approach to scale-up diagnostic testing and treatment is to implement HBV diagnostic testing and treatment of key populations and pregnant women and scale-up testing coverage of PLHIV. Secondly, all PWID should be offered screening for HCV. Furthermore, it is important to ensure that effective HCV treatment is available and 100% of those diagnosed are offered treatment.

> “HPV vaccination of **schoolgirls and out-of-school girls younger than 15 years of age to receive at least one dose of the HPV vaccine** as well as vaccination of populations eligible for catch-up vaccination.”

Priority actions

Goal 2 priority populations

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
Children 0-9 years		
• Index testing for HIV-positive mothers • Health education, with a particular focus on sexual exploitation in the absence of primary caregivers • Age-appropriate comprehensive sexuality education in residential, school and non-school and youth-friendly settings • Child and youth-friendly health and social services in schools and community settings which include: • Choice and access to safe abortion • Additional support and protection for orphans, children in child-headed households and homeless children • Protection against all forms of abuse • Intensive mental health services and access to psychosocial support to support adherence	• All communities in 52 districts • Early childhood development (ECD) centres • Schools • Higher education institutions	• Households • NDOH • DBE • DHET • DSD
Adolescents and young people 10-24 years		
• Age-specific support to adolescents and young key populations with HIV and TB and young LGBTIQ+ (support for disclosure, adherence) • Adolescent and youth friendly SRH services in schools and community settings which include: • 2-dose HPV vaccination • Contraceptives including condoms • Choice and access to safe abortion • Appropriate support for pregnant children	• All health facilities • Schools • Higher education institutions	• NDOH • DBE

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
Migrant and mobile populations		
• Create demand promote the uptake of SRH services by migrants • Access to migrant-friendly facilities	• Communities	• Communities
People with disabilities		
• Tailored communication materials and tools • Access to tailored SRH and other services • Access to assistive devices	• Facilities	• DSD • DHA
LGBTQI persons		
• Sensitised health, education and social services	• Facilities	• NDOH • DBE • DSD
Survivors of gender-based violence		
• PEP, PrEP • Sensitive and supportive services • Appropriate psychosocial support	• Facilities	• NDOH • DSD • SAPS

Goal 2 Key populations

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
Sex Workers and their clients		
• Access to PEP and PrEP • Vaginal rings • Access to IEC materials (SRH) • Access to SRH services including termination of pregnancy • Mental health services • Access to internal and external condoms with compatible lubricants	• Health Facilities • High Transmission Areas program	• NDOH • NGOs • DSD
Transgender people		
• Inclusion of gender affirmation package of services in all levels of care • Transgender friendly facilities • Mental Health services • Targeted sexual health screening based on the biological body	• All Facilities	• NDOH • NGOs • DSD • Higher education • DBE
Men who have sex with men		
• Access to internal and external condoms with compatible lubricants • Offer VMMC for MSM with female partners • Targeted sexual health screening, inclusive of anal health.	• All communities in 52 districts	• NDOH
People who use drugs		
• Access to sterile needles and syringes • Offer opioid replacement therapy	• All communities in 52 districts	• DSD • NDOH • NGOs
People in correctional Facilities		
• Linkage to care during and post-incarceration • Infection control standards in correctional facilities • Access to internal and external condoms with compatible lubricants	• Correctional facil-ities	• DO Correctional service • SAP • NDOH
Refugee/migrant populations		
• WBPHCOT catchment areas. • TB Screening in refugee camps and linkage to care	• All 52 Districts	• NDOH • DHA

GOAL 3:

Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

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Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

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Goal 3 Strategic context

Robust and resilient health systems are essential for effective response to HIV and other health outcomes. In the last decade, resilience has emerged as a key concept for health, and social systems globally. System resilience ensures that there is sufficient capacity to manage, absorb or mitigate risks. The COVID-19 pandemic exposed ongoing low-resource availability and difficulty in accessing services, as major vulnerabilities in our health and social systems. This highlights the importance of ensuring that systems are built to be resilient and adaptable to change, whilst maintaining the provision of essential services. Therefore, establishing resilient systems and strengthening them is a priority in NSP 2023-2028.

Additionally, the country is poised for big health system reform through the National Health Insurance (NHI). The NHI Bill was introduced to Parliament in July 2019, aiming to revolutionise the health system in South Africa and be at the heart of sector reforms to address the gross distortions and ensure equitable access to quality health services for all South Africans through UHC. The National Development Plan 2030 underpins the NHI and has a potential to address major social determinants of health including poverty, inequality, and unemployment. Hence over and above the gains following the COVID-19 pandemic, which transformed the outlook of health care in its entirety, the NHI will revolutionise South Africa's health care landscape.

Goal 3 Strategic approach

The need to address systems' vulnerabilities and provide resilient health and social systems will intensify in the coming years with threatening future emergencies of many kinds. These include, but not limited to, the impacts of climate change and extreme weather, natural and man-made disasters as well as cyber threats and the structural aging of infrastructures. Resilient systems need to integrate operational robustness as part of their conceptualisation. This includes making considerations for human resources, technology, strategic information, supply chain management, pharmacovigilance, laboratory management, humanitarian settings, emergency preparedness, research, and knowledge management [77]. This will minimise service disruption when similar disasters and pandemics occur.

To build resilient health systems, securing community buy-in is vital. In South Africa, the unique challenges of the COVID-19 pandemic changed the way community organisations worked for the better. Organisations that worked in silos during other emergencies had to pool their expertise and resources to form collaborative networks, with positive results[32]. The NSP 2023-2028 will therefore strengthen local organisations and institutions by identifying policies, institutions and technologies that enable locally-driven design of resilient systems. This will also include strong focus on humanitarian-oriented approaches aimed at quick recovery, sustainability and perseverance of the systems following various emergencies. Priority should be given to community-led initiatives, employing adequate workers (who are appropriately trained is critical for the delivery of HIV, TB and STIs services), fostering evidence-based practices; including infrastructure development, and ensuring reliable medical and diagnostic supplies as well as establish policies and mechanisms for exchanging knowledge and experiences between provinces, institutions, and sectors.

Objectives and Sub-Objectives

Objective 3.1

Engage adequate human resources to ensure equitable access to HIV, TB and STIs services

- **Deploy adequate workforce in the HIV, TB, and STIs prevention, treatment, and care programmes**

  South Africa needs workers of different categories that are necessary to provide health promotion disease prevention, as well as curative, therapeutic, rehabilitative, and palliative services. Increasing service demand requires additional staff, and thus, training and education reforms are needed in our institutions to supply adequate numbers of all cadres of the workforce, from community workers to specialists. NSP 2023-2028 will therefore advocate for recruitment, capacity development and deployment of adequate numbers of various staff cadres across different levels of care and service provision.

- **Capacitate and facilitate ongoing professional development, training and mentoring of different categories of staff to address skill and knowledge gaps**

  There is a need for capacity building and development of staff, across all cadres of service provision. These will strengthen the capacity of individuals to implement evidence-driven programs, and systems to perform core functions over time. This needs to be an ongoing focus in all levels of care and across all spectra of the workforce in South Africa. Therefore, this should not only be a once-off qualification or exercise, but ongoing development training to perform regular duties as per the specifications of the job demands, with regular updates on new matters related to HIV, TB, and STIs diagnosis and management.

- **Fast-track continuous wellness and psychosocial support programmes for staff**

  WHO calls for effective interventions to prevent occupational hazards and to protect and promote health at the workplace and access to occupational health services. South Africa's wellness management programme is largely preventative in nature focusing on both primary (avoid the risk or condition) and secondary (minimise the effects of the condition) prevention. It confirms the trends of psychosocial problems, organisational climate assessments of hostile physical and psychosocial working environments. These strategies will accelerate holistic wellness programmes in the workplace for different categories of staff.

- **Revise and revitalise evidence-based methods to calculate workforce needed with regards to the HIV, TB and STIs service provision, implementation, and emergency's responses to disaster or pandemics**

  Functioning health systems require a health workforce that is qualified, available, equitably distributed, and accessible to the entire population as the basis for guaranteeing access to services (health, social or humanitarian). The country will adopt a phased scale-up approach, prioritising the poorest communities first, as new funding becomes available. When recruiting new cadre for the support of HIV, TB, and STIs responses, organisations or institutions should seek to also engage people from key and priority populations. As much as possible, HIV, TB and STIs services should be delivered by organisations or personnel that reflect the community being served, including people from the local community.

Objective 3.2

Use timely and relevant strategic information for data-driven decision-making

An effective national response to the HIV, TB and STIs epidemics requires strategic information that is systematically collected, consolidated, analysed and applied. There are three components of Strategic Information for the NSP: monitoring and evaluation (M&E), surveillance and surveys, and research. A functional and effective M&E system is the engine that generates, analyses and uses strategic information. The M&E plan is outlined in Appendix C. This first objective for routine strategic information (SI) in this NSP combines M&E and routine surveillance and surveys. The objective is to generate and use timely strategic information to enhance the response to the three epidemics. This will be implemented through more efficient and effective monitoring and evaluation and better surveillance activities. This NSP will recognise public health data as a national public good and develop models for data sharing. In addition to strengthening the availability of needed data, this NSP emphasises the interpretation and use of available data for planning and decision-making to improve the NSP programmes.

- **Build a national framework and scorecard (specifying processes, data sources, human resources, stakeholders, and other items) for the NSP strategic information**

  A detailed SI framework specifying data sources, processes, human resources, stakeholders, and other items will be developed to ensure that the NSP 2023–2028 has the necessary systems for an efficient and effective routine SI. The framework and associated scorecard will strengthen governance and accountability for the NSP and its SI performance. Specifically, the SI framework will include:

  M&E Framework: The SI framework will build on the M&E framework for the NSP and will maintain key indicators while adding a few indicators for a more comprehensive M&E. However, it will prioritise indicators so that efforts can be tailored towards needed disaggregation, data quality, data analysis and reporting for action.

  Data sources: The SI framework will use the comprehensive list of indicators in the NSP M&E framework to map all needed and available data, data sources and frequency of data collection for all indicators. The mapping exercise will highlight current and potential data gaps and specify mitigating strategies. This activity will ensure there are data sources for all NSP indicators.

  Data disaggregation: The SI framework will pursue data disaggregation specified in the M&E framework for improved granularity in tracking performance. Appropriate data disaggregation at the sources of data collection will be important in this regard. First, NSP 2023-2028 will ensure the usual disaggregation by basic demographic characteristics for more indicators. Second, disaggregation by additional variables, for example, disability and key population, will be specified. While the NSP recognises the hurdles in collecting more data for disaggregation, it also notes that improved data disaggregation is needed for a more effective response. Thus, this NSP will continue to engage with relevant departments and stakeholders for disaggregation data on disability.

  Regular surveillance surveys in key populations: It is a central activity in this NSP to regularly conduct nationally representative population size estimations (PSEs) and integrated bio-behavioural surveys (IBBS) among key populations using standardised methodology. SANAC SI Unit will work with key stakeholders to determine the frequency and standardisation of surveillance surveys for PSEs and IBBS. While a number of PSEs and IBBS were conducted during the last NSPs, they often focussed on large metros. Nationally representative PSEs that can be disaggregated by district will be pursued. For

IBBS, the frequency of data collection will be more predictable so that the data become available at key times during the NSP cycle.

Surveillance surveys in the general population: This NSP will also emphasise surveys that contribute to monitoring and surveillance activities in the general population, such as the South African National Prevalence, Incidence, Behaviour and Communication Survey and the Stigma Index surveys. The possibility of measuring STIs burden using these surveys will be explored.

Data quality: As data quality is a critical component of SI, SANAC will strategically think about data quality and provide a data governance framework for the NSP data quality. It will ensure that data quality assessments for key data sources are regularly conducted and reported at national and sub-national levels. This activity will include data quality assessments conducted by NDOH, SANAC and community organisations.

Strengthen analysis: The SI framework for this NSP 2023-2028 specifies the human resources and technical skills needed to analyse and present data in formats useful for planning and management from national to district levels.

Human resources and a costed M&E plan: A well-resourced SI system is the backbone of an efficient and effective M&E system. The NSP will ensure that the SI information system has sufficient human resources at national, provincial and district levels to carry out the routine activities of collecting, analysing, and reporting data at specified times. To strengthen accountability and governance, the framework will specify persons responsible for activities in the SI cascade. More broadly, the M&E plan will be costed so that other resources for the SI activities in the NSP are provided for.

SI products: The SI framework for this NSP will specify SI products to be released at national and subnational levels and the reporting frequency for each product. Further, the framework will specify the audience and methods of dissemination for each product and who should take action for the findings (government and non-government actors).

Create a simple SI scorecard: Using the list of activities and deliverables in the SI framework, a simple checklist and scorecard will be created and reported periodically on how the performance of the NSP SI. SANAC will report on this scorecard at the national and sub-national levels.

- ### Enhance integration of data systems, including data-sharing between sectors, for a more coordinated response

The multisectoral nature of the NSP should be reflected in the coordination of data from the different sectors. However, the NSP data ecosystem remains fragmented. Also, some services are challenging to implement or track due to a lack of unique identifiers and communication between different data systems. For example, while HIV birth testing results can be interpreted as unique-person records, the same interpretation will not be correct after a few weeks due to duplication of persons, which are difficult to identify as infants do not have a unique identifier. Thus, the rapid production and availability of SI for the NSP will remain sub-optimal without a coherent and harmonised country data system. The following priority actions will be implemented to improve communication between key data systems for enhanced data products for end users.

Implement interoperability of data system: This NSP will pursue the development of a harmonised national data system to support the NSP. A person-centred health-information system that uses unique identifiers will aid a stronger national response to HIV, TB and STIs. It will allow for better patient care and make SI more efficient, with a more effective public health response. This will be achieved by building interoperability between the different existing public data systems through a unique identifier or by building an entirely new information system that unifies the functions of health and non-

health data systems.

This work will require collaboration between the main NSP data custodians, including the NDOH and NICD. The exercise will identify key public sector data management systems that should be considered for interoperability, e.g., NHLS/NICD systems, DHIS, TIER.Net, EDRWeb, DSD, Home Affairs data, and HPRS, among others. The need for a unique identifier in public data systems, for example, the HPRS and newly proposed Home Affairs identification system, and its potential role in the NSP, will be tabled. The country will also identify and learn from case studies where relevant. After the review of the different data management systems, existing opportunities for interoperability will be implemented in the context of the country's current legislation and policies.

Enhance the role of SANAC's Situation Room in the NSP: SANAC's currently ongoing development of the Situation Room is a success for the national response. SANAC will spend the first two years of NSP 2023–2028 showcasing and rolling-out the Situation Room for more stakeholders across all sectors to access. This will include capacity building of stakeholders to use the Situation Room and more broadly, data interpretation and evidence-based decision-making. SANAC will encourage collaboration among stakeholders for the use of data emanating from the situation room.

Strengthen data sharing between sectors: Guided by current legislation and building on SANAC's multisectoral structures, the new NSP will strengthen existing data-sharing collaboration between sectors. This will involve the development of a framework for data sharing between public, private and community to unlock the potential benefits of data across these sectors. The framework will identify emerging issues in data sharing, data needs from different sectors, comparability of data collection tools, format, and frequency of data sharing, etc.

- ## Strengthen and expand surveillance structures for STIs

Data and surveillance systems for the STI programme are currently limited to MUS reporting in DHIS, clinical sentinel surveillance and microbiological aetiological surveillance at few facilities. Strengthening and expanding the current systems to provide more comprehensive data to strengthen implementation; this would include: population-level surveys and age- and gender disaggregated STI programme data for burden of disease estimations, expanded antimicrobial resistance surveillance that includes key population data, STI testing coverage in antenatal care. Also, data and surveillance systems with specific focus on HBV and HPV vaccination uptake and coverage will be implemented.

This NSP included more STIs indicators than the last NSP and will pursue adding an STIs module to TIER. Net for better longitudinal patient care, improved M&E and integration with key prevention and treatment programmes such as VMMC, PrEP and ART programmes. The prevalence and incidence of STIs in key populations will be monitored using surveillance surveys. This NSP will make use of HIV population-based surveys, such as the SABSSM and the ANC sentinel surveillance surveys, to monitor the prevalence and incidence of STIs in the general population.

- ## Implement rapid data analysis of routine HIV, TB and STIs data at national and local levels for more effective action

Lessons from the COVID-19 pandemic showed that rapid analysis and reporting of routine monitoring data leads to improved public health action. Therefore, a novel feature of this NSP SI is the rapid analysis of routine data at national and local levels. **This NSP will promote the culture of data use for the national response, especially at sub-national levels. This strategic approach is premised on the notion that there is no need for continuous data collection without continuous data analysis.**

The NSP will implement a system to rapidly analyse routine surveillance and M&E data and watch out for geographical clusters with excess infections for early public health action and probable better patient care. A few key indicators for analysis and the data source will be agreed upon, and analysis will be conducted frequently (monthly or weekly). Using a defined alert threshold per indicator, geographical clusters with an excess number of infections will be flagged for action. **Findings will be reported in SI products.** These surveillance activities leading to early detection of potential outbreaks will strengthen the preventability of infections.

Additionally, data analysis at local levels for rapid local action will be strengthened. This NSP will also increase support for community-led monitoring and the release of public-facing M&E data, ensuring that SI is not a one-way street. This sub-objective will be achieved through three main strategies.

Allocate data analysts for routine data analysis at national and local levels: This strategy, though simple, requires the allocation of epidemiologists and/or other data analysts for rapid and frequent data analysis by geographic area (district-level at the minimum). Epidemiologists at national and provincial levels will be assigned and capacitated to conduct needed analysis. NICD provincial epidemiologists will play significant roles in this regard.

Capacitate local staff to use data for action: Local staff at sub-district levels, including facilities, will be capacitated to analyse their own data and take appropriate actions more rapidly. This will also include giving needed feedback to higher structures for action so that SI flows in both directions.

Support community-led monitoring: This NSP will also enhance community participation in monitoring these triple epidemics. To achieve this, SANAC will support community-led monitoring and research and ensure that community-generated data contribute to tailoring the national response. In addition, SANAC will work with existing government structures to enhance the availability of public-facing data, as was done during the COVID-19 pandemic. Such data will be presented in easily digestible formats and published on public-facing platforms. Making data on HIV, TB and STIs more readily available to the public will improve awareness, openness and trust and enhance community participation in the national response.

Objective 3.3

Expand the research agenda for HIV, TB and STIs to strengthen the national response

- Strengthen research for the NSP and invest in South Africa-initiated research whilst supporting collaboration with international counterparts

The implementation of the NSP raises many research questions from diverse stakeholders in different focal areas. Answering these research questions will strengthen the national response. The fundamental research questions are whether the national response is achieving set targets, causing desired changes, and producing desired impacts. Thus, using research studies for evaluations is central to the NSP implementation. In addition to evaluation research, other NSP-related research questions in diverse focal areas should be tackled to drive an efficient and effective national response. To this end, local researchers should be funded to pursue/conduct research projects that answer locally relevant questions.

Conduct surveys for the timely evaluations of the NSP interventions: Implement surveys in the general and key populations for the evaluation of NSP interventions. SANAC will timeously conduct the mid-term and end-term evaluations for this NSP and ensure proper timing of surveillance surveys.

Accelerate NSP-related research, including operations and translational research: SANAC SI unit will engage with relevant stakeholders and collate priority NSP research questions, in line with other national research agendas, for example, the NDOH *National Health Research Strategy: Research Priorities for South Africa 2021-2024*. The process will also include a channel for submitting community-generated research questions. SANAC will maintain a curated repository of these research questions and address them through commissioned projects and strategic partnerships with academic researchers. NSP-related research will include secondary research, such as systematic reviews, to inform the national response.

Furthermore, structures will be created for sharing research evidence and emerging best practices to strengthen policy and practice. And key stakeholders will be capacitated on evidence-based practice while addressing structural barriers to translating important research findings into practice and policy.

Adopt a model for funding South Africa-initiated research: To strengthen the research agenda for HIV, TB and STIs, a system is needed for funding researchers undertaking locally-generated research. This NSP will adopt a system, in collaboration with South African institutions of research and knowledge management, for funding South Africa-initiated research. SANAC and NDOH will work with the National Research Foundation (NRF), the Council for Scientific and Industrial Research (CSIR), the NICD and similar institutions to infuse NSP-related research into research agendas that are funded by these organisations. SANAC, collaborating with other stakeholders, will equally initiate and strengthen collaborations with academic institutions to undertake such research projects.

Objective 3.4

Harness technology and innovation to fight the epidemics with the latest available tools

- **Harness technology and innovation to fight the epidemics with the latest available tools**

  The COVID-19 crisis has changed how the world functions, bringing to light many limitations of existing systems and showing the need to reimagine the role of informational technology (IT) and innovation as a tool for increasing access to HIV, TB and STIs service provision. The NSP also aims to embrace new partnerships with the IT community to use the potential of digital and social innovations to connect people, share experiences through social media, access information, deliver services and support social movements to respond to HIV, TB, and STIs, and related inequalities. Continued innovation will be needed to develop new and more effective service delivery strategies, biomedical technologies and even to accelerate progress towards ending the epidemics. Greater investments are needed in the development of vaccines and a cure. Artificial intelligence and data science breakthroughs can be used to improve diagnostics and personalise HIV prevention and treatment options and services in ways that uphold human rights.

- **Increase investment in knowledge production and technology outputs from South African institutions to generate more home-grown solutions in response to HIV, TB, and STIs**

  The country has been found to be lagging its emerging peers and global technology and knowledge leaders. Harnessing South Africa's untapped potential for innovation could help create new solutions which can be used to improve delivery of services and improve outcomes.

GOAL 3:

Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

Objective 3.5

Leverage the infrastructure of HIV, TB & STIs for broader pandemic and various emergencies' preparedness and response

Diseases, previously unknown such as COVID-19, are emerging at alarming rates disrupting people's health and causing negative social, political, and economic impacts. Consequent to these health emergencies, weak systems including health not only cost lives but pose some of the greatest risks to the economy and security of the country. Hence it is imperative to adopt and adapt proven strategies that have been learned and proven effective in the responses to HIV, TB and STIs epidemics.

- **Scale-up effective COVID-19 adaptations for HIV, TB and STIs responses and other future emergencies**

  Strengthen collaboration between different departments and other stakeholders working in HIV, TB, STIs, mental health, hepatitis, cervical cancer, COVID-19, human rights, social justice, and identify opportunities and synergies that will enhance the response to the pandemics.

Objective 3.6

Build a stronger public health supply chain management

A wide range of pharmaceutical products are needed for diagnosis, treatment, and prevention of HIV, TB and STIs. Uninterrupted availability of quality commodities and supplies are necessary for effective service delivery. This NSP needs to therefore ensure that capacity for supply chain, with emphasis on the quantification, procurement, storage and distribution of health commodities, cold chain infrastructures and waste management are optimal. Continuous strengthening of systems that supports supply chain is crucial to ending the epidemic and should always be linked to availability of human resources to support the system.

Objective 3.7

Strengthen access to comprehensive HIV, TB and STIs laboratory testing including molecular diagnostics, serology, and culture

- **Strengthening appropriate diagnosis is a crucial step in preventing onward transmission and sequelae of untreated infection which may occur acutely or in the long-term.**

  The current syndromic management approach for STIs is associated with substantial under- and overtreatment with poor antimicrobial stewardship. Asymptomatic infections are left untreated under this approach. In line with the WHO STI strategy, diagnostic testing will be implemented in targeted populations to overcome these limitations and to improve health outcomes. This requires access to laboratory and point-of-care access to STI diagnostic tests and development of effective implementation approaches..

- **Increase and enhance access to self-screening and testing modalities for HIV, TB and STIs**

  Due to structural barriers, stigma and discrimination uptake of HIV, TB and STIs testing remains sub-optimal. Hence, testing modalities other than provider-initiated testing should ideally be scaled-up. Diversifying testing approaches and services to include community-based testing and self-screening and testing will go a long way in reaching underserved and marginalised populations such as men, adolescents, and the key populations.

Objective 3.8

Support the acceleration of the approval of new health products

- **Support efforts to overcome regulatory barriers that delay market entry of new biomedical technologies including medicines**

  The development of innovative medicines is essential for making progress in preventing and treating diseases. However, it can take a while to pass through regulatory bodies such as the South African Health Products Authority (SAHPRA). SAHPRA has in the recent years had to drastically reduce review timelines to be in line with global averages. As was evident during COVID-19 pandemic, biomedical interventions that could potentially take long to approve were approved within a few months. This NSP will therefore capitalise on the recent gains of COVID-19 pandemic to ensure expeditious assessment of new drugs.

- **Employ new guidelines and policies that will enhance quick and easy access to new biomedical commodities**

  A comprehensive approach that combines initiatives to guarantee funding, optimise evidence generation and align regulatory requirements can effectively tackle innovation deficits. Hence, an overall vision with greater policy coherence and backed by strong political commitment and transparency is critical. The inclusion of civil society structures is of importance to advocate for the changes needed. Transparency is needed to ensure that there is easy and prompt access to biomedical interventions.

> “Strengthen collaboration between different departments and other stakeholders working in **HIV, TB, STIs, mental health, hepatitis, cervical cancer, COVID-19, human rights, social justice,** and identify opportunities and synergies that will enhance the response to the pandemics.”

Box 2. Key populations

Context

Often the implementing partners have more liberty to test innovations in their implementation sites and they can learn first-hand what is feasible and is best practice in the real-world setting. An effort should be made as part of the strategy to harness these innovations for scale-up and spread nationally.

NSP driven by strategy of harm reduction principles and person centredness.

2. Review the essential drug list to include key population-specific drugs (gender-affirming hormone for the transgender community and opioid repayment therapy for PWID) at all levels of care.

3. The provision of opioid replacement and gender-affirming hormone therapy is aligned with the principle of targeted interventions mitigating structural barriers that expose and increase the risk of exposure to infection.

4. Opioid replacement therapy supports the PWID with regards to cessation of drug use, while in the transgender community there is evidence to support gender-affirmation process improves the mental health and wellbeing of transgender people78.

Application of evidence-based practice as part of ethical care for the key populations.

- Develop and review key population guidelines (Professional tools) and data collection tools with the latest evidence to guide standardised and integrated service delivery.
- Implement policies and strategies that are reliant on the translation of the guiding documents into standard operating procedures (SOPs) and guidelines to guide and operationalise the interventions.
- This could be a collaborative effort with government departments and universities.

Integration of key population package of services into programme/package of services.

5. Develop and implement accreditation of key population facilities in the Ideal Clinics Dashboard to standardise the delivery of key population services across sites

6. Develop guidelines and standardise criteria for establishing new High Transmission Areas key population sites.

7. Include the care of key populations into the strategic documents for integration into the Primary Health care level (Inclusive of ward based Primary Health teams) of care as that is the entry point to the health services.

8. Develop district service level agreements (SLA) with implementing partners and district support partners to test and share innovative care packages of care to spread and scale-up.

Strengthen usage of digital service delivery approaches.

Include eHealth and mHealth in the menu of the package of services for the key populations. eHealth and mHealth encompass a vast spectrum of health care services, ranging from electronic prescribing and preparing medical records to text message prompts to remind patients to take their medicines. These interventions offer privacy and empowerment to the key populations as they allow the use of smart or portable devices for health services and information. Further, these technologies offer the opportunity to deliver tailored interventions to the key populations and can provide a means of addressing health inequities by enabling the delivery of sophisticated public health services to communities that find traditional forms of health care inaccessible because of stigma and discrimination. Lastly, these approaches can support adherence, and thus retention in care.

Universal coverage

Develop central coordination and map government departments that offer services to key populations to develop one-stop service points and/or linkage to care and coverage as per the universal coverage principles, and thus ensuring that there is coverage geographically and with regards to programming. This could be done by mapping where communities are located and then allocating services and programmes, accordingly, using data and evidence to support the interventions.

Knowledge production to support evidence-based interventions for key populations

- Advocate for research funding targeted at the key population agenda to facilitate contextual intervention development.
- Advocate for research on key populations: there is a paucity of studies and evidence on the local key populations due to limited publications emerging from South Africa on the communities.
- Include key populations as part of the curriculum in the academic institutions which will thus allow the exposure of budding academics to the topic and hopefully improve the production of research that is rooted in the South African context. Evidence does support this notion of increasing tolerance and increasing in production of relevant literature which will support evidence-based interventions for the key populations.
- Strengthen strategies to estimate key population sizes to support programme implementation, planning and funding. 95,95,95 targets are not a valid construct if the population estimates are not valid to guide on the denominators on which to base the 95,95,95 indicators.

GOAL 4:

Fully resource and sustain an efficient NSP led by revitalized, inclusive and accountable institutions

GOAL 4:

Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social

Goal 4 Strategic context

The HIV, TB and STIs continues to be a major public health challenge but an increasingly developmental one as well. This explains why leaders at all levels of AIDS Councils must always strive to find the best-fit between these two vital elements. Over the years, SANAC has observed with interest that remarkable gains in the fight against the three epidemics are often realised in provinces, districts, and wards where leaders deliberately and repeatedly place issues of HIV, TB and STIs at the apex of their developmental risk agendas. By demonstrating political will and resolute commitment to eradicate HIV, TB and STIs, political heads of departments and their director generals, premiers, Members of Executive Council, district, and municipal mayors (including members of Mayoral Committees) will be playing catalytic roles in translating the aspirations and goals of this NSP into concrete action and results. To achieve this best-fit, the following five-point plan for the NSP 2023-2028 period is recommended.

Goal 4 Strategic approach

Financial resource needs for the NSP

The NSP has been developed as a strategic document to guide the country's response to HIV, TB and STIs and to set guideposts for the development of provincial and sector strategies and plans. The cost estimates for the NSP should similarly be viewed as a high-level estimation of financial resource needs, driven by the ambitious targets that have been set. When sectors and spheres of government and develop partner cost their implementation plans and formulate budgets, they should refer to the NSP costing outputs as benchmarks.

[To be completed when interventions, targets and costs are finalised]

Macro-economic environment and fiscal space for the NSP response

South Africa's economy is exposed to a slowing global economy, increasing inflation and volatile markets. The economy contracted severely from the effects of the COVID-19 pandemic, and the fiscal impact has been especially severe, given that South Africa was also experiencing low growth, extreme unemployment, and a high budget deficit. The government's fiscal position was further eroded by its response to unrest and floods in some parts of the country in 2021.

The government is expecting economic growth in the medium term as the economy recovers and due to implementation of stimulus measures and structural reforms, but fiscal space for health is expected to remain constrained over the NSP period, despite better-than-expected revenue collection estimates.

The government's fiscal strategy involves stabilising debt through fiscal consolidation, primarily through reducing its annual spending deficits, restraint in public sector wage increases, and seeking to attract foreign direct investment. The National Treasury has also introduced spending reviews of inefficient programmes as part of a drive to adopt zero-based budgeting principles.

The government's recent austerity approach to spending has resulted in cuts to the baseline budgets of all government programmes that do not have special protection. National Treasury has requested that all departments respond to the budget reductions by finding efficiencies, for instance through centralised procurement, more effective contract negotiations, strengthened in-year monitoring of budget execution, reducing variations in unit costs, including in provincial HIV programmes, and improving management of overtime costs. However, due to government revenues exceeding projections, and signs of economic recovery, the Medium-Term Budget Policy Statement proposes no further budget reductions for the 2023 medium term expenditure framework (MTEF)[80].

Between 2019/20 and 2022/23, the annual value of the health budget declined by approximately R3.2-billion. According to analysis by McLaren et al the government will spend about R332.80 less per health user in 2023 in real terms than it did in 2019.

HIV programmes, and to a lesser extent TB programmes, are comparatively well resourced, but not always efficient in South Africa. The South African government spent R29 billion on HIV and TB in 2019/20, comprising 71% of total expenditure on these diseases (a decrease in share from 2017/2018 of 73%). Nevertheless, budget allocations to the HIV/AIDS and TB conditional grants for the 3-year 2022 MTEF period show a reduction in real terms. The conditional grant components for HIV/AIDS, Tuberculosis, Community Outreach Services and HPV immunisation were restructured under the District Health Programmes grant in 2022. The total of R81.8 billion for these components for the 3-year MTEF period is more than R6 billion less than what was allocated under the 2019 MTEF.

The Department of Basic Education's HIV/ AIDS and Life Skills programme as well as the Department of Social Development's HIV/ AIDS programme also reflect similar baseline reductions to the NDOH, both showing declines in funding in real terms over the medium term.

Although recent allocations to South Africa from both PEPFAR and the Global Fund have increased as they support South Africa to intensify efforts to reach the three 90s for HIV and TB, polices and actions from both development partners strongly encourage upper middle-income countries such as South Africa to increase domestic funding in key areas and to systematically plan for the transition of selected externally funded functions to the public sector.

Of particular concern is that development partners are a major source of funding for South Africa's key and vulnerable population interventions, human rights interventions, VMMC and that they also invest significant funds in health systems strengthening, including health information management systems, quality improvement, community health workers and contracting of NGOs for community outreach services.

Despite increasing resource needs for this ambitious NSP, fiscal space for increased spending on health over the period will remain constrained. South Africa and its partners will need to invest smarter and in harmony, based on economic evidence; and just as importantly spend efficiently to ensure that the NSP's outcomes are achieved.

Alignment of the NSP with the South African HIV Investment Case 2021

The NSP proposes innovative strategies to maximise economic returns from investments and minimise long-term costs, including through scaling up evidence-based interventions in the short-

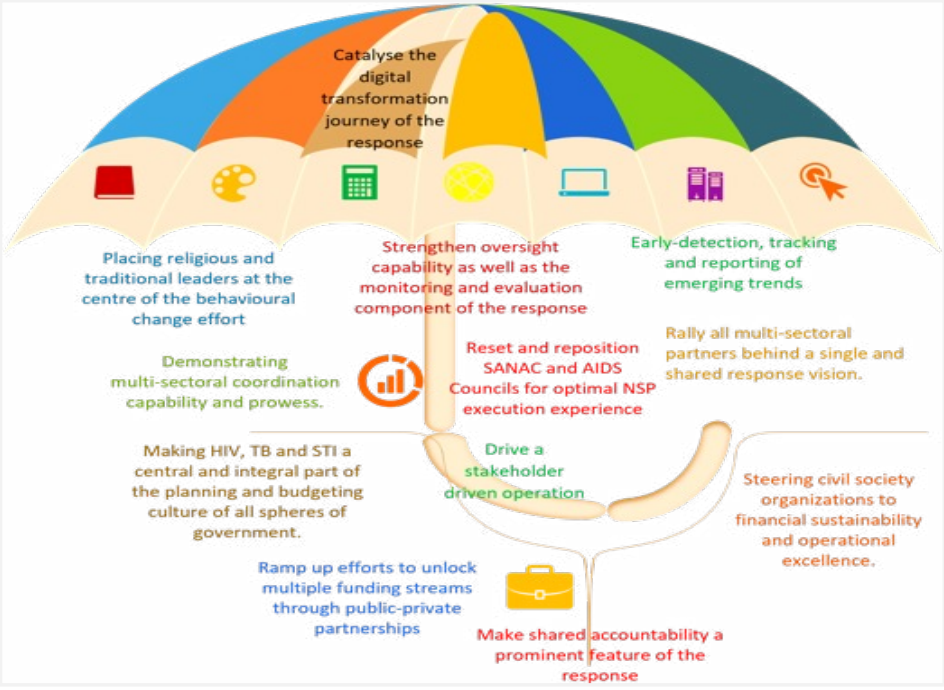
term, allocating resources towards high-impact interventions and delivering services more efficiently. These strategies are aligned to the recommendations from the South African HIV and TB Investment Cases.

The target setting and prioritisation of HIV interventions in the NSP has been aligned with the preferred scenario of the South African Investment Case for HIV (2021), namely achieving 95% ART coverage and a package of effective prevention interventions within a constrained funding envelope. This package includes PrEP for key and priority populations, VMMC, early infant male circumcision (EIMC), condom distribution and differentiated HIV testing services (HTS) at optimised coverage levels. The total resource needs for this scenario, which excludes social and programme enablers, development synergies, TB and STIs was approximately R37 billion per annum in real terms over the 5-year period of the NSP.

Leadership and Governance of the NSP

NSP development and implementation necessitates that leadership and governance capability are enhanced at all levels as a ploy to foster shared accountability and response sustainability. The NSP requires distinguished and seasoned leaders with strong social skills and matchless coordination prowess as well as outstanding partnership building acumen at all spheres of decision making in the public, private, civil society space to turn its goals and aspirations into concrete plans, actions, and results. A new army of enthusiastic social influencers and prominent personalities with footprints in all sectors of society and drawn from all demographic groups will be mainstreamed into the response ecosystem. The proposed leadership and governance model that put service delivery and shared accountability at the centre of the multi-sectoral response ecosystem is outlined in Figure 4.

Figure 4 *Leadership and Governance Model*



Objectives and sub-objectives

Objective 4.1

Sufficient domestic and external funds are mobilised and allocated to facilitate the efficient implementation of HIV, TB and STIs programmes

- **Secure adequate and predictable funding for an efficient response from public, private and external funding sources**

South Africa's main development partners are signalling their intention to reduce funding as South Africa gets closer to achieving epidemic control, whilst macro-economic factors have severely constrained public sector funding needed for upfront investments in preventing new infections and controlling the epidemic. Relevant multi-sector structures that include the SANAC Sustainability technical working group (TWG), Donor Co-ordination Committee, Resource Mobilisation Committee and senior budget planning structures led by the National Treasury, are expected to fulfil their mandates in ensuring that there is sufficient fiscal space is achieved to attain and maintain control of the HIV and TB epidemics.

Priority actions:

- Coordinate sufficient and complementary investments from government departments, development partners and the private sector, guided by a national resource mobilisation strategy.
- Protect and raise public allocations for HIV, TB and STIs in the MTEF, using costing and expenditure data, evidence-based advocacy, investment cases, budget impact assessments, budget bids, and budget re-prioritisation exercises.
- Create more budget space for HIV and TB priorities through systematically pursuing activities at the national and provincial levels that result in efficiency savings that can be re-invested in under-resourced priority areas.
- Raise additional funds for HIV and TB through innovative financing mechanisms, including blended finance structures, Outcomes Based Contracting and public-private partnerships. Build on the progress and learnings from the Imagine Social Impact Bond (SIB) for adolescent learners.
- Innovative funding platforms created during the COVID-19 pandemic period should be adapted to provide additional, complimentary funding for HIV, TB and STIs interventions.
- The primary health financing mechanisms for HIV and TB, such as conditional grants and off-budget bilateral grants, should be reviewed and refined to better coordinate and integrate investments from different domestic and external sources.

- **Evidence-based prioritisation ensures that the right mix of interventions are implemented in the right places, with precision, to maximise impact**

National-and provincial-level decision support tools should be refined and applied widely to support role players in prioritising the right interventions in the right places based on multiple criteria such as incidence, prevalence, a multi-dimensional poverty index and access to services.

Priority actions:

- Support the continued application of disease transmission, cost, and impact assessment models to guide more precise programming, optimisation and budget planning (using models such as Thembisa Optimize), and the widen application of models to the provincial level.
- Under the guidance of the health financing, economics, and sustainability TWG, undertake cost analyses and economic evaluations to drive value for money in HIV and TB programmes and to inform the transition of effective service delivery models

from vertical programmes to efficient, integrated district programmes.

- **Health financing and financial management systems and capacities are optimised to support sustainable financing, budget monitoring and accountability**

Modern and well-functioning health financing and public financial management (PFM) systems are essential enablers for effective resource mobilisation, resource allocation, good budget execution and financial accountability. A well function system also requires the appropriate expertise and organisational capacity to ensure health financing and PFM objectives are met, and more specifically, to ensure that routine data and research evidence is translated into budget planning and timely resource management decisions.

Priority actions:

- Revitalise health economics and resource mobilisation structures for improving the use of economic data and evidence for resource mobilisation, planning and decision making
- Strengthen government financial information systems and their integration with programme, procurement, and human resources information systems, to generate routine financial data for management, decision-making and accountability monitoring. This should include a repository for publicly available in-country input costs and unit costs.
- The tracking and reporting of all HIV, TB and STIs budgets and expenditures should be strengthened through a centrally coordinated exercise that achieves simplification, harmonisation, and routine reporting.

Objective 4.2

Sustainability and transition plans and actions are routinely developed and implemented to ensure that interventions remain on-track to achieve NSP goals

Within the context of constrained domestic fiscal space, changing donor priorities, and the need to transition towards routine service delivery and financing as the country moves towards epidemic control, sustainability planning and management has become an essential discipline for managers and budget holders. This process requires well-equipped senior officials to plan, negotiate and prioritise, supported by strong communication and co-ordination. Due to the complexity and time taken to adapt programmes and financing arrangements, it is recommended that visible milestones are articulated with responsibilities in stakeholder-driven roadmap plans.

South Africa is pursuing a sustainability planning agenda which is most recently guided by the National Sustainability Framework for HIV/AIDS and TB 2021-23 (SANAC, 2021). The framework, which is accompanied by sustainability assessment and planning tools, presents sustainability goals and progress measures across 6 sustainability domains. The framework also provides guidance to national and provincial departments and multi-sectoral bodies to institutionalise and mainstream sustainability plans and performance measures into their annual planning cycles.

Sustainability in the context of this NSP is defined as the ability to maintain or increase progress towards NSP goals with a reduction in support from international development partners or other emergency/ priority domestic support. This requires the ability for domestic platforms to deliver uninterrupted, effective, and equitable services through a modern and resilient health system that is responsive to shocks.

A broad sustainability assessment completed by SANAC in 2021 revealed several sub-programmes and activities that are vulnerable to disruption, including key and priority population programmes, community-led service delivery and civil society advocacy.

- **Proactive multi-sectoral sustainability and transition planning leads to an integrated domestic response that is resilient to external shocks**

  South Africa is seeking to show continental leadership is sustaining self-determined HIV and TB responses that are affordable and effective as well as integrated into provincial public health programmes.

  Priority actions:

  - Resource and empower relevant entities to lead sustainability planning and management at the national and provincial level, including SANAC and Provincial Councils of AIDS (PCA) secretariats and TWGs, and through the creation of specific job descriptions and accountability mechanisms, under the guidance of the National Sustainability Framework for HIV/AIDS and TB.
  - Undertake regular sustainability assessments and transition planning exercises for priority sub-programmes and systems at national and provincial levels, using available tools such as sustainability scorecards, sustainability dashboards and the provincial sustainability roadmaps, under the auspices of a nationally coordinated sustainability planning agenda.
  - Develop appropriate indicators for integration and sustainability and incorporate them into the NSP accountability framework as well as sector strategic and annual plans. Track progress through SANAC/PCA reporting mechanisms and through support to community-led monitoring.
  - Scale-up and strengthen social contracting mechanisms and co-financing for sustainable delivery of services through civil society, communities and key and vulnerable populations.
  - Undertake long term planning and sustainable financing pathways for CHW programming, especially for services that are heavily reliant on development partners.

Objective 4.3

Reset and reposition SANAC, all AIDS Councils and Civil Society organisations for an optimal, efficient, and impactful 2023-28 NSP execution experience

- **Build execution capability of existing AIDS council structures whilst accelerating the establishment and institutionalisation of new ones across the board.**

  The institutional capacity gaps of all AIDS councils to be established through independently led capacity audits. This will inform and planning and roll-out of focused capacity building targeting the various level of leadership. The overall aim is to enhance governance and financial management according to best practices and achieve a greater localisation and decentralisation of response support and coordination.

- **Drive a multi-stakeholder driven response operation**

  Based on the feedback from nation-wide stakeholder perception and satisfaction surveys, improve the implementation of the NSP.

- **Foster the greater participation of the private sector and civil society in the affairs and operations of all AIDS Councils**

  This NSP places people and communities at the centre of the response, and we would like to ensure that the private sector, labour, and civil society are part of the multi-sectoral response.

- **Ensure this NSP is an integral and central part of the planning and budgeting culture of all state organs**

As part of the development and implementation of the NSP, the leadership needs to ensure tha the HIV, TB and STI response form an integral mainstay of all Ministers, premiers, mayors and Mayoral Committee members, Director Generals, Heads of Department and Municipal Managers' performance appraisal scorecard.

Objective 4.4

Optimisation of synergies through forging mutually rewarding partnerships and alliances across the entire response value chain

- Rally key multi-sectoral partners behind a single and integrated response strategy and vision

The leadership needs to prioritise the amplification of the South African government's voice regarding HIV, TB and STI issues on regional and international platforms. In addition, build a community-wide alliance and guiding coalition against the epidemics Some of the interventions will be to organise dialogue sessions with Civil Society Forum for continuous and proactive engagement to discuss matters of mutual interests and concerns.

A strong and committed leadership and governance system in driving the implementation of the multi-sectoral response against HIV, TB and STIs during the 2023-28 NSP period is critical. That commitment must be evident at national, provincial; district and municipal level remains a potent force and impactful weapon in the hands of SANAC. The dominant view within SANAC is that when the government, business and civil society leaders take a united front and firm stance against the scourge of HIV, TB and STI as observed at the height of the COVID-19 pandemic, the level of human suffering and economic costs imposed by these epidemics can be drastically minimised. Leaders at all levels of AIDS Councils as well as in the political, business, labour, and civil society spheres have the moral duty to remain vigilant, resilient and resolute not only to protect past gains but also to continuously and relentlessly place HIV, TB and STI on top of the country's health agenda.

> "When the government, business and civil society leaders take a **united front and firm stance** against the scourge of HIV, TB and STI as observed at the height of the Covid-19 pandemic, the level of human suffering and economic costs imposed by these epidemics can be drastically minimized."


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Table 2

Minimum package of services: General population

SERVICES	SETTING	ACCOUNTABLE PARTIES
• Tailored social and behaviour change communication • Accessible, friendly, comprehensive service delivery and health education, customised to client needs • Condom promotion and provision • Prevention of MTCT, PrEP, VMMC and other high-impact prevention options to prevent HIV • HIV screening, testing, treatment, and support to stay in care • TB prevention, screening, testing, treatment and contact tracing • STIs prevention, screening, testing, and treatment • Comprehensive SRH services (including cervical cancer screening, PAP smears, access to emergency contraception, and safe abortion services) • Mental health screening, treatment, and psychosocial support (anxiety, depression, and harmful drug and alcohol use) • Violence screening, treatment or referral, support, and access to justice • Access to PEP and post-sexual assault support • Prevention, support, and redress for human rights violations	• In communities, and at facilities	• All imple-menting agencies • NDOH • DSD • DBE • DHET • Private sec-tor • National Prosecuting Authority (NPA)

Table 3

Minimum package of services: Key and other priority populations

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
Inclusive package of services for all key and vulnerable populations that will be customised to age and population served		
• Health information customised to client needs • Tailored social and behaviour change communication • Decentralised service delivery in non-traditional settings, including after-hours and weekends • Sensitised health and social care providers to render culturally competent, gender-sensitive, age-responsive, and friendly SRH services for different key and vulnerable populations. • PrEP, PEP and other high-impact options tailored to needs • Condom and lubricant promotion, provision, negotiation skills • Intensified HIV prevention, screening, testing and treatment • Intensified TB prevention, screening, testing, treatment and contact tracing • Intensified STIs prevention, screening, and treatment • Tailored SRH services • Intensified mental health screening and psychosocial support and referral to harm reduction services • Violence screening and referral to psychosocial and other support services and redress for human rights violations • Access to PEP, safe abortion and post-sexual assault support	• Peer-led outreach in communities • Health promotion and demand creation on social media • Sensitised facilities • Virtual / services	• Implementing partners • NDOH • DSD • DBE • DHET • NPA • SAPS • Home Affairs and Border management agency • DWYPD • DOT • SANAC Secretariat
Core rights-based programme components: • Human rights and constitutional protection • Health empowerment • Economic empowerment • Gender norms and equality • Justice • Principles of universal design and reasonable accommodation that enables access for persons with disabilities		

Table 4

Minimum package of services: Children

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
• Health education, with a particular focus on sexual exploitation in the absence of primary caregivers • Gender norms education, including risk reduction in relation to age-disparate relationships • Accelerated nutritional and social grant support • Child and youth-friendly SRH services in schools and community settings which include: - HPV vaccination - Contraceptives including condoms - Choice and access to safe abortion - protection against all forms of abuse • Age-appropriate comprehensive sexuality education in residential, school and non-school and youth-friendly settings • Intensive mental health services and access to psychosocial support • School retention and completion	• Households • ECD facilities • Schools	• DSD • DBE • NDOH

Table 5

Minimum package of services: Adolescents and young people

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
• Peer-led outreach • Youth-friendly SRH services in schools and community settings which include: - PrEP - STI services - Complete two dose HPV vaccine - Prevention of MTCT - Choice and access to safe abortion - Contraceptive services - Male and female condom provision in schools and tertiary institutions - Sanitary towels / dignity packs • Programmes to keep girls in schools, including support for pregnant learners • Access to parenting programmes • Access to peer groups and clubs • Economic empowerment programmes • Increased access to further education opportunities • Increased access to mentorship and internships • Reasonable accommodation and access for young people with disabilities • Age-specific support to HIV-positive adolescents and young key populations (support for disclosure, adherence) • Youth-friendly services in line with the national policy and ICR model to reduce the vulnerability of young vulnerable populations and improve their confidence in seeking SRH services. • Create demand at the community level and promote the uptake of SRH services by migrants, sex workers, and young key and priority populations.	• School health services • Out of school adolescents and young people	• DBE • DHET • NDOH • DSD • NGOs • Department of Labour (DOL) • Private sector

Table 6

Minimum package of services: People with disabilities

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
• Peer-led or peer-supported outreach • Specialised health education regarding risk and vulnerability to HIV, TB and STIs, particularly regarding sexual exploitation • Accelerated nutritional and social grant support • Comprehensive sexuality education accessible to learners with disabilities • Intensive psychosocial support • Intensified TB screening, treatment and care due to increased exposure typically caused by confined living conditions • All people with disabilities have ready access to prevention services • Move to mainstreaming of the policy that 7% of all programmes target people with disabilities • PrEP available • Ensure universal accommodation of people with disabilities		• NGOs • NDOH • DSD

Table 7

Minimum package of services: Migrants, mobile populations and undocumented individuals

SERVICES / INTERVENTIONS / APPROACHES	SETTING	ACCOUNTABLE PARTIES
• Mobile populations include those involved in big infra-structure and construction projects, agriculture, all four modes of transport, road, rail, civil aviation and mari-time e.g., truck drivers, sea farers, long distance taxi drivers, pilots and cabin attendants • Provision of health services along the transport corri-dors • Flexible service delivery options including provision of condoms, HIV testing services, provision of ART refills and TB treatment • Focused prevention messages and SBCC that addresses their specific challenges e.g., SGBV, drug and alcohol use • Intensified psychosocial support • Cross border collaboration on HIV, TB and STIs policy and programming • Use informal networks to raise awareness about avail-able services • Accelerated access to official papers to access services • Places of safety • Implementation of social impact plans that mitigate the impact of HIV, TB and STIs, for organisations involved in big infrastructure and construction projects e.g., building power stations, major roads • Sensitise health care providers and law enforcement authorities on the rights of non-nationals is important. In addition to this, equipping service providers with mi-grant-sensitive job aids and instruments to enhance im-plementation will strengthen service provision to mi-grants. • Sensitise migrants, sex workers, and young vulnerable populations living in migration-affected communities about their rights and responsibilities in order to im-prove access to SRH services and rights.	• Truckers • Seasonal workers • Mine work-ers • Taxi drivers	• Southern African Development Community (SADC) • The Department of International Relations and Cooperation (DIRCO) • Multilaterals • NGOs • DSD SAPS • DHA • DOA • DOT • NDOH


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Appendixes

Appendix A: Glossary of terms

Active case finding	Health system proactive TB screening, conducted within facilities and in the community
Active TB disease	An illness in which TB bacteria are multiplying in different parts of the body, resulting in symptoms such as cough, weakness, weight loss, fever, loss of appetite and night sweats.
Adolescents and young people	Refers to people aged 10–24 years. This age group is often divided into 3 categories in research to assist in examining the changes in health during each of these time periods: 10–14 years (early adolescence); 15–19 years (late adolescence); and 20–24 years (young adulthood)
Advanced HIV Disease	WHO defines advanced HIV disease (AHD) as CD4 cell count <200cells/mm3 or WHO stage 3 or 4 in adults and adolescents. All children younger than five years of age are considered to have advanced HIV disease. This includes both individuals presenting to care who are antiretroviral therapy (ART) naive and those returning to care after interrupted treatment.
Biomedical factors	Biomedical factors relate to human physiology and its interaction with medicine.
Child (Republic of South Africa, 2006)	The Bill of Rights and the Children's Act define a child as a person under the age of 18 years
Cisgender (SANAC, 2020)	Denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex
Community-led organizations (WHO, 2022)	Groups and networks that are led by, constituencies they serve. They are self-determining and autonomous entities where the majority of governance, leadership, staff, spokespeople, membership and volunteers reflect and represent the experiences, perspectives and voices of their constituencies
Community-led responses (WHO, 2022)	Actions and strategies undertaken by these groups to improve the health and human rights of their constituencies. These responses are informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.

Appendix A:

Comprehensive social protection (UNAIDS, 2015)	Addresses a range of measures for policy and programming, such as legal reforms to protect the rights of people living with HIV, women and key populations. It also includes economic empowerment programmes, referrals and linkages to maximize the impact of investments in (and across) sectors.
Concurrent sexual partnerships	People with concurrent sexual partnerships are involved in overlapping sexual partnerships where intercourse with one partner occurs between two acts of intercourse with another partner. For surveillance purposes, this is defined specifically as those occurring within the past six months.
Criminalisation (AFSA Human Rights Toolkit, 2019)	Refers to laws and policies that directly or indirectly discriminate against people due to belonging to a certain population group (e.g., sex workers, people who inject drugs).
Decriminalisation	The repeal or amendment of statutes which made certain acts criminal, so that those acts no longer are crimes subject to prosecution.
Diagnostic testing	Laboratory tests and techniques used to diagnose infections and diseases.
Differentiated service delivery (WHO, 2022)	An approach that simplifies and adapts services to better serve the needs of people living with HIV, TB or Sexually transmitted infections (STIs), and to optimize the available resources in health systems. Differentiated service delivery an approach used to provide people-centred HIV care. UNAIDS defines DSD as "a client-centred approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of people living with HIV better and reduce unnecessary burdens on the health system."
Discriminatory practices (AFSA Human Rights Toolkit, 2019)	Refer to situations where people are discriminated against, regardless of rights protections in the law.
Diversity (AFSA Human Rights Toolkit, 2019)	Refers to the various characteristics (identities) of people within a group, and the various characteristics (identities) of an individual.
Drug-resistant TB Disease	TB disease caused by a strain of TB bacteria that is resistant to the most commonly used anti-tuberculosis drugs.
Duty bearers (AFSA Human Rights Toolkit, 2019)	Are people or institutions who are legally obligated to respect, protect, promote and fulfil the entitlements of rights holders (e.g., government officials, including police personnel, healthcare providers).

Enabling legal environment (AFSA Human Rights Toolkit, 2019)	Refers to laws and policies that protect peoples' rights and freedoms and give equal access to rights and freedom to everyone.
Enabling social environment (AFSA Human Rights Toolkit, 2019	Refers to societal contexts and conditions where people claim their rights and access services.
Extensively drug-resistant TB disease	TB illness caused by a strain of TB bacteria that is resistant to isoniazid and rifampicin, as well as fluoroquinolone and at least one of the three injectable second-line drugs.
Gender identity (NSP 2017-2022)	Gender refers to the social attributes and opportunities associated with being male and female, and the relationships between women and men, and girls and boys; as well as the relations between women, and those between men. These attributes, opportunities, and relationships are socially constructed and are learned through socialisation processes. They are context-/time-specific, and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies, there are differences and inequalities (even reflected in law and policy) between women and men in rights, responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making powers and opportunities.
Gender-affirming health care (Reisner et al, 2016).	Health care that holistically attends to transgender people's physical, mental, and social health needs and well-being while respectfully affirming their gender identity
Gender-based violence (UNAIDS, 2015)	Gender-based violence "describes violence that establishes, maintains or attempts to reassert unequal power relations based on gender." It encompasses acts that inflict physical, mental or sexual harm or suffering, threat of such acts, coercion and other deprivations of liberty. It includes violence perpetrated against some boys, men and transgender persons because they challenge (or don't conform to) prevailing gender norms and expectations (e.g. they may have a feminine appearance), or to heterosexual norms"

Appendix A:

Gender equality (UNAIDS, 2015)	Gender equality—or equality between men and women—is a recognized human right, and it reflects the idea that all human beings, both men and women, are free to develop their personal abilities and make choices without any limitations set by stereotypes, rigid gender roles or prejudices. Gender equality means that the different behaviours, aspirations and needs of people in all their diversity are considered, valued and favoured equally. It also signifies that there is no discrimination on the grounds of a person' s gender in the allocation of resources or benefits, or in access to services.
Gender identity (SANAC, 2020)	Refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body – which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means – as well as other expressions of gender, including dress, speech and mannerisms.
Gender-transformative (UNAIDS, 2015)	Gender-transformative programmes not only recognize and address gender differences, but they also seek to transform gender norms and stereotypes that increase the vulnerability of people who do not conform to gender norms (including transgender people and gay men and other men who have sex with men). They attempt to examine the damaging aspects of gender norms, experimenting with new behaviours to create more equitable roles and relationships. In addition, gender-transformative HIV response seeks not only to address the gender-specific aspects of HIV, but also to change existing structures, institutions and gender relations into ones that are based on gender equality.
Harmful gender norms (UNAIDS, 2015)	Harmful gender norms are social and cultural norms of gender that cause direct or indirect harm to women and men. Some examples are norms that contribute to women's risk and vulnerability to HIV, or those that hinder men from assuming their share of the burden of care or from seeking information, treatment and support.
Human rights (AFSA Human Rights Toolkit, 2019)	Are basic entitlements that everyone has, because they are human. Human rights are universal; they apply to everyone and are based on the idea that all people are equal and should be treated with respect and dignity, regardless of who they are or where they live.
Human rights barriers (SANAC, 2020) **Gender-related barriers**	Human rights and gender-related barriers are issues such as stigma and discrimination; gender inequality and violence; punitive practices, policies and laws; and social and economic inequality that block responses or initiatives to HIV and TB prevention, treatment, care and support.

Integrated service delivery **(ND0H, 2022)**	Integrated health services are health services that are managed and delivered in a way that ensures that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services at the different levels and sites of care within the health system and according to their needs throughout the life-course.
Intersectionality	Refers to "the complex, cumulative manner in which the effects of different forms of discrimination combine, overlap, or intersect". It means that different forms of discrimination don't exist in a vacuum – for those who embody different marginalised identities, these often overlap and amplify each other to create a unique experience of discrimination that is more than just the sum of its parts.
Key populations for HIV (UNAIDS)	Definition of key populations for HIV: "UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs as the four main key population groups. These populations often suffer from punitive laws or stigmatizing policies, and they are among the most likely to be exposed to HIV" – pg. 157 of Global AIDS Strategy
Key populations (SA Human Rights Plan, 2019)	Are people at increased risk of acquiring HIV and suffering from punitive laws, stigma and discrimination.
Lay provider (WHO, 2016)	A person who performs functions related to health care delivery and has been trained to deliver specific services, but has not received a formal professional or paraprofessional certificate or tertiary degree
Legal literacy (SANAC, 2020)	Initiatives to build the capacity of people living with HIV, people with TB and other key and vulnerable populations to know their legal and human rights and to take action when these are violated.
Men who have sex with men **(UNAIDS, 2015)**	Men who have sex with men (MSM) is a term that captures a range of male-male sexual behaviours and avoid characterisation of the men engaging in these behaviours by sexual orientation .MSM includes gay-identified men, heterosexually identified men who have sex with men, bisexual men, male sex workers who can have any orientation, men engaging in these behaviours in all male settings, such as prisons.
Migrant (IOM, 2019)	Any person who is moving or has moved across an international border or within a State. The term refers to non-citizens, including those seeking asylum, refugees, undocumented migrants, and those with any of the various kinds of resident permits.

Appendix A:

National Scorecard (SANAC, 2020)	The National Scorecard is a data collection tool to gather information on human rights and gender-related violations of national concern, in order to monitor human rights- and gender-related barriers (and the impact of programmes to address barriers) in the national response.
People in prisons (Male and Female) (WHO, 2022)	The term "prisons" refers to all places of detention within a country, and the terms "prisoners" refer to all those detained in criminal justice and prison facilities, including adult and juvenile males, females, trans and gender diverse individuals, during the investigation of a crime, while awaiting trial, after conviction, before sentencing and after sentencing.
People who inject drugs (WHO, 2022)	People who inject psychoactive substances for non-medical purposes. These drugs include, but are not limited to, opioids, amphetamine-type stimulants, cocaine and hypno-sedatives, including new psychoactive substances. The injection may be through intravenous, intramuscular, subcutaneous or other injectable routes. People who self-inject medicines for medical purposes – referred to as "therapeutic injection" – are not included in this definition.
People who use drugs (WHO, 2022)	Include people who use psychoactive substances through any route of administration, including injection, oral, inhalation, transmucosal (sublingual, rectal, intranasal) or transdermal. This definition does not include the use of widely used substances such as alcoholic and caffeine-containing beverages and foods.
People with disability (SANAC, 2020)	People with disabilities include those who have perceived and or actual physical, psychosocial, intellectual, neurological and/or sensory impairments which, as a result of various attitudinal, communication, physical and information barriers, are hindered in participating fully and effectively in society on an equal basis with others.
Point-of-care testing (NDoH, 2020)	Tests conducted at the site at which clinical care is being provided, with the results being returned to the person being tested or caregiver on the same day as sample collection and testing, to enable clinical decisions to be made in a timely manner.
Priority populations	Priority populations describe groups of people who in a specific geographical context (country or location) are important for the HIV, TB and STI response because they are at increased risk of acquiring HIV or disadvantaged when living with HIV, due to a range of societal, structural or personal circumstances The NSP 2023-2028 identifies vulnerable populations as groups that are at increased risk of acquiring HIV, TB and STIs because of behavioural, biological or structural factors and groups that face distinct barriers to accessing services

Redress mechanisms (AFSA Human Rights Toolkit, 2019)	Refers to any action that assists a person who has experienced rights violations. This can range from accessing psycho-social support and seeking advice, to lodging a complaint, documenting what happened and/or seeking legal recourse. Seeking legal recourse refers to actions that use the law and, if required, court structure to find a solution to the situation. Seeking legal recourse is just one of a number of ways people whose rights have been violated can access redress mechanisms.
Screening	Screening is a population-based intervention offered to an identified key population that attempts to detect medical conditions in individuals and groups that are not experiencing signs and symptoms of illness. It is a key strategy of preventative medicine and should be distinguished from diagnosis and active case finding.
Self- screening (NDoH, 2020)	A process in which a person collects their own specimen (oral fluid or blood) and then performs a screening test and interprets the results, often in a private setting, either alone or with someone they trust
Sexually transmitted infections	STIs are spread by the transfer of organisms from person-to person during sexual contact. The spectrum of STIs includes HIV, which causes AIDS; chlamydia; gonorrhoea, trichomoniasis, syphilis, human papillomavirus (HPV) infection, which can cause cervical, penile, or anal cancer; genital herpes; chancroid; genital mycoplasmas; hepatitis B; enteric infections; and ectoparasitic diseases (i.e., diseases caused by organisms that live on the outside of the host's body).
Sex workers **Sex work (SANAC, 2020)**	Female, male and transgender adults (18 years of age and older) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work also varies in the degree to which it is more or less 'formal', or organised. As defined in the Convention on the Rights of the Child, children and adolescents under the age of 18 who exchange sex for money, goods or favours are 'sexually exploited' and are not defined as sex workers
Sexual and reproductive health (Starrs et al., 2018)	Sexual and reproductive health is defined as a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. For sexual and reproductive health to be achieved, sexual and reproductive rights need to be respected, protected and fulfilled.

Appendix A:

Sexual violence (SANAC Human Rights ToT Sexual and Gender-based Violence, 2022)	An extreme form of gender-based violence. It includes any act, conduct or threat of a sexual nature committed against a person without their consent.
Stigma and discrimination (SANAC, 2020)	Stigma refers to beliefs and/or attitudes. Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others. When stigma is acted upon, the result is discrimination. Discrimination refers to any form of arbitrary distinction, exclusion or restriction affecting a person, usually (but not only) because of an inherent personal characteristic or perceived membership of a particular group. It is a human rights' violation. In the case of HIV or TB, this can be a person's confirmed or suspected HIV-positive status or infection with TB, irrespective of whether or not there is any justification for differential treatment.
Social and structural drivers (Baral et al., 2013)	Those social, economic, organisational, and political power and domination factors which contribute to social inequities.
Social protection (NSP 2017 – 2022)	All public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of the poor, vulnerable and marginalised groups. Social protection involves more than cash and social transfers; it encompasses economic, health and employment assistance to reduce inequality, exclusion and barriers to accessing HIV prevention, treatment, care and support services.
Subclinical TB	TB disease that is confirmed by presence of TB bacilli following investigations such as culture/Xpert/chest x-ray, but the person with TB has no observable symptoms
Systematic Screening for TB	Systematic screening for active TB entails health-system-initiated TB screening for large numbers of people to identify patients with symptoms suggestive of TB]
TB Contact	A person who has spent time with a person with infectious or active TB disease.
TB Preventive Therapy	The use of medicines to prevent TB infection from progressing to active TB disease.

Transgender persons (SANAC, 2020)	Transgender' is an umbrella term to describe people whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex they were assigned at birth by default of their primary sexual characteristics. It is also used to refer to people who challenge society's view of gender as fixed, unmoving, dichotomous and inextricably linked to one's biological sex. Gender is more accurately viewed as a spectrum, rather than a polarised, dichotomous construct. Transgender people include individuals who have received gender-reassignment surgery, individuals who have received gender-related medical interventions other than surgery (e.g. hormone therapy) and individuals who identify as having no gender, multiple genders, or alternative genders.
Transphobia	Dislike of or prejudice against transsexual or transgender people
Vaccination	administration of a vaccine to prevent and protect from specific infections and diseases
Violence (SANAC Human Rights ToT Sexual and Gender-based Violence, 2022)	Acts that cause physical, mental or sexual harm or suffering (including the threat of such acts). Violence includes various forms of abuse: physical (e.g., hitting, punching and kicking); sexual (e.g., forced sex); emotional (e.g., criticising, name-calling or threats); and financial/economic (e.g., limited or no access to household income or having no say in how income is spent).
Viral hepatitis	Inflammation of the liver caused by specific hepatotropic viruses that have diverse modes of transmission.
Vulnerability (IOM, 2019)	Vulnerability is defined as the limited capacity to avoid, resist, cope with, or recover from harm. This limited capacity is the result of the unique interaction of individual, social, community, and political characteristics and conditions, mostly outside the control of the person.


ALL
LOVE ONE

Logic Framework for the NSP Goals

Appendix B: Goals, Objectives and Priority Actions

Appendix B

Table 8

Logical framework **Goal 1:** To break down barriers to achieving HIV, TB and STIs solutions

OBJECTIVE 1.1: Strengthen community-led HIV, TB and STI responses

	PRIORITY ACTION
Build an enabling environment for cohesive and inclusive communities	• Map community assets and determinants of health profiles in communities • Engage communities, with a focus on key and priority populations, in the development and implementation of local development plans and allocation of resources • Develop integrated service delivery models across the social cluster in communities • Scale up community-based prevention and early intervention programmes, e.g., parent support programmes • Strengthen holistic care and support programmes for key and priority populations • Conduct national awareness campaigns
Strengthen the capacity of community-led responses to implement and report on HIV, TB, STIs and viral hepatitis responses	• Build the capacity of programmes to offer a broad range of tailored services in communities • Strengthen the capacity of local NGOs and other community-based organisations to implement and report on HIV, TB, STIs and viral hepatitis • Conduct social mobilisation through community dialogues
	• Employ and train members of key populations and priority populations as peer educators
	• Expand availability of self-testing and screening and point of care tests for HIV, STIs, and pregnancy • Make self-care options available at Central Chronic Medicines Dispensing and Distribution (CCMDD) points e.g. pregnancy tests, HIV self-screening, STI testing • Offer virtual consultations and counselling especially in rural communities • Offer online screening tools for HIV, STIs, TB, and common mental health disorders
Resource and support community-based organisations to implement and monitor HIV, TB and STI responses	• Allocate 30% available funding to local community-based organisations • Identify and train eligible community-based and community-led organisations • Build capacity on community-led monitoring for HIV, TB and STIs
Improve safety, health and well-being in communities to strengthen the capacity of families to protect, support members affected and infected by HIV, TB, STIs and viral hepatitis	• Prioritise availability of clean water and sanitation to all communities • Allocate areas for safe playgrounds and parks to promote physical activity • Enforce age-related regulations to reduce access to alcohol for minors • Implement families matter programmes • Strengthen availability of psychosocial support services in communities
Improve the integration of HIV, TB and STI services into community systems and cultural practices	• Involve traditional leaders and capacitate on HIV, TB and STIs • Engage traditional health practitioners in the detection and delivery of community-led HIV, TB and STI services • Integrate with MMC programme • Monitor and improve safety of initiation schools and initiates • Messaging to prevent harmful cultural practices • Capacity building of community based health workers and social service practitioners on integrating community systems and cultural practices into health services

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
• **Strengthen the development and implementation of multi-sectoral and integrated development plans (IDPs) to build resilient individuals, parents, families and communities** • **Strengthen the development and implementation of multi-sectoral district development plans (MDIPs)**	• Key populations • Migrants • People with disabilities • People with mental health disorders • Communities in all 52 districts	DoH DSD DBE Civil Society, including NGOs and CBOs
• **Intensify implementation of comprehensive, community-led and peer-led programmes**	• Key populations • Children • Adolescents and young people • Women in rural areas, informal settlements and inner cities • People with disabilities • Migrant and mobile populations	DSD DoH
• **Enhance meaningful engagement of all key and priority populations in communities**	• Key and priority populations	DOH DSD NGOs and CBOs
• **Strengthen decentralised service delivery in communities**	• Communities in all 52 districts • Key and priority populations	DoH at every level especially key populations programme, Goals, Objectives and Priority Actions, DCS, DBE, Private Sector, Department of Transport, DSD, NGOs
• **Capacitate and support community-based organisations to implement and monitor HIV, TB and STIs responses**	• Key and priority populations • Communities in all 52 districts	DoH DSD
• **Scale-up availability of safe spaces and recreational opportunities in communities**	• Adolescents and young people • Children • Survivors of gender-based violence • People living in rural areas, informal settlements, and inner cities • People with disabilities • People with mental health disorders • Migrants	DSD DoH Public Works SAPS Human Settlements Arts, sport and Culture COGTA
• **Enhance integration of proven high impact approaches and traditional and cultural practices**	• All 52 districts, specifically districts in rural areas • Traditional Health Practitioners	SANAC AIDS councils at all levels COGTA Local municipalities DoH DSD

OBJECTIVE 1.2: Contribute to poverty reduction through creation of sustainable economic opportunities with a focus on key and priority populations

	PRIORITY ACTION
Increase access to economic strengthening opportunities	• Ensure equitable access to skills development and income generating opportunities, e.g. equal pay • Reduce adolescent and young people unemployment through linking adolescents and young people with expanded public works programme (EPWP) • Engage private sector to scale up and support adolescents and young people and women-led community-based enterprises
Advocate for access to social protection interventions to facilitate equitable access to services	• Micro-financing for women trading in the informal sector • Scale up application and payment of social grants to all who are eligible • Enhance access to tailored social protection for key and priority populations • Increase access to dignity packs to reduce impact of period poverty • Raise awareness on social protection interventions
Accelerate access to food and nutritional support programmes	• Promote and support food gardens at schools and in communities • Revitalise proven food production solutions • Increase access to nutritional support at schools and in communities • Integrate best practices across government departments for inclusive access to nutrition • Expand drop-in centres especially in rural areas, informal settlements and inner cities
Scale up programmes that support adolescent girls and young women to remain in and return to school	• Offer parenting programmes for teen mothers and fathers • Access to child care and early childhood development • Provide psychosocial support to pregnant teens and teen mothers • Advocate for tailored community-based health and social services • Decrease care-taking responsibilities of girls and young women with strengthened community-based care structures • Upscale supporting programmes for adolescent girls/ boys and young women/ men to remain in and return to school (programmes such as SBC, SRHR dialogues, Families Matter, Let's talk, youth camps, holiday programmes

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
Scale-up protection against the consequences of vulnerability in communities	• Waste pickers • Informal traders • Homeless and street-based persons • Children • Adolescents and young people • Women in all their diversity • Survivors of sexual and gender-based violence • People with disabilities • Migrants	DSD DPSA Private sector DHET Civil Society including implementing partners DSBD NDA
Improve access to social protection for those who qualify	• Adolescent and young parents • People with mental health disorders • People with disabilities • Adolescent girls and women in all their diversity • Migrants	DSD Civil Society including implementing partners
Strengthen the provision of nutritional support to all eligible people with a particular focus on key and priority populations	• People and communities in all 52 districts • Children • People with mental health disorders • People with disabilities	DoA DSD NGOs SANAC sectors
Scale-up multi-sectoral support for adolescent girls and young women	• Adolescent and young parents • Children, specifically orphans and other priority children • Adolescent and young people not in employment, education or training • Learners with disabilities • Migrant learners • LGBTIQ+ learners • Children and adolescents living with HIV and TB	DWYPD DoH DBE DSD DHET Civil Society including NGOs and CBOs

OBJECTIVE 1.3: Reduce stigma and discrimination to advance access to rights and services

	PRIORITY ACTION
Increase literacy on rights and the impact of intersecting stigma and discrimination	• Raise awareness on causes and consequences of stigma and discrimination for HIV, TB, STI risks and access to services • Incorporate human rights and diversity into all tailored programmes for key and priority populations • Facilitate training on human rights, the law and diversity in communities, with a focus on key and priority populations • Strengthen partnership with HIV & TB sectors to raise awareness in communities on human rights, stigma and discrimination.
Scale-up community-led stigma reduction interventions and advocacy	• Identify community-based and community-led organisations and networks to support proven stigma reduction approaches • Facilitate Community Dialogues on causes, impacts and community-based solutions to reduce stigma and discrimination • Advocate for people-centred approaches to enhance access to inclusive, non-judgmental and non-discriminatory quality community-based services
Prioritise access to redress mechanisms in communities experiencing stigma, discrimination and other rights violations	• Establish and support community-based peer-led ambassadors at health facilities and police stations to mitigate access to services • Strengthen and scale-up community-based and -led crisis response teams and mechanisms to increase linkage to services (e.g., community-led WhatsApp groups) • Support access and utilisation of established helplines (AIDS Helpline, GBV Helpline, Lifeline, Childline, Mental Health Helpline) with community-based awareness campaigns
Revitalise social support networks and structures for people most affected by external and internal stigma	• Map community-based social support networks and structures • Strengthen and integrate existing community-based social support structures • Establish additional community-based social support structures • Train members of community based organisations on social support structures to identify and respond to stigma and discrimination
Assess stigma to inform decision-making and accurate data for future programming and track progress	• Conduct and disseminate results annually of Human Rights Accountability Score Card • Support the implementation of the Stigma Index 2 with training of community-led organisations to support data collection • Advocate and support rapid assessments to inform stigma reduction initiatives

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
Scale-up community mobilisation and capacity strengthening on human and legal rights and impact of intersecting stigma and discrimination	• People and communities in all 52 districts • Key populations • People with disabilities • People with disabilities • Migrants • LGBTQI persons	SANAC DOH DSD DBE Civil Society Sectors Implementing partners
Advocate for people-centred approaches to enhance access to inclusive, non-judgemental and non-discriminatory community-based services of high quality	• People and communities in all 52 districts • Key and priority populations	SANAC DoH DSD DBE Civil Society Sectors, including NGOs Implementing partners
Strengthen the support and promotion of community-based and community-led redress and rapid response mechanisms	• Key populations • People with disabilities • Migrants • Survivors of gender-based discrimination and violence in all their diversity	SANAC DoH DSD DBE SAPS DCS Civil Society Sectors Implementing partners
Prioritise the revitalisation of community and facility-based social support networks and structures	• People and communities in all 52 districts • Key and priority populations	DoH key populations programme DSD Civil Society Sectors, including NGOs
Scale-up the capacitation of community-based social support networks and structures on stigma and discrimination	• People living with HIV • People with TB • Key populations • LGBTQI persons	DoH key populations programme DSD Civil Society Sectors, including NGOs
Advocate for and support the implementation of regular community-based stigma assessments and ongoing monitoring of incidences	• People living with HIV • People with TB • Key populations • People with disability • Migrants • LGBTQI persons	HSRC and other researchers SANAC Secretariat Civil Society Sectors

OBJECTIVE 1.4: Address gender inequalities that increase vulnerabilities through gender- transformative approaches

	PRIORITY ACTION
Enhance gender-transformative community-led actions to change harmful social, cultural and gender norms	• Review and monitor community-led actions and programmes to enhance integration of gender-transformative and diversity responsive approaches
	• Engage and sensitise men and boys in households and communities to champion gender equality and change harmful gender norms
	• Develop and implement community-led awareness raising campaigns to reduce harmful consequences of gender inequality and gender-related stigma and discrimination
	• Capacitate communities to promote shared responsibility for prevention of HIV, TB, STIs, viral hepatitis and unintended pregnancy
Strengthen capacity of leaders at all levels of decision-making to advance gender equality and promote diversity	• Engage and train political leaders to advance gender equality and promote diversity • Engage and train religious leaders on gender inequality and its harmful consequences • Engage and sensitise traditional leaders on the impact of gender inequality, harmful gender norms and practices (including widow inheritance)
	• Strengthen implementation of training on human rights, gender equality, sexual and reproductive health and rights and diversity for educators • Monitor reduction in gender inequality and promotion of diversity through Human Rights Score Card
Enhance capacity in communities to prevent and respond to sexual and gender-based violence	• Sensitise communities on causes, forms and consequences of sexual and gender-based violence (including diversity) and its links to HIV, TB and STI risks and service access • Raise awareness on prevalence and impact of specific forms of sexual and gender violence against women living with HIV in all their diversity (including obstetric violence) • Increase legal literacy in communities relating to rights of survivors of sexual and gender-based violence (including access to services)
	• Scale up training and support of peer educators in communities to recognise and respond to sexual and gender-based violence • Strengthen and support community-led structures (including Community Police Forums) to respond to sexual and gender-based violence and facilitate timely linkage to services
Increase access to services for all survivors of sexual and gender-based	• Scale up and intensify training of healthcare workers to provide comprehensive responses to all persons experiencing sexual and gender-based violence • Enhance access to comprehensive package for all survivors of sexual assault (including ongoing psychosocial support) and provide people-centred services responding to support needs of survivors in all their diversity
	• Advocate for the expansion of Thuthuzela Care Centres • Strengthen and support community-based organisations that provide services to survivors of sexual and gender-based violence in areas without access to Thuthuzela Care Centres • Advocate for increased support for places of safety and promote inclusive access to places of safety for survivors of sexual and gender-based violence • Capacitate Gender-based violence and femicide hotspot districts on the provision of psychosocial services policy and Intersectoral Policy on Sheltering Services in implementing the NSP for GBV-F • Strengthen victim empowerment project (VEP)

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
Strengthen community mobilisation efforts to reduce harmful consequences of gender inequality	• People and communities in all 52 districts	DWYPD, DSD, DoH, Civil Society Sectors, Implementing partners, Communities
Prioritise engagement of men and their organisations to promote gender equality	• Men and boys in communities and households	
Scale-up the integration of gender transformative and diversity responsive approaches in all community-led actions for HIV, TB and STIs	• People and communities in all 52 districts	
Support social justice organisations to advocate for and implement gender transformative community-led responses	• People and communities in all 52 districts • Key and priority populations	
Prioritise the sensitisation of decision-makers on harmful consequences of gender inequality, norms and practices	• People and communities in all 52 districts • LGBTQI persons • People with disabilities • Migrants • Adolescent girls and women in all their diversity	SANAC, DWYPD, DSD CONTRALESA, Civil Society Sectors, Implementing partners
Advocate for and support capacity strengthening of leaders across all sectors to promote gender equality and diversity and change harmful gender norms	• People and communities in all 52 districts	SANAC, DWYPD, DSD CONTRALESA, Civil Society Sectors, Implementing partners
Scale-up capacity strengthening to prevent and respond to sexual and gender-based violence	• People and communities in all 52 districts • Survivors of sexual and gender-based violence in all their diversity • Key populations • LGBTQI persons • People with disabilities • Migrants	SANAC, DWYPD, DSD, DoH, SAPS, Civil Society Sectors, including NGOs, Implementing partners
Improve linkage to services for survivors of sexual and gender-based violence through community-led structures	• Survivors of sexual and gender-based violence in all their diversity	
Strengthen the support for all survivors of sexual and gender-based violence (e.g., comprehensive package for all survivors)	• People and communities in all 52 districts • Survivors of sexual and gender-based violence in all their diversity • Key and priority populations	SAPS, DOH, DSD, DBE, DHET, Civil Society Sectors, Implementing partners
Prioritise the improvement in access to comprehensive people-centred and inclusive sexual and gender-based violence response services (e.g., Thuthuzela Care Centres, places of safety)	• People and communities in all 52 districts • Survivors of sexual and gender-based violence in all their diversity • Key and priority populations	

OBJECTIVE 1.5: Enhance non-discriminatory legislative frameworks through law and policy review and reform

	PRIORITY ACTION
Amend laws to decriminalise sex work	• Expedite drafting of law amendments to Sexual Offences Act and related laws and policies to decriminalise sex work • Facilitate broad and inclusive public participation with draft legislation • Revise draft amendments to incorporate public comments and submissions • Enact law amendments by 2026 • Scale up and support community-led advocacy for decriminalisation of sex work
Advocate for decriminalisation of drug possession for personal use	• Advocate Law Reform Commission to prioritise review of drug policies, provide recommendations and draft law amendments for the decriminalisation of all drug possession for personal use • Enact Cannabis for Private Purposes Bill of 2020 and amend relevant sections in the Drug Use and Trafficking Act • Engage with all relevant departments and civil society sectors to support and promote law reform relating to decriminalisation of drug possession for personal use • Capacitate community-led organisations and networks to effectively advocate for decriminalisation of all drug possession for personal use
Enhance legal protection for key populations against hate crimes based on sexual orientation, gender identity and expression	• Expedite finalisation and enactment of Hate Crime Bill (i.e., Prevention and Combatting of Hate Crimes and Hate Speech Bill of 2018) • Scale up and support LGBTIQ+ led organisations and networks to advocate for the enactment of the Hate Crime Bill
Prioritise law and policy provisions to enhance access to gender affirming healthcare and other essential service	• Promote and support implementation of Gender Affirming Healthcare Guidelines for South Africa • Support and advocate for the amendment of Section 2.1 of Act 49 (Alteration of Sex Description and Sex Status Act of 2003)
	• Scale up and support trans and gender diverse people led organisations and networks to advocate for implementation and enactment of laws and policies that enhance access to gender affirming services
Advocate for policy alignment pertaining to age of consent and access to sexual and reproductive health and other services	• Review and identify de-harmonised laws and policies • Engage with all relevant departments and civil society sectors to support policy alignment relating to age of consent and access to sexual and reproductive health and other essential services • Draft policy and law provision amendments to harmonise age of consent and access to sexual and reproductive health and other essential service • Strengthen and support community-based and led organisations and structures to advocate for harmonisation of laws and policies
Strengthen policy frameworks to include traditional health practitioners into existing healthcare structures	• Review laws and policies to identify gaps relating to the integration of Traditional Health Practitioners into existing healthcare structures • Initiate and support law amendments to respond to the identified gaps towards integration • Scale up engagement between Traditional Health Practitioners and Department of Health to concretise mechanisms of integration

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
Finalise law reform processes to decriminalise sex work	• Sex workers and their families • Clients of sex workers	DJ&CS SANAC Civil Society Sectors
Advance efforts to decriminalise drug possession for personal use	• People who use drugs and their families • Communities in all 52 districts	DJ&CS SANAC SALRC SANPUD Civil Society Sectors
Enhance legal protection against hate crimes based on sexual orientation, gender identity and expression	• Men who have sex with men • Transgender persons • Sex workers • Women who have sex with women • LGBTQI persons • People with disabilities • Learners	DJ&CD SANAC Civil Society Sectors
Strengthen policy implementation relating to gender affirming healthcare	• Transgender persons and their families	DJ&CD DoH SANAC Civil Society Sectors
Support law and policy reform to enhance access to gender affirming services	• Transgender persons and their families	Civil Society Sectors DJ&CD DHA SANAC
Harmonise policies to align age of consent and access to sexual and reproductive health and other service	• Children • Adolescents and young people • People with disabilities • Migrants • Communities in all 52 districts	DJ&CD, DoH, DSD, SALRC, SANAC, Civil Society Sectors
Enhance policy framework to integrate traditional health practitioners in the provision of health care	• Traditional Health Practitioners • Communities in all 52 districts	DJ&CD, DOH, SALRC, SANAC, THPCSA (Traditional Health Practitioner Council of South Africa)

OBJECTIVE 1.6: Protect and promote human rights and advance access to justice

	PRIORITY ACTION
Strengthen human rights and legal literacy relating to HIV, TB and STIs in communities and service provision	• Sensitise communities on human rights, diversity and HIV, TB and STIs risks and service access
	• Scale up legal literacy training in communities with a focus on redress mechanisms and access to justice • Advocate for improvement in availability of and inclusive access to redress mechanisms
Strengthen the capacity of communities to monitor and document rights violations related to HIV, TB and STIs and ensure human rights violations are consolidated into the national Human Rights Portal	• Identify and support community-based and led organisations to monitor and document rights violations • Scale up and strengthen training of community members (e.g., REActors) to identify, monitor and document HIV, TB and STI related human rights violations • Review and develop standardised tools to monitor and document rights violations across sectors • Dissemination of quarterly reports
	• Support ongoing consolidation of human rights violations into the national Human Rights Portal
Strengthen the capacity of communities to respond to human rights violations related to HIV, TB and STIs to facilitate access to justice	• Identify and support community-based and led organisations that respond to human rights violations • Review and strengthen community-based referral systems and improve referral and case follow-up • Strengthen capacity of Legal Advice Offices to respond to HIV, TB and STI-related human rights violations
Scale-up sensitisation and capacity strengthening of all service providers through ongoing in-service training and reviewing and amending pre-service curricula	• Scale up in-service training and sensitisation of healthcare providers on human rights and medical ethics related to HIV, TB, STIs, and viral hepatitis • Strengthen in-service training of social workers on human rights, diversity and provision of inclusive social services • Enhance in-service training of law enforcement agents on rights provisions, diversity and provision of inclusive police services • Promote and support training of members of the judiciary on human rights, gender equality (including sexual and gender-based violence) and diversity related to HIV, TB, STIs, and viral hepatitis
Address impunity and ensure accountability of duty bearers at all levels	• Raise awareness in communities on prevalence and impact of lack of accountability of duty bearers across the public sector • Review and strengthen accountability mechanisms across all public sector service provision • Capacitate communities to monitor enforcement of accountability mechanisms
Strengthen the implementation of restorative justice programmes to decrease stigma and discrimination and enhance access to rights	• Sensitise communities on availability and impact of restorative justice programmes • Enhance linkage to and support of family members to improve outcomes of resocialisation and reparative programmes • Scale up training on social inclusion and promote equal rights protections in communities to reduce stigma, discrimination and other rights violations

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
Scale-up community mobilisation to advocate for human rights protection in all aspects of the HIV, TB and STI response	• People living with HIV • People with TB • Key populations • People with disabilities • Migrants • Communities in all 52 districts	DoH key populations programmes, DoH regional training centres. SAPS, Home Affairs, SANAC, Civil Society Sectors, Implementing partners
Intensify awareness raising on human and legal rights (Know your rights campaigns)	• People living with HIV • People with TB • Key populations • People with disabilities • Migrants • Communities in all 52 districts	DoH key populations programmes, DoH regional training centres, SAPS, Home Affairs, SANAC, Civil Society Sectors, Implementing partners
Enhance capacity to monitor and document human rights violations	• People living with HIV • People with TB • Key populations • People with disabilities • Migrants • Communities in all 52 districts	SANAC, DSD, DoH, SAPS, SAHRC, CGE, Civil Society Sectors, Implementing partners
Consolidate documented human rights violations	• People living with HIV • People with TB • Key populations • Priority populations • Communities in all 52 districts	
Strengthen referral and community-based response mechanisms (e.g., referral systems, community-based paralegals)	• People living with HIV • People with TB • Key populations • Priority populations • Communities in all 52 districts	Civil Society Sectors including NGOs, Implementing partners
Enhance capacity and sensitisation of all service providers on human rights, diversity and inclusive service provision across all sectors (e.g., health, social, law enforcement, justice, duty bearers)	• People living with HIV • People with TB • Key populations • People with disabilities • Migrants • Communities in all 52 districts	DSD, DBE, DHET, SAPS, Civil Society Sectors, including NGOs
Mobilise communities and support advocacy to increase accountability of all duty bearers who failed to promote and protect human rights, including access to redress levels (e.g., strengthen accountability mechanisms)	• People living with HIV • People with TB • Key populations • Priority populations • Communities in all 52 districts	DoH, DSD, DBE, DHET, SAPS, Civil Society Sectors, SAHRC, CGE
Scale-up restorative justice programmes to decrease stigma and discrimination and enhance access to rights (e.g., re-socialisation, reparative programmes)	• People in prisons • People who use drugs • People treated for harmful alcohol use • Communities in all 52 districts • LGBTQI persons	DoH key populations programme, DCS, DSD, Civil Society Sectors, including NGOs, Implementing partners

OBJECTIVE 1.7: Integrate and standardise delivery and access to routine mental health services

	PRIORITY ACTION
Integrate detection and treatment of common mental health disorders by ward-based primary healthcare outreach teams and at PHC level	• Train community health workers on mental health mental health disorders, screening and support • Standardise and implement screening tools for anxiety depression and alcohol and drug use disorders in communities • Train social workers and social auxiliary workers to offer appropriate psychosocial support to persons with mental health disorders • Train professional nurses on mental health mental health disorders, screening and support • Scale up psychosocial support (HIV counselling, treatment adherence, and referral) • Facilitate early Identification, and referrals for mental health and treatment services
Enable professional nurses in prescribing and dispensing medication to treat common mental health disorders	• Standardise and implement screening tools for anxiety depression and harmful alcohol and drug use in primary care facilities • Train and accredit nurses to treat common mental health disorders prescribe and treat common mental disorders

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
Provision of comprehensive psychosocial support services in communities, health facilities, schools and institutions of higher learning	• People living with HIV • People with prior and current TB • People who use drugs • Persons with diverse gender identities • Persons in prisons • Sex workers • Adolescents and young people • Migrants • People with disabilities • Survivors of sexual and gender-based violence • Children, specifically orphans and other priority children	DoH DSD DBE DHET Private sector
Advocate for policies to allow trained nurses to support and treat persons with common mental health disorders	• Key and priority populations • Communities in all 52 districts	South African Nursing Council South African Health Products Regulatory Authority (SAHPRA)

Table 9

Logical framework **Goal 2:** To maximise equitable and equal access to HIV, TB and STI and solutions

OBJECTIVE 2.1: Increase knowledge, attitudes and behaviours that promote HIV prevention

	PRIORITY ACTION
Strengthen social and behaviour change communication (SBCC) through information, education and communication (IEC) services on HIV prevention	• Provide targeted IEC messages for uptake of HIV prevention services • Strengthen existing IEC to improve knowledge, attitudes and practices to access HIV prevention services • Promote continuous behaviour change interventions at individual level, social mobilisation at community level and advocacy at societal level • Strengthen targeted social media communication and messaging • Strengthen SBCC to address stigma and discrimination on key populations
Strengthen comprehensive age-appropriate sexuality education and sexual and promote provision of reproductive health education	• Community mobilisation • Condom promotion and education • Intensify condom distribution in traditional and non-traditional distribution points including private health facilities, schools, pharmacies, hotspots, taverns, hair salons, malls, community halls

PACKAGES/ APPROACHES/ EXPECTED ACHIEVEMENT/ MEANS OF VERIFICATION	POPULATIONS	ACCOUNTABLE PARTIES
• **Align and support health promotion across public and private sectors** • **Promotion of Peer-led approaches to SBCC** • **Distribution of IEC material through interpersonal, communication,**	• AGYW, ABYM, school children, Key population, priority population	DoH, DBE, DSD, CBOs, DHET, DOT, NGOs, Private healthcare providers, Private schools, Health insurance schemes
• **Condom distribution through non-traditional outlets: hair salons, petrol stations, spaza shops, hotels, toll plazas, truck stops, brothels, soccer stadia,** • **Implementation of National Condom Communication Plan (NDOH) and youth prevention campaign** • **Strong branding Nationally (e.g. Billboards, T-shirts, Ad-space (TV & Radio), digital media presence, etc.**	• Key and priority populations	DoH, DBE, DCS, DSD, DoT, CBOs, NGOs, Retail pharmacies, private employers, Private healthcare, providers, Health insurance schemes, organised labour, Private and public institutions, workplaces, SANAC sectors, Hospitality industry, informal traders

OBJECTIVE 2.2: Reduce new HIV infections by optimising the implementation of high impact HIV prevention interventions

	PRIORITY ACTION
Increase availability and use of male and female condoms and lubricants	• Community mobilisation • Condom promotion and education • Intensify condom distribution in traditional and non-traditional distribution points including private health facilities, schools, pharmacies, hotspots, taverns, hair salons, malls, community halls
Scale up targeted HIV testing and counselling including for key and priority populations	• Mapping to identify high prevalence areas for targeting • Targeted counselling and testing of key and priority populations a linkage to care • Scale up index client testing, • Promote HIV self-screening • PITC at all facilities and pharmacies
Promote uptake of VMMC through targeted demand generation strategies	• Promote safe circumcision through strengthen collaboration between DOH's VMMC and traditional circumcision programme • Create demand among key populations • Integrate VMMC services into primary health care services • Increase the uptake of medical male circumcision and integrate HIV prevention in initiation schools
Promote availability of PrEP to all individuals who need it and uptake by key and priority populations	• Provide PrEP in all health facilities • Promote PrEP for pregnant and breastfeeding women • Rapid roll out of new pre-exposure prophylaxis products for HIV prevention • Promote continued use of PrEP
Improve availability of PEP and timely access for survivors of sexual violence, those exposed to condomless sex and individuals who require it	• Strengthen the delivery of PEP in all health facilities • Increase access to PEP as an emergency service within 72 hours by promoting availability during weekends, public holidays and in pharmacies

PACKAGES/ APPROACHES/ EXPECTED ACHIEVEMENT/ MEANS OF VERIFICATION	POPULATIONS	ACCOUNTABLE PARTIES
• **Condom distribution through non-traditional outlets: hair salons, petrol stations, spaza shops, hotels, toll plazas, truck stops, brothels, soccer stadia,** • **implementation of National Condom Communication Plan (NDOH) and youth prevention campaign** • **Strong branding Nationally (e.g. Billboards, T-shirts, Ad-space (TV & Radio), digital media presence, etc.**	• Key and priority populations	DoH, DBE, DCS, DSD, DoT, CBOs, NGOs, Retail pharmacies, private employers, Private healthcare, providers, Health insurance schemes, organised labour, Private and public institutions, workplaces, SANAC sectors, Hospitality industry, informal traders
• **To increase yield in HCT, target key populations and high burden communities** • **Accelerating distribution of HIV test kits at all places key populations frequent including taverns, brothels, street corners, downtown places, hotels, pubs, and others** • **Promoting index client testing**	• Key and priority populations	DoH, DBE, DCS, DSD, DoT, CBOs, NGOs, Retail pharmacies, private employers, Private healthcare, providers, Health insurance schemes, organised labour, workplaces, SANAC sectors, Hospitality industry, informal traders
• **Accelerating HTS at or prior to entering traditional circumcision centres** • **Creating demand at places young men frequent the most** • **Demand creation among key populations** • **Accelerating MMC services in outreach facilities**	• Boys & men aged 15 or older	DoH, DCS, DSD, CBOs, NGOs, Private healthcare, providers, Health insurance schemes, Private and public institutions, workplaces, SANAC sectors
• **Provision of information on PEP importance, availability, and use** • **Every health facility to provide timely PEP to all who need it** • **Creating demand among key populations for PEP** • **Distributing PEP through community-led and community-based centres**	• Key and priority populations	DoH, DBE, DCS, DSD, DoT, CBOs, NGOs, Retail pharmacies, private employers, Private healthcare, providers, Health insurance schemes, organised labour, Private and public institutions, workplaces, SANAC sectors, Hospitality industry, informal traders
• **Provision of information on PEP importance, availability, and use** • **Every health facility to provide timely PEP to all who need it** • **Creating demand among key populations for PEP** • **Distributing PEP through community-led and community-based centres**	• Key and priority populations	DSD, DoT, CBOs, NGOs, Retail pharmacies, private employers, Private healthcare, providers, Health insurance schemes, organised labour, Private and public institutions, workplaces, SANAC sectors, Hospitality industry, informal traders

OBJECTIVE 2.2: Reduce new HIV infections by optimising the implementation of high impact HIV prevention interventions

	PRIORITY ACTION
Scale up comprehensive harm reduction package to people who use drugs	• Promote Needle and syringe programmes • Support Opioid substitution therapy • Screen for and provide services for mental health, TB/STI as part of harm reduction programme
Integrate HIV prevention with SRHR, mental health, STI and TB services	• Link information on GBV into HIV prevention and SRH programmes • Integration of PMTCT programmes into mental, TB and STI programmes • Integrate HIV prevention into non-communicable diseases health promotion services • Integrate HIV prevention in social and community services
Promote innovation and research in HIV prevention tools, community approaches and service delivery	• Fast-track roll out of proven innovations to scale e.g. vaccines and service delivery approaches • Implementation research to improve national standards • Increase collaboration between researchers, communities and service providers for HIV prevention

PACKAGES/ APPROACHES/ EXPECTED ACHIEVEMENT/ MEANS OF VERIFICATION	POPULATIONS	ACCOUNTABLE PARTIES
• **Screen people living with or at risk for HIV for drug use** • **Brief advice session on drug use** • **Brief interviewing including motivational interviewing and problem-solving therapy combination** • **Development of an effective referral system of treatment and care** • **Involving people who use drugs in developing messages of prevention**	• People who inject drugs and their partners	DoH, DSD, CBOs, NGOs, Retail pharmacies, Health insurance schemes, organised labour, Private and public institutions, workplaces, SANAC sectors, Hospitality industry, informal traders
• **Provision of HIV testing services where TB, STI, mental health, SRHR services are provided** • **Monitoring and evaluating health facilities for provision of integrated services** • **Ensuring friendly services for key populations**	• Pregnant and postnatal women, key and priority population	DoH, DBE, DCS, DSD, DoT, CBOs, NGOs, Retail pharmacies, private employers, Private healthcare, providers, Health insurance schemes, organised labour, Private and public institutions, workplaces, SANAC sectors, Hospitality industry, informal traders
• **Fund research at national, provincial and district levels** • **Implement research at provincial and district levels** • **Collaborate on research activities between public and private organisations**	• Researchers and lecturers	DoH, DBE, DCS, DSD, CBOs, NGOs, academics, DST, universities, colleges, researchers and lecturers

OBJECTIVE 2.3: Eliminate mother-to-child transmission of HIV

	PRIORITY ACTION
Scale up universal uptake of antiretroviral therapy among pregnant and breastfeeding HIV positive mothers	• Promote regular testing of the woman, partner and family, and rapid community/facility initiation • Promote ART retention and viral suppression uptake through support groups • Improve growth monitoring and infant feeding support services • Encourage consistent and correct condom use
Promote innovation and research in HIV prevention tools, community approaches and service delivery	• Fast-track roll out of proven innovations to scale e.g., vaccines and service delivery approaches • Implementation research to improve national standards • Increase collaboration between researchers, communities and service providers for HIV prevention

PACKAGES/ APPROACHES/ EXPECTED ACHIEVEMENT/ MEANS OF VERIFICATION	POPULATIONS	ACCOUNTABLE PARTIES
• **Treatment as prevention** • **Partner involvement programmes**	• Pregnant women, postnatal women, breastfeeding women, new-born babies and infants, partners of pregnant and postnatal women	DoH, DBE, DCS, DSD, CBOs, NGOs, Retail pharmacies, private employers, Private healthcare, providers, Health insurance schemes, organised labour, Private and public institutions, workplaces, SANAC sectors, Hospitality industry, informal traders
• **Fund research at national, provincial and district levels** • **Implement research at provincial and district levels** • **Collaborate on research activities between public and private organisations** • **Strengthen and expand Ward Based Primary Health Outreach Teams (WBPHCOT)**	• Researchers and lecturers	DoH, DBE, DCS, DSD, CBOs, NGOs, academics, DST, universities, colleges, researchers and lecturers

OBJECTIVE 2.4: To ensure that 95% of people living with HIV, especially key populations, and other priority populations, know their status and are 95% on treatment and 95% are retained in care and achieve long-term viral suppression

	PRIORITY ACTION
Improve HIV linkage to care for all people living with HIV (1st 95%)	• Accelerate same-day or rapid initiation of ART • Strengthen client-centred linkage services using innovative differentiated model of HIV care • Support identifying children and adolescents living with HIV to accelerate linkage to HIV care and support
Identify, engage, or reengage people living with HIV who are not in care or not virally suppressed (2nd 95%)	• Decentralise and simplify HIV treatment services • Support viral load monitoring and adherence support for pregnant and breastfeeding women • Prioritise rapid introduction and scale-up of access to optimised, child-friendly HIV treatment and achieve sustained viral load suppression
Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression (3rd 95%)	• Prioritise differentiated model of care strategies for long-term retention • Provide a package of post-test services to improve male clients' uptake of HIV adherence and retention • Strengthen monitoring and management of ART side effects and pharmacovigilance • Implement high-impact interventions to prevent and respond to HIV drug resistance

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
• **Strengthen 2020 use of NDOH Standard Operating Procedures (SOPs) for the "Minimum package of interventions to support linkage to care, adherence and retention in care".** • **Provide active referral support for newly diagnosed patients** • **Fast track initiation counselling including a focus on adaptation for same-day initiation and post-initiation counselling aligned with treatment supply return dates** • **Provide a list of supporting organisations such as CBOs and FBOs to assist with psychosocial support**	• AGYW, ABYM, Men living with HIV, Children Living with • All people living with HIV, key populations and priority populations including children <5 years old, co-infected with TB, pregnant women, with mental health disorders or hypertensive and diabetic patients.	DoH, DBE, DMOC, CBOs, FBOs, DHET, DOT, NGOs, private healthcare providers, pharmacies and where NHLS and private laboratories
• **Facilitated linkage to care immediately after diagnosis and provide low-barrier access to HIV treatment** • **Enhance ongoing counselling services within health, community, and workplace settings** • **Enhance capacity and sensitisation of service providers on friendly and appropriate provision of care**	• Key populations, • Men living with HIV, • Adolescent girls and boys,	CCMDD pick-up points, DoH, CBOs, FBOs NGOs, and Private healthcare providers (pharmacies).
• **Scale up DMOC such as MMD3, adherence clubs, home delivery to support innovative retention strategies for PLHIV and key/ priority populations** • **Strengthening mechanisms for linking and ensuring retention of key populations on ART such as peer-led case-based tracking system** • **Expand the role of expert clients and community linkage and retention facilitators** • **Build the capacity of health and community caregivers by standardising training and mentoring** • **Scaling-up delivery appropriate use of rehabilitative and palliative care** • **Strengthen community-led initiates to improve the quality of care and retention** • **Support men targeted initiatives that promote adherence, retention, and improved health outcomes** • **Tailor training and mentorship to improve male-friendly health and social services** • **Improve the detection management of side effects** • **Strengthen reporting of adverse reactions to drugs and utilisation of pharmacovigilance reports.** • **Review essential drug list to include harm reduction specific to key populations (Opiod replacement therapy for PWUD and gender affirming therapy for the transgender population)**	Children <15 years, adolescents, and young people 15–24, pregnant and breastfeeding women and their partners, men in general and key and priority populations.	Expanded Programme for Immunization (EPI), child health clinics, In-patient wards, Ideal clinics, school health teams, Adolescent Youth Friendly Services (AYFS) facilities and communities, Early Childhood Development Forums, Child Protection Forums

OBJECTIVE 2.5: Improving the quality of life beyond HIV suppression by reducing HIV-related death and comorbidities, coinfections, and complications

	PRIORITY ACTION
Reduce HIV-related deaths from HIV/TB-associated comorbidities, coinfections, and complications	• Prevent, diagnose and treat major opportunistic in people living with HIV with advanced HIV disease • Scaling-up availability of short-course TPT regimens for people living with HIV and have advanced HIV disease • Integrate priority NCD prevention (diabetes, hypertension and cervical cancer, and mental health), assessment, and treatment in HIV care and treatment services.
Improve the quality of life for all people living with HIV	• Develop guidelines and tools for screening and provision of mental health and psychosocial support • Scale up the provision of integrated HIV, sexual and reproductive services, and nutrition services to community actors in the community • Scale up HIV and TB treatment literacy among people living with HIV • Increase awareness and support models of care that meet the needs of underserved PLWH (ageing and people with disabilities)

INITIATIVES/ INTERVENTIONS	POPULATIONS BE SPECIFIC AND PRIORITISE	ACCOUNTABLE PARTIES
• **Prioritise country adoption and implementation of the AHD package of services by strengthening screening, prophylaxis, rapid ART initiation and intensified adherence interventions** • **Increase procurement commitments for AHD commodities** • **Strengthen patient/community knowledge and demand for essential commodities** • **Scale up access to point of care CD4 testing, urine LAM TB testing, and cryptococcal antigen for PLWH with AHD** • **Prioritize access to short course TPT for people with AHD** • **Minimise stockouts of equipment needed for assessing clients' eligibility for ART and scale up short course TPT and co-trimoxazole** • **Updating and rolling out guidelines and tools for screening and diagnosis of NCDs among PLHIV** • **Integrate literacy on HIV and NCDs among people with HIV in health education, and psychosocial support initiatives at health facilities and community level.** • **Strengthen the referral mechanisms for PLHIV to NCDs services for management and treatment** • **Strengthen data systems to collect and utilise data on NCDs among PLHIV for programming.**	• People living with HIV and co-infected with TB • People with advanced HIV disease • Men living with HIV (target age group 25-34 years) • People with hypertension, diabetes and cervical cancer • Children <5 years • Pregnant women	DoH, CBOs, NGOs, private healthcare providers and NHLS
• **Improve and expand counselling services for newly diagnosed HIV-positive and other pre-ART clients to offer comprehensive psychosocial support** • **Strengthen the integration of patient-friendly services (HIV, SRH, diabetes, cervical cancer, and hypertension.)** • **Enhance targeted messaging to improve HIV, TB, and STI treatment literacy** • **Strengthen the U=U message to increase awareness and improve suppression on ART** • **Identify, implement, and evaluate models of care that meet the needs and ensure quality of care across services.** • **Identify and implement best practices related to addressing psychosocial and behavioural health needs including harm reduction and mental health**	• Key populations, • Men living with HIV, • Adolescent girls and boys,	CCMDD pick-up points, DoH, CBOs, FBOs NGOs, and Private healthcare providers (pharmacies).

OBJECTIVE 2.6: **Strengthen TB prevention interventions for key and priority populations and the implementation of airborne infection prevention and control in health facilities and high-risk indoor places where people congregate**

	PRIORITY ACTION
Provide TB preventative therapy and adherence support to people that are eligible	• Provide TB preventative therapy and adherence support, and accelerate the scale-up of TPT with shorter regimens to people that are eligible • Enhance contact tracing and testing, and utilising technology for screening • Review emerging evidence on new diagnostic tools (skin tests) for TB infection and consider translation into guidelines
Strengthen the implementation and monitoring of airborne infection prevention and control (AIPC) measures in health facilities	• Strengthen the implementation of airborne infection prevention and control measures in health facilities • Develop and implement monitoring plans for airborne infection prevention and control measures in health facilities • Ensure availability of masks, PPE and respirators for HCW • Decongest health facilities (CCMDD, MMD etc) to reduce the risk of airborne disease transmission
Strengthen the implementation of airborne infection prevention in high-risk indoor places where people congregate	• Review and update ventilation standards for high-risk indoor places where people congregate such as schools and places of worship • Educate community to maximise natural ventilation, masking, self-isolation for people with TB and cough etiquette • Incorporate TB screening within workplace and education institutions under health and safety policies and programmes

INITIATIVES/ INTERVENTIONS	POPULATIONS	ACCOUNTABLE PARTIES
• Update and disseminate TPT guidelines, taking into consideration algorithms for children and those exposed MDR-/XDR- TB. • Provide adherence support for people on TPT and ensure availability of TPT at health facilities • Incorporate new shorter regimens in TPT guidelines • Provide contact tracing cards to people with TB • Train HCW, including WBOT and CHCW on contact tracing • Support community led and based contact tracing initiatives • Utilise technology such as TB Health Check app for contact tracing • Review literature and WHO recommendations on new diagnostic skin tests for TB infection • Consider translation of the new diagnostic tools (IGRAs and antigen-based skin tests) for TB infection in guidelines	• Developing active TB disease such as all children < 25kg, PLWH, contacts of people with TB and those with silicosis	• Providers, Private schools, Health insurance schemes
• Review, update and disseminate policies and guidelines on airborne infection control • Develop and implement an infection control plan according to the National Infection Prevention and Control strategic framework and the ideal clinic and hospital frameworks • Each health facility to have a designated staff member responsible for infection control • Resource, procure and provide masks, respirators, PPE for staff according to the National Infection Prevention and Control strategic framework and the ideal clinic and hospital frameworks • Follow the principles and guidelines outlined in the Ideal clinic and hospital frameworks, and the Integrated clinical services management manual on facility re-organisation, fast-tracking of patients, CCMDD and MMD	• All people accessing health facilities including patients and staff members	DoH, Private healthcare providers
• Review, update and disseminate ventilation standards for high-risk indoor places considering lessons learned from COVID-19. • Maximise natural ventilation • Partnerships with other sectors to review new building plans or infrastructure to be compliant with the ventilation standards • Educate and empower the community members on infection control, how to maximise natural ventilation, masking and its benefits, cough etiquette and isolation for those that are ill. • Provide IEC material on infection control in the community • Ensure availability of policies on screening for diseases including TB in workplaces and institutions • Train staff to conduct screening • Monitor the implementation of screening for diseases	• All community members	DoH, DBE, DSD, CBOs, DHET, DOT, NGOs, Private healthcare providers, Private schools

OBJECTIVE 2.6: (continued) **Strengthen TB prevention interventions for key and priority populations and the implementation of airborne infection prevention and control in health facilities and high-risk indoor places where people congregate.**

	PRIORITY ACTION
Address TB risk factors and social determinants/ barriers through a multi-sectoral approach	• Provide package of interventions for health-related TB risk factors such as HIV/AIDS, undernutrition, diabetes, smoking and alcohol • Strengthen multi-sectoral collaboration, strong partnerships and clear referral pathways between social departments and TB prevention service providers (health facilities and workplaces) for TB prevention
Support the development, uptake and scale-up of new TB vaccines	• Advocate for resource mobilisation and allocation for the development of new TB vaccines • Evaluate evidence of new TB vaccines as it becomes available • Develop a strategy for the roll-out of new TB vaccines

INITIATIVES/ INTERVENTIONS	POPULATIONS	ACCOUNTABLE PARTIES
• Provide combination prevention, treatment, and support services for PLWH and those affected by undernutrition, diabetes, smoking and alcohol • Increase funding to support collaborative initiatives with key stakeholders • Facilitate engagement of other key stakeholders such as departments of labour, education, social services etc. • Develop a database of stakeholders and service providers for each facility • Support and promote development of contextualized referral pathways for each facility	• Key and priority populations for TB • General population • People who use drugs	DoH, DBE, DSD, CBOs, DHET, DOT, NGOs, Private healthcare providers, Health insurance schemes
• Advocate for TB vaccine research funding and for participation in TB vaccine research • Support, and resource research for new TB vaccines and work with partners on TB vaccine research • Literature review on new TB vaccines as it becomes available • Prepare to invest in TB vaccine roll-out and scale-up • Apply lessons from the COVID-19 vaccination roll-out	• Key and priority populations for TB • General population	DoH, NGOs, Private healthcare providers, civil society Researchers Local and international funders

OBJECTIVE 2.7: Strengthen TB diagnosis and support for people with TB, and accelerate th scale-up of innovative processes, diagnostic tools and regimens for th diagnosis, treatment, and care for people with TB

	PRIORITY ACTION
Strengthen TB diagnosis and increase TB detection rate	• Strengthen implementation of quality TB systematic screening • Strengthen quality systematic and universal testing for TB, especially in key and priority populations to increase early diagnosis of TB including subclinical/asymptomatic TB and extra-pulmonary TB • Accelerate the scale-up of innovative processes such as test and treat and POC testing to strengthen TB diagnosis • Accelerate the scale-up of innovative diagnostic tools such as digital chest –rays and uLAM to increase TB detection rate • Develop and implement targeted campaigns for TB screening and testing
Strengthen linkage into care for people with TB	• Strengthen referrals and linkage into care for people with TB • Provide pre-and-post TB testing counselling to support linkage into care for people with TB • Utilise technological tools to support referrals and linkage into care for people with TB

INITIATIVES/ INTERVENTIONS	POPULATIONS	ACCOUNTABLE PARTIES
• Find, implement, and monitor innovative, quality screening processes at clinics and hospitals • Provide regular, systematic testing for TB for people at high risk of TB disease such as PLWH, contacts, HCW and other key and priority populations • Eliminate barriers to accessing health services such as stigma and costs • Include more than one diagnostic tools for first test in the TB diagnosis algorithm • Accelerate the adoption and scale-up of POC tests and the test and treat strategy for TB • Consider utilising other samples for TB diagnosis such as stools in children • Support research on TB diagnostic tools • Evaluate evidence on new innovative diagnostic tools for TB as it becomes available and consider their inclusion in the NTP • Update and disseminate guidelines on subclinical TB diagnosis • Resource and implement TB screening and testing campaigns targeting key and priority populations • Invest in community based and led campaigns on TB screening and testing	• Key and priority populations for TB • All people accessing health services • General population	DoH NGOs and CBOs Private healthcare providers Health insurance schemes
• Strengthen referral of people with TB that are recently diagnosed especially those diagnosed through community campaigns and in hospitals • Provide results to people that were tested for TB by short text messages from the laboratory • Notify all new people with TB • diagnosed and started on TB treatment to the NTP • Develop guidelines on pre-and post TB testing counselling • Invest in capacity building for HCW, including WBOTs and CHCW to provide pre- and post TB testing counselling for people with TB • Utilise technological tools such as medical health records, laboratory systems and TB reporting programmes to support the referral and linkage into care for people with TB	• People in correctional facilities and other closed settings	Private healthcare providers, Health insurance schemes Correctional services

OBJECTIVE 2.7: (continued) **Strengthen TB diagnosis and support for people with TB, and accelerate th scale-up of innovative processes, diagnostic tools and regimens for th diagnosis, treatment, and care for people with TB**

	PRIORITY ACTION
Strengthen access to treatment and care for people with TB	• Strengthen supply chain management and good medicine/pharmacy stock management of TB treatment medication at health facilities • Accelerate the scale-up of shorter TB regimens • Evaluate evidence of new TB treatment regimens as it becomes available, especially for MDR-/XDR-TB • Support research in the development of new effective TB treatment regimes, especially for MDR-/XDR-TB • Provide care for post TB disease • Develop guidelines for the treatment of sub-clinical TB
Strengthen support and increase treatment completion for people with TB	• Provide support such as adherence counselling, treatment buddy, during and post-treatment for PWTB • Provide social support and mental health services support during and post-treatment for PWTB, prioritising high-risk individuals and people with MDR-/XDR-TB • Minimise barriers (travel costs, missing work) to access TB treatment and care • Develop and implement track and trace strategies for PWTB that are no longer in care • Adopt and scale-up evidence-based digital adherence support technologies for PWTB on treatment
Provide advanced quality care for people with severe or complicated TB disease	• Provide advanced quality care for patients with special needs or complicated TB disease such as children, MDR-/XDR-TB and extra-pulmonary TB • Provide palliative care for people with TB

INITIATIVES/ INTERVENTIONS	POPULATIONS	ACCOUNTABLE PARTIES
• Support the supply chain management for TB treatment medication and ensure availability of all the required medication for TB treatment at health facilities, especially those providing decentralised MDR-/XDR-TB treatment • Update and disseminate the TB treatment guidelines to include new shorter TB regimes and train HCW on new TB treatment regimes • Monitor the implementation of new shorter TB regimes, including pharmacovigilance • Evaluate the evidence on new TB treatment regimens as it becomes available and consider incorporating the new TB regimens into SA TB treatment guidelines • Support the research of new TB treatment regimens, especially formulations for children and for MDR-/XDR-TB treatment • Provide medical reviews for all people with TB that have completed treatment for 2 years, at 6 months intervals • Identify people with TB that completed treatment that need pulmonary rehabilitation and refer accordingly • Evaluate evidence as it becomes available on subclinical TB treatment and develop guidelines on the treatment of subclinical TB	• People with TB, • People affected by TB	DoH, NGOs and CBOs, Private healthcare providers, Health insurance schemes
• Provide adherence counselling as part of the post-test counselling for people newly diagnosed with TB and promote the treatment buddy model for ongoing support • Provide adherence support for people with TB on treatment through counselling, sending reminders and appointment schedules that are people centred • Provide social support and mental health support during and post treatment for people with TB, prioritizing those at high risk of poor adherence and people with MDR-/XDR-TB • Establish clear referral pathways for accessing the social support and mental health support services • Minimise barriers such as travel costs, missing work for people with TB to access TB treatment and care services and families affected by TB experiencing catastrophic costs • Develop and implement track and trace strategies for people with TB that are no longer in care • Adopt and scale-up evidence-based digital adherence support technologies for people with TB on treatment such as telephonic reminders, text messages and video calls as appropriate	• People with TB, • People affected by TB	DoH, NGOs and CBOs, Private healthcare providers, Health insurance schemes DSD
• Provide advanced quality care for patients with special needs or complicated TB disease such as children, MDR-/XDR-TB and extra-pulmonary TB that might include, and not limited to special investigations, different regimens, referrals to various specialists and hospital admission. • Establish a palliative care programme for people with TB • Enhance partnerships between the hospice and the facilities that provide TB treatment	• People with TB • People affected by TB	DoH, NGOs and CBOs, Private healthcare providers, Health insurance schemes

OBJECTIVE 2.8: Increase detection and treatment of four curable STIs through systems strengthening, service integration and diagnostic testing; achieve elimination targets for mother-to- child transmission of syphilis; and scale-up HPV vaccination and cervical cancer screening

	PRIORITY ACTION	INITIATIVES/ INTERVENTIONS
Reduce the annual number of new cases of four curable STIs	• Scale up STI prevention by providing high-quality health information, targeted biomedical prevention options, and timely health services • Implement STI diagnostic testing of key/priority populations to detect and treat asymptomatic infections • Optimise STI treatment outcomes by implementation of STI diagnostic testing of symptomatic individuals • Develop and implement effective STI partner notification and treatment strategies	• Prevent STIs by providing information and education together with effective STI prevention tools, e.g., condom distribution and MMC services. • Training/Re-training of HCWs in primary health care on detection and treatment of STIs, including priority populations. • Scale up diagnostic STI testing to improve detection, starting with pregnant women, AGYW, FSW and other priority populations • Integration of STI care with primary health care, reproductive health care and HIV services. • Improved surveillance of STIs (incl. chlamydia, gonorrhoea, trichomoniasis, syphilis) and of antibiotic resistance. • Establish effective and rapid specialist referral systems with access to advanced diagnostics to manage cases of treatment failure and complicated STIs. • Implementation of strategies to strengthen partner notification and contact tracing, especially for key populations (such as expedited partner therapy).
Achieve elimination of mother-to-child transmission of syphilis	• Implement syphilis rapid diagnostic testing and same-day treatment of pregnant women during antenatal care • Provide comprehensive follow-up post-treatment including serological monitoring and evaluation of partner treatment • Ensure sustained access to BPG for all cases of syphilis and consider alternative treatment options when these become available	• Screening of all pregnant women for syphilis at first ANC visit. • Screening for syphilis at birth for all infants born to syphilis positive or to women who were unbooked or untested. • Linking all children diagnosed with congenital syphilis to care and ensuring they receive treatment
Scale-up HPV vaccination and cervical cancer screening	• Scale-up of age-based school HPV vaccination programme including independent schools and options for out-of-school girls • Expand HPV vaccination programme to other population groups at high-risk of HPV-associated disease • Transition from high-quality cytology to HPV DNA as primary test for cervical cancer screening • Implement and monitor the cervical cancer care cascade including rapid management of women with high-risk cervical lesions	• **High coverage of full HPV vaccination of schoolgirls and out-of-school girls.** • **Implement awareness-raising for HPV vaccination and strengthen curriculum in primary and high schools on HPV.** • **Encourage HPV vaccination in key populations.** • **Strengthen access to HPV testing and colposcopy services**

	POPULATIONS	ACCOUNTABLE PARTIES
	• AGYW; pregnant women; PLHIV; MSM; TG; CSW; PrEP users	NDoH, DBE, DCS, DSD, DOT, CBOs, DHET,TVET, NGOs, Private healthcare providers/sector, Private schools, Health insurance schemes, NICD, NHLS, Civil society
	• Pregnant women, new-borns and infants	NDoH, DSD, CBOs, NGOs, Private healthcare providers, Health insurance schemes, NICD, NHLS, Private health sector
	Vaccination: All girls 10-12 years of age; populations eligible for catch-up vaccination **Cervical cancer screening:** Women 30+, WLHIV 25+	NDoH, DBE, DCS, DSD, DOT, CBOs, NGOs, Retail pharmacies, Private healthcare providers, Health insurance schemes

OBJECTIVE 2.9: Reduce viral hepatitis morbidity through scale-up of prevention, diagnostic testing, and treatment

	PRIORITY ACTION	INITIATIVES/ INTERVENTIONS	POPULATIONS	ACCOUNTABLE PARTIES
Scale-up prevention of viral hepatitis	• Scale-up HBV birth dose vaccination of new-borns • HBV diagnostic testing and vaccination of HCW • Scale-up harm reduction programmes for PWID	• Provide Hep B vaccination within 24 hours at all birth facilities as part of existing vaccination schedule • Offer all HCWs Hep B vaccination at public and private health facilities • Provide needle exchange programmes, opioid substitution therapy and Hep C education	• Pregnant women • New-borns • HCW • People with HIV, PWID	NDoH, DCS, DSD, NGOs, Private healthcare providers, Private schools, Health insurance schemes, NICD, NHLS, Civil society
Scale-up diagnostic testing and treatment of viral hepatitis	• Implement HBV diagnostic testing and treatment of key populations and pregnant women and scale-up testing coverage of people with HIV • Implement targeted HCV diagnostic testing and treatment strategies of key populations	• Screening for HBV in all pregnant women, and PLHIV • Screening for HCV of all people who inject drugs • Ensure effective Hep C treatment available for those diagnosed	• Pregnant women • New-borns • HCW • People with HIV • People who inject drugs (HCV)	NDoH, DCS, DSD, NGOs, Private healthcare providers, Private schools, Health insurance schemes, NICD, NHLS, Civil society

Table 10

Logical framework **Goal 3:** To build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

OBJECTIVE 3.1: Engage adequate human resources to ensure equitable access to HIV, TB and STIs services

	PRIORITY ACTION	APPROACHES	POPULATIONS	ACCOUNTABLE PARTNERS
Deploy an adequate workforce in the prevention, treatment and care programmes	• Expand the number of inter-professional workers by training more cadres • Allocate adequate financial resources for various cadre of the HIV, TB and STI responses	• Ensure that the human resources required are sufficient in number where they are needed	• Medical practitioners • Professional nurses • Lay counsellors • Ward-based outreach teams • Peer-navigators • Community reps • Social service practitioners • Laboratory personnel	NDoH DSD DPSA
Capacitate and embark on ongoing interprofessional training and mentoring of workers in their diversity to address skill and knowledge gaps	• Train interprofessional workers in the field on new policies and guidelines, integrated services, task shifting approaches and contact tracing • Train and capacitate community workers on HIV, TB, STIs, viral hepatitis and mental health prevention, treatment and care services • Train, sensitise, and capacitate workers in their diversity on the specific needs of key and priority populations	• Ensure that there are • Appropriately trained human resources where they are needed and deployed	• Medical practitioners • Professional nurses • Lay counsellors • Ward-based outreach teams • Peer-navigators • Community reps • Social service practitioners • Laboratory personnel	NDoH DSD DPSA
Expedite continuous wellness and psychosocial support programmes for workers in their diversity	• Establish an appropriate and supportive organisational structure for wellness management • Provide wellness management resources and facilities	• Promote and protect the health and wellbeing of human resource structures	• Medical practitioners • Professional nurses • Lay counsellors • Ward-based outreach teams • Peer-navigators Community reps • Social service practitioners • Laboratory personnel	DPSA NDoH DSD
Revise and revitalise evidence-based methods to calculate workforce needed with regards to the National Health Insurance (NHI) implementation and emergency's responses	• Advocate for the needs-based approach in calculating workforce needed	• Equitably distribute health care workers across the provincial and public–private divides based on the principles of Universal Health Coverage (UHC) as one of the key lessons SA has learnt from its fight against COVID-19	• Medical practitioners • Professional nurses • Lay counsellors • Ward-based outreach teams • Peer-navigators Community reps • Social workers • Laboratory personnel	NDoH DSD DPSA

OBJECTIVE 3.2: Use timely and relevant strategic information for data-driven decision-making

	PRIORITY ACTION	OUTPUTS	ACCOUNTABLE PARTNERS
Build a national framework and scorecard (specifying processes, data sources, human resources, stakeholders and other items) for the NSP strategic information	• Develop and implement a detailed strategic information framework for the NSP • Develop and implement a simple scorecard for the framework	• Availability of high-quality data for tracking all NSP indicators, allowing for relevant disaggregation • Well-resourced and costed M&E Plan • Promptly released and actionable SI products	SANAC NDOH
Enhance integration of data systems, including data-sharing between sectors, for a more coordinated response	• Implement interoperability of data system • Enhance the role of SANAC's Situation Room in the NSP • Strengthen data sharing between sectors	• Coherent and harmonised country data system • Increased awareness and use of the Situation Room for decision-making by stakeholders across all sectors • A framework for data sharing between public, private and community	SANAC NDOH NHLS DPME Other Government Departments
Implement rapid data analysis of routine HIV, TB and STIs data at national and local levels for more effective action	• Allocate data analysts for routine data analysis at national and local levels • Capacitate local staff to use data for action • Support community-led monitoring	• Analytical ca-pacity at na-tional and lo-cal levels • Actionable monthly SI reports at na-tional and lo-cal levels • Release of public-facing data • Feedback channels for SI	SANAC NDOH PARTNERS
Strengthen and expand surveillance structures for HIV, TB and STIs	• Strengthen and expand routine surveillance of STIs	• Increased number of STI sentinel surveillance sites • STI module added to Tier.NET • Representative population-based survey estimates of STI burden	SANAC NDOH NICD/NHLS

OBJECTIVE 3.3: Expand the research agenda for HIV, TB and STIs to strengthen the national response

	PRIORITY ACTION	OUTPUTS	ACCOUNTABLE PARTNERS
Strengthen research for the NSP and invest in South Africa-initiated research whilst supporting collaboration with international counterparts	• Conduct surveys for the timely evaluations of the NSP interventions • Accelerate NSP-related research, including operations and translational research • Adopt a model for funding SA-initiated research	• Availability of high-quality data for tracking all NSP indicators, allowing for relevant disaggregation • Well-resourced and costed M&E Plan • Promptly released and actionable SI products	SANAC NDOH
Enhance integration of data systems, including data-sharing between sectors, for a more coordinated response	• Implement interoperability of data system • Enhance the role of SANAC's Situation Room in the NSP • Strengthen data sharing between sectors	• Timely evaluations of the NSP interventions • A curated database of priority NSP research questions • Capacity building on evidence-based practice • Model for funding SA-initiated research	SANAC NDOH Universities and research organisations (NRF, HSRC, CSIR, NRF) and universities
Implement rapid data analysis of routine HIV, TB and STIs data at national and local levels for more effective action	• Allocate data analysts for routine data analysis at national and local levels • Capacitate local staff to use data for action • Support community-led monitoring	• Analytical ca-pacity at na-tional and local levels • Actionable monthly SI reports at na-tional and lo-cal levels • Release of public-facing data • Feedback channels for SI	SANAC NDOH PARTNERS
Strengthen and expand surveillance structures for HIV, TB and STIs	• Strengthen and expand routine surveillance of STIs	• Increased number of STI sentinel surveillance sites • STI module added to Tier.NET • Representative population-based survey estimates of STI burden	SANAC NDOH NICD/NHLS

OBJECTIVE 3.4: Harness technology and innovation to fight the epidemics with the latest available tools

	PRIORITY ACTION	APPROACHES	POPULATIONS	ACCOUNTABLE PARTNERS
Invest in knowledge production and technology outputs from South African institutions to generate more home-grown solutions	• Accelerate technology skills transfer • Accelerate the scale-up of innovative diagnostic tools	• Expand the use of scientific knowledge in support of innovation • Efficiently deliver effective medicines	• Researchers • Technicians	DSIT DHE IHL Research institutions NDoH Private sector Medical schemes
Ensure wide coverage of optimised and registered medicines for HIV, TB and STIs and their co-morbidities coupled with a special focus on enhancing readiness for new therapeutics	• Accelerate the use of safe and effective generics • Accelerate the market entry of domestic products • Foster competition to ensure the continued affordability of biomedical commodities incl. vaccines	• Efficiently deliver effective medicines	• General population	NDoH DSD DPSA
Establish an integrated digital health ecosystem of people, processes and technology that support health systems strengthening to enable the efficient service delivery and effective patient care	• Strengthen telehealth and facilitate adoption and use of eHealth and Health in the prevention, treatment and care services • Employ digital tools in diagnostics, data collection and analytics	• Ensure that digital health technologies and innovations advance the right to health and access to services	• General population • Medical practitioners • IT specialists • Key and priority populations	DSIT DHET

OBJECTIVE 3.5: Leverage the infrastructure of HIV, TB & STIs for broader pandemic and various emergencies' preparedness and response

	PRIORITY ACTION	APPROACHES	POPULATIONS	ACCOUNTABLE PARTNERS
Apply lessons learned from the response to HIV, TB and STI to support emerging pandemics and other health and development threats	• Collaboration between foun-dations, NGOs and research centres should be entry points in disseminating best practices • Adoption of existing epide-miological modelling systems to support the response • Multi-sectoral and multidi-mensional global and local mobilisation uniting and syn-ergising a response towards eradication of the epidemics • Community-based care de-livery infrastructure • Training of a diverse health workforce able to handle di-verse conditions including in-fectious diseases	• Adapt to changing epidemic patterns and rapidly deploy innovations learned from the care and management of HIV, TB and STIs • Leverage the infrastructure employed for HIV, TB and STI manage to future pandemics	• General population	HE DSIT NDoH Private sector Health insurance companies
Scale up effective COVID-19 adaptions for HIV, TB and STI responses and other future emergencies	• Maintenance of a robust surveillance system • Decentralisation of services to local level • Evidenced-based decision-making process • Swift application of technology and innovation • Strengthening of private public partnerships • Enhancement of community engagement • Capacity building • Contact tracing strategies	• Lessons learnt during COVID-19 must be leveraged to improve the public health response to HIV, TB and STIs and other future emergencies	• General population	Government Departments Private sector
Support integration and linkages and formalise clear referral pathways for management of communicable, non-communicable and opportunistic infections for people with HIV, TB and STIs	• Reduce lost to follow up across the cascades of care • Expand community-based referrals for comprehensive health and social services • Offer flexible service hours convenient to patients • Expand the range of services, medication and self-care options available at pick-up points	• Integration for a multi-sectoral response to the three epidemics	• Medical practitioners • Professional nurses • Lay counsellors • Ward-based outreach teams • Peer-navigators • Community reps • Social workers • Laboratory personnel	NDoH Health insurance schemes Medical aid schemes
Engage a range of actors working on HIV, TB, STIs, mental health, hepatitis, cervical cancer, COVID-19, human rights, social justice, and other sectors and identify opportunities for collaboration	• Develop multi-sectoral strategies for prevention, treatment and care programmes • Strengthen private public partnerships • Collaborate at international, transnational, regional, national, and local levels	• Integration for a multi-sectoral response to the three epidemics	• General population	Donor agencies NGOs Civil society NDoH

OBJECTIVE 3.6: Build a stronger public health supply chain management

	PRIORITY ACTION	APPROACHES	POPULATIONS	ACCOUNTABLE PARTNERS
Ensure adequate availability of quality HIV, TB and STI commodities and supplies that include both prevention and therapeutic interventions	• Curtail import taxes for internationally acquired medicines • Limit taxes and regulate supply chain distribution mark-ups • Price regulation to ensure sustainable margins for commercial suppliers	• Enhance access to quality of care	• PLHIV • People with TB • STI infected • Contacts	NDoH Pharmaceutical companies Civil society
Continued efforts to work towards optimising access at the lowest possible prices to drugs that people with HIV, TB or STIs need	• Adjust structural and policy factors that influence drug pricing • Curtail distribution mark-ups in order to lower prices • Foster continued innovation in drug development • Promote widespread use of generics	• Expand access to preventive and therapeutic biomedical commodities	• PLHIV • People with TB • STI infected • Contacts	Civil society NDoH Pharmaceutical companies Private sector

OBJECTIVE 3.7: Strengthen laboratory systems and improve capacity to conduct laboratory based surveillance

	PRIORITY ACTION	APPROACHES	POPULATIONS	ACCOUNTABLE PARTNERS
Ensure access to comprehensive HIV, TB, STI laboratory testing including molecular diagnostics, serology, and culture	• Provide support for laboratory training • Expedite development of laboratory information systems • Ensure quality systems for instrument verification and external quality assessment	• Ensure adequate and appropriate diagnostic and surveillance aids in order to prevent, treat and prevent complications	• PLHIV • People with TB • STI infected • Contacts	DSIT NHLS Private laboratories
Improve facility- and laboratory-based surveillance activities to monitor effective prevention and treatment modalities of HIV, TB and STI	• Ensure accessibility to CD4, VL and resistance testing in the care of PLHIV • Monitoring of genotypes and the dynamics of transmission in TB infection • Enhanced programmes to routinely collect and analyse local STI surveillance data	• Track the magnitude and dynamics of the epidemics	• People with HIV • People with TB • STI infected • Contacts of cases of TB and STIs	NDoH NHLS Private laboratories
Increase and enhance access to self-screening and testing modalities for HIV, TB and STIs	• Regulate sale, distribution, advertisement, and use of quality-assured self-testing modalities • Employ means of confirming an individual's positive test result • Linkage to counselling and care services for the individuals with positive results	• Close testing and treatment gaps	• General • Key and priority populations	NDoH DSIT

OBJECTIVE 3.8: Advocate for the acceleration of the approval of health produc ts

	PRIORITY ACTION	APPROACHES	POPULATIONS	ACCOUNTABLE PARTNERS
Support ef-forts to overcome regulatory bar-riers that delay market entry of new biomedical technologies in-cluding medicines	• Dedicated pathways to review different applications • Additional facilitated pathways for urgent applications • Set review timelines	• Accelerate market entry of new health technologies	• General Key and priority populations	NDoH SAHPRA Private sector Pharmaceutical companies Health insurance schemes
Employ new guidelines and policies that will enhance quick and easy access to new biomedical commodities	• Accelerated approvals for applications addressing unmet needs • Support prioritisation of applications for medicines serving the therapeutic areas that address the highest public health need within South Africa	• Enforce timely access of safe, quality, and effective medicines to patients	• General Key and priority populations	NDoH SAHPRA Private sector Pharmaceutical companies Health insurance schemes

Table 11

Logical framework **Goal 4:** To fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions

OBJECTIVE 4.1: Sufficient domestic and external funds are mobilised and allocated to facilitate the efficient implementation of HIV, TB and STI programmes

	PRIORITY ACTION	OUTPUTS	Accountable partners
Secure adequate and predictable funding for an efficient response from public, private and external funding sources	• Co-ordinate sufficient and complimentary investments from government departments, development partners and the private sector, guided by a national resource mobilisation strategy.	• **National resource mobilisation strategy**	National RMC, HFES TWG, SANAC, National Treasury, CSF, Private Sector, Development Partners
	• Protect and raise public allocations for HIV, TB and STIs in the Medium Term Expenditure Framework (MTEF), using costing and expenditure data, evidence-based advocacy, investment cases, budget impact assessments, budget bids, and budget re-prioritisation exercises.	• **Increase in domestic allocations greater than 20% of baseline in real terms**	All implementing departments. National RMC, HFES TWG
	• Create more budget space for HIV and TB priorities through systematically pursuing activities at the national and provincial levels that result in efficiency savings that can be re-invested in under-resourced priority.	• **Efficiency saving monitoring report**	All implementing departments. National RMC, HFES TWG
	• Raise additional funds for HIV and TB through innovative financing mechanisms, including blended finance structures, Outcomes Based Contracting and public-private partnerships. Build on the progress and learnings from the Imagine Social Impact Bond (SIB) for adolescent learners.	• **Funding from innovative sources doubles from baseline**	National Treasury, SAMRC, main implementing departments, Private Sector, Development Partners
	• Raise additional funds for HIV and TB through innovative financing mechanisms, including blended finance structures, Outcomes Based Contracting and public-private partnerships. Build on the progress and learnings from the Imagine Social Impact Bond (SIB) for adolescent learners.	• **New source of funding or co-funding agreement or public/ private pooling mechanism in place**	SANAC, NT, NDOH, DBE, DSD
	• The primary health financing mechanisms for HIV and TB, such as conditional grants and off-budget bilateral grants, should be reviewed and refined to better co-ordinate and integrate investments from different domestic and external sources.	• **National resource mobilisation strategy. Monitoring report on co-ordinated and harmonised financing**	National RMC, HFES TWG, SANAC, National Treasury, Development Partners

	PRIORITY ACTION	OUTPUTS	Accountable partners
Evidence-based prioritisation ensures that the right mix of interventions are implemented in the right places, with precision, to maximise impact	• Support the continued application of disease transmission, cost and impact assessment models to guide more precise programming, optimisation and budget planning (using models such as Thembisa Optimize), and the widen application of models to the provincial level.	• **Annual outputs from HIV response and optimisation modelling for HIV, TB and Stis**	National RMC, HFES TWG, SANAC Secretariat
	• Under the guidance of the health financing, economics and sustainability technical working group (TWG), undertake cost analyses and economic evaluations to drive value for money in HIV and TB programmes and to inform the transition of effective service delivery models from vertical programmes to efficient, integrated district programmes.	• **Active HFES TWG** • **Annual VfM research agenda**	National RMC, HFES TWG, SANAC Secretariat
Health financing and financial management systems and capacities are optimised to support sustainable financing, budget monitoring and accountability	• Revitalise health economics and resource mobilisation structures for improve the use of economic data and evidence for resource mobilisation, planning and decision making	• **Active National and Provincial Resource Mobilisation Committees** • **Bi-annual RMC - TWG engagements**	National RMC, Provincial PCAs, HFES TWG, SANAC Secretariat
	Strengthen government financial information systems and their integration with programme, procurement and human resource information systems, to generate routine data for management, decision-making and accountability monitoring. This should include a repository for publicly available in-country input costs and unit costs.	• **Reporting solution for integration of DHIS2 and BAS data for management and accountability** • **NSP unit cost repository, updated annually**	National RMC, HFES TWG, SANAC Secretariat, National Treasury
	The tracking and reporting of all HIV, TB and STI budgets and expenditures should be strengthened through a centrally co-ordinated exercise that achieves simplification, harmonisation and routinization of reporting	• **Bi-annual NASA and TB spending assessments** • **Annual Resource Mapping Report** • **Routine, automated DOH spending reports on HIV and TB sub-programmes**	National RMC, National Treasury, Provincial PCA Secretariat, HFES TWG, SANAC Secretariat, main implementing departments

OBJECTIVE 4.2: Sustainability and transition plans and actions are routinely developed and implemented to ensure that interventions remain on-track to achieve NSP goals

	PRIORITY ACTION	OUTPUTS	Accountable partners
Proactive multi-sectoral sustainability and transition planning leads to an integrated domestic response that is resilient to external shocks	• Resource and empower relevant entities to lead sustainability planning and management at the national and provincial level, including SANAC and PCA secretariats and TWGs, and through the creation of specific job descriptions and accountability mechanisms, under the guidance of the National Sustainability Framework for HIV/AIDS and TB.	• **SANAC Secretariat Sustainability Manager** • **Provincial PCA sustainability KPIs**	SANAC Secretariat, PCA Secretariats
	• Undertake regular sustainability assessments and transition planning exercises for priority sub-programmes and systems at national and provincial levels, using available tools such as sustainability scorecards, sustainability dashboards and the provincial sustainability roadmaps, under the auspices of a nationally co-ordinated sustainability planning agenda.	• **Transition plans for 2 donor reliant sub-programmes** • **Annual sustainability assessments and scorecards for selected sub-programes and provinces**	SANAC Secretariat, PCA Secretariats, relevant departments, HFES TWG, sub-programme multi-sector co-ordination structures
	• Develop appropriate sustainability indicators for integration and sustainability and incorporate them into the NSP accountability framework as well as sector strategic and annual plans. Track progress through SANAC/ PCA reporting mechanisms and through support to community-led monitoring.	• **Performance reporting for at least 4 core sustainability KPIs at national and provincial level**	SANAC Secretariat, PCA Secretariats, relevant departments, HFES TWG
	• Scale up and strengthen social contracting mechanisms and co-financing for sustainable delivery of services through civil society, communities and key and vulnerable populations.	• **Social contracting guideline for provinces** • **Cost effective public sector social contracting model for KP combination prevention**	SANAC Secretariat, PCA Secretariats, National Treasury, relevant departments, HFES TWG
	• Undertake long term planning and sustainable financing pathways for CHW programming, especially for services that are heavily reliant on development partners.	• **Transition plan for donor funded CHWs**	NDOH, Provincial DOHs, SANAC Secretariat, Development Partners

OBJECTIVE 4.3: Reset and reposition SANAC, all AID Councils and Civil Society organisations for an optimal, efficient and impactful 2023-28 NSP execution experience

	Interventions	Approaches	Accountable Agencies
Build execution capability of existing AIDS council structures whilst accelerating the establishment of new ones across the board	Identify inherent institutional capacity gaps at all AIDS Councils.	**Conduct independently-led institutional capacity audits at all AIDS Councils**	Office of the Premiers;
	Roll-out focused capacity building programmes targeting all levels of AIDS Councils leadership.	**Provisioning of governance and leadership training and mentoring support.**	SANAC, AIDS Councils
	Enhance the operating and financial leverage of AIDS Councils.	**Unlock co-funding opportunities through public-private partnerships and provisioning of donor linkage support.**	Office of the Premiers;
	Promote best practices in response governance and leadership.	**Facilitate benchmarking related exchange visits for all Provincial AIDS councils.**	SANAC, AIDS Councils
	Achieve greater localisation and decentralisation of response support and coordination	**Ramp up efforts to establish, formalise and institutionalise new AIDS Councils.**	Office of the Presidency and Premiers;
Drive a multi-stakeholder driven response operation	Periodically gauge the level of stakeholder satisfaction in the manner in which the NSP is implemented.	**Conduct nation-wide stakeholder perception and satisfaction surveys.**	AIDS Councils and SANAC
Foster the greater participation of the private sector and civil society in the affairs and operations of all AIDS Councils.	Placing the private sector, labour and civil society at the centre of the response	**Mainstreaming representatives of the private sector, labour and civil society into key decision-making structures of AIDS Councils.**	SANAC, AIDS Councils; Premiers, Mayors; DPME, Office of the Presidency

OBJECTIVE 4.3: (continued)	Interventions	Approaches	Accountable Agencies
Ensure this NSP is an integral and central part of the planning and budgeting culture of all state organs.	• Reform the performance management system governing Ministers, Premiers, Mayors and Members of the mayoral Committees	**Ensure the HIV, TB and STI response form an integral mainstay of all Ministers, premiers, mayors and Mayoral Committee members, Director Generals, Heads of Department and Municipal Managers' performance appraisal scorecard.**	Office of the Presidency, Premiers, Mayors, DPME, SANAC
	• Lobby for the resetting of organisational structures of district and local municipalities to ensure there are response-compliant.	**Ensure the establishment of fully-fledged HIV, TB and STI desks within district and local municipalities**	Office of the Presidency, Premiers, Mayors, DPME, SANAC
	• Mainstreaming the response into the planning culture of all spheres of government.	**Ensure the HIV, TB and STI response form the backbone of 5-year Strategic Plans, Annual performance plans and Annual Operational Plans of all spheres of government.**	Office of the Presidency, Premiers, Mayors, DPME, SANAC
	• Mainstreaming the response into the budgeting culture of all spheres of government.	**Ensuring spheres of government allocate a dedicated budget towards the HIV, TB and STI response**	Office of the Presidency, Premiers, Mayors, DPME, SANAC
	• Ensure the affairs and operations of SANAC and AIDS Councils are governed by an Act of parliament	**Lobbying and advocating for the promulgation of the SANAC and AIDS Councils Act in order to give their operations a legal effect**	Office of the Presidency, Office of the Speaker of parliament; SANAC
	• Strengthen the accountability climate of the response.	**Review and reset existing accountability framework to enhance its responsiveness and agility.**	AIDS Councils; Premiers, Mayors; DPME, Office of the Presidency and

OBJECTIVE 4.4 Optimisation of synergies through forging mutually rewarding partnerships and alliances.

	PRIORITY ACTION	OUTPUTS	Accountable partners
Rally key multi-sectoral partners behind a single and integrated response strategy and vision	• Deepen regional collaboration and cooperation by implementing applicable SADC protocols on HIV, TB and STI.	• **Sign, revive and jointly implement cooperation agreements with neighbouring countries in order to harmonise cross-border related responses.**	All spheres of AIDS Councils; Office of the Presidency; DPME
	• Amplify the South African government's voice regarding HIV, TB and STI issues on regional and international platforms.	• **Participate at high-level international conferences on HIV, TB and STI**	SANAC, Office of Presidency
	• Build a community-wide alliance and guiding coalition against the epidemics	• **Place HIV, TB and STI response on the apex of NEDLAC's business risk agenda**	NEDLAC;, SANAC, DPME, Trade Unions and Organised Business.
	• Ensure continuous and proactive engagement with Civil Society Forum to discuss matters of mutual interests and concerns	• **Organise dialogue sessions with Civil Society Forum**	Civil Society Forum
	• Forum to discuss matters of mutual interests and concerns		AIDS Councils,


ALL
LOVE ONE

Monitoring and Evaluation Framework for the NSP Goals

Appendix C:

- This M&E framework is under development.
- The list below includes 66 indicators for Goals 1 and 2. Some indicators might still be dropped.
- Indicators for Goals 3 and 4 will be added.
- It is hoped that the number of indicators will not exceed 80.
- The number of indicators disaggregated by disability increased slightly. Might yet increase after further consultations.
- The draft framework includes targets for some indicators. These are not yet finalised.
- Consultations are on-going to finalise list of indicators and targets.
- A target validation workshop will be organised.

Appendix C:

Goal 1: To break down barriers to achieving HIV, TB and STIs solutions

Objective 1.2: Contribute to poverty reduction through creation of sustainable economic opportunities

Indicator	Type	In NSP 2017-2022?	Calculation	Disaggregation
1 Number of beneficiaries receiving social grants	Output	Yes	Number (count)	Geographic area, type of grant
2 Number of people accessing food through community nutrition and development centres (CNDC)	Output	Yes	Cumulated over a 5 year period	Drop in Centres and CNDC
3 Number of children accessing services through drop in centres	Output	Yes	Count	Drop in Centre and Isibindi Centres

Objective 1.3: Reduce stigma and discrimination to advance access to rights and services

Indicator	Type	In NSP 2017-2022?	Calculation	Disaggregation
4 Percentage of population expressing accepting attitudes towards People Living with HIV and/or TB	Outcome	Yes	Numerator: Number of all respondents with accepting attitudes towards People Living with HIV and/or TB. Denominator: Total number of all respondents.	Geographic area, age, sex, TB, HIV.
5 Percentage of people living with HIV who report stigma and discrimination	Outcome	Yes	Numerator: Number of people living with HIV who report external or internalised stigma. Denominator: Total number of respondents.	Geographic area Type of stigma
6 Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings	Outcome	Yes	Numerator: Number of people living with HIV who report external or internalised stigma. Denominator: Total number of respondents.	Geographic area Type of stigma

Data source	Baseline value	Target		Reporting frequency	Responsibility
		2023/24	2027/28		
SASSA annual report	11,478,760 (2021/22)			Annual	DSD
EQPR Report				Annual	DSD
DSD Annual Report				Annual	DSD

Data source	Baseline value	Target		Reporting frequency	Responsibility
		2023/24	2027/28		
HSRC Survey	TBD (2022)			Every 3 to 5 years	DSD
Stigma Index, SANAC	35.5% - External Stigma. 43% - Internal Stigma. 36.3% - TB related Stigma 21.7% - discrimination (2015)			Every 2 years	DSD
Stigma Index, SANAC	5.4% (2021)			Every 2 years	DSD

Appendix C:

Objective 1.4: Address gender inequalities that increase vulnerabilities through gender-transformative approaches

Indicator	Type	In NSP 2017-2022?	Calculation
7 Proportion of ever-married or partnered girls or young women aged 15-24 who experienced physical or sexual violence from a male intimate partner in the past twelve months	Outcome	Yes	Numerator: Number of respondents responding positively to question of ever-married or partnered girls or young women aged 15-24 who experienced physical or sexual violence from a male intimate partner in the past twelve months. Denominator: Total number of respondents who responded to the question
8 Percentage of adolescents and young people aged 13–19 years who experienced physical and/or sexual violence by any intimate partner in the past 12 months	Outcome	Yes	Numerator: Number of respondents responding positively to question of experienced physical or sexual violence in the past twelve months. Denominator: Total number of respondents who responded to the question
9 Percentage of people who reported perpetrating physical and/or sexual violence against an intimate partner in the past 12 months	Outcome	Yes	Numerator: Number of respondents responding positively to question of perpetrating physical or sexual violence against an intimate partner in the past twelve months. Denominator: Total number of respondents who responded to the question
10 Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade level (or age)	Outcome		Numerator: Number of female and male adolescents who have experienced bullying in the past twelve months. Denominator: Total number of learners in school

Objective 1.7: Integrate and standardise delivery and access to routine mental health services

Indicator	Type	In NSP 2017-2022?	Calculation
11 PHC client treated for mental disorders	Output	No	
12 PHC client screened for mental disorders	Output	No	

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, Age, disability	HSRC survey	TBD (2022)			Every 3 to 5 years	SANAC
Geographic area, Age, disability	HSRC survey	TBD (2022)			Every 3 to 5 years	SANAC
Geographic area, Age	HSRC survey	TBD (2022)			Every 3 to 5 years	SANAC
Geographic area, Age, Sex, Grade	DBE Provincial reports/EMIS/or survey?	TBD (2021/22)				DBE

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
	DHIS				Annual	NDOH
	DHIS				Annual	NDOH

Appendix B:

Goal 2: To maximise equitable and equal access to HIV, TB and STIs services and solutions

Objective 2.1: Increase knowledge, attitudes and behaviours that promote HIV prevention

Indicator	Type	In NSP 2017-2022?	Calculation
13 Number of learners reached through combination prevention interventions	Output	Yes, modified	Numerator: Number of learners reached through functional peer education programmes Denominator: N/A
14 Percentage of schools that are providing age-appropriate comprehensive sexuality education (CSE) through life skills and orientation)	Output	Yes, modified	Numerator: Number of schools that are providing enhanced CSE Denominator: Number of selected schools
15 Percentage of individuals who correctly identify risks of HIV, STI and TB transmission and how to prevent them and reject major misconceptions about HIV, STI and TB	Outcome	Yes	Numerator: Number of respondents aged 15-24 years who gave the correct answer to all five questions Denominator: Total number of all respondents
16 Delivery in 10 to 19 years in facility rate	Outcome	Yes	Numerator: Delivery in facility 10 to 19 years Denominator: Total number of deliveries in facility
17 Percentage of people reached by prevention communication at least twice a year	Output	Yes	Numerator: Number of people who recall being reached by two or more communications about HIV prevention Denominator: Total number of survey respondents
18 Percentage of beneficiaries receiving Social Behaviour change programmes	Output	Yes	Numerator: Percentage of beneficiaries receiving Social Behaviour change programmes Denominator: Total number of survey respondents
19 Number of beneficiaries receiving DSD Social Behaviour Change programmes	Output	Yes	Numerator: Number of beneficiaries receiving SBC programmes Denominator: N/A
20 Percentage of women and men aged 15–49 years who have had sexual intercourse with more than one partner in the last 12 months	Outcome	Yes	Numerator: Number of respondents who reported having had more than one sexual partner in the last 12 months. Denominator: Total number of respondents who reported having had more than one sexual partner in the last 12 months

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, age	DBE Provincial reports	230,515 (2021/22)	295,861		Annual	DSD
Geographic area	DBE Provincial reports	12% (2021/22)			Annual	DSD
Geographic area, sex, age, disability	HSRC Survey	TBD (2022)			Annual	DSD
Geographic area Age: 10-14 years; 15 -19 years	DHIS	13.2% (2021/22)			Annual	NDOH
Geographic area, Sex, Age	HSRC survey	TBD (2022)			Every 4 - 5 years	SANAC
Geographic area, Sex, Age	HSRC survey	TBD (2022)			Annual	DSD
Geographic area, Sex, Age	DSD Report				Annual	DSD
Geographic area, Sex, Age	HSRC survey	TBD (2022)			Every 4 - 5 years	SANAC

Appendix C:

Objective 2.2: Reduce new HIV infections by optimising the implementation of high impact HIV prevention interventions

Indicator	Type	In NSP 2017-2022?	Calculation
21 Number of new HIV infections	Impact	Yes	Modelled
22 New sexual assault case HIV-negative issued with post exposure prophylaxis	Output	No	
23 Percentage of health facilities with post-exposure prophylaxis available	Output	No	Numerator: Number of health facilities with PEP available for those who are at risk of HIV infection through occupational and/or non-occupational exposure to HIV. Denominator: Total number of public primary healthcare facilities
24 Number of male condoms distributed	Output	Yes	Numerator: Male condoms distributed Denominator: N/A
25 Number of female condoms distributed	Output	Yes	Numerator: Female condoms distributed Denominator: N/A
26 Percentage of men and women aged 15 years and older who report condom use at last sexual intercourse with most recent sexual partner	Outcome	Yes	Numerator: Number of respondents who report condom use at last sexual intercourse with most recent sexual partner. Denominator: Total number of respondents who reported having had sexual intercourse in the last 12 months
27 Couple year protection rate	Outcome	Yes	Numerator: Women protected against pregnancy by using modern contraceptive methods Denominator: Population females 15–49 years
28 Number of people receiving oral PrEP for the first time during the reporting period	Output	Yes	Numerator: Number of people receiving oral PrEP for the first time during the reporting period Denominator: N/A
29 Number of medical male circumcisions performed	Output	Yes	Numerator: Number of medical male circumcisions performed Denominator: N/A
30 Percentage of specific key and priority populations with access to core package of HIV,TB and STI services	Output	Yes	Numerator: Number of specific key and vulnerable populations with access to core package of HIV,TB and STI services. Denominator: Estimated number of key and vulnerable population
31 Percentage of people who inject drugs receiving opioid substitution therapy (OST)	Output	Yes	Numerator: Number of people who inject drugs and are on OST at a specified date. Denominator: Total number of opioid-dependent people who inject drugs
32 Number of people tested for HIV	Output	Yes	Numerator: Number of people tested for HIV Denominator: N/A
33 HIV prevalence among specific key and priority populations	Impact	Yes	Numerator: Number of specific key and vulnerable populations who test positive for HIV Denominator: Total number of specific key and vulnerable populations tested for HIV
34 Percentage of specific key and priority populations reporting using a condom	Outcome	Yes	Numerator: Number of specific key and vulnerable populations who reported using a condom Denominator: Total number of respondents

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, age	Thembisa model	198311 (2021)	180,724	100,402	Annual	SANAC, PCA
Geographic area, Sex, Age (15+)	DHIS	30,019 (2021/22)	30,625	37,046	Annual	NDOH
Geographical area, facility type	DHIS	34% (2021/22)	54%	100%	Annual	NDOH
Geographic area, Sex, Age (15+) --- These sex and age disaggregation?	NDOH Annual report	544,534,154 (2021/22)	700,000,000	700,000,000	Annual	NDOH, DCS, SAPS, DHET/ HEAIDS, DPSA, SABCOHA
Geographic area, Sex, Age (15+)	NDOH Annual report	17,487,505 (2021/22)	25,000,000	25,000,000	Annual	NDOH, DCS, SAPS, DHET/ HEAIDS, DPSA, SABCOHA
Geographic area, sex, age	HSRC Survey	TBD (2022)			Every 4 - 5 years	SANAC
Geographical area	DHIS	54.50% (2019/20)			Annual	NDOH
Geographic area, Sex, Age, key and priority populations	DHIS	248,020 (2021/22)	410,827	410,827	Annual	NDOH
Geographic area Age (10-14; 15+)	NDOH Annual report	361,216 (2021/22)	600,000	600,000	Annual	NDOH, DCS, DHET/ HEAIDS Private sector, (CMS), Traditional sector
SW, MSM, PWID, Transgender, Inmates,	IBBS, Programme data	(2021/22)				
Geographical area	PWID IBBS, Programme data	(2021/22)				
Geographic area, Sex, Age (15+)	DHIS, Thembisa Model	17,598,704 (DHIS, 2021/22)	17,905,816	17,000,000	Annual	NDOH, DCS, DHET/ HEAIDS, DOT, DPSA, SAPS
Geographic area, sex, age, SW, MSM, PWID, People with disabilities, Inmates	Thembisa model IBBS surveys				Every 3 - 5 years	SANAC
Geographic area, sex, age, SW, MSM, PWID, People with disabilities, Inmates	IBBS				Every 3 - 5 years	SANAC, NDOH, DCS

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Objective 2.3: Eliminate mother-to-child transmission (MTCT) of HIV

Indicator	Type	In NSP 2017-2022?	Calculation
35 Mother-to-child transmission rate at 10 weeks	Impact	Yes	Numerator: Infant PCR test positive around 10 weeks Denominator: Total Infant PCR test around 10 weeks
36 Mother-to-child transmission rate at 18 months	Impact	Yes	Numerator: Infant PCR test positive around 10 weeks Denominator: Total Infant PCR test around 10 weeks

Objective 2.4: Ensure that 95% of PLHIV, especially key and other priority populations, know their status and 95% of them are on treatment and 95% of those on treatment are retained in care an achieve long-term viral suppression

Indicator	Type	In NSP 2017-2022?	Calculation
37 Percentage of people living with HIV who know their HIV status	Outcome	Yes	Modelled
38 Number of adults and children living with HIV on ART (TROA)	Outcome	Yes	Numerator: Total adults and children remaining on ART
39 Percentage of adults and children living with HIV known to be on ART 12 months after starting (Retention)	Outcome	Yes	Numerator: Number of adults and children who are still alive and receiving ARVs 12 months after initiating treatment. Denominator: Total number of adults and children initiating ART
40 People living with HIV viral load suppressed rate (VLS) at 12 months	Outcome	Yes	Numerator: People living with HIV viral load under 1000 cps/mL. Denominator: Total number of People living with HIV
41 Percentage of specific key and priority populations living with HIV who know their HIV status (1st 95)	Outcome	Yes	Numerator: Number of specific key and vulnerable populations who know their HIV status Denominator: Total number of respondents who answered the question "Do you know your HIV status from an HIV test?"
42 Percentage of specific key and priority populations living with HIV receiving ART (2nd 95)	Outcome	Yes	Numerator: Number of respondents living with HIV who report receiving ART in the past 12 months Denominator: Total number of respondents living with HIV
43 Percentage of specific key and vulnerable populations living with HIV who have suppressed viral loads (3rd 95)	Outcome	Yes	Numerator: Number of specific key and vulnerable populations living with HIV on ART with suppressed viral loads (≤400 copies/mL). Denominator: Estimated number of key and vulnerable populations living with HIV

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area	DHIS, Thembisa Model	230,515 (2021/22)	295,861		Annual	NDOH
Geographic area	DHIS, Thembisa Model				Annual	NDOH

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, Age, Sex	Thembisa Model	93.7% (2021)	94.5%	96.5%	Annual	SANAC, PCA
Geographic area, Age, Sex, institution	DHIS, Private sector, Surveys, Thembisa Model	75% (2021/22)	79%	95%	Annual	NDOH, DPSA, DHET/ HEAIDS, DCS, Private Sector (Council of Medical AID Schemes-CMS)
Geographic area, Age, Sex	DHIS, Private sector				Annual	NDOH Private Sector, (CMS)
Geographic area, Age, Sex	DHIS, Private sector	91% (2021)	93%	97%	Annual	NDOH Private Sector, (CMS)
Geographic area, sex, age, SW, MSM, PWID, People with disabilities, Inmates	IBBS				Every 3-years	SANAC, NDOH, DCS
Geographic area, SW, MSM, PWID, Inmates, People with disabilities	IBBS				Every 3-years	SANAC, NDOH, DCS
Geographic area, SW, MSM, PWID, Inmates, People with disabilities	IBBS				Every 3-years	SANAC, NDOH, DCS

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Objective 2.5: Improving the quality of life beyond HIV suppression by reducing HIV-related death and comorbidities, coinfections, and complications

Indicator	Type	In NSP 2017-2022?	Calculation
443 Adult AIDS mortality	Impact	Yes	Numerator: Adult mortality attributable to HIV Denominator: Total adult mortality from all causes
45 AIDS deaths in patients on ART	Impact	No	Count - Adult mortality attributable to HIV among PLHIV on ART
46 Non-AIDS deaths in HIV-positive individuals	Impact	No	Count – Total number of non-AIDS deaths among PLHIV

Objective 2.6: Strengthen TB prevention interventions for key and other priority populations and implement airborne infection prevention and control in health facilities and high-risk indoor places where people congregate

Indicator	Type	In NSP 2017-2022?	Calculation
47 TB incidence	Impact	Yes	Numerator: Number of new and relapse cases of TB (all forms) estimated to occur in a given year. Denominator: Total population per 100 000
48 Percentage of people in contact with TB patients who began preventive therapy	Output	Modified	Numerator: Number of household contacts <5 years started on TPT. Denominator: Number of household contacts <5 years
49 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Output	Modified	Numerator: Number of eligible PLHIV on ART started on TPT. Denominator: Number of eligible PLHIV
50 Percentage of children screened for TB symptoms	Output	Yes	Numerator: Total number of Children screened for TB symptoms in health facilities. Denominator: N/A
51 Number of household contacts screened for TB	Output	Yes	Numerator: Number of household contacts screened for TB. Denominator: N/A
52 Percentage of inmates screened for TB at different time points	Output	Yes	Numerator: Number of inmates screened for TB at different time points. Denominator: Total number of inmates screened for TB.
53 Percentage of controlled mines providing routine TB screening at least once a year	Output	Yes	Numerator: Number of controlled mines providing routine TB screening. Denominator: Total number of controlled mines Objective 2.7: Strengthen TB diagnosis and support for people with TB, and accelerate the scale-up of innovative processes, diagnostic tools and regimens for the diagnosis, treatment, and care for PWTB

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, Age, Sex	Stats SA Thembisa Model	12.2% (Stats SA, 2021) 52016 (Thembisa Model, V4.5, 2021)	295,861		Annual	Stats SA SANAC
Geographic area, Age, Sex	Thembisa Model	35,971 (Thembisa Model V4.5, 2021))			Annual	SANAC
Geographic area, Age, Sex	Thembisa Model	91,969 (Thembisa Model V4.5, 2021)			Annual	SANAC

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, Age	WHO Global TB report	513 per 100,000 (2021)	295,861		Annual	NDOH
Geographic area, Age, Sex	Thembisa Model	35,971 (Thembisa Model V4.5, 2021))			Annual	NDOH
Geographic area, Age	Thembisa Model	91,969 (Thembisa Model V4.5, 2021)			Annual	NDOH
Geographic area Age: <5 years; 5 years+	DHIS	266,433 (2021/22)			Annual	NDOH
Geographical area, age	DHIS	264,078 (2021/22)			Annual	NDOH
Screened t entry, exit and biannually	DCS Programme report				Annual	DCS
Geographic area	TB programme report				Annual	NDOH

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Objective 2.7: Strengthen TB diagnosis and support for people with TB, and accelerate the scale-up of innovative processes, diagnostic tools and regimens for the diagnosis, treatment, and care for PWTB

Indicator	Type	In NSP 2017-2022?	Calculation
54 Percentage of all people/clients started on TB treatment	Outcome	Yes	Numerator: Number of people/clients started on TB treatment. Denominator: TB symptomatic clients 5 years and older who test positive
55 Proportion of TB/HIV co-infected patients on ART	Outcome	Yes	Numerator: Number of registered HIV+TB co-infected patients on ART. Denominator: Number of registered HIV /TB co-infected patients
56 TB Mortality	Impact	Yes	Numerator: Number of deaths caused by TB in HIV-negative people (TB deaths among HIV-positive people are classified as HIV deaths in ICD-10) TB deaths in PLHIV are reported separately Denominator: Total population per 100 000
57 TB death rate	Outcome	Yes	Numerator: TB death during treatment Denominator: TB client start on treatment
58 TB treatment success rate	Outcome	Yes	Numerator: TB people/clients cured and completed treatment. Denominator: Total TB clients initiated on treatment
59 TB clients lost to follow-up rate	Outcome	Yes	Numerator: TB people/clients lost to follow-up. Denominator: TB clients started on treatment
60 Percentage of TB affected families facing catastrophic costs due to TB	Outcome	Yes	Numerator: Number of TB affected families facing catastrophic costs due to TB Denominator: Total number of TB affected families

Objective 2.8: Reduce the annual number of new cases of four curable STIs

Indicator	Type	In NSP 2017-2022?	Calculation
61 New Male Urethritis syndrome episodes treated rate	Outcome	Yes	Numerator: Male Urethritis Syndrome treated – new episodes. Denominator: Male population 15-49 years
62 Number of new cases of gonorrhoea	Impact	Yes	Under development
63 Number of new cases of chlamydia	Impact	Yes	Under development

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area Age: <5, 5 years and older	DHIS	97.6% (2020/21)			Annual	NDOH
Geographic area Sex	DHIS	(2020/21)			Annual	NDOH
None	WHO Global TB report	23,000 (2021)			Annual	NDOH
Geographical area	DHIS	4.31% (2019/20 cohort) (2021/22)			Annual	NDOH
Geographic area, Drug sensitive, drug resistant TB	DHIS	79% (2019 cohort) MDR: 65% (2018 cohort) WTB Report (2020/21)			Annual	NDOH
Geographic area, Drug sensitive, drug resistant TB	DHIS	(2020/21)			Annual	NDOH
Geographic area	TB patient costs surveys	56% (WHO Global TB Report, 2022)			Annual	NDOH

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, Age 15 – 49 years	DHIS	358,060 (2021/22)			Annual	NDOH

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Objective 2.9: Achieve elimination of mother to child transmission of syphilis

Indicator	Type	In NSP 2017-2022?	Calculation
64 Percentage of women accessing antenatal care services who were tested for syphilis	Output	Yes	Numerator: Number of women attending antenatal care services who were tested for syphilis during the first prenatal visit (<13 weeks gestation) Denominator: Number of women attending antenatal care services
65 Percentage of women accessing antenatal care services who tested positive for syphilis	Impact	No	Numerator: Number of antenatal care attendees with a positive syphilis serology. Denominator: Number of women attending antenatal care services who were tested for syphilis during the first visit.
66 Congenital syphilis rate	Impact	No	Numerator: Number of reported congenital syphilis cases (live births and stillbirth) in the past 12 months. Denominator: Number of live births in the past 12 months

Objective 2.10: Scale-up HPV vaccination and cervical cancer screening

Indicator	Type	In NSP 2017-2022?	Calculation
67 HPV coverage	Output	Yes	Numerator: Number of girls 9 years and older that received HPV dose. Denominator: Number of grade 4 learners ≥ 9 years

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, Age	Clinical sentinel sites report (ANCHSS)	ANCHSS - 96.4% (2019)				NDOH, NICD
Geographic area, Age	Clinical sentinel sites report (ANCHSS)	ANCHSS - 2.6% (2019)				NDOH, NICD
Geographic area	NICD Sentinel surveillance					

Disaggregation	Data source	Baseline value	Target		Reporting frequency	Responsibility
			2023/24	2027/28		
Geographic area, Age, Type of dose	DHIS	87.5%- 1st dose 76.7%- 2nd dose (2019/20)				NDOH

Appendix C:

6.2. Monitoring and Evaluation Plan

An effective monitoring and evaluation regime is based on a clear and logical results circuit, in which the results of one level must lead to the results of the next level, leading to the achievement of the NSP's overall goals and objectives.

GOAL 4: Build leadership and governance capability at all levels as a ploy to foster shared accountability and response sustainability.

Table 8: Monitoring and Evaluation Plan

Objective 4.3: Reset and reposition SANAC, all AID Councils and Civil Society organisations for an optimal, efficient and impactful 2023-28 NSP execution experience.

KEY INDICATORS	BASELINE	2023/24	2024/25	2025/26	2026/27	2026/28
Number of independently-led capacity audits conducted on SANAC and AIDS Councils	New	1	1	1	1	1
Number of governance and leader-ship training workshops conducted	New	4	4	4	4	4
Rand value of funds generated through PPPs and donor linkage support	New	R500m	R550m	R600m	R650m	R700m
Number of benchmarking visits or-ganised	New	2	2	2	2	2
Number of new AIDS Councils formed and institutionalised	New	10	10	10	10	10
Number of stakeholder satisfaction surveys conducted	New	1	1	1	1	1
Percentage proportion of private sector representatives occupying positions in AIDS Council decision making structures.	New	20%	30%	40%	50%	50%
Percentage of performance agree-ments signed by Ministers, Premiers and Mayors with an HIV, TB and STI compo-nent as one of the mainstays of the per-formance scorecard	New	50	60	70	50	100
Number of municipalities with fully-fledged HIV, TB and STI response desks	New	20	30	40	50	60
Number of departments and munic-ipalities in which the HIV, TB and STI re-sponse is seamlessly embedded in their plans.	New	20	30	40	50	60
Number of government depart-ments and municipalities with dedicated HIV, TB and STI budgets.	New	20	30	40	1	60
Number of accountability frame-work reviews conducted	New	1	1	1	Final Bill	1
SANAC and AIDS Councils Act promulgated by parliament	New	Lobby	Lobby	Draft Bill	New	Act Signed

TYPE	CALCULATION	LEAD AGENCY: Source	FREQUENCY	REPORTING LINE
Output	Simple count	SANAC	Annually	Once in a year
Output	Simple count	SANAC and PACs	Quarterly	Four times a year
Output	Simple count Non-cumulative (NC)	SANAC	Annually	Four times a year
Output	Simple count NC	SANAC	Annually	Twice a year
Output	Simple count NC	SANAC and PACs	Annually	Four times a year
Output	Simple count NC	SANAC and PACs	Annually	Once-off
Output	No of private sector repre-sentatives/ No of Council members (C)	SANAC and PACs	Annually	Once-off
Output	Simple count NC	SANAC, PACs, OTP; DPME	Annually	Once-Off
Output	Simple count (C)	SANAC and PACs	Annually	Once-Off
Output	Simple count (C)	SANAC and PACs	Annually	Once-Off
Output	Simple count (C)	SANAC and PACs	Annually	Once-Off
Output	Simple count (C)	SANAC and PACs	Annually	Once-Off
Output	Qualitative	OTP, SANAC, Civil Society	Annually	Bi-annually

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Objective 4.3: Rally key multi-sectoral partners behind a single and integrated response strategy and vision

KEY INDICATORS	BASELINE	2023/24	2024/25	2025/26	2026/27	2026/28
Number of cooperation agreements with neighbouring countries on joint cross-border response efforts signed and opera-tionalized	New	1	1	1	1	1
Number of high-level international conferences on HIV, TB and STI attended	New	2	2	2	2	2
Number of times when HIV, TB and STI issues tops the agenda of NEDLAC	New	1	1	1	1	1
Number of dialogue sessions with Civil Society Forums.	New	2	2	2	2	2

TYPE	CALCULATION	LEAD AGENCY: Source	FREQUENCY	REPORTING LINE
Output	Simple count	SANAC, OFP	Annually	Bi-annually
Output	Simple count	SANAC, PAC, OFP	Bi-annually	Bi-annually
Output	Simple count	SANAC, PAC, OFP	Bi-annually	Bi-annually
Output	Simple count	SANAC, PAC, OFP, Civil Society Fo-rum	Bi-annually	Bi-annually

Appendix B:


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