Combatting TB-HIV in South Africa

State of TB-HIV in South Africa¹

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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>HIV+ TB patients</td>
<td>57%</td>
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<tr>
<td>HIV+ TB patients on ART</td>
<td>85%</td>
</tr>
<tr>
<td>HIV+ TB patients on IPT</td>
<td>38%</td>
</tr>
<tr>
<td>TB patients tested for HIV</td>
<td>97%</td>
</tr>
<tr>
<td>Country classification</td>
<td>Upper middle income</td>
</tr>
<tr>
<td>National budget spent on health²</td>
<td>14%</td>
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Overall Performance: Fully embraced integration driving progress against TB and HIV. Among high burden countries, South Africa has most fully embraced TB-HIV integration and actively taken steps to implement collaborative activities. The Ministry of Health has championed TB-HIV collaboration, developing the first joint strategic plan for HIV, TB, and STIs.

Achievements: Innovations include beginning to implement the South African HIV and TB Investment Case published in March 2016.³ A first-of-its-kind policy tool for TB-HIV, the investment case estimated the impact of all known interventions on both HIV and TB across all segments of the population. By investing more money to scale up key interventions in the short- and medium-term, South Africa expects to save money in the next 5 to 15 years while dramatically reducing TB and HIV. South Africa is also in a unique position among high burden countries to scale up R&D for new diagnostics and treatments.

Challenges: A health system fractured between overburdened public clinics and well-resourced private providers accessible only to elites means that many people who need services are being left behind. To address inequity, South Africa is rolling out a national health insurance financing system over the next 14 years and is working to address quality of care in public clinics.⁴⁵ For the “ideal clinic” concept to be realized, public health facilities, especially at the primary health care level, need to be resourced (i.e., financially and staffing-wise, with trainings to build capacity, and dissemination and implementation of new guidelines and policies).

Recommendations

- The South Africa government should increase investment in research and development by 33 percent to support the advancement of new tools to fight TB and TB-HIV.
- The Ministry of Health should work with primary health care facilities to support the implementation of TB-HIV policies.
- Donors should continue to invest in high impact TB-HIV interventions and support sustainable national programs.
- Civil society must work to promote equitable access to care and support community-based responses to TB-HIV care.

National TB Program Budget⁶

$425 million

- Domestic Funding: 5%
- International Funding: 87%
- Unfunded: 8%

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## Analysis of South Africa’s National Strategic Plans for HIV, TB, and STIs

### Collaborative activity

| A.1 | Set up and strengthen a coordinating body for collaborative TB-HIV activities, functional at all levels |
| A.2 | Determine HIV prevalence among TB patients and TB prevalence among people living with HIV |
| A.3 | Carry out joint TB-HIV planning to integrate the delivery of TB and HIV services |
| A.4 | Monitor and evaluate collaborative TB-HIV activities |
| B.1 | Intensify TB case-finding and ensure high quality anti-tuberculosis treatment |
| B.2 | Initiate TB prevention with isoniazid preventive therapy and early antiretroviral therapy |
| B.3 | Ensure control of TB infection in healthcare facilities and congregate settings |
| C.1 | Provide HIV counseling and testing to patients with presumptive and diagnosed TB |
| C.2 | Provide HIV prevention interventions for patients with presumptive and diagnosed TB |
| C.3 | Provide co-trimoxazole preventive therapy for TB patients living with HIV |
| C.4 | Ensure HIV prevention interventions, treatment, and care for TB patients with HIV |
| C.5 | Provide antiretroviral therapy for TB patients living with HIV |

### Joint National Strategic Plan for TB, HIV, and STIs

- [ ] A.1
- [ ] A.2
- [ ] A.3
- [ ] A.4
- [ ] B.1
- [ ] B.2
- [ ] B.3
- [ ] C.1
- [ ] C.2
- [ ] C.3
- [ ] C.4
- [ ] C.5

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