"DOCTORS FOR HEALTH EQUITY: MULTISECTORAL COLLABORATION: LESSONS FROM THE SA HIV PROGRAM"

SAMA PRESENTATION

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The South African Medical Association

Presentation Outline

1. Background
2. State of The HIV/AIDS Epidemic In SA
3. Social Determinants of Health (SDH)
4. Inequity in HIV/AIDS
5. Policy Framework for HIV
6. SANAC
7. Role of Doctors
8. Conclusion

Do not fear to repeat what has already been said. Men need the truth dinned into their ears many times and from all sides. The first rumor makes them prick up their ears, the second registers, and the third enters. René Théophile Hyacinthe Laënnec
 (1781–1826)

Background – The South African Medical Association (SAMA)

- **The South African Medical Association ("SAMA") is the professional association as well as a trade union for doctors in South Africa**

  - **nearly 16000 members**
  - **20 branches nationwide**

- **"*Uniting Doctors for the Health of the Nation*"**

- **Member of the World Medical Association**

- Recognises health as a fundamental **human right,** whose progressive realization will eliminate health inequalities

Background – State of The HIV/AIDS Epidemic In SA

- **South Africa is home to the world's largest HIV epidemic**

  An estimated 7.02 million people were living with HIV in SA in 2016, representing **12.7%** *of the national population or 19.1% of those aged 15-49.*

  An estimated 150 3759 South Africans died of AIDS-related causes in 2016, representing 27.9% of all deaths

HIV prevalence <u>varies</u> significantly by age, sex, race, locality &province

Highest HIV prevalence = informal areas (19.9%), followed by rural informal areas (13.4%).

Among provinces, KwaZulu-Natal has the highest HIV prevalence (18%), followed by Mpumalanga.

- **454 000 = new TB cases in 2015**
- **63% = TB / HIV co-infection rate**

Social Determinants of Health

WHO definition:

• *"The social determinants of health are the conditions in which people are born, grow, live, work and age.*

*-These circumstances are shaped by the distribution of **money, power** and **resources** at global, national and local levels"*

"Health Equity" = the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

-   *Health inequities* involve more than inequality in SDH , access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms. - *WHO*

Social Determinants of Health cont..

Social factors

- Education
- Poverty
- Transport
- Employment
- Nutrition
- Crime
- Civil order / safety
- Residential segregation
- Social norms/ attitudes
- Recreation
- Social support

Physical factors

- Housing
- Pollution
- Weather
- Schools
- Correctional facilities
- Workplaces
- Technology
- Recreational areas
- Sports facilities
- Neighbourhoods
- Physical hazards

Social, economic, political, cultural and environmental factors- all affect health
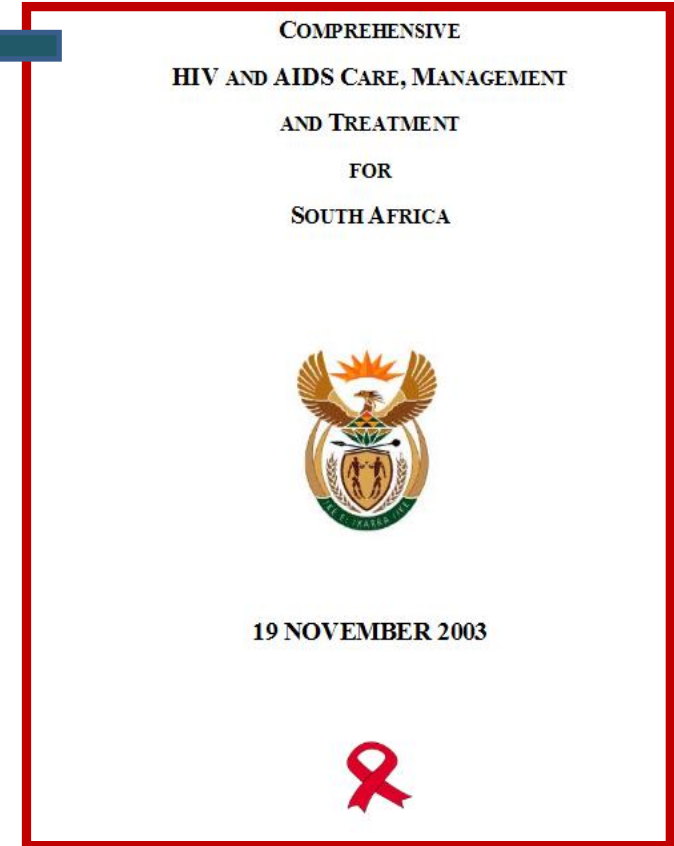
Mud school

Social Determinants of Health cont..

There was recognition of SDHs from the onset of the AIDS battle in SA:

•*"Important in supporting these efforts in the broader context are the social programmes of government and wider society that aim to reduce poverty through improving nutrition, job creation and social support, and to improve education and to bring about moral renewal"*

[CCMT ,2003]

COMPREHENSIVE
HIV AND AIDS CARE, MANAGEMENT
AND TREATMENT
FOR
SOUTH AFRICA

19 NOVEMBER 2003

There has also been emphasis on cooperation between Govt departments

The Inequitable Expression of the HIV/AIDS Pandemic in SA

- **HIV/AIDS Disproportionately affects particular sectors of SA society:**

  (in-country variations)

  o **Women**
  o **The Poor / underprivileged**
  o **Rural populations**
  o **Urban informal settlements**
  o **Black race**

National Framework for Response to HIV/AIDS and allied pandemics

The National Strategic Plan **is the Key Framework, aligned with:**

- SA Constitution
- SA National Development Plan 2030
- Other HIV / TB/ STI Strategies & Plans incl. PMTCT
- Health Promotion Policy and Strategy
- Government's Medium-Term Strategic Framework (MTSF)
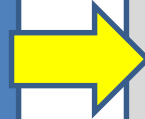- Regional & International agendas e.g. Sustainable Development Goals

Paradigm Shift

- Encouraging evolution has been experienced in SA

Previous Paradigm	New Paradigm
• **Political denialism era** *(Government on its own)*	• **Inter sectoral approach**
• **Biomedical disease focus**	• **Multi level**
• **Individual level**	• **Holistic**
• **Health sector**	• **Societal level**

Inter Ministerial Committee (IMC)

- Formed by Cabinet in 1997
- Involved all government departments

SA National AIDS Council (SANAC)

- Overarching AIDS coordinating body
- Established in 2000

- **4 five- year National Strategic Plans to date:**
  - » 2000- 2005
  - » 2007-2011
  - » 2012-2016
  - » **2017-2022**

Focus HIV, TB & STIs
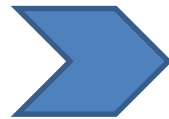
SA National AIDS Council (SANAC)…
Multi & Inter-sectoral, Multilevel emphasis

Multisectoral Inter sectoral & Inter-Departmental

- **Government departments**
- **Government agencies**
- **Private sector**
- **NGOs & Faith based organisations**
- **Development partners**
- **Business & Donors sectors**
- **Agencies of the United Nations**
- **People living with HIV, TB and STIs.**

Multilevel

- *All levels of society & government*
* **National AIDS Council (SANAC)**
* **Provincial AIDS Councils (PACs)**
* **District AIDS Councils (DACs)**
* **Local AIDS Councils (LACs)**

SA National AIDS Council (SANAC)…

(1)   2000 -2005 NSP:

"*It is not a plan for the health sector specifically, but a statement of intent for the country as a whole, both within and outside government. It is recognised that **no single sector**, ministry, department*

*or organisation is **by itself** responsible for addressing the HIV epidemic. It is envisaged that all government departments, organisations and stakeholders will use this document*"

SA National AIDS Council (SANAC)…

(2)   2007 -2011 NSP:

"*The challenge of HIV and AIDS in South Africa requires an **intensified comprehensive, multi-sectoral national response**. This response should:*

- *Address the social and economic realities that make certain segments of society most vulnerable.*
- *Provide **tools** for **prevention** of HIV infection.*
- *Provide **services** designed to mitigate the wide-ranging impacts of the epidemic.*

*To achieve this, there is a continuing need to guide policy and programmes at **all levels and in all sectors** and to inspire renewed commitment from **all South Africans**. This NSP seeks to provide such guidance".*

SA National AIDS Council (SANAC)…

(3)   2012 -2016 NSP:

One of the 4 strategic Goals is to:

"Address social and structural factors that drive these epidemics, influence their impact, and affect the way we care for affected people".

SA National AIDS Council (SANAC)…

(4) 2017 -2022 NSP: There are 7 Goals:

- *Accelerate prevention to reduce new HIV, TB and STI infections*

- *Reduce morbidity and mortality by providing treatment, care and adherence support for all. (90-90-90)*

- *Reach all key and vulnerable populations with comprehensive, customised and targeted interventions*

- *Address the social and structural drivers of HIV, TB and STI infections, including human rights*

- *Promote leadership at all levels and shared accountability for a sustainable response to HIV, TB and STIs.*

- *Mobilise resources to support the achievement of NSP goals and ensure a sustainable response*

- *Strengthen strategic information to drive progress towards achievement of NSP goals.*

Sectoral involvement

2000 -2005 NSP Sectors → 2017-2022 NSP Sectors

2000 -2005 NSP Sectors	2017-2022 NSP Sectors
1. Business	1. LGBTI
2. People living with HIV/AIDS	2. People living with HIV
3. NGOs	3. NGOs and CBOs
4. Faith-based organisations	4. Faith based organisations
5. Trade Unions	5. Labour
6. Women	6. Women
7. Youth	7. Youth
8. Traditional healers	8. Traditional healers
9. Traditional leaders	9. Traditional leaders
10. Legal and Human Rights	10. Law and Human Rights
11. Disabled People	11. Disability
12. Celebrities	12. Health Professionals
13. Sport	13. Sports, Arts & Culture
14. Media	14. Men
15. Hospitality Industry	15. Research
16. Local government	16. Higher education
	17. Children
	18. Sex workers

New Sectors

Effect of SDHs on HIV Transmission

Intergenerational Sex

Poverty

Intravenous Drug Use

Stress

Unemployment

Addiction

Stigma

Social beliefs

Lack of knowledge

Goal 4: Address the social and structural drivers of HIV, TB and STIs, including human rights, and link these efforts to the NDP

- *Reduce poverty and vulnerability through scaled-up social protection*

- *Ensure food security*

- *Expand educational opportunities for adolescent girls*
  - *School based health care (NHI)*
  - *Support of teenage and adolescent mothers*

- Ensure livelihoods for young people:

Structural and social drivers cont….

- *Change gender norms and prevent and address gender-based violence*

- Monitor and respond to human rights abuses

- *Environmental interventions for TB control*

Actions by non-Health Sectors/ Depts S

Education – The **Higher Education and Training HIV**/AIDS **Programme** (HEAIDS)

DBE : Integrated School Health Policy-

Housing – *COGHTA (RDP – Houses)*

Transport - *Dissemination of information (ADVERTS)*

Water Affairs- Safe clean water (water-borne diseases)

Social security- Provision of child support grant to all children

Employment: Target the girl child through…..

Role of Doctors in Adressing HIV pandemic

- Involved in development of NSPs in various Task Teams and structures
- Participation in policy making
- HIV research
- Development of National HIV treatment guidelines which incorporate medical and bio-psychosocial issues
- Linkages with other community structures
  - HIV care in educational facilities
  - Referral to Social Services for Social security- child support, disability, relief of distress grant, dependency grant etc
  - Community support linkages – links to community workers, social workers, home affairs
  - Access to HIV treatment regardless of immigration status

Conclusion

- **HIV /AIDS is a complex epidemic with multifactorial causality**
  - **Multifactorial approach needed**
- **SA's AIDS approach demonstrates strong emphasis on multisectoral and intersectoral partnership, consistent in the successive NSPs**
- Significant involvement of the Private Sector
- Non –health Government departments are doing a lot in addressing structural factors

THANK YOU
Acknowledgements

Questions and Inputs