NATIONAL STRATEGIC PLAN

on HIV, STIs and TB

2012-2016

SUMMARY

REPUBLIC OF SOUTH AFRICA

South African National AIDS Council

Our Actions Count

We wish to express our thanks to Gideon Mendel and SANAC sectors for the use of their photographs in this publication.

SANAC 2011
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WHAT IS THE NSP?

The NSP is a framework to guide the activities of all partners whose work is relevant to HIV, sexually transmitted infections (STIs) and TB in South Africa. It provides goals and strategies for the country's response to the three diseases during the period 2012 to 2016. The NSP will guide the development of provincial strategic implementation plans, as well as sector implementation plans.

WHAT THE NSP IS NOT

The NSP aims to focus the country on the most important interventions or activities that SANAC believes will bring about significant changes in the incidence and prevalence of HIV, STIs and TB.

The NSP does not outline every intervention that must happen in South Africa to manage these diseases. It is not an operational plan. Provinces and other partners will develop their own operational plans in advance of the implementation start date of 1 April 2012. The NSP does not replace or duplicate development plans; it will work alongside them.

WHO DEVELOPED THE NSP?

The process of writing the NSP was guided and co-ordinated by the South African National AIDS Council (SANAC). SANAC represents all the national and provincial government departments, civil society organisations, trade unions, private sector bodies and faith-based organisations that are working to reverse these epidemics. SANAC structures also include the country's top researchers and experts on HIV, STIs and TB, as well as international development partners.

WHAT DOES THE NSP AIM TO ACHIEVE BY 2016?

The NSP has five goals:

- Halve the number of new HIV infections;
- Ensure that at least 80% of people who are eligible for treatment for HIV are receiving it. (At least 70% should be alive and still on treatment after five years);
- Halve the number of new TB infections and deaths from TB;
- Ensure that the rights of people living with HIV are protected; and
- Halve stigma related to HIV and TB.

HOW WILL THESE GOALS BE REACHED?

The NSP has identified a number of strategic objectives that will help South Africa to reach these goals. These are:

1. Address social and structural factors that drive these epidemics, that influence their impact, and that affect the way we care for affected people.
2. Prevent new HIV, STIs and TB infections through a combination of interventions.
3. Sustain health and wellness, primarily by reducing deaths and disability from HIV, AIDS and TB.
4. Protect the human rights of people living with HIV and improve their access to justice.

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WHAT HAPPENS NEXT?

- Provincial AIDS Councils will co-ordinate the drafting of implementation plans that describe exactly how they will implement the four strategic objectives listed above. These plans will also cover activities that have been previously committed to and must continue. The costed implementation plans will be completed by the end of March 2012.
- Sectors represented within SANAC will work together to ensure that their work contributes to the achievement of the goals of the NSP.
- SANAC will use the NSP as a framework to co-ordinate and monitor this work.
- SANAC, Provincial AIDS Councils and all sectors of SANAC will cost their implementation plans.
- SANAC and the South African government, together with stakeholders and partners, will develop a plan to mobilise the funds to finance the implementation of the NSP at every level.

HOW WILL THE NSP BE IMPLEMENTED?

The implementation of the NSP will be a combined effort of all national and provincial sectors working towards the same goals. A restructured SANAC and Secretariat will oversee the implementation of the plan by co-ordinating the work of SANAC members at national level. Provincial AIDS Councils will oversee the work at provincial and sub-provincial levels. Implementation will begin on 1 April 2012.

HOW WILL PROGRESS BE TRACKED?

A detailed plan to monitor and evaluate progress towards NSP goals will be drawn up by the Monitoring and Evaluation unit of SANAC, with input from the SANAC sectors. Implementation and measurement will be 'bottom-up'. The SANAC Monitoring and Evaluation Unit will produce reports based on regular input from provinces and all sectors represented in SANAC. SANAC will review these reports regularly. At a minimum, there will be an annual monitoring report, a comprehensive evaluation report at the midpoint of the NSP and a final evaluation report at the end of the NSP. All reports will be posted on the SANAC website: www.sanac.org.za.

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The HIV, STI and TB National Strategic Plan (2012–2016) provides a framework and guide for the South African national HIV, STI and TB response for the next five years. The NSP is the product of many months of work. It is based on the expertise of a very wide range of people and organisations working in the field, as well as research reports and documentation on South Africa's three diseases.[1] This NSP also draws on the successes and challenges of the previous National Strategic Plan (2007–2011).

The overall guidance and framework for the NSP was provided by the South African National AIDS Council (SANAC), which is the national body providing leadership and advice on the country's response to HIV and TB.[2]

The NSP provides a national framework that will guide the development of detailed implementation plans at provincial and sectoral levels. These will be launched on 24 March 2012, World TB Day. Implementation will commence on 1 April 2012.

2.1 NSP VISION AND GOALS

The NSP is based on a 20-year vision for reversing the burden of disease from HIV, STIs and TB in South Africa.

- Zero new HIV and TB infections;
- Zero new infections due to HIV transmission from mother to child;
- Zero preventable deaths from HIV and TB; and
- Zero discrimination associated with HIV, STIs and TB.

1 For example 'Know your epidemic, know your response' reports, the annual antenatal HIV and STI surveys of the National Department of Health and the population-based HIV surveys of the Human Sciences Research Council.

2 SANAC represents national and provincial government departments, civil society organisations, private-sector bodies, trade unions and faith-based organisations working in the field.

Over the next five years the NSP aims to reach the following goals:

- Halve new HIV infections;
- Ensure that at least 80% of people who need treatment for HIV are receiving it. At least 70% of these people should be alive and still on treatment after five years;
- Halve the number of new infections and deaths from TB;
- Ensure that a legal framework exists and is used to protect the rights of people living with HIV; and
- Halve the stigma related to HIV and TB.

All sectors of society represented in SANAC will use the NSP to draw up implementation plans that will enable the country to reach these goals.

2.2 NSP PRINCIPLES

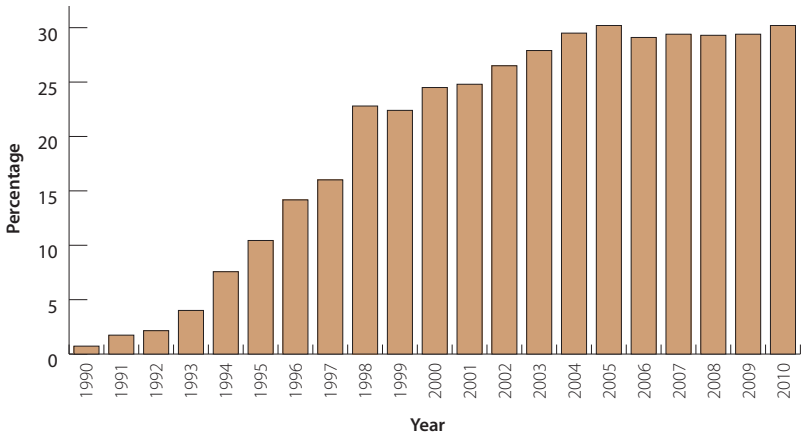
The NSP and related provincial implementation plans are guided by a set of principles. The plans will be led by the vision of achieving NSP goals. Interventions must also have high impact and must be able to be rolled out to scale. Plans will be based on evidence and experience, but at the same time they must be flexible enough to accommodate new research findings. Finally, the plans must include all sectors involved in HIV, TBs and STIs: they must promote partnerships across sectors and at all levels of society.

2.3 THE SOUTH AFRICAN EPIDEMICS OF HIV AND TB

HIV

South Africa has a generalised epidemic of HIV, driven largely by sexual transmission. In 2009 an estimated 17.9% of the adult population was living with HIV. This is estimated to be 5.63 million people – including 3.3 million women and 334,000 children. HIV prevalence in pregnant women has stabilised, albeit at a very high level of around 30%.[3]

Figure 1: Antenatal national seroprevalence rates, 1990–2010



There are large differences in HIV prevalence across age groups, gender, geographical areas and socio-economic status.

3 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2010. Department of Health, 2011.

TB

South Africa has the third highest level of TB in the world, after India and China. New infections increased by 400% over the past 15 years, reaching 970 new infections per 100,000 people in 2009.[4] Approximately 1% of the South African population develops TB disease every year. The HIV epidemic is driving the TB epidemic: more than 70% of patients are co-infected with both diseases.

The highest prevalence of TB infection is among people in age group 30–39 years living in townships and informal settlements. This confirms the fact that TB is a disease that affects poorer communities disproportionately.

KEY POPULATIONS FOR THE HIV AND TB RESPONSE

Certain groups are more likely to be exposed to HIV and TB, or to transmit these diseases. These groups are known as key populations and special efforts have to be made to reach these groups with services for prevention, treatment and care. There is some overlap in key populations for HIV and TB.

Key populations for HIV services include: young women between the ages of 15 and 24 years; people living close to national roads and in informal settlements; young people not attending school; people with the lowest socio-economic status; uncircumcised men; people with disabilities; sex workers and their clients; people who abuse alcohol and illegal substances; men who have sex with men; and transgender persons.

Key populations for TB services include: people who live in the same homes as confirmed TB cases; healthcare workers; mine workers; correctional services staff and inmates; children and adults living with HIV; diabetics and people who are malnourished; people who abuse substances, including tobacco, drugs and alcohol; mobile, migrant and refugee populations; and people living and working in poorly ventilated and overcrowded environments (including informal settlements).

4 WHO Global TB Control Report, 2010.

2.4 STRATEGIC OBJECTIVES OF THE NSP

The NSP has identified four strategic objectives to reach its five-year goals: These are:

- ***Address social and structural[5] factors that influence the three diseases.*** The primary objective here is to address societal norms and behaviours that fuel the twin epidemics of HIV and TB. This objective also addresses structural interventions across all sectors (i.e. not just health) that will reduce vulnerability to, and mitigate the impacts of HIV and TB.
- ***Prevent new HIV, TB and STI infections.*** The primary objective here is to use a combination of biomedical, behavioural, social and structural interventions.
- ***Sustain health and wellness.*** The primary objective is to ensure access to quality treatment, care and support services for those with HIV, STIs and/or TB and to develop programmes that focus on wellness.
- ***Protect human rights of people living with HIV.*** The primary objective is to end stigma, discrimination, human rights violations and gender inequality.

2.5 IMPLEMENTING THE NSP

The NSP provides detailed information on how these strategic objectives will be achieved over the next five years. It provides a guide for all sectors and provinces to develop concrete implementation plans. These plans will be costed and resources mobilised. Provincial plans may include other components of the provinces' response, but must include a concerted focus on the objectives and interventions outlined in the NSP. Provincial plans will also be informed by the epidemiology of the three diseases in their particular geographical area.

SANAC and its secretariat will be responsible for co-ordinating the implementation of the NSP and monitoring the performance of all sectors.

5 Structural interventions address the root causes of individual behaviour and risk, such as values, culture and socio-economic issues. See section 4.1.

INTRODUCTION

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The NSP takes into account both the broader development agenda of the South African government and its international, regional and national obligations.

3.1 THE NSP AND THE CONSTITUTION

The NSP is firmly located within the constitutional framework of South Africa and strives towards its vision of human dignity, non-racialism, non-sexism and the rule of law.

The Constitution lays down a set of ideals towards which the NSP must strive. These include the commitment to healing the divisions of the past and to improving the quality of life of all South Africans. Since 1994, government policies and programmes have endorsed the principles of equity, quality and access. These are the vision, ideals and principles that will guide the implementation of the NSP.

3.2 GOVERNMENT'S DEVELOPMENT AGENDA

The development of a national plan for HIV, STIs and TB must be based on a broad understanding of national planning frameworks and priorities. There is a dynamic and reciprocal relationship between the three diseases and the national development agenda: HIV and TB in particular have long been seen as a development issue. For example:

- HIV is a long-term chronic disease that requires lifelong interventions, planning and funding, which must be aligned with state programmes for improving health and social development.
- The magnitude of the epidemics of HIV and TB, and the associated costs of the disease burden, may undermine some of the objectives that are articulated in national planning frameworks.
- HIV and TB are driven by structural factors outside of the health sector, such as poverty, unemployment and poor housing. National planning presents a unique opportunity to address these. There are currently many government initiatives outside of health and HIV that will contribute to the achievement of NSP goals.

THE NSP AND THE MEDIUM TERM STRATEGIC FRAMEWORK

The NSP is also aligned with the goals, visions and targets of the government's Medium Term Strategic Framework.[6]

This framework covers issues relating to basic education, safety and security, employment, skills development, economic infrastructure, rural development, human settlements, responsive local government, environmental protection, public service and citizenship, as well as health.

The implementation of the NSP will be influenced by, and in turn will influence, progress in many of these areas.

The targets of the Medium Term Strategic Framework have been translated into National Service Delivery Agreements that commit to specific outputs. These have been signed by the relevant government ministers. For example: Health Outcome 2, 'A long and healthy life for all South Africans', commits to:

- Increasing life expectancy;
- Decreasing maternal and child mortality;
- Combating HIV, and reducing the burden of disease from TB; and
- Strengthening health system effectiveness.

NSP implementation is indirectly relevant to all of these outputs, and directly linked to the achievement of the third.

It is important to note that NSP is not a 'health department' document. Its objectives and interventions cover all partners within and outside of government. This means it is **multi-sectoral** in its focus and implementation.

6 Available at www.info.gov.za

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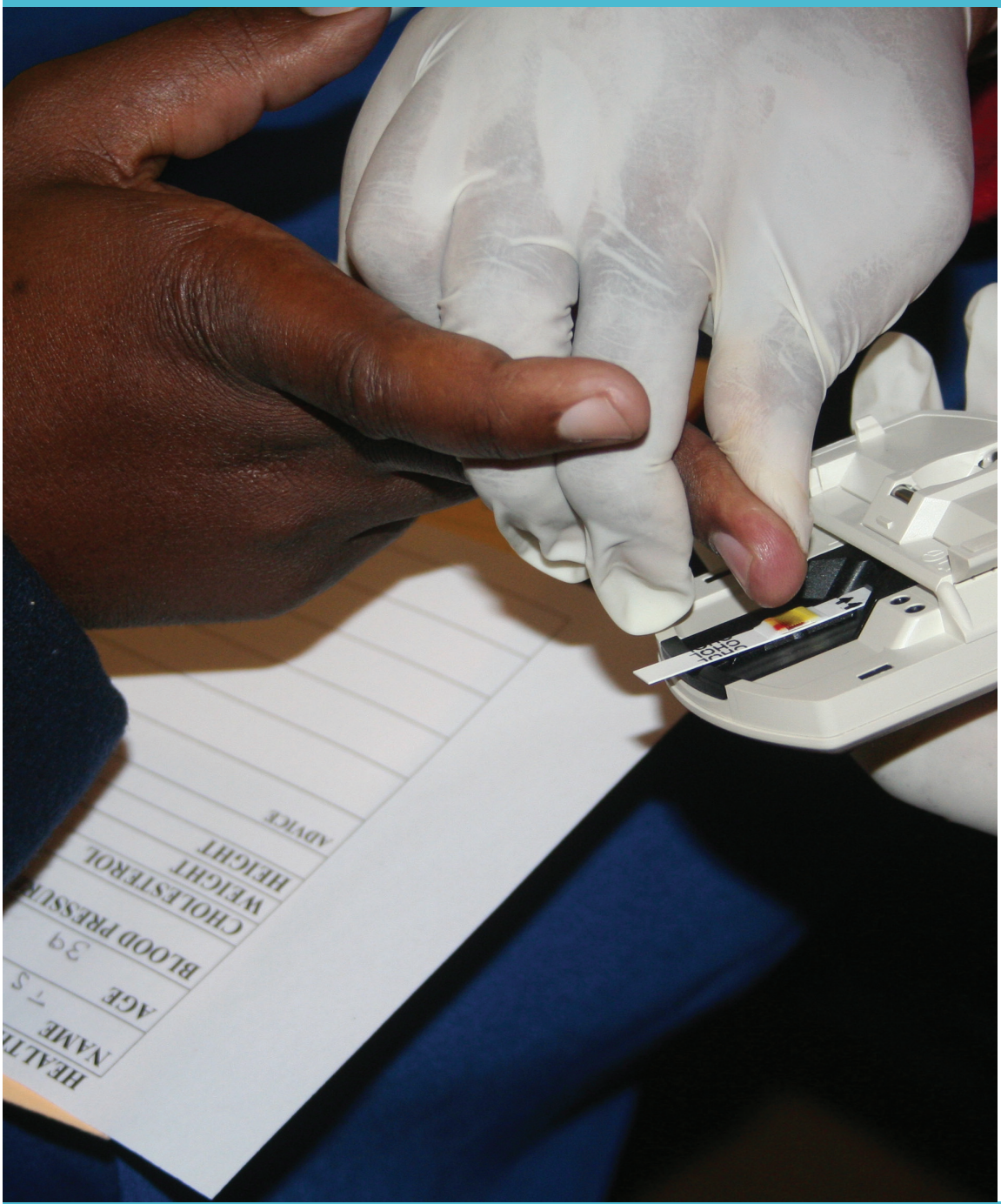

THE NSP AND THE NATIONAL PLANNING COMMISSION

Beyond the 2016 timeframe, the National Planning Commission has articulated a long-term vision for South Africa. This is due for release in November 2011 as the National Development Plan. This is a framework for addressing major developmental challenges, which will both inform the implementation of the NSP and its impact, and be strengthened by it.

3.3 THE NSP AND INTERNATIONAL OBLIGATIONS

The NSP also aims to align with relevant international and regional obligations, commitments and targets.

The Millennium Development Goals (MDGs) present specific development and health targets for 2015 towards which South Africa and other countries are striving. The targets of the MDGs guide the NSP. One of the eight goals specifically concerns reversing the epidemics of HIV and TB. Others, such as reducing maternal and child deaths, are indirectly related. The magnitude of the HIV and TB epidemics has reduced South Africa's chances of achieving these goals. Therefore the implementation of the NSP must assist South Africa to reach the Millennium Development Goals, even if this is after the 2015 deadline set by the UN.

The NSP recognises and is consistent with other international and regional instruments and agreements on HIV and AIDS and TB, including those related to: gender equality; sexual and reproductive health and rights; human rights; labour rights; international trade; and rights of persons with disabilities.

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The lengthy consultations on the NSP resulted in a consensus on a number of key interventions to achieve its goals. These are grouped into four strategic objectives.

- **Strategic Objective 1:** Address social and structural drivers of HIV, STI and TB prevention, care and impact;
- **Strategic Objective 2:** Prevent new HIV, STI and TB infections;
- **Strategic Objective 3:** Sustain health and wellness;
- **Strategic Objective 4:** Ensure protection of human rights and improve access to justice.

4.1 ADDRESS SOCIAL AND STRUCTURAL DRIVERS OF HIV AND TB PREVENTION, CARE AND IMPACT

HIV, STI and TB have a profound impact on individuals living with these diseases, as well as their families and communities. Social and structural approaches address the social, economic, political, cultural and environmental factors that lead to increased vulnerability to HIV, STIs and TB infections.

The structural approach addresses issues that are deeply entrenched in society and which require long-term strategies and interventions outside the domain of health and HIV. For this reason HIV and TB management must be mainstreamed into the core strategies of all relevant government departments in all three spheres of government. Many of the interventions will be carried out by partners who work on issues other than health and HIV.

This strategic objective is focused specifically on structural factors that can be changed. The eight sub-objectives that have been identified are:

- Mainstream HIV and TB into the core mandate of all government departments. This means that all government departments will analyse how their work is related to HIV and TB and make relevant policy decisions and interventions. In doing so, government departments will also have to look at issues of gender rights.
- Address social, economic and behavioural drivers of HIV, STIs and TB. This includes addressing challenges affecting access to social services in informal settlements, and rural and hard-to-reach areas. It also includes strategies to address the vulnerability of migrant and mobile populations and those who abuse alcohol and other substances.
- Implement interventions to address harmful gender norms and gender-based violence.
- Lessen the impact of HIV, TB and STIs on orphans, vulnerable children and youth. This includes ensuring that vulnerable children have access to the social services they need, including basic education.
- Reduce the vulnerability of young people to HIV infection by ensuring that they stay in school until Grade 12. Post-school education and opportunities should also be provided.
- Reduce stigma and discrimination. This includes the implementation of a stigma reduction framework. This framework and the People Living with HIV Stigma Index will be implemented nationally.
- Strengthen community systems to expand access to services. This includes developing HIV and TB plans at district level.
- Support all efforts aimed at strengthening poverty reduction and food security programmes.

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4.2 PREVENT NEW HIV, STI AND TB INFECTIONS

This objective covers strategies to prevent sexual transmission of HIV and STIs, transmission of HIV from mother to child, and transmission of TB.

Combination prevention[7] efforts will be focused in geographical areas in which transmission of HIV is highest. They will cover the general population, but be focused on particular key populations (described in 2.3 above).

7 The term combination prevention refers to a mix of interventions or activities that will have the greatest impact on reducing HIV, TB and STI transmission. They may be biomedical, behavioural, social and/or structural interventions. These interventions will also help reduce susceptibility and vulnerability to HIV, TB and STIs.

The seven sub-objectives that have been identified are:

- Ensure everyone in South Africa is voluntarily tested for HIV and screened for TB every year. They must then be enrolled in wellness and treatment, care and support programmes.
- Integrate sexual and reproductive health services into primary health care and ensure that these services are also available to key populations. The package of services should include (but not be limited to) medical male circumcision, provision of male and female condoms, provision of other forms of contraception and screening, and treatment for cervical cancer.
- Reduce transmission of HIV from mother to child (PMTCT) to less than 2% at six weeks after birth and less than 5% at 18 months by 2016. This includes strengthening the management, leadership and co-ordination of the PMTCT programme and ensuring its integration with maternal and child health programmes. TB screening will be integrated into the PMTCT programme.
- Implement a comprehensive national social and behavioural change communication strategy with a focus on key populations. This must be aimed at increasing people's use of services, as well as promoting constructive values, attitudes, norms and behaviour. Social and cultural norms (particularly around gender) and behaviour that puts people at risk of HIV and TB must be challenged.
- Prepare for the future implementation of new HIV, TB and STI prevention and treatment strategies. This includes investigating the use of microbicides and antiretroviral drugs to prevent HIV transmission.
- Prevent TB infection and disease. This includes improving the finding of new TB cases; TB infection control; workplace policies on TB and HIV; preventive therapy with the drug isoniazid; TB immunisation; prevention of drug-resistant TB; reducing TB-related stigma; and tackling undernourishment, alcohol consumption and smoking.
- Address sexual abuse and improve services for survivors of sexual assault, including post-exposure prophylaxis (PEP).

4.3 SUSTAIN HEALTH AND WELLNESS

This strategic objective focuses on achieving a significant reduction in deaths and disability as a result of HIV and TB. This will be achieved by universal access to accessible, affordable and good quality diagnosis, treatment and care.

The Department of Health is planning to re-engineer the primary health care (PHC) system by expanding community health services. This includes a school health programme, the introduction of district clinical specialist teams and a ward-based PHC outreach programme. Such community-based services have an important role to play in expanding the quality and coverage of health and wellness services.

The four core strategies that have been identified for this objective are:

- Reduce disability and death resulting from HIV and TB. This includes annual testing/screening for HIV, STIs and TB, particularly for key populations; improved contact tracing; increased access to high-quality drugs; early diagnosis and rapid enrolment onto treatment; specific strategies for the treating children, adolescents and youth; initiation of all HIV-positive people with TB onto antiretroviral therapy; design of a patient-centred package to support HIV-positive people who do not yet require treatment; immediate referral of all complicated cases; appropriate screening for cryptococcal infection (a serious infection that can result from HIV); screening and treatment of those with cervical cancer; and syphilis screening and treatment for all pregnant women;
- Ensure that people living with HIV, STIs and TB remain within the health care system and adhere to their treatment. This includes an expanded role for ward-based primary health care teams and the development of an identification system (unique identifier) to identify and track patients across all services;
- Ensure that all services are responsive to the needs of people living with HIV, STIs and TB. This includes ensuring HIV and TB services are integrated within the chronic-care system (to deliver long-term care), expanding clinic operating hours and the development of a simple register for all diseases at primary care level.

4.4 ENSURE PROTECTION OF HUMAN RIGHTS AND INCREASE ACCESS TO JUSTICE

South Africa's response to HIV, STIs and TB is based on the understanding that the public interest is best served when the rights of people living with HIV and/or TB are respected, protected and promoted. The NSP 2012-2016 recognises the need to continuously assess barriers to access to services and instances of stigma and discrimination and provides the framework for addressing such issues.

It aims to ensure that rights are not violated when interventions are implemented, and that discrimination on the basis of HIV and TB is reduced, and ultimately eliminated.

It has the following sub-objectives:

- To ensure that rights are not violated when the interventions under the other three strategic objectives are implemented, and that functioning mechanisms for monitoring abuses and vindicating rights are established;
- To reduce HIV and TB discrimination, especially in the workplace; and
- To reduce unfair discrimination in access to social services.

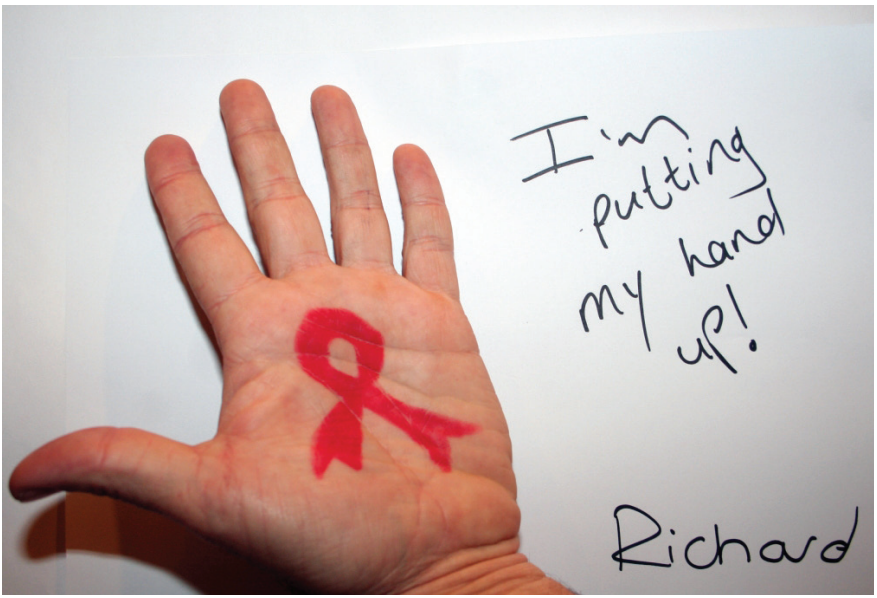
Targeted interventions, which are identified in respect of each of these sub-objectives, may have to be implemented in different spheres or levels. In respect of government entities, this may be at the national, provincial and/or local sphere of government. In respect of civil society, business, private sector and non-governmental sectors, this may be at a sectoral, organisational and/or community level.

5

The implementation of the NSP depends on a number of systems and structures being in place. These are called 'strategic enablers'.

Four core strategic enablers have been identified:

- Effective and transparent governance and institutional arrangements: the aim is to ensure that SANAC structures function effectively and efficiently;
- Effective communication: the aim is to ensure that information about the NSP and about the three diseases is shared as widely as possible;
- Monitoring and evaluation: the aim is to ensure that the progress of the plan is tracked and measured; and
- Research: the aim is to ensure that SANAC shapes the national research agenda, has access to and shares information about the diseases and the response.



5.1 GOVERNANCE

NSP implementation will be co-ordinated through revised governance structures and strengthened secretariat services. The aim is to have broad, appropriate and consistent representation through amended structures with increased accountability and responsibility at all levels of implementation and co-ordination. A review team convened by the Deputy President is to make recommendations on future governance and institutional arrangements.

The guiding principles that will underpin the revised structures will include:

- Access to relevant information;
- 'Bottom-up' governance;
- Accountability and responsibility;
- Reporting;
- Transparency; and
- Meaningful involvement of people living with HIV and TB.

To support the implementation of the revised governance and institutional arrangements, comprehensive policies and guidelines will be established and rolled out with training at all levels. A capacity strengthening strategy will also be put in place to ensure that the required skills at all levels of co-ordination are in place.

5.2 EFFECTIVE COMMUNICATION

Effective communication will be most critical for the implementation of the NSP. Three strands in a communication strategy are necessary:

- Communication within SANAC. Communication between national and provincial levels and between sectors needs to be strengthened.
- Communicating with the media about the NSP. A strategy needs to be developed to keep the media informed about the NSP and its successes and challenges.
- Social and behaviour change communication. Scaled up programmes are critical for changing norms and behaviours that puts people at risk of HIV and TB, as well as increasing demand for and connecting people to services. In the generalised epidemic of South Africa, the challenge is to intensify the focus on key populations while ensuring the general population is also reached.

Each of the NSP strategic objectives will require major communication efforts at all levels.

5.3 MONITORING AND EVALUATION

A detailed monitoring and evaluation plan will be developed to keep track of progress on the implementation of the NSP. This plan will ensure that, at the end of the lifespan of the NSP, it will be possible to evaluate whether the five goals of the NSP have been achieved and if not, the reasons for underachievement.

The overall impact of the NSP implementation will be measured by collecting the following information (key indicators) over time: the percentage of young women and men aged 15–24 years who are HIV positive; the percentage of key populations who are HIV positive; the number and percentage of infants (born to HIV-positive mothers) who test HIV positive at six weeks and 18 months after birth; prevalence and incidence of TB; the percentage of adult deaths that are due to HIV and TB; the extent of stigma related to HIV and TB; and retention on ART.

ENABLING THE IMPLEMENTATION OF THE PLAN

The plan and supporting tools will track the activities and progress of all partners in the response to HIV and TB – including government departments, the private sector and civil society organisations. It will also monitor changes in the burden of disease from HIV, STIs and TB.

A strengthened Monitoring and Evaluation unit in SANAC will be responsible for co-ordinating the NSP's monitoring and evaluation framework. Information and statistics will be collected from relevant partners on a selected number of indicators at regular intervals. There will be two main levels of monitoring and evaluation:

- The SANAC Monitoring and Evaluation unit will collect national information on an agreed set of subjects or indicators. This information will be gathered from a wide range of agencies already engaged in this work, for example, the Department of Health, the National Health Laboratory Services and research institutions.
- At the provincial level, the Provincial AIDS Councils and SANAC sectors will collect information about their specific activities to implement the Provincial Strategic Implementation Plans.

The Monitoring and Evaluation unit of SANAC will also produce implementation reports at the end of every year. Two major evaluation reviews will be produced – one at the midpoint of the NSP and one at the end of its lifespan.

5.4 RESEARCH

Research is important for the NSP because it provides scientific evidence to guide policy and programmes on HIV, STIs and TB.

Four streams of research are proposed for the NSP 2012–2016. These are: improved statistics about health and disease (surveillance and vital statistics); research into how to improve health systems and programmes (health systems and operations research); research to identify future problems, questions and challenges; and policy, social and public health research.

A new approach is needed to improve research into the three diseases. Four steps are recommended:

- Researchers and policy makers must commit to using scientific evidence to develop a common understanding of the three diseases;
- Regular interaction is needed between researchers, policy makers and the leaders of public health programmes to ensure that the HIV, STI and TB response is based on the latest scientific evidence;
- A co-ordinated national research agenda, based on the country's needs, must be developed; and
- Government funding for HIV, STI and TB research must be substantially increased. The research agenda for the NSP will be co-ordinated through strengthened structures within SANAC.

6 COSTING & FINANCING THE PLAN

The NSP 2012–2016 provides a broad framework that will guide the HIV, STI and TB response for the next five years. As such it can only provide an estimate of the likely magnitude of the costs. Using existing costing models, the implementation of the NSP was costed at R130.7 billion over five years. Comparing the costing to existing spending on HIV and TB shows that the implementation of the NSP will require an additional 15% investment in 2012/13.

The costing of provincial plans will begin once the plans are finalised. Provincial costing will be completed by March 2012.

Donor funding will be important for many of the interventions described in the NSP. However, the majority of NSP funding will have to come from within the country – the government and private sector. All components of the NSP will have to be reflected in budgets at national, provincial and local level. Domestic funding for health services will be the key to long-term sustainability.

ENGLISH

AIDS HELPLINE
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- English
- Afrikaans
- isiNdebele
- isiXhosa
- Sepedi
- Sesotho
- Setswana
- siSwati
- Tshivenda
- Xitsonga
- isiZulu