

HIGH PRIORITY DISTRICT STRATEGY TO ACTUALISE THE NSP BY 2011 AND BEYOND



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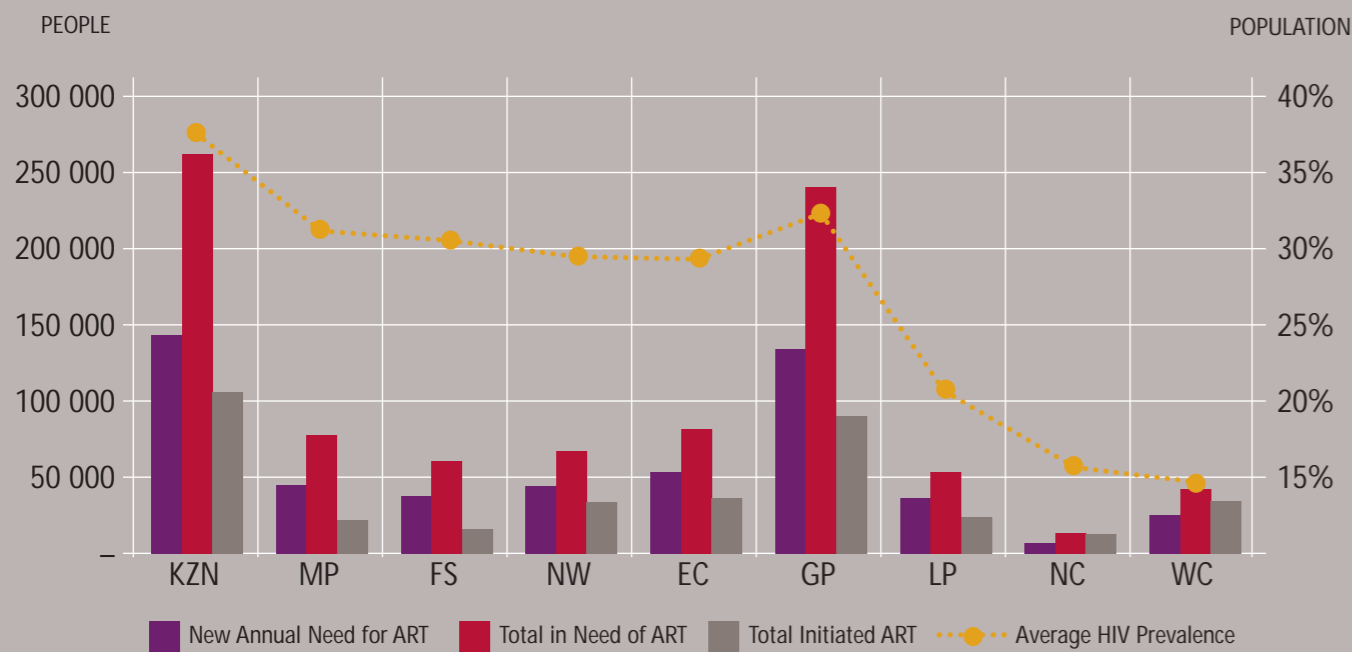
The Treatment Gap in South Africa:

South Africa has the largest public ART programme worldwide with over **600,000** people initiated on treatment as of December 2008. Over 1,2 million people are currently in need of ART, resulting

in a treatment gap of 50%, if enrolments in the private and military sectors are included. With over **500,000** additional people estimated to be in need of treatment every year, access to

treatment must expand rapidly to make a significant impact on the number of deaths and prevent opportunistic infections, especially TB.

NATIONAL TREATMENT GAP BY PROVINCE



Provinces with large populations and high HIV prevalence have the most people still in need of treatment.

The annual number of new people in need of treatment is also illustrated to indicate the need for scaling up ART rollout, and to estimate progress to date.

National Summary Data	KZN	MP	FS	NW	EC	GP	LP	NC	WC	Total
Total In Need of ART	275,574	84,350	59,141	71,744	91,381	233,230	57,693	8,143	42,899	924,155
Total Initiated ART	110,307	20,561	14,493	31,904	35,782	88,955	21,142	7,026	30,438	360,608
Treatment Gap	165,267	63,789	44,648	39,840	55,599	144,275	36,551	1,117	12,461	563,547
% In Need Not Yet Initiated	59.97%	75.62%	75.49%	55.53%	60.84%	61.86%	63.35%	13.71%	29.05%	60.98%
New Annual Need for ART	147,515	42,750	36,012	44,582	56,475	133,232	34,472	5,195	22,479	522,711
Average HIV Prevalence	39.10%	32.10%	31.10%	29.00%	28.60%	30.80%	20.60%	15.60%	15.10%	

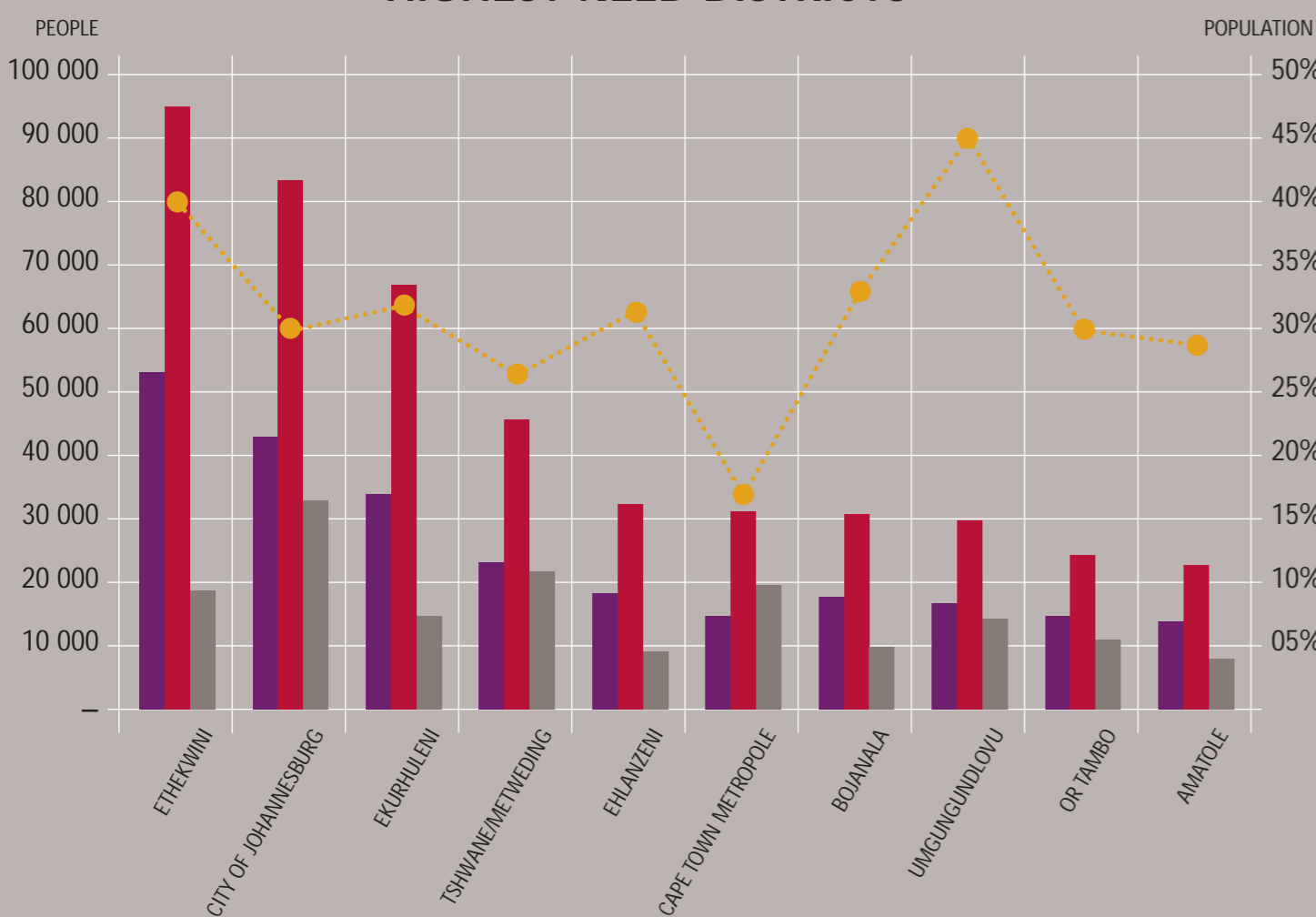
High Priority Districts

A more focused approach to planning treatment rollout using district level data enables provincial governments to both identify treatment needs and refine responses to address the gaps. HIV

prevalence data (South African Antenatal Survey 2006), population data (Stats SA 2007) and estimates from the Actuarial Society of South Africa's demographic model (ASSA 2003) were used to estimate the

current and annual treatment need at a district level. The number of people initiated on treatment by site was provided by the National Department of Health (August 2007).

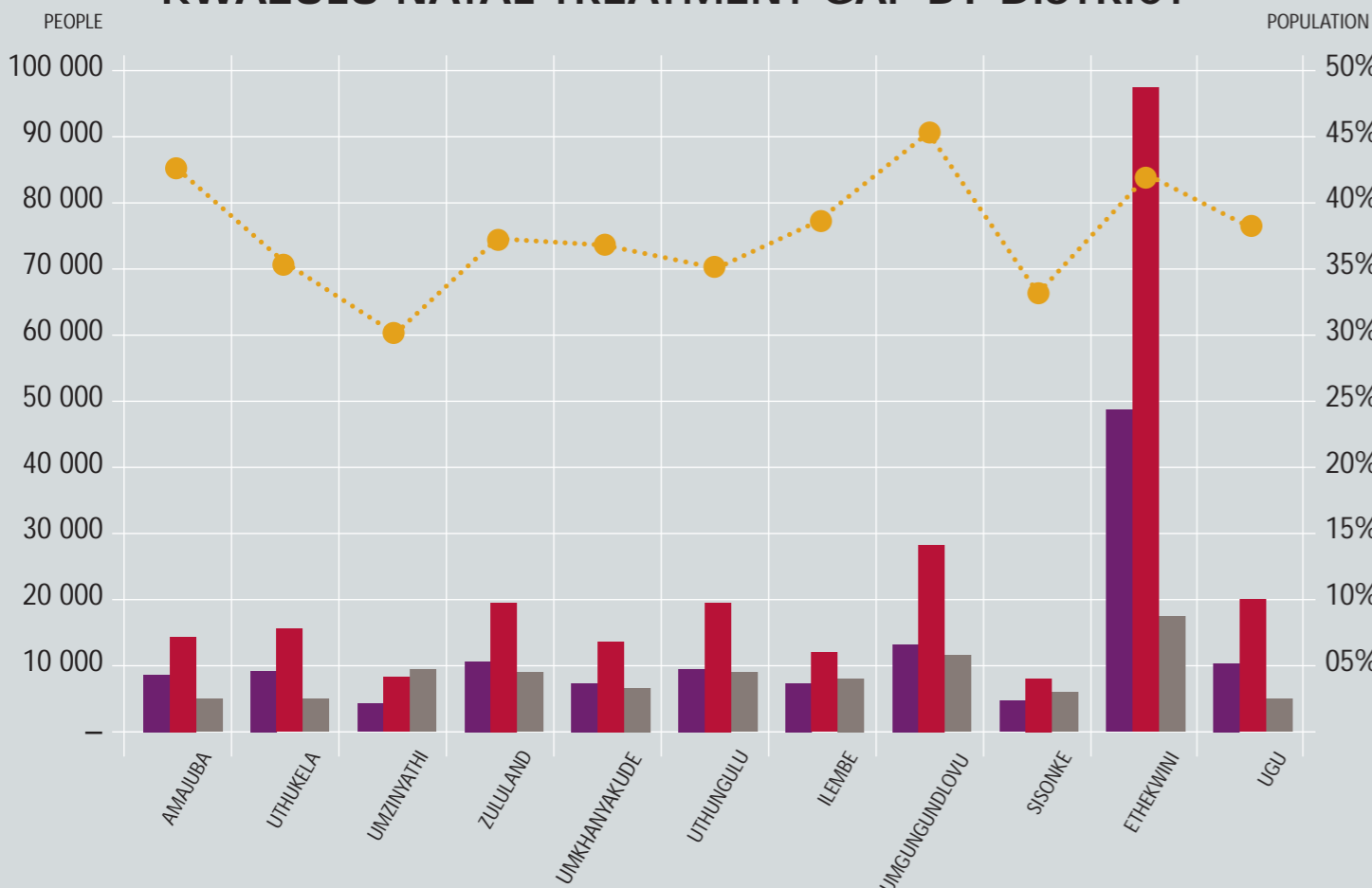
HIGHEST NEED DISTRICTS



High Need Districts: Results showed that the largest treatment gaps were in districts with large urban and peri-urban populations and high HIV prevalence. 10 of 51 districts in South Africa account for over 50% of the people still in need of ART. Focusing on rapidly expanding treatment rollout in these districts would have a major impact on mortalities and new

HIV infections. Many of these districts are TB crisis areas with high TB disease burdens and poor treatment outcomes. Scaling up ART provision in these districts will also improve national TB outcomes by ensuring that people living with HIV and AIDS receive better clinical management and are not as prone to TB infection and re-infection.

KWAZULU NATAL TREATMENT GAP BY DISTRICT



Looking at KwaZulu-Natal, the 2nd largest province in South Africa, with the highest HIV prevalence rates, the need to conduct district-level analyses becomes clear. 3.5 million people reside in the Durban metropole (eThekweni District) with an HIV prevalence rate of 40.1%. In August 2007, of the 95,500 people estimated to be in need of treatment in eThekweni, 80% had not yet initiated ART, with an additional 50,000 in need of treatment annually. While eThekweni has the most number of ART service points in KwaZulu Natal

and the most number of people initiated on ART, it has the largest treatment gap. The treatment gap is most severe in the densely populated urban and peri-urban communities such as Umlazi, KwaMashu and Inanda. Treatment rollout at the primary level of care in these localities surrounding Durban must be prioritised to meet the urgent need for ART. Expanding treatment access in these areas will have a significant impact on meeting treatment need at a provincial level.

Recommendations

Targets for ART rollout have been determined on a geographical equity basis of one ART service point per subdistrict. While an equity approach is important to ensure universal access, the treatment gap is most pronounced

in districts with major urban centres and large peri-urban informal settlements. Thus, a population-based equity approach based on district-level need is more appropriate to allocating resources and improving existing

health infrastructure. This approach will help close the treatment gap towards the South African National Strategic Plan goal of enrolling 1.1 million people on ART (80% of need) by 2011.