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Case Study: South Africa innovates to scale up and sustain its HIV response

BACKGROUND

1. South Africa has the largest HIV epidemic in the world, with an estimated 5.6 million people living with HIV and an estimated 270 000 AIDS-related deaths in 2011.¹ Linked to this is a major tuberculosis (TB) epidemic. The country has the third-highest TB incidence in the world (after China and India), and approximately 70% of TB patients are living with HIV.
2. The country's HIV response dates to the 1980s, but was beset by controversy and missed opportunities until relatively recently. Over the past 5 years, political commitment, funding (especially domestic investment), and the scale and quality of HIV and TB interventions have increased dramatically. South Africa now has the largest antiretroviral (ART) programme in the world, with approximately 1.9 million people on HIV treatment. A massive HIV testing campaign, in which close to 20 million HIV tests were conducted over a 15-month period between early 2010 and late 2011, supports the programme. More than 2.1 million people discovered that they are HIV-positive, and 400 000 of them started on ART. In addition, over 8 million people were screened for TB.²
3. The benefits are increasingly evident. In the past two years, life expectancy at birth has increased from 56.5 to 60 years—largely due to the rollout of ART and prevention of mother-to-child transmission (MTCT) of HIV.³ A recent localized study found that every percentage point increase in ART coverage among HIV-positive adults was associated with a 1.7% decline in the risk of HIV.⁴ For this reason, a major focus now is to achieve adequate treatment coverage to help drive down HIV incidence. The expansion of programmes to eliminate mother-to-child transmission (eMTCT) has reduced the rate of HIV transmission to newborns to 2.7% (at six weeks). Infant and under-five mortality rates have slowed by 25% in the past two years, and new HIV infections in children younger than 15 years have decreased sharply (from 78,000 in 2006 to 29,000 in 2011). HIV incidence among adults (15 years and older) is also decreasing: the estimated 350 000 new HIV infections in 2011 were 34% fewer than the 530 000 estimated a decade earlier. That trend appears partly related to the prevention interventions that have gained pace. A massive condom promotion campaign is underway, and condom use at first sex increased to 68% in 2012, while approximately 619 000 male medical circumcisions have been carried out since 2010.
4. The gains also highlight the enormous efforts that are still needed to overcome South Africa's HIV and TB epidemics. Due to the lifesaving benefits of treatment, the total number of people living with HIV is rising, which underscores the need for more effective prevention efforts. Women (especially young women and girls) face inordinate risks of HIV infection, a state of affairs that calls for more effective enabling interventions. Other risk-enhancing factors (including alcohol abuse, violence against women, and socioeconomic insecurity) require stronger action. Support for civil society

¹ Latest UNAIDS estimates

² Department of Health presentation to the 19th International AIDS Conference, 22-27 July 2012, Washington DC.

³ Medical Research Council (2012). *Rapid mortality surveillance report 2011*. August. Medical Research Council of South Africa. Cape Town, p 16.

⁴ Tanser F, Barnighausen T, Grapsa E, Newell M-L. Effect of ART coverage on rate of new HIV infections in a hyper-endemic, rural population: South Africa. 19th Conference on Retroviruses and Opportunistic Infections. 2012. Paper #136LB. <http://www.retroconference.org/2012b/Abstracts/45379.htm>

organizations—which are proving to be linchpins in the response—needs to be solidified.

5. A widely consulted *National Strategic Plan on HIV, STIs and TB* (NSP) for 2012-2016 currently guides the HIV and TB response. Built around four main strategic objectives, its targets include having 80% of South Africans know their HIV status, reducing the number of new TB infections and deaths from TB by 50%, having 3 million people on ART in 2016, reducing MTCT to less than 2% (at six weeks after birth), distributing one billion male condoms each year, providing medical circumcision to 4.3 million men, and providing key services for key populations.

UNDERSTANDING THE EPIDEMIC AND RESPONSE

6. South Africa's HIV response is grounded in a rich stock of strategic information and analysis. Antenatal clinic HIV surveys have been conducted since 1990, and the country is unique in having conducted four national, household-based HIV and health surveys (managed by the Human Sciences Research Council). The first national survey was done in 2002, and the latest is currently underway.⁵ It will include detailed HIV infection and sexual behaviour data, along with further baseline information for tracking the progress and impact of the NSP and for reporting on the Millennium Development Goals. Supplementing those sources are other national surveys, surveillance activities and evaluations⁶, and a host of localized studies, which together enable a textured and up-to-date understanding of the epidemic's trends, patterns and main drivers. Recent national and provincial "Know Your Epidemic and Response" studies have synthesized these data and analysis. Processes are being developed to identify high-value, high-impact activities, including by recording and assessing programme outcomes more systematically.
7. South Africa conducted a National AIDS Spending Assessment (NASA) in 2011 to examine the fit between its allocation of resources and the epidemic's trends and patterns. NASA is now being imbedded in other strategic information management systems. Importantly, South Africa has also compiled decentralized NASA reports for all 9 provinces (Provincial AIDS Spending Assessments, or PASAs). The NASA process highlighted, for example, that sustaining the HIV treatment effort would require greater investment in HIV and TB prevention priority programmes (which the new NSP reflects in its cost estimates). The next NASA and PASAs will be done in 2014, and will include private sector and out-of-pocket spending data. In addition to the NASA, the country is implementing an annual resource-tracking tool that will track all health and HIV expenditures (at national, provincial and, where possible, district levels).
8. These various data collection and analysis exercises occur at multiple levels, and enable planners to align HIV programming and budgeting more closely with the epidemic (including at sub-national levels). They are used routinely to guide and refine decision-making—especially to pinpoint priorities and funding needs, ascertain whether there is sufficient investment in critical enabling factors, and determine whether national and provincial priorities include the interventions that are found to have maximum impact.

⁵ South African Behavioural, Serostatus Survey and Mass Media Impact Survey (SABSSM4)

⁶ Including the Demographic, Health and Nutrition Survey (DHNS) and the South African Health and Nutrition Examination Survey (SANHANES)

9. Improving routine strategic information systems in the national ART programme, however, has proved challenging, and moves are underway to strengthen information on treatment coverage rates and outcomes. A multitude of clinical management and electronic recording and reporting systems are being superseded gradually by a single integrated system. This three-tiered system will eventually integrate HIV care and treatment, TB treatment and maternal and child health in one system that incorporates paper-based formats, electronic registers and networked electronic medical records.

Plans going forward

- A next step is to integrate HIV resource tracking (from all sources) into routine strategic information management systems. This will also include linking programme output data from the annual performance plans to the South Africa Basic Accounting System.
- Data on key populations are being augmented, including via a major survey on men who have sex with men (due in mid-2013), and estimations of the numbers of sex workers and people who use drugs.
- A Stigma Index survey will be conducted in 2013.
- A third Prevention of Mother-to-Child Evaluation study is being prepared, as well as a “Know Your Epidemic and Response” TB study, a retrospective TB analysis report and annual TB report—all of which will inform improved national planning.

DESIGNING PROGRAMMES THAT FIT THE EPIDEMIC

10. An increasingly sophisticated body of evidence and analysis is guiding South Africa's strategic planning, its resource allocation plans, and its investment dialogues. This is enabling South Africa to avoid a fragmented approach of small and diffuse efforts, and to concentrate on high-value, high-impact and scalable initiatives that address the main dynamics of the epidemic. In particular, these data and analysis—including the findings of the 2011 “Know Your Epidemic and Response” report⁷—shaped the latest NSP (2012-2016).
11. Developed under the guidance of the National AIDS Council during months of consultation and deliberation, the new NSP is aligned with the broader development plans of the Government, including its Medium-Term Strategic Framework and Programme of Action. The Plan rests on a set of principles that prioritizes evidence-based, high-impact and “scalable” activities, favours a “bottom-up” approach, emphasizes the importance of partnerships and country ownership, and highlights the protection and promotion of human and legal rights (including gender equality). In addition, nine Provincial Strategic Plans (PSPs), along with fully costed implementation plans, are being finalized. Civil society organizations were extensively involved in the development of the last two NSPs and the PSPs—a significant achievement, given the earlier fraught relations between civil society and the Government.
12. Addressing the social and structural drivers of the HIV and TB epidemics is a strong focus, along with protecting human rights, securing sustainable financing, and monitoring and evaluation (M&E). UNAIDS' human rights tool for costing programmes to reduce stigma and discrimination was used to help cost the plan's human rights

⁷ Know Your HIV Epidemic (KYE) Report: Review of the HIV Epidemic in South Africa, 2011

interventions. Informed by an improving evidence base, the NSP also explicitly identifies key populations (including mobile and migrant populations, refugees, drug users, men who have sex with men, and sex workers) and transmission “hot spots” (such as informal settlements, mining compounds and prisons). The Plan is fully costed and includes a core set of indicators for monitoring implementation. It also guides the design and costing of HIV-related implementation plans in other sectors.

13. Strong momentum is being built for reaching the goal of eliminating MTCT in South Africa. An Action Framework—linked to the NSP—has been developed in partnership with development partners, civil society partners and community organizations across the country’s 52 districts. Linked to the eMTCT Action Framework are efforts to improve other routine paediatric services, including Integrated Management of Childhood Illness and paediatric ART.
14. South Africa’s growing evidence base is making it possible also to realign the allocation of resources with high-value, high-impact activities. It ranks among a growing list of countries that are using an investment approach to reprogramme some of its funding, including Global Fund grants. During Global Fund round 6 in 2011, it reprogrammed US\$ 13million toward the eMTCT drive. The country is scheduled for grant renewal in mid-2013; the NSP will function as the anchor point for that exercise, which will entail *one* national proposal that is built around evidence-based, value-for-money, and cost-efficient activities. The emphasis will be on HIV prevention, and integrated TB activities will be included as part of the HIV proposal.

Plans going forward

- Governance and institutional arrangements are being adapted to ensure effective implementation of the NSP, and training and capacity strengthening is being rolled out to support the Plan’s “bottom-up” approach.
- The NSP will undergo a mid-term review in 2014, focusing on achievements, challenges, new issues and recommendations for the remaining two years of the Plan. Annual programme reviews will also be conducted.
- The Global Fund periodic review is to incorporate a programme and financial gap analysis.
- Careful tracking of eMTCT activities has shown that significant numbers of infants are acquiring HIV during breastfeeding. A concerted effort is underway to ensure that all eligible HIV-positive mothers are on ART for the duration of breastfeeding to avoid HIV transmission to their infants, as well as ensures their own health.

DELIVERING EFFECTIVE SERVICES AS EFFICIENTLY AS POSSIBLE

15. The renewed engagement of top-level political leaders has proved to be a decisive factor in South Africa’s HIV response, as well as in the closer cooperation between the Government and its various partners. The leadership and commitment is especially evident in the growing domestic investment in the HIV programme—which has more than doubled since 2007/2008. More broadly, important steps are being taken to overhaul and improve the health care system, including re-engineering the country’s primary health care (PHC) system. The new model will contain three streams: a ward-based PHC outreach team for each electoral ward; strengthened school health services,

and district-based clinical specialist teams with an initial focus on improving maternal and child health.

16. The revitalized commitment is also visible in some of the most heavily affected provinces: KwaZulu-Natal province, for example, has an overhauled HIV strategy that uses a grassroots-oriented response to jointly tackle HIV and TB, along with socioeconomic and other underlying factors. The move stems from a recognition that an effective response to HIV and TB hinges on strong community involvement. Known as “Operation Sukuma Sakhe”, it focuses on supporting community partnerships and income-generating economic activities (especially for women and youth), stronger integration of government services, and promoting behavioural change and environmental care. The Operation includes Government funding for more than 200 NGOs, support to build the capacity of local AIDS councils and ward AIDS committees, and close collaboration with traditional leaders (coordinated in the Office of the Provincial Premier).
17. Political leadership is also galvanizing regional action. South Africa has helped spearhead the adoption by the Southern African Development Community (SADC) of a political declaration for improving the detection and treatment of TB in the mining sector, eliminating key causal factors, and creating a regulatory framework that compensates miners for occupational disease. A code of conduct will guide implementation of the declaration in Member States. Also planned is a unified employment database and health information system to record workers, enable patient tracking and improve cross-border medical referrals, as well as further economic analysis of TB in the mining sector in SADC countries.
18. The desired outcomes are most likely when programmes also tackle the factors and conditions that prevent people from using the services. The South African Government is taking important steps to strengthen and rationalize its health system in order to remove some of the barriers that block access to quality health care. Key among the changes is the introduction of a National Health Insurance (NHI) scheme, which will be implemented over 14 years. The NHI is meant to guarantee universal, free health care for the entire population, regardless of employment, socioeconomic or insurance status, and is designed to achieve greater value for healthcare spending. It involves a radical change to health care management within the public health care system and promises to transform the health care along much fairer and more equal lines. The NHI is currently being rolled out in 11 priority districts.
19. Underpinning South Africa’s HIV and TB response are supportive programmes that are being implemented and financed by other sectors, and that are developing important synergies. Some are aimed at safeguarding food security, while others seek to improve employment prospects (for example, the Expanded Public Works Programme) and extend social protection nets. Prominent among the latter—and especially important for women and girls—is an extensive welfare grant system that supports 15.2 million South Africans. Among them are 11.1 million mothers and children who receive a monthly child support grant (CSG), and an additional half a million children who benefit from a foster care grant. Research shows that the CSG reduces poverty and gender inequality, improves school enrolment and performance, boosts recipients’ health status, and

reduces several risky behaviours (including unprotected sex, alcohol abuse and drug use) among adolescent grant recipients.⁸

20. Stigma remains a major hindrance that discourages people from taking full advantage of the HIV and TB response. However, there are signs that it might be subsiding. The countrywide HIV testing and counselling campaign has encouraged millions of young people, women, children and men to come forward and learn their HIV status. A “First Things First” campaign is being introduced at 17 universities to encourage students to become more active in the HIV response and take regular HIV tests. HIV testing and counselling drives are being rolled out on farms, at mines and in industrial zones. Efforts to defuse stigma (which also include implementation of a Stigma Mitigation Framework) will soon be monitored by a Stigma Index.
21. All these innovations are increasingly dependent on the commitment, resources and efforts of civil society—especially community-based—organizations. They are closely involved in the design and review of NSPs, and they are integral players in the scale up of treatment and care, and in the drive to eliminate MTCT (with women living with HIV especially active). They are key partners in managing the more than 60,000 volunteer health workers that have been deployed countrywide to strengthen HIV and other health care services. It is therefore vital that funding and other support for civil society organizations be placed on a solid footing. Civil society organizations are also central players in human rights advocacy and support services aimed at improving the legal and policy environment (especially for reducing HIV-based discrimination and supporting the rights of key affected populations). Operational guidelines for key populations are being finalized, and a sex worker sector plan is being developed with the participation of sex worker organizations.
22. Community system strengthening (linked to health system strengthening) is therefore increasingly recognized as a priority. This is especially evident in the eMTCT drive. Targeted assessments of community systems have been done and are being used to inform planning and resource allocation decisions. Management capacity building activities are underway for women living with HIV and others from civil society. A challenge now is to extend those kinds of community-oriented innovations more broadly in the HIV and TB response in ways that address the need for stronger capacity, referral networks, coordination and feedback mechanisms. Plans are being made to marshal the faith-based sector’s extensive infrastructure, networks and programmes in those efforts.
23. Activities that jointly harness the resources of the public and private sectors are growing in number and scale. Recent examples include large HIV testing and counselling campaigns in the construction, banking and electricity industries, as well as the SABCOHA Trucking Wellness project. The latter offers healthcare services to truck drivers, sex workers and communities at “HIV hot spots” at 20 roadside “wellness centres” and with 15 mobile clinics. The project has treated more than 145 000 people, one third of them specifically for sexually transmitted infections (STIs). It has also cemented stronger partnerships with other Government departments, including the Department of Transport. New public-private collaborations are being created between the Government and private industry to ensure that workers who are at high risk of

⁸ Department of Social Development, SASSA, UNICEF. *The South African Child Support Grant Impact Assessment*. Pretoria: Department of Social Development; 2012.

infection—especially those in the mining sector—receive TB prevention, diagnosis and treatment.

24. When done properly, integration can enhance programme effectiveness and efficiency by minimizing duplication and bringing new synergies into play. Its importance is explicit in the latest NSP, which for the first time represents a single, integrated strategy for HIV and TB (along with STIs). Furthermore, HIV and TB—and their gender and rights dimensions—are being mainstreamed into the core mandates of all government departments. Meanwhile, the increasingly strong links and synergies between the eMTCT drive and maternal and child health (MCH) programmes, especially at local levels, has helped reduce South Africa's MTCT rate significantly. Mid-year stocktaking exercises (including at district and sub-district levels) are helping to enhance the integration of eMTCT activities with MCH programmes, and to identify best practices and hindrances (especially those related to enabling factors, and to the quality, supply and demand for priority services). HIV and STI prevention is also being integrated into the overall sexual and reproductive health (SRH) framework.
25. Male medical circumcision services have been repositioned to serve as a gateway for improving health outcomes generally. They now form part of an integrated package of male SRH services (that include condom provision, HIV testing and counselling, and screening for TB, STIs and lifestyle diseases such as diabetes and hypertension). Other enabling innovations include engaging traditional leaders around integrating male medical circumcision into traditional practices in some provinces in order to move closer to the 80% coverage target for adult men by 2015/2016.
26. In a response as extensive as South Africa's, cost savings are important to help narrow the funding gap. Some of these savings can be realized almost immediately—for example by overhauling the procurement process for antiretroviral (ARV) drugs.⁹ In December 2010, the South African Government introduced a new tender for ARV purchases, which involved strategies to increase competition among suppliers and improve price transparency. It was able to negotiate substantially lower prices for the ARVs used in the national HIV programme: overall ARV drug costs fell by 53%, generating estimated savings of about ZAR 4.7 billion (US\$ 685 million) over two years—enough to potentially treat twice as many treatment-eligible patients.¹⁰ The National Department of Health has been extending the approach through a Central Procurement Authority to improve the availability, supply and costs of other essential medicines. In 2011, it used the same approach to achieve savings in the 2011 TB tender. Other savings might involve more prolonged effort. For example, implementing best practice interventions to prevent and treat TB more effectively in the South African mining sector would cost an estimated US\$ 570 million a year, but it could yield productivity gains in the region of US\$ 467 million a year and cut treatment and related costs by approximately US\$ 316 million.¹¹
27. It is vital to ensure that the available resources are used to maximum effect by focusing on evidence-based and high-value activities, by taking them to scale and by demonstrating their impact. Efficiency gains are being used to extend savings in ART

⁹ Government of South Africa (2010, 14th December) "Massive reduction in ARV prices" (<http://www.info.gov.za/speech/DynamicAction?pageid=461&sid=15423&tid=26211>)

¹⁰ WHO. Global HIV/AIDS Response: Epidemic update and health sector progress towards Universal Access: Progress report 2011. Geneva, WHO, 2011. http://www.who.int/hiv/pub/progress_report2011/en/index.html

¹¹ Stop TB Partnership (2012). Tuberculosis and mining: A challenge to a key Southern African economic sector. WHO, Geneva. www.stoptb.org/assets/documents/news/TBMining2.pdf

programmes. Task shifting—whereby health workers perform tasks that traditionally are carried out by staff with higher qualifications—and larger roles for communities have the potential to improve the reach and quality of treatment programmes, and to reduce costs. One recent South African study found that costs associated with providing treatment to nurse-initiated and -managed ART patients at decentralized facilities were 11% lower than for doctor-managed patients in hospitals.¹²

28. Cost data are important, especially so when countries fund the bulk of their HIV response themselves—as South Africa does. The Government funds 85% of the national HIV programme with domestic tax revenues. High-quality data are being generated, and evidence-based analysis of ART costs and benefits is guiding budgetary decisions. For example, analysis of the cost and effectiveness of treatment provision informed the National Treasury's decision to approve significant increases in funding and in the ART coverage target. A similar process has been used to examine the costs of widening HIV treatment eligibility for adults and children. For example, it has been found that treating infants earlier would save 80% of the costs of in-patient care—an average of 11 days during the first year of life.
29. Cost details are being examined to identify potential savings and cost-effectiveness gains. Led by the Clinton Health Access Initiative (CHAI), the recent Multi-Country Analysis of Treatment Costs for HIV (MATCH) exercise identified several opportunities to expand ART coverage and improve patient outcomes without increasing costs. The potential savings could cover the treatment costs of an additional 350 000 patients.
30. The need for smarter coordination and greater transparency and accountability from all stakeholders is highlighting the value of planning and tracking tools. The Ministry of Health launched an Aid Effectiveness Framework in 2011 to align development partner assistance more closely with departmental processes, reduce transaction costs and enhance the efficiency of planning and implementation. The Framework is being updated annually. CHAI is also supporting a process to identify possible gaps and opportunities for strengthening alignment in the NSP and PSPs, and for highlighting allocative, structural and technical efficiencies. Meanwhile, the World Bank's Public Expenditure Tracking (PETS) & Quantitative Service Delivery surveys—already completed in one province and underway in several others—are helping determine whether resources and programmes are reaching the intended beneficiaries and are being used efficiently and effectively enough.

Plans going forward

- A series of stakeholder consultations and debates about financing and investment developments and strategies is being arranged to help devise new funding mixes and options.
- Scheduled for 2013, the introduction of fixed-dose combinations is expected to strengthen the ART programme significantly by simplifying treatment regimens, reducing treatment complications and further improving adherence.
- Unit costs are being determined for specific HIV prevention interventions, including in the workplace, for men who have sex with men, and community mobilization.

¹² Long L, Brennan A, Fox MP, Ndibongo B, Jaffray I, et al. (2011) Treatment Outcomes and Cost-Effectiveness of Shifting Management of Stable ART Patients to Nurses in South Africa: An Observational Cohort. *PLoS Med* 8(7): e1001055. doi:10.1371/journal.pmed.1001055

- There is strong recognition that gender-based violence is contributing to HIV transmission and holding back the HIV response. A Gender-based Violence Council is being created to improve coordination, reduce duplication and strengthen information sharing among the various initiatives that are striving to reduce gender-based violence.

SUSTAINING THE RESPONSE UNTIL THE GOALS ARE MET

31. The need for sustainability of the HIV and TB response is keenly understood in South Africa, and a vitally important search for a sustainable funding mix is underway. Donor grants and other external support will continue to be critically important for many of the headline activities in the response, but there is recognition that domestic funding is key to long-term sustainability. South Africa is already among the few middle-income countries that fund the bulk of their HIV responses out of the public purse. Domestic investment in HIV more than doubled from 2007/2008 to 2011/2012—from ZAR 3.5 billion to ZAR 7.9 billion—and the Government now finances about 85% of the entire response. But HIV funding needs are projected to keep growing over the next two decades before gradually decreasing again.
32. Major external support—most of it directed towards treatment and care—is either decreasing or being redirected. This can have profound implications, not only for scaling up and sustaining the world's largest ART programme, but also for increasing the share of resources going toward HIV prevention. For example, the United States President's Emergency Plan for AIDS Relief (PEPFAR) has been an important source of investment, particularly in the ART programme. However, it is shifting its support from direct clinical care and treatment services to health systems strengthening (including the overhaul of the primary health care model), HIV prevention and health services innovation. The United States and South African Governments have agreed on a framework to guide this evolving partnership. PEPFAR implementing partners will now report expenditures in a standardized format, making it easier to align the support with South Africa's planning and budgeting processes. Steering and management committees (with high-level participation) have been created to oversee implementation of this new Partnership Framework and ensure mutual accountability. As domestic funding increases and PEPFAR funding declines over the next five years, new funding opportunities will need to be identified and evaluated.
33. Efforts are underway to innovate more sustainability options. The re-engineering of Primary Health Care (PHC) provision represents an important step toward galvanizing sustainability. Designed around WHO's health systems strengthening building blocks, the new approach is intended to strengthen the district health system and expand access to PHC outreach services. Among its many features is the reinstating of health programmes and the strengthening of school health services. This is part of the broader attempt to boost sustainability by systematically integrating key elements of a potentially successful HIV response into the routine systems and activities of the health and other sectors.
34. Moves to ensure a sustained supply of ARVs at affordable prices include the expansion of local drug production capacity through a joint venture between the South African Government and an international pharmaceutical company. Stronger harmonization and alignment of domestic and external support to national priorities is one way forward, as the Partnership Framework shows. The NSP Financing Committee is being strengthened to take on a stronger role developing a fundraising and sustainability

strategy for implementing the NSP. The Budget Section of the National Treasury is also being engaged on the NSP, as well as on cross-sectoral budgeting and sustainable funding. Options for sourcing additional funding domestically are being considered. Those mooted include excise taxes on alcohol, tobacco and unhealthy foods (with a portion of the revenue allotted to the HIV and TB response), and an earmarked employer's levy on the payroll (in cases where employers provide neither treatment programmes in the workplace nor medical insurance coverage).

Plans going forward

- Departmental and provincial implementation plans are being costed to ensure that the budgets are sufficient for putting the plans into operation.
- Stakeholder consultations are being arranged to develop a plan to fund the non-health critical enablers and civil society participation in service delivery.

Conclusion

35. South Africa is combining the impetus of strong leadership and commitment with an increasingly detailed and up-to-date understanding of its HIV and TB epidemics to build an integrated, durable and innovative response. The country is using a strong evidence base to design, prioritize and cost interventions in processes that involve wide and genuine consultation. It is strengthening its strategic information systems to track and assess programme delivery, deepen accountability and devise ways to combine and use resources to maximum effect. A focus on human rights, gender equality and community involvement answers to the need to buttress an expanded response with arrangements that enable people to use and benefit from services.
36. Underpinning the response is a recognition that the underlying drivers of the epidemics must be addressed, and that a strengthened health sector overall is crucial for securing a sustainable and successful response. Deeper integration of HIV and TB into the routine programming of other sectors will prove vitally important for long-term impact and sustainability. New partnerships are being forged with civil society (especially with traditional leaders and the faith-based sector) and the private sector. The centrality of country ownership in South Africa's approach is evident in its increased domestic investment in HIV and in the ongoing search for new ways to sustain an effective response.
37. This wide-ranging progress provides solid footing for addressing some remaining challenges. Collaboration between HIV and TB programmes can be strengthened further at the operational level. M&E is possibly the weakest dimension of South Africa's response at the moment. Most of the M&E is health sector-specific; even then the measurement of ART clinical outcomes, for example, shows scope for improvement. A strong multi-sectoral M&E framework and practice would be another major step forward in an HIV and TB response that has improved dramatically in scale and quality in the past few years.

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