

# Acceleration towards 6.1m on ART by 2020



**Driving implementation where it matters**

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**Operation Phuthuma**

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**13 June 2019**

**Ms Romy Overmeyer**

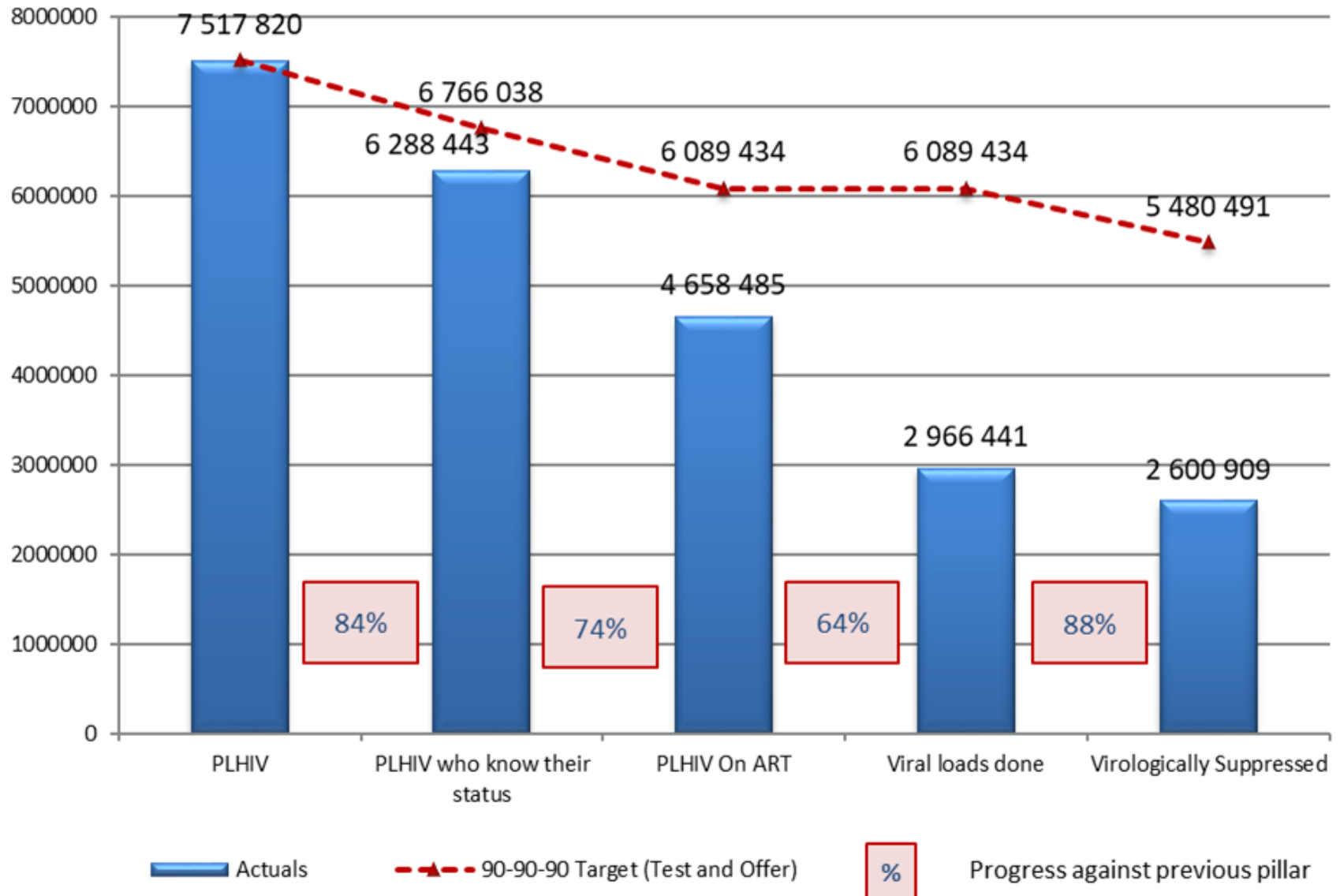


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## 90-90-90 Cascade - Total Population

(Apr 2019 - South Africa)



# Operation Phuthuma



In response to Minister Motsoaledi's letter to the MECs for Health, dated 18<sup>th</sup> March 2019, the National Department of Health HIV Cluster launched Operation Phuthuma on 1<sup>st</sup> April 2019.

**Operation Phuthuma** is responsible for managing implementation of the **10 Point Plan for Acceleration**.

The word Phuthuma means "Hurry". It conveys the sense of urgency associated with achieving 90-90-90 targets by December 2020.

At the centre of the project is the simple equation:

$$\mathbf{U=U}$$

**(Undetectable = Untransmittable)**

# 10-point plan



## Project Plan aligned to 10-point plan for Acceleration towards 6.1m

1. Strengthen **management** (including quality patient centred-care)
2. Strengthen **data** systems; clean up data
3. **Same day** initiation; follow-up first missed appointment
4. Use **unique ID** (HPRN)
5. All trained NIMART nurses (23 000) to **initiate** patients
6. Set performance **targets** for: NIMART nurses; lay counsellors; data clerks; CHWs
7. Strengthen **CCMDD** and increase pick up points
8. Decrease **waiting times** by for example improving the filing system
9. Provide services in extended **working hours**
10. **Accountability** to MECS/HODs and reward facilities that perform against targets



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# Why Operation Phuthuma?



1. Robust **project management** approach (Timelines, deliverables, accountability)
2. **Co-ordinate efforts** across multiple stakeholders (Internal to DOH and External)
3. **Alignment** of targets and interventions to highest **need**
4. Dedicated **focus** on key interventions in the HIV Treatment Program
5. Facilitate communication and coordination at **all levels** of health system



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# Overview



## What

- 10-point plan for Acceleration

## Where

- National
- With granular focus at 343 facilities through Siyenza

## How

- Operation Phuthuma
- Branded within Cheka Impilo



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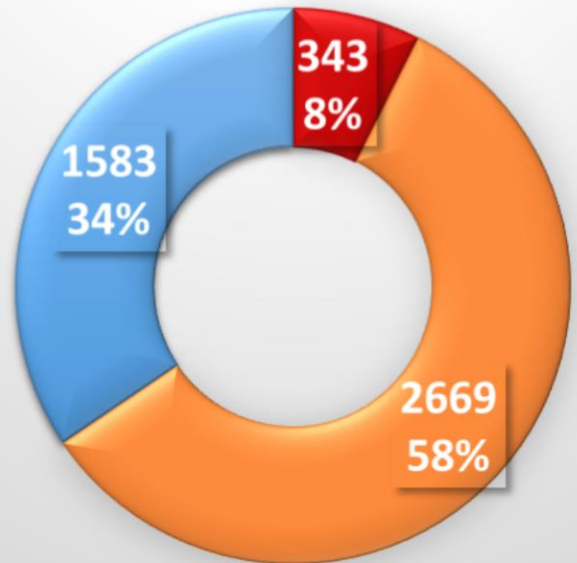
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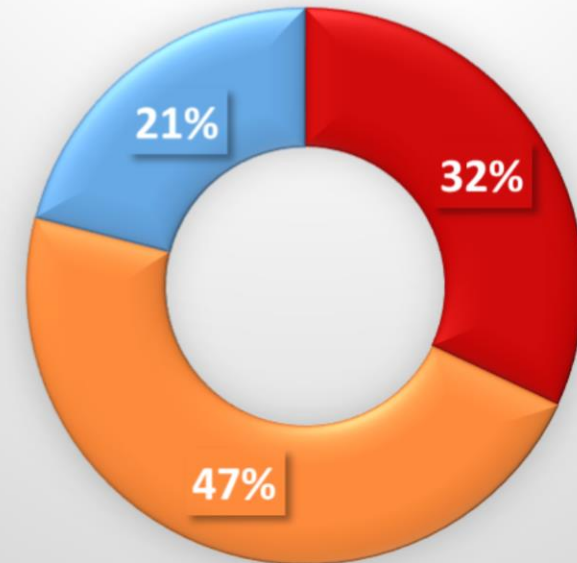
# Why Siyenza?



Number of facilities (by category)



Contribution to TROA (by category)



■ Siyenza    ■ PEPFAR-supported (Not Siyenza)    ■ Not supported by PEPFAR



# Operation Phuthuma: Objectives



The project is structured into five (5) key objectives:

## **1. Management:**

Strengthen management of the HIV program through a robust project management approach, utilisation of data for decision-making and pay-for-performance financial management.

## **2. Demand Creation:**

Increase demand for HIV services through a comprehensive communication plan, implementation of The Welcome Back Campaign, as well as strategies focussed on men, young people, and the general population in districts with the highest unmet need.



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# Operation Phuthuma: Objectives



## 3. Data Management:

Improve management and quality of data by cleaning up current data sets, revising patient file and data flow at facilities, and strengthening the utilisation of HPRN as a unique identifier for patient records and facility filing systems.

## 4. Expanding access:

Expand access to HIV services by strengthening decanting processes, increasing the number of external pick-up points, and implementing extended hours at high burden facilities.

## 5. TEE/TLD (Dolutegravir) transition:

Implement communication and training to support the TEE/TLD transition across the country.



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# Deliverables



		10 point plan for Acceleration									
		1	2	3	4	5	6	7	8	9	10
Intervention implemented through Operation Phuthuma	1. Management										
	1.1. Provincial PMRs	X				X	X				X
	1.2. Reporting framework	X				X	X				X
	1.3. Data Analytics	X	X			X	X				X
	1.4. Financial Management	X									X
	1.5. Facility incentive scheme	X				X	X				X
	1.6. Facility Improvement Plans	X	X	X	X	X	X	X	X	X	X
	1.7. Stakeholder coordination	X	X	X	X	X	X	X	X	X	X
	2. Demand creation										
	2.1. Welcome Back Campaign			X					X		
	2.2. Finding HIV positives	X				X	X				
	2.3. Finding Men	X									
	2.4. Finding Adolescents and Youth	X									
	3. Data management										
	3.1. Data clean up		X					X			
	3.2. Patient, file and data flow		X					X	X		
	3.3. HPRN utilisation		X		X			X	X		
	3.4. HPRS filing system		X						X		
	4. Expanding access										
	4.1. Decanting stable patients							X	X		
	4.2. External PuPs							X	X		
	4.3. Extended hours								X	X	
	5. TLD/TEE Transition										
	5.1. TLD/TEE Transition	X									

Communication

# Status update



	Status	Comments
1. Management		
1.1. Provincial PMRs		<p><u>Progress:</u> Engagement with all provinces ongoing. Provincial Nerve Centres / PMRs established in all provinces.</p> <p><u>Next steps:</u> Additional technical support required to ensure provincial structures are functional and effective. Terms of reference (TOR) for provincial structures finalised by 14 June. Support required from provincial support partners to implement TOR.</p>
1.2. Reporting framework		<p><u>Progress:</u> Key indicators and disaggregation identified. Facility targets for all facilities calculated based on 90-90-90 and PEPFAR COP19 targets.</p> <p><u>Next steps:</u> Final review of targets by provinces by 14 June. Barometers printed and distributed by end June. Dashboards and tools available in DHIS by end July.</p>
1.3. Data Analytics		<p><u>Progress:</u> Weekly performance reports produced for Siyenza facilities.</p> <p><u>Next steps:</u> Alignment of reports to revised targets by 14 June. Expansion of weekly reporting through Provincial PMRs for non-Siyenza facilities.</p>
1.4. Financial Management		<p><u>Progress:</u> Analysis of funding in relation to targets completed by NDOH. Provinces are sufficiently funded to achieve targets.</p> <p><u>Next steps:</u> Process for managing funding based on performance to be defined by NDOH by 30 June.</p>



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# Facility Targets



- NDoH has calculated facility targets for Apr19 to Dec20, to align to 90-90-90, National Annual Performance Plan and COP19.
- Although all targets will be communicated, monitoring will focus on quarterly and six-monthly periods to allow for adjustments based on performance.
- Targets are based on NIDS indicators and will be monitored (as far as possible) through routine systems and collected via standardised DoH registers and tools.
- ONLY targets set by NDoH and agreed with the provinces will be used for monitoring at facility level.

Facility Targets (Apr19-Mar20)					Total Population							
Province	District	PEPFAR-supported	Siyenza	Facility	5 827 148	1 339 121	806 467	532 654	951 807	14 159 463	1 041 036	101 666
					TROA - Mar20	Net New - Apr19-Mar20	New initiation - Apr19-Mar20	Return to care - Apr19-Mar20	HIV+ - Apr19-Mar20	HIV test target - Apr19-Mar20	HIV (index) test target - Apr19-Mar20	HIV+ (index) - Apr19-Mar20
ec	ec Chris Hani District Municipality	Yes	No	ec All Saints Gateway Clinic	1 332	317	191	126	226	4 281	317	24
ec	ec Chris Hani District Municipality	Yes	No	ec All Saints Hospital	62	15	9	6	11	199	15	1
ec	ec Buffalo City Metropolitan Municipality	Yes	No	ec Alphendale Clinic	740	222	134	89	157	1 861	135	16
ec	ec Amathole District Municipality	Yes	No	ec Amabele Clinic	579	121	73	48	86	3 008	225	9
ec	ec Alfred Nzo District Municipality	Yes	No	ec Amadiba Clinic	3 126	576	347	229	409	6 056	451	44



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# Facility Targets



Targets have been set for the following indicators:

- TROA
- Net New
- New initiation
- Return to care
- HIV Test positive
- HIV Tested
- HIV index tested
- HIV Test positive (index)

## Methodology:

District level estimates for Children, Adult Men and Adult Women used to calculate 90-90-90 targets per sub-population group.

Targets take the following into account:

- Gap in terms of ART coverage
- Loss to follow up rate
- Contribution of New on ART to Net New
- ART Initiation rates
- Baseline positivity rates for general and index testing
- Percentage of positive cases targeted through index testing



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# Status update



	Status	Comments
1.5. Facility incentive scheme		<p><u>Progress:</u> Not started.</p> <p><u>Next steps:</u> Proposal to be developed by 30 June.</p>
1.6. Facility Improvement Plans		<p><u>Progress:</u> All Siyenza facilities have a facility improvement plan which is used to manage remedial actions.</p> <p><u>Next steps:</u> SOP to be developed for implementation in non-Siyenza facilities by 30 June.</p>
1.7. Stakeholder coordination		<p><u>Progress:</u> Weekly meetings conducted with the following stakeholders:</p> <ul style="list-style-type: none"> <li>• NDOH facility support teams</li> <li>• Operation Phuthuma project review team (PEPFAR, CCMDD, AMD, THIS, NDOH HIV)</li> <li>• PEPFAR Strategic Information</li> <li>• PEPFAR District Support Partners</li> <li>• Provincial HAST managers</li> <li>• PLHIV Sector</li> </ul> <p><u>Next steps:</u> Set up scheduled meetings with:</p> <ul style="list-style-type: none"> <li>• Nursing unions, SAMA and HIV Clinicians Society</li> <li>• Provincial and District HAST teams (by province)</li> <li>• 4 Large metro's</li> <li>• TB Think Tank</li> <li>• HIV Think Tank</li> <li>• MCWH</li> </ul>



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# Status update



	Status	Comments
2. Demand creation		
2.1. Welcome Back Campaign		<p><u>Progress:</u> Campaign overview and concept developed. Work plan developed for each component of the campaign. Initial communication messages developed.</p> <p><u>Next steps:</u> Tailored communication plan to be developed for each target population. SOPs to be revised. Enhanced counselling material to be developed by 30 June.</p>
2.2. Finding HIV positives		<p><u>Progress:</u> Strategies defined and targets developed for HIV testing and Index testing.</p> <p><u>Next steps:</u> NDOH to communicate interventions and SOPs to all facilities. Index testing to be included in new circular from Minister of Health.</p>
2.3. Finding Men		<p><u>Progress:</u> Lessons learned collated and reviewed by NDOH.</p> <p><u>Next steps:</u> Comprehensive Men's Health strategy developed by 30 June.</p>
2.4. Finding Adolescents and Youth		<p><u>Progress:</u> Package of services defined and guidance documents produced.</p> <p><u>Next steps:</u> Implementation to be prioritised at Siyenza facilities.</p>



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	Status	Comments
3. Data management		
3.1. Data clean up		<p><u>Progress:</u> Exercise to review duplicate records in THIS complete at provincial level.</p> <p><u>Next steps:</u> Plan for reconciliation of records at source to be developed by each province to ensure that clinical records are updated.</p>
3.2. Patient, file and data flow		<p><u>Progress:</u> Patient, file and data flow SOP workshop conducted and consensus reached for new and repeat clients.</p> <p><u>Next steps:</u> Workshop to develop SOP for decanted patients scheduled for 19 June.</p>
3.3. HPRN utilisation		<p><u>Progress:</u> HPRN is used in most facilities, but is not being leveraged. HPRS have appointed a dedicated team to resolve HPRS issues in Siyenza facilities.</p> <p><u>Next steps:</u> HPRS team to address HPRS issues. Process and training for barcode scanner and label printers by September 2019 in Siyenza facilities that use HPRS.</p>
3.4. Facility filing system		<p><u>Progress:</u> Filing system overhaul and strengthening under way in certain Siyenza facilities.</p> <p><u>Next steps:</u> Selection of facilities for intensive filing projects to be finalised by 17 June. SOP to be circulated on how to implement filing system in order to reduce waiting times.</p>



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# Status update



	Status	Comments
4. Expanding access		
4.1. Decanting stable patients		<p><u>Progress:</u> Decanting has been taking place at all facilities. Facilities not decanting all stable patients and are not leveraging all available modalities for decanting.</p> <p><u>Next steps:</u> Review and revision (if necessary) of decanting processes as outlined in the adherence guidelines and other SOPs by 21 June.</p>
4.2. External PuPs		<p><u>Progress:</u> 346 additional External pick up points approved during Siyenza against target of 343.</p> <p><u>Next steps:</u> All Siyenza facilities to have sufficient pick up points by July 2019. Expansion to additional prioritised facilities by March 2020.</p>
4.3. Extended hours		<p><u>Progress:</u> Extended hours implemented in 207 of 343 facilities during Siyenza.</p> <p><u>Next steps:</u> Engagement with labour unions to provide guidance on standard process across provinces. Proposal and guidance documents to be finalised by 14 July.</p>
5. TLD/TEE Transition		
5.1. TLD/TEE Transition		<p><u>Progress:</u> Workshop conducted with implementing partners and provinces.</p> <p><u>Next steps:</u> Provinces to finalise training plans.</p>



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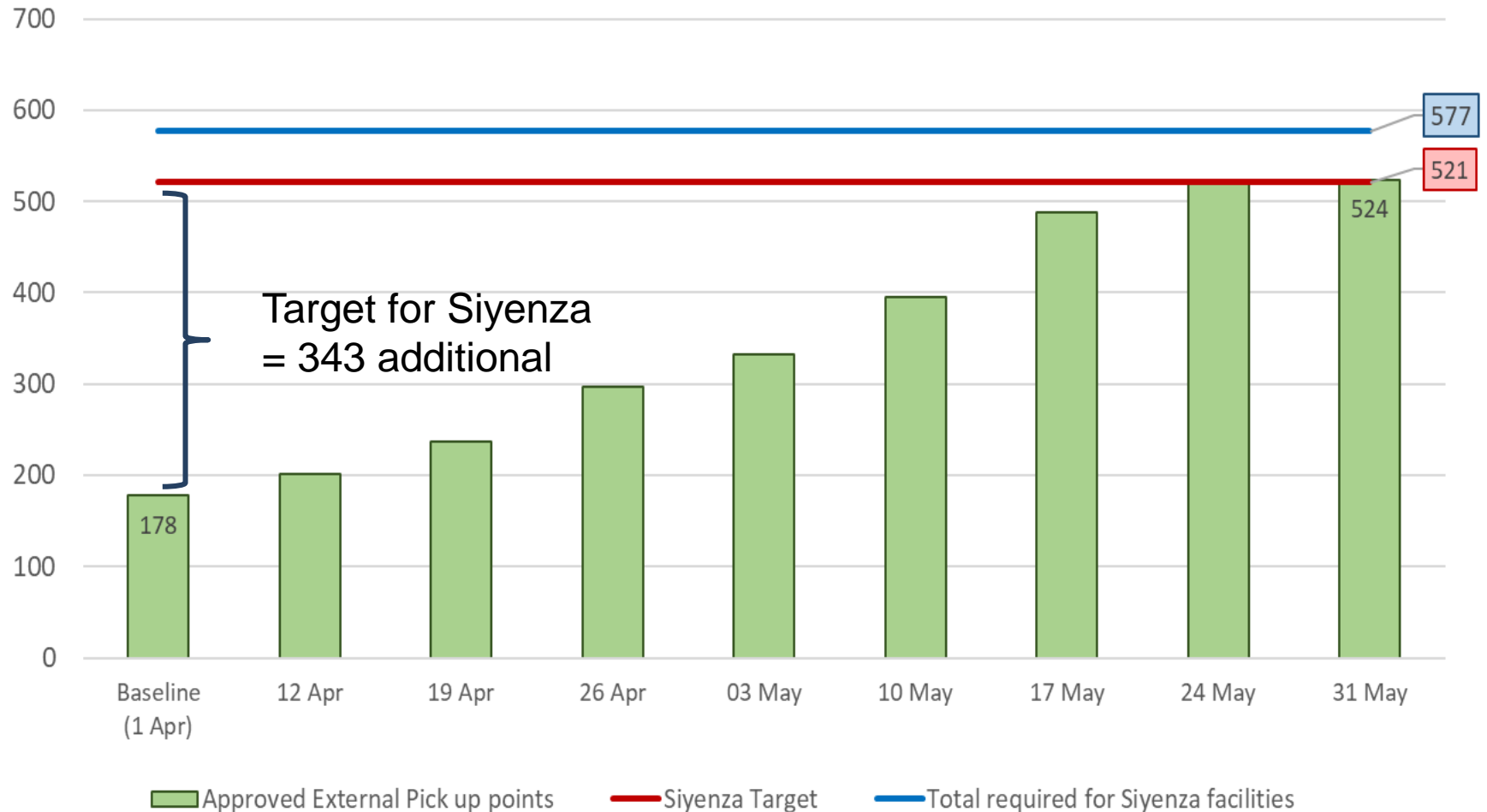
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# External Pick up Points



Approved External Pick up points for 343 Siyenza facilities



346 additional pick up points were approved in Siyenza facilities, increasing the number of pick up points from 178 before Siyenza, to 524 by 31 May 2019.

# What next?



- NDoH has adopted targets for the **First 100 days (1 June to 10 September)**
- The target set is as follows for Siyenza facilities:
  - Initiate 75,000 PLHIV on ART (just over 5,000 per week)
  - Reduce waiting times for HIV clients in 135 facilities
- How?
  - Focus on case finding
  - Scale up on index testing
  - Ensure all NIMART-trained nurses are initiating
  - Decant stable patients to Fast lanes, External Pick up points and Adherence clubs
  - Strengthen pre-retrieval of files and appointment system at Siyenza facilities
  - Ensure all results are captured on Tier.net and reported into DHIS
  - NDoH to circulate guidance documents to Provinces, Districts, Facilities and Implementing partners by 19 June.



Thank you



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