HIV: what next?
Clinical priorities for 2012 for South Africa

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The times they are a-changing...

• Good clinical news
• Good financial/ sustainability news
• Some challenges
• New marching orders
• South Africa has the **largest ART programme worldwide** (1.4 million patients in April 2011)
• ART programme is **85% domestically funded**
• Initiation rates of >300,000 patients/ year
• Decreased PMTCT, increased life expectancy
• Decreased death in NW – all age groups
• Decreased TB in Botswana as ARV coverage went up
• New drug purchasing system suggested in 2010:

Professor Gesine Meyer-Rath, HeRO
### Methods:
**Cost input [2011 ZAR]**

Cost data from bottom-up cost analysis by outcome at Themba Lethu clinic in 2007-2009 (n=350)

<table>
<thead>
<tr>
<th>Cost per patient year (*half-year)</th>
<th>Old regimens (% drug cost)</th>
<th>New regimens (% drug cost)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 tender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First line &lt; 6 mts*</td>
<td>3,506 (37%)</td>
<td>4,309 (48%)</td>
</tr>
<tr>
<td>First line &gt; 6 mts</td>
<td>5,140 (50%)</td>
<td>6,115 (58%)</td>
</tr>
<tr>
<td>First line failure</td>
<td>5,067 (52%)</td>
<td>6,135 (59%)</td>
</tr>
<tr>
<td>Second line</td>
<td>11,737 (71%)</td>
<td>8,740 (57%)</td>
</tr>
<tr>
<td>2010 tender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First line &lt; 6 mts*</td>
<td>2,758 (20%)</td>
<td>3,197 (29%)</td>
</tr>
<tr>
<td>First line &gt; 6 mts</td>
<td>3,491 (27%)</td>
<td>4,210 (38%)</td>
</tr>
<tr>
<td>First line failure</td>
<td>3,418 (28%)</td>
<td>4,230 (41%)</td>
</tr>
<tr>
<td>Second line</td>
<td>9,337 (64%)</td>
<td>8,493 (56%)</td>
</tr>
</tbody>
</table>

**Professor Gesine Meyer-Rath, HeRO**

- 32% cheaper
- 31% cheaper
- 18% cheaper
Results:
Budget impact of ART programme

Comparison with public health service budget
[Budget Review 2010, National Treasury]

<table>
<thead>
<tr>
<th>Percentage of budget at full cost</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old tender prices</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>New tender prices</td>
<td>7%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Challenges
The difference?

What we want

• INH
• CTX
• Regular monitoring
• Pap smears, fertility planning
• ‘Wellness’ – ‘prevention for positives’
• (no weekend work, patient in clinic when suits us, keep their appointments)

What patients want

• Being valued
• No queues
• Same health care worker
• Tablets that work
• Confidentiality
• Files and blood tests that don’t go missing
• Information that is appropriate
• Grants!
• Appointments, hours that don’t impact on work
• The biggest challenge to our programmes is NOT safe or effective drugs or HIV testing – it is retention in care after HIV diagnosis
1\textsuperscript{st} prize is a bulletproof 1\textsuperscript{st} line ARV regimen

• Tolerability $>$ forgiveness (NNRTI vs PI)
• BUT – presupposes good support and adherence
• 2-3% migration to 2\textsuperscript{nd} line – accumulating body of patients
• Long haul – probably 50% of patients need minimal support
FDCs

- More for pharmacists than patients!
- Packaging and colours would be great
Issues around paediatrics

- The least “system proofed” group
- Try to harmonise with adults
- Weight of liquid formulations – score tablets, pay attention to ‘crushability’
OI drug needs

- Amphotericin B
- Macrolides - MAC
- Gancyclovir – CMV, possibly for other illnesses
- MDR treatment
- (Rifabutin)
PoC technologies?

- Proliferation of technologies with parallel lab system - justified in an HIV silo toxicity monitoring required
- Gene Xpert
- Viral load
- CD, Resistance
- POC rapid HIV test re-evaluation
- Sober reflection on the tech requirements
Summary of big ‘short term’ treatment and systems gaps?

• Earlier diagnosis and retention
• Bigger emphasis on more sophisticated adherence, esp toxicity management – preserve 1st line
• Better packaging of drugs, FDCs
• New drugs for toxicity
• OI drugs
• Better and faster diagnosis of TB, VL; Reassess rapid HIV
• Simpler guidelines, align paeds and adult guidelines
• Expansion of who gives ART
Marching orders: 3

- National Strategic Plan
- Primary Care Revitalisation programme
- NHI/ Quality improvement
Recognises...

- We spend a lot of money on our health system *(we use it badly)*
- We have enough health care workers *(they’re in the wrong places and we use them badly)*
- Our health care workers are paid well *(compared to Africa, US)*
NSP: 2012-1016

- Zero new infections HIV/TB
- Zero deaths from HIV/TB
- Zero stigma
Game changers

• Annual TB and HIV screen for all South Africans
• “expanded clinic hours, weekends”
• TB/ pregnant women – ART at all CD4 counts
• Make paediatric HIV notifiable
• Rural health focus – rural proofing
• Decriminalise sex work and hard drugs
• Single registry
Process

• Draft “Zero”, now Draft 1
BUT – bigger plans afoot
Primary Care revitalisation, NHI and QI
Household teams linking to care...

- Promoting health
- Preventing ill health
- Providing information and education to communities and households on a range of health and related matters
- Environmental health, especially those aspects impacting directly on households and communities
- Psychosocial support in collaboration with community care givers supported by the Department of Social Development
- Early detection and intervention of health problems and illnesses
- Follow-up and support to persons with health problems including adherence to treatment
- Treatment of minor ailments
- Basic first aid and emergency interventions
• But can’t get to an unfriendly nurse...
• Hence QI – inspectors...
• R2 billion/district
HIV has showed what we can do

• Opportunity to fix the whole health care system now
• Heed our marching orders for 2012!
Thank you to....