HIV: what next?

Clinical priorities for 2012 for South Africa

Francois Venter

Deputy Executive Director, WRHI

Wits Reproductive Health and HIV Institute

Associate Professor, Department of Medicine

University of the Witwatersrand, Johannesburg, South Africa

Thanks to Gesine Meyer-Rath, Yunus Moosa, Henry Sunpath, Janet Giddy, Winnie Moleko, Mamotho Khotseng, Eugene Sickle, Henry Sunpath , Colin Pfaff, Nolundi Mfecane, Viv Black, Helen Rees, Yogan Pillay

WRHI

Wits Reproductive Health and HIV Institute

USAID

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

OFFICE OF THE UNITED STATES GLOBAL AIDS COORDINATOR

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)

Cost per patient year (*half-year)	Old regimens (% drug cost)	New regimens (% drug cost)	
2008 tender	**d4T** regimens	**TDF** regimens	**AZT** regimens
First line < 6 mts*	3,506 (37%)	4,309 (48%)	3,302 (44%)
First line > 6 mts	5,140 (50%)	6,115 (58%)	5,393 (46%)
First line failure	5,067 (52%)	6,135 (59%)	5,323 (47%)
Second line	11,737 (71%)	8,740 (57%)	9,461 (64%)
2010 tender	**d4T** regimens	**TDF** regimens	**AZT** regimens
First line < 6 mts*	2,758 (20%)	3,197 (29%)	2,736 (32%)
First line > 6 mts	3,491 (27%)	4,210 (38%)	4,423 (34%)
First line failure	3,418 (28%)	4,230 (41%)	4,353 (35%)
Second line	9,337 (64%)	8,493 (56%)	8,175 (58%)
	32% cheaper	**31% cheaper**	**18% cheaper**

Professor Gesine Meyer-Rath, HeRO

Results:
Budget impact of ART programme

Comparison with public health service budget

[Budget Review 2010, National Treasury]

	2011/12	2012/13
Percentage of budget at full cost		
Old tender prices	10%	12%
New tender prices	7%	8%

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

1st prize is a bulletproof 1st line ARV regimen

- Tolerability > forgiveness (NNRTI vs PI)
- BUT – presupposes good support and adherence
- 2-3% migration to 2nd 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

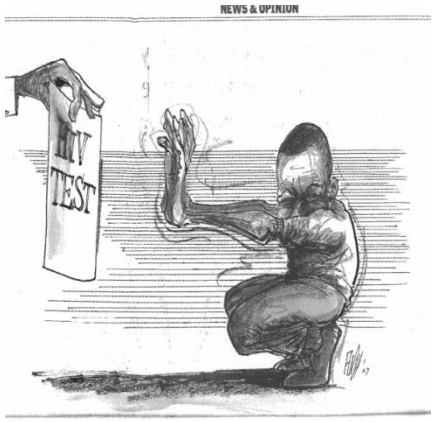
- The least “system proofed” group
- Try to harmonise with adults
- Weight of liquid formulations – score tablets, pay attention to ‘crushability’

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

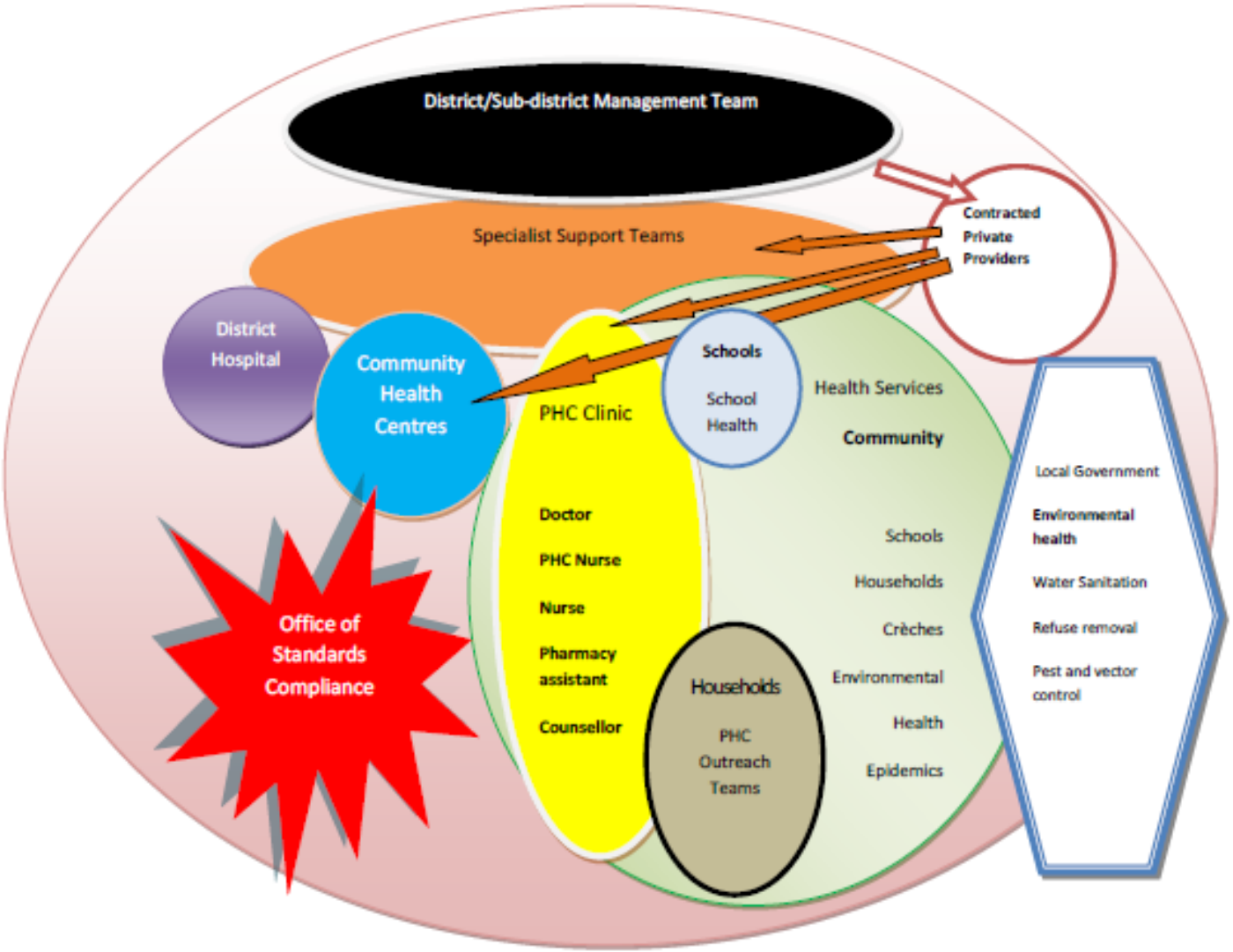
- Annual TB and HIV screen for all South Africans
- “expanded clinic hours, weekends”
- TB/ pregnant women – ART at all CD4 counts
- Make paediatric HIV notifiable
- Rural health focus – rural proofing
- Decriminalise sex work and hard drugs
- Single registry

Process

- Draft “Zero”, now Draft 1

BUT – bigger plans afoot

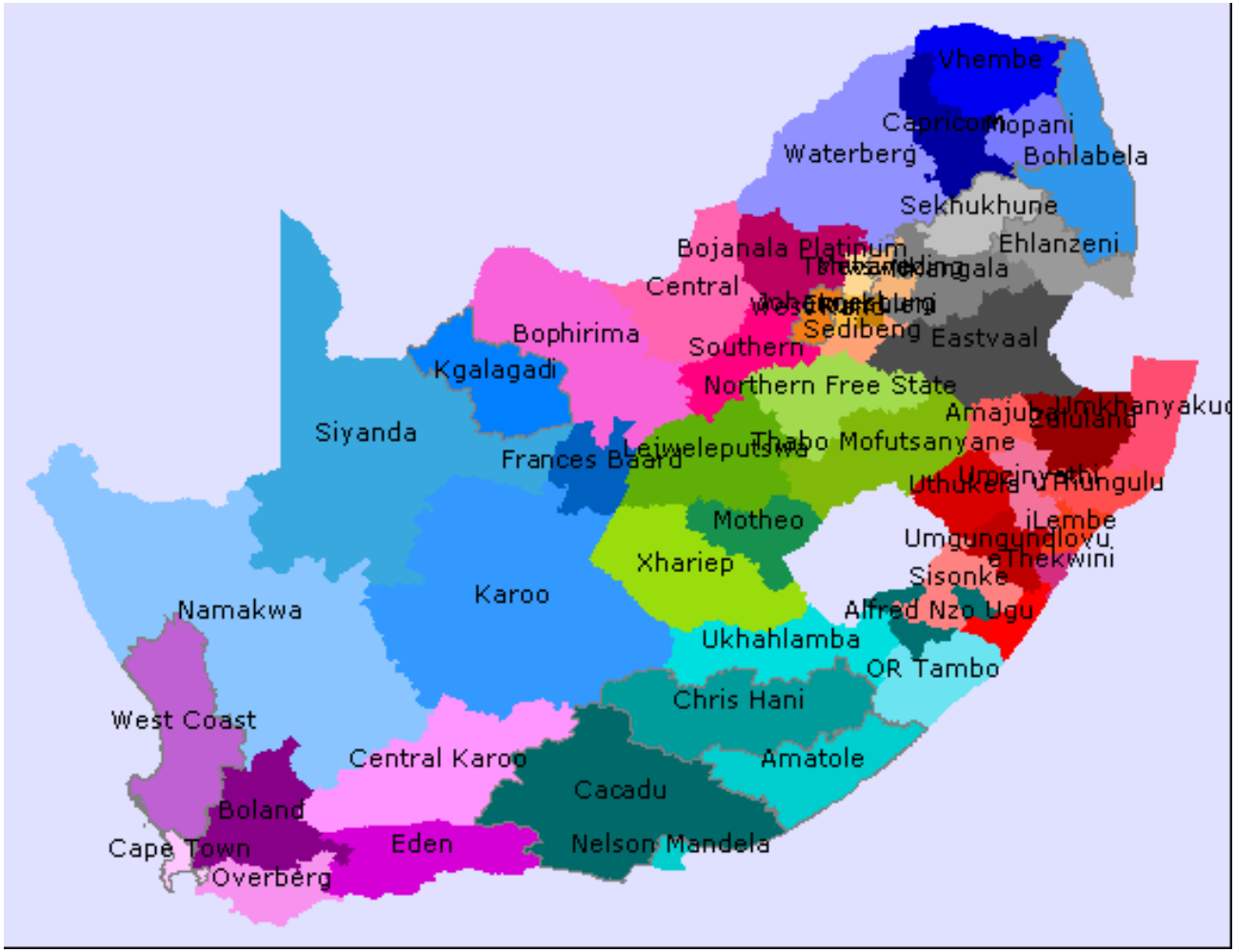
Primary Care revitalisation, NHI and QI



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….