



# THE NATIONAL HIV COUNSELLING AND TESTING CAMPAIGN STRATEGY

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SANAC SECRETARIAT

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# 1 Introduction

## 1.1 The South African HIV Epidemic

Worldwide South Africa has the highest number of People Living with HIV (nearly 6million), representing a quarter of the disease burden in sub-Saharan Africa and a sixth of the global disease burden.

In 2008, HIV prevalence among women attending antenatal clinics was 29.3%, peaking in Kwa Zulu Natal province at 38.7%. The latest population-based survey conducted by the Human Sciences Research Council in 2008<sup>1</sup> shows that women and girls continue to bear the brunt of the epidemic<sup>2</sup>.

South Africa also has the one of the world's worst tuberculosis (TB) epidemics in the world, with a high burden of disease, incidence and TB/HIV co-infection rates and growing epidemics of multi-drug resistant (MDR - TB) and extensively drug-resistant tuberculosis (XDR - TB). In South Africa 0.1% of population get TB disease every year [3]. In order to have any success in curbing the spread of HIV and saving the lives of those infected, South Africa has to succeed in controlling both HIV and TB epidemics.

## 1.2 The National Response

In recent years there have been important changes in the leadership on HIV and TB, provided by the Government of South Africa. In 2007 the Deputy President took steps to revitalise the **South African National AIDS Council (SANAC)**, including the review of its Terms of Reference and membership [3]. A revamped multisectoral **National Strategic Plan on AIDS and STIs (2007-2011)**, the NSP, was developed with all key stakeholders in government, civil society and the private sector with ambitious targets of reaching 80% of those who need to be on ARVs by 2011 and a 50% reduction in new infections by the same time. The NSP<sup>[4]</sup> provides the basis for

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<sup>1</sup> South African National HIV Prevalence, Incidence and Behavioural Survey

<sup>2</sup> Girls aged 15-19 years are about 2.5 times more likely to be infected than their boy counterparts. By the time they move into the age range of 20-24, they are nearly 4 times likely to be infected. HIV prevalence in women is highest in the age group 25 -29 years of age.

<sup>3</sup> The SANAC is the 'One' National HIV Coordinating Authority, with a broad-based multisectoral mandate, which oversees various mechanisms of coordination, planning and resource mobilization. Similar structures were encouraged to exist at provincial and district levels.

<sup>4</sup> The 'One' agreed AIDS Action Framework

coordinating the work of all key stakeholders including the development partners, and is accompanied by 'One' agreed country-level **Monitoring and Evaluation System**, described in the National M&E Plan 2007-2011.

A mid-term review of the NSP and an independent Health Sector Response to HIV took place in October – November 2009. Roll out of Anti-Retroviral Therapy (ART) has been a major achievement of the last few years of NSP implementation. From the baseline estimates of the NSP the current level of coverage represents a 250% plus increase for adults and around a 150% increase in children on treatment. Numerous families are receiving support from a combination of Department of Health and Department of Social Development services, as well as through numerous NGOs/NPOs through home based care. Ninety five percent of public health facilities now provide PMTCT services, 80% of pregnant women attending antenatal care have received HIV testing and 76% of HIV positive pregnant women receive PMTCT prophylaxis (compared to 70% targeted). However, the rollout of dual therapy is not yet complete and faces some challenges. VCT coverage is beginning to increase. As of 2008/09, 96% of public health facilities in the country were offering VCT (compared to a target of 100% of all facilities) and 24.7% of adults had been tested and received their results in the past 12 months, compared to a target of 11% for the year. While there has been good improvement in providing post-exposure prophylaxis to women and children experiencing sexual assault, there is no evidence that gender based or domestic violence has decreased.

The distribution of **condoms** has been a key part of the governments HIV prevention strategy. There has been an increase from 8 million in 1994 to an estimated 376 million in 2006[6]. The female condom was introduced in 1996 and in 2006, 3.6 million female condoms were distributed. A behavioral survey conducted recently supports the suggestion that there is an increase in the number of males and females who have used condoms at the last sexual contact<sup>5</sup>.

By the end of June 2009, the country had provided free **antiretroviral therapy** to an estimated 40% of adults and 10% of children with advanced HIV infection. The number of HIV-infected persons enrolled onto the national ART programme has increased dramatically over the last few years to over 940,000 at the end of November 2009. The US President's Emergency Plan for AIDS Relief (PEPFAR) and The Global Fund to fight AIDS, TB and Malaria (GFATM), in addition to the Government of South Africa resources, are important financial supporters of this programme.

The **National TB strategic Plan 2007-2011**, sets out to strengthen the implementation of Directly Observed Therapy (DOTS) strategy, address TB and HIV, MDR – TB and XDR - TB and strengthen infection control. Surveillance for anti-tuberculosis drug resistance has been

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<sup>5</sup> Condom use among females aged 20-34 years increased from 33.2% in 2002 to 46.4% in 2005 and 67.3% in 2008; males aged 25-49 years increased from 26.7% in 2002 to 40.7% in 2005 and 66.3% in 2008.

enhanced and programme performance and patient outcomes are more closely monitored through the national TB register.

### 1.3 Scaling up the Response

In 2009 the Government made a renewed commitment to scale up the national HIV response. It was decided that the urgency of the epidemic required an approach characterized as “business unusual”. A series of events in the buildup World AIDS Day 2009 laid the basis for this major shift:

- 14 October, the Cabinet endorsed the need for a national HIV Counselling and Testing campaign;
- 16th October, the Sector Leaders’ Forum decision for unprecedented response to HIV and TB epidemics and to establish an HCT Campaign Task Team;
- 26th October, 2009 the first meeting of HCT Campaign Task Team held at National department of Health (NDoH);
- 10th November, at a Press Conference the Minister of Health announced an ‘unprecedented response’ and ‘the biggest HCT campaign in the world’;
- 25th November, the SANAC Plenary endorsed SANAC Secretariat to continue to establish an ‘HCT Campaign nerve centre’ within the Secretariat.

On World AIDS day 1st December 2009 the President announced that the following directives to address the HIV epidemic in South Africa would be launched on the 1st April 2010:

1. A massive campaign to mobilise all South Africans to get tested for HIV and to ensure that every South African knows their HIV status.
2. Increased access to treatment for children under one year of age that test positive for HIV. This will contribute significantly towards the quality of life for infected children and reduction of infant mortality
3. Patients presenting with both TB and HIV infection will be initiated on ART if their CD4 count is 350 or less shifting from the old guidelines of initiating treatment when CD4 count is less than 200. TB and HIV will be treated under one roof. 1% of the population has TB and co-infection with TB and HIV is 73%. The policy change will support programmes to reduce deaths arising from undetected TB infection among those living with HIV.
4. All pregnant HIV positive women with a CD4 count of 350 or with symptoms regardless of CD4 count will have access to treatment, a shift from eligibility for treatment when CD4 count is less than 200.
5. All other HIV positive, pregnant women with higher CD4 counts will be put on treatment at fourteen weeks of pregnancy to prevent mother to child transmission of HIV.

6. All the health institutions in the country should be able to provide HIV counselling, testing and treatment.

## 2 HIV Counseling and Testing (HCT)

### 2.1 Background

With the introduction of new guidelines in February 2010 South Africa's policy on voluntary counseling and testing was expanded to include a number of new components. These components include a revision of counseling protocols as well as a shift for HIV Counseling and Testing (HCT) to be offered by health providers on the occasion of any patient's visit to any health facility for any ailment. Provider-initiated HIV counseling and testing remains voluntary but it places an obligation on the health care worker to explain to patients the importance of knowing one's HIV status and of testing habitually for HIV as part of a normal health seeking behaviour.

The shift towards provider-initiated HCT comes as one of the measures derived from the 10-point plan of the National Department of Health – particularly the intention of point 1: 'Providing Strategic Leadership for better health outcomes' and of point 7: 'Accelerating implementation of the HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11'.

The imperative of expanding the number of clients counseled and tested for HIV comes as a result of the magnitude of South Africa's epidemic. Over 1200 people become infected with HIV every day in South Africa. This staggering number has contributed to an epidemic where today 5.2 million South Africans (10.9% of the total population) are living with HIV. The table below illustrates the proportion of the estimated target population for HCT that were tested by 2009. Western Cape has the highest uptake of 67%, closely followed by Limpopo province while Free State and Gauteng have the lowest of 27% and 31% respectively.

### 2.2 Why mass HCT

*"Expanding access to HIV counselling and testing: a gateway into HIV prevention, treatment and care"*

SANAC considers HCT to be an entry point into both HIV prevention, through knowing one's status and knowing what to do next and through facilitating access to antiretroviral treatment. HCT integrates prevention and treatment, which are the two key mutually-reinforcing pillars of the NSP. HCT is widely relevant, focused and action-oriented which makes widespread social mobilisation possible. The efficacy of HCT in Primary Prevention (those HIV negative) is difficult to measure. Nevertheless, numerous supporting studies on the efficacy of HCT in secondary prevention (those HIV +) is substantial. Studies have shown evidence of behaviour change and

reduced viral loads thru treatment initiation. Even anonymous HCT provides us with a localised picture of who is and who is not testing. This helps identify which most-at-risk populations not being reached.

**Table 1. Cumulative HIV Testing Uptake by Province 2004-2009.**

Province	Estimated Population	HCT target population	Number tested for HIV	% of target tested
Eastern cape	6,884,482	2,737,815	1,267,394	46
Free State	2,972,983	1,479,942	405,399	27
Gauteng	9,853,543	5,308,415	1,668,087	31
Kwa Zulu Natal	10,077,620	4,578,031	2,268,963	50
Limpopo	5,357,949	2,275,491	1,350,641	59
MP	3,646,123	1,660,038	739,226	45
North West	3,229,078	1,537,093	1,109,242	72
Northern Cape	1,108,599	485,391	282,211	58
Western Cape	4,945,732	2,203,620	1,481,729	67
<b>Total</b>	<b>48,076,109</b>	<b>22,265,836</b>	<b>10,572,892</b>	<b>47</b>

There has been considerable experience of HCT campaigns in the region. Sub-Saharan Africa has seen a 50% increase in testing from 2007 to 2008. Regional HCT campaigns include the following achievements:

- Kenya and Uganda have conducted national door-to-door HIV testing campaigns.
- Introducing provider-initiated testing has led to 85% HIV testing rates among pregnant women at maternal health clinics.
- During a one-week testing campaign in Malawi in 2008, 186,217 people were tested in 1588 static, mobile and outreach sites.
- During a six-month HCT campaign in Tanzania, 3.25million people tested.

The rationale for testing and the positive regional experience have led to the choice of HCT for a major national campaign to be launched in April 2010.

### **3 The HCT Campaign**

Several consultative meetings were held with the provinces regarding the selection of the districts in which to launch the HCT campaign. The selection was done as follows:

### 3.1 Selected Districts for the HCT Campaign:

<u>Province</u>	<u>District</u>
1. Eastern Cape:	OR Tambo
2. Free State:	Motheo
3. Gauteng:	Ekurhuleni
4. Kwa Zulu Natal:	Ugu
5. Limpopo:	Capricorn
6. Mpumalanga:	Gert Sibande
7. Northern Cape:	JT Gaetsewe district
8. North West:	Dr. Kenneth Kaunda
9. Western Cape:	City of Cape Town

### 3.2 Objectives

The objectives of the campaign are as follows:

1. Mobilize people to know their status.
2. Support people with key prevention messaging in order to take proactive steps to a healthy lifestyle irrespective of HIV status; and
3. Increase incidence of health seeking behaviour
4. Increase the access to treatment, care and support

### 3.3 Target Market

An initial 5.6 million people will be targeted for testing out of the total population of 12.6 million in the target districts following the launch. A total of 15 million people are targeted for HCT in all the districts by end of June 2011 in all the provinces. The breakdown of the target numbers by district will be provided to each province.

The target market is everyone who is sexually active above 15 years of age (the age for HIV testing consent). It was recommended, furthermore, at a consultation with HCT Communicator and Service Providers on 15 and 16 February 2010 that there were four focus areas within this general target:

5. Couples
6. Sexually-active men
7. Commercial Sex-workers
8. Men who have sex with men

The population groups that should not be forgotten within this broad definition when districts are developing their strategies are as follows:

- Farm workers
- Mine workers
- Correctional Services
- Health workers and managers
- High risk HIV negative individuals
- Migrants & refugees
- Trucking industry
- Informal settlements
- Mobile communities & taxis
- Older men and women
- The affluent

### 3.4 Key Components of the Campaign

The implementation plan of the HCT campaign is based on four components with an outline of both the preparatory and the execution phases. The key components of the HCT campaign are as follows:

1. The Launch
2. Social mobilisation
3. Communication and advocacy
4. Health Systems Component

Key stakeholders in the plan are: Government departments, private sector, civil society and development partners. The monitoring and evaluation plan will encompass the four components.

#### 3.4.1 The National Launch

The national launch will take place in April 2010 and planned highlights include a dialogue on testing as an entry-point to general well-being, the address by SANAC's Chairperson, Deputy President Kgalema Motlanthe and live couple counseling (refer to annex for the launch programme). Dialogue will bring together various national stakeholders dialogue will seek to promote responsibility for HIV testing, knowing ones partners status, preventing HIV infection and secondary infection as well as disclosure. Campaign Theme: The theme of I AM RESPONSIBLE, launched on World AIDS Day 2009 for the duration of 2010: *I am responsible... We are responsible... South Africa is taking responsibility*, will remain at the core of an aligned, nationwide counselling and testing campaign launched in 2010. This theme has three interpretations:

1. I must take responsibility for my own health and HIV Status i.e. if I am HIV negative, to stay negative, if I am HIV positive, to seek support and services to ensure I am healthy and don't spread the virus to others, be they partners or children.
2. I must take responsibility for enabling those in my sphere of influence to make healthy choices (be they my children, my sexual partners, my employees etc)
3. Government is taking responsibility to ensure quality services are available when people present to test.

#### National Media Mobilisation

In March the Minister of Health will convene a press conference to brief the media on the launch of the HCT campaign. Held two weeks before the campaign launch date, this press conference will provide an opportunity for the Minister, along with other key speakers such as SANAC Deputy Chairperson and SANAC CEO to give an update on the changing health system, what progress has been made towards the implementation of new policies, and how the HCT Campaign will roll out. The conference will target health reporters from key national media from both print and electronic based such as:

- National Radio and TV
- National Newspapers
- Health-e news
- Private radio stations
- Private TV stations

By creating clarity on issues around the campaign, and ensuring high-level discussion around it – the press conference will be used as a media mobilisation tool to ensure that discussion around the importance of knowing one’s HIV status begins. Furthermore, opinion editorials by and interview of key SANAC spokespeople and Campaign champions that are identified as part of an advocacy initiative would be arranged in the major press, and dialogues arranged on major TV and radio channels.

### **Vox Pops**

Mass media should run nationally, across TV and Radio campaign, with flight frequency (i.e. how often any one message flights in one region) adjusted within the districts. The intention is to tease out the many benefits, to address the barriers and dispel the myths of HIV Counselling and Testing through short video snippets, personal journeys and testimonials of a range of South Africans, accounting for why they tested or are going to test. These Vox Populae – Voices of the People – would run in all 11 official languages and for the disabled.

### **Prevention Messaging**

It has been noted that HCT can become an inhibitor to positive behaviour change for those who test HIV negative, particularly where counselling is not of high quality or rushed. To help address this shortfall, HCT messaging covered during the Vox Pops campaign will be supplemented by prevention messaging suitable for those that test HIV positive and HIV negative. Messages around

- Condom use
- Closed sexual networks
- Disclosure between partners
- Personal risk assessment, clarifying the window period after most recent exposure

### **Tracking Research**

To support and monitor the effect of the communication campaign in the districts, we will be conducting one-on-one interviews with around 70 people per district to establish whether they know about the “I am Responsible” campaign, what it is about and what it means to them. The initial research will be done in April and then replicated 10 months later to establish any changes in awareness and positivity.

### **National Newspapers**

An newspaper translated into 5 languages would be produced to alert households to the campaign, their rights when testing, policy changes, as well as link them up to their nearest testing site. The newspaper would contain stories and testimonials of local role models who have tested and/or are living positively and campaign champions (those identified through the national advocacy campaign). Information will be included positioning HCT as a personal choice based on personal acceptance of risk, as a relevant and normal part of a robust health plan for every South African. This newspaper will also contain informative cartoons and explanatory images, comprehensible to both children and the illiterate.

#### **3.4.2 School Campaign**

The secondary schools have a significant population of young adults that would benefit from HIV prevention interventions. There are

#### **3.4.3 District Launch**

The district launches will follow the same theme as the national launch, led by provincial and district leadership namely Premiers, Members of the Executive Committee (MECs) and Provincial, District and

Local AIDS Councils. The use of other forms of community based media will also assist the district in reaching hard to reach populations. Door-to-door campaigns and other social mobilisation interventions will be used. A list of messages that are currently being used will be compiled into an HCT message booklet to be compiled and distributed to all partners by 3 March 2010. IEC materials for disabled people will be developed and made available and counselors will be trained to provide services for the disabled. Branded materials will be developed for use at the health care facilities and made available to the districts.

#### 3.4.4 Social Mobilisation

To ensure that people present for testing and that we cover at least 50% of the district population with the campaigns messaging, a spectrum of social mobilisation activities must be employed across all sub-districts. SANAC will support the social mobilisation activities with resources, materials and media and communication support for the mobilisers. The specific details of where the social mobilisation will occur, and the duration thereof, will be determined by the DCA. The district level

#### Strategies

The Messages will make it clear that testing and counselling at all government clinics is free while striving to bring the private sector on board. The key strategies are as follows:

1. **Door to door campaigns**

These have proven effective in ensuring that people are able to engage directly with someone with the relevant information. SANAC proposes that each district plan to carry out at minimum partitioning so as to ensure that each area of the district will be covered by the social mobilization.

2. **Social Activations**

This affords us the opportunity to target large groups of people in the community. An example will be to target bus stations and taxi ranks with vital information about the benefits of HIV testing. The aim of these activations is to empower commuters with the knowledge on the importance of knowing ones status. These could be held at shopping malls sports events community meetings and schools. Engaging the religious sector on the HCT campaign is vital for on-going success. With the Easter weekend following on the heels of the launch, getting the buy-in of the religious sector to support the district is vital. SANAC will develop talking points for the districts to enable the religious leaders to incorporate HCT messages into their on-going church services.

3. **Messaging Guidelines**

Messaging will focus on the **benefits of testing** and **disclosure between partners**, the **positive support systems** available. Messages will remain positive and hopeful and forward-focused. They should not delve into questions of discrimination, stigma or confidentiality issues lest by trying to tackle these things, it only further entrenches them. A sense of urgency will be communicated e.g. Test today, stop delaying. Take hold of your health now, not next week, next year, some other time. Couples testing together e.g. Test one, take one. Know your partner's status. It should also clarify issues around discordant couples. Basic risk assessments, educating the HIV negative when they should next come for a test, explaining the 3-month window period from last exposure in particular will be part of the messaging. Testing messages will always be complemented by prevention, treatment, care and support messages e.g. I've tested for HIV. What next?

### 3.4.5 Key Activities at District Level

These will strive to engage the appropriate political structures within the province and district to ensure buy-in on HCT campaign. There will be efforts to map the communication, social mobilisation, social, political and economic assets within the district so as to inform the district strategy organized by various stakeholders consultations.

#### Expected Outputs

1. Costed district Communication and Social Mobilisation plan
2. Mapping report
3. Monthly M&E reports

#### District Campaign Activities

A successful HCT campaign is supported by 5 pillars, two of which pertain to media and communication and social mobilisation. The impacts of these interventions are key to driving people to present at the public health facilities. SANAC will support districts with a number of interventions at the national level, which will be complemented by the activities rolled-out within the districts, as per the districts HCT strategy. The success of the HCT campaign will be underpinned by the strength of planning and interventions at the district level. To this end, the HCT campaign within the province will be lead by the Provincial Council on AIDS. NGOs that are prepared to support the roll out of the campaign have been identified (see table . The identified partner will work under the direction of the District AIDS Councils.

Table 2. List of Partners to Support Districts

Province	District	Agency	Supporting agency
Eastern Cape	OR Tambo		SFH; KCP; SoulCity; NAPWA; TAC; NMF; Broadreach
Free State	Motheo		SFH; KCP; CDC; R2C
Gauteng	Ekurhuleni	Multi-sectoral AIDs Unit; RHRU or TAC or CMT	R2C; ECHO; KCPs
KwaZulu-Natal	Ugu	PAC	KCP; URC; Broadreach; NAPWA
Limpopo	Capricorn	PDoH (HAAST)	FPD; New Start
Mpumalanga	Gert Sibande		Broadreach ,TAC; KCP
Northern Cape	JT Gaetsewe	SABCOHA	URC; NAPWA; KCP
North West	Dr. Kenneth Kaunda	URC	potentially supported by SoulCity; Broadreach; KCP
Western Cape	City of Cape Town	CMT (working with NACOSA)	SA; TAC; NMF; New Start

### 3.5 Sectors and their roles in the Campaign

The social mobilizing campaign will work with the **District AIDS Councils** in the selected 9 districts and will focus on:

- Promoting the HCTC in communities
- Providing information & awareness in communities – why (esp. benefits to clients), what, when & how
- Providing information on support services (if any e.g. transport) to get people tested
- Facilitating improved accessible health service – youth & disability friendly

The following SANAC sectors will be prioritized:

**Table 3. Sectors and their Roles in the Campaign**

Sector	Tasks
<b>Youth</b>	<ul style="list-style-type: none"> <li>• Mobilize young people across the districts in schools, tertiary academic institutions, prisons, night clubs etc.</li> <li>• Working with HCT service providers to ensure youth friendly services</li> </ul>
<b>Faith based sector</b>	<ul style="list-style-type: none"> <li>• Provide information &amp; promote testing during services - Church, Mosque, Temples.</li> <li>• FBO leaders to be advocates and led by example</li> <li>• Places of worship could also be HCT sites</li> <li>• Tap into the massive movements e.g. ZCC, Universal Church, AHHP, Shenge etc.</li> <li>• Organise a high profile advocacy meeting with Minister of Health with FBO leaders</li> </ul>
<b>People Living with HIV sector</b>	<ul style="list-style-type: none"> <li>• Provide support through support groups to those who test positive</li> <li>• Provide details of support groups in all 9 districts</li> </ul>
<b>Traditional leaders</b>	<ul style="list-style-type: none"> <li>• Use their power &amp; authority in communities to promote HCT.</li> <li>• Speak against stigma &amp; discrimination in communities</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Advocates for disability friendly services</li> <li>• Demand additional support to be provided for those who cannot get to health service due to disability</li> <li>• Mobilize disabled people to get tested</li> </ul>
<b>Business &amp; Labour</b>	<ul style="list-style-type: none"> <li>• Incorporate HCT as part of the workplace programme</li> <li>• Provide time and space for employees to be tested</li> </ul>
<b>Sport &amp; Entertainment</b>	<ul style="list-style-type: none"> <li>• Be HCT advocates for the campaign (identify popular personalities in each district)</li> <li>• Lead by example and be tested</li> </ul>

## **Government Social Mobilisation & Advocacy drive**

Plan for high level HCT advocacy mission led by social cluster government ministers with key audiences:

- Minister of Health – Sport & Entertainment Sector
- Minister of Education – Traditional Leadership
- Minister of Social Development – Faith Based Sector

### **Available resources**

- SANAC Secretariat Sector Support Branch
- GAAP coordinators – 1 in each province
- National SANAC Civil Society Sector Representatives (19 sectors; 3 in plenary; 3 in PIC; total of 193 people!)

### **3.5.1 Health Systems Component**

This component of the campaign is addressing the readiness of the health facilities, health workers, recruitment of volunteers, training, procurement of supplies and commodities to support the counseling and testing.

#### **3.5.1.1 HCT readiness at health facilities**

The health system has been assessed for readiness and the key stakeholders have been consulted to assist them in preparing for the HCT campaign in the selected districts. The health facilities in these districts have been assessed for their capacity and readiness to deliver HIV counselling and testing services. The national HCT Guidelines have recently been revised to include provider initiated counselling and testing. HCT campaign coordinators have been deployed to each province to collect facility-level capacity data to determine readiness, including infrastructure and human resources. The analysis of provincial and district data will be used to inform HCT targets, procurement plans and distribution of supplies as well as provide the baseline for M&E. The commodities and supplies will be ordered before the end of February. There is need for a military precision plan for referral of clients and for the testing facilities to know the capacity constraints of referral sites. Risk reduction and prevention package, a pre-ART package for those who do not need ART will be prepared for health workers as well as training and refresher courses for nurses and counsellors. (please refer to Annex for details on this component).

#### **3.5.1.2 School Campaign readiness**

At least 6,000 secondary schools are targeted for the campaign and this thematic component will be launched separately when schools reopen after the holidays.

#### **3.5.1.3 Recruitment of Volunteers for the Campaign**

An estimated 5,000 volunteers will be needed in addition to those already working in the districts.

#### ***3.5.1.4 HIV test kits and commodities procurement***

The procurement and implementation of HIV rapid test kits in South Africa is conducted through a two year National tender led by the National Treasury and the National Department of Health. Projections are done by the provincial DOH in collaboration with the districts, sub-districts and the NDOH. The provinces procure test kits through their depots directly from the suppliers on the National tender. Suppliers deliver the test kits to the provincial depots with a lead time of 6-8 weeks. Districts procure from the provincial depots and sub-districts procure from the district depots.

#### **Testing Algorithm**

The algorithm for HIV testing in SA is serial testing. This means that a screening test is performed and depending on the result of the screening then a confirmatory is performed. When the screening test is positive a confirmatory test is performed. If the results are discordant, then whole blood is used for testing using ELISA. Professional nurses are legislated to perform HIV rapid testing and lay counselors at present are not supported by legislation to perform the test.

#### ***3.5.1.5 Targets for HCT and Costing***

Most rapid tests have a shelf-life of between 18 and 24 months, even if these assumptions are under or overestimated, the risk of expired stock is absolutely minimal. To ensure the smooth roll-out of the HCT Campaign, it is recommended that the above-mentioned three months stock-holding for the various provinces should be in the Provinces Depots by 1st of April or failing that by mid-April. The Provinces should order these minimum stock-holding levels as soon as possible bearing in mind that most of the commodities are transported via sea freight (6-8 week lead-time) and the complexities and challenges of NICD Batch testing,. The estimates are based on the data available from the districts as well as the suppliers' stock data. According to our data the HIV prevalence in facilities by the end of 2009 was 28% and this will be used to project confirmatory test kits.

#### ***3.5.1.6 Pricing for test kits:***

We have 5 different types of test kits: 3 for screening and 2 for confirmatory allocated throughout the country facilities. The price ranges from R5.20 to R8.00 and if we want to have an average cost we can use R6.00 as average per test kit The detailed actual pricing is presented in the table in the annex.

## **4 Monitoring and Evaluation of the Campaign**

Monitoring of the HIV Testing Campaign will focus on tracking progress towards achievement of the campaign outputs against set objectives and the key components. The campaign's components are: social mobilization, advocacy and communication, health systems and monitoring and evaluation.

### **4.1 Output Indicators**

At the end of the campaign, we want to be able to know the following:

- Number of people who have been pre-test counseled
- Number of people who have been tested for HIV
- Number testing HIV positive

In addition to these campaign output indicators a risk assessment tool will be administered to all people in the reception area. The completed tool will be handed over to the counsellor before pre-test counseling. The targets number of those aged 15-65 years pretest counselled is 16,500,000 of which 15million are expected to test for HIV by the end of June 2011. The provinces and districts have been provided with projections corresponding to their populations which will contribute to the national target.

### **4.2 M&E of the Components**

#### **4.2.1 Social Mobilisation, Communication and Advocacy**

To be able to measure the impact of social mobilization efforts on the campaign there is need to collect caseload statistics before the campaign. These data will only be collected from health facilities. A questionnaire will be designed to assess the impact of the social mobilization initiative in motivating people to go for HIV testing at the testing sites. The questionnaire will be administered to all people in the reception before pre-test counseling. Indicators for this component will include:

- Number of people counseled for HIV
- Number of people tested for HIV
- Frequently cited mobilization components as good motivators
- Number of TV advertisements on the campaign
- Number of radio adverts on the campaign
- Numbers of IEC materials distributed by type

#### **4.2.2 Health Systems**

This component has human resources, HIV testing commodities and other laboratory consumables. Health systems is a critical component of the campaign. The facilities have to be

ready to attend to the people that have been mobilized to test in a timely and quality assured environment. Indicators for this component are:

- Number of additional health workers mobilized for the campaign
- Number of health workers oriented to the counseling and testing guidelines
- Number of testing sites for the campaign (clinics, schools and outreach/mobile)
- Number of HIV test kits procured and distributed
- Number of testing sites experiencing stock out of HIV testing reagents

Data for compiling the campaign output indicators will be collected using the Department of Health Voluntary Counselling and Testing Register. In addition to the registers, predesigned data collection forms for the social mobilization component and risk assessment. Indicators from the health system will be compiled primarily with data from facility preparedness assessment, procurement records and predesigned supervisory checklists.

### **4.3 Printing of Data Collection Tools**

The Department of Health may not have adequate VCT registers for the campaign. Additional registers will be printed to meet the demand for the campaign. Enough quantities of the social mobilization and risk assessment forms, and supervisory checklists will be printed and distributed in time before the campaign.

### **4.4 Training on Data Collection Tools**

Since the people completing the registers are the same people to provide counseling and testing services it will be cost effective to link the data collection tools training to the health workers' training on testing and counseling guidelines as a module. Health worker orientation on the mobilization and risk assessment will focus on ensuring completeness by the clients.

### **4.5 Data Flow**

Data management will be integrated in the national health system including data from outreach and mobile sites. It takes about a month for data to move from the facilities to the national level for analysis and dissemination. For this campaign we have to shorten the turn around time to ensure that the data collected inform aspects of the campaign that require strengthening. At the end of each week the health care workers in each facility will complete a weekly summary sheet (included in the VCT register). For those facilities with access to fax they will be requested to transmit the summary form to SANAC Secretariat. A dedicated person will be hired to go round the facilities to collect the summary forms and fax or courier them to SANAC for data entry and analysis.

#### **4.6 Data Entry and Analysis**

Two dedicated staff will be recruited in SANAC Secretariat to enter the data from the facilities into a database. Once validated for data entry errors, analysis will commence. Analysis will be done nationally and disaggregated by district and facility. As the campaign rolls out to all districts there might be a need to hire two more data entry clerks to ensure timeliness of feedback.

#### **4.7 Dissemination**

Data dissemination will take the form of weekly reports at facility level, monthly at district and provincial level and quarterly at national level. Dissemination of the data in relation to district , provincial and national targets will be monitored at the various levels of care.

#### **4.8 Supervision**

At least once a month there will be a round of supervision at all sites conducting HCT..

#### **4.9 Budget**

The following components will be costed:

- Printing of VCT registers
- Printing of social mobilization, risk assessment tools and supervision checklist
- Courier charges
- Hiring of data entry clerks
- Hiring of dedicated person to collect summary form from facilities in the districts at the end of each week
- Printing of feedback reports
- Training
- Supervision

## 5 Annexes

### 5.1 Launch Programme

<b>10:00</b>	<b>Opening of the dialogue and welcome by the facilitator</b>
<b>10:05</b>	<b>Dialogue commences</b>
<b>10:30</b>	<b>Closing remarks by the MEC for the Province</b>
	<b>Formal Programme</b>
<b>10:40</b>	<b>Singing of the national anthem</b>
<b>10:45</b>	<b>Welcome, purpose of the day and opening of proceedings (by local leadership)</b>
<b>10:50</b>	<b>Address by faith-based sector (to highlight the coming Easter holiday season and perhaps how this offers an opportunity to reflect on life and health)</b>
<b>10:55</b>	<b>Remarks by National AIDS Council representative/ Civil Society partner</b>
<b>11:00</b>	<b>Remarks by a local HCT 'Champions' representative</b>
	<b>(Full support will be provided towards the scripting of this, as provided in the information packs that will be developed for all Champions)</b>
<b>11:10</b>	<b>Remarks by SANAC representative</b>
<b>11:20</b>	<b>Remarks by the MEC for the Province</b>
<b>11:30</b>	<b>National HCT campaign address by the Premier of the Province</b>
<b>11:45</b>	<b>Live feed to the National Campaign launch and speech by the Deputy President.</b>
	<b>(The official proceeding by the DP, and the SANAC call to action to South Africans, will be broadcast live to all provincial launches.)</b>
<b>12:15:</b>	<b>Deputy President, Premier, Minister of Health and MEC, all leave the stage .</b>
	<b>Entertainment continues.</b>
<b>12:45</b>	<b>Delegates return to stage to share their experience of testing.</b>
<b>13:00</b>	<b>Vote of thanks (by local leadership)</b>
<b>13:05</b>	<b>Local drama and other cultural items</b>

## 5.2 HIV test kit prices

Test kit	Price per unit (R)	Screening or confirmatory and Provinces allocated
Advanced quality	R5.20	Screening (LP, MP, GP)
G-Ocean	R5.50	Screening (KZN, EC, FS)
SD Bioline	R5.20	Screening (NC, WC, NW)
Determine	R8.00	Confirmatory (KZN, FS, NC, WC, NW)
First response	R6.30	Confirmatory (LP, MP, GP, EC)