

South Africa
HIV and AIDS Thematic Report
January - December 2018



The PMTCT programme in South Africa (©UNICEF/South Africa 2013/ Schermbrucker)

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2. Abbreviations and Acronyms

AGYW – Adolescent Girls and Young Women

ART – Antiretroviral Treatment

CPD – Country Programme Document

CPT – Cotrimoxazole Preventive Therapy

DHIS – District Health Information System

DHP – District Health Plan

DIP – district implementation plan

ECD – Early Childhood Development

EID – Early Infant Diagnosis

EMTCT – Elimination of Mother - to - child Transmission of HIV

HSRC – Human Sciences Research Council

MDGs – Millennium Development Goals

MNCH – Maternal, Neonatal and Child Health

NDOH – National Department of Health

NGO – Non-Governmental organisation

NHLS – National Health Laboratory System

NSP – National Strategic Plan

PCR – Polymerase Chain Reaction

PEPFAR - The United States President's Emergency Plan for AIDS Relief

PHC – Primary Health Care

UN – United Nations

3. Executive Summary

The UNICEF South HIV and AIDS focus area under the Country Programme 2013 -2017 (extended to 2020) was part of the broader umbrella under the Young Child Survival and Development programme component result which strategic focus was to support national efforts to improve access to and the quality of proven high impact maternal, neonatal and child health and nutrition interventions including HIV and AIDS, seizing the opportunity provided by Government's renewed commitment to the primary health care (PHC) and decentralised approach. The specific strategic focus in the area of HIV and AIDS under the current country programme period was to reduce new HIV infections in children and keep their mothers alive and healthy, improving and accelerating early infant diagnosis of HIV and integrating HIV treatment, care and support for children and adolescents, and supporting the infant feeding continuum – an area of great concern whereby increases in mother to child transmission have been shown during this vulnerable period in the life-course (between birth and 18 months) which requires strong support to mothers during this period.

In PMTCT and paediatric HIV care, UNICEF South Africa supported the government of South Africa to design, implement and monitor the elimination of Mother-to-Child transmission of HIV (EMTCT) action framework 2012-2015 and the last mile EMTCT plan 2016-2021. Through UNICEF interventions, the country made significant progress in achieving targets for EMTCT. These interventions include (1) support to improved data quality; (2) decentralised district- and facility-level micro-planning and monitoring; (3) innovations in tracking mothers and children in the prevention of mother to child transmission (PMTCT) cascade; and (4) support to PMTCT impact evaluation studies. According to the recent South African HIV estimates according to Thembisa 4.1 (used for South African estimates), the annual number of new HIV infections in infants declined from estimated approximately 58,000 in 2008 to 13,131 in 2018. The early (birth to 6 weeks) mother to child transmission of HIV rates were estimated to be less than one per cent in December 2017 (National Programme Reports). UNICEF South Africa also supported the government to design, implement and monitor the Blue Print for Action (BPA) and the 90 90 90 District Implementation Plans to accelerate HIV treatment access and uptake by children. UNICEF interventions included (1) support to district-level staff orientations, (2) action planning and regular data performance monitoring, which saw the population level coverage of ART in children living with HIV aged 0 -14 years increased from 37.4 per cent in 2012 to 53.1 per cent in 2018 (according to Thembisa 4.1).

However, there are still significant gaps that need to be addressed along the HIV cascade. According to the recent South African Joint UNAIDS HIV estimates released in July 2018¹, the annual number of new HIV infections in children aged 0–14 years declined from an estimated 62,000 in 2000 to 12,000 in 2016. UNICEF South Africa will continue to prioritize this result area in line with government of South Africa NDOH performance plan and also implement innovative high-impact interventions targeting high HIV transmission districts as well as high risk populations, such as pregnant and breastfeeding adolescents and young women.

In adolescent HIV care, UNICEF interventions included support to development of the adolescent and youth health policy, generation of adolescent age-disaggregated data and information through the Human Sciences Research Council (HSRC) led HIV Prevalence, Incidence and Behavioural survey and the District Health Survey (DHS) as well as technical support to generation of National HIV estimates (Spectrum and Thembisa estimates) which provided valuable information to guide the HIV response in the country including the development of the new National Strategic Plan (NSP) for HIV, TB and STIs (2017 -2022). While the overall HIV prevalence among young people has declined slightly from 7.6 per cent in 2012 to 7.4 per cent in 2018, according to Thembisa 4.1), incidence among youth declined by 17 per cent overall (HSRC 2018 report). However it was noted that adolescent girls and young women aged 15 -24 years continue to bear the brunt of the HIV epidemic with high numbers of new HIV infections estimated to be around 66,000 new infections among 15-24 year old girls and young women compared to the 22,000 new infections amongst their male counterparts (Dutch NatCom, Health Thematic SRC 2018 report). There is high teenage pregnancy (around 16% according to South African DHS 2016 report) which is directly linked to high HIV prevalence rates in pregnant women (28.2% according to South Africa's programme data for 2018, webDHIS March 2019) especially in girls and young women. In addition, it is also estimated that about 2,000 new HIV infections occur each week among adolescent girls and young women aged 15-24 in South Africa.

The new UNICEF South Africa Country Programme that will commence in April 2020 will harness the gains in EMTCT and paediatric HIV outcomes and use the lessons learnt to advance the agenda and interventions for HIV prevention, treatment, care and support for adolescents and young people. This will be done in line with the government's 'She Conquers Campaign' package of interventions and targets; targeting high transmission district (focus for impact). UNICEF will achieve results through (a) facilitating coordination, referrals and linkages between different sectors responsible for adolescents and young

¹ Spectrum and Thembisa models

people especially girls and young women (b) capacity building of relevant actors to deliver high impact and quality services and (c) social mobilisation and participation by engaging the civil society including young people.

4. Strategic Context of 2018

South Africa, with largest HIV epidemic in the world with more than 7 million people living with HIV, has made significant progress in the HIV response. The country has scaled up its HIV treatment programme and has one of the largest antiretroviral treatment programmes globally with 4,356,935 adults and 155,443 children on treatment. The treatment programme is largely financed from its own domestic resources. The country now invests more than US\$1.5 billion annually to run its HIV and AIDS programmes, and this translates to approximately 80 per cent of the AIDS response being funded by the South African government.

The country continued to make good progress in achieving targets for reduction and elimination of mother to child transmission (MTCT) as outlined in the national last mile EMTCT plan. According to the recent South African HIV estimates released in July 2017, the coverage of ARVs for PMTCT was estimated to be over 95 per cent; the annual number of new HIV infections in children declined from an estimated 58,000 in 2008 to 13,131 in 2018; the mother to child transmission (MTCT) rate at six weeks declined to 1 per cent from 12 per cent in 2008; and the final MTCT rate at 18 months declined from 22 per cent in 2008 down to 4.48 per cent in 2018 (according to Thembisa 4.1). According to national programme data, MTCT rates have continued to decline further, estimated to be 0.9 per cent at birth (National Health Laboratory System 2017) and between 1.2 – 1.4 per cent around 10 weeks (District Health Information System, 2017). Similarly, the population level coverage of ART in children living with HIV aged 0-14 years increased from 37.4 per cent in 2012 to 53.1 per cent in 2018 (according to Thembisa 4.1).

However, there are still significant gaps that need to be addressed along the HIV cascade. The absolute number of new HIV infections in children is still high, above the WHO threshold for elimination. While the overall HIV prevalence among young people had declined from 7.6 per cent in 2012 to 7.4 per cent in 2018, according to Thembisa 4.1), adolescent girls and young women aged 15 -24 years continue to bear the brunt of the HIV epidemic with high numbers of new HIV infections estimated to be around 66,000 new infections among 15-24 year old girls and young women compared to the 22,000 new infections amongst their male counterparts (HSRC 2018 Report). The high teenage pregnancy (around 16%

according to South African DHS 2016 report) is directly linked to high HIV prevalence rates in pregnant women (around 28.2% according to South Africa's programme data for 2018, webDHIS March 2019).

South Africa developed a five-year national 'last mile' towards elimination of EMTCT (2016 -2021), with targets aligned to the five-year National Strategic Plan (NSP) for HIV, TB and STIs (2017 -2022). In response to the high numbers of new HIV infections among adolescents and young people, the government of South Africa has prioritized girls and young women's empowerment through the "She Conquers" campaign launched in 2016 that focuses on prevention of (1) HIV infections, (2) unwanted pregnancies, (3) school dropout and (4) sexual and gender-based violence and also on provision of economic opportunities among girls and young women. The National Strategic Plan on HIV, TB and STIs for 2017-2022 identified a combination of prevention and response interventions targeting young girls and women as one of the vulnerable groups.

The South African government has focused its efforts on enhancing its performance on accelerating the delivery of basic services. The government has organized its development strategy around 12 performance outcomes arising from its priorities in education, health, crime reduction, rural development and job creation. Detailed service delivery agreements have been put in place to extend targets and responsibilities to all officials involved. In addition, South Africa is working towards achieving the Sustainable Development Goals (2030) and has committed to implementing the African Union Agenda 2063 through the development of the National Development Plan 2030, which is both a vision and a plan to build a more prosperous South Africa in the next 15 years. The 2030 Agenda for Sustainable Development acknowledges the importance of the African Union Agenda 2063 and considers it an integral part of it.

South Africa continues to enjoy a very responsive government leadership at all levels and vibrant partnerships including the UN, President's Emergency Plan For AIDS Relief (PEPFAR), NGO implementing partners, strong and highly technical academic and research partners as well as civil society.

UNICEF South Africa has over the past few years strengthened its position as the global voice for children in the country and has subsequently emerged as a trusted convener of government and its partners. UNICEF South Africa, strategically focuses on few but catalytic activities that fills urgent gaps, has established itself as a trusted strategic partner with technical expertise who can move fast to complement the government's long-term vision at both upstream and downstream-levels. The national Department of Health (NDoH) identified sub-optimal use of data as a key obstacle to achieving HIV treatment

outcomes. UNICEF supported better generation and systematic use of strategic information for PMTCT and Pediatric HIV/AIDS programme monitoring at national and provincial levels.

UNICEF South Africa worked with partners to develop and implement a novel integrated innovative approach that focuses on providing peer-based facility- and household-linked psychosocial and health education support to adolescent girls and young mothers to access PMTCT; maternal, newborn, child and women's health; and nutrition services.

UNICEF played a leading role in convening and coordinating national technical working group on PMTCT, successfully advocated for the inclusion of specific data elements for young mothers living with HIV into the National Indicator Data System (NIDS) and obtained buy-in from the national NDoH and stakeholders to scale up the young mother peer mentor pilot project, which has been proven to be effective.

UNICEF has worked within the United Nations Joint Team on HIV and AIDS as Co-sponsors of the UNAIDS to reach targets of Zero new infections, Zero Deaths, Zero stigma and discrimination by 2030 in alignment with the Sustainable Development goals. These strategic focus areas are well articulated in the current Country Programme document (CPD) as well as the annual work plans agreed by UNICEF and government of South Africa.

5. Results in the Outcome Area

The below table concisely illustrate focus area results planned and achieved in the HIV programme using all sources of funds including Thematic allocations. The relevant results assessment for each of the outcome indicators is outlined. During the course of implementing the CPD some indicators were added while others which may have been dropped off to align with country's current HIV programme landscape.

At least 80 per cent of pregnant women, newborns and children less than five years of age and adolescents have access to high-impact quality maternal, newborn, child and adolescent health interventions including HIV and AIDS with a special focus on the most disadvantaged districts and communities.						
Outcome and Output Results	Indicator	Baseline	Target	Value	Key initiatives implemented in 2018	Analytical statement on strategic actions
		2017	2018	2018		
Output 1.3 Government at all levels and communities have increased capacity for providing evidence-based quality PMTCT and pediatric HIV services to HIV-positive mothers and infants	Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV	95%	98%	97.5%	Support data analyses and knowledge generation and sharing; support to district level EMTCT & paediatric HIV plan implementation reviews, continuous microplanning and monitoring support (14 targeted districts); support establishing systems for cohort / longitudinal follow-up/ tracking of mothers and infants; support community adolescent PMTCT	Considering UNICEF's limited resources in a country where the HIV response is funded through domestic resources and from huge investments from the Global Fund against AIDS, TB and Malaria and the United States President's Emergency Plan for AIDS Relief, UNICEF's support was catalytic and focuses on filling urgent gaps that need to be addressed along the prevention of MTCT and maternal, newborn and child health. UNICEF supported the establishing of systems for cohort monitoring of program, constructed quarterly data cascades which served as basis for national and district level meetings evidence programme performance review and action planning and data inputs into the Global AIDS Monitoring report. Supported analyses, quarterly district reviews and continuous evidence based micro-planning in all 14 high transmission districts based on national last mile EMTCT plan.

Output 1.4 Adolescents are able to increasingly reach and use quality HIV prevention, testing and treatment services in line with national and sub-national policies, guidelines and strategies	Percentage of adolescents (10-19 years) on antiretroviral therapy among all adolescents living with HIV (disaggregated by female, male)	55%	60%	59%	Support at least 4 high burden districts in Eastern Cape Province in planning, implementing and monitoring district- and facility-level actions for increasing access and uptake of HIV and TB testing treatment and retention in care for children	No specific funding was available for this activity, the section just focused on paediatrics HIV & TB in Eastern Cape. At mid-year review, it was recommended to integrate this activity into and financial support to EMTCT and paediatric HIV microplanning, review and monitoring in the 14 focus districts
Output 1.4 Adolescents are able to increasingly reach and use quality HIV prevention, testing and treatment services in line with national and sub-national policies, guidelines and strategies	Percentage of districts that are implementing at least 3 high impact adolescent prevention interventions	0%	40%	14% (2 out of 14 priority high burden districts)	In support to the She Conquers campaign, UNICEF will develop a novel integrated innovation approach that focuses on providing peer-based facility and household linked psychosocial and health education support to adolescent girls and young mothers to access Prevention of Mother to Child Transmission, Maternal Newborn Child and Women's Health and nutrition services.	In collaboration with m2m, supported EMTCT efforts that targeted pregnant and breastfeeding AGYW in Tshwane, Ekurhuleni, Districts (Gauteng Province) which were identified by UNICEF/NDOH as high burden districts. Given the successful implementation, the approach was adopted for scale up by the national PMTCT technical working group. UNICEF team, m2m and other partners are working to support NDOH to facilitate phased national scale-up through (a) review and development tailored intervention packages and tools to facilitate district level scale up, and (b) support capacity building of district teams in Gauteng and Kwazulu Natal provinces to scale up the provision of services.

<p>Output 1.3 Government at all levels and communities have increased capacity for providing evidence-based quality PMTCT and pediatric HIV services to HIV-positive mothers and infants</p>	<p>Percentage of targeted districts implementing HIV clinical guideline that integrates PMTCT and infant Nutrition</p>	<p>0</p>	<p>64.2% (9 out of 14 districts)</p>	<p>100%</p>	<p>Support integrated district-level data analyses, planning, implementation and reviews in 14 targeted districts linked to EMTCT plan interventions; support establishing systems for longitudinal follow up of mothers and infants (lined EMTCT plan interventions)</p>	<p>Quarterly data cascades were constructed and shared with DOH, and discussed during national and district level meetings, assisted evidence programme performance review and action planning, including data inputs into the Global AIDS Monitoring report. Technical support to review and updating of the National Indicator Data System related to the HIV data elements. Next step is to provide technical assistance to improve quality of hospital level data and identify the high burden and high transmission facilities and tailor support to further help the district reach its EMTCT targets.</p>
<p>Output 1.2 A conducive policy environment ensures mothers and children under five have enhanced knowledge for the increased uptake of nutrition services and for the increased adoption of appropriate behaviors</p>	<p>Proportion of infants 6 months old who are exclusively breastfed</p>	<p>41.60%</p>	<p>47%</p>	<p>49% (DHIS 14 wk, Q1 2018)</p>	<p>Conduct advocacy for infant feeding in the context of HIV; continue breastfeeding campaign, including assessment feedback of campaign; Support the NDOH in developing a monitoring and implementation framework for the Regulations of Foodstuffs for infants and young children (R991)</p> <p>*This indicator will be assessed with a proxy indicator, which is "proportion of infants who are exclusively breastfed at 14 weeks" that the Government monitors on an annual basis.</p>	<p>Continued advocacy was done by SACO for infant feeding in the context of HIV; through SACO's technical assistance, phase II of the national breastfeeding campaign was developed, based on qualitative research conducted by UNICEF SACO partner on phase I. SACO developed concept note and draft R991 monitoring and implementation framework on behalf of NDOH. With support from RO, submitted to WHO for consideration of releasing funds to conduct the work. SACO supported advocacy efforts to highlight the need for better workplace support for women and maternity protection discussions with ILO and Government. SACO supported DOH in the development of a breastfeeding in the workplace toolkit. SACO supported the South African society for Women's adolescent's and children's health (SACSoWACH) round table to support better maternity protection. SACO is supporting Government on the National Food Security and Nutrition Plan (NFSNP) C4D strategy to improve malnutrition in all its forms. SACO is also supporting DBE school nutrition guideline to curtail obesity and improve dietary diversity and the development of Volunteer Food</p>

						Handler Training package for the national school nutrition programme (NSNP).
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At the policy and strategic level:

UNICEF South Africa provided technical support to the redevelopment of the PMTCT guidelines 2018 which focused on PMTCT, PCR testing protocols, infant feeding in the context of HIV, paediatric and adolescent HIV components of the National HIV clinical guidelines. UNICEF worked with the National Department of Health and partners and provided technical support and office space for a number of important technical working group meetings that led to completion of the HIV PMTCT Guidelines.

A significant portion of the flexible Thematic Funds were used to support the UNICEF technical team (salaries and travel) to assist government and partners to achieve important results at policy and strategic level.

At the decentralised level

UNICEF South Africa led the process of district and facility level evidence based micro-planning and monitoring, understanding field issues related to coverage, quality and equity with respect to the health systems. UNICEF continued to support NDOH to monitor the performance of PMTCT, paediatric and adolescent HIV care programmes through the development of quarterly district level data cascades, dashboards and data for action reports, and UNICEF used these to assist districts to develop evidence-based district level last mile EMTCT, paediatric and adolescent HIV micro-plans aligned to the national EMTCT plan and the NSP targets and priorities.

UNICEF South Africa team led in the design, implementation and monitoring the Blue Print for Action (BPA) and the 90 90 90 District Implementation Plans to accelerate HIV treatment access and uptake for children. UNICEF interventions included technical and financial support to (a) field level assessment to outline existing bottlenecks and evidence-based solutions (b) training of district level staff to understand the contents and actions in the BPA document, (c) development of district level paediatric HIV action plans and (d) quarterly data performance monitoring of indicators. Implementation of these interventions contributed to increased population coverage of ART in children living with HIV aged 0 -14 years from 43 per cent in 2012 to 55 per cent in 2016 (South Africa HIV estimates 2016). The nationwide 90 90 90 district planning process adopted the lessons learnt and tools developed by UNICEF during the implementation of EMTCT action plan as well as the decentralized health systems (*'3 feet'*) model piloted in the Eastern Cape Province.

At the community level

Technical and financial support was provided by UNICEF South Africa to building referral and linkage systems between communities and health facilities through community health worker led support groups in four districts (Waterberg, Zululand, OR Tambo, Nelson Mandela Bay and Amatole). The community health workers conducted community level follow up of mothers and children, adherence counselling and nutrition education. Community groups were trained to develop and use community level action dashboards which allowed them to monitor and keep track of implementation of their activities.

Technical and financial support was also provided to building peer adolescent mentor mother support groups to improve retention in care of HIV positive pregnant and breastfeeding adolescent girls and young women (AGYW) while receiving PMTCT and HIV services. Work was implemented in communities around two clinics in Soshanguve and Dark City in Tshwane District. Peer mentors were recruited from the catchment population of the two clinics and were further trained in mentoring support. The peer mentors conducted household visits, enrolled AGYWs aged between 15 and 24 years (pregnant and breastfeeding) and provided health education talks with the AGYW, including promotion of messages on HIV testing, family planning/ contraceptive education, safe infant breast feeding, adherence education, follow up and retention in care. The peer mentors also conducted pre-screening for malnutrition in children at a community level using mid-upper arm circumference (MUAC) tapes and making appropriate referrals to nearby clinics.

To date, a total of 1,378 adolescents and young pregnant and postnatal mothers were enrolled into the programme against an estimated target population of 1,930. Of these, 14 per cent tested HIV positive, and they were all initiated on ART and linked to adherence education and support services led by peer adolescent mentor mothers. After 6 months of follow up there was an 87.5 per cent overall viral load suppression rate among this group of women compared to national rate of less than 50 per cent among all pregnant and breastfeeding women. The peer mentors have also distributed over 3,000 condoms to adolescent and young women in the households that were visited over the reporting period.

In Nelson Mandela Bay, mother support groups were initiated through community early childhood development centres as previous work in this community showed that Early Childhood Development (ECD) practitioners had a basic understanding of the importance of nutrition and young mothers in their communities had little support from health facilities on optimal feeding, particularly in the context of HIV.

Using participatory approaches, the Nelson Mandela University developed a programme to support infant feeding in the context of HIV, by training and mentoring 30 ECD practitioners to set up their own peer

support groups, called Sakha Esethu (translated it means “It starts with us, we are building our own”). Between the 30 trained practitioners, they recruited 1099 mothers in the Ibhayi and Motherwell sub-districts who attended 6-8 meetings over a period of 2 months. Mothers discussed HIV, exclusive breastfeeding, continuation of breastfeeding above 6 months and adequate and safe responsive complementary feeding, ART adherence and support to access clinics for medical assistance.

Currently 26 of the 30 Sakha Esethu Mentor Mother groups around Nelson Mandela Bay are thriving and are looking to continue with their support groups by recruiting a new cohort in 2019. The groups have created a platform for community members to open up about issues and difficulties of raising children. The groups have been helpful in giving people the opportunity to talk about their HIV statuses and encouraged some to disclose and be at peace with their health status, this has been a huge milestone the groups have managed to overcome, as communities still feel sensitive about discussing such issues.

The team has developed user friendly materials on HIV and child care in the form of picture dialogues which helps to present the information in a user-friendly format. A website has also been set up to collate the stories and resources: <https://sakhaesethu.com/>.

In 2018, UNICEF extended its support to the SACSoWACH coalition ‘South Africa Civil Society for Women’s, Adolescent’s and children’s Health’ to advocate for and promote the health of newborns, children, adolescents, women and mothers. Through advocacy efforts, SACSoWACH lobbied for establishing agreement on the ECD responsibilities of the health sector, agreement on the need for adopting a system’s approach and building and strengthening the health systems to support optimal early development as contemplated by the ECD Policy and the global Nurturing Care Framework. SACSoWACH supported the NDoH in the operationalization of the system support in the ECD around the responsive parenting and early learning elements of nurturing care. The ECD subcommittee expanded its membership to include disability and parenting partners and a research and advocacy agenda to strengthen the systems supporting delivery of services in the areas of disability / developmental delay screening and parenting support to reach all young children with basic support and provide specialized support to additional vulnerable and marginalized families.

In nutrition, focus for 2018 has been advocacy for breastfeeding support in the workplace. In the lead up to World Breastfeeding Week, SACSoWACH published breastfeeding articles and contributed to the technical content in ‘Side by Side’ booklet - breastfeeding support in the workplace – A guide for employers and employees. The booklet contains a strong section on supporting breastfeeding in the

context of HIV. A Round table discussion was held on “Support for Breastfeeding Mothers in the workplace” hosted by the National Department of Health.

SACSoWACH in collaboration with the Western Cape provincial and West Coast District departments of health and selected local community-based organizations initiated a call to action ‘Dare2Care’ campaign aiming to create a costed district implementation strategy (“model”) that can be replicated in other drought-stricken provinces. The campaign incorporated the 3 advocacy priorities nutrition (breastfeeding promotion with emphasis on safe breastfeeding support in the context of HIV), sexual and reproductive health (menstrual hygiene management) and child development (immunization and prevention of communicable diseases) and integrates them to strengthen maternal and child health in drought affected areas. The implementation of “Dare2Care” roadshow in the form of 4 “pop up stalls” rotated around primary healthcare facilities, community health centres and Early Childhood Development centres by local CBOs and their CHWs by health promoters was introduced in 2018.

Evidence generation and knowledge management

UNICEF participated and provided technical assistance to the Department of Health through the Medical Research Council (MRC) to conduct the impact assessment of the PMTCT program to understand transmission of HIV during pregnancy and breastfeeding period which has so far been done for 2010, 2011, 2012 /13 and 2017/18 (finalisation pending for this period) to understand the impact, lessons learnt and challenges during the implementation of life long antiretroviral treatment (Option B Plus) for HIV positive pregnant and breastfeeding women. The findings from these studies supported and guided programme implementation decisions, directing support to areas most in need and to populations, especially women, children and adolescents, in most vulnerable areas.

Innovations

MomConnect is a South African National Department of Health (NDoH) initiative which supports maternal health using cell phone-based technologies, integrated into maternal and child health services. MomConnect was supported by UNICEF since inception in 2012 and continues to help educate pregnant women and mothers and link them to health care. MomConnect programme has been scaled nationally. It is arguably the number one flagship innovative investment for UNICEF in South Africa.

The NDoH requested support from UNICEF to review the operations of MomConnect Help Desk System. UNICEF SACO with support from the EASRO conducted a series visits and meeting with NDoH and Praekelt (NDoH's contracted Systems Developer) to evaluate the performance of the helpdesk System.

A comprehensive analysis of programme components, in terms of achievement of outcomes, and the efficiency and effectiveness of the existing helpdesk system in support of the achievement of programme outcomes. A report with recommended options was shared with NDoH, NDoH has requested UNICEF support. UNICEF SACO has developed a roadmap that will enable the NDoH to operate a well-functioning, single National Health Helpdesk System, to improve access to ante-natal and maternal health care and decrease the loss of follow up of women and children in the PMTCT and MNCH programs.

UNICEF continues to support the development off, roll out and research related to a mobile application (app) that targets HIV positive youth to improve treatment, care and support to HIV positive adolescents through the use of self-reported clinical and contextual data. In 2017 and 2018 research were conducted to determine the efficacy of the proposed tool/app in real-world settings; app design in line with the Department of Health and UNICEF's innovation guidelines and principles and early stage testing of the app. During 2019, support will continue for the completion of the project including research into healthcare worker's perceptions around engaging with young patients through mobile applications, final testing of the application, enrolment and analysis of participants and analysis and dissemination of inception findings.

6. Financial Analysis

The availability of Thematic funding has allowed for support to critical areas that do not routinely attract donor funding. This includes support for capacity building, research, innovation and adolescent HIV Prevention programming. The HIV thematic funds were also critical to bridge the funding gap between funding budgeted for implementation and actual funds received during the reporting period.

The detailed funding analyses are provided in tables below

**Table 1: 2018 Planned budget by Thematic Sector 2: HIV & AIDS
South Africa
Planned and Funded for the Country Programme 2018 (in US Dollar)**

Intermediate Results	Funding Type ¹	Planned Budget ²
21-07 HIV Prevention	RR	-
	ORR	1,090,000
Total Budget		1,090,000

¹ RR: Regular Resources, ORR: Other Resources - Regular (*add ORE: Other Resources - Emergency, if applicable*)

² Planned budget for ORR (*and ORE, if applicable*) does not include estimated recovery cost.

³ ORR (*and ORE, if applicable*) funded amount exclude cost recovery (only programmable amounts).

Table 2: Thematic contributions received for Thematic Pool 2: HIV & AIDS, 2018 (in US Dollars)

Donors	Grant Number*	Contribution Amount	Programmable Amount
French Committee for UNICEF	SC1499020061	52,600	48,392
Total		52,600	48,392

**Table 3: Expenditures in Thematic Sector 2: HIV & AIDS, South Africa
2018 Expenditures by Key-Results Areas (in US Dollars)**

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-06 Treatment and care of children living with HIV	41	282,611	222	282,874
21-07 HIV Prevention	93	696,919	498	697,510
Total	134	979,530	720	980,384

Table 4: Thematic expenses by results area

Programme Area	Amount
21-06 Treatment and care of children living with HIV	217
21-07 HIV Prevention	221,406
Grand Total	221,623

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Code	Expense
21-06-08 Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gender mainstreaming	99,462
21-07-01 ART for PMTCT	437,500
21-07-02 ARV for infants	177,370
21-07-05 HIV and sexuality education for adolescents	5,319
Grand Total	719,651

Table 6: Planned budget for 2019**Thematic sector 2: HIV & AIDS, South Africa****Planned Budget and Available Resources for 2019**

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
21-06 Treatment and care of children living with HIV	RR	-	-	-
	ORR	849,156	849,156	-
21-07 HIV Prevention	RR	-	-	-
	ORR	253,692	253,692	-
Total for 2018		1,102,848	1,102,848	-

¹ Planned and Funded budget for ORR (*and ORE, if applicable*) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

² Other Resources shortfall represents ORR funding required for the achievements of results in 2018.

7. Future Work Plan

The new UNICEF South Africa Country Programme that will commence in April 2020 will harness the gains in EMTCT and paediatric HIV outcomes and use the lessons learnt to advance agenda and interventions for HIV prevention, treatment, care and support for adolescents and young people in line with the government's 'She Conquers Campaign' package of interventions and targets; targeting high transmission district (focus for impact), facilitating coordination, referrals and linkages between different sectors

responsible for adolescents and young people especially girls and young women, including social mobilisation and participation by engaging the civil society and facilitating community level participation.

8. Expression of Thanks

UNICEF South Africa would like to thank the donors for crucial support, commitment and their contributions towards results for HIV and AIDS in children and adolescents. The flexibility of the thematic funding contributions provided by the donors was crucial as it gave UNICEF the opportunity to bridge gaps in the priority areas of work and led to achieve desired results for children and adolescents.

In addition, UNICEF South Africa would also like to thank and acknowledge the collaborations of the government of South Africa, local partners including the UN and PEPFAR, National committees and other donors, whose collective efforts led to the results achieved.

9. Annexes: Human Interest Stories and Donor Feedback Form

The documents outlined are available on the following link on Sharepoint:
<https://unicef.sharepoint.com/teams/ZAF/Document%20Library/Forms/AllItems.aspx?RootFolder=%2Fteams%2FZAF%2FDocument%20Library%2F2%5FProgrammes%2F2%5F2%5FHealth%2F2018%20HIV%20Thematic%20report%20appendices&FolderCTID=0x012000E10079E069CA794A8CAB512993F85FD3&View=%7B48EA9D43%2D688B%2D4AFD%2DBD6B%2DE624C661C104%7D>

Publications:

- Early Infant Diagnosis of HIV: review of current and innovative practices
- Missed diagnostic opportunities within South Africa's early infant diagnosis program, 2010 – 2015
- Toward elimination of mother-to-child transmission of HIV in South Africa: how best to monitor early infant infections within the Prevention of Mother to Child Transmission Program
- Prevalence and outcomes of HIV-1 diagnostic challenges during universal birth testing – an urban South African observational cohort
- Introduction of Routine HIV Birth Testing in the South African National Consolidated Guidelines
- UNICEF's contribution to the adoption and implementation of Option B+ for preventing mother-to-child transmission of HIV: a policy analysis
- Adolescent Access to Care and Risk of Early Mother to Child HIV transmission.

Reports

- HIV Prevalence, incidence and Behaviour survey

Others:

- User friendly materials on HIV and child care: <https://sakhaesethu.com/>

Donor Feedback Form:

- [English version](#)