“DOCTORS FOR HEALTH EQUITY: MULTISECTORAL COLLABORATION: LESSONS FROM THE SA HIV PROGRAM”

SAMA PRESENTATION

Thursday 23 Feb 2017

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Presentation at the International Conference on Social Determinants of Health

University of Wits, Johannesburg
Presentation Outline

1. Background
2. State of The HIV/AIDS Epidemic In SA
3. Social Determinants of Health (SDH)
4. Inequity in HIV/AIDS
5. Policy Framework for HIV
6. SANAC
7. Role of Doctors
8. Conclusion
Do not fear to repeat what has already been said. Men need the truth dinned into their ears many times and from all sides. The first rumor makes them prick up their ears, the second registers, and the third enters. 

René Théophile Hyacinthe Laënnec (1781–1826)
Background – The South African Medical Association (SAMA)

- The South African Medical Association ("SAMA") is the professional association as well as a trade union for doctors in South Africa
  - nearly 16000 members
  - 20 branches nationwide
- "Uniting Doctors for the Health of the Nation"
- Member of the World Medical Association
- Recognises health as a fundamental human right, whose progressive realization will eliminate health inequalities
South Africa is home to the world’s largest HIV epidemic
An estimated 7.02 million people were living with HIV in SA in 2016, representing 12.7% of the national population or 19.1% of those aged 15-49.
An estimated 150 3759 South Africans died of AIDS-related causes in 2016, representing 27.9% of all deaths
HIV prevalence varies significantly by age, sex, race, locality & province
Highest HIV prevalence = informal areas (19.9%), followed by rural informal areas (13.4%).
Among provinces, KwaZulu-Natal has the highest HIV prevalence (18%), followed by Mpumalanga.

- 454 000 = new TB cases in 2015
- 63% = TB / HIV co-infection rate
Social Determinants of Health

WHO definition:
• “The social determinants of health are the conditions in which people are born, grow, live, work and age.
  - These circumstances are shaped by the distribution of money, power and resources at global, national and local levels”

“Health Equity” = the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

  - Health inequities involve more than inequality in SDH, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms. - WHO
Social Determinants of Health cont..

Social factors
- Education
- Poverty
- Transport
- Employment
- Nutrition
- Crime
- Civil order / safety
- Residential segregation
- Social norms/ attitudes
- Recreation
- Social support

Physical factors
- Housing
- Pollution
- Weather
- Schools
- Correctional facilities
- Workplaces
- Technology
- Recreational areas
- Sports facilities
- Neighbourhoods
- Physical hazards
Social, economic, political, cultural and environmental factors all affect health.
Social Determinants of Health cont..

There was recognition of SDHs from the onset of the AIDS battle in SA:

• “Important in supporting these efforts in the broader context are the social programmes of government and wider society that aim to reduce poverty through improving nutrition, job creation and social support, and to improve education and to bring about moral renewal”

[CCMT, 2003]

There has also been emphasis on cooperation between Govt departments
The Inequitable Expression of the HIV/AIDS Pandemic in SA

- HIV/AIDS disproportionately affects particular sectors of SA society: (in-country variations)
  - Women
  - The Poor / underprivileged
  - Rural populations
  - Urban informal settlements
  - Black race
National Framework for Response to HIV/AIDS and allied pandemics

The National Strategic Plan is the Key Framework, aligned with:

• SA Constitution
• SA National Development Plan 2030
• Other HIV / TB/ STI Strategies & Plans incl. PMTCT
• Health Promotion Policy and Strategy
• Government’s Medium-Term Strategic Framework (MTSF)
• Regional & International agendas e.g. Sustainable Development Goals
Paradigm Shift

- Encouraging evolution has been experienced in SA

Previous Paradigm
- Political denialism era (*Government on its own*)
- Biomedical disease focus
- Individual level
- Health sector

New Paradigm
- Inter sectoral approach
- Multi level
- Holistic
- Societal level
Inter Ministerial Committee (IMC)

- Formed by Cabinet in 1997
- Involved all government departments
SA National AIDS Council (SANAC)

- Overarching AIDS coordinating body
- Established in 2000

4 five-year National Strategic Plans to date:
- 2000-2005
- 2007-2011
- 2012-2016
- 2017-2022

Focus HIV, TB & STIs
SA National AIDS Council (SANAC)...

*Multi & Inter-sectoral, Multilevel emphasis*

- Government departments
- Government agencies
- Private sector
- NGOs & Faith based organisations
- Development partners
- Business & Donors sectors
- Agencies of the United Nations
- People living with HIV, TB and STIs.

- All levels of society & government
  * National AIDS Council (SANAC)
  * Provincial AIDS Councils (PACs)
  * District AIDS Councils (DACs)
  * Local AIDS Councils (LACs)
“It is not a plan for the health sector specifically, but a statement of intent for the country as a whole, both within and outside government. It is recognised that no single sector, ministry, department or organisation is by itself responsible for addressing the HIV epidemic. It is envisaged that all government departments, organisations and stakeholders will use this document”
SA National AIDS Council (SANAC)…

(2) 2007 -2011 NSP:

“The challenge of HIV and AIDS in South Africa requires an intensified comprehensive, multi-sectoral national response. This response should:

• Address the social and economic realities that make certain segments of society most vulnerable.
• Provide tools for prevention of HIV infection.
• Provide services designed to mitigate the wide-ranging impacts of the epidemic.

To achieve this, there is a continuing need to guide policy and programmes at all levels and in all sectors and to inspire renewed commitment from all South Africans. This NSP seeks to provide such guidance”.
SA National AIDS Council (SANAC)…

(3) 2012 -2016 NSP:

One of the 4 strategic Goals is to:

“Address social and structural factors that drive these epidemics, influence their impact, and affect the way we care for affected people”.
SA National AIDS Council (SANAC)…

(4) **2017 -2022 NSP**: There are 7 Goals:

- Accelerate prevention to reduce new HIV, TB and STI infections
- Reduce morbidity and mortality by providing treatment, care and adherence support for all. (90-90-90)
- Reach all key and vulnerable populations with comprehensive, customised and targeted interventions
- Address the social and structural drivers of HIV, TB and STI infections, including human rights
- Promote leadership at all levels and shared accountability for a sustainable response to HIV, TB and STIs.
- Mobilise resources to support the achievement of NSP goals and ensure a sustainable response
- Strengthen strategic information to drive progress towards achievement of NSP goals.
### Sectoral involvement

#### 2000 - 2005 NSP Sectors
1. Business
2. People living with HIV/AIDS
3. NGOs
4. Faith-based organisations
5. Trade Unions
6. Women
7. Youth
8. Traditional healers
9. Traditional leaders
10. Legal and Human Rights
11. Disabled People
12. Celebrities
13. Sport
14. Media
15. Hospitality Industry
16. Local government

#### 2017 - 2022 NSP Sectors
1. LGBTI
2. People living with HIV
3. NGOs and CBOs
4. Faith-based organisations
5. Labour
6. Women
7. Youth
8. Traditional healers
9. Traditional leaders
10. Law and Human Rights
11. Disability
12. Health Professionals
13. Sports, Arts & Culture
14. Men
15. Research
16. Higher education
17. Children
18. Sex workers

**New Sectors**
Effect of SDHs on HIV Transmission

Intergenerational Sex
- Poverty

Intravenous Drug Use
- Stress
- Unemployment
- Addiction

Stigma
- Social beliefs
- Lack of knowledge
Goal 4: Address the social and structural drivers of HIV, TB and STIs, including human rights, and link these efforts to the NDP

- Reduce poverty and vulnerability through scaled-up social protection
- Ensure food security
- Expand educational opportunities for adolescent girls
  - School based health care (NHI)
  - Support of teenage and adolescent mothers
- Ensure livelihoods for young people:
Structural and social drivers cont....

• *Change gender norms and prevent and address gender-based violence*

• Monitor and respond to human rights abuses

• *Environmental interventions for TB control*
Actions by non-Health Sectors/ Depts S

Education – The Higher Education and Training HIV/AIDS Programme (HEAIDS)

DBE : Integrated School Health Policy-

Housing – COGHTA (RDP – Houses)

Transport - Dissemination of information (ADVERTS)

Water Affairs- Safe clean water (water-borne diseases)

Social security- Provision of child support grant to all children

Employment: Target the girl child through…..
Role of Doctors in Addressing HIV pandemic

- Involved in development of NSPs in various Task Teams and structures
- Participation in policy making
- HIV research
- Development of National HIV treatment guidelines which incorporate medical and bio-psychosocial issues
- Linkages with other community structures
  - HIV care in educational facilities
  - Referral to Social Services for Social security- child support, disability, relief of distress grant, dependency grant etc
  - Community support linkages – links to community workers, social workers, home affairs
  - Access to HIV treatment regardless of immigration status
Conclusion

- HIV/AIDS is a complex epidemic with multifactorial causality
  - Multifactorial approach needed
- SA’s AIDS approach demonstrates strong emphasis on multisectoral and intersectoral partnership, consistent in the successive NSPs
- Significant involvement of the Private Sector
- Non-health Government departments are doing a lot in addressing structural factors
THANK YOU
Acknowledgements

Questions and Inputs