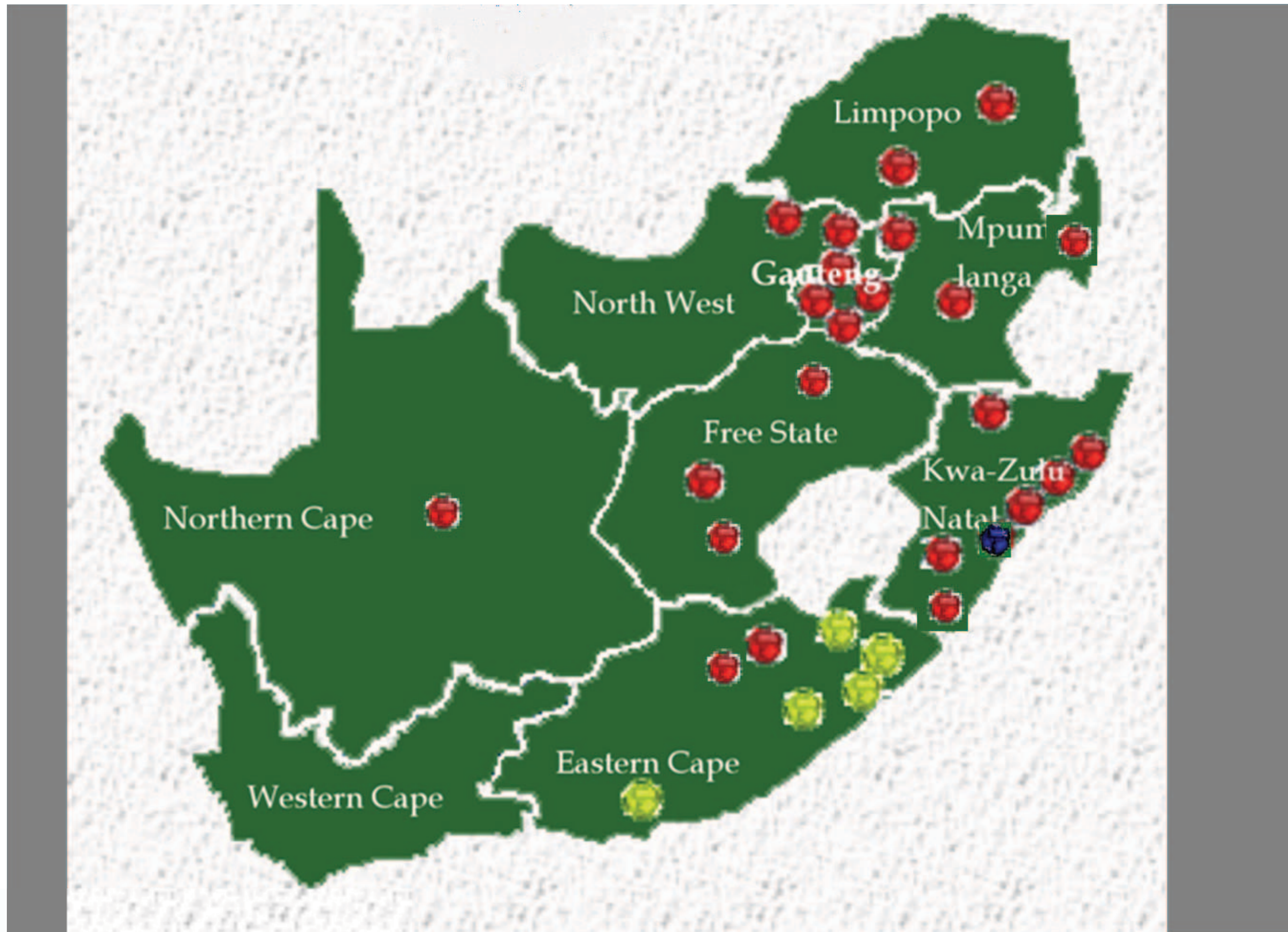
South Africa
SACBC AIDS Office Transition: Care and Treatment Programme
Lusaka, 24 February 2013

Sr Alison Munro, Director SACBC AIDS Office

The Program Map

SACBC: Red
IYDSA: Green



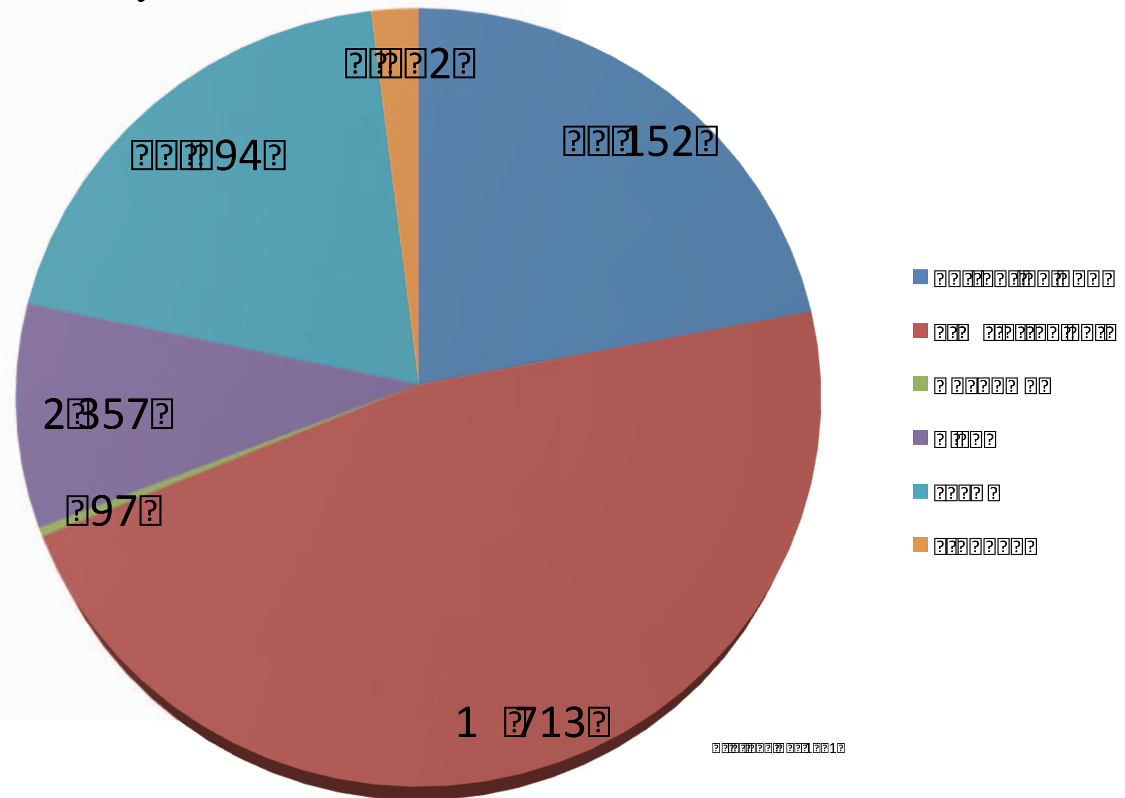
Overview of the Programme

- The SACBC AIDS Office helps co-ordinate the Church's AIDS response in South Africa, Swaziland and Botswana.
- Individual sites providing treatment began largely as home based care sites. They operate under parishes/dioceses and religious orders. Their services, resources and models of care differ from area to area.
- They developed into PEPFAR stand alone ARV clinics, not comprehensive primary health care centres, except in the case of the two hospitals.
- The grant paid for all programme-related costs, including ARV drugs, laboratory tests, salaries. Some drugs and laboratory tests are now being paid for by the Department of Health.

Some Key Statistics

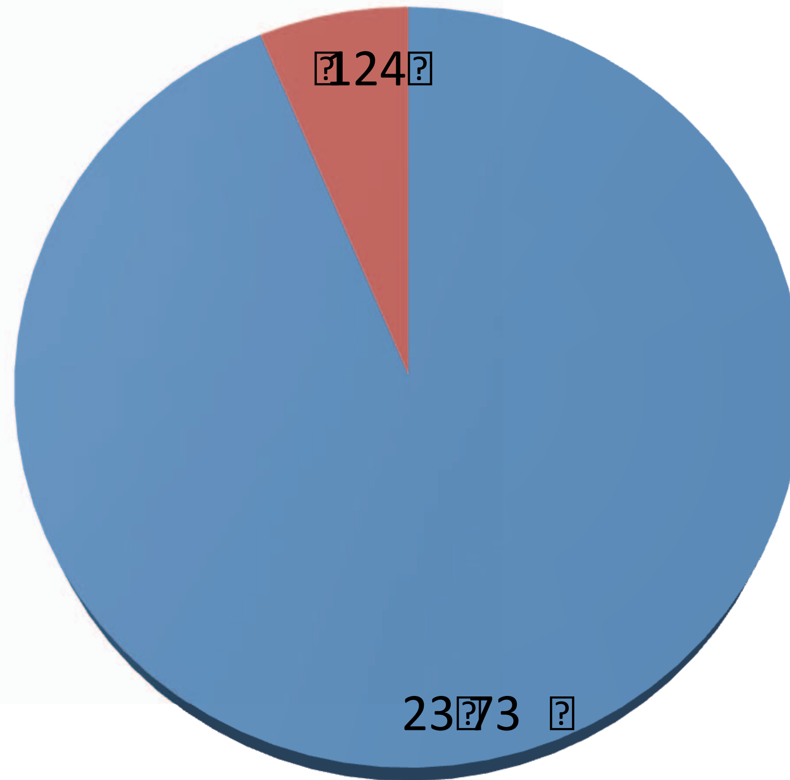
LTFU: Less than in DOH sites; many patients transferred themselves to DOH sites; many were foreign nationals , and moved back and forth to Zimbabwe, Mozambique, Swaziland, Lesotho

51 219 patients ever initiated on ART
Including St Mary's to 2009 and IYDSA to 2009



Some Key Statistics

Children and adults initiated on ART



SACBC SITES TRANSFERED

Name	Satelites	Province	District, Sub-district	Initiated	Current
Good Samarithan, Bethulie	1	FS	Xariep Mohokare	96	0
Good Shepherd, Middleburg & Cradock	1	EC	Chris Hani, Inxuba	310	0
Sinosizo, Durban	1	KZN	eThekwini, eThekwini	417	0
St Mary□s, Mariannhill	2	KZN	eThekwini eThekwini	8215	0
Kokstad	3	KZN	Sisonke @ Alfred Nzo, Gr Kokstad	0	0
Bela Bela	1	LP	Waterberg, Bela Bela	780	0
Bethal	1	MP	Gert Sibande, Govan Mbeki	584	0
Thembalethu, Schoemansdal	1	MP	Nkomazi, Nkomazi	99	0
Keimoes	2	NC	Namqa, Siyanda; Ka!! Garib, Nama Khoi	200	0
Parys	1	FS	Fezile Dabi, Ngwatlhe	970	0
Sizanani, Bronkhortspruit	1	GP	Metsweding, Kungwini	1755	0
Mtubatuba	12	KZN	Umkhanyakhude, Hlabisa	2177	0
	27			15603	

IYDSA

NAME	SATELLITES	PROVINCE	DISTRICT, SUB-DISTRICT	INITIATED	CURRENT
Great Kei, Komga	3	EC	Amathole Komga	507	0
Wesley & Noah, Hamburg	1	EC	Amothole, Hamburg	381	0
Masibambisa ne, Stutterheim	1	EC	Amathole, Amahlati	1079	0
Sophumelela, East London	1	EC	Amathole, Buffalo City	1621	0
Siyanqoba, Port Elizabeth	1	EC	Nelson Mandela, PE	1438	0
	7			5026	

SACBC CURRENT

NAME	SATELLITE	PROV-INCE	DISTRICT, SUB-DISTRICT	INITIATED	CURRENT
Siyanqoba, Botshabelo	2	FS	Motheo, Mangaung	1629	928
St Francis, Boksburg	2	GP	Ekurhuleni, Ekurhuleni	2463	224
Inkanyezi, Orange Farm	1	GP	West Rand, Jhb	1143	301
Nazareth House, Johannesburg	2	GP	Jhb, Metro, Johannesburg	3520	1373
Holy Cross, Pretoria	1	GP	Tshwane, Tshwane	653	128
Hope for Life, Winterveld	2	GP	Metsweding, Tshwane	2667	1768
Centocow, Creighton	1	KZN	Sisonke, Ingwe	5903	1796
Blesserd Gerard, Mandini	1	KZN	Ilembe, KwaDukuza	875	597
Newcastle	4	KZN	Amajuba, Newcastle	2322	1227
Kurisanani, Tzaneen	3	LP	Mopani, Vhembe: Tzaneen, Thohoyandou	3916	2256
Tapologo	15	NW	Bojanala, Rustenburg	4543	656
	34			29634	11254

Major Challenges

- Dealing with each treatment site individually and according to its specific situation. Needing flexibility around solutions, and lateral thinking, in the varied circumstances.
- Negotiating with the different Department of Health authorities in each metro, sub-district, district, province, not all of whom were/are sufficiently knowledgeable of the need to accept patients from NGOs/FBOs.
- Some site staff and patients not wanting the transition to happen.
- Managing patient target numbers and actual transfer out of patients in a balanced way. Initiating new patients and transferring out stable patients at the same time.
- Moving from an emergency response in stand-alone ART clinics to ART care as part of Department of Health comprehensive services.

Successes with Transition

- Being flexible according to the needs of individual sites.
- Being flexible according to the needs and requests of individual health districts in the different provinces.
- Knowing that the transition had to happen and working towards it: the leadership transition from CRS to SACBC was the first part. The second part has been from SACBC to the DOH.
- Working pro-actively with sites, even ahead of “instructions” from CDC/PEPFAR.
- Committed staff handling the negotiations, sometimes at very short notice.
- Building relationships with DOH officials.
- Patients transferred to DOH facilities are receiving comprehensive services, not just ARV.
- The recognition that DOH, which began its ART programme subsequent to that of CRS/SACBC now provides ART in over 4000 DOH facilities.

Models Moving Forward

SACBC AIDS Office has completely withdrawn from some sites already:

* Some sites no longer treatment sites, all patients having been transferred to DOH/other facilities. Sites continue with other services, including home based care, TB screening, etc

* Some sites, unable to access other funding and/or unwilling to invest in other services, have closed completely since the transfer of patients.

SACBC AIDS Office sites receiving funding till May 2013

- Some sites at present receiving DOH-funded drugs , with some also receiving National Health Laboratory Services.
  - Expected that one or two of these will receive a DOH subsidy to cover salary, laboratory (where not yet in place) and administration costs beyond May 2013, the end of the grant. Some are also seeking funding elsewhere to cover salary and administration costs.
  - One site will be taken over by the hospital in which it operates, with possible support from a PEPFAR partner in the district.
- Some sites, totally funded still by PEPFAR are currently transferring out all patients to DOH facilities ahead of May 2013.
  - Of these, some will continue with other services.
  - Some will close completely.

No Cost Extension

The SACBC AIDS Office has requested a no cost extension to support six of the remaining sites for one additional year.

- Of these four are receiving ARV drugs from DOH. One of them may possibly receive a subsidy from DOH and may then not need to be covered by the no cost extension.

- Two would still need PEPFAR-funded drugs

- If the no cost extension is not granted, all six sites would transfer out all remaining patients by the end of May 2013.

- If the no cost extension is granted the total transfer out of all remaining patients would be completed by May 2014.

CRS Support Going Forward

- Advocacy for PEPFAR and other support for FBO and NGO initiatives rather than only for government to government support.

- Support for OVC involvement by FBOs, NGOs.