

STI LANDSCAPE ANALYSIS

South Africa

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Project Team

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Background

- The project was conducted in South Africa (across 3 districts e.g. FS, KZN and Gauteng)
- A desktop review was conducted on STI prevention, vaccines, and diagnostics with specific emphasis on regional and South African data, programmes and initiatives including culturally and contextually relevant community-based approaches
- Consultations were conducted across different districts and one was a national consultations
- Focus group discussion with influential groups were convened
- Stakeholders from different sectors (government, implementing partners and civil society) contributed opinions



Project Goal/Methodology

 The project goal was to establish STI prevention, vaccines, diagnostics gaps and advocacy needs

Methodology

- Reviewed current STI prevention and treatment policies and guidelines
- Conducted consultations with program implementation members (government and implementing partners) to establish STI prevention, treatment and vaccine gaps
- Convened focus group discussions with service recipients (members of the civil society sectors)

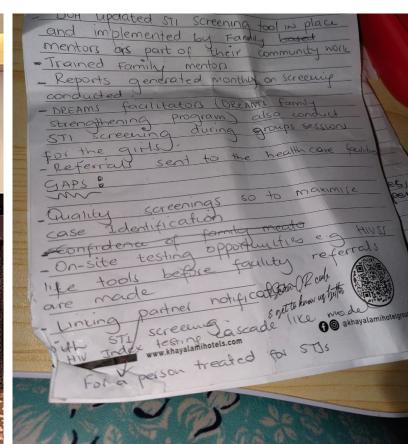


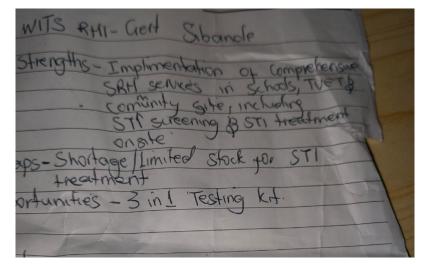
Project roll out

Activity	Description	Outcomes
Inception meeting	Met with the regional team to discuss project expectations	Discussed project implementers expectations and timelines
Desk top review	Review and analysis of STI prevention, vaccines, and diagnostics documents, with specific emphasis on Regional and South African data, programmes and initiatives including culturally and contextually relevant community-based approaches and assess legislative documents pertaining to STI prevention, vaccine, and diagnostics	STI landscape literacy desktop review completed
Stakeholders consultations	Gap and need analysis consultations	Consultative session/ need and gap analysis was held with 25 district support partners to establish gaps and STI diagnostics need analysis was convened
		Consultative session/ need and gap analysis was convened with 65 civil society forum members (in total) and representatives from government department (6) to establish gaps and STI diagnostics and treatment
Focus group discussions	Focus Group Discussions	Focus group discussions was held with School Governing Body (SBG) members= 13) and 21 women with and at risk of HIV to establishing their views on vaccines and diagnostics gaps, advocacy needs and potential resources that can advance vaccines and diagnostics advocacy. Discussion points will be as below: The session seek to understand needs and perceptions around STI prevention and diagnostics Document current STI prevention and diagnostic advocacy gaps Opinions about HPV vaccines access and risk for cervical cancer for women with HIV were discuss including advocacy needs



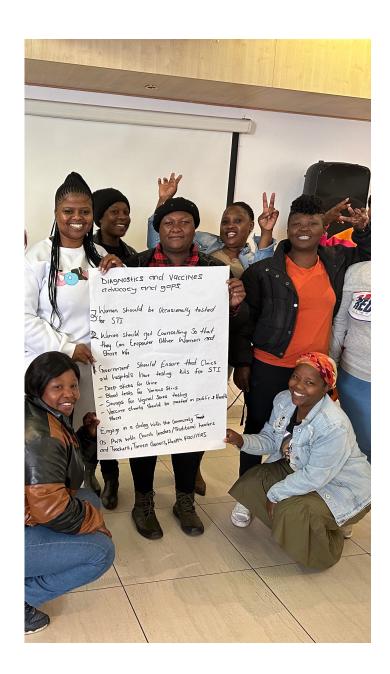






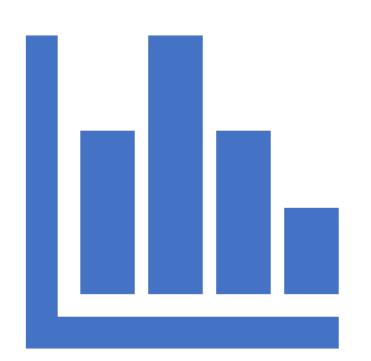
Stakeholder's consultations





Focus group discussions



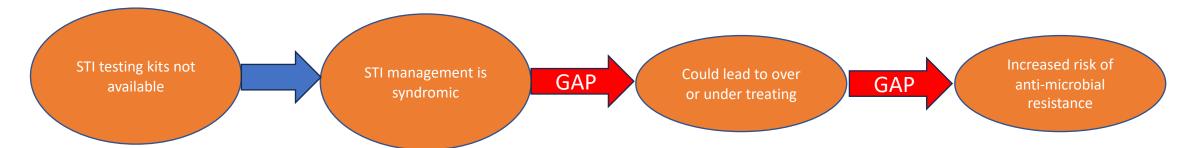


RESULTS

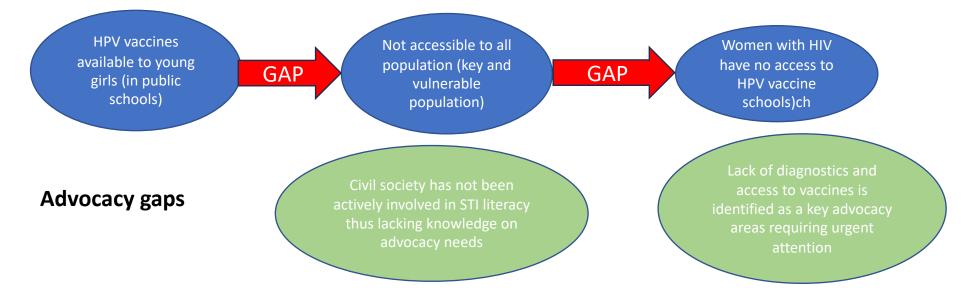


Key Themes- Consultations

STI screening/testing/diagnostics practise and gaps



STI vaccines practise and gaps





SGB focus group- Key Themes

The purpose was to establish SGB consultation was to establish their opinions about STI prevention services, vaccination access and diagnostics and learn about local resources (stakeholders that can be involved in STI vaccine and diagnostics advocacy)

Results

- > HPV vaccine access in private schools and for boys in public schools
- ➤ CSE roll out in schools across the country
- >Access to HIV and STI prevention methods-policy non-alignment (DBE, DoH, DHE)
- ➤ School Health Service- STI and SRH service integration (YFS)
- ➤ Myths about the quality of government condoms (weaker because they are free) Lack of literacy



Women with and at risk of HIV- Key Themes

The purpose of the consultation with Women with affected with HIV was to establish their opinions about STI prevention services, vaccination access and diagnostics and learn about local resources (stakeholders that can be involved in STI vaccine and diagnostics advocacy)

Results

- > HPV access for WLHIV
- > Cervical Cancer is on the rise, and women have no access to pap smear
- >At risk of AMR resistance and unnecessary pill burden due to the STI syndromic management
- > Lack access to female condoms (exposed to STI's as most men resist condom use
- FSW are at risk of contract STI's from their clients due to lack of female condom access and POC STI testing



Conclusion

STI's are acquired every day worldwide, most of them are asymptomatic

Human papillomavirus (HPV) infection is associated with many cervical cancer deaths each year (WLHIV not spared from this statistics)

Many pregnant women are estimated to be infected with syphilis resulting in over 350 000 adverse birth outcomes

STIs have a direct impact on sexual and reproductive health through stigmatization, infertility, cancers and pregnancy complications and increase the risk of HIV.

Drug resistance is a major threat to reducing the burden of STIs worldwide

STI prevention, diagnostics and vaccines costs are MUCH LOWER THAT DEALING WITH neonatal deaths, deaths associated cervical cancer and AMR (STI Prevention- IS AN EMERGENCY)





Scale up community based STI Literacy

Establish STI advocacy TWG

Roll out community dialogues and campaign to raise STI prevention and vaccine access awareness (HPV)

Advocate for POC STI diagnostics and access to female condoms, HPV vaccines in private schools and to young boys and women with HIV







THANK YOU



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HIV Survivors and Partners Network







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