

NSP Research Agenda

**Presenter: Prof Leickness
Simbayi**

Research Sector

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Outline of presentation

- **NSP goals and strategic objectives**
- **Why a research agenda for the new NSP?**
- **The new NSP research agenda**
- **STIs**
- **Health Systems and Operations Research**
- **Way forward**

NSP Goals by 2016

- Halve the number of new HIV infections and **STIs**;
- Ensure that at least 80% of people who are eligible for treatment for HIV are receiving it. (At least 70% should be alive and still on treatment after five years);
- Halve the number of new TB infections and deaths from TB;
- Ensure that the rights of people living HIV with are protected; and
- Halve stigma related to HIV, **STIs** and TB.

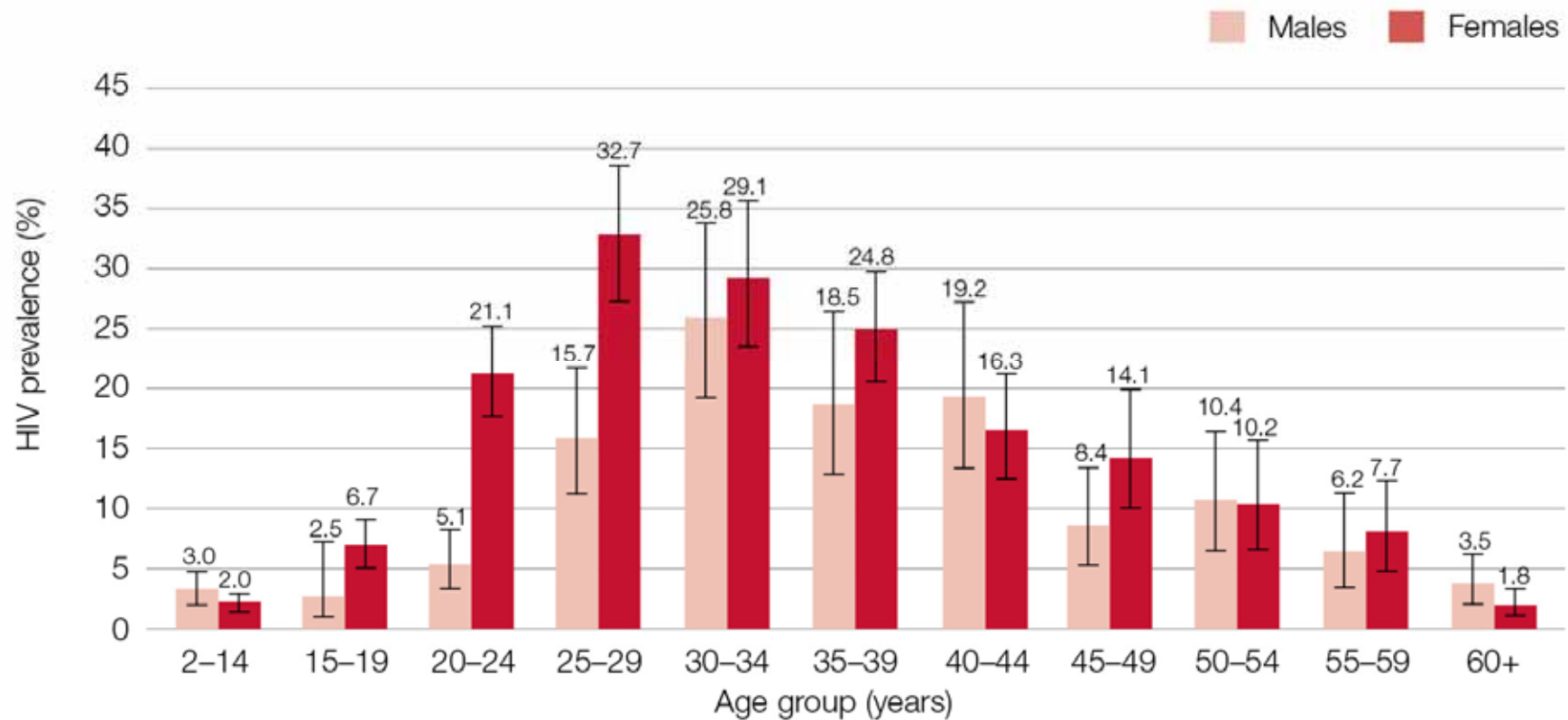
Strategic Objectives to achieve NSP goals

- 1. Address social and structural factors that drive these epidemics**
- 2. Prevent new HIV, **STIs** and TB infections through a combination of interventions;**
- 3. Reduce deaths and disability from HIV and TB**
- 4. Protect the human rights of people living with HIV and improve their access to justice**

Why a research agenda for the new NSP?

- **A major critique of most of the research on HIV and TB conducted in the last 5 years during the 2007-2012 NSP was that it did not address the country's local research priorities.**
- **Indeed much of the research agenda was set in western capitals that fund the research with little or no local input**
- **To rectify this situation, it is crucial that research, over the next few years, includes a focus on local priorities**

HIV prevalence, by sex and age, South Africa, 2008



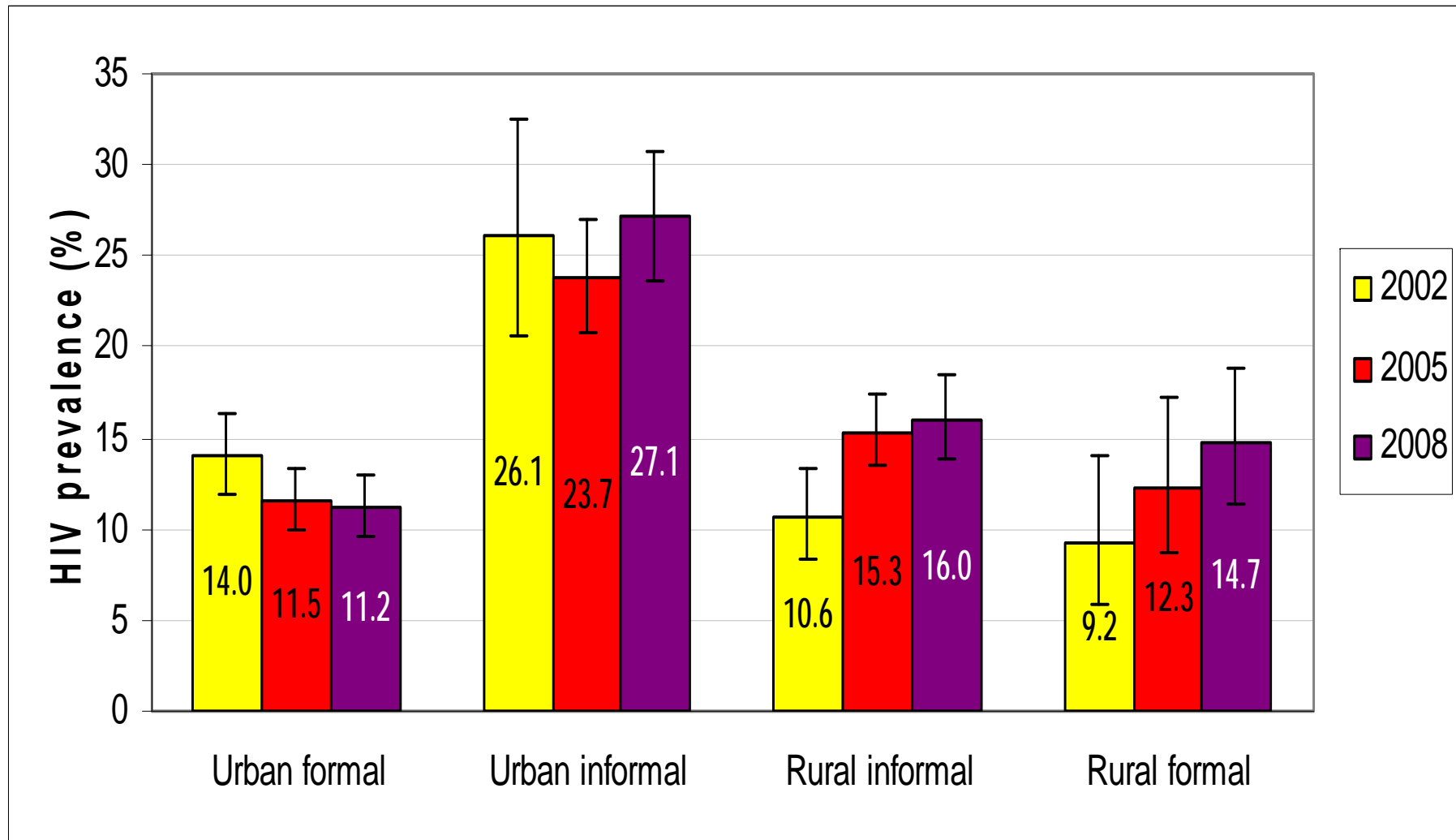
HIV prevalence and race, South Africa 2008

Race	HIV prevalence (%)
African	13.6
Coloured	1.7
Indian	0.3
White	0.3

HIV prevalence among the most-at-risk populations, South Africa 2008

Most-at -risk population	n	HIV + %	95% CI
African females 20-34	1395	32.7	29.7-36.0
African males 25- 49	944	23.7	20.1-27.7
Males 50 years and older	946	6.0	4.4-8.1
Men who have sex with men	86	9.9	4.6-20.2
People who are high-risk drinkers	965	13.9	10.4-18.2
Persons who use drugs for recreational purposes	490	10.8	7.2-15.8
People with disabilities	458	14.1	9.9-19.6

HIV prevalence by area of residence (2002 - 2008)



Source: HSRC survey data

Why a research agenda for the new NSP? (contd)

- **To make this a reality there should be more local funding for research in support of the NSP made available to researchers**
- **This increased level of funding could emanate from a combination of sources, including the South African government, the private sector, international agencies and philanthropic organisations.**
- **The establishment of a local research agenda, linked much more closely to the country's specific needs related to HIV, STIs and TB and in line with the four NSP strategic objectives, with the necessary funding, is an important initial step.**

The NSP research agenda

- **The NSP proposes four main streams of research:**
 - **Surveillance and Vital Statistics**
 - **Health Systems and Operations Research**
 - **Research for Innovation**
 - **Policy, Social and Public Health Research**
- **The four streams represent the continuum between policy, behavioural, sociological and non-hypothesis driven descriptive studies and long-range clinical and basic science research.**

The NSP research agenda (contd)

- **The aims of the NSP research should be to provide scientific evidence to guide policy and enhance the country's strategic response to these diseases during the next 5 years.**
 - **generating sociological, economic, behavioural and biomedical information to enhance the implementation of existing interventions and programmes,**
 - **developing innovative new approaches for the prevention, diagnosis, treatment and care, and**
 - **strategies to mitigate the impact of HIV, STIs and TB, either singly or in combination.**

STIs

- **It is important that STIs also be highlighted in the research agenda as there is evidence of increases in STIs and also given their importance in increasing the risk of HIV infection.**
- **The same four research streams identified for HIV and TB should also equally apply for STIs.**
- **STI programmes also use health systems and operations research to ensure that opportunities to diagnose and treat STIs are not lost, and that the '4 Cs' (counselling, condoms, compliance and contact tracing) of STI programmes are effectively implemented.**

Health Systems and Operations Research

- **Apart from establishing the effectiveness of new interventions in real life situations (i.e., operational research), there is a need to ensure that health systems are able to adapt and cope when scaling up the implementation of the new interventions on top of the already heavily burdened system due to overcrowding by AIDS patients seeking care and decline in quality of care.**
 - **This will be further exacerbated by the implementation of male circumcision, early ART for prevention, and PrEP for sero-discordant couples or key populations.**
 - **Also the game changing recent national HCT campaign means that even more people need care and support by the health system therefore putting it under greater strain.**

Way forward

Step 1:

- **Researchers and policy-makers must commit jointly to an evidence-based approach to the country's HIV, STI and TB response, including the development of a common understanding of the main drivers and risk factors for transmission at a local and national level.**
- **Data need to be collated and synthesised so that researchers and policy-makers can make informed decisions on priorities.**
- **A common understanding on the status, nature and future consequences of these diseases is an initial step.**

Way forward (contd)

Step 1 (contd):

- **We must further establish a knowledge hub which centralises, stores and archives HIV survey and research study protocols, the actual databases and reports and publications.**
- **The aim is to make HIV research and survey data and information accessible long-term in one central repository.**
- **The recent KYE-KYR analysis showed that HIV data are scattered and although some institutions have searchable lists of their own publications (e.g. MRC, HSRC, CAPRISA, WITS, Africa Centre, etc.), survey protocols, grey literature and data bases are often not accessible or shared, and there is no centralisation in one hub.**

Way forward (contd)

Step 2:

- **Regular interaction must occur between researchers, policy-makers and the leaders of public health programmes to ensure that the HIV, STI and TB policies take account of the latest science.**
- **Communication of the research needs to be carefully planned and integrated into the research agenda.**
- **[Research findings must also be shared with the general public especially those who participate in the studies.]**

Way forward (contd)

Step 3:

- **We must develop a national research agenda on the basis of detailed knowledge of the country's epidemic e.g., for HIV this must be based on the recent Know Your Epidemic and Know Your Response (KYE-KYR) analysis and this should also be done for both TB and STIs.**
- **Such an agenda should not be an exhaustive list but a set of priorities for research action that can make a real difference to the country's efforts against these diseases.**
 - **We can review the research priorities at appropriate intervals during the course of the implementation of this NSP, e.g., during its annual anniversary.**

Way forward (contd)

Step 3 (contd):

- **Researchers will have to redirect some of our effort away from internationally contracted studies towards implementing this national agenda.**
- **To make this possible, government backing will be essential and scientific excellence must remain the benchmark.**
 - **One approach might be to set up Centres of Research Excellence which could involve single institutions and/or multiple institutions which collaborate on a research stream or sub-stream and also develop research capacity.**
 - **Perhaps DST could support this in line with its Research Chairs and Centres of Research Excellence initiatives.**

Way forward (contd)

Step 4:

- **Government funding of HIV, STI and TB research must increase substantially during the next 5 years.**
 - Today, less than 5% of all the AIDS research funding in South Africa comes from the government's three major funding sources — the Medical Research Council, South African AIDS Vaccine Initiative (SAAVI) and the newly established South African HIV/AIDS Research and Innovation Platform.
 - This needs to increase significantly perhaps to as much as 10% of the total NSP budget.

Way forward (contd)

Step 4 (contd):

- **But even if the government increases its budget several-fold, international finance will still be required.**
 - **The Department of Science and Technology and the Department of Health, in consultation with other relevant government departments and SANAC, need to lead the process of developing a compact for joint funding for South Africa's research priorities, with the world's largest funders of research.**

Thank you for your attention

