



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

KwaZulu-Natal Accelerated HIV, AIDS, STI and TB Strategy



KZN PROVINCIAL
COUNCIL ON AIDS

17 September 2014



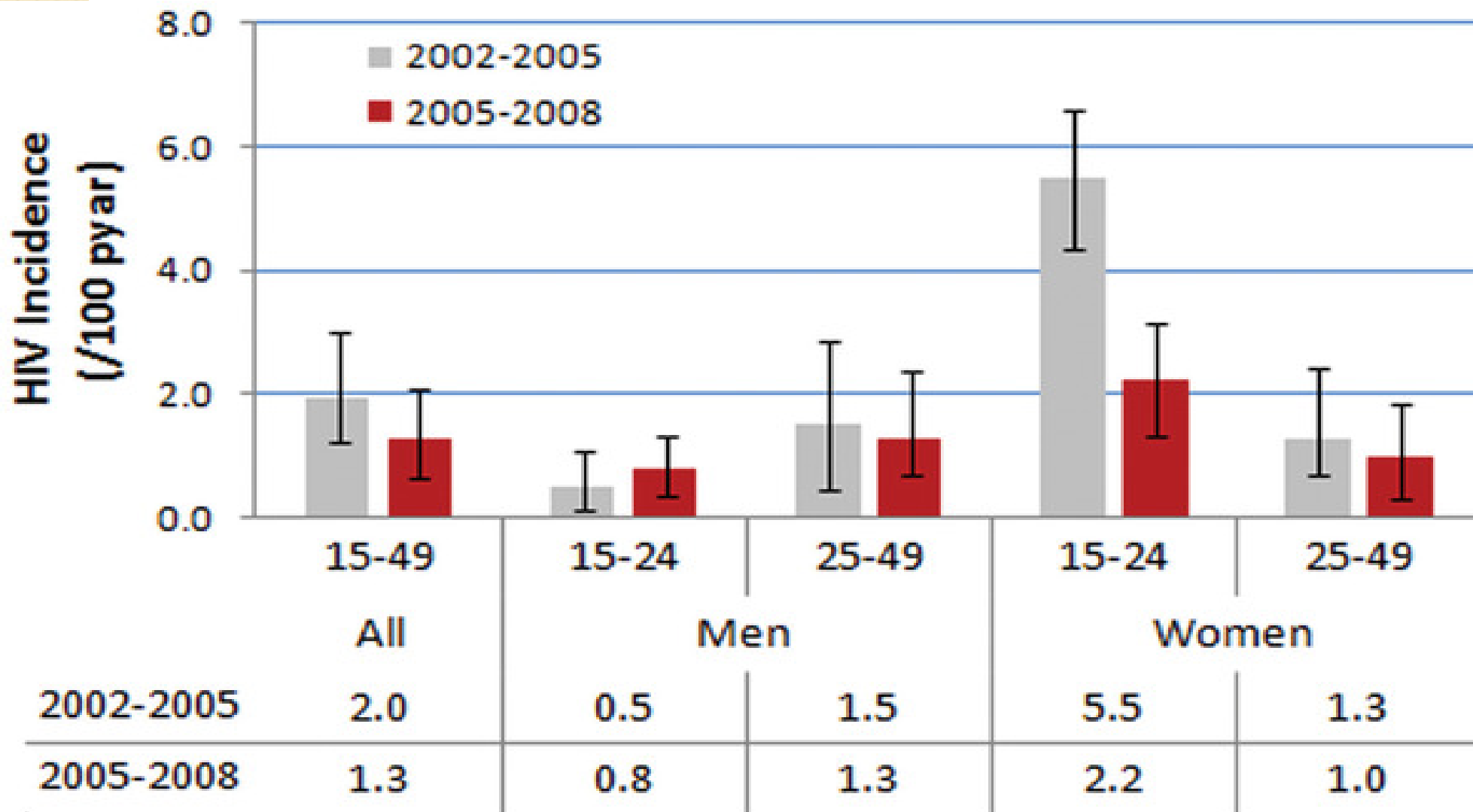


Introduction

Positive outcomes since implementation of the HIV and AIDS Strategy:

- A decline in HIV incidence in South Africa from an estimated 2.1 % in 2005 to 1.3 % in 2008
- KZN HIV Prevalence in the general population is 16.9% in pregnant women HIV prevalence is 37.4%

Estimates of HIV incidence rate in South Africa, 2002–2005 (light grey bars) and 2005–2008 (dark red bars),



Rehle TM, Hallett TB, Shisana O, Pillay-van Wyk V, et al. (2010) A Decline in New HIV Infections in South Africa: Estimating HIV Incidence from Three National HIV Surveys in 2002, 2005 and 2008.



Introduction

- Reduction in reported HIV and AIDS related deaths from 67 429 in 2008/09 to 54 337 in 2010/11
- Reduction of Mother to Child transmission from 22 % in 2008 to **1.6 %** in 2013
- TB treatment success rate in 2008 was at 73% and at 84% in 2013
- Improvement of life expectancy from 54 years to 60 years
- 857 345 patients put on ART in KwaZulu-Natal

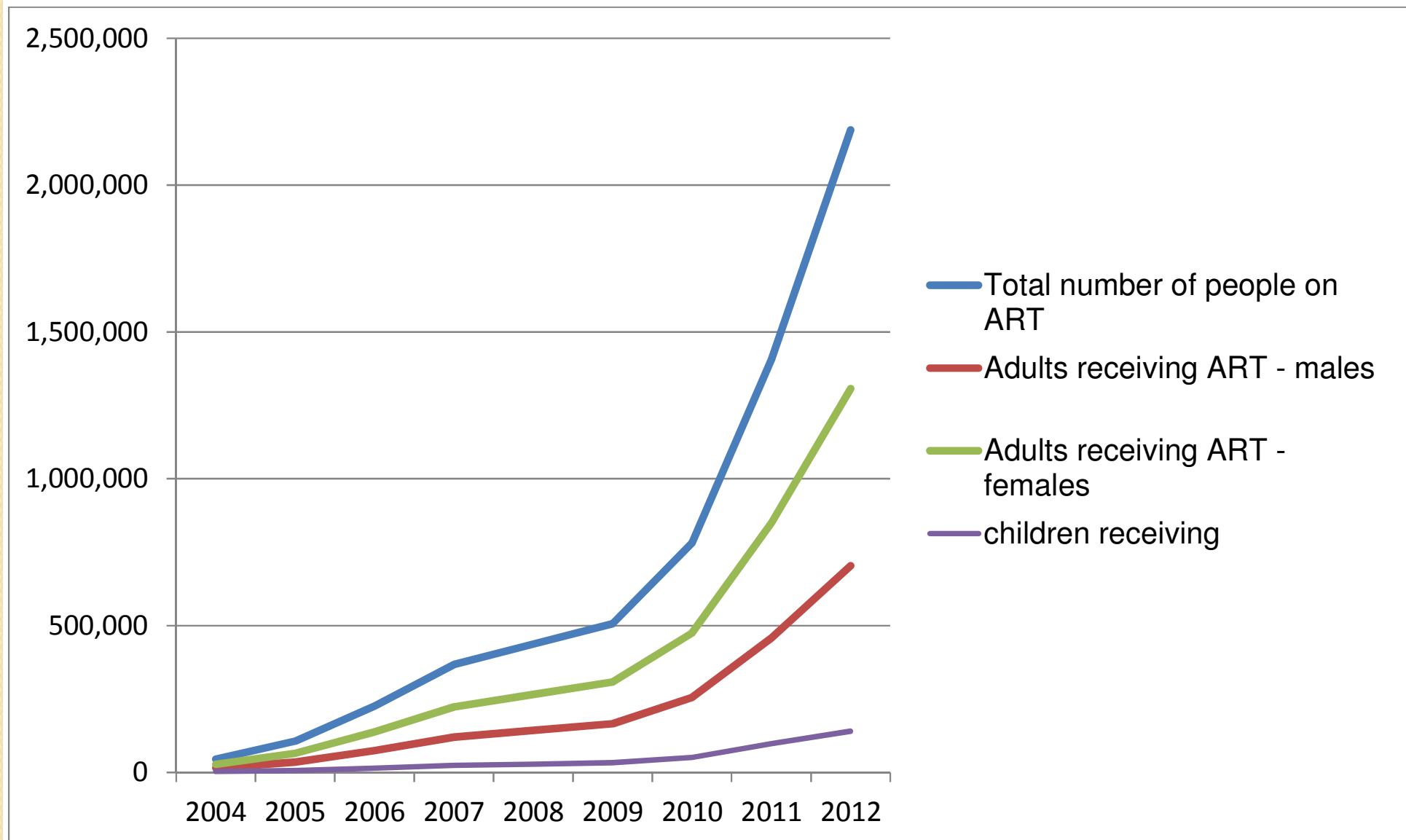


Introduction

The HIV and AIDS National and Provincial response is guided by the following goals:

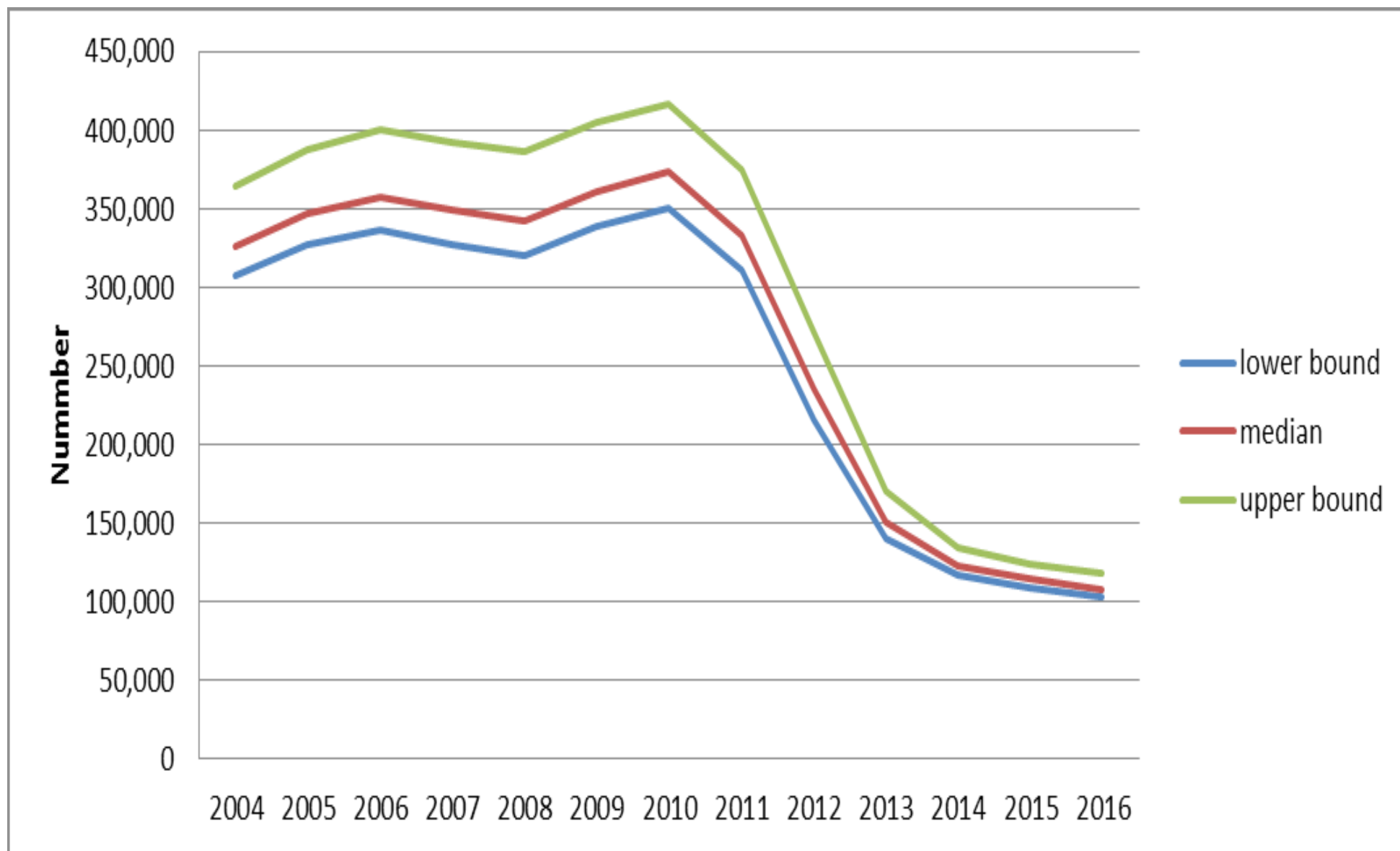
- Reduce the number of new HIV infections by 50% by 2016
- Reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to an appropriate package of treatment care and support to 80% of all people diagnosed with HIV

Key Message 1: Significant progress has been made in ART scale up number of people receiving ART, 2004 - 2012



Dr C Shoji, UNAIDS

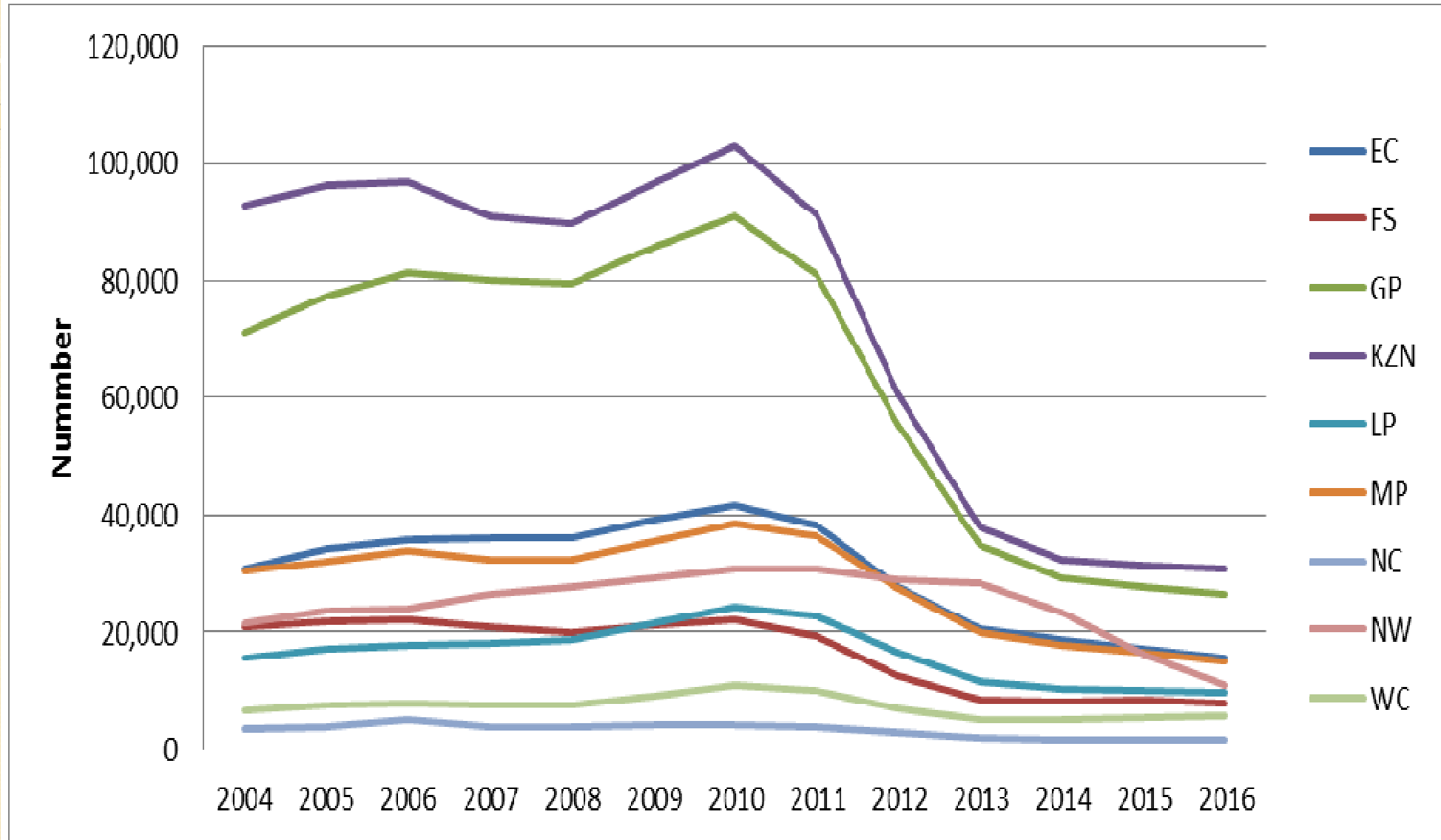
Key message 2: Record access to HIV-treatment, record drop in AIDS-related deaths, 2004 -2012





Annual AIDS death, Provincial (2014 – 2016)

KZN: Almost 65 000 deaths avoided, from >100 000 to 35 000





Since the launch of HCT campaign in 2010, the province has managed to test 8 813 671 people for HIV

Expansion of the HIV Counselling and Testing through:

- “Hlola Manje - Zivikele” campaigns at least 3 one week long campaigns in all Districts
- Mass media mobilization and Outreach campaigns for all citizens of KZN to “Test for HIV at least once a year”
- ‘First things First’ and “Graduate Alive” campaigns targeting young students/tertiary institutions
- To improve access of health services to males, a provincial drive termed: “Phila Ndoda, uvikele umndeni wakho” - “A healthy man, a healthy family” taking HAST services to largely men dominated areas – industries and companies



HIV Counselling and Testing Strategy

- Community mobilization through traditional leaders
- Partnership with private sector, private doctors, pharmacies and ensure reporting of HCT numbers
- Intensify facility based testing through Provider Initiated Counselling and Testing (PICT) and setting quotas per health worker
- Close monitoring of District performance through reviving weekly nerve centres at Facility, Districts and Provincial levels
- To ensure integration, Nerve Centres in district offices and province will monitor not only HCT and TB screening, also Condom distribution and MMC progress on weekly basis



High Transmission Areas (HTA)

- The number of HTA intervention sites has increased from 40 (March 2012) to 81 (July 2014)
- The minimum package of services provided at HTA intervention sites include: HCT, Sexually Transmitted Infections (STI), Condom distribution, TB screening, Sexually Reproductive Health services, minor ailments treatment and referrals
- Through partnerships with PEPFAR funded Organizations, the Department has strengthened services to Key Populations through mobile wellness clinics in almost all the Districts
- In 2013, a total of 27 435 key population clients were reached through the mobile wellness clinics and Truck Stops which included 9 444 truck drivers, 6 183 sex workers and 1 545 Men who have sex with Men (MSM)



- **Department of Health collaboration with Department of Transport in Truck stops**
- DoT (mobilization and awareness) and DoH (mobilization and provision of services) in all 8 Truck stops

Services expansion to Weigh Bridges:

- DOT: Road Transport Inspectorate, Road Safety
- Road Transport freight
- DoH: HTA district and provincial teams
- Health services delivered at the weigh bridges with Road Transport Inspectorate
 - Ugu weigh bridge at Parkrine - June 2014
 - UThungulu weigh bridge at Gingindlovu - July 2014
 - UMgungundlovu weigh bridge at Mkhondeni - on weekly basis as of July 2014



High Transmission Areas

To accelerate service delivery at HTA sites:

- 17 vehicles specific for HTAs, 5 additional mobile vehicles will be procured,
- The MEC for Health launched “Taking services to the Taxi Ranks” with the aim of bringing health services closer to the mobile community

Districts expansion of health services in taxi ranks:

- EThekweni district - Hill Street and other Pinetown taxi ranks
- Zululand district - uLundi taxi rank
- Amajuba district - Newcastle taxi rank
- Harry Gwala district - Bulwer and Ixopo taxi ranks
- Ugu district- Gamalakhe taxi rank
- UMkhanyakude - Mkhuze and Mtubatuba taxi ranks

This initiative is being rolled out to identified taxi ranks in other districts



Prevention: Condoms

Activities to accelerate Condom Distribution:

- Currently, there are 2 482 secondary Condom distribution sites
- Establishment of new secondary sites: Taverns, Shops, Taxi Ranks, Farm areas, Tertiary Institutions, Hostels, hospitality industries, HTA sites and mines
- Partnering with Developmental Partner Organizations, Traditional leadership, Traditional Courts, Private sector and other Government departments.
- CCGs to distribute 200 condoms per day during house-hold visits
- For PHC clients, Sexual Reproductive Health services and Chronic medication clients to receive 50 condoms pre-packed with medication
- Training on Condom Logistic Information Management System
- KZN Government Departments - to support condom distribution by inviting the Department of Health in all Departmental activities and campaigns to provide condoms and social mobilization on HIV prevention



Medical Male Circumcision

- A total of **446 529** males were circumcised since the launch of the MMC program in 2010
- Out of these, there has been zero deaths and zero penile amputations that have been reported in the province.
- 72 facilities perform MMC, with 17 high volume sites which conduct minimum of 30 circumcisions per day for 5 days a week.
- Community mobilization through MMC Traditional Coordinators, Traditional leadership houses and Partners



To create awareness and increase demand for MMC

Accelerate MMC mobilization through:

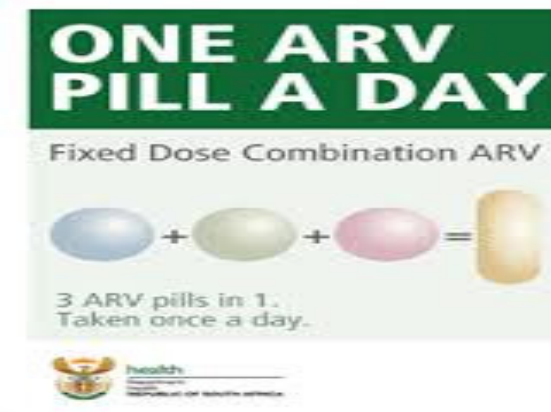
- Mass media mobilization in Community Radios and newspapers to market MMC and its benefits as well as to dispel the myths around MMC
- Encourage Community leaders to advocate for MMC through community dialogues to increase demand
- Facilitate men's dialogues termed "Isibaya samadoda" - "Men's convocations" to discuss men and family health - focus on promoting male medical male circumcision
- Encourage mothers to bring their male children to be circumcised
- Train more Healthcare Workers to perform MMC and monitor the quality and the standard of the procedure





Antiretroviral Therapy Program

- To date, a total of **857 345** patients are receiving Antiretroviral Therapy (ART) from 618 facilities in the province
- Of the 618 facilities, 545 are Primary Health Care (PHC) facilities and services are mainly Nurse driven
- Since 2010, close to 3 000 Nurses that have been trained on Nurse Initiated and Managed Antiretroviral Therapy (NIMART)
- Since the roll out of Fixed Dose Combination Drugs (FDCs), **408 495** patients initiated or switched
- FDC: a single pill containing three drugs replacing three single ARV medicines
- FDCs aim to reduce the pill burden and improve adherence for ART patients including TB/HIV co-infected patients





ART Program Interventions

To accelerate access to ART and strengthen retention to care:

- 250 facility based Chronic medication Wellness clubs established for patients on chronic medication - focus on stable ART patients
- Clubs aimed at reducing long waiting time in clinics and space constraints
- Chronic medication clubs extended to ward based level through CCGs and Family outreach teams as means of bringing services more closer to the people
- The extension of clubs to the community level aimed at improving defaulter tracing
- Inclusion of adherence support in club activities
- Conduct community dialogues on use of ARVs and importance of adherence to treatment versus other optional treatments
- Provincial Campaign to address the mushrooming of bogus treatment alternatives to ARVs
- DoH Collaboration with the Dept. of Sports and Recreation to use sports as a vehicle to deliver Health messages
- Province to put 1 million patients on treatment in KZN by March 2015



TB Prevention and Control Programme

- TB screening is mandatory to all clients receiving health services
- A total of 86 GeneXpert TB diagnostic machines have been procured throughout the province
- The GeneXpert machines provide rapid TB diagnosis (within 2hours) allowing prompt initiation of TB treatment and early diagnosis of Multi-Drug Resistant TB
- All facilities in the 11 Districts have full access to GeneXpert testing





Addressing TB in KwaZulu-Natal

- Tuberculosis (TB) is **NOT** only a medical problem
- TB is a reflection of social and economic challenges that impact on the poor, the unemployed, the homeless and other vulnerable people

The High incidence of TB is closely linked to the following:

- Poverty
- Social problems
- Overcrowding both in health facilities and community settings including households, and informal settlements
- Congregate settings: Correctional services facilities esp holding cells, Taxi industry and coal mines



A multi-sectoral approach by Government Department's and other Stakeholders is necessary to address the drivers of TB:

- Living conditions - Amongst root causes of TB
- Millions of people in KZN live in shacks with poor ventilation
- Overcrowding – too many people sleeping per room, no sunlight, poor sanitation and poor hygiene, this coupled with poverty - a breeding ground for TB disease
- All Government Departments have a specific role to play in combating TB e.g. Human Settlement, Water and Sanitation, Department of Social Development, Dept. of Agriculture, etc



To intensify the response to TB in KZN

- Identifying “TB hot spots” including informal settlements
 - GIS Maps have been developed for all 11 districts
 - Through OSS develop integrated interventions plan (human settlement, DoE, DoT, DSD, Dept. of Agric.)
- Intensified TB case finding -the province will conduct mass TB screening for all clients/patients receiving services from the public sector including in-patient TB screening and Outreach campaigns
- Training of TB nurses on Nurse Initiated Management of Antiretroviral treatment (NIMART) with the aim of improving integrated management of TB and HIV
- Ensuring infection prevention and control of air-borne diseases.



TACKLING TB IN SCHOOLS



The Dept. of Health and the Dept. of Education - combating TB in schools through a campaign called “Tackling TB in Schools.”

Dept. of Social Development, Dept. of Sports and Recreation and the Dept. of Agriculture also involved providing support and assistance in this initiative.

Tackling TB in schools – Tailor made messages and implement interventions suitable for children in Early Childhood Development Centres, Primary School Learners, High school learners, Teachers and Households



Research Priorities

- Focus on vulnerable groups such as children, youth, people with disability, elderly
- HIV and mental health
- Documentation of best practices in the Province in particular community based approaches
- The impact of NHI and PHC re-engineering on all aspects of HIV and TB
- Multi-disciplinary research on the relationship between HIV and TB:
 - ❖ Prevention of TB disease in HIV infected patients
 - ❖ How to streamline treatment for co-infected patients
 - ❖ How to improve outcomes in co-infected patients



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THANK YOU

SIYABONGA