



**PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI**

**Provincial Abstracts Capacity Building for
2016 International AIDS Conference in Durban**

Working Together For A Secure and Prosperous Future.

Purpose of Presentation

- ☐ To brief partners on the AIDS 2016 Capacity Building Initiative by PCA Secretariat
- ☐ To obtain buy-in from partners on the initiative



Outline

- ☐ Background
- ☐ Key Achievements in the Provincial HIV and AIDS STIs and TB (HAST) Response
- ☐ Key Challenges in the Provincial HAST Response
- ☐ Objectives and Activities
- ☐ Examples of Areas for Documentation
- ☐ Progress to date and Next steps
- ☐ Proposed Terms of Reference for Provincial Abstracts Coordination Team



Background



Background

- ☐ The 21st International AIDS Conference will be held in Durban, KZN from 17 – 22 July 2016
- ☐ The Theme for the 21st International AIDS Conference is: Access Equity Rights Now
- ☐ About 20,000 delegates from around the world are expected to attend to share the latest global responses including scientific research, public health implementation and human rights
- ☐ Delegates will comprise of scientists policy makers activists political leaders health care professional and PLHIV



Background cont.

Date	Activity
1 st December 2015	Abstracts submissions open Satellite applications open Exhibitions applications open Global Village applications open
4 th February 2016	Abstracts submissions close Global Village applications close
18 February 2016	Registration fee deadline
11 April 2016	Satellite application closes
21 April 2016	Late breaker abstract submission opens
3 May 2016	Exhibition application close
5 May 2016	Late registration deadline
12 May 2016	Late breaker submission close



Background cont.

Date	Activity
1 st December 2015	Scholarships programme opens
12 th February	Scholarships programme closes
1 st April	<p>Volunteer programme opens – Closes when places are filled</p> <p>Must be at least 18 years old (as of 15th July 2016), have a good level of English and be available for at least three half-day shifts. Volunteers who can commit to more than 5 shifts from 13th July to 22nd July will be prioritized.</p>



Background cont.

- The Conference will have 5 tracks:
 - ☐ Track A: Basic and Translational Research
 - ☐ Track B: Clinical Research
 - ☐ Track C: Epidemiology and Prevention Research
 - ☐ Track D: Social and Political Research, Law, Policy and Human Rights
 - ☐ Track E: Implementation Research, Economics, Systems and Synergies with other Health and Development Sectors



Background cont.

Track A: Basic and Translational Research - Focuses on basic and translational research related to HIV biology, pathogenesis, immunology, prevention and cure.

Track B: Clinical Research - Highlights the latest research findings, complexities and controversies related to immediate and long-term management of: HIV infection; ART; opportunistic infections and co-infections, including TB, hepatitis, and sexually transmitted infections; co-morbidities, including AIDS- and non-AIDS-defining cancers, and cardiovascular, renal, and bone toxicities and complications.

Track C: Epidemiology and Prevention Research - Focuses on epidemiology and HIV prevention science research. It will cover methodological, technological (in its broadest sense), and programmatic advances in these research disciplines. Best practice in Good Participatory Practice and best practice in HIV prevention at the individual and population levels will be considered.



Background cont.

Track D: Social and Political Research, Law, Policy and Human Rights - Focuses on research and analysis of social, political, law, policy, human rights factors, and stigma and discrimination influencing HIV prevention, treatment, care and support.

Track E: Implementation Research, Economics, Systems and Synergies with other Health and Development Sectors - Highlights research that increases our understanding of how HIV prevention, treatment and care can be delivered in a manner that achieves desired impact, optimizes quality, is accessible and acceptable to individuals, families, communities and governments, and makes efficient use of human, financial and other resources.



Achievements



Key Policy Achievements of KZN HAST Response

- ☐ High political and administrative commitment at all levels from Provincial to ward level
- ☐ High domestic financing – 80% of the KZN HIV and TB budget is from government (SANAC 2013)
- ☐ Three Ones in place: 1 PSP, 1 M&E Framework, 1 Coordination mechanism (PCA,DAC,LAC,WAC)
- ☐ 80% of government sectors in the province have operational plans for integrated HAST inclusive of gender and human rights
- ☐ Conducive legal and policy environment



Key Programmatic Achievements of KZN HAST Response

- ☐ Declining prevalence among young people aged 15 – 24 years from 29.2% in 2010 to 25.8% in 2012
- ☐ MTCT rates reduced to 1.4% (DHIS, July 2015) from between 8.1% – 10.3% in 2010/11
- ☐ High ART coverage rates – over 1 million people living with HIV currently on treatment which has led to reduction in AIDS related deaths
- ☐ HCT coverage at 65% of annual target in 2013/14 and according to DOH June 2015 bulletin, 2,579,763 people have been tested for HIV since 2010 (DOH)



Key Programmatic Achievements of KZN HAST Response

- ❑ Integrated service delivery through OSS model with 822 War Room established and 728 Phila Mntwana Centres
- ❑ A decline mortality among children under 1 year in facility rate from 10.8% in 2010 to the current 7.3%
- ❑ TB screening has more than doubled in the last two years from 819,823 in 2012/13 to 1,807,597 in 2014/15
- ❑ TB treatment success rate has increased from 55% in 2005 to 86.3% in 2013
- ❑ MMC uptake has increased to 536,698 (DoH June 2015)
- ❑ 43% of the estimated OVCs had been registered and receiving care by Q4 of 2014/2015. 99% of registered OVCs were receiving care and support



Key Challenges



Key challenges

- ☐ Prevalence remains high at 17.4% in the general population (HSRC 2012) with an estimated 1,740,000 people living with HIV (EPP 2013)
- ☐ According to 2013 Antenatal data, all districts reported over 30% HIV prevalence
- ☐ Retention in Care is a national challenge
 - ☐ 40% are lost to follow-up at 36 months of initiation
 - ☐ Only 35% of the total on ART virally suppressed at 48 months (NDOH)
- ☐ TB notification rate remains high at 808 per 100,000 population in 2014 (DOH)
- ☐ High TB/HIV co-infection rates at 65% (DoH June 2015)
- ☐ High teen pregnancy rates; FY 2014/2015, a total of 8,359 learner pregnancies were reported in 10 districts. (Data from uMzinyathi missing)
- ☐ Gender based violence - between April 2013 and March 2014, 11,563 sexual assault cases were reported



Objectives



Main Objective

- ❑ To stimulate and coordinate dissemination of action research on HIV and AIDS STIs and TB (HAST) in KZN province at the 21st International AIDS Conference in Durban



Sub-Objectives

- ☐ To strengthen the provincial and districts capacity for production and submission of quality abstracts
- ☐ To Coordinate HAST Research from PCA partners for dissemination at AIDS 2016 Conference
- ☐ To strengthen partnership with Academia and Research Institutions



3 Pronged Approach (CCC)

- ☐ Collaboration
- ☐ Coordination
- ☐ Capacity building



Sub-objective 1: Collaboration

Output: Enhanced partnership and collaboration with Academia and Research Institutes

Key Activities

- ☐ Mobilise and engage Academia and Research Institutions for collaboration on AIDS 2016 and beyond
- ☐ Establish capacity building and peer review mechanism
- ☐ Facilitate compilation of Key HAST Research from the province



Sub-objective 2: Coordination

Output: One-stop centre for KZN abstracts

Key Activities

- ☐ Establish Secretariat to coordinate abstracts from the province
- ☐ Establish a functional AIDS 2016 Provincial Abstracts Coordination Forum
- ☐ Compile database of key research papers on HAST in the province
- ☐ Produce KZN AIDS 2016 Abstracts booklet
- ☐ Host KZN Pavillion for District Display at AIDS 2016



Sub-objective 3: Capacity Building

Output: Increased number of abstracts submitted by KZN PCA partners

Key Activities

- ☐ Prepare district posters for World AIDS Day 2015 in Ugu District
- ☐ Prepare and implement a training plan for support to partners on writing quality abstracts (70 slots available for the training in 2 batches)
- ☐ Offer mentoring support to provincial and district peer support teams coordinated through PCA, DAC and LAC Secretariats
- ☐ Conduct peer review of abstracts for quality assurance
- ☐ Incentive scheme for district and department with most papers presented



Examples of Areas for Documentation Based on Achievements and Challenges



Examples of Areas for Documentation

- ☐ Leadership and Coordination
- ☐ Sustainability of the response – costing, funding, efficiency analysis
- ☐ Planning, M&E – DIPS
- ☐ Epidemiology
 - ☐ HTA
 - ☐ Cities – Ethekwini accounts for close to 32% of the estimated PLHIV population in KZN
- ☐ Health and Community systems
- ☐ Integrated SD, OSS implementation – governance, role of CCGs in SD, service uptake, linkages with health facilities
- ☐ PMTCT
 - ☐ Option B+
 - ☐ KAP
 - ☐ Infant feeding practices
- ☐ ART
 - ☐ EID
 - ☐ Retention in care
 - ☐ Viral suppression



Examples of Areas for Documentation

- ☐ TB
 - ☐ TB/HIV Co-infection
 - ☐ TB Care
- ☐ HIV Counseling and Testing
- ☐ Medical Male Circumcision
- ☐ Orphans and Vulnerable Children
- ☐ Condom programming
- ☐ Gender inequality – Gender Based Violence, intergenerational sex, negotiating protection
- ☐ Teen pregnancy – perceptions, cultural norms and practices
- ☐ Key Population Services
- ☐ Hard to reach populations
 - ☐ Farming communities
- ☐ Addressing structural barriers
 - ☐ Role of Traditional Health Practitioners
 - ☐ Stigma and discrimination
 - ☐ Social drivers and determinants



Progress to date & Next steps



Next Steps and Timelines

- ☐ Support Districts to prepare Posters for World AIDS Day 2015
- ☐ Formation of Provincial Abstracts Coordination Team (PACT)

- ☐ Undertake training and mentoring from November 2015 – January 2016
 - ☐ 2 Abstracts Writing training sessions 16 – 17 and 19 - 20 November 2015
 - ☐ Enrol KZN participants in IAS Abstract Mentor Programme starting 16 November 2015
 - ☐ Conduct District Mentorship Programme between November – mid-January
 - ☐ Peer Review and finalise abstracts by end-January 2016

- ☐ Submission of provincial abstracts by 31 January 2016
- ☐ Production of KZN AIDS 2016 Abstracts Booklet – April 2016
- ☐ KZN Exhibition Stall – July 2016
- ☐ KZN Symposium – July 2016



Proposed Terms of Reference for Provincial AIDS Coordination Team



Draft Terms of Reference for Provincial Abstracts Coordination Team

- ☐ Facilitate identification of district best practices for documentation especially on OSS
- ☐ Facilitate identification of trainees for the AIDS 2016 Abstracts Training and Mentoring Project
- ☐ Identify and collate current HAST research in the province into a database
- ☐ Provide technical Oversight to selected Service provider for the training and mentoring process
- ☐ Develop and implement the Abstracts Incentives Scheme
- ☐ Facilitate planning and execution of the KZN Exhibition Stall and symposia at AIDS 2016
- ☐ Liaise with other research committees in the province
- ☐ Facilitate production of AIDS 2016 KZN Abstracts Booklet including its Theme
- ☐ Liaise with Academia and research institutes for Peer Review of prepared abstracts



PACT Operational Modality

- ☐ Reports to Office of the Premier
- ☐ Chair appointed by team
- ☐ OTP serves as Secretariat
- ☐ Develops and implements workplan
- ☐ Meets monthly on an agreed week and day of the month or as required
- ☐ Team will be in place till August 2016



Proposed PACT Membership

- ☐ Provincial Department Representative- DOH, DSD, DOE, OTP
- ☐ District Representatives
- ☐ Academia and Research Institutes Representative
- ☐ CSO Representative
- ☐ Business Sector Representative
- ☐ NB. Additional Members can be co-opted as deemed necessary

