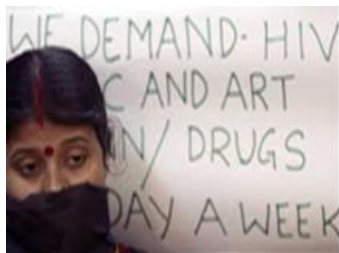
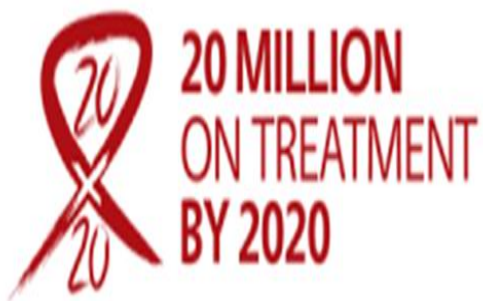




**health**

Department:  
Health  
**PROVINCE OF KWAZULU-NATAL**

# Evaluating Access to Anti-Retro-Viral Therapy In KZN



*FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE*

# INTRODUCTION

- Upcoming International AIDS Conference 2016
  - Theme of the Conference: “ Access, Equity ,Rights Now”
  - Directive from KZN Premier at last PCA: 16<sup>th</sup> March 2016
- “Need to determine the status of access to Anti-Retroviral Therapy in the KZN Province in keeping with conference theme”

## Definition of Access to Health Care

The timely use of personal health services to achieve health outcomes. Access is dependent on physical accessibility, affordability and acceptability of services.

## Measurements of access:

- Structural measures of presence or absence of specific resources that facilitate health care
- Assessment by patients of how easily they can gain access to health care
- Utilisation measures of ultimate outcome of good access to care (the successful receipt of needed resources)

# EVALUATING ACCESS TO ANTI-RETROVIRAL TREATMENT

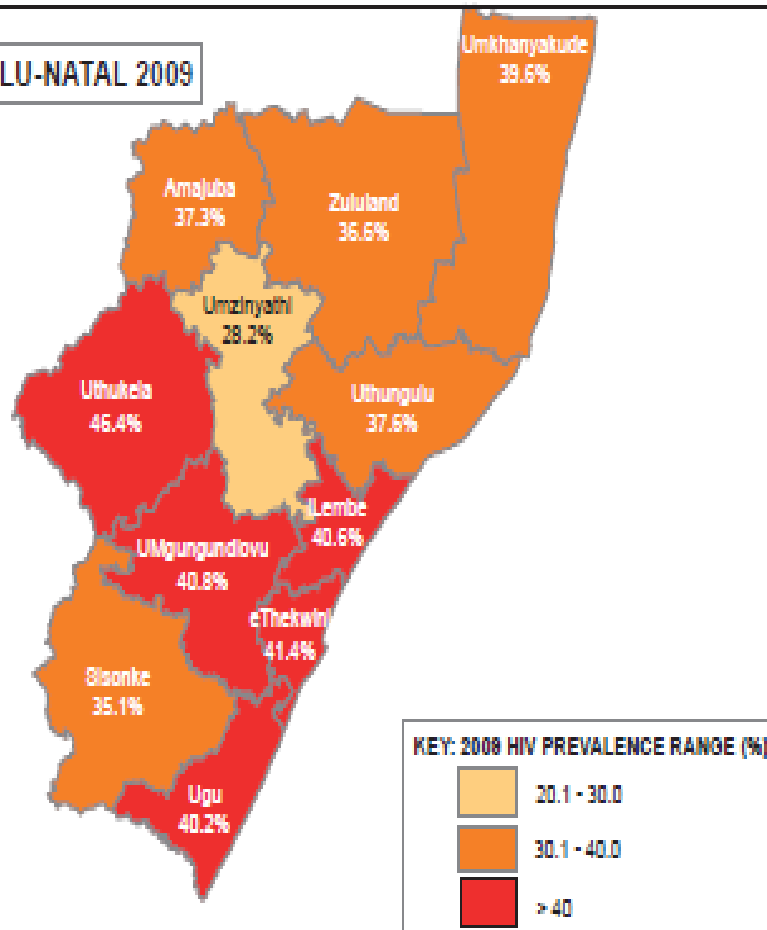
Methodology	Participants	
11 District workshops	Clinic and hospital managers	+ - 600 participants
Focus group discussions	Civil society members	Umzinyathi, Amajuba, Ugu + - 150 participants
2-Day Workshop	Health Public Relations Officers	11 districts from district offices and hospitals
Facility visits	Observations of care, review of patient records and Patient interviews: Zululand, Harry Gwala, uThukela and Amajuba	6 facilities

# CURRENT STATUS OF ANTI-RETROVIRAL TREATMENT PROGRAM

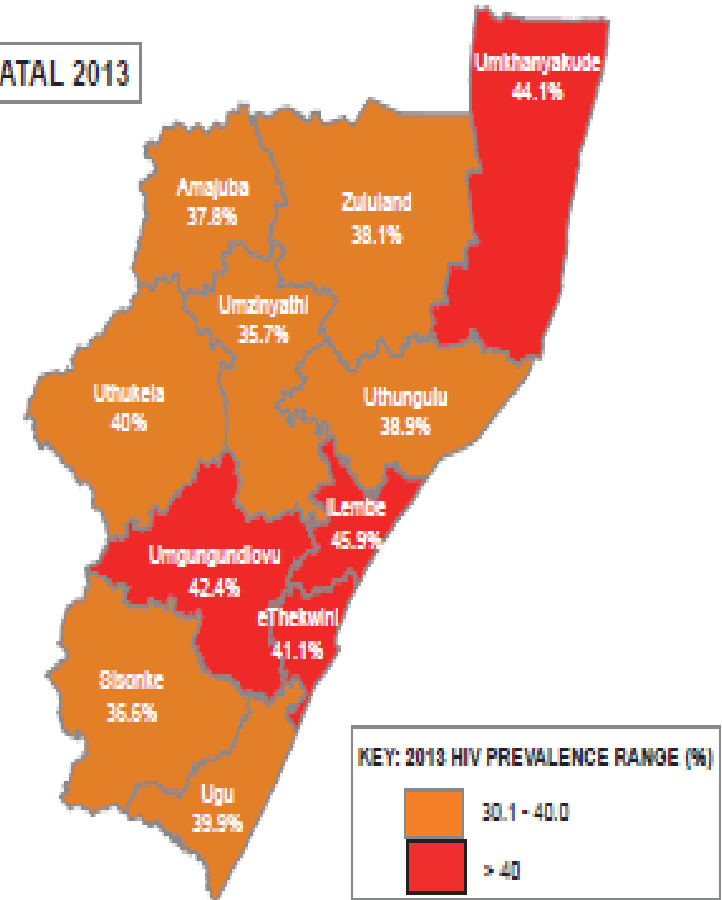
- The province has a general HIV Prevalence of 16.9 against a National Prevalence of 12.2%.
- The HIV incidence is at 2.3% compared to a National Incidence of 1.8%.
- The estimated number of people living with HIV and AIDS in the Province is 1,622 870 (15.8%) of the total population.

# ANTE NATAL CARE HIV PREVALENCE IN KZN

KWAZULU-NATAL 2009



KWAZULU-NATAL 2013



# CURRENT STATUS OF ANTI-RETROVIRAL SERVICES

Despite these seemingly overwhelming challenges KZN has made significant strides in combating both HIV and AIDS in the last 10yrs:

- Reducing Mother to Child Transmission of HIV from 22% in 2008 to 1.6 in 2013
- Number of facilities access to ART → 659
- Total number of patients currently on treatment: **1 059 193** as at end of March 2016
- About 72% of patients on ART managed at PHC level (increased access for uninsured population).
- Through Partnerships with PEPFAR Funded NGOs some patients access treatment from NGO Clinics e.g. iThembalabantu Clinic in eThekweni and others throughout the Province

# CURRENT STATUS: HIV TESTING AND COUNSELLING

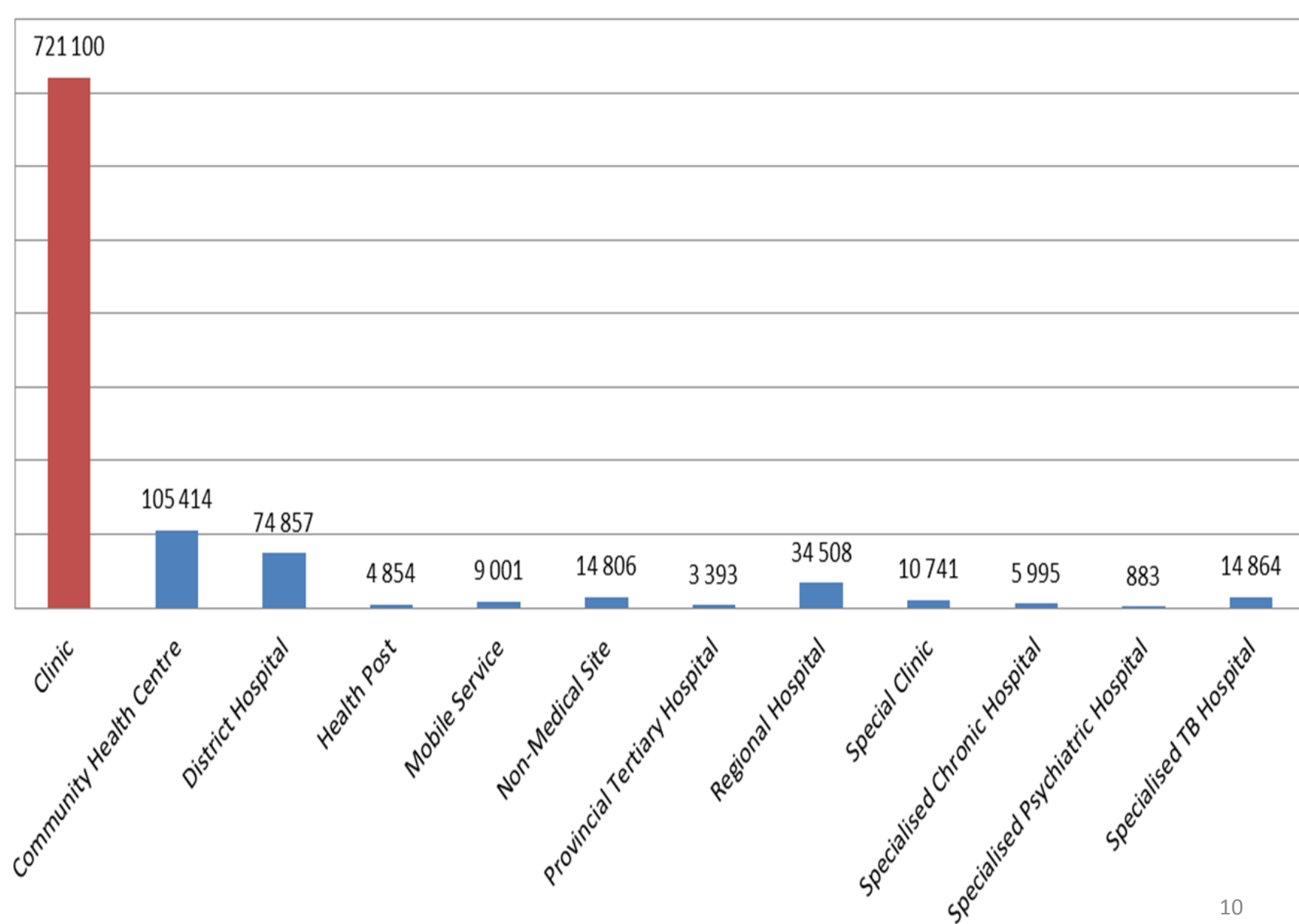
Name of Districts	Total Tested 2014/15	HIV testing Target 2015/16	Annual Figures	Annual % Achieved: 125%
Amajuba	159 497	101 691	141 190	139%
eThekwini	749 466	743 471	861 801	116%
Harry Gwala	143 553	130 059	144 702	111%
iLembe	151 479	89 341	144 066	161%
UGu	225 600	140 050	230 891	165%
uMgungundlovu	263 405	222 509	289 492	130%
UMkhanyakude	149 079	118 225	117 811	100%
UMzinyathi	201 551	96 569	188 569	195%
UThukela	152 446	132 126	129 382	98%
UThungulu	237 091	176 072	185 181	105%
Zululand	218 131	157 701	194 711	123%
<b>TOTAL</b>	<b>2 651 298</b>	<b>2 107 815</b>	<b>2 627 796</b>	<b>125%</b>



# CURRENT STATUS: PATIENTS REMAINING ON TREATMENT

Name of Districts	Number of Facilities	Number of Patients on Treatment	Number of New Initiations per Quarter
Amajuba	27	48 522	1375
eThekwini	120	341 751	11 243
Harry Gwala	46	46 656	1362
iLembe	38	59 354	1874
UGu	61	76 414	2209
uMgungundlovu	59	117 623	2594
UMkhanyakude	61	71 510	1790
UMzinyathi	56	49 497	835
UThukela	40	63 318	1839
UThungulu	72	98 609	2771
Zululand	79	85 939	2551
<b>TOTAL</b>	<b>659</b>	<b>1 059 193</b>	<b>30 444</b>

# Distribution of the : patients by service point



# DISTRICT WORKSHOPS



- Robust and In-depth programme performance reviews facilitated by Provincial Program Managers
- In depth analysis of data at facility level to identify bottlenecks contributing to limited access to treatment
- Remedial Interventions discussed and documented for implementation

# SUMMARY OF KEY FINDINGS

Challenges	Interventions
Limited participation of the Clinic staff in war rooms	<p>District Managers to present the 90-90-90 District Improvement Plans at DAC and LAC</p> <p>Operations Managers to present the 90-90-90 Plans at war rooms/ WAC and provide monthly progress reports in the war rooms/ WAC</p>
Reduction in the number of outreach for screening and testing	<p>Effective utilisation of OSS structures and systems for mass community mobilisation and support for patients requiring treatment and support for patients to remain treatment.</p> <p>Increase access to HIV testing and TB screening:</p> <ul style="list-style-type: none"> <li>• Collaboration with Other Departments such as Home Affairs, Sports and recreation</li> <li>• Fostering partnerships with Private retailers such as Boxer, Spar to increase access to screening and wellness services</li> </ul>

# SUMMARY OF KEY FINDINGS

## cont.

Challenges	Interventions
Limited access to treatment in communities that are served by mobile services for communities that are far to reach	Rapid expansion to initiation of ART in mobiles units and high transmission sites
Need for more NIMART certified nurses – currently 3 213 are trained but 711 are practising and distributed across all fixed clinics	Accelerate the increase in the <b>number of NIMART Trained who are certified to practice in</b> mobile clinics, PHC Clinics, Community Health Centres and Hospitals
Stigma and discrimination – separate clinics/ points of care for HIV positive clients where such separations still exist	Rapid scale up of the implementation of Ideal Clinic model with 3 streams of care:

## Focus Group discussions in 3 districts,

- Amajuba,
- uMzinyathi
- Ugu District

### Key Positive findings

- Some facility staff are friendly and welcoming
- The community appreciates the Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM) being implemented in most facilities because all chronic patients are now grouped together so there is no longer an ARV queue
- The health facilities treat all people equally regardless of their age, gender, level of education, clan, royalty or socio-economic status.





# WhatsApp Group Catch with members of Civil Society



# SUMMARY OF KEY FINDINGS

## cont.

Challenges	Interventions
<ul style="list-style-type: none"> <li>• Delay in seeking care by young people</li> <li>• Health facilities not youth friendly</li> </ul>	On-going expansion of youth-friendly clinics
<ul style="list-style-type: none"> <li>• Discrimination of LGBTIs</li> </ul>	<b>Targeting areas of high disease burdens and at risk populations</b> through Community Champions and Peer Educators
<ul style="list-style-type: none"> <li>• Need for Information and awareness on Chronic Medication Dispensing and Distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic dispensing units are being expanded to all districts for all chronic medication</li> </ul>
<ul style="list-style-type: none"> <li>• Socio-Cultural and Religious beliefs still impacting on access to treatment</li> <li>• More Collaboration with Traditional Practitioners and religious sector</li> </ul>	<b>Mass mobilisation</b> and community advocacy for 90 90 90 Strategy in collaboration with Civil Society groupings, District AIDS Councils , OSS Structures, Business Sector, and religious and traditional sectors



## Health Facilities Visited

- Ulundi A Clinic –Zululand
- Nkonjeni Hospital- Zululand
- Ladysmith Hospital-uThukela District
- Christ the King Hospital – Harry Gwala District
- Newcastle Provincial Hospital – Amajuba District

## Service Points Visited in Hospitals

- Medical Outpatient Departments
- Paediatric Outpatients Departments
- Medical Wards
- Paediatric Wards
- Gateway Clinics of Hospitals
- ARV Clinics

# SUMMARY OF KEY FINDINGS

## cont.

Challenges	Interventions
<ul style="list-style-type: none"> <li>• Missed opportunities for HCT in MOPDs and POPDs</li> <li>• Long waiting time</li> <li>• Poor integration of services with patients having to wait in multiple queues</li> <li>• HIV Clinical care not integrated into in-patient medical care</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to HIV and TB screening, <b>linkage to care</b>, access to treatment in <b>MOPDs, POPDs and Medical Wards to reduce missed opportunities to care</b></li> <li>• Ensuring provincial preparedness to rapidly bring <b>HIV treatment to scale</b> and strategically focusing resources on key settings and populations with high HIV prevalence and unmet need for HIV treatment.</li> </ul>
<ul style="list-style-type: none"> <li>• Long waiting times for Paediatric clients</li> </ul>	<ul style="list-style-type: none"> <li>• Create fast queues for children to shorten the waiting times</li> </ul>
<ul style="list-style-type: none"> <li>• Poor integration of services with patients having to wait in multiple queues</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated management of clients → holistic approach to health care rather than disease-oriented approach</li> </ul>

- It can therefore be concluded that, **YES** there is adequate access to Anti-Retroviral Treatment in Kwa-Zulu Natal, however
  - Health system challenges still exists in certain facilities and these are currently being dealt with through various initiatives like the Operation Phakisa ICRM, 90 90 bottleneck analysis and facility implementation plans
  - A lot needs to be done to improve collaboration with all stakeholders to deal with socio-cultural issues impacting on access
  - Additional efforts are being made to strengthen care and support so that patients are retained on care treatment which will assist the Province in its contribution towards **the Global Target of 20 Million People on Treatment by 20 20 and 1 600 000 in KZN**