



International AIDS Conference KZN 2016

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Introduction

The 13th International AIDS Conference (AIDS 2000) was held in Durban. The 13th Conference was the catalyst for historic change, ushering in a global movement to bring life-saving antiretroviral treatment (ART) to developing countries. Today, approximately 17 million people living with HIV worldwide are receiving ART, and South Africa is home to the world's largest HIV treatment programme. However, as was said 2016 in Durban, the fight to ensure equal access to prevention and treatment for all is far from over.

1. Participation and Attendance

1.1 High Level Participants

Participants in AIDS 2016 included UN Secretary-General **Ban Ki-moon**, actor and activist **Charlize Theron**, singer and philanthropist **Sir Elton John**, Prince Harry of Wales, Bill & Melinda Gates Foundation Chairperson, **Bill Gates**, US Ambassador **Deborah Birx**, UNAIDS Executive Director **Michel Sidibé**, Global Fund chief **Mark Dybul**, former South African First Lady **Graça Machel**, Justice **Edwin Cameron** of the Constitutional Court of South Africa, and former Presidents **Festus Mogae** of Botswana, **Joyce Banda** of Malawi, and **Ruth Dreifuss** of Switzerland and many others. Each engaged with the conference, participating in sessions and demonstrating not only their philanthropic and political support, but also their deep personal involvement in and commitment to ending the epidemic.

The South African delegation to AIDS 2016 was led by Deputy President **Cyril Ramaphosa** who indicated that governments need to work with all partners to build quality health care systems and provide accessible services and support. The Deputy President indicated that there are still challenges such as those that make many people fail to access treatment, and rate of the HIV incidents which remain high. He indicated that countries can turn the corner if they ensure that the adolescents and young adults receive information and advice and are able to access condoms and where necessary pre-exposure prophylaxis (PrEP).

1.2 At AIDS 2016

- More than **15,800** participants attended the conference from **153** countries
- There were **157** sessions and workshops on the latest in HIV science, programmes and advocacy
- **992** volunteers contributed their time and energy
- More than **800** media delegates reported from the conference
- **135** exhibitors showcased their work in the Global Village and Exhibition
- **128** satellite sessions were held by partner organizations
- **42** awards and grants were announced for researchers, organizations and companies
- The IAS President-Elect Linda-Gail Bekker presented the 2016 IAS CIPHER research awards to seven outstanding investigators in pediatrics HIV. This CIPHER grant round is the largest in the initiative's history, providing US\$1.2 million for cutting edge research to improve the lives of infants, children, and adolescents affected by HIV.
- Also announced were the winners of the IAS Abstract Prizes, selected from among the most competitive pool of research abstracts in AIDS conference history.

2. Conference Activities

2.1 Pre-Conference Activities

The programme had **16 pre-conferences**, including the fifth annual conference **Towards an HIV Cure Symposium**, which culminated into the launch of the Africa Chapter on the Global TB Caucus by Minister Aaron Motsoaledi. The African parliamentarians visited King Dinuzulu Hospital and Research institutions (CAPRISA and K-RIRTH).

The national minister launched the TB Coalition with interfaith, NGOs (Red Cross and SANTA) and there was commitment to partner with government in the fight against TB. The key interventions that are evidence based and which will have population impact were highlighted by the minister:-

Testing: Targeted facility-level screening, or intensified case finding (ICF) Active case finding (ACF) of household (or "close") contacts through contact tracing

Treatment: Scale up of short course treatment for MDR-TB; Reducing the initial loss to follow up (iLTFU) for DS-TB cases

Prevention: Scale up of preventive therapy (PT)

Cross-cutting issues: Optimization of systems for data utilization; Quality Improvement (QI) for all aspect of the NTP

NB: These activities will be aligned to the NSP (2017-2022).

Parliamentarians from Africa at CAPRISA



The UNAIDS Global Advocates Partnership led a visit by Her Royal Highness Princess Sikhanyiso from Swaziland and Princess Tessy from Luxemborg accompanied by Zulu Princess Mukelisiwe. The visit was focusing on Zazi Campaign, and the role of OSS in reducing HIV and AIDS amongst young women and girls.

2.2 Activities on the Side-lines of the Conference and Satellite Sessions

The Nelson R Mandela Lecture: by Mr. TW Mchunu the Premier of KwaZulu-Natal

The topic: *'The role of political leadership in the fight against HIV and AIDS'*

This session introduced Dr NR Mandela, as an ordinary person with an extra ordinary leadership character; this was done by the MEC of Health Dr Sibongiseni Dhlomo. The Premier, Mr. TW Mchunu linked the role of the different government leaders in the fight against HIV. He explained how the fight has been at the top of the KZN

government agenda and how the government has worked with the civil societies in order to ensure that the HIV epidemic is fought at every level of the society.

- 1. Visit to Prince Mshiyeni Memorial Hospital by the Canadian Minister of Health- Assess the implementation of TIER.Net and the functioning of Thuthuzela Care Centre**
- 2. Visit to Prince Mshiyeni by UNICEF – PMTCT Program Review**
- 3. Sir Elton John visits Prince Mshiyeni Memorial Hospital**



Minister of Health, Aaron Motsoaledi engaged with the British Pop singer, Sir Elton John on the support his Foundation is giving to the Lesbian, Gay, Bisexual and Transgender [LGBT] people.

2.3 Launch of the NIMART BOOK

KZN Health MEC Dr Sibongiseni Dhlomo, together with Honorable KZN Premier Willies Mchunu and UNAIDS Country Director in South Africa, Dr Erasmus Morah graced the book launch. The book was launched by the Hon. Premier on this occasion.



The book, titled Improving Access to Antiretroviral: A KZN Success Story from the Heart of NIMART Nurses, chronicles the crucial role played by KwaZulu-Natal's more than 3200 NIMART-trained nurses in helping the province initiate and manage more than 1.1 million patients on ART.

2.4 Oral poster presentations by KZN Departmental Staff

Several abstracts were presented as posters by staff members at the conference on various topics sharing our experiential knowledge with the global community.

2.5 Marches

On the 16th July 2016 there was a Gogo's raising awareness and the concern of the Gogo's faced with the challenges of caring for the sick at home and also looking after

the orphans. Their memorandum was submitted to the secretariat of the International AIDS conference.



Gogo's March from South beach to ICC

On the 18th July 2016 during the opening of the conference global activists embraced by labour and federation unions led by Treatment Action Campaign raising awareness of the following issues,

- Access to essential medicine and access to treatment
- Strengthening of the health care system
- Recognising of the community health care workers and their living wage
- Reaching the target of triple 90% with the practice mechanism not a theory mechanism
- Fully and ethical commitment on HIV and TB care by national Minister for health
- Inter specific grievances more funding on endemic
- Access to key essential medicine and addressing the issue of property right on the key essential medicine.

The first memorandum was handed over to SG of the UN Mr B Mon; the second memorandum was handed over to the Deputy President of South Africa Mr C Ramaposa accompanied by Minister for Health Dr. Aron Motsoaledi, KZN Premier Mr T W Mchunu and KZN MEC for Health Dr. S Dhlomo.





A day before AIDS conference come to an end people with disability which includes deaf people were picketing in all entrances of the plenary in ICC, raising awareness of the plight of people with disabilities.

- Health Gab with other global and local activist led by Treatment Action Campaign led the march to Roche stand to voice out their concern on Roche over pricking on the breast cancer medication as it is undermine the constitutional right of access to affordable treatment , this was just a picket no memorandum was submitted.



March for cancer medication

Heath Gab, TAC and Section 27 led the march to the Indian Embassy to voice out their concern of monopoly being done by Pharmaceutical.

2.6 KwaZulu-Natal Province Exhibition Stand

KZN exhibition stand



The KZN had a 72 meter square stand for exhibition throughout the week of the conference where the Provincial AIDS Council Secretariat was showcasing the Multi-sectoral programmes that are being delivered by Departments, partners and Private

sector in the fight against HIV, AIDS, TB and STIs. The exhibition stand attracted +/- 6000 delegates. There was also a competition that delegates were challenged to enter so as to win some prizes such as T-shirts, coffee mugs and pens branded with OSS.



KZN team in-charge of manning the stand

3. Strategic Direction following the Conference: lessons from the Conference

3.1 HIV Vaccine

Participants at AIDS 2016 heard results from HVTN 100, a South African study of a modified version of the RV144 regimen, the only HIV vaccine regimen to show efficacy to date. The study provided the green light for a larger efficacy trial of the improved regimen, which, if successful, could lead to a licensed HIV vaccine in South Africa and the world's first preventive HIV vaccine.

Extraordinary microscopy imagery was used to illustrate how HIV travels through the body in the earliest days of infection in the session, "Acute HIV Infection: The Battle Begins." Researchers are increasingly focused on understanding these first moments of infection, with the hope that new insights into how the virus establishes its foothold will guide the development of vaccines and other strategies to prevent it.

4.2 Women and girls, new prevention research, stigma and discrimination



“What a Girl Wants” focused on understanding what HIV prevention tools and information girls and young women want and need, and how to provide them. The sessions gave voice to a growing global consensus that prioritizing the needs of girls and young women is essential to saving lives and ending AIDS.

There is disproportionate HIV impact with 51% of women living with HIV globally. In Southern Africa, 23.3% girls aged 15-24 compared to 13.3% boys are HIV positive. The factors being biological, behavioral and structural that make women more susceptible to infection. In Southern Africa, 20- 40% of GBV cases are perpetrated by intimate, current or former partners. Although progress has been made in policy and legislation; these if not translated into action mean nothing.

4.3 Achieving Targets and Accountability

“What is our Goal?,” Anton Pozniak challenged the audience to step up the global response to TB and hepatitis C, two major killers of people living with HIV (PLWHIV), through a greater focus on testing, early treatment, and the use of generic therapies to treat the two diseases.

Interim results the SEARCH study, conducted in rural Kenya and Uganda, showed a significant advance toward achieving the UNAIDS 90-90-90 targets. The community-based approach to HIV testing, combined with a ‘test and treat’ model of antiretroviral treatment (ART) access, increased the proportion of adults in these communities who were virally suppressed from 45% to 81% over two years.

4.4 Closing the Treatment and Survival Gap



“Where are the men?” is a frequent refrain in HIV prevention. “Engaging Men in Care in HIV Treatment: Closing the Treatment and Survival Gap,” turned the spotlight to men’s participation in treatment. The data show that men living with HIV not only engage in treatment at lower levels than women, but they also experience worse outcomes, including a 37% higher likelihood of death than women when on HIV treatment. Panellists at the session focused on strategies to overcome that startling gap, and to more successfully engage and retain men and boys in HIV testing and treatment – a key but often overlooked component of a stronger AIDS response.

"Treat Early and Stay Suppressed" looked at the data behind the World Health Organization's (WHO) ground-breaking recommendation to provide ART to all people living with HIV (PLHIV) regardless of CD4 count, and the real-life experience of countries working to make that recommendation a reality. Data from South Africa showed immediate ART eligibility to be associated with lower mortality, improved immune function, and reduced household HIV incidence. The PROMISE study indicated that the continuation of ART for postpartum women is safe and associated with fewer WHO Stage 2/3 events vs. stopping ART.

4.5 Pre-exposure Prophylaxis (PrEP)

Biomedical HIV prevention is definitely experiencing a golden age. At the AIDS 2016 symposia session, “The Future of Chemoprophylaxis: New Concepts,” leading PrEP and microbicide researchers including Salim Abdool Karim, Nelly Mugo, Connie Celum, Ian McGowan, and others reviewed the rapid pace of development in oral Pre-Exposure Prophylaxis (PrEP), and explored prevention approaches on the horizon such as injectable PrEP, vaginal rings, and rectal and vaginal microbicides. The

behavioral and implementation science issues of prevention roll-out and adherence were also prominent on the symposia agenda.

WHO recommends the roll-out of pre-exposure prophylaxis (PrEP) to reduce HIV transmission in individuals at substantial risk for HIV, however scale up is limited. There is limited data, beyond clinical trials, to guide the introduction and roll out of PrEP in health care services. However, there is evidence that home-based monitoring and integration of PrEP into family planning services is feasible, acceptable and can achieve good adherence. PrEP should be promoted as part of a combination prevention package and should involve civil society and communities, addresses stigma, includes counselling as well as comprehensive messaging about the benefits of PrEP, including PrEP discontinuation in sero-discordant couples.

4.6 Access to Pre Exposure Prophylaxis (PrEP) for Sex Workers to inclusive of Men having Sex with Men and sero-discordant couples

Pre-exposure prophylaxis (PrEP) is defined by WHO as the use of ARVs by HIV-negative people, before potential exposure to prevent acquisition of HIV. It is offered to individuals who are at substantial risk of HIV infection as part of a combined HIV prevention strategy. In SA, currently PrEP is only offered to sex workers as they are considered as one of the population groups to be at high risk of HIV infection.

There are 11 Sex worker sites implementing PrEP across South Africa. For KZN, PrEP is implemented as a pilot through the DREAMS project with demonstration sites at EThekweni, UMgungundlovu and UMkhanyakude Districts. The implementing partner for PrEP in KZN is TBHIV Care Association. To date there are 71 HIV Negative Sex workers initiated on PrEP. The Department will engage other organizations such as ANOVA and FHI360 which are working with Sex workers in EThekweni, UMgungundlovu and UMkhanyakude. The sex workers will be identified through the peer educators employed by these organizations and referred to TBHIV Care for PrEP initiation. The National Department of Health is currently working on the National policy for PrEP which will be implemented after the evaluation of the demonstration project. The aim is also roll it out to MSMs and Sero-discordant couples

4.7 Sustainability of the AIDS Response

Funding for the AIDS response is in crisis - funding in 2015 has declined, donors are transitioning out of middle-income countries yet domestic investments is not increasing, funding for civil society is declining. There was a strong emphasis on the transition from donor to domestic funding, and the need for innovative financing mechanisms to mobilize additional resources to ensure targets can be reached.

Communicating the need of continuous investments with international donors has to be about effectiveness of investments – what are the most strategic investments for greater economic and political outcomes? Community collaboration with national governments in negotiations with international donors can support making the case for international funding.

4.8 HIV Prevention

Prevention works. But it doesn't work in short-term projects. It must be through long-term and sustainable programmes. Prevention is not something static. It changes as our knowledge and experiences are built. Prevention technologies (and messages) must not be too “technical” otherwise people will not understand them and will not use them. Even though there are more and more new effective prevention methods, their accessibility remains quite low. Richard Parker: “We need prevention literacy along with the treatment literacy”. Peter Piot: “You can’t expect miracles if there is no money behind”. “Where is leadership on prevention? Communities have to lead it.”

4.9 Leadership

The global health community has mobilized all sectors of society to focus on the HIV epidemic. Early in the response there was absence of strong political leadership. The leadership for the Multisectoral response is to address the social determinants of HIV which is the driver of the epidemic. Sustainable development goals cannot be achieved if the focus on HIV is absent. The political leadership starts with the Presidents of countries. Their role is to ensure that all the other ministries such as finance, social development, safety and security, education, development are clear on their core mandates and how their core mandates affect the HIV epidemic. Examples such as women empowerment programmes have a significant role in lowering HIV

impact, but also ministries that addresses gender based violence are at the center of addressing HIV. The question of whether each sector is mobilized through the Multisectoral response and they are all playing their role is important in the journey to ending AIDS. Leadership at parliamentary level is as important as at the traditional leadership. The role of civil society to be mobilized in the response lies with political leadership. Is the religious sector, NGO, Women, youth sectors-- are they well organized to fully participate and be effective in the response? The leaders need to navigate this in the midst of competing needs that faces citizens.

4.10 HIV testing services (HTS)

4.10.1 Community based testing for HIV inclusive of home testing

The new National HIV Testing Services policy (2016) advocates the Community based testing for HIV as one of the important modality in order to reach all those people that are not visiting our Health facilities. The community based testing was one of the modalities that were presented during the 2016 International AIDS Conference in Durban.

This modality has two prongs, namely:

- Provision of Health services including HIV Testing is an identified targeted area within a particular community.
- Provision of HIV testing services in a household (Home Based HIV Testing).

The first approach puts an emphasis on community mobilisation and communication through all community structures including Operation Sukuma Sakhe (OSS) War rooms. A central area is identified and community around that area converge in a sports ground, community hall or any of the government facilities in the area.

The second approach is a household visit by the health care workers (professional, enrolled nurses or enrolled nursing assistants, social auxiliary workers and or HIV counsellors). The home testing can be done in all communities especially hard to reach areas such as informal settlements, townships and rural areas. These households may also be part of referral through a patient's index approach for a particular facility. The main goal is to reach all possible clients that their partners or family members have visited a particular facility.

4.10.2 Expansion Plan

This programme has just started in Umkhanyakude, Harry Gwala, Ethekeini and Zululand Districts. There are plans to roll it out to other districts and use the Ward Based Outreach Teams (WBOT) to do HIV, TB, STI, NCDs screenings at household level.

4.11 Anti-Retro-Viral Therapy Programme

4.11.1 Achieving 90-90-90 - Campaign on “Treat Early and stay suppressed”

Increasing the number of people on treatment was intensively discussed as pivotal towards ending AIDS by 2030. Most research studies recommended that patients be started on treatment as soon as possible. Increasing the number of people started on treatment was viewed as a starting point for reaching people who are living with HIV and prolonging their lives. All studies recommended that patients be started on treatment as soon as possible. The province has started universal test and treat for all patients irrespective of their CD4 count as of the 1st of September.

4.11.2 Patient empowerment -Demand for viral load testing

Patient empowerment is central to ensuring compliance to treatment but also monitoring of the treatment success. Patient capacity building will be done through patient education to take ownership of their treatment outcome in terms of their viral load suppression. The province took lessons on the patient teaching strategies of enhanced adherence lessons whilst on treatment. In addition, the patients will be provided with appointment cards for scheduling of viral load testing dates.

4.11.3 Expanding access to chronic treatment delivery and patient adherence

Community-based participation and ART delivery also empowers community members to demand treatment as well as build treatment literacy skills (importance of and when to demand viral load testing, TB screening, etc.). Differentiated models of ART delivery (task decentralized models) support health systems retain clients in care;

reduce time spent to access care. These models take services to communities with communities.

It is important to first determine: who are the patients receiving the care and what are their differentiated needs, who will deliver the care, how it will be sustained. Success factors include creating demand and ownership by communities accessing ART in being service providers.

The plan is to start establishing Community Adherence Groups (CAG). In a CAG, members get together to count their remaining pills at the end of the month, as a means to check if everyone has taken their pills regularly. After the pill count they will discuss adherence challenges they encountered.

5 Publications

Two publications are currently being explored:

- Book on CCGs – Journey of the CCGs programme and their contribution improving the health and social wellbeing of KZN citizens, and the role they can play as game-changers in the fight against HIV
- The success story on PMTCT book told from the mouths of children and adolescents – both the survivors and those affected.