



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# UNIVERSAL TEST AND TREAT “A Game Changer in HIV Prevention”

**16 November 2016**  
**KwaZulu-Natal DOH**

*FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE*

# Background

- South Africa has **7 104 796** million people (ages 15-49) living with HIV, representing 19% of the global HIV burden. The prevalence of HIV in amongst the general population in KZN is 16.9% against the national prevalence of 12.2%.
- In KZN 1 622 870 people are living with HIV which is (15.8%) of the total population between the ages of 15yrs-49yrs.
- The incidence (new infections per year) of HIV in KZN is 2.3% compared to the national incidence of 1.8%.
- In South Africa, as at end of September 2016 there were **3 494 260** million people on ART, this being the largest ART program in the world. An additional **3 249 482** are still in need of ART. (NDOH Data-September 2016)
- The South African Government has embarked on a deliberate effort to scale up HIV Testing Services and strengthen quality at all health facilities in line with the ambitious targets of HIV elimination by 2030.

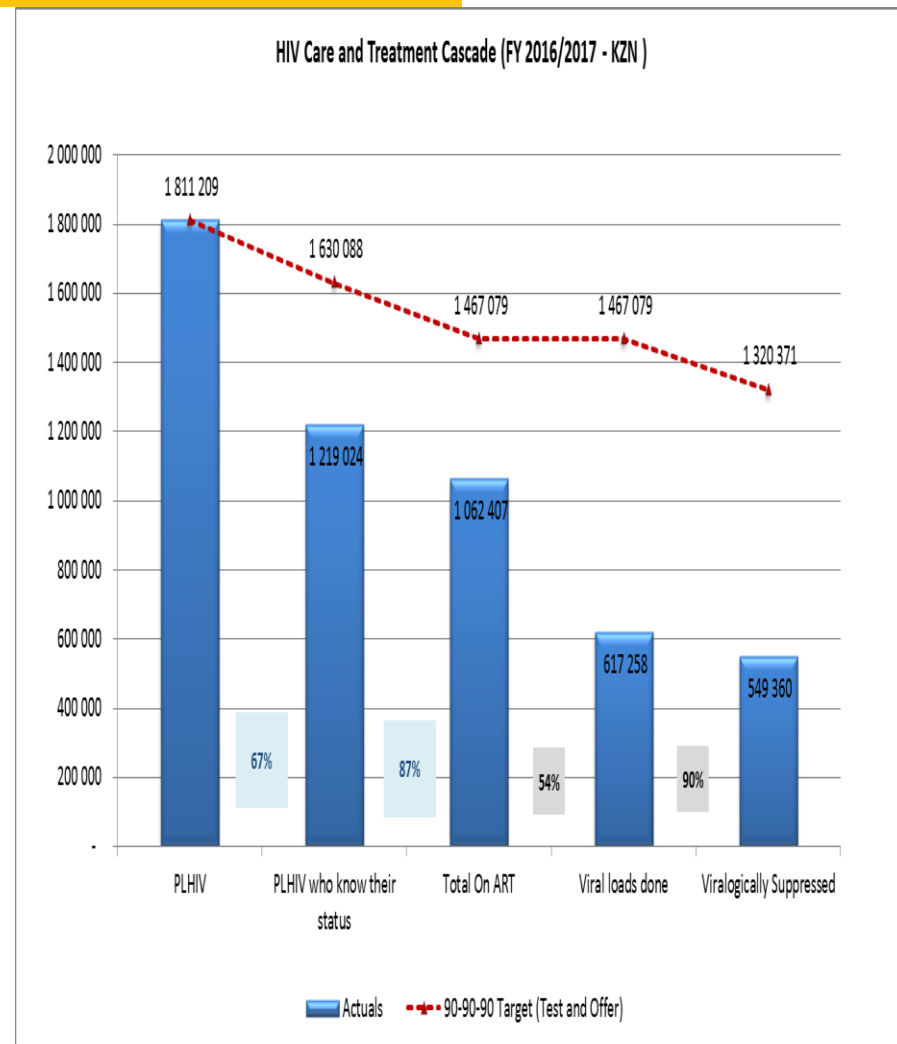
# Increasing HIV Incidence amongst High Risk Populations

- In South Africa even though the epidemic is generalized it is over-represented in some populations specifically Sex Workers ( SW) and Men having Sex with Men (MSMs).
- It is also concentrated in populations with very high vulnerability to HIV such as adolescent girls and young women (AGYW)
- Differential vulnerability levels social risks factors and high risk sexual risk practices influences HIV incidence AMONGST THESE POPULATIONS
- Unless the incidence of newly infections can be reduced there will be a continuous increase in the number of HIV positive individuals who will require ART in the future.
- It is therefore critical for effective HIV interventions to be developed and implemented
- Mathematical modeling has shown that UTT could lead to steep reductions in in HIV incidence and might potentially eliminate HIV as a public health problem over a period of 15-20yrs. As well as reduce HIV related morbidity and mortality

# KZN Treatment Cascade

The following slides shows the cascade of how the province is performing in respect of the 90 90 90 Treatment Cascade :

- 23% of the population who are HIV positive do not know that they are HIV positive
- There is a gap of 13% of people who are HIV positive but are not initiated on ART
- Only 54% are tested for viral load are done for the patients who are on ART
- 90% of those viral loads are suppressed.



# 90 90 90 Strategy

The 90 90 90 Strategy to end AIDS forms the Framework for the Global AIDS response. By 2020:

90% of all people living with HIV will know their status

90% of people with diagnosed HIV Infection will receive sustained Anti-Retroviral Therapy

90% of all people receiving anti-retroviral therapy will have viral suppression (undetectable viral loads)

The KZN Department of Health is currently developing District Operational Plan using the DIP approach in identifying bottleneck and coming up with sustainable effective interventions for meeting the 90 90 90 targets.

# Universal Test and Treat

## Definition

Universal Test and Treat (UTT) is a strategy in which all HIV infected individuals receive treatment whether in need or not. It is aimed at eliminating HIV as it reduces infectivity and hence transmission. Using WHO modelling it is predicted that Universal Test and Treat will eliminate HIV in South Africa within 10yrs (after 40yrs)

## Overall Goal

- To reduce the incidence of HIV infection in South Africa through the provision of expanded prevention and treatment options

# KZN Preparedness and Implementation Plan

**The KZN Preparedness and implementation plan has the following pillars:**

1. Decongestion stable chronic patients from health facilities
2. Recall of HIV positive patients not put on treatment
3. Expanding access to universal testing and treatment
4. Increasing the number nurses and doctors providing HIV Clinical services.
5. Ensuring adequate drug availability
6. Improving quality of care for HIV positive patients
7. Adherence care and support
8. Monitoring quality of care provided to patients and evaluating the health outcomes using HIV data and clinical audits
9. Advocacy and communication

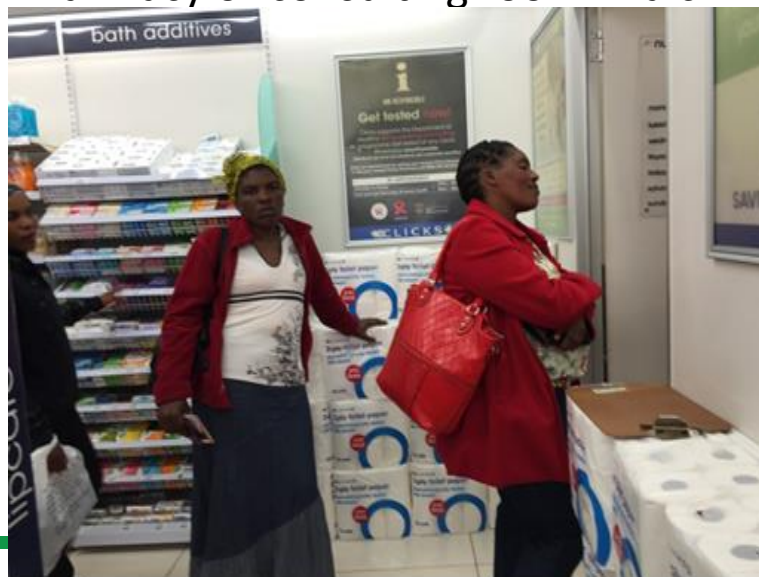
# FACILITY DECONGESTION

## Fast lane appointments

District	Spaced Fast Lane Appointments	
	Targets	# of Beneficiaries
Amajuba	2 099	24937
eThekwini	26 141	34862
iLembe	2 472	1023
Harry Gwala	3 452	4722
UGu	5 844	1450
uMgungundlovu	4 312	5756
UMkhanyakude	3 879	311
UMzinyathi	1 911	35898
UThukela	3 519	3910
UThungulu	9270	5213
Zululand	3 942	9364
<b>Total</b>	<b>66 841</b>	<b>127446</b>

### 1.Spaced and Fastlane Appointment System:

In a Spaced and Fast lane Appointment system OR what is known as Repeat Prescription Collection Strategies) patients pick up medication from a dedicated fast lane at the Pharmacy or consulting room in a clinic.



# FACILITY DECONGESTION

## Adherence Clubs

### 2. Adherence Clubs:

A group of 5-10 patients form support groups clubs and they can collect medication for each other. Stable patients are grouped voluntarily for routine check ups and repeat collections are managed by a Community Care Giver.



District	Adherence Clubs	
	Targets 2016/17	# of Beneficiaries
Amajuba	2 209	3720
eThekwini	27 517	30693
iLembe	2602	10020
Harry Gwala	3633	7410
UGu	6 151	4852
uMgungundlovu	4 539	8666
UMkhanyakude	4 083	3184
UMzinyathi	2 012	38
UThukela	3 704	3133
UThungulu	9758	8790
Zululand	4 149	2679
<b>Total</b>	<b>70 357</b>	<b>83185</b>

# FACILITY DECONGESTION CCMDD

District	CCMDD	
	# of Pickup points	# of Beneficiaries
Amajuba	16145	6071
eThekwini	40996	83207
iLembe	2588	8545
Harry Gwala	6298	14167
UGu	18778	14617
uMgungundlovu	43316	21813
UMkhanyakude	564	15067
UMzinyathi	12674	12368
UThukela	6866	13717
UThungulu	17995	20914
Zululand	9569	14392
<b>Total</b>	<b>175789</b>	<b>224 878</b>

## 3. Central Chronic Dispensing and Distribution.

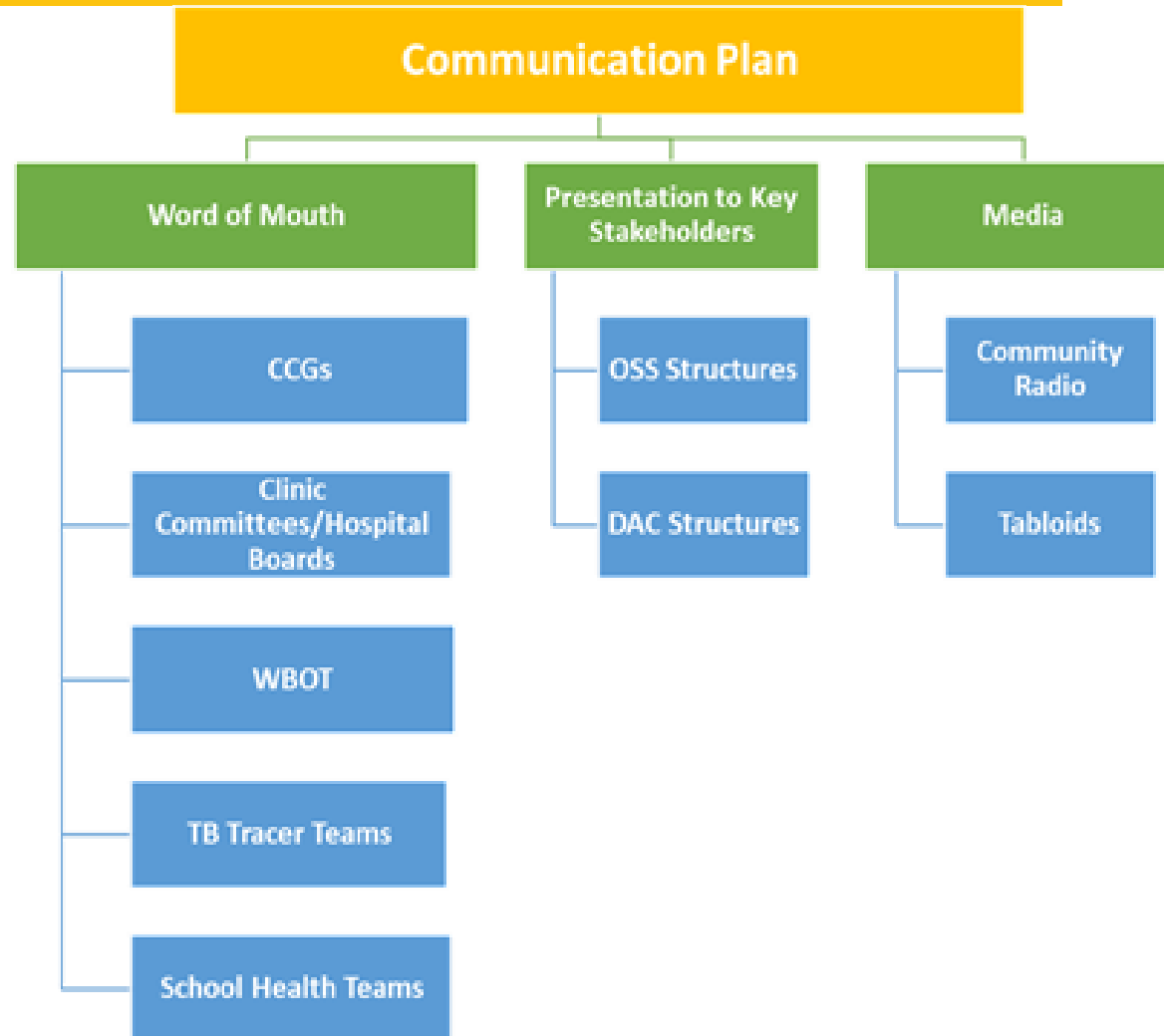
Chronic Medication is delivered to Community Based Pick Up Points by a contracted Service Provider and patients pick up the medication from this point rather than a health facility



# Estimated Number of HIV +ve patients to be recalled

District	Patients on wellness
Amajuba	14425
Ethekwini	158800
Harry Gwala	13730
Ilembe	1297
Ugu	8500
Umkhanyakude	10704
Umgungundlovu	20164
Umzinyathi	5402
Uthukela	73728
Uthungulu	19026
Zululand	6000
<b>KwaZulu Natal</b>	<b>331776</b>

# HIV+ve Patients Recall Plan



# HIV Testing Services

## Current Performance and New Initiatives in HIV Services

- Accelerated access to HIV Testing Services already offered through vertical and integrated care in health facilities, Mobile Clinics, High Transmission Sites and Taxi Ranks.
- Door to Door HIV Testing has commenced in KZN in line with the National HIV Testing Policy which has been circulated to health facilities and Development partners.
- Development Partners like Humana People to People and FHI 360 are providing door to door HIV Testing services
- A KZN Policy on HIV Testing Services is currently being developed in line with the National to include self-testing and family testing within the context of KZN and its epidemic picture
- To date, 851 health care providers have been trained from all districts on the new HIV Testing guidelines. More health workers will be trained through Train the Trainer Program <sup>13</sup>

# Expanding access to treatment

- Access to treatment at mobiles: Currently there are 58 Mobile Clinics initiating patients on treatment.
- Access to treatment in High Transmission Areas sites:
  - 7 management Area for correctional services with 7 153 inmates on treatment,
  - 8 Institutions of higher learning
  - MSM clinic at PMMH Gateway,
  - 4 DOH HTA mobiles,
  - 85 mobile points serviced by TB/HIV Care – 45 in UMgungundlovu and 40 in eThekweni for sex workers
- Because of the complex arrangements and multiple service points some Development Partners have appointed “Patient Navigators” to link patients to treatment and care in the multiple service points.

# Increasing the number of health providers to provide HIV management.

- 582 NIMART Nurses were trained in Quarter 1 and Q2 between April and September).
- Accelerated NIMART Mentorship program through on-site mentorship and telephonic consultation with clinicians.
- 250 health care providers (doctors, nurses and pharmacists) attended the Advanced Clinical Care Workshop in October 2016. This training is aimed at improving the skills of nurses and doctors in advanced Clinical HIV Management
- Planned training of Clinical Specialists from all disciplines in partnership with UKZN Department of Family Medicine. This will be led by the Department of Family Medicine, UKZN Medical School

# Ensuring adequate drug availability

- Pharmaceutical services in KZN have ensured that Fixed Dose Combination drugs stock availability at all facilities to meet the projected 7% increase.
- In addition, the province is also procuring additional ART Pharmaceuticals that are being prepacked by Medipost for . These drugs are pre-packed at a Central Pre-Packing Site in Gauteng and distributed to CCMDD Pick –uP Points in the Province.
- A Pharmaceuticals Policy Specialist seconded by one of the partners will be focusing on improving timeous access to 3<sup>rd</sup> Line pharmaceuticals and Diflucan for qualifying patients.

# Ensuring adequate drug availability

- The current ART budget is R 1.3 which is about 65 % of the total conditional grant budget of R 4.1 billion.
- With the implementation of Universal Test and Treat preliminary projections indicate that the Province will require:
- An additional **R 1,943,100,758.62 for ART** drugs in the 17/18 FY which is an R600 000 000 million
- The monthly expenditure will increase from R 127 000 000 to R 193 000 000
- Additional costs are also expected for Laboratory services, prophylactic treatment ( TB, Pneumonia)

# Estimated Costs for ART Pharmaceuticals

<b>PROVINCE TOTAL</b>	<b>FY 2017-2018</b>	<b>Estimated monthly costs</b>	<b>FY 2018-2019</b>	<b>Estimated monthly costs</b>
1st line ART	1,263,462	R 178,628,282.04	1,272,979	R 179,973,742.99
2nd line ART	31,311	R 13,167,373.88	31,818	R 13,380,261.02
3rd line ART	697	R 1,275,208.77	735	R 1,344,692.79
<b>TOTAL</b>	<b>1,295,471</b>	<b>R 193,070,864.70</b>	<b>1,305,531</b>	<b>R 194,698,696.80</b>

<b>TOTAL YEARLY COST ESTIMATES</b>		
Total costs from June 2016 to March 2017=		<b>R 1,270,922,278.88</b>
Total costs from April 2017 to March 2018=		<b>R 1,943,100,758.62</b>
<b>TOTAL</b>		<b>R 3,214,023,037.51</b>

# SEPTEMBER ART INITIATIONS

	Total number of clients tested for HIV	HIV test positive-new	Total clients started on ART-naive	Number Recalled initiated	Number of CD4s done to HIV positive clients at baseline	Number put on Pre-ART (Clinical condition contraindicated to immediate initiation)
AMAJUBA DISTRICT	14181	1034	1474	344	1366	444
ETHEKWINI DISTRICT	64319	12936	10327	470	13693	2308
HARRY GWALA DISTRICT	12216	778	1603	513	1141	161
ILEMBE DISTRICT	15666	1513	1735	176	1790	802
UGU DISTRICT	13244	799	1219	514	677	208
UMGUNGUNDLOVU DISTRICT	14990	1703	3220	486	1783	364
UMKHANYAKUDE DISTRICT	8749	804	812	276	919	404
UMZINYATHI DISTRICT	22615	1044	3659	753	2042	308
UTHUKELA DISTRICT	7213	865	878	91	1063	149
UTHUNGULU DISTRICT	14264	1585	2097	758	2006	271
ZULULAND DISTRICT	16446	1576	1659	413	1814	614
<b>KWAZULU NATAL</b>	<b>203903</b>	<b>24637</b>	<b>28683</b>	<b>4794</b>	<b>28294</b>	<b>6033</b>

# Improving quality of care for HIV positive patients

- A provincial clinical governance committee has been established to:
  - ✓ monitor number of patients who are virally suppressed,
  - ✓ patients who are failing treatment and those experiencing adverse events.
- A provincial clinical protocol with an algorithm developed and signed by the Infectious Diseases Specialist
- A Quality improvement project piloted in eThekweni district aimed at improving quality of documentation for ART patients will be rolled out in the province.

# Care, Support and Adherence to Treatment

- Piloting the Care and Support Program in uThungulu District
  - ✓ The Care and Support Program facilitated the distribution of policy and implementation materials
- Care and Support Material distributed 1800
  - ✓ Distribution of policy and implementation materials for Phase 2 implementing facilities in uThukela district, Amajuba district, uMgungundlovu district, uMzinyathi district and Zululand district
- Care and Support Material distributed : 372
  - ✓ Support the nationwide rollout of the national adherence guidelines for chronic diseases (HIV, TB and NCD) and IACT (Integrated access to care and treatment)

# CRITICAL SUCCESS FACTORS FOR A MATURE ART PROGRAM

## Health Systems Strengthening

- Human Resource capacity and competency
- Constant supply of pharmaceutical
- Monitoring and Evaluation leadership and governance
- Appropriate IT systems and Data Management
- Allocative efficiency and stringent financial monitoring

## Quality of Care and Clinical Governance

- Pharmaco-vigilance
- Stringent Clinical Monitoring and clinical auditing
- Monitoring drug resistance and Treatment Failures
- Strengthening Referral Pathways and clinical support for lower levels of care
- Point of Care Testing in high burden settings-VL

## Adherence Care and Support

- Linkages and Wellness
- Psycho-Social education and awareness on disease progression
- Increasing access to repeat prescriptions through the Differentiated Care Model
- Capacitating health care workers and Primary Care Givers Disclosure especially for Paeds
- Integrating HIV into package of services for Youth and Adolescent Friendly services
- Reducing malnutrition ,poverty and

# Initiating a patient on UTT at Kwa-Dabeka CHC



- 1<sup>st</sup> patient initiated on UTT by MEC for Health, Dr SM Dhlomo at KwaDabeka CHCC

# Advocacy and Social Mobilization Plan for UTT

- A Provincial Advocacy and Communication plan developed and shared with District
- A Fact sheet on Universal Test and Treat developed and shared with Districts and District PROs
- Radio Talk shows by MEC for Health on UTT at various radio stations. Radio campaigns will continue for the months of September, October and November
- Districts are disseminating information to CCGs, District AIDS Councils, OSS structures
- Presentation on UTT to District Support Partners
- CCMDD and UTT district roadshows led by the MEC for Health to engage community at large are planned and started in Amajuba district

# Critical Success Factors

- Commitment by all leadership to mobilize and inform the communities
- Mobilization, information, and support by Civil Society Partners
- Continue to promote prevention of unwanted pregnancies and transmission of HIV infection



*Working Together We Can Achieve More*

# Thank You