



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# HIV AND AIDS



## INFORMATION

Fighting Disease, Fighting Poverty, Giving Hope

Take your relationship to the next level



### COMPREHENSIVE HIV AND AIDS SERVICES

KwaZulu-Natal has a population of 10.4 million and has the highest HIV prevalence rate. It accounts for 28,7% of all SA HIV infections and has approximately 1,560,573 HIV infected people. In response to the HIV and AIDS epidemic the KZN province is implementing the Comprehensive HIV and AIDS Care, Management and Treatment Plan (CCMT) which is guided by the National strategic Plan of 2007-2011. This plan ensures that the management of HIV, AIDS and related conditions is consolidated, so that there are no missed opportunities and to add value to clients as they access as many as possible services at one point. The components of the plan include prevention, treatment, care and support which includes provision of antiretroviral therapy for those with AIDS.

### PREVENTION PROGRAMMES

#### Voluntary Counselling and Testing (VCT)

This is the entry point to all the HIV and AIDS programmes. The primary aim of this programme apart from being an entry point is to enable people to know their HIV status and thereby enabling them to behave in a manner that will reduce the transmission of HIV, and to reduce HIV transmission amongst discordant couples. VCT service are available at 100% of PHC clinics and hospitals in the province, 60% of mobile services and expansion to non-medical sites to increase access is in progress, with more than 60 non-medical sites now offering this service. This programme has made some strides in getting more people to know their HIV status as evidenced by the increase in the testing rate (excluding Ante-Natal Care) to 88% at these facilities. More than 439,503 clients were pre-test counseled in the last year alone in the province.

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### Sexually Transmitted Infections and Barrier Methods (STI's) programme

The STI incidence in the province currently stands at 6% which is similar to the national target of 5,9%. The common syndromes that are experienced at health facilities are discharge syndromes, especially genital ulcer syndrome. In response to this the province is implementing the revised national STI protocols which have been boosted with additional drugs. Prevention of STIs forms a cornerstone of this programme with some successes recorded in 2007/08:

- A total of 42,900,900 male condoms were distributed,
- Distribution of female condoms has also been increased with some 139,138 female condoms distributed during this financial year.

As part of STI/HIV prevention, the province also has a High Transmission Areas (HTA) programme that aims to address the problem of STIs among high risk groups / areas, such as long distance drivers. The province has 19 HTA intervention sites which include truck stops, correctional services facilities, tertiary institutions and farm areas. The HTA intervention sites operate as wellness centres for this target group of people. VCT services have been introduced in all HTA sites to supplement preventative services in these clinics. A total of 4,281 patients were treated for STI at HTA sites in 2007/08 alone.



### Post Exposure Prophylaxis (PEP)

This is an HIV prophylaxis service that is offered to people who have been exposed to HIV infection in this province, either through occupational means (such as health workers), or exposure through sexual assault / rape. Occupational PEP is offered in all health facilities. Access to the complete package of PEP services after sexual assault is offered in many facilities, 88% hospitals and 56% CHC's in the province. One of the constraints in the provision of the PEP service is the inadequate capacity of health workers to manage clients. Various training programmes are being implemented to address this challenge, with University of KwaZulu-Natal. 32 students completed the first 2-year Diploma in Forensics at UKZN in this financial year.

ABOUT SEX TALK

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**Nutrition**

Nutritional supplementation for persons receiving ART. The HIV and AIDS care and treatment programme provides macro and micro nutrient supplementation to all HIV positive and TB patients who are eligible for ARVs and who do not have access to a secure food supply. Individuals with AIDS who are not food insecure and who receives care and treatment through a service point are referred to one of the appropriate existing nutritional programme for additional support.

In addition to these targeted interventions all persons attending service points for HIV care, receive counseling and materials on healthy eating and lifestyle, food preparation and coping with infections.

**Research, Monitoring and Evaluation**

The department is involved in funding of various research projects on priority areas such as prevention, epidemiological and TB-HIV co-infection research. A Provincial Pharmaco-Vigilance System for Focused Antiretroviral Surveillance has been established to monitor and report adverse events due to ART. In addition the province is currently in a process of establishing an ARV resistance testing facility and system. Regular monitoring of all the programmes is done to monitor implementation.

**Partnerships**

The Health department also addresses the issues of HIV with stakeholders such as other provincial government departments through structures like the Provincial AIDS Council and the provincial inter-departmental committee for HIV and AIDS. Other partners include international donors such as the Global Fund for HIV, TB and Malaria, European Union and PEPFAR; the local and national NGOs, such as TAC, business sector.



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For more information on VCT contact

HAST Unit at 033 341 4000

AIDS HELPLINE: 0800 0123 22



**Prevention of Mother to Child Transmission of HIV (PMTCT)**

The primary aim of this programme is to decrease HIV infection amongst women of childbearing age. This programme is one of the cornerstones in the realization of the millennium developmental goal of reducing the maternal and infant mortality in the country. In 2008, KZN province launched the dual prophylaxis for eligible HIV positive pregnant women. Together with the intensification of accompanying interventions such as offering of HIV test to all women attending ANC facilities, retesting of negative women at subsequent visits, offering of ART to all those who are eligible and increased involvement of men, there have been a notable decrease in the number of babies testing HIV positive at 6 weeks in the province. Also, access to PMTCT services increased from 96% in 2006/07 to 98% in 2007/08.



**TREATMENT, CARE AND SUPPORT PROGRAMMES**

**ART**

The provision of Anti-Retroviral Therapy (ART) has seen KZN province being the largest ARV programme in the country. At the end of the last quarter, December 2008, there were a total of more than 205 000 patients ever initiated on ART since the programme started in 2004. The programme has also seen an increase in the number of children being enrolled. The province also has the largest number of accredited ARV sites (85), and contributes about 40% of the total number of people on ARV treatment in the country. ARV service points consist of Hospitals, CHCs, PHCs, Correctional Services and NGOs. The risk of resistance to ARV therapy remains small in the province due to the intensive pre ART training sessions that are offered to all before commencement of therapy amongst other strategies with more than 96% of patients still on the first line regimen.

**TB-HIV Care**

All patients presenting at TB facilities are screened for HIV and vice versa. The province has ensured that all TB institutions are accredited to provide ARVs to eligible patients.



**Care and Support Programme**

The aim of this programme is to mitigate the impact of HIV and AIDS by providing care and support to HIV positive people.

In 2007/08, the department entered into an agreement with 135 non-governmental organizations (NGOs) offering HBC services in the communities. Currently there are 15 789 active Home Based Carers and out of these 3854 are receiving stipends and the rest are volunteers. These carers provide home-care to bed ridden patients and others that have been discharged from health institutions.

The Department, in partnership with Department of Social Development (DSD) and Department of Education (DoE) has established and funded 83 National Integrated Programme (NIP) sites in 2007/08 which provides food, psychosocial and educational support to orphans and vulnerable children.

In order to support people living with HIV and AIDS the department has established 380 support groups in the province.

**Step-Down Care (SDC)**

The Step-Down Care programme provides care to patients that need prolonged hospitalization but cannot occupy bed for acute care. In 2008/09, the department has identified and established 12 Step Down facilities, which are supported financially.

