

Phakama DIGEST

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Welcome to the third edition of Health Systems Trust's Phakama Digest, which profiles the SA SURE Project's work through in-depth perspectives of implementation activities in the field.

This edition of the Digest is issued in the context of new realities shaped by the outbreak of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV2) and resultant COVID-19 pandemic in South Africa.

Facilitating access to patient-centred, community-based options for chronic care, and alleviating the pressure of client volumes in health facilities through decanting, have long been priority interventions in the SA SURE programme – but in supporting the national mobilisation to tackle COVID-19, the key principles of all PEPFAR-funded programmes' responses are continuity of antiretroviral therapy (ART) for people living with HIV (PLHIV), and accelerated decongestion of health facilities.

We examine this topic from the following angles:

- Minimising community transmission of COVID-19 while protecting patients with HIV and co-morbidities, and supporting their treatment adherence (p.2)
- South Africa's Differentiated Care mechanisms (p.2)
- The SA SURE Project's roll-out of differentiated care through community ART delivery – featuring implementation successes in uThukela District (p.3)
- Voices from the ground – implementers share their experiences (p.5)
- A view from CDC South Africa – Jonathan Grund (Branch Chief: Quality Improvement and HST's Project Officer) outlines specific prioritised strategies to maintain HIV and TB services during the COVID-19 pandemic (p.8)



Community health workers assist with integrated door-to-door screening and HIV adherence activities. (Source: PEPFAR)

Supporting HIV-positive patients in the time of COVID-19

The greatest challenge in achieving the 90-90-90 targets is ensuring that people with diagnosed HIV continue to take antiretroviral treatment (ART) consistently. Now, in the face of COVID-19, supporting HIV-positive people in South Africa to achieve viral suppression through initiation on and adherence to ART is more important than ever.



The body of evidence on the specific and various risks of SARS-CoV2 infection for PLHIV is still building, but Professor Salim Abdool Karim – Chairman of South Africa's Ministerial Advisory Committee for COVID-19 – has noted that the 2 to 2.5 million HIV-positive people in the country who are not on treatment, and approximately 500 000 people with unsuppressed viral loads, have a weakened immune function and are therefore more

vulnerable to infection and severe illness.

“What is known,” says Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), “is that if you have HIV and are not on treatment, and particularly if you have an opportunistic infection like tuberculosis (TB), you must protect yourself and be enrolled on ART [and TB treatment] as soon as possible.” (1) TB remains the leading cause of HIV-related mortality in South Africa, and 63 000 deaths from TB were recorded for 2018. (2)



Photo credit: Getty Images/AFP; Fabrice Coffrini

Data from a population cohort analysis in the Western Cape Province show that people living with HIV (PLHIV) have a modestly elevated risk of poor COVID-19 outcomes, irrespective of viral suppression, and especially if they have other co-morbidities. (3)

Since the outbreak, restrictions on movement, a range of socio-economic factors, clinic closures, and the risk of contracting COVID-19 in health facilities

have caused sharp declines in the use of health services, which compromises continuity of care for people living with HIV, tuberculosis (TB), and chronic non-communicable diseases.

Moreover, a high percentage of people on ART have not been collecting their medication from public health facilities. (4) Patients fear contracting COVID-19 through movement to and within clinics, and public transport has been either unavailable during lockdown, unaffordable, (4) or operating without appropriate COVID-19 safety measures in some instances. (5)

Some may be reluctant to take chronic medication without food, and many are living in vulnerable households with sparse or no food supplies.

These factors undermine patients' treatment adherence, which will compromise their health, and risks generating the spread of drug-resistant HIV and TB. (6)

Linking PLHIV to care and improving their access to medication – specifically through extended decentralisation of ART distribution and multi-month dispensing (MMD) – is thus part of the SA SURE Project's differentiated, patient-centred approach to scaling up ART coverage.

REFERENCES

1. 'Learn lessons from AIDS response, says head of UNAIDS'. Amy Green. Daily Maverick, 8 May 2020.
2. World Health Organization. Global Tuberculosis Report 2019. Geneva: WHO; 2019.
3. Davies M-A, Boule A. Risk of COVID-19 death among people with HIV: A population cohort analysis from the Western Cape Province, South Africa. National Institute for Communicable Diseases – COVID-19 Special Public Health Surveillance Bulletin, 22 June 2020; Vol. 18: Supplementary Issue No.2. URL: <https://www.nicd.ac.za/wp-content/uploads/2020/06/COVID-19-Special-Public-Health-Surveillance-Bulletin-22-June-2020.pdf>
4. 'Lifting the lockdown carries serious risks for the public health sector'. Tom Boyles and Lynn Wilkinson. Daily Maverick 21 May 2020.
5. Simelane BC. Passengers at risk of COVID-19 as taxi operators violate lockdown regulations. Daily Maverick, 30 June 2020.
6. Amimo F, Lambert B, Magit A. What does the COVID-19 pandemic mean for HIV, tuberculosis, and malaria control? Trop Med Health, 2020. 48:32.

Differentiated care – helping the patient and the health system

South Africa's growing chronic disease burden includes HIV and TB which, due to treatment advances, are no longer categorised as acute diseases.

Public sector facilities with constrained human resources and high volumes of patients with chronic conditions contribute to medicine shortages and inadequate service delivery – both of which lead to treatment interruptions and poor health outcomes.

To provide alternative and easier access to chronic medication for stable patients in the public sector, and to alleviate pressure on overburdened clinics servicing clients' monthly repeat prescriptions, South Africa's National Department of Health introduced the Central Chronic Medicines Dispensing Distribution (CCMDD) programme in February 2014.

Access to the CCMDD network of convenient, self-nominated, private-sector pick-up points reduces

patients' transport costs and loss of income caused by long waits in clinic queues.

Although patients on CCMDD are stable on their medication, most have one of the secondary risk factors for severe complications if they contract COVID-19. Using external pick-up points – where strict compliance with COVID-19 safety guidelines are practised – therefore limits their potential exposure to the Coronavirus at health facilities.

Decentralising distribution approaches



The Pelebox is an innovative, patient-centred option for discreet and rapid medicine collection.

Peleboxes have been set up on or near clinic premises as additional innovative medicine collection points for CCMDD patients. These are self-service lockers modelled on the private postbox concept.

Patients retrieve their medicine refills from their individual Peleboxes using their cell-phone number and a one-time PIN for access. Health Systems Trust has launched Peleboxes at five high-volume facility sites in eThekweni Metro, with three more suites currently being installed in uMgungundlovu, uThukela and Zululand, and plans for an additional 10 in the following three months.

The SA SURE Project has also piloted the use of branded vans as mobile pick-up points to take CCMDD medicine parcels to patients from high-burden facilities who have no convenient external pick-up point. Every weekday, three specially equipped vans park at six Municipal Library sites linked to high-volume health facilities in underserved areas of eThekweni. Patients can collect their parcels from these vans during specific times of the day.

The SA SURE Project contracts the services of 20 community-based organisations (CBOs) to set up and run adherence clubs and advanced adherence support groups. By the end of March 2020, 2 348 facility- and community-based adherence clubs been established and were serving 46 334 stable and adherent clients. In addition, 7 005 patients are served in 805 support groups.

With the increased focus on decanting to reduce COVID-19 infection risk in the facilities, almost all of the project's adherence clubs were relocated to community-based venues by the end of April 2020, and were repurposed to function as community pick-up points observing physical distancing restrictions and other infection-prevention protocols.

Clients who do not attend the meetings are followed up to make arrangements either for delivery of the medicine parcel to their home, or to meet them at an agreed place for hand-over of the medication, or to make an appointment for collection at the clinic.

From mid-March, all support group meetings were suspended to protect health workers and patients from COVID-19 exposure. WhatsApp groups were formed to share important health and wellness information, and to provide psychosocial support and adherence guidance on request.

All HST and CBO staff have been provided with personal protective equipment to enable them to continue operating safely.



HST's pick-up point vans offer a medicine collection option for CCMDD-registered patients in eThekweni's underserved areas.

The SA SURE Project's roll-out of community ART delivery

The SA SURE Project's roll-out of community ART delivery - especially for unstable patients and those who do not qualify for Differentiated Care options - has become a key intervention for the SA SURE Project, particularly in the context of the COVID-19 pandemic.

The plight of PLHIV with advanced disease requires an innovative strategy to support their retention in care. In line with PEPFAR's guidance, SA SURE's operational programming has been reformulated to support these vulnerable patients by ensuring that they receive two to three months' supply of HIV and co-morbidity treatment (depending on availability), and so can avoid the infection risk of unnecessary trips to health facilities. The following primary interventions are being implemented:

• SA SURE Case Managers call clients to arrange collection of medication outside facilities.

• Home delivery of ART and chronic medication is undertaken by the project's Outreach Teams.

• Nurse Clinicians have been moved into Outreach Teams to provide primary health care services, among which are care for minor ailments, community ART initiation, and ongoing HIV management for clients who are not yet eligible for CCMDD registration.

• HIV and TB screening and adherence reminders have been combined with COVID-19 screening.

• During door-to-door COVID-19 screening, clients are asked whether they are able to collect their chronic medication, and are followed up by a Linkage Officer if they need assistance.

• A Hotline has been set up for calls to fast-track people who cannot access their medication at their chosen CCMDD pick-up point or registered facility.



• Gazebos and/or mobile units are parked outside facilities to provide health reviews of chronic patients without them entering the clinic.

• The project is conducting comprehensive wellness screening at some homeless shelters.

Implementation successes in uThukela District



HST's Differentiated Care Co-ordinator and CCMDD Champion in uThukela District, Nozintle Ntlou

Nozintle Ntlou, with Joe Odendaal (Information Management), Mesuli Ntshalintshali (Quality Improvement), and Masego Qholosha (M&E Co-ordinator), describe how the project teams achieved gains in the number of patients retained on HIV treatment since March 2020:

While all facilities in the province are normally required to maintain or increase the total number of patients remaining on ART, this number was expected to decrease due to disruptions caused by the COVID-19 lockdown and infections.

However, uThukela District's results stood out: at the beginning of March, 96 624 clients remained on ART (for a 28-day cycle) and at end of May 2020 there were 97197, an increase of 573 clients.

Improvements in the number remaining on ART for a 90-day cycle were also noted in all Siyenza facilities, and four Siyenza-Plus facilities (Bergville, Ncibidwane, Ekuvukeni and Steadville Clinics) demonstrated outstanding and consistent performance.

We achieved this through vigorous internal monitoring three times a week, and by giving the team feedback on the previous week's performance against targets, for correction during the weekend.

Weekly data clean-ups in facilities

also improved TROA numbers and uptake of TLD (the newly recommended, highly effective fixed-dose combination antiretroviral drug). Some team members' leave applications were suspended to ensure capacity for implementation of all interventions without delay.

We mentored and supported facility staff on the implementation of COVID-19 procedures, and undertook a focused drive to enrol all eligible clients on CCMDD, and to transition



The screening team in Inkosi Langalibalele Sub-district prepares for the day's outreach.

and/or initiate clients on TLD.

All Spaced Fast Lane clients and enrolled CCMDD patients are decanted to external and outreach pick-up points. We ensure that all pick-up points remain functional and compliant with COVID-19 measures, and conduct pre-qualification assessment of potential pick-up points in communities; Essential Services Permits and sanitisers are provided during these site visits.

Clients who miss their appointments by 22 days and longer are tracked and traced. Twice a week, the Data Capturer generates a list of early and late missed appointments and patients who may be lost to follow-up, and retrieves these clients' files to confirm whether they have indeed failed to attend or the capturing is incorrect.

Data-capture errors are corrected, and a refined list of missed appointments is run and given to the Linkage Officer, who calls the clients to set up new appointments. The Linkage Officer sends SMS reminders to clients two and seven days before

their due date.

At the end of each day, Case Managers check the appointments recorded for that date to note which patients attended the clinic, and immediately follow up with clients who did not honour their appointments.

Case Managers conduct home visits to clients they cannot find telephonically, or who promise to come but do not arrive. Another source that supports patient-tracing is the CCMDD electronic SyNCH list, which reflects clients whose medicine parcels remain uncollected for either 48 hours or 14 days.

TIER.Net and SyNCH reports are also used to identify clients who are eligible for switching to TLD. District depots and facilities have ordered bulk stocks of TLD medication to cater for multi-month supply.

Clients are contacted regarding community ART delivery to confirm their availability and a meeting-point for hand-over of their medicine parcels. Clients older than 60 years are prioritised for home delivery. Details of these and related outcomes are captured daily on TIER.Net.



An Outreach Team Leader

Voices from the ground – implementers share their experiences

Working closely with community and DoH district and facility structures, HST's teams and community-based organisations (CBO) staff assist in providing patients with access to uninterrupted chronic care, while observing and promoting public health measures to curb COVID-19 transmission.

What have our teams on the ground learnt while rendering this support?

Shumi Shelembe – Adherence Club Facilitator for Waterfall Clinic, eThekweni:



"We sanitise everything regularly, even the pens!"

"We've had to change how we work, but we're finding mainly good things. People are still arriving to collect their medicines on their due dates and we carefully follow the hygiene protocols.

Some clients did not arrive on the expected dates due to lockdown, but they are calling us about problems with transport or other challenges, and we make sure that they come within the grace period. To help my clients, I drop their medication where they live.

As a team that includes a CCMDD Nurse Clinician, we follow up with tracing as soon as someone does not arrive.

Our clients are wearing masks and complying with all the procedures

we're teaching them. In the community, we work in an HST tent and keep everything in boxes; we sanitise everything regularly – even the pens!

No-one in this community has reported any increase in domestic violence to me, but we keep talking to the clients about these issues along with health education."

Lungile Zondi – Adherence Club Facilitator for Mpola Clinic, eThekweni:



"Although people are suffering, they are still coming."

"When the lockdown started, some clients were not willing to come in to Mpola Clinic to collect their medication, as they were afraid of being infected. We spoke nicely to them on the phone to explain what we were doing to keep everyone safe and that they should wear masks, wash their hands and keep physical distance. Once they understood these measures, the clients came in.

Although we can't hold our adherence club meetings like we used to, overall our work is still going well. We spread out as we meet in a community hall where people collect their medication, and we still give them guidance – just not as a group.

The biggest issue we face in this community is that people are hungry,

and some are saying that they can't take their medication due to lack of food. We immediately refer them firstly for porridge and also for a food parcel.

Although people are suffering, they are still coming. Some have to walk long distances as transport is a problem, but as soon as anyone misses their collection, we call them to help them."

Ntokozi Vilakazi – Adherence Club Facilitator for Ncotshane Clinic in Pongola Sub-district, Zululand:



"The benefits for the programme are showing."

"Since the beginning of the lockdown, we've been giving our adherence club members and Spaced Fast Lane clients three months' supply of medication to lessen their need for clinic visits. All clients now collect their medicine parcels from a community-based adherence club pick-up point.

The patients really appreciate these efforts to make their lives easier, and the benefits for the programme are showing: the number of early and late missed appointments has decreased, and the clinic staff's workload can now be focused on patients with acute illness."

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Samukelisiwe Nyathikazi – HST Outreach Team Leader, Ulundi A Clinic, Zululand



“These service changes have done much to strengthen the health system.”

“Ulundi A Clinic is one of the biggest facilities in the sub-district and is a Siyenza site. With our DoH colleagues, we provide outreach to clients within the town radius and in remote rural areas – and since late April 2020, we have prioritised community ART delivery.

Once our Campaign Agents have arranged collection meetings with clients by phone, a Nurse Clinician checks the patient files to summarise the case details, cluster the deliveries geographically, and prepare for the consultation.

Our teams of two Nurses, a Driver Mobiliser and a Campaign Agent take the parcels to clients’ doorsteps or an agreed meeting point, where blood tests, clinical reviews, CCMDD enrolment, script renewals and switching to the TLD ART regimen are also conducted as and when appropriate.

To prevent stigmatisation of those who have not yet disclosed their status to others, we maintain strict confidentiality when providing these services, and take the opportunity to advise and encourage them on disclosure to at least one family member or friend for mutual support.

These service changes have done much to strengthen the health system. Fewer chronic patients are visiting the clinic, which has shortened waiting times and relieved clinic staff to focus on acute patients and COVID-19 cases.

Rather than seeing a decline in the number of patients remaining on treatment, our weekly scorecard records show that through these interventions, retention in care and CCMDD enrolment have increased.”

Londiwe Magagula – HST Nurse Clinician in Ulundi, Zululand



“Some patients have called to ask when the team is coming, because they were waiting for us.”

“Most of our clients are from highly disadvantaged areas where transport is a challenge, even without the COVID-19 lockdown restrictions. They cannot honour their appointments, not because they don’t want to, but because they have no means of travelling.

This is why our programme of delivering treatment to communities supports our patients’ well-being – and our project data are showing this.

There is a marked improvement in the total number of clients who are still on ART when comparing the results for January 2020 with those in May, and the gains are increasing every day. The number of early and late missed appointments at Makhosini and KwaMame Clinics has

decreased considerably.

It can be hazardous driving on the rough and muddy roads in these rural areas, but our clients really appreciate receiving these services, and elderly people especially see this outreach work as a blessing – they have very little money, so reaching them where they are eases their burden.

We are contacting more than 20 clients each day, using cell-phones to trace them and obtain their physical addresses. Some patients have called to ask when the team is coming, because they were waiting for us.

We find patients who are due for blood tests and conduct the testing and counselling in the HST vehicle for privacy. Where possible, we switch clients who are eligible from TEE to TLD HIV medication, and we renew scripts for those who are on CCMDD in due time. We also give our clients advice on treatment adherence.”

Tshwaedi Miya – DoH Nurse Clinician, uMdumezulu Clinic, Nkonjeni Sub-district, Zululand



“Patients who have not disclosed their medical conditions to their families find it difficult to take their medication when their relatives are around.”

Tshwaedi Miya is accompanied on outreach visits by HST’s Area M&E Co-ordinator Siya Hlatshwayo.

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“Most of our clients stay in deep rural areas, and typically they walk from 10 to 20 kilometres to get transport to the clinic, which could be another 20- to 30-kilometre ride away. uMdumezulu Clinic serves clients in the whole district, so sometimes we deliver medication to a client who lives around 70 kilometres away from the facility.

Sometimes a client does not arrive at the specified pick-up point as arranged, so we take the medicine parcel to the client’s home, wherever that may be.

Numerous patients living in informal settlements with as many as seven family members in a two-room house tell us that they have not disclosed their medical conditions to their families, so it’s difficult for them to take their pills when their relatives are around. Many families are looked after by grannies who receive a pension, and these elderly gogos often need care themselves for chronic conditions.

When delivering the medicines, we identify and transition eligible clients from TEE to TLD, enrol those who qualify for CCMDD, renew scripts, and provide adherence education.”

Mxolisi Myeza – Programme Manager of Umvoti AIDS Centre, uMgungundlovu



“It is vital to verify the accuracy of our clients’ addresses and phone numbers.”

“Nurse Clinician Sibongile Mzila shares that the Appelsbosch Mobile Clinic serves a number of farm workers in the area, many of whom had to leave the farms at the start of lockdown, which affected their ability to honour appointments for clinical review, script renewals and blood tests.

Almost all CCMDD patients in adherence clubs, however, have either kept to their collection dates or taken

up home deliveries, showing that they are living openly with HIV and strengthening their trust in the health staff. Community Caregivers are playing a major role in promoting compliance with COVID-19 prevention measures.

At Crammond Clinic, Adherence Club Facilitator Khulekani Ndawonde found that outreach visits and home deliveries have helped many patients to cope with the switch from TEE to TLD and retention in care. Several farm-owners have offered small halls for use by the teams as community pick-up points.

Hloniphile Ngubane, Adherence Club Facilitator for Mayizekanye Clinic in uMshwathi, observes that club members have been diligent in collecting their medication, although decanting has slowed down at facility level.

In contrast, two new adherence clubs for Gcumisa Clinic’s stable chronic patients were formed since the start of lockdown – an achievement highlighted by Club Facilitator Zinhle Ngcobo, who notes that no decanting had taken place during previous months.

Mambedwini Clinic’s Club Facilitator Mavis Khanyisile reports a low uptake of home and near-home deliveries, but patients have been proactive in checking their collection dates and have largely kept appointments for clinical review and script renewals.

With our heightened focus on in-community HIV services, we have learnt how vital it is to verify the accuracy of our clients’ addresses and phone numbers. Some facilities have recorded a high number of untraceable defaulters because of incorrect information provided by patients.”

Lorraine Tshaka – Professional Nurse for CBO Lapheka HCS, uMgungundlovu

Most of our adherence clubs have functioned as pick-up points without any challenges, and attendance has been good. One club member refused to have his hands sanitised or wear a mask because he had been misled by fake news on social media that the



“Continued health education given to clients about the Coronavirus has promoted compliance.”

virus was actually being introduced through these methods.

A few others were also sceptical at first, but now they are more informed and are routinely practising COVID-19 preventative measures.

Nokuphiwa Mosia, Club Facilitator for Nxamalala Clinic, says: “At first, there was general resistance to the idea that COVID-19 exists, and it was rare to see people wearing masks in the community, but all those attending a club meeting or the clinic wore masks and maintained physical distancing – the continued health education given to clients about the Coronavirus has promoted compliance.”

Gomane Clinic’s Sanele Mosia notes that once lockdown restrictions had affected people’s ability to travel and willingness to visit the clinic or club meetings, patients sent a ‘buddy’ to collect medication on their behalf, and the Outreach Team delivered supplies to those who were homebound.

Richmond Clinic’s facility-based adherence club experienced attendance disruptions, but this was addressed by relocation of the club meetings and close follow-up of patients who missed their collection dates, reports Lindelwa Mchunu.

Nosihle Ntuli (Maguzu Clinic), Nompumelelo Khumalo (Injabulo Clinic) and Thenjiwe Madondo (Ndaleni Clinic) all report that their club meetings have been well attended and their patients’ treatment adherence has been sustained.

A view from the CDC

Over the last several months, COVID-19 has made terms like 'physical distancing', 'wearing a mask', and 'lockdown levels' common topics of daily conversation.

Our work and personal lives have been complicated in ways that were previously impossible to comprehend. I hope that everyone at HST is taking care of themselves and their families through this very difficult time.

Nevertheless, I know that HST's staff are doing everything they can to do their important HIV and TB work. We have had to change how we go about our work, how we approach interacting with other people, and how we engage with the populations that we serve, for you specifically, in KwaZulu-Natal.

COVID-19 has made already difficult responsibilities - like diagnosing and linking HIV-positive individuals, keeping people on life-saving ART, and tracking and tracing those who have missed appointments - even harder.

With that in mind, CDC South Africa, as an implementing agency of the U.S. President's Emergency

Plan for AIDS Relief (PEPFAR), has prioritised specific strategies on which implementing partners can concentrate during COVID-19.

Decanting eligible patients, maximising community-based ART delivery and the use of external pick-up points, retaining those already on ART, transitioning all eligible clients to TLD (both new and those currently on ART), monitoring ART stock levels at facilities, and ensuring multi-month dispensing, are happening at all facilities.

The impact of the COVID-19 pandemic in the province meant that the project faced a reversal of progress in HIV care results since 7 February 2020.

The eThekweni District team addressed a loss of 3 236 clients in the six-week period following the national lockdown, and by implementing these strategies, succeeded in bringing 2 354 patients back into care during the six weeks from 28 May to 12 June 2020. This represents a 93% retrieval, and demonstrates improvements to the client-centred approach.

We are hopeful that these activities can help to maintain all of the SA

SURE project's gains in support of the HIV programme, and to reduce facility congestion as much as possible.

On behalf of CDC South Africa, I am proud of HST's hard work during these extraordinary times. The CDC is fully supportive of HST's efforts, and we are confident that the organisation will continue to be one of PEPFAR's top-performing implementing partners in South Africa.



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COVID-19

If you have been in contact with a person who has been confirmed as having COVID-19, or if you are experiencing any symptoms, CALL YOUR DOCTOR or any of the numbers BELOW. Stay home - save South Africa.

NICD Hotline - 082 883 9920

Clinician Hotline - 0800 11 11 31

Whatsapp Number - 0600 123 456 - type "Hi"

