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NEWSLETTER OF THE HIV, TB AND MNCWH CLUSTER

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EDITORIAL

The last newsletter from the Branch was issued in April this year – at the beginning of the 2014/15 financial year. We are now into the second quarter of the financial year and it is time to consider what we have achieved in the first quarter and highlight the key activities that we will be focusing on in the next quarter.

In this newsletter we provide updates on the HPV campaign first round and how we will implement round two. We will also report on the key findings of the midterm evaluation of the maternal, newborn, child, women's health and nutrition strategy as well as progress towards achieving the MDGs.

During his budget speech in July the Minister of Health announced new HIV treatment eligibility criteria as well as his intention to launch an mhealth application for pregnant women and their infants in August – this newsletter will provide additional details on these Ministerial initiatives. Progress on the rollout of Fixed-Dose Combination (FDC) since the Minister's announcement in April 2013 will also be provided.

Progress on strengthening the TB control and treatment programme has continued. We are pleased to report that Johnson & Johnson has agreed to donate \$1.5m per year over the next three years to strengthen the TB programme. We will use part of the donation to strengthen community-based MDR-TB treatment and part of it to strengthen DS-TB control and treatment. In addition, the Global Fund has agreed to consider funding a regional TB initiative in the mines. We are in the process of drafting a proposal to the Global Fund and are optimistic that a regional initiative will be funded. This will build on the initiative to harmonise treatment protocols and strengthen the referral system amongst key countries in southern Africa.

Some of us were privileged to attend the Melbourne International AIDS Society conference during July. Key populations were a major focus of the conference. Some of the take home messages for South Africa from the conference include:

- Need to strengthen our focus on adolescents (to prevent them from acquiring HIV and to treat and support them to take medication);
- Focus on sex workers and MSMs;
- New aspirational targets to be reached by 2030:
 - 90% of people tested for HIV,
 - 90% of those eligible for treatment on treatment,
 - 90% of those on treatment virally suppressed.

Dr. Yogan Pillay (DDG: HIV, TB and MNCWH)

PROGRESS REPORT ON HPV VACCINATION CAMPAIGN

The first round of the HPV vaccination campaign went well – thanks to our nurses, school principals, educators and district and provincial health and education managers. Over 15,749 schools were visited during round one and more than 349,264 grade 4 girls were immunized. These figures surpass our targets for both schools reached and girls vaccinated. Round two of the campaign will take place in September and October and will include TB screening as well as deworming. The national Department is working with provincial colleagues and partners to ensure that the addition of these activities during the HPV campaign is successful.

KEY FINDINGS OF THE MIDTERM EVALUATION OF THE MNCHW&N STRATEGY

Following the success of the TB, HIV and PMTCT programme review, the Branch initiated a midterm review of the Maternal, Newborn, Child, Women's Health and Nutrition Strategic Plan which was launched by the Minister (together with the CARMMA strategy) in May 2012. Like the TB, HIV and PMTCT review, this midterm review was also conducted independently and led by the UNICEF and included participation by all UN agencies as well as development partners and academic institutions.

The field review was preceded by desktop reviews in each of the areas of focus in the strategy – so we have a wealth of information which can be made available to readers on request. The desktop review plus the field visits (to 84 facilities in 21 health districts) found many examples of good practice with respect to committed and hardworking frontline health workers, good quality services being provided, use of dashboards to review programme implementation, local innovations, as well as examples of integration. In addition, the review found areas that more work is urgently needed which can be summarized under the following headings:

- Prioritise interventions based on the data and plan accordingly;
- Ensure that health workers are trained and have the necessary competencies and that they are supported and mentored to ensure quality;
- Ensure that all medicines and commodities are available and that equipment is functional;
- Use data to monitor programme performance (dashboards are available with quarterly updates);

- Focus on areas that are neglected, including adolescents, women's health and nutrition; and
- Make the MNCWH&N strategy as well as CARMMA strategy more well known generally and to health workers specifically.

The detailed reports, including provincial reports are available on request. The key next step is to ensure that every district includes findings and recommendations from the report into the District Health Plan and prioritises the implementation of these.

NEW ART ELIGIBILITY CRITERIA

During his budget speech in July, the Minister announced new ART eligibility criteria. These are the move from CD4<350 to CD4<500 and the move from the B option to the B+ option for the PMTCT programme (B+ option is that all HIV positive pregnant women go onto lifelong ART). These new eligibility criteria come into effect in January 2015 and are in line with the WHO 2013 treatment guidelines.

Besides the fact that these criteria are in line with the WHO, the rationale for treating patients at higher CD4 levels means that we are putting people living with HIV on treatment earlier – this means decreased risk of transmission and improved health outcomes for the person. The move to B+ is aimed at making treatment of pregnant women, especially young women who are likely to have more children, easier. For both to make a difference (as well as the current treatment criteria) *lifelong adherence* is important.

The national Department is working with provinces to plan the implementation of these new guidelines. Key to successful implementation of these new criteria is the need to focus on the following at national, provincial, district and facility levels:

- Revision of the treatment guidelines
- Redesign of data collection tools
- Training
- Communication of new treatment guidelines to communities and health care workers
- Ensuring that the additional ARVs are procured
- Strengthening of adherence practices and systems
- Monitoring and evaluation of implementation

COUNTDOWN TO 2015 AND LAUNCH OF MOMCONNECT

In the April issue of the newsletter we included the details from the Countdown to 2015 of the Millennium Development Goals (MDGs). During August the Minister has traversed the country speaking to managers and frontline health workers about the importance of doing everything possible to meet the MDGs. He presented district-level data on maternal, newborn and child health to each provincial audience as well as the key interventions from the Countdown that can help us reduce maternal and child mortality. In these meetings health workers were also introduced to MOMCONNECT. The Minister explained to health workers the importance of MOMCONNECT and the need for us to improve maternal and child health services so that we can ensure healthy moms and healthy infants.

Given that MOMCONNECT will enable pregnant women to compliment health workers and health facilities and complain about health services and attitude of health workers, every district has been requested to provide focal persons to whom both compliments and complaints can be directed. In this way we hope that complaints in particular can be speedily resolved so that the health system as a whole can be strengthened.

The Minister of Health formally launched MOMCONNECT on 21 August 2014. This means that health workers need to mobilize pregnant women to register.

FIXED-DOSE COMBINATION ROLLOUT

In April 2013, the Minister of Health launched Fixed-Dose Combination (FDC) treatment for HIV positive patients on antiretroviral treatment. This was a significant step for the national HIV programme because the rollout is aimed at improving cost-effectiveness, reducing the pill burden for patients and improving adherence to treatment.

Initially the FDC rollout was for new patients, pregnant women and breastfeeding mothers. However, from October 2013, the National Department of Health announced that all eligible patients should be switched to FDCs. It was anticipated that at least 90% of new patients and 70% of eligible patients already on treatment would be on FDCs by this time. We encourage all health workers to switch eligible patients to FDCs without delay. Districts that require assistance to facilitate switching must contact their provincial office – and the national Department should this be necessary.

DISTRICTS FOR ENHANCED TB CONTROL AND MANAGEMENT INTERVENTION

The TB programme seeks to improve performance and outcomes throughout the country, especially using the grant from the Global Fund (US\$ 54 million over two and half years). Understanding that there is no even “distribution” of problems and successes throughout the country, the programme selected districts for enhanced interventions using the following criteria:

- High drug-susceptible TB burden (exceeding 5,000 TB patients per year)
- Poor treatment success (below 80%)
- High treatment defaulter rate (exceeding 6.2%)
- High death rate (exceeding 5.6%)
- Patients transferred out of their original district of treatment registration (exceeding 2.4%)
- High burden of drug resistant TB, using resistance to Rifampicin as a proxy (top 5 districts in the country)

The districts that met this criteria are listed in the Table below. The programme will be engaging other programmes/units to enlist their support to complement interventions that will bring improvements, not just for TB control and management, but healthy living across the board in these districts.

Province	District
Eastern Cape	OR Tambo
	Chris Hani
	Buffalo City
	Nelson Mandela Metro

Province	District
	Cacadu
Free State	Mangaung Metro
Gauteng	Johannesburg Metro
Mpumalanga	Ehlanzeni
KwaZulu-Natal	eThekwini
North West	Bojanala Platinum
	Dr. K Kaunda
Western Cape	Cape Town Metro

ENQUIRIES

As always we would like to encourage provincial managers, district managers and facility managers to send us input for the next newsletter. This newsletter is not only intended to share news from the National Department but also for provinces, districts and health facilities as well as for school health teams and members of the District Clinical Specialist Teams to share examples of their work. Please send inputs for the next newsletter to pillay@health.gov.za.