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NEWSLETTER OF THE HIV, TB AND MNCWH CLUSTER

Contents

1. Editorial

The HIV, TB and MCH branch has been very busy during the first three months of 2014! In February the Minister launched the National Family Planning Campaign in Tembisa, Gauteng. In March the Departments of Health and Education collaborated to start vaccinating grade 4 girls against the human papillomavirus (HPV) which causes cervical cancer.

In 2013 the Department invited UN agencies and development partners to conduct an independent review of the HIV, TB and PMTCT programmes. The report was handed over to the Minister during April. We are currently planning a similar review of the maternal, neonatal, child and women's health and nutrition strategic plan which should be completed by July this year.

From 1 April 2014 there is just 21 months or 640 days to 31 December 2015! This is how much time we have to meet the MDG targets! Stats SA reported last year on the progress we have made and the gap between where we are and the gap. With just 640 days before the end of 2015, we decided to develop a plan to accelerate progress towards the MDGs in the form of a Countdown to the MDGs. In addition, the Minister will launch an m-health application that will be used to register all pregnant women and their newborns.

Dr Yogan Pillay (DDG: HIV, TB and MCH)

2. National Family Planning Campaign

The National Family Planning Campaign focuses on dual protection (condoms and any other contraceptive). The theme of the Campaign is: my responsibility, my choice, our future.

At the launch the sub-dermal contraceptive implant was introduced for the first time in the public health sector. This increases the contraceptive choice available to women and adds to: male and female condoms; oral contraceptives; injectables; intrauterine contraceptive devices; sterilization; and vasectomies. The Department commissioned a special song written and performed by Yvonne Chaka Chaka. This aims to popularize the importance of contraception and family planning.

District managers are requested to ensure that the full mix of contraceptives is available, and that both demand and supply side measures are in place to improve the uptake of contraceptives in the districts. One way to measure the implementation and success of the campaign is to monitor progress in the couple year protection rate indicator in the District Health Information System.

3. HPV vaccination campaign

With more than 6000 cases of cervical cancer annually and 3000 deaths, cervical cancer is the second most common cancer in South Africa. To decrease cervical cancer, the Minister launched a human papilomavirus (HPV) vaccination campaign in March in a primary school in Mangaung, Free State. All grade 4 girls in public schools will be offered the HPV vaccine (with parental consent) and the vaccinations will take

place twice as this is a two dose vaccine. Vaccinators will visit schools in March-April and again in September-October with the aim to vaccinate about 500 000 girls. This programme is part of the Integrated School Health Programme and is in collaboration with the Department of Education.

Posters and pamphlets with frequently asked questions (FAQs) and a fact sheet were developed and have been distributed. Furthermore, there is an invitation letter co-signed by the Ministers of Health and Basic Education that is given to each grade 4 girl. A vaccination card which each vaccinated girl will keep will be given to her once she has received her second dose. For the M&E section, there is a registration book that includes a tear-off page that will be kept by the school and there's also a weekly summary sheet. Data is ultimately loaded into the DHIS.

4. World TB Day: 24 March 2014

Every year on 24 March the world commemorates World TB Day. This event is meant to re-dedicate ourselves to eliminate TB in the long term and in the short term to decrease the number of people infected with TB and to improve access to treatment for those affected. This year, the focus was on improving access to screening and treatment for TB in peri-mining communities. It is well known that after correctional facilities, mines have the highest prevalence of TB. Many miners currently live in communities surrounding the mines – this means that we cannot only screen and treat TB in miners but also need to ensure that communities in which they live are provided with health services. The 2014 World TB Day was held in a peri-mining community in Fochville, Gauteng with the Deputy President as the keynote speaker. Mobile services were taken into the community to provide preventive and curative services. The intention is to ensure that these services are regularly provided to all peri-mining communities.

5. Regional Ministerial meeting on TB in the mines

As TB is highly prevalent in mines, special attention is needed to prevent the spread of TB both on the mines and in peri-mining communities as noted above. However, as more than 30% of miners come from other countries it is also important to ensure that these miners have continuity of care if they have active TB. With this in mind the Ministers of Health in South Africa, Lesotho, Mozambique and Swaziland initiated a project to: harmonise the TB treatment protocol used in all four countries; ensure that there is a single database of all miners with TB; and establish a referral system across borders. Supported by the World Bank, World Health Organization as well as the Stop TB Partnership Board (of which our Minister is the chair), a regional meeting of Ministers of Health, Mineral Resources, Labour and Finance, mining CEOs, miner unions and ex-miner unions was held in March to agree on a comprehensive approach to TB in mines. Ministers and Deputy Ministers from the sub-region attended the meeting as well as representatives of the Chamber of Mines, CEOs of mining companies, representatives of labour unions and ex-miners attended. Several countries

adopted the framework document on harmonization – which operationalises the Declaration on TB previously adopted by SADC Heads of States.

6. Handover of TB/HIV and PMTCT programme review report

In the November 2013 branch newsletter we reported on the programme review. In April, the UN agencies and development partners handed over the final report to the Minister of Health. At the handover, the Minister accepted the recommendations in the report and noted that the Department had already developed a plan to implement the recommendations.

It is important that HIV, TB and PMTCT programme managers and district management teams ensure that the plan to address the recommendations is integrated into activities at district, sub-district level and health facilities.

In May 2012 the Minister launched the 2012-2016 Maternal, Neonatal, Child and Women's Health and Nutrition Strategy as well as the Campaign on the Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA). We have started to plan the mid-term review of the Strategy – which will be completed by July this year.

7. Countdown to the MDGs: 31 December 2015

From 1 April 2014 there is just 21 months or 640 days to 31 December 2015. However, as shown in the Stats SA MDG Country Report last year we are likely to miss some of the targets. This is confirmed by the Medical Research Council's Rapid Mortality Surveillance Report published in March this year as reflected in the table below:

KEY MORTALITY INDICATORS, RMS 2009-2012[1]

LIFE EXPECTANCY AND ADULT MORTALITY (OUTPUT 1)					
INDICATOR	**TARGET 2014**	**2009**	**2010**	**2011**	**2012**
Life expectancy at birth Total	59.1 (Increase of 2 years)	57.1	58.5	60.5	61.3
Life expectancy at birth Male	56.6 (Increase of 2 years)	54.6	56.0	57.7	58.5
Life expectancy at birth Female	61.7 (Increase of 2 years)	59.7	61.2	63.3	64.0
Adult mortality (${}_{45}q_{15}$) Total	43% (10% reduction)	46%	43%	40%	38%
Adult mortality (${}_{45}q_{15}$) Male	48% (10% reduction)	51%	48%	46%	44%
Adult mortality (${}_{45}q_{15}$) Female	37% (10% reduction)	40%	38%	35%	32%
MATERNAL AND CHILD MORTALITY (OUTPUT 2)					
INDICATOR	**TARGET 2014**	**2009**	**2010**	**2011**	**2012**
Under-5 mortality rate (U5MR) per 1 000 live births	50 (10% reduction)	56	52	40	41
Infant mortality rate (IMR) per 1 000 live births	35 (10% reduction)	39	35	28	27
Neonatal mortality rate[2] (<28 days) per 1 000 live births	12 (10% reduction)	14	14	13	12
INDICATOR	**TARGET 2014**	**2008[4]**	**2009**	**2010**	
Maternal mortality ratio[3] (MMR) per 100 000 live births	252 (reverse increasing trend and achieve 10% reduction)	280	304	269	

Source:
Dorrington RE, Bradshaw D, Laubscher R (2014). Rapid mortality surveillance report 2012. Cape Town: South African Medical Research Council. ISBN: 978-1-920618-19-3.

Whilst the table above reflects some progress, it is clear that we need to do much more to reach the MDGs. With this in mind we commissioned a team to research the key interventions that if implemented at scale will get us to the MDG targets. This Countdown to the MDGs with just 16 interventions if fully implemented is estimated to save 18 000 maternal and child lives by end 2015! The remarkable thing is that none of the 16 interventions is new – they are things we should be doing already! These are reflected in the tables below:

Maternal lives saved =1559	
1	Labour and delivery management
2	Early detection/ treatment of HIV
3	TB management in pregnant women
4	MgSO4 - for pre-eclampsia
5	Clean birth practices
6	Hypertensive disease case management

Child lives saved =16,661	
1	Promotion of breastfeeding
2	Hand washing with soap
3	Therapeutic feeding - for severe wasting
4	Antenatal corticosteroids for preterm labor
5	Water connection in the home
6	KMC - Kangaroo mother care
7	Labour and delivery management
8	PMTCT
9	Case management of severe neonatal infection
10	Oral antibiotics : case management of pneumonia in children
11	Appropriate complementary feeding

We have no choice but to work harder every day and night to do what we know works – if we do we will reach the MDGs by 31 December 2015.

8. mHealth: Registration of pregnant women and their newborns

We all acknowledge that we need to empower communities, families and patients to know about health risks, promote health and prevent illness, to seek treatment early and to adhere to treatment. We have decided to use mobile health technology given that most people in South Africa have access to a cell phone.

Starting in April, using a single cell number, pregnant women can register for free to receive health messages about their pregnancy and care for their newborns. Nurses, community health workers and pregnant women themselves can register to receive messages about what to expect as their bodies change during the pregnancy, the importance of antenatal care – especially early ANC, about good nutrition, not smoking and using alcohol, about the importance of delivering in a health facility, about the immunization schedule of infants etc. Once registered moms can also use the cell phone to ask questions about their pregnancy and care for newborns and also complain about or complement health facilities. This service will be totally free to pregnant women!

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.