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NEWSLETTER OF THE HIV, TB AND MNCWH CLUSTER

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1. EDITORIAL

The last newsletter from the Branch was issued in August this year. We have just completed the third quarter of the year and we are entering the final quarter of the year. There is not much time to ensure that we meet the targets that we set for the 2014/15 financial year in the Annual Performance Plan. In the editorial I remind all of us of the targets that we have in the national Annual Performance Plan and we are reminded that at the end of December 2014 we have just one year to achieve the Millennium Development Goals (MDGs).

In addition, this newsletter provides information on a range of issues including those noted by the Deputy President in his message on World AIDS Day, primarily the need to ensure that we are fully prepared to implement the latest ART guidelines on 1 January 2015.

We successfully completed administering two doses of the HPV vaccine to grade 4 learners this year with one dose in February/March and the second dose in September/October. We are among the first countries on the continent to achieve this and certainly the country that vaccinated the largest number of girls. I wish to congratulate all the teams that went out to schools to vaccinate the girls who are now protected against HPV. The logistics required to achieve this was complex, but through commitment and focus, we did it! Now over 300,000 learners, who turned 9 years of age in 2014 are protected against the human papilloma virus. 2015 is just around the corner, and we will have to not just repeat the 2014 success, but exceed it.

On August 21 this year Minister Aaron Motsoaledi launched Momconnect to empower pregnant women so that they are fully informed to take the best care of themselves during their pregnancy, and during the first 12 months of the life of their newborns. Momconnect

has been a phenomenal success with more than 160,000 pregnant women now receiving messages and able to communicate directly with the National Department of Health so that they can share their experiences with us. In this Newsletter we provide progress on the implementation of Momconnect.

During October and November this year the three Ministerial Committees completed their reports and presented their findings to the Minister of Health. These committees reported on maternal mortality, perinatal mortality as well as under 5 mortality. The major causes of mortality reported by the three committees remain the same. In this report we provide brief feedback on the findings of the committees.

We have several cases of lab-confirmed measles reported in the ZF Mgcawu District (formerly Siyanda district) of Northern Cape and Ekhuruleni district of Gauteng. Given that our measles coverage is low in many districts and the measles outbreak in Namibia, we would like all health workers to be on the alert for symptoms of measles and for Road to Health Cards to be checked for children who are un- or under-immunized, and to immunize them. We have adopted a measles elimination programme and must do everything possible to immunize all children against measles.

TB continues to be a major contributor to mortality. As reported by StatsSA, it is the number one killer of people in our country. In this newsletter we provide an update on progress in controlling TB and what needs to be done in each district so that we can move towards improved control of TB, and more ambitiously, elimination.

As this is the final newsletter before the December holidays may I take this opportunity to thank everyone who worked hard to ensure that South Africans are protected from diseases and to ensure that those that presented to our health facilities received the best possible care. Have a good rest and come back to work refreshed – we have much work to do to achieve our APP targets and the MDGs!

Happy holidays!!!

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

2. 2014/15 Annual Performance Plan: Key deliverables and quarter two achievements

We have just 3 months to ensure that we meet the targets in the national and provincial Annual Performance Plans. We made some progress in meeting the national targets in quarter two, but we need to accelerate progress to ensure that we reach these targets. Below we show the quarter two achievements against the quarterly targets. It is critical that all provincial and district managers monitor progress monthly and take action at the first indication that targets are not being met.

Indicator	Target	Achievement (Q2)
Number of HIV clients between 15-49 years tested	2,500,000 Q[1] 10,000,000 A	2,121,951 (85%)

[1] Q = Quarterly target, A = Annual target. Where only one target number, it reflects the annual target

Indicator	Target	Achievement (Q2)
Number of medical male circumcisions performed	250,000 Q 1,000,000 A	180,939 (72%)
Number of clients remaining on ART at the end of the period	3,000,000 A	2,831,520 (94%)
Percentage of TB/HIV co-infected clients initiated on ART *All co-infected patients should be on ART*	64%	70%
Antenatal 1st visit before 20 weeks *All pregnant women should be encouraged to attend ANC before 20 weeks, and preferably 1r weeks given the high HIV burden*	65%	55%
Mother postnatal visit within 6 days *We should maximise the use of ward-based PHC teams to visit moms postnatally*	80%	75%
Maternal mortality in facility ratio – institutional MMR *We need to do more to decease both iMMR and improve basic antenatal care*	100/100,000 live births	138/100,000
Inpatient neonatal mortality rate *More effort to deal with the major causes of mortality is needed*	10/1,000 live births	12.7/1,000 live births
Couple year protection rate *Add to this the number of contraceptive implants – note that implants are not indicated for women on enzyme-releasing drugs like Efavirenz)*	55%	58%
Cervical cancer screening *All HIV+ women should receive a cervical cancer screen annually*	60%	60.9%
HIV 1st dose coverage	80%	86%
Antenatal client initiated on ART rate *All antenatal clients should be on ART – which relates to early antenatal care*	93%	89.8%
Infant 1st PCR test positive around 6 weeks rate *It is critical to get mothers to bring their exposed infants to get tested at 6 weeks*	1.8%	1.5%
Under 5 diarrhoea case fatality rate	3.5%	3.2%
Under 5 severe acute malnutrition rate *While 10.6% in Q2 is below the Q1 rate of 15%, it is still very high*	8%	10.6%
Measles case incidence per million *With a large number of un- and under-immunized children we can expect a measles outbreak, and every effort must be made to ensure that this is contained*	<5/1 million	0.32/1 million
Immunization coverage under 1 year	90%	86.9%
Measles 2nd dose coverage *We would like every district to reach 85% at least*	82%	88.2%
Screening of grade 1 coverage	28%	29.1%
Screening of grade 8 coverage *This is a major improvement from only 3.5% in Q1*	12%	14.6%
TB new client treatment success *WHO target is 85%*	82%	79.2%

Indicator	Target	Achievement (Q2)
TB defaulter rate	<6%	5.8%
TB death rate	6%	5.5%

3. MDG countdown

We have just 12 months (or 365 days!) to achieve the MDGs that were adopted in 2000. As Minister Motsoaledi consistently reminds us – even if we have one day we can make a difference. So, in 365 days we can achieve much in averting deaths so that we can get closer to achieving MDGs 4, 5 and 6.

In the 2013 report to the United Nations we noted that our country was likely to achieve some of the MDGs, but not likely to achieve others. For example we reported that we are likely to reach the infant and under 5 mortality rates as well as the malaria targets, but that we are unlikely to reach the maternal mortality ratio target.

In an effort to accelerate progress towards the MDGs we adopted the Campaign on the Accelerated Reduction of Maternal and Child Mortality (CARMMA) as well as our own Countdown to the MDGs with just 15 key activities that, if done at scale, could result in 10,000 fewer maternal and child deaths *in one year*! Some provinces and districts in the country are implementing programmes that will reduce their mortality rates. In this newsletter we focus on Nelson Mandela Metro (NMM) in the Eastern Cape.

The NMM district rolled out the implementation of the 'Call to Action' for MDGs 4, 5 and 6 in August with the full support of the EC provincial health department and partners/stakeholders. The district completed decentralized planning and continues to monitor and track progress at facility level. All facilities in NMM have facility dashboards across the continuum for HIV, TB, MNCWH and N indicators, and have prioritized actions based on bottleneck analyses addressing key issues to fast-track achievement of MDGs 4, 5 and 6. The actions are linked with the Countdown interventions and the recommendations from the midterm review of the MNCWH and N strategy. Partner support is being linked to specific actions to maximize impact. Progress is being seen across all indicators within the first two months of implementation. Further work will continue towards achieving targets by the end of the financial year 2014-2015.

4. World AIDS Day, 2014

The national commemoration of World AIDS Day was held in Welkom in the Free State with the theme of zero stigma and discrimination. In his address Deputy President Cyril Ramaphosa stressed the importance of HIV testing and screening for TB by all South Africans. In addition, he noted that HIV should be treated like any other disease and that discrimination of any kind against people living with HIV was unacceptable, and morally wrong. This applies to all South Africans, including health workers. We need to ensure that our health services respect everyone who seeks care, regardless of their diagnosis or their status in life, including adolescents who seek contraceptives!

Deputy President Ramaphosa also noted that as a country we are trying to reduce the burden of HIV, which will mean both a greater focus on prevention as well as getting as

many people into treatment as possible. This means that every health facility must provide condoms to those that need it and provide information on the correct use of condoms, provide testing (provider-initiated testing for HIV and screening for TB) and prepare for the implementation of the new ARV guidelines.

5. Implementation of the new ART eligibility criteria

On 1 January 2015 the new ART guidelines come into effect. These guidelines align with the 2013 WHO guidelines and extend treatment to people whose CD4 is between 350 and 500, and provides for lifelong ARV treatment for pregnant women. These guidelines aim to reduce viral loads as rapidly as possible for people infected with HIV as well as at the population level and should contribute to decrease infection rates nationally. Of course, prevention remains the key in extinguishing the epidemic and all prevention methods also need to be ramped up as we expand treatment.

We hope that all health facilities are ready to implement these guidelines. A national meeting with all provinces and technical partners was held in October and training in the new guidelines commenced in November. All facilities should have health professionals trained in the new guidelines and patients should be made aware of the new guidelines and what these mean.

6. HPV vaccination campaign

In February and March this year the first dose of the HPV vaccine was administered to 380,000 grade 4 girls in public schools. In September and October the second dose was administered to these girls and those that missed the first dose earlier this year. This was a very successfully immunization campaign and has resulted in these girls being protected against cervical cancer.

In February and March 2015 the next grade 4 cohort will be immunized. This time we will provide school health teams with tablets to enable to them to capture information and process the information in real-time. This should decrease the administration time and enable us to use the time of the schools health teams more efficiently. In addition to the vaccine we will be able to provide information on age-appropriate sexual and reproductive health to both girls and boys.

7. Momconnect

Minister Motsoaledi launched MomConnect on 21 August this year. In the three short months since then 179,631 pregnant women have signed up to receive messages about their pregnancy. This is the quickest scale-up in the world! We wish to thank all these pregnant women as well as the health workers who assist women to register on the system. Besides getting messages that are linked to the stage of pregnancy and the age of their babies, women are also able to send text messages to the national Department to either compliment the health service they receive or to complain. To date we have received 81 complaints and 278 compliments. Most of the compliments are about the

messages that are received but a few relate to good quality of care received at our public health facilities. The complaints are largely related to long waiting times, disrespectful health workers and lack of sensitivity to the patients' HIV status or lack of confidentiality.

Heads of provincial health departments have appointed MomConnect coordinators in each district. Complaints and compliments are referred to these coordinators who are expected to convey compliments to facilities and to respond to complaints within a maximum of two weeks. The national Department has appointed a coordinator to ensure that both compliments and complaints are addressed. For more information please contact Ms. Jane Sebidi at mabore4you@yahoo.com

8. 2014 reports of the three Ministerial Committees

There are three Ministerial committees that deal with maternal and child health. These are: the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD); the Perinatal Mortality Committee; and the Under 5 mortality committee (COMMIC). All three committees have presented their latest reports to the Minister. The next step is a presentation of the detailed reported to the National Health Council. Given that this presentation has not as yet taken place we cannot release the detailed results of the report. However, a high-level report can be shared in this newsletter. Whilst deaths associated with HIV continue to decline in both pregnant women and children, the number of deaths attributed to HIV continues to be high. The other causes of mortality reported in previous reports still persist in the latest reporting period, albeit at lower levels. This is of concern and requires a more vigorous response at both community and facility levels.

As has been the practice in the past, the three reports also include recommendations on what needs to be done to prevent avoidable deaths. These recommendations have been shared with provincial managers responsible for maternal and child health at the quarterly meeting, and these managers are tasked with ensuring that these recommendations are written into the provincial annual performance plan as well as district health plans. It is also imperative to ensure that implementation of these recommendations be closely monitored.

9. TB: case finding, treatment success and MDR

The 2014 Global TB Report noted that the number of new smear positive TB cases declined. This is good news as it means that we are finding fewer TB cases – even if the total number of 360,000 is still very high! We also hope that the reduction is not the result of inadequate case finding. We are comforted by the fact that we have full coverage of GeneXpert machines and these are being used and are much more sensitive and specific than microscopy. In the 2013/14 financial year we used over 2 million GeneXpert cartridges – this is about 50% of the total global volume! We need to ensure that the efficiency of the GeneXpert is used to decrease the time between diagnosis and initiation on treatment.

As noted in the section above where we reported on the quarter 2 data, the data on TB appears to suggest that the quality of the TB programme is improving. We need to ensure that we reach 85% treatment success rate in every district. This will also result in a decrease in MDR and XDR-TB – which is complex to treat, a terrible experience for

patients, and expensive to treat. We estimate that the cost of treating drug sensitive TB is around $25 per patient over 6 months, but the cost of treating MDR and XDR-TB ranges between $25.000 and $50,000. We need to all ensure that we do everything possible to find people with symptoms of TB, test them, initiate them on treatment and ensure that they complete their treatment. This will not only save the country significant resources, but equally importantly decrease the burden of patients and their families by averting the incidence of drug resistant TB.

The funding from the Global Fund for TB (corrections, mines and peri-mining communities and MDR-TB) has been allocated to various sub-recipients and the work has commenced in earnest. These projects will be formally launched during World TB Day next year at which more information on progress will be presented.

INPUTS TO THE NEXT NEWSLETTER

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