health
Department:
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NEWSLETTER OF THE HIV, TB AND MNCWH CLUSTER

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1. EDITORIAL

We are well into the 2015/16 financial year and the MDG deadline is getting closer, as is the announcement of the Sustainable Development Goals (SDGs). It's time to take stock of where we are as a country in reaching the MDGs and start thinking about planning for the implementation of the SDGs.

After much consultation we have completed the work on the investment case for TB and HIV. The output of these investment cases will be used to develop our budget proposals for the 2016/17 budget, and to craft the next concept note to the Global Fund.

The Department of Health has adopted new strategies to accelerate achievement of our targets. We have adopted the 90-90-90 targets for HIV and TB; the National Health Council has adopted the recommendations of the three Ministerial Committee reports (maternal mortality, perinatal mortality and under 5 mortality). We need to work rapidly on disseminating the reports and start working on implementing the recommendations.

We have over 3 million HIV+ patients on ARVs – the largest cohort in the world. However, we need to ensure that patients are initiated on ART as soon as they are eligible and that they are supported to ensure that they remain on treatment and virally suppressed. This will enable us to reach the 90-90-90 targets by 2020. People who test negative must also be supported to stay negative. Consistent and correct use of condoms is a key prevention strategy, which is why the Department of Health has decided to procure and distribute coloured and flavoured male condoms to increase utilisation. We need to ensure that these condoms (plus the education that goes with it) are widely available and that the distribution of female condoms is targeted to those most in need, including sex workers.

We have reached the halfway mark in the implementation of the WHO's Global Vaccine Action Plan. We have made some progress in reaching some of immunisation targets but there are many districts in which we are still far from our targets. Regrettably, in the last month we have had a significant number of cases of diphtheria as well as a few deaths. We therefore need to refocus our efforts on ensuring that we increase our immunisation coverage and the use of the Road to Health Booklet.

We have made significant progress in registering pregnant women onto MomConnect and have received many compliments from those that have registered. However we have already received a large number of complaints about our maternal health services (including rude and disrespectful staff, long waiting times), which we need to correct rapidly.

Given the success with MomConnect we have developed an app for adolescent and youth health. We know that a significant number of young people have cellphones and use social media. We also acknowledge that using traditional communication channels for the youth may not reach them. The Minister of Health launched a competition for the youth to name the app and for the youth to inform us on the content that they will like to see on the app. This app will be launched by the Minister in late June this year (Youth Month).

A delegation from the National Department of Health has just returned from the annual World Health Assembly (WHA). There were some 60 items on the agenda of the weeklong meeting. The main issues, relevant to the Branch that were discussed at the WHA included: Ebola and the importance of strong health systems, including surveillance; the establishment of an African Centres for Disease Control and Prevention (an AU initiative); the Global Vaccine Action Plan; polio; and progress in reaching the MDGs and the SDGs.

It is clear from the priorities of the Department of Health that we must accelerate implementation in a number of areas during this financial year, improve our quarterly review of progress, and improve how we hold ourselves accountable not just to the leadership in health, but to the citizens we serve.

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

2. MDG COUNTDOWN; INTRODUCING THE SDGS

The Sustainable Development Goals (SDGs) will be formally announced and launched in September this year. This means that we have less than 4 months to ensure that we do everything possible to attain the MDGs! However, every hour and every day counts and we must try till the last hour.

In order to determine the key priority interventions to decrease maternal, neonatal and child deaths we produced the Countdown to the MDGs list of 16 interventions which bear repeating, even though they were included in the April 2014 Newsletter. Every manager must ensure that we do everything possible to implement the following interventions in every facility as appropriate. These interventions will continue to be relevant as we transition to the SDGs as well.

Annual number of maternal lives that could be 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

Annual number of child lives that could be saved = 16,661	
1	Promotion of breastfeeding
2	Hand washing with soap
3	Therapeutic feeding – for severe wasting
4	Antenatal corticosteroids for preterm labour
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

Whilst we only had 8 MDG goals, there are likely to be 17 SDG goals, with health being just one of them (goal 3: Ensure healthy lives and promote wellbeing for all at all ages), with the following 9 sub-goals:

3.1 By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030 end preventable deaths of newborns and under-five children

3.3 By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases

3.4 By 2030 reduce by one-third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing

3.5 Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020 halve global deaths and injuries from road traffic accidents

3.7 By 2030 ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

3.9 By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination

To ensure that we start implementation as soon as they are announced in September, we need to consider how we incorporate them into the budget for 2016/17 as well district health plans and our APPs.

3. INVESTMENT CASE FOR TB AND HIV

After significant consultation we have finalised the investment cases for TB and HIV. This was done by using the best evidence that we have for what works, and this evidence was modelled by expert modellers and costed. The reason for doing these investment cases is to establish by consensus what works, what needs to be prioritised, what level of effort is needed for what impact and at what cost. In essence the investment case tries to determine what is the best value for money, and where we should focus our spending.

Given that at a policy level we have adopted the UN 90-90-90 targets for TB and HIV, these were the scenarios that were modelled, alongside continuing with current policy and plans. The outputs of both investment cases are encouraging in that they show that by doing what we are currently doing, BUT at scale and with good quality, we can reach the 90-90-90 targets and bend the incidence and prevalence curves and reduce mortality from TB and HIV.

HIV 90-90-90

- 90% of people are tested for HIV
- 90% of people HIV+ are put on ARVs
- 90% of people put on ARVs have a suppressed viral load

TB 90-90-90

- 90% of eligible people tested for TB
- 90% of people diagnosed with TB put on treatment
- 90% of people started TB treatment complete treatment

The TB investment case suggests that doing the basics at scale will help us reach our targets. This means finding people with symptoms of TB (TB screening and testing), initiating those that test positive on treatment as soon as possible, and ensuring treatment success – that is doing the basics! Doing the basics right mean that we need to strengthen both our supply side and demand interventions.

The Deputy President launched a three-year campaign on TB – the massive screening campaign. This year we will focus on the prisons, mines and peri-mining communities (6 districts); next year we will focus on the metros; and the following year on the 4 provinces with the highest TB burden (Eastern Cape, Gauteng, KZN, and Western Cape).

The HIV investment case found lots of evidence for the biomedical interventions, but not much for the critical enablers (structural issues such as gender violence). The key interventions that we need to do at scale to achieve our targets include: condom education and distribution; increased access to ARVs; medical male circumcision; and social and

behavioural change communication. Similar to TB this needs both supply and demand side interventions.

4. IMPLEMENTING THE 90-90-90 TARGETS FOR HIV AND TB

In order to ensure that we successfully implement the 90-90-90 interventions for TB and HIV to reach our targets, we need to develop robust plans at district level. These plans must be integrated with the district planning process and linked to the district health plans (DHPs). Clearly, these plans will have more details on exactly what needs to be done, how and by whom – they will be more granular than the DHPs.

With the support of our partners we have developed and pilot tested a template to develop these plans. Teams are currently working with provinces and districts to ensure that these plans are developed. We expect our development partners to assist each district to implement these plans once they are drafted. The implementation of these plans will be closely monitored by the district health management teams as well as the province and national HAST managers through the quarterly reports.

5. IMMUNISATION AND ROAD TO HEALTH BOOKLET

As noted in the Editorial, we have passed the halfway mark in the implementation of the Global Vaccine Action Plan and have another 5 years to reach the targets set in the Plan. As a country our coverage rates are improving but there are still large numbers of children that are either not immunised or under-immunised. The most recent cases of diphtheria are testament to the fact that not all children are fully immunised. We must ensure that each district monitors its immunisation coverage and takes action to ensure that those that are not fully immunised are reached. One way to do this is to ensure that every child has a Road to Health Booklet (RTHB) and that at every opportunity the RTHB is checked and missed vaccinations are given. We must communicate with caregivers through all media channels the importance of their children being fully immunised.

6. EMPOWERING PREGNANT WOMEN: MOMCONNECT

We must ensure that every pregnancy is planned and that pregnant women get the best care possible for themselves and their unborn infants. This starts with the provision of high quality sexual and reproductive health services as well as good antenatal care.

As at 22 May (after just 8 months since its launch) we have successfully registered more than 400,000 pregnant women on MomConnect. This is a great achievement and everyone connected to this intervention must be congratulated – this is one of the largest scale-up interventions of this type of application globally. We also receive unsolicited compliments and complaints through MomConnect, and to date we have over 1500 compliments and over 300 complaints. Most of the compliments relate to thanks for the messages, which are found to be useful. The complaints all relate to poor quality of service and care (rude staff, long queues, stockouts). Every district has a MomConnect focal person who is sent both the compliments and complaints, and asked to intervene and ensure that any challenges reported are resolved. For more information please contact Ms. Jane Sebidi at mabore4you@yahoo.com.

7. REPORTS OF THE THREE MINISTERIAL COMMITTEES

The Ministerial Committees on maternal mortality, perinatal mortality and under 5 mortality have reported to the National Health Council on their findings for the 2011-2013 period. The news is mixed – there has been a decline in avoidable mortality, but there is room for significant improvement. The members of the three committees will be presenting their results to managers in each of the nine provinces so that the findings and recommendations of each province can be shared and recommendations adopted for implementation.

The graphic below is a highly summarised version of the collective recommendations of the three committees, focussing on what needs to be done and the how.

"WHO"	"WHAT"	"HOW"	
Committee	Focal areas for interventions to reduce deaths by health worker training and health systems strengthening	**3** pillars to improve quality of care	**5** Cs
Mother NCCEMD	**H**IV and TB **H**ypertension **H**aemorrhage	Knowledgeable and skilled health care providers	• **C**are: commitment to quality and outreach • **C**overage: • ESMOE • HBB and MSSN • EPOC • **C**linical care: • **C**aesarean section safety • **C**PAP • E**C**D • **C**ontraception / RTH **C**ard • **C**ommunity involvement and accountability
Newborn NaPeMMCo	**A**sphyxia **P**rematurity **I**nfection	Rapid inter-facility emergency transport system	
Child CoMMiC	**D**iarrhoea **P**neumonia **M**alnutrition	Appropriately resourced health facilities (including equipment and human resources)	

ESMOE – Essential Steps in Management of Obstetric Emergencies; HBB – Helping Babies Breathe; MSSM – Management of Small and Sick Newborn; EPOC – Essential Package of Care; CPAP – Continuous Positive Airways Pressure; ECD – Early Child Development; RTH Card – Road-to-Health Card

INPUTS TO THE NEXT NEWSLETTER

As always we would like to encourage provincial managers, district managers and facility managers to send us inputs 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