HIV and TB PLAN 2014/2015

CITY HEALTH DIRECTORATE BUDGET 2014/15

Overall Capital Budget: R26 263 446 of which R10 949 050 is internal funding and R15 314 396 external funding

Overall Operating Budget: R1 116 185 949 which includes:

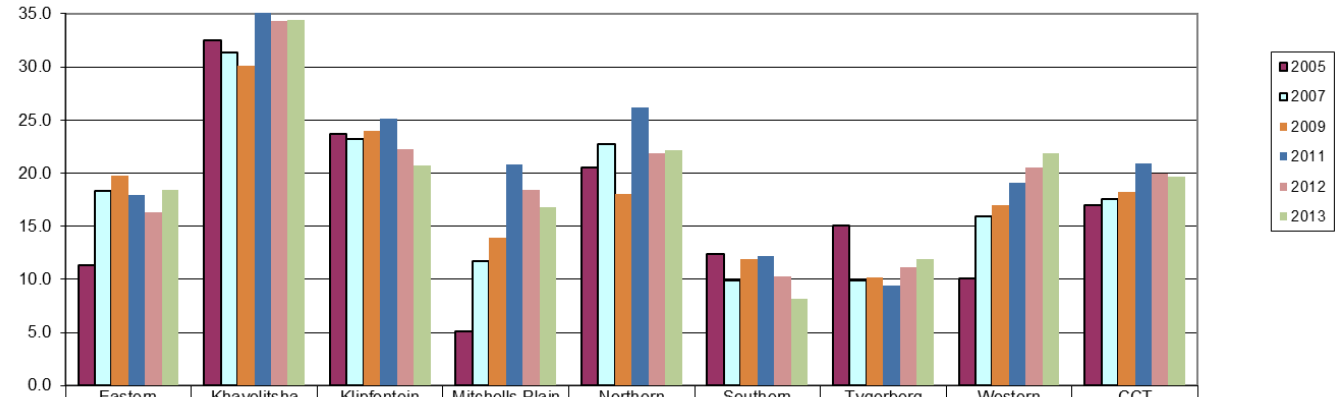
- **Primary health care services budget**, including HIV/STI/TB
- **HIV/TB "earmarked" budget**: R186 019 021(of which R19 887 713 is internal funding and R166 131 308 external funding)

BACKGROUND

The City of Cape Town has over the last number of years prioritised the fight against HIV/AIDS and TB, recognising that without a concerted, multisectoral response to moderate both the impact of the epidemics and to address the underlying causes, key developmental priorities in the City would be in jeopardy.

According to the annual antenatal survey, the overall HIV prevalence in Cape Town is plateauing, although in some areas this is at a very high level. The 2013 antenatal survey showed an HIV prevalence of 19.7% in the City (18.6 – 20.8%; 95% confidence interval). The rate in Khayelitsha was 34.4%. These figures compare to a Western Cape prevalence of 17.1 % (16.3 – 17.9%; 95% confidence interval). The national prevalence was 29.5% in 2012 (2013 figures not yet released). The Medical Research Council (MRC) "Western Cape Mortality Profile 2011" study reported that HIV/AIDS was the leading cause of premature mortality in Cape Town and TB at number three on the list of leading causes.

Cape Town: antenatal HIV prevalence per sub district and overall; 2005 - 2013



	Eastern	Khayelitsha	Klipfontein	Mitchells Plain	Northern	Southern	Tygerberg	Western	CCT
2005	11.3	32.5	23.7	5.1	20.5	12.4	15.1	10.1	17.0
2007	18.3	31.4	23.2	11.7	22.7	9.9	9.9	15.9	17.6
2009	19.8	30.1	24.0	13.9	18.0	11.9	10.2	17.0	18.2
2011	17.9	37.1	25.1	20.8	26.2	12.2	9.4	19.1	20.9
2012	16.3	34.3	22.3	18.4	21.9	10.3	11.1	20.5	20.0
2013	18.4	34.4	20.7	16.8	22.2	8.2	11.9	21.9	19.7

Access to antiretroviral treatment (ART) for those qualifying according to stage of disease is good, but maintaining large numbers of people on ART for life is posing challenges. The availability of a single tablet taken once daily as the national standard first line regimen, or so called "fixed dose combination" (FDC) has been welcomed.

Although Cape Town continues to have an extremely high number of TB cases with 26,222 reported cases in 2013 and an incidence of 669 per 100,000 population (compared with a national figure of about 500 per 100,000); a downward trend in the number of reported cases has begun to emerge. This downward trend is consistent with global and national TB trends. The decline in the number of reported TB cases can in part be attributed to the scale-up of providing antiretroviral treatment to HIV infected people, as TB is one of the most common opportunistic infections in

HIV infected persons. The provision of ART to HIV infected TB clients has also steadily increased. Substantial improvements in TB outcomes havealso been achieved in the last number of years. However despite these achievments, TB is number 4 in the top 10 leading causes of death in Cape Town (behind ischaemic heart disease, HIV and interpersonal violence). (Western Cape Mortality Profile 2011; MRC).

In spite of the year on year decline in the number of reported cases, areas with high case loads and high dual infection rates such as Khayelitsha and parts of Klipfontein, Eastern and Mitchells Plain particular challenges remain. In Khayelitsha, not only is the antenatal prevalence of 34.3% above the national average, the TB incidence is a massive 1,164/100,000 population. The challenge is not only to maintain efforts at combating the HIV/AIDS and TB epidemics throughout the City, but to develop enhanced responses in the high burden areas. The diagnosis of drug sensitive and drug resistant TB has been enhanced by the roll out of a new diagnostic test: "Gene Xpert". The decentralisation of the management of drug resistant TB to PHC clinics has posed tricky new challenges regarding service delivery, clinical and ethical issues.

In view of the multiple factors contributing to the pandemics and the sheer scope and impact of these, it is clear that turning the tide of HIV/AIDS and TB requires the involvement of all sectors. It is *not* just a health department issue! A mainstreamed, multisectoral approach is the cornerstone to successful interventions. These aim to address the underlying factors fuelling the epidemics and reduce the impact of these diseases on individuals, families and communities.

Factors Fuelling HIV/AIDS in Cape Town

- Suboptimal use of condoms and not always practising safer sex
- High levels of other sexually transmitted infections (STIs)
- Social norms which accept / encourage high numbers of sexual partners and sexual concordance and "sugar daddies"
- Gender inequality, sexual violence and rape
- Poverty and unemployment
- Informal settlements with inadequate services
- Commercial sex work
- Stigma and discrimination
- Substance abuse

Factors Fuelling TB in Cape Town

- Poverty
- Urbanisation with overcrowding
- Damp, poorly ventilated houses/shacks
- High HIV prevalence
- Clients presenting or being identified late in the course of the disease
- Some clients never starting or interrupting treatment (defaulters)
- Substance abuse
- Smoking

VISION

To work together with the Provincial Health Department to mainstream a multi-sectoral response that mobilises all City sectors in a developmental intervention to fight HIV/AIDS and TB, thereby reducing the number of new infections (especially among the youth). We also aim to reduce the impact of HIV/AIDS and TB on individuals, families and communities.

STRATEGIC PLAN

City Health supports the National Strategic Plan on HIV STIs and TB 2012-16 (NSP) and Provincial Strategic Plan (PSP). The strategy for HIV/AIDS involves strengthening the prevention, treatment and care components. There is a strong emphasis on condom distribution: the District Health Barometer (2013/14) shows Cape Town has one of the highest distribution coverages of all SA Districts. Increasing HIV testing within clinic (including using the "ACTS" provider initiated testing model) and non medical sites as well as during outreach events is a key focus. HIV testing has a role to play as part of prevention efforts as well being the entry point to general HIV care, and when the need exists, to access ART. The number of facilities providing an ARV service (nurse driven, doctor supported) will continue to increase, as well as the number of clients on ART. Nurses will continue be trained and mentored to be

able to prescribe ART ("nimart"). "ARV chronic clubs" will continue to be rolled out, to provide a streamlined service for those clients who are stable on ART.

With respect to TB, a key objective is to increase case finding, including through screening all clients undergoing HIV counselling and testing as well as those in HIV care and those on antiretroviral treatment at each follow up visit. Further, there are methods to trace and ensure that all clients who are investigated and found to be TB positive are traced and commenced on treatment. There is a policy on infection control in health facilities.

The most important tasks at hand include:

- Mainstreaming HIV/AIDS and TB
- Mitigating the Social, Economic and Human Impact of HIV/AIDS and TB
- Strengthening the TB programme and integration with HIV care
- HIV Prevention
- HIV Treatment

MAINSTREAMING HIV/AIDS and TB

The City HIV/AIDS and TB Coordinating Committee, chaired by the Executive Director for Health, coordinates the multisectoral response. The committee brings together, on a quarterly basis, representatives of the City's directorates and the sub district Multi-Sectoral Action Teams (MSATs) as well as other community representatives (including TAC and NACOSA) and representatives from the Metro District Health Services (MDHS) and Western Cape Government Health Department. The function of the committee is to drive the mainstreaming of HIV/AIDS and TB and:

- Coordinate the City's multisectoral plan, with a focus on mainstreaming HIV and TB both externally (service delivery) and internally (workplace)
- Facilitate development of sector plans
- Hold directorates accountable for delivery
- Monitor overall delivery to ensure no duplication
- Lobby and advocate so as to make resources available

Indicator/Target for 2014/2015

- City directorate and departmental plans are being implemented and will be monitored by the HIV/AIDS Coordinating Committee. The target is for at least 12 sectoral plans. Directorates and departments expected to submit plans include: Health; Employee Wellness; Water and Sanitation; Electricity; Solid Waste; Sport and Recreation; Libraries; Finance; City Parks; Transport; Roads and Storm water; Planning and Building development management; Social Development and Early Childhood Development; Tourism; Metro police; Communication; Human settlements and Informal settlements.

MITIGATING THE SOCIAL, ECONOMIC AND HUMAN IMPACT

Multi-Sectoral Action Teams (MSATs) are operational in each of the eight sub-districts. These bring together local stakeholders involved in HIV/AIDS and TB, non-governmental organisations (NGOs), community based organisations (CBOs), local business, faith based organizations, local officials and the business sector so as to develop and drive a co-ordinated plan that addresses local needs. This entails the mobilisation of communities and participation of key stakeholders in the development and funding of projects that address local needs. The Global Fund Community Based Response (CBR) programme, which funds qualifying NGOs on an annual basis, will continue to be administered by City Health until 2016 (with so-called "rolling continuation channel" funds).

- Target 2014/15: fund 55 projects

TB: STRENGTHENING THE TB PRGRAMME, INTEGRATION WITH HIV CARE AND DEVELOPING A RESPONSE TO MDR TB

Improvements in TB outcomes have been achieved in the last number of years, which need to be maintained or further strengthened at some sites. Although co-infection rates (with HIV) are declining, integration with HIV care is important and efforts are underway to increase the number of clinics which provide TB treatment which also provide ART. Community adherence support to TB and HIV infected clients on treatment has been integrated at all clinics. Clients will be visited weekly at home to provide support and monitor adherence to treatment.

The treatment and management of clients with drug-resistant TB has been decentralised to primary health care level; these clients are a vulnerable group and additional support will be provided to clinics to enable them to manage and support clients and their families.

Indicator/Targets for 2014/2015

- Treatment success rate for all TB clients: 83%
- New smear positive TB cure rate: 83%
- % HIV+ve TB Clients that were started on ART: 70%
- % MDR TB cases culture converted: 42%

HIV PREVENTION

Preventing new HIV infections remains a priority. Condoms will be distributed through clinics, libraries, community facilities and all Council offices as well as at outreach events, together with appropriate educational material on HIV prevention. Female condoms will be available at all clinics. The City will continue to participate in the Prevention of Mother to Child Transmission Programme (PMTCT) through the follow up of mothers and babies at City clinics, including promoting breast feeding in HIV positive mothers on ART or the provision of free milk formula in appropriate situations. The management of sexually transmitted infections will be a focus, including the offering of HIV testing to STI clients, as STIs are a driver of HIV infection. Clients will be referred for medical male circumcision. Prevention efforts in communities will be strengthened through clinic outreach activities. Sub-districts will organise a community outreach, including HIV testing as one of a number of health promotion interventions, at least once per quarter.

Indicator/Targets for 2014/2015

- Number of condoms per male >15 yrs distributed per annum: 60
- Number of clients tested for HIV in a year: ≥700 153 (about 24% of adult population)
- PMTCT: transmission rate: ≤1.7%

HIV TREATMENT

The City provides a comprehensive HIV treatment programme which includes:

- Nutritional support
- Provision of reproductive health services and management of STI's
- Prevention and treatment of opportunistic infections, including TB
- Screening and referral or on site provision of ART (at specified sites)
- Referral to NGOs and CBOs for home based care
- Referral to community care workers for adherence support for clients on ART (integrated with TB adherence support for those with dual infection)
- Psychosocial support: clinical psychologist at (larger) ART sites

Despite significant funding constraints, City Health has continued to roll out new ART services at its clinics in the form of fully integrated TB-HIV services supported by innovative medicine delivery methods. During 2014/15 City Health will be providing ART at 32 of its clinics, as well as the City at Chapel St clinic (as part of the Employee Wellness workplace programme for HIV positive staff and family members):

Health subdistrict	Clinics providing ART
Eastern	Dr Ivan Toms, Eerste River, Ikhwezi, Wesbank
Khayelitsha	Kuyasa, Luvuyo, Matthew Goniwe, Mayenzeke, Site B Youth, Site B Male, Site C Youth, Town 2, Zakhele
Klipfontein	Guguletu, Masincedane, Vuyani
Mitchells Plain	Lentegeur, Mzamomhle, Phumlani, Tafelsig, Weltevreden Valley
Northern	Bloekombos, Fisantekraal, Wallacedene
Southern	Hout Bay Main Rd, Klip Rd, Masiphumelele, Parkwood, Seawinds
Tygerberg	Delft South
Western	Albow Gardens, Langa

Indicator/Targets for 2014/2015

- % HIV +ve clients with CD4 count result recorded in folders as per audit: 85%
- Number of new clients newly enrolled on ART at City Health sites during 2014/15: 8,291

- Number of clients on ART ("remaining in care" or "RIC") at City Health sites by March 2015: 38,946

PARTNERSHIPS

The major partnership is with the Western Cape Government Health Department and Metro District Health Services (MDHS) and with NGOs funded by MDHS which employ staff who work in the HIV and TB programmes in facilities and as treatment supporters in communities. (Unless otherwise specified, the targets are joint targets for City Health and MDHS services).

Other key partnerships are with:

- NGO's which support programme implementation
- Academic institutions, including those doing research
- NGOs and CBOs at a local level who are part of the local MSAT.