

HIV, Aids and TB PLAN 2009/2010

DIRECTORATE DRAFT BUDGET 2009/2010

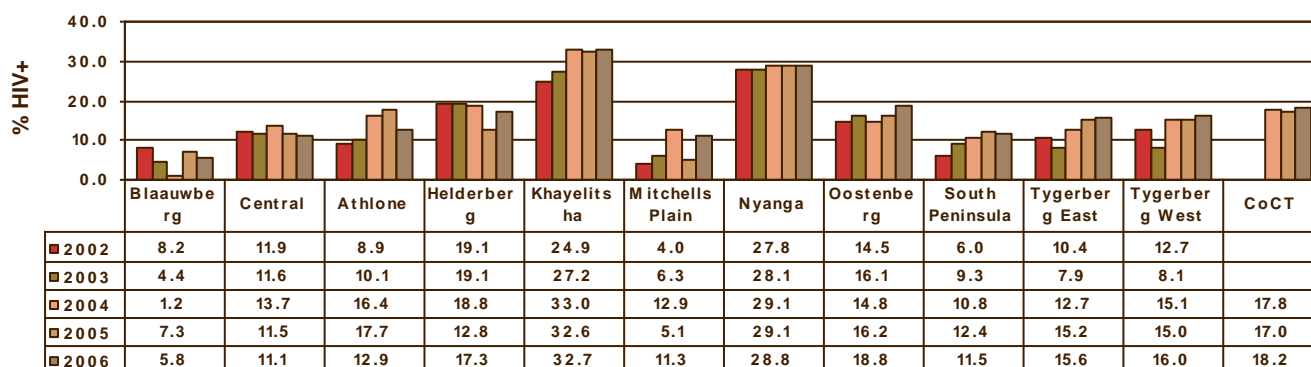
Operating Budget: R 515,236,487
Capital Budget: R 18,956,928

RATIONALE

The City of Cape Town has 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.

In the last 3 years, the overall HIV prevalence in Cape Town appears to be levelling, although in some areas this is at a very high level. The 2006 Antenatal Survey showed an HIV prevalence of 18.2% in the City (+/-1.8% 95% confidence interval). The rate in Khayelitsha was 32.7% (+/- 3.2%) and in Nyanga 28.8% (+/-3.8%). These compare to a National prevalence of 29.1% (+/- 0.9%). The MRC "Cause of death and premature mortality in Cape Town 2001-2006" study reported that HIV/Aids was the leading cause of premature mortality in 2006.

HIV Antenatal Survey 2002-06



Cape Town continues to have an extremely high number of TB cases with 28,224 reported cases in 2008 (an increase of 4% compared to 2007) and an incidence of 867 per 100,000 population (compared with a national figure of about 500 per 100,000).

Particular challenges are posed in areas with case loads and high dual infection rates such as Khayelitsha, Klipfontein and parts of Mitchells Plain. In Khayelitsha, not only is the antenatal prevalence of 32.7% above the National average, the TB incidence is currently a massive 1,592/100,000 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. New challenges have also arisen in the TB control programme, with the emergence of drug resistant TB (MDR and XDR TB), which pose difficult 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
- Sexual violence and rape
- Poverty and unemployment
- Informal settlements with inadequate services
- Commercial sex work, including child prostitution
- Stigma and discrimination
- Migrant labour
- Low status of women
- Hopelessness

Factors Fuelling TB in Cape Town

- Poverty
- Urbanisation with resultant overcrowding
- Damp, poorly ventilated houses/shacks
- High HIV prevalence
- Clients presenting or being identified late in the course of the disease (so can infect many others before treatment)
- Poor treatment outcomes due to treatment interruption (defaulters)
- Substance abuse
- Smoking

LEGAL REQUIREMENTS

Clinic Health Services are the joint responsibility of Local Government and the Provincial Health Department.

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 on individuals, families and communities, including the Council workforce and reach an 85% cure rate for new smear positive TB cases.

STRATEGIC PLAN

The strategy for HIV/Aids involves strengthening the prevention, treatment and care components. There is already a strong emphasis on condom distribution: the Health Barometer shows Cape Town has by far the highest coverage of all SA Districts and the number of new STI cases has decreased over the last number of years. Increasing HIV testing within clinic and non medical sites as well as during outreach interventions (including the "GET TESTED" campaign) 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 antiretroviral treatment. The number of facilities providing an ARV service (nurse driven) will continue to increase, as well as the number of clients on antiretrovirals.

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, efforts are under way to improve efforts to trace and ensure that all clients who are investigated and found to be TB positive are traced and commenced on treatment. These efforts are aimed at reducing continued community transmission of TB. Reporting on multi drug resistant (MDR) TB is being improved. Plans to improve infection control in health facilities are being implemented.

The most important tasks at hand include:

- Mainstreaming HIV/Aids and TB
- Mitigating the Social, Economic and Human Impact
- Strengthening the TB control programme and integration with HIV care
- HIV Prevention
- HIV Treatment
- HIV Workplace Programme

MAINSTREAMING HIV/AIDS and TB

The City HIV/Aids and TB Coordinating Committee, chaired by the Mayoral Committee Member for Health, coordinates the multisectoral response. The committee brings together, on a quarterly basis, representatives of relevant directorates and the sub district Multi-Sectoral Action Teams (MSATs) as well as other community representatives. The function of the committee is to drive the mainstreaming of HIV/Aids and TB and:

- Coordinate the City's multisectoral plan, both external and internal (workplace)
- Facilitate development of sector plans
- Hold directorates accountable for delivery
- Monitor overall delivery to ensure no duplication / wastage
- Lobby and advocate so as to make resources available
- Create an enabling environment to operationalise Sub-District plans

Indicator/Target for 2009/2010

- ❑ Departmental plans are being implemented and will be monitored by the HIV/AIDS Coordinating Committee including for: Health; Human Resource Management; Sport and Recreation; Libraries; Finance; Service Development Integration; City Parks; Economic and Social Development; Communications; Housing; Water and Sanitation.

MITIGATING THE SOCIAL, ECONOMIC AND HUMAN IMPACT

Multi-Sectoral Action Teams (MSATs) are operational in each of the eight sub-districts. These bring together all the local stakeholders involved in HIV/Aids and TB – non governmental organisations (NGOs), community based organisations (CBOs), local business, faith based organizations, local officials, councillors and Sub-Council managers 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 programme, which funds qualifying NGO's, will be administered by City Health (if rolling continuation channel funds are made available).

TB: STRENGTHENING THE TB CONTROL PROGRAMME, 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. There is a high co-infection rate with HIV, so integration with HIV care is important.

Indicator/Targets for 2009/2010

- ❑ New smear positive TB cure rate per quarter: 78%
- ❑ Slow the rate of increase of TB per 100,000 of Cape Town Population: ≤1,090
- ❑ % TB Clients tested for HIV: 90%
- ❑ % HIV +ve TB Clients that had a CD4 Count: 95%

HIV PREVENTION

Preventing new HIV infections remains a priority. The focus is on the ABC of prevention: **A**bstain, **B**e faithful to one partner or if having multiple sexual partners or if HIV positive, to always use a **C**ondom. Condoms will be distributed through clinics, libraries, community facilities and all Council offices together with appropriate educational material on the ABC of prevention. The City will continue to participate in the Prevention of Mother to Child Transmission Programme through the follow up of mothers and babies at City clinics and the provision of free milk formula. The management of concurrent sexually transmitted infections will be improved, including the offering of HIV testing to STI clients, as this is a key driver of HIV infection. Prevention efforts in communities will be strengthened through clinic outreach activities. Sub-Districts are organising a community outreach re the 'GET TESTED' campaign every quarter.

Indicator/Targets for 2009/2010

- ❑ Number of condoms per male >15 yrs distributed: 60
- ❑ % of adults > 15 tested for HIV: 12%
- ❑ % of STI clients accepted Voluntary Counselling and Testing (VCT): 70%
- ❑ STI Partner Treatment Rate: 23%
- ❑ Number of outreach prevention interventions in communities: 344

HIV TREATMENT

The City provides a comprehensive 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 NGO's and CBO's for home based care
- A patient advocate programme as community based support for adherence for clients on ART
- Psychosocial support: clinical psychologist at ART sites

The strong partnership between City and Province in the provision of antiretroviral treatment (ART) has allowed for an expanding ART programme. As at the end of February 2009 the City is providing ART at Chapel St, as part of a workplace programme for HIV positive staff, and at 14 clinics:

- Hout Bay Main Road
- Langa
- DuNoon
- Ikhwezi
- Dr Ivan Toms
- Albow Gardens
- Mathew Goniwe
- Kuyasa
- Site C youth
- Wallacedene
- Delft south
- Site B youth
- Bloekombos
- Town 2

Indicator/Targets for 2008/2009

- % HIV +ve clients with CD4 count result recorded in the VCT Register: 70%
- Number of clients on Anti Retroviral treatment (ART) at City sites by end March 2010 (end of PGWC Financial year): 12,764

CRITICAL SUCCESS FACTORS/RISKS/DEPENDENCIES

- Adequate staffing in clinics
- Continued Global funding to MSAT NGO's
- Provincial funding for an enhanced TB response, including to MDR TB

PARTNERSHIPS

The major partnership is with the Provincial Health Department and with NGOs funded by PGWC which employ staff who work in the HIV and TB programmes in facilities and as treatment supporters in communities. The other key partnerships are with NGOs and CBOs at a local level who join the local MSAT.