CARE FOR HIV PATIENTS IN RURAL SOUTH AFRICA

- The health systems context in rural South Africa presents significant challenges for addressing the problems of HIV/AIDS.

- Improving access to treatment and care is the World Health Organization's focus for the campaign marking the 2013 World AIDS Day, which takes place on December 1.

- Nowhere is that message more relevant than in South Africa, a country with the highest rates of HIV/AIDS infection in the world.

- More than 7million people are living with the disease, comprising almost 8 percent of the population.

- Among women of reproductive age, a staggering 20 percent are HIV-positive.

- . In KwaZulu-Natal Province where I work, district level government responses to HIV treatment issues are principally focused in urban, higher population areas.
- Rural health systems rely more heavily on nongovernmental organizations (NGOs), which have serious time limitations and insecure external funding.
- Weak management skills, and insufficient capacity to design and monitor services, are key problems.

- UNAIDS 2020 HIV/AIDS ambitious goal of having 90% of all people living with HIV to know their HIV status, 90% of all people diagnosed HIV infection to receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy to have viral suppression is knocking the door. The possibility of achieving this in rural south Africa looks like mirage.
- Public health facilities in the rural KwaZulu-Natal, throughout Eastern Cape and Limpopo province, country's least developed areas where i have worked, have experienced severe shortages of essential medicines and medical supplies in the past year.
- Mismanagement by the municipal health department has resulted in stacks of the antiretroviral (ARV) drugs used to treat HIV infection lying in storage while patients are turned away from clinics leaving them to face the consequence of not taking ARV pills for weeks with the development of resistance to the drug and also high risk of HIV-opportunistic illnesses.

- Yet distributing the drugs has been a challenge, in one case, the HIV medication has also been used as an ingredient in a street drug called "nyaope" or "whoonga". This cheap, potent mixture of heroin, marijuana and crushed ARV pills has become popular in impoverished townships.

- There is also a shortage of health personnel in rural areas, and high attrition rates due to poor work conditions, substandard accommodation environments, inadequate pay and benefits, and illness and stress resulting from to the high demands posed by the HIV/AIDS epidemic and other primary health care issues.
- Overall, the rural health structure is very under-developed, under-staffed, under-resourced and under-trained around issues of HIV/AIDS.

- As test and treat for HIV positive patients in South Africa is set to take off in September 2016, for it to benefit the rural populace and meet UNAIDS ambitious goal of 90-90-90 by year 2020, overhauling of care for HIV positive patient in rural areas in South Africa is imperative.

South Africa

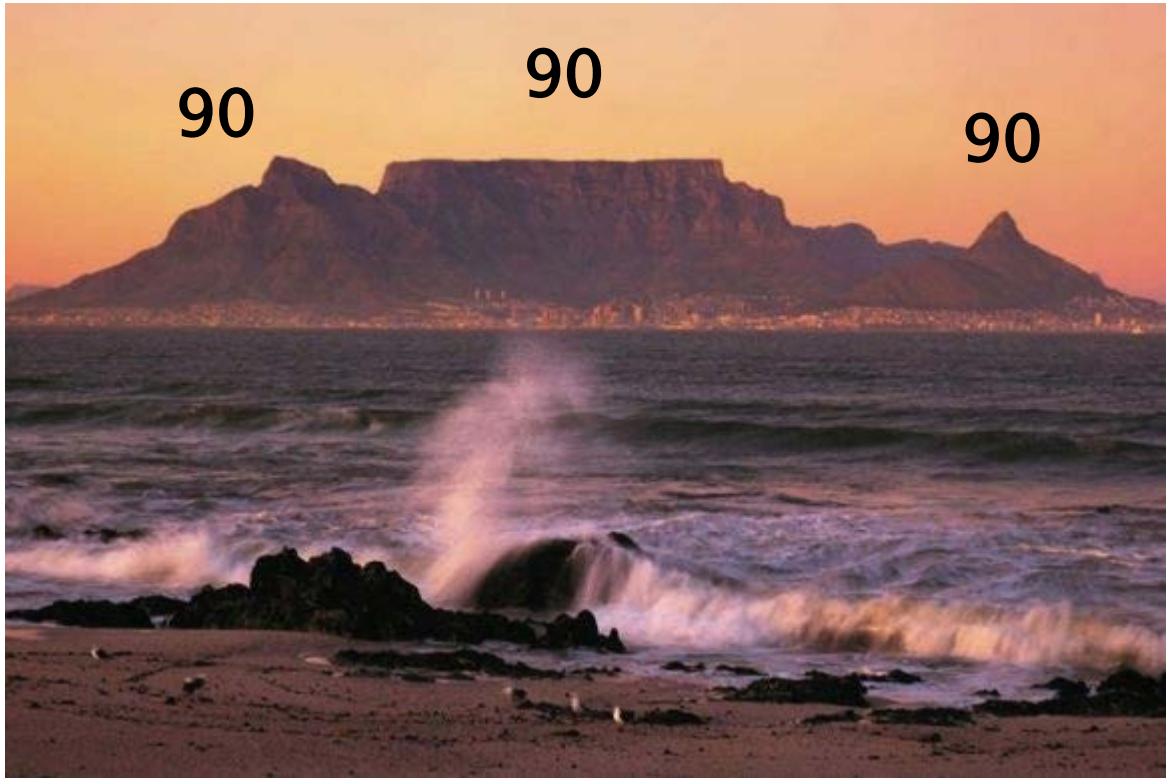
Managing the Adolescent Burden of Care

- 4% MTCT rate at 18 months (2014)
- 240 000 HIV+ kids (<14yo) in 2015
- 5,5% 15-24year olds are HIV+
- 2000 New infections per week in 15 – 24 y.o women

Translates into a country with:

- Largest ART population in the world
- Increasing numbers of adolescents on ART
- Finite resources (especially Staff)

Where are we at?



- Status known – testing availability and acceptability
- On ART – 74% of kids, 50% of adults
- Virologically suppressed – ranges from 33% – 80%

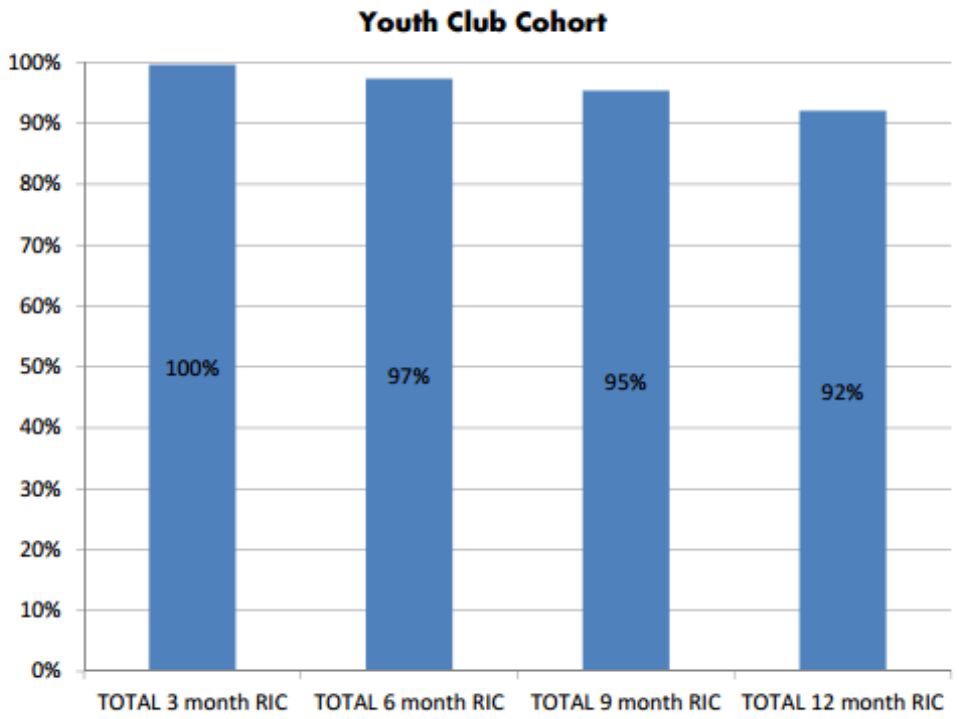
Youth Retention in Care Strategies

- Parent-teen clubs
  - VUKA initiative
- NPO driven annual youth camps for teenagers on ART
- Collection of ART "parcel" at local chain store
- Adherence Clubs

AVOID the Queue!

Adherence Clubs

- Adherence Clubs
  - Decrease time at the clinic
  - 1 staff member (often nurse or community counsellor) per group
  - Closing HIV cascade gaps in the long-term care
  - Group of 20 HIV+ youth
  - Mixed group of non-eligible, newly initiated on ART & stable on ART
  - Meet monthly for first year, thereafter once every 2 months
  - Integrated clinical care & psychosocial support



Henwood, R
MSF

304 youth enrolled from Khayelitsha (W.Cape)
10 youth clubs
Age out at 25 – into adult club

Thank you!
– Dr Ana Houston