

#4

COMMUNITY SYSTEMS TOOLBOX

COMMUNITY SYSTEMS STRENGTHENING

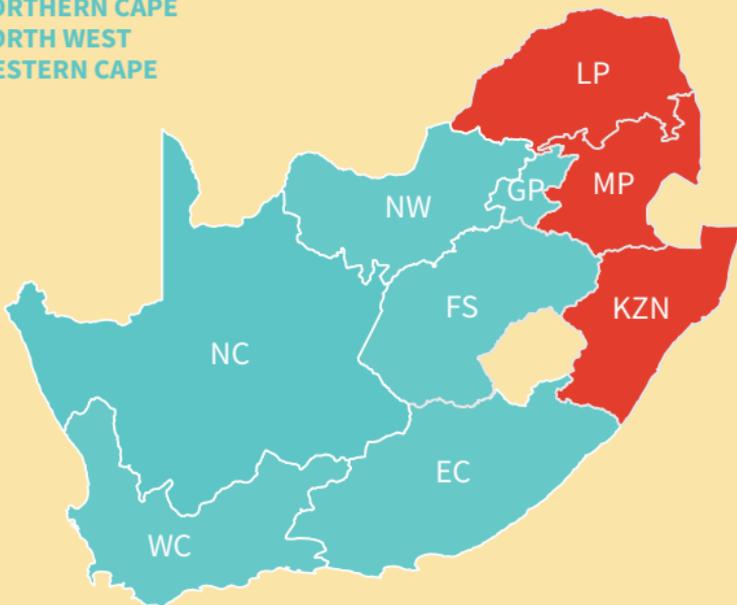
Increasing access to quality health and social services. Building strong communities.

Coordinated, capacitated and resilient communities play a vital role in the development of national plans and can improve access to services.

The Community Systems Strengthening (CSS) programme, funded by the Global Fund, works to strengthen the coordination of the national HIV, AIDS and TB response and build the capacity of community organizations and structures across the country. Working together, the AIDS Foundation of South Africa (AFSA) and the Networking HIV and AIDS Community of Southern Africa (NACOSA) implement the programme across all nine provinces.

EP EASTERN CAPE
FS FREE STATE
GP GAUTENG
KZN KWAZULU-NATAL
LP LIMPOPO
MP MPUMALANGA
NC NORTHERN CAPE
NW NORTH WEST
WP WESTERN CAPE

● AFSA
● NACOSA



BROUGHT TO YOU BY:



These 90s are called the HIV cascade



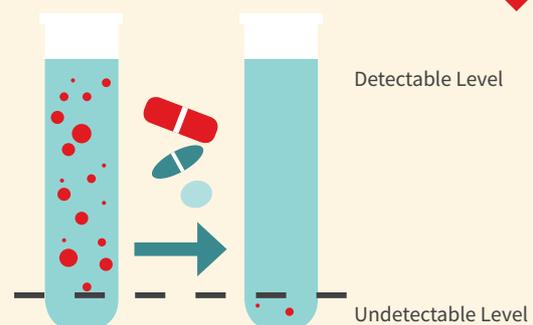
“Governments, civil society groupings, funding agencies and communities have all signed up to these targets which also form part of the United Nations’ Sustainable Development Goals.”

– UNAIDS

Viral Suppression

Viral suppression is when antiretroviral therapy (ART) reduces the amount of HIV in a person’s blood – their viral load – to an undetectable level.

Undetectable = Untransmittable



SOUTH AFRICA

Where are we?

TESTING

85%



66.2%



85% of the estimated number of adults living with HIV, know their status, an increase from 66.2 % in 2014.

TREATMENT

82%



82% of people living with HIV are on antiretroviral treatment (ART).

SUPPRESSION

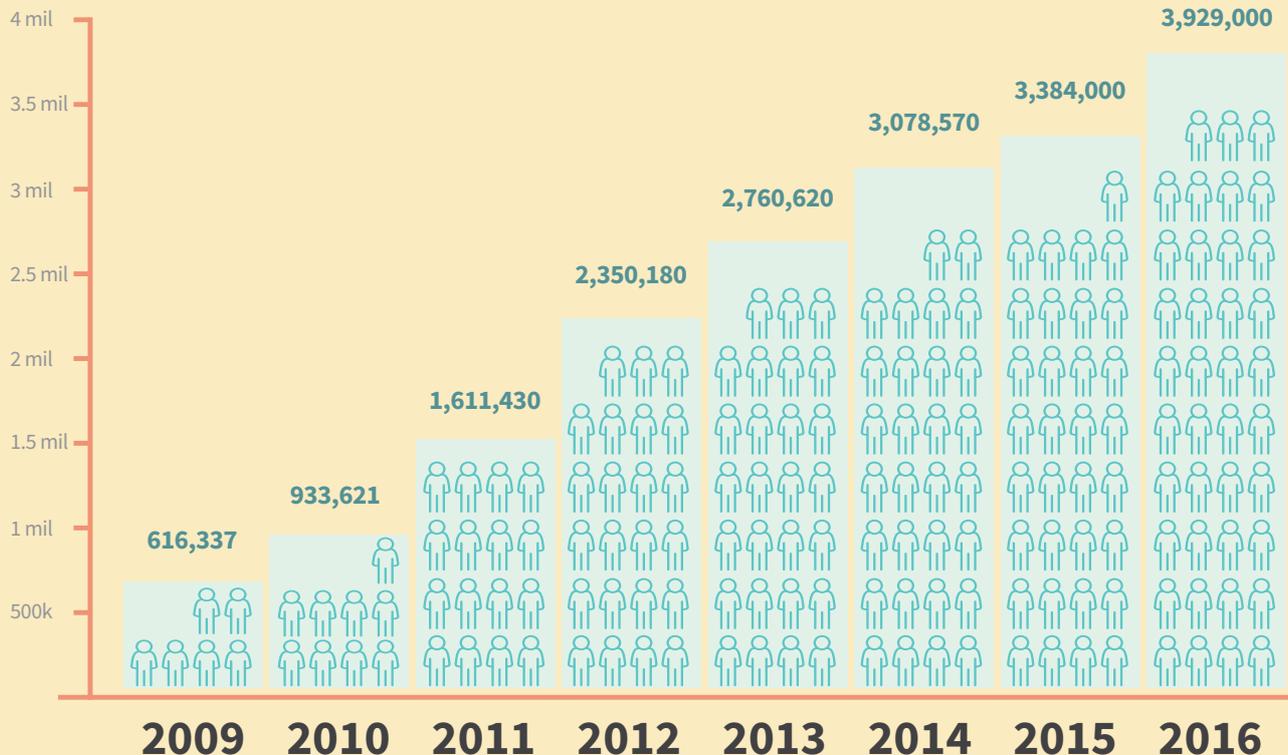
62%



62% of those living with HIV are virally suppressed.

South Africa has the largest treatment programme in the world, accounting for 20% of people on antiretroviral therapy globally.

Number of people receiving antiretroviral treatment



The National Strategic Plan for HIV, TB and STIs 2017–2022 aims to accelerate progress towards meeting the Fast-Track Targets by: reducing new HIV infections; improving treatment, care and support; reaching key and vulnerable populations; and addressing the social and structural drivers of HIV.

90-90-90 Fast Track Targets

In 2014, UNAIDS launched new targets for HIV treatment scale-up with the ultimate aim of ending AIDS by 2030.

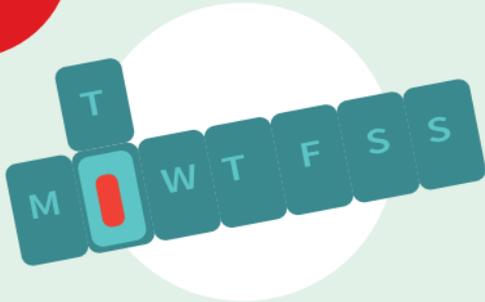
THESE TARGETS ARE, BY 2020:

90%



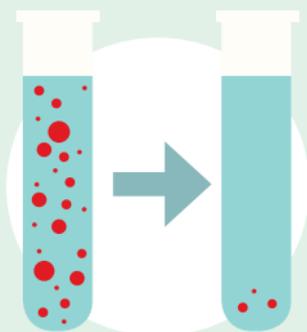
90% of all people living with HIV will know their HIV status.

90%



90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.

90%



90% of all people receiving antiretroviral therapy will have viral suppression.

TESTING

My name is Choice. I found out about my HIV status a week after I gave birth to my first born child. It took me the longest six months of my life to tell someone. Keeping my status to myself was the hardest thing I ever had to do. I became depressed before I could tell my mom but after I told her I could get the support and love from her.

Testing was the first step in my HIV journey and it is the first step on the 90-90-90 cascade. We want 90% of all people living with HIV to know their HIV status.



HIV testing services (HTS) is the full range of services provided with HIV testing, including pre- and post-test counselling; linkage to HIV prevention, treatment and care services, and other clinical and support services; and coordination with laboratory services.

South Africa has made great progress in getting people to test for HIV but there are still many barriers:

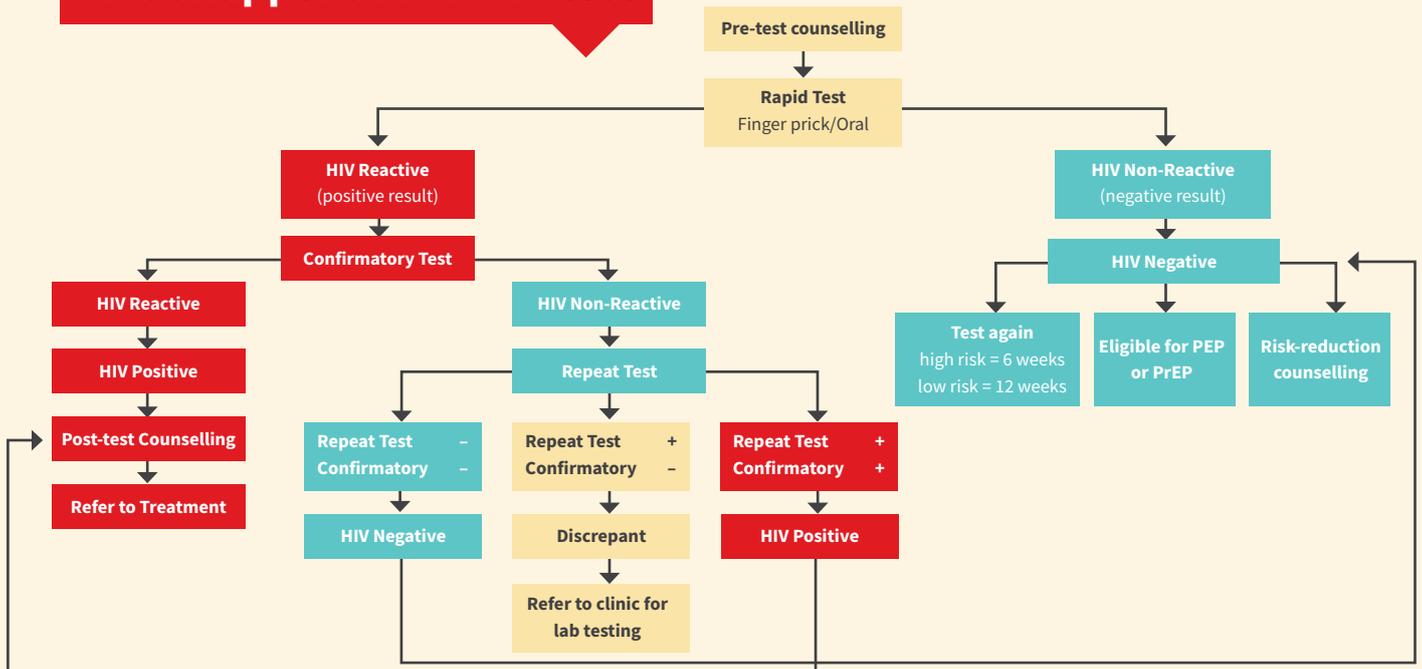
- Women are more likely to test than men, mainly because they tend to visit the clinic more often.
- There is a link between a person's **socio-economic background** and the likelihood they will test. Those who take an HIV test are more likely to have a higher level of

education, be employed and have a better understanding of their risk.

- **Young people** can be reluctant to have an HIV test because of fear or embarrassment. Some parents refuse to allow their children to be tested. Young people can be put off going to clinics if they are not youth-friendly.
- **Stigma** around testing is still a reality. This particularly affects people from key population groups such as sex workers, injecting drug users and men who have sex with men – preventing them from testing.

The National Strategic Plan identifies closing these testing gaps as a key priority. The plan is to decentralize testing, so that more work places and community settings (like community organisations and outreach events) are able to provide HIV tests. The country will also be rolling out HIV self-testing widely.

What happens in an HIV test



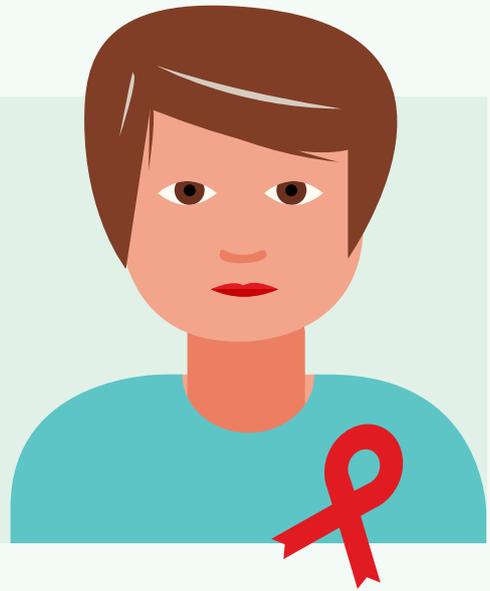
It is important for people living with HIV to have the support of friends and family. So it is a good idea to tell people close to you if you are HIV positive. This is called **disclosure**.

Testing means that people can get the support and treatment they need to live a healthy life.

TREATMENT

My name is Amanda. I took my first dose of ARVs when my CD4 count was just 220. After years of living in denial and fighting with myself, I took control: a step I never regretted. Six months later my CD4 count was at 506, and my viral load is undetectable. Gradually, I have realized that I may have HIV but HIV does not have me!

I found out that treatment was the key to feeling better and living a healthy life. We want 90% of all people diagnosed with HIV to be on treatment.



Although HIV is not curable yet, it is treatable with antiretroviral (ARV) medicines. Antiretroviral treatment (ART) is the combination of medicines used to treat people living with HIV. ART works by keeping the level of HIV in the body low. This allows the immune system to stay strong. Today, patients like me take only one pill a day.

ART does not completely destroy HIV but it keeps it under control by stopping the virus from replicating.

A CD4 Count is a test to measure how many CD4 cells a person has in their blood. CD4 cells are a type of white blood cell that find and destroy invading germs. HIV kills CD4 cells so a CD4 count is an important test to measure what stage of disease a person is at.

People on ART may experience some side-effects such as tiredness, nausea, diarrhoea and uneven weight gain. These usually pass but people who experience severe side-effects should go back to their doctor or clinic. They should **not stop** taking their ART.

In 2017, UNAIDS reported that 3.7 million people were receiving ART in South Africa. The country's ART services

expanded rapidly following the World Health Organization's 'test and treat' guidelines. Before then, people had to have a very low CD4 count before they were put on ART. In 2016, South Africa started implementing 'test and treat' where everyone who tests positive for HIV starts treatment immediately.

The success of South Africa's ART programme is clearly shown in the increase in national life expectancy from 59 years in 2010 to 64 years in 2017.

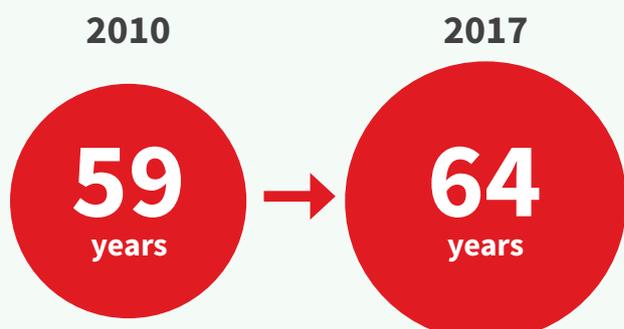
However, there are still some issues around access to treatment:

- Men are more likely to start ART at an older age and later stage of infection and therefore have almost double the mortality rate than that of women.
- Children and young people can have difficulty accessing treatment because many don't understand the importance of treatment and health facilities are often not child and youth-friendly.
- Stigma – internal and external – is a significant barrier to care.

It is vitally important for people living with HIV to get onto treatment as soon as possible and to stay on treatment with the support of family, friends, the community and health care workers.



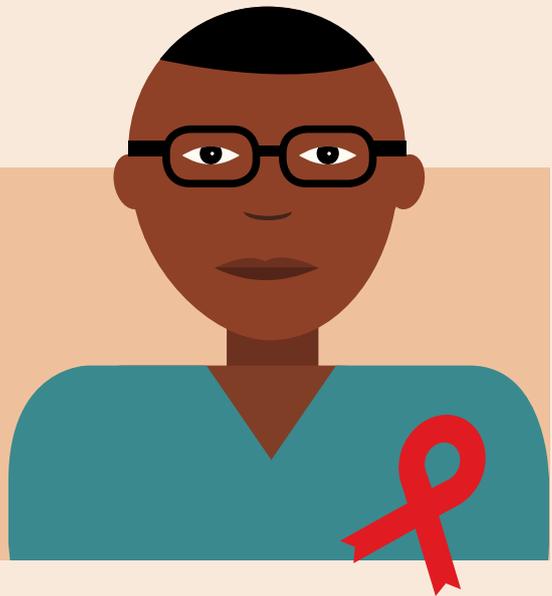
SA's national life expectancy



ADHERENCE

My name is Thula. Next year will be the ninth anniversary of this amazing journey (discovering that I am HIV positive). I didn't allow HIV to limit me and steal my dreams – today I'm happily married to an HIV negative woman, and I'm a father of two.

Because I adhere to my treatment and am virally suppressed, I stay healthy and cannot pass HIV on to my partner. We want 90% of all people receiving antiretroviral therapy to have viral suppression.



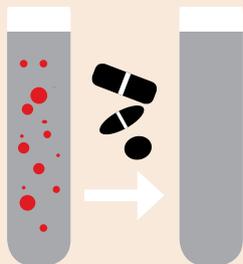
Adherence means taking ART medicines exactly as the doctor or clinic says; at the same time every day with food and never missing a dose. There are many problems that come with not taking ART properly:

- There is no viral suppression so HIV can be passed on to others
- The immune system won't be strong, increasing the chances of getting sick with opportunistic infections such as pneumonia, TB and thrush.
- The virus may develop resistance to the medicines which then won't work properly.

Viral Load

A **Viral Load** test measures the amount of HIV present in the blood. If an HIV positive person takes ART every day, their viral load will reduce to a level that can't be seen – this means they have **viral suppression**. This does not mean that the HIV is gone, it means that it is under control. A person who has viral suppression has no risk of passing on HIV to their sexual partner/s.

Simply being on treatment doesn't automatically mean that a person will have viral suppression. Viral loads must be



regularly tested (Department of Health policy is every 6 months). It is common for viral loads to change, particularly when first starting ART. If ART is stopped, the viral load will go back up again.

The South African Department of Health indicates that the most common cause of death of patients living with HIV is because of non-adherence to ART. Barriers to adherence include:

- Economic: lack of access to transport to get medication and a shortage of food to take the medicine with.
- Long waiting times, having to take time off work and negative attitudes of clinic staff
- Lack of social support or counselling
- Low levels of health literacy (education about treatment)
- Stigma around HIV and AIDS

Positive social and family support is associated with good medication adherence, therefore community-level support for patients outside of health facilities is important. Community health workers, mobile clinics and community-based adherence clubs can improve adherence and reduce facility crowding.

Community organisations have a critical role to play in closing South Africa's 90-90-90 gaps. Some **strategies** include:

- Linking with district health facilities for outreach events
- Targeting hard to reach populations
- Providing community-based testing and adherence support services outside of normal clinic hours
- Having youth or key population sensitive services
- Linking with local schools to provide HIV awareness and prevention information
- Mobilizing communities for testing, treatment adherence and viral load testing.

Let's work together to put an end to AIDS by 2030!



SHARING IS CARING

Share this toolbox with others in your community and invite them to join the Strong Systems community.
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