

HIV testing,
treatment and care:
Health systems
readiness for the

UNAIDS 95-95-95

targets in rural
KwaZulu-Natal,
South Africa.



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HIV testing, treatment and care: Health systems readiness for the UNAIDS 95-95-95 targets in rural KwaZulu-Natal, South Africa.

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INTRODUCTION

In September 2019, UN Member States agreed to UN 95-95-95, an ambitious set of targets that aimed to ensure that everyone everywhere has affordable health coverage by 2030 (1). Despite impressive gains in service delivery UNAIDS data published in 2020 suggests that South Africa is not yet reaching any of the targets (2).

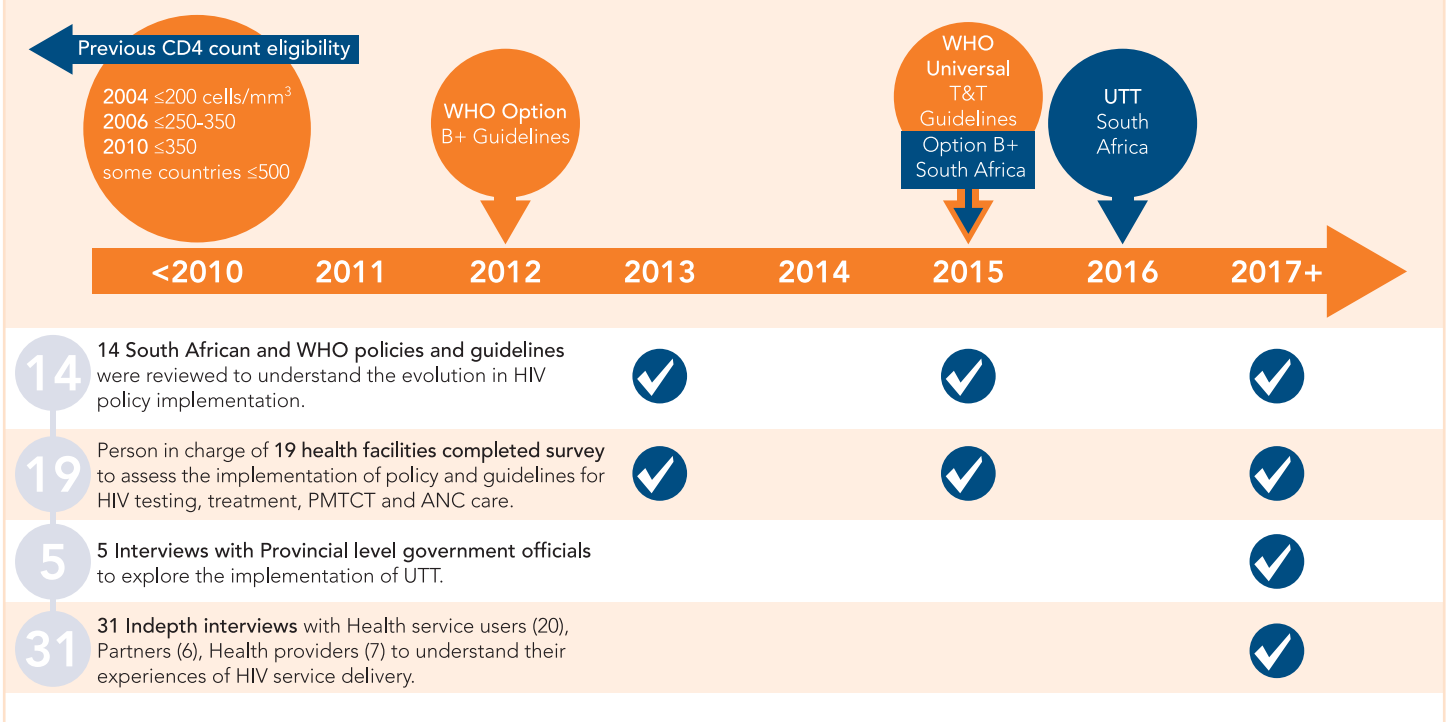
Previous research in uMkhanyakude (rural KwaZulu-Natal) highlighted several bottlenecks in HIV care (3) and could influence how the health system, in this setting, could function to deliver HIV services and achieve the UNAIDS 95-95-95 targets. The study, Strengthening Health Systems for the Application of Universal Test and Treat (SHAPE-UTT) evaluated policy implementation and health systems impacts of Universal test and treat policies in Malawi, Tanzania and South Africa. Key findings from uMkhanyakude relevant to health system readiness and preparedness to realise the UNAIDS 95-95-95 in South Africa are presented here.

RESEARCH METHODS USED IN SHAPE-UTT

The research used a combination of quantitative and qualitative forms of data collection which were conducted between 2013 and 2017, a timeline corresponding to rapid evolution of WHO and national policy and guidelines (see Fig 1).



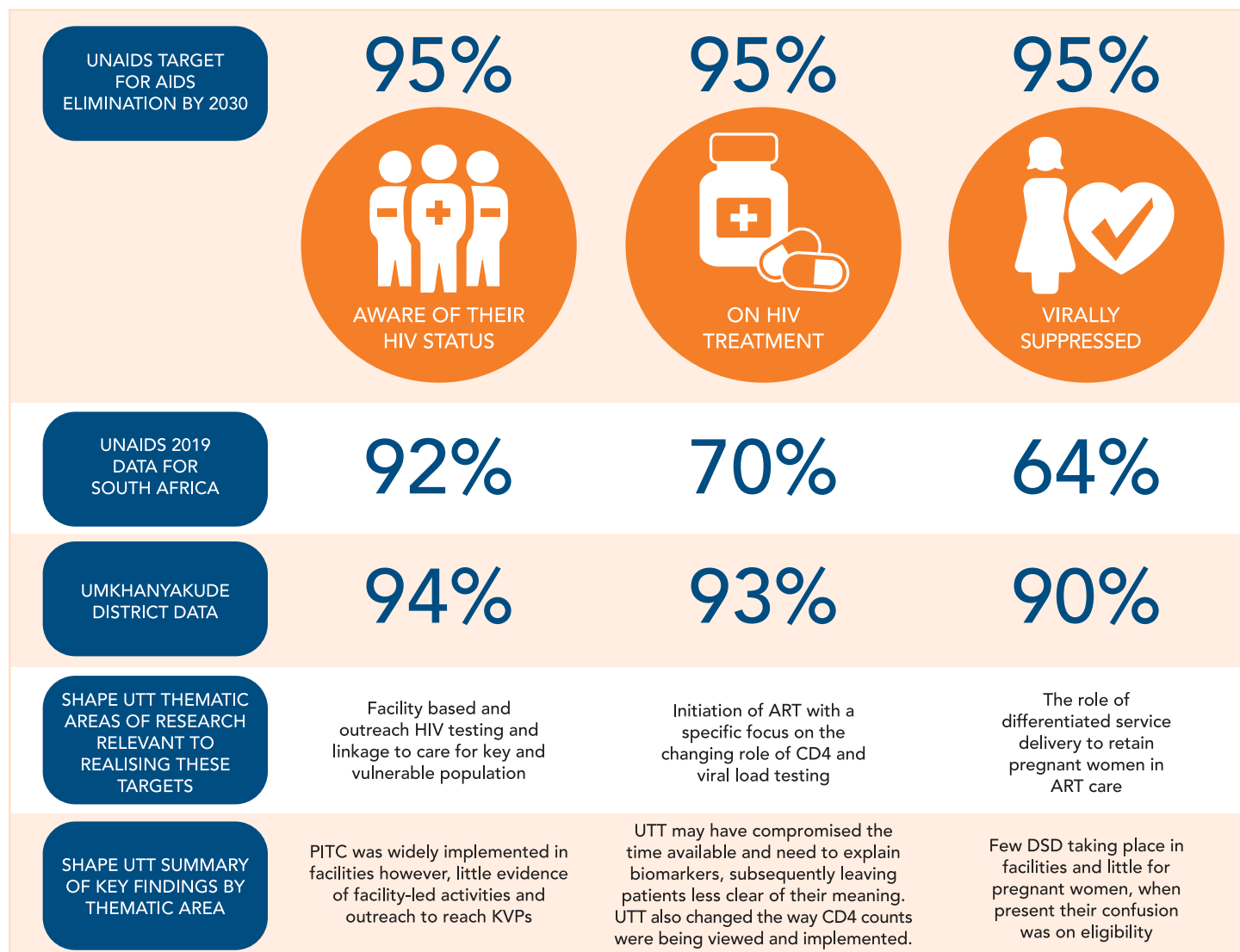
FIGURE 1: SHAPE-UTT TIMELINE



Key findings.

In this policy brief we draw on findings that speak to three key areas required to reach to 95-95-95 targets (2, 4) (see Fig 2)

FIGURE 2: UN 95-95-95 TARGETS AND SHAPE UTT KEY FINDINGS



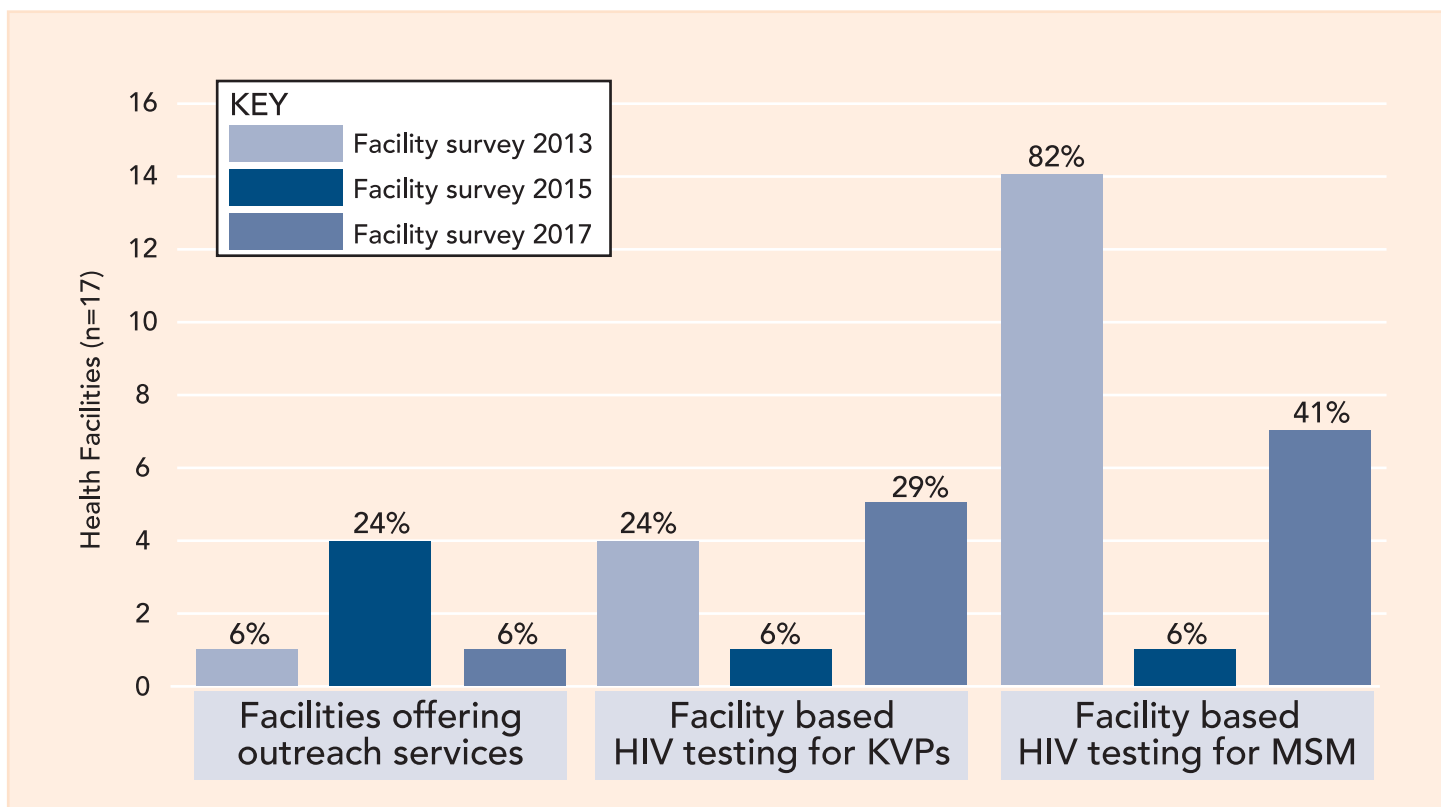
Description of key findings

i. HIV Testing and service delivery Showed Significance Gains since 2015, but with Persistent Gaps for Key Populations

HIV service coverage, access, and quality of care were successfully implemented in health facilities (5). However, HIV testing for key populations such as men who have sex with men (MSM), sex workers and drug users remains low. Health facilities in uMkhanyakude reported sup-optimal availability of facility based and outreach services for reaching vulnerable populations (Figure 3). Globally HIV testing for key populations is low (6). A lack of testing and counselling services at the facilities or through outreach may be prohibiting MSM and sex workers from taking up services.



FIGURE 3: HIV OUTREACH AND TESTING SERVICES OFFERED IN HEALTH FACILITIES FROM 2013-2017



ii. Utility of CD4 and Viral load measurements (Biomarkers)

Our findings suggest that the roll out of universal test and treat has pushed the focus to initiating ALL patients onto treatment sometimes at the expense of ensuring basic clinical testing and monitoring of viral load and CD4 counts are conducted (7). CD4 counts and baseline markers were not collected the same way in all health facilities. Health workers reported having limited time with each client to explain the CD4 and viral load results to their patients and patients, also recognised this.

iii. Different model of ART delivery for pregnant and post-partum women

Recent WHO recommendations that differentiated care services should be offered for specific populations, including pregnant and post-partum women (8). Tailor-made HIV care services are important in improving adherence to treatment among people who are living with HIV. Findings from the study indicate that in uMkhanyakude multimonth scripting was taking place in the facilities:

“You find that after taking the blood tests when the results come back. They no longer have enough time to sit down with you. Yes, to explain everything. Then the results came back, but they did not explain anything to me. You just ask them for the results since they are the ones who also tell you to go and do the blood tests...”

Woman living with HIV initiated on ART under Option B+ during this pregnancy, South Africa.

“Yes. But not every time because in January I was supposed to go and look for a school. Then I told them that I won't be here. I will come back in March for delivery. Then they gave me double so that when I come back in March I will still have them. So, because I was unable to start school in January. I will then start in June, so I had to come back home. I still had my pills as well”

Female health service user, South Africa

However, implementation was patchy and not found in all facilities or recognised by all providers (9).

RECOMMENDATIONS

- i. HIV testing services at the health facilities should focus more attention on offering services to vulnerable populations. Health facilities should reduce stigma and discrimination to attract vulnerable populations such as men who have sex with men (MSM), sex workers and drug users at the clinics (10).
- ii. Targets at health facilities can be set up to provide guidance on the quality assurance of HIV testing, treatment and care for key populations. HIV programmes that are implemented from national policies and World Health Organisation guidelines should consider what mechanisms can be used to set the appropriate standards in health facilities, effectively monitor the quality of the services provided and build the necessary accountability into the management of the programmes (11).
- iii. Reinforcing the importance of baseline clinical testing in the context of test and treat. This includes training health workers on the importance of periodic testing of viral loads and CD4 count and explaining the test results to patients.
- iv. Increase differentiated care service delivery models for HIV pregnant and post-partum women by increasing cooperation from multiple partners (Health users, providers, policymakers, practitioners, community) to ensure the successful implementation of differentiated service delivery policies.

This policy brief was compiled by The Africa Health Research Institute (AHRI) which is a multidisciplinary, independent research institute based across two sites in the province of KwaZulu-Natal, South Africa. Our goal is to become a source of fundamental discoveries into the susceptibility, transmission and cure of HIV, TB and related diseases. We also seek ways to improve diagnosis, prevention and treatment.

ABBREVIATIONS

UN	United Nations
SHAPE UTT	Strengthening Health Systems for the Application of Universal Test and Treat
WHO	World Health Organisation
PITC	Provider Initiated Testing and Counselling
ART	Antiretroviral Treatment
UTT	Universal Test and Treat
KVP	Key and Vulnerable Person
DSD	Differentiated Service Delivery
MSM	Men who have sex with men



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