

HIV/AIDS PROGRAMME OF THE DEPARTMENT OF HEALTH WESTERN CAPE PROVINCE

1. INTRODUCTION

The Provincial Administration of the Western Cape has expressed grave concern about the potentially devastating effects of the HIV/AIDS pandemic on every sector of the Western Cape society and has committed itself to a comprehensive HIV/AIDS Programme which addresses, via all relevant Departments of the Provincial Administration, all aspects of the HIV/AIDS pandemic. The broad goals of the Provincial Programme are:

- To prevent the further spread of the disease;
- To ensure care and support for those individuals infected with HIV;
- To ensure care and support for those individuals, families and communities whose own support systems have been affected by AIDS.

This comprehensive Provincial HIV/AIDS Programme is co-ordinated by the Provincial Inter-Departmental AIDS Committee, convened by the Provincial Health Department on behalf of the Administration.

In addition to this co-ordinating and leadership role in the Province's HIV/AIDS Programme, the Health Department is responsible for the development and implementation of particular policies, strategies and activities in the health sphere in order to curb and manage the HIV/AIDS epidemic. The purpose of this document is briefly to outline the Health Department's HIV/AIDS Programme as an integral part of the Provincial HIV/AIDS Programme.

The strategies of the Provincial Health Department's HIV/AIDS Programme fall within two of the above broad goals: preventing the further spread of HIV, and providing care and support for those infected with HIV. In implementing these strategies, the Department is reliant on active support at all levels of health care provided by the public (both provincial and local government), private and non-governmental sectors.

2. PREVENTION OF THE FURTHER SPREAD OF HIV

There are five strategies to this goal of the Health Department's Programme:

- Raising awareness about HIV/AIDS and its prevention;
- Promoting and ensuring the availability of voluntary counselling and testing (VCT) for HIV;
- Promoting the use of and ensuring the availability of condoms;
- Improving the management of sexually transmitted infections (STIs) in both public and private health sectors;
- Preventing mother-to-child transmission (MTCT) of HIV.



2.1 Raising Awareness about HIV/AIDS and its Prevention

Both the Provincial and Local Authority health services conduct intensive HIV/AIDS awareness programmes with the public attending their health facilities. Financial and logistical support is provided to a large number of non-governmental organisations which conduct awareness programmes amongst high-risk societal groups.

Within the Provincial Administration, the Health Department supports other Departments in the provision of training and material for awareness programmes targeted to the client bases of those Departments.

It is recognised that it is the children and youth of the Province who need to be made critically aware of HIV/AIDS and its prevention. The major awareness programme of the Provincial Administration is therefore the Lifeskills Programme conducted in all primary and secondary schools in the Province. While this Programme is driven by the Western Cape Education Department, the Health Department (via its AIDS Training, Information and Counselling Centre) is extensively involved in the provision of HIV/AIDS training to the educator corps of that Department.

2.2 Promoting and Ensuring the Availability of Voluntary Counselling and Testing for HIV

This strategy aims to create a culture of widespread testing for HIV throughout the Province in the belief that widespread knowledge of HIV status will lead to safer sex practices – those who are negative will want to preserve their negative status and those who are positive must be convinced to use condoms.

Because of the potentially serious health and social consequences associated with the diagnosis of HIV infection, it is essential that pre- and post-test counselling be given to patients by trained clinicians or counsellors. Extensive training programmes have therefore been conducted with clinical personnel from all provincial and local authority health services in the Province. The Department has also contracted counselling services from non-governmental organisations which deploy over one hundred lay counsellors in public sector health facilities.

Over the past year, the Department has moved from laboratory-based testing for HIV (with delays of up to two weeks in receiving test results) to the provision of facility-based "rapid-testing" at all health facilities.

2.3 Promoting the Use of and Ensuring the Availability of Condoms

Condoms remain the most effective method for preventing HIV transmission. Unfortunately, all evidence points to a low utilisation of condoms in the Western Cape. Promoting the use of condoms is therefore a major aspect of the awareness programmes conducted by Provincial Departments and by non-governmental organisations.

The Health Department has a specific role to ensure that an adequate supply of condoms is always available and accessible. The Provincial Department currently procures and distributes some 21 million condoms every year,



funded by the national Department of Health. The Department distributes the condoms to a very extensive network including all provincial and local authority health facilities, private health service providers, non-governmental organisations, businesses, factories, farms and recreational facilities.

2.4 Improving the Management of Sexually Transmitted Infections

The presence of a Sexually Transmitted Infection (STI) leads to a substantial increase in the risk of transmission of HIV. An effective STI treatment programme is essential in the fight against HIV/AIDS. It has been shown that a successful STI treatment programme may reduce HIV transmission by as much as 40%.

In order to improve the success rate in the treatment of STIs, a syndromic management approach to the diagnosis and treatment of STIs has been devised which significantly simplifies the management of these infections. Management guidelines have been developed and distributed to all public sector health facilities, and extensive training programmes have been conducted with clinical personnel from all of these facilities.

It is, however, known that a large number (perhaps the majority) of patients with STIs attend private health service providers for treatment. The Health Department has therefore also embarked on a programme to provide training to private practitioners in the syndromic management of STIs. In order to encourage their active participation in this programme, the Department is piloting the provision to these private practitioners of the antibiotics required for the syndromic management of STIs.

2.5 Preventing Mother-to-Child Transmission of HIV

The Mother-to-Child Transmission (MTCT) prevention programme is probably the most effective proven strategy to reduce new HIV infections that is available at the present time. In the absence of any MTCT intervention, 25-40% of HIV-infected pregnant women will transmit the virus to their children. It has been proven in a number of international studies that MTCT intervention programmes can reduce this transmission rate by up to 66%.

The MTCT prevention programme is an organisationally complex programme, requiring a number of integrated antenatal and postnatal interventions. It involves, over a lengthy period of time, the mother, her partner and her child and requires the active participation of a number of different health service providers at different stages of the programme.

The Western Cape Health Department initiated a pilot MTCT prevention programme (using AZT) in Khayelitsha in January 1999. After addressing and resolving a number of logistical problems identified during the pilot programme, the programme was progressively extended (using Nevirapine) during the past 15 months to more than 150 facilities in the Province. Through targeting the programme to high-prevalence areas, it is estimated that access is currently available to approximately 60% of pregnant women in the Province.

The further implementation strategy of the MTCT prevention programme aims to ensure its availability throughout the Province by March 2003.



3. PROVISION OF CARE AND SUPPORT TO THOSE WITH HIV/AIDS

The Provincial Health Department estimates that, when the HIV/AIDS epidemic in the Western Cape reaches its plateau in 5-10 years time, there will be approximately 200 000 adults infected with HIV in the Province. There are currently estimated to be approximately 100 000 HIV-infected people in the Province, of whom 5-10% are symptomatic and require treatment.

The Provincial Health Department provides the following care and support services to those with HIV/AIDS:

- Out-patient services
- In-patient services
- Home-based care services
- Step-down, respite and palliative care services
- Assessment of disability grant applications.

The Department is also involved, through clinical trials and pilot projects, in the development of programmes for the provision of anti-retroviral (ARV) therapy to selected patients.

3.1 Out-Patient Services

Out-patient care required by HIV/AIDS patients entails the provision of prophylactic medication to prevent opportunistic infections, the treatment of opportunistic infections when they occur, and the provision of counselling and support.

Normal out-patient services are available to patients with HIV/AIDS at all primary, secondary and tertiary level services in the Province (at both provincial and local authority facilities). HIV-infected patients are particularly prone to the development of tuberculosis and the number of TB patients attending clinics in the Western Cape has increased significantly over the past two years.

With increasing numbers of patients being seen with HIV/AIDS, the Department is instituting a network of specialised AIDS Clinics at selected accessible facilities (community health centres and regional hospitals) across the Province, staffed by dedicated clinical personnel with particular expertise in the management of AIDS. The normal out-patient and in-patient services will be able to refer patients to these AIDS Clinics for assessment and follow-up.

3.2 In-patient Services

HIV/AIDS patients requiring admission to hospital are admitted to the appropriate level of care in keeping with the referral system in the Province. All AIDS patients requiring admission will be admitted dependent on the availability of beds, and will receive the full range of treatment available in the Department's hospital system as per approved protocols for the management of all patients.

Fluconazole (Diflucan), used in the treatment of severe fungal opportunistic infections in AIDS patients, has been made available to the Department free of charge for this purpose by Pfizer and is available at 56 health facilities across the Province.



3.3 Home-Based Care Services

The AIDS epidemic will lead to a large increase in hospital admissions in the coming years (as is already apparent at Hospitals serving high-prevalence HIV communities). Unless there is an effective home-based care service in the Province, the hospital system will be unable to cope with the increasing admissions.

Over the past five years, the Department has been taking progressive steps to put in place an extensive network of trained home-based carers. The carers are trained by the Department, work within their own communities supported and co-ordinated via non-governmental organisations, and are linked to the district nursing service of the community health centres. This service supports not only AIDS patients, but all patients suffering from chronic debilitating illnesses for which they and their families need support in the home. The system helps to avoid hospital admissions, and enables earlier discharge from hospital of patients than would otherwise be the case.

The AIDS epidemic has added urgency to the rapid expansion of this programme which is currently underway.

3.4 Step-Down, Respite and Palliative Care Service

In conjunction with the Hospice Movement and other non-governmental organisations, the Department has taken steps over the past year to establish a number of beds for the admission of AIDS patients from hospitals or from their homes for step-down, respite or palliative care services. The purpose of this initiative is to help relieve some of the pressure on hospital beds, and to provide respite support to families and home-carers caring for AIDS patients in their homes.

These services will be made available for children at St Joseph's Home during April 2002 and a 25-bed facility was opened by St Luke's Hospice on the grounds of Conradie Hospital in early 2002. A further 30-bed facility will shortly also be opened by St Luke's Hospice on the grounds of Lentegour Hospital. Outside the Metropole, funding has been made available to each of the Regions for the establishment of similar services by Hospices and other NGOs in those areas.

3.5 Assessment of Disability Grant Applications

Working together with the Department of Social Services, the Health Department is involved in the clinical assessment of applicants for disability grants. Individuals applying for a disability grant can be clinically examined at any of the Department's health facilities, after which the clinical findings are assessed by independent pension medical officers employed by the Department and recommendations forwarded to the Department of Social Services.

AIDS patients who are no longer able to financially support themselves qualify to apply for disability grants. Steps have been taken by both the Departments of Social Services and of Health to ensure that such applications are rapidly processed.



3.6 Anti-Retroviral Therapy

Anti-retroviral therapy has, for a number of years, been available to a small number of selected HIV/AIDS patients enrolled in clinical research conducted by academic personnel. In 2001 the Department, in collaboration with the international NGO Medicins Sans Frontier, initiated a pilot project to provide anti-retroviral therapy in the primary health care setting from the HIV/AIDS Clinic in Khayelitsha.

Donor funds or donated anti-retroviral drugs are being sought by the Department to enable the expansion of pilot projects where antiretroviral therapy will be available to selected patients until the province finalises its policies on the use of these drugs. A full programme is not possible at this stage because of the high costs of antiretroviral therapy.

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