City of Johannesburg Covid-19 Experience: Case Study

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Content

1. Introduction: Intent and Progress with 90-90-90 strategy implementation

2. COVID-19 trend data, including documented health disparities compounding COVID-19 impact by age, gender, ethnicity.

3. Documented COVID-19-related disruptions in access to and utilization of HIV, TB, HCV, and related services (e.g., mental health, STI, SRH).

4. Policy and/or program innovations that supported continuity of HIV, TB, and related services (e.g., mental health, harm reduction, SRH).

5. Lessons learned in relation to emerging pandemic preparedness and HIV, and TB and related services response resilience from urban COVID-19 epidemic.
“This year, we will take the next critical steps to eliminate HIV from our midst.

By scaling up our testing and treating campaign, we will initiate an additional two million people on antiretroviral treatment by December 2020.

We will also need to confront lifestyle diseases such as high blood pressure, diabetes, cancers and cardiovascular diseases”

President Cyril Ramaphosa, State of the Nation Address, February 16, 2018
City of Johannesburg 90-90-90 HIV Cascade

- Estimated PLHIV 677,538;
  - 1st 90: PLHIV know status 586,019 (86%)
  - 2nd 90: PLHIV on ART: 409,716 (77%) (Target 20/21: 560,405)
  - 3rd 90: Viral Load suppressed @ 12 months: 263,419 (84%)

Source: Web DHIS F2019/20 quarter ending [Jan-Mar 20]
Overview of Covid-19 in South Africa (10th Sept 2020)

South Africa Overview

- Confirmed: 642,431
- Recovered: 569,935
- Deaths: 15,168

Fatality Rate: 2.4% of total cases
Recovery Rate: 88.7% of total cases

https://www.coronatracker.com/country/south-africa/
Incidence and prevalence of laboratory-confirmed COVID-19 cases by laboratory report date in Gauteng, 5 March-1 September 2020

<table>
<thead>
<tr>
<th>District</th>
<th>Cumulative number of cases (1st Sept 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ekurhuleni</td>
<td>84,800</td>
</tr>
<tr>
<td>Johannesburg</td>
<td>47,502</td>
</tr>
<tr>
<td>Sedibeng</td>
<td>45,684</td>
</tr>
<tr>
<td>Tswane</td>
<td>14,290</td>
</tr>
<tr>
<td>West Rand</td>
<td>13,540</td>
</tr>
<tr>
<td>Unallocated</td>
<td>4,702</td>
</tr>
<tr>
<td>Total</td>
<td>210,518</td>
</tr>
</tbody>
</table>
## Cumulative Covid-19 Trends & Incidence Risk, Johannesburg

### COVID19 Cases, Johannesburg Health District, 6th Mar- 29th Aug 2020

<table>
<thead>
<tr>
<th>Regions</th>
<th>Number of cases (Cumulative) (29th Aug 2020)</th>
<th>Cumulative Incidence Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>8,530</td>
<td>1,173</td>
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<tr>
<td>B</td>
<td>9,092</td>
<td>2,277</td>
</tr>
<tr>
<td>C</td>
<td>10,945</td>
<td>1,504</td>
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<tr>
<td>D</td>
<td>19,524</td>
<td>1,447</td>
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<tr>
<td>E</td>
<td>13,608</td>
<td>2,086</td>
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<tr>
<td>F</td>
<td>14,625</td>
<td>1,981</td>
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<tr>
<td>G</td>
<td>7,493</td>
<td>928</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83,817</strong></td>
<td><strong>1,552</strong></td>
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Covid-19: Distribution of confirmed cases by age and gender, CoJ, SA. (5\textsuperscript{th} March – 24\textsuperscript{th} August 2020)

- Females contributed the largest proportion of COVID-19 active cases (57.6%).
- Out of all the age groups, the 31-40-year age group have reported the highest number of cases (27.5%).
- However, when the incidence risk is considered, the 80 years and older age group have the highest incidence risk.
Disparities compounding COVID-19 impact.

1. **Socio-economic status increasing risk.**
   - Communities living in informal settlements & in densely populated inner city/townships where social distancing is difficult to implement.

2. **Lockdown regulations:** Resulted in the closure of most formal & informal businesses.
   - The pandemic has worsened the income inequalities that characterize the country’s economy.
   - Vulnerable populations such as low-income earners in informal and precarious employment have been most affected by job losses and the resulting income loss & food insecurity.

3. **Poor access** to appropriate secondary / tertiary health care could have resulted in an increased mortality rate in people with severe disease (All reported deaths during the period is being investigated).

4. **Existing gender inequalities** lead to increased gender-based violence.
6 PILLARS OF RESPONSE OF COVID-19 PANDEMIC IN JOHANNESBURG
Health - COJ COVID-19 DASHBOARD (21 – 27 August 2020)

- **Screening**
  - Number of screening personnel: 690 (20 doctors)
  - Screening tools available: *Yes*
  - Total Number screened: 71,269 (3,864,039)
  - Total referred for testing: 1,514 (134,847)

- **Testing**
  - Number of testing sites: 84 (5 mobile)
  - Number of testing kits available: Dependent on NHLS
  - Total Number tested: 1,126 (133,459)
  - Turnaround time for results: ~3 days (9 – 15 Aug)

- **Contact Tracing**
  - Number of contacts traced: 21,283 (cumulative)
  - Number of contacts not reached: 0
  - Contact tracing tools: 50 tablets
  - Contact tracing teams: 30 teams

- **Health care Capacity**
  - ICU Beds Available: 471 (169 additional)
  - Hospital beds Available: 1,734 (60 additional)
  - Frontline Staff Protocol in place: Yes
  - PPE Availability: Adequate
Massive activations “Lockdown” in identified Covid 19 high burden communities (Hotspots wards).

Social mobilization and education of the community to:

- Mobilise large numbers of people to undergo Covid 19 screening and testing, including screening for other Chronic diseases that predispose people to the Covid 19 infection. Aggressive case finding approach.
- Education take responsibility in the prevention of the Covid 19 spread;
- Communities to abide with the Environmental Health and other bylaws aimed at the protection of their environmental health and wellbeing e.g. social distancing, wearing of masks, food safety, hand washing,
- Social Development engage communities on issues of food and social security, awareness and empowerment on identification and management of gender- based violence.
Covid-19 related disruptions in access to & utilization of Primary Health Care services in Johannesburg: Headcount.

- The PHC headcount decreased from an average of 649,217/ m July 19 – March 20 to 503,261/ m (April – June 20). (Lockdown started 27th March 2020)
- Health Facility closures due to insufficient numbers of staff to render services.
- Reliance of retired professionals who were placed under lockdown.
- Decreased attendance after lockdown due to initial confusion—requesting communities not to attend health services for non-urgent cases for fear of contracting Covid-19 infection at the health facility.
HIV/AIDS Services: HIV treatment cascade.

- Outreach teams redirected to Covid-19 screening.
- Initially HIV, TB screening and condom distribution not part of outreach activities.
- Focused testing yielded higher numbers of positives during lockdown.
Johannesburg Health District _ TROA (Total Remaining on ART) Sept 2019-June 2020

- Loss of jobs and restriction in movement – patients returned home prior to lockdown.
- Outreach services re-directed to conduct Covid screening. Initially HIV and TB screening not part of Covid screening.

Total Adults and Children remaining on ART Sept 2019-July 2020 (Web DHIS 4 Sept 2020)
Tuberculosis Services.

TB Cascade, July 2019 - July 2020, CoJ.
Women & Reproductive Health Services: Antenatal Care: 1st visit before 20 weeks rate.
Women & Reproductive Health: Cervical Cancer screening.

Quarterly Cervical cancer screening coverage 30 years and older, July 2019 - June 2020, CoJ.

- Jul to Sep 2019: 51.5% (17,719)
- Oct to Dec 2019: 52.3% (17,998)
- Jan to Mar 2020: 52.8% (18,499)
- Apr to Jun 2020: 20.5% (7,183)

Number of Cervical Smears

Cervical cancer screening coverage 30 years and older
Women & Reproductive Health: Couple year protection rate.

Disruptions in access and utilisation of services.
Covid-19 related disruptions in access to & Utilization of health services: Sexually Transmitted Infections
COJ Employee COVID-19 Cases (1,812 confirmed cases) (at 7th September 2020)

- 1821 confirmed cases in CoJ, 104 active, 1,694 recovered and 23 deaths
- Health services severely disrupted due to infected staff (isolation and quarantine).
  - 301 persons tested pos; 3 fatalities
- Shift system implemented to minimize PHC Facility closures.
Re-organization of Primary Health Care Services to ensure continuity of services

- Facility re-organization to ensure routine screening for COVID-19 and triaging of clients
- Staff training, procurement of resources e.g. Tents, Gazebos, Chairs, Temperature scanners, etc.
- Mobile units deployed to facilities
- Adaptations to services, both at the facility- and community-level, HIV Testing teams became involved in Covid screening
- Outreach teams (mostly from support partners) – redirected to conduct non-contact Covid Screening and Testing
Minimum package of services provided by Health Department to victims of gender-based violence.

- The National lockdown Covid-19 has impacted to the upsurge of gender-based violence cases in South Africa.
- “SAPS had received 2320 complaints of gender-based violence during the first week of the lockdown”.
- City establishes a substance abuse and gender-base violence 24hour crisis telephone line (0800 223 217) (25th August 2020)
Active Decongestion of patients suffering from Chronic Diseases: HIV/ AIDS/ Hypertension, Diabetes, Epilepsy, & Asthma

- Active marketing of Patients Options: Corporate Pharmacies, Pharmacy Dispensing Units, Post Offices, Collect and Go lockers, Shap’left Containers.
- Multi – month dispensing: Approval were given for extension of scripts (6 months scripts extended to 12 months).
- 12-month prescriptions to eligible clients stable controlled patients VIP card (fast queue) – patients collecting at Shap’left Containers
- Home delivery of medication pilot implemented (August 2020)
- Marketing campaign launched (Dablapmeds) (Sept 2020)
External Pick-up points
Increased yield through HIV Self Screening implementation in 5 health facilities in COJ

- Started mid May 2020 in 5 facilities:
  - Improved Average June Yield:
    - Region E = from 6% to 8%
    - Region F = from 8% to 12%
  
  **AND**
  - Average contribution to facility HTS_POS
    - Region E = 66%
    - Region F = 69%

<table>
<thead>
<tr>
<th>Facility</th>
<th>TST</th>
<th>Pos</th>
<th>Yield</th>
<th>Facility pos</th>
<th>Contribut</th>
<th>on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region E</td>
<td>252</td>
<td>42</td>
<td>17%</td>
<td>94</td>
<td>66%</td>
<td></td>
</tr>
<tr>
<td>Region F</td>
<td>773</td>
<td>89</td>
<td>12%</td>
<td>152</td>
<td>59%</td>
<td></td>
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</tbody>
</table>
REACHING KEY POPULATIONS DURING LOCKDOWN

- Support groups for Key populations disrupted. Venues inaccessible, lockdown regulations made it difficult to meet. Reverted to social media.

- For Adolescent Girls and Young women - a psycho-educational worksheet was developed for distribution and inserted in medication packs.

- Social Media / WhatsApp groups commonly e.g. “Cool Comms newsletter”

- Posts on social media advising against Covid-19 fake news, reached 9,153 people (Engage Men’s Health) (Aug Report)

- Started posting new social media influencer videos topics includes  U=U and PrEP (Engage Men’s Health) (Aug Report)

- Telephonic adherence support provided by most support partners.

- (Acknowledgement: Engage Men; Anova Health Institute, HIVSA)
Social Media drives the demand creation and community mobilisation

Acknowledgement: WRHI (Sex worker and transgender programme)

Covid 19 caused decrease in numbers of persons seeking health care at facilities with an increased numbers of persons who are lost to follow-up. The drop in overall PHC headcount was significantly higher when compared to the lower drop in TROA, this shows some resilience of the HIV programme despite the Covid-19 epidemic.

Covid 19 screening (at community & facility levels) presents an opportunity for increased HIV testing & TB screening. HIV response should be focused on reaching those that have not been reached before through interventions that have shown to have a high yield with good outcomes, e.g. HIV Self screening & Index testing is consistently showing good outcomes & HIVSS.

The value of early decanting (at 6 months suppressed Viral Load) and 12 month script extension - allows for safe & convenient medication pick up outside of health facilities and great intervention for keeping PLHIV on ART for longer.

An integrated Multi-sectoral Ward-Based Approach with various Government Departments, civil society, partners and other stake holders jointly working at ward level to prevent and contain the spread of COVID-19 and HIV/TB yields active participation of the community.

Social media can spread a lot of misinformation. Government & partners should pro-actively put social media messages on an on-going basis to counter the misinformation.

Joint response from private and government healthcare sector assisted in the response. Private businesses offered services to support the public healthcare sector – mobile clinics, shelters, PPE donations, food parcel donations etc.

New emerging diseases (epidemics) can derail all planned activities and therefore all institutions to ensure that well developed business continuity plans are in place for an epidemic situation.

Pandemic highlighted the usefulness of technology.

- Use of virtual platforms to conduct meetings, monitor program implementation (increased efficiency) The challenge is now to adopt it as part of the “New Normal” post the epidemic.
- Use of self-screening and reporting of symptoms by the community.
Thank you

For more information:
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