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VIRTUAL

FAST-TRACK CITIES 2020

September 9-10, 2020

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City of Johannesburg Covid-19 Experience: Case Study

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Health Department.

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.

SOUTH AFRICA INTENTION FOR 2020



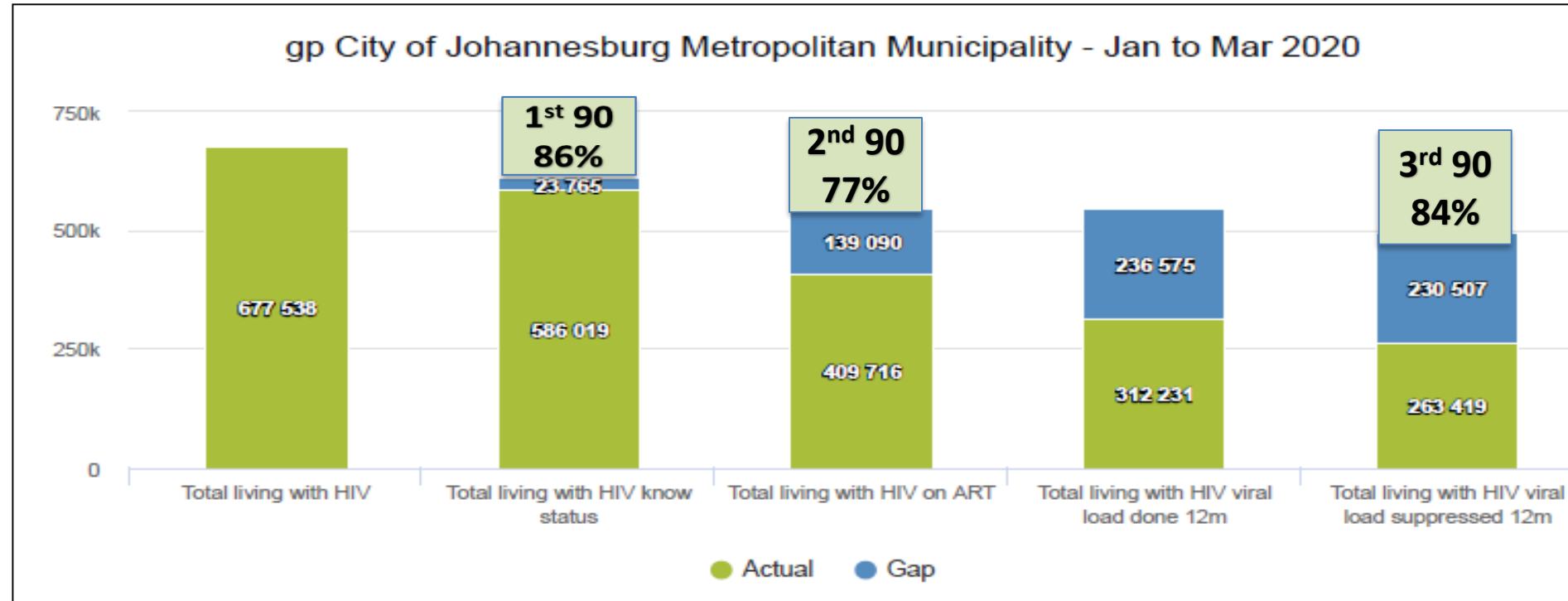
“This year, we will take the next critical steps to eliminate HIV from our midst.

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”

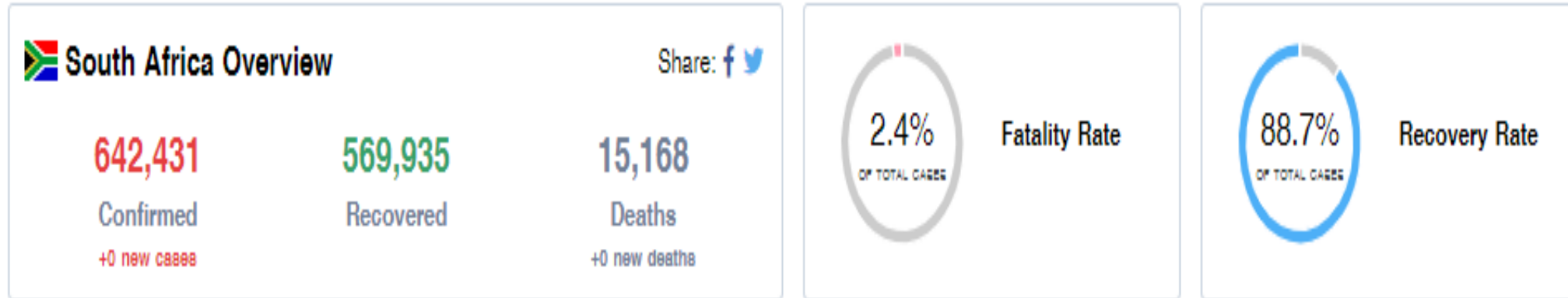
President Cyril Ramaphosa, State of the Nation Address, February 16, 2018

City of Johannesburg 90-90-90 HIV Cascade



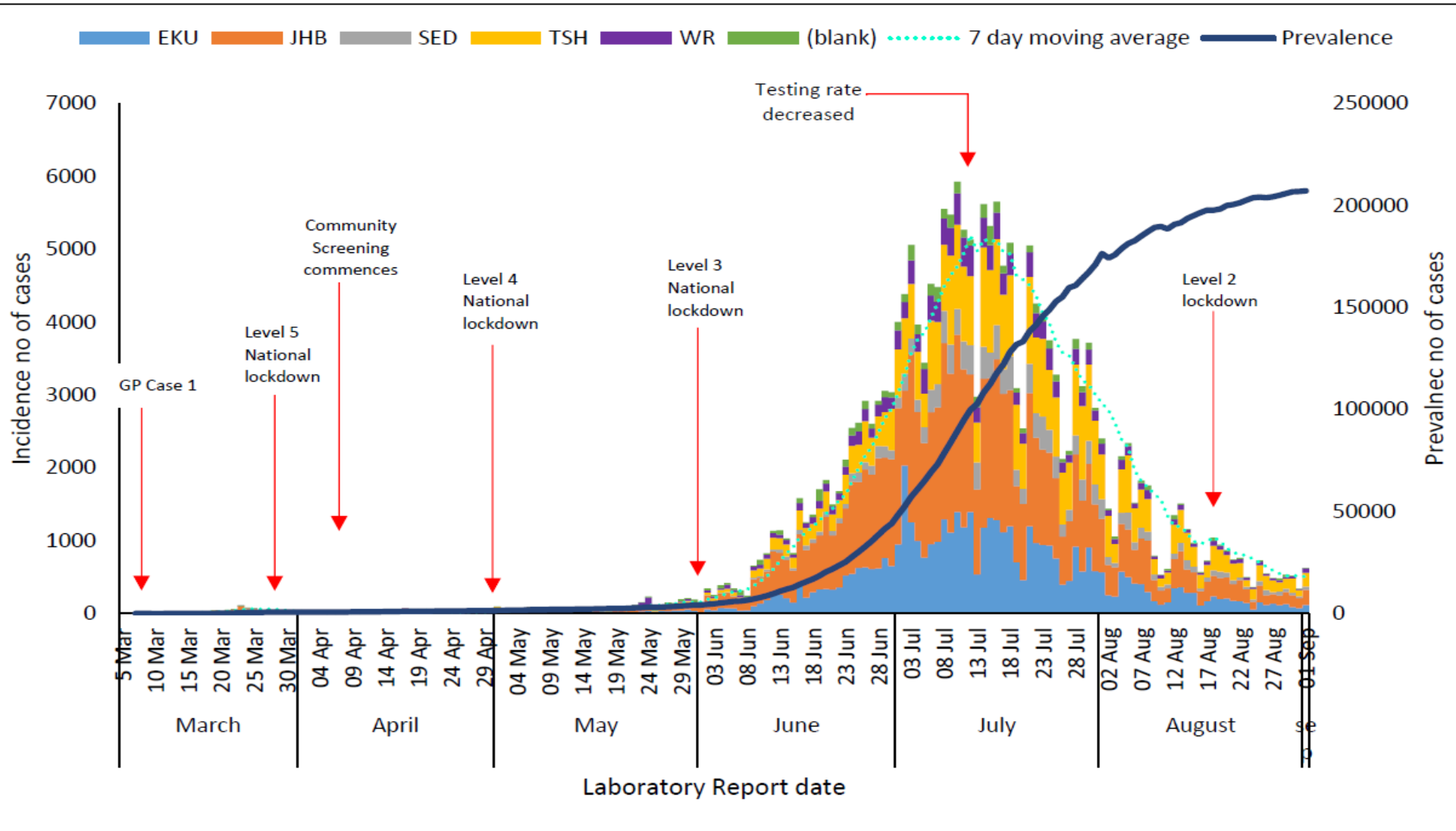
Estimated PLHIV 677 538;
 1st 90 : PLHIV Know status 586 019 (86%)
 2nd 90: PLHIV on ART: 409 716 (77%) (Target 20/21: 560 405)
 3rd 90 : Viral Load suppressed @ 12 months: 263 419 (84%)
 Source: Web DHIS F2019/20 quarter ending [Jan-Mar 20]

Overview of Covid -19 in South Africa (10th Sept 2020)



<https://www.coronatracker.com/country/south-africa/>

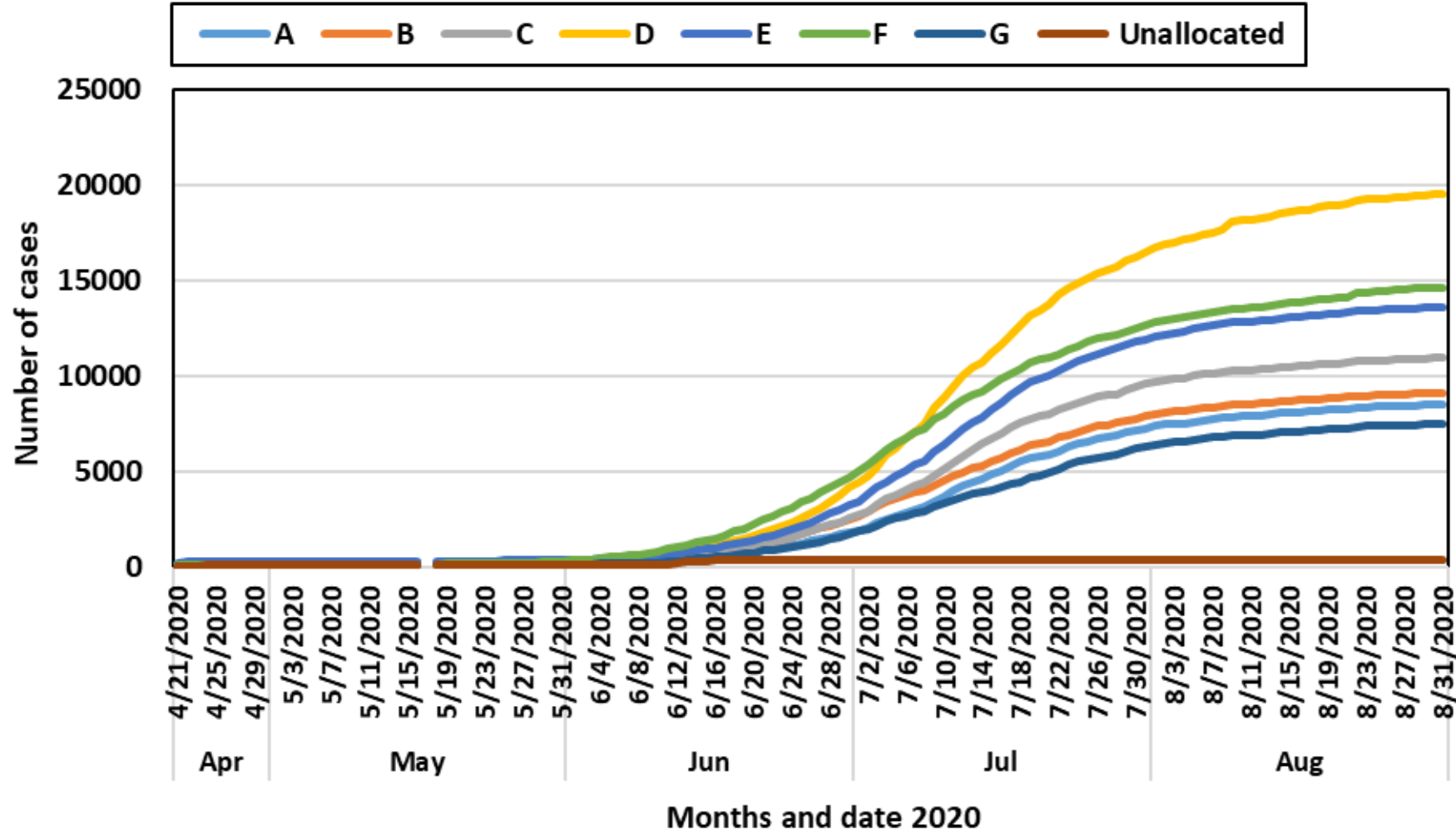
Incidence and prevalence of laboratory-confirmed COVID-19 cases by laboratory report date in Gauteng, 5 March- 1 September 2020



District	Cumulative number of cases (1st Sept 2020)
Ekurhuleni	84,800
Johannesburg	47,502
Sedibeng	45,684
Tswane	14,290
West Rand	13,540
Unallocated	4,702
Total	210,518

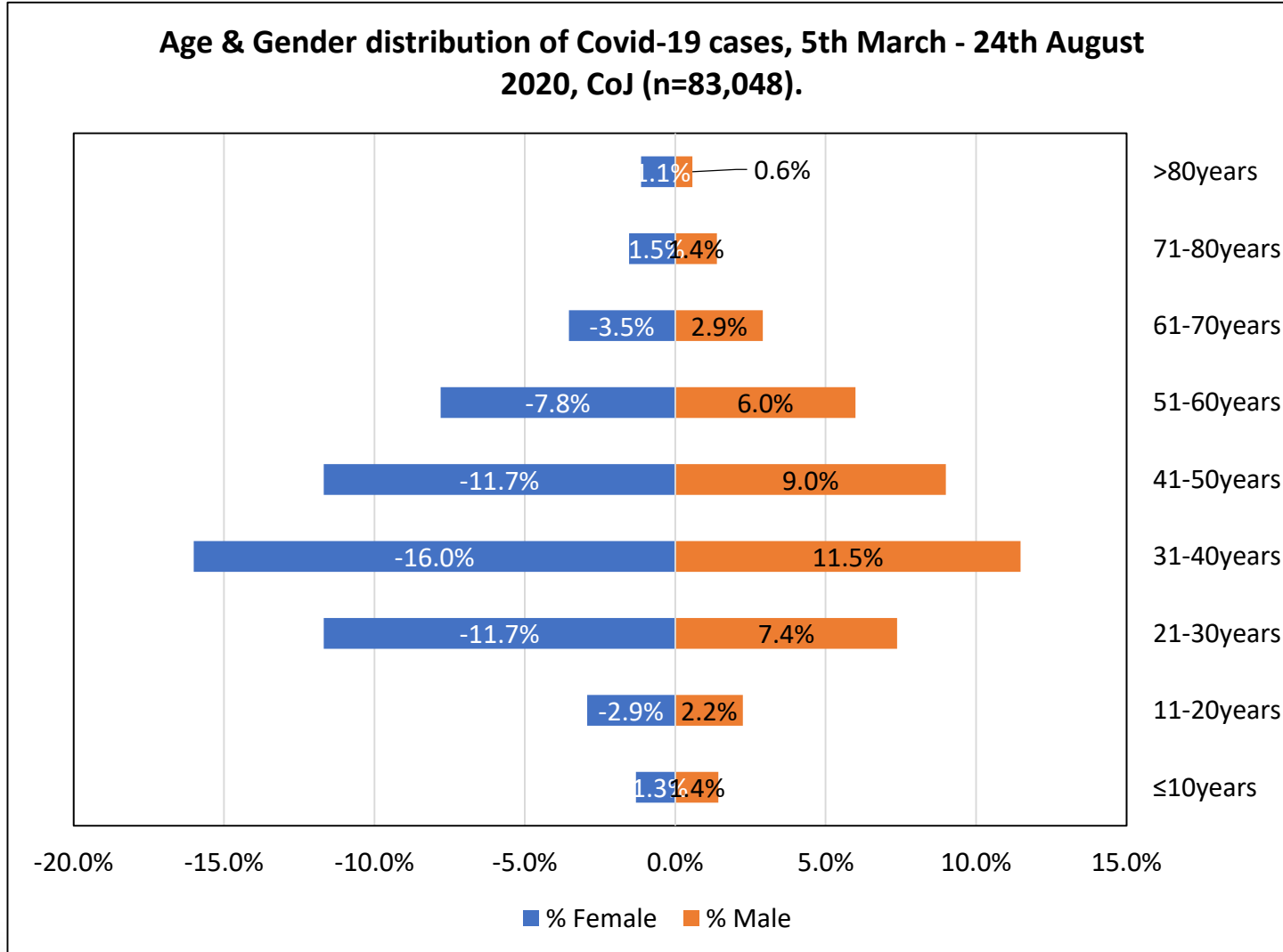
Cumulative Covid-19 Trends & Incidence Risk, Johannesburg

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



Regions	Number of cases (Cumulative) (29th Aug 2020)	Cumulative Incidence Risk
A	8,530	1,173
B	9,092	2,277
C	10,945	1,504
D	19,524	1,447
E	13,608	2,086
F	14,625	1,981
G	7,493	928
Total	83,817	1,552

Covid-19: Distribution of confirmed cases by age and gender, CoJ, SA. (5th March – 24th 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.

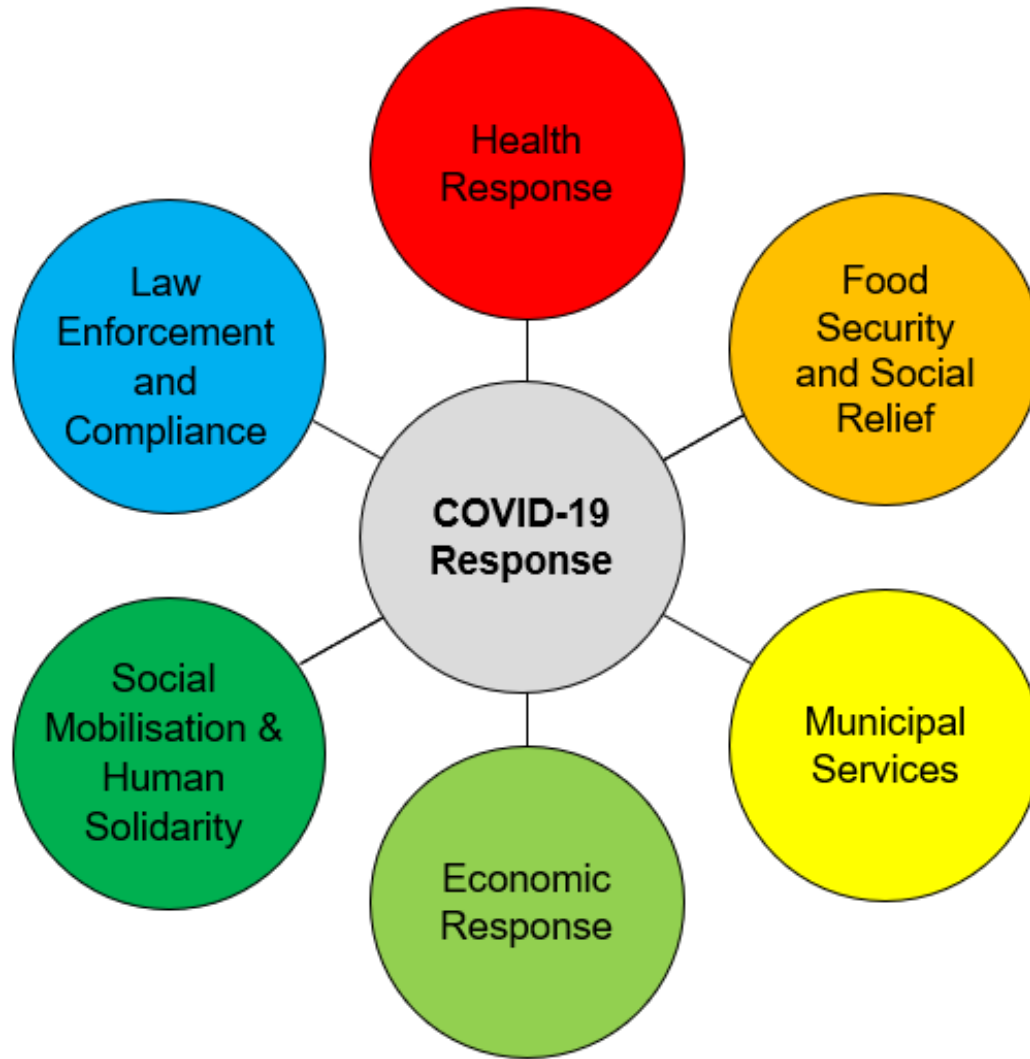
- The pandemic has worsened the income inequalities that characterize the country's economy.
- Vulnerable populations such as low-income earners in informal and precarious employment have been most affected by job losses and the resulting income loss & food insecurity.

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.

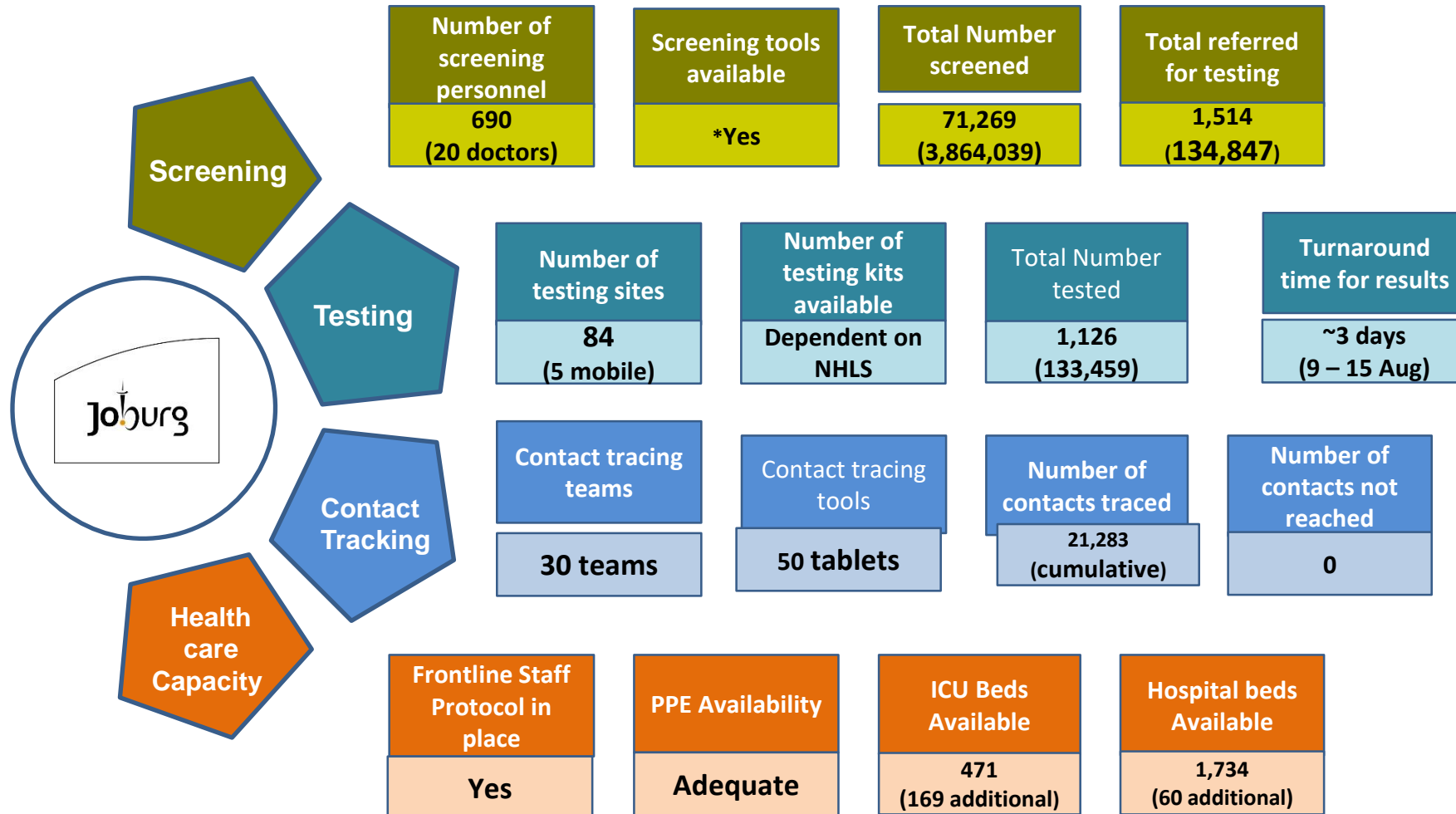
Alexandra township overlooking skyscrapers of Sandton, JHB.





6 PILLARS OF RESPONSE OF COVID-19 PANDEMIC IN JOHANNESBURG

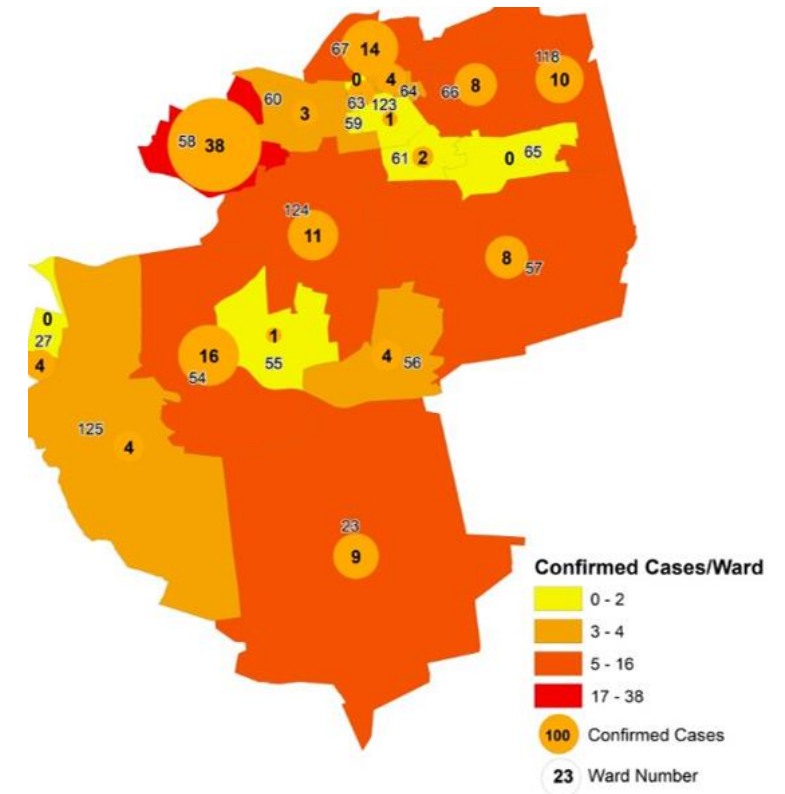
Health - COJ COVID-19 DASHBOARD (21 – 27 August 2020)



Massive activations “Lockdown” in identified Covid 19 high burden communities (Hotspots wards).

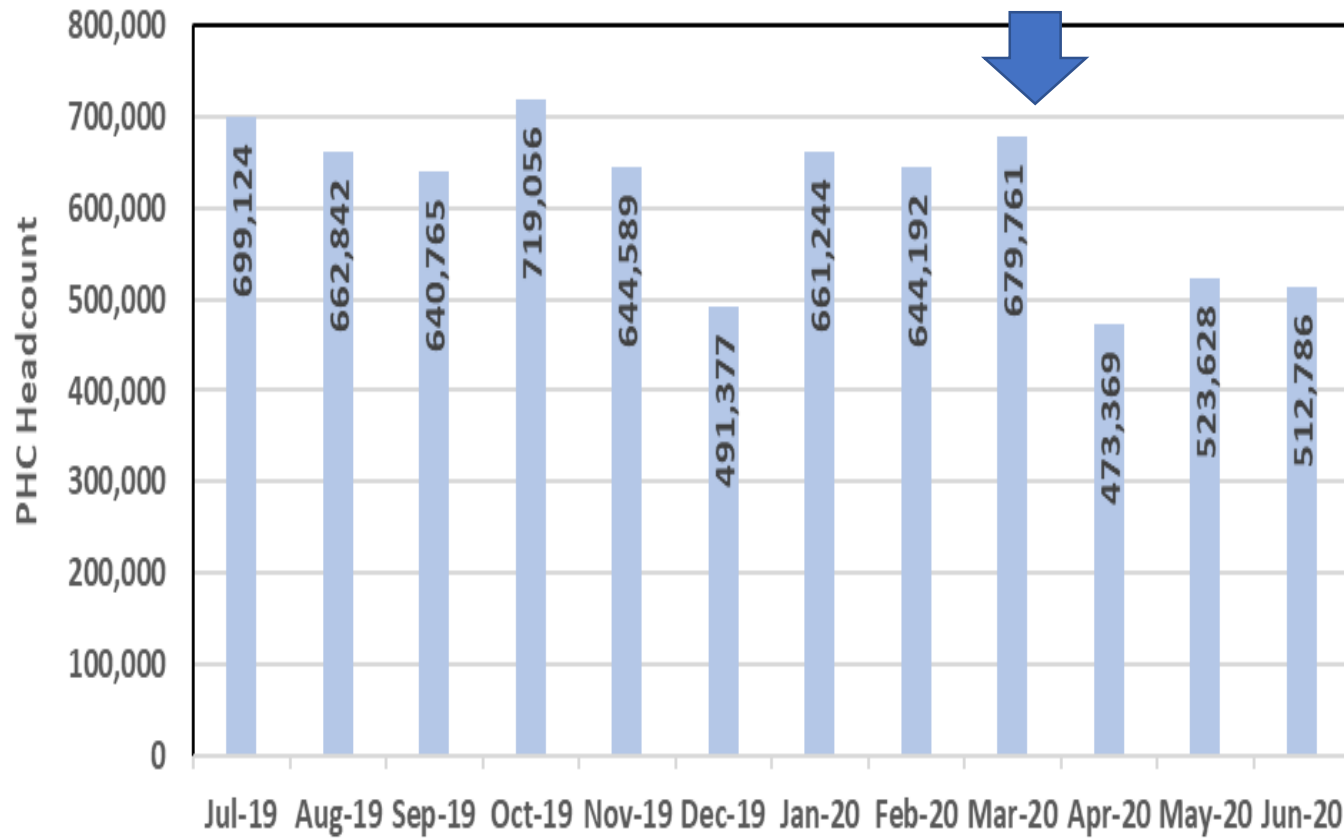
Social mobilization and education of the community to:

- 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.



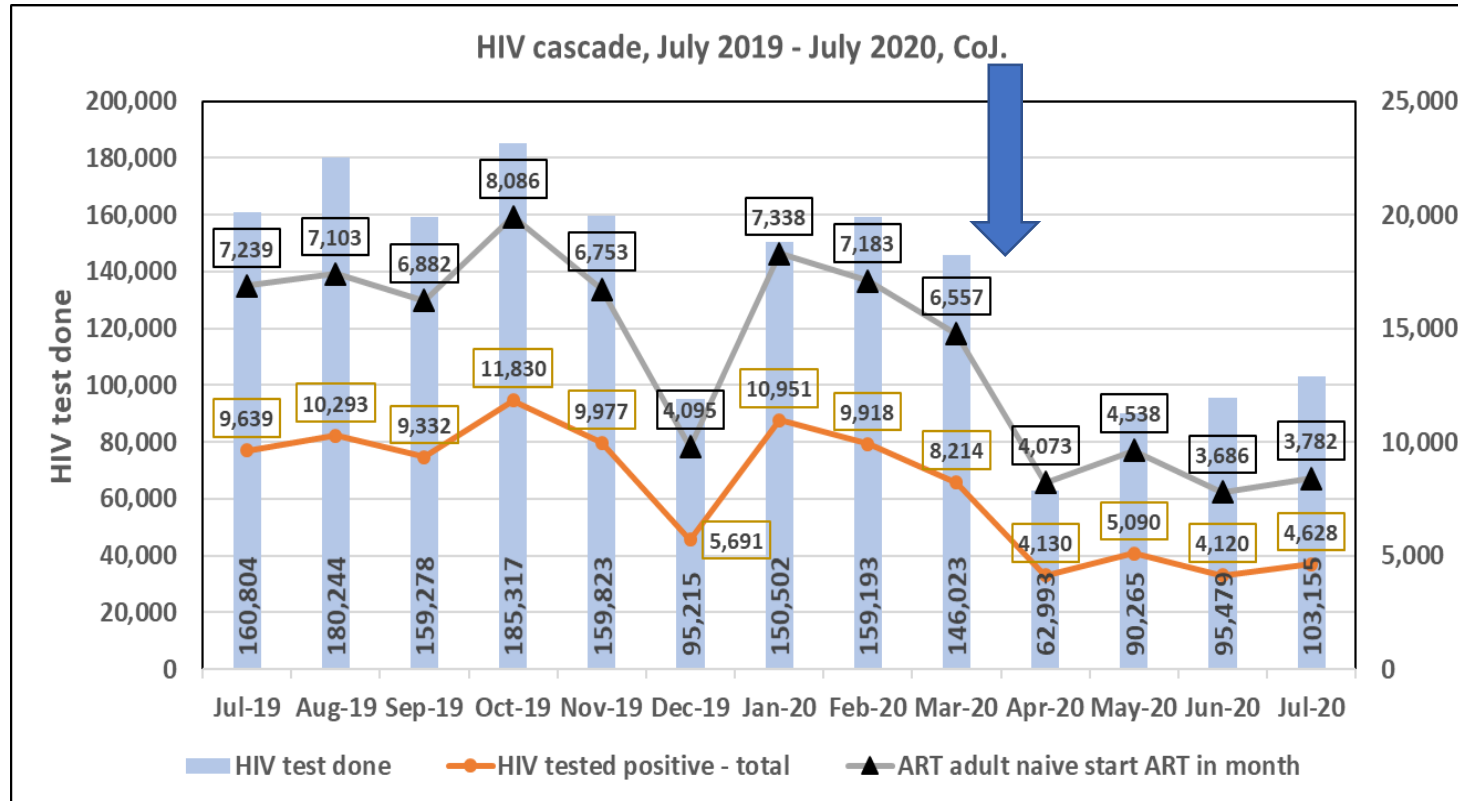
Covid-19 related disruptions in access to & utilization of Primary Health Care services in Johannesburg: Headcount.

PHC Headcount, July 2019 - June 2020, Col.



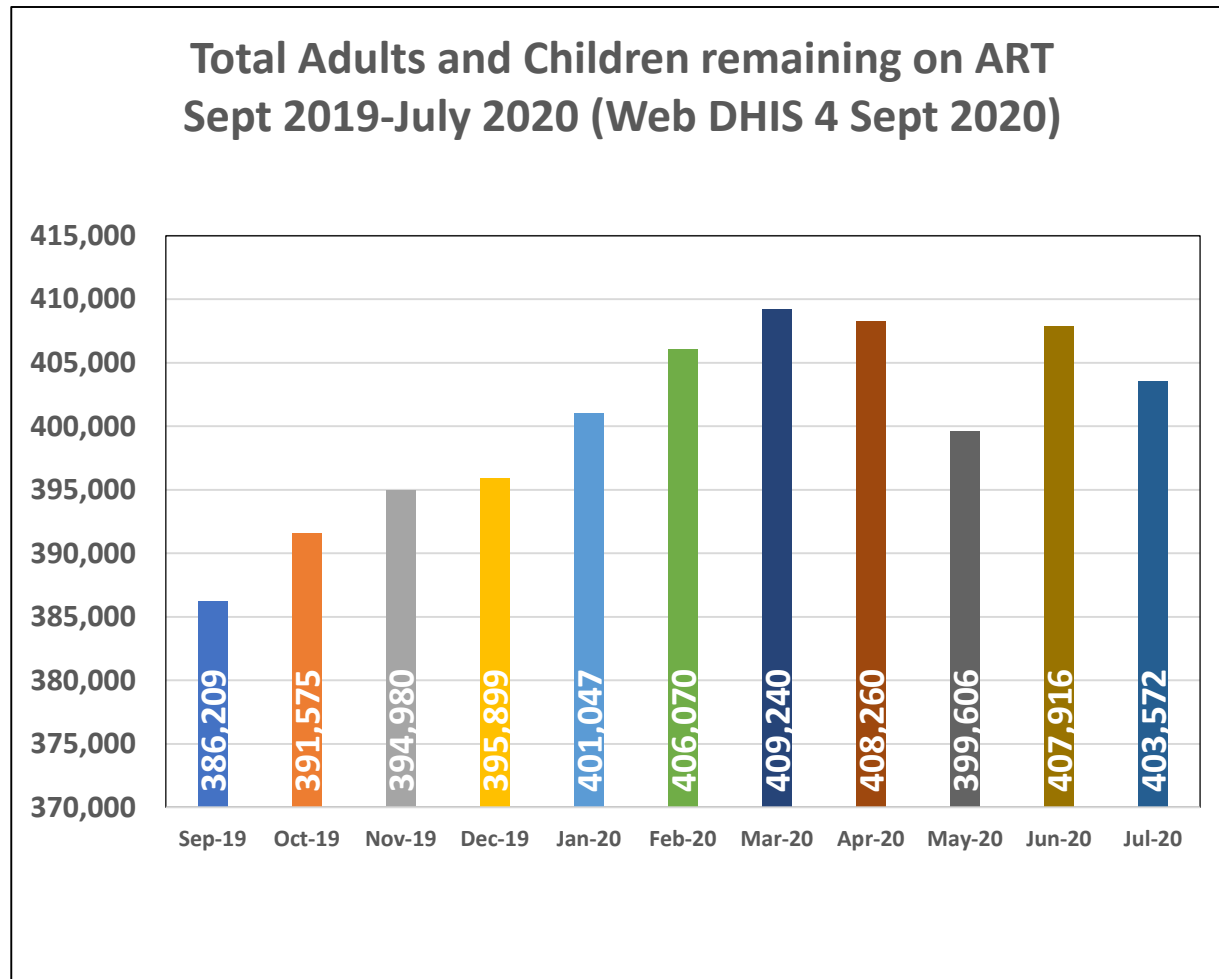
- The PHC headcount decreased from an average of 649 217 / m July 19 –March 20 to 503 261/ m (April – June 20). (Lockdown started 27th March 2020)
- Health Facility closures due to insufficient numbers of staff to render services.
- Reliance of retired professionals who were placed under lockdown.
- 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.



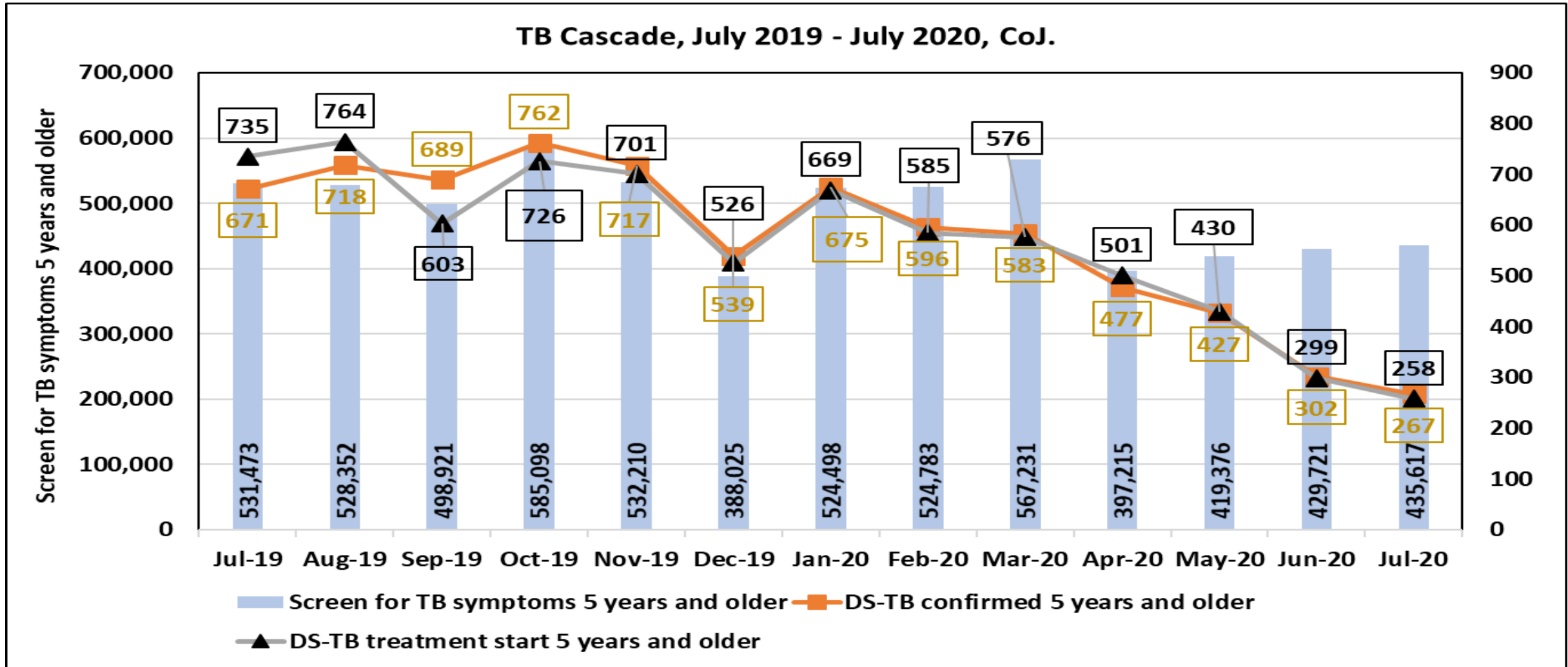
- Outreach teams redirected to Covid-91 screening.
- Initially HIV, TB screening and condom distribution not part of outreach activities.
- Focused testing yielded higher numbers of positives during lockdown.

Johannesburg Health District _ TROA (Total Remaining on ART) Sept 2019-June 2020)

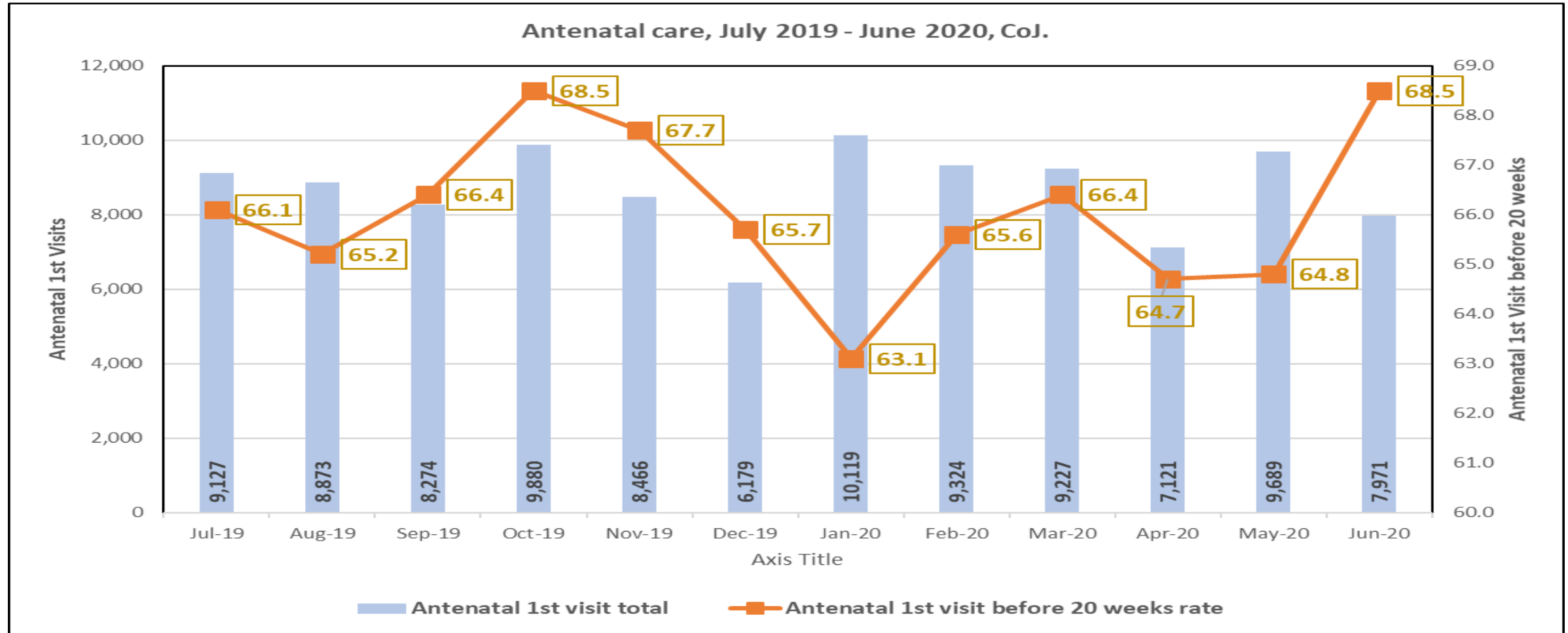


- PEPFAR funded ASPACE / NDOH Phuthuma project: Visible intensified UTT in the period Sept 2019 – March 2020.
- Loss of jobs and restriction in movement – patients returned home prior to lockdown.
- Outreach services re-directed to conduct Covid screening. Initially HIV and TB screening not part of Covid screening.

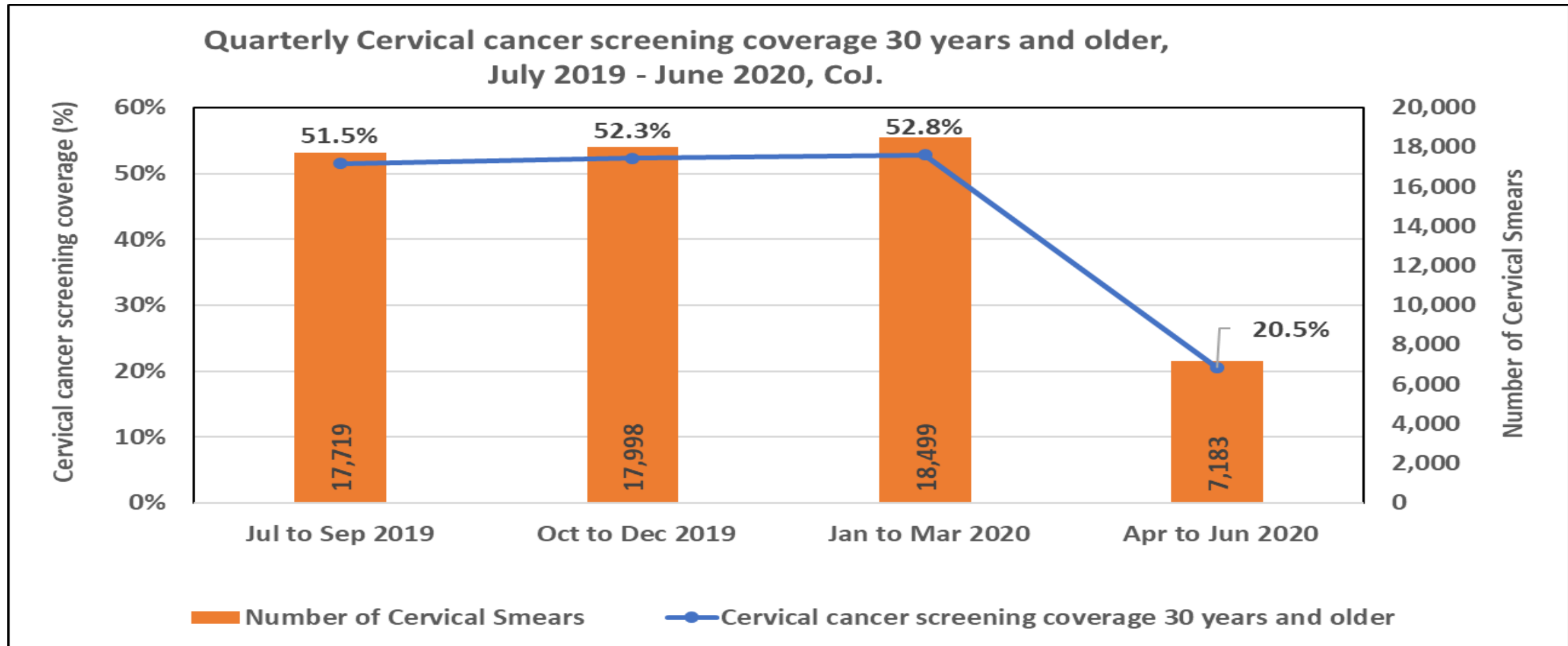
Tuberculosis Services.



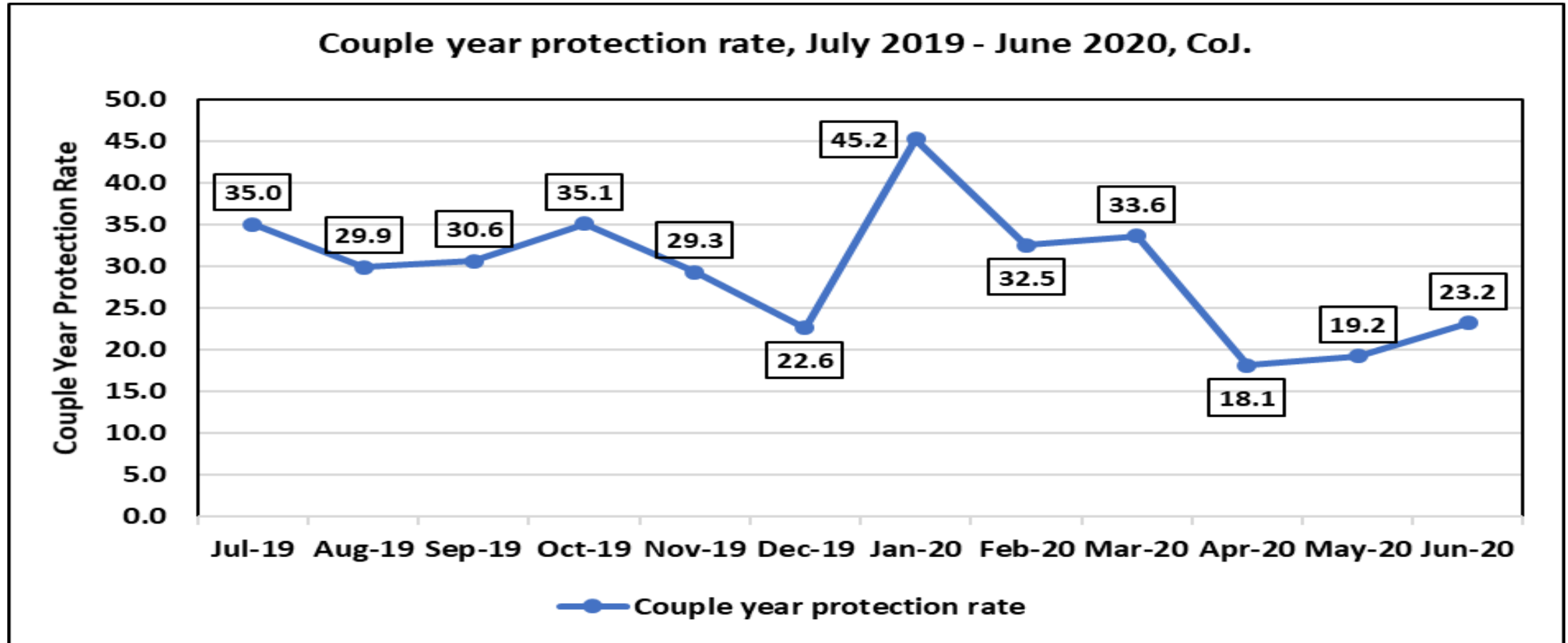
Women & Reproductive Health Services: Antenatal Care: 1st visit before 20 weeks rate.



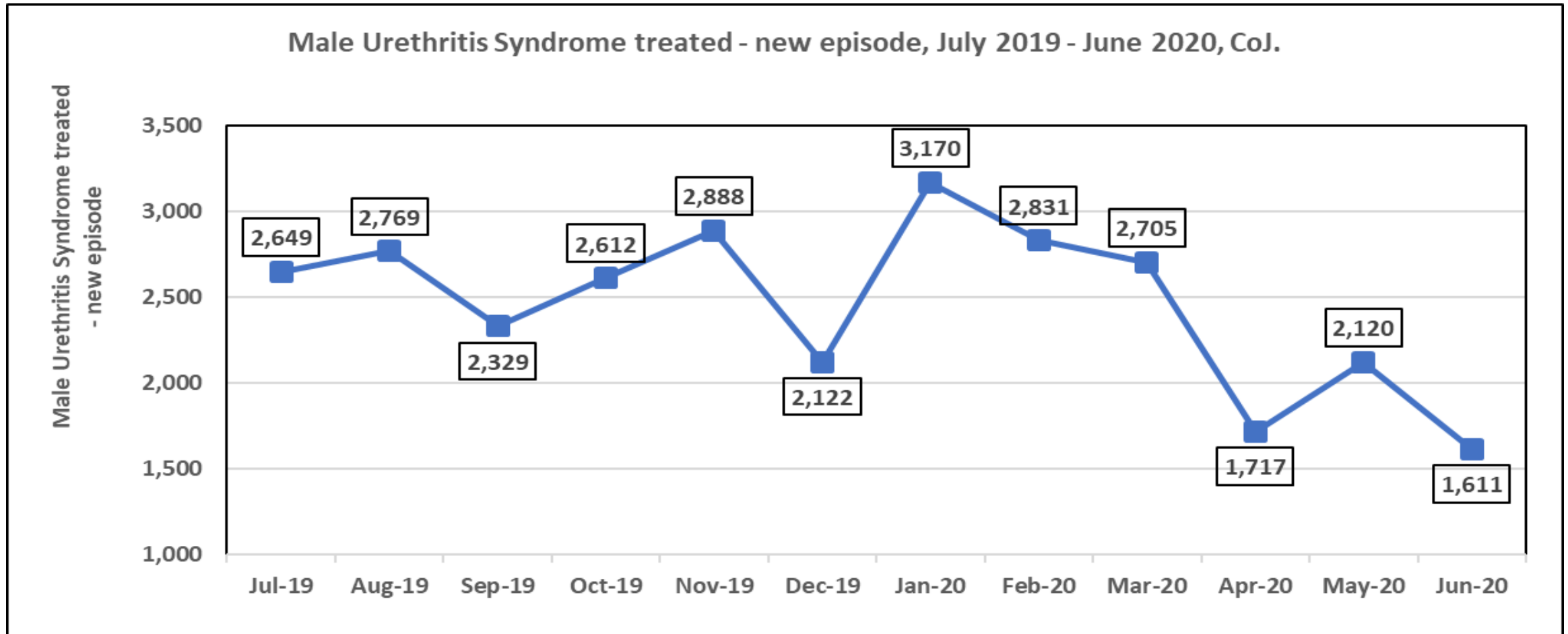
Women & Reproductive Health: Cervical Cancer screening.



Women & Reproductive Health: Couple year protection rate.



Covid-19 related disruptions in access to & Utilization of health services: Sexually Transmitted Infections

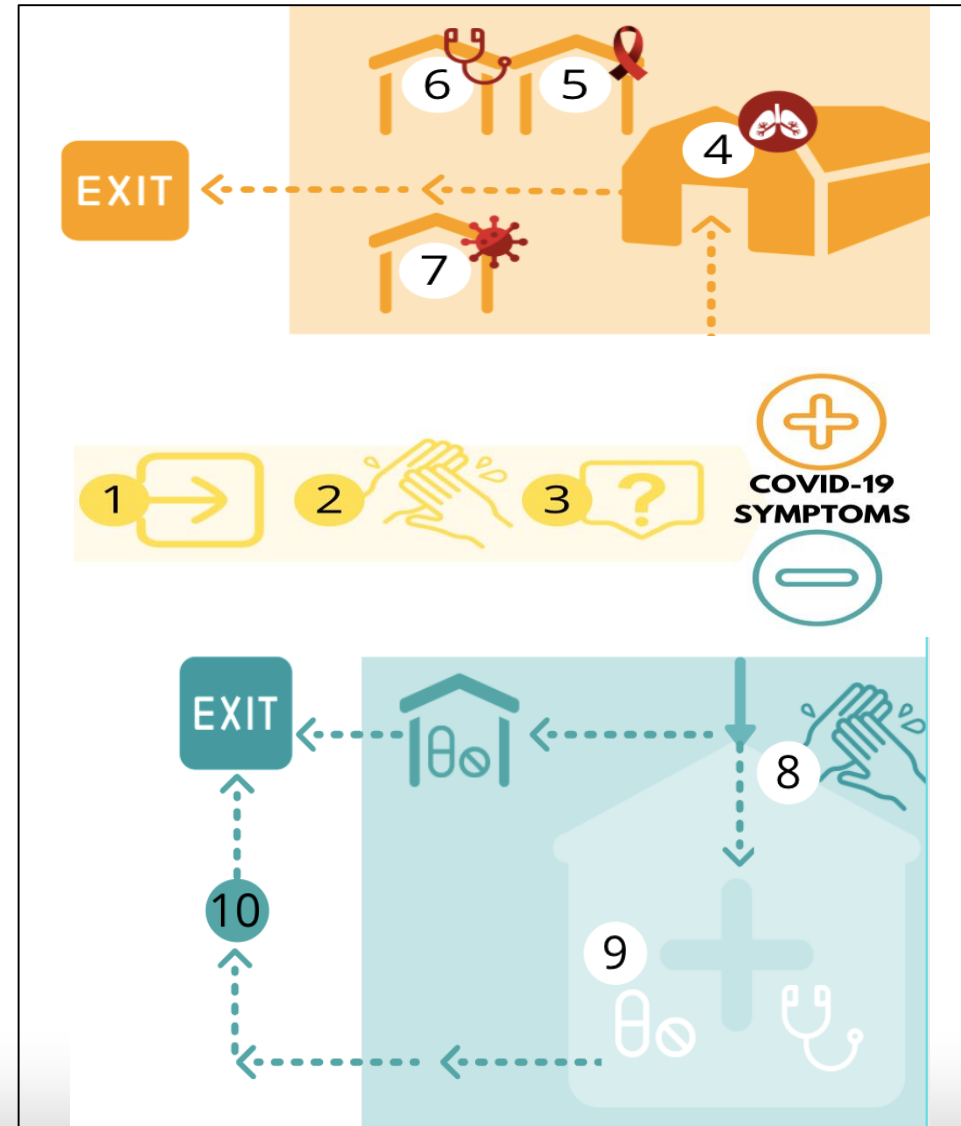


COJ Employee COVID-19 Cases (1,812 confirmed cases) (at 7th September 2020)

- 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





Covid-19
PHC Facility
Readiness:
**10 Essential
Components**


Minimum package of services provided by Health Department to victims of gender-based violence.


MINIMUM PACKAGE


 Treatment of injuries


 Rapid HIV testing

 PEP if reached within 72 hours

 Emergency contraception if reached within 120 hours

 STI testing/screening and treatment

 Counseling (first-line support: LIVES)

 Referrals to other services as necessary

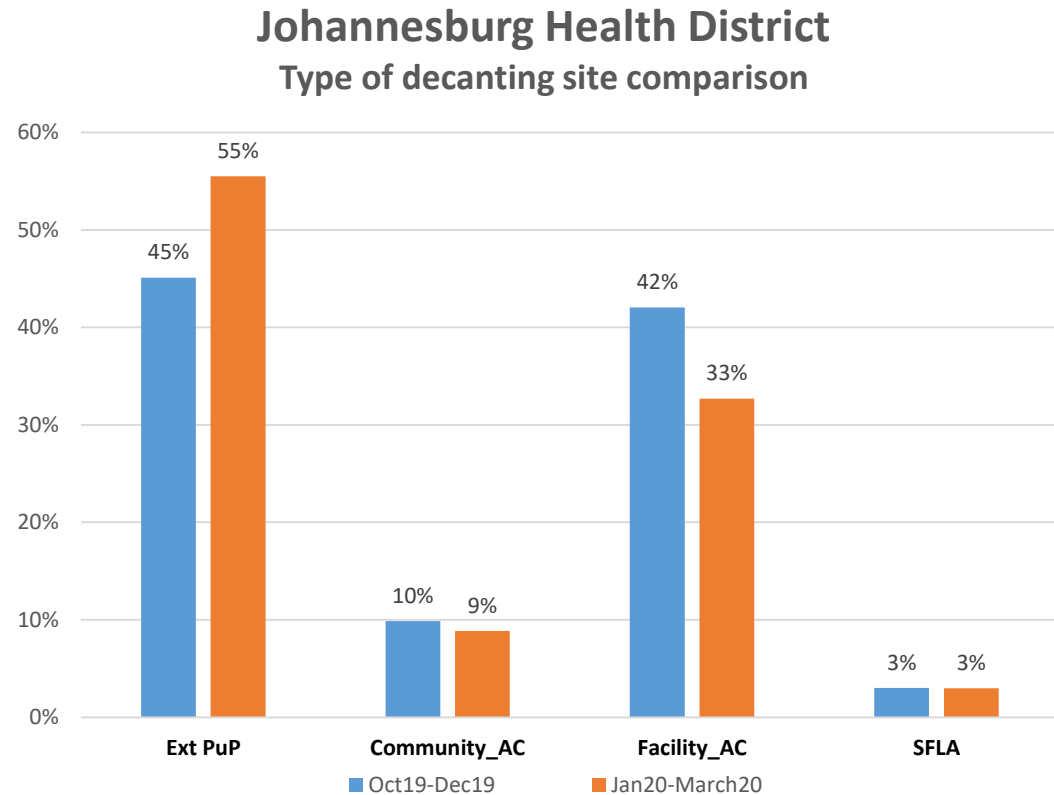
ALL services
in the
minimum
package
MUST be in
place for sites
to report on
GEND_GBV.

- 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%

Facility	TST	Pos	Yield	Facility pos	Contribution
Region E	252	42	17%	94	66%
Region F	773	89	12%	152	59%

DID YOU KNOW?

THERE ARE MANY MYTHS CIRCULATING ABOUT CURES FOR COVID-19 AND HIV. ONLY FOLLOW **HEALTH** ADVICE FROM RELIABLE SOURCES.

engage
men's health

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)

! DID YOU KNOW THAT YOU CAN HELP STOP THE SPREAD OF CORONAVIRUS?

Help your family, and friends to stay safe. Tell them what you found out in Cool Comms. You can also use What'sApp or Facebook to help educate your community. You can make a difference.

Here is some information to get you started:



! TAKE YOUR MEDICATION

As long as your immune system is strong your risk of getting the Coronavirus (Covid-19) is no bigger than it is for the general population.

Your immune system is the body's defence system against infections. Your meds help to keep your immune system strong so it can fight germs.

We all know it's important. Taking your medication every day as prescribed is the BEST way to protect yourself from illnesses like the Coronavirus.



ANOVA

Social Media drives the demand creation and community mobilisation

Twitter page

Top Tweet earned 10.8K impressions

Can COVID-19 be transmitted through sex?

#CoronaVirusSA #TransHealth

#LockdownLevel3

pic.twitter.com/AT8zMn6eOA



12 20

[View Tweet activity](#)

[View all Tweet activity](#)

Acknowledgement : WRHI (Sex worker and transgender programme)

Facebook Page



WITS RHI CLINICS OFFER:

- HIV Testing and Counselling
- PrEP (a pill to prevent HIV)
- ART (antiretroviral therapy)
- Condoms and Lube
- TB Screening
- STI Screening and Treatment
- Primary Healthcare Services
- Hormone Replacement Therapy

"Your health is your happiness. You deserve it!"

WITS RHI

Lessons learned in relation to emerging pandemic preparedness and HIV & TB response resilience from urban Covid-19 epidemic.

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.

Lessons learned in relation to emerging pandemic preparedness and HIV & TB response resilience from urban Covid-19 epidemic.

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

Lessons learned in relation to emerging pandemic preparedness and HIV & TB response resilience from urban Covid-19 epidemic.

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.

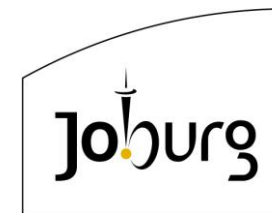
Pandemic highlighted the usefulness of technology.

- 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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