eThekwini PLHIV lead the way to HIV-related awareness, education, and response at the community level

Nthabiseng Malakoane
eThekwini District AIDS Coordinator
eThekwini Municipality (Durban)
eThekweni (Durban)

- eThekweni Metro (Durban) is located on the east coast of South Africa in the Province of KwaZulu-Natal (KZN)
- Size: 2,555 km²
- Municipal wards: 111 (17 zones)
- Population: 3.9 million (34.7% of KZN population)
- 3rd largest metro in the country (following Johannesburg and Cape Town)
- Poverty:
  - 2.1 million live below the upper bound poverty line
  - 17.1% have no income (2016 Stats SA Community Survey)
  - 8,802 live in “child-headed” households (child-headed = 15-19 yrs)
  - 42.14% live in women-headed households
eThekwini PLHIV

Population of PLHIV: 672,437
• 33% of all PLHIV in KZN
• 8% of all PLHIV in SA
• As of end of March 2022:
  • 94% of all PLHIV know their status
  • 83% are on treatment
  • But…
  • 28% of all HIV is transmittable
  • And…
  • More than 10 000 CLHIV not on ART

PLHIV Support group revitalization meeting
eThekwini HIV
U=U

All PLHIV: 672,437

- "Transmittable" (28%)
  - Undiagnosed: 40077
  - Diagnosed but no ART: 109944
  - ART but no VLS: 36683
  - TOTAL: 186704

- "Unknown" (20%)
  - Diagnosed On ART No VLD
  - TOTAL: 132171

- "Untransmittable" (52%)
  - Diagnosed On ART VLS
  - TOTAL: 353562

June 2022
Data from District health Information System (DHIS)
Our challenges...

- Doing well on diagnosis (96%) but challenges with **viral suppression** and staying in care and still challenges with some groups not taking up treatment (men)
- “U=U” and “Treatment as Prevention” – concepts not well known or understood among PLHIV or communities
- **Self-stigma** contributes significantly to poor adherence/ falling out of care
- **Support groups and adherence clubs have stopped functioning** – calls for “revitalization” from the PLHIV sector
- **Children living with HIV “left behind”** (self-stigma and lack of disclosure)
- Need for collaboration among partners providing different services (KP etc)
- Community ownership of response is weak because **Ward AIDS Committees are not functional** – poor understanding at ward level of PLHIV issues including impact of treatment, VLS, importance of staying in care, U=U, mental health
Our solution…

PLHIV lead the way to community awareness and ownership of HIV response

eThekwini Municipality has prioritized support for PLHIV leadership of the community response

• Activities to include
  • Training of Ward AIDS Committees (WACs)
  • Revitalization of support groups and adherence clubs
  • Training of Traditional Health Practitioners
  • Treatment literacy

• Support from mayor’s office
  • Coordination of activities
  • Drivers and human resource support
  • Venues and refreshments for WAC trainings

• Support from Provincial HIV Directorate
  • Funds for PLHIV leadership to revitalize support groups and adherence clubs
Why PLHIV leadership?

• Generalized epidemic: anyone can be living with HIV
• PLHIV understand the journey
  • Share meaningfully about diagnosis to U=U
  • Personal stories are compelling – using Conversation Map
• PLHIV understand the statistics
  • PLHIV understand the data, the local facilities, and the challenges that they and their patients face
  • personally deal with the facilities in terms of HIV care and support (working with DoH)
• PLHIV understand the response
  • PLHIV leaders work closely with DAC and understand the vision and mechanism of the AIDS response
  • Well equipped to help communities know how to:
    • Develop sectors (from CBOs and NGOs)
    • Map partners
    • Profile community
    • Plan effectively

NPOs and ECDs

Meeting with Traditional Health Practitioners
PLHIV Leader-trainers

- Zonke, Phume, Ntokozo (youth)
- Speak comfortably about learning of status and living the journey
- Supported by other staff in office of District AIDS Coordinator (within Office of the Mayor)
Creating Awareness, Building Capacity in communities

What do we share with communities?
- **Journey of PLHIV** (Conversation Map)
- **HIV statistics** (local area)
- **HIV science** (U=U)
- **Treatment** (TLD, side effects, coping)
- **Response** to HIV (Structures, Strategies, Plans, Interventions)

How to:
- **Profile** community
- **Map** partners
- **Plan** strategically
- **Report** on activities

Tools we use:
- **Conversation Map**
- Ward AIDS Committee training modules
  - updated with information on PrEP, U=U, and impact of stigma/discrimination
Journey of PLHIV (Conversation Map)

We have expanded the use of the conversation map for PLHIV to a teaching tool for communities...
Understanding the journey of PLHIV is an important step in community awareness...
PLHIV leader-trainers are skilled

- International Treatment Literacy Campaign (ITPC) trained PLHIV leaders (FTC activity, August 2021)
- Excellent feedback on the ITPC training
- PLHIV leader-trainers are fully skilled and confident to:
  - Talk about what it means to *live with HIV*
  - Lead the discussion around epidemiology *(share science, stats/cascades)*
  - Understand and convey concepts around preventing transmission AND acquisition
  - Understand and convey concepts around stigma and discrimination and how to eliminate it
Effectiveness? Feedback from community?

- All of the trained zones have requested follow-up training from our “experienced” PLHIV.

- Department of Social Development has requested PLHIV leader-trainers to train groups of NPOs and ECD facilitators that they support (2 so far and 1 scheduled) - “you have opened our eyes in terms of understanding the HIV response” (transmissibility pie graph).

- People who hear the training in person and on air disclose HIV status and challenges of children living with HIV to trainers for help.

- People defaulting request support from trainers with clinic challenges.
Thank you!

Talking with ECD practitioners about the children “left behind”

community leaders “understanding”

ITPC training break!